Alabama Medicaid Fee Schedule
Physician
Report: REF-0129-Q
Updated: 07/1/2016

Units are subject to change upon Agency review

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
10021	FNA W/O IMAGE		$97.00		1						
10022	FNA W/IMAGE		$106.00		1						
10030	GUIDE CATHET FLUID DRAINAGE		$427.85		1						
10040	ACNE SURGERY		$63.00		1						
10060	DRAINAGE OF SKIN ABSCESS		$70.00		1						
10061	DRAINAGE OF SKIN ABSCESS		$126.00		1						
10080	DRAINAGE OF PILONIDAL CYST		$119.00		1						
10081	DRAINAGE OF PILONIDAL CYST		$186.00		1						
10120	REMOVE FOREIGN BODY		$96.00		1						
10121	REMOVE FOREIGN BODY		$180.00		1						
10140	DRAINAGE OF HEMATOMA/FLUID		$97.00		1						
10160	PUNCTURE DRAINAGE OF LESION		$81.00		1						
10180	COMPLEX DRAINAGE WOUND		$153.00		1						
11000	DEBRIDE INFECTED SKIN		$35.00		1						
11001	DEBRIDE INFECTED SKIN ADD-ON		$16.00		9						
11004	DEBRIDE GENITALIA & PERINEUM		$429.00		1						
11005	DEBRIDE ABDOM WALL		$583.00		1						
11006	DEBRIDE GENIT/PER/ABDOM WALL		$470.45		1						
11008	REMOVE MESH FROM ABD WALL		$218.00		1						
11010	DEBRIDE SKIN AT FX SITE		$319.00		1						
11011	DEBRIDE SKIN MUSC AT FX SITE		$378.00		1						
11012	DEB SKIN BONE AT FX SITE		$549.00		1						
11042	DEB SUBQ TISSUE 20 SQ CM/<		$62.00		1						
11043	DEB MUSC/FASCIA 20 SQ CM/<		$167.00		1						
11044	DEB BONE 20 SQ CM/<		$218.00		1						
11045	DEB SUBQ TISSUE ADD-ON		$22.75		8						
11046	DEB MUSC/FASCIA ADD-ON		$39.78		8						
11047	DEB BONE ADD-ON		$65.28		8						
11055	TRIM SKIN LESION		$29.00		1						
11056	TRIM SKIN LESIONS 2 TO 4		$37.00		1						
11057	TRIM SKIN LESIONS OVER 4		$45.00		1						
11100	BIOPSY SKIN LESION		$58.00		1						
11101	BIOPSY SKIN ADD-ON		$22.00		10						
11200	REMOVAL OF SKIN TAGS <W/15		$52.00		1						
11201	REMOVE SKIN TAGS ADD-ON		$14.00		1						
11300	SHAVE SKIN LESION 0.5 CM/<		$42.00		10						
11301	SHAVE SKIN LESION 0.6-1.0 CM		$56.00		10						
11302	SHAVE SKIN LESION 1.1-2.0 CM		$67.00		1						
11303	SHAVE SKIN LESION >2.0 CM		$80.00		1						
11305	SHAVE SKIN LESION 0.5 CM/<		$44.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
11306	SHAVE SKIN LESION 0.6-1.0 CM		$60.00		1						
11307	SHAVE SKIN LESION 1.1-2.0 CM		$70.00		1						
11308	SHAVE SKIN LESION >2.0 CM		$83.00		1						
11310	SHAVE SKIN LESION 0.5 CM/<		$52.00		1						
11311	SHAVE SKIN LESION 0.6-1.0 CM		$65.00		1						
11312	SHAVE SKIN LESION 1.1-2.0 CM		$75.00		1						
11313	SHAVE SKIN LESION >2.0 CM		$98.00		1						
11400	EXC TR-EXT B9+MARG 0.5 CM<		$79.00		1						
11401	EXC TR-EXT B9+MARG 0.6-1 CM		$93.00		1						
11402	EXC TR-EXT B9+MARG 1.1-2 CM		$106.00		1						
11403	EXC TR-EXT B9+MARG 2.1-3CM/<		$120.00		1						
11404	EXC TR-EXT B9+MARG 3.1-4 CM		$137.00		1						
11406	EXC TR-EXT B9+MARG >4.0 CM		$171.00		1						
11420	EXC H-F-NK-SP B9+MARG 0.5/<		$78.00		1						
11421	EXC H-F-NK-SP B9+MARG 0.6-1		$100.00		1						
11422	EXC H-F-NK-SP B9+MARG 1.1-2		$111.00		1						
11423	EXC H-F-NK-SP B9+MARG 2.1-3		$133.00		1						
11424	EXC H-F-NK-SP B9+MARG 3.1-4		$152.00		1						
11426	EXC H-F-NK-SP B9+MARG >4 CM		$214.00		1						
11440	EXC FACE-MM B9+MARG 0.5 CM/<		$91.00		1						
11441	EXC FACE-MM B9+MARG 0.6-1 CM		$108.00		1						
11442	EXC FACE-MM B9+MARG 1.1-2 CM		$122.00		1						
11443	EXC FACE-MM B9+MARG 2.1-3 CM		$150.00		1						
11444	EXC FACE-MM B9+MARG 3.1-4 CM		$192.00		1						
11446	EXC FACE-MM B9+MARG >4 CM		$250.00		3						
11450	REMOVAL SWEAT GLAND LESION		$221.00		2						
11451	REMOVAL SWEAT GLAND LESION		$303.00		2						
11462	REMOVAL SWEAT GLAND LESION		$216.00		2						
11463	REMOVAL SWEAT GLAND LESION		$308.00		2						
11470	REMOVAL SWEAT GLAND LESION		$239.00		1						
11471	REMOVAL SWEAT GLAND LESION		$320.00		2						
11600	EXC TR-EXT MAL+MARG 0.5 CM/<		$110.00		3						
11601	EXC TR-EXT MAL+MARG 0.6-1 CM		$128.00		3						
11602	EXC TR-EXT MAL+MARG 1.1-2 CM		$135.00		3						
11603	EXC TR-EXT MAL+MARG 2.1-3 CM		$150.00		3						
11604	EXC TR-EXT MAL+MARG 3.1-4 CM		$165.00		3						
11606	EXC TR-EXT MAL+MARG >4 CM		$218.00		3						
11620	EXC H-F-NK-SP MAL+MARG 0.5/<		$106.00		3						
11621	EXC S/N/H/F/G MAL+MRG 0.6-1		$126.00		3						
11622	EXC S/N/H/F/G MAL+MRG 1.1-2		$144.00		3						
11623	EXC S/N/H/F/G MAL+MRG 2.1-3		$170.00		3						
11624	EXC S/N/H/F/G MAL+MRG 3.1-4		$196.00		3						
11626	EXC S/N/H/F/G MAL+MRG >4 CM		$261.00		3						
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<		$112.00		3						
11641	EXC F/E/E/N/L MAL+MRG 0.6-1		$148.00		3						
11642	EXC F/E/E/N/L MAL+MRG 1.1-2		$171.00		3						
11643	EXC F/E/E/N/L MAL+MRG 2.1-3		$199.00		3						
11644	EXC F/E/E/N/L MAL+MRG 3.1-4		$252.00		3						
11646	EXC F/E/E/N/L MAL+MRG >4 CM		$343.00		3						
11720	DEBRIDE NAIL 1-5		$19.00		1						

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11721	DEBRIDE NAIL 6 OR MORE		$29.00		1						
11730	REMOVAL OF NAIL PLATE		$64.00		1						
11732	REMOVE NAIL PLATE ADD-ON		$30.00		1						
11740	DRAIN BLOOD FROM UNDER NAIL		$28.00		1						
11750	REMOVAL OF NAIL BED		$118.00		1						
11752	REMOVE NAIL BED/TIP		$167.00		1						
11755	BIOPSY NAIL UNIT		$84.00		1						
11760	REPAIR OF NAIL BED		$121.00		1						
11762	RECONSTRUCTION OF NAIL BED		$130.00		1						
11765	EXCISION OF NAIL FOLD TOE		$69.00		1						
11770	REMOVE PILONIDAL CYST SIMPLE		$177.00		1						
11771	REMOVE PILONIDAL CYST EXTEN		$344.00		1						
11772	REMOVE PILONIDAL CYST COMPL		$426.00		1						
11900	INJECT SKIN LESIONS </W 7		$33.00		1						
11901	INJECT SKIN LESIONS >7		$42.00		1						
11920	CORRECT SKIN COLOR 6.0 CM/<		$131.00	Y	1						
11921	CORRECT SKN COLOR 6.1-20.0CM		$125.00	Y	1						
11922	CORRECT SKIN COLOR EA 20.0CM		$37.00	Y	1						
11960	INSERT TISSUE EXPANDER(S)		$574.00		3						
11970	REPLACE TISSUE EXPANDER		$397.00	Y	2						
11971	REMOVE TISSUE EXPANDER(S)		$308.00	Y	2						
11976	REMOVE CONTRACEPTIVE CAPSULE		$80.00		1						
11980	IMPLANT HORMONE PELLET(S)		$73.00		1						
11981	INSERT DRUG IMPLANT DEVICE		$92.00		1						
11982	REMOVE DRUG IMPLANT DEVICE		$108.00		1						
11983	REMOVE/INSERT DRUG IMPLANT		$165.00		1						
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<		$107.00		1						
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM		$114.00		1						
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM		$133.00		1						
12005	RPR S/N/A/GEN/TRK12.6-20.0CM		$166.00		1						
12006	RPR S/N/A/GEN/TRK20.1-30.0CM		$208.00		1						
12007	RPR S/N/AX/GEN/TRNK >30.0 CM		$234.00		1						
12011	RPR F/E/E/N/L/M 2.5 CM/<		$113.00		1						
12013	RPR F/E/E/N/L/M 2.6-5.0 CM		$124.00		1						
12014	RPR F/E/E/N/L/M 5.1-7.5 CM		$147.00		1						
12015	RPR F/E/E/N/L/M 7.6-12.5 CM		$185.00		1						
12016	RPR FE/E/EN/L/M 12.6-20.0 CM		$220.00		1						
12017	RPR FE/E/EN/L/M 20.1-30.0 CM		$227.00		1						
12018	RPR F/E/E/N/L/M >30.0 CM		$277.00		1						
12020	CLOSURE OF SPLIT WOUND		$186.00		3						
12021	CLOSURE OF SPLIT WOUND		$108.00		3						
12031	INTMD RPR S/A/T/EXT 2.5 CM/<		$129.00		1						
12032	INTMD RPR S/A/T/EXT 2.6-7.5		$179.00		1						
12034	INTMD RPR S/TR/EXT 7.6-12.5		$177.00		1						
12035	INTMD RPR S/A/T/EXT 12.6-20		$247.00		1						
12036	INTMD RPR S/A/T/EXT 20.1-30		$279.00		1						
12037	INTMD RPR S/TR/EXT >30.0 CM		$314.00		1						
12041	INTMD RPR N-HF/GENIT 2.5CM/<		$142.00		1						
12042	INTMD RPR N-HF/GENIT2.6-7.5		$172.00		1						
12044	INTMD RPR N-HF/GENIT7.6-12.5		$185.00		1						

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12045	INTMD RPR N-HF/GENIT12.6-20		$256.00		1						
12046	INTMD RPR N-HF/GENIT20.1-30		$204.00		1						
12047	INTMD RPR N-HF/GENIT >30.0CM		$232.00		1						
12051	INTMD RPR FACE/MM 2.5 CM/<		$165.00		1						
12052	INTMD RPR FACE/MM 2.6-5.0 CM		$172.00		1						
12053	INTMD RPR FACE/MM 5.1-7.5 CM		$184.00		1						
12054	INTMD RPR FACE/MM 7.6-12.5CM		$204.00		1						
12055	INTMD RPR FACE/MM 12.6-20 CM		$261.00		1						
12056	INTMD RPR FACE/MM 20.1-30.0		$261.00		1						
12057	INTMD RPR FACE/MM >30.0 CM		$290.00		1						
13100	CMPLX RPR TRUNK 1.1-2.5 CM		$206.00		1						
13101	CMPLX RPR TRUNK 2.6-7.5 CM		$246.00		1						
13102	CMPLX RPR TRUNK ADDL 5CM/<		$71.00		5						
13120	CMPLX RPR S/A/L 1.1-2.5 CM		$214.00		1						
13121	CMPLX RPR S/A/L 2.6-7.5 CM		$264.00		1						
13122	CMPLX RPR S/A/L ADDL 5 CM/>		$86.00		5						
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F		$234.00		1						
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F		$342.00		1						
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F		$114.00		5						
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM		$267.00		1						
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM		$358.00		1						
13153	CMPLX RPR E/N/E/L ADDL 5CM/<		$128.00		4						
13160	LATE CLOSURE OF WOUND		$537.00		3						
14000	TIS TRNFR TRUNK 10 SQ CM/<		$396.00		1						
14001	TIS TRNFR TRUNK 10.1-30SQCM		$520.00		1						
14020	TIS TRNFR S/A/L 10 SQ CM/<		$438.00		1						
14021	TIS TRNFR S/A/L 10.1-30 SQCM		$583.00		1						
14040	TIS TRNFR F/C/C/M/N/A/G/H/F		$482.00		1						
14041	TIS TRNFR F/C/C/M/N/A/G/H/F		$641.00		1						
14060	TIS TRNFR E/N/E/L 10 SQ CM/<		$501.00		1						
14061	TIS TRNFR E/N/E/L10.1-30SQCM		$691.00		1						
14301	TIS TRNFR ANY 30.1-60 SQ CM		$641.66		1						
14302	TIS TRNFR ADDL 30 SQ CM/<		$142.97		1						
14350	FILLETED FINGER/TOE FLAP		$399.00		1						
15002	WOUND PREP TRK/ARM/LEG		$216.00		1						
15003	WOUND PREP ADDL 100 CM		$48.00		40						
15004	WOUND PREP F/N/HF/G		$261.00		1						
15005	WND PREP F/N/HF/G ADDL CM		$81.00		40						
15050	SKIN PINCH GRAFT		$323.00		1						
15100	SKIN SPLT GRFT TRNK/ARM/LEG		$630.00		1						
15101	SKIN SPLT GRFT T/A/L ADD-ON		$155.00		40						
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG		$494.76		1						
15111	EPIDRM AUTOGRFT T/A/L ADD-ON		$79.44		1						
15115	EPIDRM A-GRFT FACE/NCK/HF/G		$468.50		1						
15116	EPIDRM A-GRFT F/N/HF/G ADDL		$103.45		3						
15120	SKN SPLT A-GRFT FAC/NCK/HF/G		$603.00		1						
15121	SKN SPLT A-GRFT F/N/HF/G ADD		$206.00		5						
15130	DERM AUTOGRAFT TRNK/ARM/LEG		$407.62		1						
15131	DERM AUTOGRAFT T/A/L ADD-ON		$64.91		3						
15135	DERM AUTOGRAFT FACE/NCK/HF/G		$501.42		1						

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15136	DERM AUTOGRAFT F/N/HF/G ADD		$60.87		3						
15150	CULT SKIN GRFT T/ARM/LEG		$412.31		1						
15151	CULT SKIN GRFT T/A/L ADDL		$84.04		1						
15152	CULT SKIN GRAFT T/A/L +%		$103.40		3						
15155	CULT SKIN GRAFT F/N/HF/G		$415.88		1						
15156	CULT SKIN GRFT F/N/HFG ADD		$109.92		1						
15157	CULT EPIDERM GRFT F/N/HFG +%		$121.53		3						
15200	SKIN FULL GRAFT TRUNK		$510.00		1						
15201	SKIN FULL GRAFT TRUNK ADD-ON		$68.00		1						
15220	SKIN FULL GRAFT SCLP/ARM/LEG		$496.00		1						
15221	SKIN FULL GRAFT ADD-ON		$100.00		1						
15240	SKIN FULL GRFT FACE/GENIT/HF		$561.00		1						
15241	SKIN FULL GRAFT ADD-ON		$117.00		1						
15260	SKIN FULL GRAFT EEN & LIPS		$586.00		1						
15261	SKIN FULL GRAFT ADD-ON		$111.00		1						
15271	SKIN SUB GRAFT TRNK/ARM/LEG		$90.65		1						
15272	SKIN SUB GRAFT T/A/L ADD-ON		$17.31		3						
15273	SKIN SUB GRFT T/ARM/LG CHILD		$186.41		1						
15274	SKN SUB GRFT T/A/L CHILD ADD		$44.24		204						
15275	SKIN SUB GRAFT FACE/NK/HF/G		$97.51		1						
15276	SKIN SUB GRAFT F/N/HF/G ADDL		$21.58		3						
15277	SKN SUB GRFT F/N/HF/G CHILD		$189.20		1						
15278	SKN SUB GRFT F/N/HF/G CH ADD		$52.07		57						
15570	SKIN PEDICLE FLAP TRUNK		$420.00		3						
15572	SKIN PEDICLE FLAP ARMS/LEGS		$555.00		2						
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F		$604.00		2						
15576	PEDICLE E/N/E/L/NTRORAL		$537.00		2						
15600	DELAY FLAP TRUNK		$176.00		2						
15610	DELAY FLAP ARMS/LEGS		$203.00		2						
15620	DELAY FLAP F/C/C/N/AX/G/H/F		$185.00		2						
15630	DELAY FLAP EYE/NOS/EAR/LIP		$290.00		2						
15650	TRANSFER SKIN PEDICLE FLAP		$240.00		1						
15731	FOREHEAD FLAP W/VASC PEDICLE		$725.00		1						
15732	MUSCLE-SKIN GRAFT HEAD/NECK		$1,054.00		1						
15734	MUSCLE-SKIN GRAFT TRUNK		$1,067.00		1						
15736	MUSCLE-SKIN GRAFT ARM		$900.00		1						
15738	MUSCLE-SKIN GRAFT LEG		$1,069.00		1						
15740	ISLAND PEDICLE FLAP GRAFT		$589.00		3						
15750	NEUROVASCULAR PEDICLE FLAP		$612.00		2						
15756	FREE MYO/SKIN FLAP MICROVASC		$1,705.00		2						
15757	FREE SKIN FLAP MICROVASC		$1,717.00		3						
15758	FREE FASCIAL FLAP MICROVASC		$1,649.00		3						
15760	COMPOSITE SKIN GRAFT		$545.00		2						
15770	DERMA-FAT-FASCIA GRAFT		$425.00		2						
15780	DERMABRASION TOTAL FACE		$300.00	Y	1						
15781	DERMABRASION SEGMENTAL FACE		$334.00	Y	2						
15782	DERMABRASION OTHER THAN FACE		$395.00	Y	2						
15783	DERMABRASION SUPRFL ANY SITE		$184.00	Y	2						
15786	ABRASION LESION SINGLE		$80.00	Y	1						
15787	ABRASION LESIONS ADD-ON		$15.00	Y	3						

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15822	REVISION OF UPPER EYELID		$294.00	Y	1						
15823	REVISION OF UPPER EYELID		$483.00	Y	2						
15830	EXC SKIN ABD		$787.00	Y	1						
15840	NERVE PALSY FASCIAL GRAFT		$822.00		1						
15841	NERVE PALSY MUSCLE GRAFT		$1,008.00		2						
15842	NERVE PALSY MICROSURG GRAFT		$1,678.00		2						
15845	SKIN AND MUSCLE REPAIR FACE		$773.00		2						
15847	EXC SKIN ABD ADD-ON		$627.00	Y	1						
15850	REMOVE SUTURES SAME SURGEON		$125.00		1						
15851	REMOVE SUTURES DIFF SURGEON		$71.00		1						
15852	DRESSING CHANGE NOT FOR BURN		$76.00		2						
15860	TEST FOR BLOOD FLOW IN GRAFT		$86.00		1						
15920	REMOVAL OF TAIL BONE ULCER		$409.00		1						
15922	REMOVAL OF TAIL BONE ULCER		$419.00		1						
15931	REMOVE SACRUM PRESSURE SORE		$456.00		1						
15933	REMOVE SACRUM PRESSURE SORE		$467.00		1						
15934	REMOVE SACRUM PRESSURE SORE		$527.00		1						
15935	REMOVE SACRUM PRESSURE SORE		$756.00		1						
15936	REMOVE SACRUM PRESSURE SORE		$628.00		1						
15937	REMOVE SACRUM PRESSURE SORE		$823.00		1						
15940	REMOVE HIP PRESSURE SORE		$473.00		1						
15941	REMOVE HIP PRESSURE SORE		$498.00		1						
15944	REMOVE HIP PRESSURE SORE		$663.00		1						
15945	REMOVE HIP PRESSURE SORE		$749.00		1						
15946	REMOVE HIP PRESSURE SORE		$1,098.00		1						
15950	REMOVE THIGH PRESSURE SORE		$299.00		1						
15951	REMOVE THIGH PRESSURE SORE		$472.00		1						
15952	REMOVE THIGH PRESSURE SORE		$476.00		1						
15953	REMOVE THIGH PRESSURE SORE		$657.00		1						
15956	REMOVE THIGH PRESSURE SORE		$831.00		1						
15958	REMOVE THIGH PRESSURE SORE		$831.00		1						
16000	INITIAL TREATMENT OF BURN(S)		$51.00		1						
16020	DRESS/DEBRID P-THICK BURN S		$60.00		1						
16025	DRESS/DEBRID P-THICK BURN M		$106.00		1						
16030	DRESS/DEBRID P-THICK BURN L		$125.00		1						
16035	INCISION OF BURN SCAB INITI		$185.00		1						
16036	ESCHAROTOMY ADDL INCISION		$58.00		1						
17000	DESTRUCT PREMALG LESION		$44.00		1						
17003	DESTRUCT PREMALG LES 2-14		$8.00		13						
17004	DESTROY PREMAL LESIONS 15/>		$147.00		1						
17106	DESTRUCTION OF SKIN LESIONS		$266.00		1						
17107	DESTRUCTION OF SKIN LESIONS		$480.00		1						
17108	DESTRUCTION OF SKIN LESIONS		$659.00		1						
17110	DESTRUCT B9 LESION 1-14		$63.00		1						
17111	DESTRUCT LESION 15 OR MORE		$72.00		1						
17250	CHEMICAL CAUTERY TISSUE		$48.00		1						
17260	DESTRUCTION OF SKIN LESIONS		$62.00		1						
17261	DESTRUCTION OF SKIN LESIONS		$78.00		1						
17262	DESTRUCTION OF SKIN LESIONS		$98.00		1						
17263	DESTRUCTION OF SKIN LESIONS		$109.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
17264	DESTRUCTION OF SKIN LESIONS		$118.00		3						
17266	DESTRUCTION OF SKIN LESIONS		$141.00		2						
17270	DESTRUCTION OF SKIN LESIONS		$86.00		1						
17271	DESTRUCTION OF SKIN LESIONS		$93.00		1						
17272	DESTRUCTION OF SKIN LESIONS		$107.00		1						
17273	DESTRUCTION OF SKIN LESIONS		$121.00		1						
17274	DESTRUCTION OF SKIN LESIONS		$166.00		1						
17276	DESTRUCTION OF SKIN LESIONS		$151.00		3						
17280	DESTRUCTION OF SKIN LESIONS		$78.00		1						
17281	DESTRUCTION OF SKIN LESIONS		$103.00		1						
17282	DESTRUCTION OF SKIN LESIONS		$120.00		1						
17283	DESTRUCTION OF SKIN LESIONS		$149.00		1						
17284	DESTRUCTION OF SKIN LESIONS		$152.00		1						
17286	DESTRUCTION OF SKIN LESIONS		$202.00		3						
17311	MOHS 1 STAGE H/N/HF/G		$452.00		1						
17312	MOHS ADDL STAGE		$271.00		1						
17313	MOHS 1 STAGE T/A/L		$412.00		1						
17314	MOHS ADDL STAGE T/A/L		$251.00		1						
17315	MOHS SURG ADDL BLOCK		$54.00		1						
17340	CRYOTHERAPY OF SKIN		$38.00		1						
19000	DRAINAGE OF BREAST LESION		$79.00		1						
19001	DRAIN BREAST LESION ADD-ON		$23.00		5						
19020	INCISION OF BREAST LESION		$283.00		2						
19030	INJECTION FOR BREAST X-RAY		$138.00		1						
19081	BX BREAST 1ST LESION STRTCTC		$366.92		1						
19082	BX BREAST ADD LESION STRTCTC		$296.86		1						
19083	BX BREAST 1ST LESION US IMAG		$364.54		1						
19084	BX BREAST ADD LESION US IMAG		$292.76		1						
19085	BX BREAST 1ST LESION MR IMAG		$551.36		1						
19086	BX BREAST ADD LESION MR IMAG		$441.14		1						
19100	BX BREAST PERCUT W/O IMAGE		$96.00		1						
19101	BIOPSY OF BREAST OPEN		$225.00		3						
19105	CRYOSURG ABLATE FA EACH		$1,287.00		3						
19110	NIPPLE EXPLORATION		$293.00		1						
19112	EXCISE BREAST DUCT FISTULA		$206.00		1						
19120	REMOVAL OF BREAST LESION		$303.00		1						
19125	EXCISION BREAST LESION		$326.00		1						
19126	EXCISION ADDL BREAST LESION		$139.00		3						
19260	REMOVAL OF CHEST WALL LESION		$805.00		1						
19271	REVISION OF CHEST WALL		$844.00		1						
19272	EXTENSIVE CHEST WALL SURGERY		$1,169.00		1						
19281	PERQ DEVICE BREAST 1ST IMAG		$134.44		1						
19282	PERQ DEVICE BREAST EA IMAG		$93.22		1						
19283	PERQ DEV BREAST 1ST STRTCTC		$152.28		1						
19284	PERQ DEV BREAST ADD STRTCTC		$111.45		1						
19285	PERQ DEV BREAST 1ST US IMAG		$255.32		1						
19286	PERQ DEV BREAST ADD US IMAG		$213.63		1						
19287	PERQ DEV BREAST 1ST MR GUIDE		$469.96		1						
19288	PERQ DEV BREAST ADD MR GUIDE		$375.48		1						
19296	PLACE PO BREAST CATH FOR RAD		$3,380.00		1						

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19297	PLACE BREAST CATH FOR RAD		$63.59		1						
19298	PLACE BREAST RAD TUBE/CATHS		$1,127.36		1						
19301	PARTIAL MASTECTOMY		$271.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
19302	P-MASTECTOMY W/LN REMOVAL		$580.00		1						
19303	MAST SIMPLE COMPLETE		$595.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
19304	MAST SUBQ		$359.00		1						
19305	MAST RADICAL		$719.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
19306	MAST RAD URBAN TYPE		$747.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
19307	MAST MOD RAD		$751.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
19316	SUSPENSION OF BREAST		$555.00	Y	1						
19318	REDUCTION OF LARGE BREAST		$863.00	Y	1						
19324	ENLARGE BREAST		$282.00	Y	1						
19325	ENLARGE BREAST WITH IMPLANT		$397.00	Y	1						
19328	REMOVAL OF BREAST IMPLANT		$248.00	Y	1						
19330	REMOVAL OF IMPLANT MATERIAL		$310.00	Y	1						
19340	IMMEDIATE BREAST PROSTHESIS		$294.00	Y	1						
19342	DELAYED BREAST PROSTHESIS		$612.00	Y	1						
19350	BREAST RECONSTRUCTION		$457.00	Y	1						
19355	CORRECT INVERTED NIPPLE(S)		$405.00	Y	1						
19357	BREAST RECONSTRUCTION		$1,021.00	Y	1						
19361	BREAST RECONSTR W/LAT FLAP		$899.00	Y	1						
19364	BREAST RECONSTRUCTION		$1,591.00	Y	1						
19366	BREAST RECONSTRUCTION		$910.00	Y	1						
19367	BREAST RECONSTRUCTION		$1,303.00	Y	1						
19368	BREAST RECONSTRUCTION		$1,330.00	Y	1						
19369	BREAST RECONSTRUCTION		$1,483.00	Y	1						
19370	SURGERY OF BREAST CAPSULE		$358.00	Y	1						
19371	REMOVAL OF BREAST CAPSULE		$523.00	Y	1						
19380	REVISE BREAST RECONSTRUCTION		$509.00	Y	1						
20005	I&D ABSCESS SUBFASCIAL		$204.00		1						
20100	EXPLORE WOUND NECK		$449.00		1						
20101	EXPLORE WOUND CHEST		$261.00		1						
20102	EXPLORE WOUND ABDOMEN		$324.00		1						
20103	EXPLORE WOUND EXTREMITY		$400.00		1						
20150	EXCISE EPIPHYSEAL BAR		$659.00		1						
20200	MUSCLE BIOPSY		$128.00		3						
20205	DEEP MUSCLE BIOPSY		$180.00		4						
20206	NEEDLE BIOPSY MUSCLE		$201.00		3						
20220	BONE BIOPSY TROCAR/NEEDLE		$159.00		1						
20225	BONE BIOPSY TROCAR/NEEDLE		$698.00		1						
20240	BONE BIOPSY EXCISIONAL		$174.00		1						
20245	BONE BIOPSY EXCISIONAL		$435.00		1						
20250	OPEN BONE BIOPSY		$299.00		3						
20251	OPEN BONE BIOPSY		$339.00		3						
2028F	FOOT EXAM PERFORMED		$0.00		999						
20500	INJECTION OF SINUS TRACT		$90.00		1						
20501	INJECT SINUS TRACT FOR X-RAY		$112.00		1						
20520	REMOVAL OF FOREIGN BODY		$137.00		1						
20525	REMOVAL OF FOREIGN BODY		$355.00		1						
20526	THER INJECTION CARP TUNNEL		$56.00		1						

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20527	INJ DUPUYTREN CORD W/ENZYME		$48.11		1						
20550	INJ TENDON SHEATH/LIGAMENT		$47.00		1						
20551	INJ TENDON ORIGIN/INSERTION		$42.00		1						
20552	INJ TRIGGER POINT 1/2 MUSCL		$40.00		1						
20553	INJECT TRIGGER POINTS 3/>		$45.00		1						
20555	PLACE NDL MUSC/TIS FOR RT		$174.14		1						
20600	DRAIN/INJ JOINT/BURSA W/O US		$39.00		1						
20604	DRAIN/INJ JOINT/BURSA W/US		$53.61		1						
20605	DRAIN/INJ JOINT/BURSA W/O US		$42.00	Y	1						
20606	DRAIN/INJ JOINT/BURSA W/US		$59.04	Y	1						
20610	DRAIN/INJ JOINT/BURSA W/O US		$51.00		1						
20611	DRAIN/INJ JOINT/BURSA W/US		$67.43		1						
20612	ASPIRATE/INJ GANGLION CYST		$42.00		1						
20615	TREATMENT OF BONE CYST		$165.00		1						
20650	INSERT AND REMOVE BONE PIN		$136.00		1						
20660	APPLY REM FIXATION DEVICE		$168.00		1						
20661	APPLICATION OF HEAD BRACE		$301.00		1						
20662	APPLICATION OF PELVIS BRACE		$300.00		1						
20663	APPLICATION OF THIGH BRACE		$311.00		1						
20664	APPLICATION OF HALO		$366.00		1						
20665	REMOVAL OF FIXATION DEVICE		$66.00		1						
20670	REMOVAL OF SUPPORT IMPLANT		$359.00		2						
20680	REMOVAL OF SUPPORT IMPLANT		$342.00		2						
20690	APPLY BONE FIXATION DEVICE		$185.00		1						
20692	APPLY BONE FIXATION DEVICE		$355.00		1						
20693	ADJUST BONE FIXATION DEVICE		$341.00		1						
20694	REMOVE BONE FIXATION DEVICE		$327.00		1						
20696	COMP MULTIPLANE EXT FIXATION		$736.58		1						
20697	COMP EXT FIXATE STRUT CHANGE		$814.30		1						
20802	REPLANTATION ARM COMPLETE		$1,877.00		1						
20805	REPLANT FOREARM COMPLETE		$2,329.00		1						
20808	REPLANTATION HAND COMPLETE		$2,872.00		1						
20816	REPLANTATION DIGIT COMPLETE		$1,639.00		1						
20822	REPLANTATION DIGIT COMPLETE		$1,755.00		1						
20824	REPLANTATION THUMB COMPLETE		$1,622.00		1						
20827	REPLANTATION THUMB COMPLETE		$1,413.00		1						
20838	REPLANTATION FOOT COMPLETE		$1,883.00		1						
20900	REMOVAL OF BONE FOR GRAFT		$409.00		1						
20902	REMOVAL OF BONE FOR GRAFT		$437.00		1						
20910	REMOVE CARTILAGE FOR GRAFT		$311.00		1						
20912	REMOVE CARTILAGE FOR GRAFT		$359.00		1						
20920	REMOVAL OF FASCIA FOR GRAFT		$285.00		1						
20922	REMOVAL OF FASCIA FOR GRAFT		$412.00		1						
20924	REMOVAL OF TENDON FOR GRAFT		$403.00		4						
20926	REMOVAL OF TISSUE FOR GRAFT		$309.00		1						
20931	SP BONE ALGRFT STRUCT ADD-ON		$95.00		1						
20936	SP BONE AGRFT LOCAL ADD-ON		$122.00		1						
20937	SP BONE AGRFT MORSEL ADD-ON		$146.00		1						
20938	SP BONE AGRFT STRUCT ADD-ON		$158.00		1						
20950	FLUID PRESSURE MUSCLE		$220.00		1						

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20955	FIBULA BONE GRAFT MICROVASC		$1,928.00		1						
20956	ILIAC BONE GRAFT MICROVASC		$1,716.00		1						
20957	MT BONE GRAFT MICROVASC		$1,724.00		1						
20962	OTHER BONE GRAFT MICROVASC		$1,693.00		1						
20969	BONE/SKIN GRAFT MICROVASC		$2,500.00		1						
20970	BONE/SKIN GRAFT ILIAC CREST		$2,113.00		1						
20972	BONE/SKIN GRAFT METATARSAL		$1,854.00		1						
20973	BONE/SKIN GRAFT GREAT TOE		$2,066.00		1						
20974	ELECTRICAL BONE STIMULATION		$44.00		1						
20975	ELECTRICAL BONE STIMULATION		$135.00		1						
20979	US BONE STIMULATION		$42.00		1						
20982	ABLATE BONE TUMOR(S) PERQ		$3,086.00		1						
20983	ABLATE BONE TUMOR(S) PERQ		$5,000.23		1						
20985	CPTR-ASST DIR MS PX		$78.62		1						
21010	INCISION OF JAW JOINT		$594.00	Y	1						
21011	EXC FACE LES SC <2 CM		$189.78		1						
21012	EXC FACE LES SBQ 2 CM/>		$205.66		1						
21013	EXC FACE TUM DEEP < 2 CM		$296.40		1						
21014	EXC FACE TUM DEEP 2 CM/>		$318.22		1						
21015	RESECT FACE/SCALP TUM < 2 CM		$344.00		1						
21016	RESECT FACE/SCALP TUM 2 CM/>		$638.92		1						
21025	EXCISION OF BONE LOWER JAW		$653.00		1						
21026	EXCISION OF FACIAL BONE(S)		$365.00		1						
21029	CONTOUR OF FACE BONE LESION		$376.00		1						
21030	EXCISE MAX/ZYGOMA B9 TUMOR		$347.00		2						
21031	REMOVE EXOSTOSIS MANDIBLE		$243.00		1						
21032	REMOVE EXOSTOSIS MAXILLA		$248.00		1						
21034	EXCISE MAX/ZYGOMA MAL TUMOR		$623.00		1						
21040	EXCISE MANDIBLE LESION		$314.00		1						
21044	REMOVAL OF JAW BONE LESION		$518.00		1						
21045	EXTENSIVE JAW SURGERY		$846.00		1						
21046	REMOVE MANDIBLE CYST COMPLEX		$745.00		1						
21047	EXCISE LWR JAW CYST W/REPAIR		$725.10		1						
21048	REMOVE MAXILLA CYST COMPLEX		$764.00		1						
21049	EXCIS UPPR JAW CYST W/REPAIR		$688.23		1						
21050	REMOVAL OF JAW JOINT		$704.00	Y	1						
21060	REMOVE JAW JOINT CARTILAGE		$529.00	Y	1						
21070	REMOVE CORONOID PROCESS		$367.00	Y	1						
21073	MNPJ OF TMJ W/ANESTH		$186.40	Y	1						
21076	PREPARE FACE/ORAL PROSTHESIS		$642.00	Y	1						
21077	PREPARE FACE/ORAL PROSTHESIS		$1,369.00	Y	1						
21079	PREPARE FACE/ORAL PROSTHESIS		$1,120.00	Y	1						
21080	PREPARE FACE/ORAL PROSTHESIS		$1,260.00	Y	1						
21081	PREPARE FACE/ORAL PROSTHESIS		$1,148.00	Y	1						
21082	PREPARE FACE/ORAL PROSTHESIS		$834.00	Y	1						
21083	PREPARE FACE/ORAL PROSTHESIS		$803.00	Y	1						
21084	PREPARE FACE/ORAL PROSTHESIS		$922.00	Y	1						
21086	PREPARE FACE/ORAL PROSTHESIS		$1,023.00	Y	1						
21087	PREPARE FACE/ORAL PROSTHESIS		$1,194.00	Y	1						
21088	PREPARE FACE/ORAL PROSTHESIS		$974.00	Y	1						

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21100	MAXILLOFACIAL FIXATION		$175.00		1						
21110	INTERDENTAL FIXATION		$285.00		1						
21116	INJECTION JAW JOINT X-RAY		$139.00	Y	1						
21120	RECONSTRUCTION OF CHIN		$438.00	Y	1						
21121	RECONSTRUCTION OF CHIN		$351.00	Y	1						
21122	RECONSTRUCTION OF CHIN		$374.00	Y	1						
21123	RECONSTRUCTION OF CHIN		$457.00	Y	1						
21125	AUGMENTATION LOWER JAW BONE		$428.00	Y	1						
21127	AUGMENTATION LOWER JAW BONE		$492.00	Y	1						
21137	REDUCTION OF FOREHEAD		$432.00	Y	1						
21138	REDUCTION OF FOREHEAD		$521.00	Y	1						
21139	REDUCTION OF FOREHEAD		$633.00	Y	1						
21141	LEFORT I-1 PIECE W/O GRAFT		$820.00	Y	1						
21142	LEFORT I-2 PIECE W/O GRAFT		$851.00	Y	1						
21143	LEFORT I-3/> PIECE W/O GRAFT		$821.00	Y	1						
21145	LEFORT I-1 PIECE W/ GRAFT		$839.00	Y	1						
21146	LEFORT I-2 PIECE W/ GRAFT		$1,098.00	Y	1						
21147	LEFORT I-3/> PIECE W/ GRAFT		$892.00	Y	1						
21150	LEFORT II ANTERIOR INTRUSION		$1,061.00	Y	1						
21151	LEFORT II W/BONE GRAFTS		$1,578.00	Y	1						
21154	LEFORT III W/O LEFORT I		$1,651.00	Y	1						
21155	LEFORT III W/ LEFORT I		$1,435.00	Y	1						
21159	LEFORT III W/FHDW/O LEFORT I		$2,230.00	Y	1						
21160	LEFORT III W/FHD W/ LEFORT I		$2,214.00	Y	1						
21172	RECONSTRUCT ORBIT/FOREHEAD		$1,476.00	Y	1						
21175	RECONSTRUCT ORBIT/FOREHEAD		$1,413.00	Y	1						
21179	RECONSTRUCT ENTIRE FOREHEAD		$988.00	Y	1						
21180	RECONSTRUCT ENTIRE FOREHEAD		$1,396.00	Y	1						
21181	CONTOUR CRANIAL BONE LESION		$440.00	Y	1						
21182	RECONSTRUCT CRANIAL BONE		$1,791.00	Y	2						
21183	RECONSTRUCT CRANIAL BONE		$1,503.00	Y	2						
21188	RECONSTRUCTION OF MIDFACE		$969.00	Y	1						
21193	RECONST LWR JAW W/O GRAFT		$723.00	Y	1						
21194	RECONST LWR JAW W/GRAFT		$836.00		1						
21195	RECONST LWR JAW W/O FIXATION		$949.00	Y	1						
21196	RECONST LWR JAW W/FIXATION		$1,028.00	Y	1						
21198	RECONSTR LWR JAW SEGMENT		$792.00	Y	1						
21206	RECONSTRUCT UPPER JAW BONE		$603.00	Y	1						
21208	AUGMENTATION OF FACIAL BONES		$915.00	Y	1						
21209	REDUCTION OF FACIAL BONES		$504.00	Y	1						
21210	FACE BONE GRAFT		$985.00	Y	1						
21215	LOWER JAW BONE GRAFT		$1,450.00	Y	1						
21230	RIB CARTILAGE GRAFT		$564.00	Y	1						
21235	EAR CARTILAGE GRAFT		$473.00	Y	1						
21240	RECONSTRUCTION OF JAW JOINT		$812.00	Y	1						
21242	RECONSTRUCTION OF JAW JOINT		$823.00	Y	1						
21243	RECONSTRUCTION OF JAW JOINT		$1,133.00	Y	1						
21244	RECONSTRUCTION OF LOWER JAW		$702.00	Y	1						
21245	RECONSTRUCTION OF JAW		$719.00	Y	1						
21246	RECONSTRUCTION OF JAW		$703.00	Y	1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
21247	RECONSTRUCT LOWER JAW BONE		$1,079.00	Y	1						
21248	RECONSTRUCTION OF JAW		$674.00	Y	1						
21249	RECONSTRUCTION OF JAW		$1,058.00	Y	1						
21256	RECONSTRUCTION OF ORBIT		$791.00	Y	1						
21260	REVISE EYE SOCKETS		$748.00	Y	1						
21263	REVISE EYE SOCKETS		$1,641.00	Y	1						
21267	REVISE EYE SOCKETS		$1,071.00	Y	1						
21268	REVISE EYE SOCKETS		$1,357.00	Y	1						
21270	AUGMENTATION CHEEK BONE		$617.00		1						
21275	REVISION ORBITOFACIAL BONES		$520.00	Y	1						
21280	REVISION OF EYELID		$306.00	Y	1						
21282	REVISION OF EYELID		$248.00	Y	1						
21295	REVISION OF JAW MUSCLE/BONE		$94.00	Y	1						
21310	CLOSED TX NOSE FX W/O MANJ		$78.00		1						
21315	CLOSED TX NOSE FX W/O STABLJ		$159.00		1						
21320	CLOSED TX NOSE FX W/ STABLJ		$162.00		1						
21325	OPEN TX NOSE FX UNCOMPLICATD		$345.00		1						
21330	OPEN TX NOSE FX W/SKELE FIXJ		$428.00		1						
21335	OPEN TX NOSE & SEPTAL FX		$540.00		1						
21336	OPEN TX SEPTAL FX W/WO STABJ		$332.00		1						
21337	CLOSED TX SEPTAL&NOSE FX		$247.00		1						
21338	OPEN NASOETHMOID FX W/O FIXJ		$382.00		1						
21339	OPEN NASOETHMOID FX W/ FIXJ		$479.00		1						
21340	PERQ TX NASOETHMOID FX		$630.00		1						
21343	OPEN TX DPRSD FRONT SINUS FX		$828.00		1						
21344	OPEN TX COMPL FRONT SINUS FX		$1,080.00		1						
21345	CLOSED TX NOSE/JAW FX		$511.00		1						
21346	OPN TX NASOMAX FX W/FIXJ		$636.00		1						
21347	OPN TX NASOMAX FX MULTPLE		$838.00		1						
21348	OPN TX NASOMAX FX W/GRAFT		$699.00		1						
21355	PERQ TX MALAR FRACTURE		$185.00		1						
21356	OPN TX DPRSD ZYGOMATIC ARCH		$321.00		1						
21360	OPN TX DPRSD MALAR FRACTURE		$408.00		1						
21365	OPN TX COMPLX MALAR FX		$861.00		1						
21366	OPN TX COMPLX MALAR W/GRFT		$968.00		1						
21385	OPN TX ORBIT FX TRANSANTRAL		$561.00		1						
21386	OPN TX ORBIT FX PERIORBITAL		$544.00		1						
21387	OPN TX ORBIT FX COMBINED		$561.00		1						
21390	OPN TX ORBIT PERIORBTL IMPLT		$597.00		1						
21395	OPN TX ORBIT PERIORBT W/GRFT		$722.00		1						
21400	CLOSED TX ORBIT W/O MANIPULJ		$114.00		1						
21401	CLOSED TX ORBIT W/MANIPULJ		$206.00		1						
21406	OPN TX ORBIT FX W/O IMPLANT		$407.00		1						
21407	OPN TX ORBIT FX W/IMPLANT		$511.00		1						
21408	OPN TX ORBIT FX W/BONE GRFT		$701.00		1						
21421	TREAT MOUTH ROOF FRACTURE		$414.00		1						
21422	TREAT MOUTH ROOF FRACTURE		$526.00		1						
21423	TREAT MOUTH ROOF FRACTURE		$617.00		1						
21431	TREAT CRANIOFACIAL FRACTURE		$323.00		1						
21432	TREAT CRANIOFACIAL FRACTURE		$516.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
21433	TREAT CRANIOFACIAL FRACTURE		$1,382.00		1						
21435	TREAT CRANIOFACIAL FRACTURE		$977.00		1						
21436	TREAT CRANIOFACIAL FRACTURE		$1,433.00		1						
21440	TREAT DENTAL RIDGE FRACTURE		$275.00		1						
21445	TREAT DENTAL RIDGE FRACTURE		$434.00		1						
21450	TREAT LOWER JAW FRACTURE		$289.00		1						
21451	TREAT LOWER JAW FRACTURE		$404.00		1						
21452	TREAT LOWER JAW FRACTURE		$151.00		1						
21453	TREAT LOWER JAW FRACTURE		$464.00		1						
21454	TREAT LOWER JAW FRACTURE		$404.00		1						
21461	TREAT LOWER JAW FRACTURE		$903.00		1						
21462	TREAT LOWER JAW FRACTURE		$1,043.00		1						
21465	TREAT LOWER JAW FRACTURE		$645.00		1						
21470	TREAT LOWER JAW FRACTURE		$923.00		1						
21480	RESET DISLOCATED JAW		$66.00		1						
21485	RESET DISLOCATED JAW		$346.00		1						
21490	REPAIR DISLOCATED JAW		$607.00		1						
21495	TREAT HYOID BONE FRACTURE		$346.00		1						
21497	INTERDENTAL WIRING		$257.00		1						
21499	HEAD SURGERY PROCEDURE		$3,000.00	Y	1						
21501	DRAIN NECK/CHEST LESION		$292.00		1						
21502	DRAIN CHEST LESION		$330.00		1						
21510	DRAINAGE OF BONE LESION		$288.00		1						
21550	BIOPSY OF NECK/CHEST		$159.00		1						
21552	EXC NECK LES SC 3 CM/>		$274.51		1						
21554	EXC NECK TUM DEEP 5 CM/>		$452.11		1						
21555	EXC NECK LES SC < 3 CM		$287.00		1						
21556	EXC NECK TUM DEEP < 5 CM		$290.00		3						
21557	RESECT NECK THORAX TUMOR<5CM		$487.00		1						
21558	RESECT NECK TUMOR 5 CM/>		$849.98		1						
21600	PARTIAL REMOVAL OF RIB		$405.00		1						
21610	PARTIAL REMOVAL OF RIB		$589.00		1						
21615	REMOVAL OF RIB		$527.00		1						
21616	REMOVAL OF RIB AND NERVES		$693.00		1						
21620	PARTIAL REMOVAL OF STERNUM		$383.00		1						
21627	STERNAL DEBRIDEMENT		$442.00		1						
21630	EXTENSIVE STERNUM SURGERY		$786.00		1						
21632	EXTENSIVE STERNUM SURGERY		$840.00		1						
21685	HYOID MYOTOMY & SUSPENSION		$599.63		1						
21700	REVISION OF NECK MUSCLE		$313.00		1						
21705	REVISION OF NECK MUSCLE/RIB		$405.00		1						
21720	REVISION OF NECK MUSCLE		$281.00		1						
21725	REVISION OF NECK MUSCLE		$380.00		1						
21740	RECONSTRUCTION OF STERNUM		$775.00	Y	1						
21742	REPAIR STERN/NUSS W/O SCOPE		$300.00	Y	1						
21743	REPAIR STERNUM/NUSS W/SCOPE		$400.00	Y	1						
21750	REPAIR OF STERNUM SEPARATION		$585.00		1						
21811	OPTX OF RIB FX W/FIXJ SCOPE		$417.31		1						
21812	TREATMENT OF RIB FRACTURE		$500.65		1						
21813	TREATMENT OF RIB FRACTURE		$685.47		1						

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21820	TREAT STERNUM FRACTURE		$98.00		1						
21825	TREAT STERNUM FRACTURE		$467.00		1						
21920	BIOPSY SOFT TISSUE OF BACK		$151.00		3						
21925	BIOPSY SOFT TISSUE OF BACK		$284.00		3						
21930	EXC BACK LES SC < 3 CM		$314.00		1						
21931	EXC BACK LES SC 3 CM/>		$287.16		1						
21932	EXC BACK TUM DEEP < 5 CM		$411.86		1						
21933	EXC BACK TUM DEEP 5 CM/>		$454.62		1						
21935	RESECT BACK TUM < 5 CM		$899.00		1						
21936	RESECT BACK TUM 5 CM/>		$883.30		1						
22010	I&D P-SPINE C/T/CERV-THOR		$503.66		1						
22015	I&D ABSCESS P-SPINE L/S/LS		$499.21		1						
22100	REMOVE PART OF NECK VERTEBRA		$458.00		1						
22101	REMOVE PART THORAX VERTEBRA		$465.00		1						
22102	REMOVE PART LUMBAR VERTEBRA		$546.00		1						
22103	REMOVE EXTRA SPINE SEGMENT		$137.00		3						
22110	REMOVE PART OF NECK VERTEBRA		$766.00		1						
22112	REMOVE PART THORAX VERTEBRA		$757.00		1						
22114	REMOVE PART LUMBAR VERTEBRA		$737.00		1						
22116	REMOVE EXTRA SPINE SEGMENT		$121.00		3						
22206	INCIS SPINE 3 COLUMN THORAC		$1,213.60		1						
22207	INCIS SPINE 3 COLUMN LUMBAR		$1,198.51		1						
22208	INCIS SPINE 3 COLUMN ADL SEG		$305.21		4						
22210	INCIS 1 VERTEBRAL SEG CERV		$1,026.00		1						
22212	INCIS 1 VERTEBRAL SEG THORAC		$918.00		1						
22214	INCIS 1 VERTEBRAL SEG LUMBAR		$889.00		1						
22216	INCIS ADDL SPINE SEGMENT		$343.00		6						
22220	INCIS W/DISCECTOMY CERVICAL		$1,116.00		1						
22222	INCIS W/DISCECTOMY THORACIC		$1,123.00		1						
22224	INCIS W/DISCECTOMY LUMBAR		$1,114.00		1						
22226	REVISE EXTRA SPINE SEGMENT		$300.00		1						
22305	CLOSED TX SPINE PROCESS FX		$130.00		1						
22310	CLOSED TX VERT FX W/O MANJ		$183.00		1						
22315	CLOSED TX VERT FX W/MANJ		$560.00		1						
22318	TREAT ODONTOID FX W/O GRAFT		$950.00		1						
22319	TREAT ODONTOID FX W/GRAFT		$1,073.00		1						
22325	TREAT SPINE FRACTURE		$954.00		1						
22326	TREAT NECK SPINE FRACTURE		$1,020.00		1						
22327	TREAT THORAX SPINE FRACTURE		$991.00		1						
22328	TREAT EACH ADD SPINE FX		$240.00		8						
22505	MANIPULATION OF SPINE		$99.00		1						
22510	PERQ CERVICOTHORACIC INJECT		$1,264.21		1						
22511	PERQ LUMBOSACRAL INJECTION		$1,250.99		1						
22512	VERTEBROPLASTY ADDL INJECT		$698.72		1						
22513	PERQ VERTEBRAL AUGMENTATION		$5,265.73		1						
22514	PERQ VERTEBRAL AUGMENTATION		$5,244.28		1						
22515	PERQ VERTEBRAL AUGMENTATION		$3,179.39		1						
22532	LAT THORAX SPINE FUSION		$1,056.05		1						
22533	LAT LUMBAR SPINE FUSION		$988.18		1						
22534	LAT THOR/LUMB ADDL SEG		$249.70		3						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
22548	NECK SPINE FUSION		$1,224.00		1						
22551	NECK SPINE FUSE&REMOV BEL C2		$1,247.53		1						
22552	ADDL NECK SPINE FUSION		$291.91		1						
22554	NECK SPINE FUSION		$1,106.00		1						
22556	THORAX SPINE FUSION		$1,108.00		1						
22558	LUMBAR SPINE FUSION		$1,087.00		1						
22585	ADDITIONAL SPINAL FUSION		$300.00		7						
22586	PRESCRL FUSE W/ INSTR L5-S1		$1,100.41		1						
22590	SPINE & SKULL SPINAL FUSION		$1,073.00		1						
22595	NECK SPINAL FUSION		$974.00		1						
22600	NECK SPINE FUSION		$863.00		1						
22610	THORAX SPINE FUSION		$860.00		1						
22612	LUMBAR SPINE FUSION		$1,105.00		1						
22614	SPINE FUSION EXTRA SEGMENT		$325.00		15						
22630	LUMBAR SPINE FUSION		$1,089.00		1						
22632	SPINE FUSION EXTRA SEGMENT		$275.00		4						
22633	LUMBAR SPINE FUSION COMBINED		$1,156.09		1						
22634	SPINE FUSION EXTRA SEGMENT		$311.25		1						
22800	POST FUSION </6 VERT SEG		$968.00		1						
22802	POST FUSION 7-12 VERT SEG		$1,583.00		1						
22804	POST FUSION 13/> VERT SEG		$1,846.00		1						
22808	ANT FUSION 2-3 VERT SEG		$1,400.00		1						
22810	ANT FUSION 4-7 VERT SEG		$1,645.00		1						
22812	ANT FUSION 8/> VERT SEG		$1,631.00		1						
22818	KYPHECTOMY 1-2 SEGMENTS		$1,459.00		1						
22819	KYPHECTOMY 3 OR MORE		$1,607.00		1						
22830	EXPLORATION OF SPINAL FUSION		$660.00		1						
22840	INSERT SPINE FIXATION DEVICE		$660.00		1						
22841	INSERT SPINE FIXATION DEVICE		$1,300.00		1						
22842	INSERT SPINE FIXATION DEVICE		$655.00		1						
22843	INSERT SPINE FIXATION DEVICE		$643.00		1						
22844	INSERT SPINE FIXATION DEVICE		$797.00		1						
22845	INSERT SPINE FIXATION DEVICE		$643.00		1						
22846	INSERT SPINE FIXATION DEVICE		$606.00		1						
22847	INSERT SPINE FIXATION DEVICE		$585.00		1						
22848	INSERT PELV FIXATION DEVICE		$314.00		1						
22849	REINSERT SPINAL FIXATION		$952.00		1						
22850	REMOVE SPINE FIXATION DEVICE		$580.00		1						
22851	APPLY SPINE PROSTH DEVICE		$353.00		9						
22852	REMOVE SPINE FIXATION DEVICE		$553.00		1						
22855	REMOVE SPINE FIXATION DEVICE		$787.00		1						
22856	CERV ARTIFIC DISKECTOMY		$1,105.48		1						
22857	LUMBAR ARTIF DISKECTOMY		$1,040.00		1						
22858	SECOND LEVEL CER DISKECTOMY		$449.62		1						
22861	REVISE CERV ARTIFIC DISC		$1,370.03		1						
22862	REVISE LUMBAR ARTIF DISC		$1,263.00		1						
22864	REMOVE CERV ARTIF DISC		$1,245.46		1						
22865	REMOVE LUMB ARTIF DISC		$1,230.00		1						
22900	EXC ABDL TUM DEEP < 5 CM		$311.00		3						
22901	EXC ABDL TUM DEEP 5 CM/>		$406.47		1						

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22902	EXC ABD LES SC < 3 CM		$254.00		1						
22903	EXC ABD LES SC 3 CM/>		$269.03		1						
22904	RADICAL RESECT ABD TUMOR<5CM		$637.53		1						
22905	RAD RESECT ABD TUMOR 5 CM/>		$826.61		1						
23000	REMOVAL OF CALCIUM DEPOSITS		$369.00		2						
23020	RELEASE SHOULDER JOINT		$434.00		1						
23030	DRAIN SHOULDER LESION		$308.00		1						
23031	DRAIN SHOULDER BURSA		$137.00		1						
23035	DRAIN SHOULDER BONE LESION		$467.00		1						
23040	EXPLORATORY SHOULDER SURGERY		$519.00		1						
23044	EXPLORATORY SHOULDER SURGERY		$379.00		1						
23065	BIOPSY SHOULDER TISSUES		$96.00		1						
23066	BIOPSY SHOULDER TISSUES		$199.00		1						
23071	EXC SHOULDER LES SC 3 CM/>		$254.75		1						
23073	EXC SHOULDER TUM DEEP 5 CM/>		$422.75		1						
23075	EXC SHOULDER LES SC < 3 CM		$175.00		4						
23076	EXC SHOULDER TUM DEEP < 5 CM		$400.00		2						
23077	RESECT SHOULDER TUMOR < 5 CM		$858.00		1						
23078	RESECT SHOULDER TUMOR 5 CM/>		$860.31		1						
23100	BIOPSY OF SHOULDER JOINT		$329.00		1						
23101	SHOULDER JOINT SURGERY		$400.00		1						
23105	REMOVE SHOULDER JOINT LINING		$560.00		1						
23106	INCISION OF COLLARBONE JOINT		$311.00		1						
23107	EXPLORE TREAT SHOULDER JOINT		$548.00		1						
23120	PARTIAL REMOVAL COLLAR BONE		$411.00		1						
23125	REMOVAL OF COLLAR BONE		$470.00		1						
23130	REMOVE SHOULDER BONE PART		$443.00		1						
23140	REMOVAL OF BONE LESION		$368.00		1						
23145	REMOVAL OF BONE LESION		$503.00		1						
23146	REMOVAL OF BONE LESION		$379.00		1						
23150	REMOVAL OF HUMERUS LESION		$407.00		1						
23155	REMOVAL OF HUMERUS LESION		$508.00		1						
23156	REMOVAL OF HUMERUS LESION		$427.00		1						
23170	REMOVE COLLAR BONE LESION		$346.00		1						
23172	REMOVE SHOULDER BLADE LESION		$343.00		1						
23174	REMOVE HUMERUS LESION		$474.00		1						
23180	REMOVE COLLAR BONE LESION		$435.00		1						
23182	REMOVE SHOULDER BLADE LESION		$471.00		1						
23184	REMOVE HUMERUS LESION		$514.00		1						
23190	PARTIAL REMOVAL OF SCAPULA		$353.00		1						
23195	REMOVAL OF HEAD OF HUMERUS		$485.00		1						
23200	RESECT CLAVICLE TUMOR		$712.00		1						
23210	RESECT SCAPULA TUMOR		$759.00		1						
23220	RESECT PROX HUMERUS TUMOR		$703.00		1						
23330	REMOVE SHOULDER FOREIGN BODY		$157.00		1						
23333	REMOVE SHOULDER FB DEEP		$253.96		1						
23334	SHOULDER PROSTHESIS REMOVAL		$600.40		1						
23335	SHOULDER PROSTHESIS REMOVAL		$716.34		1						
23350	INJECTION FOR SHOULDER X-RAY		$129.00		1						
23395	MUSCLE TRANSFER SHOULDER/ARM		$908.00		1						

