Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
01996	DAILY MGT OF EPIDURAL OR SUBARCHNOI	07/01/1999	$46.13	0.0%	0.0%	N	Referral Required
10021	FINE NEEDLE ASPIRATIONS	07/01/2003	$78.46	0.0%	0.0%	N	Referral Required
10022	FINE NEEDLE ASPIRATION	07/01/2003	$80.97	0.0%	0.0%	N	Referral Required
10040	ACNE SURGERY* (OPENING/REMOV	07/01/2004	$75.42	0.0%	0.0%	N	Referral Required
10060	INCISION AND DRAINAGE OF ABSCESS	07/01/2004	$92.24	0.0%	0.0%	N	Referral Required
10061	INCISION AND DRAINAGE OF ABSCESS	07/01/2004	$149.64	0.0%	0.0%	N	Referral Required
10080	INCISION AND DRAINAGE	07/01/2004	$114.26	0.0%	0.0%	N	Referral Required
10081	INCISION AND DRAINAGE	07/01/2004	$188.94	0.0%	0.0%	N	Referral Required
10120	INCISION/REMOVAL OF FOREIGN BODY	07/01/2004	$94.71	0.0%	0.0%	N	Referral Required
10121	INCISION/REMOVAL OF FORIEGN BODY	07/01/2004	$197.58	0.0%	0.0%	N	Referral Required
10140	INCISION AND DRAINAGE	07/01/2004	$107.29	0.0%	0.0%	N	Referral Required
10160	PUNCTURE ASPIRATION	07/01/2004	$68.76	0.0%	0.0%	N	Referral Required
10180	INCISION AND DRAINAGE	07/01/2004	$133.72	0.0%	0.0%	N	Referral Required
11000	DEBRIDE INFECTED SKIN, UP-TO	07/01/2004	$43.74	0.0%	0.0%	N	Referral Required
11001	DEBRIDE INFECTED SKIN; EA AD	07/01/2004	$23.09	0.0%	0.0%	N	Referral Required
11010	DEBRIDEMENT INCLUDING REMOVAL OF	07/01/2004	$239.90	0.0%	0.0%	N	Referral Required
11011	DEBRIDEMENT INCLUDING REMOVAL OF	07/01/2004	$312.66	0.0%	0.0%	N	Referral Required
11012	DEBRIDEMENT INCLDING REMOVAL OF	07/01/2004	$440.63	0.0%	0.0%	N	Referral Required
11040	DEBRIDEMENT	07/01/2004	$36.61	0.0%	0.0%	N	Referral Required
11041	DEBRIDEMENT	07/01/2004	$53.08	0.0%	0.0%	N	Referral Required
11042	DEBRIDEMENT	07/01/2004	$75.70	0.0%	0.0%	N	Referral Required
11043	DEBRIDEMENT	07/01/2004	$177.59	0.0%	0.0%	N	Referral Required
11044	DEBRIDEMENT	07/01/2004	$222.49	0.0%	0.0%	N	Referral Required
11055	PARING BENIGN HYPERKERATOTIC	07/01/2004	$32.59	0.0%	0.0%	N	Referral Required
11056	PARING BENIGN HYPERKERATOTIC	07/01/2004	$41.44	0.0%	0.0%	N	Referral Required
11057	PARING BENIGN HYPERKAERATOTIC	07/01/2004	$50.30	0.0%	0.0%	N	Referral Required
11100	BIOPSY OF SKIN	07/01/2004	$78.07	0.0%	0.0%	N	Referral Required
11101	BIOPSY OF SKIN	07/01/2004	$38.07	0.0%	0.0%	N	Referral Required
11200	REMOVAL OF SKIN TAGS	07/01/2004	$67.20	0.0%	0.0%	N	Referral Required
11201	REMOVAL OF SKIN TAGS	07/01/2004	$27.94	0.0%	0.0%	N	Referral Required
11300	SHAVING EPIDERMAL OR DERMAL LESION	07/01/2004	$52.89	0.0%	0.0%	N	Referral Required
11301	SHAVING EPIDERMAL OR DERMAL LESION	07/01/2004	$67.43	0.0%	0.0%	N	Referral Required
11302	SHAVING EPIDERMAL OR DERMAL LESION	07/01/2004	$77.65	0.0%	0.0%	N	Referral Required
11303	SHAVING EPIDERMAL OR DERMAL LESION	07/01/2004	$89.47	0.0%	0.0%	N	Referral Required
11305	SHAVING EPIDERMAL OR DERMAL LESION	07/01/2004	$49.63	0.0%	0.0%	N	Referral Required
11306	SHAVING EPIDERMAL OR DERMAL LESION	07/01/2004	$69.32	0.0%	0.0%	N	Referral Required
11307	SHAVING EPIDERMAL OR DERMAL LESION	07/01/2004	$78.89	0.0%	0.0%	N	Referral Required
11308	SHAVING EPIDERMAL OR DERMAL LESION	07/01/2004	$93.41	0.0%	0.0%	N	Referral Required
11310	SHAVING EPIDERMAL OR DERMAL LESION	07/01/2004	$64.14	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
11311	SHAVING EPIDERMAL OR DERMAL LESION	07/01/2004	$78.62	0.0%	0.0%	N	Referral Required
11312	SHAVING EPIDERMAL OR DERMAL LESION	07/01/2004	$86.75	0.0%	0.0%	N	Referral Required
11313	SHAVING EPIDERMAL OR DERMAL LESION	07/01/2004	$112.32	0.0%	0.0%	N	Referral Required
11400	EXCISION BENIGN LESION	07/01/2004	$88.18	0.0%	0.0%	N	Referral Required
11401	EXCISION BENIGN LESION	07/01/2004	$108.18	0.0%	0.0%	N	Referral Required
11402	EXCISION, LESION, SKIN	07/01/2004	$144.46	0.0%	0.0%	N	Referral Required
11403	EXCISION BENIGN LESION	07/01/2004	$163.69	0.0%	0.0%	N	Referral Required
11404	EXCISION BENIGN LESION	07/01/2004	$179.87	0.0%	0.0%	N	Referral Required
11406	EXCISION BENIGN LESION	07/01/2004	$211.16	0.0%	0.0%	N	Referral Required
11420	EXCISION BENIGN LESION	07/01/2004	$88.66	0.0%	0.0%	N	Referral Required
11421	EXCISION BENIGN LESION	07/01/2004	$116.33	0.0%	0.0%	N	Referral Required
11422	EXCISION BENIGN LESION	07/01/2004	$149.83	0.0%	0.0%	N	Referral Required
11423	EXCISION BENIGN LESION	07/01/2004	$178.63	0.0%	0.0%	N	Referral Required
11424	EXCSION BENIGN LESION	07/01/2004	$201.21	0.0%	0.0%	N	Referral Required
11426	EXCISION BENIGN LESION	07/01/2004	$264.68	0.0%	0.0%	N	Referral Required
11440	EXCISION OTHER BENIGN LESION	07/01/2004	$115.98	0.0%	0.0%	N	Referral Required
11441	EXCISION OTHER BENIGN LESION	07/01/2004	$140.03	0.0%	0.0%	N	Referral Required
11442	EXCISION OTHER BENIGN LESION	07/01/2004	$163.84	0.0%	0.0%	N	Referral Required
11443	EXCISION OTHER BENIGN LESION	07/01/2004	$202.89	0.0%	0.0%	N	Referral Required
11444	EXCISION OTHER BENIGN LESION	07/01/2004	$253.82	0.0%	0.0%	N	Referral Required
11446	EXCISION OTHER BENIGN LESION	07/01/2004	$307.42	0.0%	0.0%	N	Referral Required
11450	EXCISION SKIN & SUBCUTANEOUS TISSUE	07/01/2004	$238.63	0.0%	0.0%	N	Referral Required
11451	EXCISION SKIN & SUBCUTANEOUS TISSUE	07/01/2004	$317.92	0.0%	0.0%	N	Referral Required
11462	EXCISION SKIN & SUBCUTANEOUS TISSUE	07/01/2004	$234.17	0.0%	0.0%	N	Referral Required
11463	EXCISION SKIN & SUBCUTANEOUS TISSUE	07/01/2004	$332.45	0.0%	0.0%	N	Referral Required
11470	EXCISION SKIN & SUBCUTANEOUS TISSUE	07/01/2004	$282.93	0.0%	0.0%	N	Referral Required
11471	EXCISION SKIN & SUBCUTANEOUS TISSUE	07/01/2004	$344.55	0.0%	0.0%	N	Referral Required
11600	EXCISION MALIGNANT LESION	07/01/2004	$132.56	0.0%	0.0%	N	Referral Required
11601	EXCISION MALIGNANT LESION	07/01/2004	$152.89	0.0%	0.0%	N	Referral Required
11602	EXCISION MALIGNANT LESION	07/01/2004	$163.32	0.0%	0.0%	N	Referral Required
11603	EXCISION MALIGNANT LESION	07/01/2004	$181.91	0.0%	0.0%	N	Referral Required
11604	EXCISION MALIGNANT LESION	07/01/2004	$201.52	0.0%	0.0%	N	Referral Required
11606	EXCISION MALIGNANT LESION	07/01/2004	$253.43	0.0%	0.0%	N	Referral Required
11620	EXCISION MALIGNANT LESION	07/01/2004	$129.75	0.0%	0.0%	N	Referral Required
11621	EXCISION MALIGNANT LESION	07/01/2004	$155.61	0.0%	0.0%	N	Referral Required
11622	EXCISION MALIGNANT LESION	07/01/2004	$179.41	0.0%	0.0%	N	Referral Required
11623	EXCISION MALIGNANT LESION	07/01/2004	$215.29	0.0%	0.0%	N	Referral Required
11624	EXCISION MALIGNANT LESION	07/01/2004	$247.66	0.0%	0.0%	N	Referral Required
11626	EXCISION MALIGNANT LESION	07/01/2004	$305.17	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
11640	EXCISION MALIGNANT LESION	07/01/2004	$137.99	0.0%	0.0%	N	Referral Required
11641	EXCISION MALIGNANT LESION	07/01/2004	$185.24	0.0%	0.0%	N	Referral Required
11642	EXCISION MALIGNANT LESION	07/01/2004	$217.21	0.0%	0.0%	N	Referral Required
11643	EXCISION MALIGNANT LESION	07/01/2004	$253.55	0.0%	0.0%	N	Referral Required
11644	EXCISION MALIGNANT LESION	07/01/2004	$324.43	0.0%	0.0%	N	Referral Required
11646	EXCISION MALIGNANT LESION	07/01/2004	$404.91	0.0%	0.0%	N	Referral Required
11719	TRIMMING NONDYSTROPHIC NAILS	07/01/2004	$14.37	0.0%	0.0%	N	Referral Required
11720	DEBRIDEMENT OF NAIL(S)	07/01/2004	$22.81	0.0%	0.0%	N	Referral Required
11721	DEBRIDEMENT OF NAIL(S)	07/01/2004	$34.26	0.0%	0.0%	N	Referral Required
11730	AVULSION OF NAIL PLATE	07/01/2004	$68.84	0.0%	0.0%	N	Referral Required
11732	AVULSION OF NAIL PLATE	07/01/2004	$30.95	0.0%	0.0%	N	Referral Required
11740	EVACUATION SUBUNGUAL HEMATOMA	07/01/2004	$40.09	0.0%	0.0%	N	Referral Required
11750	EXCISION OF NAIL/NAIL MATRIX	07/01/2004	$126.04	0.0%	0.0%	N	Referral Required
11752	EXCISION OF NAIL/NAIL MATRIX	07/01/2004	$172.60	0.0%	0.0%	N	Referral Required
11755	BIOPSY OF NAIL UNIT, ANY METHOD	07/01/2004	$83.48	0.0%	0.0%	N	Referral Required
11758	FREE FASCIAL FLAP W/MICROVASCULAR A	07/01/2004	$1,796.59	0.0%	0.0%	N	Referral Required
11760	REPAIR OF NAIL BED	07/01/2004	$117.91	0.0%	0.0%	N	Referral Required
11762	RECONSTRUCTION, NAIL BED	07/01/2004	$182.84	0.0%	0.0%	N	Referral Required
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD	07/01/2004	$62.58	0.0%	0.0%	N	Referral Required
11770	EXCISION PILONIDAL CYST OR SINUS	07/01/2004	$198.47	0.0%	0.0%	N	Referral Required
11771	EXCISION PILONIDAL CYST OR SINUS	07/01/2004	$403.20	0.0%	0.0%	N	Referral Required
11772	EXCISION PILONIDAL CYST OR SINUS	07/01/2004	$486.92	0.0%	0.0%	N	Referral Required
11900	INJECTION, INTRALESIONAL	07/01/2004	$43.94	0.0%	0.0%	N	Referral Required
11901	INJECTION, INTRALESIONAL	07/01/2004	$57.97	0.0%	0.0%	N	Referral Required
11960	INSERTION OF TISSUE EXPANDERS	07/01/2004	$714.79	0.0%	0.0%	N	Referral Required
11970	REPLACEMENT OF TISSUE EXPANDER	07/01/2004	$432.76	0.0%	0.0%	Y	Referral Required
11971	REMOVAL OF TISSUE EXPANDER(S)	07/01/2004	$278.33	0.0%	0.0%	N	Referral Required
11975	INSERTION OF CONTRACEPTIVE	07/01/2004	$59.48	0.0%	0.0%	N	
11976	REMOVAL OF CONTRACEPTIVE	07/01/2004	$122.40	0.0%	0.0%	N	
11977	REMOVAL W/REINSERTION CONTRACEPTI	07/01/2004	$84.20	0.0%	0.0%	N	
11980	SUBCUTANEOUS HORMONE PELLET IMPL	07/01/2004	$91.56	0.0%	0.0%	N	Referral Required
11981	INSERTION, NON-BIODEGRADABLE	07/01/2004	$106.64	0.0%	0.0%	N	Referral Required
11982	REMOVABLE, NON BIODEGRADABLE	07/01/2004	$121.75	0.0%	0.0%	N	Referral Required
11983	REMOVAL W/REINSERTION	07/01/2004	$198.20	0.0%	0.0%	N	Referral Required
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	07/01/2004	$132.19	0.0%	0.0%	N	Referral Required
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	07/01/2004	$140.85	0.0%	0.0%	N	Referral Required
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	07/01/2004	$163.18	0.0%	0.0%	N	Referral Required
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	07/01/2004	$204.89	0.0%	0.0%	N	Referral Required
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	07/01/2004	$253.05	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	07/01/2004	$291.98	0.0%	0.0%	N	Referral Required
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	07/01/2004	$140.04	0.0%	0.0%	N	Referral Required
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	07/01/2004	$153.47	0.0%	0.0%	N	Referral Required
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	07/01/2004	$179.33	0.0%	0.0%	N	Referral Required
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	07/01/2004	$227.88	0.0%	0.0%	N	Referral Required
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	07/01/2004	$272.25	0.0%	0.0%	N	Referral Required
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	07/01/2004	$237.36	0.0%	0.0%	N	Referral Required
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	07/01/2004	$275.91	0.0%	0.0%	N	Referral Required
12020	TREATMENT SUPERFICIAL WOUND	07/01/2004	$179.27	0.0%	0.0%	N	Referral Required
12021	TREAT SUPERFICIAL WOUND SIMP	07/01/2004	$122.62	0.0%	0.0%	N	Referral Required
12031	LAYER CLOSURE OF WOUNDS	07/01/2004	$151.14	0.0%	0.0%	N	Referral Required
12032	LAYER CLOSURE OF WOUNDS	07/01/2004	$183.05	0.0%	0.0%	N	Referral Required
12034	LAYER CLOSURE OF WOUNDS	07/01/2004	$209.25	0.0%	0.0%	N	Referral Required
12035	LAYER CLOSURE OF WOUNDS	07/01/2004	$231.64	0.0%	0.0%	N	Referral Required
12036	LAYER CLOSURE OF WOUNDS	07/01/2004	$325.10	0.0%	0.0%	N	Referral Required
12037	LAYER CLOSURE OF WOUNDS	07/01/2004	$356.41	0.0%	0.0%	N	Referral Required
12041	LAYER CLOSURE OF WOUNDS	07/01/2004	$165.85	0.0%	0.0%	N	Referral Required
12042	LAYER CLOSURE OF WOUNDS	07/01/2004	$199.20	0.0%	0.0%	N	Referral Required
12044	LAYER CLOSURE OF WOUNDS	07/01/2004	$220.88	0.0%	0.0%	N	Referral Required
12045	LAYER CLOSURE OF WOUNDS	07/01/2004	$250.91	0.0%	0.0%	N	Referral Required
12046	LAYER CLOSURE OF WOUNDS	07/01/2004	$361.68	0.0%	0.0%	N	Referral Required
12047	LAYER CLOSURE OF WOUNDS	07/01/2004	$407.69	0.0%	0.0%	N	Referral Required
12051	LAYER CLOSURE OF WOUNDS	07/01/2004	$192.03	0.0%	0.0%	N	Referral Required
12052	LAYER CLOSURE OF WOUNDS	07/01/2004	$199.28	0.0%	0.0%	N	Referral Required
12053	LAYER CLOSURE OF WOUNDS	07/01/2004	$218.78	0.0%	0.0%	N	Referral Required
12054	LAYER CLOSURE OF WOUNDS	07/01/2004	$242.21	0.0%	0.0%	N	Referral Required
12055	LAYER CLOSURE OF WOUNDS	07/01/2004	$310.12	0.0%	0.0%	N	Referral Required
12056	LAYER CLOSURE OF WOUNDS	07/01/2004	$432.27	0.0%	0.0%	N	Referral Required
12057	LAYER CLOSURE OF WOUNDS	07/01/2004	$426.53	0.0%	0.0%	N	Referral Required
13100	RECONSTRUCTIVE REPAIR, COMPLEX	07/01/2004	$225.16	0.0%	0.0%	N	Referral Required
13101	RECONSTRUCTIVE REPAIR, COMPLEX	07/01/2004	$260.27	0.0%	0.0%	N	Referral Required
13102	REPAIR COMPLEX	07/01/2004	$70.32	0.0%	0.0%	N	Referral Required
13120	RECONSTRUCTIVE REPAIR, COMPLEX	07/01/2004	$234.86	0.0%	0.0%	N	Referral Required
13121	RECONSTRUCTIVE REPAIR, COMPLEX	07/01/2004	$283.53	0.0%	0.0%	N	Referral Required
13122	REPAIR, COMPLEX	07/01/2004	$82.35	0.0%	0.0%	N	Referral Required
13131	RECONSTRUCTIVE REPAIR, COMPLEX	07/01/2004	$261.43	0.0%	0.0%	N	Referral Required
13132	RECONSTRUCTIVE REPAIR, COMPLEX	07/01/2004	$366.15	0.0%	0.0%	N	Referral Required
13133	REPAIR, COMPLEX-ADD ON	07/01/2004	$120.99	0.0%	0.0%	N	Referral Required
13150	RECONSTRUCTIVE REPAIR, COMPLEX	07/01/2004	$309.81	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
13151	RECONSTRUCTIVE REPAIR, COMPLEX	07/01/2004	$328.44	0.0%	0.0%	N	Referral Required
13152	RECONSTRUCTIVE REPAIR, COMPLEX	07/01/2004	$420.19	0.0%	0.0%	N	Referral Required
13153	REPAIR, COMPLEX-ADD ON	07/01/2004	$132.82	0.0%	0.0%	N	Referral Required
13160	SECONDARY CLOSURE	07/01/2004	$604.96	0.0%	0.0%	N	Referral Required
14000	ADJACENT TISSUE TRANSFER/REARRANG	07/01/2004	$464.70	0.0%	0.0%	N	Referral Required
14001	ADJACENT TISSUE TRANSFER/REARRANG	07/01/2004	$596.98	0.0%	0.0%	N	Referral Required
14020	ADACENT TISSUE TRANSFER/REARRANGE	07/01/2004	$505.61	0.0%	0.0%	N	Referral Required
14021	ADJACENT TISSUE TRANSFER/REARRANG	07/01/2004	$672.76	0.0%	0.0%	N	Referral Required
14040	ADJACENT TISSUE TRANSFER/REARRANG	07/01/2004	$556.19	0.0%	0.0%	N	Referral Required
14041	ADJACENT TISSUE TRANSFER/REARRANG	07/01/2004	$743.25	0.0%	0.0%	N	Referral Required
14060	ADJACENT TISSUE TRANSFER/REARRANG	07/01/2004	$594.33	0.0%	0.0%	N	Referral Required
14061	ADJACENT TISSUE TRANSFER/REARRANG	07/01/2004	$803.92	0.0%	0.0%	N	Referral Required
14300	ADJACENT TISSUE TRANSFER/REARRANG	07/01/2004	$763.36	0.0%	0.0%	N	Referral Required
14350	FILLETED FINGER OR TOE FLAP	07/01/2004	$572.56	0.0%	0.0%	N	Referral Required
15000	SKIN GRAFTS/PREPARATION OR CREATIO	07/01/2004	$230.68	0.0%	0.0%	N	Referral Required
15001	SKIN GRAFTS/PREPARATION OR CREATIO	07/01/2004	$58.40	0.0%	0.0%	N	Referral Required
15050	PINCH GRAFT/SINGLE OR MULTIPLE	07/01/2004	$323.49	0.0%	0.0%	N	Referral Required
15100	SPLIT GRAFT/TRUNK,ARMS,LEGS	07/01/2004	$543.06	0.0%	0.0%	N	Referral Required
15101	SPLIT SKIN GRAFT	07/01/2004	$110.03	0.0%	0.0%	N	Referral Required
15120	SPLIT SKIN GRAFT-FACE,SCALP,EYELIDS	07/01/2004	$646.07	0.0%	0.0%	N	Referral Required
15121	SPLIT GRAFT/FACE,SCALP,EYELIDS,	07/01/2004	$159.43	0.0%	0.0%	N	Referral Required
15200	FULL THICKNESS GRAFT	07/01/2004	$621.28	0.0%	0.0%	N	Referral Required
15201	FULL THICKNESS GRAFT	07/01/2004	$82.05	0.0%	0.0%	N	Referral Required
15220	FULL THICKNESS GRAFT,FREE INCLUDING	07/01/2004	$597.74	0.0%	0.0%	N	Referral Required
15221	FULL THICKNESS GRAFT,FREE INCLUDING	07/01/2004	$74.45	0.0%	0.0%	N	Referral Required
15240	FULL THICKNESS GRAFT,FREE,INCLUDING	07/01/2004	$628.89	0.0%	0.0%	N	Referral Required
15241	FULL THICKNESS GRAFT,FREE,INCLUDING	07/01/2004	$117.10	0.0%	0.0%	N	Referral Required
15260	FULL THICKNESS GRAFT,FREE,INCLUDING	07/01/2004	$662.53	0.0%	0.0%	N	Referral Required
15261	FULL THICKNESS GRAFT,FREE,INCLUDING	07/01/2004	$134.15	0.0%	0.0%	N	Referral Required
15342	APP OF BILAMINATE SKIN SUBSTITUTE	07/01/2004	$108.22	0.0%	0.0%	N	Referral Required
15343	APP OF BILAMINATE SKIN SUBSTITUTE	07/01/2004	$22.93	0.0%	0.0%	N	Referral Required
15350	APPLICATION OF ALLOGRAFT, SKIN	07/01/2004	$403.36	0.0%	0.0%	N	Referral Required
15351	APPLICATION OF ALLOGRAFT, SKIN	07/01/2004	$65.24	0.0%	0.0%	N	Referral Required
15400	APPLICATION OF SENOGRAFT,SKIN	07/01/2004	$308.80	0.0%	0.0%	N	Referral Required
15401	APPLICATION OF XENOGRAFT, SKIN	07/01/2004	$89.36	0.0%	0.0%	N	Referral Required
15570	FORM OF DIRECT OR TUBED PEDICLE	07/01/2004	$598.97	0.0%	0.0%	N	Referral Required
15572	FORM OF DIRECT OR TUBED PEDICLE	07/01/2004	$609.68	0.0%	0.0%	N	Referral Required
15574	FORM OF DIRECT OR TUBED PEDICLE	07/01/2004	$648.44	0.0%	0.0%	N	Referral Required
15576	FORM OF DIRECT OR TUBED PEDICLE	07/01/2004	$611.63	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
15600	DELAY OF FLAP OR SECTIONING FLAP	07/01/2004	$288.40	0.0%	0.0%	N	Referral Required
15610	DELAY OF FLAP OR SECTIONING FLAP	07/01/2004	$282.85	0.0%	0.0%	N	Referral Required
15620	DELAY OF LAP OR SECTIONING OF FLAP	07/01/2004	$339.02	0.0%	0.0%	N	Referral Required
15630	DELAY OF FLAP OR SECTIONING OF FLAP	07/01/2004	$319.77	0.0%	0.0%	N	Referral Required
15650	TRANSFER OF ANY PEDICLE FLAP	07/01/2004	$333.07	0.0%	0.0%	N	Referral Required
15732	MUSCLE	07/01/2004	$1,040.24	0.0%	0.0%	N	Referral Required
15734	MUSCLE	07/01/2004	$1,041.44	0.0%	0.0%	N	Referral Required
15736	MUSCLE	07/01/2004	$973.66	0.0%	0.0%	N	Referral Required
15738	MUSCLE	07/01/2004	$1,046.14	0.0%	0.0%	N	Referral Required
15740	FLAP; ISLAND PEDICLE	07/01/2004	$660.30	0.0%	0.0%	N	Referral Required
15750	FLAP; NEUROVASCULAR PEDICLE	07/01/2004	$701.24	0.0%	0.0%	N	Referral Required
15756	FREE MUSCLE FLAP	07/01/2004	$2,041.75	0.0%	0.0%	N	Referral Required
15757	FREE SKIN FLAP	07/01/2004	$2,047.83	0.0%	0.0%	N	Referral Required
15758	FREE FASCIAL FLAP	07/01/2004	$2,052.82	0.0%	0.0%	N	Referral Required
15760	GRAFT; COMPOSITE	07/01/2004	$625.78	0.0%	0.0%	N	Referral Required
15770	GRAFT; COMPOSITE	07/01/2004	$481.55	0.0%	0.0%	N	Referral Required
15820	BLEPHAROPLASTY	07/01/2004	$525.43	0.0%	0.0%	N	Referral Required
15821	BLEPHAROPLASTY	07/01/2004	$595.73	0.0%	0.0%	N	Referral Required
15822	BLEPHAROPLASTY	07/01/2004	$506.92	0.0%	0.0%	N	Referral Required
15823	BLEPHAROPLASTY	07/01/2004	$627.18	0.0%	0.0%	N	Referral Required
15829	RHYTIDECTOMY	07/01/2004	$491.69	0.0%	0.0%	Y	Referral Required
15831	EXCISION	07/01/2004	$729.61	0.0%	0.0%	Y	Referral Required
15840	GRAFT FOR FACIAL NERVE PARALYSIS	07/01/2004	$821.28	0.0%	0.0%	N	Referral Required
15841	GRAFT FOR FACIAL NERVE PARALYSIS	07/01/2004	$1,353.29	0.0%	0.0%	N	Referral Required
15842	GRAFT FOR FACIAL NERVE PARALYSIS	07/01/2004	$2,164.99	0.0%	0.0%	N	Referral Required
15845	GRAFT FOR FACIAL NERVE PARALYSIS	07/01/2004	$748.29	0.0%	0.0%	N	Referral Required
15850	REMOVAL OF SUTURES	07/01/2004	$49.48	0.0%	0.0%	N	Referral Required
15851	REMOVAL OF SUTURES	07/01/2004	$84.92	0.0%	0.0%	N	Referral Required
15852	DRESSING CHANGE	07/01/2004	$94.74	0.0%	0.0%	N	Referral Required
15860	INTRAVENOUS INJECTION OF AGENT	07/01/2004	$115.65	0.0%	0.0%	N	Referral Required
15920	EXCISION	07/01/2004	$489.91	0.0%	0.0%	N	Referral Required
15922	EXCISION	07/01/2004	$624.67	0.0%	0.0%	N	Referral Required
15931	EXCISION, SACRAL PRESSURE ULCER	07/01/2004	$537.60	0.0%	0.0%	N	Referral Required
15933	EXCISION, SACRAL PRESSURE ULCER	07/01/2004	$677.48	0.0%	0.0%	N	Referral Required
15934	EXCISION, SACRAL PRESSURE ULCER	07/01/2004	$751.91	0.0%	0.0%	N	Referral Required
15935	EXCISION, SACRAL PRESSURE ULCER	07/01/2004	$875.99	0.0%	0.0%	N	Referral Required
15936	EXCISION, SACRAL PRESSURE ULCER	07/01/2004	$751.10	0.0%	0.0%	N	Referral Required
15937	EXCISION, SACRAL PRESSURE ULCER	07/01/2004	$882.81	0.0%	0.0%	N	Referral Required
15940	EXCISION, ISCHIAL PRESSURE ULCER	07/01/2004	$550.84	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
15941	EXCISION, ISCHIAL PRESSURE ULCER	07/01/2004	$768.83	0.0%	0.0%	N	Referral Required
15944	EXCISION, ISCHIAL PRESSURE ULCER	07/01/2004	$715.10	0.0%	0.0%	N	Referral Required
15945	EXCISION, ISCHIAL PRESSURE ULCER	07/01/2004	$793.19	0.0%	0.0%	N	Referral Required
15946	EXCISION, ISCHIAL PRESSURE ULCER	07/01/2004	$1,286.22	0.0%	0.0%	N	Referral Required
15950	EXCIS.TROCHANTERIC PRESSURE ULCER	07/01/2004	$459.48	0.0%	0.0%	N	Referral Required
15951	EXCIS. TROCHANTERIC PRESSURE ULCER	07/01/2004	$664.72	0.0%	0.0%	N	Referral Required
15952	EXCIS. TROCHANTERIC PRESSURE ULCER	07/01/2004	$682.58	0.0%	0.0%	N	Referral Required
15953	EXCIS. TROCHANTERIC PRESSURE ULCER	07/01/2004	$775.09	0.0%	0.0%	N	Referral Required
15956	EXCIS. TROCHANTERIC PRESSURE ULCER	07/01/2004	$930.43	0.0%	0.0%	N	Referral Required
15958	EXCIS. TROCHANTERIC PRESSURE ULCER	07/01/2004	$945.35	0.0%	0.0%	N	Referral Required
16000	INITIAL TREATMENT FIRST DEGREE BURN	07/01/2004	$68.24	0.0%	0.0%	N	Referral Required
16010	DRESSINGS AND OR DEBRIDEMENT	07/01/2004	$71.62	0.0%	0.0%	N	Referral Required
16015	DRESSINGS AND OR DEBRIDEMENT	07/01/2004	$153.02	0.0%	0.0%	N	Referral Required
16020	DRESSINGS AND OR DEBRIDEMENT	07/01/2004	$68.63	0.0%	0.0%	N	Referral Required
16025	DRESSINGS AND OR DEBRIDEMENT	07/01/2004	$131.88	0.0%	0.0%	N	Referral Required
16030	DRESSINGS AND OR DEBRIDEMENT	07/01/2004	$186.70	0.0%	0.0%	N	Referral Required
16035	ESCHAROTOMY	07/01/2004	$190.64	0.0%	0.0%	N	Referral Required
16036	ESCHAROTOMY	07/01/2004	$75.51	0.0%	0.0%	N	Referral Required
17000	DESTRUCTION BY ANY METHOD,INCLUDIN	07/01/2004	$57.71	0.0%	0.0%	N	Referral Required
17003	DESTRUCTION BY ANY METHOD-ADD ON	07/01/2004	$13.34	0.0%	0.0%	N	Referral Required
17004	DESTRUCTION BY ANY METHOD,INCLUDIN	07/01/2004	$184.74	0.0%	0.0%	N	Referral Required
17106	DESTRUCTION	07/01/2004	$327.22	0.0%	0.0%	Y	Referral Required
17107	DESTRUCTION	07/01/2004	$560.62	0.0%	0.0%	Y	Referral Required
17108	DESTRUCTION	07/01/2004	$774.28	0.0%	0.0%	Y	Referral Required
17110	DESTRUCTION BY ANY METHOD	07/01/2004	$60.00	0.0%	0.0%	N	Referral Required
17111	DESTRUCTION BY ANY METHOD	07/01/2004	$70.24	0.0%	0.0%	N	Referral Required
17250	CHEMICAL CAUTERIZATION OF	07/01/2004	$43.26	0.0%	0.0%	N	Referral Required
17260	DESTRUCT MALIG LESION TRUNK-	07/01/2004	$77.70	0.0%	0.0%	N	Referral Required
17261	DESTRUCT MALIG LESION TRUNK-	07/01/2004	$90.71	0.0%	0.0%	N	Referral Required
17262	DESTRUCT MALIG LESION TRUNK-	07/01/2004	$112.48	0.0%	0.0%	N	Referral Required
17263	DESTRUCT MALIG LESION TRUNK-	07/01/2004	$123.71	0.0%	0.0%	N	Referral Required
17264	DESTRUCT MALIG LESION TRUNK-	07/01/2004	$131.32	0.0%	0.0%	N	Referral Required
17266	DESTRUCT MALIG LESION TRUNK-	07/01/2004	$152.92	0.0%	0.0%	N	Referral Required
17270	DESTRUCT MALIG LESION SCALP-	07/01/2004	$99.15	0.0%	0.0%	N	Referral Required
17271	DESTRUCT MALIG LESION SCALP-	07/01/2004	$107.80	0.0%	0.0%	N	Referral Required
17272	DESTRUCT MALIG LESION SCALP-	07/01/2004	$122.49	0.0%	0.0%	N	Referral Required
17273	DESTRUCT MALIG LESION SCALP-	07/01/2004	$137.37	0.0%	0.0%	N	Referral Required
17274	DESTRUCT MALIG LESION SCALP-	07/01/2004	$166.03	0.0%	0.0%	N	Referral Required
17276	DESTRUCT MALIG LESION SCALP-	07/01/2004	$198.54	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
17280	DESTRUCT MALIG LESION FACE-E	07/01/2004	$88.43	0.0%	0.0%	N	Referral Required
17281	DESTRUCT MALIG LESION FACE-E	07/01/2004	$120.06	0.0%	0.0%	N	Referral Required
17282	DESTRUCT MALIG LESION FACE-E	07/01/2004	$137.01	0.0%	0.0%	N	Referral Required
17283	DESTRUCT MALIG LESION FACE-E	07/01/2004	$168.47	0.0%	0.0%	N	Referral Required
17284	DESTRUCT MALIG LESION FACE-E	07/01/2004	$198.72	0.0%	0.0%	N	Referral Required
17286	DESTRUCT MALIG LESION FACE-E	07/01/2004	$267.01	0.0%	0.0%	N	Referral Required
17304	CHEMOSURG, 1ST STAGE	07/01/2004	$528.54	0.0%	0.0%	N	Referral Required
17305	CHEMOSURG, 2ND STAGE, UP TO	07/01/2004	$220.76	0.0%	0.0%	N	Referral Required
17306	CHEMOSURGERY 3RD STAGE FRESH	07/01/2004	$222.06	0.0%	0.0%	N	Referral Required
17307	ADD STAGES UP TO 5 SPECIMENS	07/01/2004	$221.42	0.0%	0.0%	N	Referral Required
17310	MORE THAN 5 SPECIMENS-MOH'S	07/01/2004	$84.86	0.0%	0.0%	N	Referral Required
19000	ASPIRATION, CYST, BREAST	07/01/2004	$72.51	0.0%	0.0%	N	Referral Required
19001	ASPIRATION, CYST, BREAST	07/01/2004	$43.50	0.0%	0.0%	N	Referral Required
19020	MASTOTOMY	07/01/2004	$365.62	0.0%	0.0%	N	Referral Required
19030	INJ PROCEDURE ONLY FOR MAMMA	07/01/2004	$176.22	0.0%	0.0%	N	Referral Required
19100	BREAST BIOPSY	07/01/2004	$95.83	0.0%	0.0%	N	Referral Required
19101	BREAST BIOPSY	07/01/2004	$288.39	0.0%	0.0%	N	Referral Required
19102	BIOPSY OF BREAST	07/01/2004	$240.62	0.0%	0.0%	N	Referral Required
19103	BIOPSY OF BREAST	07/01/2004	$549.26	0.0%	0.0%	N	Referral Required
19110	NIPPLE EXPLORATION WOR W/O E	07/01/2004	$479.89	0.0%	0.0%	N	Referral Required
19112	EXCISION OF LACTIFEROUS DUCT	07/01/2004	$492.92	0.0%	0.0%	N	Referral Required
19120	EXCISION, CYST, BREAST	07/01/2004	$376.60	0.0%	0.0%	N	Referral Required
19125	EXCISION BREAST LESION IDENT	07/01/2004	$401.15	0.0%	0.0%	N	Referral Required
19126	EA ADDITIONAL LESION SEPARATELY IDE	07/01/2004	$144.12	0.0%	0.0%	N	Referral Required
19140	MASTECTOMY FOR GYNECOMASTIA	07/01/2004	$526.51	0.0%	0.0%	N	Referral Required
19160	MASTECTOMY, UNILATERAL	07/01/2004	$374.53	0.0%	0.0%	N	Referral Required
19162	MASTECTOMY PART W/AXILLARY L	07/01/2004	$768.93	0.0%	0.0%	N	Referral Required
19180	MASTECTOMY, UNILATERAL	07/01/2004	$526.88	0.0%	0.0%	N	Referral Required
19182	MASTECTOMY, UNILATERAL	07/01/2004	$453.98	0.0%	0.0%	N	Referral Required
19200	RADICAL MASTECOMY	07/01/2004	$882.00	0.0%	0.0%	N	Referral Required
19220	RADICAL MASTECOMY	07/01/2004	$897.28	0.0%	0.0%	N	Referral Required
19240	MASTECTOMY, UNILATERAL	07/01/2004	$889.43	0.0%	0.0%	N	Referral Required
19260	EXCISION, TUMOR, CHEST WALL	07/01/2004	$875.76	0.0%	0.0%	N	Referral Required
19271	EXCISION CHEST WALL TUMOR W/	07/01/2004	$1,075.75	0.0%	0.0%	N	Referral Required
19272	EXCISION CHEST WALL TUMOR W/	07/01/2004	$1,214.92	0.0%	0.0%	N	Referral Required
19290	PRE-OPERATIVE PLACEMENT NEED	07/01/2004	$142.35	0.0%	0.0%	N	Referral Required
19291	PREOP PLACE NEEDLE WIRE BREAST EA A	07/01/2004	$79.63	0.0%	0.0%	N	Referral Required
19295	IMAGE GUIDED PLACEMENT	07/01/2004	$92.42	0.0%	0.0%	N	Referral Required
19318	REDUCTION MAMMAPLASTY	07/01/2004	$932.62	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
19324	MAMMAPLASTY,AUGMENTATION W/O	07/01/2004	$363.09	0.0%	0.0%	Y	Referral Required
19325	MAMMAPLASTY WITH PROSTHETIC	07/01/2004	$544.81	0.0%	0.0%	Y	Referral Required
19328	REMOVAL OF INTACT MAMMARYIMP	07/01/2004	$367.11	0.0%	0.0%	Y	Referral Required
19330	REMOVAL, BREAST IMPLANT	07/01/2004	$460.79	0.0%	0.0%	Y	Referral Required
19340	IMMEDIATE INSERTION OF BREAS	07/01/2004	$344.87	0.0%	0.0%	Y	Referral Required
19342	DELAYED INSERTION OF BREAST	07/01/2004	$685.66	0.0%	0.0%	Y	Referral Required
19350	RECONSTRUCTION, NIPPLE	07/01/2004	$808.49	0.0%	0.0%	Y	Referral Required
19357	BREAST RECONSTRUCT W/TISSUE	07/01/2004	$1,150.34	0.0%	0.0%	Y	Referral Required
19361	BREAST RECONSTRUST W/LATISSI	07/01/2004	$1,128.06	0.0%	0.0%	Y	Referral Required
19364	BREAST RECONSTRUCTION WITH F	07/01/2004	$2,357.53	0.0%	0.0%	Y	Referral Required
19366	BREAST RECONSTRUCTION W/OTHE	07/01/2004	$1,189.28	0.0%	0.0%	Y	Referral Required
19367	BREAST RECONSTRUCTION W/TRAM	07/01/2004	$1,478.93	0.0%	0.0%	Y	Referral Required
19368	BREAST RECONSTRUCTION W/MINC	07/01/2004	$1,836.53	0.0%	0.0%	Y	Referral Required
19369	BREAST RECONSTRUCTION W/TRAM	07/01/2004	$1,714.78	0.0%	0.0%	Y	Referral Required
19370	OPEN PERIPROSTHETIC CAPULOTO	07/01/2004	$509.99	0.0%	0.0%	Y	Referral Required
19371	PERIPROSTHETIC CAPSULECTOMY	07/01/2004	$593.79	0.0%	0.0%	Y	Referral Required
19380	REVISION OF RECONSTRUCTED BR	07/01/2004	$582.19	0.0%	0.0%	Y	Referral Required
20000	INCISION, ABCESS, SOFT TISSU	07/01/2004	$151.10	0.0%	0.0%	N	Referral Required
20005	INCISION OF SOFT TISSUE ABSC	07/01/2004	$227.77	0.0%	0.0%	N	Referral Required
20100	EXPLORATION OF PENETRATING W	07/01/2004	$587.73	0.0%	0.0%	N	Referral Required
20101	EXPLORATION OF PENETRATING W	07/01/2004	$217.53	0.0%	0.0%	N	Referral Required
20102	EXPLORATION OF PENETRATING W	07/01/2004	$258.16	0.0%	0.0%	N	Referral Required
20103	EXPLORATION OF PENETRATING W	07/01/2004	$342.45	0.0%	0.0%	N	Referral Required
20150	EXCISION EPIPHYSEAL BAR W/WO	07/01/2004	$820.67	0.0%	0.0%	N	Referral Required
20200	BIOPSY, MUSCLE	07/01/2004	$111.04	0.0%	0.0%	N	Referral Required
20205	BIOPSY, MUSCLE	07/01/2004	$219.36	0.0%	0.0%	N	Referral Required
20206	BIOPSY MUSCLE PERCUTANEOUS N	07/01/2004	$142.84	0.0%	0.0%	N	Referral Required
20220	BIOPSY, BONE	07/01/2004	$207.87	0.0%	0.0%	N	Referral Required
20225	BIOPSY, BONE	07/01/2004	$214.13	0.0%	0.0%	N	Referral Required
20240	BIOPSY, BONE	07/01/2004	$256.04	0.0%	0.0%	N	Referral Required
20245	BIOPSY, BONE	07/01/2004	$509.62	0.0%	0.0%	N	Referral Required
20250	BIOPSY VERTEBRAL BODY OPEN T	07/01/2004	$330.27	0.0%	0.0%	N	Referral Required
20251	BIOPSY VERTEBRAL BODY OPEN L	07/01/2004	$370.39	0.0%	0.0%	N	Referral Required
20500	INJECTION, SINUS TRACT	07/01/2004	$219.57	0.0%	0.0%	N	Referral Required
20501	INJECTION, SINUS TRACT	07/01/2004	$135.75	0.0%	0.0%	N	Referral Required
20520	REMOVAL, FOREIGN BODY, MUSCL	07/01/2004	$252.00	0.0%	0.0%	N	Referral Required
20525	REMOVAL FB IN MUSCLE DEEP OR	07/01/2004	$368.29	0.0%	0.0%	N	Referral Required
20526	INJECTION, THERAPEUTIC	07/01/2004	$57.07	0.0%	0.0%	N	Referral Required
20550	INJECTION, LIGAMENT	07/01/2004	$59.35	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
20551	INJECTION	07/01/2004	$57.07	0.0%	0.0%	N	Referral Required
20552	INJECTION	07/01/2004	$57.07	0.0%	0.0%	N	Referral Required
20553	INJECTION	07/01/2004	$57.07	0.0%	0.0%	N	Referral Required
20600	ARTHROCENTESIS	07/01/2004	$46.38	0.0%	0.0%	N	Referral Required
20605	ARTHROCENTESIS	07/01/2004	$50.68	0.0%	0.0%	N	Referral Required
20610	ARTHROCENTESIS	07/01/2004	$60.82	0.0%	0.0%	N	Referral Required
20612	ASPIRATION &/OR INJECTION GANGLION	07/01/2004	$33.53	0.0%	0.0%	N	Referral Required
20615	ASPIRATIOFN AND INJECTION FO	07/01/2004	$243.85	0.0%	0.0%	N	Referral Required
20650	INSERTION, PIN, SKELETAL TRA	07/01/2004	$249.27	0.0%	0.0%	N	Referral Required
20660	APPLICATION, CALIPER	07/01/2004	$146.53	0.0%	0.0%	N	Referral Required
20661	APPLICATION OF HALO INC REMO	07/01/2004	$410.26	0.0%	0.0%	N	Referral Required
20662	APPLICATION OF HALO INC REMO	07/01/2004	$397.35	0.0%	0.0%	N	Referral Required
20663	APPLICATION OF HALO INC REMO	07/01/2004	$368.02	0.0%	0.0%	N	Referral Required
20664	APPLICATION OF HALO, 6 OR MORE PINS	07/01/2004	$592.32	0.0%	0.0%	N	Referral Required
20665	REMOVAL, CALIPER	07/01/2004	$125.59	0.0%	0.0%	N	Referral Required
20670	REMOVAL, PIN OR OTHER	07/01/2004	$252.78	0.0%	0.0%	N	Referral Required
20680	REMOVAL, PIN OR OTHER	07/01/2004	$291.71	0.0%	0.0%	N	Referral Required
20690	APP OF A UNIPLANE UNILATERAL	07/01/2004	$195.91	0.0%	0.0%	N	Referral Required
20692	APP OF MULTIPLANE (PINS OR W	07/01/2004	$355.04	0.0%	0.0%	N	Referral Required
20693	ADJ/REVISION OF EXTERNAL FIX	07/01/2004	$646.81	0.0%	0.0%	N	Referral Required
20694	REMOVAL,UNDER ANESTHESIA OF	07/01/2004	$450.26	0.0%	0.0%	N	Referral Required
20802	REPLANTATION, ARM, COMP AMPUTATION	07/01/2004	$2,511.87	0.0%	0.0%	N	Referral Required
20805	REPLANTATION, FOREARM; COMPL	07/01/2004	$3,110.42	0.0%	0.0%	N	Referral Required
20808	REPLANTATION HAND; COMPLETE	07/01/2004	$4,147.45	0.0%	0.0%	N	Referral Required
20816	REPLANTATION DIGIT COMPLETE	07/01/2004	$2,767.57	0.0%	0.0%	N	Referral Required
20822	REPLANTATION,DIGIT,EXCLUDING	07/01/2004	$2,463.60	0.0%	0.0%	N	Referral Required
20824	REPLANTATION, THUMB; COMPLET	07/01/2004	$2,763.16	0.0%	0.0%	N	Referral Required
20827	REPLANTATION, THUMB;DISTAL T	07/01/2004	$2,484.87	0.0%	0.0%	N	Referral Required
20838	REPLANTATION, FOOT, COMP AMPUTATIO	07/01/2004	$2,419.82	0.0%	0.0%	N	Referral Required
20900	BONE GRAFT	07/01/2004	$406.92	0.0%	0.0%	N	Referral Required
20902	BONE GRAFT	07/01/2004	$578.04	0.0%	0.0%	N	Referral Required
20910	GRAFT, CARTILAGE	07/01/2004	$495.12	0.0%	0.0%	N	Referral Required
20912	CARTILAGE GRAFT, NASAL SEPTU	07/01/2004	$485.95	0.0%	0.0%	N	Referral Required
20920	GRAFT, FASCIA LATA	07/01/2004	$375.82	0.0%	0.0%	N	Referral Required
20922	GRAFT, FASCIA LATA	07/01/2004	$527.99	0.0%	0.0%	N	Referral Required
20924	TENDON GRAFT	07/01/2004	$474.35	0.0%	0.0%	N	Referral Required
20926	TISSUE GRAFTS, OTHER	07/01/2004	$422.99	0.0%	0.0%	N	Referral Required
20931	ALLOGRAFT FOR SPINE SURGERY	07/01/2004	$102.48	0.0%	0.0%	N	Referral Required
20937	AUTOGRAFT SPINE SURGERY ONLY	07/01/2004	$157.18	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
20938	AUTOGRAFT SPINE SURGERY;STRU	07/01/2004	$170.28	0.0%	0.0%	N	Referral Required
20950	MONITOR INTERSTITIAL FLUID P	07/01/2004	$117.77	0.0%	0.0%	N	Referral Required
20955	FIBULA GRAFT WITH MICROVASCU	07/01/2004	$2,467.30	0.0%	0.0%	N	Referral Required
20956	BONE GRAFT W/MICROVASCULAR A	07/01/2004	$2,419.27	0.0%	0.0%	N	Referral Required
20957	BONE GRAFT W/MICROVASCULAR A	07/01/2004	$2,256.85	0.0%	0.0%	N	Referral Required
20962	BONE GRAFT W/MICROVASCULAR O	07/01/2004	$2,420.34	0.0%	0.0%	N	Referral Required
20969	FREE OSTEOCUTANEOUS FLAP W/M	07/01/2004	$2,725.33	0.0%	0.0%	N	Referral Required
20970	FREE OSTEOCUTANEOUS FLAP W/M	07/01/2004	$2,595.02	0.0%	0.0%	N	Referral Required
20972	FREE OSTEOCUTANEOUS FLAP W/M	07/01/2004	$2,232.60	0.0%	0.0%	N	Referral Required
20973	FREE OSTEOCUTANEOUS FLAP, GR	07/01/2004	$2,705.44	0.0%	0.0%	N	Referral Required
20974	ELECTRICAL STIMULATION TO AI	07/01/2004	$38.99	0.0%	0.0%	N	Referral Required
20975	ELECTRIC STIMULATION TO AID	07/01/2004	$146.35	0.0%	0.0%	N	Referral Required
20979	LOW INTENSITY ULTRASOUND	07/01/2004	$41.66	0.0%	0.0%	N	Referral Required
20982	ABLATION, BONE TUMOR(S)	07/01/2004	$46.90	0.0%	0.0%	N	Referral Required
21010	ARTHROTOMY,TEMPOROMANDIBULAR	07/01/2004	$606.04	0.0%	0.0%	N	Referral Required
21015	RADICAL RESECTION TUMOR FACE	07/01/2004	$437.98	0.0%	0.0%	N	Referral Required
21025	EXCISION OF BONE, MANDIBLE	07/01/2004	$613.01	0.0%	0.0%	N	Referral Required
21026	EXCISION OF FACIAL BONES	07/01/2004	$350.07	0.0%	0.0%	N	Referral Required
21029	REMOVAL BY CONTOURING BENIGN	07/01/2004	$521.46	0.0%	0.0%	N	Referral Required
21030	EXCISION, TUMOR, FACIAL BONE	07/01/2004	$418.74	0.0%	0.0%	N	Referral Required
21031	EXCISION TORUS MANDIBULARIS	07/01/2004	$230.71	0.0%	0.0%	N	Referral Required
21032	EXCISION TORUS PALATINUS	07/01/2004	$230.20	0.0%	0.0%	N	Referral Required
21034	EXCISION MALIGNANT TUMOR OF	07/01/2004	$944.64	0.0%	0.0%	N	Referral Required
21040	EXCISION, TUMOR, MANDIBLE	07/01/2004	$177.18	0.0%	0.0%	N	Referral Required
21044	EXCISION OF MALIGNANT TUMOR	07/01/2004	$708.72	0.0%	0.0%	N	Referral Required
21045	EXCISION OF MALIGNANT TUMOR	07/01/2004	$942.82	0.0%	0.0%	N	Referral Required
21046	EXCISION OF BEGNIGN TUMOR OR CYST	07/01/2004	$783.50	0.0%	0.0%	N	Referral Required
21047	EXCISION OF BENIGN TUMOR OR CYST	07/01/2004	$970.64	0.0%	0.0%	N	Referral Required
21048	EXCISION OF BENIGN TUMOR OR CYST	07/01/2004	$807.00	0.0%	0.0%	N	Referral Required
21049	EXCISION OF BENIGN TUMOR OR CYST	07/01/2004	$926.10	0.0%	0.0%	N	Referral Required
21050	ARTHRECTOMY, TEMP-MANDBLR JN	07/01/2004	$786.79	0.0%	0.0%	N	Referral Required
21060	MENISCECTOMY	07/01/2004	$729.82	0.0%	0.0%	N	Referral Required
21070	CORONOIDECTOMY	07/01/2004	$510.84	0.0%	0.0%	N	Referral Required
21076	IMPRESSION/CUSTOM PREP; SURG	07/01/2004	$823.32	0.0%	0.0%	N	Referral Required
21079	IMPRESSION/CUSTOM PREP INTER	07/01/2004	$1,394.66	0.0%	0.0%	N	Referral Required
21080	DEFINITIVE OBTURATOR PROTHES	07/01/2004	$1,581.06	0.0%	0.0%	N	Referral Required
21081	MANDIBULAR RESECTION PROSTHESIS	01/01/2004	$1,250.04	0.0%	0.0%	Y	Referral Required
21082	PALATAL AUGMENTATION PROSTHESIS	01/01/2004	$1,119.23	0.0%	0.0%	Y	Referral Required
21083	PALATAL LIFT PROSTHESIS	07/01/2004	$1,215.61	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
21084	SPEECH AID PROSTHESIS	01/01/2004	$1,224.77	0.0%	0.0%	Y	Referral Required
21085	IMPRESSION & CUSTOM PREPARAT	07/01/2004	$547.36	0.0%	0.0%	N	Referral Required
21086	AURICULAR PROSTHESIS	01/01/2004	$1,358.38	0.0%	0.0%	Y	Referral Required
21087	NASAL PROSTHESIS (DESIGNED P	07/01/2004	$1,523.30	0.0%	0.0%	N	Referral Required
21100	APPLICATION, HALO	07/01/2004	$337.66	0.0%	0.0%	N	Referral Required
21110	APPL, INTERDENTAL FIX APPLNC	07/01/2004	$361.30	0.0%	0.0%	N	Referral Required
21116	INJECTION PROCEDURE FOR TEMP	07/01/2004	$286.52	0.0%	0.0%	N	Referral Required
21120	GENIOPLASTY; AUGMENTATION AU	07/01/2004	$439.87	0.0%	0.0%	N	Referral Required
21121	SLIDING OSTEOTOMY, SINGLE PI	07/01/2004	$531.95	0.0%	0.0%	N	Referral Required
21122	SLIDING OSTEOTOMIES TWO OR M	07/01/2004	$572.56	0.0%	0.0%	N	Referral Required
21123	GENIOPLASTY, AUGMENTATION SL	07/01/2004	$668.00	0.0%	0.0%	N	Referral Required
21125	AUGMENTATION MANDIBULAR BODY	07/01/2004	$702.00	0.0%	0.0%	N	Referral Required
21127	AUGMENTATION,MANDIBULAR BODY	07/01/2004	$756.35	0.0%	0.0%	N	Referral Required
21138	REDUCTION FOREHEAD CONTOURIN	07/01/2004	$747.44	0.0%	0.0%	Y	Referral Required
21141	RECONSTRUCT MIDFACE,LEFORT 1	07/01/2004	$1,021.22	0.0%	0.0%	N	Referral Required
21142	RECONSTRUCT MIDFACE,LEFORT 1	07/01/2004	$1,139.16	0.0%	0.0%	N	Referral Required
21143	RECONSTRUCT MIDFACE LEFORT 1	07/01/2004	$1,077.31	0.0%	0.0%	N	Referral Required
21145	RECONSTRUCT MIDFACE SINGLE P	07/01/2004	$1,127.62	0.0%	0.0%	N	Referral Required
21146	RECONSTRUCT MIDFACE 2 PIECES	07/01/2004	$1,153.10	0.0%	0.0%	N	Referral Required
21147	RECONSTRUCT MIDFACE 3 OR MOR	07/01/2004	$1,194.52	0.0%	0.0%	N	Referral Required
21150	RECONSTRUCT MIDFACE LEFORT I	07/01/2004	$1,477.07	0.0%	0.0%	N	Referral Required
21151	RECONSTRUCT MIDFACE LEFORT I	07/01/2004	$1,737.37	0.0%	0.0%	N	Referral Required
21154	RECONSTRUCT MIDFACE LEFORT I	07/01/2004	$1,858.73	0.0%	0.0%	N	Referral Required
21155	RECONSTRUCT MIDFACE, LEFORT	07/01/2004	$2,080.43	0.0%	0.0%	N	Referral Required
21159	RECONSTRUCT MIDFACE LEFORT I	07/01/2004	$2,337.01	0.0%	0.0%	Y	Referral Required
21160	RECONSTRUCT MIDFACE LEFORT I	07/01/2004	$2,720.57	0.0%	0.0%	N	Referral Required
21172	RECONSTRUCT SUPERIOR-LATERAL	07/01/2004	$1,556.66	0.0%	0.0%	N	Referral Required
21175	RECONSTRUCT,BIFRONTAL,SUP-LA	07/01/2004	$1,917.95	0.0%	0.0%	N	Referral Required
21179	RECONSTRUCT ENTIRE OR MAJORI	07/01/2004	$1,453.14	0.0%	0.0%	N	Referral Required
21180	RECONSTRUCT FOREHEAD/SUPRAOR	07/01/2004	$1,531.61	0.0%	0.0%	N	Referral Required
21181	REMOVAL CONTOURING BENIGN TU	07/01/2004	$645.18	0.0%	0.0%	N	Referral Required
21182	RECONSTRUCT ORBITAL WALLS RI	07/01/2004	$1,905.85	0.0%	0.0%	N	Referral Required
21183	RECONST. ORBITAL WALLS RIMS	07/01/2004	$2,051.98	0.0%	0.0%	N	Referral Required
21184	RECONSTRUCT ORBIT WALL TOTAL	07/01/2004	$2,070.75	0.0%	0.0%	N	Referral Required
21188	RECONST. MIDFACE OSTEOTOMIES	07/01/2004	$1,348.63	0.0%	0.0%	N	Referral Required
21193	RECONSTRUCTION OF MANDIBULAR	07/01/2004	$988.25	0.0%	0.0%	N	Referral Required
21194	RECONSTRUCTION AND BONE GRAF	07/01/2004	$1,135.65	0.0%	0.0%	N	Referral Required
21195	RECONSTRUCT OF MANDIBULARRAM	07/01/2004	$1,037.21	0.0%	0.0%	N	Referral Required
21196	RECONSTRUCT MANDIBULAR RAMUS	07/01/2004	$1,119.56	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
21198	OSTEOTOMY, MANDIBLE, SEGMENT	07/01/2004	$923.10	0.0%	0.0%	N	Referral Required
21199	OSTEOTOMY,MANDIBLE,SEGMENTAL	07/01/2004	$945.05	0.0%	0.0%	N	Referral Required
21206	OSTEOPLASY, MAXILLA, SEGMENT	07/01/2004	$825.39	0.0%	0.0%	N	Referral Required
21208	OSTEOPLASTY FACIAL BONES AUG	07/01/2004	$671.95	0.0%	0.0%	N	Referral Required
21209	OSTEOPLASTY, FACIAL BONES AU	07/01/2004	$512.07	0.0%	0.0%	N	Referral Required
21210	GRAFT, FACIAL BONE	07/01/2004	$666.98	0.0%	0.0%	N	Referral Required
21215	BONE GRAFT, MANDIBLE	07/01/2004	$693.33	0.0%	0.0%	N	Referral Required
21230	GRAFT, CARTILAGE	07/01/2004	$753.79	0.0%	0.0%	N	Referral Required
21235	GRAFT, CARTILAGE	07/01/2004	$636.08	0.0%	0.0%	N	Referral Required
21240	ARTHROPLASTY, TEMP-MANDBL JN	07/01/2004	$904.42	0.0%	0.0%	N	Referral Required
21242	TEMP MAND JOINT ARTHROPLASTY	07/01/2004	$839.31	0.0%	0.0%	N	Referral Required
21243	ARTHROPLASTY TMJ W/PROSTHETI	07/01/2004	$1,227.72	0.0%	0.0%	N	Referral Required
21244	RECONSTRUCT MANDIBLE EXTRAOR	07/01/2004	$750.27	0.0%	0.0%	N	Referral Required
21245	RECONSTRUCTION OF MANDIBLE O	07/01/2004	$1,247.34	0.0%	0.0%	N	Referral Required
21246	RECONSTRUCT MANDIBLE/MAXILLA	07/01/2004	$797.58	0.0%	0.0%	N	Referral Required
21247	RECONSTRUCT MANDIBULAR CONDY	07/01/2004	$1,501.76	0.0%	0.0%	N	Referral Required
21248	RECONSTRUCT MAXILLA/MANDIBLE	07/01/2004	$716.70	0.0%	0.0%	N	Referral Required
21249	RECONSTRUCT MANDIBLE/MAXILLA	07/01/2004	$1,020.66	0.0%	0.0%	N	Referral Required
21255	RECONSTRUCT ZYGOMATIC ARCH &	07/01/2004	$1,043.52	0.0%	0.0%	N	Referral Required
21256	RECONSTRUCT ORBIT W/OSTEOTOM	07/01/2004	$1,046.19	0.0%	0.0%	N	Referral Required
21260	PERIORBITAL OSTEOTOMY FOR OR	07/01/2004	$1,051.01	0.0%	0.0%	N	Referral Required
21261	PERIORBITAL OSTEOTOMIES W/BO	07/01/2004	$1,812.01	0.0%	0.0%	N	Referral Required
21263	PERIORBITAL OSTEOTOMIES W/FO	07/01/2004	$1,540.90	0.0%	0.0%	N	Referral Required
21267	ORBITAL REPOSITION, PERIORBI	07/01/2004	$1,176.82	0.0%	0.0%	N	Referral Required
21268	ORBITAL REPOSITIONING, PERIO	07/01/2004	$1,377.74	0.0%	0.0%	N	Referral Required
21270	MALAR AUGMENTATION PROSTHETI	07/01/2004	$715.39	0.0%	0.0%	N	Referral Required
21275	SECONDARY REVISION FOR ORBIT	07/01/2004	$777.31	0.0%	0.0%	N	Referral Required
21280	MEDIAL CANTHOPEXY	07/01/2004	$423.49	0.0%	0.0%	N	Referral Required
21282	LATERAL CANTHOPEXY	07/01/2004	$303.17	0.0%	0.0%	N	Referral Required
21295	REDUCTION OF MASSETER MUSCLE & BON	07/01/2004	$198.19	0.0%	0.0%	N	Referral Required
21296	REDUCTION OF MASSETER MUSCLE & BON	07/01/2004	$289.77	0.0%	0.0%	N	Referral Required
21300	CLOSED SKULL FX WO/OPERATION	07/01/2004	$117.51	0.0%	0.0%	N	Referral Required
21310	TREAT CLOSED/OPEN NASAL FX W	07/01/2004	$109.52	0.0%	0.0%	N	Referral Required
21315	FRACTURE, NASAL	07/01/2004	$169.58	0.0%	0.0%	N	Referral Required
21320	FRACTURE, NASAL	07/01/2004	$230.12	0.0%	0.0%	N	Referral Required
21325	FRACTURE, NASAL	07/01/2004	$261.16	0.0%	0.0%	N	Referral Required
21330	FRACTURE, NASAL	07/01/2004	$384.70	0.0%	0.0%	N	Referral Required
21335	FRACTURE, NASAL	07/01/2004	$556.80	0.0%	0.0%	N	Referral Required
21336	OPEN TX NASAL SEPTAL FX W/WO	07/01/2004	$398.51	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
21337	TREATMENT OF CLOSED NASAL SE	07/01/2004	$270.73	0.0%	0.0%	N	Referral Required
21338	OPEN TREATMENT NASOETHMOID F	07/01/2004	$426.58	0.0%	0.0%	N	Referral Required
21339	TREATMENT OF NASOETHMOID FRA	07/01/2004	$528.47	0.0%	0.0%	N	Referral Required
21340	TREAT CLOSED/OPEN NASOETHMOI	07/01/2004	$684.30	0.0%	0.0%	N	Referral Required
21343	OPEN TREAT DEPRESSED FRONTAL	07/01/2004	$788.40	0.0%	0.0%	N	Referral Required
21344	OPEN TREAT COMPLICATED FRONT	07/01/2004	$1,182.43	0.0%	0.0%	N	Referral Required
21345	FRACTURE, NASO-MAXILLARY	07/01/2004	$638.50	0.0%	0.0%	N	Referral Required
21346	FRACTURE, NASO-MAXILLARY	07/01/2004	$722.29	0.0%	0.0%	N	Referral Required
21347	FRACTURE, NASO-MAXILLARY	07/01/2004	$787.15	0.0%	0.0%	N	Referral Required
21348	OPEN TREATMENT NASOMAXILLARY	07/01/2004	$997.44	0.0%	0.0%	N	Referral Required
21355	FRACTURE, MALAR AREA	07/01/2004	$266.02	0.0%	0.0%	N	Referral Required
21356	OPEN TREAT DEPRESSED ZYGOMAT	07/01/2004	$261.90	0.0%	0.0%	N	Referral Required
21360	FRACTURE, MALAR AREA	07/01/2004	$426.08	0.0%	0.0%	N	Referral Required
21365	FRACTURE, MALAR AREA	07/01/2004	$936.86	0.0%	0.0%	N	Referral Required
21366	OPEN TREAT COMPLICATED FX MA	07/01/2004	$1,122.47	0.0%	0.0%	N	Referral Required
21385	ORBITAL FLOOR FRACTURE	07/01/2004	$599.14	0.0%	0.0%	N	Referral Required
21386	OPEN TREAT ORBITAL FLOOR FX	07/01/2004	$614.06	0.0%	0.0%	N	Referral Required
21387	OPEN TREAT ORBITAL FLOOR FX	07/01/2004	$637.51	0.0%	0.0%	N	Referral Required
21390	ORBITAL FLOOR FRACTURE	07/01/2004	$657.19	0.0%	0.0%	N	Referral Required
21395	ORBITAL FLOOR FRACTURE	07/01/2004	$771.54	0.0%	0.0%	N	Referral Required
21400	FRACTURE, ORBIT	07/01/2004	$159.16	0.0%	0.0%	N	Referral Required
21401	FRACTURE, ORBIT	07/01/2004	$263.49	0.0%	0.0%	N	Referral Required
21406	FRACTURE, ORBIT	07/01/2004	$494.48	0.0%	0.0%	N	Referral Required
21407	FRACTURE, ORBIT	07/01/2004	$578.53	0.0%	0.0%	N	Referral Required
21408	OPEN TREAT FX ORBIT W/BONE G	07/01/2004	$797.87	0.0%	0.0%	N	Referral Required
21421	FRACTURE, PALATAL RIDGE	07/01/2004	$425.92	0.0%	0.0%	N	Referral Required
21422	OPEN TREAT PATATAL OR MAXILL	07/01/2004	$566.64	0.0%	0.0%	N	Referral Required
21423	OPEN TREAT PALATAL MAXILLARY	07/01/2004	$668.11	0.0%	0.0%	N	Referral Required
21431	CRANIO-FACIAL SEPARATION	07/01/2004	$536.14	0.0%	0.0%	N	Referral Required
21432	OPEN TREAT CRANIOFACIAL SEPA	07/01/2004	$578.61	0.0%	0.0%	N	Referral Required
21433	OPEN TREAT CRANIOFACIAL SEPA	07/01/2004	$1,509.10	0.0%	0.0%	N	Referral Required
21435	COMPLICATED UTILIZING INTERN	07/01/2004	$1,065.91	0.0%	0.0%	N	Referral Required
21436	COMPLICATED MULTIPLE SURGICA	07/01/2004	$1,560.67	0.0%	0.0%	N	Referral Required
21440	MANIPULATIVE TREATMENT OF AL	07/01/2004	$277.25	0.0%	0.0%	N	Referral Required
21445	OPEN TREAT MANDIBULAR-MAXILL	07/01/2004	$433.90	0.0%	0.0%	N	Referral Required
21450	CLOSED TREAT MANDIBULAR FX W	07/01/2004	$319.94	0.0%	0.0%	N	Referral Required
21451	CLOSED TREAT MANDIBULAR FX W	07/01/2004	$390.68	0.0%	0.0%	N	Referral Required
21452	PERCUTANEOUS TREAT MANDIBULA	07/01/2004	$510.95	0.0%	0.0%	N	Referral Required
21453	TREATMENT OF OP MANDIBULAR F	07/01/2004	$444.35	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
21454	OPEN TRTMNT CLCS/OPN MANDIBU	07/01/2004	$425.98	0.0%	0.0%	N	Referral Required
21461	FRACTURE, MANDIBULAR	07/01/2004	$574.53	0.0%	0.0%	N	Referral Required
21462	FRACTURE, MANDIBULAR	07/01/2004	$690.30	0.0%	0.0%	N	Referral Required
21465	OPEN TREAT MANDIBULAR CONDYL	07/01/2004	$712.88	0.0%	0.0%	N	Referral Required
21470	OPEN TREAT COMPLICATED MANDI	07/01/2004	$905.85	0.0%	0.0%	N	Referral Required
21480	DISLOCATN, TEMPORO-MANDIBULA	07/01/2004	$75.38	0.0%	0.0%	N	Referral Required
21485	CLOSED TREAT TEMPOROMANDIBUL	07/01/2004	$271.91	0.0%	0.0%	N	Referral Required
21490	OPEN TREAT TEMPORMANDIBULAR	07/01/2004	$695.94	0.0%	0.0%	N	Referral Required
21493	CLOSED TREAT HYOID FX WO/MAN	07/01/2004	$166.88	0.0%	0.0%	N	Referral Required
21494	CLOSED TREAT HYOID FX W/MANI	07/01/2004	$368.35	0.0%	0.0%	N	Referral Required
21495	OPEN TREAT HYOID FX	07/01/2004	$381.72	0.0%	0.0%	N	Referral Required
21497	INTERDENATAL WIRING FOR COND	07/01/2004	$295.33	0.0%	0.0%	N	Referral Required
21501	INCISN & DRNGE, ABSCESS, NEC	07/01/2004	$288.60	0.0%	0.0%	N	Referral Required
21502	INCISN & DRNGE, ABSCESS, NEC	07/01/2004	$497.18	0.0%	0.0%	N	Referral Required
21510	INCISION DEEP W/OPENING OF B	07/01/2004	$459.65	0.0%	0.0%	N	Referral Required
21550	EXCISIONAL BIOPSY, SOFT TISS	07/01/2004	$151.16	0.0%	0.0%	N	Referral Required
21555	EXCISION TUMOR SOFT TISSUE O	07/01/2004	$300.55	0.0%	0.0%	N	Referral Required
21556	EXCISN, TUMR, SUBFASCIAL, NE	07/01/2004	$314.43	0.0%	0.0%	N	Referral Required
21557	RADICAL RESECTION OF TUMOR S	07/01/2004	$587.52	0.0%	0.0%	N	Referral Required
21600	EXCISION, RIB	07/01/2004	$513.82	0.0%	0.0%	N	Referral Required
21610	COSTOTRANSVERSECTOMY	07/01/2004	$919.90	0.0%	0.0%	N	Referral Required
21615	BIOPSY, RIB	07/01/2004	$630.09	0.0%	0.0%	N	Referral Required
21616	EXCISION FIRST AND/OR CERVIC	07/01/2004	$743.08	0.0%	0.0%	N	Referral Required
21620	OSTECTOMY OF STERNUM PARTIAL	07/01/2004	$520.29	0.0%	0.0%	N	Referral Required
21627	EXCISION, STERNAL DEBRIDEMENT	07/01/2004	$653.27	0.0%	0.0%	N	Referral Required
21630	RADICAL RESECTION OF STERNUM	07/01/2004	$1,110.40	0.0%	0.0%	N	Referral Required
21632	EXCISION WITH MEDIASTINAL LY	07/01/2004	$1,086.50	0.0%	0.0%	N	Referral Required
21685	HYOID MYOTOMY AND SUSPENSION	07/01/2004	$412.58	0.0%	0.0%	N	Referral Required
21700	DIVISION, SCALENUS ANTICUS	07/01/2004	$506.82	0.0%	0.0%	N	Referral Required
21705	DIVISION, SCALENUS ANTICUS	07/01/2004	$614.38	0.0%	0.0%	N	Referral Required
21720	DIVISION, STERNOCLEIDOMASTOI	07/01/2004	$500.32	0.0%	0.0%	N	Referral Required
21725	DIVISION, STERNOCLEIDOMASTOI	07/01/2004	$502.08	0.0%	0.0%	N	Referral Required
21740	PECTUS EXCAVATUM OR CARINATU	07/01/2004	$1,042.15	0.0%	0.0%	N	Referral Required
21750	CLOSE STERNOTOMY SEPARATION	07/01/2004	$714.03	0.0%	0.0%	N	Referral Required
21800	FRACTURE, RIB	07/01/2004	$111.04	0.0%	0.0%	N	Referral Required
21805	RIB FX OPEN OR COMPLICATED	07/01/2004	$235.98	0.0%	0.0%	N	Referral Required
21810	RIB FX OPEN/CLOSED REQUIRING	07/01/2004	$498.80	0.0%	0.0%	N	Referral Required
21820	STERNUM FX CLOSED	07/01/2004	$139.48	0.0%	0.0%	N	Referral Required
21825	STERNUM FX OPEX	07/01/2004	$601.28	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
21920	BIOPSY SOFT TISSUE BACK/FLAN	07/01/2004	$153.60	0.0%	0.0%	N	Referral Required
21925	BIOPSY SOFT TISSUE BACK/FLAN	07/01/2004	$499.68	0.0%	0.0%	N	Referral Required
21930	EXCISION TUMOR SOFT TISSUE B	07/01/2004	$334.89	0.0%	0.0%	N	Referral Required
21935	RADICAL RESECTION OF TUMOR,	07/01/2004	$1,113.23	0.0%	0.0%	N	Referral Required
22100	RESECTION, VERTEBRAL COMPONE	07/01/2004	$646.55	0.0%	0.0%	N	Referral Required
22101	RESECTION, VERTEBRAL COMPONE	07/01/2004	$670.82	0.0%	0.0%	N	Referral Required
22102	RESECTION, VERTEBRAL COMPONE	07/01/2004	$674.46	0.0%	0.0%	N	Referral Required
22103	EXCISE POST VERTERAL COMPONE	07/01/2004	$131.31	0.0%	0.0%	N	Referral Required
22110	EXCISION, PRTL, VERTEBRAL BD	07/01/2004	$853.40	0.0%	0.0%	N	Referral Required
22112	PARTIAL EXCISION VERTEBRAE T	07/01/2004	$847.89	0.0%	0.0%	N	Referral Required
22114	PARTIAL EXCISION OF VERTEBRA LUMBAR	07/01/2004	$840.43	0.0%	0.0%	N	Referral Required
22116	EXCISE VERTEBRAL BODY/BONY L	07/01/2004	$130.82	0.0%	0.0%	N	Referral Required
22210	OSTEOTOMY SPINE POSTERIOR AP	07/01/2004	$1,491.54	0.0%	0.0%	N	Referral Required
22212	OSTEOTOMY OF SPINE; THORACIC	07/01/2004	$1,216.69	0.0%	0.0%	N	Referral Required
22214	OSTEOTOMY OF SPINE; LUMBAR	07/01/2004	$1,241.22	0.0%	0.0%	N	Referral Required
22216	OSTEOTOMY SPINE,ONE SEGMENT; EA AD	07/01/2004	$340.42	0.0%	0.0%	N	Referral Required
22220	OSTEOTOMY OF SPINE; CERVICAL	07/01/2004	$1,334.86	0.0%	0.0%	N	Referral Required
22222	OSTEOTOMY OF SPINE; THORCIC	07/01/2004	$1,312.43	0.0%	0.0%	N	Referral Required
22224	OSTEOTOMY OF SPINE; LUMBAR	07/01/2004	$1,334.84	0.0%	0.0%	N	Referral Required
22226	OSTEOTOMY SPINE/DISKECTOMY,SINGLE	07/01/2004	$338.04	0.0%	0.0%	N	Referral Required
22305	CLOSED TREAT VERTEBRAL PROCE	07/01/2004	$184.06	0.0%	0.0%	N	Referral Required
22310	CLOSED TREAT VERTEBRAL BODY	07/01/2004	$254.97	0.0%	0.0%	N	Referral Required
22315	CLOSED TREATMENT OF VERTEBRA	07/01/2004	$642.92	0.0%	0.0%	N	Referral Required
22318	OPEN TREATMENT, ODONTOID FRACTURE	07/01/2004	$1,331.46	0.0%	0.0%	N	Referral Required
22319	OPEN TREATMENT, ODONTOID FRACTURE	07/01/2004	$1,507.67	0.0%	0.0%	N	Referral Required
22325	FRACTURE, VERTEBRAL BODY	07/01/2004	$1,184.87	0.0%	0.0%	N	Referral Required
22326	VERTEBRAL FRACTURE; CERVICAL	07/01/2004	$1,271.57	0.0%	0.0%	N	Referral Required
22327	FRACTURE AND/OR DISLOCATION	07/01/2004	$1,235.37	0.0%	0.0%	N	Referral Required
22328	TX/REDUCTION VERTEBRAL FRACTURE;EA	07/01/2004	$255.06	0.0%	0.0%	N	Referral Required
22505	SPINAL MANIPULATION	07/01/2004	$220.66	0.0%	0.0%	N	Referral Required
22520	PERCUTANEOUS VERTEBROPLASTY	07/01/2004	$469.91	0.0%	0.0%	N	Referral Required
22521	PERCUTANEOUS VERTEBROPLASTY	07/01/2004	$441.06	0.0%	0.0%	N	Referral Required
22522	PERCUTANEOUS VERTEBROPLASTY	07/01/2004	$216.17	0.0%	0.0%	N	Referral Required
22532	ARTHRODESIS, LATERAL EXTRACAVITARY	07/01/2004	$1,372.20	0.0%	0.0%	Y	Referral Required
22533	ARTHRODESIS, LATERAL EXTRACAVITARY	07/01/2004	$1,288.09	0.0%	0.0%	Y	Referral Required
22534	ARTHRODESIS, LATERAL EXTRACAVITARY	07/01/2004	$216.17	0.0%	0.0%	Y	Referral Required
22548	ARTHRODESIS, CLIVUS-C1-C2	07/01/2004	$1,597.87	0.0%	0.0%	Y	Referral Required
22554	ARTHRODESIS	07/01/2004	$1,180.19	0.0%	0.0%	Y	Referral Required
22556	ARTHRODESIS, ANTERIOR INTERB	07/01/2004	$1,450.27	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
22558	ARTHRODESIS ANTERIOR INTERBO	07/01/2004	$1,347.46	0.0%	0.0%	Y	Referral Required
22585	ARTHRODESIS ANTERIOR OR ANTE	07/01/2004	$310.25	0.0%	0.0%	Y	Referral Required
22590	ARTHRODESIS, POSTERIOR TECHN	07/01/2004	$1,305.64	0.0%	0.0%	Y	Referral Required
22595	ARTHRODESIS POSTERIOR TECHNI	07/01/2004	$1,230.42	0.0%	0.0%	Y	Referral Required
22600	ARTHRODESIS, CERVICAL	07/01/2004	$1,039.00	0.0%	0.0%	Y	Referral Required
22610	ARTHRODESIS LOCAL BONE ALLOG	07/01/2004	$1,040.93	0.0%	0.0%	Y	Referral Required
22612	ARTHRODESIS	07/01/2004	$1,319.48	0.0%	0.0%	Y	Referral Required
22614	ARTHRODESIS, SINGLE LEVEL; E	07/01/2004	$363.22	0.0%	0.0%	Y	Referral Required
22630	ARTHRODESIS, POSTERIOR INTER	07/01/2004	$1,331.65	0.0%	0.0%	Y	Referral Required
22632	ARTHRODESIS INTERBODY, SINGL	07/01/2004	$291.92	0.0%	0.0%	Y	Referral Required
22800	SCOLIOSIS CORRECTION	07/01/2004	$1,164.07	0.0%	0.0%	Y	Referral Required
22802	SCOLIOSIS CORRECTION	07/01/2004	$1,891.13	0.0%	0.0%	Y	Referral Required
22804	ARTHRODESIS,POST,SPINAL DEFO	07/01/2004	$2,182.19	0.0%	0.0%	Y	Referral Required
22808	ARTHRODESIS,ANT,SPINAL DEFOR	07/01/2004	$1,608.64	0.0%	0.0%	Y	Referral Required
22810	ARTHRODESIS ANTERIOR-SPINAL	07/01/2004	$1,797.42	0.0%	0.0%	Y	Referral Required
22812	ARTHRODESIS POSTERIOR FOR SP	07/01/2004	$1,960.70	0.0%	0.0%	Y	Referral Required
22818	KYPHECTOMY,EXPOSURE OF SPINE,1-2 SE	07/01/2004	$1,929.53	0.0%	0.0%	N	Referral Required
22819	KYPHECTOMY, EXPOSE SPINE, 3 OR MORE	07/01/2004	$2,113.05	0.0%	0.0%	N	Referral Required
22830	EXPLORATION OF SPINAL FUSION	07/01/2004	$744.71	0.0%	0.0%	Y	Referral Required
22840	POSTERIOR INSTRUMENTATION WO	07/01/2004	$705.63	0.0%	0.0%	Y	Referral Required
22842	POSTERIOR INSTRUMENTATION; S	07/01/2004	$706.91	0.0%	0.0%	Y	Referral Required
22843	POST SEGMENTAL INSTRUMENTATI	07/01/2004	$757.52	0.0%	0.0%	Y	Referral Required
22844	POST SEGMENTAL INSTRUMENTATI	07/01/2004	$930.18	0.0%	0.0%	Y	Referral Required
22845	ANTERIOR INSTRUMENTATION	07/01/2004	$673.53	0.0%	0.0%	Y	Referral Required
22846	ANTERIOR INSTRUMENTATION; 4-	07/01/2004	$701.03	0.0%	0.0%	Y	Referral Required
22847	ANTERIOR INSTRUMENTATION; 8	07/01/2004	$764.27	0.0%	0.0%	Y	Referral Required
22848	PELVIC FIXATION OTHER THAN S	07/01/2004	$339.44	0.0%	0.0%	Y	Referral Required
22849	REINSERTION OF SPINAL FIXATI	07/01/2004	$1,173.64	0.0%	0.0%	Y	Referral Required
22850	HARRINGTON ROD REMOVAL	07/01/2004	$655.62	0.0%	0.0%	N	Referral Required
22851	APPLY PROSTHETIC DEVICE VERT	07/01/2004	$374.10	0.0%	0.0%	Y	Referral Required
22852	REMOVAL OF POSTERIOR SEGMENT	07/01/2004	$626.04	0.0%	0.0%	N	Referral Required
22855	REMOVAL OF ANTERIOR INSTRUME	07/01/2004	$968.10	0.0%	0.0%	N	Referral Required
22900	EXCISION, TUMOR, ABDOMINL WA	07/01/2004	$360.71	0.0%	0.0%	N	Referral Required
23000	REMOVAL SUBDELTOID CALCAREOU	07/01/2004	$458.68	0.0%	0.0%	N	Referral Required
23020	CAPSULAR CONTRACTURE RELEASE	07/01/2004	$682.97	0.0%	0.0%	N	Referral Required
23030	DRAINAGE, ABSCESS, SHOULDER	07/01/2004	$338.14	0.0%	0.0%	N	Referral Required
23031	DRAINAGE, BURSA, INFECTED	07/01/2004	$292.42	0.0%	0.0%	N	Referral Required
23035	INCISION, SHOULDER	07/01/2004	$853.40	0.0%	0.0%	N	Referral Required
23040	ARTHROTOMY, GLENOHUMERAL	07/01/2004	$731.95	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
23044	ARTHROTOMY, ACROMIOCAVICULAR	07/01/2004	$620.44	0.0%	0.0%	N	Referral Required
23065	BIOPSY, SOFT TISSUE OF SHOUL	07/01/2004	$168.26	0.0%	0.0%	N	Referral Required
23066	BIOPSY, SOFT TISSUE OF SHOUL	07/01/2004	$428.77	0.0%	0.0%	N	Referral Required
23075	EXCISION TUMOR SHOULDER AREA	07/01/2004	$265.48	0.0%	0.0%	N	Referral Required
23076	EXCISION, TUMOR, SHOULDER	07/01/2004	$559.46	0.0%	0.0%	N	Referral Required
23077	RADICAL RESECTION OF TUMOR,	07/01/2004	$1,074.40	0.0%	0.0%	N	Referral Required
23100	ARTHROTOMY, GLENOHUMERAL	07/01/2004	$513.60	0.0%	0.0%	N	Referral Required
23101	ARTHROTOMY FOR BX OR EXC TOR	07/01/2004	$493.62	0.0%	0.0%	N	Referral Required
23105	SYNOVECTOMY, GLENOHUMERAL	07/01/2004	$644.87	0.0%	0.0%	N	Referral Required
23106	ARTHROTOMY, ACROMIOCAVICULAR	07/01/2004	$528.89	0.0%	0.0%	N	Referral Required
23107	ARTHROTOMY, GLENOHUMERAL JOI	07/01/2004	$667.33	0.0%	0.0%	N	Referral Required
23120	CLAVICULECTOMY	07/01/2004	$581.99	0.0%	0.0%	N	Referral Required
23125	CLAVICULECTOMY	07/01/2004	$708.19	0.0%	0.0%	N	Referral Required
23130	ACROMIOPLASTY-ACROMIONECTOMY	07/01/2004	$607.70	0.0%	0.0%	N	Referral Required
23140	EXCISION, CYST, CLAVICLE	07/01/2004	$530.63	0.0%	0.0%	N	Referral Required
23145	EXCISION, CYST, CLAVICLE	07/01/2004	$699.93	0.0%	0.0%	N	Referral Required
23146	EXCISION, CYST, CLAVICLE	07/01/2004	$647.24	0.0%	0.0%	N	Referral Required
23150	EXCISION, CYST, HUMERAL HEAD	07/01/2004	$652.63	0.0%	0.0%	N	Referral Required
23155	EXCISION, CYST, HUMERAL HEAD	07/01/2004	$791.53	0.0%	0.0%	N	Referral Required
23156	EXCISION, CYST, HUMERAL HEAD	07/01/2004	$670.58	0.0%	0.0%	N	Referral Required
23170	SEQUESTRECTOMY, CLAVICLE	07/01/2004	$628.37	0.0%	0.0%	N	Referral Required
23172	SEQUESTRECTOMY, SCAPULA	07/01/2004	$575.09	0.0%	0.0%	N	Referral Required
23174	SEQUESTRECTOMY, HUMERAL HEAD	07/01/2004	$744.30	0.0%	0.0%	N	Referral Required
23180	EXCISION, PARTIAL, CLAVICLE	07/01/2004	$851.35	0.0%	0.0%	N	Referral Required
23182	EXCISION, PARTIAL, SCAPULA	07/01/2004	$836.67	0.0%	0.0%	N	Referral Required
23184	EXCISN, PTL, PROXIMAL HUMERU	07/01/2004	$891.44	0.0%	0.0%	N	Referral Required
23190	OSTECTOMY, SCAPULA	07/01/2004	$559.83	0.0%	0.0%	N	Referral Required
23195	RESECTION, HUMERAL HEAD	07/01/2004	$700.69	0.0%	0.0%	N	Referral Required
23200	RESECTION, CLAVICLE	07/01/2004	$925.26	0.0%	0.0%	N	Referral Required
23210	RESECTION, SCAPULA	07/01/2004	$928.19	0.0%	0.0%	N	Referral Required
23220	RESECTION, PROXIMAL HUMERUS	07/01/2004	$1,061.91	0.0%	0.0%	N	Referral Required
23221	RADICAL RESECTION FOR TUMOR,	07/01/2004	$1,228.00	0.0%	0.0%	N	Referral Required
23222	RESECTION, PROXIMAL HUMERUS	07/01/2004	$1,584.88	0.0%	0.0%	N	Referral Required
23330	REMOVAL OF FEREIGN BODY; SUB	07/01/2004	$269.46	0.0%	0.0%	N	Referral Required
23331	REMOVAL, FGN BODY, SHOULDER	07/01/2004	$597.01	0.0%	0.0%	N	Referral Required
23332	REMOVAL, IMPLANT, SHOULDER J	07/01/2004	$837.51	0.0%	0.0%	N	Referral Required
23350	ARTHROGRAPHY, SHLDR, INJ PRO	07/01/2004	$271.76	0.0%	0.0%	N	Referral Required
23395	TRANSFER, MUSCLE, SHOULDER	07/01/2004	$1,099.78	0.0%	0.0%	N	Referral Required
23397	TRANSFER, MUSCLE, SHOULDER	07/01/2004	$1,065.79	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
23400	SCAPULOPEXY	07/01/2004	$989.26	0.0%	0.0%	N	Referral Required
23405	TENOMYOTOMY, SHOULDER	07/01/2004	$632.71	0.0%	0.0%	N	Referral Required
23406	TENOMYOTOMY, SHOULDER	07/01/2004	$786.88	0.0%	0.0%	N	Referral Required
23410	REPAIR, MUSCULOTENDINOUS CUF	07/01/2004	$882.84	0.0%	0.0%	N	Referral Required
23412	REPAIR, MUSCULOTENDINOUS CUFF	07/01/2004	$932.26	0.0%	0.0%	N	Referral Required
23415	CORACOACROMIAL LIGAMNT RELEA	07/01/2004	$712.75	0.0%	0.0%	N	Referral Required
23420	REPAIR, SHOULDER CUFF AVULSI	07/01/2004	$960.90	0.0%	0.0%	N	Referral Required
23430	TENODESIS, BICEPS	07/01/2004	$743.60	0.0%	0.0%	N	Referral Required
23440	RESECTION, LONG TENDON, BICE	07/01/2004	$775.36	0.0%	0.0%	N	Referral Required
23450	CAPSULORRHAPHY, SHOULDER JOI	07/01/2004	$934.48	0.0%	0.0%	N	Referral Required
23455	CAPSULORRHAPHY, SHOULDER JOI	07/01/2004	$991.24	0.0%	0.0%	N	Referral Required
23460	CAPSULORRHAPHY, SHOULDER JOI	07/01/2004	$1,048.93	0.0%	0.0%	N	Referral Required
23462	CAPSULORRHAPHY, SHOULDER JOI	07/01/2004	$1,028.98	0.0%	0.0%	N	Referral Required
23465	CAPSULORRHAPHY, SHOULDER JOI	07/01/2004	$1,064.15	0.0%	0.0%	N	Referral Required
23466	CAPSULORRHAPHY ANY TYPE MULT	07/01/2004	$986.06	0.0%	0.0%	N	Referral Required
23470	ARTHROPLASTY, HUMERAL IMPLAN	07/01/2004	$1,147.34	0.0%	0.0%	N	Referral Required
23472	ARTHROPLASTY W/GLENOID AND P	07/01/2004	$1,360.08	0.0%	0.0%	N	Referral Required
23480	OSTEOTOMY, CLAVICLE	07/01/2004	$814.91	0.0%	0.0%	N	Referral Required
23485	OSTEOTOMY, CLAVICLE	07/01/2004	$937.78	0.0%	0.0%	N	Referral Required
23490	PROPHYLACTIC TREATMENT; CLAV	07/01/2004	$889.46	0.0%	0.0%	N	Referral Required
23491	PROPHYLACTIC TREATMENT;PROXI	07/01/2004	$982.77	0.0%	0.0%	N	Referral Required
23500	FRACTURE CLAVICLE	07/01/2004	$204.79	0.0%	0.0%	N	Referral Required
23505	FRACTURE, CLAVICLE	07/01/2004	$335.15	0.0%	0.0%	N	Referral Required
23515	FRACTURE, CLAVICLE	07/01/2004	$550.67	0.0%	0.0%	N	Referral Required
23520	DISLOCATION, STERNOCLAVICULA	07/01/2004	$208.94	0.0%	0.0%	N	Referral Required
23525	DISLOCATION, STERNOCLAVICULA	07/01/2004	$369.31	0.0%	0.0%	N	Referral Required
23530	DISLOCATION, STERNOCLAVICULA	07/01/2004	$534.04	0.0%	0.0%	N	Referral Required
23532	DISLOCATION, STERNOCLAVICULA	07/01/2004	$587.84	0.0%	0.0%	N	Referral Required
23540	DISLOCATION, ACROMIOCLAVICUL	07/01/2004	$232.24	0.0%	0.0%	N	Referral Required
23545	TREATMENT CLOSED ACROMIOCLAV	07/01/2004	$285.24	0.0%	0.0%	N	Referral Required
23550	DISLOCATION, ACROMIOCLAVICUL	07/01/2004	$544.61	0.0%	0.0%	N	Referral Required
23552	DISLOCATION, ACROMIOCLAVICUL	07/01/2004	$609.28	0.0%	0.0%	N	Referral Required
23570	CLOSED TX SCAPULAR FRACTURE;	07/01/2004	$209.69	0.0%	0.0%	N	Referral Required
23575	FRACTURE, SCAPULAR	07/01/2004	$356.67	0.0%	0.0%	N	Referral Required
23585	FRACTURE, SCAPULAR	07/01/2004	$644.65	0.0%	0.0%	N	Referral Required
23600	FRACTURE, HUMERAL NECK	07/01/2004	$295.38	0.0%	0.0%	N	Referral Required
23605	FRACTURE, HUMERAL NECK	07/01/2004	$456.46	0.0%	0.0%	N	Referral Required
23615	FRACTURE, HUMERAL NECK	07/01/2004	$688.29	0.0%	0.0%	N	Referral Required
23616	OPEN TREAT W/PROXIMAL HUMERA	07/01/2004	$1,340.18	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
23620	FRACTURE, HUMERAL NECK	07/01/2004	$265.50	0.0%	0.0%	N	Referral Required
23625	FRACTURE, HUMERAL NECK	07/01/2004	$388.88	0.0%	0.0%	N	Referral Required
23630	FRACTURE, HUMERAL NECK	07/01/2004	$547.24	0.0%	0.0%	N	Referral Required
23650	DISLOCATION, SHOULDER	07/01/2004	$307.97	0.0%	0.0%	N	Referral Required
23655	DISLOCATION, SHOULDER	07/01/2004	$314.95	0.0%	0.0%	N	Referral Required
23660	DISLOCATION, SHOULDER	07/01/2004	$554.13	0.0%	0.0%	N	Referral Required
23665	DISLOCATION, SHOULDER	07/01/2004	$420.10	0.0%	0.0%	N	Referral Required
23670	DISLOCATION, SHOULDER	07/01/2004	$585.01	0.0%	0.0%	N	Referral Required
23675	DISLOCATION, SHOULDER	07/01/2004	$498.05	0.0%	0.0%	N	Referral Required
23680	DISLOCATION, SHOULDER	07/01/2004	$705.19	0.0%	0.0%	N	Referral Required
23700	MANIPULATION, SHOULDER	07/01/2004	$209.36	0.0%	0.0%	N	Referral Required
23800	FUSION, SHOULDER JOINT	07/01/2004	$1,004.55	0.0%	0.0%	N	Referral Required
23802	FUSION, SHOULDER JOINT	07/01/2004	$1,148.53	0.0%	0.0%	N	Referral Required
23900	AMPUTATION, FOREQUARTER	07/01/2004	$1,278.69	0.0%	0.0%	N	Referral Required
23920	DISARTICULATION, SHOULDER	07/01/2004	$1,000.71	0.0%	0.0%	N	Referral Required
23921	DISARTICULATION, SHOULDER	07/01/2004	$426.72	0.0%	0.0%	N	Referral Required
23930	DRAINAGE, ABSCESS, HUMERUS	07/01/2004	$309.11	0.0%	0.0%	N	Referral Required
23931	DRAINAGE ABSCESS ELBOW INFEC	07/01/2004	$255.17	0.0%	0.0%	N	Referral Required
23935	INCISION DEEP OPENING BONE C	07/01/2004	$652.19	0.0%	0.0%	N	Referral Required
24000	ARTHROTOMY, ELBOW	07/01/2004	$418.38	0.0%	0.0%	N	Referral Required
24006	ARTHROTOMY ELBOW W/CAPSULAR	07/01/2004	$635.61	0.0%	0.0%	N	Referral Required
24065	BIOPSY SOFT TISSUE UPPER ARM	07/01/2004	$255.70	0.0%	0.0%	N	Referral Required
24066	BIOPSY,SOFT TISSUE UPPER ARM	07/01/2004	$472.64	0.0%	0.0%	N	Referral Required
24075	EXCISION,TUMOR,UPPER ARM OR	07/01/2004	$401.35	0.0%	0.0%	N	Referral Required
24076	EXCISION, TUMOR, HUMERUS	07/01/2004	$477.48	0.0%	0.0%	N	Referral Required
24077	RADICAL RESECTION OF TUMOR;	07/01/2004	$905.74	0.0%	0.0%	N	Referral Required
24100	ARTHROTOMY, ELBOW	07/01/2004	$376.52	0.0%	0.0%	N	Referral Required
24101	ARTHROTOMY W/JOINT EXPLORE W	07/01/2004	$455.44	0.0%	0.0%	N	Referral Required
24102	ARTHROTOMY, ELBOW	07/01/2004	$559.79	0.0%	0.0%	N	Referral Required
24105	EXCISION, BURSA, OLECRANON	07/01/2004	$308.66	0.0%	0.0%	N	Referral Required
24110	EXCISION, CYST, HUMERUS	07/01/2004	$598.44	0.0%	0.0%	N	Referral Required
24115	EXCISION, CYST, HUMERUS	07/01/2004	$715.16	0.0%	0.0%	N	Referral Required
24116	EXCISION, CYST, HUMERUS	07/01/2004	$847.60	0.0%	0.0%	N	Referral Required
24120	EXCISION, CYST, HUMERUS	07/01/2004	$479.02	0.0%	0.0%	N	Referral Required
24125	EXCISION, CYST, HUMERUS	07/01/2004	$513.80	0.0%	0.0%	N	Referral Required
24126	EXCISION, CYST, HUMERUS	07/01/2004	$565.58	0.0%	0.0%	N	Referral Required
24130	EXCISION, RADIAL HEAD	07/01/2004	$463.19	0.0%	0.0%	N	Referral Required
24134	SEQUESTRECTOMY, HUMERUS	07/01/2004	$907.44	0.0%	0.0%	N	Referral Required
24136	SEQUESTRECTOMY, RADIAL HEAD	07/01/2004	$530.49	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
24138	SEQUESTRECTOMY, OLECRANON PR	07/01/2004	$569.19	0.0%	0.0%	N	Referral Required
24140	EXCISION, PARTIAL, HUMERUS	07/01/2004	$891.98	0.0%	0.0%	N	Referral Required
24145	EXCISION, PARTIAL, RADIAL HE	07/01/2004	$660.32	0.0%	0.0%	N	Referral Required
24147	EXCISION, PTL, OLECRANON PRC	07/01/2004	$658.47	0.0%	0.0%	N	Referral Required
24149	RADICAL RESECTION-CAPSULE, S	07/01/2004	$906.91	0.0%	0.0%	N	Referral Required
24150	RESECTION, HUMERUS	07/01/2004	$990.86	0.0%	0.0%	N	Referral Required
24151	RADICAL RESECTION FOR TUMOR	07/01/2004	$1,135.95	0.0%	0.0%	N	Referral Required
24152	RADICAL RESECTION FOR TUMOR	07/01/2004	$703.80	0.0%	0.0%	N	Referral Required
24153	RADICAL RESECTION TUMOR RADI	07/01/2004	$667.69	0.0%	0.0%	N	Referral Required
24155	RESECTION, ELBOW JOINT	07/01/2004	$757.56	0.0%	0.0%	N	Referral Required
24160	REMOVAL, IMPLANT, ELBOW JOIN	07/01/2004	$551.01	0.0%	0.0%	N	Referral Required
24164	REMOVAL, IMPLANT, RADIAL JOI	07/01/2004	$462.58	0.0%	0.0%	N	Referral Required
24200	REMOVAL FOREIGN BODY,UPPER A	07/01/2004	$254.30	0.0%	0.0%	N	Referral Required
24201	REMOVAL FB UPPER ARM/ELBOW D	07/01/2004	$446.69	0.0%	0.0%	N	Referral Required
24220	ARTHROGRAPHY, ELBOW, INJ PRC	07/01/2004	$411.55	0.0%	0.0%	N	Referral Required
24300	MANIPULATION	07/01/2004	$320.70	0.0%	0.0%	N	Referral Required
24301	TRANSFER, TENDON, ARM	07/01/2004	$683.08	0.0%	0.0%	N	Referral Required
24305	LENGTHENING, TENDON, UPPER A	07/01/2004	$533.58	0.0%	0.0%	N	Referral Required
24310	TENOTOMY, UPPER ARM	07/01/2004	$500.75	0.0%	0.0%	N	Referral Required
24320	TENOPLASTY, UPPER ARM	07/01/2004	$761.41	0.0%	0.0%	N	Referral Required
24330	FLEXOR-PLASTY, ELBOW	07/01/2004	$649.70	0.0%	0.0%	N	Referral Required
24331	FLEXOR-PLASTY, ELBOW	07/01/2004	$705.65	0.0%	0.0%	N	Referral Required
24332	TENOLSIS	07/01/2004	$449.21	0.0%	0.0%	N	Referral Required
24340	TENODESIS, ELBOW	07/01/2004	$552.35	0.0%	0.0%	N	Referral Required
24341	REPAIR TENDON/MUSCLE, UPPER	07/01/2004	$556.28	0.0%	0.0%	N	Referral Required
24342	REINSERTION, TENDON, UPPER A	07/01/2004	$709.79	0.0%	0.0%	N	Referral Required
24343	REPAIR LATERAL COLLATERAL	07/01/2004	$587.27	0.0%	0.0%	N	Referral Required
24344	RECONSTRUCTION LATERAL COLLATERAL	07/01/2004	$887.36	0.0%	0.0%	N	Referral Required
24345	REPAIR MEDIAL COLLATERAL	07/01/2004	$587.27	0.0%	0.0%	N	Referral Required
24346	RECONSTRUCTION LIGAMENT, ELBOW	07/01/2004	$887.36	0.0%	0.0%	N	Referral Required
24350	FASCIOTOMY, UPPER ARM	07/01/2004	$403.40	0.0%	0.0%	N	Referral Required
24351	FASCIOTOMY, UPPER ARM	07/01/2004	$444.00	0.0%	0.0%	N	Referral Required
24352	FASCIOTOMY, UPPER ARM	07/01/2004	$473.39	0.0%	0.0%	N	Referral Required
24354	FASCIOTOMY LATERAL OR MEDIAL	07/01/2004	$469.59	0.0%	0.0%	N	Referral Required
24356	FASCIOTOMY LATERAL/MEDIAL W/	07/01/2004	$488.79	0.0%	0.0%	N	Referral Required
24360	ARTHROPLASTY, ELBOW	07/01/2004	$803.74	0.0%	0.0%	N	Referral Required
24361	ARTHROPLASTY ELBOW W/DISTAL	07/01/2004	$904.21	0.0%	0.0%	N	Referral Required
24362	ARTHROPLASTY ELBOW W/IMPLANT	07/01/2004	$935.99	0.0%	0.0%	N	Referral Required
24363	ARTHROPLASTY ELBOW W/IMPLANT	07/01/2004	$1,152.81	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
24365	ARTHROPLASTY, RADIAL HEAD	07/01/2004	$577.83	0.0%	0.0%	N	Referral Required
24366	ARTHROPLASTY, RADIAL HEAD	07/01/2004	$624.19	0.0%	0.0%	N	Referral Required
24400	OSTEOTOMY, HUMERUS	07/01/2004	$827.70	0.0%	0.0%	N	Referral Required
24410	OSTEOTOMY, HUMERUS	07/01/2004	$1,009.25	0.0%	0.0%	N	Referral Required
24420	OSTEOPLASTY, HUMERUS	07/01/2004	$1,034.90	0.0%	0.0%	N	Referral Required
24430	REPAIR, MALUNION, HUMERUS	07/01/2004	$907.85	0.0%	0.0%	N	Referral Required
24435	REPAIR, MALUNION, HUMERUS	07/01/2004	$957.23	0.0%	0.0%	N	Referral Required
24470	HEMI-EPIPHYSEAL ARREST, HUME	07/01/2004	$547.81	0.0%	0.0%	N	Referral Required
24495	DECOMPRESSION FASCIOTOMY FOR	07/01/2004	$641.99	0.0%	0.0%	N	Referral Required
24498	PROPHYLACTIC TREATMENT; HUME	07/01/2004	$855.27	0.0%	0.0%	N	Referral Required
24500	FRACTURE, HUMERAL SHAFT	07/01/2004	$287.45	0.0%	0.0%	N	Referral Required
24505	FRACTURE, HUMERAL SHAFT	07/01/2004	$486.28	0.0%	0.0%	N	Referral Required
24515	FRACTURE, HUMERAL SHAFT	07/01/2004	$815.29	0.0%	0.0%	N	Referral Required
24516	OPEN TREAT HUMERAL SHAFT FX	07/01/2004	$829.96	0.0%	0.0%	N	Referral Required
24530	FRACTURE, TRANSCONDYLAR	07/01/2004	$334.69	0.0%	0.0%	N	Referral Required
24535	FRACTURE, TRANSCONDYLAR	07/01/2004	$548.79	0.0%	0.0%	N	Referral Required
24538	FRACTURE, TRANSCONDYLAR	07/01/2004	$703.71	0.0%	0.0%	N	Referral Required
24545	FRACTURE, TRANSCONDYLAR	07/01/2004	$730.32	0.0%	0.0%	N	Referral Required
24546	CLOSED TREAT HUMERAL CONDYLA	07/01/2004	$1,043.52	0.0%	0.0%	N	Referral Required
24560	FRACTURE, EPICONDYLAR	07/01/2004	$264.61	0.0%	0.0%	N	Referral Required
24565	FRACTURE, EPICONDYLAR	07/01/2004	$474.75	0.0%	0.0%	N	Referral Required
24566	PERCUTANEOUS SKELETAL FIXATI	07/01/2004	$621.52	0.0%	0.0%	N	Referral Required
24575	FRACTURE, EPICONDYLAR	07/01/2004	$681.79	0.0%	0.0%	N	Referral Required
24576	FRACTURE, CONDYLAR	07/01/2004	$259.14	0.0%	0.0%	N	Referral Required
24577	FRACTURE, CONDYLAR	07/01/2004	$488.44	0.0%	0.0%	N	Referral Required
24579	FRACTURE, CONDYLAR	07/01/2004	$810.72	0.0%	0.0%	N	Referral Required
24582	PERCUTANEOUS SKELETAL FIXATI	07/01/2004	$666.65	0.0%	0.0%	N	Referral Required
24586	OPEN TREAT C/O ELBOW FX W/EL	07/01/2004	$945.20	0.0%	0.0%	N	Referral Required
24587	OPEN TREAT CLOSED/OPEN ELBOW	07/01/2004	$940.53	0.0%	0.0%	N	Referral Required
24600	DISLOCATION, ELBOW	07/01/2004	$381.52	0.0%	0.0%	N	Referral Required
24605	DISLOCATION, ELBOW	07/01/2004	$369.35	0.0%	0.0%	N	Referral Required
24615	DISLOCATION, ELBOW	07/01/2004	$617.43	0.0%	0.0%	N	Referral Required
24620	FRACTURE-DISLOCATION, ELBOW	07/01/2004	$480.54	0.0%	0.0%	N	Referral Required
24635	FRACTURE-DISLOCATION, ELBOW	07/01/2004	$1,041.70	0.0%	0.0%	N	Referral Required
24640	SUBLUXATION, RADIAL HEAD	07/01/2004	$153.83	0.0%	0.0%	N	Referral Required
24650	FRACTURE, RADIAL HEAD	07/01/2004	$230.16	0.0%	0.0%	N	Referral Required
24655	FRACTURE, RADIAL HEAD	07/01/2004	$405.84	0.0%	0.0%	N	Referral Required
24665	FRACTURE, RADIAL HEAD	07/01/2004	$616.25	0.0%	0.0%	N	Referral Required
24666	FRACTURE, RADIAL HEAD	07/01/2004	$693.11	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
24670	FRACTURE, ULNAR	07/01/2004	$242.62	0.0%	0.0%	N	Referral Required
24675	FRACTURE, ULNAR	07/01/2004	$425.66	0.0%	0.0%	N	Referral Required
24685	FRACTURE, ULNAR	07/01/2004	$654.24	0.0%	0.0%	N	Referral Required
24800	FUSION, ELBOW JOINT	07/01/2004	$746.38	0.0%	0.0%	N	Referral Required
24802	FUSION, ELBOW JOINT	07/01/2004	$895.78	0.0%	0.0%	N	Referral Required
24900	AMPUTATION, ARM	07/01/2004	$733.23	0.0%	0.0%	N	Referral Required
24920	AMPUTATION, ARM	07/01/2004	$816.25	0.0%	0.0%	N	Referral Required
24925	AMPUTATION, ARM	07/01/2004	$582.76	0.0%	0.0%	N	Referral Required
24930	AMPUTATION, ARM	07/01/2004	$740.61	0.0%	0.0%	N	Referral Required
24931	AMPUTATION, ARM	07/01/2004	$859.50	0.0%	0.0%	N	Referral Required
24935	STUMP ELONGATION UPPER EXTRE	07/01/2004	$1,012.56	0.0%	0.0%	N	Referral Required
24940	CINEPLASTY, ARM	07/01/2004	$914.33	0.0%	0.0%	N	Referral Required
25000	TENOVAGINOTOMY, WRIST	07/01/2004	$372.44	0.0%	0.0%	N	Referral Required
25001	INCLUSION FLEXOR TENDON	07/01/2004	$268.47	0.0%	0.0%	N	Referral Required
25020	DECOMPRESSION FASCIOTOMY WRI	07/01/2004	$598.53	0.0%	0.0%	N	Referral Required
25023	DECOMP FASCIOTOMY W/DEBRIDEM	07/01/2004	$1,058.24	0.0%	0.0%	N	Referral Required
25024	DECOMPRESSION FASCIOTOMY	07/01/2004	$625.75	0.0%	0.0%	N	Referral Required
25025	DECOMPRESSION FASCIOTOMY	07/01/2004	$1,015.30	0.0%	0.0%	N	Referral Required
25028	INCISION DRAIN FOREARM/WRIST	07/01/2004	$530.12	0.0%	0.0%	N	Referral Required
25031	INFECTED BURSA	07/01/2004	$489.98	0.0%	0.0%	N	Referral Required
25035	INCISION DEEP W/OPENING BONE	07/01/2004	$806.77	0.0%	0.0%	N	Referral Required
25040	ARTHROTOMY, WRIST JOINT	07/01/2004	$579.03	0.0%	0.0%	N	Referral Required
25065	EXCISION BIOPSY SOFT TISSUE	07/01/2004	$155.34	0.0%	0.0%	N	Referral Required
25066	BIOPSY, SOFT TISSUES, DEEP	07/01/2004	$429.48	0.0%	0.0%	N	Referral Required
25075	EXCISION, BENIGN TUMOR, SUBC	07/01/2004	$372.57	0.0%	0.0%	N	Referral Required
25076	EXCISION TUMOR FOREARM/WRIST	07/01/2004	$598.86	0.0%	0.0%	N	Referral Required
25077	RADICAL RESECTION TUMOR, SOF	07/01/2004	$877.26	0.0%	0.0%	N	Referral Required
25085	CAPSULECTOMY, WRIST	07/01/2004	$576.37	0.0%	0.0%	N	Referral Required
25100	ARTHROTOMY, WRIST JOINT	07/01/2004	$408.13	0.0%	0.0%	N	Referral Required
25101	ARTHROTOMY WRIST JOINT,BIOPS	07/01/2004	$430.20	0.0%	0.0%	N	Referral Required
25105	ARTHROTOMY, WRIST JOINT	07/01/2004	$587.62	0.0%	0.0%	N	Referral Required
25107	ARTHROTOMY, DSTL RDO-ULNR JN	07/01/2004	$615.34	0.0%	0.0%	N	Referral Required
25110	EXCSN, LSN, TENDN SHEATH, WR	07/01/2004	$439.43	0.0%	0.0%	N	Referral Required
25111	EXCISION, GANGLION, WRIST	07/01/2004	$346.50	0.0%	0.0%	N	Referral Required
25112	EXCISION, GANGLION, WRIST	07/01/2004	$412.98	0.0%	0.0%	N	Referral Required
25115	TENOSYNOVECTOMY, FOREARM	07/01/2004	$893.93	0.0%	0.0%	N	Referral Required
25116	TENOSYNOVECTOMY, FOREARM	07/01/2004	$797.08	0.0%	0.0%	N	Referral Required
25118	SYNOVECTOMY, EXTENSOR TENDON	07/01/2004	$423.78	0.0%	0.0%	N	Referral Required
25119	SYNOVECTOMY,DSTL RDO-ULNR JN	07/01/2004	$602.42	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
25120	EXCISION, CYST, ULNA	07/01/2004	$716.20	0.0%	0.0%	N	Referral Required
25125	EXCISION, CYST, ULNA	07/01/2004	$809.49	0.0%	0.0%	N	Referral Required
25126	EXCISION, CYST, ULNA	07/01/2004	$800.20	0.0%	0.0%	N	Referral Required
25130	EXCISION, CYST, CARPAL BONES	07/01/2004	$470.45	0.0%	0.0%	N	Referral Required
25135	EXCISION, CYST, CARPAL BONES	07/01/2004	$554.40	0.0%	0.0%	N	Referral Required
25136	EXCISION, CYST, CARPAL BONES	07/01/2004	$524.50	0.0%	0.0%	N	Referral Required
25145	SEQUESTRECTOMY, FOREARM	07/01/2004	$744.22	0.0%	0.0%	N	Referral Required
25150	EXCISION, PARTIAL, ULNA	07/01/2004	$660.58	0.0%	0.0%	N	Referral Required
25151	EXCISION, PARTIAL, RADIUS	07/01/2004	$808.22	0.0%	0.0%	N	Referral Required
25170	RESECTION, TUMOR, FOREARM	07/01/2004	$994.15	0.0%	0.0%	N	Referral Required
25210	CARPECTOMY	07/01/2004	$508.63	0.0%	0.0%	N	Referral Required
25215	CARPECTOMY	07/01/2004	$698.89	0.0%	0.0%	N	Referral Required
25230	RADIAL STYLOIDECTOMY	07/01/2004	$466.12	0.0%	0.0%	N	Referral Required
25240	EXCISION, DISTAL ULNA	07/01/2004	$547.66	0.0%	0.0%	N	Referral Required
25246	ARTHROGRAPHY, WRIST, INJECTI	07/01/2004	$385.23	0.0%	0.0%	N	Referral Required
25248	EXPLORATION REMOVAL DEEP FB	07/01/2004	$539.92	0.0%	0.0%	N	Referral Required
25250	REMOVAL OF WRIST PROSTHESIS	07/01/2004	$540.25	0.0%	0.0%	N	Referral Required
25251	REMOVAL OF WRIST PROSTHESIS;	07/01/2004	$769.10	0.0%	0.0%	N	Referral Required
25259	MANIPULATION, WRIST	07/01/2004	$317.12	0.0%	0.0%	N	Referral Required
25260	REPAIR, MUSCLE, FOREARM	07/01/2004	$852.52	0.0%	0.0%	N	Referral Required
25263	REPAIR, MUSCLE, FOREARM	07/01/2004	$805.10	0.0%	0.0%	N	Referral Required
25265	REPAIR TENDON-MUSCLE FOREARM	07/01/2004	$930.44	0.0%	0.0%	N	Referral Required
25270	AMB SURG CTR-REPAIR,MUSCLE,F	07/01/2004	$749.86	0.0%	0.0%	N	Referral Required
25272	REPAIR, MUSCLE, FOREARM	07/01/2004	$804.18	0.0%	0.0%	N	Referral Required
25274	REPAIR, MUSCLE, FOREARM	07/01/2004	$896.99	0.0%	0.0%	N	Referral Required
25275	REPAIR OF TENDON SHEATH	07/01/2004	$567.72	0.0%	0.0%	N	Referral Required
25280	LENGTHENING, TENDON, FOREARM	07/01/2004	$788.13	0.0%	0.0%	N	Referral Required
25290	TENOTOMY, FOREARM	07/01/2004	$792.23	0.0%	0.0%	N	Referral Required
25295	TENOLYSIS, FOREARM	07/01/2004	$742.19	0.0%	0.0%	N	Referral Required
25300	TENODESIS, DGT FLEXRS, AT WR	07/01/2004	$658.79	0.0%	0.0%	N	Referral Required
25301	TENODESIS, DGT FLEXRS, AT WR	07/01/2004	$649.01	0.0%	0.0%	N	Referral Required
25310	TRANSPLANT, TENDON, WRIST	07/01/2004	$844.48	0.0%	0.0%	N	Referral Required
25312	TRANSPLANT, TENDON, WRIST	07/01/2004	$924.23	0.0%	0.0%	N	Referral Required
25315	FLEXOR ORIGIN SLIDE	07/01/2004	$991.33	0.0%	0.0%	N	Referral Required
25316	REPAIR WITH TENDON TRANSFER	07/01/2004	$1,069.61	0.0%	0.0%	N	Referral Required
25320	CAPSULORRHAPHY/RECONST CAPSU	07/01/2004	$782.58	0.0%	0.0%	N	Referral Required
25332	ARTHROPLASTY WRIST;PSEUDOART	07/01/2004	$819.61	0.0%	0.0%	N	Referral Required
25335	CENTRALIZATION WRIST ON ULNA	07/01/2004	$931.24	0.0%	0.0%	N	Referral Required
25337	RECONSTRUCT FOR STABILIZATIO	07/01/2004	$835.07	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
25350	OSTEOTOMY, RADIUS	07/01/2004	$877.00	0.0%	0.0%	N	Referral Required
25355	OSTEOTOMY, RADIUS	07/01/2004	$947.29	0.0%	0.0%	N	Referral Required
25360	OSTEOTOMY, ULNA	07/01/2004	$870.43	0.0%	0.0%	N	Referral Required
25365	OSTEOTOMY, RADIUS & ULNA	07/01/2004	$1,081.90	0.0%	0.0%	N	Referral Required
25370	MULTIPLE OSTEOTOMIES W/REALI	07/01/2004	$1,090.51	0.0%	0.0%	N	Referral Required
25375	OSTEOTOMY, RADIUS AND/OR ULN	07/01/2004	$1,032.79	0.0%	0.0%	N	Referral Required
25390	OSTEOPLASTY, RADIUS/ULNA	07/01/2004	$961.20	0.0%	0.0%	N	Referral Required
25391	OSTEOPLASTY, RADIUS/ULNA	07/01/2004	$1,136.20	0.0%	0.0%	N	Referral Required
25392	OSTEOPLASTY, RADIUS/ULNA	07/01/2004	$1,035.38	0.0%	0.0%	N	Referral Required
25393	OSTEOPLASTY, RADIUS/ULNA	07/01/2004	$1,305.94	0.0%	0.0%	N	Referral Required
25394	OSTEOPLASTY	07/01/2004	$665.27	0.0%	0.0%	N	Referral Required
25400	REPAIR, MALUNION, RADIUS/ULN	07/01/2004	$1,001.44	0.0%	0.0%	N	Referral Required
25405	REPAIR, MALUNION, RADIUS/ULN	07/01/2004	$1,210.81	0.0%	0.0%	N	Referral Required
25415	REPAIR, MALUNION, RADIUS/ULN	07/01/2004	$1,132.36	0.0%	0.0%	N	Referral Required
25420	REPAIR, MALUNION, RADIUS/ULN	07/01/2004	$1,328.34	0.0%	0.0%	N	Referral Required
25425	REPAIR, BONE DEFICIT, FOREAR	07/01/2004	$1,305.44	0.0%	0.0%	N	Referral Required
25426	REPAIR, BONE DEFICIT, FOREAR	07/01/2004	$1,194.43	0.0%	0.0%	N	Referral Required
25430	INSERTION OF VASCULAR	07/01/2004	$593.70	0.0%	0.0%	N	Referral Required
25431	REPAIR OF NONUNION OF CARPAL	07/01/2004	$590.33	0.0%	0.0%	N	Referral Required
25440	REPAIR, NON-UNION, NAVICULAR	07/01/2004	$756.86	0.0%	0.0%	N	Referral Required
25441	REPLACEMENT, IMPLANT, WRIST	07/01/2004	$890.74	0.0%	0.0%	N	Referral Required
25442	REPLACEMENT, IMPLANT, WRIST	07/01/2004	$781.67	0.0%	0.0%	N	Referral Required
25443	REPLACEMENT, IMPLANT, WRIST	07/01/2004	$826.07	0.0%	0.0%	N	Referral Required
25444	REPLACEMENT, IMPLANT, WRIST	07/01/2004	$888.05	0.0%	0.0%	N	Referral Required
25445	REPLACEMENT, IMPLANT, WRIST	07/01/2004	$807.32	0.0%	0.0%	N	Referral Required
25446	TOTAL WRIST REPLACEMENT	07/01/2004	$1,099.21	0.0%	0.0%	N	Referral Required
25447	INTERPOSITION ARTHROPLASTY,I	07/01/2004	$760.27	0.0%	0.0%	N	Referral Required
25449	REVISION ARTHROPLASTY INC RE	07/01/2004	$1,075.17	0.0%	0.0%	N	Referral Required
25450	EPIPHYSEAL ARREST, FOREARM	07/01/2004	$749.05	0.0%	0.0%	N	Referral Required
25455	EPIPHYSEAL ARREST, FOREARM	07/01/2004	$852.79	0.0%	0.0%	N	Referral Required
25490	PROPHYLACTIC TREATMENT; RADI	07/01/2004	$905.00	0.0%	0.0%	N	Referral Required
25491	PROPHYLACTIC TREATMENT; ULNA	07/01/2004	$933.10	0.0%	0.0%	N	Referral Required
25492	PROPHYLACTIC TREATMENT; RADI	07/01/2004	$992.12	0.0%	0.0%	N	Referral Required
25500	TREAT CLOSED RADIAL SHAFT FX	07/01/2004	$231.33	0.0%	0.0%	N	Referral Required
25505	FRACTURE, RADIAL SHAFT	07/01/2004	$454.23	0.0%	0.0%	N	Referral Required
25515	FRACTURE, RADIAL SHAFT	07/01/2004	$674.40	0.0%	0.0%	N	Referral Required
25520	CLOSED TREAT RADIAL SHAFT FX	07/01/2004	$498.71	0.0%	0.0%	N	Referral Required
25525	OPEN TREAT RADIAL SHAFT FX W	07/01/2004	$845.32	0.0%	0.0%	N	Referral Required
25526	OPEN TREAT RADIAL SHAFT FX O	07/01/2004	$983.32	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
25530	FRACTURE, ULNAR SHAFT	07/01/2004	$216.41	0.0%	0.0%	N	Referral Required
25535	FRACTURE, ULNAR SHAFT	07/01/2004	$447.33	0.0%	0.0%	N	Referral Required
25545	FRACTURE, ULNAR SHAFT	07/01/2004	$660.72	0.0%	0.0%	N	Referral Required
25560	FRACTURE, RADIAL & ULNAR SHA	07/01/2004	$231.13	0.0%	0.0%	N	Referral Required
25565	TREAT CLOSED RADIAL/ULNAR SH	07/01/2004	$475.32	0.0%	0.0%	N	Referral Required
25574	OPEN TREAT RADIAL/ULNAR SHAF	07/01/2004	$550.83	0.0%	0.0%	N	Referral Required
25575	FRACTURE, RADIAL & ULNAR SHA	07/01/2004	$748.03	0.0%	0.0%	N	Referral Required
25600	TREAT CLOSED DITAL RADIAL FX	07/01/2004	$247.30	0.0%	0.0%	N	Referral Required
25605	COLLES FRACTURE	07/01/2004	$487.85	0.0%	0.0%	N	Referral Required
25611	COLLES FRACTURE	07/01/2004	$623.05	0.0%	0.0%	N	Referral Required
25620	COLLES FRACTURE	07/01/2004	$640.34	0.0%	0.0%	N	Referral Required
25622	TRMT CLOSED CARPAL SCAPOID F	07/01/2004	$244.78	0.0%	0.0%	N	Referral Required
25624	TREAT CLOSED CARPAL SCOPHOID	07/01/2004	$413.29	0.0%	0.0%	N	Referral Required
25626	TREAT OPEN CARPAL SCAPHOID FX W/UM	07/01/2004	$618.49	0.0%	0.0%	N	Referral Required
25628	OPEN TREATMENT OF CARPAL SCA	07/01/2004	$635.86	0.0%	0.0%	N	Referral Required
25630	TREAT CLOSED CARPAL BONE FX	07/01/2004	$260.97	0.0%	0.0%	N	Referral Required
25635	TX CLOSED CARPAL BONE FRACTU	07/01/2004	$405.91	0.0%	0.0%	N	Referral Required
25645	FRACTURE, CARPAL BONE	07/01/2004	$586.18	0.0%	0.0%	N	Referral Required
25650	TREATMENT OF CLOSED ULNAR ST	07/01/2004	$269.94	0.0%	0.0%	N	Referral Required
25651	PERCUTANEOUS SKELETAL	07/01/2004	$346.87	0.0%	0.0%	N	Referral Required
25652	OPEN TREATMENT	07/01/2004	$512.65	0.0%	0.0%	N	Referral Required
25660	TREAT RADIOCARPAL DISLOC 1-M	07/01/2004	$357.54	0.0%	0.0%	N	Referral Required
25670	DISLOCATION, INTERCARPAL	07/01/2004	$611.89	0.0%	0.0%	N	Referral Required
25671	PERCUTANEOUS SKELETAL FIXATION	07/01/2004	$423.10	0.0%	0.0%	N	Referral Required
25675	DISLOCATN, DISTAL RADIO-ULNA	07/01/2004	$423.07	0.0%	0.0%	N	Referral Required
25676	DISLOCATN, DISTAL RADIO-ULNA	07/01/2004	$616.06	0.0%	0.0%	N	Referral Required
25680	FRACTURE, TRANS-SCAPHO-PERIL	07/01/2004	$434.18	0.0%	0.0%	N	Referral Required
25685	FRACTURE, TRANS-SCAPHO-PERIL	07/01/2004	$702.78	0.0%	0.0%	N	Referral Required
25690	DISLOCATION, LUNATE	07/01/2004	$437.84	0.0%	0.0%	N	Referral Required
25695	DISLOCATION, LUNATE	07/01/2004	$631.38	0.0%	0.0%	N	Referral Required
25800	ARTHRODESIS, WRIST JOINT	07/01/2004	$724.82	0.0%	0.0%	N	Referral Required
25805	ARTHRODESIS, WRIST JOINT WIT	07/01/2004	$806.79	0.0%	0.0%	N	Referral Required
25810	ARTHRODESIS, WRIST JOINT	07/01/2004	$769.87	0.0%	0.0%	N	Referral Required
25820	INTERCARPAL FUSION; WITHOUT	07/01/2004	$593.18	0.0%	0.0%	N	Referral Required
25825	INTERCARPAL FUSION & AUTOGEN	07/01/2004	$693.85	0.0%	0.0%	N	Referral Required
25830	RESECTION ULNA W/W/O BONE GR	07/01/2004	$934.39	0.0%	0.0%	N	Referral Required
25900	AMPUTATION, FOREARM	07/01/2004	$830.06	0.0%	0.0%	N	Referral Required
25905	AMPUTATION, FOREARM THRU ULN	07/01/2004	$807.85	0.0%	0.0%	N	Referral Required
25907	AMPUTATION, FOREARM	07/01/2004	$792.96	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
25909	AMPUTATION, FOREARM	07/01/2004	$810.82	0.0%	0.0%	N	Referral Required
25920	AMPUTATION, WRIST	07/01/2004	$657.61	0.0%	0.0%	N	Referral Required
25922	AMPUTATION, WRIST	07/01/2004	$527.68	0.0%	0.0%	N	Referral Required
25924	AMPUTATION, WRIST	07/01/2004	$652.26	0.0%	0.0%	N	Referral Required
25927	AMPUTATION, TRANSMETACARPAL	07/01/2004	$791.18	0.0%	0.0%	N	Referral Required
25929	AMPUTATION, TRANSMETACARPAL	07/01/2004	$527.77	0.0%	0.0%	N	Referral Required
25931	AMPUTATION, TRANSMETACARPAL	07/01/2004	$808.21	0.0%	0.0%	N	Referral Required
26010	DRAINAGE, ABSCESS, FINGER TI	07/01/2004	$228.06	0.0%	0.0%	N	Referral Required
26011	DRAINAGE, ABSCESS, FINGER TI	07/01/2004	$326.17	0.0%	0.0%	N	Referral Required
26020	DRAINAGE, TENDON SHEATH, HAN	07/01/2004	$603.67	0.0%	0.0%	N	Referral Required
26025	DRAINAGE, BURSA, PALMAR	07/01/2004	$614.41	0.0%	0.0%	N	Referral Required
26030	DRAIN PALMAR BURSA MULTIPLE	07/01/2004	$680.81	0.0%	0.0%	N	Referral Required
26034	INCISION, HAND	07/01/2004	$719.47	0.0%	0.0%	N	Referral Required
26035	DECOMPRESSION FINGER/HAND IN	07/01/2004	$852.79	0.0%	0.0%	N	Referral Required
26037	DECOMPRESS FASCIOTOMY HAND	07/01/2004	$686.44	0.0%	0.0%	N	Referral Required
26040	FASCIOTOMY, PALMAR	07/01/2004	$546.01	0.0%	0.0%	N	Referral Required
26045	FASCIOTOMY, PALMAR	07/01/2004	$672.92	0.0%	0.0%	N	Referral Required
26055	TENDON SHEATH INCISION	07/01/2004	$366.82	0.0%	0.0%	N	Referral Required
26060	TENOTOMY, FINGER	07/01/2004	$352.97	0.0%	0.0%	N	Referral Required
26070	ARTHROTOMY, HAND JOINTS	07/01/2004	$518.50	0.0%	0.0%	N	Referral Required
26075	ARTHROTOMY, HAND JOINTS	07/01/2004	$548.40	0.0%	0.0%	N	Referral Required
26080	ARTHROTOMY, HAND JOINTS	07/01/2004	$586.79	0.0%	0.0%	N	Referral Required
26100	BIOPSY, SYNOVIAL, HAND JOINT	07/01/2004	$413.38	0.0%	0.0%	N	Referral Required
26105	BIOPSY, SYNOVIAL, HAND JOINT	07/01/2004	$562.12	0.0%	0.0%	N	Referral Required
26110	BIOPSY, SYNOVIAL, HAND JOINT	07/01/2004	$539.58	0.0%	0.0%	N	Referral Required
26115	EXCISION OF BENIGN TUMOR	07/01/2004	$395.58	0.0%	0.0%	N	Referral Required
26116	EXCISION OF BENIGN TUMOR, DE	07/01/2004	$662.46	0.0%	0.0%	N	Referral Required
26117	RADICAL RESECTION/TUMOR,SOFT	07/01/2004	$824.49	0.0%	0.0%	N	Referral Required
26121	FASCIECTOMY PALMAR WITH OR W	07/01/2004	$800.04	0.0%	0.0%	N	Referral Required
26123	FACIECTOMY PARTIAL PALMAR EX	07/01/2004	$896.73	0.0%	0.0%	N	Referral Required
26125	PARTIAL EXCISION RELEASE EAC	07/01/2004	$258.95	0.0%	0.0%	N	Referral Required
26130	SYNOVECTOMY, HAND JOINTS	07/01/2004	$713.55	0.0%	0.0%	N	Referral Required
26135	SYNOVECTOMY, HAND JOINTS	07/01/2004	$818.57	0.0%	0.0%	N	Referral Required
26140	SYNOVECTOMY, FINGER JOINTS	07/01/2004	$765.36	0.0%	0.0%	N	Referral Required
26145	SYNOVECTOMY, TNDN SHEATH, HA	07/01/2004	$788.14	0.0%	0.0%	N	Referral Required
26160	EXCISN LSN,TNDN SHEATH HAND	07/01/2004	$377.51	0.0%	0.0%	N	Referral Required
26170	EXCISION, TENDON, HAND	07/01/2004	$458.46	0.0%	0.0%	N	Referral Required
26180	EXCISION, TENDON, HAND	07/01/2004	$495.27	0.0%	0.0%	N	Referral Required
26185	SESAMOIDECTOMY, THUMB OR FIN	07/01/2004	$484.30	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
26200	EXCISION, CYST, METACARPAL	07/01/2004	$664.08	0.0%	0.0%	N	Referral Required
26205	EXCISION, CYST, METACARPAL	07/01/2004	$791.24	0.0%	0.0%	N	Referral Required
26210	EXCISION, CYST, PHALANX, FNG	07/01/2004	$661.41	0.0%	0.0%	N	Referral Required
26215	EXCISION, CYST, PHALANX, FNG	07/01/2004	$751.63	0.0%	0.0%	N	Referral Required
26230	EXCISION, PARTIAL, METACARPA	07/01/2004	$659.73	0.0%	0.0%	N	Referral Required
26235	EXCISION, PARTL, PHALANX, FN	07/01/2004	$643.55	0.0%	0.0%	N	Referral Required
26236	EXCISION, PARTL, PHALANX, FN	07/01/2004	$612.40	0.0%	0.0%	N	Referral Required
26250	OSTECTOMY, METACARPAL	07/01/2004	$849.90	0.0%	0.0%	N	Referral Required
26255	OSTECTOMY, METACARPAL	07/01/2004	$1,071.56	0.0%	0.0%	N	Referral Required
26260	OSTECTOMY, PHALANX, FINGER	07/01/2004	$799.14	0.0%	0.0%	N	Referral Required
26261	OSTECTOMY, PHALANX, FINGER	07/01/2004	$863.03	0.0%	0.0%	N	Referral Required
26262	RADICAL RESECTION FOR TUMOR	07/01/2004	$696.95	0.0%	0.0%	N	Referral Required
26320	REMOVAL, IMPLANT, HAND	07/01/2004	$576.68	0.0%	0.0%	N	Referral Required
26340	MANIPULATION, FINGER JOINT	07/01/2004	$242.32	0.0%	0.0%	N	Referral Required
26350	REPAIR, TENDON, FINGER	07/01/2004	$885.85	0.0%	0.0%	N	Referral Required
26352	REPAIR, TENDON, FINGER	07/01/2004	$933.25	0.0%	0.0%	N	Referral Required
26356	FLEXOR TENDON REPAIR OR ADVA	07/01/2004	$1,007.20	0.0%	0.0%	N	Referral Required
26357	FLEXOR TENDON REPAIR/ADVANCE	07/01/2004	$1,017.72	0.0%	0.0%	N	Referral Required
26358	FLEXOR TENDON REPAIR SECOUNDARY W	07/01/2004	$1,075.35	0.0%	0.0%	N	Referral Required
26370	PROFUNDUS TENDN REPR OR ADVA	07/01/2004	$940.81	0.0%	0.0%	N	Referral Required
26372	PROFUNDUS TENDON REPAIR SECO	07/01/2004	$997.46	0.0%	0.0%	N	Referral Required
26373	PROFUNDUS TENDON REPAIR/ADVA	07/01/2004	$1,044.76	0.0%	0.0%	N	Referral Required
26390	EXCISION, FLEXOR TENDON, FIN	07/01/2004	$898.24	0.0%	0.0%	N	Referral Required
26392	GRAFT, TENDON, FINGER	07/01/2004	$1,138.83	0.0%	0.0%	N	Referral Required
26410	REPAIR, TENDON, DORSUM	07/01/2004	$704.88	0.0%	0.0%	N	Referral Required
26412	REPAIR, TENDON, DORSUM	07/01/2004	$787.36	0.0%	0.0%	N	Referral Required
26415	EXTENSOR TENDON EXCISION IMP	07/01/2004	$901.60	0.0%	0.0%	N	Referral Required
26416	REMOVAL TUBE/ROD INSERT OF E	07/01/2004	$972.48	0.0%	0.0%	N	Referral Required
26418	REPAIR, TENDON, DORSUM	07/01/2004	$692.71	0.0%	0.0%	N	Referral Required
26420	REPAIR, TENDON, DORSUM	07/01/2004	$839.77	0.0%	0.0%	N	Referral Required
26426	REPAIR, CENTRAL SLIP	07/01/2004	$788.29	0.0%	0.0%	N	Referral Required
26428	REPAIR, CENTRAL SLIP	07/01/2004	$794.64	0.0%	0.0%	N	Referral Required
26432	MALLET FINGER OPERATION	07/01/2004	$591.28	0.0%	0.0%	N	Referral Required
26433	EXSTENSOR TENDON REPAIR, DIS	07/01/2004	$642.25	0.0%	0.0%	N	Referral Required
26434	MALLET FINGER OPERATION	07/01/2004	$729.32	0.0%	0.0%	N	Referral Required
26437	EXTENSOR TENDON REALIGNMENT,	07/01/2004	$681.83	0.0%	0.0%	N	Referral Required
26440	TENOLYSIS, PALM	07/01/2004	$792.01	0.0%	0.0%	N	Referral Required
26442	TENOLYSIS, PALM	07/01/2004	$939.40	0.0%	0.0%	N	Referral Required
26445	TENOLYSIS, FINGER	07/01/2004	$758.48	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
26449	TENOLYSIS, FINGER	07/01/2004	$921.13	0.0%	0.0%	N	Referral Required
26450	TENOTOMY, PALM	07/01/2004	$422.69	0.0%	0.0%	N	Referral Required
26455	TENOTOMY, PALM	07/01/2004	$411.05	0.0%	0.0%	N	Referral Required
26460	TENOTOMY, PALM	07/01/2004	$393.67	0.0%	0.0%	N	Referral Required
26471	TENODESIS, FINGER JOINT	07/01/2004	$670.95	0.0%	0.0%	N	Referral Required
26474	TENODESIS, FINGER JOINT	07/01/2004	$635.12	0.0%	0.0%	N	Referral Required
26476	TENDON LENGTHENING EXTENSOR HAND	07/01/2004	$609.96	0.0%	0.0%	N	Referral Required
26477	TENDON SHORTENING EXTENSOR HAND/	07/01/2004	$641.44	0.0%	0.0%	N	Referral Required
26478	TENDON LENGTHENING FLEXOR HAND/FI	07/01/2004	$700.24	0.0%	0.0%	N	Referral Required
26479	TENDON SHORTENING FLEXOR HAND/FIN	07/01/2004	$664.69	0.0%	0.0%	N	Referral Required
26480	TRANSPLANT, TENDON, HAND	07/01/2004	$892.85	0.0%	0.0%	N	Referral Required
26483	TRANSPLANT, TENDON, HAND	07/01/2004	$958.38	0.0%	0.0%	N	Referral Required
26485	TRANSPLANT, TENDON, HAND	07/01/2004	$945.23	0.0%	0.0%	N	Referral Required
26489	TRANSPLANT, TENDON, HAND	07/01/2004	$922.36	0.0%	0.0%	N	Referral Required
26490	OPPONENS PLASTY, HAND	07/01/2004	$802.65	0.0%	0.0%	N	Referral Required
26492	OPPONENS PLASTY, HAND	07/01/2004	$879.82	0.0%	0.0%	N	Referral Required
26494	OPPONENS PLASTY, HAND	07/01/2004	$762.26	0.0%	0.0%	N	Referral Required
26496	OPPONENS PLASTY; OTHER METHO	07/01/2004	$868.28	0.0%	0.0%	N	Referral Required
26497	TENDON TRANSFER RESTORE INTR	07/01/2004	$896.58	0.0%	0.0%	N	Referral Required
26498	TENDON TRANSFER TO RESTORE I	07/01/2004	$1,122.08	0.0%	0.0%	N	Referral Required
26499	CORRECTION CLAW FINGER, OTHE	07/01/2004	$812.40	0.0%	0.0%	N	Referral Required
26500	TENDON PULLEY RECNSTRCTN, HN	07/01/2004	$717.92	0.0%	0.0%	N	Referral Required
26502	TENDON PULLEY RECNSTRCTN, HN	07/01/2004	$763.04	0.0%	0.0%	N	Referral Required
26504	TENDON PULLEY RECONST W/TEND	07/01/2004	$747.15	0.0%	0.0%	N	Referral Required
26508	THENAR MUSCLE RELEASE	07/01/2004	$687.32	0.0%	0.0%	N	Referral Required
26510	CROSS INTRINSIC TRANSFER	07/01/2004	$668.07	0.0%	0.0%	N	Referral Required
26516	CAPSULODESIS M-P JOINT STABI	07/01/2004	$761.34	0.0%	0.0%	N	Referral Required
26517	CAPSULODESIS, FINGER JOINT	07/01/2004	$849.16	0.0%	0.0%	N	Referral Required
26518	CAPSULODESIS, FINGER JOINT	07/01/2004	$859.69	0.0%	0.0%	N	Referral Required
26520	CAPSULECTOMY, FINGER JOINT	07/01/2004	$806.09	0.0%	0.0%	N	Referral Required
26525	CAPSULECTOMY, FINGER JOINT	07/01/2004	$809.95	0.0%	0.0%	N	Referral Required
26530	ARTHROPLASTY, FINGER JOINT	07/01/2004	$884.09	0.0%	0.0%	N	Referral Required
26531	ARTHROPLASTY, FINGER JOINT	07/01/2004	$932.14	0.0%	0.0%	N	Referral Required
26535	ARTHROPLASTY, FINGER JOINT	07/01/2004	$560.03	0.0%	0.0%	N	Referral Required
26536	ARTHROPLASTY, FINGER JOINT	07/01/2004	$826.64	0.0%	0.0%	N	Referral Required
26540	RECNSTRCTN, LIGAMENT, FGR JN	07/01/2004	$717.17	0.0%	0.0%	N	Referral Required
26541	RECNSTRCTN, LIGAMENT, FGR JN	07/01/2004	$859.96	0.0%	0.0%	N	Referral Required
26542	REPAIR OF CALLATELAL LIGAMEN	07/01/2004	$729.72	0.0%	0.0%	N	Referral Required
26545	RECNSTRCTN, LIGAMENT, FGR JNT	07/01/2004	$787.00	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
26546	REPAIR NON-UNION, METACARPAL	07/01/2004	$857.62	0.0%	0.0%	N	Referral Required
26548	REPAIR/RECONSTRUCT, FINGER,V	07/01/2004	$828.93	0.0%	0.0%	N	Referral Required
26550	POLLICIZATION, FINGER	07/01/2004	$1,776.98	0.0%	0.0%	N	Referral Required
26551	TOE-TO-HAND TRANSFER; GREAT	07/01/2004	$2,731.73	0.0%	0.0%	N	Referral Required
26553	TOE-TO-HAND TRANSFER; OTHER	07/01/2004	$2,632.60	0.0%	0.0%	N	Referral Required
26554	TOE-TO-HAND TRANSFER; OTHER	07/01/2004	$3,159.74	0.0%	0.0%	N	Referral Required
26555	POSITIONAL CHANGE, FINGER	07/01/2004	$1,412.03	0.0%	0.0%	N	Referral Required
26556	FREE TOE JOINT TRANSFER W/MI	07/01/2004	$2,766.52	0.0%	0.0%	N	Referral Required
26560	REPAIR, SYNDACTLY, FINGERS	07/01/2004	$611.15	0.0%	0.0%	N	Referral Required
26561	REPAIR, SYNDACTLY, FINGERS	07/01/2004	$1,007.08	0.0%	0.0%	N	Referral Required
26562	REPAIR SYNDACTYLY EA WEB SPA	07/01/2004	$988.81	0.0%	0.0%	N	Referral Required
26565	OSTEOTOMY, FINGER	07/01/2004	$736.22	0.0%	0.0%	N	Referral Required
26567	OSTEOTOMY, FINGER	07/01/2004	$749.82	0.0%	0.0%	N	Referral Required
26568	OSTEOPLASTY TO LENGTHEN META	07/01/2004	$977.62	0.0%	0.0%	N	Referral Required
26580	REPAIR, CLEFT HAND	07/01/2004	$1,233.78	0.0%	0.0%	N	Referral Required
26587	RECONSTRUCTION SUPERNUMERARY	07/01/2004	$671.07	0.0%	0.0%	N	Referral Required
26590	REPAIR, MACRODACTLY	07/01/2004	$1,138.64	0.0%	0.0%	N	Referral Required
26591	REPAIR INTRINSIC MUSCLES OF	07/01/2004	$585.71	0.0%	0.0%	N	Referral Required
26593	RELEASE, INTRINSIC MUSCLES O	07/01/2004	$634.83	0.0%	0.0%	N	Referral Required
26596	EXCISION CONSTRICTING RING O	07/01/2004	$668.27	0.0%	0.0%	N	Referral Required
26600	FRACTURE, METACARPAL	07/01/2004	$209.47	0.0%	0.0%	N	Referral Required
26605	FRACTURE, METACARPAL	07/01/2004	$305.39	0.0%	0.0%	N	Referral Required
26607	TREATMENT CLOSED METACARPAL FRACT	07/01/2004	$474.74	0.0%	0.0%	N	Referral Required
26608	PERCUTANEOUS SKELETAL FIXATION MET	07/01/2004	$492.24	0.0%	0.0%	N	Referral Required
26615	FRACTURE, METACARPAL	07/01/2004	$476.93	0.0%	0.0%	N	Referral Required
26641	TREATMENT OF CARPOMETACARPAL	07/01/2004	$362.12	0.0%	0.0%	N	Referral Required
26645	FCTRE/DISLOC, CARPOMETACARPA	07/01/2004	$405.46	0.0%	0.0%	N	Referral Required
26650	FCTRE/DISLOC, CARPOMETACARPA	07/01/2004	$511.30	0.0%	0.0%	N	Referral Required
26651	TOE-TO-HAND TRANSFER; GREAT TOE WR	07/01/2004	$0.00	0.0%	0.0%	N	Referral Required
26665	FCTRE/DISLOC, CARPOMETACARPA	07/01/2004	$588.92	0.0%	0.0%	N	Referral Required
26670	FCTRE/DISLOC, CARPOMETACARPA	07/01/2004	$348.23	0.0%	0.0%	N	Referral Required
26675	FCTRE/DISLOC, CARPOMETACARPA	07/01/2004	$397.37	0.0%	0.0%	N	Referral Required
26676	TREAT CLOSED CARPOMETACARPAL	07/01/2004	$515.09	0.0%	0.0%	N	Referral Required
26685	FCTRE/DISLOC, CARPOMETACARPA	07/01/2004	$554.79	0.0%	0.0%	N	Referral Required
26686	OPEN TREAT OF C/O CARPOMETAC	07/01/2004	$622.02	0.0%	0.0%	N	Referral Required
26700	DISLOC, METACARPO-PHALANGEAL	07/01/2004	$300.78	0.0%	0.0%	N	Referral Required
26705	DISLOC, METACARPO-PHALANGEAL	07/01/2004	$362.03	0.0%	0.0%	N	Referral Required
26706	TREAT CLOSED METACARPOPHALAN	07/01/2004	$384.93	0.0%	0.0%	N	Referral Required
26715	DISLOC, METACARPO-PHALANGEAL	07/01/2004	$498.60	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
26720	FRACTURE, PHALANX, FINGER	07/01/2004	$162.37	0.0%	0.0%	N	Referral Required
26725	FRACTURE, PHALANX, FINGER	07/01/2004	$297.94	0.0%	0.0%	N	Referral Required
26727	TRTMT UNSTABLE PHALANGEAL SHAFT F	07/01/2004	$487.86	0.0%	0.0%	N	Referral Required
26735	FRACTURE, PHALANX, FINGER	07/01/2004	$519.55	0.0%	0.0%	N	Referral Required
26740	TREAT OF CLOSED ARTICULAR FX INVOLV	07/01/2004	$199.13	0.0%	0.0%	N	Referral Required
26742	TREATMENT CLOSED ARTICULAR FRACTU	07/01/2004	$380.75	0.0%	0.0%	N	Referral Required
26746	OPEN TX/ARTICULAR FX,METACARPAL-PH	07/01/2004	$511.01	0.0%	0.0%	N	Referral Required
26750	FRACTURE, PHALANX, FINGER	07/01/2004	$183.16	0.0%	0.0%	N	Referral Required
26755	FRACTURE, PHALANX, FINGER	07/01/2004	$282.47	0.0%	0.0%	N	Referral Required
26756	OPEN TREAT CLOSED/OPEN DISTAL PHAL	07/01/2004	$451.07	0.0%	0.0%	N	Referral Required
26765	FRACTURE, PHALANX, FINGER	07/01/2004	$418.88	0.0%	0.0%	N	Referral Required
26770	DISLC, INTPHALANGEAL JNT, FG	07/01/2004	$270.95	0.0%	0.0%	N	Referral Required
26775	TREATMT CLOSED INTERPHALANGE	07/01/2004	$337.51	0.0%	0.0%	N	Referral Required
26776	WITH PERCUTANEOUS PINNING	07/01/2004	$462.69	0.0%	0.0%	N	Referral Required
26785	DISLC, INTPHALANGEAL JNT, FG	07/01/2004	$418.57	0.0%	0.0%	N	Referral Required
26806	ARTHROSCOPY SHOULDER	07/01/2004	$821.28	0.0%	0.0%	N	Referral Required
26820	FUSION IN OPPOSITION, THUMB	07/01/2004	$828.74	0.0%	0.0%	N	Referral Required
26841	ARTHRODESIS, CARPOMTCRPL JNT	07/01/2004	$772.02	0.0%	0.0%	N	Referral Required
26842	ARTHRODESIS, CARPOMTCRPL JNT	07/01/2004	$817.74	0.0%	0.0%	N	Referral Required
26843	ARTHRODESIS, CARPOMTCRPL JNT	07/01/2004	$741.85	0.0%	0.0%	N	Referral Required
26844	ARTHRODESIS, CARPOMTCRPL JNT	07/01/2004	$840.07	0.0%	0.0%	N	Referral Required
26850	ARTHRODESIS, METCRPOPHALNGL	07/01/2004	$740.75	0.0%	0.0%	N	Referral Required
26852	ARTHRODESIS, METCRPOPHALNGL JT	07/01/2004	$814.86	0.0%	0.0%	N	Referral Required
26860	ARTHRODESIS, ITRPHLNGL JT, F	07/01/2004	$615.98	0.0%	0.0%	N	Referral Required
26861	ARTHRODESIS INTERPHALANGEAL JNT W/	07/01/2004	$98.11	0.0%	0.0%	N	Referral Required
26862	ARTHRODESIS, ITRPHLNGL JT, F	07/01/2004	$773.43	0.0%	0.0%	N	Referral Required
26863	ARTHRODESIS W/AUTOGRAFT, EACH ADD	07/01/2004	$221.22	0.0%	0.0%	N	Referral Required
26910	AMPUTATION, METACARPAL	07/01/2004	$742.12	0.0%	0.0%	N	Referral Required
26951	AMPUTATION, FINGER/THUMB	07/01/2004	$598.98	0.0%	0.0%	N	Referral Required
26952	AMPUTATION, FINGER/THUMB	07/01/2004	$709.33	0.0%	0.0%	N	Referral Required
26990	DRAINAGE, ABSCESS, PELVIS	07/01/2004	$801.45	0.0%	0.0%	N	Referral Required
26991	DRAINAGE, BURSA, HIP JOINT	07/01/2004	$621.83	0.0%	0.0%	N	Referral Required
26992	INCISION, PELVIS	07/01/2004	$1,144.82	0.0%	0.0%	N	Referral Required
27000	TENOTOMY,ADDUCTOR	07/01/2004	$457.37	0.0%	0.0%	N	Referral Required
27001	TENOTOMY ABDUCTOR SUBCUTAN,O	07/01/2004	$538.38	0.0%	0.0%	N	Referral Required
27003	TENOTOMY, ADDUCTOR, SUBCUTAN	07/01/2004	$571.45	0.0%	0.0%	N	Referral Required
27005	TENOTOMY, ILIOPSOAS	07/01/2004	$710.32	0.0%	0.0%	N	Referral Required
27006	TENOTOMY, ABDUCTORS	07/01/2004	$713.41	0.0%	0.0%	N	Referral Required
27025	OBER-YOUNG FASCIOTOMY-SPICA-	07/01/2004	$764.94	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27030	ARTHROTOMY, HIP	07/01/2004	$901.13	0.0%	0.0%	N	Referral Required
27033	ARTHROTOMY, HIP	07/01/2004	$921.26	0.0%	0.0%	N	Referral Required
27035	DENERVATION, HIP JOINT	07/01/2004	$1,265.12	0.0%	0.0%	N	Referral Required
27036	CAPSULECTOMY/OTOMY HIP, W/WO	07/01/2004	$947.82	0.0%	0.0%	N	Referral Required
27040	BIOPSY, SOFT TISSUE OF PELVI	07/01/2004	$308.85	0.0%	0.0%	N	Referral Required
27041	BIOPSY, SOFT TISSUES, DEEP	07/01/2004	$650.12	0.0%	0.0%	N	Referral Required
27047	EXCISION OF TUMOR PELVIS, HI	07/01/2004	$580.93	0.0%	0.0%	N	Referral Required
27048	EXCISION, TUMOR, HIP	07/01/2004	$494.19	0.0%	0.0%	N	Referral Required
27049	RADICAL RESECTION TUMOR,SOFT	07/01/2004	$963.37	0.0%	0.0%	N	Referral Required
27050	BIOPSY, SACROILIAC JOINT	07/01/2004	$409.69	0.0%	0.0%	N	Referral Required
27052	BIOPSY, HIP JOINT	07/01/2004	$505.46	0.0%	0.0%	N	Referral Required
27054	BIOPSY, HIP JOINT	07/01/2004	$672.59	0.0%	0.0%	N	Referral Required
27060	EXCISION, ISCHIAL BURSA	07/01/2004	$438.88	0.0%	0.0%	N	Referral Required
27062	EXCISION, TROCHANTERIC BURSA	07/01/2004	$442.90	0.0%	0.0%	N	Referral Required
27065	EXCISION, CYST, PELVIS	07/01/2004	$505.45	0.0%	0.0%	N	Referral Required
27066	EXCISION, CYST, PELVIS	07/01/2004	$801.38	0.0%	0.0%	N	Referral Required
27067	EXCISION OF BONE CYST/BENIGN	07/01/2004	$1,000.94	0.0%	0.0%	N	Referral Required
27070	EXCISION, PARTIAL, ILIUM WIN	07/01/2004	$982.96	0.0%	0.0%	N	Referral Required
27071	EXCISION, PARTIAL, ILIUM WIN	07/01/2004	$1,043.29	0.0%	0.0%	N	Referral Required
27075	RESECTION, HIP	07/01/2004	$2,123.14	0.0%	0.0%	N	Referral Required
27076	ILIUM,INCLUDE ACETABULUM,PUB	07/01/2004	$1,492.66	0.0%	0.0%	N	Referral Required
27077	INNOMINATE BONE, TOTAL	07/01/2004	$2,474.82	0.0%	0.0%	N	Referral Required
27078	RAD RESECT TUMOR/ISCHIAL TUB	07/01/2004	$1,039.30	0.0%	0.0%	N	Referral Required
27079	RADICAL RESECTION FOR TUMOR	07/01/2004	$960.27	0.0%	0.0%	N	Referral Required
27080	COCCYGECTOMY-PRIMARY	07/01/2004	$490.66	0.0%	0.0%	N	Referral Required
27086	REMOVAL FB PELVIS OR HIP SUB	07/01/2004	$260.21	0.0%	0.0%	N	Referral Required
27087	REMOVAL, FOREIGN BODY, HIP	07/01/2004	$617.98	0.0%	0.0%	N	Referral Required
27090	REMOVAL, HIP IMPLANT	07/01/2004	$795.09	0.0%	0.0%	N	Referral Required
27091	REMOVAL HIP PROSTHESIS COMPL	07/01/2004	$1,336.96	0.0%	0.0%	N	Referral Required
27093	INJ PROCEDURE HIP ARTHROGRAP	07/01/2004	$490.76	0.0%	0.0%	N	Referral Required
27095	ARTHROGRAPHY HIP INJ PROCEDU	07/01/2004	$413.63	0.0%	0.0%	N	Referral Required
27096	INJECTION FOR SACROILIAC JOINT	07/01/2004	$339.97	0.0%	0.0%	N	Referral Required
27097	HAMSTRING RECESSION	07/01/2004	$599.95	0.0%	0.0%	N	Referral Required
27098	ADDUCTOR TRANSFER	07/01/2004	$635.61	0.0%	0.0%	N	Referral Required
27100	TRANSFER, MUSCLE, OBLIQUE	07/01/2004	$847.07	0.0%	0.0%	N	Referral Required
27105	TRANSFER, MUSCLE, PARASPINAL	07/01/2004	$844.22	0.0%	0.0%	N	Referral Required
27110	TRANSFER, ILIOPSOAS	07/01/2004	$919.70	0.0%	0.0%	N	Referral Required
27111	TRANSFER,ILIOPSOAS	07/01/2004	$842.35	0.0%	0.0%	N	Referral Required
27120	ACETABULOPLASTY	07/01/2004	$1,150.12	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27122	ACETABULOPLASTY	07/01/2004	$1,042.22	0.0%	0.0%	N	Referral Required
27125	ARTHROPLASTY, PROSTHESIS	07/01/2004	$1,016.38	0.0%	0.0%	Y	Referral Required
27130	TOTAL HIP REPLACEMENT	07/01/2004	$1,326.38	0.0%	0.0%	Y	Referral Required
27132	CONVERSION OF PREV HIP SURG	07/01/2004	$1,506.72	0.0%	0.0%	Y	Referral Required
27134	REVISION TOTAL HIP ARTHROPLA	07/01/2004	$1,797.08	0.0%	0.0%	Y	Referral Required
27137	REVISION TOTAL HIP ACETABULA	07/01/2004	$1,378.16	0.0%	0.0%	Y	Referral Required
27138	REVISION TOTAL HIP ARTHROPLA	07/01/2004	$1,429.29	0.0%	0.0%	Y	Referral Required
27140	OSTEOTOMY, GREATER TROCHANTE	07/01/2004	$855.88	0.0%	0.0%	N	Referral Required
27146	OSTEOTOMY, ILIAC/ACETABULAR	07/01/2004	$1,178.03	0.0%	0.0%	N	Referral Required
27147	OSTEOTOMY, ILIAC/ACETABULAR	07/01/2004	$1,361.34	0.0%	0.0%	N	Referral Required
27151	OSTEOTOMY ILIAC ACETABULAR W	07/01/2004	$1,475.11	0.0%	0.0%	N	Referral Required
27156	OSTEOTOMY ILIAC W/FEMORAL OS	07/01/2004	$1,585.39	0.0%	0.0%	N	Referral Required
27158	OSTEOTOMY, PELVIS	07/01/2004	$1,256.69	0.0%	0.0%	N	Referral Required
27161	OSTEOTOMY, FEMORAL NECK	07/01/2004	$1,107.75	0.0%	0.0%	N	Referral Required
27165	OSTEOTOMY, INTERTROCHANTERIC	07/01/2004	$1,168.52	0.0%	0.0%	N	Referral Required
27170	GRAFT, FEMORAL/TROCHANTERIC	07/01/2004	$1,072.71	0.0%	0.0%	N	Referral Required
27175	SLIPPED EPIPHYSIS, FEMORAL	07/01/2004	$558.97	0.0%	0.0%	N	Referral Required
27176	SLIPPED EPIPHYSIS, FEMORAL	07/01/2004	$792.29	0.0%	0.0%	N	Referral Required
27177	REDUCTION, SLIPPED EPIPHYSIS	07/01/2004	$972.66	0.0%	0.0%	N	Referral Required
27178	REDUCTION, SLIPPED EPIPHYSIS	07/01/2004	$786.89	0.0%	0.0%	N	Referral Required
27179	HEYMAN PROCEDURE	07/01/2004	$850.09	0.0%	0.0%	N	Referral Required
27181	SLIPPED EPIPHYSIS, FEMORAL	07/01/2004	$941.88	0.0%	0.0%	N	Referral Required
27185	EPIPHYSEAL ARREST, TROCHANTE	07/01/2004	$676.99	0.0%	0.0%	N	Referral Required
27187	PROPHYLACTIC TREATMENT, FEMO	07/01/2004	$956.62	0.0%	0.0%	N	Referral Required
27193	CLOSED TRTMENT OF PELVIC RIN	07/01/2004	$444.35	0.0%	0.0%	N	Referral Required
27194	CLOSED TREAT PELVIC RING FX	07/01/2004	$666.86	0.0%	0.0%	N	Referral Required
27200	FRACTURE, COCCYX	07/01/2004	$171.41	0.0%	0.0%	N	Referral Required
27202	OPEN TREATMENT OF CLOSED/OPE	07/01/2004	$967.38	0.0%	0.0%	N	Referral Required
27215	OPEN TREAT ILIAC SPINES TUBE	07/01/2004	$727.61	0.0%	0.0%	N	Referral Required
27216	PERCUTANEOUS SKELETAL FIXATI	07/01/2004	$1,084.54	0.0%	0.0%	N	Referral Required
27217	OPEN TREAT ANTERIOR RING FX	07/01/2004	$955.15	0.0%	0.0%	N	Referral Required
27218	OPEN TREAT POSTERIOR RING FX	07/01/2004	$1,311.70	0.0%	0.0%	N	Referral Required
27220	FRACTURE, ACETABULUM	07/01/2004	$478.91	0.0%	0.0%	N	Referral Required
27222	FRACTURE, ACETABULUM	07/01/2004	$821.59	0.0%	0.0%	N	Referral Required
27226	OPEN TREAT ACETABULAR WALL F	07/01/2004	$905.27	0.0%	0.0%	N	Referral Required
27227	OPEN TREATMENT ACETABULAR FX	07/01/2004	$1,453.67	0.0%	0.0%	N	Referral Required
27228	OPEN TREAT ACETABULAR FX 2 C	07/01/2004	$1,675.04	0.0%	0.0%	N	Referral Required
27230	FRACTURE, FEMUR	07/01/2004	$457.12	0.0%	0.0%	N	Referral Required
27232	FRACTURE, FEMUR	07/01/2004	$709.41	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27235	FRACTURE, FEMUR	07/01/2004	$829.66	0.0%	0.0%	N	Referral Required
27236	FRACTURE, FEMUR	07/01/2004	$1,017.51	0.0%	0.0%	N	Referral Required
27238	FRACTURE, INTERTROCHANTERIC	07/01/2004	$417.31	0.0%	0.0%	N	Referral Required
27240	FRACTURE, INTERTROCHANTERIC	07/01/2004	$813.34	0.0%	0.0%	N	Referral Required
27244	FRACTURE, INTERTROCHANTERIC	07/01/2004	$1,038.99	0.0%	0.0%	N	Referral Required
27245	OPEN TREAT FEMORAL FX W/INTR	07/01/2004	$1,282.51	0.0%	0.0%	N	Referral Required
27246	FRACTURE, GREATER TROCHANTER	07/01/2004	$417.67	0.0%	0.0%	N	Referral Required
27248	FRACTURE, GREATER TROCHANTER	07/01/2004	$730.25	0.0%	0.0%	N	Referral Required
27250	DISLOCATION, HIP	07/01/2004	$472.82	0.0%	0.0%	N	Referral Required
27252	DISLOCATION, HIP	07/01/2004	$665.05	0.0%	0.0%	N	Referral Required
27253	DISLOCATION, HIP	07/01/2004	$853.93	0.0%	0.0%	N	Referral Required
27254	DISLOCATION, HIP	07/01/2004	$1,160.60	0.0%	0.0%	N	Referral Required
27256	DISLOCATION, HIP	07/01/2004	$295.81	0.0%	0.0%	N	Referral Required
27257	DISLOCATION, HIP	07/01/2004	$345.29	0.0%	0.0%	N	Referral Required
27258	DISLOCATION, HIP	07/01/2004	$1,039.91	0.0%	0.0%	N	Referral Required
27259	OPEN TREAT CONGENITAL HIP W/	07/01/2004	$1,407.67	0.0%	0.0%	N	Referral Required
27265	TREATMENT ATRAUMATIC HIP DIS	07/01/2004	$389.80	0.0%	0.0%	N	Referral Required
27266	TREATMENT OF ATRAUMATIC HIP	07/01/2004	$529.58	0.0%	0.0%	N	Referral Required
27275	MANIPULATION, HIP JOINTS	07/01/2004	$204.31	0.0%	0.0%	N	Referral Required
27280	ARTHRODESIS, SACRO-ILIAC JOI	07/01/2004	$966.64	0.0%	0.0%	Y	Referral Required
27282	ARTHRODESIS, SYMPHYSIS PUBIS	07/01/2004	$825.58	0.0%	0.0%	N	Referral Required
27284	ARTHRODESIS, HIP JOINT	07/01/2004	$1,490.94	0.0%	0.0%	N	Referral Required
27286	ARTHRODESIS, HIP JOINT	07/01/2004	$1,499.93	0.0%	0.0%	N	Referral Required
27290	INTERPELVIABDOMINAL AMPUTATI	07/01/2004	$1,447.01	0.0%	0.0%	N	Referral Required
27295	DISARTICULATION, HIP	07/01/2004	$1,183.07	0.0%	0.0%	N	Referral Required
27301	INCISION/DRAINAGE DEEP ABSCE	07/01/2004	$743.88	0.0%	0.0%	N	Referral Required
27303	INCISION DEEP W/OPENING BONE	07/01/2004	$791.87	0.0%	0.0%	N	Referral Required
27305	FASCIOTOMY, ILIO-TIBIAL	07/01/2004	$513.84	0.0%	0.0%	N	Referral Required
27306	TENOTOMY, DISTAL HAMSTRING	07/01/2004	$421.24	0.0%	0.0%	N	Referral Required
27307	TENOTOMY, DISTAL HAMSTRING	07/01/2004	$485.97	0.0%	0.0%	N	Referral Required
27310	ARTHROTOMY, KNEE	07/01/2004	$683.44	0.0%	0.0%	N	Referral Required
27315	NEURECTOMY, HAMSTRING MUSCLE	07/01/2004	$393.75	0.0%	0.0%	N	Referral Required
27320	NEURECTOMY, POPLITEAL	07/01/2004	$403.34	0.0%	0.0%	N	Referral Required
27323	BIOPSY, SOFT TISSUE THIGH OR	07/01/2004	$265.65	0.0%	0.0%	N	Referral Required
27324	BIOPSY SOFT TISSUE DEEP THIG	07/01/2004	$406.18	0.0%	0.0%	N	Referral Required
27327	EXCISION TUMOR THIGH OR KNEE	07/01/2004	$444.01	0.0%	0.0%	N	Referral Required
27328	EXCISION TUMOR THIGH OR KNEE	07/01/2004	$444.30	0.0%	0.0%	N	Referral Required
27329	RADICAL RESECTION OF TUMOR/S	07/01/2004	$1,022.63	0.0%	0.0%	N	Referral Required
27330	ARTHROTOMY, KNEE	07/01/2004	$397.90	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27331	ARTHROTOMY, KNEE	07/01/2004	$470.13	0.0%	0.0%	N	Referral Required
27332	ARTHROTOMY, KNEE	07/01/2004	$602.98	0.0%	0.0%	N	Referral Required
27333	ARTHROTOMY, KNEE	07/01/2004	$554.92	0.0%	0.0%	N	Referral Required
27334	ARTHROTOMY, KNEE	07/01/2004	$650.65	0.0%	0.0%	N	Referral Required
27335	ARTHROTOMY, KNEE	07/01/2004	$725.92	0.0%	0.0%	N	Referral Required
27340	EXCISION, BURSA, PREPATELLAR	07/01/2004	$355.66	0.0%	0.0%	N	Referral Required
27345	EXCISION, CYST, POPLITEAL	07/01/2004	$469.27	0.0%	0.0%	N	Referral Required
27347	EXCISION OF LESION OF MEN. OR CAP.	07/01/2004	$305.30	0.0%	0.0%	N	Referral Required
27350	PATELLECTOMY	07/01/2004	$603.02	0.0%	0.0%	N	Referral Required
27355	EXCISION, CYST, FEMUR	07/01/2004	$629.03	0.0%	0.0%	N	Referral Required
27356	EXCISION BONE CYST BENIGN TU	07/01/2004	$729.36	0.0%	0.0%	N	Referral Required
27357	EXCISION, CYST, FEMUR	07/01/2004	$784.16	0.0%	0.0%	N	Referral Required
27358	EXCISION/CURETTAGE BONE CYST	07/01/2004	$268.34	0.0%	0.0%	N	Referral Required
27360	EXCISION, PARTIAL, FEMUR	07/01/2004	$999.72	0.0%	0.0%	N	Referral Required
27365	RESECTION, FEMUR	07/01/2004	$1,098.19	0.0%	0.0%	N	Referral Required
27370	ARTHROGRAPHY, KNEE, INJECTIO	07/01/2004	$396.99	0.0%	0.0%	N	Referral Required
27372	REMOVAL FB DEEP THIGH/KNEE	07/01/2004	$473.72	0.0%	0.0%	N	Referral Required
27380	SUTURE, TENDON, INFRAPATELLA	07/01/2004	$552.00	0.0%	0.0%	N	Referral Required
27381	SUTURE INFRAPATELLAR TENDON	07/01/2004	$730.72	0.0%	0.0%	N	Referral Required
27385	SUTURE, MUSCLE, QUADRICEPS	07/01/2004	$586.70	0.0%	0.0%	N	Referral Required
27386	SUTURE, MUSCLE, QUADRICEPS	07/01/2004	$764.87	0.0%	0.0%	N	Referral Required
27390	TENOTOMY, HAMSTRING	07/01/2004	$469.91	0.0%	0.0%	N	Referral Required
27391	TENOTOMY, HAMSTRING	07/01/2004	$569.86	0.0%	0.0%	N	Referral Required
27392	TENOTOMY, HAMSTRING,KNEE-HIP	07/01/2004	$712.77	0.0%	0.0%	N	Referral Required
27393	LENGTHENING, TENDON, HAMSTRI	07/01/2004	$518.91	0.0%	0.0%	N	Referral Required
27394	LENGTHENING, TENDON, HAMSTRI	07/01/2004	$665.95	0.0%	0.0%	N	Referral Required
27395	LENGTHENING OF HAMSTRING TEN	07/01/2004	$876.48	0.0%	0.0%	N	Referral Required
27396	TRANSPLANT, TENDON, HAMSTRIN	07/01/2004	$614.09	0.0%	0.0%	N	Referral Required
27397	TRANSPLANT, TENDON, HAMSTRIN	07/01/2004	$811.34	0.0%	0.0%	N	Referral Required
27400	TRANSFER, MUSCLE, HAMSTRING	07/01/2004	$689.82	0.0%	0.0%	N	Referral Required
27403	ARTHROTOMY W/OPEN MENISCUS R	07/01/2004	$606.60	0.0%	0.0%	N	Referral Required
27405	REPAIR, LIGAMENT, KNEE	07/01/2004	$649.19	0.0%	0.0%	N	Referral Required
27407	REPAIR, LIGAMENT, KNEE	07/01/2004	$738.24	0.0%	0.0%	N	Referral Required
27409	REPAIR, LIGAMENT, KNEE	07/01/2004	$885.03	0.0%	0.0%	N	Referral Required
27418	ANTERIOR TIBIAL TUBERCLEPLAS	07/01/2004	$771.30	0.0%	0.0%	N	Referral Required
27420	RECONSTRUCTION, PATELLA	07/01/2004	$696.19	0.0%	0.0%	N	Referral Required
27422	RECONSTRUCTION, PATELLA	07/01/2004	$692.93	0.0%	0.0%	N	Referral Required
27424	RECONSTRUCTION, PATELLA	07/01/2004	$691.57	0.0%	0.0%	N	Referral Required
27425	LATERAL RETINACULAR RELEASE	07/01/2004	$436.41	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27427	LIGAMENT RECONSTRUCTION KNEE	07/01/2004	$668.06	0.0%	0.0%	N	Referral Required
27428	RECONSTRUCTION KNEE INTRAART	07/01/2004	$951.90	0.0%	0.0%	N	Referral Required
27429	RECONSTRUCTION KNEE INTRA AN	07/01/2004	$1,037.48	0.0%	0.0%	N	Referral Required
27430	QUADRICEPSPLASTY	07/01/2004	$690.93	0.0%	0.0%	N	Referral Required
27435	CAPSULOTOMY, KNEE	07/01/2004	$677.00	0.0%	0.0%	N	Referral Required
27437	ARTHROPLASTY PATELLA	07/01/2004	$650.04	0.0%	0.0%	N	Referral Required
27438	ARTHROPLASTY PATELLA W/PROST	07/01/2004	$797.13	0.0%	0.0%	N	Referral Required
27440	ARTHROPLASTY, KNEE, TIBIAL P	07/01/2004	$752.46	0.0%	0.0%	N	Referral Required
27441	ARTHROPLASTY W/DEBRIDEMENT A	07/01/2004	$778.03	0.0%	0.0%	N	Referral Required
27442	ARTHROPLASTY, KNEE, FEMORAL	07/01/2004	$836.79	0.0%	0.0%	N	Referral Required
27443	ARTHROPLASTY W/DEBRIDEMENT &	07/01/2004	$792.91	0.0%	0.0%	N	Referral Required
27445	ARTHROPLASTY KNEE CONSTRAINE	07/01/2004	$1,161.94	0.0%	0.0%	Y	Referral Required
27446	ARTHROPLASTY KNEE CONDYLE/PL	07/01/2004	$1,068.16	0.0%	0.0%	Y	Referral Required
27447	TOTAL KNEE REPLACEMENT	07/01/2004	$1,383.53	0.0%	0.0%	Y	Referral Required
27448	OSTEOTOMY, FEMUR	07/01/2004	$811.04	0.0%	0.0%	N	Referral Required
27450	OSTEOTOMY, FEMUR	07/01/2004	$983.31	0.0%	0.0%	N	Referral Required
27454	OSTEOTOMY, FEMUR	07/01/2004	$1,184.84	0.0%	0.0%	N	Referral Required
27455	OSTEOTOMY, PROXIMAL TIBIA	07/01/2004	$897.73	0.0%	0.0%	N	Referral Required
27457	OSTEOTOMY, PROXIMAL TIBIA	07/01/2004	$894.57	0.0%	0.0%	N	Referral Required
27465	OSTEOPLASTY, FEMORAL	07/01/2004	$986.04	0.0%	0.0%	N	Referral Required
27466	OSTEOPLASTY, FEMORAL	07/01/2004	$1,142.95	0.0%	0.0%	N	Referral Required
27468	OSTEOPLASTY, FEMORAL	07/01/2004	$1,197.90	0.0%	0.0%	N	Referral Required
27470	REPAIR, MALUNION, FEMUR	07/01/2004	$1,135.70	0.0%	0.0%	N	Referral Required
27472	REPAIR, MALUNION, FEMUR	07/01/2004	$1,228.56	0.0%	0.0%	N	Referral Required
27475	EPIPHYSEAL ARREST, FEMUR	07/01/2004	$637.60	0.0%	0.0%	N	Referral Required
27477	EPIPHYSEAL ARST, TIBIA & FIB	07/01/2004	$703.11	0.0%	0.0%	N	Referral Required
27479	EPIPHYSEAL ARREST, KNEE	07/01/2004	$881.93	0.0%	0.0%	N	Referral Required
27485	HEMI-EPIPHYSEAL ARREST, LEG	07/01/2004	$643.13	0.0%	0.0%	N	Referral Required
27486	RIVISION TOTAL KNEE ARTHROPL	07/01/2004	$1,259.76	0.0%	0.0%	Y	Referral Required
27487	REVISION TOTAL KNEE W/WO ALL	07/01/2004	$1,590.31	0.0%	0.0%	Y	Referral Required
27488	REMOVAL KNEE PROSTHESIS INCL	07/01/2004	$1,062.80	0.0%	0.0%	N	Referral Required
27495	PROPHYLACTIC TREATMENT W OR	07/01/2004	$1,106.67	0.0%	0.0%	N	Referral Required
27496	DECOMPRESSION FASCIOTOMY THI	07/01/2004	$490.60	0.0%	0.0%	N	Referral Required
27497	DECOMPRESS FASCIOTOMY THIGH	07/01/2004	$536.05	0.0%	0.0%	N	Referral Required
27498	DECOMPRESSION FASCIOTOMY HIG	07/01/2004	$574.42	0.0%	0.0%	N	Referral Required
27499	DECOMPRESS FASCIOTOMY THIGH	07/01/2004	$648.37	0.0%	0.0%	N	Referral Required
27500	FRACTURE, FEMUR	07/01/2004	$545.68	0.0%	0.0%	N	Referral Required
27501	CLOSED TREAT SUPRACONDYLAR F	07/01/2004	$581.43	0.0%	0.0%	N	Referral Required
27502	FRACTURE, FEMUR	07/01/2004	$770.48	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27503	CLOSED TREAT SUPRACONDYLAR F	07/01/2004	$770.15	0.0%	0.0%	N	Referral Required
27506	FRACTURE, FEMUR	07/01/2004	$1,137.48	0.0%	0.0%	N	Referral Required
27507	OPEN TREAT FEMORAL SHAFT FX	07/01/2004	$942.74	0.0%	0.0%	N	Referral Required
27508	FRACTURE, FEMUR	07/01/2004	$455.45	0.0%	0.0%	N	Referral Required
27509	PERCUTANEOUS SKELETAL FIXATI	07/01/2004	$601.37	0.0%	0.0%	N	Referral Required
27510	FRACTURE, FEMUR	07/01/2004	$587.64	0.0%	0.0%	N	Referral Required
27511	OPEN TREAT FEMORAL SUPRACOND	07/01/2004	$955.65	0.0%	0.0%	N	Referral Required
27513	OPEN TREAT FEMORAL SUPRACOND	07/01/2004	$1,197.57	0.0%	0.0%	N	Referral Required
27514	FRACTURE, FEMUR	07/01/2004	$1,132.97	0.0%	0.0%	N	Referral Required
27516	FRACTURE, FEMUR	07/01/2004	$464.42	0.0%	0.0%	N	Referral Required
27517	FRACTURE, FEMUR	07/01/2004	$658.24	0.0%	0.0%	N	Referral Required
27519	FRACTURE, FEMUR	07/01/2004	$999.17	0.0%	0.0%	N	Referral Required
27520	FRACTURE, PATELLA	07/01/2004	$287.17	0.0%	0.0%	N	Referral Required
27524	FRACTURE, PATELLA	07/01/2004	$673.59	0.0%	0.0%	N	Referral Required
27530	FRACTURE, TIBIA	07/01/2004	$339.18	0.0%	0.0%	N	Referral Required
27532	FRACTURE, TIBIA	07/01/2004	$527.35	0.0%	0.0%	N	Referral Required
27535	OPEN TREAT TIBIAL FX PROXIMA	07/01/2004	$834.04	0.0%	0.0%	N	Referral Required
27536	FRACTURE, TIBIA	07/01/2004	$992.42	0.0%	0.0%	N	Referral Required
27538	FRACTURE, TIBIA	07/01/2004	$434.29	0.0%	0.0%	N	Referral Required
27540	FRACTURE, TIBIA	07/01/2004	$848.73	0.0%	0.0%	N	Referral Required
27550	DISLOCATION, KNEE	07/01/2004	$464.79	0.0%	0.0%	N	Referral Required
27552	DISLOCATION, KNEE	07/01/2004	$562.85	0.0%	0.0%	N	Referral Required
27556	DISLOCATION, KNEE	07/01/2004	$1,019.71	0.0%	0.0%	N	Referral Required
27557	OPEN TREAT KNEE DISLOC W/PRI	07/01/2004	$1,153.49	0.0%	0.0%	N	Referral Required
27558	O TREAT KNEE DISLOC W/PRIME	07/01/2004	$1,194.04	0.0%	0.0%	N	Referral Required
27560	TREAT CLOSED PATELLAR DISLOC	07/01/2004	$335.00	0.0%	0.0%	N	Referral Required
27562	DISLOCATION, PATELLA	07/01/2004	$403.13	0.0%	0.0%	N	Referral Required
27566	DISLOCATION, PATELLA	07/01/2004	$795.03	0.0%	0.0%	N	Referral Required
27570	MANIPULATION, KNEE JOINT	07/01/2004	$171.81	0.0%	0.0%	N	Referral Required
27580	FUSION, KNEE	07/01/2004	$1,279.61	0.0%	0.0%	N	Referral Required
27590	AMPUTATION, THIGH	07/01/2004	$865.03	0.0%	0.0%	N	Referral Required
27591	AMPUTATION THIGH IMM FITTING	07/01/2004	$936.94	0.0%	0.0%	N	Referral Required
27592	AMPUTATION, THIGH	07/01/2004	$786.43	0.0%	0.0%	N	Referral Required
27594	AMPUTATION, THIGH	07/01/2004	$555.81	0.0%	0.0%	N	Referral Required
27596	AMPUTATION, THIGH	07/01/2004	$811.24	0.0%	0.0%	N	Referral Required
27598	DISARTICULATION, KNEE	07/01/2004	$777.79	0.0%	0.0%	N	Referral Required
27600	DECOMPRESSION FASCIOTOMY LEG	07/01/2004	$463.16	0.0%	0.0%	N	Referral Required
27601	DECOMPRESSION FASCIOTOMY,LEG	07/01/2004	$463.31	0.0%	0.0%	N	Referral Required
27602	FASCIOTOMY, LEG	07/01/2004	$540.02	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27603	INCISION/DRAIN LEG/ANKLE DEE	07/01/2004	$708.22	0.0%	0.0%	N	Referral Required
27604	INCISION/DRAIONAGE LEG/ANKLE	07/01/2004	$527.54	0.0%	0.0%	N	Referral Required
27605	TENOTOMY, ACHILLES TENDON	07/01/2004	$428.66	0.0%	0.0%	N	Referral Required
27606	TENOTOMY, ACHILLES TENDON	07/01/2004	$587.41	0.0%	0.0%	N	Referral Required
27607	INCISION DEEP W/OPENING BONE	07/01/2004	$719.46	0.0%	0.0%	N	Referral Required
27610	ARTHROTOMY, ANKLE	07/01/2004	$657.29	0.0%	0.0%	N	Referral Required
27612	ARTHROTOMY, ANKLE	07/01/2004	$550.07	0.0%	0.0%	N	Referral Required
27613	BIOPSY,SOFT TISSUE OF LEG/AN	07/01/2004	$255.36	0.0%	0.0%	N	Referral Required
27614	BX SOFT TISSUES, DEEP	07/01/2004	$567.04	0.0%	0.0%	N	Referral Required
27615	RADICAL RECESTION OF TUMOR,S	07/01/2004	$1,028.00	0.0%	0.0%	N	Referral Required
27618	EXCISION, BENIGN TUMOR, SUBC	07/01/2004	$572.70	0.0%	0.0%	N	Referral Required
27619	EXCISION, TUMOR, LEG OR ANKL	07/01/2004	$728.55	0.0%	0.0%	N	Referral Required
27620	ARTHROTOMY, ANKLE	07/01/2004	$494.91	0.0%	0.0%	N	Referral Required
27625	ARTHROTOMY, ANKLE	07/01/2004	$628.03	0.0%	0.0%	N	Referral Required
27626	ARTHROTOMY, INCLUDING TENOSY	07/01/2004	$677.71	0.0%	0.0%	N	Referral Required
27630	EXCISION, LESION, LEG	07/01/2004	$530.25	0.0%	0.0%	N	Referral Required
27635	EXCISION, CYST, TIBIA/FIBULA	07/01/2004	$658.57	0.0%	0.0%	N	Referral Required
27637	EXCISION, CYST, TIBIA/FIBULA	07/01/2004	$778.06	0.0%	0.0%	N	Referral Required
27638	EXCISION/CURETTAGE BONE CYST	07/01/2004	$811.48	0.0%	0.0%	N	Referral Required
27640	EXCISION, PARTIAL, TIBIA	07/01/2004	$1,033.79	0.0%	0.0%	N	Referral Required
27641	EXCISION, PARTIAL, FIBULA	07/01/2004	$889.04	0.0%	0.0%	N	Referral Required
27645	RESECTION, TIBIA	07/01/2004	$1,151.76	0.0%	0.0%	N	Referral Required
27646	RESECTION, FIBULA	07/01/2004	$1,081.10	0.0%	0.0%	N	Referral Required
27647	RESECTION, ASTRAGALUS	07/01/2004	$833.49	0.0%	0.0%	N	Referral Required
27648	ARTHROGRAPHY, ANKLE, INJ PCD	07/01/2004	$344.32	0.0%	0.0%	N	Referral Required
27650	REPAIR, ACHILLES TENDON	07/01/2004	$681.87	0.0%	0.0%	N	Referral Required
27652	REPAIR RUPTURED ACHILLES TEN	07/01/2004	$716.21	0.0%	0.0%	N	Referral Required
27654	REPAIR, ACHILLES TENDON	07/01/2004	$718.80	0.0%	0.0%	N	Referral Required
27656	REPAIR, FASCIAL DEFECT, LEG	07/01/2004	$542.04	0.0%	0.0%	N	Referral Required
27658	REPAIR, TENDON, LEG	07/01/2004	$535.83	0.0%	0.0%	N	Referral Required
27659	REPAIR, TENDON, LEG	07/01/2004	$675.73	0.0%	0.0%	N	Referral Required
27664	REPAIR OF EXTENSOR TENDON OF LEG P	07/01/2004	$756.39	0.0%	0.0%	N	Referral Required
27665	SECONDARY WITH OR W/O GRAFT, SING	07/01/2004	$497.28	0.0%	0.0%	N	Referral Required
27675	REPAIR DISLOCATING PERONAL T	07/01/2004	$549.96	0.0%	0.0%	N	Referral Required
27676	REPAIR, TENDON, LEG	07/01/2004	$636.99	0.0%	0.0%	N	Referral Required
27680	TENOLYSIS, LEG	07/01/2004	$488.12	0.0%	0.0%	N	Referral Required
27681	TENOLYSIS, LEG	07/01/2004	$548.56	0.0%	0.0%	N	Referral Required
27685	LENGTHEN/SHORTEN TENDON, LEG	07/01/2004	$585.58	0.0%	0.0%	N	Referral Required
27686	LENGTHEN/SHORTEN TENDON, LEG	07/01/2004	$782.92	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27687	GASTROCNEMIUS RECESSION	07/01/2004	$521.36	0.0%	0.0%	N	Referral Required
27690	TRANSFER, TENDON, LEG	07/01/2004	$644.99	0.0%	0.0%	N	Referral Required
27691	TRANSFER, TENDON, LEG	07/01/2004	$741.27	0.0%	0.0%	N	Referral Required
27692	TRANSFER, TENDON, LEG	07/01/2004	$103.47	0.0%	0.0%	N	Referral Required
27695	REPAIR, LIGAMENT, ANKLE	07/01/2004	$547.61	0.0%	0.0%	N	Referral Required
27696	REPAIR, LIGAMENT, ANKLE	07/01/2004	$625.99	0.0%	0.0%	N	Referral Required
27698	REPAIR, LIGAMENT, ANKLE	07/01/2004	$673.32	0.0%	0.0%	N	Referral Required
27700	ARTHROPLASTY, ANKLE	07/01/2004	$611.86	0.0%	0.0%	N	Referral Required
27702	ARTHROPLASTY, ANKLE; WITH IM	07/01/2004	$945.17	0.0%	0.0%	N	Referral Required
27703	ARTHROPLASTY, ANKLE-SECONDAR	07/01/2004	$1,038.64	0.0%	0.0%	N	Referral Required
27704	REMOVAL OF ANKLE IMPLANT	07/01/2004	$588.22	0.0%	0.0%	N	Referral Required
27705	OSTEOTOMY, TIBIA	07/01/2004	$771.58	0.0%	0.0%	N	Referral Required
27707	OSTEOTOMY, FIBULA	07/01/2004	$442.63	0.0%	0.0%	N	Referral Required
27709	OSTEOTOMY, TIBIA/FIBULA	07/01/2004	$753.11	0.0%	0.0%	N	Referral Required
27712	OSTEOTOMY, TIBIA	07/01/2004	$996.57	0.0%	0.0%	N	Referral Required
27715	OSTEOPLASTY, TIBIA/FIBULA	07/01/2004	$1,043.91	0.0%	0.0%	N	Referral Required
27720	REPAIR, MALUNION, TIBIA	07/01/2004	$894.80	0.0%	0.0%	N	Referral Required
27722	REPAIR, MALUNION, TIBIA	07/01/2004	$888.83	0.0%	0.0%	N	Referral Required
27724	REPAIR, MALUNION, TIBIA	07/01/2004	$1,248.21	0.0%	0.0%	N	Referral Required
27725	REPAIR, MALUNION, TIBIA	07/01/2004	$1,103.25	0.0%	0.0%	N	Referral Required
27727	REPAIR, PSEUDARTHROSIS, TIBI	07/01/2004	$1,001.72	0.0%	0.0%	N	Referral Required
27730	EPIPHYSEAL ARREST, LOWER LEG	07/01/2004	$979.01	0.0%	0.0%	N	Referral Required
27732	EPIPHYSEAL ARREST, LOWER LEG	07/01/2004	$671.49	0.0%	0.0%	N	Referral Required
27734	EPIPHYSEAL ARREST, LOWER LEG	07/01/2004	$670.12	0.0%	0.0%	N	Referral Required
27740	EPIPHYSEAL ARREST, LOWER LEG	07/01/2004	$877.17	0.0%	0.0%	N	Referral Required
27742	EPIPHYSEAL ARREST, LOWER LEG	07/01/2004	$930.14	0.0%	0.0%	N	Referral Required
27745	PROPHYLACTIC TREATMENT, TIBI	07/01/2004	$761.09	0.0%	0.0%	N	Referral Required
27750	FRACTURE, TIBIA	07/01/2004	$305.35	0.0%	0.0%	N	Referral Required
27751	FRACTURE, TIBIA	07/01/2004	$0.00	0.0%	0.0%	N	Referral Required
27752	FRACTURE, TIBIA	07/01/2004	$489.75	0.0%	0.0%	N	Referral Required
27756	FRACTURE, TIBIA	07/01/2004	$611.39	0.0%	0.0%	N	Referral Required
27758	OPEN CLOSED TRIMENT TIBIAL S	07/01/2004	$840.71	0.0%	0.0%	N	Referral Required
27759	OPEN TREAT TIBIAL SHAFT FX B	07/01/2004	$962.89	0.0%	0.0%	N	Referral Required
27760	FRACTURE MEDIAL MALLEOLUS	07/01/2004	$290.73	0.0%	0.0%	N	Referral Required
27762	FRACTURE, TIBIA	07/01/2004	$446.25	0.0%	0.0%	N	Referral Required
27766	FRACTURE, TIBIA	07/01/2004	$587.64	0.0%	0.0%	N	Referral Required
27780	FRACTURE, FIBULA	07/01/2004	$275.21	0.0%	0.0%	N	Referral Required
27781	FRACTURE, FIBULA; WITH MANIP	07/01/2004	$374.70	0.0%	0.0%	N	Referral Required
27784	FRACTURE, FIBULA	07/01/2004	$551.82	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27786	FRACTURE, FIBULA	07/01/2004	$283.02	0.0%	0.0%	N	Referral Required
27788	FRACTURE, FIBULA	07/01/2004	$386.01	0.0%	0.0%	N	Referral Required
27792	OPEN TREATMENT DISTAL FIBULA	07/01/2004	$558.34	0.0%	0.0%	N	Referral Required
27808	FRACTURE, TIBIA AND FIBULA	07/01/2004	$317.39	0.0%	0.0%	N	Referral Required
27810	FRACTURE, TIBIA AND FIBULA	07/01/2004	$448.49	0.0%	0.0%	N	Referral Required
27814	FRACTURE, TIBIA AND FIBULA	07/01/2004	$763.13	0.0%	0.0%	N	Referral Required
27816	TREAT CLOSED TRIMALLEOLAR AN	07/01/2004	$304.02	0.0%	0.0%	N	Referral Required
27818	FRACTURE, TIBIA AND FIBULA	07/01/2004	$466.10	0.0%	0.0%	N	Referral Required
27822	FRACTURE, TIBIA AND FIBULA	07/01/2004	$843.97	0.0%	0.0%	N	Referral Required
27823	FRACTURE, TIBIA AND FIBULA	07/01/2004	$961.06	0.0%	0.0%	N	Referral Required
27824	CLOSED TREAT WEIGHT BEARING	07/01/2004	$319.39	0.0%	0.0%	N	Referral Required
27825	W/SKELETAL TRACTION OR REQUI	07/01/2004	$505.99	0.0%	0.0%	N	Referral Required
27826	OPEN TREAT FX WT BEARING ART	07/01/2004	$712.40	0.0%	0.0%	N	Referral Required
27827	FRACTURE/DISLOCATION OF TIBIA ONLY	07/01/2004	$1,024.29	0.0%	0.0%	N	Referral Required
27828	OF BOTH TIBIA AND FIBULA	07/01/2004	$1,108.03	0.0%	0.0%	N	Referral Required
27829	OPEN TREAT DISTAL TIBIOFIBUL	07/01/2004	$491.73	0.0%	0.0%	N	Referral Required
27830	DISLOCATION, TIBIO-FIBULAR J	07/01/2004	$332.39	0.0%	0.0%	N	Referral Required
27831	TREATMENT PROXIAML TIBIOFIBU	07/01/2004	$334.17	0.0%	0.0%	N	Referral Required
27832	DISLOCATION, TIBIO-FIBULAR J	07/01/2004	$509.93	0.0%	0.0%	N	Referral Required
27840	DISLOCATION, ANKLE	07/01/2004	$373.70	0.0%	0.0%	N	Referral Required
27842	DISLOCATION, ANKLE	07/01/2004	$405.64	0.0%	0.0%	N	Referral Required
27846	DISLOCATION, ANKLE	07/01/2004	$713.63	0.0%	0.0%	N	Referral Required
27848	DISLOCATION, TIBIO-FIBULAR J	07/01/2004	$807.62	0.0%	0.0%	N	Referral Required
27860	MANIPULATION, ANKLE	07/01/2004	$212.00	0.0%	0.0%	N	Referral Required
27870	ARTHRODESIS, ANKLE	07/01/2004	$978.36	0.0%	0.0%	N	Referral Required
27871	ARTHRODESIS TIBIOFIBULAR JOI	07/01/2004	$708.90	0.0%	0.0%	N	Referral Required
27880	AMPUTATION, LEG	07/01/2004	$835.72	0.0%	0.0%	N	Referral Required
27881	AMPUTATE LEG W/FITTING INCL.	07/01/2004	$905.55	0.0%	0.0%	N	Referral Required
27882	AMPUTATION LEG THRU TIBIA &	07/01/2004	$764.39	0.0%	0.0%	N	Referral Required
27884	AMPUTATION, LEG	07/01/2004	$660.41	0.0%	0.0%	N	Referral Required
27886	AMPUTATION, LEG	07/01/2004	$718.78	0.0%	0.0%	N	Referral Required
27888	AMPUTATION, ANKLE	07/01/2004	$728.72	0.0%	0.0%	N	Referral Required
27889	DISARTICULATION, ANKLE	07/01/2004	$716.92	0.0%	0.0%	N	Referral Required
27892	DECOMPRESSION FASCIOTOMY LEG	07/01/2004	$552.38	0.0%	0.0%	N	Referral Required
27893	POSTERIOR COMPARTMENTS ONLY	07/01/2004	$557.24	0.0%	0.0%	N	Referral Required
27894	ANTERIOR AND LATERAL COMPART	07/01/2004	$724.40	0.0%	0.0%	N	Referral Required
28001	DRAINAGE, BURSA, FOOT	07/01/2004	$285.83	0.0%	0.0%	N	Referral Required
28002	DEEP DISSECTION BELOW FASCIA	07/01/2004	$395.36	0.0%	0.0%	N	Referral Required
28003	DEEP DISSECTION BELOW FASCIA	07/01/2004	$689.19	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
28005	INCISION, DEEP, W/OPENING OF BONE C	07/01/2004	$663.65	0.0%	0.0%	N	Referral Required
28008	FASCIOTOMY FOOT-TOE	07/01/2004	$434.63	0.0%	0.0%	N	Referral Required
28010	TENOTOMY, TOE	07/01/2004	$357.05	0.0%	0.0%	N	Referral Required
28011	TENOTOMY, TOE	07/01/2004	$462.77	0.0%	0.0%	N	Referral Required
28020	ARTHROTOMY, TOE JOINTS	07/01/2004	$454.36	0.0%	0.0%	N	Referral Required
28022	ARTHROTOMY, TOE JOINTS	07/01/2004	$434.75	0.0%	0.0%	N	Referral Required
28024	ARTHROTOMY, TOE JOINTS	07/01/2004	$443.43	0.0%	0.0%	N	Referral Required
28030	DENERVATION, FOOT	07/01/2004	$348.12	0.0%	0.0%	N	Referral Required
28035	TARSAL TUNNEL RELEASE	07/01/2004	$480.65	0.0%	0.0%	N	Referral Required
28043	EXCISION TUMOR FOOT SUBCUTAN	07/01/2004	$377.47	0.0%	0.0%	N	Referral Required
28045	EXCISION, TUMOR, FOOT	07/01/2004	$445.64	0.0%	0.0%	N	Referral Required
28046	RADICAL RESECTION OF TUMOR,	07/01/2004	$824.94	0.0%	0.0%	N	Referral Required
28050	ARTHROTOMY, FOOT JOINT	07/01/2004	$471.34	0.0%	0.0%	N	Referral Required
28052	ARTHROTOMY, FOOT JOINT	07/01/2004	$410.38	0.0%	0.0%	N	Referral Required
28054	ARTHROTOMY, FOOT JOINT	07/01/2004	$381.77	0.0%	0.0%	N	Referral Required
28060	FASCIECTOMY, PLANTAR	07/01/2004	$482.65	0.0%	0.0%	N	Referral Required
28062	FASCIECTOMY EXCISION OF PLAN	07/01/2004	$549.33	0.0%	0.0%	N	Referral Required
28070	SYNOVECTOMY, FOOT JOINTS	07/01/2004	$453.73	0.0%	0.0%	N	Referral Required
28072	SYNOVECTOMY, FOOT JOINTS	07/01/2004	$462.56	0.0%	0.0%	N	Referral Required
28080	EXCISION, MORTONS NEUROMA	07/01/2004	$391.22	0.0%	0.0%	N	Referral Required
28086	SYNOVECTOMY, FOOT TENDONS	07/01/2004	$568.78	0.0%	0.0%	N	Referral Required
28088	SYNOVECTOMY, FOOT TENDONS	07/01/2004	$471.60	0.0%	0.0%	N	Referral Required
28090	EXCISION, LESION, FOOT	07/01/2004	$431.76	0.0%	0.0%	N	Referral Required
28092	EXCISION LESION OF TENDON OR	07/01/2004	$404.02	0.0%	0.0%	N	Referral Required
28100	EXCISION, TUMOR, FOOT BONES	07/01/2004	$640.99	0.0%	0.0%	N	Referral Required
28102	EXCISION, TUMOR, FOOT BONES	07/01/2004	$585.71	0.0%	0.0%	N	Referral Required
28103	EXCISION OF BONE CYST/BENIGN	07/01/2004	$532.73	0.0%	0.0%	N	Referral Required
28104	EXCISION, TUMOR, FOOT BONES	07/01/2004	$471.24	0.0%	0.0%	N	Referral Required
28106	EXCISION, TUMOR, FOOT BONES	07/01/2004	$500.03	0.0%	0.0%	N	Referral Required
28107	EXCISION BONE CYST TARSAL/ME	07/01/2004	$535.70	0.0%	0.0%	N	Referral Required
28108	EXCISION, TUMOR, FOOT BONES	07/01/2004	$401.43	0.0%	0.0%	N	Referral Required
28110	OSTECTOMY PARTIAL EXCISION F	07/01/2004	$440.74	0.0%	0.0%	N	Referral Required
28111	OSTECTOMY, METATARSAL	07/01/2004	$485.79	0.0%	0.0%	N	Referral Required
28112	OSTECTOMY, METATARSAL	07/01/2004	$460.25	0.0%	0.0%	N	Referral Required
28113	OSTECTOMY COMPLETE 5TH METAT	07/01/2004	$472.43	0.0%	0.0%	N	Referral Required
28114	OSTECTOMY, METATARSAL	07/01/2004	$775.55	0.0%	0.0%	N	Referral Required
28116	EXCISION, TARSAL COALITION	07/01/2004	$596.33	0.0%	0.0%	N	Referral Required
28118	EXCISION, OS CALCIS	07/01/2004	$531.59	0.0%	0.0%	N	Referral Required
28119	EXCISION, OS CALCIS	07/01/2004	$484.68	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
28120	EXCISION, PARTIAL, FOOT BONE	07/01/2004	$572.13	0.0%	0.0%	N	Referral Required
28122	EXCISION, PARTIAL, FOOT BONE	07/01/2004	$633.13	0.0%	0.0%	N	Referral Required
28124	EXCISION, PARTL, PHALANX, TO	07/01/2004	$496.00	0.0%	0.0%	N	Referral Required
28126	CONDYLECTOMY, PHALANGEAL BAS	07/01/2004	$406.83	0.0%	0.0%	N	Referral Required
28130	ASTRAGALECTOMY	07/01/2004	$594.28	0.0%	0.0%	N	Referral Required
28140	METATARSECTOMY, FOOT	07/01/2004	$599.83	0.0%	0.0%	N	Referral Required
28150	PHALANGECTOMY, FOOT	07/01/2004	$440.01	0.0%	0.0%	N	Referral Required
28153	RESECTION, HEAD OF PHALANX,	07/01/2004	$412.45	0.0%	0.0%	N	Referral Required
28160	HEMIPHALANGECTOMY, FOOT	07/01/2004	$420.88	0.0%	0.0%	N	Referral Required
28171	RADICAL RESECTION FOR TUMOR	07/01/2004	$631.27	0.0%	0.0%	N	Referral Required
28173	RADICAL RESECTION FOR TUMOR	07/01/2004	$684.65	0.0%	0.0%	N	Referral Required
28175	RADICAL RESECTION FOR TUMOR	07/01/2004	$539.60	0.0%	0.0%	N	Referral Required
28190	REMOVE FOREIGN BODY; SUBCUTA	07/01/2004	$285.71	0.0%	0.0%	N	Referral Required
28192	REMOVAL FB FOOT DEEP	07/01/2004	$441.62	0.0%	0.0%	N	Referral Required
28193	REMOVAL FB FOOT COMPLICATED	07/01/2004	$506.47	0.0%	0.0%	N	Referral Required
28200	REPAIR, TENDON, FOOT	07/01/2004	$450.28	0.0%	0.0%	N	Referral Required
28202	REPAIR, TENDON, FOOT	07/01/2004	$670.39	0.0%	0.0%	N	Referral Required
28208	REPAIR, TENDON, FOOT	07/01/2004	$432.34	0.0%	0.0%	N	Referral Required
28210	REPAIR, TENDON, FOOT	07/01/2004	$560.08	0.0%	0.0%	N	Referral Required
28220	TENOLYSIS, FOOT	07/01/2004	$437.13	0.0%	0.0%	N	Referral Required
28222	TENOLYSIS, FOOT	07/01/2004	$487.53	0.0%	0.0%	N	Referral Required
28225	TENOLYSIS, FOOT	07/01/2004	$392.10	0.0%	0.0%	N	Referral Required
28226	TENOLYSIS, EXTENSOR, FOOT, MULTIPLE	07/01/2004	$442.81	0.0%	0.0%	N	Referral Required
28230	TENOTOMY, FOOT	07/01/2004	$430.65	0.0%	0.0%	N	Referral Required
28232	TENOTOMY, FOOT	07/01/2004	$393.88	0.0%	0.0%	N	Referral Required
28234	TENOTOMY, FOOT	07/01/2004	$388.24	0.0%	0.0%	N	Referral Required
28238	ADVANCEMENT, TENDON, FOOT	07/01/2004	$612.83	0.0%	0.0%	N	Referral Required
28240	TENOTOMY, ABDUCTR HALLCS MSL	07/01/2004	$432.35	0.0%	0.0%	N	Referral Required
28250	DIVISION, PLANTAR FASCIA	07/01/2004	$520.12	0.0%	0.0%	N	Referral Required
28260	CAPSULOTOMY, FOOT	07/01/2004	$662.39	0.0%	0.0%	N	Referral Required
28261	CAPSULOTOMY, FOOT	07/01/2004	$810.86	0.0%	0.0%	N	Referral Required
28262	CAPSULOTOMY, FOOT	07/01/2004	$1,113.44	0.0%	0.0%	N	Referral Required
28264	CAPSULOTOMY, FOOT	07/01/2004	$752.30	0.0%	0.0%	N	Referral Required
28270	CAPSULOTOMY, FOOT	07/01/2004	$466.56	0.0%	0.0%	N	Referral Required
28272	CAPSULATOMY INTERPHALANGEAL JOINT,	07/01/2004	$395.48	0.0%	0.0%	N	Referral Required
28280	WEBBING OPERATION, TOES	07/01/2004	$471.02	0.0%	0.0%	N	Referral Required
28285	ARTHRODESIS, INTRPHNGL JT, T	07/01/2004	$461.28	0.0%	0.0%	N	Referral Required
28286	PLASTIC PROCEDURE, FIFTH TOE	07/01/2004	$459.89	0.0%	0.0%	N	Referral Required
28288	EXOSTECTOMY, METATARSAL	07/01/2004	$473.64	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
28289	HALLUX RIGIDUS CORRECT DEBRIDMENT	07/01/2004	$611.22	0.0%	0.0%	N	Referral Required
28290	HALLUX VALGUS CORRECTION	07/01/2004	$526.81	0.0%	0.0%	N	Referral Required
28292	HALLUX VALGUS CORRECTION	07/01/2004	$588.11	0.0%	0.0%	N	Referral Required
28293	HALLUX VALGUS CORRECTION	07/01/2004	$696.27	0.0%	0.0%	N	Referral Required
28294	HALLUX VALGUS CORRECTION	07/01/2004	$668.22	0.0%	0.0%	N	Referral Required
28296	HALLUX VALGUS CORRECTION	07/01/2004	$702.88	0.0%	0.0%	N	Referral Required
28297	LAPIDUS PIPE PROCEDURE, BUNI	07/01/2004	$767.32	0.0%	0.0%	N	Referral Required
28298	HALLUX VALGUS CORRECTION	07/01/2004	$631.78	0.0%	0.0%	N	Referral Required
28299	OSTEOMY-HALLUS VALGUS	07/01/2004	$775.00	0.0%	0.0%	N	Referral Required
28300	OSTEOTOMY, FOOT BONES	07/01/2004	$824.10	0.0%	0.0%	N	Referral Required
28302	OSTEOTOMY, FOOT BONES	07/01/2004	$671.59	0.0%	0.0%	N	Referral Required
28304	OSTEOTOMY, FOOT BONES	07/01/2004	$654.33	0.0%	0.0%	N	Referral Required
28305	OSTEOTOMY, FOOT BONES	07/01/2004	$856.28	0.0%	0.0%	N	Referral Required
28306	OSTEOTOMY, FOOT BONES	07/01/2004	$511.14	0.0%	0.0%	N	Referral Required
28307	OSTEOTOMY FIRST METATARSAL W	07/01/2004	$684.39	0.0%	0.0%	N	Referral Required
28308	OSTEOTOMY, FOOT BONES	07/01/2004	$461.25	0.0%	0.0%	N	Referral Required
28309	OSTEOTOMY METATARSALS MULTIP	07/01/2004	$845.17	0.0%	0.0%	N	Referral Required
28310	OSTEOTOMY, FOOT BONES	07/01/2004	$500.17	0.0%	0.0%	N	Referral Required
28312	OSTEOTOMY, FOOT BONES	07/01/2004	$455.25	0.0%	0.0%	N	Referral Required
28313	RECONSTRUCT ANGULAR DEFORMIT	07/01/2004	$485.73	0.0%	0.0%	N	Referral Required
28315	SESAMOIDECTOMY, FIRST TOE	07/01/2004	$443.85	0.0%	0.0%	N	Referral Required
28320	REPAIR, NON-UNION, FOOT BONE	07/01/2004	$643.38	0.0%	0.0%	N	Referral Required
28322	REPAIR, NON-UNION, FOOT BONE	07/01/2004	$699.38	0.0%	0.0%	N	Referral Required
28340	RECONSTRUCTION,TOE MACRODACT	07/01/2004	$557.95	0.0%	0.0%	N	Referral Required
28341	RECONSTRUCTION,TOE,MACRODACT	07/01/2004	$631.65	0.0%	0.0%	N	Referral Required
28344	RECONSTRUCTION, TOE, MACRODA	07/01/2004	$402.86	0.0%	0.0%	N	Referral Required
28345	RECONSTRUCTION, TOES; SYNDAC	07/01/2004	$534.68	0.0%	0.0%	N	Referral Required
28400	FRACTURE, OS CALCIS	07/01/2004	$269.79	0.0%	0.0%	N	Referral Required
28405	FRACTURE, OS CALCIS	07/01/2004	$390.96	0.0%	0.0%	N	Referral Required
28406	FRACTURE, OS CALCIS	07/01/2004	$523.34	0.0%	0.0%	N	Referral Required
28415	FRACTURE, OS CALCIS	07/01/2004	$1,120.74	0.0%	0.0%	N	Referral Required
28420	FRACTURE, OS CALCIS	07/01/2004	$1,152.95	0.0%	0.0%	N	Referral Required
28430	FRACTURE, ASTRAGALUS	07/01/2004	$250.31	0.0%	0.0%	N	Referral Required
28435	FRACTURE, ASTRAGALUS	07/01/2004	$305.72	0.0%	0.0%	N	Referral Required
28436	TREAT CLOSED TALUS FX W/MANI	07/01/2004	$435.60	0.0%	0.0%	N	Referral Required
28445	FRACTURE, ASTRAGALUS	07/01/2004	$1,032.82	0.0%	0.0%	N	Referral Required
28450	FRACTURE, TARSAL BONES	07/01/2004	$244.17	0.0%	0.0%	N	Referral Required
28455	FRACTURE, TARSAL BONES	07/01/2004	$297.24	0.0%	0.0%	N	Referral Required
28456	TREAT CLOSED TARSAL BONE FX	07/01/2004	$306.16	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
28465	FRACTURE, TARSAL BONES	07/01/2004	$533.85	0.0%	0.0%	N	Referral Required
28470	FRACTURE, METATARSAL	07/01/2004	$222.78	0.0%	0.0%	N	Referral Required
28475	FRACTURE, METATARSAL	07/01/2004	$281.86	0.0%	0.0%	N	Referral Required
28476	TREATMENT OF CLOSED METATARS	07/01/2004	$347.20	0.0%	0.0%	N	Referral Required
28485	FRACTURE, METATARSAL	07/01/2004	$483.47	0.0%	0.0%	N	Referral Required
28490	FRACTURE, PHALANX, TOE	07/01/2004	$131.06	0.0%	0.0%	N	Referral Required
28495	FRACTURE, PHALANX, TOE	07/01/2004	$151.52	0.0%	0.0%	N	Referral Required
28496	CLOSED FX GT TOE W/MANIP AND	07/01/2004	$450.42	0.0%	0.0%	N	Referral Required
28505	FRACTURE, PHALANX, TOE	07/01/2004	$518.02	0.0%	0.0%	N	Referral Required
28510	FRACTURE, PHALANX, TOE	07/01/2004	$122.92	0.0%	0.0%	N	Referral Required
28515	FRACTURE, PHALANX, TOE	07/01/2004	$147.22	0.0%	0.0%	N	Referral Required
28525	FRACTURE, PHALANX, TOE	07/01/2004	$478.66	0.0%	0.0%	N	Referral Required
28530	TREATMENT OF CLOSED SESAMOID	07/01/2004	$134.88	0.0%	0.0%	N	Referral Required
28531	OPEN TREAT SESAMOID FX W/WO	07/01/2004	$477.71	0.0%	0.0%	N	Referral Required
28540	DISLOCATION, TARSAL BONE	07/01/2004	$199.09	0.0%	0.0%	N	Referral Required
28545	DISLOCATION, TARSAL BONE	07/01/2004	$248.22	0.0%	0.0%	N	Referral Required
28546	DISLOCATION, TARSAL BONE	07/01/2004	$531.15	0.0%	0.0%	N	Referral Required
28555	DISLOCATION, TARSAL BONE	07/01/2004	$679.61	0.0%	0.0%	N	Referral Required
28570	DISLOC, ASTRAGALO-TARSAL JOI	07/01/2004	$182.62	0.0%	0.0%	N	Referral Required
28575	DISLOC, ASTRAGALO-TARSAL JOI	07/01/2004	$294.99	0.0%	0.0%	N	Referral Required
28576	PERCUTANEOUS SKELETAL FIXATI	07/01/2004	$551.47	0.0%	0.0%	N	Referral Required
28585	DISLOC, ASTRAGALO-TARSAL JOI	07/01/2004	$589.73	0.0%	0.0%	N	Referral Required
28600	DISLOC, TARSO-METATARSAL JOI	07/01/2004	$212.34	0.0%	0.0%	N	Referral Required
28605	DISLOC, TARSO-METATARSAL JOI	07/01/2004	$246.10	0.0%	0.0%	N	Referral Required
28606	DISLOC, TARSO-METATARSAL JOI	07/01/2004	$712.58	0.0%	0.0%	N	Referral Required
28615	DISLOC, TARSO-METATARSAL JOI	07/01/2004	$604.00	0.0%	0.0%	N	Referral Required
28630	DISLOC, METATARSO-PHLNGL JNT	07/01/2004	$140.10	0.0%	0.0%	N	Referral Required
28635	DISLOC, METATARSO-PHLNGL JNT	07/01/2004	$153.40	0.0%	0.0%	N	Referral Required
28636	PERCUTANEOUS SKELETAL FIXATI	07/01/2004	$262.33	0.0%	0.0%	N	Referral Required
28645	DISLOC, METATARSO-PHLNGL JNT	07/01/2004	$378.59	0.0%	0.0%	N	Referral Required
28660	DISLOC, INTERPHLNGL JNT, TOE	07/01/2004	$147.08	0.0%	0.0%	N	Referral Required
28665	CLOSED INTERPHALANGEAL JOINT	07/01/2004	$153.11	0.0%	0.0%	N	Referral Required
28666	PERCUTANEOUS SKELETAL FIXATI	07/01/2004	$534.95	0.0%	0.0%	N	Referral Required
28675	DISLOC, INTERPHLNGL JNT, TOE	07/01/2004	$420.23	0.0%	0.0%	N	Referral Required
28705	ARTHRODESIS, PANTALAR	07/01/2004	$1,217.59	0.0%	0.0%	N	Referral Required
28715	TRIPLE ARTHRODESIS	07/01/2004	$908.78	0.0%	0.0%	N	Referral Required
28725	ARTHRODESIS, SUBTALAR	07/01/2004	$816.48	0.0%	0.0%	N	Referral Required
28730	ARTHRODESIS, MIDTARSAL	07/01/2004	$760.61	0.0%	0.0%	N	Referral Required
28735	FLATFOOT CORRECTION	07/01/2004	$753.70	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
28737	ARTHRODESIS, MIDTARSAL	07/01/2004	$662.02	0.0%	0.0%	N	Referral Required
28740	ARTHRODESIS, MIDTARSAL OR TA	07/01/2004	$730.30	0.0%	0.0%	N	Referral Required
28750	ARTHRODESIS, GREAT TOE	07/01/2004	$684.96	0.0%	0.0%	N	Referral Required
28755	ARTHRODESIS, GREAT TOE, INTE	07/01/2004	$458.17	0.0%	0.0%	N	Referral Required
28760	ARTHRODESIS, INTERPHALANGEAL	07/01/2004	$633.57	0.0%	0.0%	N	Referral Required
28800	AMPUTATION, FOOT	07/01/2004	$599.68	0.0%	0.0%	N	Referral Required
28805	AMPUTATION, FOOT	07/01/2004	$609.15	0.0%	0.0%	N	Referral Required
28810	AMPUTATION, METATARSAL	07/01/2004	$493.19	0.0%	0.0%	N	Referral Required
28820	AMPUTATION, TOE	07/01/2004	$489.00	0.0%	0.0%	N	Referral Required
28825	AMPUTATION, TOE	07/01/2004	$465.25	0.0%	0.0%	N	Referral Required
29000	APPLICATION OF HALO TYPE BOD	07/01/2004	$173.75	0.0%	0.0%	N	Referral Required
29010	RISSER JACKET	07/01/2004	$175.25	0.0%	0.0%	N	Referral Required
29015	RISSER JACKET	07/01/2004	$192.77	0.0%	0.0%	N	Referral Required
29020	TURNBUCKLE JACKET	07/01/2004	$186.41	0.0%	0.0%	N	Referral Required
29025	TURNBUCKLE JACKET	07/01/2004	$198.23	0.0%	0.0%	N	Referral Required
29035	BODY CAST	07/01/2004	$166.69	0.0%	0.0%	N	Referral Required
29040	MINERVA CAST	07/01/2004	$168.07	0.0%	0.0%	N	Referral Required
29044	BODY CAST	07/01/2004	$184.92	0.0%	0.0%	N	Referral Required
29046	BODY CAST	07/01/2004	$199.73	0.0%	0.0%	N	Referral Required
29049	PLASTER FIGURE OF 8	07/01/2004	$68.69	0.0%	0.0%	N	Referral Required
29055	SHOULDER SPICA	07/01/2004	$145.85	0.0%	0.0%	N	Referral Required
29058	VELPEAU CAST	07/01/2004	$92.45	0.0%	0.0%	N	Referral Required
29065	LONG ARM CAST	07/01/2004	$68.95	0.0%	0.0%	N	Referral Required
29075	SHORT ARM CAST	07/01/2004	$63.59	0.0%	0.0%	N	Referral Required
29085	GAUNTLET CAST	07/01/2004	$68.77	0.0%	0.0%	N	Referral Required
29086	FINGER, APPLICATION, CAST	07/01/2004	$49.71	0.0%	0.0%	N	Referral Required
29105	SPLINTS, UPPER EXTREMITY	07/01/2004	$67.15	0.0%	0.0%	N	Referral Required
29125	SPLINTS, UPPER EXTREMITY	07/01/2004	$50.74	0.0%	0.0%	N	Referral Required
29126	APPLICATION OF SHORT ARM SPL	07/01/2004	$67.89	0.0%	0.0%	N	Referral Required
29130	APPLICATION OF FINGER SPLINT	07/01/2004	$33.02	0.0%	0.0%	N	Referral Required
29131	APPLICATION OF FINGER SPLINT	07/01/2004	$43.23	0.0%	0.0%	N	Referral Required
29200	STRAPPING, THORAX	07/01/2004	$51.53	0.0%	0.0%	N	Referral Required
29220	STRAPPING, LOW BACK	07/01/2004	$55.31	0.0%	0.0%	N	Referral Required
29240	STRAPPING, SHOULDER (E.G. VE	07/01/2004	$56.12	0.0%	0.0%	N	Referral Required
29260	STRAPPING, ELBOW OR WRIST	07/01/2004	$47.97	0.0%	0.0%	N	Referral Required
29280	STRAPPING, HAND OR FINGER	07/01/2004	$48.50	0.0%	0.0%	N	Referral Required
29305	HIP SPICA	07/01/2004	$166.74	0.0%	0.0%	N	Referral Required
29325	HIP SPICA	07/01/2004	$187.51	0.0%	0.0%	N	Referral Required
29345	LONG LEG CAST	07/01/2004	$102.44	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
29355	LONG LEG CAST	07/01/2004	$105.93	0.0%	0.0%	N	Referral Required
29358	LONG LEG CAST BRACE	07/01/2004	$110.35	0.0%	0.0%	N	Referral Required
29365	CYLINDER CAST	07/01/2004	$90.02	0.0%	0.0%	N	Referral Required
29405	SHORT LEG CAST	07/01/2004	$66.32	0.0%	0.0%	N	Referral Required
29425	SHORT LEG CAST	07/01/2004	$72.66	0.0%	0.0%	N	Referral Required
29435	PTB CAST	07/01/2004	$89.04	0.0%	0.0%	N	Referral Required
29440	CAST WALKER	07/01/2004	$41.41	0.0%	0.0%	N	Referral Required
29445	APPLICATION OF RIGID TOTAL C	07/01/2004	$119.12	0.0%	0.0%	N	Referral Required
29450	CLUB FOOT CAST	07/01/2004	$121.89	0.0%	0.0%	N	Referral Required
29505	SPLINTS, LOWER EXTREMITY	07/01/2004	$61.46	0.0%	0.0%	N	Referral Required
29515	SPLINTS, LOWER EXTREMITY	07/01/2004	$52.63	0.0%	0.0%	N	Referral Required
29520	STRAPPING HIP	07/01/2004	$49.85	0.0%	0.0%	N	Referral Required
29530	STRAPPING KNEE	07/01/2004	$48.03	0.0%	0.0%	N	Referral Required
29540	STRAPPING ANKLE - ANY AGE	07/01/2004	$31.89	0.0%	0.0%	N	Referral Required
29550	STRAPPING TOES	07/01/2004	$30.65	0.0%	0.0%	N	Referral Required
29580	UNNA BOOT	07/01/2004	$41.04	0.0%	0.0%	N	Referral Required
29590	DENIS-BROWNE SPLINT STRAPPIN	07/01/2004	$44.40	0.0%	0.0%	N	Referral Required
29700	CAST REPAIR OR REMOVAL	07/01/2004	$47.93	0.0%	0.0%	N	Referral Required
29705	REMOVAL OR BIVALVING FULL AR	07/01/2004	$52.62	0.0%	0.0%	N	Referral Required
29710	CAST REPAIR OR REMOVAL	07/01/2004	$99.60	0.0%	0.0%	N	Referral Required
29715	CAST REPAIR OR REMOVAL	07/01/2004	$66.80	0.0%	0.0%	N	Referral Required
29720	CAST REPAIR OR REMOVAL	07/01/2004	$56.96	0.0%	0.0%	N	Referral Required
29730	CAST REPAIR OR REMOVAL	07/01/2004	$51.62	0.0%	0.0%	N	Referral Required
29740	CAST REPAIR OR REMOVAL	07/01/2004	$75.78	0.0%	0.0%	N	Referral Required
29750	CAST REPAIR OR REMOVAL	07/01/2004	$84.52	0.0%	0.0%	N	Referral Required
29800	ARTHROSCOPY,TMJ,DIAGNOSTIC W	07/01/2004	$542.04	0.0%	0.0%	N	Referral Required
29804	ARTHROSCOPY, TMJ, SURGICAL	07/01/2004	$585.77	0.0%	0.0%	N	Referral Required
29805	ARTHROSCOPY SHOULDER	07/01/2004	$329.73	0.0%	0.0%	N	Referral Required
29806	ARTHROSCOPY SHOULDER	07/01/2004	$916.60	0.0%	0.0%	N	Referral Required
29807	ARTHROSCOPY, SHOULDER	07/01/2004	$891.10	0.0%	0.0%	N	Referral Required
29819	ARTHROSCOPY SHOULDER SURG W/	07/01/2004	$610.37	0.0%	0.0%	N	Referral Required
29820	ARTHROSCOPY, SYNOVECTOMY, PA	07/01/2004	$580.57	0.0%	0.0%	N	Referral Required
29821	SYNOVECTOMY COMPLETE	07/01/2004	$614.75	0.0%	0.0%	N	Referral Required
29822	ARTHROSCOPY SHOULDER DEBRIDE	07/01/2004	$600.78	0.0%	0.0%	N	Referral Required
29823	ARTHROSCOPY SHOULDER SURGICA	07/01/2004	$641.81	0.0%	0.0%	N	Referral Required
29824	ARTHROSCOPY, SHOULDER	07/01/2004	$558.13	0.0%	0.0%	N	Referral Required
29825	ARTHROSCOPY,SHOULDER W/LYSIS	07/01/2004	$609.53	0.0%	0.0%	N	Referral Required
29826	ARTHROSCOPY SHOULDER DECOMPR	07/01/2004	$689.57	0.0%	0.0%	N	Referral Required
29827	ARTHROSCOPY- SHOULDER	07/01/2004	$913.72	0.0%	0.0%	N	Referral Required

