Medical Aid Rules and Fee Schedules

July 1, 2001

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State of Washington
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Highlights of Changes

This fee schedule is effective for services provided on or after July 1, 2001. These highlights are intended for general reference; they are not a comprehensive list of all the changes in this fee schedule. Check CPT, HCPCS and individual fee schedule sections for new, deleted or revised codes and descriptions as well as any revised coverage policies.

Washington Administrative Code (WAC) and Payment Changes

- Cost of living adjustments were applied to RBRVS and anesthesia services and to most local codes.
- WAC 296-20-135 increased the RBRVS conversion factor from $47.07 to $49.60 and increased the anesthesia conversion factor from $2.60 per minute ($39.00 per 15 minutes) to $2.70 per minute ($40.50 per 15 minutes).
- WACs 296-23-220 and 296-23-230 increased the maximum daily cap for physical and occupational therapy services to $99.00.

Policy Additions, Changes and Clarifications

Overview Section:

- The department is now accepting CPT Category II and III codes.

Washington RBRVS Payment Policies Section:

- Changes in bundled and non-covered services and supplies are listed in appendices B, C and E.

Anesthesia Fee Schedule Section:

- CPT has introduced anesthesia add-on code 01953 to be used in conjunction with 01952. See special billing instructions.

Specialty and Administrative Services Section:

- Vocational Services (new section)
- Local codes for casting have been end dated; providers should use HCPCS codes Q4001-Q4051.
- Naturopathic physicians should now use CPT codes 99361-99373 to bill for case management services.
- The department will use HCPCS codes for its contracted TENS program instead of local codes. Self-Insurers should accept HCPCS codes for TENS rentals, purchases and supplies.
- Many home health services must now be billed with HCPCS codes instead of local codes. Please note any changes to the descriptions and units of time that need to be billed.

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Washington Administrative Code
Chapter 296-20

General Rules

This WAC has been formatted for publication and minor spelling errors have been corrected.

WAC 296-20-010 General information

(1) The following rules are promulgated pursuant to RCW 51.04.020 and 51.04.030. The department or self-insurer may purchase necessary physician and other provider services according to the fee schedules. The fee schedules shall be established in consultation with interested persons and updated at times determined by the department in consultation with those interested persons. Prior to the establishment or amendment of the fee schedules, the department will give at least thirty calendar days notice by mail to interested persons who have made timely request for advance notice of the establishment or amendment of the fee schedules. To request advance notice of the establishment or amendment of the fee schedules, interested persons must contact the department at the following address:

Department of Labor and Industries
Health Services Analysis
Interested Person's Mailing List for the Fee Schedules
P.O. Box 44322
Olympia, WA 98504-4322

The department or self-insurer will require the current version of the federal Health Care Financing Administration's Common Procedure Coding System (HCPCS) Level I (or CPT) and II codes on January 1, of each new year. CPT refers to the American Medical Association's Physicians' Current Procedural Terminology codes.

The department and self-insurer will allow a "grace period" in which codes deleted each year may be submitted for payment. This grace period will start on January 1 of each year and the length of time will be determined by department policy.

The adoption of these codes on an annual basis is designed to reduce the administrative burden on providers and lead to more accurate reporting of services. However, the inclusion of a service, product or supply within these new codes does not necessarily imply coverage, reimbursement or endorsement, by the department or self-insurer. The department will make coverage and reimbursement decisions for these new codes on an individual basis.

If there are any services, procedures or narrative text contained in the new HCPCS Level I and II codes that conflict with the medical aid rules or fee schedules, the department's rules and policies take precedence.

Copies of the HCPCS Level I and II codes are available for public inspection. These documents are available in each of the department's service locations.

Copies of the HCPCS Level II codes may be purchased from:

The Superintendent of Documents
United States Government Printing Office
Washington, DC 20402
(202) 783-3238

Copies of the Level I (or CPT) codes may be purchased from:

The American Medical Association
Chicago, Illinois 60601
(800) 621-8335

In addition to the sources listed above, both the Level I and II codes may be purchased from a variety of private sources.

(2) The fee schedules are intended to cover all services for accepted industrial insurance claims. All fees listed are the maximum fees allowable. Practitioners shall bill their usual and customary fee for services. **If a usual and customary fee for any particular service is lower to the general public than listed in the fee schedules, the practitioner shall bill the department or self-insurer at the lower rate**. The department or self-insurer will pay the lesser of the billed charge or the fee schedules' maximum allowable.

(3) The rules contained in the introductory section pertain to all practitioners regardless of specialty area or limitation of practice. Additional rules pertaining to specialty areas will be found in the appropriate section of the medical aid rules.

(4) The methodology for making conversion factor cost of living adjustments is listed in WAC 296-20-132. The conversion factors are listed in WAC 296-20-135.

(5) No fee is payable for missed appointments unless the appointment is for an examination arranged by the department or self-insurer.

(6) When a claim has been accepted by the department or self-insurer, no provider or his/her representative may bill the worker for the difference between the allowable fee and the usual and customary charge. Nor can the worker be charged a fee, either for interest or completion of forms, related to services rendered for the industrial injury or condition. Refer to chapter 51.04 RCW.

(7) Practitioners must maintain documentation in claimant medical or health care service records adequate to verify the level, type, and extent of services provided to claimants. A health care practitioner's bill for services, appointment book, accounting records, or other similar methodology do not qualify as appropriate documentation for services rendered. Refer to chapter 296-20 WAC and department policy for reporting requirements.

(8) Except as provided in WAC 296-20-055 (Limitation of treatment and temporary treatment of unrelated conditions when retarding recovery), practitioners shall bill, and the department or self-insurer shall pay, only for proper and necessary medical care required for the diagnosis and curative or rehabilitative treatment of the accepted condition.

(9) When a worker is being treated concurrently for an unrelated condition the fee allowable for the service(s) rendered must be shared proportionally between the payors.

(10) Correspondence: Correspondence pertaining to state fund and department of energy claims should be sent to: Department of Labor and Industries, Claims Administration, P.O. Box 44291, Olympia, Washington 98504-4291.

Accident reports should be sent to: Department of Labor and Industries, P.O. Box 44299, Olympia, Washington 98504-4299.

Send provider bills by type (UB-92) to: Department of Labor and Industries, P.O. Box 44266, Olympia, Washington 98504-4266.

Adjustments, Home Nursing and Miscellaneous to: Department of Labor and Industries, P.O. Box 44267, Olympia, Washington 98504-4267.

Pharmacy to: Department of Labor and Industries, P.O. Box 44268, Olympia, Washington 98504-4268.

HFCA to: Department of Labor and Industries, P.O. Box 44269, Olympia, Washington 98504-4269.

State fund claims have six digit numbers preceded by a letter other than "S," "T," or "V."

Department of energy claims have seven digit numbers with no letter prefix.

All correspondence and billings pertaining to crime victims claims should be sent to Crime Victims Division, Department of Labor and Industries, P.O. Box 44520, Olympia, Washington 98504-4520.

Crime victim claims have six digit numbers preceded by a "V."

All correspondence and billings pertaining to Self Insured claims should be sent directly to the employer or the service representative as the case may be.

Self Insured claims are six digit numbers preceded by a "S," or "T."

Communications to the department or self-insurer must show the patient's full name and claim number. If the claim number is unavailable, providers should contact the department or self-insurer for the number, indicating the patient's name, Social Security number, the date and the nature of the

injury, and the employer's name. A communication should refer to one claim only. Correspondence must be legible and reproducible, as department records are microfilmed. Correspondence regarding specific claim matters should be sent directly to the department in Olympia or self-insurer in order to avoid rehandling by the service location.

(11) The department's various local service locations should be utilized by providers to obtain information, supplies, or assistance in dealing with matters pertaining to industrial injuries.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 96-10-086, § 296-20-010, filed 5/1/96, effective 7/1/96. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 94-14-044, § 296-20-010, filed 6/29/94, effective 7/30/94; 93-16-072, § 296-20-010, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 92-24-066, § 296-20-010, filed 12/1/92, effective 1/1/93; 90-04-057, § 296-20-010, filed 2/2/90, effective 3/5/90; 87-24-050 (Order 87-23), § 296-20-010, filed 11/30/87, effective 1/1/88; 86-20-074 (Order 86-36), § 296-20-010, filed 10/1/86, effective 11/1/86; 86-06-032 (Order 86-19), § 296-20-010, filed 2/28/86, effective 4/1/86; 83-16-066 (Order 83-23), § 296-20-010, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-24-041 (Order 81-28), § 296-20-010, filed 11/30/81, effective 1/1/82; 81-01-100 (Order 80-29), § 296-20-010, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-20-010, filed 11/24/76, effective 1/1/77; Order 75-39, § 296-20-010, filed 11/28/75, effective 1/1/76; Order 74-7, § 296-20-010, filed 1/30/74; Order 70-12, § 296-20-010, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-010, filed 11/27/68, effective 1/1/69.]

WAC 296-20-0100 Chiropractic advisory committee

(1) The director or the director's designee shall appoint a chiropractic advisory and utilization review committee.

(2) The committee will function as an advisor to the department with respect to policies affecting chiropractic care, quality assurance, clinical management of cases, utilization review, and the establishment of rules. It shall advise and assist the department in the department's relationship with providers of chiropractic care, and assist the department in ensuring that injured workers receive good quality chiropractic care in a safe and effective manner.

(3) The chiropractic advisory committee shall:

(a) Advise the department on standards as to what constitutes effective and accepted chiropractic treatment, for use by attending chiropractors and for chiropractic consultants to use in reviewing cases referred for consultation;

(b) Advise the department on standards and minimum credentials for chiropractic consultants and the content of consultant reports; and

(c) Review the performance of individual chiropractors and chiropractic consultants for conformance with standards and requirements and advise the department of instances where standards and requirements have not been met.

The department shall review the advice and recommendations of the committee and shall promulgate those standards and requirements which it chooses to adopt. The department shall review the advice from the committee on the performance of chiropractors and shall act upon this advice at its sole discretion.

(4) The committee will meet on a monthly basis or as needed. The department will reimburse members of the committee for travel and incidental expenses related to the meetings.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 88-24-011 (Order 88-28), § 296-20-0100, filed 12/1/88, effective 1/1/89.]

WAC 296-20-01001 Medical advisory industrial insurance committee

(1) The Washington state medical association shall appoint an advisory and utilization review committee composed of nine members, one of whom shall be an osteopathic physician nominated by the Washington state osteopathic medical association. The remaining members should be selected from the following specialty groups: Family or general practice, orthopaedics, neurology or neurosurgery, general surgery, physical medicine and rehabilitation, psychiatry, internal medicine, and industrial medicine.

(2) The committee will function as an advisor to the department with respect to policies affecting medical care and rehabilitation, quality control and supervision of medical care, and the establishment of rules

and regulations. It shall also advise and assist the department in the resolution of controversies, disputes and problems between the department and the providers of medical care. It will also advise and assist the department in the education of members of the medical community with regard to the roles of the physician, the department and the employer in providing the needs and care of the injured worker.

(3) The committee shall normally meet on a monthly basis or as necessity dictates. The department will reimburse members of the committee for each meeting.

[Order 77-27, § 296-20-01001, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-20-01001, filed 12/1/77; Emergency Order 77-16, § 296-20-01001, filed 9/6/77; Order 76-34, § 296-20-01001, filed 11/24/76, effective 1/1/77.]

WAC 296-20-01002 Definitions

Acceptance, accepted condition: Determination by a qualified representative of the department or self-insurer that reimbursement for the diagnosis and curative or rehabilitative treatment of a claimant's medical condition is the responsibility of the department or self-insurer. The condition being accepted must be specified by one or more diagnosis codes from the current edition of the International Classification of Diseases, Clinically Modified (ICD-CM).

Attendant care: Those personal care services that assist a worker with dressing, feeding, and personal hygiene to facilitate self-care and are provided in order to maintain the worker in their place of temporary or permanent residence consistent with their needs, abilities, and safety. These services may be provided by but are not limited to, registered nurses, licensed practical nurses, registered nursing assistants, and other individuals such as family members.

Attending doctor report: This type of report may also be referred to as a "60 day" or "special" report. The following information must be included in this type of report. Also, additional information may be requested by the department as needed.

(1) The condition(s) diagnosed including ICD-9-CM codes and the objective and subjective findings.

(2) Their relationship, if any, to the industrial injury or exposure.

(3) Outline of proposed treatment program, its length, components, and expected prognosis including an estimate of when treatment should be concluded and condition(s) stable. An estimated return to work date should be included. The probability, if any, of permanent partial disability resulting from industrial conditions should be noted.

(4) If the worker has not returned to work, the attending doctor should indicate whether a vocational assessment will be necessary to evaluate the worker's ability to return to work and why.

(5) If the worker has not returned to work, a doctor's estimate of physical capacities should be included with the report. If further information regarding physical capacities is needed or required, a performance-based physical capacities evaluation can be requested. Performance-based physical capacities evaluations should be conducted by a licensed occupational therapist or a licensed physical therapist. Performance-based physical capacities evaluations may also be conducted by other qualified professionals who provided performance-based physical capacities evaluations to the department prior to May 20, 1987, and who have received written approval to continue supplying this service based on formal department review of their qualifications.

Authorization: Notification by a qualified representative of the department or self-insurer that specific medically necessary treatment, services, or equipment provided for the diagnosis and curative or rehabilitative treatment of an accepted condition will be reimbursed by the department or self-insurer.

Average wholesale price (AWP): A pharmacy reimbursement formula by which the pharmacist is reimbursed for the cost of the product plus a mark-up. The AWP is an industry benchmark which is developed independently by companies that specifically monitor drug pricing.

Baseline price (BLP): Is derived by calculating the mean average for all NDC's (National Drug Code) in a specific product group, determining the standard deviation, and calculating a new mean average using all

prices within one standard deviation of the original mean average. "Baseline price" is a drug pricing mechanism developed and updated by First Data Bank.

Bundled codes: When a bundled code is covered, payment for them is subsumed by the payment for the codes or services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient. This service is not separately payable because it is included in the payment for other services such as hospital visits.) Bundled codes and services are identified in the fee schedules.

"By report": BR (by report) in the value column of the fee schedules indicates that the value of this service is to be determined by report (BR) because the service is too unusual, variable or new to be assigned a unit value. The report shall provide an adequate definition or description of the services or procedures that explain why the services or procedures (e.g., operative, medical, radiological, laboratory, pathology, or other similar service report) are too unusual, variable, or complex to be assigned a relative value unit, using any of the following as indicated:

(1) Diagnosis;
(2) Size, location and number of lesion(s) or procedure(s) where appropriate;
(3) Surgical procedure(s) and supplementary procedure(s);
(4) Whenever possible, list the nearest similar procedure by number according to the fee schedules;
(5) Estimated follow-up;
(6) Operative time;
(7) Describe in detail any service rendered and billed using an "unlisted" procedure code.

The department or self-insurer may adjust BR procedures when such action is indicated.

Chart notes: This type of documentation may also be referred to as "office" or "progress" notes. Providers must maintain charts and records in order to support and justify the services provided. "Chart" means a compendium of medical records on an individual patient. "Record" means dated reports supporting bills submitted to the department or self-insurer for medical services provided in an office, nursing facility, hospital, outpatient, emergency room, or other place of service. Records of service shall be entered in a chronological order by the practitioner who rendered the service. For reimbursement purposes, such records shall be legible, and shall include but are not limited to:

(1) Date(s) of service;
(2) Patient's name and date of birth;
(3) Claim number;
(4) Name and title of the person performing the service;
(5) Chief complaint or reason for each visit;
(6) Pertinent medical history;
(7) Pertinent findings on examination;
(8) Medications and/or equipment/supplies prescribed or provided;
(9) Description of treatment (when applicable);
(10) Recommendations for additional treatments, procedures, or consultations;
(11) X-rays, tests, and results; and
(12) Plan of treatment/care/outcome.

Consultation examination report: The following information must be included in this type of report. Additional information may be requested by the department as needed.

(1) A detailed history to establish:
    (a) The type and severity of the industrial injury or occupational disease.
    (b) The patient's previous physical and mental health.
    (c) Any social and emotional factors which may effect recovery.
(2) A comparison history between history provided by attending doctor and injured worker, must be provided with exam.
(3) A detailed physical examination concerning all systems affected by the industrial accident.

(4) A general physical examination sufficient to demonstrate any preexisting impairments of function or concurrent condition.

(5) A complete diagnosis of all pathological conditions including ICD-9-CM codes found to be listed:

(a) Due solely to injury.
(b) Preexisting condition aggravated by the injury and the extent of aggravation.
(c) Other medical conditions neither related to nor aggravated by the injury but which may retard recovery.
(d) Coexisting disease (arthritis, congenital deformities, heart disease, etc.).

(6) Conclusions must include:

(a) Type treatment recommended for each pathological condition and the probable duration of treatment.
(b) Expected degree of recovery from the industrial condition.
(c) Probability, if any, of permanent disability resulting from the industrial condition.
(d) Probability of returning to work.

(7) Reports of necessary, reasonable x-ray and laboratory studies to establish or confirm the diagnosis when indicated.

Doctor: For these rules, means a person licensed to practice one or more of the following professions: Medicine and surgery; osteopathic medicine and surgery; chiropractic; naturopathic physician; podiatry; dentistry; optometry.

Only those persons so licensed may sign report of accident forms and time loss cards except as provided in chapter 296-20 WAC.

Emergent hospital admission: Placement of the worker in an acute care hospital for treatment of a work related medical condition of an unforeseen or rapidly progressing nature which if not treated in an inpatient setting, is likely to jeopardize the worker's health or treatment outcome.

Fatal: When the attending doctor has reason to believe a worker has died as a result of an industrial injury or exposure, the doctor should notify the nearest department service location or the self-insurer immediately. Often an autopsy is required by the department or self-insurer. If so, it will be authorized by the service location manager or the self-insurer. Benefits payable include burial stipend and monthly payments to the surviving spouse and/or dependents.

Fee schedules or maximum fee schedule(s): The fee schedules consist of, but are not limited to the following:

(a) Health Care Financing Administration's Common Procedure Coding System Level I and II Codes, descriptions and modifiers that describe medical and other services, supplies and materials.
(b) Codes, descriptions and modifiers developed by the department.
(c) Relative value units (RVUs), calculated or assigned dollar values, percent-of-allowed-charges (POAC), or diagnostic related groups (DRGs), that set the maximum allowable fee for services rendered.
(d) Billing instructions or policies relating to the submission of bills by providers and the payment of bills by the department or self-insurer.
(e) Average wholesale price (AWP), baseline price (BLP), and policies related to the purchase of medications.

Health services provider or provider: For these rules means any person, firm, corporation, partnership, association, agency, institution, or other legal entity providing any kind of services related to the treatment of an industrially injured worker. It includes, but is not limited to, hospitals, medical doctors, dentists, chiropractors, vocational rehabilitation counselors, osteopathic physicians, pharmacists, podiatrists, physical therapists, occupational therapists, massage therapists, psychologists, naturopathic physicians, and durable medical equipment dealers.

Home nursing: Those nursing services that are medically necessary to maintain the worker in their place of temporary or permanent residence consistent with their needs, abilities, and safety. These services may be provided by but are not limited to, home health care, and hospice agencies on either an hourly or intermittent basis.

Independent or separate procedure: Certain of the fee schedule's listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate charge. When such a procedure is carried out as a separate entity, not immediately related to other services, the indicated value for "independent procedure" is applicable.

Medical aid rules: The Washington Administrative Codes (WACs) that contain the administrative rules for medical and other services rendered to workers.

Modified work status: The worker is not able to return to their previous work, but is physically capable of carrying out work of a lighter nature. Workers should be urged to return to modified work as soon as reasonable as such work is frequently beneficial for body conditioning and regaining self confidence. Under RCW 51.32.090, when the employer has modified work available for the worker, the employer must furnish the doctor and the worker with a statement describing the available work in terms that will enable the doctor to relate the physical activities of the job to the worker's physical limitations and capabilities. The doctor shall then determine whether the worker is physically able to perform the work described. The employer may not increase the physical requirements of the job without requesting the opinion of the doctor as to the worker's ability to perform such additional work. If after a trial period of reemployment the worker is unable to continue with such work, the worker's time loss compensation will be resumed upon certification by the attending doctor.

If the employer has no modified work available, the department should be notified immediately, so vocational assessment can be conducted to determine whether the worker will require assistance in returning to work.

Nonemergent (elective) hospital admission: Placement of the worker in an acute care hospital for medical treatment of an accepted condition which may be safely scheduled in advance without jeopardizing the worker's health or treatment outcome.

Permanent partial disability: Any anatomic or functional abnormality or loss after maximum rehabilitation has been achieved, which is determined to be stable or nonprogressive at the time the evaluation is made. When the attending doctor has reason to believe a permanent impairment exists, the department or self-insurer should be notified. Specified disabilities (amputation or loss of function of extremities, loss of hearing or vision) are to be rated utilizing a nationally recognized impairment rating guide. Unspecified disabilities (internal injuries, spinal injuries, mental health, etc.) are to be rated utilizing the category system detailed under WAC 296-20-200 et al. for injuries occurring on or after October 1, 1974. **Under Washington law disability awards are based solely on physical or mental impairment due to the accepted injury or conditions without consideration of economic factors**.

Physician: For these rules, means any person licensed to perform one or more of the following professions: Medicine and surgery; or osteopathic medicine and surgery.

Practitioner: For these rules, means any person defined as a "doctor" under these rules, or licensed to practice one or more of the following professions: Audiology; physical therapy; occupational therapy; pharmacy; prosthetics; orthotics; psychology; nursing; physician or osteopathic assistant; and massage therapy.

Proper and necessary:

(1) The department or self-insurer pays for proper and necessary health care services that are related to the diagnosis and treatment of an accepted condition.

(2) Under the Industrial Insurance Act, "proper and necessary" refers to those health care services which are:

- (a) Reflective of accepted standards of good practice, within the scope of practice of the provider's license or certification;
- (b) Curative or rehabilitative. Care must be of a type to cure the effects of a work-related injury or illness, or it must be rehabilitative. Curative treatment produces permanent changes, which eliminate or lessen the clinical effects of an accepted condition. Rehabilitative treatment allows an injured or ill worker to regain functional activity in the presence of an interfering accepted condition. Curative and rehabilitative care produce long-term changes;
- (c) Not delivered primarily for the convenience of the claimant, the claimant's attending doctor, or any other provider; and

(d) Provided at the least cost and in the least intensive setting of care consistent with the other provisions of this definition.

(3) The department or self-insurer stops payment for health care services once a worker reaches a state of maximum medical improvement. Maximum medical improvement occurs when no fundamental or marked change in an accepted condition can be expected, with or without treatment. Maximum medical improvement may be present though there may be fluctuations in levels of pain and function. A worker's condition may have reached maximum medical improvement though it might be expected to improve or deteriorate with the passage of time. Once a worker's condition has reached maximum medical improvement, treatment that results only in temporary or transient changes is not proper and necessary. "Maximum medical improvement" is equivalent to "fixed and stable."

(4) In no case shall services which are inappropriate to the accepted condition or which present hazards in excess of the expected medical benefits be considered proper and necessary. Services that are controversial, obsolete, investigational or experimental are presumed not to be proper and necessary, and shall be authorized only as provided in WAC 296-20-03002(6) and 296-20-02850.

Regular work status: The injured worker is physically capable of returning to his/her regular work. It is the duty of the attending doctor to notify the worker and the department or self-insurer, as the case may be, of the specific date of release to return to regular work. Compensation will be terminated on the release date. Further treatment can be allowed as requested by the attending doctor if the condition is not stationary and such treatment is needed and otherwise in order.

Temporary partial disability: Partial time loss compensation may be paid when the worker can return to work on a limited basis or return to lesser paying job is necessitated by the accepted injury or condition. The worker must have a reduction in wages of more than five percent before consideration of partial time loss can be made. No partial time loss compensation can be paid after the worker's condition is stationary. **All time loss compensation must be certified by the attending doctor based on objective findings**.

Termination of treatment: When treatment is no longer required and/or the industrial condition is stabilized, a report indicating the date of stabilization should be submitted to the department or self-insurer. This is necessary to initiate closure of the industrial claim. The patient may require continued treatment for conditions not related to the industrial condition; however, financial responsibility for such care must be the patient's.

Total permanent disability: Loss of both legs or arms, or one leg and one arm, total loss of eyesight, paralysis or other condition permanently incapacitating the worker from performing any work at any gainful employment. When the attending doctor feels a worker may be totally and permanently disabled, the attending doctor should communicate this information immediately to the department or self-insurer. A vocational evaluation and an independent rating of disability may be arranged by the department prior to a determination as to total permanent disability. Coverage for treatment does not usually continue after the date an injured worker is placed on pension.

Total temporary disability: Full-time loss compensation will be paid when the worker is unable to return to any type of reasonably continuous gainful employment as a direct result of an accepted industrial injury or exposure.

Unusual or unlisted procedure: Value of unlisted services or procedures should be substantiated "by report" (BR).

Utilization review: The assessment of a claimant's medical care to assure that it is medically necessary and of good quality. This assessment typically considers the appropriateness of the place of care, level of care, and the duration, frequency or quantity of services provided in relation to the accepted condition being treated.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-039, § 296-20-01002, filed 12/7/99, effective 1/8/00. Statutory Authority: RCW 51.04.030, 70.14.050 and 51.04.020(4). 95-16-031, § 296-20-01002, filed 7/21/95, effective 8/22/95. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-01002, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 92-24-066, § 296-20-01002, filed 12/1/92, effective 1/1/93; 92-05-041, § 296-20-01002, filed 2/13/92, effective 3/15/92. Statutory Authority: RCW 51.04.020. 90-14-009, § 296-20-01002, filed 6/25/90, effective 8/1/90. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 90-04-057, § 296-20-01002, filed 2/2/90, effective 3/5/90; 87-24-050 (Order 87-23), § 296-20-01002, filed 11/30/87, effective 1/1/88; 86-20-074 (Order 86-36), § 296-20-01002, filed 10/1/86, effective 11/1/86; 83-24-016 (Order 83-35), § 296-20-01002, filed 11/30/83, effective 1/1/84; 83-16-066 (Order 83-23), § 296-20-01002, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-24-041 (Order 81-28), § 296-20-01002, filed 11/30/81, effective 1/1/82; 81-01-100 (Order 80-29), § 296-20-01002, filed 12/23/80, effective 3/1/81.]

WAC 296-20-015 Who may treat

(1) In order to treat workers under the Industrial Insurance Act, a health care provider must qualify as an approved provider under the department's rules. The department must approve the health care provider through the issuance of a provider number before the health care provider is eligible for payment for services.

(2) Para-professionals, who are not independently licensed, must practice under the direct supervision of a licensed health care professional whose scope of practice and specialty training includes the service provided by the para-professional. The department may deny direct reimbursement to the para-professional for services rendered, and may instead directly reimburse the licensed and supervising health care professional for covered services. Payment rules for para-professionals may be determined by department policy.

(3) Procedures and evaluations requiring specialized skills and knowledge will be limited to board certified or board qualified physicians, or osteopathic physicians as specified by the American Medical Association or the American Osteopathic Association.

(4) The department as a trustee of the medical aid fund has a duty to supervise provision of proper and necessary medical care that is delivered promptly, efficiently, and economically. The department can deny, revoke, suspend, limit, or impose conditions on a health care provider's authorization to treat workers under the Industrial Insurance Act. Reasons for denying issuance of a provider number or imposing any of the above restrictions include, but are not limited to the following:

(a) Incompetence or negligence, which results in injury to a worker or which creates an unreasonable risk that a worker may be harmed.

(b) The possession, use, prescription for use, or distribution of controlled substances, legend drugs, or addictive, habituating, or dependency-inducing substances in any way other than for therapeutic purposes.

(c) Any temporary or permanent probation, suspension, revocation, or type of limitation of a practitioner's license to practice by any court, board, or administrative agency.

(d) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the provider's profession. The act need not constitute a crime. If a conviction or finding of such an act is reached by a court or other tribunal pursuant to plea, hearing, or trial, a certified copy of the conviction or finding is conclusive evidence of the violation.

(e) The failure to comply with the department's orders, rules, or policies.

(f) The failure, neglect, or refusal to:

(i) Provide records requested by the department pursuant to a health care services review or an audit.

(ii) Submit complete, adequate, and detailed reports or additional reports requested or required by the department regarding the treatment and condition of a worker.

(g) The submission or collusion in the submission of false or misleading reports or bills to any government agency.

(h) Billing a worker for:

(i) Treatment of an industrial condition for which the department has accepted responsibility; or

(ii) The difference between the amount paid by the department under the maximum allowable fee set forth in these rules and any other charge.

(i) Repeated failure to notify the department immediately and prior to burial in any death, where the cause of the death is not definitely known and possibly related to an industrial injury or occupational disease.

(j) Repeated failure to recognize emotional and social factors impeding recovery of a worker who is being treated under the Industrial Insurance Act.

(k) Repeated unreasonable refusal to comply with the recommendations of board certified or qualified specialists who have examined a worker.

(l) Repeated use of:

(i) Treatment of controversial or experimental nature;

(ii) Contraindicated or hazardous treatment; or

(iii) Treatment past stabilization of the industrial condition or after maximum curative improvement has been obtained.

(m) Declaration of mental incompetency by a court or other tribunal.

(n) Failure to comply with the applicable code of professional conduct or ethics.

(o) Failure to inform the department of any disciplinary action issued by order or formal letter taken against the provider's license to practice.

(p) The finding of any peer group review body of reason to take action against the provider's practice privileges.

(q) Misrepresentation or omission of any material information in the application for authorization to treat workers. (Chapter 51.04 RCW.)

(5) If the department finds reason to take corrective action, the department may also order one or more of the following:

(a) Recoupment of payments made to the provider, including interest; (Chapter 51.04 RCW.)

(b) Denial or reduction of payment;

(c) Assessment of penalties for each action that falls within the scope of subsection (4)(a) through (q) of this section; (Chapter 51.48 RCW.)

(d) Placement of the provider on a prepayment review status requiring the submission of supporting documents prior to payment;

(e) Requirement to satisfactorily complete remedial education courses and/or programs; and

(f) Imposition of other appropriate restrictions or conditions on the provider's privilege to be reimbursed for treating workers under the Industrial Insurance Act.

(6) The department shall forward a copy of any corrective action taken against a provider to the applicable disciplinary authority.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-015, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 90-04-057, § 296-20-015, filed 2/2/90, effective 3/5/90; 86-20-074 (Order 86-36), § 296-20-015, filed 10/1/86, effective 11/1/86; 86-06-032 (Order 86-19), § 296-20-015, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-015, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-20-015, filed 11/24/76; effective 1/1/77; Order 74-4, § 296-20-015, filed 1/30/74; Order 71-6, § 296-20-015, filed 6/1/71; Order 70-12, § 296-20-015, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-015, filed 11/27/68, effective 1/1/69.]

WAC 296-20-01501 Physician's assistant rules

(1) Physicians' assistants may perform only those medical services in industrial injury cases, for which the physician's assistant is trained and licensed, under the control and supervision of a licensed physician. Such control and supervision shall not be construed to require the personal presence of the supervising physician.

(2) Physicians' assistants may perform those medical services which are within the scope of their physician's assistant license for industrial injury cases within the limitations of subsection (3) of this section.

(3) Advance approval must be obtained from the department to treat industrial injury cases. To be eligible to treat industrial injuries, the physician's assistant must:

(a) Provide the department with a copy of his/her license.

(b) Provide the name and address and specialty of the supervising physician.

(c) Provide the department with the evidence of a reliable and rapid system of communication with the supervising physician.

(4) Physicians' assistants may prepare report of accident, time loss cards, and progress reports for the supervising physician's signature. Physicians' assistants cannot submit such information under his/her signature.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-01501, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-24-041 (Order 81-28), § 296-20-01501, filed 11/30/81, effective 1/1/82; 81-01-100 (Order 80-29), § 296-20-01501, filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.030 and 51.16.035. 79-12-086 (Order 79-18), § 296-20-01501, filed 11/30/79, effective 1/1/80.]

WAC 296-20-01505 Provider types and services not covered

The department will not pay for services performed by the following practitioners:

Acupuncturists
Herbalists
Christian Science practitioners or theological healers
Homeopathists
Noncertified physician assistants
Operating room technicians
Certified surgical technicians
Certified surgical assistants

Any other licensed or unlicensed practitioners not otherwise specifically provided for by the department.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 94 -14-044, § 296-20-01505, filed 6/29/94, effective 7/30/94.]

WAC 296-20-020 Acceptance of rules and fees

The filing of an accident report or the rendering of treatment to a worker who comes under the department's or self-insurer's jurisdiction, as the case may be, constitutes acceptance of the department's medical aid rules and compliance with its rules and fees.

In accordance with RCW 51.28.020 of the industrial insurance law, when a doctor renders treatment to a worker entitled to benefits under the law, "it shall be the duty of the physician to inform the worker of his rights under this title and to lend all necessary assistance in making the application for compensation and such proof of other matters as required by the rules of the department without charge to the worker," a worker shall not be billed for treatment rendered for his accepted industrial injury or occupational disease.

The department or self-insurer must be notified immediately, when an unrelated condition is being treated concurrently with an industrial injury. See WAC 296-20-055 for specific information required.

When there is questionable eligibility, (i.e., service is not usually allowed for industrial injuries or investigation is pending, etc.) the provider may require the worker to pay for the treatment rendered.

In cases of questionable eligibility where the provider has billed the worker or other insurance, and the claim is subsequently allowed, the provider shall refund the worker or insurer in full and bill the department or self-insurer for services rendered using billing instructions, codes, and policies as listed in the medical aid rules and fee schedules.

Cases in which there is a question of medical ethics or quality of medical care, will be referred to the Washington state medical association's medical advisory and utilization review committee to the department of labor and industries for recommendations.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-020, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-020, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-020, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-20-020, filed 11/24/76, effective 1/1/77; Order 75-39, § 296-20-020, filed 11/28/75, effective 1/1/76; Order 74-39, § 296-20-020, filed 11/22/74, effective 1/1/75; Order 71-6, § 296-20-020, filed 6/1/71; Order 70-12, § 296-20-020, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-020, filed 11/27/68, effective 1/1/69.]

WAC 296-20-02001 Penalties

The department has the right to assess penalties against providers. See chapter 51.48 RCW.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 90-04-057, § 296-20-02001, filed 2/2/90, effective 3/5/90. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-02001, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-20-02001, filed 11/24/76, effective 1/1/77.]

WAC 296-20-02005 Keeping of records

A health services provider who requests from the department payment for providing services shall maintain all records necessary for the director's authorized auditors to audit the provision of services. A provider shall keep all records necessary to disclose the extent of services the provider furnishes to industrially injured workers. At a minimum, these records must provide and include prompt and specific documentation of the level and type of service for which payment is sought. Records must be maintained for audit purposes for a minimum of five years.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-20-074 (Order 86-36), § 296-20-02005, filed 10/1/86, effective 11/1/86.]

WAC 296-20-02010 Review of health services providers

(1) The department may review providers' patient and billing related records to ensure workers are receiving proper and necessary medical care and to ensure providers' compliance with the department's medical aid rules, fee schedules, and policies. A records review may be the basis for corrective action against the provider.

(2) The department may review records before, during, or after delivery of health services. Records reviews may be for cause or at random and may include the utilization of statistical sampling methodologies and projections based upon sample findings. Records reviews may be conducted at or away from the provider's places of business, at the department's discretion.

(3) The department will give ten working days' written notification to any provider, except as authorized in WAC 296-18A-460, that the provider's patient and billing related records will be reviewed by an auditor at the provider's place(s) of business to determine compliance with medical aid rules and standards.

(4) The department may request legible copies of providers' records. Providers shall furnish copies of the requested records within thirty calendar days of receipt of the request.

(5) The department will not remove original records from provider's premises.

(6) For information regarding the formal appeals process refer to chapter 51.52 RCW.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 90-04-057, § 296-20-02010, filed 2/2/90, effective 3/5/90; 86-20-074 (Order 86-36), § 296-20-02010, filed 10/1/86, effective 11/1/86.]

WAC 296-20-02015 Interest on excess payments

(1) When a provider of health services receives a payment to which that provider is not entitled, the provider must repay the excess payment, plus accrued interest, without regard to whether the excess payment occurred due to provider or department error or oversight, except as provided in subsection (2) of this section.

(2) When a provider:

  (a) Accepts in good faith a determination by the department that a worker is eligible for benefits under Title 51 RCW;

  (b) Provides, bills, and receives payment for services to that worker and the department later determines that the worker was ineligible for services during that period no interest will begin to accrue until notification is received by the provider that the worker was ineligible.

(3) Interest accrues on excess payments at the rate of one percent per month or portion of a month beginning on the thirty-first day after payment was made. Where partial repayment of an excess payment is made, interest accrues on the remaining balance.

(4) The department reserves the option of either requesting the provider to remit the amount of the excess payment and accrued interest to the department or offsetting excess payments and accrued interest against future payments due to the provider.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-20-074 (Order 86-36), § 296-20-02015, filed 10/1/86, effective 11/1/86.]

WAC 296-20-022 Payment of out-of-state providers

(1) How will health care providers outside of Washington State be paid?

All health care service providers, regardless of their geographic location, will be paid according to the fee schedule rules, rates, coverage and payment policies as published in the Washington state *Medical Aid Rules and Fee Schedules* and/or provider bulletins.

(2) Can an injured worker be charged for services?

In all cases, the department's maximum allowed fees and payment levels are the maximum payable. If a provider's charge exceeds the maximum amount payable under the department's *Medical Aid Rules and Fee Schedules*, the provider must not charge the injured worker for the difference. A provider violating this provision may be held ineligible to treat injured workers as provided by department rules and may be subject to other applicable penalties.

EXCEPTION: When a provider treats an injured worker for condition(s) unrelated to the worker's accepted industrial injury or illness, the provider may bill the worker or other insurers for the unrelated services only.

(3) What services will be paid to providers outside of Washington?

Only those diagnostic and treatment services authorized under the state of Washington medical aid rules, fee schedules, payment policies, or medical coverage decisions may be authorized or paid by the department or self-insurer. As determined by the department of labor and industries, the scope of practice of providers outside the state of Washington may be recognized for payment purposes. However, in all cases WAC 296-20-03002 (treatment not authorized) shall apply. Specifically, services not authorized under Washington workers compensation rules, fee schedules, payment policies, or medical coverage decisions will not be paid, even if permitted under the workers compensation program in the provider's state or country of business. When in doubt, the provider should verify coverage of a service with the department or self-insurer.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.36.080. 00-09-078, § 296-20-022, filed 4/18/00, effective 7/1/00. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 90-04-057, § 296-20-022, filed 2/2/90, effective 3/5/90; 87-24-050 (Order 87-23), § 296-20-022, filed 11/30/87, effective 1/1/88; 87-03-004 (Order 86-45), § 296-20-022, filed 1/8/87.]

WAC 296-20-023 Third party settlement-Excess recoveries

(1) In cases where a third party settlement has been made resulting in an excess recovery subject to offset from the worker's future benefits or compensation due, the department or self-insurer is not liable for payment for services rendered by providers.

(2) The worker should be treated and billed in accordance with the department's medical aid rules and maximum fee schedules. When bills are processed against the amount of the excess recovery, the department will notify the provider on the remittance advice.

(3) The department or self-insurer will resume financial responsibility to or on behalf of the worker when the amount of such excess has been reduced to zero.

[Statutory Authority: Chapters 51.04, 51.08, 51.12, 51.24 and 51.32 RCW and 117 Wn. 2d 122 and 121 Wn.2d 304. 93-23-060, § 296-20-023, filed 11/15/93, effective 1/1/94. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-023, filed 2/28/86, effective 4/1/86.]

WAC 296-20-024 Utilization management

The department, as a trustee of the medical aid fund, has a duty to supervise the provision of proper and necessary medical care that is delivered promptly, efficiently, and economically. Toward this end, the department will institute programs of utilization management. These programs are designed to monitor and control the proper and necessary use and cost of, health care services. These programs include, but are not limited to, managed care contracting, prior authorization for services, and alternative reimbursement systems.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 90-04-057, § 296-20-024, filed 2/2/90, effective 3/5/90; 87-24-050 (Order 87-23), § 296-20-024, filed 11/30/87, effective 1/1/88.]

WAC 296-20-025 Initial treatment and report of accident

It is the responsibility of the worker to notify the practitioner when the worker has reason to believe his injury or condition is industrial in nature. Conversely, if the attending doctor discovers a condition which he believes to be work related or has reason to believe an injury is work related, he must so notify the worker. Once such determination is made by either the claimant or the attending doctor, a report of accident must be filed.

Failure to comply with this responsibility can result in penalties as outlined in WAC 296-20-02001.

It is the practitioner's responsibility to ascertain whether he is the first attending practitioner. If so, he will take the following action:

(1) Give emergency treatment.

(2) Immediately complete and forward the report of accident, to the department and the employer or self-insurer. Instruct and give assistance to the injured worker in completing his portion of the report of accident. In filing a claim, the following information is necessary so there is no delay in adjudication of the claim or payment of compensation.

   (a) Complete history of the industrial accident or exposure.
   (b) Complete listing of positive physical findings.
   (c) Specific diagnosis with ICD-9-CM code(s) and narrative definition relating to the injury.
   (d) Type of treatment rendered.
   (e) Known medical, emotional or social conditions which may influence recovery or cause complications.
   (f) Estimate time loss due to the injury.

(3) If the patient remains under his care continue with necessary treatment in accordance with medical aid rules. If the practitioner is *not* the original attending doctor, he should question the injured worker to determine whether a report of accident has been filed for the injury or condition. If no report of accident has been filed, it should be completed immediately and forwarded to the department or self-insurer, as the case may be, with information as to the name and address of original practitioner if known, so that he/she may be contacted for information if necessary.

If a report of accident has been filed, it is necessary to have the worker complete a request for transfer as outlined in WAC 296-20-065, if the worker and practitioner agree that a change in attending doctor is desirable.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-025, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-025, filed 12/23/80, effective 3/1/81; Order 71-6, § 296-20-025, filed 6/1/71; Order 70-12, § 296-20-025, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-025, filed 11/27/68, effective 1/1/69.]

WAC 296-20-02700 What is a medical coverage decision?

A medical coverage decision is a general policy decision by the director or the director's designee to include or exclude a specific health care service or supply as a covered benefit. These decisions are made to insure quality of care and prompt treatment of workers. Medical coverage decisions include, but are not limited to, decisions on health care services and supplies rendered for the purpose of diagnosis, treatment or prognosis, such as:

- Ancillary services including, but not limited to, home health care services, ambulatory services, specific rehabilitative modalities;
- Devices;
- Diagnostic tests;
- Drugs, biologics, and other therapeutic modalities;
- Durable medical equipment;
- Procedures;
- Prognostic tests; and
- Supplies.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-037, § 296-20-02700, filed 12/7/99, effective 1/8/00.]

WAC 296-20-02701 Who makes medical coverage decisions?

The director or the director's designee makes medical coverage decisions.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-037, § 296-20-02701, filed 12/7/99, effective 1/8/00.]

WAC 296-20-02702 Who uses medical coverage decisions?

Self-insured employers and state fund claim managers use medical coverage decisions to help them make claim-specific decisions. For example, the director or director's designee may find that a particular medical device is effective in treating a specific category of injuries. The medical coverage decision might be that that device is a covered benefit for that category of injuries. The self-insured employer or state fund claim manager would make a claim-specific decision to pay or deny payment for that device based on a number of factors, one of which is whether the accepted condition on that claim matches the approved category of injuries in the medical coverage decision.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-037, § 296-20-02702, filed 12/7/99, effective 1/8/00.]

WAC 296-20-02703 How can I determine if a specific health care service or supply is the subject of a medical coverage decision?

(1) The *Medical Aid Rules*, fee schedules, and provider bulletins and updates specify covered and noncovered services and supplies.

(2) For additional information on existing medical coverage decisions or if you have a question about a new and emerging technology, device, or off-label use of a drug, contact the office of the medical director at:

Department of Labor and Industries
Office of the Medical Director
P.O. Box 44321
Olympia, WA 98504-4321

(3) For questions about what will be authorized on a specific claim, contact the self-insured employer or state fund claim manager.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-037, § 296-20-02703, filed 12/7/99, effective 1/8/00.]

WAC 296-20-02704 What criteria does the director or director's designee use to make medical coverage decisions?

(1) In making medical coverage decisions, the director or the director's designee considers information from a variety of sources. These sources include, but are not limited to:

- Scientific evidence;
- National and community-based opinions;
- Informal syntheses of provider opinion;
- Experience of the department and other entities;
- Regulatory status.

Because of the unique nature of each health care service, the type, quantity and quality of the information available for review may vary. The director or director's designee weighs the quality of the available evidence in making medical coverage decisions.

(2) Scientific evidence.

(a) "Scientific evidence" includes reports and studies published in peer-reviewed scientific and clinical literature. The director or the director's designee will consider the nature and quality of the study, its methodology and rigorousness of design, as well as the quality of the journal in which the study was published.

- For treatment services, studies addressing safety, efficacy, and effectiveness of the treatment or procedure for its intended use will be considered.
- For diagnostic devices or procedures, studies addressing safety, technical capacity, accuracy or utility of the device or procedure for its intended use will be considered.

(b) The greatest weight will be given to the most rigorously designed studies and on those well-designed studies that are reproducible. The strength of the design will depend on such scientifically accepted methodological principles as randomization, blinding, appropriateness of outcomes, spectrum of cases and controls, appropriate power to detect differences, magnitude and significance of effect. Additional consideration will be given to those studies that focus on sustained health and functional outcomes of workers with occupational conditions rather than unsustained clinical improvements.

(3) National and community-based opinion.

(a) "National opinion" includes, but is not limited to, syntheses of clinical issues that may take the form of published reports in the scientific literature, national consensus documents, formalized documents addressing standards of practice, practice parameters from professional societies or commissions, and technology assessments produced by independent evidence-based practice centers.

The director or the director's designee will consider the nature and quality of the process used to reach consensus or produce the synthesis of expert opinion. This consideration will include, but may not be limited to, the qualifications of participants, potential biases of sponsoring organizations, the inclusion of graded scientific information in the deliberations, the explicit nature of the document, and the processes used for broader review.

(b) "Community-based opinion" refers to advice and recommendations of formal committees made up of clinical providers within the state of Washington. As appropriate to the subject matter, this may include recommendations from the department's formal advisory committees:

- The industrial insurance and rehabilitation committee of the Washington State Medical Association, which includes a representative from the Washington Osteopathic Medical Association;
- The chiropractic advisory committee.

(4) "Informal syntheses of provider opinion" includes, but is not limited to, professional opinion surveys.

(5) Experience of the department and other entities.

The director or director's designee may consider data from a variety of sources including the department, other state agencies, federal agencies and other insurers regarding studies, experience and practice with past coverage. Examples of these include, but are not limited to, formal outcome studies, cost-benefit analyses, and adverse event, morbidity or mortality data.

(6) Regulatory status.

The director or director's designee will consider related licensing and approval processes of other state and federal regulatory agencies. This includes, but is not limited to:

- The federal food and drug administration's (FDA) regulation of drugs and medical devices (21 U.S.C. 301 et seq. and 21 CFR Chapter 1, Subchapters C, D, & H consistent with the purposes of this chapter, and as now or hereafter amended); and
- The Washington state department of health's regulation of scope of practice and standards of practice for licensed health care professionals regulated under Title 18 RCW.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-037, § 296-20-02704, filed 12/7/99, effective 1/8/00.]

WAC 296-20-02705 What are treatment and diagnostic guidelines and how are they related to medical coverage decisions?

(1) Treatment and diagnostic guidelines are recommendations for the diagnosis or treatment of accepted conditions. These guidelines are intended to guide providers through the range of the many treatment or diagnostic options available for a particular medical condition. Treatment and diagnostic guidelines are a combination of the best available scientific evidence and a consensus of expert opinion.

(2) The department may develop treatment or diagnostic guidelines to improve outcomes for workers receiving covered health services. As appropriate to the subject matter, the department may develop these guidelines in collaboration with the department's formal advisory committees:

- The industrial insurance and rehabilitation committee of the Washington State Medical Association, which includes a representative from the Washington Osteopathic Medical Association;
- The chiropractic advisory committee.

(3) In the process of implementing these guidelines, the department may find it necessary to make a formal medical coverage decision on one or more of the treatment or diagnostic options. The department, not the advisory committees, is responsible for implementing treatment guidelines and for making coverage decisions that result from such implementation.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-037, § 296-20-02705, filed 12/7/99, effective 1/8/00.]

WAC 296-20-02850 When may the department cover controversial, obsolete, investigational or experimental treatment?

(1) The department or self-insurer will not authorize nor pay for treatment measures of a controversial, obsolete, investigational or experimental nature. (See WAC 296-20-03002.) Under certain conditions, the director or the director's designee may determine that such treatment is appropriate. In making such a decision, the director or director's designee will consider factors including, but not limited to, the following:

(a) Scientific studies investigating the safety and efficacy of the treatment are incomplete, or if completed, have conflicting conclusions, and:

- Preliminary data indicate the treatment or diagnostic procedure or device has improved net health and functional outcomes; and
- No alternative treatment or diagnostic is available; or

(b) The treatment or diagnostic procedure or device is prescribed as part of:

- A controlled, clinical trial that has been reviewed and approved by an institutional review board that was established in accordance with the federal Department of Health and Human Services (DHHS) regulations (45 CFR Part 46 consistent with the purposes of this chapter, and as now or hereafter amended); and
- For medical devices not yet cleared for marketing, the clinical evaluation has an approved investigational device exemption (IDE) in accordance with the federal Food and Drug Administration (FDA) regulations (21 CFR Parts 50, 56, and 812 consistent with the purposes of this chapter, and as now or hereafter amended); and
- For drugs not yet cleared for marketing, the clinical evaluation has been approved in accordance with the federal Food and Drug Administration (FDA) regulations (21 CFR Part 312 consistent with the purposes of this chapter, and as now or hereafter amended); or

(c) The usually indicated procedure or diagnostic test would likely be harmful for the patient because of other unrelated conditions.

(2) The health care provider must submit a written request and obtain approval from the department or self-insurer, prior to using a controversial, obsolete, investigational, or experimental treatment. The written requests must contain a description of the treatment, the reason for the request, potential risks and expected benefits, length of care and estimated cost of treatment.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-037, § 296-20-02850, filed 12/7/99, effective 1/8/00.]

WAC 296-20-030 Treatment not requiring authorization for accepted conditions

(1) A maximum of twenty office calls for the treatment of the industrial condition, during the first sixty days, following injury. Subsequent office calls must be authorized. Reports of treatment rendered must be filed at sixty day intervals to include number of office visits to date. See chapter 296-20 WAC and department policies for report requirements and further information.

(2) Initial diagnostic x-rays necessary for evaluation and treatment of the industrial injury or condition. See WAC 296-20-121 for further information.

(3) The first twelve physical therapy treatments as provided by chapters 296-21, 296-23, and 296-23A WAC, upon consultation by the attending doctor or under his direct supervision. Additional physical therapy treatment must be authorized and the request substantiated by evidence of improvement. In no case will the department or self-insurer pay for inpatient hospitalization of a claimant to receive physical therapy treatment only. USE OF DIAPULSE, THERMATIC (standard model only), SPECTROWAVE AND SUPERPULSE MACHINES AND IONTOPHORESIS IS NOT AUTHORIZED FOR WORKERS ENTITLED TO BENEFITS UNDER THE INDUSTRIAL INSURANCE ACT.

(4) Routine laboratory studies reasonably necessary for diagnosis and/or treatment of the industrial condition. Other special laboratory studies require authorization.

(5) Routine standard treatment measures rendered on an emergency basis or in connection with minor injuries not otherwise requiring authorization.

(6) Consultation with specialist when indicated. See WAC 296-20-051 for consultation guidelines.

(7) Diagnostic or therapeutic nerve blocks. See WAC 296-20-03001 for restrictions.

(8) Intra-articular injections. See WAC 296-20-03001 for restrictions.

(9) Myelogram if prior to emergency surgery.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-030, filed 12/7/99, effective 1/20/00. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-030, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-030, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-24-041 (Order 81-28), § 296-20-030, filed 11/30/81, effective 1/1/82; 81-01-100 (Order 80-29), § 296-20-030, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-20-030, filed 11/24/76, effective 1/1/77; Order 75-39, § 296-20-030, filed 11/28/75, effective 1/1/76; Order 74-7, § 296-20-030, filed 1/30/74; Order 71-6, § 296-20-030, filed 6/1/71; Order 70-12, § 296-20-030, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-030, filed 11/27/68, effective 1/1/69.]

WAC 296-20-03001 Treatment requiring authorization

Certain treatment procedures require authorization by the department or self-insurer. Requests for authorization must include a statement of: The condition(s) diagnosed; ICD-9-CM codes; their relationship, if any, to the industrial injury/exposure; an outline of the proposed treatment program, its length and components, procedure codes, and expected prognosis; and an estimate of when treatment would be concluded and condition stable.

(1) Office calls in excess of the first twenty visits or sixty days whichever occurs first.

(2) The department may designate those inpatient hospital admissions that require prior authorization.

(3) X-ray and radium therapy.

(4) Diagnostic studies other than routine x-ray and blood or urinalysis laboratory studies.

(5) Myelogram and discogram in nonemergent cases.

(6) Physical therapy treatment beyond initial twelve treatments as outlined in chapters 296-21, 296-23, and 296-23A WAC.

(7) Diagnostic or therapeutic injection. Epidural or caudal injection of substances other than anesthetic or contrast solution will be authorized under the following conditions only:

   (a) When the worker has experienced acute low back pain or acute exacerbation of chronic low back pain of no more than six months duration.

   (b) The worker will receive no more than three injections in an initial thirty-day treatment period, followed by a thirty-day evaluation period. If significant pain relief is demonstrated one additional series of three injections will be authorized. No more than six injections will be authorized per acute episode.

(8) Home nursing or convalescent center care must be authorized per provision outlined in WAC 296-20-091.

(9) Provision of prosthetics, orthotics, surgical appliances, special equipment for home or transportation vehicle; custom made shoes for ankle/foot injuries resulting in permanent deformity or malfunction of a foot; TNS units; masking devices; hearing aids; etc., must be authorized in advance as per WAC 296-20-1101 and 296-20-1102.

(10) Biofeedback program; pain clinic; weight loss program; psychotherapy; rehabilitation programs; and other programs designed to treat special problems must be authorized in advance. Refer to the department's medical aid rules and fee schedules for details.

(11) Prescription or injection of vitamins for specific therapeutic treatment of the industrial condition(s) when the attending doctor can demonstrate that published clinical studies indicate vitamin therapy is the treatment of choice for the condition. Authorization for this treatment will require presentation of facts to and review by department medical consultant.

(12) Injections of anesthetic and/or anti-inflammatory agents into the vertebral facet joints will be authorized to qualified specialists in orthopedics, neurology, and anesthesia, or other physicians who can demonstrate expertise in the procedure, AND who can provide certification their hospital privileges include the procedure requested under the following conditions:

   (a) Rationale for procedure, treatment plan, and request for authorization must be presented in writing to the department or self-insurer.

   (b) Procedure must be performed in an accredited hospital under radiographic control.

   (c) Not more than four facet injection procedures will be authorized in any one patient.

(13) The long term prescription of medication under the specific conditions and circumstances in (a) and (b) are considered corrective therapy rather than palliative treatment and approval in advance must be obtained.

(a) Nonsteroidal anti-inflammatory agents for the treatment of degenerative joint conditions aggravated by occupational injury.

(b) Anticonvulsive agents for the treatment of seizure disorders caused by trauma.

(14) Intramuscular and trigger point injections of steroids and other nonscheduled medications are limited to three injections per patient. The attending doctor must submit justification for an additional three injections if indicated with a maximum of six injections to be authorized for any one patient.

(15) The department may designate those diagnostic and surgical procedures which can be performed in other than a hospital inpatient setting. Where a worker has a medical condition which necessitates a hospital admission, prior approval of the department or self-insurer must be obtained.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-03001, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 90-04-057, § 296-20-03001, filed 2/2/90, effective 3/5/90; 86-20-074 (Order 86-36), § 296-20-03001, filed 10/1/86, effective 11/1/86; 86-06-032 (Order 86-19), § 296-20-03001, filed 2/28/86, effective 4/1/86; 83-16-066 (Order 83-23), § 296-20-03001, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-24-041 (Order 81-28), § 296-20-03001, filed 11/30/81, effective 1/1/82; 81-01-100 (Order 80-29), § 296-20-03001, filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.030 and 51.16.035. 79-12-086 (Order 79-18), § 296-20-03001, filed 11/30/79, effective 1/1/80; Order 76-34, § 296-20-03001, filed 11/24/76, effective 1/1/77.]

WAC 296-20-03002 Treatment not authorized

The department or self-insurer will not allow nor pay for following treatment:

(1) Use of diapulse, thermatic (standard model only), spectrowave and superpulse machines on workers entitled to benefits under the Industrial Insurance Act.

(2) Iontophoresis; prolotherapy; acupuncture; injections of colchicine; injections of fibrosing or sclerosing agents; and injections of substances other than anesthetic or contrast into the subarachnoid space (intrathecal injections).

(3) Treatment to improve or maintain general health (i.e., prescriptions and/or injection of vitamins or referrals to special programs such as health spas, swim programs, exercise programs, athletic-fitness clubs, diet programs, social counseling).

(4) Continued treatment beyond stabilization of the industrial condition(s), i.e., maintenance care, except where necessary to monitor prescription of medication necessary to maintain stabilization i.e., anti-convulsive, anti-spasmodic, etc.

(5) After consultation and advice to the department or self-insurer, any treatment measure deemed to be dangerous or inappropriate for the injured worker in question.

(6) Treatment measures of an unusual, controversial, obsolete, or experimental nature (see WAC 296-20-045). Under certain conditions, treatment in this category may be approved by the department or self-insurer. Approval must be obtained prior to treatment. Requests must contain a description of the treatment, reason for the request with benefits and results expected.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-03002, filed 2/28/86, effective 4/1/86; 83-16-066 (Order 83-23), § 296-20-03002, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-24-041 (Order 81-28), § 296-20-03002, filed 11/30/81, effective 1/1/82; 81-01-100 (Order 80-29), § 296-20-03002, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-20-03002, filed 11/24/76, effective 1/1/77.]

WAC 296-20-03003 Drugs and medication

Repealed and replaced with WACS 296-20-03010 through WACS 296-20-03024.

WAC 296-20-03004 Chemonucleolysis

Chymopapain injections may be authorized in the treatment of lumbar disc disease under the following limitations and criteria:

(1) Only physicians

(a) who routinely care for patients with herniated lumbar intervertebral discs,

(b) who are qualified by training and experience to diagnose lumbar disc disease and to perform laminectomy, discectomy or other spinal procedures, (c) who have received specialized training in chemonucleolysis, may administer the procedure for industrial injured workers covered under state industrial insurance fund or self-insurance.

(2) Preadministration work-up shall include but is not limited to (a) a concurring opinion from a physician familiar with the procedure and qualified by training and experience to diagnose and treat lumbar disc disease, (b) diagnostic studies indicative of level of disc herniation i.e., myelogram, a high resolution CT scan, discogram, etc., (c) other diagnostic studies including sedimentation rate (anaphylaxis has occurred primarily in females with sedimentation rates in excess of 20 mm per hour) as indicated for the individual patient.

(3) Procedure will be authorized (a) one time only in the treatment life of any given patient, (b) maximum of two levels per patient (Generally only one level will be authorized. Indications for a second level are infrequent. However, authorization may be granted if diagnostic studies and/or concurring opinion so indicates.), (c) only for patients who have had no previous lumbar surgery at that level.

(4) Procedure must be carried out in hospital setting under radiographic or fluoroscopic control, with a permanent x-ray record maintained.

(5) **Prior authorization from the department or the self-insurer must be obtained before procedure is scheduled**.

(6) These rules were formulated based upon the recommendations of the Federal Food and Drug Administration, the drug manufacturer, and the industrial insurance committee of the Washington state medical association.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 83-16-066 (Order 83-23), § 296-20-03004, filed 8/2/83.]

WAC 296-20-03005 Inoculation or immunological treatment for exposure to infectious occupational disease

Authorization for inoculation or other immunological treatment for occupational disease shall be given only in cases in which a work related activity has resulted in probable exposure of the worker to a potential infectious occupational disease. In no case shall such inoculation or immunological treatment be authorized until such time as a work related activity has resulted in such probable exposure. Inoculation or other treatment required as a condition for employment or otherwise obtained prior to the worker's performing a work related activity resulting in probable exposure to an occupational disease shall not be authorized. For purposes of this section, probable exposure is an incident which gives rise to a clear and immediate likelihood of contracting an occupational disease process.

[Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.36.010. 86-18-025 (Order 86-34), § 296-20-03005, filed 8/27/86, effective 11/1/86.]

WAC 296-20-03010 What are the general principles the department uses to determine coverage on drugs and medications?

The department or self-insurer pays for drugs that are deemed proper and necessary to treat the industrial injury or occupational disease accepted under the claim. In general, the department will consider coverage for all FDA approved drugs for stated indications. The department or self-insurer may pay for prescriptions for off label indications when used within current medical standards and prescribed in compliance with published contraindications, precautions and warnings.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03010, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03011 What general limitations are in place for medications?

(1) **Amount dispensed.** The department or self-insurer will pay for no more than a thirty-day supply of a medication dispensed at any one time.

(2) **Over-the-counter drugs.** Prescriptions for over-the-counter items may be paid. Special compounding fees for over-the-counter items are not payable.

(3) **Generic drugs.** Prescriptions are to be written for generic drugs unless the attending physician specifically indicates that substitution is not permitted. For example: The patient cannot tolerate substitution. Pharmacists are instructed to fill with generic drugs unless the attending physician specifically indicates substitution is not permitted.

(4) **Prescriptions for unrelated medical conditions.** The department or self-insurer may consider temporary coverage of prescriptions for conditions not related to the industrial injury when such conditions are retarding recovery. Any treatment for such conditions must have prior authorization per WAC 296-20-055.

(5) **Pension cases.** Once the worker is placed on a pension, the department or self-insurer may pay for only those drugs and medications authorized for continued medical treatment for conditions previously accepted by the department. Authorization for continued medical and surgical treatment is at the sole discretion of the supervisor of industrial insurance and must be authorized before the treatment is rendered. In such pension cases, the department or self-insurer cannot pay for scheduled drugs used to treat continuing pain resulting from an industrial injury or occupational disease.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03011, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03012 Where can I find the department's outpatient drug and medication coverage decisions?

The department's outpatient drug and medication coverage decisions are contained in the department's formulary, as developed by the department in collaboration with the Washington State Medical Association's Industrial Insurance and Rehabilitation Committee.

In the formulary, drugs are listed in the following categories:

- **Allowed**

  Drugs used routinely for treating accepted industrial injuries and occupational illnesses.

  Example: Nonscheduled drugs and other medications during the acute phase of treatment for the industrial injury or condition.

- **Prior authorization required**

  Drugs used routinely to treat conditions not normally accepted as work related injuries, drugs which are used to treat unrelated conditions retarding recovery from the accepted condition on the claim, and drugs for which less expensive alternatives exist.

  Example: All drugs to treat hypertension because hypertension is not normally an accepted industrial condition.

- **Denied**

  Drugs not normally used for treating industrial injuries or not normally dispensed by outpatient pharmacies.

  Example: Most hormones, most nutritional supplements.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03012, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03013 Will the department or self-insurer pay for a denied outpatient drug in special circumstances?

Some of the drugs that are routinely denied may be covered in special circumstances. Requests for coverage under special circumstances require authorization prior to treatment. Examples of drugs that may be covered in special circumstances include:

- Drugs and medications to treat unrelated conditions when retarding recovery;
- Special treatments for unique catastrophic injuries.

The department may require written documentation to support the request.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03013, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03014 Which drugs have specific limitations?

(1) **Injectables.** Prescriptions for injectable opioids or other analgesics, sedatives, antihistamines, tranquilizers, psychotropics, vitamins, minerals, food supplements, and hormones are not covered.

Exceptions: The department or self-insurer covers injectable medications under the following circumstances.

(a) Indicated injectable drugs for the following:
- Inpatients; or
- During emergency treatment of a life-threatening condition/injury; or
- During outpatient treatment of severe soft tissue injuries, burns or fractures when needed for dressing or cast changes; or
- During the perioperative period and the postoperative period, not to exceed forty-eight hours from the time of discharge.

(b) Prescriptions of injectable insulin, heparin, anti-migraine medications, or impotency treatment, when proper and necessary.

(2) **Noninjectable scheduled drugs administered by other than the oral route.** Nonoral routes of administration of scheduled drugs that result in systemic availability of the drug equivalent to injectable routes will also not be covered.

(3) **Sedative-hypnotics.** During the chronic stage of an industrial injury or occupational disease, payment for scheduled sedatives and hypnotics will not be authorized.

(4) **Benzodiazepines.** Payment for prescriptions for benzodiazepines are limited to the following types of patients:
- Hospitalized patients;
- Claimants with an accepted psychiatric disorder for which benzodiazepines are indicated;
- Claimants with an unrelated psychiatric disorder that is retarding recovery but which the department or self-insurer has temporarily authorized treatment (see WAC 296-20-055) and for which benzodiazepines are indicated; and
- Other outpatients for not more than thirty days for the life of the claim.

(5) **Cancer.** When cancer or any other end-stage disease is an accepted condition, the department or self-insurer may authorize payment for any indicated scheduled drug and by any indicated route of administration.

(6) **Spinal cord injuries.** When a spinal cord injury is an accepted condition, the department or self-insurer may authorize payment for anti-spasticity medications by any indicated route of administration (e.g., some benzodiazepines, Baclofen). Prior authorization is required.

Note: See the department formulary for specific limitations and prior authorization requirements of other drugs.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03014, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03015 What steps may the department or self-insurer take when concerned about the amount or appropriateness of drugs and medications prescribed to the injured worker?

(1) The department or self-insurer may take any or all of the following steps when concerned about the amount or appropriateness of drugs the patient is receiving:

- Notify the attending physician of concerns regarding the medications such as drug interactions, adverse reactions, prescriptions by other providers;
- Require that the attending physician send a treatment plan addressing the drug concerns;
- Request a consultation from an appropriate specialist;
- Request that the attending physician consider reducing the prescription, and provide information on chemical dependency programs;
- Limit payment for drugs on a claim to one prescribing doctor.

(2) If the attending physician or worker does not comply with these requests, or if the probability of imminent harm to the worker is high, the department or self-insurer may discontinue payment for the drug after adequate prior notification has been given to the worker, pharmacy and physician.

(3) Physician failure to reduce or terminate prescription of controlled substances, habit forming or addicting medications, or dependency inducing medications, after department or self-insurer request to do so for an injured worker may result in a transfer of the worker to another physician of the worker's choice. (See WAC 296-20-065.)

(4) Other corrective actions may be taken in accordance with WAC 296-20-015, Who may treat.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03015, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03016 Is detoxification and/or chemical dependency treatment covered?

The department or self-insurer may pay for detoxification and/or chemical dependency treatment in the following circumstances:

- The injured worker becomes dependent or toxic on medication prescribed for an accepted condition on the claim; or
- The injured worker becomes dependent or toxic due to medications prescribed for a condition retarding recovery of the accepted condition on the claim; or
- The injured worker is dependent or toxic due to medications for an unrelated condition, but that dependency or toxicity is retarding recovery of the accepted condition.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03016, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03017 What information is needed for prescriptions and the physician's record?

Prescriptions must include the department authorized provider number for the prescribing physician and the physician's signature. The physician's record must contain the name and reason for the medication, the dosage, quantity prescribed and/or dispensed, the route of administration, the frequency, the starting and stopping dates, the expected outcome of treatment, and any adverse effects that occur. Please refer to WAC 296-20-03021 and 296-20-03022 for additional documentation requirements when treating chronic, noncancer pain.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03017, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03018 What inpatient drugs are covered?

In general, the department or self-insured employer pays for most drugs in an inpatient hospital setting. Please see WAC 296-20-075, Hospitalization.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03018, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03019 Under what conditions will the department or self-insurer pay for oral opioid treatment for chronic, noncancer pain?

Chronic, noncancer pain may develop after an acute injury episode. It is defined as pain that typically persists beyond two to four months following the injury.

The department or self-insurer may pay for oral opioids for the treatment of chronic, noncancer pain caused by an accepted condition when that treatment is proper and necessary. See WAC 296-20-01002 for the definition of "proper and necessary" health care services.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03019, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03020 What are the authorization requirements for treatment of chronic, noncancer pain with opioids?

No later than thirty days after the attending physician begins treating the worker with opioids for chronic, noncancer pain, the attending physician must submit a written report to the department or self-insurer in order for the department or self-insurer to pay for such treatment. The written report must include the following:

- A treatment plan with time-limited goals;
- A consideration of relevant prior medical history;
- A summary of conservative care rendered to the worker that focused on reactivation and return to work;
- A statement on why prior or alternative conservative measures may have failed or are not appropriate as sole treatment;
- A summary of any consultations that have been obtained, particularly those that have addressed factors that may be barriers to recovery;
- A statement that the attending physician has conducted appropriate screening for factors that may significantly increase the risk of abuse or adverse outcomes (e.g., a history of alcohol or other substance abuse); and
- An opioid treatment agreement that has been signed by the worker and the attending physician. This agreement must be renewed every six months. The treatment agreement must outline the risks and benefits of opioid use, the conditions under which opioids will be prescribed, the physician's need to document overall improvement in pain and function, and the worker's responsibilities.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03020, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03021 What documentation is required to be submitted for continued coverage of opioids to treat chronic, noncancer pain?

In addition to the general documentation required by the department or self-insurer, the attending physician must submit the following information at least every sixty days when treating with opioids:

- Documentation of drug screenings, consultations, and all other treatment trials;
- Documentation of outcomes and responses, including pain intensity and functional levels; and
- Any modifications to the treatment plan.

The physician must use a form developed by the department, or a substantially equivalent form, to document the patient's improvement in pain intensity and functional levels. This form may be included as part of a sixty-day report.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03021, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03022 How long will the department or self-insurer continue to pay for opioids to treat chronic, noncancer pain?

The department or self-insurer will continue to pay for treatment with opioids so long as the physician documents:

- Substantial reduction of the patient's pain intensity; and
- Continuing substantial improvement in the patient's function.

Once the worker's condition has reached maximum medical improvement, further treatment with opioids is not payable. Opioid treatment for chronic, noncancer pain past the first three months of such treatment without documentation of substantial improvement is presumed to be not proper and necessary.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03022, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03023 When may the department or self-insurer deny payment of opioid medications used to treat chronic, noncancer pain?

Payment for opioid medications may be denied in any of the following circumstances:

- Absent or inadequate documentation;
- Noncompliance with the treatment plan;
- Pain and functional status have not substantially improved after three months of opioid treatment; or
- Evidence of misuse or abuse of the opioid medication or other drugs, or noncompliance with the attending physician's request for a drug screen.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03023, filed 12/7/99, effective 1/20/00.]

WAC 296-20-03024 Will the department or self-insurer pay for nonopioid medications for the treatment of chronic, noncancer pain?

The department or self-insurer may pay for nonopioid medication for the treatment of chronic, noncancer pain when it is proper and necessary.

For example, some drugs such as anti-convulsants, anti-depressants, and others have been demonstrated to be useful in the treatment of chronic pain and may be approved when proper and necessary.

[Statutory Authority: RCW 51.04.020 and 51.04.030. 00-01-040, § 296-20-03024, filed 12/7/99, effective 1/20/00.]

WAC 296-20-035 Treatment in cases that remain open beyond sixty days

Conditions requiring treatment beyond sixty days are indicative of a major industrial condition or complication by other conditions. Except in cases of severe and extensive injuries, i.e., quadriplegia, paraplegia, multiple fractures, etc., when the worker requires treatment beyond sixty days following injury, a complete examination is necessary to determine and/or establish need for continued treatment and/or payment of time loss compensation. This may be accomplished either by the attending doctor or a consultation exam. In either case, a detailed exam report must be provided to the department or self-insurer. Refer to chapter 296-20 WAC (including the definition section) and department policy for the type of information that must be included in these reports.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-035, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.040.030 [51.04.030]. 87-08-004 (Order 87-09), § 296-20-035, filed 3/20/87. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-035, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-24-041 (Order 81-28), § 296-20-035, filed 11/30/81, effective 1/1/82; 81-01-100 (Order 80-29), § 296-20-035, filed 12/23/80, effective 3/1/81; Order 71-6, § 296-20-035, filed 6/1/71; Order 70-12, § 296-20-035, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-035, filed 11/27/68, effective 1/1/69.]

WAC 296-20-045 Consultation requirements

In the event of complication, controversy, or dispute over the treatment aspects of any claim, the department or self-insurer will not authorize treatment until the attending doctor has arranged a consultation with a qualified doctor with experience and expertise on the subject, and the department or self-insurer has received notification of the findings and recommendations of the consultant.

This consultation must be arranged in accordance with WAC 296-20-051.
Consultations are also required in the following situations:

(1) All nonemergent major surgery on a patient with serious medical, emotional or social problems which are likely to complicate recovery.

(2) All procedures of a controversial nature or type not in common use for the specific condition.

(3) Surgical cases where there are complications or unfavorable circumstances such as age, preexisting conditions or interference with occupational requirements, etc.

(4) If the attending doctor, the department, self-insurer, or authorized department representative requests a consultation.

(5) Conservative care, (e.g., nonsurgical cases) extending past one hundred twenty days following initial visit. Such consultation may be with a chiropractic or a medical or osteopathic consultant.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 90-04-057, § 296-20-045, filed 2/2/90, effective 3/5/90. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-045, filed 12/23/80, effective 3/1/81. Statutory Authority: RCW 51.04.030 and 51.16.035. 79-12-086 (Order 79-18), § 296-20-045, filed 11/30/79, effective 1/1/80; Order 71-6, § 296-20-045, filed 6/1/71; Order 70-12, § 296-20-045, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-045, filed 11/27/68, effective 1/1/69.]

WAC 296-20-051 Consultations

In cases presenting diagnostic or therapeutic problems to the attending doctor, consultation with a specialist will be allowed without prior authorization. The consultant must submit his findings and recommendations immediately to the attending doctor and the department or self-insurer. Refer to chapter 296-20 WAC and department policy for reporting requirements.

Whenever possible, the referring doctor should make his x-rays and records available to the consultant to avoid unnecessary duplication. The department's consultation referral form may be used to convey information to the consultant. Consultants may proceed with indicated and reasonable x-rays or laboratory work and reasonable diagnostic studies as permitted within their scope of practice.
Consultations will be held with a specialist within a reasonable geographic area. Whenever possible, consultation should be made with a doctor outside the referring doctor's office or partnership.

The attending doctor will not arrange a consultation if he has received notification that a special or commission examination is being arranged by the department or self-insurer. If he has had recent consultation and is notified that the department or self-insurer is arranging an examination, he must immediately advise the department or self-insurer of the consultation.

The consultation fee will be paid only if a consultation report is complete and contains all pathological findings as well as all pertinent negative or normal findings. The report must be received in the department within fifteen days from the date of the consultation. No fee is paid to the consultant if the worker fails the appointment.

The consultant may not order, prescribe, or provide treatment without the approval of the attending doctor and the injured worker. No transfer will be made to the consultant without the prior approval of the attending doctor and the injured worker.

Consultation services will not be reimbursed for workers who are currently, or have been under the physician's care within the last three years. Such services should be billed as follow up visits, as listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-051, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-051, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-051, filed 12/23/80, effective 3/1/81; Order 71-6, § 296-20-051, filed 6/1/71; Order 70-12, § 296-20-051, filed 12/1/70, effective 1/1/71. Formerly WAC 296-20-070.]

WAC 296-20-055 Limitation of treatment and temporary treatment of unrelated conditions when retarding recovery

Conditions preexisting the injury or occupational disease are not the responsibility of the department. When an unrelated condition is being treated concurrently with the industrial condition, the attending doctor must notify the department or self-insurer immediately and submit the following:

(1) Diagnosis and/or nature of unrelated condition.

(2) Treatment being rendered.

(3) The effect, if any, on industrial condition.

Temporary treatment of an unrelated condition may be allowed, upon prior approval by the department or self-insurer, provided these conditions directly retard recovery of the accepted condition. The department or self-insurer will not approve or pay for treatment for a known preexisting unrelated condition for which the claimant was receiving treatment prior to his industrial injury or occupational disease, which is not retarding recovery of his industrial condition.

A thorough explanation of how the unrelated condition is affecting the industrial condition must be included with the request for authorization.

The department or self-insurer will not pay for treatment of an unrelated condition when it no longer exerts any influence upon the accepted industrial condition. When treatment of an unrelated condition is being rendered, reports must be submitted monthly outlining the effect of treatment on both the unrelated and the accepted industrial conditions.

The department or self-insurer will not pay for treatment for unrelated conditions unless specifically authorized. This includes prescription of drugs and medicines.

[Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-055, filed 12/23/80, effective 3/1/81; Order 71-6, § 296-20-055, filed 6/1/71; Order 70-12, § 296-20-055, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-055, filed 11/27/68, effective 1/1/69.]

WAC 296-20-06101 Reporting requirements

What reports are health care providers required to submit to the insurer?

The department or self-insurer requires different kinds of information at various stages of a claim in order to approve treatment, time loss compensation, and treatment bills. The department or self-insurer may request the following reports at specified points in the claim. The information provided in these reports is needed to adequately manage industrial insurance claims.

Report	Due/Needed by Insurer	What Information Should Be Included In the Report?	Special Notes
Report of Industrial Injury or Occupational Disease (form) **<u>Self-Insurance</u>:** **Physician's Initial Report** (form)	Immediately – within 5 days of 1st visit.	See form If additional space is needed, please attach the information to the application. The claim number should be at the top of the page.	Only MD, DO, DC, ND, DPM, DDS, and OD may sign and be paid for completion of this form.
Sixty Day (narrative) ***Purpose***: Support and document the need for continued care when conservative (non-surgical) treatment is to continue beyond sixty (60) days	Every 60 days when only conservative (non-surgical) care has been provided.	1) The ***conditions diagnosed***, including ICD-9-CM codes and the subjective complaints and objective findings. 2) The ***relationship of diagnoses***, if any, to the industrial injury or exposure. 3) Outline of ***proposed treatment program***, its length, components and expected prognosis including an ***estimate of when treatment should be concluded*** and condition(s) stable. An ***estimated return to work date*** and the ***probability***, if any, ***of permanent partial disability*** resulting from the industrial condition. 4) ***Current medications***, including dosage and amount prescribed. With repeated prescriptions, include the plan and need for continuing medication. 5) If the worker has not returned to work, ***indicate whether a vocational assessment will be necessary*** to evaluate the worker's ability to return to work and why.	Providers may submit legible comprehensive chart notes in lieu of 60 day reports **PROVIDED** the chart notes include all the information required as noted in the "What Information Should Be Included?" column. ***However***, office notes are not acceptable in lieu of **requested** narrative reports and providers may not bill for the report if chart notes are submitted in place of the report.

Report (cont.)	Due/Needed by Insurer	What Information Should Be Included In the Report?	Special Notes
		6) If the worker has not returned to work, a ***doctor's estimate of physical capacities*** should be included. 7) ***Response to any specific questions*** asked by the insurer or vocational counselor.	Please see WAC 296-20-03021 and 296-20-03022 for documentation requirements for those workers receiving opioids to treat chronic non-cancer pain. Providers must **include** their **name, address and date** on all chart notes submitted.
Special Reports / Follow-up Reports (narrative)	As soon as possible following request by the department/insurer.	***Response to any specific questions*** asked by the insurer or vocational counselor.	"Special reports" are payable only when requested by the insurer.
Consultation Examination Reports (narrative) ***Purpose***: Obtain an objective evaluation of the need for ongoing conservative medical management of the worker. The attending doctor may choose the consultant.	At 120 days if only conservative (non-surgical) care has been provided.	1) Detailed History 2) **Comparative History** between the history provided by the attending doctor and injured worker. 3) Detailed Physical examination 4) ***Condition(s) diagnosed*** including ICD-9-CM codes, subjective complaints and objective findings. 5) Outline of ***proposed treatment program***: its length, components, expected prognosis including when treatment should be concluded and condition(s) stable. 6) ***Expected degree of recovery*** from the industrial condition. 7) ***Probability of returning to regular work*** *or modified work* and an ***estimated*** return to work ***date***. 8) ***Probability***, if any, of ***permanent partial disability*** resulting from the industrial condition. 9) A doctor's ***estimate of physical capacities*** should be included if the worker has not returned to work. 10) ***Reports*** of necessary, reasonable ***x-ray*** and ***laboratory*** studies to establish or confirm diagnosis when indicated.	If the injured/ill worker had been seen by the consulting doctor within the past 3 years for the same condition, the consultation will be considered a follow-up office visit, not consultation. A copy of the consultation report must be submitted to both the attending doctor and the department/ insurer.

Report (cont.)	Due/Needed by Insurer	What Information Should Be Included In the Report?	Special Notes
Supplemental Medical Report (form)	As soon as possible following request by the department/insurer.	See form	Payable only to the attending doctor upon request of the department / insurer.
Attending Doctor Review of IME Report (form) ***Purpose***: Obtain the attending doctor's opinion about the accuracy of the diagnoses and information provided based on the IME.	As soon as possible following request by the department/insurer.	Agreement or disagreement with IME findings. If you disagree, provide objective/subjective findings to support your opinion.	Payable only to the attending doctor upon request of the department / insurer.
Loss of Earning Power (form) ***Purpose***: Certify the loss of earning power is due to the industrial injury/occupational disease.	As soon as possible after receipt of the form.	See form	Payable only to the AP.
Application to Reopen Claim Due to Worsening of Condition (form) ***Purpose*:** Document worsening of the accepted condition and need to reopen claim for additional treatment**.**	Immediately following identification of worsening after a claim has been closed for 60 days. ***Crime Victims***: Following identification of worsening after a claim has been closed for 90 days.	See form	Only MD, DO, DC, ND, DPM, DDS, and OD may sign and be paid for completion of this form.

What documentation is required for initial and follow-up visits?

Legible copies of office or progress notes are required for the initial and all follow-up visits.

What documentation are ancillary providers required to submit to the insurer?

Ancillary providers are required to submit the following documentation to the department or self-insurer:

Provider	Chart Notes	Reports
Audiology	X	X
Biofeedback	X	X
Dietician		X
Drug & Alcohol Treatment	X	X
Free Standing Surgery	X	X
Free Standing Emergency Room	X	X
Head Injury Program	X	X
Home Health Care		X
Infusion Treatment, Professional Services		X
Hospitals	X	X
Laboratories		X
Licensed Massage Therapy	X	X
Medical Transportation		X
Nurse Case Managers		X
Nursing Home	X	X
Occupational Therapist	X	X
Optometrist	X	X
Pain Clinics	X	X
Panel Examinations		X
Physical Therapist	X	X
Prosthetist/Orthotist	X	X
Radiology		X
Skilled Nursing Facility	X	X
Speech Therapist	X	X

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.060. 00-01-190, § 296-20-06101, filed 12/22/99, effective 1/24/00. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-06101, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-06101, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-24-041 (Order 81-28), § 296-20-06101, filed 11/30/81, effective 1/1/82; 81-01-100 (Order 80-29), § 296-20-06101, filed 12/23/80, effective 3/1/81; Order 74-39, § 296-20-06101, filed 11/22/74, effective 1/1/75.]

WAC 296-20-065 Transfer of doctors

All transfers from one doctor to another must be approved by the department or self-insurer. Normally transfers will be allowed only after the worker has been under the care of the attending doctor for sufficient time for the doctor to: Complete necessary diagnostic studies, establish an appropriate treatment regimen, and evaluate the efficacy of the therapeutic program.

Under RCW 51.36.010 the worker is entitled to free choice of treating doctor. Except as provided under subsections (1) through (7) of this section, no reasonable request for transfer will be denied. The worker must be advised when and why a transfer is denied.

When a transfer is approved, the new attending doctor must be provided with a copy of the worker's treatment record by the previous attending doctor. X-rays in the possession of the previous attending doctor must be immediately forwarded to the new attending doctor for his or her retention as long as the worker remains under his or her care. Copies of x-rays and other records may be provided in lieu of originals.

The department or self-insurer reserves the right to require a worker to select another doctor or specialist for treatment, under the following conditions:

(1) When more conveniently located doctors, qualified to provide the necessary treatment, are available.

(2) When the attending doctor fails to cooperate in observance and compliance with the department rules.

(3) In time loss cases where reasonable progress towards return to work is not shown.

(4) Cases requiring specialized treatment, which the attending doctor is not qualified to render, or is outside the scope of the attending doctor's license to practice.

(5) Where the department or self-insurer finds a transfer of doctor to be appropriate and has requested the worker to transfer in accordance with this rule, the department or self-insurer may select a new attending doctor if the worker unreasonably refuses or delays in selecting another attending doctor.