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23397	MUSCLE TRANSFERS		$756.00		1						
23400	FIXATION OF SHOULDER BLADE		$780.00		1						
23405	INCISION OF TENDON & MUSCLE		$429.00		1						
23406	INCISE TENDON(S) & MUSCLE(S)		$526.00		1						
23410	REPAIR ROTATOR CUFF ACUTE		$669.00		1						
23412	REPAIR ROTATOR CUFF CHRONIC		$712.00		1						
23415	RELEASE OF SHOULDER LIGAMENT		$549.00		1						
23420	REPAIR OF SHOULDER		$736.00		1						
23430	REPAIR BICEPS TENDON		$552.00		1						
23440	REMOVE/TRANSPLANT TENDON		$489.00		1						
23450	REPAIR SHOULDER CAPSULE		$714.00		1						
23455	REPAIR SHOULDER CAPSULE		$762.00		1						
23460	REPAIR SHOULDER CAPSULE		$821.00		1						
23462	REPAIR SHOULDER CAPSULE		$744.00		1						
23465	REPAIR SHOULDER CAPSULE		$753.00		1						
23466	REPAIR SHOULDER CAPSULE		$802.00		1						
23470	RECONSTRUCT SHOULDER JOINT		$904.00		1						
23472	RECONSTRUCT SHOULDER JOINT		$1,095.00		1						
23473	REVIS RECONST SHOULDER JOINT		$1,182.89		1						
23474	REVIS RECONST SHOULDER JOINT		$1,277.68		1						
23480	REVISION OF COLLAR BONE		$610.00		1						
23485	REVISION OF COLLAR BONE		$716.00		1						
23490	REINFORCE CLAVICLE		$559.00		1						
23491	REINFORCE SHOULDER BONES		$674.00		1						
23500	TREAT CLAVICLE FRACTURE		$144.00		1						
23505	TREAT CLAVICLE FRACTURE		$240.00		1						
23515	TREAT CLAVICLE FRACTURE		$424.00		1						
23520	TREAT CLAVICLE DISLOCATION		$144.00		1						
23525	TREAT CLAVICLE DISLOCATION		$172.00		1						
23530	TREAT CLAVICLE DISLOCATION		$355.00		1						
23532	TREAT CLAVICLE DISLOCATION		$392.00		1						
23540	TREAT CLAVICLE DISLOCATION		$148.00		1						
23545	TREAT CLAVICLE DISLOCATION		$215.00		1						
23550	TREAT CLAVICLE DISLOCATION		$413.00		1						
23552	TREAT CLAVICLE DISLOCATION		$480.00		1						
23570	TREAT SHOULDER BLADE FX		$154.00		1						
23575	TREAT SHOULDER BLADE FX		$262.00		1						
23585	TREAT SCAPULA FRACTURE		$505.00		1						
23600	TREAT HUMERUS FRACTURE		$218.00		1						
23605	TREAT HUMERUS FRACTURE		$326.00		1						
23615	TREAT HUMERUS FRACTURE		$549.00		1						
23616	TREAT HUMERUS FRACTURE		$1,095.00		1						
23620	TREAT HUMERUS FRACTURE		$175.00		1						
23625	TREAT HUMERUS FRACTURE		$277.00		1						
23630	TREAT HUMERUS FRACTURE		$423.00		1						
23650	TREAT SHOULDER DISLOCATION		$207.00		1						
23655	TREAT SHOULDER DISLOCATION		$262.00		1						
23660	TREAT SHOULDER DISLOCATION		$422.00		1						
23665	TREAT DISLOCATION/FRACTURE		$236.00		1						
23670	TREAT DISLOCATION/FRACTURE		$447.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
23675	TREAT DISLOCATION/FRACTURE		$383.00		1						
23680	TREAT DISLOCATION/FRACTURE		$507.00		1						
23700	FIXATION OF SHOULDER		$143.00		1						
23800	FUSION OF SHOULDER JOINT		$722.00		1						
23802	FUSION OF SHOULDER JOINT		$740.00		1						
23900	AMPUTATION OF ARM & GIRDLE		$846.00		1						
23920	AMPUTATION AT SHOULDER JOINT		$700.00		1						
23921	AMPUTATION FOLLOW-UP SURGERY		$268.00		1						
23930	DRAINAGE OF ARM LESION		$263.00		1						
23931	DRAINAGE OF ARM BURSA		$214.00		1						
23935	DRAIN ARM/ELBOW BONE LESION		$339.00		1						
24000	EXPLORATORY ELBOW SURGERY		$339.00		1						
24006	RELEASE ELBOW JOINT		$517.00		1						
24065	BIOPSY ARM/ELBOW SOFT TISSUE		$150.00		1						
24066	BIOPSY ARM/ELBOW SOFT TISSUE		$407.00		1						
24071	EXC ARM/ELBOW LES SC 3 CM/>		$247.19		1						
24073	EX ARM/ELBOW TUM DEEP 5 CM/>		$425.08		1						
24075	EXC ARM/ELBOW LES SC < 3 CM		$322.00		1						
24076	EX ARM/ELBOW TUM DEEP < 5 CM		$338.00		1						
24077	RESECT ARM/ELBOW TUM < 5 CM		$732.00		2						
24079	RESECT ARM/ELBOW TUM 5 CM/>		$792.91		1						
24100	BIOPSY ELBOW JOINT LINING		$294.00		1						
24101	EXPLORE/TREAT ELBOW JOINT		$363.00		1						
24102	REMOVE ELBOW JOINT LINING		$451.00		1						
24105	REMOVAL OF ELBOW BURSA		$237.00		1						
24110	REMOVE HUMERUS LESION		$425.00		1						
24115	REMOVE/GRAFT BONE LESION		$482.00		1						
24116	REMOVE/GRAFT BONE LESION		$640.00		1						
24120	REMOVE ELBOW LESION		$320.00		1						
24125	REMOVE/GRAFT BONE LESION		$358.00		1						
24126	REMOVE/GRAFT BONE LESION		$394.00		1						
24130	REMOVAL OF HEAD OF RADIUS		$319.00		1						
24134	REMOVAL OF ARM BONE LESION		$517.00		1						
24136	REMOVE RADIUS BONE LESION		$387.00		1						
24138	REMOVE ELBOW BONE LESION		$476.00		1						
24140	PARTIAL REMOVAL OF ARM BONE		$549.00		1						
24145	PARTIAL REMOVAL OF RADIUS		$392.00		1						
24147	PARTIAL REMOVAL OF ELBOW		$481.00		1						
24149	RADICAL RESECTION OF ELBOW		$785.00		1						
24150	RESECT DISTAL HUMERUS TUMOR		$800.00		1						
24152	RESECT RADIUS TUMOR		$520.00		1						
24155	REMOVAL OF ELBOW JOINT		$550.00		1						
24160	REMOVE ELBOW JOINT IMPLANT		$360.00		1						
24164	REMOVE RADIUS HEAD IMPLANT		$303.00		1						
24200	REMOVAL OF ARM FOREIGN BODY		$146.00		1						
24201	REMOVAL OF ARM FOREIGN BODY		$408.00		1						
24220	INJECTION FOR ELBOW X-RAY		$153.00		1						
24300	MANIPULATE ELBOW W/ANESTH		$276.00		1						
24301	MUSCLE/TENDON TRANSFER		$469.00		1						
24305	ARM TENDON LENGTHENING		$426.00		4						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
24310	REVISION OF ARM TENDON		$348.00		1						
24320	REPAIR OF ARM TENDON		$555.00		1						
24330	REVISION OF ARM MUSCLES		$532.00		1						
24331	REVISION OF ARM MUSCLES		$564.00		1						
24332	TENOLYSIS TRICEPS		$316.00		1						
24340	REPAIR OF BICEPS TENDON		$451.00		1						
24341	REPAIR ARM TENDON/MUSCLE		$378.00		1						
24342	REPAIR OF RUPTURED TENDON		$584.00		1						
24343	REPR ELBOW LAT LIGMNT W/TISS		$506.00		1						
24344	RECONSTRUCT ELBOW LAT LIGMNT		$626.00		1						
24345	REPR ELBW MED LIGMNT W/TISSU		$502.00		1						
24346	RECONSTRUCT ELBOW MED LIGMNT		$626.00		1						
24357	REPAIR ELBOW PERC		$226.73		1						
24358	REPAIR ELBOW W/DEB OPEN		$266.71		1						
24359	REPAIR ELBOW DEB/ATTCH OPEN		$328.99		1						
24360	RECONSTRUCT ELBOW JOINT		$605.00		1						
24361	RECONSTRUCT ELBOW JOINT		$656.00		1						
24362	RECONSTRUCT ELBOW JOINT		$685.00		1						
24363	REPLACE ELBOW JOINT		$1,107.00		1						
24365	RECONSTRUCT HEAD OF RADIUS		$402.00		1						
24366	RECONSTRUCT HEAD OF RADIUS		$587.00		1						
24370	REVISE RECONST ELBOW JOINT		$1,120.25		1						
24371	REVISE RECONST ELBOW JOINT		$1,291.19		1						
24400	REVISION OF HUMERUS		$607.00		1						
24410	REVISION OF HUMERUS		$710.00		1						
24420	REVISION OF HUMERUS		$679.00		1						
24430	REPAIR OF HUMERUS		$691.00		1						
24435	REPAIR HUMERUS WITH GRAFT		$732.00		1						
24470	REVISION OF ELBOW JOINT		$417.00		1						
24495	DECOMPRESSION OF FOREARM		$399.00		1						
24498	REINFORCE HUMERUS		$610.00		1						
24500	TREAT HUMERUS FRACTURE		$234.00		1						
24505	TREAT HUMERUS FRACTURE		$348.00		1						
24515	TREAT HUMERUS FRACTURE		$680.00		1						
24516	TREAT HUMERUS FRACTURE		$635.00		1						
24530	TREAT HUMERUS FRACTURE		$254.00		1						
24535	TREAT HUMERUS FRACTURE		$438.00		1						
24538	TREAT HUMERUS FRACTURE		$548.00		1						
24545	TREAT HUMERUS FRACTURE		$580.00		1						
24546	TREAT HUMERUS FRACTURE		$830.00		1						
24560	TREAT HUMERUS FRACTURE		$211.00		1						
24565	TREAT HUMERUS FRACTURE		$361.00		1						
24566	TREAT HUMERUS FRACTURE		$478.00		1						
24575	TREAT HUMERUS FRACTURE		$583.00		1						
24576	TREAT HUMERUS FRACTURE		$221.00		1						
24577	TREAT HUMERUS FRACTURE		$377.00		1						
24579	TREAT HUMERUS FRACTURE		$626.00		1						
24582	TREAT HUMERUS FRACTURE		$529.00		1						
24586	TREAT ELBOW FRACTURE		$811.00		1						
24587	TREAT ELBOW FRACTURE		$691.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
24600	TREAT ELBOW DISLOCATION		$265.00		1						
24605	TREAT ELBOW DISLOCATION		$323.00		1						
24615	TREAT ELBOW DISLOCATION		$451.00		1						
24620	TREAT ELBOW FRACTURE		$397.00		1						
24635	TREAT ELBOW FRACTURE		$816.00		1						
24640	TREAT ELBOW DISLOCATION		$98.00		1						
24650	TREAT RADIUS FRACTURE		$171.00		1						
24655	TREAT RADIUS FRACTURE		$303.00		1						
24665	TREAT RADIUS FRACTURE		$473.00		1						
24666	TREAT RADIUS FRACTURE		$534.00		1						
24670	TREAT ULNAR FRACTURE		$193.00		1						
24675	TREAT ULNAR FRACTURE		$270.00		1						
24685	TREAT ULNAR FRACTURE		$496.00		1						
24800	FUSION OF ELBOW JOINT		$530.00		1						
24802	FUSION/GRAFT OF ELBOW JOINT		$637.00		1						
24900	AMPUTATION OF UPPER ARM		$508.00		1						
24920	AMPUTATION OF UPPER ARM		$458.00		1						
24925	AMPUTATION FOLLOW-UP SURGERY		$355.00		1						
24930	AMPUTATION FOLLOW-UP SURGERY		$499.00		1						
24931	AMPUTATE UPPER ARM & IMPLANT		$574.00		1						
24935	REVISION OF AMPUTATION		$717.00		1						
24940	REVISION OF UPPER ARM		$801.54		1						
25000	INCISION OF TENDON SHEATH		$293.00		1						
25001	INCISE FLEXOR CARPI RADIALIS		$224.00		1						
25020	DECOMPRESS FOREARM 1 SPACE		$449.00		1						
25023	DECOMPRESS FOREARM 1 SPACE		$608.00		1						
25024	DECOMPRESS FOREARM 2 SPACES		$512.00		1						
25025	DECOMPRESS FOREARM 2 SPACES		$715.00		1						
25028	DRAINAGE OF FOREARM LESION		$389.00		1						
25031	DRAINAGE OF FOREARM BURSA		$213.00		1						
25035	TREAT FOREARM BONE LESION		$423.00		1						
25040	EXPLORE/TREAT WRIST JOINT		$433.00		1						
25065	BIOPSY FOREARM SOFT TISSUES		$148.00		5						
25066	BIOPSY FOREARM SOFT TISSUES		$323.00		3						
25071	EXC FOREARM LES SC 3 CM/>		$259.00		1						
25073	EXC FOREARM TUM DEEP 3 CM/>		$322.46		1						
25075	EXC FOREARM LES SC < 3 CM		$278.00		1						
25076	EXC FOREARM TUM DEEP < 3 CM		$414.00		1						
25077	RESECT FOREARM/WRIST TUM<3CM		$659.00		1						
25078	RESECT FORARM/WRIST TUM 3CM>		$691.58		1						
25085	INCISION OF WRIST CAPSULE		$371.00		1						
25100	BIOPSY OF WRIST JOINT		$224.00		1						
25101	EXPLORE/TREAT WRIST JOINT		$263.00		1						
25105	REMOVE WRIST JOINT LINING		$388.00		1						
25107	REMOVE WRIST JOINT CARTILAGE		$342.00		1						
25109	EXCISE TENDON FOREARM/WRIST		$344.00		1						
25110	REMOVE WRIST TENDON LESION		$316.00		1						
25111	REMOVE WRIST TENDON LESION		$244.00		1						
25112	REREMOVE WRIST TENDON LESION		$290.00		1						
25115	REMOVE WRIST/FOREARM LESION		$662.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
25116	REMOVE WRIST/FOREARM LESION		$582.00		1						
25118	EXCISE WRIST TENDON SHEATH		$297.00		1						
25119	PARTIAL REMOVAL OF ULNA		$447.00		1						
25120	REMOVAL OF FOREARM LESION		$378.00		1						
25125	REMOVE/GRAFT FOREARM LESION		$428.00		1						
25126	REMOVE/GRAFT FOREARM LESION		$418.00		1						
25130	REMOVAL OF WRIST LESION		$269.00		1						
25135	REMOVE & GRAFT WRIST LESION		$339.00		1						
25136	REMOVE & GRAFT WRIST LESION		$293.00		1						
25145	REMOVE FOREARM BONE LESION		$379.00		1						
25150	PARTIAL REMOVAL OF ULNA		$454.00		1						
25151	PARTIAL REMOVAL OF RADIUS		$412.00		1						
25170	RESECT RADIUS/ULNAR TUMOR		$768.00		1						
25210	REMOVAL OF WRIST BONE		$377.00		1						
25215	REMOVAL OF WRIST BONES		$494.00		1						
25230	PARTIAL REMOVAL OF RADIUS		$284.00		1						
25240	PARTIAL REMOVAL OF ULNA		$355.00		1						
25246	INJECTION FOR WRIST X-RAY		$142.00		1						
25248	REMOVE FOREARM FOREIGN BODY		$393.00		1						
25250	REMOVAL OF WRIST PROSTHESIS		$381.00		1						
25251	REMOVAL OF WRIST PROSTHESIS		$500.00		1						
25259	MANIPULATE WRIST W/ANESTHES		$276.00		1						
25260	REPAIR FOREARM TENDON/MUSCLE		$609.00		3						
25263	REPAIR FOREARM TENDON/MUSCLE		$445.00		1						
25265	REPAIR FOREARM TENDON/MUSCLE		$534.00		1						
25270	REPAIR FOREARM TENDON/MUSCLE		$516.00		3						
25272	REPAIR FOREARM TENDON/MUSCLE		$378.00		1						
25274	REPAIR FOREARM TENDON/MUSCLE		$650.00		1						
25275	REPAIR FOREARM TENDON SHEATH		$399.00		1						
25280	REVISE WRIST/FOREARM TENDON		$571.00		10						
25290	INCISE WRIST/FOREARM TENDON		$568.00		1						
25295	RELEASE WRIST/FOREARM TENDON		$353.00		9						
25300	FUSION OF TENDONS AT WRIST		$515.00		1						
25301	FUSION OF TENDONS AT WRIST		$407.00		1						
25310	TRANSPLANT FOREARM TENDON		$613.00		1						
25312	TRANSPLANT FOREARM TENDON		$685.00		1						
25315	REVISE PALSY HAND TENDON(S)		$538.00		1						
25316	REVISE PALSY HAND TENDON(S)		$645.00		1						
25320	REPAIR/REVISE WRIST JOINT		$660.00		1						
25332	REVISE WRIST JOINT		$680.00		1						
25335	REALIGNMENT OF HAND		$800.00		1						
25337	RECONSTRUCT ULNA/RADIOULNAR		$632.00		1						
25350	REVISION OF RADIUS		$662.00		1						
25355	REVISION OF RADIUS		$727.00		1						
25360	REVISION OF ULNA		$648.00		1						
25365	REVISE RADIUS & ULNA		$831.00		1						
25370	REVISE RADIUS OR ULNA		$653.00		1						
25375	REVISE RADIUS & ULNA		$686.00		1						
25390	SHORTEN RADIUS OR ULNA		$558.00		1						
25391	LENGTHEN RADIUS OR ULNA		$722.00		1						

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25392	SHORTEN RADIUS & ULNA		$894.00		1						
25393	LENGTHEN RADIUS & ULNA		$1,017.00		1						
25394	REPAIR CARPAL BONE SHORTEN		$467.00		1						
25400	REPAIR RADIUS OR ULNA		$766.00		1						
25405	REPAIR/GRAFT RADIUS OR ULNA		$937.00		1						
25415	REPAIR RADIUS & ULNA		$882.00		1						
25420	REPAIR/GRAFT RADIUS & ULNA		$834.00		1						
25425	REPAIR/GRAFT RADIUS OR ULNA		$997.00		1						
25426	REPAIR/GRAFT RADIUS & ULNA		$760.00		1						
25430	VASC GRAFT INTO CARPAL BONE		$413.00		1						
25431	REPAIR NONUNION CARPAL BONE		$412.00		2						
25440	REPAIR/GRAFT WRIST BONE		$597.00		1						
25441	RECONSTRUCT WRIST JOINT		$618.00		1						
25442	RECONSTRUCT WRIST JOINT		$505.00		1						
25443	RECONSTRUCT WRIST JOINT		$521.00		1						
25444	RECONSTRUCT WRIST JOINT		$554.00		1						
25445	RECONSTRUCT WRIST JOINT		$513.00		1						
25446	WRIST REPLACEMENT		$1,065.00		1						
25447	REPAIR WRIST JOINTS		$575.00		1						
25449	REMOVE WRIST JOINT IMPLANT		$642.00		1						
25450	REVISION OF WRIST JOINT		$430.00		1						
25455	REVISION OF WRIST JOINT		$482.00		1						
25490	REINFORCE RADIUS		$511.00		1						
25491	REINFORCE ULNA		$538.00		1						
25492	REINFORCE RADIUS AND ULNA		$628.00		1						
25500	TREAT FRACTURE OF RADIUS		$175.00		1						
25505	TREAT FRACTURE OF RADIUS		$346.00		1						
25515	TREAT FRACTURE OF RADIUS		$507.00		1						
25520	TREAT FRACTURE OF RADIUS		$391.00		1						
25525	TREAT FRACTURE OF RADIUS		$676.00		1						
25526	TREAT FRACTURE OF RADIUS		$692.00		1						
25530	TREAT FRACTURE OF ULNA		$168.00		1						
25535	TREAT FRACTURE OF ULNA		$331.00		1						
25545	TREAT FRACTURE OF ULNA		$503.00		1						
25560	TREAT FRACTURE RADIUS & ULNA		$177.00		1						
25565	TREAT FRACTURE RADIUS & ULNA		$365.00		1						
25574	TREAT FRACTURE RADIUS & ULNA		$466.00		1						
25575	TREAT FRACTURE RADIUS/ULNA		$673.00		1						
25600	TREAT FRACTURE RADIUS/ULNA		$195.00		1						
25605	TREAT FRACTURE RADIUS/ULNA		$386.00		1						
25606	TREAT FX DISTAL RADIAL		$465.00		1						
25607	TREAT FX RAD EXTRA-ARTICUL		$472.00		1						
25608	TREAT FX RAD INTRA-ARTICUL		$540.00		1						
25609	TREAT FX RADIAL 3+ FRAG		$689.00		1						
25622	TREAT WRIST BONE FRACTURE		$199.00		1						
25624	TREAT WRIST BONE FRACTURE		$318.00		1						
25628	TREAT WRIST BONE FRACTURE		$490.00		1						
25630	TREAT WRIST BONE FRACTURE		$206.00		2						
25635	TREAT WRIST BONE FRACTURE		$303.00		2						
25645	TREAT WRIST BONE FRACTURE		$366.00		1						

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25650	TREAT WRIST BONE FRACTURE		$214.00		1						
25651	PIN ULNAR STYLOID FRACTURE		$245.00		1						
25652	TREAT FRACTURE ULNAR STYLOID		$440.00		1						
25660	TREAT WRIST DISLOCATION		$280.00		1						
25670	TREAT WRIST DISLOCATION		$450.00		1						
25671	PIN RADIOULNAR DISLOCATION		$297.00		1						
25675	TREAT WRIST DISLOCATION		$301.00		1						
25676	TREAT WRIST DISLOCATION		$399.00		1						
25680	TREAT WRIST FRACTURE		$321.00		1						
25685	TREAT WRIST FRACTURE		$477.00		1						
25690	TREAT WRIST DISLOCATION		$278.00		1						
25695	TREAT WRIST DISLOCATION		$467.00		1						
25800	FUSION OF WRIST JOINT		$567.00		1						
25805	FUSION/GRAFT OF WRIST JOINT		$600.00		1						
25810	FUSION/GRAFT OF WRIST JOINT		$615.00		1						
25820	FUSION OF HAND BONES		$507.00		1						
25825	FUSE HAND BONES WITH GRAFT		$617.00		1						
25830	FUSION RADIOULNAR JNT/ULNA		$714.00		1						
25900	AMPUTATION OF FOREARM		$629.00		1						
25905	AMPUTATION OF FOREARM		$482.00		1						
25907	AMPUTATION FOLLOW-UP SURGERY		$427.00		1						
25909	AMPUTATION FOLLOW-UP SURGERY		$622.00		1						
25915	AMPUTATION OF FOREARM		$820.00		1						
25920	AMPUTATE HAND AT WRIST		$415.00		1						
25922	AMPUTATE HAND AT WRIST		$360.00		1						
25924	AMPUTATION FOLLOW-UP SURGERY		$413.00		1						
25927	AMPUTATION OF HAND		$446.00		1						
25929	AMPUTATION FOLLOW-UP SURGERY		$349.00		1						
25931	AMPUTATION FOLLOW-UP SURGERY		$421.00		1						
26010	DRAINAGE OF FINGER ABSCESS		$195.00		1						
26011	DRAINAGE OF FINGER ABSCESS		$303.00		1						
26020	DRAIN HAND TENDON SHEATH		$297.00		1						
26025	DRAINAGE OF PALM BURSA		$297.00		1						
26030	DRAINAGE OF PALM BURSAS		$349.00		1						
26034	TREAT HAND BONE LESION		$376.00		1						
26035	DECOMPRESS FINGERS/HAND		$525.00		1						
26037	DECOMPRESS FINGERS/HAND		$391.00		1						
26040	RELEASE PALM CONTRACTURE		$231.00		1						
26045	RELEASE PALM CONTRACTURE		$336.00		1						
26055	INCISE FINGER TENDON SHEATH		$465.00		1						
26060	INCISION OF FINGER TENDON		$159.00		1						
26070	EXPLORE/TREAT HAND JOINT		$234.00		1						
26075	EXPLORE/TREAT FINGER JOINT		$253.00		1						
26080	EXPLORE/TREAT FINGER JOINT		$269.00		1						
26100	BIOPSY HAND JOINT LINING		$212.00		2						
26105	BIOPSY FINGER JOINT LINING		$263.00		2						
26110	BIOPSY FINGER JOINT LINING		$236.00		3						
26111	EXC HAND LES SC 1.5 CM/>		$251.03		1						
26113	EXC HAND TUM DEEP 1.5 CM/>		$330.42		1						
26115	EXC HAND LES SC < 1.5 CM		$470.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
26116	EXC HAND TUM DEEP < 1.5 CM		$342.00		1						
26117	RAD RESECT HAND TUMOR < 3 CM		$433.00		1						
26118	RAD RESECT HAND TUMOR 3 CM/>		$648.05		1						
26121	RELEASE PALM CONTRACTURE		$444.00		1						
26123	RELEASE PALM CONTRACTURE		$544.00		1						
26125	RELEASE PALM CONTRACTURE		$239.00		1						
26130	REMOVE WRIST JOINT LINING		$365.00		1						
26135	REVISE FINGER JOINT EACH		$398.00		1						
26140	REVISE FINGER JOINT EACH		$365.00		1						
26145	TENDON EXCISION PALM/FINGER		$372.00		1						
26160	REMOVE TENDON SHEATH LESION		$428.00		1						
26170	REMOVAL OF PALM TENDON EACH		$244.00		1						
26180	REMOVAL OF FINGER TENDON		$315.00		1						
26185	REMOVE FINGER BONE		$274.00		1						
26200	REMOVE HAND BONE LESION		$325.00		1						
26205	REMOVE/GRAFT BONE LESION		$421.00		1						
26210	REMOVAL OF FINGER LESION		$314.00		1						
26215	REMOVE/GRAFT FINGER LESION		$401.00		1						
26230	PARTIAL REMOVAL OF HAND BONE		$368.00		1						
26235	PARTIAL REMOVAL FINGER BONE		$360.00		1						
26236	PARTIAL REMOVAL FINGER BONE		$300.00		1						
26250	EXTENSIVE HAND SURGERY		$434.00		1						
26260	RESECT PROX FINGER TUMOR		$404.00		1						
26262	RESECT DISTAL FINGER TUMOR		$339.00		1						
26320	REMOVAL OF IMPLANT FROM HAND		$263.00		1						
26340	MANIPULATE FINGER W/ANESTH		$211.00		1						
26341	MANIPULAT PALM CORD POST INJ		$61.96		1						
26350	REPAIR FINGER/HAND TENDON		$582.00		12						
26352	REPAIR/GRAFT HAND TENDON		$478.00		1						
26356	REPAIR FINGER/HAND TENDON		$750.00		1						
26357	REPAIR FINGER/HAND TENDON		$497.00		3						
26358	REPAIR/GRAFT HAND TENDON		$522.00		3						
26370	REPAIR FINGER/HAND TENDON		$633.00		1						
26372	REPAIR/GRAFT HAND TENDON		$727.00		1						
26373	REPAIR FINGER/HAND TENDON		$481.00		1						
26390	REVISE HAND/FINGER TENDON		$496.00		3						
26392	REPAIR/GRAFT HAND TENDON		$610.00		3						
26410	REPAIR HAND TENDON		$467.00		1						
26412	REPAIR/GRAFT HAND TENDON		$396.00		1						
26415	EXCISION HAND/FINGER TENDON		$581.00		1						
26416	GRAFT HAND OR FINGER TENDON		$610.00		2						
26418	REPAIR FINGER TENDON		$464.00		1						
26420	REPAIR/GRAFT FINGER TENDON		$584.00		1						
26426	REPAIR FINGER/HAND TENDON		$550.00		1						
26428	REPAIR/GRAFT FINGER TENDON		$430.00		2						
26432	REPAIR FINGER TENDON		$403.00		1						
26433	REPAIR FINGER TENDON		$435.00		1						
26434	REPAIR/GRAFT FINGER TENDON		$350.00		1						
26437	REALIGNMENT OF TENDONS		$331.00		1						
26440	RELEASE PALM/FINGER TENDON		$518.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
26442	RELEASE PALM & FINGER TENDON		$689.00		1						
26445	RELEASE HAND/FINGER TENDON		$487.00		1						
26449	RELEASE FOREARM/HAND TENDON		$423.00		1						
26450	INCISION OF PALM TENDON		$315.00		1						
26455	INCISION OF FINGER TENDON		$312.00		1						
26460	INCISE HAND/FINGER TENDON		$185.00		1						
26471	FUSION OF FINGER TENDONS		$325.00		1						
26474	FUSION OF FINGER TENDONS		$322.00		1						
26476	TENDON LENGTHENING		$295.00		1						
26477	TENDON SHORTENING		$308.00		1						
26478	LENGTHENING OF HAND TENDON		$504.00		1						
26479	SHORTENING OF HAND TENDON		$347.00		1						
26480	TRANSPLANT HAND TENDON		$617.00		2						
26483	TRANSPLANT/GRAFT HAND TENDON		$523.00		1						
26485	TRANSPLANT PALM TENDON		$474.00		1						
26489	TRANSPLANT/GRAFT PALM TENDON		$450.00		1						
26490	REVISE THUMB TENDON		$464.00		1						
26492	TENDON TRANSFER WITH GRAFT		$519.00		1						
26494	HAND TENDON/MUSCLE TRANSFER		$623.00		1						
26496	REVISE THUMB TENDON		$508.00		1						
26497	FINGER TENDON TRANSFER		$506.00		1						
26498	FINGER TENDON TRANSFER		$707.00		1						
26500	HAND TENDON RECONSTRUCTION		$333.00		1						
26502	HAND TENDON RECONSTRUCTION		$554.00		1						
26508	RELEASE THUMB CONTRACTURE		$342.00		1						
26510	THUMB TENDON TRANSFER		$477.00		1						
26516	FUSION OF KNUCKLE JOINT		$376.00		1						
26517	FUSION OF KNUCKLE JOINTS		$476.00		1						
26518	FUSION OF KNUCKLE JOINTS		$470.00		1						
26520	RELEASE KNUCKLE CONTRACTURE		$357.00		1						
26525	RELEASE FINGER CONTRACTURE		$543.00		1						
26530	REVISE KNUCKLE JOINT		$425.00		1						
26531	REVISE KNUCKLE WITH IMPLANT		$476.00		1						
26535	REVISE FINGER JOINT		$306.00		1						
26536	REVISE/IMPLANT FINGER JOINT		$465.00		1						
26540	REPAIR HAND JOINT		$526.00		1						
26541	REPAIR HAND JOINT WITH GRAFT		$638.00		1						
26542	REPAIR HAND JOINT WITH GRAFT		$401.00		1						
26545	RECONSTRUCT FINGER JOINT		$549.00		1						
26546	REPAIR NONUNION HAND		$694.00		1						
26548	RECONSTRUCT FINGER JOINT		$604.00		1						
26550	CONSTRUCT THUMB REPLACEMENT		$1,003.00		1						
26551	GREAT TOE-HAND TRANSFER		$2,245.00		1						
26553	SINGLE TRANSFER TOE-HAND		$2,229.00		1						
26554	DOUBLE TRANSFER TOE-HAND		$2,660.00		1						
26555	POSITIONAL CHANGE OF FINGER		$841.00		1						
26556	TOE JOINT TRANSFER		$2,356.00		1						
26560	REPAIR OF WEB FINGER		$437.00		1						
26561	REPAIR OF WEB FINGER		$685.00		1						
26562	REPAIR OF WEB FINGER		$951.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
26565	CORRECT METACARPAL FLAW		$389.00		1						
26567	CORRECT FINGER DEFORMITY		$541.00		1						
26568	LENGTHEN METACARPAL/FINGER		$710.00		1						
26580	REPAIR HAND DEFORMITY		$855.00		1						
26587	RECONSTRUCT EXTRA FINGER		$700.00		1						
26590	REPAIR FINGER DEFORMITY		$866.00		1						
26591	REPAIR MUSCLES OF HAND		$293.00		1						
26593	RELEASE MUSCLES OF HAND		$468.00		1						
26596	EXCISION CONSTRICTING TISSUE		$455.00		1						
26600	TREAT METACARPAL FRACTURE		$160.00		1						
26605	TREAT METACARPAL FRACTURE		$215.00		1						
26607	TREAT METACARPAL FRACTURE		$345.00		1						
26608	TREAT METACARPAL FRACTURE		$345.00		1						
26615	TREAT METACARPAL FRACTURE		$319.00		1						
26641	TREAT THUMB DISLOCATION		$247.00		1						
26645	TREAT THUMB FRACTURE		$282.00		1						
26650	TREAT THUMB FRACTURE		$368.00		1						
26665	TREAT THUMB FRACTURE		$422.00		1						
26670	TREAT HAND DISLOCATION		$198.00		1						
26675	TREAT HAND DISLOCATION		$300.00		1						
26676	PIN HAND DISLOCATION		$361.00		1						
26685	TREAT HAND DISLOCATION		$395.00		1						
26686	TREAT HAND DISLOCATION		$448.00		1						
26700	TREAT KNUCKLE DISLOCATION		$217.00		1						
26705	TREAT KNUCKLE DISLOCATION		$279.00		1						
26706	PIN KNUCKLE DISLOCATION		$304.00		1						
26715	TREAT KNUCKLE DISLOCATION		$338.00		1						
26720	TREAT FINGER FRACTURE EACH		$128.00		1						
26725	TREAT FINGER FRACTURE EACH		$236.00		1						
26727	TREAT FINGER FRACTURE EACH		$339.00		1						
26735	TREAT FINGER FRACTURE EACH		$347.00		1						
26740	TREAT FINGER FRACTURE EACH		$147.00		3						
26742	TREAT FINGER FRACTURE EACH		$259.00		3						
26746	TREAT FINGER FRACTURE EACH		$378.00		3						
26750	TREAT FINGER FRACTURE EACH		$121.00		1						
26755	TREAT FINGER FRACTURE EACH		$218.00		1						
26756	PIN FINGER FRACTURE EACH		$298.00		1						
26765	TREAT FINGER FRACTURE EACH		$255.00		1						
26770	TREAT FINGER DISLOCATION		$187.00		1						
26775	TREAT FINGER DISLOCATION		$259.00		1						
26776	PIN FINGER DISLOCATION		$234.00		1						
26785	TREAT FINGER DISLOCATION		$260.00		1						
26820	THUMB FUSION WITH GRAFT		$457.00		1						
26841	FUSION OF THUMB		$587.00		1						
26842	THUMB FUSION WITH GRAFT		$627.00		1						
26843	FUSION OF HAND JOINT		$427.00		1						
26844	FUSION/GRAFT OF HAND JOINT		$468.00		1						
26850	FUSION OF KNUCKLE		$552.00		1						
26852	FUSION OF KNUCKLE WITH GRAFT		$444.00		1						
26860	FUSION OF FINGER JOINT		$449.00		1						

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26861	FUSION OF FINGER JNT ADD-ON		$105.00		1						
26862	FUSION/GRAFT OF FINGER JOINT		$569.00		1						
26863	FUSE/GRAFT ADDED JOINT		$221.00		1						
26910	AMPUTATE METACARPAL BONE		$548.00		1						
26951	AMPUTATION OF FINGER/THUMB		$419.00		1						
26952	AMPUTATION OF FINGER/THUMB		$516.00		1						
26990	DRAINAGE OF PELVIS LESION		$441.00		1						
26991	DRAINAGE OF PELVIS BURSA		$318.00		1						
26992	DRAINAGE OF BONE LESION		$713.00		1						
27000	INCISION OF HIP TENDON		$329.00		1						
27001	INCISION OF HIP TENDON		$396.00		1						
27003	INCISION OF HIP TENDON		$416.00		1						
27005	INCISION OF HIP TENDON		$534.00		1						
27006	INCISION OF HIP TENDONS		$539.00		1						
27025	INCISION OF HIP/THIGH FASCIA		$601.00		1						
27027	BUTTOCK FASCIOTOMY		$585.57		1						
27030	DRAINAGE OF HIP JOINT		$695.00		1						
27033	EXPLORATION OF HIP JOINT		$716.00		1						
27035	DENERVATION OF HIP JOINT		$763.00		1						
27036	EXCISION OF HIP JOINT/MUSCLE		$700.00		1						
27040	BIOPSY OF SOFT TISSUES		$229.00		2						
27041	BIOPSY OF SOFT TISSUES		$382.00		3						
27043	EXC HIP PELVIS LES SC 3 CM/>		$286.73		1						
27045	EXC HIP/PELV TUM DEEP 5 CM/>		$456.12		1						
27047	EXC HIP/PELVIS LES SC < 3 CM		$433.00		1						
27048	EXC HIP/PELV TUM DEEP < 5 CM		$335.00		1						
27049	RESECT HIP/PELV TUM < 5 CM		$763.00		1						
27050	BIOPSY OF SACROILIAC JOINT		$240.00		1						
27052	BIOPSY OF HIP JOINT		$411.00		1						
27054	REMOVAL OF HIP JOINT LINING		$581.00		1						
27057	BUTTOCK FASCIOTOMY W/DBRDMT		$652.69		1						
27059	RESECT HIP/PELV TUM 5 CM/>		$1,123.29		1						
27060	REMOVAL OF ISCHIAL BURSA		$264.00		1						
27062	REMOVE FEMUR LESION/BURSA		$344.00		1						
27065	REMOVE HIP BONE LES SUPER		$312.00		1						
27066	REMOVE HIP BONE LES DEEP		$572.00		1						
27067	REMOVE/GRAFT HIP BONE LESION		$665.00		1						
27070	PART REMOVE HIP BONE SUPER		$558.00		1						
27071	PART REMOVAL HIP BONE DEEP		$653.00		1						
27075	RESECT HIP TUMOR		$801.00		1						
27076	RESECT HIP TUM INCL ACETABUL		$1,270.00		1						
27077	RESECT HIP TUM W/INNOM BONE		$1,269.00		1						
27078	RSECT HIP TUM INCL FEMUR		$790.00		1						
27080	REMOVAL OF TAIL BONE		$340.00		1						
27086	REMOVE HIP FOREIGN BODY		$105.00		1						
27087	REMOVE HIP FOREIGN BODY		$365.00		1						
27090	REMOVAL OF HIP PROSTHESIS		$609.00		1						
27091	REMOVAL OF HIP PROSTHESIS		$1,120.00		1						
27093	INJECTION FOR HIP X-RAY		$158.00		1						
27095	INJECTION FOR HIP X-RAY		$197.00		1						

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27096	INJECT SACROILIAC JOINT		$178.00		1						
27097	REVISION OF HIP TENDON		$428.00		1						
27098	TRANSFER TENDON TO PELVIS		$531.00		1						
27100	TRANSFER OF ABDOMINAL MUSCLE		$532.00		1						
27105	TRANSFER OF SPINAL MUSCLE		$513.00		1						
27110	TRANSFER OF ILIOPSOAS MUSCLE		$632.00		1						
27111	TRANSFER OF ILIOPSOAS MUSCLE		$591.00		1						
27120	RECONSTRUCTION OF HIP SOCKET		$921.00		1						
27122	RECONSTRUCTION OF HIP SOCKET		$799.00		1						
27125	PARTIAL HIP REPLACEMENT		$778.00		1						
27130	TOTAL HIP ARTHROPLASTY		$1,163.00		1						
27132	TOTAL HIP ARTHROPLASTY		$1,353.00		1						
27134	REVISE HIP JOINT REPLACEMENT		$1,617.00		1						
27137	REVISE HIP JOINT REPLACEMENT		$1,222.00		1						
27138	REVISE HIP JOINT REPLACEMENT		$1,273.00		1						
27140	TRANSPLANT FEMUR RIDGE		$588.00		1						
27146	INCISION OF HIP BONE		$910.00		1						
27147	REVISION OF HIP BONE		$942.00		1						
27151	INCISION OF HIP BONES		$941.00		1						
27156	REVISION OF HIP BONES		$1,257.00		1						
27158	REVISION OF PELVIS		$1,000.00		1						
27161	INCISION OF NECK OF FEMUR		$778.00		1						
27165	INCISION/FIXATION OF FEMUR		$948.00		1						
27170	REPAIR/GRAFT FEMUR HEAD/NECK		$782.00		1						
27175	TREAT SLIPPED EPIPHYSIS		$409.00		1						
27176	TREAT SLIPPED EPIPHYSIS		$711.00		1						
27177	TREAT SLIPPED EPIPHYSIS		$799.00		1						
27178	TREAT SLIPPED EPIPHYSIS		$708.00		1						
27179	REVISE HEAD/NECK OF FEMUR		$598.00		1						
27181	TREAT SLIPPED EPIPHYSIS		$705.00		1						
27185	REVISION OF FEMUR EPIPHYSIS		$368.00		1						
27187	REINFORCE HIP BONES		$823.00		1						
27193	TREAT PELVIC RING FRACTURE		$322.00		1						
27194	TREAT PELVIC RING FRACTURE		$528.00		1						
27200	TREAT TAIL BONE FRACTURE		$119.00		1						
27202	TREAT TAIL BONE FRACTURE		$422.00		1						
27215	TREAT PELVIC FRACTURE(S)		$532.00		1						
27216	TREAT PELVIC RING FRACTURE		$770.00		1						
27217	TREAT PELVIC RING FRACTURE		$745.00		1						
27218	TREAT PELVIC RING FRACTURE		$985.00		1						
27220	TREAT HIP SOCKET FRACTURE		$360.00		1						
27222	TREAT HIP SOCKET FRACTURE		$692.00		1						
27226	TREAT HIP WALL FRACTURE		$726.00		1						
27227	TREAT HIP FRACTURE(S)		$1,201.00		1						
27228	TREAT HIP FRACTURE(S)		$1,386.00		1						
27230	TREAT THIGH FRACTURE		$330.00		1						
27232	TREAT THIGH FRACTURE		$548.00		1						
27235	TREAT THIGH FRACTURE		$744.00		1						
27236	TREAT THIGH FRACTURE		$882.00		1						
27238	TREAT THIGH FRACTURE		$321.00		1						

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27240	TREAT THIGH FRACTURE		$564.00		1						
27244	TREAT THIGH FRACTURE		$943.00		1						
27245	TREAT THIGH FRACTURE		$1,175.00		1						
27246	TREAT THIGH FRACTURE		$311.00		1						
27248	TREAT THIGH FRACTURE		$526.00		1						
27250	TREAT HIP DISLOCATION		$344.00		1						
27252	TREAT HIP DISLOCATION		$544.00		1						
27253	TREAT HIP DISLOCATION		$696.00		1						
27254	TREAT HIP DISLOCATION		$936.00		1						
27256	TREAT HIP DISLOCATION		$226.00		1						
27257	TREAT HIP DISLOCATION		$247.00		1						
27258	TREAT HIP DISLOCATION		$809.00		1						
27259	TREAT HIP DISLOCATION		$1,200.00		1						
27265	TREAT HIP DISLOCATION		$291.00		1						
27266	TREAT HIP DISLOCATION		$421.00		1						
27267	CLTX THIGH FX		$213.23		1						
27268	CLTX THIGH FX W/MNPJ		$263.00		1						
27269	OPTX THIGH FX		$630.02		1						
27275	MANIPULATION OF HIP JOINT		$132.00		1						
27279	ARTHRODESIS SACROILIAC JOINT		$427.60		1						
27280	FUSION OF SACROILIAC JOINT		$727.00		1						
27282	FUSION OF PUBIC BONES		$540.00		1						
27284	FUSION OF HIP JOINT		$775.00		1						
27286	FUSION OF HIP JOINT		$1,040.00		1						
27290	AMPUTATION OF LEG AT HIP		$1,435.00		1						
27295	AMPUTATION OF LEG AT HIP		$1,000.00		1						
27301	DRAIN THIGH/KNEE LESION		$481.00		1						
27303	DRAINAGE OF BONE LESION		$464.00		1						
27305	INCISE THIGH TENDON & FASCIA		$336.00		1						
27306	INCISION OF THIGH TENDON		$281.00		1						
27307	INCISION OF THIGH TENDONS		$339.00		1						
27310	EXPLORATION OF KNEE JOINT		$578.00		1						
27323	BIOPSY THIGH SOFT TISSUES		$166.00		1						
27324	BIOPSY THIGH SOFT TISSUES		$274.00		1						
27325	NEURECTOMY HAMSTRING		$348.00		1						
27326	NEURECTOMY POPLITEAL		$329.00		1						
27327	EXC THIGH/KNEE LES SC < 3 CM		$305.00		1						
27328	EXC THIGH/KNEE TUM DEEP <5CM		$301.00		1						
27329	RESECT THIGH/KNEE TUM < 5 CM		$799.00		1						
27330	BIOPSY KNEE JOINT LINING		$324.00		1						
27331	EXPLORE/TREAT KNEE JOINT		$387.00		1						
27332	REMOVAL OF KNEE CARTILAGE		$527.00		1						
27333	REMOVAL OF KNEE CARTILAGE		$476.00		1						
27334	REMOVE KNEE JOINT LINING		$490.00		1						
27335	REMOVE KNEE JOINT LINING		$618.00		1						
27337	EXC THIGH/KNEE LES SC 3 CM/>		$255.27		1						
27339	EXC THIGH/KNEE TUM DEP 5CM/>		$460.64		1						
27340	REMOVAL OF KNEECAP BURSA		$261.00		1						
27345	REMOVAL OF KNEE CYST		$390.00		1						
27347	REMOVE KNEE CYST		$338.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
27350	REMOVAL OF KNEECAP		$526.00		1						
27355	REMOVE FEMUR LESION		$438.00		1						
27356	REMOVE FEMUR LESION/GRAFT		$474.00		1						
27357	REMOVE FEMUR LESION/GRAFT		$511.00		1						
27358	REMOVE FEMUR LESION/FIXATION		$274.00		1						
27360	PARTIAL REMOVAL LEG BONE(S)		$606.00		1						
27364	RESECT THIGH/KNEE TUM 5 CM/>		$964.84		1						
27365	RESECT FEMUR/KNEE TUMOR		$859.00		1						
27370	INJECTION FOR KNEE X-RAY		$144.00		1						
27372	REMOVAL OF FOREIGN BODY		$433.00		1						
27380	REPAIR OF KNEECAP TENDON		$434.00		1						
27381	REPAIR/GRAFT KNEECAP TENDON		$589.00		1						
27385	REPAIR OF THIGH MUSCLE		$464.00		1						
27386	REPAIR/GRAFT OF THIGH MUSCLE		$608.00		1						
27390	INCISION OF THIGH TENDON		$271.00		1						
27391	INCISION OF THIGH TENDONS		$348.00		1						
27392	INCISION OF THIGH TENDONS		$512.00		1						
27393	LENGTHENING OF THIGH TENDON		$369.00		1						
27394	LENGTHENING OF THIGH TENDONS		$478.00		1						
27395	LENGTHENING OF THIGH TENDONS		$644.00		1						
27396	TRANSPLANT OF THIGH TENDON		$512.00		1						
27397	TRANSPLANTS OF THIGH TENDONS		$618.00		1						
27400	REVISE THIGH MUSCLES/TENDONS		$553.00		1						
27403	REPAIR OF KNEE CARTILAGE		$531.00		1						
27405	REPAIR OF KNEE LIGAMENT		$552.00		1						
27407	REPAIR OF KNEE LIGAMENT		$636.00		1						
27409	REPAIR OF KNEE LIGAMENTS		$837.00		1						
27416	OSTEOCHONDRAL KNEE AUTOGRAFT		$492.79		1						
27418	REPAIR DEGENERATED KNEECAP		$678.00		1						
27420	REVISION OF UNSTABLE KNEECAP		$615.00		1						
27422	REVISION OF UNSTABLE KNEECAP		$614.00		1						
27424	REVISION/REMOVAL OF KNEECAP		$499.00		1						
27425	LAT RETINACULAR RELEASE OPEN		$362.00		1						
27427	RECONSTRUCTION KNEE		$615.00		1						
27428	RECONSTRUCTION KNEE		$867.00		1						
27429	RECONSTRUCTION KNEE		$886.00		1						
27430	REVISION OF THIGH MUSCLES		$539.00		1						
27435	INCISION OF KNEE JOINT		$546.00		1						
27437	REVISE KNEECAP		$439.00		1						
27438	REVISE KNEECAP WITH IMPLANT		$682.00		1						
27440	REVISION OF KNEE JOINT		$677.00		1						
27441	REVISION OF KNEE JOINT		$653.00		1						
27442	REVISION OF KNEE JOINT		$705.00		1						
27443	REVISION OF KNEE JOINT		$715.00		1						
27445	REVISION OF KNEE JOINT		$870.00		1						
27446	REVISION OF KNEE JOINT		$940.00		1						
27447	TOTAL KNEE ARTHROPLASTY		$1,255.00		1						
27448	INCISION OF THIGH		$602.00		1						
27450	INCISION OF THIGH		$753.00		1						
27454	REALIGNMENT OF THIGH BONE		$822.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
27455	REALIGNMENT OF KNEE		$783.00		1						
27457	REALIGNMENT OF KNEE		$718.00		1						
27465	SHORTENING OF THIGH BONE		$742.00		1						
27466	LENGTHENING OF THIGH BONE		$865.00		1						
27468	SHORTEN/LENGTHEN THIGHS		$1,120.00		1						
27470	REPAIR OF THIGH		$856.00		1						
27472	REPAIR/GRAFT OF THIGH		$935.00		1						
27475	SURGERY TO STOP LEG GROWTH		$480.00		1						
27477	SURGERY TO STOP LEG GROWTH		$538.00		1						
27479	SURGERY TO STOP LEG GROWTH		$701.00		1						
27485	SURGERY TO STOP LEG GROWTH		$495.00		1						
27486	REVISE/REPLACE KNEE JOINT		$1,136.00		1						
27487	REVISE/REPLACE KNEE JOINT		$1,294.00		1						
27488	REMOVAL OF KNEE PROSTHESIS		$843.00		1						
27495	REINFORCE THIGH		$915.00		1						
27496	DECOMPRESSION OF THIGH/KNEE		$353.00		1						
27497	DECOMPRESSION OF THIGH/KNEE		$351.00		1						
27498	DECOMPRESSION OF THIGH/KNEE		$378.00		1						
27500	TREATMENT OF THIGH FRACTURE		$405.00		1						
27501	TREATMENT OF THIGH FRACTURE		$387.00		1						
27502	TREATMENT OF THIGH FRACTURE		$600.00		1						
27503	TREATMENT OF THIGH FRACTURE		$624.00		1						
27506	TREATMENT OF THIGH FRACTURE		$928.00		1						
27507	TREATMENT OF THIGH FRACTURE		$825.00		1						
27508	TREATMENT OF THIGH FRACTURE		$366.00		1						
27509	TREATMENT OF THIGH FRACTURE		$471.00		1						
27510	TREATMENT OF THIGH FRACTURE		$525.00		1						
27511	TREATMENT OF THIGH FRACTURE		$852.00		1						
27513	TREATMENT OF THIGH FRACTURE		$1,075.00		1						
27514	TREATMENT OF THIGH FRACTURE		$938.00		1						
27516	TREAT THIGH FX GROWTH PLATE		$345.00		1						
27517	TREAT THIGH FX GROWTH PLATE		$450.00		1						
27519	TREAT THIGH FX GROWTH PLATE		$814.00		1						
27520	TREAT KNEECAP FRACTURE		$230.00		1						
27524	TREAT KNEECAP FRACTURE		$625.00		1						
27530	TREAT KNEE FRACTURE		$267.00		1						
27532	TREAT KNEE FRACTURE		$441.00		1						
27535	TREAT KNEE FRACTURE		$656.00		1						
27536	TREAT KNEE FRACTURE		$837.00		1						
27538	TREAT KNEE FRACTURE(S)		$325.00		1						
27540	TREAT KNEE FRACTURE		$695.00		1						
27550	TREAT KNEE DISLOCATION		$347.00		1						
27552	TREAT KNEE DISLOCATION		$450.00		1						
27556	TREAT KNEE DISLOCATION		$691.00		1						
27557	TREAT KNEE DISLOCATION		$797.00		1						
27558	TREAT KNEE DISLOCATION		$825.00		1						
27560	TREAT KNEECAP DISLOCATION		$251.00		1						
27562	TREAT KNEECAP DISLOCATION		$320.00		1						
27566	TREAT KNEECAP DISLOCATION		$661.00		1						
27570	FIXATION OF KNEE JOINT		$119.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
27580	FUSION OF KNEE		$1,046.00		1						
27590	AMPUTATE LEG AT THIGH		$644.00		1						
27591	AMPUTATE LEG AT THIGH		$635.00		1						
27592	AMPUTATE LEG AT THIGH		$490.00		1						
27594	AMPUTATION FOLLOW-UP SURGERY		$367.00		1						
27596	AMPUTATION FOLLOW-UP SURGERY		$533.00		1						
27598	AMPUTATE LOWER LEG AT KNEE		$538.00		1						
27599	LEG SURGERY PROCEDURE		$362.00	Y	1						
27600	DECOMPRESSION OF LOWER LEG		$308.00		1						
27601	DECOMPRESSION OF LOWER LEG		$320.00		1						
27602	DECOMPRESSION OF LOWER LEG		$381.00		1						
27603	DRAIN LOWER LEG LESION		$360.00		1						
27604	DRAIN LOWER LEG BURSA		$309.00		1						
27605	INCISION OF ACHILLES TENDON		$296.00		1						
27606	INCISION OF ACHILLES TENDON		$230.00		1						
27607	TREAT LOWER LEG BONE LESION		$431.00		1						
27610	EXPLORE/TREAT ANKLE JOINT		$466.00		1						
27612	EXPLORATION OF ANKLE JOINT		$406.00		1						
27613	BIOPSY LOWER LEG SOFT TISSUE		$155.00		1						
27614	BIOPSY LOWER LEG SOFT TISSUE		$374.00		1						
27615	RESECT LEG/ANKLE TUM < 5 CM		$596.00		1						
27616	RESECT LEG/ANKLE TUM 5 CM/>		$787.06		1						
27618	EXC LEG/ANKLE TUM < 3 CM		$326.00		1						
27619	EXC LEG/ANKLE TUM DEEP <5 CM		$530.00		1						
27620	EXPLORE/TREAT ANKLE JOINT		$345.00		1						
27625	REMOVE ANKLE JOINT LINING		$449.00		1						
27626	REMOVE ANKLE JOINT LINING		$530.00		1						
27630	REMOVAL OF TENDON LESION		$359.00		1						
27632	EXC LEG/ANKLE LES SC 3 CM/>		$252.67		1						
27634	EXC LEG/ANKLE TUM DEP 5 CM/>		$413.78		1						
27635	REMOVE LOWER LEG BONE LESION		$495.00		1						
27637	REMOVE/GRAFT LEG BONE LESION		$551.00		1						
27638	REMOVE/GRAFT LEG BONE LESION		$576.00		1						
27640	PARTIAL REMOVAL OF TIBIA		$654.00		1						
27641	PARTIAL REMOVAL OF FIBULA		$493.00		1						
27645	RESECT TIBIA TUMOR		$796.00		1						
27646	RESECT FIBULA TUMOR		$650.00		1						
27647	RESECT TALUS/CALCANEUS TUM		$608.00		1						
27648	INJECTION FOR ANKLE X-RAY		$122.00		1						
27650	REPAIR ACHILLES TENDON		$525.00		1						
27652	REPAIR/GRAFT ACHILLES TENDON		$503.00		1						
27654	REPAIR OF ACHILLES TENDON		$524.00		1						
27656	REPAIR LEG FASCIA DEFECT		$292.00		1						
27658	REPAIR OF LEG TENDON EACH		$310.00		2						
27659	REPAIR OF LEG TENDON EACH		$387.00		2						
27664	REPAIR OF LEG TENDON EACH		$274.00		2						
27665	REPAIR OF LEG TENDON EACH		$346.00		2						
27675	REPAIR LOWER LEG TENDONS		$392.00		1						
27676	REPAIR LOWER LEG TENDONS		$410.00		1						
27680	RELEASE OF LOWER LEG TENDON		$328.00		1						

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27681	RELEASE OF LOWER LEG TENDONS		$340.00		1						
27685	REVISION OF LOWER LEG TENDON		$409.00		1						
27686	REVISE LOWER LEG TENDONS		$423.00		1						
27687	REVISION OF CALF TENDON		$350.00		1						
27690	REVISE LOWER LEG TENDON		$459.00		1						
27691	REVISE LOWER LEG TENDON		$541.00		1						
27692	REVISE ADDITIONAL LEG TENDON		$91.00		1						
27695	REPAIR OF ANKLE LIGAMENT		$420.00		1						
27696	REPAIR OF ANKLE LIGAMENTS		$447.00		1						
27698	REPAIR OF ANKLE LIGAMENT		$498.00		1						
27700	REVISION OF ANKLE JOINT		$578.00		1						
27702	RECONSTRUCT ANKLE JOINT		$832.00		1						
27703	RECONSTRUCTION ANKLE JOINT		$929.00		1						
27704	REMOVAL OF ANKLE IMPLANT		$368.00		1						
27705	INCISION OF TIBIA		$566.00		1						
27707	INCISION OF FIBULA		$278.00		1						
27709	INCISION OF TIBIA & FIBULA		$620.00		1						
27712	REALIGNMENT OF LOWER LEG		$767.00		1						
27715	REVISION OF LOWER LEG		$705.00		1						
27720	REPAIR OF TIBIA		$647.00		1						
27722	REPAIR/GRAFT OF TIBIA		$618.00		1						
27724	REPAIR/GRAFT OF TIBIA		$944.00		1						
27725	REPAIR OF LOWER LEG		$750.00		1						
27726	REPAIR FIBULA NONUNION		$469.35		1						
27727	REPAIR OF LOWER LEG		$817.00		1						
27730	REPAIR OF TIBIA EPIPHYSIS		$401.00		1						
27732	REPAIR OF FIBULA EPIPHYSIS		$350.00		1						
27734	REPAIR LOWER LEG EPIPHYSES		$412.00		1						
27740	REPAIR OF LEG EPIPHYSES		$555.00		1						
27742	REPAIR OF LEG EPIPHYSES		$646.00		1						
27745	REINFORCE TIBIA		$556.00		1						
27750	TREATMENT OF TIBIA FRACTURE		$261.00		1						
27752	TREATMENT OF TIBIA FRACTURE		$372.00		1						
27756	TREATMENT OF TIBIA FRACTURE		$400.00		1						
27758	TREATMENT OF TIBIA FRACTURE		$638.00		1						
27759	TREATMENT OF TIBIA FRACTURE		$738.00		1						
27760	CLTX MEDIAL ANKLE FX		$223.00		1						
27762	CLTX MED ANKLE FX W/MNPJ		$342.00		1						
27766	OPTX MEDIAL ANKLE FX		$525.00		1						
27767	CLTX POST ANKLE FX		$129.29		1						
27768	CLTX POST ANKLE FX W/MNPJ		$201.78		1						
27769	OPTX POST ANKLE FX		$350.79		1						
27780	TREATMENT OF FIBULA FRACTURE		$198.00		1						
27781	TREATMENT OF FIBULA FRACTURE		$292.00		1						
27784	TREATMENT OF FIBULA FRACTURE		$411.00		1						
27786	TREATMENT OF ANKLE FRACTURE		$212.00		1						
27788	TREATMENT OF ANKLE FRACTURE		$298.00		1						
27792	TREATMENT OF ANKLE FRACTURE		$443.00		1						
27808	TREATMENT OF ANKLE FRACTURE		$221.00		1						
27810	TREATMENT OF ANKLE FRACTURE		$378.00		1						