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29830	ARTHROSCOPY ELBOW DIAGNOSTIC	07/01/2004	$419.21	0.0%	0.0%	N	Referral Required
29834	ARTHROSCOPY,ELBOW,SURGICAL;R	07/01/2004	$465.05	0.0%	0.0%	N	Referral Required
29835	ARTHROSCOPY ELBOW SURG SYNOV	07/01/2004	$472.85	0.0%	0.0%	N	Referral Required
29836	ARTHROSCOPY,ELBOW,SURGICAL;S	07/01/2004	$536.00	0.0%	0.0%	N	Referral Required
29837	ARTHROSCOPY,ELBOW,SURGICAL;D	07/01/2004	$499.57	0.0%	0.0%	N	Referral Required
29838	DEBRIDEMENT EXTENSIVE	07/01/2004	$545.44	0.0%	0.0%	N	Referral Required
29840	ARTHROSCOPY WRIST DIAGNOSTIC	07/01/2004	$482.58	0.0%	0.0%	N	Referral Required
29843	ARTHROSCOPY WRIST SURG FOR I	07/01/2004	$512.08	0.0%	0.0%	N	Referral Required
29844	ARTHROSCOPY, SNYOVECTOMY, PA	07/01/2004	$534.09	0.0%	0.0%	N	Referral Required
29845	SYNOVECTOMY COMPLETE	07/01/2004	$594.11	0.0%	0.0%	N	Referral Required
29846	ARTHROSCOPY, WRIST, EXCISION	07/01/2004	$636.46	0.0%	0.0%	N	Referral Required
29847	ARTHROSCOPY,WRIST,SURGICAL;I	07/01/2004	$654.41	0.0%	0.0%	N	Referral Required
29848	ARTHROSCOPY WRIST SURG/W/REL	07/01/2004	$482.18	0.0%	0.0%	N	Referral Required
29850	ARTHROSCOPICALLY AIDED TREAT	07/01/2004	$548.60	0.0%	0.0%	N	Referral Required
29851	ARTHROSCOPICALLY AID TREAT W	07/01/2004	$889.65	0.0%	0.0%	N	Referral Required
29855	ARTHROSCOPICALLY AIDED TXOF	07/01/2004	$748.62	0.0%	0.0%	N	Referral Required
29856	BICONDYLAR,W/WO INTERNAL OR	07/01/2004	$946.06	0.0%	0.0%	N	Referral Required
29860	ARTHROSCOPY, HIP, DIAGNOSTIC	07/01/2004	$569.23	0.0%	0.0%	N	Referral Required
29861	ARTHOSCOPY, HIP, SURGICAL,REM F/B	07/01/2004	$632.58	0.0%	0.0%	N	Referral Required
29862	ARTHOSCOPY, HIP, SURGICAL,DEBRIDMEN	07/01/2004	$694.95	0.0%	0.0%	N	Referral Required
29863	ARTHROSCOPY, HIP, SURGICAL;W/SYNOV	07/01/2004	$713.39	0.0%	0.0%	N	Referral Required
29870	ARTHROSCOPY KNEE DIAGNOSTIC	07/01/2004	$396.74	0.0%	0.0%	N	Referral Required
29871	ARTHROSCOPY, KNEE SURGICAL F	07/01/2004	$521.94	0.0%	0.0%	N	Referral Required
29873	ARTHROSCOPY - KNEE	07/01/2004	$420.78	0.0%	0.0%	N	Referral Required
29874	ARTHROSCOPY KNEE FOR REMOVAL	07/01/2004	$532.01	0.0%	0.0%	N	Referral Required
29875	ARTHROSCOPY KNEE SYNOVECTOMY	07/01/2004	$490.93	0.0%	0.0%	N	Referral Required
29876	ARTHROSCOPY KNEE SYNOVECTOMY	07/01/2004	$601.22	0.0%	0.0%	N	Referral Required
29877	ARTHROSCOPY KNEE DEBRIDEMENT	07/01/2004	$550.17	0.0%	0.0%	N	Referral Required
29879	ARTHROSCOPY KNEE ABRASION AR	07/01/2004	$589.23	0.0%	0.0%	N	Referral Required
29880	ARTHROSCOPY KNEE SURGICAL WI	07/01/2004	$615.47	0.0%	0.0%	N	Referral Required
29881	ARTHROSCOPY KNEE W/MENISCECT	07/01/2004	$573.66	0.0%	0.0%	N	Referral Required
29882	ARTHROSCOPY KNEE MENISCUS RE	07/01/2004	$620.92	0.0%	0.0%	N	Referral Required
29883	ARTHROSCOPY WITH MENISCUS RE	07/01/2004	$756.20	0.0%	0.0%	N	Referral Required
29884	ARTHROSCOPY KNEE W/LYSIS OF	07/01/2004	$568.36	0.0%	0.0%	N	Referral Required
29885	DRILLING FOR OSTEOCONDRITIS	07/01/2004	$667.23	0.0%	0.0%	N	Referral Required
29886	ARTHROSCOPY KNEE DRILLING FO	07/01/2004	$580.29	0.0%	0.0%	N	Referral Required
29887	ARTHROSCOPY KNEE DRILLING IN	07/01/2004	$664.80	0.0%	0.0%	N	Referral Required
29888	ARTHROSCOPICALLY AIDED ANTER	07/01/2004	$936.94	0.0%	0.0%	N	Referral Required
29889	ARTHROSCOPICALLY AIDED POSTE	07/01/2004	$1,053.90	0.0%	0.0%	N	Referral Required