(6) In cases where the attending doctor is not qualified to treat each of several accepted conditions. This does not preclude concurrent care where indicated. See WAC 296-20-071.

(7) No transfer will be approved to a consultant or special examiner without the approval of the attending doctor and the worker.

Transfers will be authorized for the foregoing reasons or where the department or self-insurer in its discretion finds that a transfer is in the best interest of returning the worker to a productive role in society.

When a worker's care is transferred to another doctor each doctor must submit a separate bill to the department or self-insurer for their portion of the care. Payment will be made at rates determined by department policy.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-065, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-065, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-065, filed 12/23/80, effective 3/1/81; Order 77-27, § 296-20-065, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-20-065, filed 12/1/77; Emergency Order 77-16, § 296-20-065, filed 9/6/77; Order 75-39, § 296-20-065, filed 11/28/75, effective 1/1/76; Order 74-7, § 296-20-065, filed 1/30/74; Order 71-6, § 296-20-065, filed 6/1/71; Order 70-12, § 296-20-065, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-065, filed 11/27/68, effective 1/1/69.]

WAC 296-20-071 Concurrent treatment

In some cases, treatment by more than one practitioner may be allowed. The department or self-insurer will consider concurrent treatment when the accepted conditions resulting from the injury involve more than one system and/or require specialty or multidisciplinary care.

When requesting consideration for concurrent treatment, the attending doctor must provide the department or self-insurer with the following:

The name, address, discipline, and specialty of all other practitioners assisting in the treatment of the injured worker and an outline of their responsibility in the case and an estimate of the length of the period of concurrent care.

When concurrent treatment is allowed, the department or self-insurer will recognize one primary attending doctor, who will be responsible for prescribing all medications; directing the over-all treatment program; providing copies of all reports and other data received from the involved practitioners and, in time loss cases, providing adequate certification evidence of the worker's inability to work.

The department or self-insurer will approve concurrent care on a case-by-case basis. Consideration will be given to all factors in the case including availability of providers in the worker's geographic location.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-071, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-071, filed 12/23/80, effective 3/1/81; Order 75-39, § 296-20-071, filed 11/28/75, effective 1/1/76; Order 70-12, § 296-20-071, filed 12/1/70, effective 1/1/71. Formerly WAC 296-20-060.]

WAC 296-20-075 Hospitalization

(1) Hospitalization will be paid for proper and necessary medical treatment of the accepted condition(s). The department may develop and implement utilization management criteria which will be used to review inpatient hospital admissions. Reimbursement for hospitalization is limited to proper and necessary care for an accepted condition. Failure to comply with these criteria may result in delayed or reduced reimbursement to the provider as allowed under chapter 51.48 RCW. Ward or semi-private accommodations will be paid, unless the worker's condition requires special care.

(2) Discharge from the hospital shall be at the earliest date possible consistent with proper health care. If transfer to a convalescent center or nursing home is indicated, prior arrangements should be made with the department or self-insurer. See WAC 296-20-091 for further information. The department may designate those diagnostic and surgical procedures which will be reimbursed only if performed in an outpatient setting. When procedures so designated must be performed in an inpatient setting for reasons of medical necessity, prior authorization must be obtained.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 90-04-057, § 296-20-075, filed 2/2/90, effective 3/5/90; 87-24-050 (Order 87-23), § 296-20-075, filed 11/30/87, effective 1/1/88; 86-20-074 (Order 86-36), § 296-20-075, filed 10/1/86, effective 11/1/86; 86-06-032 (Order 86-19), § 296-20-075, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-075, filed 12/23/80, effective 3/1/81; Order 71-6, § 296-20-075, filed 6/1/71; Order 70-12, § 296-20-075, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-075, filed 11/27/68, effective 1/1/69.]

WAC 296-20-081 Unrelated concurrent nonemergent surgery

Elective surgery for an unrelated condition is not normally permitted during hospitalization for an industrial condition. Under some circumstances unrelated elective surgery may be permitted through prior agreement and approval by the department provided the unrelated surgery is not more extensive than the procedure for the industrial condition. The requesting doctor must submit a written request and identify which services are needed due to the industrial injury and which are needed due to unrelated conditions, along with an estimate of what effect, if any, the unrelated surgery will have on the accepted conditions and recovery time from surgery.

[Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-081, filed 12/23/80, effective 3/1/81; Order 70-12, § 296-20-081, filed 12/1/70, effective 1/1/71. Formerly WAC 296-20-095.]

WAC 296-20-091 Home nursing or attendant care

A worker temporarily totally disabled or permanently totally disabled may either temporarily or permanently require home nursing or attendant care. A physician's request and prior department authorization are required for home nursing and attendant care.

Home health, hospice, and home care agency providers shall be licensed.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 92-05-041, § 296-20-091, filed 2/13/92, effective 3/15/92. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-091, filed 12/23/80, effective 3/1/81; Order 71-6, § 296-20-091, filed 6/1/71; Order 70-12, § 296-20-091, filed 12/1/70, effective 1/1/71. Formerly WAC 296-20-080.]

WAC 296-20-097 Reopenings

When a claim has been closed by the department or self-insurer by written order and notice for sixty days, submission of a formal "application to reopen claim for aggravation of condition" form (LI 210-79) is necessary. The department or self-insurer is responsible for customary charges for examinations, diagnostic studies, and determining whether or not time-loss is payable regardless of the final action taken on the

reopening application. Reopening applications should be submitted immediately. When reopening is granted, the department or self-insurer can pay time loss and treatment benefits only for a period not to exceed sixty days *prior* to date the application is received by the department or self-insurer. Necessary treatment should not be deferred pending a department or self-insurer adjudication decision. However, should reopening be denied treatment costs become the financial responsibility of the worker.

[Statutory Authority: RCW 51.32.190 and 51.32.210. 90-22-054, § 296-20-097, filed 11/5/90, effective 12/6/90. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-24-041 (Order 81-28), § 296-20-097, filed 11/30/81, effective 1/1/82; 81-01-100 (Order 80-29), § 296-20-097, filed 12/23/80, effective 3/1/81; Order 71-6, § 296-20-097, filed 6/1/71; Order 70-12, § 296-20-095 (codified as WAC 296-20-097), filed 12/1/70, effective 1/1/71. Formerly WAC 296-20-090.]

WAC 296-20-09701 Request for reconsideration

On occasion, a claim may be closed prematurely or in error or other adjudication action may be taken, which may seem inappropriate to the doctor or injured worker. When this occurs the attending doctor should submit immediately in writing his request for reconsideration of the adjudication action, supported by an outline of:

(1) The claimant's current condition.

(2) The treatment program being received.

(3) The prognosis of when stabilization will occur.

All requests for reconsideration must be received by the department or self-insurer within sixty days from date of the order and notice of closure. Request for reconsideration of other department or self-insurer orders or actions must be made in writing by either the doctor or the injured worker within sixty days of the date of the action or order.

[Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-09701, filed 12/23/80, effective 3/1/81.]

WAC 296-20-100 Eye glasses and refractions

The department or self-insurer will be responsible one time for replacement of glasses or contact lenses only to the extent of the cost of restoring damaged item to its condition at the time of the accident. This benefit applies only if the worker was wearing the glasses or contact lens when the industrial accident occurred.

If glasses are repairable and a worker determines that he/she prefers a replacement, the department or self-insurer is responsible only for the cost of the repairs and the worker is responsible for the difference between repair and replacement costs.

Refraction to replace a broken or lost lens is only payable when it is substantiated that the prescription was not available from the broken lens or any other source. If the prescription is available, and the patient needs a new refraction, he is responsible for the costs of such exam.

If a refractive error is the result of the industrial injury or occupational disease condition, refraction and glasses or contact lenses will be authorized and paid by the department or self-insurer.

When broken or lost glasses or contact lenses are the only injury or condition suffered, the doctor's portion of the report of accident can be completed by an optometrist or other vendor furnishing the replacement. A report of accident must be received by the department or self-insurer in order to adjudicate the claim.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-100, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-100, filed 12/23/80, effective 3/1/81; Order 71-6, § 296-20-100, filed 6/1/71; Order 70-12, § 296-20-100, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-100, filed 11/27/68, effective 1/1/69.]

WAC 296-20-110 Dental

Only dentists, oral surgeons or dental specialists licensed in the state in which they practice are eligible to treat workers entitled to benefits under the industrial insurance law.

If only a dental injury is involved, the doctor's portion of the report of accident must be completed by the dentist to whom the worker first reports. See WAC 296-20-025 for further information.

If the accident report has been submitted by another doctor, the dentist's report should be made by letter. In addition to the information required under WAC 296-20-025, the dentist should outline the extent of the dental injury and the treatment program necessary to repair damage due to the injury. Dental x-rays should be retained by the attending dentist for a period of not less than ten years. The department or self-insurer does not require submission of the actual films except upon specific request.

The department or self-insurer is responsible only for repair or replacement of teeth injured or dentures broken as a result of an industrial accident. Any dental work needed due to underlying conditions unrelated to the industrial injury is the responsibility of the worker. It is the responsibility of the dentist to advise the worker accordingly.

In cases presenting complication, controversy, or diagnostic or therapeutic problems, consultation by another dentist may be requested to support authorization for restorative repairs.

Bills covering the cost of dentures should be submitted for the denture only and should not include the cost for subsequent relining. If relining becomes necessary, authorization for relining must be obtained in advance from the department or self-insurer.

Bills must be submitted to the department or self-insurer within one year from the date the service is rendered. Bills must itemize the service rendered, including the current HCPCS Level II codes, the materials used and the injured tooth number(s). See WAC 296-20-125 and department policy for further billing rules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 94 -14-044, § 296-20-110, filed 6/29/94, effective 7/30/94; 93-16-072, § 296-20-110, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-110, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-110, filed 12/23/80, effective 3/1/81; Order 70-12, § 296-20-110, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-110, filed 11/27/68, effective 1/1/69.]

WAC 296-20-1101 Hearing aids and masking devices

The department or self-insurer is responsible for replacement or repair of hearing aids damaged or lost due to an industrial accident only to the extent of restoring the damaged item to its condition at time of the accident. If the hearing aid is repairable and the worker determines he prefers replacement, the department or self-insurer is responsible only to the extent of the cost to repair the original and the worker is responsible for the difference between repair and replacement costs.

When the department or self-insurer has accepted a hearing loss condition either as a result of industrial injury or occupational exposure, the department or self-insurer will furnish a hearing aid (hearing aids when bilateral loss is present) when prescribed or recommended by a physician.

The department or self-insurer will bear the cost of repairs or replacement due to normal wear and the cost of battery replacement for the life of the hearing aid.

In cases of accepted tinnitus, the department or self-insurer may provide masking devices under the same provisions as outlined for hearing aids due to hearing loss.

Provision of masking devices and hearing aids require prior authorization.

[Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-1101, filed 12/23/80, effective 3/1/81.]

WAC 296-20-1102 Special equipment rental and purchase prosthetic and orthotics equipment

The department or self-insurer will authorize and pay rental fee for equipment or devices if the need for the equipment will be for a short period of treatment during the acute phase of condition. Rental extending beyond sixty days requires prior authorization. If the equipment will be needed on long term basis, the department or self-insurer will consider purchase of the equipment or device. The department's or self-insurer's decision to rent or purchase an item of medical equipment will be based on a comparison of the projected rental costs of the item with its purchase price. An authorized representative of the department or self-insurer will decide whether to rent

or purchase certain items, provided they are appropriate and medically necessary for treatment of the worker's accepted industrial condition. Decisions to rent or purchase items will be based on the following information:

(1) Purchase price of the item.
(2) Monthly rental fee.
(3) The prescribing doctor's estimate of how long the item will be needed.

The prescribing doctor must obtain prior authorization from the department or self-insurer, for rental or purchase of special equipment or devices. Also, all equipment (rentals and purchases), prosthetics, and orthotics must be billed using the appropriate codes, and billing forms, as determined by the medical aid rules and fee schedules.

The department or self-insurer will authorize and pay for prosthetics and orthotics as needed by the worker and substantiated by attending doctor. If such items are furnished by the attending doctor, the department or self-insurer will reimburse the doctor his cost for the item. See chapter 296-20 WAC (including WAC 296-20-124) and the fee schedules for information regarding replacement of such items on closed claims.

The department or self-insurer will repair or replace originally provided damaged, broken, or worn-out prosthetics, orthotics, or special equipment devices upon documentation and substantiation from the attending doctor.

Provision of such equipment requires prior authorization.

The gravity guiding system, gravity lumbar reduction device, backswing and other inversion traction equipment may only be used in a supervised setting. Rental or purchase for home use will not be allowed nor paid by the department or self-insurer.

Equipment not requiring prior authorization includes crutches, cervical collars, lumbar and rib belts, and other commonly used orthotics of minimal cost.

Personal appliances such as vibrators, heating pads, home furnishings, hot tubs, waterbeds, exercise bikes, exercise equipment, jacuzzies, pillows, cassette tapes, educational materials or books, and other similar items will not be authorized or paid.

In no case will the department or self-insurer pay for rental fees once the purchase price of the rented item has been reached.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-1102, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 87-22-052 (Order 87-22), § 296-20-1102, filed 11/2/87; 86-06-032 (Order 86-19), § 296-20-1102, filed 2/28/86, effective 4/1/86; 83-16-066 (Order 83-23), § 296-20-1102, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-24-041 (Order 81-28), § 296-20-1102, filed 11/30/81, effective 1/1/82; 81-01-100 (Order 80-29), § 296-20-1102, filed 12/23/80, effective 3/1/81.]

WAC 296-20-1103 Travel expense

The department or self-insurer will reimburse travel expense incurred by workers for the following reasons:

(1) Examinations at department's or self-insurer's request;
(2) vocational services at department's or self-insurer's request;
(3) treatment at department rehabilitation center;
(4) fitting of prosthetic device; and
(5) upon *prior authorization* for treatment when worker must travel more than ten miles one-way from the worker's home to the nearest point of adequate treatment. Travel expense *is not* payable when adequate treatment is available within ten miles of injured worker's home, yet the injured worker prefers to report to an attending doctor outside the worker's home area.

Travel expenses will be reimbursed at the current department rate.

Receipts are required for all expenses except parking expenses under ten dollars.

Claims for reimbursement of travel expenses must be received by the department or self-insurer within one year after the date expenses are incurred. Refer to WAC 296-20-125 and to department policy for additional rules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-1103, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020. 91-12-010, § 296-20-1103, filed 5/30/91, effective 7/1/91. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 83-16-066 (Order 83-23), § 296-20-1103, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-24-041 (Order 81-28), § 296-20-1103, filed 11/30/81, effective 1/1/82; 81-01-100 (Order 80-29), § 296-20-1103, filed 12/23/80, effective 3/1/81.]

WAC 296-20-120 Procedures not listed in this schedule

Procedures not specifically listed will be given values comparable to those of the listed procedures of closest similarity. Refer to chapter 296-20 WAC (including the definition section) and the fee schedules for required billing documentation.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-120, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-120, filed 12/23/80, effective 3/1/81; Order 71-6, § 296-20-120, filed 6/1/71; Order 70-12, § 296-20-120, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-120, filed 11/27/68, effective 1/1/69.]

WAC 296-20-12050 Special programs

(1) The department or self-insurer may from time to time enter into special agreements for services provided by, or under the direction of, licensed providers authorized to bill the department. Special agreements are for services other than routine services covered under the fee schedule, and may include multi-disciplinary or inter-disciplinary programs such as pain management, work hardening, and physical conditioning.

(2) The department shall establish payment rates for special agreements, and may establish outcome criteria, measures of effectiveness, minimum staffing levels, certification requirements, special reporting requirements and such other criteria as will ensure injured workers receive good quality and effective services at a prudent cost.

(3) Special agreements shall be purchased at the discretion of the department or self-insurer. The department may terminate special programs from the industrial insurance program upon thirty days notice to the provider.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 87-24-050 (Order 87-23), § 296-20-12050, filed 11/30/87, effective 1/1/88.]

WAC 296-20-121 X-rays

Recognizing the greatest need for access to x-rays lies with the attending doctor, the department or self-insurer requires only submission of x-ray findings and does not require submission of the actual films except upon specific request when needed for purposes of permanent disability rating, other administrative or legal decisions, or in litigation cases. The department or self-insurer requires the attending doctor retain x-rays for a period of not less than ten years. In transfer cases, the x-rays in the possession of the current attending doctor must be made available to the new attending doctor.

When requesting consultation, the attending doctor should make any x-rays in his possession available to the consultant.

When a special exam has been arranged for the worker by the department or self-insurer, the worker's existing x-rays should be provided to the special examiner. The worker may carry such x-rays to the exam.

When the doctor's office is closed because of death, retirement or leaving the state, arrangements must be made with the department or self-insurer regarding custody of x-rays to insure availability on request. When submitting billing for x-ray service, a copy of the x-ray findings is required. No payment will be made for excessive or unnecessary x-rays. No payment will be made on closed or rejected claims, except under conditions outlined in WAC 296-20-124.

Prior authorization is required for x-rays subsequent to the initial study. Repeat or serial radiology examinations may be performed only upon adequate clinical justification to confirm changes in the condition(s) accepted. The subjective complaints and the objective findings substantiating the repeat study must be submitted by the practitioner in the request for authorization to the department or self-insurer.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-121, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-24-041 (Order 81-28), § 296-20-121, filed 11/30/81, effective 1/1/82; 81-01-100 (Order 80-29), § 296-20-121, filed 12/23/80, effective 3/1/81; Order 77-27, § 296-20-121, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-20-121, filed 12/1/77; Emergency Order 77-16, § 296-20-121, filed 9/6/77; Order 74-39, § 296-20-121, filed 11/22/74, effective 1/1/75; Order 74-7, § 296-20-121, filed 1/30/74.]

WAC 296-20-124 Rejected and closed claims

(1) No payment will be made for treatment or medication on rejected claims or for services rendered after the date of claim closure.

(2) When the department or self-insurer has denied responsibility for an alleged injury or industrial condition the only services which will be paid are those which were carried out at the specific request of the department or the self-insurer and/or those examination or diagnostic services which served as a basis for the adjudication decision. Following the date of the order and notice of claim closure, the department or self-insurer will be responsible only for those services specifically requested or those examinations, and diagnostic services necessary to complete and file a reopening application.

(3) Periodic medical surveillance examinations will be covered by the department or self-insurer for workers with closed claims for asbestos-related disease, to include chest x-ray abnormalities, without the necessity of filing a reopening application when such examinations are recommended by accepted medical protocol.

(4) Replacement of prosthetics, orthotics, and special equipment can be provided on closed claims after prior authorization. See WAC 296-20-1102 for further information.

[Statutory Authority: Chapters 34.04 [34.05], 51.04, 51.32 and 51.36 RCW. 90-04-007, § 296-20-124, filed 1/26/90, effective 2/26/90. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-124, filed 12/23/80, effective 3/1/81; Order 76-34, § 296-20-124, filed 11/24/76, effective 1/1/77.]

WAC 296-20-12401 Provider application process

(1) How can a provider obtain a provider account number from the department?

In order to receive a provider account number from the department, a provider must:

- Complete a provider application
- Sign a provider agreement,
- Provide a copy of any practice or other license held,
- Complete, sign and return a Form W-9, and
- Meet the department's provider eligibility requirements as cited in the department's rules.

NOTES:
A provider account number is required to receive payment from the department, but is not a guarantee of payment for services.

Self-insured employers may have additional requirements for provider status.

(2) Provider account status definitions

- Active - account information is current and provider is eligible to receive payment
- Inactive - account is not eligible to receive payment based on action by the department or at provider request. These accounts can be reactivated.
- Terminated - account is not eligible to receive payment based on action by the department or at provider request. These accounts can not be reactivated.

(3) When may the department inactivate a provider account?

The department may inactivate a provider account when:

- There has been no billing activity on the account for eighteen (18) months, or
- The provider requests inactivation, or
- Provider communications are returned due to address changes, or
- The department changes the provider application or application procedures, or
- Provider does not comply with department request to update information.

(4) When may the department terminate a provider account?

The department may terminate a provider account when:

- The provider is found ineligible to treat per department rules, or
- The provider requests termination, or
- The provider dies or is no longer in active business status.

(5) How can a provider reactivate a provider account?

To reactivate a provider account, the provider may call or write the department. The department may require the provider to update the provider application and/or agreement or complete other needed forms prior to reactivation. Account reactivation is subject to department review. If a provider account has been terminated, a new provider application will be required.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.36.080. 00-09-078, § 296-20-12401, filed 4/18/00, effective 7/1/00.]

WAC 296-20-125 Billing procedures

All services rendered must be in accordance with the medical aid rules, fee schedules, and department policy. The department or self-insurer may reject bills for services rendered in violation of these rules. Workers may not be billed for services rendered in violation of these rules.

(1) Bills must be itemized on department or self-insurer forms or other forms which have been approved by the department or self-insurer. Bills may also be transmitted electronically using department file format specifications. Providers using any of the electronic transfer options must follow department instructions for electronic billing. Physicians, osteopaths, advanced registered nurse practitioners, chiropractors, naturopaths, podiatrists, psychologists, and registered physical therapists use the national standard HCFA-1500 health insurance claim form with the bar code placed 2/10 of an inch from the top and 1 1/2 inches from the left side of the form. Hospitals use the UB-92 billing form for institution services and the national standard HCFA-1500 health insurance claim form with the bar code placed 2/10 of an inch from the top and 1 1/2 inches from the left side of the form for professional services. Hospitals should refer to chapter 296-23A WAC for billing rules pertaining to institution, or facilities, charges. Pharmacies use the department's statement for pharmacy services. Dentists, equipment suppliers, transportation services, vocational services, and massage therapists use the department's statement for miscellaneous services. When billing the department for home health services, providers should use the "statement for home nursing services." Providers may obtain billing forms from the department's local service locations.

(2) Bills must specify the date and type of service, the appropriate procedure code, the condition treated, and the charges for each service.

(3) Bills submitted to the department must be completed to include the following:

(a) Worker's name and address;
(b) Worker's claim number;
(c) Date of injury;
(d) Referring doctor's name and L & I provider account number;
(e) Area of body treated, including ICD-9-CM code(s), identification of right or left, as appropriate;
(f) Dates of service;
(g) Place of service;
(h) Type of service;
(i) Appropriate procedure code, hospital revenue code, or national drug code;
(j) Description of service;
(k) Charge;
(l) Units of service;
(m) Tooth number(s);
(n) Total bill charge;

(o) The name and address of the practitioner rendering the services and the provider account number assigned by the department;
(p) Date of billing;
(q) Submission of supporting documentation required under subsection (6) of this section.

(4) Responsibility for the completeness and accuracy of the description of services and charges billed rests with the practitioner rendering the service, regardless of who actually completes the bill form;

(5) Vendors are urged to bill on a monthly basis. Bills must be received within one year of the date of service to be considered for payment.

(6) The following supporting documentation is required when billing for services:
(a) Laboratory and pathology reports;
(b) X-ray findings;
(c) Operative reports;
(d) Office notes;
(e) Consultation reports;
(f) Special diagnostic study reports;
(g) For BR procedures - see chapter 296-20 WAC for requirements; and
(h) Special or closing exam reports.

(7) The claim number must be placed on each bill and on each page of reports and other correspondence in the upper right-hand corner.

(8) The following considerations apply to rebills.
(a) If you do not receive payment or notification from the department within one hundred twenty days, services may be rebilled.
(b) Rebills must be submitted for services denied if a claim is closed or rejected and subsequently reopened or allowed. In these instances, the rebills must be received within one year of the date the final order is issued which subsequently reopens or allows the claim.
(c) Rebills should be identical to the original bill: Same charges, codes, and billing date.
(d) In cases where vendors rebill, please indicate "REBILL" on the bill.

(9) The department or self-insurer will adjust payment of charges when appropriate. The department or self-insurer must provide the health care provider or supplier with a written explanation as to why a billing or line item of a bill was adjusted at the time the adjustment is made. A written explanation is not required if the adjustment was made solely to conform with the maximum allowable fees as set by the department. Any inquiries regarding adjustment of charges must be received in the required format within ninety days from the date of payment to be considered. Refer to the medical aid rules for additional information.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-125, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 87-16-004 (Order 87-18), § 296-20-125, filed 7/23/87; 86-20-074 (Order 86-36), § 296-20-125, filed 10/1/86, effective 11/1/86; 86-06-032 (Order 86-19), § 296-20-125, filed 2/28/86, effective 4/1/86; 83-16-066 (Order 83-23), § 296-20-125, filed 8/2/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-01-100 (Order 80-29), § 296-20-125, filed 12/23/80, effective 3/1/81; Order 77-27, § 296-20-125, filed 11/30/77, effective 1/1/78; Emergency Order 77-26, § 296-20-125, filed 12/1/77; Emergency Order 77-16, § 296-20-125, filed 9/6/77; Order 75-39, § 296-20-125, filed 11/28/75, effective 1/1/76; Order 74-39, § 296-20-125, filed 11/22/74, effective 1/1/75; Order 74-7, § 296-20-125, filed 1/30/74; Order 71-6, § 296-20-125, filed 6/1/71; Order 70-12, § 296-20-125, filed 12/1/70, effective 1/1/71; Order 68-7, § 296-20-125, filed 11/27/68, effective 1/1/69.]

WAC 296-20-12501 Physician assistant billing procedure

Billing for physician assistant services can be made only by the supervising physician at ninety percent of the value listed in the fee schedules. Payment will be made directly to the supervising physician. All physician assistant services must be identified by using physician assistant modifiers, as listed in chapter 296-21 WAC and the fee schedules.

(1) Bills must be itemized on department or self-insurer forms, as the case may be, specifying: The date, type of service and the charges for each service.

(2) The bill form must be completed in detail to include the claim number. While the name of the physician's assistant rendering service must be included on the bill, all bills must be submitted under the supervising physician account number. Bills will be accepted when signed by other than the practitioner rendering services. When bills are prepared by someone else, the responsibility for the completeness and accuracy of the description of services and charges rests with the supervising physician.

(3) For a bill to be considered for payment, it must be received in the department or by the self-insurer within one year from the date each specific treatment and/or service was rendered or performed. Whenever possible, bills should be submitted monthly.

(4) Bills cannot be paid for services rendered while a claim is closed.

(5) The department or self-insurer may deny payment of bills for services rendered in violation of the medical aid rules or department policy. Workers may not be billed for services rendered in violation of these rules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-12501, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.030 and 51.16.035. 79-12-086 (Order 79-18), § 296-20-12501, filed 11/30/79, effective 1/1/80.]

WAC 296-20-132 Determination of conversion factor adjustments

Adjustments to the conversion factors for providers and services covered by the fee schedules and by department policy may occur annually following prior public hearings.

Such adjustments will be based on the estimated increase/decrease in the state's average wage for the current year and on other factors as determined by department policy. The following calendar year's estimate, of the average state wage will be adjusted to reflect the actual increase/decrease in the state's average wage for the preceding year.

The total percentage change for any one calendar year for the conversion factors may not exceed the total of the estimated increase/decrease in the current year, plus or minus the actual adjustment for the preceding calendar year.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 96-10-086, § 296-20-132, filed 5/1/96, effective 7/1/96. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-132, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 88-24-011 (Order 88-28), § 296-20-132, filed 12/1/88, effective 1/1/89; 82-24-050 (Order 82-39), § 296-20-132, filed 11/29/82, effective 1/1/84.]

WAC 296-20-135 Conversion factors

(1) Conversion factors are used to calculate payment levels for services reimbursed under the Washington resource based relative value scale (RBRVS), and for anesthesia services payable with base and time units.

(2) **Washington RBRVS** services have a conversion factor of ((~~$47.07~~)) $49.60. The fee schedules list the reimbursement levels for these services.

(3) **Anesthesia services** that are paid with base and time units have a conversion factor of ((~~$2.60~~)) $2.70 per minute, which is equivalent to ((~~$39.00~~)) $40.50 per 15 minutes. The base units and payment policies can be found in the fee schedules.

[Note: Most recent WAC history information was not available at the time of printing]

[Statutory Authority: RCW 51.04.020(1) and 51.04.030. 00-09-077, § 296-20-135, filed 4/18/00, effective 7/1/00. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 99-10-043, § 296-20-135, filed 4/30/99, effective 7/1/99; 98-09-125, § 296-20-135, filed 4/22/98, effective 7/1/98; 97-10-017, § 296-20-135, filed 4/28/97, effective 7/1/97. Statutory Authority: RCW 51.04.020 and 51.04.030. 96-19-060. § 296-20-135, filed 9/16/96, effective 10/17/96; 96-10-086, § 296-20-135, filed 5/1/96, effective 7/1/96; 95-17-001 § 296-20-135, filed 8/2/95, effective 10/1/95; 95-05-072, § 296-20-135, filed 2/15/95, effective 3/18/95. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 94-02-045 and 94-03-008, § 296-20-135, filed 12/30/93 and 1/6/94, effective 3/1/94; 93-16-072, § 296-20-135, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 91-02-063, § 296-20-135, filed 12/28/90, effective 1/28/91; 88-24-011 (Order 88-28), § 296-20-135, filed 12/1/88, effective 1/1/89; 87-03-004 (Order 86-45), § 296-20-135, filed 1/8/87; 83-24-016 (Order 83-35), § 296-20-135, filed 11/30/83, effective 1/1/84; 82-24-050 (Order 82-39), § 296-20-135, filed 11/29/82, effective 7/1/83. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 81-24-041 (Order 81-28), § 296-20-135, filed 11/30/81, effective 1/1/82; 80-18-033 (Order 80-24), § 296-20-135, filed 12/1/80, effective 1/1/81. Statutory Authority: RCW 51.04.030 and 51.16.035. 79-12-086 (Order 79-18), § 296-20-135, filed 11/30/79, effective 1/1/80; Order 77-27, § 296-20-135, filed 11/30/77, effective 1/1/78; Order 76-34, § 296-20-135, filed 11/24/76, effective 1/1/77; Order 75-39, § 296-20-135, filed 11/28/75, effective 1/1/76; Order 74-7, § 296-20-135, filed 1/30/74; Order 71-6, § 296-20-135, filed 6/1/71; Order 68-7, § 296-20-135, filed 11/27/68, effective 1/1/69.]

WAC 296-20-170 Pharmacy-Acceptance of rules and fees

Acceptance and filling of a prescription for a worker entitled to benefits under the industrial insurance law, constitutes acceptance of the department's rules and fees. When there is questionable eligibility, (i.e., no claim number, prescription is for medication other than usually prescribed for industrial injury; or pharmacist has reason to believe claim is closed or rejected), the pharmacist may require the worker to pay for the prescription. In these cases, the pharmacist must furnish the worker with a signed receipt and a nonnegotiable copy of the prescription including national drug code and quantity or a completed department pharmacy bill form signed in the appropriate areas verifying worker has paid for the prescribed item(s) in order for the worker to bill the department or self-insurer for reimbursement. The worker may not be charged more than the amount allowable by the department or self-insurer. The worker must submit such reimbursement request within one year of the date of service.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-170, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-170, filed 2/28/86, effective 4/1/86. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 80-18-033 (Order 80-24), § 296-20-170, filed 12/1/80, effective 1/1/81; Order 76-34, § 296-20-170, filed 11/24/76, effective 1/1/77.]

WAC 296-20-17001 Allowance and payment for medication

The department or self-insurer will pay for medications or supplies dispensed for the treatment of conditions resulting from an industrial injury and/or conditions which are retarding the recovery from the industrial injury, for which the department or self-insurer has accepted temporary responsibility.

Approved generics are to be substituted for brand name pharmaceuticals in all cases unless the worker's condition will not tolerate a generic preparation and the prescribing physician indicates no substitution is permitted. A list of approved generics and their base cost will be published periodically by the department.

Items not normally paid include: Syringes, injectables, heating pads, vibrators, personal appliances, oral nutritional supplements, anorexiants, and medications normally prescribed for systemic conditions. These items may be authorized to certain individuals in unusual circumstances; prior approval from the department or self-insurer is mandatory.

Rental or purchase of medical equipment must be prior authorized by the department or self-insurer.

No bills will be paid for medication dispensed after the date of order and notice of claim closure, on an accepted claim; nor, on rejected claims; nor for conditions unrelated to the industrial condition.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-17001, filed 2/28/86, effective 4/1/86; 83-24-016 (Order 83-35), § 296-20-17001, filed 11/30/83, effective 1/1/84. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 80-18-033 (Order 80-24), § 296-20-17001, filed 12/1/80, effective 1/1/81; Order 76-34, § 296-20-17001, filed 11/24/76, effective 1/1/77.]

WAC 296-20-17002 Billing

In addition to the billing procedures described in WAC 296-20-125 and in department policy the current national drug code number for each prescribed drug, followed by the average wholesale price to the pharmacy must be entered on each prescription. The department's statement for pharmacy services must be used when billing the department for NDC medications and supplies. The department's statement for miscellaneous services must be used when billing the department for non-NDC medications and supplies. In addition, the claimant's name, claim number, date of injury, prescribing doctor's name and department of labor and industries provider number; and the assigned department provider number for the pharmacy must be on the bill. Bills for medication not containing this information will be returned to the pharmacy. Billing must be made within one year of the date of service. It is requested bills be presented on a monthly basis.

When billing the department for compound prescriptions, providers must use the "Statement for Compound Prescriptions."

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-20-17002, filed 8/1/93, effective 9/1/93. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 86-06-032 (Order 86-19), § 296-20-17002, filed 2/28/86, effective 4/1/86; 83-24-016 (Order 83-35), § 296-20-17002, filed 11/30/83, effective 1/1/84. Statutory Authority: RCW 51.04.020(4), 51.04.030, and 51.16.120(3). 80-18-033 (Order 80-24), § 296-20-17002, filed 12/1/80, effective 1/1/81; Order 76-34, § 296-20-17002, filed 11/24/76, effective 1/1/77.]

WAC 296-20-200 General information

(1) The department of labor and industries has promulgated the following rules and categories to provide a comprehensive system of classifying unspecified permanent partial disabilities in the proportion they reasonably bear to total bodily impairment. The department's objectives are to reduce litigation and establish more certainty and uniformity in the rating of unspecified permanent partial disabilities pursuant to RCW 51.32.080(2).

(2) The following system of rules and categories directs the examiner's attention to the actual conditions found and establishes a uniform system for conducting rating examinations and reporting findings and conclusions in accord with broadly accepted medical principles.

The evaluation of bodily impairment must be made by experts authorized to perform rating examinations. This system recognizes and provides for this. After conducting the examination, the examiner will choose the appropriate category for each bodily area or system involved in the particular claim and include this information in the report. The examiner will, therefore, in addition to describing the worker's condition in the report, submit the conclusions as to the relative severity of the impairment by giving it in terms of a defined condition rather than a personal opinion as to a percentage figure. In the final section of this system of categories and rules are some rules for determining disabilities and the classification of disabilities in bodily impairment is listed for each category. These last provisions are for the department's administrative use in acting upon the expert opinions which have been submitted to it.

(3) In preparing this system, the department has complied with its duty to enact rules classifying unspecified disabilities in light of statutory references to nationally recognized standards or guides for determining various bodily impairments. Accordingly, the department has obtained and acted upon sound established medical opinion in thus classifying unspecified disabilities in the reasonable proportion they bear to total bodily impairment. In framing descriptive language of the categories and in assigning a percentage of disability, careful consideration has been given to nationally recognized medical standards and guides. Both are matters calling for the use of expert medical knowledge. For this reason, the meaning given the words used in this set of categories and accompanying rules, unless the text or context clearly indicates the contrary, is the meaning attached to the words in normal medical usage.

(4) The categories describe levels of physical and mental impairment. Impairment is anatomic or functional abnormality or loss of function after maximum medical rehabilitation has been achieved. This is the meaning of "impairment" as the word is used in the guides mentioned above. This standard applies to all persons equally, regardless of factors other than loss of physical or mental function. Impairment is evaluated without reference to the nature of injury or the treatment therefore, but is based on the functional loss due to the injury or occupational disease. The categories have been framed to include conditions in other bodily areas which derive from the primary impairment. The categories also include the presence of pain, tenderness and other complaints. Workers with comparable loss of function thus receive comparable awards.

(5) These rules and categories (WAC 296-20-200 through 296-20-690) shall only be applicable to compensable injuries occurring on or after the effective date of these rules and categories.

(6) These rules and categories (WAC 296-20-200 through 296-20-690) shall be applicable only to cases of permanent partial disability. They have no applicability to determinations of permanent total disability.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. 97-09-036, § 296-20-200, filed 4/14/97 effective 5/15/97. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 91-07-008, § 296-20-200, filed 3/8/91, effective 5/1/91; Order 74-32, § 296-20-200, filed 6/21/74, effective 10/1/74.]

WAC 296-20-210 General rules

These general rules establish a uniform standard for conducting examinations and submitting reports of examinations. These general rules must be followed by doctors who make examinations or evaluations of permanent bodily impairment.

(1) Examinations for the determination of the extent of permanent bodily impairment shall be made only by doctors currently licensed in medicine and surgery (including osteopathic and podiatric) or dentistry, and department-approved chiropractors. A chiropractic evaluation of permanent impairment may be performed only where the worker has been clinically managed by a chiropractor.

(2) Whenever an examination is made, the examiner shall record, among other pertinent information, the complete history as obtained from the person examined; the complete history of past injuries and diseases; the complaints; the age, sex, height and weight; x-ray findings and diagnostic tests made or reviewed in connection with the examination; the diagnosis; and all findings, including negative findings, in all bodily areas and systems where a detailed review of systems reveals past or present complaints. The examiner shall record his conclusions as to: Whether the residuals of the injury are fixed; whether treatment is required for the injury and, if so, any treatment shall be described. If the examiner finds residuals of the injury are fixed, he shall record the appropriate category or categories of permanent impairment for diagnoses attributable to the industrial injury or occupational disease. Conditions or impairments not attributable to the industrial injury or occupational disease shall be described and diagnosed in the report, with a description of how they affect the person examined and the appropriate category of permanent impairment where possible.

(3) The examiner shall not assign a percentage figure for permanent bodily impairment described in the categories established herein.

(4) Reports shall specify diagnoses and medical terms as listed in current procedural terminology (CPT), current medical information and terminology (CMIT), international classification of diseases adopted (ICDA), or standard nomenclature of disease, except when otherwise specified in these rules.

(5) Workers who are scheduled for disability examinations are allowed to bring with them an accompanying person to be present during the physical examination. The accompanying person cannot be compensated in any manner, except that language interpreters may be necessary for the communication process and may be reimbursed for interpretative services.

The department may designate those conditions under which the accompanying person is allowed to be present during the disability examination process.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. 97-09-036, § 296-20-210, filed 4/14/97 effective 5/15/97. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 88-14-012 (Order 88-09), § 296-20-210, filed 6/24/88; Order 74-32, § 296-20-210, filed 6/21/74, effective 10/1/74.]

WAC 296-20-220 Special rules for evaluation of permanent bodily impairment

(1) Evaluations of permanent bodily impairment using categories require uniformity in procedure and terminology. The following rules have been enacted to produce this uniformity and shall apply to all evaluations of permanent impairment of an unspecified nature.

(a) Gradations of relative severity shall be expressed by the words “minimal,” “mild,” “moderate” and “marked” in an ascending scale. “Minimal” shall describe deviations from normal responses which are not medically significant. “Mild,” “moderate” and “marked” shall describe ranges of medically significant deviations from normal responses. “Mild” shall describe the least severe third. “Moderate” shall describe the middle third. “Marked” shall describe the most severe third.

(b) “Permanent” describes those conditions which are fixed, lasting and stable, and from which within the limits of medical probability, further recovery is not expected.

(c) “Impairment” means a loss of physical or mental function.

(d) “Total bodily impairment,” as used in these rules, is the loss of physical or mental function which is essentially complete short of death.

(e) The examiner shall not assign a percentage figure for permanent bodily impairment described in the categories established herein.

(f) The method of evaluating impairment levels is by selection of the appropriate level of impairment. These descriptive levels are called “categories.” Assessments of the level of impairment are to be made by comparing the condition of the injured workman with the conditions described in the categories and selecting the most appropriate category.

These rules and categories for various bodily areas and systems provide a comprehensive system for the measurement of disabling conditions which are not already provided for in the list of specified permanent partial disabilities in RCW 51.32.080(1). Disabilities resulting from loss of central visual acuity, loss of an eye by enucleation, loss of hearing, amputation or loss of function of the extremities will continue to be evaluated as elsewhere provided in RCW 51.32.080.

The categories have been classified in percentages in reasonable proportion to total bodily impairment for the purpose of determining the proper award. Provision has been made for correctly weighing the overall impairment due to particular injuries or occupational disease in cases in which there are preexisting impairments.

(g) The categories of the various bodily areas and systems are listed in the order of increasing impairment except as otherwise specified. Where several categories are given for the evaluation of the extent of permanent bodily impairment, the impairments in the higher numbered categories, unless otherwise specified, include the impairments in the lesser numbered categories. No category for a condition due to an injury shall be selected unless that condition is permanent as defined by these rules.

The examiner shall select the one category which most accurately indicates the overall degree of permanent impairment unless otherwise instructed. Where there is language in more than one category which may appear applicable, the category which most accurately reflects the overall impairment shall be selected.

The categories include appropriate subjective complaints in an ascending scale in keeping with the severity of objective findings, thus a higher or lower category is not to be selected purely on the basis of unusually great or minor complaints.

(h) When the examination discloses a preexisting permanent bodily impairment in the area of the injury, the examiner shall report the findings and any category of impairment appropriate to the worker’s condition prior to the industrial injury in addition to the findings and the categories appropriate to the worker’s condition after the injury.

(i) Objective physical or clinical findings are those findings on examination which are independent of voluntary action and can be seen, felt, or consistently measured by examiners.

(j) Subjective complaints or symptoms are those perceived only by the senses and feelings of the person being examined which cannot be independently proved or established.

(k) Muscle spasm as used in these rules is an involuntary contraction of a muscle or group of muscles of a more than momentary nature.

(l) An involuntary action is one performed independently of the will.

(m) These special rules for evaluation of permanent bodily impairment shall apply to all examinations for the evaluation of impairment, in accordance with RCW 51.32.080, for the body areas or systems covered by or enumerated in WAC 296-20-230 through 296-20-660.

(n) The rules for evaluation of each body area or system are an integral part of the categories for that body area or system.

(o) In cases of injury or occupational disease of bodily areas and/or systems which are not included in these categories or rules and which do not involve loss of hearing, loss of central visual acuity, loss of an eye by enucleation or loss of the extremities or use thereof, examiners shall determine the impairment of such bodily areas and/or systems in terms of percentage of total bodily impairment.

(p) The words used in the categories of impairments, in the rules for evaluation of specific impairments, the general rules, and the special rules shall be deemed, unless the context indicates the contrary, to have their general and accepted medical meanings.

(q) The rating of impairment due to total joint replacement shall be in accordance with the limitation of motion guidelines as set forth in the "Guides to the Evaluation of Permanent Impairment" of American Medical Association, with department of labor and industries acknowledgement of responsibility for failure of prostheses beyond the seven year limitation.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. 97-09-036, § 296-20-220, filed 4/14/97 effective 5/15/97. Statutory Authority: RCW 51.04.030 and 51.16.035. 79-12-086 (Order 79-18), § 296-20-220, filed 11/30/79, effective 1/1/80; Order 74-32, § 296-20-220, filed 6/21/74, effective 10/1/74.]

WAC 296-20-230 Cervical and cervico-dorsal impairments

(1) Rules for evaluation of cervical and cervico-dorsal impairments are as follows:

(a) Muscle spasm or involuntary guarding, bony or fibrous fusion, any arthritic condition, internal fixation devices or other physical finding shall be considered, in selecting the appropriate category, only insofar as productive of cervical or cervico-dorsal impairment.

(b) Gradations of clinical findings of cervico-dorsal impairments in terms of "mild," "moderate" or "marked" shall be based on objective medical tests.

(c) Categories 2, 3, 4 and 5 include the presence of complaints of whatever degree in the neck or extremities.

(d) Bladder and/or bowel sphincter impairments deriving from cervical and cervico-dorsal impairment shall be evaluated separately.

(e) Neck as used in these rules and categories shall include the cervical and adjacent areas.

[Order 74-32, § 296-20-230, filed 6/21/74, effective 10/1/74.]

WAC 296-20-240 Categories of permanent cervical and cervico-dorsal impairments

(1) No objective clinical findings are present. Subjective complaints may be present or absent.

(2) Mild cervico-dorsal impairment, with objective clinical findings of such impairment with neck rigidity substantiated by x-ray findings of loss of anterior curve, without significant objective neurological findings.

This and subsequent categories include the presence or absence of pain locally and/or radiating into an extremity or extremities. This and subsequent categories also include the presence or absence of reflex and/or sensory losses. This and subsequent categories also include objectively demonstrable herniation of a cervical intervertebral disc with or without discectomy and/or fusion, if present.

(3) Mild cervico-dorsal impairment, with objective clinical findings of such impairment, with neck rigidity substantiated by x-ray findings of loss of anterior curve, narrowed intervertebral disc spaces and/or osteoarthritic lipping of vertebral margins, with significant objective findings of mild nerve root involvement.

This and subsequent categories include the presence or absence of any other neurological deficits not otherwise specified in these categories with the exception of bladder and/or bowel sphincter impairments.

(4) Moderate cervico-dorsal impairment, with objective clinical findings of such impairment, with neck rigidity substantiated by x-ray findings of loss of anterior curve, narrowed intervertebral disc spaces and/or osteoarthritic lipping of vertebral margins, with objective findings of moderate nerve root involvement with weakness and numbness in one or both upper extremities.

(5) Marked cervico-dorsal impairment, with marked objective clinical findings of such impairment, with neck rigidity substantiated by x-ray findings of loss of anterior curve, narrowed intervertebral disc spaces and/or osteoarthritic lipping of vertebral margins, with objective findings of marked nerve root involvement with weakness and numbness in one or both upper extremities.

[Order 74-32, § 296-20-240, filed 6/21/74, effective 10/1/74.]

WAC 296-20-250 Impairments of the dorsal area

(1) Rules for evaluation of permanent dorsal area impairments are as follows:

(a) Muscle spasm or involuntary guarding, bony or fibrous fusion, any arthritic condition, internal fixation devices or other physical finding shall be considered, in selection of the appropriate category, only insofar as productive of dorsal area impairment.

(b) Gradations of clinical findings of dorsal impairments in terms of “mild,” “moderate” or “marked” shall be based on objective medical tests.

(c) Categories 2 and 3 include the presence of complaints of whatever degree.

(d) Bladder and/or bowel sphincter impairments deriving from impairments of the dorsal area shall be evaluated separately.

(e) Impairments which also involve the cervical or lumbar areas shall be evaluated only under the cervical and cervico-dorsal or dorsolumbar and lumbosacral categories.

[Order 74-32, § 296-20-250, filed 6/21/74, effective 10/1/74.]

WAC 296-20-260 Categories of permanent dorsal area impairments

(1) No objective clinical findings are present. Subjective complaints may be present or absent.

(2) Mild or moderate dorsal impairment, with objective clinical findings of such impairment, without significant objective neurological findings, with or without x-ray changes of narrowed intervertebral disc spaces and/or osteoarthritic lipping of intervertebral margins. Includes the presence or absence of reflex and/or sensory losses.

This and the subsequent category include the presence or absence of pain, locally or radiating from the dorsal area.

(3) Marked dorsal impairment, with marked objective clinical findings, with marked x-ray findings of narrowed intervertebral disc spaces and/or osteoarthritic lipping of vertebral margins, with significant objective neurological deficits, complaints and/or findings, deriving from dorsal impairment.

[Order 74-32, § 296-20-260, filed 6/21/74, effective 10/1/74.]

WAC 296-20-270 Dorso-lumbar and lumbosacral impairments

(1) Rules for evaluation of permanent dorso-lumbar and lumbosacral impairments are as follows:

(a) Muscle spasm or involuntary guarding, bony or fibrous fusion, any arthritic condition, internal fixation devices or other physical finding shall be considered, in selecting the appropriate category, only insofar as productive of low back impairment.

(b) Gradations of clinical findings of low back impairments in terms of “mild,” “moderate” or “marked” shall be based on objective medical tests.

(c) All of the low back categories include the presence of complaints of whatever degree.

(d) Any and all neurological deficits, complaints, and/or findings in other bodily areas or systems which are the result of dorso-lumbar and lumbosacral impairments, except for objectively

demonstrated bladder and/or bowel sphincter impairments, shall be evaluated by the descriptions contained in the categories of dorso-lumbar and lumbosacral impairments.

(e) Bladder and/or bowel sphincter impairments deriving from dorso-lumbar and lumbosacral impairments shall be evaluated separately.

(f) Low back as used in these rules and categories includes the lumbar and adjacent areas.

[Order 74-32, § 296-20-270, filed 6/21/74, effective 10/1/74.]

WAC 296-20-280 Categories of permanent dorso-lumbar and lumbosacral impairments

(1) No objective clinical findings. Subjective complaints and/or sensory losses may be present or absent.

(2) Mild low back impairment, with mild intermittent objective clinical findings of such impairment but no significant x-ray findings and no significant objective motor loss. Subjective complaints and/or sensory losses may be present.

(3) Mild low back impairment, with mild continuous or moderate intermittent objective clinical findings of such impairment but without significant x-ray findings or significant objective motor loss.

This and subsequent categories include: The presence or absence of reflex and/or sensory losses; the presence or absence of pain locally and/or radiating into an extremity or extremities; the presence or absence of a laminectomy or discectomy with normally expected residuals.

(4) Mild low back impairment, with mild continuous or moderate intermittent objective clinical findings of such impairment, with mild but significant x-ray findings and with mild but significant motor loss objectively demonstrated by atrophy and weakness of a specific muscle or muscle group.

This and subsequent categories include the presence or absence of a surgical fusion with normally expected residuals.

(5) Moderate low back impairment, with moderate continuous or marked intermittent objective clinical findings of such impairment, with moderate x-ray findings and with mild but significant motor loss objectively demonstrated by atrophy and weakness of a specific muscle or muscle group.

(6) Marked low back impairment, with marked intermittent objective clinical findings of such impairment, with moderate or marked x-ray findings and with moderate motor loss objectively demonstrated by atrophy and weakness of a specific muscle or muscle group.

(7) Marked low back impairment, with marked continuous objective clinical findings of such impairment, with marked x-ray findings and with marked motor loss objectively demonstrated by marked atrophy and weakness of a specific muscle or muscle group.

(8) Essentially total loss of low back functions, with marked x-ray findings and with marked motor loss objectively demonstrated by marked atrophy and weakness of a muscle group or groups.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 83-16-066 (Order 83-23), § 296-20-280, filed 8/2/83; Order 74-32, § 296-20-280, filed 6/21/74, effective 10/1/74.]

WAC 296-20-290 Impairments of the pelvis

(1) Rules for impairment of the pelvis:

(a) All of these categories include the presence of complaints of whatever degree.

(b) Categories 2, 5, 6 and 7 describe separate entities and more than one may be selected when appropriate. Category 9 includes the findings described in Category 3, and Category 8 includes the findings described in Category 4.

[Order 74-32, § 296-20-290, filed 6/21/74, effective 10/1/74.]

WAC 296-20-300 Categories of permanent impairments of the pelvis

(1) Healed pelvic fractures without displacement, without residuals; healed fractures with displacement without residuals, of: Single ramus, bilateral rami, ilium, innominate or coccyx; or healed fracture of single rami with displacement with deformity and residuals.

(2) Healed fractures with displacement with deformity and residuals of ilium.

(3) Healed fractures of symphysis pubis, without separation with displacement without residuals.

(4) Healed fractures of sacrum with displacement without residuals.

(5) Healed fracture of bilateral rami with displacement with deformity and residuals.

(6) Excision or nonunion of fractures of coccyx.

(7) Healed fractures of innominate, displaced one inch or more, with deformity and residuals.

(8) Healed fractures of sacrum extending into sacroiliac joint with deformity and residuals.

(9) Healed fractures of symphysis, displaced or separated, with deformity and residuals.

[Order 74-32, § 296-20-300, filed 6/21/74, effective 10/1/74.]

WAC 296-20-310 Convulsive neurological impairments

(1) Rules for evaluation of convulsive neurological impairments:

(a) The description of Categories 2, 3 and 4 include the presence of complaints of whatever degree.

[Order 74-32, § 296-20-310, filed 6/21/74, effective 10/1/74.]

WAC 296-20-320 Categories of permanent convulsive neurological impairments

(1) No electroencephalogram findings of convulsive neurological disorder. Subjective complaints may be present or absent.

(2) Electroencephalogram findings of convulsive neurological disorder, but on appropriate medication there are no seizures.

(3) Electroencephalogram findings of convulsive neurological disorder, and on appropriate medication there are each year either one through four major seizures or one through twelve minor seizures.

(4) Electroencephalogram findings of convulsive neurological disorder, and on appropriate medication there are each year either more than four major seizures or more than twelve minor seizures.

[Order 74-32, § 296-20-320, filed 6/21/74, effective 10/1/74.]

WAC 296-20-330 Impairments of mental health

(1) Rules for evaluation of permanent impairment of mental health:

(a) Mental illness means malfunction of the psychic apparatus that significantly interferes with ordinary living.

(b) Each person has a pattern of adjustment to life. The pattern of adjustment before the industrial injury or occupational disease serves as a base line for all assessments of whether there has been a permanent impairment due to the industrial injury or occupational disease.

(c) To determine the preinjury pattern of adjustment, all evaluations of mental health shall contain a complete preinjury history including, but not necessarily limited to: Family background and the relationships with parents or other nurturing figures; extent of education and reaction to it; military experience, if any; problems with civil authorities; any history of prolonged illness, and

difficulty with recovery; any history of drug abuse or alcoholism; employment history, the extent of and reaction to responsibility, and relationships with others at work; capacity to make and retain friends; relationships with spouses and children; nature of daily activities, including recreation and hobbies; and lastly, some summary statement about the sources of the patient's self-esteem and sense of identity. Both strengths and vulnerabilities of the person shall be included.

(d) Differences in adjustment patterns before and after the industrial injury or occupational disease shall be described, and the report shall contain the examining physician's opinion as to whether any differences:

(1) Are the result of the industrial injury or occupational disease and its sequelae, in the sense they would not have occurred had there not been the industrial injury or occupational disease;

(2) are permanent or temporary;

(3) are more than the normal, self-correcting and expectable response to the stress of the industrial injury or occupational disease;

(4) constitute an impairment psychosocially or physiologically; and

(5) are susceptible to treatment, and, if so, what kind. The presence of any unrelated or coincidental mental impairment shall always be mentioned.

(e) All reports of mental health evaluations shall use the diagnostic terminology listed in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

(f) No classification of impairment shall be made for complaints where the quality of daily life does not differ substantially from the preinjury pattern. A patient not currently employed may not engage in the same activities as when working, but the level and variety of his activities and zest for them shall distinguish the purely situational difference from cases of regression and withdrawal. In cases where some loss of use of body member is claimed, no category or impairment shall be assigned unless there are objective findings of physiologic regression or consistent evidence of altered adaptability.

(g) The physician shall identify the schizoid, antisocial, inadequate, sociopathic, passive, hysterical, paranoid, or dependent personality types. Patients with these longstanding character disorders may show problem behavior that seems more related to current stress than it is, sometimes unconsciously insinuating themselves into difficult situations of which they then complain. Emotional reactions to an injury and subsequent events must be carefully evaluated in these patients. It must be medically probable that such reactions are permanent before a category of impairment can be attributed to the injury; temporary reactions or preexisting psychopathology must be differentiated.

[Order 74-32, § 296-20-330, filed 6/21/74, effective 10/1/74.]

WAC 296-20-340 Categories for evaluation of permanent impairments of mental health

(1) Nervousness, irritability, worry or lack of motivation following an injury and commensurate with it and/or other situational responses to injury that do not alter significantly the life adjustment of the patient may be present.

(2) Any and all permanent worsenings of preexisting personality traits or character disorders where aggravation of preexisting personality trait or character disorder is the major diagnosis; mild loss of insight, mildly deficient judgment, or rare difficulty in controlling behavior, anxiety with feelings of tension that occasionally limit activity; lack of energy or mild apathy with malaise; brief phobic reactions under usually avoidable conditions; mildly unusual and overly rigid responses that cause mild disturbance in personal or social adjustment; rare and usually self-limiting psycho-physiological reactions; episodic hysterical or conversion reactions with occasional self-limiting losses of physical functions; a history of misinterpreted conversations or events, which is not a preoccupation; is aware of being absentminded, forgetful, thinking slowly occasionally or recognizes some unusual thoughts;

mild behavior deviations not particularly disturbing to others; shows mild over-activity or depression; personal appearance is mildly unkempt. Despite such features, productive activity is possible most of the time. If organicity is present, some difficulty may exist with orientation; language skills, comprehension, memory; judgment; capacity to make decisions; insight; or unusual social behavior; but the patient is able to carry out usual work day activities unassisted.

(3) Episodic loss of self-control with risk of causing damage to the community or self; moments of morbid apprehension; periodic depression that disturbs sleep and eating habits or causes loss of interest in usual daily activities but self-care is not a problem; fear-motivated behavior causing mild interference with daily life, frequent emotogenic organ dysfunctions requiring treatment; obsessive-compulsive reactions which limit usual activity; periodic losses of physical function from hysterical or conversion reactions; disturbed perception in that patient does not always distinguish daydreams from reality; recognizes his fantasies about power and money are unusual and tends to keep them secret; thought disturbances cause patient to fear the presence of serious mental trouble; deviant social behavior can be controlled on request; exhibits periodic lack of appropriate emotional control; mild disturbance from organic brain disease such that a few work day activities require supervision.

(4) Very poor judgment, marked apprehension with startle reactions, foreboding leading to indecision, fear of being alone and/or insomnia; some psychomotor retardation or suicidal preoccupation; fear-motivated behavior causing moderate interference with daily life; frequently recurrent and disruptive organ dysfunction with pathology of organ or tissues; obsessive-compulsive reactions causing inability to work with others or adapt; episodic losses of physical function from hysterical or conversion reactions lasting longer than several weeks; misperceptions including sense of persecution or grandiosity which may cause domineering, irritable or suspicious behavior; thought disturbance causing memory loss that interferes with work or recreation; periods of confusion or vivid daydreams that cause withdrawal or reverie; deviations in social behavior which cause concern to others; lack of emotional control that is a nuisance to family and associates; moderate disturbance from organic brain disease such as to require a moderate amount of supervision and direction of work day activities.

(5) Marked apprehension so as to interfere with memory and concentration and/or to disturb markedly personal relationships; depression causing marked loss of interest in daily activities, loss of weight, unkempt appearance, marked psycho-motor retardation, suicidal preoccupation or attempts, or marked agitation as well as depression; marked phobic reactions with bizarre and disruptive behavior; psychophysiological reactions resulting in lasting organ or tissue damage; obsessive-compulsive reactions that preclude patient's usual activity; frequent or persistent loss of function from conversion or hysterical reactions with regressive tissue or organ change; defects in perception including frank illusions or hallucinations occupying much of the patient's time; behavior deviations so marked as to interfere seriously with the physical or mental well-being or activities of others; lack of emotional control including marked irritability or overactivity.

[Order 74-32, § 296-20-340, filed 6/21/74, effective 10/1/74.]

WAC 296-20-350 Cardiac impairments

(1) Rule for evaluation of permanent cardiac impairments:

(a) Classification of impairment using the following categories shall be based upon a carefully obtained history, thorough physical examination and the use of appropriate laboratory aids.

[Order 74-32, § 296-20-350, filed 6/21/74, effective 10/1/74.]

WAC 296-20-360 Categories of permanent cardiac impairments

(1) No objective findings are present. Subjective complaints may be present or absent.

(2) Objective findings of mild organic heart disease but no signs of congestive heart failure. No medically appropriate symptoms produced by prolonged exertion or intensive effort or marked emotional stress.

(3) Objective findings of mild organic heart disease but no signs of congestive heart failure. Medically appropriate symptoms produced by prolonged exertion or intensive effort, or marked emotional stress but not by usual daily activities.

(4) Objective findings of moderate organic heart disease but no signs of congestive heart failure. Medically appropriate symptoms produced by prolonged exertion or intensive effort or marked emotional stress but not by usual daily activities.

(5) Objective findings of marked organic heart disease with minimal signs of congestive heart failure with therapy. Medically appropriate symptoms produced by usual daily activities.

(6) Objective findings of marked organic heart disease with mild to moderate signs of congestive heart failure despite therapy. Medically appropriate symptoms produced by usual daily activities.

[Order 74-32, § 296-20-360, filed 6/21/74, effective 10/1/74.]

WAC 296-20-370 Respiratory impairments

(1) Rules for evaluation of permanent respiratory impairments:

(a) Definitions.

(i) "FEV1" means the forced expiratory volume in 1 second as measured by a spirometric test performed as described in the most current American Thoracic Society Statement on Standardization of Spirometry, and using equipment, methods of calibration, and techniques that meet American Thoracic Society (ATS) criteria including reproducibility. The measurement used must be taken from a spirogram which is technically acceptable and represents the patient's best effort. The measurement is to be expressed as both an absolute value and as a percentage of the predicted value. The predicted values are those listed in the most current edition of the American Medical Association (AMA) Guidelines for rating permanent respiratory impairment.

(ii) "FVC" means the forced vital capacity as measured by a spirometric test in accordance with criteria described in (a)(i) of this subsection.

(iii) "FEV1/FVC" is a ratio calculated based on the ATS Guides criteria as described in the most current American Thoracic Society Statement on Standardization of Spirometry.

(iv) "Significant improvement" means a fifteen percent or greater improvement in FEV1 (volume) after a post-bronchodilator pulmonary function test.

(v) "DLCO" means the diffusion capacity of carbon monoxide as measured by a test based on predicted values demonstrated to be appropriate to the techniques and equipment of the laboratory performing the test according to current ATS standards. DLCO may be considered for impairment rating only if accompanied by evidence of impaired gas exchange based on exercise testing.

(vi) "VO2 Max" means the directly measured oxygen consumption at maximum exercise capacity of an individual as measured by exercise testing and oxygen consumption expressed in ml/kilo/min corrected for lean bodyweight. Estimated values from treadmill or other exercise tests without direct measurement are not acceptable. The factor limiting the exercise must be identified.

(vii) "Preexisting impairment" shall be reported as described in WAC 296-20-220 (1)(h).

(viii) "Coexisting" is a disease or injury not due to or causally related to the work-related condition that impacts the overall respiratory disability.

(ix) "Apportionment" is an estimate of the degree of impairment due to the occupational injury/exposure when preexisting or coexisting conditions are present.

(x) "Dyspnea" is the subjective complaint of shortness of breath. Dyspnea alone must not be used to determine the level of respiratory impairment. Dyspnea unexplained by objective signs of impairment or spirometry requires more extensive testing (i.e., VO2 Max).

(xi) Copies of the American Thoracic Society Statement on Standardization of Spirometry and ATS standards for measuring DLCO can be obtained by ordering Pulmonary Function Testing from The American Thoracic Society, 1740 Broadway, New York, NY 10019-4374, Attn: ATS Statements. Copies of this document are available for review in the section of the office of the medical director, department of labor and industries, Tumwater building.

These standards are also available through the following references: "American Thoracic Society Committee on Proficiency Standards for Pulmonary Function Laboratories: Standardization of spirometry-1987 update." Am Rev Respir Dis 1987; 136:1285-1298. "American Thoracic Society DLCO Standardization Conference: Single breath carbon monoxide diffusing capacity (transfer factor): Recommendations for a standard technique." Am Rev Respir Dis 1987; 136:1299-1307.

(b) Evaluation procedures. Each report of examination must include the following, at a minimum:

(i) Identification data: Worker's name, claim number, gender, age, and race.

(ii) Detailed occupational history: Job titles of all jobs held since employment began. A detailed description of typical job duties, protective equipment worn, engineering controls present (e.g., ventilation) as well as the specific exposures and intensity (frequency and duration) of exposures. More detail is required for jobs involving potential exposure to known respiratory hazards.

(iii) History of the present illness: Chief complaint and description of all respiratory symptoms present (e.g., wheezing, cough, phlegm, chest pain, paroxysmal nocturnal dyspnea, dyspnea at rest and on exertion) as well as the approximate date of onset, and duration of each symptom, and aggravating and relieving factors.

(iv) Past medical history: Past history of childhood or adult respiratory illness, hay fever, asthma, bronchitis, chest injury, chest surgery, respiratory infections, cardiac problems, hospitalizations for chest or breathing problems and current medications.

(v) Lifestyle and environmental exposures: Descriptive history of exposures clinically related to respiratory disease including, but not limited to, tobacco use with type and years smoked. Use of wood as a primary heat source at home or hobbies that involve potential exposure to known respiratory tract hazards, and other environmental exposures.

(vi) Family history: Family history of respiratory or cardiac disease.

(vii) Physical examination findings: Vital signs including a measured height without shoes, weight, and blood pressure. Chest exam shall include a description of the shape, breathing, breath sounds, cardiac exam, and condition of extremities (e.g., cyanosis, clubbing, or edema).

(viii) Diagnostic tests: A chest x-ray shall be obtained in all cases. When available, the x-ray should be obtained using International Labor Organization (ILO) standard techniques and interpreted using the ILO classification system. The presence or absence of pleural thickening or interstitial abnormalities shall be noted. Pulmonary function reports including a description of equipment used, method of calibration, and the predicted values used. A hard copy of all pulmonary function tracings must be available for review. The report must contain at a minimum FEV1 and FVC and a narrative summary of an interpretation of the test results and their validity.

(ix) The rating of respiratory impairment. The rating of respiratory impairment shall be based on the pulmonary function test most appropriate to the respiratory condition. A prebronchodilator and postbronchodilator test must be performed on and results reported for all patients with demonstrated airway obstruction. The largest FEV1 or FVC, on either the prebronchodilator or postbronchodilator trial must be used for rating the impairment. If the FEV1 and FEV1/FVC result in different categories of impairment, the value resulting in a higher category of impairment will be used.

(x) The rating of persisting variable respiratory impairment with abnormal baseline function. If resting FEV1 is "abnormal" (below eighty percent predicted) and shows significant bronchodilator improvement (a greater than or equal to fifteen percent improvement in FEV1) one category of impairment must be added to the given category rating, but only when the work-related disease being rated is obstructive in nature. If there is substantial variability from test to test (and good effort), the severity of impairment may be rated, using the best fit into the category system, as described in WAC 296-20-380.

(xi) The rating of persisting variable respiratory impairment with normal baseline spirometry. Variable respiratory impairment due to allergic or irritative disorder of the respiratory tract, such as bronchial asthma or reactive airway disease, caused or permanently aggravated by factors in the work place, shall be evaluated by detailed narrative report, including the casual relationship to work factors, a discussion of the relative importance of nonwork related cofactors, such as preexisting asthma, tobacco usage, or other personal habits, the need for regular medication to substantially improve or control the respiratory condition, and the prognosis. When tests of ventilatory function, done when the patient is in clinical steady state, are normal (one second forced expiratory volume eighty percent or greater of predicted), an appropriate provocative bronchial challenge test (i.e., methacholine or histamine) shall be done to demonstrate the presence of unusual respiratory sensitivity.

(xii) At the time of the rating, the patient shall be off theophylline for at least twenty-four hours, beta agonists for at least twelve hours, and oral and/or inhaled steroids or cromolyn for at least two weeks, in order to determine severity of air-flow obstruction, unattenuated by therapy. If withdrawal of medication would produce a hazardous or life threatening condition, then the impairment cannot be rated at this time, and the physician must provide a statement describing the patient's condition and the effect of medication withdrawal.

(xiii) The method for standardizing provocative bronchial challenge testing, using either histamine or methacholine, shall be used. The test drug may be given either by continuous tidal volume inhalation of known concentrations, using an updraft nebulizer, for two minutes, or by the technique of intermittent deep breaths of increasing test drug strengths either via a Rosenthal dosimeter or updraft nebulizer, and the results shall be expressed either as the mg/ml concentration of test drug, or the cumulative breath units (1 breath of a 1 mg/ml solution equals one breath unit) which result in a prompt and sustained (at least three minute) fall in the FEV1, greater than twenty percent below baseline FEV1. Medications that can blunt the effect of bronchoprovocation testing shall be withheld prior to testing. Once testing is complete, the results shall be expressed in terms of normal, mild, moderate, or marked bronchial reactivity, as described in WAC 296-20-385.

If multiple bronchoprovocative inhalation challenge tests have been done, the examining physician shall select the one category (normal, mild, moderate, or marked) which most accurately indicates the overall degree of permanent impairment at the time of rating.

If the results of serial pulmonary function testing are extremely variable and the clinical course and use of medication also indicate major impairment, then the physician must make a statement in the formulation and medical evaluation containing, at a minimum: Diagnosis and whether work related or nonwork related; nature and frequency of treatment; stability of condition and work limitations; impairment.

(xiv) Further treatment needs. In all cases, the examining physician shall indicate whether further treatment is indicated and the nature, type, frequency, and duration of treatment recommended.

[Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.32.080(2). 94-03-073, § 296-20-370, filed 1/17/94, effective 3/1/94. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 82-24-050 (Order 82-39), § 296-20-370, filed 11/29/82, effective 1/1/83; Order 74-32, § 296-20-370, filed 6/21/74, effective 10/1/74.]

WAC 296-20-380 Categories of permanent respiratory impairments

(1) The FVC and FEV1 are greater than or equal to eighty percent of predicted normal for the person's age, gender, and height. The FEV1/FVC ratio is greater than or equal to .70. Subjective complaints may be present or absent. If exercise testing is done, the maximum oxygen consumption is greater than 25cc/kilo/min.

(2) The FVC or FEV1 is from seventy to seventy-nine percent of predicted, and if obstruction is present, the FEV1/FVC ratio is .60 - .69. If exercise testing is done, the maximum oxygen consumption is 22.5-25cc/kilo/min.

(3) The FVC or FEV1 is from sixty to sixty-nine percent of predicted, and if obstruction is present, the FEV1/FVC ratio is .60 - .69. If exercise testing is done, the maximum oxygen consumption is 20-22.4cc/kilo/min.

(4) The FVC or FEV1 is from fifty-one to fifty-nine percent of predicted. The FEV1/FVC ratio is .51 - .59. If exercise testing is done, the maximum oxygen consumption is 17.5-19.9cc/kilo/min.

(5) FVC from fifty-one to fifty-nine percent of predicted, or the FEV1 from forty-one to fifty percent of predicted, and if obstruction is present, the FEV1/FVC ratio is .41 - .50. If exercise testing is done, the maximum oxygen consumption is 15-17.4cc/kilo/min.

(6) The FVC is equal to or less than fifty percent of predicted or the FEV1 is equal to or less than forty percent of predicted. The FEV1/FVC ratio is equal to or less than .40. If exercise testing is done, the maximum oxygen consumption is less than 15cc/kilo/min.

[Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.32.080(2). 94-03-073, § 296-20-380, filed 1/17/94, effective 3/1/94. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 82-24-050 (Order 82-39), § 296-20-380, filed 11/29/82, effective 1/1/83; Order 74-32, § 296-20-380, filed 6/21/74, effective 10/1/74.]

WAC 296-20-385 Categories of persisting variable respiratory impairment with normal baseline spirometry

(1) "Normal" bronchial reactivity is demonstrated by an insignificant (less than twenty percent) fall from baseline FEV1 at test doses of histamine or methacholine, up to 16 mg/ml (continuous inhalation method) or up to 160 breath units (cumulative, repeated deep breath technique).

(2) "Mild" bronchial hyperactivity (BHR) is a significant (equal to or greater than twenty percent) fall in the FEV1 at test doses of 2.1-16 mg/ml, or 21-160 breath units.

(3) "Moderate" BHR is a significant (equal to or greater than twenty percent) fall in the FEV1 at test doses of 0.26-2 mg/ml, or 2.6-20 breath units.

(4) "Marked" BHR is a significant (equal to or greater than twenty percent) fall in the FEV1 at test doses equal to or less than .25 mg/ml, or 2.5 breath units.

[Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.32.080(2). 94-03-073, § 296-20-385, filed 1/17/94, effective 3/1/94.]

WAC 296-20-390 Air passage impairments

(1) Rule for evaluation of permanent air passage impairments:

(a) Categories 2, 3, 4 and 5 include the presence of complaints of whatever degree.

[Order 74-32, § 296-20-390, filed 6/21/74, effective 10/1/74.]

WAC 296-20-400 Categories of permanent air passage impairments

(1) No objective findings are present. Subjective complaints may be present or absent.

(2) Objective findings of one or more of the following air passage defects: Partial obstruction of oropharynx, laryngopharynx, larynx, trachea, bronchi, complete obstruction of nasopharynx or of nasal passages bilaterally. No dyspnea caused by the air passage defect even on activity requiring prolonged exertion or intensive effort.

(3) Objective findings of one or more of the following air passage defects: Partial obstruction of oropharynx, laryngopharynx, larynx, trachea, bronchi, complete obstruction of nasopharynx or of nasal passages bilaterally, dyspnea caused by the air passage defect produced only by prolonged exertion or intensive effort.

(4) Objective findings of one or more of the following air passage defects: Partial obstruction of oropharynx, laryngopharynx, larynx, trachea, bronchi, complete obstruction of nasopharynx or of nasal passages bilaterally, with permanent tracheostomy or stoma, dyspnea caused by the air passage defect produced only by prolonged exertion or intensive effort.

(5) Objective findings of one or more of the following air passage defects: Partial obstruction of oropharynx, laryngopharynx, larynx, trachea, bronchi, with or without permanent tracheostomy or stoma if dyspnea is produced by moderate exertion.

(6) Objective findings of one or more of the following air passage defects: Partial obstruction of oropharynx, laryngopharynx, larynx, trachea, bronchi, with or without permanent tracheostomy or stoma if dyspnea is produced by mild exertion.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 83-16-066 (Order 83-23), § 296-20-400, filed 8/2/83; Order 74-32, § 296-20-400, filed 6/21/74, effective 10/1/74.]

WAC 296-20-410 Nasal septum impairments

(1) Rules for evaluation of permanent air passage impairments due to nasal septum perforation.

(a) These categories, if appropriate, are to be used in addition to the categories of permanent air passage impairment.

(b) Categories 1 and 2 include complaints of whatever degree.

[Order 74-32, § 296-20-410, filed 6/21/74, effective 10/1/74.]

WAC 296-20-420 Categories of permanent air passage impairment due to nasal septum perforations

(1) Perforation or perforations posterior to the cartilaginous septum.

(2) Perforation or perforations through or anterior to the cartilaginous septum.

[Order 74-32, § 296-20-420, filed 6/21/74, effective 10/1/74.]

WAC 296-20-430 Loss of taste and smell

(1) Rule for evaluation of permanent loss of taste and smell.

(a) If the person being examined can detect any odor or taste, even though it cannot be named, no category shall be assigned.

[Order 74-32, § 296-20-430, filed 6/21/74, effective 10/1/74.]

WAC 296-20-440 Categories of permanent loss of taste and smell

(1) Loss of sense of taste.

(2) Loss of sense of smell.

[Order 74-32, § 296-20-440, filed 6/21/74, effective 10/1/74.]

WAC 296-20-450 Speech impairments

(1) Rules for evaluation of permanent speech impairments.

(a) The physician making an examination for evaluation of permanent speech impairment should have normal hearing and the examination should be conducted in a reasonably quiet office which approximates the noise level conditions of everyday living.

(b) Selection of the appropriate category of permanent speech impairment shall be based on direct observation of the speech of the person being examined, including, but not limited to: Response to interview, oral reading, and counting aloud. The observation shall be made with the physician about eight feet from the person being examined both when he faces the physician and with his back to the physician.

[Order 74-32, § 296-20-450, filed 6/21/74, effective 10/1/74.]

WAC 296-20-460 Categories of permanent speech impairments

(1) No objective findings of significant speech impairment are present. Subjective complaints may be present or absent.

(2) Can produce speech of sufficient audibility, intelligibility and functional efficiency for most everyday needs, although this may require effort and occasionally exceed capacity; listeners may occasionally ask for repetition and it may be difficult to produce some elements of speech, and there may be slow speaking and hesitation.

(3) Can produce speech of sufficient audibility, intelligibility and functional efficiency for many everyday needs, is usually heard under average conditions but may have difficulty in automobiles, busses, trains, or enclosed areas; can give name, address, and be understood by a stranger, but may have numerous inaccuracies and have difficulty articulating; speech may be interrupted, hesitant or slow.

(4) Can produce speech of sufficient audibility, intelligibility and functional efficiency for some everyday needs such as close conversation, conversation with family and friends, but has considerable difficulty in noisy places; voice tires rapidly and tends to become inaudible in a few seconds, strangers may find patient difficult to understand; patient may be asked to repeat often, and often can only sustain consecutive speech for brief periods.

(5) Can produce speech of sufficient audibility, intelligibility and functional efficiency for few everyday needs; can barely be heard by a close listener or over the telephone; may be able to whisper audibly but has no voice; can produce some speech elements; may have approximation of a few words such as names of family members which are, however, unintelligible out of context; cannot maintain uninterrupted speech flow, speech is labored, and its rate is impractically slow.

(6) Is unable to produce speech of sufficient audibility, intelligibility and functional efficiency for any everyday needs.

[Order 74-32, § 296-20-460, filed 6/21/74, effective 10/1/74.]

WAC 296-20-470 Skin impairments

(1) Rules for evaluation of permanent skin impairments.

(a) Evaluation of permanent impairment of the skin shall be based upon actual loss of function and cosmetic factors shall not be considered.

(b) Categories 2, 3, 4, 5 and 6 include the presence of complaints of whatever degree.

[Order 74-32, § 296-20-470, filed 6/21/74, effective 10/1/74.]

WAC 296-20-480 Categories of permanent skin impairments

(1) Objective findings of skin disorder may be present or absent but there is no or minimal limitation in daily activities. Subjective complaints may be present or absent.

(2) Objective findings of skin disorder are present and there is discomfort and minimal limitation in the performance of daily activities.

(3) Objective findings of skin disorder are present and there is limitation in some daily activities, including avoidance of and protective measures against certain chemical or physical agents. Intermittent symptomatic treatment is required.

(4) Objective findings of skin disorder are present and there is limitation in many daily activities, including avoidance of and protective measures against certain chemical or physical agents. Continuous symptomatic treatment is required.

(5) Objective findings of skin disorder are present and there is limitation in most daily activities, including avoidance of and protective measures against certain chemical or physical agents. Continuous symptomatic treatment is required.

(6) Objective findings of skin disorder are present and there is limitation in all daily activities, including avoidance of and protective measures against certain chemical or physical agents. Continuous symptomatic treatment is required.

[Order 74-32, § 296-20-480, filed 6/21/74, effective 10/1/74.]

WAC 296-20-490 Impairment of the upper digestive tract, stomach, esophagus or pancreas

(1) Rule for evaluation of permanent impairments of the upper digestive tract, stomach, esophagus or pancreas.

(a) Categories 2, 3, 4 and 5 include complaints of whatever degree.

[Order 74-32, § 296-20-490, filed 6/21/74, effective 10/1/74.]

WAC 296-20-500 Categories of permanent impairments of the upper digestive tract, stomach, esophagus or pancreas

(1) No objective findings are present. Subjective complaints may be present or absent.

(2) There are objective findings of digestive tract impairment but no anatomic loss or alteration, continuous treatment is not required and weight can be maintained at the medically appropriate level.

(3) There are objective findings of digestive tract impairment, or there is anatomic loss or alteration. Dietary restrictions and drugs control symptoms, signs and/or nutritional state, and weight can be maintained at at least 90 percent of medically appropriate level.

(4) There are objective findings of digestive tract impairment, or there is anatomic loss or alteration. Dietary restrictions and drugs do not completely control symptoms, signs and/or nutritional state. Weight can be maintained at 80-90 percent of medically appropriate level.

(5) There are objective findings of digestive tract impairment, or there is anatomic loss or alteration. Dietary restrictions and drugs do not control symptoms, signs and/or nutritional state. Weight cannot be maintained as high as 80 percent of medically appropriate level.

[Order 74-32, § 296-20-500, filed 6/21/74, effective 10/1/74.]

WAC 296-20-510 Lower digestive tract impairments

(1) Rule for evaluation of permanent lower digestive tract impairments.

(a) Categories 2, 3 and 4 include the presence of complaints of whatever degree.

[Order 74-32, § 296-20-510, filed 6/21/74, effective 10/1/74.]

WAC 296-20-520 Categories of permanent lower digestive tract impairments

(1) No objective findings of impairment of lower digestive tract. Subjective complaints may be present or absent.

(2) The objective findings of lower digestive tract impairment are infrequent and of brief duration, and there is limitation of activities, but special diet or medication is not required, and there are neither systemic manifestations nor impairment of nutrition.

(3) There are objective findings of lower digestive tract impairment or anatomic loss or alteration and mild gastrointestinal symptoms with occasional disturbance of bowel function, accompanied by moderate pain and minimal restriction of diet; mild symptomatic therapy may be necessary; no impairment of nutrition.

(4) There are moderate to marked intermittent bowel disturbances with continual or periodic pain; there is restriction of activities and diet during exacerbations, there are constitutional manifestations such as fever, anemia or weight loss. Includes but is not limited to any permanent ileostomy or colostomy.

[Order 74-32, § 296-20-520, filed 6/21/74, effective 10/1/74.]

WAC 296-20-530 Impairment of anal function

(1) Rule for evaluation of permanent impairment of anal function.

(a) Categories 2, 3 and 4 include the presence of complaints of whatever degree.

[Order 74-32, § 296-20-530, filed 6/21/74, effective 10/1/74.]

WAC 296-20-540 Categories of permanent impairments of anal function

(1) No objective findings of impairment of anal function. Subjective complaints may be present or absent.

(2) There are objective findings of mild organic disease, anatomic loss or alteration with loss of anal function and mild incontinence involving gas and/or liquid stool.

(3) There are objective findings of moderate anal disease, anatomic loss or alteration with loss of anal function and moderate incontinence requiring continual care.

(4) There are objective findings of marked anal disease, anatomic loss, alteration and/or complete fecal incontinence.

[Order 74-32, § 296-20-540, filed 6/21/74, effective 10/1/74.]

WAC 296-20-550 Liver and biliary tract impairments

(1) Rule for evaluation of permanent liver and biliary tract impairments.

(a) Categories 2, 3, 4 and 5 include complaints of whatever degree.

[Order 74-32, § 296-20-550, filed 6/21/74, effective 10/1/74.]

WAC 296-20-560 Categories of permanent liver and biliary tract impairments

(1) There are no objective findings of impairment of the liver or biliary tract. Subjective complaints may be present or absent.

(2) There are objective findings on biochemical studies of minimal impairment of liver function with or without symptoms, or there are occasional episodes of loss of function of the biliary tract, but nutrition and strength are good.

(3) There are objective findings on biochemical studies of mild impairment of liver function without symptoms, or there is recurrent biliary tract impairment, but no ascites, jaundice or bleeding esophageal varices and nutrition and strength are good.

(4) There are objective findings on biochemical studies of moderate impairment of liver function with jaundice, ascites, bleeding esophageal varices or gastric varices and nutrition and strength may be affected; or there is irreparable obstruction of the common bile duct with recurrent cholangitis.

(5) There are objective findings on biochemical studies of marked impairment of liver function and nutritional state is poor; or persistent jaundice, bleeding esophageal varices or gastric varices.

[Order 74-32, § 296-20-560, filed 6/21/74, effective 10/1/74.]

WAC 296-20-570 Impairments of the spleen, loss of one kidney, and surgical removal of the bladder with urinary diversion

(1) Rule for evaluation of permanent impairments of the spleen, loss of one kidney, and surgical removal of bladder with urinary diversion.

(a) Categories 1, 2 and 3 include complaints of whatever degree.

[Order 74-32, § 296-20-570, filed 6/21/74, effective 10/1/74.]

WAC 296-20-580 Categories of permanent impairment of the spleen, loss of one kidney, and surgical removal of bladder with urinary diversion

(1) Loss of spleen by splenectomy after age eight.

(2) Loss of one kidney by surgery or complete loss of function of one kidney.

(3) Surgical removal of bladder with urinary diversion.

[Order 74-32, § 296-20-580, filed 6/21/74, effective 10/1/74.]

WAC 296-20-590 Impairment of upper urinary tract

(1) Rule for evaluation of permanent impairment of upper urinary tract.

(a) Categories 2, 3, 4 and 5 include the presence of complaints of whatever nature.

[Order 74-32, § 296-20-590, filed 6/21/74, effective 10/1/74.]

WAC 296-20-600 Categories of permanent impairments of upper urinary tract

(1) No objective findings of impairment of upper urinary tract. Subjective complaints may be present or absent.

(2) Loss of upper urinary function as evidenced by creatinine clearance of 75 to 90 liters/24 hr. (52 to 62.5 ml/min) and PSP excretion of 15 percent to 20 percent in 15 minutes; or if there are intermittent objective findings of upper urinary tract disease or dysfunction not requiring continuous treatment or surveillance.