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27814	TREATMENT OF ANKLE FRACTURE		$587.00		1						
27816	TREATMENT OF ANKLE FRACTURE		$211.00		1						
27818	TREATMENT OF ANKLE FRACTURE		$350.00		1						
27822	TREATMENT OF ANKLE FRACTURE		$734.00		1						
27823	TREATMENT OF ANKLE FRACTURE		$835.00		1						
27824	TREAT LOWER LEG FRACTURE		$208.00		1						
27825	TREAT LOWER LEG FRACTURE		$382.00		1						
27826	TREAT LOWER LEG FRACTURE		$587.00		1						
27827	TREAT LOWER LEG FRACTURE		$914.00		1						
27828	TREAT LOWER LEG FRACTURE		$1,025.00		1						
27829	TREAT LOWER LEG JOINT		$409.00		1						
27830	TREAT LOWER LEG DISLOCATION		$226.00		1						
27831	TREAT LOWER LEG DISLOCATION		$223.00		1						
27832	TREAT LOWER LEG DISLOCATION		$331.00		1						
27840	TREAT ANKLE DISLOCATION		$247.00		1						
27842	TREAT ANKLE DISLOCATION		$343.00		1						
27846	TREAT ANKLE DISLOCATION		$472.00		1						
27848	TREAT ANKLE DISLOCATION		$709.00		1						
27860	FIXATION OF ANKLE JOINT		$131.00		1						
27870	FUSION OF ANKLE JOINT OPEN		$788.00		1						
27871	FUSION OF TIBIOFIBULAR JOINT		$574.00		1						
27880	AMPUTATION OF LOWER LEG		$644.00		1						
27881	AMPUTATION OF LOWER LEG		$648.00		1						
27882	AMPUTATION OF LOWER LEG		$468.00		1						
27884	AMPUTATION FOLLOW-UP SURGERY		$426.00		1						
27886	AMPUTATION FOLLOW-UP SURGERY		$543.00		1						
27888	AMPUTATION OF FOOT AT ANKLE		$489.00		1						
27889	AMPUTATION OF FOOT AT ANKLE		$474.00		1						
27892	DECOMPRESSION OF LEG		$325.00		1						
27893	DECOMPRESSION OF LEG		$314.00		1						
27894	DECOMPRESSION OF LEG		$433.00		1						
27899	LEG/ANKLE SURGERY PROCEDURE		$325.00	Y	1						
28001	DRAINAGE OF BURSA OF FOOT		$168.00		1						
28002	TREATMENT OF FOOT INFECTION		$284.00		1						
28003	TREATMENT OF FOOT INFECTION		$442.00		1						
28005	TREAT FOOT BONE LESION		$447.00		1						
28008	INCISION OF FOOT FASCIA		$266.00		1						
28010	INCISION OF TOE TENDON		$176.00		1						
28011	INCISION OF TOE TENDONS		$209.00		1						
28020	EXPLORATION OF FOOT JOINT		$324.00		1						
28022	EXPLORATION OF FOOT JOINT		$291.00		1						
28024	EXPLORATION OF TOE JOINT		$281.00		1						
28035	DECOMPRESSION OF TIBIA NERVE		$322.00		1						
28039	EXC FOOT/TOE TUM SC 1.5 CM/>		$290.79		1						
28041	EXC FOOT/TOE TUM DEP 1.5CM/>		$278.94		1						
28043	EXC FOOT/TOE TUM SC < 1.5 CM		$217.00		1						
28045	EXC FOOT/TOE TUM DEEP <1.5CM		$297.00		1						
28046	RESECT FOOT/TOE TUMOR < 3 CM		$567.00		1						
28047	RESECT FOOT/TOE TUMOR 3 CM/>		$596.85		1						
28050	BIOPSY OF FOOT JOINT LINING		$222.00		1						

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28052	BIOPSY OF FOOT JOINT LINING		$215.00		1						
28054	BIOPSY OF TOE JOINT LINING		$183.00		1						
28055	NEURECTOMY FOOT		$279.00		1						
28060	PARTIAL REMOVAL FOOT FASCIA		$317.00		1						
28062	REMOVAL OF FOOT FASCIA		$386.00		1						
28070	REMOVAL OF FOOT JOINT LINING		$255.00		1						
28072	REMOVAL OF FOOT JOINT LINING		$297.00		1						
28080	REMOVAL OF FOOT LESION		$252.00		1						
28086	EXCISE FOOT TENDON SHEATH		$369.00		1						
28088	EXCISE FOOT TENDON SHEATH		$280.00		1						
28090	REMOVAL OF FOOT LESION		$281.00		1						
28092	REMOVAL OF TOE LESIONS		$257.00		1						
28100	REMOVAL OF ANKLE/HEEL LESION		$397.00		1						
28102	REMOVE/GRAFT FOOT LESION		$376.00		1						
28103	REMOVE/GRAFT FOOT LESION		$392.00		1						
28104	REMOVAL OF FOOT LESION		$313.00		1						
28106	REMOVE/GRAFT FOOT LESION		$341.00		1						
28107	REMOVE/GRAFT FOOT LESION		$278.00		1						
28108	REMOVAL OF TOE LESIONS		$257.00		1						
28110	PART REMOVAL OF METATARSAL		$271.00		1						
28111	PART REMOVAL OF METATARSAL		$360.00		1						
28112	PART REMOVAL OF METATARSAL		$301.00		1						
28113	PART REMOVAL OF METATARSAL		$317.00		1						
28114	REMOVAL OF METATARSAL HEADS		$479.00		1						
28116	REVISION OF FOOT		$435.00		1						
28118	REMOVAL OF HEEL BONE		$362.00		1						
28119	REMOVAL OF HEEL SPUR		$337.00		1						
28120	PART REMOVAL OF ANKLE/HEEL		$370.00		1						
28122	PARTIAL REMOVAL OF FOOT BONE		$421.00		1						
28124	PARTIAL REMOVAL OF TOE		$289.00		1						
28126	PARTIAL REMOVAL OF TOE		$226.00		1						
28130	REMOVAL OF ANKLE BONE		$449.00		1						
28140	REMOVAL OF METATARSAL		$418.00		1						
28150	REMOVAL OF TOE		$261.00		1						
28153	PARTIAL REMOVAL OF TOE		$233.00		1						
28160	PARTIAL REMOVAL OF TOE		$243.00		1						
28171	RESECT TARSAL TUMOR		$427.00		1						
28173	RESECT METATARSAL TUMOR		$403.00		1						
28175	RESECT PHALANX OF TOE TUMOR		$306.00		1						
28190	REMOVAL OF FOOT FOREIGN BODY		$153.00		1						
28192	REMOVAL OF FOOT FOREIGN BODY		$296.00		1						
28193	REMOVAL OF FOOT FOREIGN BODY		$336.00		1						
28200	REPAIR OF FOOT TENDON		$285.00		1						
28202	REPAIR/GRAFT OF FOOT TENDON		$330.00		1						
28208	REPAIR OF FOOT TENDON		$271.00		1						
28210	REPAIR/GRAFT OF FOOT TENDON		$372.00		1						
28220	RELEASE OF FOOT TENDON		$233.00		1						
28222	RELEASE OF FOOT TENDONS		$322.00		1						
28225	RELEASE OF FOOT TENDON		$190.00		1						
28226	RELEASE OF FOOT TENDONS		$228.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
28230	INCISION OF FOOT TENDON(S)		$262.00		1						
28232	INCISION OF TOE TENDON		$230.00		1						
28234	INCISION OF FOOT TENDON		$233.00		1						
28238	REVISION OF FOOT TENDON		$447.00		1						
28240	RELEASE OF BIG TOE		$266.00		1						
28250	REVISION OF FOOT FASCIA		$344.00		1						
28260	RELEASE OF MIDFOOT JOINT		$347.00		1						
28261	REVISION OF FOOT TENDON		$615.00		1						
28262	REVISION OF FOOT AND ANKLE		$890.00		1						
28264	RELEASE OF MIDFOOT JOINT		$491.00		1						
28270	RELEASE OF FOOT CONTRACTURE		$285.00		1						
28272	RELEASE OF TOE JOINT EACH		$234.00		1						
28280	FUSION OF TOES		$336.00		1						
28285	REPAIR OF HAMMERTOE		$279.00		1						
28286	REPAIR OF HAMMERTOE		$276.00		1						
28288	PARTIAL REMOVAL OF FOOT BONE		$312.00		1						
28289	REPAIR HALLUX RIGIDUS		$444.00		1						
28290	CORRECTION OF BUNION		$353.00		1						
28292	CORRECTION OF BUNION		$428.00		1						
28293	CORRECTION OF BUNION		$454.00		1						
28294	CORRECTION OF BUNION		$478.00		1						
28296	CORRECTION OF BUNION		$517.00		1						
28297	CORRECTION OF BUNION		$580.00		1						
28298	CORRECTION OF BUNION		$452.00		1						
28299	CORRECTION OF BUNION		$579.00		1						
28300	INCISION OF HEEL BONE		$507.00		1						
28302	INCISION OF ANKLE BONE		$498.00		1						
28304	INCISION OF MIDFOOT BONES		$513.00		1						
28305	INCISE/GRAFT MIDFOOT BONES		$552.00		1						
28306	INCISION OF METATARSAL		$374.00		1						
28307	INCISION OF METATARSAL		$499.00		1						
28308	INCISION OF METATARSAL		$325.00		1						
28309	INCISION OF METATARSALS		$530.00		1						
28310	REVISION OF BIG TOE		$330.00		1						
28312	REVISION OF TOE		$293.00		1						
28313	REPAIR DEFORMITY OF TOE		$305.00		1						
28315	REMOVAL OF SESAMOID BONE		$319.00		1						
28320	REPAIR OF FOOT BONES		$486.00		1						
28322	REPAIR OF METATARSALS		$520.00		1						
28340	RESECT ENLARGED TOE TISSUE		$394.00		1						
28341	RESECT ENLARGED TOE		$521.00		1						
28344	REPAIR EXTRA TOE(S)		$290.00		1						
28345	REPAIR WEBBED TOE(S)		$385.00		1						
28360	RECONSTRUCT CLEFT FOOT		$644.00		1						
28400	TREATMENT OF HEEL FRACTURE		$168.00		1						
28405	TREATMENT OF HEEL FRACTURE		$302.00		1						
28406	TREATMENT OF HEEL FRACTURE		$392.00		1						
28415	TREAT HEEL FRACTURE		$945.00		1						
28420	TREAT/GRAFT HEEL FRACTURE		$989.00		1						
28430	TREATMENT OF ANKLE FRACTURE		$160.00		1						

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28435	TREATMENT OF ANKLE FRACTURE		$209.00		1						
28436	TREATMENT OF ANKLE FRACTURE		$319.00		1						
28445	TREAT ANKLE FRACTURE		$818.00		1						
28446	OSTEOCHONDRAL TALUS AUTOGRFT		$606.75		1						
28450	TREAT MIDFOOT FRACTURE EACH		$154.00		1						
28455	TREAT MIDFOOT FRACTURE EACH		$221.00		1						
28456	TREAT MIDFOOT FRACTURE		$200.00		1						
28465	TREAT MIDFOOT FRACTURE EACH		$451.00		1						
28470	TREAT METATARSAL FRACTURE		$148.00		5						
28475	TREAT METATARSAL FRACTURE		$186.00		1						
28476	TREAT METATARSAL FRACTURE		$244.00		1						
28485	TREAT METATARSAL FRACTURE		$375.00		1						
28490	TREAT BIG TOE FRACTURE		$89.00		1						
28495	TREAT BIG TOE FRACTURE		$109.00		1						
28496	TREAT BIG TOE FRACTURE		$293.00		1						
28505	TREAT BIG TOE FRACTURE		$339.00		1						
28510	TREATMENT OF TOE FRACTURE		$76.00		1						
28515	TREATMENT OF TOE FRACTURE		$98.00		1						
28525	TREAT TOE FRACTURE		$298.00		1						
28530	TREAT SESAMOID BONE FRACTURE		$84.00		1						
28531	TREAT SESAMOID BONE FRACTURE		$234.00		1						
28540	TREAT FOOT DISLOCATION		$109.00		1						
28545	TREAT FOOT DISLOCATION		$122.00		1						
28546	TREAT FOOT DISLOCATION		$174.00		1						
28555	REPAIR FOOT DISLOCATION		$349.00		1						
28570	TREAT FOOT DISLOCATION		$120.00		1						
28575	TREAT FOOT DISLOCATION		$165.00		1						
28576	TREAT FOOT DISLOCATION		$205.00		1						
28585	REPAIR FOOT DISLOCATION		$431.00		1						
28600	TREAT FOOT DISLOCATION		$121.00		1						
28605	TREAT FOOT DISLOCATION		$168.00		1						
28606	TREAT FOOT DISLOCATION		$325.00		1						
28615	REPAIR FOOT DISLOCATION		$533.00		1						
28630	TREAT TOE DISLOCATION		$78.00		1						
28635	TREAT TOE DISLOCATION		$101.00		1						
28636	TREAT TOE DISLOCATION		$194.00		1						
28645	REPAIR TOE DISLOCATION		$270.00		1						
28660	TREAT TOE DISLOCATION		$82.00		1						
28665	TREAT TOE DISLOCATION		$101.00		1						
28666	TREAT TOE DISLOCATION		$243.00		1						
28675	REPAIR OF TOE DISLOCATION		$241.00		1						
28705	FUSION OF FOOT BONES		$962.00		1						
28715	FUSION OF FOOT BONES		$786.00		1						
28725	FUSION OF FOOT BONES		$608.00		1						
28730	FUSION OF FOOT BONES		$585.00		1						
28735	FUSION OF FOOT BONES		$570.00		1						
28737	REVISION OF FOOT BONES		$502.00		1						
28740	FUSION OF FOOT BONES		$553.00		1						
28750	FUSION OF BIG TOE JOINT		$556.00		1						
28755	FUSION OF BIG TOE JOINT		$317.00		1						

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28760	FUSION OF BIG TOE JOINT		$466.00		1						
28800	AMPUTATION OF MIDFOOT		$425.00		1						
28805	AMPUTATION THRU METATARSAL		$450.00		1						
28810	AMPUTATION TOE & METATARSAL		$324.00		1						
28820	AMPUTATION OF TOE		$344.00		1						
28825	PARTIAL AMPUTATION OF TOE		$302.00		1						
28890	HI ENRGY ESWT PLANTAR FASCIA		$214.14		1						
29000	APPLICATION OF BODY CAST		$197.00		1						
29010	APPLICATION OF BODY CAST		$196.00		1						
29015	APPLICATION OF BODY CAST		$192.00		1						
29035	APPLICATION OF BODY CAST		$206.00		1						
29040	APPLICATION OF BODY CAST		$180.00		1						
29044	APPLICATION OF BODY CAST		$251.00		1						
29046	APPLICATION OF BODY CAST		$260.00		1						
29049	APPLICATION OF FIGURE EIGHT		$95.00		1						
29055	APPLICATION OF SHOULDER CAST		$170.00		1						
29058	APPLICATION OF SHOULDER CAST		$94.00		1						
29065	APPLICATION OF LONG ARM CAST		$72.00		1						
29075	APPLICATION OF FOREARM CAST		$66.00		1						
29085	APPLY HAND/WRIST CAST		$70.00		1						
29086	APPLY FINGER CAST		$35.00		1						
29105	APPLY LONG ARM SPLINT		$62.00		1						
29125	APPLY FOREARM SPLINT		$47.00		1						
29126	APPLY FOREARM SPLINT		$58.00		1						
29130	APPLICATION OF FINGER SPLINT		$29.00		1						
29131	APPLICATION OF FINGER SPLINT		$37.00		1						
29200	STRAPPING OF CHEST		$36.00		1						
29240	STRAPPING OF SHOULDER		$45.00		1						
29260	STRAPPING OF ELBOW OR WRIST		$37.00		1						
29280	STRAPPING OF HAND OR FINGER		$37.00		1						
29305	APPLICATION OF HIP CAST		$175.00		1						
29325	APPLICATION OF HIP CASTS		$190.00		1						
29345	APPLICATION OF LONG LEG CAST		$105.00		1						
29355	APPLICATION OF LONG LEG CAST		$108.00		1						
29358	APPLY LONG LEG CAST BRACE		$115.00		1						
29365	APPLICATION OF LONG LEG CAST		$94.00		1						
29405	APPLY SHORT LEG CAST		$69.00		1						
29425	APPLY SHORT LEG CAST		$74.00		1						
29435	APPLY SHORT LEG CAST		$91.00		1						
29440	ADDITION OF WALKER TO CAST		$42.00		1						
29445	APPLY RIGID LEG CAST		$120.00		1						
29450	APPLICATION OF LEG CAST		$107.00		1						
29505	APPLICATION LONG LEG SPLINT		$60.00		1						
29515	APPLICATION LOWER LEG SPLINT		$53.00		1						
29520	STRAPPING OF HIP		$32.00		1						
29530	STRAPPING OF KNEE		$39.00		1						
29540	STRAPPING OF ANKLE AND/OR FT		$28.00		1						
29550	STRAPPING OF TOES		$27.00		1						
29580	APPLICATION OF PASTE BOOT		$36.00		1						
29581	APPLY MULTLAY COMPRS LWR LEG		$53.12		1						

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29582	APPLY MULTLAY COMPRS UPR LEG		$43.80		1						
29583	APPLY MULTLAY COMPRS UPR ARM		$53.12		1						
29584	APPL MULTLAY COMPRS ARM/HAND		$52.10		1						
29700	REMOVAL/REVISION OF CAST		$42.00		1						
29705	REMOVAL/REVISION OF CAST		$47.00		1						
29710	REMOVAL/REVISION OF CAST		$85.00		1						
29720	REPAIR OF BODY CAST		$70.00		1						
29730	WINDOWING OF CAST		$47.00		1						
29740	WEDGING OF CAST		$69.00		1						
29750	WEDGING OF CLUBFOOT CAST		$65.00		1						
29800	JAW ARTHROSCOPY/SURGERY		$304.00	Y	1						
29804	JAW ARTHROSCOPY/SURGERY		$539.00	Y	1						
29805	SHOULDER ARTHROSCOPY DX		$349.00		1						
29806	SHOULDER ARTHROSCOPY/SURGERY		$781.00		1						
29807	SHOULDER ARTHROSCOPY/SURGERY		$761.00		1						
29819	SHOULDER ARTHROSCOPY/SURGERY		$491.00		1						
29820	SHOULDER ARTHROSCOPY/SURGERY		$454.00		1						
29821	SHOULDER ARTHROSCOPY/SURGERY		$495.00		1						
29822	SHOULDER ARTHROSCOPY/SURGERY		$428.00		1						
29823	SHOULDER ARTHROSCOPY/SURGERY		$525.00		1						
29824	SHOULDER ARTHROSCOPY/SURGERY		$478.00		1						
29825	SHOULDER ARTHROSCOPY/SURGERY		$490.00		1						
29826	SHOULDER ARTHROSCOPY/SURGERY		$566.00		1						
29827	ARTHROSCOP ROTATOR CUFF REPR		$825.00		1						
29828	ARTHROSCOPY BICEPS TENODESIS		$465.73		1						
29830	ELBOW ARTHROSCOPY		$362.00		1						
29834	ELBOW ARTHROSCOPY/SURGERY		$366.00		1						
29835	ELBOW ARTHROSCOPY/SURGERY		$414.00		1						
29836	ELBOW ARTHROSCOPY/SURGERY		$470.00		1						
29837	ELBOW ARTHROSCOPY/SURGERY		$434.00		1						
29838	ELBOW ARTHROSCOPY/SURGERY		$478.00		1						
29840	WRIST ARTHROSCOPY		$344.00		2						
29843	WRIST ARTHROSCOPY/SURGERY		$400.00		1						
29844	WRIST ARTHROSCOPY/SURGERY		$414.00		1						
29845	WRIST ARTHROSCOPY/SURGERY		$471.00		1						
29846	WRIST ARTHROSCOPY/SURGERY		$434.00		1						
29847	WRIST ARTHROSCOPY/SURGERY		$400.00		1						
29848	WRIST ENDOSCOPY/SURGERY		$330.00		1						
29850	KNEE ARTHROSCOPY/SURGERY		$482.00		1						
29851	KNEE ARTHROSCOPY/SURGERY		$704.00		1						
29855	TIBIAL ARTHROSCOPY/SURGERY		$598.00		1						
29856	TIBIAL ARTHROSCOPY/SURGERY		$664.00		1						
29860	HIP ARTHROSCOPY DX		$455.00		1						
29861	HIP ARTHRO W/FB REMOVAL		$454.00		1						
29862	HIP ARTHR0 W/DEBRIDEMENT		$488.00		1						
29863	HIP ARTHR0 W/SYNOVECTOMY		$474.00		1						
29868	MENISCAL TRNSPL KNEE W/SCPE		$1,094.35		1						
29870	KNEE ARTHROSCOPY DX		$300.00		1						
29871	KNEE ARTHROSCOPY/DRAINAGE		$424.00		1						
29873	KNEE ARTHROSCOPY/SURGERY		$376.00		1						

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29874	KNEE ARTHROSCOPY/SURGERY		$396.00		1						
29875	KNEE ARTHROSCOPY/SURGERY		$414.00		1						
29876	KNEE ARTHROSCOPY/SURGERY		$510.00		1						
29877	KNEE ARTHROSCOPY/SURGERY		$480.00		1						
29879	KNEE ARTHROSCOPY/SURGERY		$460.00		1						
29880	KNEE ARTHROSCOPY/SURGERY		$542.00		1						
29881	KNEE ARTHROSCOPY/SURGERY		$502.00		1						
29882	KNEE ARTHROSCOPY/SURGERY		$484.00		1						
29883	KNEE ARTHROSCOPY/SURGERY		$614.00		1						
29884	KNEE ARTHROSCOPY/SURGERY		$478.00		1						
29885	KNEE ARTHROSCOPY/SURGERY		$518.00		1						
29886	KNEE ARTHROSCOPY/SURGERY		$482.00		1						
29887	KNEE ARTHROSCOPY/SURGERY		$580.00		1						
29888	KNEE ARTHROSCOPY/SURGERY		$833.00		1						
29889	KNEE ARTHROSCOPY/SURGERY		$873.00		1						
29891	ANKLE ARTHROSCOPY/SURGERY		$481.00		1						
29892	ANKLE ARTHROSCOPY/SURGERY		$449.00		1						
29893	SCOPE PLANTAR FASCIOTOMY		$254.00		1						
29894	ANKLE ARTHROSCOPY/SURGERY		$435.00		1						
29895	ANKLE ARTHROSCOPY/SURGERY		$426.00		1						
29897	ANKLE ARTHROSCOPY/SURGERY		$447.00		1						
29898	ANKLE ARTHROSCOPY/SURGERY		$497.00		1						
29899	ANKLE ARTHROSCOPY/SURGERY		$749.00		1						
29900	MCP JOINT ARTHROSCOPY DX		$278.00		1						
29901	MCP JOINT ARTHROSCOPY SURG		$307.00		1						
29902	MCP JOINT ARTHROSCOPY SURG		$330.00		1						
29904	SUBTALAR ARTHRO W/FB RMVL		$313.10		1						
29905	SUBTALAR ARTHRO W/EXC		$337.20		1						
29906	SUBTALAR ARTHRO W/DEB		$355.12		1						
29907	SUBTALAR ARTHRO W/FUSION		$434.88		1						
29914	HIP ARTHRO W/FEMOROPLASTY		$758.38		1						
29915	HIP ARTHRO ACETABULOPLASTY		$772.93		1						
29916	HIP ARTHRO W/LABRAL REPAIR		$772.93		1						
30000	DRAINAGE OF NOSE LESION		$152.00		1						
30020	DRAINAGE OF NOSE LESION		$131.00		1						
3008F	BODY MASS INDEX DOCD		$0.00		999						
30100	INTRANASAL BIOPSY		$81.00		1						
30110	REMOVAL OF NOSE POLYP(S)		$137.00		1						
30115	REMOVAL OF NOSE POLYP(S)		$291.00		1						
30117	REMOVAL OF INTRANASAL LESION		$444.00		1						
30118	REMOVAL OF INTRANASAL LESION		$551.00		1						
30124	REMOVAL OF NOSE LESION		$194.00		1						
30125	REMOVAL OF NOSE LESION		$448.00		1						
30130	EXCISE INFERIOR TURBINATE		$255.00		1						
30140	RESECT INFERIOR TURBINATE		$273.00		1						
30150	PARTIAL REMOVAL OF NOSE		$584.00		1						
30160	REMOVAL OF NOSE		$480.00		1						
30200	INJECTION TREATMENT OF NOSE		$67.00		1						
30210	NASAL SINUS THERAPY		$89.00		1						
30220	INSERT NASAL SEPTAL BUTTON		$83.00		1						

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30300	REMOVE NASAL FOREIGN BODY		$154.00		1						
30310	REMOVE NASAL FOREIGN BODY		$144.00		1						
30320	REMOVE NASAL FOREIGN BODY		$225.00		1						
30400	RECONSTRUCTION OF NOSE		$610.00	Y	1						
30410	RECONSTRUCTION OF NOSE		$631.00	Y	1						
30420	RECONSTRUCTION OF NOSE		$980.00	Y	1						
30430	REVISION OF NOSE		$337.00	Y	1						
30435	REVISION OF NOSE		$542.00	Y	1						
30450	REVISION OF NOSE		$785.00	Y	1						
3045F	HG A1C LEVEL 7.0-9.0%		$0.00		999						
30460	REVISION OF NOSE		$584.00		1						
30462	REVISION OF NOSE		$1,176.00		1						
30465	REPAIR NASAL STENOSIS		$536.00		1						
30520	REPAIR OF NASAL SEPTUM		$368.00		1						
30540	REPAIR NASAL DEFECT		$491.00		1						
30545	REPAIR NASAL DEFECT		$588.00		1						
30560	RELEASE OF NASAL ADHESIONS		$165.00		1						
30580	REPAIR UPPER JAW FISTULA		$425.00		1						
30600	REPAIR MOUTH/NOSE FISTULA		$393.00		1						
30620	INTRANASAL RECONSTRUCTION		$423.00		1						
30630	REPAIR NASAL SEPTUM DEFECT		$337.00		1						
3074F	SYST BP LT 130 MM HG		$0.00		999						
3077F	SYST BP >/= 140 MM HG		$0.00		999						
3078F	DIAST BP <80 MM HG		$0.00		999						
3079F	DIAST BP 80-89 MM HG		$0.00		999						
30801	ABLATE INF TURBINATE SUPERF		$143.00		1						
30802	ABLATE INF TURBINATE SUBMUC		$185.00		1						
30901	CONTROL OF NOSEBLEED		$75.00		1						
30903	CONTROL OF NOSEBLEED		$120.00		1						
30905	CONTROL OF NOSEBLEED		$155.00		1						
30906	REPEAT CONTROL OF NOSEBLEED		$180.00		1						
30915	LIGATION NASAL SINUS ARTERY		$322.00		1						
30920	LIGATION UPPER JAW ARTERY		$549.00		1						
30930	THER FX NASAL INF TURBINATE		$83.00		1						
31000	IRRIGATION MAXILLARY SINUS		$111.00		1						
31002	IRRIGATION SPHENOID SINUS		$146.00		1						
31020	EXPLORATION MAXILLARY SINUS		$318.00		1						
31030	EXPLORATION MAXILLARY SINUS		$492.00		1						
31032	EXPLORE SINUS REMOVE POLYPS		$418.00		1						
31040	EXPLORATION BEHIND UPPER JAW		$560.00		1						
31050	EXPLORATION SPHENOID SINUS		$337.00		1						
31051	SPHENOID SINUS SURGERY		$452.00		1						
31070	EXPLORATION OF FRONTAL SINUS		$293.00		1						
31075	EXPLORATION OF FRONTAL SINUS		$549.00		1						
31080	REMOVAL OF FRONTAL SINUS		$510.00		1						
31081	REMOVAL OF FRONTAL SINUS		$739.00		1						
31084	REMOVAL OF FRONTAL SINUS		$838.00		1						
31085	REMOVAL OF FRONTAL SINUS		$886.00		1						
31086	REMOVAL OF FRONTAL SINUS		$584.00		1						
31087	REMOVAL OF FRONTAL SINUS		$582.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
31090	EXPLORATION OF SINUSES		$636.00		1						
31200	REMOVAL OF ETHMOID SINUS		$270.00		1						
31201	REMOVAL OF ETHMOID SINUS		$497.00		1						
31205	REMOVAL OF ETHMOID SINUS		$460.00		1						
31225	REMOVAL OF UPPER JAW		$907.00		1						
31230	REMOVAL OF UPPER JAW		$1,029.00		1						
31231	NASAL ENDOSCOPY DX		$123.00		1						
31233	NASAL/SINUS ENDOSCOPY DX		$183.00		1						
31235	NASAL/SINUS ENDOSCOPY DX		$165.00		1						
31237	NASAL/SINUS ENDOSCOPY SURG		$232.00		1						
31238	NASAL/SINUS ENDOSCOPY SURG		$241.00		1						
31239	NASAL/SINUS ENDOSCOPY SURG		$518.00		1						
31240	NASAL/SINUS ENDOSCOPY SURG		$146.00		1						
31254	REVISION OF ETHMOID SINUS		$253.00		1						
31255	REMOVAL OF ETHMOID SINUS		$376.00		1						
31256	EXPLORATION MAXILLARY SINUS		$183.00		1						
31267	ENDOSCOPY MAXILLARY SINUS		$274.00		1						
31276	SINUS ENDOSCOPY SURGICAL		$422.00		1						
31287	NASAL/SINUS ENDOSCOPY SURG		$215.00		1						
31288	NASAL/SINUS ENDOSCOPY SURG		$250.00		1						
31290	NASAL/SINUS ENDOSCOPY SURG		$869.00		1						
31291	NASAL/SINUS ENDOSCOPY SURG		$837.00		1						
31292	NASAL/SINUS ENDOSCOPY SURG		$667.00		1						
31293	NASAL/SINUS ENDOSCOPY SURG		$728.00		1						
31294	NASAL/SINUS ENDOSCOPY SURG		$858.00		1						
31295	SINUS ENDO W/BALLOON DIL		$1,510.22		1						
31296	SINUS ENDO W/BALLOON DIL		$2,826.97		1						
31297	SINUS ENDO W/BALLOON DIL		$2,800.18		1						
31300	REMOVAL OF LARYNX LESION		$697.00		1						
31320	DIAGNOSTIC INCISION LARYNX		$309.00		1						
31360	REMOVAL OF LARYNX		$984.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
31365	REMOVAL OF LARYNX		$1,307.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
31367	PARTIAL REMOVAL OF LARYNX		$1,273.00		1						
31368	PARTIAL REMOVAL OF LARYNX		$1,398.00		1						
31370	PARTIAL REMOVAL OF LARYNX		$1,019.00		1						
31375	PARTIAL REMOVAL OF LARYNX		$929.00		1						
31380	PARTIAL REMOVAL OF LARYNX		$960.00		1						
31382	PARTIAL REMOVAL OF LARYNX		$982.00		1						
31390	REMOVAL OF LARYNX & PHARYNX		$1,351.00		1						
31395	RECONSTRUCT LARYNX & PHARYNX		$1,576.00		1						
31400	REVISION OF LARYNX		$588.00		1						
31420	REMOVAL OF EPIGLOTTIS		$520.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
31500	INSERT EMERGENCY AIRWAY		$100.00		1						
31502	CHANGE OF WINDPIPE AIRWAY		$33.00		1						
31505	DIAGNOSTIC LARYNGOSCOPY		$57.00		1						
31510	LARYNGOSCOPY WITH BIOPSY		$99.00		1						
31511	REMOVE FOREIGN BODY LARYNX		$151.00		1						
31512	REMOVAL OF LARYNX LESION		$150.00		1						
31513	INJECTION INTO VOCAL CORD		$98.00		1						
31515	LARYNGOSCOPY FOR ASPIRATION		$150.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
31520	DX LARYNGOSCOPY NEWBORN		$123.00		1						
31525	DX LARYNGOSCOPY EXCL NB		$179.00		1						
31526	DX LARYNGOSCOPY W/OPER SCOPE		$143.00		1						
31527	LARYNGOSCOPY FOR TREATMENT		$154.00		1						
31528	LARYNGOSCOPY AND DILATION		$129.00		1						
31529	LARYNGOSCOPY AND DILATION		$147.00		1						
31530	LARYNGOSCOPY W/FB REMOVAL		$180.00		1						
31531	LARYNGOSCOPY W/FB & OP SCOPE		$215.00		1						
31535	LARYNGOSCOPY W/BIOPSY		$173.00		1						
31536	LARYNGOSCOPY W/BX & OP SCOPE		$194.00		1						
31540	LARYNGOSCOPY W/EXC OF TUMOR		$224.00		1						
31541	LARYNSCOP W/TUMR EXC + SCOPE		$245.00		1						
31545	REMOVE VC LESION W/SCOPE		$253.49		1						
31546	REMOVE VC LESION SCOPE/GRAFT		$386.81		1						
31560	LARYNGOSCOP W/ARYTENOIDECTOM		$310.00		1						
31561	LARYNSCOP REMVE CART + SCOP		$315.00		1						
31570	LARYNGOSCOPE W/VC INJ		$272.00		1						
31571	LARYNGOSCOP W/VC INJ + SCOPE		$210.00		1						
31575	DIAGNOSTIC LARYNGOSCOPY		$88.00		1						
31576	LARYNGOSCOPY WITH BIOPSY		$158.00		1						
31577	REMOVE FOREIGN BODY LARYNX		$159.00		1						
31578	REMOVAL OF LARYNX LESION		$203.00		1						
31579	DIAGNOSTIC LARYNGOSCOPY		$171.00		1						
31580	REVISION OF LARYNX		$650.00		1						
31582	REVISION OF LARYNX		$1,365.00		1						
31584	TREAT LARYNX FRACTURE		$1,105.00		1						
31587	REVISION OF LARYNX		$547.00		1						
31588	REVISION OF LARYNX		$820.00		1						
31590	REINNERVATE LARYNX		$370.00		1						
31595	LARYNX NERVE SURGERY		$436.00		2						
31600	INCISION OF WINDPIPE		$319.00		1						
31601	INCISION OF WINDPIPE		$206.00		1						
31603	INCISION OF WINDPIPE		$185.00		1						
31605	INCISION OF WINDPIPE		$166.00		1						
31610	INCISION OF WINDPIPE		$427.00		1						
31611	SURGERY/SPEECH PROSTHESIS		$365.00		1						
31612	PUNCTURE/CLEAR WINDPIPE		$58.00		1						
31613	REPAIR WINDPIPE OPENING		$305.00		1						
31614	REPAIR WINDPIPE OPENING		$456.00		1						
31615	VISUALIZATION OF WINDPIPE		$146.00		1						
31622	DX BRONCHOSCOPE/WASH		$236.00		1						
31623	DX BRONCHOSCOPE/BRUSH		$258.00		1						
31624	DX BRONCHOSCOPE/LAVAGE		$241.00		1						
31625	BRONCHOSCOPY W/BIOPSY(S)		$258.00		1						
31626	BRONCHOSCOPY W/MARKERS		$263.87		1						
31627	NAVIGATIONAL BRONCHOSCOPY		$701.24		1						
31628	BRONCHOSCOPY/LUNG BX EACH		$302.00		1						
31629	BRONCHOSCOPY/NEEDLE BX EACH		$499.00		1						
31630	BRONCHOSCOPY DILATE/FX REPR		$176.00		1						
31631	BRONCHOSCOPY DILATE W/STENT		$186.00		1						

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31632	BRONCHOSCOPY/LUNG BX ADDL		$57.00		4						
31633	BRONCHOSCOPY/NEEDLE BX ADDL		$58.65		4						
31634	BRONCH W/BALLOON OCCLUSION		$1,342.99		1						
31635	BRONCHOSCOPY W/FB REMOVAL		$276.00		1						
31636	BRONCHOSCOPY BRONCH STENTS		$160.31		1						
31637	BRONCHOSCOPY STENT ADD-ON		$57.25		2						
31638	BRONCHOSCOPY REVISE STENT		$204.00		1						
31640	BRONCHOSCOPY W/TUMOR EXCISE		$216.00		1						
31641	BRONCHOSCOPY TREAT BLOCKAGE		$236.00		1						
31643	DIAG BRONCHOSCOPE/CATHETER		$150.00		1						
31645	BRONCHOSCOPY CLEAR AIRWAYS		$234.00		1						
31646	BRONCHOSCOPY RECLEAR AIRWAY		$213.00		1						
31647	BRONCHIAL VALVE INIT INSERT		$167.02		1						
31648	BRONCHIAL VALVE REMOV INIT		$173.64		1						
31649	BRONCHIAL VALVE REMOV ADDL		$55.77		2						
31651	BRONCHIAL VALVE ADDL INSERT		$59.24		2						
31652	BRONCH EBUS SAMPLNG 1/2 NODE		$664.64		1						
31653	BRONCH EBUS SAMPLNG 3/> NODE		$706.77		1						
31717	BRONCHIAL BRUSH BIOPSY		$109.00		1						
31720	CLEARANCE OF AIRWAYS		$48.00		1						
31725	CLEARANCE OF AIRWAYS		$75.00		1						
31730	INTRO WINDPIPE WIRE/TUBE		$132.00		1						
31750	REPAIR OF WINDPIPE		$876.00		1						
31755	REPAIR OF WINDPIPE		$779.00		1						
31760	REPAIR OF WINDPIPE		$898.00		1						
31766	RECONSTRUCTION OF WINDPIPE		$1,259.00		1						
31770	REPAIR/GRAFT OF BRONCHUS		$1,210.00		1						
31775	RECONSTRUCT BRONCHUS		$1,067.00		1						
31780	RECONSTRUCT WINDPIPE		$860.00		1						
31781	RECONSTRUCT WINDPIPE		$1,048.00		1						
31785	REMOVE WINDPIPE LESION		$718.00		1						
31786	REMOVE WINDPIPE LESION		$1,013.00		1						
31800	REPAIR OF WINDPIPE INJURY		$339.00		1						
31805	REPAIR OF WINDPIPE INJURY		$813.00		1						
31820	CLOSURE OF WINDPIPE LESION		$292.00		1						
31825	REPAIR OF WINDPIPE DEFECT		$418.00		1						
31830	REVISE WINDPIPE SCAR		$296.00		1						
32035	THORACOSTOMY W/RIB RESECTION		$443.00		1						
32036	THORACOSTOMY W/FLAP DRAINAGE		$487.00		1						
32096	OPEN WEDGE/BX LUNG INFILTR		$516.27		1						
32097	OPEN WEDGE/BX LUNG NODULE		$516.27		1						
32098	OPEN BIOPSY OF LUNG PLEURA		$485.31		1						
32100	EXPLORATION OF CHEST		$714.00		1						
32110	EXPLORE/REPAIR CHEST		$658.00		1						
32120	RE-EXPLORATION OF CHEST		$579.00		1						
32124	EXPLORE CHEST FREE ADHESIONS		$616.00		1						
32140	REMOVAL OF LUNG LESION(S)		$690.00		1						
32141	REMOVE/TREAT LUNG LESIONS		$682.00		1						
32150	REMOVAL OF LUNG LESION(S)		$661.00		1						
32151	REMOVE LUNG FOREIGN BODY		$664.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
32160	OPEN CHEST HEART MASSAGE		$453.00		1						
32200	DRAIN OPEN LUNG LESION		$617.00		1						
32215	TREAT CHEST LINING		$551.00		1						
32220	RELEASE OF LUNG		$1,141.00		1						
32225	PARTIAL RELEASE OF LUNG		$682.00		1						
32310	REMOVAL OF CHEST LINING		$657.00		1						
32320	FREE/REMOVE CHEST LINING		$1,120.00		1						
32400	NEEDLE BIOPSY CHEST LINING		$111.00		1						
32405	PERCUT BX LUNG/MEDIASTINUM		$88.00		1						
32440	REMOVE LUNG PNEUMONECTOMY		$1,173.00		1						
32442	SLEEVE PNEUMONECTOMY		$1,135.00		1						
32445	REMOVAL OF LUNG EXTRAPLEURAL		$1,131.00		1						
32480	PARTIAL REMOVAL OF LUNG		$1,123.00		1						
32482	BILOBECTOMY		$924.00		1						
32484	SEGMENTECTOMY		$956.00		1						
32486	SLEEVE LOBECTOMY		$1,068.00		1						
32488	COMPLETION PNEUMONECTOMY		$1,134.00		1						
32491	LUNG VOLUME REDUCTION		$1,239.00		1						
32501	REPAIR BRONCHUS ADD-ON		$241.00		1						
32503	RESECT APICAL LUNG TUMOR		$1,166.66		1						
32504	RESECT APICAL LUNG TUM/CHEST		$1,336.03		1						
32505	WEDGE RESECT OF LUNG INITIAL		$596.15		1						
32506	WEDGE RESECT OF LUNG ADD-ON		$100.62		1						
32507	WEDGE RESECT OF LUNG DIAG		$100.62		1						
32540	REMOVAL OF LUNG LESION		$740.00		1						
32550	INSERT PLEURAL CATH		$446.22		1						
32551	INSERTION OF CHEST TUBE		$97.73		1						
32553	INS MARK THOR FOR RT PERQ		$353.71		1						
32554	ASPIRATE PLEURA W/O IMAGING		$402.07		1						
32555	ASPIRATE PLEURA W/ IMAGING		$463.85		1						
32556	INSERT CATH PLEURA W/O IMAGE		$424.96		1						
32557	INSERT CATH PLEURA W/ IMAGE		$683.62		1						
32560	TREAT PLEURODESIS W/AGENT		$165.33		1						
32561	LYSE CHEST FIBRIN INIT DAY		$59.14		1						
32562	LYSE CHEST FIBRIN SUBQ DAY		$52.58		1						
32601	THORACOSCOPY DIAGNOSTIC		$259.00		1						
32604	THORACOSCOPY WBX SAC		$361.00		1						
32606	THORACOSCOPY W/BX MED SPACE		$346.00		1						
32607	THORACOSCOPY W/BX INFILTRATE		$198.00		1						
32608	THORACOSCOPY W/BX NODULE		$243.17		1						
32609	THORACOSCOPY W/BX PLEURA		$167.68		1						
32650	THORACOSCOPY W/PLEURODESIS		$535.00		1						
32651	THORACOSCOPY REMOVE CORTEX		$627.00		1						
32652	THORACOSCOPY REM TOTL CORTEX		$888.00		1						
32653	THORACOSCOPY REMOV FB/FIBRIN		$616.00		1						
32654	THORACOSCOPY CONTRL BLEEDING		$590.00		1						
32655	THORACOSCOPY RESECT BULLAE		$662.00		1						
32656	THORACOSCOPY W/PLEURECTOMY		$656.00		1						
32658	THORACOSCOPY W/SAC FB REMOVE		$612.00		1						
32659	THORACOSCOPY W/SAC DRAINAGE		$654.00		1						

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32661	THORACOSCOPY W/PERICARD EXC		$628.00		1						
32662	THORACOSCOPY W/MEDIAST EXC		$786.00		1						
32663	THORACOSCOPY W/LOBECTOMY		$896.00		1						
32664	THORACOSCOPY W/ TH NRV EXC		$682.00		1						
32665	THORACOSCOP W/ESOPH MUSC EXC		$733.00		1						
32666	THORACOSCOPY W/WEDGE RESECT		$556.77		1						
32667	THORACOSCOPY W/W RESECT ADDL		$100.62		3						
32668	THORACOSCOPY W/W RESECT DIAG		$101.05		1						
32669	THORACOSCOPY REMOVE SEGMENT		$858.70		1						
32670	THORACOSCOPY BILOBECTOMY		$1,025.58		1						
32671	THORACOSCOPY PNEUMONECTOMY		$1,137.10		1						
32672	THORACOSCOPY FOR LVRS		$972.65		1						
32673	THORACOSCOPY W/THYMUS RESECT		$770.90		1						
32674	THORACOSCOPY LYMPH NODE EXC		$138.08		1						
32701	THORAX STEREO RAD TARGETW/TX		$158.86		1						
32800	REPAIR LUNG HERNIA		$629.00		1						
32810	CLOSE CHEST AFTER DRAINAGE		$587.00		1						
32815	CLOSE BRONCHIAL FISTULA		$1,037.00		1						
32820	RECONSTRUCT INJURED CHEST		$997.00		1						
32900	REMOVAL OF RIB(S)		$937.00		1						
32905	REVISE & REPAIR CHEST WALL		$961.00		1						
32906	REVISE & REPAIR CHEST WALL		$1,140.00		1						
32940	REVISION OF LUNG		$897.00		1						
32960	THERAPEUTIC PNEUMOTHORAX		$82.00		1						
32997	TOTAL LUNG LAVAGE		$214.00		1						
32998	PERQ RF ABLATE TX PUL TUMOR		$208.00		1						
33010	DRAINAGE OF HEART SAC		$92.00		1						
33011	REPEAT DRAINAGE OF HEART SAC		$85.00		1						
33015	INCISION OF HEART SAC		$356.00		1						
33020	INCISION OF HEART SAC		$633.00		1						
33025	INCISION OF HEART SAC		$625.00		1						
33030	PARTIAL REMOVAL OF HEART SAC		$958.00		1						
33031	PARTIAL REMOVAL OF HEART SAC		$1,263.00		1						
33050	RESECT HEART SAC LESION		$661.00		1						
33120	REMOVAL OF HEART LESION		$1,267.00		1						
33130	REMOVAL OF HEART LESION		$939.00		1						
33140	HEART REVASCULARIZE (TMR)		$853.00		1						
33141	HEART TMR W/OTHER PROCEDURE		$203.00		1						
33202	INSERT EPICARD ELTRD OPEN		$557.00		1						
33203	INSERT EPICARD ELTRD ENDO		$572.00		1						
33206	INSERT HEART PM ATRIAL		$371.00		1						
33207	INSERT HEART PM VENTRICULAR		$426.00		1						
33208	INSRT HEART PM ATRIAL & VENT		$432.00		1						
33210	INSERT ELECTRD/PM CATH SNGL		$154.00		1						
33211	INSERT CARD ELECTRODES DUAL		$151.00		1						
33212	INSERT PULSE GEN SNGL LEAD		$289.00		1						
33213	INSERT PULSE GEN DUAL LEADS		$302.00		1						
33214	UPGRADE OF PACEMAKER SYSTEM		$375.00		1						
33215	REPOSITION PACING-DEFIB LEAD		$235.00		1						
33216	INSERT 1 ELECTRODE PM-DEFIB		$322.00		1						

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33217	INSERT 2 ELECTRODE PM-DEFIB		$293.00		1						
33218	REPAIR LEAD PACE-DEFIB ONE		$263.00		1						
33220	REPAIR LEAD PACE-DEFIB DUAL		$266.00		1						
33221	INSERT PULSE GEN MULT LEADS		$224.51		1						
33222	RELOCATION POCKET PACEMAKER		$271.00		1						
33223	RELOCATE POCKET FOR DEFIB		$325.00		1						
33224	INSERT PACING LEAD & CONNECT		$391.00		1						
33225	L VENTRIC PACING LEAD ADD-ON		$348.00		1						
33226	REPOSITION L VENTRIC LEAD		$311.23		1						
33227	REMOVE&REPLACE PM GEN SINGL		$214.17		1						
33228	REMV&REPLC PM GEN DUAL LEAD		$223.38		1						
33229	REMV&REPLC PM GEN MULT LEADS		$232.58		1						
33230	INSRT PULSE GEN W/DUAL LEADS		$241.60		1						
33231	INSRT PULSE GEN W/MULT LEADS		$250.81		1						
33233	REMOVAL OF PM GENERATOR		$190.00		1						
33234	REMOVAL OF PACEMAKER SYSTEM		$378.00		1						
33235	REMOVAL PACEMAKER ELECTRODE		$479.00		1						
33236	REMOVE ELECTRODE/THORACOTOMY		$529.00		1						
33237	REMOVE ELECTRODE/THORACOTOMY		$639.00		1						
33238	REMOVE ELECTRODE/THORACOTOMY		$669.00		1						
33240	INSRT PULSE GEN W/SINGL LEAD		$360.00		1						
33241	REMOVE PULSE GENERATOR		$180.00		1						
33243	REMOVE ELTRD/THORACOTOMY		$900.00		1						
33244	REMOVE ELCTRD TRANSVENOUSLY		$671.00		1						
33249	INSJ/RPLCMT DEFIB W/LEAD(S)		$751.00		1						
33250	ABLATE HEART DYSRHYTHM FOCUS		$917.00		1						
33251	ABLATE HEART DYSRHYTHM FOCUS		$1,136.00		1						
33254	ABLATE ATRIA LMTD		$973.00		1						
33255	ABLATE ATRIA W/O BYPASS EXT		$1,174.00		1						
33256	ABLATE ATRIA W/BYPASS EXTEN		$402.00		1						
33257	ABLATE ATRIA LMTD ADD-ON		$322.50		1						
33258	ABLATE ATRIA X10SV ADD-ON		$364.31		1						
33259	ABLATE ATRIA W/BYPASS ADD-ON		$475.73		1						
33261	ABLATE HEART DYSRHYTHM FOCUS		$1,080.00		1						
33262	RMVL& REPLC PULSE GEN 1 LEAD		$232.85		1						
33263	RMVL & RPLCMT DFB GEN 2 LEAD		$242.05		1						
33264	RMVL & RPLCMT DFB GEN MLT LD		$251.25		1						
33265	ABLATE ATRIA LMTD ENDO		$973.00		1						
33266	ABLATE ATRIA X10SV ENDO		$1,334.00		1						
33270	INS/REP SUBQ DEFIBRILLATOR		$469.05		1						
33271	INSJ SUBQ IMPLTBL DFB ELCTRD		$368.32		1						
33272	RMVL OF SUBQ DEFIBRILLATOR		$308.70		1						
33273	REPOS PREV IMPLTBL SUBQ DFB		$297.68		1						
33282	IMPLANT PAT-ACTIVE HT RECORD		$250.00		1						
33284	REMOVE PAT-ACTIVE HT RECORD		$192.00		1						
33300	REPAIR OF HEART WOUND		$849.00		1						
33305	REPAIR OF HEART WOUND		$1,018.00		1						
33310	EXPLORATORY HEART SURGERY		$852.00		1						
33315	EXPLORATORY HEART SURGERY		$1,163.00		1						
33320	REPAIR MAJOR BLOOD VESSEL(S)		$800.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
33321	REPAIR MAJOR VESSEL		$1,015.00		1						
33322	REPAIR MAJOR BLOOD VESSEL(S)		$1,039.00		1						
33330	INSERT MAJOR VESSEL GRAFT		$941.00		1						
33335	INSERT MAJOR VESSEL GRAFT		$1,344.00		1						
33361	REPLACE AORTIC VALVE PERQ		$993.29		1						
33362	REPLACE AORTIC VALVE OPEN		$1,063.18		1						
33363	REPLACE AORTIC VALVE OPEN		$1,100.81		1						
33364	REPLACE AORTIC VALVE OPEN		$1,170.88		1						
33365	REPLACE AORTIC VALVE OPEN		$1,278.36		1						
33366	TRCATH REPLACE AORTIC VALVE		$1,083.23		1						
33367	REPLACE AORTIC VALVE W/BYP		$449.13		1						
33368	REPLACE AORTIC VALVE W/BYP		$544.20		1						
33369	REPLACE AORTIC VALVE W/BYP		$718.52		1						
33400	REPAIR OF AORTIC VALVE		$1,289.00		1						
33401	VALVULOPLASTY OPEN		$1,197.00		1						
33403	VALVULOPLASTY W/CP BYPASS		$1,271.00		1						
33404	PREPARE HEART-AORTA CONDUIT		$1,629.00		1						
33405	REPLACEMENT OF AORTIC VALVE		$1,710.00		1						
33406	REPLACEMENT OF AORTIC VALVE		$1,593.00		1						
33410	REPLACEMENT OF AORTIC VALVE		$1,428.00		1						
33411	REPLACEMENT OF AORTIC VALVE		$1,706.00		1						
33412	REPLACEMENT OF AORTIC VALVE		$1,727.00		1						
33413	REPLACEMENT OF AORTIC VALVE		$1,763.00		1						
33414	REPAIR OF AORTIC VALVE		$1,558.00		1						
33415	REVISION SUBVALVULAR TISSUE		$1,374.00		1						
33416	REVISE VENTRICLE MUSCLE		$1,446.00		1						
33417	REPAIR OF AORTIC VALVE		$1,474.00		1						
33418	REPAIR TCAT MITRAL VALVE		$1,325.99		1						
33419	REPAIR TCAT MITRAL VALVE		$391.16		1						
33420	REVISION OF MITRAL VALVE		$974.00		1						
33422	REVISION OF MITRAL VALVE		$1,306.00		1						
33425	REPAIR OF MITRAL VALVE		$1,348.00		1						
33426	REPAIR OF MITRAL VALVE		$1,553.00		1						
33427	REPAIR OF MITRAL VALVE		$2,078.00		1						
33430	REPLACEMENT OF MITRAL VALVE		$1,710.00		1						
33460	REVISION OF TRICUSPID VALVE		$1,190.00		1						
33463	VALVULOPLASTY TRICUSPID		$1,287.00		1						
33464	VALVULOPLASTY TRICUSPID		$1,368.00		1						
33465	REPLACE TRICUSPID VALVE		$1,432.00		1						
33468	REVISION OF TRICUSPID VALVE		$1,582.00		1						
33470	REVISION OF PULMONARY VALVE		$945.00		1						
33471	VALVOTOMY PULMONARY VALVE		$1,040.00		1						
33474	REVISION OF PULMONARY VALVE		$1,167.00		1						
33475	REPLACEMENT PULMONARY VALVE		$1,432.00		1						
33476	REVISION OF HEART CHAMBER		$1,223.00		1						
33477	IMPLANT TCAT PULM VLV PERQ		$1,006.16		1						
33478	REVISION OF HEART CHAMBER		$1,365.00		1						
33496	REPAIR PROSTH VALVE CLOT		$1,392.00		1						
33500	REPAIR HEART VESSEL FISTULA		$1,638.00		1						
33501	REPAIR HEART VESSEL FISTULA		$834.00		1						

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33502	CORONARY ARTERY CORRECTION		$1,042.00		1						
33503	CORONARY ARTERY GRAFT		$1,066.00		1						
33504	CORONARY ARTERY GRAFT		$1,344.00		1						
33505	REPAIR ARTERY W/TUNNEL		$1,304.00		1						
33506	REPAIR ARTERY TRANSLOCATION		$1,316.00		1						
33507	REPAIR ART INTRAMURAL		$1,129.93		1						
33508	ENDOSCOPIC VEIN HARVEST		$13.00		1						
33510	CABG VEIN SINGLE		$1,530.00		1						
33511	CABG VEIN TWO		$1,633.00		1						
33512	CABG VEIN THREE		$1,716.00		1						
33513	CABG VEIN FOUR		$1,729.00		1						
33514	CABG VEIN FIVE		$1,764.00		1						
33516	CABG VEIN SIX OR MORE		$2,070.00		1						
33517	CABG ARTERY-VEIN SINGLE		$122.00		1						
33518	CABG ARTERY-VEIN TWO		$229.00		1						
33519	CABG ARTERY-VEIN THREE		$328.00		1						
33521	CABG ARTERY-VEIN FOUR		$432.00		1						
33522	CABG ARTERY-VEIN FIVE		$537.00		1						
33523	CABG ART-VEIN SIX OR MORE		$642.00		1						
33530	CORONARY ARTERY BYPASS/REOP		$277.00		1						
33533	CABG ARTERIAL SINGLE		$1,435.00		1						
33534	CABG ARTERIAL TWO		$1,539.00		1						
33535	CABG ARTERIAL THREE		$1,792.00		1						
33536	CABG ARTERIAL FOUR OR MORE		$1,822.00		1						
33542	REMOVAL OF HEART LESION		$1,470.00		1						
33545	REPAIR OF HEART DAMAGE		$1,751.00		1						
33548	RESTORE/REMODEL VENTRICLE		$1,481.03		1						
33572	OPEN CORONARY ENDARTERECTOMY		$201.00		3						
33600	CLOSURE OF VALVE		$1,423.00		1						
33602	CLOSURE OF VALVE		$1,376.00		1						
33606	ANASTOMOSIS/ARTERY-AORTA		$1,522.00		1						
33608	REPAIR ANOMALY W/CONDUIT		$1,578.00		1						
33610	REPAIR BY ENLARGEMENT		$1,542.00		1						
33611	REPAIR DOUBLE VENTRICLE		$1,605.00		1						
33612	REPAIR DOUBLE VENTRICLE		$1,692.00		1						
33615	REPAIR MODIFIED FONTAN		$1,637.00		1						
33617	REPAIR SINGLE VENTRICLE		$1,755.00		1						
33619	REPAIR SINGLE VENTRICLE		$2,049.00		1						
33620	APPLY R&L PULM ART BANDS		$1,252.10		1						
33621	TRANSTHOR CATH FOR STENT		$675.66		1						
33622	REDO COMPL CARDIAC ANOMALY		$2,647.98		1						
33641	REPAIR HEART SEPTUM DEFECT		$1,088.00		1						
33645	REVISION OF HEART VEINS		$1,262.00		1						
33647	REPAIR HEART SEPTUM DEFECTS		$1,464.00		1						
33660	REPAIR OF HEART DEFECTS		$1,311.00		1						
33665	REPAIR OF HEART DEFECTS		$1,450.00		1						
33670	REPAIR OF HEART CHAMBERS		$1,613.00		1						
33675	CLOSE MULT VSD		$1,547.00		1						
33676	CLOSE MULT VSD W/RESECTION		$1,594.00		1						
33677	CL MULT VSD W/REM PUL BAND		$1,657.00		1						