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29891	ARTHROSCOPY, ANKLE, SURGICAL	07/01/2004	$610.57	0.0%	0.0%	N	Referral Required
29892	ARTHROSCOPICALLY AIDED REPAI	07/01/2004	$637.45	0.0%	0.0%	N	Referral Required
29893	ENDOSCOPIC PLANTAR FASCIOTOM	07/01/2004	$380.21	0.0%	0.0%	N	Referral Required
29894	ARTHROSCOPY ANKLE TIBIOTALAR	07/01/2004	$536.68	0.0%	0.0%	N	Referral Required
29895	ARTHROSCOPY ANKLE SYNOVECTOM	07/01/2004	$527.16	0.0%	0.0%	N	Referral Required
29897	ARTHROSCOPY DEBRIDEMENT LIMI	07/01/2004	$558.11	0.0%	0.0%	N	Referral Required
29898	ARTHROSCOPY ANKLE TIB/FIB JO	07/01/2004	$602.95	0.0%	0.0%	N	Referral Required
29899	ARTHROSCOPY - ANKLE	07/01/2004	$968.79	0.0%	0.0%	N	Referral Required
29900	ARTHROSCOPY, METACARPOPHALANGEA	07/01/2004	$396.83	0.0%	0.0%	N	Referral Required
29901	ARTHROSCOPY, METACARPOPHALANGEA	07/01/2004	$437.29	0.0%	0.0%	N	Referral Required
29902	ARTHROSCOPY, METACARPOPHALANGEA	07/01/2004	$469.44	0.0%	0.0%	N	Referral Required
30000	DRAINAGE, ABSCESS, NOSE	07/01/2004	$135.09	0.0%	0.0%	N	Referral Required
30020	DRAINAGE, ABSCESS, NASAL SEP	07/01/2004	$138.31	0.0%	0.0%	N	Referral Required
30100	BIOPSY, INTRANASAL SOFT TISS	07/01/2004	$78.16	0.0%	0.0%	N	Referral Required
30110	NASAL POLYP EXCISION	07/01/2004	$151.36	0.0%	0.0%	N	Referral Required
30115	NASAL POLYP EXCISION	07/01/2004	$308.16	0.0%	0.0%	N	Referral Required
30117	EXCISION/DESTRUCTION ANY MET	07/01/2004	$277.61	0.0%	0.0%	N	Referral Required
30118	EXCISION/DESTRUCTION ANY MET	07/01/2004	$634.96	0.0%	0.0%	N	Referral Required
30120	EXCISION, SKIN NOSE	07/01/2004	$380.82	0.0%	0.0%	N	Referral Required
30124	EXCISION, DERMOID CYST	07/01/2004	$221.66	0.0%	0.0%	N	Referral Required
30125	EXCISION DERMOID CYST COMPLE	07/01/2004	$479.67	0.0%	0.0%	N	Referral Required
30130	EXCISION, TURBINATE	07/01/2004	$254.13	0.0%	0.0%	N	Referral Required
30140	RESECTION, TURBINATE	07/01/2004	$276.48	0.0%	0.0%	N	Referral Required
30150	RHINECTOMY; PARTIAL	07/01/2004	$626.38	0.0%	0.0%	N	Referral Required
30160	RHINECTOMY; TOTAL	07/01/2004	$641.08	0.0%	0.0%	N	Referral Required
30200	INJECTION, TURBINATE	07/01/2004	$68.89	0.0%	0.0%	N	Referral Required
30210	DISPLACEMENT THERAPY, NOSE	07/01/2004	$109.91	0.0%	0.0%	N	Referral Required
30220	INSERT NASAL SEPTAL PROSTHES	07/01/2004	$138.85	0.0%	0.0%	N	Referral Required
30300	REMOVAL FOREIGN BODY INTRANA	07/01/2004	$123.62	0.0%	0.0%	N	Referral Required
30310	REMOVAL FOREIGN BODY INTRANA	07/01/2004	$134.76	0.0%	0.0%	N	Referral Required
30320	REMOVAL FOREIGN BODY INTRANA	07/01/2004	$338.59	0.0%	0.0%	N	Referral Required
30400	RHINOPLASTY	07/01/2004	$655.54	0.0%	0.0%	N	Referral Required
30410	RHINOPLASTY	07/01/2004	$821.45	0.0%	0.0%	N	Referral Required
30420	RHINOPLASTY	07/01/2004	$994.20	0.0%	0.0%	N	Referral Required
30430	RHINOPLASTY	07/01/2004	$508.66	0.0%	0.0%	N	Referral Required
30435	RHINOPLASTY, SECONDARY INTER	07/01/2004	$784.21	0.0%	0.0%	N	Referral Required
30450	RHINOPLASTY, MAJOR REVISION	07/01/2004	$1,158.87	0.0%	0.0%	N	Referral Required
30460	RHINOPLASTY FOR NASAL DEFORM	07/01/2004	$667.92	0.0%	0.0%	N	Referral Required
30462	TIP, SEPTUM, OSTEOTOMIES	07/01/2004	$1,196.42	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
30465	REPAIR OF NASAL VESTIBULAR STENOSIS	07/01/2004	$743.48	0.0%	0.0%	N	Referral Required
30520	SEPTOPLASTY	07/01/2004	$403.25	0.0%	0.0%	N	Referral Required
30540	REPAIR, CHOANAL ATRESIA	07/01/2004	$503.69	0.0%	0.0%	N	Referral Required
30545	REPAIR, CHOANAL ATRESIA	07/01/2004	$718.40	0.0%	0.0%	N	Referral Required
30560	LYSIS, SYNECHIA, INTRANASAL	07/01/2004	$123.65	0.0%	0.0%	N	Referral Required
30580	REPAIR, FISTULA, OROMAXILLAR	07/01/2004	$409.76	0.0%	0.0%	N	Referral Required
30600	REPAIR, FISTULA, ORONASAL	07/01/2004	$386.38	0.0%	0.0%	N	Referral Required
30620	RECONSTRUCTION, INTERNAL NOS	07/01/2004	$438.35	0.0%	0.0%	N	Referral Required
30630	REPAIR NASAL SEPTAL PERFORAT	07/01/2004	$497.90	0.0%	0.0%	N	Referral Required
30801	CAUTERIZATION MUCOSA OF TURB	07/01/2004	$123.95	0.0%	0.0%	N	Referral Required
30802	CAUTERIZATION MUCOSA OF TURB	07/01/2004	$177.19	0.0%	0.0%	N	Referral Required
30901	SIMPLE CAUTERIZATION TO CONTROL NA	07/01/2004	$91.23	0.0%	0.0%	N	Referral Required
30903	CONTROL NASAL HEMORRHAGE ANTERIO	07/01/2004	$161.20	0.0%	0.0%	N	Referral Required
30905	NASAL HEMORRHAGE CONTROL	07/01/2004	$198.21	0.0%	0.0%	N	Referral Required
30906	NASAL HEMORHAGE CONTROL, SUBSEQUE	07/01/2004	$229.32	0.0%	0.0%	N	Referral Required
30915	LIGATION, ETHMOIDAL ARTERIES	07/01/2004	$497.29	0.0%	0.0%	N	Referral Required
30920	LIGATION ARTERIES INTERNAL M	07/01/2004	$643.41	0.0%	0.0%	N	Referral Required
30930	FRACTURE NASAL TRUBINATES TH	07/01/2004	$117.13	0.0%	0.0%	N	Referral Required
31000	SINUS LAVAGE	07/01/2004	$121.52	0.0%	0.0%	N	Referral Required
31002	SINUS LAVAGE	07/01/2004	$137.88	0.0%	0.0%	N	Referral Required
31020	ANTROTOMY	07/01/2004	$244.98	0.0%	0.0%	N	Referral Required
31030	ANTROTOMY	07/01/2004	$376.06	0.0%	0.0%	N	Referral Required
31032	SINUSOTOMY RADICAL UNILAT W/	07/01/2004	$442.75	0.0%	0.0%	N	Referral Required
31040	PTERYGOMAXILLARY FOSSA SURGE	07/01/2004	$586.84	0.0%	0.0%	N	Referral Required
31050	SINUSOTOMY	07/01/2004	$361.57	0.0%	0.0%	N	Referral Required
31051	SINUSOTOMY,SPHENOID,BIOPSY;	07/01/2004	$479.70	0.0%	0.0%	N	Referral Required
31070	SINUSOTOMY	07/01/2004	$321.80	0.0%	0.0%	N	Referral Required
31075	SINUSOTOMY	07/01/2004	$610.23	0.0%	0.0%	N	Referral Required
31080	SINUSOTOMY	07/01/2004	$717.51	0.0%	0.0%	N	Referral Required
31081	SINUSOTOMY	07/01/2004	$811.61	0.0%	0.0%	N	Referral Required
31084	SINUSOTOMY	07/01/2004	$848.17	0.0%	0.0%	N	Referral Required
31085	SINUSOTOMY	07/01/2004	$888.46	0.0%	0.0%	N	Referral Required
31086	SINUSOTOMY;NONOBLITERATIVE,W	07/01/2004	$815.50	0.0%	0.0%	N	Referral Required
31087	SINUSOTOMY;NONOBLITERATIVE,W	07/01/2004	$822.76	0.0%	0.0%	N	Referral Required
31090	SINUSOTOMY	07/01/2004	$645.57	0.0%	0.0%	N	Referral Required
31200	ETHMOIDECTOMY	07/01/2004	$372.11	0.0%	0.0%	N	Referral Required
31201	ETHMOIDECTOMY	07/01/2004	$565.74	0.0%	0.0%	N	Referral Required
31205	ETHMOIDECTOMY	07/01/2004	$656.60	0.0%	0.0%	N	Referral Required
31225	MAXILLECTOMY	07/01/2004	$1,210.93	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
31230	MAXILLECTOMY	07/01/2004	$1,369.01	0.0%	0.0%	N	Referral Required
31231	NASAL ENDOSCOPY, DIAGNOSTIC	07/01/2004	$106.05	0.0%	0.0%	N	Referral Required
31233	NASAL/SINUS ENDOSCOPY,DIAGNO	07/01/2004	$167.07	0.0%	0.0%	N	Referral Required
31235	NASAL/SINUS ENDOSCOPY,DIAGNO	07/01/2004	$192.57	0.0%	0.0%	N	Referral Required
31237	NASAL/SINUS ENDOSCOPY W/BIOP	07/01/2004	$214.65	0.0%	0.0%	N	Referral Required
31238	WITH CONTROL OF EPISTAXIS	07/01/2004	$242.23	0.0%	0.0%	N	Referral Required
31239	WITH DACRYOCYSTORHINOSTOMY	07/01/2004	$536.47	0.0%	0.0%	N	Referral Required
31240	WITH CONCHA BULLOSA RESECTIO	07/01/2004	$148.80	0.0%	0.0%	N	Referral Required
31254	NASAL ENDOSCOPY W/ETHMOIDECT	07/01/2004	$261.97	0.0%	0.0%	N	Referral Required
31255	NASAL ENDOSCOPY & ETHMOIDECT	07/01/2004	$391.13	0.0%	0.0%	N	Referral Required
31256	NASAL ENDOSCOPY WITH MAXILLA	07/01/2004	$186.59	0.0%	0.0%	N	Referral Required
31260	MAXILLARY SINUS ENDOSCOPY DIAGNOST	07/01/2004	$195.38	0.0%	0.0%	N	Referral Required
31263	MAXILLARY SINUS ENDOSCOPY,SURGICAL	07/01/2004	$302.85	0.0%	0.0%	N	Referral Required
31267	MAXILLARY ENDOSCOPY SURG W/R	07/01/2004	$307.48	0.0%	0.0%	N	Referral Required
31270	SPHENOID ENDOSCOPY, DIAGNOSTIC, W/	07/01/2004	$107.47	0.0%	0.0%	N	Referral Required
31275	SPHENOID ENDOSCOPY, SURGICAL	07/01/2004	$293.07	0.0%	0.0%	N	Referral Required
31276	NASAL/SINUS ENDOSCOPY W/FRON	07/01/2004	$496.50	0.0%	0.0%	N	Referral Required
31287	NASAL/SINUS ENDOSCOPY,SURGIC	07/01/2004	$221.44	0.0%	0.0%	N	Referral Required
31288	WITH REMOVAL OF TISSUE FROM	07/01/2004	$258.18	0.0%	0.0%	N	Referral Required
31290	NASAL/SINUS ENDOSCOPY,SURGIC	07/01/2004	$1,020.91	0.0%	0.0%	N	Referral Required
31291	SPHENOID REGION	07/01/2004	$1,078.09	0.0%	0.0%	N	Referral Required
31292	NASAL/SINUS ENDOSCOPY,SURGIC	07/01/2004	$880.09	0.0%	0.0%	N	Referral Required
31293	W/MEDIAL ORBITAL WALL & INFE	07/01/2004	$957.29	0.0%	0.0%	N	Referral Required
31294	WITH OPTIC NERVE DECOMPRESSI	07/01/2004	$1,102.17	0.0%	0.0%	N	Referral Required
31300	LARYNGOTOMY	07/01/2004	$1,094.80	0.0%	0.0%	N	Referral Required
31320	LARYNGOTOMY	07/01/2004	$602.89	0.0%	0.0%	N	Referral Required
31360	LARYNGECTOMY	07/01/2004	$1,255.76	0.0%	0.0%	N	Referral Required
31365	LARYNGECTOMY	07/01/2004	$1,645.85	0.0%	0.0%	N	Referral Required
31367	LARYNGECTOMY	07/01/2004	$1,584.87	0.0%	0.0%	N	Referral Required
31368	LARYNGECTOMY	07/01/2004	$1,930.53	0.0%	0.0%	N	Referral Required
31370	HEMILARYNGECTOMY	07/01/2004	$1,551.72	0.0%	0.0%	N	Referral Required
31375	HEMILARYNGECTOMY	07/01/2004	$1,433.73	0.0%	0.0%	N	Referral Required
31380	HEMILARYNGECTOMY	07/01/2004	$1,441.34	0.0%	0.0%	N	Referral Required
31382	HEMILARYNGECTOMY	07/01/2004	$1,506.86	0.0%	0.0%	N	Referral Required
31390	PHARYNGOLARYNGECTOMY W/RADIC	07/01/2004	$1,955.55	0.0%	0.0%	N	Referral Required
31395	PHARYNGOLARYNGECTOMY,W/RADIC	07/01/2004	$2,287.34	0.0%	0.0%	N	Referral Required
31400	ARYTENOIDECTOMY	07/01/2004	$892.75	0.0%	0.0%	N	Referral Required
31420	EPIGLOTTIDECTOMY	07/01/2004	$884.48	0.0%	0.0%	N	Referral Required
31500	ENDOTRACHEAL INTUBATION	07/01/2004	$107.99	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
31502	TRACHEOTOMI TUBE CHANGE	07/01/2004	$88.02	0.0%	0.0%	N	Referral Required
31505	LARYNGOSCOPY	07/01/2004	$82.70	0.0%	0.0%	N	Referral Required
31510	LARYNGOSCOPY	07/01/2004	$164.16	0.0%	0.0%	N	Referral Required
31511	LARYNGOSCOPY, W/REMOVAL OF F	07/01/2004	$182.32	0.0%	0.0%	N	Referral Required
31512	LARYNGOSCOPY, W/REMOVAL OF L	07/01/2004	$174.24	0.0%	0.0%	N	Referral Required
31513	AMB SURG CTR -LARYNGOSCOPY I	07/01/2004	$120.36	0.0%	0.0%	N	Referral Required
31515	LARYNGOSCOPY	07/01/2004	$141.10	0.0%	0.0%	N	Referral Required
31520	LARYNGOSCOPY	07/01/2004	$140.00	0.0%	0.0%	N	Referral Required
31525	LARYNGOSCOPY	07/01/2004	$192.54	0.0%	0.0%	N	Referral Required
31526	LARYNGOSCOPY-DIAGNOSTIC W/OP	07/01/2004	$146.41	0.0%	0.0%	N	Referral Required
31527	AMB SURG CTR -LARYNGOSCOPY	07/01/2004	$177.68	0.0%	0.0%	N	Referral Required
31528	LARYNGOSCOPY, WITH DILATATIO	07/01/2004	$127.53	0.0%	0.0%	N	Referral Required
31529	LARYNGOSCOPY DIRECT, W/DILAT	07/01/2004	$151.30	0.0%	0.0%	N	Referral Required
31530	LARYNGOSCOPY	07/01/2004	$186.41	0.0%	0.0%	N	Referral Required
31531	LARYNGOSCOPY DIRECT;W/OPERAT	07/01/2004	$203.15	0.0%	0.0%	N	Referral Required
31535	LARYNGOSCOPY	07/01/2004	$177.55	0.0%	0.0%	N	Referral Required
31536	LARYNGOSCOPY DIRECT OPERATIV	07/01/2004	$201.44	0.0%	0.0%	N	Referral Required
31540	LARYNGOSCOPY	07/01/2004	$232.84	0.0%	0.0%	N	Referral Required
31541	LARYNGOSCOPY	07/01/2004	$255.43	0.0%	0.0%	N	Referral Required
31560	LARYNGOSCOPY	07/01/2004	$302.27	0.0%	0.0%	N	Referral Required
31561	LARYNGOSCOPY W/ARYTENOIDECTO	07/01/2004	$317.29	0.0%	0.0%	N	Referral Required
31570	LARYNGOSCOPY	07/01/2004	$271.25	0.0%	0.0%	N	Referral Required
31571	LARYNGOSCOPY W/INJECTION VOC	07/01/2004	$237.35	0.0%	0.0%	N	Referral Required
31575	LARYNGOSCOPY, FLEXIBLE FIBER	07/01/2004	$108.33	0.0%	0.0%	N	Referral Required
31576	LARYNGOSCOPY FLEXIBLE FIBERS	07/01/2004	$146.01	0.0%	0.0%	N	Referral Required
31577	LARYNGOSCOPY W/REMOVAL OF FO	07/01/2004	$185.37	0.0%	0.0%	N	Referral Required
31578	LARYNGOSCOPY, WITH REMOVALL	07/01/2004	$206.56	0.0%	0.0%	N	Referral Required
31579	LARNGOSCOY WITH STROBOSCOPY	07/01/2004	$180.00	0.0%	0.0%	N	Referral Required
31580	LARYNGOPLASTY-2 STAGE, W/KEE	07/01/2004	$1,004.87	0.0%	0.0%	N	Referral Required
31582	LARYNGOPLASTY-FOR STENOSIS,	07/01/2004	$1,514.80	0.0%	0.0%	N	Referral Required
31584	LARYNGOPLASTY; W/OPEN REDUCT	07/01/2004	$1,344.53	0.0%	0.0%	N	Referral Required
31585	TREATMENT CLOSED LARYNGEAL F	07/01/2004	$461.04	0.0%	0.0%	N	Referral Required
31586	TX CLOSED LARYNGEAL FRACTURE	07/01/2004	$709.75	0.0%	0.0%	N	Referral Required
31587	LARYNGOPLASTY, CRICOID SPLIT	07/01/2004	$923.42	0.0%	0.0%	N	Referral Required
31588	LARYNGOPLASTY, NOT OTHERWISE	07/01/2004	$1,043.45	0.0%	0.0%	N	Referral Required
31590	LARYNGEAL REINNERVATION NEUR	07/01/2004	$668.39	0.0%	0.0%	N	Referral Required
31595	SECTION RECURRENT LARYNGEAL	07/01/2004	$695.46	0.0%	0.0%	N	Referral Required
31600	TRACHEOSTOMY	07/01/2004	$363.92	0.0%	0.0%	N	Referral Required
31601	TRACHEOSTOMY	07/01/2004	$236.92	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
31603	TRACHEOSTOMY, EMERGENCY PROC	07/01/2004	$215.10	0.0%	0.0%	N	Referral Required
31605	TRACHEOSTOMY ER CRICOTHYROID	07/01/2004	$173.63	0.0%	0.0%	N	Referral Required
31610	TRACHEOSTOMY FENESTRATION PR	07/01/2004	$681.67	0.0%	0.0%	N	Referral Required
31611	CONSTR. OF T-E FISTULA&SUBSE	07/01/2004	$542.72	0.0%	0.0%	N	Referral Required
31612	TRACHEAL PUNCTURE	07/01/2004	$83.29	0.0%	0.0%	N	Referral Required
31613	TRACHEOSTROMA REV SIMPLE W/O	07/01/2004	$461.20	0.0%	0.0%	N	Referral Required
31614	TRACHEOSTOMA REVISION;COMPLE	07/01/2004	$668.68	0.0%	0.0%	N	Referral Required
31615	TRACHEOBRONCHOSCOPY	07/01/2004	$199.35	0.0%	0.0%	N	Referral Required
31622	BRONCHOSCOPY,DIAGNOSTIC W/WO	07/01/2004	$221.58	0.0%	0.0%	N	Referral Required
31623	BRONCHOSCOPY W/ BRUSHING OR PROT	07/01/2004	$201.66	0.0%	0.0%	N	Referral Required
31624	BRONCHOSCOPY W/BRONCHIAL LAVAGE	07/01/2004	$194.30	0.0%	0.0%	N	Referral Required
31625	BRONCHOSCOPY	07/01/2004	$219.11	0.0%	0.0%	N	Referral Required
31628	BRONCHOSCOPY WITH TRANSBRONC	07/01/2004	$248.05	0.0%	0.0%	N	Referral Required
31629	BRONCHOSCOPY,DIAGNOSTIC W/TR	07/01/2004	$165.10	0.0%	0.0%	N	Referral Required
31630	BRONCHOSCOPY	07/01/2004	$206.05	0.0%	0.0%	N	Referral Required
31631	BRONCHOSCOPY W/TRACHEAL DILA	07/01/2004	$227.40	0.0%	0.0%	N	Referral Required
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE W/	07/01/2004	$62.12	0.0%	0.0%	N	Referral Required
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE W/	07/01/2004	$77.18	0.0%	0.0%	N	Referral Required
31635	BRONCHOSCOPY	07/01/2004	$189.97	0.0%	0.0%	N	Referral Required
31640	BRONCHOSCOPY	07/01/2004	$259.17	0.0%	0.0%	N	Referral Required
31641	W/DESTRUCTION TUMOR OR RELIE	07/01/2004	$255.87	0.0%	0.0%	N	Referral Required
31643	BRONCHOSCOPY W/CATHETER PLACEME	07/01/2004	$165.20	0.0%	0.0%	N	Referral Required
31645	BRONCHOSCOPY	07/01/2004	$156.01	0.0%	0.0%	N	Referral Required
31646	BRONCHOSCOPY W/THERAPEUTIC ASPIR	07/01/2004	$135.31	0.0%	0.0%	N	Referral Required
31656	BRONCHOSCOPY WITH INJECTION	07/01/2004	$113.14	0.0%	0.0%	N	Referral Required
31700	BRONCHOSPIROMETRY, CTHETERIZ	07/01/2004	$161.00	0.0%	0.0%	N	Referral Required
31708	LARYNGOGRAPHY CONTRAST MATRI	07/01/2004	$72.04	0.0%	0.0%	N	Referral Required
31710	BRONCHOGRAPHY, CATHETERIZATI	07/01/2004	$71.71	0.0%	0.0%	N	Referral Required
31715	BRONCHOGRAPHY INJECTION	07/01/2004	$64.31	0.0%	0.0%	N	Referral Required
31717	BRONCHIAL BRUSH BIOPSY	07/01/2004	$182.88	0.0%	0.0%	N	Referral Required
31720	ASPIRATION, NASOTRACHEOBRONCHIAL	07/01/2004	$100.68	0.0%	0.0%	N	Referral Required
31725	ASPIRATION, TRACHEOBRONCHIAL	07/01/2004	$91.34	0.0%	0.0%	N	Referral Required
31730	TRANSTRACHEAL INTRODUCTION N	07/01/2004	$186.76	0.0%	0.0%	N	Referral Required
31750	TRACHEOPLASTY	07/01/2004	$1,009.83	0.0%	0.0%	N	Referral Required
31755	TRACHEOPHARYNGEAL FISTULIZAT	07/01/2004	$1,214.98	0.0%	0.0%	N	Referral Required
31760	TRACHEOPLASTY	07/01/2004	$1,237.86	0.0%	0.0%	N	Referral Required
31766	CARINAL RECONSTRUCTION	07/01/2004	$1,628.72	0.0%	0.0%	N	Referral Required
31770	BRONCHOPLASTY	07/01/2004	$1,351.93	0.0%	0.0%	N	Referral Required
31775	BRONCHOPLASTY EXCISION STENO	07/01/2004	$1,383.01	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
31780	TRACHEAL STENOSIS EXCISION	07/01/2004	$1,080.57	0.0%	0.0%	N	Referral Required
31781	TRACHEAL STENOSIS EXCISION	07/01/2004	$1,378.06	0.0%	0.0%	N	Referral Required
31785	EXCISION TRACHEAL TUMOR CANC	07/01/2004	$1,062.29	0.0%	0.0%	N	Referral Required
31786	EXCISION TRACHEAL TUMOR CANC	07/01/2004	$1,361.78	0.0%	0.0%	N	Referral Required
31800	SUTURE TRACHEAL WOUND/INJURY	07/01/2004	$498.16	0.0%	0.0%	N	Referral Required
31805	SUTURE TRACHEAL WOUND/INJURY	07/01/2004	$842.38	0.0%	0.0%	N	Referral Required
31820	SURG CLOSE TRACHEOSTOMY/FIST	07/01/2004	$434.47	0.0%	0.0%	N	Referral Required
31825	TRACHEOSTOMY CLOSURE	07/01/2004	$605.01	0.0%	0.0%	N	Referral Required
31830	REVISION, TRACHEOSTOMY SCAR	07/01/2004	$421.32	0.0%	0.0%	N	Referral Required
32000	THORACENTESIS	07/01/2004	$157.02	0.0%	0.0%	N	Referral Required
32002	THORACENTESIS WITH INSERTION	07/01/2004	$108.16	0.0%	0.0%	N	Referral Required
32005	CHEMICAL PLEURODESIS EG FOR	07/01/2004	$109.59	0.0%	0.0%	N	Referral Required
32020	TUBE THORACOSTOMY	07/01/2004	$196.21	0.0%	0.0%	N	Referral Required
32035	THORACOSTOMY	07/01/2004	$581.88	0.0%	0.0%	N	Referral Required
32036	THORACOSTOMY	07/01/2004	$639.31	0.0%	0.0%	N	Referral Required
32095	THORACOTOMY	07/01/2004	$577.49	0.0%	0.0%	N	Referral Required
32100	THORACOTOMY	07/01/2004	$903.63	0.0%	0.0%	N	Referral Required
32110	THORACOTOMY	07/01/2004	$1,261.41	0.0%	0.0%	N	Referral Required
32120	THORACOTOMY	07/01/2004	$740.38	0.0%	0.0%	N	Referral Required
32124	THORACOTOMY; MAJOR WITH OPEN	07/01/2004	$790.14	0.0%	0.0%	N	Referral Required
32140	THORACOTOMY, MAJOR,WITH CYST	07/01/2004	$844.71	0.0%	0.0%	N	Referral Required
32141	THORACOTOMY	07/01/2004	$854.13	0.0%	0.0%	N	Referral Required
32150	THORACOTOMY	07/01/2004	$848.12	0.0%	0.0%	N	Referral Required
32151	THORACOTOMYW/REMOVAL INTRAPU	07/01/2004	$864.52	0.0%	0.0%	N	Referral Required
32160	THORACOTOMYW/CARDIAC MASSAGE	07/01/2004	$555.51	0.0%	0.0%	N	Referral Required
32200	PNEUMONOSTOMY	07/01/2004	$898.42	0.0%	0.0%	N	Referral Required
32201	PNEUMONOSTOMY;W/DRAINAGE CYST	07/01/2004	$330.18	0.0%	0.0%	N	Referral Required
32215	PLEURAL SCARIFICATION FOR RE	07/01/2004	$725.59	0.0%	0.0%	N	Referral Required
32220	PULMONARY DECORTICATION	07/01/2004	$1,338.29	0.0%	0.0%	N	Referral Required
32225	DECORTICATION PULMONARY, SEP	07/01/2004	$851.36	0.0%	0.0%	N	Referral Required
32310	PARIETAL PLEURECTOMY	07/01/2004	$829.04	0.0%	0.0%	N	Referral Required
32320	DECORTICATION/PLEURECTOMY	07/01/2004	$1,328.90	0.0%	0.0%	N	Referral Required
32400	BIOPSY, PLEURA, NEEDLE	07/01/2004	$125.40	0.0%	0.0%	N	Referral Required
32402	BIOPSY PLEURA OPEN	07/01/2004	$538.15	0.0%	0.0%	N	Referral Required
32405	BIOPSY, LUNG/PLEURA	07/01/2004	$146.15	0.0%	0.0%	N	Referral Required
32420	PNEUMONOCENTESIS, PUNCTURE O	07/01/2004	$108.13	0.0%	0.0%	N	Referral Required
32440	TOTAL PNEUMONECTOMY	07/01/2004	$1,377.26	0.0%	0.0%	N	Referral Required
32442	W/RESECTION OF SEGMENT OF TR	07/01/2004	$1,457.01	0.0%	0.0%	N	Referral Required
32445	PNEUMONECTOMY EXTRAPLEURAL W	07/01/2004	$1,399.04	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
32480	LOBECTOMY, LUNG	07/01/2004	$1,301.22	0.0%	0.0%	N	Referral Required
32482	TWO LOBES	07/01/2004	$1,367.53	0.0%	0.0%	N	Referral Required
32484	SINGLE SEGMENT	07/01/2004	$1,171.66	0.0%	0.0%	N	Referral Required
32486	W/CIRCUMFERENTIAL RESECTION	07/01/2004	$1,338.84	0.0%	0.0%	N	Referral Required
32488	ALL REMAINING LUNG FOLLOWING	07/01/2004	$1,424.30	0.0%	0.0%	N	Referral Required
32500	WEDGE RESECTION, SINGLE OR M	07/01/2004	$1,227.82	0.0%	0.0%	N	Referral Required
32501	RESECTION/REPAIR PORTION OF	07/01/2004	$228.69	0.0%	0.0%	N	Referral Required
32520	RESECTION LUNG W/RESECTION O	07/01/2004	$1,229.18	0.0%	0.0%	N	Referral Required
32522	PULMONARY RESECTION	07/01/2004	$1,355.95	0.0%	0.0%	N	Referral Required
32525	RESECT LUNG W/MAJOR RESECT C	07/01/2004	$1,464.40	0.0%	0.0%	N	Referral Required
32540	EXTRAPLEUAL ENUCLEATION	07/01/2004	$879.39	0.0%	0.0%	N	Referral Required
32601	THORACOSCOPY,DIAGNOSTIC	07/01/2004	$322.84	0.0%	0.0%	N	Referral Required
32602	LUNGS AND PLEURAL SPACE WITH	07/01/2004	$345.79	0.0%	0.0%	N	Referral Required
32603	PERICARDIAL SAC, WITHOUT BIO	07/01/2004	$432.48	0.0%	0.0%	N	Referral Required
32604	PERICARDIAL SAC, WITH BIOPSY	07/01/2004	$485.79	0.0%	0.0%	N	Referral Required
32605	MEDIASTINAL SPACE, WITH BIOP	07/01/2004	$398.50	0.0%	0.0%	N	Referral Required
32606	MEDIASTINAL SPACE, WITHOUT B	07/01/2004	$464.84	0.0%	0.0%	N	Referral Required
32650	THOROSCOPY,SURGICAL;WITH PLE	07/01/2004	$680.85	0.0%	0.0%	N	Referral Required
32651	WITH PARTIAL PULMONARY DECOR	07/01/2004	$774.22	0.0%	0.0%	N	Referral Required
32652	WITH TOTAL PULMONARYT DECORT	07/01/2004	$1,068.76	0.0%	0.0%	N	Referral Required
32653	WITH REMOVAL OF INTRAPLEURAL	07/01/2004	$783.81	0.0%	0.0%	N	Referral Required
32654	WITH CONTROL OF TRAUMATIC HE	07/01/2004	$715.00	0.0%	0.0%	N	Referral Required
32655	W/EXCISION-PLICATION OF BULL	07/01/2004	$782.17	0.0%	0.0%	N	Referral Required
32656	WITH PARIETAL PLEURECTOMY	07/01/2004	$798.72	0.0%	0.0%	N	Referral Required
32657	W/WEDGE RESECTION OF LUNG,SI	07/01/2004	$820.01	0.0%	0.0%	N	Referral Required
32658	W/REMOVAL OF CLOT OF FOREIGN	07/01/2004	$735.04	0.0%	0.0%	N	Referral Required
32659	W/CREATION OF PERICARDIAL WI	07/01/2004	$733.79	0.0%	0.0%	N	Referral Required
32660	WITH TOTAL PERICARDECTOMY	07/01/2004	$1,000.67	0.0%	0.0%	N	Referral Required
32661	WITH EXCISION OF PERICARDIAL	07/01/2004	$799.34	0.0%	0.0%	N	Referral Required
32662	WITH EXCISION OF MEDIASTINAL	07/01/2004	$965.99	0.0%	0.0%	N	Referral Required
32663	WITH LOBECTOMY, TOTAL OR SEG	07/01/2004	$1,063.60	0.0%	0.0%	N	Referral Required
32664	WITH THORACIC SYMPATHECTOMY	07/01/2004	$842.94	0.0%	0.0%	N	Referral Required
32665	WITH ESOPHAGOMYOTOMY	07/01/2004	$884.03	0.0%	0.0%	N	Referral Required
32800	REPAIR, HERNIA, LUNG	07/01/2004	$841.54	0.0%	0.0%	N	Referral Required
32810	CLOSE CHEST WALL FOLLOWING O	07/01/2004	$819.54	0.0%	0.0%	N	Referral Required
32815	OPEN CLOSURE OF MAJOR BRONCH	07/01/2004	$1,308.55	0.0%	0.0%	N	Referral Required
32820	MAJOR RECONSTRUCTION CHEST W	07/01/2004	$1,261.33	0.0%	0.0%	N	Referral Required
32900	RESECTION, RIBS, EXTRAPLEURA	07/01/2004	$1,164.31	0.0%	0.0%	N	Referral Required
32905	THORACOPLASTY SCHEDE TYPE OR	07/01/2004	$1,199.87	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
32906	THORACOPLASTY W/CLOSURE BRON	07/01/2004	$1,471.65	0.0%	0.0%	N	Referral Required
32940	PNEUMONOLYSIS	07/01/2004	$1,125.30	0.0%	0.0%	N	Referral Required
32960	PNEUMOTHORAX	07/01/2004	$137.96	0.0%	0.0%	N	Referral Required
32997	TOTAL LUNG LAVAGE, UNILATERAL	07/01/2004	$288.40	0.0%	0.0%	N	Referral Required
33010	PERICARDIOCENTESIS	07/01/2004	$114.86	0.0%	0.0%	N	Referral Required
33011	PERICARDIOCENTESIS	07/01/2004	$116.17	0.0%	0.0%	N	Referral Required
33015	TUBE PERICARDIOSTOMY	07/01/2004	$397.01	0.0%	0.0%	N	Referral Required
33020	PERICARDIOTOMY	07/01/2004	$733.24	0.0%	0.0%	N	Referral Required
33025	PERICARDIAL WINDOW RESECTION	07/01/2004	$710.22	0.0%	0.0%	N	Referral Required
33030	RESECTION, PERICARDIUM	07/01/2004	$1,103.66	0.0%	0.0%	N	Referral Required
33031	PERICARDIECTOMY SUBTOTAL COM	07/01/2004	$1,255.23	0.0%	0.0%	N	Referral Required
33050	EXCISION, CYST, PERICARDIAL	07/01/2004	$875.57	0.0%	0.0%	N	Referral Required
33120	CARDIAC TUMOR RESECTION	07/01/2004	$1,439.59	0.0%	0.0%	N	Referral Required
33130	CARDIAC TUMOR RESECTION	07/01/2004	$1,209.99	0.0%	0.0%	N	Referral Required
33140	TRANSMYOCARDIAL LASER REVASCULRZ	07/01/2004	$1,096.57	0.0%	0.0%	N	Referral Required
33141	TRANSMYOCARDIAL REVASCULARIZATION	07/01/2004	$235.13	0.0%	0.0%	N	Referral Required
33200	INSERT PERM PACEMKR W/IPICAR	07/01/2004	$777.31	0.0%	0.0%	N	Referral Required
33201	INSERTION, PACEMAKER	07/01/2004	$689.85	0.0%	0.0%	N	Referral Required
33206	INSERTION OF PERMANENT W/TRA	07/01/2004	$420.46	0.0%	0.0%	N	Referral Required
33207	INSERTION OF PERMANENT PACEM	07/01/2004	$491.58	0.0%	0.0%	N	Referral Required
33208	ARTIAL AND VENTRICULAR	07/01/2004	$498.80	0.0%	0.0%	N	Referral Required
33210	INSERTION, PACEMAKER ELECTRO	07/01/2004	$164.00	0.0%	0.0%	N	Referral Required
33211	INSERTION OR REPLACEMENT TEM	07/01/2004	$169.84	0.0%	0.0%	N	Referral Required
33212	INSERTION, PULSE GENERATOR	07/01/2004	$348.85	0.0%	0.0%	N	Referral Required
33213	DUAL CHAMBER	07/01/2004	$392.76	0.0%	0.0%	N	Referral Required
33214	UPGRADE IMPLANT PACEMAKER SY	07/01/2004	$478.74	0.0%	0.0%	N	Referral Required
33215	REPOSITIONING OF PACEMAKER	07/01/2004	$265.99	0.0%	0.0%	N	Referral Required
33216	INSERT REPLCMNT/REPOST.PERM.	07/01/2004	$359.39	0.0%	0.0%	N	Referral Required
33217	DUAL CHAMBER	07/01/2004	$382.28	0.0%	0.0%	N	Referral Required
33218	REPAIR, PACEMAKER ELECTRODES	07/01/2004	$347.55	0.0%	0.0%	N	Referral Required
33220	DUAL CHAMBER	07/01/2004	$348.26	0.0%	0.0%	N	Referral Required
33222	REVISION OR RELOCATION OF SK	07/01/2004	$311.42	0.0%	0.0%	N	Referral Required
33223	REVISION OR RELOCATION OF SK	07/01/2004	$402.44	0.0%	0.0%	N	Referral Required
33224	INSERTION OF PACING ELECTRODE	07/01/2004	$435.57	0.0%	0.0%	N	Referral Required
33225	INSERTION OF PACING ELECTRODE	07/01/2004	$386.24	0.0%	0.0%	N	Referral Required
33226	REPOSITIONING OF CARDIAC ELECTRODE	07/01/2004	$419.30	0.0%	0.0%	N	Referral Required
33233	REMOVAL OF PERMANENT PACEMAK	07/01/2004	$244.75	0.0%	0.0%	N	Referral Required
33234	AND TRANSVENOUS ELECTRODES,	07/01/2004	$451.97	0.0%	0.0%	N	Referral Required
33235	WITH TRANVENOUS ELECTRODES,	07/01/2004	$550.39	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
33236	REMOVAL OF PERMANENT EPICARD	07/01/2004	$779.64	0.0%	0.0%	N	Referral Required
33237	DUAL LEAD SYSTEM	07/01/2004	$825.75	0.0%	0.0%	N	Referral Required
33238	REMOVAL OF PERM TRAN US PACE	07/01/2004	$870.40	0.0%	0.0%	N	Referral Required
33240	INSERT/REPLACE IMPLANTABLE C	07/01/2004	$458.60	0.0%	0.0%	N	Referral Required
33241	REMOVE IMPLANT CARDIOVERTER	07/01/2004	$229.42	0.0%	0.0%	N	Referral Required
33243	REMOVE IMPLANT CARDIO PULSE	07/01/2004	$1,205.20	0.0%	0.0%	N	Referral Required
33244	BY OTHER THAN THORACOTOMY	07/01/2004	$775.92	0.0%	0.0%	N	Referral Required
33245	IMPLANT OR REPLCMNT IMPLANTA	07/01/2004	$883.09	0.0%	0.0%	N	Referral Required
33246	WITH INSERTION/AUTO IMPLANTA	07/01/2004	$1,237.87	0.0%	0.0%	N	Referral Required
33249	W/INSERTION OF CARDIO-DEFIBR	07/01/2004	$812.79	0.0%	0.0%	N	Referral Required
33250	OPERATIVE ABLATION OF SUPRAV	07/01/2004	$1,239.48	0.0%	0.0%	N	Referral Required
33251	OP ABLATION OF SUPRAVENTRICU	07/01/2004	$1,386.20	0.0%	0.0%	N	Referral Required
33253	OPERATIVE INCISION/RECONSTRU	07/01/2004	$1,711.18	0.0%	0.0%	N	Referral Required
33261	OP ABLATION OF ARRHYTHMOGENI	07/01/2004	$1,407.11	0.0%	0.0%	N	Referral Required
33282	IMPLANTATION OF PT-ACTIVATED RECRDR	07/01/2004	$299.33	0.0%	0.0%	N	Referral Required
33284	REMOVAL OF IMPLANTABLE PT-ACTIVATE	07/01/2004	$221.44	0.0%	0.0%	N	Referral Required
33300	CARDIAC WOUND REPAIR	07/01/2004	$1,048.34	0.0%	0.0%	N	Referral Required
33305	CARDIAC WOUND REPAIR	07/01/2004	$1,242.27	0.0%	0.0%	N	Referral Required
33310	CARDIOTOMY	07/01/2004	$1,085.18	0.0%	0.0%	N	Referral Required
33315	CARDIOTOMY	07/01/2004	$1,285.53	0.0%	0.0%	N	Referral Required
33320	REPAIR, AORTA	07/01/2004	$987.31	0.0%	0.0%	N	Referral Required
33321	SUTURE REPAIR AORTA; WITH SH	07/01/2004	$1,195.66	0.0%	0.0%	N	Referral Required
33322	REPAIR, AORTA	07/01/2004	$1,202.85	0.0%	0.0%	N	Referral Required
33330	GRAFT INSERTION, CARDIAC	07/01/2004	$1,209.41	0.0%	0.0%	N	Referral Required
33332	GRAFT INSERTION AORTA; W/SHU	07/01/2004	$1,317.76	0.0%	0.0%	N	Referral Required
33335	GRAFT INSERTION, CARDIAC	07/01/2004	$1,661.89	0.0%	0.0%	N	Referral Required
33400	VALVULOPLASTY, AORTA	07/01/2004	$1,624.40	0.0%	0.0%	N	Referral Required
33401	OPEN, WITH INFLOW OCCLUSTON	07/01/2004	$1,383.02	0.0%	0.0%	N	Referral Required
33403	USING TRANSVENTRICULAR DILAT	07/01/2004	$1,450.75	0.0%	0.0%	N	Referral Required
33404	CONSTRUCTION OF APICAL-AORTI	07/01/2004	$1,635.73	0.0%	0.0%	N	Referral Required
33405	REPLACEMENT, AORTIC VALVE	07/01/2004	$1,890.60	0.0%	0.0%	N	Referral Required
33406	WITH HOMOGRAFT	07/01/2004	$2,010.62	0.0%	0.0%	N	Referral Required
33410	AORTIC VALVE REPLACEMENT	07/01/2004	$1,780.21	0.0%	0.0%	N	Referral Required
33411	REPLACE AORTIC VALVE	07/01/2004	$1,952.89	0.0%	0.0%	N	Referral Required
33412	REPLACE AORTIC VALVE W/TRANS	07/01/2004	$2,291.13	0.0%	0.0%	N	Referral Required
33413	BY TRANSLOCATION OF AUTOLOGO	07/01/2004	$2,374.54	0.0%	0.0%	N	Referral Required
33414	REPAIR OF LEFT VENTRICULAR O	07/01/2004	$1,723.51	0.0%	0.0%	N	Referral Required
33415	RESECTION, SUBVALVULR STENOS	07/01/2004	$1,562.77	0.0%	0.0%	N	Referral Required
33416	VENTRICULOMYOTOMY FOR INDIOP	07/01/2004	$1,672.14	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
33417	AORTOPLASTY	07/01/2004	$1,636.11	0.0%	0.0%	N	Referral Required
33420	VALVOTOMY; MITRAL VALVE; CLO	07/01/2004	$1,217.04	0.0%	0.0%	N	Referral Required
33422	VALVOTOMY; OPEN HEART W/BYPA	07/01/2004	$1,462.38	0.0%	0.0%	N	Referral Required
33425	VALVULOPLASTY, MITRAL VALVE	07/01/2004	$1,502.33	0.0%	0.0%	N	Referral Required
33426	VULVULOPLASTY, MITRAL VALVE	07/01/2004	$1,801.83	0.0%	0.0%	N	Referral Required
33427	VALVULOPLASTY; RADICAL RECON	07/01/2004	$2,132.65	0.0%	0.0%	N	Referral Required
33430	REPLACEMENT, MITRAL VALVE	07/01/2004	$1,824.97	0.0%	0.0%	N	Referral Required
33460	VALVULOPLASTY, TRICUSPID VAL	07/01/2004	$1,344.46	0.0%	0.0%	N	Referral Required
33463	VALULOPLASTY TRICUSPID VALVE	07/01/2004	$1,444.06	0.0%	0.0%	N	Referral Required
33464	WITH RING INSERTION	07/01/2004	$1,530.52	0.0%	0.0%	N	Referral Required
33465	REPLACEMENT, TRICUSPID VALVE	07/01/2004	$1,599.61	0.0%	0.0%	N	Referral Required
33468	REPOSITIONING, TRICUSPID VAL	07/01/2004	$1,764.50	0.0%	0.0%	N	Referral Required
33470	VALVOTOMY PULMONARY VALVE CL	07/01/2004	$1,253.57	0.0%	0.0%	N	Referral Required
33471	VALVOTOMY,PULMONARY VALVE;VI	07/01/2004	$1,273.33	0.0%	0.0%	N	Referral Required
33472	VALVOTOMY PULMONARY VALVE OP	07/01/2004	$1,271.86	0.0%	0.0%	N	Referral Required
33474	VALVOTOMY-PULMONARY VALVE OP	07/01/2004	$1,308.88	0.0%	0.0%	N	Referral Required
33475	REPLACEMENT PULMONARY VALVE	07/01/2004	$1,816.36	0.0%	0.0%	N	Referral Required
33476	INFUNDIBULAR STENOSIS RESECT	07/01/2004	$1,423.17	0.0%	0.0%	N	Referral Required
33478	AUGMENTATION, OUTFLOW TRACT	07/01/2004	$1,485.47	0.0%	0.0%	N	Referral Required
33496	REPAIR NON-STRUCTURAL PROSTH. VALV	07/01/2004	$1,579.92	0.0%	0.0%	N	Referral Required
33500	REP CORON A-V OR ARTERIO-CAR	07/01/2004	$1,414.89	0.0%	0.0%	N	Referral Required
33501	REPAIR CORONARY ARTERIOVENOU	07/01/2004	$1,002.92	0.0%	0.0%	N	Referral Required
33502	REPAIR ANOMALOUS CORONARY AR	07/01/2004	$1,335.75	0.0%	0.0%	N	Referral Required
33503	LIGATION, CORONARY ARTERY	07/01/2004	$1,252.69	0.0%	0.0%	N	Referral Required
33504	LIGATION, CORONARY ARTERY	07/01/2004	$1,471.13	0.0%	0.0%	N	Referral Required
33505	WITH CONSTRUCTION OF INTRO P	07/01/2004	$1,573.08	0.0%	0.0%	N	Referral Required
33506	BY TRANSLOCATION FROM PULMON	07/01/2004	$1,947.53	0.0%	0.0%	N	Referral Required
33508	ENDOSCOPY FOR CORONARY BYPASS	07/01/2004	$14.47	0.0%	0.0%	N	Referral Required
33510	CORONARY ARTERY BYPASS, VEIN	07/01/2004	$1,593.68	0.0%	0.0%	N	Referral Required
33511	CORONARY ARTERY BYPASS	07/01/2004	$1,650.01	0.0%	0.0%	N	Referral Required
33512	CORONARY ARTERY BYPASS	07/01/2004	$1,740.11	0.0%	0.0%	N	Referral Required
33513	CORONARY ARTERY BYPASS, AUTO	07/01/2004	$1,756.45	0.0%	0.0%	N	Referral Required
33514	CORONARY ARTERY BYPASS, FIVE	07/01/2004	$1,797.58	0.0%	0.0%	N	Referral Required
33516	CORONARY ARTERY BYPASS AUTOG	07/01/2004	$1,906.20	0.0%	0.0%	N	Referral Required
33517	CORONARY BYPASS USING VENOUS	07/01/2004	$125.18	0.0%	0.0%	N	Referral Required
33518	CORONARY ARTERY BYPASS 2 VEN	07/01/2004	$236.27	0.0%	0.0%	N	Referral Required
33519	CORONARY ARTERY BYPASS 3 VEN	07/01/2004	$346.81	0.0%	0.0%	N	Referral Required
33521	CORONARY ARTERY BYPASS 4 VEN	07/01/2004	$458.21	0.0%	0.0%	N	Referral Required
33522	CORONARY ARTERY BYPASS 5 VEN	07/01/2004	$569.12	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
33523	CORONARY ARTERY BYPASS 6 OR	07/01/2004	$679.08	0.0%	0.0%	N	Referral Required
33530	REOPERATION CORONARY ARTERY	07/01/2004	$285.42	0.0%	0.0%	N	Referral Required
33533	CORONARY ARTERY BYPASS USING	07/01/2004	$1,686.95	0.0%	0.0%	N	Referral Required
33534	CORONARY ARTERY BYPASS USING	07/01/2004	$1,779.10	0.0%	0.0%	N	Referral Required
33535	CORONARY ARTERY BYPASS 3 ART	07/01/2004	$1,877.47	0.0%	0.0%	N	Referral Required
33536	CORONARY ARTERY BYPASS 4 OR	07/01/2004	$2,020.40	0.0%	0.0%	N	Referral Required
33542	RESECTION, MYOCARDIAL	07/01/2004	$1,646.72	0.0%	0.0%	N	Referral Required
33545	VENTRICULAR SEPTAL DEFECT	07/01/2004	$2,032.19	0.0%	0.0%	N	Referral Required
33572	CORONARY ENDARTERECTOMY, EAC	07/01/2004	$216.40	0.0%	0.0%	N	Referral Required
33600	CLOSURE OF ATRIOVENTRICULAR	07/01/2004	$1,670.19	0.0%	0.0%	N	Referral Required
33602	CLOSURE OF SEMILUNAR VALVE B	07/01/2004	$1,609.62	0.0%	0.0%	N	Referral Required
33606	ANASTOMOSIS OF PULMONARY ART	07/01/2004	$1,729.12	0.0%	0.0%	N	Referral Required
33608	REPAIR COMPLEX CARDIAC ANORM	07/01/2004	$1,714.73	0.0%	0.0%	N	Referral Required
33610	REPAIR COMPLEX CARDIAC ANORM	07/01/2004	$1,776.74	0.0%	0.0%	N	Referral Required
33611	REPAIR DOUBLE OUTLET RT VENT	07/01/2004	$1,889.72	0.0%	0.0%	N	Referral Required
33612	WITH REPAIR OF RIGHT VENTRIC	07/01/2004	$1,982.09	0.0%	0.0%	N	Referral Required
33615	REPAIR COMPLEX CARDIAC ANORM	07/01/2004	$1,895.48	0.0%	0.0%	N	Referral Required
33617	REPAIR OF COMPLEX CARDIACANO	07/01/2004	$2,081.89	0.0%	0.0%	N	Referral Required
33619	REPAIR SINGLE VENTRICLE W/AO	07/01/2004	$2,548.20	0.0%	0.0%	N	Referral Required
33641	CLOSURE, ARTIAL DEFECT	07/01/2004	$1,194.02	0.0%	0.0%	N	Referral Required
33645	CLOSURE, SINUS VENOSUS DEFEC	07/01/2004	$1,395.33	0.0%	0.0%	N	Referral Required
33647	REPAIR OR ATRIAL AND VENTRIC	07/01/2004	$1,639.02	0.0%	0.0%	N	Referral Required
33660	REPAIR ATRIOVENTRICULAR CANA	07/01/2004	$1,674.34	0.0%	0.0%	N	Referral Required
33665	REPAIR INT/TRANSITIONAL ATRI	07/01/2004	$1,635.65	0.0%	0.0%	N	Referral Required
33670	ATRIO-VENTRICULAR CANAL	07/01/2004	$1,826.78	0.0%	0.0%	N	Referral Required
33681	VENTRICULAR SEPTAL DEFECT	07/01/2004	$1,733.18	0.0%	0.0%	N	Referral Required
33684	VENTRICULAR SEPTAL DEFECT	07/01/2004	$1,703.17	0.0%	0.0%	N	Referral Required
33688	VENTRICULAR SEPTAL DEFECT	07/01/2004	$1,703.33	0.0%	0.0%	N	Referral Required
33690	PULMONARY ARTERY BANDING	07/01/2004	$1,183.04	0.0%	0.0%	N	Referral Required
33692	TETRALOGY OF FALLOT	07/01/2004	$1,732.46	0.0%	0.0%	N	Referral Required
33694	TETRALOGY OF FALLOT	07/01/2004	$1,866.86	0.0%	0.0%	N	Referral Required
33697	COMPLETE REPAIR OF TETROLOGY	07/01/2004	$1,968.92	0.0%	0.0%	N	Referral Required
33702	SINUS OF VALSALVA	07/01/2004	$1,544.78	0.0%	0.0%	N	Referral Required
33710	REPAIR SINUS OF VALSALVA + V	07/01/2004	$1,674.18	0.0%	0.0%	N	Referral Required
33720	SINUS OF VALSALVA	07/01/2004	$1,540.43	0.0%	0.0%	N	Referral Required
33722	CLOSURE AORTICO-LEFT VENTRIC	07/01/2004	$1,634.59	0.0%	0.0%	N	Referral Required
33730	REPAIR, PULMONARY VEIN	07/01/2004	$1,866.90	0.0%	0.0%	N	Referral Required
33732	REPAIR COR TRIATRIATUM ORSUP	07/01/2004	$1,636.28	0.0%	0.0%	N	Referral Required
33735	ATRIAL SEPTECTOMY	07/01/2004	$1,203.99	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
33736	OPEN HEART WITH CARDIOPULMON	07/01/2004	$1,343.23	0.0%	0.0%	N	Referral Required
33737	OPEN HEART WITH INFLOW OCCLU	07/01/2004	$1,322.76	0.0%	0.0%	N	Referral Required
33750	BLALOCK-TAUSSIG PROCEDURE	07/01/2004	$1,210.56	0.0%	0.0%	N	Referral Required
33755	WATERSON PROCEDURE	07/01/2004	$1,249.52	0.0%	0.0%	N	Referral Required
33762	POTTS-SMITH PROCEDURE	07/01/2004	$1,237.26	0.0%	0.0%	N	Referral Required
33764	SHUNT WITH PROSTHETIC GRAFT	07/01/2004	$1,272.85	0.0%	0.0%	N	Referral Required
33766	GLENN PROCEDURE	07/01/2004	$1,358.35	0.0%	0.0%	N	Referral Required
33767	SUPERIOR VENA CAVR TO PULMON	07/01/2004	$1,414.16	0.0%	0.0%	N	Referral Required
33770	REPAIR OF TRANSPOSITION OF G	07/01/2004	$2,016.23	0.0%	0.0%	N	Referral Required
33771	REPAIR OF GREAT ARTERY WITH	07/01/2004	$1,905.77	0.0%	0.0%	N	Referral Required
33774	REPAIR TRANS GREAT ART. MUST	07/01/2004	$1,718.50	0.0%	0.0%	N	Referral Required
33775	REPAIR TRANSPOSITION OF GREA	07/01/2004	$1,780.75	0.0%	0.0%	N	Referral Required
33776	REPAIR TRANSPOS GREAT VESSEL	07/01/2004	$1,874.31	0.0%	0.0%	N	Referral Required
33777	REPAIR TRANSPOSITION GREAT V	07/01/2004	$1,844.92	0.0%	0.0%	N	Referral Required
33778	REPAIR TRANS. GREAT ART. AO-	07/01/2004	$2,168.14	0.0%	0.0%	N	Referral Required
33779	REPAIR TRANS. GREAT ARTS. AO	07/01/2004	$1,914.55	0.0%	0.0%	N	Referral Required
33780	REPAIR TRANSPOS GREAT ARTS A	07/01/2004	$2,262.38	0.0%	0.0%	N	Referral Required
33781	REPAIR TRANSPOS GREAT ARS AO	07/01/2004	$1,997.58	0.0%	0.0%	N	Referral Required
33786	REPAIR, TRUNCUS ARTERIOSUS	07/01/2004	$2,117.02	0.0%	0.0%	N	Referral Required
33788	PULMONARY ARTERY REPLANT	07/01/2004	$1,491.13	0.0%	0.0%	N	Referral Required
33800	AORTIC SUSPENSION FOR TRACHE	07/01/2004	$1,024.81	0.0%	0.0%	N	Referral Required
33802	DIVISION, ABERRANT VESSEL	07/01/2004	$1,054.18	0.0%	0.0%	N	Referral Required
33803	DIVISION, ABERRANT VESSEL	07/01/2004	$1,185.45	0.0%	0.0%	N	Referral Required
33813	OBLITERATION OF AORTOPULMONA	07/01/2004	$1,244.73	0.0%	0.0%	N	Referral Required
33814	OBLITERATION OF AORTOPULMONA	07/01/2004	$1,470.35	0.0%	0.0%	N	Referral Required
33820	DUCTUS ARTERIOSUS	07/01/2004	$974.06	0.0%	0.0%	N	Referral Required
33822	DUCTUS ARTERIOSUS	07/01/2004	$1,021.71	0.0%	0.0%	N	Referral Required
33824	DUCTUS ARTERIOSUS	07/01/2004	$1,131.39	0.0%	0.0%	N	Referral Required
33840	EXCISION, COARCTATION	07/01/2004	$1,235.98	0.0%	0.0%	N	Referral Required
33845	EXCISION, COARCTATION	07/01/2004	$1,322.94	0.0%	0.0%	N	Referral Required
33851	REPAIR USE L SUBCLAVIAN ARTE	07/01/2004	$1,231.06	0.0%	0.0%	N	Referral Required
33852	REPAIR HYPOPLASTIC INTERRUPT	07/01/2004	$1,361.60	0.0%	0.0%	N	Referral Required
33853	WITH CARDIOPULMONARY BYPASS	07/01/2004	$1,799.16	0.0%	0.0%	N	Referral Required
33860	GRAFT, ASCENDING ARCH	07/01/2004	$2,039.45	0.0%	0.0%	N	Referral Required
33861	WITH CORONARY RECONSTRUCTION	07/01/2004	$2,226.38	0.0%	0.0%	N	Referral Required
33863	W/AORTIC ROOT REPLACEMENT US	07/01/2004	$2,370.50	0.0%	0.0%	N	Referral Required
33870	GRAFT, TRANSVERSE ARCH	07/01/2004	$2,330.63	0.0%	0.0%	N	Referral Required
33875	GRAFT, DESCNDNG THORACIC AOR	07/01/2004	$1,803.57	0.0%	0.0%	N	Referral Required
33877	REPAIR THORACOABDOMINAL.AORT	07/01/2004	$2,256.75	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
33910	PULMONARY EMBOLECTOMY	07/01/2004	$1,391.12	0.0%	0.0%	N	Referral Required
33915	PULMONARY EMBOLECTOMY	07/01/2004	$1,169.82	0.0%	0.0%	N	Referral Required
33916	PULMONARY ENDARTERECTOMY W/W	07/01/2004	$1,478.14	0.0%	0.0%	N	Referral Required
33917	REPAIR OF PULMONARY ARTERY S	07/01/2004	$1,429.05	0.0%	0.0%	N	Referral Required
33918	REPAIR OF PULMONARY ATRESIA	07/01/2004	$1,484.65	0.0%	0.0%	N	Referral Required
33919	WITH CARDIOPULMONARY BYPASS	07/01/2004	$2,169.73	0.0%	0.0%	N	Referral Required
33920	REPAIR OF PULMONARY ATRESIA	07/01/2004	$1,764.31	0.0%	0.0%	N	Referral Required
33922	TRANSECTION PULMONARY ARTERY	07/01/2004	$1,327.08	0.0%	0.0%	N	Referral Required
33924	LIGATION/TAKEDOWN ARTERY SHU	07/01/2004	$275.76	0.0%	0.0%	N	Referral Required
33940	DONOR CARDIECTOMY WITH PREPA	07/01/2004	$1,512.16	0.0%	0.0%	N	Referral Required
33945	HEART TRANSPLANT W/WO RECIPI	07/01/2004	$2,301.17	0.0%	0.0%	Y	Referral Required
33960	PROLONGED EXTRACORPOREAL CIR	07/01/2004	$924.45	0.0%	0.0%	N	Referral Required
33961	EACH ADDITIONAL 24HOUR	07/01/2004	$538.75	0.0%	0.0%	N	Referral Required
33967	INSERTION OF INTRA-AORTIC BALLOON	07/01/2004	$242.73	0.0%	0.0%	N	Referral Required
33968	REMOVAL OF INTRA-AORTIC ASST DEVICE	07/01/2004	$31.84	0.0%	0.0%	N	Referral Required
33970	INTRA-AORTIC BALLOON	07/01/2004	$329.85	0.0%	0.0%	N	Referral Required
33971	REMOVAL OF INTRA-AORTIC BALL	07/01/2004	$616.86	0.0%	0.0%	N	Referral Required
33973	INSERTION OF INTRA-AORTIC BA	07/01/2004	$477.33	0.0%	0.0%	N	Referral Required
33974	REMOVAL OF INTRA-AORTIC BALL	07/01/2004	$887.41	0.0%	0.0%	N	Referral Required
33975	IMPLANT VENTRICULAR ASSIST D	07/01/2004	$1,006.92	0.0%	0.0%	N	Referral Required
33976	BIVENTRICULAR SUPPORT	07/01/2004	$1,122.29	0.0%	0.0%	N	Referral Required
33977	REMOVAL OF VENTRICULAR ASSIS	07/01/2004	$1,070.88	0.0%	0.0%	N	Referral Required
33978	BIVENTRICULAR SUPPORT	07/01/2004	$1,187.99	0.0%	0.0%	N	Referral Required
34001	CAROTID EMBOLECTOMY	07/01/2004	$679.94	0.0%	0.0%	N	Referral Required
34051	SUBCLAVIAN EMBOLECTOMY	07/01/2004	$805.56	0.0%	0.0%	N	Referral Required
34101	AXILLARY-BRACHIAL EMBOLECTOMY	07/01/2004	$533.32	0.0%	0.0%	N	Referral Required
34111	EMBOLECTOMY/THROMBECTOMY RADIAL	07/01/2004	$529.85	0.0%	0.0%	N	Referral Required
34151	RENAL EMBOLECTOMY	07/01/2004	$1,265.26	0.0%	0.0%	N	Referral Required
34201	FEMORAL-POPLITEAL EMBOLECTOMY	07/01/2004	$541.85	0.0%	0.0%	N	Referral Required
34203	EMBOLECTOMY OR THROMBECTOMY POP	07/01/2004	$860.53	0.0%	0.0%	N	Referral Required
34256	UPPER GI ENDOSCOPY	07/01/2004	$224.07	0.0%	0.0%	N	Referral Required
34401	THROMBECTOMY, ILIO-FEMORAL	07/01/2004	$1,251.20	0.0%	0.0%	N	Referral Required
34421	VENA CAVA ILIAC FEMOROPOPLITEAL VIE	07/01/2004	$639.54	0.0%	0.0%	N	Referral Required
34451	VENA CAVA ILIAC FEMOROPOPILITEAL VE	07/01/2004	$1,349.30	0.0%	0.0%	N	Referral Required
34471	THROMBECTOMY,SUBCLAVIAN VEIN BY NE	07/01/2004	$546.93	0.0%	0.0%	N	Referral Required
34490	AXILALARY AND SUBCLAVIAN VEIN BY AR	07/01/2004	$567.64	0.0%	0.0%	N	Referral Required
34501	VALVULOPLASTY, FEMORAL VEIN	07/01/2004	$886.13	0.0%	0.0%	N	Referral Required
34502	RECONSTRUCTION OF VENA CAVA	07/01/2004	$1,381.73	0.0%	0.0%	N	Referral Required
34510	VENOUS VALVE TRANSPOSITION,	07/01/2004	$1,035.87	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
34520	CROSS-OVER VEIN GRAFT TO VEN	07/01/2004	$976.00	0.0%	0.0%	N	Referral Required
34530	SAPHENOPOPLITEAL VEIN ANASTO	07/01/2004	$905.25	0.0%	0.0%	N	Referral Required
34800	ENDOVASCULAR REPAIR	07/01/2004	$1,083.43	0.0%	0.0%	N	Referral Required
34802	ENDOVASCULAR REPAIR	07/01/2004	$1,195.62	0.0%	0.0%	N	Referral Required
34804	ENDOVASCULAR PLACEMENT	07/01/2004	$1,195.62	0.0%	0.0%	N	Referral Required
34805	ENDOCASCULAR REPAIR OF INFRARENAL	07/01/2004	$1,084.90	0.0%	0.0%	N	Referral Required
34808	ENDOVASCULAR PLACEMENT	07/01/2004	$205.79	0.0%	0.0%	N	Referral Required
34812	OPEN FEMORAL ARTERY EXPOSURE	07/01/2004	$336.41	0.0%	0.0%	N	Referral Required
34813	PLACEMENT FEMORAL-FEMORAL GRAFT	07/01/2004	$239.30	0.0%	0.0%	N	Referral Required
34820	OPEN ILIAC ARTERY EXPOSURE	07/01/2004	$485.94	0.0%	0.0%	N	Referral Required
34825	PLACEMENT PROXIMAL/DISTAL EXTENSIO	07/01/2004	$647.33	0.0%	0.0%	N	Referral Required
34826	PLACEMENT PROXIMAL/DISTAL EXTENSIO	07/01/2004	$205.79	0.0%	0.0%	N	Referral Required
34830	OPEN REPAIR INFRARENAL ANEURYSM	07/01/2004	$1,685.80	0.0%	0.0%	N	Referral Required
34831	REPAIR INFRARENAL ANEURYSM	07/01/2004	$1,822.81	0.0%	0.0%	N	Referral Required
34832	REPAIR INFRARENAL ANEURYSM	07/01/2004	$1,822.81	0.0%	0.0%	N	Referral Required
34833	OPEN ILIAC ARTERY EXPOSURE	07/01/2004	$574.67	0.0%	0.0%	N	Referral Required
34834	OPEN BRACHIAL ARTERY EXPOSURE	07/01/2004	$267.43	0.0%	0.0%	N	Referral Required
34900	ENDOVASCULAR GRAFT REPLACEMENT	07/01/2004	$838.75	0.0%	0.0%	N	Referral Required
35001	CAROTID-EXCISION/GRAFT	07/01/2004	$1,016.50	0.0%	0.0%	N	Referral Required
35002	REPAIR RUPTURED ANEURYSM CAR	07/01/2004	$1,076.54	0.0%	0.0%	N	Referral Required
35005	REPAIR ANEURYSM,FALSE ANEURY	07/01/2004	$930.42	0.0%	0.0%	N	Referral Required
35011	BRACHIAL EXCISION/GRAFT	07/01/2004	$910.57	0.0%	0.0%	N	Referral Required
35013	REPAIR RUPTURED ANEURYSM AXI	07/01/2004	$1,109.16	0.0%	0.0%	N	Referral Required
35021	SUBCLAVIAN EXCISION/GRAFT	07/01/2004	$1,014.98	0.0%	0.0%	N	Referral Required
35022	REPAIR RUPTURED ANEURYSM INN	07/01/2004	$1,171.76	0.0%	0.0%	N	Referral Required
35045	REPAIR ANEURYSM FALSE ANEURY	07/01/2004	$907.41	0.0%	0.0%	N	Referral Required
35081	ABDOMINAL AORTIC ANEURYSM	07/01/2004	$1,434.64	0.0%	0.0%	N	Referral Required
35082	DIRECT REPAIR OF ANEURYSM FO	07/01/2004	$1,933.70	0.0%	0.0%	N	Referral Required
35091	ABDOMINAL AORTIC ANEURYSM	07/01/2004	$1,795.93	0.0%	0.0%	N	Referral Required
35092	REPAIR RUPTURE ANEURYSM ABD	07/01/2004	$2,242.94	0.0%	0.0%	N	Referral Required
35102	REPAIR OF ANEURYSM,ABDOMINAL	07/01/2004	$1,568.67	0.0%	0.0%	N	Referral Required
35103	FOR RUPTURED ANEURYSM, ABDOM	07/01/2004	$2,023.38	0.0%	0.0%	N	Referral Required
35111	REPAIR ANEURYSM FALSE ANEURY	07/01/2004	$1,261.12	0.0%	0.0%	N	Referral Required
35112	RUPTURE ANEURYSM SPLENIC ART	07/01/2004	$1,494.40	0.0%	0.0%	N	Referral Required
35121	REPAIR ANEURYSM FALSE ANEURY	07/01/2004	$1,523.18	0.0%	0.0%	N	Referral Required
35122	REPAIR FOR ANEURYSM OR OCCLU	07/01/2004	$1,755.64	0.0%	0.0%	N	Referral Required
35131	REPAIR ANEURYSM, FALSE ANEUR	07/01/2004	$1,273.48	0.0%	0.0%	N	Referral Required
35132	DIRECT REPAIR RUPUTRED ANEUR	07/01/2004	$1,506.75	0.0%	0.0%	N	Referral Required
35141	REPAIR ANEURYSM, FALSE ANEUR	07/01/2004	$1,022.91	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
35142	DIRECT REPAIR OF RUPTURED AN	07/01/2004	$1,177.80	0.0%	0.0%	N	Referral Required
35151	REPAIR ANEURYSM, FALSE ANEUR	07/01/2004	$1,156.37	0.0%	0.0%	N	Referral Required
35152	RUPTURED ANEURYSM POPLITEAL	07/01/2004	$1,287.63	0.0%	0.0%	N	Referral Required
35161	DIR REPAIR ANEURYSM/EXCISION	07/01/2004	$998.94	0.0%	0.0%	N	Referral Required
35162	DIRECT REPAIR ANEURYSM-OTHER	07/01/2004	$1,038.11	0.0%	0.0%	N	Referral Required
35180	REPAIR CONGENITAL AV FISTULA	07/01/2004	$721.73	0.0%	0.0%	N	Referral Required
35182	REPAIR CONGENITAL AV FISTULA	07/01/2004	$1,503.87	0.0%	0.0%	N	Referral Required
35184	REPAIR AV FISTULA-EXTREMITIE	07/01/2004	$922.06	0.0%	0.0%	N	Referral Required
35188	REPAIR ACQUIRED TRAMATIC FIS	07/01/2004	$753.67	0.0%	0.0%	N	Referral Required
35189	REPAIR ACQUIRED ARTERIOVENOU	07/01/2004	$1,415.08	0.0%	0.0%	N	Referral Required
35190	REPAIR ARTERIOVENOUS FISTUAL	07/01/2004	$673.81	0.0%	0.0%	N	Referral Required
35201	REPAIR BLOOD VESSEL, DIRECT,	07/01/2004	$828.76	0.0%	0.0%	N	Referral Required
35206	REPAIR BLOOD VESSEL, DIRECT,	07/01/2004	$737.41	0.0%	0.0%	N	Referral Required
35207	REPAIR BLOOD VESSEL HAND	07/01/2004	$704.63	0.0%	0.0%	N	Referral Required
35211	REPAIR BLOOD VESSEL INTRATHO	07/01/2004	$1,279.28	0.0%	0.0%	N	Referral Required
35216	REPAIR BLOOD VESSEL DIRECT,I	07/01/2004	$1,091.39	0.0%	0.0%	N	Referral Required
35221	REPAIR BLOOD VESSEL DIRECT,	07/01/2004	$1,235.18	0.0%	0.0%	N	Referral Required
35226	REPAIR BLOOD VESSEL DIRECT,	07/01/2004	$808.77	0.0%	0.0%	N	Referral Required
35231	REPAIR BLOOD VESSEL W/VEIN G	07/01/2004	$1,042.59	0.0%	0.0%	N	Referral Required
35236	REPAIR BLOOD VESSEL W/VEIN G	07/01/2004	$921.92	0.0%	0.0%	N	Referral Required
35241	REPAIR BLOOD VESSEL W/VEIN G	07/01/2004	$1,333.68	0.0%	0.0%	N	Referral Required
35246	RAPAIR BLOOD VESSEL W/VEIN G	07/01/2004	$1,446.95	0.0%	0.0%	N	Referral Required
35251	REPAIR BLOOD VESSEL W/VEIN G	07/01/2004	$1,510.79	0.0%	0.0%	N	Referral Required
35256	REPAIR BLOOD VESSEL W/VEIN G	07/01/2004	$990.22	0.0%	0.0%	N	Referral Required
35261	REPAIR BLOOD VESSEL W/GRAFT	07/01/2004	$903.22	0.0%	0.0%	N	Referral Required
35266	REPAIR BLOOD VESSEL W/GRAFT	07/01/2004	$815.53	0.0%	0.0%	N	Referral Required
35271	REPAIR BLOOD VESSEL, INTRATH	07/01/2004	$1,274.27	0.0%	0.0%	N	Referral Required
35276	REPAIR BLOOD VESSEL W/GRAFT	07/01/2004	$1,346.79	0.0%	0.0%	N	Referral Required
35281	REPAIR BLOOD VESSEL WITH GRA	07/01/2004	$1,407.94	0.0%	0.0%	N	Referral Required
35286	REPAIR BLOOD VESSEL W/GRAFT	07/01/2004	$888.36	0.0%	0.0%	N	Referral Required
35301	THROMBOENDARTERECTOMY	07/01/2004	$978.61	0.0%	0.0%	N	Referral Required
35311	THROMBOENDARTERECTOMY	07/01/2004	$1,371.27	0.0%	0.0%	N	Referral Required
35321	THROMBOENARTERECTOMY	07/01/2004	$817.17	0.0%	0.0%	N	Referral Required
35331	THROMBOENDARTERECTOMY	07/01/2004	$1,342.45	0.0%	0.0%	N	Referral Required
35341	THROMBOENDARTERECTOMY	07/01/2004	$1,293.32	0.0%	0.0%	N	Referral Required
35351	THROMBOENDARTERECTOMY	07/01/2004	$1,179.68	0.0%	0.0%	N	Referral Required
35355	THROMBOENDARTERECTOMY, ILIOF	07/01/2004	$961.64	0.0%	0.0%	N	Referral Required
35361	THROMBOENDARTERECTOMY	07/01/2004	$1,428.53	0.0%	0.0%	N	Referral Required
35363	THROMBOENDARTERECTOMY COMBIN	07/01/2004	$1,532.22	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
35371	THROMBOENDARTERECTOMY	07/01/2004	$767.06	0.0%	0.0%	N	Referral Required
35372	THROMBOENDARTERECTOMY, DEEP	07/01/2004	$925.23	0.0%	0.0%	N	Referral Required
35381	THROMBOENDARTERECTOMY	07/01/2004	$834.16	0.0%	0.0%	N	Referral Required
35390	REOPERATION,CAROTID,THROMBOE	07/01/2004	$156.46	0.0%	0.0%	N	Referral Required
35400	ANGIOSCOPY DURING THERAPY INTERVE	07/01/2004	$147.02	0.0%	0.0%	N	Referral Required
35450	TRANSLIMINAL ANGIOPLASTY OPE	07/01/2004	$510.63	0.0%	0.0%	N	Referral Required
35452	TRANSLUMINAL ANGIOPLASTY OPE	07/01/2004	$360.76	0.0%	0.0%	N	Referral Required
35454	ANGIOPLASTY OPEN ILIAC	07/01/2004	$319.07	0.0%	0.0%	N	Referral Required
35456	TRANSLUMINAL ANGIOPLASTY OPE	07/01/2004	$382.70	0.0%	0.0%	N	Referral Required
35458	ANGIOPLASTY OPEN BRACHIOCEPH	07/01/2004	$488.43	0.0%	0.0%	N	Referral Required
35459	TRANSLUMINAL ANGIOPLASTY OPE	07/01/2004	$444.42	0.0%	0.0%	N	Referral Required
35460	TRANSLUMINAL ANGIOPLASTY OPE	07/01/2004	$314.65	0.0%	0.0%	N	Referral Required
35470	ANGIOPLASTY PERCUTANEOUS TIB	07/01/2004	$445.42	0.0%	0.0%	N	Referral Required
35471	PERCUTANEOUS ANGIOPLASTY REN	07/01/2004	$519.04	0.0%	0.0%	N	Referral Required
35472	PERCUTANEOUS ANGIOPLASTY AOR	07/01/2004	$360.80	0.0%	0.0%	N	Referral Required
35473	PERCUTANEOUS ANGIOPLASTY ILI	07/01/2004	$318.87	0.0%	0.0%	N	Referral Required
35474	PERCUTANEOUS ANGIOPLASTY FEM	07/01/2004	$383.47	0.0%	0.0%	N	Referral Required
35475	PERCUTANEOUS ANGIOPLASTY BRA	07/01/2004	$483.56	0.0%	0.0%	N	Referral Required
35476	PERCUTANEOUS ANGIOPLASTYVENO	07/01/2004	$315.31	0.0%	0.0%	N	Referral Required
35480	TRANSLUMINAL PERIPHERAL ATHE	07/01/2004	$563.57	0.0%	0.0%	N	Referral Required
35481	TRANSLUMINAL PERIPHERAL ATHE	07/01/2004	$401.10	0.0%	0.0%	N	Referral Required
35482	TRANSLUMINAL PERIPHERAL ATHE	07/01/2004	$352.97	0.0%	0.0%	N	Referral Required
35483	TRANSLUMINAL PERIPHERAL ATHE	07/01/2004	$417.30	0.0%	0.0%	N	Referral Required
35484	TRANSLUMINAL PERIPHERAL ATHE	07/01/2004	$528.78	0.0%	0.0%	N	Referral Required
35485	TRANSLUMINAL PERIPHERAL ATHE	07/01/2004	$488.54	0.0%	0.0%	N	Referral Required
35490	TRANSLUMINAL PERIPHERAL ATHE	07/01/2004	$561.05	0.0%	0.0%	N	Referral Required
35491	AORTIC	07/01/2004	$396.29	0.0%	0.0%	N	Referral Required
35492	TRANSLUMINAL PERIPHERAL ATHE	07/01/2004	$349.03	0.0%	0.0%	N	Referral Required
35493	TRANSLUMINAL PERIPHERAL ATHE	07/01/2004	$423.44	0.0%	0.0%	N	Referral Required
35494	TRANSLUMINAL PERIPHERAL ATHE	07/01/2004	$528.56	0.0%	0.0%	N	Referral Required
35495	TRANSLUMINAL PERIPHERAL ATHE	07/01/2004	$493.74	0.0%	0.0%	N	Referral Required
35500	HARVEST OF UPPER EXTREMITY VEIN	07/01/2004	$314.00	0.0%	0.0%	N	Referral Required
35501	BYPASS GRAFT W/VEIN CAROTID	07/01/2004	$989.69	0.0%	0.0%	N	Referral Required
35506	CAROTID-SUBCLAVIAN BYPASS	07/01/2004	$1,012.61	0.0%	0.0%	N	Referral Required
35507	BYPASS GRAFT-VEING, SUBCLAVI	07/01/2004	$1,010.53	0.0%	0.0%	N	Referral Required
35508	BYPASS GRAFT W/VEIN CAROTID-	07/01/2004	$963.20	0.0%	0.0%	N	Referral Required
35509	BYPASS GRAFT W/VEIN CAROTID-	07/01/2004	$931.72	0.0%	0.0%	N	Referral Required
35511	SUBCLAVIAN-SUBCLAVIAN BYPASS	07/01/2004	$1,071.75	0.0%	0.0%	N	Referral Required
35515	BYPASS GRAFT W/VEIN SUBCLAVI	07/01/2004	$958.15	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
35516	SUBCLAVIAN-AXILLARY BYPASS	07/01/2004	$775.20	0.0%	0.0%	N	Referral Required
35518	VEIN BYPASS AXILLARY-AXILLAR	07/01/2004	$1,072.49	0.0%	0.0%	N	Referral Required
35521	AXILLARY-FEMORAL-FEMORAL BYP	07/01/2004	$1,132.53	0.0%	0.0%	N	Referral Required
35522	BYPASS GRAFT, WITH VEIN	01/01/2004	$1,169.29	0.0%	0.0%	N	Referral Required
35525	BYPASS GRAFT, WITH VEIN	01/01/2004	$1,114.19	0.0%	0.0%	N	Referral Required
35526	AORTO-SUBCLAVIAN BYPASS	07/01/2004	$1,501.09	0.0%	0.0%	N	Referral Required
35531	AORTO-CELIAC BYPASS	07/01/2004	$1,812.75	0.0%	0.0%	N	Referral Required
35533	VEIN BYPASS AXILLARY-FEMORAL	07/01/2004	$1,420.29	0.0%	0.0%	N	Referral Required
35536	SPLENO-RENAL BYPASS	07/01/2004	$1,592.85	0.0%	0.0%	N	Referral Required
35541	AORTOILIAC OR BI-ILIAC BYPAS	07/01/2004	$1,324.56	0.0%	0.0%	N	Referral Required
35546	AORTO-FEMORAL BYPASS	07/01/2004	$1,309.66	0.0%	0.0%	N	Referral Required
35548	BYPASS GRAFT W/VEIN ARTOILIO	07/01/2004	$1,119.13	0.0%	0.0%	N	Referral Required
35549	BYPASS GRAFT W/VIEW AORTOILI	07/01/2004	$1,202.24	0.0%	0.0%	N	Referral Required
35551	AORTO-FEMORAL POPLITEAL BYPA	07/01/2004	$1,370.90	0.0%	0.0%	N	Referral Required
35556	FEMORAL-POPLITEAL BYPASS	07/01/2004	$1,126.43	0.0%	0.0%	N	Referral Required
35558	FEMORAL-FEMORAL BYPASS	07/01/2004	$1,078.91	0.0%	0.0%	N	Referral Required
35560	VEIN BYPASS AORTORENAL	07/01/2004	$1,614.32	0.0%	0.0%	N	Referral Required
35563	VEIN BYPASS ILIOILIAC	07/01/2004	$1,229.99	0.0%	0.0%	N	Referral Required
35565	BYPASS GRAFT, VEIN, ILIOFEMO	07/01/2004	$1,181.01	0.0%	0.0%	N	Referral Required
35566	FEMORAL-TIBIAL BYPASS	07/01/2004	$1,395.23	0.0%	0.0%	N	Referral Required
35571	BYPASS GRAFT-VEIN POPLITEAL-	07/01/2004	$1,289.21	0.0%	0.0%	N	Referral Required
35572	HARVEST OF FEMOROPOPLITEAL VEIN	07/01/2004	$322.57	0.0%	0.0%	N	Referral Required
35582	IN-SITU VEIN BYPASS; AORTOFE	07/01/2004	$1,390.66	0.0%	0.0%	N	Referral Required
35583	IN SITU VEIN BYPASS, FEMORAL	07/01/2004	$1,187.14	0.0%	0.0%	N	Referral Required
35585	IN-SITU VEIN BYPASS, FEMORAL	07/01/2004	$1,540.89	0.0%	0.0%	N	Referral Required
35587	POPLITEAL TIBIAL PERCONEAL (	07/01/2004	$1,335.78	0.0%	0.0%	N	Referral Required
35600	HARVEST UPPER EXTREMITY ARTERY	07/01/2004	$251.37	0.0%	0.0%	N	Referral Required
35601	BYPASS GRAFT, OTHER THAN VEI	07/01/2004	$903.90	0.0%	0.0%	N	Referral Required
35606	CAROTID-SUBCLAVIAN BYPASS	07/01/2004	$962.87	0.0%	0.0%	N	Referral Required
35612	SUBCLAVIAN-SUBCLAVIAN BYPASS	07/01/2004	$809.73	0.0%	0.0%	N	Referral Required
35616	SUBCLAVIAN-AXILLARY BYPASS	07/01/2004	$821.21	0.0%	0.0%	N	Referral Required
35621	AXILLARY-FEMORAL BYPASS	07/01/2004	$1,027.70	0.0%	0.0%	N	Referral Required
35623	AXILLARY-POPLITEAL OR TIBIAL	07/01/2004	$1,220.59	0.0%	0.0%	N	Referral Required
35626	AORTO-SUBCLAVIAN BYPASS	07/01/2004	$1,399.83	0.0%	0.0%	N	Referral Required
35631	AORTO-CELIAC BYPASS	07/01/2004	$1,707.40	0.0%	0.0%	N	Referral Required
35636	BYPASS W/OTHER-THAN VEIN SPL	07/01/2004	$1,490.88	0.0%	0.0%	N	Referral Required
35641	BYPASS GRAFT WITH OTHER THAN	07/01/2004	$1,265.91	0.0%	0.0%	N	Referral Required
35642	BYPASS GRAFT-OTHER THAN VEIN	07/01/2004	$930.54	0.0%	0.0%	N	Referral Required
35645	BYPASS GRAFT OTHER THAN VEIN	07/01/2004	$928.06	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
35646	BYPASS GRAFT - AORTOFEMORAL	07/01/2004	$1,587.96	0.0%	0.0%	N	Referral Required
35647	BYPASS GRAFT W/OTHER THAN VEIN	07/01/2004	$1,439.37	0.0%	0.0%	N	Referral Required
35650	BYPASS GRAFT-OTHER THAN VEIN	07/01/2004	$963.42	0.0%	0.0%	N	Referral Required
35651	BYPASS GRAFT-OTHER THAN VEIN	07/01/2004	$1,284.58	0.0%	0.0%	N	Referral Required
35654	BYPASS GRAFT OTHER THAN VEIN	07/01/2004	$1,271.99	0.0%	0.0%	N	Referral Required
35656	FEMORAL-POPLITEAL BYPASS	07/01/2004	$1,009.35	0.0%	0.0%	N	Referral Required
35661	FEMORAL-FEMORAL BYPASS	07/01/2004	$971.59	0.0%	0.0%	N	Referral Required
35663	BYPASS GRAFT OTHER THAN VEIN	07/01/2004	$1,124.37	0.0%	0.0%	N	Referral Required
35665	BYPASS GRAFT WITH OTHER THAN	07/01/2004	$1,077.39	0.0%	0.0%	N	Referral Required
35666	FEMORAL-TIBIAL BYPASS	07/01/2004	$1,217.20	0.0%	0.0%	N	Referral Required
35671	BYPASS GRAFT OTHER THAN VEIN	07/01/2004	$1,060.61	0.0%	0.0%	N	Referral Required
35681	BYPASS GRAFT COMPOSITE	07/01/2004	$78.39	0.0%	0.0%	N	Referral Required
35682	BYPASS GRAFT AUTOGENOUS COMPOSIT	07/01/2004	$352.78	0.0%	0.0%	N	Referral Required
35683	BYPASS GRAFT AUTOGENOUS COMPOS	07/01/2004	$417.35	0.0%	0.0%	N	Referral Required
35685	BYPASS GRAFT PATENCY/VEIN	07/01/2004	$200.27	0.0%	0.0%	N	Referral Required
35686	BYPASS GRAFT PATENCY/AV FISTULA	07/01/2004	$165.65	0.0%	0.0%	N	Referral Required
35691	TRANSPOSITION AND/OR REIMPLA	07/01/2004	$928.27	0.0%	0.0%	N	Referral Required
35693	VERTEBRAL TO SUBCLAVIAN ARTE	07/01/2004	$795.69	0.0%	0.0%	N	Referral Required
35694	SUBCLAVIAN TO CAROTID ARTERY	07/01/2004	$981.04	0.0%	0.0%	N	Referral Required
35695	CAROTID TO SUBCLAVIAN ARTERY	07/01/2004	$978.88	0.0%	0.0%	N	Referral Required
35700	REOPERATION,FEMORAL-POPLITEA	07/01/2004	$150.88	0.0%	0.0%	N	Referral Required
35701	EXPLORATION, CAROTID ARTERY	07/01/2004	$466.84	0.0%	0.0%	N	Referral Required
35721	EXPLORATION, FEMORAL ARTERY	07/01/2004	$432.08	0.0%	0.0%	N	Referral Required
35741	EXPLORATION, POPLITEAL ARTER	07/01/2004	$473.44	0.0%	0.0%	N	Referral Required
35761	EXPLORATION W/WO LYSIS OF AR	07/01/2004	$347.44	0.0%	0.0%	N	Referral Required
35800	EXPLORATION FOR POSTOP HEMOR	07/01/2004	$392.59	0.0%	0.0%	N	Referral Required
35820	EXPLORATION FOR POSTOP HEMOR	07/01/2004	$627.85	0.0%	0.0%	N	Referral Required
35840	EXPLORATION FOR POSTOP HEMOR	07/01/2004	$536.28	0.0%	0.0%	N	Referral Required
35860	EXPLORATION FOR POSTOP HEMOR	07/01/2004	$326.68	0.0%	0.0%	N	Referral Required
35870	REPAIR OF GRAFT-ENTERIC FIST	07/01/2004	$1,165.57	0.0%	0.0%	N	Referral Required
35875	THROMBECTOMY AND/OR REPAIR A	07/01/2004	$593.70	0.0%	0.0%	N	Referral Required
35876	WITH REVISION OF ARTERIAL OR	07/01/2004	$936.89	0.0%	0.0%	N	Referral Required
35879	REVISION OF LOWER EXTREMITY	07/01/2004	$846.32	0.0%	0.0%	N	Referral Required
35881	REVISION OF LOWER EXTREMITY	07/01/2004	$947.69	0.0%	0.0%	N	Referral Required
35901	EXCISION OF INFECTED GRAFT,	07/01/2004	$498.09	0.0%	0.0%	N	Referral Required
35903	EXTREMITY	07/01/2004	$619.70	0.0%	0.0%	N	Referral Required
35905	THORAX	07/01/2004	$1,651.01	0.0%	0.0%	N	Referral Required
35907	ABDOMEN	07/01/2004	$1,770.87	0.0%	0.0%	N	Referral Required
36000	VENOGRAPHY INJECTION PROCEDU	07/01/2004	$27.76	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
36002	INJECTION PROCEDURES	07/01/2004	$167.23	0.0%	0.0%	N	Referral Required
36005	INJ PROCEDURE CONTRAST VENOGRAPH	07/01/2004	$272.08	0.0%	0.0%	N	Referral Required
36010	VENACAVA INJECTION PROCEDURE	07/01/2004	$116.62	0.0%	0.0%	N	Referral Required
36011	SELECT CATHETER PLACE, VENOUS SYST	07/01/2004	$150.50	0.0%	0.0%	N	Referral Required
36012	SELECT CATHETER PLACE, VENOUE SYST	07/01/2004	$168.23	0.0%	0.0%	N	Referral Required
36013	INTRO CATHETER R-HEART/MIIN PULMON	07/01/2004	$112.51	0.0%	0.0%	N	Referral Required
36014	SELECT CATHETER PLACE L/R PULMONAR	07/01/2004	$144.38	0.0%	0.0%	N	Referral Required
36015	SELECT CATHETER PLACE, EA SEGMENTA	07/01/2004	$168.37	0.0%	0.0%	N	Referral Required
36100	ARTERIAL INJECTION PROCEDURE	07/01/2004	$148.37	0.0%	0.0%	N	Referral Required
36120	ARTERIAL INJECTION PROCEDURE	07/01/2004	$95.89	0.0%	0.0%	N	Referral Required
36140	EXTRMTY ARTERIOGRAPHY INJ PROC	07/01/2004	$96.08	0.0%	0.0%	N	Referral Required
36145	ARTERIOVENOUS SHUNT INJ PROC	07/01/2004	$96.04	0.0%	0.0%	N	Referral Required
36160	TRANSLUMBAR AORTIC INJECTION	07/01/2004	$122.51	0.0%	0.0%	N	Referral Required
36200	AORTOGRAPHY INJECTION PROCEDRE	07/01/2004	$145.54	0.0%	0.0%	N	Referral Required
36215	SELECTIVE CATHETER PLACEMENT, ARTE	07/01/2004	$225.01	0.0%	0.0%	N	Referral Required
36216	SELECT CATHETER PLACE, ARTERIAL 2ND	07/01/2004	$253.54	0.0%	0.0%	N	Referral Required
36217	SELECT CATHETER PLACE ARTERIAL 3RD	07/01/2004	$304.27	0.0%	0.0%	N	Referral Required
36218	SELECT CATHETER PLACE ARTERIAL ADDI	07/01/2004	$48.85	0.0%	0.0%	N	Referral Required
36245	SELECTIVE CATHETER PLACEMENT, ATERI	07/01/2004	$228.46	0.0%	0.0%	N	Referral Required
36246	SELECT CATHETER PLACE, ARTERIAL 2ND	07/01/2004	$254.56	0.0%	0.0%	N	Referral Required
36247	SELECT CATHETER PLACE, ARTERIAL 3RD	07/01/2004	$302.97	0.0%	0.0%	N	Referral Required
36248	SELECT CATHETER PLACE ARTERIAL ADDI	07/01/2004	$49.04	0.0%	0.0%	N	Referral Required
36260	INSERTION IMPLANTABLE INTRAVENOUS I	07/01/2004	$546.74	0.0%	0.0%	N	Referral Required
36261	REVISION IMPLANTED INTRA-ARTERIAL I	07/01/2004	$315.85	0.0%	0.0%	N	Referral Required
36262	REMOVAL IMPLANTED INTRA-ARTERIAL IN	07/01/2004	$235.10	0.0%	0.0%	N	Referral Required
36400	VENIPUNCTURE	07/01/2004	$37.15	0.0%	0.0%	N	Referral Required
36405	VENIPUNCTURE	07/01/2004	$30.10	0.0%	0.0%	N	Referral Required
36406	VENIPUNCTURE UNDER 3 YRS OTH	07/01/2004	$37.21	0.0%	0.0%	N	Referral Required
36410	VENIPUNCTURE	07/01/2004	$22.87	0.0%	0.0%	N	Referral Required
36415	ROUTINE VENIPUNCTURE FOR COL	07/01/2004	$3.07	0.0%	0.0%	N	
36420	VENIPUNCTURE	07/01/2004	$48.28	0.0%	0.0%	N	Referral Required
36425	VENIPUNCTURE	07/01/2004	$140.03	0.0%	0.0%	N	Referral Required
36430	TRANSFUSION BLOOD OR BLOOD COMPON	07/01/2004	$31.89	0.0%	0.0%	N	Referral Required
36440	TRANSFUSION, BLOOD	07/01/2004	$48.16	0.0%	0.0%	N	Referral Required
36450	EXCHANGE TRANSFUSION	07/01/2004	$105.29	0.0%	0.0%	N	Referral Required
36455	EXCHANGE TRANSFUSION OTHER T	07/01/2004	$119.76	0.0%	0.0%	N	Referral Required
36460	FETAL TRANSFUSION	07/01/2004	$327.46	0.0%	0.0%	N	Referral Required
36468	SINGLE OR MULT INJECT OF SCL	07/01/2004	$24.73	0.0%	0.0%	N	Referral Required
36469	SINGLE OR MULT INJECT OF SCL	07/01/2004	$49.48	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
36481	PERCUTANEOUS PORTAL VEIN CAT	07/01/2004	$348.83	0.0%	0.0%	N	Referral Required
36500	ABDOMINAL VENOGRAPHY INJECTI	07/01/2004	$170.29	0.0%	0.0%	N	Referral Required
36510	UMBILICAL VEIN CATHETERIZATI	07/01/2004	$63.61	0.0%	0.0%	N	Referral Required
36511	THERAPEUTIC APHERESIS	07/01/2004	$81.91	0.0%	0.0%	N	Referral Required
36512	THERAPEUTIC APHERESIS	07/01/2004	$81.91	0.0%	0.0%	N	Referral Required
36513	THERAPEUTIC APHERESIS	07/01/2004	$81.91	0.0%	0.0%	N	Referral Required
36514	THERAPEUTIC APHERESIS	07/01/2004	$81.91	0.0%	0.0%	N	Referral Required
36515	THERAPEUTIC APHERESIS	07/01/2004	$81.91	0.0%	0.0%	N	Referral Required
36516	THERAPEUTIC APHERESIS	07/01/2004	$81.91	0.0%	0.0%	N	Referral Required
36522	PHOTOPHERESIS EXTRA CORPOREA	07/01/2004	$257.14	0.0%	0.0%	N	Referral Required
36550	VASCULAR ACCESS DEVICE DECLOTTING	07/01/2004	$18.09	0.0%	0.0%	N	Referral Required
36555	INSERTION OF CENTRAL VENOUS CATH	07/01/2004	$286.82	0.0%	0.0%	N	Referral Required
36556	INSERTION OF CENTRLY INSRTD CATH	07/01/2004	$247.62	0.0%	0.0%	N	Referral Required
36557	INSRTN OF TUNLD CNTRL CATH	07/01/2004	$616.38	0.0%	0.0%	N	Referral Required
36558	INSERTION OF CENTRLY INSRTD CATH	07/01/2004	$602.88	0.0%	0.0%	N	Referral Required
36560	INSRTN OF TUNLD CNTRL CATH	07/01/2004	$1,153.59	0.0%	0.0%	N	Referral Required
36561	INSRTN OF CNTRL VENUS CATH	07/01/2004	$1,142.47	0.0%	0.0%	N	Referral Required
36563	INSRTION OF TUNLED CNTRLY LOC CATH	07/01/2004	$1,070.04	0.0%	0.0%	N	Referral Required
36565	INSRTN OF CNTRL VENUS CATH	07/01/2004	$921.35	0.0%	0.0%	N	Referral Required
36566	INSERTION OF VENUS CATHINSRTN OF T	07/01/2004	$963.87	0.0%	0.0%	N	Referral Required
36568	INSRTN OF PERIPHERAL CATH	07/01/2004	$331.52	0.0%	0.0%	N	Referral Required
36569	INSERTION OF PICC W/O PORT OR PUMP	07/01/2004	$279.30	0.0%	0.0%	N	Referral Required
36570	INSERTION OF PICC	07/01/2004	$1,474.60	0.0%	0.0%	N	Referral Required
36571	INSERTION OF PICC W SUBCU PORT	07/01/2004	$1,326.18	0.0%	0.0%	N	Referral Required
36575	REPAIR OF TUNLD OR NON-TUNLD CATH	07/01/2004	$139.20	0.0%	0.0%	N	Referral Required
36576	REPAIR OF CNTRL VNUS CATH	07/01/2004	$363.92	0.0%	0.0%	N	Referral Required
36578	REPLCMNT CATH ONLY	07/01/2004	$464.46	0.0%	0.0%	N	Referral Required
36580	RPLCMNT COMPLT, NON-TNLD CATH	07/01/2004	$233.57	0.0%	0.0%	N	Referral Required
36581	RPLCMNT COMP, TUNLD CATH	07/01/2004	$548.74	0.0%	0.0%	N	Referral Required
36582	RPLCMNT COMP TUNLD CATH	07/01/2004	$1,032.65	0.0%	0.0%	N	Referral Required
36583	RPLCMNT OF TUNLD CATH	07/01/2004	$606.68	0.0%	0.0%	N	Referral Required
36584	RPLCMNT COMP PERI CATH	07/01/2004	$244.01	0.0%	0.0%	N	Referral Required
36585	RPLCMNT COMP PICC	07/01/2004	$1,298.19	0.0%	0.0%	N	Referral Required
36589	REMOVAL OF TUNLD CNTRL CATH	07/01/2004	$149.57	0.0%	0.0%	N	Referral Required
36590	REMOVAL OF TUNLD CNTRL CATH	07/01/2004	$320.66	0.0%	0.0%	N	Referral Required
36595	MECHANICAL REMOVAL OF PICC MATRL	07/01/2004	$727.36	0.0%	0.0%	N	Referral Required
36596	INSRTN OF NON-TUNLD CATH	07/01/2004	$166.85	0.0%	0.0%	N	Referral Required
36597	REPOSITIONING OF PREV CATH	07/01/2004	$143.16	0.0%	0.0%	N	Referral Required
36600	ARTERIAL PUNCTURE	07/01/2004	$25.74	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
36620	ARTERIAL CATHETERIZATION	07/01/2004	$50.10	0.0%	0.0%	N	Referral Required
36625	ARTERIAL CATHETERIZATION	07/01/2004	$97.76	0.0%	0.0%	N	Referral Required
36640	ARTERIAL CATHETERIZATION PRO	07/01/2004	$102.33	0.0%	0.0%	N	Referral Required
36660	ARTERIAL CATHETERIZATION	07/01/2004	$63.58	0.0%	0.0%	N	Referral Required
36680	PLACEMENT OF NEEDLE FOR INTR	07/01/2004	$65.60	0.0%	0.0%	N	Referral Required
36800	INSERT CANNULA FOR HEMODIALY	07/01/2004	$141.25	0.0%	0.0%	N	Referral Required
36810	ARTERIOVENOUS CANNULIZATION	07/01/2004	$220.71	0.0%	0.0%	N	Referral Required
36815	ARTERIOVENOUS EXTERNAL REVIS	07/01/2004	$139.55	0.0%	0.0%	N	Referral Required
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN	07/01/2004	$739.16	0.0%	0.0%	N	Referral Required
36820	ANASTOMOSIS, FOREARM VEIN TRANSPO	07/01/2004	$739.16	0.0%	0.0%	N	Referral Required
36821	ARTERIOVENOUS ANASTOMOSIS	07/01/2004	$498.93	0.0%	0.0%	N	Referral Required
36822	INSERT CANNULA PROLONGED EXT	07/01/2004	$426.04	0.0%	0.0%	N	Referral Required
36825	ARTERIOVENOUS FISTULA	07/01/2004	$551.39	0.0%	0.0%	N	Referral Required
36830	ARTERIOVENOUS FISTULA	07/01/2004	$650.58	0.0%	0.0%	N	Referral Required
36831	THROMBECTOMY ARTERIOVENOUS FIST	07/01/2004	$428.70	0.0%	0.0%	N	Referral Required
36832	REVISION OF ART FISTULA WITH	07/01/2004	$575.89	0.0%	0.0%	N	Referral Required
36833	REVISION ARTHERIOVENOUS FISTULA	07/01/2004	$647.27	0.0%	0.0%	N	Referral Required
36834	PLASTIC REPAIR OF ARTERIOVEN	07/01/2004	$500.25	0.0%	0.0%	N	Referral Required
36835	THOMAS SHUNT	07/01/2004	$415.32	0.0%	0.0%	N	Referral Required
36860	CANNULA DECLOTTING WO/BALLOO	07/01/2004	$155.36	0.0%	0.0%	N	Referral Required
36861	CANNULA DECLOTTING W/BALLOON	07/01/2004	$140.96	0.0%	0.0%	N	Referral Required
36870	THROMBECTOMY	07/01/2004	$1,544.34	0.0%	0.0%	N	Referral Required
37140	PORTO-CAVAL ANASTOMOSIS	07/01/2004	$1,204.60	0.0%	0.0%	N	Referral Required
37145	ANASTOMOSIS RENOPORTAL	07/01/2004	$1,342.38	0.0%	0.0%	N	Referral Required
37160	CAVAL-MESENTERIC ANASTOMOSIS	07/01/2004	$1,114.20	0.0%	0.0%	N	Referral Required
37180	SPLENO-RENAL ANASTOMOSIS	07/01/2004	$1,269.85	0.0%	0.0%	N	Referral Required
37181	ANASTOMOSIS; SPLENORENAL,DIS	07/01/2004	$1,355.83	0.0%	0.0%	N	Referral Required
37182	INSERTION OF TRANSVENOUS INTRAHEPA	07/01/2004	$801.54	0.0%	0.0%	N	Referral Required
37183	REVISION OF TRANSVENOUS INTRAHEPAT	07/01/2004	$376.24	0.0%	0.0%	N	Referral Required
37195	THROMBOLYSIS; CEREBRAL, INTRAVENO	07/01/2004	$256.33	0.0%	0.0%	N	Referral Required
37200	TRANSCATHETER BIOPSY	07/01/2004	$217.59	0.0%	0.0%	N	Referral Required
37201	TRANSCATHETER THERAPY, INFUS	07/01/2004	$266.40	0.0%	0.0%	N	Referral Required
37202	TRANSCATHETER THERAPY INFUSI	07/01/2004	$317.25	0.0%	0.0%	N	Referral Required
37203	TRANSCATHETER RETRIEVAL INTR	07/01/2004	$268.26	0.0%	0.0%	N	Referral Required
37204	EMBOLIZATION, NONCENTRAL NER	07/01/2004	$867.18	0.0%	0.0%	N	Referral Required
37205	TRANSCATHETER PLACE INTRAVAS	07/01/2004	$429.09	0.0%	0.0%	N	Referral Required
37206	TRANSCATHETER PLACE INTRAVAS	07/01/2004	$200.91	0.0%	0.0%	N	Referral Required
37207	TRANSCATH PLACE INTRAVASCULA	07/01/2004	$428.10	0.0%	0.0%	N	Referral Required
37208	TRANSCATA PLACE INTRAVASCULA	07/01/2004	$202.03	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
37209	EXCHANGE ARTERIAL CATHETER D	07/01/2004	$108.72	0.0%	0.0%	N	Referral Required
37250	INTRAVASCULAR ULTRASOUND DUR	07/01/2004	$103.46	0.0%	0.0%	N	Referral Required
37251	INTRAVASCULAR ULTRASOUND DUR	07/01/2004	$78.31	0.0%	0.0%	N	Referral Required
37500	VASCULAR ENDOSCOPY	07/01/2004	$651.33	0.0%	0.0%	N	Referral Required
37565	LIGATION OF INTERNAL JUGULAR	07/01/2004	$568.73	0.0%	0.0%	N	Referral Required
37600	LIGATION, CAROTID	07/01/2004	$619.09	0.0%	0.0%	N	Referral Required
37605	LIGATION, CAROTID	07/01/2004	$695.86	0.0%	0.0%	N	Referral Required
37606	LIGATION INTERNAL CAROTID AR	07/01/2004	$363.05	0.0%	0.0%	N	Referral Required
37607	LIGATION OR BANDING OF ANGIO	07/01/2004	$352.02	0.0%	0.0%	N	Referral Required
37609	LIGATION OR BIOPSY TEMPORAL	07/01/2004	$346.71	0.0%	0.0%	N	Referral Required
37615	LIGATION MAJOR ARTERY; NECK	07/01/2004	$331.65	0.0%	0.0%	N	Referral Required
37616	LIGATION MAJOR ARTERY; CHEST	07/01/2004	$964.68	0.0%	0.0%	N	Referral Required
37617	LIGATION MAJOR ARTERY; ABDOM	07/01/2004	$1,134.29	0.0%	0.0%	N	Referral Required
37618	LIGATION MAJOR ARTERY; EXTRE	07/01/2004	$297.85	0.0%	0.0%	N	Referral Required
37620	INTERRUPTION OF INFERIOR VENA CAVA	07/01/2004	$569.08	0.0%	0.0%	N	Referral Required
37650	INTERRUPTION PART/COMP OF FE	07/01/2004	$438.55	0.0%	0.0%	N	Referral Required
37660	INTERRUPTION, PARTIAL OR COM	07/01/2004	$1,075.02	0.0%	0.0%	N	Referral Required
37700	LIGATION & DIVISION, VEINS	07/01/2004	$244.13	0.0%	0.0%	Y	Referral Required
37720	LIGATION & DIVISION, VEINS	07/01/2004	$333.48	0.0%	0.0%	Y	Referral Required
37730	LIGATION & DIVISION, VEINS	07/01/2004	$424.09	0.0%	0.0%	Y	Referral Required
37735	UNILATERAL LIGATION DIVISION	07/01/2004	$589.10	0.0%	0.0%	Y	Referral Required
37760	STRIPPING, SUBFASCIAL, RADIC	07/01/2004	$580.65	0.0%	0.0%	Y	Referral Required
37765	STAB PHLEBECTOMY OF VARICOSE VEINS	01/01/2004	$432.29	0.0%	0.0%	N	Referral Required
37766	STAB PHLEBECTOMY OF VARICOSE VEINS	01/01/2004	$528.45	0.0%	0.0%	N	Referral Required
37780	LIGATION & DIVISION, VEINS	07/01/2004	$238.12	0.0%	0.0%	Y	Referral Required
37785	VARICOSE VEINS, LIGTN & EXCS	07/01/2004	$377.94	0.0%	0.0%	Y	Referral Required
37790	PENILE VENOUS OCCLUSIVE PROC	07/01/2004	$528.76	0.0%	0.0%	N	Referral Required
38100	SPLENECTOMY	07/01/2004	$758.23	0.0%	0.0%	N	Referral Required
38101	SPLENECTOMY, PARTIAL	07/01/2004	$806.07	0.0%	0.0%	N	Referral Required
38102	TOTAL, EN BLOC FOR EXTENSIVE	07/01/2004	$235.87	0.0%	0.0%	N	Referral Required
38115	REPAIR OF RUPTURED SPLEEN W/	07/01/2004	$823.25	0.0%	0.0%	N	Referral Required
38120	LAPAROSCOPY, SURGICAL, SPLENECTOM	07/01/2004	$882.63	0.0%	0.0%	N	Referral Required
38200	SPLENOPORTOGRAPHY, INJ PRO	07/01/2004	$126.28	0.0%	0.0%	N	Referral Required
38205	BLOOD DERIVED HEMOTOPOIETIC CELL	07/01/2004	$70.78	0.0%	0.0%	N	Referral Required
38206	BLOOD-DERIVED HEMATOPOIETIC CELL	07/01/2004	$70.78	0.0%	0.0%	N	Referral Required
38220	BONE MARROW ASPIRATION	07/01/2004	$190.14	0.0%	0.0%	N	Referral Required
38221	BONE MARROW BIOPSY	07/01/2004	$203.88	0.0%	0.0%	N	Referral Required
38230	BONE MARROW HARVESTING FOR T	07/01/2004	$245.69	0.0%	0.0%	N	Referral Required
38240	BONE MARROW TRANSPLANTATION;	07/01/2004	$109.71	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
38241	BONE MARROW TRANSPLANTATION;	07/01/2004	$109.06	0.0%	0.0%	Y	Referral Required
38242	BONE MARROW/STEM CELL TRANSPLANT	07/01/2004	$80.72	0.0%	0.0%	Y	Referral Required
38300	DRAINAGE, LYMPHADENITIS	07/01/2004	$232.48	0.0%	0.0%	N	Referral Required
38305	DRAINAGE LYMPHADENITIS EXTEN	07/01/2004	$480.14	0.0%	0.0%	N	Referral Required
38308	LYMPHANGIOTOMY OR OTHER OPER	07/01/2004	$414.45	0.0%	0.0%	N	Referral Required
38380	LIGATION, THORACIC DUCT	07/01/2004	$525.48	0.0%	0.0%	N	Referral Required
38381	LIGATION, THORACIC DUCT	07/01/2004	$803.30	0.0%	0.0%	N	Referral Required
38382	SUTURE/LIGATION THORACIC DUC	07/01/2004	$665.01	0.0%	0.0%	N	Referral Required
38474	PERCUTANEOUS ANGIOPLASTY FEMORAL	07/01/2004	$583.84	0.0%	0.0%	N	Referral Required
38500	BIOPSY, LYMPH NODE	07/01/2004	$241.00	0.0%	0.0%	N	Referral Required
38505	BX OR EXC LYMPH NODE BY NEED	07/01/2004	$146.77	0.0%	0.0%	N	Referral Required
38510	BIOPSY, LYMPH NODE	07/01/2004	$416.24	0.0%	0.0%	N	Referral Required
38520	BIOPSY, LYMPH NODE	07/01/2004	$431.25	0.0%	0.0%	N	Referral Required
38525	DEEP AXILLARY NODE	07/01/2004	$371.41	0.0%	0.0%	N	Referral Required
38530	BIOPSY, LYMPH NODE	07/01/2004	$483.39	0.0%	0.0%	N	Referral Required
38542	DISSECTION DEEP JUGULAR NODE	07/01/2004	$417.58	0.0%	0.0%	N	Referral Required
38550	EXCISION, CYSTIC HYGROMA	07/01/2004	$421.75	0.0%	0.0%	N	Referral Required
38555	EXCISION, CYSTIC HYGROMA	07/01/2004	$837.69	0.0%	0.0%	N	Referral Required
38562	LIMITED LYMPHADENECTOMY FOR	07/01/2004	$611.70	0.0%	0.0%	N	Referral Required
38564	LIMITED LYMPHADENECTOMY FOR	07/01/2004	$617.29	0.0%	0.0%	N	Referral Required
38570	LAPAROSCOPY RETROPERITONEAL	07/01/2004	$495.79	0.0%	0.0%	N	Referral Required
38571	LAPAROSCOPY PELVIC LYPMHADENECTOM	07/01/2004	$747.94	0.0%	0.0%	N	Referral Required
38572	LAPAROSCOPY PELVIC LYMPHADENECTOM	07/01/2004	$864.77	0.0%	0.0%	N	Referral Required
38700	LYMPHADENECTOMY	07/01/2004	$747.28	0.0%	0.0%	N	Referral Required
38720	LYMPHADENECTOMY	07/01/2004	$1,031.94	0.0%	0.0%	N	Referral Required
38724	CERVIAL LYMPHADENECTOMY MODI	07/01/2004	$1,084.84	0.0%	0.0%	N	Referral Required
38740	AXILLARY LYMPHADENECTOMY, SU	07/01/2004	$560.88	0.0%	0.0%	N	Referral Required
38745	LYMPHADENECTOMY	07/01/2004	$757.86	0.0%	0.0%	N	Referral Required
38746	THORACIC LYMPHADENECTOMY,REG	07/01/2004	$237.56	0.0%	0.0%	N	Referral Required
38747	ABDOMINAL LYMPHADENECTOMY, R	07/01/2004	$239.90	0.0%	0.0%	N	Referral Required
38760	LYMPHADENECTOMY	07/01/2004	$715.99	0.0%	0.0%	N	Referral Required
38765	LYMPHADENECTOMY	07/01/2004	$1,114.29	0.0%	0.0%	N	Referral Required
38770	LYMPHADENECTOMY	07/01/2004	$721.17	0.0%	0.0%	N	Referral Required
38780	LYMPHADENECTOMY	07/01/2004	$933.80	0.0%	0.0%	N	Referral Required
38790	LYMPHANGIOGRAPHY, INJ PRO	07/01/2004	$528.87	0.0%	0.0%	N	Referral Required
38792	INJECTION FOR ID OF SENTINEL NODE	07/01/2004	$25.40	0.0%	0.0%	N	Referral Required
38794	CANNULATION, THORACIC DUCT	07/01/2004	$212.34	0.0%	0.0%	N	Referral Required
39000	MEDTASTINOTOMY W/EXPLORATION	07/01/2004	$471.58	0.0%	0.0%	N	Referral Required
39010	MEDIASTINOTOMY	07/01/2004	$749.01	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
39200	EXCISION, CYST, MEDIASTINAL	07/01/2004	$843.25	0.0%	0.0%	N	Referral Required
39220	EXCISION, TUMOR, MEDIASTINAL	07/01/2004	$1,025.27	0.0%	0.0%	N	Referral Required
39400	MEDIASTINOSCOPY	07/01/2004	$440.41	0.0%	0.0%	N	Referral Required
39501	REPAIR LACERATION OF DIAPHRA	07/01/2004	$748.71	0.0%	0.0%	N	Referral Required
39502	REPAIR PARAESOPHAGEAL HIATUS	07/01/2004	$884.97	0.0%	0.0%	N	Referral Required
39503	REPAIR NEONATAL DIAPHRAGMATI	07/01/2004	$4,652.48	0.0%	0.0%	N	Referral Required
39520	REPAIR, ESOPHAGEAL HERNIA	07/01/2004	$918.02	0.0%	0.0%	N	Referral Required
39530	REPAIR, ESOPHAGEAL HERNIA	07/01/2004	$861.06	0.0%	0.0%	N	Referral Required
39531	COMBINED, THORACOABDOMINAC,/	07/01/2004	$892.23	0.0%	0.0%	N	Referral Required
39540	REPAIR DIAPHRAGMATIC HERNIA	07/01/2004	$752.35	0.0%	0.0%	N	Referral Required
39541	REPAIR DIAPHRAGMATIC HERNIA	07/01/2004	$799.50	0.0%	0.0%	N	Referral Required
39545	IMBRICATION DIAPHRAGM	07/01/2004	$807.11	0.0%	0.0%	N	Referral Required
39560	RESECTION, DIAPHRAGM	07/01/2004	$699.38	0.0%	0.0%	N	Referral Required
39561	RESECTION, DIAPHRAGM	07/01/2004	$978.46	0.0%	0.0%	N	Referral Required
40490	BIOPSY, LIP	07/01/2004	$97.56	0.0%	0.0%	N	Referral Required
40500	VERMILIONECTOMY	07/01/2004	$344.14	0.0%	0.0%	N	Referral Required
40510	RESECTION, LIP	07/01/2004	$393.91	0.0%	0.0%	N	Referral Required
40520	EXCISION, LIP	07/01/2004	$433.35	0.0%	0.0%	N	Referral Required
40525	LIP FULL-THICKNESS RECONSTRU	07/01/2004	$568.77	0.0%	0.0%	N	Referral Required
40527	LIP-FULL THICKNESS RECONSTRU	07/01/2004	$652.23	0.0%	0.0%	N	Referral Required
40530	RESECTION, LIP	07/01/2004	$439.98	0.0%	0.0%	N	Referral Required
40650	LIP REPAIR-FULL THICKNESS VE	07/01/2004	$323.36	0.0%	0.0%	N	Referral Required
40652	REPAIR LIP UP TO HALF VERTIC	07/01/2004	$389.23	0.0%	0.0%	N	Referral Required
40654	REPAIR LIP OVER 1/2 VERTICAL	07/01/2004	$456.53	0.0%	0.0%	N	Referral Required
40700	PLASTIC REPAIR, LIP	07/01/2004	$825.96	0.0%	0.0%	N	Referral Required
40701	PLASTIC REPAIR, LIP	07/01/2004	$1,065.74	0.0%	0.0%	N	Referral Required
40702	PLASTIC REPAIR, LIP	07/01/2004	$774.71	0.0%	0.0%	N	Referral Required
40720	PLASTIC REPAIR, LIP	07/01/2004	$925.45	0.0%	0.0%	N	Referral Required
40761	PLASTIC REPAIR CLEFT LIP-W/C	07/01/2004	$964.60	0.0%	0.0%	N	Referral Required
40800	DRAINAGE, CYST, MOUTH	07/01/2004	$108.72	0.0%	0.0%	N	Referral Required
40801	DRAIN ABSCESS,CYST,HEMATOMA	07/01/2004	$175.30	0.0%	0.0%	N	Referral Required
40804	REMOVAL, FOREIGN BODY, MOUTH	07/01/2004	$130.11	0.0%	0.0%	N	Referral Required
40805	REMOVAL EMBEDDED FB VESTIBUL	07/01/2004	$205.24	0.0%	0.0%	N	Referral Required
40806	INCISION, LABIAL FRENUM	07/01/2004	$40.39	0.0%	0.0%	N	Referral Required
40808	BIOPSY, VESTIBULE OF MOUTH	07/01/2004	$104.15	0.0%	0.0%	N	Referral Required
40810	EXCISION, LESION, MOUTH	07/01/2004	$136.18	0.0%	0.0%	N	Referral Required
40812	EXCISION, LESION, MOUTH	07/01/2004	$181.31	0.0%	0.0%	N	Referral Required
40814	EXCISION LESION MUCOSA-SUBMU	07/01/2004	$259.22	0.0%	0.0%	N	Referral Required
40816	COMPLEX,WITH EXCISION OF UND	07/01/2004	$276.11	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
40818	EXCISION MUCOSA OF VESTIBULE	07/01/2004	$220.17	0.0%	0.0%	N	Referral Required
40819	EXCISION OF FRENUM, LABIAL O	07/01/2004	$208.33	0.0%	0.0%	N	Referral Required
40820	DESTRUCTION, LESION, MOUTH	07/01/2004	$124.50	0.0%	0.0%	N	Referral Required
40830	CLOSURE, LACERATION, MOUTH	07/01/2004	$145.91	0.0%	0.0%	N	Referral Required
40831	CLOSURE LACERATION MOUTH OVE	07/01/2004	$179.88	0.0%	0.0%	N	Referral Required
40840	VESTIBULOPLASTY; ANTERIOR	07/01/2004	$517.86	0.0%	0.0%	N	Referral Required
40842	VESTIBULOPLASTY, POSTERIOR,	07/01/2004	$514.30	0.0%	0.0%	N	Referral Required
40843	VESTIBULOPLASTY, POSTERIOR B	07/01/2004	$684.74	0.0%	0.0%	N	Referral Required
40844	VESTIBULOPLASTY, ENTIRE ARCH	07/01/2004	$892.24	0.0%	0.0%	N	Referral Required
40845	VESTIBULOPLASTY, COMPLEX (IN	07/01/2004	$1,086.18	0.0%	0.0%	N	Referral Required
41000	DRAINAGE, ABSCESS, TONGUE	07/01/2004	$126.05	0.0%	0.0%	N	Referral Required
41005	DRAINAGE, ABSCESS, SUBLINGUA	07/01/2004	$122.34	0.0%	0.0%	N	Referral Required
41006	INTRAORAL INCISION SUBLINGUA	07/01/2004	$236.35	0.0%	0.0%	N	Referral Required
41007	INTRAORAL I&D ABSCESS,CYST/H	07/01/2004	$237.35	0.0%	0.0%	N	Referral Required
41008	DRAIN ABCESS, CYST, HEMATOMA	07/01/2004	$244.37	0.0%	0.0%	N	Referral Required
41009	INTRAORAL INCISION DRAIN ABS	07/01/2004	$251.06	0.0%	0.0%	N	Referral Required
41010	INCISION, LINGUAL FRENUM	07/01/2004	$155.11	0.0%	0.0%	N	Referral Required
41015	EX RAORAL INCISION & DRAINAG	07/01/2004	$277.97	0.0%	0.0%	N	Referral Required
41016	EXTRORAL I&D ABSCESS,CYST/HE	07/01/2004	$290.18	0.0%	0.0%	N	Referral Required
41017	EXTRAORAL INCISSION AND DRAI	07/01/2004	$289.28	0.0%	0.0%	N	Referral Required
41018	EXTRAORAL I & D OF ABSCESS E	07/01/2004	$330.65	0.0%	0.0%	N	Referral Required
41100	BIOPSY, TONGUE	07/01/2004	$147.12	0.0%	0.0%	N	Referral Required
41105	BIOPSY, TONGUE	07/01/2004	$131.14	0.0%	0.0%	N	Referral Required
41108	BIOPSY, FLOOR OF MOUTH	07/01/2004	$116.33	0.0%	0.0%	N	Referral Required
41110	EXCISION, LESION, TONGUE	07/01/2004	$159.63	0.0%	0.0%	N	Referral Required
41112	EXCISION, LESION, TONGUE	07/01/2004	$216.66	0.0%	0.0%	N	Referral Required
41113	EXCISION LESION TONGUE W/CLO	07/01/2004	$231.60	0.0%	0.0%	N	Referral Required
41114	EXCISION LESSION TONGUE W/LO	07/01/2004	$527.37	0.0%	0.0%	N	Referral Required
41115	EXCISION OF LINGUAL FRENUM (	07/01/2004	$151.86	0.0%	0.0%	N	Referral Required
41116	EXCISION LESION FLOOR OF MOU	07/01/2004	$199.63	0.0%	0.0%	N	Referral Required
41120	GLOSSECTOMY	07/01/2004	$657.11	0.0%	0.0%	N	Referral Required
41130	HEMIGLOSSECTOMY	07/01/2004	$729.00	0.0%	0.0%	N	Referral Required
41135	GLOSSECTOMY	07/01/2004	$1,392.61	0.0%	0.0%	N	Referral Required
41140	GLOSSECTOMY	07/01/2004	$1,506.46	0.0%	0.0%	N	Referral Required
41145	GLOSSECTOMY	07/01/2004	$1,802.59	0.0%	0.0%	N	Referral Required
41150	COMPOSITE PROCEDURE W/RESECT	07/01/2004	$1,423.93	0.0%	0.0%	N	Referral Required
41153	COMPOSITE PROCEDURE W/RESECT	07/01/2004	$1,463.63	0.0%	0.0%	N	Referral Required
41155	COMPOSITE PROCEDURE W/RESECT	07/01/2004	$1,687.84	0.0%	0.0%	N	Referral Required
41250	REPAIR, LACERATION, TONGUE	07/01/2004	$167.72	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
41251	REPAIR, LACERATION, TONGUE	07/01/2004	$185.63	0.0%	0.0%	N	Referral Required
41252	REPAIR LACERATION TONGUE OVE	07/01/2004	$214.99	0.0%	0.0%	N	Referral Required
41500	FIXATION, TONGUE	07/01/2004	$280.93	0.0%	0.0%	N	Referral Required
41510	SUTURE, TONGUE TO LIP	07/01/2004	$301.55	0.0%	0.0%	N	Referral Required
41520	FRENOPLASTY	07/01/2004	$200.19	0.0%	0.0%	N	Referral Required
41800	DRNGE, CYST, DENTO ALVEOLAR	07/01/2004	$107.10	0.0%	0.0%	N	Referral Required
41805	REMOVAL FB DENTO-ALVEOLAR SO	07/01/2004	$113.49	0.0%	0.0%	N	Referral Required
41806	REMOVAL FB DENTO-ALVEOLAR BO	07/01/2004	$182.37	0.0%	0.0%	N	Referral Required
41822	EXCISION FIBROUS TUBEROSITIE	07/01/2004	$178.37	0.0%	0.0%	N	Referral Required
41823	EXCISION OSSEOUS TUBEROSITIE	07/01/2004	$237.91	0.0%	0.0%	N	Referral Required
41825	EXCSN, LESION, DENTO ALVEOLA	07/01/2004	$127.57	0.0%	0.0%	N	Referral Required
41826	EXCISION LSEION DENTO ALVEOL	07/01/2004	$171.87	0.0%	0.0%	N	Referral Required
41827	EXCISION LESION/TUMOR,DENTOA	07/01/2004	$244.37	0.0%	0.0%	N	Referral Required
41828	EXC HYPERPLASTIC ALVEOLAR MU	07/01/2004	$213.85	0.0%	0.0%	N	Referral Required
41830	ALVEOLECTOMY W/CURETTAGE OF	07/01/2004	$233.70	0.0%	0.0%	N	Referral Required
41870	PERIODONTAL MUCOSAL GRAFTING	07/01/2004	$316.41	0.0%	0.0%	N	Referral Required
41872	GINGIVOPLASTY - EACH QUADRAN	07/01/2004	$190.80	0.0%	0.0%	N	Referral Required
41874	ALVEOLOPLASTY EACH QUADRANT	07/01/2004	$207.19	0.0%	0.0%	N	Referral Required
42000	DRAINAGE, ABSCESS, PALATE	07/01/2004	$127.66	0.0%	0.0%	N	Referral Required
42100	BIOPSY, PALATE/UVULA	07/01/2004	$128.87	0.0%	0.0%	N	Referral Required
42104	EXCISION, LESION, PALATE	07/01/2004	$144.54	0.0%	0.0%	N	Referral Required
42106	EXCISION, LESION, PALATE	07/01/2004	$164.23	0.0%	0.0%	N	Referral Required
42107	EXCISION LESION OF PALATE, U	07/01/2004	$302.42	0.0%	0.0%	N	Referral Required
42120	RESECTION, PALATE	07/01/2004	$428.97	0.0%	0.0%	N	Referral Required
42140	EXCISION, UVULA	07/01/2004	$187.18	0.0%	0.0%	N	Referral Required
42145	PALATOPHARVNGOPLASTY	07/01/2004	$543.58	0.0%	0.0%	N	Referral Required
42160	DESTRUCTION, LESION, PALATE	07/01/2004	$172.25	0.0%	0.0%	N	Referral Required
42180	REPAIR, LACERATION, PALATE	07/01/2004	$199.51	0.0%	0.0%	N	Referral Required
42182	REPAIR, LACERATION, PALATE	07/01/2004	$242.03	0.0%	0.0%	N	Referral Required
42200	CLEFT PALATE REPAIR	07/01/2004	$762.78	0.0%	0.0%	N	Referral Required
42205	CLEFT PALATE REPAIR	07/01/2004	$805.19	0.0%	0.0%	N	Referral Required
42210	CLEFT PALATE REPAIR	07/01/2004	$911.62	0.0%	0.0%	N	Referral Required
42215	CLEFT PALATE REPAIR	07/01/2004	$647.70	0.0%	0.0%	N	Referral Required
42220	CLEFT PALATE REPAIR	07/01/2004	$480.13	0.0%	0.0%	N	Referral Required
42225	CLEFT PALATE REPAIR	07/01/2004	$651.17	0.0%	0.0%	N	Referral Required
42226	LENGTHENING OF PALATE & PHAR	07/01/2004	$693.56	0.0%	0.0%	N	Referral Required
42227	LENGTHENING OF PALATE WITH I	07/01/2004	$647.25	0.0%	0.0%	N	Referral Required
42235	REPAIR, PALATE, ANTERIOR	07/01/2004	$481.79	0.0%	0.0%	N	Referral Required
42260	REPAIR, FISTULA, NASOLABIAL	07/01/2004	$573.26	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
42280	MAXILLARY IMPRESSION FOR PAL	07/01/2004	$103.84	0.0%	0.0%	N	Referral Required
42281	INSERTION OF PIN-RETAINED PA	07/01/2004	$122.29	0.0%	0.0%	N	Referral Required
42300	DRAINAGE, ABSCESS, PAROTID	07/01/2004	$157.67	0.0%	0.0%	N	Referral Required
42305	DRAINAGE ABCESS PAROTID COMP	07/01/2004	$399.39	0.0%	0.0%	N	Referral Required
42310	DRNG, ABSCESS, SUBMAXILLARY	07/01/2004	$133.04	0.0%	0.0%	N	Referral Required
42320	DRNG, ABSCESS, SUBMAXILLARY	07/01/2004	$177.52	0.0%	0.0%	N	Referral Required
42324	UPPER GI ENDOSCOPY SIMPLE PRIM EXA	07/01/2004	$0.00	0.0%	0.0%	N	Referral Required
42325	FISTULIZATION OF SUBLINGUAL	07/01/2004	$226.28	0.0%	0.0%	N	Referral Required
42326	FISTULIZATION SUBLINGUAL SAL	07/01/2004	$249.04	0.0%	0.0%	N	Referral Required
42330	SIALOLITHOTOMY	07/01/2004	$173.01	0.0%	0.0%	N	Referral Required
42335	SIALOLITHOTOMY	07/01/2004	$242.70	0.0%	0.0%	N	Referral Required
42340	SIALOLITHOTOMY	07/01/2004	$334.87	0.0%	0.0%	N	Referral Required
42400	BIOPSY, SALIVARY GLAND	07/01/2004	$110.94	0.0%	0.0%	N	Referral Required
42405	BIOPSY, SALIVARY GLAND	07/01/2004	$233.38	0.0%	0.0%	N	Referral Required
42408	EXCISION SUBLINGUAL SALIVARY	07/01/2004	$321.01	0.0%	0.0%	N	Referral Required
42409	MARSUPIALIZATION SUBLINGIAL	07/01/2004	$212.34	0.0%	0.0%	N	Referral Required
42410	EXCISION, PAROTID GLAND	07/01/2004	$613.14	0.0%	0.0%	N	Referral Required
42415	EXCISION, PAROTID GLAND	07/01/2004	$1,040.88	0.0%	0.0%	N	Referral Required
42420	EXCISION, PAROTID GLAND	07/01/2004	$1,193.71	0.0%	0.0%	N	Referral Required
42425	EXCISION, PAROTID GLAND	07/01/2004	$829.18	0.0%	0.0%	N	Referral Required
42426	EXCISION, PAROTID GLAND	07/01/2004	$1,287.17	0.0%	0.0%	N	Referral Required
42440	EXCISION, SUBMANDIBULAR GLAN	07/01/2004	$456.72	0.0%	0.0%	N	Referral Required
42450	EXCISION, SUBLINGUAL GLAND	07/01/2004	$313.09	0.0%	0.0%	N	Referral Required
42500	SIALODOCHOPLASTY	07/01/2004	$325.76	0.0%	0.0%	N	Referral Required
42505	SIALODOCHOPLASTY SECOUNDARY	07/01/2004	$423.79	0.0%	0.0%	N	Referral Required
42507	PAROTID DUCT DIVERSION BILAT	07/01/2004	$406.44	0.0%	0.0%	N	Referral Required
42508	PAROTID DUCT DIVERSION W/EXC	07/01/2004	$608.74	0.0%	0.0%	N	Referral Required
42509	PAROTID DUCT DIVERSION W/EXC	07/01/2004	$734.13	0.0%	0.0%	N	Referral Required
42510	PAROTID DUCT DIVERSION W/LIG	07/01/2004	$536.89	0.0%	0.0%	N	Referral Required
42550	SIALOGRAPHY, INJECTION PROCD	07/01/2004	$451.28	0.0%	0.0%	N	Referral Required
42600	CLOSURE, FISTULA, SALIVARY	07/01/2004	$434.60	0.0%	0.0%	N	Referral Required
42650	DILATION, SALIVARY DUCT	07/01/2004	$65.29	0.0%	0.0%	N	Referral Required
42660	DILATION, SALIVARY DUCT	07/01/2004	$78.90	0.0%	0.0%	N	Referral Required
42665	LIGATION, SALIVARY DUCT	07/01/2004	$191.74	0.0%	0.0%	N	Referral Required
42700	INCISION & DRAINAGE ABSCESS;	07/01/2004	$167.30	0.0%	0.0%	N	Referral Required
42720	INCISION DRAIN ABSCESS, RETR	07/01/2004	$355.13	0.0%	0.0%	N	Referral Required
42725	INCISION DRAIN ABSCESS, RETR	07/01/2004	$679.00	0.0%	0.0%	N	Referral Required
42800	BIOPSY, PHARYNX	07/01/2004	$151.92	0.0%	0.0%	N	Referral Required
42802	BIOPSY, PHARYNX	07/01/2004	$162.31	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
42804	BIOPSY, PHARYNX	07/01/2004	$144.78	0.0%	0.0%	N	Referral Required
42806	BIOPSY; NASOPHARYNX SURVEEY	07/01/2004	$173.37	0.0%	0.0%	N	Referral Required
42808	EXCISION OF LESION OF PHARNY	07/01/2004	$247.77	0.0%	0.0%	N	Referral Required
42809	REMOVAL OF FOREIGN BODY FROM	07/01/2004	$180.10	0.0%	0.0%	N	Referral Required
42810	EXCISION, BRACHIAL CLEFT CYS	07/01/2004	$304.50	0.0%	0.0%	N	Referral Required
42815	EXCISION, BRACHIAL CLEFT CYS	07/01/2004	$478.23	0.0%	0.0%	N	Referral Required
42820	TONSILLECTOMY AND ADENOIDECTOMY	07/01/2004	$275.04	0.0%	0.0%	N	Referral Required
42821	T&A	07/01/2004	$298.03	0.0%	0.0%	N	Referral Required
42825	TONSILLECTOMY PRI OR SEC UND	07/01/2004	$247.77	0.0%	0.0%	N	Referral Required
42826	TONSILLECTOMY PRIMARY AND SE	07/01/2004	$248.45	0.0%	0.0%	N	Referral Required
42830	ADENOIDECTOMY, PRIMARY UNDER	07/01/2004	$176.40	0.0%	0.0%	N	Referral Required
42831	ADENOIDECTOMY, PRIMARY, AGE	07/01/2004	$184.15	0.0%	0.0%	N	Referral Required
42835	ADENOIDECTOMY	07/01/2004	$189.11	0.0%	0.0%	N	Referral Required
42836	ADENOIDECTOMY, SECONDARY, AG	07/01/2004	$237.26	0.0%	0.0%	N	Referral Required
42842	RADICAL RESECTION TONSIL,TON	07/01/2004	$581.77	0.0%	0.0%	N	Referral Required
42844	RADICAL RESECTION TONSIL, CL	07/01/2004	$904.46	0.0%	0.0%	N	Referral Required
42845	RADICAL RESECTION TONSIL, CL	07/01/2004	$1,481.72	0.0%	0.0%	N	Referral Required
42860	EXCISION, TONSIL TAGS	07/01/2004	$182.17	0.0%	0.0%	N	Referral Required
42870	EXCISION, LINGUAL TONSIL	07/01/2004	$400.19	0.0%	0.0%	N	Referral Required
42890	LIMITED PHARYNGECTOMY	07/01/2004	$835.81	0.0%	0.0%	N	Referral Required
42892	RESECTION LATERAL PHARYNGEAL	07/01/2004	$996.46	0.0%	0.0%	N	Referral Required
42894	RESECTION PHARYNGEAL WALL RE	07/01/2004	$1,409.23	0.0%	0.0%	N	Referral Required
42900	SUTURE, PHARYNX	07/01/2004	$321.72	0.0%	0.0%	N	Referral Required
42950	PHARYNGOPLASTY	07/01/2004	$546.05	0.0%	0.0%	N	Referral Required
42953	PHARYNGOESOPHAGEAL REPAIR	07/01/2004	$629.54	0.0%	0.0%	N	Referral Required
42955	PHARYNGOSTOMY	07/01/2004	$487.53	0.0%	0.0%	N	Referral Required
42960	CNTRL OROPHARYNGEAL HEMORRHA	07/01/2004	$155.30	0.0%	0.0%	N	Referral Required
42961	CONTROL OROPHARYNGEAL HEMORR	07/01/2004	$378.63	0.0%	0.0%	N	Referral Required
42962	CONTROL OROPHARYNGEAL HEMORR	07/01/2004	$469.93	0.0%	0.0%	N	Referral Required
42970	CTRL NASOPHARYNGEAL HEMORRHA	07/01/2004	$329.70	0.0%	0.0%	N	Referral Required
42971	CTRL.NASOPHARYNGEAL HEMORRHA	07/01/2004	$424.06	0.0%	0.0%	N	Referral Required
42972	CONTROL NASOPHARYNGEAL HEMOR	07/01/2004	$452.40	0.0%	0.0%	N	Referral Required
43020	ESOPHAGOTOMY	07/01/2004	$520.85	0.0%	0.0%	N	Referral Required
43030	CRICOPHARYNGEAL MYOTOMY	07/01/2004	$512.30	0.0%	0.0%	N	Referral Required
43045	ESOPHAGOTOMY	07/01/2004	$1,117.20	0.0%	0.0%	N	Referral Required
43100	EXCISION, LESION, ESOPHAGUS	07/01/2004	$587.97	0.0%	0.0%	N	Referral Required
43101	EXCISION, LESION, ESOPHAGUS	07/01/2004	$898.17	0.0%	0.0%	N	Referral Required
43107	TOTAL ESOPHAGECTOMY W/W/O PY	07/01/2004	$2,083.77	0.0%	0.0%	N	Referral Required
43108	TOTAL ESOPHAGECTOMY W/INTTER	07/01/2004	$1,817.98	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
43112	TOTAL ESOPHAGECTOMY W/THORAC	07/01/2004	$2,266.23	0.0%	0.0%	N	Referral Required
43113	ESOPHAGECTOMY W/THORACOTOMY	07/01/2004	$1,866.13	0.0%	0.0%	N	Referral Required
43116	PARTIAL ESOPHAGECTOMY,GRAFT/	07/01/2004	$1,759.62	0.0%	0.0%	N	Referral Required
43117	PARTIAL ESOPHAGECTOMY W/W/O	07/01/2004	$2,088.47	0.0%	0.0%	N	Referral Required
43118	PARTIAL ESOPHAGECTOMY W/INTE	07/01/2004	$1,758.25	0.0%	0.0%	N	Referral Required
43121	PARTIAL ESOPHAGECTOMY W/THOR	07/01/2004	$1,591.46	0.0%	0.0%	N	Referral Required
43122	PARTIAL ESOPHAGECTOMY W/ESOP	07/01/2004	$2,069.06	0.0%	0.0%	N	Referral Required
43123	PARTIAL ESOPHAGECTOMY W/INTE	07/01/2004	$1,759.73	0.0%	0.0%	N	Referral Required
43124	TOTAL OR PARTIAL ESOPHAGECTO	07/01/2004	$1,518.31	0.0%	0.0%	N	Referral Required
43130	DIVERTICULECTOMY	07/01/2004	$731.77	0.0%	0.0%	N	Referral Required
43135	DIVERTICULECTOMY	07/01/2004	$934.68	0.0%	0.0%	N	Referral Required
43200	ESOPHAGOSCOPY	07/01/2004	$316.63	0.0%	0.0%	N	Referral Required
43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	07/01/2004	$211.33	0.0%	0.0%	N	Referral Required
43202	ESOPHAGOSCOPY	07/01/2004	$279.88	0.0%	0.0%	N	Referral Required
43204	ESOPHAGOSCOPY, RIGID OR FIBE	07/01/2004	$192.93	0.0%	0.0%	N	Referral Required
43205	WITH BAND LIGATION OF ESOPHA	07/01/2004	$193.46	0.0%	0.0%	N	Referral Required
43215	ESOPHAGOSCOPY	07/01/2004	$136.53	0.0%	0.0%	N	Referral Required
43216	W/REMOVAL TUMORS,POLYPS,OR O	07/01/2004	$127.11	0.0%	0.0%	N	Referral Required
43217	ESOPHAGOSCOPY FOR REMOVAL OF	07/01/2004	$150.12	0.0%	0.0%	N	Referral Required
43219	ESPOHAGOSCOPY FOR INSSERTION	07/01/2004	$149.00	0.0%	0.0%	N	Referral Required
43220	WITH BALLOON DILATOR	07/01/2004	$113.94	0.0%	0.0%	N	Referral Required
43226	ESOPHAGOSCOPY FOR INSERTION	07/01/2004	$124.76	0.0%	0.0%	N	Referral Required
43227	ESOPHAGOSCOPY FOR CONTROL OF	07/01/2004	$184.61	0.0%	0.0%	N	Referral Required
43228	FOR ABLATION OF TUMORS, POLY	07/01/2004	$196.18	0.0%	0.0%	N	Referral Required
43231	ESOPHAGOSCOPY	07/01/2004	$169.12	0.0%	0.0%	N	Referral Required
43232	ESOPHAGOSCOPY	07/01/2004	$233.97	0.0%	0.0%	N	Referral Required
43234	UPPER GI ENDOSCOPY SIMPLE PR	07/01/2004	$223.05	0.0%	0.0%	N	Referral Required
43235	ESOPHAGOGASTRODUODENOSCOPY	07/01/2004	$295.21	0.0%	0.0%	N	Referral Required
43236	UPPER GI ENDOSCOPY INC ESOPHAGUS,	07/01/2004	$247.95	0.0%	0.0%	N	Referral Required
43239	ESOPHAGOGASTROSCOPY	07/01/2004	$325.81	0.0%	0.0%	N	Referral Required
43240	UPPER GI ENDOSCOPY	07/01/2004	$347.06	0.0%	0.0%	N	Referral Required
43241	UPPER GASTROINTESTINAL ENDOS	07/01/2004	$135.96	0.0%	0.0%	N	Referral Required
43242	UPPER GI ENDOSCOPY	07/01/2004	$351.00	0.0%	0.0%	N	Referral Required
43243	UPPER GASTROINTESTINAL ENDOS	07/01/2004	$231.35	0.0%	0.0%	N	Referral Required
43244	UPPER GASTRO ENDOSCOPY W/BAN	07/01/2004	$254.27	0.0%	0.0%	N	Referral Required
43245	UPPER GI ENDOSCOPY FOR DIL G	07/01/2004	$174.23	0.0%	0.0%	N	Referral Required
43246	UPPER GL ENDOSCOPY FOR PLACE	07/01/2004	$218.17	0.0%	0.0%	N	Referral Required
43247	ESOPHAGOGASTRODUODENOSCOPY	07/01/2004	$174.37	0.0%	0.0%	N	Referral Required
43248	W/INSERT OF GUIDE WIRE FOLLO	07/01/2004	$163.19	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
43249	GASTROINTESTINAL ENDOSCOPY W	07/01/2004	$151.06	0.0%	0.0%	N	Referral Required
43250	W/REMOVAL OF TUMORS,POLYPS,O	07/01/2004	$165.01	0.0%	0.0%	N	Referral Required
43251	REMOVAL POLYPOID LESION	07/01/2004	$189.34	0.0%	0.0%	N	Referral Required
43255	UPPER GASTROINTESTINAL ENDOS	07/01/2004	$239.08	0.0%	0.0%	N	Referral Required
43256	UPPER GI ENDOSCOPY W/STENT PLCMNT	07/01/2004	$221.70	0.0%	0.0%	N	Referral Required
43258	UPPER GASTRO ENDOSCOPY W/FUL	07/01/2004	$230.50	0.0%	0.0%	N	Referral Required
43259	W/ ENDOSCOPIC ULTRASOUND EXA	07/01/2004	$250.07	0.0%	0.0%	N	Referral Required
43260	ENDSCPIC RTRGRD CHOLANGIOPAN	07/01/2004	$298.12	0.0%	0.0%	N	Referral Required
43261	WITH BIOPSY, SINGLE OR MULTI	07/01/2004	$313.41	0.0%	0.0%	N	Referral Required
43262	ENDOSCOPIC RETROGRADE CHOLAN	07/01/2004	$367.47	0.0%	0.0%	N	Referral Required
43263	ERCP FOR PRESSURE MESURE OF	07/01/2004	$361.84	0.0%	0.0%	N	Referral Required
43264	UPPER GASTRO ENDOSCOPY INCL	07/01/2004	$440.31	0.0%	0.0%	N	Referral Required
43265	ERCP FOR DESTRUCT LITHOTRIPS	07/01/2004	$493.64	0.0%	0.0%	N	Referral Required
43267	ERCP FOR INSERTION OF NASOBI	07/01/2004	$367.80	0.0%	0.0%	N	Referral Required
43268	ENDOSCOPIC RETROGRADE CHOLAN	07/01/2004	$367.47	0.0%	0.0%	N	Referral Required
43269	ERCP, FOR REMOVAL OR CHANGE	07/01/2004	$405.26	0.0%	0.0%	N	Referral Required
43271	ERCP FOR BALLOON DILATION OF	07/01/2004	$367.14	0.0%	0.0%	N	Referral Required
43272	ERCP FOR ABLATION OF TUMOR/M	07/01/2004	$367.80	0.0%	0.0%	N	Referral Required
43280	LAPAROSCOPY	07/01/2004	$919.77	0.0%	0.0%	N	Referral Required
43300	ESLPNAGOPLASTY, CERVICAL APP	07/01/2004	$578.50	0.0%	0.0%	N	Referral Required
43305	ESOPHAGOPLASTY	07/01/2004	$1,061.12	0.0%	0.0%	N	Referral Required
43310	ESOPHAGOPLASTY	07/01/2004	$1,433.14	0.0%	0.0%	N	Referral Required
43312	ESOPHAGOPLASTY	07/01/2004	$1,640.26	0.0%	0.0%	N	Referral Required
43313	ESOPHAGOPLASTY	07/01/2004	$2,425.37	0.0%	0.0%	N	Referral Required
43314	ESOPHAGOPLASTY	07/01/2004	$2,671.57	0.0%	0.0%	N	Referral Required
43320	ESOPHAGOGASTROSTOMY	07/01/2004	$1,084.83	0.0%	0.0%	N	Referral Required
43324	FUNDOPLASTY, ESOPHAGOGASTRIC	07/01/2004	$1,081.28	0.0%	0.0%	N	Referral Required
43325	ESOPHAGOGASTRIC FUNDOPLASTY	07/01/2004	$1,071.32	0.0%	0.0%	N	Referral Required
43326	ESOPHAGOGASTRIC FUNDOPLASTY	07/01/2004	$1,071.60	0.0%	0.0%	N	Referral Required
43330	ESOPHAGOMYOTOMY W/OR W/O HIA	07/01/2004	$1,048.86	0.0%	0.0%	N	Referral Required
43331	HELLER PROCEDURE	07/01/2004	$1,122.31	0.0%	0.0%	N	Referral Required
43340	ESOPHAGOJEJUNOSTOMY	07/01/2004	$1,060.63	0.0%	0.0%	N	Referral Required
43341	ESOPHAGEJEJUNOSTOMYTHORACIC	07/01/2004	$1,143.91	0.0%	0.0%	N	Referral Required
43350	ESOPHAGOSTOMY	07/01/2004	$923.81	0.0%	0.0%	N	Referral Required
43351	ESOPHAGOSTOMY	07/01/2004	$1,035.07	0.0%	0.0%	N	Referral Required
43352	ESOPHAGOSTOMY FISTULIZATION	07/01/2004	$878.07	0.0%	0.0%	N	Referral Required
43360	GASTROINTESTIONAL RECONSTRUC	07/01/2004	$1,891.17	0.0%	0.0%	N	Referral Required
43361	GASTROINTESTINAL RECONSTRUCT	07/01/2004	$2,087.51	0.0%	0.0%	N	Referral Required
43400	LIGATION, ESOPHAGEAL VARICES	07/01/2004	$1,112.06	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
43401	TRANSECTION OF ESOPHAGUS REP	07/01/2004	$1,153.37	0.0%	0.0%	N	Referral Required
43405	LIGATION/STAPLING GASTROESOP	07/01/2004	$1,048.64	0.0%	0.0%	N	Referral Required
43410	SUTURE, ESOPHAGEAL WOUND	07/01/2004	$804.28	0.0%	0.0%	N	Referral Required
43415	SUTURE, ESOPHAGEAL WOUND	07/01/2004	$1,330.61	0.0%	0.0%	N	Referral Required
43420	ESOPHAGOSTOMY CLOSURE	07/01/2004	$823.69	0.0%	0.0%	N	Referral Required
43425	CLOSE ESOPHAGOSTOMY OR FISTU	07/01/2004	$1,142.75	0.0%	0.0%	N	Referral Required
43450	DILATION, ESOPHAGUS	07/01/2004	$98.21	0.0%	0.0%	N	Referral Required
43453	DILATION OF ESOPHAGUS OVER G	07/01/2004	$77.26	0.0%	0.0%	N	Referral Required
43456	DILATION ESOPHAGUS BY BALLOO	07/01/2004	$128.72	0.0%	0.0%	N	Referral Required
43458	DILATION ESOPHAGUS W/BALLOON	07/01/2004	$152.87	0.0%	0.0%	N	Referral Required
43460	ESOPHAGOGASTRIC TAMPONADE W/	07/01/2004	$189.02	0.0%	0.0%	N	Referral Required
43500	GASTROTOMY	07/01/2004	$578.36	0.0%	0.0%	N	Referral Required
43501	GASTROTOMY,W/SUTURE REPAIR B	07/01/2004	$1,029.01	0.0%	0.0%	N	Referral Required
43502	GASTROTOMY;W/REPAIR ESOPHAGO	07/01/2004	$1,186.28	0.0%	0.0%	N	Referral Required
43510	GASTROTOMY W/ESOPHAGEAL DILA	07/01/2004	$725.54	0.0%	0.0%	N	Referral Required
43520	PYLOROMYOTOMY	07/01/2004	$557.01	0.0%	0.0%	N	Referral Required
43600	GASTRIC BIOPSY	07/01/2004	$104.08	0.0%	0.0%	N	Referral Required
43605	GASTRIC BIOPSY	07/01/2004	$623.47	0.0%	0.0%	N	Referral Required
43610	EXCISION, ULCER, STOMACH	07/01/2004	$762.75	0.0%	0.0%	N	Referral Required
43611	MALIGNANT TUMOR OF STOMACH	07/01/2004	$923.63	0.0%	0.0%	N	Referral Required
43620	GASTRECTOMY	07/01/2004	$1,529.13	0.0%	0.0%	N	Referral Required
43621	WITH ROUX-EN-Y RECONSTRUCTIO	07/01/2004	$1,565.35	0.0%	0.0%	N	Referral Required
43622	WITH FORMATION OF INTESTINAL	07/01/2004	$1,650.39	0.0%	0.0%	N	Referral Required
43631	GASTRECTOMY,PARTIAL,DISTAL,W	07/01/2004	$1,155.70	0.0%	0.0%	N	Referral Required
43632	WITH GASTROJEJUNOSTOMY	07/01/2004	$1,156.21	0.0%	0.0%	N	Referral Required
43633	WITH ROUX-EN-Y RECONTRUCTION	07/01/2004	$1,179.80	0.0%	0.0%	N	Referral Required
43634	WITH FORMATION OF INTESTINAL	07/01/2004	$1,285.55	0.0%	0.0%	N	Referral Required
43635	VAGOTOMY WITH PARTIAL DISTAL	07/01/2004	$101.15	0.0%	0.0%	N	Referral Required
43638	GASTRECTOMY,PARTIAL,PROXIMAL	07/01/2004	$1,466.50	0.0%	0.0%	N	Referral Required
43639	WITH PYLOROPLASTY OR PYLOROM	07/01/2004	$1,496.41	0.0%	0.0%	N	Referral Required
43640	VAGOTOMY AND PYLOROPLASTY	07/01/2004	$883.86	0.0%	0.0%	N	Referral Required
43641	EXCISION PARIETAL CELL	07/01/2004	$896.37	0.0%	0.0%	N	Referral Required
43651	LAPAROSCOPY	07/01/2004	$532.93	0.0%	0.0%	N	Referral Required
43652	LAPAROSCOPY	07/01/2004	$634.74	0.0%	0.0%	N	Referral Required
43653	LAPAROSCOPY GASTROSTOMY	07/01/2004	$431.31	0.0%	0.0%	N	Referral Required
43750	PERCUTANEOUS PLACEMENT OF GA	07/01/2004	$254.18	0.0%	0.0%	N	Referral Required
43760	CHANGE OF GASTROSTOMY TUBE;	07/01/2004	$88.27	0.0%	0.0%	N	Referral Required
43761	REPOSITION GASTRIC FEEDING T	07/01/2004	$100.28	0.0%	0.0%	N	Referral Required
43800	PYLOROPLASTY	07/01/2004	$721.00	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
43810	GASTRODUODENOSTOMY	07/01/2004	$766.72	0.0%	0.0%	N	Referral Required
43820	GASTROJEJUNOSTOMY	07/01/2004	$800.61	0.0%	0.0%	N	Referral Required
43825	GASTROJEJUNOSTOMY	07/01/2004	$989.19	0.0%	0.0%	N	Referral Required
43830	GASTROSTOMY	07/01/2004	$516.07	0.0%	0.0%	N	Referral Required
43831	GASTROSTOMY	07/01/2004	$445.55	0.0%	0.0%	N	Referral Required
43832	GASTROSTOMY	07/01/2004	$824.49	0.0%	0.0%	N	Referral Required
43840	GASTRORRHAPHY	07/01/2004	$809.69	0.0%	0.0%	N	Referral Required
43842	GASTRIC RESTRICTIVE PROCEDUR	07/01/2004	$1,050.08	0.0%	0.0%	Y	Referral Required
43843	GASTROPLASTY, OTHER THAN VER	07/01/2004	$1,057.18	0.0%	0.0%	Y	Referral Required
43846	GASTRIC BYPASS, WITH ROUX-EN	07/01/2004	$1,336.07	0.0%	0.0%	Y	Referral Required
43847	GASTRIC PROCEDURE; W/BOWEL R	07/01/2004	$1,493.46	0.0%	0.0%	Y	Referral Required
43848	REVISION OF GASTRIC PROCEDUR	07/01/2004	$1,626.84	0.0%	0.0%	N	Referral Required
43850	REVISION OF GASTRODUODENAL A	07/01/2004	$1,253.79	0.0%	0.0%	Y	Referral Required
43855	RVSN GASTROENTERIC ANASTOMOS	07/01/2004	$1,328.49	0.0%	0.0%	N	Referral Required
43860	REVISION OF GASTROJEJUNOSTOM	07/01/2004	$1,270.05	0.0%	0.0%	N	Referral Required
43865	REVISION OF GASTROJEJUNAL AN	07/01/2004	$1,346.78	0.0%	0.0%	N	Referral Required
43870	GASTROSTOMY CLOSURE	07/01/2004	$527.34	0.0%	0.0%	N	Referral Required
43880	CLOSURE, FISTULA, GASTROCOLI	07/01/2004	$1,265.42	0.0%	0.0%	N	Referral Required
44005	ENTEROLYSIS	07/01/2004	$843.17	0.0%	0.0%	N	Referral Required
44010	DUODENOTOMY	07/01/2004	$675.16	0.0%	0.0%	N	Referral Required
44015	NEEDLE CATH JEJUNOSTOMY FOR	07/01/2004	$127.96	0.0%	0.0%	N	Referral Required
44020	ENTEROTOMY	07/01/2004	$732.74	0.0%	0.0%	N	Referral Required
44021	ENTEROTOMY; SMALL BOWEL OTHE	07/01/2004	$750.57	0.0%	0.0%	N	Referral Required
44025	ENTEROTOMY	07/01/2004	$746.16	0.0%	0.0%	N	Referral Required
44050	REDUCTION, VOLVULUS	07/01/2004	$734.54	0.0%	0.0%	N	Referral Required
44055	CORR OF MALROTATION BY LYSIS	07/01/2004	$1,115.57	0.0%	0.0%	N	Referral Required
44100	BIOPSY, INTESTINES	07/01/2004	$109.12	0.0%	0.0%	N	Referral Required
44110	EXCISION, LESION, BOWEL	07/01/2004	$628.17	0.0%	0.0%	N	Referral Required
44111	EXCISION, LESION, BOWEL	07/01/2004	$761.36	0.0%	0.0%	N	Referral Required
44120	ENTERECTOMY	07/01/2004	$880.61	0.0%	0.0%	N	Referral Required
44121	ENTERECTOMY; EACH ADDITIONAL	07/01/2004	$218.47	0.0%	0.0%	N	Referral Required
44125	ENTERECTOMY	07/01/2004	$906.52	0.0%	0.0%	N	Referral Required
44126	ENTERECTOMY OF SMALL INTESTINE	07/01/2004	$1,855.08	0.0%	0.0%	N	Referral Required
44127	ENTERECTOMY OF SMALL INTESTINE	07/01/2004	$2,133.80	0.0%	0.0%	N	Referral Required
44128	ENTERECTOMY OF SMALL INTESTINE	07/01/2004	$224.34	0.0%	0.0%	N	Referral Required
44130	ENTEROENTEROSTOMY	07/01/2004	$758.22	0.0%	0.0%	N	Referral Required
44135	INTESTINAL ALLOTRANSPLANTATION	07/01/2004	$5,061.53	0.0%	0.0%	Y	Referral Required
44136	INTESTINAL ALLOTRANSPLANTATION	07/01/2004	$5,468.95	0.0%	0.0%	Y	Referral Required
44139	MOBILIZATION SPLENIC FLEXURE	07/01/2004	$109.14	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
44140	COLECTOMY	07/01/2004	$1,090.10	0.0%	0.0%	N	Referral Required
44141	COLECTOMY	07/01/2004	$1,117.60	0.0%	0.0%	N	Referral Required
44143	HARTMANN PROCEDURE	07/01/2004	$1,281.93	0.0%	0.0%	N	Referral Required
44144	COLECTOMY	07/01/2004	$1,182.37	0.0%	0.0%	N	Referral Required
44145	COLECTOMY	07/01/2004	$1,367.01	0.0%	0.0%	N	Referral Required
44146	COLECTOMY	07/01/2004	$1,520.82	0.0%	0.0%	N	Referral Required
44147	COLECTOMY, PARTIAL, WITH ANA	07/01/2004	$1,098.34	0.0%	0.0%	N	Referral Required
44150	COLECTOMY;W/O PROCTECTOMY W/	07/01/2004	$1,347.21	0.0%	0.0%	N	Referral Required
44151	COLECTOMY TOTAL W/CONTINENT	07/01/2004	$1,503.90	0.0%	0.0%	N	Referral Required
44152	COLECTOMY TOTAL W/RECTAL MUC	07/01/2004	$1,586.21	0.0%	0.0%	N	Referral Required
44153	COLECTOMY W/RECTAL MUCOSECTO	07/01/2004	$1,671.61	0.0%	0.0%	N	Referral Required
44155	COLECTOMY	07/01/2004	$1,529.04	0.0%	0.0%	N	Referral Required
44156	COLECTOMY,TOTAL,ABDOMINAL W/	07/01/2004	$1,715.91	0.0%	0.0%	N	Referral Required
44160	COLECTOMY WITH REMOVAL OF TE	07/01/2004	$971.74	0.0%	0.0%	N	Referral Required
44200	LAPAROSCOPY ENTEROLYSIS	07/01/2004	$761.00	0.0%	0.0%	N	Referral Required
44201	LAPAROSCOPY JEJUNOSTOMY	07/01/2004	$533.36	0.0%	0.0%	N	Referral Required
44202	LAPAROSCOPY JEJUNOSTOMY	07/01/2004	$1,142.54	0.0%	0.0%	N	Referral Required
44203	LAPAROSCOPY EACH ADDITIONAL	07/01/2004	$218.47	0.0%	0.0%	N	Referral Required
44204	LAPAROSCOPY, COLECTOMY	07/01/2004	$1,265.31	0.0%	0.0%	N	Referral Required
44205	LAPAROSCOPY, COLECTOMY	07/01/2004	$1,121.46	0.0%	0.0%	N	Referral Required
44206	LAPAROSCOPY; COLECTOMY, PARTIAL,	07/01/2004	$1,301.30	0.0%	0.0%	N	Referral Required
44207	LAPAROSCOPY; COLECTOMY, PARTIAL,	07/01/2004	$1,425.32	0.0%	0.0%	N	Referral Required
44208	LAPAROSCOPY; COLECTOMY, PARTIAL,	07/01/2004	$1,542.68	0.0%	0.0%	N	Referral Required
44210	LAPAROSCOPY; COLECTOMY, TOTAL,	07/01/2004	$1,363.49	0.0%	0.0%	N	Referral Required
44211	LAPAROSCOPY; COLECTOMY, TOTAL	07/01/2004	$1,696.61	0.0%	0.0%	N	Referral Required
44212	LAPAROSCOPY; COLECTOMY, TOTAL,	07/01/2004	$1,583.75	0.0%	0.0%	N	Referral Required
44300	TUBE CECOSTOMY/ENTEROSTOMY	07/01/2004	$667.58	0.0%	0.0%	N	Referral Required
44310	ILEOSTOMY	07/01/2004	$929.48	0.0%	0.0%	N	Referral Required
44312	ILEOSTOMY	07/01/2004	$465.88	0.0%	0.0%	N	Referral Required
44314	ILEOSTOMY	07/01/2004	$890.70	0.0%	0.0%	N	Referral Required
44316	CONTINENT ILEOSTOMY	07/01/2004	$1,223.76	0.0%	0.0%	N	Referral Required
44320	COLOSTOMY	07/01/2004	$1,045.38	0.0%	0.0%	N	Referral Required
44322	COLOSTOMY W/MULTIPLE BIOPSIE	07/01/2004	$786.47	0.0%	0.0%	N	Referral Required
44340	COLOSTOMY	07/01/2004	$442.88	0.0%	0.0%	N	Referral Required
44345	COLOSTOMY	07/01/2004	$840.25	0.0%	0.0%	N	Referral Required
44346	REV COLOSTOMY W/REPAIR PARAC	07/01/2004	$915.89	0.0%	0.0%	N	Referral Required
44360	SM INTESTINAL ENDOSCOPY, BY	07/01/2004	$139.86	0.0%	0.0%	N	Referral Required
44361	SM. INTESTINAL ENDOSCOPY W/O	07/01/2004	$153.58	0.0%	0.0%	N	Referral Required
44363	S INTESTINAL ENDOSCOPY W/FB	07/01/2004	$183.53	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
44364	W/REMOVAL OF TUMORS,POLYPS,O	07/01/2004	$195.36	0.0%	0.0%	N	Referral Required
44365	W/REMOVAL TUMORS,POLYPS,OR O	07/01/2004	$175.62	0.0%	0.0%	N	Referral Required
44366	WITH CONTROL OF BLEEDING, AN	07/01/2004	$227.49	0.0%	0.0%	N	Referral Required
44369	W/ABLATION OF TUMORS,POLYPS,	07/01/2004	$231.57	0.0%	0.0%	N	Referral Required
44370	SMALL INTESTINAL ENDOSCOPY	07/01/2004	$231.05	0.0%	0.0%	N	Referral Required
44372	W/PLACEMENT PERCUTANEOUS JEJ	07/01/2004	$228.08	0.0%	0.0%	N	Referral Required
44373	W/CONVERSION PERCUTANEOUS GA	07/01/2004	$186.46	0.0%	0.0%	N	Referral Required
44376	SM INTESTINAL ENDOSCOPY, ENT	07/01/2004	$269.06	0.0%	0.0%	N	Referral Required
44377	WITH BIOPSY, SINGLE OR MULTI	07/01/2004	$282.05	0.0%	0.0%	N	Referral Required
44378	WITH CONTROL OF BLEEDING, AN	07/01/2004	$359.76	0.0%	0.0%	N	Referral Required
44379	SMALL INTESTINAL ENDOSCOPY	07/01/2004	$359.31	0.0%	0.0%	N	Referral Required
44380	ILEOSCOPY,THRU STOMA;DIAGNOS	07/01/2004	$64.51	0.0%	0.0%	N	Referral Required
44382	FIBEROPTJC ILEOSCOPY W/BIOPS	07/01/2004	$76.10	0.0%	0.0%	N	Referral Required
44383	ILEOSCOPY W/STENT	07/01/2004	$155.98	0.0%	0.0%	N	Referral Required
44385	ENDOSCOPE EVALUATION OF SMAL	07/01/2004	$238.29	0.0%	0.0%	N	Referral Required
44386	WITH BIOPSY, SINGLE OR MULTI	07/01/2004	$305.55	0.0%	0.0%	N	Referral Required
44388	COLONOSCOPY THRU STOMA;DIAGN	07/01/2004	$328.69	0.0%	0.0%	N	Referral Required
44389	WITH BIOPSY, SINGLE OR MULTI	07/01/2004	$362.83	0.0%	0.0%	N	Referral Required
44390	WITH REMOVAL OF FOREIGN BODY	07/01/2004	$357.79	0.0%	0.0%	N	Referral Required
44391	WITH CONTROL OF BLEEDING ANY	07/01/2004	$354.52	0.0%	0.0%	N	Referral Required
44392	W/REMOVAL OF FOREIGN BODY	07/01/2004	$407.49	0.0%	0.0%	N	Referral Required
44393	W/ABLATION OF TUMORS,POLYPS,	07/01/2004	$452.28	0.0%	0.0%	N	Referral Required
44394	COLONOSCOPY THROUGH STOMA; B	07/01/2004	$413.41	0.0%	0.0%	N	Referral Required
44397	COLONOSCOPY	07/01/2004	$240.88	0.0%	0.0%	N	Referral Required
44500	INTRODUCTION OF GASTROINTEST	07/01/2004	$29.83	0.0%	0.0%	N	Referral Required
44602	SUTURE SMALL INTESTINE, SINGLE PERF	07/01/2004	$828.23	0.0%	0.0%	N	Referral Required
44603	MULTIPLE PERFORATIONS	07/01/2004	$957.17	0.0%	0.0%	N	Referral Required
44604	SUTURE LARGE INTESTINE FOR P	07/01/2004	$834.98	0.0%	0.0%	N	Referral Required
44605	ENTERORRHAPHY	07/01/2004	$1,013.32	0.0%	0.0%	N	Referral Required
44615	INTESTINAL STRICTUROPLASTY W	07/01/2004	$829.90	0.0%	0.0%	N	Referral Required
44620	CLOSURE, ENTEROSTOMY	07/01/2004	$641.97	0.0%	0.0%	N	Referral Required
44625	CLOSURE, ENTEROSTOMY	07/01/2004	$782.00	0.0%	0.0%	N	Referral Required
44626	CLOSURE ENTEROSTOMY W/RESECTION	07/01/2004	$1,286.43	0.0%	0.0%	N	Referral Required
44640	CLOSURE, FISTULA, INTESTINAL	07/01/2004	$1,111.92	0.0%	0.0%	N	Referral Required
44650	CLOSURE, FISTULA, ENTEROCOLI	07/01/2004	$1,155.25	0.0%	0.0%	N	Referral Required
44660	CLOSURE, FISTULA ENTEROVESIC	07/01/2004	$1,089.53	0.0%	0.0%	N	Referral Required
44661	CLOSURE ENTEROVESICAL FISTUL	07/01/2004	$1,259.00	0.0%	0.0%	N	Referral Required
44680	SUTURE, PLICATION, INTESTINA	07/01/2004	$815.61	0.0%	0.0%	N	Referral Required
44700	EXCLUSION SMALL BOWEL/PELVIS	07/01/2004	$841.14	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
44701	INTRAOPERATIVE COLONIC LAVAGE	07/01/2004	$142.22	0.0%	0.0%	N	Referral Required
44800	DIVERTICULECTOMY	07/01/2004	$602.10	0.0%	0.0%	N	Referral Required
44820	EXCISION, LESION, MESENTERY	07/01/2004	$643.23	0.0%	0.0%	N	Referral Required
44850	SUTURE, MESENTERY	07/01/2004	$575.97	0.0%	0.0%	N	Referral Required
44900	DRAINAGE, ABSCESS, APPENDICI	07/01/2004	$569.83	0.0%	0.0%	N	Referral Required
44901	I & D OF APPENDICEAL ABSCESS	07/01/2004	$286.46	0.0%	0.0%	N	Referral Required
44950	APPENDECTOMY	07/01/2004	$544.41	0.0%	0.0%	N	Referral Required
44955	APPENDECTOMY WHEN DONE W/OTH	07/01/2004	$75.86	0.0%	0.0%	N	Referral Required
44960	APPENDECTOMY FOR RUPTURED AP	07/01/2004	$670.17	0.0%	0.0%	N	Referral Required
44970	LAPAROSCOPY APPENDECTOMY	07/01/2004	$462.38	0.0%	0.0%	N	Referral Required
45000	DRAINAGE, ABSCESS, PELVIC	07/01/2004	$291.19	0.0%	0.0%	N	Referral Required
45005	INCISION & DRAINAGE OF SUBMU	07/01/2004	$223.27	0.0%	0.0%	N	Referral Required
45020	DRAINAGE, ABSCESS, PELVIRECT	07/01/2004	$312.39	0.0%	0.0%	N	Referral Required
45100	BIOPSY, ANO-RECTAL WALL	07/01/2004	$295.16	0.0%	0.0%	N	Referral Required
45108	MYOMECTOMY, ANORECTAL	07/01/2004	$386.11	0.0%	0.0%	N	Referral Required
45110	PROCTECTOMY	07/01/2004	$1,468.18	0.0%	0.0%	N	Referral Required
45111	PROTECTOMY, PARTIAL RESECTIO	07/01/2004	$900.88	0.0%	0.0%	N	Referral Required
45112	PROCTECTOMY	07/01/2004	$1,574.38	0.0%	0.0%	N	Referral Required
45113	PROCTECTOMY,PARTIAL W/MUCOSE	07/01/2004	$1,561.66	0.0%	0.0%	N	Referral Required
45114	PROCTECTMY PARTIAL W ANASTOM	07/01/2004	$1,423.21	0.0%	0.0%	N	Referral Required
45116	PROCTECTOMY PARTIAL TRANSACR	07/01/2004	$1,287.18	0.0%	0.0%	N	Referral Required
45119	PROCTECTOMY,COLO-ANAL ANASTOMOS	07/01/2004	$1,566.33	0.0%	0.0%	N	Referral Required
45120	PROCTECTOMY	07/01/2004	$1,294.67	0.0%	0.0%	N	Referral Required
45121	PROTECTOMY COMPLETE W SUBTOT	07/01/2004	$1,417.65	0.0%	0.0%	N	Referral Required
45123	PROCTECTOMY PARTIAL W/O ANAS	07/01/2004	$880.18	0.0%	0.0%	N	Referral Required
45126	PELVIC EXENTERATION COLORECTAL MAL	07/01/2004	$2,286.46	0.0%	0.0%	N	Referral Required
45130	EXCISION, RECTAL PROCIDENTIA	07/01/2004	$858.69	0.0%	0.0%	N	Referral Required
45135	EXCISION, RECTAL PROCIDENTIA	07/01/2004	$1,009.29	0.0%	0.0%	N	Referral Required
45136	EXCISION OF ILEOANAL	07/01/2004	$1,422.48	0.0%	0.0%	N	Referral Required
45150	DIVISION, STRICTURE, RECTUM	07/01/2004	$401.81	0.0%	0.0%	N	Referral Required
45160	EXCISION RECTAL TUMOR BY PRO	07/01/2004	$796.49	0.0%	0.0%	N	Referral Required
45170	EXCISION RECTAL TUMOR TRASAN	07/01/2004	$616.41	0.0%	0.0%	N	Referral Required
45190	DESTRUCTION RECTAL TUMOR, TR	07/01/2004	$533.62	0.0%	0.0%	N	Referral Required
45300	PROCTOSIGMOIDOSCOPY	07/01/2004	$58.09	0.0%	0.0%	N	Referral Required
45303	PROCTOSIGMOIDOSCOPY WITH DIL	07/01/2004	$67.25	0.0%	0.0%	N	Referral Required
45305	PROSCTOSIGMOIDOSCOPY WITH BI	07/01/2004	$90.98	0.0%	0.0%	N	Referral Required
45307	PROCTOSIGMOIDOSCOPY	07/01/2004	$123.49	0.0%	0.0%	N	Referral Required
45308	W/REMOVAL OF SINGLE TUMOR,PO	07/01/2004	$83.69	0.0%	0.0%	N	Referral Required
45309	W/REMOVAL OF SINGLE TUMOR,PO	07/01/2004	$153.71	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
45315	PROCTOSIGMOIDOSCOPY-REMOVE M	07/01/2004	$145.96	0.0%	0.0%	N	Referral Required
45317	PROCTOSIGMOIDOSCOPY	07/01/2004	$120.18	0.0%	0.0%	N	Referral Required
45320	PROCTOSIGMOIDOSCOPY W/ABLATI	07/01/2004	$121.07	0.0%	0.0%	N	Referral Required
45321	PORSTOSIGMOIDOSCOPY FOR DECO	07/01/2004	$61.63	0.0%	0.0%	N	Referral Required
45327	PROCTOSIGMOIDOSCOPY	07/01/2004	$89.45	0.0%	0.0%	N	Referral Required
45330	SIGMIDOSCOPY, FLEXIBLE FIBER	07/01/2004	$97.59	0.0%	0.0%	N	Referral Required
45331	SIGMOIDOSCOPY, FLEX FIBEROPT	07/01/2004	$119.71	0.0%	0.0%	N	Referral Required
45332	SIGMOIDOSCOPY, FLEXIBLE FIBE	07/01/2004	$207.70	0.0%	0.0%	N	Referral Required
45333	SIGMOIDOSCOPY, FLEX FIBEROPT	07/01/2004	$193.87	0.0%	0.0%	N	Referral Required
45334	WITH CONTROL OF BLEEDING, AN	07/01/2004	$136.41	0.0%	0.0%	N	Referral Required
45335	SIGMOIDOSCOPY, FLEXIBLE; W/DIRECTED	07/01/2004	$124.63	0.0%	0.0%	N	Referral Required
45337	WITH DECOMPRESSION OF VOLVUL	07/01/2004	$118.19	0.0%	0.0%	N	Referral Required
45338	W/REMOVAL OF TUMORS,POLYPS,	07/01/2004	$240.68	0.0%	0.0%	N	Referral Required
45339	W/ABLATION OF TUMORS,POLYPS,	07/01/2004	$232.63	0.0%	0.0%	N	Referral Required
45340	SIGMOIDOSCOPY, FLEXIBLE; W/DILATION	07/01/2004	$281.51	0.0%	0.0%	N	Referral Required
45341	SIGMOIDOSCOPY	07/01/2004	$141.65	0.0%	0.0%	N	Referral Required
45342	SIGMOIDOSCOPY W/ULTRASOUND	07/01/2004	$208.72	0.0%	0.0%	N	Referral Required
45345	SIGMOIDOSCOPY	07/01/2004	$153.40	0.0%	0.0%	N	Referral Required
45355	COLONOSCOPY,RIGID OR FLEXIBL	07/01/2004	$171.51	0.0%	0.0%	N	Referral Required
45360	COLONOSCOPY	07/01/2004	$286.79	0.0%	0.0%	N	Referral Required
45365	COLONOSCOPY	07/01/2004	$306.57	0.0%	0.0%	N	Referral Required
45378	COLONOSCOPY	07/01/2004	$421.58	0.0%	0.0%	N	Referral Required
45379	COLONOSCOPY DIAGNOSTIC W/REM	07/01/2004	$440.06	0.0%	0.0%	N	Referral Required
45380	COLONOSCOPY	07/01/2004	$464.02	0.0%	0.0%	N	Referral Required
45381	COLONOSCOPY, FLEXIBLE; PROXIMAL TO	07/01/2004	$337.78	0.0%	0.0%	N	Referral Required
45382	COLONSCOPY W/CONTROL OF HEMO	07/01/2004	$543.41	0.0%	0.0%	N	Referral Required
45383	W/ABLATION OF TUMORS,POLYPS,	07/01/2004	$540.62	0.0%	0.0%	N	Referral Required
45384	COLONOSCOPY WITH REMOVAL OF	07/01/2004	$488.79	0.0%	0.0%	N	Referral Required
45385	COLONSCOPY W/REMVL OF TUMOR,	07/01/2004	$525.86	0.0%	0.0%	N	Referral Required
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL	07/01/2004	$635.36	0.0%	0.0%	N	Referral Required
45387	COLONOSCOPY W/STENT	07/01/2004	$299.73	0.0%	0.0%	N	Referral Required
45500	PROCTOPLASTY	07/01/2004	$407.40	0.0%	0.0%	N	Referral Required
45505	PROCTOPLASTY	07/01/2004	$404.21	0.0%	0.0%	N	Referral Required
45520	SCLEROSING SOLUTION, RECTAL	07/01/2004	$45.37	0.0%	0.0%	N	Referral Required
45540	PROCTOPEXY	07/01/2004	$865.96	0.0%	0.0%	N	Referral Required
45541	PROCTOPEXY	07/01/2004	$721.23	0.0%	0.0%	N	Referral Required
45550	PROCTOPEXY	07/01/2004	$1,184.89	0.0%	0.0%	N	Referral Required
45560	REPAIR OF RECTOCELE (SEPARAT	07/01/2004	$588.65	0.0%	0.0%	N	Referral Required
45562	EXPLORATION, REPAIR, DRAINAG	07/01/2004	$812.48	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
45563	EXPLORATION,REPAIR,DRAINAGE	07/01/2004	$1,236.99	0.0%	0.0%	N	Referral Required
45800	CLOSURE, FISTULA, RECTOVESIC	07/01/2004	$920.32	0.0%	0.0%	N	Referral Required
45805	CLOSURE, FISTULA, RECTOVESIC	07/01/2004	$1,114.44	0.0%	0.0%	N	Referral Required
45811	EXT DRAINAGE, PSEUDOCYS OF PANCREA	07/01/2004	$286.95	0.0%	0.0%	N	Referral Required
45820	CLOSURE, FISTULA RECTOURETHR	07/01/2004	$956.51	0.0%	0.0%	N	Referral Required
45825	CLOSURE, FISTULA RECTOURETHR	07/01/2004	$1,117.06	0.0%	0.0%	N	Referral Required
45900	REDUCTION, PROCIDENTIA	07/01/2004	$129.72	0.0%	0.0%	N	Referral Required
45905	DILATION OF ANAL SPHINCTER U	07/01/2004	$481.57	0.0%	0.0%	N	Referral Required
45910	DILATION OF RECTAL STRICTURE	07/01/2004	$676.31	0.0%	0.0%	N	Referral Required
45915	REMOVAL OF FECAL IMPACTION O	07/01/2004	$274.03	0.0%	0.0%	N	Referral Required
46020	PLACEMENT OF SETON	07/01/2004	$207.75	0.0%	0.0%	N	Referral Required
46030	REMOVAL, SETON	07/01/2004	$140.23	0.0%	0.0%	N	Referral Required
46040	DRAINAGE, ABSCESS, PERIRECTA	07/01/2004	$366.53	0.0%	0.0%	N	Referral Required
46045	DRAINAGE, ABSCESS, TRANSANAL	07/01/2004	$254.65	0.0%	0.0%	N	Referral Required
46050	DRAINAGE, ABSCESS, PERIANAL	07/01/2004	$164.23	0.0%	0.0%	N	Referral Required
46060	DRAINAGE, ABSCESS, INTRAMURA	07/01/2004	$336.47	0.0%	0.0%	N	Referral Required
46070	INCISION, ANAL SEPTUM	07/01/2004	$184.00	0.0%	0.0%	N	Referral Required
46080	SPHINCTEROTOMY	07/01/2004	$216.85	0.0%	0.0%	N	Referral Required
46083	INCISION OF THROMBOSE HEMORR	07/01/2004	$207.72	0.0%	0.0%	N	Referral Required
46200	FISSURECTOMY	07/01/2004	$257.68	0.0%	0.0%	N	Referral Required
46210	CRYPTECTOMY	07/01/2004	$266.49	0.0%	0.0%	N	Referral Required
46211	CRYPTECTOMY	07/01/2004	$319.73	0.0%	0.0%	N	Referral Required
46220	PAPILLECTOMY	07/01/2004	$101.00	0.0%	0.0%	N	Referral Required
46221	HEMORRHOIDECTOMY	07/01/2004	$133.33	0.0%	0.0%	N	Referral Required
46230	EXCISION, HEMORRHOID TAGS	07/01/2004	$238.07	0.0%	0.0%	N	Referral Required
46250	HEMORRHOIDECTOMY	07/01/2004	$328.26	0.0%	0.0%	N	Referral Required
46255	HEMORRHOIDECTOMY	07/01/2004	$382.97	0.0%	0.0%	N	Referral Required
46257	HEMORRHOIDECTOMY W/FISSURECT	07/01/2004	$304.32	0.0%	0.0%	N	Referral Required
46258	HEMORRHOIDECTOMY W/FISTULECT	07/01/2004	$322.83	0.0%	0.0%	N	Referral Required
46260	HEMORRHOIDECTOMY	07/01/2004	$370.41	0.0%	0.0%	N	Referral Required
46261	HEMORRHOIDECTOMY INTERNAL/EX	07/01/2004	$400.89	0.0%	0.0%	N	Referral Required
46262	HEMORRHOIDECTOMY COMPLEX W/F	07/01/2004	$422.13	0.0%	0.0%	N	Referral Required
46270	FISTULECTOMY	07/01/2004	$309.20	0.0%	0.0%	N	Referral Required
46275	FISTULECTOMY	07/01/2004	$320.87	0.0%	0.0%	N	Referral Required
46280	FISTULECTOMY	07/01/2004	$346.41	0.0%	0.0%	N	Referral Required
46285	FISTULECTOMY	07/01/2004	$291.01	0.0%	0.0%	N	Referral Required
46288	CLOSURE ANAL FISTULA W/ADVAN	07/01/2004	$402.78	0.0%	0.0%	N	Referral Required
46320	ENUCLEATION, HEMORRHOID	07/01/2004	$190.12	0.0%	0.0%	N	Referral Required
46500	SCLEROSING HEMORRHOIDS	07/01/2004	$153.58	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
46600	ANOSCOPY W-W/O COLLECTION OF	07/01/2004	$45.22	0.0%	0.0%	N	Referral Required
46604	ANOSCOPY FOR DILATION DIRECT	07/01/2004	$80.45	0.0%	0.0%	N	Referral Required
46606	ANOSCOPY FOR BIOPSY	07/01/2004	$58.41	0.0%	0.0%	N	Referral Required
46608	ANOSCOPY FOR REMOVAL OF FB	07/01/2004	$115.02	0.0%	0.0%	N	Referral Required
46610	ANOSCOPU FOR REMOVAL OF POLY	07/01/2004	$96.67	0.0%	0.0%	N	Referral Required
46611	W/REMOVAL OF SINGLE TUMOR,PO	07/01/2004	$134.51	0.0%	0.0%	N	Referral Required
46612	ANOSCOPY FOR MULTI POLYP REM	07/01/2004	$172.79	0.0%	0.0%	N	Referral Required
46614	ANOSCOPY W/COAGULATION FOR C	07/01/2004	$135.89	0.0%	0.0%	N	Referral Required
46615	W/ABLATION OF TUMORS,POLYPS,	07/01/2004	$156.77	0.0%	0.0%	N	Referral Required
46700	ANOPLASTY	07/01/2004	$490.36	0.0%	0.0%	N	Referral Required
46705	ANOPLASTY INFANT	07/01/2004	$406.13	0.0%	0.0%	N	Referral Required
46706	REPAIR OF ANAL FISTULA W/ FIBRIN	07/01/2004	$122.72	0.0%	0.0%	N	Referral Required
46715	REPAIR CONGENTIAL ANO-VAGINA	07/01/2004	$415.05	0.0%	0.0%	N	Referral Required
46716	W/TRANSPOSITION OF ANOPERINE	07/01/2004	$821.50	0.0%	0.0%	N	Referral Required
46730	REPAIR OF HIGH IMPERFORATE A	07/01/2004	$1,386.64	0.0%	0.0%	N	Referral Required
46735	COMBINED TRANSABDOMINAL AND	07/01/2004	$1,695.95	0.0%	0.0%	N	Referral Required
46740	ANORECTOPLASTY	07/01/2004	$1,578.24	0.0%	0.0%	N	Referral Required
46742	COMBINED TRANSABODMINAL AND	07/01/2004	$1,916.60	0.0%	0.0%	N	Referral Required
46744	REPAIR OF CLOACAL ANOMALY BY	07/01/2004	$2,653.41	0.0%	0.0%	N	Referral Required
46746	REPAIR CLOACAL ANOMALY BY AN	07/01/2004	$3,000.08	0.0%	0.0%	N	Referral Required
46748	W/VAGINAL LENGTHENING BY INT	07/01/2004	$3,295.50	0.0%	0.0%	N	Referral Required
46750	SPHINCTEROPLASTY	07/01/2004	$565.44	0.0%	0.0%	N	Referral Required
46751	SPHINCTEROPLASTY	07/01/2004	$525.94	0.0%	0.0%	N	Referral Required
46753	GRAFT FOR RECTAL INCONTINENC	07/01/2004	$439.70	0.0%	0.0%	N	Referral Required
46754	REMOVAL THIERSCH WIRE OR SUT	07/01/2004	$255.04	0.0%	0.0%	N	Referral Required
46760	SPHINCTEROPLASTY	07/01/2004	$758.74	0.0%	0.0%	N	Referral Required
46761	LEVATOR MUSCLE IMBRICATION	07/01/2004	$730.89	0.0%	0.0%	N	Referral Required
46762	IMPLANTATION ARTIFICIAL SPHI	07/01/2004	$662.62	0.0%	0.0%	N	Referral Required
46820	COMPLEX OR MULTIPLE	07/01/2004	$113.99	0.0%	0.0%	N	Referral Required
46900	CONDYLOMATA DESTRUCTION	07/01/2004	$184.95	0.0%	0.0%	N	Referral Required
46910	CONDYLOMATA DESTRUCTION	07/01/2004	$192.81	0.0%	0.0%	N	Referral Required
46916	DESCTRUCTION OF LESION(S) AN	07/01/2004	$173.31	0.0%	0.0%	N	Referral Required
46917	DESTRUCTION OF LESIONS ANUS	07/01/2004	$242.40	0.0%	0.0%	N	Referral Required
46920	CONDYLOMATA DESTRUCTION	07/01/2004	$54.40	0.0%	0.0%	N	Referral Required
46922	DESTRUCTION OF LESION, SURGI	07/01/2004	$198.26	0.0%	0.0%	N	Referral Required
46924	DESTRUCTION LESION,ANUS, EXT	07/01/2004	$258.47	0.0%	0.0%	N	Referral Required
46934	CRYOSURGERY OF HEMORRHOIDS,	07/01/2004	$345.21	0.0%	0.0%	N	Referral Required
46935	DESTRUCTION OF HEMORRHOIDS A	07/01/2004	$239.35	0.0%	0.0%	N	Referral Required
46936	DESTRUCTION OF INTERNAL/EXTE	07/01/2004	$353.97	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
46937	CRYOSURGERY OF RECTAL TUMOR;	07/01/2004	$244.74	0.0%	0.0%	N	Referral Required
46938	CRYOSURGERY OF RECTAL TUMOR;	07/01/2004	$375.59	0.0%	0.0%	N	Referral Required
46940	CURETTAGE/CAUTERIZATION OF A	07/01/2004	$198.62	0.0%	0.0%	N	Referral Required
46942	CURETTAGE/CAUTERIZATION ANAL	07/01/2004	$167.59	0.0%	0.0%	N	Referral Required
46945	LIGATION OF INTERNAL HEMORRH	07/01/2004	$200.15	0.0%	0.0%	N	Referral Required
46946	LIGATION OF INTERNAL HEMORRH	07/01/2004	$271.68	0.0%	0.0%	N	Referral Required
47000	BIOPSY, LIVER	07/01/2004	$341.61	0.0%	0.0%	N	Referral Required
47001	BIOPSY LIVER PERC NEEDLE DON	07/01/2004	$92.95	0.0%	0.0%	N	Referral Required
47010	HEPATOTOMY FOR DRAINAGE ABSC	07/01/2004	$893.45	0.0%	0.0%	N	Referral Required
47011	HEPATOTOMY;DRAINAGE CYST,1-2	07/01/2004	$284.79	0.0%	0.0%	N	Referral Required
47015	LAPAROTOMY W/HEPATIC PARASIT	07/01/2004	$820.70	0.0%	0.0%	N	Referral Required
47100	BIOPSY, LIVER	07/01/2004	$640.11	0.0%	0.0%	N	Referral Required
47120	HEPATECTOMY	07/01/2004	$1,857.65	0.0%	0.0%	N	Referral Required
47122	HEPATECTOMY TRISEGMENTECTOMY	07/01/2004	$2,810.00	0.0%	0.0%	N	Referral Required
47125	HEPATECTOMY RESECTION OF LIV	07/01/2004	$2,526.45	0.0%	0.0%	N	Referral Required
47130	HEPATECTOMY RESECTION OF LIV	07/01/2004	$2,724.18	0.0%	0.0%	N	Referral Required
47135	LIVER ALLOTRANSPLANTATION	07/01/2004	$4,455.36	0.0%	0.0%	Y	Referral Required
47136	LIVER ALLOTRANSPLANTATION; H	07/01/2004	$4,095.68	0.0%	0.0%	Y	Referral Required
47140	DONOR HEPATECTOMY, W/PREP	07/01/2004	$2,694.01	0.0%	0.0%	N	Referral Required
47141	TOTAL LEFT LOBECTOMY	07/01/2004	$3,271.79	0.0%	0.0%	N	Referral Required
47142	TOTAL RT LOBECTOMY	07/01/2004	$3,610.53	0.0%	0.0%	N	Referral Required
47300	MARSUPIALIZATION, CYST, LIVE	07/01/2004	$806.01	0.0%	0.0%	N	Referral Required
47350	HEPATORRHAPHY	07/01/2004	$1,025.68	0.0%	0.0%	N	Referral Required
47360	HEPATORRAPHY COMPLEX W/WO HE	07/01/2004	$1,409.93	0.0%	0.0%	N	Referral Required
47361	MGMT LIVER HEMORRHAGE;EXPLOR	07/01/2004	$2,380.60	0.0%	0.0%	N	Referral Required
47362	MGMT LIVER HEMORRHAGE;RE-EXP	07/01/2004	$998.26	0.0%	0.0%	N	Referral Required
47370	LAPAROSCOPY, SURGICAL	07/01/2004	$889.25	0.0%	0.0%	N	Referral Required
47371	LAPAROSCOPY, SURGICAL	07/01/2004	$837.59	0.0%	0.0%	N	Referral Required
47380	ABLATION OPEN ONE OR MORE	07/01/2004	$1,046.73	0.0%	0.0%	N	Referral Required
47381	ABLATION OPEN ONE OR MORE	07/01/2004	$1,034.59	0.0%	0.0%	N	Referral Required
47382	ABULATION, ONE OR MORE LIVER	07/01/2004	$616.84	0.0%	0.0%	N	Referral Required
47400	HEPATICOTOMY/HEPATICOSTOMY	07/01/2004	$1,675.94	0.0%	0.0%	N	Referral Required
47420	CHOLEDOCHOTOMY/CHOLEDOCHOSTO	07/01/2004	$1,045.64	0.0%	0.0%	N	Referral Required
47425	CHOLEDOCHOTOMY/CHOLEDOCHOSTO	07/01/2004	$1,039.41	0.0%	0.0%	N	Referral Required
47460	SPHINCTEROTOMY	07/01/2004	$965.32	0.0%	0.0%	N	Referral Required
47480	CHOLECYSTOTOMY/CHOLECYSTOSTO	07/01/2004	$621.54	0.0%	0.0%	N	Referral Required
47490	PERCUTANEOUS CHOLECYSTOSTOMY	07/01/2004	$512.84	0.0%	0.0%	N	Referral Required
47500	CHOLANGIOGRAPHY INJ PROC	07/01/2004	$93.43	0.0%	0.0%	N	Referral Required
47505	CHOLANGIOGRAPHY INJ PROCEDUR	07/01/2004	$121.41	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
47510	INTRO OF PERCUTANEOUS TRANSH	07/01/2004	$593.04	0.0%	0.0%	N	Referral Required
47511	INTRO TRANSHEPATIC STENT INT	07/01/2004	$726.07	0.0%	0.0%	N	Referral Required
47525	CHANGE OF PERCUTANEOUS BILIA	07/01/2004	$310.38	0.0%	0.0%	N	Referral Required
47530	REVISION AND/OR REINSERTION	07/01/2004	$378.34	0.0%	0.0%	N	Referral Required
47550	BILIARY ENDOSCOPY, INTRAOPER	07/01/2004	$147.98	0.0%	0.0%	N	Referral Required
47552	BILIARY ENDOSCOPY PERCUTANEO	07/01/2004	$304.37	0.0%	0.0%	N	Referral Required
47553	BILIARY ENDOSCOPY FOR BIOPSY	07/01/2004	$319.04	0.0%	0.0%	N	Referral Required
47554	ENDOSCOPY W/REMOVAL OF STONE	07/01/2004	$451.08	0.0%	0.0%	N	Referral Required
47555	BILIARY ENDOSCOPY FOR DILATI	07/01/2004	$377.60	0.0%	0.0%	N	Referral Required
47556	BILIARY ENDOSCOPY,DILATIOBIL	07/01/2004	$424.75	0.0%	0.0%	N	Referral Required
47560	LAPAROSCOPY CHOLANGIOGRAPHY	07/01/2004	$244.28	0.0%	0.0%	N	Referral Required
47561	LAPAROSCOPY CHOLANGIOGRAPHY	07/01/2004	$264.36	0.0%	0.0%	N	Referral Required
47562	LAPAROSCOPY CHOLECYSTECTOMY	07/01/2004	$582.50	0.0%	0.0%	N	Referral Required
47563	LAPAROSCOPY CHOLECSTECTOMY	07/01/2004	$623.29	0.0%	0.0%	N	Referral Required
47564	LAPAROSCOPY CHOLECYSTECTOMY	07/01/2004	$735.90	0.0%	0.0%	N	Referral Required
47570	LAPAROSCOPY CHOLECYSTENTEROSTOM	07/01/2004	$655.12	0.0%	0.0%	N	Referral Required
47600	CHOLECYSTECTOMY	07/01/2004	$727.22	0.0%	0.0%	N	Referral Required
47605	CHOLECYSTECTOMY	07/01/2004	$780.36	0.0%	0.0%	N	Referral Required
47610	CHOLECYSTECTOMY	07/01/2004	$984.83	0.0%	0.0%	N	Referral Required
47611	CHOLECYSTECTOMY	07/01/2004	$1,018.57	0.0%	0.0%	N	Referral Required
47612	CHOLECYSTECTOMY W/CHOLEDOCHO	07/01/2004	$979.97	0.0%	0.0%	N	Referral Required
47620	CHOLECYSTECTOMY	07/01/2004	$1,070.33	0.0%	0.0%	N	Referral Required
47630	STONE EXTRACTION, BILIARY DU	07/01/2004	$436.30	0.0%	0.0%	N	Referral Required
47700	EXPLORATION, BILE DUCT	07/01/2004	$866.99	0.0%	0.0%	N	Referral Required
47701	PORTOENTEROSTOMY	07/01/2004	$1,486.12	0.0%	0.0%	N	Referral Required
47711	EXCISION BILE DUCT TUMOR W/W	07/01/2004	$1,223.94	0.0%	0.0%	N	Referral Required
47712	EXCISION BILE DUCT TUMOR W/W	07/01/2004	$1,579.39	0.0%	0.0%	N	Referral Required
47715	EXCISION OF CHOLEDOCHAL CYST	07/01/2004	$988.64	0.0%	0.0%	N	Referral Required
47716	ANASTOMOSIS,CHALEDOCHAL CYST	07/01/2004	$876.74	0.0%	0.0%	N	Referral Required
47720	ANASTOMOSIS, GALL BLADDER	07/01/2004	$872.50	0.0%	0.0%	N	Referral Required
47721	ANASTOMOSIS, GALL BLADDER	07/01/2004	$1,031.70	0.0%	0.0%	N	Referral Required
47740	ROUX-EN-Y PROCEDURE	07/01/2004	$999.76	0.0%	0.0%	N	Referral Required
47741	ROUX-EN-Y WITH GASTROENTEROS	07/01/2004	$1,137.51	0.0%	0.0%	N	Referral Required
47760	ANASTOMOSIS, BILIARY DUCT	07/01/2004	$1,358.96	0.0%	0.0%	N	Referral Required
47765	ANASTOMOSIS DIRECT OF INTRAH	07/01/2004	$1,338.63	0.0%	0.0%	N	Referral Required
47780	ROUX-EN-Y PROCEDURE	07/01/2004	$1,389.99	0.0%	0.0%	N	Referral Required
47785	ANASTOMOSIS, ROUX-EN-Y OF DU	07/01/2004	$1,644.76	0.0%	0.0%	N	Referral Required
47800	RECONSTRUCTION, BILIARY DUCT	07/01/2004	$1,240.47	0.0%	0.0%	N	Referral Required
47801	PLACEMENT OF CHOLEDOCHAL STE	07/01/2004	$884.23	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
47802	U-TUBE LEPATICOENTEROSTOMY	07/01/2004	$1,177.27	0.0%	0.0%	N	Referral Required
47900	SUTURE EXTRAHEPATIC BILIARY	07/01/2004	$1,071.18	0.0%	0.0%	N	Referral Required
48000	DRAINAGE, PANCRRAS	07/01/2004	$1,431.55	0.0%	0.0%	N	Referral Required
48001	WITH CHOLECYSTOSTOMY,GASTROS	07/01/2004	$1,784.17	0.0%	0.0%	N	Referral Required
48005	RESECTION OR DEBRIDEMENT OF	07/01/2004	$2,106.05	0.0%	0.0%	N	Referral Required
48020	REMOVAL, CALCULUS, PANCREAS	07/01/2004	$825.09	0.0%	0.0%	N	Referral Required
48100	BIOPSY OF PANCREAS, OPEN, AN	07/01/2004	$683.35	0.0%	0.0%	N	Referral Required
48102	BIOPSY OF PANCREAS	07/01/2004	$461.92	0.0%	0.0%	N	Referral Required
48120	EXCISION, LESION, PANCREAS	07/01/2004	$838.39	0.0%	0.0%	N	Referral Required
48140	PANCREATECTOMY	07/01/2004	$1,205.06	0.0%	0.0%	N	Referral Required
48145	PANCREATECTOMY	07/01/2004	$1,268.63	0.0%	0.0%	N	Referral Required
48146	PANCREATECTOMY,DISTAL,NEAR-T	07/01/2004	$1,437.30	0.0%	0.0%	N	Referral Required
48148	EXCISION OF AMPULLA OF VATER	07/01/2004	$943.67	0.0%	0.0%	N	Referral Required
48150	PANCREATECTOMY	07/01/2004	$2,480.12	0.0%	0.0%	N	Referral Required
48152	WITHOUT PANCREATOJEJUNOSTOMY	07/01/2004	$2,304.63	0.0%	0.0%	N	Referral Required
48153	PANCREATECTOMY,PROXIMAL NEAR	07/01/2004	$2,504.67	0.0%	0.0%	N	Referral Required
48154	WITHOUT PANCREATOJEJUNOSTOMY	07/01/2004	$2,320.22	0.0%	0.0%	N	Referral Required
48155	PANCREATECTOMY TOTAL	07/01/2004	$1,370.11	0.0%	0.0%	N	Referral Required
48160	PANCREATECTOMY	07/01/2004	$1,668.45	0.0%	0.0%	Y	Referral Required
48180	PANCREATICOJEJUNOSTOMY,SIDE	07/01/2004	$1,282.88	0.0%	0.0%	N	Referral Required
48400	INJECTION PROCEDURE FOR INTR	07/01/2004	$93.58	0.0%	0.0%	N	Referral Required
48495	REPAIR INITIAL INGUINAL HERNIA,UNDE	07/01/2004	$544.28	0.0%	0.0%	N	Referral Required
48500	MARSUPIALIZATION CYST PANCRE	07/01/2004	$819.78	0.0%	0.0%	N	Referral Required
48510	EXTERNAL DRAINAGE, PSEUDOCYS	07/01/2004	$770.72	0.0%	0.0%	N	Referral Required
48511	EXTERNAL DRAINAGE OF PANCREAS	07/01/2004	$273.93	0.0%	0.0%	N	Referral Required
48520	ANASTOMOSIS, PANCREATIC CYST	07/01/2004	$823.74	0.0%	0.0%	N	Referral Required
48540	ROUX-EN-Y PROCEDURE	07/01/2004	$1,021.96	0.0%	0.0%	N	Referral Required
48545	PANCREATORRHAPHY FOR TRAUMA	07/01/2004	$964.71	0.0%	0.0%	N	Referral Required
48547	DUODENAL EXCLUSION W/GASTROJ	07/01/2004	$1,319.49	0.0%	0.0%	N	Referral Required
49000	LAPAROTOMY	07/01/2004	$639.07	0.0%	0.0%	N	Referral Required
49002	REOPENING OF RECENT LAPAROTO	07/01/2004	$590.87	0.0%	0.0%	N	Referral Required
49010	RETROPERITONEAL EXPLORATION	07/01/2004	$688.35	0.0%	0.0%	N	Referral Required
49020	DRAINAGE, PERITONITIS	07/01/2004	$1,207.16	0.0%	0.0%	N	Referral Required
49021	DRAINAGE PERITONEAL ABSCESS;	07/01/2004	$313.32	0.0%	0.0%	N	Referral Required
49040	DRAINAGE, ABSCESS, SUBPHRENI	07/01/2004	$757.02	0.0%	0.0%	N	Referral Required
49041	DRAINAGE ABSCESS; PERCUTANEOUS	07/01/2004	$343.21	0.0%	0.0%	N	Referral Required
49060	DRNG, ABSCESS, RETROPERITONE	07/01/2004	$890.98	0.0%	0.0%	N	Referral Required
49061	DRAINAGE RETROPERITONEAL ABS	07/01/2004	$329.77	0.0%	0.0%	N	Referral Required
49062	DRAINAGE LYMPHOCELE TO PERIT	07/01/2004	$653.43	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
49080	PERITONEOCENTESIS	07/01/2004	$197.86	0.0%	0.0%	N	Referral Required
49081	PERITONEOCENTESIS	07/01/2004	$148.20	0.0%	0.0%	N	Referral Required
49085	REMOVAL OF PERITONEAL FOREIG	07/01/2004	$666.36	0.0%	0.0%	N	Referral Required
49180	BIOPSY, ABDOMINAL/RETROPERIT	07/01/2004	$339.96	0.0%	0.0%	N	Referral Required
49200	EXCISION, CYST, INTRA-ABDOMI	07/01/2004	$595.19	0.0%	0.0%	N	Referral Required
49201	EXCISION, CYST, INTRA-ABDOMI	07/01/2004	$843.61	0.0%	0.0%	N	Referral Required
49215	EXCISION OF PRESACRAL OR SAC	07/01/2004	$1,741.22	0.0%	0.0%	N	Referral Required
49220	STAGING CELIOTOMY (LAPAROTOM	07/01/2004	$815.02	0.0%	0.0%	N	Referral Required
49250	UMBILECTOMY, OMPHALECTOMY, E	07/01/2004	$483.44	0.0%	0.0%	N	Referral Required
49255	EXCISION, GREATER OMENTUM	07/01/2004	$633.31	0.0%	0.0%	N	Referral Required
49320	LAPAROSCOPY/PERITONEOSCOPY	07/01/2004	$290.71	0.0%	0.0%	N	Referral Required
49321	LAPAROSCOPY/PERITONEOSCOPY	07/01/2004	$301.59	0.0%	0.0%	N	Referral Required
49322	LAPAROSCOPY/PERITONEOSCOPY	07/01/2004	$327.97	0.0%	0.0%	N	Referral Required
49323	LAPAROSCOPY/PERITONEOSCOPY	07/01/2004	$489.11	0.0%	0.0%	N	Referral Required
49400	PNEUMOPERITONEUM	07/01/2004	$95.52	0.0%	0.0%	N	Referral Required
49419	INSERTION INTRAPERITONEAL CANNULA/	07/01/2004	$354.02	0.0%	0.0%	N	Referral Required
49420	INTRAPERITONEAL CANNULA	07/01/2004	$113.18	0.0%	0.0%	N	Referral Required
49421	INSERT INTRAPERITONEAL CANNU	07/01/2004	$339.85	0.0%	0.0%	N	Referral Required
49422	REMOVE PERMANENT INTRAPERITO	07/01/2004	$331.66	0.0%	0.0%	N	Referral Required
49423	EXCH ABSCESS, DRAIN CATHETER W/GUID	07/01/2004	$75.96	0.0%	0.0%	N	Referral Required
49424	CONTRAST INJ/ASESSMENT CYST	07/01/2004	$42.21	0.0%	0.0%	N	Referral Required
49425	PERITONEAL VENOUS SHUNT	07/01/2004	$647.37	0.0%	0.0%	N	Referral Required
49426	REVISION OF PERITONEAL VENOU	07/01/2004	$560.22	0.0%	0.0%	N	Referral Required
49427	INJ PROCEDURE FOR EVALUATION	07/01/2004	$48.82	0.0%	0.0%	N	Referral Required
49428	LIGATION OF PERITONEAL-VENOU	07/01/2004	$324.89	0.0%	0.0%	N	Referral Required
49429	REMOVAL OF PERITONEAL-VENOUS	07/01/2004	$393.42	0.0%	0.0%	N	Referral Required
49430	PNEUMOGRAPHY INJECTION PROC	07/01/2004	$60.96	0.0%	0.0%	N	Referral Required
49440	PNEUMOGRAPHY INJECTION PROC	07/01/2004	$48.75	0.0%	0.0%	N	Referral Required
49491	INGUINAL HERNIA REPAIR	07/01/2004	$597.83	0.0%	0.0%	N	Referral Required
49492	INGUINAL HERNIA REPAIR	07/01/2004	$732.99	0.0%	0.0%	N	Referral Required
49495	HERNIA REPAIR-INITIAL INGUIN	07/01/2004	$340.55	0.0%	0.0%	N	Referral Required
49496	INCARCERATED OR STRANGULATED	07/01/2004	$522.15	0.0%	0.0%	N	Referral Required
49500	REPAIR INITIAL INGUINAL HERN	07/01/2004	$316.51	0.0%	0.0%	N	Referral Required
49501	HERNIA REPAIR DIGESTIVE SYST	07/01/2004	$479.93	0.0%	0.0%	N	Referral Required
49505	REPAIR INITIAL INGUINAL HERN	07/01/2004	$431.15	0.0%	0.0%	N	Referral Required
49506	HERNIA REPAIR DIGESTIVE SYSTEM	07/01/2004	$593.36	0.0%	0.0%	N	Referral Required
49507	INCARCERATED OR STRANGULATED	07/01/2004	$556.24	0.0%	0.0%	N	Referral Required
49520	REPAIR RECURRENT INGUINAL HE	07/01/2004	$536.40	0.0%	0.0%	N	Referral Required
49521	INCARCERATED OR STRANGULATED	07/01/2004	$634.92	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
49525	REPAIR INGUINAL HERNIA	07/01/2004	$479.96	0.0%	0.0%	N	Referral Required
49540	HERNIA REPAIR DIGESTIVE SYST	07/01/2004	$569.70	0.0%	0.0%	N	Referral Required
49550	REPAIR INITIAL FEMORAL HERNI	07/01/2004	$468.59	0.0%	0.0%	N	Referral Required
49551	HERNIA REPAIR DIGESTIVE SYSTEM	07/01/2004	$820.81	0.0%	0.0%	N	Referral Required
49553	HERNIA REPAIR DIGESTIVE SYST	07/01/2004	$511.87	0.0%	0.0%	N	Referral Required
49555	REPAIR RECURRENT FEMORAL HER	07/01/2004	$507.97	0.0%	0.0%	N	Referral Required
49557	INCARCERATED OR STRANGULATED	07/01/2004	$596.03	0.0%	0.0%	N	Referral Required
49560	REPAIR INITIAL INC ISIONAL H	07/01/2004	$628.45	0.0%	0.0%	N	Referral Required
49561	INCARCERATED OR STRANGULATED	07/01/2004	$747.42	0.0%	0.0%	N	Referral Required
49565	REPAIR RECURRENT INCISIONAL	07/01/2004	$633.66	0.0%	0.0%	N	Referral Required
49566	INCARCERATED OR STRANGULATED	07/01/2004	$755.53	0.0%	0.0%	N	Referral Required
49568	IPLANTATION OF MESH OR OTHER	07/01/2004	$240.23	0.0%	0.0%	N	Referral Required
49570	REPAIR EPIGASTRIC HERNIA	07/01/2004	$326.66	0.0%	0.0%	N	Referral Required
49572	INCARCERATED OR STRANGULATED	07/01/2004	$380.06	0.0%	0.0%	N	Referral Required
49580	REPAIR UMBILICAL HERNIA-UNDE	07/01/2004	$250.98	0.0%	0.0%	N	Referral Required
49582	INCARCERATED OR STRANGULATED	07/01/2004	$410.28	0.0%	0.0%	N	Referral Required
49585	REPAIR UMBILICAL HERNIA, AGE	07/01/2004	$366.27	0.0%	0.0%	N	Referral Required
49587	INCARCERATED OR STRANGULATED	07/01/2004	$419.62	0.0%	0.0%	N	Referral Required
49590	HERNIA REPAIR DIGESTIVE SYST	07/01/2004	$478.57	0.0%	0.0%	N	Referral Required
49600	REPAIR OF SM OMPHALOCELE,WIT	07/01/2004	$615.37	0.0%	0.0%	N	Referral Required
49605	REPAIR OF LG OMPHALOCELE OR	07/01/2004	$3,749.99	0.0%	0.0%	N	Referral Required
49606	W/REMOVAL OF PROSTHESIS,FINA	07/01/2004	$1,014.63	0.0%	0.0%	N	Referral Required
49610	REPAIR, OMPHALOCELE	07/01/2004	$610.99	0.0%	0.0%	N	Referral Required
49611	REPAIR OMPHALOLELE SECOUND S	07/01/2004	$542.56	0.0%	0.0%	N	Referral Required
49650	LAPAROSCOPY INGUINAL HERNIA	07/01/2004	$342.98	0.0%	0.0%	N	Referral Required
49651	LAPAROSCOPY INGUINAL HERNIA	07/01/2004	$451.51	0.0%	0.0%	N	Referral Required
49900	SUTURE, ABDOMINAL WALL	07/01/2004	$680.39	0.0%	0.0%	N	Referral Required
49904	OMENTAL FLAP, EXTRA-ABDOMINAL	07/01/2004	$1,210.05	0.0%	0.0%	N	Referral Required
49905	OMENTAL FLAP (LIST SEPARATEL	07/01/2004	$323.37	0.0%	0.0%	N	Referral Required
50010	RENAL EXPLORATION	07/01/2004	$634.92	0.0%	0.0%	N	Referral Required
50020	DRAINAGE, ABSCESS, RENAL	07/01/2004	$982.55	0.0%	0.0%	N	Referral Required
50021	DRAIN PERIRENAL/RENAL ABSCESS	07/01/2004	$463.72	0.0%	0.0%	N	Referral Required
50040	NEPHROSTOMY	07/01/2004	$922.46	0.0%	0.0%	N	Referral Required
50045	NEPHROTOMY	07/01/2004	$847.24	0.0%	0.0%	N	Referral Required
50060	NEPHROLITHOTOMY	07/01/2004	$1,033.32	0.0%	0.0%	N	Referral Required
50065	NEPHROLITHOTOMY	07/01/2004	$1,103.33	0.0%	0.0%	N	Referral Required
50070	NEPHROLITHOTOMY	07/01/2004	$1,092.49	0.0%	0.0%	N	Referral Required
50075	NEPHROLITHOTOMY	07/01/2004	$1,340.04	0.0%	0.0%	N	Referral Required
50080	PERCUTANEOUS NEPHROSTOLITHOT	07/01/2004	$897.76	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
50081	PERCUTANEOUS NEPHROSTOLITHOT	07/01/2004	$1,230.66	0.0%	0.0%	N	Referral Required
50100	TRANSECTION RENAL VESSELS	07/01/2004	$906.02	0.0%	0.0%	N	Referral Required
50120	PYELOTOMY	07/01/2004	$875.23	0.0%	0.0%	N	Referral Required
50125	PYELOSTOMY	07/01/2004	$915.37	0.0%	0.0%	N	Referral Required
50130	PYELOLITHOTOMY	07/01/2004	$934.35	0.0%	0.0%	N	Referral Required
50135	PYELOTOMY	07/01/2004	$1,026.54	0.0%	0.0%	N	Referral Required
50180	AERSOL MASK, USED W/DME NEBULIZER	07/01/2004	$2.02	0.0%	0.0%	Y	Referral Required
50182	WATER,DISTILLED,USE W/LG VOL NEB 10	07/01/2004	$0.42	0.0%	0.0%	Y	Referral Required
50186	CHIN STRAP, USE W/CPAP	07/01/2004	$18.02	0.0%	0.0%	Y	Referral Required
50200	BIOPSY, RENAL	07/01/2004	$126.90	0.0%	0.0%	N	Referral Required
50205	BIOPSY, RENAL	07/01/2004	$631.47	0.0%	0.0%	N	Referral Required
50220	NEPHRECTOMY	07/01/2004	$933.22	0.0%	0.0%	N	Referral Required
50225	NEPHRECTOMY	07/01/2004	$1,077.36	0.0%	0.0%	N	Referral Required
50230	NEPHRECTOMY	07/01/2004	$1,164.57	0.0%	0.0%	N	Referral Required
50234	NEPHRECTOMY	07/01/2004	$1,180.90	0.0%	0.0%	N	Referral Required
50236	NEPHRECTOMY	07/01/2004	$1,375.60	0.0%	0.0%	N	Referral Required
50240	NEPHRECTOMY	07/01/2004	$1,240.49	0.0%	0.0%	N	Referral Required
50280	EXCISION, CYST, KIDNEY	07/01/2004	$857.97	0.0%	0.0%	N	Referral Required
50290	EXCISION, CYST, PERINEPHRIC	07/01/2004	$820.27	0.0%	0.0%	N	Referral Required
50300	DONOR NEPHRECTOMY	07/01/2004	$613.55	0.0%	0.0%	N	Referral Required
50320	DONOR NEPHRECTOMY LIVING DON	07/01/2004	$1,179.41	0.0%	0.0%	N	Referral Required
50340	RECIPIENT NEPHRECTOMY	07/01/2004	$756.11	0.0%	0.0%	N	Referral Required
50360	RENAL HOMOTRANSPLANTATION WO	07/01/2004	$1,756.86	0.0%	0.0%	Y	Referral Required
50365	RENAL HOMOTRANSPLANTATION W/	07/01/2004	$2,065.78	0.0%	0.0%	Y	Referral Required
50370	REMOVAL OF TRANSPLANTED HOMO	07/01/2004	$832.46	0.0%	0.0%	N	Referral Required
50380	RENAL AUTOTRANSPLANTATION RE	07/01/2004	$1,211.06	0.0%	0.0%	Y	Referral Required
50390	ASPIRATION, RENAL CYST	07/01/2004	$93.43	0.0%	0.0%	N	Referral Required
50392	CATHETER, RENAL PELVIS	07/01/2004	$161.26	0.0%	0.0%	N	Referral Required
50393	INTRO URETERAL CATH OR STENT	07/01/2004	$197.99	0.0%	0.0%	N	Referral Required
50394	PYELOGRAPHY INJECTION PROC	07/01/2004	$112.47	0.0%	0.0%	N	Referral Required
50395	INTRO OF GUIDE INTO RENAL PE	07/01/2004	$161.12	0.0%	0.0%	N	Referral Required
50396	MANOMETRIC STUDIES, KINDEY	07/01/2004	$105.07	0.0%	0.0%	N	Referral Required
50398	CHANGE NEPHROSTOMY TUBE	07/01/2004	$87.69	0.0%	0.0%	N	Referral Required
50400	PYELOPLASTY	07/01/2004	$1,042.70	0.0%	0.0%	N	Referral Required
50405	PYELOPLASTY	07/01/2004	$1,262.46	0.0%	0.0%	N	Referral Required
50420	NEPHROPEXY	07/01/2004	$909.79	0.0%	0.0%	N	Referral Required
50500	NEPHRORRHAPHY	07/01/2004	$1,092.28	0.0%	0.0%	N	Referral Required
50520	CLSR, FISTULA NEPHROCUTANEOU	07/01/2004	$1,019.70	0.0%	0.0%	N	Referral Required
50525	CLSR, FISTULA NEPHROVISCERAL	07/01/2004	$1,252.19	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
50526	CLSR, FISTULA NEPHROVISCERAL	07/01/2004	$1,367.21	0.0%	0.0%	N	Referral Required
50540	SYMPHYSIOTOMY	07/01/2004	$1,070.98	0.0%	0.0%	N	Referral Required
50541	LAPAROSCOPY ABLATION OF RENAL	07/01/2004	$807.76	0.0%	0.0%	N	Referral Required
50542	LAPAROSCOPY, SURGICAL; ABLATION OF	07/01/2004	$962.43	0.0%	0.0%	N	Referral Required
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPH	07/01/2004	$1,215.75	0.0%	0.0%	N	Referral Required
50544	LAPAROSCOPY PYELOPLASTY	07/01/2004	$1,116.12	0.0%	0.0%	N	Referral Required
50545	LAPAROSCOPIC RADICAL	07/01/2004	$1,195.03	0.0%	0.0%	N	Referral Required
50546	LAPAROSCOPY NEPHRECTOMY	07/01/2004	$1,026.33	0.0%	0.0%	N	Referral Required
50547	LAPAROSCOPY DONOR	07/01/2004	$1,310.49	0.0%	0.0%	N	Referral Required
50548	LAPAROSCOPY, NEPHROURETEROECTOM	07/01/2004	$1,210.13	0.0%	0.0%	N	Referral Required
50551	ENDOSCOPY, RENAL	07/01/2004	$365.64	0.0%	0.0%	N	Referral Required
50553	ENDOSCOPY, RENAL	07/01/2004	$748.81	0.0%	0.0%	N	Referral Required
50555	ENDOSCOPY, RENAL	07/01/2004	$894.35	0.0%	0.0%	N	Referral Required
50557	ENDOSCOPY, RENAL	07/01/2004	$901.64	0.0%	0.0%	N	Referral Required
50559	ENDOSCOPY, RENAL	07/01/2004	$324.64	0.0%	0.0%	N	Referral Required
50561	ENDOSCOPY, RENAL	07/01/2004	$874.43	0.0%	0.0%	N	Referral Required
50562	RENAL ENDOSCOPY; WITH RESECTION OF	07/01/2004	$510.58	0.0%	0.0%	N	Referral Required
50570	ENDOSCOPY, RENAL	07/01/2004	$454.72	0.0%	0.0%	N	Referral Required
50572	ENDOSCOPY, RENAL	07/01/2004	$494.09	0.0%	0.0%	N	Referral Required
50574	ENDOSCOPY, RENAL	07/01/2004	$529.47	0.0%	0.0%	N	Referral Required
50575	RENAL ENDOSCOPY WITH ENDOPYE	07/01/2004	$666.12	0.0%	0.0%	N	Referral Required
50576	ENDOSCOPY, RENAL	07/01/2004	$524.35	0.0%	0.0%	N	Referral Required
50578	ENDOSCOPY, RENAL	07/01/2004	$546.13	0.0%	0.0%	N	Referral Required
50580	ENDOSCOPY, RENAL	07/01/2004	$565.44	0.0%	0.0%	N	Referral Required
50590	LITHOTRIPSY,EXTRACORPOREAL S	07/01/2004	$684.12	0.0%	0.0%	N	Referral Required
50600	URETEROTOMY	07/01/2004	$876.40	0.0%	0.0%	N	Referral Required
50605	URETEROTOMY FOR INSERTION OF	07/01/2004	$859.28	0.0%	0.0%	N	Referral Required
50610	URETEROLITHOTOMY	07/01/2004	$881.54	0.0%	0.0%	N	Referral Required
50620	URETEROLITHOTOMY	07/01/2004	$833.82	0.0%	0.0%	N	Referral Required
50630	URETEROLITHOTOMY	07/01/2004	$823.55	0.0%	0.0%	N	Referral Required
50650	URETERECTOMY	07/01/2004	$954.49	0.0%	0.0%	N	Referral Required
50660	URETERECTOMY	07/01/2004	$1,056.16	0.0%	0.0%	N	Referral Required
50684	URETEROGRAPHY INJECTION	07/01/2004	$517.28	0.0%	0.0%	N	Referral Required
50686	MANOMETRIC STUDIES, URETER	07/01/2004	$220.85	0.0%	0.0%	N	Referral Required
50688	URETEROSTOMY TUBE CHANGE	07/01/2004	$100.02	0.0%	0.0%	N	Referral Required
50690	URETEROPYELOGRAPHY INJ PROC	07/01/2004	$544.24	0.0%	0.0%	N	Referral Required
50700	URETEROPLASTY	07/01/2004	$852.28	0.0%	0.0%	N	Referral Required
50715	URETEROLYSIS	07/01/2004	$1,105.31	0.0%	0.0%	N	Referral Required
50722	URETEROLYSIS	07/01/2004	$946.23	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
50725	URETEROLYSIS	07/01/2004	$1,028.98	0.0%	0.0%	N	Referral Required
50727	REVISION URINARY-CUTANEOUS A	07/01/2004	$513.05	0.0%	0.0%	N	Referral Required
50728	REVISION URINARY-CUTANEOUS A	07/01/2004	$709.69	0.0%	0.0%	N	Referral Required
50740	URETEROPYELOSTOMY	07/01/2004	$996.45	0.0%	0.0%	N	Referral Required
50750	URETEROCALYCOSTOMY	07/01/2004	$1,057.29	0.0%	0.0%	N	Referral Required
50760	URETEROURETEROSTOMY	07/01/2004	$1,006.70	0.0%	0.0%	N	Referral Required
50770	TRANSURETEROURETEROSTOMY	07/01/2004	$1,055.84	0.0%	0.0%	N	Referral Required
50780	URETERONEOCYSTOSTOMY	07/01/2004	$1,000.39	0.0%	0.0%	N	Referral Required
50782	ANASTOMOSIS OF DUPLICATED UR	07/01/2004	$1,102.94	0.0%	0.0%	N	Referral Required
50783	WITH EXTENSIVE URETERAL TAIL	07/01/2004	$1,120.37	0.0%	0.0%	N	Referral Required
50785	URETERONEOCYSTOSTOMY	07/01/2004	$1,105.67	0.0%	0.0%	N	Referral Required
50800	URETEROENTEROSTOMY	07/01/2004	$859.19	0.0%	0.0%	N	Referral Required
50810	URETEROSIGMOIDOSTOMY	07/01/2004	$1,143.43	0.0%	0.0%	N	Referral Required
50815	URETEROCOLON CONDUIT, INCLUD	07/01/2004	$1,113.58	0.0%	0.0%	N	Referral Required
50820	URETEROILEAL CONDUIT	07/01/2004	$1,206.32	0.0%	0.0%	N	Referral Required
50825	CONTINENT DIV,INC BOWEL ANAS	07/01/2004	$1,532.79	0.0%	0.0%	N	Referral Required
50830	URINARY UNDIVERSION	07/01/2004	$1,671.57	0.0%	0.0%	N	Referral Required
50840	REPLACEMENT, URETER	07/01/2004	$1,119.06	0.0%	0.0%	N	Referral Required
50845	CUTANEOUS APPENDICO VESICOSTOMY	07/01/2004	$1,097.55	0.0%	0.0%	N	Referral Required
50860	URETEROSTOMY	07/01/2004	$855.15	0.0%	0.0%	N	Referral Required
50900	URETERORRHAPHY	07/01/2004	$765.10	0.0%	0.0%	N	Referral Required
50920	CLSR, FISTULA URETEROCUTANOU	07/01/2004	$797.19	0.0%	0.0%	N	Referral Required
50930	CLSR, FISTULA URETEROVISCERA	07/01/2004	$1,045.73	0.0%	0.0%	N	Referral Required
50940	DELIGATION, URETER	07/01/2004	$809.55	0.0%	0.0%	N	Referral Required
50945	LAPAROSCOPY	07/01/2004	$866.76	0.0%	0.0%	N	Referral Required
50947	LAPAROSCOPIC URETERONECYSTOSTOM	07/01/2004	$1,289.37	0.0%	0.0%	N	Referral Required
50948	LAPAROSCOPIC URETERONEOCYSTOSTOM	07/01/2004	$1,178.57	0.0%	0.0%	N	Referral Required
50950	URETERAL ENDOSCOPY	07/01/2004	$128.57	0.0%	0.0%	N	Referral Required
50951	URETERAL ENDOSCOPY	07/01/2004	$385.94	0.0%	0.0%	N	Referral Required
50952	URETERAL ENDOSCOPY	07/01/2004	$148.32	0.0%	0.0%	N	Referral Required
50953	URETERAL ENDOSCOPY	07/01/2004	$767.84	0.0%	0.0%	N	Referral Required
50954	URETERAL ENDOSCOPY	07/01/2004	$148.32	0.0%	0.0%	N	Referral Required
50955	URETERAL ENDOSCOPY	07/01/2004	$934.76	0.0%	0.0%	N	Referral Required
50956	URETERAL ENDOSCOPY	07/01/2004	$158.24	0.0%	0.0%	N	Referral Required
50957	URETERAL ENDOSCOPY	07/01/2004	$888.64	0.0%	0.0%	N	Referral Required
50958	URETERAL ENDOSCOPY	07/01/2004	$178.02	0.0%	0.0%	N	Referral Required
50959	URETERAL ENDOSCOPY	07/01/2004	$211.07	0.0%	0.0%	N	Referral Required
50960	URETERAL ENDOSCOPY	07/01/2004	$158.24	0.0%	0.0%	N	Referral Required
50961	URETERAL ENDOSCOPY	07/01/2004	$983.33	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
50970	URETERAL ENDOSCOPY	07/01/2004	$340.69	0.0%	0.0%	N	Referral Required
50972	URETERAL ENDOSCOPY	07/01/2004	$334.01	0.0%	0.0%	N	Referral Required
50974	URETERAL ENDOSCOPY	07/01/2004	$438.42	0.0%	0.0%	N	Referral Required
50976	URETERAL ENDOSCOPY	07/01/2004	$431.52	0.0%	0.0%	N	Referral Required
50978	URETERAL ENDOSCOPY	07/01/2004	$247.92	0.0%	0.0%	N	Referral Required
50980	URETERAL ENDOSCOPY	07/01/2004	$327.09	0.0%	0.0%	N	Referral Required
51000	ASPIRATION, BLADDER	07/01/2004	$94.79	0.0%	0.0%	N	Referral Required
51005	ASPIRATION, BLADDER	07/01/2004	$147.54	0.0%	0.0%	N	Referral Required
51010	ASPIRATION, BLADDER	07/01/2004	$273.66	0.0%	0.0%	N	Referral Required
51020	CYSTOTOMY/CYSTOSTOMY	07/01/2004	$432.47	0.0%	0.0%	N	Referral Required
51030	CYSTOTOMY/CYSTOSTOMY	07/01/2004	$444.05	0.0%	0.0%	N	Referral Required
51040	CYSTOTOMY/CYSTOSTOMY	07/01/2004	$306.93	0.0%	0.0%	N	Referral Required
51045	CYSTOTOMY/CYSTOSTOMY	07/01/2004	$444.97	0.0%	0.0%	N	Referral Required
51050	CYSTOLITHOTOMY	07/01/2004	$425.25	0.0%	0.0%	N	Referral Required
51060	TRANSVESICAL URETEROLITHOTOM	07/01/2004	$537.08	0.0%	0.0%	N	Referral Required
51065	CYSTOTOMY	07/01/2004	$521.58	0.0%	0.0%	N	Referral Required
51080	DRAINAGE, ABSCESS, PERIVESIC	07/01/2004	$402.91	0.0%	0.0%	N	Referral Required
51500	EXCISION, CYST, URACHAL	07/01/2004	$576.10	0.0%	0.0%	N	Referral Required
51520	CYSTOTOMY	07/01/2004	$557.67	0.0%	0.0%	N	Referral Required
51525	CYSTOTOMY	07/01/2004	$777.41	0.0%	0.0%	N	Referral Required
51530	CYSTOTOMY	07/01/2004	$709.32	0.0%	0.0%	N	Referral Required
51535	CYSTOTOMY	07/01/2004	$731.22	0.0%	0.0%	N	Referral Required
51550	CYSTECTOMY	07/01/2004	$858.39	0.0%	0.0%	N	Referral Required
51555	CYSTECTOMY	07/01/2004	$1,137.71	0.0%	0.0%	N	Referral Required
51565	URETERONEOCYSTOSTOMY	07/01/2004	$1,172.33	0.0%	0.0%	N	Referral Required
51570	CYSTECTOMY	07/01/2004	$1,300.81	0.0%	0.0%	N	Referral Required
51575	CYSTECTOMY	07/01/2004	$1,616.32	0.0%	0.0%	N	Referral Required
51580	CYSTECTOMY	07/01/2004	$1,661.31	0.0%	0.0%	N	Referral Required
51585	CYSTECTOMY	07/01/2004	$1,856.46	0.0%	0.0%	N	Referral Required
51590	CYSTECTOMY	07/01/2004	$1,718.72	0.0%	0.0%	N	Referral Required
51595	CYSTECTOMY	07/01/2004	$1,932.07	0.0%	0.0%	N	Referral Required
51596	CYSTECTOMY;U SEG SM/LG BOWEL	07/01/2004	$2,064.84	0.0%	0.0%	N	Referral Required
51597	PELVIC EXENTERATION COMPLETE	07/01/2004	$1,996.45	0.0%	0.0%	N	Referral Required
51600	CYSTOGRAPHY, INJECTION PROC	07/01/2004	$211.57	0.0%	0.0%	N	Referral Required
51605	URETHROCYSTOGRAPHY, INJ PROC	07/01/2004	$568.75	0.0%	0.0%	N	Referral Required
51610	URETHROCYSTOGRAPHY, INJ PROC	07/01/2004	$566.22	0.0%	0.0%	N	Referral Required
51700	BLADDER IRRIGATION	07/01/2004	$75.20	0.0%	0.0%	N	Referral Required
51701	INSERTION NON-INDWELLING BLADDER	07/01/2004	$50.51	0.0%	0.0%	N	Referral Required
51702	INSERTION OF TEMPORARY INDWELLING	07/01/2004	$78.86	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
51703	INSERTION TEMP. INDWELLING BLADDER	07/01/2004	$110.96	0.0%	0.0%	N	Referral Required
51705	CYSTOSTOMY TUBE CHANGE	07/01/2004	$107.40	0.0%	0.0%	N	Referral Required
51710	CYSTOSTOMY TUBE CHANGE	07/01/2004	$221.12	0.0%	0.0%	N	Referral Required
51715	ENDOSCOPIC INJECTION OF IMPL	07/01/2004	$281.96	0.0%	0.0%	N	Referral Required
51720	BLADDER INSTILLATION	07/01/2004	$126.57	0.0%	0.0%	N	Referral Required
51725	CYSTOMETROGRAM	07/01/2004	$248.97	15.0%	85.0%	N	Referral Required
51726	COMPLEX CYSTOMETROGRAM	07/01/2004	$215.05	17.0%	83.0%	N	Referral Required
51736	UROFLOWMETRIC EVALUATION	07/01/2004	$57.46	12.0%	88.0%	N	Referral Required
51741	COMPLEX UROFLOWMETRY	07/01/2004	$105.05	10.0%	90.0%	N	Referral Required
51772	URETHRAL PRESSURE PROFILE ST	07/01/2004	$214.28	17.0%	83.0%	N	Referral Required
51784	ELECTROMYOGRAPHY ANAL/URETHR	07/01/2004	$166.24	16.0%	84.0%	N	Referral Required
51785	NEEDLE ELECTROMYOGRAPHY STD	07/01/2004	$169.31	19.0%	81.0%	N	Referral Required
51792	STIMULUS EVOKED RESPONSE	07/01/2004	$151.28	46.0%	54.0%	N	Referral Required
51795	VOIDING PRESSURE STUDIES;BLA	07/01/2004	$215.40	31.0%	69.0%	N	Referral Required
51797	VOIDING PRESSURE STUDIES,INT	07/01/2004	$218.13	19.0%	81.0%	N	Referral Required
51798	MEASUREMENT POST-VOIDING RESIDUAL	07/01/2004	$16.18	0.0%	0.0%	N	Referral Required
51800	CYSTOPLASTY	07/01/2004	$952.77	0.0%	0.0%	N	Referral Required
51820	CYSTOURETHROPLASTY	07/01/2004	$1,017.63	0.0%	0.0%	N	Referral Required
51840	URETHROPEXY/VESICOURETHROPEX	07/01/2004	$620.61	0.0%	0.0%	N	Referral Required
51841	URETHROPEXY/VESICOURETHROPEX	07/01/2004	$761.22	0.0%	0.0%	N	Referral Required
51845	ABDOMINO-VAGINAL VESICAL NEC	07/01/2004	$581.87	0.0%	0.0%	N	Referral Required
51860	CYSTORRHAPHY	07/01/2004	$700.74	0.0%	0.0%	N	Referral Required
51865	CYSTORRHAPHY	07/01/2004	$843.78	0.0%	0.0%	N	Referral Required
51880	CLOSURE, CYSTOSTOMY	07/01/2004	$476.89	0.0%	0.0%	N	Referral Required
51900	VESICOVAGINAL FISTULA CLOSUR	07/01/2004	$746.84	0.0%	0.0%	N	Referral Required
51920	CLOSURE OF VESICOUTERINE FIS	07/01/2004	$684.59	0.0%	0.0%	N	Referral Required
51925	CLOSURE VESICOUTERINE FISTUL	07/01/2004	$895.07	0.0%	0.0%	N	Referral Required
51940	CLOSURE OF BLADDER EXTROPHY	07/01/2004	$1,580.79	0.0%	0.0%	N	Referral Required
51960	ENTEROCYSTOPLASTY, INCLUDE B	07/01/2004	$1,279.56	0.0%	0.0%	N	Referral Required
51980	CUTANEOUS VESICOSTOMY	07/01/2004	$655.00	0.0%	0.0%	N	Referral Required
51990	LAPAROSCOPY URETHRAL	07/01/2004	$684.00	0.0%	0.0%	N	Referral Required
51992	LAPAROSCOPY SLING OPERATION	07/01/2004	$736.64	0.0%	0.0%	N	Referral Required
52000	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$186.03	0.0%	0.0%	N	Referral Required
52001	CYSTOURETHROSCOPY W/ IRRIGATION	07/01/2004	$122.00	0.0%	0.0%	N	Referral Required
52005	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$523.68	0.0%	0.0%	N	Referral Required
52007	CYSTOURETHROSCOPY W/URETER C	07/01/2004	$143.82	0.0%	0.0%	N	Referral Required
52010	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$303.20	0.0%	0.0%	N	Referral Required
52204	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$288.03	0.0%	0.0%	N	Referral Required
52212	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$158.24	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
52214	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$348.65	0.0%	0.0%	N	Referral Required
52222	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$158.24	0.0%	0.0%	N	Referral Required
52224	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$323.75	0.0%	0.0%	N	Referral Required
52234	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$224.16	0.0%	0.0%	N	Referral Required
52235	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$263.66	0.0%	0.0%	N	Referral Required
52240	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$467.67	0.0%	0.0%	N	Referral Required
52250	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$214.65	0.0%	0.0%	N	Referral Required
52260	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$187.13	0.0%	0.0%	N	Referral Required
52265	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$230.60	0.0%	0.0%	N	Referral Required
52270	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$347.60	0.0%	0.0%	N	Referral Required
52275	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$413.91	0.0%	0.0%	N	Referral Required
52276	CYSTOURETHROSCOPY WITH DIREC	07/01/2004	$429.17	0.0%	0.0%	N	Referral Required
52277	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$295.21	0.0%	0.0%	N	Referral Required
52281	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$576.47	0.0%	0.0%	N	Referral Required
52282	CYSTOURETHROSCOPY, W/INSERT	07/01/2004	$734.92	0.0%	0.0%	N	Referral Required
52283	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$351.33	0.0%	0.0%	N	Referral Required
52285	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$362.36	0.0%	0.0%	N	Referral Required
52290	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$218.83	0.0%	0.0%	N	Referral Required
52300	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$253.14	0.0%	0.0%	N	Referral Required
52301	CYSTOURETHROSCOPY W/RESECTIO	07/01/2004	$262.18	0.0%	0.0%	N	Referral Required
52305	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$252.96	0.0%	0.0%	N	Referral Required
52310	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$228.41	0.0%	0.0%	N	Referral Required
52315	CYSTOURETHROSCOPY W/REMOVAL	07/01/2004	$726.24	0.0%	0.0%	N	Referral Required
52317	LITHOLAPAXY-CRUSHING OR FRAG	07/01/2004	$1,096.37	0.0%	0.0%	N	Referral Required
52318	LITHOLAPAXY, COMPLICATED	07/01/2004	$437.68	0.0%	0.0%	N	Referral Required
52320	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$223.90	0.0%	0.0%	N	Referral Required
52325	CYSTOURETHROSCOPYC/WFRAGMENT	07/01/2004	$293.38	0.0%	0.0%	N	Referral Required
52327	CYSTOURETHROSCOPY; W/SUBURET	07/01/2004	$247.90	0.0%	0.0%	N	Referral Required
52330	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$862.13	0.0%	0.0%	N	Referral Required
52332	CYSTOURETHROSCOPY, W/INSERT	07/01/2004	$717.69	0.0%	0.0%	N	Referral Required
52334	CYSTOURETHROSCOPY W/INSERT U	07/01/2004	$229.82	0.0%	0.0%	N	Referral Required
52341	CYSTOURETHROSCOPY	07/01/2004	$298.12	0.0%	0.0%	N	Referral Required
52342	CYSTOURETHROSCOPY	07/01/2004	$322.62	0.0%	0.0%	N	Referral Required
52343	CYSTOURETHROSCOPY	07/01/2004	$357.34	0.0%	0.0%	N	Referral Required
52344	CYSTOURETHROSCOPY	07/01/2004	$382.18	0.0%	0.0%	N	Referral Required
52345	CYSTOURETHROSCOPY	07/01/2004	$407.00	0.0%	0.0%	N	Referral Required
52346	CYSTOURETHROSCOPY	07/01/2004	$458.23	0.0%	0.0%	N	Referral Required
52347	CYCTOURETHROSCOPY W/TRANSURETH	07/01/2004	$263.34	0.0%	0.0%	N	Referral Required
52351	CYSTOURETHROSCOPY	07/01/2004	$279.60	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
52352	CYSTOURETHROSCOPY	07/01/2004	$328.01	0.0%	0.0%	N	Referral Required
52353	CYSTOURETHROSCOPY	07/01/2004	$379.74	0.0%	0.0%	N	Referral Required
52354	CYSTOURETHROSCOPY	07/01/2004	$350.12	0.0%	0.0%	N	Referral Required
52355	CYSTOURETHROSCOPY	07/01/2004	$420.82	0.0%	0.0%	N	Referral Required
52400	CYSTOURETHROSCOPY	07/01/2004	$542.23	0.0%	0.0%	N	Referral Required
52450	TRANSURETHRAL INCISION OF PR	07/01/2004	$493.61	0.0%	0.0%	N	Referral Required
52500	RESECTION, VESICAL NECK	07/01/2004	$531.97	0.0%	0.0%	N	Referral Required
52510	TRANSURETHRAL BALLOON DILATI	07/01/2004	$435.07	0.0%	0.0%	N	Referral Required
52601	RESECTION, PROSTATE	07/01/2004	$718.90	0.0%	0.0%	N	Referral Required
52605	FULGURATION, TRANSURETHRAL	07/01/2004	$207.68	0.0%	0.0%	N	Referral Required
52606	FULGURATION, TRANSURETHRAL	07/01/2004	$502.11	0.0%	0.0%	N	Referral Required
52612	RESECTION, PROSTATE	07/01/2004	$511.27	0.0%	0.0%	N	Referral Required
52614	RESECTION, PROSTATE	07/01/2004	$455.80	0.0%	0.0%	N	Referral Required
52620	RESECTION, PROSTATE	07/01/2004	$444.66	0.0%	0.0%	N	Referral Required
52630	RESECTION, PROSTATE	07/01/2004	$475.65	0.0%	0.0%	N	Referral Required
52640	RESECTION, PROSTATE	07/01/2004	$429.05	0.0%	0.0%	Y	Referral Required
52647	NON-CONTACT LASER COAGULATIO	07/01/2004	$2,312.91	0.0%	0.0%	N	Referral Required
52648	CONTACT LASER VAPORIZATION,	07/01/2004	$658.95	0.0%	0.0%	N	Referral Required
52700	DRAINAGE, ABSCESS, PROSTATE	07/01/2004	$455.04	0.0%	0.0%	N	Referral Required
52800	LITHOLAPAXY	07/01/2004	$573.57	0.0%	0.0%	N	Referral Required
52805	LITHOLAPAXY	07/01/2004	$791.13	0.0%	0.0%	N	Referral Required
53000	URETHROTOMY/URETHROSTOMY	07/01/2004	$326.84	0.0%	0.0%	N	Referral Required
53010	URETHROTOMY/URETHROSTOMY	07/01/2004	$267.24	0.0%	0.0%	N	Referral Required
53020	MEATOTOMY	07/01/2004	$209.27	0.0%	0.0%	N	Referral Required
53025	MEATOTOMY	07/01/2004	$198.20	0.0%	0.0%	N	Referral Required
53040	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$715.26	0.0%	0.0%	N	Referral Required
53060	DRAINAGE, CYST, SKENES GLAND	07/01/2004	$300.04	0.0%	0.0%	N	Referral Required
53080	DRAINAGE URINARY EXTRAVASATI	07/01/2004	$503.92	0.0%	0.0%	N	Referral Required
53085	DRAINAGE URINARY EXTRAVASATI	07/01/2004	$712.45	0.0%	0.0%	N	Referral Required
53200	BIOPSY, URETHRA	07/01/2004	$278.61	0.0%	0.0%	N	Referral Required
53210	URETHRECTOMY	07/01/2004	$722.07	0.0%	0.0%	N	Referral Required
53215	URETHRECTOMY	07/01/2004	$857.58	0.0%	0.0%	N	Referral Required
53220	EXCISION, CARCINOMA, URETHRA	07/01/2004	$442.81	0.0%	0.0%	N	Referral Required
53230	EXCISION URETHRAL DIVERTICUL	07/01/2004	$558.56	0.0%	0.0%	N	Referral Required
53235	EXCISION URETHRAL DIVERTICUL	07/01/2004	$582.69	0.0%	0.0%	N	Referral Required
53240	MARSUP, URETHRAL DIVERTICULU	07/01/2004	$410.19	0.0%	0.0%	N	Referral Required
53250	EXCISION, BULBOURETHRAL GLAN	07/01/2004	$370.12	0.0%	0.0%	N	Referral Required
53260	EXCISION, URETHRAL POLYP	07/01/2004	$309.21	0.0%	0.0%	N	Referral Required
53265	FULGURATION, URETHRAL CARUNC	07/01/2004	$329.61	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
53270	EXCISION, SKENES GLANDS	07/01/2004	$342.74	0.0%	0.0%	N	Referral Required
53275	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$277.83	0.0%	0.0%	N	Referral Required
53400	URETHROPLASTY	07/01/2004	$740.01	0.0%	0.0%	N	Referral Required
53405	URETHROPLASTY	07/01/2004	$811.63	0.0%	0.0%	N	Referral Required
53410	URETHROPLASTY	07/01/2004	$902.26	0.0%	0.0%	N	Referral Required
53415	URETHROPLASTY, TRANSPUBIC OR	07/01/2004	$1,041.84	0.0%	0.0%	N	Referral Required
53420	URETHROPLASTY	07/01/2004	$804.08	0.0%	0.0%	N	Referral Required
53425	URETHROPLASTY	07/01/2004	$879.37	0.0%	0.0%	N	Referral Required
53430	URETHROPLASTY	07/01/2004	$903.32	0.0%	0.0%	N	Referral Required
53431	URETHROPLASTY FOR INCONTINENCE	07/01/2004	$988.18	0.0%	0.0%	N	Referral Required
53440	URINARY INCONTINENCE CORRECT	07/01/2004	$715.37	0.0%	0.0%	N	Referral Required
53442	REMOVAL OF PERINEAL PROSTHES	07/01/2004	$502.00	0.0%	0.0%	N	Referral Required
53444	INSERTION OF TANDEM CUFF	07/01/2004	$707.51	0.0%	0.0%	N	Referral Required
53445	PLACEMENT OF INFLATABLE SPHI	07/01/2004	$799.01	0.0%	0.0%	N	Referral Required
53446	REMOVAL INFLATABLE URETHRAL	07/01/2004	$650.28	0.0%	0.0%	N	Referral Required
53447	REMOVAL, REPAIR, REPLACE INF	07/01/2004	$751.12	0.0%	0.0%	N	Referral Required
53448	REMOVAL/REPLACEMENT OF URETHRAL	07/01/2004	$1,177.04	0.0%	0.0%	N	Referral Required
53449	SURG CORRECT HYDRAULIC ABNOR	07/01/2004	$574.33	0.0%	0.0%	N	Referral Required
53450	URETHRAL MEATOPLASTY	07/01/2004	$393.05	0.0%	0.0%	N	Referral Required
53460	CYSTOSCOPY/URETHROSCOPY	07/01/2004	$440.04	0.0%	0.0%	N	Referral Required
53500	URETHROLYSIS, TRANSVAGINAL	07/01/2004	$632.10	0.0%	0.0%	N	Referral Required
53502	URETHRORRHAPHY SUTURE URETHR	07/01/2004	$469.22	0.0%	0.0%	N	Referral Required
53505	URETHRORRHAPHY	07/01/2004	$462.62	0.0%	0.0%	N	Referral Required
53510	URETHRORRHAPHY	07/01/2004	$584.56	0.0%	0.0%	N	Referral Required
53515	URETHRORRHAPHY	07/01/2004	$742.52	0.0%	0.0%	N	Referral Required
53520	URETHROSTOMY CLOSURE	07/01/2004	$517.49	0.0%	0.0%	N	Referral Required
53600	DILATION, URETHRAL STRICTURE	07/01/2004	$83.05	0.0%	0.0%	N	Referral Required
53601	DILATION, URETHRAL STRICTURE	07/01/2004	$78.60	0.0%	0.0%	N	Referral Required
53605	DILATION, URETHRAL STRICTURE	07/01/2004	$61.27	0.0%	0.0%	N	Referral Required
53620	DILATION, URETHRAL STRICTURE	07/01/2004	$121.63	0.0%	0.0%	N	Referral Required
53621	DILATION, URETHRAL STRICTURE	07/01/2004	$114.61	0.0%	0.0%	N	Referral Required
53660	DILATION, URETHRA, FEMALE	07/01/2004	$65.71	0.0%	0.0%	N	Referral Required
53661	DILATION, URETHRA, FEMALE	07/01/2004	$65.75	0.0%	0.0%	N	Referral Required
53665	DILATION, URETHRA, FEMALE	07/01/2004	$36.71	0.0%	0.0%	N	Referral Required
53850	TRANSURETHRAL DESTRUCT PROSTATE	07/01/2004	$3,199.13	0.0%	0.0%	N	Referral Required
53852	TRANSURETHRAL DESTRUCT PROSTRATE	07/01/2004	$2,823.32	0.0%	0.0%	N	Referral Required
53853	WATER-INDUCED THERMOTHERAPY	07/01/2004	$1,873.31	0.0%	0.0%	N	Referral Required
54000	DORSAL SLIT	07/01/2004	$241.01	0.0%	0.0%	N	Referral Required
54001	DORSAL SLIT	07/01/2004	$294.16	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
54015	INCISION & DRAINAGE, PENIS	07/01/2004	$454.13	0.0%	0.0%	N	Referral Required
54050	CONDYLOMATA DESTRUCTION	07/01/2004	$138.22	0.0%	0.0%	N	Referral Required
54055	CONDYLOMATA DESTRUCTION	07/01/2004	$261.04	0.0%	0.0%	N	Referral Required
54056	CRYOSURGERY	07/01/2004	$141.62	0.0%	0.0%	N	Referral Required
54057	DESTRUCTION OF LESION(S), PE	07/01/2004	$142.31	0.0%	0.0%	N	Referral Required
54060	CONDYLOMATA DESTRUCTION	07/01/2004	$254.91	0.0%	0.0%	N	Referral Required
54065	CONDYLOMATA DESTRUCTION	07/01/2004	$263.69	0.0%	0.0%	N	Referral Required
54100	BIOPSY, PENIS	07/01/2004	$184.70	0.0%	0.0%	N	Referral Required
54105	BIOPSY, PENIS	07/01/2004	$348.17	0.0%	0.0%	N	Referral Required
54110	EXCISION, PENILE PLAQUE	07/01/2004	$638.07	0.0%	0.0%	N	Referral Required
54111	EXCISION PENILE PLAQUE W/GRA	07/01/2004	$801.87	0.0%	0.0%	N	Referral Required
54112	BIOPSY PENIS W/GRAFT GREATER	07/01/2004	$909.10	0.0%	0.0%	N	Referral Required
54115	REMOVAL, FOREIGN BODY, PENIS	07/01/2004	$604.65	0.0%	0.0%	N	Referral Required
54120	AMPUTATION, PENIS	07/01/2004	$630.43	0.0%	0.0%	N	Referral Required
54125	AMPUTATION, PENIS	07/01/2004	$800.82	0.0%	0.0%	N	Referral Required
54130	AMPUTATION, PENIS	07/01/2004	$1,128.29	0.0%	0.0%	N	Referral Required
54135	AMPUTATION, PENIS	07/01/2004	$1,443.72	0.0%	0.0%	N	Referral Required
54150	CIRCUMCISION	07/01/2004	$264.27	0.0%	0.0%	N	Referral Required
54152	CIRCUMCISION	07/01/2004	$142.34	0.0%	0.0%	N	Referral Required
54160	CIRCUMCISION	07/01/2004	$255.29	0.0%	0.0%	N	Referral Required
54161	CIRCUMCISION	07/01/2004	$188.26	0.0%	0.0%	N	Referral Required
54162	LYSIS/EXCISION PENILE	07/01/2004	$204.71	0.0%	0.0%	N	Referral Required
54163	REPAIR INCOMPLETE CIRCUMCISION	07/01/2004	$192.65	0.0%	0.0%	N	Referral Required
54164	FRENULOTOMY OF PENIS	07/01/2004	$168.79	0.0%	0.0%	N	Referral Required
54200	INJECTION, PEYRONIES DISEASE	07/01/2004	$132.29	0.0%	0.0%	N	Referral Required
54205	INJECTION, PEYRONIES DISEASE	07/01/2004	$534.73	0.0%	0.0%	N	Referral Required
54220	IRRIGATION, CORPORA CAVERNOS	07/01/2004	$156.50	0.0%	0.0%	N	Referral Required
54300	STRAIGHTENING OF CHORDEE	07/01/2004	$671.24	0.0%	0.0%	N	Referral Required
54304	PLASTIC OPERATION ON PENIS/C	07/01/2004	$784.44	0.0%	0.0%	N	Referral Required
54305	STRAIGHTENING OF CHORDEE	07/01/2004	$791.13	0.0%	0.0%	N	Referral Required
54308	URETHROPLASTY FOR SECOND STA	07/01/2004	$757.00	0.0%	0.0%	N	Referral Required
54312	URETHROPLASTY 2ND STAGE HYPO	07/01/2004	$846.56	0.0%	0.0%	N	Referral Required
54316	URETHROPLASTY 2ND STG HYPOSP	07/01/2004	$996.12	0.0%	0.0%	N	Referral Required
54318	URETHROPLASTY 3RD STAGE REPA	07/01/2004	$748.58	0.0%	0.0%	N	Referral Required
54320	URETHROPLASTY	07/01/2004	$791.13	0.0%	0.0%	N	Referral Required
54322	ONE STAGE DISTAL HYPOSPADIAS	07/01/2004	$787.81	0.0%	0.0%	N	Referral Required
54324	HYPOSPADIAS REPAIR WITH URET	07/01/2004	$989.97	0.0%	0.0%	N	Referral Required
54325	URETHROPLASTY	07/01/2004	$1,038.37	0.0%	0.0%	N	Referral Required
54326	ONE STAGE DISTAL HYPOSPADIAS	07/01/2004	$939.47	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
54328	ONE STAGE DISTAL HYPOSPADIAS	07/01/2004	$950.49	0.0%	0.0%	N	Referral Required
54330	URETHROPLASTY	07/01/2004	$1,137.25	0.0%	0.0%	N	Referral Required
54332	ONE STAGE PROXIMAL PENILE/PE	07/01/2004	$1,012.06	0.0%	0.0%	N	Referral Required
54336	1-STG PERINEAL HYPOSPADIAS R	07/01/2004	$1,189.61	0.0%	0.0%	N	Referral Required
54340	REPAIR HYPOSPADIAS COMPLFIST	07/01/2004	$649.09	0.0%	0.0%	N	Referral Required
54344	REPAIR HYPOSPADIAS COMPLICAT	07/01/2004	$941.94	0.0%	0.0%	N	Referral Required
54348	HYPO COMP REQUIRING MOBILIZA	07/01/2004	$1,022.22	0.0%	0.0%	N	Referral Required
54352	REPAIR HYPOSPADIAS CRIPPLE R	07/01/2004	$1,447.21	0.0%	0.0%	N	Referral Required
54360	PLASTIC OPERATION ON PENIS T	07/01/2004	$724.41	0.0%	0.0%	N	Referral Required
54380	EPISPADIAS	07/01/2004	$841.11	0.0%	0.0%	N	Referral Required
54385	PLASTIC OPERATION PENIS FOR	07/01/2004	$957.28	0.0%	0.0%	N	Referral Required
54390	PLASTIC REPAIR PENIS W/EXSTR	07/01/2004	$1,269.82	0.0%	0.0%	N	Referral Required
54420	PRIAPISM OPERATION	07/01/2004	$702.39	0.0%	0.0%	N	Referral Required
54430	PRIAPISM OPERATION	07/01/2004	$637.80	0.0%	0.0%	N	Referral Required
54435	CORPORA CAVERNOSA-GLANS PENI	07/01/2004	$429.31	0.0%	0.0%	N	Referral Required
54450	FORESKIN MANIPULATION INC LY	07/01/2004	$76.92	0.0%	0.0%	N	Referral Required
54500	BIOPSY, TESTIS	07/01/2004	$252.03	0.0%	0.0%	N	Referral Required
54505	BIOPSY, TESTIS	07/01/2004	$216.38	0.0%	0.0%	N	Referral Required
54512	EXCISION OF TESTIS	07/01/2004	$484.18	0.0%	0.0%	N	Referral Required
54520	ORCHIECTOMY	07/01/2004	$314.04	0.0%	0.0%	N	Referral Required
54522	PARTIAL ORCHIECTOMY	07/01/2004	$549.24	0.0%	0.0%	N	Referral Required
54530	ORCHIECTOMY	07/01/2004	$492.43	0.0%	0.0%	N	Referral Required
54535	ORCHIECTOMY	07/01/2004	$695.49	0.0%	0.0%	N	Referral Required
54550	EXPLORATION UNDESCENDED TEST	07/01/2004	$447.31	0.0%	0.0%	N	Referral Required
54560	EXPLORATION UNDESCENDED TEST	07/01/2004	$641.22	0.0%	0.0%	N	Referral Required
54600	REDUCTION, TORSION OF TESTIS	07/01/2004	$400.00	0.0%	0.0%	N	Referral Required
54620	FIXATION, CONTRALATERAL TEST	07/01/2004	$285.98	0.0%	0.0%	N	Referral Required
54640	ORCHIOPEXY	07/01/2004	$397.48	0.0%	0.0%	N	Referral Required
54650	ORCHIPEXY, ABDOMINAL APPROAC	07/01/2004	$659.15	0.0%	0.0%	N	Referral Required
54670	REPAIR, TESTICULAR INJURY	07/01/2004	$375.35	0.0%	0.0%	N	Referral Required
54680	TRANSPLANTATION, TESTIS	07/01/2004	$715.89	0.0%	0.0%	N	Referral Required
54690	LAPAROSCOPY ORCHIECTOMY	07/01/2004	$638.22	0.0%	0.0%	N	Referral Required
54692	LAPAROSCOPY ORCHIOPEXY	07/01/2004	$663.78	0.0%	0.0%	N	Referral Required
54700	DRAINAGE, TESTIS/EPIDIDYMIS	07/01/2004	$412.87	0.0%	0.0%	N	Referral Required
54800	BIOPSY, EPIDIDYMIS	07/01/2004	$295.55	0.0%	0.0%	N	Referral Required
54820	EXPLORATION, EPIDIDYMIS	07/01/2004	$306.28	0.0%	0.0%	N	Referral Required
54830	EXCISION, LESION, EPIDIDYMIS	07/01/2004	$322.81	0.0%	0.0%	N	Referral Required
54840	EXCISION SPERMATOCELE W/WO E	07/01/2004	$313.91	0.0%	0.0%	N	Referral Required
54860	EPIDIDYMECTOMY UNILATERAL	07/01/2004	$374.86	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
54861	EPIDIDYMECTOMY BILATERAL	07/01/2004	$497.74	0.0%	0.0%	N	Referral Required
55000	ASPIR HYDROCELE TUNICA VAGIN	07/01/2004	$125.63	0.0%	0.0%	N	Referral Required
55040	HYDROCELECTOMY	07/01/2004	$312.83	0.0%	0.0%	N	Referral Required
55041	HYDROCELECTOMY	07/01/2004	$434.99	0.0%	0.0%	N	Referral Required
55060	RPR HYDROCELE TUNICA VAGINAL	07/01/2004	$321.49	0.0%	0.0%	N	Referral Required
55100	DRAIN SCROTAL WALL ABSCESS	07/01/2004	$406.30	0.0%	0.0%	N	Referral Required
55110	SCROTAL EXPLORATION	07/01/2004	$329.98	0.0%	0.0%	N	Referral Required
55120	REMOVAL, FOREIGN BODY, SCROT	07/01/2004	$301.57	0.0%	0.0%	N	Referral Required
55150	RESECTION, SCROTUM	07/01/2004	$420.21	0.0%	0.0%	N	Referral Required
55175	SCROTOPLASTY, SIMPLE	07/01/2004	$318.63	0.0%	0.0%	N	Referral Required
55180	SCROTOPLASTY; COMPLICATED	07/01/2004	$601.91	0.0%	0.0%	N	Referral Required
55200	VASOTOMY	07/01/2004	$256.23	0.0%	0.0%	N	Referral Required
55250	VASECTOMY	07/01/2004	$437.51	0.0%	0.0%	N	
55300	VASOGRAPHY INJECTION PROCEDU	07/01/2004	$179.19	0.0%	0.0%	N	Referral Required
55401	VASOVASOSTOMY	07/01/2004	$571.39	0.0%	0.0%	N	Referral Required
55450	LIGATION, VAS DEFERENS	07/01/2004	$414.09	0.0%	0.0%	N	
55500	HYDROCELECTOMY, SPERMATIC CO	07/01/2004	$328.99	0.0%	0.0%	N	Referral Required
55520	EXCISION LESION SPERMATIC CO	07/01/2004	$348.96	0.0%	0.0%	N	Referral Required
55530	EXCISION, VARICOCELE	07/01/2004	$335.40	0.0%	0.0%	N	Referral Required
55535	EXCISION, VARICOCELE	07/01/2004	$378.58	0.0%	0.0%	N	Referral Required
55540	EXCISION, VARICOCELE	07/01/2004	$428.44	0.0%	0.0%	N	Referral Required
55550	LAPAROSCOPY LIGATION OF SPERMATIC	07/01/2004	$361.59	0.0%	0.0%	N	Referral Required
55650	VESICULECTOMY, ANY APPROACH;	07/01/2004	$642.22	0.0%	0.0%	N	Referral Required
55680	EXCISION, CYST, MULLERIAN DU	07/01/2004	$312.91	0.0%	0.0%	N	Referral Required
55700	BIOPSY, PROSTATE	07/01/2004	$210.13	0.0%	0.0%	N	Referral Required
55705	BIOPSY, PROSTATE	07/01/2004	$294.86	0.0%	0.0%	N	Referral Required
55720	PROSTATOTOMY	07/01/2004	$471.08	0.0%	0.0%	N	Referral Required
55725	PROSTATOTOMY	07/01/2004	$532.11	0.0%	0.0%	N	Referral Required
55801	PROSTATECTOMY	07/01/2004	$970.80	0.0%	0.0%	N	Referral Required
55810	PROSTATECTOMY	07/01/2004	$1,212.99	0.0%	0.0%	N	Referral Required
55812	PROSTATECTOMY W/LYMPHNODE BI	07/01/2004	$1,461.48	0.0%	0.0%	N	Referral Required
55815	PROSTATECTOMY W/BILATERAL PE	07/01/2004	$1,604.87	0.0%	0.0%	N	Referral Required
55821	PROSTATECTOMY	07/01/2004	$788.99	0.0%	0.0%	N	Referral Required
55831	PROSTATECTOMY	07/01/2004	$854.63	0.0%	0.0%	N	Referral Required
55840	PROSTATECTOMY	07/01/2004	$1,232.59	0.0%	0.0%	N	Referral Required
55842	PROSTATECTOMY W/LYMPH NODE B	07/01/2004	$1,312.24	0.0%	0.0%	N	Referral Required
55845	PROSTATECTOMY	07/01/2004	$1,510.20	0.0%	0.0%	N	Referral Required
55859	TRANSPERINEAL PLACEMENT NEED	07/01/2004	$709.55	0.0%	0.0%	N	Referral Required
55860	EXPOSURE OF PROSTATE INSERTI	07/01/2004	$786.75	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
55862	EXPOSURE PROSTATE W/LYMPH NO	07/01/2004	$989.92	0.0%	0.0%	N	Referral Required
55865	EXPOSURE PROSTATE W/BILAT PE	07/01/2004	$1,211.93	0.0%	0.0%	N	Referral Required
55866	LAPAROSCOPY, SURGICAL PROSTATECTO	07/01/2004	$1,434.56	0.0%	0.0%	N	Referral Required
55873	CRYOSURGICAL ABLATION OF PROSTATE	07/01/2004	$1,057.36	0.0%	0.0%	N	Referral Required
56405	INCISION AND DRAIN OF VULVA	07/01/2004	$135.20	0.0%	0.0%	N	Referral Required
56420	DRAIN ABSCESS, BARTHOLINS GL	07/01/2004	$132.58	0.0%	0.0%	N	Referral Required
56440	MARSUP, CYST, BARTHOLINS GLA	07/01/2004	$230.85	0.0%	0.0%	N	Referral Required
56441	LYSIS OF LABIAL ADHESIONS	07/01/2004	$162.40	0.0%	0.0%	N	Referral Required
56501	DESTRUCTION OF LESIONS VULVA	07/01/2004	$135.98	0.0%	0.0%	N	Referral Required
56515	CONDYLOMATA DESTRUCTION	07/01/2004	$205.63	0.0%	0.0%	N	Referral Required
56605	BIOPSY OF VULVA OR PERINEUM	07/01/2004	$103.02	0.0%	0.0%	N	Referral Required
56606	BIOPSY OF VULVA OR PERINEUM	07/01/2004	$75.72	0.0%	0.0%	N	Referral Required
56620	VULVECTOMY SIMPL; PARTIAL	07/01/2004	$446.48	0.0%	0.0%	N	Referral Required
56625	VULVECTOMY SIMPLE; COMPLETE	07/01/2004	$515.85	0.0%	0.0%	N	Referral Required
56630	VULVECTOMY RADICAL, PARTIAL	07/01/2004	$720.05	0.0%	0.0%	N	Referral Required
56631	VULVECTOMY W/UNILATERAL INGU	07/01/2004	$957.33	0.0%	0.0%	N	Referral Required
56632	WITH BILATERAL INGUINOFEMORA	07/01/2004	$1,162.75	0.0%	0.0%	N	Referral Required
56633	VULVECTOMY RADICAL, COMPLETE	07/01/2004	$931.62	0.0%	0.0%	N	Referral Required
56634	VULVECTOMY W/UNILATERAL INGU	07/01/2004	$1,034.43	0.0%	0.0%	N	Referral Required
56637	VULVECTOMY W/BILATERAL INGUI	07/01/2004	$1,249.29	0.0%	0.0%	N	Referral Required
56640	VULVECTOMY RADICAL COMPLETE	07/01/2004	$1,238.96	0.0%	0.0%	N	Referral Required
56700	HYMENECTOMY	07/01/2004	$197.56	0.0%	0.0%	N	Referral Required
56720	HYMENOTOMY	07/01/2004	$83.78	0.0%	0.0%	N	Referral Required
56740	EXCISION, CYST, BARTHOLINS G	07/01/2004	$302.09	0.0%	0.0%	N	Referral Required
56800	REPAIR, VULVA	07/01/2004	$238.18	0.0%	0.0%	N	Referral Required
56805	CLITOROPLASTY FOR ADRENOGENI	07/01/2004	$1,019.12	0.0%	0.0%	N	Referral Required
56810	PERINEOPLASTY REPAIR OF PERI	07/01/2004	$249.06	0.0%	0.0%	N	Referral Required
56820	COLPOSCOPY OF THE VULVA	07/01/2004	$103.74	0.0%	0.0%	N	Referral Required
56821	COLPOSCOPY VULVA; W/BIOPSY	07/01/2004	$134.77	0.0%	0.0%	N	Referral Required
57000	COLPOTOMY	07/01/2004	$191.79	0.0%	0.0%	N	Referral Required
57010	COLPOTOMY W/DRAINAGE OF PELV	07/01/2004	$357.62	0.0%	0.0%	N	Referral Required
57020	COLPOCENTESIS/CULDOCENTIS	07/01/2004	$109.16	0.0%	0.0%	N	Referral Required
57022	I & D OF VAGINAL HEMATOMA	07/01/2004	$165.08	0.0%	0.0%	N	Referral Required
57023	I & D OF VAGINAL HEMATOMA	07/01/2004	$271.22	0.0%	0.0%	N	Referral Required
57061	DESTRUCTION VAG LESION SIMPL	07/01/2004	$124.03	0.0%	0.0%	N	Referral Required
57063	CHEMICAL CAUTERY OF VAGINA	07/01/2004	$19.78	0.0%	0.0%	N	Referral Required
57065	DESTRUCTION EXTENSIVE ANY ME	07/01/2004	$198.19	0.0%	0.0%	N	Referral Required
57100	BIOPSY, VAGINAL MUCOSA	07/01/2004	$97.91	0.0%	0.0%	N	Referral Required
57105	BIOPSY, VAGINAL MUCOSA	07/01/2004	$139.74	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
57106	VAGINECTOMY	07/01/2004	$323.57	0.0%	0.0%	N	Referral Required
57107	VAGINECTOMY	07/01/2004	$1,203.88	0.0%	0.0%	N	Referral Required
57109	VAGINECTOMY	07/01/2004	$1,447.87	0.0%	0.0%	N	Referral Required
57110	COLPECTOMY	07/01/2004	$780.22	0.0%	0.0%	N	Referral Required
57111	VAGINECTOMY	07/01/2004	$1,427.57	0.0%	0.0%	N	Referral Required
57112	VAGINECTOMY	07/01/2004	$1,538.92	0.0%	0.0%	N	Referral Required
57120	COLPOCLEISIS	07/01/2004	$435.03	0.0%	0.0%	N	Referral Required
57130	EXCISION, VAGINAL SEPTUM	07/01/2004	$163.87	0.0%	0.0%	N	Referral Required
57135	EXCISION, CYST, VAGINAL	07/01/2004	$200.32	0.0%	0.0%	N	Referral Required
57150	IRRIGATION, VAGINA	07/01/2004	$54.53	0.0%	0.0%	N	Referral Required
57155	INSERTION UTERINE TANDEMS	07/01/2004	$353.89	0.0%	0.0%	N	Referral Required
57160	FITTING & INSERTION OF PESSA	07/01/2004	$69.77	0.0%	0.0%	N	Referral Required
57170	DIAPHRAGM FITTING	07/01/2004	$81.56	0.0%	0.0%	N	
57180	INTRO ANY HEMOSTATIC AGENT/P	07/01/2004	$136.30	0.0%	0.0%	N	Referral Required
57200	SUTURE, INJURY, VAGINA	07/01/2004	$249.27	0.0%	0.0%	N	Referral Required
57210	COLPOPERINEORRHAPHY	07/01/2004	$313.08	0.0%	0.0%	N	Referral Required
57220	PLASTIC RPR URETHRAL SPHINCT	07/01/2004	$275.52	0.0%	0.0%	N	Referral Required
57230	PLASTIC REPAIR, URETHROCELE	07/01/2004	$355.85	0.0%	0.0%	N	Referral Required
57240	ANTERIOR COLPORRHAPHY	07/01/2004	$375.90	0.0%	0.0%	N	Referral Required
57250	POSTERIOR COLPORRHAPHY	07/01/2004	$337.02	0.0%	0.0%	N	Referral Required
57260	COLPORRHAPHY COMBINED	07/01/2004	$477.48	0.0%	0.0%	N	Referral Required
57265	COLPORRHAPHY COMBINED	07/01/2004	$659.04	0.0%	0.0%	N	Referral Required
57268	ENTEROCELE REPAIR	07/01/2004	$400.19	0.0%	0.0%	N	Referral Required
57270	REPAIR, ENTEROCELE	07/01/2004	$666.07	0.0%	0.0%	N	Referral Required
57280	COLPOPEXY	07/01/2004	$812.91	0.0%	0.0%	N	Referral Required
57282	SACROSPINOUS LIGAMENT FIXATI	07/01/2004	$507.79	0.0%	0.0%	N	Referral Required
57284	PARAVAGINAL DEFECT REPAIR	07/01/2004	$715.38	0.0%	0.0%	N	Referral Required
57287	REMOVAL/REVISION OF SLING	07/01/2004	$637.45	0.0%	0.0%	N	Referral Required
57288	SLING OPERATION	07/01/2004	$714.20	0.0%	0.0%	N	Referral Required
57289	PEREYRA PROCEDURE	07/01/2004	$660.80	0.0%	0.0%	N	Referral Required
57300	CLOSURE, FISTULA, RECTOVAGIN	07/01/2004	$440.25	0.0%	0.0%	N	Referral Required
57305	CLOSURE,FISTULA,RECTOVAGINAL	07/01/2004	$741.66	0.0%	0.0%	N	Referral Required
57307	CLOSURE RECTOVAGINAL FISTULA	07/01/2004	$846.62	0.0%	0.0%	N	Referral Required
57308	CLOSURE RECTOVAGINAL FISTULA	07/01/2004	$564.01	0.0%	0.0%	N	Referral Required
57310	CLOSURE FISTULA URETHROVAGIN	07/01/2004	$410.40	0.0%	0.0%	N	Referral Required
57311	CLOSURE URETHROVAGINAL FISTU	07/01/2004	$470.43	0.0%	0.0%	N	Referral Required
57320	CLOSURE, FISTULA VESICOVAGIN	07/01/2004	$480.65	0.0%	0.0%	N	Referral Required
57330	CLOSURE, FISTULA VESICOVAGIN	07/01/2004	$681.28	0.0%	0.0%	N	Referral Required
57335	VAGINOPLASTY FOR INTERSEX ST	07/01/2004	$1,016.45	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
57400	DILATION, VAGINA	07/01/2004	$123.13	0.0%	0.0%	N	Referral Required
57410	PELVIC EXAM ANESTHESIA	07/01/2004	$154.36	0.0%	0.0%	N	Referral Required
57415	REMOVAL IMPACTED VAGINAL FB	07/01/2004	$201.49	0.0%	0.0%	N	Referral Required
57420	COLPOSCOPY OF ENTIRE VAGINA W/ CER	07/01/2004	$108.38	0.0%	0.0%	N	Referral Required
57421	COLPOSCOPY OF ENTIRE VAGINA; WITH	07/01/2004	$141.71	0.0%	0.0%	N	Referral Required
57425	LAPAROSCOPY, SURGICAL	07/01/2004	$783.34	0.0%	0.0%	N	Referral Required
57452	COLPOSCOPY	07/01/2004	$92.08	0.0%	0.0%	N	Referral Required
57454	COLPOSCOPY WITH BIOPSIES OR	07/01/2004	$108.77	0.0%	0.0%	N	Referral Required
57455	COLPOSCOPY CERVIX INC. UPPER VAGINA	07/01/2004	$130.24	0.0%	0.0%	N	Referral Required
57456	COLPOSCOPY CERVIX INC. UPPER VAGINA	07/01/2004	$123.00	0.0%	0.0%	N	Referral Required
57460	COLPOSCOPY W/LOOP ELECTROSUR	07/01/2004	$176.39	0.0%	0.0%	N	Referral Required
57461	COLPOSCOPY CERVIX INC. UPPER VAGINA	07/01/2004	$287.37	0.0%	0.0%	N	Referral Required
57500	BIOPSY, CERVIX	07/01/2004	$110.93	0.0%	0.0%	N	Referral Required
57505	ENDOCERVICAL CURRETTAGE (NOT	07/01/2004	$109.51	0.0%	0.0%	N	Referral Required
57510	CAUTHERIZATION, CERVIX	07/01/2004	$181.28	0.0%	0.0%	N	Referral Required
57511	CRYOCAUTERY, CERVIX	07/01/2004	$153.58	0.0%	0.0%	N	Referral Required
57513	LASAR CAUTERY OF CERVIX	07/01/2004	$159.63	0.0%	0.0%	N	Referral Required
57520	CONIZATION OF CERVIX W/WO FU	07/01/2004	$295.41	0.0%	0.0%	N	Referral Required
57522	CONIZATION OF CERVIX; LOOP	07/01/2004	$256.60	0.0%	0.0%	N	Referral Required
57530	TRACHELECTOMY	07/01/2004	$302.14	0.0%	0.0%	N	Referral Required
57531	RADICAL TRACHELECTOMY	07/01/2004	$1,510.32	0.0%	0.0%	N	Referral Required
57540	EXCISION, CERVICAL STUMP	07/01/2004	$667.77	0.0%	0.0%	N	Referral Required
57545	EXCISION CERVICAL STUMP W/PE	07/01/2004	$713.19	0.0%	0.0%	N	Referral Required
57550	EXCISION, CERVICAL STUMP	07/01/2004	$336.24	0.0%	0.0%	N	Referral Required
57555	EXCISION, CERVICAL STUMP	07/01/2004	$526.53	0.0%	0.0%	N	Referral Required
57556	EXCISION, CERVICAL STUMP	07/01/2004	$479.50	0.0%	0.0%	N	Referral Required
57600	INSERTION, HEMOSTATIC AGENT	07/01/2004	$44.50	0.0%	0.0%	N	Referral Required
57700	CERCLAGE OF UTERINE CERVIX,	07/01/2004	$220.48	0.0%	0.0%	N	Referral Required
57720	TRACHELORRHAPHY	07/01/2004	$265.36	0.0%	0.0%	N	Referral Required
57800	DILATION, CERVICAL CANAL	07/01/2004	$68.59	0.0%	0.0%	N	Referral Required
57820	D & C, CERVICAL STUMP	07/01/2004	$150.44	0.0%	0.0%	N	Referral Required
58100	ENDOMETRIAL BIOPSY SUCTION	07/01/2004	$106.47	0.0%	0.0%	N	Referral Required
58120	DILATION AND CURETTAGE DIAGN	07/01/2004	$252.90	0.0%	0.0%	N	Referral Required
58140	MYOMECTOMY, UTERINE	07/01/2004	$785.91	0.0%	0.0%	N	Referral Required
58145	MYOMECTOMY, UTERINE	07/01/2004	$466.81	0.0%	0.0%	N	Referral Required
58146	MYOMECTOMY, EXCISION FIBROID TUMOR	07/01/2004	$955.48	0.0%	0.0%	N	Referral Required
58150	HYSTERECTOMY	07/01/2004	$826.88	0.0%	0.0%	Y	Referral Required
58152	TOTAL ABDOMINAL HYSTERECTOMY	07/01/2004	$1,091.05	0.0%	0.0%	Y	Referral Required
58180	HYSTERECTOMY	07/01/2004	$828.84	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
58200	HYSTERECTOMY	07/01/2004	$1,185.05	0.0%	0.0%	Y	Referral Required
58205	HYSTERECTOMY	07/01/2004	$1,681.16	0.0%	0.0%	N	Referral Required
58210	HYSTERECTOMY	07/01/2004	$1,556.28	0.0%	0.0%	Y	Referral Required
58240	PELVIC EXENTERATION FOR GYNE	07/01/2004	$2,075.00	0.0%	0.0%	N	Referral Required
58260	HYSTERECTOMY	07/01/2004	$708.50	0.0%	0.0%	Y	Referral Required
58262	VAG HYSTERECTOMY W/REMOVAL T	07/01/2004	$800.34	0.0%	0.0%	Y	Referral Required
58263	VAG HYST W/REMOV TUBES AND/O	07/01/2004	$866.80	0.0%	0.0%	Y	Referral Required
58267	HYSTERECTOMY	07/01/2004	$920.10	0.0%	0.0%	Y	Referral Required
58270	HYSTERECTOMY	07/01/2004	$773.81	0.0%	0.0%	Y	Referral Required
58275	HYSTERECTOMY	07/01/2004	$846.28	0.0%	0.0%	Y	Referral Required
58280	HYSTERECTOMY	07/01/2004	$908.18	0.0%	0.0%	Y	Referral Required
58285	HYSTERECTOMY	07/01/2004	$1,188.57	0.0%	0.0%	Y	Referral Required
58290	VAGINAL HYSTERECTOMY, FOR UTERUS >	07/01/2004	$958.29	0.0%	0.0%	Y	Referral Required
58291	VAGINAL HYSTERECTOMY, UTERUS >250	07/01/2004	$1,052.59	0.0%	0.0%	Y	Referral Required
58292	VAGINAL HYSTERECTOMY, UTERUS >250	07/01/2004	$1,114.54	0.0%	0.0%	Y	Referral Required
58293	VAGINAL HYSTERECTOMY, UTERUS >250	07/01/2004	$1,159.55	0.0%	0.0%	Y	Referral Required
58294	VAGINAL HYSTERECTOMY, UTERUS >250	07/01/2004	$1,026.93	0.0%	0.0%	Y	Referral Required
58300	IUD INSERTION	07/01/2004	$54.40	0.0%	0.0%	N	
58301	IUD REMOVAL	07/01/2004	$100.30	0.0%	0.0%	N	
58340	HYSTEROSALPINGOGRAPHY INJ PR	07/01/2004	$437.53	0.0%	0.0%	N	Referral Required
58346	INSERTION HEYMAN CAPSULES	07/01/2004	$377.39	0.0%	0.0%	N	Referral Required
58353	ENDOMETRIAL THERMAL ABLATION	07/01/2004	$207.55	0.0%	0.0%	N	Referral Required
58400	UTERINE SUSPENSION	07/01/2004	$373.19	0.0%	0.0%	N	Referral Required
58410	UTERINE SUSPENSION	07/01/2004	$695.09	0.0%	0.0%	N	Referral Required
58430	INTERPOSITION OPERATION	07/01/2004	$899.90	0.0%	0.0%	N	Referral Required
58500	HYSTEROSALPINGOSTOMY	07/01/2004	$899.90	0.0%	0.0%	N	Referral Required
58520	HYSTERORRHAPHY	07/01/2004	$648.24	0.0%	0.0%	N	Referral Required
58540	HYSTEROPLASTY	07/01/2004	$770.33	0.0%	0.0%	N	Referral Required
58545	LAPAROSCOPY, MYOMECTOMY, EXCISION;	07/01/2004	$762.68	0.0%	0.0%	N	Referral Required
58546	LAPAROSCOPY, MYOMECTOMY, EXCISION;	07/01/2004	$967.76	0.0%	0.0%	N	Referral Required
58550	LAPAROSCOPY HYSTERECTOMY	07/01/2004	$762.19	0.0%	0.0%	Y	Referral Required
58552	LAPAROSCOPY W/VAGINAL HYSTERECTO	07/01/2004	$742.36	0.0%	0.0%	Y	Referral Required
58553	LAPAROSCOPY VAGINAL HYSTERECTOMY,	07/01/2004	$964.52	0.0%	0.0%	Y	Referral Required
58554	LAPAROSCOPY W/VAGINAL HYSTERECTO	07/01/2004	$954.86	0.0%	0.0%	Y	Referral Required
58555	HYSTEROSCOPY DIAGNOSTIC	07/01/2004	$220.67	0.0%	0.0%	N	Referral Required
58558	HYSTEROSCOPY, BIOPSY	07/01/2004	$293.42	0.0%	0.0%	N	Referral Required
58559	HYSTEROSCOPY LYSIS OF ADHESIONS	07/01/2004	$314.95	0.0%	0.0%	N	Referral Required
58560	HYSTEROSCOPY RESECT INTRAUTERINE	07/01/2004	$359.77	0.0%	0.0%	N	Referral Required
58561	HYSTEROSCOPY LEIMYOMATA REMOVAL	07/01/2004	$497.11	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
58562	HYSTEROSCOPY FOREIGN BODY REMOVA	07/01/2004	$270.87	0.0%	0.0%	N	Referral Required
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	07/01/2004	$315.93	0.0%	0.0%	N	Referral Required
58600	TRANSECTION, FALLOPIAN TUBE	07/01/2004	$320.46	0.0%	0.0%	N	
58605	TRANSECTION, FALLOPIAN TUBE	07/01/2004	$291.85	0.0%	0.0%	N	
58611	TUBAL LIGATION WITH C-SECTIO	07/01/2004	$72.66	0.0%	0.0%	N	
58615	OCCLUSION OF FALLOPIAN TUBE(	07/01/2004	$255.05	0.0%	0.0%	N	
58660	LAPAROSCOPY LYSIS OF ADHESIONS	07/01/2004	$610.32	0.0%	0.0%	N	Referral Required
58661	LAPAROSCOPY OOPHORECTOMY	07/01/2004	$591.33	0.0%	0.0%	N	Referral Required
58662	LAPAROSCOPY FULGURATION	07/01/2004	$627.84	0.0%	0.0%	N	Referral Required
58670	LAPAROSCOPY FULGURATION	07/01/2004	$330.58	0.0%	0.0%	N	Referral Required
58671	LAPAROSCOPY OCCLUSION	07/01/2004	$331.09	0.0%	0.0%	N	Referral Required
58672	LAPAROSCOPY FIMBRIOPLASTY	07/01/2004	$701.84	0.0%	0.0%	N	Referral Required
58673	LAPAROSCOPY SALPINGOSTOMY	07/01/2004	$747.09	0.0%	0.0%	N	Referral Required
58700	SALPINGECTOMY	07/01/2004	$636.92	0.0%	0.0%	N	
58720	SALPINGO-OOPHORECTOMY	07/01/2004	$621.61	0.0%	0.0%	N	Referral Required
58740	LYSIS OF ADHESIONS	07/01/2004	$747.31	0.0%	0.0%	N	Referral Required
58770	SALPINGOSTOMY	07/01/2004	$758.24	0.0%	0.0%	N	Referral Required
58800	DRAINAGE, CYST, OVARY	07/01/2004	$298.05	0.0%	0.0%	N	Referral Required
58805	DRAIN OVARIAN CYST ABDOMINAL	07/01/2004	$338.43	0.0%	0.0%	N	Referral Required
58820	DRAINAGE, ABSCESS, OVARY	07/01/2004	$265.37	0.0%	0.0%	N	Referral Required
58822	DRAINAGE OVARIAN ABSCESS, AB	07/01/2004	$546.18	0.0%	0.0%	N	Referral Required
58823	DRAIN PELVIC ABCESS	07/01/2004	$200.93	0.0%	0.0%	N	Referral Required
58825	TRANSPOSITION, OVARY(S)	07/01/2004	$595.29	0.0%	0.0%	N	Referral Required
58900	BIOPSY OF OVARY	07/01/2004	$341.68	0.0%	0.0%	N	Referral Required
58920	RESECTION, OVARY	07/01/2004	$606.63	0.0%	0.0%	N	Referral Required
58925	OVARIAN CYSTECTOMY, UNILATER	07/01/2004	$613.14	0.0%	0.0%	N	Referral Required
58940	OOPHORECTOMY	07/01/2004	$408.58	0.0%	0.0%	N	Referral Required
58943	OOPHORECTOMY PARTIAL OR TOTA	07/01/2004	$1,012.08	0.0%	0.0%	N	Referral Required
58945	OOPHORECTOMY	07/01/2004	$820.81	0.0%	0.0%	N	Referral Required
58950	RESECTION OVARIAN MALIG W/BI	07/01/2004	$936.48	0.0%	0.0%	N	Referral Required
58951	RESECTION OVARIAN MALIGNANCY	07/01/2004	$1,220.22	0.0%	0.0%	Y	Referral Required
58952	RESECTION OVARIAN MALIGNANCY	07/01/2004	$1,357.60	0.0%	0.0%	N	Referral Required
58953	HYSTERECTOMY RADICAL FOR DEBULKIN	07/01/2004	$1,703.47	0.0%	0.0%	Y	Referral Required
58954	HYSTERECTOMY/REMOVAL OF TUBES	07/01/2004	$1,852.04	0.0%	0.0%	Y	Referral Required
58960	LAPAROTOMY OF OVARIAN MALIGN	07/01/2004	$825.03	0.0%	0.0%	N	Referral Required
59000	AMNIOCENTESIS, ANY METHOD	07/01/2004	$117.21	0.0%	0.0%	N	Referral Required
59001	AMNIOCENTESIS; THERAPEUTIC	07/01/2004	$155.43	0.0%	0.0%	N	Referral Required
59012	CORDOCENTESIS INTRAUTERINE	07/01/2004	$189.66	0.0%	0.0%	N	Referral Required
59015	CHORIONIC VILLUS SAMPLING AN	07/01/2004	$138.94	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
59020	FETAL OXYTOCIN STRESS TEST	07/01/2004	$56.12	26.0%	74.0%	N	Referral Required
59025	FETAL NON-STRESS TEST	07/01/2004	$37.91	20.0%	80.0%	N	Referral Required
59030	FETAL BLOOD SAMPLING	07/01/2004	$114.45	0.0%	0.0%	N	Referral Required
59050	INITIATION SUPERVISION FETAL	07/01/2004	$46.94	0.0%	0.0%	N	Referral Required
59051	FETAL MONITORING DURING LABO	07/01/2004	$38.96	0.0%	0.0%	N	Referral Required
59070	TRANSABDOMINAL AMNIOINFUSION	07/01/2004	$348.92	0.0%	0.0%	N	Referral Required
59072	FETAL UMBILICAN CORD OCCLUSION	07/01/2004	$420.29	0.0%	0.0%	N	Referral Required
59074	FETAL FLUID DRAINAGE	07/01/2004	$332.16	0.0%	0.0%	N	Referral Required
59076	FETAL SHUNT PLACEMENT	07/01/2004	$420.29	0.0%	0.0%	N	Referral Required
59100	HYSTEROTOMY	07/01/2004	$694.69	0.0%	0.0%	N	Referral Required
59120	SALPINGECTOMY/SALPINGOSTOMY	07/01/2004	$652.91	0.0%	0.0%	N	Referral Required
59121	TUBAL W/O SALPINGECTOMY &/OR	07/01/2004	$661.16	0.0%	0.0%	N	Referral Required
59130	SALPINGECTOMY/SALPINGOSTOMY	07/01/2004	$785.10	0.0%	0.0%	N	Referral Required
59135	SALPINGECTOMY/SALPINGOSTOMY	07/01/2004	$775.70	0.0%	0.0%	Y	Referral Required
59136	SURG TREAT ESTOPIC PREGNANCY	07/01/2004	$718.78	0.0%	0.0%	N	Referral Required
59140	SURG FOR ECTOPIC PREGNANCY C	07/01/2004	$332.53	0.0%	0.0%	N	Referral Required
59150	LAPAROSCOPIC TREATMENT ECTOP	07/01/2004	$655.13	0.0%	0.0%	N	Referral Required
59151	LAPAROSCOPIC TX ECTOPIC PREG	07/01/2004	$633.47	0.0%	0.0%	N	Referral Required
59160	CURETTAGE POSTPARTUM	07/01/2004	$226.83	0.0%	0.0%	N	Referral Required
59200	INSERTION HYGROSCOPIC CERVIC	07/01/2004	$76.77	0.0%	0.0%	N	Referral Required
59300	EPISIOT OR VAG REPAIR BY OTH	07/01/2004	$159.01	0.0%	0.0%	N	Referral Required
59320	CERCLAGE CX VAGINAL	07/01/2004	$139.05	0.0%	0.0%	N	Referral Required
59325	CERCLAGE CX ABDOMEN	07/01/2004	$222.18	0.0%	0.0%	N	Referral Required
59350	HYSTERORRHAPHY OF RUPTURED U	07/01/2004	$263.36	0.0%	0.0%	N	Referral Required
59400	VAGINAL DELIVERY W/7 OR MORE	07/01/2004	$1,397.37	0.0%	0.0%	N	Referral Required
59409	VAGINAL DELIVERY ONLY	07/01/2004	$705.51	0.0%	0.0%	N	
59410	VAGINAL DELIVERY; INCLUDING POST.	07/01/2004	$801.15	0.0%	0.0%	N	Referral Required
59412	EXTERNAL CEPHALIC VERSIONW/W	07/01/2004	$111.41	0.0%	0.0%	N	Referral Required
59414	DELIVERY PLACENTA FOLLOWING	07/01/2004	$106.19	0.0%	0.0%	N	Referral Required
59425	ANTEPARTUM CARE ONLY; 4-6 VI	07/01/2004	$361.34	0.0%	0.0%	N	Referral Required
59426	ANTEPARTUM CARE ONLY; 7 OR M	07/01/2004	$619.37	0.0%	0.0%	N	Referral Required
59430	POST-PARTUM CARE	07/01/2004	$124.68	0.0%	0.0%	N	Referral Required
59510	CESAREAN DELIVERY W/7 OR MOR	07/01/2004	$1,591.60	0.0%	0.0%	N	Referral Required
59514	CAESAREAN DELIVERY ONLY	07/01/2004	$833.91	0.0%	0.0%	N	
59515	CESAREAN DEL ONLY INCL. POST	07/01/2004	$951.97	0.0%	0.0%	N	Referral Required
59525	SUBTOTAL OR TOTAL HYSERECTOM	07/01/2004	$446.16	0.0%	0.0%	Y	Referral Required
59610	ROUTINE OB CARE	07/01/2004	$1,486.43	0.0%	0.0%	N	Referral Required
59612	VAGINAL DELIVERY ONLY, AFTER	07/01/2004	$794.08	0.0%	0.0%	N	
59614	VAGINAL DEL. ONLY AFTER CESA	07/01/2004	$885.16	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
59618	OB CARE INC. ANTEPARTUM,CESA	07/01/2004	$1,677.26	0.0%	0.0%	N	Referral Required
59620	CESAREAN AFTER ATT. VAGINAL	07/01/2004	$904.43	0.0%	0.0%	N	
59622	CESAREAN AFTER ATT.VAGINAL A	07/01/2004	$1,025.05	0.0%	0.0%	N	Referral Required
59812	TREATMENT OF SPONT ABORTION	07/01/2004	$275.31	0.0%	0.0%	N	Referral Required
59820	TREAT MISSED ABORTION COMPLE	07/01/2004	$279.18	0.0%	0.0%	N	Referral Required
59821	TREATMENT OF MISSED AB TREAT	07/01/2004	$296.99	0.0%	0.0%	N	Referral Required
59830	ABORTION - SEPTIC	07/01/2004	$362.71	0.0%	0.0%	N	Referral Required
59840	ABORTION INDUCED BY DILATIO	07/01/2004	$247.53	0.0%	0.0%	N	Referral Required
59841	LEGAL(THERAPEUTIC) ABORTION	07/01/2004	$391.77	0.0%	0.0%	N	Referral Required
59850	INDUCTION OF LABOR	07/01/2004	$319.02	0.0%	0.0%	N	Referral Required
59851	ABORTION INDUCED COMPLETED	07/01/2004	$335.05	0.0%	0.0%	N	Referral Required
59852	ABORTION INDUCED BY HYSTERO	07/01/2004	$469.14	0.0%	0.0%	N	Referral Required
59855	INDUCED ABORTION, DELIVERY O	07/01/2004	$347.75	0.0%	0.0%	N	Referral Required
59856	INDUCED ABORTION, DELIVERY;	07/01/2004	$412.19	0.0%	0.0%	N	Referral Required
59857	INDUCED ABORTION, DELIVERY;	07/01/2004	$505.83	0.0%	0.0%	N	Referral Required
59866	MULTIFETAL PREGNANCY REDUCTI	07/01/2004	$207.45	0.0%	0.0%	Y	Referral Required
59870	UTERINE EVAC + CURETTAGE FOR	07/01/2004	$352.44	0.0%	0.0%	N	Referral Required
59871	REMOVAL CERCLAGE SUTURE W/ANTETH	07/01/2004	$154.02	0.0%	0.0%	N	Referral Required
5999I	INDIAN HEALTH SERVICE OFC VI	01/01/2004	$216.00	0.0%	0.0%	N	
60000	DRAINAGE, CYST, THYROGLOSSAL	07/01/2004	$143.30	0.0%	0.0%	N	Referral Required
60001	ASPIRATION AND/OR INJECTION,	07/01/2004	$93.25	0.0%	0.0%	N	Referral Required
60100	BIOPSY, THYROID	07/01/2004	$144.33	0.0%	0.0%	N	Referral Required
60200	EXCISION, CYST, THYROID	07/01/2004	$578.86	0.0%	0.0%	N	Referral Required
60210	PARTIAL THYROID LOBECTOMY, U	07/01/2004	$621.07	0.0%	0.0%	N	Referral Required
60212	PARTIAL THYROID LOBECTOMY;W/	07/01/2004	$878.03	0.0%	0.0%	N	Referral Required
60220	TOTAL THYROID LOBECTOMY, UNI	07/01/2004	$677.42	0.0%	0.0%	N	Referral Required
60225	THYROID LOBECTOMY	07/01/2004	$790.42	0.0%	0.0%	N	Referral Required
60240	THYROIDECTOMY	07/01/2004	$901.73	0.0%	0.0%	N	Referral Required
60252	THYROIDECTOMY	07/01/2004	$1,139.92	0.0%	0.0%	N	Referral Required
60254	THYROIDECTOMY	07/01/2004	$1,528.81	0.0%	0.0%	N	Referral Required
60260	THYROIDECTOMY	07/01/2004	$993.46	0.0%	0.0%	N	Referral Required
60270	THYROIDECTOMY	07/01/2004	$1,128.76	0.0%	0.0%	N	Referral Required
60271	THYROIDECTOMY, THYROID GLAND	07/01/2004	$955.00	0.0%	0.0%	N	Referral Required
60280	EXCSN, CYST, THYROGLOSSAL DU	07/01/2004	$389.17	0.0%	0.0%	N	Referral Required
60281	EXCISION THYROGLOSSAL DUCT C	07/01/2004	$519.63	0.0%	0.0%	N	Referral Required
60500	PARATHYROIDECTOMY	07/01/2004	$866.44	0.0%	0.0%	N	Referral Required
60502	PARATHYROIDECTOMY-RE-EXPLORA	07/01/2004	$1,084.47	0.0%	0.0%	N	Referral Required
60505	PARATHYROIDECTOMY	07/01/2004	$1,178.38	0.0%	0.0%	N	Referral Required
60512	PARATHYROID AUTOTRANSPLANTAT	07/01/2004	$222.19	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
60520	THYMECTOMY	07/01/2004	$942.12	0.0%	0.0%	N	Referral Required
60521	THYMECTOMY W/O RADICAL MEDIA	07/01/2004	$1,090.31	0.0%	0.0%	N	Referral Required
60522	THYMECTOMY; W/RADICAL MEDIAS	07/01/2004	$1,291.89	0.0%	0.0%	N	Referral Required
60540	ADRENALECTOMY	07/01/2004	$894.62	0.0%	0.0%	N	Referral Required
60545	ADRENALECTOMY	07/01/2004	$1,055.36	0.0%	0.0%	N	Referral Required
60600	EXCISION, TUMOR, CAROTID BOD	07/01/2004	$1,108.91	0.0%	0.0%	N	Referral Required
60605	EXCISION, TUMOR, CAROTID BOD	07/01/2004	$1,351.35	0.0%	0.0%	N	Referral Required
60650	LAPAROSCOPY ADRENALECTOMY	07/01/2004	$1,018.55	0.0%	0.0%	N	Referral Required
61000	SUBDURAL TAP	07/01/2004	$116.85	0.0%	0.0%	N	Referral Required
61001	SUBDURAL TAP	07/01/2004	$123.47	0.0%	0.0%	N	Referral Required
61020	VENTRICULAR PUNCTURE	07/01/2004	$140.55	0.0%	0.0%	N	Referral Required
61026	WITH INJECTION OF DRUG OR OT	07/01/2004	$138.19	0.0%	0.0%	N	Referral Required
61050	CISTERNAL PUNCTURES	07/01/2004	$106.86	0.0%	0.0%	N	Referral Required
61055	INJECTION OF DRUG OR OTHER SUBSTAN	07/01/2004	$135.64	0.0%	0.0%	N	Referral Required
61070	PUNCTURE, SHUNT TUBING	07/01/2004	$272.17	0.0%	0.0%	N	Referral Required
61105	TWIST DRILL HOLE FOR SUBDURA	07/01/2004	$321.47	0.0%	0.0%	N	Referral Required
61107	TWIST DRILL HOLE FOR IMPLANT	07/01/2004	$298.03	0.0%	0.0%	N	Referral Required
61108	TWIST DRILL HOLE FOR PUNCTUR	07/01/2004	$630.50	0.0%	0.0%	N	Referral Required
61120	BURR HOLES	07/01/2004	$536.05	0.0%	0.0%	N	Referral Required
61140	BURR HOLES	07/01/2004	$948.55	0.0%	0.0%	N	Referral Required
61150	BURR HOLES	07/01/2004	$1,038.78	0.0%	0.0%	N	Referral Required
61151	BURR HOLES	07/01/2004	$752.11	0.0%	0.0%	N	Referral Required
61154	BURR HOLES	07/01/2004	$895.81	0.0%	0.0%	N	Referral Required
61156	BURR HOLES	07/01/2004	$978.21	0.0%	0.0%	N	Referral Required
61210	BURR HOLES	07/01/2004	$343.79	0.0%	0.0%	N	Referral Required
61215	INSERTION OF SUB & RESERVOIR	07/01/2004	$330.07	0.0%	0.0%	N	Referral Required
61250	BURR HOLES	07/01/2004	$626.57	0.0%	0.0%	N	Referral Required
61253	BURR HOLES	07/01/2004	$729.86	0.0%	0.0%	N	Referral Required
61304	CRANIECTOMY	07/01/2004	$1,278.36	0.0%	0.0%	N	Referral Required
61305	CRANIECTOMY	07/01/2004	$1,540.60	0.0%	0.0%	N	Referral Required
61310	EVACUATION, HEMATOMA, CRANIAL	07/01/2004	$1,582.27	0.0%	0.0%	N	Referral Required
61312	CRANIECTOMY OR CRANIOTOMY FO	07/01/2004	$1,439.25	0.0%	0.0%	N	Referral Required
61313	CRANIECTOMY OR CRANIOTOMY EV	07/01/2004	$1,459.70	0.0%	0.0%	N	Referral Required
61314	CRANIECTOMY OR CRANIOTOMY FO	07/01/2004	$1,310.54	0.0%	0.0%	N	Referral Required
61315	ECTOMY/OTOMY FOR EVACUATION	07/01/2004	$1,615.07	0.0%	0.0%	N	Referral Required
61316	INCISION SUBCUTANEOUS PLACEMENT	07/01/2004	$72.48	0.0%	0.0%	N	Referral Required
61320	DRAINAGE, ABSCESS INTRACRANI	07/01/2004	$1,500.94	0.0%	0.0%	N	Referral Required
61321	DRAINAGE, ABSCESS INTRACRANI	07/01/2004	$1,635.00	0.0%	0.0%	N	Referral Required
61322	CRANIECTOMY/CRANIOTOMY, TX INTRACR	07/01/2004	$1,521.19	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
61323	CRANIECTOMY/CRANIOTOMY, TX INTRACR	07/01/2004	$1,578.32	0.0%	0.0%	N	Referral Required
61330	EXPLORATION, ORBIT	07/01/2004	$1,508.95	0.0%	0.0%	N	Referral Required
61332	EXPLORATION, ORBIT	07/01/2004	$1,711.05	0.0%	0.0%	N	Referral Required
61333	EXPLORATION, ORBIT	07/01/2004	$1,570.01	0.0%	0.0%	N	Referral Required
61334	EXPLORATION, ORBIT	07/01/2004	$1,032.94	0.0%	0.0%	N	Referral Required
61340	CRANIAL DECOMPRESSION	07/01/2004	$1,112.99	0.0%	0.0%	N	Referral Required
61343	CRANIECTOMY SUBOCCIPITAL W/C	07/01/2004	$1,753.73	0.0%	0.0%	N	Referral Required
61345	CRANIAL DECOMPRESSION	07/01/2004	$1,589.22	0.0%	0.0%	N	Referral Required
61440	CRANIOTOMY SECTION OF TENTOR	07/01/2004	$1,443.88	0.0%	0.0%	N	Referral Required
61450	SENSORY ROOT SURGERY	07/01/2004	$1,486.89	0.0%	0.0%	N	Referral Required
61458	CRANIECTOMY, SUBOCCIPITAL	07/01/2004	$1,584.21	0.0%	0.0%	N	Referral Required
61460	SUBOCCIPITAL INCISION	07/01/2004	$1,649.20	0.0%	0.0%	N	Referral Required
61470	SUBOCCIPITAL INCISION	07/01/2004	$1,458.86	0.0%	0.0%	N	Referral Required
61480	CRANIECTOMY FOR MESENCEPHALI	07/01/2004	$1,444.87	0.0%	0.0%	N	Referral Required
61490	LOBOTOMY, CRANIAL	07/01/2004	$1,504.83	0.0%	0.0%	N	Referral Required
61500	CRANIECTOMY	07/01/2004	$1,055.89	0.0%	0.0%	N	Referral Required
61501	CRANIECTOMY W/EXCISION OF TU	07/01/2004	$888.96	0.0%	0.0%	N	Referral Required
61510	EXCISION, TUMOR, BRAIN	07/01/2004	$1,657.56	0.0%	0.0%	N	Referral Required
61512	EXCISION, MENINGIOMA	07/01/2004	$2,035.26	0.0%	0.0%	N	Referral Required
61514	CRANIECTOMY EXCISION OF BRAI	07/01/2004	$1,477.23	0.0%	0.0%	N	Referral Required
61516	EXCISION, CYST, SUPRATENTORI	07/01/2004	$1,454.09	0.0%	0.0%	N	Referral Required
61517	IMPLANT BRAIN INTRACAVITY CHEMOTHE	07/01/2004	$65.68	0.0%	0.0%	N	Referral Required
61518	EXCISION, TUMOR, BRAIN	07/01/2004	$2,192.03	0.0%	0.0%	N	Referral Required
61519	EXCISION, MENINGIOMA	07/01/2004	$2,415.77	0.0%	0.0%	N	Referral Required
61520	EXSN TMR CEREBELLOPONTINE AN	07/01/2004	$3,174.09	0.0%	0.0%	N	Referral Required
61521	CRANIECTOMY EXCISION OF MIDL	07/01/2004	$2,597.06	0.0%	0.0%	N	Referral Required
61522	EXCISION, ABSCESS, BRAIN	07/01/2004	$1,703.99	0.0%	0.0%	N	Referral Required
61524	EXCISION, CYST, BRAIN	07/01/2004	$1,630.13	0.0%	0.0%	N	Referral Required
61526	EXCISION, TUMOR, TRANSTEMPOR	07/01/2004	$3,004.73	0.0%	0.0%	N	Referral Required
61530	EXCISION, TUMOR, TRANSTEMPOR	07/01/2004	$2,565.20	0.0%	0.0%	N	Referral Required
61531	SUBDURAL IMPLANT STRIP ELECT	07/01/2004	$883.41	0.0%	0.0%	N	Referral Required
61533	CRANIOTOMY W/ELEVATION OF BO	07/01/2004	$1,167.85	0.0%	0.0%	N	Referral Required
61534	EXSN CEREBRAL CORTICAL SCAR	07/01/2004	$1,254.56	0.0%	0.0%	N	Referral Required
61535	CRANIECTOMY FOR REMOVAL OF E	07/01/2004	$721.11	0.0%	0.0%	N	Referral Required
61536	CRANIOTOMY; EXCISION-CEREBRA	07/01/2004	$2,074.67	0.0%	0.0%	N	Referral Required
61537	CRAINOTOMY W/ELEVATION OF BONE FLA	07/01/2004	$1,430.44	0.0%	0.0%	N	Referral Required
61538	TEMPORAL LOBECTOMY	07/01/2004	$1,582.36	0.0%	0.0%	N	Referral Required
61539	LOBECTOMY, OTHER THAN TEMPOR	07/01/2004	$1,877.40	0.0%	0.0%	N	Referral Required
61540	CRAINIOTOMY W/ELEVATION OF BONE	07/01/2004	$1,723.97	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
61541	CRANIECTOMY FOR TRANSECTION	07/01/2004	$1,676.25	0.0%	0.0%	N	Referral Required
61542	HEMISPHERECTOMY	07/01/2004	$1,807.70	0.0%	0.0%	N	Referral Required
61543	CRANIECTOMY FOR PARTIAL OR S	07/01/2004	$1,717.89	0.0%	0.0%	N	Referral Required
61544	COAGULATION, CHOROID PLEXUS	07/01/2004	$1,491.67	0.0%	0.0%	N	Referral Required
61545	CRANIECTOMY FOR EXCISION OF	07/01/2004	$2,536.62	0.0%	0.0%	N	Referral Required
61546	HYPOPHYSECTOMY	07/01/2004	$1,833.87	0.0%	0.0%	N	Referral Required
61548	HYPOPHYSECTOMY	07/01/2004	$1,279.23	0.0%	0.0%	N	Referral Required
61550	CRANIECTOMY	07/01/2004	$700.64	0.0%	0.0%	N	Referral Required
61552	CRANIECTOMY	07/01/2004	$1,032.57	0.0%	0.0%	N	Referral Required
61556	CRANIOTOMY FOR CRANIOSYNOSTO	07/01/2004	$1,238.87	0.0%	0.0%	N	Referral Required
61557	CRANIOTOMY FOR CRANIO-SYNOST	07/01/2004	$1,317.97	0.0%	0.0%	N	Referral Required
61558	EXTENSIVE CRANIECTOMY NOT RE	07/01/2004	$1,369.44	0.0%	0.0%	N	Referral Required
61559	EXTENSIVE CRANIECTOMY RECOUN	07/01/2004	$1,906.38	0.0%	0.0%	N	Referral Required
61563	EXCISION INTRA & EXTRACRANIE	07/01/2004	$1,564.53	0.0%	0.0%	N	Referral Required
61564	EXCISION INTRA & EXTRACRANIE	07/01/2004	$1,942.15	0.0%	0.0%	N	Referral Required
61566	CRANIOTOMY W/ELEVATION OF BONE FLA	07/01/2004	$1,730.48	0.0%	0.0%	N	Referral Required
61567	CRAINOTOMY W/ELEVATION OF BONE FLA	07/01/2004	$1,991.19	0.0%	0.0%	N	Referral Required
61570	EXCISION, FOREIGN BODY, BRAI	07/01/2004	$1,408.05	0.0%	0.0%	N	Referral Required
61571	CRANIECTOMY W/TREATMENT OF P	07/01/2004	$1,536.33	0.0%	0.0%	N	Referral Required
61575	TRANSORAL APPROACH TO SKULL	07/01/2004	$2,009.47	0.0%	0.0%	N	Referral Required
61576	TRANSORAL APP TO SKULL BASE	07/01/2004	$2,889.76	0.0%	0.0%	N	Referral Required
61580	CRANIOFACIAL APPROACH TO ANT	07/01/2004	$1,779.03	0.0%	0.0%	N	Referral Required
61581	EXTRADURAL,INCLUDING LATERAL	07/01/2004	$2,026.43	0.0%	0.0%	N	Referral Required
61582	EXTRADURAL CRANIOFACIAL APPR	07/01/2004	$1,877.78	0.0%	0.0%	N	Referral Required
61583	INTRADURAL CRANIOFACIAL APPR	07/01/2004	$2,153.82	0.0%	0.0%	N	Referral Required
61584	ORBITOCRANIAL APPROACH CRANI	07/01/2004	$2,034.81	0.0%	0.0%	N	Referral Required
61585	WITH ORBITAL EXENTERATION	07/01/2004	$2,208.97	0.0%	0.0%	N	Referral Required
61586	BICORONAL-OSTEOTOMY APPROACH	07/01/2004	$1,490.37	0.0%	0.0%	N	Referral Required
61590	INFRATEMPORAL PRE-AURICULAR	07/01/2004	$2,413.87	0.0%	0.0%	N	Referral Required
61591	INFRATEMPORAL POST-AURICULAR	07/01/2004	$2,524.47	0.0%	0.0%	N	Referral Required
61592	ORBITOCRANIAL ZYGOMATIC APPR	07/01/2004	$2,315.54	0.0%	0.0%	N	Referral Required
61595	TRANSTEMPORAL APPROACH CRANI	07/01/2004	$1,749.66	0.0%	0.0%	N	Referral Required
61596	TRANSCOCHLEAR APPROACH POSTE	07/01/2004	$2,056.70	0.0%	0.0%	N	Referral Required
61597	TRANSCONDYLAR(FAR LATERAL) A	07/01/2004	$2,200.87	0.0%	0.0%	N	Referral Required
61598	TRANSPETROSAL APPROACH TO PO	07/01/2004	$1,953.01	0.0%	0.0%	N	Referral Required
61600	RESECTION NEOPLASTIC LESION	07/01/2004	$1,464.67	0.0%	0.0%	N	Referral Required
61601	RESECT NEOPLASTIC LESION CRA	07/01/2004	$1,652.96	0.0%	0.0%	N	Referral Required
61605	RESECT NEOPLASTIC LESION INF	07/01/2004	$1,706.12	0.0%	0.0%	N	Referral Required
61606	RESECT NEOPLASTIC LESION INF	07/01/2004	$2,259.48	0.0%	0.0%	N	Referral Required