(3) Loss of upper urinary tract function as evidenced by creatinine clearance of 60 to 75 liters/24 hr. (42 to 52 ml/min) and PSP excretion of 10 percent to 15 percent in 15 minutes; or although function is greater than these levels, there are objective findings of upper urinary tract disease or dysfunction requiring continuous surveillance and frequent symptomatic treatment.

(4) Loss of upper urinary tract function as evidenced by creatinine clearance of 40 to 60 liters/24 hr. (28 to 42 ml/min) and PSP excretion of 5 percent to 10 percent in 15 minutes; or although function is greater than these levels, there are objective findings of mild or moderate upper urinary tract disease or dysfunction which can be only partially controlled.

(5) Loss of upper urinary tract function as evidenced by creatinine clearance below 40 liters/24 hr. (28 ml/min) and PSP excretion below 5 percent in 15 minutes; or although function is greater than these levels there are objective findings of severe upper urinary tract disease or dysfunction which persists despite continuous treatment.

[Order 74-32, § 296-20-600, filed 6/21/74, effective 10/1/74.]

WAC 296-20-610 Additional permanent impairments of upper urinary tract due to surgical diversion

(1) Rule for evaluation of additional permanent impairments of upper urinary tract due to surgical diversion.

(a) These categories include the presence of complaints of whatever degree.

[Order 74-32, § 296-20-610, filed 6/21/74, effective 10/1/74.]

WAC 296-20-620 Categories of additional permanent impairments of upper urinary tract due to surgical diversion

(1) Uretero-intestinal diversion or cutaneous ureterostomy without intubation.

(2) Nephrostomy or intubated ureterostomy.

[Order 74-32, § 296-20-620, filed 6/21/74, effective 10/1/74.]

WAC 296-20-630 Impairment of bladder function

(1) Rules for evaluation of permanent impairment of bladder function.

(a) In making examinations for evaluation of impairments of bladder function, physicians shall use objective techniques including, but not limited to, cystoscopy, cystography, voiding cystourethrography, cystometry, uroflometry, urinalysis and urine culture.

(b) Categories 2, 3, 4 and 5 include the presence of complaints of whatever degree.

[Order 74-32, § 296-20-630, filed 6/21/74, effective 10/1/74.]

WAC 296-20-640 Categories of permanent impairments of bladder function

(1) No objective findings are present. Subjective complaints may be present or absent.

(2) Objective findings of bladder dysfunction, intermittent treatment required, but there is no dysfunction between such intermittent attacks.

(3) Objective findings of bladder dysfunction, continuous treatment required or there is good bladder reflex activity but no voluntary control.

(4) Objective findings of bladder dysfunction, there is poor reflex activity with intermittent dribbling and no voluntary control.

(5) Objective findings of bladder dysfunction, there is no reflex or voluntary control and there is continuous dribbling.

[Order 74-32, § 296-20-640, filed 6/21/74, effective 10/1/74.]

WAC 296-20-650 Anatomical or functional loss of testes

(1) Rule for evaluation of permanent anatomical or functional loss of testes.

(a) Categories 2, 3, 4 and 5 include the presence of whatever complaints.

[Order 74-32, § 296-20-650, filed 6/21/74, effective 10/1/74.]

WAC 296-20-660 Categories of permanent anatomical or functional loss of testes

(1) No objective findings. Subjective complaints may be present or absent.

(2) Anatomical or functional loss of one testicle.

(3) Anatomical or functional loss of both testes after the age of 65.

(4) Anatomical or functional loss of both testes between the ages of 40 and 65.

(5) Anatomical or functional loss of both testes before the age of 40.

[Order 74-32, § 296-20-660, filed 6/21/74, effective 10/1/74.]

WAC 296-20-670 Disability

(1) The rules for determining disability are as follows:

(a) The determination of the percentage of disability in terms of total bodily impairment for any category is solely an administrative function and shall be done only in accordance with the tables of disability listed in WAC 296-20-680 and 296-20-690, or as otherwise provided in this chapter.

(b) When the industrial injury or occupational disease has caused further impairment to a bodily area where permanent bodily impairment existed prior to the industrial injury or occupational disease, the department shall award the percentage difference between the disability for the category of impairment which preexisted the industrial injury or occupational disease and the disability for the category of permanent impairment existing after the industrial injury or occupational disease.

(c) Neither the combined values chart provided in the guides to the evaluation of permanent impairment nor any other formula for the combination of the disabilities to different body areas or organ systems used in any other nationally recognized guide for determining bodily impairments shall be applied in computing the amount of disabilities to be awarded under these rules.

(d) Except as otherwise specifically provided, a percentage of total bodily impairment in one body area or system shall not be added to or combined with a percentage of total bodily impairment from another body area or system; the percentages for each body area or system shall be stated separately.

[Order 74-32, § 296-20-670, filed 6/21/74, effective 10/1/74.]

Washington Administrative Code
Chapter 296-21

Reimbursement Policies: Psychiatric Services, Biofeedback and Physical Medicine

This WAC has been formatted for publication and minor spelling errors have been corrected.

WAC 296-21-270 Psychiatric services

The following rules supplements information contained in the fee schedules regarding coverage and reimbursement for psychiatric services.

Treatment of mental conditions to workers is to be goal directed, time limited, intensive, and limited to conditions caused or aggravated by the industrial condition. Psychiatric services to workers are limited to those provided by psychiatrists and licensed psychologists, and according to department policy. For purposes of this rule, the term "psychiatric" refers to treatment by psychologists as well as psychiatrists.

Initial evaluation, and subsequent treatment must be authorized by department staff, as outlined by department policy. The report of initial evaluation, including test results, and treatment plan are to be sent to the worker's attending provider, as well as the department. A copy of sixty-day narrative reports to the department is also to be sent to the attending provider.

All providers are bound by the medical aid rules in chapter 296-20 WAC. Reporting requirements are defined in chapter 296-20 WAC. In addition, the following are required: Testing results with scores, scales, and profiles; report of raw data sufficient to allow reassessment by a panel or independent medical examiner. Use of the current Diagnostic and Statistical Manual of the American Psychiatric Association axis format in the initial evaluation and sixty-day narrative reports, and explanation of the numerical scales are required.

A report to the department will contain, at least, the following elements:

Subjective complaints;
Objective observations;
Assessment of the worker's condition and goals accomplished; and
Plan of care.

The codes, reimbursement levels, and other policies for psychiatric services are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-21-270, filed 8/1/93, effective 9/1/93.]

WAC 296-21-280 Biofeedback rules

Procedures listed in the fee schedules are for use by medical doctors, osteopathic physicians, licensed psychologists and other qualified providers as determined by department policy. All providers of biofeedback are bound by the medical aid rules and fee schedule for biofeedback services.

Administration of biofeedback treatment is limited to those practitioners who are certified by the Biofeedback Certification Institute of America or who meet the minimum education, experience, and training qualifications to be so certified. Those practitioners wishing to administer biofeedback treatment to workers, must submit a copy of their biofeedback certification or supply evidence of their qualifications to the department or self-insurer.

(1) The department will authorize biofeedback treatment for the following conditions when accepted under the industrial insurance claim:

(a) Idiopathic Raynaud's disease;
(b) Temporomandibular joint dysfunction;
(c) Myofascial pain dysfunction syndrome (MPD);
(d) Tension headaches;
(e) Migraine headaches;
(f) Tinnitus;
(g) Torticollis;
(h) Neuromuscular reeducation as result of neurological damage in CVA or spinal cord injury;
(i) Inflammatory and/or musculoskeletal disorders causally related to the accepted condition.

(2) Twelve biofeedback treatments in a ninety-day period will be authorized for the above conditions when the following is presented:

(a) An evaluation report documenting:

(i) The basis for the claimant's condition;

(ii) The condition's relationship to the industrial injury;

(iii) An evaluation of the claimant's current functional measurable modalities (i.e., range of motion, up time, walking tolerance, medication intake, etc.);

(iv) An outline of the proposed treatment program;

(v) An outline of the expected restoration goals.

(b) No further biofeedback treatments will be authorized or paid for without substantiation of evidence of improvement in measurable, functional modalities (i.e., range of motion, up time, walking tolerance, medication intake, etc.). Only one additional treatment block of twelve treatments per ninety days will be authorized. Requests for biofeedback treatment beyond twenty-four treatments or one hundred eighty days will be granted only after file review by and on the advice of the department's medical consultant.

(c) In addition to treatment, pretreatment and periodic evaluation will be authorized. Follow-up evaluation can be authorized at one, three, six, and twelve months posttreatment.

(d) At the department's option, a concurring opinion may be required regarding relationship of the condition to the industrial injury and/or need for biofeedback treatment.

The codes, reimbursement levels, and other policies for biofeedback services are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-21-280, filed 8/1/93, effective 9/1/93.]

WAC 296-21-290 Physical medicine

(1) Whom does the department authorize and pay for physical medicine or physical therapy services?

The department or self-insurer may authorize and pay for physical medicine services from the following providers:

- a medical or osteopathic physician who is "board certified or board qualified" in the field of physical medicine and rehabilitation, or
- a licensed physical therapist, or
- the injured worker's attending doctor, within the limitations listed below.

The physical medicine services must be personally performed by the:

- physical medicine and rehabilitation physician, or
- attending doctor , or
- licensed physical therapist, or
- physical therapist assistant employed by and serving under the direction of a registered physical therapist, physical medicine and rehabilitation physician, or attending doctor.

Note: Licensed physical therapy provider rules are contained in chapter WAC 296-23.

(2) When may the department or self-insurer pay the attending doctor for physical medicine services?

The department or self-insurer may pay the attending doctor to provide physical medicine modalities and/or procedures in the following situations:

(a) The attending doctor's scope of practice includes physical medicine modalities and procedures.

(b) Only the physical medicine modalities and procedures allowed under the department's fee schedules and payment policies will be authorized or paid.

(c) No more than six (6) physical medicine visits may be authorized and paid to the attending doctor. If the worker requires treatment beyond six visits, the worker must be referred to a licensed physical therapist or a board certified or qualified physical medicine and rehabilitation physician for such treatment. Payments will be made in accordance with the department's fee schedules and payment policies.

(d) In remote areas, where no physical medicine and rehabilitation specialist, licensed physical therapist or physical therapist assistant is available, physical medicine visits required by the patient's accepted condition(s) may be authorized and paid to the attending doctor. Payments will be made in accordance with the department's fee schedules and payment policies.

(e) The attending doctor may bill for office visits in addition to the physical medicine services only when a separately identifiable office visit service is provided in addition to the physical medicine service.

(3) What codes and fees are payable for physical medicine services?

- The codes, reimbursement levels, and other policies for physical medicine services are listed in the department's *Medical Aid Rules and Fee Schedules*. Physicians licensed in physical medicine and licensed physical therapists use CPT and/or HCPCS codes, rules and payment policies as listed in the department's *Medical Aid Rules and Fee Schedules* or provider bulletins.
- Attending doctors must use the local codes, rules and payment policies published in the department's *Medical Aid Rules and Fee Schedules* or provider bulletins.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.36.080. 00-09-078, § 296-21-290, filed 4/18/00, effective 7/1/00. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-21-290, filed 8/1/93, effective 9/1/93.]

Washington Administrative Code
Chapter 296-23

Specialty Providers

This WAC has been formatted for publication and minor spelling errors have been corrected.

WAC 296-23-135 General information-Radiology

(1) Rules and billing procedures pertaining to all practitioners rendering services to workers are presented in the general instruction section beginning with WAC 296-20-010.

(2) Billing codes, reimbursement levels, and supporting policies are listed in the fee schedules.

(3) Refer to WAC 296-20-132 and 296-20-135 for information regarding use of the conversion factors.

(4) Refer to the fee schedules for information on use of coding modifiers.

(5) The values listed in the fee schedules only apply when these services are performed by or under the responsible supervision of a doctor.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 94 -14-044, § 296-23-135, filed 6/29/94, effective 7/30/94; 93-16-072, § 296-23-135, filed 8/1/93, effective 9/1/93.]

WAC 296-23-140 Custody of x-rays

(1) Radiographs should not be sent to the department or self-insurer unless they are requested for comparison and interpretation in determining a permanent disability, administrative or legal decisions, and for cases in litigation. X-rays must be retained for a period of ten years by the radiologist or the attending doctor.

(2) X-rays must be made available upon request to consultants, to medical examiners, to the department, to self-insurers, and/or the board of industrial insurance appeals.

(3) In cases where the worker transfers from one doctor to another, the former attending doctor will immediately forward all films in his possession to the new attending doctor.

(4) When a doctor's office is closed because of death, retirement, or upon leaving the state, department approved custodial arrangements must be made to insure availability on request. If a radiological office is closed for any of the previously listed reasons or because the partnership or corporation is being dissolved, disposition of x-rays for industrial injuries will be handled in the same manner. In the event custodial arrangements are to be made, the department must approve the arrangements prior to transfer of x-rays to the custodian so as to assure their availability to the department or self-insurer upon request.

(5) Refer to chapter 296-20 WAC (including WAC 296-20-125) and to chapter 296-21 WAC for additional information.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-140, filed 8/1/93, effective 9/1/93.]

WAC 296-23-145 Duplication of x-rays and extra views

Every attempt should be made to minimize the number of x-rays taken for workers. The attending doctor or any other person or institution having possession of x-rays which pertain to the injury and are deemed to be needed for diagnostic or treatment purposes should make these x-rays available upon request.

The department or self-insurer will not authorize or pay for additional x-rays when recent x-rays are available except when presented with adequate information regarding the need to re-x-ray.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-145, filed 8/1/93, effective 9/1/93.]

WAC 296-23-155 Pathology general information and instructions

(1) Rules and billing procedures pertaining to all practitioners rendering service to workers are presented in general information section beginning with WAC 296-20-010.

(2) Refer to WAC 296-20-132 and 296-20-135 for information regarding use of the conversion factors.

(3) Refer to the fee schedules for information on use of coding modifiers.

(4) Billing codes, reimbursement levels, and supporting policies are listed in the fee schedules.

(5) The reimbursement levels listed in the fee schedules apply only when the services are performed by or under the responsible supervision of a physician. Unless otherwise specified, the listed values include the collection and handling of the specimens by the laboratory performing the procedure. SERVICES IN PATHOLOGY AND LABORATORY are provided by the pathologist or by technologists under responsible supervision of a physician.

(6) Laboratory procedures performed by other than the billing physician shall be billed at the value charged that physician by the reference (outside) laboratory under the individual procedure number or the panel procedure number listed under "PANEL OR PROFILE TESTS" (see modifier -90).

(7) The department or self-insurer may deny payment for lab procedures which are determined to be excessive or unnecessary for management of the injury or conditions.

(8) Separate or multiple procedures: It is appropriate to designate multiple procedures that are rendered on the same date by separate entries.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 94 -14-044, § 296-23-155, filed 6/29/94, effective 7/30/94; 93-16-072, § 296-23-155, filed 8/1/93, effective 9/1/93.]

WAC 296-23-160 General information and instructions

(1) The department or self-insurer is responsible only for repair or replacement of teeth injured or prosthodontics broken as a result of an industrial injury.

(2) Information pertaining to industrial claims is explained in WAC 296-20-010.

(3) Information pertaining to reports of accident is outlined in WAC 296-20-025.

(4) Information pertaining to the care of workers is explained in WAC 296-20-110.

(5) An estimate of cost is not needed prior to authorization of dental work unless indicated due to the extensive nature of the dental work. The department or self-insurer reserves the right to review all charges billed.

(6) Billing instructions are listed in WAC 296-20-125. Bills for services must be itemized, specifying tooth numbers and materials used. No services will be paid on rejected or closed claims except those rendered in conjunction with a reopening application.

(7) Billing codes, billing modifiers, reimbursement levels, and supporting policies are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-160, filed 8/1/93, effective 9/1/93.]

WAC 296-23-165 Miscellaneous services and appliances

(1) The department or self-insurer will reimburse for certain medically necessary miscellaneous services and items needed as a result of an industrial accident. Nursing care, attendant care, transportation, hearing aids, eyeglasses, orthotics and prosthetics, braces, medical supplies, oxygen systems, walking aids, and durable medical equipment are included in this classification.

(a) When a fee maximum has been established, the rate of reimbursement for miscellaneous services and items will be the supplier's usual and customary charge or the department's current fee maximum, whichever is less. In no case may a supplier or provider charge a worker the difference between the fee maximum and their usual and customary charge.

(b) When the department or self-insurer has established a purchasing contract with a qualified supplier through an open competitive request for proposal process, the department or self-insurer

will require that workers obtain specific groups of items from the contractor. When items are obtained from a contractor, the contractor will be paid at the rates established in the contract. When a purchasing contract for a selected group of items exists, suppliers who are not named in the contract will be denied reimbursement if they provide a contracted item to a worker. The noncontracting supplier, not the worker, will be financially responsible for providing an item to a worker when it should have been supplied by a contractor. This rule may be waived by an authorized representative of the department or self-insurer in special cases where a worker's attending doctor recommends that an item be obtained from another source for medical reasons or reasons of availability. In such cases, the department may authorize reimbursement to a supplier who is not named in a contract. Items or services may be provided on an emergency basis without prior authorization, but will be reviewed for appropriateness to the accepted industrial condition and medical necessity on a retrospective basis.

(2) The department or self-insurer will inform providers and suppliers of the selected groups of items for which purchasing contracts have been established, including the beginning and ending dates of the contracts.

(3) Prior authorization by an authorized representative of the department or self-insurer will be required for reimbursement of selected items and services which are provided to workers. Payment will be denied for selected items or services supplied without prior authorization. The supplier, not the worker, will be financially responsible for providing selected items or services to workers without prior authorization. In cases where a worker's doctor recommends rental or purchase of a contracted item from a supplier who lacks a contract agreement, prior authorization will be required.

The decision to grant or deny prior authorization for reimbursement of selected services or items will be based on the following criteria:

(a) The worker is eligible for coverage.
(b) The service or item prescribed is appropriate and medically necessary for treatment of the worker's accepted industrial condition.

(4) The decision to rent or purchase an item will be made based on a comparison of the projected rental costs of the item with its purchase price. An authorized representative of the department or self-insurer will decide whether to rent or purchase certain items provided they are appropriate and medically necessary for treatment of the worker's accepted condition. Decisions to rent or purchase items will be based on the following information:

(a) Purchase price of the item.
(b) Monthly rental fee.
(c) The prescribing doctor's estimate of how long the item will be needed.

(5) The department will review the medical necessity, appropriateness, and quality of items and services provided to workers.

(6) The department's STATEMENT FOR MISCELLANEOUS SERVICES form or electronic transfer format specifications must be used for billing the department for miscellaneous services, equipment, supplies, appliances, and transportation. Bills must be itemized according to instructions in WAC 296-20-125 and the department or self-insurer's billing instructions. Bills for medical appliances and equipment must include the type of item, manufacturer name, model name and number, and serial number.

(7) All miscellaneous materials, supplies and services must be billed using the appropriate HCPCS Level II codes and billing modifiers. HCPCS codes are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-165, filed 8/1/93, effective 9/1/93.]

WAC 296-23-170 Nursing services and attendant care

Refer to WAC 296-20-132 and 296-20-135 for information regarding use of the conversion factors.

See WAC 296-20-091 for qualifications.

The codes and fees for home nursing services and attendant care are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-170, filed 8/1/93, effective 9/1/93.]

WAC 296-23-175 Stimulators

For qualifications regarding prior authorization and billing of stimulators refer to chapter 296-23 WAC (Miscellaneous services and appliances), WAC 296-20-1102, and 296-20-125.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-175, filed 8/1/93, effective 9/1/93.]

WAC 296-23-180 Vehicle and home modification

Requires prior approval from the assistant director for industrial insurance.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 96-10-086, § 296-23-180, filed 5/1/96, effective 7/1/96. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-180, filed 8/1/93, effective 9/1/93.]

WAC 296-23-185 Drug and alcohol rehabilitation services

Authorization requirements for these services may be found in WAC 296-20-03001 and 296-20-055.

[Statutory Authority: RCW 51.04.020(4) and 51.04.030. 96-10-086, § 296-23-185, filed 5/1/96, effective 7/1/96. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-185, filed 8/1/93, effective 9/1/93.]

WAC 296-23-195 Chiropractic consultations

See WAC 296-20-035, 296-20-045, and 296-20-051 for rules pertaining to consultation.

Chiropractic consultation requires prior notification to the department or self-insurer. Consultants must be from an approved list of chiropractic consultants.

The codes and reimbursement levels for chiropractic consultations services are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-195, filed 8/1/93, effective 9/1/93.]

WAC 296-23-205 General instructions-Naturopathic physicians

(1) Refer to WAC 296-20-010 through 296-20-125 regarding general rules and billing procedures.

(2) Refer to WAC 296-20-132 and 296-20-135 regarding the use of conversion factors.

(3) In addition to general rules found in WAC 296-20-010 through 296-20-125, the following rules apply to naturopathic physicians:

   (a) If the naturopathic physician is dual licensed, all treatment rendered by the practitioner must be billed as “treatment of the day.” Further, the practitioner must elect and notify the department or self-insurer, which type of treatment he is providing for the injured worker, and abide by rules pertaining to area of elected treatment.

   (b) Naturopathic physicians utilizing hydro-; mechano-; and/or electro- therapy modalities cannot bill for those services in addition to office visit services. Office visit includes treatment of the day.

   (c) No more than one office visit will be allowed per day, except on the initial and next two subsequent visits. The attending doctor must submit a detailed report regarding the need for the additional treatment.

(d) If necessary, x-rays may be taken immediately prior to and following the initial naturopathic physician treatment without prior authorization.

(e) X-rays immediately prior to and following each subsequent naturopathic physician treatment will be disallowed, unless previously authorized.

(f) Prior authorization must be obtained for x-rays subsequent to initial treatment.

(g) Payment will not be made for excessive or unnecessary x-rays. No payment will be made for x-rays taken on rejected or closed claims, except those taken in conjunction with a reopening application.

(h) See chapter 296-23 WAC for custody requirements for x-rays.

(4) Drugless therapy as a maintenance or supportive measure will not be authorized or paid.

(5) Treatment beyond the first twenty treatments or sixty days, whichever occurs first, will not be authorized without submission of a consultation report or a comprehensive comparative exam report regarding need for further care.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-205, filed 8/1/93, effective 9/1/93.]

WAC 296-23-215 Office visits and special services-Naturopathic physicians

Definitions:

Routine office visit: A level of service pertaining to the evaluation and treatment of a condition requiring only an abbreviated history and exam.

Extended office visit: A level of service pertaining to an evaluation of patient with a new or existing problem requiring a detailed history, review of records, exam, and a formal conference with patient or family to evaluate and/or adjust therapeutic treatment management and progress.

Comprehensive office visit: A level of service pertaining to an indepth evaluation of a patient with a new or existing problem, requiring development or complete reevaluation of treatment data; includes recording of chief complaints and present illness, family history, past treatment history, personal history, system review; and a complete exam to evaluate and determine appropriate therapeutic treatment management and progress.

Reporting:

Reporting requirements are outlined in WAC 296-20-06101. The department or self-insurer will accept a brief narrative report of treatment received and the patient's progress as supporting documentation for billings in lieu of routine follow-up office notes.

Modifiers:

-22 Unusual services: When treatment services provided are greater than that usually required for listed procedures. Use of this modifier must be based on the injured worker's need for extended or unusual care. A report is required. The modifier -22 should be added to the procedure number.

-52 Reduced services: Under certain circumstances no treatment may be given, in these cases the procedure should be reduced by ten units and modifier -52 should be added to the procedure number.

Material supplied by doctor:

Department or self-insurer will reimburse the doctor for materials supplied, i.e., cervical collars, heel lifts, etc., at cost only. See RCW 19.68.010, professional license statutes.

All supplies and materials must be billed using HCPCS Level II codes as listed in the fee schedules.

The codes and reimbursement levels are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-215, filed 8/1/93, effective 9/1/93.]

WAC 296-23-220 Physical therapy rules

Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of workers.

Refer to WAC 296-20-132 and 296-20-135 regarding the use of conversion factors.

All supplies and materials must be billed using HCPCS Level II codes. Refer to chapter 296-21 WAC for additional information. HCPCS codes are listed in the fee schedules.

Refer to chapter 296-20 WAC (WAC 296-20-125) and to the department's billing instructions for additional information.

Physical therapy treatment will be reimbursed only when ordered by the worker's attending doctor and rendered by a licensed physical therapist or a physical therapist assistant serving under the direction of a licensed physical therapist. Doctors rendering physical therapy should refer to WAC 296-21-290.

The department or self-insurer will review the quality and medical necessity of physical therapy services provided to workers. Practitioners should refer to WAC 296-20-01002 for the department's rules regarding medical necessity and to WAC 296-20-024 for the department's rules regarding utilization review and quality assurance.

The department or self-insurer will pay for a maximum of one physical therapy visit per day. When multiple treatments (different billing codes) are performed on one day, the department or self-insurer will pay either the sum of the individual fee maximums, the provider's usual and customary charge, or ((~~$91.00~~)) $99.00 whichever is less. These limits will not apply to physical therapy that is rendered as part of a physical capacities evaluation, work hardening program, or pain management program, provided a qualified representative of the department or self-insurer has authorized the service.

The department will publish specific billing instructions, utilization review guidelines, and reporting requirements for physical therapists who render care to workers.

Use of diapulse or similar machines on workers is not authorized. See WAC 296-20-03002 for further information.

A physical therapy progress report must be submitted to the attending doctor and the department or the self-insurer following twelve treatment visits or one month, whichever occurs first. Physical therapy treatment beyond initial twelve treatments will be authorized only upon substantiation of improvement in the worker's condition. An outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

Physical therapy services rendered in the home and/or places other than the practitioner's usual and customary office, clinic, or business facilities will be allowed only upon prior authorization by the department or self-insurer.

No inpatient physical therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

The department may discount maximum fees for treatment performed on a group basis in cases where the treatment provided consists of a nonindividualized course of therapy (e.g., pool therapy; group aerobics; and back classes).

Biofeedback treatment may be rendered on doctor's orders only. The extent of biofeedback treatment is limited to those procedures allowed within the scope of practice of a licensed physical therapist. See chapter 296-21 WAC for rules pertaining to conditions authorized and report requirements.

Billing codes and reimbursement levels are listed in the fee schedules.

[Note: Most recent WAC history information was not available at the time of printing]

[Statutory Authority: RCW 51.04.020(1) and 51.04.030. 00-09-077, § 296-23-220, filed 4/18/00, effective 7/1/00. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 99-10-043, § 296-23-220, filed 4/30/99, effective 7/1/99; 98-09-125, § 296-23-220, filed 4/22/98, effective 7/1/98; 97-10-017, § 296-23-220, filed 4/28/97, effective 7/1/97; 96-10-086, § 296-23-220, filed 5/1/96, effective 7/1/96; 95-05-072, § 296-23-220, filed 2/15/95, effective 3/18/95. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 94-02-045, § 296-23-220, filed 12/30/93, effective 3/1/94; 93-16-072, § 296-23-220, filed 8/1/93, effective 9/1/93.]

WAC 296-23-225 Work hardening

The department will publish billing instructions, reimbursement limits, quality assurance standards, utilization review guidelines, admission criteria, outcome criteria, measures of effectiveness, minimum staffing levels, certification requirements, special reporting requirements, and other criteria that will ensure workers receive good quality services at cost-effective payment levels. Providers will be required to meet the department's requirements in order to qualify as a work hardening provider. The department may also establish a competitive or other appropriate selection process for work hardening providers. Providers should refer to WAC 296-20-12050 regarding special programs.

Billing codes and reimbursement levels are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-225, filed 8/1/93, effective 9/1/93.]

WAC 296-23-230 Occupational therapy rules

Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of workers.

Refer to WAC 296-20-132 and 296-20-135 for information regarding the conversion factors.

All supplies and materials must be billed using HCPCS Level II codes, refer to the department's billing instructions for additional information.

Occupational therapy treatment will be reimbursed only when ordered by the worker's attending doctor and rendered by a licensed occupational therapist or an occupational therapist assistant serving under the direction of a licensed occupational therapist. Vocational counselors assigned to injured workers by the department or self-insurer may request an occupational therapy evaluation. However, occupational therapy treatment must be ordered by the worker's attending doctor.

An occupational therapy progress report must be submitted to the attending doctor and the department or self-insurer following twelve treatment visits or one month, whichever occurs first. Occupational therapy treatment beyond the initial twelve treatments will be authorized only upon substantiation of improvement in the worker's condition. An outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

The department or self-insurer will review the quality and medical necessity of occupational therapy services. Practitioners should refer to WAC 296-20-01002 for the department's definition of medically necessary and to WAC 296-20-024 for the department's rules regarding utilization review and quality assurance.

The department will pay for a maximum of one occupational therapy visit per day. When multiple treatments (different billing codes) are performed on one day, the department or self-insurer will pay either the sum of the individual fee maximums, the provider's usual and customary charge, or ((~~$91.00~~)) $99.00 whichever is less. These limits will not apply to occupational therapy which is rendered as part of a physical capacities evaluation, work hardening program, or pain management program, provided a qualified representative of the department or self-insurer has authorized the service.

The department will publish specific billing instructions, utilization review guidelines, and reporting requirements for occupational therapists who render care to workers.

Occupational therapy services rendered in the worker's home and/or places other than the practitioner's usual and customary office, clinic, or business facility will be allowed only upon prior authorization by the department or self-insurer.

No inpatient occupational therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

The department may discount maximum fees for treatment performed on a group basis in cases where the treatment provided consists of a nonindividualized course of therapy (e.g., pool therapy; group aerobics; and back classes).

Billing codes, reimbursement levels, and supporting policies for occupational therapy services are listed in the fee schedules.

[Note: Most recent WAC history information was not available at the time of printing]

[Statutory Authority: RCW 51.04.020(1) and 51.04.030. 00-09-077, § 296-23-230, filed 4/18/00, effective 7/1/00. Statutory Authority: RCW 51.04.020(4) and 51.04.030. 99-10-043, § 296-23-230, filed 4/30/99, effective 7/1/99; 98-09-125, § 296-23-230, filed 4/22/98, effective 7/1/98; 97-10-017, § 296-23-230, filed 4/28/97, effective 7/1/97; 96-10-086, § 296-23-230, filed 5/1/96, effective 7/1/96; 95-05-072, § 296-23-230, filed 2/15/95, effective 3/18/95. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 94-02-045, § 296-23-230, filed 12/30/93, effective 3/1/94; 93-16-072, § 296-23-230, filed 8/1/93, effective 9/1/93.]

WAC 296-23-235 Work hardening

The department will publish billing instructions, reimbursement limits, quality assurance standards, utilization review guidelines, admission criteria, outcome criteria, measures of effectiveness, minimum staffing levels, certification requirements, special reporting requirements, and other criteria that will ensure workers receive good quality services at cost-effective payment levels. Providers will be required to meet the department's requirements in order to qualify as a work hardening provider. The department may also establish a competitive or other appropriate selection process for work hardening providers. Providers should refer to WAC 296-20-12050 regarding special programs.

Billing codes, reimbursement levels, and supporting policies for work hardening services are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-235, filed 8/1/93, effective 9/1/93.]

WAC 296-23-240 Licensed nursing rules

(1) Registered nurses and licensed practical nurses may perform private duty nursing care in industrial injury cases when the attending physician deems this care necessary. Registered nurses may be reimbursed for services as outlined by department policy. (See chapter 296-20 WAC for home nursing rules.)

(2) Advanced registered nurse practitioners (ARNPs) may perform advanced and specialized levels of nursing care on a fee for service basis in industrial injury cases within the limitations of this section. ARNPs may be reimbursed for services as outlined by department policy.

(3) In order to treat workers under the Industrial Insurance Act, the advanced registered nurse practitioner must be:

   (a) Recognized by the Washington state board of nursing or other government agency as an advanced registered nurse practitioner (ARNP). For out-of-state nurses an equivalent title and training may be approved at the department's discretion.

   (b) Capable of providing the department with evidence and documentation of a reliable and rapid system of obtaining physician consultations.

(4) Billing procedures outlined in the medical aid rules and fee schedules apply to all nurses.

(5) Advanced registered nurse practitioners cannot sign accident report forms or time loss cards.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93- 16-072, § 296-23-240, filed 8/1/93, effective 9/1/93.]

WAC 296-23-245 Licensed nursing billing instructions

(1) Registered nurses may be required to obtain provider account numbers from the department as outlined by department policy.

(2) Advanced registered nurse practitioners must obtain provider account numbers from the department.

(3) Refer to WAC 296-20-132 and 296-20-135 for information regarding the conversion factors.

(4) Refer to the department's billing instructions for additional information.

(5) Services performed by advanced registered nurse practitioners must be billed using the appropriate procedure code number listed in the fee schedules preceded by a Type of Service Code "N." The rate of reimbursement for the services billed by advanced registered nurse practitioners will be ninety percent of the value listed in the fee schedules.

(6) Refer to chapter 296-20 WAC (home nursing care) and chapter 296-23 WAC (miscellaneous services) for rules regarding reimbursement for home attendant care.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-245, filed 8/1/93, effective 9/1/93.]

WAC 296-23-250 Massage therapy rules

Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of workers. See WAC 296-20-125 for billing instructions.
Refer to WAC 296-20-132 and 296-20-135 for information regarding use of the conversion factors.

Massage therapy treatment will be permitted when given by a licensed massage practitioner only upon written orders from the worker's attending doctor.

A progress report must be submitted to the attending doctor and the department or the self-insurer following six treatment visits or one month, whichever comes first. Massage therapy treatment beyond the initial six treatments will be authorized only upon substantiation of improvement in the worker's condition in terms of functional modalities, i.e., range of motion; sitting and standing tolerance; reduction in medication; etc. In addition, an outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

Massage therapy in the home and/or places other than the practitioners usual and customary business facilities will be allowed only upon prior justification and authorization by the department or self-insurer.

No inpatient massage therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

Massage therapy treatments exceeding once per day must be justified by attending doctor.

Billing codes, reimbursement levels, and supporting policies for massage therapy services are listed in the fee schedules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-250, filed 8/1/93, effective 9/1/93.]

WAC 296-23-255 Independent medical examinations

(1) Purpose:

Independent medical examinations may be requested by the department, the self-insurer, or the attending physician; this is usually for one of the following purposes:

(a) To establish a diagnosis. Prior diagnoses may be controversial or ill-defined;

(b) To outline a program of rational treatment, where treatment or progress is controversial;

(c) To establish medical data from which it may be determined whether the medical condition is industrially acquired, or unrelated to industrial work activities;

(d) To determine the extent and duration of aggravation of a preexisting medical condition by an industrial injury or exposure;

(e) To establish when the accepted medical condition has reached maximum benefit from treatment;

(f) To establish a percentage rating of any permanent disability, based on the loss of body function or the category rating when maximum recovery is reached; or

(g) To determine the medical indications for reopening of a claim for further treatment on the basis of aggravation of an accepted condition, based on objective findings.

(2) Workers who are scheduled for independent medical examinations are allowed to bring with them an accompanying person to be present during the physical examination. The accompanying person cannot be compensated in any manner, except that language interpreters may be necessary for the communication process and may be reimbursed for interpretative services.

The department may designate those conditions under which the accompanying person is allowed to be present during the independent medical examination process.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-255, filed 8/1/93, effective 9/1/93.]

WAC 296-23-260 Examination reports

(1) It is the department's intention to purchase objective examinations to ensure that sure and certain determinations are made of all benefits to which the injured worker might be entitled.

The report of an independent medical examination must include the following items:

(a) A detailed chronology of the injury or condition including mechanism of injury, diagnostic studies, and treatments attempted. The chronology must mention the results of treatments and diagnostic studies;

(b) An opinion as to whether treatment actual or proposed is or will be curative or palliative in nature;

(c) An assessment of whether the condition is industrially caused, on a more probable than not basis;

(d) Specific diagnoses sorted into the following categories:

(i) The accepted condition;

(ii) Preexisting conditions, and a statement as to whether they are worsening on their own or are aggravated by the accepted industrially acquired condition; and

(iii) Conditions acquired after the industrial injury.

(e) Answers to written questions posed by adjudicators, or a description of what would be needed to address the questions; and

(f) Conclusions and a summary statement of the objective medical findings upon which the conclusions are based.

(2) Disability ratings are to be done as specified in WAC 296-20-210.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-260, filed 8/1/93, effective 9/1/93.]

WAC 296-23-265 Who may perform independent medical examinations?

Doctors in Washington, Oregon, or Idaho who wish to perform independent medical examinations for the department or self-insurers providing coverage to workers covered under Title 51 RCW must be approved examiners. Independent medical examinations must be performed according to WAC 296-20-200 by the following:

	Doctors licensed to practice:				
Examiner is:	Medicine & surgery	Osteopathic medicine & surgery	Podiatric medicine & surgery	Chiropractic	Dentistry
In Washington, Oregon, or Idaho and is approved by department to perform IMEs	Yes	Yes	Yes	Yes	Yes
Not in Washington, Oregon, or Idaho and is a board certified specialist	Yes	Yes	Yes	No	Yes
The treating doctor in a department approved chronic pain management program	Yes	Yes	Yes	No	Yes

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. 97-09-036, § 296-23-265, filed 4/14/97 effective 5/15/97. Statutory Authority: RCW 51.32.112. 95-04-056, § 296-23-265, filed 1/26/95, effective 3/1/95. Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-265, filed 8/1/93, effective 9/1/93.]

WAC 296-23-26501 How do doctors become approved examiners?

Doctors must submit a completed department application to the provider review and education unit at the Department of Labor and Industries, P.O. Box 44322, Olympia, WA 98504 and receive the medical director's approval. Approved examiners will be included on the department's approved examiners list.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. 97-09-036, § 296-23-26501, filed 4/14/97 effective 5/15/97.]

WAC 296-23-26502 Where can doctors get an application to become an approved examiner and other information about independent medical examinations?

The application for approved examiner status and the standards for independent medical examiners are published in the *Medical Examiners' Handbook* available from the department of labor and industries.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. 97-09-036, § 296-23-26502, filed 4/14/97 effective 5/15/97.]

WAC 296-23-26503 What factors does the medical director consider in approving, suspending or removing doctors from the approved examiners list?

The medical director may consider several factors in approving, disapproving, or suspending examiners. Examples include, but are not limited to:

(1) Board certification;

(2) Complaints from workers about the conduct of the examiner (see WAC 296-23-26506);

(3) Disciplinary proceedings or actions;
(4) Experience in direct patient care in the area of specialty;
(5) Ability to effectively convey and substantiate medical opinions and conclusions concerning workers;
(6) Quality and timeliness of reports;
(7) Geographical need of the department and self-insurer;
(8) Availability and willingness to testify on behalf of the department, worker, or employer; and
(9) Acceptance of the department fee schedule rate for testimony.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. 97-09-036, § 296-23-26503, filed 4/14/97 effective 5/15/97.]

WAC 296-23-26504 What happens if an examiner is suspended or removed from the approved examiner list by the medical director?

Examiners who are suspended or removed from the approved examiners list will not receive examination referrals from the department or self-insurers. In addition, suspended or removed examiners will not be reimbursed by the department or self-insurer for examinations performed at the request of other referral sources.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. 97-09-036, § 296-23-26504, filed 4/14/97 effective 5/15/97.]

WAC 296-23-26505 Is there a fee schedule for independent medical examinations?

The maximum fee schedule for performing independent medical examinations is published in the *Medical Examiners' Handbook* available from the department.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. 97-09-036, § 296-23-26505, filed 4/14/97 effective 5/15/97.]

WAC 296-23-26506 Can a worker file a complaint about an independent medical examiner's conduct?

Workers can send written complaints about the examiner's conduct during an independent medical examination to the self-insurer or department. Complaints received by the self-insurer and department staff must be promptly forwarded to the provider review and education unit. Based on the nature of the complaint, the department may refer the complaint to the department of health.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. 97-09-036, § 296-23-26506, filed 4/14/97 effective 5/15/97.]

WAC 296-23-267 When may attending doctors perform impairment rating examinations?

Attending doctors may perform impairment rating examinations for workers under their care at the direction of the state fund or self-insurer if licensed to perform:

- Medicine and surgery;
- Osteopathic medicine and surgery;
- Podiatric medicine and surgery;
- Dentistry; or
- Chiropractic (chiropractors must be on the approved examiners list).

Attending doctors performing rating exams must be available and willing to testify on behalf of the department, worker, or employer and accept the department fee schedule rate for testimony.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.32.112, 51.32.114 and 51.36.015. 97-09-036, § 296-23-267, filed 4/14/97 effective 5/15/97.]

WAC 296-23-270 Independent medical examinations two or more examiners

Providers who wish to offer independent medical examinations by two or more examiners must apply for a panel provider number and meet standards set by the medical director of the department. Examiners working through panels must be on the approved list.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. 93-16-072, § 296-23-270, filed 8/1/93, effective 9/1/93.]

Washington Administrative Code
Chapter 296-23A

Hospitals

This WAC has been formatted for publication and minor spelling errors have been corrected.

PART 1- GENERAL INFORMATION

WAC 296-23A-0100 Where can I find general information and rules pertaining to the care of workers?

Hospitals may find general information and rules pertaining to the care of workers in chapters 296-20, 296-21 and 296-23 WAC, department bulletins and other department publications. This list is not exhaustive and hospitals remain responsible for other applicable rules.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0100, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0110 When will the department or self-insurer pay for hospital services?

The department or self-insurer will pay for hospital services when proper and necessary for the treatment of the accepted occupational disease or injury.

See WAC 296-20-01002 for the definition of medically necessary.
See WAC 296-20-075 for further rules regarding hospitalization.
See WAC 296-20-03001 for treatment requiring authorization.
See WAC 296-20-03002 for treatment not authorized.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0110, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0120 What services are subject to review by the department or self-insurer?

The department uses utilization review criteria and all hospital inpatient and outpatient services and billed charges are subject to review by the department, self-insurer or a representative chosen by the department or self-insurer.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0120, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0130 How does the department establish hospital payment rates?

The department will establish and update hospital payment rates, methods and policies in consultation with interested persons at times determined by the department. The department will publish a description of payment methods, rates, and policies for hospital services at least thirty calendar days prior to implementation.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0130, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0140 How can interested persons request advance notice of changes to hospital payment rates, methods and policies?

The department will give at least thirty calendar days notice to interested persons who request advance notice of changes to hospital payment rates, methods and policies. Interested persons may request advance notice by contacting the department at the following address:

Department of Labor and Industries
Health Services Analysis
Mailing List for Hospital Payment Rates
P.O. Box 44322
Olympia, Washington 98504-4322

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0140, filed 2/28/97, effective 4/1/97.]

PART 1.1 - SUBMITTING BILLS

WAC 296-23A-0150 How must hospitals submit bills for hospital services?

Hospitals must submit bills for hospital services using the current National Uniform Billing Form (billing form), or electronically using department file format specifications. Providers using the paper billing form must follow both the billing instructions provided by the department and the Washington state version of the *National Uniform Billing Data Element Specifications* as adopted by the National Uniform Billing Committee.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0150, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0160 How must hospitals submit charges for ambulance and professional services?

Hospitals must submit charges for ambulance services and professional services provided by hospital staff physicians on the Health Insurance Claim Form, HCFA 1500 using the provider account number(s) assigned by the department for these services. Hospitals using any of the electronic transfer options must follow department instructions for electronic billing.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0160, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0170 How must hospitals bill the department or self-insurer for preadmission services?

Preadmission services performed in a hospital outpatient setting within one day prior to hospital admission must be billed as hospital inpatient services.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0170, filed 2/28/97, effective 4/1/97.]

PART 1.2 - SUPPORTING DOCUMENTATION REQUIREMENTS

WAC 296-23A-0180 What supporting documentation must hospitals send for hospital services?

Hospitals must send the following supporting documentation for hospital services:

- Admission history and physical examination
- Discharge summary for stays over forty-eight hours
- Emergency room reports
- Operative reports
- Anesthesia records
- Other documentation as requested by the department or self-insurer.

Hospitals must place the worker's name and claim number on the upper right-hand corner of each page of supporting documentation submitted.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0180, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0190 Where must hospitals send supporting documentation for hospital services for state fund claims?

Do not submit supporting documentation with the bill for services. Hospitals must send supporting documentation for hospital services for state fund claims to:

Department of Labor and Industries
Claims Section
P.O. Box 44291
Olympia, WA 98504-4291

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0190, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0195 When must providers using electronic medium submit supporting documentation?

Providers using any of the electronic transfer options provided by the department must send the department or self-insurer the required supporting documentation within thirty calendar days of the date billing information was sent to the department on electronic medium. Providers must comply with the electronic billing instructions supplied by the department regarding the submission of hospital bill documentation.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0195, filed 2/28/97, effective 4/1/97.]

PART 2 - PAYMENT METHODS FOR HOSPITAL SERVICES

WAC 296-23A-0200 How does the department pay for hospital inpatient services?

The department will pay for hospital inpatient services according to the following table:

Hospital Type or Location	*Do Diagnosis Related Group (DRG) payment methods apply?*	*Do per diem payment methods apply?*	*Do percent of allowed charges (POAC) payment methods apply to hospital inpatient services?*
Children's Hospitals	No	No	Yes, paid 100% of allowed charges
Chronic Pain Management Program	Exempt, paid per department agreement.	Exempt, paid per department agreement.	Exempt, paid per department agreement.
Health Maintenance Organizations	No	No	Yes, paid 100% of allowed charges
Military	No	No	Yes, paid 100% of allowed charges
Veterans Administration	No	No	Yes, paid 100% of allowed charges
State psychiatric facility	No	No	Yes, paid 100% of allowed charges
Washington rural (Peer Group A)	No	Yes, statewide per diem rates apply for five DRG categories: chemical dependency, psychiatric, rehabilitation, medical, and surgical DRGs	No
All other Washington hospitals	Yes	Yes, state-wide average per diem rates apply for designated categories: chemical dependency, psychiatric, rehabilitation, low volume medical, and low volume surgical DRGs	Yes, applies to low cost outlier payments and high cost outlier payments above the high cost outlier threshold

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.36.080. 00-06-027, § 296-23A-0200, filed 2/24/00, effective 3/26/00; 97-06-066, § 296-23A-0200, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0210 How do self-insurers pay for hospital inpatient services?

Self-insurers will pay for hospital inpatient services using percent of allowed charges (POAC) factors, according to the following table:

Hospital Type or Location	*Do percent of allowed charges (POAC) payment methods apply to hospital inpatient services?*
Military, Veteran's Administration, Health Maintenance Organizations , State Psychiatric Facilities, Children's Hospitals	Yes, paid 100% of allowed charges
All other Washington hospitals	Yes, paid the hospital specific POAC factor

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.36.080. 00-06-027, § 296-23A-0210, filed 2/24/00, effective 3/26/00; 97-06-066, § 296-23A-0210, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0220 How does the department or self-insurer pay for hospital outpatient services?

The department or self-insurer will pay for hospital outpatient services according to the following table:

Hospital Type or Location	*Do percent of allowed charges (POAC) payment methods apply?*	*Does the department's Medical Aid Rules and Fee Schedules apply to hospital outpatient radiology, laboratory, pathology and physical therapy services?*
Children's Hospitals	Yes, paid 100% of allowed charges	Yes
Chronic Pain Management Program	Exempt, paid per department agreement.	Exempt, paid per department agreement.
Health Maintenance Organizations	Yes, paid 100% of allowed charges	Yes
Military	Yes, paid 100% of allowed charges	No, paid 100% of allowed charges
Veterans Administration	Yes, paid 100% of allowed charges	No, paid 100% of allowed charges
State psychiatric facility	Yes, paid 100% of allowed charges	Yes
Washington rural (Peer Group A)	Yes, applies to hospital outpatient services except radiology, laboratory, pathology and physical therapy	Yes
All other Washington hospitals	Yes, applies to hospital outpatient services except radiology, laboratory, pathology and physical therapy	Yes

Hospitals are reimbursed only for the technical component of rates listed in the fee schedules, for outpatient radiology, pathology and laboratory services.

See chapter 296-23 WAC for rules on radiology, pathology, laboratory, physical therapy and work hardening services.

See WAC 296-20-132 and 296-20-135 for information on the conversion factor used for hospital outpatient services.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.36.080. 00-06-027, § 296-23A-0220, filed 2/24/00, effective 3/26/00; 97-06-066, § 296-23A-0220, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0230 How does the department or self-insurer pay out-of-state hospitals for hospital services?

The department or self-insurer pays out-of-state hospitals for hospital services using a percent of allowed charges (POAC) factor or department fee schedule. The POAC factor may differ for services performed in inpatient and outpatient settings.

Payment rates to hospitals located outside of Washington State are calculated by multiplying the out-of-state percent of allowed charges factor (POAC) by the allowed charges.

Amount paid = (out-of-state POAC Factor) X (Allowed Charges)

Out-of-state hospital providers should bill and the department or self-insurer will pay out-of-state hospitals services according to the following table:

Hospital Professional and Ambulance Services	*Hospital Outpatient Services*	*Hospital Inpatient Services*
Professional and ambulance services should be billed with CPT and HCPCS codes on HCFA 1500 forms under separate provider numbers. These services will be paid using the fee schedule rates and payment policies stated in the Washington *Medical Aid Rules and Fee Schedules*.	All hospital outpatient services should be billed on UB forms under the hospital provider number with revenue codes. These services will be paid at the out-of-state percent of allowed charges (POAC) factor as stated in the Washington *Medical Aid Rules and Fee Schedules*.	All hospital inpatient services should be billed on UB forms under the hospital provider number using revenue codes. These services will be paid at the out-of-state percent of allowed charges (POAC) factor as stated in the Washington *Medical Aid Rules and Fee Schedules*.
Military and veteran's administration professional and ambulance services should be billed on HCFA 1500 forms and will be paid at 100% of allowed charges.	Military, veteran's administration, health maintenance organization, children's, and state run psychiatric hospitals will be paid at 100% of allowed charges for outpatient hospital services.	Military, veteran's administration, health maintenance organization, children's, and state run psychiatric hospitals will be paid at 100% of allowed charges for inpatient hospital services.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.36.080. 00-09-078, § 296-23A-0230, filed 4/18/00, effective 7/1/00; 97-06-066, § 296-23A-0230, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0240 How does the department define and pay a new hospital?

New hospitals are those open for less than one year prior to the implementation of the department's most recent hospital payment rates. The department will pay new hospitals according to the following table:

Hospital Type or Location	*What Diagnosis Related Group (DRG) base price applies?*	*What Per Diem Payment Rates Apply?*	*What percent of allowed charges (POAC) factor applies?*
Military, Veterans Administration, State Psychiatric, Health Maintenance Organization, Children's	Exempt	Exempt	Paid 100% of allowed charges
Chronic Pain Management Program	Exempt, paid per department agreement	Exempt, paid per department agreement	Exempt, paid per department agreement
Washington Rural Hospital (Peer Group A)	Exempt	Washington state-wide average per diem rates	Washington state-wide average POAC
Other Washington Hospital	Weighted median case-mix adjusted average cost per case for Washington DRG hospitals, except major teaching hospitals	Washington state-wide average per diem rates	Washington state-wide average POAC

A new hospital will be paid using its hospital-specific POAC within three years of receiving a provider account number(s) from the department.

[Statutory Authority: RCW 51.04.020, 51.04.030, 51.36.080. 00-06-027, § 296-23A-0240, filed 2/24/00, effective 3/26/00; 97-06-066, § 296-23A-0240, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0250 Does a change in hospital ownership affect a hospital's payment rate?

A change in ownership does not constitute the creation of a new hospital. If a hospital changes ownership, rates will remain the same as those payable to the previous owner.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0250, filed 2/28/97, effective 4/1/97.]

PART 2.1 - PERCENT OF ALLOWED CHARGES PAYMENT METHODS AND POLICIES

WAC 296-23A-0300 When do percent of allowed charges (POAC) payment factors apply?

The department may designate from time to time, those hospitals and hospital services to be paid using POAC factors.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0300, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0310 What is the method for calculating percent of allowed charges (POAC) factors?

POAC factors are based on Medicare cost report data and are calculated by dividing adjusted operating expenses by adjusted patient revenues. The department will allow costs for graduate medical education and charity care. Allowable costs for charity care shall not exceed a maximum of two percent of the facility's total allowable costs. A hospital's POAC factor shall not exceed one hundred percent of allowed charges.

Payment rates are calculated by multiplying the POAC factor by the allowed charges.

Amount Paid = (POAC Factor) X (Allowed Charges)

Each hospital will be notified of their revised POAC factor thirty days prior to implementation. Incorrect data or erroneous calculations can be appealed in accordance with WAC 296-23A-0600.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0310, filed 2/28/97, effective 4/1/97.]

PART 2.2 - PER DIEM RATES PAYMENT METHODS AND POLICIES

WAC 296-23A-0350 When do per diem rates apply?

The department may designate from time to time, those hospitals and hospital services paid on a per diem basis. For example, the department may develop per diem rates for the following diagnosis-related-group (DRG) categories:

- Psychiatric;
- Rehabilitation;
- Substance abuse;
- Medical;
- Surgical, and
- Other categories as determined by the department.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0350, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0360 What is the method for calculating per diem rates?

Per diem rates are calculated by dividing the total costs for all relevant cases in the historical data base by the total number of days. The total number of days is equal to the sum of the number of days for each relevant case. The number of days per case is equal to the last date of service minus the first date of service. The department will allocate costs at the detailed revenue code level using Medicare cost report data and Medicare definitions for allowable costs. The department will allow costs for graduate medical education and charity care. Allowable costs for charity care shall not exceed a maximum of two percent of the facility's total allowable costs.

Payment rates are equal to the applicable per diem rate multiplied by the number of days allowed by the department. The department does not pay for the day of discharge. Payment shall not exceed allowed billed charges.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0360, filed 2/28/97, effective 4/1/97.]

PART 2.3 - DIAGNOSIS RELATED GROUP PAYMENT METHODS AND POLICIES

WAC 296-23A-0400 What is a "diagnosis-related-group" payment system?

A diagnosis-related-group (DRG) system categorizes patients into clinically coherent and homogenous groups with respect to resource use. The department will use an all-patient grouper to perform the diagnostic categorization. To the extent feasible, where DRG relative weights meet acceptable reliability and validity standards, the department will use DRG per case rates for payment of hospital inpatient services.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0400, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0410 How does the department calculate diagnosis-related-group (DRG) relative weights?

In calculating DRG relative weights, the department will:

(1) Allocate costs for hospital services at a detailed revenue code level using Medicare cost report data and Medicare definitions for allowable costs. The department will allow costs for graduate medical education and charity care. Allowable costs for charity care shall not exceed a maximum of two percent of the facility's total allowable costs.

(2) Classify department hospital admissions data and hospital discharge data in the Washington state department of health's comprehensive hospital abstract reporting system (CHARS), using an all-patient grouper.

(3) Establish relative weights from department of labor and industries' hospital admission data. If the department's data is not sufficient to calculate stable relative weights, the department may use hospital discharge data in the Washington state department of health's comprehensive hospital abstract reporting system (CHARS) or another appropriate data source.

(4) Exclude the following types of cases from DRG relative weight calculations: Transfers, statistical outliers, length of stay equal to zero, psychiatric, substance abuse and rehabilitation DRGs, out-of-state hospitals, other hospitals and services designated as exempt from DRG payment rates.

See WAC 296-23A-0470 and 296-23A-0480 for exclusions and exceptions to DRG payments for hospital services.

(5) Test each DRG statistically for adequacy of sample size to ensure that relative weights meet acceptable reliability and validity standards.

(6) Replace unstable department relative weights with stable CHARS derived relative weights.

(7) Standardize department and CHARS relative weights to a state-wide case mix index of 1.0.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0410, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0420 How does the department determine the base price for hospital services paid using per case rates?

The department determines the base price for hospital services paid using per case rates according to the following table:

Type of Hospital	*Base Price*
Major Teaching Hospital: Harborview Medical Center or University of Washington	Hospital-specific case-mix adjusted average cost per case
Other DRG Hospital	Weighted median case-mix adjusted average cost per case for DRG hospitals, except major teaching hospitals

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0420, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0430 How does the department calculate a hospital specific case-mix adjusted average cost per case?

The department determines the case-mix adjusted average cost per case for each hospital by:

(1) Allocating costs for hospital services at a detailed revenue code level using Medicare cost report data and Medicare definitions for allowable costs. The department will allow costs for graduate medical education and charity care. Allowable costs for charity care shall not exceed a maximum of two percent of the facility's total allowable costs;

(2) Totaling the costs of all DRG cases;

(3) Dividing the total by the number of cases; and

(4) Then dividing that number by the hospital's case-mix index.

(5) Per case costs are indexed to the payment period for inflation and other factors.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0430, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0440 How does the department calculate the base price for DRG hospitals, except major teaching hospitals?

The department calculates the base price for DRG hospitals, except major teaching hospitals by:

(1) Calculating each hospital's case-mix adjusted average cost per case;

(2) Weighting each hospital's case-mix adjusted average cost per case by the number of cases at that hospital;

(3) Determining the median (fiftieth percentile) of the list of case-mix adjusted average costs per case.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0440, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0450 What cases does the department exclude from base price calculations?

The department excludes the following types of cases from base price calculations:

- Transfers;
- Statistical outliers;
- Length of stay equal to zero;
- Psychiatric, substance abuse and rehabilitation DRGs;
- Out-of-state hospitals; and
- Other hospitals and services designated as exempt from DRG payment rates.

See WAC 296-23A-0470 and 296-23A-0480 for exclusions and exceptions to DRG payments for hospital services.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0450, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0460 How does the department calculate the diagnosis-related-group (DRG) per case payment rate for a particular hospital?

The DRG per case rate for a particular hospital is calculated by multiplying the assigned DRG relative weight for that admission by the applicable base price.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0460, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0470 Which exclusions and exceptions apply to diagnosis-related-group (DRG) payments for hospital services?

The following exclusions and exceptions apply to DRG payments for hospital services:

- Psychiatric, rehabilitation, and chemical dependency (substance abuse) services will be excluded from payment by DRG rates. These services will be paid using per diem payment rates.
- Ambulance and air transportation services are excluded from DRG payments.
- Bills assigned to a DRG that is defined as ungroupable will be denied.
- Bills where the principal diagnosis is invalid as a discharge diagnosis will be denied.
- Bills where the injured worker has been admitted and discharged in less than twenty-four hours will be reviewed by the department and may be paid as hospital outpatient services.
- The department may choose to exclude other DRGs from DRG payment rates due to concerns about access, case volume or other considerations. These services will be paid using the applicable percent of allowed charges (POAC) factor and per diem rates.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0470, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0480 Which hospitals does the department exclude from diagnosis-related-group (DRG) payments?

The following hospitals are excluded from DRG payments:

- Military, Veterans Administration, state psychiatric facilities, health maintenance organizations (HMO), and children's hospitals will be paid their allowed charges.
- Department-approved chronic pain management programs will be paid according to department agreement or contract.

- Peer Group A hospitals, as defined by the department of health, will be paid using per diem rates.
- Hospitals located outside of Washington will be paid a percent of allowed charges (POAC).
- Other hospitals, as determined by the department, may be excluded from DRG reimbursement rates due to concerns about access, case volume or other considerations. These facilities will be paid using the applicable POAC factor and per diem rates.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0480, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0490 Which hospital services does the department include in diagnosis-related-group (DRG) rates?

Unless otherwise specified, the department will include in the DRG rate all hospital services provided to an injured worker admitted to a hospital. Hospital services must be medically necessary for the treatment of the accepted occupational disease or injury.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0490, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0500 When does a case qualify for high outlier status?

Outlier payments apply only to diagnosis-related-group (DRG) reimbursed cases with unusually high or low costs. Outlier status does not apply to cases paid using a percent of allowed charges (POAC) factor or per diem rates.

A case is considered a high cost outlier if the costs for the case exceed the outlier threshold for the assigned diagnosis-related-group. The costs for a case are determined by multiplying the allowed charges for the case by the hospital specific POAC factor. The threshold used to define a high outlier case is the greater of a dollar threshold of twelve thousand dollars or two standard deviations above the statewide average cost for each DRG paid by the department.

The dollar threshold may be adjusted annually for inflation or other factors as determined by the department. The standard deviations for DRGs will be computed from all relevant cases in the historical data base, excluding statistical outliers.

[Statutory Authority: RCW 51.04.020, 51.04.030. 00-24-066, § 296-23A-0500, filed 12/1/00, effective 1/1/01. Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0500, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0520 How does the department pay for high outlier cases?

Cases defined as high cost outliers will be reimbursed at the diagnostic-related-group (DRG) payment rate plus one hundred percent of costs in excess of the threshold. Costs are determined by multiplying the allowed charges by the hospital specific percent of allowed charges (POAC) factor.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0520, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0530 How does a case qualify for low outlier status?

To qualify as a low outlier, the allowed charges multiplied by that hospital's percent of allowed charges (POAC) factor must be less than ten percent of the state-wide diagnosis- related-group (DRG) rate or five hundred dollars, whichever is greater. The standard deviations for DRGs will be computed from all relevant cases in the historical data base, excluding statistical outliers.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0530, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0540 How does the department pay for low outlier cases?

Low outlier cases are paid by multiplying each hospital's specific percent of allowed charges (POAC) factor by the allowed charges for the case.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0540, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0550 Under what circumstances will the department pay for interim bills?

The department will deny interim bills which are assigned to diagnosis-related-groups (DRGs) paid per case rates by the department.

If an interim bill is coded as a diagnosis-related-group (DRG) not paid per case rates by the department, then the bill will be paid using the applicable percent of allowed charges (POAC) factor and per diem rates. If a subsequent bill coded as a DRG paid per case rates by the department, for the same injured worker, has a first date of service within seven days of the last date of service of the previous bill, then the bills will be subject to review and adjustment by the department.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0550, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0560 How does the department define and pay for hospital readmissions?

The department will review hospital readmissions occurring within seven days of discharge and will determine whether the second admission resulted from premature discharge. Payment for services associated with readmission will depend upon the review. For example:

- If the second admission is determined unnecessary, reimbursement may be denied.
- If the admission was avoidable, the two admissions may be combined and a single diagnosis-related-group (DRG) payment made.
- If two different DRG assignments are involved, reimbursement for the appropriate DRG will be based upon review of the case.
- Readmissions involving different hospitals will be reviewed by the department and may be paid using the payment method for transfers.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0560, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0570 How does the department define a transfer case?

A transfer case is defined as an injured worker's admission to another acute care hospital within seven days of that worker's previous discharge. All bills for transfer cases will be subject to review by the department and payment will be determined based on that analysis. The transferring hospital may qualify for high and low outlier status.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0570, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0575 How does the department pay a transferring hospital for a transfer case?

When the stay at the transferring hospital is a diagnosis-related-group (DRG) paid by the department, and does not qualify as a low outlier, the transferring hospital is paid a graduated per diem rate for each day of care allowed by the department. If the case qualifies as a low cost outlier, the hospital will be paid the graduated per diem amount or low cost outlier payment amount, whichever is lower. The per diem rate is determined by dividing that hospital's rate for the appropriate DRG by that DRG's average length of stay as determined by the department. Payment for the first day of service will be two times

the per diem rate. For subsequent allowed days, the basic per diem rate will be paid up to the full DRG payment amount. Unless the case qualifies as a high outlier, payment to the transferring hospital will not exceed the appropriate DRG rate that would have been paid had the injured worker not been transferred to another hospital.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0575, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0580 How does the department pay the receiving hospital for a transfer case?

The hospital receiving a transfer will be paid according to the department's review of the case. If the receiving hospital's stay is a diagnosis-related-group (DRG) paid by the department, then the hospital will receive the appropriate per case and outlier payments. If the case is not a DRG paid by the department, then the hospital is paid using applicable percent of allowed charges (POAC) factor or per diem rates.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0580, filed 2/28/97, effective 4/1/97.]

PART 3 - REQUESTING A HOSPITAL RATE ADJUSTMENT

WAC 296-23A-0600 How can a hospital request a rate adjustment?

Hospitals may submit a request for adjustment to their rate if:

- The rate methodology or principles of reimbursement established in department publications were incorrectly applied; or
- Incorrect data or erroneous calculations were used in the establishment of the hospital's rate.

  In all circumstances, requests for adjustments to rates must show how the rate adjustment was calculated and contain sufficient detail to permit an audit. Requests must specify the nature and the amount of the adjustment sought. The burden of proof is on the requesting hospital.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0600, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0610 Where must hospitals submit requests for rate adjustments?

Hospitals must submit requests for rate adjustments in writing to:

Department of Labor and Industries
Health Services Analysis
Request for Hospital Rate Adjustment
P.O. Box 44322
Olympia, Washington 98504-4322.

Requests must be received within sixty days after the facility receives notice of its payment rates.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0610, filed 2/28/97, effective 4/1/97.]

WAC 296-23A-0620 What action will the department take upon receipt of a request for a rate adjustment?

Upon receipt of the request, the department shall determine the need for a conference with the hospital and will contact the facility to arrange a conference if needed. The conference, if needed, must be held within sixty days of the department's receipt of the request.

Within thirty calendar days of the receipt of the request for review or the date of the conference, the department shall notify the facility of the action to be taken by the department.

If the department's review of the material submitted by the hospital results in a favorable determination for the hospital, the department will modify the hospital's payment rate(s). The revised rate(s) will apply to all bills with a date of admission on or after a date chosen by the department. The chosen date will be within one hundred twenty days of the department's and hospital's agreement to modify the rate(s).

If the department's review of the material submitted by the hospital results in a unfavorable determination for the hospital, the hospital may file an appeal with the board of industrial insurance appeals.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 51.36.080. 97-06-066, § 296-23A-0620, filed 2/28/97, effective 4/1/97.]

Overview of the Fee Schedules

All providers must follow the administrative rules, medical coverage decisions and payment policies contained within the *Medical Aid Rules and Fee Schedules, Provider Bulletins,* and *Provider Updates*. If there are any services, procedures, or text contained in the CPT and HCPCS coding books that are in conflict with the *Medical Aid Rules and Fee Schedules*, the department's rules and policies apply (WAC 296-20-010). All policies in this document apply to claimants receiving benefits from the State Fund, the Crime Victims Compensation Program and Self-Insurers unless otherwise noted.

Questions may be directed to the Provider Hotline at 1-800-848-0811.

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EFFECTIVE DATE

This edition of the *Medical Aid Rules and Fee Schedules* is effective for services performed on or after July 1, 2001. Additional fee schedule and policy information is published throughout the year in the department's *Provider Bulletins* and *Provider Updates*. If necessary, corrections to the *Medical Aid Rules and Fee Schedules* will be published on the department's web site at www.wa.gov/lni/hsa.

GENERAL INFORMATION

This fee schedule supports the initiative to reduce the administrative burden on providers by making the billing and payment requirements more consistent among Washington state government payers. These payers are:

- Washington State Fund workers' compensation program (The State Fund), administered by the Department of Labor and Industries
- Uniform Medical Plan, administered by the Health Care Authority for state employees and retirees
- State Medicaid program, administered by the Medical Assistance Administration (MAA) within the Department of Social and Health Services (DSHS)

While the basis for the fee schedules is the same for the three agencies, payment and benefit levels are different because each agency has its own source of funding, benefit contracts and conversion factors. The department, along with these other agencies, uses the Resource Based Relative Value Scale (RBRVS) to pay for most professional services. Further information about RBRVS is contained in the "Washington RBRVS Payment Policies" section.

BILLING CODES AND MODIFIERS

The department's fee schedules are based on the federal Health Care Financing Administration's (HCFA's) Common Procedure Coding System (HCPCS), select codes from the American Society of Anesthesiologists (ASA), and agency unique "local codes."

HCPCS Level I, commonly called CPT, contains CPT codes and modifiers that are developed, updated and copyrighted annually by the American Medical Association (AMA). There are three categories of CPT.

> ***CPT Category I codes*** are codes used for professional services and laboratory tests. These services are clinically recognized and generally accepted services, not newly emerging technologies. These codes consist of five numbers (e.g. 99201).
>
> ***CPT Category II codes*** are optional codes used to facilitate data collection for tracking performance measurement. These codes consist of four numbers followed by the letter "F." (e.g. 1234F).
>
> ***CPT Category III codes*** are temporary codes used to identify new and emerging technologies. These codes consist of four numbers followed by the letter "T." (e.g. 0001T).
>
> ***CPT modifiers*** consist of two numbers (e.g. -22). **The department does not accept the five digit modifiers listed in CPT.**

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HCPCS Level II codes, commonly called HCPCS *(pronounced "Hick-Picks"),* are developed and updated annually by HCFA. HCPCS are used to identify miscellaneous services, supplies and materials not contained in CPT. These codes begin with a single letter, followed by four numbers (e.g. K0007).

HCPCS Level II modifiers consist of two letters (e.g. -AA) **or** one letter and one number (e.g. -E1). They are also updated annually by HCFA.

ASA codes** are developed, updated and copyrighted by the American Society of Anesthesiologists (ASA). These codes consist of five numbers (e.g. 01961) and are clearly distinguished from CPT codes where used in the fee schedules.

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Local codes are used to identify agency unique services or supplies. They consist of four numbers followed by one letter (not "F" or "T"). For example, 1040M should be used to code completion of the department's accident report form.

Local modifiers consist of one number and one letter (e.g. -1R).

The fee schedules do not contain the full text descriptions of the *Current Procedural Terminology* (CPT) codes, the HCPCS codes or the ASA codes from the *ASA Relative Value Guide* (ASARVG). Providers must bill in accordance with the full text descriptions published in CPT, HCPCS and ASARVG, which can be purchased from private sources. Refer to Washington Administrative Code (WAC) 296-20-010(1) for additional information.

REFERENCE GUIDE FOR CODES AND MODIFIERS

	HCPCS Level I			**HCPCS Level II**		
	CPT Category I	**CPT Category II**	**CPT Category III**	**HCPCS**	**ASA**	**L&I Local Codes**
Source	AMA/ HCFA	AMA/ HCFA	AMA/ HCFA	HCFA	ASA	Labor & Industries
Code Format	5 numbers	4 numbers followed by "F"	4 numbers followed by "T"	1 letter and 4 numbers	5 numbers	4 numbers and 1 letter (not "F" or "T")
Modifier Format	2 numbers	N/A	N/A	2 letters or 1 letter and 1 number	N/A	1 number and 1 letter
Purpose	Professional services & laboratory tests	Tracking codes to facilitate data collection	Temporary codes for new and emerging technologies	Materials, supplies, drugs & professional services	Selected anesthesiology services not in CPT	L&I unique services, materials & supplies

BILLING

L&I PROVIDER ACCOUNT NUMBERS

Every provider who treats a Washington injured worker must have an active L&I provider account number to receive payment. Providers can apply for account numbers by completing a Provider Account Application. More information about the provider application process is published in WAC 296-20-12401.

Provider applications are available on the department's web site at www.wa.gov/lni/forms or can be requested by contacting the department's Provider Accounts section.

Provider Accounts
Department of Labor & Industries
PO Box 44261
Olympia, WA 98504-4261
(360) 902-5140

CRIME VICTIMS COMPENSATION PROGRAM PROVIDER ACCOUNT NUMBERS

Providers treating victims of crime must apply for separate accounts with the Crime Victims Compensation Program. Provider applications for the Crime Victims Compensation Program are available on the department's web site at www.wa.gov/lni/forms or can be requested by contacting the Crime Victims Compensation Program.

Department of Labor and Industries
Crime Victims Compensation Program
Provider Registration
PO Box 44520
Olympia, WA 98504-4520
(360) 902-5377

BILLING INSTRUCTIONS AND FORMS

For instructions on billing the department, refer to the department's General Provider Billing Manual (publication #F248-100-000). This publication contains general billing guidelines, reporting and documentation requirements, resource lists and contact information. The department also publishes a series of provider specific billing instructions that contain more detailed information on billing forms and requirements. Billing instructions are available on the department's web site at www.wa.gov/lni/forms or can be requested from the department's Provider Accounts section. (Refer to "L&I Provider Account Numbers" above for contact information.)

Providers should use the department's most recent billing forms. Using out-of-date billing forms may result in delayed payment. To order new billing forms or other department publications, complete the Medical Forms Request Card (located at the end of this document) and send it to the department's warehouse.

GENERAL BILLING TIPS

Billing Tip Billing tips are provided throughout the policy sections to facilitate correct payments.

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Payment for billing codes that do not specify a time increment or unit of measure is limited to one unit per day. For example, only one unit is payable for CPT code 97022, whirlpool therapy, regardless of how long the therapy lasts.

No payment will be made for non-covered codes. Non-covered codes are listed with "Not Covered" in the dollar value columns in the "CPT & HCPCS Fee Schedule" section. They are also listed in **Appendix E** in the "Washington RBRVS Payment Policies" section.

A covered service or procedure may be provided that does not have a specific code or payment level listed in the fee schedules. When reporting such a service, the appropriate unlisted procedure code may be used and a special report is required as supporting documentation. No additional payment is made for the supporting documentation. Refer to WAC 296-20 of the Washington Administrative Code (including the definition section), and to the fee schedules for additional information.

PROVIDERS AND SERVICES PAID WITH WASHINGTON RBRVS

PROVIDERS PAID WITH WASHINGTON RBRVS

- Advanced registered nurse practitioners (ARNPs) (except anesthesia services)
- Chiropractic physicians (for evaluation and management and radiology services)
- Clinical psychologists (licensed PhD only)
- Massage therapists
- Medical doctor (except anesthesia services)
- Occupational therapists
- Optometrists
- Osteopathic physicians (except anesthesia services)
- Physical therapists
- Physician assistants (must be certified)
- Podiatric physicians
- Speech pathologists

SERVICES PAID WITH WASHINGTON RBRVS

- Audiology services with CPT codes
- Chiropractic evaluation and management and radiology services
- Diagnostic testing
- Hospital outpatient professional services for radiology, laboratory, pathology, physical therapy and emergency care
- Massage therapy
- Medicine, including allergy, immunology and dermatology
- Office visits
- Physical, occupational and speech therapy
- Radiation and chemotherapy
- Surgery
- Vision care

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PROVIDERS AND SERVICES PAID BY OTHER THAN RBRVS METHOD

The RBRVS pricing method applies only to the selected providers identified on the previous page. Refer to the table below to determine the payment method for non-RBRVS services or provider types:

Service	Provider Type	Codes and Payment Methods
Anesthesia	Medical doctors, CRNAs, osteopathic physicians	CPT anesthesia codes and some ASA codes and anesthesia fee schedule
Attendant services	Approved providers	Local code
Chemically Related Illness Ctr.	CRI contracted providers	Contract
Chiropractic care	Chiropractic physicians	Local codes
Clinical laboratory	Physician offices, laboratories and outpatient hospitals	CPT codes
Dental	Dentists and oral surgeons	HCPCS codes
Durable Medical Equipment (DME) and medical supplies	Pharmacies, DME suppliers	HCPCS and local codes
Impairment ratings	Attending doctors, consultants or approved Independent Medical Examiners (IME)	Local codes. Refer to the *Medical Examiners' Handbook* for IME codes
Interpreter services	Professional language interpreters	Local codes
Head injury rehabilitation	Approved providers	Local codes
Hearing aid services, devices and supplies	Audiologists and suppliers	Local codes
Home health services	Agency based home health care providers	Local codes
All hospital services and supplies	Exception Hospitals: Military, Veteran's Administration, Health Maintenance Organizations, Children's and Washington psychiatric facilities	Paid 100% of allowed charges
Washington hospital inpatient services and supplies	Hospitals, excluding exception hospitals	Revenue codes, Diagnosis Related Groups (DRGs), percentage of allowed charges (POAC) and per diem rates
Outpatient surgical services in ASCs	Ambulatory Surgery Center (ASC)	CPT and HCPCS codes

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Service	Provider Type	Codes and Payment Method
Washington hospital outpatient facility services and supplies	Hospitals, excluding exception hospitals	Revenue codes paid at POAC
Non-Washington hospital in- and outpatient facility services and supplies	Hospitals, excluding exception hospitals	Revenue codes paid at the average Washington POAC, which is 64.2% for services in calendar year 2001. Contact the department for the rate after December 31, 2001. (Changes are made in accordance with WAC 296-23A-0310)
Naturopathic services and supplies	Naturopathic physicians	Local codes and HCPCS
Obesity treatment	Registered dieticians	Local codes
Pain clinic services	Contracted pain clinic providers	Contracts
Pharmaceuticals and Over-the-Counter (OTC) drugs	Pharmacies	NDC codes paid under pharmacy fee schedule
Residential care	Nursing homes, skilled nursing facilities, adult group homes	Local codes
TENS units and supplies for all State Fund claims.	Contracted supplier(s)	Contracts
TENS units and supplies for Self-Insured claims.	Pharmacies, DME suppliers, physical or occupational therapists, doctors	HCPCS codes
Transportation services	Ambulance, taxi, airline, bus, or train or public transportation	HCPCS and local codes
Vision hardware/contact lens	Optometrists, opticians	HCPCS
Vehicle, home and job modifications	Approved providers	Local codes
Vocational services	Vocational rehabilitation counselors, interns, and forensic counselors	Local codes
Other miscellaneous services	Approved providers	Local codes

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PROVIDER BULLETINS AND UPDATES

Provider Bulletins and Provider Updates are adjuncts to the *Medical Aid Rules and Fee Schedules*, providing additional fee schedule, medical coverage decisions, and policy information throughout the year.

- Provider Bulletins give official notification of **new or revised** policies, programs and/or procedures that have not been previously published.
- Provider Updates give official notification of corrections or important information, but the contents do not represent new policies, programs, and/or procedures.

All users of the *Medical Aid Rules and Fee Schedules* are encouraged to keep Provider Bulletins and Updates on file. The bulletins and updates listed below were in effect at the time this fee schedule was printed. The list is in chronological order.

If you need copies, you may request them from the Provider Hotline at 1-800-848-0811. Provider Bulletins are also available on the department's web site at www.wa.gov/lni/hsa.

If a bulletin or update is not listed here, it is either no longer current or has been incorporated into the *Medical Aid Rules and Fee Schedules*. Refer to the body of the *Medical Aid Rules and Fee Schedules* for changes affecting your practice.

CURRENT PROVIDER BULLETIN LIST

Bulletin Number	Date Issued	Subject	Contact Person	Phone Number
90-06	4/90	Work Hardening Programs: Guidelines for Attending Doctors and Therapists	Karen Jost	360-902-5622
90-07	4/90	Work Hardening Programs: Guidelines for Vocational Rehabilitation Counselors	Karen Jost	360-902-5622
91-01	1/91	Screening Criteria for Surgery to Treat Knee Injuries	Simone Stilson	360-902-6319
93-02	4/93	Pain Clinics	Diane Groves	360-902-6815
94-12	2/94	Revised Rules for the Evaluation of Respiratory Impairment	Jami Lifka	360-902-4941
94-13	4/94	Coverage and Reimbursement for Surgical Suite or Facility Charges	Anaya Balter	360-902-5021
94-16	6/94	Home Health Care, Home Care and Hospice Agencies	Lucille Lapalm RN, ONC	360-902-4293
95-04	4/95	Thoracic Outlet Syndrome	Simone Stilson	360-902-6319
95-08	10/95	Introducing the Center for Excellence for Chemically Related Illness	Dave Overby	360-902-6791
95-10	11/95	Guidelines for Electrodiagnostic Evaluation of Carpal Tunnel	Simone Stilson	360-902-6319
96-09	10/96	Reimbursement Rates & Policies for Hearing Aid Services and Devices	Evonne Peryea	360-902-6828
96-10	10/96	Exchanging Medical Information with Employers	Sandy Dziedzic	360-902-4471

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Bulletin Number	Date Issued	Subject	Contact Person	Phone Number
96-11	11/96	Home Modification Policy 11.10	Kim Skoropinski RN, ONC	360-902-6682
97-01	1/97	Transcutaneous Electrical Nerve Stimulators (TENS)	Susan Christiansen RN, ONC	360-902-6821
97-03	7/97	Obesity Treatment Policy 7.13	Pat Patnode RN, ONC	360-902-5030
97-04	7/97	Neuromuscular Electrical Stimulation (NMES) Device	Jami Lifka	360-902-4941
97-05	10/97	Complex Regional Pain Syndrome (CRPS)	Simone Stilson	360-902-6319
97-06	12/97	Payment Policy for Non-agency Attendant Care	Pat Patnode RN, ONC	360-902-5030
98-01	2/98	Payment Policy for Nurse Case Management	Pat Patnode RN, ONC	360-902-5030
98-02	4/98	Post-Acute Brain Injury Rehabilitation Coverage Policy	Lucille Lapalm RN, ONC	360-902-4293
98-04	6/98	Post-Acute Brain Injury Rehabilitation Reimbursement Policy	Evonne Peryea	360-902-6828
98-07	6/98	Payment for Job Analysis Review	Juanita Perry	360-902-4260
98-09	9/98	Authorizing Vocational Retraining: Policies 6.51, 6.52 & 6.53	Michael Arnis	360-902-4477
98-10	12/98	Hyaluronic Acid in Treatment of Osteoarthritis of the Knee	Jami Lifka	360-902-4941
98-11	12/98	Fibromyalgia	Jami Lifka	360-902-4941
99-02	5/99	Review for Job Analysis	Michael Arnis	360-902-4477
99-04	6/99	Physician Assistant Provider Numbers	Evonne Peryea	360-902-6828
99-05	6/99	Chiropractic Consultant Program	Joanne McDaniel	360-902-6817
99-06	7/99	Pharmacy On-Line Point-of-Service Billing System	Tom Davis	360-902-6687
99-09	8/99	Interpreter Services	Juanita Perry	360-902-4260
99-11	12/99	Job Modification and Pre Job Accommodations	Karen Jost	360-902-5622
00-01	1/00	Recent Changes to the Medical Aid Rules: Definition of 'Proper & Necessary'; Provider Reporting Requirements; Criteria for Medical Coverage Decisions; Drug Coverage Rules	Jami Lifka Linda Grant	360-902-4941 360-902-6790
00-04	5/00	Payment for Opioids to Treat Chronic, Noncancer Pain	Jami Lifka	360-902-4941
00-06	5/00	Outside of Washington State Provider Reimbursement Policies	Evonne Peryea	360-902-6828
00-08	7/00	UR Program	Nikki D'Urso Simone Stilson	360-902-5034 360-902-6319
00-09	10/00	IDET & Vax-D	Troy Parks	360-902-6324
01-01	2/01	Vocational Rehabilitation Purchasing	Blake Maresh	360-902-6564

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CURRENT PROVIDER UPDATE LIST

Update Number	Date Issued	Subject	Contact Person	Phone Number
96-02	10/96	Errors the Department Frequently Identifies during Audits and Reviews	Joanne McDaniel	360-902-6817
97-03	10/97	Supplement to PB 96-09, Hearing Aids	Evonne Peryea	360-902-6828
98-02	9/98	Miscellaneous Topics: Current Staff Addresses; Chiropractic Consultant program; Hearing Aid Replacement; Post-Acute Brain Injury Rehabilitation; Ultram prescriptions	Joanne McDaniel	360-902-6817
99-01	6/99	Miscellaneous Topics: Current Staff Addresses; Chiropractic Fee Schedule Clarification; Dry Hydrotherapy; Hearing Aids; Medical Examiners' Handbook; Medical Reimbursement Methods Evaluation Project; Outpatient Prospective Payment System Project; Post-Acute Head Injury Program; TENS	Joanne McDaniel	360-902-6817
00-01	1/00	Miscellaneous Topics: Submitting Claims; Hearing Aids; IMEs; Personal Appliances; Plantar Fasciitis; Prescriptions; Provider On-Line Services; Billing for Multiple, Same-Day Surgery Services; Toll Free Lines; Work Conditioning and Work Hardening	Joanne McDaniel	360-902-6817

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Washington RBRVS Payment Policies

The policies outlined in this section apply only to providers and services paid with the Washington RBRVS payment system. Many of the policies contain information previously published in Provider Bulletins.

In addition to the policies outlined in this section, all providers must follow the administrative rules, medical coverage decisions and payment policies contained within the *Medical Aid Rules and Fee Schedules, Provider Bulletins,* and *Provider Updates*. If there are any services, procedures, or text contained in the CPT and HCPCS coding books that are in conflict with the *Medical Aid Rules and Fee Schedules*, the department's rules and policies apply (WAC 296-20-010). All policies in this document apply to claimants receiving benefits from the State Fund, the Crime Victims Compensation Program and Self-Insurers unless otherwise noted.

Questions may be directed to the Provider Hotline at 1-800-848-0811.

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WASHINGTON RBRVS PAYMENT SYSTEM AND POLICIES

The implementation of the department's Washington Resource Based Relative Value Scale (RBRVS) payment system began September 1, 1993. Conversion to this payment method occurred over a transition period and was completed May 1, 1995.