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33681	REPAIR HEART SEPTUM DEFECT		$1,425.00		1						
33684	REPAIR HEART SEPTUM DEFECT		$1,473.00		1						
33688	REPAIR HEART SEPTUM DEFECT		$1,405.00		1						
33690	REINFORCE PULMONARY ARTERY		$1,010.00		1						
33692	REPAIR OF HEART DEFECTS		$1,515.00		1						
33694	REPAIR OF HEART DEFECTS		$1,613.00		1						
33697	REPAIR OF HEART DEFECTS		$1,648.00		1						
33702	REPAIR OF HEART DEFECTS		$1,367.00		1						
33710	REPAIR OF HEART DEFECTS		$1,468.00		1						
33720	REPAIR OF HEART DEFECT		$1,346.00		1						
33722	REPAIR OF HEART DEFECT		$1,451.00		1						
33724	REPAIR VENOUS ANOMALY		$1,112.00		1						
33726	REPAIR PUL VENOUS STENOSIS		$1,468.00		1						
33730	REPAIR HEART-VEIN DEFECT(S)		$1,517.00		1						
33732	REPAIR HEART-VEIN DEFECT		$1,409.00		1						
33735	REVISION OF HEART CHAMBER		$1,093.00		1						
33736	REVISION OF HEART CHAMBER		$1,227.00		1						
33737	REVISION OF HEART CHAMBER		$1,063.00		1						
33750	MAJOR VESSEL SHUNT		$1,012.00		1						
33755	MAJOR VESSEL SHUNT		$989.00		1						
33762	MAJOR VESSEL SHUNT		$1,025.00		1						
33764	MAJOR VESSEL SHUNT & GRAFT		$1,022.00		1						
33766	MAJOR VESSEL SHUNT		$1,138.00		1						
33767	MAJOR VESSEL SHUNT		$1,171.00		1						
33768	CAVOPULMONARY SHUNTING		$282.46		1						
33770	REPAIR GREAT VESSELS DEFECT		$1,591.00		1						
33771	REPAIR GREAT VESSELS DEFECT		$1,580.00		1						
33774	REPAIR GREAT VESSELS DEFECT		$1,505.00		1						
33775	REPAIR GREAT VESSELS DEFECT		$1,505.00		1						
33776	REPAIR GREAT VESSELS DEFECT		$1,537.00		1						
33777	REPAIR GREAT VESSELS DEFECT		$1,505.00		1						
33778	REPAIR GREAT VESSELS DEFECT		$1,723.00		1						
33779	REPAIR GREAT VESSELS DEFECT		$1,684.00		1						
33780	REPAIR GREAT VESSELS DEFECT		$1,843.00		1						
33781	REPAIR GREAT VESSELS DEFECT		$1,652.00		1						
33782	NIKAIDOH PROC		$1,935.93		1						
33783	NIKAIDOH PROC W/OSTIA IMPLT		$2,103.01		1						
33786	REPAIR ARTERIAL TRUNK		$1,613.00		1						
33788	REVISION OF PULMONARY ARTERY		$1,234.00		1						
33800	AORTIC SUSPENSION		$830.00		1						
33802	REPAIR VESSEL DEFECT		$938.00		1						
33803	REPAIR VESSEL DEFECT		$941.00		1						
33813	REPAIR SEPTAL DEFECT		$1,336.00		1						
33814	REPAIR SEPTAL DEFECT		$1,322.00		1						
33820	REVISE MAJOR VESSEL		$861.00		1						
33822	REVISE MAJOR VESSEL		$839.00		1						
33824	REVISE MAJOR VESSEL		$1,010.00		1						
33840	REMOVE AORTA CONSTRICTION		$1,059.00		1						
33845	REMOVE AORTA CONSTRICTION		$1,142.00		1						
33851	REMOVE AORTA CONSTRICTION		$1,118.00		1						

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33852	REPAIR SEPTAL DEFECT		$1,239.00		1						
33853	REPAIR SEPTAL DEFECT		$1,639.00		1						
33860	ASCENDING AORTIC GRAFT		$1,639.00		1						
33863	ASCENDING AORTIC GRAFT		$1,996.00		1						
33864	ASCENDING AORTIC GRAFT		$1,743.62		1						
33870	TRANSVERSE AORTIC ARCH GRAFT		$2,150.00		1						
33875	THORACIC AORTIC GRAFT		$1,551.00		1						
33877	THORACOABDOMINAL GRAFT		$2,076.00		1						
33880	ENDOVASC TAA REPR INCL SUBCL		$1,177.31		1						
33881	ENDOVASC TAA REPR W/O SUBCL		$1,010.12		1						
33883	INSERT ENDOVASC PROSTH TAA		$743.79		1						
33884	ENDOVASC PROSTH TAA ADD-ON		$279.31		3						
33886	ENDOVASC PROSTH DELAYED		$641.34		1						
33889	ARTERY TRANSPOSE/ENDOVAS TAA		$555.67		1						
33891	CAR-CAR BP GRFT/ENDOVAS TAA		$707.82		1						
33910	REMOVE LUNG ARTERY EMBOLI		$1,183.00		1						
33915	REMOVE LUNG ARTERY EMBOLI		$864.00		1						
33916	SURGERY OF GREAT VESSEL		$1,135.00		1						
33917	REPAIR PULMONARY ARTERY		$1,258.00		1						
33920	REPAIR PULMONARY ATRESIA		$1,602.00		1						
33922	TRANSECT PULMONARY ARTERY		$1,195.00		1						
33924	REMOVE PULMONARY SHUNT		$257.00		1						
33925	RPR PUL ART UNIFOCAL W/O CPB		$1,149.59		1						
33926	REPR PUL ART UNIFOCAL W/CPB		$1,561.53		1						
33946	ECMO/ECLS INITIATION VENOUS		$241.62		1						
33947	ECMO/ECLS INITIATION ARTERY		$264.48		1						
33948	ECMO/ECLS DAILY MGMT-VENOUS		$187.07		1						
33949	ECMO/ECLS DAILY MGMT ARTERY		$182.33		1						
33951	ECMO/ECLS INSJ PRPH CANNULA		$310.27		1						
33952	ECMO/ECLS INSJ PRPH CANNULA		$302.91		1						
33953	ECMO/ECLS INSJ PRPH CANNULA		$345.88		1						
33954	ECMO/ECLS INSJ PRPH CANNULA		$337.76		1						
33955	ECMO/ECLS INSJ CTR CANNULA		$680.24		1						
33956	ECMO/ECLS INSJ CTR CANNULA		$644.46		1						
33957	ECMO/ECLS REPOS PERPH CNULA		$201.21		1						
33958	ECMO/ECLS REPOS PERPH CNULA		$196.39		1						
33959	ECMO/ECLS REPOS PERPH CNULA		$238.10		1						
33962	ECMO/ECLS REPOS PERPH CNULA		$226.68		1						
33963	ECMO/ECLS REPOS PERPH CNULA		$411.74		1						
33964	ECMO/ECLS REPOS PERPH CNULA		$418.45		1						
33965	ECMO/ECLS RMVL PERPH CANNULA		$198.93		1						
33966	ECMO/ECLS RMVL PRPH CANNULA		$225.25		1						
33967	INSERT I-AORT PERCUT DEVICE		$203.00		1						
33968	REMOVE AORTIC ASSIST DEVICE		$28.00		1						
33969	ECMO/ECLS RMVL PERPH CANNULA		$248.31		1						
33970	AORTIC CIRCULATION ASSIST		$318.00		1						
33971	AORTIC CIRCULATION ASSIST		$537.00		1						
33973	INSERT BALLOON DEVICE		$411.00		1						
33974	REMOVE INTRA-AORTIC BALLOON		$680.00		1						
33975	IMPLANT VENTRICULAR DEVICE		$1,460.00		1						

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33976	IMPLANT VENTRICULAR DEVICE		$1,668.00		1						
33977	REMOVE VENTRICULAR DEVICE		$845.00		1						
33978	REMOVE VENTRICULAR DEVICE		$950.00		1						
33979	INSERT INTRACORPOREAL DEVICE		$1,642.00		1						
33980	REMOVE INTRACORPOREAL DEVICE		$2,105.00		1						
33981	REPLACE VAD PUMP EXT		$1,642.00		1						
33983	REPLACE VAD INTRA W/BP		$1,782.30		1						
33984	ECMO/ECLS RMVL PRPH CANNULA		$243.76		1						
33985	ECMO/ECLS RMVL CTR CANNULA		$462.13		1						
33986	ECMO/ECLS RMVL CTR CANNULA		$440.67		1						
33987	ARTERY EXPOS/GRAFT ARTERY		$182.88		1						
33988	INSERTION OF LEFT HEART VENT		$577.23		1						
33989	REMOVAL OF LEFT HEART VENT		$378.88		1						
33990	INSERT VAD ARTERY ACCESS		$316.04		1						
33991	INSERT VAD ART&VEIN ACCESS		$460.54		1						
33992	REMOVE VAD DIFFERENT SESSION		$150.46		1						
33993	REPOSITION VAD DIFF SESSION		$132.12		1						
34001	REMOVAL OF ARTERY CLOT		$549.00		1						
34051	REMOVAL OF ARTERY CLOT		$618.00		1						
34101	REMOVAL OF ARTERY CLOT		$498.00		1						
34111	REMOVAL OF ARM ARTERY CLOT		$473.00		1						
34151	REMOVAL OF ARTERY CLOT		$900.00		1						
34201	REMOVAL OF ARTERY CLOT		$536.00		1						
34203	REMOVAL OF LEG ARTERY CLOT		$762.00		1						
34401	REMOVAL OF VEIN CLOT		$519.00		1						
34421	REMOVAL OF VEIN CLOT		$562.00		1						
34451	REMOVAL OF VEIN CLOT		$780.00		1						
34471	REMOVAL OF VEIN CLOT		$472.00		1						
34490	REMOVAL OF VEIN CLOT		$360.00		1						
34501	REPAIR VALVE FEMORAL VEIN		$755.00		1						
34502	RECONSTRUCT VENA CAVA		$1,112.00		1						
34510	TRANSPOSITION OF VEIN VALVE		$870.00		1						
34520	CROSS-OVER VEIN GRAFT		$752.00		1						
34530	LEG VEIN FUSION		$743.00		1						
34800	ENDOVAS AAA REPR W/SM TUBE		$803.00		1						
34802	ENDOVAS AAA REPR W/2-P PART		$1,002.00		1						
34803	ENDOVAS AAA REPR W/3-P PART		$908.77		1						
34804	ENDOVAS AAA REPR W/1-P PART		$1,002.00		1						
34805	ENDOVAS AAA REPR W/LONG TUBE		$826.70		1						
34806	ANEURYSM PRESS SENSOR ADD-ON		$57.12		1						
34808	ENDOVAS ILIAC A DEVICE ADDON		$153.19		1						
34812	XPOSE FOR ENDOPROSTH FEMORL		$289.00		1						
34813	FEMORAL ENDOVAS GRAFT ADD-ON		$178.00		1						
34820	XPOSE FOR ENDOPROSTH ILIAC		$362.00		1						
34825	ENDOVASC EXTEND PROSTH INIT		$552.00		1						
34826	ENDOVASC EXTEN PROSTH ADDL		$170.00		4						
34830	OPEN AORTIC TUBE PROSTH REPR		$1,252.00		1						
34831	OPEN AORTOILIAC PROSTH REPR		$1,353.00		1						
34832	OPEN AORTOFEMOR PROSTH REPR		$1,353.00		1						
34833	XPOSE FOR ENDOPROSTH ILIAC		$428.31		1						

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34834	XPOSE ENDOPROSTH BRACHIAL		$236.00		1						
34842	ENDOVASC VISC AORTA 2 GRAFT		$548.00		1						
34900	ENDOVASC ILIAC REPR W/GRAFT		$736.00		1						
35001	REPAIR DEFECT OF ARTERY		$848.00		1						
35002	REPAIR ARTERY RUPTURE NECK		$1,084.00		1						
35005	REPAIR DEFECT OF ARTERY		$891.00		1						
35011	REPAIR DEFECT OF ARTERY		$809.00		1						
35013	REPAIR ARTERY RUPTURE ARM		$987.00		1						
35021	REPAIR DEFECT OF ARTERY		$1,075.00		1						
35022	REPAIR ARTERY RUPTURE CHEST		$1,182.00		1						
35045	REPAIR DEFECT OF ARM ARTERY		$782.00		1						
35081	REPAIR DEFECT OF ARTERY		$1,235.00		1						
35082	REPAIR ARTERY RUPTURE AORTA		$1,451.00		1						
35091	REPAIR DEFECT OF ARTERY		$1,435.00		1						
35092	REPAIR ARTERY RUPTURE AORTA		$1,691.00		1						
35102	REPAIR DEFECT OF ARTERY		$1,352.00		1						
35103	REPAIR ARTERY RUPTURE AORTA		$1,709.00		1						
35111	REPAIR DEFECT OF ARTERY		$971.00		1						
35112	REPAIR ARTERY RUPTURE SPLEEN		$948.00		1						
35121	REPAIR DEFECT OF ARTERY		$1,087.00		1						
35122	REPAIR ARTERY RUPTURE BELLY		$1,301.00		1						
35131	REPAIR DEFECT OF ARTERY		$887.00		1						
35132	REPAIR ARTERY RUPTURE GROIN		$1,327.00		1						
35141	REPAIR DEFECT OF ARTERY		$902.00		1						
35142	REPAIR ARTERY RUPTURE THIGH		$930.00		1						
35151	REPAIR DEFECT OF ARTERY		$753.00		1						
35152	REPAIR RUPTD POPLITEAL ART		$861.00		1						
35180	REPAIR BLOOD VESSEL LESION		$664.00		1						
35182	REPAIR BLOOD VESSEL LESION		$941.00		1						
35184	REPAIR BLOOD VESSEL LESION		$640.00		1						
35188	REPAIR BLOOD VESSEL LESION		$664.00		1						
35189	REPAIR BLOOD VESSEL LESION		$966.00		1						
35190	REPAIR BLOOD VESSEL LESION		$669.00		1						
35201	REPAIR BLOOD VESSEL LESION		$748.00		1						
35206	REPAIR BLOOD VESSEL LESION		$613.00		1						
35207	REPAIR BLOOD VESSEL LESION		$598.00		1						
35211	REPAIR BLOOD VESSEL LESION		$1,145.00		1						
35216	REPAIR BLOOD VESSEL LESION		$875.00		1						
35221	REPAIR BLOOD VESSEL LESION		$1,071.00		1						
35226	REPAIR BLOOD VESSEL LESION		$677.00		1						
35231	REPAIR BLOOD VESSEL LESION		$730.00		1						
35236	REPAIR BLOOD VESSEL LESION		$778.00		1						
35241	REPAIR BLOOD VESSEL LESION		$1,042.00		1						
35246	REPAIR BLOOD VESSEL LESION		$918.00		1						
35251	REPAIR BLOOD VESSEL LESION		$884.00		1						
35256	REPAIR BLOOD VESSEL LESION		$832.00		1						
35261	REPAIR BLOOD VESSEL LESION		$805.00		1						
35266	REPAIR BLOOD VESSEL LESION		$680.00		1						
35271	REPAIR BLOOD VESSEL LESION		$1,141.00		1						
35276	REPAIR BLOOD VESSEL LESION		$1,072.00		1						

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35281	REPAIR BLOOD VESSEL LESION		$780.00		1						
35286	REPAIR BLOOD VESSEL LESION		$751.00		1						
35301	RECHANNELING OF ARTERY		$952.00		1						
35302	RECHANNELING OF ARTERY		$830.00		1						
35303	RECHANNELING OF ARTERY		$913.00		1						
35304	RECHANNELING OF ARTERY		$950.00		1						
35305	RECHANNELING OF ARTERY		$913.00		1						
35306	RECHANNELING OF ARTERY		$343.00		1						
35311	RECHANNELING OF ARTERY		$1,080.00		1						
35321	RECHANNELING OF ARTERY		$556.00		1						
35331	RECHANNELING OF ARTERY		$940.00		1						
35341	RECHANNELING OF ARTERY		$1,075.00		1						
35351	RECHANNELING OF ARTERY		$1,021.00		1						
35355	RECHANNELING OF ARTERY		$929.00		1						
35361	RECHANNELING OF ARTERY		$1,176.00		1						
35363	RECHANNELING OF ARTERY		$1,397.00		1						
35371	RECHANNELING OF ARTERY		$674.00		1						
35372	RECHANNELING OF ARTERY		$813.00		1						
35390	REOPERATION CAROTID ADD-ON		$135.00		1						
35400	ANGIOSCOPY		$122.00		1						
35450	REPAIR ARTERIAL BLOCKAGE		$595.00		2						
35452	REPAIR ARTERIAL BLOCKAGE		$362.00		1						
35458	REPAIR ARTERIAL BLOCKAGE		$452.00		3						
35460	REPAIR VENOUS BLOCKAGE		$293.00		1						
35471	REPAIR ARTERIAL BLOCKAGE		$2,929.00		3						
35472	REPAIR ARTERIAL BLOCKAGE		$1,897.00		1						
35475	REPAIR ARTERIAL BLOCKAGE		$1,762.00		1						
35476	REPAIR VENOUS BLOCKAGE		$1,355.00		1						
35500	HARVEST VEIN FOR BYPASS		$298.00		2						
35501	ART BYP GRFT IPSILAT CAROTID		$849.00		2						
35506	ART BYP GRFT SUBCLAV-CAROTID		$905.00		1						
35508	ART BYP GRFT CAROTID-VERTBRL		$925.00		1						
35509	ART BYP GRFT CONTRAL CAROTID		$860.00		1						
35510	ART BYP GRFT CAROTID-BRCHIAL		$874.36		1						
35511	ART BYP GRFT SUBCLAV-SUBCLAV		$726.00		1						
35512	ART BYP GRFT SUBCLAV-BRCHIAL		$857.42		1						
35515	ART BYP GRFT SUBCLAV-VERTBRL		$925.00		1						
35516	ART BYP GRFT SUBCLAV-AXILARY		$751.00		1						
35518	ART BYP GRFT AXILLARY-AXILRY		$912.00		1						
35521	ART BYP GRFT AXILL-FEMORAL		$751.00		2						
35522	ART BYP GRFT AXILL-BRACHIAL		$960.00		1						
35523	ART BYP GRFT BRCHL-ULNR-RDL		$713.06		2						
35525	ART BYP GRFT BRACHIAL-BRCHL		$916.00		1						
35526	ART BYP GRFT AOR/CAROT/INNOM		$848.00		3						
35531	ART BYP GRFT AORCEL/AORMESEN		$1,587.00		2						
35533	ART BYP GRFT AXILL/FEM/FEM		$928.00		1						
35535	ART BYP GRFT HEPATORENAL		$1,505.50		1						
35536	ART BYP GRFT SPLENORENAL		$1,022.00		1						
35537	ART BYP GRFT AORTOILIAC		$1,606.00		1						
35538	ART BYP GRFT AORTOBI-ILIAC		$1,795.00		1						

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35539	ART BYP GRFT AORTOFEMORAL		$1,687.00		1						
35540	ART BYP GRFT AORTBIFEMORAL		$1,881.00		1						
35556	ART BYP GRFT FEM-POPLITEAL		$1,104.00		2						
35558	ART BYP GRFT FEM-FEMORAL		$726.00		2						
35560	ART BYP GRFT AORTORENAL		$1,323.00		2						
35563	ART BYP GRFT ILIOILIAC		$781.00		2						
35565	ART BYP GRFT ILIOFEMORAL		$910.00		2						
35566	ART BYP FEM-ANT-POST TIB/PRL		$1,197.00		2						
35570	ART BYP TIBIAL-TIB/PERONEAL		$1,162.20		1						
35571	ART BYP POP-TIBL-PRL-OTHER		$1,088.00		2						
35572	HARVEST FEMOROPOPLITEAL VEIN		$287.00		2						
35583	VEIN BYP GRFT FEM-POPLITEAL		$1,139.00		2						
35585	VEIN BYP FEM-TIBIAL PERONEAL		$1,426.00		2						
35587	VEIN BYP POP-TIBL PERONEAL		$1,176.00		2						
35600	HARVEST ART FOR CABG ADD-ON		$208.00		2						
35601	ART BYP COMMON IPSI CAROTID		$807.00		2						
35606	ART BYP CAROTID-SUBCLAVIAN		$861.00		1						
35612	ART BYP SUBCLAV-SUBCLAVIAN		$728.00		1						
35616	ART BYP SUBCLAV-AXILLARY		$726.00		1						
35621	ART BYP AXILLARY-FEMORAL		$896.00		2						
35623	ART BYP AXILLARY-POP-TIBIAL		$651.00		2						
35626	ART BYP AORSUBCL/CAROT/INNOM		$1,040.00		3						
35631	ART BYP AOR-CELIAC-MSN-RENAL		$1,028.00		1						
35632	ART BYP ILIO-CELIAC		$1,429.06		1						
35633	ART BYP ILIO-MESENTERIC		$1,543.45		1						
35634	ART BYP ILIORENAL		$1,398.50		1						
35636	ART BYP SPENORENAL		$902.00		1						
35637	ART BYP AORTOILIAC		$825.77		1						
35638	ART BYP AORTOBI-ILIAC		$825.77		1						
35642	ART BYP CAROTID-VERTEBRAL		$826.00		1						
35645	ART BYP SUBCLAV-VERTEBRL		$826.00		1						
35646	ART BYP AORTOBIFEMORAL		$1,465.00		1						
35647	ART BYP AORTOFEMORAL		$1,243.00		1						
35650	ART BYP AXILLARY-AXILLARY		$858.00		1						
35654	ART BYP AXILL-FEM-FEMORAL		$1,113.00		1						
35656	ART BYP FEMORAL-POPLITEAL		$987.00		2						
35661	ART BYP FEMORAL-FEMORAL		$868.00		1						
35663	ART BYP ILIOILIAC		$858.00		2						
35665	ART BYP ILIOFEMORAL		$949.00		2						
35666	ART BYP FEM-ANT-POST TIB/PRL		$1,020.00		2						
35671	ART BYP POP-TIBL-PRL-OTHER		$911.00		2						
35681	COMPOSITE BYP GRFT PROS&VEIN		$76.00		2						
35682	COMPOSITE BYP GRFT 2 VEINS		$338.00		1						
35683	COMPOSITE BYP GRFT 3/> SEGMT		$380.00		1						
35685	BYPASS GRAFT PATENCY/PATCH		$142.00		2						
35686	BYPASS GRAFT/AV FIST PATENCY		$141.00		1						
35691	ART TRNSPOSJ VERTBRL CAROTID		$855.00		2						
35693	ART TRNSPOSJ SUBCLAVIAN		$621.00		2						
35694	ART TRNSPOSJ SUBCLAV CAROTID		$740.00		2						
35695	ART TRNSPOSJ CAROTID SUBCLAV		$739.00		2						

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35697	REIMPLANT ARTERY EACH		$127.00		2						
35700	REOPERATION BYPASS GRAFT		$143.00		2						
35701	EXPLORATION CAROTID ARTERY		$417.00		2						
35721	EXPLORATION FEMORAL ARTERY		$356.00		2						
35741	EXPLORATION POPLITEAL ARTERY		$388.00		2						
35761	EXPLORATION OF ARTERY/VEIN		$319.00		2						
35800	EXPLORE NECK VESSELS		$355.00		2						
35820	EXPLORE CHEST VESSELS		$620.00		2						
35840	EXPLORE ABDOMINAL VESSELS		$480.00		2						
35860	EXPLORE LIMB VESSELS		$327.00		2						
35870	REPAIR VESSEL GRAFT DEFECT		$865.00		1						
35875	REMOVAL OF CLOT IN GRAFT		$473.00		2						
35876	REMOVAL OF CLOT IN GRAFT		$764.00		2						
35879	REVISE GRAFT W/VEIN		$736.00		2						
35881	REVISE GRAFT W/VEIN		$697.00		2						
35883	REVISE GRAFT W/NONAUTO GRAFT		$931.00		1						
35884	REVISE GRAFT W/VEIN		$989.00		1						
35901	EXCISION GRAFT NECK		$412.00		1						
35903	EXCISION GRAFT EXTREMITY		$474.00		2						
35905	EXCISION GRAFT THORAX		$732.00		1						
35907	EXCISION GRAFT ABDOMEN		$1,538.00		1						
36000	PLACE NEEDLE IN VEIN		$21.00		1						
36002	PSEUDOANEURYSM INJECTION TRT		$138.00		2						
36005	INJECTION EXT VENOGRAPHY		$229.00		2						
36010	PLACE CATHETER IN VEIN		$580.00		2						
36011	PLACE CATHETER IN VEIN		$825.00		1						
36012	PLACE CATHETER IN VEIN		$605.00		1						
36013	PLACE CATHETER IN ARTERY		$637.00		2						
36014	PLACE CATHETER IN ARTERY		$619.00		2						
36015	PLACE CATHETER IN ARTERY		$727.00		1						
36100	ESTABLISH ACCESS TO ARTERY		$412.00		2						
36120	ESTABLISH ACCESS TO ARTERY		$343.00		2						
36140	ESTABLISH ACCESS TO ARTERY		$397.00		1						
36147	ACCESS AV DIAL GRFT FOR EVAL		$390.00		1						
36148	ACCESS AV DIAL GRFT FOR PROC		$146.71		1						
36160	ESTABLISH ACCESS TO AORTA		$433.00		2						
36200	PLACE CATHETER IN AORTA		$527.00		2						
36215	PLACE CATHETER IN ARTERY		$852.00		1						
36216	PLACE CATHETER IN ARTERY		$925.00		1						
36217	PLACE CATHETER IN ARTERY		$1,643.00		1						
36218	PLACE CATHETER IN ARTERY		$165.00		1						
36221	PLACE CATH THORACIC AORTA		$823.69		1						
36222	PLACE CATH CAROTID/INOM ART		$1,021.80		1						
36223	PLACE CATH CAROTID/INOM ART		$1,117.84		1						
36224	PLACE CATH CAROTD ART		$1,214.65		1						
36225	PLACE CATH SUBCLAVIAN ART		$1,109.82		1						
36226	PLACE CATH VERTEBRAL ART		$1,238.07		1						
36227	PLACE CATH XTRNL CAROTID		$180.15		1						
36228	PLACE CATH INTRACRANIAL ART		$850.09		1						
36245	INS CATH ABD/L-EXT ART 1ST		$984.00		1						

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36246	INS CATH ABD/L-EXT ART 2ND		$948.00		1						
36247	INS CATH ABD/L-EXT ART 3RD		$1,490.00		1						
36248	INS CATH ABD/L-EXT ART ADDL		$138.00		1						
36251	INS CATH REN ART 1ST UNILAT		$909.65		1						
36252	INS CATH REN ART 1ST BILAT		$999.81		1						
36253	INS CATH REN ART 2ND+ UNILAT		$1,390.94		1						
36254	INS CATH REN ART 2ND+ BILAT		$1,447.48		1						
36260	INSERTION OF INFUSION PUMP		$523.00		1						
36400	BL DRAW < 3 YRS FEM/JUGULAR		$19.00		1						
36405	BL DRAW <3 YRS SCALP VEIN		$19.00		1						
36406	BL DRAW <3 YRS OTHER VEIN		$13.00		1						
36410	NON-ROUTINE BL DRAW 3/> YRS		$14.00		3						
36415	ROUTINE VENIPUNCTURE		$2.00		1	SPECIMEN COLLECTION FEE LIMIT ONE PER DAY	Both	1	Units	1	Days
36416	CAPILLARY BLOOD DRAW		$2.50		1						
36420	VEIN ACCESS CUTDOWN < 1 YR		$46.00		2						
36425	VEIN ACCESS CUTDOWN > 1 YR		$34.00		1						
36430	BLOOD TRANSFUSION SERVICE		$28.00		1						
36440	BL PUSH TRANSFUSE 2 YR/<		$43.00		1						
36450	BL EXCHANGE/TRANSFUSE NB		$102.00		1						
36455	BL EXCHANGE/TRANSFUSE NON-NB		$102.00		1						
36460	TRANSFUSION SERVICE FETAL		$262.00		1						
36470	INJECTION THERAPY OF VEIN		$63.00	Y	2						
36471	INJECTION THERAPY OF VEINS		$132.00	Y	2						
36475	ENDOVENOUS RF 1ST VEIN		$1,549.00	Y	2						
36476	ENDOVENOUS RF VEIN ADD-ON		$272.62	Y	1						
36478	ENDOVENOUS LASER 1ST VEIN		$1,429.00	Y	2						
36479	ENDOVENOUS LASER VEIN ADDON		$275.12	Y	2						
36481	INSERTION OF CATHETER VEIN		$373.00		1						
36500	INSERTION OF CATHETER VEIN		$147.00		1						
36510	INSERTION OF CATHETER VEIN		$137.00		1						
36511	APHERESIS WBC		$57.00		1						
36512	APHERESIS RBC		$57.00		1						
36513	APHERESIS PLATELETS		$57.00		1						
36514	APHERESIS PLASMA		$496.00		1						
36515	APHERESIS ADSORP/REINFUSE		$57.00		1						
36516	APHERESIS SELECTIVE		$2,225.00		1						
36522	PHOTOPHERESIS		$165.00		1						
36555	INSERT NON-TUNNEL CV CATH		$234.00		2						
36556	INSERT NON-TUNNEL CV CATH		$226.00		2						
36557	INSERT TUNNELED CV CATH		$717.00		2						
36558	INSERT TUNNELED CV CATH		$706.00		2						
36560	INSERT TUNNELED CV CATH		$974.00		2						
36561	INSERT TUNNELED CV CATH		$964.00		2						
36563	INSERT TUNNELED CV CATH		$1,015.00		2						
36565	INSERT TUNNELED CV CATH		$837.00		2						
36566	INSERT TUNNELED CV CATH		$873.00		2						
36568	INSERT PICC CATH		$257.00		2						
36569	INSERT PICC CATH		$250.00		2						
36570	INSERT PICVAD CATH		$1,066.47		2						
36571	INSERT PICVAD CATH		$1,038.00		2						

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36575	REPAIR TUNNELED CV CATH		$130.00		2						
36576	REPAIR TUNNELED CV CATH		$282.00		2						
36578	REPLACE TUNNELED CV CATH		$400.00		2						
36580	REPLACE CVAD CATH		$225.00		2						
36581	REPLACE TUNNELED CV CATH		$616.00		2						
36582	REPLACE TUNNELED CV CATH		$839.00		2						
36583	REPLACE TUNNELED CV CATH		$841.00		2						
36584	REPLACE PICC CATH		$222.00		2						
36585	REPLACE PICVAD CATH		$944.00		2						
36589	REMOVAL TUNNELED CV CATH		$133.00		2						
36590	REMOVAL TUNNELED CV CATH		$222.00		2						
36591	DRAW BLOOD OFF VENOUS DEVICE		$11.10		1						
36592	COLLECT BLOOD FROM PICC		$13.73		1						
36593	DECLOT VASCULAR DEVICE		$17.58		2						
36595	MECH REMOV TUNNELED CV CATH		$563.00		2						
36596	MECH REMOV TUNNELED CV CATH		$120.00		2						
36597	REPOSITION VENOUS CATHETER		$105.00		2						
36598	INJ W/FLUOR EVAL CV DEVICE		$76.47		2						
36600	WITHDRAWAL OF ARTERIAL BLOOD		$23.00		1						
36620	INSERTION CATHETER ARTERY		$48.00		3						
36625	INSERTION CATHETER ARTERY		$83.00		2						
36640	INSERTION CATHETER ARTERY		$96.00		1						
36660	INSERTION CATHETER ARTERY		$58.00		1						
36680	INSERT NEEDLE BONE CAVITY		$58.00		1						
36800	INSERTION OF CANNULA		$126.00		1						
36810	INSERTION OF CANNULA		$239.00		1						
36815	INSERTION OF CANNULA		$163.00		1						
36818	AV FUSE UPPR ARM CEPHALIC		$549.00		1						
36819	AV FUSE UPPR ARM BASILIC		$633.00		1						
36820	AV FUSION/FOREARM VEIN		$634.00		2						
36821	AV FUSION DIRECT ANY SITE		$471.00		2						
36825	ARTERY-VEIN AUTOGRAFT		$517.00		1						
36830	ARTERY-VEIN NONAUTOGRAFT		$604.00		2						
36831	OPEN THROMBECT AV FISTULA		$369.00		1						
36832	AV FISTULA REVISION OPEN		$532.00		2						
36833	AV FISTULA REVISION		$534.00		1						
36835	ARTERY TO VEIN SHUNT		$379.00		1						
36838	DIST REVAS LIGATION HEMO		$812.11		2						
36860	EXTERNAL CANNULA DECLOTTING		$110.00		2						
36861	CANNULA DECLOTTING		$121.00		2						
36870	PERCUT THROMBECT AV FISTULA		$1,543.00		2						
37140	REVISION OF CIRCULATION		$1,032.00		1						
37145	REVISION OF CIRCULATION		$951.00		1						
37160	REVISION OF CIRCULATION		$940.00		1						
37180	REVISION OF CIRCULATION		$966.00		1						
37181	SPLICE SPLEEN/KIDNEY VEINS		$1,349.00		1						
37182	INSERT HEPATIC SHUNT (TIPS)		$695.00		1						
37183	REMOVE HEPATIC SHUNT (TIPS)		$331.00		1						
37184	PRIM ART M-THRMBC 1ST VSL		$1,770.17		2						
37185	PRIM ART M-THRMBC SBSQ VSL		$578.75		2						

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37186	SEC ART THROMBECTOMY ADD-ON		$1,191.82		2						
37187	VENOUS MECH THROMBECTOMY		$1,720.89		2						
37188	VENOUS M-THROMBECTOMY ADD-ON		$1,483.15		2						
37191	INS ENDOVAS VENA CAVA FILTR		$1,649.85		1						
37192	REDO ENDOVAS VENA CAVA FILTR		$1,112.79		1						
37193	REM ENDOVAS VENA CAVA FILTER		$1,062.59		1						
37195	THROMBOLYTIC THERAPY STROKE		$192.00		1						
37197	REMOVE INTRVAS FOREIGN BODY		$1,127.53		1						
37200	TRANSCATHETER BIOPSY		$154.00		2						
37211	THROMBOLYTIC ART THERAPY		$296.85		1						
37212	THROMBOLYTIC VENOUS THERAPY		$262.04		1						
37213	THROMBLYTIC ART/VEN THERAPY		$183.16		1						
37214	CESSJ THERAPY CATH REMOVAL		$107.29		1						
37215	TRANSCATH STENT CCA W/EPS		$829.00		2						
37216	TRANSCATH STENT CCA W/O EPS		$698.25		1						
37217	STENT PLACEMT RETRO CAROTID		$635.72		1						
37218	STENT PLACEMT ANTE CAROTID		$608.94		1						
37220	ILIAC REVASC		$2,350.46		1						
37221	ILIAC REVASC W/STENT		$3,475.92		1						
37222	ILIAC REVASC ADD-ON		$677.16		1						
37223	ILIAC REVASC W/STENT ADD-ON		$1,914.20		1						
37224	FEM/POPL REVAS W/TLA		$2,824.65		1						
37225	FEM/POPL REVAS W/ATHER		$7,979.26		1						
37226	FEM/POPL REVASC W/STENT		$6,689.59		1						
37227	FEM/POPL REVASC STNT & ATHER		$10,788.23		1						
37228	TIB/PER REVASC W/TLA		$4,021.02		1						
37229	TIB/PER REVASC W/ATHER		$7,909.62		1						
37230	TIB/PER REVASC W/STENT		$6,216.52		1						
37231	TIB/PER REVASC STENT & ATHER		$9,976.75		1						
37232	TIB/PER REVASC ADD-ON		$902.46		1						
37233	TIBPER REVASC W/ATHER ADD-ON		$1,011.76		1						
37234	REVSC OPN/PRQ TIB/PERO STENT		$2,877.44		1						
37235	TIB/PER REVASC STNT & ATHER		$3,073.39		1						
37236	OPEN/PERQ PLACE STENT 1ST		$1,540.54		1						
37237	OPEN/PERQ PLACE STENT EA ADD		$669.16		1						
37238	OPEN/PERQ PLACE STENT SAME		$2,247.48		1						
37239	OPEN/PERQ PLACE STENT EA ADD		$1,116.78		1						
37241	VASC EMBOLIZE/OCCLUDE VENOUS		$2,493.83		1						
37242	VASC EMBOLIZE/OCCLUDE ARTERY		$4,194.20		1						
37243	VASC EMBOLIZE/OCCLUDE ORGAN		$5,293.80		1						
37244	VASC EMBOLIZE/OCCLUDE BLEED		$3,713.48		1						
37500	ENDOSCOPY LIGATE PERF VEINS		$480.23		2						
37565	LIGATION OF NECK VEIN		$253.00		2						
37600	LIGATION OF NECK ARTERY		$286.00		1						
37605	LIGATION OF NECK ARTERY		$294.00		2						
37606	LIGATION OF NECK ARTERY		$390.00		2						
37607	LIGATION OF A-V FISTULA		$298.00		1						
37609	TEMPORAL ARTERY PROCEDURE		$216.00		2						
37615	LIGATION OF NECK ARTERY		$324.00		2						
37616	LIGATION OF CHEST ARTERY		$652.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
37617	LIGATION OF ABDOMEN ARTERY		$973.00		3						
37618	LIGATION OF EXTREMITY ARTERY		$287.00		2						
37619	LIGATION OF INF VENA CAVA		$1,041.54		2						
37650	REVISION OF MAJOR VEIN		$380.00		1						
37660	REVISION OF MAJOR VEIN		$430.00		2						
37700	REVISE LEG VEIN		$200.00		1						
37718	LIGATE/STRIP SHORT LEG VEIN		$261.05		1						
37722	LIGATE/STRIP LONG LEG VEIN		$308.34		1						
37735	REMOVAL OF LEG VEINS/LESION		$459.00		1						
37760	LIGATE LEG VEINS RADICAL		$442.00		1						
37761	LIGATE LEG VEINS OPEN		$359.70		1						
37765	STAB PHLEB VEINS XTR 10-20		$354.00	Y	2						
37766	PHLEB VEINS - EXTREM 20+		$372.18	Y	2						
37780	REVISION OF LEG VEIN		$163.00		1						
37785	LIGATE/DIVIDE/EXCISE VEIN		$263.00		1						
37788	REVASCULARIZATION PENIS		$900.00		1						
37790	PENILE VENOUS OCCLUSION		$373.00		1						
37799	VASCULAR SURGERY PROCEDURE		$165.00	Y	1						
38100	REMOVAL OF SPLEEN TOTAL		$675.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
38101	REMOVAL OF SPLEEN PARTIAL		$689.00		1						
38102	REMOVAL OF SPLEEN TOTAL		$202.00		1						
38115	REPAIR OF RUPTURED SPLEEN		$557.00		1						
38120	LAPAROSCOPY SPLENECTOMY		$757.00		1						
38200	INJECTION FOR SPLEEN X-RAY		$99.00		1						
38220	BONE MARROW ASPIRATION		$131.00		2						
38221	BONE MARROW BIOPSY		$145.00		2						
38230	BONE MARROW HARVEST ALLOGEN		$232.00		1						
38232	BONE MARROW HARVEST AUTOLOG		$116.25		1						
38300	DRAINAGE LYMPH NODE LESION		$178.00		2						
38305	DRAINAGE LYMPH NODE LESION		$316.00		2						
38308	INCISION OF LYMPH CHANNELS		$312.00		1						
38380	THORACIC DUCT PROCEDURE		$370.00		1						
38381	THORACIC DUCT PROCEDURE		$587.00		1						
38382	THORACIC DUCT PROCEDURE		$433.00		1						
38500	BIOPSY/REMOVAL LYMPH NODES		$220.00		2						
38505	NEEDLE BIOPSY LYMPH NODES		$98.00		3						
38510	BIOPSY/REMOVAL LYMPH NODES		$356.00		2						
38520	BIOPSY/REMOVAL LYMPH NODES		$326.00		2						
38525	BIOPSY/REMOVAL LYMPH NODES		$288.00		2						
38530	BIOPSY/REMOVAL LYMPH NODES		$279.00		2						
38542	EXPLORE DEEP NODE(S) NECK		$348.00		2						
38550	REMOVAL NECK/ARMPIT LESION		$331.00		1						
38555	REMOVAL NECK/ARMPIT LESION		$756.00		1						
38562	REMOVAL PELVIC LYMPH NODES		$557.00		1						
38570	LAPAROSCOPY LYMPH NODE BIOP		$378.00		1						
38571	LAPAROSCOPY LYMPHADENECTOMY		$492.00		1						
38572	LAPAROSCOPY LYMPHADENECTOMY		$572.00		1						
38700	REMOVAL OF LYMPH NODES NECK		$593.00		1						
38720	REMOVAL OF LYMPH NODES NECK		$739.00		1						
38724	REMOVAL OF LYMPH NODES NECK		$734.00		2						

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38740	REMOVE ARMPIT LYMPH NODES		$462.00		2						
38745	REMOVE ARMPIT LYMPH NODES		$593.00		2						
38746	REMOVE THORACIC LYMPH NODES		$206.00		1						
38747	REMOVE ABDOMINAL LYMPH NODES		$206.00		1						
38760	REMOVE GROIN LYMPH NODES		$590.00		1						
38765	REMOVE GROIN LYMPH NODES		$890.00		1						
38770	REMOVE PELVIS LYMPH NODES		$601.00		1						
38780	REMOVE ABDOMEN LYMPH NODES		$823.00		1						
38790	INJECT FOR LYMPHATIC X-RAY		$262.00		1						
38792	RA TRACER ID OF SENTINL NODE		$32.00		2						
38794	ACCESS THORACIC LYMPH DUCT		$198.00		1						
38900	IO MAP OF SENT LYMPH NODE		$100.40		1						
39000	EXPLORATION OF CHEST		$354.00		1						
39010	EXPLORATION OF CHEST		$615.00		1						
39200	RESECT MEDIASTINAL CYST		$672.00		1						
39220	RESECT MEDIASTINAL TUMOR		$1,068.00		1						
39401	MEDIASTINOSCPY W/MEDSTNL BX		$238.54		1						
39402	MEDIASTINOSCPY W/LMPH NOD BX		$311.40		1						
39501	REPAIR DIAPHRAGM LACERATION		$682.00		1						
39503	REPAIR OF DIAPHRAGM HERNIA		$1,482.00		1						
39540	REPAIR OF DIAPHRAGM HERNIA		$612.00		1						
39541	REPAIR OF DIAPHRAGM HERNIA		$660.00		1						
39545	REVISION OF DIAPHRAGM		$722.00		1						
39560	RESECT DIAPHRAGM SIMPLE		$562.00		1						
39561	RESECT DIAPHRAGM COMPLEX		$722.00		1						
40490	BIOPSY OF LIP		$81.00		1						
40500	PARTIAL EXCISION OF LIP		$318.00		1						
40510	PARTIAL EXCISION OF LIP		$325.00		1						
40520	PARTIAL EXCISION OF LIP		$349.00		1						
40525	RECONSTRUCT LIP WITH FLAP		$463.00		1						
40527	RECONSTRUCT LIP WITH FLAP		$588.00		1						
40530	PARTIAL REMOVAL OF LIP		$379.00		1						
40650	REPAIR LIP		$295.00		1						
40652	REPAIR LIP		$342.00		1						
40654	REPAIR LIP		$398.00		1						
40700	REPAIR CLEFT LIP/NASAL		$645.00		1						
40701	REPAIR CLEFT LIP/NASAL		$859.00		1						
40702	REPAIR CLEFT LIP/NASAL		$638.00		1						
40720	REPAIR CLEFT LIP/NASAL		$708.00		1						
40761	REPAIR CLEFT LIP/NASAL		$650.00		1						
40800	DRAINAGE OF MOUTH LESION		$115.00		1						
40801	DRAINAGE OF MOUTH LESION		$188.00		1						
40804	REMOVAL FOREIGN BODY MOUTH		$128.00		1						
40805	REMOVAL FOREIGN BODY MOUTH		$205.00		1						
40806	INCISION OF LIP FOLD		$58.00		1						
40808	BIOPSY OF MOUTH LESION		$100.00		1						
40810	EXCISION OF MOUTH LESION		$118.00		1						
40812	EXCISE/REPAIR MOUTH LESION		$173.00		1						
40814	EXCISE/REPAIR MOUTH LESION		$241.00		1						
40816	EXCISION OF MOUTH LESION		$255.00		1						

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40818	EXCISE ORAL MUCOSA FOR GRAFT		$144.00		1						
40819	EXCISE LIP OR CHEEK FOLD		$185.00		1						
40820	TREATMENT OF MOUTH LESION		$144.00		1						
40830	REPAIR MOUTH LACERATION		$154.00		1						
40831	REPAIR MOUTH LACERATION		$202.00		1						
40840	RECONSTRUCTION OF MOUTH		$373.00		1						
40842	RECONSTRUCTION OF MOUTH		$371.00		1						
40843	RECONSTRUCTION OF MOUTH		$514.00		1						
40844	RECONSTRUCTION OF MOUTH		$669.00		1						
40845	RECONSTRUCTION OF MOUTH		$860.00		1						
41000	DRAINAGE OF MOUTH LESION		$66.00		1						
41005	DRAINAGE OF MOUTH LESION		$62.00		1						
41006	DRAINAGE OF MOUTH LESION		$231.00		1						
41007	DRAINAGE OF MOUTH LESION		$152.00		1						
41008	DRAINAGE OF MOUTH LESION		$137.00		1						
41009	DRAINAGE OF MOUTH LESION		$248.00		1						
41010	INCISION OF TONGUE FOLD		$123.00		1						
41015	DRAINAGE OF MOUTH LESION		$271.00		1						
41016	DRAINAGE OF MOUTH LESION		$193.00		1						
41017	DRAINAGE OF MOUTH LESION		$282.00		1						
41018	DRAINAGE OF MOUTH LESION		$229.00		1						
41019	PLACE NEEDLES H&N FOR RT		$257.32		1						
41100	BIOPSY OF TONGUE		$116.00		1						
41105	BIOPSY OF TONGUE		$106.00		1						
41108	BIOPSY OF FLOOR OF MOUTH		$88.00		1						
41110	EXCISION OF TONGUE LESION		$126.00		1						
41112	EXCISION OF TONGUE LESION		$206.00		1						
41113	EXCISION OF TONGUE LESION		$228.00		1						
41114	EXCISION OF TONGUE LESION		$369.00		1						
41115	EXCISION OF TONGUE FOLD		$142.00		1						
41116	EXCISION OF MOUTH LESION		$192.00		1						
41120	PARTIAL REMOVAL OF TONGUE		$713.00		1						
41130	PARTIAL REMOVAL OF TONGUE		$781.00		1						
41135	TONGUE AND NECK SURGERY		$1,012.00		1						
41140	REMOVAL OF TONGUE		$1,088.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
41145	TONGUE REMOVAL NECK SURGERY		$1,304.00		1						
41150	TONGUE MOUTH JAW SURGERY		$1,026.00		1						
41153	TONGUE MOUTH NECK SURGERY		$1,280.00		1						
41155	TONGUE JAW & NECK SURGERY		$1,696.00		1						
41250	REPAIR TONGUE LACERATION		$134.00		1						
41251	REPAIR TONGUE LACERATION		$159.00		1						
41252	REPAIR TONGUE LACERATION		$198.00		1						
41500	FIXATION OF TONGUE		$180.00		1						
41510	TONGUE TO LIP SURGERY		$217.00		1						
41512	TONGUE SUSPENSION		$1,398.50		1						
41520	RECONSTRUCTION TONGUE FOLD		$209.00		1						
41530	TONGUE BASE VOL REDUCTION		$1,930.43		1						
41800	DRAINAGE OF GUM LESION		$106.00		1						
41805	REMOVAL FOREIGN BODY GUM		$110.00		1						
41806	REMOVAL FOREIGN BODY JAWBONE		$118.00		1						

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41820	EXCISION GUM EACH QUADRANT		$320.00		4						
41821	EXCISION OF GUM FLAP		$29.99		1						
41822	EXCISION OF GUM LESION		$160.00		1						
41823	EXCISION OF GUM LESION		$167.00		1						
41825	EXCISION OF GUM LESION		$123.00		1						
41826	EXCISION OF GUM LESION		$146.00		1						
41827	EXCISION OF GUM LESION		$222.00		1						
41828	EXCISION OF GUM LESION		$163.00		4						
41830	REMOVAL OF GUM TISSUE		$240.00		1						
41850	TREATMENT OF GUM LESION		$192.00		1						
41870	GUM GRAFT		$325.00		1						
41874	REPAIR TOOTH SOCKET		$197.00		4						
42000	DRAINAGE MOUTH ROOF LESION		$63.00		1						
42100	BIOPSY ROOF OF MOUTH		$97.00		1						
42104	EXCISION LESION MOUTH ROOF		$119.00		1						
42106	EXCISION LESION MOUTH ROOF		$153.00		1						
42107	EXCISION LESION MOUTH ROOF		$293.00		1						
42120	REMOVE PALATE/LESION		$505.00		1						
42140	EXCISION OF UVULA		$149.00		1						
42145	REPAIR PALATE PHARYNX/UVULA		$510.00		1						
42160	TREATMENT MOUTH ROOF LESION		$119.00		1						
42180	REPAIR PALATE		$160.00		1						
42182	REPAIR PALATE		$175.00		1						
42200	RECONSTRUCT CLEFT PALATE		$658.00		1						
42205	RECONSTRUCT CLEFT PALATE		$464.00		1						
42210	RECONSTRUCT CLEFT PALATE		$786.00		1						
42215	RECONSTRUCT CLEFT PALATE		$533.00		1						
42220	RECONSTRUCT CLEFT PALATE		$407.00		1						
42225	RECONSTRUCT CLEFT PALATE		$753.00		1						
42226	LENGTHENING OF PALATE		$708.00		1						
42227	LENGTHENING OF PALATE		$531.00		1						
42235	REPAIR PALATE		$563.00		1						
42260	REPAIR NOSE TO LIP FISTULA		$384.00		1						
42280	PREPARATION PALATE MOLD		$102.00		1						
42281	INSERTION PALATE PROSTHESIS		$131.00		1						
42300	DRAINAGE OF SALIVARY GLAND		$136.00		1						
42305	DRAINAGE OF SALIVARY GLAND		$319.00		1						
42310	DRAINAGE OF SALIVARY GLAND		$109.00		1						
42320	DRAINAGE OF SALIVARY GLAND		$112.00		1						
42330	REMOVAL OF SALIVARY STONE		$153.00		1						
42335	REMOVAL OF SALIVARY STONE		$235.00		1						
42340	REMOVAL OF SALIVARY STONE		$221.00		1						
42400	BIOPSY OF SALIVARY GLAND		$68.00		1						
42405	BIOPSY OF SALIVARY GLAND		$210.00		1						
42408	EXCISION OF SALIVARY CYST		$301.00		1						
42409	DRAINAGE OF SALIVARY CYST		$209.00		1						
42410	EXCISE PAROTID GLAND/LESION		$465.00		1						
42415	EXCISE PAROTID GLAND/LESION		$827.00		1						
42420	EXCISE PAROTID GLAND/LESION		$953.00		1						
42425	EXCISE PAROTID GLAND/LESION		$593.00		1						

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42426	EXCISE PAROTID GLAND/LESION		$1,014.00		1						
42440	EXCISE SUBMAXILLARY GLAND		$361.00		1						
42450	EXCISE SUBLINGUAL GLAND		$303.00		1						
42500	REPAIR SALIVARY DUCT		$219.00		1						
42505	REPAIR SALIVARY DUCT		$367.00		1						
42507	PAROTID DUCT DIVERSION		$362.00		1						
42509	PAROTID DUCT DIVERSION		$496.00		1						
42510	PAROTID DUCT DIVERSION		$464.00		1						
42550	INJECTION FOR SALIVARY X-RAY		$138.00		1						
42600	CLOSURE OF SALIVARY FISTULA		$308.00		1						
42650	DILATION OF SALIVARY DUCT		$54.00		1						
42660	DILATION OF SALIVARY DUCT		$48.00		1						
42665	LIGATION OF SALIVARY DUCT		$190.00		1						
42700	DRAINAGE OF TONSIL ABSCESS		$121.00		1						
42720	DRAINAGE OF THROAT ABSCESS		$300.00		1						
42725	DRAINAGE OF THROAT ABSCESS		$432.00		1						
42800	BIOPSY OF THROAT		$101.00		1						
42804	BIOPSY OF UPPER NOSE/THROAT		$72.00		1						
42806	BIOPSY OF UPPER NOSE/THROAT		$89.00		1						
42808	EXCISE PHARYNX LESION		$154.00		1						
42809	REMOVE PHARYNX FOREIGN BODY		$119.00		1						
42810	EXCISION OF NECK CYST		$254.00		1						
42815	EXCISION OF NECK CYST		$400.00		1						
42820	REMOVE TONSILS AND ADENOIDS		$225.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
42821	REMOVE TONSILS AND ADENOIDS		$248.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
42825	REMOVAL OF TONSILS		$206.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
42826	REMOVAL OF TONSILS		$211.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
42830	REMOVAL OF ADENOIDS		$149.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
42831	REMOVAL OF ADENOIDS		$161.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
42835	REMOVAL OF ADENOIDS		$139.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
42836	REMOVAL OF ADENOIDS		$179.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
42842	EXTENSIVE SURGERY OF THROAT		$568.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
42844	EXTENSIVE SURGERY OF THROAT		$635.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
42845	EXTENSIVE SURGERY OF THROAT		$1,364.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
42860	EXCISION OF TONSIL TAGS		$143.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
42870	EXCISION OF LINGUAL TONSIL		$396.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
42890	PARTIAL REMOVAL OF PHARYNX		$785.00		1						
42892	REVISION OF PHARYNGEAL WALLS		$736.00		1						
42894	REVISION OF PHARYNGEAL WALLS		$1,272.00		1						
42900	REPAIR THROAT WOUND		$232.00		1						
42950	RECONSTRUCTION OF THROAT		$570.00		1						
42953	REPAIR THROAT ESOPHAGUS		$523.00		1						
42955	SURGICAL OPENING OF THROAT		$360.00		1						
42960	CONTROL THROAT BLEEDING		$126.00		1						
42961	CONTROL THROAT BLEEDING		$309.00		1						
42962	CONTROL THROAT BLEEDING		$383.00		1						
42970	CONTROL NOSE/THROAT BLEEDING		$195.00		1						
42971	CONTROL NOSE/THROAT BLEEDING		$333.00		1						
42972	CONTROL NOSE/THROAT BLEEDING		$380.00		1						
43020	INCISION OF ESOPHAGUS		$411.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
43030	THROAT MUSCLE SURGERY		$441.00		1						
43045	INCISION OF ESOPHAGUS		$855.00		1						
43100	EXCISION OF ESOPHAGUS LESION		$518.00		1						
43101	EXCISION OF ESOPHAGUS LESION		$699.00		1						
43107	REMOVAL OF ESOPHAGUS		$1,800.00		1						
43108	REMOVAL OF ESOPHAGUS		$1,557.00		1						
43112	REMOVAL OF ESOPHAGUS		$1,341.00		1						
43113	REMOVAL OF ESOPHAGUS		$1,496.00		1						
43116	PARTIAL REMOVAL OF ESOPHAGUS		$1,486.00		1						
43117	PARTIAL REMOVAL OF ESOPHAGUS		$1,776.00		1						
43118	PARTIAL REMOVAL OF ESOPHAGUS		$1,483.00		1						
43121	PARTIAL REMOVAL OF ESOPHAGUS		$1,273.00		1						
43122	PARTIAL REMOVAL OF ESOPHAGUS		$1,783.00		1						
43123	PARTIAL REMOVAL OF ESOPHAGUS		$1,487.00		1						
43124	REMOVAL OF ESOPHAGUS		$1,239.00		1						
43130	REMOVAL OF ESOPHAGUS POUCH		$579.00		1						
43135	REMOVAL OF ESOPHAGUS POUCH		$750.00		1						
43180	ESOPHAGOSCOPY RIGID TRNSO		$398.56		1						
43191	ESOPHAGOSCOPY RIGID TRNSO DX		$72.48		1						
43192	ESOPHAGOSCP RIG TRNSO INJECT		$86.49		1						
43193	ESOPHAGOSCP RIG TRNSO BIOPSY		$103.13		1						
43194	ESOPHAGOSCP RIG TRNSO REM FB		$93.92		1						
43195	ESOPHAGOSCOPY RIGID BALLOON		$103.32		1						
43196	ESOPHAGOSCP GUIDE WIRE DILAT		$112.80		1						
43197	ESOPHAGOSCOPY FLEX DX BRUSH		$102.55		1						
43198	ESOPHAGOSC FLEX TRNSN BIOPSY		$114.67		1						
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH		$159.00		1						
43201	ESOPH SCOPE W/SUBMUCOUS INJ		$187.00		1						
43202	ESOPHAGOSCOPY FLEX BIOPSY		$205.00		1						
43204	ESOPH SCOPE W/SCLEROSIS INJ		$180.00		1						
43205	ESOPHAGUS ENDOSCOPY/LIGATION		$161.00		1						
43210	EGD ESOPHAGOGASTRC FNDOPLSTY		$333.01		1						
43211	ESOPHAGOSCOP MUCOSAL RESECT		$140.08		1						
43212	ESOPHAGOSCOP STENT PLACEMENT		$109.90		1						
43213	ESOPHAGOSCOPY RETRO BALLOON		$676.11		1						
43214	ESOPHAGOSC DILATE BALLOON 30		$112.53		1						
43215	ESOPHAGOSCOPY FLEX REMOVE FB		$130.00		1						
43216	ESOPHAGOSCOPY LESION REMOVAL		$136.00		1						
43217	ESOPHAGOSCOPY SNARE LES REMV		$275.00		1						
43220	ESOPHAGOSCOPY BALLOON <30MM		$104.00		1						
43226	ESOPH ENDOSCOPY DILATION		$115.00		1						
43227	ESOPHAGOSCOPY CONTROL BLEED		$172.00		1						
43229	ESOPHAGOSCOPY LESION ABLATE		$399.16		1						
43231	ESOPHAGOSCOP ULTRASOUND EXAM		$153.00		1						
43232	ESOPHAGOSCOPY W/US NEEDLE BX		$181.00		1						
43233	EGD BALLOON DIL ESOPH30 MM/>		$133.61		1						
43235	EGD DIAGNOSTIC BRUSH WASH		$211.00		1						
43236	UPPR GI SCOPE W/SUBMUC INJ		$260.00		1						
43237	ENDOSCOPIC US EXAM ESOPH		$172.00		1						
43238	EGD US FINE NEEDLE BX/ASPIR		$213.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
43239	EGD BIOPSY SINGLE/MULTIPLE		$241.00		1						
43240	EGD W/TRANSMURAL DRAIN CYST		$275.00		1						
43241	EGD TUBE/CATH INSERTION		$126.00		1						
43242	EGD US FINE NEEDLE BX/ASPIR		$304.00		1						
43243	EGD INJECTION VARICES		$217.00		1						
43244	EGD VARICES LIGATION		$212.00		1						
43245	EGD DILATE STRICTURE		$153.00		1						
43246	EGD PLACE GASTROSTOMY TUBE		$206.00		1						
43247	EGD REMOVE FOREIGN BODY		$162.00		1						
43248	EGD GUIDE WIRE INSERTION		$152.00		1						
43249	ESOPH EGD DILATION <30 MM		$140.00		1						
43250	EGD CAUTERY TUMOR POLYP		$154.00		1						
43251	EGD REMOVE LESION SNARE		$177.00		1						
43252	EGD OPTICAL ENDOMICROSCOPY		$237.71		1						
43253	EGD US TRANSMURAL INJXN/MARK		$154.99		1						
43254	EGD ENDO MUCOSAL RESECTION		$160.80		1						
43255	EGD CONTROL BLEEDING ANY		$203.00		1						
43257	EGD W/THRML TXMNT GERD		$203.16		1						
43259	EGD US EXAM DUODENUM/JEJUNUM		$217.00		1						
43260	ERCP W/SPECIMEN COLLECTION		$281.00		1						
43261	ENDO CHOLANGIOPANCREATOGRAPH		$262.00		1						
43262	ENDO CHOLANGIOPANCREATOGRAPH		$347.00		1						
43263	ERCP SPHINCTER PRESSURE MEAS		$305.00		1						
43264	ERCP REMOVE DUCT CALCULI		$379.00		1						
43265	ERCP LITHOTRIPSY CALCULI		$361.00		1						
43266	EGD ENDOSCOPIC STENT PLACE		$133.00		1						
43270	EGD LESION ABLATION		$398.96		1						
43273	ENDOSCOPIC PANCREATOSCOPY		$93.50		1						
43274	ERCP DUCT STENT PLACEMENT		$275.83		1						
43275	ERCP REMOVE FORGN BODY DUCT		$227.37		1						
43276	ERCP STENT EXCHANGE W/DILATE		$287.04		1						
43277	ERCP EA DUCT/AMPULLA DILATE		$228.80		1						
43278	ERCP LESION ABLATE W/DILATE		$260.16		1						
43279	LAP MYOTOMY HELLER		$870.89		1						
43280	LAPAROSCOPY FUNDOPLASTY		$762.00		1						
43281	LAP PARAESOPHAG HERN REPAIR		$969.61		1						
43282	LAP PARAESOPH HER RPR W/MESH		$1,090.86		1						
43283	LAP ESOPH LENGTHENING		$120.37		1						
43300	REPAIR OF ESOPHAGUS		$579.00		1						
43305	REPAIR ESOPHAGUS AND FISTULA		$840.00		1						
43310	REPAIR OF ESOPHAGUS		$1,109.00		1						
43312	REPAIR ESOPHAGUS AND FISTULA		$1,260.00		1						
43313	ESOPHAGOPLASTY CONGENITAL		$1,718.00		1						
43314	TRACHEO-ESOPHAGOPLASTY CONG		$1,890.00		1						
43320	FUSE ESOPHAGUS & STOMACH		$704.00		1						
43325	REVISE ESOPHAGUS & STOMACH		$895.00		1						
43327	ESOPH FUNDOPLASTY LAP		$605.05		1						
43328	ESOPH FUNDOPLASTY THOR		$879.62		1						
43330	ESOPHAGOMYOTOMY ABDOMINAL		$671.00		1						
43331	ESOPHAGOMYOTOMY THORACIC		$928.00		1						