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61607	RESECT NEOPLASTIC LESION PAR	07/01/2004	$2,115.37	0.0%	0.0%	N	Referral Required
61608	RESECT NEOPLASTIC LESION PAR	07/01/2004	$2,459.25	0.0%	0.0%	N	Referral Required
61609	TRANSECTION CAROTID ARTERY I	07/01/2004	$555.87	0.0%	0.0%	N	Referral Required
61610	TRANSECTION CAROTID ARTERY I	07/01/2004	$1,587.17	0.0%	0.0%	N	Referral Required
61611	TRANSECTION CAROTID ARTERY P	07/01/2004	$388.50	0.0%	0.0%	N	Referral Required
61612	TRANSECTION CAROTID ARTERY P	07/01/2004	$1,521.53	0.0%	0.0%	N	Referral Required
61613	OBLITERATION CAROTID ANEURYS	07/01/2004	$2,364.88	0.0%	0.0%	N	Referral Required
61615	RESECT NEOPLASTIC LESION CRA	07/01/2004	$1,902.57	0.0%	0.0%	N	Referral Required
61616	RESECT NEOPLASTIC LESION CRA	07/01/2004	$2,547.01	0.0%	0.0%	N	Referral Required
61618	SECONDARY REPAIR FOR CSF LEA	07/01/2004	$1,029.64	0.0%	0.0%	N	Referral Required
61619	SECONDARY REPAIR CSF LEAK BY	07/01/2004	$1,243.96	0.0%	0.0%	N	Referral Required
61623	ENDOVASCULAR TEMP. BALLOON ARTERI	07/01/2004	$478.56	0.0%	0.0%	N	Referral Required
61624	TRANSCATHETER OCCLUSION/EMBO	07/01/2004	$979.93	0.0%	0.0%	N	Referral Required
61626	TRANSCATHETER OCCLUSION NON-	07/01/2004	$797.36	0.0%	0.0%	N	Referral Required
61680	INTERCRANIAL ARTERIOVENOUS M	07/01/2004	$1,800.80	0.0%	0.0%	N	Referral Required
61682	INTRACRANIAL ANTERIOVENOUS S	07/01/2004	$3,549.39	0.0%	0.0%	N	Referral Required
61684	INTRACRANIAL ARTERIOVENOUS M	07/01/2004	$2,295.19	0.0%	0.0%	N	Referral Required
61686	INTRACRANIAL ARTERIOVENOUS M	07/01/2004	$3,729.29	0.0%	0.0%	N	Referral Required
61690	INTRACRANIAL ARTERIOVENOUS M	07/01/2004	$1,717.23	0.0%	0.0%	N	Referral Required
61692	INTRACRANIAL ARTERIOVENOUS M	07/01/2004	$2,991.02	0.0%	0.0%	N	Referral Required
61697	SURGERY OF INTRACRANIAL ANEURYSM	07/01/2004	$2,910.12	0.0%	0.0%	N	Referral Required
61698	SURGERY OF INTRACRANIAL ANEURYSM	07/01/2004	$2,793.12	0.0%	0.0%	N	Referral Required
61700	INTRA-CRANIAL ANEURYSM SURGE	07/01/2004	$2,907.73	0.0%	0.0%	N	Referral Required
61702	INTRA-CRANIAL ANEURYSM SURGE	07/01/2004	$2,788.71	0.0%	0.0%	N	Referral Required
61703	SURGERY INTRA-CRANIAL ANEURY	07/01/2004	$1,049.78	0.0%	0.0%	N	Referral Required
61705	ANEURYSM SURGERY	07/01/2004	$2,056.59	0.0%	0.0%	N	Referral Required
61708	SURGERY ANEURYSM BY INTRACRA	07/01/2004	$1,832.23	0.0%	0.0%	N	Referral Required
61710	SURG ANEURYSM BY INTRA-ARTER	07/01/2004	$1,576.71	0.0%	0.0%	N	Referral Required
61711	ANASTOMOSIS CRBRL/CORTICL AR	07/01/2004	$2,100.19	0.0%	0.0%	N	Referral Required
61720	STEREOTAXIC LESION	07/01/2004	$1,015.40	0.0%	0.0%	N	Referral Required
61735	STEREOTAXIC LESION	07/01/2004	$1,218.29	0.0%	0.0%	N	Referral Required
61750	SURGERY OF ANEURYSM VASCULAR	07/01/2004	$1,075.74	0.0%	0.0%	N	Referral Required
61751	STEREOTACTIC BX, ASPIRATE OR	07/01/2004	$1,047.35	0.0%	0.0%	N	Referral Required
61760	STEREOTACTIC IMPLANT OF DEPT	07/01/2004	$1,294.15	0.0%	0.0%	N	Referral Required
61770	STEREOTACTIC LOCALIZATION AN	07/01/2004	$1,268.84	0.0%	0.0%	N	Referral Required
61790	STEREOTAXIC LESION	07/01/2004	$644.71	0.0%	0.0%	N	Referral Required
61791	CREATION LESION STEREOTACTIC	07/01/2004	$880.65	0.0%	0.0%	N	Referral Required
61793	STEREOTACTIC FOCUSED PROTON	07/01/2004	$1,037.64	0.0%	0.0%	N	Referral Required
61795	STEREOTACTIC COMPUTER ASSIST	07/01/2004	$228.13	0.0%	0.0%	N	Referral Required

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61850	TWIST DRILL OR BURR HOLES FO	07/01/2004	$746.03	0.0%	0.0%	N	Referral Required
61860	ECTOMY/OTOMY IMPLANT NEUROST	07/01/2004	$1,225.85	0.0%	0.0%	N	Referral Required
61863	TWIST DRILL OR BURR HOLES	07/01/2004	$854.23	0.0%	0.0%	N	Referral Required
61864	EACH ADDITIONAL ARRAY	07/01/2004	$246.56	0.0%	0.0%	N	Referral Required
61867	TWIST DRILL OR BURR HOLES	07/01/2004	$1,310.90	0.0%	0.0%	N	Referral Required
61868	EACH ADDITIONAL ARRAY	07/01/2004	$420.63	0.0%	0.0%	N	Referral Required
61870	IMPLANT NEUROSTIMULATOR ELEC	07/01/2004	$886.82	0.0%	0.0%	N	Referral Required
61875	IMPLANT NEUROSTIMULATOR ELEC	07/01/2004	$820.23	0.0%	0.0%	N	Referral Required
61880	REVISION/REMOVAL INTERCRANIE	07/01/2004	$418.92	0.0%	0.0%	N	Referral Required
61885	INCISION SUBCUTANEOUS PLACE	07/01/2004	$372.30	0.0%	0.0%	Y	Referral Required
61886	PLACEMENT OF CRANIAL NEUROST	07/01/2004	$514.08	0.0%	0.0%	N	Referral Required
61888	REVISION/REMOVAL CRANIAL NEU	07/01/2004	$326.30	0.0%	0.0%	N	Referral Required
62000	REPAIR, SKULL FRACTURES	07/01/2004	$662.76	0.0%	0.0%	N	Referral Required
62005	REPAIR, SKULL FRACTURES	07/01/2004	$921.87	0.0%	0.0%	N	Referral Required
62010	REPAIR, SKULL FRACTURES	07/01/2004	$1,163.61	0.0%	0.0%	N	Referral Required
62100	REPAIR, DURAL/CSF LEAK	07/01/2004	$1,312.57	0.0%	0.0%	N	Referral Required
62115	REDUCTION CRANIOMEGALIC SKUL	07/01/2004	$1,212.06	0.0%	0.0%	N	Referral Required
62116	REDUCTION CRANIOMGEALIC SKUL	07/01/2004	$1,384.60	0.0%	0.0%	N	Referral Required
62117	REDUCTION CRANIOMEGALIC SKUL	07/01/2004	$1,460.23	0.0%	0.0%	N	Referral Required
62120	REPAIR, ENCEPHALOCELE	07/01/2004	$1,379.20	0.0%	0.0%	N	Referral Required
62121	CRANIOTOMY W/REPAIR OF ENCEP	07/01/2004	$1,252.50	0.0%	0.0%	N	Referral Required
62140	CRANIOPLASTY	07/01/2004	$811.84	0.0%	0.0%	N	Referral Required
62141	CRANIOPLASTY	07/01/2004	$904.29	0.0%	0.0%	N	Referral Required
62142	REMOVAL BONE FLAP OR PROSTHE	07/01/2004	$660.08	0.0%	0.0%	N	Referral Required
62143	REPLACE OF BONE FLAP OR PROS	07/01/2004	$797.51	0.0%	0.0%	N	Referral Required
62145	CRANIOPLASTY	07/01/2004	$1,122.08	0.0%	0.0%	N	Referral Required
62146	CRANIOPLASTY WITH AUTOGRAFT	07/01/2004	$973.04	0.0%	0.0%	N	Referral Required
62147	CRANIOPLASTY WITH AUTOGRAFT	07/01/2004	$1,157.30	0.0%	0.0%	N	Referral Required
62148	INCISION/RETRIEVAL SUBCUTANEOUS	07/01/2004	$100.97	0.0%	0.0%	N	Referral Required
62160	NEUROENDOSCOPY, INTRACRANIAL PLAC	07/01/2004	$147.09	0.0%	0.0%	N	Referral Required
62161	NEUROENDOSCOPY, INTRACRANIAL W/	07/01/2004	$1,046.22	0.0%	0.0%	N	Referral Required
62162	NEUROENDOSCOPY, INTRACRANIAL W/	07/01/2004	$1,328.66	0.0%	0.0%	N	Referral Required
62163	NEUROENDOSCOPY INTRACRANIAL W/	07/01/2004	$839.30	0.0%	0.0%	N	Referral Required
62164	NEUROENDOSCOPY, INTRACRANIAL W/	07/01/2004	$1,443.34	0.0%	0.0%	N	Referral Required
62165	NEUROENDOSCOPY INTRACRANIAL W/	07/01/2004	$1,143.08	0.0%	0.0%	N	Referral Required
62180	VENTRICULOCISTERNOSTOMY	07/01/2004	$1,253.71	0.0%	0.0%	N	Referral Required
62190	SUBDURAL SHUNT	07/01/2004	$686.49	0.0%	0.0%	N	Referral Required
62192	SUBDURAL SHUNT	07/01/2004	$749.20	0.0%	0.0%	N	Referral Required
62194	IRRIGATION, SUBDURAL CATHETE	07/01/2004	$261.17	0.0%	0.0%	N	Referral Required

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62200	VENTRICULOCISTERNOSTOMY	07/01/2004	$1,100.67	0.0%	0.0%	N	Referral Required
62201	VENTRICULOCISTERNOSTOMY, 3RD	07/01/2004	$892.21	0.0%	0.0%	N	Referral Required
62220	VENTRICULAR SHUNT	07/01/2004	$788.52	0.0%	0.0%	N	Referral Required
62223	VENTRICULAR SHUNT	07/01/2004	$782.87	0.0%	0.0%	N	Referral Required
62225	IRRIGATN VENTRICULAR CATHETE	07/01/2004	$346.14	0.0%	0.0%	N	Referral Required
62230	REVISION, OBSTRUCTED VALVE	07/01/2004	$622.19	0.0%	0.0%	N	Referral Required
62252	REPROGRAMMING OF CSF	07/01/2004	$73.59	0.0%	0.0%	N	Referral Required
62256	SHUNT REMOVAL	07/01/2004	$435.04	0.0%	0.0%	N	Referral Required
62258	SHUNT REMOVAL	07/01/2004	$857.38	0.0%	0.0%	N	Referral Required
62263	LYSIS OF EPIDURAL ADHESIONS	07/01/2004	$393.64	0.0%	0.0%	N	Referral Required
62264	LYSIS OF EPIDURAL ADHESIONS; 1 DAY	07/01/2004	$510.06	0.0%	0.0%	N	Referral Required
62268	PERCUTANEOUS ASPIRATION, SPI	07/01/2004	$262.98	0.0%	0.0%	N	Referral Required
62269	BIOPSY OF SPINAL CORD, PERCU	07/01/2004	$261.85	0.0%	0.0%	N	Referral Required
62270	SPINAL PUNCTURE, LUMBAR DIAG	07/01/2004	$174.22	0.0%	0.0%	N	Referral Required
62272	SPINAL PUNCTURE THERAPEUTIC	07/01/2004	$160.51	0.0%	0.0%	N	Referral Required
62273	INJECTION, BLOOD/CLOT PATCH	07/01/2004	$130.10	0.0%	0.0%	N	Referral Required
62280	INJECTION NEUROLYTIC SUBSTAN	07/01/2004	$220.06	0.0%	0.0%	N	Referral Required
62281	NJ NEUROLYTIC SUBSTANCE EPID	07/01/2004	$244.08	0.0%	0.0%	N	Referral Required
62282	INJECTION NEUROLYTIC SUBSTAN	07/01/2004	$266.86	0.0%	0.0%	N	Referral Required
62284	MYELOGRAPHY INJECTION PROC	07/01/2004	$236.78	0.0%	0.0%	N	Referral Required
62287	ASPIRATION, PERCUTANEOUS, AN	07/01/2004	$463.70	0.0%	0.0%	N	Referral Required
62290	DISCOGRAPHY INJECTION PROC	07/01/2004	$295.36	0.0%	0.0%	N	Referral Required
62291	DISCOGRAPHY INJECTION PROC	07/01/2004	$309.86	0.0%	0.0%	N	Referral Required
62292	CHEMONEUCLEOLYSIS	07/01/2004	$465.15	0.0%	0.0%	N	Referral Required
62294	ARTERIAL INJECTION PROCEDURE	07/01/2004	$675.99	0.0%	0.0%	N	Referral Required
62310	EPIDURAL OR SUBARACHNOID INJECTION	07/01/2004	$190.78	0.0%	0.0%	N	Referral Required
62311	EPIDURAL OR SUBARACHNOID INJECTION	07/01/2004	$193.89	0.0%	0.0%	N	Referral Required
62318	EPIDURAL OR SUBARACHNOID INJECTION	07/01/2004	$199.49	0.0%	0.0%	N	Referral Required
62319	EPIDURAL OR SUBARACHNOID INJECTION	07/01/2004	$188.06	0.0%	0.0%	N	Referral Required
62350	IMPLANTATION CATHETER,RESERV	07/01/2004	$379.28	0.0%	0.0%	N	Referral Required
62351	IMPLANTATION CATHETER,RESERV	07/01/2004	$612.96	0.0%	0.0%	N	Referral Required
62355	REMOVAL IMPLANTED INTRATHECA	07/01/2004	$300.63	0.0%	0.0%	N	Referral Required
62360	IMPLANT/REPLACE DEVICE FOR D	07/01/2004	$177.09	0.0%	0.0%	N	Referral Required
62361	IMPLANT/REPLACE DEVICE,DRUG	07/01/2004	$321.31	0.0%	0.0%	N	Referral Required
62362	IMPLANT/REPLACE DEVICE,DRUG	07/01/2004	$398.17	0.0%	0.0%	N	Referral Required
62365	REMOVAL SUBCUTANEOUS RESERVO	07/01/2004	$333.20	0.0%	0.0%	N	Referral Required
62367	ELECTRONIC ANALYSIS IMPLANTE	07/01/2004	$38.44	45.0%	55.0%	N	Referral Required
62368	ELECTRONIC ANALYSIS IMPLANTE	07/01/2004	$62.56	45.0%	55.0%	N	Referral Required
63001	LAMINECTOMY	07/01/2004	$998.26	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
63003	LAMINECTOMY	07/01/2004	$1,010.76	0.0%	0.0%	Y	Referral Required
63005	LAMINECTOMY	07/01/2004	$952.57	0.0%	0.0%	Y	Referral Required
63011	LAMINECTOMY W/EXPLOR/DELOMPR	07/01/2004	$909.96	0.0%	0.0%	Y	Referral Required
63012	LAMINECTOMY W/E PLOR AND/OR	07/01/2004	$933.78	0.0%	0.0%	Y	Referral Required
63015	LAMINECTOMY	07/01/2004	$1,203.71	0.0%	0.0%	Y	Referral Required
63016	LAMINECTOMY	07/01/2004	$1,193.69	0.0%	0.0%	Y	Referral Required
63017	LAMINECTOMY	07/01/2004	$1,010.75	0.0%	0.0%	Y	Referral Required
63020	LAMINOTOMY	07/01/2004	$948.41	0.0%	0.0%	Y	Referral Required
63030	LAMINOTOMY	07/01/2004	$790.15	0.0%	0.0%	Y	Referral Required
63035	LAMINOTOMY	07/01/2004	$176.79	0.0%	0.0%	Y	Referral Required
63040	LAMINOTOMY	07/01/2004	$1,166.26	0.0%	0.0%	Y	Referral Required
63042	LAMINOTOMY	07/01/2004	$1,099.72	0.0%	0.0%	Y	Referral Required
63044	LAMINOTOMY	07/01/2004	$244.55	0.0%	0.0%	Y	Referral Required
63045	LAMINECTOMY,INCLUDING UNILAT	07/01/2004	$1,042.95	0.0%	0.0%	Y	Referral Required
63046	LAMINECTOMY, THORACIC	07/01/2004	$1,006.06	0.0%	0.0%	Y	Referral Required
63047	LAMINECTOMY INCLUDING UNILAT	07/01/2004	$939.09	0.0%	0.0%	Y	Referral Required
63048	LAMINECTOMY, EACH ADDITONAL	07/01/2004	$183.48	0.0%	0.0%	Y	Referral Required
63055	TRANSPEDICULAR APPROACH W/DE	07/01/2004	$1,348.67	0.0%	0.0%	Y	Referral Required
63056	DECOMPRESSION SPINAL CORD LU	07/01/2004	$1,255.16	0.0%	0.0%	Y	Referral Required
63057	DECOMPRESSION SPINAL CORD EA	07/01/2004	$293.62	0.0%	0.0%	Y	Referral Required
63060	LAMINOTOMY	07/01/2004	$1,780.08	0.0%	0.0%	N	Referral Required
63064	LAMINOTOMY	07/01/2004	$1,518.82	0.0%	0.0%	Y	Referral Required
63066	COSTOVERTEBAL APP W/DECOMPRE	07/01/2004	$184.73	0.0%	0.0%	Y	Referral Required
63075	DISCECTOMY	07/01/2004	$1,208.71	0.0%	0.0%	Y	Referral Required
63076	DISCECTOMY	07/01/2004	$228.58	0.0%	0.0%	Y	Referral Required
63077	DISKECTOMY; THORACIC, SINGLE	07/01/2004	$1,328.93	0.0%	0.0%	Y	Referral Required
63078	DISKECTOMY THORACIC EA ADD I	07/01/2004	$181.74	0.0%	0.0%	Y	Referral Required
63081	VERTEBRAL CORPECTOMY, PARTIA	07/01/2004	$1,468.45	0.0%	0.0%	N	Referral Required
63082	CERVICAL; EACH ADDITIONAL SEGMENT	07/01/2004	$246.55	0.0%	0.0%	N	Referral Required
63085	VERTEBRAL CORPECTOMY	07/01/2004	$1,625.59	0.0%	0.0%	N	Referral Required
63086	VERTEBRAL CORPECTOMY THORACIC GA A	07/01/2004	$177.51	0.0%	0.0%	N	Referral Required
63087	VERTEBRAL CORPECTOMY,PARTIAL	07/01/2004	$2,102.94	0.0%	0.0%	N	Referral Required
63088	VERTEBRAL CORPECTOMY, EACH ADDITI	07/01/2004	$242.91	0.0%	0.0%	N	Referral Required
63090	VERTEBRAL CORPECTOMY PARTIAL	07/01/2004	$1,669.22	0.0%	0.0%	N	Referral Required
63091	VERTEBRAL CORPECTOMY PARTIAL OR C	07/01/2004	$164.12	0.0%	0.0%	N	Referral Required
63101	VERTEBRAL CORPECTOMY	07/01/2004	$1,813.08	0.0%	0.0%	N	Referral Required
63102	LUMBAR, SINGLE SEGMENT	07/01/2004	$1,813.08	0.0%	0.0%	N	Referral Required
63103	THORACIC OR LUMBAR, EACH	07/01/2004	$211.00	0.0%	0.0%	N	Referral Required
63170	LAMINECTOMY FOR MYEOLOTOMY	07/01/2004	$1,217.11	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
63172	LAMINECTOMY FOR DRAINAGE INT	07/01/2004	$1,126.59	0.0%	0.0%	Y	Referral Required
63173	LAMINECTOMY DRAINAGE OF CYST	07/01/2004	$1,363.61	0.0%	0.0%	Y	Referral Required
63180	LAMINECTOMY	07/01/2004	$1,144.31	0.0%	0.0%	Y	Referral Required
63182	LAMINECTOMY	07/01/2004	$1,235.65	0.0%	0.0%	Y	Referral Required
63185	RHIZOTOMY	07/01/2004	$888.56	0.0%	0.0%	Y	Referral Required
63190	LAMINECTOMY W/RHIZOTOMY MORE	07/01/2004	$1,053.40	0.0%	0.0%	Y	Referral Required
63191	LAMINECTOMY FOR SECTION OF S	07/01/2004	$1,034.42	0.0%	0.0%	Y	Referral Required
63194	CORDOTOMY	07/01/2004	$1,194.64	0.0%	0.0%	Y	Referral Required
63195	CORDOTOMY	07/01/2004	$1,156.73	0.0%	0.0%	Y	Referral Required
63196	CORDOTOMY	07/01/2004	$1,334.97	0.0%	0.0%	Y	Referral Required
63197	CORDOTOMY	07/01/2004	$1,270.69	0.0%	0.0%	Y	Referral Required
63198	CORDOTOMY	07/01/2004	$1,412.96	0.0%	0.0%	Y	Referral Required
63199	CORDOTOMY	07/01/2004	$1,527.04	0.0%	0.0%	Y	Referral Required
63200	LAMINECTOMY FOR RELEASE OF T	07/01/2004	$1,184.97	0.0%	0.0%	Y	Referral Required
63250	LAMINECTOMY CERVICAL	07/01/2004	$2,342.81	0.0%	0.0%	N	Referral Required
63251	LAMINECTOMY THORACIC	07/01/2004	$2,376.24	0.0%	0.0%	N	Referral Required
63252	THORACOLUMBAR LAMINECTOMY	07/01/2004	$2,366.77	0.0%	0.0%	N	Referral Required
63265	LAMINECTOMY FOR EXCISION OF	07/01/2004	$1,275.15	0.0%	0.0%	N	Referral Required
63266	LAMINECTOMY FOR EXCISION INT	07/01/2004	$1,320.72	0.0%	0.0%	N	Referral Required
63267	LAMINECTOMY FOR INTRASPINAL	07/01/2004	$1,076.03	0.0%	0.0%	N	Referral Required
63268	LAMINECTOMY EXCISION INTRASP	07/01/2004	$1,073.76	0.0%	0.0%	N	Referral Required
63270	LAMINECTOMY EXCISION INTRASP	07/01/2004	$1,576.05	0.0%	0.0%	N	Referral Required
63271	LAMINECTOMY FOR EXCISION INT	07/01/2004	$1,585.35	0.0%	0.0%	N	Referral Required
63272	LAMINECTOMY; LUMBAR	07/01/2004	$1,491.48	0.0%	0.0%	N	Referral Required
63273	LAMINECTOMY; SACRAL	07/01/2004	$1,439.76	0.0%	0.0%	N	Referral Required
63275	LAMINECTOMY-BIOPSY/EXCISION	07/01/2004	$1,398.69	0.0%	0.0%	N	Referral Required
63276	LAMINECTOMY	07/01/2004	$1,383.08	0.0%	0.0%	N	Referral Required
63277	EXTRADURAL, LUMBAR	07/01/2004	$1,237.27	0.0%	0.0%	N	Referral Required
63278	LAMINECTOMY, EXTRADURAL SACR	07/01/2004	$1,230.44	0.0%	0.0%	N	Referral Required
63280	INTRADURAL, EXTRAMEDULLARY,	07/01/2004	$1,659.78	0.0%	0.0%	N	Referral Required
63281	INTRADURAL, EXTRAMEDULLARY,	07/01/2004	$1,645.76	0.0%	0.0%	N	Referral Required
63282	LAMINECTOMY, INTRADURAL,EXTR	07/01/2004	$1,549.90	0.0%	0.0%	N	Referral Required
63283	LAMINECTOMY FOR BIOPSY/EXCIS	07/01/2004	$1,473.21	0.0%	0.0%	N	Referral Required
63285	LAMINECTOMY BIOPSY/INTRADURA	07/01/2004	$2,091.56	0.0%	0.0%	N	Referral Required
63286	LAMINECTOMY FOR BIOPSY/EXCIS	07/01/2004	$2,063.91	0.0%	0.0%	N	Referral Required
63287	LAMINECTOMY INTRADURAL INTRA	07/01/2004	$2,126.39	0.0%	0.0%	N	Referral Required
63290	COMBINED EXTRADURAL/INTRADUR	07/01/2004	$2,171.60	0.0%	0.0%	N	Referral Required
63300	VERTEBRAL CORPECTOMY SINGLE	07/01/2004	$1,432.37	0.0%	0.0%	N	Referral Required
63301	VERTEBRAL CORPECTOMY EXTRADU	07/01/2004	$1,582.80	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
63302	EXTRADURAL, THORACIC BY THOR	07/01/2004	$1,620.38	0.0%	0.0%	N	Referral Required
63303	EXTRADURAL, LUMBAR/SACRAL TR	07/01/2004	$1,756.25	0.0%	0.0%	N	Referral Required
63304	INTRADURAL, CERVICAL	07/01/2004	$1,744.13	0.0%	0.0%	N	Referral Required
63305	INTRADURAL, THORACIC BY TRAN	07/01/2004	$1,863.77	0.0%	0.0%	N	Referral Required
63306	INTRADURAL, THORACIC BY THOR	07/01/2004	$1,781.13	0.0%	0.0%	N	Referral Required
63307	VERTEBRAL CORPECTOMY INTRADU	07/01/2004	$1,764.68	0.0%	0.0%	N	Referral Required
63308	VERTEBRAL CORPECTOMY EACH ADDITI	07/01/2004	$294.34	0.0%	0.0%	N	Referral Required
63600	STEREOTAXIC LESION SPINAL CO	07/01/2004	$728.31	0.0%	0.0%	N	Referral Required
63610	STEREOTAXIC LESION SPINAL CO	07/01/2004	$445.07	0.0%	0.0%	N	Referral Required
63615	STEREOTACTIC BIOPSY, ASPIRAT	07/01/2004	$940.23	0.0%	0.0%	N	Referral Required
63650	PERCUTANEOUS IMPLANT NEUROST	07/01/2004	$345.01	0.0%	0.0%	N	Referral Required
63655	LAMINECTOMY IMPLANT NEUROSTI	07/01/2004	$636.10	0.0%	0.0%	N	Referral Required
63660	DORSAL COLUMN STIMULATOR IMP	07/01/2004	$350.34	0.0%	0.0%	N	Referral Required
63685	INCISION/SUBCUTANEOUS PLACEM	07/01/2004	$402.94	0.0%	0.0%	N	Referral Required
63688	REVISION/REMOVAL SPINAL NEUR	07/01/2004	$324.57	0.0%	0.0%	N	Referral Required
63700	REPAIR, MENINGOCELE	07/01/2004	$977.79	0.0%	0.0%	N	Referral Required
63702	MENINGOCELE LARGER THAN 5CM	07/01/2004	$1,004.01	0.0%	0.0%	N	Referral Required
63704	REPAIR, MYELOMENINGOCELE	07/01/2004	$1,226.00	0.0%	0.0%	N	Referral Required
63706	REPAIR, MYELOMENINGOCELE	07/01/2004	$1,386.52	0.0%	0.0%	N	Referral Required
63707	REPAIR OF DURAL/CSF LEAK NOT	07/01/2004	$698.65	0.0%	0.0%	N	Referral Required
63709	REPAIR OF DURAL/CSF LEAK	07/01/2004	$873.45	0.0%	0.0%	N	Referral Required
63710	DURAL GRAFT	07/01/2004	$858.63	0.0%	0.0%	N	Referral Required
63740	SHUNT, LUMBAR	07/01/2004	$696.89	0.0%	0.0%	N	Referral Required
63741	CREATION OF SHUNT PERCUTANEO	07/01/2004	$466.15	0.0%	0.0%	N	Referral Required
63744	SHUNT, LUMBAR	07/01/2004	$501.87	0.0%	0.0%	N	Referral Required
63746	SHUNT, LUMBAR	07/01/2004	$411.17	0.0%	0.0%	N	Referral Required
64400	SOMATIC NERVE BLOCK	07/01/2004	$128.53	0.0%	0.0%	N	Referral Required
64402	SOMATIC NERVE BLOCK	07/01/2004	$188.44	0.0%	0.0%	N	Referral Required
64405	SOMATIC NERVE BLOCK	07/01/2004	$92.03	0.0%	0.0%	N	Referral Required
64408	SOMATIC NERVE BLOCK	07/01/2004	$147.88	0.0%	0.0%	N	Referral Required
64410	SOMATIC NERVE BLOCK	07/01/2004	$158.84	0.0%	0.0%	N	Referral Required
64412	SOMATIC NERVE BLOCK	07/01/2004	$124.54	0.0%	0.0%	N	Referral Required
64413	SOMATIC NERVES-CERVICAL PLEX	07/01/2004	$142.97	0.0%	0.0%	N	Referral Required
64415	SOMATIC NERVE BLOCK	07/01/2004	$140.40	0.0%	0.0%	N	Referral Required
64416	INJ. ANES. AGENT; BRACHIAL PLEXUS,	07/01/2004	$143.55	0.0%	0.0%	N	Referral Required
64417	SOMATIC NERVE BLOCK	07/01/2004	$157.42	0.0%	0.0%	N	Referral Required
64418	SUPRASCAPULAR NERVE	07/01/2004	$129.32	0.0%	0.0%	N	Referral Required
64420	SOMATIC NERVE BLOCK	07/01/2004	$120.44	0.0%	0.0%	N	Referral Required
64421	SOMATIC NERVE BLOCK	07/01/2004	$156.36	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
64425	SOMATIC NERVE BLOCK	07/01/2004	$140.12	0.0%	0.0%	N	Referral Required
64430	SOMATIC NERVE BLOCK	07/01/2004	$148.07	0.0%	0.0%	N	Referral Required
64435	SOMATIC NERVE BLOCK	07/01/2004	$150.73	0.0%	0.0%	N	Referral Required
64445	SOMATIC NERVE BLOCK	07/01/2004	$106.19	0.0%	0.0%	N	Referral Required
64446	INJ. ANES. AGENT; SCIATIC NERVE,	07/01/2004	$147.53	0.0%	0.0%	N	Referral Required
64447	INJ. ANES. AGENT; FEMORAL NERVE	07/01/2004	$68.51	0.0%	0.0%	N	Referral Required
64448	INJ. ANES. AGENT; FEMORAL NERVE,	07/01/2004	$135.61	0.0%	0.0%	N	Referral Required
64449	LUMBAR PLEXUS, POSTERIOR APPROACH	07/01/2004	$135.44	0.0%	0.0%	N	Referral Required
64450	SOMATIC NERVE BLOCK	07/01/2004	$104.92	0.0%	0.0%	N	Referral Required
64470	PARAVERTEBRAL CERVICAL OR THORACI	07/01/2004	$198.93	0.0%	0.0%	N	Referral Required
64472	PARAVERTEBRAL CERVICAL OR THORACI	07/01/2004	$174.59	0.0%	0.0%	N	Referral Required
64475	PARAVERTEBRAL LUMBAR OR SACRAL	07/01/2004	$176.23	0.0%	0.0%	N	Referral Required
64476	PARAVERTEBRAL LUMBAR	07/01/2004	$161.72	0.0%	0.0%	N	Referral Required
64479	TRANSFORAMINAL CERVICAL	07/01/2004	$224.11	0.0%	0.0%	N	Referral Required
64480	TRANSFORAMINAL CERVICAL	07/01/2004	$189.00	0.0%	0.0%	N	Referral Required
64483	TRANSFORAMINAL LUMBAR OR SACRAL	07/01/2004	$214.40	0.0%	0.0%	N	Referral Required
64484	TRANSFORAMINAL LUMBAR OR SACRAL	07/01/2004	$180.71	0.0%	0.0%	N	Referral Required
64505	SYMPATHETIC NERVE BLOCK	07/01/2004	$128.32	0.0%	0.0%	N	Referral Required
64508	SYMPATHETIC NERVE BLOCK	07/01/2004	$116.50	0.0%	0.0%	N	Referral Required
64510	SYMPATHETIC NERVE BLOCK	07/01/2004	$127.08	0.0%	0.0%	N	Referral Required
64517	SUPERIOR HYPOGASTRIC PLEXUS	07/01/2004	$105.88	0.0%	0.0%	N	Referral Required
64520	SYMPATHETIC NERVE BLOCK	07/01/2004	$163.16	0.0%	0.0%	N	Referral Required
64530	INJECTION CELIAC PLEXUS W/WO	07/01/2004	$157.83	0.0%	0.0%	N	Referral Required
64550	APPLICATION OF SURFACE (TRAN	07/01/2004	$24.82	0.0%	0.0%	N	Referral Required
64553	PURCUTANEOUS IMPLANT OF NEUB	07/01/2004	$223.69	0.0%	0.0%	N	Referral Required
64555	PURCUTANEOUS IMPLANT OF NEUR	07/01/2004	$160.22	0.0%	0.0%	N	Referral Required
64560	AUTONOMIC NERVE	07/01/2004	$161.91	0.0%	0.0%	N	Referral Required
64561	PERCUTANEOUS IMPLANTAION	07/01/2004	$739.42	0.0%	0.0%	N	Referral Required
64565	NEUROMUSCULAR	07/01/2004	$175.12	0.0%	0.0%	N	Referral Required
64573	INCISE FOR IMPLANT OF NEURO	07/01/2004	$469.58	0.0%	0.0%	Y	Referral Required
64575	PERIPHERAL NERVE	07/01/2004	$260.06	0.0%	0.0%	N	Referral Required
64577	AUTONOMIC NERVE	07/01/2004	$285.39	0.0%	0.0%	N	Referral Required
64580	NEUROMUSCULAR	07/01/2004	$278.61	0.0%	0.0%	N	Referral Required
64581	INCISION NEUROSTIMULATOR	07/01/2004	$705.29	0.0%	0.0%	N	Referral Required
64585	REVISE/REMOVE PERIPHERAL NEU	07/01/2004	$170.41	0.0%	0.0%	N	Referral Required
64590	INCISE FOR SUBCU PLACE NEURO	07/01/2004	$163.32	0.0%	0.0%	N	Referral Required
64595	REVISE/REMOVE PERIPHERAL NEU	07/01/2004	$133.28	0.0%	0.0%	N	Referral Required
64600	DESTRUCTION, SOMATIC NERVE	07/01/2004	$224.81	0.0%	0.0%	N	Referral Required
64605	DESTRUCTION, SOMATIC NERVE	07/01/2004	$326.98	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
64610	DESTRUCTION, SOMATIC NERVE	07/01/2004	$411.13	0.0%	0.0%	N	Referral Required
64612	DESTRUCTION BY NEUROLYTIC AG	07/01/2004	$169.05	0.0%	0.0%	N	Referral Required
64613	DESTRUCTION NEUROLYTIC AGENT	07/01/2004	$130.76	0.0%	0.0%	N	Referral Required
64614	CHEMODENERVATION OF MUSCLES	07/01/2004	$185.06	0.0%	0.0%	N	Referral Required
64620	DESTRUCTION, SOMATIC NERVE	07/01/2004	$201.12	0.0%	0.0%	N	Referral Required
64622	DESTRUCTION-PARAVERTEBRALFAC	07/01/2004	$265.14	0.0%	0.0%	N	Referral Required
64623	DESTRUCT NEUROLYTIC AGENT;JO	07/01/2004	$161.75	0.0%	0.0%	N	Referral Required
64626	PARAVERTEBRAL FACETJOINT	07/01/2004	$261.99	0.0%	0.0%	N	Referral Required
64627	PARAVERTEBRAL FACET JOINT	07/01/2004	$164.56	0.0%	0.0%	N	Referral Required
64630	DESTRUCTION BY NEUROLYTIC AG	07/01/2004	$228.78	0.0%	0.0%	N	Referral Required
64640	DESTRUCTION, SOMATIC NERVE	07/01/2004	$219.66	0.0%	0.0%	N	Referral Required
64680	DESTRUCTION, SYMPATHETIC NER	07/01/2004	$190.00	0.0%	0.0%	N	Referral Required
64681	SUPERIOR HYPOGASTRIC PLEXUS	07/01/2004	$403.47	0.0%	0.0%	N	Referral Required
64702	NEUROLYSIS	07/01/2004	$291.61	0.0%	0.0%	N	Referral Required
64704	NEUROLYSIS	07/01/2004	$278.43	0.0%	0.0%	N	Referral Required
64708	NEUROLYSIS	07/01/2004	$401.59	0.0%	0.0%	N	Referral Required
64712	NEUROLYSIS	07/01/2004	$468.02	0.0%	0.0%	N	Referral Required
64713	NEUROLYSIS	07/01/2004	$626.31	0.0%	0.0%	N	Referral Required
64714	NEUROLYSIS	07/01/2004	$517.16	0.0%	0.0%	N	Referral Required
64716	NEUROLYSIS AND/OR TRANSPOSIT	07/01/2004	$403.78	0.0%	0.0%	N	Referral Required
64718	NEUROPLASTY &/OR TRANSPOSE:	07/01/2004	$401.16	0.0%	0.0%	N	Referral Required
64719	NEUROPLASTY &/OR TRANSPOSE:	07/01/2004	$339.63	0.0%	0.0%	N	Referral Required
64721	NEUROPLASTY &/OR TRANSPOSE:	07/01/2004	$378.00	0.0%	0.0%	N	Referral Required
64722	NERVE DECOMPRESSION	07/01/2004	$286.56	0.0%	0.0%	N	Referral Required
64726	NERVE DECOMPRESSION	07/01/2004	$261.27	0.0%	0.0%	N	Referral Required
64727	INTERNAL NEUROLYSIS; REQUIRE	07/01/2004	$172.21	0.0%	0.0%	N	Referral Required
64732	TRANSECTION, NERVE	07/01/2004	$291.06	0.0%	0.0%	N	Referral Required
64734	TRANSECTION, NERVE	07/01/2004	$313.86	0.0%	0.0%	N	Referral Required
64736	TRANSECTION, NERVE	07/01/2004	$273.56	0.0%	0.0%	N	Referral Required
64738	TRANSECTION, NERVE	07/01/2004	$346.71	0.0%	0.0%	N	Referral Required
64740	TRANSECTION OR AVULSION LING	07/01/2004	$340.40	0.0%	0.0%	N	Referral Required
64742	TRANSECTION, NERVE	07/01/2004	$395.26	0.0%	0.0%	N	Referral Required
64744	TRANSECTION, NERVE	07/01/2004	$332.54	0.0%	0.0%	N	Referral Required
64746	TRANSECTION, NERVE	07/01/2004	$373.67	0.0%	0.0%	N	Referral Required
64752	TRANSECTION, NERVE	07/01/2004	$427.67	0.0%	0.0%	N	Referral Required
64755	SELECTIVE VAGOTOMY	07/01/2004	$710.10	0.0%	0.0%	N	Referral Required
64760	TRANSECTION, NERVE	07/01/2004	$388.56	0.0%	0.0%	N	Referral Required
64761	TRANSECTION, NERVE	07/01/2004	$345.87	0.0%	0.0%	N	Referral Required
64763	TRANSECTION, NERVE	07/01/2004	$462.69	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
64766	TRANSECTION, NERVE	07/01/2004	$480.29	0.0%	0.0%	N	Referral Required
64771	TRANSECTION/AVULSION OF OTHE	07/01/2004	$462.62	0.0%	0.0%	N	Referral Required
64772	TRANSECTION OF OTHER SPINAL	07/01/2004	$437.19	0.0%	0.0%	N	Referral Required
64774	EXCISION, NEUROMA	07/01/2004	$322.41	0.0%	0.0%	N	Referral Required
64776	EXCISION, NEUROMA, DIGITAL N	07/01/2004	$320.21	0.0%	0.0%	N	Referral Required
64778	EXCISION, NEUROMA	07/01/2004	$170.89	0.0%	0.0%	N	Referral Required
64782	EXCISION, NEUROMA	07/01/2004	$363.88	0.0%	0.0%	N	Referral Required
64783	EXCISION, NEUROMA	07/01/2004	$204.50	0.0%	0.0%	N	Referral Required
64784	EXCISION, NEUROMA	07/01/2004	$598.11	0.0%	0.0%	N	Referral Required
64786	EXCISION, NEUROMA	07/01/2004	$929.18	0.0%	0.0%	N	Referral Required
64787	IMPLANTATION OF NERVE END IN	07/01/2004	$237.33	0.0%	0.0%	N	Referral Required
64788	EXCISION, NEUROFIBROMA	07/01/2004	$287.73	0.0%	0.0%	N	Referral Required
64790	EXCISION, NEUROFIBROMA	07/01/2004	$677.99	0.0%	0.0%	N	Referral Required
64792	EXCISION, NEUROFIBROMA	07/01/2004	$862.04	0.0%	0.0%	N	Referral Required
64795	BIOPSY, NERVE	07/01/2004	$173.25	0.0%	0.0%	N	Referral Required
64802	EXCISION, NERVES, SYMPATHETI	07/01/2004	$509.47	0.0%	0.0%	N	Referral Required
64804	EXCISION, NERVES, SYMPATHETI	07/01/2004	$775.47	0.0%	0.0%	N	Referral Required
64809	EXCISION, NERVES, SYMPATHETI	07/01/2004	$700.02	0.0%	0.0%	N	Referral Required
64814	NEURECTOMY, HYPOGASTRIC	07/01/2004	$781.23	0.0%	0.0%	N	Referral Required
64818	EXCISION, NERVES, SYMPATHETI	07/01/2004	$573.40	0.0%	0.0%	N	Referral Required
64820	SYMPATHECTOMY,DIGITAL ARTERI	07/01/2004	$601.02	0.0%	0.0%	N	Referral Required
64821	SYMPATHECTOMY; RADIAL ARTERY	07/01/2004	$560.06	0.0%	0.0%	N	Referral Required
64822	SYMPATHECTOMY; ULNAR ARTERY	07/01/2004	$560.06	0.0%	0.0%	N	Referral Required
64823	SYMPATHECTOMY; SUPERFACIAL	07/01/2004	$646.97	0.0%	0.0%	N	Referral Required
64831	SUTURE DIGITAL NERVE HAND/FO	07/01/2004	$598.72	0.0%	0.0%	N	Referral Required
64832	SUTURE, NERVE	07/01/2004	$314.89	0.0%	0.0%	N	Referral Required
64834	SUTURE, NERVE	07/01/2004	$625.71	0.0%	0.0%	N	Referral Required
64835	SUTURE, NERVE	07/01/2004	$676.25	0.0%	0.0%	N	Referral Required
64836	SUTURE, NERVE	07/01/2004	$671.61	0.0%	0.0%	N	Referral Required
64837	SUTURE EACH ADDITIONAL NERVE HAND O	07/01/2004	$350.14	0.0%	0.0%	N	Referral Required
64840	SUTURE POST TIBIAL NERVE	07/01/2004	$732.13	0.0%	0.0%	N	Referral Required
64856	SUTURE, NERVE	07/01/2004	$836.40	0.0%	0.0%	N	Referral Required
64857	SUTURE MAJOR PERIPHERAL NERV	07/01/2004	$879.76	0.0%	0.0%	N	Referral Required
64858	SUTURE OF SCIATIC NERVE	07/01/2004	$996.59	0.0%	0.0%	N	Referral Required
64859	SUTURE EACH ADDITIONAL MAJOR PERIP	07/01/2004	$233.50	0.0%	0.0%	N	Referral Required
64861	SUTURE, NERVE	07/01/2004	$1,152.73	0.0%	0.0%	N	Referral Required
64862	SUTURE LUMBAR PLEXUS	07/01/2004	$1,136.41	0.0%	0.0%	N	Referral Required
64864	SUTURE FACIAL NERVE	07/01/2004	$747.78	0.0%	0.0%	N	Referral Required
64865	SUTURE, NERVE	07/01/2004	$907.37	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
64866	SUTURE, NERVE	07/01/2004	$899.23	0.0%	0.0%	N	Referral Required
64868	SUTURE, NERVE	07/01/2004	$836.30	0.0%	0.0%	N	Referral Required
64870	SUTURE, NERVE	07/01/2004	$902.28	0.0%	0.0%	N	Referral Required
64872	SUTURE, NERVE	07/01/2004	$110.29	0.0%	0.0%	N	Referral Required
64874	SUTURE NERVE REQUIRING EXTEN	07/01/2004	$165.54	0.0%	0.0%	N	Referral Required
64876	SUTURE NERVE; REQUIRING SHOR	07/01/2004	$171.22	0.0%	0.0%	N	Referral Required
64885	NERVE GRAFT HEAD OR NECK UP	07/01/2004	$1,030.39	0.0%	0.0%	N	Referral Required
64886	NERVE GRAFT HEAD OR NECK MOR	07/01/2004	$1,212.03	0.0%	0.0%	N	Referral Required
64890	NERVE GRAFT	07/01/2004	$904.79	0.0%	0.0%	N	Referral Required
64891	NERVE GRAFT	07/01/2004	$786.01	0.0%	0.0%	N	Referral Required
64892	NERVE GRAFT	07/01/2004	$842.68	0.0%	0.0%	N	Referral Required
64893	NERVE GRAFT	07/01/2004	$936.97	0.0%	0.0%	N	Referral Required
64895	NERVE GRAFT	07/01/2004	$1,002.14	0.0%	0.0%	N	Referral Required
64896	NERVE GRAFT	07/01/2004	$1,144.70	0.0%	0.0%	N	Referral Required
64897	NERVE GRAFT ARM OR LEG UP TO	07/01/2004	$1,052.26	0.0%	0.0%	N	Referral Required
64898	NERVE GRAFT MORE THAN 4 CM	07/01/2004	$1,092.76	0.0%	0.0%	N	Referral Required
64901	NERVE GRAFT EA ADDITIONAL NERVE	07/01/2004	$568.58	0.0%	0.0%	N	Referral Required
64902	NERVE GRAFT; MULTIPLE STRAND	07/01/2004	$646.36	0.0%	0.0%	N	Referral Required
64905	NERVE PEDICLE TRANSFER	07/01/2004	$816.94	0.0%	0.0%	N	Referral Required
64907	NERVE PEDICLE TRANSFER	07/01/2004	$1,095.07	0.0%	0.0%	N	Referral Required
65091	EVISCERATION, OCULAR CONTENT	07/01/2004	$611.96	0.0%	0.0%	N	Referral Required
65093	EVISCERATION, OCULAR CONTENT	07/01/2004	$634.71	0.0%	0.0%	N	Referral Required
65101	ENUCLEATION, EYE	07/01/2004	$647.24	0.0%	0.0%	N	Referral Required
65103	ENUCLEATION, EYE	07/01/2004	$671.02	0.0%	0.0%	N	Referral Required
65105	ENUCLEATION, EYE	07/01/2004	$720.73	0.0%	0.0%	N	Referral Required
65110	EXENTERATION, ORBIT	07/01/2004	$1,026.18	0.0%	0.0%	N	Referral Required
65112	EXTENTERATION-ORBIT; W/THERA	07/01/2004	$1,161.95	0.0%	0.0%	N	Referral Required
65114	EXENTERATION, ORBIT	07/01/2004	$1,244.15	0.0%	0.0%	N	Referral Required
65130	INSERTION, OCULAR IMPLANT	07/01/2004	$632.61	0.0%	0.0%	N	Referral Required
65135	INSERTION, OCULAR IMPLANT	07/01/2004	$668.84	0.0%	0.0%	N	Referral Required
65140	INSERTION, OCULAR IMPLANT	07/01/2004	$693.39	0.0%	0.0%	N	Referral Required
65150	REINSERTION, OCULAR IMPLANT	07/01/2004	$583.49	0.0%	0.0%	N	Referral Required
65155	REINSERTION OF OCULAR IMPLAN	07/01/2004	$725.27	0.0%	0.0%	N	Referral Required
65175	REMOVAL, OCULAR IMPLANT	07/01/2004	$597.75	0.0%	0.0%	N	Referral Required
65205	FOREIGN BODY, EYEBALL	07/01/2004	$46.30	0.0%	0.0%	N	Referral Required
65210	FOREIGN BODY, EYEBALL	07/01/2004	$55.81	0.0%	0.0%	N	Referral Required
65220	FOREIGN BODY, EYEBALL	07/01/2004	$294.38	0.0%	0.0%	N	Referral Required
65222	FOREIGN BODY, EYEBALL	07/01/2004	$59.84	0.0%	0.0%	N	Referral Required
65235	FOREIGN BODY, EYEBALL	07/01/2004	$503.83	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
65260	FOREIGN BODY, EYEBALL	07/01/2004	$809.79	0.0%	0.0%	N	Referral Required
65265	FOREIGN BODY, EYEBALL	07/01/2004	$925.02	0.0%	0.0%	N	Referral Required
65270	REPAIR, LACERATION, EYEBALL	07/01/2004	$201.61	0.0%	0.0%	N	Referral Required
65272	REPAIR LACERATION CONJUNCTIV	07/01/2004	$326.35	0.0%	0.0%	N	Referral Required
65273	REPAIR LACERATION BY MOBILIZ	07/01/2004	$325.83	0.0%	0.0%	N	Referral Required
65275	REPAIR LACERATION CORNEA W/W	07/01/2004	$373.88	0.0%	0.0%	N	Referral Required
65280	REPAIR LACERATION CORNEA PER	07/01/2004	$534.40	0.0%	0.0%	N	Referral Required
65285	REPAIR LACERATION CORNEA W/R	07/01/2004	$919.27	0.0%	0.0%	N	Referral Required
65286	APP OF TISSUE GLUE, WOUNDS O	07/01/2004	$496.80	0.0%	0.0%	N	Referral Required
65290	REPAIR, WOUND, EXTRAOCULAR	07/01/2004	$412.04	0.0%	0.0%	N	Referral Required
65400	EXCISION, LESION, CORNEA	07/01/2004	$500.27	0.0%	0.0%	N	Referral Required
65410	BIOPSY, CORNEA	07/01/2004	$110.67	0.0%	0.0%	N	Referral Required
65420	TRANSPOSITION, PTERYGIUM	07/01/2004	$423.70	0.0%	0.0%	N	Referral Required
65426	EXICSION TRANSPOSITION OF PT	07/01/2004	$451.20	0.0%	0.0%	N	Referral Required
65430	CORNEAL SCRAPING	07/01/2004	$336.22	0.0%	0.0%	N	Referral Required
65435	REMOVAL, CORNEAL EPITHELIUM	07/01/2004	$78.06	0.0%	0.0%	N	Referral Required
65436	REMOVAL CORNEAL EPITHELIUM W	07/01/2004	$348.14	0.0%	0.0%	N	Referral Required
65445	THERMOCAUTERIZATION, CORNEA	07/01/2004	$79.12	0.0%	0.0%	N	Referral Required
65450	DESTRUCTION LESION CORNEA BY	07/01/2004	$378.29	0.0%	0.0%	N	Referral Required
65455	CRYOTHERAPY, CORNEA	07/01/2004	$79.12	0.0%	0.0%	N	Referral Required
65600	MULTIPLE PUNCTURES OF ANTERI	07/01/2004	$303.89	0.0%	0.0%	N	Referral Required
65710	KERATOPLASTY	07/01/2004	$879.49	0.0%	0.0%	N	Referral Required
65720	KERATOPLASTY	07/01/2004	$1,433.92	0.0%	0.0%	N	Referral Required
65730	KERATOPLASTY	07/01/2004	$912.73	0.0%	0.0%	N	Referral Required
65750	KERATOPLASTY	07/01/2004	$1,017.49	0.0%	0.0%	N	Referral Required
65755	KERATOPLASTY; PENETRATING (I	07/01/2004	$1,011.44	0.0%	0.0%	N	Referral Required
65760	KERATOMELEUSIS	07/01/2004	$1,681.16	0.0%	0.0%	N	Referral Required
65765	KERATOPHAKIA	07/01/2004	$1,682.19	0.0%	0.0%	N	Referral Required
65770	KERATOPROSTHESIS	07/01/2004	$1,140.89	0.0%	0.0%	N	Referral Required
65771	RADICAL KERATOTOMY	07/01/2004	$850.18	0.0%	0.0%	N	Referral Required
65772	CORNEAL RELAXING INCISION	07/01/2004	$400.27	0.0%	0.0%	N	Referral Required
65775	CORNEAL WEDGE RESECTION NO A	07/01/2004	$490.96	0.0%	0.0%	N	Referral Required
65781	LIMBAL STEM CELL ALLOGRAFT	07/01/2004	$879.49	0.0%	0.0%	N	Referral Required
65782	LIMBAL CONJUNCTIVAL AUTOGRAFT	07/01/2004	$892.93	0.0%	0.0%	N	Referral Required
65800	PARACENTESIS EYE ANTE CHAMBE	07/01/2004	$145.25	0.0%	0.0%	N	Referral Required
65805	PARACENTESIS EYE ANTE CHAMBE	07/01/2004	$145.57	0.0%	0.0%	N	Referral Required
65810	PARACENTESIS EYE ANTE CHAMBE	07/01/2004	$468.17	0.0%	0.0%	N	Referral Required
65815	PARACENTESIS EYE ANTE CHAMBE	07/01/2004	$489.41	0.0%	0.0%	N	Referral Required
65820	GONIOTOMY	07/01/2004	$652.82	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
65850	TRABECULOTOMY AB EXTERNO	07/01/2004	$718.51	0.0%	0.0%	N	Referral Required
65855	TRABECULOPLASTY BY LASAR SUR	07/01/2004	$308.37	0.0%	0.0%	N	Referral Required
65860	SEVERING ADHESIONS ANTERIOR	07/01/2004	$263.92	0.0%	0.0%	N	Referral Required
65865	LYSIS, ADHESIONS, EYE	07/01/2004	$428.47	0.0%	0.0%	N	Referral Required
65870	LYSIS, ADHESIONS, EYE	07/01/2004	$463.40	0.0%	0.0%	N	Referral Required
65875	LYSIS, ADHESIONS, EYE	07/01/2004	$477.08	0.0%	0.0%	N	Referral Required
65880	LYSIS, ADHESIONS, EYE	07/01/2004	$505.96	0.0%	0.0%	N	Referral Required
65900	REMOVAL EPITHELIAL DOWNGROWT	07/01/2004	$812.20	0.0%	0.0%	N	Referral Required
65920	REMOVAL IMPLANT MATERIAL, AN	07/01/2004	$573.62	0.0%	0.0%	N	Referral Required
65930	REMOVAL, BLOOD CLOT, EYE	07/01/2004	$557.37	0.0%	0.0%	N	Referral Required
66020	INJECTION, EYE, ANTE CHAMBER	07/01/2004	$136.96	0.0%	0.0%	N	Referral Required
66030	INJECTION, EYE, ANTE CHAMBER	07/01/2004	$118.64	0.0%	0.0%	N	Referral Required
66130	EXCISION, LESION, SCLERA	07/01/2004	$527.51	0.0%	0.0%	N	Referral Required
66150	FISTULIZATION, SCLERA	07/01/2004	$658.72	0.0%	0.0%	N	Referral Required
66155	THERMOCAUTERY, SCLERA	07/01/2004	$656.88	0.0%	0.0%	N	Referral Required
66160	THERMOCAUTERY, SCLERA	07/01/2004	$754.63	0.0%	0.0%	N	Referral Required
66165	IRIDENCLEISIS/IRIDOTASIS	07/01/2004	$639.58	0.0%	0.0%	N	Referral Required
66170	TRABECULECTOMY AB EXTERNO	07/01/2004	$998.36	0.0%	0.0%	N	Referral Required
66172	TRABECULECTOMY AB EXTERNO W/	07/01/2004	$1,055.74	0.0%	0.0%	N	Referral Required
66180	AQUEOUS SHUNT TO EXTRAOCULAR	07/01/2004	$932.70	0.0%	0.0%	N	Referral Required
66185	REVISION AQUEOUS SHUNT EXTRA	07/01/2004	$571.04	0.0%	0.0%	N	Referral Required
66220	REPAIR, SCLERAL STAPHYLOMA	07/01/2004	$607.45	0.0%	0.0%	N	Referral Required
66225	REPAIR, SCLERAL STAPHYLOMA	07/01/2004	$715.06	0.0%	0.0%	N	Referral Required
66250	REVISION, OPERATIVE WOUND, E	07/01/2004	$479.96	0.0%	0.0%	N	Referral Required
66500	IRIDOTOMY	07/01/2004	$291.62	0.0%	0.0%	N	Referral Required
66505	TRANSFIXION IRIDOTOMY	07/01/2004	$311.32	0.0%	0.0%	N	Referral Required
66600	IRIDECTOMY	07/01/2004	$604.61	0.0%	0.0%	N	Referral Required
66605	IRIDECTOMY	07/01/2004	$874.18	0.0%	0.0%	N	Referral Required
66625	IRIDECTOMY	07/01/2004	$443.35	0.0%	0.0%	N	Referral Required
66630	IRIDECTOMY	07/01/2004	$476.11	0.0%	0.0%	N	Referral Required
66635	IRIDECTOMY	07/01/2004	$443.13	0.0%	0.0%	N	Referral Required
66680	REPAIR, IRIS/CILIARY BODY	07/01/2004	$402.40	0.0%	0.0%	N	Referral Required
66682	SUTURE OF IRIS, CILIARY BODY	07/01/2004	$477.56	0.0%	0.0%	N	Referral Required
66700	CILIARY BODY DESTRUCTION; DI	07/01/2004	$406.95	0.0%	0.0%	N	Referral Required
66710	CYCLOPHOTOAGULATION	07/01/2004	$463.80	0.0%	0.0%	N	Referral Required
66720	CILIARY BODY DESTRUCION; CRY	07/01/2004	$447.04	0.0%	0.0%	N	Referral Required
66740	CILIARY BODY DESTRUCTION; CY	07/01/2004	$385.91	0.0%	0.0%	N	Referral Required
66761	IRIDOTOMY	07/01/2004	$331.97	0.0%	0.0%	N	Referral Required
66762	COREOPLASTY	07/01/2004	$350.13	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
66770	DESTRUCTION, LESION, IRIS	07/01/2004	$381.26	0.0%	0.0%	N	Referral Required
66820	DISCISSION, AFTERCATARACT	07/01/2004	$418.14	0.0%	0.0%	N	Referral Required
66821	DISCISSION SECONDARY MEMBRAN	07/01/2004	$212.09	0.0%	0.0%	N	Referral Required
66825	REPOSITION INTRAOCULAR LENS	07/01/2004	$642.36	0.0%	0.0%	N	Referral Required
66830	REMOVAL, AFTERCATARACT	07/01/2004	$527.22	0.0%	0.0%	N	Referral Required
66840	LENS MATERIAL REMOVAL	07/01/2004	$512.18	0.0%	0.0%	N	Referral Required
66850	PHACOFRAGMENTATION, LENS	07/01/2004	$575.26	0.0%	0.0%	N	Referral Required
66852	REMOVAL LENS MATERIAL, PARS	07/01/2004	$621.68	0.0%	0.0%	N	Referral Required
66920	EXTRACTION LENS (CATARACT) I	07/01/2004	$562.95	0.0%	0.0%	N	Referral Required
66930	EXTRACTION LENS (CATARACT) I	07/01/2004	$660.47	0.0%	0.0%	N	Referral Required
66940	EXTRACTION LENS (CATARACT) E	07/01/2004	$597.04	0.0%	0.0%	N	Referral Required
66945	EXTRACTION, LENS	07/01/2004	$1,236.16	0.0%	0.0%	N	Referral Required
66982	EXTRACAPSULAR CATARACT	07/01/2004	$793.20	0.0%	0.0%	N	Referral Required
66983	INTRACAPSULAR CATARACT EXTRA	07/01/2004	$532.73	0.0%	0.0%	N	Referral Required
66984	EXTRA CAPSULAR CATARACT REMO	07/01/2004	$626.72	0.0%	0.0%	N	Referral Required
66985	INSERTION LENS PROSTHESIS SE	07/01/2004	$533.82	0.0%	0.0%	N	Referral Required
66986	EXCHANGE OF INTRAOCULAR LENS	07/01/2004	$733.92	0.0%	0.0%	N	Referral Required
66990	OPHTHALMIC ENDOSCOPE, ADD-ON CODE	07/01/2004	$74.11	0.0%	0.0%	N	Referral Required
67005	REMOVAL VITREOUS ANTERIOR AP	07/01/2004	$296.11	0.0%	0.0%	N	Referral Required
67010	REMOVAL VITREOUS, SUBTOTAL R	07/01/2004	$357.17	0.0%	0.0%	N	Referral Required
67015	ASPIRATION, VITREOUS	07/01/2004	$523.87	0.0%	0.0%	N	Referral Required
67025	INJECTION, VITREOUS SUBSTITU	07/01/2004	$842.07	0.0%	0.0%	N	Referral Required
67027	IMPLANT/REPLACE INTRAVITREAL DRUG	07/01/2004	$886.62	0.0%	0.0%	N	Referral Required
67028	INTRAVITREAL INJ OF A PHARMA	07/01/2004	$480.03	0.0%	0.0%	N	Referral Required
67030	DISCISSION, VITREOUS STRANDS	07/01/2004	$402.24	0.0%	0.0%	N	Referral Required
67031	SEVERING VITREOUS STRANDS ON	07/01/2004	$270.65	0.0%	0.0%	N	Referral Required
67036	VITRECTOMY, MECHANICAL, PARS	07/01/2004	$734.04	0.0%	0.0%	N	Referral Required
67038	VITRECTOMY W/EPIRETINAL MEMB	07/01/2004	$1,291.61	0.0%	0.0%	N	Referral Required
67039	VITRECTOMY W/FOCAL ENDOLASER	07/01/2004	$941.41	0.0%	0.0%	N	Referral Required
67040	VITRECTOMY W/ANDOLASAR PANRE	07/01/2004	$1,083.35	0.0%	0.0%	N	Referral Required
67101	REPAIR RETINAL DETACHMENT 1	07/01/2004	$640.74	0.0%	0.0%	N	Referral Required
67102	REPAIR, RETINAL DETACHMENT	07/01/2004	$1,236.16	0.0%	0.0%	N	Referral Required
67103	REPAIR, RETINAL DETACHMENT	07/01/2004	$1,236.16	0.0%	0.0%	N	Referral Required
67104	REPAIR, RETINAL DETACHMENT	07/01/2004	$1,236.16	0.0%	0.0%	N	Referral Required
67105	REPAIR RETINAL DETACHMENT BY	07/01/2004	$522.73	0.0%	0.0%	N	Referral Required
67106	REPAIR, RETINAL DETACHMENT	07/01/2004	$1,236.16	0.0%	0.0%	N	Referral Required
67107	REPAIR, RETINAL DETACHMENT	07/01/2004	$981.96	0.0%	0.0%	N	Referral Required
67108	REPAIR, RETINAL DETACHMENT	07/01/2004	$1,350.97	0.0%	0.0%	N	Referral Required
67110	RETINAL DETACH BY INJ OF AIR	07/01/2004	$1,027.91	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
67112	REPAIR, RETINAL DETACHMENT	07/01/2004	$1,121.34	0.0%	0.0%	N	Referral Required
67115	RELEASE OF ENCIRCLING MATERI	07/01/2004	$409.53	0.0%	0.0%	N	Referral Required
67120	REMOVAL IMPLANTED MATERIAL P	07/01/2004	$789.27	0.0%	0.0%	N	Referral Required
67121	REMOVAL IMPLANTED MATERIAL P	07/01/2004	$793.11	0.0%	0.0%	N	Referral Required
67141	PROPHYLAXIS RETINAL DETACHME	07/01/2004	$458.56	0.0%	0.0%	N	Referral Required
67142	PROPHYLAXIS RETINAL DETACHMENT	07/01/2004	$573.57	0.0%	0.0%	N	Referral Required
67143	PROPHYLAXIS RETINAL DETACHMENT	07/01/2004	$573.57	0.0%	0.0%	N	Referral Required
67144	PROPHYLAXIS RETINAL DETACHMENT	07/01/2004	$573.57	0.0%	0.0%	N	Referral Required
67145	PROPHYLAXIS, PHOTOCOAGULATIO	07/01/2004	$371.56	0.0%	0.0%	N	Referral Required
67146	PROPHYLAXIS RETINAL DETACHMENT	07/01/2004	$573.57	0.0%	0.0%	N	Referral Required
67208	DESTRUCT LOCALIZED LESION RE	07/01/2004	$523.69	0.0%	0.0%	N	Referral Required
67210	DESTRUCTION OF LOCALIZED LES	07/01/2004	$563.81	0.0%	0.0%	N	Referral Required
67212	DESTRUCTION, LESION, RETINA	07/01/2004	$692.22	0.0%	0.0%	N	Referral Required
67213	DESTRUCTION, LESION, RETINA	07/01/2004	$692.22	0.0%	0.0%	N	Referral Required
67214	DESTRUCTION, LESION, RETINA	07/01/2004	$692.22	0.0%	0.0%	N	Referral Required
67216	DESTRUCTION, LESION, RETINA	07/01/2004	$692.22	0.0%	0.0%	N	Referral Required
67218	DESTRUCITON-RADIATION BY IMP	07/01/2004	$1,201.07	0.0%	0.0%	N	Referral Required
67220	DESTRUCTION LOCALIZED LESION	07/01/2004	$840.09	0.0%	0.0%	N	Referral Required
67221	OCULAR PHOTODYNAMIC	07/01/2004	$301.81	0.0%	0.0%	Y	Referral Required
67222	DESTRUCTION, RETINOPATHIES	07/01/2004	$791.13	0.0%	0.0%	N	Referral Required
67223	DESTRUCTION, RETINOPATHIES	07/01/2004	$791.13	0.0%	0.0%	N	Referral Required
67224	DESTRUCTION, RETINOPATHIES	07/01/2004	$791.13	0.0%	0.0%	N	Referral Required
67225	OCULAR PHOTODYNAMIC THERAPY	07/01/2004	$33.71	0.0%	0.0%	N	Referral Required
67226	DESTRUCTION, RETINOPATHIES	07/01/2004	$791.13	0.0%	0.0%	N	Referral Required
67227	DESTRUCTION EXTENSIVE RETINO	07/01/2004	$541.26	0.0%	0.0%	N	Referral Required
67228	DESTRUCTION RETINOPATHY 1 OR	07/01/2004	$793.13	0.0%	0.0%	N	Referral Required
67250	SCLERAL REINFORCEMENT	07/01/2004	$708.56	0.0%	0.0%	N	Referral Required
67255	SCLERAL REINFORCEMENT	07/01/2004	$717.23	0.0%	0.0%	N	Referral Required
67311	STRABISMUS SURGERY	07/01/2004	$448.43	0.0%	0.0%	N	Referral Required
67312	STRABISMUS SURGERY	07/01/2004	$552.88	0.0%	0.0%	N	Referral Required
67314	ONE VERTICAL MUSCLE/EXCLUDIN	07/01/2004	$498.79	0.0%	0.0%	N	Referral Required
67316	OCULAR ADNEXA TWO OR MORE VE	07/01/2004	$610.86	0.0%	0.0%	N	Referral Required
67318	STRABISMUS	07/01/2004	$524.70	0.0%	0.0%	N	Referral Required
67320	TRANSPOSITION, EYE MUSCLES	07/01/2004	$225.02	0.0%	0.0%	N	Referral Required
67331	STRABISMUS SURGERY	07/01/2004	$213.16	0.0%	0.0%	N	Referral Required
67332	STRABISMUS SURGERY	07/01/2004	$233.18	0.0%	0.0%	N	Referral Required
67334	STRABISMUS SURG BY POSTERIOR	07/01/2004	$206.22	0.0%	0.0%	N	Referral Required
67335	OCULAR ADNEXA ADJ SUTURO TEC	07/01/2004	$129.39	0.0%	0.0%	N	Referral Required
67340	STRABISMUS SURG W/EXPLOR AND	07/01/2004	$257.14	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
67343	RELEASE EXTENSIVE SCAR TISSU	07/01/2004	$503.18	0.0%	0.0%	N	Referral Required
67345	CHEMODENERVATION OF EXTRA OC	07/01/2004	$252.88	0.0%	0.0%	N	Referral Required
67350	BIOPSY, EXTRAOCULAR MUSCLE	07/01/2004	$169.18	0.0%	0.0%	N	Referral Required
67400	ORBITOTOMY	07/01/2004	$805.96	0.0%	0.0%	N	Referral Required
67405	ORBITOTOMY	07/01/2004	$697.63	0.0%	0.0%	N	Referral Required
67412	ORBITOTOMY	07/01/2004	$867.07	0.0%	0.0%	N	Referral Required
67413	ORBITOTOMY	07/01/2004	$812.85	0.0%	0.0%	N	Referral Required
67414	ORBITOTOMY WO/BONE FLAP W/RE	07/01/2004	$954.94	0.0%	0.0%	N	Referral Required
67415	BIOPSY, ORBIT	07/01/2004	$90.23	0.0%	0.0%	N	Referral Required
67420	ORBITOTOMY	07/01/2004	$1,405.51	0.0%	0.0%	N	Referral Required
67430	ORBITOTOMY	07/01/2004	$1,092.46	0.0%	0.0%	N	Referral Required
67440	ORBITOTOMY	07/01/2004	$1,076.26	0.0%	0.0%	N	Referral Required
67445	ORBITOTOMY W/REMOVAL OF BONE	07/01/2004	$1,116.59	0.0%	0.0%	N	Referral Required
67450	ORBITOTOMY	07/01/2004	$1,060.82	0.0%	0.0%	N	Referral Required
67500	INJECTION, ORBIT	07/01/2004	$59.76	0.0%	0.0%	N	Referral Required
67505	INJECTION, ORBIT	07/01/2004	$60.82	0.0%	0.0%	N	Referral Required
67510	ORBITOGRAPHY INJECTION PROC	07/01/2004	$54.40	0.0%	0.0%	N	Referral Required
67515	INJECTION, TENONS CAPSULE	07/01/2004	$50.06	0.0%	0.0%	N	Referral Required
67550	INSERTION, ORBITAL IMPLANT	07/01/2004	$813.39	0.0%	0.0%	N	Referral Required
67560	REVISION, ORBITAL IMPLANT	07/01/2004	$825.11	0.0%	0.0%	N	Referral Required
67570	OPTIC NERVE DECOMPRESSION	07/01/2004	$1,070.59	0.0%	0.0%	N	Referral Required
67700	BLEPHAROTOMY	07/01/2004	$303.28	0.0%	0.0%	N	Referral Required
67710	SEVERING TARSORRHAPHY	07/01/2004	$295.10	0.0%	0.0%	N	Referral Required
67715	CANTHOTOMY	07/01/2004	$63.48	0.0%	0.0%	N	Referral Required
67800	EXCISION, CHALAZION	07/01/2004	$137.14	0.0%	0.0%	N	Referral Required
67801	EXCISION, CHALAZION	07/01/2004	$336.48	0.0%	0.0%	N	Referral Required
67805	EXCISION, CHALAZION	07/01/2004	$354.60	0.0%	0.0%	N	Referral Required
67808	EXCISION, CHALAZION	07/01/2004	$279.54	0.0%	0.0%	N	Referral Required
67810	BIOPSY, EYELID	07/01/2004	$225.11	0.0%	0.0%	N	Referral Required
67820	TRICHIASIS CORRECTION	07/01/2004	$98.18	0.0%	0.0%	N	Referral Required
67825	TRICHIASIS CORRECTION	07/01/2004	$235.90	0.0%	0.0%	N	Referral Required
67830	TRICHIASIS CORRECTION	07/01/2004	$438.11	0.0%	0.0%	N	Referral Required
67835	TRICHIASIS CORRECTION	07/01/2004	$361.22	0.0%	0.0%	N	Referral Required
67840	EXCISION, LESION, LID MARGIN	07/01/2004	$340.86	0.0%	0.0%	N	Referral Required
67850	DESTRUCTION LESION, LID MARG	07/01/2004	$347.81	0.0%	0.0%	N	Referral Required
67875	TEMPORARY CLOSURE OF EYELIDS	07/01/2004	$427.78	0.0%	0.0%	N	Referral Required
67880	TARSORRHAPHY	07/01/2004	$554.12	0.0%	0.0%	N	Referral Required
67882	TARSORRHAPHY	07/01/2004	$686.51	0.0%	0.0%	N	Referral Required
67900	REPAIR OF BROW PTOSIS	07/01/2004	$591.55	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
67901	REPAIR, BLEPHAROPTOSIS	07/01/2004	$488.75	0.0%	0.0%	N	Referral Required
67902	REPAIR, BLEPHAROPTOSIS	07/01/2004	$489.62	0.0%	0.0%	N	Referral Required
67903	REPAIR, BLEPHAROPTOSIS	07/01/2004	$582.81	0.0%	0.0%	N	Referral Required
67904	REPAIR, BLEPHAROPTOSIS	07/01/2004	$715.03	0.0%	0.0%	N	Referral Required
67906	REPAIR, BLEPHAROPTOSIS	07/01/2004	$571.87	0.0%	0.0%	N	Referral Required
67908	REPAIR, BLEPHAROPTOSIS	07/01/2004	$500.39	0.0%	0.0%	N	Referral Required
67909	REDUCTION OVERCORRECTED PTOS	07/01/2004	$528.83	0.0%	0.0%	N	Referral Required
67911	CORRECTION, LID RETRACTION	07/01/2004	$416.95	0.0%	0.0%	N	Referral Required
67912	CORRECTION LID RETRACTION	07/01/2004	$850.91	0.0%	0.0%	N	Referral Required
67914	ECTROPION REPAIR	07/01/2004	$564.52	0.0%	0.0%	N	Referral Required
67915	ECTROPION REPAIR	07/01/2004	$497.64	0.0%	0.0%	N	Referral Required
67916	ECTROPION REPAIR	07/01/2004	$755.19	0.0%	0.0%	N	Referral Required
67917	ECTROPION REPAIR	07/01/2004	$564.87	0.0%	0.0%	N	Referral Required
67921	ENTROPION REPAIR	07/01/2004	$545.08	0.0%	0.0%	N	Referral Required
67922	THERMO COUTERIZATION	07/01/2004	$493.38	0.0%	0.0%	N	Referral Required
67923	ENTROPION REPAIR	07/01/2004	$745.49	0.0%	0.0%	N	Referral Required
67924	ENTROPION REPAIR	07/01/2004	$534.82	0.0%	0.0%	N	Referral Required
67930	SUTURE, EYELID WOUND	07/01/2004	$538.75	0.0%	0.0%	N	Referral Required
67935	SUTURE, EYELID WOUND	07/01/2004	$751.64	0.0%	0.0%	N	Referral Required
67938	REMOVAL, FOREIGN BODY, EYELI	07/01/2004	$362.86	0.0%	0.0%	N	Referral Required
67950	CANTHOPLASTY	07/01/2004	$505.88	0.0%	0.0%	N	Referral Required
67961	EXCISION & REPAIR, EYELID	07/01/2004	$512.91	0.0%	0.0%	N	Referral Required
67966	EXCISION & REPAIR, EYELID	07/01/2004	$533.07	0.0%	0.0%	N	Referral Required
67971	RECONSTRUCTION, EYELID	07/01/2004	$611.28	0.0%	0.0%	N	Referral Required
67973	RECONSTRUCTION, EYELID	07/01/2004	$792.23	0.0%	0.0%	N	Referral Required
67974	RECONSTRUCTION, EYELID	07/01/2004	$787.65	0.0%	0.0%	N	Referral Required
67975	RECONSTRUCTION, EYELID	07/01/2004	$576.02	0.0%	0.0%	N	Referral Required
68020	DRAINAGE, CYST, CONJUNCTIVA	07/01/2004	$303.66	0.0%	0.0%	N	Referral Required
68040	EXPRESSN FOLLICLES CONJUNCTI	07/01/2004	$281.05	0.0%	0.0%	N	Referral Required
68100	BIOPSY, CONJUNCTIVA	07/01/2004	$307.51	0.0%	0.0%	N	Referral Required
68110	EXCISION, LESION, CONJUNCTIV	07/01/2004	$356.83	0.0%	0.0%	N	Referral Required
68115	EXCISION, LESION, CONJUNCTIV	07/01/2004	$361.72	0.0%	0.0%	N	Referral Required
68130	EXCISION, LESION, CONJUNCTIV	07/01/2004	$256.15	0.0%	0.0%	N	Referral Required
68135	DESTRUCTION LESION CONJUNCTI	07/01/2004	$334.88	0.0%	0.0%	N	Referral Required
68200	INJECTION, SUBCONJUNCTIVA	07/01/2004	$42.55	0.0%	0.0%	N	Referral Required
68320	CONJUNCTIVOPLASTY	07/01/2004	$381.99	0.0%	0.0%	N	Referral Required
68325	CONJUNCTIVOPLASTY	07/01/2004	$473.23	0.0%	0.0%	N	Referral Required
68326	CONJUNCTIVOPLASTY	07/01/2004	$463.49	0.0%	0.0%	N	Referral Required
68328	CONJUNCTIVOPLASTY	07/01/2004	$528.30	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
68330	CONJUNCTIVOPLASTY	07/01/2004	$414.27	0.0%	0.0%	N	Referral Required
68335	CONJUNCTIVOPLASTY	07/01/2004	$445.82	0.0%	0.0%	N	Referral Required
68340	DIVISION SYMBLEPHARON W/WO I	07/01/2004	$668.48	0.0%	0.0%	N	Referral Required
68360	CONJUNCTIVAL FLAP	07/01/2004	$378.99	0.0%	0.0%	N	Referral Required
68362	CONJUNCTIVAL FLAP	07/01/2004	$527.41	0.0%	0.0%	N	Referral Required
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT	07/01/2004	$318.72	0.0%	0.0%	N	Referral Required
68400	DRAINAGE, LACRIMAL GLAND	07/01/2004	$435.47	0.0%	0.0%	N	Referral Required
68420	DACRYOCYSTOSTOMY	07/01/2004	$471.06	0.0%	0.0%	N	Referral Required
68440	INCISION, LACRIMAL PUNCTUM	07/01/2004	$290.30	0.0%	0.0%	N	Referral Required
68500	EXCISION, LACRIMAL GLAND	07/01/2004	$699.99	0.0%	0.0%	N	Referral Required
68505	EXCISION, LACRIMAL GLAND	07/01/2004	$735.05	0.0%	0.0%	N	Referral Required
68510	BIOPSY, LACRIMAL GLAND	07/01/2004	$593.86	0.0%	0.0%	N	Referral Required
68520	EXCISION, LACRIMAL SAC	07/01/2004	$516.26	0.0%	0.0%	N	Referral Required
68525	BIOPSY, LACRIMAL SAC	07/01/2004	$230.72	0.0%	0.0%	N	Referral Required
68530	REMOVAL FB/DACRYOLITHA, LACR	07/01/2004	$632.58	0.0%	0.0%	N	Referral Required
68540	EXCISION, TUMOR LACRIMAL GLA	07/01/2004	$702.05	0.0%	0.0%	N	Referral Required
68550	EXCISION, TUMOR LACRIMAL GLA	07/01/2004	$825.31	0.0%	0.0%	N	Referral Required
68700	PLASTIC REPAIR, CANALICULI	07/01/2004	$463.28	0.0%	0.0%	N	Referral Required
68705	CORRECTION, EVERTED PUNCTUM	07/01/2004	$346.13	0.0%	0.0%	N	Referral Required
68720	DACRYOCYSTORHINOSTOMY	07/01/2004	$587.26	0.0%	0.0%	N	Referral Required
68745	CONJUNCTIVO-RHINOSTOMY	07/01/2004	$568.36	0.0%	0.0%	N	Referral Required
68750	CONJUNCTIVO-RHINOSTOMY	07/01/2004	$590.10	0.0%	0.0%	N	Referral Required
68760	CLOSURE, LACRIMAL PUNCTUM	07/01/2004	$283.38	0.0%	0.0%	N	Referral Required
68761	CLOSURE LACRIMAL PUNCTUM BY	07/01/2004	$150.12	0.0%	0.0%	N	Referral Required
68770	CLOSURE, FISTULA, LACRIMAL S	07/01/2004	$832.67	0.0%	0.0%	N	Referral Required
68801	DIALATION OF LACRIMAL PUNCTU	07/01/2004	$62.80	0.0%	0.0%	N	Referral Required
68810	PROBING OF NASOLACRINAL DUCT	07/01/2004	$149.78	0.0%	0.0%	N	Referral Required
68811	PROBING-NASOLACRIMAL DUCT RE	07/01/2004	$165.48	0.0%	0.0%	N	Referral Required
68815	PROBING-NASOLACRIMAL DUCT W/	07/01/2004	$575.13	0.0%	0.0%	N	Referral Required
68840	PROBING, CANALICULI	07/01/2004	$98.11	0.0%	0.0%	N	Referral Required
68850	DACRYOCYSTOGRAPHY, INJ PROC	07/01/2004	$527.31	0.0%	0.0%	N	Referral Required
69000	DRAINAGE, ABSCESS, EAR	07/01/2004	$123.09	0.0%	0.0%	N	Referral Required
69005	DRAINAGE, ABSCESS, EAR	07/01/2004	$161.00	0.0%	0.0%	N	Referral Required
69020	ABSCESS, AUDITORY CANAL	07/01/2004	$127.92	0.0%	0.0%	N	Referral Required
69100	BIOPSY, EAR	07/01/2004	$76.44	0.0%	0.0%	N	Referral Required
69105	BIOPSY, AUDITORY CANAL	07/01/2004	$80.50	0.0%	0.0%	N	Referral Required
69110	EXCISION, EAR	07/01/2004	$240.01	0.0%	0.0%	N	Referral Required
69120	EXCISION, EAR	07/01/2004	$302.07	0.0%	0.0%	N	Referral Required
69140	EXOSTOSIS, AUDITORY CANAL	07/01/2004	$561.93	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
69145	EXCISION LESION AUDITORY CAN	07/01/2004	$207.51	0.0%	0.0%	N	Referral Required
69150	EXCISION LESION AUDITORY CAN	07/01/2004	$867.56	0.0%	0.0%	N	Referral Required
69155	EXCISION LESION AUDITORY CAN	07/01/2004	$1,296.46	0.0%	0.0%	N	Referral Required
69200	FOREIGN BODY, AUDITORY CANAL	07/01/2004	$75.53	0.0%	0.0%	N	Referral Required
69205	FOREIGN BODY, AUDITORY CANAL	07/01/2004	$95.77	0.0%	0.0%	N	Referral Required
69210	REMOVAL, CERUMEN, IMPACTED	07/01/2004	$41.63	0.0%	0.0%	N	Referral Required
69220	DEBRIDEMENT, MASTOIDECTOMY C	07/01/2004	$80.45	0.0%	0.0%	N	Referral Required
69222	DEBRIDEMENT, MASTOIDECTOMY C	07/01/2004	$124.57	0.0%	0.0%	N	Referral Required
69310	RECONSTRUCTION OF EXTERNAL A	07/01/2004	$718.74	0.0%	0.0%	N	Referral Required
69320	RECONSTRUCTION, AUDITORY CAN	07/01/2004	$1,072.67	0.0%	0.0%	N	Referral Required
69400	EUSTACHIAN TUBE INFLATION	07/01/2004	$79.80	0.0%	0.0%	N	Referral Required
69401	EUSTACHIAN TUBE INFLATION	07/01/2004	$69.07	0.0%	0.0%	N	Referral Required
69405	EUSTACHIAN TUBE CATHETERIZAT	07/01/2004	$197.43	0.0%	0.0%	N	Referral Required
69410	FOCAL APPLICATION MIDDLE EAR	07/01/2004	$57.40	0.0%	0.0%	N	Referral Required
69420	MYRINGOTOMY	07/01/2004	$125.67	0.0%	0.0%	N	Referral Required
69421	MYRINGOTOMY INCLUDING ASPIRA	07/01/2004	$147.92	0.0%	0.0%	N	Referral Required
69424	VENTILATING TUBE REMOVAL UNI	07/01/2004	$86.05	0.0%	0.0%	N	Referral Required
69433	TYMPANOSTOMY	07/01/2004	$131.62	0.0%	0.0%	N	Referral Required
69436	TYMPANOSTOMY GENERAL ANESTHE	07/01/2004	$139.00	0.0%	0.0%	N	Referral Required
69440	EXPLORATION, MIDDLE EAR	07/01/2004	$520.12	0.0%	0.0%	N	Referral Required
69450	TYMPANALYSIS, TRANSCANAL	07/01/2004	$406.42	0.0%	0.0%	N	Referral Required
69480	REVISION FENESTRATION OPERATION	07/01/2004	$113.51	0.0%	0.0%	N	Referral Required
69501	TRANSMASTOID ANTROTOMY	07/01/2004	$602.00	0.0%	0.0%	N	Referral Required
69502	MASTOIDECTOMY	07/01/2004	$807.50	0.0%	0.0%	N	Referral Required
69505	MASTOIDECTOMY	07/01/2004	$834.83	0.0%	0.0%	N	Referral Required
69511	MASTOIDECTOMY	07/01/2004	$871.02	0.0%	0.0%	N	Referral Required
69530	PETROUS APICECTOMY	07/01/2004	$1,196.67	0.0%	0.0%	N	Referral Required
69535	RESECTION, TEMPORAL BONE	07/01/2004	$2,150.23	0.0%	0.0%	N	Referral Required
69540	EXCISION, AURAL POLYP	07/01/2004	$118.26	0.0%	0.0%	N	Referral Required
69550	EXCISION, AURAL GLOMUS TUMOR	07/01/2004	$729.98	0.0%	0.0%	N	Referral Required
69552	EXCISION, AURAL GLOMUS TUMOR	07/01/2004	$1,198.85	0.0%	0.0%	N	Referral Required
69554	EXCISION, AURAL GLOMUS TUMOR	07/01/2004	$1,930.57	0.0%	0.0%	N	Referral Required
69601	REVISION MASTOIDECTOMY	07/01/2004	$877.28	0.0%	0.0%	N	Referral Required
69602	REVISION MASTOIDECTOMY	07/01/2004	$876.04	0.0%	0.0%	N	Referral Required
69603	REVISION MASTOIDECTOMY	07/01/2004	$900.91	0.0%	0.0%	N	Referral Required
69604	REVISION MASTOIDECTOMY, RESU	07/01/2004	$899.25	0.0%	0.0%	N	Referral Required
69605	REVISION MASTOIDECTOMY	07/01/2004	$1,148.77	0.0%	0.0%	N	Referral Required
69610	REPAIR OF EARDRUM	07/01/2004	$302.21	0.0%	0.0%	N	Referral Required
69620	MYRINGOPLASTY	07/01/2004	$441.43	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
69631	TYMPANOPLASTY	07/01/2004	$668.59	0.0%	0.0%	N	Referral Required
69632	TYMPANOPLASTY	07/01/2004	$851.51	0.0%	0.0%	N	Referral Required
69633	TYMPANOPLASTY W/OSSICULAR RE	07/01/2004	$815.44	0.0%	0.0%	N	Referral Required
69635	TYMPANOPLASTY	07/01/2004	$861.31	0.0%	0.0%	N	Referral Required
69636	TYMPANOPLASTY	07/01/2004	$991.43	0.0%	0.0%	N	Referral Required
69637	TYMPANOPLASTY WITH OSSICULAR	07/01/2004	$985.05	0.0%	0.0%	N	Referral Required
69641	TYMPANOPLASTY	07/01/2004	$828.25	0.0%	0.0%	N	Referral Required
69642	TYMPANOPLASTY	07/01/2004	$1,081.30	0.0%	0.0%	N	Referral Required
69643	TYMPANOPLASTY	07/01/2004	$995.49	0.0%	0.0%	N	Referral Required
69644	TYMPANOPLASTY	07/01/2004	$1,088.05	0.0%	0.0%	N	Referral Required
69645	TYMPANOPLASTY	07/01/2004	$1,051.88	0.0%	0.0%	N	Referral Required
69646	TYMPANOPLASTY	07/01/2004	$1,145.45	0.0%	0.0%	N	Referral Required
69650	STAPES MOBILIZATION	07/01/2004	$633.61	0.0%	0.0%	N	Referral Required
69660	STAPEDECTOMY	07/01/2004	$759.45	0.0%	0.0%	N	Referral Required
69661	STAPEDECTOMY/OTOMY W/FOOTPLA	07/01/2004	$990.89	0.0%	0.0%	N	Referral Required
69662	REVISION OF STAPEDECTOMY OR	07/01/2004	$977.59	0.0%	0.0%	N	Referral Required
69666	REPAIR, FISTULA, OVAL WINDOW	07/01/2004	$640.71	0.0%	0.0%	N	Referral Required
69667	REPAIR, FISTULA, ROUND WINDO	07/01/2004	$639.52	0.0%	0.0%	N	Referral Required
69670	MASTOID OBLITERATION	07/01/2004	$760.80	0.0%	0.0%	N	Referral Required
69676	TYMPANIC NEURECTOMY	07/01/2004	$648.69	0.0%	0.0%	N	Referral Required
69700	CLOSURE, POST AURICULAR	07/01/2004	$490.47	0.0%	0.0%	N	Referral Required
69711	REMOVAL/REPAIR ELECTROMAGNET	07/01/2004	$695.73	0.0%	0.0%	N	Referral Required
69714	OSSEOINTEGRATED INPLANT	07/01/2004	$891.59	0.0%	0.0%	N	Referral Required
69715	OSSEOINTEGRATED IMPLANT	07/01/2004	$1,130.36	0.0%	0.0%	N	Referral Required
69717	OSSEOINTEGRATED IMPLANT	07/01/2004	$925.40	0.0%	0.0%	N	Referral Required
69718	OSSEOINTEGRATED IMPLANT	07/01/2004	$1,144.50	0.0%	0.0%	N	Referral Required
69720	DECOMPRESSION, FACIAL NERVE	07/01/2004	$948.48	0.0%	0.0%	N	Referral Required
69725	DECOMPRESS FACIAL NERVE INC	07/01/2004	$1,519.82	0.0%	0.0%	N	Referral Required
69740	SUTURE, FACIAL NERVE	07/01/2004	$942.88	0.0%	0.0%	N	Referral Required
69745	SUTURE FACIAL NERVE INC MEDI	07/01/2004	$1,028.34	0.0%	0.0%	N	Referral Required
69801	LABYRINTHOTOMY	07/01/2004	$574.49	0.0%	0.0%	N	Referral Required
69802	LABYRINTHOTOMY	07/01/2004	$852.57	0.0%	0.0%	N	Referral Required
69805	ENDOLYMPHATIC SAC OPERATION	07/01/2004	$864.25	0.0%	0.0%	N	Referral Required
69806	ENDOLYMPHATIC SAC OPERATION	07/01/2004	$807.09	0.0%	0.0%	N	Referral Required
69820	FENESTRATION SEMICIRCULAR CN	07/01/2004	$665.54	0.0%	0.0%	N	Referral Required
69840	REV, FENESTRATION, INNER EAR	07/01/2004	$669.50	0.0%	0.0%	N	Referral Required
69905	LABYRINTHECTOMY	07/01/2004	$732.36	0.0%	0.0%	N	Referral Required
69910	LABYRINTHECTOMY	07/01/2004	$873.57	0.0%	0.0%	N	Referral Required
69915	VESTIBULAR NERVE SECTION	07/01/2004	$1,299.89	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
69930	COCHLEAR DEVICE IMPLANT; W/W	07/01/2004	$1,040.65	0.0%	0.0%	Y	Referral Required
69949	UNLISTED PROCEDURE, INNER EA	07/01/2004	$89.00	0.0%	0.0%	N	Referral Required
69950	TRANSECTION, VESTIBULAR NERV	07/01/2004	$1,508.57	0.0%	0.0%	N	Referral Required
69955	FACIAL NERVE DECOMPRESSION	07/01/2004	$1,594.48	0.0%	0.0%	N	Referral Required
69960	DECOMPRESSION, AUDITORY CANA	07/01/2004	$1,604.73	0.0%	0.0%	N	Referral Required
69970	REMOVAL, TUMOR, TEMPORAL BON	07/01/2004	$1,733.10	0.0%	0.0%	N	Referral Required
69990	USE OF OPERATING MICROSCOPE	07/01/2004	$194.49	0.0%	0.0%	N	Referral Required
70010	MYELOGRAPHY,POSTERIOR FOSSA,	07/01/2003	$190.14	71.0%	29.0%	N	Referral Required
70015	CISTERNOGRAPHY POSITIVE CONT	07/01/2003	$98.05	43.0%	57.0%	N	Referral Required
70030	RADIOLOGICAL EYE EXAM-FOREIG	02/03/2002	$20.80	62.0%	38.0%	N	Referral Required
70100	MANDIBLE X-RAYS	02/03/2002	$24.65	66.0%	34.0%	N	Referral Required
70110	MANDIBLE X-RAYS	02/03/2002	$31.09	62.0%	38.0%	N	Referral Required
70120	MASTOID X-RAY EXAM, LESS THA	02/03/2002	$27.70	70.0%	30.0%	N	Referral Required
70130	MASTOID X-RAY EXAM COMPLETE,	02/03/2002	$40.14	61.0%	39.0%	N	Referral Required
70134	AUDITORY MEATUSES X-RAY	02/03/2002	$38.87	60.0%	40.0%	N	Referral Required
70140	FACIAL BONE X-RAY	02/03/2002	$28.37	69.0%	31.0%	N	Referral Required
70150	FACIAL BONE X-RAY	02/03/2002	$36.40	67.0%	33.0%	N	Referral Required
70160	NASAL BONE X-RAY	02/03/2002	$24.31	68.0%	32.0%	N	Referral Required
70170	DACRYOCYSTOGRAPHY NASOLOCRIM	07/01/2002	$43.72	68.0%	32.0%	N	Referral Required
70190	X-RAY EXAM, OPTIC FORAMINA;	07/01/2003	$29.07	67.0%	33.0%	N	Referral Required
70200	RADIOLOGIC EXAMINATION, ORBI	02/03/2002	$37.42	65.0%	35.0%	N	Referral Required
70210	PARANASAL SINUS X-RAY	02/03/2002	$27.36	71.0%	29.0%	N	Referral Required
70220	PARANASAL SINUS X-RAY	02/03/2002	$36.06	68.0%	32.0%	N	Referral Required
70240	SELLA TURCICA X-RAY	02/03/2002	$21.81	60.0%	40.0%	N	Referral Required
70250	SKULL X-RAY	02/03/2002	$30.43	64.0%	36.0%	N	Referral Required
70260	SKULL X-RAY	02/03/2002	$43.51	64.0%	36.0%	N	Referral Required
70300	DENTAL X-RAYS	02/03/2002	$13.26	63.0%	37.0%	N	Referral Required
70310	DENTAL X-RAYS	02/03/2002	$20.77	65.0%	35.0%	N	Referral Required
70320	DENTAL X-RAYS	02/03/2002	$34.70	70.0%	30.0%	N	Referral Required
70328	X-RAY, TMJ, OPEN AND CLOSED	02/03/2002	$23.70	65.0%	35.0%	N	Referral Required
70330	TEMPORAMANDIBULAR JOINTS X-R	02/03/2002	$37.30	70.0%	30.0%	N	Referral Required
70332	TMJ ARTHROGRAPHY, S&I; UNILA	02/03/2002	$90.45	67.0%	33.0%	N	Referral Required
70336	MRI, TMJ; UNILATERAL	07/01/2003	$417.42	89.0%	11.0%	N	Referral Required
70350	ORTHODONTIC X-RAY	02/03/2002	$19.84	59.0%	41.0%	N	Referral Required
70355	PALATE X-RAY	02/03/2002	$27.12	66.0%	34.0%	N	Referral Required
70360	NECK/SOFT TISSUE/ X-RAY	02/03/2002	$20.80	62.0%	38.0%	N	Referral Required
70370	X-RAY LARYNX OR PHARYNX	02/03/2002	$55.43	73.0%	27.0%	N	Referral Required
70371	COMPLEX DYNAMIC SPEECH EVALU	02/03/2002	$104.74	62.0%	38.0%	N	Referral Required
70373	LARYNGOGRAPHY,CONTRAST, SUPE	07/01/2002	$75.95	73.0%	27.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
70380	SALIVARY GLAND X-RAY	02/03/2002	$28.63	73.0%	27.0%	N	Referral Required
70390	SIALOGRAPHY, SUPERIVISION AN	07/01/2003	$73.23	76.0%	24.0%	N	Referral Required
70450	COMPUTORIZED AXIAL TOMOGRAPH	02/03/2002	$186.48	79.0%	21.0%	N	Referral Required
70460	WITH CONTRAST MATERIAL(S)	02/03/2002	$228.68	79.0%	21.0%	N	Referral Required
70470	WITHOUT IV CONTRAST FOLLOWED	02/03/2002	$279.13	79.0%	21.0%	N	Referral Required
70480	COMPUTERIZED AXIAL TOMOGRAPH	02/03/2002	$206.56	71.0%	29.0%	N	Referral Required
70481	WIHT CONTRAST MATERIAL(S)	02/03/2002	$240.10	73.0%	27.0%	N	Referral Required
70482	WITHOUT CONTRAST MATERIAL FO	02/03/2002	$287.30	76.0%	24.0%	N	Referral Required
70486	COMPUTERIZED AXIAL TOMOGRAPH	02/03/2002	$199.92	73.0%	27.0%	N	Referral Required
70487	WITH CONTRAST MATERIAL(S)	02/03/2002	$236.68	74.0%	26.0%	N	Referral Required
70488	WITHOUT CONTRAST MATERIAL FO	02/03/2002	$285.94	77.0%	23.0%	N	Referral Required
70490	COMPUTERIZED AXIAL TOMOGRAPH	02/03/2002	$206.56	71.0%	29.0%	N	Referral Required
70491	WITH CONTRAST MATERIAL(S)	02/03/2002	$240.10	73.0%	27.0%	N	Referral Required
70492	WITHOUT CONTRAST MATERIAL FO	02/03/2002	$287.30	76.0%	24.0%	N	Referral Required
70496	CT ANGIOGRAPHY HEAD	02/03/2002	$307.21	75.0%	25.0%	N	Referral Required
70498	CT ANGIOGRAPHY NECK	02/03/2002	$307.21	75.0%	25.0%	N	Referral Required
70540	MRI;ORBIT, FACE, AND NECK	02/03/2002	$407.71	83.0%	17.0%	N	Referral Required
70542	MRI ORBIT FACE AND NECK	02/03/2002	$489.33	89.0%	11.0%	N	Referral Required
70543	MRI ORBIT FACE AND NECK	02/03/2002	$866.40	92.0%	8.0%	N	Referral Required
70544	MRA HEAD W/O CONTRAST MATERIAL(S)	02/03/2002	$404.14	87.0%	13.0%	N	Referral Required
70545	MRA HEAD WITH CONTRAST MATERIAL(S)	02/03/2002	$404.14	87.0%	13.0%	N	Referral Required
70546	MRA HEAD CODE W/O CONTRAST	02/03/2002	$771.87	90.0%	10.0%	N	Referral Required
70547	MRA NECK W/O CONTRAST MATERIAL(S)	02/03/2002	$404.14	87.0%	13.0%	N	Referral Required
70548	MRA NECK WITH CONTRAST MATERIAL(S)	02/03/2002	$404.14	87.0%	13.0%	N	Referral Required
70549	MRA NECK W/O CONTRAST MATERIAL(S)	02/03/2002	$771.87	90.0%	10.0%	N	Referral Required
70551	MRI, BRAIN	02/03/2002	$417.42	83.0%	17.0%	N	Referral Required
70552	MRI BRAIN WITH CONTRAST MATE	02/03/2002	$501.08	83.0%	17.0%	N	Referral Required
70553	MRI BRAIN W/O CONTRAST FOLLO	02/03/2002	$883.81	82.0%	18.0%	N	Referral Required
70557	MRA BRAIN INCL BRAIN STEM & SKULL	01/01/2004	$915.05	86.0%	14.0%	N	Referral Required
70558	MRA W/CONTRAST MATERIAL(S)	01/01/2004	$142.67	0.0%	100.0%	N	Referral Required
70559	MRA NECK W/O CONTRAST MATERIALS	01/01/2004	$143.01	0.0%	100.0%	N	Referral Required
71010	CHEST X-RAYS	02/03/2002	$23.06	64.0%	36.0%	N	Referral Required
71015	X-RAY CHEST,STEREO, POSTEROA	02/03/2002	$26.02	63.0%	37.0%	N	Referral Required
71020	CHEST X-RAYS	02/03/2002	$29.73	66.0%	34.0%	N	Referral Required
71021	CHEST X-RAYS	02/03/2002	$35.48	65.0%	35.0%	N	Referral Required
71022	X-RAY CHEST OBLIQUE PROJECTI	07/01/2003	$37.68	62.0%	38.0%	N	Referral Required
71023	RAD EXAM CHEST W/FLUOROSCOPY	02/03/2002	$42.35	58.0%	42.0%	N	Referral Required
71030	CHEST X-RAYS	02/03/2002	$38.78	63.0%	37.0%	N	Referral Required
71034	CHEST X-RAYS	07/01/2003	$66.72	67.0%	33.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
71035	X-RAY CHEST, SPECIAL STUDIES	07/01/2003	$24.65	66.0%	34.0%	N	Referral Required
71040	BRONCHOGRAPHY UNILATERAL S&I	07/01/2003	$72.66	62.0%	38.0%	N	Referral Required
71060	BRONCHOGRAPHY BILATERAL, S &	07/01/2002	$103.18	66.0%	34.0%	N	Referral Required
71090	PACEMAKER INSERT/FLURO S&I	07/01/2003	$78.79	67.0%	33.0%	N	Referral Required
71100	RIB X-RAYS	02/03/2002	$28.14	64.0%	36.0%	N	Referral Required
71101	XRAY,RIBS,UNILATERAL,INCLUDE	02/03/2002	$33.06	62.0%	38.0%	N	Referral Required
71110	RIB X-RAYS	02/03/2002	$36.75	66.0%	34.0%	N	Referral Required
71111	XRAY RIBS BILATERAL	02/03/2002	$42.50	65.0%	35.0%	N	Referral Required
71120	STERNUM X-RAYS	02/03/2002	$29.68	69.0%	31.0%	N	Referral Required
71130	STERNOCLAVICULAR JOINT X-RAY	02/03/2002	$32.28	69.0%	31.0%	N	Referral Required
71250	COMPUTERIZED AXIAL TOMOGRAPH	07/01/2003	$237.88	77.0%	23.0%	N	Referral Required
71260	WITH CONTRAST MATERIAL(S)	07/01/2003	$277.27	78.0%	22.0%	N	Referral Required
71270	WITHOUT CONTRAST MATERIAL FO	07/01/2003	$339.07	81.0%	19.0%	N	Referral Required
71275	CT ANGIOGRAPHY OF CHEST	02/03/2002	$366.00	84.0%	16.0%	N	Referral Required
71550	MAGNETIC RESONANCE IMAGING,	02/03/2002	$413.70	82.0%	18.0%	N	Referral Required
71551	MRI CHEST WITH CONTRAST MATERIALS	02/03/2002	$495.01	84.0%	16.0%	N	Referral Required
71552	MRI CHEST W/O CONTRAST MATERIAL(S)	02/03/2002	$869.16	91.0%	9.0%	N	Referral Required
71555	MAGNETIC RESONANCE ANGIOGRAP	07/01/2003	$432.89	81.0%	19.0%	N	Referral Required
72010	SPINE X-RAYS	02/03/2002	$53.11	60.0%	40.0%	N	Referral Required
72020	SPINE X-RAYS	02/03/2002	$19.78	65.0%	35.0%	N	Referral Required
72040	CERVICAL X-RAYS	02/03/2002	$29.09	65.0%	35.0%	N	Referral Required
72050	CERVICAL X-RAYS	02/03/2002	$42.33	66.0%	34.0%	N	Referral Required
72052	CERVICAL X-RAYS	02/03/2002	$52.04	68.0%	32.0%	N	Referral Required
72069	RADIOLOGIC EXAM, SPINE, THOR	02/03/2002	$26.22	61.0%	39.0%	N	Referral Required
72070	THORACIC X-RAYS	02/03/2002	$30.69	67.0%	33.0%	N	Referral Required
72072	X-RAY SPINE,THORACIC,AP AND	02/03/2002	$33.42	70.0%	30.0%	N	Referral Required
72074	XRYA THORACIC COMPLETE INCLU	02/03/2002	$38.70	74.0%	26.0%	N	Referral Required
72080	THORACO-LUMBAR X-RAYS	02/03/2002	$31.19	68.0%	32.0%	N	Referral Required
72090	SCOLIOSIS STUDY	02/03/2002	$33.91	62.0%	38.0%	N	Referral Required
72100	LUMBAR X-RAYS	02/03/2002	$31.19	68.0%	32.0%	N	Referral Required
72110	LUMBOSACRAL X-RAYS	02/03/2002	$42.97	67.0%	33.0%	N	Referral Required
72114	LUMBOSACRAL X-RAYS	02/03/2002	$54.13	69.0%	31.0%	N	Referral Required
72120	SPINE X-RAYS	02/03/2002	$38.24	74.0%	26.0%	N	Referral Required
72125	COMPUTERIZED AXIAL TOMOGRAPH	07/01/2003	$237.88	79.0%	21.0%	N	Referral Required
72126	WITH CONTRAST MATERIAL	07/01/2003	$276.58	79.0%	21.0%	N	Referral Required
72127	COMPUTERIZED AXIAL TOMOGRAPH	07/01/2002	$334.29	82.0%	18.0%	N	Referral Required
72128	COMPUTERIZED AXIAL TOMOGRAPH	07/01/2003	$237.88	77.0%	23.0%	N	Referral Required
72129	COMPUTED TOMOGRAPHY, THORACIC	07/01/2003	$276.58	79.0%	21.0%	N	Referral Required
72130	CAT, THORACIC SPINE W/O CONT	07/01/2002	$334.29	82.0%	18.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
72131	COMPUTERIZED AXIAL TOMOGRAPH	07/01/2003	$237.88	77.0%	23.0%	N	Referral Required
72132	WITH CONTRAST MATERIAL	07/01/2003	$276.76	79.0%	21.0%	N	Referral Required
72133	W/O CONTRAST MATERIAL	07/01/2003	$334.29	82.0%	18.0%	N	Referral Required
72141	MRI SPINAL CANAL & CONTENTS,	02/03/2002	$422.86	82.0%	18.0%	N	Referral Required
72142	WITH CONTRAST MATERIALS	02/03/2002	$507.72	82.0%	18.0%	N	Referral Required
72146	MAGNETIC RESONANCE IMAGING,S	02/03/2002	$461.21	84.0%	16.0%	N	Referral Required
72147	WITH CONTRAST MATERIALS	02/03/2002	$507.40	82.0%	18.0%	N	Referral Required
72148	MAGNETIC RESONANCE IMAGING,S	02/03/2002	$455.77	85.0%	15.0%	N	Referral Required
72149	WITH CONTRAST MATERIALS	02/03/2002	$501.26	83.0%	17.0%	N	Referral Required
72156	MRI,SPINAL CANAL & CONTENTS	02/03/2002	$893.84	86.0%	14.0%	N	Referral Required
72157	THORACIC	02/03/2002	$893.52	86.0%	14.0%	N	Referral Required
72158	LUMBAR	02/03/2002	$883.99	87.0%	13.0%	N	Referral Required
72170	PELVIS X-RAYS	02/03/2002	$24.31	69.0%	31.0%	N	Referral Required
72190	PELVIS X-RAYS	02/03/2002	$30.34	68.0%	32.0%	N	Referral Required
72191	CT ANGIOGRAPHY OF PELVIS	02/03/2002	$349.74	83.0%	17.0%	N	Referral Required
72192	COMPUTERIZED AXIAL TOMOGRAPH	07/01/2003	$234.49	78.0%	22.0%	N	Referral Required
72193	WITH CONTRAST MATERIAL(S)	07/01/2003	$266.98	80.0%	20.0%	N	Referral Required
72194	WITHOUT CONTRAST MATERIAL FO	01/01/2002	$320.53	82.0%	18.0%	N	Referral Required
72195	MRI PELVIS W/O CONTRAST MATERIALS	02/03/2002	$413.88	84.0%	16.0%	N	Referral Required
72196	MAGNETIC RESONANCE OF PELVIS	07/01/2003	$494.83	71.0%	29.0%	N	Referral Required
72197	MRI PELVIS W/O CONTRAST MATERIALS	02/03/2002	$872.76	91.0%	9.0%	N	Referral Required
72198	MRI ANGIOGRAPHY, PELVIS W/OR	01/01/2002	$449.14	84.0%	26.0%	N	Referral Required
72200	XRAY SACROILIAC JOINTS LESS	02/03/2002	$24.31	68.0%	32.0%	N	Referral Required
72202	SACRO-ILIAC JOINT X-RAY	02/03/2002	$28.37	69.0%	31.0%	N	Referral Required
72220	SACRUM AND COCCYX X-RAY	02/03/2002	$25.76	70.0%	30.0%	N	Referral Required
72240	MYELOGRAPHY, CERVICAL, SUPER	02/03/2002	$189.84	77.0%	23.0%	N	Referral Required
72255	MYELOGRAPHYTHORACIC SUPERVIS	07/01/2003	$176.22	75.0%	25.0%	N	Referral Required
72265	MYELOGRAPHY,LUMBO SUPER AND	07/01/2003	$165.15	76.0%	24.0%	N	Referral Required
72270	MYELOGRAPHY ENTIRE SPINAL CA	07/01/2003	$251.66	75.0%	25.0%	N	Referral Required
72275	EPIDUROGRAPHY RADIOLOGICAL	07/01/2003	$100.35	75.9%	24.1%	N	Referral Required
72285	DISKOGRAPHY CERVICAL,SUPERVI	07/01/2003	$314.16	87.0%	13.0%	N	Referral Required
72295	DISKOGRAPHY,LUMBAR,SUPER AND	07/01/2003	$282.98	86.0%	14.0%	N	Referral Required
73000	CLAVICLE X-RAYS	02/03/2002	$23.96	70.0%	30.0%	N	Referral Required
73010	SCAPULA X-RAYS	02/03/2002	$24.31	67.0%	33.0%	N	Referral Required
73020	RADIOLOGIC EXAM SHOULDER 1 V	02/03/2002	$21.70	69.0%	31.0%	N	Referral Required
73030	RADIOLOGIC EXAM SHOULDER MIN	02/03/2002	$26.11	68.0%	32.0%	N	Referral Required
73040	X-RAY SHOULDER ARTHROGRAPHY	07/01/2003	$90.63	72.0%	28.0%	N	Referral Required
73050	ACROMIO-CLAVICULAR JOINT X-RAY	02/03/2002	$30.17	70.0%	30.0%	N	Referral Required
73060	HUMERUS X-RAY	02/03/2002	$25.76	70.0%	30.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
73070	ELBOW X-RAYS	02/03/2002	$23.29	70.0%	30.0%	N	Referral Required
73080	ELBOW X-RAYS	02/03/2002	$25.76	70.0%	30.0%	N	Referral Required
73085	ELBOW ARTHROGRAPHY S&I	07/01/2002	$90.95	72.0%	28.0%	N	Referral Required
73090	FOREARM X-RAY	02/03/2002	$23.96	69.0%	31.0%	N	Referral Required
73092	RADIOLOGIC EXAMINATION:FOREA	02/03/2002	$23.00	68.0%	32.0%	N	Referral Required
73100	WRIST X-RAYS	02/03/2002	$23.18	68.0%	32.0%	N	Referral Required
73110	WRIST X-RAYS	02/03/2002	$24.63	68.0%	32.0%	N	Referral Required
73115	WRIST ARTHOGRAPHY S&I	07/01/2003	$74.96	66.0%	34.0%	N	Referral Required
73120	HAND X-RAY	02/03/2002	$23.00	68.0%	32.0%	N	Referral Required
73130	HAND X-RAY	02/03/2002	$24.63	68.0%	32.0%	N	Referral Required
73140	FINGER X-RAYS	02/03/2002	$19.09	69.0%	31.0%	N	Referral Required
73200	COMPUTERIZED AXIAL TOMOGRAPH	02/03/2002	$204.88	75.0%	25.0%	N	Referral Required
73201	WITH CONTRAST MATERIAL(S)	02/03/2002	$237.88	77.0%	23.0%	N	Referral Required
73202	WITHOUT CONTRAST MATERIAL FO	02/03/2002	$287.78	80.0%	20.0%	N	Referral Required
73206	CT ANGIOGRAPHY OF UPPER EXTREMITY	02/03/2002	$317.53	82.0%	18.0%	N	Referral Required
73218	MRI UPPER EXTREMITIES	02/03/2002	$407.71	89.0%	11.0%	N	Referral Required
73219	MRI UPPER EXTREMITIES	02/03/2002	$489.33	89.0%	11.0%	N	Referral Required
73220	MRI, UPPER EXTREMITY, OTHER	07/01/2003	$866.58	83.0%	17.0%	N	Referral Required
73221	MRI, ANY JOINT UPPER EXTREMITY	07/01/2003	$407.71	89.0%	11.0%	N	Referral Required
73222	MRI JOINT UPPER EXTREMITY	02/03/2002	$489.33	89.0%	11.0%	N	Referral Required
73223	MRI JOINT UPPER EXTREMITY W/0	02/03/2002	$866.40	92.0%	8.0%	N	Referral Required
73225	MRI,ANGIOGRAPHY,UPPER EXTREM	07/01/2001	$427.67	82.0%	18.0%	N	Referral Required
73500	HIP X-RAYS	02/03/2002	$22.71	66.0%	34.0%	N	Referral Required
73510	HIP X-RAYS	02/03/2002	$27.65	65.0%	35.0%	N	Referral Required
73520	HIP X-RAYS	02/03/2002	$32.90	63.0%	37.0%	N	Referral Required
73525	X-RAY EXAM, HIP ARTHROGRAPHY	02/03/2002	$90.95	71.0%	29.0%	N	Referral Required
73530	X-RAY EXAM, HIP DURING OPERA	02/03/2002	$29.75	55.0%	45.0%	N	Referral Required
73540	HIP X-RAYS	02/03/2002	$27.30	66.0%	34.0%	N	Referral Required
73542	SACROILIAC JOINT ARTHROGRAPH	02/03/2002	$91.73	71.0%	29.0%	N	Referral Required
73550	X-RAY EXAM,FEMUR ANTEPOSTERI	02/03/2002	$25.76	70.0%	30.0%	N	Referral Required
73560	X-RAY EXAM KNEE ANTEPOSTERIO	02/03/2002	$24.49	69.0%	31.0%	N	Referral Required
73562	XRAY KNEE ANTEPOS/LATERAL W/	02/03/2002	$26.29	68.0%	32.0%	N	Referral Required
73564	X-RAY KNEE COMPLETE W/OBLIQU	02/03/2002	$29.91	65.0%	35.0%	N	Referral Required
73565	RADIOLOGIC EXAM KNEE, BOTH	02/03/2002	$23.85	67.0%	33.0%	N	Referral Required
73580	X-RAY EXAM KNEE ARTHROGRAPHY	02/03/2002	$106.93	76.0%	24.0%	N	Referral Required
73590	X-RAY EXAM TIBULA & FIBULA	02/03/2002	$24.31	69.0%	31.0%	N	Referral Required
73592	X-RAY EXAM.TIBULA & FIBULA L	02/03/2002	$23.00	69.0%	31.0%	N	Referral Required
73600	X-RAY EXAM ANKLE ANTERO/LATE	02/03/2002	$23.00	68.0%	32.0%	N	Referral Required
73610	X-RAY EXAM ANKLE COMPLETE MI	02/03/2002	$24.63	68.0%	32.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
73615	X-RAY EXAM ANKLE ARTHROGRAPH	02/03/2002	$90.63	72.0%	28.0%	N	Referral Required
73620	X-RAY FOOT ANTERO/LATERAL VI	02/03/2002	$23.00	68.0%	32.0%	N	Referral Required
73630	X-RAY FOOT COMPLETE MIN 3 VI	02/03/2002	$24.63	68.0%	32.0%	N	Referral Required
73650	OS CALCIS X-RAY	02/03/2002	$22.36	67.0%	33.0%	N	Referral Required
73660	TOE X-RAYS	02/03/2002	$19.09	69.0%	31.0%	N	Referral Required
73700	COMPUTERIZED AXIAL TOMOGRAPHY	02/03/2002	$204.88	75.0%	25.0%	N	Referral Required
73701	WITH CONTRAST MATERIAL(S)	02/03/2002	$237.88	77.0%	23.0%	N	Referral Required
73702	WITHOUT CONTRAST MATERIAL	02/03/2002	$287.60	80.0%	20.0%	N	Referral Required
73706	CT ANGIOGRAPHY OF LOWER EXTREMITY	02/03/2002	$321.94	82.0%	18.0%	N	Referral Required
73718	MRI LOWER EXTREMITY	02/03/2002	$407.71	89.0%	11.0%	N	Referral Required
73719	MRI LOWER EXTREMITY	02/03/2002	$489.01	89.0%	11.0%	N	Referral Required
73720	MRI, LOWER EXTREMITY	07/01/2003	$866.58	83.0%	17.0%	N	Referral Required
73721	MRI, ANY JOINT OF LOWER EXTREMITY	07/01/2003	$407.71	89.0%	11.0%	N	Referral Required
73722	MRI JOINT LOWER EXTREMITY	02/03/2002	$489.51	89.0%	11.0%	N	Referral Required
73723	MRI JOINT LOWER EXTREMITY W/O	02/03/2002	$866.40	92.0%	8.0%	N	Referral Required
73725	MRI ANGIOGRAPHY,LOWER EXTREM	07/01/2003	$433.24	82.0%	18.0%	N	Referral Required
74000	ABDOMEN X-RAYS	07/01/2001	$24.65	66.0%	34.0%	N	Referral Required
74010	ABDOMEN X-RAYS	02/03/2002	$28.49	62.0%	38.0%	N	Referral Required
74020	ABDOMEN X-RAYS	02/03/2002	$31.79	61.0%	39.0%	N	Referral Required
74022	COMPLETEACUTE ABDONEM SERIES	02/03/2002	$37.85	61.0%	39.0%	N	Referral Required
74150	COMPUTERIZED AXIAL TOMOGRAPH	07/01/2003	$231.40	76.0%	24.0%	N	Referral Required
74160	WITH CONTRAST MATERIAL(S)	07/01/2003	$271.94	78.0%	22.0%	N	Referral Required
74170	WITHOUT CONTRAST MATERIAL FO	02/03/2002	$328.88	80.0%	20.0%	N	Referral Required
74175	CT ANGIOGRAPHY OF ABDOMEN	02/03/2002	$354.15	83.0%	17.0%	N	Referral Required
74181	MRI, ABDOMEN	02/03/2002	$413.70	82.0%	18.0%	N	Referral Required
74182	MRI ABDOMEN W/ CONTRAST MATERIALS	02/03/2002	$495.01	88.0%	12.0%	N	Referral Required
74183	MRI ABDOMEN W/O CONTRAST MATERIAL	02/03/2002	$872.76	91.0%	9.0%	N	Referral Required
74185	MAGNETIC RESONANCE ANGIOGRPH	02/03/2002	$432.22	81.0%	19.0%	N	Referral Required
74190	PERITONEOGRAM,RADIOLOGICAL S	07/01/2003	$63.09	74.0%	26.0%	N	Referral Required
74210	PHARYNX X-RAYS	07/01/2003	$53.95	69.0%	31.0%	N	Referral Required
74220	ESOPHAGUS X-RAYS	07/01/2003	$58.38	63.0%	37.0%	N	Referral Required
74230	PHARYNX/ESOPHAGS CINERADIOGR	02/03/2002	$65.46	61.0%	39.0%	N	Referral Required
74235	REMOVAL FB ESOPH/W CATH S&I	02/03/2002	$136.90	60.0%	40.0%	N	Referral Required
74240	RADIOLOGICALEXAM GASTROINTES	02/03/2002	$77.76	59.0%	41.0%	N	Referral Required
74241	UPPER GI SERIES	07/01/2003	$78.40	59.0%	41.0%	N	Referral Required
74245	UPPER GI SERIES	07/01/2003	$116.60	64.0%	36.0%	N	Referral Required
74246	GASTROINTESTINAL TRACT UP	02/03/2002	$83.36	61.0%	39.0%	N	Referral Required
74247	WITH KUB	02/03/2002	$84.82	62.0%	38.0%	N	Referral Required
74249	RADIOLOGICAL EXAM GASTROINTE	02/03/2002	$122.52	65.0%	35.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
74250	SMALL BOWEL X-RAYS	02/03/2002	$62.42	65.0%	35.0%	N	Referral Required
74251	VIA ENTEROCLYSIS TUBE	02/03/2002	$72.80	65.0%	35.0%	N	Referral Required
74260	DUODENOGRAPHY	02/03/2002	$69.38	66.0%	34.0%	N	Referral Required
74270	BARIUM ENEMA X-RAYS	07/01/2003	$85.46	62.0%	38.0%	N	Referral Required
74280	BARIUM ENEMA X-RAYS	07/01/2003	$115.87	60.0%	40.0%	N	Referral Required
74283	BARIUM ENEMA,THERAPEUTIC,FOR	07/01/2003	$174.11	46.0%	54.0%	N	Referral Required
74290	CHOLECYSTOGRAPHY	02/03/2002	$37.85	61.0%	39.0%	N	Referral Required
74291	CHOLECYSTOGRAPHY	02/03/2002	$22.16	59.0%	41.0%	N	Referral Required
74300	CHOLANGIOGRAPHY	07/01/2003	$17.02	62.0%	38.0%	N	Referral Required
74301	ADDITIONAL SET DURING SURGER	07/01/2003	$9.71	48.0%	52.0%	N	Referral Required
74305	CHOLANGIOGRAPHY, POSTOPERATI	02/03/2002	$44.06	56.0%	44.0%	N	Referral Required
74320	CHOLANGIOGRAPHY,PERCUTANEOUS	02/03/2002	$123.06	78.0%	22.0%	N	Referral Required
74327	POST-OP BILIARY DUCT STONE R	02/03/2002	$87.40	62.0%	38.0%	N	Referral Required
74328	ENDOSCOPIC CATH OF BILARYDUC	02/03/2002	$130.71	75.0%	25.0%	N	Referral Required
74329	ENDOSCOPIC CATHETERIZATION O	02/03/2002	$130.71	75.0%	25.0%	N	Referral Required
74330	COMBINED ENDOSCOPIC CATH/BIL	02/03/2002	$140.08	75.0%	25.0%	N	Referral Required
74340	MILLER-ABBOT TUBE	02/03/2002	$106.75	76.0%	24.0%	N	Referral Required
74350	PERCUTANEOUS PLCMENT GASTROS	02/03/2002	$133.44	73.0%	27.0%	N	Referral Required
74355	PERCUTANEOUS PLACEMENT OF EN	02/03/2002	$116.81	69.0%	31.0%	N	Referral Required
74360	X-RAY GUIDE 2 DILATION	02/03/2002	$123.06	79.0%	21.0%	N	Referral Required
74363	PERCUTANEOUS TRANSHEPATICDIL	07/01/2002	$230.70	70.0%	30.0%	N	Referral Required
74400	UROGRAPHY (PYELOGRAPHY) IV W	02/03/2002	$75.46	70.0%	30.0%	N	Referral Required
74410	UROGRAPHY INFUSION DRIP TECH	02/03/2002	$83.43	73.0%	27.0%	N	Referral Required
74415	NEPHROTOMOGRAPHY	02/03/2002	$88.71	74.0%	26.0%	N	Referral Required
74420	URETEROPYELOGRAPHY	07/01/2003	$98.58	83.0%	17.0%	N	Referral Required
74425	UROGRAPHY, ANTEGRADE, SUPERV	07/01/2003	$57.64	72.0%	28.0%	N	Referral Required
74430	CYSTOGRAPHY,MIMIMUN 3VIEWS,	02/03/2002	$47.78	69.0%	31.0%	N	Referral Required
74440	EXAM MALE GENITAL TRACT	02/03/2002	$52.73	67.0%	33.0%	N	Referral Required
74450	URETHROCYSTOGRAPHY,RETROGRAD	02/03/2002	$61.24	75.0%	25.0%	N	Referral Required
74455	URELHROCYSTOGRAPHY, VOIDING,	02/03/2002	$64.61	76.0%	24.0%	N	Referral Required
74461	RETROPERITONEAL PNEUMOGRAPHY	07/01/2001	$69.17	55.0%	45.0%	N	Referral Required
74470	X-RAY RENAL CYST, TRANSLUMBA	02/03/2002	$63.90	60.0%	40.0%	N	Referral Required
74475	INTRO INTRACATH OR CATH INTO	02/03/2002	$151.84	83.0%	17.0%	N	Referral Required
74480	INTRO OF URETERAL CATH THROU	02/03/2002	$151.84	83.0%	17.0%	N	Referral Required
74485	DILATION, NEPHROSTOMY, URETE	02/03/2002	$123.24	79.0%	21.0%	N	Referral Required
74710	PELVIMETRY	02/03/2002	$48.79	68.0%	32.0%	N	Referral Required
74740	HYSTEROSALPINGOGRAPHY,SUPER	02/03/2002	$58.34	70.0%	30.0%	N	Referral Required
74742	TRANSCERVICAL CATHETERIZATIO	02/03/2002	$127.09	78.0%	22.0%	N	Referral Required
74761	PELVIC PNEUMOGRAPHY	07/01/2001	$60.67	55.0%	45.0%	N	Referral Required