WASHINGTON RBRVS PAYMENT POLICIES

Payment policies listed in the fee schedule are established by the department and the Washington Reimbursement Steering Committee (RSC). The RSC is a standing committee with representatives from the Department of Labor and Industries, the Health Care Authority and the Department of Social and Health Services. The RSC receives payment policy advice from the Washington Reimbursement Technical Advisory Group (TAG). The TAG represents most major physician specialties and provider groups in the state.

BASIS FOR CALCULATING RBRVS PAYMENT LEVELS

RBRVS fee schedule allowances are based on relative value units (RVUs), geographic adjustment factors for Washington State, and a conversion factor. The three state agencies use a common set of RVUs and geographic adjustment factors for procedures, but use different conversion factors.

The primary source for the current RVUs is the 2001 Medicare Fee Schedule (MFS) for physician payment, which was published by HCFA in the November 2, 2000 *Federal Register*. The *Federal Register* can be accessed online from the "Laws and Regulations" link on HCFA's website or can be purchased from the U.S. Government in hard copy, microfiche, or disc formats. The *Federal Register* can be ordered from the following addresses:

Superintendent of Documents PO Box 371954 Pittsburgh, PA 15250-7954	or	U.S. Government Bookstore 915 2nd Avenue Seattle, WA 98174

Under HCFA's approach, relative values are assigned to each procedure based on the resources required to perform the procedure, including the work, practice expense, and liability insurance (malpractice expense). The state agencies geographically adjust the RVUs for each of these components based on the costs for Washington State. The Washington State geographic adjustment factors for July 1, 2001 are: 98.9% of the work component RVU, 101.1% of the practice expense RVU, and 76.5% of the malpractice RVU.

The payment levels for each procedure are calculated by summing the adjusted RVU components, rounding the result to the nearest hundredth, and multiplying the rounded sum by the agency's conversion factor. Because the agencies use different conversion factors, payment levels vary among agencies.

The Department of Labor & Industries' RBRVS conversion factor is listed in WAC 296-20-135. The department's payment levels are published as dollar values in the "CPT & HCPCS Fee Schedule" section.

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SITE OF SERVICE PAYMENT DIFFERENTIAL

The department implemented a site of service payment differential on July 1, 2000. This differential is based on the HCFA's payment policy and establishes distinct maximum fees for services performed in facility and non-facility settings. The department will pay professional services at the RBRVS rates for facility and non-facility settings based on where the service was performed. Therefore, it is important to **include a valid two digit place of service code on your bill**.

The department's maximum fees for facility and non-facility settings are published in the "CPT & HCPCS Fee Schedule" section.

Services Paid at the RBRVS Rate for Facility Settings

When services are performed in a facility setting, the department makes two payments, one to the professional provider and another to the facility. The payment to the facility includes resource costs such as labor, medical supplies and medical equipment. To avoid duplicate payment of resource costs, these costs are excluded from the RBRVS rates for facility settings.

Professional services will be paid at the RBRVS rate for facility settings when the department also makes a payment to a facility. Therefore, services billed with the following place of service codes will be paid at the rate for facility settings:

Place of Service Code	Place of Service Description
21	Inpatient hospital
22	Outpatient hospital
23	Emergency room- hospital
24	Ambulatory surgery center
25	Birthing Center
26	Military treatment facility
31	Skilled nursing facility
51	Inpatient psychiatric facility
61	Comprehensive inpatient rehabilitation facility
62	Comprehensive outpatient rehabilitation facility
(none)	(Place of service code not supplied)

Services Paid at the RBRVS Rate for Non-Facility Settings

When services are provided in non-facility settings, the professional provider typically bears the costs of labor, medical supplies and medical equipment. These costs are included in the RBRVS rate for non-facility settings.

Professional services will be paid at the RBRVS rate for non-facility settings when the department does not make a separate payment to a facility. Therefore, services billed with the following place of service codes will be paid at the rate for non-facility settings:

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Place of Service Code	Place of Service Description
11	Office
12	Home
32	Nursing facility
33	Custodial care facility
34	Hospice
41	Ambulance (land)
42	Ambulance (air or water)
50	Federally qualified health center
52	Psychiatric facility partial hospitalization
53	Community mental health center
54	Intermediate care facility/mentally retarded
55	Residential substance abuse treatment center
56	Psychiatric residential treatment center
60	Mass immunization center
65	End stage renal disease treatment facility
71	State or local public health clinic
72	Rural health clinic
81	Inpatient laboratory
99	Other unlisted facility

Facilities will be paid at the RBRVS rate for non-facility settings when the department does not make a separate payment directly to the provider of the service.

Billing Tip

Remember to include a valid two digit place of service code on your bill. Bills without a place of service code will be processed at the RBRVS rate for facility settings, which could result in lower payment.

EVALUATION AND MANAGEMENT SERVICES (E/M)

PHYSICIAN CARE PLAN OVERSIGHT

The department allows separate payment for physician care plan oversight services (CPT codes 99375, 99378 and 99380). Payment is limited to one unit per attending physician, per patient, per 30-day period. Care plan services (CPT codes 99374, 99377 and 99379) of less than 30 minutes within a 30-day period are considered part of E/M services and are not separately payable.

Payment for care plan oversight to a physician providing postsurgical care during the postoperative period will be made only if the care plan oversight is documented as unrelated to the surgery, and modifier -24 is used. The attending physician (not staff) must perform these services. The medical record must document the medical necessity as well as the level of service.

MEDICAL CARE IN THE HOME OR NURSING HOME

The department allows attending physician charges for nursing facility services (CPT codes 99301-99313), domiciliary, rest home (e.g., boarding home), or custodial care services (CPT codes 99321-99333) and home services (CPT codes 99341-99350). The attending physician (not staff) must

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perform these services. The medical record must document the medical necessity as well as the level of service.

CASE MANAGEMENT SERVICES

Case management services (CPT codes 99361-99373) are payable only when personally performed by the attending doctor, consultant, or psychologist performing an evaluation. These services are payable when discussing or coordinating care of a patient with department staff, vocational rehabilitation counselors, nurse case managers, department medical consultants or Self-Insurer representatives. Telephone calls for authorization, resolution of billing issues, or ordering prescriptions are not payable.

Documentation for case management services must include:

- the date,
- the participants and their titles,
- the length of the call or visit,
- the nature of the call or visit, and
- any medical decisions made during the call.

NEW AND ESTABLISHED PATIENT

The department uses the CPT definitions of *new* and *established* patients.

If a patient presents with a work related condition and meets the definition of a new patient in a provider's practice, then the appropriate level of a new patient E/M should be billed.

If a patient presents with a work related condition and meets the definition of an established patient in a provider's practice, then the appropriate level of established patient E/M service should be billed, **even if the provider is treating a new work related condition for the first time**.

PROLONGED EVALUATION AND MANAGEMENT

Payment of prolonged E/M (CPT codes 99354-99357) is allowed with a maximum of three hours per day per patient. These services are payable only when another E/M code is billed on the same day using the following HCFA payment criteria:

CPT Code	Other CPT Code(s) Required on Same Day
99354	99201-99205, 99212-99215, 99241-99245 or 99321-99350
99355	99354 *and* one of the E/M codes required for 99354
99356	99221-99223, 99231-99233, 99251-99255, 99261-99263, 99301-99303, or 99311-99313
99357	99356 *and* one of the E/M codes required for 99356

The time counted toward payment for prolonged E/M services includes only direct face-to-face contact between the physician and the patient (whether the service was continuous or not). Prolonged physician services without direct contact (CPT codes 99358 and 99359) are bundled and are not payable in addition to other E/M codes.

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PHYSICIAN STANDBY SERVICES

The department pays for physician standby services (CPT code 99360) when all the following criteria are met:

- The standby service is requested by another physician,
- the standby service involves prolonged physician attendance without direct (face-to-face) patient contact,
- the standby physician is not concurrently providing care or service to other patients during this period,
- the standby service does not result in the standby physician's performance of a procedure subject to a "surgical package" by the standby physician, and
- standby services of 30 minutes or more are provided.

Subsequent periods of standby beyond the first 30 minutes may be reported and are payable only when a *full* 30 minutes of standby was provided for each unit of service reported. Round all fractions of a 30-minute time unit downward.

Justification for the physician standby service must be documented and retained in the provider's office and submitted to the department or Self-Insurer for review upon request.

TELECONSULTATIONS

The department has adopted a modified version of HCFA's policy on teleconsultations. Teleconsultations require an interactive telecommunication system, consisting of special audio and video equipment that permits real-time consultation between the patient, consultant and referring provider. **Telephones, faxes and electronic mail systems do not meet the definition of an interactive telecommunication system.**

Coverage of Teleconsultations

Teleconsultations are covered in the same manner as face-to-face consultations (refer to WACs 296-20-045 and -051), *but in addition*, **all** of the following conditions must be met:

- The **consultant** must be a doctor as described in WAC 296-20-01002, which includes a MD, DO, ND, DPM, OD, Dentist, or DC. A consulting DC must be an approved consultant with the department.
- The **referring provider** must be one of the following: MD, DO, ND, DPM, OD, Dentist, DC, ARNP, PA, or PhD Clinical Psychologist.
- The patient must be present at the time of the consultation.
- The examination of the patient must be under the control of the consultant.
- The referring provider must be physically present with the patient during the consultation.
- The consultant must submit a written report documenting this service to the referring provider, and must send a copy to the insurer.
- A referring provider who is not the attending must consult with the attending provider before making the referral.

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Payment of Teleconsultations

Teleconsultations are paid in a different manner than face-to-face consultations. Also, the department and Self-Insurers pay for teleconsultations in a different manner than HCFA. Insurers may directly pay both consultants and referring providers for their services. Insurers will pay according to the following criteria:

- Providers (consulting and/or referring) must append a "GT" modifier to one of the appropriate codes listed in the table below.
- The amount allowable for the appropriate code is either 75% of the fee schedule amount, or the billed amount, whichever is less.
- No separate payment will be made for the review and interpretation of the patient's medical records and/or the required report that must be submitted to the referring provider and to the department.
- No payment is allowed for telephone line charges and facility fees incurred during the teleconsultation.

The Consultant May Bill Codes:	The Referring Provider May Bill Codes:
CPT 99241-99245	CPT 99211-99215
CPT 99251-99255	CPT 99218-99239
CPT 99261-99263	CPT 99301-99313
CPT 99271-99275	CPT 99331-99333
CPT 99241-99243 (for DCs)	CPT 99347-99357
Local 2130A-2134A (for NDs)	CPT 99211-99214 (for DCs)
	CPT 90801 (for PhD Clinical Psychologists)
	Local 2133A-2134A (for NDs)

END STAGE RENAL DISEASE (ESRD)

The department follows HCFA's policy regarding the use of E/M services along with dialysis services. E/M services (CPT codes 99231-99233 and 99261-99263) are not payable on the same service date as hospital *inpatient* dialysis (CPT codes 90935, 90937, 90945 and 90947). These E/M services are *bundled* in the dialysis service.

Separate billing and payment for an initial hospital visit (CPT codes 99221-99223), an initial inpatient consultation (CPT codes 99251-99255), and a hospital discharge service (CPT code 99238 or 99239), will be allowed when billed on the same date as an inpatient dialysis service.

APHERESIS

The department follows HCFA's policy regarding apheresis services. Separate payment for established patient office or other outpatient visits (CPT codes 99211-99215), subsequent hospital care (CPT codes 99231-99233), and follow-up inpatient consultations (CPT codes 99261-99263), will not be allowed on the same date that therapeutic apheresis (CPT code 36520) is provided.

Physicians furnishing therapeutic apheresis services may bill for the appropriate E/M visit or consultation code indicating the level of services provided rather than billing for the therapeutic apheresis services. This will permit physicians to be paid for the level of service furnished.

The time spent in apheresis management may not be counted in determining the duration of time spent on critical care services (CPT codes 99291 and 99292).

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The code for therapeutic apheresis includes payment for all medical management services provided to the patient on the same date of service. Payment will be made for only one unit of CPT code 36520 provided by the same physician, on the same date, for the same patient.

SURGERY SERVICES

GLOBAL SURGERY POLICY

Services and Supplies Included in the Global Surgery Policy

The following services and supplies are included in the global surgery follow-up day period and are considered *bundled* into the surgical fee:

- The operation itself.
- Preoperative visits, in or out of the hospital, beginning on the day before the surgery.
- Services by the primary surgeon, in or out of the hospital, during the postoperative period listed in the "CPT & HCPCS Fee Schedule" section.
- Dressing changes; local incisional care and removal of operative packs; removal of cutaneous sutures, staples, lines, wires, tubes, drains and splints; insertion, irrigation and removal of urinary catheters, cast room charges, routine peripheral IV lines, nasogastric and rectal tubes; and change and removal of tracheostomy tubes. *Casting materials are not part of the global surgery policy and are paid separately.*
- Additional medical or surgical services required because of complications that do not require additional operating room procedures.

How to Apply the Follow-up Day Period

1. The follow-up day period applies to **any provider** who participated in the surgical procedure. These providers include:
   - Surgeon or physician who performs any component of the surgery (e.g. the pre, intra, and/or postoperative care of the patient; identified by modifiers -56, -54 and -55)
   - Assistant surgeon (identified by modifiers -80, -81 and -82)
   - Two surgeons (identified by modifier -62)
   - Team surgeons (identified by modifier -66)
   - Anesthesiologists and CRNAs
2. The follow-up day period always applies to the following CPT codes, *unless* modifier -24, -25, -57 or -79 is appropriately used:

E/M Codes		Ophthalmological Codes
99211-99215	99301-99303	92012-92014
99218-99220	99311-99316	
99231-99239	99331-99333	
99261-99263	99347-99350	
99291-99292		

3. Professional inpatient services (CPT codes 99221-99223) are only payable during the follow-up day period if they are performed on an emergency basis (i.e., they are not payable for scheduled hospital admissions).
4. Codes that are considered *bundled* are **not payable** during the global surgery follow-up period.

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PRE, INTRA, OR POSTOPERATIVE SERVICES

The department or Self-Insurer will allow separate payment when the preoperative, intraoperative or postoperative components of the surgery are performed by different physicians. The appropriate modifiers (-54, -55 or -56) must be used. The percent of the maximum allowable fee for each component is listed in the "CPT & HCPCS Fee Schedule" section.

If different physicians perform different components of the surgery (pre, intra, or postoperative care), the global surgery policy applies to each physician. For example, if the surgeon performing the operation transfers the patient to another physician for the postoperative care, the same global surgery policy, including the restrictions in the follow-up day period, applies to all physicians.

STARRED SURGICAL PROCEDURES

In the *Surgery* section of CPT, many minor surgeries are designated by a star (*) following the procedure code.

For these starred procedures, the department follows HCFA's policy to not allow payment for an E/M office visit during the surgical global period unless:

- a documented, unrelated service is furnished during the postoperative period and modifier -24 is used, or
- the practitioner who performs the procedure is seeing the patient for the first time, in which case, an initial new patient E/M service can be billed. This is considered a significant, separately identifiable service and modifier -25 must be used. Appropriate documentation must be made in the chart describing the E/M service.

CPT code 99025, initial surgical evaluation, is considered bundled and is not separately payable. Modifier -57, decision for surgery, is not payable with minor surgeries (e.g. starred procedures). When the decision to perform the minor procedure is made immediately before the service, it is considered a routine preoperative service and a visit or consultation is not paid in addition to the procedure.

Modifier -57 is payable with an E/M service only when the visit results in the initial decision to perform *major* surgery.

STANDARD MULTIPLE SURGERY POLICY

When multiple surgeries are performed on the same patient at the same operative session or on the same day, the total payment equals the sum of:

100% of the global fee for the procedure or procedure group with the highest value according to the fee schedule

50% of the global fee for the ***second through the fifth*** procedures with the next highest values, according to the fee schedule.

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Procedures in excess of five require submission of documentation and individual review to determine payment amount.

When different types of surgical procedures are performed on the same patient on the same day for accepted conditions, the payment policies should always be applied in the following sequence:

1. Multiple endoscopy policy for endoscopy procedures
2. Other modifier policies, and finally
3. Standard multiple surgery policy

BILATERAL PROCEDURES POLICY

Bilateral surgeries should be billed as two line items. Modifier -50 should be applied to the second line item. When billing for bilateral surgeries, the two line items should be treated as one procedure. The second line item is paid at 50% of the fee schedule maximum, or billed charge, whichever is less.

Billing Tip Be sure to check in the "CPT & HCPCS Fee Schedule" section to see if modifier -50 is valid with the procedure performed.

Example: **Bilateral Procedure**

Line item on bill	CPT code/modifier	Maximum payment (non-facility setting)	Bilateral policy applied	Allowed amount
1	64721	$520.30		$520.30 (1)
2	64721-50	$520.30	$260.15 (2)	$260.15
Total allowed amount (non-facility setting)				**$780.45** (3)

Notes:
1. Highest valued procedure is paid at 100%.
2. When applying the bilateral payment policy, the two line items will be treated as one procedure. The second line item billed with a modifier -50 is always paid at 50% of the value paid for the first line item.
3. Represents total allowable amount.

ENDOSCOPY PROCEDURE POLICY

For the purpose of these payment policies, the term, "endoscopy" will be used to refer to any invasive procedure performed with the use of a fiberoptic scope or other similar instrument.

Multiple endoscopies are grouped by "families" each containing a "base" endoscopy procedure. A base procedure is generally defined as the *diagnostic* procedure, as opposed to a *surgical* procedure. Endoscopy families are defined as procedures that are clinically related or grouped. The family groupings with identified base procedures are located in the "CPT & HCPCS Fee Schedule" section and in **Appendix A** located at the end of this section.

Payment is not allowed for an E/M office visit (CPT codes 99201-99215) on the same day as the diagnostic or surgical endoscopic procedure unless a documented, separately identifiable service is provided and modifier -25 is used.

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Multiple endoscopies that are related to the primary base procedure (that is in the same family), are paid as follows:

1. 100% payment for the endoscopy with the highest relative value unit or dollar value listed in the fee schedule.
2. For the next highest valued endoscopy, payment will be based on the difference between this endoscopy and the base diagnostic endoscopy.
3. No additional payment is made for a base procedure when a family member is billed.

Once payment for all endoscopy procedures is calculated, each family is defined as an "endoscopic group." If more than one endoscopic group or other non-endoscopy procedure is billed for the same patient on the same day, by the same physician, then the standard multiple surgery policy will be applied to all procedures.

When payment for codes within a "family" are less than the base code, no add-on will be provided nor will there be a reduction in payment. Consider the portion of payment for this family member equal to $0.00.

Multiple endoscopies that are *not* related (e.g., each is a separate and unrelated procedure) are priced as follows:

1. 100% for each unrelated procedure, then
2. Apply the standard multiple surgery policy

Example #1: **Two endoscopy procedures in the same family.**

Line item on bill	CPT code	Maximum payment (non-facility setting)	Payment calculated using the endoscopy policy	Allowed amount
Base (1)	*29870*	*$546.59*	*$000.00 (2)*	
1	29874	$763.34	$216.75 (3)	$216.75 (5)
2	29880	$904.21	$904.21 (4)	$904.21 (5)
Total allowed amount (non-facility setting)				**$1,120.96** (6)

Notes:
1. Base code listed is for reference only (not included on the bill form).
2. Payment is not allowed for a base code when a family member is billed.
3. The second highest valued procedure is paid by subtracting base code value from the non-base code value (when procedures are within the same family).
4. The highest valued procedure within the same family is paid at 100%.
5. Amount allowed under the endoscopy policy.
6. Represents total allowed amount after applying all applicable global surgery policies. Standard multiple surgery policy does not apply because only one family of endoscopic procedures was billed.

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Example #2: **Endoscopy with family member fee lower than the base code.**

Line item on bill	CPT code	Maximum payment (non-facility setting)	Payment calculated using the endoscopy policy	Allowed amount
Base (1)	*43235*	*$344.22*		
1	43241	$217.25	$0.00 (2)	
2	43251	$304.54	$304.54 (3)	$304.54 (4)
Total allowed amount (non-facility setting)				**$304.54 (5)**

Notes:
1. Base code is listed for reference only (not included on bill form).
2. Non-base endoscopy with fee less than the base code. When payment for codes within a family are less than the base code, no add-on will be provided nor should there be a reduction in payment. Consider the portion of payment for the lesser family member equal to $0.00.
3. The highest valued non-base procedure within the same family is paid at 100%.
4. Allowed amount under the endoscopy policy.
5. Represents total allowed amount. Standard multiple surgery policy does not apply because only one family of endoscopic procedures was billed.

Example #3: **Two surgical procedures billed with two endoscopies in the same family.**

Line item on bill	CPT code	Maximum payment (non-facility setting)	Payment rate calculated using the following payment policies: Endoscopy	Standard multiple surgery
1	11402	$190.46		$95.23 (4)
2	11406	$290.16		$145.08 (4)
Base (1)	*29830*	*$599.17*		
3	29835	$676.54	$77.37 (2)	$77.37 (5)
4	29838	$788.14	$788.14 (3)	$788.14 (5)
Total allowed amount (non-facility setting)				**$1,105.82 (6)**

Notes:
1. Base endoscopy code is listed for reference only (not included in bill form).
2. The second highest valued arthroscopy procedure is paid by subtracting base code value from the non-base code value (within the same family).
3. The highest valued arthroscopy procedure within the same family is paid at 100%.
4. Standard multiple surgery policy is applied, with the second and third highest valued surgical procedures being paid at 50% each.
5. Standard multiple surgery policy is applied, with the highest valued surgical procedure or procedure group being paid at 100%.
6. Final allowable amount after applying entire applicable global surgery policies.

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MICROSURGERY

CPT code 69990 is an "add-on" surgical code which indicates that an operative microscope has been used. As an "add-on" code, it is not subject to multiple surgery rules. However, CPT code 69990 **is not** payable when:

- using magnifying loupes or other corrected vision devices, or
- use of the operative microscope is an inclusive component of the procedure, (i.e. the procedure description specifies that microsurgical techniques are used), or
- another code describes the same procedure being done with an operative microscope. For example, CPT 69990 may not be billed with CPT code 31535, operative laryngoscopy, because CPT code 31536 describes the same procedure using an operating microscope. The table below contains a complete list of all such codes:

CPT Codes not Allowed with CPT Code 69990

15756-15758	26556	31536	43116
15842	31520	31540	43496
19364	31525	31541	49906
19368	31526	31560	61548
20955-20962	31530	31561	63075-63078
20969-20973	31531	31570	64727
26551-26554	31535	31571	65091-68850

REGISTERED NURSES AS SURGICAL ASSISTANTS

Licensed registered nurses may perform surgical assistant services if the registered nurse submits all of the following documents to the department or Self-Insurer:

- A photocopy of her or his valid and current registered nurse license, and
- A letter granting on-site hospital privileges for **each** institution where surgical assistant services will be performed.

Payment for these services is **ninety** percent (90%) of the allowed fee that would otherwise be paid to an assistant surgeon (physician).

MISCELLANEOUS

Angioscopy

Payment for angioscopies (CPT code 35400) is limited to only 1 unit based on its complete CPT description encompassing multiple vessels. The work involved with varying numbers of vessels was incorporated into the RVUs.

Closure of Enterostomy

Closure of enterostomy (CPT codes 44625 and 44626) is not payable with mobilization (take down) of splenic flexure performed in conjunction with partial colectomy (CPT code 44139). If both are billed, only CPT code 44139 will be paid**.**

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RADIOLOGY SERVICES

X-RAY SERVICES

Repeat X-Rays
No payment will be made for excessive or unnecessary x-rays. Repeat or serial x-rays may be performed only upon adequate clinical justification to confirm changes in the accepted condition(s) when need is supported by documented changes in objective findings or subjective complaints.

Number of Views
There is no code or modifier that is specific for "additional views" for radiology services. Therefore, the number of views of x-rays that may be paid is determined by the CPT description for the particular service.

For example, the following CPT codes for radiologic exams of the spine are payable as outlined below:

CPT Code	Payable
72020	Once for a single view
72040	Once for 2-3 views
72050	Once for four or more views
72052	Only once no matter how many views it takes to complete the series

RT and LT Modifiers
HCPCS modifiers -RT (right side) and -LT (left side) *do not affect payment*, but may be used with CPT radiology codes (CPT codes 70010-79999) to identify duplicate procedures performed on opposite sides of the body.

Portable X-Rays
Radiology services furnished in the patient's place of residence are limited to the following tests, which must be performed under the general supervision of a physician:

- Skeletal films involving extremities, pelvis, vertebral column or skull
- Chest or abdominal films that do not involve the use of contrast media
- Diagnostic mammograms

HCPCS codes for transportation of portable x-ray equipment R0070 (one patient) or R0075 (multiple patients) may be paid in addition to the appropriate radiology code(s).

Custody
X-rays must be retained for ten years. See WAC 296-23-140 (1).

CONSULTATION SERVICES

CPT code 76140, x-ray consultation, is not covered. For radiology codes where a consultation service is performed, providers should bill the specific x-ray code along with the local modifier -1R. For example, if a consultation is made on a chest x-ray, single view, frontal, the provider should bill 71010-1R.

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Separate payment will not be made for review of films taken previously or elsewhere if a face-to-face service is performed on the same date as the x-ray review. Review of records and diagnostic studies is bundled into the E/M, chiropractic care visit or other procedure(s) performed.

Payment for a radiological consultation will be made at the same rate established for the professional component (modifier -26) for each specific radiology service. A written report of the radiology consultation is required.

CONTRAST MATERIAL

Separate payment will not be made for contrast material unless a patient requires low osmolar contrast media (LOCM). LOCM may be used in intrathecal, intravenous, and intra-arterial injections for patients with one or more of the following conditions:

- A history of previous adverse reaction to contrast material, with the exception of a sensation of heat, flushing, or a single episode of nausea or vomiting,
- A history of asthma or allergy,
- Significant cardiac dysfunction including recent imminent cardiac decompensation, arrhythmias, unstable angina pectoris, recent myocardial infarction, and pulmonary hypertension,
- Generalized severe debilitation, or
- Sickle cell disease.

To bill for LOCM, use the appropriate HCPCS code, A4644, A4645 or A4646. The brand name of the LOCM and the dosage must be documented in the patient's chart. HCPCS codes and payment levels are listed in the fee schedules.

Billing Tip HCPCS codes A4644, A4645 and A4646 are paid at a flat rate based on the Average Wholesale Price (AWP) per ml. Bill one unit per ml.

NUCLEAR MEDICINE

The standard multiple surgery policies as defined earlier in this section, apply to selected radiology codes for nuclear medicine services. Therefore, the multiple procedures reduction will be applied when these codes are billed:

- with other codes that are subject to the standard multiple surgery policy and,
- for the same patient, on the same day, by the same physician or by more than one physician of the same specialty in the same group practice.

The affected CPT codes are identified in the "CPT & HCPCS Fee Schedule" section under the multiple surgery indicator (MSI) column and include:

CPT Code	Abbreviated Description
78306	Bone imaging, whole body
78320	Bone imaging(3D)
78802	Tumor imaging, whole body
78803	Tumor imaging (3D)
78806	Abscess imaging, whole body
78807	Nuclear localization/abscess

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BIOFEEDBACK

Biofeedback treatment requires an attending doctor's order. The extent of biofeedback treatment is limited to those procedures allowed within the scope of practice of the licensed and approved biofeedback provider administering the service.

WAC 296-21-280 limits provision of biofeedback to those practitioners who are either certified by the Biofeedback Certification Institute of America or who meet the certification requirements. The WAC also sets forth authorized conditions, treatment limitations and reporting requirements for biofeedback services.

Anyone who is a qualified or certified biofeedback provider as defined in WAC 296-21-280, but is *not* licensed as a practitioner as defined in WAC 296-20-01002 may not receive direct payment for biofeedback services. These persons *may perform* biofeedback as a para-professional as defined in WAC 296-20-015 under the direct supervision of a qualified, licensed practitioner whose scope of practice includes biofeedback and who is BCIA certified or meets the certification qualifications. The supervising licensed practitioner must bill the biofeedback services. Psychologists and psychiatrists should refer to WAC 296-21-270 and to "Psychiatric Services" later in this section.

The following table contains the biofeedback codes payable to approved providers:

Code	Abbreviated Description	Payable to:
CPT 90875	Psychophysiological thrpy 20-30 min	Department approved biofeedback providers who are: Clinical Psychologists or Psychiatrists (MD or DO).
CPT 90876	Psychophysiological thrpy 45-50 min	Department approved biofeedback providers who are: Clinical Psychologists or Psychiatrists (MD or DO).
CPT 90901	Biofeedback, any modality	Any department approved biofeedback provider
CPT 90911	Biofeedback, peri/uro/rectal	Any department approved biofeedback provider
Local 1042M	Biofeedback initial evaluation, 1 hr	Any department approved biofeedback provider
Local 1043M	Biofeedback follow-up evaluation, 30 min	Any department approved biofeedback provider
HCPCS E0746	Electromyography, (EMG) biofeedback device	DME or pharmacy providers (for rental or purchase). Bundled for RBRVS providers for use in the office.

Note: CPT codes 90901 and 90911 are not time limited, and only one unit of service per day is payable, regardless of the length of the biofeedback session or number of modalities. The local codes (codes 1042M and 1043M) for diagnostic evaluation are payable in addition to treatment on the same day. Initial evaluation is limited to once per claim per provider.

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EMG SERVICES

Payment for needle electromyography (EMG) services (CPT codes 95860-95870) is limited as follows:

CPT Code	Abbreviated Description	Limitations
95869	Muscle test, thoracic paraspinal	• May be billed alone (for thoracic spine studies only) • Limited to 1 unit per day • For this to pay with extremity codes, test must be for T3-T11 areas only; if only T1 or T2 are studied, it's not payable separately.
95870	Muscle test, non-paraspinal	• Limited to 1 unit per extremity *and* 1 unit for cervical or lumbar paraspinal muscles regardless of the number of levels tested. • Not payable with extremity codes. (5 units maximum payable)
95860	Muscle test, one limb	• Extremity muscles innervated by 3 nerves or 4 spinal levels must be evaluated with a minimum of 5 muscles studied. • Not payable with CPT code 95870
95861	Muscle test, two limbs	
95863	Muscle test, 3 limbs	
95864	Muscle test, 4 limbs	

PSYCHIATRIC SERVICES

The policies in this section apply only to workers covered by the State Fund and Self-Insured employer workers (see WAC 296-21-270). For information on psychiatric policies applicable to the Crime Victims Compensation Program, refer to the department's booklet *Mental Health Treatment Rules and Fees* and WAC 296-31.

Coding and Payment Policies

A psychiatrist can only be the attending physician on a claim when a psychiatric condition is the **only** condition being treated, and it has been accepted by the department. Psychologists can not be the attending physician and may not certify time loss or rate Permanent Partial Disability under department rules (WAC 296-20-210).

Psychiatric evaluation and treatment services provided by social workers, psychiatric nurse practitioners, and other master's level counselors are **not covered,** even when delivered under the direct supervision of a clinical psychologist or a psychiatrist. Psychological testing may be administered by staff supervised by a psychiatrist or licensed clinical psychologist. However, the interpretation of testing and preparation of reports must be performed by the psychiatrist or licensed clinical psychologist.

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The following policies apply to *both* psychiatrists (MD or DO) and clinical psychologists (PhD) when billing the Washington State Fund and Self-Insured employers:

- Services **must** be performed by either a psychiatrist or a psychologist, per WAC 296-21-270.
- Each provider must obtain his/her own L&I provider account number for billing and payment purposes.
- Licensed clinical psychologists and psychiatrists are paid at the same rate when performing the same service.
- When biofeedback is the only service being performed, refer to the "Biofeedback" policy earlier in this section. When biofeedback is performed in conjunction with individual psychotherapy, use either CPT code 90875 or 90876 for psychophysiological therapy instead of CPT codes 90901 or 90911 with the individual psychotherapy codes.
- The following limits apply to testing codes:

  CPT code 96100, psychological testing/per hour, has a 4 hour maximum.

  CPT code 96117, neuropsychological testing/per hour, has a 12 hour maximum.
- A psychiatric diagnostic interview examination (CPT code 90801) requires prior authorization before it can be paid. Authorization for CPT code 90801 is limited to only one occurrence every six months, per patient, per provider.

Billing Tip

To report individual psychotherapy, use the time frames listed in the CPT codes for each unit of service. When billing these codes, do not bill more than one unit per day. When the time frame is exceeded for a specific code, bill the code with next highest time frame.

The following services are not covered:

CPT Code	Abbreviated Description
90802, 90810-90815, 90823-90829 and 90857	Interactive psychiatric interview/exam and interactive psychotherapy
90845	Psychoanalysis
90846	Family psych tx w/o patient
90849	Multiple family group psych tx

The following services are bundled and are not separately payable:

CPT Code	Abbreviated Description
90885	Psy evaluation of records
90887	Consultation with family
90889	Preparation of report

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Individual Insight Oriented Psychotherapy With or Without an E/M Component

Individual insight oriented psychotherapy services are divided into services *with* an Evaluation and Management (E/M) component, and services *without* an E/M component. Coverage of these services is different for psychiatrists and clinical psychologists.

Psychiatrists may bill individual insight oriented psychotherapy codes either *with* or *without* an E/M component (CPT codes 90804-90809, 90816-90819 and 90821-90822). Psychotherapy *with* an E/M component may be billed when services such as medical diagnostic evaluation, drug management, writing physician orders, and/or interpreting laboratory or other medical tests are conducted along with psychotherapy treatment.

Clinical psychologists may bill only the individual insight oriented psychotherapy codes *without* an E/M component (CPT codes 90804, 90806, 90808, 90816, 90818 and 90821). They may not bill psychotherapy with an E/M component because medical diagnostic evaluation, drug management, writing physician orders, and/or interpreting laboratory or other medical tests are outside the scope of clinical psychologist licensure.

Further explanation of this policy and HCFA's response to public comments about it are published in the *Federal Register* Volume 62 Number 211, issued on October 31, 1997.

Evaluation and Management

Per WAC 296-21-270 all referrals for psychiatric care require prior authorization. This includes referrals for psychiatric consultations and evaluations. When an authorized referral is made to a psychiatrist, he or she may bill either the evaluation and management consultation codes (CPT codes 99241-99275) or the psychiatric diagnostic interview examination code (CPT code 90801). When an authorized referral is made to a clinical psychologist for an evaluation, he or she may bill only the psychiatric diagnostic interview examination code (CPT code 90801). Refer to WACs 296-20-045 and 296-20-051 for further details on consultation requirements.

Pharmacological Evaluation and Management

Pharmacological evaluation (CPT code 90862) is payable only to psychiatrists. If a pharmacological evaluation is conducted on the same day as individual psychotherapy, the psychiatrist should bill the appropriate psychotherapy code with an E/M component. The psychiatrist should not bill the individual psychotherapy code and a separate E/M code in this case (CPT codes 99201-99215). No payment will be made for psychotherapy and pharmacology management services performed on the same day, by the same physician, on the same patient.

HCPCS code M0064 is not payable in conjunction with the pharmacological evaluation code (CPT code 90862), or with a CPT Evaluation and Management office visit or consultation code (CPT codes 99201-99215, 99241-99275). The description for HCPCS code M0064 is "Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders." It will only be payable if these described conditions are accepted by the department as industrially related.

Group Psychotherapy Services

Group psychotherapy treatment (CPT code 90853) is authorized on an individual case by case basis only. If authorized, the worker may participate in group therapy as part of his or her individual treatment plan. The department does not pay a "group rate" to providers who conduct psychotherapy exclusively for groups of injured workers.

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If group psychotherapy is authorized and performed on the same day as individual insight oriented psychotherapy (with or without an E/M component), both services may be billed, as long as they meet the CPT definitions.

Use of CPT's Evaluation and Management (E/M) Codes for Case Management

Case management services (CPT codes 99361, 99362 and 99371-99373) may be billed by both psychiatrists and clinical psychologists only when providing a consultation or evaluation (refer to the "Consultations" section above). To bill for case management services, psychiatrists and clinical psychologists must meet the criteria and documentation requirements specified under "Case Management Services" in the "Washington RBRVS Payment Policies" section.

After Hours Services

After hours services are payable in addition to other services only when the provider's office is not regularly open during the time the service is provided. Only one service is payable per day. These services include:

CPT Code	Abbreviated Description
99050	Medical services after hrs
99052	Medical services at night
99054	Medical services, unusual hrs

Use of CPT's Evaluation and Management Codes for Office Visits

Psychologists may not bill the E/M codes for office visits. Psychiatrists may not bill the E/M codes for office visits on the same day psychotherapy is provided for the same patient. If it becomes medically necessary for the psychiatrist to provide an E/M service for a condition other than that for which psychotherapy has been authorized, the provider must submit documentation of the event, and request a review before payment can be made.

Narcosynthesis and Electroconvulsive Therapy

Narcosynthesis and electroconvulsive therapy require prior authorization. Authorized services are payable only to psychiatrists because they require the administration of medication.

Neuropsychological Testing

The following three codes may be used if appropriate when performing neuropsychological evaluation. Reviewing records and/or writing and submitting a report is included in these codes and may not be billed separately.

CPT Code	Abbreviated Description	Billing Restriction
90801	Psy dx interview	May be billed only once every 6 months.
96100	Psychological testing/per hour	May be billed up to a 4 hour maximum. Can be billed in addition to CPT code 96117.
96117	Neuropsychological testing/per hour	May be billed per hour up to a 12 hour maximum.

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OSTEOPATHIC MANIPULATIVE TREATMENT

Only osteopathic physicians may bill osteopathic manipulative treatment (OMT) using CPT codes 98925 to 98929. CPT code 97140, manual therapy, is not covered for osteopathic physicians.

For OMT services (CPT codes 98925-98929) body regions are defined as: head region, cervical region, thoracic region, lumbar region, sacral region, pelvic region, lower extremities, upper extremities, rib cage region, abdomen and viscera region. These codes ascend in value to accommodate the additional body regions involved. Therefore, only one code is payable per treatment. For example, if three body regions were manipulated, one unit of CPT code 98926 would be payable.

OMT includes pre- and post- service work (e.g. cursory history and a palpatory examination). E/M office visit services are not to be routinely billed in conjunction with OMT. E/M office visit services (CPT codes 99201-99215), may be billed in conjunction with OMT *only when all the following conditions are met:*

- When the E/M service constitutes a significant separately identifiable service that exceeds the usual pre- and post- service work included with OMT.
- There is documentation in the patient's record which supports the level of E/M billed.
- The E/M service is billed using the -25 modifier. *E/M codes billed on the same day as OMT codes without the -25 modifier will not be paid.*
- The E/M service may be caused or prompted by the same diagnosis as the OMT service. A separate diagnosis is not required for payment of E/M in addition to OMT services on the same day.

The department or Self-Insurer may reduce payment or process recoupments when E/M services are not documented sufficiently to support the level of service billed. CPT provides a list of key components which must be present for each level of service.

Appendix F in the "Washington RBRVS Payment Policies" section lists the reporting requirements for CPT codes.

PHYSICAL MEDICINE

This section applies to Medical and Osteopathic physicians.

Coding and Payment Policies

Board Certified/Qualified Physical Medicine Providers

Medical or Osteopathic physicians who are board qualified or board certified in physical medicine and rehabilitation may be paid for CPT codes 97001 through 97799 for physical medicine services. CPT code 97010, application of hot or cold packs, is bundled. CPT code 64550, application neurostimulator (TENS), is payable only once per claim.

Supervised modalities and those therapeutic procedures which do not list a specific time increment in their description are limited to one unit per day.

Non-Board Certified/Qualified Physical Medicine Providers

Special payment policies apply for attending doctors who are not board qualified or certified in physical medicine and rehabilitation:

- Attending doctors who are not board qualified or board certified in physical medicine and rehabilitation *will not be paid* for CPT codes 97001-97799. They may *perform* physical medicine modalities and procedures described in CPT codes 97001-97750 if their scope of practice and training permit it, but must *bill* local code 1044M for these services.

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- Local code 1044M is limited to 6 visits per claim, except when the attending doctor practices in a remote location where no licensed, registered physical therapist is available.
- After six visits, the patient must be referred to a licensed, registered physical therapist or physiatrist for such treatment. Refer to WAC 296-21-290 for further information.

1044M Physical medicine modality(ies) and/or procedure(s) by the attending doctor who is not board qualified or certified in physical medicine and rehabilitation. Limited to first six visits, except when a doctor practices in a remote area $33.98

PHYSICAL AND OCCUPATIONAL THERAPY

This section applies to all physical and occupational therapists. For specific information on surgical dressings dispensed for home use, refer to WAC 296-23-220 or see "Supplies, Materials and Bundled Services" later in this section.

Coding and Payment Policies

Physical and occupational therapists should use the appropriate physical medicine CPT codes 97001-97799, with the exceptions noted later in this section. In addition, physical and occupational therapists should bill the appropriate covered HCPCS codes for miscellaneous materials and supplies.

Only one unit per day is payable for supervised modalities and those therapeutic procedures which do not list a specific time increment in their description.

If more than one patient is treated at the same time in a group setting, use CPT code 97150, group therapeutic procedures.

CPT code 97010, application of hot or cold packs, is bundled for all providers.

The codes for materials and supplies dispensed for home use and which do not have a fee listed will be paid at their **acquisition cost.** Invoices must be retained in the provider files. Copies must be submitted with the bill for supplies costing $150.00 or more. **Sales tax is not a separately billable item. The total charge for the supply or services should include sales tax when applicable.** Most supplies and materials used in the course of treatment are bundled into the treatment and are not payable separately. See **Appendix C** for a list of bundled supplies.

Daily Maximum for Services

The daily maximum allowable fee is $99.00 for physical and occupational therapy services (as described in WACs 296-23-220 and 296-23-230). The daily maximum applies to CPT codes 64550, and 97001-97799 when performed for the same patient for the same date of service. If both physical and occupational therapy services are provided on the same day, the daily maximum applies ***once*** for each provider type.

The daily maximum allowable fee does not apply to performance based physical capacities examinations (PCEs), work hardening services or job/pre-job accommodation consultation services billed with local codes.

Physical Therapy Evaluation

- CPT code 97001 is used to report the initial evaluation before the plan of care is established by the physician or **physical therapist**. This evaluation is for the purpose of evaluating the patient's condition and establishing the plan of care.

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- CPT code 97002 is used to report the re-evaluation of a patient who has been under a plan of care established by the physician or **physical therapist**. This evaluation is for the purpose of re-evaluating the patient's condition and revising the plan of care under which the patient is being treated.

Occupational Therapy Evaluation

- CPT code 97003 is used to report the initial evaluation before the plan of care is established by the physician or **occupational therapist**. This evaluation is for the purpose of evaluating the patient's condition and establishing the plan of care.
- CPT code 97004 is used to report the re-evaluation of a patient who has been under a plan of care established by the physician or **occupational therapist**. This evaluation is for the purpose of re-evaluating the patient's condition and revising the plan of care under which the patient is being treated.

Transcutaneous Electrical Nerve Stimulators (TENS)

TENS units and supplies for State Fund injured workers are provided under contract. All providers who prescribe TENS units for State Fund injured workers must use the department's contracted vendor.

- TENS use requires prior authorization from the insurer. Please call the Provider Hotline at 1-800-848-0811 for authorization.
- The department allows the initial TENS application and training by a physical therapist or other qualified provider ***only once per claim***. Use CPT code 64550.
- An initial 30-day evaluation period is required. If the TENS is beneficial for the injured worker, a three-month rental period may be approved. One additional three-month rental extension may be granted. At the end of six months, a request for purchase will be considered upon review by the insurer. Refer to the department's Provider Bulletin on TENS for more information about rental and purchase for State Fund claims.
- The department's contracted vendor and providers treating Self-Insured workers should use the appropriate HCPCS codes to bill for TENS units and supplies.
- Sales tax and delivery charges are not separately payable, and should be included in the total charge for the TENS unit and supplies.

Wound Debridement

Therapists may not bill the surgical CPT codes for wound debridement. Therapists must bill CPT 97601 or 97602 when performing wound debridement that exceeds what is incidental to a therapy (e.g. whirlpool).

Wound dressings and supplies used in the office are bundled and are not separately payable. Wound dressings and supplies sent home with the patient for self-care can be billed with HCPCS codes appended with local modifier -1S. See the "Supplies, Materials and Bundled Services" section for more information.

Non-Covered Services

Code	Abbreviated Description
CPT 97033	Iontophoresis, each 15 min
CPT 97545*	Work hardening/conditioning
CPT 97546*	each additional hour
HCPCS Q0086	PT evaluation/treatment, per visit

* Work hardening services are paid only to approved providers with local codes.

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Non-Covered Items and Services

The department makes general policy decisions, called medical coverage decisions, to ensure quality of care and prompt treatment of workers. Medical coverage decisions include or exclude a specific health care service as a covered benefit. See WAC 296-20-02700. Lists of non-covered services can be found in Appendix E of this section, throughout the *Medical Aid Rules and Fee Schedules*, and in the *Provider Bulletins* For examples see WAC 296-20-03002 and WAC 296-20-1102. In addition, the following are examples of non-covered items:

- Acupuncture
- Intradiscal Electrothermal Treatment (IDET)
- Heat and cold devices for home use
- Cervical, lumbar and other types of pillows
- Home exercise equipment. Possible exceptions may be made in the case of catastrophic injury, but are subject to review and require prior authorization from the claims manager.
- Home use of muscle stimulators except when preapproved for partial or complete muscle denervation

Biofeedback Services

See "Biofeedback" earlier in this section, and in the "Specialty and Administrative Services" section.

Bundled Items

Refer to **Appendices B and C** in this section for information about services and supplies which are considered bundled and are not payable separately. The following are examples of bundled items:

- CPT code 97010, application of hot or cold packs
- Electrodes and gel
- Activity supplies used in work hardening such as leather and wood
- Exercise balls
- Thera-taping
- Wound dressing materials used during an office visit and/or physical therapy treatment

MASSAGE THERAPISTS

Massage therapists will be paid for CPT code 97124 for all forms of massage therapy, regardless of the technique used. The department will not pay massage therapists for additional codes.

Massage therapists should bill their usual and customary fee and designate the duration of the massage therapy treatment. Massage is a physical medicine service and is subject to the daily maximum allowable amount of $99.00.

The application of hot or cold packs (CPT code 97010), anti-friction devices, and lubricants (e.g. oils, lotions, emollients, etc.) are bundled into the massage therapy service and are not payable separately.

Refer to WAC 296-23-250 for additional information.

MISCELLANEOUS

Electrocardiograms (EKG)

Separate payment is allowed for electrocardiograms (CPT codes 93000, 93010, 93040 and 93042) when a physician's interpretation and report is included. These services may be paid in

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conjunction with physician office services. EKG tracings without physician interpretation and report (CPT codes 93005 and 93041) are not payable in addition to physician office services.

Transportation of portable EKG equipment to a facility or other patient location (HCPCS code R0076) is bundled into the EKG procedure and is not separately payable.

Ventilator Management Services

No payment will be made for ventilator management services (CPT codes 94656, 94657, 94660 and 94662) when a hospital E/M service is reported on the same day by the same provider. The restricted E/M codes include CPT codes 99217-99220, 99221-99236 and 99251-99275. Physicians will be paid for either the appropriate ventilation management code **or** the E/M service, but not both. If a physician bills a ventilator management code on the same day as an E/M service, payment will be made for the E/M service and not for the ventilation management code.

After Hours, Evening and Holiday Services

CPT codes 99050 (medical services after hrs), 99052 (medical services at night) and 99054 (medical services, unusual hrs) are payable only when services are provided outside the usual hours of operation. The medical record must document the medical necessity and urgency of the service. *Only one of these codes will be paid per patient per day.*

SUPPLIES, MATERIALS AND BUNDLED SERVICES

Services and supplies provided must be medically necessary and must be prescribed by an approved provider for the direct treatment of a covered condition.

CPT code 99070, which represents miscellaneous supplies and materials provided by the physician, will not be paid. Providers must bill specific HCPCS or local codes for supplies and materials provided during an office visit or with other office services.

Supply codes that do not have a fee listed will be paid at their *acquisition cost*. The acquisition cost equals the wholesale cost plus shipping and handling and sales tax. These items should be billed together as one charge. For taxable items, an itemized listing of the cost plus sales tax may be attached to the bill, but is not required.

Wholesale invoices for all supplies and materials must be retained in the provider's office files for a minimum of five years. A provider must submit a hard copy of the wholesale invoice to the department or Self-Insurer when an individual supply costs $150.00 or more, or upon request. The insurer may delay payment of the provider's bill if the insurer has not received this information.

Supplies used in the course of an office visit are considered bundled and are not payable separately. Fitting fees are bundled into the office visit, or into the cost of any durable medical equipment, and are not payable separately.

Billing Tip

Sales tax and shipping and handling charges are not separately payable, and should be included in the total charge for the supply. An itemized statement showing net price plus tax may be attached to bills, but is not required.

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BUNDLED SERVICES

Under the fee schedules, some services are considered "bundled" into the cost of other procedures and will not be separately paid. See WAC 296-20-01002 for the definition of a "bundled code." Bundled services are listed with "Bundled" in the dollar value column in the "CPT & HCPCS Fee Schedule" section. They are also listed in **Appendix B** in the "Washington RBRVS Payment Policies" section.

BUNDLED SUPPLIES

Under the fee schedules, many supply items are considered "bundled" into the cost of other services (associated office visits or procedures) and will not be paid separately. See WAC 296-20-01002 for the definition of a "bundled code." Bundled supplies are listed with "Bundled" in the dollar value column in the "CPT & HCPCS Fee Schedule" section. They are also listed in **Appendix C** in the "Washington RBRVS Payment Policies" section.

CASTING MATERIALS

Providers should bill for casting materials with HCPCS codes A4580 and A4590. The department no longer accepts local codes 2978M through 2987M. **No payment will be made for the use of a cast room**. Use of a cast room is considered part of a provider's practice expense.

CATHETERIZATION

Separate payment is allowed for placement of a temporary indwelling catheter when performed in a physician's office and used to treat a temporary obstruction. To bill for this service, use HCPCS code G0002.

Payment for the service is not allowed when the procedure is performed on the same day as, or during the postoperative period of, a major surgical procedure that has a follow-up day period.

For catheterization to obtain specimen(s) for lab tests, see "Pathology and Laboratory Services" in the "Specialty and Administrative Services" section.

SURGICAL TRAYS AND SUPPLIES USED IN THE PHYSICIAN'S OFFICE

The department or Self-Insurer follows HCFA's guidelines for determining if a procedure warrants separate additional payment for a surgical tray. HCFA generally assumes that the cost of the sterile trays is incorporated into the practice expense portion of payment for procedures.

Separate additional payment will be allowed for surgical trays only when they are used in conjunction with certain procedures performed in the physician's office. When one of these procedures is performed in the physician's office, the provider may report HCPCS code A4550, "surgical trays." HCPCS codes A4263, A4300 and G0025 for supplies are paid using these same guidelines. A list of procedure codes for which a separate surgical tray or supply code may be payable can be found in **Appendix D** at the end of this section. *Please note special instructions for CPT codes 36533, 68761 and 95028.*

HCFA is gradually updating the practice expense components of the Relative Value Units (RVUs) over a four-year period. This action incorporates the surgical supply expense into the practice expense component of pertinent CPT procedures. At the end of the four-year transition period, the surgical supply expense will be fully incorporated into the practice expense portion of the fees for CPT surgical codes. As a result, the fees paid for HCPCS codes A4263, A4300, A4550 and G0025 will be reduced and phased out accordingly. The first price reductions for these codes occurred in 1999.

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SURGICAL DRESSINGS DISPENSED FOR HOME USE

The policy for surgical dressings dispensed *for home use* is based on HCFA's policy. If a health services provider applies surgical dressings during the course of a procedure or office or clinic visit, the cost is included in the practice expense component of the Relative Value Unit (overhead) for that provider, and no separate payment is allowed.

Primary and secondary surgical dressings dispensed by health services providers *for home use* are payable *at acquisition cost* when all of the following conditions are met:

- They are dispensed to a patient for home care of a wound, and
- They are medically necessary, and
- The wound is due to an accepted work related condition.

Primary Surgical Dressings

Primary surgical dressings are therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin. Examples of primary surgical dressings include items such as Telfa, adhesive strips for wound closure, petroleum gauze, etc.

Secondary Surgical Dressings

Secondary surgical dressings are materials that serve a therapeutic or protective function, and that are needed to secure a primary dressing. Examples of secondary surgical dressings include items such as adhesive tape, roll gauze, binders, and disposable compression material etc. It does *not* include items such as elastic stockings, support hose, pressure garments etc. These items must be billed with the appropriate HCPCS or local codes.

In order to receive payment for dressings, providers must bill the appropriate HCPCS code for each dressing item, **along with local modifier -1S** for each item.

Surgical dressing supplies and codes billed without local modifier -1S, are considered bundled and will not be paid. The department or Self-Insurer may audit the use of these modifiers to ensure appropriate usage and billing.

HOT AND COLD PACKS OR DEVICES

Application of hot or cold packs (CPT code 97010) is bundled for all providers. WAC 296-20-1102 prohibits payment for heat devices for home use (this includes heating pads). These devices are either bundled or not covered--see **Appendices B, C and E.**

ELECTRICAL STIMULATORS

Providers using stimulators in the office setting may bill professional services for application of stimulators with the CPT physical medicine codes, when such application is within the provider's scope of practice. Refer to the department's Provider Bulletin on TENS for more information about rental and purchase for State Fund claims.

The following devices or supplies are intended for home use or surgical implantation. Please note the coverage status.

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HCPCS Code	Description	Coverage Status
A4595	TENS supplies	For State Fund claims: Payable only to the department's contracted vendor. For Self-Insured claims: Payable to DME suppliers.
A4630	Replacement batteries	
E0720	TENS, two lead, localized stimulation	
E0730	TENS, four lead, larger area, multiple nerve stimulation	
A4365	Adhesive remover	Bundled for physician office use. Payable for home use only.
A4455	Adhesive remover wipe	
A4556	Electrodes	
A4557	Lead wires	
A4558	Conductive paste or gel	
A5119	Skin barrier wipes	
A6250	Skin seal protect moisturizer	
E0745	Neuromuscular stimulator electronic shock unit	Covered for home use for muscle denervation only. Prior authorization is required.
E0747	Osteogenic stimulator, electrical, non-invasive, other than spinal applications	Prior authorization is required.
E0749	Osteogenic stimulator, electrical (surgically implanted)	Authorization is subject to utilization review.
E0760	Osteogenesis stimulator, low intensity, ultrasound, non-invasive	Prior authorization is required. For appendicular skeleton only (not the spine).
E0731	Form fitting conductive garment for TENS or NMES	Not covered.
E0740	Incontinence treatment system	
E0744	Neuromuscular stimulator for scoliosis	
E0748	Osteogenic stimulator, electrical, non-invasive, spinal applications	
E0753	Implantable neurostimulator electrodes, per group of four	
E0755	Electronic salivary reflex stimulator	

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MEDICATION ADMINISTRATION

IMMUNIZATIONS

Refer to WAC 296-20-03005 for authorization and requirements for work related exposure to an infectious disease. If authorized, immunization materials are payable. Immunization administration codes (CPT codes 90471 and 90472) are payable in addition to the immunization materials code(s). Add-on CPT code 90472 has a maximum daily fee of $5.44. An E/M code is not payable in addition to the immunization administration service, unless it is performed for a separately identifiable purpose and billed with a -25 modifier.

IMMUNOTHERAPY

Professional services for the supervision and provision of antigens for allergen immunotherapy must be billed as component services. Complete service codes (CPT codes 95120 - 95134) will not be paid. The provider must bill as appropriate, one of the injection codes (CPT codes 95115 or 95117) and one of the antigen/antigen preparation codes (CPT codes 95145-95149, 95165 or 95170).

INFUSION THERAPY SERVICES AND SUPPLIES FOR RBRVS PROVIDERS

Prior authorization is required for any scheduled or ongoing infusion therapy services (including supplies) performed in the office, clinic or home, regardless of who performs the service (e.g. physicians, nurses, IV infusion therapy company, pharmacy or home health agency). Refer to the "Specialty and Administrative Services" section for further information on home infusion therapy.

Outpatient infusion therapy services are allowed without prior authorization when medically necessary to treat urgent or emergent care situations that arise in an office or clinic. In these situations, infusion therapy services are payable to physicians, ARNPs, and PAs (CPT codes 90780 and 90781). HCPCS code Q0081 is not payable. Intravenous or intra-arterial therapeutic or diagnostic injection codes (CPT codes 90783 and 90784) will not be paid separately in conjunction with the IV infusion codes (CPT codes 90780 and 90781). Providers will be paid for E/M office visits (CPT codes 99201-99215) in conjunction with infusion therapy only if the services provided meet the service code definitions.

Billing instructions for non-pharmacy providers are located in "Injectable Medications" later in this section. Drugs supplied by a pharmacy should be billed on pharmacy forms with national drug codes (NDCs, or UPCs if no NDC is available).

Infusion therapy supplies and related durable medical equipment such as infusion pumps are not separately payable for RBRVS providers. Payment for these items is bundled into the fee paid for the professional service. If rental or purchase of an infusion pump is medically necessary to treat a patient in the home, refer to the "Specialty and Administrative Services" section for further information.

The department does ***not*** cover implantable infusion pumps and supplies (HCPCS codes A4220, E0782, E0783 and E0785). The department also does ***not*** cover the implantation of epidural or intrathecal catheters, including their revision, repositioning, replacement, or removal (CPT codes 62350-62368).

Note: Appeals for exceptions to this payment policy may be made to the department's medical director ***and may be granted only by the medical director*** if catastrophic conditions exist (e.g. infusion of Baclofen for severe spasticity in quadriplegia).

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Placement of non-implantable epidural or subarachnoid catheters for single or continuous injection of medications are covered services with CPT codes 62310-62319, 62281-62284 and 62290-62294

Intrathecal and epidural infusions of any substance other than anesthetic or contrast material are not covered (per WAC 296-20-03002). Infusion of any opiates and their derivatives (natural, synthetic or semi-synthetic) are not covered unless they are part of providing anesthesia, short term post operative pain management (up to 48 hours post discharge), or unless medically necessary in emergency situations (per WAC 296-20-03014). No exceptions to this payment policy will be granted.

INJECTIONS, THERAPEUTIC OR DIAGNOSTIC

Professional services associated with therapeutic or diagnostic injections (CPT code 90782 or 90788), are payable along with the appropriate HCPCS "J" code for the drug, as long as no E/M office visit service (CPT codes 99201-99215) is provided on the same day. If an E/M office visit service is provided on the same day as an injection, providers will be paid only the E/M service and the appropriate HCPCS "J" code for the drug. Providers must document the name, strength, dosage and quantity of the drugs administered in the medical record.

Intra-arterial and intravenous diagnostic and therapeutic injection services (CPT codes 90783 and 90784) may be billed separately, and are payable if they are not provided in conjunction with IV infusion therapy services (CPT codes 90780 and 90781).

Note: Injections of narcotics or analgesics are not permitted or paid in the outpatient setting except on an emergency basis per WAC 296-20-03014 (6), or for pain management related to outpatient surgical procedures and dressing and cast changes for severe soft tissue injuries, burns or fractures.

"Dry needling" is considered a variant of trigger point injections with medications. Dry needling is a technique where needles are inserted (no medications are injected) directly into trigger point locations as opposed to the distant points or meridians used in acupuncture. The department does not cover acupuncture services (WAC 296-20-03002). Dry needling of trigger points should be billed using only the trigger point injection code (CPT code 20550). Dry needling follows the same rules as trigger point injections in WAC 296-20-03001 (14).

INJECTABLE MEDICATIONS

Providers should use the "J" codes for injectable drugs that are administered **during** an E/M office visit or other procedure. The J codes are not intended for self-administered medications.

When billing for a non-specific injectable drug, the name, strength, dosage and quantity of drug administered or dispensed must be noted on the bill as well as documented in the medical record.

Providers should bill their acquisition cost for the drugs. Department fees for injectable medications are based on the Average Wholesale Prices (AWP). Payment is made according to the published fee schedule amount, or the billed charge for the covered drug(s), whichever is less.

HYALURONIC ACID FOR OSTEOARTHRITIS OF THE KNEE REHABILITATION

See Provider Bulletin 98-10 for more information about the use of hyaluronic acid for osteoarthritis of the knee. Only the following local codes should be billed for these services:

3020A	Hyalgan including injection procedure, per injection (limited to 5 injections per knee joint per claim)	$144.00
3040B	Synvisc including injection procedure, per injection (limited to 3 injections per knee joint per claim)	$225.13

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The correct side of body modifier (-RT or -LT) will be required for authorization and billing. If bilateral procedures are required, both modifiers should be authorized and each should be billed as a separate line item.

The HCPCS codes for hyaluronic acid (HCPCS codes J7315 and J7320) are not covered and will not be paid. CPT injection procedure code 20610 will not be paid on the same date as the above local codes.

NON-INJECTABLE MEDICATIONS

Providers may administer oral or non-injectable medications during office procedures or dispense them for short-term use until the worker can have their prescription filled at a pharmacy. In these cases, providers should bill the distinct "J" code which describes the medication. If no distinct J code describes the medication, the most appropriate non-specific HCPCS code listed below should be used:

J3535 Drug administered through a metered dose inhaler

J7599 Immunosuppressive drug, not otherwise classified

J7699 Inhalation solution administered though DME, not otherwise specified

J7799 Other than inhalation drug administered though DME, not otherwise specified

J8499 Prescription drug, oral, non-chemotherapeutic, not otherwise specified

J8999 Prescription drug, oral, chemotherapeutic, not otherwise specified.

The name, strength, dosage and quantity of drug administered or dispensed must be noted on the bill as well as documented in the medical record. No payment will be made for pharmaceutical samples.

HIV PROPHYLAXIS

Insurers will pay for the initial prophylactic drug kit for post HIV exposure when it is dispensed by the treating physician. The kit allows prophylaxis to begin immediately and gives the worker time to get a routine prescription filled. Each kit contains a two day supply of Combivir and Viracept, or other appropriate antiviral drugs. A maximum of two kits per exposure are payable. A claim must be filed for a documented HIV exposure at work for the kit(s) to be payable. Providers should bill the following local code for the HIV drug kit:

3060A HIV exposure initial treatment kit $130.65

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RBRVS MODIFIERS

Only the modifiers that affect payment are listed in this section. Refer to current CPT and HCPCS books for complete modifier descriptions and instructions.

CPT MODIFIERS

-22 Unusual services
Procedures with this modifier may be individually reviewed prior to payment. A report is required for this review. Payment varies based on the report submitted.

-24 Unrelated evaluation and management (E/M) services by the same physician during a postoperative period
Used to indicate an evaluation and management service unrelated to the surgical procedure was performed during a postoperative period. *Documentation must be submitted with the billing form when this modifier is used.* Payment is made at one hundred percent of the fee schedule level or billed charge, whichever is less.

-25 Significant, separately identifiable evaluation and management (E/M) service by the same physician on the day of a procedure
Payment is made at one hundred percent of the fee schedule level or billed charge, whichever is less. See global surgery rules, osteopathic manipulative treatment policy, and chiropractic physician services.

-26 Professional component
Certain procedures are a combination of the professional (-26) and technical (-TC) components. This modifier should be used when only the professional component is performed. When a global service is performed, neither the -26 nor the -TC modifier should be used. Refer to the HCPCS modifier section for the use of the -TC modifier.

-50 Bilateral surgery
The bilateral modifier identifies cases where a procedure typically performed on one side of the body is, in fact, performed on both sides of the body. Payment is made at one hundred fifty percent of the global surgery fee for the procedure. Providers must bill using two line items on the bill form. The modifier -50 should be applied to the second line item.

-51 Multiple surgery
For procedure codes that represent multiple surgical procedures, payment is made based on the fee schedule allowance associated with that code. Refer to the global surgery rules for additional information.

-52 Reduced services
Payment is made at the fee schedule level or billed charge, whichever is less.

-53 Discontinued services
HCFA has established reduced RVUs for CPT code 45378 when billed with modifier -53. The department prices this code-modifier combination according to those RVUs.

-54 Surgical care only *
When one physician performs a surgical procedure and another provides preoperative and/or postoperative management

-55 Postoperative management only *
When one physician performs the postoperative management and another physician has performed the surgical procedure.

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-56 Preoperative management only *
When one physician performs the preoperative care and evaluation and another physician performs the surgical procedure.

* **Providers providing less than the global surgical package should use modifiers -54, -55, and -56.** These modifiers are designed to ensure that the sum of all allowances for all practitioners who furnished parts of the services included in a global surgery fee does not exceed the total amount of the payment that would have been paid to a single practitioner under the global fee for the procedure. The payment policy pays each physician directly for that portion of the global surgery services provided to the claimant.

-57 Decision for surgery
Used only when the decision for surgery was made during the preoperative period of a surgical procedure with a global surgery follow-up period. It should not be used with visits furnished during the global period of minor procedures (0-10 day global period), unless the purpose of the visit is a decision for major surgery. Separate payment should be made even if the visit falls within the global surgery period. No separate documentation is needed when submitting a billing form with this modifier.

-60 Altered Surgical Field
Procedures with this modifier may be individually reviewed prior to payment. A report is required for this review. Payment varies based on the report submitted.

-62 Two surgeons
For surgery requiring the skills of two surgeons (usually with a different specialty), each surgeon is paid at 62.5% of the global surgical fee. No payment is made for an assistant-at-surgery in these cases.

-66 Team surgery
Used when highly complex procedures are carried out by a surgical team. This may include the concomitant services of several physicians, often of different specialties; other highly skilled, specially trained personnel; and various types of complex equipment. Procedures with this modifier are reviewed and priced on an individual basis. Supporting documentation is required for this review.

-78 Return to the operating room for a related procedure during the postoperative period
Payment is made at one hundred percent of the fee schedule level or billed amount, whichever is less.

-79 Unrelated procedure or service by the same physician during the postoperative period
Use of this modifier allows separate payment for procedures not associated with the original surgery. Payment is made at one hundred percent of the fee schedule level or billed amount, whichever is less.

-80 Assistant surgeon *

-81 Minimum assistant surgeon *

-82 Assistant surgeon (when qualified resident surgeon not available) *

* **Assistant Surgeon Modifiers**. Physicians who assist the primary physician in surgery should use modifiers -80, -81 or -82 depending on the medical necessity. Payment for procedures with these modifiers is made at the billed charge or twenty percent of the global surgery amount for the procedure, whichever is less. Refer to the assistant surgeon indicator in the "CPT & HCPCS Fee Schedule" section to determine if assistant surgeon fees are payable.

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-91 Repeat clinical diagnostic laboratory test performed on the same day to obtain subsequent reportable test values(s) (separate specimens taken in separate encounters)
Payment will be made for repeat test(s) performed for the same patient on the same day when specimen(s) have been taken from separate encounters. Test(s) normally performed as a series, e.g. glucose tolerance test do not qualify as separate encounters. The medical necessity for repeating the test(s) must be documented in the patient record.

-99 Multiple modifiers
This modifier should only be used when two or more modifiers affect payment. Payment is based on the policy associated with each individual modifier that describes the actual services performed. For billing purposes, only modifier -99 should go in the modifier column, with the individual descriptive modifiers that affect payment listed elsewhere on the billing form.

HCPCS MODIFIERS

-GT Teleconsultations via interactive audio and video telecommunication systems
See "Washington RBRVS Payment Policy" section on teleconsultations for more detail.

-LT Left side
Although this modifier does not affect payment, it should be used when billing for bilateral services. This will help reduce duplicate bills and minimize payment delays.

-RT Right side
Although this modifier does not affect payment, it should be used when billing for bilateral services. This will help reduce duplicate bills and minimize payment delays.

-SG Ambulatory surgical center (ASC) facility service
Bill the appropriate CPT surgical code(s) adding this modifier -SG to each surgery code.

-TC Technical component
Certain procedures are a combination of the professional (-26) and technical (-TC) components. This modifier should be used when only the technical component is performed. When a global service is performed, neither the -26 nor -TC modifier should be used. Refer to the CPT modifier section for the use of the -26 modifier.

LOCAL MODIFIERS

-1M Surgical suite/facility
Bill the appropriate CPT surgical code(s) adding this modifier -1M to each surgery code. See Provider Bulletin 94-13 for coverage and fee information.

-1R Radiology consult
For radiology consultation services bill the specific x-ray code along with this modifier -1R. For example, if a consultation is made on a chest x-ray, single view, frontal, the provider should bill CPT code 71010-1R. Payment is made at the professional component rate.

-1S Surgical dressings for home use
Bill the appropriate HCPCS code for each dressing item using this modifier -1S for each item. Use this modifier to bill for surgical dressing supplies dispensed for home use. See "Supplies, Material and Bundled Services" earlier in this section for more information.

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APPENDIX A
ENDOSCOPY FAMILIES

Refer to a current CPT book for complete coding information.

Base	Family
29815	29819, 29820, 29821, 29822, 29823, 29825 and 29826
29830	29834, 29835, 29836, 29837 and 29838
29840	29843, 29844, 29845, 29846 and 29847
29860	29861, 29862 and 29863
29870	29871, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886 and 29887
31505	31510, 31511, 31512 and 31513
31525	31527, 31528, 31529, 31530, 31535, 31540, 31560 and 31570
31526	31531, 31536, 31541, 31561 and 31571
31575	31576, 31577, 31578 and 31579
31622	31625, 31628, 31629, 31630, 31631, 31635, 31640, 31641 and 31645
43200	43202, 43204, 43205, 43215, 43216, 43217, 43219, 43220, 43226, 43227 and 43228
43235	43231, 43232, 43239, 43241, 43242, 43243, 43244, 43245, 43246, 43247, 43249, 43250, 43251, 43255, 43256, 43258 and 43259
43260	43240, 43261, 43262, 43263, 43264, 43265, 43267, 43268, 43269, 43271, and43272
44360	44361, 44363, 44364, 44365, 44366, 44369, 44370, 44372 and 44373
44376	44377, 44378 and 44379
44388	44389, 44390, 44391, 44392, 44393, 44394 and 44397
45300	45303, 45305, 45307, 45308, 45309, 45315, 45317, 45320, 45321 and 45327
45330	45331, 45332, 45333, 45334, 45337, 45338, 45339 and 45345
45378	45379, 45380, 45382, 45383, 45384, 45385and 45387
46600	46604, 46606, 46608, 46610, 46611, 46612, 46614 and 46615
47552	47553, 47554, 47555 and 47556
49320	38570, 49321, 49322, 49323, 58550, 58551, 58660, 58661, 58662, 58670, 58671, 58672 and 58673
50551	50555, 50557, 50559 and 50561
50570	50572, 50574, 50575, 50576, 50578 and 50580
50951	50953, 50955, 50957, 50959 and 50961
50970	50974 and 50976
52000	52007, 52010, 52204, 52214, 52224, 52250, 52260, 52265, 52270, 52275, 52276, 52277, 52281, 52282, 52283, 52285, 52290, 52300, 52301, 52305, 52310, 52315, 52317 and 52318
52005	52320, 52325, 52327, 52330, 52332, 52334, 52341, 52342, 52343 and 52344
52351	52345, 52346, 52352, 52353, 52354 and 52355
57452	57454 and 57460
58555	58558, 58559, 58560, 58561, 58562 and 58563

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APPENDIX B
BUNDLED SERVICES

Do not rely solely on the descriptions given in the appendices for complete coding information. Refer to a current CPT or HCPCS book for complete coding information.

CPT Code	Abbreviated Description
15850	Removal of sutures
20930	Spinal bone allograft
20936	Spinal bone autograft
22841	Insert spine fixation device
43752	Nasal/orogastic w/stent
78890	Nuclear medicine data proc
78891	Nuclear med data proc
90885	Psy evaluation of records
90887	Consultation with family
90889	Preparation of report
92352	Special spectacles fitting
92353	Special spectacles fitting
92354	Special spectacles fitting
92355	Special spectacles fitting
92358	Eye prosthesis service
92371	Repair & adjust spectacles
92531	Spontaneous nystagmus study
92532	Positional nystagmus study
92533	Caloric vestibular test
92534	Optokinetic nystagmus
93770	Measure venous pressure
94150	Vital capacity test
94760	Measure blood oxygen level
94761	Measure blood oxygen level

CPT Code	Abbreviated Description
96545	Provide chemotherapy agent
97010	Hot or cold packs therapy
99000	Specimen handling
99001	Specimen handling
99002	Device handling
99024	Postop follow-up visit
99025	Initial surgical evaluation
99056	Non-office medical services
99058	Office emergency care
99078	Group health education
99090	Computer data analysis
99100	Special anesthesia service
99116	Anesthesia with hypothermia
99135	Special anesthesia procedure
99140	Emergency anesthesia
99141	Sedation, iv/im or inhalant
99142	Sedation, oral/rectal/nasal
99173	Visual screening test
99358	Prolonged serv, w/o contact
99359	Prolonged serv, w/o contact
99374	Home health care supervision
99377	Hospice care supervision
99379	Nursing fac care supervision

HCPCS Code	Abbreviated Description
A9900	Supply/accessory/service
G0008	Admin influenza virus vac
G0009	Admin pneumococcal vaccine
G0010	Admin hepatitis b vaccine
G0102	Prostate ca screening; dre
G0172	Partial hosp prog service
L9900	O&P supply/accessory/service
R0076	Transport portable EKG

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APPENDIX C
BUNDLED SUPPLIES

Do not rely solely on the descriptions given in the appendices for complete coding information. Refer to a current CPT or HCPCS book for complete coding information.

Note: Items with an asterisk (*) on the following list are considered prosthetics when used for a **permanent** condition. They may be paid separately for permanent conditions if they are provided in the physician's office. They are not considered prosthetics if the condition is acute or temporary.

Examples are Foley catheters and accessories for permanent incontinence or ostomy supplies for permanent conditions. The Foley catheter used to obtain a urine specimen, used after surgery, or used to treat an acute obstruction would not be paid separately because it is treating a temporary problem. If a patient had an indwelling Foley catheter for permanent incontinence, and a problem developed which required the physician to replace the Foley, then the catheter would be considered a prosthesis and would be paid separately.

CPT Code	Abbreviated Description
97010	Hot or cold packs therapy
99070	Special supplies
99071	Patient education materials

HCPCS Code	Abbreviated Description
A4206	1 CC sterile syringe&needle
A4207	2 CC sterile syringe&needle
A4208	3 CC sterile syringe&needle
A4209	5+ CC sterile syringe&needle
A4211	Supp for self-adm injections
A4212	Non coring needle or stylet
A4213	20+ CC syringe only
A4214	30 CC sterile water/saline
A4215	Sterile needle
A4244	Alcohol or peroxide per pint
A4245	Alcohol wipes per box
A4246	Betadine/phisohex solution
A4247	Betadine/iodine swabs/wipes
A4253	Blood glucose/reagent strips
A4256	Calibrator solution/chips
A4258	Lancet device each
A4259	Lancets per box
A4262	Temporary tear duct plug
A4265	Paraffin
A4270	Disposable endoscope sheath
A4301	Implantable access syst perc
A4305	Drug delivery system >=50 ML

HCPCS Code	Abbreviated Description
A4306	Drug delivery system <=5 ML
A4310	Insert tray w/o bag/cath
A4311	Catheter w/o bag 2-way latex
A4312	Cath w/o bag 2-way silicone
A4313	Catheter w/bag 3-way
A4314	Cath w/drainage 2-way latex
A4315	Cath w/drainage 2-way silcne
A4316	Cath w/drainage 3-way
A4319	Sterile H2O irrigation solut
A4320	Irrigation tray
A4322	Irrigation syringe
A4323	Saline irrigation solution
A4324	Male ext cath w/adh coating
A4325	Male ext cath w/adh strip
A4326*	Male external catheter
A4327*	Fem urinary collect dev cup
A4328*	Fem urinary collect pouch
A4329*	External catheter start set
A4330	Stool collection pouch
A4331	Extension drainage tubing
A4332	Lubricant for cath insertion

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HCPCS Code	Abbreviated Description
A4333	Urinary cath anchor device
A4334	Urinary cath leg strap
A4335*	Incontinence supply
A4338*	Indwelling catheter latex
A4340*	Indwelling catheter special
A4344*	Cath indw foley 2 way silicn
A4346*	Cath indw foley 3 way
A4347*	Male external catheter
A4348	Male ext cath extended wear
A4351	Straight tip urine catheter
A4352	Coude tip urinary catheter
A4353	Intermittent urinary cath
A4354	Cath insertion tray w/bag
A4355	Bladder irrigation tubing
A4356*	Ext ureth clmp or compr dvc
A4357*	Bedside drainage bag
A4358*	Urinary leg bag
A4359*	Urinary suspensory w/o leg b
A4361*	Ostomy face plate
A4362*	Solid skin barrier
A4364*	Ostomy/cath adhesive
A4365*	Ostomy adhesive remover wipe
A4367*	Ostomy belt
A4368*	Ostomy filter
A4369*	Skin barrier liquid per oz
A4370*	Skin barrier paste per oz
A4371*	Skin barrier powder per oz
A4372*	Skin barrier solid 4x4 equiv
A4373*	Skin barrier with flange
A4374*	Skin barrier extended wear
A4375*	Drainable plastic pch w fcpl
A4376*	Drainable rubber pch w fcplt
A4377*	Drainable plstic pch w/o fp
A4378*	Drainable rubber pch w/o fp
A4379*	Urinary plastic pouch w fcpl
A4380*	Urinary rubber pouch w fcplt
A4381*	Urinary plastic pouch w/o fp
A4382*	Urinary hvy plstc pch w/o fp
A4383*	Urinary rubber pouch w/o fp
A4384*	Ostomy faceplt/silicone ring
A4385*	Ost skn barrier sld ext wear
A4386*	Ost skn barrier w flng ex wr
A4387*	Ost clsd pouch w att st barr
A4388*	Drainable pch w ex wear barr
A4389*	Drainable pch w st wear barr
A4390*	Drainable pch ex wear convex
A4391*	Urinary pouch w ex wear barr

HCPCS Code	Abbreviated Description
A4392*	Urinary pouch w st wear barr
A4393*	Urine pch w ex wear bar conv
A4394*	Ostomy pouch liq deodorant
A4395*	Ostomy pouch solid deodorant
A4396	Peristomal hernia supprt blt
A4397	Irrigation supply sleeve
A4398*	Ostomy irrigation bag
A4399*	Ostomy irrig cone/cath w brs
A4400*	Ostomy irrigation set
A4402*	Lubricant per ounce
A4404*	Ostomy ring each
A4421*	Ostomy supply misc
A4454	Tape all types all sizes
A4455	Adhesive remover per ounce
A4460	Elastic compression bandage
A4462	Abdmnl drssng holder/binder
A4465	Non-elastic extremity binder
A4470	Gravlee jet washer
A4480	Vabra aspirator
A4556	Electrodes, pair
A4557	Lead wires, pair
A4558	Conductive paste or gel
A4647	Supp- paramagnetic contr mat
A4649	Surgical supplies
A4670	Auto blood pressure monitor
A5051*	Pouch clsd w barr attached
A5052*	Clsd ostomy pouch w/o barr
A5053*	Clsd ostomy pouch faceplate
A5054*	Clsd ostomy pouch w/flange
A5055*	Stoma cap
A5061*	Pouch drainable w barrier at
A5062*	Drnble ostomy pouch w/o barr
A5063*	Drain ostomy pouch w/flange
A5064*	Drain ostomy pouch w/fceplte
A5071*	Urinary pouch w/barrier
A5072*	Urinary pouch w/o barrier
A5073*	Urinary pouch on barr w/flng
A5074*	Urinary pouch w/faceplate
A5075*	Urinary pouch on faceplate
A5081*	Continent stoma plug
A5082*	Continent stoma catheter
A5093*	Ostomy accessory convex inse
A5102*	Bedside drain btl w/wo tube
A5105*	Urinary suspensory
A5112*	Urinary leg bag
A5113*	Latex leg strap
A5114*	Foam/fabric leg strap

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HCPCS Code	Abbreviated Description
A5119*	Skin barrier wipes box pr 50
A5121*	Solid skin barrier 6x6
A5122*	Solid skin barrier 8x8
A5123*	Skin barrier with flange
A5126*	Disk/foam pad +or- adhesive
A5131*	Appliance cleaner
A6021	Collagen dressing <=16 sq in
A6022	Collagen drsg>6<=48 sq in
A6023	Collagen dressing >48 sq in
A6024	Collagen dsg wound filler
A6025	Silicone gel sheet, each
A6154	Wound pouch each
A6196	Alginate dressing <=16 sq in
A6197	Alginate drsg >16 <=48 sq in
A6198	alginate dressing > 48 sq in
A6199	Alginate drsg wound filler
A6200	Compos drsg <=16 no border
A6201	Compos drsg >16<=48 no bdr
A6202	Compos drsg >48 no border
A6203	Composite drsg <= 16 sq in
A6204	Composite drsg >16<=48 sq in
A6205	Composite drsg > 48 sq in
A6206	Contact layer <= 16 sq in
A6207	Contact layer >16<= 48 sq in
A6208	Contact layer > 48 sq in
A6209	Foam drsg <=16 sq in w/o bdr
A6210	Foam drg >16<=48 sq in w/o b
A6211	Foam drg > 48 sq in w/o brdr
A6212	Foam drg <=16 sq in w/border
A6213	Foam drg >16<=48 sq in w/bdr
A6214	Foam drg > 48 sq in w/border
A6215	Foam dressing wound filler
A6216	Non-sterile gauze<=16 sq in
A6217	Non-sterile gauze>16<=48 sq
A6218	Non-sterile gauze > 48 sq in
A6219	Gauze <= 16 sq in w/border
A6220	Gauze >16 <=48 sq in w/bordr
A6221	Gauze > 48 sq in w/border
A6222	Gauze <=16 in no w/sal w/o b
A6223	Gauze >16<=48 no w/sal w/o b
A6224	Gauze > 48 in no w/sal w/o b
A6228	Gauze <= 16 sq in water/sal
A6229	Gauze >16<=48 sq in watr/sal
A6230	Gauze > 48 sq in water/salne

HCPCS Code	Abbreviated Description
A6231	Hydrogel dsg<=16 sq in
A6232	Hydrogel dsg>16<=48 sq in
A6233	Hydrogel dressing >48 sq in
A6234	Hydrocolld drg <=16 w/o bdr
A6235	Hydrocolld drg >16<=48 w/o b
A6236	Hydrocolld drg > 48 in w/o b
A6237	Hydrocolld drg <=16 in w/bdr
A6238	Hydrocolld drg >16<=48 w/bdr
A6239	Hydrocolld drg > 48 in w/bdr
A6240	Hydrocolld drg filler paste
A6241	Hydrocolloid drg filler dry
A6242	Hydrogel drg <=16 in w/o bdr
A6243	Hydrogel drg >16<=48 w/o bdr
A6244	Hydrogel drg >48 in w/o bdr
A6245	Hydrogel drg <= 16 in w/bdr
A6246	Hydrogel drg >16<=48 in w/b
A6247	Hydrogel drg > 48 sq in w/b
A6248	Hydrogel drsg gel filler
A6250	Skin seal protect moisturizr
A6251	Absorpt drg <=16 sq in w/o b
A6252	Absorpt drg >16 <=48 w/o bdr
A6253	Absorpt drg > 48 sq in w/o b
A6254	Absorpt drg <=16 sq in w/bdr
A6255	Absorpt drg >16<=48 in w/bdr
A6256	Absorpt drg > 48 sq in w/bdr
A6257	Transparent film <= 16 sq in
A6258	Transparent film >16<=48 in
A6259	Transparent film > 48 sq in
A6260	Wound cleanser any type/size
A6261	Wound filler gel/paste /oz
A6262	Wound filler dry form / gram
A6263	Non-sterile elastic gauze/yd
A6264	Non-sterile no elastic gauze
A6265	Tape per 18 sq inches
A6266	Impreg gauze no h20/sal/yard
A6402	Sterile gauze <= 16 sq in
A6403	Sterile gauze>16 <= 48 sq in
A6404	Sterile gauze > 48 sq in
A6405	Sterile elastic gauze /yd
A6406	Sterile non-elastic gauze/yd
A9900	Supply/accessory/service
E0230	Ice cap or collar
L9900	O&P supply/accessory/service

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APPENDIX D
SURGICAL TRAYS AND OTHER PAYABLE SUPPLIES

Surgical trays for the following procedure codes may be payable separately when used in the physician's office. The supply code for these procedures is A4550 unless otherwise specified.

Do not rely solely on the descriptions given in the appendices for complete coding information. Refer to a current CPT book for complete coding information.