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43332	TRANSAB ESOPH HIAT HERN RPR		$866.26		1						
43333	TRANSAB ESOPH HIAT HERN RPR		$940.81		1						
43334	TRANSTHOR DIAPHRAG HERN RPR		$950.51		1						
43335	TRANSTHOR DIAPHRAG HERN RPR		$1,024.33		1						
43336	THORABD DIAPHR HERN REPAIR		$1,182.02		1						
43337	THORABD DIAPHR HERN REPAIR		$1,220.73		1						
43338	ESOPH LENGTHENING		$99.44		1						
43340	FUSE ESOPHAGUS & INTESTINE		$705.00		1						
43341	FUSE ESOPHAGUS & INTESTINE		$732.00		1						
43351	SURGICAL OPENING ESOPHAGUS		$640.00		1						
43352	SURGICAL OPENING ESOPHAGUS		$576.00		1						
43360	GASTROINTESTINAL REPAIR		$1,300.00		1						
43361	GASTROINTESTINAL REPAIR		$1,407.00		1						
43400	LIGATE ESOPHAGUS VEINS		$687.00		1						
43401	ESOPHAGUS SURGERY FOR VEINS		$911.00		1						
43405	LIGATE/STAPLE ESOPHAGUS		$720.00		1						
43410	REPAIR ESOPHAGUS WOUND		$560.00		1						
43415	REPAIR ESOPHAGUS WOUND		$749.00		1						
43420	REPAIR ESOPHAGUS OPENING		$660.00		1						
43425	REPAIR ESOPHAGUS OPENING		$764.00		1						
43450	DILATE ESOPHAGUS 1/MULT PASS		$113.00		1						
43453	DILATE ESOPHAGUS		$206.00		1						
43460	PRESSURE TREATMENT ESOPHAGUS		$138.00		1						
43496	FREE JEJUNUM FLAP MICROVASC		$3,051.00		1						
43500	SURGICAL OPENING OF STOMACH		$496.00		1						
43501	SURGICAL REPAIR OF STOMACH		$882.00		1						
43502	SURGICAL REPAIR OF STOMACH		$682.00		1						
43510	SURGICAL OPENING OF STOMACH		$468.00		1						
43520	INCISION OF PYLORIC MUSCLE		$469.00		1						
43605	BIOPSY OF STOMACH		$468.00		1						
43610	EXCISION OF STOMACH LESION		$645.00		1						
43611	EXCISION OF STOMACH LESION		$790.00		1						
43620	REMOVAL OF STOMACH		$1,305.00		1						
43621	REMOVAL OF STOMACH		$935.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
43622	REMOVAL OF STOMACH		$980.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
43631	REMOVAL OF STOMACH PARTIAL		$989.00		1						
43632	REMOVAL OF STOMACH PARTIAL		$989.00		1						
43633	REMOVAL OF STOMACH PARTIAL		$1,011.00		1						
43634	REMOVAL OF STOMACH PARTIAL		$1,042.00		1						
43635	REMOVAL OF STOMACH PARTIAL		$98.00		1						
43640	VAGOTOMY & PYLORUS REPAIR		$754.00		1						
43641	VAGOTOMY & PYLORUS REPAIR		$764.00		1						
43644	LAP GASTRIC BYPASS/ROUX-EN-Y		$1,207.00	Y	1						
43645	LAP GASTR BYPASS INCL SMLL I		$1,138.17	Y	1						
43648	LAP REVISE/REMV ELTRD ANTRUM		$539.00		1						
43651	LAPAROSCOPY VAGUS NERVE		$391.00		1						
43652	LAPAROSCOPY VAGUS NERVE		$468.00		1						
43653	LAPAROSCOPY GASTROSTOMY		$366.00		1						
43659	LAPAROSCOPE PROC STOM		$592.63	Y	1						
43752	NASAL/OROGASTRIC W/TUBE PLMT		$36.00		1						

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43753	TX GASTRO INTUB W/ASP		$15.90		1						
43754	DX GASTR INTUB W/ASP SPEC		$58.92		1						
43755	DX GASTR INTUB W/ASP SPECS		$90.17		1						
43756	DX DUOD INTUB W/ASP SPEC		$162.84		1						
43757	DX DUOD INTUB W/ASP SPECS		$209.85		1						
43760	CHANGE GASTROSTOMY TUBE		$90.00		1						
43761	REPOSITION GASTROSTOMY TUBE		$95.00		1						
43770	LAP PLACE GASTR ADJ DEVICE		$630.00	Y	1						
43771	LAP REVISE GASTR ADJ DEVICE		$727.00	Y	1						
43772	LAP RMVL GASTR ADJ DEVICE		$554.00	Y	1						
43773	LAP REPLACE GASTR ADJ DEVICE		$727.00	Y	1						
43774	LAP RMVL GASTR ADJ ALL PARTS		$556.00	Y	1						
43775	LAP SLEEVE GASTRECTOMY		$812.54	Y	1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
43800	RECONSTRUCTION OF PYLORUS		$608.00		1						
43810	FUSION OF STOMACH AND BOWEL		$460.00		1						
43820	FUSION OF STOMACH AND BOWEL		$677.00		1						
43825	FUSION OF STOMACH AND BOWEL		$848.00		1						
43830	PLACE GASTROSTOMY TUBE		$442.00		1						
43831	PLACE GASTROSTOMY TUBE		$377.00		1						
43832	PLACE GASTROSTOMY TUBE		$694.00		1						
43840	REPAIR OF STOMACH LESION		$693.00		1						
43842	V-BAND GASTROPLASTY		$728.00	Y	1						
43843	GASTROPLASTY W/O V-BAND		$728.00	Y	1						
43845	GASTROPLASTY DUODENAL SWITCH		$1,093.55	Y	1						
43846	GASTRIC BYPASS FOR OBESITY		$1,060.00	Y	1						
43847	GASTRIC BYPASS INCL SMALL I		$1,017.00	Y	1						
43848	REVISION GASTROPLASTY		$1,017.00	Y	1						
43850	REVISE STOMACH-BOWEL FUSION		$777.00		1						
43855	REVISE STOMACH-BOWEL FUSION		$795.00		1						
43860	REVISE STOMACH-BOWEL FUSION		$1,090.00		1						
43865	REVISE STOMACH-BOWEL FUSION		$845.00		1						
43870	REPAIR STOMACH OPENING		$439.00		1						
43880	REPAIR STOMACH-BOWEL FISTULA		$1,076.00		1						
43886	REVISE GASTRIC PORT OPEN		$173.00	Y	1						
43887	REMOVE GASTRIC PORT OPEN		$169.00	Y	1						
43888	CHANGE GASTRIC PORT OPEN		$241.00	Y	1						
44005	FREEING OF BOWEL ADHESION		$713.00		1						
44010	INCISION OF SMALL BOWEL		$557.00		1						
44015	INSERT NEEDLE CATH BOWEL		$124.00		1						
44020	EXPLORE SMALL INTESTINE		$619.00		1						
44021	DECOMPRESS SMALL BOWEL		$622.00		1						
44025	INCISION OF LARGE BOWEL		$630.00		1						
44050	REDUCE BOWEL OBSTRUCTION		$621.00		1						
44055	CORRECT MALROTATION OF BOWEL		$957.00		1						
44100	BIOPSY OF BOWEL		$83.00		1						
44110	EXCISE INTESTINE LESION(S)		$528.00		1						
44111	EXCISION OF BOWEL LESION(S)		$558.00		1						
44120	REMOVAL OF SMALL INTESTINE		$755.00		1						
44121	REMOVAL OF SMALL INTESTINE		$187.00		1						
44125	REMOVAL OF SMALL INTESTINE		$794.00		1						

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44126	ENTERECTOMY W/O TAPER CONG		$1,285.00		1						
44127	ENTERECTOMY W/TAPER CONG		$1,478.00		1						
44128	ENTERECTOMY CONG ADD-ON		$159.00		1						
44130	BOWEL TO BOWEL FUSION		$656.00		1						
44139	MOBILIZATION OF COLON		$94.00		1						
44140	PARTIAL REMOVAL OF COLON		$946.00		1						
44141	PARTIAL REMOVAL OF COLON		$909.00		1						
44143	PARTIAL REMOVAL OF COLON		$1,041.00		1						
44144	PARTIAL REMOVAL OF COLON		$1,008.00		1						
44145	PARTIAL REMOVAL OF COLON		$1,155.00		1						
44146	PARTIAL REMOVAL OF COLON		$1,245.00		1						
44147	PARTIAL REMOVAL OF COLON		$1,012.00		1						
44150	REMOVAL OF COLON		$1,106.00		1						
44151	REMOVAL OF COLON/ILEOSTOMY		$1,042.00		1						
44155	REMOVAL OF COLON/ILEOSTOMY		$1,263.00		1						
44156	REMOVAL OF COLON/ILEOSTOMY		$948.00		1						
44157	COLECTOMY W/ILEOANAL ANAST		$1,458.00		1						
44158	COLECTOMY W/NEO-RECTUM POUCH		$1,496.00		1						
44160	REMOVAL OF COLON		$863.00		1						
44180	LAP ENTEROLYSIS		$534.30		1						
44186	LAP JEJUNOSTOMY		$374.44		1						
44187	LAP ILEO/JEJUNO-STOMY		$618.15		1						
44188	LAP COLOSTOMY		$678.45		1						
44202	LAP ENTERECTOMY		$963.00		1						
44203	LAP RESECT S/INTESTINE ADDL		$187.00		1						
44204	LAPARO PARTIAL COLECTOMY		$1,088.00		1						
44205	LAP COLECTOMY PART W/ILEUM		$788.00		1						
44206	LAP PART COLECTOMY W/STOMA		$1,188.00		1						
44207	L COLECTOMY/COLOPROCTOSTOMY		$1,066.43		1						
44208	L COLECTOMY/COLOPROCTOSTOMY		$1,152.23		1						
44210	LAPARO TOTAL PROCTOCOLECTOMY		$1,234.00		1						
44211	LAP COLECTOMY W/PROCTECTOMY		$1,266.32		1						
44212	LAPARO TOTAL PROCTOCOLECTOMY		$1,182.64		1						
44213	LAP MOBIL SPLENIC FL ADD-ON		$123.15		1						
44227	LAP CLOSE ENTEROSTOMY		$963.42		1						
44238	LAPAROSCOPE PROC INTESTINE		$645.00	Y	1						
44300	OPEN BOWEL TO SKIN		$545.00		1						
44310	ILEOSTOMY/JEJUNOSTOMY		$701.00		1						
44312	REVISION OF ILEOSTOMY		$368.00		1						
44314	REVISION OF ILEOSTOMY		$666.00		1						
44316	DEVISE BOWEL POUCH		$667.00		1						
44320	COLOSTOMY		$784.00		1						
44322	COLOSTOMY WITH BIOPSIES		$698.00		1						
44340	REVISION OF COLOSTOMY		$367.00		1						
44345	REVISION OF COLOSTOMY		$690.00		1						
44346	REVISION OF COLOSTOMY		$754.00		1						
44360	SMALL BOWEL ENDOSCOPY		$125.00		1						
44361	SMALL BOWEL ENDOSCOPY/BIOPSY		$138.00		1						
44363	SMALL BOWEL ENDOSCOPY		$199.00		1						
44364	SMALL BOWEL ENDOSCOPY		$237.00		1						

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44365	SMALL BOWEL ENDOSCOPY		$159.00		1						
44366	SMALL BOWEL ENDOSCOPY		$217.00		1						
44369	SMALL BOWEL ENDOSCOPY		$213.00		1						
44370	SMALL BOWEL ENDOSCOPY/STENT		$156.00		1						
44372	SMALL BOWEL ENDOSCOPY		$210.00		1						
44373	SMALL BOWEL ENDOSCOPY		$168.00		1						
44376	SMALL BOWEL ENDOSCOPY		$222.00		1						
44377	SMALL BOWEL ENDOSCOPY/BIOPSY		$233.00		1						
44378	SMALL BOWEL ENDOSCOPY		$298.00		1						
44379	S BOWEL ENDOSCOPE W/STENT		$254.00		1						
44380	SMALL BOWEL ENDOSCOPY BR/WA		$54.00		1						
44381	SMALL BOWEL ENDOSCOPY BR/WA		$125.38		1						
44382	SMALL BOWEL ENDOSCOPY		$65.00		1						
44385	ENDOSCOPY OF BOWEL POUCH		$149.00		1						
44386	ENDOSCOPY BOWEL POUCH/BIOP		$129.00		1						
44388	COLONOSCOPY THRU STOMA SPX		$224.00		1						
44389	COLONOSCOPY WITH BIOPSY		$273.00		1						
44390	COLONOSCOPY FOR FOREIGN BODY		$206.00		1						
44391	COLONOSCOPY FOR BLEEDING		$239.00		1						
44392	COLONOSCOPY & POLYPECTOMY		$281.00		1						
44394	COLONOSCOPY W/SNARE		$346.00		1						
44401	COLONOSCOPY WITH ABLATION		$369.68		1						
44402	COLONOSCOPY W/STENT PLCMT		$207.49		1						
44403	COLONOSCOPY W/RESECTION		$260.86		1						
44404	COLONOSCOPY W/INJECTION		$344.24		1						
44405	COLONOSCOPY W/DILATION		$490.69		1						
44406	COLONOSCOPY W/ULTRASOUND		$260.86		1						
44407	COLONOSCOPY W/NDL ASPIR/BX		$285.86		1						
44408	COLONOSCOPY W/DECOMPRESSION		$260.86		1						
44500	INTRO GASTROINTESTINAL TUBE		$20.00		1						
44602	SUTURE SMALL INTESTINE		$698.00		1						
44603	SUTURE SMALL INTESTINE		$808.00		1						
44604	SUTURE LARGE INTESTINE		$700.00		1						
44605	REPAIR OF BOWEL LESION		$617.00		1						
44615	INTESTINAL STRICTUROPLASTY		$702.00		1						
44620	REPAIR BOWEL OPENING		$542.00		1						
44625	REPAIR BOWEL OPENING		$661.00		1						
44626	REPAIR BOWEL OPENING		$1,096.00		1						
44640	REPAIR BOWEL-SKIN FISTULA		$940.00		1						
44650	REPAIR BOWEL FISTULA		$588.00		1						
44660	REPAIR BOWEL-BLADDER FISTULA		$912.00		1						
44661	REPAIR BOWEL-BLADDER FISTULA		$720.00		1						
44680	SURGICAL REVISION INTESTINE		$588.00		1						
44700	SUSPEND BOWEL W/PROSTHESIS		$605.00		1						
44701	INTRAOP COLON LAVAGE ADD-ON		$130.00		1						
44800	EXCISION OF BOWEL POUCH		$512.00		1						
44820	EXCISION OF MESENTERY LESION		$412.00		1						
44850	REPAIR OF MESENTERY		$385.00		1						
44900	DRAIN APPENDIX ABSCESS OPEN		$458.00		1						
44950	APPENDECTOMY		$445.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
44955	APPENDECTOMY ADD-ON		$73.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
44960	APPENDECTOMY		$549.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
44970	LAPAROSCOPY APPENDECTOMY		$395.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
45000	DRAINAGE OF PELVIC ABSCESS		$179.00		1						
45005	DRAINAGE OF RECTAL ABSCESS		$171.00		1						
45020	DRAINAGE OF RECTAL ABSCESS		$240.00		1						
45100	BIOPSY OF RECTUM		$182.00		1						
45108	REMOVAL OF ANORECTAL LESION		$226.00		1						
45110	REMOVAL OF RECTUM		$980.00		1						
45111	PARTIAL REMOVAL OF RECTUM		$690.00		1						
45112	REMOVAL OF RECTUM		$1,038.00		1						
45113	PARTIAL PROCTECTOMY		$1,076.00		1						
45114	PARTIAL REMOVAL OF RECTUM		$1,212.00		1						
45116	PARTIAL REMOVAL OF RECTUM		$1,043.00		1						
45119	REMOVE RECTUM W/RESERVOIR		$1,333.00		1						
45120	REMOVAL OF RECTUM		$995.00		1						
45121	REMOVAL OF RECTUM AND COLON		$1,211.00		1						
45123	PARTIAL PROCTECTOMY		$683.00		1						
45126	PELVIC EXENTERATION		$1,346.00		1						
45130	EXCISION OF RECTAL PROLAPSE		$714.00		1						
45135	EXCISION OF RECTAL PROLAPSE		$764.00		1						
45136	EXCISE ILEOANAL RESERVIOR		$1,000.00		1						
45150	EXCISION OF RECTAL STRICTURE		$295.00		1						
45160	EXCISION OF RECTAL LESION		$558.00		1						
45171	EXC RECT TUM TRANSANAL PART		$363.60		1						
45172	EXC RECT TUM TRANSANAL FULL		$501.14		1						
45190	DESTRUCTION RECTAL TUMOR		$339.00		1						
45300	PROCTOSIGMOIDOSCOPY DX		$52.00		1						
45303	PROCTOSIGMOIDOSCOPY DILATE		$500.00		1						
45305	PROCTOSIGMOIDOSCOPY W/BX		$102.00		1						
45307	PROCTOSIGMOIDOSCOPY FB		$92.00		1						
45308	PROCTOSIGMOIDOSCOPY REMOVAL		$74.00		1						
45309	PROCTOSIGMOIDOSCOPY REMOVAL		$139.00		1						
45315	PROCTOSIGMOIDOSCOPY REMOVAL		$114.00		1						
45317	PROCTOSIGMOIDOSCOPY BLEED		$126.00		1						
45320	PROCTOSIGMOIDOSCOPY ABLATE		$133.00		1						
45321	PROCTOSIGMOIDOSCOPY VOLVUL		$108.00		1						
45327	PROCTOSIGMOIDOSCOPY W/STENT		$60.00		1						
45330	DIAGNOSTIC SIGMOIDOSCOPY		$90.00		1						
45331	SIGMOIDOSCOPY AND BIOPSY		$117.00		1						
45332	SIGMOIDOSCOPY W/FB REMOVAL		$111.00		1						
45333	SIGMOIDOSCOPY & POLYPECTOMY		$184.00		1						
45334	SIGMOIDOSCOPY FOR BLEEDING		$132.00		1						
45335	SIGMOIDOSCOPY W/SUBMUC INJ		$130.00		1						
45337	SIGMOIDOSCOPY & DECOMPRESS		$115.00		1						
45338	SIGMOIDOSCOPY W/TUMR REMOVE		$211.00		1						
45340	SIG W/TNDSC BALLOON DILATION		$221.00		1						
45341	SIGMOIDOSCOPY W/ULTRASOUND		$125.00		1						
45342	SIGMOIDOSCOPY W/US GUIDE BX		$156.00		1						
45346	SIGMOIDOSCOPY W/ABLATION		$251.08		1						

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45347	SIGMOIDOSCOPY W/PLCMT STENT		$131.67		1						
45349	SIGMOIDOSCOPY W/RESECTION		$224.26		1						
45350	SGMDSC W/BAND LIGATION		$224.26		1						
45378	DIAGNOSTIC COLONOSCOPY		$278.00		1						
45379	COLONOSCOPY W/FB REMOVAL		$350.00		1						
45380	COLONOSCOPY AND BIOPSY		$329.00		1						
45381	COLONOSCOPY SUBMUCOUS NJX		$319.00		1						
45382	COLONOSCOPY W/CONTROL BLEED		$441.00		1						
45384	COLONOSCOPY W/LESION REMOVAL		$328.00		1						
45385	COLONOSCOPY W/LESION REMOVAL		$378.00		1						
45386	COLONOSCOPY W/BALLOON DILAT		$470.00		1						
45388	COLONOSCOPY W/ABLATION		$414.77		1						
45389	COLONOSCOPY W/STENT PLCMT		$261.27		1						
45391	COLONOSCOPY W/ENDOSCOPE US		$188.24		1						
45392	COLONOSCOPY W/ENDOSCOPIC FNB		$238.32		1						
45393	COLONOSCOPY W/DECOMPRESSION		$224.26		1						
45395	LAP REMOVAL OF RECTUM		$1,135.04		1						
45397	LAP REMOVE RECTUM W/POUCH		$1,237.08		1						
45398	COLONOSCOPY W/BAND LIGATION		$224.26		1						
45399	UNLISTED PROCEDURE COLON		$224.26		1						
45400	LAPAROSCOPIC PROC		$664.00		1						
45402	LAP PROCTOPEXY W/SIG RESECT		$902.08		1						
45500	REPAIR OF RECTUM		$316.00		1						
45505	REPAIR OF RECTUM		$323.00		1						
45520	TREATMENT OF RECTAL PROLAPSE		$30.00		1						
45540	CORRECT RECTAL PROLAPSE		$711.00		1						
45541	CORRECT RECTAL PROLAPSE		$617.00		1						
45550	REPAIR RECTUM/REMOVE SIGMOID		$995.00		1						
45560	REPAIR OF RECTOCELE		$477.00		1						
45562	EXPLORATION/REPAIR OF RECTUM		$689.00		1						
45563	EXPLORATION/REPAIR OF RECTUM		$792.00		1						
45800	REPAIR RECT/BLADDER FISTULA		$588.00		1						
45805	REPAIR FISTULA W/COLOSTOMY		$780.00		1						
45820	REPAIR RECTOURETHRAL FISTULA		$588.00		1						
45825	REPAIR FISTULA W/COLOSTOMY		$780.00		1						
45900	REDUCTION OF RECTAL PROLAPSE		$66.00		1						
45905	DILATION OF ANAL SPHINCTER		$113.00		1						
45910	DILATION OF RECTAL NARROWING		$135.00		1						
45915	REMOVE RECTAL OBSTRUCTION		$214.00		1						
45990	SURG DX EXAM ANORECTAL		$65.74		1						
46020	PLACEMENT OF SETON		$144.00		1						
46030	REMOVAL OF RECTAL MARKER		$75.00		1						
46040	INCISION OF RECTAL ABSCESS		$307.00		1						
46045	INCISION OF RECTAL ABSCESS		$218.00		1						
46050	INCISION OF ANAL ABSCESS		$105.00		1						
46060	INCISION OF RECTAL ABSCESS		$305.00		1						
46070	INCISION OF ANAL SEPTUM		$120.00		1						
46080	INCISION OF ANAL SPHINCTER		$162.00		1						
46083	INCISE EXTERNAL HEMORRHOID		$111.00		1						
46200	REMOVAL OF ANAL FISSURE		$223.00		1						

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46220	EXCISE ANAL EXT TAG/PAPILLA		$111.00		1						
46221	LIGATION OF HEMORRHOID(S)		$136.00		1						
46230	REMOVAL OF ANAL TAGS		$164.00		1						
46250	REMOVE EXT HEM GROUPS 2+		$266.00		1						
46255	REMOVE INT/EXT HEM 1 GROUP		$342.00		1						
46257	REMOVE IN/EX HEM GRP & FISS		$284.00		1						
46258	REMOVE IN/EX HEM GRP W/FISTU		$292.00		1						
46260	REMOVE IN/EX HEM GROUPS 2+		$329.00		1						
46261	REMOVE IN/EX HEM GRPS & FISS		$367.00		1						
46262	REMOVE IN/EX HEM GRPS W/FIST		$386.00		1						
46270	REMOVE ANAL FIST SUBQ		$253.00		1						
46275	REMOVE ANAL FIST INTER		$270.00		1						
46280	REMOVE ANAL FIST COMPLEX		$315.00		1						
46285	REMOVE ANAL FIST 2 STAGE		$231.00		1						
46288	REPAIR ANAL FISTULA		$329.00		1						
46320	REMOVAL OF HEMORRHOID CLOT		$108.00		1						
46500	INJECTION INTO HEMORRHOID(S)		$107.00		1						
46505	CHEMODENERVATION ANAL MUSC		$140.43		1						
46600	DIAGNOSTIC ANOSCOPY SPX		$57.00		1						
46601	DIAGNOSTIC ANOSCOPY		$65.19		1						
46604	ANOSCOPY AND DILATION		$280.00		1						
46606	ANOSCOPY AND BIOPSY		$125.00		1						
46607	DIAGNOSTIC ANOSCOPY & BIOPSY		$165.84		1						
46608	ANOSCOPY REMOVE FOR BODY		$164.00		1						
46610	ANOSCOPY REMOVE LESION		$148.00		1						
46611	ANOSCOPY		$146.00		1						
46612	ANOSCOPY REMOVE LESIONS		$212.00		1						
46614	ANOSCOPY CONTROL BLEEDING		$118.00		1						
46615	ANOSCOPY		$110.00		1						
46700	REPAIR OF ANAL STRICTURE		$407.00		1						
46705	REPAIR OF ANAL STRICTURE		$340.00		1						
46706	REPR OF ANAL FISTULA W/GLUE		$91.50		1						
46707	REPAIR ANORECTAL FIST W/PLUG		$280.07		1						
46710	REPR PER/VAG POUCH SNGL PROC		$597.93		1						
46712	REPR PER/VAG POUCH DBL PROC		$1,253.78		1						
46715	REP PERF ANOPER FISTU		$382.00		1						
46716	REP PERF ANOPER/VESTIB FISTU		$614.00		1						
46730	CONSTRUCTION OF ABSENT ANUS		$845.00		1						
46735	CONSTRUCTION OF ABSENT ANUS		$1,002.00		1						
46740	CONSTRUCTION OF ABSENT ANUS		$887.00		1						
46742	REPAIR OF IMPERFORATED ANUS		$1,217.00		1						
46744	REPAIR OF CLOACAL ANOMALY		$1,315.00		1						
46746	REPAIR OF CLOACAL ANOMALY		$1,484.00		1						
46748	REPAIR OF CLOACAL ANOMALY		$1,600.00		1						
46750	REPAIR OF ANAL SPHINCTER		$466.00		1						
46751	REPAIR OF ANAL SPHINCTER		$352.00		1						
46753	RECONSTRUCTION OF ANUS		$357.00		1						
46754	REMOVAL OF SUTURE FROM ANUS		$113.00		1						
46760	REPAIR OF ANAL SPHINCTER		$461.00		1						
46761	REPAIR OF ANAL SPHINCTER		$539.00		1						

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46762	IMPLANT ARTIFICIAL SPHINCTER		$513.00		1						
46900	DESTRUCTION ANAL LESION(S)		$129.00		1						
46910	DESTRUCTION ANAL LESION(S)		$136.00		1						
46916	CRYOSURGERY ANAL LESION(S)		$93.00		1						
46917	LASER SURGERY ANAL LESIONS		$298.00		1						
46922	EXCISION OF ANAL LESION(S)		$146.00		1						
46924	DESTRUCTION ANAL LESION(S)		$315.00		1						
46930	DESTROY INTERNAL HEMORRHOIDS		$134.42		1						
46940	TREATMENT OF ANAL FISSURE		$127.00		1						
46942	TREATMENT OF ANAL FISSURE		$90.00		1						
46945	REMOVE BY LIGAT INT HEM GRP		$107.00		1						
46946	REMOVE BY LIGAT INT HEM GRPS		$181.00		1						
46947	HEMORRHOIDOPEXY BY STAPLING		$245.00		1						
47000	NEEDLE BIOPSY OF LIVER		$152.00		1						
47001	NEEDLE BIOPSY LIVER ADD-ON		$80.00		3						
47010	OPEN DRAINAGE LIVER LESION		$428.00		1						
47015	INJECT/ASPIRATE LIVER CYST		$410.00		1						
47100	WEDGE BIOPSY OF LIVER		$544.00		1						
47120	PARTIAL REMOVAL OF LIVER		$1,572.00		1						
47122	EXTENSIVE REMOVAL OF LIVER		$1,372.00		1						
47125	PARTIAL REMOVAL OF LIVER		$1,251.00		1						
47130	PARTIAL REMOVAL OF LIVER		$2,314.00		1						
47300	SURGERY FOR LIVER LESION		$450.00		1						
47350	REPAIR LIVER WOUND		$880.00		1						
47360	REPAIR LIVER WOUND		$1,191.00		1						
47361	REPAIR LIVER WOUND		$1,164.00		1						
47362	REPAIR LIVER WOUND		$464.00		1						
47370	LAPARO ABLATE LIVER TUMOR RF		$622.00		1						
47371	LAPARO ABLATE LIVER CRYOSURG		$586.00		1						
47380	OPEN ABLATE LIVER TUMOR RF		$731.00		1						
47381	OPEN ABLATE LIVER TUMOR CRYO		$723.00		1						
47382	PERCUT ABLATE LIVER RF		$433.00		1						
47383	PERQ ABLTJ LVR CRYOABLATION		$5,504.67		1						
47400	INCISION OF LIVER DUCT		$786.00		1						
47420	INCISION OF BILE DUCT		$888.00		1						
47425	INCISION OF BILE DUCT		$693.00		1						
47460	INCISE BILE DUCT SPHINCTER		$685.00		1						
47480	INCISION OF GALLBLADDER		$525.00		1						
47490	INCISION OF GALLBLADDER		$374.00		1						
47531	INJECTION FOR CHOLANGIOGRAM		$272.71		1						
47532	INJECTION FOR CHOLANGIOGRAM		$600.34		1						
47533	PLMT BILIARY DRAINAGE CATH		$976.90		1						
47534	PLMT BILIARY DRAINAGE CATH		$1,205.36		1						
47535	CONVERSION EXT BIL DRG CATH		$806.00		1						
47536	EXCHANGE BILIARY DRG CATH		$594.48		1						
47537	REMOVAL BILIARY DRG CATH		$294.60		1						
47538	PERQ PLMT BILE DUCT STENT		$3,256.36		1						
47539	PERQ PLMT BILE DUCT STENT		$3,563.90		1						
47540	PERQ PLMT BILE DUCT STENT		$3,709.55		1						
47541	PLMT ACCESS BIL TREE SM BWL		$863.97		1						

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47542	DILATE BILIARY DUCT/AMPULLA		$375.55		1						
47543	ENDOLUMINAL BX BILIARY TREE		$961.32		1						
47544	REMOVAL DUCT GLBLDR CALCULI		$595.21		1						
47550	BILE DUCT ENDOSCOPY ADD-ON		$114.00		1						
47552	BILIARY ENDO PERQ DX W/SPECI		$201.00		1						
47553	BILIARY ENDOSCOPY THRU SKIN		$231.00		1						
47554	BILIARY ENDOSCOPY THRU SKIN		$355.00		1						
47555	BILIARY ENDOSCOPY THRU SKIN		$252.00		1						
47556	BILIARY ENDOSCOPY THRU SKIN		$343.00		1						
47562	LAPAROSCOPIC CHOLECYSTECTOMY		$498.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
47563	LAPARO CHOLECYSTECTOMY/GRAPH		$535.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
47564	LAPARO CHOLECYSTECTOMY/EXPLR		$628.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
47570	LAPARO CHOLECYSTOENTEROSTOMY		$523.00		1						
47600	REMOVAL OF GALLBLADDER		$611.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
47605	REMOVAL OF GALLBLADDER		$657.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
47610	REMOVAL OF GALLBLADDER		$832.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
47612	REMOVAL OF GALLBLADDER		$889.00		1						
47620	REMOVAL OF GALLBLADDER		$908.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
47700	EXPLORATION OF BILE DUCTS		$687.00		1						
47701	BILE DUCT REVISION		$1,223.00		1						
47711	EXCISION OF BILE DUCT TUMOR		$791.00		1						
47712	EXCISION OF BILE DUCT TUMOR		$980.00		1						
47715	EXCISION OF BILE DUCT CYST		$631.00		1						
47720	FUSE GALLBLADDER & BOWEL		$723.00		1						
47721	FUSE UPPER GI STRUCTURES		$678.00		1						
47740	FUSE GALLBLADDER & BOWEL		$646.00		1						
47741	FUSE GALLBLADDER & BOWEL		$889.00		1						
47760	FUSE BILE DUCTS AND BOWEL		$1,141.00		1						
47765	FUSE LIVER DUCTS & BOWEL		$882.00		1						
47780	FUSE BILE DUCTS AND BOWEL		$891.00		1						
47785	FUSE BILE DUCTS AND BOWEL		$1,022.00		1						
47800	RECONSTRUCTION OF BILE DUCTS		$808.00		1						
47801	PLACEMENT BILE DUCT SUPPORT		$600.00		1						
47802	FUSE LIVER DUCT & INTESTINE		$736.00		1						
47900	SUTURE BILE DUCT INJURY		$752.00		1						
48000	DRAINAGE OF ABDOMEN		$1,226.00		1						
48001	PLACEMENT OF DRAIN PANCREAS		$714.00		1						
48020	REMOVAL OF PANCREATIC STONE		$588.00		1						
48100	BIOPSY OF PANCREAS OPEN		$551.00		1						
48102	NEEDLE BIOPSY PANCREAS		$355.00		1						
48105	RESECT/DEBRIDE PANCREAS		$1,884.00		1						
48120	REMOVAL OF PANCREAS LESION		$589.00		1						
48140	PARTIAL REMOVAL OF PANCREAS		$1,010.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
48145	PARTIAL REMOVAL OF PANCREAS		$903.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
48146	PANCREATECTOMY		$1,279.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
48148	REMOVAL OF PANCREATIC DUCT		$699.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
48150	PARTIAL REMOVAL OF PANCREAS		$1,694.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
48152	PANCREATECTOMY		$1,575.00		1						
48153	PANCREATECTOMY		$2,100.00		1						
48154	PANCREATECTOMY		$1,579.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
48155	REMOVAL OF PANCREAS		$1,003.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
48400	INJECTION INTRAOP ADD-ON		$79.00		1						
48500	SURGERY OF PANCREATIC CYST		$552.00		1						
48510	DRAIN PANCREATIC PSEUDOCYST		$642.00		1						
48520	FUSE PANCREAS CYST AND BOWEL		$692.00		1						
48540	FUSE PANCREAS CYST AND BOWEL		$865.00		1						
48545	PANCREATORRHAPHY		$810.00		1						
48547	DUODENAL EXCLUSION		$892.00		1						
48548	FUSE PANCREAS AND BOWEL		$1,095.00		1						
49000	EXPLORATION OF ABDOMEN		$537.00		1						
49002	REOPENING OF ABDOMEN		$478.00		1						
49010	EXPLORATION BEHIND ABDOMEN		$565.00		1						
49020	DRAINAGE ABDOM ABSCESS OPEN		$1,019.00		1						
49040	DRAIN OPEN ABDOM ABSCESS		$614.00		1						
49060	DRAIN OPEN RETROPERI ABSCESS		$713.00		1						
49062	DRAIN TO PERITONEAL CAVITY		$517.00		1						
49082	ABD PARACENTESIS		$103.37		1						
49083	ABD PARACENTESIS W/IMAGING		$194.23		1						
49084	PERITONEAL LAVAGE		$64.54		1						
49180	BIOPSY ABDOMINAL MASS		$136.00		1						
49203	EXC ABD TUM 5 CM OR LESS		$600.91		1						
49204	EXC ABD TUM OVER 5 CM		$767.24		1						
49205	EXC ABD TUM OVER 10 CM		$878.30		1						
49215	EXCISE SACRAL SPINE TUMOR		$1,067.00		1						
49220	MULTIPLE SURGERY ABDOMEN		$824.00		1						
49250	EXCISION OF UMBILICUS		$388.00		1						
49255	REMOVAL OF OMENTUM		$515.00		1						
49320	DIAG LAPARO SEPARATE PROC		$237.00		1						
49321	LAPAROSCOPY BIOPSY		$248.00		1						
49322	LAPAROSCOPY ASPIRATION		$266.00		1						
49323	LAPARO DRAIN LYMPHOCELE		$431.00		1						
49324	LAP INSERT TUNNEL IP CATH		$259.00		1						
49325	LAP REVISION PERM IP CATH		$279.00		1						
49326	LAP W/OMENTOPEXY ADD-ON		$129.00		1						
49327	LAP INS DEVICE FOR RT		$96.98		1						
49400	AIR INJECTION INTO ABDOMEN		$70.00		1						
49402	REMOVE FOREIGN BODY ADBOMEN		$560.00		1						
49405	IMAGE CATH FLUID COLXN VISC		$480.97		1						
49406	IMAGE CATH FLUID PERI/RETRO		$480.78		1						
49407	IMAGE CATH FLUID TRNS/VGNL		$407.57		1						
49411	INS MARK ABD/PEL FOR RT PERQ		$311.40		1						
49412	INS DEVICE FOR RT GUIDE OPEN		$60.61		1						
49418	INSERT TUN IP CATH PERC		$1,128.41		1						
49419	INSERT TUN IP CATH W/PORT		$264.25		1						
49421	INS TUN IP CATH FOR DIAL OPN		$266.00		1						
49422	REMOVE TUNNELED IP CATH		$300.00		1						
49423	EXCHANGE DRAINAGE CATHETER		$58.00		1						
49424	ASSESS CYST CONTRAST INJECT		$121.00		1						
49425	INSERT ABDOMEN-VENOUS DRAIN		$495.00		1						
49426	REVISE ABDOMEN-VENOUS SHUNT		$395.00		1						

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49427	INJECTION ABDOMINAL SHUNT		$41.00		1						
49428	LIGATION OF SHUNT		$114.00		1						
49429	REMOVAL OF SHUNT		$285.00		1						
49435	INSERT SUBQ EXTEN TO IP CATH		$83.00		1						
49436	EMBEDDED IP CATH EXIT-SITE		$122.00		1						
49440	PLACE GASTROSTOMY TUBE PERC		$601.34		1						
49441	PLACE DUOD/JEJ TUBE PERC		$713.36		1						
49442	PLACE CECOSTOMY TUBE PERC		$581.76		1						
49446	CHANGE G-TUBE TO G-J PERC		$593.36		1						
49450	REPLACE G/C TUBE PERC		$413.81		1						
49451	REPLACE DUOD/JEJ TUBE PERC		$439.08		1						
49452	REPLACE G-J TUBE PERC		$538.21		1						
49460	FIX G/COLON TUBE W/DEVICE		$438.01		1						
49465	FLUORO EXAM OF G/COLON TUBE		$92.17		1						
49491	RPR HERN PREEMIE REDUC		$500.00		1						
49492	RPR ING HERN PREMIE BLOCKED		$624.00		1						
49495	RPR ING HERNIA BABY REDUC		$272.00		1						
49496	RPR ING HERNIA BABY BLOCKED		$402.00		1						
49500	RPR ING HERNIA INIT REDUCE		$285.00		1						
49501	RPR ING HERNIA INIT BLOCKED		$403.00		1						
49505	PRP I/HERN INIT REDUC >5 YR		$356.00		1						
49507	PRP I/HERN INIT BLOCK >5 YR		$434.00		1						
49520	REREPAIR ING HERNIA REDUCE		$441.00		1						
49521	REREPAIR ING HERNIA BLOCKED		$534.00		1						
49525	REPAIR ING HERNIA SLIDING		$391.00		1						
49540	REPAIR LUMBAR HERNIA		$364.00		1						
49550	RPR REM HERNIA INIT REDUCE		$394.00		1						
49553	RPR FEM HERNIA INIT BLOCKED		$429.00		1						
49555	REREPAIR FEM HERNIA REDUCE		$336.00		1						
49557	REREPAIR FEM HERNIA BLOCKED		$389.00		1						
49560	RPR VENTRAL HERN INIT REDUC		$518.00		1						
49561	RPR VENTRAL HERN INIT BLOCK		$631.00		1						
49565	REREPAIR VENTRL HERN REDUCE		$527.00		1						
49566	REREPAIR VENTRL HERN BLOCK		$638.00		1						
49568	HERNIA REPAIR W/MESH		$206.00		1						
49570	RPR EPIGASTRIC HERN REDUCE		$271.00		1						
49572	RPR EPIGASTRIC HERN BLOCKED		$317.00		1						
49580	RPR UMBIL HERN REDUC < 5 YR		$223.00		1						
49582	RPR UMBIL HERN BLOCK < 5 YR		$311.00		1						
49585	RPR UMBIL HERN REDUC > 5 YR		$293.00		1						
49587	RPR UMBIL HERN BLOCK > 5 YR		$348.00		1						
49590	REPAIR SPIGELIAN HERNIA		$390.00		1						
49600	REPAIR UMBILICAL LESION		$500.00		1						
49605	REPAIR UMBILICAL LESION		$848.00		1						
49606	REPAIR UMBILICAL LESION		$818.00		1						
49610	REPAIR UMBILICAL LESION		$427.00		1						
49611	REPAIR UMBILICAL LESION		$416.00		1						
49650	LAP ING HERNIA REPAIR INIT		$294.00		1						
49651	LAP ING HERNIA REPAIR RECUR		$338.00		1						
49652	LAP VENT/ABD HERNIA REPAIR		$526.43		1						

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49653	LAP VENT/ABD HERN PROC COMP		$658.16		1						
49654	LAP INC HERNIA REPAIR		$605.71		1						
49655	LAP INC HERN REPAIR COMP		$729.07		1						
49656	LAP INC HERNIA REPAIR RECUR		$607.82		1						
49657	LAP INC HERN RECUR COMP		$878.62		1						
49900	REPAIR OF ABDOMINAL WALL		$569.00		1						
49904	OMENTAL FLAP EXTRA-ABDOM		$901.35		1						
49905	OMENTAL FLAP INTRA-ABDOM		$275.00		1						
50010	EXPLORATION OF KIDNEY		$538.00		1						
50020	RENAL ABSCESS OPEN DRAIN		$674.00		1						
50040	DRAINAGE OF KIDNEY		$590.00		1						
50045	EXPLORATION OF KIDNEY		$620.00		1						
50060	REMOVAL OF KIDNEY STONE		$819.00		1						
50065	INCISION OF KIDNEY		$826.00		1						
50070	INCISION OF KIDNEY		$805.00		1						
50075	REMOVAL OF KIDNEY STONE		$1,003.00		1						
50080	REMOVAL OF KIDNEY STONE		$711.00		1						
50081	REMOVAL OF KIDNEY STONE		$1,038.00		1						
50100	REVISE KIDNEY BLOOD VESSELS		$736.00		1						
50120	EXPLORATION OF KIDNEY		$642.00		1						
50125	EXPLORE AND DRAIN KIDNEY		$669.00		1						
50130	REMOVAL OF KIDNEY STONE		$769.00		1						
50135	EXPLORATION OF KIDNEY		$817.00		1						
50200	RENAL BIOPSY PERQ		$132.00		1						
50205	RENAL BIOPSY OPEN		$502.00		1						
50220	REMOVE KIDNEY OPEN		$739.00		1						
50225	REMOVAL KIDNEY OPEN COMPLEX		$858.00		1						
50230	REMOVAL KIDNEY OPEN RADICAL		$1,037.00		1						
50234	REMOVAL OF KIDNEY & URETER		$944.00		1						
50236	REMOVAL OF KIDNEY & URETER		$1,019.00		1						
50240	PARTIAL REMOVAL OF KIDNEY		$936.00		1						
50250	CRYOABLATE RENAL MASS OPEN		$728.86		1						
50280	REMOVAL OF KIDNEY LESION		$637.00		1						
50290	REMOVAL OF KIDNEY LESION		$589.00		1						
50300	REMOVE CADAVER DONOR KIDNEY		$301.99		1						
50320	REMOVE KIDNEY LIVING DONOR		$914.00		1						
50340	REMOVAL OF KIDNEY		$588.00		1						
50360	TRANSPLANTATION OF KIDNEY		$1,343.00		1						
50365	TRANSPLANTATION OF KIDNEY		$1,594.00		1						
50370	REMOVE TRANSPLANTED KIDNEY		$610.00		1						
50380	REIMPLANTATION OF KIDNEY		$941.00		1						
50382	CHANGE URETER STENT PERCUT		$921.73		1						
50384	REMOVE URETER STENT PERCUT		$889.22		1						
50385	CHANGE STENT VIA TRANSURETH		$716.61		1						
50386	REMOVE STENT VIA TRANSURETH		$463.92		1						
50387	CHANGE NEPHROURETERAL CATH		$444.14		1						
50389	REMOVE RENAL TUBE W/FLUORO		$302.99		1						
50390	DRAINAGE OF KIDNEY LESION		$79.00		1						
50391	INSTLL RX AGNT INTO RNAL TUB		$90.75		1						
50395	CREATE PASSAGE TO KIDNEY		$160.00		1						

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50396	MEASURE KIDNEY PRESSURE		$67.00		1						
50400	REVISION OF KIDNEY/URETER		$930.00		1						
50405	REVISION OF KIDNEY/URETER		$999.00		1						
50430	NJX PX NFROSGRM &/URTRGRM		$383.42		1						
50431	NJX PX NFROSGRM &/URTRGRM		$119.36		1						
50432	PLMT NEPHROSTOMY CATHETER		$619.17		1						
50433	PLMT NEPHROURETERAL CATHETER		$832.34		1						
50434	CONVERT NEPHROSTOMY CATHETER		$658.31		1						
50435	EXCHANGE NEPHROSTOMY CATH		$344.72		1						
50500	REPAIR OF KIDNEY WOUND		$801.00		1						
50520	CLOSE KIDNEY-SKIN FISTULA		$698.00		1						
50525	CLOSE NEPHROVISCERAL FISTULA		$896.00		1						
50526	CLOSE NEPHROVISCERAL FISTULA		$898.00		1						
50540	REVISION OF HORSESHOE KIDNEY		$823.00		1						
50541	LAPARO ABLATE RENAL CYST		$570.00		1						
50542	LAPARO ABLATE RENAL MASS		$718.77		1						
50543	LAPARO PARTIAL NEPHRECTOMY		$905.22		1						
50544	LAPAROSCOPY PYELOPLASTY		$786.00		1						
50545	LAPARO RADICAL NEPHRECTOMY		$1,005.00		1						
50546	LAPAROSCOPIC NEPHRECTOMY		$873.00		1						
50547	LAPARO REMOVAL DONOR KIDNEY		$934.00		1						
50548	LAPARO REMOVE W/URETER		$856.00		1						
50551	KIDNEY ENDOSCOPY		$287.00		1						
50553	KIDNEY ENDOSCOPY		$362.00		1						
50555	KIDNEY ENDOSCOPY & BIOPSY		$369.00		1						
50557	KIDNEY ENDOSCOPY & TREATMENT		$434.00		1						
50561	KIDNEY ENDOSCOPY & TREATMENT		$445.00		1						
50562	RENAL SCOPE W/TUMOR RESECT		$382.52		1						
50570	KIDNEY ENDOSCOPY		$305.00		1						
50572	KIDNEY ENDOSCOPY		$398.00		1						
50574	KIDNEY ENDOSCOPY & BIOPSY		$417.00		1						
50575	KIDNEY ENDOSCOPY		$566.00		1						
50576	KIDNEY ENDOSCOPY & TREATMENT		$437.00		1						
50580	KIDNEY ENDOSCOPY & TREATMENT		$401.00		1						
50590	FRAGMENTING OF KIDNEY STONE		$612.00		1						
50592	PERC RF ABLATE RENAL TUMOR		$3,380.94		1						
50593	PERC CRYO ABLATE RENAL TUM		$2,519.25		1						
50600	EXPLORATION OF URETER		$627.00		1						
50605	INSERT URETERAL SUPPORT		$585.00		1						
50606	ENDOLUMINAL BX URTR RNL PLVS		$388.23		1						
50610	REMOVAL OF URETER STONE		$765.00		1						
50620	REMOVAL OF URETER STONE		$730.00		1						
50630	REMOVAL OF URETER STONE		$743.00		1						
50650	REMOVAL OF URETER		$706.00		1						
50660	REMOVAL OF URETER		$778.00		1						
50684	INJECTION FOR URETER X-RAY		$175.00		1						
50686	MEASURE URETER PRESSURE		$138.00		1						
50688	CHANGE OF URETER TUBE/STENT		$51.00		1						
50690	INJECTION FOR URETER X-RAY		$95.00		1						
50693	PLMT URETERAL STENT PRQ		$772.93		1						

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50694	PLMT URETERAL STENT PRQ		$853.40		1						
50695	PLMT URETERAL STENT PRQ		$1,041.56		1						
50700	REVISION OF URETER		$647.00		1						
50705	URETERAL EMBOLIZATION/OCCL		$1,237.56		1						
50706	BALLOON DILATE URTRL STRIX		$560.39		1						
50715	RELEASE OF URETER		$847.00		1						
50722	RELEASE OF URETER		$660.00		1						
50725	RELEASE/REVISE URETER		$764.00		1						
50727	REVISE URETER		$373.00		1						
50728	REVISE URETER		$502.00		1						
50740	FUSION OF URETER & KIDNEY		$754.00		1						
50750	FUSION OF URETER & KIDNEY		$793.00		1						
50760	FUSION OF URETERS		$755.00		1						
50770	SPLICING OF URETERS		$807.00		1						
50780	REIMPLANT URETER IN BLADDER		$886.00		1						
50782	REIMPLANT URETER IN BLADDER		$855.00		1						
50783	REIMPLANT URETER IN BLADDER		$881.00		1						
50785	REIMPLANT URETER IN BLADDER		$872.00		1						
50800	IMPLANT URETER IN BOWEL		$662.00		1						
50810	FUSION OF URETER & BOWEL		$882.00		1						
50815	URINE SHUNT TO INTESTINE		$967.00		1						
50820	CONSTRUCT BOWEL BLADDER		$938.00		1						
50825	CONSTRUCT BOWEL BLADDER		$1,294.00		1						
50830	REVISE URINE FLOW		$1,249.00		1						
50840	REPLACE URETER BY BOWEL		$882.00		1						
50845	APPENDICO-VESICOSTOMY		$825.00		1						
50860	TRANSPLANT URETER TO SKIN		$667.00		1						
50900	REPAIR OF URETER		$588.00		1						
50920	CLOSURE URETER/SKIN FISTULA		$588.00		1						
50930	CLOSURE URETER/BOWEL FISTULA		$803.00		1						
50940	RELEASE OF URETER		$618.00		1						
50945	LAPAROSCOPY URETEROLITHOTOMY		$728.00		1						
50947	LAPARO NEW URETER/BLADDER		$954.00		1						
50948	LAPARO NEW URETER/BLADDER		$873.00		1						
50951	ENDOSCOPY OF URETER		$226.00		1						
50953	ENDOSCOPY OF URETER		$370.00		1						
50955	URETER ENDOSCOPY & BIOPSY		$348.00		1						
50957	URETER ENDOSCOPY & TREATMENT		$349.00		1						
50961	URETER ENDOSCOPY & TREATMENT		$438.00		1						
50970	URETER ENDOSCOPY		$278.00		1						
50972	URETER ENDOSCOPY & CATHETER		$226.00		1						
50974	URETER ENDOSCOPY & BIOPSY		$361.00		1						
50976	URETER ENDOSCOPY & TREATMENT		$350.00		1						
50980	URETER ENDOSCOPY & TREATMENT		$243.00		1						
51020	INCISE & TREAT BLADDER		$316.00		1						
51030	INCISE & TREAT BLADDER		$362.00		1						
51040	INCISE & DRAIN BLADDER		$239.00		1						
51045	INCISE BLADDER/DRAIN URETER		$339.00		1						
51050	REMOVAL OF BLADDER STONE		$350.00		1						
51060	REMOVAL OF URETER STONE		$533.00		1						

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51065	REMOVE URETER CALCULUS		$382.00		1						
51080	DRAINAGE OF BLADDER ABSCESS		$283.00		1						
51100	DRAIN BLADDER BY NEEDLE		$35.54		1						
51101	DRAIN BLADDER BY TROCAR/CATH		$71.39		1						
51102	DRAIN BL W/CATH INSERTION		$188.44		1						
51500	REMOVAL OF BLADDER CYST		$421.00		1						
51520	REMOVAL OF BLADDER LESION		$413.00		1						
51525	REMOVAL OF BLADDER LESION		$605.00		1						
51530	REMOVAL OF BLADDER LESION		$520.00		1						
51535	REPAIR OF URETER LESION		$567.00		1						
51550	PARTIAL REMOVAL OF BLADDER		$680.00		1						
51555	PARTIAL REMOVAL OF BLADDER		$827.00		1						
51565	REVISE BLADDER & URETER(S)		$925.00		1						
51570	REMOVAL OF BLADDER		$961.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
51575	REMOVAL OF BLADDER & NODES		$1,243.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
51580	REMOVE BLADDER/REVISE TRACT		$1,229.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
51585	REMOVAL OF BLADDER & NODES		$1,417.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
51590	REMOVE BLADDER/REVISE TRACT		$1,369.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
51595	REMOVE BLADDER/REVISE TRACT		$1,574.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
51596	REMOVE BLADDER/CREATE POUCH		$1,839.00		1						
51597	REMOVAL OF PELVIC STRUCTURES		$1,611.00		1						
51600	INJECTION FOR BLADDER X-RAY		$178.00		1						
51605	PREPARATION FOR BLADDER XRAY		$177.00		1						
51610	INJECTION FOR BLADDER X-RAY		$104.00		1						
51700	IRRIGATION OF BLADDER		$70.00		1						
51701	INSERT BLADDER CATHETER		$57.00		1						
51702	INSERT TEMP BLADDER CATH		$70.00		1						
51703	INSERT BLADDER CATH COMPLEX		$118.00		1						
51705	CHANGE OF BLADDER TUBE		$92.00		1						
51710	CHANGE OF BLADDER TUBE		$134.00		1						
51715	ENDOSCOPIC INJECTION/IMPLANT		$221.00		1						
51720	TREATMENT OF BLADDER LESION		$108.00		1						
51725	SIMPLE CYSTOMETROGRAM		$195.00		1						
51725	SIMPLE CYSTOMETROGRAM	26	$53.00		1						
51726	COMPLEX CYSTOMETROGRAM		$251.00		1						
51726	COMPLEX CYSTOMETROGRAM	26	$69.00		1						
51727	CYSTOMETROGRAM W/UP		$179.52		1						
51728	CYSTOMETROGRAM W/VP		$179.48		1						
51729	CYSTOMETROGRAM W/VP&UP		$193.93		1						
51736	URINE FLOW MEASUREMENT		$35.00		1						
51736	URINE FLOW MEASUREMENT	26	$22.00		1						
51741	ELECTRO-UROFLOWMETRY FIRST		$58.00		1						
51741	ELECTRO-UROFLOWMETRY FIRST	26	$46.00		1						
51784	ANAL/URINARY MUSCLE STUDY		$154.00		1						
51784	ANAL/URINARY MUSCLE STUDY	26	$62.00		1						
51785	ANAL/URINARY MUSCLE STUDY		$165.00		1						
51785	ANAL/URINARY MUSCLE STUDY	26	$62.00		1						
51792	URINARY REFLEX STUDY		$194.00		1						
51792	URINARY REFLEX STUDY	26	$41.00		1						
51797	INTRAABDOMINAL PRESSURE TEST		$203.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
51797	INTRAABDOMINAL PRESSURE TEST	26	$65.00		1						
51798	US URINE CAPACITY MEASURE		$12.00		1						
51800	REVISION OF BLADDER/URETHRA		$705.00		1						
51820	REVISION OF URINARY TRACT		$870.00		1						
51840	ATTACH BLADDER/URETHRA		$555.00		1						
51841	ATTACH BLADDER/URETHRA		$589.00		1						
51845	REPAIR BLADDER NECK		$491.00		1						
51860	REPAIR OF BLADDER WOUND		$540.00		1						
51865	REPAIR OF BLADDER WOUND		$658.00		1						
51880	REPAIR OF BLADDER OPENING		$321.00		1						
51900	REPAIR BLADDER/VAGINA LESION		$646.00		1						
51920	CLOSE BLADDER-UTERUS FISTULA		$617.00		1						
51925	HYSTERECTOMY/BLADDER REPAIR		$635.00		1						
51940	CORRECTION OF BLADDER DEFECT		$1,376.00		1						
51960	REVISION OF BLADDER & BOWEL		$1,001.00		1						
51980	CONSTRUCT BLADDER OPENING		$529.00		1						
51990	LAPARO URETHRAL SUSPENSION		$466.00		1						
51992	LAPARO SLING OPERATION		$617.00		1						
52000	CYSTOSCOPY		$150.00		1						
52001	CYSTOSCOPY REMOVAL OF CLOTS		$306.00		1						
52005	CYSTOSCOPY & URETER CATHETER		$220.00		1						
52007	CYSTOSCOPY AND BIOPSY		$524.00		1						
52010	CYSTOSCOPY & DUCT CATHETER		$157.00		1						
52204	CYSTOSCOPY W/BIOPSY(S)		$453.00		1						
52214	CYSTOSCOPY AND TREATMENT		$1,109.00		1						
52224	CYSTOSCOPY AND TREATMENT		$1,048.00		1						
52234	CYSTOSCOPY AND TREATMENT		$215.00		1						
52235	CYSTOSCOPY AND TREATMENT		$252.00		1						
52240	CYSTOSCOPY AND TREATMENT		$445.00		1						
52250	CYSTOSCOPY AND RADIOTRACER		$188.00		1						
52260	CYSTOSCOPY AND TREATMENT		$162.00		1						
52265	CYSTOSCOPY AND TREATMENT		$441.00		1						
52270	CYSTOSCOPY & REVISE URETHRA		$394.00		1						
52275	CYSTOSCOPY & REVISE URETHRA		$554.00		1						
52276	CYSTOSCOPY AND TREATMENT		$231.00		1						
52277	CYSTOSCOPY AND TREATMENT		$245.00		1						
52281	CYSTOSCOPY AND TREATMENT		$274.00		1						
52282	CYSTOSCOPY IMPLANT STENT		$295.00		1						
52283	CYSTOSCOPY AND TREATMENT		$184.00		1						
52285	CYSTOSCOPY AND TREATMENT		$219.00		1						
52287	CYSTOSCOPY CHEMODENERVATION		$224.22		1						
52290	CYSTOSCOPY AND TREATMENT		$212.00		1						
52300	CYSTOSCOPY AND TREATMENT		$219.00		1						
52301	CYSTOSCOPY AND TREATMENT		$229.00		1						
52305	CYSTOSCOPY AND TREATMENT		$203.00		1						
52310	CYSTOSCOPY AND TREATMENT		$238.00		1						
52315	CYSTOSCOPY AND TREATMENT		$391.00		1						
52317	REMOVE BLADDER STONE		$967.00		1						
52318	REMOVE BLADDER STONE		$420.00		1						
52320	CYSTOSCOPY AND TREATMENT		$216.00		1						