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74775	PERINEOGRAM	02/03/2002	$75.01	61.0%	39.0%	N	Referral Required
75552	MAGNETIC RESONANCE (EG, PROT	02/03/2002	$422.86	82.0%	18.0%	N	Referral Required
75553	WITH CONTRAST MEDIA	02/03/2002	$441.91	79.0%	21.0%	N	Referral Required
75554	CARDIAC MRI FOR FUNCTION	02/03/2002	$435.00	81.0%	19.0%	N	Referral Required
75555	LIMITED STUDY (EG, SINGLE CH	02/03/2002	$431.55	82.0%	18.0%	N	Referral Required
75600	AORTOGRAPHY, THORACIC, WITHO	07/01/2002	$414.90	94.0%	6.0%	N	Referral Required
75605	AORTOGRAPHY, THORACIC, SERIA	07/01/2003	$445.37	88.0%	12.0%	N	Referral Required
75625	AORTOGRAPHY, ABDOMINAL, SERI	07/01/2003	$444.73	88.0%	12.0%	N	Referral Required
75630	AORTOGRAPHY ABDOM PLUS BILAT	07/01/2003	$492.95	87.0%	13.0%	N	Referral Required
75635	CT ANGIOGRAPHY OF ABDOMINAL AORTA	02/03/2002	$378.44	76.0%	24.0%	N	Referral Required
75650	ANGIOGRAPHY CERVICOCEREBRAL	07/01/2003	$461.08	85.0%	15.0%	N	Referral Required
75658	ANGIOGRAPHY,BRACHIAL,RETROGR	07/01/2002	$453.05	86.0%	14.0%	N	Referral Required
75660	ANGIO, EXT CAROTID, UNILAT,	07/01/2003	$453.05	86.0%	14.0%	N	Referral Required
75662	ANGIO, EXT CAROTID, BILAT, S	07/01/2003	$470.67	83.0%	17.0%	N	Referral Required
75665	ANGIOGRAPHY, CAROTID, CEREBR	07/01/2003	$452.91	86.0%	14.0%	N	Referral Required
75671	ANGIOGRAPHY, CAROTID, CEREBR	07/01/2003	$469.08	83.0%	17.0%	N	Referral Required
75676	ANGIOGRAPHY CAROTID CERVICAL	07/01/2003	$452.91	86.0%	14.0%	N	Referral Required
75680	ANGIOGRAPHY CAROTID CERVICAL	07/01/2003	$469.08	83.0%	17.0%	N	Referral Required
75685	AIGIO, VERTEBRAL, CERVICAL,	07/01/2003	$452.73	86.0%	14.0%	N	Referral Required
75705	ANGIOGRAPHY SPINAL SELECT SU	07/01/2002	$494.07	79.0%	21.0%	N	Referral Required
75710	ANGIOGRAPHY, EXTREMITY, UNIL	07/01/2003	$445.23	88.0%	12.0%	N	Referral Required
75716	ANGIOGRAPHY EXTREMITY BILAT	07/01/2003	$452.73	86.0%	14.0%	N	Referral Required
75722	ANGIO, RENAL, UNILAT, AORTA,	07/01/2003	$445.37	88.0%	12.0%	N	Referral Required
75724	ANGIO, RENAL, BILAT SELECT,	07/01/2003	$462.95	85.0%	15.0%	N	Referral Required
75726	ANGIO VESCERAL SELECT OR SUP	07/01/2003	$444.41	88.0%	12.0%	N	Referral Required
75731	ANGIOGRAPHY,ADRENAL,UNILATER	07/01/2002	$444.41	88.0%	12.0%	N	Referral Required
75733	ANGIOGRAPHY, ADRENAL, BILAT,	07/01/2002	$452.73	86.0%	14.0%	N	Referral Required
75736	ANGIOGRAPHY, PELVIC, SELECT/	07/01/2003	$444.73	88.0%	12.0%	N	Referral Required
75741	ANGIOGRAPHY, PULMONARY, UNIL	07/01/2003	$452.41	86.0%	14.0%	N	Referral Required
75743	ANGIOGRAPHY PULMONARY BILAT	07/01/2003	$468.58	83.0%	17.0%	N	Referral Required
75746	ANGIOGRAPHY PULMONARY NONSEL	07/01/2003	$444.41	88.0%	12.0%	N	Referral Required
75756	ANGIOGRAPHY INTERNAL MAMMARY	07/01/2003	$446.78	88.0%	12.0%	N	Referral Required
75774	ANGIO SELECTIVE EA ADDITIONA	07/01/2003	$408.15	96.0%	4.0%	N	Referral Required
75790	ANGIO, ARTERIOVENOUS SHUNT,	07/01/2003	$128.37	33.0%	67.0%	N	Referral Required
75801	LYMPHANGIOGRAPHY EXTREMITY O	07/01/2002	$206.22	81.0%	19.0%	N	Referral Required
75803	LYMPHANGIOGRAPHY,EXTREMITY O	07/01/2002	$222.87	75.0%	25.0%	N	Referral Required
75805	LYMPHANGIOGRAPHY,PELVIC/ABDO	07/01/2002	$227.63	83.0%	17.0%	N	Referral Required
75807	LYMPHANGIOGRAPHY, PELVIC/ABD	07/01/2002	$244.14	77.0%	23.0%	N	Referral Required
75809	SHUNTOGRAM FOR INVESTIGATION	07/01/2003	$46.43	54.0%	46.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
75810	SPLENOPORTOGRAPHY, RADIOLOGI	07/01/2003	$444.59	88.0%	12.0%	N	Referral Required
75820	VENOGRAPHY, EXTREMITY, UNILA	02/03/2002	$62.44	47.0%	53.0%	N	Referral Required
75822	VENOGRAPHY	02/03/2002	$95.44	48.0%	52.0%	N	Referral Required
75825	VENOGRAPHY - INTERPRETATION	07/01/2003	$444.59	88.0%	12.0%	N	Referral Required
75827	VENOGRAPHY, CAVAL, SUPERIOR	07/01/2003	$444.41	88.0%	12.0%	N	Referral Required
75831	VENOGRAPHY RENAL,UNILAT,SELE	07/01/2002	$444.41	88.0%	12.0%	N	Referral Required
75833	VENOGRAPHY, RENAL,BILATERAL,	07/01/2002	$461.08	85.0%	15.0%	N	Referral Required
75840	VENOGRAPHY, ADRENAL, UNILATE	07/01/2002	$445.41	88.0%	12.0%	N	Referral Required
75842	VENOGRAPHY, ADRENAL, BILATER	07/01/2002	$460.76	85.0%	15.0%	N	Referral Required
75860	VENOGRAPHY,SINUS OR JUGULAR,	07/01/2003	$445.55	88.0%	12.0%	N	Referral Required
75870	VENOGRAPHY, SUPERIOR SAGITTA	07/01/2002	$445.23	88.0%	12.0%	N	Referral Required
75872	VEIN X-RAY SKULL	07/01/2002	$444.41	88.0%	12.0%	N	Referral Required
75880	VEIN X-RAY EYE SOCKET	07/01/2002	$63.08	47.0%	53.0%	N	Referral Required
75885	PERCUTANEOUS TRANSHEPATIC PO	07/01/2003	$458.20	85.0%	15.0%	N	Referral Required
75887	VEIN X-RAY LIVER	07/01/2003	$458.20	85.0%	15.0%	N	Referral Required
75889	HEPATIC VENOGRAPHY WEDGED OR	07/01/2003	$444.41	88.0%	12.0%	N	Referral Required
75891	HEPATIC VENOGRAPHY WEDGED OR	07/01/2003	$444.41	88.0%	12.0%	N	Referral Required
75893	VENOUS SAMPLING THROUGH A CA	07/01/2002	$416.32	94.0%	6.0%	N	Referral Required
75894	TRANSCATHETER THERAPY	07/01/2003	$811.30	92.0%	8.0%	N	Referral Required
75896	TRANSCATHETER THERAPY INFUSI	07/01/2003	$714.20	91.0%	9.0%	N	Referral Required
75898	ANGIOGRAM FOLLOW UP FOR TRAN	07/01/2003	$110.52	30.0%	70.0%	N	Referral Required
75900	EXCHANGE ARTERIAL CATHETER-S	07/01/2002	$674.64	97.0%	3.0%	N	Referral Required
75901	MECHANICAL REMOVAL CENTRAL VENOUS	01/01/2003	$73.28	70.0%	30.0%	N	Referral Required
75902	REMOVAL OF INRALUMINAL MATERIAL	01/01/2003	$68.74	75.0%	25.0%	N	Referral Required
75940	PERUTANEOUS PLACEMENT IVC F	07/01/2003	$416.50	93.0%	7.0%	N	Referral Required
75945	INTRAVASCULAR ULTRASOUND, RA	07/01/2003	$160.91	90.0%	10.0%	N	Referral Required
75946	INTRAVASCULAR ULTRASOUND, RA	07/01/2002	$90.41	81.0%	19.0%	N	Referral Required
75952	RADIOLOGICAL S & I	02/03/2002	$205.20	0.0%	0.0%	N	Referral Required
75953	RADIOLOGICAL S & I	02/03/2002	$78.35	0.0%	0.0%	N	Referral Required
75954	ENDOVASCULAR REPAIR ILIAC ARTERY	01/01/2003	$71.48	0.0%	100.0%	N	Referral Required
75960	TRANSCATHETER INTRODUCTION O	07/01/2003	$501.56	92.0%	8.0%	N	Referral Required
75961	TRANSCATHETER RETRIEVAL PERC	07/01/2003	$524.68	62.0%	38.0%	N	Referral Required
75962	PERCUTANEOUS TRANSLUMINALANG	07/01/2003	$514.88	95.0%	5.0%	N	Referral Required
75964	PERCUTANEOUS TRANSLUMINALANG	07/01/2003	$277.67	94.0%	6.0%	N	Referral Required
75966	PERCUTANEOUS TRANSLUMINAL AN	07/01/2003	$551.74	89.0%	11.0%	N	Referral Required
75968	REPAIR ARTERY BLOCKAGE EACH	07/01/2002	$277.81	94.0%	6.0%	N	Referral Required
75970	TRANSCATHETER BIOPSY SUPER V	07/01/2003	$397.66	90.0%	10.0%	N	Referral Required
75978	TRANSLUMINAL BALLOON ANGIOPL	07/01/2003	$514.38	90.0%	10.0%	N	Referral Required
75980	PERCUTNS TRANSHEPT BILRY DRA	02/03/2002	$235.31	71.0%	29.0%	N	Referral Required

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75982	PERCUTANEOUS PLACEMENT OF DR	02/03/2002	$256.58	73.0%	27.0%	N	Referral Required
75984	CHG PERCUTANEOUS DRAIN CATH	07/01/2003	$94.15	64.0%	36.0%	N	Referral Required
75989	RADIOLOGICAL GUIDANCE FOR DR	07/01/2003	$153.52	64.0%	36.0%	N	Referral Required
75992	TRANSLUMINAL ATHERECTOMY PER	07/01/2002	$514.70	95.0%	5.0%	N	Referral Required
75993	TRANSLUMINAL ARTHERECTOMY EA	07/01/2002	$277.81	94.0%	6.0%	N	Referral Required
75994	RENAL RADIOLOGICAL SUPERVISI	07/01/2002	$551.74	89.0%	11.0%	N	Referral Required
75995	VISION RADIOLOGIC SUPERVISIO	07/01/2002	$550.78	89.0%	11.0%	N	Referral Required
75996	TRANSLUMINAL ATHERECTOMY SUP	07/01/2002	$277.17	94.0%	6.0%	N	Referral Required
75998	FLUOROSCOPIC GUIDANCE	01/01/2004	$59.29	70.0%	30.0%	N	Referral Required
76000	FLUOROSCOPY	02/03/2002	$48.94	84.0%	16.0%	N	Referral Required
76001	FLUROSCOPY PHYSICIAN TIME MO	02/03/2002	$113.05	72.0%	28.0%	N	Referral Required
76003	FLUOROSCOPIC LOCALIZATION FO	02/03/2002	$65.99	61.0%	39.0%	N	Referral Required
76005	FLUOROSCOPIC GUIDANCE	07/01/2003	$67.44	63.1%	36.9%	N	Referral Required
76006	RADIOLOGIC EXAM STRESS VIEW	02/03/2002	$21.35	0.0%	0.0%	N	Referral Required
76010	RADIOLOGIC EXAMINATION FROM	02/03/2002	$24.65	67.0%	33.0%	N	Referral Required
76012	RADIOLOGICAL S & I FOR PERCUTANEOUS	02/03/2002	$66.24	1.0%	99.0%	N	Referral Required
76013	RADIOLOGICAL S & I FOR PERCUTANEOUS	02/03/2002	$74.52	0.0%	0.0%	N	Referral Required
76020	BONE AGE STUDIES	02/03/2002	$25.32	65.0%	35.0%	N	Referral Required
76040	ORTHOROENTGENOGRAM	02/03/2002	$37.43	66.0%	34.0%	N	Referral Required
76061	RADIOLOGIC EXAM, OSSEOUS SUR	02/03/2002	$52.30	60.0%	40.0%	N	Referral Required
76062	BONE SURVEY	02/03/2002	$70.14	64.0%	36.0%	N	Referral Required
76065	BONE SURVEY	07/01/2003	$55.52	64.0%	36.0%	N	Referral Required
76066	JOINT SURVEY, SINGLE VIEW ON	02/03/2002	$49.35	71.0%	29.0%	N	Referral Required
76070	COMPUTERIZED TOMOGRAPHY, BON	07/01/2001	$129.32	88.0%	12.0%	N	Referral Required
76071	CT-BONE MINERALDENSITY STUDY	01/01/2003	$99.90	0.0%	0.0%	N	Referral Required
76075	DUAL ENERGY XRAY ABSORPTIOME	07/01/2003	$110.39	80.0%	20.0%	N	Referral Required
76076	DEXA, BONE DENSITY STUDY	02/03/2002	$34.06	82.0%	18.0%	N	Referral Required
76078	RADIOGRAPHIC ABSORPTIOMETRY	07/01/2002	$33.36	71.0%	29.0%	N	Referral Required
76080	FISTULA/SINUS TRACT STUDY, S	07/01/2003	$57.98	56.0%	44.0%	N	Referral Required
76082	RADIOLOGIC CONSULTION	01/01/2004	$15.98	82.0%	18.0%	N	Referral Required
76083	SCREENING MAMMOGRAPHY	01/01/2004	$15.98	82.0%	18.0%	N	Referral Required
76086	X-RAY MAMMARY DUCT	07/01/2003	$98.58	83.0%	17.0%	N	Referral Required
76088	X-RAY MAMMARY DUCTS	07/01/2002	$134.96	84.0%	16.0%	N	Referral Required
76090	MAMMOGRAPHY	07/01/2003	$65.63	73.0%	27.0%	N	
76091	MAMMOGRAPHY	07/01/2003	$80.97	68.0%	32.0%	N	
76092	SCREENING MAMMOGRAPHY, BILAT	07/01/2003	$71.87	68.0%	32.0%	N	
76093	MRI, BREAST W/O AND/OR W/CON	02/03/2002	$623.62	88.0%	12.0%	N	Referral Required
76094	MRI,BREAST, W/O AND/OR W/CON	02/03/2002	$818.87	91.0%	9.0%	N	Referral Required
76095	STEREOTACTIC LOCALIZATION FO	02/03/2002	$297.17	80.0%	20.0%	N	Referral Required

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76096	LOCALIZATION OF BREAST NODUL	02/03/2002	$67.00	60.0%	40.0%	N	Referral Required
76098	RADIOLOGICAL EXAM, BREAST SU	02/03/2002	$20.45	65.0%	35.0%	N	Referral Required
76100	RADIOLOGIC EXAM,SINGLE BODY	02/03/2002	$65.79	59.0%	41.0%	N	Referral Required
76101	RADIOLOGIC EXAM COMPLEX MOTI	07/01/2002	$71.39	62.0%	38.0%	N	Referral Required
76102	RAD EXAM/COMPLEX MOTION BODY	07/01/2002	$80.99	66.0%	34.0%	N	Referral Required
76120	CINERADIOGRAPHY	02/03/2002	$50.82	65.0%	35.0%	N	Referral Required
76125	CINERADIOGRAPHY	02/03/2002	$37.07	66.0%	34.0%	N	Referral Required
76140	RADIOLOGIC CONSULTATION	07/01/2001	$30.10	0.0%	0.0%	N	Referral Required
76150	MAMMOGRAPHY BY XERORADIOGRAP	02/03/2002	$12.80	0.0%	0.0%	N	Referral Required
76355	COMPUTERIZED TOMOGRAPHY GUID	02/03/2002	$313.49	82.0%	18.0%	N	Referral Required
76360	COMPUTERIZED TOMOGRAPHY GUID	07/01/2003	$310.29	83.0%	17.0%	N	Referral Required
76362	CAT GUIDANCE FOR TISSUE ABLATION	07/01/2003	$458.51	67.0%	33.0%	N	Referral Required
76370	COMPUTERIZED TOMOGRAPHY GUID	07/01/2003	$131.46	70.0%	30.0%	N	Referral Required
76375	COMPUTERIZED TOMOGRAPHY, COR	07/01/2003	$117.51	94.0%	6.0%	N	Referral Required
76380	COMPUTERIZED TOMOGRAPHY LIMI	07/01/2003	$154.20	70.0%	30.0%	N	Referral Required
76390	MAGNETIC RESONANCE SPECTROSC	02/03/2002	$413.82	84.0%	16.0%	N	Referral Required
76393	RADIOLOGICAL S & I FOR MR NDL PLCMN	02/03/2002	$417.57	85.0%	15.0%	N	Referral Required
76394	MAGNETIC RESONANCE GUIDANCE	07/01/2003	$560.26	0.0%	0.0%	N	Referral Required
76400	MRI BONE MARROW	02/03/2002	$422.86	82.0%	18.0%	N	Referral Required
76506	ECHOGRAPHY	02/03/2002	$75.04	60.0%	40.0%	N	Referral Required
76511	OPTHALMIC ULTRASOUND, ECHOGR	07/01/2003	$109.69	51.0%	49.0%	N	Referral Required
76512	OPTHALMIC ULTRASOUND, ECHOGR	07/01/2003	$103.96	60.0%	40.0%	N	Referral Required
76513	OPTHALMIC ULTRASOUND,IMMERSI	07/01/2002	$117.04	60.0%	40.0%	N	Referral Required
76514	CORNEAL PACHYMETRY	01/01/2004	$10.40	80.0%	20.0%	N	Referral Required
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND	07/01/2003	$85.08	60.0%	40.0%	N	Referral Required
76519	WITH INTRAOCULAR LENS POWER	02/03/2002	$80.94	60.0%	40.0%	N	Referral Required
76529	OPTHALMIC ULTRASOUND FOREIGN	07/01/2002	$107.35	61.0%	39.0%	N	Referral Required
76536	ECHOGRAPHY SOFT TISSUES HEAD	02/03/2002	$70.51	62.0%	38.0%	N	Referral Required
76604	B SCAN	02/03/2002	$66.16	60.0%	40.0%	N	Referral Required
76645	B SCAN	02/03/2002	$58.16	56.0%	44.0%	N	Referral Required
76700	ABDOMEN SURVEY-B SCAN	02/03/2002	$99.05	62.0%	38.0%	N	Referral Required
76705	ABDOMEN SURVEY-B SCAN	02/03/2002	$72.05	61.0%	39.0%	N	Referral Required
76770	KIDNEY SONOGRAM	02/03/2002	$95.80	64.0%	36.0%	N	Referral Required
76775	ABDOMEN/RETROPERITONEUM ULTRASOU	02/03/2002	$71.39	61.0%	39.0%	N	Referral Required
76778	ECHOGRAPHY,TRANSPLANTED KIDN	02/03/2002	$95.80	64.0%	36.0%	N	Referral Required
76800	ECHOGRAPHY, SPINAL CANAL AND	02/03/2002	$96.42	46.0%	54.0%	N	Referral Required
76801	ULTRASOUND, PREGNANT UTERUS 1ST TR	07/01/2004	$120.59	33.0%	67.0%	N	Referral Required
76802	ULTRASOUND, PREGNANT UTERUS, EACH	07/01/2004	$78.43	38.0%	62.0%	N	Referral Required
76805	FETAL AGE DETERMINATION	07/01/2004	$120.59	59.0%	41.0%	N	Referral Required

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76810	ECHOGRAPH OB COMPLETE	07/01/2004	$88.33	59.0%	41.0%	N	Referral Required
76811	ULTRASOUND, PREGNANT UTERUS, FETAL	07/01/2004	$219.98	56.0%	44.0%	N	Referral Required
76812	ULTRASOUND PREGNANT UTERUS, FETAL &	07/01/2004	$131.87	32.0%	68.0%	N	Referral Required
76815	FETAL AGE MEASUREMENT	07/01/2004	$80.66	59.0%	41.0%	N	Referral Required
76816	ULTRASOUND, PREGNANT UTERUS	07/01/2004	$80.53	56.0%	44.0%	N	Referral Required
76817	ULTRASOUND PREGNANT UTERUS, REAL	07/01/2004	$88.64	58.0%	42.0%	N	Referral Required
76818	FETAL BIOPHYSICAL PROFILE	07/01/2004	$107.67	59.0%	41.0%	N	Referral Required
76819	FETAL BIOPHYSICAL PROFILE	07/01/2004	$93.39	65.0%	35.0%	N	Referral Required
76825	ECHOCARDIOGRAPHY FETAL HEART	07/01/2003	$140.46	63.0%	37.0%	N	Referral Required
76826	ECHOCARDIOGRAPHY FETAL HEART	07/01/2003	$61.04	32.0%	68.0%	N	Referral Required
76827	DOPPLER ECHOCARDIOGRAPHY FET	07/01/2003	$81.31	59.0%	41.0%	N	Referral Required
76828	DOPPLER ECHOCARDIOGRAPHY FET	07/01/2003	$62.22	18.0%	82.0%	N	Referral Required
76830	ECHOGRAPHY, TRANSVAGINAL	02/03/2002	$79.54	59.0%	41.0%	N	Referral Required
76831	HYSTEROSONOGRAPHY	02/03/2002	$81.35	59.0%	41.0%	N	Referral Required
76856	ECHOGRAPHY PELVIC REAL TIME	02/03/2002	$79.54	59.0%	41.0%	N	Referral Required
76857	ECHOGRAPHY PELVIC (NON-OBSTE	02/03/2002	$50.50	65.0%	35.0%	N	Referral Required
76870	ECHOGRAPHY SCROTUM AND CONTE	02/03/2002	$77.16	61.0%	39.0%	N	Referral Required
76872	ECHOGRAPHY, PROSTATE, TRANSR	02/03/2002	$79.71	59.0%	41.0%	N	Referral Required
76873	PROSTATE VOLUME STUDY	02/03/2002	$138.33	54.4%	45.6%	N	Referral Required
76880	ECHOGRAPHY EXTREMITY B SCANS	02/03/2002	$72.05	61.0%	39.0%	N	Referral Required
76885	ECHOGRAPHY OF INFANT HIPS	02/03/2002	$81.91	58.0%	42.0%	N	Referral Required
76886	ECHOGRAPHY OF INFANT HIPS,RE	02/03/2002	$73.41	61.0%	39.0%	N	Referral Required
76930	PERICARDIOCENTESIS SUPERVISI	02/03/2002	$79.62	60.0%	40.0%	N	Referral Required
76932	ULTRASONIC GUIDANCE FOR ENDO	02/03/2002	$79.62	60.0%	40.0%	N	Referral Required
76936	ULTRASOUND REPAIR ARTERIAL P	02/03/2002	$289.21	74.0%	26.0%	N	Referral Required
76937	ULTRASOUND GUIDANCE FOR VASCULAR A	01/01/2004	$27.50	51.0%	49.0%	N	Referral Required
76940	ULTRASOUND GUIDANCE	01/01/2004	$141.03	36.0%	64.0%	N	Referral Required
76941	ULTRASOUND INTRAUTERINE FETA	02/03/2002	$112.05	43.0%	57.0%	N	Referral Required
76942	ULTRASONIC GUIDANCE FOR NEED	02/03/2002	$78.70	60.0%	40.0%	N	Referral Required
76945	ULTRASONIC GUIDANCE CHORIONI	02/03/2002	$78.98	0.0%	0.0%	N	Referral Required
76946	ULTRASONIC GUIDANCE FOR AMNI	02/03/2002	$65.53	73.0%	27.0%	N	Referral Required
76948	ULTRASONIC GUIDANCE/ASPIRATI	02/03/2002	$65.07	73.0%	27.0%	N	Referral Required
76950	MAPPING STUDIES, ULTRASOUND	02/03/2002	$68.02	59.0%	41.0%	N	Referral Required
76965	ULTRASONIC GUIDANCE INTERSTI	02/03/2002	$235.52	61.0%	39.0%	N	Referral Required
76970	ULTRASOUND STUDY FOLLOW-UP (	07/01/2003	$51.52	63.0%	37.0%	N	Referral Required
76975	GASTROINTESTINAL ENDOSCOPIC	02/03/2002	$85.30	56.0%	44.0%	N	Referral Required
76977	ULTRASOUND BONE DENSITY INTERPRET	02/03/2002	$28.15	74.0%	26.0%	N	Referral Required
76986	ECHOGRAPHY INTRAOPERATIVE	02/03/2002	$137.92	59.0%	41.0%	N	Referral Required
77261	THERAPEUTIC RADIOLOGY TREATM	02/03/2002	$67.24	0.0%	0.0%	N	Referral Required

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77262	THERAPEUTIC RADIOLOGY TREATM	02/03/2002	$101.10	0.0%	0.0%	N	Referral Required
77263	THERAPEUTIC RADIOLOGY TREATM	02/03/2002	$150.68	0.0%	100.0%	N	Referral Required
77280	THE RAPEUTIC RADIOLOGY FIELD	02/03/2002	$140.78	77.0%	23.0%	N	Referral Required
77285	THERAPTEUTIC RADIOLOGY FIELD	02/03/2002	$222.53	78.0%	22.0%	N	Referral Required
77290	THERAPEUTIC RADIOLOGY FIELD	02/03/2002	$275.46	73.0%	27.0%	N	Referral Required
77295	BY THREE-DIMENSIONAL RECONST	02/03/2002	$1,082.88	80.0%	20.0%	N	Referral Required
77300	BASIC RADIATION DOSIMETRY CA	02/03/2002	$71.00	59.0%	41.0%	N	Referral Required
77301	INTENSITY MODULATED RADIOTHERAPY	07/01/2003	$1,251.19	71.0%	29.0%	N	Referral Required
77305	ISODOSE DISTRIBUTIONS	02/03/2002	$90.59	64.0%	36.0%	N	Referral Required
77310	TELETHERAPY INTERMEIDATE	02/03/2002	$121.79	60.0%	40.0%	N	Referral Required
77315	ISODOSE DISTRIBUTIONS	02/03/2002	$156.00	53.0%	47.0%	N	Referral Required
77321	SPECIAL TELETHERAPY PORT PLA	02/03/2002	$170.10	74.0%	26.0%	N	Referral Required
77326	ISODOSE DISTRIBUTIONS	02/03/2002	$117.30	63.0%	37.0%	N	Referral Required
77327	ISODOSE DISTRIBUTIONS	02/03/2002	$173.27	62.0%	38.0%	N	Referral Required
77328	COMPLEX MULTIPLANE ISODOSE P	02/03/2002	$252.15	61.0%	39.0%	N	Referral Required
77331	IN VIVO DOSIMETRY	02/03/2002	$56.51	28.0%	72.0%	N	Referral Required
77332	BEAM SHAPING DEVICE DESIGN	02/03/2002	$67.09	62.0%	38.0%	N	Referral Required
77333	TREATMENT DEVICES, DESIGN AN	02/03/2002	$98.50	60.0%	40.0%	N	Referral Required
77334	TREATMENT DEVICES COMPLEX	02/03/2002	$159.41	63.0%	37.0%	N	Referral Required
77336	RADIOLOGICAL PHYSICS SPT SVC	02/03/2002	$92.59	0.0%	0.0%	N	Referral Required
77370	SPECIAL MEDICAL RADIATION PH	02/03/2002	$108.26	0.0%	0.0%	N	Referral Required
77401	RADIATION TREATMENT DELIVERY	02/03/2002	$55.20	0.0%	0.0%	N	Referral Required
77402	RADIATION TREATMENT DELIVERY	02/03/2002	$55.20	0.0%	0.0%	N	Referral Required
77403	RADIATION TREAT SINGLE TREAT	02/03/2002	$55.20	0.0%	0.0%	N	Referral Required
77404	RADIATION TX DELIVERY,SINGLE	02/03/2002	$55.20	0.0%	0.0%	N	Referral Required
77406	RADIATION TREATMENT SINGLE A	02/03/2002	$55.20	0.0%	0.0%	N	Referral Required
77407	RADIATION TREATMENT TWO AREA	02/03/2002	$64.94	0.0%	0.0%	N	Referral Required
77408	RADIATION TX DELIVERY,2 SEPA	02/03/2002	$64.94	0.0%	0.0%	N	Referral Required
77409	RADIATION TX DELIVERY,2 SEPA	02/03/2002	$64.94	0.0%	0.0%	N	Referral Required
77411	RADIATION TREATMENT TWO AREA	02/03/2002	$64.94	0.0%	0.0%	N	Referral Required
77412	RADIATION TREATMENT THREE AR	02/03/2002	$72.46	0.0%	0.0%	N	Referral Required
77413	RADIATION TREATMENT DELIVERY	02/03/2002	$72.46	0.0%	0.0%	N	Referral Required
77414	RADIATION TX DELIVERY,3 0R M	02/03/2002	$72.46	0.0%	0.0%	N	Referral Required
77416	RADIATION TREATMENT THREE AR	02/03/2002	$72.46	0.0%	0.0%	N	Referral Required
77417	THERAPEUTIC RADIOLOGY PORT F	02/03/2002	$18.40	0.0%	0.0%	N	Referral Required
77418	INTENSITY MODULATED TREATMENT	07/01/2003	$514.48	0.0%	0.0%	N	Referral Required
77427	RADIATION TREATMENT MANAGEMENT	02/03/2002	$155.50	0.0%	0.0%	N	Referral Required
77431	RADIATION W/COMPLETE COURSE	02/03/2002	$87.44	0.0%	0.0%	N	Referral Required
77432	STEREOTACTIC RADIATION TREAT	02/03/2002	$385.16	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
77470	SPECIAL TREATMET PROCEDURE	02/03/2002	$444.71	78.0%	22.0%	N	Referral Required
77600	HYPERTHERMIA EXTERNALLY GENE	02/03/2002	$167.70	56.0%	44.0%	N	Referral Required
77605	HYPERTHERMIA,EXTERNALLY GENE	02/03/2002	$225.55	56.0%	44.0%	N	Referral Required
77610	HYPERTHERMIA TREATMENT 5 OR	02/03/2002	$167.52	56.0%	44.0%	N	Referral Required
77615	HYPERTHERMIA TREATMENTS 5 OR	02/03/2002	$224.19	56.0%	44.0%	N	Referral Required
77620	HYPERTHERMIA GENERATED BY IN	02/03/2002	$168.29	56.0%	44.0%	N	Referral Required
77750	INFUSION OR INSTILLATION OF	02/03/2002	$271.72	16.0%	84.0%	N	Referral Required
77761	INTRACAVITARY RADIOELEMENT A	02/03/2002	$249.38	32.0%	68.0%	N	Referral Required
77762	INTRACAVITARY RADIOELEMENT A	02/03/2002	$378.47	31.0%	69.0%	N	Referral Required
77763	BRACHYTHERAPY, INTRACAVITARY	02/03/2002	$542.71	27.0%	73.0%	N	Referral Required
77776	BRACHYTHERAPY, INTERSTITIAL	02/03/2002	$286.87	24.0%	76.0%	N	Referral Required
77777	INTERSTITIAL RADIOELEMENT AP	02/03/2002	$472.08	29.0%	71.0%	N	Referral Required
77778	BRACHYTHERAPY, INTERSTITIAL	02/03/2002	$685.11	24.0%	76.0%	N	Referral Required
77781	HIGH INTENSITY BRACHYTHERAPY	02/03/2002	$708.78	90.0%	10.0%	N	Referral Required
77782	HIGH INTENSITY BRACHYTHERAPY	02/03/2002	$747.73	85.0%	15.0%	N	Referral Required
77783	HIGH INTENSITY BRACHYTHERAPY	02/03/2002	$805.76	79.0%	21.0%	N	Referral Required
77784	HIGH INTENSITY BRACHYTHERAPY	02/03/2002	$894.03	72.0%	28.0%	N	Referral Required
77789	BRACHYTHERAPY, SURFACE	07/01/2002	$66.61	22.0%	78.0%	N	Referral Required
77790	SUPERIVISION, HANDLING, LOAD	02/03/2002	$64.99	25.0%	75.0%	N	Referral Required
78000	THYROID UPTAKE	07/01/2003	$39.25	77.0%	23.0%	N	Referral Required
78001	THYROID UPTAKE	07/01/2003	$52.71	77.0%	23.0%	N	Referral Required
78003	THYROID STIMULATION	02/03/2002	$45.71	67.0%	33.0%	N	Referral Required
78006	THYROID IMAGING	07/01/2003	$97.18	66.0%	34.0%	N	Referral Required
78007	THYROID IMAGING	07/01/2003	$103.45	77.0%	23.0%	N	Referral Required
78010	THYROID IMAGING	07/01/2003	$75.17	75.0%	25.0%	N	Referral Required
78011	THYROID IMAGING; WITH VASCUL	02/03/2002	$96.11	78.0%	22.0%	N	Referral Required
78015	THYROID CARCINOMA METASTASES	07/01/2002	$111.45	72.0%	28.0%	N	Referral Required
78016	THYROID CARCINOMA METASTASES	07/01/2002	$147.18	74.0%	26.0%	N	Referral Required
78018	WHOLE BODY	02/03/2002	$209.19	79.0%	21.0%	N	Referral Required
78020	THYROID CARCINOMA METATASES UPTAK	07/01/2002	$70.25	0.0%	0.0%	N	Referral Required
78070	PARATHYROID, IMAGING	02/03/2002	$95.39	70.0%	30.0%	N	Referral Required
78075	ADRENAL, IMAGING	02/03/2002	$204.06	83.0%	17.0%	N	Referral Required
78102	BONE MARROW, IMAGING	02/03/2002	$89.84	71.0%	29.0%	N	Referral Required
78103	BONE MARROW, IMAGING	02/03/2002	$133.73	74.0%	26.0%	N	Referral Required
78104	BONE MARROW, IMAGING	02/03/2002	$164.25	77.0%	23.0%	N	Referral Required
78110	BLOOD VOLUME	02/03/2002	$38.62	77.0%	23.0%	N	Referral Required
78111	BLOOD VOLUME	07/01/2002	$90.35	89.0%	11.0%	N	Referral Required
78120	RED CELL MASS DETERMINATION	02/03/2002	$64.96	83.0%	17.0%	N	Referral Required
78121	RED CELL MASS DETERMINATION	02/03/2002	$105.31	86.0%	14.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
78122	NUCLEAR EXAM BLOOD VOLUME	02/03/2002	$164.38	87.0%	13.0%	N	Referral Required
78130	RED CELL SURVIVAL STUDY	02/03/2002	$117.34	76.0%	24.0%	N	Referral Required
78135	RED CELL SURVIVAL STUDY	02/03/2002	$181.55	83.0%	17.0%	N	Referral Required
78140	RED CELL SEQUESTRATION	02/03/2002	$150.77	81.0%	19.0%	N	Referral Required
78160	PLASMA RADIO-IRON DSPPRNCE R	02/03/2002	$129.70	88.0%	12.0%	N	Referral Required
78162	RADIOIRON ORAL ABSORPTION	02/03/2002	$121.03	83.0%	17.0%	N	Referral Required
78170	RADIO-IRON RED CELL UTILIZAT	02/03/2002	$184.62	90.0%	10.0%	N	Referral Required
78185	SPLEEN IMAGING	02/03/2002	$92.46	80.0%	20.0%	N	Referral Required
78190	NUCLEAR EXAM OF PLATELETS	07/01/2002	$229.38	0.0%	0.0%	N	Referral Required
78191	PLATELET SURVIVAL	07/01/2002	$256.62	89.0%	11.0%	N	Referral Required
78195	LYMPH GLANDS IMAGING	07/01/2003	$183.29	79.0%	21.0%	N	Referral Required
78201	LIVER IMAGING	02/03/2002	$94.17	78.0%	22.0%	N	Referral Required
78202	LIVER IMAGING	02/03/2002	$113.68	78.0%	22.0%	N	Referral Required
78205	LIVER IMAGING (SPECT)	07/01/2003	$217.09	84.0%	16.0%	N	Referral Required
78206	LIVER IMAGING	07/01/2002	$225.77	83.0%	17.0%	N	Referral Required
78215	LIVER & SPLEEN IMAGING	02/03/2002	$114.26	80.0%	20.0%	N	Referral Required
78216	LIVER & SPLEEN IMAGING	02/03/2002	$135.12	80.0%	20.0%	N	Referral Required
78220	LIVER FUNCTION STUDIES	02/03/2002	$138.90	83.0%	17.0%	N	Referral Required
78223	HEPATOBILIARY DUCTAL SYSTEM	02/03/2002	$153.34	74.0%	26.0%	N	Referral Required
78230	SALIVARY GLAND IMAGING	07/01/2002	$89.09	76.0%	24.0%	N	Referral Required
78231	SALIVARY GLAND IMAGING	07/01/2002	$123.32	80.0%	20.0%	N	Referral Required
78232	SALIVARY GLAND FUNCTION STUD	02/03/2002	$132.11	83.0%	17.0%	N	Referral Required
78258	ESOPHAGEAL MOTILITY	07/01/2002	$124.41	72.0%	28.0%	N	Referral Required
78261	GASTRIC MUCOSA IMAGING	07/01/2002	$160.11	80.0%	20.0%	N	Referral Required
78262	GASTROESOPHAGEAL REFLUX STUD	07/01/2003	$164.22	80.0%	20.0%	N	Referral Required
78264	GASTRIC EMPYTING STUDY	07/01/2003	$164.83	78.0%	22.0%	N	Referral Required
78267	UREA BREATH TEST	01/01/2002	$10.86	0.0%	0.0%	N	Referral Required
78268	UREA BREATH TEST	01/01/2002	$93.09	0.0%	0.0%	N	Referral Required
78270	VITAMIN B12 ABSORPTION	07/01/2002	$57.68	83.0%	17.0%	N	Referral Required
78271	VITAMIN B12 ABSORPTION	07/01/2003	$60.55	84.0%	16.0%	N	Referral Required
78272	VITAMIN B-12 ABSORPTION STUD	07/01/2003	$84.89	85.0%	15.0%	N	Referral Required
78278	ACUTE GASTROINTESTINAL BLOOD	07/01/2003	$197.72	76.0%	24.0%	N	Referral Required
78282	GASTROINTESTINAL STD/NCLR ME	07/01/2003	$17.71	0.0%	0.0%	N	Referral Required
78290	BOWEL IMAGING	07/01/2003	$126.33	75.0%	25.0%	N	Referral Required
78291	TEST VENOUS DRAIN ABDOMEN	02/03/2002	$136.65	70.0%	30.0%	N	Referral Required
78300	BONE IMAGING	02/03/2002	$106.52	73.0%	27.0%	N	Referral Required
78305	BONE IMAGING	07/01/2003	$152.81	74.0%	26.0%	N	Referral Required
78306	BONE IMAGING	02/03/2002	$173.21	77.0%	23.0%	N	Referral Required
78315	BONE IMAGING,BY THREE PHASE	02/03/2002	$196.53	76.0%	24.0%	N	Referral Required

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78320	TOMOGRAPHIC (SPECT)	02/03/2002	$232.89	79.0%	21.0%	N	Referral Required
78350	BONE DENSITY STUDY(BONE MINE	02/03/2002	$34.06	70.0%	30.0%	N	Referral Required
78351	DUAL PHTON ABSORPTIOMETRY	07/01/2001	$17.09	0.0%	0.0%	N	Referral Required
78414	DETERMINATION OF VENTRICULAR	07/01/2003	$21.10	0.0%	0.0%	N	Referral Required
78428	CARDIAC SHUNT DETECTION	02/03/2002	$108.08	66.0%	34.0%	N	Referral Required
78445	VASCULAR FLOW STUDY	02/03/2002	$80.88	72.0%	28.0%	N	Referral Required
78455	VENOUS THROMBOSIS STUDIES	02/03/2002	$157.81	78.0%	22.0%	N	Referral Required
78456	ACUTE VENOUS THROMBOSIS	02/03/2002	$172.14	75.9%	24.1%	N	Referral Required
78457	VENOUS THROMBOSIS IMAGING UN	02/03/2002	$119.07	70.0%	30.0%	N	Referral Required
78458	BILATERAL	02/03/2002	$167.86	75.0%	25.0%	N	Referral Required
78460	MYOCARDIAL IMAGE SINGLE STUD	02/03/2002	$113.73	64.0%	36.0%	N	Referral Required
78461	REGIONAL MYOCARDIAL PERFUSPO	02/03/2002	$204.97	72.0%	28.0%	N	Referral Required
78464	MYOCARDIAL PERFUSION IMAGING	02/03/2002	$271.24	81.0%	19.0%	N	Referral Required
78465	TOMOGRAPHIC SPECT AT RESTPLU	02/03/2002	$435.86	84.0%	16.0%	N	Referral Required
78466	MYOCARDIAL IMAGING INFARCT A	02/03/2002	$114.38	72.0%	28.0%	N	Referral Required
78468	NUCLEAR SCAN HEART MUSCLE W/	02/03/2002	$151.77	75.0%	25.0%	N	Referral Required
78469	NUCLEAR SCAN HEART MUSCLE TO	02/03/2002	$205.99	79.0%	21.0%	N	Referral Required
78472	CARDIAC BLOOD POOL IMAGING,G	02/03/2002	$217.87	79.0%	21.0%	N	Referral Required
78473	RESTING $ STRESS W/ OR W/O A	02/03/2002	$326.17	79.0%	21.0%	N	Referral Required
78478	MYOCARDIAL PERFUSION STUDY W	02/03/2002	$78.20	62.0%	38.0%	N	Referral Required
78480	MYOCARDIAL PERFUSION STUDY W	02/03/2002	$78.20	63.0%	37.0%	N	Referral Required
78481	CARDIAC BLOOD POOL IMAGING	02/03/2002	$209.35	78.0%	22.0%	N	Referral Required
78483	CARDIAC BLOOD POOL MULTI RES	02/03/2002	$314.83	78.0%	22.0%	N	Referral Required
78494	CARDIAC BLOOD POOL IMAG GATED	07/01/2002	$274.60	79.0%	21.0%	N	Referral Required
78496	CARDIC BLOOD POOL IMAGING GATED	07/01/2003	$242.60	72.0%	28.0%	N	Referral Required
78580	PULMONARY PERFUSION IMAGING	02/03/2002	$141.53	75.0%	25.0%	N	Referral Required
78584	PULMONARY PERGUSION IMAGING	02/03/2002	$145.75	68.0%	32.0%	N	Referral Required
78585	REBREATHING AND WASHOUT	02/03/2002	$226.33	77.0%	23.0%	N	Referral Required
78586	PULMONARY VENTILATION IMAGIN	02/03/2002	$99.34	81.0%	19.0%	N	Referral Required
78587	MULTIPLE PROJECTIONS	02/03/2002	$110.12	79.0%	21.0%	N	Referral Required
78588	PULMONARY PERFUSION IMAGING	02/03/2002	$150.86	72.0%	28.0%	N	Referral Required
78591	PULMONARY VENTILATION IMAGIN	02/03/2002	$107.63	82.0%	18.0%	N	Referral Required
78593	PULMONARY VENTILATION IMAGIN	02/03/2002	$130.43	82.0%	18.0%	N	Referral Required
78594	PULMONARY VENTILATION IMAGIN	02/03/2002	$179.46	85.0%	15.0%	N	Referral Required
78596	PULMONARY QUANTITATIVE DIFFE	02/03/2002	$279.27	78.0%	22.0%	N	Referral Required
78600	BRAIN IMAGING	02/03/2002	$110.29	81.0%	19.0%	N	Referral Required
78601	BRAIN IMAGING	02/03/2002	$129.53	81.0%	19.0%	N	Referral Required
78605	BRAIN IMAGING	02/03/2002	$130.55	80.0%	20.0%	N	Referral Required
78606	BRAIN IMAGING	02/03/2002	$150.22	80.0%	20.0%	N	Referral Required

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78607	BRAIN IMAGING, COMPLETE STUD	02/03/2002	$262.53	78.0%	22.0%	N	Referral Required
78610	BRAIN IMAGING	07/01/2003	$63.39	78.0%	22.0%	N	Referral Required
78615	CEREBRAL BLOOD FLOW	07/01/2003	$139.52	86.0%	14.0%	N	Referral Required
78630	CEREBROSPINAL FLUID FLW IMGN	02/03/2002	$188.22	83.0%	17.0%	N	Referral Required
78635	CEREBROSPINAL FLUID FLW IMGN	02/03/2002	$108.87	73.0%	27.0%	N	Referral Required
78645	CEREBROSPINAL FLUID FLW IMGN	02/03/2002	$133.53	80.0%	20.0%	N	Referral Required
78647	CEREBROSPINAL FLUID FLOW,IMA	02/03/2002	$184.62	82.0%	18.0%	N	Referral Required
78650	CEREBROSPINAL FLUID FLW IMGN	02/03/2002	$172.81	83.0%	17.0%	N	Referral Required
78660	DACTYOCYSTOGRAPHY	02/03/2002	$90.74	72.0%	28.0%	N	Referral Required
78700	KIDNEY IMAGING	07/01/2003	$115.61	82.0%	18.0%	N	Referral Required
78701	KIDNEY IMAGING	02/03/2002	$133.30	83.0%	17.0%	N	Referral Required
78704	KIDNEY IMAGING	02/03/2002	$157.84	78.0%	22.0%	N	Referral Required
78707	KIDNEY IMAGING	02/03/2002	$183.88	76.0%	24.0%	N	Referral Required
78708	KIDNEY IMAGING W/VASCULAR FL	02/03/2002	$195.62	73.0%	27.0%	N	Referral Required
78709	KIDNEY IMAGING W/VASCULAR FL	02/03/2002	$204.98	71.0%	29.0%	N	Referral Required
78710	KIDNEY IMAGING	07/01/2003	$214.40	85.0%	15.0%	N	Referral Required
78715	KIDNEY VASCULAR FLOW STUDIES	02/03/2002	$63.39	78.0%	22.0%	N	Referral Required
78725	KIDNEY FUNCTION STUDY	02/03/2002	$73.37	76.0%	24.0%	N	Referral Required
78730	URINARY BLADDER RESIDUAL STU	07/01/2003	$62.60	74.0%	26.0%	N	Referral Required
78740	URETERAL REFLUX STUDY	07/01/2003	$92.77	71.0%	29.0%	N	Referral Required
78760	TESTICULAR IMAGING	07/01/2002	$113.97	73.0%	27.0%	N	Referral Required
78761	TESTICULAR IMAGING WITH VASC	07/01/2002	$132.97	75.0%	25.0%	N	Referral Required
78800	TUMOR LOCALIZATION	02/03/2002	$136.52	78.0%	22.0%	N	Referral Required
78801	TUMOR LOCALIZATION	02/03/2002	$168.37	78.0%	22.0%	N	Referral Required
78802	TUMOR LOCALIZATION	02/03/2002	$212.56	81.0%	19.0%	N	Referral Required
78803	TUMOR LOCALIZATION (SPECT)	07/01/2003	$255.58	80.0%	20.0%	N	Referral Required
78804	WHOLE BODY, REQUIRING TWO OR MORE	01/01/2004	$184.46	74.0%	26.0%	N	Referral Required
78805	ABCESS LOCALIZATION LIMITED	02/03/2002	$140.23	77.0%	23.0%	N	Referral Required
78806	WHOLE BODY	07/01/2003	$240.71	81.0%	19.0%	N	Referral Required
78807	RADIONUCLIDE LOCALIZATION OF	07/01/2003	$256.21	80.0%	20.0%	N	Referral Required
78890	GENERALIZATION OF AUTOMATED	07/01/2001	$44.56	95.0%	5.0%	N	Referral Required
78891	COMPLEX MANIPULATIONS AND IN	07/01/2001	$90.12	94.0%	6.0%	N	Referral Required
79000	THYROTOXICOSIS THERAPY	02/03/2002	$166.11	49.0%	51.0%	N	Referral Required
79001	THYROTOXICOSIS THERAPY	02/03/2002	$90.27	45.0%	55.0%	N	Referral Required
79020	THYROID SUPPRESSION	02/03/2002	$166.14	49.0%	51.0%	N	Referral Required
79030	THYROID CARCINOMA RADIONUCLI	02/03/2002	$180.54	45.0%	55.0%	N	Referral Required
79035	THYROID CARCINOMA RADIONUCLI	02/03/2002	$200.74	41.0%	59.0%	N	Referral Required
79100	NUCLEAR MEDICINE TREATMENT	07/01/2002	$144.60	57.0%	43.0%	N	Referral Required
79200	RADIOACTIVE COLLOID THERAPY	02/03/2002	$175.58	47.0%	53.0%	N	Referral Required

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79300	RADIOACTIVE COLLOID THERAPY	07/01/2001	$340.02	0.0%	100.0%	N	Referral Required
79400	NUCLEAR MEDICINE TREATMENT	02/03/2002	$174.40	47.0%	53.0%	N	Referral Required
79420	INTRAVASCULAR RADIONUCLIDE T	07/01/2003	$70.78	0.0%	0.0%	N	Referral Required
79440	INTRAARTICULAR RADIONUCLIDE	02/03/2002	$177.68	47.0%	53.0%	N	Referral Required
80048	BASIC METABOLIC PANEL	07/01/2001	$11.70	0.0%	0.0%	N	Referral Required
80050	GENERAL HEALTH SCREEN PANEL	07/01/2001	$49.53	0.0%	0.0%	N	Referral Required
80051	ELECTROLYTE PANEL	07/01/2001	$9.69	0.0%	0.0%	N	Referral Required
80053	COMPREHENSIVE METABOLIC PANEL	07/01/2001	$14.61	0.0%	0.0%	N	Referral Required
80055	OBSTETRIC PROFILE	07/01/2001	$30.57	0.0%	0.0%	N	Referral Required
80061	LIPID PROFILE	07/01/2001	$15.67	0.0%	0.0%	N	Referral Required
80069	RENAL FUNCTION PANEL	07/01/2001	$12.00	0.0%	0.0%	N	Referral Required
80074	ACUTE HEPATITIS PANEL	07/01/2001	$45.41	0.0%	0.0%	N	Referral Required
80076	HEPATIC FUNCTION PANEL	07/01/2001	$11.29	0.0%	0.0%	N	Referral Required
80100	DRUG SCREEN; MULTI DRUG CLAS	07/01/2001	$20.10	0.0%	0.0%	N	Referral Required
80101	DRUG SCREEN SINGLE DRUG CLAS	07/01/2001	$19.03	0.0%	0.0%	N	Referral Required
80102	DRUG, CONFIRMATION, EACH PRO	07/01/2001	$18.31	0.0%	0.0%	N	Referral Required
80150	AMIKACIN	07/01/2001	$20.83	0.0%	0.0%	N	Referral Required
80152	AMITRIPTYLINE	07/01/2001	$24.74	0.0%	0.0%	N	Referral Required
80154	BENZODIAZEPINES	07/01/2001	$25.56	0.0%	0.0%	N	Referral Required
80156	CARBAMAZEPINE	07/01/2001	$20.12	0.0%	0.0%	N	Referral Required
80157	CARBAMAZEPINE ASSAY	07/01/2001	$13.74	0.0%	0.0%	N	Referral Required
80158	CYCLOSPORINE	07/01/2001	$24.95	0.0%	0.0%	N	Referral Required
80160	DESIPRAMINE	07/01/2001	$23.79	0.0%	0.0%	N	Referral Required
80162	DIGOXIN	07/01/2001	$18.35	0.0%	0.0%	N	Referral Required
80164	DIPROPYLACETIC ACID (VALPROI	07/01/2001	$18.72	0.0%	0.0%	N	Referral Required
80166	DOXEPIN	07/01/2001	$21.42	0.0%	0.0%	N	Referral Required
80168	ETHOSUPIMIDE	07/01/2001	$22.58	0.0%	0.0%	N	Referral Required
80170	GENTAMICIN	07/01/2001	$22.65	0.0%	0.0%	N	Referral Required
80172	GOLD	07/01/2001	$22.52	0.0%	0.0%	N	Referral Required
80173	HALOPERIDOL ASSAY	07/01/2001	$20.12	0.0%	0.0%	N	Referral Required
80174	IMIPRAMINE	07/01/2001	$23.79	0.0%	0.0%	N	Referral Required
80176	LIDOCAINE	07/01/2001	$20.30	0.0%	0.0%	N	Referral Required
80178	LITHIUM	07/01/2001	$9.13	0.0%	0.0%	N	Referral Required
80182	NORTRIPTYLINE	07/01/2001	$18.72	0.0%	0.0%	N	Referral Required
80184	PHENOBARBITAL	07/01/2001	$15.83	0.0%	0.0%	N	Referral Required
80185	PHENYTOIN TOTAL	07/01/2001	$18.32	0.0%	0.0%	N	Referral Required
80186	PHNEYTOIN; FREE	07/01/2001	$19.03	0.0%	0.0%	N	Referral Required
80188	PRIMIDONE	07/01/2001	$22.93	0.0%	0.0%	N	Referral Required
80190	PROCAINAMIDE	07/01/2001	$23.15	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
80192	PROCAINAMIDE WITH METABOLITE	07/01/2001	$23.15	0.0%	0.0%	N	Referral Required
80194	QUINIDINE	07/01/2002	$20.17	0.0%	0.0%	N	Referral Required
80196	DRUG SCREEN, SALICYLATE	07/01/2001	$9.81	0.0%	0.0%	N	Referral Required
80197	DRUG SCREEN, TACROLIMUS	07/01/2001	$18.97	0.0%	0.0%	N	Referral Required
80198	THEOPHYLLINE	07/01/2001	$19.56	0.0%	0.0%	N	Referral Required
80200	TOBRAMYCIN	07/01/2001	$22.27	0.0%	0.0%	N	Referral Required
80201	TOPIRAMATE	07/01/2001	$16.48	0.0%	0.0%	N	Referral Required
80202	VANCOMYCIN	07/01/2001	$18.72	0.0%	0.0%	N	Referral Required
80299	QUANITATION OF DRUG NOT ELSE	07/01/2001	$18.92	0.0%	0.0%	N	Referral Required
80400	ACTH STIMULATION PANEL; ADRE	07/01/2001	$40.10	0.0%	0.0%	N	Referral Required
80402	ACTH STIMULATION PANEL; 21 H	07/01/2001	$115.18	0.0%	0.0%	N	Referral Required
80406	ACTH STIMULATION PANEL; 3 BE	07/01/2001	$103.18	0.0%	0.0%	N	Referral Required
80408	ALDOSTERONE SUPPRESSION EVAL	07/01/2001	$173.44	0.0%	0.0%	N	Referral Required
80410	CALCIUM-PENTAGASTRIN STIMULA	07/01/2001	$111.03	0.0%	0.0%	N	Referral Required
80412	CORTICOTROPIC RELEASING HORM	07/01/2001	$440.58	0.0%	0.0%	N	Referral Required
80414	CHORIONIC GONADOTROPHIN PANE	07/01/2001	$64.92	0.0%	0.0%	N	Referral Required
80415	CHORIONIC GONADOTROPHIN PANE	07/01/2001	$77.24	0.0%	0.0%	N	Referral Required
80416	RENAL VEIN RENIN STIMULATION	07/01/2001	$182.40	0.0%	0.0%	N	Referral Required
80417	PERIPHERAL VEIN RENIN STIMUL	07/01/2001	$60.80	0.0%	0.0%	N	Referral Required
80418	COMBINED RAPID ANTERIOR PITU	07/01/2001	$758.32	0.0%	0.0%	N	Referral Required
80420	DEXAMETHASONE SUPPRESSION PA	07/01/2001	$94.58	0.0%	0.0%	N	Referral Required
80422	GLUCAGON TOLERANCE PANEL; FO	07/01/2001	$63.69	0.0%	0.0%	N	Referral Required
80424	GLUCAGON TOLERANCE PANEL; FO	07/01/2001	$69.80	0.0%	0.0%	N	Referral Required
80426	GONADOTROPIN RELASING HORMON	07/01/2001	$178.36	0.0%	0.0%	N	Referral Required
80428	GROWTH HORMONE STIMULATION P	07/01/2001	$92.16	0.0%	0.0%	N	Referral Required
80430	GROWTH HORMONE SUPPRESSION P	07/01/2001	$108.42	0.0%	0.0%	N	Referral Required
80432	INSULIN-INDUCED C-PEPTIDE SU	07/01/2001	$186.66	0.0%	0.0%	N	Referral Required
80434	INSULIN TOLERANCE PANEL;FOR	07/01/2001	$127.35	0.0%	0.0%	N	Referral Required
80435	INSULIN TOLERANCE PANEL;FOR	07/01/2001	$142.30	0.0%	0.0%	N	Referral Required
80436	METYRAPONE PANEL	07/01/2001	$121.02	0.0%	0.0%	N	Referral Required
80438	THYROTROPIN RELEASING HORMON	07/01/2001	$65.22	0.0%	0.0%	N	Referral Required
80439	TRH STIMULATION PANEL; TWO H	07/01/2001	$86.96	0.0%	0.0%	N	Referral Required
80440	TRH STIMULATION PANEL; FOR H	07/01/2001	$80.34	0.0%	0.0%	N	Referral Required
80500	CLINICAL PATHOLOGY CONSULTAT	02/03/2002	$19.74	0.0%	0.0%	N	Referral Required
80502	CLINICAL PATHOLOGY CONSULTAT	07/01/2002	$67.21	0.0%	0.0%	N	Referral Required
81000	URINALYSIS	07/01/2001	$4.37	0.0%	0.0%	N	Referral Required
81001	URINALYSIS, DIPSTICK/TABLET;	07/01/2001	$4.37	0.0%	0.0%	N	Referral Required
81002	URINALISIS, ROUTINE, WITHOUT	07/01/2002	$3.54	0.0%	0.0%	N	Referral Required
81003	UA WO/MICROSCOPY AUTOMATED	07/01/2001	$3.10	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
81005	URINALYSIS	07/01/2001	$3.00	0.0%	0.0%	N	Referral Required
81007	URINALYSIS BACTERIURIA SCREE	07/01/2002	$3.55	0.0%	0.0%	N	Referral Required
81015	URINALYSIS	07/01/2001	$4.20	0.0%	0.0%	N	Referral Required
81020	URINALYSIS; TWO OR THREE GLA	07/01/2002	$5.09	0.0%	0.0%	N	Referral Required
81025	URINE PREGNANCY TEST BY VISU	07/01/2001	$8.74	0.0%	0.0%	N	Referral Required
81050	VOLUME MEASUREMENT FOR TIMED	07/01/2001	$4.14	0.0%	0.0%	N	Referral Required
82000	ACETALDEHYDE BLOOD	07/01/2001	$17.12	0.0%	0.0%	N	Referral Required
82003	ACETAMINOPHEN TEST	07/01/2001	$27.96	0.0%	0.0%	N	Referral Required
82009	ACETONE TESTING	07/01/2001	$6.25	0.0%	0.0%	N	Referral Required
82010	ACETONE TESTING	07/01/2001	$11.29	0.0%	0.0%	N	Referral Required
82013	ACETYLCHOLINESTERASE	07/01/2001	$15.44	0.0%	0.0%	N	Referral Required
82016	ACYLCARNITINES QUALITATIVE	07/01/2001	$19.16	0.0%	0.0%	N	Referral Required
82017	ACYLCARNITINES QUANTITATIVE	07/01/2001	$19.00	0.0%	0.0%	N	Referral Required
82024	ACTH TESTING	07/01/2001	$53.38	0.0%	0.0%	N	Referral Required
82030	ADENOSINE MONOPHOSPHATE TEST	07/01/2001	$35.65	0.0%	0.0%	N	Referral Required
82040	SERUM ALBUMIN TEST	07/01/2002	$6.85	0.0%	0.0%	N	Referral Required
82042	URINE QUNTITATIVE (SPECIFY M	07/01/2001	$7.15	0.0%	0.0%	N	Referral Required
82043	ALBUMIN; URINE MICROALBUMIN,	07/01/2001	$8.00	0.0%	0.0%	N	Referral Required
82044	ALBUMIN;URINE MICROALBUMIN,S	07/01/2001	$4.78	0.0%	0.0%	N	Referral Required
82055	ALCOHOL TESTING	07/01/2001	$14.93	0.0%	0.0%	N	Referral Required
82075	ALCOHOL TESTING	07/01/2001	$16.66	0.0%	0.0%	N	Referral Required
82085	ALDOLASE TEST	07/01/2001	$13.42	0.0%	0.0%	N	Referral Required
82088	ALDOSTERONE TESTING	07/01/2001	$56.32	0.0%	0.0%	N	Referral Required
82101	QUANTITATIVE	07/01/2001	$41.48	0.0%	0.0%	N	Referral Required
82103	ALPHA-1 ANTITRYPSIN; TOTAL	07/01/2001	$18.56	0.0%	0.0%	N	Referral Required
82104	ALPHA-1-1ANTITRYPSIN; PHENOT	07/01/2001	$19.98	0.0%	0.0%	N	Referral Required
82105	ALPHA-FETOPROTEIN SERUM	07/01/2001	$23.18	0.0%	0.0%	N	Referral Required
82106	ALPHA FETAPROTEIN; AMNIOTIC	07/01/2001	$23.18	0.0%	0.0%	N	Referral Required
82108	ALUMINUM, BLOOD (SERUM)	07/01/2001	$27.82	0.0%	0.0%	N	Referral Required
82120	AMINES, VAGINAL FLUID	07/01/2001	$5.19	0.0%	0.0%	N	Referral Required
82127	AMINO ACIDS SINGLE QUALITATIVE; EA	07/01/2001	$19.16	0.0%	0.0%	N	Referral Required
82128	AMINO ACID TESTING	07/01/2001	$19.16	0.0%	0.0%	N	Referral Required
82131	AMINO ACIDS,FRACTIONATION AN	07/01/2002	$23.31	0.0%	0.0%	N	Referral Required
82135	AMINOLEVULINIC ACID TEST	07/01/2001	$22.75	0.0%	0.0%	N	Referral Required
82136	AMINO ACIDS 2 TO 5 AMINO ACIDS	07/01/2001	$19.00	0.0%	0.0%	N	Referral Required
82139	AMINO ACIDS 6 OR MORE QUANTITATIVE	07/01/2001	$19.00	0.0%	0.0%	N	Referral Required
82140	AMMONIA TESTING	07/01/2002	$20.14	0.0%	0.0%	N	Referral Required
82143	AMNIOTIC FLUID SCAN	07/01/2001	$9.50	0.0%	0.0%	N	Referral Required
82145	AMPHETAMINE TEST	07/01/2001	$21.48	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
82150	AMYLASE TESTING	07/01/2001	$8.96	0.0%	0.0%	N	Referral Required
82154	ANDROSTANEDIOL GLUCURONIDE	07/01/2001	$39.85	0.0%	0.0%	N	Referral Required
82157	ANDROSTENEDIONE RIA TEST	07/01/2001	$40.46	0.0%	0.0%	N	Referral Required
82160	RIA	07/01/2001	$34.57	0.0%	0.0%	N	Referral Required
82163	ANGIOTENSIN II RIA TEST	07/01/2001	$28.37	0.0%	0.0%	N	Referral Required
82164	ANGIOTENSIN CONVERTING ENZYM	07/01/2001	$20.17	0.0%	0.0%	N	Referral Required
82172	APOLIPOPROTEIN,IMMUNOASSAY	07/01/2001	$21.41	0.0%	0.0%	N	Referral Required
82175	ARSENIC TESTING	07/01/2001	$26.22	0.0%	0.0%	N	Referral Required
82180	ASCORBIC ACID TEST	07/01/2001	$13.66	0.0%	0.0%	N	Referral Required
82190	ATOMIC ABSORPTION SPECTROSCO	07/01/2001	$17.42	0.0%	0.0%	N	Referral Required
82205	BARBITURATE TESTING	07/01/2001	$15.83	0.0%	0.0%	N	Referral Required
82232	BETA-2 MICROGLOBULIN	07/01/2001	$22.36	0.0%	0.0%	N	Referral Required
82239	BILE ACIDS; TOTAL	07/01/2001	$23.67	0.0%	0.0%	N	Referral Required
82240	BILE ACID TEST	07/01/2001	$36.73	0.0%	0.0%	N	Referral Required
82247	BILIRUBIN TOTAL	07/01/2001	$6.94	0.0%	0.0%	N	Referral Required
82248	BILIRUBIN DIRECT	07/01/2001	$6.94	0.0%	0.0%	N	Referral Required
82252	BILIRUBIN, FECES, QUALITATIV	07/01/2001	$6.28	0.0%	0.0%	N	Referral Required
82261	BIOTINIDASE; EACH SPECIMEN	07/01/2001	$19.00	0.0%	0.0%	N	Referral Required
82270	OCCULT BLOOD TEST	07/01/2002	$4.49	0.0%	0.0%	N	Referral Required
82273	DUODENAL GASTRIC CONTENTS QU	07/01/2001	$4.49	0.0%	0.0%	N	Referral Required
82274	FECAL HEMOGLOBIN IMMUNOASSAY TEST	07/01/2004	$18.09	0.0%	0.0%	N	Referral Required
82286	BRADYKININ TEST	07/01/2001	$9.52	0.0%	0.0%	N	Referral Required
82300	CADMIUM TEST	07/01/2001	$31.98	0.0%	0.0%	N	Referral Required
82306	CALCIFEDIOL (25-OH VITAMIN D	07/01/2001	$40.91	0.0%	0.0%	N	Referral Required
82307	CALCIFEROL (VITAMIN D) RIA	07/01/2001	$44.53	0.0%	0.0%	N	Referral Required
82308	CALCITONIN TEST	07/01/2001	$37.01	0.0%	0.0%	N	Referral Required
82310	CALCIUM TEST	07/01/2001	$7.12	0.0%	0.0%	N	Referral Required
82330	CALCIUM TEST	07/01/2001	$18.88	0.0%	0.0%	N	Referral Required
82331	AFTER CALCIUM INFUSION TEST	07/01/2001	$7.15	0.0%	0.0%	N	Referral Required
82340	CALCIUM TEST	07/01/2001	$8.34	0.0%	0.0%	N	Referral Required
82355	CALCULUS TESTING	07/01/2001	$15.99	0.0%	0.0%	N	Referral Required
82360	CALCULUS TESTING	07/01/2001	$17.80	0.0%	0.0%	N	Referral Required
82365	CALCULUS TESTING	07/01/2001	$17.82	0.0%	0.0%	N	Referral Required
82370	CALCULUS TESTING	07/01/2001	$17.32	0.0%	0.0%	N	Referral Required
82373	CARBOHYDRATE DEFICIENT TRANS. ASSA	07/01/2002	$24.96	0.0%	0.0%	N	Referral Required
82374	CARBON DIOXIDE TESTING	07/01/2001	$6.76	0.0%	0.0%	N	Referral Required
82375	CARBON MONOXIDE TESTING	07/01/2001	$17.03	0.0%	0.0%	N	Referral Required
82376	CARBON MONOXIDE TESTING	07/01/2002	$8.28	0.0%	0.0%	N	Referral Required
82378	CARCINOEMBRYONIC ANTIGEN (CE	07/01/2001	$26.22	0.0%	0.0%	N	Referral Required

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82379	CARNITINE QUANTITATIVE;	07/01/2001	$19.00	0.0%	0.0%	N	Referral Required
82380	CAROTENE TEST	07/01/2001	$12.75	0.0%	0.0%	N	Referral Required
82382	CATECHOLAMINES TESTING	07/01/2001	$23.76	0.0%	0.0%	N	Referral Required
82383	CATECHOLAMINES TESTING	07/01/2001	$34.63	0.0%	0.0%	N	Referral Required
82384	CATECHOLAMINES TESTING	07/01/2001	$34.90	0.0%	0.0%	N	Referral Required
82387	CATHEPSIN-D	07/01/2001	$28.75	0.0%	0.0%	N	Referral Required
82390	CERULOPLASMIN TEST	07/01/2001	$14.84	0.0%	0.0%	N	Referral Required
82397	CHEMILUMINESCENT ASSAY	07/01/2001	$19.53	0.0%	0.0%	N	Referral Required
82415	CHLORAMPHENICOL TEST	07/01/2001	$17.51	0.0%	0.0%	N	Referral Required
82435	CHLORIDE TESTING	07/01/2001	$6.35	0.0%	0.0%	N	Referral Required
82436	URINE (SPECIFY CHEMICAL ELEC	07/01/2001	$6.95	0.0%	0.0%	N	Referral Required
82438	SPINAL FLUID	07/01/2002	$6.76	0.0%	0.0%	N	Referral Required
82441	CHLORINATED HYDROCARBON SCRE	07/01/2001	$8.30	0.0%	0.0%	N	Referral Required
82465	CHOLESTEROL TESTING	07/01/2001	$6.02	0.0%	0.0%	N	Referral Required
82480	CHOLINESTERASE TESTING	07/01/2001	$10.89	0.0%	0.0%	N	Referral Required
82482	CHOLINESTERASE TESTING	07/01/2001	$10.62	0.0%	0.0%	N	Referral Required
82485	CHONDROITIN B SULFATE TEST	07/01/2001	$28.54	0.0%	0.0%	N	Referral Required
82486	CHROMATOGRAPHY TESTS	07/01/2001	$24.96	0.0%	0.0%	N	Referral Required
82487	CHROMATOGRAPHY TESTS	07/01/2001	$22.06	0.0%	0.0%	N	Referral Required
82488	CHROMATOGRAPHY TESTS	07/01/2001	$29.53	0.0%	0.0%	N	Referral Required
82489	CHROMATOGRAPHY TESTS	07/01/2001	$20.45	0.0%	0.0%	N	Referral Required
82491	CHROMOTOGRAPHY, QUANTITATIVE	07/01/2001	$24.96	0.0%	0.0%	N	Referral Required
82492	CHROMATOGRAPHY QUANTITATIVE; COLU	07/01/2001	$24.96	0.0%	0.0%	N	Referral Required
82495	URINE	07/01/2001	$28.03	0.0%	0.0%	N	Referral Required
82507	CITRIC ACID TEST	07/01/2001	$38.43	0.0%	0.0%	N	Referral Required
82520	COCAINE QUANTITATIVE	07/01/2001	$20.94	0.0%	0.0%	N	Referral Required
82523	COLLAGEN CROSS LINKS; ANY ME	07/01/2001	$20.26	0.0%	0.0%	N	Referral Required
82525	COPPER TEST	07/01/2001	$17.15	0.0%	0.0%	N	Referral Required
82528	CORTICOSTERONE TEST	07/01/2001	$31.11	0.0%	0.0%	N	Referral Required
82530	CORTISOL;FREE	07/01/2001	$23.10	0.0%	0.0%	N	Referral Required
82533	CORTISOL TESTING	07/01/2001	$20.05	0.0%	0.0%	N	Referral Required
82540	CREATINE TEST	07/01/2001	$6.40	0.0%	0.0%	N	Referral Required
82541	COLUMN CHROMATOGRAPHY/MASS SPEC	07/01/2001	$24.96	0.0%	0.0%	N	Referral Required
82542	COLUMN CHROMATOGRAPHY/MASS SPEC	07/01/2001	$24.96	0.0%	0.0%	N	Referral Required
82543	COLUMN CHROMATOGRAPHY/MASS SPEC	07/01/2001	$24.96	0.0%	0.0%	N	Referral Required
82544	COLUMN CHROMATOGRAPHY/MASS SPEC	07/01/2001	$24.96	0.0%	0.0%	N	Referral Required
82550	CPK TESTING	07/01/2001	$9.01	0.0%	0.0%	N	Referral Required
82552	CPK TESTING	07/01/2001	$18.51	0.0%	0.0%	N	Referral Required
82553	CREATINE KINASE (CK),(CPK),	07/01/2001	$15.95	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
82554	CREATINE KINASE (CK), (CPK);	07/01/2001	$16.40	0.0%	0.0%	N	Referral Required
82565	GREATININE TESTING	07/01/2002	$7.07	0.0%	0.0%	N	Referral Required
82570	URINE	07/01/2001	$7.15	0.0%	0.0%	N	Referral Required
82575	CREATININE CLEARANCE TEST	07/01/2001	$13.06	0.0%	0.0%	N	Referral Required
82585	CRYOFIBRINOGEN TEST	07/01/2001	$11.85	0.0%	0.0%	N	Referral Required
82595	CRYOGLOBULIN TEST	07/01/2002	$8.95	0.0%	0.0%	N	Referral Required
82600	CYANIDE TEST	07/01/2001	$26.81	0.0%	0.0%	N	Referral Required
82607	CYANOCOBALAMIN TESTING	07/01/2001	$20.83	0.0%	0.0%	N	Referral Required
82608	UNSATURATED BINDING CAPACITY	07/01/2001	$19.80	0.0%	0.0%	N	Referral Required
82615	CYSTINE & HOMOCYSTINE TEST	07/01/2001	$11.29	0.0%	0.0%	N	Referral Required
82626	DEHYDROEPIANDROSTERONE TEST	07/01/2001	$34.93	0.0%	0.0%	N	Referral Required
82627	DEHYDROEPIANDROSTERONE-SULFA	07/01/2001	$25.34	0.0%	0.0%	N	Referral Required
82633	DESOXYCORTICOSTERONE, 11 TES	07/01/2002	$42.81	0.0%	0.0%	N	Referral Required
82634	DESOXYCORTISOL, 11 TEST	07/01/2001	$40.46	0.0%	0.0%	N	Referral Required
82638	DIBUCCAINE NUMBER	07/01/2001	$16.92	0.0%	0.0%	N	Referral Required
82646	DIHYDROCODINONE TEST	07/01/2001	$28.54	0.0%	0.0%	N	Referral Required
82649	DIHYDROMORPHINONE TEST	07/01/2001	$35.52	0.0%	0.0%	N	Referral Required
82651	DIHYDROTESTOSTERONE TEST	07/01/2001	$35.68	0.0%	0.0%	N	Referral Required
82652	DIHYDROXYVITAMIN D, 1,25-	07/01/2001	$53.19	0.0%	0.0%	N	Referral Required
82654	DIMETHADIONE	07/01/2001	$19.14	0.0%	0.0%	N	Referral Required
82657	ENZYME ACTIVE BL CELLS CULT. OR TIS	07/01/2001	$24.96	0.0%	0.0%	N	Referral Required
82658	ENZYME ACTIVE BL CELLS CULTURE OR	07/01/2001	$24.96	0.0%	0.0%	N	Referral Required
82664	ELECTROPHORETIC TESTING	07/01/2002	$47.48	0.0%	0.0%	N	Referral Required
82666	EPIANDROSTERONE TEST	07/01/2001	$29.69	0.0%	0.0%	N	Referral Required
82668	ERYTHROPOIETIN, BIOASSAY	07/01/2001	$25.97	0.0%	0.0%	N	Referral Required
82670	ESTRADIOL TEST	07/01/2001	$38.62	0.0%	0.0%	N	Referral Required
82671	ESTROGEN TESTING	07/01/2001	$44.64	0.0%	0.0%	N	Referral Required
82672	ESTROGEN TESTING	07/01/2001	$29.97	0.0%	0.0%	N	Referral Required
82677	ESTRIOL TESTING	07/01/2001	$33.43	0.0%	0.0%	N	Referral Required
82679	ESTRONE TESTING	07/01/2001	$34.50	0.0%	0.0%	N	Referral Required
82690	ETHCHLORVYNOL TEST	07/01/2001	$23.89	0.0%	0.0%	N	Referral Required
82693	ETHYLENE GLYCOL	07/01/2001	$20.59	0.0%	0.0%	N	Referral Required
82696	ETIOCHOLANOLONE RIA	07/01/2001	$32.60	0.0%	0.0%	N	Referral Required
82705	FAT OR LIPIDS FECES SCREENIN	07/01/2001	$7.04	0.0%	0.0%	N	Referral Required
82710	FECES, FAT, TESTING	07/01/2001	$23.21	0.0%	0.0%	N	Referral Required
82715	FECES, FAT, TESTING	07/01/2001	$23.79	0.0%	0.0%	N	Referral Required
82725	FATTY ACID TESTING	07/01/2001	$18.40	0.0%	0.0%	N	Referral Required
82726	VERY LONG CHAIN; FATTY ACIDS	07/01/2001	$24.96	0.0%	0.0%	N	Referral Required
82728	FERRITIN SPECIFY METHOD	07/01/2001	$18.83	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
82731	FETAL FIBRONECTIN CERVICOVAGINAL	01/01/2001	$89.01	0.0%	0.0%	N	Referral Required
82735	FLUORIDE TEST	07/01/2001	$25.63	0.0%	0.0%	N	Referral Required
82742	FLURAZEPAM TEST	07/01/2001	$27.36	0.0%	0.0%	N	Referral Required
82746	FOLIC ACID TESTING	07/01/2001	$20.32	0.0%	0.0%	N	Referral Required
82747	FOLIC ACID; RBC	07/01/2001	$23.93	0.0%	0.0%	N	Referral Required
82757	FRUCTOSE SEMEN	07/01/2001	$23.97	0.0%	0.0%	N	Referral Required
82759	GALACTOKINASE RBC	07/01/2001	$29.69	0.0%	0.0%	N	Referral Required
82760	GALACTOSE TESTING	07/01/2001	$11.55	0.0%	0.0%	N	Referral Required
82775	GALACTOSE TESTING	07/01/2001	$29.11	0.0%	0.0%	N	Referral Required
82776	GALACTOSE TESTING	07/01/2001	$11.59	0.0%	0.0%	N	Referral Required
82784	GAMMA GLOBULIN TESTING	07/01/2002	$12.85	0.0%	0.0%	N	Referral Required
82785	GAMMA GLOBULIN TESTING	07/01/2001	$22.76	0.0%	0.0%	N	Referral Required
82787	GAMMAGLUBULIN; IMMUNOGLOBULI	07/01/2001	$3.41	0.0%	0.0%	N	Referral Required
82800	BLOOD GAS TESTING	07/01/2001	$11.19	0.0%	0.0%	N	Referral Required
82803	BLOOD GAS TESTING	07/01/2001	$26.74	0.0%	0.0%	N	Referral Required
82805	GASES,BLOOD,ANYCOMB W/O2 SAT	07/01/2001	$39.21	0.0%	0.0%	N	Referral Required
82810	GASES, BLOOD, O2 SATURATION	07/01/2001	$12.06	0.0%	0.0%	N	Referral Required
82820	HEMOGLOBIN-OXYGEN AFFINITY P	07/01/2001	$13.82	0.0%	0.0%	N	Referral Required
82926	GASTRIC ACID TESTING	07/01/2002	$7.53	0.0%	0.0%	N	Referral Required
82928	GASTRIC ACID TESTING	07/01/2002	$9.05	0.0%	0.0%	N	Referral Required
82938	GASTRIN SERUM AFTER SECRETIO	07/01/2001	$24.46	0.0%	0.0%	N	Referral Required
82941	GASTRIN TEST	07/01/2001	$24.38	0.0%	0.0%	N	Referral Required
82943	GLUCAGON TEST	07/01/2001	$19.75	0.0%	0.0%	N	Referral Required
82945	GLUCOSE BODY FLUID	07/01/2001	$5.42	0.0%	0.0%	N	Referral Required
82946	GLOBULIM SERUM	07/01/2001	$20.83	0.0%	0.0%	N	Referral Required
82947	GLUCOSE TESTING	07/01/2001	$5.42	0.0%	0.0%	N	Referral Required
82948	GLUCOSE TESTING	07/01/2001	$3.68	0.0%	0.0%	N	Referral Required
82950	GLUCOSE TESTING	07/01/2001	$6.56	0.0%	0.0%	N	Referral Required
82951	GLUCOSE TESTING	07/01/2001	$17.80	0.0%	0.0%	N	Referral Required
82952	GLUCOSE TESTING	07/01/2001	$5.42	0.0%	0.0%	N	Referral Required
82953	TOLBUTAMIDE TOLERANCE TEST	07/01/2002	$20.93	0.0%	0.0%	N	Referral Required
82955	GLUCSE-6-PHOSPHTE DEHYDROGEN	07/01/2001	$13.40	0.0%	0.0%	N	Referral Required
82960	GLUCSE-6-PHOSPHTE DEHYDROGEN	07/01/2001	$8.38	0.0%	0.0%	N	Referral Required
82962	GLUCOSE, BLOOD, BYGLUCOSE MO	07/01/2002	$3.23	0.0%	0.0%	N	Referral Required
82963	GLUCOSIDASE BETA	07/01/2001	$29.69	0.0%	0.0%	N	Referral Required
82965	GLUTAMATE DEHYDROGENASE TEST	07/01/2001	$10.68	0.0%	0.0%	N	Referral Required
82975	GLUTAMINE TEST	07/01/2001	$21.88	0.0%	0.0%	N	Referral Required
82977	GGT TEST	07/01/2001	$9.95	0.0%	0.0%	N	Referral Required
82978	GLUTHATHIONE TEST	07/01/2001	$19.70	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
82979	GLUTHATHIONE REDUCTASE RBC	07/01/2001	$9.52	0.0%	0.0%	N	Referral Required
82980	GLUTETHIMIDE TEST	07/01/2001	$25.32	0.0%	0.0%	N	Referral Required
82985	GLYCOPROTEIN TEST	07/01/2001	$20.83	0.0%	0.0%	N	Referral Required
83001	GONADOTROPIN TESTING	07/01/2001	$25.69	0.0%	0.0%	N	Referral Required
83002	GONADOTROPIN TESTING	07/01/2001	$18.90	0.0%	0.0%	N	Referral Required
83003	GROWTH HORMONE TEST	07/01/2001	$23.04	0.0%	0.0%	N	Referral Required
83008	GUANOSINE MONOPHOSPHATE TEST	07/01/2001	$23.20	0.0%	0.0%	N	Referral Required
83010	HAPTOGLOBIN TESTING	07/01/2001	$17.38	0.0%	0.0%	N	Referral Required
83012	HAPTOGLOBIN TESTING	07/01/2001	$23.76	0.0%	0.0%	N	Referral Required
83013	HELIOCOBACTER PYLORI BREATH TEST	07/01/2001	$93.09	0.0%	0.0%	N	Referral Required
83014	HELICOBACTER PYLORI BREATH TEST	07/01/2001	$10.86	0.0%	0.0%	N	Referral Required
83015	HEAVY METAL TESTING	07/01/2001	$12.09	0.0%	0.0%	N	Referral Required
83018	HEAVY METAL TESTING	07/01/2001	$30.35	0.0%	0.0%	N	Referral Required
83019	HELICOBACTER PYLORI, BREATH TEST	07/01/2001	$94.03	0.0%	0.0%	N	Referral Required
83020	HEMOGLOBIN TESTING	07/01/2001	$17.80	0.0%	100.0%	N	Referral Required
83021	HEMOGLOBIN FRACTIONATION AND QUAN	07/01/2001	$24.96	0.0%	0.0%	N	Referral Required
83026	HEMOGLOBIN BY COPPER SULFATE	07/01/2001	$3.26	0.0%	0.0%	N	Referral Required
83030	HEMOGLOBIN TESTING	07/01/2001	$11.43	0.0%	0.0%	N	Referral Required
83033	HEMOGLOBIN TESTING	07/01/2001	$6.43	0.0%	0.0%	N	Referral Required
83036	GLYCOSYLATED (AIC)	07/01/2001	$9.66	0.0%	0.0%	N	Referral Required
83045	METHEMOGLOBIN TESTING	07/01/2001	$6.85	0.0%	0.0%	N	Referral Required
83050	METHEMOGLOBIN TESTING	07/01/2001	$10.12	0.0%	0.0%	N	Referral Required
83051	HEMOGLOBIN TESTING	07/01/2001	$10.10	0.0%	0.0%	N	Referral Required
83055	SULFHEMOGLOBIN TESTING	07/01/2001	$6.80	0.0%	0.0%	N	Referral Required
83060	SULFHEMOGLOBIN TESTING	07/01/2001	$11.43	0.0%	0.0%	N	Referral Required
83065	HEMOGLOBIN TESTING	07/01/2001	$9.52	0.0%	0.0%	N	Referral Required
83068	HEMOGLOBIN TESTING	07/01/2001	$11.71	0.0%	0.0%	N	Referral Required
83069	URINE	07/01/2001	$5.45	0.0%	0.0%	N	Referral Required
83070	HEMOSIDERIN TEST	07/01/2001	$6.56	0.0%	0.0%	N	Referral Required
83071	HEMOSIDERIN RIA	07/01/2001	$9.50	0.0%	0.0%	N	Referral Required
83080	B-HEXOSAMINIDASE EACH ASSAY	07/01/2001	$19.00	0.0%	0.0%	N	Referral Required
83088	HISTAMINE TEST	07/01/2001	$40.81	0.0%	0.0%	N	Referral Required
83090	HOMOCYSTINE ASSAY	07/01/2002	$23.31	0.0%	0.0%	N	Referral Required
83150	HOMOVANILLIC ACID TEST	07/01/2002	$26.74	0.0%	0.0%	N	Referral Required
83491	HYDROXYCORTICOSTEROIDS 17-(1	07/01/2001	$24.21	0.0%	0.0%	N	Referral Required
83497	HIAA TEST	07/01/2001	$17.82	0.0%	0.0%	N	Referral Required
83498	HYDROXYPROGESTERONE TESTING	07/01/2001	$37.54	0.0%	0.0%	N	Referral Required
83499	HYDROXYPROGESTERONE TESTING	07/01/2001	$34.83	0.0%	0.0%	N	Referral Required
83500	HYDROXYPROLINE TESTING	07/01/2001	$31.30	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
83505	HYDROXYPROLINE TESTING	07/01/2001	$33.59	0.0%	0.0%	N	Referral Required
83516	IMMUNOASSAY,FOR ANALYTE OTHE	07/01/2001	$14.94	0.0%	0.0%	N	Referral Required
83518	IMMUNOASSAY, FOR ANALYTE OTH	07/01/2001	$9.45	0.0%	0.0%	N	Referral Required
83519	IMMUNOASSAY, ANALYTE; BY RAD	07/01/2001	$18.67	0.0%	0.0%	N	Referral Required
83520	IMMUNOASSAY, ANALYTE; NOT OT	07/01/2001	$17.89	0.0%	0.0%	N	Referral Required
83525	INSULIN, TOTAL	07/01/2001	$15.81	0.0%	0.0%	N	Referral Required
83527	INSULIN; FREE	07/01/2001	$17.90	0.0%	0.0%	N	Referral Required
83528	INTRINSIC FACTOR LEVEL	07/01/2001	$21.98	0.0%	0.0%	N	Referral Required
83540	IRON TEST	07/01/2001	$8.95	0.0%	0.0%	N	Referral Required
83550	IRON BINDING CAPACITY TEST	07/01/2001	$12.08	0.0%	0.0%	N	Referral Required
83570	ISOCITRIC DEHYDROGENASE TEST	07/01/2001	$12.22	0.0%	0.0%	N	Referral Required
83582	KETOGENIC STEROID TESTING	07/01/2001	$16.46	0.0%	0.0%	N	Referral Required
83586	KETOSTEROID TESTING	07/01/2001	$17.69	0.0%	0.0%	N	Referral Required
83593	KETOSTEROID TESTING	07/01/2001	$36.35	0.0%	0.0%	N	Referral Required
83605	LACTATE TEST	07/01/2001	$12.99	0.0%	0.0%	N	Referral Required
83615	LDH TEST	07/01/2001	$8.35	0.0%	0.0%	N	Referral Required
83625	LDH TEST	07/01/2001	$17.69	0.0%	0.0%	N	Referral Required
83626	ISOENZYMES CHEMICAL SEPARATION	07/01/2001	$17.94	0.0%	0.0%	N	Referral Required
83632	PLACENTAL LACTOGEN TEST	07/01/2001	$27.93	0.0%	0.0%	N	Referral Required
83633	LACTOSE URINE QUALITATIVE	07/01/2001	$7.61	0.0%	0.0%	N	Referral Required
83634	LACTOSE TEST	07/01/2001	$15.92	0.0%	0.0%	N	Referral Required
83655	LEAD TESTING	07/01/2004	$16.91	0.0%	0.0%	N	
83661	L/S RATIO	07/01/2001	$30.38	0.0%	0.0%	N	Referral Required
83662	L/S RATIO; FOAM STABILITY TE	07/01/2001	$26.14	0.0%	0.0%	N	Referral Required
83663	FETAL LUNG MATURITY ASSESSMENT	07/01/2001	$13.07	0.0%	0.0%	N	Referral Required
83664	FETAL LUNG MATURITY ASSESSMENT	07/01/2001	$6.53	0.0%	0.0%	N	Referral Required
83670	LAP TEST	07/01/2001	$12.66	0.0%	0.0%	N	Referral Required
83690	LIPASE TEST	07/01/2001	$9.52	0.0%	0.0%	N	Referral Required
83715	LIPOPROTEIN TESTING	07/01/2001	$15.56	0.0%	0.0%	N	Referral Required
83716	LIPOPROTEIN BLOOD HIGH RESOLUTION	07/01/2001	$34.30	0.0%	0.0%	N	Referral Required
83718	LIPOPROTEIN HIGH DENSITY CHO	07/01/2001	$11.31	0.0%	0.0%	N	Referral Required
83719	LIPOPROTEN VERY LOW DNSITY (	07/01/2001	$16.08	0.0%	0.0%	N	Referral Required
83721	LDL CHOLESTEROL	07/01/2002	$13.18	0.0%	0.0%	N	Referral Required
83727	LUTEINIZING RELEASING FASTOR	07/01/2001	$23.76	0.0%	0.0%	N	Referral Required
83735	MAGNESIUM TEST	07/01/2001	$9.26	0.0%	0.0%	N	Referral Required
83775	MALATE DEHYDROGENASE TEST	07/01/2001	$10.19	0.0%	0.0%	N	Referral Required
83785	MANGANESE TEST	07/01/2001	$33.98	0.0%	0.0%	N	Referral Required
83788	MASS SPECTROMETRY & TANDEM MASS A	07/01/2001	$24.96	0.0%	0.0%	N	Referral Required
83789	MASS SPECTROMETRY & TANDEM MASS	07/01/2001	$24.96	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
83805	MEPROBAMATE TEST	07/01/2001	$24.36	0.0%	0.0%	N	Referral Required
83825	MERCURY TESTING	07/01/2001	$22.47	0.0%	0.0%	N	Referral Required
83835	METANEPHRINES TEST	07/01/2001	$23.41	0.0%	0.0%	N	Referral Required
83840	METHADONE TEST	07/01/2001	$22.56	0.0%	0.0%	N	Referral Required
83857	METHEMALBUMIM TEST	07/01/2001	$14.84	0.0%	0.0%	N	Referral Required
83858	METHSUXIMIDE SERUM	07/01/2001	$20.48	0.0%	0.0%	N	Referral Required
83864	MUCOPOLYSACCHARIDES ACID BLO	07/01/2001	$27.51	0.0%	0.0%	N	Referral Required
83866	MUCOPOLYSACCHARIDES TESTING	07/01/2001	$13.62	0.0%	0.0%	N	Referral Required
83872	MUCIN-SYNOVIAL FLUID TEST	07/01/2002	$7.70	0.0%	0.0%	N	Referral Required
83873	MYELIN BASIC PROTEIN CSF RIA	07/01/2001	$23.78	0.0%	0.0%	N	Referral Required
83874	MYOGLOBIN ELECTROPHORESIS	07/01/2001	$17.84	0.0%	0.0%	N	Referral Required
83880	NATRIURETIC PEPTIDE	01/01/2003	$47.43	0.0%	0.0%	N	Referral Required
83883	NEPHELOMETRY,EACH ANALYTE NO	07/01/2001	$12.67	0.0%	0.0%	N	Referral Required
83885	NICKEL TEST	07/01/2001	$33.86	0.0%	0.0%	N	Referral Required
83887	NICOTINE TEST	07/01/2001	$32.73	0.0%	0.0%	N	Referral Required
83890	NUCLEAR MOLECULAR DIAG. MOLE	07/01/2001	$5.54	0.0%	0.0%	N	Referral Required
83891	MOLECULAR DIAGNOSTICS ISOLATION OR	07/01/2001	$5.54	0.0%	0.0%	N	Referral Required
83892	NUCLEAR MOLECULAR DIAGNOSTIC	07/01/2001	$5.54	0.0%	0.0%	N	Referral Required
83893	MOLECULAR DIAGNOSTICS DOT/SLOT BL	07/01/2001	$5.54	0.0%	0.0%	N	Referral Required
83894	NUCLEAR MOLECULAR DIAGNOSTIC	07/01/2001	$5.54	0.0%	0.0%	N	Referral Required
83896	NUCLEAR MOLECULAR DIAGNOSTIC	07/01/2001	$5.54	0.0%	0.0%	N	Referral Required
83897	MOLECULAR DIAGNOSTICS NUCLEIC ACID	07/01/2001	$5.54	0.0%	0.0%	N	Referral Required
83898	NUCLEAR MOLECULAR DIAG NUCLE	07/01/2001	$5.69	0.0%	0.0%	N	Referral Required
83901	MOLECULAR DIAGNOSTICS AMPLIFICATIO	07/01/2001	$5.69	0.0%	0.0%	N	Referral Required
83902	MOLECUALR DX; REVERSE TRANSC	07/01/2001	$5.69	0.0%	0.0%	N	Referral Required
83903	MOLECULAR DIAGNOSTICS MUTATION SC	07/01/2001	$5.69	0.0%	0.0%	N	Referral Required
83904	MOLECULAR DIAGNOSTICS MUTATION ID	07/01/2001	$5.69	0.0%	0.0%	N	Referral Required
83905	MOLECULAR DIAGNOSTICS MUTATION ID	07/01/2001	$5.69	0.0%	0.0%	N	Referral Required
83906	MOLECULAR DIAG MUTATION ID BY ALLEG	07/01/2001	$5.69	0.0%	0.0%	N	Referral Required
83912	NUCLEAR MOLECLULAR DIAGNOSTI	07/01/2004	$5.60	0.0%	100.0%	N	Referral Required
83915	NUCLEOTIDASE 5 - TEST	07/01/2001	$15.41	0.0%	0.0%	N	Referral Required
83916	OLIGOCLONAL IMMUNE GLOBULIN	07/01/2001	$27.79	0.0%	0.0%	N	Referral Required
83918	ORGANIC ACIDS, QUANTITATIVE	07/01/2001	$22.75	0.0%	0.0%	N	Referral Required
83919	ORGANIC ACIDS QUALITATIVE EA SPECI	07/01/2001	$22.75	0.0%	0.0%	N	Referral Required
83921	ORGANIC ACID	07/01/2001	$22.75	0.0%	0.0%	N	Referral Required
83925	OPIATES, (EG, MORPHINE, MEPE	07/01/2001	$26.89	0.0%	0.0%	N	Referral Required
83930	OSMOLALITY TEST	07/01/2001	$9.13	0.0%	0.0%	N	Referral Required
83935	URINE	07/01/2001	$9.42	0.0%	0.0%	N	Referral Required
83937	OSTEOCALCIN (BONE G1A PROTEI	07/01/2001	$41.26	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
83945	OXALATE TEST	07/01/2001	$17.80	0.0%	0.0%	N	Referral Required
83950	ONCOPROTEIN, HER-2/NEU	01/01/2002	$89.01	0.0%	0.0%	N	Referral Required
83970	PARATHORMONE RIA	07/01/2001	$57.04	0.0%	0.0%	N	Referral Required
83974	GASTRIC PEPSIN TESTING	07/01/2001	$14.68	0.0%	0.0%	N	Referral Required
83986	PH TESTING	07/01/2001	$4.95	0.0%	0.0%	N	Referral Required
83992	PHENCYCLIDINE TEST	07/01/2001	$20.31	0.0%	0.0%	N	Referral Required
84022	PHENOTHIAZINE TESTING	07/01/2001	$21.53	0.0%	0.0%	N	Referral Required
84030	PKU TESTING	07/01/2002	$7.61	0.0%	0.0%	N	Referral Required
84035	PHENYLKETONES BLOOD QUALITAT	07/01/2001	$5.05	0.0%	0.0%	N	Referral Required
84060	PHOSPHATASE TESTING	07/01/2002	$10.20	0.0%	0.0%	N	Referral Required
84061	PHOSPHATSE, ACID; FORENSIC E	07/01/2001	$10.94	0.0%	0.0%	N	Referral Required
84066	PHOSPHATASE, PROSTATIC FRACT	07/01/2001	$13.35	0.0%	0.0%	N	Referral Required
84075	PHOSPHATASE TESTING	07/01/2001	$7.15	0.0%	0.0%	N	Referral Required
84078	PHOSPHATASE TESTING	07/01/2002	$10.09	0.0%	0.0%	N	Referral Required
84080	PHOSPHATASE TESTING	07/01/2001	$20.44	0.0%	0.0%	N	Referral Required
84081	PHOSPHATYOYLGLYCEROL	07/01/2001	$22.84	0.0%	0.0%	N	Referral Required
84085	PHOSPHOGLUCONATE, 6-TEST	07/01/2001	$9.32	0.0%	0.0%	N	Referral Required
84087	PHOSPHOHEXOSE ISOMERASE TEST	07/01/2001	$14.27	0.0%	0.0%	N	Referral Required
84100	PHOSPHORUS TEST	07/01/2001	$6.56	0.0%	0.0%	N	Referral Required
84105	URINE	07/01/2001	$6.81	0.0%	0.0%	N	Referral Required
84106	PORPHOBILINOGEN TESTING	07/01/2001	$5.92	0.0%	0.0%	N	Referral Required
84110	PORPHOBILINOGEN TESTING	07/01/2001	$11.68	0.0%	0.0%	N	Referral Required
84119	PORPHYRIN TESTING	07/01/2001	$11.90	0.0%	0.0%	N	Referral Required
84120	PORPHYRIN TESTING	07/01/2001	$20.33	0.0%	0.0%	N	Referral Required
84126	PORPHYRIN TESTING	07/01/2001	$35.20	0.0%	0.0%	N	Referral Required
84127	PORPHYRINS, FECES; QUALITATI	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
84132	POTASSIUM TEST	07/01/2001	$6.35	0.0%	0.0%	N	Referral Required
84133	URINE	07/01/2001	$5.94	0.0%	0.0%	N	Referral Required
84134	PREALBUMIN	07/01/2001	$18.74	0.0%	0.0%	N	Referral Required
84135	PREGNANEDIOL RIA	07/01/2001	$26.44	0.0%	0.0%	N	Referral Required
84138	PREGNANETRIOL RIA	07/01/2001	$26.16	0.0%	0.0%	N	Referral Required
84140	PREGNENOLONE	07/01/2001	$28.58	0.0%	0.0%	N	Referral Required
84143	17-HYDROXYPREGNENOLONE	07/01/2001	$31.54	0.0%	0.0%	N	Referral Required
84144	PROGESTERONE TEST	07/01/2001	$28.83	0.0%	0.0%	N	Referral Required
84146	PROLACTIN TEST	07/01/2001	$26.78	0.0%	0.0%	N	Referral Required
84150	PROSTAGLANDIN ANY ONE RIA	07/01/2001	$34.50	0.0%	0.0%	N	Referral Required
84152	PROSTATE SPECIFIC ANTIGEN	07/01/2001	$25.42	0.0%	0.0%	N	Referral Required
84153	PROSTATE SPECIFIC ANTIGENS (	07/01/2001	$25.42	0.0%	0.0%	N	Referral Required
84154	PROSTATE SPECIFIC ANTIGEN (PSA)	07/01/2001	$25.42	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
84155	PROTEIN, TOTAL; SERUM	07/01/2001	$5.06	0.0%	0.0%	N	Referral Required
84156	PROTEIN, TOTAL, EXCEPT BY REFRACT	01/01/2004	$5.06	0.0%	0.0%	N	Referral Required
84157	PROTEIN-OTHER SOURCE	01/01/2004	$5.06	0.0%	0.0%	N	Referral Required
84160	PROTEIN TESTING	07/01/2001	$3.98	0.0%	0.0%	N	Referral Required
84165	PROTEIN TESTING	07/01/2004	$15.01	0.0%	100.0%	N	Referral Required
84181	PROTEIN;WESTERN BLOT,INTERP	07/01/2003	$17.82	0.0%	100.0%	N	Referral Required
84182	PROTEIN;WESTERN BLOT,INTERP	07/01/2003	$17.82	0.0%	100.0%	N	Referral Required
84202	PROTOPORPHYRIN TEST	07/01/2001	$19.83	0.0%	0.0%	N	Referral Required
84203	PROTOPORPHYRIN TEST	07/01/2002	$11.89	0.0%	0.0%	N	Referral Required
84206	INSULIN TESTING	07/01/2001	$24.62	0.0%	0.0%	N	Referral Required
84207	PYRIDOXINE TEST	07/01/2001	$38.82	0.0%	0.0%	N	Referral Required
84210	PYRUVATE TEST	07/01/2001	$15.01	0.0%	0.0%	N	Referral Required
84220	PYRUVIC-KINASE TEST	07/01/2001	$13.04	0.0%	0.0%	N	Referral Required
84228	QUININE	07/01/2001	$16.08	0.0%	0.0%	N	Referral Required
84233	RECEPTOR ASSAY ESTROGEN (EST	07/01/2001	$89.01	0.0%	0.0%	N	Referral Required
84234	PROGESTERONE	07/01/2002	$89.64	0.0%	0.0%	N	Referral Required
84235	ENDOCRINE OTHER THAN ESTROGE	07/01/2001	$72.31	0.0%	0.0%	N	Referral Required
84238	RECEPTOR ASSAY; NONENDOCRINE	07/01/2001	$50.53	0.0%	0.0%	N	Referral Required
84244	RENIN TEST	07/01/2001	$30.40	0.0%	0.0%	N	Referral Required
84252	RIBOFLAVIN TEST	07/01/2001	$27.96	0.0%	0.0%	N	Referral Required
84255	SELENIUM TEST	07/01/2001	$35.28	0.0%	0.0%	N	Referral Required
84260	SEROTONIN TEST	07/01/2001	$42.81	0.0%	0.0%	N	Referral Required
84270	SEX HORMONE BINDING GLOBNYLI	07/01/2001	$30.03	0.0%	0.0%	N	Referral Required
84275	SIALIC ACID BLOOD	07/01/2001	$18.56	0.0%	0.0%	N	Referral Required
84285	SILICA TEST	07/01/2001	$32.55	0.0%	0.0%	N	Referral Required
84295	SODIUM TEST	07/01/2001	$6.65	0.0%	0.0%	N	Referral Required
84300	URINE	07/01/2001	$6.72	0.0%	0.0%	N	Referral Required
84302	SODIUM; OTHER SOURCE	01/01/2003	$6.79	0.0%	0.0%	N	Referral Required
84305	SOMATOMEDIN	07/01/2001	$29.38	0.0%	0.0%	N	Referral Required
84307	SOMATOSTATIN	07/01/2001	$25.27	0.0%	0.0%	N	Referral Required
84311	SPECTROPHOTOMETRY, ANALYTE N	07/01/2001	$9.66	0.0%	0.0%	N	Referral Required
84315	SPECIFIC GRAVITY TEST	07/01/2001	$3.46	0.0%	0.0%	N	Referral Required
84375	CHROMATOGRAPHIC SUGARS	07/01/2001	$27.09	0.0%	0.0%	N	Referral Required
84376	SUGARS SNGL QUALITATIVE EA	07/01/2001	$7.61	0.0%	0.0%	N	Referral Required
84377	SUGARS MULTIPLE QUALITATIVE EA SPEC	07/01/2001	$7.61	0.0%	0.0%	N	Referral Required
84378	SUGARS SNGL QUANTITATIVE EACH SPEC	07/01/2001	$15.92	0.0%	0.0%	N	Referral Required
84379	SUGARS MULTI QUANTITATIVE EA SPEC	07/01/2001	$15.92	0.0%	0.0%	N	Referral Required
84392	SULFATE, URINE	07/01/2001	$6.56	0.0%	0.0%	N	Referral Required
84402	TESTOSTERONE; FREE	07/01/2001	$32.40	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
84403	TESTOSTERONE TESTING	07/01/2001	$32.46	0.0%	0.0%	N	Referral Required
84425	THIAMIN TEST	07/01/2001	$29.35	0.0%	0.0%	N	Referral Required
84430	THIOCYANATE TEST	07/01/2001	$16.08	0.0%	0.0%	N	Referral Required
84432	THYROGLOBULIN	07/01/2001	$20.06	0.0%	0.0%	N	Referral Required
84436	T4 TEST	07/01/2001	$9.50	0.0%	0.0%	N	Referral Required
84437	THYROXINE (T4) NEONATAL	07/01/2001	$8.95	0.0%	0.0%	N	Referral Required
84439	T4 TEST	07/01/2001	$12.46	0.0%	0.0%	N	Referral Required
84442	TBG TEST	07/01/2001	$20.44	0.0%	0.0%	N	Referral Required
84443	TSH TEST	07/01/2001	$21.74	0.0%	0.0%	N	Referral Required
84445	THYROTROPIN RELEASING FACTOR	07/01/2001	$70.28	0.0%	0.0%	N	Referral Required
84446	TOCOPHEROL ALPHA TEST	07/01/2001	$19.60	0.0%	0.0%	N	Referral Required
84449	TRANSCORTIN (CORTISOL BINDIN	07/01/2001	$24.87	0.0%	0.0%	N	Referral Required
84450	SGOT TEST	07/01/2001	$7.14	0.0%	0.0%	N	Referral Required
84460	SGPT TEST	07/01/2001	$7.32	0.0%	0.0%	N	Referral Required
84466	TRANSFERRIN	07/01/2001	$17.65	0.0%	0.0%	N	Referral Required
84478	TRIGLYCERIDE TESTING	07/01/2001	$7.95	0.0%	0.0%	N	Referral Required
84479	THYROID HORMONE (T-3/T-4) OR	07/01/2001	$8.95	0.0%	0.0%	N	Referral Required
84480	TRIIODOTHYRONINE T3: TOTAL (	07/01/2001	$19.60	0.0%	0.0%	N	Referral Required
84481	TRIIODOTHYRONINE FREE (FT-3)	07/01/2001	$23.41	0.0%	0.0%	N	Referral Required
84482	TRIDOTHYRONINE (T-3); REVERS	07/01/2001	$21.78	0.0%	0.0%	N	Referral Required
84484	TROPONIN	07/01/2001	$13.60	0.0%	0.0%	N	Referral Required
84485	TRYPSIN TESTS	07/01/2001	$10.37	0.0%	0.0%	N	Referral Required
84488	TRYPSIN TESTS	07/01/2001	$6.43	0.0%	0.0%	N	Referral Required
84490	QUANTITATIVE	07/01/2001	$10.52	0.0%	0.0%	N	Referral Required
84510	TYROSINE TEST	07/01/2001	$14.38	0.0%	0.0%	N	Referral Required
84512	TROPONIN, QUALITATIVE	07/01/2001	$8.60	0.0%	0.0%	N	Referral Required
84520	UREA NITROGEN; QUANTITATIVE	07/01/2001	$5.45	0.0%	0.0%	N	Referral Required
84525	BUN	07/01/2001	$5.19	0.0%	0.0%	N	Referral Required
84540	UREA NITROGEN URINE	07/01/2001	$6.56	0.0%	0.0%	N	Referral Required
84545	BUN	07/01/2001	$9.12	0.0%	0.0%	N	Referral Required
84550	URIC ACID TESTING	07/01/2001	$6.25	0.0%	0.0%	N	Referral Required
84560	URIC ACID, OTHER SOURCE	07/01/2001	$6.56	0.0%	0.0%	N	Referral Required
84577	UROBILINOGEN FECES QUANTITAT	07/01/2001	$17.24	0.0%	0.0%	N	Referral Required
84578	UROBILINOGEN URINE QUALITATI	07/01/2001	$4.48	0.0%	0.0%	N	Referral Required
84580	UROBILINOGEN TESTING	07/01/2001	$9.81	0.0%	0.0%	N	Referral Required
84583	UROBILINOGEN TESTING	07/01/2001	$6.95	0.0%	0.0%	N	Referral Required
84585	VMA TEST	07/01/2001	$21.42	0.0%	0.0%	N	Referral Required
84586	VASOACTIVE INTESTINAL PEPTID	07/01/2001	$48.83	0.0%	0.0%	N	Referral Required
84588	VASOPRESSIN TESTING	07/01/2001	$46.91	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
84590	VITAMIN A TESTING	07/01/2001	$16.02	0.0%	0.0%	N	Referral Required
84591	VITAMIN ASSAY	07/01/2001	$16.02	0.0%	0.0%	N	Referral Required
84597	VITAMIN K TEST	07/01/2001	$18.94	0.0%	0.0%	N	Referral Required
84600	VOLATILES TESTING	07/01/2001	$22.21	0.0%	0.0%	N	Referral Required
84620	XYLOSE TOLERANCE TEST	07/01/2001	$16.37	0.0%	0.0%	N	Referral Required
84630	ZINC TEST	07/01/2001	$15.74	0.0%	0.0%	N	Referral Required
84645	ZINC SULPHATE TURBIDITY TEST	07/01/2001	$7.85	0.0%	0.0%	N	Referral Required
84681	C-PEPTIDE, ANY METHOD	07/01/2001	$28.75	0.0%	0.0%	N	Referral Required
84702	GONADOTRROPIN CHORIONIC QUAN	07/01/2001	$20.80	0.0%	0.0%	N	Referral Required
84703	QUALITATIVE	07/01/2001	$10.38	0.0%	0.0%	N	Referral Required
84830	OVULATION TESTS BY COLOR COM	07/01/2001	$13.87	0.0%	0.0%	N	Referral Required
85002	IVY TEST	07/01/2001	$6.22	0.0%	0.0%	N	Referral Required
85004	BLOOD COUNT	01/01/2003	$8.58	0.0%	0.0%	N	Referral Required
85007	BLOOD COUNT	07/01/2001	$4.76	0.0%	0.0%	N	Referral Required
85008	BLOOD COUNT,MANUAL BLOOD SME	07/01/2001	$4.76	0.0%	0.0%	N	Referral Required
85009	BLOOD COUNT	07/01/2001	$3.98	0.0%	0.0%	N	Referral Required
85013	BLOOD COUNT; SPUN MICROGEMAT	07/01/2001	$3.27	0.0%	0.0%	N	Referral Required
85014	HEMATOCRIT TEST	07/01/2001	$3.27	0.0%	0.0%	N	Referral Required
85018	HEMOGLOBIN TESTING	07/01/2001	$3.27	0.0%	0.0%	N	Referral Required
85025	HEMOGRAM AND PLATELET COUNT AUTO	07/01/2001	$10.74	0.0%	0.0%	N	Referral Required
85027	HEMOGRAM AUTOMATED WITH PLATELET C	07/01/2001	$8.49	0.0%	0.0%	N	Referral Required
85032	MANUAL CELL COUNT	01/01/2003	$6.01	0.0%	0.0%	N	Referral Required
85041	RED BLOOD CELL COUNT	07/01/2001	$4.16	0.0%	0.0%	N	Referral Required
85044	RETICULOCYTE COUNT	07/01/2001	$5.94	0.0%	0.0%	N	Referral Required
85045	RETICULOCYTE COUNT FLOW CYTOMOETR	07/01/2001	$5.54	0.0%	0.0%	N	Referral Required
85046	BLOOD COUNT RETICULOCYTES	07/01/2001	$7.72	0.0%	0.0%	N	Referral Required
85048	WHITE BLOOD CELL COUNT	07/01/2001	$3.52	0.0%	0.0%	N	Referral Required
85049	PLATELET AUTOMATED	01/01/2003	$6.25	0.0%	0.0%	N	Referral Required
85060	BLOOD SMEAR, PERIPHERAL BY P	07/01/2003	$22.06	0.0%	0.0%	N	Referral Required
85097	SMEAR, INTERP ONLY	07/01/2003	$89.02	0.0%	0.0%	N	Referral Required
85130	CHROMOGENIC SUBSTRATE ASSAY	07/01/2001	$16.44	0.0%	0.0%	N	Referral Required
85170	CLOT RETRACTION TESTING	07/01/2001	$5.00	0.0%	0.0%	N	Referral Required
85175	CLOT LYSIS TIME WHOLE BLOOD	07/01/2001	$6.28	0.0%	0.0%	N	Referral Required
85210	BLOOD CLOTTING FACTORS II	07/01/2001	$17.95	0.0%	0.0%	N	Referral Required
85220	ACG TEST	07/01/2001	$24.39	0.0%	0.0%	N	Referral Required
85230	PROCONVERTIN TEST	07/01/2001	$24.75	0.0%	0.0%	N	Referral Required
85240	AHG TEST	07/01/2001	$14.40	0.0%	0.0%	N	Referral Required
85244	FACTOR VIII RELATED ANTIGEN,	07/01/2001	$28.22	0.0%	0.0%	N	Referral Required
85245	CLOTTING;FACTOR VIII,VW FACT	07/01/2001	$31.72	0.0%	0.0%	N	Referral Required

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85246	CLOTTING; FACTOR VIII, VW FA	07/01/2001	$31.72	0.0%	0.0%	N	Referral Required
85247	CLOTTING; FACTOR VIII, VON W	07/01/2001	$31.72	0.0%	0.0%	N	Referral Required
85250	PTC TEST	07/01/2001	$26.31	0.0%	0.0%	N	Referral Required
85260	STUART-PROWER TEST	07/01/2001	$24.75	0.0%	0.0%	N	Referral Required
85270	PTA TEST	07/01/2001	$24.75	0.0%	0.0%	N	Referral Required
85280	HAGEMANN TEST	07/01/2001	$26.74	0.0%	0.0%	N	Referral Required
85290	PROTHROMBIN TESTING	07/01/2001	$22.58	0.0%	0.0%	N	Referral Required
85291	PROTHROMBIN TESTING	07/01/2001	$12.28	0.0%	0.0%	N	Referral Required
85292	CLOTTING PREKALLIKREIN ASSAY	07/01/2001	$26.17	0.0%	0.0%	N	Referral Required
85293	CLOTTING;HIGH MOLECULAR WEIG	07/01/2001	$26.17	0.0%	0.0%	N	Referral Required
85300	CLOTTING INHIBITOR TESTING	07/01/2001	$16.38	0.0%	0.0%	N	Referral Required
85301	ANTITHROMBIN III, ANTIGEN AS	07/01/2001	$14.95	0.0%	0.0%	N	Referral Required
85302	PROTEIN "C" ASSAY	07/01/2001	$16.61	0.0%	0.0%	N	Referral Required
85303	CLOTTING INHIBITORS; PROTEIN	07/01/2001	$19.11	0.0%	0.0%	N	Referral Required
85305	CLOTTING INHIBITORS PROTERIN	07/01/2001	$16.02	0.0%	0.0%	N	Referral Required
85306	CLOTTING INHIBITORS; PROTEIN	07/01/2001	$21.18	0.0%	0.0%	N	Referral Required
85307	ACTIVATED PROTEIN C ASSAY	07/01/2001	$21.18	0.0%	0.0%	N	Referral Required
85320	ANTIPOTHROMBOPLASTIN	01/01/2003	$14.22	0.0%	0.0%	N	Referral Required
85335	FACTOR INHIBITOR TEST	07/01/2001	$17.80	0.0%	0.0%	N	Referral Required
85337	THROMBOMODULIN	07/01/2001	$14.41	0.0%	0.0%	N	Referral Required
85345	COAGULATION TIME TESTING	07/01/2001	$5.94	0.0%	0.0%	N	Referral Required
85347	ACT TEST	07/01/2001	$5.88	0.0%	0.0%	N	Referral Required
85348	OTHER METHODS	07/01/2001	$5.14	0.0%	0.0%	N	Referral Required
85360	EUGLOBULIN LYSIS TEST	07/01/2001	$11.19	0.0%	0.0%	N	Referral Required
85362	FIBRIN DEGRADATN/SPLIT/PRODC	07/01/2002	$9.52	0.0%	0.0%	N	Referral Required
85366	PARACOAGULATION	07/01/2001	$8.87	0.0%	0.0%	N	Referral Required
85370	FIBRIN/DEGRADATION/PRODUCTS;	07/01/2001	$15.70	0.0%	0.0%	N	Referral Required
85378	FIBRIN DEGRADATION PRODUCTS,	07/01/2001	$9.86	0.0%	0.0%	N	Referral Required
85379	FIBRIN DEGRADATION PRODUCTS,	07/01/2001	$14.06	0.0%	0.0%	N	Referral Required
85380	ULTRASENSITIVE QUALITATIVE OR SEMI	01/01/2003	$14.22	0.0%	0.0%	N	Referral Required
85384	FIBRINOGEN; ACTIVITY	07/01/2001	$11.74	0.0%	0.0%	N	Referral Required
85385	FIBRINOGEN; ANTIGEN	07/01/2001	$11.74	0.0%	0.0%	N	Referral Required
85390	FIBRINOLYSIN TESTING	07/01/2004	$7.22	0.0%	100.0%	N	Referral Required
85400	PLASMIN TEST	07/01/2001	$12.22	0.0%	0.0%	N	Referral Required
85410	ANTI PLASMIN TEST	07/01/2001	$10.66	0.0%	0.0%	N	Referral Required
85415	FIBRINOLYTIC FACTORS; PLASMI	07/01/2001	$23.76	0.0%	0.0%	N	Referral Required
85420	PLASMINOGEN TEST	07/01/2001	$9.04	0.0%	0.0%	N	Referral Required
85421	FIBRINOLYTIC FACOTRS;PLASINO	07/01/2001	$14.07	0.0%	0.0%	N	Referral Required
85441	HEINZ BODIES TESTING	07/01/2001	$5.81	0.0%	0.0%	N	Referral Required

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85445	HEINZ BODIES TESTING	07/01/2001	$9.42	0.0%	0.0%	N	Referral Required
85460	FETAL HEMOGLOBIN TEST	07/01/2001	$10.69	0.0%	0.0%	N	Referral Required
85461	FETAL HEMOGLOBIN TEST; ROSET	07/01/2001	$9.17	0.0%	0.0%	N	Referral Required
85475	HEMOLYSIN, ACID	07/01/2001	$12.26	0.0%	0.0%	N	Referral Required
85520	HEPARIN ASSAY	07/01/2001	$18.09	0.0%	0.0%	N	Referral Required
85525	HEPARIN NEUTRALIZATION	07/01/2001	$8.98	0.0%	0.0%	N	Referral Required
85530	HEPARIN-PROTAMINE TOLERANCE	07/01/2001	$19.60	0.0%	0.0%	N	Referral Required
85536	IRON STAIN	07/01/2001	$7.97	0.0%	0.0%	N	Referral Required
85540	LEUCOCYTE ALKALINE PHOSPHATA	07/01/2001	$11.88	0.0%	0.0%	N	Referral Required
85547	MECHANICAL FRAGILITY, RBC	07/01/2001	$11.88	0.0%	0.0%	N	Referral Required
85549	MURAMIDASE TEST	07/01/2001	$25.92	0.0%	0.0%	N	Referral Required
85555	OSMOTIC FRAGILITY TESTING	07/01/2001	$9.24	0.0%	0.0%	N	Referral Required
85557	OSMOTIC FRAGILITY TESTING	07/01/2001	$18.46	0.0%	0.0%	N	Referral Required
85576	ACGREGATION (IN VITRO); ANY	07/01/2001	$29.69	0.0%	100.0%	N	Referral Required
85597	PLATELET NEUTRALIZATION	07/01/2001	$24.84	0.0%	0.0%	N	Referral Required
85610	PROTHROMBIN TIME	07/01/2001	$5.43	0.0%	0.0%	N	Referral Required
85611	PROTHROMBIN TIME SUBSTITUTIO	07/01/2001	$5.45	0.0%	0.0%	N	Referral Required
85612	RUSSELL VIPER VENOM TEST	07/01/2001	$9.66	0.0%	0.0%	N	Referral Required
85613	RUSSELL VIPER VENOM TIME, DI	07/01/2001	$9.66	0.0%	0.0%	N	Referral Required
85635	REPTILASE TEST	07/01/2001	$10.42	0.0%	0.0%	N	Referral Required
85651	SEDIMENTATION RATE	07/01/2001	$4.91	0.0%	0.0%	N	Referral Required
85652	SEDIMENTATION RATE, ERTHROCY	07/01/2001	$3.73	0.0%	0.0%	N	Referral Required
85660	SICKLING OF RBC	07/01/2001	$7.63	0.0%	0.0%	N	Referral Required
85670	THROMBIN TIME TESTING	07/01/2001	$7.98	0.0%	0.0%	N	Referral Required
85675	THROMBIN TIME TESTING	07/01/2001	$9.47	0.0%	0.0%	N	Referral Required
85705	THROMBOPLASTIN INHIBITION; T	07/01/2001	$13.31	0.0%	0.0%	N	Referral Required
85730	THROMBOPLASTIN TIME TEST	07/01/2001	$8.30	0.0%	0.0%	N	Referral Required
85732	THROMBOPLASTIN TIME, PARTIAL	07/01/2001	$8.95	0.0%	0.0%	N	Referral Required
85810	BLOOD VISCOSITY TEST	07/01/2001	$16.14	0.0%	0.0%	N	Referral Required
86000	AGGLUTININ TESTING	07/01/2002	$8.87	0.0%	0.0%	N	Referral Required
86001	ALLERGEN SPECIFIC EACH	07/01/2001	$5.72	0.0%	0.0%	N	Referral Required
86003	ALLERGEN SPECIFIC IGE; QUANT	07/01/2001	$5.72	0.0%	0.0%	N	Referral Required
86005	ALLE%GEN SPECIFIC IGE QUALIT	07/01/2001	$3.90	0.0%	0.0%	N	Referral Required
86021	ANTIBODY TESTING	07/01/2001	$16.67	0.0%	0.0%	N	Referral Required
86022	ANTIBODY TESTING	07/01/2001	$25.38	0.0%	0.0%	N	Referral Required
86023	ANTIBODY IDENTIFICATION; PLA	07/01/2001	$17.21	0.0%	0.0%	N	Referral Required
86038	ANTINUCLEAR ANTIBODEIS (ANA)	07/01/2001	$13.63	0.0%	0.0%	N	Referral Required
86039	ANTINUCLEAR ANTIBODIES (ANA)	07/01/2001	$15.43	0.0%	0.0%	N	Referral Required
86060	ANTI STREPTOLYSIN O TITRE TE	07/01/2001	$10.09	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
86063	ANTI STREPTOLYSIN O TITRE TE	07/01/2001	$7.98	0.0%	0.0%	N	Referral Required
86077	BLOOD BANK PHYSICIAN SERVICE	07/01/2002	$48.51	0.0%	0.0%	N	Referral Required
86078	BLOOD BANK PHYSICIAN SERVICE	02/03/2002	$49.47	0.0%	0.0%	N	Referral Required
86079	BLOOD BANK PHY SERV-AUTH FOR	07/01/2002	$49.15	0.0%	0.0%	N	Referral Required
86140	C-REACTIVE PROTEIN	07/01/2001	$7.15	0.0%	0.0%	N	Referral Required
86141	C-REACTIVE PROTEIN	07/01/2002	$17.89	0.0%	0.0%	N	Referral Required
86146	BETA 2 GLYCOPROTEIN	07/01/2001	$35.16	0.0%	0.0%	N	Referral Required
86147	CARDIOLIPIN (PHOSPHOLIPID) A	07/01/2001	$35.16	0.0%	0.0%	N	Referral Required
86148	ANTI-PHOSPHATIDYLSERINE ANTIBODY	07/01/2001	$20.63	0.0%	0.0%	N	Referral Required
86155	CHEMOTAXIS ASSAY SPECIFY MET	07/01/2002	$22.08	0.0%	0.0%	N	Referral Required
86156	COLD AGGLUTININ SCREEN	07/01/2001	$9.26	0.0%	0.0%	N	Referral Required
86157	COLD AGGLUTININ; TITER	07/01/2001	$11.14	0.0%	0.0%	N	Referral Required
86160	COMPLEMENT; ANTIGEN, EACH CO	07/01/2001	$16.59	0.0%	0.0%	N	Referral Required
86161	COMPLEMENT; FUNCTIONAL ACTIV	07/01/2001	$16.59	0.0%	0.0%	N	Referral Required
86162	COMPLEMENT C2 ESTERASE TEST	07/01/2001	$28.08	0.0%	0.0%	N	Referral Required
86171	COMPLEMENT FIXATION TESTS	07/01/2002	$13.85	0.0%	0.0%	N	Referral Required
86185	COUNTER ELECTROPHORESIS	07/01/2001	$12.37	0.0%	0.0%	N	Referral Required
86215	DESOXYRIBONUCLEASE TEST	07/01/2001	$18.32	0.0%	0.0%	N	Referral Required
86225	DNA TEST	07/01/2001	$18.99	0.0%	0.0%	N	Referral Required
86226	DEOXYRIBONUCLEIC ACID ANTIBO	07/01/2001	$16.73	0.0%	0.0%	N	Referral Required
86235	ENA TEST	07/01/2002	$24.78	0.0%	0.0%	N	Referral Required
86243	FC RECEPTOR ASSAY SPECIFY ME	07/01/2002	$28.36	0.0%	0.0%	N	Referral Required
86255	FLUORESCENT ANTIBODY TESTING	07/01/2004	$16.84	0.0%	100.0%	N	Referral Required
86256	FLUORESCENT ANTIBODY TESTING	07/01/2004	$16.84	0.0%	100.0%	N	Referral Required
86277	GROWTH HORMONE HUMAN (HGH) A	07/01/2001	$21.75	0.0%	0.0%	N	Referral Required
86280	HEMAGGLUTINATION INHIBITION	07/01/2001	$11.31	0.0%	0.0%	N	Referral Required
86294	IMMUNOASSAY TUMOR ANTIGEN	07/01/2002	$27.11	0.0%	0.0%	N	Referral Required
86299	IGM ANTIBODY	07/01/2001	$16.74	0.0%	0.0%	N	Referral Required
86300	IMMUNOASSAY TUMOR ANTIGEN	07/01/2001	$28.76	0.0%	0.0%	N	Referral Required
86301	IMMUNOASSAY TUMOR QUANTITIVE	07/01/2001	$28.76	0.0%	0.0%	N	Referral Required
86304	IMMUNOASSAY TUMOR ANTIGEN	07/01/2001	$28.76	0.0%	0.0%	N	Referral Required
86308	HETERAPHILE ANTIBODIES SCREE	07/01/2001	$7.15	0.0%	0.0%	N	Referral Required
86309	HETEROPHILE ANTIBODIES; TITE	07/01/2002	$8.95	0.0%	0.0%	N	Referral Required
86310	HETEROPHILE ANTIBODIES TEST	07/01/2001	$10.19	0.0%	0.0%	N	Referral Required
86316	IMMUNOASSAY FOR TUMOR ANTIGE	07/01/2001	$28.76	0.0%	0.0%	N	Referral Required
86317	IMMUNOASSAY FOR INFECTIOUS A	07/01/2001	$11.19	0.0%	0.0%	N	Referral Required
86318	IMMUNOASSAY FOR CHEMICAL CON	07/01/2001	$17.89	0.0%	0.0%	N	Referral Required
86320	IMMUNO-ELECTROPHORESIS	07/01/2001	$30.98	0.0%	100.0%	N	Referral Required
86325	IMMUNO-ELECTROPHORESIS	07/01/2001	$30.90	0.0%	100.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
86327	IMMUNOELECTROPHORESIS; CROSS	07/01/2001	$31.35	0.0%	100.0%	N	Referral Required
86329	IMMUNO-DIFFUSION TESTING	07/01/2001	$13.63	0.0%	0.0%	N	Referral Required
86331	IMMUNO-DIFFUSION TESTING	07/01/2002	$16.56	0.0%	0.0%	N	Referral Required
86332	IMMUNE COMPLEX ASSAY; C1Q BI	07/01/2002	$33.48	0.0%	0.0%	N	Referral Required
86334	IMMUNOFIXATION ELECTROPHORES	07/01/2001	$30.87	0.0%	100.0%	N	Referral Required
86336	INHIBIN A	07/01/2004	$20.95	0.0%	0.0%	N	Referral Required
86337	INSULIN ANTIBODIES	07/01/2001	$29.59	0.0%	0.0%	N	Referral Required
86340	INTRINSIC FACTOR ANTIBODIES	07/01/2002	$20.83	0.0%	0.0%	N	Referral Required
86341	ISLET CELL ANTIBODY	07/01/2001	$27.34	0.0%	0.0%	N	Referral Required
86343	LEUKOCYTE HISTAMINE RELEASE	07/01/2002	$17.22	0.0%	0.0%	N	Referral Required
86344	LEUKOCYTE PHAGOCYTOSIS	07/01/2002	$11.04	0.0%	0.0%	N	Referral Required
86353	LYMPHOCYTE TRANSFORMATION	07/01/2001	$67.75	0.0%	0.0%	N	Referral Required
86359	T CELLS; TOTAL COUNT	07/01/2001	$52.13	0.0%	0.0%	N	Referral Required
86360	CD4 & CD8 INCLUDING RATIO	07/01/2001	$64.93	0.0%	0.0%	N	Referral Required
86361	T CELLS; ABSOLUTE CD4 COUNT	07/01/2001	$37.00	0.0%	0.0%	N	Referral Required
86376	MICROSOMAL ANTIBODY (THYROID	07/01/2001	$20.11	0.0%	0.0%	N	Referral Required
86378	MIGRATION INHIBITION FACTOR	07/01/2001	$27.22	0.0%	0.0%	N	Referral Required
86382	NEUTRALIZATION TEST, VIRAL	07/01/2001	$23.36	0.0%	0.0%	N	Referral Required
86384	NITRO-BLUE TETRAZOLIUM TEST	07/01/2001	$15.74	0.0%	0.0%	N	Referral Required
86403	PARTICLE AGGLUTINATION, ANTI	07/01/2002	$14.08	0.0%	0.0%	N	Referral Required
86406	PARTICLE AGGLUTINATION; TITE	07/01/2001	$14.70	0.0%	0.0%	N	Referral Required
86430	RHEUMATOID FACTOR LATEX FIXA	07/01/2001	$7.85	0.0%	0.0%	N	Referral Required
86431	RHEUMATOID FACTOR QUANTITATI	07/01/2001	$7.85	0.0%	0.0%	N	Referral Required
86485	SKIN TEST; CANDIDA	07/01/2002	$8.60	0.0%	0.0%	N	Referral Required
86490	COCCIDIOIDOMYCOSTS TEST	07/01/2002	$9.29	0.0%	0.0%	N	Referral Required
86510	HISTOPLASMOSIS TEST	07/01/2003	$9.93	0.0%	0.0%	N	Referral Required
86580	TUBERCULOSIS TESTING	07/01/2003	$8.01	0.0%	0.0%	N	Referral Required
86585	TUBERCULOSIS TESTING	07/01/2003	$6.24	0.0%	0.0%	N	
86586	SKIN TEST UNLISTED ANTIGEN E	07/01/2002	$8.60	0.0%	0.0%	N	Referral Required
86590	STREPTOKINASE ANTIBODY TEST	07/01/2001	$15.24	0.0%	0.0%	N	Referral Required
86592	SYPHILIS TESTS	07/01/2001	$5.90	0.0%	0.0%	N	
86593	SYPHILIS TESTS	07/01/2001	$6.09	0.0%	0.0%	N	Referral Required
86602	ANTIBOYD; ACTINOMYCES	07/01/2001	$14.06	0.0%	0.0%	N	Referral Required
86603	ADENOVIRUS	07/01/2001	$17.79	0.0%	0.0%	N	Referral Required
86606	ANTIBODY; ASPIRGILLUS	07/01/2001	$17.42	0.0%	0.0%	N	Referral Required
86609	ANTIBODY; BACTERIUM, NOT ELS	07/01/2001	$17.81	0.0%	0.0%	N	Referral Required
86611	BARTONELLA ANTIBODY	07/01/2001	$14.06	0.0%	0.0%	N	Referral Required
86612	ANTIBODY; BLASTOMYCES	07/01/2001	$17.42	0.0%	0.0%	N	Referral Required
86615	ANTIBODY; BORDETELLA	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required