CPT Code	Abbreviated Description
19101	Biopsy of breast
19120	Removal of breast lesion
19125	Excision, breast lesion
19126	Excision, addl breast lesion
20200	Muscle biopsy
20205	Deep muscle biopsy
20220	Bone biopsy, trocar/needle
20225	Bone biopsy, trocar/needle
20240	Bone biopsy, excisional
25111	Remove wrist tendon lesion
28290	Correction of bunion
28292	Correction of bunion
28293	Correction of bunion
28294	Correction of bunion
28296	Correction of bunion
28297	Correction of bunion
28298	Correction of bunion
28299	Correction of bunion
32000	Drainage of chest
36533	Insertion of access device(the supply code for this procedure is A4300)
37609	Temporal artery procedure
38500	Biopsy/removal, lymph nodes
43200	Esophagus endoscopy
43202	Esophagus endoscopy, biopsy
43220	Esoph endoscopy, dilation
43226	Esoph endoscopy, dilation
43234	Upper GI endoscopy, exam
43235	Uppr gi endoscopy, diagnosis
43239	Upper GI endoscopy, biopsy
43245	Operative upper GI endoscopy
43247	Operative upper GI endoscopy
43249	Esoph endoscopy, dilation
43250	Upper GI endoscopy/tumor
43251	Operative upper GI endoscopy
43458	Dilate esophagus

CPT Code	Abbreviated Description
45378	Diagnostic colonoscopy
45379	Colonoscopy
45380	Colonoscopy and biopsy
45382	Colonoscopy/control bleeding
45383	Lesion removal colonoscopy
45384	Colonoscopy
45385	Lesion removal colonoscopy
49080	Puncture, peritoneal cavity
49081	Removal of abdominal fluid
52005	Cystoscopy & ureter catheter
52007	Cystoscopy and biopsy
52010	Cystoscopy & duct catheter
52204	Cystoscopy
52214	Cystoscopy and treatment
52224	Cystoscopy and treatment
52234	Cystoscopy and treatment
52235	Cystoscopy and treatment
52240	Cystoscopy and treatment
52250	Cystoscopy and radiotracer
52260	Cystoscopy and treatment
52270	Cystoscopy & revise urethra
52275	Cystoscopy & revise urethra
52276	Cystoscopy and treatment
52277	Cystoscopy and treatment
52282	Cystoscopy, implant stent
52283	Cystoscopy and treatment
52290	Cystoscopy and treatment
52300	Cystoscopy and treatment
52301	Cystoscopy and treatment
52305	Cystoscopy and treatment
52310	Cystoscopy and treatment
52315	Cystoscopy and treatment
57520	Conization of cervix
57522	Conization of cervix
58120	Dilation and curettage
62270	Spinal fluid tap, diagnostic

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CPT Code	Abbreviated Description
68761	Close tear duct opening (the supply code for this procedure is A4263)
85095	Bone marrow aspiration
85102	Bone marrow biopsy
95028	Allergy skin tests (the supply code for this procedure is G0025)
96440	Chemotherapy, intracavitary
96445	Chemotherapy, intracavitary
96450	Chemotherapy, into CNS

HCPCS Code	Abbreviated Description
G0105	Colorectal scrn; hi risk ind

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APPENDIX E
NON-COVERED CODES AND MODIFIERS

Do not rely solely on the descriptions given in the appendices for complete coding information. Refer to a current CPT or HCPCS book for complete coding information.

NON-COVERED CODES

CPT Code	Abbreviated Description
11975	Insert contraceptive cap
11976	Removal of contraceptive cap
11977	Removal/reinsert contra cap
11980	Implant hormone pellet(s)
17340	Cryotherapy of skin
17360	Skin peel therapy
17380	Hair removal by electrolysis
22520	Percut vertebroplasty thor
22521	Percut vertebroplasty lumb
22522	Percut vertebroplasty addl
31520	Diagnostic laryngoscopy
31601	Incision of windpipe
33140	Heart revascularize (tmr)
36400	Drawing blood
36405	Drawing blood
36406	Drawing blood
36420	Establish access to vein
36440	Blood transfusion service
36450	Exchange transfusion service
36470	Injection therapy of vein
36471	Injection therapy of veins
36488	Insertion of catheter, vein
36490	Insertion of catheter, vein
36510	Insertion of catheter, vein
36660	Insertion catheter, artery
42820	Remove tonsils and adenoids
42825	Removal of tonsils
42830	Removal of adenoids
42835	Removal of adenoids
43842	Gastroplasty for obesity
43843	Gastroplasty for obesity
43846	Gastric bypass for obesity
43847	Gastric bypass for obesity
43848	Revision gastroplasty
44970	Laparoscopy, appendectomy
44979	Laparoscope proc, app
46070	Incision of anal septum
46705	Repair of anal stricture

CPT Code	Abbreviated Description
49495	Repair inguinal hernia, init
49496	Repair inguinal hernia, init
49500	Repair inguinal hernia
49501	Repair inguinal hernia, init
49580	Repair umbilical hernia
49582	Repair umbilical hernia
50541	Laparo ablate renal cyst
50545	Laparo radical nephrectomy
50945	Laparoscopy ureterolithotomy
50947	Laparo new ureter/bladder
50948	Laparo new ureter/bladder
53025	Incision of urethra
54000	Slitting of prepuce
54150	Circumcision
54160	Circumcision
54692	Laparoscopy, orchiopexy
55873	Cryoablate prostate
55970	Sex transformation, M to F
55980	Sex transformation, F to M
58300	Insert intrauterine device
58301	Remove intrauterine device
58321	Artificial insemination
58322	Artificial insemination
58323	Sperm washing
58353	Endometr ablate, thermal
58600	Division of fallopian tube
58605	Division of fallopian tube
58611	Ligate oviduct(s) add-on
58615	Occlude fallopian tube(s)
58970	Retrieval of oocyte
58974	Transfer of embryo
58976	Transfer of embryo
59871	Remove cerclage suture
61000	Remove cranial cavity fluid
61001	Remove cranial cavity fluid
62280	Treat spinal cord lesion
62287	Percutaneous diskectomy
62350	Implant spinal canal cath

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CPT Code	Abbreviated Description
62351	Implant spinal canal cath
62355	Remove spinal canal catheter
62360	Insert spine infusion device
62361	Implant spine infusion pump
62362	Implant spine infusion pump
62365	Remove spine infusion device
62367	Analyze spine infusion pump
62368	Analyze spine infusion pump
63650	Implant neuroelectrodes
63655	Implant neuroelectrodes
63660	Revise/remove neuroelectrode
63685	Implant neuroreceiver
63688	Revise/remove neuroreceiver
64614	Destroy nerve, extrem musc
65771	Radial keratotomy
69090	Pierce earlobes
73592	X-ray exam of leg, infant
76012	Percut vertebroplasty fluor
76013	Percut vertebroplasty, ct
76140	X-ray consultation
76885	Echo exam, infant hips
76886	Echo exam, infant hips
78459	Heart muscle imaging (PET)
78491	Heart image (pet), single
78492	Heart image (pet), multiple
78608	Brain imaging (PET)
78609	Brain imaging (PET)
78810	Tumor imaging (PET)
82523	Collagen crosslinks
84591	Assay of nos vitamin
84830	Ovulation tests
86146	Glycoprotein antibody
86683	Hemoglobin, fecal antibody
86910	Blood typing, paternity test
86911	Blood typing, antigen system
87339	H pylori ag, eia
87427	Shiga-like toxin ag, eia
88012	Autopsy (necropsy), gross
88014	Autopsy (necropsy), gross
88016	Autopsy (necropsy), gross
88028	Autopsy (necropsy), complete
88029	Autopsy (necropsy), complete
88400	Bilirubin total transcut
89250	Fertilization of oocyte
89251	Culture oocyte w/embryos
89252	Assist oocyte fertilization
89253	Embryo hatching

CPT Code	Abbreviated Description
89254	Oocyte identification
89255	Prepare embryo for transfer
89256	Prepare cryopreserved embryo
89257	Sperm identification
89258	Cryopreservation, embryo
89259	Cryopreservation, sperm
89260	Sperm isolation, simple
89261	Sperm isolation, complex
89321	Semen analysis
90283	Human ig, iv
90288	Botulism ig, iv
90378	Rsv ig, im
90379	Rsv ig, iv
90476	Adenovirus vaccine, type 4
90477	Adenovirus vaccine, type 7
90581	Anthrax vaccine, sc
90632	Hep a vaccine, adult im
90633	Hep a vacc, ped/adol, 2 dose
90634	Hep a vacc, ped/adol, 3 dose
90636	Hep a/hep b vacc, adult im
90645	Hib vaccine, hboc, im
90646	Hib vaccine, prp-d, im
90647	Hib vaccine, prp-omp, im
90648	Hib vaccine, prp-t, im
90657	Flu vaccine, 6-35 mo, im
90658	Flu vaccine, 3 yrs, im
90659	Flu vaccine, whole, im
90660	Flu vaccine, nasal
90669	Pneumococcal vaccine, ped
90680	Rotovirus vaccine, oral
90690	Typhoid vaccine, oral
90691	Typhoid vaccine, im
90692	Typhoid vaccine, h-p, sc/id
90693	Typhoid vaccine, akd, sc
90700	Dtap vaccine, im
90710	Mmrv vaccine, sc
90719	Diphtheria vaccine, im
90720	Dtp/hib vaccine, im
90721	Dtap/hib vaccine, im
90727	Plague vaccine, im
90744	Hep b vaccine, ped/adol, im
90748	Hep b/hib vaccine, im
90802	Intac psy dx interview
90810	Intac psytx, off, 20-30 min
90811	Intac psytx, 20-30, w/e&m
90812	Intac psytx, off, 45-50 min
90813	Intac psytx, 45-50 min w/e&m

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CPT Code	Abbreviated Description
90814	Intac psytx, off, 75-80 min
90815	Intac psytx, 75-80 w/e&m
90823	Intac psytx, hosp, 20-30 min
90824	Intac psytx, hsp 20-30 w/e&m
90826	Intac psytx, hosp, 45-50 min
90827	Intac psytx, hsp 45-50 w/e&m
90828	Intac psytx, hosp, 75-80 min
90829	Intac psytx, hsp 75-80 w/e&m
90845	Psychoanalysis
90846	Family psytx w/o patient
90849	Multiple family group psytx
90857	Intac group psytx
90918	ESRD related services, month
90919	ESRD related services, month
90922	ESRD related services, day
90923	Esrd related services, day
91132	Electrogastrography
91133	Electrogastrography w/test
93530	Rt heart cath, congenital
93531	R & l heart cath, congenital
93532	R & l heart cath, congenital
93533	R & l heart cath, congenital
93740	Temperature gradient studies
93760	Cephalic thermogram
93762	Peripheral thermogram
94650	Pressure breathing (IPPB)
94651	Pressure breathing (IPPB)
94652	Pressure breathing (IPPB)
95120	Immunotherapy, one injection
95125	Immunotherapy, many antigens
95130	Immunotherapy, insect venom
95131	Immunotherapy, insect venoms
95132	Immunotherapy, insect venoms
95133	Immunotherapy, insect venoms
95134	Immunotherapy, insect venoms
95970	Analyze neurostim, no prog
95971	Analyze neurostim, simple
95972	Analyze neurostim, complex
95973	Analyze neurostim, complex
95974	Cranial neurostim, complex
95975	Cranial neurostim, complex
96570	Photodynamic tx, 30 min
96571	Photodynamic tx, addl 15 min
96902	Trichogram
97033	Electric current therapy
97545	Work hardening

CPT Code	Abbreviated Description
97546	Work hardening add-on
97780	Acupuncture w/o stimul
97781	Acupuncture w/stimul
98940	Chiropractic manipulation
98941	Chiropractic manipulation
98942	Chiropractic manipulation
98943	Chiropractic manipulation
99075	Medical testimony
99170	Anogenital exam, child
99295	Neonatal critical care
99296	Neonatal critical care
99297	Neonatal critical care
99298	Neonatal critical care
99381	Prev visit, new, infant
99382	Prev visit, new, age 1-4
99383	Prev visit, new, age 5-11
99384	Prev visit, new, age 12-17
99385	Prev visit, new, age 18-39
99386	Prev visit, new, age 40-64
99387	Prev visit, new, 65 & over
99391	Prev visit, est, infant
99392	Prev visit, est, age 1-4
99393	Prev visit, est, age 5-11
99394	Prev visit, est, age 12-17
99395	Prev visit, est, age 18-39
99396	Prev visit, est, age 40-64
99397	Prev visit, est, 65 & over
99401	Preventive counseling, indiv
99402	Preventive counseling, indiv
99403	Preventive counseling, indiv
99404	Preventive counseling, indiv
99411	Preventive counseling, group
99412	Preventive counseling, group
99420	Health risk assessment test
99429	Unlisted preventive service
99431	Initial care, normal newborn
99432	Newborn care, not in hosp
99433	Normal newborn care/hospital
99435	Newborn discharge day hosp
99436	Attendance, birth
99440	Newborn resuscitation
99450	Life/disability evaluation
99455	Disability examination
99456	Disability examination

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HCPCS Code	Abbreviated Description
A0432	PI volunteer ambulance co
A0888	Noncovered ambulance mileage
A4220	Infusion pump refill kit
A4260	Levonorgestrel implant
A4261	Cervical cap contraceptive
A4561	Pessary rubber, any type
A4562	Pessary, non rubber,any type
A4570	Splint
A4580	Cast supplies (plaster)
A4590	Special casting material
A4595	TENS suppl 2 lead per month
A9160	Podiatrist non-covered servi
A9170	Chiropractor non-covered ser
A9190	Misc/expe personal comfort i
A9270	Non-covered item or service
A9300	Exercise equipment
D1320	Tobacco counseling
D9999	Adjunctive procedure
E0200	Heat lamp without stand
E0202	Phototherapy light w/ photom
E0205	Heat lamp with stand
E0210	Electric heat pad standard
E0215	Electric heat pad moist
E0217	Water circ heat pad w pump
E0218	Water circ cold pad w pump
E0220	Hot water bottle
E0225	Hydrocollator unit
E0236	Pump for water circulating p
E0238	Heat pad non-electric moist
E0239	Hydrocollator unit portable
E0249	Pad water circulating heat u
E0500	Ippb all types
E0590	Dispensing fee dme neb drug
E0602	Breast pump
E0720	Tens two lead
E0730	Tens four lead
E0731	Conductive garment for tens
E0740	Incontinence treatment systm
E0744	Neuromuscular stim for scoli
E0748	Elec osteogen stim spinal
E0753	Neurostimulator electrodes
E0755	Electronic salivary reflex s
E0756	Implantable pulse generator
E0757	Implantable RF receiver
E0758	External RF transmitter
E0765	Nerve stimulator for tx n&v

HCPCS Code	Abbreviated Description
E0782	Non-programble infusion pump
E0783	Programmable infusion pump
E0785	Replacement impl pump cathet
E0786	Implantable pump replacement
E0941	Gravity assisted traction de
E0943	Cervical pillow
G0030	PET imaging prev PET single
G0031	PET imaging prev PET multple
G0032	PET follow SPECT 78464 singl
G0033	PET follow SPECT 78464 mult
G0034	PET follow SPECT 76865 singl
G0035	PET follow SPECT 78465 mult
G0036	PET follow cornry angio sing
G0037	PET follow cornry angio mult
G0038	PET follow myocard perf sing
G0039	PET follow myocard perf mult
G0040	PET follow stress echo singl
G0041	PET follow stress echo mult
G0042	PET follow ventriculogm sing
G0043	PET follow ventriculogm mult
G0044	PET following rest ECG singl
G0045	PET following rest ECG mult
G0046	PET follow stress ECG singl
G0047	PET follow stress ECG mult
G0110	Nett pulm-rehab educ; ind
G0111	Nett pulm-rehab educ; group
G0112	Nett; nutrition guid, initial
G0113	Nett; nutrition guid,subseqnt
G0114	Nett; psychosocial consult
G0115	Nett; psychological testing
G0116	Nett; psychosocial counsel
G0125	Lung image (PET)
G0128	CORF skilled nursing service
G0129	Part. Hosp. Prog. Occupa Tx.
G0154	Svcs of skilled nurse under hm hlth, ea 15 min
G0155	Svcs of clin soc wkr under hm hlth, ea 15 min
G0176	OPPS/PHP;activity therapy
G0179	MD recert HHA patient
G0180	MD certification HHA patient
G0181	Home health care supervision
G0182	Hospice care supervision
G0187	Dstry mclr drusen,photocoag
G0190	Immunization administration
G0191	Immunization admin,each add

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HCPCS Code	Abbreviated Description
G0192	Immunization oral/intranasal
G0210	PET img wholebody dxlung ca
G0211	PET img wholebody init lung
G0212	PET img wholebod restag lung
G0213	PET img wholebody dx colorec
G0214	PET img wholebody init colore
G0215	PETimg wholebod restag colre
G0216	PET img wholebod dx melanoma
G0217	PET img wholbod init melano
G0218	PET img wholebod restag mela
G0219	PET img wholbod melano non-co
G0220	PET img wholebod dx lymphoma
G0221	PET imag wholbod init lympho
G0222	PET imag wholbod resta lymph
G0223	PET imag wholbod reg dx head
G0224	PET imag wholbod reg ini hea
G0225	PET whol restag headneck only
G0226	PET img wholbod dx esophagl
G0227	PET img wholbod ini esophage
G0228	PET img wholbod restg esopha
G0229	PET img metabolic brain pres
G0230	PET myocard viability post s
G9002	MCCD,maintenance rate
G9003	MCCD, risk adj hi, initial
G9004	MCCD, risk adj lo, initial
G9016	Demo-smoking cessation coun
H0016	Alcohol and/or drug services
H0021	Alcohol and/or drug training
H0022	Alcohol and/or drug interven
H0023	Alcohol and/or drug outreach
H0024	Alcohol and/or drug preventi
H0025	Alcohol and/or drug preventi
H0026	Alcohol and/or drug preventi
H0027	Alcohol and/or drug preventi
H0028	Alcohol and/or drug preventi
H0029	Alcohol and/or drug preventi
H0030	Alcohol and/or drug hotline
J0760	Colchicine injection
J0970	Estradiol valerate injection
J1000	Depo-estradiol cypionate inj
J1050	Medroxyprogesterone inj
J1055	Medrxyprogester acetate inj
J1330	Ergonovine maleate injection
J1380	Estradiol valerate 10 MG inj
J1390	Estradiol valerate 20 MG inj
J1410	Inj estrogen conjugate 25 MG
J1435	Injection estrone per 1 MG

HCPCS Code	Abbreviated Description
J1565	RSV-ivig
J1739	Hydroxyprogesterone cap 125
J1741	Hydroxyprogesterone cap 250
J2210	Methylergonovin maleate inj
J2271	Morphine so4 injection 100mg
J2500	Paricalcitol
J2590	Oxytocin injection
J2675	Inj progesterone per 50 MG
J3530	Nasal vaccine inhalation
J3570	Laetrile amygdalin vit B17
J7300	Intraut copper contraceptive
J7315	Sodium hyaluronate injection
J7320	Hylan G-F 20 injection
J7635	Atropine inhal sol con
J7636	Atropine inhal sol unit dose
J7637	Dexamethasone inhal sol con
J7638	Dexamethasone inhal sol u d
J7642	Glycopyrrolate inhal sol con
J7643	Glycopyrrolate inhal sol u d
J7658	Isoproterenolhcl inh sol con
J7659	Isoproterenol hcl inh sol ud
J7680	Terbutaline so4 inh sol con
J9165	Diethylstilbestrol injection
J9219	Leuprolide acetate implant
M0075	Cellular therapy
M0076	Prolotherapy
M0100	Intragastric hypothermia
M0300	IV chelationtherapy
M0301	Fabric wrapping of aneurysm
M0302	Assessment of cardiac output
P2031	Hair analysis
P7001	Culture bacterial urine
P9604	One-way allow prorated trip
Q0035	Cardiokymography
Q0081	Infusion ther other than che
Q0086	Physical therapy evaluation
Q0186	Paramedic intercept, rural
Q2001	Oral cabergoline 0.5 mg
Q2002	Elliotts b solution per ml
Q2005	Corticorelin ovine triflutat
Q2007	Ethanolamine oleate 100 mg
Q2010	Glatiramer acetate, per dose
Q2012	Pegademase bovine, 25 iu
Q2014	Sermorelin acetate, 0.5 mg
Q2015	Somatrem, 5 mg
Q2016	Somatropin, 1 mg
Q2018	Urofollitropin, 75 iu

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HCPCS Code	Abbreviated Description
Q3013	Injection, verteporfin, 15 mg
Q4007	Cast sup long arm ped, pl
Q4008	Cast sup, long arm ped, fib
Q4011	Cast sup sh arm ped, pl
Q4012	Cast sup sh arm ped, fib
Q4015	Cast sup gauntlet ped,
Q4016	Cast sup gauntlet ped, fib
Q4019	Cast sup l arm splint ped, pl
Q4020	Cast sup l arm splint ped, fib
Q4023	Cast sup sh arm splint ped, pl
Q4024	Cast sup sh arm splint ped, fib
Q4027	Cast sup hip spica, pl
Q4028	Cast sup, hip spica, fib
Q4031	Cast sup, long leg ped, pl
Q4032	Cast sup, long leg ped, fib
Q4035	Cast sup, leg cylinder ped, pl
Q4036	Cast sup, leg cylinder ped, fib
Q4039	Cast sup, sh leg ped, pl
Q4040	Cast sup, sh leg ped, fib
Q4043	Cast sup, l leg splintped, pl
Q4044	Cast sup, l leg splint ped, fib
Q4047	Cast sup, sh leg splint ped, pl
Q4048	Cast sup, sh leg splint ped, fib
S0009	Injection, butorphanol tartr
S0012	Butorphanol tartrate, nasal
S0014	Tacrine hydrochloride, 10 mg
S0016	Injection, amikacin sulfate
S0017	Injection, aminocaproic acid
S0020	Injection, bupivicaine hydro
S0021	Injection, ceftoperazone sod
S0023	Injection, cimetidine hydroc
S0024	Injection, ciprofloxacin
S0028	Injection, famotidine, 20 mg
S0029	Injection, fluconazole
S0030	Injection, metronidazole
S0032	Injection, nafcillin sodium
S0034	Injection, ofloxacin, 400 mg
S0039	Injection, sulfamethoxazole
S0040	Injection, ticarcillin disod
S0071	Injection, acyclovir sodium
S0072	Injection, amikacin sulfate
S0073	Injection, aztreonam, 500 mg
S0074	Injection, cefotetan disodiu
S0077	Injection, clindamycin phosp
S0078	Injection, fosphenytoin sodi
S0080	Injection, pentamidine iseth
S0081	Injection, piperacillin sodi

HCPCS Code	Abbreviated Description
S0085	injection, gatifloxacin
S0086	Injection, verteporfin, 15mg
S0090	Sildenafil citrate, 25 mg
S0096	Injection, itraconazole, 200
S0156	Exemestane, 25 mg
S0157	Becaplermin gel 1%, 0.5 gm
S0199	RU486 Professional Fee
S0220	Medical conference by physic
S0221	Medical conference, 60 min
S0601	Screening proctoscopy
S0605	Digital rectal examination,
S0610	Annual gynecological examina
S0612	Annual gynecological examina
S0620	Routine ophthalmological exa
S0621	Routine ophthalmological exa
S0630	Removal of sutures
S0800	Laser in situ keratomileusis
S0810	Photorefractive keratectomy
S0820	Computerized corneal topogra
S0830	Ultrasound pachymetry
S1015	IV tubing extension set
S1016	Non-pvc intravenous administ
S2052	Transplantation of small int
S2053	Transplantation of small int
S2054	Transplantation of multivisc
S2055	Harvesting of donor multivis
S2060	Lobar lung transplantation
S2061	Donor lobectomy (lung)
S2102	Islet cell tissue transplant
S2103	Adrenal tissue transplant
S2120	Low density lipoprotein(LDL)
S2140	Cord blood harvesting
S2142	Cord blood-derived stem-cell
S2180	Donor leukocyte infusion
S2202	Echosclerotherapy
S2205	Minimally invasive direct co
S2206	Minimally invasive direct co
S2207	Minimally invasive direct co
S2208	Minimally invasive direct co
S2209	Minimally invasive direct co
S2210	Cryosurgical ablation (in si
S2220	Thrombectomy, coronary
S2300	Arthroscopy, shoulder, surgi
S2340	Chemodenervation of abductor
S2350	Diskectomy, anterior, with d
S2351	Diskectomy, anterior, with d
S2370	Intradiscal electrothermal

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HCPCS Code	Abbreviated Description
S2371	Each additional interspace
S3620	Newborn metabolic screening
S3645	HIV-1 antibody testing of or
S3650	Saliva test, hormone level;
S3652	Saliva test, hormone level;
S3700	Bladder tumor-associated
S3708	Gastrointestinal fat absorpt
S3902	Ballistocardiogram
S3904	Masters two step
S3906	Transfusion, direct, blood
S5000	Prescription drug, generic
S5001	Prescription drug,brand name
S5002	Fat emulsion 10% in 250 ml
S5003	Fat emulsion 20% in 250 ml
S5010	5% dextrose and 45% saline
S5011	5% dextrose in lactated ring
S5012	5% dextrose with potassium
S5013	5% dextrose/45%saline,1000ml
S5014	5% dextrose/45%saline,1500ml
S5016	Antibiotic admin supplies w/
S5017	Antibiotic adminsupplies w/o
S5018	Pain therapy admin supplies
S5019	Chemotherapy admin supplies
S5020	Chemotherapy admin supplies
S5021	Hydration therapy admin supp
S5022	Growth hormone therapy
S5025	Infusion pump rental,perdiem
S5503	Maintenance of implanted vas
S8001	Radiofrequency stimulation
S8035	Magnetic source imaging
S8040	Topographic brain mapping
S8049	Intraoperative radiation the
S8080	Scintimammography
S8085	Fluorine-18 fluorodeoxygluco
S8092	Electron beam computed tomog
S8095	Wig (for medically-induced h
S8096	Portable peak flow meter
S8105	Oximeter for measuring blood
S8110	Peak expiratory flow rate (p
S8200	Chest compression vest
S8205	Chest compression system gen
S8210	Mucus trap
S8260	Oral orthotic for treatment
S8400	Incontinence pants, each
S8402	Diapers, each
S8405	Incontinence liners, each
S8950	Complex lymphedema therapy,

HCPCS Code	Abbreviated Description
S8999	Resuscitation bag
S9001	Home uterine monitor with or
S9007	Ultrafiltration monitor
S9015	Automated EEG monitoring
S9022	Digital subtraction angiogra
S9023	Xenon regional cerebral bloo
S9024	Paranasal sinus ultrasound
S9025	Omnicardiogram/cardiointegra
S9035	Medical equipment or supplie
S9055	Procuren or other growth fac
S9056	Coma stimulation per diem
S9061	Medical supplies and equipme
S9075	Smoking cessation treatment
S9085	Meniscal allograft transplan
S9088	Services provided in urgent
S9090	Vertebral axial decompressio
S9122	Home health aide or certifie
S9123	Nursing care, in the home; b
S9125	Respite care, in the home, p
S9127	Social work visit, in the ho
S9128	Speech therapy, in the home,
S9129	Occupational therapy, in the
S9140	Diabetic Management Program,
S9141	Diabetic Management Program,
S9200	Nursing services and all nec
S9210	Nursing services and all nec
S9220	Nursing services and all nec
S9225	Nursing services and all nec
S9230	Nursing services and all nec
S9300	Nursing services and all nec
S9308	Nursing services and all nec
S9310	Nursing services and all nec
S9395	Nursing services and all nec
S9420	Nursing services and all nec
S9423	Nursing services, patient as
S9425	Nursing services and all nec
S9435	Medical foods for inborn err
S9455	Diabetic Management Program,
S9460	Diabetic Management Program,
S9465	Diabetic Management Program,
S9470	Nutritional counseling, diet
S9472	Cardiac rehabilitation progr
S9473	Pulmonary rehabilitation pro
S9474	Enterostomal therapy by a re
S9475	Ambulatory setting substance
S9480	Intensive outpatient psychia
S9485	Crisis intervention mental h

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HCPCS Code	Abbreviated Description
S9524	Nursing services related to
S9526	Skilled nursing visits for
S9527	Insertion of a peripherally
S9528	Insertion of midline central
S9533	Pain management, intravenous
S9535	Administration of hematopoie
S9539	Administration of antibiotic
S9543	Administration of medication
S9545	Administration of immune glo
S9550	Home IV therapy, hydration
S9555	Additional home infusion
S9990	Services provided as part of
S9991	Services provided as part of
S9992	Transportation costs to and
S9994	Lodging costs (e.g. hotel ch
S9996	Meals for clinical trial par
S9999	Sales tax
T1000	Priv duty/inde nurse, to 15 mi
T1001	Nursing assessement/eval
T1002	RN services, up to 15 min
T1003	LPN/LVN serv, up to 15 min
T1004	Nurs aide serv, up to 15 min
T1005	Respite care, up to 15 min
T1006	Family/couple counseling
T1007	Treatment plan development
T1008	Day treatment for individual
T1009	Child sitting services
T1010	Meals when receive services
T1011	Alcohol/substance abuse noc

HCPCS Code	Abbreviated Description
T1012	Alcohol/subs abs, skills dev
T1013	Sign lang or oral intrpr serv
V5008	Hearing screening
V5010	Assessment for hearing aid
V5011	Hearing aid fitting/checking
V5014	Hearing aid repair/modifying
V5020	Conformity evaluation
V5030	Body-worn hearing aid air
V5040	Body-worn hearing aid bone
V5050	Body-worn hearing aid in ear
V5060	Behind ear hearing aid
V5070	Glasses air conduction
V5080	Glasses bone conduction
V5090	Hearing aid dispensing fee
V5100	Body-worn bilat hearing aid
V5110	Hearing aid dispensing fee
V5120	Body-worn binaur hearing aid
V5130	In ear binaural hearing aid
V5140	Behind ear binaur hearing ai
V5150	Glasses binaural hearing aid
V5160	Dispensing fee binaural
V5170	Within ear cros hearing aid
V5180	Behind ear cros hearing aid
V5190	Glasses cros hearing aid
V5200	Cros hearing aid dispens fee
V5210	In ear bicros hearing aid
V5220	Behind ear bicros hearing ai
V5230	Glasses bicros hearing aid
V5240	Dispensing fee bicros
V5299	Hearing service

NON-COVERED MODIFIERS

All five digit modifiers listed in the CPT books (e.g. 09951)

-AJ Clinical Social Worker

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APPENDIX F
DOCUMENTATION REQUIREMENTS

In addition to the documentation requirements published by the American Medical Association in CPT, the department or Self-Insurer has additional reporting and documentation requirements. These requirements are described below. No additional amount is payable for these as they are required to support billing.

Service	Code(s)	Requirements
Case Management and Telephone Calls	CPT 99361-99373	Documentation in the medical record should include: • the date, • the participants and their titles, • the length of the call or visit, • the nature of the call or visit, and • any medical decisions made during the call.
Chiropractic Care Visit	Local 2050A & 2051A	Office/chart notes
	Local 2052A	Report substantiating need for level and type of service
Consultation	CPT 99241-99275	Narrative report
Critical Care	CPT 99291 & 99292	Narrative report
Emergency Room	CPT 99281 & 99282	Report of accident and notes in the hospital medical record or report
	CPT 99283-99285	Report of accident and report
Hospital	CPT 99221-99223	Report of accident and report
	CPT 99231-99238	Narrative report
Nursing Facility	CPT 99301-99303	Narrative report
	CPT 99311	Office notes (or chart notes)
	CPT 99312 & 99313	Narrative report
Office Visit	CPT 99201 & 99202	Report of accident and office notes (or chart notes)
	CPT 99203-99205	Report of accident and report
	CPT 99211 & 99212	Office notes (or chart notes)
	CPT 99213-99215	Narrative report
Prolonged Services	CPT 99354-99359	Narrative report
Psychiatric Services	CPT 90804-90853	Narrative report
Standby	CPT 99360	Narrative report
Miscellaneous	CPT 99288 & 99499	Narrative report

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APPENDIX G
REPORTS AND FORMS

These local codes and policies apply to both State Fund and Self-Insured payers. Both are referred to as the "insurer" in the table below. See **Appendix F** in the "Washington RBRVS Payment Policies" section for documentation requirements.

Report/form	Billing code	Maximum fee	Paid only when:	Limits	Special notes
Attending Physician Final Report	1026M	$31.93	Requested by the insurer	1 per day	Form will be sent from insurer. Not paid in addition to office call on same day. Must retain copy of completed form. **Payable only to the attending doctor**
Loss of Earning Power (LEP) form	1027M	$8.99	Requested by the insurer	1 per day	**Payable only to attending doctor.**
Review of Job Analysis by attending doctor performed at request of insurer or State Fund employer, **each additional review**	1028M	$15.96	Requested by the insurer or State Fund employer or VRC	5 per day	Must have a documented request from the insurer or State Fund employer or VRC. Bill to the department--see Provider Bulletin 96-10. **Payable only to the attending doctor.**
Employer Requested PCE/Physical Restrictions	1037M	$20.38	Requested by the State Fund employer	N/A	Must have a documented request from the employer. Bill to the department - see Provider Bulletin 96-10. **Payable only to the attending doctor.**
Review of Job Analysis by attending provider performed at request of insurer or State Fund employer, **first**	1038M	$31.93	Requested by the insurer or State Fund employer or VRC	1 per day	Must have a documented request from the insurer or State Fund employer or VRC. Bill to the department--see Provider Bulletin 96-10. **Payable only to the attending doctor**.
Time Loss Notification Form	1039M	$8.99	Requested by the insurer	1 per day	Payable only to attending doctor.
Report of Industrial Injury or Occupational Disease form	1040M	$24.45	Initiated by the injured worker or attending doctor	1 per claim	Only MD's, DO's, DC's, ND's, DPM's, DDS's, and OD's may sign and be paid for completion of this form.
Reopening Application form	1041M	$24.45	Initiated by the injured worker or insurer	1 per request	Only MD's, DO's, DC's, ND's, DPM's, DDS's, and OD's may sign and be paid for completion of this form.
Doctors Estimate of Physical Capacities form	1048M	$20.38	Requested by the insurer or vocational counselor	1 per day	**Payable only to attending doctor.**

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Report/form	Billing code	Maximum fee	Paid only when:	Limits	Special notes
Copies of Records	1051M	$0. 41/page	Requested by the insurer		**Not payable for records required to support billing per WAC 296-20-125.** Only paid for copies of previous records specifically requested by insurer. Not payable for records requested by worker, worker's attorney or other parties including providers.
Occupational History Form (Review of claimant information and preparation of report on relationship of occupational history to present condition(s).)	1055M	$154.01	Requested by the insurer	N/A	**Payable only to the attending doctor** when completing an occupational disease report of accident or upon request from the insurer.
Supplemental Medical Report (SMR)	1056M	$15.10	Requested by the insurer	1 per day	**Payable only to attending doctor.**
Attending Doctor Review of IME Report	1063M	$32.60	Requested by the insurer	1 per request	**Payable only to attending doctor.**
Opioid Progress Report supplement	1057M	$15.10	The worker is prescribed opioids for chronic, noncancer pain.	1 per day	When opioids are used to treat chronic, noncancer pain. This form must be submitted at least every 60 days. **See WAC 296-20-03021 and Provider Bulletin 00-04.**
Initital report documenting need for opioid treatment	1064M	$31.93	Initiating opioid treatment for chronic, noncancer pain	N/A	**See WAC 296-20-03020 for the required details of the narrative report and also Provider Bulletin 00-04.**
Sixty Day Narrative/Special Reports	99080	$31.93	Requested by the insurer	1 per day	**Sixty day reports are required per WAC 296-20-06101 and do not need a department request.** Job Analysis review and Physician's Final Report have separate codes. Special reports require a specific request. This code is not payable for records required to support billing or for review of records included in other services.

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APPENDIX H
RECORD KEEPING REQUIREMENTS

As a provider with a signed agreement with the department, you are the legal custodian of the injured workers' medical records. You must include subjective and objective findings, records of clinical assessment (diagnoses), as well as reports and interpretations of x-rays, laboratory studies and other key clinical information in patient charts.

Providers are required to keep all records necessary for the department to audit the provision of services for a minimum of five (5) years. (*See WAC 296-20-02005 Keeping of records*.)

Providers are required to keep all x-rays for a minimum of ten (10) years. *(See WAC 296-23-140 Custody of x-rays.)*

For progress and ongoing care use the standard "SOAP" (Subjective, Objective, Assessment, Plan and progress) format. Chart notes should also document Employment issues, including a record of the patient's physical and medical ability to work, and information regarding any rehabilitation that the worker may need to undergo. Restrictions to recovery and any temporary or permanent physical limitations need to be documented, as well as any unrelated condition(s) that may impede recovery.

"SOAP-ER" CHARTING FORMAT

S Subjective complaints.
O Objective findings.
A Assessment.
P Plan and progress.
E Employment issues.
R Restrictions to recovery.

Providers are required to maintain documentation in workers' medical files to verify the level, type and extent of services provided to injured workers. A provider's level of payment for a specific visit or service can be denied or reduced if the required documentation is not provided or indicates the level or type of service does not match the procedure code billed.

TIPS TO AVOID BILLING PROBLEMS

- Please mail your reports and chart notes separately from your bills - sending the two documents together can delay or even prevent information from reaching the claims manager.

  For State Fund claims: Send reports to: **Department of Labor and Industries**
  PO Box 44291
  Olympia, Washington 98504-4291.

  For Self-Insured claims: Send reports to the employer or their service company.

- Put your patient's name and claim number in the upper right hand corner of all pages of your reports and chart notes.

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- If you submit more than one report at a time about a claimant, staple together all reports pertaining to the claim number.
- Make your chart notes and reports legible.
- Create and send office notes to the department or Self-Insurer for all follow-up visits.
- Chart notes must substantiate the level and type of service performed.
- Chart notes are not acceptable in lieu of the 60-day report.
- If you use abbreviations, please provide a copy of your abbreviation key with all chart notes submitted.
- Separate payment for submitting documentation of services performed or photocopying documentation is not allowed.

The following information must be contained in narrative or consultation reports submitted to the department or Self-Insurer:

- History
- Physical examination
- Condition(s) diagnosed including ICD-9-CM codes and the objective and subjective findings
- Outline of proposed treatment program: its length, components, expected prognosis including when treatment should be concluded and the condition(s) is/are stable.
- Expected degree of recovery from the industrial condition
- Probability of returning to work and an estimated return to work date
- Probability, if any, of permanent partial disability resulting from industrial conditions
- A doctor's estimate of physical capacities should be included if the worker has not returned to work
- Reports of necessary, reasonable x-ray and laboratory studies to establish or confirm the diagnosis when indicated

For more information on documentation and record keeping requirements, please refer to:

- WAC 296-20-01002 Definitions
- WAC 296-20-02005 Keeping of records
- WAC 296-20-06101 Reopening requirements

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Anesthesia Payment Policies

This section contains payment policies and information for anesthesia providers. Anesthesia codes and base units are listed in the “CPT & HCPCS Fee Schedule” section.

All providers must follow the administrative rules, medical coverage decisions and payment policies contained within the *Medical Aid Rules and Fee Schedules, Provider Bulletins,* and *Provider Updates*. If there are any services, procedures, or text contained in the CPT and HCPCS coding books that are in conflict with the *Medical Aid Rules and Fee Schedules*, the department’s rules and policies apply (WAC 296-20-010). All policies in this document apply to claimants receiving benefits from the State Fund, the Crime Victims Compensation Program and Self-Insurers unless otherwise noted.

Questions may be directed to the Provider Hotline at 1-800-848-0811.

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ANESTHESIA OVERVIEW

Anesthesia payment policies are established by the department and the Washington Reimbursement Steering Committee (RSC). The RSC is a standing committee with representatives from the Department of Labor and Industries, the Department of Social and Health Services, and the Health Care Authority. The Anesthesia Technical Advisory Group (ATAG), a group which represents Anesthesiologists, Certified Registered Nurse Anesthetists (CRNAs), and administrators, advises the RSC on anesthesia payment policies.

ANESTHESIA FEE SCHEDULE CHANGES

ANESTHESIA BILLING CODES

CPT added two new anesthesia codes in 2001 (CPT 01951 and 01952) which conflict with two American Society of Anesthesiologists (ASA) codes that the department was using. When there are differences in code descriptions between CPT and ASA, providers should bill according to the CPT descriptions.

Codes 01951 and 01952 should be used for burn excisions or debridement and billed according to their CPT descriptions. Anesthesia nerve blocks may now be billed using ASA codes 01961 and 01962.

ANESTHESIA ADD-ON CODE

CPT has created add-on code 01953 to be used in conjunction with 01952. Special billing instructions apply to anesthesia add-on codes. Refer to “Anesthesia Add-On Codes” later in this section for more information.

CPT 01996

Effective January 1, 2001, the department pays for CPT 01996 with a maximum fee rather than with base and time units. Refer to "Anesthesia Services Paid with RBRVS" later in this section for more information.

ANESTHESIA PAYMENT INFORMATION

Anesthesiologists and CRNAs must have valid individual L&I provider account numbers to be paid for services. The department does not cover anesthesia assistant services.

Anesthesia is not payable for procedures that are not covered by the department. Non-covered codes are listed in **Appendix E** of the “Washington RBRVS Payment Policies” section.

Patient acuity does not affect payment levels. Payment for qualifying circumstances (CPT codes 99100, 99116, 99135 and 99140) is considered bundled and is not payable separately. CPT physical status modifiers (-P1 to -P6) and CPT five digit modifiers are not accepted.

Anesthesia by surgeon (modifier -47) is not payable. Payment for local, regional or digital block or general anesthesia administered by the surgeon is considered included in the RBRVS payment for the procedure. These services will not be paid separately. Bills for anesthesia services with modifier -47 will be denied.

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MEDICAL DIRECTION OF ANESTHESIA (TEAM CARE)

The department follows HCFA's policy for medical direction of anesthesia, which is the same as "Team Care." Physicians directing qualified individuals performing anesthesia must:

- perform a pre-anesthetic examination and evaluation,
- prescribe the anesthesia plan,
- personally participate in the most demanding aspects of the anesthesia plan, including, if applicable, induction and emergence,
- ensure that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified individual as defined in program operating instructions,
- monitor the course of anesthesia administration at frequent intervals,
- remain physically present and available for immediate diagnosis and treatment of emergencies, and
- provide indicated post-anesthesia care.

In addition, the physician may direct no more than four anesthesia services concurrently and may not perform any other services while directing the single or concurrent services. The physician may attend to medical emergencies and perform other limited services as allowed by Medicare instructions and still be deemed to have medically directed anesthesia procedures.

The physician must document in the patient's medical record that the medical direction requirements were met. The physician does not need to submit this documentation with the bill, but must make the documentation available to the insurer upon request.

Billing Tip

When billing for team care situations, anesthesiologists and CRNAs should submit separate bills under their own provider account numbers. Anesthesiologists billing for team care should use the appropriate modifier for medical direction or supervision (-QK or -QY). CRNAs billing for team care should use modifier -QX. Once the total maximum anesthesia payment is calculated, 50% of that amount may be paid to the physician, and 45% to the CRNA (90% of the other 50% share).

CERTIFIED REGISTERED NURSE ANESTHETISTS

Licensed nursing rules and billing instructions are contained in WACs 296-23-240 and -245. CRNA services will be paid at a maximum of ninety percent of the allowed fee that would otherwise be paid to a physician. The only modifiers that are valid for CRNAs are -QX and -QZ (see "Anesthesia Modifiers" later in this section).

Billing Tip

CRNA services must be billed on a separate HCFA-1500 form from those of an anesthesiologist, since they each have their own modifiers and provider account numbers. This applies to CRNAs providing solo services as well as team care. Further details and examples of how to submit bills can be found in the department's HCFA-1500 billing instructions (publication #F248-094-000).

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ANESTHESIA SERVICES PAID WITH BASE AND TIME UNITS

Most anesthesia services are paid with base and time units. The department's anesthesia base units are adapted from HCFA's anesthesia base units with input from the Anesthesia Technical Advisory Group (ATAG). The anesthesia codes and base units are listed in the "CPT and HCPCS Fee Schedule" section.

Anesthesia time begins when the anesthesiologist or CRNA starts to physically prepare the patient for the induction of anesthesia in the operating room area (or its equivalent). Anesthesia time ends when the anesthesiologist or CRNA is no longer in constant attendance (i.e. when the patient can be safely placed under postoperative supervision). Anesthesia should be billed in *one-minute* time units.

Anesthesia services should be billed using CPT anesthesia codes 00100 through 01999 and the appropriate anesthesia modifier (refer to "Anesthesia Modifiers" later in this section). In addition to the CPT anesthesia codes, the department will also accept the following anesthesia codes which are published in the American Society of Anesthesiologists' Relative Value Guide (ASARVG):

ASA Code*	ASA Description*
01961	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider)
01962	Anesthesia for diagnostic or therapeutic nerve blocks and injections- patient in the prone position (when block or injection is performed by a different provider)

* Copyright 2001American Society of Anesthesiologists. All Rights Reserved.

The department will not accept any other ASARVG codes that are not included in CPT. All other anesthesia codes should be billed according to the descriptions published in CPT. When there are differences in code descriptions between CPT and ASARVG, providers should bill according to the CPT descriptions.

Billing Tip

List only the time *in minutes* on your bill. Do not include the base units. The appropriate base units will be automatically added by our payment system when the bill is processed.

ANESTHESIA PAYMENT CALCULATION

The maximum anesthesia payment rate is based on the base value for the procedure, the time the anesthesia service is administered, and the department's anesthesia conversion factor. The anesthesia conversion factor is published in WAC 296-20-135. For services provided on or after July 1, 2001, the anesthesia conversion factor is $40.50 per 15 minutes ($2.70 per minute).

Providers will be paid either their billed amount or the department's maximum allowed amount, whichever is less. To determine the maximum anesthesia payment for a procedure:

1. Multiply the base units listed in the fee schedule by fifteen.
2. Add that value to the total number of whole minutes.

Multiply the sum of 1 and 2 above by $2.70.

For example:

CPT code 01382, anesth, knee arthroscopy, has 3 anesthesia base units. If the anesthesia service takes 60 minutes, the maximum payment would be calculated as follows:

1. 3 x 15 = 45 base units
2. 45 base units + 60 time units (minutes) = 105 base and time units
3. 105 x $2.70 = $283.50 maximum payment

Billing Tip

When multiple surgical procedures are performed during the same period of anesthesia, only the anesthesia code with the greatest base value should be billed, along with the total time in minutes (except when billing anesthesia add-on codes).

ANESTHESIA ADD-ON CODES

Anesthesia add-on codes should be billed along with a primary anesthesia code. **Do not bill units in minutes for anesthesia add-on codes.** All anesthesia minutes should be billed with the primary anesthesia procedure code.

One anesthesia code, CPT 01953, was designated as an add-on procedure in CPT 2001. The table below explains how to bill for anesthesia for burn excision or debridement using primary procedure codes 01951 and 01952 and anesthesia add-on code 01953.

Total Body Surface Area	**Primary Procedure Code** (bill units in minutes)	**Add-On Code** (bill units as indicated below)
Less than 1 percent	01951	None
1 to 9 percent	01952	None
Up to 18 percent	01952	1 unit of 01953
Up to 27 percent	01952	2 units of 01953
Up to 36 percent	01952	3 units of 01953
Up to 45 percent	01952	4 units of 01953
Up to 54 percent	01952	5 units of 01953
Up to 63 percent	01952	6 units of 01953
Up to 72 percent	01952	7 units of 01953
Up to 81 percent	01952	8 units of 01953
Up to 90 percent	01952	9 units of 01953
Up to 99 percent	01952	10 units of 01953

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ANESTHESIA SERVICES PAID WITH RBRVS

Some services commonly performed by anesthesiologists and CRNAs are *not* paid with anesthesia base and time units. These services include CPT 01996, most pain management services and other selected services. These services are paid with the Washington RBRVS fee schedule and are listed in the appendix at the end of this section.

No anesthesia modifiers should be used when billing for services payable under RBRVS; if an anesthesia modifier is used, the payment for that code will be denied. Payment rates for codes payable under RBRVS are located in the "CPT & HCPCS Fee Schedule" section.

Billing Tip

When services are billed under RBRVS, the total number of times the procedure is performed, not the total minutes, should be entered in the "Units" column (field 24G) on the HCFA-1500 bill form.

EVALUATION AND MANAGEMENT SERVICES PAYABLE WITH PAIN MANAGEMENT PROCEDURES

An E/M service is payable on the same day as a pain management procedure *only when*:

- it is the patient's *initial visit* to the practitioner who is performing the procedure, *or*
- the E/M service is clearly separate and identifiable from the pain management procedure performed on the same day, and meets the criteria for an E/M service

The office notes or report must document the objective and subjective findings used to determine the need for the procedure and any future treatment plan or course of action. The use of E/M codes on days after the procedure is performed is subject to the global surgery policy (see "Washington RBRVS Payment Policies" section).

See the **appendix** at the end of this section for the list of pain management codes.

INJECTION CODE TREATMENT LIMITS

Details regarding treatment guidelines and limits for the following kinds of injections can also be found in WAC 296-20-03001. Refer to "Medication Administration" in the "Washington RBRVS Payment Policies" section for information on billing for medications.

Injection	Treatment Limit
Epidural and caudal injections of substances other than anesthetic or contrast solution	*Maximum of six* injections per acute episode is allowed.
Facet injections	*Maximum of four* injection procedures per patient is allowed.
Intramuscular and trigger point injections of steroids and other non-scheduled medications and trigger point *dry needling**	*Maximum of six* injections per patient is allowed.

* *Dry needling* is considered a variant of trigger point injections with medications. It is a technique where needles are inserted (no medications are injected) directly into trigger point locations as opposed to the distant points or meridians used in acupuncture. The department does not cover acupuncture services (WAC 296-20-03002). Dry needling of trigger points should be billed using the trigger point injection code 20550. Dry needling follows the same rules as trigger point injections in WAC 296-20-03001 (14).

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ANESTHESIA MODIFIERS

Only the modifiers that affect payment are listed in this section. The five digit modifiers listed in CPT, and physical status modifiers (-P1 through -P6) *will not be paid*. For RBRVS modifiers, refer to "RBRVS Modifiers" in the "Washington RBRVS Payment Policies" section. Refer to the CPT and HCPCS books for complete modifier descriptions and instructions.

CPT MODIFIERS

-23 Unusual anesthesia
Applies only to services billed with base and time units. Services billed with this modifier may be individually reviewed prior to payment. Supporting documentation is required for this review.

-99 Multiple modifiers
This modifier should only be used when two or more modifiers affect payment. Payment is based on the policy associated with each individual modifier that describes the actual services performed. For billing purposes, only enter modifier -99 in the modifier column. List the individual descriptive modifiers elsewhere on the billing document.

HCPCS MODIFIERS

Physician Modifiers

-AA Anesthesia services performed personally by anesthesiologist
Payment will be made to the physician using the base and time units. Time is billed in total minutes.

-QK Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
Only physicians may use this modifier. Payment will be based on the policies for team services.

-QY Medical direction of one CRNA for a single anesthesia procedure
Only physicians may use this modifier. Payment will be based on the policies for team services.

CRNA Modifiers

-QX CRNA service: with medical direction by a physician
Only CRNAs may use this modifier. Payment will be based on the policies for team services.

-QZ CRNA service: without medical direction by a physician
Only CRNAs may use this modifier. Payment will be made at 90% of the allowed fee that would otherwise be paid to a physician.

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APPENDIX
ANESTHESIA SERVICES PAID WITH RBRVS

Do not rely solely on the descriptions given in the appendices for complete coding information. Please refer to a current CPT book for complete coding information.

Pain Management Codes

CPT Code	Abbreviated Description
01996	Manage daily drug therapy
20550	Inject tendon/ligament/cyst
20600	Drain/inject, joint/bursa
20605	Drain/inject, joint/bursa
20610	Drain/inject, joint/bursa
27096	Inject sacroiliac joint
61790	Treat trigeminal nerve
62263	Lysis epidural adhesions
62270	Spinal fluid tap, diagnostic
62272	Drain spinal fluid
62273	Treat epidural spine lesion
62281	Treat spinal cord lesion
62282	Treat spinal canal lesion
62284	Injection for myelogram
62290	Inject for spine disk x-ray
62291	Inject for spine disk x-ray
62310	Inject spine c/t
62311	Inject spine l/s (cd)
62318	Inject spine w/cath, c/t
62319	Inject spine w/cath l/s (cd)
63600	Remove spinal cord lesion
64400	Injection for nerve block
64402	Injection for nerve block
64405	Injection for nerve block
64408	Injection for nerve block
64410	Injection for nerve block
64412	Injection for nerve block
64413	Injection for nerve block
64415	Injection for nerve block
64417	Injection for nerve block
64418	Injection for nerve block
64420	Injection for nerve block
64421	Injection for nerve block
64425	Injection for nerve block
64430	Injection for nerve block
64435	Injection for nerve block
64445	Injection for nerve block

CPT Code	Abbreviated Description
64450	Injection for nerve block
64470	Inj paravertebral c/t
64472	Inj paravertebral c/t add-on
64475	Inj paravertebral l/s
64476	Inj paravertebral l/s add-on
64479	Inj foramen epidural c/t
64480	Inj foramen epidural add-on
64483	Inj foramen epidural l/s
64484	Inj foramen epidural add-on
64505	Injection for nerve block
64508	Injection for nerve block
64510	Injection for nerve block
64520	Injection for nerve block
64530	Injection for nerve block
64550	Apply neurostimulator
64553	Implant neuroelectrodes
64555	Implant neuroelectrodes
64560	Implant neuroelectrodes
64565	Implant neuroelectrodes
64573	Implant neuroelectrodes
64575	Implant neuroelectrodes
64577	Implant neuroelectrodes
64580	Implant neuroelectrodes
64585	Revise/remove neuroelectrode
64590	Implant neuroreceiver
64595	Revise/remove neuroreceiver
64600	Injection treatment of nerve
64605	Injection treatment of nerve
64610	Injection treatment of nerve
64612	Destroy nerve, face muscle
64613	Destroy nerve, spine muscle
64620	Injection treatment of nerve
64622	Destr paravertebrl nerve l/s
64623	Destr paravertebral n add-on
64626	Destr paravertebri nerve c/t
64627	Destr paravertebral n add-on
64630	Injection treatment of nerve

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CPT Code	Abbreviated Description
64640	Injection treatment of nerve
64680	Injection treatment of nerve
64802	Remove sympathetic nerves
64804	Remove sympathetic nerves
64809	Remove sympathetic nerves
64818	Remove sympathetic nerves

OTHER ACCEPTED CODES

CPT Code	Abbreviated Description
31500	Insert emergency airway
36425	Establish access to vein
36489	Insertion of catheter, vein
36491	Insertion of catheter, vein
36600	Withdrawal of arterial blood
36620	Insertion catheter, artery
36625	Insertion catheter, artery
76000	Fluoroscope examination
76003	Fluoroscope exam, extensive
76005	Fluoroguide for spine inject
93503	Insert/place heart catheter

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Specialty and Administrative Services

This section contains payment policies for specialty and administrative services. All providers must follow the administrative rules, medical coverage decisions and payment policies contained in the *Medical Aid Rules and Fee Schedules, Provider Bulletins,* and *Provider Updates*. If there are services, procedures, or text contained in the CPT and HCPCS coding books that are in conflict with the *Medical Aid Rules and Fee Schedules*, the department's rules and policies apply (WAC 296-20-010).

All policies in this document apply to claimants receiving benefits from the State Fund, the Crime Victims Compensation Program and Self-Insurers unless otherwise noted.

Questions may be directed to the Provider Hotline at 1-800-848-0811.

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ADMINISTRATIVE CODES

These administrative codes are for use by attending doctors when it is permitted within their scope of practice. This includes doctors of medicine, osteopathic medicine and surgery, chiropractic, naturopathy, podiatry, dentistry, and optometry. See **Appendix G** in the "Washington RBRVS Payment Policies" section for authorization and other information about these CPT and local codes.

99080	Special report requested by the agency or 60 day report. Do not use this code for other forms or reports with assigned codes. See WAC 296-20	$31.93
1026M	Attending physician final report (PFR) form completed at request of insurer. Not payable in addition to office visit on same day.	$31.93
1027M	Loss of Earning Power (LEP) form completion by the attending doctor at the insurer's request	$8.99
1037M	Provide physical capacity or restriction information to employer (State Fund only)	$20.38
1039M	Time Loss Notification Form	$8.99
1040M	Completion of the Report of Industrial Injury or Occupational Disease (Report of Accident (ROA)) form	$24.45
1041M	Reopening application. A fee for an evaluation and management service will be paid for this reopening examination when justified by a report. Diagnostic studies and x-rays associated with the reopening application will be allowed in addition to the fee	$24.45
1046M	Mileage, per mile; allowed when round trip exceeds 14 miles.	$4.08
1048M	Completion of a Doctor's Estimate of Physical Capacities form	$20.38
1051M	Copies of medical records, payable to any provider when requested by the department or Self-Insurer or their representative(s); not payable when required to support billing for services performed, per page*	$0.41

*** Code 1051M is only payable directly to providers providing care or services to an injured worker. It is not payable to commercial copy centers or printers who reproduce records for providers. Fee includes all costs including postage.**

1055M	Detailed occupational disease history. Payable only to attending doctors	$154.01
1056M	Supplemental Medical Report (SMR)	$15.10
1057M	Opioid progress report supplement	$15.10
1063M	Attending doctor's review of an independent medical exam (with report) that was requested by the department or Self-Insurer	$32.60
1064M	Initial report documenting need for opioid treatment	$31.93

REVIEW OF JOB OFFERS AND JOB ANALYSES

A **job offer** is an employer's written statement about a specific job the employer is offering to a worker. It is a request for a worker to return to work at a job ***other than*** the job of injury. The job

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offer must include a job description, but does not need to include a job analysis. A job offer ***is not*** a request from the employer to release the worker to return to his or her usual or modified job duties.

A **job analysis** is a detailed evaluation of a specific job or type of job. The job may or may not be offered to the worker and it may or may not be linked to a specific employer. A job analysis is used during vocational services to help determine the types of jobs a worker could reasonably perform considering the worker's skills, work experience and physical limitations.

Only attending doctors will be paid for review of job offers or job analyses (JAs). JA reviews may be performed at the request of the State Fund employer, the insurer, a vocational rehabilitation counselor (VRC), or third party administrator (TPA) acting for the insurer or the employer. JA reviews requested by other persons (e.g. attorneys or injured workers) will not be paid. This service does not require prior authorization and is payable in addition to other services performed on the same day. Refer to Provider Bulletins 99-02 and 99-03 for more information about job offers and job analyses.

1038M	First JA review performed	$31.93
1028M	Each additional JA reviewed on the same day (Limited to a maximum of 5 additional JA reviews per claimant per day)	$15.96

Billing Tip

If more than 6 JAs are reviewed on one day, bill one unit for the first one with 1038M. Bill the actual number of additional reviews in the units column of the bill form with 1028M, even though no more than 5 will be paid.

AFTER HOURS SERVICES

These CPT codes are only payable to attending doctors and are payable in addition to other services only when the provider's office is not regularly open during the time the service is provided. Only one service is payable per day.

99050	Medical services after hrs	$17.36
99052	Medical services at night	$24.80
99054	Medical services, unusual hrs	$24.80

AUDIOLOGY SERVICES

A physician's prescription is required and prior authorization must be obtained from the department or Self-Insurer for all hearing related services and devices, in accordance with WAC 296-20-03001 and WAC 296-20-1101.

HEARING AID REPLACEMENT POLICY

The department will only replace hearing aids when a defective hearing aid cannot be repaired or when the department determines that an injured worker's hearing loss has worsened ***due to continued on-the-job exposure***.

If an injured worker's hearing loss worsens and the hearing aid is no longer effective for the hearing loss, a new claim must be filed. If the new degree of hearing loss was due to continued on-the-job exposure, the claim can be accepted. If the increased loss is ***not*** due to on-the-job noise exposure the claim will be denied. The department does ***not*** pay for new hearing aids for: hearing loss

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resulting from noise exposure that occurs ***outside*** the workplace, non-work related diseases and conditions, or the natural aging process.

REPAIRS AND WARRANTIES

Hearing aid industry standards provide a minimum of a one-year warranty on most hearing aid devices, **including parts and labor**. The department or Self-Insurer will **not** pay for any repairs within the first twelve months.

The department will repair the hearing aid when the repair is related to normal wear or a work related incident that causes the unit to fail. The department at its sole discretion may authorize the replacement of a hearing aid in lieu of repairing the unit.

Providers **must** indicate in the medical or office record the length of the manufacturer's warranty and what it covers. This information **must** be submitted to the insurer for all hearing aid devices and hearing aid repairs provided to injured workers.

Some wholesale companies also include a replacement policy to pay for lost hearing aids. If the wholesaler/manufacturer includes loss under its warranty, the provider must honor the warranty and replace the worker's lost hearing aid without charge.

The department may replace the hearing aid exterior (mold) when an injured worker has ear canal changes or the mold is cracked. The department will not pay for a new set of hearing aids when only a new ear mold is needed.

Injured workers who lose or damage their hearing aids in **non-work related** accidents or mishaps are responsible for the expenses associated with these types of losses or damages when the manufacturer's warranty expires.

AUDIOLOGY BILLING CODES

All hearing aids and supplies must be billed using the following local codes. The department will only purchase the hearing aids described in these local codes. **The department does not purchase 100% digital hearing aids.**

5060V	6 month repair	$125.68
5061V	Repair hearing aid replate	$151.72
5062V	Repair hearing aid recase	$149.46
5063V	Repair of hearing aid remote device	$141.54
5064V	Repair of programmable hearing aid	$144.94
5065V	Hearing testing	$63.49
5066V	Body worn hearing aid	$696.52
5067V	Bone conduction hearing aid	$765.34
5068V	ITE-full shell hearing aid	$692.35
5069V	ITE-high frequency hearing aid	$769.51
5070V	In the canal & mini canal hearing aid	$942.60
5071V	ITE programmable hearing aid	$1,545.28
5072V	CIC Linear/Compression hearing aid	$1,259.58

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5073V	CIC Programmable with or w/o remote	$2,154.22
5074V	BTE Linear hearing aid	$629.79
5075V	BTE Compression hearing aid	$913.41
5076V	BTE Programmable hearing aid	$1,274.18
5077V	BTE High Frequency hearing aid	$755.96
5078V	Glasses, monaural hearing aid	$777.85
5079V	Glasses, bone conduction	$1,028.10
5080V	ITE CROS hearing aid	$1,107.35
5081V	BTE CROS hearing aid	$1,332.57
5082V	Glasses, CROS hearing aid	$1,055.21
5083V	ITE BICROS hearing aid	$1,142.80
5084V	BTE BICROS hearing aid	$1,420.16
5085V	Glasses, BICROS hearing aid	$1,026.02
5086V	Hearing aid batteries, per cell	$1.04
5087V	Hearing aid cleaning kit, includes solution/brush	$10.43
5088V	Miscellaneous hearing aid supplies	BR

BIOFEEDBACK SERVICES

The local codes listed below are for use by approved biofeedback providers only. For further information refer to WAC 296-21-280 and the "Washington RBRVS Payment Policies" section.

1042M	Biofeedback initial evaluation, one hour. Includes report	$122.23
1043M	Biofeedback follow-up evaluation, 30 minutes. Includes report	$61.11

Biofeedback requires prior authorization and has limited treatment spans. Refer to WAC 296-20-03001 for further information.

Rental of home biofeedback devices are time limited and require prior authorization. Refer to WAC 296-20-1102 for more information.

CHIROPRACTIC PHYSICIANS

This section contains billing codes and policies specific to chiropractic physicians. Chiropractic physicians should use the codes listed in this section to bill for services. In addition, chiropractic physicians should use the appropriate CPT codes for radiology, office visit, and case management services and the appropriate HCPCS codes for miscellaneous materials and supplies.

The department will not pay chiropractic physicians for additional codes that are not specifically allowed. Refer to the appendices in the "Washington RBRVS Payment Policies" section for lists of bundled and non-covered codes.

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EVALUATION AND MANAGEMENT

Chiropractic physicians may bill the first three levels of CPT new patient office visits codes (99201-99203) and the first four levels of CPT established patient office visit codes (99211-99214). The department uses the CPT definitions for evaluation and management services (E/M) and *new* and *established patients*. If a provider has treated a patient for any reason within the last three years, the person is considered an *established patient*. (See CPT for complete code descriptions, definitions, and guidelines.)

New Patient E/M Payment Policies

The following payment policies apply when chiropractic physicians use E/M new patient office visit codes for the initial visit for a new work injury:

- A new patient E/M office visit code is payable only once for the initial visit.
- Modifier -22 is not payable with E/M codes for chiropractic services.
- New patient E/M office visit codes are payable with L&I chiropractic care codes **only when all of the following conditions are met**:
  - the E/M service constitutes a significant separately identifiable service that exceeds the usual pre and post service work included in the chiropractic care visit, and
  - modifier -25 is added to the new patient E/M code, and
  - supporting documentation describing the service(s) provided is included in the patient's record.

Established Patient E/M Payment Policies

The following payment policies apply when chiropractic physicians use E/M established patient office visit codes:

- An established patient E/M office visit code is not payable on the same day as a new patient E/M office visit code.
- Office visits in excess of 20 visits or 60 days require prior authorization.
- Modifier -22 is not payable with E/M codes for chiropractic services.
- Established patient E/M codes are not payable in addition to L&I chiropractic care codes for follow-up visits.
- Established patient E/M codes are payable in addition to L&I chiropractic care codes **only when all of the following conditions are met:**
  - the E/M service is for the **initial visit** for a **new claim**, and
  - the E/M service constitutes a significant separately identifiable service that exceeds the usual pre and post service work included in the chiropractic care visit, and
  - modifier -25 is added to the E/M code, and
  - supporting documentation describing the service(s) provided is included in the patient's record.

Billing Tip

When a patient requires re-evaluation for an existing claim, either an established patient E/M CPT code (99211-99214) or a chiropractic care local code (2050A-2052A) is payable. Payment will not be made for both. Modifier -25 is not applicable in this situation.

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The department has developed the following clinical complexity based local codes for chiropractic care visits. CPT codes for chiropractic manipulative treatment (codes 98940-98943) are **not covered**.

2050A Level 1: Chiropractic Care Visit (straightforward complexity).....$34.56
2051A Level 2: Chiropractic Care Visit (low complexity) $44.27
2052A Level 3: Chiropractic Care Visit (moderate complexity) $53.93

Chiropractic care visits are defined as office or other outpatient visits involving subjective and objective assessment of patient status. The table below outlines the treatment requirements, presenting problems and face-to-face patient time involved in the three levels of chiropractic care visits.

Clinical decision making complexity is the primary component in selecting the level of chiropractic care visit. The department defines clinical decision making complexity according to the definitions for medical decision making complexity in the *Evaluation and Management Services Guidelines* section of CPT.

	2050A: Level 1	**2051A: Level 2**	**2052A: Level 3**
Primary: Clinical Decision Making Complexity is Typically:	Straightforward	Low complexity	Moderate complexity
Typical number of body regions* manipulated	Up to 2	Up to 3-4	Up to 5 or more
Presenting problems are typically	Self-limiting or minor	Low to moderate severity	Moderate to high severity
Typical face-to-face time with patient and/or family	Up to 10-15 minutes	Up to 15-20 minutes	Up to 25-30 minutes

* The department defines "body regions" as:

- Cervical (includes atlanto-occipital joint);
- Thoracic (includes costovertebral and costotransverse joints);
- Lumbar;
- Sacral;
- Pelvic (includes sacro-iliac joint); and
- Extraspinal: Any and all extraspinal manipulations are considered to be one region. Extraspinal manipulations include head (including temporomandibular joint, excluding atlanto-occipital), lower extremities, upper extremities, rib cage (excluding costotransverse and costovertebral joints).

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The following examples of chiropractic care visits are for illustrative purposes only. They are **not** intended to be clinically prescriptive.

Examples:

Level 1 Chiropractic Care Visit (straightforward complexity)

26-year-old male presents with mild low back pain of several days duration. Patient receives manipulation/adjustment of the lumbar region.

Level 2 Chiropractic Care Visit (low complexity)

55-year-old male presents with complaints of neck pain, midback and lower back pain. Patient receives 5 minutes of myofascial release prior to being adjusted. The cervical, thoracic and lumbar regions are adjusted.

Level 3 Chiropractic Care Visit (moderate complexity)

38-year-old female presents with headache, right anterior rib pain, low back pain with pain at the sacrococcygeal junction, as well as pain in the sacroiliac regions and right sided foot drop. Patient receives 10 minutes of moist heat application, 10 minutes of myofascial work, and manipulation/adjustment to the cervical and atlanto-occipital, thoracic, anterior rib area, lumbar, sacroiliac and sacrococcygeal regions.

CHIROPRACTIC CARE VISIT PAYMENT POLICIES

- Only **one** chiropractic care visit code is payable per day.
- Office visits in excess of 20 visits or 60 days require prior authorization.
- Modifier -22 will be individually reviewed when billed with chiropractic care visit local codes (2050A to 2052A). A report is required detailing the nature of the unusual service and the reason it was required. Payment will vary based on findings of the review. No payment will be made when this modifier is used for non-covered or bundled services (for example: application of hot or cold packs).
- Chiropractic care visit codes are payable in addition to E/M office visit codes **only when all of the following conditions are met:**
  - the E/M service is for the **initial visit** for a **new claim,** and
  - the E/M service constitutes a significant separately identifiable service that exceeds the usual pre and post service work included in the chiropractic care visit, and
  - modifier -25 is added to the new patient E/M code, and
  - supporting documentation describing the service(s) provided is included in the patient's record.
- When a reopening application is filed, the services required to complete the application will be paid regardless of the insurer's action on the application:
  - When performed on the same date as completion of the reopening application (local code 1041M), an E/M visit (with -25 modifier when a chiropractic treatment code is also billed) and covered diagnostic studies (including x-rays) will be paid.
  - Treatment procedures on the same date and subsequent to the application date will only be paid if the claim is reopened, as no treatment is payable on denied reopenings (closed claims).

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COMPLEMENTARY AND PREPARATORY SERVICES

Chiropractic physicians are not separately paid for patient education or complementary and preparatory services. The department defines complementary and preparatory services as interventions that are used to prepare a body region for or facilitate a response to a chiropractic manipulation/adjustment.

For example:

> Routine patient counseling regarding lifestyle, diet, self-care and activities of daily living, thermal modalities or some soft tissue work, exercise instruction involving a provision of a sheet of home exercises and a description in the course of a routine office visit.

PHYSICAL MEDICINE TREATMENT

The CPT physical medicine codes (97001-97799) are not payable to chiropractic physicians.

Chiropractic physicians may bill for up to six physical medicine visits using local code 1044M. After six visits the patient must be referred to a licensed, registered physical therapist or physiatrist, except when the chiropractic physician practices in a remote location where no licensed, registered physical therapist or physiatrist is available.

1044M Physical medicine modality(ies) and/or procedure(s) by the attending doctor who is not board qualified or certified in physical medicine and rehabilitation. Limited to first six visits, except when a doctor practices in a remote area..... $ 33.98

CASE MANAGEMENT

Chiropractic physicians should use CPT codes 99361-99373 to bill for case management services. These codes may be paid in addition to other services performed on the same day.

See the "Washington RBRVS Payment Policies" section for criteria on billing case management services.

CONSULTATIONS

Approved chiropractic consultants may bill the first three levels of CPT office consultation codes (99241-99243). The department annually publishes a Provider Bulletin describing the department's policy on consultation referrals. This bulletin also includes a list of approved chiropractic consultants. To obtain the most recent bulletin, call the department's Provider Hotline (1-800-848-0811).

CHIROPRACTIC INDEPENDENT MEDICAL EXAMINATIONS

Chiropractic physicians must be on the Approved Examiners List to perform independent medical examinations (IMEs). To be considered for placement on the Approved Examiners List, a chiropractic physician must have all of the following:

- two years experience as a chiropractic consultant on the department's approved consultant list,
- successfully completed the department's annual disability rating course for Washington state,
- attended the department's annual Chiropractic Consultant Seminar during the previous 12 months,
- submitted the written examination required for certification.

For more information, refer to the *Medical Examiners' Handbook* (publication #F252-001-000).

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Chiropractic physicians performing impairment ratings on their own patients or upon referral should refer to the *Medical Examiners' Handbook* and "Impairment Rating by Attending Doctors/Consultants" later in this section.

SUPPLIES

Chiropractic physicians should bill for supplies according to the policies in the "Washington RBRVS and Payment Policies" section.

Ice packs, ice caps and collars are not separately payable. The application of heat or cold is considered a complementary and preparatory service and is not separately payable.

RADIOLOGY SERVICES

Chiropractic physicians should bill diagnostic x-ray services using CPT radiology codes. Billing codes, modifiers, and supporting policies are listed in the "Washington RBRVS Payment Policies" section.

If needed, x-rays immediately prior to and immediately following the initial chiropractic adjustment may be allowed without prior authorization. X-rays subsequent to the initial study require prior authorization.

Only chiropractic physicians who are on the department's list of approved radiological consultants may bill for x-ray consultation services. To qualify, a chiropractic physician must be a Diplomate of the American Chiropractic Board of Radiology, and must be approved by the department.

HOME HEALTH SERVICES

Attendant services providers, home health care providers, nursing homes, hospices and other residential care facilities should use the local codes listed in this section to bill for services. All attendant, home health and residential care services require prior authorization. The insurer will pay only for proper and necessary care and supplies needed because of physical restrictions caused by the industrial injury or disease. The insurer will not pay for codes that are not specifically authorized.

Chore services "and other services required to meet the worker's environmental needs are not covered except for home hospice care.

ATTENDANT SERVICES

Attendant services are proper and necessary personal care services provided to maintain the injured worker in his or her residence. To be covered by the department, attendant services must be requested by the attending physician and authorized by the department before care begins.

Attendant services providers must be at least 18 years old. The department will determine the maximum hours of authorized attendant services based on an independent nursing assessment of the worker's care needs. The insurer will pay a maximum of 70 hours of approved care per provider per week. When a worker's care needs exceed 70 hours per week, additional provider(s) may be approved. Exceptions to this limit can be made upon review by the insurer. Refer to WAC 296-20 for additional information.

8901H Attendant services, non-agency, self-employed (per hour) $10.72

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HOME HEALTH AND HOSPICE CARE

Approved hours will be based on health care assessments and review by the insurer. Respite care must be approved in advance. Chore services and other services required to meet the worker's environmental needs are not covered except for home hospice care.

The following are examples of **covered** home health care services:

- Administration of medications which can't be self-administered
- Assistance with range of motion exercises
- Bathing and personal hygiene
- Bowel and bladder care
- Changing or caring for IV's or ventilators (Only family members or licensed persons may perform these services)
- Dressing assistance
- Feeding assistance (not meal preparation)
- Mobility assistance including toileting and other transfers, walking
- Specialized skin care including caring for or changing dressings or ostomies
- Tube feeding
- Turning and positioning

The following services are considered to be "chore services" and are **not covered (except for hospice care)**:

- Child care
- Errands for the injured worker
- Housecleaning
- Laundry
- Meal preparation and shopping
- Transportation
- Recreational activities
- Yard work
- Other everyday environmental needs unrelated to the medical care of the injured worker

Agency Home Health Care

8907H	Home health agency visit (RN) (per day)	$125.28
8912H	Home health agency visit (RN) each additional visit (per day)	$52.68
G0151	Services of physical therapist in home health setting, each 15 minutes (1 hour limit per day)	$31.32
G0152	Services of occupational therapist in home health setting, each 15 minutes (1 hour limit per day)	$32.45
G0153	Services of speech and language pathologist in home health setting, each 15 minutes (1 hour limit per day)	$32.45
G0156	Services of home health aide in home health setting, each 15 minutes (1 hour limit per day)	$5.45
S9124	Nursing care, in the home; by licensed practical nurse, per hour	$34.64
S9126	Hospice care, in the home, per diem	BR

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Nursing Evaluations

Periodic independent nursing evaluations may be requested by the insurer. These services require prior authorization. Staffing evaluations required as part of the home health care plan are not payable as separate services.

8913H Independent RN evaluation requested by the department or Self-Insurer including travel and report $413.48

NURSING HOME, HOSPICE AND RESIDENTIAL CARE

Only licensed nursing homes, hospice or other residential care providers will be paid.

Group homes and other residential care settings may be approved by the insurer on a case by case basis depending on the worker's needs. Assisted living is not a covered service.

Medically necessary skilled nursing care and custodial care are covered for the worker's accepted industrial injury or illness. Daily rate fees are negotiated between the facility and the insurer based on the Medicaid and Medicare rates for services provided. Occupational, physical and speech therapies are included in the daily rate and are not separately payable. Pharmacy and DME are payable when billed separately using appropriate HCPCS codes.

8902H Nursing home or residential care (group home or boarding home) ..... BR

8906H Facility hospice care ..... BR

HOME INFUSION THERAPY SERVICES

Prior authorization is required for all scheduled or ongoing infusion therapy services (including supplies) provided in the home (excludes offices, hospitals, and nursing homes). This authorization requirement applies to all home infusion therapy regardless of who performs the service (e.g. physicians, nurses, IV infusion therapy company, pharmacy or home health agency).

Payment for performing home infusion therapy is included with the allowed payment for home health agency nursing services. It may not be billed separately. Injections of medications also may not be billed separately.

Supplies used during home infusion therapy, including infusion pumps, are payable only if authorized, and must be billed with HCPCS codes. Refer to WAC 296-20-1102 for information on the rental or purchase of infusion pumps. Bills for home infusion therapy services and supplies must be billed under the home health agency's L&I provider account number.

Drugs used during home infusion therapy, including injectable drugs, are payable only if authorized and must be billed with the NDC codes, (or UPC codes if no NDC codes are available) under a separate L&I pharmacy provider account number.

IMPAIRMENT RATING BY ATTENDING DOCTORS/CONSULTANTS

These local codes are for use by attending doctors who are doctors of medicine, osteopathic medicine and surgery, chiropractic, podiatry, and dentistry. In accordance with WAC 296-23-267, doctors of naturopathy and optometry may not bill these codes. For more information on impairment rating, refer to the *Medical Examiners' Handbook*.

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Referral doctors (consultants) performing impairment ratings must be on the department's list of approved examiners.

1190M	Impairment rating by attending doctor, limited	$211.78
1191M	Impairment rating by attending doctor, standard	$308.06
1192M	Impairment rating by attending doctor, complex	$385.06
1193M	Impairment rating by consultant, limited	$211.78
1194M	Impairment rating by consultant, standard	$308.06
1195M	Impairment rating by consultant, complex	$385.06

INTERPRETER SERVICES

These local codes are for use by interpreters who provide language communication between injured workers and medical or vocational service providers.

Only those eligible to interpret and be paid for interpretive services may bill these local codes. Family members, friends, medical, health care and vocational providers may provide interpretive services, but are not eligible to receive payment. Attorneys, employees of law firms, and agents of the employer of injury are not eligible to interpret or be paid for interpretive services. Refer to Provider Bulletin 99-09 for complete payment and eligibility information.

9980M	Interpreter services, per 15 minutes	$14.65
9981M	Wait time/form completion, per 15 minutes (maximum of 30 minutes per date of service)	$14.65
9982M	Interpreter, IME no show, per 15 minutes (maximum of 30 minutes per date of service)	$14.65
9986M	Interpreter mileage	state rate
9987M	Document translation at insurer request only, per 15 minutes (prior authorization required for each document)	$14.65

MEDICAL TESTIMONY AND DEPOSITIONS

These local codes are for use by any provider requested by the Office of the Attorney General or the Self-Insurer to provide testimony or deposition. Bills for these services should be submitted directly to the Office of the Attorney General or Self-Insurer.

Local codes 1049M, 1050M, 1053M, and 1054M are calculated on a "portal to portal" basis, i.e. from the time you leave your office until you return. This does not include side trips.

The time calculation for testimony or deposition done in the provider's office or via phone is based upon the actual face-to-face time consumed for the testimony or deposition.

1049M	Medical testimony approved in advance by Office of the Attorney General, first hour	$384.41
1050M	Each additional 30 minutes	$128.14
1053M	Deposition approved in advance by Office of Attorney General, first hour	$320.35
1054M	Each additional 30 minutes	$107.31

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NATUROPATHIC PHYSICIANS

Naturopathic physicians should use the local codes listed in this section to bill for office visit services, CPT codes 99361-99373 to bill for case management services and the appropriate HCPCS codes to bill for miscellaneous materials and supplies.

Codes for supplies and materials that do not have a fee listed will be paid at their *acquisition cost*. An invoice must be retained in provider files for all supplies. For supplies costing $150.00 or more, a copy of the invoice must be submitted with the bill. Sales tax and delivery charges are not separately payable, and should be included in the total charge for the supply. When billing for taxable items, an itemized invoice may be attached showing price plus tax, but is not required.

The department will not pay naturopathic physicians for additional codes that are not specifically allowed. Refer to WAC 296-23 for additional information.

INITIAL VISITS

2130A	Routine examination, history, and/or treatment (routine procedure), and submission of a report	$43.18
2131A	Extended office visit including treatment - report required	$64.78
2132A	Comprehensive office visit including treatment - report required in addition to the report of accident	$86.39

FOLLOW-UP VISITS

2133A	Routine office visit including evaluation and/or treatment	$34.56
2134A	Extended office visit including treatment - report required	$64.78

NURSE CASE MANAGEMENT SERVICES

All nurse case management services require prior authorization. Refer to Provider Bulletin 98-01 for a complete description of the services, provider qualifications and billing instructions.

The following local codes and fees apply to nurse case management services:

1220M	Phone calls per 6 minute unit	$8.09
1221M	Visits per 6 minute unit	$8.09
1222M	Case planning per 6 minute unit	$8.09
1223M	Travel/Wait per 6 minute unit	$3.98
1224M	Mileage per mile	state employee rate
1225M	Expenses (parking, ferry, toll fees, lodging and airfare) at cost or state per diem rate (lodging)	

Nurse case management services are capped at 50 hours of service including professional and travel/wait time. An additional 25 hours may be authorized after staffing with the insurer. Further extensions may be granted in exceptional cases contingent upon review by the insurer.

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OBESITY TREATMENT

While obesity does not meet the definition of an industrial injury or occupational disease, temporary treatment of obesity may be allowed in some cases. All obesity treatment services require prior authorization. Refer to Provider Bulletin 97-03 for more information.

The attending doctor may request a consultation with a certified dietician or nutritionist (RD) to determine if an obesity treatment program is appropriate for the injured worker. The following local codes are payable only to RD's:

1030M Obesity treatment; intake dietary evaluation
(limited to one per obesity treatment program) $77.43

1034M Obesity treatment; dietary re-evaluation
(limited to 3 per obesity treatment program) $53.09

PATHOLOGY AND LABORATORY SERVICES

PANEL TESTS

Automated Multichannel Tests

When billing for panels containing automated multichannel tests, performing providers may bill either the panel code or individual test codes, but not both. CPT has defined the following tests as automated multichannel tests or panels comprised solely of automated multichannel tests:

CPT Code	Abbreviated Description
80048	Basic metabolic panel
80051	Electrolyte panel
80053	Comprehensive metabolic panel
80069	Renal function panel
80076	Hepatic function panel
82040	Assay of serum albumin
82247	Bilirubin, total
82248	Bilirubin, direct
82310	Assay of calcium
82374	Assay, blood carbon dioxide
82435	Assay of blood chloride
82465	Assay of serum cholesterol
82550	Creatine kinase (CK) (CPK)

CPT Code	Abbreviated Description
82565	Assay of creatinine
82947	Assay of glucose, quantitative
82977	Assay of GGT
83615	Lactate (LD) (LDH) enzyme
84075	Assay alkaline phosphatase
84100	Assay of phosphorus
84132	Assay of serum potassium
84155	Assay of protein
84450	Transferase (AST) (SGOT)
84460	Alanine amino (ALT) (SGPT)
84478	Assay of triglycerides
84520	Assay of urea nitrogen
84550	Assay of blood/uric acid

Payment Calculation for Automated Tests

The automated individual and panel tests listed above will be paid based on the total number of unduplicated automated multichannel tests performed per day per patient. Payment calculation is made according to the following steps:

- When a panel test is performed, the CPT codes for each test within the **panel** are determined.
- The CPT codes for each test in the **panel** are compared to any individual tests billed separately for that patient for that day.

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- Any duplicated tests are denied.
- Then the total number of remaining unduplicated automated tests are counted. See the following table to determine the payable fee based on the total number of unduplicated automated tests performed:

Number of Tests	Fee
1 test	Lower of the single test fee or $ 10.08
2 tests	$10.08
3-12 tests	$12.36
13-16 tests	$16.51

Number of Tests	Fee
17-18 tests	$18.49
19 tests	$21.39
20 tests	$22.09
21 tests	$22.78
22 to 23 tests	$23.48

Payment Calculation for Panels with Automated and Non-Automated Tests

When panels are comprised of both automated multichannel tests and individual non-automated tests, they will be priced based on:

- the automated multichannel test fee based on the number of tests, added to:
- the sum of the fee(s) for the individual non-automated test(s).