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52325	CYSTOSCOPY STONE REMOVAL		$268.00		1						
52327	CYSTOSCOPY INJECT MATERIAL		$202.76		1						
52330	CYSTOSCOPY AND TREATMENT		$1,171.00		1						
52332	CYSTOSCOPY AND TREATMENT		$270.00		1						
52334	CREATE PASSAGE TO KIDNEY		$186.00		1						
52341	CYSTO W/URETER STRICTURE TX		$249.00		1						
52342	CYSTO W/UP STRICTURE TX		$239.00		1						
52343	CYSTO W/RENAL STRICTURE TX		$265.00		1						
52344	CYSTO/URETERO STRICTURE TX		$318.00		1						
52345	CYSTO/URETERO W/UP STRICTURE		$302.00		1						
52346	CYSTOURETERO W/RENAL STRICT		$380.00		1						
52351	CYSTOURETERO & OR PYELOSCOPE		$243.00		1						
52352	CYSTOURETERO W/STONE REMOVE		$284.00		1						
52353	CYSTOURETERO W/LITHOTRIPSY		$328.00		1						
52354	CYSTOURETERO W/BIOPSY		$282.00		1						
52355	CYSTOURETERO W/EXCISE TUMOR		$363.00		1						
52356	CYSTO/URETERO W/LITHOTRIPSY		$238.30		1						
52400	CYSTOURETERO W/CONGEN REPR		$406.00		1						
52402	CYSTOURETHRO CUT EJACUL DUCT		$186.48		1						
52441	CYSTOURETHRO W/IMPLANT		$900.73		1						
52442	CYSTOURETHRO W/ADDL IMPLANT		$691.00		1						
52450	INCISION OF PROSTATE		$339.00		1						
52500	REVISION OF BLADDER NECK		$381.00		1						
52601	PROSTATECTOMY (TURP)		$593.00		1						
52630	REMOVE PROSTATE REGROWTH		$354.00		1						
52640	RELIEVE BLADDER CONTRACTURE		$312.00		1						
52647	LASER SURGERY OF PROSTATE		$2,254.00		1						
52648	LASER SURGERY OF PROSTATE		$542.00		1						
52649	PROSTATE LASER ENUCLEATION		$559.03		1						
52700	DRAINAGE OF PROSTATE ABSCESS		$281.00		1						
53000	INCISION OF URETHRA		$154.00		1						
53010	INCISION OF URETHRA		$180.00		1						
53020	INCISION OF URETHRA		$135.00		1						
53025	INCISION OF URETHRA		$86.00		1						
53040	DRAINAGE OF URETHRA ABSCESS		$294.00		1						
53060	DRAINAGE OF URETHRA ABSCESS		$141.00		1						
53080	DRAINAGE OF URINARY LEAKAGE		$305.00		1						
53085	DRAINAGE OF URINARY LEAKAGE		$582.00		1						
53200	BIOPSY OF URETHRA		$132.00		1						
53210	REMOVAL OF URETHRA		$493.00		1						
53215	REMOVAL OF URETHRA		$622.00		1						
53220	TREATMENT OF URETHRA LESION		$321.00		1						
53230	REMOVAL OF URETHRA LESION		$429.00		1						
53235	REMOVAL OF URETHRA LESION		$394.00		1						
53240	SURGERY FOR URETHRA POUCH		$275.00		1						
53250	REMOVAL OF URETHRA GLAND		$323.00		1						
53260	TREATMENT OF URETHRA LESION		$155.00		1						
53265	TREATMENT OF URETHRA LESION		$171.00		1						
53270	REMOVAL OF URETHRA GLAND		$153.00		1						
53275	REPAIR OF URETHRA DEFECT		$203.00		1						

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53400	REVISE URETHRA STAGE 1		$566.00		1						
53405	REVISE URETHRA STAGE 2		$592.00		1						
53410	RECONSTRUCTION OF URETHRA		$708.00		1						
53415	RECONSTRUCTION OF URETHRA		$897.00		1						
53420	RECONSTRUCT URETHRA STAGE 1		$613.00		1						
53425	RECONSTRUCT URETHRA STAGE 2		$628.00		1						
53430	RECONSTRUCTION OF URETHRA		$611.00		1						
53431	RECONSTRUCT URETHRA/BLADDER		$694.00		1						
53440	MALE SLING PROCEDURE		$590.00		1						
53442	REMOVE/REVISE MALE SLING		$347.00		1						
53444	INSERT TANDEM CUFF		$495.00		1						
53445	INSERT URO/VES NCK SPHINCTER		$712.00		1						
53446	REMOVE URO SPHINCTER		$453.00		1						
53447	REMOVE/REPLACE UR SPHINCTER		$680.00		1						
53448	REMOV/REPLC UR SPHINCTR COMP		$525.00		1						
53450	REVISION OF URETHRA		$281.00		1						
53460	REVISION OF URETHRA		$330.00		1						
53500	URETHRLYS TRANSVAG W/ SCOPE		$552.00		1						
53502	REPAIR OF URETHRA INJURY		$412.00		1						
53505	REPAIR OF URETHRA INJURY		$318.00		1						
53510	REPAIR OF URETHRA INJURY		$430.00		1						
53515	REPAIR OF URETHRA INJURY		$618.00		1						
53520	REPAIR OF URETHRA DEFECT		$360.00		1						
53600	DILATE URETHRA STRICTURE		$77.00		1						
53601	DILATE URETHRA STRICTURE		$70.00		1						
53605	DILATE URETHRA STRICTURE		$57.00		1						
53620	DILATE URETHRA STRICTURE		$111.00		1						
53621	DILATE URETHRA STRICTURE		$102.00		1						
53660	DILATION OF URETHRA		$61.00		1						
53661	DILATION OF URETHRA		$62.00		1						
53665	DILATION OF URETHRA		$31.00		1						
53850	PROSTATIC MICROWAVE THERMOTX		$402.00		1						
53852	PROSTATIC RF THERMOTX		$397.00		1						
53855	INSERT PROST URETHRAL STENT		$393.47		1						
53860	TRANSURETHRAL RF TREATMENT		$1,083.44		1						
54000	SLITTING OF PREPUCE		$125.00		1						
54001	SLITTING OF PREPUCE		$153.00		1						
54015	DRAIN PENIS LESION		$232.00		1						
54050	DESTRUCTION PENIS LESION(S)		$83.00		1						
54055	DESTRUCTION PENIS LESION(S)		$90.00		1						
54056	CRYOSURGERY PENIS LESION(S)		$83.00		1						
54057	LASER SURG PENIS LESION(S)		$97.00		1						
54060	EXCISION OF PENIS LESION(S)		$142.00		1						
54065	DESTRUCTION PENIS LESION(S)		$149.00		1						
54100	BIOPSY OF PENIS		$133.00		3						
54105	BIOPSY OF PENIS		$223.00		2						
54110	TREATMENT OF PENIS LESION		$421.00		1						
54111	TREAT PENIS LESION GRAFT		$563.00		1						
54112	TREAT PENIS LESION GRAFT		$721.00		1						
54115	TREATMENT OF PENIS LESION		$324.00		1						

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54120	PARTIAL REMOVAL OF PENIS		$422.00		1						
54125	REMOVAL OF PENIS		$591.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
54130	REMOVE PENIS & NODES		$887.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
54135	REMOVE PENIS & NODES		$1,075.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
54150	CIRCUMCISION W/REGIONL BLOCK		$172.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
54160	CIRCUMCISION NEONATE		$187.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
54161	CIRCUM 28 DAYS OR OLDER		$161.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
54162	LYSIS PENIL CIRCUMIC LESION		$217.00		1						
54163	REPAIR OF CIRCUMCISION		$148.00		1						
54164	FRENULOTOMY OF PENIS		$128.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
54200	TREATMENT OF PENIS LESION		$81.00		1						
54205	TREATMENT OF PENIS LESION		$343.00		1						
54220	TREATMENT OF PENIS LESION		$177.00		1						
54231	DYNAMIC CAVERNOSOMETRY		$97.00		1						
54235	PENILE INJECTION		$63.00		1						
54240	PENIS STUDY		$59.00		1						
54250	PENIS STUDY		$98.00		1						
54300	REVISION OF PENIS		$477.00		1						
54304	REVISION OF PENIS		$562.00		1						
54308	RECONSTRUCTION OF URETHRA		$560.00		1						
54312	RECONSTRUCTION OF URETHRA		$744.00		1						
54316	RECONSTRUCTION OF URETHRA		$918.00		1						
54318	RECONSTRUCTION OF URETHRA		$488.00		1						
54322	RECONSTRUCTION OF URETHRA		$655.00		1						
54324	RECONSTRUCTION OF URETHRA		$817.00		1						
54326	RECONSTRUCTION OF URETHRA		$703.00		1						
54328	REVISE PENIS/URETHRA		$770.00		1						
54332	REVISE PENIS/URETHRA		$926.00		1						
54336	REVISE PENIS/URETHRA		$1,162.00		1						
54340	SECONDARY URETHRAL SURGERY		$506.00		1						
54344	SECONDARY URETHRAL SURGERY		$734.00		1						
54348	SECONDARY URETHRAL SURGERY		$716.00		1						
54352	RECONSTRUCT URETHRA/PENIS		$992.00		1						
54360	PENIS PLASTIC SURGERY		$604.00		1						
54380	REPAIR PENIS		$571.00		1						
54385	REPAIR PENIS		$660.00		1						
54390	REPAIR PENIS AND BLADDER		$889.00		1						
54420	REVISION OF PENIS		$488.00		1						
54430	REVISION OF PENIS		$513.00		1						
54435	REVISION OF PENIS		$325.00		1						
54437	REPAIR CORPOREAL TEAR		$523.63		1						
54438	REPLANTATION OF PENIS		$1,056.93		1						
54440	REPAIR OF PENIS		$680.00		1						
54450	PREPUTIAL STRETCHING		$60.00		1						
54500	BIOPSY OF TESTIS		$100.00		1						
54505	BIOPSY OF TESTIS		$160.00		1						
54512	EXCISE LESION TESTIS		$383.00		1						
54520	REMOVAL OF TESTIS		$272.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
54522	ORCHIECTOMY PARTIAL		$397.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
54530	REMOVAL OF TESTIS		$385.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months

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54535	EXTENSIVE TESTIS SURGERY		$534.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
54550	EXPLORATION FOR TESTIS		$348.00		1						
54560	EXPLORATION FOR TESTIS		$491.00		1						
54600	REDUCE TESTIS TORSION		$356.00		1						
54620	SUSPENSION OF TESTIS		$220.00		1						
54640	SUSPENSION OF TESTIS		$360.00		1						
54650	ORCHIOPEXY (FOWLER-STEPHENS)		$513.00		1						
54660	REVISION OF TESTIS		$218.00		1						
54670	REPAIR TESTIS INJURY		$264.00		1						
54680	RELOCATION OF TESTIS(ES)		$663.00		1						
54690	LAPAROSCOPY ORCHIECTOMY		$483.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
54692	LAPAROSCOPY ORCHIOPEXY		$561.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
54700	DRAINAGE OF SCROTUM		$180.00		1						
54800	BIOPSY OF EPIDIDYMIS		$146.00		1						
54830	REMOVE EPIDIDYMIS LESION		$250.00		1						
54840	REMOVE EPIDIDYMIS LESION		$238.00		1						
54860	REMOVAL OF EPIDIDYMIS		$287.00		1						
54861	REMOVAL OF EPIDIDYMIS		$378.00		1						
54865	EXPLORE EPIDIDYMIS		$248.00		1						
55000	DRAINAGE OF HYDROCELE		$99.00		1						
55040	REMOVAL OF HYDROCELE		$255.00		1						
55041	REMOVAL OF HYDROCELES		$382.00		1						
55060	REPAIR OF HYDROCELE		$257.00		1						
55100	DRAINAGE OF SCROTUM ABSCESS		$164.00		1						
55110	EXPLORE SCROTUM		$263.00		1						
55120	REMOVAL OF SCROTUM LESION		$239.00		1						
55150	REMOVAL OF SCROTUM		$331.00		1						
55175	REVISION OF SCROTUM		$296.00		1						
55180	REVISION OF SCROTUM		$484.00		1						
55250	REMOVAL OF SPERM DUCT(S)		$225.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
55300	PREPARE SPERM DUCT X-RAY		$139.00		1						
55450	LIGATION OF SPERM DUCT		$229.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
55500	REMOVAL OF HYDROCELE		$262.00		1						
55520	REMOVAL OF SPERM CORD LESION		$284.00		1						
55530	REVISE SPERMATIC CORD VEINS		$260.00		1						
55535	REVISE SPERMATIC CORD VEINS		$298.00		1						
55540	REVISE HERNIA & SPERM VEINS		$352.00		1						
55550	LAPARO LIGATE SPERMATIC VEIN		$265.00		1						
55600	INCISE SPERM DUCT POUCH		$264.00		1						
55605	INCISE SPERM DUCT POUCH		$347.00		1						
55650	REMOVE SPERM DUCT POUCH		$598.00		1						
55680	REMOVE SPERM POUCH LESION		$296.00		1						
55700	BIOPSY OF PROSTATE		$159.00		1						
55705	BIOPSY OF PROSTATE		$199.00		1						
55706	PROSTATE SATURATION SAMPLING		$291.07		1						
55720	DRAINAGE OF PROSTATE ABSCESS		$303.00		1						
55725	DRAINAGE OF PROSTATE ABSCESS		$411.00		1						
55801	REMOVAL OF PROSTATE		$724.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
55810	EXTENSIVE PROSTATE SURGERY		$952.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
55812	EXTENSIVE PROSTATE SURGERY		$1,135.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months

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55815	EXTENSIVE PROSTATE SURGERY		$1,266.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
55821	REMOVAL OF PROSTATE		$625.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
55831	REMOVAL OF PROSTATE		$679.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
55840	EXTENSIVE PROSTATE SURGERY		$965.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
55842	EXTENSIVE PROSTATE SURGERY		$1,135.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
55845	EXTENSIVE PROSTATE SURGERY		$1,207.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
55860	SURGICAL EXPOSURE PROSTATE		$554.00		1						
55862	EXTENSIVE PROSTATE SURGERY		$736.00		1						
55865	EXTENSIVE PROSTATE SURGERY		$1,022.00		1						
55866	LAPARO RADICAL PROSTATECTOMY		$1,066.73		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
55873	CRYOABLATE PROSTATE		$853.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
55875	TRANSPERI NEEDLE PLACE PROS		$547.00		1						
55876	PLACE RT DEVICE/MARKER PROS		$106.00		1						
56405	I & D OF VULVA/PERINEUM		$82.00		1						
56420	DRAINAGE OF GLAND ABSCESS		$105.00		1						
56440	SURGERY FOR VULVA LESION		$156.00		1						
56441	LYSIS OF LABIAL LESION(S)		$111.00		1						
56442	HYMENOTOMY		$33.00		1						
56501	DESTROY VULVA LESIONS SIM		$97.00		1						
56515	DESTROY VULVA LESION/S COMPL		$157.00		1						
56605	BIOPSY OF VULVA/PERINEUM		$64.00		1						
56606	BIOPSY OF VULVA/PERINEUM		$35.00		1						
56620	PARTIAL REMOVAL OF VULVA		$417.00	Y	1						
56625	COMPLETE REMOVAL OF VULVA		$441.00	Y	1						
56630	EXTENSIVE VULVA SURGERY		$607.00		1						
56631	EXTENSIVE VULVA SURGERY		$755.00		1						
56632	EXTENSIVE VULVA SURGERY		$1,029.00		1						
56633	EXTENSIVE VULVA SURGERY		$746.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
56634	EXTENSIVE VULVA SURGERY		$915.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
56637	EXTENSIVE VULVA SURGERY		$977.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
56640	EXTENSIVE VULVA SURGERY		$963.00		1						
56700	PARTIAL REMOVAL OF HYMEN		$131.00		1						
56740	REMOVE VAGINA GLAND LESION		$223.00		1						
56800	REPAIR OF VAGINA		$168.00		1						
56805	REPAIR CLITORIS		$737.00		1						
56810	REPAIR OF PERINEUM		$195.00		1						
56820	EXAM OF VULVA W/SCOPE		$84.00		1						
56821	EXAM/BIOPSY OF VULVA W/SCOPE		$113.00		1						
57000	EXPLORATION OF VAGINA		$129.00		1						
57010	DRAINAGE OF PELVIC ABSCESS		$297.00		1						
57020	DRAINAGE OF PELVIC FLUID		$64.00		1						
57022	I & D VAGINAL HEMATOMA PP		$107.00		1						
57023	I & D VAG HEMATOMA NON-OB		$107.00		1						
57061	DESTROY VAG LESIONS SIMPLE		$85.00		1						
57065	DESTROY VAG LESIONS COMPLEX		$164.00		1						
57100	BIOPSY OF VAGINA		$68.00		3						
57105	BIOPSY OF VAGINA		$102.00		2						
57106	REMOVE VAGINA WALL PARTIAL		$225.00		1						
57107	REMOVE VAGINA TISSUE PART		$808.00		1						
57109	VAGINECTOMY PARTIAL W/NODES		$981.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
57110	REMOVE VAGINA WALL COMPLETE		$554.00		1						
57111	REMOVE VAGINA TISSUE COMPL		$984.00		1						
57112	VAGINECTOMY W/NODES COMPL		$1,048.00		1						
57120	CLOSURE OF VAGINA		$390.00		1						
57130	REMOVE VAGINA LESION		$152.00		1						
57135	REMOVE VAGINA LESION		$160.00		1						
57150	TREAT VAGINA INFECTION		$47.00		1						
57155	INSERT UTERI TANDEM/OVOIDS		$318.00		1						
57156	INS VAG BRACHYTX DEVICE		$112.97		1						
57160	INSERT PESSARY/OTHER DEVICE		$56.00		1						
57170	FITTING OF DIAPHRAGM/CAP		$42.00		1						
57180	TREAT VAGINAL BLEEDING		$108.00		1						
57200	REPAIR OF VAGINA		$208.00		1						
57210	REPAIR VAGINA/PERINEUM		$266.00		1						
57220	REVISION OF URETHRA		$206.00		1						
57230	REPAIR OF URETHRAL LESION		$240.00		1						
57240	REPAIR BLADDER & VAGINA		$334.00		1						
57250	REPAIR RECTUM & VAGINA		$309.00		1						
57260	REPAIR OF VAGINA		$448.00		1						
57265	EXTENSIVE REPAIR OF VAGINA		$530.00		1						
57267	INSERT MESH/PELVIC FLR ADDON		$214.00		3						
57268	REPAIR OF BOWEL BULGE		$373.00		1						
57270	REPAIR OF BOWEL POUCH		$561.00		1						
57280	SUSPENSION OF VAGINA		$685.00		1						
57282	COLPOPEXY EXTRAPERITONEAL		$392.00		1						
57283	COLPOPEXY INTRAPERITONEAL		$506.00		1						
57284	REPAIR PARAVAG DEFECT OPEN		$602.00		1						
57285	REPAIR PARAVAG DEFECT VAG		$351.28		1						
57287	REVISE/REMOVE SLING REPAIR		$487.00		1						
57288	REPAIR BLADDER DEFECT		$573.00		1						
57289	REPAIR BLADDER & VAGINA		$478.00		1						
57291	CONSTRUCTION OF VAGINA		$434.00		1						
57292	CONSTRUCT VAGINA WITH GRAFT		$508.00		1						
57295	REVISE VAG GRAFT VIA VAGINA		$301.11		1						
57296	REVISE VAG GRAFT OPEN ABD		$660.00		1						
57300	REPAIR RECTUM-VAGINA FISTULA		$407.00		1						
57305	REPAIR RECTUM-VAGINA FISTULA		$543.00		1						
57307	FISTULA REPAIR & COLOSTOMY		$708.00		1						
57308	FISTULA REPAIR TRANSPERINE		$459.00		1						
57310	REPAIR URETHROVAGINAL LESION		$362.00		1						
57311	REPAIR URETHROVAGINAL LESION		$415.00		1						
57320	REPAIR BLADDER-VAGINA LESION		$445.00		1						
57330	REPAIR BLADDER-VAGINA LESION		$641.00		1						
57400	DILATION OF VAGINA		$103.00		1						
57410	PELVIC EXAMINATION		$109.00		1						
57415	REMOVE VAGINAL FOREIGN BODY		$108.00		1						
57420	EXAM OF VAGINA W/SCOPE		$88.00		1						
57421	EXAM/BIOPSY OF VAG W/SCOPE		$120.00		1						
57423	REPAIR PARAVAG DEFECT LAP		$486.29		1						
57425	LAPAROSCOPY SURG COLPOPEXY		$689.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
57426	REVISE PROSTH VAG GRAFT LAP		$540.09		1						
57452	EXAM OF CERVIX W/SCOPE		$83.00		1						
57454	BX/CURETT OF CERVIX W/SCOPE		$120.00		1						
57455	BIOPSY OF CERVIX W/SCOPE		$111.00		1						
57456	ENDOCERV CURETTAGE W/SCOPE		$104.00		1						
57460	BX OF CERVIX W/SCOPE LEEP		$245.00		1						
57461	CONZ OF CERVIX W/SCOPE LEEP		$272.00		1						
57500	BIOPSY OF CERVIX		$98.00		1						
57505	ENDOCERVICAL CURETTAGE		$76.00		1						
57510	CAUTERIZATION OF CERVIX		$103.00		1						
57511	CRYOCAUTERY OF CERVIX		$110.00		1						
57513	LASER SURGERY OF CERVIX		$121.00		1						
57520	CONIZATION OF CERVIX		$235.00		1						
57522	CONIZATION OF CERVIX		$196.00		1						
57530	REMOVAL OF CERVIX		$246.00		1						
57531	REMOVAL OF CERVIX RADICAL		$1,110.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
57540	REMOVAL OF RESIDUAL CERVIX		$545.00		1						
57545	REMOVE CERVIX/REPAIR PELVIS		$545.00		1						
57550	REMOVAL OF RESIDUAL CERVIX		$317.00		1						
57555	REMOVE CERVIX/REPAIR VAGINA		$491.00		1						
57556	REMOVE CERVIX REPAIR BOWEL		$457.00		1						
57558	D&C OF CERVICAL STUMP		$79.00		1						
57700	REVISION OF CERVIX		$197.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
57720	REVISION OF CERVIX		$216.00		1						
57800	DILATION OF CERVICAL CANAL		$45.00		1						
58100	BIOPSY OF UTERUS LINING		$85.00		1						
58110	BX DONE W/COLPOSCOPY ADD-ON		$33.00		1						
58120	DILATION AND CURETTAGE		$189.00		1						
58140	MYOMECTOMY ABDOM METHOD		$667.00		1						
58145	MYOMECTOMY VAG METHOD		$390.00		1						
58146	MYOMECTOMY ABDOM COMPLEX		$861.00		1						
58150	TOTAL HYSTERECTOMY		$745.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58152	TOTAL HYSTERECTOMY		$935.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58180	PARTIAL HYSTERECTOMY		$743.00		1						
58200	EXTENSIVE HYSTERECTOMY		$852.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58210	EXTENSIVE HYSTERECTOMY		$1,292.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58240	REMOVAL OF PELVIS CONTENTS		$1,577.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58260	VAGINAL HYSTERECTOMY		$648.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58262	VAG HYST INCLUDING T/O		$719.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58263	VAG HYST W/T/O & VAG REPAIR		$735.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58267	VAG HYST W/URINARY REPAIR		$672.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58270	VAG HYST W/ENTEROCELE REPAIR		$654.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58275	HYSTERECTOMY/REVISE VAGINA		$610.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58280	HYSTERECTOMY/REVISE VAGINA		$617.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58285	EXTENSIVE HYSTERECTOMY		$741.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58290	VAG HYST COMPLEX		$864.00		1						
58291	VAG HYST INCL T/O COMPLEX		$943.00		1						
58292	VAG HYST T/O & REPAIR COMPL		$831.33		1						
58293	VAG HYST W/URO REPAIR COMPL		$864.14		1						
58294	VAG HYST W/ENTEROCELE COMPL		$765.45		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
58300	INSERT INTRAUTERINE DEVICE		$97.00		1						
58301	REMOVE INTRAUTERINE DEVICE		$55.00		1						
58340	CATHETER FOR HYSTEROGRAPHY		$125.00		1						
58346	INSERT HEYMAN UTERI CAPSULE		$266.00		1						
58350	REOPEN FALLOPIAN TUBE		$72.00		1						
58353	ENDOMETR ABLATE THERMAL		$1,045.00		1						
58356	ENDOMETRIAL CRYOABLATION		$1,583.30		1						
58400	SUSPENSION OF UTERUS		$351.00		1						
58410	SUSPENSION OF UTERUS		$479.00		1						
58520	REPAIR OF RUPTURED UTERUS		$440.00		1						
58540	REVISION OF UTERUS		$534.00		1						
58541	LSH UTERUS 250 G OR LESS		$593.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58542	LSH W/T/O UT 250 G OR LESS		$657.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58543	LSH UTERUS ABOVE 250 G		$668.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58544	LSH W/T/O UTERUS ABOVE 250 G		$724.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58545	LAPAROSCOPIC MYOMECTOMY		$571.66		1						
58546	LAPARO-MYOMECTOMY COMPLEX		$722.56		1						
58548	LAP RADICAL HYST		$1,264.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58550	LAPARO-ASST VAG HYSTERECTOMY		$658.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58552	LAPARO-VAG HYST INCL T/O		$732.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58553	LAPARO-VAG HYST COMPLEX		$859.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58554	LAPARO-VAG HYST W/T/O COMPL		$987.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58555	HYSTEROSCOPY DX SEP PROC		$182.00		1						
58558	HYSTEROSCOPY BIOPSY		$213.00		1						
58559	HYSTEROSCOPY LYSIS		$277.00		1						
58560	HYSTEROSCOPY RESECT SEPTUM		$311.00		1						
58561	HYSTEROSCOPY REMOVE MYOMA		$441.00		1						
58562	HYSTEROSCOPY REMOVE FB		$233.00		1						
58563	HYSTEROSCOPY ABLATION		$340.00		1						
58565	HYSTEROSCOPY STERILIZATION		$868.70	Y	1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58570	TLH UTERUS 250 G OR LESS		$482.41		1						
58571	TLH W/T/O 250 G OR LESS		$529.43		1						
58572	TLH UTERUS OVER 250 G		$599.58		1						
58573	TLH W/T/O UTERUS OVER 250 G		$678.06		1						
58600	DIVISION OF FALLOPIAN TUBE		$514.00		1						
58605	DIVISION OF FALLOPIAN TUBE		$480.00		1						
58611	LIGATE OVIDUCT(S) ADD-ON		$240.00		1						
58615	OCCLUDE FALLOPIAN TUBE(S)		$461.00		1						
58660	LAPAROSCOPY LYSIS		$510.00		1						
58661	LAPAROSCOPY REMOVE ADNEXA		$498.00		1						
58662	LAPAROSCOPY EXCISE LESIONS		$540.00		1						
58670	LAPAROSCOPY TUBAL CAUTERY		$616.00		1						
58671	LAPAROSCOPY TUBAL BLOCK		$678.00		1						
58673	LAPAROSCOPY SALPINGOSTOMY		$509.00		1						
58700	REMOVAL OF FALLOPIAN TUBE		$554.00		1						
58720	REMOVAL OF OVARY/TUBE(S)		$563.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
58740	ADHESIOLYSIS TUBE OVARY		$647.00		1						
58800	DRAINAGE OF OVARIAN CYST(S)		$229.00		1						
58805	DRAINAGE OF OVARIAN CYST(S)		$320.00		1						
58820	DRAIN OVARY ABSCESS OPEN		$177.00		1						

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58822	DRAIN OVARY ABSCESS PERCUT		$468.00		1						
58825	TRANSPOSITION OVARY(S)		$328.00		1						
58900	BIOPSY OF OVARY(S)		$326.00		1						
58920	PARTIAL REMOVAL OF OVARY(S)		$521.00		1						
58925	REMOVAL OF OVARIAN CYST(S)		$523.00		1						
58940	REMOVAL OF OVARY(S)		$391.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
58943	REMOVAL OF OVARY(S)		$745.00		1						
58950	RESECT OVARIAN MALIGNANCY		$818.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
58951	RESECT OVARIAN MALIGNANCY		$1,189.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
58952	RESECT OVARIAN MALIGNANCY		$1,065.00		1						
58953	TAH RAD DISSECT FOR DEBULK		$1,432.00		1						
58954	TAH RAD DEBULK/LYMPH REMOVE		$1,307.00		1						
58956	BSO OMENTECTOMY W/TAH		$865.33		1						
58957	RESECT RECURRENT GYN MAL		$1,024.00		1						
58958	RESECT RECUR GYN MAL W/LYM		$1,134.00		1						
58960	EXPLORATION OF ABDOMEN		$692.00		1						
59000	AMNIOCENTESIS DIAGNOSTIC		$64.00		1						
59012	FETAL CORD PUNCTURE PRENATAL		$139.00		1						
59020	FETAL CONTRACT STRESS TEST		$50.00		1						
59025	FETAL NON-STRESS TEST		$31.00		1						
59025	FETAL NON-STRESS TEST	26	$24.00		1						
59030	FETAL SCALP BLOOD SAMPLE		$81.00		1						
59070	TRANSABDOM AMNIOINFUS W/US		$259.08		1						
59072	UMBILICAL CORD OCCLUD W/US		$319.98		1						
59074	FETAL FLUID DRAINAGE W/US		$247.48		1						
59076	FETAL SHUNT PLACEMENT W/US		$319.98		1						
59100	REMOVE UTERUS LESION		$608.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
59120	TREAT ECTOPIC PREGNANCY		$571.00		1	PROCEDURE LIMITED TO TWICE PER LIFETIME	Both	2	Units	999	Months
59121	TREAT ECTOPIC PREGNANCY		$580.00		1						
59130	TREAT ECTOPIC PREGNANCY		$539.00		1						
59135	TREAT ECTOPIC PREGNANCY		$576.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
59136	TREAT ECTOPIC PREGNANCY		$642.00		1						
59140	TREAT ECTOPIC PREGNANCY		$244.00		1						
59150	TREAT ECTOPIC PREGNANCY		$572.00		1						
59151	TREAT ECTOPIC PREGNANCY		$567.00		1						
59160	D & C AFTER DELIVERY		$186.00		1						
59200	INSERT CERVICAL DILATOR		$59.00		1						
59300	EPISIOTOMY OR VAGINAL REPAIR		$143.00		1						
59320	REVISION OF CERVIX		$132.00		1						
59325	REVISION OF CERVIX		$166.00		1						
59350	REPAIR OF UTERUS		$252.00		1						
59400	OBSTETRICAL CARE		$1,300.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59400	OBSTETRICAL CARE		$1,300.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59409	OBSTETRICAL CARE		$950.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59409	OBSTETRICAL CARE		$950.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59410	OBSTETRICAL CARE		$1,000.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59410	OBSTETRICAL CARE		$1,000.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59412	ANTEPARTUM MANIPULATION		$122.00		1						
59414	DELIVER PLACENTA		$83.00		1						
59425	ANTEPARTUM CARE ONLY		$281.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months

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59425	ANTEPARTUM CARE ONLY		$281.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59426	ANTEPARTUM CARE ONLY		$491.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59426	ANTEPARTUM CARE ONLY		$491.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59430	CARE AFTER DELIVERY		$108.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59430	CARE AFTER DELIVERY		$108.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59510	CESAREAN DELIVERY		$1,300.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59510	CESAREAN DELIVERY		$1,300.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59514	CESAREAN DELIVERY ONLY		$950.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59514	CESAREAN DELIVERY ONLY		$950.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59515	CESAREAN DELIVERY		$1,000.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59515	CESAREAN DELIVERY		$1,000.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59525	REMOVE UTERUS AFTER CESAREAN		$437.00		1						
59610	VBAC DELIVERY		$1,300.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59610	VBAC DELIVERY		$1,300.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59612	VBAC DELIVERY ONLY		$950.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59612	VBAC DELIVERY ONLY		$950.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59614	VBAC CARE AFTER DELIVERY		$1,000.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59614	VBAC CARE AFTER DELIVERY		$1,000.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59618	ATTEMPTED VBAC DELIVERY		$1,300.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59618	ATTEMPTED VBAC DELIVERY		$1,300.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59620	ATTEMPTED VBAC DELIVERY ONLY		$1,000.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59620	ATTEMPTED VBAC DELIVERY ONLY		$1,000.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59622	ATTEMPTED VBAC AFTER CARE		$1,000.00		1	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	Both	1	Units	6	Months
59622	ATTEMPTED VBAC AFTER CARE		$1,000.00		1	OBSTETRICAL CARE LIMIT	Both	1	Units	6	Months
59812	TREATMENT OF MISCARRIAGE		$209.00		1						
59820	CARE OF MISCARRIAGE		$258.00		1						
59821	TREATMENT OF MISCARRIAGE		$270.00		1						
59830	TREAT UTERUS INFECTION		$240.00		1						
59840	ABORTION		$167.00		1						
59841	ABORTION		$277.00		1						
59850	ABORTION		$268.77		1						
59851	ABORTION		$306.00		1						
59852	ABORTION		$446.20		1						
59855	ABORTION		$310.00		1						
59856	ABORTION		$372.00		1						
59857	ABORTION		$398.00		1						
59866	ABORTION (MPR)		$181.00		1						
59870	EVACUATE MOLE OF UTERUS		$331.00		1						
60000	DRAIN THYROID/TONGUE CYST		$77.00		1						
60100	BIOPSY OF THYROID		$86.00		1						
60200	REMOVE THYROID LESION		$468.00		1						
60210	PARTIAL THYROID EXCISION		$534.00		1						
60212	PARTIAL THYROID EXCISION		$729.00		1						
60220	PARTIAL REMOVAL OF THYROID		$593.00		1						
60225	PARTIAL REMOVAL OF THYROID		$659.00		1						
60240	REMOVAL OF THYROID		$726.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
60252	REMOVAL OF THYROID		$938.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
60254	EXTENSIVE THYROID SURGERY		$1,036.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
60260	REPEAT THYROID SURGERY		$561.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months
60270	REMOVAL OF THYROID		$795.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Both	1	Units	999	Months

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60271	REMOVAL OF THYROID		$773.00		1						
60280	REMOVE THYROID DUCT LESION		$350.00		1						
60281	REMOVE THYROID DUCT LESION		$433.00		1						
60500	EXPLORE PARATHYROID GLANDS		$774.00		1						
60502	RE-EXPLORE PARATHYROIDS		$805.00		1						
60505	EXPLORE PARATHYROID GLANDS		$887.00		1						
60512	AUTOTRANSPLANT PARATHYROID		$189.00		1						
60520	REMOVAL OF THYMUS GLAND		$759.00		1						
60521	REMOVAL OF THYMUS GLAND		$882.00		1						
60522	REMOVAL OF THYMUS GLAND		$1,065.00		1						
60540	EXPLORE ADRENAL GLAND		$753.00		1						
60545	EXPLORE ADRENAL GLAND		$819.00		1						
60600	REMOVE CAROTID BODY LESION		$799.00		1						
60605	REMOVE CAROTID BODY LESION		$880.00		1						
60650	LAPAROSCOPY ADRENALECTOMY		$865.00		1						
61000	REMOVE CRANIAL CAVITY FLUID		$76.00		1						
61001	REMOVE CRANIAL CAVITY FLUID		$68.00		1						
61020	REMOVE BRAIN CAVITY FLUID		$87.00		2						
61026	INJECTION INTO BRAIN CANAL		$105.00		2						
61050	REMOVE BRAIN CANAL FLUID		$88.00		1						
61055	INJECTION INTO BRAIN CANAL		$105.00		1						
61070	BRAIN CANAL SHUNT PROCEDURE		$64.00		2						
61105	TWIST DRILL HOLE		$335.00		2						
61107	DRILL SKULL FOR IMPLANTATION		$276.00		2						
61108	DRILL SKULL FOR DRAINAGE		$662.00		2						
61120	BURR HOLE FOR PUNCTURE		$396.00		1						
61140	PIERCE SKULL FOR BIOPSY		$830.00		2						
61150	PIERCE SKULL FOR DRAINAGE		$899.00		2						
61151	PIERCE SKULL FOR DRAINAGE		$486.00		2						
61154	PIERCE SKULL & REMOVE CLOT		$892.00		2						
61156	PIERCE SKULL FOR DRAINAGE		$793.00		2						
61210	PIERCE SKULL IMPLANT DEVICE		$321.00		1						
61215	INSERT BRAIN-FLUID DEVICE		$328.00		1						
61250	PIERCE SKULL & EXPLORE		$480.00		1						
61253	PIERCE SKULL & EXPLORE		$587.00		1						
61304	OPEN SKULL FOR EXPLORATION		$1,117.00		1						
61305	OPEN SKULL FOR EXPLORATION		$1,336.00		1						
61312	OPEN SKULL FOR DRAINAGE		$1,350.00		2						
61313	OPEN SKULL FOR DRAINAGE		$1,350.00		2						
61314	OPEN SKULL FOR DRAINAGE		$1,212.00		2						
61315	OPEN SKULL FOR DRAINAGE		$1,412.00		1						
61316	IMPLT CRAN BONE FLAP TO ABDO		$56.71		1						
61320	OPEN SKULL FOR DRAINAGE		$1,301.00		2						
61321	OPEN SKULL FOR DRAINAGE		$1,252.00		2						
61322	DECOMPRESSIVE CRANIOTOMY		$1,157.55		1						
61323	DECOMPRESSIVE LOBECTOMY		$1,199.81		1						
61330	DECOMPRESS EYE SOCKET		$993.00		1						
61332	EXPLORE/BIOPSY EYE SOCKET		$1,247.00		2						
61333	EXPLORE ORBIT/REMOVE LESION		$1,209.00		2						
61340	SUBTEMPORAL DECOMPRESSION		$855.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
61343	INCISE SKULL (PRESS RELIEF)		$1,695.00		1						
61345	RELIEVE CRANIAL PRESSURE		$1,222.00		1						
61450	INCISE SKULL FOR SURGERY		$1,175.00		1						
61458	INCISE SKULL FOR BRAIN WOUND		$1,380.00		1						
61460	INCISE SKULL FOR SURGERY		$1,310.00		1						
61480	INCISE SKULL FOR SURGERY		$1,164.00		1						
61500	REMOVAL OF SKULL LESION		$913.00		3						
61501	REMOVE INFECTED SKULL BONE		$936.00		1						
61510	REMOVAL OF BRAIN LESION		$1,639.00		1						
61512	REMOVE BRAIN LINING LESION		$1,774.00		3						
61514	REMOVAL OF BRAIN ABSCESS		$1,443.00		2						
61516	REMOVAL OF BRAIN LESION		$1,212.00		2						
61517	IMPLT BRAIN CHEMOTX ADD-ON		$48.96		1						
61518	REMOVAL OF BRAIN LESION		$1,890.00		2						
61519	REMOVE BRAIN LINING LESION		$1,866.00		2						
61520	REMOVAL OF BRAIN LESION		$2,693.00		1						
61521	REMOVAL OF BRAIN LESION		$1,984.00		1						
61522	REMOVAL OF BRAIN ABSCESS		$1,674.00		2						
61524	REMOVAL OF BRAIN LESION		$1,720.00		2						
61526	REMOVAL OF BRAIN LESION		$2,211.00		1						
61530	REMOVAL OF BRAIN LESION		$1,954.00		1						
61531	IMPLANT BRAIN ELECTRODES		$748.00		1						
61533	IMPLANT BRAIN ELECTRODES		$1,187.00		2						
61534	REMOVAL OF BRAIN LESION		$960.00		1						
61535	REMOVE BRAIN ELECTRODES		$665.00		2						
61536	REMOVAL OF BRAIN LESION		$1,551.00		1						
61537	REMOVAL OF BRAIN TISSUE		$1,113.07		1						
61538	REMOVAL OF BRAIN TISSUE		$1,326.00		1						
61539	REMOVAL OF BRAIN TISSUE		$1,439.00		1						
61540	REMOVAL OF BRAIN TISSUE		$1,342.99		1						
61541	INCISION OF BRAIN TISSUE		$1,645.00		1						
61543	REMOVAL OF BRAIN TISSUE		$1,398.00		1						
61544	REMOVE & TREAT BRAIN LESION		$1,223.00		2						
61545	EXCISION OF BRAIN TUMOR		$2,257.00		1						
61546	REMOVAL OF PITUITARY GLAND		$1,455.00		1						
61548	REMOVAL OF PITUITARY GLAND		$1,060.00		1						
61550	RELEASE OF SKULL SEAMS		$619.00		1						
61552	RELEASE OF SKULL SEAMS		$901.00		1						
61556	INCISE SKULL/SUTURES		$955.00		1						
61557	INCISE SKULL/SUTURES		$979.00		1						
61558	EXCISION OF SKULL/SUTURES		$1,129.00		1						
61559	EXCISION OF SKULL/SUTURES		$1,750.00		1						
61563	EXCISION OF SKULL TUMOR		$1,178.00		2						
61564	EXCISION OF SKULL TUMOR		$1,412.00		2						
61566	REMOVAL OF BRAIN TISSUE		$1,554.00		1						
61567	INCISION OF BRAIN TISSUE		$1,530.03		1						
61570	REMOVE FOREIGN BODY BRAIN		$1,070.00		2						
61571	INCISE SKULL FOR BRAIN WOUND		$1,346.00		2						
61575	SKULL BASE/BRAINSTEM SURGERY		$1,613.00		1						
61576	SKULL BASE/BRAINSTEM SURGERY		$2,167.00		1						

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61580	CRANIOFACIAL APPROACH SKULL		$1,293.00		1						
61581	CRANIOFACIAL APPROACH SKULL		$1,452.00		1						
61582	CRANIOFACIAL APPROACH SKULL		$1,385.00		1						
61583	CRANIOFACIAL APPROACH SKULL		$1,609.00		1						
61584	ORBITOCRANIAL APPROACH/SKULL		$1,532.00		1						
61585	ORBITOCRANIAL APPROACH/SKULL		$1,701.00		1						
61586	RESECT NASOPHARYNX SKULL		$1,446.00		1						
61590	INFRATEMPORAL APPROACH/SKULL		$1,789.00		1						
61591	INFRATEMPORAL APPROACH/SKULL		$1,892.00		1						
61592	ORBITOCRANIAL APPROACH/SKULL		$1,757.00		1						
61595	TRANSTEMPORAL APPROACH/SKULL		$1,275.00		1						
61596	TRANSCOCHLEAR APPROACH/SKULL		$1,533.00		1						
61597	TRANSCONDYLAR APPROACH/SKULL		$1,651.00		1						
61598	TRANSPETROSAL APPROACH/SKULL		$1,459.00		1						
61600	RESECT/EXCISE CRANIAL LESION		$1,106.00		1						
61601	RESECT/EXCISE CRANIAL LESION		$1,234.00		1						
61605	RESECT/EXCISE CRANIAL LESION		$1,248.00		1						
61606	RESECT/EXCISE CRANIAL LESION		$1,720.00		1						
61607	RESECT/EXCISE CRANIAL LESION		$1,603.00		1						
61608	RESECT/EXCISE CRANIAL LESION		$1,871.00		1						
61610	TRANSECT ARTERY SINUS		$1,277.00		1						
61611	TRANSECT ARTERY SINUS		$317.00		1						
61612	TRANSECT ARTERY SINUS		$1,203.00		1						
61613	REMOVE ANEURYSM SINUS		$1,826.00		1						
61615	RESECT/EXCISE LESION SKULL		$1,396.00		1						
61616	RESECT/EXCISE LESION SKULL		$1,914.00		1						
61618	REPAIR DURA		$868.00		2						
61619	REPAIR DURA		$911.00		2						
61623	ENDOVASC TEMPORY VESSEL OCCL		$355.98		2						
61624	TRANSCATH OCCLUSION CNS		$833.00		2						
61626	TRANSCATH OCCLUSION NON-CNS		$675.00		2						
61680	INTRACRANIAL VESSEL SURGERY		$1,556.00		1						
61682	INTRACRANIAL VESSEL SURGERY		$3,055.00		1						
61684	INTRACRANIAL VESSEL SURGERY		$2,010.00		1						
61686	INTRACRANIAL VESSEL SURGERY		$2,746.00		1						
61690	INTRACRANIAL VESSEL SURGERY		$1,380.00		1						
61692	INTRACRANIAL VESSEL SURGERY		$2,177.00		1						
61697	BRAIN ANEURYSM REPR COMPLX		$2,541.00		3						
61698	BRAIN ANEURYSM REPR COMPLX		$2,104.00		2						
61700	BRAIN ANEURYSM REPR SIMPLE		$2,700.00		3						
61702	INNER SKULL VESSEL SURGERY		$2,174.00		2						
61703	CLAMP NECK ARTERY		$781.00		1						
61705	REVISE CIRCULATION TO HEAD		$1,645.00		1						
61708	REVISE CIRCULATION TO HEAD		$1,390.00		2						
61710	REVISE CIRCULATION TO HEAD		$1,162.00		2						
61711	FUSION OF SKULL ARTERIES		$1,699.00		1						
61720	INCISE SKULL/BRAIN SURGERY		$932.00		2						
61735	INCISE SKULL/BRAIN SURGERY		$1,097.00		2						
61750	INCISE SKULL/BRAIN BIOPSY		$1,057.00		2						
61751	BRAIN BIOPSY W/CT/MR GUIDE		$1,029.00		3						

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61760	IMPLANT BRAIN ELECTRODES		$1,055.00		1						
61770	INCISE SKULL FOR TREATMENT		$1,179.00		1						
61781	SCAN PROC CRANIAL INTRA		$172.10		1						
61782	SCAN PROC CRANIAL EXTRA		$143.29		1						
61783	SCAN PROC SPINAL		$172.10		1						
61790	TREAT TRIGEMINAL NERVE		$513.00		2						
61791	TREAT TRIGEMINAL TRACT		$816.00		2						
61796	SRS CRANIAL LESION SIMPLE		$517.70		1						
61797	SRS CRAN LES SIMPLE ADDL		$143.70		1						
61798	SRS CRANIAL LESION COMPLEX		$517.70		1						
61799	SRS CRAN LES COMPLEX ADDL		$198.62		1						
61800	APPLY SRS HEADFRAME ADD-ON		$100.40		1						
61850	IMPLANT NEUROELECTRODES		$587.00		1						
61860	IMPLANT NEUROELECTRODES		$863.00		1						
61863	IMPLANT NEUROELECTRODE		$803.00		2						
61864	IMPLANT NEUROELECTRDE ADDL		$192.43		1						
61867	IMPLANT NEUROELECTRODE		$1,229.35		2						
61868	IMPLANT NEUROELECTRDE ADDL		$323.01		2						
61870	IMPLANT NEUROELECTRODES		$591.00		1						
61880	REVISE/REMOVE NEUROELECTRODE		$301.00		1						
61885	INSRT/REDO NEUROSTIM 1 ARRAY		$347.00		2						
61886	IMPLANT NEUROSTIM ARRAYS		$366.00		1						
61888	REVISE/REMOVE NEURORECEIVER		$277.00		2						
62000	TREAT SKULL FRACTURE		$529.00		1						
62005	TREAT SKULL FRACTURE		$705.00		1						
62010	TREATMENT OF HEAD INJURY		$1,014.00		1						
62100	REPAIR BRAIN FLUID LEAKAGE		$1,057.00		1						
62115	REDUCTION OF SKULL DEFECT		$916.00		1						
62117	REDUCTION OF SKULL DEFECT		$1,196.00		1						
62120	REPAIR SKULL CAVITY LESION		$1,255.00		1						
62121	INCISE SKULL REPAIR		$1,266.00		1						
62140	REPAIR OF SKULL DEFECT		$699.00		1						
62141	REPAIR OF SKULL DEFECT		$766.00		1						
62142	REMOVE SKULL PLATE/FLAP		$698.00		2						
62143	REPLACE SKULL PLATE/FLAP		$677.00		2						
62145	REPAIR OF SKULL & BRAIN		$960.00		2						
62146	REPAIR OF SKULL WITH GRAFT		$923.00		2						
62147	REPAIR OF SKULL WITH GRAFT		$1,091.00		2						
62148	RETR BONE FLAP TO FIX SKULL		$77.67		2						
62160	NEUROENDOSCOPY ADD-ON		$112.34		1						
62161	DISSECT BRAIN W/SCOPE		$798.08		1						
62162	REMOVE COLLOID CYST W/SCOPE		$1,022.15		1						
62163	ZNEUROENDOSCOPY W/FB REMOVAL		$645.78		1						
62164	REMOVE BRAIN TUMOR W/SCOPE		$1,106.36		1						
62165	REMOVE PITUIT TUMOR W/SCOPE		$868.73		1						
62180	ESTABLISH BRAIN CAVITY SHUNT		$940.00		1						
62190	ESTABLISH BRAIN CAVITY SHUNT		$715.00		1						
62192	ESTABLISH BRAIN CAVITY SHUNT		$672.00		1						
62194	REPLACE/IRRIGATE CATHETER		$182.00		2						
62200	ESTABLISH BRAIN CAVITY SHUNT		$940.00		1						

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62201	BRAIN CAVITY SHUNT W/SCOPE		$650.00		1						
62220	ESTABLISH BRAIN CAVITY SHUNT		$839.00		1						
62223	ESTABLISH BRAIN CAVITY SHUNT		$757.00		1						
62225	REPLACE/IRRIGATE CATHETER		$300.00		2						
62230	REPLACE/REVISE BRAIN SHUNT		$545.00		2						
62252	CSF SHUNT REPROGRAM		$65.00		2						
62256	REMOVE BRAIN CAVITY SHUNT		$359.00		1						
62258	REPLACE BRAIN CAVITY SHUNT		$841.00		1						
62263	EPIDURAL LYSIS MULT SESSIONS		$526.00		1						
62264	EPIDURAL LYSIS ON SINGLE DAY		$373.00		1						
62267	INTERDISCAL PERQ ASPIR DX		$173.04		2						
62268	DRAIN SPINAL CORD CYST		$453.00		1						
62269	NEEDLE BIOPSY SPINAL CORD		$543.00		2						
62270	SPINAL FLUID TAP DIAGNOSTIC		$114.00		2						
62272	DRAIN CEREBRO SPINAL FLUID		$139.00		1						
62273	INJECT EPIDURAL PATCH		$139.00		2						
62280	TREAT SPINAL CORD LESION		$267.00		1						
62281	TREAT SPINAL CORD LESION		$232.00		1						
62282	TREAT SPINAL CANAL LESION		$292.00		1						
62284	INJECTION FOR MYELOGRAM		$179.00		1						
62287	PERCUTANEOUS DISKECTOMY		$332.67		1						
62290	INJECT FOR SPINE DISK X-RAY		$282.00		4						
62291	INJECT FOR SPINE DISK X-RAY		$248.00		4						
62294	INJECTION INTO SPINAL ARTERY		$449.00		2						
62302	MYELOGRAPHY LUMBAR INJECTION		$180.39		1						
62303	MYELOGRAPHY LUMBAR INJECTION		$187.24		1						
62304	MYELOGRAPHY LUMBAR INJECTION		$177.72		1						
62305	MYELOGRAPHY LUMBAR INJECTION		$193.78		1						
62310	INJECT SPINE CERV/THORACIC		$186.00		1						
62311	INJECT SPINE LUMBAR/SACRAL		$177.00		1						
62318	INJECT SPINE W/CATH CRV/THRC		$214.00		1						
62319	INJECT SPINE W/CATH LMB/SCRL		$189.00		1						
62350	IMPLANT SPINAL CANAL CATH		$333.00		1						
62351	IMPLANT SPINAL CANAL CATH		$538.00		1						
62355	REMOVE SPINAL CANAL CATHETER		$264.00		1						
62360	INSERT SPINE INFUSION DEVICE		$157.00		1						
62361	IMPLANT SPINE INFUSION PUMP		$284.00		1						
62362	IMPLANT SPINE INFUSION PUMP		$353.00		1						
62365	REMOVE SPINE INFUSION DEVICE		$276.00		1						
62367	ANALYZE SPINE INFUS PUMP		$21.00		1						
62368	ANALYZE SP INF PUMP W/REPROG		$33.00		1						
62368	ANALYZE SP INF PUMP W/REPROG	26	$29.00		1						
62369	ANAL SP INF PMP W/REPRG&FILL		$78.12		1						
62370	ANL SP INF PMP W/MDREPRG&FIL		$82.15		1						
63001	REMOVE SPINE LAMINA 1/2 CRVL		$911.00		1						
63003	REMOVE SPINE LAMINA 1/2 THRC		$925.00		1						
63005	REMOVE SPINE LAMINA 1/2 LMBR		$787.00		1						
63011	REMOVE SPINE LAMINA 1/2 SCRL		$803.00		1						
63012	REMOVE LAMINA/FACETS LUMBAR		$908.00		1						
63015	REMOVE SPINE LAMINA >2 CRVCL		$1,000.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
63016	REMOVE SPINE LAMINA >2 THRC		$1,053.00		1						
63017	REMOVE SPINE LAMINA >2 LMBR		$938.00		1						
63020	NECK SPINE DISK SURGERY		$787.00		1						
63030	LOW BACK DISK SURGERY		$730.00		1						
63035	SPINAL DISK SURGERY ADD-ON		$173.00		6						
63040	LAMINOTOMY SINGLE CERVICAL		$1,031.00		1						
63042	LAMINOTOMY SINGLE LUMBAR		$1,031.00		1						
63043	LAMINOTOMY ADDL CERVICAL		$173.00		6						
63044	LAMINOTOMY ADDL LUMBAR		$173.00		4						
63045	REMOVE SPINE LAMINA 1 CRVL		$858.00		1						
63046	REMOVE SPINE LAMINA 1 THRC		$823.00		1						
63047	REMOVE SPINE LAMINA 1 LMBR		$823.00		1						
63048	REMOVE SPINAL LAMINA ADD-ON		$178.00		9						
63050	CERVICAL LAMINOPLSTY 2/> SEG		$912.52		1						
63051	C-LAMINOPLASTY W/GRAFT/PLATE		$1,042.47		1						
63055	DECOMPRESS SPINAL CORD THRC		$1,124.00		1						
63056	DECOMPRESS SPINAL CORD LMBR		$1,047.00		1						
63057	DECOMPRESS SPINE CORD ADD-ON		$272.00		8						
63064	DECOMPRESS SPINAL CORD THRC		$1,244.00		1						
63066	DECOMPRESS SPINE CORD ADD-ON		$183.00		3						
63075	NECK SPINE DISK SURGERY		$1,022.00		1						
63076	NECK SPINE DISK SURGERY		$222.00		6						
63077	SPINE DISK SURGERY THORAX		$1,066.00		1						
63078	SPINE DISK SURGERY THORAX		$153.00		5						
63081	REMOVE VERT BODY DCMPRN CRVL		$1,365.00		1						
63082	REMOVE VERTEBRAL BODY ADD-ON		$239.00		6						
63085	REMOVE VERT BODY DCMPRN THRC		$1,301.00		1						
63086	REMOVE VERTEBRAL BODY ADD-ON		$196.00		6						
63087	REMOV VERTBR DCMPRN THRCLMBR		$2,038.00		1						
63088	REMOVE VERTEBRAL BODY ADD-ON		$208.00		5						
63090	REMOVE VERT BODY DCMPRN LMBR		$1,362.00		1						
63091	REMOVE VERTEBRAL BODY ADD-ON		$158.00		1						
63101	REMOVE VERT BODY DCMPRN THRC		$1,390.66		1						
63102	REMOVE VERT BODY DCMPRN LMBR		$1,390.66		1						
63103	REMOVE VERTEBRAL BODY ADD-ON		$162.85		1						
63170	INCISE SPINAL CORD TRACT(S)		$1,236.00		1						
63172	DRAINAGE OF SPINAL CYST		$1,025.00		1						
63173	DRAINAGE OF SPINAL CYST		$1,286.00		1						
63180	REVISE SPINAL CORD LIGAMENTS		$1,035.00		1						
63182	REVISE SPINAL CORD LIGAMENTS		$1,190.00		1						
63185	INCISE SPINE NRV HALF SEGMNT		$725.00		1						
63190	INCISE SPINE NRV >2 SEGMNTS		$973.00		1						
63191	INCISE SPINE ACCESSORY NERVE		$1,004.00		1						
63194	INCISE SPINE & CORD CERVICAL		$968.00		1						
63195	INCISE SPINE & CORD THORACIC		$968.00		1						
63196	INCISE SPINE&CORD 2 TRX CRVL		$980.00		1						
63197	INCISE SPINE&CORD 2 TRX THRC		$968.00		1						
63200	RELEASE SPINAL CORD LUMBAR		$1,092.00		1						
63250	REVISE SPINAL CORD VSLS CRVL		$1,728.00		1						
63251	REVISE SPINAL CORD VSLS THRC		$1,742.00		1						