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86617	BORRELIA BURGDORFERI CONFIRM	07/01/2001	$21.40	0.0%	0.0%	N	Referral Required
86618	BORRELIA BURGDORFERI (LYME D	07/01/2001	$23.54	0.0%	0.0%	N	Referral Required
86619	ANTIBODY; BORRELIA (RELAPSIN	07/01/2001	$18.49	0.0%	0.0%	N	Referral Required
86622	ANTIBODY; BRUCELLA	07/01/2001	$11.62	0.0%	0.0%	N	Referral Required
86625	ANTIBODY; CAMPYLOBACTER	07/01/2001	$18.13	0.0%	0.0%	N	Referral Required
86628	ANTIBODY; CANDIDA	07/01/2001	$16.60	0.0%	0.0%	N	Referral Required
86631	CHLAMYDIA	07/01/2001	$16.35	0.0%	0.0%	N	Referral Required
86632	CHLAMYDIA IGM	07/01/2001	$17.55	0.0%	0.0%	N	Referral Required
86635	COCCIDIOIDES - ANTIBODY	07/01/2001	$14.78	0.0%	0.0%	N	Referral Required
86638	ANTIBODY; COXIELLA BRUNET11	07/01/2001	$16.75	0.0%	0.0%	N	Referral Required
86641	ANTIBODY; CRYPTOCOCCUS	07/01/2001	$19.92	0.0%	0.0%	N	Referral Required
86644	CYTOMEGALOVIRUS (CMV) - ANTI	07/01/2002	$13.57	0.0%	0.0%	N	Referral Required
86645	ANTIBODY CYTOMEGALOVIRUS CMV	07/01/2001	$15.84	0.0%	0.0%	N	Referral Required
86648	ANTIBODY, DIPTHERIA	07/01/2001	$20.06	0.0%	0.0%	N	Referral Required
86651	ANTIBODY; ENCEPHALITIS, CALI	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required
86652	ANTIBODY; ENCEPHALITIS, EAST	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required
86653	ANTIBODY; ENCEPHALITIS, ST.	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required
86654	ANTIBODY; ENCEPHALITIS, WEST	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required
86658	ANTIBODY; ENTEROVIRUS (EG,CO	07/01/2001	$18.01	0.0%	0.0%	N	Referral Required
86663	EPSTEIN BARR VIRUS EARLY ANT	07/01/2001	$18.13	0.0%	0.0%	N	Referral Required
86664	EPSTEIN BARR(EB)VIRUS,NUCLEA	07/01/2001	$21.14	0.0%	0.0%	N	Referral Required
86665	EPSTEIN BARR(EB)VIRUS,VIRAL	07/01/2001	$24.28	0.0%	0.0%	N	Referral Required
86666	ANTIBODY EHRLICHIA	07/01/2001	$14.06	0.0%	0.0%	N	Referral Required
86668	ANTIBODY; FRANCISELLA TULARE	07/01/2001	$10.56	0.0%	0.0%	N	Referral Required
86671	ANTIBODY; FUNGUS, NOT ELSEWH	07/01/2001	$16.95	0.0%	0.0%	N	Referral Required
86674	GIARDIA LAMBLIA	07/01/2001	$20.34	0.0%	0.0%	N	Referral Required
86677	ANTIBODY HELICOBACTER PYLORI	07/01/2001	$20.05	0.0%	0.0%	N	Referral Required
86682	ANTIBODY; HELMINTH, NOTE ELS	07/01/2001	$17.97	0.0%	0.0%	N	Referral Required
86683	ANTIBODY HEMOGLOBIN FECAL	07/01/2001	$3.61	0.0%	0.0%	N	Referral Required
86684	ANTIBODY; HEMOPHILUS INFLUEN	07/01/2002	$21.90	0.0%	0.0%	N	Referral Required
86687	HTLV 1 ANTIBODY DETECTION IM	07/01/2001	$11.60	0.0%	0.0%	N	Referral Required
86688	ANTIBOYD; HTLV-11	07/01/2001	$19.37	0.0%	0.0%	N	Referral Required
86689	CONFIRMATORY TEST	07/01/2001	$26.75	0.0%	0.0%	N	Referral Required
86692	ANTIBODY; HEPATITIS, DELTA A	07/01/2001	$17.68	0.0%	0.0%	N	Referral Required
86694	ANTIBODY; HERPES SIMPLEX, NO	07/01/2002	$13.57	0.0%	0.0%	N	Referral Required
86695	ANTIBODY; HERPES SIMPLEX, TY	07/01/2001	$8.44	0.0%	0.0%	N	Referral Required
86696	ANTIBODY HERPES SIMPLEX 2	07/01/2001	$26.75	0.0%	0.0%	N	Referral Required
86698	ANTIBODY; HISTOPLASMA	07/01/2001	$17.28	0.0%	0.0%	N	Referral Required
86701	HIV-1	07/01/2001	$12.28	0.0%	0.0%	N	Referral Required

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86702	ANTIBODY; HIV-2	07/01/2001	$16.89	0.0%	0.0%	N	Referral Required
86703	HIV-1 AND HIV-2 SINGLE ASSAY	07/01/2001	$18.96	0.0%	0.0%	N	
86704	HEPATITIS B CORE ANTIBODY 1G	07/01/2001	$16.66	0.0%	0.0%	N	Referral Required
86705	HEPATITIS B CORE ANTIBODY 1G	07/01/2001	$16.27	0.0%	0.0%	N	Referral Required
86706	HEPATITIS B SURFACE ANTIBODY	07/01/2001	$14.84	0.0%	0.0%	N	Referral Required
86707	HEPATITIS BE ANTIBODY (HBEAB	07/01/2001	$15.98	0.0%	0.0%	N	Referral Required
86708	HEPATITUS A ANTIBODY; IGG-IGM	07/01/2001	$17.12	0.0%	0.0%	N	Referral Required
86709	HEPATITIS A ANTIBODY IGM ANT	07/01/2001	$15.55	0.0%	0.0%	N	Referral Required
86710	ANTIBODY; INFLUENZA VIRUS	07/01/2001	$13.72	0.0%	0.0%	N	Referral Required
86713	ANTIBODY; LEGIONELLA	07/01/2001	$12.14	0.0%	0.0%	N	Referral Required
86717	ANTIBODY; LEISHMANIA	07/01/2001	$16.93	0.0%	0.0%	N	Referral Required
86720	ANTIBODY; LEPTOSPIRA	07/01/2001	$12.14	0.0%	0.0%	N	Referral Required
86723	ANTIBODY; LISTERIA MONOCYTOG	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required
86727	ANTIBODY; LYMPHOCYTIC CHORIO	07/01/2001	$17.79	0.0%	0.0%	N	Referral Required
86729	ANTIBODY; LYMPHOGRANULOMA VE	07/01/2001	$16.51	0.0%	0.0%	N	Referral Required
86732	ANTIBODY; MUCORMYCOSIS	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required
86735	ANTIBODY; MUMPS	07/01/2001	$18.03	0.0%	0.0%	N	Referral Required
86738	ANTIBODY; MYUCOPLASMA	07/01/2001	$18.31	0.0%	0.0%	N	Referral Required
86741	ANTIBODY; NEISSERIA MENINGIT	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required
86744	ANTIBODY; NOCARDIA	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required
86747	ANTIBODY; PARVOVIRUS	07/01/2001	$20.77	0.0%	0.0%	N	Referral Required
86750	ANTIBODY; PLASMODIUM (MALARI	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required
86753	ANTIBODY; PROTOZOA, NOT ELSE	07/01/2001	$17.12	0.0%	0.0%	N	Referral Required
86756	ANTIBODY; RESPIRATORY SYNCYT	07/01/2001	$17.81	0.0%	0.0%	N	Referral Required
86757	ANTIBODY RICKETTSIA	07/01/2001	$26.75	0.0%	0.0%	N	Referral Required
86759	ROTAVIRUS	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required
86762	RUBELLA	07/01/2001	$13.57	0.0%	0.0%	N	Referral Required
86765	ANTIBODY; RUBEOLA	07/01/2001	$17.81	0.0%	0.0%	N	Referral Required
86768	ANTIBODY; SALMONELLA	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required
86771	ANTIBODY; SHIGELLA	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required
86774	ANTIBODY; TETANUS	07/01/2001	$20.45	0.0%	0.0%	N	Referral Required
86777	ANTIBODY; TOXOPLASMA	07/01/2002	$13.57	0.0%	0.0%	N	Referral Required
86778	ANTIBODY; TOXOPLASMA, LGM	07/01/2001	$14.78	0.0%	0.0%	N	Referral Required
86781	TREPONEMA PALLIDUM, CONTIRMA	07/01/2001	$18.30	0.0%	0.0%	N	Referral Required
86784	ANTIBODY; TRICHINELLA	07/01/2001	$15.84	0.0%	0.0%	N	Referral Required
86787	ANTIBODY; VARICELLA-ZOSTER	07/01/2001	$17.81	0.0%	0.0%	N	Referral Required
86790	ANTIBODY; VIRUS, NOT ELSEWHE	07/01/2001	$17.81	0.0%	0.0%	N	Referral Required
86793	ANTIBODY; YERSINIA	07/01/2001	$18.23	0.0%	0.0%	N	Referral Required
86800	THYROGLOBULIN ANTIBODY RIA	07/01/2001	$21.98	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
86803	HEPATITIS C ANTIOBODY	07/01/2001	$19.73	0.0%	0.0%	N	Referral Required
86804	HEPATITIS C ANTIOBODY; TEST	07/01/2001	$21.40	0.0%	0.0%	N	Referral Required
86805	LYMPHOCYTOTOSICITY ASSAY VIS	07/01/2001	$60.99	55.0%	45.0%	N	Referral Required
86806	LYMPHOCYTOTOXICITY ASSAY,VIS	07/01/2001	$30.50	0.0%	0.0%	N	Referral Required
86807	SERUM SCREENING FOR CYTOTOXI	07/01/2001	$54.69	0.0%	0.0%	N	Referral Required
86808	SERUM SCREEN FO CYTOTOXIC PR	07/01/2001	$41.02	0.0%	0.0%	N	Referral Required
86812	TISSUE TYPING, HLA TYPING, A	07/01/2001	$35.66	0.0%	0.0%	N	Referral Required
86813	TISSUE TYPING FOR TRANSPLANT	07/01/2002	$80.13	0.0%	0.0%	N	Referral Required
86816	HLA TYPING, DR, SINGLE ANTIG	07/01/2001	$38.49	0.0%	0.0%	N	Referral Required
86817	HLA TYPING, DR, MULTIPLE ANT	07/01/2001	$88.98	0.0%	0.0%	N	Referral Required
86821	LYMPHOCYTE CULTURE, MIXED (M	07/01/2001	$78.03	0.0%	0.0%	N	Referral Required
86822	TISSUE TYPING/LYMPHOCYTE (PL	07/01/2001	$50.52	0.0%	0.0%	N	Referral Required
86850	ANTIBODY SCREEN RBC EACH SERUM TEC	07/01/2001	$10.81	0.0%	0.0%	N	Referral Required
86860	ANTIBODY ELUTION (RBC) EACH ELUTION	07/01/2004	$18.99	0.0%	0.0%	N	Referral Required
86870	ANTIBODY ID, RBC ANTIBODIES, EA PAN	07/01/2004	$11.43	0.0%	0.0%	N	Referral Required
86880	ANTIHUMAN GLOBULIN TEST (COOMB) DIR	07/01/2001	$7.42	0.0%	0.0%	N	Referral Required
86885	INDIRECT; QUALITATIVE, EACH ANTISER	07/01/2001	$5.67	0.0%	0.0%	N	Referral Required
86886	ANTIHUMAN G BULIN TEST INDIRECT TIT	07/01/2001	$7.15	0.0%	0.0%	N	Referral Required
86890	AUTLOGOUS BLOOD OR COMPONENT; PR	07/01/2001	$38.57	0.0%	0.0%	N	Referral Required
86891	AUTOLOGOUS BLOOD/COMPONENT; INTR	07/01/2001	$24.24	0.0%	0.0%	N	Referral Required
86900	BLOOD TYPING ABO	07/01/2001	$4.12	0.0%	0.0%	N	Referral Required
86901	BLOOD TYPING RH (D)	07/01/2004	$6.48	0.0%	0.0%	N	Referral Required
86903	ANTIGEN SCREENING FOR COMPATIBLE U	07/01/2001	$13.05	0.0%	0.0%	N	Referral Required
86904	BLOOD TYPING;ANTIGEN USING PATIENT	07/01/2001	$13.14	0.0%	0.0%	N	Referral Required
86905	BLOOD TYPING;RBC ANTIGENS,OTHER TH	07/01/2001	$5.28	0.0%	0.0%	N	Referral Required
86906	BLOOD TYPING, RH PHENOTYPING, COMP	07/01/2001	$10.71	0.0%	0.0%	N	Referral Required
86910	BLOOD TYPING; PATERNITY TEST	07/01/2001	$24.46	0.0%	0.0%	N	Referral Required
86911	BLOOD TYPING;PATERNITY TEST,	07/01/2001	$7.98	0.0%	0.0%	N	Referral Required
86920	COMPATIBILITY TEST EA UNIT;I	07/01/2004	$18.59	0.0%	0.0%	N	Referral Required
86921	COMPATIBILITY TEST; EACH INC	07/01/2001	$20.93	0.0%	0.0%	N	Referral Required
86922	COMPATABILITY TEST,(EACH) AN	07/01/2004	$21.90	0.0%	0.0%	N	Referral Required
86927	FRESH FROZEN PLASMA, THAWING, EACH	07/01/2001	$16.53	0.0%	0.0%	N	Referral Required
86930	FROZEN BLOOD, PREPARATION FOR FREE	07/01/2001	$24.24	0.0%	0.0%	N	Referral Required
86931	FROZEN BLOOD,PREPARATION FOR FREE	07/01/2001	$24.24	0.0%	0.0%	N	Referral Required
86932	FROZEN BLOOD PREP FOR FREEZ, W/FRE	07/01/2001	$24.24	0.0%	0.0%	N	Referral Required
86940	HEMOLYSINS AND AGGLUTININS, AUTO, S	07/01/2001	$9.60	0.0%	0.0%	N	Referral Required
86941	HEMOLYSINS AND AGGLUTININS, EACH; I	07/01/2001	$16.73	0.0%	0.0%	N	Referral Required
86965	POOLING OF PLATELETS OR OTHER BLOO	07/01/2001	$4.53	0.0%	0.0%	N	Referral Required
87001	ANIMAL INOCULATION	07/01/2001	$6.43	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
87003	ANIMAL INOCULATION	07/01/2001	$23.26	0.0%	0.0%	N	Referral Required
87015	CONCENTRATN FOR PARASITES ET	07/01/2001	$9.23	0.0%	0.0%	N	Referral Required
87040	CULTURE, BACTERIAL	07/01/2001	$14.27	0.0%	0.0%	N	Referral Required
87045	CULTURE, BACTERIAL	07/01/2001	$13.04	0.0%	0.0%	N	Referral Required
87046	CULTURE STOOL ADDITIONAL	07/01/2001	$3.26	0.0%	0.0%	N	Referral Required
87070	CULTURE, BACTERIAL	07/01/2001	$11.90	0.0%	0.0%	N	Referral Required
87071	CULTURE QUANTITIVE	07/01/2001	$6.52	0.0%	0.0%	N	Referral Required
87073	CULTURE QUANTITIVE ANAEROBIC	07/01/2001	$6.52	0.0%	0.0%	N	Referral Required
87075	CULTURE, BACTERIAL	07/01/2001	$13.08	0.0%	0.0%	N	Referral Required
87076	CULTURE, BACTERIAL	07/01/2001	$11.16	0.0%	0.0%	N	Referral Required
87077	CULTURE AEROBIC ADDITIONAL	07/01/2001	$11.16	0.0%	0.0%	N	Referral Required
87081	CULTURE, BACTERIAL	07/01/2001	$6.81	0.0%	0.0%	N	
87084	WITH COLONY ESTIMATION FROM	07/01/2001	$9.66	0.0%	0.0%	N	Referral Required
87086	CULTURE, BACTERIAL	07/01/2002	$11.16	0.0%	0.0%	N	Referral Required
87088	CULTURE, BACTERIAL	07/01/2001	$11.18	0.0%	0.0%	N	Referral Required
87101	CULTURE, FUNGI	07/01/2002	$10.66	0.0%	0.0%	N	Referral Required
87102	CULTURE, FUNGI	07/01/2001	$10.28	0.0%	0.0%	N	Referral Required
87103	CULTURE-BLOOD	07/01/2001	$12.46	0.0%	0.0%	N	Referral Required
87106	CULTURE, FUNGI	07/01/2001	$14.27	0.0%	0.0%	N	Referral Required
87107	CULTURE MOLD	07/01/2001	$14.27	0.0%	0.0%	N	Referral Required
87109	CULTURE, MYCOPLASMA	07/01/2001	$10.28	0.0%	0.0%	N	Referral Required
87110	CULTURE, CHLAMYDIA	07/01/2001	$27.08	0.0%	0.0%	N	
87116	CULTURE, TUBERCLE BACILLI	07/01/2002	$14.93	0.0%	0.0%	N	Referral Required
87118	CULTURE, TUBERCLE BACILLI	07/01/2001	$15.13	0.0%	0.0%	N	Referral Required
87140	CULTURE, TYPING	07/01/2001	$5.67	0.0%	0.0%	N	Referral Required
87143	CULTURE, TYPING	07/01/2001	$17.32	0.0%	0.0%	N	Referral Required
87147	CULTURE, TYPING	07/01/2002	$7.15	0.0%	0.0%	N	Referral Required
87149	CULTURE ID NUCLEIC ACID	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87152	CULTURE ID PULSE FIELD GEL TYPING	07/01/2001	$7.23	0.0%	0.0%	N	Referral Required
87158	CULTURE, TYPING	07/01/2002	$7.23	0.0%	0.0%	N	Referral Required
87164	DARK FIELD EXAMINATION ANY S	07/01/2004	$15.01	0.0%	100.0%	N	Referral Required
87166	DARK FIELD EXAMINATION	07/01/2001	$15.61	0.0%	0.0%	N	Referral Required
87168	MACROSCOPIC EXAM ANTHROPOD	07/01/2001	$5.90	0.0%	0.0%	N	Referral Required
87169	MACROSCOPIC EXAMINATION	07/01/2001	$5.90	0.0%	0.0%	N	Referral Required
87172	PINWORM EXAM	07/01/2001	$5.90	0.0%	0.0%	N	Referral Required
87176	ENDOTOXIN TESTING	07/01/2001	$8.13	0.0%	0.0%	N	Referral Required
87177	OVA AND PARASITES SMEARS	07/01/2001	$12.30	0.0%	0.0%	N	Referral Required
87181	SENSITIVITY STUDIES	07/01/2002	$6.56	0.0%	0.0%	N	Referral Required
87184	SENSITIVITY STUDIES	07/01/2001	$9.53	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
87185	SUSCEPTIBILITY STUDIES	07/01/2001	$6.56	0.0%	0.0%	N	Referral Required
87186	SENSITIVITY STUDIES	07/01/2001	$11.94	0.0%	0.0%	N	Referral Required
87187	MINIMUM BACTERICIDAL CONCENT	07/01/2001	$12.20	0.0%	0.0%	N	Referral Required
87188	SENSITIVITY STUDIES	07/01/2001	$9.17	0.0%	0.0%	N	Referral Required
87190	SENSITIVITY STUDIES	07/01/2002	$7.81	0.0%	0.0%	N	Referral Required
87197	SERUM BACTERICIDAL TITER	07/01/2001	$20.76	0.0%	0.0%	N	Referral Required
87205	STAINS/SMEARS	07/01/2001	$5.90	0.0%	0.0%	N	Referral Required
87206	STAINS/SMEARS	07/01/2001	$7.42	0.0%	0.0%	N	Referral Required
87207	STAINS/SMEARS	07/01/2004	$8.37	0.0%	100.0%	N	Referral Required
87210	WET MOUNT	07/01/2001	$5.90	0.0%	0.0%	N	Referral Required
87220	TISSUE EXAMINATION FOR FUNGI	07/01/2001	$5.90	0.0%	0.0%	N	Referral Required
87230	TOXIN OR ANTITOXIN ASSAY,TIS	07/01/2001	$16.08	0.0%	0.0%	N	Referral Required
87250	VIRUS, INOCULATION	07/01/2001	$27.02	0.0%	0.0%	N	Referral Required
87252	VIRUS IDENTIFICATION	07/01/2001	$21.96	0.0%	0.0%	N	
87253	TISSUE CULTURE ADDITIONAL ST	07/01/2001	$27.91	0.0%	0.0%	N	Referral Required
87254	VIRUS ISOLATION SHELL VIAL	07/01/2001	$6.76	0.0%	0.0%	N	Referral Required
87255	INCLUDING IDENTIFICATION	01/01/2003	$37.02	0.0%	0.0%	N	Referral Required
87260	ADENOVIRUS AG, DFA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87265	PERTUSIS AG, DFA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87269	INFECTIOUS AGENT ANTIGEN GIARDIA	07/01/2004	$16.28	0.0%	0.0%	N	Referral Required
87270	CHLAMYDIA TRACHOMATIS AG, DF	07/01/2001	$16.10	0.0%	0.0%	N	
87271	CYTOMEGALOVIRUS DIRECT FLUORESCE	01/01/2003	$16.28	0.0%	0.0%	N	
87272	CRYPTOSPORIDUM/GIARDIA AGDFA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87273	INFECTIOUS AGENT HERPES	07/01/2001	$16.10	0.0%	0.0%	N	
87274	HERPES SIMPLEX VIRUS AG, DFA	07/01/2001	$16.10	0.0%	0.0%	N	
87275	INFECTIOUS AGENT INFLUENZA B	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87276	INFLUENZA A VIRUS AG, DFA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87277	INFECTIOUS ANTIGEN LEGIONELL	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87278	LEGIONELLA PNEUMOPHILA, AGDFA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87279	INFECTIOUS AGENT ANTIGEN	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87280	RESP SYNCYTIAL AG, DFA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87281	ANTIGEN DETECTION BY I.F.	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87283	ANTIGEN DETECTION BY I.F. RUBEOLA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87285	TREPONEMA PALLIDUM AG, DFA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87290	VARICELLA ZOSTER VIRUS, AGDFA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87299	AG DETECTION NOS, DFA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87300	ANTIGEN DETECTION BY I.F.POLYVALENT	07/01/2001	$8.05	0.0%	0.0%	N	Referral Required
87301	ADENOVIRUS AG, EIA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87320	CHLAMYDIA TRACHOMATIC AG, EIA	07/01/2001	$16.10	0.0%	0.0%	N	

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
87324	CLOSTRIDIUM AG, EIA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87327	ANTIGEN DETECTION	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87328	CRYPTOSPORIDUM/GIARDIA,AGEIA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87329	INFECTIOUS AGENT ANTIGEN DETECTION	07/01/2004	$16.28	0.0%	0.0%	N	Referral Required
87332	CYTOMEGALOVIRUS, AG, EIA	07/01/2001	$16.10	0.0%	0.0%	N	
87335	E COLI 0157 AG, EIA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87336	ANTIGEN DETECTION	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87337	ANTIGEN DETECTION	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87338	HELICOBACTER PYLORI	01/01/2002	$19.88	0.0%	0.0%	N	Referral Required
87339	ANTIGEN DETECTION	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87340	HEPATITUS B SURFACE, AG,EIA	07/01/2001	$14.27	0.0%	0.0%	N	Referral Required
87341	ANTIGEN DETECTION	07/01/2001	$14.27	0.0%	0.0%	N	Referral Required
87350	HEPATITUS BE ANTIGEN (HBEAG)	07/01/2001	$15.92	0.0%	0.0%	N	Referral Required
87380	HEPATITUS DELTA AGENT	07/01/2001	$22.69	0.0%	0.0%	N	Referral Required
87385	HISTOPLASMA CAPSULATUM-AGEIA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87390	HIV-1 AG, EIA	07/01/2001	$24.38	0.0%	0.0%	N	
87391	HIV-2, AG, EIA	07/01/2001	$24.38	0.0%	0.0%	N	
87400	INFLUENZA, A OR B, EACH	07/01/2002	$16.10	0.0%	0.0%	N	Referral Required
87420	RESP SYNCYTIAL AG, EIA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87425	ROTAVIRUS AG, EIA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87427	SHIGA-LIKE TOXIN	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87430	STREPTOCOCCUS, GROUP A AGEIA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87449	AG DETECT NOS EIA MULTIPLE	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87450	AG DETECT NOS EIA SINGLE	07/01/2001	$9.77	0.0%	0.0%	N	Referral Required
87451	INFECTIOUS AGENT ANTIGEN	07/01/2001	$9.77	0.0%	0.0%	N	Referral Required
87470	BARTONELLA DNA DIRECT PROBE	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87471	BARTONELL DNA, AMPLIFIED PROBE	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required
87472	BARTONELLA, DNA QUANTIFIECAT	07/01/2001	$59.20	0.0%	0.0%	N	Referral Required
87475	LYME DIS, DNA DIRECT PROBE	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87476	LYME DIS,DNA AMPLIFIED PROBE	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required
87477	LYME DIS, DNA, QUANTIFICATION	07/01/2001	$59.20	0.0%	0.0%	N	Referral Required
87480	CANDIDA, DNA, DIRECT PROBE	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87481	CANDIDA, DNA, AMPLIFIED PROBE	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required
87482	CANDIDA, DNA, QUANTIFICATION	07/01/2001	$57.69	0.0%	0.0%	N	Referral Required
87485	CHLAMYDIA PNEM.DNA DIRECT PR	07/01/2001	$27.71	0.0%	0.0%	N	
87486	CHLAMYDIA PNEUN,DNA,AMP.PRO.	07/01/2001	$48.50	0.0%	0.0%	N	
87487	CHLAMYDIA PNEUM.DNA, QUANT.	07/01/2001	$59.20	0.0%	0.0%	N	
87490	CHLAMYDIA TRACH.DNA,DIR.PROB	07/01/2001	$27.71	0.0%	0.0%	N	
87491	CHLAMYDIA TRACH.DNA,AMP.PR	07/01/2001	$48.50	0.0%	0.0%	N	

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87492	CHLAMYDIA TRACH.DNA,QUANT.	07/01/2001	$48.31	0.0%	0.0%	N	
87495	CYTOMEG.DNA,DIRECT PROBE	07/01/2001	$27.71	0.0%	0.0%	N	
87496	CYTOMEG.DNA,AMPLIFIED PROBE	07/01/2001	$48.50	0.0%	0.0%	N	
87497	CYTOMEG. DNA, QUANTIFICATION	07/01/2001	$59.20	0.0%	0.0%	N	
87510	GARDNER. VAG. DNA, DIR.PROBE	07/01/2001	$27.71	0.0%	0.0%	N	
87511	GARDNER.VAG.DNA, AMP.PROBE	07/01/2001	$48.50	0.0%	0.0%	N	
87512	GARDNER.VAG.DNA, QUANTIFICA.	07/01/2001	$57.69	0.0%	0.0%	N	
87515	HEPATITUS B,DNA, DIR.PROBE	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87516	HEPATITUS B,DNA, AMP.PROBE	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required
87517	HEPATITUS B, DNA, QUANT.	07/01/2001	$59.20	0.0%	0.0%	N	Referral Required
87520	HEPATITUS C, RNA, DIR.PROBE	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87521	HEPATITIS C, RNA, AMP.PROBE	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required
87522	HEPATITUS C, RNA, QUANT.	07/01/2001	$59.20	0.0%	0.0%	N	Referral Required
87525	HEPATITUS G, DNA, DIR.PROBE	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87526	HEPATITUS G, DNA, AMP.PROBE	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required
87527	HEPATITUS G, DNA, QUANT.	07/01/2001	$57.69	0.0%	0.0%	N	Referral Required
87528	HERPES SIMPLEX, DIRECT PROBE	07/01/2001	$27.71	0.0%	0.0%	N	
87529	HERPES SIMPLEX,DNA, AMP.PR.	07/01/2001	$48.50	0.0%	0.0%	N	
87530	HERPES SIMPLEX,DNA, QUANT.	07/01/2001	$59.20	0.0%	0.0%	N	
87531	HERPES VIRUS-6,DNA, DIR.PR.	07/01/2001	$27.71	0.0%	0.0%	N	
87532	HERPES VIRUS-6,DNA, AMP.PR.	07/01/2001	$48.50	0.0%	0.0%	N	
87533	HERPES VIRUS-6, DNA, QUANT.	07/01/2001	$57.69	0.0%	0.0%	N	
87534	HIV-1, DNA, DIRECT PROBE TECHNIQUE	07/01/2001	$27.71	0.0%	0.0%	N	
87535	HIV-1,DNA AMPLIFIED PROBE TECHNIQUE	07/01/2001	$48.50	0.0%	0.0%	N	
87536	HIV-1, QUANTIFICATION	07/01/2001	$117.59	0.0%	0.0%	N	
87537	HIV-2, DNA, DIRECT PROBE TEC	07/01/2001	$27.71	0.0%	0.0%	N	
87538	HIV-2,DNA,AMPLIFIED PROBE TE	07/01/2001	$48.50	0.0%	0.0%	N	
87539	HIV-2, DNA, QUANTIFICATION	07/01/2001	$59.20	0.0%	0.0%	N	
87540	LEGION PNEUMO, DNA, DIR-PROBE	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87541	LEGION.PNEUMO.DNA,AMP.PROBE	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required
87542	LEGION PNEUMO,DNA,QUANTIF	07/01/2001	$57.69	0.0%	0.0%	N	Referral Required
87550	MYCOBACTERIA SPECIES, DNA,DIR PROBE	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87551	MYCOBACTERIA SPECIES AMP PROB TEC	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required
87552	MYCOBACTERIA SPECIES, DNA QUANT	07/01/2001	$59.20	0.0%	0.0%	N	Referral Required
87555	M.TUBERCULOSIS, DNA,DIR.PROBE	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87556	M.TUBERCULOSIS, DNA, AMP.PROB	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required
87557	M.TUBERCULOSIS, DNA,QUANT.	07/01/2001	$59.20	0.0%	0.0%	N	Referral Required
87560	M.AVIUM-INTRA,DNA,DIR.PROBE	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87561	M.AVIUM INTRA,DNA, AMP.PROBE	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
87562	M.AVIUM-INTRA,DNA,QUANTI.	07/01/2001	$59.20	0.0%	0.0%	N	Referral Required
87580	M.PNEUMIAE,DNA, DIRECT PROBE	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87581	M.PNEUMONIAE,DNA, AMP.PROBE	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required
87582	M.PNEUMONIAE, DNA, QUANT.	07/01/2001	$57.69	0.0%	0.0%	N	Referral Required
87590	N.GONORRHOEAE,DNA,DIR.PROBE	07/01/2001	$27.71	0.0%	0.0%	N	
87591	N.GONORRHOEAE,DNA,AMP.PROBE	07/01/2001	$48.50	0.0%	0.0%	N	
87592	N.GONORRHOEAE, DNA, QUANT.	07/01/2001	$59.20	0.0%	0.0%	N	
87620	HPV, DNA, DIRECT PROBE	07/01/2001	$27.71	0.0%	0.0%	N	
87621	HPV, DNA, AMPLIFIED PROBE	07/01/2001	$48.50	0.0%	0.0%	N	
87622	HPV, DNA, QUANTIFICATION	07/01/2001	$57.69	0.0%	0.0%	N	
87650	STREP.A, DNA, DIRECT PROBE	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87651	STREP.A, DNA, AMP.PROBE TECH	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required
87652	STREP.A, DNA, QUANTIFICATION	07/01/2001	$57.69	0.0%	0.0%	N	Referral Required
87797	DETECT.AG, NOS,DNA,DIR.PROBE	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87798	DETECT.AG.NOS, DNA,AMP.PROBE	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required
87799	DETECT.AG.NOS, QUANTIFICATION	07/01/2001	$59.20	0.0%	0.0%	N	Referral Required
87800	INFECTIOUS AGENT DETECTION	07/01/2001	$27.71	0.0%	0.0%	N	Referral Required
87801	INFECTIOUS AGENT DETECTION	07/01/2001	$48.50	0.0%	0.0%	N	Referral Required
87802	STREP DETECTION	01/01/2002	$16.10	0.0%	0.0%	N	Referral Required
87803	CLOSTRIDIUM DIFFICILE TOXIN	01/01/2002	$16.10	0.0%	0.0%	N	Referral Required
87804	INFLUENZA IMMUNOASSAY DETECTION	01/01/2002	$16.10	0.0%	0.0%	N	Referral Required
87810	CHLAMYDIA TRACH ASSAY W/OPTICAL	07/01/2001	$16.10	0.0%	0.0%	N	
87850	NEISSERIA GONORRHOEAE W/OPTICAL O	07/01/2001	$16.10	0.0%	0.0%	N	
87880	STREPTOCOCCUS A W/OPTICAL OBSERVA	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87899	INFECT.AG.DETECT,NOS,W/OPTIC	07/01/2001	$16.10	0.0%	0.0%	N	Referral Required
87901	INFECTIOUS AGENT GENOTYPE ANALYSIS	07/01/2001	$192.26	0.0%	0.0%	N	
87902	HEPATITIS C VIRUS	01/01/2002	$192.26	0.0%	0.0%	N	Referral Required
87903	PHENOTYPE BY DNA/RNA, HIV 1	07/01/2001	$538.75	0.0%	0.0%	Y	
87904	PHENOTYPE BY DNA/RNA, HIV 1	07/01/2001	$21.96	0.0%	0.0%	Y	Referral Required
88104	CYTOPATHOLOGY	07/01/2003	$43.14	13.0%	87.0%	N	Referral Required
88106	CYTOPATHOLOGY	07/01/2003	$43.14	12.0%	88.0%	N	Referral Required
88107	CYTOPATHOLOGY	07/01/2003	$59.52	11.0%	89.0%	N	Referral Required
88108	CYTOPATHOLOGY, CONCENTRATION	07/01/2003	$50.16	14.0%	86.0%	N	Referral Required
88112	CYTOPATHOLOGY, SELECTIVE CELLULAR	01/01/2004	$50.16	0.0%	0.0%	N	Referral Required
88125	CYTOPATHOLOGY	02/03/2002	$18.96	6.0%	94.0%	N	Referral Required
88130	BARR BODIES TEST	07/01/2001	$20.79	0.0%	0.0%	N	Referral Required
88140	DRUMSTICKS TEST	07/01/2001	$11.05	0.0%	0.0%	N	Referral Required
88141	CYTOPATHOLOGY, CERVICAL OR V	02/03/2002	$20.83	0.0%	100.0%	N	Referral Required
88142	CYTOPATH CER/VAG. THIN LAYER	07/01/2001	$28.00	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
88143	CYTOPATHOLOGY CERVIC VAGINAL	07/01/2001	$28.00	0.0%	0.0%	N	Referral Required
88147	CYTOPATHOLOGY SMEARS	07/01/2001	$14.60	0.0%	0.0%	N	Referral Required
88148	CYTOPATHOLOGY SMEARS	07/01/2001	$14.60	0.0%	0.0%	N	Referral Required
88150	PAPANICOLAOU SMEAR	07/01/2001	$14.60	0.0%	0.0%	N	Referral Required
88152	CYTOPATH.CER/VAG AUTO RESCRE	07/01/2001	$14.60	0.0%	0.0%	N	Referral Required
88153	CYTOPATHOLOGY SLIDES	07/01/2001	$14.60	0.0%	0.0%	N	Referral Required
88154	CYTOPATHOLOGY SLIDES	07/01/2001	$14.60	0.0%	0.0%	N	Referral Required
88155	SMEARS	07/01/2001	$8.28	0.0%	0.0%	N	Referral Required
88160	SMEARS	07/01/2003	$50.31	11.0%	89.0%	N	Referral Required
88161	CYTOPATHOGY, ANY OTHER SOURC	07/01/2003	$57.00	13.0%	87.0%	N	Referral Required
88162	EXTENDED STUDY INVOLVING OVE	07/01/2003	$50.59	25.0%	75.0%	N	Referral Required
88164	CYTOPATHOLOGY SLIDES	07/01/2001	$14.60	0.0%	0.0%	N	Referral Required
88165	CYTOPATHOLOGY SLIDES	07/01/2001	$14.60	0.0%	0.0%	N	Referral Required
88166	CYTOPATHOLOGY SLIDES	07/01/2001	$14.60	0.0%	0.0%	N	Referral Required
88167	CYTOPATHOLOGY SLIDES	07/01/2001	$14.60	0.0%	0.0%	N	Referral Required
88172	EVALUATION NEEDLE ASPIRATE W	07/01/2003	$43.26	15.0%	85.0%	N	Referral Required
88173	INTERP & REPORT	07/01/2003	$106.97	12.0%	88.0%	N	Referral Required
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL	01/01/2003	$29.85	0.0%	0.0%	N	Referral Required
88175	WITH SCREENING BY AUTOMATED SYSTE	01/01/2003	$36.31	0.0%	0.0%	N	Referral Required
88180	FLOW CYTOMETRY, EACH CELL SU	07/01/2003	$32.19	19.0%	81.0%	N	Referral Required
88182	FLOW CYTOMETRY; CELL CYCLE O	07/01/2003	$85.56	16.0%	84.0%	N	Referral Required
88230	TISSUE CULTURE FOR CHROMOSOM	07/01/2001	$161.00	0.0%	0.0%	N	Referral Required
88233	TISSUE CULTURE CHROMOSOME AN	07/01/2001	$194.49	0.0%	0.0%	N	Referral Required
88235	'ISSUE CULTURE FOR CHROMOSOME	01/01/2004	$203.50	0.0%	0.0%	N	Referral Required
88237	BONE MARROW (MYLOID) CELLS	07/01/2001	$174.55	0.0%	0.0%	N	Referral Required
88239	TISSUE CULTURE FOR CHROMOSOM	07/01/2001	$203.88	0.0%	0.0%	N	Referral Required
88240	CRYOPRESERVATION FREEZING STRG CE	07/01/2001	$13.96	0.0%	0.0%	N	Referral Required
88241	THAWING & EXPANSION OF FRZN CELLS	07/01/2001	$13.96	0.0%	0.0%	N	Referral Required
88245	CHROMOSOME ANALYSIS FOR BREA	07/01/2001	$205.72	0.0%	0.0%	N	Referral Required
88248	CHROMOSONE ANALYSIS SCORE 10	07/01/2001	$239.32	0.0%	0.0%	N	Referral Required
88249	CHROMOSOME ANALYSIS FOR BREAKAGE	07/01/2001	$239.32	0.0%	0.0%	N	Referral Required
88261	CHROMOSOME ANALYSIS	07/01/2002	$244.24	0.0%	0.0%	N	Referral Required
88262	CHROMOSOME ANALYSIS	07/01/2001	$172.25	0.0%	0.0%	N	Referral Required
88263	CHROMOSOME ANALYSIS;COUNT 45	07/01/2001	$129.03	0.0%	0.0%	N	Referral Required
88264	CHROMOSOME ANALYSIS ANALYZE 20-25 C	07/01/2001	$172.25	0.0%	0.0%	N	Referral Required
88267	CHROMOSOME ANALYSIS	01/01/2004	$248.44	0.0%	0.0%	N	Referral Required
88269	CHROMOSOME ANALYSIS IN SITU	07/01/2001	$94.00	0.0%	0.0%	N	Referral Required
88271	MOLECULAR CYTOGENETICS	07/01/2001	$20.00	0.0%	0.0%	N	Referral Required
88272	MOLECULAR CYTOGENETICS	07/01/2001	$25.00	0.0%	0.0%	N	Referral Required

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88273	MOLECULAR CYTOGENETICS	07/01/2001	$35.00	0.0%	0.0%	N	Referral Required
88274	MOLECULAR CYTOGENETICS	07/01/2001	$45.00	0.0%	0.0%	N	Referral Required
88275	MOLECULAR CYTOGENETICS	07/01/2001	$55.50	0.0%	0.0%	N	Referral Required
88280	CHROMOSOME ANALYSIS	01/01/2004	$34.69	0.0%	0.0%	N	Referral Required
88283	CHROMOSOME ANALYSIS ADD SPEC	07/01/2002	$94.79	0.0%	0.0%	N	Referral Required
88285	CHROMOSOME ANALYSIS	07/01/2002	$26.26	0.0%	0.0%	N	Referral Required
88289	CHROMOSOME ANALYSIS ADDITION	01/01/2004	$47.58	0.0%	0.0%	N	Referral Required
88291	CYTOGENETICS & MOLECULAR CYTOGEN	07/01/2003	$25.77	0.0%	0.0%	N	Referral Required
88300	GROSS EXAMINATION	07/01/2003	$13.98	33.0%	67.0%	N	Referral Required
88302	GROSS/MICROSCOPIC EXAM	07/01/2003	$28.34	39.0%	61.0%	N	Referral Required
88304	GROSS/MICROSCOPIC EXAM	07/01/2003	$38.48	38.0%	62.0%	N	Referral Required
88305	GROSS/MICROSCOPIC EXAM	07/01/2003	$83.73	29.0%	71.0%	N	Referral Required
88307	GROSS/MICROSCOPIC EXAM	07/01/2003	$143.66	25.0%	75.0%	N	Referral Required
88309	GROSS/MICROSCOPIC EXAM	07/01/2003	$190.00	23.0%	77.0%	N	Referral Required
88311	GROSS/MICROSCOPIC EXAM	07/01/2003	$15.40	22.0%	78.0%	N	Referral Required
88312	STAINS, SPECIAL	07/01/2003	$73.20	14.0%	86.0%	N	Referral Required
88313	STAINS, SPECIAL	07/01/2003	$55.58	22.0%	78.0%	N	Referral Required
88314	HISTOCHEMICAL STAINING WITH	07/01/2003	$43.78	26.0%	74.0%	N	Referral Required
88318	DETERMINATIVE HISTOCHEMISTRY	07/01/2003	$33.77	18.0%	82.0%	N	Referral Required
88319	DETERMINATIVE HISTOCHEMISTRY	07/01/2003	$97.27	23.0%	77.0%	N	Referral Required
88321	CONSULTATION, PATHOLOGY	02/03/2002	$65.67	0.0%	0.0%	N	Referral Required
88323	CONSULTATION, PATHOLOGY	02/03/2002	$91.86	16.0%	84.0%	N	Referral Required
88325	CONSULTATION, PATHOLOGY	02/03/2002	$109.84	0.0%	0.0%	N	Referral Required
88329	CONSULTATION, PATHOLOGY	02/03/2002	$36.08	25.0%	75.0%	N	Referral Required
88331	CONSULTATION, PATHOLOGY	07/01/2003	$70.36	25.0%	75.0%	N	Referral Required
88332	CONSULTATION, PATHOLOGY	07/01/2003	$36.21	24.0%	76.0%	N	Referral Required
88342	IMMUNOCYTHOCHEMISTRY, EACH A	07/01/2003	$76.04	21.0%	79.0%	N	Referral Required
88346	IMMUNOFLUOR STUDY EACH ANTIB	07/01/2003	$69.06	19.0%	81.0%	N	Referral Required
88347	IMMUNOFLUORESCENT STUDY	07/01/2003	$91.38	22.0%	78.0%	N	Referral Required
88348	ELECTRON MICROSCOPY	07/01/2003	$276.42	29.0%	71.0%	N	Referral Required
88349	ELECTRON MICROSCOPY	07/01/2002	$299.25	34.0%	66.0%	N	Referral Required
88355	MORPHOMETRIC ANALYSIS SKELAT	07/01/2002	$143.31	23.0%	77.0%	N	Referral Required
88356	MORPHOMETRIC ANYALYSIS; NERV	07/01/2002	$266.01	23.0%	77.0%	N	Referral Required
88358	ANALYSIS TUMOR	02/03/2002	$157.01	23.0%	77.0%	N	Referral Required
88361	MORPHOMETRIC ANALYSIS	01/01/2004	$123.68	59.0%	41.0%	N	Referral Required
88362	NERVE TEASING PREPARATIONS	02/03/2002	$184.72	24.0%	76.0%	N	Referral Required
88365	TISSUE IN SITU HYBRIDIZATION	02/03/2002	$97.96	22.0%	78.0%	N	Referral Required
88371	PROTEIN ANALYSIS BY WESTERN	07/01/2003	$17.82	0.0%	100.0%	N	Referral Required
88372	PROTEIN ANALYSIS,INTERP & RP	07/01/2001	$31.44	0.0%	100.0%	N	Referral Required

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88400	BILIRUBIN, TOTAL	01/01/2001	$3.47	0.0%	0.0%	N	Referral Required
89050	CELL COUNT, OTHER THAN BLOOD	07/01/2001	$6.53	0.0%	0.0%	N	Referral Required
89051	CELL COUNT, OTHER THAN BLOOD	07/01/2001	$7.61	0.0%	0.0%	N	Referral Required
89055	LEUKOCYTE COUNT, FECAL	01/01/2003	$5.96	0.0%	0.0%	N	Referral Required
89060	CRYSTAL ID BY COMPENSATING P	07/01/2004	$9.99	0.0%	100.0%	N	Referral Required
89100	DUODENAL INTUBATION/ASPIRATI	07/01/2002	$94.24	0.0%	0.0%	N	Referral Required
89105	DUODENAL INTUBATION/ASPIRATI	07/01/2002	$89.49	0.0%	0.0%	N	Referral Required
89125	STAINS	07/01/2001	$5.96	0.0%	0.0%	N	Referral Required
89130	GASTRIC INTUBATION/ASPIRATIO	07/01/2002	$86.48	0.0%	0.0%	N	Referral Required
89132	GASTRIC INTUBATION/ASPIRATIO	07/01/2002	$43.46	0.0%	0.0%	N	Referral Required
89135	GASTRIC INTUBATION/ASPIRATIO	07/01/2002	$108.68	0.0%	0.0%	N	Referral Required
89136	GASTRIC INTUBATION/ASPIRATIO	07/01/2002	$72.86	0.0%	0.0%	N	Referral Required
89140	GASTRIC INTUBATION, ASPIRATI	07/01/2002	$108.47	0.0%	0.0%	N	Referral Required
89141	GASTRIC INTUBATION/ASPIRATIO	07/01/2002	$130.22	0.0%	0.0%	N	Referral Required
89160	MEAT FIBERS TEST, FECES	07/01/2001	$5.09	0.0%	0.0%	N	Referral Required
89190	EOSINOPHILS, NASAL SECRETION	07/01/2001	$6.56	0.0%	0.0%	N	Referral Required
89321	SEMEN ANALYSIS	07/01/2004	$16.26	0.0%	0.0%	N	Referral Required
90281	IMMUNE GLOBULIN HUMAN	01/01/2001	$28.00	0.0%	0.0%	N	Referral Required
90378	SYNAGIS 50 MG	11/01/2003	$616.00	0.0%	0.0%	N	Referral Required
90384	RHO IMMUNE GLOBULIN, HUMAN	01/01/1999	$113.05	0.0%	0.0%	N	Referral Required
90385	RHO IMMUNE GLOBULIN, HUMAN	01/01/1999	$41.33	0.0%	0.0%	N	Referral Required
90471	IMMUNIZATION ADMINISTRATION	02/03/2002	$3.37	0.0%	0.0%	N	
90472	IMMUNIZATION ADMIN, 2 OR MORE	07/01/2003	$3.37	0.0%	0.0%	N	
90473	ONE VACCINE ADMINISTRATION	11/01/2002	$3.37	0.0%	0.0%	N	
90474	IMMUNIZATION ADMINISTRATION	01/01/2002	$2.00	0.0%	0.0%	N	
90524	INTRACUTANEOUS TESTS W/ALLERGENIC E	01/01/1993	$1.92	0.0%	0.0%	N	Referral Required
90632	HEPATITIS A VACCINE, ADULT DOSAGE	01/01/1999	$50.50	0.0%	0.0%	N	
90633	HEPATITIS A VACCINE, PEDIATRIC	01/01/1999	$25.25	0.0%	0.0%	N	
90634	HEPATITIS A VACCINE, PEDIATRIC	01/01/1999	$25.25	0.0%	0.0%	N	
90636	HEPATITIS A HEPATITIS B VACCINE	05/21/2001	$85.00	0.0%	0.0%	N	
90645	HEMOPHILUS INFLUENZA B VACCINE	01/01/1999	$24.00	0.0%	0.0%	N	
90646	HEMOPHILUS INFLUENZA B VACCINE	01/01/1999	$24.00	0.0%	0.0%	N	
90647	HEMOPHILUS INFLUENZA B VACCINE	01/01/1999	$19.00	0.0%	0.0%	N	
90648	HEMOPHILUS INFLUENZA B VACCINE	01/01/1999	$19.00	0.0%	0.0%	N	
90655	INFLUENZA VIRUS VACCINE	04/01/2004	$8.31	0.0%	0.0%	N	
90657	INFLUENZA VIRUS VACCINE SPLIT VIRUS	11/01/2002	$8.31	0.0%	0.0%	N	
90658	INFLUENZA VIRUS VACCINE SPLIT VIRUS	02/01/2004	$8.50	0.0%	0.0%	N	
90660	INFLUENZA VIRUS VACCINE, LIVE	01/01/1999	$4.81	0.0%	0.0%	N	
90665	LYME DISEASE VACCINE, ADULT DOSAGE	03/17/1999	$63.70	0.0%	0.0%	N	Referral Required

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90669	PNEUMOCOCCAL CONJUGATE VACCINE	03/10/2000	$58.75	0.0%	0.0%	N	
90680	ROTAVIRUS VACCINE TETRAVALENT LIVE	01/01/1999	$41.00	0.0%	0.0%	N	Referral Required
90690	TYPHOID VACCINE, LIVE, ORAL	05/01/2001	$30.00	0.0%	0.0%	N	Referral Required
90691	TYPHOID VACCINE VI CAPSULAR	07/01/2000	$40.00	0.0%	0.0%	N	Referral Required
90700	D.P. AND ACELLULAR PERTUSIS	02/01/1994	$23.00	0.0%	0.0%	N	
90701	DPT OR DTP VACCINE	07/01/1994	$17.23	0.0%	0.0%	N	
90702	DT TOXOID INJ	07/01/1994	$6.33	0.0%	0.0%	N	
90703	TETANUS TOXOID	01/01/1982	$4.00	0.0%	0.0%	N	
90704	MUMPS VACCINE	07/01/1994	$18.25	0.0%	0.0%	N	
90705	MEASLES VACCINE	07/01/1994	$17.55	0.0%	0.0%	N	
90706	RUBELLA VACCINE	07/01/1994	$17.55	0.0%	0.0%	N	
90707	MMR VACCINE	07/01/1998	$30.00	0.0%	0.0%	N	
90708	MEASLES AND RUBELLA VACCINE	07/01/1994	$22.30	0.0%	0.0%	N	
90712	ORAL POLIO VACCINE	07/01/1994	$16.22	0.0%	0.0%	N	
90713	POLIOMYELITIS VACCINE	12/01/1993	$18.00	0.0%	0.0%	N	
90716	IMMUNIZATION, ACTIVE; VARICE	05/08/1995	$46.00	0.0%	0.0%	N	
90717	YELLOW FEVER VACCINE	05/01/1989	$38.00	0.0%	0.0%	N	
90718	TETANUS AND DIPHTHERIA TOXOI	07/01/2001	$5.00	0.0%	0.0%	N	
90719	DIPHTHERIA TOXOID	01/02/1988	$5.00	0.0%	0.0%	N	
90720	D.T.P. AND HIB VACCINE	04/04/1994	$38.00	0.0%	0.0%	N	
90721	IMMUNIZATION, ACTIVE; DTAP A	01/01/1996	$45.00	0.0%	0.0%	N	
90723	HEPB-IPU INTRAMUSCULAR USE	01/01/2002	$75.53	0.0%	0.0%	N	
90725	CHOLERA VACCINE	05/01/1989	$5.00	0.0%	0.0%	N	
90727	PLAGUE VACCINE	01/01/1982	$4.00	0.0%	0.0%	N	
90732	PNEUMOCOCCAL POLYVALENT PNEUMOV	07/01/2001	$13.00	0.0%	0.0%	N	
90733	MENINGOCOCCAL POLYSACCHARDE	05/01/2001	$55.00	0.0%	0.0%	N	
90740	HEPATITIS B VACCINE	01/01/2001	$175.00	0.0%	0.0%	N	
90743	HEPATITIS B VACCINE ADOLESENT	01/01/2001	$23.50	0.0%	0.0%	N	
90744	IMMUNIZATION,ACTIVE, HEPATIT	07/01/2000	$23.50	0.0%	0.0%	N	
90746	IMMUNIZATION,ACTIVE-HEPATITU	07/01/2000	$52.50	0.0%	0.0%	N	
90747	IMMUNIZATION ACTIVE HEPATITU	01/01/2001	$100.00	0.0%	0.0%	N	
90748	IMMUN, ACTIVE, HEPATITIS B & HEMOPH	01/01/1999	$39.75	0.0%	0.0%	N	
90780	IV INFUSION THERAPY ADMINIST	07/01/2004	$35.65	0.0%	0.0%	N	Referral Required
90781	IV INFUSION THERAPY EACH ADD HOUR U	07/01/2004	$17.82	0.0%	0.0%	N	Referral Required
90782	INJECTION THERAPEUTIC OR DIA	07/01/2004	$3.44	0.0%	0.0%	N	
90783	INJECTION, THERAPEUTIC OR DI	07/01/2004	$13.08	0.0%	0.0%	N	Referral Required
90784	INJECTION THERAPEUTIC OR DIA	07/01/2004	$15.22	0.0%	0.0%	N	Referral Required
90788	INTRAMUSCULAR INJECTION OF A	07/01/2004	$3.77	0.0%	0.0%	N	
90801	PSYCHIATRIC DIAGNOSTIC INTER	07/01/2004	$137.70	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
90802	INTER PSYCH DIAG INTERVIEW EXAM	07/01/2004	$146.32	0.0%	0.0%	N	Referral Required
90804	IND PSYCH, INSIGHT ORIENT 20	07/01/2004	$36.99	0.0%	0.0%	N	Referral Required
90805	IND PSYCH INSIGHT ORIENT WITH E/M	07/01/2004	$68.43	0.0%	0.0%	N	Referral Required
90806	IND PSYCH INSIGHT ORIENT 45-	07/01/2004	$55.50	0.0%	0.0%	N	Referral Required
90807	IND PSYCH INSIGHT ORIENT 45-50 MIN	07/01/2004	$98.41	0.0%	0.0%	N	Referral Required
90808	IND PSYCH INSIGHT 75-80 MINU	07/01/2004	$82.77	0.0%	0.0%	N	Referral Required
90809	IND PSYCH INSIGHT 75-80 MIN E/M SVS	07/01/2004	$142.24	0.0%	0.0%	N	Referral Required
90810	IND PSYCH/PLAY EQUIP, 20-30 MINUTES	07/01/2004	$40.04	0.0%	0.0%	N	Referral Required
90811	IND PSYCH/PLAY EQUIP/E/M SVS/20-30	07/01/2004	$73.65	0.0%	0.0%	N	Referral Required
90812	IND PSYCH/PLAY EQUIP/45-50 MIN	07/01/2004	$59.11	0.0%	0.0%	N	Referral Required
90813	IND PSYCH/PLAY EQUIP/E/M SVS/45-50	07/01/2004	$104.93	0.0%	0.0%	N	Referral Required
90814	IND PSYCH/PLAY EQUIP/75-80 MINUTES	07/01/2004	$86.42	0.0%	0.0%	N	Referral Required
90815	IND PSYCH/PLAY EQUIP/E/M SVS/75-80	07/01/2004	$147.44	0.0%	0.0%	N	Referral Required
90816	IND PSYCH INSIGHT 20-30 MINU	07/01/2004	$63.53	0.0%	0.0%	N	Referral Required
90817	IND PSYCH INSIGHT/E/M SVS/20	07/01/2004	$70.83	0.0%	0.0%	N	Referral Required
90818	IND PSYCH INSIGHT, 45-50 MIN	07/01/2004	$93.93	0.0%	0.0%	N	Referral Required
90819	IND PSYH INSIGHT/E/M SVS/45-	07/01/2004	$100.78	0.0%	0.0%	N	Referral Required
90821	IND PSYCH INSIGHT, 75-80 MINUTES	07/01/2004	$137.80	0.0%	0.0%	N	Referral Required
90822	IND PSYCH INSIGHT/E/M SVS/75-80 MIN	07/01/2004	$149.85	0.0%	0.0%	N	Referral Required
90823	IND PSYCH/PLAY EQUIP/20-30 MINUTES	07/01/2004	$70.04	0.0%	0.0%	N	Referral Required
90824	IND PSYCH/PLAY EQUIP/E/M SVC/20-30	07/01/2004	$77.36	0.0%	0.0%	N	Referral Required
90826	IND PSYCH/PLAY EQUIP/45-50 MINUTES	07/01/2004	$101.13	0.0%	0.0%	N	Referral Required
90827	IND PSYCH/PLAY EQUIP/EM SVS/45-50 M	07/01/2004	$107.29	0.0%	0.0%	N	Referral Required
90828	IND PSYCH/PLAY EQUIP/75-80 MINUTES	07/01/2004	$167.63	0.0%	0.0%	N	Referral Required
90829	IND PSYCH/PLAY EQUIP/EM SVS/75-80 M	07/01/2004	$151.47	0.0%	0.0%	N	Referral Required
90845	MEDICAL PSYCHOANALYSIS	07/01/2004	$87.45	0.0%	0.0%	N	Referral Required
90846	FAMILY MEDICAL PSYCHOTHERAPY	07/01/2004	$89.53	0.0%	0.0%	N	Referral Required
90847	FAMILY PSYCHOTHERAPY	07/01/2004	$65.53	0.0%	0.0%	N	Referral Required
90849	MULTIPLE-FAMILY GROUP MEDICA	07/01/2004	$31.24	0.0%	0.0%	N	Referral Required
90853	GROUP MEDICAL PSYCHOTHERAPY	07/01/2004	$19.87	0.0%	0.0%	N	Referral Required
90857	INTERACTIVE GP MEDICAL PSYCH	07/01/2004	$34.80	0.0%	0.0%	N	Referral Required
90862	PHARMACOLOGIC MANAGEMENT	07/01/2004	$48.45	0.0%	0.0%	N	Referral Required
90865	NARCOSYNTHESIS/PSYCH DIAG & THERA	07/01/2004	$157.56	0.0%	0.0%	N	Referral Required
90870	ELECTROCONVULSIVE THERAPY	07/01/2004	$91.62	0.0%	0.0%	N	Referral Required
90871	ELECTROCONVULSIVE THERAPY MULTIPL	07/01/2004	$131.60	0.0%	0.0%	N	Referral Required
90880	HYPNOTHERAPY - 25-30 MINUTES	07/01/2004	$108.36	0.0%	0.0%	N	Referral Required
90885	PSYCH EVAL OF HOSP RECORDS	07/01/2004	$31.59	0.0%	0.0%	N	Referral Required
90887	INTERP OR EXPLAIN RESULTS OF	07/01/2004	$44.50	0.0%	0.0%	N	Referral Required
90889	PREP OF REPORT OF PT'S PSYCH	07/01/2004	$44.46	0.0%	0.0%	N	Referral Required

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90918	ESRD RELATED SERVICES PER FU	07/01/2004	$582.83	0.0%	0.0%	N	Referral Required
90919	ESRD RELATED SERVICES PER FU	07/01/2004	$455.36	0.0%	0.0%	N	Referral Required
90920	ESRD RELATED SERVICES PER MO	07/01/2004	$392.71	0.0%	0.0%	N	Referral Required
90921	ESRD RELATED SERVICES PER FU	07/01/2004	$257.44	0.0%	0.0%	N	Referral Required
90922	ESRD RELATED SERVICES PER DA	07/01/2004	$18.87	0.0%	0.0%	N	Referral Required
90923	ESRD SERVICES,PER DAY; TWO T	07/01/2004	$15.01	0.0%	0.0%	N	Referral Required
90924	ESRD SERVICES,PER DAY; 12-19	07/01/2004	$12.95	0.0%	0.0%	N	Referral Required
90925	ESRD,SERVICES,PER DAY; 20 YE	07/01/2004	$8.77	0.0%	0.0%	N	Referral Required
90935	HEMODIALYSIS PROCEDURE	07/01/2004	$71.91	0.0%	0.0%	N	Referral Required
90937	HEMODIALYSIS REPEAT EVALS	07/01/2004	$115.15	0.0%	0.0%	N	Referral Required
90945	DIALYSIS PROCEDURE OTHER THA	07/01/2004	$75.20	0.0%	0.0%	N	Referral Required
90947	DIALYSIS OTHER THAN HEMODIAL	07/01/2004	$118.24	0.0%	0.0%	N	Referral Required
90989	DIALYSIS TRAINING,. PATIENT	07/01/2004	$474.62	0.0%	0.0%	N	Referral Required
90993	DIALYSIS TRAINING PATIENT PE	07/01/2004	$18.99	0.0%	0.0%	N	Referral Required
90999	UNLISTED DIALYSIS PROCEDURE	07/01/2004	$138.45	0.0%	0.0%	N	Referral Required
91000	ESOPHAGEAL INTUBATION	07/01/2004	$37.09	4.0%	96.0%	N	Referral Required
91010	ESOPHAGEAL MOTILITY STUDY	07/01/2004	$130.98	20.0%	80.0%	N	Referral Required
91011	ESOPHAGEAL MOTILITY STUDY	07/01/2004	$143.44	21.0%	79.0%	N	Referral Required
91012	ESOPHAGEAL MOTILITY STUDY	07/01/2004	$130.65	22.0%	78.0%	N	Referral Required
91020	ESOPHAGOGASTRIC MONOMETRIC S	07/01/2004	$149.64	17.0%	83.0%	N	Referral Required
91030	ESOPHAGUS ACID TEST	07/01/2004	$107.23	12.0%	88.0%	N	Referral Required
91032	ESOPHAGUS ACID REFLUX TEST W	07/01/2004	$118.47	21.0%	79.0%	N	Referral Required
91033	PROLONGED RECORDING	07/01/2004	$134.79	28.0%	72.0%	N	Referral Required
91052	GASTRIC ANALYSIS	07/01/2004	$100.36	13.0%	87.0%	N	Referral Required
91055	GASTRIC ANALYSIS	07/01/2004	$106.84	14.0%	86.0%	N	Referral Required
91060	GASTRIC ANALYSIS	07/01/2004	$25.85	18.0%	82.0%	N	Referral Required
91065	BREATH HYDROGEN TEST	07/01/2004	$155.96	26.0%	74.0%	N	Referral Required
91100	INTESTINAL BLEEDING TUBE PSG	07/01/2004	$55.11	0.0%	0.0%	N	Referral Required
91105	GASTRIC INTUBATION	07/01/2004	$20.35	0.0%	0.0%	N	Referral Required
91110	GASTROINTERSINAL TRACT IMAGING	07/01/2004	$737.78	86.0%	14.0%	N	Referral Required
91122	ANORECTAL MANOMETRY	07/01/2004	$156.27	21.0%	79.0%	N	Referral Required
91132	ELECTROGASTROGRAPHY	07/01/2004	$25.87	0.0%	0.0%	N	Referral Required
91133	ELECTROGASTROGRAPHY	07/01/2004	$32.47	0.0%	0.0%	N	Referral Required
92002	OPTHALMOLOGICAL SERVICES:MEDICAL E	07/01/2004	$62.91	0.0%	0.0%	N	
92004	OPTHALMOLOGICAL SERVICES;COMPREH	07/01/2004	$115.60	0.0%	0.0%	N	
92012	OPTHALMOLOGICAL SERVICES:MEDICAL E	07/01/2004	$56.89	0.0%	0.0%	N	
92014	OPTHALMOLOGICAL SERVICES;COMPREH	07/01/2004	$85.06	0.0%	0.0%	N	
92015	DETERMINATION OF REFRACTIVE	07/01/2004	$16.30	0.0%	0.0%	N	Referral Required
92018	OPTHALMOLOGICAL EXAM/EVAL UNDER G	07/01/2004	$126.49	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
92019	OPTHALMOLOGICAL EXAM/EVAL UNDER G	07/01/2004	$66.96	0.0%	0.0%	N	Referral Required
92020	GONIOSCOPY (SP)	07/01/2004	$44.28	0.0%	0.0%	N	Referral Required
92060	SENSORIMOTOR EXAM W/MULTIPLE MEAS	07/01/2004	$48.99	20.0%	80.0%	N	Referral Required
92065	ORTHOPTIC/PLEOPTIC TRAINING W/CONTI	07/01/2004	$52.30	22.0%	78.0%	Y	Referral Required
92070	FITTING CONTACT LENS, TX OF	07/01/2004	$61.54	0.0%	0.0%	N	Referral Required
92081	VISUAL FIELD EXAMINATION	07/01/2004	$73.12	22.0%	78.0%	N	Referral Required
92082	VISUAL FIELD EXAMINATION	07/01/2004	$43.70	21.0%	79.0%	N	Referral Required
92083	VISUAL FIELD EXAMINATION	07/01/2004	$67.34	20.0%	80.0%	N	Referral Required
92100	SERIAL TONOMETRY W/INTERPRET	07/01/2004	$57.49	0.0%	0.0%	N	Referral Required
92120	TONOGRAPHY W/INTERP.&REPORT;RECO	07/01/2004	$55.54	0.0%	0.0%	N	Referral Required
92130	TONOGRAPHY W/WATER PROVOCATION	07/01/2004	$59.12	0.0%	0.0%	N	Referral Required
92135	SCANNING COMPUTERIZED OPHTHALMIC	07/01/2004	$61.03	37.0%	63.0%	N	Referral Required
92136	OPTHALMIC BIOMETRY BY PARTIAL	07/01/2004	$70.01	37.0%	63.0%	N	Referral Required
92140	GLAUCOMA, PROVOCATIVE TEST, W/O TO	07/01/2004	$50.86	0.0%	0.0%	N	Referral Required
92225	OPHTHALMOSCOPY, EXT.W/RETINA	07/01/2004	$21.18	0.0%	0.0%	N	Referral Required
92226	OPTHALMOSCOPY, EXT.W/RETINA	07/01/2004	$19.07	0.0%	0.0%	N	Referral Required
92230	FLOURECEIN ANGIOSCOPY W/INTE	07/01/2004	$78.06	0.0%	0.0%	N	Referral Required
92235	FLOURESCEIN ANGIOGRAPHY (MUL	07/01/2004	$115.45	42.0%	58.0%	N	Referral Required
92240	INDOCYANINE-GREEN ANGIOGRAPH	07/01/2004	$211.15	63.0%	37.0%	N	Referral Required
92250	FUNDUS PHOTOGRAPHY	07/01/2004	$60.65	20.0%	80.0%	N	Referral Required
92260	OPTHALMODYNAMOMETRY	07/01/2004	$15.11	0.0%	0.0%	N	Referral Required
92265	OCULOELECTROMYOGRAPHY	07/01/2004	$69.59	21.0%	79.0%	N	Referral Required
92270	ELECTROOCULOGRAPHY	07/01/2004	$67.17	20.0%	80.0%	N	Referral Required
92275	ELECTRORETINOGRAPHY	07/01/2004	$77.34	21.0%	79.0%	N	Referral Required
92283	COLOR VISION EXAMINATION, EXTENDED	07/01/2004	$30.53	21.0%	79.0%	N	Referral Required
92284	DARK ADAPTATION EXAMINATION	07/01/2004	$65.93	21.0%	79.0%	N	Referral Required
92285	EXTERNAL OCULAR PHOTOGRAPHY	07/01/2004	$33.54	22.0%	78.0%	N	Referral Required
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAP	07/01/2004	$121.77	21.0%	79.0%	N	Referral Required
92287	ANTERIOR SEGMENT PHOTOGRAPHY	07/01/2004	$132.13	0.0%	0.0%	N	Referral Required
92310	CONTACT LENSES, PERSCRIPTION & FITT	07/01/2004	$74.68	0.0%	0.0%	N	Referral Required
92311	CONTACT LENSES, PERSCRIPTION & FITT	07/01/2004	$77.04	0.0%	0.0%	N	Referral Required
92312	CONTACT LENS: RX AND FITTING	07/01/2004	$83.44	0.0%	0.0%	N	Referral Required
92313	CONTACT LENSES, RX & FITTING;W/MED	07/01/2004	$72.48	0.0%	0.0%	N	Referral Required
92314	CONTACT LENSES, FITTING BY TECH; CO	07/01/2004	$74.68	0.0%	0.0%	N	Referral Required
92315	CONTACT LENSES, FITTING BY TECH;COR	07/01/2004	$47.12	0.0%	0.0%	N	Referral Required
92316	CONTACT LENS: FITTING BY TECH;CORNE	07/01/2004	$57.91	0.0%	0.0%	N	Referral Required
92317	CONTACT LENSES, FITTING BY TECH	07/01/2004	$47.78	0.0%	0.0%	N	Referral Required
92340	FITTING OF SPECTACLES;EXCEPT	07/01/2004	$21.63	0.0%	0.0%	N	
92341	FITTING OF SPECTACLES;EXCEPT	07/01/2004	$21.63	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
92342	SPECTACLES FITTING;EXCEPT FOR APHA	07/01/2004	$21.63	0.0%	0.0%	N	Referral Required
92352	FITTING OF SPECTACLE PROSTHESIS FOR	07/01/2004	$19.13	0.0%	0.0%	N	Referral Required
92353	FITTING OF SPECTACLE PROSTHESIS FOR	07/01/2004	$25.80	0.0%	0.0%	N	Referral Required
92354	FITTING OF SPECTACLE MOUNTED LOW VI	07/01/2004	$242.36	0.0%	0.0%	N	Referral Required
92355	FITTING OF SPECTACLE MOUNTED LOW VI	07/01/2004	$117.40	0.0%	0.0%	N	Referral Required
92358	PROSTHESIS SERVICE FOR APHAKIA, TEM	07/01/2004	$27.57	0.0%	0.0%	N	Referral Required
92370	REPAIR/REFIT SPECTACLES;EXCE	07/01/2004	$4.00	0.0%	0.0%	N	Referral Required
92371	SPECTACLE PROSHESIS FOR APHA	07/01/2004	$17.35	0.0%	0.0%	N	Referral Required
92391	SUPPLY CONTACT LENSES, EXCEP	07/01/2004	$18.50	0.0%	0.0%	Y	Referral Required
92392	SUPPLY OF LOW VISION AIDS	07/01/2004	$109.84	0.0%	0.0%	N	Referral Required
92502	OTOSCOPY	07/01/2004	$96.45	0.0%	0.0%	N	Referral Required
92504	BINOCULAR MICROSCOPY	07/01/2004	$42.43	0.0%	0.0%	N	Referral Required
92506	MEDICAL EVALUATION SPEECH LA	07/01/2004	$87.34	0.0%	0.0%	N	Referral Required
92507	LANGUAGE THERAPY	07/01/2004	$69.03	0.0%	0.0%	N	Referral Required
92510	AURAL REHAB W/W/O SPEECH PRO	07/01/2004	$123.15	0.0%	0.0%	N	Referral Required
92511	NASOPHARYNGOSCOPY	07/01/2004	$74.71	0.0%	0.0%	N	Referral Required
92512	NASAL FUNCTION STUDIES	07/01/2004	$56.73	0.0%	0.0%	N	Referral Required
92516	FACIAL NERVE FUNCTION STUDY	07/01/2004	$46.28	0.0%	0.0%	N	Referral Required
92520	LARYNGEAL FUNCTION STUDIES	07/01/2004	$44.49	0.0%	0.0%	N	Referral Required
92526	TX SWALLOWING DYSFUNCTION AN	07/01/2004	$70.42	0.0%	0.0%	N	Referral Required
92531	NYSTIGMUS TESTS	07/01/2004	$32.00	0.0%	0.0%	N	Referral Required
92532	NYSTIGMUS TESTS	07/01/2004	$49.38	0.0%	0.0%	N	Referral Required
92533	NYSTIGMUS TESTS	07/01/2004	$11.13	100.0%	0.0%	N	Referral Required
92534	NYSTIGMUS TESTS	07/01/2004	$32.00	0.0%	0.0%	N	Referral Required
92541	SPONTANEOUS NYSTAGMUS TEST I	07/01/2004	$62.20	20.0%	80.0%	N	Referral Required
92542	POSITIONAL NUSTAGMUS TEST MI	07/01/2004	$57.58	28.0%	72.0%	N	Referral Required
92543	CALORIC VESTIBULAR TEST EACH	07/01/2004	$16.63	34.0%	66.0%	N	Referral Required
92544	OPTOKINETIC NYSTAGMUS TEST B	07/01/2004	$53.79	28.0%	72.0%	N	Referral Required
92545	OSCILLATING TRACKING TEST WI	07/01/2004	$51.74	33.0%	67.0%	N	Referral Required
92546	SINUSOIDAL VERTICAL AXIS ROT	07/01/2004	$83.21	29.0%	71.0%	N	Referral Required
92547	USE OF VERTICAL ELECTRODES I	07/01/2004	$40.36	100.0%	0.0%	N	Referral Required
92548	COMPUTERIZED DYNAMIC POSTURO	07/01/2004	$88.27	60.0%	40.0%	N	Referral Required
92551	AUDIOMETRY, SCREENING TEST,	07/01/2004	$13.37	0.0%	0.0%	N	Referral Required
92552	PURE TONE AUDIOMETRY (THRESH	07/01/2004	$14.24	100.0%	0.0%	N	Referral Required
92553	PURE TONE AUDIOMETRY (THRESH	07/01/2004	$21.12	100.0%	0.0%	N	Referral Required
92555	SPEECH AUDIOMETRY, THRESHOLD	07/01/2004	$12.28	100.0%	0.0%	N	Referral Required
92556	SPEECH AUDIOMETRY, THRESHOLD	07/01/2004	$18.52	100.0%	0.0%	N	Referral Required
92557	BASIC COMPREHENSIVE AUDIOMET	07/01/2004	$38.67	100.0%	0.0%	N	Referral Required
92560	BEKESY AUDIOMETRY, SCREENING	07/01/2004	$20.01	0.0%	0.0%	N	Referral Required

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92561	BEKESY AUDIOMETRY, DIAGNOSTI	07/01/2004	$23.09	100.0%	0.0%	N	Referral Required
92562	LOUDNESS BALANCE TEST, ALTER	07/01/2004	$13.27	100.0%	0.0%	N	Referral Required
92563	TONE DECAY TEST	07/01/2004	$12.28	100.0%	0.0%	N	Referral Required
92564	SHORT INCREMENT SENSITIVITY	07/01/2004	$15.40	100.0%	0.0%	N	Referral Required
92565	STENGER TEST, PURE TONE	07/01/2004	$12.94	100.0%	0.0%	N	Referral Required
92566	INPEDANCE TESTING	07/01/2004	$23.18	0.0%	0.0%	N	Referral Required
92567	TYMPANOMETRY	07/01/2004	$17.22	100.0%	0.0%	N	Referral Required
92568	ACOUSTIC REFLEX TESTING	07/01/2004	$12.28	100.0%	0.0%	N	Referral Required
92569	ACOUSTIC REFLEX DECAY TEST	07/01/2004	$13.27	100.0%	0.0%	N	Referral Required
92571	FILTERED SPEECH TEST	07/01/2004	$12.61	100.0%	0.0%	N	Referral Required
92572	STAGGERED SPONDIAC WORD TEST	07/01/2004	$2.79	100.0%	0.0%	N	Referral Required
92573	LOMBARD TEST	07/01/2004	$11.30	100.0%	0.0%	N	Referral Required
92575	SENSORINEURAL ACUITY LEVEL T	07/01/2004	$9.49	100.0%	0.0%	N	Referral Required
92576	SYNTHETIC SENTENCE IDENTIFIC	07/01/2004	$14.42	100.0%	0.0%	N	Referral Required
92577	STENGER TEST	07/01/2004	$23.27	100.0%	0.0%	N	Referral Required
92579	VISUAL REINFORCEMENT AUDIOME	07/01/2004	$23.40	100.0%	0.0%	N	Referral Required
92582	CONDITIONING PLAY AUDIOMETRY	07/01/2004	$23.40	100.0%	0.0%	N	Referral Required
92583	SELECT PICTURE AUDIOMETRY	07/01/2004	$28.67	100.0%	0.0%	N	Referral Required
92584	ELECTROCOCHLEOGRAPHY	07/01/2004	$79.72	100.0%	0.0%	N	Referral Required
92585	BRAINSTEM EVOKED RESPONSE RE	07/01/2004	$84.87	47.0%	53.0%	N	Referral Required
92586	AUDITORY EVOKED POTENTIALS	07/01/2004	$59.25	100.0%	0.0%	N	Referral Required
92587	EVOKED OTOACOUSTIC EMISSIONS	07/01/2004	$49.15	84.0%	16.0%	N	Referral Required
92588	EVOKED OTOACOUSTIC EMISSIONS	07/01/2004	$66.49	69.0%	31.0%	N	Referral Required
92589	CENTRAL AUDITORY FUNCTION TE	07/01/2004	$17.54	100.0%	0.0%	N	Referral Required
92590	HEARING AID EXAM AND SELECTI	07/01/2004	$44.49	0.0%	0.0%	N	Referral Required
92591	HEARING AID EXAMINATION AND	07/01/2004	$88.97	0.0%	0.0%	N	Referral Required
92592	HEARING AID CHECK MONAURAL	07/01/2004	$22.22	0.0%	0.0%	N	Referral Required
92593	HEARING AID CHECK BINAURAL	07/01/2004	$44.49	0.0%	0.0%	N	Referral Required
92594	ELECTROACOUSTIC EVAL FOR HEA	07/01/2004	$16.23	0.0%	0.0%	N	Referral Required
92596	EAR PROTECTOR ATTENUATION ME	07/01/2004	$19.17	100.0%	0.0%	N	Referral Required
92597	EVAL FOR USE PROSTHETIC/AUGM	07/01/2004	$94.25	0.0%	0.0%	N	Referral Required
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR	07/01/2004	$110.65	0.0%	0.0%	N	Referral Required
92602	SUBSEQUENT REPROGRAMMING	07/01/2004	$76.80	0.0%	0.0%	N	Referral Required
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR	07/01/2004	$72.69	0.0%	0.0%	N	Referral Required
92604	SUBSEQUENT PROGRAMMING	07/01/2004	$48.34	0.0%	0.0%	N	Referral Required
92607	EVALUATION FOR PRESCRIPTION	07/01/2004	$103.67	0.0%	0.0%	N	Referral Required
92608	EACH ADDITIONAL 30 MINUTES	07/01/2004	$22.05	0.0%	0.0%	N	Referral Required
92609	THERAPEUTIC SERVICES FOR THE USE OF	07/01/2004	$51.94	0.0%	0.0%	N	Referral Required
92610	EVALUATION OF ORAL	07/01/2004	$108.92	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
92611	MOTION FLUOROSCOPIC EVALUATION	07/01/2004	$108.92	0.0%	0.0%	N	Referral Required
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC	07/01/2004	$131.48	0.0%	0.0%	N	Referral Required
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVAL	07/01/2004	$121.68	0.0%	0.0%	N	Referral Required
92616	FIBEROPTIC ENDOSCOPIC EVAL	07/01/2004	$170.54	0.0%	0.0%	N	Referral Required
92950	CARDIOPULMONARY RESUSCITATIO	07/01/2004	$190.64	0.0%	0.0%	N	Referral Required
92953	TEMP. TRANSCUTANEOUS PACING	07/01/2004	$15.85	0.0%	0.0%	N	Referral Required
92960	ARRHYTHMIA CONVERSN ELECTRIC	07/01/2004	$154.07	0.0%	0.0%	N	Referral Required
92961	INTERNAL CARDIOVERSION	07/01/2004	$226.79	0.0%	0.0%	N	Referral Required
92970	CARDIO ASSIST METHOD OF CIRC	07/01/2004	$169.54	0.0%	0.0%	N	Referral Required
92971	CARDIOASSIST EXTERNAL	07/01/2004	$92.00	0.0%	0.0%	N	Referral Required
92973	PERCUTANEOUS TRANSLUMINAL COR THR	07/01/2004	$164.27	0.0%	0.0%	N	Referral Required
92974	PLACEMENT OF RADIATION DLVRY DEVICE	07/01/2004	$169.31	0.0%	0.0%	N	Referral Required
92975	THROMBOLYSIS CORONARY BY INT	07/01/2004	$359.64	0.0%	0.0%	N	Referral Required
92977	THROMBOLYSIS,BY INTRAVENOUS	07/01/2004	$256.33	0.0%	0.0%	N	Referral Required
92978	INTRAVASCULAR ULTRASOUND,IMA	07/01/2004	$234.61	0.0%	0.0%	N	Referral Required
92979	INTRAVASCULAR ULTRASOUND,IMA	07/01/2004	$143.86	0.0%	0.0%	N	Referral Required
92980	TRANSCATHETER PLACEMENT STEN	07/01/2004	$744.13	0.0%	0.0%	N	Referral Required
92981	TRANSCATHETER PLACEMENT-STEN	07/01/2004	$209.00	0.0%	0.0%	N	Referral Required
92982	PERCUTANEOUS TRANSLUMINAL CO	07/01/2004	$550.05	0.0%	0.0%	N	Referral Required
92984	PERCUTANEOUS TRANSLUMINAL CO	07/01/2004	$148.84	0.0%	0.0%	N	Referral Required
92986	PERCUTANEOUS BALLOON VALVULO	07/01/2004	$1,135.15	0.0%	0.0%	N	Referral Required
92987	PERCUATANEOUS BALLOON VALVUL	07/01/2004	$1,181.54	0.0%	0.0%	N	Referral Required
92990	PERCUTANEOUS BALLOON VALVULO	07/01/2004	$906.50	0.0%	0.0%	N	Referral Required
92995	PERCUTANEOUS TRANSLUMINAL CO	07/01/2004	$605.89	0.0%	0.0%	N	Referral Required
92996	EACH ADDITIONAL VESSEL	07/01/2004	$163.56	0.0%	0.0%	N	Referral Required
92997	BALLOON ANGIOPLASY, SINGLE VESSEL	07/01/2004	$586.08	0.0%	0.0%	N	Referral Required
92998	ARTERY BALLOON ANGIOPLASTY, ADD VE	07/01/2004	$285.94	0.0%	0.0%	N	Referral Required
93000	ELECTROCARDIOGRAPHY	07/01/2004	$22.88	0.0%	0.0%	N	Referral Required
93005	PHONOCARDIOGRAM; TRACING W/O	07/01/2004	$14.38	100.0%	0.0%	N	Referral Required
93010	ELECTROCARDIOGRAPHY	07/01/2004	$8.50	100.0%	0.0%	N	Referral Required
93012	TELEPHONIC OR TELEMETRIC TRA	07/01/2004	$75.77	100.0%	0.0%	N	Referral Required
93014	TELEPHONIC TRANSMISSION ECG;	07/01/2004	$25.03	100.0%	0.0%	N	Referral Required
93015	CARDIOVASCULAR STRESS TEST	07/01/2004	$90.59	0.0%	0.0%	N	Referral Required
93016	PHYSICIAN SUPERVISION ONLY,W	07/01/2004	$22.03	100.0%	0.0%	N	Referral Required
93017	CARDIOVASCULAR STRESS TEST	07/01/2004	$53.81	100.0%	0.0%	N	Referral Required
93018	CARDIOVASCULAR STRESS TEST	07/01/2004	$14.75	100.0%	0.0%	N	Referral Required
93024	ERGONOVINE PROVOCATION TEST	07/01/2004	$94.10	28.0%	72.0%	N	Referral Required
93025	MICROVOLT T-WAVE ALTERNANS	07/01/2004	$237.91	0.0%	0.0%	N	Referral Required
93040	RHYTHM ECG, 1-3 LEADS, W/INT	07/01/2004	$12.24	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
93041	RHYTHM ECG	07/01/2004	$4.74	100.0%	0.0%	N	Referral Required
93042	RHYTHM ECG	07/01/2004	$7.49	100.0%	0.0%	N	Referral Required
93224	ECG MONITORING, 24 HR REPORT	07/01/2004	$135.43	0.0%	0.0%	N	Referral Required
93225	RECORDING	07/01/2004	$39.75	100.0%	0.0%	N	Referral Required
93226	SCANNING ANALYSIS WITH REPOR	07/01/2004	$70.00	100.0%	0.0%	N	Referral Required
93227	PHYSICIAN REVIEW AND INTERPR	07/01/2004	$25.68	100.0%	0.0%	N	Referral Required
93230	ECG MONITORING, 24 HR W/O SC	07/01/2004	$143.76	0.0%	0.0%	N	Referral Required
93231	RECORDING	07/01/2004	$48.59	100.0%	0.0%	N	Referral Required
93232	MICRO BASED ANALYSIS, REPORT	07/01/2004	$69.49	100.0%	0.0%	N	Referral Required
93233	PHYSICIAN REVIEW & INTERPRET	07/01/2004	$25.68	100.0%	0.0%	N	Referral Required
93235	ECG MONITOR 24HR COMPUTERIZE	07/01/2004	$105.07	0.0%	0.0%	N	Referral Required
93236	MONITOR DATE ANALYSIS REPORT	07/01/2004	$83.36	100.0%	0.0%	N	Referral Required
93237	PHYSICIAN REVIEW AND INTERPR	07/01/2004	$21.71	100.0%	0.0%	N	Referral Required
93268	PATIENT DEMAND SGL OR MULTI	07/01/2004	$140.87	39.0%	61.0%	N	Referral Required
93270	PATIENT DEMAND RECORDING W/M	07/01/2004	$39.75	100.0%	0.0%	N	Referral Required
93271	DEMAND RECORDING;MONITORING/	07/01/2004	$75.77	100.0%	0.0%	N	Referral Required
93272	PATIENT DEMAND RECORDING PHY	07/01/2004	$25.36	100.0%	0.0%	N	Referral Required
93278	SIGNAL-AVERAGED ELECTROCARDI	07/01/2004	$49.51	51.0%	49.0%	N	Referral Required
93303	TRANSTHORACIC ECHOCARDIOGRAP	07/01/2004	$185.98	63.0%	37.0%	N	Referral Required
93304	TRANSTHORACIC ECG; FU OR LIM	07/01/2004	$99.10	58.0%	42.0%	N	Referral Required
93307	ECHOCARDIOGRPHY, REAL TIME S	07/01/2004	$168.39	65.0%	35.0%	N	Referral Required
93308	ECHOCARDIOGRAPHY, REAL TIME	07/01/2004	$88.68	61.0%	39.0%	N	Referral Required
93312	ECHOCARDIOGRAPHY, REAL TIME	07/01/2004	$229.06	56.0%	44.0%	N	Referral Required
93313	ECHOCARDIOGRAPHY PLACEMENT O	07/01/2004	$207.08	0.0%	0.0%	N	Referral Required
93314	ECHOCARDIOGRAPHY IMAGE ACQUI	07/01/2004	$183.17	70.0%	30.0%	N	Referral Required
93315	TRANSESOPHAGEAL ECG; INCL PR	07/01/2004	$258.18	49.0%	51.0%	N	Referral Required
93316	TRANSESOPHAGEAL ECG; PLACEME	07/01/2004	$242.93	0.0%	0.0%	N	Referral Required
93317	TRANSESOPHAGEAL ECG; IMAGE A	07/01/2004	$210.98	61.0%	39.0%	N	Referral Required
93318	ECHOCARDIOGRAPHY	07/01/2004	$107.92	60.0%	40.0%	N	Referral Required
93320	DOPPLE ECHOCARDIOGRAPHY	07/01/2004	$73.86	61.0%	39.0%	N	Referral Required
93321	FOLLOW UP OR LIMITED	07/01/2004	$43.30	72.0%	28.0%	N	Referral Required
93325	DOPPLER COLOR FLOW VEL MAPPI	07/01/2004	$96.41	48.0%	52.0%	N	Referral Required
93350	ECHOCARDIOGRAPHY, TRANSTHORA	07/01/2004	$129.26	48.0%	52.0%	N	Referral Required
93501	RIGHT HEART CATHETERIZATION	07/01/2004	$687.78	71.0%	29.0%	N	Referral Required
93503	INSERT&PLACE FLOW DIRECTED C	07/01/2004	$129.44	0.0%	0.0%	N	Referral Required
93505	ENDOMYOCARDIAL BIOPSY	07/01/2004	$281.80	21.0%	79.0%	N	Referral Required
93508	CATHETER PLACEMENT CORONARY ARTE	07/01/2004	$603.97	67.0%	33.0%	N	Referral Required
93510	LEFT HEART CATHETERIZATION	07/01/2004	$1,391.39	81.0%	19.0%	N	Referral Required
93511	LEFT HEART CATHERTERIZATION	07/01/2004	$1,394.70	82.0%	18.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
93514	LEFT HEART CATHERTERIZATION	07/01/2004	$1,490.30	75.0%	25.0%	N	Referral Required
93524	COMBINED CATHETERIZATION	07/01/2004	$1,840.44	80.0%	20.0%	N	Referral Required
93526	COMBINED CATHETERIZATION	07/01/2004	$1,834.75	79.0%	21.0%	N	Referral Required
93527	COMBINED CATHETERIZATION	07/01/2004	$1,858.07	76.0%	24.0%	N	Referral Required
93528	COMBINED CATHETERIZATION	07/01/2004	$1,946.24	78.0%	22.0%	N	Referral Required
93529	COMBINED RIGHT & LEFT HEART	07/01/2004	$1,734.03	86.0%	14.0%	N	Referral Required
93530	R HEART CATH/ L. THRU EXIST SEPTAL	07/01/2004	$743.95	67.0%	33.0%	N	Referral Required
93531	COMP R/L RETROGRADE HEART CATH	07/01/2004	$1,945.44	77.0%	23.0%	N	Referral Required
93532	COMB R AND TRANS L HEART CATHER	07/01/2004	$1,992.77	73.0%	27.0%	N	Referral Required
93533	R AND TRANS L HEART CATH	07/01/2004	$1,822.75	83.0%	17.0%	N	Referral Required
93539	INJECTION PROCEDURE DURING C	07/01/2004	$41.77	0.0%	0.0%	N	Referral Required
93540	FOR SELECTIVE OPACIFICATION	07/01/2004	$43.49	0.0%	0.0%	N	Referral Required
93541	ANGIOGRAPHY INJECTION	07/01/2004	$14.39	0.0%	0.0%	N	Referral Required
93542	ANGIOGRAPHY INJECTION	07/01/2004	$14.39	0.0%	0.0%	N	Referral Required
93543	ANGIOGRAPHY INJECTION	07/01/2004	$28.41	0.0%	0.0%	N	Referral Required
93544	ANGIOGRAPHY INJECTION	07/01/2004	$26.34	0.0%	0.0%	N	Referral Required
93545	ANGIOGRAPHY INJECTION	07/01/2004	$42.10	0.0%	0.0%	N	Referral Required
93555	IMAGING SUPERVISION,INTERPRE	07/01/2004	$238.83	85.0%	15.0%	N	Referral Required
93556	PULMONARY ANGIOGRAPHY,AORTOG	07/01/2004	$354.24	88.0%	12.0%	N	Referral Required
93561	INDICATOR DILUTION STUDIES	07/01/2004	$40.88	22.0%	78.0%	N	Referral Required
93562	INDICATOR DILUTION STUDIES	07/01/2004	$17.50	27.0%	73.0%	N	Referral Required
93571	INTRAVASCULAR DOPPLER VELOCITY	07/01/2004	$234.55	66.0%	34.0%	N	Referral Required
93572	INTRAVASCULAR DOPPLER VELOCITY	07/01/2004	$144.30	70.0%	30.0%	N	Referral Required
93580	PERCUTANEOUS TRANSCATHETER	07/01/2004	$914.05	0.0%	0.0%	N	Referral Required
93600	BUNDLE OF HIS RECORDING	07/01/2004	$168.64	26.0%	74.0%	N	Referral Required
93602	INTRA-ATRIAL RECORDING	07/01/2004	$141.83	22.0%	78.0%	N	Referral Required
93603	RIGHT VENTRICULAR RECORDING	07/01/2004	$159.15	27.0%	73.0%	N	Referral Required
93609	INTRAVENTRICULAR AND/OR INTR	07/01/2004	$332.57	16.0%	84.0%	N	Referral Required
93610	INTRA-ATRIAL PACING	07/01/2004	$193.99	20.0%	80.0%	N	Referral Required
93612	INTRAVENTRICULAR PACING	07/01/2004	$202.00	23.0%	77.0%	N	Referral Required
93613	INTRACARDIAC ELECTROPHYSIOLOGIC	07/01/2004	$349.10	23.0%	77.0%	N	Referral Required
93615	ESOPHAGEAL RECORDING OF ATRI	07/01/2004	$57.59	19.0%	81.0%	N	Referral Required
93616	ESOPHAGEAL RECORDING OF ATRI	07/01/2004	$80.46	11.0%	89.0%	N	Referral Required
93618	INDUCTION OF ARRHYTHMIA BY E	07/01/2004	$339.59	27.0%	73.0%	N	Referral Required
93619	COMPREHENSIVE ELECTROPHYSIOL	07/01/2004	$610.49	29.0%	71.0%	N	Referral Required
93620	WITH INDUCTION OF ARRHYTHMIA	07/01/2004	$865.22	26.0%	74.0%	N	Referral Required
93621	COMPREHENSIVE ELECTROPHYSIOL	07/01/2004	$1,593.24	26.0%	74.0%	N	Referral Required
93622	W/LEFT VENTRICULAR RECORDING	07/01/2004	$931.05	0.0%	0.0%	N	Referral Required
93623	PROGRAMMED STIMULATION AND P	07/01/2004	$423.63	0.0%	100.0%	N	Referral Required

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93624	ELECTRPHYSIOLOGIC FOLLOW-UP	07/01/2004	$303.59	20.0%	80.0%	N	Referral Required
93631	INTRA-OPERATIVE CARDIAC PACI	07/01/2004	$573.36	32.0%	68.0%	N	Referral Required
93640	ELECTROPHYSIOLOGIC EVAL CARD	07/01/2004	$404.30	40.0%	60.0%	N	Referral Required
93641	WITH TESTING CARDIOVERTER-DE	07/01/2004	$525.21	36.0%	64.0%	N	Referral Required
93642	ELECTROPHYSIOLOGIC EVALUATIO	07/01/2004	$471.50	36.0%	64.0%	N	Referral Required
93650	INTRACARDIAC CATH ABLATION	07/01/2004	$524.18	26.0%	74.0%	N	Referral Required
93651	INTRACARDIAC CATHETER ABLATI	07/01/2004	$813.74	0.0%	0.0%	N	Referral Required
93652	FOR TREATMENT OF VENTRICULAR	07/01/2004	$884.71	0.0%	0.0%	N	Referral Required
93660	AUTONOMIC NERVOUS SYSTEM EVA	07/01/2004	$146.49	48.0%	52.0%	N	Referral Required
93662	INTRACARDIAC ECHOCARDIOGRAPHY	07/01/2004	$273.23	49.0%	51.0%	N	Referral Required
93701	BIOIMPEDANCE, THORACIC, ELECTRICAL	07/01/2004	$31.83	73.0%	27.0%	N	Referral Required
93720	PLETHYSMOGRAPHY	07/01/2004	$30.94	0.0%	0.0%	N	Referral Required
93721	PLETHYSMOGRAPHY, TRACING ONL	07/01/2004	$22.76	100.0%	0.0%	N	Referral Required
93722	PLETHYSMOGRAPHY, INTERPRETAT	07/01/2004	$8.18	100.0%	0.0%	N	Referral Required
93724	ELECTRONIC ANALYSIS OF ANTIT	07/01/2004	$369.70	33.0%	67.0%	N	Referral Required
93727	IMPLANTABLE LOOP RECORDER ANALYSIS	07/01/2004	$26.23	100.0%	0.0%	N	Referral Required
93731	ELECTRONIC ANALYSIS OF DUAL-	07/01/2004	$38.42	39.0%	61.0%	N	Referral Required
93732	ELECTRONIC ANALY DUAL-CHM IN	07/01/2004	$62.14	29.0%	71.0%	N	Referral Required
93733	ELECTRNC ANALYSIS SNGLE CHAM	07/01/2004	$31.91	50.0%	50.0%	N	Referral Required
93734	ELECTRONIC ANALYSIS SNGL CHM	07/01/2004	$30.02	33.0%	67.0%	N	Referral Required
93735	ELECTRONIC ANALYSIS SNGL CHM	07/01/2004	$50.85	32.0%	68.0%	N	Referral Required
93736	TELEPHONIC ANALYSIS	07/01/2004	$27.94	59.0%	41.0%	N	Referral Required
93740	TEMPERATURE GRADIENT STUDIES	07/01/2004	$18.22	24.0%	76.0%	N	Referral Required
93741	CARDIAC PAGING DEVICE ANALYSIS	07/01/2004	$60.63	51.3%	48.7%	N	Referral Required
93742	CARDIAC PAGING DEVICE ANALYSIS	07/01/2004	$66.15	56.0%	44.0%	N	Referral Required
93743	CARDIAC PAGING DEVICE ANALYSIS	07/01/2004	$74.51	45.0%	55.0%	N	Referral Required
93744	CARDIAC PACING DEVICE ANALYSIS	07/01/2004	$79.51	49.4%	50.6%	N	Referral Required
93760	THERMOGRAM CEPHALIC	07/01/2004	$22.22	62.0%	38.0%	N	Referral Required
93762	PERIPHERAL	07/01/2004	$40.92	67.0%	33.0%	N	Referral Required
93770	DETERMINATION OF VENOUS PRES	07/01/2004	$17.19	8.0%	92.0%	N	Referral Required
93784	AMBULATORY BLOOD PRESSURE MO	07/01/2004	$48.07	0.0%	0.0%	N	Referral Required
93786	AMBULATORY BP MONITORING; RE	07/01/2004	$22.22	0.0%	0.0%	N	Referral Required
93788	AMBULATORY BP MONITORING; AN	07/01/2004	$66.71	0.0%	0.0%	N	Referral Required
93790	BLOOD PRESSURE MONITORING PH	07/01/2004	$48.93	0.0%	0.0%	N	Referral Required
93797	PHYSICIAN SERVICES OUTPT CAR	07/01/2004	$17.33	0.0%	0.0%	N	Referral Required
93798	PHYSICIAN SERVICE OP CARDIAC	07/01/2004	$24.47	0.0%	0.0%	N	Referral Required
93875	NON-INVASIVE PSYC STUDIES OF	07/01/2004	$46.48	58.0%	42.0%	N	Referral Required
93880	DUPLEX SCAN EXTRACRANIAL ART	07/01/2004	$149.93	77.0%	23.0%	N	Referral Required
93882	DUPLEX SCAN OF EXTRACRANIAL	07/01/2004	$99.74	87.0%	13.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
93886	TRANSCRANIAL DOPPLER STUDY I	07/01/2004	$183.60	69.0%	31.0%	N	Referral Required
93888	TRANSCRANIAL DOPPLER STUDY I	07/01/2004	$121.65	77.0%	23.0%	N	Referral Required
93922	NONINVASIVE PHYSIOLOGIC STUD	07/01/2004	$49.73	67.0%	33.0%	N	Referral Required
93923	NONINVASIVE PHYSIOLOGIC STUD	07/01/2004	$93.03	67.0%	33.0%	N	Referral Required
93924	NONINVASIVE PHYSILOGIC STUDI	07/01/2004	$101.74	67.0%	33.0%	N	Referral Required
93925	DUPLEX SCAN LOWER EXTREMITY	07/01/2004	$149.21	77.0%	23.0%	N	Referral Required
93926	DUPLEX SCAN UPPER EXTREMITY	07/01/2004	$99.71	87.0%	13.0%	N	Referral Required
93930	DUPLEX SCAN UPPER EXTREMITY	07/01/2004	$150.68	80.0%	20.0%	N	Referral Required
93931	DUPLEX SCAN UPPER EXTREMITY	07/01/2004	$100.45	89.0%	11.0%	N	Referral Required
93965	NON-INVASIVE PHYSC STUDIES E	07/01/2004	$52.77	57.0%	43.0%	N	Referral Required
93970	DUPLEX SCAN EXTREMITY VEINS	07/01/2004	$166.73	74.0%	26.0%	N	Referral Required
93971	DUPLEX SCAN - FOLLOW-UP - EX	07/01/2004	$110.87	85.0%	15.0%	N	Referral Required
93975	DUPLEX SCAN ARTERIAL INFLOW/	07/01/2004	$238.79	57.0%	43.0%	N	Referral Required
93976	DUPLEX SCAN ARTERIAL FLOW FO	07/01/2004	$159.82	73.0%	27.0%	N	Referral Required
93978	DUPLEX SCAN OF AORTA INFERIO	07/01/2004	$156.16	75.0%	25.0%	N	Referral Required
93979	FOLLOW UP LIMITED	07/01/2004	$104.46	86.0%	14.0%	N	Referral Required
93980	DUPLEX SCAN ARTERIAL INFLOW/	07/01/2004	$173.06	53.0%	47.0%	N	Referral Required
93981	DUPLEX SCAN PENILE VESSLES F	07/01/2004	$125.40	83.0%	17.0%	N	Referral Required
93990	DUPLEX SCAN OF HEMODIALYSIS	07/01/2004	$92.92	85.0%	15.0%	N	Referral Required
94010	SPIROMETRY	07/01/2004	$33.32	48.0%	52.0%	N	Referral Required
94014	PATIENT INITIAT SPIROMETRIC RECORD	07/01/2004	$34.01	38.0%	62.0%	N	Referral Required
94015	PATIENT INITIATED SPIROMETRIC	07/01/2004	$9.64	0.0%	0.0%	N	Referral Required
94016	PATIENT INITIAT SPIROMETRIC RECORD	07/01/2004	$24.37	100.0%	0.0%	N	Referral Required
94060	BRONCHOSPASM EVALUATION	07/01/2004	$56.43	57.0%	43.0%	N	Referral Required
94070	PROLONGED POSTEX POSURE EVAL	07/01/2004	$133.31	60.0%	40.0%	N	Referral Required
94150	VITAL CAPACITY	07/01/2004	$8.89	27.0%	73.0%	N	Referral Required
94200	MAXIMUM BREATHING CAPACITY M	07/01/2004	$15.22	47.0%	53.0%	N	Referral Required
94240	FUNCTIONAL RESIDUAL CAPACITY	07/01/2004	$51.22	58.0%	42.0%	N	Referral Required
94250	EXPIRED GAS ANALYSIS	07/01/2004	$24.16	34.0%	66.0%	N	Referral Required
94260	THORACIC GAS VOLUME	07/01/2004	$17.74	59.0%	41.0%	N	Referral Required
94350	VENTILATION DIST STUDIES	07/01/2004	$42.89	55.0%	45.0%	N	Referral Required
94360	PULM MECHANICS STUDIES	07/01/2004	$26.63	68.0%	32.0%	N	Referral Required
94370	VENTILATION DIST STUDIES	07/01/2004	$75.94	41.0%	59.0%	N	Referral Required
94375	RESPIRATORY FLOW VOLUMN LOOP	07/01/2004	$26.55	49.0%	51.0%	N	Referral Required
94400	BREATHING RESPONSE TO COZ	07/01/2004	$38.12	26.0%	74.0%	N	Referral Required
94450	BREATHING RESPONSE TO HYPOXI	07/01/2004	$42.65	37.0%	63.0%	N	Referral Required
94620	PULMONARY STRESS TESTING	07/01/2004	$78.67	47.0%	53.0%	N	Referral Required
94621	PULMONARY STRESS TESTING COMPLEX	07/01/2004	$93.56	57.0%	43.0%	N	Referral Required
94640	NONPRESSURED INHALATION TREA	07/01/2004	$24.49	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
94642	AEROSOL INHALATION OF PENTAM	07/01/2004	$34.23	0.0%	0.0%	N	Referral Required
94656	VENTILATION ASSIST AND MANAG	07/01/2004	$55.19	0.0%	0.0%	N	Referral Required
94657	SUBSEQUENT DAYS	07/01/2004	$38.51	0.0%	0.0%	N	Referral Required
94660	CONTINUOUS POSITIVE AIRWAY P	07/01/2004	$49.38	0.0%	0.0%	N	Referral Required
94662	CONTINUOUS NEGATIVE PRESSURE	07/01/2004	$35.18	0.0%	0.0%	N	Referral Required
94664	AEROSOL OR VAPOR INHALATIONS	07/01/2004	$17.82	0.0%	0.0%	N	Referral Required
94667	MANIPULATION CHEST WALL SUCH	07/01/2004	$33.65	0.0%	0.0%	N	Referral Required
94668	MANIPULATION OF THE CHEST WA	07/01/2004	$24.81	0.0%	0.0%	N	Referral Required
94680	GAS ANALYSIS	07/01/2004	$48.47	48.0%	52.0%	N	Referral Required
94681	EXPIRED GAS ANALYSIS	07/01/2004	$52.15	68.0%	32.0%	N	Referral Required
94690	OXYGEN UPTAKE, REST INDIRECT	07/01/2004	$55.04	83.0%	17.0%	N	Referral Required
94720	PULM DIFFUSION STUDIES	07/01/2004	$53.36	63.0%	37.0%	N	Referral Required
94725	PULM DIFFUSION STUDIES	07/01/2004	$34.40	80.0%	20.0%	N	Referral Required
94750	PULM MECHANICS STUDIES	07/01/2004	$43.46	53.0%	47.0%	N	Referral Required
94760	NONINVASIVE EAR/PULSE OXIMET	07/01/2004	$3.63	100.0%	0.0%	N	Referral Required
94761	NONINVASIVE EAR/PULSE OXIMET	07/01/2004	$5.48	100.0%	0.0%	N	Referral Required
94762	NONINVASIVE EAR OR PULSE OXI	07/01/2004	$25.59	100.0%	0.0%	N	Referral Required
94770	GAS ANALYSIS	07/01/2004	$36.27	52.0%	48.0%	N	Referral Required
94772	CIRCADIAN RESPIRATORY PATTER	07/01/2004	$187.82	48.0%	52.0%	N	Referral Required
95004	PERCUTANEOUS TESTS SCRATCH-P	07/01/2004	$3.12	0.0%	0.0%	N	Referral Required
95010	PERCUTANEOUS TESTS SEQUENTIA	07/01/2004	$20.17	0.0%	0.0%	N	Referral Required
95015	INTRACUTANEOUS TESTS SEQUENT	07/01/2004	$18.22	0.0%	0.0%	N	Referral Required
95024	INTRACUTANEOUS TESTS W/ALLER	07/01/2004	$4.74	0.0%	0.0%	N	Referral Required
95027	SKIN END POINT TITRATION	07/01/2004	$4.74	100.0%	0.0%	N	Referral Required
95028	INTRACUTANEOUS TESTS DELAYED	07/01/2004	$7.36	100.0%	0.0%	N	Referral Required
95044	PATCH OR APPLICATION TESTS,	07/01/2004	$6.38	0.0%	0.0%	N	Referral Required
95052	PHOTO PATCH TEST(S)(SPECIFY	07/01/2004	$8.00	0.0%	0.0%	N	Referral Required
95056	PHOTO TEST	07/01/2004	$5.72	0.0%	0.0%	N	Referral Required
95060	OPTHALMIC MUCOUS MEMBRANE TE	07/01/2004	$11.12	100.0%	0.0%	N	Referral Required
95065	DIRECT NASAL MUCOUS MEMBRANE	07/01/2004	$6.38	100.0%	0.0%	N	Referral Required
95070	INHALATION BRONCHIAL CHALLEN	07/01/2004	$71.09	100.0%	0.0%	N	Referral Required
95071	INHALATION BRONCHIAL CHALLEN	07/01/2004	$90.65	100.0%	0.0%	N	Referral Required
95075	INGESTION CHALLENGE TEST	07/01/2004	$60.37	0.0%	0.0%	N	Referral Required
95078	PROVOCATIVE TESTING	07/01/2004	$8.19	100.0%	0.0%	N	Referral Required
95115	PRO SERVICE ALLERGEN IMMUNO	07/01/2004	$12.43	0.0%	0.0%	N	Referral Required
95117	ALLERGEN IMMUNOTHER NOT INCL	07/01/2004	$16.01	0.0%	0.0%	N	Referral Required
95120	IMMUNOTHERAPY IN PRESCRIBING	07/01/2004	$16.52	0.0%	0.0%	N	Referral Required
95125	ALLERGEN IMMUNOTHERAPY, MULT	07/01/2004	$22.01	0.0%	0.0%	N	Referral Required
95130	ALLERGEN IMMUNOTHERAPY, STIN	07/01/2004	$16.52	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
95131	ALLERGEN IMMUNOTHERAPY, TWO	07/01/2004	$22.01	0.0%	0.0%	N	Referral Required
95132	IMMUNOTHERAPY-3 STINGING INS	07/01/2004	$27.51	0.0%	0.0%	N	Referral Required
95133	IMMUNOTHERAPY-4 STINGING INS	07/01/2004	$33.01	0.0%	0.0%	N	Referral Required
95134	IMMUNOTHERAPHY-5 STINGING IN	07/01/2004	$38.53	0.0%	0.0%	N	Referral Required
95144	PROFESSIONAL SVC FOR SUPERVI	07/01/2004	$10.47	0.0%	0.0%	N	Referral Required
95145	STINGING INSECT ANTIGENS SIN	07/01/2004	$17.63	0.0%	0.0%	N	Referral Required
95146	STINGING INSECT ANTIGENS TWO	07/01/2004	$22.52	0.0%	0.0%	N	Referral Required
95147	THREE SINGLE STINGING INSECT	07/01/2004	$31.98	0.0%	0.0%	N	Referral Required
95148	ANTIGENS FOUR SINGLE STINGIN	07/01/2004	$28.72	0.0%	0.0%	N	Referral Required
95149	STINGING INSECT ANTIGENS FIV	07/01/2004	$36.21	0.0%	0.0%	N	Referral Required
95165	PROF SERVICE FOR SUPERVISION	07/01/2004	$9.16	0.0%	0.0%	N	Referral Required
95170	:WHOLE BODY EXTRACT OF BITIN	07/01/2004	$10.79	0.0%	0.0%	N	Referral Required
95180	DESENSITIZATION	07/01/2004	$126.23	0.0%	0.0%	N	Referral Required
95250	GLUCOSE CONTINUOUS MONITORING	07/01/2004	$47.11	0.0%	0.0%	N	Referral Required
95504	ORTHOTICS FITTING & TRAINING, EACH	07/01/2004	$11.44	0.0%	0.0%	N	Referral Required
95805	MULTIPLE SLEEP LATENCY TESTI	07/01/2004	$264.99	68.0%	32.0%	N	Referral Required
95806	SLEEP STUDY RECORD	07/01/2004	$205.32	54.0%	46.0%	N	Referral Required
95807	SLEEP STUDY, 3 OR MORE PARAM	07/01/2004	$415.05	59.0%	41.0%	N	Referral Required
95808	POLYSOMNOGRAPHY;SLEEP STAGIN	07/01/2004	$413.14	53.0%	47.0%	N	Referral Required
95810	POLYSOMNOGRAPHY; SLEEP STAGI	07/01/2004	$685.49	53.0%	47.0%	N	Referral Required
95811	POLYSOMNOGRAPHY; 4 OR MORE	07/01/2004	$704.25	52.0%	48.0%	N	Referral Required
95812	EEG EXTENDED MONITORING; UP	07/01/2004	$169.82	47.0%	53.0%	N	Referral Required
95813	EEG, EXTENDED MONITORING; GR	07/01/2004	$244.44	39.0%	61.0%	N	Referral Required
95816	EEG AWAKE/DROWSY W/HYPERVENT	07/01/2004	$152.03	49.0%	51.0%	N	Referral Required
95819	EEG-RECORDING AWAKE&ASLEEP W	07/01/2004	$182.02	45.0%	55.0%	N	Referral Required
95822	ELECTROENCEPHALOGRAM (EEG);	07/01/2004	$99.13	52.0%	48.0%	N	Referral Required
95824	EEG CEREBRAL DEATH EVALUATIO	07/01/2004	$53.97	31.0%	69.0%	N	Referral Required
95827	ELECTROENCEPHALOGRAPHY	07/01/2004	$127.16	53.0%	47.0%	N	Referral Required
95829	ELECTROCORTICOGRAM AT SURGER	07/01/2004	$1,249.72	2.0%	98.0%	N	Referral Required
95830	INSERTION BY PHYSICIAN OF SP	07/01/2004	$184.22	0.0%	0.0%	N	Referral Required
95831	MUSCLE TESTING	07/01/2004	$27.07	0.0%	0.0%	N	Referral Required
95832	MUSCLE TESTING	07/01/2004	$26.13	0.0%	0.0%	N	Referral Required
95833	MUSCLE TESTING	07/01/2004	$34.47	0.0%	0.0%	N	Referral Required
95834	MUSCLE TESTING	07/01/2004	$40.91	0.0%	0.0%	N	Referral Required
95851	RANGE OF MOTION MEASUREMENTS	07/01/2004	$23.79	0.0%	0.0%	N	Referral Required
95852	RANGE OF MOTION MEASUREMENTS	07/01/2004	$20.06	0.0%	0.0%	N	Referral Required
95857	TENSILON TEST	07/01/2004	$40.71	0.0%	0.0%	N	Referral Required
95858	TENSILON TEST W/ELECTROMYOGR	07/01/2004	$92.54	16.0%	84.0%	N	Referral Required
95860	ELECTROMYOGRAPHY	07/01/2004	$73.47	18.0%	82.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
95861	ELECTROMYOGRAPHY	07/01/2004	$102.81	21.0%	79.0%	N	Referral Required
95863	ELECTROMYOGRAPHY	07/01/2004	$125.80	22.0%	78.0%	N	Referral Required
95864	ELECTROMYOGRAPHY	07/01/2004	$159.01	32.0%	68.0%	N	Referral Required
95867	ELECTROMYOGRAPHY, CRANIAL NE	07/01/2004	$59.14	32.0%	68.0%	N	Referral Required
95868	ELECTROMYOGRAPHY, BILATERAL	07/01/2004	$83.47	20.0%	80.0%	N	Referral Required
95869	ELECTROMYOGRAPHY	07/01/2004	$25.75	23.0%	77.0%	N	Referral Required
95870	NEEDLE ELECTROMYOGRAPHY	07/01/2004	$25.75	23.0%	77.0%	N	Referral Required
95872	ELECTROMYOGRAPHY, SINGLE FIB	07/01/2004	$95.49	22.0%	78.0%	N	Referral Required
95875	ISCHEMIC LIMB EXERCISE W/EMG	07/01/2004	$85.70	21.0%	79.0%	N	Referral Required
95900	NERVE CONDUCTION TESTS	07/01/2004	$39.27	27.0%	73.0%	N	Referral Required
95903	NERVE CONDUCTION, EA NERVE,	07/01/2004	$38.67	21.0%	79.0%	N	Referral Required
95904	NERVE CONDUCTION SENSORY, EA	07/01/2004	$33.49	24.0%	76.0%	N	Referral Required
95920	INTRAOPERATIVE NERVE TESTING	07/01/2004	$151.30	26.0%	74.0%	N	Referral Required
95925	SOMATOSENSORY TESTING, ONE O	07/01/2004	$56.32	43.0%	57.0%	N	Referral Required
95926	SHORT-LATENCY SOMATOSENSORY	07/01/2004	$56.64	44.0%	56.0%	N	Referral Required
95927	SHORT-LATENCY SOMATOSENSORY	07/01/2004	$57.48	44.0%	56.0%	N	Referral Required
95930	VEP TESTING CENTRAL NERVOUS	07/01/2004	$40.17	22.0%	78.0%	N	Referral Required
95933	ORBICULARIS OCULI REFLEX	07/01/2004	$55.16	41.0%	59.0%	N	Referral Required
95934	H-REFLEX STUDY; GASTROCNEMIU	07/01/2004	$33.19	20.0%	80.0%	N	Referral Required
95936	H-REFLEX STUDY;MUSCLE OTHER	07/01/2004	$34.93	20.0%	80.0%	N	Referral Required
95937	NEUROMUSC JUNCTION TEST	07/01/2004	$43.37	24.0%	76.0%	N	Referral Required
95950	MONITOR FOR LOCALIZATION OF	07/01/2004	$222.40	70.0%	30.0%	N	Referral Required
95951	MONITORING LOCALIZ CEREBRAL	07/01/2004	$757.63	59.0%	41.0%	N	Referral Required
95953	MONITORING LOCALIZED CEREBRA	07/01/2004	$358.71	60.0%	40.0%	N	Referral Required
95954	PHARMACOLOGICAL ACTIVATION D	07/01/2004	$234.16	10.0%	90.0%	N	Referral Required
95955	EEG DURING NONINTRACRANIAL S	07/01/2004	$113.02	49.0%	51.0%	N	Referral Required
95956	MONITORING LOCAL CEREBRALSEI	07/01/2004	$521.86	63.0%	37.0%	N	Referral Required
95957	DIGITAL ANALYSIS OF EEG	07/01/2004	$155.58	39.0%	61.0%	N	Referral Required
95958	WADA ACTIVATION LIST FOR HEM	07/01/2004	$270.68	18.0%	82.0%	N	Referral Required
95961	FUNCTIONAL CORTICAL MAPPING	07/01/2004	$196.92	22.0%	78.0%	N	Referral Required
95962	ELECTRODE STIMULATION BRAIN	07/01/2004	$206.88	21.0%	79.0%	N	Referral Required
95965	MAGNETOENCEPHALOGRAPHY	07/01/2004	$391.77	22.0%	78.0%	N	Referral Required
95966	MAGNETOENCEPHALOGRAPHY	07/01/2004	$197.52	22.0%	78.0%	N	Referral Required
95967	MAGNETOENCEPHALOGRAPHY	07/01/2004	$173.07	22.0%	78.0%	N	Referral Required
95970	ELECTRONIC ANALYSIS	07/01/2004	$22.40	0.0%	0.0%	N	Referral Required
95971	ELECTRONIC ANALYSIS	07/01/2004	$37.94	0.0%	0.0%	N	Referral Required
95972	ELECTRONIC ANALYSIS	07/01/2004	$76.61	0.0%	0.0%	N	Referral Required
95973	ELECTRONIC ANALYSIS	07/01/2004	$47.65	0.0%	0.0%	N	Referral Required
95974	ELECTRONIC ANALYSIS	07/01/2004	$153.95	0.0%	0.0%	N	Referral Required

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95975	ELECTRONIC ANALYSIS	07/01/2004	$87.08	0.0%	0.0%	N	Referral Required
95990	REFILLING AND MAINTENANCE OF IMPLAN	07/01/2004	$47.31	0.0%	0.0%	N	Referral Required
95991	REFILLING AND MAINTENANCE OF IMPLA	07/01/2004	$47.31	0.0%	0.0%	N	Referral Required
96000	MOTION ANALYSIS	07/01/2004	$87.76	0.0%	0.0%	N	Referral Required
96001	MOTION ANALYSIS	07/01/2004	$104.76	0.0%	0.0%	N	Referral Required
96002	MOTION ANALYSIS	07/01/2004	$20.14	0.0%	0.0%	N	Referral Required
96003	MOTION ANALYSIS	07/01/2004	$18.58	0.0%	0.0%	N	Referral Required
96004	MOTION ANALYSIS	07/01/2004	$88.86	0.0%	0.0%	N	Referral Required
96100	PSYCHOLOGICAL TESTING W/INTE	07/01/2004	$57.19	0.0%	0.0%	N	Referral Required
96105	ASSESS APHASIA,W/INTERPRETAT	07/01/2004	$57.19	0.0%	0.0%	N	Referral Required
96110	DEVELOPMENTAL TESTING; LIMIT	07/01/2004	$27.10	0.0%	0.0%	N	Referral Required
96111	DEVELOPMENTAL TESTING;EXTEND	07/01/2004	$57.19	0.0%	0.0%	N	Referral Required
96115	NEUROBEHAVORIAL STATUS EXAM	07/01/2004	$57.19	0.0%	0.0%	N	Referral Required
96117	NEUROPSYCHOLOGICAL TESTING B	07/01/2004	$57.19	0.0%	0.0%	N	Referral Required
96150	HEALTH/BEHAVIOR ASSESSMENT	07/01/2004	$24.97	0.0%	0.0%	N	Referral Required
96151	HEALTH/BEHAVIOR ASSESSMENT	07/01/2004	$24.26	0.0%	0.0%	N	Referral Required
96152	HEALTH/BEHAVIOR INTERVENTION	07/01/2004	$23.22	0.0%	0.0%	N	Referral Required
96153	HEALTH/BEHAVIOR INTERVENTION	07/01/2004	$5.04	0.0%	0.0%	N	Referral Required
96154	HEALTH/BEHAVIOR INTERVENTION	07/01/2004	$22.55	0.0%	0.0%	N	Referral Required
96155	HEALTH/BEHAVIOR INTERVENTION	07/01/2004	$21.86	0.0%	0.0%	N	Referral Required
96400	CHEMOTHERAPY INJ SUBQUE OR I	07/01/2004	$4.43	0.0%	0.0%	N	Referral Required
96405	CHEMOTHERAPY ADMIN,INTRALESI	07/01/2004	$80.11	0.0%	0.0%	N	Referral Required
96406	MORE THAN 7 LESIONS	07/01/2004	$124.60	0.0%	0.0%	N	Referral Required
96408	CHEMOTHERAPY IV PUSH	07/01/2004	$30.91	0.0%	0.0%	N	Referral Required
96410	CHEMOTHERAPY, IV, BY INFUSIO	07/01/2004	$49.20	0.0%	0.0%	N	Referral Required
96412	CHEMOTHERAPY, IV; BY INFUSIO	07/01/2004	$36.63	0.0%	0.0%	N	Referral Required
96414	CHEMOTHERAPY, IV; INIATE PRO	07/01/2004	$42.68	0.0%	0.0%	N	Referral Required
96420	CHEMOTHERAPY INTRA-ARTERIAL	07/01/2004	$39.75	0.0%	0.0%	N	Referral Required
96422	CHEMOTHERAPY, INTRA-ARTERIAL	07/01/2004	$39.42	0.0%	0.0%	N	Referral Required
96423	CHEMOTHERAPY, INTRA-ARTERIAL	07/01/2004	$15.36	0.0%	0.0%	N	Referral Required
96425	CHEMOTHERAPY; INTRA-ARTERIAL	07/01/2004	$45.61	0.0%	0.0%	N	Referral Required
96440	CHEMOTHERAPY PLEURAL CAVITY	07/01/2004	$346.80	0.0%	0.0%	N	Referral Required
96445	CHEMOTHERAPY PERITONEAL CAVI	07/01/2004	$364.28	0.0%	0.0%	N	Referral Required
96450	CHEMOTHERAPY CNS LUMBAR PUNC	07/01/2004	$289.53	0.0%	0.0%	N	Referral Required
96520	PORTABLE PUMP REFILLING AND	07/01/2004	$28.30	0.0%	0.0%	N	Referral Required
96530	PUMP FILLING AND MAINTENANCE	07/01/2004	$33.84	0.0%	0.0%	N	Referral Required
96542	CHEMOTHERAPY INJECTION, SUBA	07/01/2004	$204.54	0.0%	0.0%	N	Referral Required
96567	PHOTODYNAMIC THERAPY OF SKIN	07/01/2004	$53.68	0.0%	0.0%	N	Referral Required
96570	PHOTODYNAMIC THERAPY	07/01/2004	$54.80	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
96571	PHOTODYNAMIC THERAPY	07/01/2004	$27.07	0.0%	0.0%	N	Referral Required
96900	ACTINOTHERAPY	07/01/2004	$15.03	0.0%	0.0%	N	Referral Required
96902	MICRO EXAM OF HAIRS	07/01/2004	$8.89	0.0%	0.0%	N	Referral Required
96910	PHOTOCHEMOTHERAPY, TAR AND U	07/01/2004	$45.20	0.0%	0.0%	N	Referral Required
96912	PHOTOCHEMOTHERAPY; PSORALENS	07/01/2004	$50.93	0.0%	0.0%	N	Referral Required
96913	PHOTOCHEMOTHERAPY BETWEEN 4&	07/01/2004	$75.13	0.0%	0.0%	N	Referral Required
96920	LASER TREATMENT FOR INFLAMMATORY	07/01/2004	$130.32	0.0%	0.0%	N	Referral Required
96921	LASER TREATMENT INFLAMMATORY SKIN	07/01/2004	$133.48	0.0%	0.0%	N	Referral Required
96922	LASER TREATMENT FOR INFLAMMATORY	07/01/2004	$184.96	0.0%	0.0%	N	Referral Required
97001	PHYSICAL THERAPY EVALUATION	07/01/2004	$62.71	0.0%	0.0%	N	Referral Required
97002	PHYSICAL THERAPY RE-EVALUATION	07/01/2004	$33.45	0.0%	0.0%	N	Referral Required
97010	PHYSICAL MEDICINE TREATMENT,	07/01/2004	$17.79	0.0%	0.0%	N	Referral Required
97012	PHYSICAL MEDICINE TREATMENT	07/01/2004	$12.65	0.0%	0.0%	N	Referral Required
97014	PHYSICAL MEDICINE TREATMENT	07/01/2004	$12.76	0.0%	0.0%	N	Referral Required
97016	PHYSICAL MEDICINE TREATMENT	07/01/2004	$11.14	0.0%	0.0%	N	Referral Required
97018	PHYSICAL MEDICINE TREATMENT	07/01/2004	$6.22	0.0%	0.0%	N	Referral Required
97020	PHYSICAL MEDICINE TREATMENT	07/01/2004	$3.94	0.0%	0.0%	N	Referral Required
97022	PHYSICAL MEDICINE TREATMENT	07/01/2004	$14.70	0.0%	0.0%	N	Referral Required
97024	PHYSICAL MEDICINE TREATMENT	07/01/2004	$3.94	0.0%	0.0%	N	Referral Required
97026	PHYSICAL MEDICINE INFRARED	07/01/2004	$3.94	0.0%	0.0%	N	Referral Required
97028	PHYSICAL MEDICINE TREATMENT	07/01/2004	$4.98	0.0%	0.0%	N	Referral Required
97032	APPLICATION OF MODALITY;STIM	07/01/2004	$15.90	0.0%	0.0%	N	Referral Required
97033	APPLICATION OF MODALITY; ION	07/01/2004	$13.51	0.0%	0.0%	N	Referral Required
97034	APPLICATION OF MODALITY;CONT	07/01/2004	$12.20	0.0%	0.0%	N	Referral Required
97035	APPLICATION OF MODALITY;ULTR	07/01/2004	$10.25	0.0%	0.0%	N	Referral Required
97036	APPLICATION OF MODALITY;HUBB	07/01/2004	$21.21	0.0%	0.0%	N	Referral Required
97039	UNLISTED MODALITY	07/01/2004	$9.57	0.0%	0.0%	N	Referral Required
97110	PHYSICAL MEDICINE TREATMENT	07/01/2004	$24.68	0.0%	0.0%	N	Referral Required
97112	PHYSICAL MEDICINE TREATMENT NEUROM	07/01/2004	$25.81	0.0%	0.0%	N	Referral Required
97113	THERAPUTIC AQUATIC THERAPY W/EXER;	07/01/2004	$26.93	0.0%	0.0%	N	Referral Required
97116	PHYSICAL MEDICINE TREATMENT	07/01/2004	$21.42	0.0%	0.0%	N	Referral Required
97139	PHYSICAL MEDICINE TREATMENT UNLISTE	07/01/2004	$14.48	0.0%	0.0%	N	Referral Required
97140	MANUAL THERAPY TECHNIQUES	07/01/2004	$23.14	0.0%	0.0%	N	Referral Required
97504	ORTHOTICS FITTING/TRAINING,	07/01/2004	$24.68	0.0%	0.0%	N	Referral Required
97520	PROSTHETIC TRAINING	07/01/2004	$23.20	0.0%	0.0%	N	Referral Required
97530	THERAPEUTIC ACTIVITIES ON ON ONE	07/01/2004	$30.66	0.0%	0.0%	N	Referral Required
97535	SELF CARE/HOME MGMT TRAINING	07/01/2004	$27.76	0.0%	0.0%	N	Referral Required
97542	WHEELCHAIR MGMT/PROPULSION T	07/01/2004	$23.33	0.0%	0.0%	N	Referral Required
97601	SELECT DEBRIDE W/O ANESTHESIA	07/01/2004	$80.42	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
97703	CHECKOUT ORTHOTIC/PROSTHETIC	07/01/2004	$23.59	0.0%	0.0%	N	Referral Required
97750	PHYSICAL TEST/MEASURE,W/WRIT	07/01/2004	$24.17	0.0%	0.0%	N	Referral Required
98925	OSTEOPATHIC MANIPULATIVE TRE	07/01/2004	$28.55	0.0%	0.0%	N	Referral Required
98926	OSTEOPATHIC MANIPULATIVE TRE	07/01/2004	$37.79	0.0%	0.0%	N	Referral Required
98927	OSTEOPATHIC MANIPULATIVE TRE	07/01/2004	$48.40	0.0%	0.0%	N	Referral Required
98928	OSTEOPATHIC MANIPULATIVE TRE	07/01/2004	$56.36	0.0%	0.0%	N	Referral Required
98929	OSTEOPATHIC MANIPULATIVE NIN	07/01/2004	$64.18	0.0%	0.0%	N	Referral Required
98940	CHIROPRACTIC MANIPULATIVE TX	07/01/2004	$13.26	0.0%	0.0%	N	Referral Required
98941	CHIROPRACTIC MANIUPULATIVE T	07/01/2004	$16.93	0.0%	0.0%	N	Referral Required
98942	CHIROPRACTIC MANIPULATIVE TX	07/01/2004	$21.30	0.0%	0.0%	N	Referral Required
99001	HANDLING AND/OR CONVEYANCE O	07/01/2004	$7.41	0.0%	0.0%	N	Referral Required
99050	SERVICES PROIR TO 10PM BUT A	07/01/2004	$12.45	0.0%	0.0%	N	Referral Required
99052	NIGHT CALLS SERVICES BETWEEN	07/01/2004	$17.79	0.0%	0.0%	N	Referral Required
99054	SUNDAY AND HOLIDAY CALLS	07/01/2004	$12.45	0.0%	0.0%	N	Referral Required
99058	OFFICE SERVICES PROVIDED ON	07/01/2004	$5.79	0.0%	0.0%	N	Referral Required
99080	SPECIAL REPORTS	07/01/2004	$10.01	0.0%	0.0%	N	Referral Required
99141	SEDATION W/W/O ANALGESIA	07/01/2004	$40.02	0.0%	0.0%	N	Referral Required
99142	SEDATION W/W/O ANALGESIA	07/01/2004	$30.25	0.0%	0.0%	N	Referral Required
99170	ANOGENITAL EXAM	07/01/2004	$129.27	0.0%	0.0%	N	Referral Required
99175	IPECAC OR SIMILAR ADMINISTRA	07/01/2004	$44.50	0.0%	0.0%	N	Referral Required
99183	PHYSICIAN ATTENDANCE AND SUP	07/01/2004	$110.41	0.0%	0.0%	N	Referral Required
99185	HYPOTHERMIA, REGIONAL	07/01/2004	$20.43	0.0%	0.0%	N	Referral Required
99186	HYPOTHERMIA, TOTAL BODY	07/01/2004	$61.88	0.0%	0.0%	N	Referral Required
99190	PUMP ASSEMBLY & OPERATION	07/01/2004	$88.97	0.0%	0.0%	N	Referral Required
99191	3/4 HOUR ASSEMBLY & OPERATIO	07/01/2004	$66.71	0.0%	0.0%	N	Referral Required
99192	ASSEMBLY & OPERATION OF PUMP	07/01/2004	$44.49	0.0%	0.0%	N	Referral Required
99195	PHLEBOTOMY	07/01/2004	$14.05	0.0%	0.0%	N	Referral Required
99201	OV OR OP EVALUATION NEW PATI	07/01/2004	$31.67	0.0%	0.0%	N	Referral Required
99202	OV OR OP EVALUATION NEW PATI	07/01/2004	$57.27	0.0%	0.0%	N	Referral Required
99203	OV OR OP EVALUATION NEW PATI	07/01/2004	$85.56	0.0%	0.0%	N	Referral Required
99204	OV OR OP EVALUATION NEW PATI	07/01/2004	$122.09	0.0%	0.0%	N	Referral Required
99205	OV OR OP EVALUATION NEW PATI	07/01/2004	$155.70	0.0%	0.0%	N	Referral Required
99211	OV OR OP EVALUATION ESTABLIS	07/01/2004	$18.61	0.0%	0.0%	N	Referral Required
99212	OV OR OP EVALUATION ESTABLIS	07/01/2004	$33.62	0.0%	0.0%	N	Referral Required
99213	OV OR OP EVALUATION ESTABLIS	07/01/2004	$46.84	0.0%	0.0%	N	Referral Required
99214	OV OR OP EVALUATION ESTABLIS	07/01/2004	$73.70	0.0%	0.0%	N	Referral Required
99215	OV OR OP EVALUATION ESTABLIS	07/01/2004	$108.48	0.0%	0.0%	N	Referral Required
99217	OBSERVATION CARE DISCHARGE D	07/01/2004	$61.04	0.0%	0.0%	N	Referral Required
99218	INITIAL HOSP OBSERVATION PER	07/01/2004	$61.04	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
99219	INITIAL HOSP OBSERVATION PER	07/01/2004	$101.92	0.0%	0.0%	N	Referral Required
99220	INITIAL HOSP OBSERVATION PER	07/01/2004	$142.76	0.0%	0.0%	N	Referral Required
99221	INITIAL HOSP CARE PER DAY LO	07/01/2004	$61.70	0.0%	0.0%	N	Referral Required
99222	INITIAL HOSP CARE PER DAY MO	07/01/2004	$102.57	0.0%	0.0%	N	Referral Required
99223	INITIAL HOSP CARE PER DAY HI	07/01/2004	$143.23	0.0%	0.0%	N	Referral Required
99231	SUBSEQUENT HOSP DAY LOW COMP	07/01/2004	$30.92	0.0%	0.0%	N	Referral Required
99232	SUBSEQUENT HOSP DAY MODERATE	07/01/2004	$50.91	0.0%	0.0%	N	Referral Required
99233	SUBSEQUENT HOSP DAY HIGH COM	07/01/2004	$72.47	0.0%	0.0%	N	Referral Required
99234	OBSERVE OR INPATIENT HOSPITAL CARE	07/01/2004	$123.25	0.0%	0.0%	N	Referral Required
99235	OBSERVE OR INPATIENT HOSPITAL CARE	07/01/2004	$163.30	0.0%	0.0%	N	Referral Required
99236	OBSERVE OR INPATIENT HOSPITAL CARE	07/01/2004	$203.34	0.0%	0.0%	N	Referral Required
99238	HOSPITAL DISCHARGE DAY MANAG	07/01/2004	$62.82	0.0%	0.0%	N	Referral Required
99239	HOSP. DISCHARGE MGMT; MORE T	07/01/2004	$86.22	0.0%	0.0%	N	Referral Required
99241	OFFICE CONSULT NEW/ESTABLISH	07/01/2004	$43.67	0.0%	0.0%	N	Referral Required
99242	OFFICE CONSULT NEW/ESTABLISH	07/01/2004	$81.04	0.0%	0.0%	N	Referral Required
99243	OFFICE CONSULT NEW/ESTABLISH	07/01/2004	$107.90	0.0%	0.0%	N	Referral Required
99244	OFFICE CONSULT NEW/ESTABLISH	07/01/2004	$153.67	0.0%	0.0%	N	Referral Required
99245	OFFICE CONSULT NEW/ESTABLISH	07/01/2004	$199.40	0.0%	0.0%	N	Referral Required
99251	INITIAL IP CONSULT NEW/ESTAB	07/01/2004	$32.65	0.0%	0.0%	N	Referral Required
99252	INITIAL IP CONSULT NEW/ESTAB	07/01/2004	$65.62	0.0%	0.0%	N	Referral Required
99253	INITIAL IP CONSULT NEW/ESTAB	07/01/2004	$89.76	0.0%	0.0%	N	Referral Required
99254	INITIAL IP CONSULT NEW/ESTAB	07/01/2004	$129.35	0.0%	0.0%	N	Referral Required
99255	INITIAL IP CONSULT NEW/ESTAB	07/01/2004	$178.35	0.0%	0.0%	N	Referral Required
99261	FOLLOW UP IP CONSULT EST PT	07/01/2004	$20.50	0.0%	0.0%	N	Referral Required
99262	FOLLOW UP IP CONSULT EST PT	07/01/2004	$41.17	0.0%	0.0%	N	Referral Required
99263	FOLLOW UP IP CONSULT EST PT	07/01/2004	$61.48	0.0%	0.0%	N	Referral Required
99271	CONFIRMATORY CONSULT NEW/EST	07/01/2004	$38.38	0.0%	0.0%	N	Referral Required
99272	CONFIRMATORY CONSULT NEW/EST	07/01/2004	$59.94	0.0%	0.0%	N	Referral Required
99273	CONFIRMATORY CONSULT NEW/EST	07/01/2004	$80.38	0.0%	0.0%	N	Referral Required
99274	CONFIRMATORY CONSULT NEW/EST	07/01/2004	$109.06	0.0%	0.0%	N	Referral Required
99275	CONFIRMATORY CONSULT NEW/EST	07/01/2004	$138.63	0.0%	0.0%	N	Referral Required
99281	ER VISIT NEW/EST PT/A PROBLE	07/01/2004	$15.02	0.0%	0.0%	N	Referral Required
99282	ER VISIT NEW/EST PT/A PROBLE	07/01/2004	$24.98	0.0%	0.0%	N	Referral Required
99283	ER VISIT NEW/EST PT/EXPANDED	07/01/2004	$55.94	0.0%	0.0%	N	Referral Required
99284	ER VISIT NEW/EST PT/DETAILED	07/01/2004	$87.43	0.0%	0.0%	N	Referral Required
99285	ER VISIT NEW/EST PT COMPREHE	07/01/2004	$136.62	0.0%	0.0%	N	Referral Required
99288	PHY DIRECT EMS/ER CARE ADVAN	07/01/2004	$52.74	0.0%	0.0%	N	Referral Required
99289	PHYSCN CONSTN ATTEN WHL TRNSPRTN	07/01/2004	$220.49	0.0%	0.0%	N	Referral Required
99290	PHYSCN CNSTNT ATTEN WHL TRNSPRTNG	07/01/2004	$110.02	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
99291	CRITICAL CARE	07/01/2004	$197.77	0.0%	0.0%	N	Referral Required
99292	CRITICAL CARE/PROLONGED PRES	07/01/2004	$102.30	0.0%	0.0%	N	Referral Required
99293	INITIAL PEDIATRIC CRITICAL CARE 31	07/01/2004	$715.10	0.0%	0.0%	N	Referral Required
99294	SUBSEQUENT PEDIATRIC CRITICAL CARE	07/01/2004	$355.59	0.0%	0.0%	N	Referral Required
99295	INITIAL NICU CARE PER DAY FO	07/01/2004	$728.77	0.0%	0.0%	N	Referral Required
99296	SUBSEQUENT NICU CARE PER DAY	07/01/2004	$372.45	0.0%	0.0%	N	Referral Required
99298	SUBSEQUENT NEONATAL INTENSIVE CARE	07/01/2004	$131.12	0.0%	0.0%	N	Referral Required
99299	SUBSEQUENT INTENSIVE CARE PER DAY	07/01/2004	$117.13	0.0%	0.0%	N	Referral Required
99301	NF EVALUATION NEW/EST PT/PT	07/01/2004	$66.17	0.0%	0.0%	N	Referral Required
99302	NF EVALUATION NEW/EST PT/PT	07/01/2004	$90.04	0.0%	0.0%	N	Referral Required
99303	NF EVALUATION NEW/EST PT/COU	07/01/2004	$111.93	0.0%	0.0%	N	Referral Required
99311	NF SUBSEQUENT EST/NEW PT/A P	07/01/2004	$37.65	0.0%	0.0%	N	Referral Required
99312	NF SUBSEQUENT EST/NEW PT/EXP	07/01/2004	$58.23	0.0%	0.0%	N	Referral Required
99313	NF SUBSEQUENT EST/NEW PT/DET	07/01/2004	$79.52	0.0%	0.0%	N	Referral Required
99315	NURSING FACILITY DISCHARGE DAY MAN.	07/01/2004	$64.99	0.0%	0.0%	N	Referral Required
99316	NURSING FACILITY DISCHARGE DAY MAN.	07/01/2004	$85.15	0.0%	0.0%	N	Referral Required
99321	DOMICILIARY VISIT NEW PT/A P	07/01/2004	$41.55	0.0%	0.0%	N	Referral Required
99322	DOMICILIARY VISIT NEW PT/EXP	07/01/2004	$57.81	0.0%	0.0%	N	Referral Required
99323	DOMICILIARY VISIT NEW PT/DET	07/01/2004	$76.51	0.0%	0.0%	N	Referral Required
99331	DOMICILIARY VISIT EST PT/A P	07/01/2004	$37.00	0.0%	0.0%	N	Referral Required
99332	DOMICILIARY VISIT EST PT/EXP	07/01/2004	$48.20	0.0%	0.0%	N	Referral Required
99333	DOMICILIARY VISIT EST PT/DET	07/01/2004	$59.86	0.0%	0.0%	N	Referral Required
99341	HOME VISIT NEW PT/A PROBLEM	07/01/2004	$55.04	0.0%	0.0%	N	Referral Required
99342	HOME VISIT NEW PT/EXPANDED (	07/01/2004	$83.26	0.0%	0.0%	N	Referral Required
99343	HOME VISIT NEW PT/DETAILED (	07/01/2004	$123.95	0.0%	0.0%	N	Referral Required
99344	HOME VISIT FOR E/M NEW PATIENT COMP	07/01/2004	$160.62	0.0%	0.0%	N	Referral Required
99345	HOME VISIT FOR E/M OF NEW PATIENT	07/01/2004	$197.43	0.0%	0.0%	N	Referral Required
99347	HOME VISIT E/M ESTABLISHED	07/01/2004	$43.52	0.0%	0.0%	N	Referral Required
99348	HOME VISIT E/M ESTABLISHED	07/01/2004	$69.61	0.0%	0.0%	N	Referral Required
99349	HOME VISIT FOR E/M ESTABLISHED PATI	07/01/2004	$108.05	0.0%	0.0%	N	Referral Required
99350	HOME VISIT FOR E/M OF ESTABLISHED	07/01/2004	$157.37	0.0%	0.0%	N	Referral Required
99354	PROLONGED PHY SVCS BEYOND US	07/01/2004	$111.55	0.0%	0.0%	N	Referral Required
99355	PROLONGED PHY SVCS - EACH ADDITIONA	07/01/2004	$104.38	0.0%	0.0%	N	Referral Required
99356	PROLONGED PHYSICIAN SERVICEW	07/01/2004	$81.72	0.0%	0.0%	N	Referral Required
99357	EACH ADDITION 30 MINUTES	07/01/2004	$82.37	0.0%	0.0%	N	Referral Required
99360	PHYSICIAN STANDBY SERVICE	07/01/2004	$35.60	0.0%	0.0%	N	Referral Required
99381	INITIAL EVALUATION NEW PT/UN	07/01/2004	$94.04	0.0%	0.0%	N	Referral Required
99382	INITIAL EVALUATION NEW PT/1	07/01/2004	$101.51	0.0%	0.0%	N	Referral Required
99383	INITIAL EVALUATION NEW PT/5	07/01/2004	$99.51	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
99384	INITIAL EVALUATION NEW PT/12	07/01/2004	$108.16	0.0%	0.0%	N	Referral Required
99385	INITIAL EVALUATION NEW PT/18	07/01/2004	$108.16	0.0%	0.0%	N	Referral Required
99391	RE-EVALUATION EST PT/UNDER 1	07/01/2004	$71.49	0.0%	0.0%	N	Referral Required
99392	RE-EVALUATION EST PT/1 THROU	07/01/2004	$80.12	0.0%	0.0%	N	Referral Required
99393	RE-EVALUATION EST PT/5 THROU	07/01/2004	$79.13	0.0%	0.0%	N	Referral Required
99394	RE-EVALUATION EST PT/12 THRO	07/01/2004	$87.92	0.0%	0.0%	N	Referral Required
99395	RE-EVALUATION EST PATIENT 18	07/01/2004	$88.91	0.0%	0.0%	N	Referral Required
99401	COUNSELING HEALTHY INDIVIDUA	07/01/2004	$38.38	0.0%	0.0%	N	Referral Required
99402	COUNSELING HEALTHY INDIVIDUA	07/01/2004	$64.89	0.0%	0.0%	N	Referral Required
99403	COUNSELING HEALTHY INDIVIDUA	07/01/2004	$89.69	0.0%	0.0%	N	Referral Required
99404	COUNSELING HEALTHY INDIVIDUA	07/01/2004	$115.51	0.0%	0.0%	N	Referral Required
99431	NEWBORN HISTORY/EXAM INITIAT	07/01/2004	$55.00	0.0%	0.0%	N	Referral Required
99432	NORMAL NEWBORN CARE OTHER TH	07/01/2004	$82.35	0.0%	0.0%	N	Referral Required
99433	NEWBORN SUBSEQUENT CARE PER	07/01/2004	$29.23	0.0%	0.0%	N	Referral Required
99435	HISTORY AND EXAM OF NORMAL N	07/01/2004	$71.80	0.0%	0.0%	N	Referral Required
99436	ATTEND AT DELIVER: STABLE N	07/01/2004	$70.49	0.0%	0.0%	N	Referral Required
99440	NEWBORN RESUSCITATION CARE H	07/01/2004	$144.21	0.0%	0.0%	N	Referral Required
99450	BASIC LIFE AND/OR DISABILITY EXAM	10/20/2003	$43.50	0.0%	0.0%	N	Referral Required
A0190	MEALS-CLIENT-OUT OF STATE	01/01/2002	$21.00	0.0%	0.0%	Y	
A0210	MEALS-ATTENDANT-OUT OF STATE	01/01/2002	$21.00	0.0%	0.0%	Y	
A0225	AMBUL SERV, NEONT TRANS, BAS	01/01/2001	$146.47	0.0%	0.0%	Y	
A0380	BASIC LIFE SUPPORT MILEAGE (	07/01/1999	$1.47	0.0%	0.0%	Y	
A0390	ALS MILEAGE (PER MILE)	07/01/1999	$1.47	0.0%	0.0%	Y	
A0392	ALS DISPOSABLE SUPPLIES; DEF	07/01/1999	$5.97	0.0%	0.0%	N	
A0396	ALS DISPOSABLE SUPPLIES; ESP	07/01/1999	$6.81	0.0%	0.0%	N	
A0420	AMBULANCE WAITING TIME - ALS	07/01/1999	$4.42	0.0%	0.0%	Y	
A0422	ALS/BLS OXYGEN AND SUPPLIES,	07/01/1999	$17.81	0.0%	0.0%	Y	
A0424	EXTRA AMBULANCE ATTENDANT, A	04/01/2003	$145.21	0.0%	0.0%	Y	
A0425	GROUND MILEAGE	03/01/2003	$4.24	0.0%	0.0%	Y	
A0426	AMBULANCE SERVICE	04/01/2003	$102.50	0.0%	0.0%	Y	
A0427	ADVANCED LIFE SUPPORT	04/01/2003	$162.30	0.0%	0.0%	Y	
A0428	AMBULANCE SERVICE BASIC LIFE	04/01/2003	$85.42	0.0%	0.0%	Y	
A0429	AMBULANCE SERVICE BASIC LIFE	04/01/2003	$136.67	0.0%	0.0%	Y	
A0430	AMBULANCE SERVICE	05/01/2003	$773.33	0.0%	0.0%	Y	
A0431	AMBULANCE SERVICE	05/01/2003	$899.11	0.0%	0.0%	Y	
A0433	ADVANCED LIFE SUPPORT LEVEL 2	04/01/2003	$234.91	0.0%	0.0%	Y	
A0434	SPECIALTY CARE TRANSPORT	04/01/2003	$397.21	0.0%	0.0%	Y	
A0435	FIXED WING AIR MILEAGE	05/01/2003	$6.57	0.0%	0.0%	Y	
A0436	ROTARY WING AIR MILEAGE	05/01/2003	$17.51	0.0%	0.0%	Y	

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A4206	SYRINGE W/NEEDLE STERILE 1CC	01/01/1994	$0.21	0.0%	0.0%	N	Referral Required
A4207	SYRINGE W/NEEDLE STERILE 2CC	01/01/1994	$0.14	0.0%	0.0%	N	Referral Required
A4208	SYRINGE W/NEEDLE, STERILE 3C	01/01/1997	$0.14	0.0%	0.0%	N	Referral Required
A4209	SYRINGE W/NEEDLE	01/01/1997	$0.28	0.0%	0.0%	N	Referral Required
A4211	SUPPLIES FOR SELF-ADMINISTERED INJE	03/01/1997	$38.40	0.0%	0.0%	N	Referral Required
A4212	HUBER-TYPE NEEDLE, EACH	07/01/1998	$12.50	0.0%	0.0%	N	Referral Required
A4213	SYRINGE, STERILE 20CC OR GREATER	03/01/1997	$0.60	0.0%	0.0%	N	Referral Required
A4215	NEEDLES ONLY, STERILE, ANY SIZE	03/01/1997	$0.25	0.0%	0.0%	N	Referral Required
A4216	STERILE WATER/SALINE 10ML	04/01/2004	$0.45	0.0%	0.0%	N	Referral Required
A4217	STERILE WATER/SALINE 500 ML	04/01/2004	$3.13	0.0%	0.0%	N	Referral Required
A4221	SUPPLIES FOR MAINTENANCE DRU	01/02/1997	$21.23	0.0%	0.0%	N	Referral Required
A4222	SUPPLIES EXT.DRUG INFUSION P	01/02/1997	$42.13	0.0%	0.0%	N	Referral Required
A4232	SYRINGE W/NEEDLE EXTERNAL IN	04/01/2000	$2.49	0.0%	0.0%	Y	Referral Required
A4244	ALCOHOL OR PEROXIDE, PER PINT	03/01/1997	$0.86	0.0%	0.0%	N	Referral Required
A4245	ALCOHOL WIPES, PER BOX	01/01/1995	$1.65	0.0%	0.0%	N	Referral Required
A4246	BETADINE OR PHISOHEX SOLUTION PER P	03/01/1997	$10.91	0.0%	0.0%	N	Referral Required
A4247	BETADINE OR IODINE SWABS/WIPES, PER	03/01/1997	$10.98	0.0%	0.0%	N	Referral Required
A4248	CHLORHEXIDINE CONTAINING ANTISEPTI	01/01/2004	$1.73	0.0%	0.0%	N	Referral Required
A4250	URINE TES OR REAGENT STRIPS OR TABL	01/01/2000	$33.00	0.0%	0.0%	N	Referral Required
A4253	BLOOD GLUCOSE TEST STRIPS/HO	07/01/1999	$33.10	0.0%	0.0%	N	Referral Required
A4254	REPLACEMENT BATTERY,ANY TYPE GLUCO	07/01/1999	$6.28	0.0%	0.0%	N	Referral Required
A4255	PLATFORMS FOR HOME GLUCOSE MONITO	01/02/1997	$3.92	0.0%	0.0%	N	Referral Required
A4256	NORMAL, LOW AND HIGH CALIBRATOR SO	03/02/1997	$10.92	0.0%	0.0%	N	Referral Required
A4257	REPLACEMENT LENS SHEILD CARTRIDGE	01/01/2002	$12.69	0.0%	0.0%	Y	Referral Required
A4258	SPRING-POWERED DEVICE FOR LA	01/01/1997	$16.93	0.0%	0.0%	N	Referral Required
A4259	LANCETS, BOX 100 = 1 UNIT	01/01/1997	$10.38	0.0%	0.0%	N	Referral Required
A4260	NORPLANT CONTRACEPTIVE	01/01/1993	$402.00	0.0%	0.0%	N	
A4263	PERM. NON DISSOLUABLE LACRIMAL DUC	07/01/1995	$31.59	0.0%	0.0%	N	Referral Required
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	10/20/2003	$25.07	0.0%	0.0%	N	
A4280	ADHESIVE SKIN ATTACHMENT	01/01/2000	$4.57	0.0%	0.0%	N	Referral Required
A4281	TUBING FOR BREAST PUMP REPLACEMEN	01/01/2003	$7.50	0.0%	0.0%	Y	Referral Required
A4283	CAP FOR BREAST PUMP BOTTLE	01/01/2003	$1.12	0.0%	0.0%	Y	Referral Required
A4284	BREAST SHIELD AND SPLASH PROTECTOR	01/01/2003	$17.25	0.0%	0.0%	Y	Referral Required
A4285	POLYCARBONATE BOTTLE FOR USE WITH	01/01/2003	$3.50	0.0%	0.0%	Y	Referral Required
A4305	DISPOSABLE DRUG DELIVERY SYS	04/01/2004	$8.80	0.0%	0.0%	N	Referral Required
A4306	DISPOSABLE DRUG DELIVERY SYS	04/01/2004	$8.80	0.0%	0.0%	N	Referral Required
A4310	INSERTION TRAY W/O DRAINAGE BAG	01/01/1997	$6.26	0.0%	0.0%	N	Referral Required
A4311	INSERTION TRAY WO/DRAINAGE BAG W/C	01/01/1997	$12.04	0.0%	0.0%	N	Referral Required
A4312	INSERT TRAY, INDWEL CATH, W/O BAG,	01/01/1997	$14.62	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A4313	INSERTION TRAY W/O BAG, W/CATH, 3-W	01/01/1997	$15.02	0.0%	0.0%	N	Referral Required
A4314	INSERTION TRAY W//DRAINAGE W	01/01/1997	$20.50	0.0%	0.0%	N	Referral Required
A4315	INSERT TRAY SILICONE W/DRAINAGE BAG	01/01/1997	$21.39	0.0%	0.0%	N	Referral Required
A4316	INSERT TRAY,W/BAG & INDWEL CATH, 3-	01/01/1997	$23.03	0.0%	0.0%	N	Referral Required
A4319	STERILE WATER IRRIGATION	01/01/2001	$6.04	0.0%	0.0%	N	Referral Required
A4320	IRRIGATION TRAY FOR BLADDER	01/01/1997	$5.08	0.0%	0.0%	N	Referral Required
A4322	IRRIGATION SYRINGE,BULB OR PISTON	01/01/1997	$2.53	0.0%	0.0%	N	Referral Required
A4323	STERILE SALINE IRR SOLUTION 1000 ML	01/01/1997	$8.37	0.0%	0.0%	N	Referral Required
A4324	MALE EXTERNAL CATHETER	01/01/2001	$2.07	0.0%	0.0%	N	Referral Required
A4325	MALE EXTERNAL CATHETER	01/01/2001	$1.72	0.0%	0.0%	N	Referral Required
A4326	MALE EXTERNAL CATHETER SPECIALTY T	01/01/1997	$10.29	0.0%	0.0%	N	Referral Required
A4327	FEMALE EXTERNAL URINARY COLLECTION	01/01/1997	$42.56	0.0%	0.0%	N	Referral Required
A4328	FEMALE EXT URINARY COLLECTION DEVIC	01/01/1997	$9.42	0.0%	0.0%	N	Referral Required
A4331	EXTENSION DRAINAGE TUBING	01/01/2001	$3.04	0.0%	0.0%	N	Referral Required
A4332	LUBRICANT IND. STERILE PACKET	01/01/2001	$0.12	0.0%	0.0%	N	Referral Required
A4333	URINARY ANCHORING DEVICE	01/01/2001	$2.10	0.0%	0.0%	N	Referral Required
A4334	URINARY CATHETER ANCHORING DEVICE	01/01/2001	$4.71	0.0%	0.0%	N	Referral Required
A4338	FOLEY CATHETER	01/01/1997	$11.70	0.0%	0.0%	N	Referral Required
A4340	INDWELLING CATHETER SPECIALITY TYPE	01/01/1997	$30.28	0.0%	0.0%	N	Referral Required
A4344	INDWELLING CATHETER, FOLEY TYPE, TW	01/01/1997	$12.99	0.0%	0.0%	N	Referral Required
A4346	INDWEL CATH,FOLEY,3-WAY,CONTINUOUS	01/01/1997	$15.89	0.0%	0.0%	N	Referral Required
A4348	MALE EXTERNAL CATHETER	01/01/2001	$26.55	0.0%	0.0%	N	Referral Required
A4351	INTERMITTANT URINARY CATHETER	01/01/1997	$1.47	0.0%	0.0%	N	Referral Required
A4352	INTERMITTENT URINARY CATHETER	01/01/1997	$6.12	0.0%	0.0%	N	Referral Required
A4353	INTERMITTENT URINARY CATHETER,W/INS	07/01/1999	$6.67	0.0%	0.0%	N	Referral Required
A4354	CATHETER INSERTION	01/01/1997	$10.58	0.0%	0.0%	N	Referral Required
A4355	CONTINUOS IRRIG TUBING SET F	01/01/1997	$7.23	0.0%	0.0%	N	Referral Required
A4356	INCONTINENCE CLAMP	01/01/1997	$36.99	0.0%	0.0%	N	Referral Required
A4357	URINARY DRAINING BAG	01/01/1997	$7.86	0.0%	0.0%	N	Referral Required
A4358	URINARY DRAINAGE BAG	01/01/1997	$5.38	0.0%	0.0%	N	Referral Required
A4361	OSTOMY FACE PLATE - EACH	01/01/1997	$17.52	0.0%	0.0%	N	Referral Required
A4362	SKIN BARRIER, 4X4 OR EQUIVOLENT EAC	01/01/1997	$3.30	0.0%	0.0%	N	Referral Required
A4364	OSTOMYSKIN BOND OR CEMET (PER OZ)	01/01/1997	$2.80	0.0%	0.0%	N	Referral Required
A4365	OSTOMY ADHESIVE REMOVE WIPES; 50 PE	01/01/1997	$10.80	0.0%	0.0%	N	Referral Required
A4366	OSTOMY VENT, ANY TYPE	01/01/2004	$2.81	0.0%	0.0%	N	Referral Required
A4367	OSTOMY BELT	01/01/1997	$6.58	0.0%	0.0%	N	Referral Required
A4368	OSTOMY FILTER ANY TYPE, EACH	07/01/1999	$0.25	0.0%	0.0%	N	Referral Required
A4369	OSTOMY SKIN BARRIER	01/01/2000	$1.96	0.0%	0.0%	N	Referral Required
A4370	OSTOMY SKIN BARRIER	01/01/2000	$3.22	0.0%	0.0%	N	Referral Required