For example, panel test 80061 is comprised of two automated multichannel tests and one non-automated test. As shown below, the fee for 80061 is **$25.91**.

80061 Component Tests	Number of Automated Tests	Fee
Automated: 82465 84478	2	Automated: $10.08
Non-Automated: 83718		Non-Automated: $15.83
	TOTAL FEE:	**$25.91**

Payment Calculation for Multiple Panels

When multiple panels are billed or when a panel and individual tests are billed for the same date of service for the same patient, payment will be limited to the total fee allowed for the unduplicated component tests.

For example, if panel codes 80050, 80076 and 80090 are performed on the same day, for the same patient, the fee for the tests will be **$165.75**. This fee is based on the fee for the 15 unduplicated automated multichannel tests, and the sum of the fees for the six unduplicated non-automated tests.

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80050 Component Tests	80076 Component Tests	80090 Component Tests	Number of Unduplicated Automated Tests	Fee
Automated: 82040 82247 82310 82374 82435 82565 82947 84075 84132 84155 84295 84450 84460 84520	Automated: 82040 ** 82247 ** 82248 84075 ** 84155 ** 84450 ** 84460 **	Automated: none	15	Automated: $16.51
Non-Automated: 84443 85025 *	Non-Automated: None	Non-Automated: 86644 86694 86762 86777		Non-Automated: $32.40 $15.04 $25.45 $25.45 $25.45 $25.45
			TOTAL FEE:	**$165.75**

* 80050 specifies that either 85022 or 85025 is performed; this example uses 85025

** Duplicated tests

REPEAT TESTS

Additional payment will be allowed for repeat test(s) performed for the same patient on the same day. However, a specimen(s) must be taken from separate encounters. Test(s) normally performed in a series, e.g. glucose tolerance tests, or repeat testing of abnormal results do not qualify as separate encounters. The medical necessity for repeating the test must be documented in the patient's record.

Modifier -91 must be used to identify the repeated test(s). Payment for repeat panel tests or individual components tests will be made based on the methodology described above.

SPECIMEN COLLECTION AND HANDLING

Specimen collection charges are allowed for physician, independent laboratory or outpatient hospital laboratory services as follows:

- The fee is payable only to the provider (physician or laboratory) who actually draws the specimen.
- Payment for the specimen may be made to nursing homes or skilled nursing facilities when an employee who is qualified to do specimen collection performs the draw.
- Payment for performing the test is separate from the specimen collection fee.

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- Costs for media, labor and supplies (e.g. gloves, slides, antiseptics, etc.) are included in the payment for the specimen collection.
- A collection fee is not allowed when the cost of collecting the specimen(s) is minimal, such as a throat culture, Pap smear or a routine capillary puncture for clotting or bleeding time.
- No fee is payable for specimen collection performed by patients in their homes (such as stool sample collection).

Billing Tip Use CPT code 36415 or HCPCS code G0001 for venipuncture. Use HCPCS code P9612 or P9615 for catheterization for collection of specimen.

Complex vascular injection procedures, such as arterial punctures and venisections are not subject to this policy and will be paid with appropriate CPT or HCPCS codes.

No payment for travel will be made to nursing home or skilled nursing facility staff who perform the specimen collection. Travel will be paid in addition to the specimen collection fee when **all** of the following conditions are met:

- it is medically necessary for a physician or laboratory technician to draw a specimen from a nursing home, skilled nursing facility or homebound patient, and
- the physician or lab technician personally draws the specimen, and
- the trip is solely for the purpose of collecting the specimen. If the specimen draw is incidental to other services, no travel is payable.

Billing Tip Use HCPCS code P9603 to bill for actual mileage (one unit equals one mile). HCPCS code P9604 is not covered.

Payment will not be made for handling and conveyance, e.g. shipping or messenger or courier service of specimen(s) (CPT codes 99000 and 99001). This includes preparation and handling of specimen(s) for shipping to a reference laboratory. These services are considered to be integral to the testing process and are bundled into the total fee for the testing service.

STAT LAB FEES

Usual laboratory services are covered under the RBRVS fee schedule. In cases where laboratory tests are appropriately performed on a STAT basis, the provider may bill local code 8949M. Payment will be limited to one STAT charge per episode (not once per test). Tests ordered STAT should be limited to only those that are needed to manage the patient in a true emergency situation. The laboratory report should contain the name of the provider who ordered the STAT test(s). The medical record must reflect the medical necessity and urgency of the service.

8949M STAT Laboratory Fee, per episode $10.84

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The STAT charge will only be paid with the tests listed below.

CPT Code	Abbreviated Description
80048	Basic metabolic panel
80051	Electrolyte panel
80069	Renal function panel
80076	Hepatic function panel
80100	Drug screen
80101	Drug screen
80156	Assay of carbamazepine
80162	Assay of digoxin
80164	Assay, dipropylacetic acid
80170	Assay of gentamicin
80178	Assay of lithium
80184	Assay of phenobarbital
80185	Assay of phenytoin, total
80188	Assay of primidone
80192	Assay of procainamide
80194	Assay of quinidine
80196	Assay of salicylate
80197	Assay of tacrolimus
80198	Assay of theophylline
81000	Urinalysis, nonauto w/scope
81001	Urinalysis, auto w/scope
81002	Urinalysis nonauto w/o scope
81003	Urinalysis, auto, w/o scope
81005	Urinalysis
82003	Assay of acetaminophen
82009	Test for acetone/ketones
82040	Assay of serum albumin
82055	Assay of ethanol
82150	Assay of amylase
82247	Bilirubin, total
82248	Bilirubin, direct
82310	Assay of calcium
82330	Assay of calcium
82374	Assay, blood carbon dioxide
82435	Assay of blood chloride
82550	Assay of ck (cpk)
82565	Assay of creatinine
82803	Blood gases: pH, pO2 & pCO2
82945	Glucose other fluid
82947	Assay of glucose, quant
83615	Lactate (LD) (LDH) enzyme
83663	Fluoro polarize, fetal lung
83664	Lamellar bdy, fetal lung

CPT Code	Abbreviated Description
83735	Assay of magnesium
83874	Assay of myoglobin
84100	Assay of phosphorus
84132	Assay of serum potassium
84155	Assay of protein
84295	Assay of serum sodium
84450	Transferase (AST) (SGOT)
84484	Assay of troponin, quant
84512	Assay of troponin, qual
84520	Assay of urea nitrogen
84550	Assay of blood/uric acid
84702	Chorionic gonadotropin test
85007	Differential WBC count
85021	Automated hemogram
85022	Automated hemogram
85023	Automated hemogram
85024	Automated hemogram
85025	Automated hemogram
85027	Automated hemogram
85046	Reticucytes/hgb concentrate
85378	Fibrin degradation
85384	Fibrinogen
85595	Platelet count, automated
85610	Prothrombin time
85730	Thromboplastin time, partial
86308	Heterophile antibodies
86403	Particle agglutination test
86880	Coombs test
86900	Blood typing, ABO
86901	Blood typing, Rh (D)
86920	Compatibility test
86921	Compatibility test
86922	Compatibility test
86971	RBC pretreatment
87205	Smear, stain & interpret
87210	Smear, stain & interpret
87281	Pneumocystis carinii, ag, if
87327	Cryptococcus neoform ag, eia
87400	Influenza a/b, ag, eia
89051	Body fluid cell count

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PHARMACY AND DURABLE MEDICAL EQUIPMENT (DME) PROVIDERS

PHARMACY FEE SCHEDULE

Payment for drugs and medications including all oral non-legend drugs will be based on the pricing methodology described below. Refer to Provider Bulletin 99-10 for more information on the Pharmacy Fee Schedule and WAC 296-20-01002 for definitions of Average Wholesale Price (AWP) and Base Line Price (BLP). The department's outpatient formulary can be found in the Appendix at the end of this chapter.

Generic	The lesser of BaseLine Price™ (BLP) or Average Wholesale Price (AWP) less 10% + $4.50 Professional Fee
Brand with Generic Equivalent (Substitution Allowed)	The lesser of BLP or AWP less 10% + $3.00 Professional Fee
Brand with Generic Equivalent (Dispensed as Written)	AWP less 10% + $4.50 Professional Fee
Single or multi-source brand name drugs	AWP less 10% + $4.50 Professional Fee

Compounded prescriptions will be paid at the allowed cost of the ingredients, a compounding time fee of $4.00 per 15 minutes plus the applicable professional component as indicated above.

Over-The-Counter Items

Orders for over-the-counter non-oral drugs or non-drug items must be written on standard prescription forms. These items are to be priced on a forty percent margin.

Per RCW 82.08.0281 prescription drugs and oral or topical over-the-counter medications are nontaxable.

EMERGENCY CONTRACEPTIVES AND PHARMACIST COUNSELING

Effective November 1, 1998, the department began covering Emergency Contraceptive Pills (ECPs) and associated pharmacist counseling services. These are covered only when **all** of the following conditions are met:

- a valid claim for rape in the workplace is established with the insurer,
- the ECP and/or counseling service is sought by the injured worker,
- the claim manager authorizes payment for the ECP and/or the counseling, and
- the pharmacist is approved by the Department of Health Board of Pharmacy to follow this particular protocol.

Once these conditions have been met, the dispensed medication should be billed with the appropriate NDC, and the counseling service should be billed with local code 4805A. The maximum allowable amount for the counseling is listed below.

4805A ECP counseling by a pharmacist at the time the ECP is dispensed $31.90

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INFUSION THERAPY SERVICES

Prior authorization is required for any scheduled or ongoing infusion therapy services (including supplies) performed in the office, clinic or home, regardless of who performs the service (e.g. physicians, nurses, IV infusion therapy company, pharmacy or home health agency).

Infusion therapy services (CPT codes 90780 and 90781) and/or therapeutic, diagnostic, or vascular injections (CPT codes 90782, 90783, 90784, 90788 and 36000-36640), are not payable to pharmacies and IV infusion companies. If nurses work for these companies providing infusion therapy services, the services must be billed with an L&I home health agency provider account number or an independent registered nurse provider account number.

Supplies used during infusion therapy, including infusion pumps, are payable only if authorized, and must be billed with HCPCS codes. Refer to WAC 296-20-1102 for information on the rental or purchase of infusion pumps. Pharmacies and IV infusion companies must bill for infusion therapy supplies under their L&I provider account numbers.

Drugs used during infusion therapy, including injectable drugs, are payable only if authorized and must be billed with the NDC codes, (or UPC codes if no NDC codes are available) under an L&I pharmacy provider account number.

DURABLE MEDICAL EQUIPMENT

Pharmacies and durable medical equipment providers may bill for supplies and equipment with appropriate HCPCS and local codes (local codes for supplies are listed at the end of this section). Delivery charges, shipping and handling, tax, and fitting fees are not payable separately. DME suppliers should include these charges in the total charge for the supply. For taxable items, an itemized invoice may be attached to the bill, but is not required.

DME suppliers may bill for equipment and supplies required to provide authorized IV infusion therapy under their L&I DME provider account number. Refer to WAC 296-20-1102 for information on the rental or purchase of infusion pumps.

TENS units and supplies (transcutaneous electrical nerve stimulators) are paid under special contract only. See “Transcutaneous Electrical Nerve Stimulators (TENS)” later in this section.

For further information on miscellaneous services and appliances, refer to WAC 296-23-165.

BUNDLED CODES

The concept of “bundled” codes does not apply to pharmacy and durable medical equipment providers. This is because there is no office visit or procedure associated with these provider types into which supplies can be bundled. As a result, covered HCPCS codes listed as “Bundled” in the fee schedules are payable to pharmacy and durable medical equipment providers.

PHYSICAL CAPACITIES EVALUATION

The following local code is payable only to physicians who are board qualified or certified in physical medicine and rehabilitation, and physical and occupational therapists.

1045M Performance-based physical capacities evaluation with report and summary of capacities..... $592.15

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PHYSICIAN ASSISTANTS

Physician assistants must be certified to qualify for payment. Physician assistants must have valid individual L&I provider account numbers to be paid for services.

Consultations, impairment ratings and administrative or reporting services related to worker's compensation benefit determinations are not payable to physician assistants. Physician assistant services are paid to the supervising physician or employer at a maximum of ninety percent (90%) of the allowed fee.

Further information about physician assistant services and payment can be found in Provider Bulletin 99-04.

POST-ACUTE BRAIN INJURY REHABILITATION

Only programs accredited by the Commission on Accreditation of Rehabilitation Facilsities (CARF) may provide post-acute brain injury rehabilitation services for injured workers. These services require prior authorization. Follow-up care is included in the cost of the full day or half day program. This includes, but is not limited to telephone calls, home visits and therapy assessments. Refer to Provider Bulletins 98-02 and 98-04 for more information.

Non-hospital based programs must bill the following **local** codes:

8950H	Comprehensive brain injury evaluation	$3,487.07
8951H	Post-acute brain injury rehabilitation full day program, per day (minimum of 6 hours per day)	$622.69
8952H	Post-acute brain injury rehabilitation half day program, per day (minimum 4 hours per day)	$373.62

Hospital based programs must bill the following **revenue** codes:

014	Comprehensive brain injury evaluation	$3,487.07
015	Full day program, per day (minimum 6 hours per day)	$622.69
016	Half day program, per day (minimum 4 hours per day)	$373.62

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SUPPLY CODES

0420A	Lumbar seat support	BR
0421A	Pressure garments	BR
0426A	Silicone elastomer/scar conformer	BR
0428A	Therapeutic exercise putty	BR
0429A	Rubber exercise tubing	BR
0430A	Anti-vibration gloves (if supplied as part of a job modification, do not bill this code, use the appropriate job modification code)	BR
0010E	Ankle weight purchase	BR
0012E	Wrist weight purchase	BR
1602L	Orthotic impression casting	BR

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS (TENS)

TENS units and supplies for State Fund injured workers are provided under contract. All providers who prescribe TENS units for State Fund injured workers must use the department's contracted vendor.

- TENS use requires prior authorization from the insurer.
- The department allows the initial TENS application and training by a physical therapist or other qualified provider ***only once per claim***. Use CPT code 64550.
- An initial 30-day evaluation period is required. If the TENS is beneficial for the injured worker, a three-month rental period may be approved. One additional three-month rental extension may be granted. At the end of six months, a request for purchase will be considered upon review by the insurer. Refer to the department's Provider Bulletin on TENS for more information about rental and purchase for State Fund claims.
- The department's contracted vendor and providers treating Self-Insured workers should use the appropriate HCPCS codes to bill for TENS units and supplies.
- Sales tax and delivery charges are not separately payable, and should be included in the total charge for the TENS unit and supplies.

HCPCS Code	Description	Coverage Status
A4595	TENS supplies	For State Fund claims: Payable only to the department's contracted vendor. For Self-Insured claims: Payable to DME suppliers.
A4630	Replacement batteries	
E0720	TENS, two lead, localized stimulation	
E0730	TENS, four lead, larger area, multiple nerve stimulation	

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VEHICLE, HOME AND JOB MODIFICATIONS

These local and HCPCS codes require prior authorization. Refer to Provider Bulletins 96-11 for home modification information and 99-11 for job modification and pre-job accommodation information.

8914H	Home modification, construction and design	maximum payable for all work is the current Washington state average annual wage
8915H	Vehicle modification	maximum payable for all work is ½ current Washington state average wage
8916H	Home modification evaluation and consultation	BR
8917H	Home/vehicle modification mileage, lodging, airfare, car rental	state employees' rates
8918H	Vehicle modification initial evaluation or consultation	BR
8920H	Vehicle modification follow up consultation	BR
0380R	Job modification (equipment etc.) *	
0385R	Pre-job accommodation (equipment etc.) *	
	* Maximum allowable for 0380R and 0385R combined	$5,000.00

VOCATIONAL SERVICES

Vocational Rehabilitation providers should use the codes listed in this section to bill for services. For more detailed information on billing, consult *Miscellaneous Services Billing Instructions*.

All vocational rehabilitation services require prior authorization. Vocational rehabilitation services are authorized by referral type. The five referral types the department uses are: early intervention, assessment, plan development, plan implementation and forensic. **Each referral is a separate authorization for services.**

The department will pay interns at 85% of the VRC professional rate and forensic evaluators at 120% of the VRC professional rate. Hourly rates for professional vocational services are as follows: Vocational Rehabilitation Counselors, $73.00 per hour; Interns $62.00 per hour; and Forensic Evaluators, $88.00 per hour. Please note, however, vocational services **must be billed in six-minute time increments.**

Early Intervention

0800V	Early Intervention Services, VRC (per 6 minutes)	$7.30
0801V	Early Intervention Services, Intern (per 6 minutes)	$6.20

Assessment

0810V	Assessment Services, VRC (per 6 minutes)	$7.30
0811V	Assessment Services, Intern (per 6 minutes)	$6.20

Vocational Evaluation

0821V	Work Evaluation, VRC (per 6 minutes)	$7.30
0823V	Pre-Job or Job Modification Consultation, VRC (per 6 minutes)	$7.30
0824V	Pre-Job or Job Modification Consultation, Intern (per 6 minutes)	$6.20

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Plan Development

0830V	Plan Development Services, VRC (per 6 minutes)	$7.30
0831V	Plan Development Services, Intern (per 6 minutes)	$6.20

Plan Implementation

0840V	Plan Implementation Services, VRC (per 6 minutes)	$7.30
0841V	Plan Implementation Services, Intern (per 6 minutes)	$6.20

Forensic and Testimony

0881V	Forensic Services, Forensic VRC (per 6 minutes)	$8.80
0882V	Testimony on VRC's Own Work, VRC (per 6 minutes)	$7.30
0883V	Testimony on Intern's Own Work, Intern (per 6 minutes)	$6.20
0884V	AGO Witness Testimony, VRC (per 6 minutes)	$7.30

Travel, Wait Time, and Mileage

0891V	Travel/Wait Time, VRC, Intern, or Forensic VRC (per 6 minutes)	$3.65
0893V	Professional Mileage, VRC (per mile)	state rate
0894V	Professional Mileage, Intern (per mile)	state rate
0895V	Air Travel, VRC, Intern, or Forensic VRC	BR

Fee Caps

Vocational services are subject to the fee caps. These caps are **hard caps**, with **no exceptions**. The following fee caps are by referral. All services provided for the referral are included in the cap.

Early Intervention Referral Cap	$1,500
Assessment Referral Cap	$2,500
Plan Development Referral Cap	$5,000
Plan Implementation Referral Cap	$4,725

The fee cap for work evaluation services applies to multiple referral types. Total payment for work evaluation services provided under all referral types will not exceed $1,100. For example, if $500 of work evaluation services are paid as part of a plan development referral, only $600 is available for payment under another referral type.

Work Evaluation Services Cap	$1,100

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APPENDIX
OUTPATIENT DRUG FORMULARY

The following is a list of the therapeutic classes (TCC) and their status in L&I's formulary. In most cases, the status is class specific rather than drug specific. An example of an exception to this general rule is therapeutic class code TCC - H2D Barbiturates. Phenobarbital is the only drug in the class that L&I will allow.

PLEASE KEEP THE FOLLOWING POINTS IN MIND ABOUT THE FORMULARY

- This is an outpatient formulary. Many of the drugs in the denied category are appropriate for in- and outpatient surgery and emergency room, clinic or office settings, and are covered when billed appropriately.
- Some drugs in the denied category may be allowed under certain circumstances. These will be addressed on a case-by-case basis.
- Utilization of drugs in the authorized category is subject to department policy and appropriateness for the accepted conditions.

KEY TO STATUS AND REPRESENTATIVE DRUG INDICATORS

Status

A = Allowed
PA = Prior Authorization required
D = Denied
O = Other (Will not pay through L&I's Point-of-Sale System)

Representative Drug

Blank = Self-explanatory or used mainly for compound drugs
***** = No drugs currently listed in the therapeutic class

COMPOUND DRUGS

STATUS	TCC	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
PA	000	COMPOUND DRUGS	

A CARDIOVASCULAR SYSTEM

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
PA	A1A	DIGITALIS GLYCOSIDES	LANOXIN
A	A1B	XANTHINES	THEOPHYLLINE
D	A1C	INOTROPIC DRUGS	DOBUTAMINE
A	A1D	GENERAL BRONCHODILATOR AGENTS	BRONKAID MIST
PA	A2A	ANTIARRHYTHMICS	MEXILETINE HCL
PA	A4A	HYPOTENSIVES-VASODILATORS	HYTRIN
PA	A4B	HYPOTENSIVES-SYMPATHOLYTIC	CLONIDINE HCL
PA	A4C	HYPOTENSIVES-GANGLIONIC BLOCKERS	INVERSINE
PA	A4D	HYPOTENSIVES-ANGIOTENSIN CONVERTING ENZYME BLOCKERS	ZESTRIL
PA	A4E	HYPOTENSIVES-VERATRUM ALKALOIDS	*
PA	A4F	HYPOTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	COZAAR
PA	A4Y	HYPOTENSIVES-MISCELLANEOUS	ZIAC
D	A6U	CARDIOVASCULAR DIAGNOSTICS	
D	A6V	CARDIOVASCULAR DIAGNOSTICS - NON RADIOPAQUE	
PA	A7A	ARTERIOLAR VASOCONSTRICTORS	*

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PA	A7B	CORONARY VASODILATORS	IMDUR
PA	A7C	PERIPHERAL VASODILATORS	ERGOLOID MESYLATES
PA	A7E	VASODILATORS-MISCELLANEOUS	PROSTIN VR PEDIATRIC
PA	A7F	VEINOTONIC/VASCULOPROTECTORS	*
D	A8O	VENOSCLEROSING AGENTS	ETHAMOLIN
PA	A9A	CALCIUM CHANNEL BLOCKING AGENTS	VERAPAMIL HCL

B RESPIRATORY SYSTEM

STATUS	GC3	DESCRIPTION	REPRESENTATIVE DRUG
A	B0A	MISCELLANEOUS RESPIRATORY INHALANTS	SODIUM CHLORIDE
D	B0P	INERT GASES	
D	B1A	LUNG SURFACTANTS	SURVANTA
A	B3A	MUCOLYTICS	MUCOMYST
A	B3J	EXPECTORANTS	GUAIFENESIN
A	B3K	COUGH AND COLD PREPARATIONS	DIMETAPP
D	B3M	RESPIRATORY TRACT RADIOPAQUE DIAGNOSTICS	

C ELECTROLYTE BALANCING SYS/METABOLIC SYS/NUTRITION

STATUS	GC3	DESCRIPTION	REPRESENTATIVE DRUG
A	C0B	WATER	WATER FOR INHALATION
D	C0C	DRUGS USED TO TREAT ACIDOSIS	THAM
PA	C0D	ANTIALCOHOLIC PREPARATIONS	DISULFIRAM
PA	C0K	BICARBONATE PRODUCING/CONTAINING AGENTS	SODIUM ACETATE
PA	C1A	ELECTROLYTE DEPLETERS	KAYEXALATE
PA	C1B	SODIUM REPLACEMENT	
PA	C1D	POTASSIUM REPLACEMENT	
PA	C1F	CALCIUM REPLACEMENT	
PA	C1H	MAGNESIUM REPLACEMENT	
PA	C1P	PHOSPHATE REPLACEMENT	
PA	C1W	ELECTROLYTE REPLACEMENT	
D	C2H	RESPIRATORY GASES	
PA	C3B	IRON REPLACEMENT	
PA	C3C	ZINC REPLACEMENT	
PA	C3H	IODINE REPLACEMENT	
PA	C3M	MISCELLANEOUS MINERAL REPLACEMENT	
PA	C4G	INSULINS	
PA	C4K	HYPOGLYCEMICS, INSULIN-RELEASE STIM. TYPE	GLYBURIDE
PA	C4L	HYPOGLYCEMICS, BIGUANIDE TYPE (N-S)	GLUCOPHAGE
PA	C4M	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB. TYPE (N-S)	PRECOSE
PA	C4N	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	REZULIN
PA	C40	HYPOGLYCEMICS, ABSORPTION MODIFIER, USPECIFIED	*
PA	C4P	HYPOGLYCEMICS, UNSPECIFIED MECHANISM	*
PA	C4Q	HYPOGLYCEMICS, COMBINATION	*
PA	C5A	CARBOHYDRATES	DEXTROSE IN WATER
PA	C5B	PROTEIN REPLACEMENT	L-LYSINE
D	C5C	INFANT FORMULAS	ENFAMIL
D	C5D	DIET FOODS	*
D	C5E	GERIATRIC SUPPLEMENTS	SOD-K
D	C5F	MISCELLANEOUS FOOD SUPPLEMENTS	SUSTACAL
D	C5G	FOOD OILS	MCT OIL
A	C5H	NUCLEIC ACID SUPPLEMENTS	ADENOSINE TRIPHOSPHATE
A	C5J	IV SOLUTIONS: DEXTROSE/WATER	
A	C5K	IV SOLUTIONS: DEXTROSE/SALINE	
A	C5L	IV SOLUTIONS: DEXTROSE/RINGERS	
A	C5M	IV SOLUTIONS: DEXTROSE/LACTATED RINGERS	
A	C5O	SOLUTIONS, MISCELLANEOUS	
D	C5Q	TONICS	*
D	C5U	NUTRITIONAL THERAPY, GLUCOSE INTOLERANCE	GLUCERNA
D	C6A	VITAMIN A PREPARATIONS	
D	C6B	VITAMIN B PREPARATIONS	

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PA	C6C	VITAMIN C PREPARATIONS	
D	C6D	VITAMIN D PREPARATIONS	
D	C6E	VITAMIN E PREPARATIONS	
D	C6F	PRENATAL VITAMIN PREPARATIONS	
D	C6G	GERIATRIC VITAMIN PREPARATIONS	
D	C6H	PEDIATRIC VITAMIN PREPARATIONS	
D	C6J	BIOFLAVONOIDS	
PA	C6K	VITAMIN K PREPARATIONS	MEPHYTON
PA	C6L	VITAMIN B12 PREPARATIONS	
PA	C6M	FOLIC ACID PREPARATIONS	
D	C6N	NIACIN PREPARATIONS	
D	C6P	PANTHENOL PREPARATIONS	
D	C6Q	VITAMIN B6 PREPARATIONS	
D	C6R	VITAMIN B2 PREPARATIONS	
D	C6T	VITAMIN B1 PREPARATIONS	
D	C6Z	MISCELLANEOUS MULTIVITAMIN PREPARATIONS	
D	C7A	PURINE INHIBITORS	ALLOPURINOL
A	C7B	DECARBOXYLASE INHIBITORS	*
A	C7C	DIPEPTIDASE INHIBITORS	*
D	C7D	METABOLIC DEFICIENCY AGENTS	CYSTADANE
D	C7E	APPETITE STIMULANTS	PERIAVIT
A	C8A	METALLIC POISON ANTIDOTES	CUPRIMINE
A	C8B	ACID AND ALKALI POISON ANTIDOTES	METHYLENE BLUE
A	C8D	AGRICULTURAL POISON ANTIDOTES	PROTOPAM CL
A	C8E	MISCELLANEOUS ANTIDOTES	DIGIBIND

D BILIARY SYSTEM/GASTRO-INTESTINAL SYSTEM

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
D	D0U	GASTROINTESTINAL RADIOPAQUE DIAGNOSTICS	
D	D1A	PERIODONTAL COLLAGENASE INHIBITORS	PERIOSTAT
D	D1D	DENTAL SUPPLIES	TRIAMCINOLONE-ACETONIDE
D	D2A	FLUORIDE PREPARATIONS	PREVIDENT
D	D2D	TOOTH ACHE PREPARATIONS	CLOVE OIL
D	D2M	MISCELLANEOUS DENTAL PREPARATIONS	*
A	D4A	ACID REPLACEMENT	ACIDUTEX
A	D4B	ANTACIDS	MAALOX
A	D4C	AGENTS FOR STOMATOLOGICAL USE	DEBACTEROL
A	D4D	ANTIDIARRHEAL MICROORGANISMS AGENTS	*
A	D4E	ANTIULCER PREPARATIONS	CARAFATE
D	D4F	ANTIULCER -- H. PYLORI AGENTS	HELIDAC THERAPY
A	D4G	GASTRIC ENZYMES	LACTASE
A	D4H	ORAL MUCOSITIS/STOMATITIS AGENTS	ORAKOTE
A	D4I	ORAL MUCOSITIS/STOMATITIS ANTIINFLAMMATORY AGENTS	APHTHASOL
A	D4K	GASTRIC ACID SECRETION REDUCER	PRILOSEC
A	D4N	ANTIFLATULENTS	SIMETHICONE
D	D4T	GASTRIC FUNCTION DIAGNOSTICS	
D	D4U	GASTRIC FUNCTION RADIOPAQUE DIAGNOSTICS	
D	D5A	FAT ABSORPTION DECREASING AGENTS	XENICAL
A	D5P	INTESTINAL ADSORBENTS AND PROTECTIVES	KAOPECTATE
PA	D6A	DRUGS TO TREAT CHRONIC INFLAMM DISEASES OF THE COLON	REMICADE
D	D6C	IRRITABLE BOWEL SYND. AGENT,5HT-3 ANTAGONIST-TYPE	LOTRONEX
A	D6D	ANTIDIARRHEALS	LOMOTIL
A	D6H	HEMORRHOIDAL AGENTS	*
A	D6S	LAXATIVES AND CATHARTICS	DOCUSATE SODIUM
A	D7A	BILE SALTS	DECHOLIN
A	D7B	CHOLERETICS	KINEVAC
D	D7C	HEPATIC DIAGNOSTICS	
PA	D7J	HEPATIC DYSFUNCTION PREVENTIVE/THERAPY AGENTS	*
A	D7L	BILE SALT INHIBITORS	QUESTRAN
D	D7T	BILIARY DIAGNOSTICS	
D	D7U	BILIARY DIAGNOSTICS, RADIOPAQUE	
A	D8A	PANCREATIC ENZYMES	PANCREASE

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D	D8B	PANCREATIC DIAGNOSTICS	
A	D9A	AMMONIA INHIBITORS	BUPHENYL

F MALE GENITAL SYSTEM

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
PA	F1A	ANDROGENIC AGENTS	DEPO-TESTOSTERONE
PA	F2A	DRUGS TO TREAT IMPOTENCY	MUSE

G FEMALE GENITAL SYSTEM

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
D	G0U	UTERINE RADIOPAQUE DIAGNOSTIC AGENTS	
D	G1A	ESTROGENIC AGENTS	PREMARIN
D	G1B	ESTROGEN/ANDROGEN COMBINATION PREPARATIONS	ESTRATEST
D	G2A	PROGESTATIONAL AGENTS	PROVERA
D	G3A	OXYTOCICS	PITOCIN
D	G8A	CONTRACEPTIVES, ORAL	LOESTRIN FE
D	G8B	CONTRACEPTIVES, IMPLANTABLE	NORPLANT SYSTEM
D	G8C	CONTRACEPTIVES, INJECTABLE	DEPO-PROVERA
PA	G8D	ABORTIFACIENT, PROGESTERONE RECEPTOR ANTAGONIST TYPE	MIFEPREX
D	G9A	CONTRACEPTIVES, INTRAVAGINAL	CONCEPTROL GEL

H NERVOUS SYSTEM (EXCEPT AUTONOMIC)

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
A	H0A	LOCAL ANESTHETICS	LIDOCAINE
D	H0E	AGENTS TO TREAT MULTIPLE SCLEROSIS	COPAXONE
D	H1U	CEREBRAL SPINAL RADIOPAQUE DIAGNOSTICS	
PA	H2A	CENTRAL NERVOUS SYSTEM STIMULANTS	CYLERT
D	H2B	GENERAL ANESTHETICS, INHALANT	HALOTHANE
D	H2C	GENERAL ANESTHETICS, INJECTABLE	PENTOTHAL
A	H2D	BARBITURATES (Phenobarbital Only)	NEMBUTAL
A	H2E	NON-BARBITURATE, SEDATIVE-HYPNOTICS	AMBIEN
A	H2F	ANTIANXIETY DRUGS	DIAZEPAM
A	H2G	ANTI-PSYCHOTICS, PHENOTHIAZINES	PERPHENAZINE
A	H2H	MONOAMINE OXIDASE (MAO) INHIBITORS	*
A	H2J	ANTIDEPRESSANTS O.U.	*
A	H2K	ANTIDEPRESSANT COMBINATIONS O.U.	*
A	H2L	ANTI-PSYCHOTICS, NON-PHENOTHIAZINES	HALDOL
A	H2M	ANTI-MANIA DRUGS	LITHIUM CARBONATE
A	H2R	ANTI-PRURITICS	*
A	H2S	SEROTONIN SPEC REUPTAKE INHIBITOR (SSRI'S)	PROZAC
D	H2T	ALCOHOL-SYSTEMIC USE	
A	H2U	TRICYCLIC ANTIDEPRESSANTS & RELATED NON-SRI	AMITRIPTYLINE HCL
PA	H2V	ANTI-NARCOLEPSY/ANTI-HYPERKINESIS AGENTS	METHYLPHENIDATE HCL
A	H2W	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATIONS	ETRAFON 2-10
A	H2X	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATION	LIMBITROL
A	H2Y	TRICYCLIC ANTIDEPRESSANT/NON-PHENOTHIAZINE COMB.	*
A	H2Z	BENZODIAZEPINE ANTAGONISTS	ROMAZICON
A	H3A	ANALGESICS, NARCOTICS	HYDROCODONE/APAP
A	H3C	ANALGESICS, NON-NARCOTICS	DURACLON
A	H3D	SALICYLATE ANALGESICS	ASPIRIN, BUTALBITAL COMPOUND
A	H3E	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	APAP, BUTALBITAL/APAP
PA	H3F	ANTIMIGRAINE PREPARATIONS	IMITREX
A	H3G	MISCELLANEOUS ANALGESICS	*
D	H3H	ANALGESICS NARCOTIC, ANESTHETIC ADJUNCT	FENTANYL CITRATE
A	H3T	NARCOTIC ANTAGONISTS	NALOXONE
A	H4B	ANTICONVULSANTS	NEURONTIN
D	H4T	HALLUCINOGENS	*
D	H5A	NEUROTONICS/CEREBROVASCULAR ACCIDENT AGENTS	*
A	H5B	NEUROPATHIC AGENTS	*

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PA	H6A	ANTIPARKINSONISM DRUGS, OTHER	SINEMET CR
A	H6B	ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC	BENZTROPINE MESYLATE
A	H6C	ANTITUSSIVE, NON-NARCOTIC	ROBITUSSIN
A	H6E	EMETICS	IPECAC
A	H6H	SKELETAL MUSCLE RELAXANTS	FLEXERIL
D	H6I	AMYOTROPHIC LATERAL SCLEROSIS AGENTS	RILUTEK
A	H6J	ANTI-EMETICS	MECLIZINE HCL
D	H6L	MOVEMENT DISORDERS (DRUG THERAPY)	*
A	H6N	ANTITUSSIVES, NARCOTIC	*
A	H7A	TRICYCLIC ANTIDEPRESSANT/PHENO/BENZO COMB.	*
A	H7B	ALPHA-2 RECEPTOR ANTAGONISTS	REMERON
A	H7C	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIB (SNRIS)	EFFEXOR
PA	H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	WELLBUTRIN
A	H7E	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIB (SARIS)	TRAZODONE
A	H7F	SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR (SEL-NARI)	*
A	H7G	SEROTONIN AND DOPAMINE REUPTAKE INHIB (SDRIS)	*
A	H7H	SSRI & ERGOT COMB. (SSRI/ERGOT COMB.)	*
A	H7I	ANTIDEPRESSANT O.U./BARB/BELLADONNA COMBINATIONS	*
A	H7J	MAOIS - NON-SELECTIVE & IRREVERSIBLE	NARDIL
A	H7K	MAOIS - A SELECTIVE & REVERSIBLE (RIMA)	*
A	H7L	MAOI N-S & IRREVERSIBLE/PHENOTHIAZINE COMBINATIONS	*
A	H7M	ANTIDEPRESSANT O.U./CARBAMATE ANXIOLYTIC COMBINATIONS	*
PA	H7N	SMOKING DETERRENTS, OTHER	ZYBAN

J AUTONOMIC NERVOUS SYSTEM

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
A	J1A	PARASYMPATHETIC AGENTS	URECHOLINE
PA	J1B	CHOLINESTERASE INHIBITORS	COGNEX
A	J2A	BELLADONNA ALKALOIDS	HYOSCYAMINE
A	J2B	ANTICHOLINERGICS, QUATERNARY	CLIDINIUM W/CHLORDIAZEPOXIDE
A	J2C	ANTICHOLINERGICS, OTHER	*
A	J2D	ANTICHOLINERGICS/ANTISPASMODICS	DICYCLOMINE HCL
D	J3A	GANGLIONIC STIMULANTS	NICOTROL
D	J4A	GANGLIONIC BLOCKING AGENTS	*
D	J5A	ADRENERGIC AGENTS, CATECHOLAMINES	DOPAMINE
D	J5B	ADRENERGICS, AROMATIC NON-CATECHOLAMINES (AMPHETAMINE)	DEXEDRINE
A	J5C	ADRENERGIC AGENTS, NON-AROMATIC	*
A	J5D	BETA-ADRENERGIC AGENTS	ALBUTEROL
A	J5E	SYMPATHOMIMETIC NASAL DECONGESTANTS	SUDAFED
A	J5F	ANAPHYLAXIS THERAPY AGENTS	ANA-KIT
A	J5H	ADRENERGIC VASOPRESSOR AGENTS	PROAMATINE
A	J7A	ALPHA/BETA ADRENERGIC BLOCKING AGENTS	TRANDATE
A	J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	DIBENZYLINE
PA	J7C	BETA-ADRENERGIC BLOCKING AGENTS	PROPRANOLOL HCL
PA	J7E	ALPHA-ADRENERGIC BLOCKING AGENT/THIAZIDE COMBINATION	MINIZIDE 1
D	J8A	ANOREXIC AGENTS	PHENTERMINE
A	J9A	INTESTINAL MOTILITY STIMULANTS	METOCLOPRAMIDE HCL
PA	J9B	ANTISPASMODIC AGENTS	BEL-PHEN-ERGOT S

L SKIN/SUBCUTANEOUS TISSUE

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
A	L0B	TOPICAL/MUCOUS MEMBRANE/SUB-Q ENZYME PREPS	SANTYL
PA	L0C	DIABETIC ULCER PREPARATIONS, TOPICAL	REGRANEX
PA	L1A	ANTIPSORIATIC AGENTS, SYSTEMIC	SORIATANE
D	L1B	ACNE AGENTS, SYSTEMIC	ACCUTANE
D	L1C	HYPERTRICHOTIC AGENTS, SYSTEMIC	PROPECIA
A	L2A	EMOLLIENTS	LAC-HYDRIN
A	L3A	PROTECTIVES	ZINC OXIDE
A	L3P	ANTIPRURITICS, TOPICAL	BENADRYL CREAM
A	L4A	ASTRINGENTS	WITCH HAZEL

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D	L5A	KERATOLYTICS	DESQUAM-X 10%
D	L5B	SUNSCREENS	PRESUN SPF 15
D	L5C	ABRASIVES	BRASIVOL
D	L5D	DEPILATORIES	SURGEX
D	L5E	ANTISEBORRHEIC AGENTS	SELSUN BLUE
PA	L5F	ANTIPSORIATIC AGENTS, TOPICAL	TAZORAC GEL
D	L5H	ACNE AGENTS, TOPICAL	*
A	L6A	IRRITANTS/COUNTER-IRRITANTS	CAPSAICIN
D	L7A	SHAMPOOS	
D	L8A	DEODORANTS	
D	L8B	ANTIPERSPIRANTS	
A	L9A	MISCELLANEOUS TOPICAL AGENTS	POLYTAR SOAP
D	L9B	VITAMIN A DERIVATIVES	RETIN-A
D	L9C	HYPOPIGMENTATION AGENTS	SOLAQUIN
D	L9D	TOPICAL HYPERPIGMENTATION AGENTS	OXSORALEN
D	L9F	COSMETIC/SKIN COLORING/DYE AGENTS, TOPICAL	VITADYE
D	L9G	SKIN TISSUE REPLACEMENT	APLIGRAF
D	L9I	VITAMIN A DERIVATIVES, TOPICAL COSMETIC AGENTS	RENOVA

M BLOOD

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
PA	M0A	BLOOD COMPONENTS	*
PA	M0B	PLASMA PROTEINS	PLASMANATE 5%
PA	M0C	BLOOD FACTORS, MISCELLANEOUS	*
A	M0D	PLASMA EXPANDERS	DEXTRAN 40
PA	M0E	ANTIHEMOPHILIC FACTORS	KOATE-HP
PA	M0F	FACTOR IX PREPARATIONS	KONYNE 80
PA	M0G	ANTIPORPHYRIA FACTORS	PANHEMATIN
PA	M0H	FACTOR II PREPARATIONS	*
PA	M0R	BLOOD ALBUMIN PREPARATIONS	*
PA	M0S	SYNTHETIC BLOOD PREPARATIONS	*
D	M0U	BLOOD VOLUME DIAGNOSTICS	*
A	M3A	OCCULT BLOOD TESTS	GASTROCCULT
PA	M3B	BLOOD UREA NITROGEN TESTS	AZOSTIX REAGENT
PA	M4A	BLOOD SUGAR DIAGNOSTICS	ONE TOUCH TEST STRIPS
A	M4B	IV FAT EMULSIONS	LIPOSYN II
D	M4E	LIPOTROPICS	ZOCOR
D	M4G	HYPERGLYCEMICS	GLUCAGON
D	M4H	AGENTS THAT AFFECT CELLULAR LIPIDS	LIPITOR
A	M9A	TOPICAL HEMOSTATICS	THROMBOSTAT
A	M9D	ANTIFIBRINOLYTIC AGENTS	AMINOCAPROIC ACID
A	M9E	THROMBIN INHIBITORS, HIRUDIN TYPE AGENTS	REFLUDAN
A	M9F	THROMBOLYTIC ENZYMES	ABBOKINASE
A	M9J	CITRATES AS ANTICOAGULANTS	CITRATE PHOS DEXTROSE
A	M9K	HEPARIN PREPARATIONS	HEPARIN
A	M9L	ORAL ANTICOAGULANTS, COUMARIN TYPE	COUMADIN
A	M9M	ORAL ANTICOAGULANTS, INDANDIONE TYPE	MIRADON
PA	M9P	PLATELET AGGREGATION INHIBITORS	TICLID
A	M9R	COAGULANTS	PROTAMINE
PA	M9S	HEMORRHEOLOGIC AGENTS	TRENTAL

N BONE MARROW

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
PA	N1A	ERYTHROID DEPRESSANTS	*
PA	N1B	HEMATINICS, OTHER	EPOGEN
D	N1C	LEUKOCYTE (WBC) STIMULANTS	NEUPOGEN
PA	N1D	PLATELET REDUCING AGENTS	AGRYLIN
PA	N1E	PLATELET PROLIFERATION STIMULANTS	NEUMEGA

P ENDOCRINE SYSTEM (EXCEPT GONADS)

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STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
D	P0A	FERTILITY PREPARATIONS	CLOMIPHENE CITRATE
D	P0B	FOLLICLE STIMULATING HORMONES	HUMEGON
D	P0C	PREGNANCY FACILITATING/MAINTAINING AGENTS, HORMONAL	CRINONE GEL
D	P1A	GROWTH HORMONES	GENOTROPIN
D	P1B	SOMATOSTATIC AGENTS	SANDOSTATIN
D	P1C	LUTEINIZING HORMONES	*
D	P1D	THYROTROPIC HORMONES	*
D	P1E	ADRENOCORTICOTROPHIC HORMONES	ACTHAR
D	P1F	PITUITARY SUPPRESSIVE AGENTS	DANOCRINE
D	P1G	ADRENAL STEROID INHIBITORS	CYTADREN
D	P1H	GROWTH HORMONE RELEASING HORMONE	GEREF
D	P1L	LUTEINIZING HORMONE RELEASING-HORMONE	FACTREL
D	P1M	LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	SUPPRELIN
D	P1P	LHRH/GNRH AGONIST PITUITARY SUPPRESSANTS-C PREC PUBERTY	LUPRON DEPOT-PED
D	P1U	METABOLIC FUNCTION DIAGNOSTICS	
D	P2B	ANTIDIURETIC AND VASOPRESSOR HORMONES	DDAVP
D	P2Z	POSTERIOR PITUITARY PREPARATIONS	*
A	P3A	THYROID HORMONES	SYNTHYROID
D	P3B	THYROID FUNCTION DIAGNOSTIC AGENTS	THYREL TRH
D	P3L	ANTITHYROID PREPARATIONS	PROPYLTHIOURACIL
PA	P4A	PARATHYROID HORMONES	*
PA	P4L	BONE RESORPTION SUPPRESSION AGENTS	FOSAMAX
A	P5A	GLUCOCORTICOIDS	PREDNISONE
A	P5S	MINERALOCORTICOIDS	FLORINEF ACETATE
A	P5T	ALDOSTERONE ANTAGONISTS	*
D	P6A	PINEAL HORMONE AGENTS	MELATONIN

Q EAR, EYE, NOSE, RECTUM, TOPICAL, VAGINA, SPECIAL SENSES

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
A	Q0A	TOPICAL PREPARATIONS, NON-MEDICINAL	*
A	Q1A	TOPICAL EAR PREPARATIONS	*
D	Q2A	OCULAR PHOTOACTIVATED VESSEL-OCCLUDING AGENTS	VISUDYNE
D	Q2U	EYE DIAGNOSTIC AGENTS	
A	Q3A	RECTAL PREPARATIONS	PROCTOFOAM-HC
A	Q3B	RECTAL/LOWER BOWEL PREP, GLUCOCORTICOID, NON-HEMO	CORTIFOAM
A	Q3D	HEMORRHOIDAL PREPARATIONS	PREPARATION H
A	Q3H	HEMORRHOIDAL PREPARATIONS, LOCAL ANESTHETICS	NUPERCAINAL OINT
A	Q3S	LAXATIVES, LOCAL/RECTAL	FLEET ENEMA
PA	Q4A	VAGINAL PREPARATIONS	PROSTIN E2
PA	Q4B	VAGINAL ANTISEPTICS	BETADINE DOUCHE
PA	Q4F	VAGINAL ANTIFUNGALS	CLOTRIMAZOLE-7
PA	Q4G	VAGINAL ANTIFUNGALS-ANTIBACTERIAL AGENTS	*
D	Q4K	VAGINAL ESTROGEN PREPARATIONS	ESTRACE CREAM
D	Q4L	VAGINAL LUBRICANT PREPARATIONS	ASTROGLIDE
PA	Q4R	VAGINAL ANTIPARASITICS	*
PA	Q4S	VAGINAL SULFONAMIDES	SULFANILAMIDE 15%
PA	Q4W	VAGINAL ANTIBIOTICS	CLEOCIN
D	Q5A	TOPICAL PREPARATIONS, MISCELLANEOUS	SHUR-CLENS
A	Q5B	TOPICAL PREPARATIONS, ANTIBACTERIALS	BETADINE
D	Q5C	TOPICAL PREPARATIONS, HYPERTRICHOTIC AGENTS	ROGAINE
PA	Q5D	TOPICAL PREPARATIONS, ANTIPSORIATICS	*
A	Q5E	TOPICAL ANTIINFLAMMATORY, NON-STEROIDAL	*
A	Q5F	TOPICAL ANTIFUNGALS	LOTRIMIN
A	Q5G	TOPICAL ANTIFUNGALS-ANTIBACTERIALS AGENTS	DIABET-X
A	Q5H	TOPICAL LOCAL ANESTHETICS	LIDOCAINE
PA	Q5I	TOPICAL VEINOTONIC/VASCULOPROTECTOR	*
D	Q5J	TOPICAL HORMONAL, OTHERWISE UNSPECIFIED	*
PA	Q5N	TOPICAL ANTINEOPLASTICS	EFUDEX 5%
A	Q5O	TOPICAL ANTIEDEMA/ANTIINFLAMMATORY AGENTS	*
A	Q5P	TOPICAL ANTIINFLAMMATORY PREPARATIONS	TRIAMCINOLONE

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			ACETONIDE
A	Q5Q	TOPICAL ANTIBIO-ANTIBAC-ANTIFUNG-ANTIINFLAMM AGENTS	*
A	Q5R	TOPICAL ANTIPARASITICS	LINDANE
A	Q5S	TOPICAL SULFONAMIDES	SILVADENE
A	Q5V	TOPICAL ANTIVIRALS	ZOVIRAX
A	Q5W	TOPICAL ANTIBIOTICS	NEOSPORIN
A	Q5X	TOPICAL ANTIBIOTICS/ANTIINFLAMMATORY, STEROIDAL	CORTISPORIN
D	Q5Y	TOPICAL ANDROGENIC AGENTS	DHEA
A	Q6A	EYE PREPARATIONS, MISCELLANEOUS	REFRESH P.M.
A	Q6B	EYE ANTIINFECTIVES (RX ONLY)	BETADINE EYE SOL
A	Q6C	EYE VASOCONSTRICTORS (RX ONLY)	PHENYLEPHRINE HCL
A	Q6D	EYE VASOCONSTRICTORS (OTC ONLY)	NAPHCON-A
A	Q6E	EYE IRRIGATIONS	BSS EYE SOLUTION
D	Q6F	CONTACT LENS PREPARATIONS	LENS PLUS
A	Q6G	MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS	TRUSOPT
A	Q6H	EYE LOCAL ANESTHETICS	TETRACAINE
A	Q6I	EYE ANTIBIOTIC-CORTICOID COMBINATIONS	TOBRADEX
A	Q6J	MYDRIATICS	CYCLOGYL
A	Q6K	OPHTHALMIC-OTIC COMBINATIONS	*
A	Q6P	EYE ANTIINFLAMMATORY AGENTS	ACULAR
A	Q6R	EYE ANTIHISTAMINES	PATANOL
A	Q6S	EYE SULFONAMIDES	SULFACETAMIDE SODIUM
A	Q6T	ARTIFICIAL TEARS	ARTIFICIAL TEARS
A	Q6U	OPHTHALMIC MAST CELL STABILIZERS	CROMOLYN SODIUM
A	Q6V	EYE ANTIVIRALS	VIROPTIC
A	Q6W	EYE ANTIBIOTICS	GENTAMICIN SULFATE
A	Q6Y	EYE PREPARATIONS, MISCELLANEOUS (OTC ONLY)	LACRI-LUBE S.O.P.
A	Q6Z	EYE ANTIINFECTIVES, (OTC ONLY)	STYE
A	Q7A	NOSE PREPARATIONS, MISCELLANEOUS (RX ONLY)	ATROVENT
A	Q7B	NOSE PREPARATIONS, MISCELLANEOUS ANTIINFECTIVES	*
A	Q7C	NOSE PREPARATIONS, VASOCONSTRICTORS (RX ONLY)	TYZINE
A	Q7D	NOSE PREPARATIONS, VASOCONSTRICTORS (OTC ONLY)	AFRIN
A	Q7E	NASAL ANTIHISTAMINE	ASTELIN
A	Q7F	NASAL PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS	*
A	Q7G	NASAL PREPARATIONS, IRRITANTS/COUNTER-IRRITANTS	*
A	Q7H	NASAL MAST CELL STABILIZERS AGENTS	NASALCROM
A	Q7P	NOSE PREPARATIONS, ANTIINFLAMMATORY	BECONASE AQ
A	Q7W	NOSE PREPARATIONS, ANTIBIOTICS	BACTROBAN
A	Q7Y	NOSE PREPARATIONS, MISCELLANEOUS (OTC ONLY)	NASAL SPRAY
A	Q8A	EAR PREPARATIONS, MISCELLANEOUS (RX ONLY)	OTO CARE HC
A	Q8B	EAR PREPARATIONS, MISCELLANEOUS ANTIINFECTIVES	DOMEBORO
A	Q8F	EAR PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS	CIPRO HC
A	Q8H	EAR PREPARATIONS, LOCAL ANESTHETICS	AURALGAN
A	Q8P	EAR PREPARATIONS, ANTIINFLAMMATORY	EARSOL-HC
D	Q8R	EAR PREPARATIONS, EAR WAX REMOVERS	CERUMENEX
A	Q8W	EAR PREPARATIONS, ANTIBIOTICS	NEOMYCIN/POLYMYXIN/HC
A	Q8Y	EAR PREPARATIONS, MISCELLANEOUS (OTC ONLY)	SWIM EAR DROPS
A	Q9A	UROLOGICAL IRRIGATIONS	*
D	Q9B	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	FLOMAX

R KIDNEY/URINARY TRACT

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
A	R1A	URINARY TRACT ANTISPASMODIC AGENTS	OXYBUTYNIN CHLORIDE
PA	R1B	OSMOTIC DIURETICS	MANNITOL
PA	R1C	INORGANIC SALT DIURETICS	AMMONIUM CHLORIDE
PA	R1D	MERCURIAL DIURETICS	*
PA	R1E	CARBONIC ANHYDRASE INHIBITORS	DARANIDE
PA	R1F	THIAZIDE DIURETICS AND RELATED AGENTS	CHLOROTHIAZIDE
PA	R1H	POTASSIUM SPARING DIURETICS	MIDAMOR
PA	R1J	AMINOURACIL DIURETICS	*
PA	R1K	MISCELLANEOUS DIURETICS	ISMOTIC 45%
PA	R1L	POTASSIUM SPARING DIURETICS IN COMBINATION	DYAZIDE

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PA	R1M	LOOP DIURETICS	FUROSEMIDE
D	R1R	URICOSURIC AGENTS	PROBENECID
A	R1S	URINARY PH MODIFIERS	RENACIDIN
A	R1T	RENAL COMPETERS	*
D	R1U	RENAL FUNCTION DIAGNOSTIC AGENTS	
D	R2U	URINARY TRACT RADIOPAQUE DIAGNOSTICS	
PA	R3U	URINE GLUCOSE TEST AIDS	CHEMSTRIP UG
PA	R3V	MISCELLANEOUS URINE TEST AIDS	NITRAZINE PAPER
PA	R3W	URINE ACETONE TEST AIDS	ACETONE TEST STRIP
PA	R3Y	URINE MULTIPLE TEST AIDS	MULTISTIX 10 SG
PA	R3Z	URINE GLUC-ACET COMB.TST, STRIP	CHEMSTRIP UGK
PA	R4A	KIDNEY STONE AGENTS	THIOLA
PA	R5A	URINARY TRACT ANESTHETIC/ANALGESIC AGENTS	PHENAZOPYRIDINE
PA	R5B	URINARY TRACT ANALGESIC AGENTS	ELMIRON

S LOCOMOTOR SYSTEM

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
D	S2A	COLCHICINE	COL-PROBENECID
A	S2B	NSAIDS, CYCLOOXYGENASE INHIBITOR TYPE	IBUPROFEN
A	S2C	GOLD SALTS	RIDAURA
A	S2G	DRUGS ACTING ON BONE DISORDERS	*
PA	S2H	ANTI-INFLAMM/ANTIARTHRITIC AGENTS, MISCELLANEOUS	SYNVISC
PA	S2I	ANTI-INFLAMM, PYRIMIDINE SYNTHESIS INHIBITOR	ARAVA
PA	S2J	ANTI-INFLAMM, TUMOR NECROSIS FACTOR INHIBITOR	ENBREL
PA	S2N	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	RHEUMATREX
D	S7A	NEUROMUSCULAR BLOCKING AGENTS	BOTOX
A	S7B	SKELETAL MUSCLE, OTHERS	*

U MISCELLANEOUS DRUGS AND PHARMACEUTICAL ADJUVANTS

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
D	U5A	HOMEOPATHIC DRUGS	INSOMNIA FORMULA
D	U5B	HERBAL DRUGS	GINSENG
D	U5F	ANIMAL/HUMAN DERIVED AGENTS	NEATSFOOT
A	U6A	PHARMACEUTICAL ADJUVANTS, TABLETING AGENTS	STARCH
A	U6B	PHARMACEUTICAL ADJUVANTS, COATING AGENTS	*
A	U6E	OINTMENT/CREAM BASES	PETROLEUM JELLY
A	U6F	HYDROPHILIC CREAM/OINTMENT BASES	UNIBASE OINTMENT
A	U6H	SOLVENTS	ISOPROPYL ALCOHOL
A	U6N	VEHICLES	SORBITOL
A	U6S	PROPELLANTS	*
A	U6W	BULK CHEMICALS, O.U.	PIROXICAM, BULK
A	U7A	SUSPENDING AGENTS	GELATIN
A	U7D	SURFACTANTS	LINDORA LIQUID
A	U7H	ANTIOXIDANTS	SULFUR
A	U7J	CHELATING AGENTS	GLUTATHIONE
A	U7K	FLAVORING AGENTS	ANISE
A	U7N	SWEETENERS	GLUCOSE
A	U7P	PERFUMES	LAVENDER OIL
A	U7Q	COLORING AGENTS	CARAMEL
A	U7Z	BONDING/CATALYST AGENTS	

V NEOPLASMS

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
PA	V1A	ALKYLATING AGENTS	CYTOXAN
PA	V1B	ANTIMETABOLITES	FLUOROURACIL
PA	V1C	VINCA ALKALOIDS	VINBLASTINE SULFATE
PA	V1D	ANTIBIOTIC ANTINEOPLASTICS	MUTAMYCIN
PA	V1E	STEROID ANTINEOPLASTICS	MEGACE
PA	V1F	MISCELLANEOUS ANTINEOPLASTICS	VEPESID

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PA	V1G	RADIOACTIVE THERAPEUTIC AGENTS	METASTRON
PA	V1I	CHEMOTHERAPY ANTIDOTES	MESNEX
PA	V1J	ANTIANDROGENIC AGENTS	PROSCAR
PA	V1K	ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES	RITUXAN
PA	V1N	SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)	TARGRETIN
D	V1O	ANTINEOPLASTIC LHRH AGONISTS, PITUITARY SUPPRESSANT	ZOLADEX
PA	V2A	NEOPLASM MONOCLONAL DIAGNOSTIC AGENTS	ONCOSCINT CR/OV

W ANTI-INFECTING AGENTS

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
A	W1A	PENICILLINS	AUGMENTIN
A	W1B	CEPHALOSPORINS	CEPHALEXIN
A	W1C	TETRACYCLINES	DOXYCYCLINE HYCLATE
A	W1D	MACROLIDES	ERY-TAB
A	W1E	CHLORAMPHENICOL AND DERIVATIVES	CHLORAMPHENICOL
A	W1F	AMINOGLYCOSIDES	GENTAMICIN
A	W1G	ANTITUBERCULAR ANTIBIOTICS	RIFADIN
A	W1H	AMINOCYCLITOLS	TROBICIN W/DILUENT
A	W1J	VANCOMYCIN AND DERIVATIVES	VANCOMYCIN HCL
A	W1K	LINCOSAMIDES	CLINDAMYCIN HCL
A	W1L	TOPICAL ANTIBIOTICS	BACITRACIN STER POWDER
A	W1M	STREPTOGRAMINS	SYNERCID
A	W1N	POLYMYXIN AND DERIVATIVES	POLYMIXIN B
A	W1O	OXAZOLIDONES	ZYVOX
A	W1P	OXABETA-LACTAMS	LORABID
A	W1Q	QUINOLONES	CIPRO
A	W1R	BETA-LACTAMASE INHIBITORS	*
A	W1S	THIENAMYCINS	PRIMAXIN I.V.
A	W1V	STEROIDAL ANTIBIOTICS	*
A	W2A	ABSORBABLE SULFONAMIDES	GANTANOL
A	W2B	NON-ABSORBABLE SULFONAMIDES	*
A	W2E	ANTITUBERCULAR AGENTS	ISONIAZID
A	W2F	NITROFURAN DERIVATIVES	PROSED/DS
A	W2G	ANTIBACTERIAL CHEMOTHERAPEUTIC AGENTS, MISC.	TRIMETHOPRIM
A	W2Y	MISCELLANEOUS ANTIINFECTIVES	DIMETHYL SULFOXIDE
A	W3A	ANTIFUNGAL ANTIBIOTICS	NYSTATIN
A	W3B	ANTIFUNGAL AGENTS	DIFLUCAN
A	W4A	ANTIMALARIAL DRUGS	QUININE SULFATE
D	W4C	AMEBACIDES	HUMATIN
A	W4E	TRICHOMONACIDES	METRONIDAZOLE
D	W4F	MISCELLANEOUS ANTIINFECTIVES (ANTIPARASITICS)	*
D	W4K	MISCELLANEOUS ANTIPROTOZOAL DRUGS	PENTAMIDINE
D	W4L	ANTHELMINTICS	ALBENZA
D	W4M	TOPICAL ANTIPARASITICS	SULFUR
D	W4N	INSECT REPELLENTS	*
D	W4P	ANTILEPROTICS	LAMPRENE
D	W4Q	INSECTICIDES	BEDDING SPRAY
PA	W5A	ANTIVIRALS	VALTREX
A	W5B	ANTIVIRALS, HIV-SPECIFIC	RETROVIR
A	W5C	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	CRIXIVAN
PA	W5D	ANTIVIRAL MONOCLONAL ANTIBODIES	SYNAGIS
PA	W5E	HEPATITIS A TREATMENT AGENTS	*
PA	W5F	HEPATITIS B TREATMENT AGENTS	EPIVIR HBV
PA	W5G	HEPATITIS C TREATMENT AGENTS	REBETRON 1000
D	W7B	EXANTHEMATOUS AND TUMOR CAUSING VIRUS VACCINES	RECOMBOVAX HB
D	W7C	INFLUENZA VIRUS VACCINES	OMNIHIB
D	W7F	MUMPS AND RELATED VIRUS VACCINES	MUMPSVAX
D	W7H	ENTERIC VIRUS VACCINES	ORIMUNE
D	W7I	IMMUNOSTIMULANTS, BACTERIAL	*
D	W7J	ARTHROPOD-BORNE AND OTHER NEUROTOXIC VIRUS VACCINES	RABIES VACC
A	W7K	ANTISERA	H-BIG
D	W7L	GRAM POSITIVE COCCI VACCINES	PNU-IMUN
D	W7M	GRAM NEGATIVE BACILLI (NON-ENTERIC) VACCINES	TYPHOID VACC

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D	W7N	TOXIN PRODUCING BACTERIA VACCINES AND TOXOIDS	CHOLERA VACC
D	W7O	GRAM POSITIVE ROD VACCINES	*
D	W7P	RICKETTSIAL VACCINES	*
D	W7Q	GRAM NEGATIVE COCCI VACCINES	MENOMUNE
D	W7R	SPIROCHETE VACCINES	LYMERIX
A	W7S	ANTIVENINS	ANTIVENIN, POLYVALENT
D	W7T	ANTIGENIC SKIN TESTS	TUBERCULINE TINE TEST
D	W7U	HYMENOPTERA EXTRACTS	ALBAY-MIX VESPID
D	W7V	RHUS EXTRACTS	SIMPLE SKIN DISORDERS NO.14
D	W7W	MISCELLANEOUS THERAPEUTIC ALLERGENIC EXTRACTS	POLLEN EXTRACT
D	W7X	BACTERIA, AEROBIC/ANAEROBIC AGENTS	*
D	W7Y	FUNGI/YEAST PREPARATIONS	*
D	W7Z	COMBINATION VACCINE AND TOXOID PREPARATIONS	M-M-R II
A	W8A	HEAVY METAL ANTISEPTICS	MERCURY
A	W8B	SURFACE ACTIVE AGENTS	ZEPHIRAN
A	W8C	IODINE ANTISEPTICS	IODINE TINCTURE
A	W8D	OXIDIZING AGENTS	HYDROGEN PEROXIDE
A	W8E	ANTISEPTICS, GENERAL	ALCOHOL WIPES
A	W8F	IRRIGANTS	SODIUM CHLORIDE, .9%
D	W8G	MISCELLANEOUS ANTISEPTICS	CIDEX
D	W8H	MOUTHWASHES	CEPACOL
A	W8J	MISCELLANEOUS ANTIBACTERIAL AGENTS	GLYCINE, 1.5%
D	W8T	PRESERVATIVES	FORMALDEHYDE

Z BODY AS A WHOLE

STATUS	GC3	THERAPEUTIC CLASS DESCRIPTION	REPRESENTATIVE DRUG
D	Z1A	HISTAMINE PREPARATIONS	HISTATROL INTRADERMAL
D	Z1C	SEROTONIN AND DERIVATIVES	*
D	Z1D	ENZYME REPLACEMENTS (UBIQUITOUS ENZYMES)	CEREDASE
D	Z1E	ANTIOXIDANT AGENTS	ANTIOXIDANT A, C & E
PA	Z1F	IMMUNE SYSTEM CELL GROUPS	*
A	Z2A	ANTIHISTAMINES	DIPHENHYDRAMINE HCL
PA	Z2C	ANTISEROTONIN DRUGS	*
A	Z2D	HISTAMINE H2 INHIBITORS	*
PA	Z2E	IMMUNOSUPPRESIVES	SANDIMMUNE
A	Z2F	MAST CELL STABILIZERS	INTAL
PA	Z2G	IMMUNOMODULATORS	INTRON A
D	Z2H	SYSTEMIC ENZYME INHIBITORS	PROLASTIN
D	Z3G	MISCELLANEOUS AGENTS	KUTAPRESSIN
PA	Z4A	PROSTOGLANDINS	*
A	Z4B	LEUKOTRIENE RECEPTOR ANTAGONISTS	ACCOLATE
D	Z4C	THROMBOXANE A2 INHIBITORS	*
D	Z9A	UNIDENTIFIED DRUGS	*
D	Z9D	DIAGNOSTIC PREPARATIONS, OU	PROVOCHOLINE

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CPT & HCPCS Fee Schedule

This section contains the department's fee schedule for CPT and HCPCS codes effective July 1, 2001. The field indicator keys in the first part of this section describe how to interpret the information contained in each column of the spreadsheets.

The anesthesia section contains four columns: a CPT or ASA code, an *abbreviated** description, the anesthesia base unit or payment status and the source of the code.

All the other sections contain 16 columns. The first four columns contain the code number, an *abbreviated** description and the dollar value (or payment method) for services performed in non-facility and facility settings. The remaining 12 columns are "field indicators" that indicate various parameters for each code, e.g. the number of follow-up days allowed for a surgery and applicable modifiers. For complete explanations of the policies related to the surgery pricing modifiers, refer to the "Washington RBRVS Payment Policies" section of the *Medical Aid Rules and Fee Schedules.*

* **Please note:** Code descriptions are abbreviated and are intended for reference purposes only. Refer to your 2001 CPT and HCPCS books for complete descriptions and other relevant coding information.

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FIELD INDICATOR KEYS

ANESTHESIA SECTION

Column Title	Title Explanation	Indicator	Indicator Description
ANES CODE	Anesthesia Code		*2001 CPT* or *ASARVG* code
ABBREVIATED DESCRIPTION			Descriptions are abbreviated and are for reference purposes only. For complete descriptions, refer to a *2001 CPT* or *ASARVG*.
ANES BASE	Anesthesia Base Units	Number or coverage status	A number indicates the anesthesia base units assigned to the procedure. Not Covered and By Report codes are also indicated in this column.
MAX FEE	Maximum fee	Dollar value	Indicates the maximum fee for anesthesia codes not priced with anesthesia base units.
CODE SOURCE			Indicates source of code, *2001 CPT* or *ASARVG*. Blanks indicate *2001 CPT* is the code source.

ALL OTHER SECTIONS

Column Title	Title Explanation	Indicator	Indicator Description
CPT/HCPCS CODE			*2001 CPT* or HCPCS code
ABBREVIATED DESCRIPTION			Descriptions are abbreviated and are for reference purposes only. For complete descriptions, refer to a *2001 CPT* or HCPCS book.
NON-FACILITY SETTING DOLLAR VALUE		Dollar value or coverage status	The maximum dollar amount the department will pay for covered services provided in a non-facility setting. Average Wholesale Price (AWP), Bundled, By Report, Contracted, Info Only, and Not Covered codes are also indicated here. Average wholesale prices are posted on website http://www.lni.wa.gov/hsa/payment.htm or contact provider hotline at 1-800-848-0811.
FACILITY SETTING DOLLAR VALUE		Dollar value or coverage status	The maximum dollar amount the department will pay for covered services provided in a facility setting. Average Wholesale Price (AWP), Bundled, By Report, Contracted, Info Only, and Not Covered codes are also indicated here. Average wholesale prices are posted on website http://www.lni.wa.gov/hsa/payment.htm or contact provider hotline at 1-800-848-0811.
FOL UP	Follow-up	Follow-up days for global surgery	Number of days following surgery during which charges for normal postoperative care are bundled in the global surgery fee.

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Column Title	Title Explanation	Indicator	Indicator Description
PRE OP	Preoperative Percentage (Modifier -56)	Percentage	Percent of total global surgery dollar value allowed when modifier -56 (Preoperative Management) is billed.
INTRA OP	Intraoperative Percentage (Modifier -54)	Percentage	Percent of total global surgery dollar value allowed when modifier -54 (Surgical Care) is billed.
POST OP	Postoperative Percentage (Modifier -55)	Percentage	Percent of total global surgery dollar value allowed when modifier -55 (Postoperative Management) is billed.
PCTC	Professional and Technical Component (Modifiers -26/-TC)	Number	**This field identifies procedure codes which can be split into professional and technical components. Valid values for these field indicators include:**
		0	Physician services only. The concept of PC/TC does not apply. Modifiers **-26 and -TC are not valid for this procedure.**
		1	Diagnostic test or radiology service which has both a professional and technical component. **Modifiers -26 and -TC are valid for this procedure.**
		2	Stand alone code that describes the professional component of a diagnostic test for which there is: a) an associated code that describes the technical component of the diagnostic test only and b) another associated code that describes the global procedure (the professional and technical components). **Modifiers -26 and -TC are not valid for this procedure.**
		3	Stand alone code that describes the technical component of a diagnostic test for which there is: a) an associated code that describes the professional component of the diagnostic test only and b) another associated code that describes the global procedure (the professional and technical components). **Modifiers -26 and -TC are not valid for this procedure.**
		4	Stand alone code that describes the global procedure for a diagnostic test for which there are associated codes that describe: a) the professional component of the test only, and b) the technical component of the test only. **Modifiers -26 and -TC are not valid for this procedure.**
		5	Covered service that is incident to a physician's service when provided by auxiliary personnel employed by the physician and working under his/her direct personal supervision. Payment may not be made for this service when provided to hospital inpatients or outpatients. **Modifiers -26 and -TC are not valid for this procedure.**

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Column Title	Title Explanation	Indicator	Indicator Description
PCTC (continued)		**6**	Clinical laboratory or other service for which separate payment for interpretations by laboratory physicians or other physicians may be made. **Modifier -TC is not valid for this procedure. Modifier -26 may be valid for this procedure**.
		7	This indicator is not currently in use.
		8	Professional component of a clinical laboratory code for which separate payment may be made *only* if the physician interprets an abnormal smear for a hospital inpatient. **No -TC modifier billing is recognized** because payment for the underlying clinical laboratory test is made to the hospital**. No payment is recognized for these codes when furnished to hospital outpatients or non-hospital patients.**
		9	Concept of a professional/technical component split does not apply. **Modifiers -26 and -TC are not valid for this procedure.**
MSI	Multiple Surgery Indicator (Modifier -51)	Number	**This field indicates the multiple surgery payment rules that apply to the service. Multiple procedures are identified by modifier -51. Valid values for this field include:**
		0	Payment adjustment rules for multiple surgery do not apply. **Modifier -51 is not valid for this procedure.**
		1	This indicator is not currently in use.
		2	Standard multiple surgery payment policy applies (100%, 50%, 50%, 50%, 50%). **Modifier -51 is valid for this procedure.**
		3	Multiple endoscopic procedures payment policy applies if this service is billed with another endoscopy in the same family. **Modifier -51 may be valid for this procedure.**
		4	This indicator is not currently in use.
		9	Concept of multiple surgery does not apply. **Modifier -51 is not valid for this procedure.**
BSI	Bilateral Surgery Indicator (Modifier -50)	Number	**This field indicates that the procedure is subject to a payment adjustment for bilateral surgery. Bilateral procedures are identified by modifier -50. Valid values for this field include:**
		0	Payment adjustment rule for bilateral surgery does not apply. **Modifier -50 is not valid for this procedure.**
		1	Payment adjustment for bilateral procedures (150%) applies to this procedure. **Modifier -50 is valid for this procedure.**

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Column Title	Title Explanation	Indicator	Indicator Description
BSI (continued)		**2**	Payment adjustment for bilateral procedures does not apply. Procedures in this category include services for which the code descriptor specifically states that the procedure is bilateral; procedures that are usually performed as bilateral procedures; or procedures for which the code descriptor indicates the procedures may be performed either unilaterally or bilaterally. **Modifier -50 is not valid for this procedure.**
		3	Payment adjustment for bilateral procedure does not apply. This is a radiology procedure which is not subject to payment rules for bilateral surgeries. **Modifier -50 is not valid for this procedure**.
		9	Concept of bilateral surgery does not apply. **Modifier -50 is not valid for this procedure.**
ASI	Assistant Surgeon Indicator (Modifier -80)	Number	**This field indicates whether or not an assistant surgeon may be paid for the procedure. Assistants at surgery are indicated by modifiers -80, -81 and -82. Valid values for this field include:**
		0	Assistant at surgery is not usually paid for this procedure. Supporting documentation is necessary to establish medical necessity. **Modifiers -80, -81 and -82 are not valid under normal situations for this service.**
		1	Assistant at surgery may not be paid for this procedure. **Modifiers -80, -81 and -82 are not valid for this service.**
		2	Assistant at surgery may be paid. **Modifiers -80, -81 and -82 are valid for this service.**
		9	Concept does not apply. **Modifiers -80, -81 and -82 are not valid for this service.**
CSI	Co-surgeons Indicator (Modifier -62)	Number	**Indicates whether or not two surgeons, each in a different specialty, may be paid for the procedure. Co-surgeons are indicated by modifier -62. Valid values for this field include:**
		0	Co-surgeons not permitted. **Modifier -62 is not valid with this procedure**.
		1	Co-surgeons may be paid for this procedure. Supporting documentation is required to establish medical necessity of two surgeons. **Modifier -62 is not valid under normal situations for this procedure.**
		2	Co-surgeons may be paid for this procedure. No supporting documentation is required if two specialty requirement is met. **Modifier -62 is valid with this procedure.**
		9	Concept of co-surgeons does not apply. **Modifier -62 is not valid with this procedure.**

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Column Title	Title Explanation	Indicator	Indicator Description
TSI	Team Surgeons Indicator (Modifier -66)	Number	**Indicates whether or not team surgeons may be paid for the procedure. Team surgeons are indicated by modifier -66. Valid values for this field include:**
		0	Team surgeons not permitted. **Modifier -66 is not valid with this procedure.**
		1	Team surgeons may be payable. Supporting documentation is required to establish medical necessity of a team. **Modifier -66 is not valid under normal situations for this procedure.**
		2	Team surgeons permitted. **Modifier -66 is valid with this procedure.**
		9	Concept of team surgery does not apply. **Modifier -66 is not valid with this procedure.**
ENDO BASE	Endoscopy Base Code	Code number	**This column contains the endoscopic base code of which the CPT code listed in the first column is a family member. The Multiple Surgery Indicator is 3.**
FSI	Fee Schedule Indicator	Letter	**This column indicates the type of payment status. Valid values for this field include:**
		B	Bundled code, not separately payable
		C	Contracted service. Payable only to department's contracted vendor for State Fund claims. Payable to providers treating Self-Insured injured workers.
		D	Drug fee based on Average Wholesale Price (AWP)
		F	Flat fee developed by the department
		L	Clinical lab fee
		N	No fee or RVUs available, code paid By Report
		O	Informational only. Used for outpatient prospective payment system.
		R	RBRVS fee
		X	Non-covered code

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Anesthesia

Anesthesia

Effective July 1, 2001

ANES CODE	ABBREVIATED DESCRIPTION	ANES BASE	CODE SOURCE (CPT unless otherwise noted)
00100	Anesth, salivary gland	5	
00102	Anesth, repair of cleft lip	6	
00103	Anesth, blepharoplasty	5	
00104	Anesth, electroshock	4	
00120	Anesth, ear surgery	5	
00124	Anesth, ear exam	4	
00126	Anesth, tympanotomy	4	
00140	Anesth, procedures on eye	5	
00142	Anesth, lens surgery	4	
00144	Anesth, corneal transplant	6	
00145	Anesth, vitrectomy	6	
00147	Anesth, iridectomy	4	
00148	Anesth, eye exam	4	
00160	Anesth, nose/sinus surgery	5	
00162	Anesth, nose/sinus surgery	7	
00164	Anesth, biopsy of nose	4	
00170	Anesth, procedure on mouth	5	
00172	Anesth, cleft palate repair	6	
00174	Anesth, pharyngeal surgery	6	
00176	Anesth, pharyngeal surgery	7	
00190	Anesth, facial bone surgery	5	
00192	Anesth, facial bone surgery	7	
00210	Anesth, open head surgery	11	
00212	Anesth, skull drainage	5	
00214	Anesth, skull drainage	9	
00215	Anesth, skull fracture	9	
00216	Anesth, head vessel surgery	15	
00218	Anesth, special head surgery	13	
00220	Anesth, spinal fluid shunt	10	
00222	Anesth, head nerve surgery	6	
00300	Anesth, head/neck/ptrunk	5	
00320	Anesth, neck organ surgery	6	
00322	Anesth, biopsy of thyroid	3	
00350	Anesth, neck vessel surgery	10	
00352	Anesth, neck vessel surgery	5	
00400	Anesth, skin, ext/per/atrunk	3	
00402	Anesth, surgery of breast	5	
00404	Anesth, surgery of breast	5	
00406	Anesth, surgery of breast	13	
00410	Anesth, correct heart rhythm	4	
00450	Anesth, surgery of shoulder	5	
00452	Anesth, surgery of shoulder	6	
00454	Anesth, collar bone biopsy	3	
00470	Anesth, removal of rib	6	
00472	Anesth, chest wall repair	10	
00474	Anesth, surgery of rib(s)	13	
00500	Anesth, esophageal surgery	15	
00520	Anesth, chest procedure	6	

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Refer to Key for field indicator descriptions (pg. 223)

ANES CODE	ABBREVIATED DESCRIPTION	ANES BASE	CODE SOURCE (CPT unless otherwise noted)
00522	Anesth, chest lining biopsy	4	
00524	Anesth, chest drainage	4	
00528	Anesth, chest partition view	8	
00530	Anesth, pacemaker insertion	4	
00532	Anesth, vascular access	4	
00534	Anesth, cardioverter/defib	7	
00537	Anesth, cardiac electrophys	10	
00540	Anesth, chest surgery	13	
00542	Anesth, release of lung	15	
00544	Anesth, chest lining removal	15	
00546	Anesth, lung,chest wall surg	15	
00548	Anesth, trachea,bronchi surg	15	
00550	Anesth, sternal debridement	10	
00560	Anesth, open heart surgery	15	
00562	Anesth, open heart surgery	20	
00563	Anesth, heart proc w/pump	25	
00566	Anesth, cabg w/o pump	25	
00580	Anesth heart/lung transplant	20	
00600	Anesth, spine, cord surgery	10	
00604	Anesth, surgery of vertebra	13	
00620	Anesth, spine, cord surgery	10	
00622	Anesth, removal of nerves	13	
00630	Anesth, spine, cord surgery	8	
00632	Anesth, removal of nerves	7	
00634	Anesth for chemonucleolysis	10	
00635	Anesth, lumbar puncture	4	
00670	Anesth, spine, cord surgery	13	
00700	Anesth, abdominal wall surg	4	
00702	Anesth, for liver biopsy	4	
00730	Anesth, abdominal wall surg	5	
00740	Anesth, upper gi visualize	5	
00750	Anesth, repair of hernia	4	
00752	Anesth, repair of hernia	6	
00754	Anesth, repair of hernia	7	
00756	Anesth, repair of hernia	7	
00770	Anesth, blood vessel repair	15	
00790	Anesth, surg upper abdomen	7	
00792	Anesth, part liver removal	13	
00794	Anesth, pancreas removal	8	
00796	Anesth, for liver transplant	30	
00800	Anesth, abdominal wall surg	4	
00802	Anesth, fat layer removal	5	
00810	Anesth, low intestine scope	5	
00820	Anesth, abdominal wall surg	5	
00830	Anesth, repair of hernia	4	
00832	Anesth, repair of hernia	6	
00840	Anesth, surg lower abdomen	6	
00842	Anesth, amniocentesis	4	

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ANES CODE	ABBREVIATED DESCRIPTION	ANES BASE	CODE SOURCE (CPT unless otherwise noted)
00844	Anesth, pelvis surgery	7	
00846	Anesth, hysterectomy	8	
00848	Anesth, pelvic organ surg	8	
00850	Anesth, cesarean section	9	
00855	Anesth, hysterectomy	8	
00857	Analgesia, labor & c-section	9	
00860	Anesth, surgery of abdomen	6	
00862	Anesth, kidney/ureter surg	7	
00864	Anesth, removal of bladder	8	
00865	Anesth, removal of prostate	7	
00866	Anesth, removal of adrenal	10	
00868	Anesth, kidney transplant	10	
00870	Anesth, bladder stone surg	5	
00872	Anesth kidney stone destruct	7	
00873	Anesth kidney stone destruct	5	
00880	Anesth, abdomen vessel surg	15	
00882	Anesth, major vein ligation	10	
00884	Anesth, major vein revision	5	
00902	Anesth, anorectal surgery	4	
00904	Anesth, perineal surgery	7	
00906	Anesth, removal of vulva	4	
00908	Anesth, removal of prostate	6	
00910	Anesth, bladder surgery	3	
00912	Anesth, bladder tumor surg	5	
00914	Anesth, removal of prostate	5	
00916	Anesth, bleeding control	5	
00918	Anesth, stone removal	5	
00920	Anesth, genitalia surgery	3	
00922	Anesth, sperm duct surgery	6	
00924	Anesth, testis exploration	4	
00926	Anesth, removal of testis	4	
00928	Anesth, removal of testis	6	
00930	Anesth, testis suspension	4	
00932	Anesth, amputation of penis	4	
00934	Anesth, penis, nodes removal	6	
00936	Anesth, penis, nodes removal	8	
00938	Anesth, insert penis device	4	
00940	Anesth, vaginal procedures	3	
00942	Anesth, surgery on vagina	4	
00944	Anesth, vaginal hysterectomy	6	
00946	Anesth, vaginal delivery	5	
00948	Anesth, repair of cervix	4	
00950	Anesth, vaginal endoscopy	5	
00952	Anesth, hysteroscope/graph	4	
00955	Analgesia, vaginal delivery	6	
01112	Anesth, bone aspirate/bx	5	
01120	Anesth, pelvis surgery	6	
01130	Anesth, body cast procedure	3	

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ANES CODE	ABBREVIATED DESCRIPTION	ANES BASE	CODE SOURCE (CPT unless otherwise noted)
01140	Anesth, amputation at pelvis	15	
01150	Anesth, pelvic tumor surgery	10	
01160	Anesth, pelvis procedure	4	
01170	Anesth, pelvis surgery	8	
01180	Anesth, pelvis nerve removal	3	
01190	Anesth, pelvis nerve removal	4	
01200	Anesth, hip joint procedure	4	
01202	Anesth, arthroscopy of hip	4	
01210	Anesth, hip joint surgery	6	
01212	Anesth, hip disarticulation	10	
01214	Anesth, replacement of hip	8	
01215	Anesth, revise hip repair	10	
01220	Anesth, procedure on femur	4	
01230	Anesth, surgery of femur	6	
01232	Anesth, amputation of femur	5	
01234	Anesth, radical femur surg	8	
01250	Anesth, upper leg surgery	4	
01260	Anesth, upper leg veins surg	3	
01270	Anesth, thigh arteries surg	8	
01272	Anesth, femoral artery surg	4	
01274	Anesth, femoral embolectomy	6	
01320	Anesth, knee area surgery	4	
01340	Anesth, knee area procedure	4	
01360	Anesth, knee area surgery	5	
01380	Anesth, knee joint procedure	3	
01382	Anesth, knee arthroscopy	3	
01390	Anesth, knee area procedure	3	
01392	Anesth, knee area surgery	4	
01400	Anesth, knee joint surgery	4	
01402	Anesth, replacement of knee	7	
01404	Anesth, amputation at knee	5	
01420	Anesth, knee joint casting	3	
01430	Anesth, knee veins surgery	3	
01432	Anesth, knee vessel surg	6	
01440	Anesth, knee arteries surg	8	
01442	Anesth, knee artery surg	8	
01444	Anesth, knee artery repair	8	
01462	Anesth, lower leg procedure	3	
01464	Anesth, ankle arthroscopy	3	
01470	Anesth, lower leg surgery	3	
01472	Anesth, achilles tendon surg	5	
01474	Anesth, lower leg surgery	5	
01480	Anesth, lower leg bone surg	3	
01482	Anesth, radical leg surgery	4	
01484	Anesth, lower leg revision	4	
01486	Anesth, ankle replacement	7	
01490	Anesth, lower leg casting	3	
01500	Anesth, leg arteries surg	8	