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63252	REVISE SPINE CORD VSL THRLMB		$1,799.00		1						
63265	EXCISE INTRASPINL LESION CRV		$1,045.00		1						
63266	EXCISE INTRSPINL LESION THRC		$1,104.00		1						
63267	EXCISE INTRSPINL LESION LMBR		$928.00		1						
63268	EXCISE INTRSPINL LESION SCRL		$1,025.00		1						
63270	EXCISE INTRSPINL LESION CRVL		$1,189.00		1						
63271	EXCISE INTRSPINL LESION THRC		$1,293.00		1						
63272	EXCISE INTRSPINL LESION LMBR		$1,190.00		1						
63273	EXCISE INTRSPINL LESION SCRL		$1,088.00		1						
63275	BX/EXC XDRL SPINE LESN CRVL		$1,165.00		1						
63276	BX/EXC XDRL SPINE LESN THRC		$1,193.00		1						
63277	BX/EXC XDRL SPINE LESN LMBR		$1,200.00		1						
63278	BX/EXC XDRL SPINE LESN SCRL		$1,010.00		1						
63280	BX/EXC IDRL SPINE LESN CRVL		$1,442.00		1						
63281	BX/EXC IDRL SPINE LESN THRC		$1,345.00		1						
63282	BX/EXC IDRL SPINE LESN LMBR		$1,243.00		1						
63283	BX/EXC IDRL SPINE LESN SCRL		$1,105.00		1						
63285	BX/EXC IDRL IMED LESN CERVL		$1,589.00		1						
63286	BX/EXC IDRL IMED LESN THRC		$1,623.00		1						
63287	BX/EXC IDRL IMED LESN THRLMB		$1,630.00		1						
63290	BX/EXC XDRL/IDRL LSN ANY LVL		$1,870.00		1						
63295	REPAIR LAMINECTOMY DEFECT		$208.53		1						
63300	REMOVE VERT XDRL BODY CRVCL		$1,393.00		1						
63301	REMOVE VERT XDRL BODY THRC		$1,539.00		1						
63302	REMOVE VERT XDRL BODY THRLMB		$1,239.00		1						
63303	REMOV VERT XDRL BDY LMBR/SAC		$1,646.00		1						
63304	REMOVE VERT IDRL BODY CRVCL		$1,359.00		1						
63305	REMOVE VERT IDRL BODY THRC		$1,395.00		1						
63306	REMOV VERT IDRL BDY THRCLMBR		$1,407.00		1						
63307	REMOV VERT IDRL BDY LMBR/SAC		$1,367.00		1						
63308	REMOVE VERTEBRAL BODY ADD-ON		$230.00		4						
63600	REMOVE SPINAL CORD LESION		$578.00		2						
63610	STIMULATION OF SPINAL CORD		$345.00		1						
63615	REMOVE LESION OF SPINAL CORD		$729.00		1						
63620	SRS SPINAL LESION		$517.70		1						
63621	SRS SPINAL LESION ADDL		$165.19		2						
63650	IMPLANT NEUROELECTRODES		$336.00		2						
63655	IMPLANT NEUROELECTRODES		$513.00		1						
63661	REMOVE SPINE ELTRD PERQ ARAY		$335.77		1						
63662	REMOVE SPINE ELTRD PLATE		$436.03		1						
63663	REVISE SPINE ELTRD PERQ ARAY		$491.24		1						
63664	REVISE SPINE ELTRD PLATE		$454.20		1						
63685	INSRT/REDO SPINE N GENERATOR		$344.00		2						
63688	REVISE/REMOVE NEURORECEIVER		$275.00		2						
63700	REPAIR OF SPINAL HERNIATION		$846.00		1						
63702	REPAIR OF SPINAL HERNIATION		$819.00		1						
63704	REPAIR OF SPINAL HERNIATION		$1,081.00		1						
63706	REPAIR OF SPINAL HERNIATION		$1,017.00		1						
63707	REPAIR SPINAL FLUID LEAKAGE		$671.00		1						
63709	REPAIR SPINAL FLUID LEAKAGE		$747.00		1						

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63710	GRAFT REPAIR OF SPINE DEFECT		$810.00		1						
63740	INSTALL SPINAL SHUNT		$733.00		1						
63741	INSTALL SPINAL SHUNT		$461.00		1						
63744	REVISION OF SPINAL SHUNT		$397.00		1						
63746	REMOVAL OF SPINAL SHUNT		$327.00		1						
64400	N BLOCK INJ TRIGEMINAL		$85.00		1						
64402	N BLOCK INJ FACIAL		$84.00		2						
64405	N BLOCK INJ OCCIPITAL		$80.00		1						
64408	N BLOCK INJ VAGUS		$77.00		2						
64410	N BLOCK INJ PHRENIC		$73.00		2						
64415	N BLOCK INJ BRACHIAL PLEXUS		$120.00		2						
64416	N BLOCK CONT INFUSE B PLEX		$133.00		2						
64417	N BLOCK INJ AXILLARY		$125.00		2						
64418	N BLOCK INJ SUPRASCAPULAR		$110.00		2						
64420	N BLOCK INJ INTERCOST SNG		$139.00		3						
64421	N BLOCK INJ INTERCOST MLT		$212.00		3						
64425	N BLOCK INJ ILIO-ING/HYPOGI		$99.00		2						
64430	N BLOCK INJ PUDENDAL		$112.00		2						
64435	N BLOCK INJ PARACERVICAL		$113.00		2						
64445	N BLOCK INJ SCIATIC SNG		$117.00		1						
64446	N BLK INJ SCIATIC CONT INF		$109.27		2						
64447	N BLOCK INJ FEM SINGLE		$59.00		2						
64448	N BLOCK INJ FEM CONT INF		$100.51		2						
64449	N BLOCK INJ LUMBAR PLEXUS		$102.50		2						
64450	N BLOCK OTHER PERIPHERAL		$74.00		1						
64455	N BLOCK INJ PLANTAR DIGIT		$35.73		2						
64461	PVB THORACIC SINGLE INJ SITE		$112.38		1						
64463	PVB THORACIC CONT INFUSION		$123.91		1						
64479	INJ FORAMEN EPIDURAL C/T		$265.00		1						
64480	INJ FORAMEN EPIDURAL ADD-ON		$126.00		2						
64483	INJ FORAMEN EPIDURAL L/S		$266.00		1						
64484	INJ FORAMEN EPIDURAL ADD-ON		$128.00		2						
64486	TAP BLOCK UNIL BY INJECTION		$91.84		1						
64487	TAP BLOCK UNI BY INFUSION		$112.24		1						
64488	TAP BLOCK BI INJECTION		$113.22		1						
64489	TAP BLOCK BI BY INFUSION		$156.42		1						
64490	INJ PARAVERT F JNT C/T 1 LEV		$113.26		1						
64491	INJ PARAVERT F JNT C/T 2 LEV		$57.69		1						
64492	INJ PARAVERT F JNT C/T 3 LEV		$58.34		1						
64493	INJ PARAVERT F JNT L/S 1 LEV		$101.13		1						
64494	INJ PARAVERT F JNT L/S 2 LEV		$41.00		1						
64495	INJ PARAVERT F JNT L/S 3 LEV		$53.04		1						
64505	N BLOCK SPENOPALATINE GANGL		$76.00		2						
64508	N BLOCK CAROTID SINUS S/P		$63.00		2						
64510	N BLOCK STELLATE GANGLION		$128.00		2						
64517	N BLOCK INJ HYPOGAS PLXS		$140.00		1						
64520	N BLOCK LUMBAR/THORACIC		$176.00		2						
64530	N BLOCK INJ CELIAC PELUS		$166.00		2						
64553	IMPLANT NEUROELECTRODES		$98.00		1						
64555	IMPLANT NEUROELECTRODES		$154.00		2						

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64561	IMPLANT NEUROELECTRODES		$997.00		2						
64565	IMPLANT NEUROELECTRODES		$112.00		2						
64566	NEUROELTRD STIM POST TIBIAL		$96.42		1						
64568	INC FOR VAGUS N ELECT IMPL		$479.01		1						
64569	REVISE/REPL VAGUS N ELTRD		$453.82		1						
64570	REMOVE VAGUS N ELTRD		$392.53		1						
64575	IMPLANT NEUROELECTRODES		$174.00		2						
64580	IMPLANT NEUROELECTRODES		$186.15		2						
64581	IMPLANT NEUROELECTRODES		$572.00		2						
64585	REVISE/REMOVE NEUROELECTRODE		$113.00		2						
64590	INSRT/REDO PN/GASTR STIMUL		$263.00		1						
64595	REVISE/RMV PN/GASTR STIMUL		$106.00		1						
64600	INJECTION TREATMENT OF NERVE		$148.00		2						
64605	INJECTION TREATMENT OF NERVE		$208.00		2						
64610	INJECTION TREATMENT OF NERVE		$481.00		2						
64611	CHEMODENERV SALIV GLANDS		$72.93		1						
64612	DESTROY NERVE FACE MUSCLE		$127.00		2						
64615	CHEMODENERV MUSC MIGRAINE		$100.63		1						
64616	CHEMODENERV MUSC NECK DYSTON		$66.81		1						
64617	CHEMODENER MUSCLE LARYNX EMG		$105.91		1						
64620	INJECTION TREATMENT OF NERVE		$120.00		1						
64630	INJECTION TREATMENT OF NERVE		$131.00		1						
64632	N BLOCK INJ COMMON DIGIT		$58.72		2						
64633	DESTROY CERV/THOR FACET JNT		$286.00		1						
64634	DESTROY C/TH FACET JNT ADDL		$130.17		1						
64635	DESTROY LUMB/SAC FACET JNT		$281.11		1						
64636	DESTROY L/S FACET JNT ADDL		$117.14		1						
64640	INJECTION TREATMENT OF NERVE		$199.00		1						
64642	CHEMODENERV 1 EXTREMITY 1-4		$76.96		1						
64643	CHEMODENERV 1 EXTREM 1-4 EA		$50.82		1						
64644	CHEMODENERV 1 EXTREM 5/> MUS		$87.92		1						
64645	CHEMODENERV 1 EXTREM 5/> EA		$62.01		1						
64646	CHEMODENERV TRUNK MUSC 1-5		$82.89		1						
64647	CHEMODENERV TRUNK MUSC 6/>		$96.03		1						
64680	INJECTION TREATMENT OF NERVE		$258.00		1						
64681	INJECTION TREATMENT OF NERVE		$294.24		1						
64702	REVISE FINGER/TOE NERVE		$242.00		2						
64704	REVISE HAND/FOOT NERVE		$238.00		1						
64708	REVISE ARM/LEG NERVE		$366.00		1						
64712	REVISION OF SCIATIC NERVE		$420.00		2						
64713	REVISION OF ARM NERVE(S)		$591.00		2						
64714	REVISE LOW BACK NERVE(S)		$392.00		2						
64716	REVISION OF CRANIAL NERVE		$363.00		1						
64718	REVISE ULNAR NERVE AT ELBOW		$361.00		2						
64719	REVISE ULNAR NERVE AT WRIST		$282.00		2						
64721	CARPAL TUNNEL SURGERY		$302.00		2						
64722	RELIEVE PRESSURE ON NERVE(S)		$243.00		1						
64726	RELEASE FOOT/TOE NERVE		$212.00		2						
64727	INTERNAL NERVE REVISION		$162.00		3						
64732	INCISION OF BROW NERVE		$218.00		2						

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64734	INCISION OF CHEEK NERVE		$233.00		2						
64736	INCISION OF CHIN NERVE		$215.00		2						
64738	INCISION OF JAW NERVE		$306.00		2						
64740	INCISION OF TONGUE NERVE		$249.00		2						
64742	INCISION OF FACIAL NERVE		$359.00		2						
64744	INCISE NERVE BACK OF HEAD		$303.00		2						
64746	INCISE DIAPHRAGM NERVE		$267.00		2						
64755	INCISION OF STOMACH NERVES		$728.00		1						
64760	INCISION OF VAGUS NERVE		$402.00		1						
64763	INCISE HIP/THIGH NERVE		$304.00		1						
64766	INCISE HIP/THIGH NERVE		$386.00		1						
64771	SEVER CRANIAL NERVE		$341.00		2						
64772	INCISION OF SPINAL NERVE		$441.00		2						
64774	REMOVE SKIN NERVE LESION		$213.00		3						
64776	REMOVE DIGIT NERVE LESION		$267.00		1						
64778	DIGIT NERVE SURGERY ADD-ON		$135.00		3						
64782	REMOVE LIMB NERVE LESION		$306.00		2						
64783	LIMB NERVE SURGERY ADD-ON		$193.00		2						
64784	REMOVE NERVE LESION		$501.00		1						
64786	REMOVE SCIATIC NERVE LESION		$781.00		2						
64787	IMPLANT NERVE END		$202.00		1						
64788	REMOVE SKIN NERVE LESION		$245.00		1						
64790	REMOVAL OF NERVE LESION		$480.00		1						
64792	REMOVAL OF NERVE LESION		$624.00		2						
64795	BIOPSY OF NERVE		$161.00		2						
64802	SYMPATHECTOMY CERVICAL		$441.00		1						
64804	REMOVE SYMPATHETIC NERVES		$650.00		1						
64809	REMOVE SYMPATHETIC NERVES		$618.00		1						
64818	REMOVE SYMPATHETIC NERVES		$539.00		1						
64820	SYMPATHECTOMY DIGITAL ARTERY		$454.00		1						
64821	REMOVE SYMPATHETIC NERVES		$393.00	Y	2						
64822	REMOVE SYMPATHETIC NERVES		$393.00	Y	2						
64823	SYMPATHECTOMY SUPFC PALMAR		$455.00	Y	2						
64831	REPAIR OF DIGIT NERVE		$502.00		2						
64832	REPAIR NERVE ADD-ON		$267.00		1						
64834	REPAIR OF HAND OR FOOT NERVE		$527.00		2						
64835	REPAIR OF HAND OR FOOT NERVE		$569.00		2						
64836	REPAIR OF HAND OR FOOT NERVE		$598.00		2						
64837	REPAIR NERVE ADD-ON		$295.00		3						
64840	REPAIR OF LEG NERVE		$573.00		2						
64856	REPAIR/TRANSPOSE NERVE		$704.00		2						
64857	REPAIR ARM/LEG NERVE		$740.00		3						
64858	REPAIR SCIATIC NERVE		$721.00		2						
64859	NERVE SURGERY		$185.00		2						
64861	REPAIR OF ARM NERVES		$981.00		2						
64862	REPAIR OF LOW BACK NERVES		$967.00		2						
64864	REPAIR OF FACIAL NERVE		$600.00		2						
64865	REPAIR OF FACIAL NERVE		$677.00		1						
64866	FUSION OF FACIAL/OTHER NERVE		$672.00		1						
64868	FUSION OF FACIAL/OTHER NERVE		$780.00		1						

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64872	SUBSEQUENT REPAIR OF NERVE		$86.00		3						
64874	REPAIR & REVISE NERVE ADD-ON		$161.00		1						
64876	REPAIR NERVE/SHORTEN BONE		$138.00		1						
64885	NERVE GRAFT HEAD/NECK </4 CM		$750.00		1						
64886	NERVE GRAFT HEAD/NECK >4 CM		$890.00		1						
64890	NERVE GRAFT HAND/FOOT </4 CM		$673.00		3						
64891	NERVE GRAFT HAND/FOOT >4 CM		$676.00		2						
64892	NERVE GRAFT ARM/LEG <4 CM		$641.00		2						
64893	NERVE GRAFT ARM/LEG >4 CM		$714.00		2						
64895	NERVE GRAFT HAND/FOOT </4 CM		$1,047.00		2						
64896	NERVE GRAFT HAND/FOOT >4 CM		$914.00		2						
64897	NERVE GRAFT ARM/LEG </4 CM		$771.00		2						
64898	NERVE GRAFT ARM/LEG >4 CM		$840.00		2						
64901	NERVE GRAFT ADD-ON		$467.00		2						
64902	NERVE GRAFT ADD-ON		$531.00		1						
64905	NERVE PEDICLE TRANSFER		$690.00		1						
64907	NERVE PEDICLE TRANSFER		$799.00		1						
64910	NERVE REPAIR W/ALLOGRAFT		$478.00		3						
64911	NEURORRAPHY W/VEIN AUTOGRAFT		$584.00		2						
65091	REVISE EYE		$420.00		1						
65093	REVISE EYE WITH IMPLANT		$443.00		1						
65101	REMOVAL OF EYE		$388.00		1						
65103	REMOVE EYE/INSERT IMPLANT		$491.00		1						
65105	REMOVE EYE/ATTACH IMPLANT		$539.00		1						
65110	REMOVAL OF EYE		$701.00		1						
65112	REMOVE EYE/REVISE SOCKET		$815.00		1						
65114	REMOVE EYE/REVISE SOCKET		$787.00		1						
65125	REVISE OCULAR IMPLANT		$175.00		1						
65130	INSERT OCULAR IMPLANT		$390.00		1						
65135	INSERT OCULAR IMPLANT		$364.00		1						
65140	ATTACH OCULAR IMPLANT		$413.00		1						
65150	REVISE OCULAR IMPLANT		$402.00		1						
65155	REINSERT OCULAR IMPLANT		$468.00		1						
65175	REMOVAL OF OCULAR IMPLANT		$349.00		1						
65205	REMOVE FOREIGN BODY FROM EYE		$44.00		1						
65210	REMOVE FOREIGN BODY FROM EYE		$53.00		1						
65220	REMOVE FOREIGN BODY FROM EYE		$44.00		1						
65222	REMOVE FOREIGN BODY FROM EYE		$59.00		1						
65235	REMOVE FOREIGN BODY FROM EYE		$413.00		1						
65260	REMOVE FOREIGN BODY FROM EYE		$515.00		1						
65265	REMOVE FOREIGN BODY FROM EYE		$595.00		1						
65270	REPAIR OF EYE WOUND		$196.00		1						
65272	REPAIR OF EYE WOUND		$176.00		1						
65273	REPAIR OF EYE WOUND		$203.00		1						
65275	REPAIR OF EYE WOUND		$332.00		1						
65280	REPAIR OF EYE WOUND		$453.00		1						
65285	REPAIR OF EYE WOUND		$645.00		1						
65286	REPAIR OF EYE WOUND		$291.00		1						
65290	REPAIR OF EYE SOCKET WOUND		$278.00		1						
65400	REMOVAL OF EYE LESION		$407.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
65410	BIOPSY OF CORNEA		$76.00		1						
65420	REMOVAL OF EYE LESION		$361.00		1						
65426	REMOVAL OF EYE LESION		$429.00		1						
65430	CORNEAL SMEAR		$90.00		1						
65435	CURETTE/TREAT CORNEA		$55.00		1						
65436	CURETTE/TREAT CORNEA		$238.00		2						
65450	TREATMENT OF CORNEAL LESION		$209.00		1						
65600	REVISION OF CORNEA		$174.00		1						
65710	CORNEAL TRANSPLANT		$777.00		1						
65730	CORNEAL TRANSPLANT		$855.00		1						
65750	CORNEAL TRANSPLANT		$880.00		1						
65755	CORNEAL TRANSPLANT		$874.00		1						
65756	CORNEAL TRNSPL ENDOTHELIAL		$647.00		1						
65757	PREP CORNEAL ENDO ALLOGRAFT		$739.12		1						
65760	REVISION OF CORNEA		$913.91		1						
65765	REVISION OF CORNEA		$913.91		1						
65767	CORNEAL TISSUE TRANSPLANT		$822.52		1						
65770	REVISE CORNEA WITH IMPLANT		$968.00		1						
65772	CORRECTION OF ASTIGMATISM		$308.00		1						
65775	CORRECTION OF ASTIGMATISM		$409.00		1						
65778	COVER EYE W/MEMBRANE		$931.68		1						
65779	COVER EYE W/MEMBRANE SUTURE		$843.65		1						
65780	OCULAR RECONST TRANSPLANT		$588.00		1						
65781	OCULAR RECONST TRANSPLANT		$770.82		1						
65782	OCULAR RECONST TRANSPLANT		$663.78		1						
65800	DRAINAGE OF EYE		$107.00		1						
65810	DRAINAGE OF EYE		$275.00		1						
65815	DRAINAGE OF EYE		$419.00		1						
65820	RELIEVE INNER EYE PRESSURE		$435.00		1						
65850	INCISION OF EYE		$645.00		1						
65855	TRABECULOPLASTY LASER SURG		$262.00		1						
65860	INCISE INNER EYE ADHESIONS		$234.00		1						
65865	INCISE INNER EYE ADHESIONS		$360.00		1						
65870	INCISE INNER EYE ADHESIONS		$364.00		1						
65875	INCISE INNER EYE ADHESIONS		$382.00		1						
65880	INCISE INNER EYE ADHESIONS		$345.00		1						
65900	REMOVE EYE LESION		$510.00		1						
65920	REMOVE IMPLANT OF EYE		$476.00		1						
65930	REMOVE BLOOD CLOT FROM EYE		$376.00		1						
66020	INJECTION TREATMENT OF EYE		$131.00		1						
66030	INJECTION TREATMENT OF EYE		$62.00		1						
66130	REMOVE EYE LESION		$492.00		1						
66150	GLAUCOMA SURGERY		$428.00		1						
66155	GLAUCOMA SURGERY		$426.00		1						
66160	GLAUCOMA SURGERY		$584.00		1						
66170	GLAUCOMA SURGERY		$699.00		1						
66172	INCISION OF EYE		$868.00		1						
66174	TRANSLUM DIL EYE CANAL		$726.98		1						
66175	TRNSLUM DIL EYE CANAL W/STNT		$794.69		1						
66179	AQUEOUS SHUNT EYE W/O GRAFT		$683.76		1						

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66180	AQUEOUS SHUNT EYE W/GRAFT		$737.00		1						
66183	INSERT ANT DRAINAGE DEVICE		$792.08		1						
66184	REVISION OF AQUEOUS SHUNT		$476.04		1						
66185	REVISE AQUEOUS SHUNT EYE		$504.00		1						
66220	REPAIR EYE LESION		$473.00		1						
66225	REPAIR/GRAFT EYE LESION		$696.00		1						
66250	FOLLOW-UP SURGERY OF EYE		$492.00		1						
66500	INCISION OF IRIS		$237.00		1						
66505	INCISION OF IRIS		$193.00		1						
66600	REMOVE IRIS AND LESION		$443.00		1						
66605	REMOVAL OF IRIS		$612.00		1						
66625	REMOVAL OF IRIS		$300.00		1						
66630	REMOVAL OF IRIS		$333.00		1						
66635	REMOVAL OF IRIS		$319.00		1						
66680	REPAIR IRIS & CILIARY BODY		$346.00		1						
66682	REPAIR IRIS & CILIARY BODY		$400.00		1						
66700	DESTRUCTION CILIARY BODY		$337.00		1						
66710	CILIARY TRANSSLERAL THERAPY		$320.00		1						
66711	CILIARY ENDOSCOPIC ABLATION		$328.34		1						
66720	DESTRUCTION CILIARY BODY		$301.00		1						
66740	DESTRUCTION CILIARY BODY		$253.00		1						
66761	REVISION OF IRIS		$273.00		1						
66762	REVISION OF IRIS		$291.00		1						
66770	REMOVAL OF INNER EYE LESION		$259.00		1						
66820	INCISION SECONDARY CATARACT		$273.00		1						
66821	AFTER CATARACT LASER SURGERY		$180.00		1						
66825	REPOSITION INTRAOCULAR LENS		$494.00		1						
66830	REMOVAL OF LENS LESION		$438.00		1						
66840	REMOVAL OF LENS MATERIAL		$480.00		1						
66850	REMOVAL OF LENS MATERIAL		$545.00		1						
66852	REMOVAL OF LENS MATERIAL		$589.00		1						
66920	EXTRACTION OF LENS		$544.00		1						
66930	EXTRACTION OF LENS		$628.00		1						
66940	EXTRACTION OF LENS		$538.00		1						
66982	CATARACT SURGERY COMPLEX		$679.00		1						
66983	CATARACT SURG W/IOL 1 STAGE		$491.00		1						
66984	CATARACT SURG W/IOL 1 STAGE		$576.00		1						
66985	INSERT LENS PROSTHESIS		$457.00		1						
66986	EXCHANGE LENS PROSTHESIS		$624.00		1						
66990	OPHTHALMIC ENDOSCOPE ADD-ON		$54.96		1						
67005	PARTIAL REMOVAL OF EYE FLUID		$329.00		1						
67010	PARTIAL REMOVAL OF EYE FLUID		$397.00		1						
67015	RELEASE OF EYE FLUID		$385.00		1						
67025	REPLACE EYE FLUID		$455.00		1						
67028	INJECTION EYE DRUG		$168.00		1						
67030	INCISE INNER EYE STRANDS		$334.00		1						
67031	LASER SURGERY EYE STRANDS		$241.00		1						
67036	REMOVAL OF INNER EYE FLUID		$687.00		1						
67039	LASER TREATMENT OF RETINA		$773.00		1						
67040	LASER TREATMENT OF RETINA		$1,009.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
67041	VIT FOR MACULAR PUCKER		$614.59		1						
67042	VIT FOR MACULAR HOLE		$703.98		1						
67043	VIT FOR MEMBRANE DISSECT		$738.63		1						
67101	REPAIR DETACHED RETINA		$527.00		1						
67105	REPAIR DETACHED RETINA		$497.00		1						
67107	REPAIR DETACHED RETINA		$855.00		1						
67108	REPAIR DETACHED RETINA		$1,029.00		1						
67110	REPAIR DETACHED RETINA		$552.00		1						
67113	REPAIR RETINAL DETACH CPLX		$739.09		1						
67115	RELEASE ENCIRCLING MATERIAL		$289.00		1						
67120	REMOVE EYE IMPLANT MATERIAL		$411.00		1						
67121	REMOVE EYE IMPLANT MATERIAL		$518.00		1						
67141	TREATMENT OF RETINA		$355.00		1						
67145	TREATMENT OF RETINA		$354.00		1						
67208	TREATMENT OF RETINAL LESION		$416.00		1						
67210	TREATMENT OF RETINAL LESION		$504.00		1						
67218	TREATMENT OF RETINAL LESION		$655.00		1						
67220	TREATMENT OF CHOROID LESION		$683.00		1						
67221	OCULAR PHOTODYNAMIC THER		$238.00		1						
67225	EYE PHOTODYNAMIC THER ADD-ON		$24.00		1						
67227	DSTRJ EXTENSIVE RETINOPATHY		$430.00		1						
67228	TREATMENT X10SV RETINOPATHY		$699.00		1						
67229	TR RETINAL LES PRETERM INF		$533.34		1						
67250	REINFORCE EYE WALL		$548.00		1						
67255	REINFORCE/GRAFT EYE WALL		$600.00		1						
67311	REVISE EYE MUSCLE		$412.00		1						
67312	REVISE TWO EYE MUSCLES		$500.00		1						
67314	REVISE EYE MUSCLE		$458.00		1						
67316	REVISE TWO EYE MUSCLES		$508.00		1						
67318	REVISE EYE MUSCLE(S)		$460.00		1						
67320	REVISE EYE MUSCLE(S) ADD-ON		$210.00		1						
67331	EYE SURGERY FOLLOW-UP ADD-ON		$197.00		1						
67332	REREVISE EYE MUSCLES ADD-ON		$218.00		1						
67334	REVISE EYE MUSCLE W/SUTURE		$193.00		1						
67335	EYE SUTURE DURING SURGERY		$121.00		1						
67340	REVISE EYE MUSCLE ADD-ON		$239.00		1						
67343	RELEASE EYE TISSUE		$339.00		1						
67345	DESTROY NERVE OF EYE MUSCLE		$148.00		1						
67346	BIOPSY EYE MUSCLE		$129.00		1						
67400	EXPLORE/BIOPSY EYE SOCKET		$602.00		1						
67405	EXPLORE/DRAIN EYE SOCKET		$427.00		1						
67412	EXPLORE/TREAT EYE SOCKET		$584.00		1						
67413	EXPLORE/TREAT EYE SOCKET		$595.00		1						
67414	EXPLR/DECOMPRESS EYE SOCKET		$580.00		1						
67415	ASPIRATION ORBITAL CONTENTS		$85.00		1						
67420	EXPLORE/TREAT EYE SOCKET		$1,087.00		1						
67430	EXPLORE/TREAT EYE SOCKET		$648.00		1						
67440	EXPLORE/DRAIN EYE SOCKET		$674.00		1						
67445	EXPLR/DECOMPRESS EYE SOCKET		$684.00		1						
67450	EXPLORE/BIOPSY EYE SOCKET		$697.00		1						

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67500	INJECT/TREAT EYE SOCKET		$48.00		1						
67505	INJECT/TREAT EYE SOCKET		$49.00		1						
67515	INJECT/TREAT EYE SOCKET		$39.00		1						
67550	INSERT EYE SOCKET IMPLANT		$619.00		1						
67560	REVISE EYE SOCKET IMPLANT		$630.00		1						
67570	DECOMPRESS OPTIC NERVE		$620.00		1						
67700	DRAINAGE OF EYELID ABSCESS		$199.00		1						
67710	INCISION OF EYELID		$172.00		1						
67715	INCISION OF EYELID FOLD		$178.00		1						
67800	REMOVE EYELID LESION		$96.00		1						
67801	REMOVE EYELID LESIONS		$124.00		1						
67805	REMOVE EYELID LESIONS		$146.00		1						
67808	REMOVE EYELID LESION(S)		$218.00		1						
67810	BIOPSY EYELID & LID MARGIN		$133.00		1						
67820	REVISE EYELASHES		$45.00		1						
67825	REVISE EYELASHES		$99.00		1						
67830	REVISE EYELASHES		$197.00		1						
67835	REVISE EYELASHES		$346.00		1						
67840	REMOVE EYELID LESION		$206.00		1						
67850	TREAT EYELID LESION		$141.00		1						
67875	CLOSURE OF EYELID BY SUTURE		$145.00		1						
67880	REVISION OF EYELID		$291.00		1						
67882	REVISION OF EYELID		$358.00		1						
67900	REPAIR BROW DEFECT		$430.00	Y	1						
67901	REPAIR EYELID DEFECT		$409.00	Y	1						
67902	REPAIR EYELID DEFECT		$411.00	Y	1						
67903	REPAIR EYELID DEFECT		$452.00	Y	1						
67904	REPAIR EYELID DEFECT		$492.00	Y	1						
67906	REPAIR EYELID DEFECT		$340.00	Y	1						
67908	REPAIR EYELID DEFECT		$360.00	Y	1						
67909	REVISE EYELID DEFECT		$308.00	Y	1						
67911	REVISE EYELID DEFECT		$327.00		1						
67912	CORRECTION EYELID W/IMPLANT		$617.30	Y	1						
67914	REPAIR EYELID DEFECT		$289.00		1						
67915	REPAIR EYELID DEFECT		$197.00		1						
67916	REPAIR EYELID DEFECT		$377.00		1						
67917	REPAIR EYELID DEFECT		$410.00		1						
67921	REPAIR EYELID DEFECT		$268.00		1						
67922	REPAIR EYELID DEFECT		$193.00		1						
67923	REPAIR EYELID DEFECT		$396.00		1						
67924	REPAIR EYELID DEFECT		$415.00		1						
67930	REPAIR EYELID WOUND		$262.00		1						
67935	REPAIR EYELID WOUND		$419.00		1						
67938	REMOVE EYELID FOREIGN BODY		$182.00		1						
67950	REVISION OF EYELID		$409.00	Y	1						
67961	REVISION OF EYELID		$406.00		1						
67966	REVISION OF EYELID		$445.00		1						
67971	RECONSTRUCTION OF EYELID		$471.00		1						
67973	RECONSTRUCTION OF EYELID		$649.00		1						
67974	RECONSTRUCTION OF EYELID		$614.00		1						

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67975	RECONSTRUCTION OF EYELID		$469.00		1						
67999	REVISION OF EYELID		$600.00	Y	1						
68020	INCISE/DRAIN EYELID LINING		$90.00		1						
68040	TREATMENT OF EYELID LESIONS		$91.00		1						
68100	BIOPSY OF EYELID LINING		$127.00		1						
68110	REMOVE EYELID LINING LESION		$162.00		1						
68115	REMOVE EYELID LINING LESION		$229.00		1						
68130	REMOVE EYELID LINING LESION		$381.00		1						
68135	REMOVE EYELID LINING LESION		$126.00		1						
68200	TREAT EYELID BY INJECTION		$33.00		1						
68320	REVISE/GRAFT EYELID LINING		$462.00		1						
68325	REVISE/GRAFT EYELID LINING		$411.00		1						
68326	REVISE/GRAFT EYELID LINING		$441.00		1						
68328	REVISE/GRAFT EYELID LINING		$513.00	Y	1						
68330	REVISE EYELID LINING		$397.00		1						
68335	REVISE/GRAFT EYELID LINING		$343.00		1						
68340	SEPARATE EYELID ADHESIONS		$362.00		1						
68360	REVISE EYELID LINING		$240.00		1						
68362	REVISE EYELID LINING		$371.00		1						
68371	HARVEST EYE TISSUE ALOGRAFT		$237.13		1						
68400	INCISE/DRAIN TEAR GLAND		$152.00		1						
68420	INCISE/DRAIN TEAR SAC		$173.00		1						
68440	INCISE TEAR DUCT OPENING		$94.00		1						
68500	REMOVAL OF TEAR GLAND		$478.00		1						
68505	PARTIAL REMOVAL TEAR GLAND		$498.00		1						
68510	BIOPSY OF TEAR GLAND		$282.00		1						
68520	REMOVAL OF TEAR SAC		$400.00		1						
68525	BIOPSY OF TEAR SAC		$185.00		1						
68530	CLEARANCE OF TEAR DUCT		$328.00		1						
68540	REMOVE TEAR GLAND LESION		$473.00		1						
68550	REMOVE TEAR GLAND LESION		$746.00		1						
68700	REPAIR TEAR DUCTS		$363.00		1						
68705	REVISE TEAR DUCT OPENING		$138.00		1						
68720	CREATE TEAR SAC DRAIN		$500.00		1						
68745	CREATE TEAR DUCT DRAIN		$452.00		1						
68750	CREATE TEAR DUCT DRAIN		$488.00		1						
68760	CLOSE TEAR DUCT OPENING		$147.00		1						
68761	CLOSE TEAR DUCT OPENING		$111.00		4						
68770	CLOSE TEAR SYSTEM FISTULA		$341.00		1						
68801	DILATE TEAR DUCT OPENING		$90.00		1						
68810	PROBE NASOLACRIMAL DUCT		$155.00		1						
68811	PROBE NASOLACRIMAL DUCT		$137.00		1						
68815	PROBE NASOLACRIMAL DUCT		$315.00		1						
68816	PROBE NL DUCT W/BALLOON		$322.62		1						
68840	EXPLORE/IRRIGATE TEAR DUCTS		$91.00		1						
68850	INJECTION FOR TEAR SAC X-RAY		$170.00		1						
69000	DRAIN EXTERNAL EAR LESION		$122.00		1						
69005	DRAIN EXTERNAL EAR LESION		$144.00		1						
69020	DRAIN OUTER EAR CANAL LESION		$151.00		1						
69100	BIOPSY OF EXTERNAL EAR		$70.00		1						

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69105	BIOPSY OF EXTERNAL EAR CANAL		$88.00		1						
69110	REMOVE EXTERNAL EAR PARTIAL		$286.00		1						
69120	REMOVAL OF EXTERNAL EAR		$292.00		1						
69140	REMOVE EAR CANAL LESION(S)		$602.00		1						
69145	REMOVE EAR CANAL LESION(S)		$235.00		1						
69150	EXTENSIVE EAR CANAL SURGERY		$601.00		1						
69155	EXTENSIVE EAR/NECK SURGERY		$910.00		1						
69200	CLEAR OUTER EAR CANAL		$87.00		1						
69205	CLEAR OUTER EAR CANAL		$76.00		1						
69210	REMOVE IMPACTED EAR WAX UNI		$36.00		1						
69220	CLEAN OUT MASTOID CAVITY		$88.00		1						
69222	CLEAN OUT MASTOID CAVITY		$145.00		1						
69300	REVISE EXTERNAL EAR		$294.00	Y	1						
69310	REBUILD OUTER EAR CANAL		$770.00		1						
69320	REBUILD OUTER EAR CANAL		$1,113.00		1						
69420	INCISION OF EARDRUM		$125.00		1						
69421	INCISION OF EARDRUM		$112.00		1						
69424	REMOVE VENTILATING TUBE		$84.00		1						
69433	CREATE EARDRUM OPENING		$129.00		1						
69436	CREATE EARDRUM OPENING		$123.00		1						
69440	EXPLORATION OF MIDDLE EAR		$471.00		1						
69450	EARDRUM REVISION		$363.00		1						
69501	MASTOIDECTOMY		$526.00		1						
69502	MASTOIDECTOMY		$699.00		1						
69505	REMOVE MASTOID STRUCTURES		$865.00		1						
69511	EXTENSIVE MASTOID SURGERY		$889.00		1						
69530	EXTENSIVE MASTOID SURGERY		$882.00		1						
69535	REMOVE PART OF TEMPORAL BONE		$1,750.00		1						
69540	REMOVE EAR LESION		$136.00		1						
69550	REMOVE EAR LESION		$740.00		1						
69552	REMOVE EAR LESION		$876.00		1						
69554	REMOVE EAR LESION		$1,411.00		1						
69601	MASTOID SURGERY REVISION		$754.00		1						
69602	MASTOID SURGERY REVISION		$726.00		1						
69603	MASTOID SURGERY REVISION		$928.00		1						
69604	MASTOID SURGERY REVISION		$680.00		1						
69605	MASTOID SURGERY REVISION		$1,139.00		1						
69610	REPAIR OF EARDRUM		$287.00		1						
69620	REPAIR OF EARDRUM		$478.00		1						
69631	REPAIR EARDRUM STRUCTURES		$627.00		1						
69632	REBUILD EARDRUM STRUCTURES		$806.00		1						
69633	REBUILD EARDRUM STRUCTURES		$767.00		1						
69635	REPAIR EARDRUM STRUCTURES		$864.00		1						
69636	REBUILD EARDRUM STRUCTURES		$991.00		1						
69637	REBUILD EARDRUM STRUCTURES		$986.00		1						
69641	REVISE MIDDLE EAR & MASTOID		$798.00		1						
69642	REVISE MIDDLE EAR & MASTOID		$964.00		1						
69643	REVISE MIDDLE EAR & MASTOID		$941.00		1						
69644	REVISE MIDDLE EAR & MASTOID		$1,075.00		1						
69645	REVISE MIDDLE EAR & MASTOID		$1,047.00		1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
69646	REVISE MIDDLE EAR & MASTOID		$1,118.00		1						
69650	RELEASE MIDDLE EAR BONE		$568.00		1						
69660	REVISE MIDDLE EAR BONE		$723.00		1						
69661	REVISE MIDDLE EAR BONE		$819.00		1						
69662	REVISE MIDDLE EAR BONE		$835.00		1						
69666	REPAIR MIDDLE EAR STRUCTURES		$613.00		1						
69667	REPAIR MIDDLE EAR STRUCTURES		$614.00		1						
69670	REMOVE MASTOID AIR CELLS		$674.00		1						
69676	REMOVE MIDDLE EAR NERVE		$586.00		1						
69700	CLOSE MASTOID FISTULA		$505.00		1						
69710	IMPLANT/REPLACE HEARING AID		$700.00		1						
69711	REMOVE/REPAIR HEARING AID		$562.94	Y	1						
69714	IMPLANT TEMPLE BONE W/STIMUL		$779.00	Y	1						
69715	TEMPLE BNE IMPLNT W/STIMULAT		$751.00	Y	1						
69717	TEMPLE BONE IMPLANT REVISION		$611.00	Y	1						
69718	REVISE TEMPLE BONE IMPLANT		$760.00	Y	1						
69720	RELEASE FACIAL NERVE		$703.00		1						
69725	RELEASE FACIAL NERVE		$1,050.00		1						
69740	REPAIR FACIAL NERVE		$882.00		1						
69745	REPAIR FACIAL NERVE		$1,003.00		1						
69801	INCISE INNER EAR		$543.00		1						
69805	EXPLORE INNER EAR		$824.00		1						
69806	EXPLORE INNER EAR		$604.00		1						
69820	ESTABLISH INNER EAR WINDOW		$625.00		1						
69840	REVISE INNER EAR WINDOW		$470.00		1						
69905	REMOVE INNER EAR		$700.00		1						
69910	REMOVE INNER EAR & MASTOID		$850.00		1						
69915	INCISE INNER EAR NERVE		$1,220.00		1						
69930	IMPLANT COCHLEAR DEVICE		$923.00	Y	1						
69950	INCISE INNER EAR NERVE		$1,255.00		1						
69955	RELEASE FACIAL NERVE		$1,183.00		1						
69960	RELEASE INNER EAR CANAL		$1,148.00		1						
69970	REMOVE INNER EAR LESION		$1,253.00		1						
69979	TEMPORAL BONE SURGERY		$1,800.00	Y	1						
69990	MICROSURGERY ADD-ON		$170.00		1						
90376	RABIES IG HEAT TREATED		$279.13		20						
90785	PSYTX COMPLEX INTERACTIVE		$3.37		999	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90791	PSYCH DIAGNOSTIC EVALUATION		$106.83		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90791	PSYCH DIAGNOSTIC EVALUATION		$106.83		1	DIAGNOSTICS ASSESSMENTS LIMIT	Both	1	Units	1	Calendar Years
90792	PSYCH DIAG EVAL W/MED SRVCS		$89.85		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90792	PSYCH DIAG EVAL W/MED SRVCS		$89.85		1	DIAGNOSTICS ASSESSMENTS LIMIT	Both	1	Units	1	Calendar Years
90832	PSYTX PT&/FAMILY 30 MINUTES		$44.60		3	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
90832	PSYTX PT&/FAMILY 30 MINUTES		$44.60		3	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90833	PSYTX PT&/FAM W/E&M 30 MIN		$29.97		3						
90834	PSYTX PT&/FAMILY 45 MINUTES		$58.26		3	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90834	PSYTX PT&/FAMILY 45 MINUTES		$58.26		3	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
90836	PSYTX PT&/FAM W/E&M 45 MIN		$48.72		3						
90837	PSYTX PT&/FAMILY 60 MINUTES		$85.41		3	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90837	PSYTX PT&/FAMILY 60 MINUTES		$85.41		3	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
90838	PSYTX PT&/FAM W/E&M 60 MIN		$78.63		3						

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90839	PSYTX CRISIS INITIAL 60 MIN		$92.81		3						
90847	FAMILY PSYTX W/PATIENT		$84.00		3	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90849	MULTIPLE FAMILY GROUP PSYTX		$27.00		3	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90853	GROUP PSYCHOTHERAPY		$23.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90853	GROUP PSYCHOTHERAPY		$23.00		1	MHSP-LIMIT 12 PER YEAR	Both	12	Units	1	Calendar Years
90863	PHARMACOLOGIC MGMT W/PSYTX		$37.00		1						
90865	NARCOSYNTHESIS		$116.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
90870	ELECTROCONVULSIVE THERAPY		$102.00		1						
90887	CONSULTATION WITH FAMILY		$36.00		1						
90935	HEMODIALYSIS ONE EVALUATION		$58.00		1	RENAL DIALYSIS LIMIT 156	Both	156	Units	1	Calendar Years
90937	HEMODIALYSIS REPEATED EVAL		$117.00		1	RENAL DIALYSIS LIMIT 156	Both	156	Units	1	Calendar Years
90945	DIALYSIS ONE EVALUATION		$54.00		1						
90947	DIALYSIS REPEATED EVAL		$116.00		1						
90951	ESRD SERV 4 VISITS P MO <2YR		$375.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90952	ESRD SERV 2-3 VSTS P MO <2YR		$375.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90953	ESRD SERV 1 VISIT P MO <2YRS		$375.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90954	ESRD SERV 4 VSTS P MO 2-11		$316.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90955	ESRD SRV 2-3 VSTS P MO 2-11		$316.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90956	ESRD SRV 1 VISIT P MO 2-11		$316.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90957	ESRD SRV 4 VSTS P MO 12-19		$258.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90958	ESRD SRV 2-3 VSTS P MO 12-19		$258.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90959	ESRD SERV 1 VST P MO 12-19		$258.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90960	ESRD SRV 4 VISITS P MO 20+		$216.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90961	ESRD SRV 2-3 VSTS P MO 20+		$216.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90962	ESRD SERV 1 VISIT P MO 20+		$216.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90963	ESRD HOME PT SERV P MO <2YRS		$375.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90964	ESRD HOME PT SERV P MO 2-11		$316.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90965	ESRD HOME PT SERV P MO 12-19		$258.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90966	ESRD HOME PT SERV P MO 20+		$216.00		1	MONTHLY CAPITATION LIMIT	Both	1	Units	1	Calendar Months
90967	ESRD HOME PT SERV P DAY <2		$12.00		1						
90968	ESRD HOME PT SRV P DAY 2-11		$10.00		1						
90969	ESRD HOME PT SRV P DAY 12-19		$8.00		1						
90970	ESRD HOME PT SERV P DAY 20+		$6.00		1						
90997	HEMOPERFUSION		$71.00		1						
91010	ESOPHAGUS MOTILITY STUDY		$146.00		1						
91010	ESOPHAGUS MOTILITY STUDY	26	$54.00		1						
91020	GASTRIC MOTILITY STUDIES		$154.00		1						
91020	GASTRIC MOTILITY STUDIES	26	$62.00		1						
91022	DUODENAL MOTILITY STUDY		$133.42		1						
91030	ACID PERFUSION OF ESOPHAGUS		$86.00		1						
91030	ACID PERFUSION OF ESOPHAGUS	26	$31.00		1						
91034	GASTROESOPHAGEAL REFLUX TEST	26	$37.00		1						
91034	GASTROESOPHAGEAL REFLUX TEST		$147.00		1						
91035	G-ESOPH REFLX TST W/ELECTROD	26	$60.00		1						
91035	G-ESOPH REFLX TST W/ELECTROD		$311.00		1						
91037	ESOPH IMPED FUNCTION TEST		$95.00		1						
91037	ESOPH IMPED FUNCTION TEST	26	$34.67		1						
91038	ESOPH IMPED FUNCT TEST > 1HR	26	$39.26		1						
91038	ESOPH IMPED FUNCT TEST > 1HR		$82.00		1						
91040	ESOPH BALLOON DISTENSION TST	26	$34.67		1						

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91040	ESOPH BALLOON DISTENSION TST		$302.00		1						
91065	BREATH HYDROGEN/METHANE TEST		$42.00		1						
91065	BREATH HYDROGEN/METHANE TEST	26	$9.00		1						
91110	GI TRACT CAPSULE ENDOSCOPY		$648.00		1						
91110	GI TRACT CAPSULE ENDOSCOPY	26	$137.00		1						
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	26	$37.00		1						
91111	ESOPHAGEAL CAPSULE ENDOSCOPY		$438.00		1						
91112	GI WIRELESS CAPSULE MEASURE		$787.18		1						
91112	GI WIRELESS CAPSULE MEASURE	26	$84.60		1						
91120	RECTAL SENSATION TEST		$278.00		1						
91120	RECTAL SENSATION TEST	26	$34.87		1						
91122	ANAL PRESSURE RECORD		$84.00		1						
91122	ANAL PRESSURE RECORD	26	$68.00		1						
91132	ELECTROGASTROGRAPHY		$19.00		1						
91200	LIVER ELASTOGRAPHY		$24.96		1						
92002	EYE EXAM NEW PATIENT		$46.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
92002	EYE EXAM NEW PATIENT		$46.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
92002	EYE EXAM NEW PATIENT		$46.00		1	NEW PATIENT LIMIT	Both	1	Units	3	Calendar Years
92004	EYE EXAM NEW PATIENT		$84.00		1	EYE EXAM LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92004	EYE EXAM NEW PATIENT		$84.00		1	EYE EXAM LIMIT 1 PER 3 YR (21 AND >) 03/2013	Both	1	Units	3	Calendar Years
92004	EYE EXAM NEW PATIENT		$84.00		1	NEW PATIENT LIMIT	Both	1	Units	3	Calendar Years
92012	EYE EXAM ESTABLISH PATIENT		$42.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
92012	EYE EXAM ESTABLISH PATIENT		$42.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
92014	EYE EXAM&TX ESTAB PT 1/>VST		$62.00		1	EYE EXAM LIMIT 1 PER 3 YR (21 AND >) 03/2013	Both	1	Units	3	Calendar Years
92014	EYE EXAM&TX ESTAB PT 1/>VST		$62.00		1	EYE EXAM LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92015	DETERMINE REFRACTIVE STATE		$9.00		1	EYE REFRACTION LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92015	DETERMINE REFRACTIVE STATE		$9.00		1	EYE REFRACTION LIMIT 1 PER 3 YR (21 AND >) 03/2013	Both	1	Units	3	Calendar Years
92018	NEW EYE EXAM & TREATMENT		$92.00		1						
92019	EYE EXAM & TREATMENT		$48.00		1						
92020	SPECIAL EYE EVALUATION		$21.00		1						
92025	CORNEAL TOPOGRAPHY		$18.00		1						
92025	CORNEAL TOPOGRAPHY	26	$11.00		1						
92060	SPECIAL EYE EVALUATION		$37.00		1						
92060	SPECIAL EYE EVALUATION	26	$26.00		1						
92065	ORTHOPTIC/PLEOPTIC TRAINING		$29.00	Y	1						
92071	CONTACT LENS FITTING FOR TX		$24.49		2						
92072	FIT CONTAC LENS FOR MANAGMNT		$78.09		2						
92081	VISUAL FIELD EXAMINATION(S)		$31.00		1						
92081	VISUAL FIELD EXAMINATION(S)	26	$13.00		1						
92082	VISUAL FIELD EXAMINATION(S)		$40.00		1						
92082	VISUAL FIELD EXAMINATION(S)	26	$17.00		1						
92083	VISUAL FIELD EXAMINATION(S)		$46.00		1						
92083	VISUAL FIELD EXAMINATION(S)	26	$24.00		1						
92100	SERIAL TONOMETRY EXAM(S)		$56.00		1						
92132	CMPTR OPHTH DX IMG ANT SEGMT	26	$19.52		1						
92132	CMPTR OPHTH DX IMG ANT SEGMT		$29.34		1						
92133	CMPTR OPHTH IMG OPTIC NERVE	26	$19.52		1						
92133	CMPTR OPHTH IMG OPTIC NERVE		$29.34		1						
92134	CPTR OPHTH DX IMG POST SEGMT		$29.34		1						
92134	CPTR OPHTH DX IMG POST SEGMT	26	$19.52		1						

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92136	OPHTHALMIC BIOMETRY		$53.00		1						
92136	OPHTHALMIC BIOMETRY	26	$20.00		1						
92140	GLAUCOMA PROVOCATIVE TESTS		$36.00		1						
92225	SPECIAL EYE EXAM INITIAL		$20.00		1						
92226	SPECIAL EYE EXAM SUBSEQUENT		$18.00		1						
92227	REMOTE DX RETINAL IMAGING		$7.40		1						
92228	REMOTE RETINAL IMAGING MGMT		$19.73		1						
92228	REMOTE RETINAL IMAGING MGMT	26	$11.66		1						
92230	EYE EXAM WITH PHOTOS		$51.00		1						
92235	EYE EXAM WITH PHOTOS		$82.00		1						
92235	EYE EXAM WITH PHOTOS	26	$36.00		1						
92240	ICG ANGIOGRAPHY		$83.00		1						
92240	ICG ANGIOGRAPHY	26	$42.00		1						
92250	EYE EXAM WITH PHOTOS		$47.00		1						
92250	EYE EXAM WITH PHOTOS	26	$17.00		1						
92260	OPHTHALMOSCOPY/DYNAMOMETRY		$15.00		1						
92270	ELECTRO-OCULOGRAPHY		$57.00		1						
92275	ELECTRORETINOGRAPHY		$50.00		1						
92283	COLOR VISION EXAMINATION		$24.00		1						
92284	DARK ADAPTATION EYE EXAM		$22.00		1						
92285	EYE PHOTOGRAPHY	26	$9.00		1						
92285	EYE PHOTOGRAPHY		$31.00		1						
92286	INTERNAL EYE PHOTOGRAPHY		$88.00		1						
92287	INTERNAL EYE PHOTOGRAPHY		$66.00		1						
92310	CONTACT LENS FITTING		$49.20	Y	1						
92311	CONTACT LENS FITTING		$54.00	Y	1						
92312	CONTACT LENS FITTING		$59.00	Y	1						
92313	CONTACT LENS FITTING		$58.00	Y	1						
92314	PRESCRIPTION OF CONTACT LENS		$300.00	Y	1						
92315	RX CNTACT LENS APHAKIA 1 EYE		$28.00	Y	1						
92316	RX CNTACT LENS APHAKIA 2 EYE		$38.00	Y	1						
92317	RX CORNEOSCLERAL CNTACT LENS		$34.00	Y	1						
92326	REPLACEMENT OF CONTACT LENS		$31.00	Y	2						
92340	FIT SPECTACLES MONOFOCAL		$18.00		1	EYE FITTING LIMIT 1 PER 3 YR (21 AND >) 03/2013	Both	1	Units	3	Calendar Years
92340	FIT SPECTACLES MONOFOCAL		$18.00		1	EYE FITTING LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92341	FIT SPECTACLES BIFOCAL		$18.00		1	EYE FITTING LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92341	FIT SPECTACLES BIFOCAL		$18.00		1	EYE FITTING LIMIT 1 PER 3 YR (21 AND >) 03/2013	Both	1	Units	3	Calendar Years
92342	FIT SPECTACLES MULTIFOCAL		$14.40		1	EYE FITTING LIMIT 1 PER 3 YR (21 AND >) 03/2013	Both	1	Units	3	Calendar Years
92342	FIT SPECTACLES MULTIFOCAL		$14.40		1	EYE FITTING LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92352	FIT APHAKIA SPECTCL MONOFOCL		$18.00		1	EYE FITTING LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92352	FIT APHAKIA SPECTCL MONOFOCL		$18.00		1	EYE FITTING LIMIT 1 PER 3 YR (21 AND >) 03/2013	Both	1	Units	3	Calendar Years
92353	FIT APHAKIA SPECTCL MULTIFOC		$18.00		1	EYE FITTING LIMIT 1 PER 3 YR (21 AND >) 03/2013	Both	1	Units	3	Calendar Years
92353	FIT APHAKIA SPECTCL MULTIFOC		$18.00		1	EYE FITTING LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92354	FIT SPECTACLES SINGLE SYSTEM		$18.00		1	EYE FITTING LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92354	FIT SPECTACLES SINGLE SYSTEM		$18.00		1	EYE FITTING LIMIT 1 PER 3 YR (21 AND >) 03/2013	Both	1	Units	3	Calendar Years
92355	FIT SPECTACLES COMPOUND LENS		$13.68		1	EYE FITTING LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92355	FIT SPECTACLES COMPOUND LENS		$13.68		1	EYE FITTING LIMIT 1 PER 3 YR (21 AND >) 03/2013	Both	1	Units	3	Calendar Years
92358	APHAKIA PROSTH SERVICE TEMP		$31.50		1	EYE FITTING LIMIT 1 PER 3 YR (21 AND >) 03/2013	Both	1	Units	3	Calendar Years
92358	APHAKIA PROSTH SERVICE TEMP		$31.50		1	EYE FITTING LIMIT LESS THAN 21	Both	2	Units	1	Calendar Years
92370	REPAIR & ADJUST SPECTACLES		$5.26		1						

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92371	REPAIR & ADJUST SPECTACLES		$64.79		1						
92499	EYE SERVICE OR PROCEDURE		$50.00	Y	1						
92502	EAR AND THROAT EXAMINATION		$85.00		1						
92504	EAR MICROSCOPY EXAMINATION		$18.00		1						
92511	NASOPHARYNGOSCOPY		$105.00		1						
92512	NASAL FUNCTION STUDIES		$33.00		1						
92516	FACIAL NERVE FUNCTION TEST		$42.00		1						
92520	LARYNGEAL FUNCTION STUDIES		$31.00		1						
92521	EVALUATION OF SPEECH FLUENCY		$60.54		1						
92522	EVALUATE SPEECH PRODUCTION		$49.33		1						
92523	SPEECH SOUND LANG COMPREHEN		$102.19		6						
92524	BEHAVRAL QUALIT ANALYS VOICE		$50.96		1						
92526	ORAL FUNCTION THERAPY		$33.00		1						
92531	SPONTANEOUS NYSTAGMUS STUDY		$11.99		1						
92532	POSITIONAL NYSTAGMUS TEST		$11.99		1						
92533	CALORIC VESTIBULAR TEST		$13.79		1						
92534	OPTOKINETIC NYSTAGMUS TEST		$27.49		1						
92537	CALORIC VSTBLR TEST W/REC	26	$21.56		999						
92537	CALORIC VSTBLR TEST W/REC		$26.82		999						
92538	CALORIC VSTBLR TEST W/REC		$13.60		999						
92538	CALORIC VSTBLR TEST W/REC	26	$10.78		999						
92540	BASIC VESTIBULAR EVALUATION		$61.19		2						
92541	SPONTANEOUS NYSTAGMUS TEST		$37.00		1						
92542	POSITIONAL NYSTAGMUS TEST		$38.00		1						
92544	OPTOKINETIC NYSTAGMUS TEST		$30.00		1						
92545	OSCILLATING TRACKING TEST		$27.00		1						
92546	SINUSOIDAL ROTATIONAL TEST		$57.00		1						
92547	SUPPLEMENTAL ELECTRICAL TEST		$4.00		6						
92548	POSTUROGRAPHY		$72.00		1						
92548	POSTUROGRAPHY	26	$21.00		1						
92550	TYMPANOMETRY & REFLEX THRESH		$13.33		1						
92551	PURE TONE HEARING TEST AIR		$15.75		1						
92552	PURE TONE AUDIOMETRY AIR		$14.00		1						
92553	AUDIOMETRY AIR & BONE		$17.00		1						
92555	SPEECH THRESHOLD AUDIOMETRY		$11.00		1						
92556	SPEECH AUDIOMETRY COMPLETE		$15.00		1						
92557	COMPREHENSIVE HEARING TEST		$35.00		1						
92558	EVOKED AUDITORY TEST QUAL		$29.00		1						
92558	EVOKED AUDITORY TEST QUAL	26	$9.50		1						
92559	GROUP AUDIOMETRIC TESTING		$35.00		1						
92560	BEKESY AUDIOMETRY SCREEN		$11.25		1						
92561	BEKESY AUDIOMETRY DIAGNOSIS		$19.00		1						
92562	LOUDNESS BALANCE TEST		$13.00		1						
92563	TONE DECAY HEARING TEST		$10.00		1						
92564	SISI HEARING TEST		$13.00		1						
92565	STENGER TEST PURE TONE		$11.00		1						
92567	TYMPANOMETRY		$14.00		1						
92568	ACOUSTIC REFL THRESHOLD TST		$10.00		1						
92570	ACOUSTIC IMMITANCE TESTING		$13.00		1						
92571	FILTERED SPEECH HEARING TEST		$12.00		1						