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A4371	OSTOMY SKIN BARRIER	01/01/2000	$3.43	0.0%	0.0%	N	Referral Required
A4372	OSTOMY SKIN BARRIER	01/01/2000	$3.98	0.0%	0.0%	N	Referral Required
A4373	OSTOMY SKIN BARRIER	01/01/2000	$5.99	0.0%	0.0%	N	Referral Required
A4374	OSTOMY SKIN BARRIER	01/01/2000	$8.05	0.0%	0.0%	N	Referral Required
A4375	OSTOMY POUCH, DRAINABLE	01/01/2000	$16.38	0.0%	0.0%	N	Referral Required
A4376	OSTOMY POUCH, DRAINABLE	01/01/2000	$45.38	0.0%	0.0%	N	Referral Required
A4377	OSTOMY POUCH, DRAINABLE	01/01/2000	$4.09	0.0%	0.0%	N	Referral Required
A4378	OSTOMY POUCH, DRAINABLE	01/01/2000	$29.33	0.0%	0.0%	N	Referral Required
A4379	OSTOMY POUCH, URINARY	01/01/2000	$14.33	0.0%	0.0%	N	Referral Required
A4380	OSTOMY POUCH, URINARY	01/01/2000	$35.60	0.0%	0.0%	N	Referral Required
A4381	OSTOMY POUCH, URINARY	01/01/2000	$4.40	0.0%	0.0%	N	Referral Required
A4382	OSTOMY POUCH, URINARY	01/01/2000	$23.48	0.0%	0.0%	N	Referral Required
A4383	OSTOMY POUCH	01/01/2000	$26.89	0.0%	0.0%	N	Referral Required
A4384	OSTOMY FACEPLATE	01/01/2000	$9.18	0.0%	0.0%	N	Referral Required
A4385	OSTOMY SKIN BARRIER	01/01/2000	$4.86	0.0%	0.0%	N	Referral Required
A4386	OSTOMY SKIN BARRIER	01/01/2000	$6.41	0.0%	0.0%	N	Referral Required
A4387	OSTOMY POUCH CLOSED,	01/01/2000	$3.83	0.0%	0.0%	N	Referral Required
A4388	OSTOMY POUCH, DRAINABLE	01/01/2000	$4.16	0.0%	0.0%	N	Referral Required
A4389	OSTOMY POUCH, DRAINABLE	01/01/2000	$5.93	0.0%	0.0%	N	Referral Required
A4390	OSTOMY POUCH, DRAINABLE	01/01/2000	$9.17	0.0%	0.0%	N	Referral Required
A4391	OSTOMY POUCH, URINARY	01/01/2000	$6.74	0.0%	0.0%	N	Referral Required
A4392	OSTOMY POUCH, URINARY	01/01/2000	$6.34	0.0%	0.0%	N	Referral Required
A4393	OSTOMY POUCH, URINARY	01/01/2000	$8.75	0.0%	0.0%	N	Referral Required
A4394	OSTOMY DEODORANT	01/01/2000	$2.46	0.0%	0.0%	N	Referral Required
A4395	OSTOMY DEODORANT	01/01/2000	$0.05	0.0%	0.0%	N	Referral Required
A4396	OSTOMY BELT	01/01/2001	$38.61	0.0%	0.0%	N	Referral Required
A4397	IRRIGATION SUPPLY	01/01/1997	$4.57	0.0%	0.0%	N	Referral Required
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	01/01/1997	$13.17	0.0%	0.0%	N	Referral Required
A4399	OSTOMY IRRIGATION SUPPLY; CO	01/01/1997	$9.95	0.0%	0.0%	N	Referral Required
A4402	OSTOMY LUBRICANT/KY JELLY (PER OZ)	01/01/1997	$1.32	0.0%	0.0%	N	Referral Required
A4404	OSTOMY RINGS	01/01/1997	$1.61	0.0%	0.0%	N	Referral Required
A4405	OSTOMY SKIN BARRIER NONPECTIN BASE	01/01/2003	$3.36	0.0%	0.0%	N	Referral Required
A4406	OSTOMY SKIN BARRIER PECTIN-BASED	01/01/2003	$5.68	0.0%	0.0%	N	Referral Required
A4407	OSTOMY SKIN BARRIER WITH FLANGE	01/01/2003	$8.91	0.0%	0.0%	N	Referral Required
A4408	OSTOMY SKIN BARRIER WITH FLANGE	01/01/2003	$6.13	0.0%	0.0%	N	Referral Required
A4409	OSTOMY SKIN BARRIER W/FLANGE W/O	01/01/2003	$6.15	0.0%	0.0%	N	Referral Required
A4410	OSTOMY SKIN BARRIER W/ FLANGE	01/01/2003	$8.94	0.0%	0.0%	N	Referral Required
A4413	OSTOMY POUCH DRAINABLE HIGH OUTPU	01/01/2003	$5.44	0.0%	0.0%	N	Referral Required
A4414	OSTOMY SKIN BARRIER W/ FLANGE	01/01/2003	$4.89	0.0%	0.0%	N	Referral Required

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A4415	OSTOMY SKIN BARRIER WITH FLANGE	01/01/2003	$5.93	0.0%	0.0%	N	Referral Required
A4416	OSTOMY POUCH, CLOSED W/BARRIER	01/01/2004	$2.81	0.0%	0.0%	N	Referral Required
A4417	OSTOMY POUCH, CLOSED, W/BARRIER	01/01/2004	$3.80	0.0%	0.0%	N	Referral Required
A4418	OSTOMY POUCH, CLOSED, W/BARRIER	01/01/2004	$1.85	0.0%	0.0%	N	Referral Required
A4419	OSTOMY POUCH, CLOSED; FOR USE ON B	01/01/2004	$1.78	0.0%	0.0%	N	Referral Required
A4420	OSTOMY POUCH, CLOSED	01/01/2004	$4.16	0.0%	0.0%	N	Referral Required
A4422	OSTOMY ABSORBENT MATERIAL	01/01/2003	$0.12	0.0%	0.0%	N	Referral Required
A4423	OSTOMY POUCH, CLOSED	01/01/2004	$4.16	0.0%	0.0%	N	Referral Required
A4424	OSTOMY POUCH, DRAINABLE	01/01/2004	$4.85	0.0%	0.0%	N	Referral Required
A4425	OSTOMY POUCH, DRAINABLE	01/01/2004	$3.66	0.0%	0.0%	N	Referral Required
A4426	OSTOMY POUCH, DRAINABLE	01/01/2004	$2.41	0.0%	0.0%	N	Referral Required
A4427	OSTOMY POUCH, DRAINABLE	01/01/2004	$3.66	0.0%	0.0%	N	Referral Required
A4428	OSTOMY POUCH, URINARY	01/01/2004	$6.65	0.0%	0.0%	N	Referral Required
A4429	OSTOMY POUCH, W/BARRIER	01/01/2004	$8.42	0.0%	0.0%	N	Referral Required
A4430	OSTOMY POUCH	01/01/2004	$8.70	0.0%	0.0%	N	Referral Required
A4431	OSTOMY POUCH, URINARY W/BARRIER AT	01/01/2004	$6.35	0.0%	0.0%	N	Referral Required
A4432	OSTOMY POUCH, URINARY, FOR USE ON	01/01/2004	$3.67	0.0%	0.0%	N	Referral Required
A4433	OSTOMY POUCH, URINARY	01/01/2004	$3.41	0.0%	0.0%	N	Referral Required
A4434	OSTOMY POUCH, URINARY	01/01/2004	$3.84	0.0%	0.0%	N	Referral Required
A4450	TAPE, NON-WATERPROOF, PER 18 SQUAR	01/01/2003	$0.09	0.0%	0.0%	N	Referral Required
A4452	TAPE, WATERPROOF, PER 18 SQUARE	01/01/2003	$0.36	0.0%	0.0%	N	Referral Required
A4454	TAPE ALL SIZES AND TYPES	07/01/1999	$2.12	0.0%	0.0%	N	Referral Required
A4455	SOLVENT REMOVER (PER OZ)	01/01/1997	$1.36	0.0%	0.0%	N	Referral Required
A4458	ENEMA BAG WITH TUBING, REUSEABLE	01/01/2003	$9.00	0.0%	0.0%	N	Referral Required
A4460	ELASTIC BANDAGE, PER ROLL (A	03/02/1997	$1.14	0.0%	0.0%	N	Referral Required
A4462	ABDOMINAL DRESSING HOLDER EA	01/01/1998	$3.13	0.0%	0.0%	N	Referral Required
A4470	GRAVLEE JET WASHER	03/01/1997	$24.41	0.0%	0.0%	N	Referral Required
A4480	VABRA ASPIRATOR	03/01/1997	$112.50	0.0%	0.0%	N	Referral Required
A4481	THRACHEOSTOMA FILTER, ANY SIZE/TYPE	01/01/1997	$0.37	0.0%	0.0%	N	Referral Required
A4483	MOISTURE EXCHANGER DISPOSABLE	01/01/1999	$8.18	0.0%	0.0%	N	Referral Required
A4490	SURGICAL STOCKINGS ABOVE KNEE LEN	06/01/2002	$8.27	0.0%	0.0%	N	Referral Required
A4495	SURGICAL STOCKINGS THIGH LENGTH, EA	06/01/2002	$12.80	0.0%	0.0%	N	Referral Required
A4500	SURGICAL STOCKINGS, BELOW KN	06/01/2002	$8.27	0.0%	0.0%	N	Referral Required
A4510	SURGICAL STOCKINGS FULL LENGTH, EAC	06/01/2002	$13.80	0.0%	0.0%	N	Referral Required
A4521	ADULT-SIZED INCONTINENCE PRODUCT,	01/01/2003	$0.64	0.0%	0.0%	N	Referral Required
A4522	ADULT-SIZED INCONTINENCE PRODUCT,	01/01/2003	$0.78	0.0%	0.0%	N	Referral Required
A4523	ADULT-SIZED INCONTINENCE PRODUCT,	01/01/2003	$1.05	0.0%	0.0%	N	Referral Required
A4524	ADULT-SIZED INCONTINENCE PRODUCT,	10/20/2003	$1.12	0.0%	0.0%	N	Referral Required
A4525	ADULT-SIZED INCONTINENCE PRODUCT,	01/01/2003	$0.64	0.0%	0.0%	N	Referral Required

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A4526	ADULT-SIZED INCONTINENCE PRODUCT,	01/01/2003	$0.78	0.0%	0.0%	N	Referral Required
A4527	ADULT-SIZED INCONTINENCE PRODUCT,	01/01/2003	$1.05	0.0%	0.0%	N	Referral Required
A4528	ADULT-SIZED INCONTINENCE PRODUCT,	01/01/2003	$1.12	0.0%	0.0%	N	Referral Required
A4529	CHILD-SIZED INCONTINENCE PRODUCT,	01/01/2003	$0.33	0.0%	0.0%	N	Referral Required
A4530	CHILD-SIZED INCONTINENCE PRODUCT,	01/01/2003	$0.42	0.0%	0.0%	N	Referral Required
A4531	CHILD-SIZED INCONTINENCE PRODUCT,	05/01/2003	$0.33	0.0%	0.0%	N	Referral Required
A4532	CHILD-SIZED INCONTINENCE PRODUCT,	01/01/2003	$0.78	0.0%	0.0%	N	Referral Required
A4533	YOUTH-SIZED INCONTINENCE PRODUCT,	01/01/2003	$0.64	0.0%	0.0%	N	Referral Required
A4534	YOUTH-SIZED INCONTINENCE PRODUCT,	01/01/2003	$0.64	0.0%	0.0%	N	Referral Required
A4535	DISPOSABLE LINER/SHIELD FOR	01/01/2003	$0.37	0.0%	0.0%	N	Referral Required
A4536	PROTECTIVE UNDERWEAR, WASHABLE,	01/01/2003	$8.20	0.0%	0.0%	N	Referral Required
A4537	UNDER PAD, REUSABLE/WASHABLE	01/01/2003	$13.84	0.0%	0.0%	N	Referral Required
A4550	SURGICAL TRAYS	05/01/2004	$16.98	0.0%	0.0%	N	Referral Required
A4554	DISPOSABLE UNDERPADS	08/09/1991	$0.56	0.0%	0.0%	N	Referral Required
A4556	ELECTRODES	01/01/1997	$9.84	0.0%	0.0%	N	Referral Required
A4557	LEAD WIRES - E.G. APNEA MONITER	01/01/1997	$20.13	0.0%	0.0%	N	Referral Required
A4558	CONDUCTIVE PASTE OR GEL	01/01/1997	$5.20	0.0%	0.0%	N	Referral Required
A4565	SLINGS	03/01/1997	$9.73	0.0%	0.0%	N	Referral Required
A4572	RIB BELT	01/01/1992	$14.91	0.0%	0.0%	N	Referral Required
A4590	SPEC CAST MAT,HEXCELITE & LI	01/01/1995	$36.30	0.0%	0.0%	N	Referral Required
A4595	TENS SUPPLIES, 2 LEAD, PER M	01/01/1997	$27.04	0.0%	0.0%	N	Referral Required
A4606	OXYGEN PROBE FOR USE WITH OXIMETE	01/01/2003	$190.00	0.0%	0.0%	Y	Referral Required
A4608	TRANSTRACHEAL OXYGEN CATHETER, EA	01/01/2001	$58.32	0.0%	0.0%	N	Referral Required
A4609	TRACHEAL SUCTION CATHETER, CLOSED	01/01/2003	$14.30	0.0%	0.0%	N	Referral Required
A4610	TRACHEAL SUCTION CATHETER, CLOSED	01/01/2003	$22.34	0.0%	0.0%	N	Referral Required
A4611	BATTERY REPLACEMENT-VENTILATOR	07/01/1999	$159.27	0.0%	0.0%	N	Referral Required
A4612	BATTERY CABLES-VENTILATOR REPLACEM	07/01/1999	$76.24	0.0%	0.0%	N	Referral Required
A4613	BATTERY CHARGER FOR VENTILATOR	03/01/1997	$137.55	0.0%	0.0%	N	Referral Required
A4614	PEAK EXPIRATORY FLOW RATE	01/01/1999	$27.00	0.0%	0.0%	N	Referral Required
A4615	NASAL CANNULA	04/03/1993	$2.59	0.0%	0.0%	N	Referral Required
A4616	TUBING, OCXYGEN, PER FOOT	04/01/1995	$0.18	0.0%	0.0%	N	Referral Required
A4617	MOUTH PIECE	04/01/1993	$0.95	0.0%	0.0%	N	Referral Required
A4618	BREATHING CIRCUITS	03/01/1997	$7.21	0.0%	0.0%	N	Referral Required
A4619	FACE TENT	07/01/1999	$1.21	0.0%	0.0%	N	Referral Required
A4620	VARIABLE CONCENTRATION MASK	04/01/1993	$2.75	0.0%	0.0%	N	Referral Required
A4623	TRACHEOSTOMY; INNER CANNULA (REPL	01/01/1997	$5.31	0.0%	0.0%	N	Referral Required
A4624	TRACHEAL SUCTION CATHETER ANY TYPE	01/01/1997	$2.51	0.0%	0.0%	N	Referral Required
A4625	TRACHEOSTOMY CARE OR CLEANING STA	01/01/1997	$5.62	0.0%	0.0%	N	Referral Required
A4626	TRACHEOSTOMY CLEANING BRUSH; EACH	01/01/1997	$2.59	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A4628	OROPHARANGEAL SUCTION CATHET	03/01/1997	$3.48	0.0%	0.0%	N	Referral Required
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLI	01/01/1997	$4.40	0.0%	0.0%	N	Referral Required
A4630	REPLACE BATTERIES FOR TENOWN	03/01/1997	$5.96	0.0%	0.0%	N	Referral Required
A4633	REPLACEMENT BULB/LAMP FOR	01/01/2003	$41.04	0.0%	0.0%	Y	Referral Required
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT L	03/01/1997	$4.15	0.0%	0.0%	N	Referral Required
A4636	REPLACEMENT HANDGRIP,CANE CRUTCH O	03/01/1997	$4.01	0.0%	0.0%	N	Referral Required
A4637	REPLACEMENT TIP, CANE, CRUTCH, WALK	03/01/1997	$1.73	0.0%	0.0%	N	Referral Required
A4640	REPLACE PAD FOR MN ALTERNATING PRE	03/01/1997	$51.34	0.0%	0.0%	N	Referral Required
A4643	ADD.HI-DOSE CONTRAST - W/MRI	01/01/1997	$190.00	100.0%	0.0%	N	Referral Required
A4644	LOCM 100-199 MG IO	10/01/1996	$38.94	0.0%	0.0%	N	Referral Required
A4645	L.O.C.M. 200-299 MG IO.	10/01/1996	$45.65	100.0%	0.0%	N	Referral Required
A4646	L.O.C.M. 300-399 MG IO.	10/01/1996	$50.75	100.0%	0.0%	N	Referral Required
A4647	SUPPLY,PARAMAGNETIC CONTRAST	01/01/1989	$104.00	100.0%	0.0%	N	Referral Required
A4651	CALIBRATED MICROCAPILLARY TUBE EAC	04/01/2002	$2.07	0.0%	0.0%	N	Referral Required
A4652	MICROCAPILLARY TUBE SEALANT	04/01/2002	$1.65	0.0%	0.0%	N	Referral Required
A4656	NEEDLE, ANY SIZE FOR DIALYSIS	04/01/2002	$0.85	0.0%	0.0%	N	Referral Required
A4657	SYRINGE W/WO NEEDLE FOR DIALYSIS	04/01/2002	$0.48	0.0%	0.0%	N	Referral Required
A4670	AUTOMATIC BLOOD PRESSURE MON	04/01/2002	$56.28	0.0%	0.0%	N	Referral Required
A4672	DRAINABE EXTENSION	01/01/2004	$3.05	0.0%	0.0%	N	Referral Required
A4673	EXTENSION LINE W/EASY LOCK CONNECT	01/01/2004	$2.96	0.0%	0.0%	N	Referral Required
A4680	ACITVATED CARBON FILTERS FOR DIALYS	04/01/2002	$110.25	0.0%	0.0%	N	Referral Required
A4690	DIALYZER'S (ART KIDNEY'S) AL	04/01/2002	$103.92	0.0%	0.0%	N	Referral Required
A4706	BICARBONATE CONCENTRATE SOLUTION	04/01/2002	$11.99	0.0%	0.0%	N	Referral Required
A4707	BICARBONATE CONCENTRATE POWDER	04/01/2002	$4.27	0.0%	0.0%	N	Referral Required
A4709	ACID CONCENTRATE SOLUTION	04/01/2002	$9.23	0.0%	0.0%	N	Referral Required
A4719	Y SET TUBING FOR PERITONEAL DIALYSI	04/01/2002	$7.12	0.0%	0.0%	N	Referral Required
A4720	DIALYSATE SOLUTION; PERITONEAL	04/01/2002	$14.73	0.0%	0.0%	N	Referral Required
A4721	DIALYSATE SOLUTION > 999 CC	04/01/2002	$20.38	0.0%	0.0%	N	Referral Required
A4722	DIALYSATE SOLUTION > 1999 CC	01/01/2002	$18.79	0.0%	0.0%	N	Referral Required
A4723	DIALYSATE SOLUTION > 3999 CC	04/01/2002	$28.19	0.0%	0.0%	N	Referral Required
A4724	DIALYSATE SOLUTION < 3999 CC > 4999	04/01/2002	$28.45	0.0%	0.0%	N	Referral Required
A4725	DIALYSATE SOLUTION <4999 CC > 5999	01/01/2002	$27.90	0.0%	0.0%	N	Referral Required
A4726	DIALYSATE SOLUTION < 5999 CC	04/01/2002	$33.48	0.0%	0.0%	N	Referral Required
A4730	FISTULA CANNULA SET FOR DIALYSIS ON	04/01/2002	$1.37	0.0%	0.0%	N	Referral Required
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, E	04/01/2002	$7.35	0.0%	0.0%	N	Referral Required
A4755	BLOOD TUBING ARTER AND VENOUS COM	04/01/2002	$9.37	0.0%	0.0%	N	Referral Required
A4765	DIALYSATE CONCENTRATE ADDITIVES, EA	04/01/2002	$4.49	0.0%	0.0%	N	Referral Required
A4770	BLOOD TEST SUP (E.G. VACUTAI	04/01/2002	$22.06	0.0%	0.0%	N	Referral Required
A4771	SERUM CLOTT TINE TUBE, PER BOX	04/01/2002	$71.70	0.0%	0.0%	N	Referral Required

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A4772	DEXTROSTICK OR GLU COSI TEST STRIPS	04/01/2002	$57.44	0.0%	0.0%	N	Referral Required
A4773	HEMAOSTIX, PER BOTTLE	04/01/2002	$26.68	0.0%	0.0%	N	Referral Required
A4801	HEPARIN ANY TYPE PER 1000 UNITS	04/01/2002	$0.42	0.0%	0.0%	N	Referral Required
A4802	PROTAMINE SULFATE PER 50 MG	04/01/2002	$5.64	0.0%	0.0%	N	Referral Required
A4860	DISPOSABLE CATHETER TIPS	04/01/2002	$30.61	0.0%	0.0%	N	Referral Required
A4911	DRAIN BAG/BOTTLE FOR DIALYSIS	04/01/2002	$12.53	0.0%	0.0%	N	Referral Required
A4927	GLOVES, BOX OF 100	04/01/2002	$6.65	0.0%	0.0%	N	Referral Required
A4928	SURGICAL MASK FOR DIALYSIS PER 20	04/01/2002	$7.64	0.0%	0.0%	N	Referral Required
A4929	TOURNIQUET FOR DIALYSIS, EACH	04/01/2002	$0.20	0.0%	0.0%	N	Referral Required
A5051	POUCH,CLOSED; W/BARRIER ATTACHED (	01/01/1997	$2.00	0.0%	0.0%	N	Referral Required
A5052	POUCH, CLOSED W/O BARRIER ATTACHED	01/01/1997	$1.59	0.0%	0.0%	N	Referral Required
A5053	POUCH CLOSED, FOR FACEPLATE	01/01/1997	$1.66	0.0%	0.0%	N	Referral Required
A5054	POUCH CLOSED FOR USE ON BARRIER W/	01/01/1997	$1.61	0.0%	0.0%	N	Referral Required
A5055	STOMA CAP	01/01/1997	$1.32	0.0%	0.0%	N	Referral Required
A5061	POUCH DRAINABLE W/BARRIER ATTACHE	01/01/1997	$2.45	0.0%	0.0%	N	Referral Required
A5062	POUCH,DRAINAGE;WITHOUT BARRI	01/01/1997	$2.00	0.0%	0.0%	N	Referral Required
A5063	POUCH DRAINABLE USE ON BARRIER W/FL	01/01/1997	$2.07	0.0%	0.0%	N	Referral Required
A5071	POOUCH-URINARY BARRIER UNIT	01/01/1997	$4.07	0.0%	0.0%	N	Referral Required
A5072	POUCH,URINARY,WITHOUT BARRIER ATT	01/01/1997	$2.86	0.0%	0.0%	N	Referral Required
A5073	POUCH URINARY FOR USE ON BARRIER W	01/01/1997	$2.77	0.0%	0.0%	N	Referral Required
A5081	CONTINGENT DEVICE; PLUG CONTINENT S	01/01/1997	$2.67	0.0%	0.0%	N	Referral Required
A5082	CONTINENT DEVICE; CATHETER FOR CON	01/01/1997	$9.68	0.0%	0.0%	N	Referral Required
A5093	OSTOMY ACCESSORY, CONVEX INSERT A	01/01/1997	$1.60	0.0%	0.0%	N	Referral Required
A5102	BEDSIDE DRAINAGE BOTTLE, RIGID OR E	01/01/1997	$21.39	0.0%	0.0%	N	Referral Required
A5105	URINARY SUSPENSORY W/LEG BAG	01/01/1997	$38.88	0.0%	0.0%	N	Referral Required
A5112	URINARY LEG BAG LATEX	01/01/1997	$33.02	0.0%	0.0%	N	Referral Required
A5113	LEG STRAP, LATEX, PER SET	01/01/1997	$3.81	0.0%	0.0%	N	Referral Required
A5114	LEG STRAP FOAM OR FABRIC PER SET	01/01/1997	$7.24	0.0%	0.0%	N	Referral Required
A5119	SKIN BARRIER WIPES 50 PER BO	01/01/1997	$10.35	0.0%	0.0%	N	Referral Required
A5121	SKIN BARRIER, SOLID 6X6 OR EQUIVALE	01/01/1997	$6.05	0.0%	0.0%	N	Referral Required
A5122	SKIN BARRIER; SOLID 8X8 OR EQUIVALE	01/01/1997	$10.42	0.0%	0.0%	N	Referral Required
A5123	SKIN BARRIER WITH FLANGE (EACH)	01/01/1997	$4.60	0.0%	0.0%	N	Referral Required
A5126	FOAM PAD OR ADHESIVE DISC	01/01/1997	$1.07	0.0%	0.0%	N	Referral Required
A5131	APPLIANCE CLEANER 16OZ FOR INCONTIN	01/01/1997	$12.86	0.0%	0.0%	N	Referral Required
A5500	OFF THE SHELF DEPTH INLAYSHOE MULT	01/01/1999	$92.50	0.0%	0.0%	N	Referral Required
A5501	DIABETICS ONLY, SUPPLY OF SHOE FROM	01/01/1999	$210.00	0.0%	0.0%	N	Referral Required
A5503	DIABETICS ONLY,OFF-SHELF DEPTH-INLA	01/01/1999	$93.00	0.0%	0.0%	N	Referral Required
A5504	DIABETICS ONLY,OFF-SHELF DEPTH-INLA	01/01/1999	$46.00	0.0%	0.0%	N	Referral Required
A5505	DIABETICS ONLY,OFF-SHELF DEPTH-INLA	01/01/1999	$41.00	0.0%	0.0%	N	Referral Required

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A5506	DIABETICS ONLY,OFF-SHELF DEPTH-INLA	01/01/1999	$30.00	0.0%	0.0%	N	Referral Required
A6010	COLLEGEN-BASED WOUND FILLER - DRY	01/01/2002	$30.62	0.0%	0.0%	N	Referral Required
A6011	COLLAGEN BASED WOUND FILLER	01/01/2003	$2.28	0.0%	0.0%	N	Referral Required
A6021	COLLAGEN DRESSING PAD	01/01/2001	$21.04	0.0%	0.0%	N	Referral Required
A6022	COLLAGEN DRESSING PAD	01/01/2001	$20.50	0.0%	0.0%	N	Referral Required
A6023	COLLAGEN DRESSING PAD	01/01/2001	$181.05	0.0%	0.0%	N	Referral Required
A6024	COLLAGEN DRESSING WOUND FILLER	01/01/2001	$5.90	0.0%	0.0%	N	Referral Required
A6154	WOUND POUCH, EACH	01/01/1997	$13.69	0.0%	0.0%	N	Referral Required
A6196	ALGINATE DRESSING, WOUND COVER PAD	03/02/1997	$7.01	0.0%	0.0%	N	Referral Required
A6197	ALGINATE DRESSING, MORE THAN 16, LE	01/02/1997	$15.68	0.0%	0.0%	N	Referral Required
A6198	ALGINATE DRESSING, MORE THAN	01/01/1997	$112.50	0.0%	0.0%	N	Referral Required
A6199	ALGINATE DRESSING, WOUND FILLER, PE	01/02/1997	$5.04	0.0%	0.0%	N	Referral Required
A6200	COMPOSITE DRESSING 16 SQ INCH	01/01/1999	$9.06	0.0%	0.0%	N	Referral Required
A6201	COMPOSITE DRESSING > 16 SQ INCH	01/01/1999	$19.84	0.0%	0.0%	N	Referral Required
A6202	COMPOSITE DRESSING PAD SIZE	01/01/1999	$33.27	0.0%	0.0%	N	Referral Required
A6203	COMPOSITE DRESSING, 16 SQ.IN.OR LES	01/02/1997	$3.19	0.0%	0.0%	N	Referral Required
A6204	COMPOSITE DRESSING,MORE THAN 16 LE	01/02/1997	$5.94	0.0%	0.0%	N	Referral Required
A6205	COMPOSITE DRESSING,MORE THAN 48 SQ	01/01/1997	$4.57	0.0%	0.0%	N	Referral Required
A6206	CONTACT LAYER, 16 SQ.IN. OR LESS, E	01/01/1997	$0.97	0.0%	0.0%	N	Referral Required
A6207	CONTACT LAYER,MORE THAN 16 & LESS T	01/02/1997	$7.00	0.0%	0.0%	N	Referral Required
A6208	CONTACT LAYER, MORE THAN 48 SQ.IN.,	01/01/1997	$3.42	0.0%	0.0%	N	Referral Required
A6209	FOAM DRESSING,16 SQ.IN. OR LESS W/O	01/02/1997	$7.14	0.0%	0.0%	N	Referral Required
A6210	FOAM DRESSING,MORE THAN 16 LESS TH	01/02/1997	$19.00	0.0%	0.0%	N	Referral Required
A6211	FOAM DRESSING,MORE THAN 48 SQ.IN. W	01/02/1997	$28.01	0.0%	0.0%	N	Referral Required
A6212	FOAM DRESSING, 16 SQ.IN. OR LESS W/	01/02/1997	$9.25	0.0%	0.0%	N	Referral Required
A6213	FOAM DRESSING,MORE THAN 16 LESS TH	01/01/1997	$14.63	0.0%	0.0%	N	Referral Required
A6214	FOAM DRESSING,MORE THAN 48 SQ.IN. W	01/02/1997	$9.82	0.0%	0.0%	N	Referral Required
A6215	FOAM DRESSING, WOUND FILLER, PER GR	01/01/1997	$2.33	0.0%	0.0%	N	Referral Required
A6216	GAUZE,NON-IMPREGNATED 16 SQ.IN. OR	01/01/1997	$0.05	0.0%	0.0%	N	Referral Required
A6217	GAUZE,NON-IMPREGNATED >16<48 SQ.IN.	01/01/1997	$0.40	0.0%	0.0%	N	Referral Required
A6218	GAUZE,NON-IMPREGNATED >48 SQ.IN. W/	01/01/1997	$0.58	0.0%	0.0%	N	Referral Required
A6219	GAUZE,NON-IMPREGNATED 16 SQ.IN. OR	01/02/1997	$0.91	0.0%	0.0%	N	Referral Required
A6220	GAUZE,NON-IMPREGNATED >16<48 SQ.IN.	01/02/1997	$2.46	0.0%	0.0%	N	Referral Required
A6221	GAUZE,NON-IMPREGNATED >48 SQ.IN. W/	01/01/1997	$1.09	0.0%	0.0%	N	Referral Required
A6222	GAUZE,IMPRGENATED 16 SQ.IN. OR LESS	01/02/1997	$2.03	0.0%	0.0%	N	Referral Required
A6223	GAUZE,IMPREGNATED, >16<48 SQ.IN. W/	01/02/1997	$2.30	0.0%	0.0%	N	Referral Required
A6224	GAUZE,IMPREGNATED >48 SQ.IN. W/O AD	01/02/1997	$3.44	0.0%	0.0%	N	Referral Required
A6228	GAUZE,IMPREGNATED,SALINE 16 SQ.IN.O	01/01/1997	$1.31	0.0%	0.0%	N	Referral Required
A6229	GAUZE,IMPREGNATED,SALINE>16<48 SQ.I	01/02/1997	$3.44	0.0%	0.0%	N	Referral Required

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A6230	GAUZE,IMPREGNATED,SALINE>48 SQ.IN.	01/01/1997	$1.46	0.0%	0.0%	N	Referral Required
A6234	HYDROCOLLOID DRESSING,16 SQ.IN.OR L	01/02/1997	$6.24	0.0%	0.0%	N	Referral Required
A6235	HYDROCOLLOID DRESSING >16<48	01/01/1997	$16.05	0.0%	0.0%	N	Referral Required
A6236	HYDROCOLLOID DRESSING,>16<48 SQ.IN.	01/02/1997	$25.99	0.0%	0.0%	N	Referral Required
A6237	HYDROCOLLOID DRESSING,16 SQ.IN.OR L	01/02/1997	$7.54	0.0%	0.0%	N	Referral Required
A6238	HYDROCOLLOID DRESSING,>16<48 SQ.IN.	01/02/1997	$21.74	0.0%	0.0%	N	Referral Required
A6239	HYDROCOLLOID DRESSING,>48 SQ.IN. W/	01/01/1997	$18.24	0.0%	0.0%	N	Referral Required
A6240	HYDROCOLLOID DRESSING,WOUND FILL	01/02/1997	$11.68	0.0%	0.0%	N	Referral Required
A6241	HYDROCOLLOID DRESSING, WOUND FILL	01/02/1997	$2.45	0.0%	0.0%	N	Referral Required
A6242	HYDROGEL DRESSING,16 SQ.IN.OR LESS	01/02/1997	$5.79	0.0%	0.0%	N	Referral Required
A6243	HYDROGEL DRESSING,>16<48 SQ.IN. W/O	01/02/1997	$11.75	0.0%	0.0%	N	Referral Required
A6244	HYDROGEL DRESSING,>48 SQ.IN. W/O AD	01/02/1997	$37.46	0.0%	0.0%	N	Referral Required
A6245	HYDROGEL DRESSING,16 SQ.IN. OR LESS	01/02/1997	$6.93	0.0%	0.0%	N	Referral Required
A6246	HYDROGEL DRESSING,>16<48 SQ.IN. W/A	01/02/1997	$9.46	0.0%	0.0%	N	Referral Required
A6247	HYDROGEL DRESSING,>48 SQ.IN. W/ADHE	01/02/1997	$22.68	0.0%	0.0%	N	Referral Required
A6248	HYDROGEL DRESSING,WOUND FILLER,	01/02/1997	$15.49	0.0%	0.0%	N	Referral Required
A6251	ABSORPTIVE DRESSING,16 SQ.IN.OR LES	01/02/1997	$1.90	0.0%	0.0%	N	Referral Required
A6252	ABSORPTIVE DRESSING,>16<48 SQ.IN. W	01/02/1997	$3.10	0.0%	0.0%	N	Referral Required
A6253	ABSORPTIVE DRESSING,>48 SQ.IN. W/O	01/02/1997	$6.05	0.0%	0.0%	N	Referral Required
A6254	ABSORPTIVE DRESSING,16 SQ.IN.OR LES	01/02/1997	$1.16	0.0%	0.0%	N	Referral Required
A6255	ABSORPTIVE DRESSING,>16<48 SQ.IN. W	01/02/1997	$2.89	0.0%	0.0%	N	Referral Required
A6256	ABSORPTIVE DRESSING, >48 SQ.IN. W/A	01/01/1997	$4.45	0.0%	0.0%	N	Referral Required
A6257	TRANSPARENT FILM, 16 SQ.IN. OR LESS	01/02/1997	$1.46	0.0%	0.0%	N	Referral Required
A6258	TRANSPARENT FILM, >16<48 SQ.IN., EA	01/02/1997	$4.10	0.0%	0.0%	N	Referral Required
A6259	TRANSPARENT FILM,MORE THAN 48 SQ.IN	01/02/1997	$10.43	0.0%	0.0%	N	Referral Required
A6261	WOUND FILLER, GEL/PASTE, PER FLUID	03/01/1997	$2.58	0.0%	0.0%	N	Referral Required
A6262	WOUND FILLER, UNCLASSIFIED, DRY FOR	01/01/1997	$0.99	0.0%	0.0%	N	Referral Required
A6263	GAUZE, ELASTIC, ALL TYPES, PER LINE	01/02/1997	$0.28	0.0%	0.0%	N	Referral Required
A6264	GAUZE, NON-ELASTIC, STERILE, PER LI	01/02/1997	$0.46	0.0%	0.0%	N	Referral Required
A6265	TAPE, ALL TYPES, ONE UNIT=18 SQUARE	01/01/1997	$0.12	0.0%	0.0%	N	Referral Required
A6266	GAUZE IMPREGNATED OTHER THAN WATE	01/01/1997	$1.83	0.0%	0.0%	N	Referral Required
A6402	GAUZE,NON-IMPREG/STERILE PAD <16 SQ	04/01/1997	$0.12	0.0%	0.0%	N	Referral Required
A6403	GAUZE,NON-IMPREG/STERILE PAD	04/01/1997	$0.41	0.0%	0.0%	N	Referral Required
A6404	GAUZE NON-IMPREG/STERILE>48 SQ.IN.W	04/01/1997	$0.58	0.0%	0.0%	N	Referral Required
A6405	GAUZE,ELASTIC,STERILE, ALL TYPES, P	04/01/1997	$0.32	0.0%	0.0%	N	Referral Required
A6406	GAUZE.NON-ELASTIC,STERILE ALL TYPES	04/01/1997	$0.76	0.0%	0.0%	N	Referral Required
A6407	PACKING STRIPS, NON-IMPREGNATED	01/01/2004	$1.88	0.0%	0.0%	N	Referral Required
A6410	EYE PAD, STERILE, EACH	01/01/2003	$0.39	0.0%	0.0%	N	Referral Required
A6441	PADDING BANDAGE, NON-ELASTIC	01/01/2004	$0.67	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A6442	CONFORMING BANDAGE	01/01/2004	$0.17	0.0%	0.0%	N	Referral Required
A6443	CONFORMING BANDAGE, NON-ELASTIC, K	01/01/2004	$0.29	0.0%	0.0%	N	Referral Required
A6444	CONFORMING BANDAGE	01/01/2004	$0.56	0.0%	0.0%	N	Referral Required
A6445	CONFORMING BANDAGE	01/01/2004	$0.32	0.0%	0.0%	N	Referral Required
A6446	CONFORMING BANDAGE	01/01/2004	$0.41	0.0%	0.0%	N	Referral Required
A6447	CONFORMING BANDAGE	01/01/2004	$0.67	0.0%	0.0%	N	Referral Required
A6448	LIGHT COMPRESSION BANDAGE	01/01/2004	$1.16	0.0%	0.0%	N	Referral Required
A6449	LIGHT COMPRESSION	01/01/2004	$1.75	0.0%	0.0%	N	Referral Required
A6452	HIGH COMP BANDAGE, ELASTIC KNIT/WO	01/01/2004	$5.91	0.0%	0.0%	N	Referral Required
A6453	SELF-ADHERENT BANDAGE	01/01/2004	$0.61	0.0%	0.0%	N	Referral Required
A6454	SELF-ADHERENT BANDAGE	01/01/2004	$0.77	0.0%	0.0%	N	Referral Required
A6455	SELF-ADHERENT BANDAGE, ELAS, NON/K	01/01/2004	$1.39	0.0%	0.0%	N	Referral Required
A6456	ZINC PAST IMPREGNATED BANDAGE	01/01/2004	$1.28	0.0%	0.0%	N	Referral Required
A6550	DRESSING SET FOR NEGATIVE PRESSURE	01/01/2004	$26.23	0.0%	0.0%	N	Referral Required
A6551	CANISTER SET FOR NEGATIVE PRESSURE	01/01/2004	$23.46	0.0%	0.0%	N	Referral Required
A7000	CANISTER, DISPOSABLE	01/01/2000	$9.10	0.0%	0.0%	N	Referral Required
A7001	CANISTER, NON-DISPOSABLE	01/01/2000	$31.55	0.0%	0.0%	N	Referral Required
A7002	TUBING	01/01/2000	$3.65	0.0%	0.0%	N	Referral Required
A7003	ADMINISTRATION SET	01/01/2000	$2.61	0.0%	0.0%	N	Referral Required
A7004	SM.VOLUME NON-FLTRD PNEUMATIC NEB.	01/01/2000	$1.72	0.0%	0.0%	N	Referral Required
A7005	ADMINISTRATION SET	01/01/2000	$29.40	0.0%	0.0%	N	Referral Required
A7006	ADMINISTRATION SET	01/01/2000	$9.10	0.0%	0.0%	N	Referral Required
A7007	LARGE VOLUME NEBULIZER	01/01/2000	$4.40	0.0%	0.0%	N	Referral Required
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE	01/01/2000	$10.49	0.0%	0.0%	N	Referral Required
A7009	RESERVOIR BOTTLE	01/01/2000	$40.10	0.0%	0.0%	N	Referral Required
A7010	CORRUGATED TUBING	01/01/2000	$22.50	0.0%	0.0%	N	Referral Required
A7012	WATER COLLECTION DEVICE	01/01/2000	$3.61	0.0%	0.0%	N	Referral Required
A7013	FILTER, DISPOSABLE	01/01/2000	$0.79	0.0%	0.0%	N	Referral Required
A7014	FILTER, NON-DISPOSABLE	01/01/2000	$4.28	0.0%	0.0%	N	Referral Required
A7015	AEROSOL MASK	01/01/2000	$1.79	0.0%	0.0%	N	Referral Required
A7016	DOME AND MOUTHPIECE, USED	01/01/2000	$6.91	0.0%	0.0%	N	Referral Required
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCL	01/01/2000	$127.85	0.0%	0.0%	N	Referral Required
A7018	WATER DISTILLED	01/01/2001	$0.37	0.0%	0.0%	N	Referral Required
A7025	HIGH FREQUENCY CHEST WALL	01/01/2003	$434.94	0.0%	0.0%	Y	Referral Required
A7026	HIGH FREQ CHEST WALL OSCILLATION	01/01/2003	$28.75	0.0%	0.0%	Y	Referral Required
A7030	FULL FACE MASK	01/01/2003	$188.64	0.0%	0.0%	N	Referral Required
A7031	FACE MASK INTERFACE REPLACEMENT	01/01/2003	$69.77	0.0%	0.0%	N	Referral Required
A7032	REPLACEMENT CUSHION FOR NASAL APP	01/01/2003	$40.53	0.0%	0.0%	N	Referral Required
A7033	REPLACEMENT PILLOWS FOR NASAL APP	01/01/2003	$23.49	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A7034	NASAL INTERFACE (MASK OR CANNULA)	01/01/2003	$76.66	0.0%	0.0%	N	Referral Required
A7035	HEADGEAR USED WITH POS AIRWAY PRE	01/01/2003	$37.92	0.0%	0.0%	N	Referral Required
A7036	CHINSTRAP	01/01/2003	$17.36	0.0%	0.0%	N	Referral Required
A7037	TUBING W/ POSITIVE AIRWAY PRESSURE	01/01/2003	$39.12	0.0%	0.0%	N	Referral Required
A7038	FILTER;DISPOSABLE W/POS AIRWAY PRES	01/01/2003	$5.39	0.0%	0.0%	N	Referral Required
A7039	FILTER;NON-DISPOSABLE	01/01/2003	$14.62	0.0%	0.0%	N	Referral Required
A7044	ORAL INTERFACE;EACH	01/01/2003	$120.91	0.0%	0.0%	N	Referral Required
A7501	TRACHEOSTOMA VALVE	01/01/2001	$100.18	0.0%	0.0%	N	Referral Required
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE	01/01/2001	$10.81	0.0%	0.0%	N	Referral Required
A7503	FILTER HOLDER OR CAP	01/01/2001	$10.81	0.0%	0.0%	N	Referral Required
A7504	FILTER FOR USE IN A TRACHEOSTOMA	01/01/2001	$0.64	0.0%	0.0%	N	Referral Required
A7505	HOUSING REUSABLE W/O ADHESIVE	01/01/2001	$4.46	0.0%	0.0%	N	Referral Required
A7506	ADHESIVE DISC	01/01/2001	$0.32	0.0%	0.0%	N	Referral Required
A7507	FILTER HOLDER & INTEGRATED FILTER	01/01/2001	$2.37	0.0%	0.0%	N	Referral Required
A7508	HOUSING & INTEGRATED ADHESIVE	01/01/2001	$2.74	0.0%	0.0%	N	Referral Required
A7509	FILTER HOLDER & INTEGRATED FILTER	01/01/2001	$1.34	0.0%	0.0%	N	Referral Required
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, N	01/01/2004	$50.67	0.0%	0.0%	N	Referral Required
A7521	TRACHEOSTOMY/LARYNGECTOMY	01/01/2004	$47.05	0.0%	0.0%	N	Referral Required
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE	01/01/2004	$45.16	0.0%	0.0%	N	Referral Required
A7525	TRACHEOSTOMY MASK, EACH	01/01/2004	$1.39	0.0%	0.0%	N	Referral Required
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, E	01/01/2004	$3.37	0.0%	0.0%	N	Referral Required
A9500	DIAGNOSTIC IMAGING, TECHNETI	01/01/2004	$64.28	0.0%	0.0%	N	Referral Required
A9502	DX RADIONUCLIDE-TC99M TETROF	01/01/2004	$58.06	0.0%	0.0%	N	Referral Required
A9503	SUPPLY-TECHNETIUM TC 99M, MEDRONAT	07/01/2001	$50.65	100.0%	0.0%	N	Referral Required
A9505	DIAGNOSTIC IMAGING, THALLOUS	01/01/2004	$19.89	0.0%	0.0%	N	Referral Required
A9507	INDIUM IN III CAPROMAB	01/01/2004	$687.71	0.0%	0.0%	N	Referral Required
A9508	SUPPLY OF RADIOPHARMACEUTICAL DIA	01/01/2004	$165.82	0.0%	0.0%	N	Referral Required
A9511	SUPPLY OF RADIOPHARMACEUTICAL DIAG	01/01/2004	$37.87	0.0%	0.0%	N	Referral Required
A9517	SUPPLY OF RADIOPHARM	01/01/2004	$5.48	0.0%	0.0%	N	Referral Required
A9521	SUPPLY OF RADIOPHARMACEUTICAL DIAG	01/01/2004	$210.65	0.0%	0.0%	N	Referral Required
A9524	SUPPLY OF RADIOPHARM AGENT	01/01/2004	$0.36	0.0%	0.0%	N	Referral Required
A9525	SUPPLY OF LOW OR ISO-OSMLAR CONTRA	01/01/2004	$0.36	0.0%	0.0%	N	Referral Required
A9526	SUPPLY OF RADIOPHARMACEUTICAL	01/01/2004	$143.89	0.0%	0.0%	N	Referral Required
A9528	SUPPLY OF RADIOPHARMACEUTICAL	01/01/2004	$5.48	0.0%	0.0%	N	Referral Required
A9529	SUPPLY OF RADIOPHARMACEUTICAL	01/01/2004	$6.49	0.0%	0.0%	N	Referral Required
A9530	SUPPLY OF RADIOPHARM THERAP AGENT	01/01/2004	$6.49	0.0%	0.0%	N	Referral Required
A9600	DX RADIONUCLIDE-STRONTIUM-89	01/01/2004	$402.82	0.0%	0.0%	N	Referral Required
A9605	SAMARIUM SM 153 LEXIDRONAMN	01/01/2004	$874.44	0.0%	0.0%	N	
A9700	SUPPLY INJECTABLE CONTRAST	01/01/2004	$118.60	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
B4034	ENTERAL FEEDING SUPPLYKIT-SY	03/01/1997	$5.93	0.0%	0.0%	N	Referral Required
B4035	ENTERAL FEEDING SUPPLY KIT,P	03/01/1997	$11.30	0.0%	0.0%	N	Referral Required
B4036	ENTERAL FEEDING SUPPLY KIT G	03/01/1997	$7.74	0.0%	0.0%	N	Referral Required
B4081	NASOGASTRIC TUBING WITH STYL	03/01/1997	$20.00	0.0%	0.0%	N	Referral Required
B4082	NASOGASTRIC TUBING WITHOUT S	03/01/1997	$15.59	0.0%	0.0%	N	Referral Required
B4083	STOMACH TUBE - LEVINE TYPE	03/01/1997	$2.38	0.0%	0.0%	N	Referral Required
B4086	GASTROSTOMY/JEJUNOSTOMY TUBE	01/01/2002	$32.66	0.0%	0.0%	N	Referral Required
B4100	FOOD THICKENER-ORAL ADMINISTRATION	01/01/2003	$0.55	0.0%	0.0%	N	Referral Required
B4150	ENTERAL FORMULA,CATEGORY I;	07/01/1999	$0.61	0.0%	0.0%	N	Referral Required
B4151	ENTERAL FORM.,CAT.1-NATURAL	07/01/1999	$1.43	0.0%	0.0%	N	Referral Required
B4152	ENT FORM CAT II INTACT PROT/	07/01/1999	$0.51	0.0%	0.0%	N	Referral Required
B4153	ENTERAL FORM.CAT 3- HYDROPRO	07/01/1999	$1.74	0.0%	0.0%	N	Referral Required
B4154	ENT FOR CAT 4 DEF FORM FOR S	07/01/1999	$1.12	0.0%	0.0%	N	Referral Required
B4155	ENTERNAL FORMULA CATAGORY V	07/01/1999	$0.87	0.0%	0.0%	N	Referral Required
B4156	ENTERAL FORMULA, CAT.6, STAN	07/01/1999	$1.24	0.0%	0.0%	N	Referral Required
B4164	TPN HOMEMIX DEXTROSE 50% OR LESS-5	03/01/1997	$15.96	0.0%	0.0%	N	Referral Required
B4168	PARENTERAL NUTR.SOL.AMINO AC	03/01/1997	$21.96	0.0%	0.0%	N	Referral Required
B4172	PARENTERAL NUTR SOLU, AMINO	03/01/1997	$47.78	0.0%	0.0%	N	Referral Required
B4176	PARENTERAL NUTR SOL AMINOACI	03/01/1997	$37.43	0.0%	0.0%	N	Referral Required
B4178	TPN HOMEMIX AMINOACID 8.5% OR MORE	03/01/1997	$52.47	0.0%	0.0%	N	Referral Required
B4180	TPN HOMEMIX,CARBOHYDRATE(DEX	03/01/1997	$22.88	0.0%	0.0%	N	Referral Required
B4184	PARENTERAL NUT SOL, LIPIDS,	03/01/1997	$75.03	0.0%	0.0%	N	Referral Required
B4186	TPN LIPIDS 20% W/ADMIN SET 5	03/01/1997	$100.03	0.0%	0.0%	N	Referral Required
B4189	TPN 10-51 GMS PROTEIN-PREMIX	03/01/1997	$166.94	0.0%	0.0%	N	Referral Required
B4193	TPN PREMIX 52-73 GMS PROTEIN	03/01/1997	$215.72	0.0%	0.0%	N	Referral Required
B4197	TPN 74-100 GMS PROTEIN PREMIX	03/01/1997	$254.94	0.0%	0.0%	N	Referral Required
B4199	TPN OVER 100 GMS PROTEIN-PRE MIX	03/01/1997	$283.73	0.0%	0.0%	N	Referral Required
B4216	PARENTERAL NUTRITION ADDITIV	03/01/1997	$7.04	0.0%	0.0%	N	Referral Required
B4220	PARENTERAL NUT SUP KIT FOR 1	03/01/1997	$7.51	0.0%	0.0%	N	Referral Required
B4222	PARENTAL NUTR SUPPLY KIT HOME MIX P	03/01/1997	$7.71	0.0%	0.0%	N	Referral Required
B4224	PARENTERAL NUTRITION ADMIN K	03/01/1997	$23.50	0.0%	0.0%	N	Referral Required
B5000	TPN PREMIX W/PREP ANY STRENGTH PER	03/01/1997	$10.84	0.0%	0.0%	N	Referral Required
B5100	TPN PREMIX W/PREP ANY STRENGTH PER	03/01/1997	$4.36	0.0%	0.0%	N	Referral Required
B9000	ENTERAL NUTRITION INFUSION PUMP W/O	03/01/1997	$1,090.00	0.0%	0.0%	N	Referral Required
B9002	ENTERAL NUTRITION INFUSION P	03/01/1998	$1,150.50	0.0%	0.0%	N	Referral Required
B9004	PARENTERAL NUTRITION INFUSION PUMP,	03/01/1997	$3,751.50	0.0%	0.0%	N	Referral Required
B9006	STATIONARY PARENTERAL PUMP	03/01/1997	$3,751.50	0.0%	0.0%	N	Referral Required
C9704	INJECT OR INSERT OF INERT SUBSTANC	01/01/2004	$1,750.00	0.0%	0.0%	N	Referral Required
E0100	CANE, ALL MATERIAL, FIXED OR	03/01/1997	$17.09	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E0105	CANE, QUAD OR THREE PRONG	03/01/1997	$44.28	0.0%	0.0%	N	Referral Required
E0110	CRUTCHES,FOREARM,INCLUDES AD	03/01/1997	$66.09	0.0%	0.0%	N	Referral Required
E0111	CRUTCH FOREARM ADJUST OR FIX	03/01/1997	$43.18	0.0%	0.0%	N	Referral Required
E0112	CRUTCHES, UNDERARM, WOOD, AD	03/01/1997	$35.29	0.0%	0.0%	N	Referral Required
E0113	CRUTCH,UNDER ARM WOOD,ADJUST	03/01/1997	$20.15	0.0%	0.0%	N	Referral Required
E0114	CRUTCH AALUM. ADJ. OR FIX, PAIR W/P	03/01/1997	$41.00	0.0%	0.0%	N	Referral Required
E0116	CRUTCH UNDERARM PAD ALUMINUM	03/01/1997	$26.46	0.0%	0.0%	N	Referral Required
E0130	WALKER, RIGID, (PICKUP), ADJ	03/01/1997	$66.99	0.0%	0.0%	N	Referral Required
E0135	WALKER FOLDING ADJUSTABLE OR	03/01/1997	$77.48	0.0%	0.0%	N	Referral Required
E0141	RIGID WALKER, WHEELED W/O SEAT	03/01/1997	$109.97	0.0%	0.0%	N	Referral Required
E0143	FOLDING WALKER WHEELED WITHOUT SE	03/01/1997	$101.58	0.0%	0.0%	N	Referral Required
E0144	ENCLOSED, FRAMED FOLDING WALKER	01/01/2000	$303.75	0.0%	0.0%	N	Referral Required
E0147	HEAVY DUTY, MULTIPLE BREAK SYS, VAR	04/01/2002	$548.27	0.0%	0.0%	Y	Referral Required
E0148	WALKER; HEAVY DUTY WITHOUT WHEELS	04/01/2002	$121.55	0.0%	0.0%	N	Referral Required
E0149	WALKER HEAVY DUTY WHEELED	01/01/2003	$222.09	0.0%	0.0%	N	Referral Required
E0153	PLATFORM ATTACHMENT, FOREARM CRUT	03/01/1997	$66.18	0.0%	0.0%	N	Referral Required
E0154	PLATFORM ATTACHMENT, WALKER, EACH	03/01/1997	$67.25	0.0%	0.0%	N	Referral Required
E0155	WHEEL ATTACH, RIGID PICK-UP WALKER	03/01/1997	$25.59	0.0%	0.0%	N	Referral Required
E0156	SEAT ATTACH, WALKER	03/01/1997	$25.21	0.0%	0.0%	N	Referral Required
E0157	CRUTCH ATTACH, WALKER, EACH	03/01/1997	$78.14	0.0%	0.0%	N	Referral Required
E0158	LEG EXTENSIONS FOR A WALKER (SET)	04/01/2002	$30.69	0.0%	0.0%	Y	Referral Required
E0159	BRAKE ATTACHMENT FOR WHEELED	01/01/1997	$17.05	0.0%	0.0%	N	Referral Required
E0160	SITZ TYPE BATH,PORTABLE, FITS OVER	01/01/2003	$31.53	0.0%	0.0%	N	Referral Required
E0161	SITZ BATH PORTABLE, FITS OVER COMMO	01/01/2003	$25.01	0.0%	0.0%	N	Referral Required
E0162	SITZ BATH CHAIR	01/01/2003	$118.12	0.0%	0.0%	Y	Referral Required
E0163	COMMODE CHAIR STATIONARY WITH FIX	03/01/1997	$105.20	0.0%	0.0%	N	Referral Required
E0164	COMMODE CHAIR MOBILE W/FIXED ARMS	04/01/1998	$173.03	0.0%	0.0%	N	Referral Required
E0165	COMMODE CHAIR STATIONARY DETACH A	01/01/1998	$177.20	0.0%	0.0%	N	Referral Required
E0166	COMMODE CHAIR, MOBILE W/DETACH AR	04/01/1998	$297.00	0.0%	0.0%	N	Referral Required
E0167	PAIL OR PAN FOR USE W/COMMOD	03/01/1997	$11.45	0.0%	0.0%	N	Referral Required
E0168	COMODE CHAIR	01/01/2001	$144.38	0.0%	0.0%	N	Referral Required
E0169	COMMODE WITH SEAT LIFT MECHANISM	01/01/2002	$502.60	0.0%	0.0%	Y	Referral Required
E0175	FOOT REST, FOR USE WITH COMM	03/01/1997	$63.17	0.0%	0.0%	N	Referral Required
E0176	AIR PRESSURE PAD OR CUSHION WHEELC	03/01/1997	$102.16	0.0%	0.0%	N	Referral Required
E0177	WATER PRESSURE PAD WHEELCHAIR	03/01/1997	$101.24	0.0%	0.0%	N	Referral Required
E0178	GEL PRESSURE PAD/CUSHION-WC	03/01/1997	$115.74	0.0%	0.0%	N	Referral Required
E0179	DRY PRESSURE PAD OR CUSHION, EG EG	03/01/1998	$11.41	0.0%	0.0%	N	Referral Required
E0180	PRESSURE PAD, ALTERN WITH PUMP	03/01/1997	$207.20	0.0%	0.0%	N	Referral Required
E0181	PRESSURE PAD, ALTERN WITH PUMP, HEA	03/01/1997	$229.70	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E0182	PUMP FOR ALTERN PRESSURE PAD	03/01/1997	$249.80	0.0%	0.0%	N	Referral Required
E0184	DRY PRESSURE MATTRESS EG EGGCRAT	03/01/1997	$185.71	0.0%	0.0%	N	Referral Required
E0185	GEL MATT.PRESSURE PAD-STD.LW	03/01/1997	$305.09	0.0%	0.0%	N	Referral Required
E0186	AIR PRESSURE MATTRESS	03/01/1997	$193.60	0.0%	0.0%	N	Referral Required
E0187	WATER PRESSURE MATTRESS-PURCHASE	01/01/1997	$221.14	0.0%	0.0%	N	Referral Required
E0188	SYNTHETIC SHEEPSKIN PAD	01/01/1993	$23.19	0.0%	0.0%	N	Referral Required
E0189	LAMBSWOOL SHEEPSKIN PAD, ANDY SIZE	01/01/1993	$55.40	0.0%	0.0%	N	Referral Required
E0191	HEEL OR ELBOW PROTECTOR	03/01/1997	$9.53	0.0%	0.0%	N	Referral Required
E0192	LOW PRESSURE & POSITIONINEQU	03/01/1997	$362.70	0.0%	0.0%	Y	Referral Required
E0193	POWERED AIR FLOTATION BED-LOW AIR L	03/01/1997	$8,617.50	0.0%	0.0%	Y	Referral Required
E0194	AIR FLUIDIZED BED	01/01/2003	$31,133.90	0.0%	0.0%	Y	Referral Required
E0196	GEL PRESSURE MATTRESS	01/01/1999	$263.40	0.0%	0.0%	N	Referral Required
E0197	AIR PRESSURE PAD FOR MATTRES	03/01/1997	$211.35	0.0%	0.0%	N	Referral Required
E0198	WATER PRESSURE PAD FOR MATTR	03/01/1997	$211.35	0.0%	0.0%	N	Referral Required
E0199	DRY PRESSURE PAD FOR MATTRES	03/01/1997	$30.57	0.0%	0.0%	N	Referral Required
E0200	HEAT LAMP,WITHOUT STAND (TAB	03/01/1997	$75.62	0.0%	0.0%	Y	Referral Required
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT(DLY)	07/01/1998	$50.76	0.0%	0.0%	N	Referral Required
E0205	HEAT LAMP, WITH STAND INC BU	03/01/1997	$157.34	0.0%	0.0%	Y	Referral Required
E0210	ELECTRIC HEAT PAD, STANDARD	03/01/1997	$26.46	0.0%	0.0%	Y	Referral Required
E0215	ELECTRIC HEAT PAD, MOIST	03/01/1997	$67.57	0.0%	0.0%	Y	Referral Required
E0217	WATER CIRCULATING HEAT PAD W/PUMP	01/01/2002	$496.47	0.0%	0.0%	Y	Referral Required
E0220	HOT WATER BOTTLE	03/01/1997	$8.08	0.0%	0.0%	Y	Referral Required
E0225	HYDROCOLLATOR W/ PADS	03/01/1997	$370.70	0.0%	0.0%	Y	Referral Required
E0230	ICE CAP OR COLLAR	03/01/1997	$8.09	0.0%	0.0%	Y	Referral Required
E0238	NON-ELECTRIC HEAT PAD, MOIST	03/01/1997	$25.79	0.0%	0.0%	Y	Referral Required
E0239	HYDROCOLLATOR UNIT, PORTABLE	03/01/1997	$364.70	0.0%	0.0%	Y	Referral Required
E0240	BATH/SHOWER CHAIR, WITH OR W/O WHE	01/01/2004	$66.70	0.0%	0.0%	N	Referral Required
E0241	BATHTUB RAIL-WALL, EACH	05/01/2003	$19.99	0.0%	0.0%	N	Referral Required
E0242	BATH TUB RAIL, FLOOR BASE	01/01/1997	$63.50	0.0%	0.0%	N	Referral Required
E0243	TOILET RAIL, EACH	05/01/2003	$16.62	0.0%	0.0%	N	Referral Required
E0244	RAISED TOILET SEAT	01/01/1997	$27.43	0.0%	0.0%	N	Referral Required
E0245	TUB STOOL OR BENCH	06/01/2002	$66.70	0.0%	0.0%	N	Referral Required
E0246	TRANSFER TUB RAIL ATTACHMENT	05/01/2003	$39.79	0.0%	0.0%	N	Referral Required
E0249	PAD FOR WATER CIRCULATING HE	03/01/1997	$95.00	0.0%	0.0%	Y	Referral Required
E0250	HP BED W/SIDE RAILS FIXED HGHT W/MA	03/01/1997	$877.90	0.0%	0.0%	N	Referral Required
E0251	HOSPITAL BED, WITH SIDE RAILS, FIXE	03/01/1997	$671.70	0.0%	0.0%	Y	Referral Required
E0255	HOSP BED, WITH SIDE RAILS VARI HEIG	03/01/1997	$952.40	0.0%	0.0%	N	Referral Required
E0256	HOSP BED VARIABLE HEIGHT HI/LOW SID	03/01/1997	$726.46	0.0%	0.0%	Y	Referral Required
E0260	HOSPITAL BED, W/SIDE RAILS,SEMI-ELE	03/01/1997	$1,601.70	0.0%	0.0%	Y	Referral Required

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E0261	HOSP BED SEMIELECTRIC W/SIDE RAIL W	03/01/1997	$1,306.20	0.0%	0.0%	Y	Referral Required
E0265	HP BED TOTAL ELECTRIC W/SIDERAILS	03/01/1997	$1,906.60	0.0%	0.0%	Y	Referral Required
E0266	HOSP BED SIDE RAILS TOT ELEC HEAD,	03/01/1997	$1,598.70	0.0%	0.0%	Y	Referral Required
E0271	MATTRESS, INNERSPRING	03/01/1997	$211.78	0.0%	0.0%	N	Referral Required
E0272	MATTRESS, FOAM RUBBER	03/01/1997	$164.08	0.0%	0.0%	N	Referral Required
E0273	BED BOARD	03/01/1997	$25.19	0.0%	0.0%	N	Referral Required
E0275	BED PAN STANDARD	04/01/2001	$14.60	0.0%	0.0%	N	Referral Required
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	04/01/2001	$10.85	0.0%	0.0%	N	Referral Required
E0277	POWERED PRES-REDUCING MATT	03/01/1997	$7,243.00	0.0%	0.0%	Y	Referral Required
E0280	BED CRADLE ANY TYPE	03/01/1997	$34.18	0.0%	0.0%	N	Referral Required
E0290	HOSP BED,FIXED HEIGHT,W/O SIDE RAIL	03/01/1997	$662.90	0.0%	0.0%	N	Referral Required
E0291	HOSP BED, FIXED HGHT, W/OSIDE RAILS	03/01/1997	$473.70	0.0%	0.0%	N	Referral Required
E0292	HOSPITAL BED W/O SIDE RAILS W/MATTR	03/01/1997	$734.60	0.0%	0.0%	N	Referral Required
E0293	HOSP BED,VAR HGHT HI-LO, W/O	03/01/1997	$592.80	0.0%	0.0%	N	Referral Required
E0294	HOSPITAL BED W/O RAILS	03/01/1997	$1,246.20	0.0%	0.0%	Y	Referral Required
E0295	SEMI-ELECTRIC HOSPITAL BED W	03/01/1997	$1,214.70	0.0%	0.0%	Y	Referral Required
E0296	HOSP BED, TOTAL ELECTRIC U/O SIDERA	03/01/1997	$1,566.20	0.0%	0.0%	Y	Referral Required
E0297	HOSP BED,TOTAL ELECT: NO SIDERAILS,	03/01/1997	$1,331.80	0.0%	0.0%	Y	Referral Required
E0300	PEDIATRIC CRIB	01/01/2004	$2,838.62	0.0%	0.0%	N	Referral Required
E0301	HOSPITAL BED, HEAVY DUTY	01/01/2004	$2,707.20	0.0%	0.0%	N	Referral Required
E0302	HOSPITAL BED, HEAVY DUTY	01/01/2004	$7,154.40	0.0%	0.0%	N	Referral Required
E0303	HOSPITAL BED, HEAVY DUTY	01/01/2004	$3,024.70	0.0%	0.0%	N	Referral Required
E0304	HOSPITAL BED, HVY DUTY	01/01/2004	$770.67	0.0%	0.0%	N	Referral Required
E0305	BED SIDE RAILS, HALF LENGTH	03/01/1997	$161.90	0.0%	0.0%	Y	Referral Required
E0310	BED SIDE RAILS, FULL LENGTH	03/01/1997	$165.24	0.0%	0.0%	Y	Referral Required
E0316	SAFETY ENCLOSURE FRAME CANOPY	01/01/2001	$2,002.70	0.0%	0.0%	Y	Referral Required
E0325	URINAL MALE ANY MATERIAL	03/01/1997	$9.64	0.0%	0.0%	N	Referral Required
E0326	URINAL FEMALE ANY MATERIAL	01/01/2000	$9.15	0.0%	0.0%	N	Referral Required
E0371	NONPOWERED PRESS.MAT.OVR; PP	01/01/1998	$4,239.50	0.0%	0.0%	Y	Referral Required
E0372	POWER AIR OVERLAY-MATTRESS-PP	01/01/1998	$5,144.40	0.0%	0.0%	Y	Referral Required
E0373	NONPOWER.PRESSURE MATTRES-P.P.	01/01/1998	$5,860.90	0.0%	0.0%	Y	Referral Required
E0424	STATIONARY COMPRESSED 02 SYS	06/01/2002	$2,186.40	0.0%	0.0%	N	Referral Required
E0431	02 PORTABLE GASEOUS SYSTEM	06/01/2002	$354.30	0.0%	0.0%	N	Referral Required
E0434	02 PORTABLE LIQUID SYSTEM	06/01/2002	$354.30	0.0%	0.0%	N	Referral Required
E0435	O2 SYSTEM, LIQUID, PORTABLE	10/01/1985	$67.25	0.0%	0.0%	Y	Referral Required
E0439	STATIONARY LIQUID 02 SYSTEM	06/01/2002	$2,186.40	0.0%	0.0%	N	Referral Required
E0441	02 CONTENTS GASEOUS 1 UNIT=5	06/01/2002	$1,639.60	0.0%	0.0%	N	Referral Required
E0442	02 CONTENTS LIQUID OWNED SYS	06/01/2002	$1,693.60	0.0%	0.0%	N	Referral Required
E0443	PORTABLE OXYGEN CONTENTS, GASEOU	06/01/2002	$215.40	0.0%	0.0%	N	Referral Required

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E0444	PORTABLE 02 CONTENTS LIQUID	06/01/2002	$215.40	0.0%	0.0%	N	Referral Required
E0450	VOLUME VENTILATOR, RENTAL	04/01/2000	$6,506.80	0.0%	0.0%	Y	Referral Required
E0454	PRESSURE VENT W/ PRESSURE CONTROL	01/01/2003	$14,001.40	0.0%	0.0%	Y	Referral Required
E0457	CHEST SHELL (CUIRASS)	07/01/1999	$586.13	0.0%	0.0%	N	Referral Required
E0459	CHEST WRAP	03/01/1997	$485.40	0.0%	0.0%	N	Referral Required
E0460	NEG PRESSURE VENTILATOR;PORTABLE, R	06/01/2002	$6,997.00	0.0%	0.0%	Y	Referral Required
E0461	VOLUME VENT, STATIONARY/ PORTABLE	01/01/2003	$10,020.50	0.0%	0.0%	Y	Referral Required
E0462	ROCKING BED W/WO SIDE RAILS	03/01/1997	$2,779.50	0.0%	0.0%	Y	Referral Required
E0470	RESPIRATORY ASSIST DEVICE	01/01/2004	$2,619.90	0.0%	0.0%	Y	Referral Required
E0471	RESPIRATORY ASSIST DEVICE	01/01/2004	$6,556.60	0.0%	0.0%	Y	Referral Required
E0472	RESPIRATORY ASSIST DEVICE	01/01/2004	$6,556.60	0.0%	0.0%	Y	Referral Required
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC,H	03/01/1997	$419.10	0.0%	0.0%	N	Referral Required
E0482	COUGH STIMULATING DEVICE	01/01/2003	$4,278.90	0.0%	0.0%	Y	Referral Required
E0483	HIGH FREQUENCY CHEST WALL	01/01/2003	$10,631.30	0.0%	0.0%	Y	Referral Required
E0484	OSCILLATORY POSITIVE EXPIRATORY	01/01/2003	$36.92	0.0%	0.0%	Y	Referral Required
E0500	IPPB MACHINE, ALL TYPES W/NEBULIZER	06/01/2002	$961.70	0.0%	0.0%	Y	Referral Required
E0550	HUMIDIFIER EXTNESIVE SUPP HUMID FOR	04/01/1998	$47.81	0.0%	0.0%	N	Referral Required
E0555	HUMIDIFER DURABLE GLASS/PLASTIC BOT	01/01/1993	$4.04	0.0%	0.0%	N	Referral Required
E0560	HUMIDIFIER FOR SUPPLEMENTAL DURING	03/01/1997	$152.74	0.0%	0.0%	Y	Referral Required
E0561	HUMIDIFIER NON-HEATED	01/01/2004	$102.06	0.0%	0.0%	N	Referral Required
E0562	HUMIDIFIER, HEATED	01/01/2004	$287.31	0.0%	0.0%	N	Referral Required
E0565	COMPRESSOR-AIR FOR DME NOT S	03/01/1998	$560.05	0.0%	0.0%	N	Referral Required
E0570	NEBULIZER WITH COMPRESSOR EG	11/24/1997	$188.20	0.0%	0.0%	N	Referral Required
E0571	AEROSOL COMPRESSOR	01/01/2004	$286.70	0.0%	0.0%	Y	Referral Required
E0572	AEROSOL COMPRESSOR	01/01/2001	$36.45	0.0%	0.0%	N	Referral Required
E0574	ULTRASONIC GENERATOR	01/01/2001	$38.53	0.0%	0.0%	N	Referral Required
E0575	NEBULIZER, SELF-CONTAINED ULTRASONI	03/01/1998	$953.50	0.0%	0.0%	Y	Referral Required
E0580	NEBULIZER DURABLE BOTTLE TYPE	07/01/1999	$127.85	0.0%	0.0%	N	Referral Required
E0585	NEBULIZER, W/COMPRESSOR AND HEATER	03/01/1997	$284.30	0.0%	0.0%	N	Referral Required
E0600	SUCTION PUMG HOME MODLE PORTABLE	03/01/1997	$436.70	0.0%	0.0%	N	Referral Required
E0601	NASAL CONTINUOUS AIRWAY PRESSURE (	03/01/1997	$1,065.50	0.0%	0.0%	Y	Referral Required
E0602	BREAST PUMP ALL TYPES	01/01/2003	$22.83	0.0%	0.0%	N	Referral Required
E0603	BREAST PUMP	01/01/2002	$394.34	0.0%	0.0%	N	Referral Required
E0605	VAPORIZER, ROOM TYPE	03/01/1997	$25.21	0.0%	0.0%	Y	Referral Required
E0606	POSTURAL DRAINAGE BOARD MONITORIN	03/01/1997	$218.80	0.0%	0.0%	Y	Referral Required
E0607	HOME BLOOD GLUCOSE MONITOR	03/01/1997	$63.73	0.0%	0.0%	N	Referral Required
E0610	PACEMAKER MON,SELF CONT CHEC BATT D	03/01/1997	$214.30	0.0%	0.0%	Y	Referral Required
E0615	PACEMAKER MONITOR	03/01/1997	$456.71	0.0%	0.0%	Y	Referral Required
E0619	APNEA MONITOR, WITH RECORDING	01/01/2003	$2,228.40	0.0%	0.0%	Y	Referral Required

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E0620	SKIN PIERCING DEVICE	01/01/2002	$870.07	0.0%	0.0%	Y	Referral Required
E0621	SLING OR SEAT CANVAS OR NYLON	03/01/1997	$83.58	0.0%	0.0%	N	Referral Required
E0627	SEAT LIFT MECHANISM INCORP INTO LIF	01/01/2003	$321.75	0.0%	0.0%	N	Referral Required
E0628	SEPERATE SEAT LIFT MECHANISM W/PATI	03/01/1997	$321.75	0.0%	0.0%	N	Referral Required
E0629	SEPERATE SEAT LIFT MECHANISM W/PATI	03/01/1997	$315.44	0.0%	0.0%	N	Referral Required
E0630	HYDRAULIC PT LIFT W/SEAT OR SLING	03/01/1997	$947.90	0.0%	0.0%	N	Referral Required
E0635	PT LIFT ELECTRIC W/SEAT OR SLING	04/01/1998	$1,167.10	0.0%	0.0%	N	Referral Required
E0636	MULTIPOSITIONAL PATIENT SUPPORT	01/01/2003	$10,545.60	0.0%	0.0%	Y	Referral Required
E0650	PNEUMATIC COMPRESSOR HOME MODEL (	03/01/1997	$686.96	0.0%	0.0%	N	Referral Required
E0651	PNEUMATIC COMPRESSOR SEGMENTAL H	03/01/1997	$876.02	0.0%	0.0%	Y	Referral Required
E0652	PNEU COMP SEG HOME MOD(LYMP PUMP)	01/01/2001	$4,311.06	0.0%	0.0%	Y	Referral Required
E0655	PNEUMATIC APPL FOR USE WITH PNEUMA	03/01/1997	$102.94	0.0%	0.0%	Y	Referral Required
E0660	PNEUMATIC APPL USE WITH PNEUMATIC C	03/01/1997	$152.37	0.0%	0.0%	Y	Referral Required
E0665	PNEUMATIC APPL USE WITH PNEUMATIC C	03/01/1997	$130.67	0.0%	0.0%	Y	Referral Required
E0666	PNEUMATIC APPLFOR USE WITH PNEUMA	03/01/1997	$131.71	0.0%	0.0%	Y	Referral Required
E0667	PNEUM APPL FOR USE W/ SEGM PNEUM C	03/01/1997	$308.82	0.0%	0.0%	N	Referral Required
E0668	PNEUM APPL FOR USE W/ SEGM PNEUM C	03/01/1997	$358.26	0.0%	0.0%	N	Referral Required
E0691	UV LIGHT THERAPY PANEL, INC. BULBS,	01/01/2003	$898.59	0.0%	0.0%	Y	Referral Required
E0692	UV LIGHT THERAPY PANEL, INC. BULBS,	01/01/2003	$1,128.37	0.0%	0.0%	Y	Referral Required
E0693	UV LIGHT THERAPY PANEL, INC. BULBS,	01/01/2003	$1,390.98	0.0%	0.0%	Y	Referral Required
E0694	UV MULTIDIRECTIONAL LIGHT THERAPY	01/01/2003	$4,427.34	0.0%	0.0%	Y	Referral Required
E0701	HELMET WITH FACE GUARD AND SOFT	01/01/2003	$141.75	0.0%	0.0%	N	Referral Required
E0720	TENS TWO LEAD LOCALIZED STIMULATION	03/01/1997	$350.61	0.0%	0.0%	Y	Referral Required
E0730	TENS FOUR LAED LG AREA/MLTPL NERVE	03/01/1997	$353.45	0.0%	0.0%	Y	Referral Required
E0731	FORM FITTING CONDUCTIVE GARMET FOR	03/01/1997	$297.45	0.0%	0.0%	Y	Referral Required
E0744	NEUROMUSCULAR STIMULATOR FOR	03/01/1997	$870.34	0.0%	0.0%	Y	Referral Required
E0745	NEUROMUSCUL STIMUL, ELECTRON	03/01/1997	$873.40	0.0%	0.0%	Y	Referral Required
E0747	OSTEOGENESIS STIMULATOR (NON-INVASI	03/01/1997	$3,364.35	0.0%	0.0%	Y	Referral Required
E0748	OSTEOGENIC STIMULATOR, ELECTRICAL	04/01/1997	$3,342.55	0.0%	0.0%	Y	Referral Required
E0749	OSTEOGENESIS STIMULATOR (SURGICA	03/01/1997	$2,443.00	0.0%	0.0%	Y	Referral Required
E0756	IMPLANTABLE NEUROSTIMULATOR	01/01/2001	$4,840.04	0.0%	0.0%	N	Referral Required
E0757	IMPLANTABLE NEUROSTIMULATOR	01/01/2001	$2,470.95	0.0%	0.0%	N	
E0758	RADIOFREQUENCY TRANSMITTER	01/01/2001	$2,350.24	0.0%	0.0%	N	Referral Required
E0760	OSTEOGENESIS STIMULATOR,LOW INTEN	01/01/2003	$2,778.50	0.0%	0.0%	Y	Referral Required
E0776	IV POLE-PURCHASE PRICE	03/01/1997	$250.00	0.0%	0.0%	N	Referral Required
E0779	AMBULATORY INFUSION PUMP	01/01/2000	$16.01	0.0%	0.0%	N	Referral Required
E0780	AMBULATORY INFUSION PUMP	01/01/2000	$9.92	0.0%	0.0%	N	Referral Required
E0782	PARENTERAL INFUSION PUMP, IM	04/01/1997	$3,688.52	0.0%	0.0%	Y	Referral Required
E0783	INFUSION PUMP, IMPLANTABLE,	04/01/1997	$6,811.54	0.0%	0.0%	Y	Referral Required

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E0784	EXTERNAL AMBULATORY INFUSION	11/01/1997	$4,495.00	0.0%	0.0%	Y	Referral Required
E0786	IMPLANTABLE PROGRAMMABLE INFU. PUM	01/01/2001	$6,831.39	0.0%	0.0%	N	Referral Required
E0791	PARENTERAL INFUSION PUMP,STA	03/01/1998	$3,016.00	0.0%	0.0%	N	Referral Required
E0840	TRACTION FRAME ATTACH TO HEADBOAR	03/01/1997	$69.89	0.0%	0.0%	N	Referral Required
E0850	TRACTION STAND,FREE STANDING,CERVI	03/01/1997	$88.99	0.0%	0.0%	N	Referral Required
E0855	CERVICAL TRACTION EQUIPMENT	07/01/1998	$471.40	0.0%	0.0%	N	Referral Required
E0860	OVERDOOR CERVICAL TRACTION PER EX	03/01/1997	$36.75	0.0%	0.0%	N	Referral Required
E0870	TRAC FRAME,ATT TO FOOTBOARD SIMP E	03/01/1997	$110.94	0.0%	0.0%	N	Referral Required
E0880	TRAC STAND-FREE STAND-SIMPLE EXTRE	03/01/1997	$119.74	0.0%	0.0%	N	Referral Required
E0890	TRAC FRAME ATTACH TO FOOTBOARD,SIM	03/01/1997	$114.85	0.0%	0.0%	N	Referral Required
E0900	TRAC STA FREE STAND SIMPL PELVIC TR	03/01/1997	$122.21	0.0%	0.0%	N	Referral Required
E0910	TRAPEZE BARS ATT TO BED W/GRAB BAR	03/01/1997	$177.20	0.0%	0.0%	N	Referral Required
E0920	FRAC FRAME, ATT TO BED INC WEIGHTS	03/01/1997	$374.10	0.0%	0.0%	N	Referral Required
E0930	FRAC FRAME, FREE STAND, INC	03/01/1997	$435.80	0.0%	0.0%	N	Referral Required
E0935	PASSIVE MOTION EXERCISE DEVI	01/01/1997	$18.43	0.0%	0.0%	Y	Referral Required
E0940	TRAPEZE BAR FREE STANDING W/GRAB B	04/01/1998	$331.60	0.0%	0.0%	N	Referral Required
E0941	GRAVITY ASSISTED TRACT DEVICE, ANY	03/01/1997	$352.00	0.0%	0.0%	N	Referral Required
E0942	CERVICAL HEAD HARNESS/HALTER	03/01/1997	$18.93	0.0%	0.0%	N	Referral Required
E0944	PELVIC BELT/HARNESS/BOOT(PROSTHETI	03/01/1997	$43.36	0.0%	0.0%	N	Referral Required
E0945	EXTREMITY BELT/HARNESS	03/01/1997	$38.74	0.0%	0.0%	Y	Referral Required
E0946	FRAC FRAMDUAL WI CROSS BAR ATT TO B	03/01/1997	$564.30	0.0%	0.0%	Y	Referral Required
E0947	FRAC FRAME ATT FOR COMPLEX PELVIC T	03/01/1997	$491.69	0.0%	0.0%	Y	Referral Required
E0948	FRAC FRAME ATT FOR COMPLEX CERVICA	03/01/1997	$559.51	0.0%	0.0%	Y	Referral Required
E0950	TRAY WHEELCHAIR	03/01/1997	$99.15	0.0%	0.0%	Y	Referral Required
E0951	LOOP HEEL EA WHEELCHAIR	03/01/1997	$17.97	0.0%	0.0%	Y	Referral Required
E0952	LOOP TOE EA WHEELCHAIR	03/01/1997	$17.97	0.0%	0.0%	Y	Referral Required
E0953	PNEUMATIC TIRE WHEELCHAIR	03/01/1997	$33.17	0.0%	0.0%	Y	Referral Required
E0954	SEMI-PNEUMATIC CASTER,EA WHE	03/01/1997	$39.91	0.0%	0.0%	Y	Referral Required
E0955	WHEELCHAIR ACCESSORY HEADREST	01/01/2004	$202.18	0.0%	0.0%	Y	Referral Required
E0956	WHEELCHAIR ACCESSORY, LATERAL TRU	01/01/2004	$98.58	0.0%	0.0%	Y	Referral Required
E0957	WHEELCHAIR ACCESS MEDIAL THIGH SUP	01/01/2004	$137.93	0.0%	0.0%	Y	Referral Required
E0958	WHEELCHR ATT TO CONV ANY WHE	03/01/1997	$416.20	0.0%	0.0%	Y	Referral Required
E0959	AMPUTEE ADAP DEV TO COMPEN T	03/01/1997	$84.34	0.0%	0.0%	Y	Referral Required
E0960	WHEELCHAIR ACCESSORY SHOULDER	01/01/2004	$48.25	0.0%	0.0%	Y	Referral Required
E0961	BRAKE EXTENSION FOR WHEELCHA	03/01/1997	$24.11	0.0%	0.0%	Y	Referral Required
E0962	1 INCH CUSHION FOR WHEELCHAI	03/01/1997	$56.74	0.0%	0.0%	Y	Referral Required
E0963	2" CUSHION FOR WHEELCHAIR	03/01/1997	$67.78	0.0%	0.0%	Y	Referral Required
E0964	3" CUSION FOR WHEELCHAIR	03/01/1997	$75.62	0.0%	0.0%	Y	Referral Required
E0965	4" CUSHION FOR WHEELCHAIR	03/01/1997	$80.84	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E0966	HOOK ON HEAD REST EXTENSION	03/01/1997	$68.07	0.0%	0.0%	Y	Referral Required
E0967	WHEELCHA HAND RIMS WITH OVER	01/01/2004	$64.59	0.0%	0.0%	Y	Referral Required
E0968	COMMODE SEAT, WHEELCHAIR	03/01/1997	$145.40	0.0%	0.0%	Y	Referral Required
E0969	NARROWING DEVICE WHEELCHAIR	03/01/1997	$149.40	0.0%	0.0%	Y	Referral Required
E0970	NO 2 FOOTPLATES EXCEPT FOR E	03/01/1997	$39.05	0.0%	0.0%	Y	Referral Required
E0971	ANTI-TIPPING DEVICE WHEELCHA	03/01/1997	$53.30	0.0%	0.0%	Y	Referral Required
E0972	TRANSFER BOARD, WHEELCHAIR	07/01/2000	$48.34	0.0%	0.0%	N	Referral Required
E0973	WHEELCHAIR ADJUST HGHT DETAC	03/01/1997	$109.66	0.0%	0.0%	Y	Referral Required
E0974	"GRAD-AID" FOR WHEELCAHIR	03/01/1997	$75.36	0.0%	0.0%	Y	Referral Required
E0977	WEDGE CUSHION WHEELCHAIR	03/01/1997	$55.09	0.0%	0.0%	Y	Referral Required
E0978	BELT SAFETY W/AIRPLANE BUCKL	03/01/1997	$41.61	0.0%	0.0%	Y	Referral Required
E0980	SAFETY VEST, WHEELCHAIR	03/01/1997	$31.53	0.0%	0.0%	Y	Referral Required
E0981	WHEELCHAIR ACCESS SEAT UPHOLSTRY	01/01/2004	$47.15	0.0%	0.0%	Y	Referral Required
E0982	WHEELCHAIR ACCESS BACK UPHOLSTRY	01/01/2004	$51.53	0.0%	0.0%	Y	Referral Required
E0983	MANUAL WHEELCHAIR ACCESSORY	01/01/2004	$2,383.90	0.0%	0.0%	Y	Referral Required
E0984	MANUAL WHEELCHAIR ACCESS	01/01/2004	$1,628.99	0.0%	0.0%	Y	Referral Required
E0985	WHEELCHAIR ACCESS, SEAT LIFT	01/01/2004	$202.85	0.0%	0.0%	Y	Referral Required
E0986	MANUAL WHEELCHAIR ACCESS	01/01/2004	$4,864.24	0.0%	0.0%	Y	Referral Required
E0990	ELEVATING LEG REST	03/01/1997	$112.01	0.0%	0.0%	Y	Referral Required
E0992	SOLID SEAT INSERT	03/01/1997	$90.75	0.0%	0.0%	Y	Referral Required
E0994	ARM REST, EACH	03/01/1997	$16.82	0.0%	0.0%	Y	Referral Required
E0995	CALF REST, EACH	01/01/2004	$202.18	0.0%	0.0%	Y	Referral Required
E0996	TIRE	03/01/1997	$27.20	0.0%	0.0%	Y	Referral Required
E0997	CASTER WITH A FORK	03/01/1997	$60.68	0.0%	0.0%	Y	Referral Required
E0998	CASTER W/OUT FORK	03/01/1997	$31.03	0.0%	0.0%	Y	Referral Required
E0999	PNEUMATIC TIRE W/WHEEL	03/01/1997	$93.21	0.0%	0.0%	Y	Referral Required
E1000	TIRE, PNEUMATIC CASTER	03/01/1997	$34.34	0.0%	0.0%	Y	Referral Required
E1001	WHEEL, SINGLE	03/01/1997	$88.19	0.0%	0.0%	Y	Referral Required
E1002	WHEELCHAIR ACCESS, POWER SEAT	01/01/2004	$4,113.02	0.0%	0.0%	Y	Referral Required
E1003	WHEELCHAIR ACCESS, P[OWER SEAT	01/01/2004	$4,391.30	0.0%	0.0%	Y	Referral Required
E1004	WHEELCHAIR ACCESS, POWER SEAT	01/01/2004	$4,869.05	0.0%	0.0%	Y	Referral Required
E1005	WHEELCHAIR ACCESS POWER SEAT	01/01/2004	$5,270.36	0.0%	0.0%	Y	Referral Required
E1006	WHEELCHAIR ACCESS, POWER SEAT	01/01/2004	$6,455.70	0.0%	0.0%	Y	Referral Required
E1007	WHEELCHAIR ACCESS, POWER SEATING	01/01/2004	$8,741.27	0.0%	0.0%	Y	Referral Required
E1008	WHEELCHAIR ACCESS POWER SEAT	01/01/2004	$8,742.05	0.0%	0.0%	Y	Referral Required
E1010	WHEELCHAIR ACCESS SEAT	01/01/2004	$863.51	0.0%	0.0%	Y	Referral Required
E1012	INTEGRATED SEATING SYSTEM, PLANAR,	01/01/2003	$507.05	0.0%	0.0%	Y	Referral Required
E1013	INTEGRATED SEATING SYSTEM,	01/01/2003	$837.93	0.0%	0.0%	Y	Referral Required
E1014	RECLINING BACK, ADDITION TO	01/01/2003	$365.14	0.0%	0.0%	Y	Referral Required

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E1015	SHOCK ABSORBER FOR MANUAL	01/01/2003	$114.70	0.0%	0.0%	Y	Referral Required
E1016	SHOCK ABSORBER FOR POWER	01/01/2003	$131.31	0.0%	0.0%	Y	Referral Required
E1019	WHEELCHAIR ACCESS POWER SEAT	01/01/2004	$447.26	0.0%	0.0%	Y	Referral Required
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR	01/01/2003	$243.41	0.0%	0.0%	Y	Referral Required
E1021	WHEELCHAIR ACCESS POWER SEAT	01/01/2004	$324.16	0.0%	0.0%	Y	Referral Required
E1025	LATERAL THORACIC SUPPORT,	01/01/2003	$125.35	0.0%	0.0%	Y	Referral Required
E1026	LATERAL THORACIC SUPPORT, CONTOURE	01/01/2003	$192.90	0.0%	0.0%	Y	Referral Required
E1027	LATERAL/ANTERIOR SUPPORT, FOR PED.	01/01/2003	$275.06	0.0%	0.0%	Y	Referral Required
E1028	WHEELCHAIR ACC POWER SEAT	01/01/2004	$206.54	0.0%	0.0%	Y	Referral Required
E1029	WHEELCHAIR ACCESS VENTILATOR TRAY	01/01/2004	$369.54	0.0%	0.0%	Y	Referral Required
E1030	WHEELCHAIR ACCESSORY VENTILATOR T	01/01/2004	$1,165.27	0.0%	0.0%	Y	Referral Required
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	01/01/2003	$1,084.90	0.0%	0.0%	Y	Referral Required
E1038	TRANSPORT CHAIR, ADULT SIZE WAIVER	01/01/2003	$400.10	0.0%	0.0%	Y	Referral Required
E1050	FUL-RECLIN WHEELCHR FIX FULL	03/01/1997	$825.70	0.0%	0.0%	Y	Referral Required
E1060	FUL-RECL WHEELCHR DETAC ARMS	03/01/1997	$1,173.30	0.0%	0.0%	Y	Referral Required
E1065	POW ATTACH (TO CONV ANY WHEE	03/01/1997	$2,773.02	0.0%	0.0%	Y	Referral Required
E1070	FUL-REC WHEELCHR DETACH ARMS	03/01/1997	$1,044.70	0.0%	0.0%	Y	Referral Required
E1083	HEMI-WHEELCHR, FIX FULL LEN	03/01/1997	$751.00	0.0%	0.0%	Y	Referral Required
E1084	HEMI WHEELCHR DETACH ARM DEC	03/01/1997	$795.30	0.0%	0.0%	Y	Referral Required
E1085	HEMI-WHEELCHR, FIX FULL LEN	03/01/1997	$561.10	0.0%	0.0%	Y	Referral Required
E1086	HEMI-WHEELCHR DETACH ARM DES	03/01/1997	$681.14	0.0%	0.0%	Y	Referral Required
E1087	HIGH STREN LIGHTWEI WHEELCH	03/01/1997	$1,206.70	0.0%	0.0%	Y	Referral Required
E1088	HIGH STREN LIGHTWEI WHEELCHR	03/01/1997	$1,438.81	0.0%	0.0%	Y	Referral Required
E1089	LTWGHT WHEELCAHIR FIX ARMS D	03/01/1997	$1,146.50	0.0%	0.0%	Y	Referral Required
E1090	HIGH STREN LIGHTWEI WHEELCHR	03/01/1997	$1,298.80	0.0%	0.0%	Y	Referral Required
E1091	YOUTH WHEELCAHIR	03/01/1997	$795.20	0.0%	0.0%	Y	Referral Required
E1092	WIDE HEAVY DUTY WHEELCHAIR D	03/01/1997	$1,225.70	0.0%	0.0%	Y	Referral Required
E1093	WIDE HEAVY DU WHEELCHR DETAC	03/01/1997	$1,054.20	0.0%	0.0%	Y	Referral Required
E1100	SEMI-REC WHEELCHR FIX FULL L	03/01/1997	$990.20	0.0%	0.0%	Y	Referral Required
E1110	SEMI-REC WHEELCHR DETAC ARM	03/01/1997	$969.60	0.0%	0.0%	Y	Referral Required
E1130	STANDARD WHEELCHAIR, FIXED A	03/01/1997	$381.20	0.0%	0.0%	Y	Referral Required
E1140	WHLCHR DETACH ARM DETACH RES	03/01/1997	$665.20	0.0%	0.0%	Y	Referral Required
E1150	WHEELCHAIR DETACHABLE ARM	03/01/1997	$720.10	0.0%	0.0%	Y	Referral Required
E1160	WHLCHR FIX ARM DETACH EL LEG	03/01/1997	$549.50	0.0%	0.0%	Y	Referral Required
E1161	MANUAL ADULT SIZE WHEELCHAIR,	01/01/2003	$2,366.09	0.0%	0.0%	Y	Referral Required
E1170	AMPU WHEELCHR FIX FULL LEN A	03/01/1997	$851.90	0.0%	0.0%	Y	Referral Required
E1171	AMPU WHEELCHR FIX FULL LEN A	03/01/1997	$764.50	0.0%	0.0%	Y	Referral Required
E1172	AMPU WHEELCHR DETACH ARMS (D	03/01/1997	$934.20	0.0%	0.0%	Y	Referral Required
E1180	AMPU WHEELCHR DETAC ARMS (DE	03/01/1997	$966.60	0.0%	0.0%	Y	Referral Required

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E1190	AMPU WHEELCHR DET ARM (DESK	03/01/1997	$1,116.70	0.0%	0.0%	Y	Referral Required
E1195	AMPU WHEELCHR FIX FULL LEN A	03/01/1997	$1,198.30	0.0%	0.0%	Y	Referral Required
E1200	AMPUTEE WHEELCHAIR FIXED ARM	03/01/1997	$829.90	0.0%	0.0%	Y	Referral Required
E1210	MOTORIZED W/C FIXED FULL LEN	03/01/1997	$3,918.90	0.0%	0.0%	Y	Referral Required
E1211	MOTORIZED W/C FIXED ARMS SWI	03/01/1997	$3,991.90	0.0%	0.0%	Y	Referral Required
E1212	MOTORIZED WHEELCHAIR FIXED F	03/01/1997	$3,868.90	0.0%	0.0%	Y	Referral Required
E1213	MOTORIZED WHEELCHAIR DETACHA	03/01/1997	$4,160.80	0.0%	0.0%	Y	Referral Required
E1220	SPECIAL SIZED WHEELCHAIR	03/01/1997	$446.42	0.0%	0.0%	Y	Referral Required
E1221	WHEELCHAIR FIX ARM FOOTRESTS	03/01/1997	$385.10	0.0%	0.0%	Y	Referral Required
E1222	WHEELCH W/FIXED ARM EL LEG R	03/01/1997	$646.60	0.0%	0.0%	Y	Referral Required
E1223	WHEELCHAIR W/DETACH ARM FOOT	03/01/1997	$706.00	0.0%	0.0%	Y	Referral Required
E1224	WHEELCHR WITH DETACH ARMS, E	03/01/1997	$662.50	0.0%	0.0%	Y	Referral Required
E1225	SEMI-RECLIN BACK FOR CUSTOM	03/01/1997	$431.10	0.0%	0.0%	Y	Referral Required
E1226	FULL RECLIN BACK FOR CUSTOM	03/01/1997	$520.45	0.0%	0.0%	Y	Referral Required
E1227	SPEC HEIGH ARMS FOR WHEELCHR	03/01/1997	$254.80	0.0%	0.0%	Y	Referral Required
E1228	SPECIAL BACH HEIGHT FOR WHEE	03/01/1997	$267.30	0.0%	0.0%	Y	Referral Required
E1230	POW OPER VEH (3WH NON-HIGHW) IND B	04/01/2001	$1,833.76	0.0%	0.0%	Y	Referral Required
E1232	WHEELCHAIR, PED. SIZE,TILT-IN-SPACE	01/01/2003	$2,134.20	0.0%	0.0%	Y	Referral Required
E1233	WHEELCHAIR PED. SIZE,TILT-IN-SPACE,	01/01/2003	$2,208.50	0.0%	0.0%	Y	Referral Required
E1234	WHEELCHAIR PEDIATRIC,TILT-IN-SPACE,	01/01/2003	$1,923.20	0.0%	0.0%	Y	Referral Required
E1235	WHEELCHAIR, PED. SIZE, RIGID,	01/01/2003	$1,851.90	0.0%	0.0%	Y	Referral Required
E1236	WHEELCHAIR, PED. SIZE, FOLDING, ADJ	01/01/2003	$1,633.40	0.0%	0.0%	Y	Referral Required
E1237	WHEELCHAIR, PED. SIZE, RIGID, ADJ.	01/01/2003	$1,648.10	0.0%	0.0%	Y	Referral Required
E1238	WHEELCHAIR, PED. SIZE, FOLDING, ADJ	01/01/2003	$1,718.60	0.0%	0.0%	Y	Referral Required
E1240	LIGHTWEIGHT WHEELCHAIR DETAC	03/01/1997	$982.60	0.0%	0.0%	Y	Referral Required
E1250	LGTWGHT WHEELCHAIR FIX ARM S	03/01/1997	$616.20	0.0%	0.0%	Y	Referral Required
E1260	LTWGHT WHEELCHAIR DETACH ARM	07/01/1999	$755.70	0.0%	0.0%	Y	Referral Required
E1270	LTWGHT WHEELCH FIX ARM DETAC	03/01/1997	$752.90	0.0%	0.0%	Y	Referral Required
E1280	HEAVY DUTY WHEELCHR DETAC AR	03/01/1997	$125.20	0.0%	0.0%	Y	Referral Required
E1285	HEAVY DUTY WHEELCHR FIX FULL	03/01/1997	$1,150.30	0.0%	0.0%	Y	Referral Required
E1290	HEAVY DUTY WHEELCHR DETACH A	03/01/1997	$1,014.60	0.0%	0.0%	Y	Referral Required
E1295	HEAVY DUTY WHEELCHR FIX FULL	03/01/1997	$1,158.60	0.0%	0.0%	Y	Referral Required
E1296	SPEC WHEELCHR SEAT HEIGHT FR	03/01/1997	$411.68	0.0%	0.0%	Y	Referral Required
E1297	SPEC WHEELCHR SEAT DEPTH, BY	03/01/1997	$99.78	0.0%	0.0%	Y	Referral Required
E1298	SPEC WHEELCHR SEAT DEPTH AND	03/01/1997	$343.48	0.0%	0.0%	Y	Referral Required
E1340	REPAIR/NONROUTINE SERVICE FOR DME;	04/01/1997	$7.00	0.0%	0.0%	N	Referral Required
E1353	REGULATOR RENTAL	07/01/1980	$10.00	0.0%	0.0%	N	Referral Required
E1372	IMMERSION EXTERNAL HEATER FO	03/01/1997	$155.51	0.0%	0.0%	N	Referral Required
E1377	OXYGEN CONCEN HI HUMID SYS E	07/01/1999	$3,104.70	0.0%	0.0%	N	Referral Required

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E1378	OXYGEN CONCEN HI HUMID SYS E	07/01/1999	$3,104.70	0.0%	0.0%	N	Referral Required
E1379	OXYGEN CONCEN HI HUMID SYS E	07/01/1999	$3,104.70	0.0%	0.0%	N	Referral Required
E1380	OXYGEN CONCEN HI HUMID SYS E	07/01/1999	$3,104.70	0.0%	0.0%	N	Referral Required
E1381	OXYGEN CONCEN HI HUMID SYS E	07/01/1999	$3,104.70	0.0%	0.0%	N	Referral Required
E1382	OXYGEN CONCEN HI HUMID SYS E	07/01/1999	$3,104.70	0.0%	0.0%	N	Referral Required
E1383	OXYGEN CONCEN HI HUMID SYS E	07/01/1999	$3,104.70	0.0%	0.0%	N	Referral Required
E1384	OXYGEN CONCEN HI HUMID SYS E	07/01/1999	$3,104.70	0.0%	0.0%	N	Referral Required
E1385	OXYGE CONCEN HI HUMID SYS EQ	07/01/1999	$3,104.70	0.0%	0.0%	N	Referral Required
E1390	OXYGEN CONCENTRATOR	01/01/2000	$2,173.40	0.0%	0.0%	N	Referral Required
E1405	OXYGEN/H20 VAPOR SYSTEM W/HE	06/01/2002	$2,483.10	0.0%	0.0%	N	Referral Required
E1406	OXYGEN/H20 VAPOR SYSTEM WO H	06/01/2002	$2,382.80	0.0%	0.0%	N	Referral Required
E1510	KIDN DIAL DEL SYS KID MACH P	04/01/2002	$1,984.50	0.0%	0.0%	Y	Referral Required
E1570	ADJUSTABLE CHAIR, FOR ESRD P	04/01/2002	$100.49	0.0%	0.0%	Y	Referral Required
E1575	TRANSDUCER PROTECTOR/FLUID B	04/01/2002	$26.87	0.0%	0.0%	Y	Referral Required
E1590	HEMODIALYSIS MACHINE, UNIT O	04/01/2002	$1,721.69	0.0%	0.0%	Y	Referral Required
E1594	CYCLER DIALYSIS MACHINE	03/01/2002	$3,640.00	0.0%	0.0%	N	Referral Required
E1600	DEL AND/OR INSTALL CHARGES F	04/01/2002	$461.86	0.0%	0.0%	Y	Referral Required
E1610	REV OSMOSIS WAT PURIFIC SYS	04/01/2002	$614.64	0.0%	0.0%	Y	Referral Required
E1637	HEMOSTAT FOR DIALYSIS	04/01/2002	$3.99	0.0%	0.0%	N	Referral Required
E1638	HEATING PAD FOR PERITONEAL DIALYSIS	04/01/2002	$36.12	0.0%	0.0%	N	Referral Required
E1639	SCALE FOR DIALYSIS, EACH	04/01/2002	$223.34	0.0%	0.0%	N	Referral Required
E1700	JAW MOTION ON REHAB SYSTEM	03/01/1997	$328.92	0.0%	0.0%	Y	Referral Required
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION	03/01/1997	$1,111.70	0.0%	0.0%	Y	Referral Required
E1801	BI-DIRECTIONAL STRETCH DEVICE	01/01/2001	$1,283.70	0.0%	0.0%	Y	Referral Required
E1802	DYNAMIC ADJ. FOREARM PRONATION/	01/01/2003	$326.80	0.0%	0.0%	N	Referral Required
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION	01/02/1997	$1,140.90	0.0%	0.0%	Y	Referral Required
E1806	BI-DIRECTIONAL STRETCH DEVICE	01/01/2002	$1,053.90	0.0%	0.0%	Y	Referral Required
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION/	01/01/2003	$1,272.00	0.0%	0.0%	Y	Referral Required
E1811	BI-DIRECTIONAL STRETCH DEVICE	01/01/2002	$1,334.60	0.0%	0.0%	Y	Referral Required
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/	03/01/1997	$1,140.90	0.0%	0.0%	Y	Referral Required
E1816	BI-DIRECTIONAL STRETCH DEVISE	01/01/2002	$1,355.70	0.0%	0.0%	Y	Referral Required
E1818	BI-DIRECTIONAL STRETCH DEVICE	01/01/2002	$1,384.10	0.0%	0.0%	Y	Referral Required
E1821	REPLACEMENT SOFT INTERFACE	01/01/2002	$104.72	0.0%	0.0%	Y	Referral Required
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSIO	03/01/1997	$1,140.90	0.0%	0.0%	Y	Referral Required
E1830	DYNAMIC ADJUSTABEL TOE EXTENSION/FL	03/01/1997	$1,140.90	0.0%	0.0%	Y	Referral Required
E1840	DYNAMIC ADJUSTABLE SHOULDER DEVICE	01/01/2002	$3,808.20	0.0%	0.0%	Y	Referral Required
E2000	GASTRIC SUCTION PUMP, HOME MODEL	01/01/2002	$515.80	0.0%	0.0%	N	Referral Required
E2100	BLOOD GLUCOSE MONITOR	01/01/2002	$544.01	0.0%	0.0%	Y	Referral Required
E2101	BLOOD GLUCOSE MONITOR	01/01/2002	$187.63	0.0%	0.0%	Y	Referral Required

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E2201	MANUAL WHEELCHAIR ACCESSORY	01/01/2004	$373.10	0.0%	0.0%	Y	Referral Required
E2202	MANUAL WHEELCHAIR ACCESS	01/01/2004	$473.98	0.0%	0.0%	Y	Referral Required
E2203	MANUAL WHEELCHAIR ACCESS	01/01/2004	$479.05	0.0%	0.0%	Y	Referral Required
E2204	MANUAL WHEELCHAIR ACCESS	01/01/2004	$813.40	0.0%	0.0%	Y	Referral Required
E2310	POWER WHEELCHAIR ACCESS	01/01/2004	$1,170.02	0.0%	0.0%	Y	Referral Required
E2311	POWER WHEELCHAIR ACCESS	01/01/2004	$2,369.20	0.0%	0.0%	Y	Referral Required
E2320	POWER WHEELCHAIR ACCESSORY	01/01/2004	$998.38	0.0%	0.0%	Y	Referral Required
E2321	POWER WHEELCHAIR ACCESSORY	01/01/2004	$1,532.90	0.0%	0.0%	Y	Referral Required
E2322	POWER WHEELCHAIR ACCESSORY	01/01/2004	$1,410.36	0.0%	0.0%	Y	Referral Required
E2323	POWER WHEELCHAIR ACCESSORY	01/01/2004	$1,057.78	0.0%	0.0%	Y	Referral Required
E2324	POWER WHEELCHAIR ACCESSORY	01/01/2004	$44.49	0.0%	0.0%	Y	Referral Required
E2325	POWER WHEELCHAIR ACCESSORY	01/01/2004	$1,346.83	0.0%	0.0%	Y	Referral Required
E2326	POWER WHEELCHAIR ACCESSORY	01/01/2004	$319.60	0.0%	0.0%	Y	Referral Required
E2327	POWER WHEELCHAIR ACCESSORY	01/01/2004	$2,306.14	0.0%	0.0%	Y	Referral Required
E2328	POWER WHEELCHAIR ACCESSORY	01/01/2004	$3,877.33	0.0%	0.0%	Y	Referral Required
E2329	POWER WHEELCHAIR ACCESSORY	01/01/2004	$1,730.31	0.0%	0.0%	Y	Referral Required
E2340	POWER WHEELCHAIR ACCESS	01/01/2004	$314.22	0.0%	0.0%	Y	Referral Required
E2341	POWER WHEELCHAIR ACCESSORY	01/01/2004	$462.97	0.0%	0.0%	Y	Referral Required
E2342	POWER WHEELCHAIR ACCESSORY	01/01/2004	$448.03	0.0%	0.0%	Y	Referral Required
E2343	POWER WHEELCHAIR ACCESSORY	01/01/2004	$259.27	0.0%	0.0%	Y	Referral Required
E2351	POWER WHEELCHAIR ACCESSORY	01/01/2004	$698.63	0.0%	0.0%	Y	Referral Required
E2360	POWER WHEELCHAIR ACCESSORY	01/01/2004	$107.16	0.0%	0.0%	Y	Referral Required
E2361	POWER WHEELCHAIR ACCESSORY	01/01/2004	$130.82	0.0%	0.0%	Y	Referral Required
E2362	POWER WHEELCHAIR ACCESSORY	01/01/2004	$86.27	0.0%	0.0%	Y	Referral Required
E2363	POWER WHEELCHAIR ACCESSORY	01/01/2004	$174.45	0.0%	0.0%	Y	Referral Required
E2364	POWER WHEELCHAIR ACCESS	01/01/2004	$112.34	0.0%	0.0%	Y	Referral Required
E2365	POWER WHEELCHAIR ACCESS	01/01/2004	$110.31	0.0%	0.0%	Y	Referral Required
E2366	POWER WHEELCHAIR ACCESSORY	01/01/2004	$228.79	0.0%	0.0%	Y	Referral Required
E2367	POWER WHEELCHAIR ACCESSORY	01/01/2004	$419.08	0.0%	0.0%	Y	Referral Required
E2402	NEGATIVE PRESSURE WOUND THERAPY	01/01/2004	$1,752.51	0.0%	0.0%	Y	Referral Required
E2500	SPEECH GENERATING DEVICE	01/01/2004	$374.13	0.0%	0.0%	Y	Referral Required
E2502	SPEECH GENERATING DEVICE	01/01/2004	$1,195.80	0.0%	0.0%	Y	Referral Required
E2504	SPEECH GENERATING DEVICE	01/01/2004	$1,577.42	0.0%	0.0%	Y	Referral Required
E2506	SPEECH GENERATING DEVICE	01/01/2004	$2,312.96	0.0%	0.0%	Y	Referral Required
E2508	SPEECH GENERATING DEVICE	04/01/2004	$3,576.61	0.0%	0.0%	N	Referral Required
E2510	SPEECH GENERATING DEVICE	01/01/2004	$6,475.12	0.0%	0.0%	Y	Referral Required
G0001	ROUTINE VENIPUNCTURE	01/01/1998	$3.00	0.0%	0.0%	N	Referral Required
G0008	ADMIN OF INFLUENZA VIRUS VAC	07/01/2001	$3.94	0.0%	0.0%	N	
G0009	MEDICARE CROSSOVER-ADMIN PNEUMONO	07/01/2001	$3.94	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
G0010	ADMINISTRATION HEPATITIS B VACCINE-	07/01/2001	$3.94	0.0%	0.0%	N	Referral Required
G0026	AUTOMATED TESTING; STAINS AND SMEA	01/01/1998	$5.90	0.0%	0.0%	N	Referral Required
G0030	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,041.50	93.0%	7.0%	Y	Referral Required
G0031	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,061.19	92.0%	8.0%	Y	Referral Required
G0032	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,041.50	93.0%	7.0%	Y	Referral Required
G0033	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,061.19	92.0%	8.0%	Y	Referral Required
G0034	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,041.50	93.0%	8.0%	Y	Referral Required
G0035	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,061.19	92.0%	8.0%	Y	Referral Required
G0036	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,041.50	93.0%	7.0%	Y	Referral Required
G0037	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,061.19	92.0%	8.0%	Y	Referral Required
G0038	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,041.50	93.0%	7.0%	Y	Referral Required
G0039	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,061.19	92.0%	8.0%	Y	Referral Required
G0040	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,041.50	93.0%	7.0%	Y	Referral Required
G0041	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,061.19	92.0%	8.0%	Y	Referral Required
G0042	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,041.50	93.0%	7.0%	Y	Referral Required
G0043	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,061.19	92.0%	8.0%	Y	Referral Required
G0044	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,041.50	93.0%	7.0%	Y	Referral Required
G0045	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,061.19	92.0%	8.0%	Y	Referral Required
G0046	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,041.50	93.0%	7.0%	Y	Referral Required
G0047	PET MYOCARDIAL PERFUSION IMAGING	07/01/2004	$1,061.19	92.0%	8.0%	Y	Referral Required
G0050	BLADDER ULTRASOUND	07/01/2004	$27.13	0.0%	0.0%	N	Referral Required
G0105	COLORECTAL CANCER SCREENING	07/01/2004	$379.19	0.0%	0.0%	N	Referral Required
G0121	COLORECTAL CANCER SCREENING	01/01/2003	$371.03	0.0%	0.0%	N	Referral Required
G0123	SCREENING CYTOPATHOLOGY	01/01/2004	$28.00	0.0%	0.0%	N	Referral Required
G0125	PET IMAGING REGIONAL OR WHOLE BODY	07/01/2004	$1,918.52	96.0%	4.0%	Y	Referral Required
G0127	TRIMMING OF DYSTROPHIC NAILS	04/01/1998	$26.19	0.0%	0.0%	N	Referral Required
G0166	EXTERNAL COUNTERPULSATION PER	01/01/2003	$172.25	0.0%	0.0%	N	Referral Required
G0168	WOUND CLOSURE UTILIZING TISSUE	07/01/2004	$92.11	0.0%	0.0%	N	Referral Required
G0179	PHYS. RECERT. FOR MEDICARE COVERED	07/01/2004	$55.61	0.0%	0.0%	N	Referral Required
G0180	PHYSICIAN CERTIFIED SERVICES	07/01/2004	$66.21	0.0%	0.0%	N	Referral Required
G0182	PHYSICIAN SUPERVISION OF	07/01/2004	$126.76	0.0%	0.0%	N	Referral Required
G0202	SCREENING MAMMOGRAPHY	07/01/2004	$102.61	68.0%	32.0%	N	Referral Required
G0204	DIAGNOSTIC MAMMOGRAPHY	07/01/2004	$108.90	65.0%	35.0%	N	Referral Required
G0206	DIAGNOSTIC MAMMOGRAPHY	07/01/2004	$87.85	65.0%	35.0%	N	Referral Required
G0210	IMAGING WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0211	PET IMAGING WHOLE BODY	07/01/2004	$1,981.45	96.0%	6.0%	Y	Referral Required
G0212	PET IMAGING WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0213	PET IMAGING WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0214	PET IMAGING WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
G0215	PET IMAGING WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0216	PET IMAGING WHOLE BODY	07/01/2004	$1,981.45	93.0%	4.0%	Y	Referral Required
G0217	PET IMAGING WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0218	PET IMAGING WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0219	PET IMAGING WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0220	PET IMAGING WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0221	PET IMAGING	07/01/2004	$1,981.45	95.0%	5.0%	Y	Referral Required
G0222	PET IMAGING WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0223	PET IMAGE WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0224	PET IMAGE WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0225	PET IMAGE WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0226	PET IMAGING WHOLE BODY	07/01/2007	$1,981.45	96.0%	4.0%	Y	Referral Required
G0227	PET IMAGE WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0228	PET IMAGING WHOLE BODY	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0229	PET IMAGING METABOLIC BRAIN	07/01/2004	$981.58	93.0%	7.0%	Y	Referral Required
G0230	PET SCAN METABOLIC ASSESSMENT	07/01/2004	$981.58	96.0%	4.0%	Y	Referral Required
G0246	FOLLOW UP PHYS. EVAL. & MANAGEMENT	07/01/2004	$31.81	0.0%	0.0%	N	Referral Required
G0252	PET IMAGE FULL & PARTIAL RING	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0253	PET IMAGE BREAST CANCER FULL/PART	07/01/2004	$1,981.45	96.0%	4.0%	Y	Referral Required
G0254	PET IMAGE BREAST CANCER FULL	07/01/2004	$1,907.89	96.0%	4.0%	Y	Referral Required
G0270	MEDICAL NUTRITION THERAPY	07/01/2004	$15.04	0.0%	0.0%	N	Referral Required
G0281	ELECTRICAL STIMULATION	07/01/2004	$9.85	0.0%	0.0%	N	Referral Required
G0283	ELECTRICAL STIMULATION UNATTENDED	07/01/2004	$17.19	0.0%	0.0%	N	Referral Required
G0289	ARTHROSCOPY, KNEE, REMOVAL	07/01/2004	$74.20	0.0%	0.0%	N	Referral Required
G0296	PET IMAGING, FULL OR PARTIAL	01/01/2004	$86.06	0.0%	100.0%	Y	Referral Required
G0297	INSERTION OF SINGLE CHAMBER PACING	07/01/2004	$1,006.92	0.0%	0.0%	N	Referral Required
G0298	INSERTION OF DUAL CHAMBER PACING	07/01/2004	$1,006.92	0.0%	0.0%	N	Referral Required
G0299	INSERTION OF RESPOSITIONING	07/01/2004	$1,006.92	0.0%	0.0%	N	Referral Required
G0300	INSERTION OF REPOSITIONING	07/01/2004	$1,006.92	0.0%	0.0%	N	Referral Required
G0306	COMPLETE CBC	01/01/2004	$10.74	0.0%	0.0%	N	Referral Required
G0307	COMPLETE CBC	01/01/2004	$8.46	0.0%	0.0%	N	Referral Required
G0308	ESRD RELATED SERVICES	07/01/2004	$780.90	0.0%	0.0%	N	Referral Required
G0309	END STAGE RENAL DISEASE	07/01/2004	$650.12	0.0%	0.0%	N	Referral Required
G0310	END STAGE RENAL DISEASE (ESRD)	07/01/2004	$520.02	0.0%	0.0%	N	Referral Required
G0311	END STAGE RENAL DISEASE	07/01/2004	$536.16	0.0%	0.0%	N	Referral Required
G0312	END STAGE RENAL DISEASE	07/01/2004	$446.54	0.0%	0.0%	N	Referral Required
G0313	END STAGE RENAL DISEASE	07/01/2004	$357.22	0.0%	0.0%	N	Referral Required
G0314	END STAGE RENAL DISEASE	07/01/2004	$469.50	0.0%	0.0%	N	Referral Required
G0315	END STAGE RENAL DISEASE	07/01/2004	$390.86	0.0%	0.0%	N	Referral Required

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G0316	END STAGE RENAL DISEASE	07/01/2004	$312.58	0.0%	0.0%	N	Referral Required
G0317	END STAGE RENAL DISEASE	07/01/2004	$395.68	0.0%	0.0%	N	Referral Required
G0318	END STAGE RENAL DISEASE	07/01/2004	$244.36	0.0%	0.0%	N	Referral Required
G0319	END STAGE RENAL DISEASE	07/01/2004	$195.24	0.0%	0.0%	N	Referral Required
G0320	END STAGE RENAL DISEASE	07/01/2004	$650.12	0.0%	0.0%	N	Referral Required
G0321	END STAGE RENAL DISEASE	07/01/2004	$390.86	0.0%	0.0%	N	Referral Required
G0322	END STAGE RENAL DISEASE	07/01/2004	$446.57	0.0%	0.0%	N	Referral Required
G0323	END STAGE RENAL DISEASE	07/01/2004	$244.36	0.0%	0.0%	N	Referral Required
G0324	END STAGE RENAL DISEASE	07/01/2004	$21.61	0.0%	0.0%	N	Referral Required
G0325	END STAGE RENAL DISEASE	07/01/2004	$12.99	0.0%	0.0%	N	Referral Required
G0326	END STAGE RENAL DISEASE	07/01/2004	$14.86	0.0%	0.0%	N	Referral Required
G0327	END STAGE RENAL DISEASE	07/01/2004	$8.22	0.0%	0.0%	N	Referral Required
G0328	FECAL BLOOD SCREEN	01/01/2004	$9.45	0.0%	0.0%	N	Referral Required
G9007	COORDINATED CARE FEE	11/01/2003	$10.00	0.0%	0.0%	Y	Referral Required
G9012	COORDINATED CARE FEE	11/01/2003	$10.00	0.0%	0.0%	Y	Referral Required
H2011	CRISIS INTERVENTION, PER 15 MINUTES	10/20/2003	$11.02	0.0%	0.0%	Y	
H2022	COMMUNITY BASED SERVICES	10/01/2004	$221.12	0.0%	0.0%	Y	Referral Required
H5020	GROUP PSYCHOTHERAPY	07/01/2004	$3.75	0.0%	0.0%	Y	Referral Required
H5200	NURSING SERVICE (OFFICE VISIT	07/01/1999	$9.38	0.0%	0.0%	N	Referral Required
H5300	OCCUPATIONAL THERAPY-INDIVID	07/01/1999	$5.93	0.0%	0.0%	N	Referral Required
J0120	INJ TETRAYCLINE UP TO 250 MG	06/01/1987	$13.00	0.0%	0.0%	N	Referral Required
J0130	ABCIXIMAB REOPRO	01/01/1999	$513.02	0.0%	0.0%	N	Referral Required
J0150	INJECTION ADENOSINE	07/01/2000	$30.17	0.0%	0.0%	N	Referral Required
J0152	INJECTION ADENOSINE 30 MG	04/17/2003	$175.49	0.0%	0.0%	N	Referral Required
J0170	INJECTION, ADRENALIN, EPINEP	06/01/1987	$3.00	0.0%	0.0%	N	Referral Required
J0190	INJECTION BIPERIDEN AKINETON 2 MG	01/02/1992	$6.00	0.0%	0.0%	N	Referral Required
J0205	INJECTION, ALGLUCERASE, UP T	02/07/1994	$204.00	0.0%	0.0%	N	Referral Required
J0207	INJECTION AMIFOSTINE, 500 MG.	04/01/1999	$322.13	0.0%	0.0%	N	Referral Required
J0210	INJECTION, ALDOMET ESTER HCL, UP TO	11/01/1992	$11.00	0.0%	0.0%	N	Referral Required
J0215	AMEVIVE 15 MG EA	01/01/2003	$29.19	0.0%	0.0%	N	Referral Required
J0256	ALPHA-1-PROTEINOSE INHIBITOR,HUMAN,	01/01/1994	$104.50	0.0%	0.0%	N	Referral Required
J0280	INJECTION, AMINOPHYLLIN, UP TO 250	06/01/1987	$4.00	0.0%	0.0%	N	Referral Required
J0285	AMPHOTERICIN B	01/01/1999	$88.66	0.0%	0.0%	N	Referral Required
J0287	INJECTION AMPHOTERICIN B LIPID	01/01/2003	$21.85	0.0%	0.0%	N	Referral Required
J0288	INJECTION AMPHOTERICIN B	01/01/2003	$15.20	0.0%	0.0%	N	Referral Required
J0289	AMPHOTERICIN B LIPOSOME, 10 MG	01/01/2003	$35.80	0.0%	0.0%	N	Referral Required
J0290	INJECTION, AMPICILLIN, UP TO 500 MG	03/15/1995	$4.00	0.0%	0.0%	N	Referral Required
J0295	AMPICIL/SULBAC 1.5 GRAMS (UNASYN)	01/01/1995	$8.00	0.0%	0.0%	N	Referral Required
J0300	INJECTION AMOBARBITAL UP TO 125 MG	12/01/1992	$12.00	0.0%	0.0%	N	Referral Required

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J0330	INJ SUCCINYLCHOLINE CHLORIDE UP TO	05/01/1987	$1.00	0.0%	0.0%	N	Referral Required
J0350	ANISTREPLASE (EMINASE) I.V., PER 30	01/01/1995	$2,458.00	0.0%	0.0%	N	Referral Required
J0360	INJ HYDRALAZINE HCL UP TO 20 MG	06/01/1987	$7.00	0.0%	0.0%	N	Referral Required
J0380	INJECTION, ARAMINE, UP TO 10 MG	06/13/1994	$2.00	0.0%	0.0%	N	Referral Required
J0390	INJECTION, ARALEN HCL, UP TO 50 MG	05/01/1987	$2.00	0.0%	0.0%	N	Referral Required
J0395	ARBUTAMINE HCL	01/01/1999	$18.24	0.0%	0.0%	N	Referral Required
J0456	INJECTION AZITHROMYCIN 500 MG	01/01/2002	$24.49	0.0%	0.0%	N	Referral Required
J0460	INJECTION, ATROPINE SULFATE,	06/01/1987	$3.00	0.0%	0.0%	N	Referral Required
J0470	INJECTION, BAL IN OIL, UP TO 100 MG	05/01/1987	$2.00	0.0%	0.0%	N	Referral Required
J0475	INJECTION, BACLOFEN, 10 MG	05/01/1994	$194.00	0.0%	0.0%	N	Referral Required
J0476	BACLOFEN FOR INTRATHECAL TRIAL	01/01/1999	$74.10	0.0%	0.0%	N	Referral Required
J0500	INJECTION, BENTYL, UP TO 20 MG	06/01/1987	$9.00	0.0%	0.0%	N	Referral Required
J0515	INJECTION, BENZTROPINE	05/01/1987	$5.00	0.0%	0.0%	N	Referral Required
J0520	BETHANECHOL MYOTONACHOL OR URECH	06/01/1987	$6.00	0.0%	0.0%	N	Referral Required
J0530	INJECTION, BICILLIN C-R, UP TO 600,	06/04/1994	$7.00	0.0%	0.0%	N	Referral Required
J0540	INJECTION, BICILLIN C-R, UP TO 1,20	06/04/1994	$11.00	0.0%	0.0%	N	Referral Required
J0550	INJECTION, BICILLIN C-R, UP TO 2,40	01/03/1995	$21.00	0.0%	0.0%	N	Referral Required
J0560	INJECTION, BICILLIN LONG-ACTING, UP	01/03/1995	$9.00	0.0%	0.0%	N	Referral Required
J0570	INJECTION, BICILLIN LONG-ACTING, UP	06/04/1994	$13.00	0.0%	0.0%	N	Referral Required
J0580	INJ, BICILLIN LONG-ACTING, UP TO 2,	01/03/1995	$25.00	0.0%	0.0%	N	Referral Required
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	07/01/2004	$4.59	0.0%	0.0%	N	Referral Required
J0587	BOTULINUM TOXIN TYPE B	07/01/2004	$8.14	0.0%	0.0%	N	Referral Required
J0592	BUPRENORPHINE HYDROCHLORIDE	01/01/2003	$0.97	0.0%	0.0%	N	Referral Required
J0595	INJECTION, BUTORPHANOL	01/01/2004	$3.94	0.0%	0.0%	N	Referral Required
J0600	INJ, CALCIUM DISODIUM VERSENATE, UP	05/01/1987	$4.00	0.0%	0.0%	N	Referral Required
J0610	INJECTION, CALCIUM GLUCONATE, UP TO	06/01/1997	$1.25	0.0%	0.0%	N	Referral Required
J0620	INJECT CALCIUM GLYCEROPHOSHATE/LAC	05/01/1987	$4.00	0.0%	0.0%	N	Referral Required
J0630	INJ, CALCIMAR, CALCITONINSALMON, UP	06/01/1988	$32.00	0.0%	0.0%	N	Referral Required
J0636	CALCITRIOL, 0.1 MCG	01/01/2003	$1,381.96	0.0%	0.0%	N	Referral Required
J0637	CASPOFUNGIN ACETATE, 5 MG	01/01/2003	$31.47	0.0%	0.0%	N	Referral Required
J0640	INJECTION LEUCOVORIN CALCIUM PER 50	04/01/1992	$25.00	0.0%	0.0%	N	Referral Required
J0670	INJECTION, CARBOCAINE	05/01/1987	$5.00	0.0%	0.0%	N	Referral Required
J0690	INJ, CEFZAOLIN SODIUM, ANCEF, KEFZO	06/01/1987	$6.00	0.0%	0.0%	N	Referral Required
J0692	INJECTION CEFEPIME HYDROCHLORIDE	01/01/2002	$8.00	0.0%	0.0%	N	Referral Required
J0694	INJ CEFOXITIN SODIUM MEFOXIN 1 GM	01/01/1992	$12.00	0.0%	0.0%	N	Referral Required
J0696	CEFTRIAXONE SODIUM 250MG	04/01/1999	$13.51	0.0%	0.0%	N	Referral Required
J0697	CEFUROXIME SODIUM STERILE 750MG	01/01/1991	$10.00	0.0%	0.0%	N	Referral Required
J0698	CEFOTAXIME SOD INJ PER/GM	07/01/1992	$15.00	0.0%	0.0%	N	Referral Required
J0702	BETAMETHASONE ACETATEAND SOD. PHO	01/01/1995	$5.00	0.0%	0.0%	N	Referral Required

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J0704	BETAMETHASONE SODIUM PHOSPHATE P	01/01/1995	$5.00	0.0%	0.0%	N	Referral Required
J0706	INJECTION, CAFFEINE CITRATE	01/01/2002	$3.10	0.0%	0.0%	N	Referral Required
J0710	INJECTION, CEPHAPRIN SODIUM, CEFADY	02/01/1989	$7.00	0.0%	0.0%	N	Referral Required
J0713	INJ CEFTAZIDIME PER 500 MG (FORTAZ,	07/01/1995	$7.82	0.0%	0.0%	N	Referral Required
J0715	CEFTIZOXIME (CEFIZOX) PER 500 MG	01/01/1995	$8.00	0.0%	0.0%	N	Referral Required
J0720	INJ, CHOLORMYCETIN SODIUM SUCCINAT	04/01/1986	$5.00	0.0%	0.0%	N	Referral Required
J0725	INJECTION, CHORIONIC GONADOTROPIN,P	09/09/1993	$11.00	0.0%	0.0%	N	Referral Required
J0735	CLONIDINE HYDROCHLORIDE, 1 MG.	01/01/2001	$48.45	0.0%	0.0%	N	Referral Required
J0740	INJECTION, CIDOFOVIR, 375 MG	01/01/1998	$706.80	0.0%	0.0%	N	Referral Required
J0743	INJECTION CILASTIN SODIUM IMIPENEM	01/01/1992	$16.00	0.0%	0.0%	N	Referral Required
J0744	INJECTION CIPROFLOXACIN	01/01/2002	$14.00	0.0%	0.0%	N	Referral Required
J0745	INJECTION, CODEINE PHOSPHATE, PER 3	01/01/1994	$3.00	0.0%	0.0%	N	Referral Required
J0760	INJECTION, COLCHICINE, UP TO 2 MG	06/01/1987	$7.00	0.0%	0.0%	N	Referral Required
J0770	INJECTION, COLY-MYCIN M, UP TO 150	05/01/1987	$19.00	0.0%	0.0%	N	Referral Required
J0780	INJECTION, COMPAZINE, UP TO 10 MG	06/01/1987	$6.00	0.0%	0.0%	N	Referral Required
J0800	INJECTION, CORTICOTROPIN, UP TO 40	12/20/1993	$22.00	0.0%	0.0%	N	Referral Required
J0835	COSYNTROPIN (CORTROSYN) 0.25 MG	10/01/2003	$78.17	0.0%	0.0%	N	Referral Required
J0850	CYTOMEGALOVIRUS IMMUNE GLOB. PER V	01/01/1995	$466.00	0.0%	0.0%	N	Referral Required
J0880	DARBEPOETIN ALFA, 5 MCG	01/01/2003	$21.95	0.0%	0.0%	N	Referral Required
J0895	INJECTION, DEFEROXNMINE MESYLATE, 5	01/01/1992	$12.00	0.0%	0.0%	N	Referral Required
J0900	INJECTION, DELADUMONE, UP TO 1CC	06/01/1987	$7.00	0.0%	0.0%	N	Referral Required
J0945	INJECTION, DEHIST	01/01/1994	$3.00	0.0%	0.0%	N	Referral Required
J0970	INJECTION, DELESTROGEN, UP TO 40 MG	04/01/2000	$20.35	0.0%	0.0%	N	Referral Required
J1000	INJECTION, DEPO-ESTRADIOL CY	06/01/1987	$5.00	0.0%	0.0%	N	Referral Required
J1020	INJECTION, DEPO-MEDROL, 20 MG	06/01/1987	$4.00	0.0%	0.0%	N	Referral Required
J1030	INJECTION, DEPO-MEDROL, 40 MG	12/01/1987	$7.00	0.0%	0.0%	N	Referral Required
J1040	INJECTION, DEPO-MEDROL, 80 MG	06/01/1997	$35.93	0.0%	0.0%	N	Referral Required
J1051	MEDROXYPROGESTERONE ACETATE	01/01/2004	$4.86	0.0%	0.0%	N	Referral Required
J1055	MEDROXYPROGESTERONE ACETATE-150	01/01/2004	$51.62	0.0%	0.0%	N	
J1056	INJECTION 5 MG/25 MG	01/01/2002	$22.00	0.0%	0.0%	N	
J1060	INJECTION, DEPO-TESTADIOL, UP TO 1	06/01/1987	$8.00	0.0%	0.0%	N	Referral Required
J1070	INJ, DEPO-TESTOSTERONE CYPIONATE, U	05/01/1987	$5.00	0.0%	0.0%	N	Referral Required
J1080	INJ, DEPO-TESTOSTERONE CYPIO	05/01/1987	$9.00	0.0%	0.0%	N	Referral Required
J1094	DEXAMETHASONE ACETATE, 1MG	01/01/2003	$0.29	0.0%	0.0%	N	Referral Required
J1100	INJECTION, DEXAMETHOSONE, UP	04/01/1986	$1.00	0.0%	0.0%	N	Referral Required
J1110	INJECTION, D.H.E.45, UP TO 1 MG	05/01/1987	$6.00	0.0%	0.0%	N	Referral Required
J1120	INJECTION, DIAMOX SODIUM, UP TO 500	05/01/1987	$18.00	0.0%	0.0%	N	Referral Required
J1160	INJECTION, DIGOXIN, UP TO 0.5MG	05/01/1987	$2.00	0.0%	0.0%	N	Referral Required
J1165	INJECTION, DILANTIN	06/01/1997	$3.00	0.0%	0.0%	N	Referral Required

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J1170	INJECTION HYDROMORDHONE HCL UO TO	04/01/1986	$1.50	0.0%	0.0%	N	Referral Required
J1190	INJ. DEXRAZOXANE HCL, 250MG (ZINECA	01/01/1997	$118.25	0.0%	0.0%	N	Referral Required
J1200	INJ, DIPHENHYDRAMINE HCL, BENADRYL,	05/01/2002	$1.00	0.0%	0.0%	N	Referral Required
J1205	CHLOROTHIAZIDE SODIUM/500 MG (DIURI	06/01/1997	$9.18	0.0%	0.0%	N	Referral Required
J1212	INJECTION, DMSO, DIMENTHYL S	10/01/1993	$54.00	0.0%	0.0%	N	Referral Required
J1230	INJ, DOLOPHINE HCL, METHODONE HCI,	04/01/1986	$1.00	0.0%	0.0%	N	Referral Required
J1240	INJECTION, DRAMAMINE, UP TO 50 MG	06/01/1987	$4.00	0.0%	0.0%	N	Referral Required
J1245	INJECTION DIPYRIDAMOLE PER 10 MG	01/21/1991	$31.00	0.0%	0.0%	N	Referral Required
J1250	INJECTION, DOBUTAMINE HCI 250	01/01/1998	$5.75	0.0%	0.0%	N	Referral Required
J1260	INJECTION DOLASETRON MESYTATE-10 M	05/01/2000	$7.41	0.0%	0.0%	N	Referral Required
J1270	INJECTION, DOXERCALCIFEROL	01/01/2002	$5.25	0.0%	0.0%	N	Referral Required
J1320	AMITRIPTYLINE HCL/20 MG (ELAVIL) 00	06/01/1997	$9.61	0.0%	0.0%	N	Referral Required
J1325	INJECTION, EPOPROSTENOL, .5MG	01/01/1998	$189.36	0.0%	0.0%	N	Referral Required
J1330	INJ, ERGONOVINE MALEATE, ERGOTRATE	01/01/1997	$4.75	0.0%	0.0%	N	Referral Required
J1364	ERYTHROMICIN LACTOBIONATE PER 500 M	01/01/1995	$6.00	0.0%	0.0%	N	Referral Required
J1380	ESTRADIOL VALERATE/10 MG-0022376051	06/01/1997	$8.95	0.0%	0.0%	N	Referral Required
J1390	ESTRADIOL VALERATE/20 MG - 00223760	06/01/1997	$13.95	0.0%	0.0%	N	Referral Required
J1410	INJECTION, ESTROGEN CONJUGATED, PE	06/01/1987	$3.00	0.0%	0.0%	N	Referral Required
J1435	INJECTION, ESTRONE, PER 1 MG	01/01/1994	$3.00	0.0%	0.0%	N	Referral Required
J1436	EXIDRONATE DISODIUM 300MG/6ML	11/01/1991	$70.00	0.0%	0.0%	N	Referral Required
J1438	INJECTION ETANERCEPT 25 MG.	01/01/2000	$130.62	0.0%	0.0%	N	
J1440	NEUPOGEN, 300MCG VIALS	01/01/1999	$157.04	0.0%	0.0%	N	Referral Required
J1441	FILGRASTIM (NEUPOGEN)	01/01/1999	$250.14	0.0%	0.0%	N	Referral Required
J1455	INJECTION FOSCARNET SODIUM PER 1000	11/01/1991	$14.00	0.0%	0.0%	N	Referral Required
J1460	INJ GAMMA GLOBULIN IM 1CC	05/01/1987	$5.00	0.0%	0.0%	N	Referral Required
J1470	INJECTION, GAMMA GLOBULIN 2 CC	08/07/1991	$7.00	0.0%	0.0%	N	Referral Required
J1480	INJECTION, GAMMA GLOBULIN, 3 CC	08/07/1991	$10.00	0.0%	0.0%	N	Referral Required
J1490	INJECTION, GAMMA GLOBULIN, 4 CC	08/07/1991	$12.00	0.0%	0.0%	N	Referral Required
J1500	INJECTION, GAMMA GLOBULIN, 5 CC	08/07/1991	$15.00	0.0%	0.0%	N	Referral Required
J1510	INJECTION, GAMMA GLOBULIN, 6 CC	08/07/1991	$17.00	0.0%	0.0%	N	Referral Required
J1520	INJECTION, GAMMA GLOBULIN, 7 CC	08/07/1991	$20.00	0.0%	0.0%	N	Referral Required
J1530	INJECTION, GAMMA GLOBULIN, 8 CC	08/07/1991	$22.00	0.0%	0.0%	N	Referral Required
J1540	INJECTION, GAMMA GLOBULIN, 9 CC	08/07/1991	$25.00	0.0%	0.0%	N	Referral Required
J1550	INJECTION, GAMMA GLOBULIN, 10 CC	08/07/1991	$27.00	0.0%	0.0%	N	Referral Required
J1564	IMMUNE GLOBULIN, 10 MG	01/01/2003	$0.86	0.0%	0.0%	N	Referral Required
J1570	INJECTION, GANCICLOUIR SODIUM 500 M	11/01/1995	$38.20	0.0%	0.0%	N	Referral Required
J1580	INJECTION, GARAMYCIN, GENTAMICIN, U	05/01/1987	$7.00	0.0%	0.0%	N	Referral Required
J1590	INJECTION, GATIFLOXACIN	01/01/2002	$0.95	0.0%	0.0%	N	Referral Required
J1600	INJECTION, GOLD SODIUM THIOSULFATE,	01/01/1992	$14.00	0.0%	0.0%	N	Referral Required

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J1610	GLUCAGON HYDROCHLORIDE, PER 1 MG	01/01/2000	$65.21	0.0%	0.0%	N	Referral Required
J1626	GRANISETRON HYDROCHLORIDE	05/01/2001	$14.00	0.0%	0.0%	N	Referral Required
J1630	INJECTION HALOPERIDOL HALDOL LACT U	01/04/1993	$8.00	0.0%	0.0%	N	Referral Required
J1631	INJECTION HALOPERIDOL DECANOATE HA	01/02/1992	$33.00	0.0%	0.0%	N	Referral Required
J1642	HEPARIN LOCK FLUSH,10 UTS (NO ADMIN	01/01/1998	$0.50	0.0%	0.0%	N	Referral Required
J1644	HEPARIN SODIUM, PER 1000 UNITS	01/01/1995	$3.00	0.0%	0.0%	N	Referral Required
J1645	INJ-DALTEPARIN SODIUM, PER 2500 MG/	01/01/1997	$12.28	0.0%	0.0%	N	Referral Required
J1650	INJECTION, ENOXAPARIN SODIUM	01/01/1999	$5.32	0.0%	0.0%	N	Referral Required
J1652	FONDAPARINUX SODIUM, 0.5 MG	01/01/2003	$8.27	0.0%	0.0%	N	Referral Required
J1655	INJECTION TINZAPARIN SODIUM	01/01/2002	$3.83	0.0%	0.0%	N	Referral Required
J1670	TETANUS IMMUNE GLOBULIN, 250 MG,BAY	01/01/1999	$58.90	0.0%	0.0%	N	Referral Required
J1700	HYDROCORTISONE ACETATE BIOSONE CO	04/01/1986	$2.00	0.0%	0.0%	N	Referral Required
J1710	HYDROCORTISONE SODIUM PHOSPHATE/	06/01/1997	$10.80	0.0%	0.0%	N	Referral Required
J1720	HYDROCORTISONE SODIUM SUCCINATE 1	06/01/1997	$3.75	0.0%	0.0%	N	Referral Required
J1730	INJECTION, HYPERSTAT, UP TO 300 MG	05/01/1987	$50.00	0.0%	0.0%	N	Referral Required
J1742	IBUTILIDE FUMARATE, 1 MG	01/01/1998	$119.75	0.0%	0.0%	N	Referral Required
J1745	INFLIXIMAB 10 MGM REMICADE	01/01/2000	$60.92	0.0%	0.0%	N	Referral Required
J1750	INJECTION, IRON DEXTRAN (INFED), 50	01/01/2000	$17.91	0.0%	0.0%	N	Referral Required
J1756	IRON SUCROSE, 1 MG	01/01/2003	$0.61	0.0%	0.0%	N	Referral Required
J1785	IMIGLUCERASE, PER UNIT, 1.V. (CEREZ	01/01/1995	$5.00	0.0%	0.0%	N	Referral Required
J1790	INJ DROPERIDOL UP TO 5 MG	03/19/1992	$7.00	0.0%	0.0%	N	Referral Required
J1800	INJECTION, INDERAL, UP TO 1 MG	05/01/1987	$3.00	0.0%	0.0%	N	Referral Required
J1810	INJ DROPERIDOL-FENTANYL CITRATE UP	03/02/1992	$15.00	0.0%	0.0%	N	Referral Required
J1815	INSULIN, PER 5 UNITS	01/01/2003	$0.10	0.0%	0.0%	N	Referral Required
J1825	INTERFERON BETA-IA KIT	01/01/1998	$852.00	0.0%	0.0%	N	Referral Required
J1830	INTERFERON BETA-1B, PER 0.25 MG	01/01/1995	$75.00	0.0%	0.0%	N	Referral Required
J1835	INJECTION, ITRACONAZOLE	01/01/2002	$36.59	0.0%	0.0%	N	Referral Required
J1840	KANAMYCIN SULFATE/500 MG (KANTREX)	06/01/1997	$3.04	0.0%	0.0%	N	Referral Required
J1850	INJECTION, KANTREX PEDIATRIC, UP TO	06/01/1997	$3.04	0.0%	0.0%	N	Referral Required
J1885	INJ KETOROLAC TROMETHAMINE P	01/01/1993	$10.00	0.0%	0.0%	N	Referral Required
J1890	INJECTION, KEFLIN, UP TO 1 GRAM	05/01/1987	$6.00	0.0%	0.0%	N	Referral Required
J1940	INJECTION, LAXIX, UP TO 20 M	05/01/1987	$3.00	0.0%	0.0%	N	Referral Required
J1950	LEUPROLIDE ACETATE (LUPRON) DEPOT S	08/15/1996	$457.00	0.0%	0.0%	N	Referral Required
J1955	LEVOCARNITINE PER 1 GRAM	01/01/1999	$34.20	0.0%	0.0%	N	Referral Required
J1956	LEVOFLOXACIN 250 MG	01/01/1999	$19.00	0.0%	0.0%	N	Referral Required
J1960	INJECTION, LEVO-DROMORAN, UP TO 2 M	06/01/1997	$2.91	0.0%	0.0%	N	Referral Required
J1980	INJECTION, LEVSIN, UP TO 0.25 MG	04/01/1986	$4.50	0.0%	0.0%	N	Referral Required
J1990	INJECTION, LIBRIUM, UP TO 100 MG	05/01/1987	$4.00	0.0%	0.0%	N	Referral Required
J2010	INJECTION, LINCOCIN, LINCOMYCIN, UP	05/01/1987	$5.00	0.0%	0.0%	N	Referral Required

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J2020	INJECTION, LINEZOLID	01/01/2002	$22.35	0.0%	0.0%	N	Referral Required
J2060	INJECTION-LORAZEPAM 2MG OR LESS (AT	01/01/1995	$1.00	0.0%	0.0%	N	Referral Required
J2150	INJECTION, MANNITOL, 25% IN 50 ML	01/01/1997	$5.00	0.0%	0.0%	N	Referral Required
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE	12/31/1990	$3.00	0.0%	0.0%	N	Referral Required
J2180	INJ MEPERDINE-PROMETHAZINE HCL UP T	11/26/1990	$6.00	0.0%	0.0%	N	Referral Required
J2210	METHYLERGONOVINE MALEATE 0.2	06/01/1997	$3.17	0.0%	0.0%	N	Referral Required
J2250	INJECTION, MIDAZOLAM HCL 1 MG	01/01/1997	$20.00	0.0%	0.0%	N	Referral Required
J2260	MILRINONE LACTATE (PRIMACOR) I.V. P	01/01/1995	$35.00	0.0%	0.0%	N	Referral Required
J2270	MORPHINE SULFATE 10 MG	01/01/1999	$1.00	0.0%	0.0%	N	Referral Required
J2271	MORPHINE SULFATE 100 MG	01/01/1999	$5.00	0.0%	0.0%	N	Referral Required
J2275	INJ MORPHINE SULFATE PRESERVATIVE-F	01/01/1994	$11.00	0.0%	0.0%	N	Referral Required
J2300	INJECTION, NALBUPHINE HCL 10 MG-NUB	09/01/1996	$1.25	0.0%	0.0%	N	Referral Required
J2310	NALOXONE HC1 PER 1 MG.	01/01/1997	$3.41	0.0%	0.0%	N	Referral Required
J2320	NANDROLONE DECANOATE, UP TO 50 MG.	04/01/1986	$7.00	0.0%	0.0%	N	Referral Required
J2321	NANDROLONE DECANOATE, UP TO 100 MG	04/01/1986	$13.00	0.0%	0.0%	N	Referral Required
J2322	NANDROLONE DECANOATE, UP TO 200 MG	04/01/1986	$24.00	0.0%	0.0%	N	Referral Required
J2324	NESIRITIDE, 0.5 MG	01/01/2003	$144.40	0.0%	0.0%	N	Referral Required
J2355	OPRELVEKIN NEUMEGA UP TO 100 MG	01/01/1999	$230.00	0.0%	0.0%	N	Referral Required
J2360	INJECTION, NORFLEX, UP TO 60 MG	05/01/1987	$7.00	0.0%	0.0%	N	Referral Required
J2370	INJECTION, NEO-SYNEPHRINE, UP TO 1	05/01/1987	$4.00	0.0%	0.0%	N	Referral Required
J2400	INJECTION, NESACAINE AND NESACAINE-	04/01/1986	$10.00	0.0%	0.0%	N	Referral Required
J2405	INJECTION, ONDANSETRON HCL PER IMG	01/01/1993	$6.00	0.0%	0.0%	N	Referral Required
J2410	OXYMORPHONE HCL/1 MG NUMORPHAN - 0	06/01/1997	$37.20	0.0%	0.0%	N	Referral Required
J2430	PAMIDRONATE (QUEDRA) I.V. PER 30 MG	01/01/1995	$215.00	0.0%	0.0%	N	Referral Required
J2440	INJECTION, PAPAVERINE HCL, UP TO 60	04/01/1986	$4.00	0.0%	0.0%	N	Referral Required
J2460	INJECTION, OXYTETRACYCLINE, UP TO 5	01/01/1993	$3.00	0.0%	0.0%	N	Referral Required
J2501	PARICALCITOL, 1 MCG	01/01/2003	$5.02	0.0%	0.0%	N	Referral Required
J2510	INJ, PENICILLIN, PROCAINE AQUEOUS,	04/01/1986	$3.00	0.0%	0.0%	N	Referral Required
J2515	INJECTION, PENTOBARBRTAL SODIUM	04/01/1986	$1.00	0.0%	0.0%	N	Referral Required
J2540	INJECTION, PFIZERPEN, UP TO 600,000	04/01/1986	$1.00	0.0%	0.0%	N	Referral Required
J2550	INJECTION, PHENERGAN, UP TO 50 MG	06/01/1987	$3.00	0.0%	0.0%	N	Referral Required
J2560	INJECTION, PHENOBARBITAL, UP TO 120	05/01/1987	$4.00	0.0%	0.0%	N	Referral Required
J2590	OXYTOCIN 10 UNITS (PITOCIN, SYNTOCI	06/01/1997	$0.95	0.0%	0.0%	N	Referral Required
J2597	DESMOPRESSIN INJECTION, 1 MIGROGRA	01/01/1998	$5.23	0.0%	0.0%	N	Referral Required
J2650	PREDNISOLONE ACETATE, DUA-PRED, PA	04/01/1986	$1.00	0.0%	0.0%	N	Referral Required
J2670	TOLAZOLINE HCL 25 MG (PRISCOLINE HC	06/01/1997	$51.80	0.0%	0.0%	N	Referral Required
J2675	INJECTION, PROGESTERONE, PER 50 MG	01/01/2003	$3.35	0.0%	0.0%	N	Referral Required
J2680	INJECTION, PROLIXIN DECANOATE, UP T	11/05/1990	$23.00	0.0%	0.0%	N	Referral Required
J2690	INJECTION, PROCAINAMIDE	01/01/2001	$5.43	0.0%	0.0%	N	Referral Required

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J2700	INJECTION, PROSTAPHLIN, UP TO 250 M	04/01/1986	$1.00	0.0%	0.0%	N	Referral Required
J2710	INJECTION, PROSTIGMIN METHYLSULFATE	04/01/1986	$1.00	0.0%	0.0%	N	Referral Required
J2720	INJECTION, PROTAMINE SULFATE, PER 1	01/01/1994	$3.00	0.0%	0.0%	N	Referral Required
J2725	PROTIRELIN INJ. DIAGNOSTIC (RELEFAC	01/01/1995	$25.00	0.0%	0.0%	N	Referral Required
J2730	INJECTION, PROTOPAM CHLORIDE, UP TO	06/01/1997	$23.09	0.0%	0.0%	N	Referral Required
J2760	PHENTOLAMINE MESYLATE 5 MG (REGITIN	06/01/1997	$60.87	0.0%	0.0%	N	Referral Required
J2765	INJECTION, REGLAN, UP TO 10 MG	05/01/1987	$5.00	0.0%	0.0%	N	Referral Required
J2788	RHO D IMMUNE GLOBULIN, HUMAN,	01/01/2003	$35.91	0.0%	0.0%	N	Referral Required
J2790	RHOGAM,RHO D IMMUNE GLOBULIN	07/01/1999	$119.00	0.0%	0.0%	N	Referral Required
J2792	RHO IMMUNE GLOBULIN IV HUMAN SOLVN	01/01/1999	$21.22	0.0%	0.0%	N	Referral Required
J2800	INJECTION, ROBAXIN, UP TO 10 ML	05/01/1987	$6.00	0.0%	0.0%	N	Referral Required
J2810	INJECTION, THEOPHYLLINE, PER 40 MG	01/01/1994	$11.00	0.0%	0.0%	N	Referral Required
J2820	INJECTION SARGARMOSTIM, 250 MCG (LE	01/01/1994	$112.20	0.0%	0.0%	N	Referral Required
J2910	INJECTION, SOLGANAL, UP TO 50 MG	05/01/1987	$10.00	0.0%	0.0%	N	Referral Required
J2912	INJECTION, SODIUM CHLORIDE	01/01/1998	$0.12	0.0%	0.0%	N	Referral Required
J2916	SODIUM FERRIC GLUCONATE COMPLEX	01/01/2003	$8.17	0.0%	0.0%	N	Referral Required
J2920	INJECTION, SOLU-MEDROL, UP TO 40 MG	05/01/1987	$3.00	0.0%	0.0%	N	Referral Required
J2930	INJECTION, SOLU-MEDROL, UP TO 125 M	05/01/1987	$8.00	0.0%	0.0%	N	Referral Required
J2950	INJECTION, SPARINE, UP TO 25 MG	05/01/1987	$5.00	0.0%	0.0%	N	Referral Required
J2995	INJECTION, STREPTOKINASE, PER 250,0	05/18/1995	$86.00	0.0%	0.0%	N	Referral Required
J2996	INJECTION, ALTEPLASE RELOMBI	08/01/1997	$275.00	0.0%	0.0%	N	Referral Required
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	04/01/1986	$1.00	0.0%	0.0%	N	Referral Required
J3010	INJECTION, SUBLIMAZE, UP TO 2 ML	05/01/1987	$5.00	0.0%	0.0%	N	Referral Required
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6	01/01/1995	$41.00	0.0%	0.0%	N	Referral Required
J3070	INJECTION, TALWIN, UP TO 30 MG	05/01/1987	$4.00	0.0%	0.0%	N	Referral Required
J3105	TERBUTALINE SULFATE, UP TO 1 MG	06/01/1987	$4.00	0.0%	0.0%	N	Referral Required
J3120	INJECTION, TESTOSTERONE ENANTHATE,	06/01/1987	$3.00	0.0%	0.0%	N	Referral Required
J3130	INJECTION, TESTOSTERONE ENAN	07/01/1995	$4.00	0.0%	0.0%	N	Referral Required
J3140	INJECTION, TESTOSTERONE, AQUEOUS, U	06/01/1987	$3.00	0.0%	0.0%	N	Referral Required
J3150	INJECTION, TESTOSTERONE PROPIONATE,	06/01/1987	$3.00	0.0%	0.0%	N	Referral Required
J3230	INJECTION, THORAZINE, CHLORPROMA ZI	06/01/1987	$7.00	0.0%	0.0%	N	Referral Required
J3240	INJECTION, THYROTROPIN, UP TO 10 I.	04/01/1986	$7.00	0.0%	0.0%	N	Referral Required
J3250	INJECTION, TIGAN, UP TO 200 MG	06/01/1987	$5.00	0.0%	0.0%	N	Referral Required
J3260	INJECTION, TOBRAMYCIN, SULFATE, NEB	04/01/1986	$6.00	0.0%	0.0%	N	Referral Required
J3265	TORSEMIDE 200 MG	01/01/1999	$1.89	0.0%	0.0%	N	Referral Required
J3280	INJECTION, TORECAN, UP TO 10 MG	06/01/1987	$5.00	0.0%	0.0%	N	Referral Required
J3301	TRIAMCINOLONE ACET 10MG	01/01/2001	$1.56	0.0%	0.0%	N	Referral Required
J3302	INJECTION OF TRIAMCINOLONE DIACETAT	01/01/1991	$5.00	0.0%	0.0%	N	Referral Required
J3303	INJECT TRIAMCINOLONE HEXACETONIDE P	01/01/1991	$14.00	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J3305	TRIMETREXATE GLUCORONATE	01/01/1999	$62.70	0.0%	0.0%	N	Referral Required
J3310	PERPHENAZINE/5 MG (TRILAFON) - 0008	06/01/1997	$5.96	0.0%	0.0%	N	Referral Required
J3315	TRIPTORELIN PAMOATE, 3.75 MG	01/01/2003	$415.24	0.0%	0.0%	N	Referral Required
J3320	SPECTINOMYCIN HCL 2 G (TROBICIN) -	06/01/1997	$15.40	0.0%	0.0%	N	Referral Required
J3350	UREA 40 G (UREAPHIL) -00074159202	06/01/1997	$73.77	0.0%	0.0%	N	Referral Required
J3360	INJECTION, VALIUM, UP TO 5 M	06/01/1987	$4.00	0.0%	0.0%	N	Referral Required
J3364	UROKINASE, 5000 IU VIAL, I.V.	09/07/1994	$52.00	0.0%	0.0%	N	Referral Required
J3365	INJECTION IV, UROKIANSE 250,000 IU/	01/01/1992	$344.00	0.0%	0.0%	N	Referral Required
J3370	INJECTION, VANCOCIN HCI, UP TO 500	04/01/2001	$5.20	0.0%	0.0%	N	Referral Required
J3395	INJECTION, VERTEPORFIN	01/01/2002	$1,289.40	0.0%	0.0%	Y	Referral Required
J3400	INJECTION, VESPRIN, UP TO 20 MG	06/01/1987	$9.00	0.0%	0.0%	N	Referral Required
J3410	INJECTION, VISTARIL, UP TO 25 MG	06/01/1988	$3.00	0.0%	0.0%	N	Referral Required
J3420	INJECTION, VITAMIN B-12, UP	06/01/1987	$3.00	0.0%	0.0%	N	Referral Required
J3430	INJECTION, VITAMIN K, PER 1 MG	04/01/1986	$4.00	0.0%	0.0%	N	Referral Required
J3450	INJECTION, WYAMINE, UP TO 30 MG	06/01/1987	$4.00	0.0%	0.0%	N	Referral Required
J3470	HYALURONIDASE 150 UNITS (WYDASE) -	06/01/1997	$6.39	0.0%	0.0%	N	Referral Required
J3475	INJECT MAGNESIUM SULFATE,500	01/01/1998	$0.31	0.0%	0.0%	N	Referral Required
J3480	INJECTION, POTASSIUM CHLORIDE	01/01/1998	$0.13	0.0%	0.0%	N	Referral Required
J3487	ZOLEDRONIC ACID, 1 MG	01/01/2003	$217.43	0.0%	0.0%	N	Referral Required
J3520	ENDRATE ETHYLENEDIAMINE-TETRA-ACET	06/01/1997	$29.43	0.0%	0.0%	N	Referral Required
J7030	INFUSION, NORMAL SALINE SOLU	01/01/1999	$10.46	0.0%	0.0%	N	Referral Required
J7040	INFUSION, NORMAL SALINE SOLUTION, (	01/01/1997	$10.00	0.0%	0.0%	N	Referral Required
J7042	5% DEXTROSE/NORMAL SALINE (500 ML =	11/22/1991	$10.00	0.0%	0.0%	N	Referral Required
J7050	INFUSION, NORMAL SALINE SOLUTION, 2	01/01/1997	$9.00	0.0%	0.0%	N	Referral Required
J7051	STERILE SALINE OR WATER UP TO 5CC	01/01/1999	$0.99	0.0%	0.0%	N	Referral Required
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	08/01/1993	$10.00	0.0%	0.0%	N	Referral Required
J7070	INFUSION, D5W, 1000 CC	04/01/1986	$8.00	0.0%	0.0%	N	Referral Required
J7100	INFUSION, DEXTRAN 40, 500 ML	06/01/1997	$135.61	0.0%	0.0%	N	Referral Required
J7110	INFUSION, DEXTRAN 75, 500 ML	06/01/1997	$98.46	0.0%	0.0%	N	Referral Required
J7120	RINGERS LACTATE INFUSION UP	03/30/1992	$13.00	0.0%	0.0%	N	Referral Required
J7130	HYPERTONIC SALINE SOL 50 OR 100, ME	04/01/1986	$2.00	0.0%	0.0%	N	Referral Required
J7190	FACTOR VIII, ANTIHEMOPHILIAC	01/01/1999	$0.65	0.0%	0.0%	N	Referral Required
J7192	FACTOR VIII, RECOMBINANT, PER IU	01/01/1999	$0.80	0.0%	0.0%	N	Referral Required
J7194	FACTOR IX, COMPLEX, HEAT TREATED, P	10/01/1997	$0.32	0.0%	0.0%	N	Referral Required
J7197	ANITHROMBIN 3 (HUMAN) PER I U (SOOI	01/01/1992	$4.00	0.0%	0.0%	N	Referral Required
J7300	INTRAUTERINE COPPER CONTRACE	01/01/2004	$344.00	0.0%	0.0%	N	
J7302	LEVONORGESTREL CONTRACEPTIVE SYS	03/01/2004	$415.25	0.0%	0.0%	N	
J7310	INJ-GANCILLOVOR 4.5MG LONG ACTING I	01/01/1997	$4,400.00	0.0%	0.0%	N	Referral Required
J7317	SODIUM HYALURONATE PER 20-25 MG	01/01/2003	$142.27	0.0%	0.0%	N	Referral Required