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ANES CODE	ABBREVIATED DESCRIPTION	ANES BASE	CODE SOURCE (CPT unless otherwise noted)
01502	Anesth, lwr leg embolectomy	6	
01520	Anesth, lower leg vein surg	3	
01522	Anesth, lower leg vein surg	5	
01610	Anesth, surgery of shoulder	5	
01620	Anesth, shoulder procedure	4	
01622	Anesth, shoulder arthroscopy	4	
01630	Anesth, surgery of shoulder	5	
01632	Anesth, surgery of shoulder	6	
01634	Anesth, shoulder joint amput	9	
01636	Anesth, forequarter amput	15	
01638	Anesth, shoulder replacement	10	
01650	Anesth, shoulder artery surg	6	
01652	Anesth, shoulder vessel surg	10	
01654	Anesth, shoulder vessel surg	8	
01656	Anesth, arm-leg vessel surg	10	
01670	Anesth, shoulder vein surg	4	
01680	Anesth, shoulder casting	3	
01682	Anesth, airplane cast	4	
01710	Anesth, elbow area surgery	3	
01712	Anesth, uppr arm tendon surg	5	
01714	Anesth, uppr arm tendon surg	5	
01716	Anesth, biceps tendon repair	5	
01730	Anesth, uppr arm procedure	3	
01732	Anesth, elbow arthroscopy	3	
01740	Anesth, upper arm surgery	4	
01742	Anesth, humerus surgery	5	
01744	Anesth, humerus repair	5	
01756	Anesth, radical humerus surg	6	
01758	Anesth, humeral lesion surg	5	
01760	Anesth, elbow replacement	7	
01770	Anesth, uppr arm artery surg	6	
01772	Anesth, uppr arm embolectomy	6	
01780	Anesth, upper arm vein surg	3	
01782	Anesth, uppr arm vein repair	4	
01810	Anesth, lower arm surgery	3	
01820	Anesth, lower arm procedure	3	
01830	Anesth, lower arm surgery	3	
01832	Anesth, wrist replacement	6	
01840	Anesth, lwr arm artery surg	6	
01842	Anesth, lwr arm embolectomy	6	
01844	Anesth, vascular shunt surg	6	
01850	Anesth, lower arm vein surg	3	
01852	Anesth, lwr arm vein repair	4	
01860	Anesth, lower arm casting	3	
01904	Anesth, skull x-ray inject	7	
01906	Anesth, lumbar myelography	5	
01908	Anesth, cervical myelography	5	
01910	Anesth, skull myelography	9	

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Anesthesia

Effective July 1, 2001

ANES CODE	ABBREVIATED DESCRIPTION	ANES BASE	CODE SOURCE (CPT unless otherwise noted)
01912	Anesth, lumbar diskography	5	
01914	Anesth, cervical diskography	6	
01916	Anesth, head arteriogram	5	
01918	Anesth, limb arteriogram	5	
01920	Anesth, catheterize heart	7	
01921	Anesth, vessel surgery	7	
01922	Anesth, cat or MRI scan	5	
01951	Anesth, burn, less 1 percent	3	
01952	Anesth, burn, 1-9 percent	5	
01961	Anesthesia for nerve blocks	3	ASA Relative Value Guide
01962	Anesthesia for nerve blocks	5	ASA Relative Value Guide
01990	Support for organ donor	7	
01995	Regional anesthesia, limb	5	
01999	Unlisted anesth procedure	By Report	

ANES CODE	ABBREVIATED DESCRIPTION	MAX FEE	CODE SOURCE (CPT unless otherwise noted)
01953	Anesth, burn, each 9 percent	$ 40.50	
01996	Manage daily drug therapy	$ 46.13	

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Evaluation and Management

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
99201	Office/outpatient visit, new	$46.13	$31.25	0	0%	0%	0%	0	0	0	0	0	0		R
99202	Office/outpatient visit, new	$79.86	$60.51	0	0%	0%	0%	0	0	0	0	0	0		R
99203	Office/outpatient visit, new	$117.55	$91.26	0	0%	0%	0%	0	0	0	0	0	0		R
99204	Office/outpatient visit, new	$170.62	$134.91	0	0%	0%	0%	0	0	0	0	0	0		R
99205	Office/outpatient visit, new	$215.26	$177.57	0	0%	0%	0%	0	0	0	0	0	0		R
99211	Office/outpatient visit, est	$25.79	$12.40	0	0%	0%	0%	0	0	0	0	0	0		R
99212	Office/outpatient visit, est	$46.62	$31.25	0	0%	0%	0%	0	0	0	0	0	0		R
99213	Office/outpatient visit, est	$64.98	$45.63	0	0%	0%	0%	0	0	0	0	0	0		R
99214	Office/outpatient visit, est	$101.68	$73.90	0	0%	0%	0%	0	0	0	0	0	0		R
99215	Office/outpatient visit, est	$150.78	$119.04	0	0%	0%	0%	0	0	0	0	0	0		R
99217	Observation care discharge	$88.78	$88.78	0	0%	0%	0%	0	0	0	0	0	0		R
99218	Observation care	$90.77	$90.77	0	0%	0%	0%	0	0	0	0	0	0		R
99219	Observation care	$150.29	$150.29	0	0%	0%	0%	0	0	0	0	0	0		R
99220	Observation care	$205.84	$205.84	0	0%	0%	0%	0	0	0	0	0	0		R
99221	Initial hospital care	$91.76	$91.76	0	0%	0%	0%	0	0	0	0	0	0		R
99222	Initial hospital care	$150.78	$150.78	0	0%	0%	0%	0	0	0	0	0	0		R
99223	Initial hospital care	$206.34	$206.34	0	0%	0%	0%	0	0	0	0	0	0		R
99231	Subsequent hospital care	$46.13	$46.13	0	0%	0%	0%	0	0	0	0	0	0		R
99232	Subsequent hospital care	$73.90	$73.90	0	0%	0%	0%	0	0	0	0	0	0		R
99233	Subsequent hospital care	$104.66	$104.66	0	0%	0%	0%	0	0	0	0	0	0		R
99234	Observ/hosp same date	$174.10	$174.10	0	0%	0%	0%	0	0	0	0	0	0		R
99235	Observ/hosp same date	$232.13	$232.13	0	0%	0%	0%	0	0	0	0	0	0		R
99236	Observ/hosp same date	$286.69	$286.69	0	0%	0%	0%	0	0	0	0	0	0		R
99238	Hospital discharge day	$88.29	$88.29	0	0%	0%	0%	0	0	0	0	0	0		R
99239	Hospital discharge day	$118.05	$118.05	0	0%	0%	0%	0	0	0	0	0	0		R
99241	Office consultation	$63.98	$46.13	0	0%	0%	0%	0	0	0	0	0	0		R
99242	Office consultation	$115.07	$90.27	0	0%	0%	0%	0	0	0	0	0	0		R
99243	Office consultation	$151.78	$120.03	0	0%	0%	0%	0	0	0	0	0	0		R
99244	Office consultation	$215.26	$176.58	0	0%	0%	0%	0	0	0	0	0	0		R
99245	Office consultation	$281.73	$234.61	0	0%	0%	0%	0	0	0	0	0	0		R
99251	Initial inpatient consult	$54.56	$54.56	0	0%	0%	0%	0	0	0	0	0	0		R
99252	Initial inpatient consult	$99.20	$99.20	0	0%	0%	0%	0	0	0	0	0	0		R
99253	Initial inpatient consult	$134.42	$134.42	0	0%	0%	0%	0	0	0	0	0	0		R
99254	Initial inpatient consult	$190.46	$190.46	0	0%	0%	0%	0	0	0	0	0	0		R
99255	Initial inpatient consult	$260.40	$260.40	0	0%	0%	0%	0	0	0	0	0	0		R
99261	Follow-up inpatient consult	$33.73	$33.73	0	0%	0%	0%	0	0	0	0	0	0		R
99262	Follow-up inpatient consult	$62.99	$62.99	0	0%	0%	0%	0	0	0	0	0	0		R
99263	Follow-up inpatient consult	$92.26	$92.26	0	0%	0%	0%	0	0	0	0	0	0		R
99271	Confirmatory consultation	$55.55	$35.22	0	0%	0%	0%	0	0	0	0	0	0		R
99272	Confirmatory consultation	$86.30	$62.50	0	0%	0%	0%	0	0	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
99273	Confirmatory consultation	$116.06	$87.30	0	0%	0%	0%	0	0	0	0	0	0		R
99274	Confirmatory consultation	$158.22	$124.00	0	0%	0%	0%	0	0	0	0	0	0		R
99275	Confirmatory consultation	$202.37	$175.09	0	0%	0%	0%	0	0	0	0	0	0		R
99281	Emergency dept visit	$23.81	$23.81	0	0%	0%	0%	0	0	0	0	0	0		R
99282	Emergency dept visit	$39.18	$39.18	0	0%	0%	0%	0	0	0	0	0	0		R
99283	Emergency dept visit	$82.34	$82.34	0	0%	0%	0%	0	0	0	0	0	0		R
99284	Emergency dept visit	$128.46	$128.46	0	0%	0%	0%	0	0	0	0	0	0		R
99285	Emergency dept visit	$200.38	$200.38	0	0%	0%	0%	0	0	0	0	0	0		R
99288	Direct advanced life support	$29.76	$29.76	0	0%	0%	0%	9	9	9	9	9	9		R
99291	Critical care, first hour	$280.24	$270.82	0	0%	0%	0%	0	0	0	0	0	0		R
99292	Critical care, addl 30 min	$141.36	$133.92	0	0%	0%	0%	0	0	0	0	0	0		R
99295	Neonatal critical care	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99296	Neonatal critical care	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99297	Neonatal critical care	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99298	Neonatal critical care	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99301	Nursing facility care	$82.34	$82.34	0	0%	0%	0%	0	0	0	0	0	0		R
99302	Nursing facility care	$109.12	$109.12	0	0%	0%	0%	0	0	0	0	0	0		R
99303	Nursing facility care	$139.87	$139.87	0	0%	0%	0%	0	0	0	0	0	0		R
99311	Nursing fac care, subseq	$42.66	$42.66	0	0%	0%	0%	0	0	0	0	0	0		R
99312	Nursing fac care, subseq	$68.94	$68.94	0	0%	0%	0%	0	0	0	0	0	0		R
99313	Nursing fac care, subseq	$95.73	$95.73	0	0%	0%	0%	0	0	0	0	0	0		R
99315	Nursing fac discharge day	$78.37	$78.37	0	0%	0%	0%	0	0	0	0	0	0		R
99316	Nursing fac discharge day	$102.18	$102.18	0	0%	0%	0%	0	0	0	0	0	0		R
99321	Rest home visit, new patient	$56.54	$53.57	0	0%	0%	0%	0	0	0	0	0	0		R
99322	Rest home visit, new patient	$83.33	$74.90	0	0%	0%	0%	0	0	0	0	0	0		R
99323	Rest home visit, new patient	$109.62	$95.23	0	0%	0%	0%	0	0	0	0	0	0		R
99331	Rest home visit, est pat	$51.58	$45.63	0	0%	0%	0%	0	0	0	0	0	0		R
99332	Rest home visit, est pat	$67.46	$59.52	0	0%	0%	0%	0	0	0	0	0	0		R
99333	Rest home visit, est pat	$83.33	$73.41	0	0%	0%	0%	0	0	0	0	0	0		R
99341	Home visit, new patient	$78.86	$76.88	0	0%	0%	0%	0	0	0	0	0	0		R
99342	Home visit, new patient	$116.06	$110.11	0	0%	0%	0%	0	0	0	0	0	0		R
99343	Home visit, new patient	$173.60	$172.61	0	0%	0%	0%	0	0	0	0	0	0		R
99344	Home visit, new patient	$224.19	$213.28	0	0%	0%	0%	0	0	0	0	0	0		R
99345	Home visit, new patient	$271.81	$252.96	0	0%	0%	0%	0	0	0	0	0	0		R
99347	Home visit, est patient	$62.50	$58.03	0	0%	0%	0%	0	0	0	0	0	0		R
99348	Home visit, est patient	$97.71	$90.27	0	0%	0%	0%	0	0	0	0	0	0		R
99349	Home visit, est patient	$149.79	$139.87	0	0%	0%	0%	0	0	0	0	0	0		R
99350	Home visit, est patient	$218.74	$206.83	0	0%	0%	0%	0	0	0	0	0	0		R
99354	Prolonged service, office	$153.26	$118.05	0	0%	0%	0%	0	0	0	0	0	0		R
99355	Prolonged service, office	$145.82	$117.55	0	0%	0%	0%	0	0	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
99356	Prolonged service, inpatient	$120.03	$120.03	0	0%	0%	0%	0	0	0	0	0	0		R
99357	Prolonged service, inpatient	$121.02	$121.02	0	0%	0%	0%	0	0	0	0	0	0		R
99358	Prolonged serv, w/o contact	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99359	Prolonged serv, w/o contact	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99360	Physician standby services	$59.52	$59.52	0	0%	0%	0%	9	9	9	9	9	9		R
99361	Physician/team conference	$60.02	$83.33	0	0%	0%	0%	9	9	9	9	9	9		R
99362	Physician/team conference	$119.04	$150.78	0	0%	0%	0%	9	9	9	9	9	9		R
99371	Physician phone consultation	$8.93	$12.90	0	0%	0%	0%	9	9	9	9	9	9		R
99372	Physician phone consultation	$18.35	$25.79	0	0%	0%	0%	9	9	9	9	9	9		R
99373	Physician phone consultation	$27.28	$39.18	0	0%	0%	0%	9	9	9	9	9	9		R
99374	Home health care supervision	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99375	Home health care supervision	$94.24	$94.24	0	0%	0%	0%	9	9	9	9	9	9		R
99377	Hospice care supervision	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99378	Hospice care supervision	$94.24	$94.24	0	0%	0%	0%	9	9	9	9	9	9		R
99379	Nursing fac care supervision	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99380	Nursing fac care supervision	$156.24	$120.03	0	0%	0%	0%	9	9	9	9	9	9		R
99381	Prev visit, new, infant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99382	Prev visit, new, age 1-4	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99383	Prev visit, new, age 5-11	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99384	Prev visit, new, age 12-17	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99385	Prev visit, new, age 18-39	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99386	Prev visit, new, age 40-64	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99387	Prev visit, new, 65 & over	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99391	Prev visit, est, infant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99392	Prev visit, est, age 1-4	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99393	Prev visit, est, age 5-11	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99394	Prev visit, est, age 12-17	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99395	Prev visit, est, age 18-39	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99396	Prev visit, est, age 40-64	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99397	Prev visit, est, 65 & over	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99401	Preventive counseling, indiv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99402	Preventive counseling, indiv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99403	Preventive counseling, indiv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99404	Preventive counseling, indiv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99411	Preventive counseling, group	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99412	Preventive counseling, group	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99420	Health risk assessment test	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99429	Unlisted preventive service	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99431	Initial care, normal newborn	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99432	Newborn care, not in hosp	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
99433	Normal newborn care/hospital	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99435	Newborn discharge day hosp	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99436	Attendance, birth	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99440	Newborn resuscitation	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99450	Life/disability evaluation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99455	Disability examination	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99456	Disability examination	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
99499	Unlisted e&m service	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

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Surgery

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
10040	Acne surgery of skin abscess	$123.50	$81.84	10	10%	80%	10%	0	2	0	1	0	0		R
10060	Drainage of skin abscess	$115.07	$87.79	10	10%	80%	10%	0	2	0	1	0	0		R
10061	Drainage of skin abscess	$207.82	$171.62	10	10%	80%	10%	0	2	0	1	0	0		R
10080	Drainage of pilonidal cyst	$142.85	$90.27	10	10%	80%	10%	0	2	0	1	0	0		R
10081	Drainage of pilonidal cyst	$246.51	$194.93	10	10%	80%	10%	0	2	0	1	0	0		R
10120	Remove foreign body	$135.90	$93.74	10	10%	80%	10%	0	2	0	1	0	0		R
10121	Remove foreign body	$257.42	$216.26	10	10%	80%	10%	0	2	0	1	0	0		R
10140	Drainage of hematoma/fluid	$138.88	$116.56	10	10%	80%	10%	0	2	0	1	0	0		R
10160	Puncture drainage of lesion	$123.50	$94.24	10	10%	80%	10%	0	2	0	1	0	0		R
10180	Complex drainage, wound	$188.98	$181.54	10	10%	80%	10%	0	2	0	1	0	0		R
11000	Debride infected skin	$57.54	$43.15	0	0%	0%	0%	0	2	0	1	0	0		R
11001	Debride infected skin add-on	$30.75	$21.33	0	0%	0%	0%	0	0	0	1	0	0		R
11010	Debride skin, fx	$369.02	$352.66	10	10%	80%	10%	0	2	2	1	0	0		R
11011	Debride skin/muscle, fx	$473.68	$427.55	0	0%	0%	0%	0	2	2	1	0	0		R
11012	Debride skin/muscle/bone, fx	$674.56	$619.50	0	0%	0%	0%	0	2	2	1	0	0		R
11040	Debride skin, partial	$49.60	$37.20	0	0%	0%	0%	0	2	0	1	0	0		R
11041	Debride skin, full	$74.90	$60.02	0	0%	0%	0%	0	2	0	1	0	0		R
11042	Debride skin/tissue	$101.68	$81.34	0	0%	0%	0%	0	2	0	1	0	0		R
11043	Debride tissue/muscle	$248.00	$203.36	10	10%	80%	10%	0	2	0	1	0	0		R
11044	Debride tissue/muscle/bone	$318.43	$270.32	10	10%	80%	10%	0	2	0	1	0	0		R
11055	Trim skin lesion	$30.75	$20.34	0	0%	0%	0%	0	2	0	1	0	0		R
11056	Trim skin lesions, 2 to 4	$39.68	$29.26	0	0%	0%	0%	0	2	0	1	0	0		R
11057	Trim skin lesions, over 4	$46.62	$36.21	0	0%	0%	0%	0	2	0	1	0	0		R
11100	Biopsy of skin lesion	$106.14	$59.52	0	0%	0%	0%	0	2	0	1	0	0		R
11101	Biopsy, skin add-on	$52.58	$30.26	0	0%	0%	0%	0	0	0	1	0	0		R
11200	Removal of skin tags	$86.30	$54.06	10	10%	80%	10%	0	2	0	1	0	0		R
11201	Remove skin tags add-on	$35.22	$20.34	0	0%	0%	0%	0	0	0	1	0	0		R
11300	Shave skin lesion	$72.91	$38.69	0	0%	0%	0%	0	2	0	0	0	0		R
11301	Shave skin lesion	$94.74	$62.99	0	0%	0%	0%	0	2	0	0	0	0		R
11302	Shave skin lesion	$112.10	$77.87	0	0%	0%	0%	0	2	0	0	0	0		R
11303	Shave skin lesion	$132.93	$93.25	0	0%	0%	0%	0	2	0	0	0	0		R
11305	Shave skin lesion	$71.92	$49.60	0	0%	0%	0%	0	2	0	0	0	0		R
11306	Shave skin lesion	$100.69	$71.92	0	0%	0%	0%	0	2	0	0	0	0		R
11307	Shave skin lesion	$116.06	$83.33	0	0%	0%	0%	0	2	0	0	0	0		R
11308	Shave skin lesion	$138.88	$105.65	0	0%	0%	0%	0	2	0	0	0	0		R
11310	Shave skin lesion	$89.28	$55.06	0	0%	0%	0%	0	2	0	0	0	0		R
11311	Shave skin lesion	$112.10	$78.37	0	0%	0%	0%	0	2	0	0	0	0		R
11312	Shave skin lesion	$126.48	$90.77	0	0%	0%	0%	0	2	0	0	0	0		R
11313	Shave skin lesion	$163.68	$121.52	0	0%	0%	0%	0	2	0	0	0	0		R
11400	Removal of skin lesion	$144.83	$77.87	10	10%	80%	10%	0	2	0	1	0	0		R

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11401	Removal of skin lesion	$169.14	$106.14	10	10%	80%	10%	0	2	0	1	0	0		R
11402	Removal of skin lesion	$190.46	$125.98	10	10%	80%	10%	0	2	0	1	0	0		R
11403	Removal of skin lesion	$220.22	$149.79	10	10%	80%	10%	0	2	0	1	0	0		R
11404	Removal of skin lesion	$243.04	$169.63	10	10%	80%	10%	0	2	0	1	0	0		R
11406	Removal of skin lesion	$290.16	$224.19	10	10%	80%	10%	0	2	0	1	0	0		R
11420	Removal of skin lesion	$138.38	$87.79	10	10%	80%	10%	0	2	0	1	0	0		R
11421	Removal of skin lesion	$177.57	$122.02	10	10%	80%	10%	0	2	0	1	0	0		R
11422	Removal of skin lesion	$198.40	$138.38	10	10%	80%	10%	0	2	0	1	0	0		R
11423	Removal of skin lesion	$240.56	$168.64	10	10%	80%	10%	0	2	0	1	0	0		R
11424	Removal of skin lesion	$271.81	$200.38	10	10%	80%	10%	0	2	0	1	0	0		R
11426	Removal of skin lesion	$363.57	$294.62	10	10%	80%	10%	0	2	0	1	0	0		R
11440	Removal of skin lesion	$165.66	$99.20	10	10%	80%	10%	0	2	0	1	0	0		R
11441	Removal of skin lesion	$196.91	$132.93	10	10%	80%	10%	0	2	0	1	0	0		R
11442	Removal of skin lesion	$217.25	$152.77	10	10%	80%	10%	0	2	0	1	0	0		R
11443	Removal of skin lesion	$274.29	$199.89	10	10%	80%	10%	0	2	0	1	0	0		R
11444	Removal of skin lesion	$339.26	$263.38	10	10%	80%	10%	0	2	0	1	0	0		R
11446	Removal of skin lesion	$415.15	$338.77	10	10%	80%	10%	0	2	0	1	0	0		R
11450	Removal, sweat gland lesion	$330.34	$221.71	90	10%	71%	19%	0	2	0	1	0	0		R
11451	Removal, sweat gland lesion	$432.02	$310.50	90	10%	71%	19%	0	2	0	0	0	0		R
11462	Removal, sweat gland lesion	$318.43	$202.86	90	10%	71%	19%	0	2	0	0	0	0		R
11463	Removal, sweat gland lesion	$445.41	$299.58	90	10%	71%	19%	0	2	0	0	0	0		R
11470	Removal, sweat gland lesion	$374.48	$258.42	90	10%	71%	19%	0	2	0	1	0	0		R
11471	Removal, sweat gland lesion	$468.72	$334.30	90	10%	71%	19%	0	2	0	0	0	0		R
11600	Removal of skin lesion	$185.01	$116.06	10	10%	80%	10%	0	2	0	1	0	0		R
11601	Removal of skin lesion	$218.24	$150.29	10	10%	80%	10%	0	2	0	1	0	0		R
11602	Removal of skin lesion	$234.61	$170.13	10	10%	80%	10%	0	2	0	1	0	0		R
11603	Removal of skin lesion	$261.39	$189.47	10	10%	80%	10%	0	2	0	1	0	0		R
11604	Removal of skin lesion	$284.70	$207.33	10	10%	80%	10%	0	2	0	1	0	0		R
11606	Removal of skin lesion	$358.61	$289.17	10	10%	80%	10%	0	2	0	1	0	0		R
11620	Removal of skin lesion	$182.53	$111.60	10	10%	80%	10%	0	2	0	1	0	0		R
11621	Removal of skin lesion	$226.67	$164.18	10	10%	80%	10%	0	2	0	1	0	0		R
11622	Removal of skin lesion	$258.42	$192.45	10	10%	80%	10%	0	2	0	1	0	0		R
11623	Removal of skin lesion	$292.64	$234.61	10	10%	80%	10%	0	2	0	1	0	0		R
11624	Removal of skin lesion	$341.25	$272.80	10	10%	80%	10%	0	2	0	1	0	0		R
11626	Removal of skin lesion	$429.04	$360.10	10	10%	80%	10%	0	2	0	1	0	0		R
11640	Removal of skin lesion	$200.88	$131.94	10	10%	80%	10%	0	2	0	1	0	0		R
11641	Removal of skin lesion	$266.85	$202.37	10	10%	80%	10%	0	2	0	1	0	0		R
11642	Removal of skin lesion	$295.62	$240.06	10	10%	80%	10%	0	2	0	1	0	0		R
11643	Removal of skin lesion	$345.71	$283.71	10	10%	80%	10%	0	2	0	1	0	0		R
11644	Removal of skin lesion	$432.02	$362.08	10	10%	80%	10%	0	2	0	1	0	0		R

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11646	Removal of skin lesion	$564.45	$497.49	10	10%	80%	10%	0	2	0	1	0	0		R
11719	Trim nail(s)	$27.28	$8.93	0	0%	0%	0%	0	2	0	1	0	0		R
11720	Debride nail, 1-5	$36.70	$23.31	0	0%	0%	0%	0	0	0	1	0	0		R
11721	Debride nail, 6 or more	$55.55	$40.18	0	0%	0%	0%	0	0	0	1	0	0		R
11730	Removal of nail plate	$92.75	$79.36	0	0%	0%	0%	0	2	0	1	0	0		R
11732	Remove nail plate, add-on	$44.64	$40.18	0	0%	0%	0%	0	0	0	1	0	0		R
11740	Drain blood from under nail	$49.10	$27.28	0	0%	0%	0%	0	2	0	1	0	0		R
11750	Removal of nail bed	$183.52	$141.36	10	10%	80%	10%	0	2	0	1	0	0		R
11752	Remove nail bed/finger tip	$255.94	$227.66	10	10%	80%	10%	0	2	0	1	0	0		R
11755	Biopsy, nail unit	$119.04	$102.18	0	0%	0%	0%	0	2	0	0	0	0		R
11760	Repair of nail bed	$159.71	$134.42	10	10%	80%	10%	0	2	0	1	0	0		R
11762	Reconstruction of nail bed	$269.33	$240.56	10	10%	80%	10%	0	2	0	1	0	0		R
11765	Excision of nail fold, toe	$78.37	$56.05	10	10%	80%	10%	0	2	0	1	0	0		R
11770	Removal of pilonidal lesion	$284.70	$222.21	10	10%	80%	10%	0	2	0	1	0	0		R
11771	Removal of pilonidal lesion	$563.46	$514.35	90	10%	71%	19%	0	2	0	1	0	0		R
11772	Removal of pilonidal lesion	$661.66	$600.16	90	10%	71%	19%	0	2	0	1	0	0		R
11900	Injection into skin lesions	$57.54	$36.70	0	0%	0%	0%	0	2	0	1	0	0		R
11901	Added skin lesions injection	$77.87	$57.04	0	0%	0%	0%	0	2	0	1	0	0		R
11920	Correct skin color defects	$182.53	$133.42	0	0%	0%	0%	0	2	0	0	0	0		R
11921	Correct skin color defects	$216.75	$161.20	0	0%	0%	0%	0	2	0	0	0	0		R
11922	Correct skin color defects	$45.14	$40.67	0	0%	0%	0%	0	0	0	0	0	0		R
11950	Therapy for contour defects	$107.63	$77.38	0	0%	0%	0%	0	2	0	0	0	0		R
11951	Therapy for contour defects	$141.86	$97.71	0	0%	0%	0%	0	2	0	0	0	0		R
11952	Therapy for contour defects	$184.02	$139.38	0	0%	0%	0%	0	2	0	0	0	0		R
11954	Therapy for contour defects	$217.74	$150.29	0	0%	0%	0%	0	2	0	0	0	0		R
11960	Insert tissue expander(s)	$978.61	$978.61	90	10%	71%	19%	0	2	0	1	0	0		R
11970	Replace tissue expander	$671.58	$671.58	90	10%	71%	19%	0	2	0	1	0	0		R
11971	Remove tissue expander(s)	$370.02	$287.18	90	10%	71%	19%	0	2	0	0	0	0		R
11975	Insert contraceptive cap	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
11976	Removal of contraceptive cap	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
11977	Removal/reinsert contra cap	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
11980	Implant hormone pellet(s)	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	1	0	0		X
12001	Repair superficial wound(s)	$183.02	$127.97	10	10%	80%	10%	0	2	0	1	0	0		R
12002	Repair superficial wound(s)	$198.40	$140.37	10	10%	80%	10%	0	2	0	1	0	0		R
12004	Repair superficial wound(s)	$229.65	$169.14	10	10%	80%	10%	0	2	0	1	0	0		R
12005	Repair superficial wound(s)	$284.21	$216.26	10	10%	80%	10%	0	2	0	1	0	0		R
12006	Repair superficial wound(s)	$372.99	$289.66	10	10%	80%	10%	0	2	0	1	0	0		R
12007	Repair superficial wound(s)	$414.16	$326.37	10	10%	80%	10%	0	2	0	1	1	0		R
12011	Repair superficial wound(s)	$191.46	$133.92	10	10%	80%	10%	0	2	0	1	0	0		R
12013	Repair superficial wound(s)	$213.28	$151.78	10	10%	80%	10%	0	2	0	1	0	0		R

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12014	Repair superficial wound(s)	$251.47	$184.02	10	10%	80%	10%	0	2	0	1	0	0		R
12015	Repair superficial wound(s)	$311.98	$235.60	10	10%	80%	10%	0	2	0	1	0	0		R
12016	Repair superficial wound(s)	$379.94	$292.64	10	10%	80%	10%	0	2	0	1	0	0		R
12017	Repair superficial wound(s)	$493.02	$384.40	10	10%	80%	10%	0	2	0	0	0	0		R
12018	Repair superficial wound(s)	$596.69	$462.27	10	10%	80%	10%	0	2	0	2	1	0		R
12020	Closure of split wound	$252.46	$209.81	10	10%	80%	10%	0	2	0	1	0	0		R
12021	Closure of split wound	$184.51	$145.33	10	10%	80%	10%	0	2	0	1	0	0		R
12031	Layer closure of wound(s)	$225.18	$161.20	10	10%	80%	10%	0	2	0	1	0	0		R
12032	Layer closure of wound(s)	$248.00	$182.53	10	10%	80%	10%	0	2	0	1	0	0		R
12034	Layer closure of wound(s)	$288.67	$226.67	10	10%	80%	10%	0	2	0	1	0	0		R
12035	Layer closure of wound(s)	$320.42	$268.83	10	10%	80%	10%	0	2	0	1	0	0		R
12036	Layer closure of wound(s)	$442.43	$340.75	10	10%	80%	10%	0	2	0	1	0	0		R
12037	Layer closure of wound(s)	$498.98	$398.29	10	10%	80%	10%	0	2	0	0	1	0		R
12041	Layer closure of wound(s)	$248.99	$176.58	10	10%	80%	10%	0	2	0	1	0	0		R
12042	Layer closure of wound(s)	$271.81	$202.37	10	10%	80%	10%	0	2	0	1	0	0		R
12044	Layer closure of wound(s)	$305.54	$246.51	10	10%	80%	10%	0	2	0	1	0	0		R
12045	Layer closure of wound(s)	$355.14	$290.16	10	10%	80%	10%	0	2	0	1	0	0		R
12046	Layer closure of wound(s)	$459.30	$359.60	10	10%	80%	10%	0	2	0	0	0	0		R
12047	Layer closure of wound(s)	$522.29	$408.21	10	10%	80%	10%	0	2	0	2	1	0		R
12051	Layer closure of wound(s)	$254.94	$187.49	10	10%	80%	10%	0	2	0	1	0	0		R
12052	Layer closure of wound(s)	$275.78	$204.35	10	10%	80%	10%	0	2	0	1	0	0		R
12053	Layer closure of wound(s)	$303.55	$242.05	10	10%	80%	10%	0	2	0	1	0	0		R
12054	Layer closure of wound(s)	$345.71	$276.27	10	10%	80%	10%	0	2	0	1	0	0		R
12055	Layer closure of wound(s)	$450.37	$356.13	10	10%	80%	10%	0	2	0	1	0	0		R
12056	Layer closure of wound(s)	$589.74	$446.40	10	10%	80%	10%	0	2	0	0	0	0		R
12057	Layer closure of wound(s)	$633.39	$532.70	10	10%	80%	10%	0	2	0	2	1	0		R
13100	Repair of wound or lesion	$305.04	$239.57	10	10%	80%	10%	0	2	0	1	0	0		R
13101	Repair of wound or lesion	$366.54	$303.55	10	10%	80%	10%	0	2	0	1	0	0		R
13102	Repair wound/lesion add-on	$101.68	$94.24	0	0%	0%	0%	0	0	0	1	0	0		R
13120	Repair of wound or lesion	$321.41	$252.96	10	10%	80%	10%	0	2	0	1	0	0		R
13121	Repair of wound or lesion	$403.74	$331.33	10	10%	80%	10%	0	2	0	1	0	0		R
13122	Repair wound/lesion add-on	$119.04	$109.62	0	0%	0%	0%	0	0	0	1	0	0		R
13131	Repair of wound or lesion	$364.06	$293.14	10	10%	80%	10%	0	2	0	1	0	0		R
13132	Repair of wound or lesion	$539.65	$459.30	10	10%	80%	10%	0	2	0	1	0	0		R
13133	Repair wound/lesion add-on	$175.09	$166.16	0	0%	0%	0%	0	0	0	1	0	0		R
13150	Repair of wound or lesion	$419.12	$322.90	10	10%	80%	10%	0	2	0	1	0	0		R
13151	Repair of wound or lesion	$457.81	$363.07	10	10%	80%	10%	0	2	0	1	0	0		R
13152	Repair of wound or lesion	$617.52	$511.87	10	10%	80%	10%	0	2	0	1	0	0		R
13153	Repair wound/lesion add-on	$191.46	$180.05	0	0%	0%	0%	0	0	0	1	0	0		R
13160	Late closure of wound	$845.68	$845.68	90	10%	71%	19%	0	2	0	1	0	0		R

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14000	Skin tissue rearrangement	$634.38	$503.94	90	10%	71%	19%	0	2	0	1	0	0		R
14001	Skin tissue rearrangement	$841.71	$731.10	90	10%	71%	19%	0	2	0	1	0	0		R
14020	Skin tissue rearrangement	$713.74	$609.09	90	10%	71%	19%	0	2	0	1	0	0		R
14021	Skin tissue rearrangement	$959.26	$873.46	90	10%	71%	19%	0	2	0	1	0	0		R
14040	Skin tissue rearrangement	$813.44	$681.01	90	10%	71%	19%	0	2	0	1	0	0		R
14041	Skin tissue rearrangement	$1,080.29	$942.90	90	10%	71%	19%	0	2	0	1	0	0		R
14060	Skin tissue rearrangement	$877.92	$806.50	90	10%	71%	19%	0	2	0	1	0	0		R
14061	Skin tissue rearrangement	$1,190.90	$1,038.13	90	10%	71%	19%	0	2	0	1	0	0		R
14300	Skin tissue rearrangement	$1,156.18	$1,083.26	90	10%	71%	19%	0	2	0	1	0	0		R
14350	Skin tissue rearrangement	$835.26	$835.26	90	10%	71%	19%	0	2	0	0	0	0		R
15000	Skin graft	$334.30	$313.47	0	0%	0%	0%	0	0	0	1	0	0		R
15001	Skin graft add-on	$81.84	$75.39	0	0%	0%	0%	0	0	0	2	0	0		R
15050	Skin pinch graft	$436.48	$401.26	90	10%	71%	19%	0	2	0	1	0	0		R
15100	Skin split graft	$777.23	$774.26	90	10%	71%	19%	0	2	0	1	0	0		R
15101	Skin split graft add-on	$157.73	$142.35	0	0%	0%	0%	0	0	0	1	0	0		R
15120	Skin split graft	$935.95	$848.66	90	10%	71%	19%	0	2	0	1	0	0		R
15121	Skin split graft add-on	$240.56	$229.15	0	0%	0%	0%	0	0	0	1	1	0		R
15200	Skin full graft	$839.23	$690.93	90	10%	71%	19%	0	2	0	1	0	0		R
15201	Skin full graft add-on	$130.94	$115.07	0	0%	0%	0%	0	0	0	0	0	0		R
15220	Skin full graft	$842.21	$711.26	90	10%	71%	19%	0	2	0	1	0	0		R
15221	Skin full graft add-on	$121.52	$103.17	0	0%	0%	0%	0	0	0	1	0	0		R
15240	Skin full graft	$905.20	$822.37	90	10%	71%	19%	0	2	0	1	0	0		R
15241	Skin full graft add-on	$187.49	$161.70	0	0%	0%	0%	0	0	0	1	0	0		R
15260	Skin full graft	$966.70	$904.70	90	10%	71%	19%	0	2	0	1	0	0		R
15261	Skin full graft add-on	$216.26	$193.44	0	0%	0%	0%	0	0	0	1	0	0		R
15342	Cultured skin graft, 25 cm	$174.10	$103.17	10	10%	80%	10%	0	2	0	1	0	0		R
15343	Culture skn graft addl 25 cm	$29.76	$20.83	0	0%	0%	0%	0	0	0	1	0	0		R
15350	Skin homograft	$512.86	$405.23	90	10%	71%	19%	0	2	0	1	0	0		R
15351	Skin homograft add-on	$100.19	$74.90	0	0%	0%	0%	0	0	0	1	0	0		R
15400	Skin heterograft	$419.12	$419.12	90	10%	71%	19%	0	2	0	1	0	0		R
15401	Skin heterograft add-on	$111.10	$77.38	0	0%	0%	0%	0	0	0	1	0	0		R
15570	Form skin pedicle flap	$880.40	$804.02	90	10%	71%	19%	0	2	0	1	0	0		R
15572	Form skin pedicle flap	$847.17	$797.07	90	10%	71%	19%	0	2	0	1	0	0		R
15574	Form skin pedicle flap	$913.63	$853.62	90	10%	71%	19%	0	2	0	1	0	0		R
15576	Form skin pedicle flap	$833.78	$736.06	90	10%	71%	19%	0	2	0	1	0	0		R
15600	Skin graft	$376.46	$216.26	90	10%	71%	19%	0	2	0	0	0	0		R
15610	Skin graft	$335.30	$263.38	90	10%	71%	19%	0	2	0	0	0	0		R
15620	Skin graft	$455.82	$320.91	90	10%	71%	19%	0	2	0	1	0	0		R
15630	Skin graft	$450.37	$358.11	90	10%	71%	19%	0	2	0	1	0	0		R
15650	Transfer skin pedicle flap	$500.46	$411.18	90	10%	71%	19%	0	2	0	0	0	0		R

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15732	Muscle-skin graft, head/neck	$1,576.29	$1,576.29	90	10%	71%	19%	0	2	0	2	1	0		R
15734	Muscle-skin graft, trunk	$1,634.82	$1,634.82	90	10%	71%	19%	0	2	0	2	1	0		R
15736	Muscle-skin graft, arm	$1,492.46	$1,492.46	90	10%	71%	19%	0	2	0	1	1	0		R
15738	Muscle-skin graft, leg	$1,555.46	$1,555.46	90	10%	71%	19%	0	2	0	2	1	0		R
15740	Island pedicle flap graft	$1,005.89	$936.45	90	10%	71%	19%	0	2	0	1	0	0		R
15750	Neurovascular pedicle graft	$1,070.86	$1,070.86	90	10%	71%	19%	0	2	0	2	0	0		R
15756	Free muscle flap, microvasc	$2,964.10	$2,964.10	90	10%	71%	19%	0	2	0	2	2	0		R
15757	Free skin flap, microvasc	$3,099.50	$3,099.50	90	10%	71%	19%	0	2	0	2	2	0		R
15758	Free fascial flap, microvasc	$3,110.91	$3,110.91	90	10%	71%	19%	0	2	0	2	2	0		R
15760	Composite skin graft	$904.70	$810.96	90	10%	71%	19%	0	2	0	1	0	0		R
15770	Derma-fat-fascia graft	$729.12	$729.12	90	10%	71%	19%	0	2	0	2	1	0		R
15775	Hair transplant punch grafts	$365.55	$310.00	0	0%	0%	0%	0	2	0	0	0	0		R
15776	Hair transplant punch grafts	$496.99	$461.78	0	0%	0%	0%	0	2	0	0	0	0		R
15780	Abrasion treatment of skin	$633.39	$622.98	90	10%	71%	19%	0	2	0	0	0	0		R
15781	Abrasion treatment of skin	$481.12	$455.82	90	10%	71%	19%	0	2	0	1	0	0		R
15782	Abrasion treatment of skin	$391.84	$383.90	90	10%	71%	19%	0	2	0	0	0	0		R
15783	Abrasion treatment of skin	$414.16	$363.57	90	10%	71%	19%	0	2	0	0	0	0		R
15786	Abrasion, lesion, single	$176.58	$156.24	10	10%	80%	10%	0	2	0	1	0	0		R
15787	Abrasion, lesions, add-on	$34.72	$24.80	0	0%	0%	0%	0	0	0	1	0	0		R
15788	Chemical peel, face, epiderm	$242.54	$166.16	90	10%	71%	19%	0	2	0	1	0	0		R
15789	Chemical peel, face, dermal	$485.09	$410.69	90	10%	71%	19%	0	2	0	1	0	0		R
15792	Chemical peel, nonfacial	$208.82	$170.62	90	10%	71%	19%	0	2	0	0	0	0		R
15793	Chemical peel, nonfacial	$323.89	$323.89	90	10%	71%	19%	0	2	0	0	0	0		R
15810	Salabrasion	$442.93	$442.93	90	10%	71%	19%	0	2	0	0	0	0		R
15811	Salabrasion	$488.06	$488.06	90	10%	71%	19%	0	2	0	0	0	0		R
15819	Plastic surgery, neck	$857.09	$857.09	90	10%	71%	19%	0	2	0	0	0	0		R
15820	Revision of lower eyelid	$743.50	$589.25	90	10%	71%	19%	0	2	1	0	0	0		R
15821	Revision of lower eyelid	$803.52	$632.90	90	10%	71%	19%	0	2	1	0	0	0		R
15822	Revision of upper eyelid	$628.93	$518.32	90	10%	71%	19%	0	2	1	1	0	0		R
15823	Revision of upper eyelid	$846.18	$732.59	90	10%	71%	19%	0	2	1	1	0	0		R
15824	Removal of forehead wrinkles	$1,125.99	$1,125.99	0	0%	0%	0%	0	2	1	0	0	0		F
15825	Removal of neck wrinkles	$968.17	$968.17	0	0%	0%	0%	0	2	1	0	0	0		F
15826	Removal of brow wrinkles	$915.54	$915.54	0	0%	0%	0%	0	2	1	0	0	0		F
15828	Removal of face wrinkles	$3,135.99	$3,135.99	0	0%	0%	0%	0	2	1	0	0	0		F
15829	Removal of skin wrinkles	By Report	By Report	0	0%	0%	0%	0	2	1	0	0	0		N
15831	Excise excessive skin tissue	$1,099.63	$1,099.63	90	10%	71%	19%	0	2	0	2	1	0		R
15832	Excise excessive skin tissue	$1,021.76	$1,021.76	90	10%	71%	19%	0	2	0	2	1	0		R
15833	Excise excessive skin tissue	$932.98	$932.98	90	10%	71%	19%	0	2	0	0	0	0		R
15834	Excise excessive skin tissue	$905.70	$905.70	90	10%	71%	19%	0	2	0	0	0	0		R
15835	Excise excessive skin tissue	$926.03	$926.03	90	10%	71%	19%	0	2	0	0	0	0		R

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15836	Excise excessive skin tissue	$805.50	$805.50	90	10%	71%	19%	0	2	0	0	0	0		R
15837	Excise excessive skin tissue	$819.89	$753.92	90	10%	71%	19%	0	2	0	0	0	0		R
15838	Excise excessive skin tissue	$666.13	$666.13	90	10%	71%	19%	0	2	0	0	0	0		R
15839	Excise excessive skin tissue	$812.45	$754.91	90	10%	71%	19%	0	2	0	0	0	0		R
15840	Graft for face nerve palsy	$1,263.31	$1,263.31	90	10%	71%	19%	0	2	0	1	0	0		R
15841	Graft for face nerve palsy	$2,046.50	$2,046.50	90	10%	71%	19%	0	2	0	2	1	0		R
15842	Flap for face nerve palsy	$3,232.93	$3,232.93	90	10%	71%	19%	0	2	0	2	1	0		R
15845	Skin and muscle repair, face	$1,172.54	$1,172.54	90	10%	71%	19%	0	2	0	2	0	0		R
15850	Removal of sutures	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
15851	Removal of sutures	$106.64	$59.52	0	0%	0%	0%	0	2	0	1	0	0		R
15852	Dressing change,not for burn	$116.56	$62.00	0	0%	0%	0%	0	2	0	1	0	0		R
15860	Test for blood flow in graft	$170.13	$150.29	0	0%	0%	0%	0	2	0	0	0	0		R
15876	Suction assisted lipectomy	By Report	By Report	0	0%	0%	0%	0	2	0	0	0	0		N
15877	Suction assisted lipectomy	By Report	By Report	0	0%	0%	0%	0	2	0	0	0	0		N
15878	Suction assisted lipectomy	By Report	By Report	0	0%	0%	0%	0	2	0	0	0	0		N
15879	Suction assisted lipectomy	By Report	By Report	0	0%	0%	0%	0	2	0	0	0	0		N
15920	Removal of tail bone ulcer	$669.60	$669.60	90	10%	71%	19%	0	2	0	0	0	0		R
15922	Removal of tail bone ulcer	$880.90	$880.90	90	10%	71%	19%	0	2	0	2	1	0		R
15931	Remove sacrum pressure sore	$744.00	$744.00	90	10%	71%	19%	0	2	0	1	0	0		R
15933	Remove sacrum pressure sore	$962.24	$962.24	90	10%	71%	19%	0	2	0	0	0	0		R
15934	Remove sacrum pressure sore	$1,093.18	$1,093.18	90	10%	71%	19%	0	2	0	1	0	0		R
15935	Remove sacrum pressure sore	$1,315.89	$1,315.89	90	10%	71%	19%	0	2	0	2	1	0		R
15936	Remove sacrum pressure sore	$1,136.34	$1,136.34	90	10%	71%	19%	0	2	0	1	1	0		R
15937	Remove sacrum pressure sore	$1,330.27	$1,330.27	90	10%	71%	19%	0	2	0	2	1	0		R
15940	Remove hip pressure sore	$770.29	$770.29	90	10%	71%	19%	0	2	0	1	0	0		R
15941	Remove hip pressure sore	$1,070.37	$1,070.37	90	10%	71%	19%	0	2	0	0	0	0		R
15944	Remove hip pressure sore	$1,059.95	$1,059.95	90	10%	71%	19%	0	2	0	0	0	0		R
15945	Remove hip pressure sore	$1,193.87	$1,193.87	90	10%	71%	19%	0	2	0	0	0	0		R
15946	Remove hip pressure sore	$1,921.50	$1,921.50	90	10%	71%	19%	0	2	0	2	1	0		R
15950	Remove thigh pressure sore	$638.35	$638.35	90	10%	71%	19%	0	2	0	1	0	0		R
15951	Remove thigh pressure sore	$963.73	$963.73	90	10%	71%	19%	0	2	0	0	1	0		R
15952	Remove thigh pressure sore	$981.09	$981.09	90	10%	71%	19%	0	2	0	2	1	0		R
15953	Remove thigh pressure sore	$1,131.87	$1,131.87	90	10%	71%	19%	0	2	0	1	1	0		R
15956	Remove thigh pressure sore	$1,456.75	$1,456.75	90	10%	71%	19%	0	2	0	1	1	0		R
15958	Remove thigh pressure sore	$1,466.67	$1,466.67	90	10%	71%	19%	0	2	0	2	1	0		R
15999	Removal of pressure sore	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
16000	Initial treatment of burn(s)	$88.29	$58.53	0	0%	0%	0%	0	2	0	1	0	0		R
16010	Treatment of burn(s)	$90.27	$62.00	0	0%	0%	0%	0	2	0	1	0	0		R
16015	Treatment of burn(s)	$218.74	$188.98	0	0%	0%	0%	0	2	0	1	0	0		R
16020	Treatment of burn(s)	$87.30	$53.57	0	0%	0%	0%	0	2	0	1	0	0		R

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16025	Treatment of burn(s)	$168.64	$125.98	0	0%	0%	0%	0	2	0	1	0	0		R
16030	Treatment of burn(s)	$228.16	$151.28	0	0%	0%	0%	0	2	0	1	0	0		R
16035	Incision of burn scab, initi	$282.72	$282.72	90	10%	71%	19%	0	2	0	1	0	0		R
16036	Incise burn scab, addl incis	$112.59	$112.59	0	0%	0%	0%	0	0	0	1	0	0		R
17000	Destroy benign/premal lesion	$75.89	$43.65	10	10%	80%	10%	0	2	0	1	0	0		R
17003	Destroy lesions, 2-14	$18.35	$11.41	0	0%	0%	0%	0	0	0	1	0	0		R
17004	Destroy lesions, 15 or more	$264.86	$205.34	10	10%	80%	10%	0	0	0	1	0	0		R
17106	Destruction of skin lesions	$429.54	$348.19	90	10%	71%	19%	0	2	0	1	0	0		R
17107	Destruction of skin lesions	$765.82	$672.58	90	10%	71%	19%	0	2	0	1	0	0		R
17108	Destruction of skin lesions	$1,132.86	$1,080.78	90	10%	71%	19%	0	2	0	0	0	0		R
17110	Destruct lesion, 1-14	$76.38	$46.13	10	10%	80%	10%	0	2	0	1	0	0		R
17111	Destruct lesion, 15 or more	$98.21	$65.47	10	10%	80%	10%	0	2	0	1	0	0		R
17250	Chemical cautery, tissue	$55.55	$36.70	0	0%	0%	0%	0	2	0	1	0	0		R
17260	Destruction of skin lesions	$110.11	$69.94	10	10%	80%	10%	0	2	0	1	0	0		R
17261	Destruction of skin lesions	$131.44	$89.28	10	10%	80%	10%	0	2	0	1	0	0		R
17262	Destruction of skin lesions	$165.17	$121.02	10	10%	80%	10%	0	2	0	1	0	0		R
17263	Destruction of skin lesions	$186.00	$137.39	10	10%	80%	10%	0	2	0	1	0	0		R
17264	Destruction of skin lesions	$200.88	$147.81	10	10%	80%	10%	0	2	0	1	0	0		R
17266	Destruction of skin lesions	$236.59	$176.58	10	10%	80%	10%	0	2	0	1	0	0		R
17270	Destruction of skin lesions	$141.36	$99.70	10	10%	80%	10%	0	2	0	1	0	0		R
17271	Destruction of skin lesions	$158.22	$114.58	10	10%	80%	10%	0	2	0	1	0	0		R
17272	Destruction of skin lesions	$183.52	$136.40	10	10%	80%	10%	0	2	0	1	0	0		R
17273	Destruction of skin lesions	$209.31	$158.72	10	10%	80%	10%	0	2	0	1	0	0		R
17274	Destruction of skin lesions	$254.45	$197.90	10	10%	80%	10%	0	2	0	1	0	0		R
17276	Destruction of skin lesions	$300.08	$249.98	10	10%	80%	10%	0	2	0	1	0	0		R
17280	Destruction of skin lesions	$131.94	$90.77	10	10%	80%	10%	0	2	0	1	0	0		R
17281	Destruction of skin lesions	$179.06	$132.43	10	10%	80%	10%	0	2	0	1	0	0		R
17282	Destruction of skin lesions	$208.32	$158.22	10	10%	80%	10%	0	2	0	1	0	0		R
17283	Destruction of skin lesions	$255.44	$201.38	10	10%	80%	10%	0	2	0	1	0	0		R
17284	Destruction of skin lesions	$302.06	$243.54	10	10%	80%	10%	0	2	0	1	0	0		R
17286	Destruction of skin lesions	$400.27	$348.19	10	10%	80%	10%	0	2	0	1	0	0		R
17304	Chemosurgery of skin lesion	$729.12	$550.06	0	0%	0%	0%	0	0	0	1	0	0		R
17305	2nd stage chemosurgery	$310.00	$211.79	0	0%	0%	0%	0	0	0	1	0	0		R
17306	3rd stage chemosurgery	$299.58	$205.84	0	0%	0%	0%	0	0	0	1	0	0		R
17307	Followup skin lesion therapy	$283.71	$206.83	0	0%	0%	0%	0	0	0	1	0	0		R
17310	Extensive skin chemosurgery	$106.14	$67.46	0	0%	0%	0%	0	0	0	1	0	0		R
17340	Cryotherapy of skin	Not Covered	Not Covered	10	10%	80%	10%	0	2	0	1	0	0		X
17360	Skin peel therapy	Not Covered	Not Covered	10	10%	80%	10%	0	2	0	1	0	0		X
17380	Hair removal by electrolysis	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
17999	Skin tissue procedure	By Report	By Report	0	0%	0%	0%	0	2	0	0	1	1		N

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19000	Drainage of breast lesion	$93.74	$58.03	0	0%	0%	0%	0	2	1	1	0	0		R
19001	Drain breast lesion add-on	$55.06	$29.26	0	0%	0%	0%	0	0	1	1	0	0		R
19020	Incision of breast lesion	$458.30	$334.80	90	10%	71%	19%	0	2	1	1	0	0		R
19030	Injection for breast x-ray	$483.10	$104.66	0	0%	0%	0%	0	2	1	1	0	0		R
19100	Bx breast percut w/o image	$199.89	$87.79	0	0%	0%	0%	0	2	1	1	0	0		R
19101	Biopsy of breast, open	$564.94	$307.02	10	10%	80%	10%	0	2	1	1	0	0		R
19102	Bx breast percut w/image	$330.83	$137.89	0	0%	0%	0%	0	2	1	1	0	0		R
19103	Bx breast percut w/device	$662.16	$162.19	0	0%	0%	0%	0	2	1	1	0	0		R
19110	Nipple exploration	$562.96	$427.06	90	10%	71%	19%	0	2	1	1	0	0		R
19112	Excise breast duct fistula	$483.60	$342.24	90	10%	71%	19%	0	2	1	0	0	0		R
19120	Removal of breast lesion	$499.47	$469.71	90	10%	71%	19%	0	2	1	1	0	0		R
19125	Excision, breast lesion	$549.57	$501.95	90	10%	71%	19%	0	2	1	1	1	0		R
19126	Excision, addl breast lesion	$216.75	$216.75	0	0%	0%	0%	0	0	0	1	1	0		R
19140	Removal of breast tissue	$658.19	$472.19	90	10%	71%	19%	0	2	1	1	0	0		R
19160	Removal of breast tissue	$544.61	$544.61	90	10%	71%	19%	0	2	1	0	0	0		R
19162	Remove breast tissue, nodes	$1,147.74	$1,147.74	90	10%	71%	19%	0	2	1	2	1	0		R
19180	Removal of breast	$767.31	$767.31	90	10%	71%	19%	0	2	1	2	1	0		R
19182	Removal of breast	$682.00	$682.00	90	10%	71%	19%	0	2	1	2	1	0		R
19200	Removal of breast	$1,312.42	$1,312.42	90	10%	71%	19%	0	2	1	2	1	0		R
19220	Removal of breast	$1,329.78	$1,329.78	90	10%	71%	19%	0	2	1	2	1	0		R
19240	Removal of breast	$1,313.41	$1,313.41	90	10%	71%	19%	0	2	1	2	1	0		R
19260	Removal of chest wall lesion	$1,285.14	$1,285.14	90	10%	71%	19%	0	2	0	2	1	0		R
19271	Revision of chest wall	$1,729.06	$1,729.06	90	10%	71%	19%	0	2	0	2	1	0		R
19272	Extensive chest wall surgery	$1,909.60	$1,909.60	90	10%	71%	19%	0	2	0	2	1	0		R
19290	Place needle wire, breast	$252.96	$87.79	0	0%	0%	0%	0	2	1	1	0	0		R
19291	Place needle wire, breast	$97.71	$43.65	0	0%	0%	0%	0	0	0	0	0	0		R
19295	Place breast clip, percut	$131.44	$47.62	0	0%	0%	0%	9	0	0	0	0	0		R
19316	Suspension of breast	$1,014.82	$1,014.82	90	10%	71%	19%	0	2	1	2	1	0		R
19318	Reduction of large breast	$1,417.57	$1,417.57	90	10%	71%	19%	0	2	1	2	1	0		R
19324	Enlarge breast	$529.73	$529.73	90	10%	71%	19%	0	2	1	0	0	0		R
19325	Enlarge breast with implant	$782.69	$782.69	90	10%	71%	19%	0	2	1	0	0	0		R
19328	Removal of breast implant	$525.76	$525.76	90	10%	71%	19%	0	2	1	1	0	0		R
19330	Removal of implant material	$656.21	$656.21	90	10%	71%	19%	0	2	1	1	0	0		R
19340	Immediate breast prosthesis	$556.02	$556.02	0	0%	0%	0%	0	0	1	1	1	0		R
19342	Delayed breast prosthesis	$1,041.60	$1,041.60	90	10%	71%	19%	0	2	1	0	1	0		R
19350	Breast reconstruction	$1,094.18	$828.32	90	10%	71%	19%	0	2	1	1	0	0		R
19355	Correct inverted nipple(s)	$902.72	$691.92	90	10%	71%	19%	0	2	1	0	0	0		R
19357	Breast reconstruction	$1,654.16	$1,654.16	90	10%	71%	19%	0	2	1	2	1	0		R
19361	Breast reconstruction	$1,759.81	$1,759.81	90	10%	71%	19%	0	2	1	2	1	0		R
19364	Breast reconstruction	$3,247.31	$3,247.31	90	10%	71%	19%	0	2	1	2	1	0		R

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19366	Breast reconstruction	$1,818.83	$1,818.83	90	10%	71%	19%	0	2	1	2	1	0		R
19367	Breast reconstruction	$2,230.02	$2,230.02	90	10%	71%	19%	0	2	1	2	1	0		R
19368	Breast reconstruction	$2,728.99	$2,728.99	90	10%	71%	19%	0	2	1	2	1	0		R
19369	Breast reconstruction	$2,558.86	$2,558.86	90	10%	71%	19%	0	2	1	2	1	0		R
19370	Surgery of breast capsule	$743.50	$743.50	90	10%	71%	19%	0	2	1	1	0	0		R
19371	Removal of breast capsule	$877.42	$877.42	90	10%	71%	19%	0	2	1	1	0	0		R
19380	Revise breast reconstruction	$864.53	$864.53	90	10%	71%	19%	0	2	1	1	0	0		R
19396	Design custom breast implant	$324.38	$166.66	0	0%	0%	0%	0	2	1	0	0	0		R
19499	Breast surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	1	0	1	1		N
20000	Incision of abscess	$195.42	$160.70	10	10%	80%	10%	0	2	0	1	0	0		R
20005	Incision of deep abscess	$311.49	$289.17	10	10%	80%	10%	0	2	0	1	0	0		R
20100	Explore wound, neck	$825.34	$774.75	10	10%	80%	10%	0	2	1	2	0	0		R
20101	Explore wound, chest	$303.06	$239.57	10	10%	80%	10%	0	2	0	1	0	0		R
20102	Explore wound, abdomen	$359.10	$296.61	10	10%	80%	10%	0	2	0	2	0	0		R
20103	Explore wound, extremity	$471.70	$430.53	10	10%	80%	10%	0	2	0	0	0	0		R
20150	Excise epiphyseal bar	$1,164.61	$1,164.61	90	10%	69%	21%	0	2	1	2	1	0		R
20200	Muscle biopsy	$157.23	$117.55	0	0%	0%	0%	0	2	0	1	0	0		R
20205	Deep muscle biopsy	$282.22	$186.99	0	0%	0%	0%	0	2	0	1	0	0		R
20206	Needle biopsy, muscle	$177.57	$77.38	0	0%	0%	0%	0	2	0	1	0	0		R
20220	Bone biopsy, trocar/needle	$262.38	$190.46	0	0%	0%	0%	0	2	0	1	0	0		R
20225	Bone biopsy, trocar/needle	$289.66	$231.14	0	0%	0%	0%	0	2	0	1	0	0		R
20240	Bone biopsy, excisional	$351.17	$351.17	10	10%	80%	10%	0	2	0	1	0	0		R
20245	Bone biopsy, excisional	$435.49	$435.49	10	10%	80%	10%	0	2	0	1	0	0		R
20250	Open bone biopsy	$496.00	$496.00	10	10%	80%	10%	0	2	0	1	0	0		R
20251	Open bone biopsy	$559.98	$559.98	10	10%	80%	10%	0	2	0	2	0	0		R
20500	Injection of sinus tract	$264.37	$207.82	10	10%	80%	10%	0	2	0	1	0	0		R
20501	Inject sinus tract for x-ray	$520.80	$53.07	0	0%	0%	0%	0	2	0	1	0	0		R
20520	Removal of foreign body	$303.06	$227.66	10	10%	80%	10%	0	2	0	1	0	0		R
20525	Removal of foreign body	$457.81	$372.99	10	10%	80%	10%	0	2	0	1	0	0		R
20550	Inject tendon/ligament/cyst	$123.01	$55.55	0	0%	0%	0%	0	2	0	1	0	0		R
20600	Drain/inject, joint/bursa	$91.76	$48.11	0	0%	0%	0%	0	2	1	1	0	0		R
20605	Drain/inject, joint/bursa	$104.66	$49.10	0	0%	0%	0%	0	2	1	1	0	0		R
20610	Drain/inject, joint/bursa	$125.98	$65.97	0	0%	0%	0%	0	2	1	1	0	0		R
20615	Treatment of bone cyst	$293.14	$214.77	10	10%	80%	10%	0	2	0	1	0	0		R
20650	Insert and remove bone pin	$296.61	$243.04	10	10%	80%	10%	0	2	0	1	1	0		R
20660	Apply,remove fixation device	$218.24	$218.24	0	0%	0%	0%	0	0	0	1	0	0		R
20661	Application of head brace	$572.38	$572.38	90	10%	69%	21%	0	2	0	1	0	0		R
20662	Application of pelvis brace	$609.58	$609.58	90	10%	69%	21%	0	2	0	0	0	0		R
20663	Application of thigh brace	$537.17	$537.17	90	10%	69%	21%	0	2	0	0	0	0		R
20664	Halo brace application	$814.43	$814.43	90	10%	69%	21%	0	2	0	1	0	0		R

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20665	Removal of fixation device	$160.70	$124.00	10	10%	80%	10%	0	2	0	0	0	0		R
20670	Removal of support implant	$310.99	$228.16	10	10%	80%	10%	0	2	0	1	0	0		R
20680	Removal of support implant	$416.14	$416.14	90	10%	69%	21%	0	2	0	0	0	0		R
20690	Apply bone fixation device	$310.99	$310.99	90	10%	69%	21%	0	2	0	1	0	0		R
20692	Apply bone fixation device	$505.92	$505.92	90	10%	69%	21%	0	2	0	2	1	0		R
20693	Adjust bone fixation device	$790.13	$790.13	90	10%	69%	21%	0	2	0	1	0	0		R
20694	Remove bone fixation device	$568.42	$478.14	90	10%	69%	21%	0	2	0	1	0	0		R
20802	Replantation, arm, complete	$3,803.33	$3,803.33	90	10%	69%	21%	0	2	1	2	1	0		R
20805	Replant, forearm, complete	$5,120.70	$5,120.70	90	10%	69%	21%	0	2	1	2	1	0		R
20808	Replantation hand, complete	$5,686.14	$5,686.14	90	10%	69%	21%	0	2	1	2	1	0		R
20816	Replantation digit, complete	$3,622.29	$3,622.29	90	10%	69%	21%	0	2	0	2	1	0		R
20822	Replantation digit, complete	$3,162.50	$3,162.50	90	10%	69%	21%	0	2	0	2	1	0		R
20824	Replantation thumb, complete	$3,407.52	$3,407.52	90	10%	69%	21%	0	2	1	2	1	0		R
20827	Replantation thumb, complete	$3,460.59	$3,460.59	90	10%	69%	21%	0	2	1	2	1	0		R
20838	Replantation foot, complete	$3,833.58	$3,833.58	90	10%	69%	21%	0	2	1	2	1	0		R
20900	Removal of bone for graft	$593.22	$559.49	90	10%	69%	21%	0	2	0	2	1	0		R
20902	Removal of bone for graft	$789.14	$789.14	90	10%	69%	21%	0	2	0	2	1	0		R
20910	Remove cartilage for graft	$594.21	$536.67	90	10%	69%	21%	0	2	0	0	0	0		R
20912	Remove cartilage for graft	$668.11	$668.11	90	10%	69%	21%	0	2	0	0	0	0		R
20920	Removal of fascia for graft	$538.16	$538.16	90	10%	69%	21%	0	2	0	1	1	0		R
20922	Removal of fascia for graft	$738.54	$648.27	90	10%	69%	21%	0	2	0	2	1	0		R
20924	Removal of tendon for graft	$672.08	$672.08	90	10%	69%	21%	0	2	0	2	1	0		R
20926	Removal of tissue for graft	$565.94	$565.94	90	10%	69%	21%	0	2	0	1	0	0		R
20930	Spinal bone allograft	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
20931	Spinal bone allograft	$161.20	$161.20	0	0%	0%	0%	0	0	1	1	1	0		R
20936	Spinal bone autograft	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
20937	Spinal bone autograft	$246.51	$246.51	0	0%	0%	0%	0	0	1	2	1	0		R
20938	Spinal bone autograft	$268.34	$268.34	0	0%	0%	0%	0	0	1	2	1	0		R
20950	Fluid pressure, muscle	$161.20	$161.20	0	0%	0%	0%	0	2	0	0	0	0		R
20955	Fibula bone graft, microvasc	$3,683.30	$3,683.30	90	10%	69%	21%	0	2	0	2	1	0		R
20956	Iliac bone graft, microvasc	$3,578.14	$3,578.14	90	10%	69%	21%	0	2	0	2	1	0		R
20957	Mt bone graft, microvasc	$3,500.27	$3,500.27	90	10%	69%	21%	0	2	0	2	1	0		R
20962	Other bone graft, microvasc	$3,568.22	$3,568.22	90	10%	69%	21%	0	2	0	2	1	0		R
20969	Bone/skin graft, microvasc	$4,076.13	$4,076.13	90	10%	69%	21%	0	2	0	2	1	0		R
20970	Bone/skin graft, iliac crest	$3,950.14	$3,950.14	90	10%	69%	21%	0	2	0	2	1	0		R
20972	Bone/skin graft, metatarsal	$3,582.11	$3,582.11	90	10%	69%	21%	0	2	0	2	0	0		R
20973	Bone/skin graft, great toe	$3,828.62	$3,828.62	90	10%	69%	21%	0	2	0	2	1	0		R
20974	Electrical bone stimulation	$94.74	$69.94	0	0%	0%	0%	0	0	0	1	0	0		R
20975	Electrical bone stimulation	$235.10	$235.10	0	0%	0%	0%	0	0	0	2	1	0		R
20979	Us bone stimulation	$60.51	$44.64	0	0%	0%	0%	0	0	0	1	0	0		R

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20999	Musculoskeletal surgery	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
21010	Incision of jaw joint	$919.09	$919.09	90	10%	69%	21%	0	2	1	0	0	0		R
21015	Resection of facial tumor	$619.50	$619.50	90	10%	69%	21%	0	2	0	1	0	0		R
21025	Excision of bone, lower jaw	$857.09	$809.97	90	10%	69%	21%	0	2	0	1	0	0		R
21026	Excision of facial bone(s)	$500.96	$454.83	90	10%	69%	21%	0	2	0	1	0	0		R
21029	Contour of face bone lesion	$777.73	$690.93	90	10%	69%	21%	0	2	0	0	0	0		R
21030	Removal of face bone lesion	$587.26	$545.60	90	10%	69%	21%	0	2	0	1	0	0		R
21031	Remove exostosis, mandible	$345.22	$273.79	90	10%	69%	21%	0	2	0	1	0	0		R
21032	Remove exostosis, maxilla	$345.71	$276.77	90	10%	69%	21%	0	2	0	1	0	0		R
21034	Removal of face bone lesion	$1,387.31	$1,339.20	90	10%	69%	21%	0	2	0	2	1	0		R
21040	Removal of jaw bone lesion	$259.90	$199.39	90	10%	69%	21%	0	2	0	1	0	0		R
21041	Removal of jaw bone lesion	$639.34	$553.54	90	10%	69%	21%	0	2	0	1	0	0		R
21044	Removal of jaw bone lesion	$1,042.10	$1,042.10	90	10%	69%	21%	0	2	0	2	1	0		R
21045	Extensive jaw surgery	$1,413.10	$1,413.10	90	10%	69%	21%	0	2	0	2	1	0		R
21050	Removal of jaw joint	$1,143.28	$1,143.28	90	10%	69%	21%	0	2	1	0	0	0		R
21060	Remove jaw joint cartilage	$1,077.31	$1,077.31	90	10%	69%	21%	0	2	1	2	1	0		R
21070	Remove coronoid process	$748.46	$748.46	90	10%	69%	21%	0	2	1	0	0	0		R
21076	Prepare face/oral prosthesis	$1,277.70	$1,086.74	10	10%	80%	10%	0	2	0	0	0	0		R
21077	Prepare face/oral prosthesis	$3,213.58	$2,732.46	90	10%	69%	21%	0	2	1	0	0	0		R
21079	Prepare face/oral prosthesis	$2,187.86	$1,826.77	90	10%	69%	21%	0	2	0	1	0	0		R
21080	Prepare face/oral prosthesis	$2,487.44	$2,081.22	90	10%	69%	21%	0	2	0	1	0	0		R
21081	Prepare face/oral prosthesis	$2,249.36	$1,879.84	90	10%	69%	21%	0	2	0	0	0	0		R
21082	Prepare face/oral prosthesis	$1,962.18	$1,665.07	90	10%	69%	21%	0	2	0	0	0	0		R
21083	Prepare face/oral prosthesis	$1,912.58	$1,600.10	90	10%	69%	21%	0	2	0	0	0	0		R
21084	Prepare face/oral prosthesis	$2,202.74	$1,839.17	90	10%	69%	21%	0	2	0	0	0	0		R
21085	Prepare face/oral prosthesis	$846.18	$718.70	10	10%	80%	10%	0	2	0	0	0	0		R
21086	Prepare face/oral prosthesis	$2,443.79	$2,041.04	90	10%	69%	21%	0	2	1	0	0	0		R
21087	Prepare face/oral prosthesis	$2,360.46	$2,006.32	90	10%	69%	21%	0	2	0	0	0	0		R
21088	Prepare face/oral prosthesis	By Report	By Report	90	10%	69%	21%	0	0	0	0	0	0		N
21089	Prepare face/oral prosthesis	By Report	By Report	90	10%	69%	21%	0	0	0	1	0	0		N
21100	Maxillofacial fixation	$448.88	$378.94	90	10%	69%	21%	0	2	0	0	0	0		R
21110	Interdental fixation	$537.66	$474.67	90	10%	69%	21%	0	2	0	1	0	0		R
21116	Injection, jaw joint x-ray	$347.70	$62.99	0	0%	0%	0%	0	2	0	1	0	0		R
21120	Reconstruction of chin	$688.45	$536.18	90	10%	69%	21%	0	2	0	1	1	0		R
21121	Reconstruction of chin	$776.74	$691.42	90	10%	69%	21%	0	2	0	2	0	0		R
21122	Reconstruction of chin	$802.53	$802.53	90	10%	69%	21%	0	2	0	2	0	0		R
21123	Reconstruction of chin	$1,020.27	$1,020.27	90	10%	69%	21%	0	2	0	2	1	0		R
21125	Augmentation, lower jaw bone	$953.31	$937.44	90	10%	69%	21%	0	2	0	2	0	0		R
21127	Augmentation, lower jaw bone	$1,040.61	$934.96	90	10%	69%	21%	0	2	0	2	1	0		R
21137	Reduction of forehead	$866.02	$866.02	90	10%	69%	21%	0	2	0	2	0	0		R

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21138	Reduction of forehead	$1,143.28	$1,143.28	90	10%	69%	21%	0	2	0	2	1	0		R
21139	Reduction of forehead	$1,252.90	$1,252.90	90	10%	69%	21%	0	2	0	2	1	0		R
21141	Reconstruct midface, lefort	$1,562.40	$1,562.40	90	10%	69%	21%	0	2	0	2	1	0		R
21142	Reconstruct midface, lefort	$1,592.16	$1,592.16	90	10%	69%	21%	0	2	0	2	1	0		R
21143	Reconstruct midface, lefort	$1,627.38	$1,627.38	90	10%	69%	21%	0	2	0	2	1	0		R
21145	Reconstruct midface, lefort	$1,683.92	$1,683.92	90	10%	69%	21%	0	2	0	2	0	0		R
21146	Reconstruct midface, lefort	$1,754.35	$1,754.35	90	10%	69%	21%	0	2	0	2	1	0		R
21147	Reconstruct midface, lefort	$1,835.20	$1,835.20	90	10%	69%	21%	0	2	0	2	0	0		R
21150	Reconstruct midface, lefort	$2,086.67	$2,086.67	90	10%	69%	21%	0	2	0	2	0	0		R
21151	Reconstruct midface, lefort	$2,435.36	$2,435.36	90	10%	69%	21%	0	2	0	2	0	0		R
21154	Reconstruct midface, lefort	$2,673.44	$2,673.44	90	10%	69%	21%	0	2	0	2	1	0		R
21155	Reconstruct midface, lefort	$2,929.87	$2,929.87	90	10%	69%	21%	0	2	0	2	0	0		R
21159	Reconstruct midface, lefort	$3,566.24	$3,566.24	90	10%	69%	21%	0	2	0	2	1	0		R
21160	Reconstruct midface, lefort	$3,831.60	$3,831.60	90	10%	69%	21%	0	2	0	2	0	0		R
21172	Reconstruct orbit/forehead	$2,409.07	$2,409.07	90	10%	69%	21%	0	2	0	2	1	0		R
21175	Reconstruct orbit/forehead	$2,864.90	$2,864.90	90	10%	69%	21%	0	2	0	2	0	0		R
21179	Reconstruct entire forehead	$2,104.53	$2,104.53	90	10%	69%	21%	0	2	0	2	0	0		R
21180	Reconstruct entire forehead	$2,278.62	$2,278.62	90	10%	69%	21%	0	2	0	2	1	0		R
21181	Contour cranial bone lesion	$947.86	$947.86	90	10%	69%	21%	0	2	0	0	0	0		R
21182	Reconstruct cranial bone	$2,841.58	$2,841.58	90	10%	69%	21%	0	2	0	2	1	0		R
21183	Reconstruct cranial bone	$3,080.16	$3,080.16	90	10%	69%	21%	0	2	0	2	1	0		R
21184	Reconstruct cranial bone	$3,224.50	$3,224.50	90	10%	69%	21%	0	2	0	2	0	0		R
21188	Reconstruction of midface	$1,980.03	$1,980.03	90	10%	69%	21%	0	2	0	2	0	0		R
21193	Reconst lwr jaw w/o graft	$1,480.06	$1,480.06	90	10%	69%	21%	0	2	2	2	1	0		R
21194	Reconst lwr jaw w/graft	$1,674.00	$1,674.00	90	10%	69%	21%	0	2	2	2	0	0		R
21195	Reconst lwr jaw w/o fixation	$1,545.54	$1,545.54	90	10%	69%	21%	0	2	2	2	0	0		R
21196	Reconst lwr jaw w/fixation	$1,657.14	$1,657.14	90	10%	69%	21%	0	2	2	2	1	0		R
21198	Reconstr lwr jaw segment	$1,380.37	$1,380.37	90	10%	69%	21%	0	2	0	2	1	0		R
21199	Reconstr lwr jaw w/advance	$1,350.61	$1,350.61	90	10%	69%	21%	0	2	0	2	1	0		R
21206	Reconstruct upper jaw bone	$1,246.94	$1,246.94	90	10%	69%	21%	0	2	0	2	1	0		R
21208	Augmentation of facial bones	$1,062.93	$1,004.40	90	10%	69%	21%	0	2	0	0	0	0		R
21209	Reduction of facial bones	$743.01	$628.93	90	10%	69%	21%	0	2	0	2	0	0		R
21210	Face bone graft	$1,021.26	$910.66	90	10%	69%	21%	0	2	0	1	0	0		R
21215	Lower jaw bone graft	$1,054.50	$907.18	90	10%	69%	21%	0	2	0	1	1	0		R
21230	Rib cartilage graft	$1,085.25	$1,085.25	90	10%	69%	21%	0	2	0	0	0	0		R
21235	Ear cartilage graft	$885.86	$747.97	90	10%	69%	21%	0	2	0	1	0	0		R
21240	Reconstruction of jaw joint	$1,373.92	$1,373.92	90	10%	69%	21%	0	2	1	2	1	0		R
21242	Reconstruction of jaw joint	$1,313.90	$1,313.90	90	10%	69%	21%	0	2	1	2	1	0		R
21243	Reconstruction of jaw joint	$1,838.18	$1,838.18	90	10%	69%	21%	0	2	1	2	1	0		R
21244	Reconstruction of lower jaw	$1,133.86	$1,133.86	90	10%	69%	21%	0	2	0	2	1	0		R