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92572	STAGGERED SPONDAIC WORD TEST		$3.00		1						
92575	SENSORINEURAL ACUITY TEST		$9.00		1						
92576	SYNTHETIC SENTENCE TEST		$14.00		1						
92577	STENGER TEST SPEECH		$19.00		1						
92579	VISUAL AUDIOMETRY (VRA)		$19.00		1						
92582	CONDITIONING PLAY AUDIOMETRY		$23.00		1						
92583	SELECT PICTURE AUDIOMETRY		$23.00		1						
92584	ELECTROCOCHLEOGRAPHY		$65.00		1						
92585	AUDITOR EVOKE POTENT COMPRE		$82.00		1						
92585	AUDITOR EVOKE POTENT COMPRE	26	$24.00		1						
92586	AUDITOR EVOKE POTENT LIMIT		$48.00		1						
92587	EVOKED AUDITORY TEST LIMITED		$40.00		1						
92588	EVOKED AUDITORY TST COMPLETE		$53.00		1						
92590	HEARING AID EXAM ONE EAR		$20.24		1						
92591	HEARING AID EXAM BOTH EARS		$31.50		1						
92592	HEARING AID CHECK ONE EAR		$13.49		1						
92593	HEARING AID CHECK BOTH EARS		$31.50		1						
92594	ELECTRO HEARNG AID TEST ONE		$12.50		1						
92595	ELECTRO HEARNG AID TST BOTH		$14.50		10						
92596	EAR PROTECTOR EVALUATION		$16.00		1						
92597	ORAL SPEECH DEVICE EVAL		$80.00	Y	1						
92610	EVALUATE SWALLOWING FUNCTION		$26.00		1						
92611	MOTION FLUOROSCOPY/SWALLOW		$28.00		1						
92612	ENDOSCOPY SWALLOW TST (FEES)		$109.00		1						
92613	ENDOSCOPY SWALLOW TST (FEES)		$31.00		1						
92614	LARYNGOSCOPIC SENSORY TEST		$98.00		1						
92615	EVAL LARYNGOSCOPY SENSE TST		$26.00		1						
92616	FEES W/LARYNGEAL SENSE TEST		$116.00		1						
92617	INTERPRT FEES/LARYNGEAL TEST		$32.00		1						
92625	TINNITUS ASSESSMENT		$26.69		1						
92626	EVAL AUD REHAB STATUS		$12.93		1						
92627	EVAL AUD STATUS REHAB ADD-ON		$12.93		1						
92630	AUD REHAB PRE-LING HEAR LOSS		$42.00		1						
92633	AUD REHAB POSTLING HEAR LOSS		$42.00		1						
92920	PRQ CARDIAC ANGIOPLAST 1 ART		$367.11		1						
92924	PRQ CARD ANGIO/ATHRECT 1 ART		$436.32		1						
92928	PRQ CARD STENT W/ANGIO 1 VSL		$407.53		1						
92933	PRQ CARD STENT/ATH/ANGIO		$455.73		1						
92937	PRQ REVASC BYP GRAFT 1 VSL		$407.06		1						
92941	PRQ CARD REVASC MI 1 VSL		$456.59		1						
92943	PRQ CARD REVASC CHRONIC 1VSL		$456.59		1						
92950	HEART/LUNG RESUSCITATION CPR		$216.00		4						
92953	TEMPORARY EXTERNAL PACING		$10.00		2						
92960	CARDIOVERSION ELECTRIC EXT		$220.00		2						
92961	CARDIOVERSION ELECTRIC INT		$157.00		1						
92970	CARDIOASSIST INTERNAL		$150.00		1						
92971	CARDIOASSIST EXTERNAL		$87.00		1						
92973	PRQ CORONARY MECH THROMBECT		$130.00		2						
92974	CATH PLACE CARDIO BRACHYTX		$126.00		1						
92975	DISSOLVE CLOT HEART VESSEL		$290.00		1						

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92977	DISSOLVE CLOT HEART VESSEL		$192.00		1						
92978	INTRAVASC US HEART ADD-ON	26	$70.00		1						
92979	INTRAVASC US HEART ADD-ON	26	$56.00		2						
92986	REVISION OF AORTIC VALVE		$658.27		1						
92987	REVISION OF MITRAL VALVE		$722.00		1						
92990	REVISION OF PULMONARY VALVE		$816.00		1						
92992	REVISION OF HEART CHAMBER		$430.07		1						
92993	REVISION OF HEART CHAMBER		$1,308.55		1						
92997	PUL ART BALLOON REPR PERCUT		$561.00		1						
92998	PUL ART BALLOON REPR PERCUT		$240.00		2						
93000	ELECTROCARDIOGRAM COMPLETE		$21.00		3						
93005	ELECTROCARDIOGRAM TRACING		$13.00		3						
93010	ELECTROCARDIOGRAM REPORT		$8.00		10						
93015	CARDIOVASCULAR STRESS TEST		$87.00		2						
93016	CARDIOVASCULAR STRESS TEST		$18.00		2						
93017	CARDIOVASCULAR STRESS TEST		$43.00		2						
93018	CARDIOVASCULAR STRESS TEST		$14.00		2						
93024	CARDIAC DRUG STRESS TEST		$89.00		1						
93025	MICROVOLT T-WAVE ASSESS		$209.00		1						
93040	RHYTHM ECG WITH REPORT		$12.00		3						
93041	RHYTHM ECG TRACING		$4.00		3						
93042	RHYTHM ECG REPORT		$6.00		3						
93224	ECG MONIT/REPRT UP TO 48 HRS		$63.14		1						
93225	ECG MONIT/REPRT UP TO 48 HRS		$38.00		1						
93226	ECG MONIT/REPRT UP TO 48 HRS		$66.00		1						
93227	ECG MONIT/REPRT UP TO 48 HRS		$24.00		1						
93228	REMOTE 30 DAY ECG REV/REPORT		$18.26		1						
93229	REMOTE 30 DAY ECG TECH SUPP		$18.00		1						
93268	ECG RECORD/REVIEW		$139.24		1	CARDIOGRAPHY PROCEDURES LIMIT	Same	1	Units	30	Days
93270	REMOTE 30 DAY ECG REV/REPORT		$32.00		1	CARDIOGRAPHY PROCEDURES LIMIT	Same	1	Units	30	Days
93271	ECG/MONITORING AND ANALYSIS		$150.00		1	CARDIOGRAPHY PROCEDURES LIMIT	Same	1	Units	30	Days
93272	ECG/REVIEW INTERPRET ONLY		$20.00		1	CARDIOGRAPHY PROCEDURES LIMIT	Same	1	Units	30	Days
93278	ECG/SIGNAL-AVERAGED	26	$12.00		1						
93278	ECG/SIGNAL-AVERAGED		$43.00		1						
93279	PM DEVICE PROGR EVAL SNGL		$37.77		1						
93280	PM DEVICE PROGR EVAL DUAL		$44.81		1						
93281	PM DEVICE PROGR EVAL MULTI		$52.38		1						
93282	PRGRMG EVAL IMPLANTABLE DFB		$48.39		1						
93282	PRGRMG EVAL IMPLANTABLE DFB	26	$33.32		1						
93283	PRGRMG EVAL IMPLANTABLE DFB	26	$41.86		1						
93283	PRGRMG EVAL IMPLANTABLE DFB		$59.01		1						
93284	PRGRMG EVAL IMPLANTABLE DFB		$69.26		1						
93284	PRGRMG EVAL IMPLANTABLE DFB	26	$49.81		1						
93285	ILR DEVICE EVAL PROGR	26	$20.80		1						
93285	ILR DEVICE EVAL PROGR		$32.41		1						
93286	PERI-PX PACEMAKER DEVICE EVL	26	$10.69		2						
93286	PERI-PX PACEMAKER DEVICE EVL		$18.35		2						
93287	PERI-PX DEVICE EVAL & PRGR	26	$15.77		2						
93287	PERI-PX DEVICE EVAL & PRGR		$24.38		2						
93288	PM DEVICE EVAL IN PERSON	26	$17.07		1						

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93288	PM DEVICE EVAL IN PERSON		$28.91		1						
93289	INTERROG DEVICE EVAL HEART		$45.08		1						
93289	INTERROG DEVICE EVAL HEART	26	$30.83		1						
93290	ICM DEVICE EVAL		$21.67		1						
93291	ILR DEVICE INTERROGATE		$27.77		1						
93292	WCD DEVICE INTERROGATE		$25.22		1						
93293	PM PHONE R-STRIP DEVICE EVAL		$38.32		1						
93293	PM PHONE R-STRIP DEVICE EVAL	26	$11.93		1						
93294	PM DEVICE INTERROGATE REMOTE		$25.83		1						
93295	DEV INTERROG REMOTE 1/2/MLT		$46.73		1						
93296	PM/ICD REMOTE TECH SERV		$23.21		1						
93297	ICM DEVICE INTERROGAT REMOTE		$18.26		1						
93298	ILR DEVICE INTERROGAT REMOTE		$20.80		1						
93299	ICM/ILR REMOTE TECH SERV		$20.80		1						
93303	ECHO TRANSTHORACIC		$149.00		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93303	ECHO TRANSTHORACIC	26	$51.00		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93304	ECHO TRANSTHORACIC		$79.00		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93304	ECHO TRANSTHORACIC	26	$31.00		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93306	TTE W/DOPPLER COMPLETE		$172.80		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93306	TTE W/DOPPLER COMPLETE	26	$50.70		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93307	TTE W/O DOPPLER COMPLETE	26	$42.00		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93307	TTE W/O DOPPLER COMPLETE		$134.00		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93308	TTE F-UP OR LMTD	26	$23.00		2	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93308	TTE F-UP OR LMTD		$70.00		2	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93312	ECHO TRANSESOPHAGEAL	26	$84.00		2	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93312	ECHO TRANSESOPHAGEAL		$182.00		2	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93313	ECHO TRANSESOPHAGEAL		$40.00		2	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93314	ECHO TRANSESOPHAGEAL		$146.00		2	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93314	ECHO TRANSESOPHAGEAL	26	$48.00		2	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93315	ECHO TRANSESOPHAGEAL		$192.00		2						
93315	ECHO TRANSESOPHAGEAL	26	$106.00		2						
93316	ECHO TRANSESOPHAGEAL		$41.00		2						
93317	ECHO TRANSESOPHAGEAL	26	$70.00		2						
93317	ECHO TRANSESOPHAGEAL		$164.00		2						
93318	ECHO TRANSESOPHAGEAL INTRAOP	26	$69.00		2						
93320	DOPPLER ECHO EXAM HEART		$71.00		1						
93320	DOPPLER ECHO EXAM HEART	26	$18.00		1						
93321	DOPPLER ECHO EXAM HEART		$38.00		1						
93321	DOPPLER ECHO EXAM HEART	26	$7.00		1						
93325	DOPPLER COLOR FLOW ADD-ON		$88.00		1						
93325	DOPPLER COLOR FLOW ADD-ON	26	$4.00		1						
93350	STRESS TTE ONLY		$103.00		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93350	STRESS TTE ONLY	26	$57.00		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93351	STRESS TTE COMPLETE		$180.98		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93351	STRESS TTE COMPLETE	26	$58.25		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93352	ADMIN ECG CONTRAST AGENT		$25.06		1						
93355	ECHO TRANSESOPHAGEAL (TEE)		$165.18		1						
93451	RIGHT HEART CATH		$529.34		1						
93452	LEFT HRT CATH W/VENTRCLGRPHY		$586.39		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93453	R&L HRT CATH W/VENTRICLGRPHY		$767.59		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days

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93454	CORONARY ARTERY ANGIO S&I		$604.91		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93455	CORONARY ART/GRFT ANGIO S&I		$705.92		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93456	R HRT CORONARY ARTERY ANGIO		$757.24		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93457	R HRT ART/GRFT ANGIO		$858.12		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93458	L HRT ARTERY/VENTRICLE ANGIO		$729.95		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93459	L HRT ART/GRFT ANGIO		$806.36		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93460	R&L HRT ART/VENTRICLE ANGIO		$862.91		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93461	R&L HRT ART/VENTRICLE ANGIO		$988.65		1	RADIOLOGY & CARDIOLOGY LIMIT - PA REQ	Both	0	Units	0	Days
93462	L HRT CATH TRNSPTL PUNCTURE		$139.68		1						
93463	DRUG ADMIN & HEMODYNMIC MEAS		$74.45		1						
93464	EXERCISE W/HEMODYNAMIC MEAS		$174.70		1						
93503	INSERT/PLACE HEART CATHETER		$120.00		2						
93505	BIOPSY OF HEART LINING	26	$180.00		1						
93505	BIOPSY OF HEART LINING		$227.00		1						
93530	RT HEART CATH CONGENITAL	26	$181.00		1						
93530	RT HEART CATH CONGENITAL		$583.00		1						
93531	R & L HEART CATH CONGENITAL		$1,579.00		1						
93531	R & L HEART CATH CONGENITAL	26	$339.00		1						
93532	R & L HEART CATH CONGENITAL		$1,530.00		1						
93532	R & L HEART CATH CONGENITAL	26	$413.00		1						
93533	R & L HEART CATH CONGENITAL		$1,368.00		1						
93533	R & L HEART CATH CONGENITAL	26	$268.00		1						
93561	CARDIAC OUTPUT MEASUREMENT	26	$28.00		1						
93561	CARDIAC OUTPUT MEASUREMENT		$45.00		1						
93562	CARD OUTPUT MEASURE SUBSQ	26	$9.00		3						
93562	CARD OUTPUT MEASURE SUBSQ		$18.00		3						
93563	INJECT CONGENITAL CARD CATH		$39.92		1						
93564	INJECT HRT CONGNTL ART/GRFT		$40.56		1						
93565	INJECT L VENTR/ATRIAL ANGIO		$30.71		1						
93566	INJECT R VENTR/ATRIAL ANGIO		$118.44		1						
93567	INJECT SUPRVLV AORTOGRAPHY		$98.06		1						
93568	INJECT PULM ART HRT CATH		$107.12		1						
93571	HEART FLOW RESERVE MEASURE		$185.00		1						
93580	TRANSCATH CLOSURE OF ASD		$641.42		1						
93581	TRANSCATH CLOSURE OF VSD		$859.36		1						
93582	PERQ TRANSCATH CLOSURE PDA		$356.80		1						
93583	PERQ TRANSCATH SEPTAL REDUXN		$397.14		1						
93600	BUNDLE OF HIS RECORDING		$161.00		1						
93600	BUNDLE OF HIS RECORDING	26	$120.00		1						
93602	INTRA-ATRIAL RECORDING		$113.00		1						
93602	INTRA-ATRIAL RECORDING	26	$87.00		1						
93603	RIGHT VENTRICULAR RECORDING		$132.00		1						
93603	RIGHT VENTRICULAR RECORDING	26	$92.00		1						
93609	MAP TACHYCARDIA ADD-ON		$419.00		1						
93609	MAP TACHYCARDIA ADD-ON	26	$236.00		1						
93610	INTRA-ATRIAL PACING	26	$121.00		1						
93610	INTRA-ATRIAL PACING		$155.00		1						
93612	INTRAVENTRICULAR PACING	26	$121.00		1						
93612	INTRAVENTRICULAR PACING		$160.00		1						
93613	ELECTROPHYS MAP 3D ADD-ON		$276.00		1						

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93615	ESOPHAGEAL RECORDING	26	$34.00		1						
93615	ESOPHAGEAL RECORDING		$44.00		1						
93616	ESOPHAGEAL RECORDING		$87.00		1						
93616	ESOPHAGEAL RECORDING	26	$77.00		1						
93618	HEART RHYTHM PACING		$282.00		1						
93618	HEART RHYTHM PACING	26	$195.00		1						
93619	ELECTROPHYSIOLOGY EVALUATION		$591.00		1						
93619	ELECTROPHYSIOLOGY EVALUATION	26	$349.00		1						
93620	ELECTROPHYSIOLOGY EVALUATION		$721.00		1						
93620	ELECTROPHYSIOLOGY EVALUATION	26	$537.00		1						
93621	ELECTROPHYSIOLOGY EVALUATION		$76.46		1						
93621	ELECTROPHYSIOLOGY EVALUATION	26	$97.00		1						
93622	ELECTROPHYSIOLOGY EVALUATION	26	$125.00		1						
93623	STIMULATION PACING HEART		$120.00		1						
93623	STIMULATION PACING HEART	26	$121.00		1						
93624	ELECTROPHYSIOLOGIC STUDY		$231.00		1						
93624	ELECTROPHYSIOLOGIC STUDY	26	$193.00		1						
93631	HEART PACING MAPPING		$588.00		1						
93631	HEART PACING MAPPING	26	$392.00		1						
93640	EVALUATION HEART DEVICE		$347.00		1						
93640	EVALUATION HEART DEVICE	26	$198.00		1						
93641	ELECTROPHYSIOLOGY EVALUATION	26	$260.00		1						
93641	ELECTROPHYSIOLOGY EVALUATION		$431.00		1						
93642	ELECTROPHYSIOLOGY EVALUATION	26	$232.00		1						
93642	ELECTROPHYSIOLOGY EVALUATION		$385.00		1						
93644	ELECTROPHYSIOLOGY EVALUATION		$210.21		1						
93650	ABLATE HEART DYSRHYTHM FOCUS		$506.00		1						
93653	EP & ABLATE SUPRAVENT ARRHYT		$554.71		1						
93654	EP & ABLATE VENTRIC TACHY		$740.29		1						
93655	ABLATE ARRHYTHMIA ADD ON		$277.41		1						
93656	TX ATRIAL FIB PULM VEIN ISOL		$740.58		1						
93657	TX L/R ATRIAL FIB ADDL		$277.53		1						
93660	TILT TABLE EVALUATION		$137.00		1						
93660	TILT TABLE EVALUATION	26	$75.00		1						
93662	INTRACARDIAC ECG (ICE)	26	$104.00		1						
93662	INTRACARDIAC ECG (ICE)		$199.00		1						
93701	BIOIMPEDANCE CV ANALYSIS		$29.00		1						
93701	BIOIMPEDANCE CV ANALYSIS	26	$7.00		1						
93724	ANALYZE PACEMAKER SYSTEM	26	$184.00		2						
93724	ANALYZE PACEMAKER SYSTEM		$279.00		2						
93750	INTERROGATION VAD IN PERSON		$33.66		1						
93784	AMBULATORY BP MONITORING		$49.00		1						
93786	AMBULATORY BP RECORDING		$21.00		1						
93788	AMBULATORY BP ANALYSIS		$12.00		1						
93790	REVIEW/REPORT BP RECORDING		$6.00		1						
93797	CARDIAC REHAB		$14.00		1	CARDIAC REHAB SERVICE LIMIT (PHYSICIAN)	Both	36	Units	1	Calendar Years
93797	CARDIAC REHAB		$14.00		1	CARDIAC REHAB SERVICE LIMIT(OUTPATIENT)	Both	36	Units	1	Calendar Years
93798	CARDIAC REHAB/MONITOR		$18.00		1	CARDIAC REHAB SERVICE LIMIT(OUTPATIENT)	Both	36	Units	1	Calendar Years
93798	CARDIAC REHAB/MONITOR		$18.00		1	CARDIAC REHAB SERVICE LIMIT (PHYSICIAN)	Both	36	Units	1	Calendar Years
93799	CARDIOVASCULAR PROCEDURE		$179.00	Y	1						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
93880	EXTRACRANIAL BILAT STUDY	26	$27.00		1						
93880	EXTRACRANIAL BILAT STUDY		$161.00		1						
93882	EXTRACRANIAL UNI/LTD STUDY		$102.00		1						
93882	EXTRACRANIAL UNI/LTD STUDY	26	$16.00		1						
93886	INTRACRANIAL COMPLETE STUDY	26	$37.00		1						
93886	INTRACRANIAL COMPLETE STUDY		$201.00		1						
93888	INTRACRANIAL LIMITED STUDY		$128.00		1						
93888	INTRACRANIAL LIMITED STUDY	26	$24.00		1						
93890	TCD VASOREACTIVITY STUDY	26	$36.83		1						
93890	TCD VASOREACTIVITY STUDY		$147.04		1						
93892	TCD EMBOLI DETECT W/O INJ		$156.93		1						
93892	TCD EMBOLI DETECT W/O INJ	26	$42.18		1						
93893	TCD EMBOLI DETECT W/INJ	26	$42.00		1						
93893	TCD EMBOLI DETECT W/INJ		$153.97		1						
93922	UPR/L XTREMITY ART 2 LEVELS		$76.00		1						
93922	UPR/L XTREMITY ART 2 LEVELS	26	$11.00		1						
93923	UPR/LXTR ART STDY 3+ LVLS		$117.00		1						
93923	UPR/LXTR ART STDY 3+ LVLS	26	$21.00		1						
93924	LWR XTR VASC STDY BILAT	26	$23.00		1						
93924	LWR XTR VASC STDY BILAT		$137.00		1						
93925	LOWER EXTREMITY STUDY	26	$23.00		1						
93925	LOWER EXTREMITY STUDY		$190.00		1						
93926	LOWER EXTREMITY STUDY	26	$18.00		1						
93926	LOWER EXTREMITY STUDY		$116.00		1						
93930	UPPER EXTREMITY STUDY		$152.00		1						
93930	UPPER EXTREMITY STUDY	26	$21.00		1						
93931	UPPER EXTREMITY STUDY	26	$14.00		1						
93931	UPPER EXTREMITY STUDY		$99.00		1						
93965	EXTREMITY STUDY		$81.00		1						
93965	EXTREMITY STUDY	26	$16.00		1						
93970	EXTREMITY STUDY		$157.00		1						
93970	EXTREMITY STUDY	26	$26.00		1						
93971	EXTREMITY STUDY	26	$17.00		1						
93971	EXTREMITY STUDY		$107.00		1						
93975	VASCULAR STUDY		$249.00		1						
93975	VASCULAR STUDY	26	$69.00		1						
93976	VASCULAR STUDY		$148.00		1						
93976	VASCULAR STUDY	26	$45.00		1						
93978	VASCULAR STUDY		$138.00		1						
93978	VASCULAR STUDY	26	$25.00		1						
93979	VASCULAR STUDY		$97.00		1						
93979	VASCULAR STUDY	26	$17.00		1						
93980	PENILE VASCULAR STUDY		$134.00		1						
93980	PENILE VASCULAR STUDY	26	$48.00		1						
93981	PENILE VASCULAR STUDY		$98.00		1						
93981	PENILE VASCULAR STUDY	26	$18.00		1						
93982	ANEURYSM PRESSURE SENS STUDY		$22.45		1						
93990	DOPPLER FLOW TESTING		$110.00		2						
93990	DOPPLER FLOW TESTING	26	$10.00		2						
94010	BREATHING CAPACITY TEST	26	$8.00		1						

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94010	BREATHING CAPACITY TEST		$24.00		1						
94011	SPIROMETRY UP TO 2 YRS OLD		$63.72		1						
94012	SPIRMTRY W/BRNCHDIL INF-2 YR		$98.06		1						
94013	MEAS LUNG VOL THRU 2 YRS		$20.62		1						
94060	EVALUATION OF WHEEZING	26	$13.00		1						
94060	EVALUATION OF WHEEZING		$36.00		1						
94070	EVALUATION OF WHEEZING		$48.00		1						
94070	EVALUATION OF WHEEZING	26	$22.00		1						
94150	VITAL CAPACITY TEST		$12.10		2						
94200	LUNG FUNCTION TEST (MBC/MVV)		$14.00		1						
94200	LUNG FUNCTION TEST (MBC/MVV)	26	$5.00		1						
94250	EXPIRED GAS COLLECTION		$19.00		1						
94375	RESPIRATORY FLOW VOLUME LOOP	26	$12.00		1						
94375	RESPIRATORY FLOW VOLUME LOOP		$24.00		1						
94400	CO2 BREATHING RESPONSE CURVE		$27.00		1						
94450	HYPOXIA RESPONSE CURVE		$24.00		1						
94452	HAST W/REPORT	26	$10.67		1						
94452	HAST W/REPORT		$32.24		1						
94453	HAST W/OXYGEN TITRATE		$45.78		1						
94453	HAST W/OXYGEN TITRATE	26	$13.74		1						
94610	SURFACTANT ADMIN THRU TUBE		$43.00		2						
94620	PULMONARY STRESS TEST/SIMPLE	26	$28.00		1						
94620	PULMONARY STRESS TEST/SIMPLE		$82.00		1						
94621	PULM STRESS TEST/COMPLEX		$84.00		1						
94621	PULM STRESS TEST/COMPLEX	26	$52.00		1						
94640	AIRWAY INHALATION TREATMENT		$9.00		4						
94642	AEROSOL INHALATION TREATMENT		$139.00		1						
94644	CBT 1ST HOUR		$23.00		1						
94645	CBT EACH ADDL HOUR		$9.00		2						
94660	POS AIRWAY PRESSURE CPAP		$45.00		1						
94662	NEG PRESS VENTILATION CNP		$32.00		1						
94664	EVALUATE PT USE OF INHALER		$10.00		1						
94667	CHEST WALL MANIPULATION		$16.00		1						
94668	CHEST WALL MANIPULATION		$12.00		1						
94680	EXHALED AIR ANALYSIS O2		$54.00		1						
94680	EXHALED AIR ANALYSIS O2	26	$11.00		1						
94681	EXHALED AIR ANALYSIS O2/CO2	26	$9.00		1						
94681	EXHALED AIR ANALYSIS O2/CO2		$70.00		1						
94690	EXHALED AIR ANALYSIS		$52.00		1						
94690	EXHALED AIR ANALYSIS	26	$3.00		1						
94726	PULM FUNCT TST PLETHYSMOGRAP		$33.52		1						
94726	PULM FUNCT TST PLETHYSMOGRAP	26	$8.19		1						
94727	PULM FUNCTION TEST BY GAS	26	$8.19		1						
94727	PULM FUNCTION TEST BY GAS		$26.50		1						
94728	PULM FUNCT TEST OSCILLOMETRY		$26.50		1						
94728	PULM FUNCT TEST OSCILLOMETRY	26	$8.19		1						
94729	CO/MEMBANE DIFFUSE CAPACITY		$33.14		1						
94729	CO/MEMBANE DIFFUSE CAPACITY	26	$5.41		1						
94750	PULMONARY COMPLIANCE STUDY		$40.00		1						
94750	PULMONARY COMPLIANCE STUDY	26	$6.85		1						

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94770	EXHALED CARBON DIOXIDE TEST		$14.00		1						
94772	BREATH RECORDING INFANT		$67.50		1						
95004	PERCUT ALLERGY SKIN TESTS		$2.48		100						
95012	EXHALED NITRIC OXIDE MEAS		$11.00		2						
95017	PERQ & ICUT ALLG TEST VENOMS		$5.54		100						
95018	PERQ&IC ALLG TEST DRUGS/BIOL		$13.69		50						
95024	ICUT ALLERGY TEST DRUG/BUG		$4.00		50						
95027	ICUT ALLERGY TITRATE-AIRBORN		$4.00		50						
95028	ICUT ALLERGY TEST-DELAYED		$6.00		50						
95044	ALLERGY PATCH TESTS		$5.00		50						
95052	PHOTO PATCH TEST		$6.00		50						
95056	PHOTOSENSITIVITY TESTS		$5.00		1						
95060	EYE ALLERGY TESTS		$8.00		1						
95065	NOSE ALLERGY TEST		$6.00		1						
95070	BRONCHIAL ALLERGY TESTS		$53.00		1						
95071	BRONCHIAL ALLERGY TESTS		$67.00		1						
95076	INGEST CHALLENGE INI 120 MIN		$75.81		1						
95079	INGEST CHALLENGE ADDL 60 MIN		$54.13		1						
95115	IMMUNOTHERAPY ONE INJECTION		$9.28		1						
95117	IMMUNOTHERAPY INJECTIONS		$11.78		1						
95120	IMMUNOTHERAPY ONE INJECTION		$15.00		1						
95125	IMMUNOTHERAPY 2/> INJECTIONS		$15.00		1						
95130	IMMNTX 1 STING INSECT		$18.00		1						
95131	IMMNTX 2 STING INSECTS		$34.00		1						
95132	IMMNTX 3 STING INSECTS		$42.00		1						
95133	IMMNTX 4 STING INSECTS		$43.00		1						
95134	IMMNTX 5 STING INSECTS		$44.00		1						
95144	ANTIGEN THERAPY SERVICES		$7.32		6						
95145	ANTIGEN THERAPY SERVICES		$11.66		5						
95146	ANTIGEN THERAPY SERVICES		$15.18		1						
95147	ANTIGEN THERAPY SERVICES		$20.31		1						
95148	ANTIGEN THERAPY SERVICES		$19.28		1						
95149	ANTIGEN THERAPY SERVICES		$24.57		1						
95165	ANTIGEN THERAPY SERVICES		$6.20		20						
95170	ANTIGEN THERAPY SERVICES		$7.55		20						
95180	RAPID DESENSITIZATION		$100.53		24						
95782	POLYSOM <6 YRS 4/> PARAMTRS		$693.36		1						
95782	POLYSOM <6 YRS 4/> PARAMTRS	26	$91.08		1						
95783	POLYSOM <6 YRS CPAP/BILVL		$740.04		1						
95783	POLYSOM <6 YRS CPAP/BILVL	26	$99.42		1						
95803	ACTIGRAPHY TESTING		$87.00		1						
95803	ACTIGRAPHY TESTING	26	$37.00		1						
95805	MULTIPLE SLEEP LATENCY TEST		$484.00		1						
95805	MULTIPLE SLEEP LATENCY TEST	26	$71.00		1						
95807	SLEEP STUDY ATTENDED		$226.00		1						
95807	SLEEP STUDY ATTENDED	26	$62.00		1						
95808	POLYSOM ANY AGE 1-3> PARAM		$283.00		1						
95808	POLYSOM ANY AGE 1-3> PARAM	26	$113.00		1						
95810	POLYSOM 6/> YRS 4/> PARAM		$539.00		1						
95810	POLYSOM 6/> YRS 4/> PARAM	26	$134.00		1						

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95811	POLYSOM 6/>YRS CPAP 4/> PARM		$589.00		1						
95811	POLYSOM 6/>YRS CPAP 4/> PARM	26	$143.00		1						
95812	EEG 41-60 MINUTES		$133.00		1						
95812	EEG 41-60 MINUTES	26	$43.00		1						
95813	EEG OVER 1 HOUR		$176.00		1						
95813	EEG OVER 1 HOUR	26	$68.00		1						
95816	EEG AWAKE AND DROWSY		$125.00		1						
95816	EEG AWAKE AND DROWSY	26	$43.00		1						
95819	EEG AWAKE AND ASLEEP		$107.00		1						
95819	EEG AWAKE AND ASLEEP	26	$43.00		1						
95822	EEG COMA OR SLEEP ONLY		$147.00		1						
95822	EEG COMA OR SLEEP ONLY	26	$43.00		1						
95824	EEG CEREBRAL DEATH ONLY		$46.00		1						
95824	EEG CEREBRAL DEATH ONLY	26	$30.00		1						
95827	EEG ALL NIGHT RECORDING		$98.00		1						
95827	EEG ALL NIGHT RECORDING	26	$43.00		1						
95829	SURGERY ELECTROCORTICOGRAM		$243.00		1						
95829	SURGERY ELECTROCORTICOGRAM	26	$193.00		1						
95830	INSERT ELECTRODES FOR EEG		$86.00		1						
95831	LIMB MUSCLE TESTING MANUAL		$19.00		1	PHYSICAL THERAPY 12-PER YEAR	Both	12	Units	1	Calendar Years
95832	HAND MUSCLE TESTING MANUAL		$19.00		1	PHYSICAL THERAPY 12-PER YEAR	Both	12	Units	1	Calendar Years
95833	BODY MUSCLE TESTING MANUAL		$28.00		1	PHYSICAL THERAPY 12-PER YEAR	Both	12	Units	1	Calendar Years
95834	BODY MUSCLE TESTING MANUAL		$37.00		1	PHYSICAL THERAPY 12-PER YEAR	Both	12	Units	1	Calendar Years
95851	RANGE OF MOTION MEASUREMENTS		$14.00		10	PHYSICAL THERAPY-10 PER YEAR	Both	10	Units	1	Calendar Years
95852	RANGE OF MOTION MEASUREMENTS		$11.00		1						
95860	MUSCLE TEST ONE LIMB		$63.00		1						
95860	MUSCLE TEST ONE LIMB	26	$41.00		1						
95861	MUSCLE TEST 2 LIMBS		$81.00		1						
95861	MUSCLE TEST 2 LIMBS	26	$63.00		1						
95863	MUSCLE TEST 3 LIMBS		$107.00		1						
95863	MUSCLE TEST 3 LIMBS	26	$75.00		1						
95864	MUSCLE TEST 4 LIMBS	26	$92.00		1						
95864	MUSCLE TEST 4 LIMBS		$126.00		1						
95865	MUSCLE TEST LARYNX		$72.92		1						
95865	MUSCLE TEST LARYNX	26	$57.78		1						
95866	MUSCLE TEST HEMIDIAPHRAGM		$49.84		2						
95866	MUSCLE TEST HEMIDIAPHRAGM	26	$44.98		2						
95867	MUSCLE TEST CRAN NERV UNILAT		$47.00		1						
95867	MUSCLE TEST CRAN NERV UNILAT	26	$32.00		1						
95868	MUSCLE TEST CRAN NERVE BILAT		$71.00		1						
95868	MUSCLE TEST CRAN NERVE BILAT	26	$57.00		1						
95869	MUSCLE TEST THOR PARASPINAL		$24.00		1						
95869	MUSCLE TEST THOR PARASPINAL	26	$18.00		1						
95870	MUSCLE TEST NONPARASPINAL		$21.00		1						
95870	MUSCLE TEST NONPARASPINAL	26	$16.00		1						
95872	MUSCLE TEST ONE FIBER		$69.00		1						
95872	MUSCLE TEST ONE FIBER	26	$54.00		1						
95873	GUIDE NERV DESTR ELEC STIM		$17.84		1						
95874	GUIDE NERV DESTR NEEDLE EMG		$18.06		1						
95874	GUIDE NERV DESTR NEEDLE EMG	26	$13.39		1						

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95875	LIMB EXERCISE TEST		$54.00		2						
95885	MUSC TST DONE W/NERV TST LIM		$35.13		4						
95885	MUSC TST DONE W/NERV TST LIM	26	$11.80		4						
95886	MUSC TEST DONE W/N TEST COMP		$56.04		4						
95886	MUSC TEST DONE W/N TEST COMP	26	$31.46		4						
95887	MUSC TST DONE W/N TST NONEXT		$49.74		1						
95887	MUSC TST DONE W/N TST NONEXT	26	$24.73		1						
95905	MOTOR &/ SENS NRVE CNDJ TEST		$45.44		1	EMG PROCEDURE LIMIT TO 4 PER CAL YR	Both	4	Units	1	Calendar Years
95905	MOTOR &/ SENS NRVE CNDJ TEST	26	$1.79		1	EMG PROCEDURE LIMIT TO 4 PER CAL YR	Both	4	Units	1	Calendar Years
95907	NVR CNDJ TST 1-2 STUDIES		$64.77		1						
95907	NVR CNDJ TST 1-2 STUDIES	26	$36.85		1						
95908	NRV CNDJ TST 3-4 STUDIES		$80.01		1						
95908	NRV CNDJ TST 3-4 STUDIES	26	$46.26		1						
95909	NRV CNDJ TST 5-6 STUDIES		$95.82		1						
95909	NRV CNDJ TST 5-6 STUDIES	26	$55.33		1						
95910	NRV CNDJ TEST 7-8 STUDIES		$126.19		1						
95910	NRV CNDJ TEST 7-8 STUDIES	26	$73.94		1						
95911	NRV CNDJ TEST 9-10 STUDIES		$152.98		1						
95911	NRV CNDJ TEST 9-10 STUDIES	26	$92.42		1						
95912	NRV CNDJ TEST 11-12 STUDIES		$179.32		1						
95912	NRV CNDJ TEST 11-12 STUDIES	26	$110.79		1						
95913	NRV CNDJ TEST 13/> STUDIES		$208.08		1						
95913	NRV CNDJ TEST 13/> STUDIES	26	$131.48		1						
95921	AUTONOMIC NRV PARASYM INERVJ		$44.00		1						
95921	AUTONOMIC NRV PARASYM INERVJ	26	$34.00		1						
95922	AUTONOMIC NRV ADRENRG INERVJ		$48.00		1						
95922	AUTONOMIC NRV ADRENRG INERVJ	26	$33.00		1						
95923	AUTONOMIC NRV SYST FUNJ TEST		$74.00		1						
95923	AUTONOMIC NRV SYST FUNJ TEST	26	$36.00		1						
95924	ANS PARASYMP & SYMP W/TILT	26	$61.69		3						
95924	ANS PARASYMP & SYMP W/TILT		$101.69		3						
95925	SOMATOSENSORY TESTING		$54.00		1						
95925	SOMATOSENSORY TESTING	26	$24.00		1						
95926	SOMATOSENSORY TESTING		$46.00		1						
95926	SOMATOSENSORY TESTING	26	$26.00		1						
95927	SOMATOSENSORY TESTING		$47.00		1						
95927	SOMATOSENSORY TESTING	26	$25.00		1						
95928	C MOTOR EVOKED UPPR LIMBS		$110.33		1						
95928	C MOTOR EVOKED UPPR LIMBS	26	$55.78		1						
95929	C MOTOR EVOKED LWR LIMBS		$115.00		1						
95929	C MOTOR EVOKED LWR LIMBS	26	$56.00		1						
95930	VISUAL EVOKED POTENTIAL TEST		$65.00		1						
95930	VISUAL EVOKED POTENTIAL TEST	26	$17.00		1						
95933	BLINK REFLEX TEST		$44.00		1						
95937	NEUROMUSCULAR JUNCTION TEST		$35.00		3						
95937	NEUROMUSCULAR JUNCTION TEST	26	$27.00		3						
95938	SOMATOSENSORY TESTING	26	$28.88		1						
95938	SOMATOSENSORY TESTING		$183.61		1						
95939	C MOTOR EVOKED UPR&LWR LIMBS		$289.60		1						
95939	C MOTOR EVOKED UPR&LWR LIMBS	26	$75.97		1						

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95940	IONM IN OPERATNG ROOM 15 MIN		$22.62		3						
95943	PARASYMP&SYMP HRT RATE TEST		$127.53		1						
95950	AMBULATORY EEG MONITORING		$180.00		1						
95950	AMBULATORY EEG MONITORING	26	$61.00		1						
95951	EEG MONITORING/VIDEORECORD		$1,162.00		1						
95951	EEG MONITORING/VIDEORECORD	26	$239.00		1						
95953	EEG MONITORING/COMPUTER		$286.00		1						
95953	EEG MONITORING/COMPUTER	26	$123.00		1						
95954	EEG MONITORING/GIVING DRUGS		$177.00		1						
95955	EEG DURING SURGERY		$100.00		1						
95955	EEG DURING SURGERY	26	$43.00		1						
95956	EEG MONITOR TECHNOL ATTENDED		$451.00		1						
95956	EEG MONITOR TECHNOL ATTENDED	26	$112.00		1						
95957	EEG DIGITAL ANALYSIS		$123.00		1						
95957	EEG DIGITAL ANALYSIS	26	$79.00		1						
95958	EEG MONITORING/FUNCTION TEST		$210.00		1						
95958	EEG MONITORING/FUNCTION TEST	26	$168.00		1						
95961	ELECTRODE STIMULATION BRAIN		$140.00		1						
95962	ELECTRODE STIM BRAIN ADD-ON		$147.00		1						
95970	ANALYZE NEUROSTIM NO PROG		$34.00		1						
95971	ANALYZE NEUROSTIM SIMPLE		$40.00		1						
95972	ANALYZE NEUROSTIM COMPLEX		$75.00		1						
95974	CRANIAL NEUROSTIM COMPLEX		$130.00		1						
95975	CRANIAL NEUROSTIM COMPLEX		$58.00		2						
95978	ANALYZE NEUROSTIM BRAIN/1H		$140.37		1						
95979	ANALYZ NEUROSTIM BRAIN ADDON		$64.90		2						
95980	IO ANAL GAST N-STIM INIT		$22.48		1						
95981	IO ANAL GAST N-STIM SUBSQ		$15.30		1						
95982	IO GA N-STIM SUBSQ W/REPROG		$23.61		1						
95990	SPIN/BRAIN PUMP REFIL & MAIN		$38.00		2						
95991	SPIN/BRAIN PUMP REFIL & MAIN		$59.00		2						
95999	NEUROLOGICAL PROCEDURE		$200.00	Y	1						
96101	PSYCHO TESTING BY PSYCH/PHYS		$61.98		5						
96102	PSYCHO TESTING BY TECHNICIAN		$26.99		5						
96103	PSYCHO TESTING ADMIN BY COMP		$17.79		1						
96105	ASSESSMENT OF APHASIA		$47.00		1						
96110	DEVELOPMENTAL SCREEN W/SCORE		$10.00		5						
96111	DEVELOPMENTAL TEST EXTEND		$103.00		3						
96116	NEUROBEHAVIORAL STATUS EXAM		$68.31		5						
96118	NEUROPSYCH TST BY PSYCH/PHYS		$80.31		5						
96119	NEUROPSYCH TESTING BY TEC		$39.21		5						
96120	NEUROPSYCH TST ADMIN W/COMP		$29.15		1						
96125	COGNITIVE TEST BY HC PRO		$52.88		1						
96127	BRIEF EMOTIONAL/BEHAV ASSMT		$3.27		2						
96401	CHEMO ANTI-NEOPL SQ/IM		$33.00		1						
96402	CHEMO HORMON ANTINEOPL SQ/IM		$23.00		2						
96405	CHEMO INTRALESIONAL UP TO 7		$67.00		1						
96406	CHEMO INTRALESIONAL OVER 7		$90.00		1						
96409	CHEMO IV PUSH SNGL DRUG		$76.00		2						
96411	CHEMO IV PUSH ADDL DRUG		$44.00		5						

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
96413	CHEMO IV INFUSION 1 HR		$108.00		2						
96415	CHEMO IV INFUSION ADDL HR		$25.00		8						
96416	CHEMO PROLONG INFUSE W/PUMP		$115.00		1						
96417	CHEMO IV INFUS EACH ADDL SEQ		$53.00		5						
96420	CHEMO IA PUSH TECNIQUE		$68.00		2						
96422	CHEMO IA INFUSION UP TO 1 HR		$120.00		2						
96423	CHEMO IA INFUSE EACH ADDL HR		$49.00		8						
96425	CHEMOTHERAPY INFUSION METHOD		$111.00		1						
96440	CHEMOTHERAPY INTRACAVITARY		$247.00		1						
96446	CHEMOTX ADMN PRTL CAVITY		$123.00		1						
96450	CHEMOTHERAPY INTO CNS		$210.00		1						
96521	REFILL/MAINT PORTABLE PUMP		$95.00		2						
96522	REFILL/MAINT PUMP/RESVR SYST		$69.00		1						
96523	IRRIG DRUG DELIVERY DEVICE		$17.00		1						
96542	CHEMOTHERAPY INJECTION		$135.00		1						
96567	PHOTODYNAMIC TX SKIN		$29.00		1						
96570	PHOTODYNMC TX 30 MIN ADD-ON		$50.00		1						
96571	PHOTODYNAMIC TX ADDL 15 MIN		$27.00		3						
96900	ULTRAVIOLET LIGHT THERAPY		$10.00		1						
96910	PHOTOCHEMOTHERAPY WITH UV-B		$25.00		1						
96920	LASER TX SKIN < 250 SQ CM		$95.00		1						
96921	LASER TX SKIN 250-500 SQ CM		$98.00		1						
96922	LASER TX SKIN >500 SQ CM		$135.96		1						
97597	RMVL DEVITAL TIS 20 CM/<		$34.00		1						
97598	RMVL DEVITAL TIS ADDL 20CM/<		$43.00		8						
97602	WOUND(S) CARE NON-SELECTIVE		$25.00		1						
99070	SPECIAL SUPPLIES PHYS/QHP		$8.10		999						
99082	UNUSUAL PHYSICIAN TRAVEL		$25.56		1						
99170	ANOGENITAL EXAM CHILD W IMAG		$94.00		1						
99175	INDUCTION OF VOMITING		$36.00		1						
99183	HYPERBARIC OXYGEN THERAPY		$149.00		1	HBO-AIR OR GAS LIMIT	Both	5	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		$149.00		1	HBO-OSTEOMYELITIS LIMIT	Both	40	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		$149.00		1	HBO-HEAL WOUND LIMIT	Both	30	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		$149.00		1	HBO-SKIN GRAFTS AND FLAPS LIMIT	Both	40	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		$149.00		1	HBO-GAS GANGRENE LIMIT	Both	10	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		$149.00		1	HBO-CARBON MONOXIDE POISON & SMOKE INHALATION LIMI	Both	5	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		$149.00		1	HBO-DECOMPRESSION SICKNESS LIMIT	Both	10	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		$149.00		1	HBO-CRUSH INJURY LIMIT	Both	15	Units	1	Calendar Years
99183	HYPERBARIC OXYGEN THERAPY		$149.00		1	HBO-RADIATION TISSUE DAMAGE LIMIT	Both	60	Units	1	Calendar Years
99190	SPECIAL PUMP SERVICES		$56.67		1						
99191	SPECIAL PUMP SERVICES		$42.50		1						
99192	SPECIAL PUMP SERVICES		$28.33		1						
99195	PHLEBOTOMY		$11.00		2						
99201	OFFICE/OUTPATIENT VISIT NEW		$30.00		1	NEW PATIENT LIMIT	Both	1	Units	3	Calendar Years
99201	OFFICE/OUTPATIENT VISIT NEW		$30.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99201	OFFICE/OUTPATIENT VISIT NEW		$30.00		1	PRENATAL OFFICE VISIT LIMIT	Same	3	Units	9	Months
99201	OFFICE/OUTPATIENT VISIT NEW		$30.00		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Same	3	Units	9	Months
99201	OFFICE/OUTPATIENT VISIT NEW		$30.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99202	OFFICE/OUTPATIENT VISIT NEW		$53.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99202	OFFICE/OUTPATIENT VISIT NEW		$53.00		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Same	3	Units	9	Months

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
99202	OFFICE/OUTPATIENT VISIT NEW		$53.00		1	NEW PATIENT LIMIT	Both	1	Units	3	Calendar Years
99202	OFFICE/OUTPATIENT VISIT NEW		$53.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99202	OFFICE/OUTPATIENT VISIT NEW		$53.00		1	PRENATAL OFFICE VISIT LIMIT	Same	3	Units	9	Months
99203	OFFICE/OUTPATIENT VISIT NEW		$78.00		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Same	3	Units	9	Months
99203	OFFICE/OUTPATIENT VISIT NEW		$78.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99203	OFFICE/OUTPATIENT VISIT NEW		$78.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99203	OFFICE/OUTPATIENT VISIT NEW		$78.00		1	PRENATAL OFFICE VISIT LIMIT	Same	3	Units	9	Months
99203	OFFICE/OUTPATIENT VISIT NEW		$78.00		1	NEW PATIENT LIMIT	Both	1	Units	3	Calendar Years
99204	OFFICE/OUTPATIENT VISIT NEW		$111.00		1	NEW PATIENT LIMIT	Both	1	Units	3	Calendar Years
99204	OFFICE/OUTPATIENT VISIT NEW		$111.00		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Same	3	Units	9	Months
99204	OFFICE/OUTPATIENT VISIT NEW		$111.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99204	OFFICE/OUTPATIENT VISIT NEW		$111.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99204	OFFICE/OUTPATIENT VISIT NEW		$111.00		1	PRENATAL OFFICE VISIT LIMIT	Same	3	Units	9	Months
99205	OFFICE/OUTPATIENT VISIT NEW		$142.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99205	OFFICE/OUTPATIENT VISIT NEW		$142.00		1	PRENATAL OFFICE VISIT LIMIT	Same	3	Units	9	Months
99205	OFFICE/OUTPATIENT VISIT NEW		$142.00		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Same	3	Units	9	Months
99205	OFFICE/OUTPATIENT VISIT NEW		$142.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99205	OFFICE/OUTPATIENT VISIT NEW		$142.00		1	NEW PATIENT LIMIT	Both	1	Units	3	Calendar Years
99211	OFFICE/OUTPATIENT VISIT EST		$17.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99211	OFFICE/OUTPATIENT VISIT EST		$17.00		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Same	3	Units	9	Months
99211	OFFICE/OUTPATIENT VISIT EST		$17.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99211	OFFICE/OUTPATIENT VISIT EST		$17.00		1	PRENATAL OFFICE VISIT LIMIT	Same	3	Units	9	Months
99212	OFFICE/OUTPATIENT VISIT EST		$31.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99212	OFFICE/OUTPATIENT VISIT EST		$31.00		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Same	3	Units	9	Months
99212	OFFICE/OUTPATIENT VISIT EST		$31.00		1	PRENATAL OFFICE VISIT LIMIT	Same	3	Units	9	Months
99212	OFFICE/OUTPATIENT VISIT EST		$31.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99213	OFFICE/OUTPATIENT VISIT EST		$42.00		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Same	3	Units	9	Months
99213	OFFICE/OUTPATIENT VISIT EST		$42.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99213	OFFICE/OUTPATIENT VISIT EST		$42.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99213	OFFICE/OUTPATIENT VISIT EST		$42.00		1	PRENATAL OFFICE VISIT LIMIT	Same	3	Units	9	Months
99214	OFFICE/OUTPATIENT VISIT EST		$67.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99214	OFFICE/OUTPATIENT VISIT EST		$67.00		1	PRENATAL OFFICE VISIT LIMIT	Same	3	Units	9	Months
99214	OFFICE/OUTPATIENT VISIT EST		$67.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99214	OFFICE/OUTPATIENT VISIT EST		$67.00		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Same	3	Units	9	Months
99215	OFFICE/OUTPATIENT VISIT EST		$98.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99215	OFFICE/OUTPATIENT VISIT EST		$98.00		1	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	Same	3	Units	9	Months
99215	OFFICE/OUTPATIENT VISIT EST		$98.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99215	OFFICE/OUTPATIENT VISIT EST		$98.00		1	PRENATAL OFFICE VISIT LIMIT	Same	3	Units	9	Months
99217	OBSERVATION CARE DISCHARGE		$51.00		1						
99218	INITIAL OBSERVATION CARE		$48.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99219	INITIAL OBSERVATION CARE		$81.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99220	INITIAL OBSERVATION CARE		$113.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99221	INITIAL HOSPITAL CARE		$49.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99222	INITIAL HOSPITAL CARE		$81.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99223	INITIAL HOSPITAL CARE		$113.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99224	SUBSEQUENT OBSERVATION CARE		$19.93		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99225	SUBSEQUENT OBSERVATION CARE		$35.48		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99226	SUBSEQUENT OBSERVATION CARE		$53.06		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99231	SUBSEQUENT HOSPITAL CARE		$24.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99232	SUBSEQUENT HOSPITAL CARE		$40.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days

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99233	SUBSEQUENT HOSPITAL CARE		$57.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99234	OBSERV/HOSP SAME DATE		$97.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99235	OBSERV/HOSP SAME DATE		$128.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99236	OBSERV/HOSP SAME DATE		$160.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99238	HOSPITAL DISCHARGE DAY		$51.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99239	HOSPITAL DISCHARGE DAY		$69.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99241	OFFICE CONSULTATION		$41.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99241	OFFICE CONSULTATION		$41.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99242	OFFICE CONSULTATION		$64.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99242	OFFICE CONSULTATION		$64.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99243	OFFICE CONSULTATION		$86.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99243	OFFICE CONSULTATION		$86.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99244	OFFICE CONSULTATION		$121.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99244	OFFICE CONSULTATION		$121.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99245	OFFICE CONSULTATION		$157.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99245	OFFICE CONSULTATION		$157.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99251	INPATIENT CONSULTATION		$31.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99252	INPATIENT CONSULTATION		$60.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99253	INPATIENT CONSULTATION		$74.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99254	INPATIENT CONSULTATION		$102.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99255	INPATIENT CONSULTATION		$140.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99281	EMERGENCY DEPT VISIT		$13.00		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99281	EMERGENCY DEPT VISIT		$13.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99281	EMERGENCY DEPT VISIT		$13.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99282	EMERGENCY DEPT VISIT		$21.00		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99282	EMERGENCY DEPT VISIT		$21.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99282	EMERGENCY DEPT VISIT		$21.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99283	EMERGENCY DEPT VISIT		$42.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99283	EMERGENCY DEPT VISIT		$42.00		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99283	EMERGENCY DEPT VISIT		$42.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99284	EMERGENCY DEPT VISIT		$66.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99284	EMERGENCY DEPT VISIT		$66.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99284	EMERGENCY DEPT VISIT		$66.00		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99285	EMERGENCY DEPT VISIT		$104.00		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99285	EMERGENCY DEPT VISIT		$104.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99285	EMERGENCY DEPT VISIT		$104.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99291	CRITICAL CARE FIRST HOUR		$126.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99291	CRITICAL CARE FIRST HOUR		$126.00		1	INITIAL CRITICAL CARE(99291) LIMITED TO ONE PER DA	Same	1	Units	1	Days
99291	CRITICAL CARE FIRST HOUR		$126.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99291	CRITICAL CARE FIRST HOUR		$126.00		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99292	CRITICAL CARE ADDL 30 MIN		$63.00		6						
99305	NURSING FACILITY CARE INIT		$55.60		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99305	NURSING FACILITY CARE INIT		$55.60		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99306	NURSING FACILITY CARE INIT		$68.68		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99306	NURSING FACILITY CARE INIT		$68.68		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99307	NURSING FAC CARE SUBSEQ		$21.55		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99307	NURSING FAC CARE SUBSEQ		$21.55		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99308	NURSING FAC CARE SUBSEQ		$35.73		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99308	NURSING FAC CARE SUBSEQ		$35.73		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99309	NURSING FAC CARE SUBSEQ		$50.39		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days

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99309	NURSING FAC CARE SUBSEQ		$50.39		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99310	NURSING FAC CARE SUBSEQ		$63.06		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99310	NURSING FAC CARE SUBSEQ		$63.06		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99315	NURSING FAC DISCHARGE DAY		$44.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99315	NURSING FAC DISCHARGE DAY		$44.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99316	NURSING FAC DISCHARGE DAY		$59.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99316	NURSING FAC DISCHARGE DAY		$59.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99318	ANNUAL NURSING FAC ASSESSMNT		$41.84		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99324	DOMICIL/R-HOME VISIT NEW PAT		$37.03		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99325	DOMICIL/R-HOME VISIT NEW PAT		$54.40		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99326	DOMICIL/R-HOME VISIT NEW PAT		$79.10		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99327	DOMICIL/R-HOME VISIT NEW PAT		$104.27		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99328	DOMICIL/R-HOME VISIT NEW PAT		$129.19		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99334	DOMICIL/R-HOME VISIT EST PAT		$28.58		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99335	DOMICIL/R-HOME VISIT EST PAT		$45.48		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99336	DOMICIL/R-HOME VISIT EST PAT		$70.43		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99337	DOMICIL/R-HOME VISIT EST PAT		$103.85		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99341	HOME VISIT NEW PATIENT		$47.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99342	HOME VISIT NEW PATIENT		$61.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99343	HOME VISIT NEW PATIENT		$90.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99344	HOME VISIT NEW PATIENT		$118.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99345	HOME VISIT NEW PATIENT		$146.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99347	HOME VISIT EST PATIENT		$32.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99348	HOME VISIT EST PATIENT		$51.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99349	HOME VISIT EST PATIENT		$80.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99350	HOME VISIT EST PATIENT		$118.00		1	PHYSICIAN BENEFIT LIMIT	Both	14	Units	1	Calendar Years
99354	PROLONG E&M/PSYCTX SERV O/P		$71.00		1						
99355	PROLONG E&M/PSYCTX SERV O/P		$70.00		1						
99355	PROLONG E&M/PSYCTX SERV O/P	26	$28.24		1						
99356	PROLONGED SERVICE INPATIENT		$65.00		1						
99357	PROLONGED SERVICE INPATIENT		$66.00		1						
99360	PHYSICIAN STANDBY SERVICES		$81.00		1	STANDBY CARE FREQUENCY LIMIT	Both	1	Units	6	Months
99374	HOME HEALTH CARE SUPERVISION		$26.00		1						
99377	HOSPICE CARE SUPERVISION		$50.00		1						
99401	PREVENTIVE COUNSELING INDIV		$13.00		1	HIV COUNSELING YEARLY LIMIT	Both	2	Units	1	Calendar Years
99402	PREVENTIVE COUNSELING INDIV		$13.00		1	HIV COUNSELING YEARLY LIMIT	Both	2	Units	1	Calendar Years
99406	BEHAV CHNG SMOKING 3-10 MIN		$8.60		1	TOBACCO CESSATION COUNSELING LIMIT 4 PER 12 MONTHS	Both	4	Units	12	Months
99406	BEHAV CHNG SMOKING 3-10 MIN		$8.60		1	TOBACCO CESSATION COUNSELING LIMIT 1 PER DAY	Both	1	Units	1	Days
99407	BEHAV CHNG SMOKING > 10 MIN		$17.12		1	TOBACCO CESSATION COUNSELING LIMIT 1 PER DAY	Both	1	Units	1	Days
99407	BEHAV CHNG SMOKING > 10 MIN		$17.12		1	TOBACCO CESSATION COUNSELING LIMIT 4 PER 12 MONTHS	Both	4	Units	12	Months
99460	INIT NB EM PER DAY HOSP		$50.00		1	NEWBORN LIMIT	Both	1	Units	999	Months
99460	INIT NB EM PER DAY HOSP		$50.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99460	INIT NB EM PER DAY HOSP		$50.00		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99461	INIT NB EM PER DAY NON-FAC		$60.00		1	NEWBORN LIMIT	Both	1	Units	999	Months
99461	INIT NB EM PER DAY NON-FAC		$60.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99461	INIT NB EM PER DAY NON-FAC		$60.00		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99462	SBSQ NB EM PER DAY HOSP		$28.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99463	SAME DAY NB DISCHARGE		$68.00		1	NEWBORN LIMIT	Both	1	Units	999	Months
99463	SAME DAY NB DISCHARGE		$68.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99463	SAME DAY NB DISCHARGE		$68.00		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
99464	ATTENDANCE AT DELIVERY		$66.00		1	STANDBY CARE FREQUENCY LIMIT	Both	1	Units	6	Months
99465	NB RESUSCITATION		$123.00		1						
99466	PED CRIT CARE TRANSPORT		$154.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99467	PED CRIT CARE TRANSPORT ADDL		$77.00		1						
99468	NEONATE CRIT CARE INITIAL		$225.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99468	NEONATE CRIT CARE INITIAL		$225.00		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99469	NEONATE CRIT CARE SUBSQ		$132.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99471	PED CRITICAL CARE INITIAL		$196.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99471	PED CRITICAL CARE INITIAL		$196.00		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99472	PED CRITICAL CARE SUBSQ		$131.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99475	PED CRIT CARE AGE 2-5 INIT		$196.00		1	ER AND CRITICAL CARE CODES ONE LINE RESTRICTION	Both	1	Units	1	Days
99475	PED CRIT CARE AGE 2-5 INIT		$196.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99476	PED CRIT CARE AGE 2-5 SUBSQ		$131.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99477	INIT DAY HOSP NEONATE CARE		$113.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99478	IC LBW INF < 1500 GM SUBSQ		$57.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99479	IC LBW INF 1500-2500 G SUBSQ		$40.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99480	IC INF PBW 2501-5000 G SUBSQ		$24.00		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99485	SUPRV INTERFACILTY TRANSPORT		$52.81		1	PHYSICIAN VISIT ONE PER DAY	Both	1	Units Per Day	1	Days
99486	SUPRV INTERFAC TRNSPORT ADDL		$45.93		1						