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J7320	HYLAN G-F 20 16 MG.	06/01/2003	$233.14	0.0%	0.0%	N	Referral Required
J7501	AZATHIOPRINE PAR 100MG/20ML EA	01/01/1991	$75.00	0.0%	0.0%	N	Referral Required
J7504	LYMPHOCYTE IMM GLOBULIN ANTILYMPH	01/01/1991	$291.00	0.0%	0.0%	N	Referral Required
J7505	MONOCLONAL ANTIBODIES PAR/AMP 5MG	01/01/1991	$577.00	0.0%	0.0%	N	Referral Required
J7511	LYMPHOCTYE IMMUNE GLOBULIN	01/01/2002	$325.38	0.0%	0.0%	N	Referral Required
J7608	ACETYCSTEINE INHALATION	01/01/2000	$5.05	0.0%	0.0%	N	Referral Required
J7618	ALBUTEROL INHALATION SOLUTION	01/01/2000	$0.13	0.0%	0.0%	N	Referral Required
J7619	ALBUTEROL INHALATION SOLUTION	05/21/2001	$0.18	0.0%	0.0%	N	Referral Required
J7621	ALBUTERAL, ALL FORMULATIONS, INCL	01/01/2004	$3.40	0.0%	0.0%	N	Referral Required
J7626	BUDESONIDE INHALATION SOLUTION	01/01/2004	$4.04	0.0%	0.0%	N	Referral Required
J7628	BITOLTEROL MESYLATE INHAL. SOLUTION	01/01/2000	$0.25	0.0%	0.0%	N	Referral Required
J7629	BITOLTEROL INHALATION SOLUTION	01/01/2000	$0.33	0.0%	0.0%	N	Referral Required
J7630	CROMOLYN SODIUM,PER 20 MG,INHALAT	01/01/1994	$1.00	0.0%	0.0%	N	Referral Required
J7631	CROMOLYN SODIUM INHAL. SOLUTION	01/01/2000	$0.10	0.0%	0.0%	N	Referral Required
J7635	ATROPINE INHALATION SOLUTION	01/01/2000	$0.13	0.0%	0.0%	N	Referral Required
J7636	ATROPINE INHALATION SOLUTION	01/01/2000	$0.34	0.0%	0.0%	N	Referral Required
J7637	DEXAMETHASONE INHALATION SOLUTION	01/01/2000	$0.33	0.0%	0.0%	N	Referral Required
J7638	DEXAMETHASONE INHALATION SOLUTION	01/01/2000	$0.21	0.0%	0.0%	N	Referral Required
J7639	DORNASE ALPHA INHALATION SOLUTION	01/01/2000	$15.12	0.0%	0.0%	N	Referral Required
J7642	GLYCOPYRROLATE INHALATION SOLUTIO	01/01/2000	$0.31	0.0%	0.0%	N	Referral Required
J7643	GLYCOPYRROLATE INHALATION SOLUTIO	01/01/2000	$0.84	0.0%	0.0%	N	Referral Required
J7644	IPRATROPIUM BROMIDE	05/21/2001	$1.50	0.0%	0.0%	N	Referral Required
J7648	ISOETHARINE HC1 INHALATION SOLUTION	01/01/2000	$0.17	0.0%	0.0%	N	Referral Required
J7649	ISOETHARINE HC1 INHAL. SOLUTION	01/01/2000	$0.17	0.0%	0.0%	N	Referral Required
J7658	ISOPROTERENOL HC1 INHALATION SOLU.	01/01/2000	$0.31	0.0%	0.0%	N	Referral Required
J7659	ISOPROTERENOL HC1 INHALATION SOLU.	01/01/2000	$0.40	0.0%	0.0%	N	Referral Required
J7668	METAPROTERENOL SULFATE	01/01/2000	$0.25	0.0%	0.0%	N	Referral Required
J7669	METAPROTERENOL SULFATE	01/01/2000	$1.10	0.0%	0.0%	N	Referral Required
J7670	METAPROTERENOL SULF INH SOLN	06/01/1996	$1.00	0.0%	0.0%	N	Referral Required
J7675	METAPROTERENOL SULFATE,5.0%,PER ML	01/01/1994	$1.00	0.0%	0.0%	N	Referral Required
J7680	TERBUTALINE SULFATE INHAL SOLUTION	01/01/2000	$1.86	0.0%	0.0%	N	Referral Required
J7681	TERBUTALINE SULFATE INHAL SOLUTION	01/01/2000	$2.07	0.0%	0.0%	N	Referral Required
J7682	TOBRAMYCIN UNIT DOSE FORM	01/01/2000	$40.51	0.0%	0.0%	N	Referral Required
J7683	TRIAMCINOLONE INHALATION SOLUTION	01/01/2000	$0.04	0.0%	0.0%	N	Referral Required
J7684	TRIAMCINOLONE INHALATION SOLUTION	01/01/2000	$0.14	0.0%	0.0%	N	Referral Required
J8521	CAPECITABINE ORAL 500 MQ	01/01/2002	$11.55	0.0%	0.0%	N	Referral Required
J9000	DOXO RUBICIN HCL, 10 MG VIAL	06/01/1997	$38.65	0.0%	0.0%	N	Referral Required
J9017	ARSENIC TRIOXIDE	01/01/2002	$31.35	0.0%	0.0%	N	Referral Required
J9020	ASPARAGINASE 10,000 UNITS (ELSPAR)	06/01/1997	$45.44	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J9031	BACILLI CALMETTE-GUERIN BCG LIVE IV	01/01/1991	$163.00	0.0%	0.0%	N	Referral Required
J9040	BLEOMYCIN SULFATE 15 UNITS (BLENOXA	06/01/1997	$304.60	0.0%	0.0%	N	Referral Required
J9045	CARBOPLATIN, PER 50 MG	01/05/2001	$100.00	0.0%	0.0%	N	Referral Required
J9050	CARMUSTINE 100 MG (BICNU) - 0001530	06/01/1997	$88.94	0.0%	0.0%	N	Referral Required
J9060	CISPLATIN, PLATINOL, 10 MG V	06/01/1997	$35.49	0.0%	0.0%	N	Referral Required
J9062	CISPLATIN, PLATINAL, 50 MG VIAL	01/01/1997	$177.46	0.0%	0.0%	N	Referral Required
J9065	CLADRIBINE (LEUSTATIN) IV, PER 1 MG	01/01/1995	$53.00	0.0%	0.0%	N	Referral Required
J9070	CYCLOPHOSPHAMIDE, CYTOXAN, 10 CC O	06/01/1997	$6.45	0.0%	0.0%	N	Referral Required
J9080	CYCLOPHOSPHAMIDE, CYTOXAN, 20 CC O	06/01/1997	$12.25	0.0%	0.0%	N	Referral Required
J9090	CYCLOPHOSPHAMIDE, CYTOXAN, 30 CC O	06/01/1997	$25.71	0.0%	0.0%	N	Referral Required
J9091	CYCLOPHOSPHAMIDE 1 G (CYTOXAN) 0001	01/01/1997	$51.43	0.0%	0.0%	N	Referral Required
J9092	CYCLOPHOSPHAMIDE 2 G (CYTOXAN) 0001	06/01/1997	$102.89	0.0%	0.0%	N	Referral Required
J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED 100 M	01/01/1997	$6.50	0.0%	0.0%	N	Referral Required
J9094	LYOPHILIZED CYTOXAN 200MG	01/01/1997	$12.25	0.0%	0.0%	N	Referral Required
J9095	LYOPHILIZED CYTOXAN 500MG	05/01/2000	$12.00	0.0%	0.0%	N	Referral Required
J9096	LYOPHILIZED CYCLOPHOSPHAMIDE IV 1.0	01/01/1991	$55.00	0.0%	0.0%	N	Referral Required
J9097	LYOPHILIZED CYCLOPHOSPHAMIDE IV 2.0	01/01/1991	$109.00	0.0%	0.0%	N	Referral Required
J9100	CYTARBINE 100 MG (CYTOSAR-U) 553900	06/01/1997	$62.50	0.0%	0.0%	N	Referral Required
J9110	CYTARBINE 500 MG (CYTOSAR-U) 553900	06/01/1997	$250.00	0.0%	0.0%	N	Referral Required
J9120	DACTINOMYCIN 0.5 MG (COSMEGEN) 0000	06/01/1997	$9.70	0.0%	0.0%	N	Referral Required
J9130	DACARBAZINE 100 MG (DTIC-DOME) 0002	06/01/1997	$165.92	0.0%	0.0%	N	Referral Required
J9140	DACARBAZINE 200 MG (DTIC-DOME) 0002	01/01/2001	$23.94	0.0%	0.0%	N	Referral Required
J9150	DAUNDRUBICIN HCL/10 MG (CERUBIDINE)	06/01/1997	$168.50	0.0%	0.0%	N	Referral Required
J9165	DIETHYLSTILBESTROL DIPHOSPHATE IV/I	01/01/1991	$13.00	0.0%	0.0%	N	Referral Required
J9170	DOCETAXEL, 20 MG.	09/06/2001	$297.83	0.0%	0.0%	N	Referral Required
J9181	ETOPOSIDE, PER 10 MG.	04/01/1986	$13.20	0.0%	0.0%	N	Referral Required
J9182	ETOPOSIDE, UP TO 100 MG.	04/01/1986	$131.60	0.0%	0.0%	N	Referral Required
J9185	FLUDARABINE PHOS. 50 MG	01/01/1994	$187.00	0.0%	0.0%	N	Referral Required
J9190	FLUOROURACIL, 500 MGM AMP	06/01/1997	$12.30	0.0%	0.0%	N	Referral Required
J9200	FLOXURIDINE 500 MG (FUDR) - 0000419	06/01/1997	$129.17	0.0%	0.0%	N	Referral Required
J9201	GEMCITABINE HC1, 200 MG. GEMZAR	01/01/2001	$102.13	0.0%	0.0%	N	Referral Required
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 M	01/19/1995	$395.00	0.0%	0.0%	N	Referral Required
J9206	IRINOTECAN, 20 MG. - CAMPTOSAR	01/01/2000	$117.81	0.0%	0.0%	N	Referral Required
J9208	IFOSFAMIDE IV IGM/VIAL	01/01/1991	$135.00	0.0%	0.0%	N	Referral Required
J9209	MENSA INJ 100 MG/ML 2ML EA	01/01/1991	$14.00	0.0%	0.0%	N	Referral Required
J9211	INDARUBICIN HCL, 5 MG (IDAMY	08/01/1997	$219.45	0.0%	0.0%	N	Referral Required
J9213	INTERFERON, ALFA-2A RECOMBINANT, 3	04/01/1994	$35.00	0.0%	0.0%	N	Referral Required
J9214	INTERFERON, ALFA-2B RECOMBIN	01/04/1994	$13.00	0.0%	0.0%	N	Referral Required
J9215	INTERFERON ALFA-N3, 250 ML. UNIT (A	12/05/1994	$10.00	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J9216	INTERFERON,GAMMA 1-B, 3MM UNITS (AC	01/01/1994	$156.00	0.0%	0.0%	N	Referral Required
J9217	LEUPROLIDE ACETATE FOR DEPOT SUSPE	08/15/1996	$566.00	0.0%	0.0%	N	Referral Required
J9218	INJECTION OF LEUPROLIDE ACETATE (LU	08/15/1996	$23.00	0.0%	0.0%	N	Referral Required
J9230	MECHLORETHAMINE, NITROGEN MUSTAR	06/01/1997	$8.72	0.0%	0.0%	N	Referral Required
J9245	MELPHALAN (ALKERAN) INJ., 50 MG I.V	01/01/1995	$276.00	0.0%	0.0%	N	Referral Required
J9250	METHOTREXATE SODIUM MIX, 2CC OR 5M	01/01/1994	$3.00	0.0%	0.0%	N	Referral Required
J9260	METHOTREXATE SODIUM MIX, 2CC	01/01/1994	$12.00	0.0%	0.0%	N	Referral Required
J9265	PACLITAXEL (TAXOL) 30MG	11/14/2000	$165.00	0.0%	0.0%	N	Referral Required
J9266	PEGASPARGASE (ONCASPAR) 750/1ML VIA	01/01/1998	$1,321.65	0.0%	0.0%	N	Referral Required
J9270	METHRACIN, MITHRAMYCIN, 2500 MCG	06/01/1997	$88.72	0.0%	0.0%	N	Referral Required
J9280	MUTAMYCIN, MITOMYCIN, 5 MG	08/15/2000	$55.00	0.0%	0.0%	N	Referral Required
J9290	MUTAMYCIN, 20 MG	08/15/2000	$150.00	0.0%	0.0%	N	Referral Required
J9291	MITOMYCIN IV 40 MG	08/15/2000	$290.00	0.0%	0.0%	N	Referral Required
J9293	INJECTION, MITOXANTRONE HYDROCHLOR	01/01/1991	$541.00	0.0%	0.0%	N	Referral Required
J9310	RITUXIMAB, 100 MG	06/01/2003	$464.20	0.0%	0.0%	N	Referral Required
J9320	STREPOZOCIN	03/10/1998	$80.00	0.0%	0.0%	N	Referral Required
J9340	THIO TEPA, TRIETHYLENETHOSPHORAMID	06/01/1997	$97.27	0.0%	0.0%	N	Referral Required
J9350	TOPOTECAN, 4 MG	01/01/1998	$2,547.20	0.0%	0.0%	N	Referral Required
J9355	TRASTUZUMAB, 10 MG	01/01/2000	$48.05	0.0%	0.0%	N	Referral Required
J9360	VINBLASTINE SULFATE 1 MG (VELBAN) 4	01/01/2001	$3.85	0.0%	0.0%	N	Referral Required
J9370	VINCRISTINE SULFATE 1 MG (ONCOVIN)	06/01/1997	$29.50	0.0%	0.0%	N	Referral Required
J9375	VINCRISTINE SULFATE 2 MG (ONCOVIN)	06/01/1997	$38.25	0.0%	0.0%	N	Referral Required
J9380	VINCRISTINE SULFATE 5 MG (ONOCOVIN)	06/01/1997	$162.71	0.0%	0.0%	N	Referral Required
J9390	VINORELBINE TARTRATE, 10 MG, IV, 1	10/01/1996	$56.55	0.0%	0.0%	N	Referral Required
J9600	PORFIMER SODIUM, 75 MG.	01/01/1998	$2,573.43	0.0%	0.0%	N	Referral Required
K0001	STANDARD WHEELCHAIR	03/01/1997	$461.17	0.0%	0.0%	Y	Referral Required
K0002	STANDARD HEMI W/C (LOW SEAT)	03/01/1997	$663.40	0.0%	0.0%	Y	Referral Required
K0003	LIGHTWEIGHT WHEELCHAIR	03/01/1997	$720.64	0.0%	0.0%	Y	Referral Required
K0004	HIGH STRENGTH LIGHTWEIGHT WH	03/01/1997	$1,274.70	0.0%	0.0%	Y	Referral Required
K0005	ULTRALIGHT WHEELCHAIR	03/02/1997	$1,733.91	0.0%	0.0%	Y	Referral Required
K0006	HEAVY DUTY WHEELCHAIR	03/01/1997	$1,107.40	0.0%	0.0%	Y	Referral Required
K0007	EXTRA HEAVY DUTY WHEELCHAIR	03/01/1997	$1,695.50	0.0%	0.0%	Y	Referral Required
K0010	STANDARD-WEIGHT FRAME MOTORI	03/02/1997	$4,063.30	0.0%	0.0%	Y	Referral Required
K0011	STD-WGHT FRAME W/C-PROGRAMAB	03/01/1997	$5,024.90	0.0%	0.0%	Y	Referral Required
K0012	LIGHTWEIGHT PORTABLE WHEELCH	03/01/1997	$3,082.30	0.0%	0.0%	Y	Referral Required
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
K0020	FIXED, ADJ HT A/R PAIR	03/01/1997	$43.56	0.0%	0.0%	Y	Referral Required
K0021	ANTI TIPPING DEVICE EA	03/01/1997	$53.30	0.0%	0.0%	Y	Referral Required
K0034	HEEL LOOP, EACH	03/01/1997	$17.97	0.0%	0.0%	Y	Referral Required
K0037	HIGH MOUNT FLIP-UP F/R EACH	03/01/1997	$39.05	0.0%	0.0%	Y	Referral Required
K0038	LEG STRAP EACH	03/01/1997	$22.74	0.0%	0.0%	Y	Referral Required
K0039	LEG STRAP, EACH	03/01/1997	$50.54	0.0%	0.0%	Y	Referral Required
K0040	ADJUSTABLE ANGLE FOOTPLATES	01/01/2001	$70.23	0.0%	0.0%	Y	Referral Required
K0041	LARGE SIZE FOOTPLATE, EACH	03/01/1997	$49.64	0.0%	0.0%	Y	Referral Required
K0042	STD SIZE FOOTPLATE, EACH	03/01/1997	$29.53	0.0%	0.0%	Y	Referral Required
K0043	FOOTREST, LOWER EXT TUBE EAC	03/01/1997	$18.31	0.0%	0.0%	Y	Referral Required
K0044	FOOTREST, UPPER BRKT, EACH	03/01/1997	$15.61	0.0%	0.0%	Y	Referral Required
K0045	FOOTREST, COMPLETE	03/01/1997	$45.90	0.0%	0.0%	Y	Referral Required
K0046	ELV LEGREST LOW EXT TUB EACH	03/01/1997	$18.31	0.0%	0.0%	Y	Referral Required
K0047	ELV LEGREST, UPPER BRKT EACH	03/01/1997	$71.71	0.0%	0.0%	Y	Referral Required
K0050	RATCHET ASSEMBLY	03/01/1997	$30.48	0.0%	0.0%	Y	Referral Required
K0051	CAM RELEASE F/R OR L/R EA	03/01/1997	$49.33	0.0%	0.0%	Y	Referral Required
K0052	S/A DETACH FOOTRESTS, EA	03/01/1997	$86.70	0.0%	0.0%	Y	Referral Required
K0053	ELEV FOOTRESTS, TELESC. EACH	03/01/1997	$95.68	0.0%	0.0%	Y	Referral Required
K0056	SEAT HT <17" OR < OR = TO 21	03/01/1997	$89.19	0.0%	0.0%	Y	Referral Required
K0059	PLASTIC COATED HANDRIM,EACH	03/01/1997	$29.75	0.0%	0.0%	Y	Referral Required
K0060	STEEL HANDRIM, EACH	03/01/1997	$26.04	0.0%	0.0%	Y	Referral Required
K0061	ALUMINUM HANDRIM, EACH	03/01/1997	$36.92	0.0%	0.0%	Y	Referral Required
K0064	ZERO PRESSURE TUBE (FLAT FRE	03/01/1997	$28.52	0.0%	0.0%	Y	Referral Required
K0065	SPOKE PROTECTORS, EACH	03/01/1997	$41.69	0.0%	0.0%	Y	Referral Required
K0066	SOLID TIRE, ANY SIZE, EA	03/01/1997	$27.20	0.0%	0.0%	Y	Referral Required
K0067	PNEUMATIC TIRE, ANY SIZE, EA	03/01/1997	$33.17	0.0%	0.0%	Y	Referral Required
K0068	PNEUMATIC TIRE TUBE, EACH	03/01/1997	$5.52	0.0%	0.0%	Y	Referral Required
K0069	REAR WHEEL ASSMB, COMP-W/SOL	03/01/1997	$93.69	0.0%	0.0%	Y	Referral Required
K0070	REAR WHEEL ASSMB,COMP W/PNEU	03/01/1997	$171.79	0.0%	0.0%	Y	Referral Required
K0071	FRONT CASTER ASSMB, COMP W/P	03/01/1997	$102.45	0.0%	0.0%	Y	Referral Required
K0072	FRONT CASTER ASSMB, COMP W/S	03/01/1997	$57.96	0.0%	0.0%	Y	Referral Required
K0073	CASTER PIN LOCK, EACH	03/01/1997	$31.38	0.0%	0.0%	Y	Referral Required
K0074	PNEUMATIC CASTER TIRE, ANY S	03/01/1997	$34.34	0.0%	0.0%	Y	Referral Required
K0075	SIMI-PNEUMATIC CASTER TIRE,	03/01/1997	$39.91	0.0%	0.0%	Y	Referral Required
K0076	SOLID CASTER TIRE, ANY SIZE,	03/01/1997	$23.96	0.0%	0.0%	Y	Referral Required
K0077	FRONT CASTER ASSEMBLY, COMP.	03/01/1997	$55.17	0.0%	0.0%	Y	Referral Required
K0078	PNEUM CASTER TIRE TUBE, EACH	03/01/1997	$9.02	0.0%	0.0%	Y	Referral Required
K0081	WHEEL LOCK ASSEMBLY, COMP EA	03/01/1997	$38.16	0.0%	0.0%	Y	Referral Required
K0090	REAR WHEEL TIRE FOR POWER W/	03/01/1997	$71.45	0.0%	0.0%	Y	Referral Required

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K0091	REAR WHEEL TIRE TUBE NOT ZER	03/01/1997	$19.47	0.0%	0.0%	Y	Referral Required
K0092	REAR WHEEL ASSEMBLY FOR POWE	03/01/1997	$228.02	0.0%	0.0%	Y	Referral Required
K0093	REAR WHEEL,ZERO PRES.TIRETUB	03/01/1997	$142.45	0.0%	0.0%	Y	Referral Required
K0094	WHEEL TIRE FOR POWER BASE, A	03/01/1997	$46.42	0.0%	0.0%	Y	Referral Required
K0095	WHEEL TIRE TUBE NOT ZERO PRE	03/01/1997	$46.42	0.0%	0.0%	Y	Referral Required
K0096	WHEEL ASSEMBLY FOR POWER BAS	03/01/1997	$257.25	0.0%	0.0%	Y	Referral Required
K0097	WHEEL ZERO PRES. TIRE TUBE(F	03/01/1997	$56.89	0.0%	0.0%	Y	Referral Required
K0098	DRIVE BELT FOR POWER W/C	03/01/1997	$24.76	0.0%	0.0%	Y	Referral Required
K0099	FRONT CASTER FOR POWER W/C	03/01/1997	$75.89	0.0%	0.0%	Y	Referral Required
K0102	CRUTCH AND CANE HOLDER	03/01/1997	$40.66	0.0%	0.0%	Y	Referral Required
K0104	CYLINDER TANK CARRIER	03/01/1997	$111.41	0.0%	0.0%	Y	Referral Required
K0105	IV HANGER	03/01/1997	$93.25	0.0%	0.0%	Y	Referral Required
K0106	ARM TROUGH, EACH	03/01/1997	$100.52	0.0%	0.0%	Y	Referral Required
K0115	ORTHOTIC SEATING SYSTEM,BACK MODU	07/01/1999	$815.38	0.0%	0.0%	Y	Referral Required
K0116	ORTHOTIC SEATING SYSTEM COMB	07/01/1999	$1,701.91	0.0%	0.0%	Y	Referral Required
K0155	NON POWER ADJ ZONE PRESSURE	11/01/1993	$211.20	0.0%	0.0%	N	Referral Required
K0183	NASAL APPLICATION DEVICE USE W/CPAP	03/01/1998	$76.66	0.0%	0.0%	N	Referral Required
K0184	NASAL PILLOWS/SEAL REPLACEMENT FOR	03/01/1998	$23.49	0.0%	0.0%	N	Referral Required
K0185	HEAD GEAR, USE W/CPAP	03/01/1998	$37.92	0.0%	0.0%	N	Referral Required
K0186	CHIN STRAP, USE W/CPAP	03/01/1998	$17.36	0.0%	0.0%	N	Referral Required
K0187	TUBING, USED WITH/CPAP	03/01/1998	$39.12	0.0%	0.0%	N	Referral Required
K0188	FILTER, DISPOS,USE W/CPAP	03/01/1998	$5.14	0.0%	0.0%	N	Referral Required
K0189	FILTER, NON-DISPOS-USE W/CPAP	03/01/1998	$14.62	0.0%	0.0%	N	Referral Required
K0195	ELEVATING LEG REST, PAIR (US	01/01/1997	$181.40	0.0%	0.0%	Y	Referral Required
K0452	WHEELCHAIR BEARINGS, ANY TYPE	07/01/1999	$6.25	0.0%	0.0%	Y	Referral Required
K0455	INFUSION PUMP/UNINTERRUPTED ADMIN	01/01/2000	$2,526.40	0.0%	0.0%	N	Referral Required
K0548	INJECTION OF INSULIN LISPRO	01/01/2002	$2.57	0.0%	0.0%	N	Referral Required
K0552	SUPPLIES EXT PUMP	07/01/2003	$2.61	0.0%	0.0%	N	Referral Required
K0561	OSTOMY SKIN BARRIER, NON-PECTIN	04/01/2002	$3.36	0.0%	0.0%	N	Referral Required
K0562	OSTOMY BARRIER, PECTIN BASED	04/01/2002	$5.68	0.0%	0.0%	N	Referral Required
K0563	OSTOMY SKIN BARRIER W/FLANGE EXTE	04/01/2002	$8.91	0.0%	0.0%	N	Referral Required
K0564	OSTOMY SKIN BARRIER	04/01/2002	$6.13	0.0%	0.0%	N	Referral Required
K0565	OSTOMY SKIN BARRIER W/FLANGE	04/01/2002	$6.15	0.0%	0.0%	N	Referral Required
K0566	OSTOMY SKIN BARRIER W/FLANGE	04/01/2002	$8.94	0.0%	0.0%	N	Referral Required
K0567	OSTOMY POUCH, DRAINABLE	04/01/2002	$2.57	0.0%	0.0%	N	Referral Required
K0568	OSTOMY POUCH; DRAINABLE, EACH	04/01/2002	$3.74	0.0%	0.0%	N	Referral Required
K0569	OSTOMY POUCH; DRAINABLE, EACH	04/01/2002	$5.44	0.0%	0.0%	N	Referral Required
K0570	OSTOMY SKIN BARRIER	04/01/2002	$4.89	0.0%	0.0%	N	Referral Required
K0571	OSTOMY SKIN BARRIER W/FLANGE	04/01/2002	$5.93	0.0%	0.0%	N	Referral Required

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K0572	TAPE NON WATER-PROOF	04/01/2002	$0.09	0.0%	0.0%	N	Referral Required
K0573	TAPE, WATER-PROOF	04/01/2002	$0.36	0.0%	0.0%	N	Referral Required
K0574	ADDITION TO OSTOMY POUCH FILTER	04/01/2002	$0.46	0.0%	0.0%	N	Referral Required
K0575	ADDITION TO OSTOMY POUCH	04/01/2002	$0.28	0.0%	0.0%	N	Referral Required
K0576	ADDITION TO OSTOMY POUCH	04/01/2002	$0.28	0.0%	0.0%	N	Referral Required
K0577	ADDITION TO OSTOMY POUCH	04/01/2002	$0.28	0.0%	0.0%	N	Referral Required
K0578	ADDITION TO OSTOMY POUCH	04/01/2002	$0.53	0.0%	0.0%	N	Referral Required
K0579	ADDITION TO OSTOMY POUCH	04/01/2002	$0.12	0.0%	0.0%	N	Referral Required
K0580	ADDITION TO OSTOMY POUCH	04/01/2002	$0.35	0.0%	0.0%	N	Referral Required
K0601	REPLACEMENT BATTERY	07/01/2003	$1.10	0.0%	0.0%	N	Referral Required
K0602	REPLACEMENT BATTERY	07/01/2003	$6.36	0.0%	0.0%	N	Referral Required
K0603	REPLACEMENT BATTERY	07/01/2003	$0.57	0.0%	0.0%	N	Referral Required
K0604	REPLACEMENT BATTERY	07/01/2003	$6.09	0.0%	0.0%	N	Referral Required
K0605	REPLACEMENT BATTERY	07/01/2003	$14.60	0.0%	0.0%	N	Referral Required
K0607	REPLACE BATTERY FOR AUTO DEFIBRILAT	07/01/2003	$194.23	0.0%	0.0%	N	Referral Required
K0608	REPLACE GARMENT FOR DEFIBRILATOR	07/01/2003	$121.21	0.0%	0.0%	N	Referral Required
K0609	REPLACEMENT ELECTRODES FOR DEFIB	07/01/2003	$806.09	0.0%	0.0%	N	Referral Required
K0618	TLSO PREFAB SAG-CORONAL CONTROL	07/01/2003	$603.47	0.0%	0.0%	N	Referral Required
K0619	TLSO PREFAB SAG-CORONAL RIGID SHELL	07/01/2003	$396.93	0.0%	0.0%	N	Referral Required
K0620	TUBULAR ELASTIC DRESSINGS ANY WIDT	07/01/2003	$1.14	0.0%	0.0%	N	Referral Required
K0627	TRACTION EQUIPMENT	04/01/2004	$515.31	0.0%	0.0%	N	Referral Required
K0628	FOOT INSERT	04/01/2004	$70.00	0.0%	0.0%	N	Referral Required
K0630	SACROILLIAC ORTHOSIS, FLEXIBLE	04/01/2004	$27.08	0.0%	0.0%	N	Referral Required
K0631	SACROILIAC ORTHOSIS, FLEXIBLE	10/01/2004	$241.43	0.0%	0.0%	N	Referral Required
K0632	SACROILIAC ORTHOSIS, PROVIDES PELV	04/01/2004	$57.23	0.0%	0.0%	N	Referral Required
K0634	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDE	10/01/2004	$43.27	0.0%	0.0%	N	Referral Required
K0635	LUMBAR ORTHOSIS, SAGITAL CONTROL	04/01/2004	$66.09	0.0%	0.0%	N	Referral Required
K0636	LUMBAR ORTHOSIS, SAGITAL CONTROL	04/01/2004	$355.52	0.0%	0.0%	N	Referral Required
K0637	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	04/01/2004	$62.60	0.0%	0.0%	N	Referral Required
K0638	LUMBAR-SACRAL ORTHOSIS	04/01/2004	$239.31	0.0%	0.0%	N	Referral Required
K0639	LUMBAR-SACRAL, SAGITTAL CONTROL	10/01/2004	$127.26	0.0%	0.0%	N	Referral Required
K0640	LUMBAR-SACRAL ORTHOSIS	04/01/2004	$696.67	0.0%	0.0%	N	Referral Required
K0641	LUMBAR-SACRAL ORTHOSIS, SAGITAL CO	04/01/2004	$987.67	0.0%	0.0%	N	Referral Required
K0642	LUMBAR-SACRAL ORTHOSIS	04/01/2004	$217.86	0.0%	0.0%	N	Referral Required
K0643	LUMBAR-SACRAL ORTHOSIS	04/01/2004	$347.23	0.0%	0.0%	N	Referral Required
K0644	LUMBAR-SACRAL ORTHOSIS	10/01/2004	$830.31	0.0%	0.0%	N	Referral Required
K0645	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-C	10/01/2004	$1,082.60	0.0%	0.0%	N	Referral Required
K0646	LUMBAR-SACRAL ORTHOSIS	04/01/2004	$419.89	0.0%	0.0%	N	Referral Required
K0647	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-C	04/01/2004	$1,036.35	0.0%	0.0%	N	Referral Required

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K0648	LUMBAR-SACRAL ORTHOSIS	04/01/2004	$630.01	0.0%	0.0%	N	Referral Required
K0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-C	04/01/2004	$822.21	0.0%	0.0%	N	Referral Required
K0650	GENERAL USE WHEELCHAIR	07/01/2004	$87.42	0.0%	0.0%	Y	Referral Required
K0651	GENERAL USE WHEELCHAIR CUSHION	07/01/2004	$188.41	0.0%	0.0%	Y	Referral Required
K0652	SKIN PROTECTION WHEELCHAIR SEAT	07/01/2004	$288.23	0.0%	0.0%	Y	Referral Required
K0653	SKIN PROTECTION WHEELCHAIR SEAT	07/01/2004	$450.04	0.0%	0.0%	Y	Referral Required
K0654	POSITIOINING WHEELCHAIR SEAT CUSH	07/01/2004	$291.38	0.0%	0.0%	Y	Referral Required
K0655	POSITIOINING WHEELCHAIR SEAT CUSH	07/01/2004	$323.74	0.0%	0.0%	Y	Referral Required
K0656	SKIN PROTECTION WHEELCHAIR SEAT	07/01/2004	$323.74	0.0%	0.0%	Y	Referral Required
K0657	SKIN PROTECTION & POSITIONING SEAT	07/01/2004	$438.07	0.0%	0.0%	Y	Referral Required
K0658	CUSTOM FABRICATED WHLCHAIR CUSH	07/01/2004	$799.47	0.0%	0.0%	Y	Referral Required
K0660	GENERAL USE WHEELCHAIR BACK CUSH	07/01/2004	$308.01	0.0%	0.0%	Y	Referral Required
K0661	GENERAL USE WHEELCHAIR BACK CUSH	07/01/2004	$499.92	0.0%	0.0%	Y	Referral Required
K0662	POSITIONING WHEELCHAIR BACK CUSH	07/01/2004	$393.04	0.0%	0.0%	Y	Referral Required
K0663	POSITIONING WHEELCHAIR BACK CUSH	07/01/2004	$543.93	0.0%	0.0%	Y	Referral Required
K0664	POSITIONING WHEELCHAIR BACK CUSHIO	07/01/2004	$447.03	0.0%	0.0%	Y	Referral Required
K0665	POSITIONING WHEELCHAIR BACK CUSHIO	07/01/2004	$576.84	0.0%	0.0%	Y	Referral Required
K0666	CUSTOM FABRICATED WHLCHAIR BACK	07/01/2004	$791.41	0.0%	0.0%	Y	Referral Required
K0668	REPLACEMENT COVER FOR WHLCHR CUS	07/01/2004	$50.92	0.0%	0.0%	Y	Referral Required
K6219	GAUZE,NON-IMPREGNATED 16 SQ.IN. OR	01/01/1997	$0.89	0.0%	0.0%	N	Referral Required
L0100	CERVICAL CRANIOSTENOSIS HELMET	07/01/1999	$407.39	0.0%	0.0%	N	Referral Required
L0110	CERVICAL CRANIOSTENOSIS	07/01/1999	$109.65	0.0%	0.0%	N	Referral Required
L0120	CERVICAL FLEXIBLE NON-ADJUST	07/01/1999	$24.90	0.0%	0.0%	N	Referral Required
L0130	FLEXIBLE, THERMOPLASTIC COLLAR, MOL	07/01/1999	$138.55	0.0%	0.0%	N	Referral Required
L0140	CERVICAL SEMI RIGID ADJUSTABLE PLAS	07/01/1999	$60.08	0.0%	0.0%	N	Referral Required
L0150	SEMI-RIGID, ADJUSTABLE MOLDED CIN C	07/01/1999	$80.01	0.0%	0.0%	N	Referral Required
L0160	SEMI-RIGID, WIRE FRAME OCCIPITAL/MA	07/01/1999	$110.24	0.0%	0.0%	N	Referral Required
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT	07/01/1999	$534.73	0.0%	0.0%	N	Referral Required
L0172	COLLAR, SEMI-RIGID, THERMOPLASTIC F	07/01/1999	$96.50	0.0%	0.0%	N	Referral Required
L0174	COLLAR, SEMI-RIGID, THERMOPLASTIC F	07/01/1999	$203.19	0.0%	0.0%	N	Referral Required
L0180	MULTIPLE POST COLLAR, OCCIPITAL/MAN	07/01/1999	$296.26	0.0%	0.0%	N	Referral Required
L0190	MULTIPLE POST COLLAR, W/ADJ BARS, (	07/01/1999	$416.79	0.0%	0.0%	N	Referral Required
L0200	MULTIPLE POST COLLAR, ADJ CERVICAL	07/01/1999	$465.41	0.0%	0.0%	N	Referral Required
L0210	THORACIC, RIB	07/01/1999	$31.16	0.0%	0.0%	N	Referral Required
L0220	RIB BELT, CUSTOM FABRICATED	07/01/1999	$92.73	0.0%	0.0%	N	Referral Required
L0300	THORACIC LUMBAR SACRAL OR THOSIS, F	07/01/1999	$161.54	0.0%	0.0%	N	Referral Required
L0310	TLSO, FLEXIBLE, CUSTOM FABRICATED	07/01/1999	$268.54	0.0%	0.0%	N	Referral Required
L0315	TLSO, FLEXIBLE ELASTIC RIGID POSTER	07/01/1999	$224.89	0.0%	0.0%	N	Referral Required
L0317	TLSO, FLEXIBLE, HYPERTENSION, ELAST	07/01/1999	$334.80	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L0320	TLSO, ANTERIOR-POSTERIOR CONTROL (T	07/01/1999	$332.08	0.0%	0.0%	N	Referral Required
L0321	THORACIC-LUMBAR-SACRAL ORTHOSIS	01/01/2002	$317.81	0.0%	0.0%	N	Referral Required
L0330	TLSO, (KNIGHT TAYLOR TYPE) APRON FR	07/01/1999	$398.59	0.0%	0.0%	N	Referral Required
L0331	THORACIC-LUMBAR-SACRAL ORTHOSIS	01/01/2002	$370.52	0.0%	0.0%	N	Referral Required
L0340	TLSO,ARNOLD MAGNUSON STEINDLER TY	07/01/1999	$477.31	0.0%	0.0%	N	Referral Required
L0350	FLEXION COMPRESSION JACKET CUSTOM F	07/01/1999	$776.38	0.0%	0.0%	N	Referral Required
L0360	TLSO, FLEXION COMPRESSION JACKET, M	07/01/1999	$1,012.27	0.0%	0.0%	N	Referral Required
L0370	TLSO, ANTER/POST/LATER ROTARY CONT	07/01/1999	$339.74	0.0%	0.0%	N	Referral Required
L0380	TLSO, ANTERIOR-POSTERIOR-LATERAL-R	07/01/1999	$479.53	0.0%	0.0%	N	Referral Required
L0390	TLSO, BODY-JACKET, MOLDED	07/01/1999	$1,171.47	0.0%	0.0%	N	Referral Required
L0391	THORACIC-LUMBAR-SACRAL ORTHOSIS	01/01/2002	$482.96	0.0%	0.0%	N	Referral Required
L0400	TLSO, BODY JACKET MOLDED, INTERFACE	07/01/1999	$1,193.91	0.0%	0.0%	N	Referral Required
L0410	TLSO, BODY JACKET, TWO-PIECE	07/01/1999	$1,250.84	0.0%	0.0%	N	Referral Required
L0420	TLSO, BODY JACKET, 2-PIECE, MOLDED,	07/01/1999	$1,327.07	0.0%	0.0%	N	Referral Required
L0430	TLSO, BODY JACKET, W/INTERFACE MATE	07/01/1999	$943.12	0.0%	0.0%	N	Referral Required
L0440	TLSO,BDY JKT,OVERLAP FRNT,SPRING ST	07/01/1999	$788.54	0.0%	0.0%	N	Referral Required
L0450	TLSO PREFAB FLEXIBLE UPPER	01/01/2003	$172.77	0.0%	0.0%	N	Referral Required
L0454	TLSO PREFAB FLEXIBLE SACRO JUNC	01/01/2003	$272.52	0.0%	0.0%	N	Referral Required
L0456	TLSO PROFEAB FLEXIBLE SACRO JUNC TO	01/01/2003	$781.51	0.0%	0.0%	N	Referral Required
L0458	TLSO PREFAB TRIPLANAR ANT SYMPH PU	01/01/2003	$700.77	0.0%	0.0%	N	Referral Required
L0460	TLSO PREFAB TRIPLANAR ANT SYMP PUBI	01/01/2003	$788.75	0.0%	0.0%	N	Referral Required
L0462	TLSO PREFAB TRIPLANAR 3 RIGID SHELL	01/01/2003	$307.58	0.0%	0.0%	N	Referral Required
L0464	TLSO PREFAB TRIPLANAR 4 RIGID SHELL	01/01/2003	$1,167.97	0.0%	0.0%	N	Referral Required
L0466	TLSO PREFAB SAGGITAL CONTROL RIGID	01/01/2003	$355.15	0.0%	0.0%	N	Referral Required
L0468	TLSO PREFAB SAG-CORONAL CONTROL	01/01/2003	$426.29	0.0%	0.0%	N	Referral Required
L0470	PREFAB TRIPLANAR RIGID POST FRAME	01/01/2003	$511.66	0.0%	0.0%	N	Referral Required
L0472	TLSO PREFAB TRIPLANER HYPEREXTENSI	01/01/2003	$363.35	0.0%	0.0%	N	Referral Required
L0480	TLSO CUSTOM FAB SAG CORONAL FLEXIO	01/01/2003	$1,252.86	0.0%	0.0%	N	Referral Required
L0482	TLSO, TRIPLANER CONTROL, ONE PIECE,	01/01/2003	$1,276.86	0.0%	0.0%	N	Referral Required
L0484	TLSO, TRIPLANER CONTROL, TWO PIECE	01/01/2003	$1,337.75	0.0%	0.0%	N	Referral Required
L0486	TLSO, TRIPLANER CONTROL, TWO PIECE	01/01/2003	$912.96	0.0%	0.0%	N	Referral Required
L0488	TLSO, TRIPLANER CONTROL, ONE PIECE,	01/01/2003	$788.75	0.0%	0.0%	N	Referral Required
L0490	TLSO, SAGITTAL-CORONAL CONTROL,	01/01/2003	$222.28	0.0%	0.0%	N	Referral Required
L0510	LSO, FLEXIBLE, CUSTOM FABRICATED	07/01/1999	$239.31	0.0%	0.0%	N	Referral Required
L0700	CTLSO, MOLDED (MINERVA TYPE)	07/01/1999	$1,422.98	0.0%	0.0%	N	Referral Required
L0710	CTLSO, MOLDED W/INTERFACE MATERIAL	07/01/1999	$1,607.24	0.0%	0.0%	N	Referral Required
L0810	CERVICAL HALO INCORPORATED INTO JA	07/01/1999	$1,935.23	0.0%	0.0%	N	Referral Required
L0820	CERVICAL HALO INCORPORATED INTO PL	07/01/1999	$1,900.54	0.0%	0.0%	N	Referral Required
L0830	CERVICAL HALO INCORPORATED INTO MIL	07/01/1999	$2,665.78	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L0860	ADDN. TO HALO PROCEDURES, MRI COMP	07/01/1999	$857.45	0.0%	0.0%	N	Referral Required
L0900	TORSO SUPPORT, PTOSIS SUPPORT, CUS	07/01/1999	$133.08	0.0%	0.0%	N	Referral Required
L0910	TORSO SUPPORT, PTOSIS SUPPORT, CUS	07/01/1999	$260.06	0.0%	0.0%	N	Referral Required
L0920	TORSO SUPPORT, PEODULOUS ABDOMEN S	07/01/1999	$132.08	0.0%	0.0%	Y	Referral Required
L0930	TORSO SUPPORT, PENDULOUS ABDOMEN S	07/01/1999	$293.37	0.0%	0.0%	Y	Referral Required
L0940	TORSO SUPPORT, POST SURGICAL SUPP	07/01/1999	$127.18	0.0%	0.0%	N	Referral Required
L0950	TORSO SUPPORT, POST-SURGICAL SUPP	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	ADDITION TO SPINAL ORTHOSIS	01/01/2002	$107.93	0.0%	0.0%	N	Referral Required
L1000	CTLSO, (MILWAUKEE) INCLUDING INITIA	07/01/1999	$1,711.48	0.0%	0.0%	N	Referral Required
L1005	TENSION BASED SCOLIOSIS ORTHOSIS	01/01/2002	$2,487.57	0.0%	0.0%	N	Referral Required
L1010	ADDN TO CTLSO, SCHOLIOSIS ORTHO, AX	07/01/1999	$49.00	0.0%	0.0%	N	Referral Required
L1020	ADDN TO CTLSO, SCOLIOSIS ORTHO, KYP	07/01/1999	$71.84	0.0%	0.0%	N	Referral Required
L1025	ADDN TO CTLSO, SCOLIOSIS ORTH, KYPH	07/01/1999	$87.77	0.0%	0.0%	N	Referral Required
L1030	ADDN TO CTLSO, SCOLIOSIS ORTHO, LUM	07/01/1999	$45.99	0.0%	0.0%	N	Referral Required
L1040	ADDN TO CTLSO, SCOLIOSIS ORTHO, LUM	07/01/1999	$67.92	0.0%	0.0%	N	Referral Required
L1050	ADDN TO CTSLO, SCOLIOSIS ORTHO, STE	07/01/1999	$72.13	0.0%	0.0%	N	Referral Required
L1060	ADDN TO CTLSO, SCOLIOSIS ORTHO, THO	07/01/1999	$79.33	0.0%	0.0%	N	Referral Required
L1070	ADDN TO CTLSO, SCOLIOSIS ORTHO, TRA	07/01/1999	$71.68	0.0%	0.0%	N	Referral Required
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTH	07/01/1999	$44.31	0.0%	0.0%	N	Referral Required
L1085	ADD. TO CTLSO, OUTRIGGER, BILATERAL	07/01/1999	$115.67	0.0%	0.0%	N	Referral Required
L1090	ADDITION TO CTLSO, LUMBAR SLING	07/01/1999	$69.96	0.0%	0.0%	N	Referral Required
L1100	ADDITION TO CTLSO, RING FLANGE PLAS	07/01/1999	$127.13	0.0%	0.0%	N	Referral Required
L1110	ADDN. TO CTLSO, RING FLANGE, PLASTI	07/01/1999	$210.38	0.0%	0.0%	N	Referral Required
L1120	ADDITION TO CTLSO, COVER FOR UPRIGH	07/01/1999	$34.60	0.0%	0.0%	N	Referral Required
L1200	TLSO, INCLUDES FURNISHING INITIAL O	07/01/1999	$1,470.42	0.0%	0.0%	N	Referral Required
L1210	TLS ORTHOSIS, LATERAL THORACIC EXTE	07/01/1999	$184.17	0.0%	0.0%	N	Referral Required
L1220	ADDITION TO TLSO, ANTERIOR THORECIC	07/01/1999	$190.75	0.0%	0.0%	N	Referral Required
L1230	TLSO, MILWAUKEE TYPE SYPERSTRUCTUR	07/01/1999	$400.11	0.0%	0.0%	N	Referral Required
L1240	TLSO, LUMBAR SEROTATION PAD	07/01/1999	$58.42	0.0%	0.0%	N	Referral Required
L1250	TLSO, ANTERIOR ASIS PAD	07/01/1999	$53.43	0.0%	0.0%	N	Referral Required
L1260	TLSO, ANTERIOR THORACIC DEROTATION	07/01/1999	$56.40	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
L1500	THKAO, MOBILITY FRAME (NEWINGTON, P	07/01/1999	$1,561.67	0.0%	0.0%	N	Referral Required
L1510	THKAO, STANDING FRAME	07/01/1999	$994.81	0.0%	0.0%	N	Referral Required
L1520	THKAO, SWIVEL WALKER	07/01/1999	$1,942.02	0.0%	0.0%	N	Referral Required
L1600	HO,ABDUCTION, FLEXIBLE, FRESKA W/CO	07/01/1999	$90.70	0.0%	0.0%	N	Referral Required
L1610	HO,ABDUCTION, FLEXIBLE, FRESKA COVE	07/01/1999	$30.90	0.0%	0.0%	N	Referral Required
L1620	HO, ABDUCTION, FLEXIBLE, PAVLIK HAR	07/01/1999	$99.36	0.0%	0.0%	N	Referral Required
L1630	HO,ABDUCTION,SEMI/FLEX (VON-ROSEN T	07/01/1999	$128.82	0.0%	0.0%	N	Referral Required
L1640	HIP ORTHOSIS, PELVIC BAND/SPREADER	07/01/1999	$339.76	0.0%	0.0%	N	Referral Required
L1650	HO,ABDUCTION,STATIC,ADJUST,CUSTOM F	07/01/1999	$162.96	0.0%	0.0%	N	Referral Required
L1652	HIP ORTHOSIS, BILATERAL CUFFS,	01/01/2003	$280.10	0.0%	0.0%	N	Referral Required
L1660	HO,ABDUCTION, STATIC, PLASTIC, CUST	07/01/1999	$130.53	0.0%	0.0%	N	Referral Required
L1670	HO,ABDUCTION,DUNAMIC,ATTCH TO SHOE	03/24/1997	$56.21	0.0%	0.0%	N	Referral Required
L1680	HO, ABDUCT,ADJ HIP MOTION CONTRO,TH	07/01/1999	$1,143.46	0.0%	0.0%	N	Referral Required
L1685	HO, ABDUCTION, POST-OP, CUSTOM FABR	07/01/1999	$837.22	0.0%	0.0%	N	Referral Required
L1686	HO,ABDUCTION,POST-OP,CUSTOM FIT	07/01/1999	$651.05	0.0%	0.0%	N	Referral Required
L1690	COMBINATION BILATERAL L/S	01/01/1999	$1,420.74	0.0%	0.0%	N	Referral Required
L1700	LEGG PERTHES ORTHOSIS, TORONTO TY	07/01/1999	$1,156.00	0.0%	0.0%	N	Referral Required
L1710	LEGG PERTHES ORTHOSIS, NEWINGTON T	07/01/1999	$1,398.64	0.0%	0.0%	N	Referral Required
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL (	07/01/1999	$975.68	0.0%	0.0%	N	Referral Required
L1730	LEGG, PERTHES ORTHOSIS, SCOTTISA RI	07/01/1999	$832.47	0.0%	0.0%	N	Referral Required
L1750	LEGG, PERTHES ORTHOSIS, SLING (SAM	07/01/1999	$138.48	0.0%	0.0%	N	Referral Required
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTT	07/01/1999	$1,114.37	0.0%	0.0%	N	Referral Required
L1800	KNEE ORTHOSES ELASTIC W/STAY	07/01/1999	$47.52	0.0%	0.0%	N	Referral Required
L1810	KO ELASTIC WITH JOINTS	07/01/1999	$80.25	0.0%	0.0%	N	Referral Required
L1815	KO ELASTIC WITH CONDYLAR PAD	07/01/1999	$82.73	0.0%	0.0%	N	Referral Required
L1820	KNEE ORTHOSES, ELASTIC W/CONDYLE P	07/01/1999	$101.53	0.0%	0.0%	N	Referral Required
L1825	KO, ELASTIC KNEE CAP	07/01/1999	$45.21	0.0%	0.0%	N	Referral Required
L1830	KO, IMMOBILIZER, CANVAS LONG	07/01/1999	$78.69	0.0%	0.0%	N	Referral Required
L1832	KO, ADJUSTABLE, POSITIONAL,	07/01/1999	$427.92	0.0%	0.0%	N	Referral Required
L1834	KO, WITHOUT KNEE JOINT, RIGID, MOLD	07/01/1999	$546.37	0.0%	0.0%	N	Referral Required
L1836	KNEE ORTHOSIS, RIGID W/O JOINTS,	01/01/2003	$104.84	0.0%	0.0%	N	Referral Required
L1840	KO, CUSTOM, MED/LAT, ANTERIOR CRUCI	07/01/1999	$748.62	0.0%	0.0%	N	Referral Required
L1843	KO,SINGLE UPRIGHT-THIGH-CUST	04/01/1999	$659.23	0.0%	0.0%	N	Referral Required
L1844	KO SINGLE UPRIGHT THIGH/CALF W/ADJ	07/01/1999	$1,480.85	0.0%	0.0%	N	Referral Required

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L1845	KO, DBL UPRIGHT, ADJ FLEX/EXT JOINT	07/01/1999	$597.47	0.0%	0.0%	N	Referral Required
L1846	KO, DBL. UPRIGHT ADJ. FLEX/EXT. JOI	07/01/1999	$928.14	0.0%	0.0%	N	Referral Required
L1847	KNEE ORTHOSIS DOUBLE UPRIGHT	01/01/1999	$422.57	0.0%	0.0%	N	Referral Required
L1850	KO, SWEDISH TYPE	07/01/1999	$226.25	0.0%	0.0%	N	Referral Required
L1855	MOLDED PLASTIC THIGH AND CALFG SECT	07/01/1999	$807.92	0.0%	0.0%	N	Referral Required
L1858	KO, POLYCENTRIC KNEE JOINTS, PNEUMA	07/01/1999	$934.65	0.0%	0.0%	N	Referral Required
L1860	KO, MODIFIED SUPRACONDYLAR PROSTH.	07/01/1999	$923.43	0.0%	0.0%	N	Referral Required
L1870	KO, DBL. UPRIGHT LACERS, WITH KNEE	07/01/1999	$819.35	0.0%	0.0%	N	Referral Required
L1880	KO, DBL UPRIGHT, NONMOLDED, LACERS	07/01/1999	$664.25	0.0%	0.0%	N	Referral Required
L1900	ANKLE-FOOT ORTHOSIS	07/01/1999	$209.34	0.0%	0.0%	N	Referral Required
L1901	ANKLE ORTHOSIS, ELASTIC,	01/01/2003	$13.91	0.0%	0.0%	N	Referral Required
L1902	AFO, ANKLE GAUNTLET, CUSTOM	07/01/1999	$68.90	0.0%	0.0%	N	Referral Required
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
L1910	AFO POST. SINGLE BAR, CLASP ATTACH	07/01/1999	$238.09	0.0%	0.0%	N	Referral Required
L1920	AFO, S UPRIGHT STATIC/ADJ STOP (PHE	07/01/1999	$315.39	0.0%	0.0%	N	Referral Required
L1930	AFO, CUSTOM FITTED, PLASTIC	07/01/1999	$194.46	0.0%	0.0%	N	Referral Required
L1940	AFO MOLDED TO PATIENT MODEL PLASTIC	07/01/1999	$373.93	0.0%	0.0%	N	Referral Required
L1945	AFO, MOLDED PLASTIC, RIGID ANTERIOR	07/01/1999	$735.22	0.0%	0.0%	N	Referral Required
L1950	ACO, SPIRAL, MOLDED (IRM TYPE) PLAS	07/01/1999	$699.02	0.0%	0.0%	N	Referral Required
L1960	AFO POST SOLID ANKLE MOLDED TO PT M	07/01/1999	$390.14	0.0%	0.0%	N	Referral Required
L1970	AFO PLASTIC MOLDED TO PATIEN	07/01/1999	$520.64	0.0%	0.0%	N	Referral Required
L1980	AFO, S UPRIGHT, STIRRUP CALF	07/01/1999	$330.38	0.0%	0.0%	N	Referral Required
L1990	AFO, DBL UPRIGHT FREE PLANTAR DORSF	07/01/1999	$399.20	0.0%	0.0%	N	Referral Required
L2000	KAFO, S UPRIGHT, STIRRUP, THIGH & C	07/01/1999	$951.87	0.0%	0.0%	N	Referral Required
L2010	KAFO, SINGLE UPRIGHT, STIRRUP, NO K	07/01/1999	$859.27	0.0%	0.0%	N	Referral Required
L2020	KAFO DBL UPRIGHT FREE KNEE & ANKLE	07/01/1999	$1,095.80	0.0%	0.0%	N	Referral Required
L2030	KAFO D UPRIGHT, FREE ANKLE, STIRRUP	07/01/1999	$943.72	0.0%	0.0%	N	Referral Required
L2035	KAFO, FULL PLASTIC-PEDIATRIC	01/01/2002	$134.88	0.0%	0.0%	N	Referral Required
L2036	KAFO, FULL PLASTIC, DBL UPRIGHT, FR	07/01/1999	$1,684.65	0.0%	0.0%	N	Referral Required
L2037	KAFO, PLASTIC SINGLE UPRIGHT, FREE	07/01/1999	$1,389.81	0.0%	0.0%	N	Referral Required
L2038	KAFO, PLASTIC, NO KNEE JOINT, MULTI	07/01/1999	$1,170.79	0.0%	0.0%	N	Referral Required
L2039	KAFO, FULL PLASTIC, SINGLE UP.POLY-	01/01/1997	$1,600.63	0.0%	0.0%	N	Referral Required
L2040	HKAFO, BILATERAL ROTATION STRAPS, P	07/01/1999	$160.82	0.0%	0.0%	N	Referral Required
L2050	HKAFO TORSION CONTROL BILATERAL CA	07/01/1999	$340.04	0.0%	0.0%	N	Referral Required
L2060	HKAFO, BILATERAL ROTATION STRAPS, P	07/01/1999	$481.46	0.0%	0.0%	N	Referral Required
L2070	HKAFO, UNILATERAL ROTATION STRAPS,	07/01/1999	$94.66	0.0%	0.0%	N	Referral Required
L2080	HKAFO, UNI TORSION CABLE, HIP JOINT	07/01/1999	$291.83	0.0%	0.0%	N	Referral Required
L2090	HKAFO UNI TORSION CABLE BALLBEARING	07/01/1999	$411.51	0.0%	0.0%	N	Referral Required

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L2106	AFO, TIBIAL FRACTURE CAST, THERMOPL	07/01/1999	$493.28	0.0%	0.0%	N	Referral Required
L2108	AFO, TIBIAL FRACTURE CAST, MOLDED	07/01/1999	$843.48	0.0%	0.0%	N	Referral Required
L2112	AFO, TIBIAL FRACTURE ORTHOSI	07/01/1999	$340.48	0.0%	0.0%	N	Referral Required
L2114	AFO FX ORTHOSIS-TIBIAL FX OR	07/01/1999	$417.80	0.0%	0.0%	N	Referral Required
L2116	AFO TIBIAL FRACTURE ORTHOSIS, RIGID	07/01/1999	$501.08	0.0%	0.0%	N	Referral Required
L2126	KAFO FEMORAL FRACTURE CAST, THERMO	07/01/1999	$842.84	0.0%	0.0%	N	Referral Required
L2128	KAFO FEMORAL FRACTURE CAST, MOLDE	07/01/1999	$1,609.22	0.0%	0.0%	N	Referral Required
L2132	KAFO FEMORAL FRACTURE CAST, SOFT, C	07/01/1999	$567.78	0.0%	0.0%	N	Referral Required
L2134	KAFO FEMORAL FRACTURE CAST, SEMI-RI	07/01/1999	$711.89	0.0%	0.0%	N	Referral Required
L2136	KAFO FX ORTHOSIS FEMOR FXCAST ORTH	07/01/1999	$832.37	0.0%	0.0%	N	Referral Required
L2180	PLASTIC SHOE INSERT W/ ANKLE JOINTS	07/01/1999	$82.43	0.0%	0.0%	N	Referral Required
L2182	ADDN TO LOWER EXTREMITY DROP LOCK K	07/01/1999	$75.86	0.0%	0.0%	N	Referral Required
L2184	LIMITED MOTION KNEE JOINT	07/01/1999	$87.19	0.0%	0.0%	N	Referral Required
L2186	ADJUSTABLE MOTION KNEE JOINT GERMA	07/01/1999	$122.00	0.0%	0.0%	N	Referral Required
L2188	ADDITION TO LOWER EXTREMITY, QUADRI	07/01/1999	$228.41	0.0%	0.0%	N	Referral Required
L2190	ADDITION TO LOWER EXTREMITY, WAIST	07/01/1999	$61.47	0.0%	0.0%	N	Referral Required
L2192	HIP JOINT, PELVIC BAND, THIGH FLANG	07/01/1999	$250.97	0.0%	0.0%	N	Referral Required
L2200	ADDN TO LOWER EXTREMITY, THIGH/WGH	07/01/1999	$44.62	0.0%	0.0%	N	Referral Required
L2210	ADDITIONS TO LOWER EXTREMITY DORSI	07/01/1999	$49.59	0.0%	0.0%	N	Referral Required
L2220	ADD. LOWER EXTREMITY DORSIFLEXION &	07/01/1999	$68.13	0.0%	0.0%	N	Referral Required
L2230	SPLIT FLAT CALIPER STIRRUPS & PLATE	07/01/1999	$66.31	0.0%	0.0%	N	Referral Required
L2240	ROUND CALIPER & PLATE ATTACHMENT	07/01/1999	$59.43	0.0%	0.0%	N	Referral Required
L2250	ADD TO LOWER EXTREMITY, FOOT PLATE-	07/01/1999	$333.47	0.0%	0.0%	N	Referral Required
L2260	REINFORCED STIRRUP (SCOTTCRAIG TYP	07/01/1999	$141.09	0.0%	0.0%	N	Referral Required
L2265	ADDN LOWER EXTREMITY, LONG-TONGUE	07/01/1999	$82.89	0.0%	0.0%	N	Referral Required
L2270	ADD,VARUS/VALGUS T STRAP OR MALLEOI	07/01/1999	$50.40	0.0%	0.0%	N	Referral Required
L2275	ADD TO LOWER EXTREM,VARUS/VULGUS C	07/01/1999	$110.09	0.0%	0.0%	N	Referral Required
L2280	ADDITIONS TO LOWER EXTREMITY, MOLD	07/01/1999	$319.20	0.0%	0.0%	N	Referral Required
L2300	ABDUCTION BAR, BILATERAL HIP, JOINT	07/01/1999	$236.28	0.0%	0.0%	N	Referral Required
L2310	ABDUCTION BAR-STRAIGHT (ADDN TO LO	07/01/1999	$115.45	0.0%	0.0%	N	Referral Required
L2320	ALL. LOWER EXTREMITY NONMOLD	07/01/1999	$185.00	0.0%	0.0%	N	Referral Required
L2330	LACER, MOLDED MODEL (ADDN TO LOWER	07/01/1999	$326.97	0.0%	0.0%	N	Referral Required
L2335	ANTERIOR SWING BAND (ADDN TO LOWER	07/01/1999	$175.06	0.0%	0.0%	N	Referral Required
L2340	ADDITION TO LOWER EXTREMITY PRE-TIB	07/01/1999	$388.46	0.0%	0.0%	N	Referral Required
L2350	ADDITION TO LOWER EXTREMITY, PROST	07/01/1999	$707.55	0.0%	0.0%	N	Referral Required
L2360	EXTENDED STEEL SHANK (ADDN TO LOWE	07/01/1999	$48.56	0.0%	0.0%	N	Referral Required
L2370	PATTEN BOTTOM (ADDN TO LOWER EXTRE	07/01/1999	$193.07	0.0%	0.0%	N	Referral Required
L2375	TORSION CONTROL, ANKLE-JOINT AND HA	07/01/1999	$79.53	0.0%	0.0%	N	Referral Required
L2380	ADD TO LOWER EXT TORSION CONTROL S	07/01/1999	$88.22	0.0%	0.0%	N	Referral Required

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L2385	SHORT KNEE JOINT HEAVY DUTY	07/01/1999	$94.27	0.0%	0.0%	N	Referral Required
L2390	ADD. TO LOWER EXTREMITY OFFSET KNE	07/01/1999	$77.04	0.0%	0.0%	N	Referral Required
L2395	ADD TOLWR EXTRM,OFFSET KNEE JOINT,	07/01/1999	$110.12	0.0%	0.0%	N	Referral Required
L2397	ADD TO LOWER EXTREM ORTHOSIS,SUSP	07/01/1999	$93.02	0.0%	0.0%	N	Referral Required
L2405	DROP LOCK JOINTS	07/01/1999	$38.80	0.0%	0.0%	N	Referral Required
L2415	ADD TO KNEE JOINT, CAM LOCK	07/01/1999	$129.26	0.0%	0.0%	N	Referral Required
L2425	ADDN TO KNEE JOINT, DROP LOCK, EACH	07/01/1999	$128.13	0.0%	0.0%	N	Referral Required
L2430	ADDITION TO KNEE JOINT,RATCHET LOCK	07/01/1999	$72.23	0.0%	0.0%	N	Referral Required
L2435	ADDITION TO KNEE JOINT	07/01/1999	$142.94	0.0%	0.0%	N	Referral Required
L2492	ADDN TO KNEE JOINT, LEFT LOOP FOR D	07/01/1999	$74.43	0.0%	0.0%	N	Referral Required
L2500	ADDN TO LOW EXTREM, THIGH/WGT BEAR	07/01/1999	$238.41	0.0%	0.0%	N	Referral Required
L2510	ADDITION TO LOWER EXTREMITY, THIGH,	07/01/1999	$581.57	0.0%	0.0%	N	Referral Required
L2520	THIGH/WEIGHT BEARING QUADRILATERAL	07/01/1999	$342.62	0.0%	0.0%	N	Referral Required
L2525	THIGH/WT BEARING ISCHIAL CONTAINMEN	07/01/1999	$913.33	0.0%	0.0%	N	Referral Required
L2526	THIGH/WT BEARING, ISCHIALCONTAINMEN	07/01/1999	$642.80	0.0%	0.0%	N	Referral Required
L2530	THIGH WEIGHT BEARING LACER NON-MOL	07/01/1999	$172.68	0.0%	0.0%	N	Referral Required
L2540	THIGH/WEIGHT BEARING LACER MOLDED	07/01/1999	$375.35	0.0%	0.0%	N	Referral Required
L2550	THIGH, WEIGHT BEARING, HIGH ROLL CU	07/01/1999	$220.57	0.0%	0.0%	N	Referral Required
L2570	HIP JOINT CLEVIS TYPE 2-POSITION JO	07/01/1999	$345.37	0.0%	0.0%	N	Referral Required
L2580	PELVIC CONTROL, PELVIC SLING	07/01/1999	$386.07	0.0%	0.0%	N	Referral Required
L2600	HIP JOINT CLEVIS OR THRUST BEARING,	07/01/1999	$167.44	0.0%	0.0%	N	Referral Required
L2610	HIP JOINT,CLEVIS / THRUST BEARING,L	07/01/1999	$201.79	0.0%	0.0%	N	Referral Required
L2620	ADDITION TO LOWER EXTREMITY, PELVIC	07/01/1999	$221.37	0.0%	0.0%	N	Referral Required
L2622	HIP JOINT, ADJUSTABLE FLEXION, EACH	07/01/1999	$215.84	0.0%	0.0%	N	Referral Required
L2624	ADD LOWER EXT PELVIC CONTROL HIP JO	07/01/1999	$233.08	0.0%	0.0%	N	Referral Required
L2627	PLASTIC MOLDED RECIPROCATING HIP JO	07/01/1999	$1,206.61	0.0%	0.0%	N	Referral Required
L2628	METAL FRAME, RECIPROCATING HIP JOIN	07/01/1999	$1,572.30	0.0%	0.0%	N	Referral Required
L2630	PELVIC CNTRL, BAND & BELT, UNILATER	07/01/1999	$184.11	0.0%	0.0%	N	Referral Required
L2640	ADD TOP LOWER EXTREMITY PELVIC CON	07/01/1999	$286.93	0.0%	0.0%	N	Referral Required
L2650	PELVIC & THORACIC CONTROL	07/01/1999	$112.63	0.0%	0.0%	N	Referral Required
L2660	THORACIC BAND, ADDN TO LOWER EXTRE	07/01/1999	$131.18	0.0%	0.0%	N	Referral Required
L2670	PARASPINAL UPRIGHTS ADDN TO LOWER E	07/01/1999	$124.13	0.0%	0.0%	N	Referral Required
L2680	THORACIC CONTROL LATERAL SUPPORT O	07/01/1999	$110.14	0.0%	0.0%	N	Referral Required
L2750	LOWER EXTREM PLATING, CHROME OR N	07/01/1999	$69.13	0.0%	0.0%	N	Referral Required
L2755	ADD. LOWER EXTREMITY ORTHOSIS;CARB	01/01/1997	$94.11	0.0%	0.0%	N	Referral Required
L2760	EXTENSION PER EXTENSION PER BAR (FO	07/01/1999	$43.66	0.0%	0.0%	N	Referral Required
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE	01/01/2002	$101.27	0.0%	0.0%	N	Referral Required
L2770	LOWER EXTREMITY STAINLESS STEEL PE	07/01/1999	$43.46	0.0%	0.0%	N	Referral Required
L2780	ADD TOP LOWER EXTREMITY OR THOSIS N	07/01/1999	$63.51	0.0%	0.0%	N	Referral Required

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L2785	ORTHOSIS DROP LOCK RETAINER	07/01/1999	$24.62	0.0%	0.0%	N	Referral Required
L2795	ADD TO LOWER EXTREMITY OR THOSIS K	07/01/1999	$74.14	0.0%	0.0%	N	Referral Required
L2800	ADDITION TO LOWER EXTREMITY ORTHOS	07/01/1999	$86.06	0.0%	0.0%	N	Referral Required
L2810	LOWER EXTREMITY, KNEE CONTROL, CON	07/01/1999	$54.97	0.0%	0.0%	N	Referral Required
L2820	ADD TO LOWER EXTREMITY. ORTHOSIS B	07/01/1999	$61.12	0.0%	0.0%	N	Referral Required
L2830	ADDZ TO LOWER EXTREMITY, ORTHOSIS A	07/01/1999	$66.13	0.0%	0.0%	N	Referral Required
L2840	12 CAST SOCKS	07/01/1999	$30.75	0.0%	0.0%	N	Referral Required
L2850	ADD TO LOWER EXTREMITY OR THOSIS F	07/01/1999	$43.58	0.0%	0.0%	N	Referral Required
L2860	ADD TO LOWER EXT JT, KNEE,ANKLE,CON	01/01/1997	$264.56	0.0%	0.0%	N	Referral Required
L3000	FOOT,INSERT,REMOVABLE,MOLDED	01/01/1995	$220.18	0.0%	0.0%	N	Referral Required
L3001	FOOT INSERT, REMOVABLE, MOLD	03/24/1997	$10.50	0.0%	0.0%	N	Referral Required
L3010	FOOT INSERT REMOVABLE MOLDED	01/01/1995	$122.12	0.0%	0.0%	N	Referral Required
L3020	FOOT INSERT REMOVABLE MOLDED	01/01/1995	$139.06	0.0%	0.0%	N	Referral Required
L3040	ARCH SUPPORT REMOVABLE PRE-M	01/01/1995	$32.98	0.0%	0.0%	N	Referral Required
L3050	ARCH SUPPORT REMOVABLE PRE-M	01/01/1995	$32.98	0.0%	0.0%	N	Referral Required
L3060	ARCH SUPPORT REMOVABLE PREMO	01/01/1995	$51.70	0.0%	0.0%	N	Referral Required
L3070	ARCH SUPP NONREMOVABLE ATTAC	01/01/1995	$22.29	0.0%	0.0%	N	Referral Required
L3080	ARCH SUPP NON-REMOVABLE ATTA	01/01/1995	$22.29	0.0%	0.0%	N	Referral Required
L3090	ARCH SUPP NONREMOVABLE ATT T	01/01/1995	$28.53	0.0%	0.0%	N	Referral Required
L3140	FOOT ABDUCT ROTATION BARS ATTCH TO	11/17/1993	$25.00	0.0%	0.0%	N	Referral Required
L3201	STRAIGHT LAST SHOES,INFANT	01/01/1997	$55.00	0.0%	0.0%	N	Referral Required
L3206	SHOE HIGHTOP W/SUPINATOR OR	04/01/1997	$50.00	0.0%	0.0%	N	Referral Required
L3215	LADIES SHOES OXFORD	03/01/1996	$78.94	0.0%	0.0%	N	Referral Required
L3219	MENS SHOES OXFORD	03/01/1996	$90.80	0.0%	0.0%	N	Referral Required
L3224	ORTH. FOOTWEAR WOMANS SHOE,PART O	07/01/1999	$41.39	0.0%	0.0%	N	Referral Required
L3225	ORTH. FOOTWEAR MANS SHOE, PART OF B	07/01/1999	$47.61	0.0%	0.0%	N	Referral Required
L3260	AMBULATORY SURG BOOT	04/01/1998	$50.00	0.0%	0.0%	N	Referral Required
L3310	LIFT, ELEVATION HEEL & SOLE NEOPREN	01/01/1997	$10.20	0.0%	0.0%	N	Referral Required
L3370	SOLE WEDGE BETWEEN SOLE	04/01/1997	$10.20	0.0%	0.0%	N	Referral Required
L3650	SHOULD ORTHO, (SO), FIGURE OF "8" D	07/01/1999	$43.52	0.0%	0.0%	N	Referral Required
L3651	SHOULDER ORTHOSIS, SINGLE, ELASTIC,	01/01/2003	$47.09	0.0%	0.0%	N	Referral Required
L3652	SHOULDER ORTHOSIS, DOUBLE, ELASTIC,	01/01/2003	$141.90	0.0%	0.0%	N	Referral Required
L3660	SO FIGURE 8 ABDUCTION RESTRAINER CA	07/01/1999	$70.79	0.0%	0.0%	N	Referral Required
L3670	SO, ACROMIO CLAVICULAR/CANVAS AND W	07/01/1999	$80.95	0.0%	0.0%	N	Referral Required
L3700	ELBOW ORTHO ELASTIC W STAYS	07/01/1999	$54.29	0.0%	0.0%	N	Referral Required
L3701	ELBOW ORTHOSIS, ELASTIC,	01/01/2003	$14.56	0.0%	0.0%	N	Referral Required
L3710	ELBOW ORTHO ELASTIC W METAL JOINTS	07/01/1999	$85.14	0.0%	0.0%	N	Referral Required
L3720	EO, DBL UPRIGHT.W FOREARM/ARM CUFF,	07/01/1999	$538.09	0.0%	0.0%	N	Referral Required
L3730	EO, DBL UPRIGHT W/FOREARM/ARM CUFF,	07/01/1999	$723.95	0.0%	0.0%	N	Referral Required

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L3740	EO DBL UPRIGHT W FOREARM/ARM CUFFS	07/01/1999	$739.01	0.0%	0.0%	N	Referral Required
L3760	ELBOW ORTHOSIS	01/01/2001	$341.11	0.0%	0.0%	N	Referral Required
L3762	ELBOW ORTHOSIS, RIGID, W/O JOINTS,	01/01/2003	$76.89	0.0%	0.0%	N	Referral Required
L3800	WRIST HAND FINGER ORTHOSES WHFO S	07/01/1999	$183.11	0.0%	0.0%	N	Referral Required
L3805	WHFO LONG OPPONENS NO ATTACHMENT	07/01/1999	$225.83	0.0%	0.0%	N	Referral Required
L3807	WHFO W/OUT JOINT REFAB	01/01/2000	$168.86	0.0%	0.0%	N	Referral Required
L3810	WHFO ADDN THUMB ABDUCTION "C	07/01/1999	$44.63	0.0%	0.0%	N	Referral Required
L3815	WHFO ADDN SECOND MP ABDUCTION AS	07/01/1999	$41.44	0.0%	0.0%	N	Referral Required
L3820	WHFO I.P. EXTENSION ASSIST W M.P. E	07/01/1999	$71.17	0.0%	0.0%	N	Referral Required
L3825	WHFO M.P. EXTENSION STOP	07/01/1999	$46.21	0.0%	0.0%	N	Referral Required
L3830	WHFO M.P. EXTENSION ASSIST	07/01/1999	$59.65	0.0%	0.0%	N	Referral Required
L3835	WHFO M.P. SPRING	07/01/1999	$84.28	0.0%	0.0%	N	Referral Required
L3840	WHFO SPRING SWIVEL THUMB	07/01/1999	$43.29	0.0%	0.0%	N	Referral Required
L3845	WHFO THUMB I.P. EXTENSION ASSIST WM	07/01/1999	$63.56	0.0%	0.0%	N	Referral Required
L3850	WHFO ACTION WRIST WITH DORSIFLEXIO	07/01/1999	$79.87	0.0%	0.0%	N	Referral Required
L3855	WHFO ADJUSTABLE M.P. FLEXION CONTR	07/01/1999	$80.51	0.0%	0.0%	N	Referral Required
L3860	WHFO ADJUSTABLE M.P. FLEXION CONTR	07/01/1999	$110.20	0.0%	0.0%	N	Referral Required
L3890	ADD TO UPPER EXT. JT. WRIST,ELBOW,C	01/01/1997	$264.56	0.0%	0.0%	N	Referral Required
L3900	WHFO FLEXOR HINGE WRIST OR FINGER E	07/01/1999	$1,003.05	0.0%	0.0%	N	Referral Required
L3901	WHFO FLEXOR HINGE CABLE DRIVEN	07/01/1999	$1,240.07	0.0%	0.0%	N	Referral Required
L3902	WHFO EXTERNAL POWERED COMPRESSE	07/01/1999	$1,731.12	0.0%	0.0%	N	Referral Required
L3904	WHFO EXTERNAL POWERED ELECTRIC	07/01/1999	$2,016.98	0.0%	0.0%	N	Referral Required
L3906	WHFO, WRIST GAUNTLET MOLDED	07/01/1999	$285.43	0.0%	0.0%	N	Referral Required
L3907	WHFO, WRIST GAUNTLED W/THUMB SPI	07/01/1999	$349.87	0.0%	0.0%	N	Referral Required
L3908	WHFO, WRIST EXTENTION CONTRL	07/01/1999	$55.02	0.0%	0.0%	N	Referral Required
L3909	WRIST ORTHOSIS, ELASTIC, PREFABRICA	01/01/2003	$10.09	0.0%	0.0%	N	Referral Required
L3910	WHFO SWANSON DESIGN	07/01/1999	$258.35	0.0%	0.0%	N	Referral Required
L3912	WHFO FLEXION GLOVE ELASTIC FINGER C	07/01/1999	$87.09	0.0%	0.0%	N	Referral Required
L3914	WHFO,WRIST EXTENSION COCK-UP	07/01/1999	$68.46	0.0%	0.0%	N	Referral Required
L3916	WHFO, WRIST EXTENSION COCK-UP, WITH	07/01/1999	$92.75	0.0%	0.0%	N	Referral Required
L3918	WHFO KNUCKLE BENDER	07/01/1999	$58.67	0.0%	0.0%	N	Referral Required
L3920	WHFO KNUCKLE BENDER WITH OUTRIGG	07/01/1999	$77.02	0.0%	0.0%	N	Referral Required
L3922	WHFO KNUCKLE BENDER 2 SEGMENT TO F	07/01/1999	$89.80	0.0%	0.0%	N	Referral Required
L3923	HAND FINGER ORTHOSIS	01/01/2001	$26.54	0.0%	0.0%	N	Referral Required
L3924	WRIST HAND FINGER ORTHOSIS OPPENHE	07/01/1999	$97.92	0.0%	0.0%	N	Referral Required
L3926	WHFO THOMAS SUSPENSION	07/01/1999	$68.00	0.0%	0.0%	N	Referral Required
L3928	WHFO FINGER EXTENSION WITH CLOCK S	07/01/1999	$43.71	0.0%	0.0%	N	Referral Required
L3930	WHFO FINGER EXTENSION WRIST SUPPOR	07/01/1999	$42.38	0.0%	0.0%	N	Referral Required
L3932	WHFO SAFETY PIN SPRING WIRE	07/01/1999	$37.46	0.0%	0.0%	N	Referral Required

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L3934	WHFO SAFETY PIN MODIFIED	07/01/1999	$44.25	0.0%	0.0%	N	Referral Required
L3936	WHFO PALMER	07/01/1999	$81.80	0.0%	0.0%	N	Referral Required
L3938	WHFO DORSAL WRIST	07/01/1999	$84.19	0.0%	0.0%	N	Referral Required
L3940	WHFO DORSAL WRIST WITH OUTRIGGER	07/01/1999	$98.72	0.0%	0.0%	N	Referral Required
L3942	WHFO REVERSE KNUCKLE BENDER	07/01/1999	$53.52	0.0%	0.0%	N	Referral Required
L3944	WHFO REVERSE KNUCKLE BENDER WITH O	07/01/1999	$72.42	0.0%	0.0%	N	Referral Required
L3946	WHFO COMPOSITE ELASTIC	07/01/1999	$81.39	0.0%	0.0%	N	Referral Required
L3948	WHFO FINGER KNUCKLE BENDER	07/01/1999	$38.29	0.0%	0.0%	N	Referral Required
L3950	WHFO OPPENHEIMER W/KNUCKLE BENDE	07/01/1999	$121.22	0.0%	0.0%	N	Referral Required
L3952	WHFO OPPENHEIMER W/REVERSE KNUCK	07/01/1999	$152.84	0.0%	0.0%	N	Referral Required
L3954	WHFO SPREADING HAND	07/01/1999	$83.64	0.0%	0.0%	N	Referral Required
L3960	SEWHO ABDUCTION AIRPLANE DESIGN	07/01/1999	$569.18	0.0%	0.0%	N	Referral Required
L3962	SEWHO ABDUCTION ERBS PALSEY DESI	07/01/1999	$615.07	0.0%	0.0%	N	Referral Required
L3963	SEWHO MOLDED SHOULDER ARMFOREAR	07/01/1999	$1,149.06	0.0%	0.0%	N	Referral Required
L3964	SEWHO MOBILE ARM SUPPORT ATTCH TO W	07/01/1999	$592.43	0.0%	0.0%	N	Referral Required
L3965	SEWHO RADIAL ARM SUPP ATCH TO W/CH	07/01/1999	$945.35	0.0%	0.0%	N	Referral Required
L3966	SEWHO MOBILE ARM SUPP ATTACH TO W/	07/01/1999	$712.17	0.0%	0.0%	N	Referral Required
L3968	SEWHO MOBILE ARM SUPP ATTACH TO W/	07/01/1999	$901.23	0.0%	0.0%	N	Referral Required
L3969	SEWHO MOBILE ARM SUPP MONO SUPP S	07/01/1999	$630.23	0.0%	0.0%	N	Referral Required
L3970	SEWHO ADDN TO MOBILE ARM SUPP ELE	07/01/1999	$214.29	0.0%	0.0%	N	Referral Required
L3972	SEWHO ADDN MOBILE ARM SUPP OFFSET	07/01/1999	$136.26	0.0%	0.0%	N	Referral Required
L3974	SEWHO ADDN TO MOBILE ARM SUPP SUP	07/01/1999	$135.97	0.0%	0.0%	N	Referral Required
L3980	UP EXTREM FX ORTHO HUMERAL	07/01/1999	$212.93	0.0%	0.0%	N	Referral Required
L3982	UP EXTREM ORTHO RADIUS/ULNAR	07/01/1999	$257.12	0.0%	0.0%	N	Referral Required
L3984	UP EXTREM FX ORTHO WRIST	07/01/1999	$247.43	0.0%	0.0%	N	Referral Required
L3985	UP EXTREM FX ORTHO FOREARM HAND W	07/01/1999	$438.62	0.0%	0.0%	N	Referral Required
L3986	UP EXTREM FX ORTHO COMBINATION (CO	07/01/1999	$424.28	0.0%	0.0%	N	Referral Required
L3995	ADDN TO UPPER EXTREMITY SOCK FRACT	07/01/1999	$25.01	0.0%	0.0%	N	Referral Required
L4000	REPLACE GIRDLE FOR MILWAUKEE ORTH	07/01/1999	$1,019.55	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 BRI	07/01/1999	$674.47	0.0%	0.0%	N	Referral Required
L4030	REPLACE QUADRILATERAL SOCKET BRIM C	07/01/1999	$465.07	0.0%	0.0%	N	Referral Required
L4040	REPLACE MOLDED THIGH LACER	07/01/1999	$383.08	0.0%	0.0%	N	Referral Required
L4045	REPLACE NON-MOLDED THIGH LACER	07/01/1999	$232.91	0.0%	0.0%	N	Referral Required
L4050	REPLACE MOLDED CALF LEATHER	07/01/1999	$350.11	0.0%	0.0%	N	Referral Required
L4055	REPLACE NON-MOLDED CALF LACER	07/01/1999	$190.88	0.0%	0.0%	N	Referral Required
L4060	REPLACE HIGH ROLL CUFF	07/01/1999	$284.40	0.0%	0.0%	N	Referral Required
L4070	REPLACE PROXIMAL & DISTAL UPRIGHT F	07/01/1999	$234.46	0.0%	0.0%	N	Referral Required
L4080	REPLACE METAL BANDS KAFOPROXIMAL T	07/01/1999	$84.32	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L4090	REPLACE METAL BANDS KAFO-AFO CALF/	07/01/1999	$84.67	0.0%	0.0%	N	Referral Required
L4100	REPLACE LEATHER CUFF,KAFO-PROXIMAL	07/01/1999	$97.88	0.0%	0.0%	N	Referral Required
L4110	REPLACE LEATHER CUFF KAFO-AFO CALF	07/01/1999	$79.59	0.0%	0.0%	N	Referral Required
L4130	REPLACE PRETIBIAL SHELL	07/01/1999	$465.61	0.0%	0.0%	N	Referral Required
L4205	REPAIR ORTHOTIC DEVICE, LABO	01/01/1997	$8.99	0.0%	0.0%	N	Referral Required
L4350	PNEUMATIC ANKLE CONTROL SPLI	07/01/1999	$69.28	0.0%	0.0%	N	Referral Required
L4360	PNEUMATIC WALKING SPLINT AIR	07/01/1999	$259.85	0.0%	0.0%	N	Referral Required
L4370	PNEUMATIC FULL LEG SPLINT AIRCAST O	07/01/1999	$177.17	0.0%	0.0%	N	Referral Required
L4380	PNEUMATIC KNEE SPLINT AIR CAST OR E	07/01/1999	$96.96	0.0%	0.0%	N	Referral Required
L4386	NON-PNEUMATIC WALKING SPLINT	01/01/2003	$124.58	0.0%	0.0%	N	Referral Required
L4392	REPLACE SOFT INTERFACE M'TRL. SPLIN	07/01/1999	$17.00	0.0%	0.0%	N	Referral Required
L4394	REPLACE SOFT INTERFACE M'TRL. SPLIN	07/01/1999	$12.40	0.0%	0.0%	N	Referral Required
L4396	ANKLE CONTRACTURE SPLINT	07/01/1999	$121.24	0.0%	0.0%	N	Referral Required
L4398	FOOT DROP SPLINT, RECUMBANT POSITIO	07/01/1999	$55.81	0.0%	0.0%	N	Referral Required
L5000	PARTIAL FOOT,SHOE INSERT W/LONGITUD	07/01/1999	$378.88	0.0%	0.0%	N	Referral Required
L5010	PARTIAL FOOT MOLDED SOCKET ANKLE H	07/01/1999	$912.92	0.0%	0.0%	N	Referral Required
L5020	PARTIAL FOOT MOLDED SOCKET TIBIAL T	07/01/1999	$1,693.02	0.0%	0.0%	N	Referral Required
L5050	ANKLE,SYMES,MOLDED SOCKET,SACH FO	07/01/1999	$2,021.36	0.0%	0.0%	N	Referral Required
L5060	ANKLE SYMES METAL FR MOLDED LEATHE	07/01/1999	$2,682.30	0.0%	0.0%	N	Referral Required
L5100	BELOW KNEE,MOLDED SOCKET,SHIN,SA	07/01/1999	$2,095.16	0.0%	0.0%	N	Referral Required
L5105	BELOW KNEE PLASTIC SOCKET JOINTS/TH	07/01/1999	$2,956.97	0.0%	0.0%	N	Referral Required
L5150	EXTERNAL KNEE JOINT MOLDED SOCKET S	07/01/1999	$3,057.48	0.0%	0.0%	N	Referral Required
L5160	EXT KNEE JOINT MOLDED SOCKET BENT-K	07/01/1999	$3,730.21	0.0%	0.0%	N	Referral Required
L5200	ABOVE KNEE,SNGLE AXIS CONT FRX KNEE	07/01/1999	$3,054.55	0.0%	0.0%	N	Referral Required
L5210	ABOVE KNEE,SHORT,W/O JNT,W FT BLOC	07/01/1999	$2,426.15	0.0%	0.0%	N	Referral Required
L5220	ABOVE KNEE,SHORT,NO JNT,W/ARTICUL A	07/01/1999	$2,757.76	0.0%	0.0%	N	Referral Required
L5230	ABOVE KNEE,PROX FEMORAL,CONT FRX K	07/01/1999	$3,688.34	0.0%	0.0%	N	Referral Required
L5250	HIP JNT,CANADIAN TYPE,MOLDED SOCKET	07/01/1999	$4,799.63	0.0%	0.0%	N	Referral Required
L5270	LOCKING HIPJOINT SINGLE AXIS KNEE,S	07/01/1999	$5,142.19	0.0%	0.0%	Y	Referral Required
L5280	HEMIPELVECTOMY,HIP JOINT,SINGLEAXIS	07/01/1999	$5,090.77	0.0%	0.0%	N	Referral Required
L5301	PROSTHETIC, ENDOSKELETAL BELOW KN	01/01/2002	$2,222.33	0.0%	0.0%	N	Referral Required
L5311	PROSTHETIC; ENDOSKELETAL KNEE	01/01/2002	$3,488.67	0.0%	0.0%	N	Referral Required
L5321	PROSTHETIC; ENDOSKELETAL ABOVE KNE	01/01/2002	$3,433.13	0.0%	0.0%	N	Referral Required
L5331	PROSTHETIC; ENDOSKELETAL, HIP	01/01/2002	$4,871.30	0.0%	0.0%	N	Referral Required
L5341	PROSTHETIC, ENDOSKELETAL	01/01/2002	$5,084.20	0.0%	0.0%	Y	Referral Required
L5400	BELOW KNEE,RIGID DRSG,W/FIT,ALIGN,S	07/01/1999	$1,002.80	0.0%	0.0%	N	Referral Required
L5410	BELOW KNEE RIGID DRSG EA ADDTL CAST	07/01/1999	$385.47	0.0%	0.0%	N	Referral Required
L5420	AK RIGID DSG INCL FIT, ALIGN & ONE	07/01/1999	$1,211.24	0.0%	0.0%	N	Referral Required
L5430	AK RIGID DSG EA ADDTL CAST CHG & RE	07/01/1999	$378.06	0.0%	0.0%	N	Referral Required

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L5450	BELOW KNEE,RIGID DRSG,NON-WEIGHT B	07/01/1999	$330.85	0.0%	0.0%	N	Referral Required
L5460	ABOVE KNEE,RIGID DRGS.NON-WEIGHT B	07/01/1999	$438.07	0.0%	0.0%	N	Referral Required
L5500	BELOW KNEE,PTB SOCKET,USMC PYLON,	07/01/1999	$963.08	0.0%	0.0%	N	Referral Required
L5505	ABOVE KNEE,ISCHIAL LEVEL SOCKET,USM	07/01/1999	$1,304.26	0.0%	0.0%	N	Referral Required
L5510	BELOW KNEE,PREP,PTB SOCKET,USMC PY	07/01/1999	$1,182.94	0.0%	0.0%	N	Referral Required
L5520	BELOW KNEE,PREP,PTB SOCKET,THERMOP	07/01/1999	$1,078.35	0.0%	0.0%	N	Referral Required
L5530	BELOW KNEE,PREP,PTB SOCKET,THERMOP	07/01/1999	$1,504.85	0.0%	0.0%	N	Referral Required
L5535	BELOW KNEE,PREP,PTB SOCKET,PREFAB,	07/01/1999	$1,554.40	0.0%	0.0%	N	Referral Required
L5540	BELOW KNEE,PREP,PTB SOCKET,LAMINAT	07/01/1999	$1,659.11	0.0%	0.0%	N	Referral Required
L5560	ABOVE KNEE,PREP,ISCHIAL LEVEL,PLAST	07/01/1999	$1,620.87	0.0%	0.0%	N	Referral Required
L5570	ABOVE KNEE,PREP,ISCHIAL LEVEL,THERM	07/01/1999	$1,704.83	0.0%	0.0%	N	Referral Required
L5580	ABOVE KNEE,PREP,ISCHIAL SOCKET,THER	07/01/1999	$1,953.01	0.0%	0.0%	N	Referral Required
L5585	AK,ADJ OPEN END SOCKET, USMC SACH F	07/01/1999	$2,164.59	0.0%	0.0%	N	Referral Required
L5590	ABOVE KNEE,PREP,ISCHIAL SOCKET,LAMI	07/01/1999	$1,895.01	0.0%	0.0%	N	Referral Required
L5595	HIP PREP.HEMIPELVECTOMY,THERMOPLAS	07/01/1999	$3,385.07	0.0%	0.0%	N	Referral Required
L5600	HIP PREP.HEMIPELVECTOMY,LAMINATED,	07/01/1999	$4,266.63	0.0%	0.0%	N	Referral Required
L5610	ABOVE KNEE, HYDRACADONCE SYSTEM	07/01/1999	$1,991.76	0.0%	0.0%	N	Referral Required
L5611	ABOVE KNEE-DISARTICULATE OCH4-BAR,F	07/01/1999	$1,322.98	0.0%	0.0%	N	Referral Required
L5613	ABOVE KNEE-DISARTICULATE OHC4-BAR,H	07/01/1999	$1,837.70	0.0%	0.0%	N	Referral Required
L5614	ADD LOWER EXT-AK-KNEE* DISORTIC,4-B	07/01/1999	$1,242.21	0.0%	0.0%	N	Referral Required
L5616	ABOVE KNEE,UNIVERSAL MULTIPLEX,FRX	07/01/1999	$1,018.44	0.0%	0.0%	N	Referral Required
L5617	ADD. TO LOWER EXTREMITY, QUI	07/01/1999	$411.89	0.0%	0.0%	N	Referral Required
L5618	ADDN TO LOWER EXTREMITY TEST SOCKE	07/01/1999	$234.25	0.0%	0.0%	N	Referral Required
L5620	ADD TO LWR EXTR, TEST SOCKET, BELOW	07/01/1999	$222.44	0.0%	0.0%	N	Referral Required
L5622	ADD TO LWR EXTRM, TEST SOCKET,KNEE	07/01/1999	$313.70	0.0%	0.0%	N	Referral Required
L5624	ADD TO LWR EXTREMITY, TEST SOCKET,	07/01/1999	$282.43	0.0%	0.0%	N	Referral Required
L5626	ADD TO LWR EXTRM TEST SOCKET,HIP DI	07/01/1999	$410.04	0.0%	0.0%	N	Referral Required
L5628	ADD TO LWR EXTRM,TEST SOCKET,HEMIP	07/01/1999	$453.38	0.0%	0.0%	N	Referral Required
L5629	ADD TO LWR EXTRMIBELOW KNEE, ACRYL	07/01/1999	$238.31	0.0%	0.0%	N	Referral Required
L5630	ADD TO LWR EXTRM,SYMES,EXPANDABLE W	07/01/1999	$379.77	0.0%	0.0%	N	Referral Required
L5631	ADD TO LWR EXTRM,ABOVE KNEE/DISARTI	07/01/1999	$329.48	0.0%	0.0%	N	Referral Required
L5632	ADD TO LWR EXTRMISYMES,TPB BRIM SO	07/01/1999	$222.00	0.0%	0.0%	N	Referral Required
L5634	ADD TO LWR EXTRM,SYMES,POSTERIOR O	07/01/1999	$264.48	0.0%	0.0%	N	Referral Required
L5636	ADD TO LWR EXTRMISYMES,MEDIAL OPEN	07/01/1999	$235.71	0.0%	0.0%	N	Referral Required
L5637	ADD TO LWR EXTREMITY,BELOW KNEE, T	07/01/1999	$223.25	0.0%	0.0%	N	Referral Required
L5638	ADD TO LWR EXTREMITY,BELOW KNEE, LE	07/01/1999	$413.69	0.0%	0.0%	N	Referral Required
L5639	ADD TO LWR EXTREMITY,BELOW KNEE,WO	07/01/1999	$947.57	0.0%	0.0%	N	Referral Required
L5640	ADD TO LWR EXTRM,KNEE DISARTIC,LEAT	07/01/1999	$627.58	0.0%	0.0%	N	Referral Required
L5642	ADD TO LWR EXTRM,ABOVE KNEE,LEATHE	07/01/1999	$619.45	0.0%	0.0%	N	Referral Required

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L5643	ADD TO LWR EXTR,HIP DISARTIC,FLEX S	07/01/1999	$1,339.83	0.0%	0.0%	N	Referral Required
L5644	ADD TO LWR EXTRM,ABOVE KNEE,WOOD S	07/01/1999	$494.51	0.0%	0.0%	N	Referral Required
L5645	ADD TO LWR EXTRM,BELOW KNEE,FLEX S	07/01/1999	$598.31	0.0%	0.0%	N	Referral Required
L5646	ADD TO LWR EXTRM,BELOW KNEE, AIR CU	07/01/1999	$439.80	0.0%	0.0%	N	Referral Required
L5647	ADD TO LWR EXTRM,BELOW KNEE,SUCTIO	07/01/1999	$596.49	0.0%	0.0%	N	Referral Required
L5648	ADD TO LWR EXTRM,ABOVE KNEE,AIR CU	07/01/1999	$493.69	0.0%	0.0%	N	Referral Required
L5649	ADD TO LWR EXTRM,ISCHIAL CONTAIN/NA	07/01/1999	$1,509.15	0.0%	0.0%	N	Referral Required
L5650	ABOVE KNEE/DISARTICULATION SOCKET,T	07/01/1999	$430.34	0.0%	0.0%	N	Referral Required
L5651	ABOVE KNEE, FLEX INNER SOCKET, EXTE	07/01/1999	$900.53	0.0%	0.0%	N	Referral Required
L5652	ABOVE KNEE/DISARTICULATION SOCKET,S	07/01/1999	$326.93	0.0%	0.0%	N	Referral Required
L5653	KNEE DISARTICULATION, EXPANDABLE WA	07/01/1999	$536.39	0.0%	0.0%	N	Referral Required
L5654	SOCKET INSERT,LOWR EXTR,SYMES	07/01/1999	$290.51	0.0%	0.0%	N	Referral Required
L5655	ADDN TO LOW EXTREM, SOCKET INSERT,	07/01/1999	$260.31	0.0%	0.0%	N	Referral Required
L5656	ADD TO LWR EXTRM,SOCKET INSERT,KNE	07/01/1999	$370.88	0.0%	0.0%	N	Referral Required
L5658	ADD TO LWR EXTRM,SOCKET INSERT, ABO	07/01/1999	$363.53	0.0%	0.0%	N	Referral Required
L5661	ADD TO LWR EXTRM,SOCKET INSERT,MUL	07/01/1999	$456.32	0.0%	0.0%	N	Referral Required
L5665	LWR EXTRM,SOCKET INSERT,BELOW KNE	07/01/1999	$383.95	0.0%	0.0%	N	Referral Required
L5666	ADD TO LWR EXTR,BELOW KNEE,CUFF SU	07/01/1999	$53.27	0.0%	0.0%	N	Referral Required
L5668	ADD TO LWR EXTRM,BELOW KNEE,MOLDE	07/01/1999	$84.14	0.0%	0.0%	N	Referral Required
L5670	BELOW KNEE,MOLDED SUPROCONDYLAR S	07/01/1999	$222.10	0.0%	0.0%	N	Referral Required
L5671	ADDITION TO LOWER EXTREMITY	01/01/2001	$526.09	0.0%	0.0%	N	Referral Required
L5672	REMOVABLE MEDIAL BRIM SUSPENSION,	07/01/1999	$241.97	0.0%	0.0%	N	Referral Required
L5673	ADD TO LOWER EXTREMITY	01/01/2004	$574.46	0.0%	0.0%	N	Referral Required
L5674	BELOW KNEE,LATEX SLEEVE SUSPENSIO	07/01/1999	$47.93	0.0%	0.0%	N	Referral Required
L5675	BELOW KNEE,LATEX SLEEVE SUSP/EQUA	07/01/1999	$64.96	0.0%	0.0%	N	Referral Required
L5676	BELOW KNEE,KNEE JOINTS,SINGLE AXIS,	07/01/1999	$316.54	0.0%	0.0%	N	Referral Required
L5677	BELOW KNEE JOINTS,POLYCENTRIC,PAIR	07/01/1999	$402.96	0.0%	0.0%	N	Referral Required
L5678	BELOW KNEE,JOINT COVERS,PAIR	07/01/1999	$35.49	0.0%	0.0%	N	Referral Required
L5679	ADDIT TO LOWER EXTREMITY	01/01/2004	$478.72	0.0%	0.0%	N	Referral Required
L5680	BELOW KNEE,THIGH LACER,NON-MOLDED	07/01/1999	$265.86	0.0%	0.0%	N	Referral Required
L5681	ADDITIONAL TO LOWER EXTREMITY	01/01/2004	$1,035.59	0.0%	0.0%	N	Referral Required
L5682	BELOW KNEE,THIGH LACER,GLUTEAL/ISC	07/01/1999	$474.11	0.0%	0.0%	N	Referral Required
L5683	ADDIT TO LOWER EXTREMITY	01/01/2004	$1,057.34	0.0%	0.0%	N	Referral Required
L5684	BELOW KNEE,FORK STRAP	07/01/1999	$48.12	0.0%	0.0%	N	Referral Required
L5686	BELOW KNEE,BACK CHECK,EXTENSION CO	07/01/1999	$47.79	0.0%	0.0%	N	Referral Required
L5688	BELOW KNEE,WAIST BELT,WEBBING	07/01/1999	$52.32	0.0%	0.0%	N	Referral Required
L5690	BELOW KNEE,WAIST BELT,PADDED/LINED	07/01/1999	$79.58	0.0%	0.0%	N	Referral Required
L5692	ABOVE KNEE,PELVIC CONTROL BELT, LIG	07/01/1999	$116.94	0.0%	0.0%	N	Referral Required
L5694	ABOVE KNEE,PELVIC CONTROL BELT, PAD	07/01/1999	$180.68	0.0%	0.0%	N	Referral Required

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L5695	ABOVE KNEE,PELVIC CONTRL,SLEEVE SUS	07/01/1999	$122.29	0.0%	0.0%	N	Referral Required
L5696	ABOVE KNEE/DISARTICULATION,PELVIC J	07/01/1999	$184.99	0.0%	0.0%	N	Referral Required
L5697	ABOVE KNEE/DISARTICULATION,PELVIC B	07/01/1999	$80.26	0.0%	0.0%	N	Referral Required
L5698	ABOVE KNEE/DISARTICULATION,SILESIAN	07/01/1999	$93.78	0.0%	0.0%	N	Referral Required
L5699	ALL LOWER EXTREMITY PROSTHESES, SH	07/01/1999	$184.33	0.0%	0.0%	N	Referral Required
L5700	REPLACE,SOCKET,BK,MOLDED TO PT MOD	07/01/1999	$2,738.06	0.0%	0.0%	N	Referral Required
L5701	REPLACE,SOCKET,AK/K DISORTIC,INCL A	07/01/1999	$3,327.32	0.0%	0.0%	N	Referral Required
L5702	REPLACE,SOCKET,HIP DISORTIC,INCL HI	07/01/1999	$3,984.18	0.0%	0.0%	N	Referral Required
L5704	REPLACE,CUSTOM SHAPED PROTECTIVE C	07/01/1999	$457.28	0.0%	0.0%	N	Referral Required
L5705	REPLACEMENT,CUSTOM SHAPED PROTEC	07/01/1999	$750.70	0.0%	0.0%	N	Referral Required
L5706	REPLACE,CUSTOM SHAPED PROTECTIVE C	07/01/1999	$744.04	0.0%	0.0%	N	Referral Required
L5707	REPLACE,CUSTOM SHAPED PROTECTIVE C	07/01/1999	$1,057.68	0.0%	0.0%	N	Referral Required
L5710	EXOSKEL KNEE-SHIN SYST,SINGLE AXIS,	07/01/1999	$341.20	0.0%	0.0%	N	Referral Required
L5711	EXOSKEL KNEE-SHIN SYST,ONE AXIS,MAN	07/01/1999	$461.90	0.0%	0.0%	N	Referral Required
L5712	EXOSKEL KNEE-SHIN SYST,SINGLE AXIS,	07/01/1999	$414.65	0.0%	0.0%	N	Referral Required
L5714	EXOSKEL KNEE-SHIN SYST,ONE AXIS,VAR	07/01/1999	$313.65	0.0%	0.0%	N	Referral Required
L5716	EXOSKEL KNEE-SHIN SYST POLYCENTRIC,	07/01/1999	$546.53	0.0%	0.0%	N	Referral Required
L5718	EXOSKEL KNEE-SHIN SYST,POLY,FRX SW	07/01/1999	$683.10	0.0%	0.0%	N	Referral Required
L5722	EXOSKEL KNEE-SHIN SYST,ONE AXISNPNE	07/01/1999	$795.38	0.0%	0.0%	N	Referral Required
L5724	EXOSKEL KNEE-SHIN,ONE AXIS,FLUID SW	07/01/1999	$1,204.38	0.0%	0.0%	N	Referral Required
L5726	EXOSKEL KNEE-SHIN,ONE AXIS,EXTRN JN	07/01/1999	$1,457.55	0.0%	0.0%	N	Referral Required
L5728	EXOSKEL KNEE-SHIN,ONE AXIS, FLUID S	07/01/1999	$1,939.82	0.0%	0.0%	N	Referral Required
L5780	EXOSKEL KNEE-SHIN,ONE AXIS,PNEUM/HY	07/01/1999	$858.53	0.0%	0.0%	N	Referral Required
L5781	ADD. TO LOWER LIMB PROSTHESIS,	01/01/2003	$3,150.08	0.0%	0.0%	N	Referral Required
L5782	ADD. TO LOWER LIMB PROSTHESIS,	01/01/2003	$3,320.90	0.0%	0.0%	N	Referral Required
L5785	EXESKEL,BELOW KNEE,ULTRA-LIGHT	07/01/1999	$465.42	0.0%	0.0%	N	Referral Required
L5790	EXOSKEL,ABOVE KNEE,ULTRA-LIGHT	07/01/1999	$560.38	0.0%	0.0%	N	Referral Required
L5795	EXOSKEL,HIP DISARTICULATION,ULTRA-L	07/01/1999	$805.13	0.0%	0.0%	N	Referral Required
L5810	ENDOSKEL KNEE-SHIN,ONE AXIS,MANUAL	07/01/1999	$416.91	0.0%	0.0%	N	Referral Required
L5811	ADDITION ENDOSKELETAL KNEE SHIN SYS	07/01/1999	$546.89	0.0%	0.0%	N	Referral Required
L5812	ENDOSKEL KNEE-SHIN,ONE AXIS,FRX SW	07/01/1999	$473.30	0.0%	0.0%	N	Referral Required
L5814	PROSTHETICS OR ORTHOTICS	07/01/1999	$2,733.96	0.0%	0.0%	N	Referral Required
L5816	ENDOSKEL KNEE-SHIN,POLY,MECHANICAL	07/01/1999	$637.72	0.0%	0.0%	N	Referral Required
L5818	ENDOSKEL KNEE-SHIN,POLY,FRX SWG,ST	07/01/1999	$720.12	0.0%	0.0%	N	Referral Required
L5822	ENDOSKEL KNEE-SHIN,ONE AXIS,PHEUM S	07/01/1999	$1,276.95	0.0%	0.0%	N	Referral Required
L5824	ENDOSKEL KNEE-SHIN,ONE AXIS,FLUID S	07/01/1999	$1,149.97	0.0%	0.0%	N	Referral Required
L5828	ENDOSKEL KNEE-SHIN,ONE AXIS,FLUID S	07/01/1999	$2,117.58	0.0%	0.0%	N	Referral Required
L5830	ENDOSKEL KNEE-SHIN,ONE AXIS,PNEUM/S	07/01/1999	$1,846.36	0.0%	0.0%	N	Referral Required
L5840	ADD ENDOSKELETAL KNEE/SHIN SYSTEM,	07/01/1999	$3,026.60	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L5845	ADD ENDOSKELETAL KNEE/SHIN-S	07/01/1999	$1,319.44	0.0%	0.0%	N	Referral Required
L5846	ADD ENDOSKELETAL KNEE/SHIN M	07/01/1999	$3,990.38	0.0%	0.0%	N	Referral Required
L5847	ADDITION ENDOSKELETAL KNEE/SHIN	01/01/2002	$12,060.64	0.0%	0.0%	Y	Referral Required
L5848	ADDITION ENDOSKELETAL, KNEE-SHIN,	01/01/2003	$846.60	0.0%	0.0%	N	Referral Required
L5850	ENDOSKEL ABOVE KNEE/HIP DISARTIC KN	07/01/1999	$95.93	0.0%	0.0%	N	Referral Required
L5855	ADD ENDOSKELETAL SYSTEM,HIP DISORTI	07/01/1999	$308.77	0.0%	0.0%	N	Referral Required
L5910	ENDOSKEL BELOW KNEE, ALIGNABLE SYS	07/01/1999	$271.58	0.0%	0.0%	N	Referral Required
L5920	ENDOSKEL,ABOVE KNEE/HIP DISARTICULA	07/01/1999	$397.87	0.0%	0.0%	N	Referral Required
L5925	ADD ENDOSKELETAL SYSTEM,AK,KNEE OR	07/01/1999	$327.03	0.0%	0.0%	N	Referral Required
L5930	ADD ENDOSKELETAL HIGH ACTIVI	07/01/1999	$2,477.79	0.0%	0.0%	N	Referral Required
L5940	ENDOSKEL,BELOW KNEE,ULTRA-LIGHT	07/01/1999	$467.65	0.0%	0.0%	N	Referral Required
L5950	ENDOSKEL,ABOVE KNEE,ULTRA-LIGHT	07/01/1999	$672.21	0.0%	0.0%	N	Referral Required
L5960	ENDOSKEL,HIP DISARTICULATION, ULTRA	07/01/1999	$768.30	0.0%	0.0%	N	Referral Required
L5962	ADD ENDOSKELETAL SYS,BK,FLEX PROTE	07/01/1999	$587.69	0.0%	0.0%	N	Referral Required
L5964	ADD ENDOSKEL SYS,AK,FLEX PROTECT O	07/01/1999	$846.02	0.0%	0.0%	N	Referral Required
L5966	ADD ENDOSKEL SYST,HIP DISORT,FLEX P	07/01/1999	$1,096.83	0.0%	0.0%	N	Referral Required
L5968	MULTIAXIL SHOCK ABSORBING	01/01/1999	$2,675.09	0.0%	0.0%	N	Referral Required
L5970	ALL LWR EXTRM PROSTH,FOOT,EXTRN KN	07/01/1999	$183.94	0.0%	0.0%	N	Referral Required
L5972	ALL LOWER EXTREMITY PROSTHESIS,FLE	07/01/1999	$294.00	0.0%	0.0%	N	Referral Required
L5974	ALL LOWER EXTREMITY PROSTHESIS,FOO	07/01/1999	$232.99	0.0%	0.0%	N	Referral Required
L5975	SINGLE AXIS ANKLE/KEEL FOOT	01/01/1999	$341.28	0.0%	0.0%	N	
L5976	ALL LOWER EXTREMITY PROSTHESIS,ENE	07/01/1999	$469.45	0.0%	0.0%	N	Referral Required
L5978	ALL LWR EXTREMITY PROSTH,FOOT,MULTI	07/01/1999	$265.32	0.0%	0.0%	N	Referral Required
L5979	ALL LOWER EXTREM PROTHESIS MULTI A	07/01/1999	$2,260.29	0.0%	0.0%	N	Referral Required
L5980	ALL LWR EXTRM PROSTHESIS,FLEX FOOT	07/01/1999	$3,039.97	0.0%	0.0%	N	Referral Required
L5981	ALL LOWER EXTREM PROTHESIS,FLEX-WA	07/01/1999	$2,456.28	0.0%	0.0%	N	Referral Required
L5982	ALL EXOSKEL LWR EXTRM PROSTH,AXIAL	07/01/1999	$573.02	0.0%	0.0%	N	Referral Required
L5984	ALL ENDOSKEL LWR EXTRM PROSTH,AXIA	07/01/1999	$541.73	0.0%	0.0%	N	Referral Required
L5985	ALL ENDOSKELETAL LOWER EXT.	07/01/1999	$207.87	0.0%	0.0%	N	Referral Required
L5986	ALL LWR EXTRM PROSTHIMULTIAXIAL ROT	07/01/1999	$573.36	0.0%	0.0%	N	Referral Required
L5987	ALL LOWER EXTR.PROSTHESIS SHANK FO	07/01/1999	$5,295.63	0.0%	0.0%	Y	Referral Required
L5988	MULTIAXIAL/ROTATION/TORSION	01/01/1999	$1,470.60	0.0%	0.0%	N	Referral Required
L5989	ADDITION TO LOWER EXTREMITY	01/01/2002	$2,412.12	0.0%	0.0%	N	Referral Required
L5990	ADDITION TO LOWER EXTREMITY	01/01/2002	$1,412.77	0.0%	0.0%	N	Referral Required
L6000	PARTIAL HAND,ROBIN-AIDS,THUMB REMAI	07/01/1999	$1,328.45	0.0%	0.0%	N	Referral Required
L6010	PART HAND,ROBIN-AIDS,LITTLE &/OR RI	07/01/1999	$1,478.35	0.0%	0.0%	N	Referral Required
L6020	PART HAND,ROBIN-AIDS,NO FINGER REMA	07/01/1999	$1,378.33	0.0%	0.0%	N	Referral Required
L6050	WRIST DISARTIC,MOLDED SOCKET,FLEX E	07/01/1999	$1,628.04	0.0%	0.0%	N	Referral Required
L6055	WRIST DISAR MOLD SOCKET,EXPAN INTER	07/01/1999	$2,430.90	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L6100	BELOW ELBOW,MOLDED,FLEX ELBOW,TRI	07/01/1999	$1,753.60	0.0%	0.0%	N	Referral Required
L6110	BELOW ELBOW,MOLDED,(MUENSTER/NW S	07/01/1999	$1,788.55	0.0%	0.0%	N	Referral Required
L6120	BELOW ELBOW,MOLDED DBL WALL SPLIT S	07/01/1999	$2,249.05	0.0%	0.0%	N	Referral Required
L6130	BEL ELBOW,MOLD DLB WALL SPLIT SOCK	07/01/1999	$2,588.26	0.0%	0.0%	N	Referral Required
L6200	ELBOW DISARTICULATION,MOLDED,OUTS	07/01/1999	$2,656.26	0.0%	0.0%	N	Referral Required
L6205	ELBOW DISARTIC,MLD SOCKET,EXPAND IN	07/01/1999	$3,327.89	0.0%	0.0%	N	Referral Required
L6250	ABOVE ELBOW,MLD DBL-WALL SOCKET.LO	07/01/1999	$2,477.14	0.0%	0.0%	N	Referral Required
L6300	SHOULDER DISARTIC,MLD SOCKET,HUMER	07/01/1999	$3,484.42	0.0%	0.0%	N	Referral Required
L6310	SHOULDER DISARTIC,PASSIVE RESTORATI	07/01/1999	$2,892.35	0.0%	0.0%	N	Referral Required
L6320	SHOULDER DISARTIC,PASSIVE REST(SHO	07/01/1999	$1,281.48	0.0%	0.0%	N	Referral Required
L6350	INTERSCAPULAR THORACIC MLD SOCKET,	07/01/1999	$3,916.23	0.0%	0.0%	N	Referral Required
L6360	INTERSCAPULAR THORACIC,PASSIVE RES	07/01/1999	$3,184.62	0.0%	0.0%	N	Referral Required
L6370	INTRASCAPULAR THORACIC,PASSIVE RES	07/01/1999	$1,523.04	0.0%	0.0%	N	Referral Required
L6380	WRIST/BELOW ELBOW,RIGID DRSG,W/FIT	07/01/1999	$1,025.42	0.0%	0.0%	N	Referral Required
L6382	ELBOW/ABOVE ELBOW,RIGID DRSG,W/FI	07/01/1999	$1,207.16	0.0%	0.0%	N	Referral Required
L6384	SHOULDER/INTRASCAPULAR THORACIC,R	07/01/1999	$1,528.26	0.0%	0.0%	N	Referral Required
L6386	CAST CHANGE, REALIGNMENT	07/01/1999	$346.14	0.0%	0.0%	N	Referral Required
L6388	RIGID DRESSING ONLY	07/01/1999	$380.46	0.0%	0.0%	N	Referral Required
L6400	BELOW ELBOW,MLD SOCKET,ENDOSKEL,	07/01/1999	$1,941.40	0.0%	0.0%	N	Referral Required
L6450	ELBOW DISARTIC.MLD SOCKET ENDOSKEL	07/01/1999	$2,635.41	0.0%	0.0%	N	Referral Required
L6500	ABOVE ELBOW,MLD SOCKET,ENDOSKEL,S	07/01/1999	$2,665.52	0.0%	0.0%	N	Referral Required
L6550	SHLDER DISARTIC,MLD SOCKET,ENDO,SFT	07/01/1999	$3,565.72	0.0%	0.0%	N	Referral Required
L6570	INTERSCAPULAR THORACIC,MLD SOCKET E	07/01/1999	$3,974.74	0.0%	0.0%	N	Referral Required
L6580	PREPARATORY,WRIST OR BELOW ELBOW,	07/01/1999	$1,350.76	0.0%	0.0%	N	Referral Required
L6582	PREPARATORY,WRIST OR BELOW ELBOW,	07/01/1999	$1,073.43	0.0%	0.0%	N	Referral Required
L6584	PREPARATORY,WRIST OR BELOW ELBOW,	07/01/1999	$1,823.80	0.0%	0.0%	N	Referral Required
L6586	PREPARATORY,ELBOW OR ABOVE,DIRECT	07/01/1999	$1,558.71	0.0%	0.0%	N	Referral Required
L6588	PREPARATORY,SHOULDER/INTERSCAPUL	07/01/1999	$2,639.22	0.0%	0.0%	N	Referral Required
L6590	PREPARATORY,SHOULDER/INTERSCAPUL	07/01/1999	$2,431.83	0.0%	0.0%	N	Referral Required
L6600	UPPER EXTREMITY ADDN,POLYCENTRIC HI	07/01/1999	$152.40	0.0%	0.0%	N	Referral Required
L6605	UPPER EXTREMITY ADDN.SINGLE PIVOT H	07/01/1999	$143.78	0.0%	0.0%	N	Referral Required
L6610	UPPER EXTREMITY ADDN.FLEXIBLE METAL	07/01/1999	$131.14	0.0%	0.0%	N	Referral Required
L6615	UPPER EXTREMITY ADDN.DISCONNECT LO	07/01/1999	$160.26	0.0%	0.0%	N	Referral Required
L6616	UPPER EXTREM ADDN.ADDNL DISCONNEC	07/01/1999	$58.41	0.0%	0.0%	N	Referral Required
L6620	UPPER EXTRM ADDN.FLEXION-FRICTION W	07/01/1999	$251.01	0.0%	0.0%	N	Referral Required
L6623	UPPER EXTRM ADDN.SPRING ASSIST ROT	07/01/1999	$539.98	0.0%	0.0%	N	Referral Required
L6625	UPPER EXTRM ADDN. ROTATION WRIST U	07/01/1999	$461.80	0.0%	0.0%	N	Referral Required
L6628	UPPER EXTRM,QUICK DISCONNECT HOOK A	07/01/1999	$433.68	0.0%	0.0%	N	Referral Required
L6629	QUICK DISCONNECT LAMINATION COLLAR	07/01/1999	$109.91	0.0%	0.0%	N	Referral Required

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L6630	UPPER EXTREMITY ADDN. STAINLESS STE	07/01/1999	$161.61	0.0%	0.0%	N	Referral Required
L6632	UPPER EXTREMITY ADDN.LATEX SUSPENS	07/01/1999	$48.72	0.0%	0.0%	N	Referral Required
L6635	UPPER EXTREMITY ADDN.LIFT ASSIST.EL	07/01/1999	$141.68	0.0%	0.0%	N	Referral Required
L6637	UPPER EXTREMITY ADDN.NUDGE CONTRO	07/01/1999	$325.82	0.0%	0.0%	N	Referral Required
L6640	UPPER EXTREMITY ADDN.SHOULDER ABD	07/01/1999	$258.34	0.0%	0.0%	N	Referral Required
L6641	UPPER EXTREMITY ADDN,EXCURSION AMP	07/01/1999	$128.76	0.0%	0.0%	N	Referral Required
L6642	UPPER EXTREMITY ADDN, EXCURSION AM	07/01/1999	$174.16	0.0%	0.0%	N	Referral Required
L6645	SHOULDER FLEXION-ABDUCTION JOINT, E	07/01/1999	$297.28	0.0%	0.0%	N	Referral Required
L6650	SHOULDER UNIVERSAL JOINT, EACH	07/01/1999	$256.39	0.0%	0.0%	N	Referral Required
L6655	UPPER EXTREMITY ADDN. STANDARD CON	07/01/1999	$74.10	0.0%	0.0%	N	Referral Required
L6660	UPPER EXTREMITY ADDN.HEAVY DUTY CO	07/01/1999	$79.51	0.0%	0.0%	N	Referral Required
L6665	UPPER EXTREMITY ADDN. TEFLON OR EQ	07/01/1999	$36.97	0.0%	0.0%	N	Referral Required
L6670	UPPER EXTREMITY ADDN.HOOK TO HAND C	07/01/1999	$38.24	0.0%	0.0%	N	Referral Required
L6672	HARNESS,CHEST OR SHOULDER,SADDLE T	07/01/1999	$145.16	0.0%	0.0%	N	Referral Required
L6675	UPPER EXTREMIHARNESS FIG EIGHT TYPE	07/01/1999	$90.05	0.0%	0.0%	N	Referral Required
L6676	UPPER EXTREMI,HARNESS,FIG EIGHT TYP	07/01/1999	$110.71	0.0%	0.0%	N	Referral Required
L6680	WRIST OR BELOW ELBOW, TEST SOCKET	07/01/1999	$178.39	0.0%	0.0%	N	Referral Required
L6682	ELBOW OR ABOVE, TEST SOCKET	07/01/1999	$226.95	0.0%	0.0%	N	Referral Required
L6684	TEST SOCKET, SHOULDER OR INTERSCAP	07/01/1999	$347.76	0.0%	0.0%	N	Referral Required
L6686	UPPER EXTREMITY ADDN, SUCTION SOCK	07/01/1999	$498.55	0.0%	0.0%	N	Referral Required
L6687	FRAME TYPE SOCKET, BELOW ELBOW OR W	07/01/1999	$432.53	0.0%	0.0%	N	Referral Required
L6688	FRAME TYPE SOCKET,ABOVE ELBOW OR E	07/01/1999	$529.65	0.0%	0.0%	N	Referral Required
L6689	FRAME TYPE SOCKET, SHOULDER DISARTI	07/01/1999	$648.26	0.0%	0.0%	N	Referral Required
L6690	FRAME TYPE SOCKET, INTERSCAPULAR T	07/01/1999	$687.49	0.0%	0.0%	N	Referral Required
L6691	UPPER EXTREMITY ADDN, REMOVABLE IN	07/01/1999	$297.42	0.0%	0.0%	N	Referral Required
L6692	UPPER EXTREMITY ADDNLSILICONE GEL I	07/01/1999	$419.35	0.0%	0.0%	N	Referral Required
L6693	EXTERNAL LOCKING ELBOW/FOREARM	01/01/1999	$2,089.92	0.0%	0.0%	N	Referral Required
L6700	TERMINAL DEVICE,HOOK,DORRANCE OR E	07/01/1999	$443.02	0.0%	0.0%	N	Referral Required
L6705	TERMINAL DEVICE,HOOK,DORRANCE OR E	07/01/1999	$248.31	0.0%	0.0%	N	Referral Required
L6710	TERMINAL DEVICE,HOOK,DORRANCE OR E	07/01/1999	$297.89	0.0%	0.0%	N	Referral Required
L6715	TERMINAL DEVICE,HOOK,DORRANCE OR E	07/01/1999	$294.68	0.0%	0.0%	N	Referral Required
L6720	TERMINAL DEVICE,HOOK,DORRANCE OR E	07/01/1999	$639.72	0.0%	0.0%	N	Referral Required
L6725	TERMINAL DEVICE,HOOK,DORRANCE OR E	07/01/1999	$328.24	0.0%	0.0%	N	Referral Required
L6730	TERMINAL DEVICE,HOOK,DORRANCE OR E	07/01/1999	$527.01	0.0%	0.0%	N	Referral Required
L6735	TERMINAL DEVICE,HOOK.DORRANCE OR E	07/01/1999	$279.17	0.0%	0.0%	N	Referral Required
L6740	TERMINAL DEVICE.HOOK.DORRANCE OR E	07/01/1999	$330.79	0.0%	0.0%	N	Referral Required
L6745	TERMINAL DEVICE,HOOK.DORRANCE OR E	07/01/1999	$302.94	0.0%	0.0%	N	Referral Required
L6750	TERMINAL DEVICE,HOOK.DORRANCE OR E	07/01/1999	$314.47	0.0%	0.0%	N	Referral Required
L6755	TERMINAL DEVGICE,HOOK.DORRANCE OR E	07/01/1999	$314.40	0.0%	0.0%	N	Referral Required

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L6765	TERMINAL DEVICE,HOOK,DORRANCE OR E	07/01/1999	$322.04	0.0%	0.0%	N	Referral Required
L6770	TERMINAL DEVICE,HOOK,DORRANCE OR E	07/01/1999	$314.81	0.0%	0.0%	N	Referral Required
L6775	TERMINAL DEVICE,HOOK,DORRANCE OR E	07/01/1999	$342.03	0.0%	0.0%	N	Referral Required
L6780	TERMINAL DEVICE,HOOK,DORRANCE OR E	07/01/1999	$379.88	0.0%	0.0%	N	Referral Required
L6790	TERMINAL DEVICE, HOOK-ACCU HOOK, OR	07/01/1999	$338.84	0.0%	0.0%	N	Referral Required
L6795	TERMINL DEVICE, HOOK-2 LOAD. OR EQU	07/01/1999	$1,067.47	0.0%	0.0%	N	Referral Required
L6800	TERMINAL DEVICE HOOK-APRL VC, OR EQ	07/01/1999	$843.35	0.0%	0.0%	N	Referral Required
L6805	TERMINAL DEVICE, MODIFIER WRIST FLE	07/01/1999	$317.16	0.0%	0.0%	N	Referral Required
L6806	TERMINAL DEVICE, HOOK , TRS GRIP, V	07/01/1999	$1,190.58	0.0%	0.0%	N	Referral Required
L6807	TERMINAL DEVICE,HOOK,TRS,ADEPT,CHIL	07/01/1999	$1,065.41	0.0%	0.0%	N	Referral Required
L6808	TERMINAL DEVICE,HOOK,TRS,ADEPT,INFA	07/01/1999	$917.65	0.0%	0.0%	N	Referral Required
L6809	TERMINAL DEVICE, HOOK, TRS, SUPER S	07/01/1999	$278.23	0.0%	0.0%	N	Referral Required
L6810	TERMINAL DEVICE, PINCHER TOOL, OTTO	07/01/1999	$150.07	0.0%	0.0%	N	Referral Required
L6825	TERMINAL DEVICE, HANDS, DORRANCE, V	07/01/1999	$914.40	0.0%	0.0%	N	Referral Required
L6830	TERMINAL DEVICE, HAND, APRL, VC	07/01/1999	$1,170.96	0.0%	0.0%	N	Referral Required
L6835	TERMINAL DEVICE, HAND, SIERRA, VO	07/01/1999	$1,062.22	0.0%	0.0%	N	Referral Required
L6840	TERMINAL DEVICE, HAND, BECKER IMPER	07/01/1999	$700.89	0.0%	0.0%	N	Referral Required
L6845	TERMINAL DEVICE, HAND, BECKER, LOCK	07/01/1999	$663.62	0.0%	0.0%	N	Referral Required
L6850	TERMNAL DEVICE, HAND, BECKER DLYLIT	07/01/1999	$585.47	0.0%	0.0%	N	Referral Required
L6855	TERMINAL DEVICE, HAND, ROBINAIDS, V	07/01/1999	$680.87	0.0%	0.0%	N	Referral Required
L6860	TERMINAL DEVICE, HAND, ROBINAIDS, V	07/01/1999	$556.90	0.0%	0.0%	N	Referral Required
L6865	TERMINAL DEVICE, HAND, PASSIVE HAND	07/01/1999	$247.84	0.0%	0.0%	N	Referral Required
L6867	TERMINAL DEVICE,HAND,DETROIT INFANT	07/01/1999	$921.26	0.0%	0.0%	N	Referral Required
L6868	TERMINAL DEVICE,HAND,PASSIVE INFANT	07/01/1999	$207.66	0.0%	0.0%	N	Referral Required
L6870	TERMINAL DEVICE, HAND, CHILD MITT	07/01/1999	$201.38	0.0%	0.0%	N	Referral Required
L6872	TERMINAL DEVICE, HAND, NVU, CHILD H	07/01/1999	$766.03	0.0%	0.0%	N	Referral Required
L6873	TERMINAL DEVICE,HAND,MECHANICAL INF	07/01/1999	$350.78	0.0%	0.0%	N	Referral Required
L6875	TERMINAL DEVICE, HAND, BOCK, VC	07/01/1999	$702.95	0.0%	0.0%	N	Referral Required
L6880	TERMINAL DEVICE, HAND, BOCK, VO	07/01/1999	$444.53	0.0%	0.0%	N	Referral Required
L6881	AUTOMATIC GRASP FEATURE ADDITION	01/01/2002	$3,183.63	0.0%	0.0%	N	Referral Required
L6882	MICRO PROCESSOR CONTROL FEATURE	01/01/2002	$2,414.93	0.0%	0.0%	N	Referral Required
L6890	TERMINAL DEVICE,GLOVE FOR ABOVE HA	07/01/1999	$139.25	0.0%	0.0%	N	Referral Required
L6895	TERMINAL DEVICE,GLOVE FOR ABOVE HA	07/01/1999	$464.88	0.0%	0.0%	N	Referral Required
L6900	PARTIAL HAND, W/GLOVE THUMB OR ONE	07/01/1999	$1,456.05	0.0%	0.0%	N	Referral Required
L6905	PARTIAL HAND, W/GLOVE, MULTIPLE FIN	07/01/1999	$1,467.95	0.0%	0.0%	N	Referral Required
L6910	PARTIAL HAND, W/GLOVE, NO FINGERS R	07/01/1999	$1,204.80	0.0%	0.0%	N	Referral Required
L6915	HAND RESTORATION, GLOVE	07/01/1999	$544.49	0.0%	0.0%	N	Referral Required
L7500	REPAIR PROSTHETIC DEVICE HRLY RATE	10/01/1991	$46.02	0.0%	0.0%	N	Referral Required
L7520	REPAIR PROSTHETIC DEVICE, LA	01/01/1997	$8.99	0.0%	0.0%	N	Referral Required

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L8000	BREAST PROSTHESES MASTERCTOMY BR	07/01/1999	$30.98	0.0%	0.0%	N	Referral Required
L8001	BREAST PROSTHESIS MASTECTOMY BRA	01/01/2002	$97.67	0.0%	0.0%	N	Referral Required
L8002	BREAST PROSTHESIS MASTECTOMY BRA	01/01/2002	$128.47	0.0%	0.0%	N	Referral Required
L8010	BREAST PROSTHESES MASTECTOMY SLE	07/01/1999	$54.80	0.0%	0.0%	N	Referral Required
L8015	BREAST PROSTHESIS GARMENT	01/01/1999	$41.75	0.0%	0.0%	N	Referral Required
L8020	BREAST PROSTHESES MASTECTOMY FOR	07/01/1999	$180.67	0.0%	0.0%	N	Referral Required
L8030	BREAST PROTHESIS, SILICONE OR EQUAL	07/01/1999	$236.57	0.0%	0.0%	N	Referral Required
L8035	CUSTOM BREAST PROSTHESIS	01/01/1999	$2,696.96	0.0%	0.0%	N	Referral Required
L8100	ELASTIC SUPPORT STOCKING, BELOW KN	01/01/1997	$5.97	0.0%	0.0%	N	Referral Required
L8110	GRADIENT COMP STOCKING BELOW KNEE	01/01/1997	$10.88	0.0%	0.0%	N	Referral Required
L8120	GRADIENT COMP STOCKING, BELOW KNE	01/01/1997	$25.50	0.0%	0.0%	N	Referral Required
L8130	ELASTIC SUPPORT,ELASTIC STOCKING,AB	01/01/1997	$34.87	0.0%	0.0%	N	Referral Required
L8140	ELASTIC STOCKING ABOVE KNEE HEAVY W	01/01/1997	$41.54	0.0%	0.0%	N	Referral Required
L8150	ELASTIC SUPPORT ELASTIC STOCKNG AB	01/01/1997	$48.75	0.0%	0.0%	N	Referral Required
L8160	ELASTIC SUPPORT STOCKING FULL LENGT	01/01/1997	$72.37	0.0%	0.0%	N	Referral Required
L8170	ELASTIC SUPPORT STOCKING FULL LENGT	01/01/1997	$117.00	0.0%	0.0%	N	Referral Required
L8180	SUPPORT STKG FULL HEAVY WEIGHT (LIN	01/01/1997	$136.00	0.0%	0.0%	N	Referral Required
L8190	ELASTIC STOCKING LEOTARD MED WT EA	01/01/1997	$35.90	0.0%	0.0%	N	Referral Required
L8195	GRADIENT COMPRESSION STOCKING	01/01/1999	$63.80	0.0%	0.0%	N	Referral Required
L8200	ELASTIC SUPPORT STOCKING, LEOTARDS	01/01/1997	$136.00	0.0%	0.0%	N	Referral Required
L8220	ELASTIC SUPPORT STOCKING, LYMPHEDE	01/01/1997	$36.18	0.0%	0.0%	N	Referral Required
L8230	ELASTIC SUPPORT STOCKING, GARTER BE	01/01/1997	$25.00	0.0%	0.0%	N	Referral Required
L8300	TRUSS, SINGLE WITH STANDARD PAD	07/01/1999	$78.59	0.0%	0.0%	N	Referral Required
L8310	TRUSS, DOUBLE W/STANDARD PADS	07/01/1999	$110.08	0.0%	0.0%	N	Referral Required
L8320	TRUSS, ADDN TO STANDARD PAD, WATER	07/01/1999	$41.90	0.0%	0.0%	N	Referral Required
L8330	TRUSS, ADDN TO STANDARD PAD, SCROT	07/01/1999	$37.02	0.0%	0.0%	N	Referral Required
L8400	PROSTHETIC SHEATH, BELOW KNEE, EAC	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 CUSH	01/01/1997	$54.27	0.0%	0.0%	N	Referral Required
L8420	PROSTHETIC SOCK, BELOW KNEE	07/01/1999	$15.05	0.0%	0.0%	N	Referral Required
L8430	PROSTHETIC SOCK, ABOVE KNEE	07/01/1999	$17.19	0.0%	0.0%	N	Referral Required
L8435	PROSTHETIC SOCK. WOOL, UPPER LIMB,	07/01/1999	$21.02	0.0%	0.0%	N	Referral Required
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EA	07/01/1999	$31.36	0.0%	0.0%	N	Referral Required
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EA	07/01/1999	$65.44	0.0%	0.0%	N	Referral Required
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EA	07/01/1999	$36.58	0.0%	0.0%	N	Referral Required
L8470	STUMP SOCK, SINGLE PLY, BELOW KNEE,	07/01/1999	$5.01	0.0%	0.0%	N	Referral Required
L8480	STUMP SOCK, SINGLE PLY, ABOVE KNEE,	07/01/1999	$9.20	0.0%	0.0%	N	Referral Required
L8485	STUMP SOCK, SINGLE PLY,FITTING,UPPE	07/01/1999	$10.78	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L8490	ADD PROSTHETIC SHEETH/SOCK AIR,SEAL	07/01/1999	$112.32	0.0%	0.0%	N	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
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHES	01/01/2002	$32.62	0.0%	0.0%	N	Referral Required
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHES	01/01/2002	$82.04	0.0%	0.0%	N	Referral Required
L8510	VOICE AMPLIFIER	01/01/2002	$196.78	0.0%	0.0%	N	Referral Required
L8511	INSERT FOR INDWELLING TRACHEOSOPH	01/01/2004	$57.26	0.0%	0.0%	N	Referral Required
L8512	GELATIN CAPSULES OR EQUIV	01/01/2004	$1.70	0.0%	0.0%	N	Referral Required
L8513	CLEANING DEVICE USED W/TRACHEOESO	01/01/2004	$4.08	0.0%	0.0%	N	Referral Required
L8514	TRACHEOSOPHAGEAL PUNCTURE	01/01/2004	$74.24	0.0%	0.0%	N	Referral Required
L8600	IMPLANTABLE BREAST PROSTHESI	07/01/1999	$546.87	0.0%	0.0%	Y	Referral Required
L8603	COLLAGEN IMPLANT, URINARY TRACT, PE	07/01/1999	$330.32	0.0%	0.0%	N	Referral Required
L8610	OCULAR IMPLANT	07/01/1999	$497.45	0.0%	0.0%	N	Referral Required
L8612	AQUEOUS SHUNT - IMPLANT	07/01/1999	$543.07	0.0%	0.0%	N	Referral Required
L8613	OSSICULA - IMPLANT	07/01/1999	$225.71	0.0%	0.0%	N	Referral Required
L8614	COCHLEAR DEVICE/SYSTEM	12/01/2000	$14,086.90	0.0%	0.0%	N	Referral Required
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH P	12/01/2000	$6,047.40	0.0%	0.0%	N	Referral Required
L8630	METACARPOPHALANGEAL JOINT, I	07/01/1999	$252.64	0.0%	0.0%	Y	Referral Required
L8641	METATARSAL JOINT	07/01/1999	$349.98	0.0%	0.0%	Y	Referral Required
L8642	HALLUX, IMPLANT	07/01/1999	$230.32	0.0%	0.0%	Y	Referral Required
L8658	INTERPHALANGEAL JOINT, IMPLA	07/01/1999	$305.15	0.0%	0.0%	Y	Referral Required
L8670	VASCULAR GRAFT MATERIAL, SYN	07/01/1999	$417.41	0.0%	0.0%	Y	Referral Required
M0064	BRIEF OV SOLEY FOR MONITORING/CHAN	07/01/2004	$20.44	0.0%	0.0%	N	Referral Required
P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (	01/01/1998	$6.95	0.0%	0.0%	N	Referral Required
P6120	HEPATITIS A VISUR ANTIBODY (HAVAB),	01/01/1992	$14.49	0.0%	0.0%	N	Referral Required
P7000	CULTURE AND SENSITIVITY ANY SOURCE	01/01/1992	$12.66	0.0%	0.0%	N	Referral Required
P7001	CULTURE, BACTERIAL, URINE; QUANTITA	01/01/1996	$13.04	0.0%	0.0%	N	Referral Required
P9019	PLATELET CONCENTRATE, EACH UNIT	01/01/1994	$47.80	0.0%	0.0%	N	Referral Required
P9021	RED BLOOD CELLS, EACH UNIT	01/01/1994	$72.10	0.0%	0.0%	N	Referral Required
P9612	CATHETERIZATION FOR COLLECTION	01/01/2002	$3.00	0.0%	0.0%	N	Referral Required
Q0060	SCREENING FOR PAP SMEAR	07/01/1990	$7.49	0.0%	0.0%	N	Referral Required
Q0098	BLOOD GLUCOSE MONITER - IDAHO MEDI	07/01/1993	$3.48	0.0%	0.0%	N	Referral Required
Q0111	WET MOUNTS	01/01/1998	$5.90	0.0%	0.0%	N	Referral Required
Q0112	TISSUE EXAM FOR FUNGI (EG, KOH SLID	01/01/1998	$5.90	0.0%	0.0%	N	Referral Required
Q0113	PINWORM EXAM	01/01/2000	$7.47	0.0%	0.0%	N	Referral Required
Q0114	FERN TEST	01/01/1998	$9.88	0.0%	0.0%	N	Referral Required
Q0136	EPO FOR NON-ESRD	04/11/2001	$11.84	0.0%	0.0%	N	Referral Required
Q0166	GRANISETRON HYDROCHLORIDE, KYTRIL	10/01/2000	$43.00	0.0%	0.0%	N	Referral Required
Q3004	RADIOPHARMACEUTICAL	01/01/2001	$19.70	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
Q3019	ALS VEHICLE USED EMERGENCY TRANSPO	04/01/2002	$58.87	0.0%	0.0%	Y	Referral Required
Q3020	ALS VEHICLE USED NON-EMERGENCY	04/01/2002	$58.87	0.0%	0.0%	Y	Referral Required
Q3030	SODIUM HYALURONATE PER 20 - 25 MG	01/01/2002	$142.27	0.0%	0.0%	N	Referral Required
Q4001	CASTING SUPPLIES BODY CAST ADULT	01/01/2002	$34.78	0.0%	0.0%	N	Referral Required
Q4002	CAST SUPPLIES BODY CAST ADULT WITH	01/01/2002	$131.44	0.0%	0.0%	N	Referral Required
Q4003	CAST SUPPLIES SHOULDER CAST ADULT	01/01/2002	$24.98	0.0%	0.0%	N	Referral Required
Q4004	CAST SUPPLIES SHOULDER CAST ADULT	01/01/2002	$86.48	0.0%	0.0%	N	Referral Required
Q4005	CAST SUPPLIES LONG ARM CAST ADULT	01/01/2002	$9.21	0.0%	0.0%	N	Referral Required
Q4006	CAST SUPPLIES LONG ARM CAST ADULT	01/01/2002	$20.76	0.0%	0.0%	N	Referral Required
Q4007	CAST SUPPLIES LONG ARM CAST	01/01/2002	$4.61	0.0%	0.0%	N	Referral Required
Q4008	CAST SUPPLIES LONG ARM CAST	01/01/2002	$10.38	0.0%	0.0%	N	Referral Required
Q4009	CAST SUPPLIES SHORT ARM CAST ADULT	01/01/2002	$6.14	0.0%	0.0%	N	Referral Required
Q4010	CAST SUPPLIES SHORT ARM CAST ADULT	01/01/2002	$13.84	0.0%	0.0%	N	Referral Required
Q4011	CAST SUPPLIES SHORT ARM CAST	01/01/2002	$3.07	0.0%	0.0%	N	Referral Required
Q4012	CAST SUPPLIES SHORT ARM CAST	01/01/2002	$6.92	0.0%	0.0%	N	Referral Required
Q4013	CAST SUPPLIES GAUNTLET CAST ADULT	01/01/2002	$11.18	0.0%	0.0%	N	Referral Required
Q4014	CAST SUPPLIES GAUNTLET CAST ADULT	01/01/2002	$18.88	0.0%	0.0%	N	Referral Required
Q4015	CAST SUPPLIES GAUNTLET CAST	01/01/2002	$5.59	0.0%	0.0%	N	Referral Required
Q4016	CAST SUPPLIES GAUNTLET CAST	01/01/2002	$9.44	0.0%	0.0%	N	Referral Required
Q4017	CAST SUPPLIES LONG ARM SPLINT ADULT	01/01/2002	$6.47	0.0%	0.0%	N	Referral Required
Q4018	CAST SUPPLIES LONG ARM SPLINT ADULT	01/01/2002	$10.32	0.0%	0.0%	N	Referral Required
Q4019	CAST SUPPLIES LONG ARM SPLINT	01/01/2002	$3.24	0.0%	0.0%	N	Referral Required
Q4020	CAST SUPPLIES LONG ARM SPLINT	01/01/2002	$5.16	0.0%	0.0%	N	Referral Required
Q4021	CAST SUPPLIES SHORT ARM SPLINT	01/01/2002	$4.79	0.0%	0.0%	N	Referral Required
Q4022	CAST SUPPLIES SHORT ARM SPLINT	01/01/2002	$8.64	0.0%	0.0%	N	Referral Required
Q4023	CAST SUPPLIES SHORT ARM SPLINT	01/01/2002	$2.40	0.0%	0.0%	N	Referral Required
Q4024	CAST SUPPLIES SHORT ARM SPLINT	01/01/2002	$4.32	0.0%	0.0%	N	Referral Required
Q4025	CAST SUPPLIES HIP SPICA ADULT	01/01/2002	$26.86	0.0%	0.0%	N	Referral Required
Q4026	CAST SUPPLIES HIP SPICA ADULT	01/01/2002	$83.85	0.0%	0.0%	N	Referral Required
Q4027	CAST SUPPLIES HIP SPICA PEDIATRIC	01/01/2002	$13.43	0.0%	0.0%	N	Referral Required
Q4028	CAST SUPPLIES HIP SPICA PEDIATRIC	01/01/2002	$41.93	0.0%	0.0%	N	Referral Required
Q4029	CAST SUPPLIES LONG LEG CAST ADULT	01/01/2002	$20.53	0.0%	0.0%	N	Referral Required
Q4030	CAST SUPPLIES LONG LEG CAST ADULT	01/01/2002	$54.05	0.0%	0.0%	N	Referral Required
Q4031	CAST SUPPLY LONG LEG CAST PEDIATRIC	01/01/2002	$10.27	0.0%	0.0%	N	Referral Required
Q4032	CAST SUPPLIES LONG LEG CAST	01/01/2002	$27.03	0.0%	0.0%	N	Referral Required
Q4033	CAST SUPPLIES LONG LEG CYLINDER	01/01/2002	$19.15	0.0%	0.0%	N	Referral Required
Q4034	CAST SUPPLIES LONG LEG CYLINDER	01/01/2002	$47.65	0.0%	0.0%	N	Referral Required
Q4035	CAST SUPPLIES LONG LEG CYLINDER	01/01/2002	$9.58	0.0%	0.0%	N	Referral Required
Q4036	CAST SUPPLIES LONG LEG CYLINDER	01/01/2002	$23.83	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
Q4037	CAST SUPPLIES SHORT LEG CAST ADULT	01/01/2002	$11.69	0.0%	0.0%	N	Referral Required
Q4038	CAST SUPPLIES SHORT LEG CAST ADULT	01/01/2002	$29.27	0.0%	0.0%	N	Referral Required
Q4039	CAST SUPPLIES SHORT LEG CAST	01/01/2002	$5.85	0.0%	0.0%	N	Referral Required
Q4040	CAST SUPPLIES SHORT LEG CAST	01/01/2002	$14.64	0.0%	0.0%	N	Referral Required
Q4041	CAST SUPPLIES LONG LEG SPLINT ADULT	01/01/2002	$14.21	0.0%	0.0%	N	Referral Required
Q4042	CAST SUPPLIES LONG LEG SPLINT ADULT	01/01/2002	$24.25	0.0%	0.0%	N	Referral Required
Q4043	CAST SUPPLIES LONG LEG SPLINT	01/01/2002	$7.10	0.0%	0.0%	N	Referral Required
Q4044	CAST SUPPLIES LONG LEG SPLINT	01/01/2002	$12.13	0.0%	0.0%	N	Referral Required
Q4045	CAST SUPPLIES SHORT LEG SPLINT	01/01/2002	$8.25	0.0%	0.0%	N	Referral Required
Q4046	CAST SUPPLIES SHORT LEG SPLINT	01/01/2002	$13.27	0.0%	0.0%	N	Referral Required
Q4047	CAST SUPPLIES SHORT LEG SPLINT	01/01/2002	$4.12	0.0%	0.0%	N	Referral Required
Q4048	CAST SUPPLIES SHORT LEG SPLINT	01/01/2002	$6.64	0.0%	0.0%	N	Referral Required
Q4049	FINGER SPLINT STATIC	01/01/2002	$1.50	0.0%	0.0%	N	Referral Required
Q4055	INJECTION, EPOETIN ALFA	01/01/2004	$12.00	0.0%	0.0%	N	Referral Required
S0580	POLYCARBONATE LENS	05/01/2003	$6.00	0.0%	0.0%	N	Referral Required
S0581	NON-STANDARD LENS	05/01/2003	$7.50	0.0%	0.0%	Y	Referral Required
S3620	NEWBORN METABOLIC SCREENING	07/01/2003	$19.00	0.0%	0.0%	N	Referral Required
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTR	10/20/2003	$6.61	0.0%	0.0%	N	
S8100	HOLDING CHAMBER OR SPACER	11/01/2003	$31.05	0.0%	0.0%	N	Referral Required
S8101	HOLDING CHAMBER OR SPACER	11/01/2003	$41.87	0.0%	0.0%	N	Referral Required
S9470	NUTRITIONAL COUNSELING	06/01/2003	$26.65	0.0%	0.0%	N	Referral Required
T2001	NON-EMERGENCY TRANSPORTATION	10/20/2003	$1.91	0.0%	0.0%	Y	
T2004	NON-EMERGENCY TRANSPORT; COMM	10/20/2003	$27.00	0.0%	0.0%	Y	Referral Required
T2006	AMBULANCE RESPONSE & TREATMENT	01/01/2003	$162.30	0.0%	0.0%	Y	Referral Required
T5001	THERAPEUTIC POSITIONING SEAT	10/20/2003	$520.71	0.0%	0.0%	N	Referral Required
T9999	OTHER MISC SERVICES - MEDICARE CROS	07/01/1990	$1.08	0.0%	0.0%	N	Referral Required
V0390	SINGLE LENS (ALL POWERS SINGLE VISI	01/01/1988	$11.50	0.0%	0.0%	N	Referral Required
V2020	FRAMES, PURCHASE	01/15/2004	$19.97	0.0%	0.0%	N	Referral Required
V2100	SPHERE SIN VIS PLANO TO PLUS	01/15/2004	$8.13	0.0%	0.0%	N	Referral Required
V2101	SPHERE, SIN VIS, + OR - 4.12 TO + O	01/15/2004	$9.83	0.0%	0.0%	N	Referral Required
V2102	SPHERE, SIN VIS, + OR - 7.12 TO + O	01/15/2004	$15.02	0.0%	0.0%	N	Referral Required
V2103	SPHEROCYL, SIN VIS, PL TO +	01/15/2004	$8.13	0.0%	0.0%	N	Referral Required
V2104	SPHEROCYL, SIN VIS, PL TO +	01/15/2004	$9.63	0.0%	0.0%	N	Referral Required
V2105	SPHEROCYL, SIN VIS, PL TO + OR -4.0	01/15/2004	$12.94	0.0%	0.0%	N	Referral Required
V2106	SPHEROCYLIN, SIN VIS, PL TO	01/15/2004	$15.94	0.0%	0.0%	N	Referral Required
V2107	SPHEROCYL, SIN VIS, + OR -4.25- + O	01/15/2004	$9.86	0.0%	0.0%	N	Referral Required
V2108	SPHEROCYL, SIN VIS, + OR - 4	01/15/2004	$11.52	0.0%	0.0%	N	Referral Required
V2109	SPHEROCYL, SIN VIS, + OR - 4.25 TO	01/15/2004	$14.51	0.0%	0.0%	N	Referral Required
V2110	SPEROCYL, SIN VIS, + OR - 4.25-7.00	01/15/2004	$17.51	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
V2111	SPHEROCYL, SIN VIS, + OR - 7.25 TO	01/15/2004	$17.08	0.0%	0.0%	N	Referral Required
V2112	SPEROCYL, SIN VIS, + OR - 7.25 TO +	01/15/2004	$17.71	0.0%	0.0%	N	Referral Required
V2113	SPHEROCYL SIN VIS + OR 7.25 TO + OR	01/15/2004	$20.60	0.0%	0.0%	N	Referral Required
V2114	SPHEROCYL, SIN VIS, SPH OV + OR - 1	01/15/2004	$27.08	0.0%	0.0%	N	Referral Required
V2115	LENTICULAR, (MYODISC), PER LENS, SI	01/15/2004	$22.90	0.0%	0.0%	N	Referral Required
V2118	ANISEIKONIC LENS SIN VIS	01/15/2000	$5.00	0.0%	0.0%	N	Referral Required
V2200	SPHERE, BIFOC, PLANO TO PLUS	01/15/2004	$10.52	0.0%	0.0%	N	Referral Required
V2201	SPEHER, BIFOC, PL OR MIN 4.12- PL O	01/15/2004	$12.62	0.0%	0.0%	N	Referral Required
V2202	SPHERE, BIFOC, PL OR MI 7.12 TO PL	01/15/2004	$17.48	0.0%	0.0%	N	Referral Required
V2203	SPHEROCYL, BIFOC, PLANO TO P	01/15/2004	$10.60	0.0%	0.0%	N	Referral Required
V2204	SPHEROCYL, BIFOC, PLAN TO PL OR MI	01/15/2004	$12.10	0.0%	0.0%	N	Referral Required
V2205	SPHEROCYL, BIFOC, PLAN TO PL OR MI	01/15/2004	$15.10	0.0%	0.0%	N	Referral Required
V2206	SPHEROCYL, BIFOC, PLAN TO PL OR MI	01/15/2004	$18.29	0.0%	0.0%	N	Referral Required
V2207	SPHEROCYL, BIFOC, PL OR MI 4.25 PL	01/15/2004	$12.19	0.0%	0.0%	N	Referral Required
V2208	SPHEROCYL, BIFOC, PL OR MI 4.25 TO	01/15/2004	$13.69	0.0%	0.0%	N	Referral Required
V2209	SPHEORCYL, BIFOC, PL OR MI 4.25 TO	01/15/2004	$16.89	0.0%	0.0%	N	Referral Required
V2210	SPHEROCYL, BIFOC, PL OR MI 4.25 TO	01/15/2004	$19.92	0.0%	0.0%	N	Referral Required
V2211	SPHEROCYL, BIFOC, PL OR MI 7	01/15/2004	$12.84	0.0%	0.0%	N	Referral Required
V2212	SPHEROCYL BIFOC PL OR MI 7.25 TO +	01/15/2004	$14.34	0.0%	0.0%	N	Referral Required
V2213	SPHEROCYL, BIFOC, PL OR MI 7.25 TO	01/15/2004	$17.34	0.0%	0.0%	N	Referral Required
V2214	SPHEROCYLI, BIFOC, SPHERE OVER PL O	01/15/2004	$12.19	0.0%	0.0%	N	Referral Required
V2215	LENTICULAR (MYODISC), PER LENS, BIF	01/15/2004	$27.63	0.0%	0.0%	Y	Referral Required
V2218	ANISELKONIC, PER LENS, BIFOC	01/15/2004	$7.00	0.0%	0.0%	N	Referral Required
V2219	BIFOC, SEG WIDTH OVER 28MM	01/15/2004	$10.00	0.0%	0.0%	N	Referral Required
V2220	BIFOC ADD OVER 3.25D	01/15/2004	$5.25	0.0%	0.0%	N	Referral Required
V2410	VAR ASPHERIC LENS, SIN VIS, FULL FI	01/15/2004	$22.40	0.0%	0.0%	Y	Referral Required
V2430	VAR ASPHERIC LENS,BIFOC,FULL FIELD,	01/15/2004	$27.40	0.0%	0.0%	N	Referral Required
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	07/01/1999	$806.74	0.0%	0.0%	N	Referral Required
V2624	POLISHING/RESURFACING OCULAR	03/01/1997	$59.66	0.0%	0.0%	N	Referral Required
V2625	ENGLARGEMENT OF OCULAR PROTHESIS	03/01/1997	$362.76	0.0%	0.0%	N	Referral Required
V2626	REDUCTION OF OCULAR PROSTHESIS	03/01/1997	$195.55	0.0%	0.0%	N	Referral Required
V2627	SCLERAL COVER SHELL	03/01/1997	$1,215.51	0.0%	0.0%	N	Referral Required
V2628	FABRICATION & FITTING OF OCULAR CON	03/01/1997	$298.20	0.0%	0.0%	N	Referral Required
V2700	BALANCE LENS, PER LENS	01/15/2004	$11.19	0.0%	0.0%	N	Referral Required
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, P	01/15/2004	$36.00	0.0%	0.0%	N	Referral Required
V2715	PRISM, PER LENS	01/15/2004	$1.50	0.0%	0.0%	N	Referral Required
V2718	PRESS-ON LENS, FRESNELL PRISM, PER	01/15/2004	$18.65	0.0%	0.0%	N	Referral Required
V2730	SPECIAL BASE CURVE, GLASS OR PLASTI	01/15/2004	$1.16	0.0%	0.0%	N	Referral Required
V2744	TINT,PHOTOCHROMATIC, PER LEN	01/15/2004	$10.00	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
V2760	SCRATCH RESISTANT COATING, P	01/15/2000	$3.00	0.0%	0.0%	N	Referral Required
V2780	OVERSIZE LENS, PER LENS (SWEEP OPTI	01/15/2004	$5.00	0.0%	0.0%	N	Referral Required
V2781	PROGRESSIVE LENS, PER LENS	01/15/2003	$15.00	0.0%	0.0%	Y	Referral Required
V5008	HEARING SCREENING	10/20/2003	$12.57	0.0%	0.0%	N	
V5264	EAR MOLD/INSERT	01/01/2002	$19.80	0.0%	0.0%	N	Referral Required
V5265	EAR MOLD/INSERT, DISPOSABLE,	09/01/2003	$19.80	0.0%	0.0%	N	Referral Required
V5266	BATTERY FOR USE IN HEARING DEVICE	06/01/2002	$5.00	0.0%	0.0%	N	Referral Required
W0350	INSERTION OF PORTA CATH INFUSION PU	07/01/1990	$349.38	0.0%	0.0%	N	Referral Required
X1400	INJECTION VELOREF 250 MG	07/01/1989	$5.00	0.0%	0.0%	N	Referral Required
XX001	STERILE SALINE UNIT DOSE UP TO 5ML	04/01/1995	$0.21	0.0%	0.0%	N	Referral Required
XX002	BLOOD GLUCOSE STRIP FOR MONITOR PE	04/01/1995	$17.63	0.0%	0.0%	N	Referral Required
XX006	OSTOMY DEODORANT ALL TYPE PER OZ	04/01/1995	$3.03	0.0%	0.0%	N	Referral Required
XX009	DOBUTAMINE, 250 MG	04/01/1995	$45.26	0.0%	0.0%	N	Referral Required
Y8246	VITAMIN B-12 & FOLATE, RIA	01/01/1992	$31.90	0.0%	0.0%	N	Referral Required
Y8257	CYCLOSPORIN LEVEL	01/01/1992	$71.64	0.0%	0.0%	N	Referral Required