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21245	Reconstruction of jaw	$1,391.78	$1,151.22	90	10%	69%	21%	0	2	0	2	0	0		R
21246	Reconstruction of jaw	$1,244.46	$1,181.97	90	10%	69%	21%	0	2	0	2	0	0		R
21247	Reconstruct lower jaw bone	$2,236.96	$2,236.96	90	10%	69%	21%	0	2	0	2	1	0		R
21248	Reconstruction of jaw	$1,104.10	$987.04	90	10%	69%	21%	0	2	0	1	0	0		R
21249	Reconstruction of jaw	$1,599.60	$1,425.01	90	10%	69%	21%	0	2	0	0	0	0		R
21255	Reconstruct lower jaw bone	$1,524.21	$1,524.21	90	10%	69%	21%	0	2	0	2	1	0		R
21256	Reconstruction of orbit	$1,577.78	$1,577.78	90	10%	69%	21%	0	2	0	2	1	0		R
21260	Revise eye sockets	$1,535.62	$1,535.62	90	10%	69%	21%	0	2	0	2	1	0		R
21261	Revise eye sockets	$2,588.13	$2,588.13	90	10%	69%	21%	0	2	0	2	1	0		R
21263	Revise eye sockets	$2,464.13	$2,464.13	90	10%	69%	21%	0	2	0	2	1	0		R
21267	Revise eye sockets	$1,723.60	$1,723.60	90	10%	69%	21%	0	2	0	2	1	0		R
21268	Revise eye sockets	$1,913.57	$1,913.57	90	10%	69%	21%	0	2	0	2	1	0		R
21270	Augmentation, cheek bone	$1,050.03	$1,004.90	90	10%	69%	21%	0	2	0	2	1	0		R
21275	Revision, orbitofacial bones	$1,129.39	$1,129.39	90	10%	69%	21%	0	2	0	2	1	0		R
21280	Revision of eyelid	$630.42	$630.42	90	10%	69%	21%	0	2	1	0	0	0		R
21282	Revision of eyelid	$427.06	$427.06	90	10%	69%	21%	0	2	1	1	0	0		R
21295	Revision of jaw muscle/bone	$229.65	$229.65	90	10%	69%	21%	0	2	0	0	0	0		R
21296	Revision of jaw muscle/bone	$464.75	$464.75	90	10%	69%	21%	0	2	0	0	0	0		R
21299	Cranio/maxillofacial surgery	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
21300	Treatment of skull fracture	$139.38	$60.02	0	0%	0%	0%	0	2	0	0	0	0		R
21310	Treatment of nose fracture	$136.40	$45.14	0	0%	0%	0%	0	2	0	1	0	0		R
21315	Treatment of nose fracture	$227.17	$147.81	10	10%	80%	10%	0	2	0	1	0	0		R
21320	Treatment of nose fracture	$309.50	$198.90	10	10%	80%	10%	0	2	0	1	0	0		R
21325	Treatment of nose fracture	$390.35	$390.35	90	10%	69%	21%	0	2	0	0	0	0		R
21330	Treatment of nose fracture	$565.94	$565.94	90	10%	69%	21%	0	2	0	0	0	0		R
21335	Treatment of nose fracture	$840.22	$840.22	90	10%	69%	21%	0	2	0	1	0	0		R
21336	Treat nasal septal fracture	$558.00	$558.00	90	10%	69%	21%	0	2	0	0	0	0		R
21337	Treat nasal septal fracture	$366.54	$296.61	90	10%	69%	21%	0	2	0	0	0	0		R
21338	Treat nasoethmoid fracture	$626.45	$626.45	90	10%	69%	21%	0	2	0	0	0	0		R
21339	Treat nasoethmoid fracture	$779.71	$779.71	90	10%	69%	21%	0	2	0	2	1	0		R
21340	Treatment of nose fracture	$1,029.70	$1,029.70	90	10%	69%	21%	0	2	0	0	0	0		R
21343	Treatment of sinus fracture	$1,174.03	$1,174.03	90	10%	69%	21%	0	2	0	2	1	0		R
21344	Treatment of sinus fracture	$1,659.12	$1,659.12	90	10%	69%	21%	0	2	0	2	2	0		R
21345	Treat nose/jaw fracture	$859.07	$808.98	90	10%	69%	21%	0	2	0	0	0	0		R
21346	Treat nose/jaw fracture	$1,066.90	$1,066.90	90	10%	69%	21%	0	2	0	1	1	0		R
21347	Treat nose/jaw fracture	$1,156.67	$1,156.67	90	10%	69%	21%	0	2	0	2	1	0		R
21348	Treat nose/jaw fracture	$1,415.58	$1,415.58	90	10%	69%	21%	0	2	0	2	2	0		R
21355	Treat cheek bone fracture	$397.30	$307.02	10	10%	80%	10%	0	2	0	0	0	0		R
21356	Treat cheek bone fracture	$400.77	$400.77	10	10%	80%	10%	0	2	0	0	0	0		R
21360	Treat cheek bone fracture	$648.77	$648.77	90	10%	69%	21%	0	2	0	2	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
21365	Treat cheek bone fracture	$1,374.91	$1,374.91	90	10%	69%	21%	0	2	0	2	1	0		R
21366	Treat cheek bone fracture	$1,544.54	$1,544.54	90	10%	69%	21%	0	2	0	2	2	0		R
21385	Treat eye socket fracture	$892.80	$892.80	90	10%	69%	21%	0	2	0	2	1	0		R
21386	Treat eye socket fracture	$901.73	$901.73	90	10%	69%	21%	0	2	0	2	0	0		R
21387	Treat eye socket fracture	$913.14	$913.14	90	10%	69%	21%	0	2	0	2	0	0		R
21390	Treat eye socket fracture	$994.48	$994.48	90	10%	69%	21%	0	2	0	2	1	0		R
21395	Treat eye socket fracture	$1,170.56	$1,170.56	90	10%	69%	21%	0	2	0	2	1	0		R
21400	Treat eye socket fracture	$205.84	$134.91	90	10%	69%	21%	0	2	0	0	0	0		R
21401	Treat eye socket fracture	$417.14	$327.86	90	10%	69%	21%	0	2	0	2	0	0		R
21406	Treat eye socket fracture	$682.00	$682.00	90	10%	69%	21%	0	2	0	2	1	0		R
21407	Treat eye socket fracture	$835.26	$835.26	90	10%	69%	21%	0	2	0	2	1	0		R
21408	Treat eye socket fracture	$1,132.37	$1,132.37	90	10%	69%	21%	0	2	0	2	2	0		R
21421	Treat mouth roof fracture	$628.43	$581.31	90	10%	69%	21%	0	2	0	0	0	0		R
21422	Treat mouth roof fracture	$826.83	$826.83	90	10%	69%	21%	0	2	0	2	1	0		R
21423	Treat mouth roof fracture	$984.56	$984.56	90	10%	69%	21%	0	2	0	2	2	0		R
21431	Treat craniofacial fracture	$648.27	$648.27	90	10%	69%	21%	0	2	0	2	0	0		R
21432	Treat craniofacial fracture	$809.47	$809.47	90	10%	69%	21%	0	2	0	2	0	0		R
21433	Treat craniofacial fracture	$2,246.88	$2,246.88	90	10%	69%	21%	0	2	0	2	1	0		R
21435	Treat craniofacial fracture	$1,528.67	$1,528.67	90	10%	69%	21%	0	2	0	2	0	0		R
21436	Treat craniofacial fracture	$2,371.87	$2,371.87	90	10%	69%	21%	0	2	0	2	2	0		R
21440	Treat dental ridge fracture	$383.41	$308.02	90	10%	69%	21%	0	2	0	0	0	0		R
21445	Treat dental ridge fracture	$628.43	$563.46	90	10%	69%	21%	0	2	0	2	0	0		R
21450	Treat lower jaw fracture	$438.96	$293.14	90	10%	69%	21%	0	2	0	0	0	0		R
21451	Treat lower jaw fracture	$578.34	$533.20	90	10%	69%	21%	0	2	0	0	0	0		R
21452	Treat lower jaw fracture	$454.34	$264.37	90	10%	69%	21%	0	2	0	0	0	0		R
21453	Treat lower jaw fracture	$660.67	$606.11	90	10%	69%	21%	0	2	0	0	0	0		R
21454	Treat lower jaw fracture	$657.70	$657.70	90	10%	69%	21%	0	2	0	0	1	0		R
21461	Treat lower jaw fracture	$905.20	$836.26	90	10%	69%	21%	0	2	0	2	1	0		R
21462	Treat lower jaw fracture	$1,067.89	$953.31	90	10%	69%	21%	0	2	0	2	1	0		R
21465	Treat lower jaw fracture	$1,008.86	$1,008.86	90	10%	69%	21%	0	2	0	2	1	0		R
21470	Treat lower jaw fracture	$1,401.20	$1,401.20	90	10%	69%	21%	0	2	0	2	1	0		R
21480	Reset dislocated jaw	$102.18	$48.11	0	0%	0%	0%	0	2	1	1	0	0		R
21485	Reset dislocated jaw	$380.43	$354.14	90	10%	69%	21%	0	2	1	0	0	0		R
21490	Repair dislocated jaw	$997.46	$997.46	90	10%	69%	21%	0	2	1	2	1	0		R
21493	Treat hyoid bone fracture	$201.38	$199.89	90	10%	69%	21%	0	2	0	1	1	0		R
21494	Treat hyoid bone fracture	$623.97	$623.97	90	10%	69%	21%	0	2	0	2	1	0		R
21495	Treat hyoid bone fracture	$541.14	$541.14	90	10%	69%	21%	0	2	0	2	0	0		R
21497	Interdental wiring	$433.01	$397.30	90	10%	69%	21%	0	2	0	0	0	0		R
21499	Head surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
21501	Drain neck/chest lesion	$381.42	$362.58	90	10%	69%	21%	0	2	0	1	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
21502	Drain chest lesion	$759.38	$759.38	90	10%	69%	21%	0	2	0	2	0	0		R
21510	Drainage of bone lesion	$663.65	$663.65	90	10%	69%	21%	0	2	0	0	0	0		R
21550	Biopsy of neck/chest	$202.86	$158.72	10	10%	80%	10%	0	2	0	1	0	0		R
21555	Remove lesion, neck/chest	$407.22	$346.21	90	10%	69%	21%	0	2	0	1	0	0		R
21556	Remove lesion, neck/chest	$468.72	$468.72	90	10%	69%	21%	0	2	0	1	0	0		R
21557	Remove tumor, neck/chest	$885.36	$885.36	90	10%	69%	21%	0	2	0	2	1	0		R
21600	Partial removal of rib	$759.87	$759.87	90	10%	69%	21%	0	2	0	2	1	0		R
21610	Partial removal of rib	$1,263.31	$1,263.31	90	10%	69%	21%	0	2	0	2	0	0		R
21615	Removal of rib	$1,030.69	$1,030.69	90	10%	69%	21%	0	2	1	2	1	0		R
21616	Removal of rib and nerves	$1,078.80	$1,078.80	90	10%	69%	21%	0	2	1	2	0	0		R
21620	Partial removal of sternum	$790.13	$790.13	90	10%	69%	21%	0	2	0	2	1	0		R
21627	Sternal debridement	$1,019.28	$1,019.28	90	10%	69%	21%	0	2	0	2	0	0		R
21630	Extensive sternum surgery	$1,644.24	$1,644.24	90	10%	69%	21%	0	2	0	2	1	0		R
21632	Extensive sternum surgery	$1,716.66	$1,716.66	90	10%	69%	21%	0	2	0	2	1	0		R
21700	Revision of neck muscle	$701.84	$649.26	90	10%	69%	21%	0	2	0	2	0	0		R
21705	Revision of neck muscle/rib	$861.55	$861.55	90	10%	69%	21%	0	2	0	2	0	0		R
21720	Revision of neck muscle	$636.37	$634.88	90	10%	69%	21%	0	2	0	2	0	0		R
21725	Revision of neck muscle	$700.35	$700.35	90	10%	69%	21%	0	2	0	2	1	0		R
21740	Reconstruction of sternum	$1,613.98	$1,613.98	90	10%	69%	21%	0	2	0	2	1	0		R
21750	Repair of sternum separation	$1,171.55	$1,171.55	90	10%	69%	21%	0	2	0	2	1	0		R
21800	Treatment of rib fracture	$142.85	$98.70	90	10%	69%	21%	0	2	0	1	0	0		R
21805	Treatment of rib fracture	$319.92	$319.92	90	10%	69%	21%	0	2	0	0	0	0		R
21810	Treatment of rib fracture(s)	$724.16	$724.16	90	10%	69%	21%	0	2	0	2	0	0		R
21820	Treat sternum fracture	$184.51	$142.35	90	10%	69%	21%	0	2	0	1	0	0		R
21825	Treat sternum fracture	$933.97	$933.97	90	10%	69%	21%	0	2	0	2	1	0		R
21899	Neck/chest surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
21920	Biopsy soft tissue of back	$204.85	$140.86	10	10%	80%	10%	0	2	0	1	0	0		R
21925	Biopsy soft tissue of back	$659.18	$429.04	90	10%	69%	21%	0	2	0	1	0	0		R
21930	Remove lesion, back or flank	$473.68	$403.25	90	10%	69%	21%	0	2	0	1	0	0		R
21935	Remove tumor, back	$1,533.14	$1,533.14	90	10%	69%	21%	0	2	0	1	1	0		R
22100	Remove part of neck vertebra	$963.23	$963.23	90	10%	69%	21%	0	2	0	2	1	0		R
22101	Remove part, thorax vertebra	$966.21	$966.21	90	10%	69%	21%	0	2	0	2	1	0		R
22102	Remove part, lumbar vertebra	$924.05	$924.05	90	10%	69%	21%	0	2	0	2	1	0		R
22103	Remove extra spine segment	$207.33	$207.33	0	0%	0%	0%	0	0	0	2	1	0		R
22110	Remove part of neck vertebra	$1,235.54	$1,235.54	90	10%	69%	21%	0	2	0	2	1	0		R
22112	Remove part, thorax vertebra	$1,247.94	$1,247.94	90	10%	69%	21%	0	2	0	2	1	0		R
22114	Remove part, lumbar vertebra	$1,191.89	$1,191.89	90	10%	69%	21%	0	2	0	2	1	0		R
22116	Remove extra spine segment	$203.86	$203.86	0	0%	0%	0%	0	0	0	2	1	0		R
22210	Revision of neck spine	$2,151.15	$2,151.15	90	10%	69%	21%	0	2	0	2	1	0		R
22212	Revision of thorax spine	$1,832.22	$1,832.22	90	10%	69%	21%	0	2	0	2	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
22214	Revision of lumbar spine	$1,824.29	$1,824.29	90	10%	69%	21%	0	2	0	2	1	0		R
22216	Revise, extra spine segment	$525.76	$525.76	0	0%	0%	0%	0	0	1	2	1	0		R
22220	Revision of neck spine	$1,994.91	$1,994.91	90	10%	69%	21%	0	2	0	2	1	0		R
22222	Revision of thorax spine	$1,868.93	$1,868.93	90	10%	69%	21%	0	2	0	2	0	0		R
22224	Revision of lumbar spine	$1,971.60	$1,971.60	90	10%	69%	21%	0	2	0	2	1	0		R
22226	Revise, extra spine segment	$526.75	$526.75	0	0%	0%	0%	0	0	1	2	1	0		R
22305	Treat spine process fracture	$255.94	$212.29	90	10%	69%	21%	0	2	0	1	0	0		R
22310	Treat spine fracture	$341.25	$299.58	90	10%	69%	21%	0	2	0	1	0	0		R
22315	Treat spine fracture	$894.78	$894.78	90	10%	69%	21%	0	2	0	1	0	0		R
22318	Treat odontoid fx w/o graft	$1,944.82	$1,944.82	90	10%	69%	21%	0	2	0	2	2	0		R
22319	Treat odontoid fx w/graft	$2,200.26	$2,200.26	90	10%	69%	21%	0	2	0	2	2	0		R
22325	Treat spine fracture	$1,643.74	$1,643.74	90	10%	69%	21%	0	2	0	2	1	0		R
22326	Treat neck spine fracture	$1,885.30	$1,885.30	90	10%	69%	21%	0	2	0	2	1	0		R
22327	Treat thorax spine fracture	$1,808.42	$1,808.42	90	10%	69%	21%	0	2	0	2	1	0		R
22328	Treat each add spine fx	$397.30	$397.30	0	0%	0%	0%	0	0	0	2	1	0		R
22505	Manipulation of spine	$293.14	$231.14	10	10%	80%	10%	0	2	0	1	0	0		R
22520	Percut vertebroplasty thor	Not Covered	Not Covered	10	10%	80%	10%	0	2	0	1	0	0		X
22521	Percut vertebroplasty lumb	Not Covered	Not Covered	10	10%	80%	10%	0	2	0	1	0	0		X
22522	Percut vertebroplasty addl	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	1	0	0		X
22548	Neck spine fusion	$2,429.41	$2,429.41	90	10%	69%	21%	0	2	0	2	2	0		R
22554	Neck spine fusion	$1,827.76	$1,827.76	90	10%	69%	21%	0	2	0	2	2	0		R
22556	Thorax spine fusion	$2,218.61	$2,218.61	90	10%	69%	21%	0	2	0	2	2	0		R
22558	Lumbar spine fusion	$2,033.10	$2,033.10	90	10%	69%	21%	0	2	0	2	2	0		R
22585	Additional spinal fusion	$491.04	$491.04	0	0%	0%	0%	0	0	0	2	2	0		R
22590	Spine & skull spinal fusion	$2,018.72	$2,018.72	90	10%	69%	21%	0	2	0	2	2	0		R
22595	Neck spinal fusion	$1,915.06	$1,915.06	90	10%	69%	21%	0	2	0	2	2	0		R
22600	Neck spine fusion	$1,614.98	$1,614.98	90	10%	69%	21%	0	2	0	2	2	0		R
22610	Thorax spine fusion	$1,597.12	$1,597.12	90	10%	69%	21%	0	2	0	2	2	0		R
22612	Lumbar spine fusion	$2,010.78	$2,010.78	90	10%	69%	21%	0	2	0	2	2	0		R
22614	Spine fusion, extra segment	$563.46	$563.46	0	0%	0%	0%	0	0	0	2	2	0		R
22630	Lumbar spine fusion	$2,000.86	$2,000.86	90	10%	69%	21%	0	2	0	2	2	0		R
22632	Spine fusion, extra segment	$464.26	$464.26	0	0%	0%	0%	0	0	0	2	2	0		R
22800	Fusion of spine	$1,782.13	$1,782.13	90	10%	69%	21%	0	2	0	2	1	0		R
22802	Fusion of spine	$2,865.89	$2,865.89	90	10%	69%	21%	0	2	0	2	1	0		R
22804	Fusion of spine	$3,261.70	$3,261.70	90	10%	69%	21%	0	2	0	2	1	0		R
22808	Fusion of spine	$2,391.71	$2,391.71	90	10%	69%	21%	0	2	0	2	1	0		R
22810	Fusion of spine	$2,653.60	$2,653.60	90	10%	69%	21%	0	2	0	2	1	0		R
22812	Fusion of spine	$2,959.14	$2,959.14	90	10%	69%	21%	0	2	0	2	1	0		R
22818	Kyphectomy, 1-2 segments	$2,925.41	$2,925.41	90	11%	76%	13%	0	2	0	2	2	2		R
22819	Kyphectomy, 3 or more	$3,148.61	$3,148.61	90	11%	76%	13%	0	2	0	2	2	2		R

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22830	Exploration of spinal fusion	$1,120.96	$1,120.96	90	10%	69%	21%	0	2	0	2	1	0		R
22840	Insert spine fixation device	$1,086.24	$1,086.24	0	0%	0%	0%	0	0	0	2	1	0		R
22841	Insert spine fixation device	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
22842	Insert spine fixation device	$1,043.09	$1,043.09	0	0%	0%	0%	0	0	0	2	2	0		R
22843	Insert spine fixation device	$1,187.42	$1,187.42	0	0%	0%	0%	0	0	0	2	2	0		R
22844	Insert spine fixation device	$1,433.94	$1,433.94	0	0%	0%	0%	0	0	0	2	2	0		R
22845	Insert spine fixation device	$1,045.57	$1,045.57	0	0%	0%	0%	0	0	0	2	2	0		R
22846	Insert spine fixation device	$1,109.55	$1,109.55	0	0%	0%	0%	0	0	0	2	2	0		R
22847	Insert spine fixation device	$1,220.66	$1,220.66	0	0%	0%	0%	0	0	0	2	2	0		R
22848	Insert pelv fixation device	$583.79	$583.79	0	0%	0%	0%	0	0	0	2	2	0		R
22849	Reinsert spinal fixation	$1,691.86	$1,691.86	90	10%	69%	21%	0	2	0	2	1	0		R
22850	Remove spine fixation device	$965.71	$965.71	90	10%	69%	21%	0	2	0	2	1	0		R
22851	Apply spine prosth device	$649.26	$649.26	0	0%	0%	0%	0	0	0	2	2	0		R
22852	Remove spine fixation device	$936.45	$936.45	90	10%	69%	21%	0	2	0	2	1	0		R
22855	Remove spine fixation device	$1,370.94	$1,370.94	90	10%	69%	21%	0	2	0	2	1	0		R
22899	Spine surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
22900	Remove abdominal wall lesion	$511.87	$511.87	90	10%	69%	21%	0	2	0	2	1	0		R
22999	Abdomen surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
23000	Removal of calcium deposits	$612.06	$526.26	90	10%	69%	21%	0	2	0	2	1	0		R
23020	Release shoulder joint	$959.26	$959.26	90	10%	69%	21%	0	2	1	2	0	0		R
23030	Drain shoulder lesion	$431.02	$371.50	10	10%	80%	10%	0	2	0	1	0	0		R
23031	Drain shoulder bursa	$366.54	$293.63	10	10%	80%	10%	0	2	1	1	0	0		R
23035	Drain shoulder bone lesion	$1,102.11	$1,102.11	90	10%	69%	21%	0	2	1	2	0	0		R
23040	Exploratory shoulder surgery	$1,035.65	$1,035.65	90	10%	69%	21%	0	2	1	2	1	0		R
23044	Exploratory shoulder surgery	$854.61	$854.61	90	10%	69%	21%	0	2	1	1	1	0		R
23065	Biopsy shoulder tissues	$222.70	$174.59	10	10%	80%	10%	0	2	1	1	0	0		R
23066	Biopsy shoulder tissues	$515.34	$468.22	90	10%	69%	21%	0	2	1	1	0	0		R
23075	Removal of shoulder lesion	$341.25	$264.37	10	10%	80%	10%	0	2	1	1	0	0		R
23076	Removal of shoulder lesion	$755.90	$755.90	90	10%	69%	21%	0	2	1	1	0	0		R
23077	Remove tumor of shoulder	$1,485.02	$1,485.02	90	10%	69%	21%	0	2	1	2	1	0		R
23100	Biopsy of shoulder joint	$717.71	$717.71	90	10%	69%	21%	0	2	1	2	1	0		R
23101	Shoulder joint surgery	$691.92	$691.92	90	10%	69%	21%	0	2	1	1	1	0		R
23105	Remove shoulder joint lining	$930.50	$930.50	90	10%	69%	21%	0	2	1	2	1	0		R
23106	Incision of collarbone joint	$709.28	$709.28	90	10%	69%	21%	0	2	1	1	1	0		R
23107	Explore treat shoulder joint	$957.78	$957.78	90	10%	69%	21%	0	2	1	2	1	0		R
23120	Partial removal, collar bone	$782.69	$782.69	90	10%	69%	21%	0	2	0	2	1	0		R
23125	Removal of collar bone	$1,011.34	$1,011.34	90	10%	69%	21%	0	2	1	2	1	0		R
23130	Remove shoulder bone, part	$849.15	$849.15	90	10%	69%	21%	0	2	1	1	1	0		R
23140	Removal of bone lesion	$738.54	$738.54	90	10%	69%	21%	0	2	1	1	0	0		R
23145	Removal of bone lesion	$1,029.70	$1,029.70	90	10%	69%	21%	0	2	1	2	1	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
23146	Removal of bone lesion	$872.46	$872.46	90	10%	69%	21%	0	2	1	0	0	0		R
23150	Removal of humerus lesion	$904.70	$904.70	90	10%	69%	21%	0	2	1	2	1	0		R
23155	Removal of humerus lesion	$1,078.80	$1,078.80	90	10%	69%	21%	0	2	1	2	1	0		R
23156	Removal of humerus lesion	$938.93	$938.93	90	10%	69%	21%	0	2	1	2	0	0		R
23170	Remove collar bone lesion	$838.24	$838.24	90	10%	69%	21%	0	2	1	1	0	0		R
23172	Remove shoulder blade lesion	$858.08	$858.08	90	10%	69%	21%	0	2	1	2	0	0		R
23174	Remove humerus lesion	$1,042.59	$1,042.59	90	10%	69%	21%	0	2	1	2	1	0		R
23180	Remove collar bone lesion	$1,078.80	$1,078.80	90	10%	69%	21%	0	2	1	1	1	0		R
23182	Remove shoulder blade lesion	$1,113.52	$1,113.52	90	10%	69%	21%	0	2	1	2	0	0		R
23184	Remove humerus lesion	$1,186.43	$1,186.43	90	10%	69%	21%	0	2	1	2	1	0		R
23190	Partial removal of scapula	$775.74	$775.74	90	10%	69%	21%	0	2	1	2	1	0		R
23195	Removal of head of humerus	$1,047.06	$1,047.06	90	10%	69%	21%	0	2	1	2	1	0		R
23200	Removal of collar bone	$1,285.14	$1,285.14	90	10%	69%	21%	0	2	1	2	1	0		R
23210	Removal of shoulder blade	$1,308.45	$1,308.45	90	10%	69%	21%	0	2	1	2	1	0		R
23220	Partial removal of humerus	$1,496.93	$1,496.93	90	10%	69%	21%	0	2	1	2	1	0		R
23221	Partial removal of humerus	$1,816.85	$1,816.85	90	10%	69%	21%	0	2	1	2	0	0		R
23222	Partial removal of humerus	$2,247.38	$2,247.38	90	10%	69%	21%	0	2	1	2	1	0		R
23330	Remove shoulder foreign body	$306.03	$275.78	10	10%	80%	10%	0	2	1	0	0	0		R
23331	Remove shoulder foreign body	$768.80	$768.80	90	10%	69%	21%	0	2	1	0	0	0		R
23332	Remove shoulder foreign body	$1,189.90	$1,189.90	90	10%	69%	21%	0	2	1	2	1	0		R
23350	Injection for shoulder x-ray	$410.19	$71.42	0	0%	0%	0%	0	2	1	1	0	0		R
23395	Muscle transfer,shoulder/arm	$1,570.34	$1,570.34	90	10%	69%	21%	0	2	0	2	1	0		R
23397	Muscle transfers	$1,592.16	$1,592.16	90	10%	69%	21%	0	2	0	2	1	0		R
23400	Fixation of shoulder blade	$1,357.55	$1,357.55	90	10%	69%	21%	0	2	1	2	1	0		R
23405	Incision of tendon & muscle	$890.82	$890.82	90	10%	69%	21%	0	2	0	2	1	0		R
23406	Incise tendon(s) & muscle(s)	$1,120.46	$1,120.46	90	10%	69%	21%	0	2	0	2	0	0		R
23410	Repair of tendon(s)	$1,264.80	$1,264.80	90	10%	69%	21%	0	2	0	2	1	0		R
23412	Repair of tendon(s)	$1,366.98	$1,366.98	90	10%	69%	21%	0	2	1	2	1	0		R
23415	Release of shoulder ligament	$973.65	$973.65	90	10%	69%	21%	0	2	1	1	1	0		R
23420	Repair of shoulder	$1,414.59	$1,414.59	90	10%	69%	21%	0	2	1	2	1	0		R
23430	Repair biceps tendon	$1,035.15	$1,035.15	90	10%	69%	21%	0	2	1	2	1	0		R
23440	Remove/transplant tendon	$1,068.88	$1,068.88	90	10%	69%	21%	0	2	1	2	1	0		R
23450	Repair shoulder capsule	$1,368.96	$1,368.96	90	10%	69%	21%	0	2	1	2	1	0		R
23455	Repair shoulder capsule	$1,477.09	$1,477.09	90	10%	69%	21%	0	2	1	2	1	0		R
23460	Repair shoulder capsule	$1,536.61	$1,536.61	90	10%	69%	21%	0	2	1	2	1	0		R
23462	Repair shoulder capsule	$1,541.07	$1,541.07	90	10%	69%	21%	0	2	1	2	1	0		R
23465	Repair shoulder capsule	$1,493.95	$1,493.95	90	10%	69%	21%	0	2	1	2	1	0		R
23466	Repair shoulder capsule	$1,467.66	$1,467.66	90	10%	69%	21%	0	2	1	2	1	0		R
23470	Reconstruct shoulder joint	$1,701.28	$1,701.28	90	10%	69%	21%	0	2	1	2	1	0		R
23472	Reconstruct shoulder joint	$1,710.70	$1,710.70	90	10%	69%	21%	0	2	1	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
23480	Revision of collar bone	$1,116.00	$1,116.00	90	10%	69%	21%	0	2	1	1	1	0		R
23485	Revision of collar bone	$1,350.11	$1,350.11	90	10%	69%	21%	0	2	1	2	1	0		R
23490	Reinforce clavicle	$1,156.18	$1,156.18	90	10%	69%	21%	0	2	1	2	0	0		R
23491	Reinforce shoulder bones	$1,419.06	$1,419.06	90	10%	69%	21%	0	2	1	2	1	0		R
23500	Treat clavicle fracture	$267.84	$223.70	90	10%	69%	21%	0	2	1	1	0	0		R
23505	Treat clavicle fracture	$439.95	$376.96	90	10%	69%	21%	0	2	1	1	0	0		R
23515	Treat clavicle fracture	$785.66	$785.66	90	10%	69%	21%	0	2	1	2	1	0		R
23520	Treat clavicle dislocation	$265.36	$225.18	90	10%	69%	21%	0	2	1	0	0	0		R
23525	Treat clavicle dislocation	$421.10	$356.62	90	10%	69%	21%	0	2	1	0	0	0		R
23530	Treat clavicle dislocation	$809.97	$809.97	90	10%	69%	21%	0	2	1	2	0	0		R
23532	Treat clavicle dislocation	$837.74	$837.74	90	10%	69%	21%	0	2	1	2	0	0		R
23540	Treat clavicle dislocation	$294.13	$229.15	90	10%	69%	21%	0	2	1	1	0	0		R
23545	Treat clavicle dislocation	$378.94	$330.83	90	10%	69%	21%	0	2	1	0	0	0		R
23550	Treat clavicle dislocation	$788.14	$788.14	90	10%	69%	21%	0	2	1	2	1	0		R
23552	Treat clavicle dislocation	$870.48	$870.48	90	10%	69%	21%	0	2	1	2	1	0		R
23570	Treat shoulder blade fx	$276.77	$237.09	90	10%	69%	21%	0	2	1	1	0	0		R
23575	Treat shoulder blade fx	$467.23	$406.22	90	10%	69%	21%	0	2	1	0	0	0		R
23585	Treat scapula fracture	$923.55	$923.55	90	10%	69%	21%	0	2	1	2	1	0		R
23600	Treat humerus fracture	$401.76	$330.34	90	10%	69%	21%	0	2	1	1	0	0		R
23605	Treat humerus fracture	$635.38	$569.90	90	10%	69%	21%	0	2	1	1	0	0		R
23615	Treat humerus fracture	$1,006.38	$1,006.38	90	10%	69%	21%	0	2	1	2	1	0		R
23616	Treat humerus fracture	$2,045.01	$2,045.01	90	10%	69%	21%	0	2	1	2	2	0		R
23620	Treat humerus fracture	$361.58	$270.82	90	10%	69%	21%	0	2	1	1	0	0		R
23625	Treat humerus fracture	$530.72	$465.25	90	10%	69%	21%	0	2	1	1	0	0		R
23630	Treat humerus fracture	$798.06	$798.06	90	10%	69%	21%	0	2	1	2	1	0		R
23650	Treat shoulder dislocation	$401.26	$331.82	90	10%	69%	21%	0	2	1	1	0	0		R
23655	Treat shoulder dislocation	$435.49	$435.49	90	10%	69%	21%	0	2	1	1	0	0		R
23660	Treat shoulder dislocation	$805.50	$805.50	90	10%	69%	21%	0	2	1	2	1	0		R
23665	Treat dislocation/fracture	$565.44	$497.98	90	10%	69%	21%	0	2	1	1	0	0		R
23670	Treat dislocation/fracture	$852.62	$852.62	90	10%	69%	21%	0	2	1	2	1	0		R
23675	Treat dislocation/fracture	$689.44	$625.95	90	10%	69%	21%	0	2	1	1	0	0		R
23680	Treat dislocation/fracture	$1,047.06	$1,047.06	90	10%	69%	21%	0	2	1	2	1	0		R
23700	Fixation of shoulder	$286.19	$286.19	10	10%	80%	10%	0	2	0	1	0	0		R
23800	Fusion of shoulder joint	$1,490.48	$1,490.48	90	10%	69%	21%	0	2	1	2	1	0		R
23802	Fusion of shoulder joint	$1,659.12	$1,659.12	90	10%	69%	21%	0	2	0	2	1	0		R
23900	Amputation of arm & girdle	$1,786.10	$1,786.10	90	10%	69%	21%	0	2	0	2	0	0		R
23920	Amputation at shoulder joint	$1,494.45	$1,494.45	90	10%	69%	21%	0	2	0	2	1	0		R
23921	Amputation follow-up surgery	$603.14	$603.14	90	10%	69%	21%	0	2	0	1	0	0		R
23929	Shoulder surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
23930	Drainage of arm lesion	$397.30	$325.38	10	10%	80%	10%	0	2	1	1	0	0		R

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23931	Drainage of arm bursa	$308.51	$227.66	10	10%	80%	10%	0	2	1	1	0	0		R
23935	Drain arm/elbow bone lesion	$846.18	$846.18	90	10%	69%	21%	0	2	1	0	0	0		R
24000	Exploratory elbow surgery	$615.54	$615.54	90	10%	69%	21%	0	2	1	0	1	0		R
24006	Release elbow joint	$907.68	$907.68	90	10%	69%	21%	0	2	1	2	2	0		R
24065	Biopsy arm/elbow soft tissue	$321.41	$233.12	10	10%	80%	10%	0	2	1	1	0	0		R
24066	Biopsy arm/elbow soft tissue	$634.88	$555.02	90	10%	69%	21%	0	2	1	1	0	0		R
24075	Remove arm/elbow lesion	$529.73	$450.37	90	10%	69%	21%	0	2	1	1	0	0		R
24076	Remove arm/elbow lesion	$641.33	$641.33	90	10%	69%	21%	0	2	1	1	0	0		R
24077	Remove tumor of arm/elbow	$1,255.38	$1,255.38	90	10%	69%	21%	0	2	1	2	1	0		R
24100	Biopsy elbow joint lining	$529.23	$529.23	90	10%	69%	21%	0	2	1	2	1	0		R
24101	Explore/treat elbow joint	$662.16	$662.16	90	10%	69%	21%	0	2	1	2	0	0		R
24102	Remove elbow joint lining	$833.78	$833.78	90	10%	69%	21%	0	2	1	2	1	0		R
24105	Removal of elbow bursa	$429.04	$429.04	90	10%	69%	21%	0	2	1	1	0	0		R
24110	Remove humerus lesion	$845.18	$845.18	90	10%	69%	21%	0	2	1	1	1	0		R
24115	Remove/graft bone lesion	$971.66	$971.66	90	10%	69%	21%	0	2	1	2	1	0		R
24116	Remove/graft bone lesion	$1,195.36	$1,195.36	90	10%	69%	21%	0	2	1	2	0	0		R
24120	Remove elbow lesion	$677.54	$677.54	90	10%	69%	21%	0	2	1	0	0	0		R
24125	Remove/graft bone lesion	$745.49	$745.49	90	10%	69%	21%	0	2	1	2	1	0		R
24126	Remove/graft bone lesion	$808.48	$808.48	90	10%	69%	21%	0	2	1	2	0	0		R
24130	Removal of head of radius	$672.08	$672.08	90	10%	69%	21%	0	2	1	1	1	0		R
24134	Removal of arm bone lesion	$1,223.63	$1,223.63	90	10%	69%	21%	0	2	1	2	0	0		R
24136	Remove radius bone lesion	$788.64	$788.64	90	10%	69%	21%	0	2	1	1	0	0		R
24138	Remove elbow bone lesion	$800.05	$800.05	90	10%	69%	21%	0	2	1	2	0	0		R
24140	Partial removal of arm bone	$1,206.77	$1,206.77	90	10%	69%	21%	0	2	1	2	0	0		R
24145	Partial removal of radius	$882.38	$882.38	90	10%	69%	21%	0	2	1	1	1	0		R
24147	Partial removal of elbow	$886.85	$886.85	90	10%	69%	21%	0	2	1	1	1	0		R
24149	Radical resection of elbow	$1,345.65	$1,345.65	90	10%	69%	21%	0	2	1	2	1	0		R
24150	Extensive humerus surgery	$1,429.47	$1,429.47	90	10%	69%	21%	0	2	1	2	1	0		R
24151	Extensive humerus surgery	$1,612.50	$1,612.50	90	10%	69%	21%	0	2	1	2	1	0		R
24152	Extensive radius surgery	$966.70	$966.70	90	10%	69%	21%	0	2	1	2	1	0		R
24153	Extensive radius surgery	$1,004.40	$1,004.40	90	10%	69%	21%	0	2	1	0	0	0		R
24155	Removal of elbow joint	$1,104.59	$1,104.59	90	10%	69%	21%	0	2	1	2	1	0		R
24160	Remove elbow joint implant	$764.83	$764.83	90	10%	69%	21%	0	2	1	1	1	0		R
24164	Remove radius head implant	$650.75	$650.75	90	10%	69%	21%	0	2	1	1	1	0		R
24200	Removal of arm foreign body	$312.48	$213.78	10	10%	80%	10%	0	2	1	0	0	0		R
24201	Removal of arm foreign body	$607.10	$555.52	90	10%	69%	21%	0	2	1	1	0	0		R
24220	Injection for elbow x-ray	$459.30	$91.76	0	0%	0%	0%	0	2	1	0	0	0		R
24301	Muscle/tendon transfer	$989.02	$989.02	90	10%	69%	21%	0	2	0	2	1	0		R
24305	Arm tendon lengthening	$712.26	$712.26	90	10%	69%	21%	0	2	0	0	0	0		R
24310	Revision of arm tendon	$648.27	$648.27	90	10%	69%	21%	0	2	0	0	0	0		R

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24320	Repair of arm tendon	$1,052.02	$1,052.02	90	10%	69%	21%	0	2	0	2	1	0		R
24330	Revision of arm muscles	$948.35	$948.35	90	10%	69%	21%	0	2	1	2	0	0		R
24331	Revision of arm muscles	$1,035.65	$1,035.65	90	10%	69%	21%	0	2	1	2	0	0		R
24340	Repair of biceps tendon	$793.60	$793.60	90	10%	69%	21%	0	2	1	2	1	0		R
24341	Repair arm tendon/muscle	$796.58	$796.58	90	10%	69%	21%	0	2	1	2	1	0		R
24342	Repair of ruptured tendon	$1,051.52	$1,051.52	90	10%	69%	21%	0	2	1	2	1	0		R
24350	Repair of tennis elbow	$563.46	$563.46	90	10%	69%	21%	0	2	1	0	0	0		R
24351	Repair of tennis elbow	$620.50	$620.50	90	10%	69%	21%	0	2	1	0	0	0		R
24352	Repair of tennis elbow	$674.56	$674.56	90	10%	69%	21%	0	2	1	2	1	0		R
24354	Repair of tennis elbow	$673.07	$673.07	90	10%	69%	21%	0	2	1	1	0	0		R
24356	Revision of tennis elbow	$712.75	$712.75	90	10%	69%	21%	0	2	1	0	0	0		R
24360	Reconstruct elbow joint	$1,215.20	$1,215.20	90	10%	69%	21%	0	2	1	2	1	0		R
24361	Reconstruct elbow joint	$1,331.26	$1,331.26	90	10%	69%	21%	0	2	1	2	1	0		R
24362	Reconstruct elbow joint	$1,394.75	$1,305.47	90	10%	69%	21%	0	2	1	2	0	0		R
24363	Replace elbow joint	$1,774.69	$1,774.69	90	10%	69%	21%	0	2	1	2	0	0		R
24365	Reconstruct head of radius	$841.22	$841.22	90	10%	69%	21%	0	2	1	2	1	0		R
24366	Reconstruct head of radius	$933.97	$933.97	90	10%	69%	21%	0	2	1	2	1	0		R
24400	Revision of humerus	$1,161.63	$1,161.63	90	10%	69%	21%	0	2	1	2	1	0		R
24410	Revision of humerus	$1,509.33	$1,509.33	90	10%	69%	21%	0	2	1	2	1	0		R
24420	Revision of humerus	$1,474.11	$1,474.11	90	10%	69%	21%	0	2	1	2	1	0		R
24430	Repair of humerus	$1,344.16	$1,344.16	90	10%	69%	21%	0	2	1	2	1	0		R
24435	Repair humerus with graft	$1,405.17	$1,405.17	90	10%	69%	21%	0	2	1	2	1	0		R
24470	Revision of elbow joint	$851.63	$851.63	90	10%	69%	21%	0	2	1	2	0	0		R
24495	Decompression of forearm	$871.47	$871.47	90	10%	69%	21%	0	2	1	0	0	0		R
24498	Reinforce humerus	$1,224.13	$1,224.13	90	10%	69%	21%	0	2	1	2	1	0		R
24500	Treat humerus fracture	$395.31	$329.84	90	10%	69%	21%	0	2	1	1	0	0		R
24505	Treat humerus fracture	$667.62	$592.72	90	10%	69%	21%	0	2	1	1	0	0		R
24515	Treat humerus fracture	$1,169.07	$1,169.07	90	10%	69%	21%	0	2	1	2	1	0		R
24516	Treat humerus fracture	$1,183.46	$1,183.46	90	10%	69%	21%	0	2	1	2	2	0		R
24530	Treat humerus fracture	$453.34	$403.74	90	10%	69%	21%	0	2	1	1	0	0		R
24535	Treat humerus fracture	$761.36	$687.95	90	10%	69%	21%	0	2	1	1	0	0		R
24538	Treat humerus fracture	$984.56	$984.56	90	10%	69%	21%	0	2	1	1	0	0		R
24545	Treat humerus fracture	$1,064.42	$1,064.42	90	10%	69%	21%	0	2	1	2	1	0		R
24546	Treat humerus fracture	$1,476.10	$1,476.10	90	10%	69%	21%	0	2	1	2	2	0		R
24560	Treat humerus fracture	$360.59	$294.62	90	10%	69%	21%	0	2	1	1	0	0		R
24565	Treat humerus fracture	$641.82	$567.42	90	10%	69%	21%	0	2	1	1	0	0		R
24566	Treat humerus fracture	$853.62	$853.62	90	10%	69%	21%	0	2	1	1	0	0		R
24575	Treat humerus fracture	$983.57	$983.57	90	10%	69%	21%	0	2	1	2	1	0		R
24576	Treat humerus fracture	$354.14	$302.56	90	10%	69%	21%	0	2	1	1	0	0		R
24577	Treat humerus fracture	$667.12	$594.70	90	10%	69%	21%	0	2	1	1	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
24579	Treat humerus fracture	$1,145.26	$1,145.26	90	10%	69%	21%	0	2	1	2	1	0		R
24582	Treat humerus fracture	$920.08	$920.08	90	10%	69%	21%	0	2	1	1	0	0		R
24586	Treat elbow fracture	$1,429.47	$1,429.47	90	10%	69%	21%	0	2	1	2	1	0		R
24587	Treat elbow fracture	$1,405.66	$1,405.66	90	10%	69%	21%	0	2	1	2	1	0		R
24600	Treat elbow dislocation	$507.41	$440.45	90	10%	69%	21%	0	2	1	1	0	0		R
24605	Treat elbow dislocation	$502.45	$502.45	90	10%	69%	21%	0	2	1	1	0	0		R
24615	Treat elbow dislocation	$921.57	$921.57	90	10%	69%	21%	0	2	1	2	1	0		R
24620	Treat elbow fracture	$669.60	$669.60	90	10%	69%	21%	0	2	1	0	0	0		R
24635	Treat elbow fracture	$1,433.44	$1,433.44	90	10%	69%	21%	0	2	1	2	1	0		R
24640	Treat elbow dislocation	$206.83	$143.34	10	10%	80%	10%	0	2	1	0	0	0		R
24650	Treat radius fracture	$314.46	$237.58	90	10%	69%	21%	0	2	1	1	0	0		R
24655	Treat radius fracture	$546.59	$472.69	90	10%	69%	21%	0	2	1	1	0	0		R
24665	Treat radius fracture	$869.49	$869.49	90	10%	69%	21%	0	2	1	2	1	0		R
24666	Treat radius fracture	$1,012.83	$1,012.83	90	10%	69%	21%	0	2	1	2	1	0		R
24670	Treat ulnar fracture	$328.85	$276.77	90	10%	69%	21%	0	2	1	1	0	0		R
24675	Treat ulnar fracture	$577.84	$505.42	90	10%	69%	21%	0	2	1	1	0	0		R
24685	Treat ulnar fracture	$935.95	$935.95	90	10%	69%	21%	0	2	1	2	1	0		R
24800	Fusion of elbow joint	$1,100.62	$1,100.62	90	10%	69%	21%	0	2	1	2	1	0		R
24802	Fusion/graft of elbow joint	$1,326.30	$1,326.30	90	10%	69%	21%	0	2	1	2	0	0		R
24900	Amputation of upper arm	$1,019.28	$1,019.28	90	10%	69%	21%	0	2	1	2	1	0		R
24920	Amputation of upper arm	$1,052.51	$1,052.51	90	10%	69%	21%	0	2	1	2	1	0		R
24925	Amputation follow-up surgery	$802.03	$802.03	90	10%	69%	21%	0	2	1	2	0	0		R
24930	Amputation follow-up surgery	$1,074.34	$1,074.34	90	10%	69%	21%	0	2	1	2	0	0		R
24931	Amputate upper arm & implant	$1,258.85	$1,258.85	90	10%	69%	21%	0	2	1	2	0	0		R
24935	Revision of amputation	$1,456.75	$1,456.75	90	10%	69%	21%	0	2	1	0	0	0		R
24940	Revision of upper arm	$1,431.20	$1,431.20	90	10%	69%	21%	0	2	1	2	0	0		F
24999	Upper arm/elbow surgery	By Report	By Report	90	0%	0%	0%	0	2	1	0	1	1		N
25000	Incision of tendon sheath	$481.12	$481.12	90	10%	69%	21%	0	2	1	1	0	0		R
25020	Decompression of forearm	$765.33	$765.33	90	10%	69%	21%	0	2	1	1	0	0		R
25023	Decompression of forearm	$1,364.50	$1,364.50	90	10%	69%	21%	0	2	1	0	0	0		R
25028	Drainage of forearm lesion	$661.66	$661.66	90	10%	69%	21%	0	2	1	1	0	0		R
25031	Drainage of forearm bursa	$570.40	$570.40	90	10%	69%	21%	0	2	1	0	0	0		R
25035	Treat forearm bone lesion	$1,054.00	$1,054.00	90	10%	69%	21%	0	2	1	0	0	0		R
25040	Explore/treat wrist joint	$788.14	$788.14	90	10%	69%	21%	0	2	1	0	0	0		R
25065	Biopsy forearm soft tissues	$204.35	$199.39	10	10%	80%	10%	0	2	1	1	0	0		R
25066	Biopsy forearm soft tissues	$518.82	$518.82	90	10%	69%	21%	0	2	1	1	0	0		R
25075	Removal of forearm lesion	$484.59	$484.59	90	10%	69%	21%	0	2	1	1	0	0		R
25076	Removal of forearm lesion	$747.97	$747.97	90	10%	69%	21%	0	2	1	1	0	0		R
25077	Remove tumor, forearm/wrist	$1,204.78	$1,204.78	90	10%	69%	21%	0	2	1	1	0	0		R
25085	Incision of wrist capsule	$731.10	$731.10	90	10%	69%	21%	0	2	1	2	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
25100	Biopsy of wrist joint	$518.82	$518.82	90	10%	69%	21%	0	2	1	0	0	0		R
25101	Explore/treat wrist joint	$594.70	$594.70	90	10%	69%	21%	0	2	1	0	0	0		R
25105	Remove wrist joint lining	$782.19	$782.19	90	10%	69%	21%	0	2	1	0	1	0		R
25107	Remove wrist joint cartilage	$803.52	$803.52	90	10%	69%	21%	0	2	1	2	1	0		R
25110	Remove wrist tendon lesion	$539.15	$539.15	90	10%	69%	21%	0	2	1	1	0	0		R
25111	Remove wrist tendon lesion	$451.86	$451.86	90	10%	69%	21%	0	2	1	1	0	0		R
25112	Reremove wrist tendon lesion	$552.05	$552.05	90	10%	69%	21%	0	2	1	1	0	0		R
25115	Remove wrist/forearm lesion	$1,153.20	$1,153.20	90	10%	69%	21%	0	2	1	1	0	0		R
25116	Remove wrist/forearm lesion	$1,032.18	$1,032.18	90	10%	69%	21%	0	2	1	0	1	0		R
25118	Excise wrist tendon sheath	$570.40	$570.40	90	10%	69%	21%	0	2	1	1	0	0		R
25119	Partial removal of ulna	$793.10	$793.10	90	10%	69%	21%	0	2	1	2	1	0		R
25120	Removal of forearm lesion	$917.60	$917.60	90	10%	69%	21%	0	2	1	0	1	0		R
25125	Remove/graft forearm lesion	$1,045.07	$1,045.07	90	10%	69%	21%	0	2	1	0	0	0		R
25126	Remove/graft forearm lesion	$1,025.73	$1,025.73	90	10%	69%	21%	0	2	1	2	0	0		R
25130	Removal of wrist lesion	$622.48	$622.48	90	10%	69%	21%	0	2	1	0	0	0		R
25135	Remove & graft wrist lesion	$757.89	$757.89	90	10%	69%	21%	0	2	1	2	1	0		R
25136	Remove & graft wrist lesion	$619.01	$619.01	90	10%	69%	21%	0	2	1	2	1	0		R
25145	Remove forearm bone lesion	$951.33	$951.33	90	10%	69%	21%	0	2	1	2	0	0		R
25150	Partial removal of ulna	$888.34	$888.34	90	10%	69%	21%	0	2	1	1	1	0		R
25151	Partial removal of radius	$993.98	$993.98	90	10%	69%	21%	0	2	1	2	1	0		R
25170	Extensive forearm surgery	$1,338.70	$1,338.70	90	10%	69%	21%	0	2	1	2	1	0		R
25210	Removal of wrist bone	$687.46	$687.46	90	10%	69%	21%	0	2	0	0	1	0		R
25215	Removal of wrist bones	$963.23	$963.23	90	10%	69%	21%	0	2	0	2	1	0		R
25230	Partial removal of radius	$637.36	$637.36	90	10%	69%	21%	0	2	1	1	1	0		R
25240	Partial removal of ulna	$713.74	$713.74	90	10%	69%	21%	0	2	1	0	1	0		R
25246	Injection for wrist x-ray	$449.38	$100.19	0	0%	0%	0%	0	2	1	1	0	0		R
25248	Remove forearm foreign body	$642.32	$642.32	90	10%	69%	21%	0	2	1	1	0	0		R
25250	Removal of wrist prosthesis	$738.54	$738.54	90	10%	69%	21%	0	2	1	2	0	0		R
25251	Removal of wrist prosthesis	$1,059.46	$1,059.46	90	10%	69%	21%	0	2	0	2	0	0		R
25260	Repair forearm tendon/muscle	$1,068.88	$1,068.88	90	10%	69%	21%	0	2	0	1	0	0		R
25263	Repair forearm tendon/muscle	$1,059.95	$1,059.95	90	10%	69%	21%	0	2	0	2	0	0		R
25265	Repair forearm tendon/muscle	$1,230.58	$1,230.58	90	10%	69%	21%	0	2	0	2	0	0		R
25270	Repair forearm tendon/muscle	$915.12	$915.12	90	10%	69%	21%	0	2	0	0	0	0		R
25272	Repair forearm tendon/muscle	$996.46	$996.46	90	10%	69%	21%	0	2	0	0	0	0		R
25274	Repair forearm tendon/muscle	$1,124.43	$1,124.43	90	10%	69%	21%	0	2	0	0	1	0		R
25280	Revise wrist/forearm tendon	$984.56	$984.56	90	10%	69%	21%	0	2	0	0	1	0		R
25290	Incise wrist/forearm tendon	$927.02	$927.02	90	10%	69%	21%	0	2	0	1	0	0		R
25295	Release wrist/forearm tendon	$922.06	$922.06	90	10%	69%	21%	0	2	0	1	0	0		R
25300	Fusion of tendons at wrist	$930.00	$930.00	90	10%	69%	21%	0	2	1	2	0	0		R
25301	Fusion of tendons at wrist	$894.78	$894.78	90	10%	69%	21%	0	2	1	2	0	0		R

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25310	Transplant forearm tendon	$1,082.77	$1,082.77	90	10%	69%	21%	0	2	0	2	1	0		R
25312	Transplant forearm tendon	$1,203.79	$1,203.79	90	10%	69%	21%	0	2	0	2	1	0		R
25315	Revise palsy hand tendon(s)	$1,270.75	$1,270.75	90	10%	69%	21%	0	2	1	2	0	0		R
25316	Revise palsy hand tendon(s)	$1,459.23	$1,459.23	90	10%	69%	21%	0	2	1	2	0	0		R
25320	Repair/revise wrist joint	$1,097.15	$1,097.15	90	10%	69%	21%	0	2	1	2	0	0		R
25332	Revise wrist joint	$1,171.06	$1,171.06	90	10%	69%	21%	0	2	1	2	0	0		R
25335	Realignment of hand	$1,351.60	$1,351.60	90	10%	69%	21%	0	2	1	2	0	0		R
25337	Reconstruct ulna/radioulnar	$1,130.88	$1,130.88	90	10%	69%	21%	0	2	1	1	0	0		R
25350	Revision of radius	$1,135.84	$1,135.84	90	10%	69%	21%	0	2	1	2	0	0		R
25355	Revision of radius	$1,275.71	$1,275.71	90	10%	69%	21%	0	2	1	2	0	0		R
25360	Revision of ulna	$1,108.06	$1,108.06	90	10%	69%	21%	0	2	1	2	1	0		R
25365	Revise radius & ulna	$1,425.01	$1,425.01	90	10%	69%	21%	0	2	1	2	0	0		R
25370	Revise radius or ulna	$1,555.95	$1,555.95	90	10%	69%	21%	0	2	1	2	0	0		R
25375	Revise radius & ulna	$1,554.46	$1,554.46	90	10%	69%	21%	0	2	1	2	1	0		R
25390	Shorten radius or ulna	$1,279.68	$1,279.68	90	10%	69%	21%	0	2	1	2	1	0		R
25391	Lengthen radius or ulna	$1,535.12	$1,535.12	90	10%	69%	21%	0	2	1	2	1	0		R
25392	Shorten radius & ulna	$1,543.55	$1,543.55	90	10%	69%	21%	0	2	1	2	0	0		R
25393	Lengthen radius & ulna	$1,673.50	$1,673.50	90	10%	69%	21%	0	2	1	2	0	0		R
25400	Repair radius or ulna	$1,343.66	$1,343.66	90	10%	69%	21%	0	2	1	2	1	0		R
25405	Repair/graft radius or ulna	$1,638.29	$1,638.29	90	10%	69%	21%	0	2	1	2	1	0		R
25415	Repair radius & ulna	$1,537.60	$1,537.60	90	10%	69%	21%	0	2	1	2	1	0		R
25420	Repair/graft radius & ulna	$1,807.92	$1,807.92	90	10%	69%	21%	0	2	1	2	1	0		R
25425	Repair/graft radius or ulna	$1,785.60	$1,785.60	90	10%	69%	21%	0	2	1	2	1	0		R
25426	Repair/graft radius & ulna	$1,753.86	$1,753.86	90	10%	69%	21%	0	2	1	2	1	0		R
25440	Repair/graft wrist bone	$1,080.78	$1,080.78	90	10%	69%	21%	0	2	1	2	1	0		R
25441	Reconstruct wrist joint	$1,290.10	$1,290.10	90	10%	69%	21%	0	2	1	2	1	0		R
25442	Reconstruct wrist joint	$1,072.85	$1,072.85	90	10%	69%	21%	0	2	1	2	1	0		R
25443	Reconstruct wrist joint	$1,224.13	$1,224.13	90	10%	69%	21%	0	2	1	2	1	0		R
25444	Reconstruct wrist joint	$1,202.30	$1,202.30	90	10%	69%	21%	0	2	1	2	0	0		R
25445	Reconstruct wrist joint	$1,127.90	$1,127.90	90	10%	69%	21%	0	2	1	1	1	0		R
25446	Wrist replacement	$1,664.08	$1,664.08	90	10%	69%	21%	0	2	1	2	1	0		R
25447	Repair wrist joint(s)	$1,082.77	$1,082.77	90	10%	69%	21%	0	2	1	2	1	0		R
25449	Remove wrist joint implant	$1,433.94	$1,433.94	90	10%	69%	21%	0	2	1	2	1	0		R
25450	Revision of wrist joint	$955.79	$955.79	90	10%	69%	21%	0	2	1	1	0	0		R
25455	Revision of wrist joint	$1,044.08	$1,044.08	90	10%	69%	21%	0	2	1	1	0	0		R
25490	Reinforce radius	$1,192.38	$1,192.38	90	10%	69%	21%	0	2	1	2	0	0		R
25491	Reinforce ulna	$1,244.46	$1,244.46	90	10%	69%	21%	0	2	1	2	0	0		R
25492	Reinforce radius and ulna	$1,349.12	$1,349.12	90	10%	69%	21%	0	2	1	2	0	0		R
25500	Treat fracture of radius	$319.92	$253.95	90	10%	69%	21%	0	2	1	1	0	0		R
25505	Treat fracture of radius	$612.06	$539.65	90	10%	69%	21%	0	2	1	1	0	0		R

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25515	Treat fracture of radius	$947.36	$947.36	90	10%	69%	21%	0	2	1	2	1	0		R
25520	Treat fracture of radius	$711.26	$652.24	90	10%	69%	21%	0	2	1	1	0	0		R
25525	Treat fracture of radius	$1,228.10	$1,228.10	90	10%	69%	21%	0	2	1	2	2	0		R
25526	Treat fracture of radius	$1,398.72	$1,398.72	90	10%	69%	21%	0	2	1	2	2	0		R
25530	Treat fracture of ulna	$299.58	$233.12	90	10%	69%	21%	0	2	1	1	0	0		R
25535	Treat fracture of ulna	$608.59	$533.70	90	10%	69%	21%	0	2	1	1	0	0		R
25545	Treat fracture of ulna	$932.48	$932.48	90	10%	69%	21%	0	2	1	2	1	0		R
25560	Treat fracture radius & ulna	$318.43	$267.84	90	10%	69%	21%	0	2	1	1	0	0		R
25565	Treat fracture radius & ulna	$660.67	$585.28	90	10%	69%	21%	0	2	1	1	0	0		R
25574	Treat fracture radius & ulna	$790.13	$790.13	90	10%	69%	21%	0	2	1	2	2	0		R
25575	Treat fracture radius/ulna	$1,092.69	$1,092.69	90	10%	69%	21%	0	2	1	2	1	0		R
25600	Treat fracture radius/ulna	$346.70	$273.79	90	10%	69%	21%	0	2	1	1	0	0		R
25605	Treat fracture radius/ulna	$667.62	$593.71	90	10%	69%	21%	0	2	1	1	0	0		R
25611	Treat fracture radius/ulna	$852.62	$852.62	90	10%	69%	21%	0	2	1	1	0	0		R
25620	Treat fracture radius/ulna	$899.74	$899.74	90	10%	69%	21%	0	2	1	2	0	0		R
25622	Treat wrist bone fracture	$336.29	$268.34	90	10%	69%	21%	0	2	1	1	0	0		R
25624	Treat wrist bone fracture	$563.95	$466.74	90	10%	69%	21%	0	2	1	0	0	0		R
25628	Treat wrist bone fracture	$894.78	$894.78	90	10%	69%	21%	0	2	1	2	0	0		R
25630	Treat wrist bone fracture	$355.63	$285.70	90	10%	69%	21%	0	2	1	1	0	0		R
25635	Treat wrist bone fracture	$546.10	$409.70	90	10%	69%	21%	0	2	1	0	0	0		R
25645	Treat wrist bone fracture	$819.39	$819.39	90	10%	69%	21%	0	2	1	2	0	0		R
25650	Treat wrist bone fracture	$373.98	$299.09	90	10%	69%	21%	0	2	1	1	0	0		R
25660	Treat wrist dislocation	$482.61	$482.61	90	10%	69%	21%	0	2	1	0	0	0		R
25670	Treat wrist dislocation	$858.58	$858.58	90	10%	69%	21%	0	2	1	2	1	0		R
25675	Treat wrist dislocation	$551.06	$475.17	90	10%	69%	21%	0	2	1	0	0	0		R
25676	Treat wrist dislocation	$870.98	$870.98	90	10%	69%	21%	0	2	1	2	0	0		R
25680	Treat wrist fracture	$590.74	$590.74	90	10%	69%	21%	0	2	1	0	0	0		R
25685	Treat wrist fracture	$1,005.39	$1,005.39	90	10%	69%	21%	0	2	1	2	0	0		R
25690	Treat wrist dislocation	$623.97	$623.97	90	10%	69%	21%	0	2	1	0	0	0		R
25695	Treat wrist dislocation	$877.92	$877.92	90	10%	69%	21%	0	2	1	2	1	0		R
25800	Fusion of wrist joint	$1,050.53	$1,050.53	90	10%	69%	21%	0	2	1	2	1	0		R
25805	Fusion/graft of wrist joint	$1,191.39	$1,191.39	90	10%	69%	21%	0	2	1	2	1	0		R
25810	Fusion/graft of wrist joint	$1,122.45	$1,122.45	90	10%	69%	21%	0	2	1	2	1	0		R
25820	Fusion of hand bones	$844.69	$844.69	90	10%	69%	21%	0	2	1	2	1	0		R
25825	Fuse hand bones with graft	$1,008.37	$1,008.37	90	10%	69%	21%	0	2	1	2	1	0		R
25830	Fusion, radioulnar jnt/ulna	$1,219.66	$1,219.66	90	10%	69%	21%	0	2	1	2	1	0		R
25900	Amputation of forearm	$1,078.30	$1,078.30	90	10%	69%	21%	0	2	1	0	0	0		R
25905	Amputation of forearm	$1,152.70	$1,152.70	90	10%	69%	21%	0	2	1	2	0	0		R
25907	Amputation follow-up surgery	$995.47	$995.47	90	10%	69%	21%	0	2	1	2	0	0		R
25909	Amputation follow-up surgery	$1,125.42	$1,125.42	90	10%	69%	21%	0	2	1	2	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
25915	Amputation of forearm	$1,904.64	$1,904.64	90	10%	69%	21%	0	2	1	2	0	0		R
25920	Amputate hand at wrist	$910.16	$910.16	90	10%	69%	21%	0	2	1	0	0	0		R
25922	Amputate hand at wrist	$818.40	$818.40	90	10%	69%	21%	0	2	1	2	0	0		R
25924	Amputation follow-up surgery	$904.21	$904.21	90	10%	69%	21%	0	2	1	2	0	0		R
25927	Amputation of hand	$1,061.94	$1,061.94	90	10%	69%	21%	0	2	1	0	0	0		R
25929	Amputation follow-up surgery	$735.57	$735.57	90	10%	69%	21%	0	2	1	2	0	0		R
25931	Amputation follow-up surgery	$1,002.91	$1,002.91	90	10%	69%	21%	0	2	1	1	0	0		R
25999	Forearm or wrist surgery	By Report	By Report	90	0%	0%	0%	0	2	1	0	1	1		N
26010	Drainage of finger abscess	$270.32	$215.26	10	10%	80%	10%	0	2	0	1	0	0		R
26011	Drainage of finger abscess	$393.82	$352.16	10	10%	80%	10%	0	2	0	1	0	0		R
26020	Drain hand tendon sheath	$736.56	$736.56	90	10%	69%	21%	0	2	0	1	0	0		R
26025	Drainage of palm bursa	$761.36	$761.36	90	10%	69%	21%	0	2	0	0	0	0		R
26030	Drainage of palm bursa(s)	$852.62	$852.62	90	10%	69%	21%	0	2	0	0	0	0		R
26034	Treat hand bone lesion	$895.28	$895.28	90	10%	69%	21%	0	2	0	1	0	0		R
26035	Decompress fingers/hand	$1,154.69	$1,154.69	90	10%	69%	21%	0	2	0	0	0	0		R
26037	Decompress fingers/hand	$917.60	$917.60	90	10%	69%	21%	0	2	0	0	0	0		R
26040	Release palm contracture	$640.34	$640.34	90	10%	69%	21%	0	2	1	1	0	0		R
26045	Release palm contracture	$831.79	$831.79	90	10%	69%	21%	0	2	1	1	0	0		R
26055	Incise finger tendon sheath	$454.83	$444.42	90	10%	69%	21%	0	2	0	1	0	0		R
26060	Incision of finger tendon	$417.14	$417.14	90	10%	69%	21%	0	2	0	0	0	0		R
26070	Explore/treat hand joint	$616.53	$597.68	90	10%	69%	21%	0	2	1	1	0	0		R
26075	Explore/treat finger joint	$659.18	$659.18	90	10%	69%	21%	0	2	1	1	0	0		R
26080	Explore/treat finger joint	$706.80	$706.80	90	10%	69%	21%	0	2	0	1	0	0		R
26100	Biopsy hand joint lining	$515.34	$515.34	90	10%	69%	21%	0	2	1	0	0	0		R
26105	Biopsy finger joint lining	$657.20	$657.20	90	10%	69%	21%	0	2	1	0	0	0		R
26110	Biopsy finger joint lining	$631.41	$631.41	90	10%	69%	21%	0	2	0	1	0	0		R
26115	Removal of hand lesion	$505.92	$505.92	90	10%	69%	21%	0	2	0	1	0	0		R
26116	Removal of hand lesion	$808.98	$808.98	90	10%	69%	21%	0	2	0	1	0	0		R
26117	Remove tumor, hand/finger	$1,068.38	$1,068.38	90	10%	69%	21%	0	2	0	1	0	0		R
26121	Release palm contracture	$1,053.50	$1,053.50	90	10%	69%	21%	0	2	1	1	0	0		R
26123	Release palm contracture	$1,196.85	$1,196.85	90	10%	69%	21%	0	2	1	1	0	0		R
26125	Release palm contracture	$379.94	$379.94	0	0%	0%	0%	0	0	0	1	0	0		R
26130	Remove wrist joint lining	$914.13	$914.13	90	10%	69%	21%	0	2	1	1	0	0		R
26135	Revise finger joint, each	$1,022.75	$1,022.75	90	10%	69%	21%	0	2	0	0	0	0		R
26140	Revise finger joint, each	$933.47	$933.47	90	10%	69%	21%	0	2	0	1	0	0		R
26145	Tendon excision, palm/finger	$942.40	$942.40	90	10%	69%	21%	0	2	0	1	0	0		R
26160	Remove tendon sheath lesion	$471.70	$462.77	90	10%	69%	21%	0	2	0	1	0	0		R
26170	Removal of palm tendon, each	$595.20	$595.20	90	10%	69%	21%	0	2	0	0	0	0		R
26180	Removal of finger tendon	$627.44	$627.44	90	10%	69%	21%	0	2	0	0	0	0		R
26185	Remove finger bone	$654.72	$654.72	90	10%	69%	21%	0	2	1	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
26200	Remove hand bone lesion	$824.35	$824.35	90	10%	69%	21%	0	2	0	0	0	0		R
26205	Remove/graft bone lesion	$1,028.70	$1,028.70	90	10%	69%	21%	0	2	0	1	0	0		R
26210	Removal of finger lesion	$816.42	$816.42	90	10%	69%	21%	0	2	0	1	0	0		R
26215	Remove/graft finger lesion	$955.30	$955.30	90	10%	69%	21%	0	2	0	1	0	0		R
26230	Partial removal of hand bone	$844.19	$844.19	90	10%	69%	21%	0	2	0	0	0	0		R
26235	Partial removal, finger bone	$820.88	$820.88	90	10%	69%	21%	0	2	0	0	0	0		R
26236	Partial removal, finger bone	$763.34	$763.34	90	10%	69%	21%	0	2	0	1	0	0		R
26250	Extensive hand surgery	$1,086.24	$1,086.24	90	10%	69%	21%	0	2	0	0	0	0		R
26255	Extensive hand surgery	$1,405.17	$1,405.17	90	10%	69%	21%	0	2	0	2	1	0		R
26260	Extensive finger surgery	$1,047.06	$1,047.06	90	10%	69%	21%	0	2	0	2	0	0		R
26261	Extensive finger surgery	$1,218.67	$1,218.67	90	10%	69%	21%	0	2	0	2	0	0		R
26262	Partial removal of finger	$850.64	$850.64	90	10%	69%	21%	0	2	0	2	0	0		R
26320	Removal of implant from hand	$703.82	$703.82	90	10%	69%	21%	0	2	0	1	0	0		R
26350	Repair finger/hand tendon	$1,077.31	$1,077.31	90	10%	69%	21%	0	2	0	1	0	0		R
26352	Repair/graft hand tendon	$1,159.15	$1,159.15	90	10%	69%	21%	0	2	0	2	1	0		R
26356	Repair finger/hand tendon	$1,259.84	$1,259.84	90	10%	69%	21%	0	2	0	1	0	0		R
26357	Repair finger/hand tendon	$1,256.86	$1,256.86	90	10%	69%	21%	0	2	0	2	0	0		R
26358	Repair/graft hand tendon	$1,287.62	$1,287.62	90	10%	69%	21%	0	2	0	2	0	0		R
26370	Repair finger/hand tendon	$1,175.52	$1,175.52	90	10%	69%	21%	0	2	0	0	0	0		R
26372	Repair/graft hand tendon	$1,262.82	$1,262.82	90	10%	69%	21%	0	2	0	2	0	0		R
26373	Repair finger/hand tendon	$1,328.78	$1,328.78	90	10%	69%	21%	0	2	0	2	0	0		R
26390	Revise hand/finger tendon	$1,145.76	$1,145.76	90	10%	69%	21%	0	2	0	2	1	0		R
26392	Repair/graft hand tendon	$1,413.10	$1,413.10	90	10%	69%	21%	0	2	0	2	1	0		R
26410	Repair hand tendon	$838.74	$838.74	90	10%	69%	21%	0	2	0	1	0	0		R
26412	Repair/graft hand tendon	$984.06	$984.06	90	10%	69%	21%	0	2	0	0	0	0		R
26415	Excision, hand/finger tendon	$1,076.32	$1,076.32	90	10%	69%	21%	0	2	0	0	0	0		R
26416	Graft hand or finger tendon	$1,219.66	$1,219.66	90	10%	69%	21%	0	2	0	1	0	0		R
26418	Repair finger tendon	$808.48	$808.48	90	10%	69%	21%	0	2	0	1	0	0		R
26420	Repair/graft finger tendon	$1,030.69	$1,030.69	90	10%	69%	21%	0	2	0	2	0	0		R
26426	Repair finger/hand tendon	$982.58	$982.58	90	10%	69%	21%	0	2	0	1	0	0		R
26428	Repair/graft finger tendon	$1,047.06	$1,047.06	90	10%	69%	21%	0	2	0	0	0	0		R
26432	Repair finger tendon	$672.08	$651.25	90	10%	69%	21%	0	2	0	1	0	0		R
26433	Repair finger tendon	$774.75	$774.75	90	10%	69%	21%	0	2	0	1	0	0		R
26434	Repair/graft finger tendon	$847.66	$847.66	90	10%	69%	21%	0	2	0	2	0	0		R
26437	Realignment of tendons	$839.73	$839.73	90	10%	69%	21%	0	2	0	1	0	0		R
26440	Release palm/finger tendon	$923.55	$923.55	90	10%	69%	21%	0	2	0	1	0	0		R
26442	Release palm & finger tendon	$1,169.57	$1,169.57	90	10%	69%	21%	0	2	0	1	0	0		R
26445	Release hand/finger tendon	$876.43	$876.43	90	10%	69%	21%	0	2	0	1	0	0		R
26449	Release forearm/hand tendon	$1,079.79	$1,079.79	90	10%	69%	21%	0	2	0	0	0	0		R
26450	Incision of palm tendon	$501.46	$501.46	90	10%	69%	21%	0	2	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
26455	Incision of finger tendon	$504.93	$504.93	90	10%	69%	21%	0	2	0	0	0	0		R
26460	Incise hand/finger tendon	$476.66	$476.66	90	10%	69%	21%	0	2	0	1	0	0		R
26471	Fusion of finger tendons	$834.77	$834.77	90	10%	69%	21%	0	2	0	0	0	0		R
26474	Fusion of finger tendons	$832.29	$832.29	90	10%	69%	21%	0	2	0	2	0	0		R
26476	Tendon lengthening	$797.57	$797.57	90	10%	69%	21%	0	2	0	1	0	0		R
26477	Tendon shortening	$790.13	$790.13	90	10%	69%	21%	0	2	0	1	1	0		R
26478	Lengthening of hand tendon	$845.68	$845.68	90	10%	69%	21%	0	2	0	0	0	0		R
26479	Shortening of hand tendon	$864.53	$864.53	90	10%	69%	21%	0	2	0	2	0	0		R
26480	Transplant hand tendon	$1,096.16	$1,096.16	90	10%	69%	21%	0	2	0	0	0	0		R
26483	Transplant/graft hand tendon	$1,240.00	$1,240.00	90	10%	69%	21%	0	2	0	2	1	0		R
26485	Transplant palm tendon	$1,145.26	$1,145.26	90	10%	69%	21%	0	2	0	2	1	0		R
26489	Transplant/graft palm tendon	$1,175.02	$1,175.02	90	10%	69%	21%	0	2	0	0	0	0		R
26490	Revise thumb tendon	$1,076.82	$1,076.82	90	10%	69%	21%	0	2	0	0	0	0		R
26492	Tendon transfer with graft	$1,195.86	$1,195.86	90	10%	69%	21%	0	2	0	2	1	0		R
26494	Hand tendon/muscle transfer	$1,091.70	$1,091.70	90	10%	69%	21%	0	2	0	2	1	0		R
26496	Revise thumb tendon	$1,166.59	$1,166.59	90	10%	69%	21%	0	2	0	0	0	0		R
26497	Finger tendon transfer	$1,165.60	$1,165.60	90	10%	69%	21%	0	2	0	2	0	0		R
26498	Finger tendon transfer	$1,542.06	$1,542.06	90	10%	69%	21%	0	2	0	2	1	0		R
26499	Revision of finger	$1,173.04	$1,173.04	90	10%	69%	21%	0	2	0	2	1	0		R
26500	Hand tendon reconstruction	$862.05	$862.05	90	10%	69%	21%	0	2	0	0	0	0		R
26502	Hand tendon reconstruction	$994.48	$994.48	90	10%	69%	21%	0	2	0	2	0	0		R
26504	Hand tendon reconstruction	$862.54	$862.54	90	10%	69%	21%	0	2	0	2	0	0		R
26508	Release thumb contracture	$873.95	$873.95	90	10%	69%	21%	0	2	0	0	0	0		R
26510	Thumb tendon transfer	$820.88	$820.88	90	10%	69%	21%	0	2	0	0	0	0		R
26516	Fusion of knuckle joint	$939.92	$939.92	90	10%	69%	21%	0	2	0	0	0	0		R
26517	Fusion of knuckle joints	$1,078.30	$1,078.30	90	10%	69%	21%	0	2	0	2	0	0		R
26518	Fusion of knuckle joints	$1,075.33	$1,075.33	90	10%	69%	21%	0	2	0	2	1	0		R
26520	Release knuckle contracture	$961.25	$961.25	90	10%	69%	21%	0	2	0	1	0	0		R
26525	Release finger contracture	$966.70	$966.70	90	10%	69%	21%	0	2	0	1	1	0		R
26530	Revise knuckle joint	$1,067.39	$1,067.39	90	10%	69%	21%	0	2	0	2	0	0		R
26531	Revise knuckle with implant	$1,169.07	$1,169.07	90	10%	69%	21%	0	2	0	2	1	0		R
26535	Revise finger joint	$692.91	$692.91	90	10%	69%	21%	0	2	0	1	0	0		R
26536	Revise/implant finger joint	$1,040.11	$1,040.11	90	10%	69%	21%	0	2	0	0	0	0		R
26540	Repair hand joint	$940.91	$940.91	90	10%	69%	21%	0	2	0	0	1	0		R
26541	Repair hand joint with graft	$1,142.78	$1,142.78	90	10%	69%	21%	0	2	0	2	1	0		R
26542	Repair hand joint with graft	$924.54	$924.54	90	10%	69%	21%	0	2	0	0	0	0		R
26545	Reconstruct finger joint	$969.68	$969.68	90	10%	69%	21%	0	2	0	0	0	0		R
26546	Repair nonunion hand	$1,119.97	$1,119.97	90	10%	69%	21%	0	2	1	2	0	0		R
26548	Reconstruct finger joint	$1,045.07	$1,045.07	90	10%	69%	21%	0	2	0	0	0	0		R
26550	Construct thumb replacement	$2,117.42	$2,117.42	90	10%	69%	21%	0	2	0	2	0	0		R

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26551	Great toe-hand transfer	$4,185.25	$4,185.25	90	10%	69%	21%	0	2	0	2	0	0		R
26553	Single transfer, toe-hand	$3,981.39	$3,981.39	90	10%	69%	21%	0	2	0	2	1	0		R
26554	Double transfer, toe-hand	$4,946.11	$4,946.11	90	10%	69%	21%	0	2	0	2	1	0		R
26555	Positional change of finger	$1,949.28	$1,949.28	90	10%	69%	21%	0	2	0	2	0	0		R
26556	Toe joint transfer	$4,238.32	$4,238.32	90	10%	69%	21%	0	2	0	2	1	0		R
26560	Repair of web finger	$839.23	$839.23	90	10%	69%	21%	0	2	0	2	0	0		R
26561	Repair of web finger	$1,190.90	$1,190.90	90	10%	69%	21%	0	2	0	2	1	0		R
26562	Repair of web finger	$1,017.79	$1,017.79	90	10%	69%	21%	0	2	0	2	0	0		R
26565	Correct metacarpal flaw	$936.45	$936.45	90	10%	69%	21%	0	2	0	2	0	0		R
26567	Correct finger deformity	$915.62	$915.62	90	10%	69%	21%	0	2	0	0	0	0		R
26568	Lengthen metacarpal/finger	$1,263.31	$1,263.31	90	10%	69%	21%	0	2	0	2	0	0		R
26580	Repair hand deformity	$1,802.96	$1,802.96	90	10%	69%	21%	0	2	0	2	0	0		R
26585	Repair finger deformity	$1,451.30	$1,451.30	90	10%	69%	21%	0	2	0	2	0	0		R
26587	Reconstruct extra finger	By Report	By Report	90	10%	69%	21%	0	2	0	2	0	0		N
26590	Repair finger deformity	$1,682.43	$1,682.43	90	10%	69%	21%	0	2	0	2	0	0		R
26591	Repair muscles of hand	$678.03	$678.03	90	10%	69%	21%	0	2	0	0	0	0		R
26593	Release muscles of hand	$783.18	$783.18	90	10%	69%	21%	0	2	0	1	0	0		R
26596	Excision constricting tissue	$924.05	$924.05	90	10%	69%	21%	0	2	0	2	0	0		R
26597	Release of scar contracture	$1,211.23	$1,211.23	90	10%	69%	21%	0	2	0	0	0	0		R
26600	Treat metacarpal fracture	$278.75	$218.24	90	10%	69%	21%	0	2	0	1	0	0		R
26605	Treat metacarpal fracture	$403.25	$327.86	90	10%	69%	21%	0	2	0	1	0	0		R
26607	Treat metacarpal fracture	$634.38	$634.38	90	10%	69%	21%	0	2	0	0	0	0		R
26608	Treat metacarpal fracture	$641.33	$641.33	90	10%	69%	21%	0	2	0	0	0	0		R
26615	Treat metacarpal fracture	$642.32	$642.32	90	10%	69%	21%	0	2	0	1	0	0		R
26641	Treat thumb dislocation	$472.19	$404.24	90	10%	69%	21%	0	2	0	0	0	0		R
26645	Treat thumb fracture	$529.73	$458.80	90	10%	69%	21%	0	2	0	0	0	0		R
26650	Treat thumb fracture	$673.07	$673.07	90	10%	69%	21%	0	2	0	1	0	0		R
26665	Treat thumb fracture	$820.88	$820.88	90	10%	69%	21%	0	2	0	1	1	0		R
26670	Treat hand dislocation	$439.95	$383.41	90	10%	69%	21%	0	2	0	0	0	0		R
26675	Treat hand dislocation	$523.78	$474.18	90	10%	69%	21%	0	2	0	0	0	0		R
26676	Pin hand dislocation	$670.10	$670.10	90	10%	69%	21%	0	2	0	1	0	0		R
26685	Treat hand dislocation	$766.82	$766.82	90	10%	69%	21%	0	2	0	1	1	0		R
26686	Treat hand dislocation	$856.59	$856.59	90	10%	69%	21%	0	2	0	2	0	0		R
26700	Treat knuckle dislocation	$384.40	$311.98	90	10%	69%	21%	0	2	0	1	0	0		R
26705	Treat knuckle dislocation	$470.70	$401.76	90	10%	69%	21%	0	2	0	0	0	0		R
26706	Pin knuckle dislocation	$544.61	$544.61	90	10%	69%	21%	0	2	0	1	0	0		R
26715	Treat knuckle dislocation	$659.18	$659.18	90	10%	69%	21%	0	2	0	0	0	0		R
26720	Treat finger fracture, each	$209.81	$155.74	90	10%	69%	21%	0	2	0	1	0	0		R
26725	Treat finger fracture, each	$381.92	$304.05	90	10%	69%	21%	0	2	0	1	0	0		R
26727	Treat finger fracture, each	$624.96	$624.96	90	10%	69%	21%	0	2	0	1	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
26735	Treat finger fracture, each	$678.53	$678.53	90	10%	69%	21%	0	2	0	1	0	0		R
26740	Treat finger fracture, each	$251.97	$202.37	90	10%	69%	21%	0	2	0	1	0	0		R
26742	Treat finger fracture, each	$498.48	$425.57	90	10%	69%	21%	0	2	0	1	0	0		R
26746	Treat finger fracture, each	$685.97	$685.97	90	10%	69%	21%	0	2	0	1	0	0		R
26750	Treat finger fracture, each	$228.16	$185.01	90	10%	69%	21%	0	2	0	1	0	0		R
26755	Treat finger fracture, each	$357.12	$289.17	90	10%	69%	21%	0	2	0	1	0	0		R
26756	Pin finger fracture, each	$563.95	$563.95	90	10%	69%	21%	0	2	0	0	0	0		R
26765	Treat finger fracture, each	$529.73	$529.73	90	10%	69%	21%	0	2	0	1	0	0		R
26770	Treat finger dislocation	$336.78	$264.37	90	10%	69%	21%	0	2	0	1	0	0		R
26775	Treat finger dislocation	$430.53	$354.14	90	10%	69%	21%	0	2	0	1	0	0		R
26776	Pin finger dislocation	$594.70	$594.70	90	10%	69%	21%	0	2	0	1	0	0		R
26785	Treat finger dislocation	$535.68	$535.68	90	10%	69%	21%	0	2	0	1	0	0		R
26820	Thumb fusion with graft	$1,087.73	$1,087.73	90	10%	69%	21%	0	2	0	2	1	0		R
26841	Fusion of thumb	$980.10	$980.10	90	10%	69%	21%	0	2	0	0	1	0		R
26842	Thumb fusion with graft	$1,100.13	$1,100.13	90	10%	69%	21%	0	2	0	2	1	0		R
26843	Fusion of hand joint	$1,003.90	$1,003.90	90	10%	69%	21%	0	2	0	2	1	0		R
26844	Fusion/graft of hand joint	$1,094.67	$1,094.67	90	10%	69%	21%	0	2	0	2	1	0		R
26850	Fusion of knuckle	$925.54	$925.54	90	10%	69%	21%	0	2	0	0	0	0		R
26852	Fusion of knuckle with graft	$1,053.50	$1,053.50	90	10%	69%	21%	0	2	0	2	1	0		R
26860	Fusion of finger joint	$759.38	$759.38	90	10%	69%	21%	0	2	0	1	0	0		R
26861	Fusion of finger jnt, add-on	$156.24	$156.24	0	0%	0%	0%	0	0	0	1	0	0		R
26862	Fusion/graft of finger joint	$973.15	$973.15	90	10%	69%	21%	0	2	0	2	1	0		R
26863	Fuse/graft added joint	$339.76	$339.76	0	0%	0%	0%	0	0	0	2	0	0		R
26910	Amputate metacarpal bone	$969.68	$969.68	90	10%	69%	21%	0	2	0	1	0	0		R
26951	Amputation of finger/thumb	$725.15	$725.15	90	10%	69%	21%	0	2	0	1	0	0		R
26952	Amputation of finger/thumb	$881.39	$881.39	90	10%	69%	21%	0	2	0	1	0	0		R
26989	Hand/finger surgery	By Report	By Report	90	0%	0%	0%	0	2	0	1	0	1		N
26990	Drainage of pelvis lesion	$994.48	$994.48	90	10%	69%	21%	0	2	0	1	0	0		R
26991	Drainage of pelvis bursa	$769.30	$727.63	90	10%	69%	21%	0	2	0	0	0	0		R
26992	Drainage of bone lesion	$1,485.02	$1,485.02	90	10%	69%	21%	0	2	0	0	0	0		R
27000	Incision of hip tendon	$590.74	$590.74	90	10%	69%	21%	0	2	1	1	1	0		R
27001	Incision of hip tendon	$700.85	$700.85	90	10%	69%	21%	0	2	1	2	1	0		R
27003	Incision of hip tendon	$806.00	$806.00	90	10%	69%	21%	0	2	1	2	1	0		R
27005	Incision of hip tendon	$943.39	$943.39	90	10%	69%	21%	0	2	1	2	1	0		R
27006	Incision of hip tendons	$958.27	$958.27	90	10%	69%	21%	0	2	1	2	1	0		R
27025	Incision of hip/thigh fascia	$1,048.05	$1,048.05	90	10%	69%	21%	0	2	1	0	1	0		R
27030	Drainage of hip joint	$1,303.49	$1,303.49	90	10%	69%	21%	0	2	1	2	1	0		R
27033	Exploration of hip joint	$1,332.75	$1,332.75	90	10%	69%	21%	0	2	1	2	1	0		R
27035	Denervation of hip joint	$1,630.35	$1,630.35	90	10%	69%	21%	0	2	1	2	1	0		R
27036	Excision of hip joint/muscle	$1,349.12	$1,349.12	90	10%	69%	21%	0	2	1	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
27040	Biopsy of soft tissues	$376.46	$296.61	10	10%	80%	10%	0	2	1	1	0	0		R
27041	Biopsy of soft tissues	$869.49	$869.49	90	10%	69%	21%	0	2	1	1	0	0		R
27047	Remove hip/pelvis lesion	$769.30	$680.51	90	10%	69%	21%	0	2	1	1	0	0		R
27048	Remove hip/pelvis lesion	$679.52	$679.52	90	10%	69%	21%	0	2	1	2	1	0		R
27049	Remove tumor, hip/pelvis	$1,351.10	$1,351.10	90	10%	69%	21%	0	2	1	2	1	0		R
27050	Biopsy of sacroiliac joint	$542.62	$542.62	90	10%	69%	21%	0	2	1	0	1	0		R
27052	Biopsy of hip joint	$720.69	$720.69	90	10%	69%	21%	0	2	1	2	1	0		R
27054	Removal of hip joint lining	$967.20	$967.20	90	10%	69%	21%	0	2	1	2	1	0		R
27060	Removal of ischial bursa	$624.96	$624.96	90	10%	69%	21%	0	2	1	1	0	0		R
27062	Remove femur lesion/bursa	$603.63	$603.63	90	10%	69%	21%	0	2	1	1	1	0		R
27065	Removal of hip bone lesion	$695.39	$695.39	90	10%	69%	21%	0	2	1	2	1	0		R
27066	Removal of hip bone lesion	$1,104.10	$1,104.10	90	10%	69%	21%	0	2	1	2	1	0		R
27067	Remove/graft hip bone lesion	$1,421.04	$1,421.04	90	10%	69%	21%	0	2	1	2	0	0		R
27070	Partial removal of hip bone	$1,279.68	$1,279.68	90	10%	69%	21%	0	2	1	2	1	0		R
27071	Partial removal of hip bone	$1,374.42	$1,374.42	90	10%	69%	21%	0	2	1	2	1	0		R
27075	Extensive hip surgery	$1,728.56	$1,728.56	90	10%	69%	21%	0	2	0	2	1	0		R
27076	Extensive hip surgery	$2,147.68	$2,147.68	90	10%	69%	21%	0	2	0	2	1	0		R
27077	Extensive hip surgery	$2,215.63	$2,215.63	90	10%	69%	21%	0	2	0	2	1	0		R
27078	Extensive hip surgery	$1,386.32	$1,386.32	90	10%	69%	21%	0	2	0	2	1	0		R
27079	Extensive hip surgery	$1,396.74	$1,396.74	90	10%	69%	21%	0	2	0	2	1	0		R
27080	Removal of tail bone	$693.90	$693.90	90	10%	69%	21%	0	2	0	2	1	0		R
27086	Remove hip foreign body	$296.11	$243.54	10	10%	80%	10%	0	2	1	0	0	0		R
27087	Remove hip foreign body	$825.34	$825.34	90	10%	69%	21%	0	2	1	2	1	0		R
27090	Removal of hip prosthesis	$1,129.89	$1,129.89	90	10%	69%	21%	0	2	1	2	1	0		R
27091	Removal of hip prosthesis	$2,103.04	$2,103.04	90	10%	69%	21%	0	2	1	2	1	0		R
27093	Injection for hip x-ray	$511.38	$97.71	0	0%	0%	0%	0	2	1	1	0	0		R
27095	Injection for hip x-ray	$456.32	$110.11	0	0%	0%	0%	0	2	1	1	0	0		R
27096	Inject sacroiliac joint	$627.44	$98.70	0	0%	0%	0%	0	2	1	1	0	0		R
27097	Revision of hip tendon	$932.48	$932.48	90	10%	69%	21%	0	2	1	2	0	0		R
27098	Transfer tendon to pelvis	$940.91	$940.91	90	10%	69%	21%	0	2	1	2	0	0		R
27100	Transfer of abdominal muscle	$1,148.24	$1,148.24	90	10%	69%	21%	0	2	1	2	1	0		R
27105	Transfer of spinal muscle	$1,161.63	$1,161.63	90	10%	69%	21%	0	2	1	2	0	0		R
27110	Transfer of iliopsoas muscle	$1,265.79	$1,265.79	90	10%	69%	21%	0	2	1	2	1	0		R
27111	Transfer of iliopsoas muscle	$1,212.22	$1,212.22	90	10%	69%	21%	0	2	1	2	1	0		R
27120	Reconstruction of hip socket	$1,747.41	$1,747.41	90	10%	69%	21%	0	2	1	2	1	0		R
27122	Reconstruction of hip socket	$1,546.03	$1,546.03	90	10%	69%	21%	0	2	1	2	1	0		R
27125	Partial hip replacement	$1,512.30	$1,512.30	90	10%	69%	21%	0	2	1	2	1	0		R
27130	Total hip replacement	$2,006.82	$2,006.82	90	10%	69%	21%	0	2	1	2	1	0		R
27132	Total hip replacement	$2,294.99	$2,294.99	90	10%	69%	21%	0	2	1	2	1	0		R
27134	Revise hip joint replacement	$2,758.26	$2,758.26	90	10%	69%	21%	0	2	1	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
27137	Revise hip joint replacement	$2,104.53	$2,104.53	90	10%	69%	21%	0	2	1	2	1	0		R
27138	Revise hip joint replacement	$2,192.82	$2,192.82	90	10%	69%	21%	0	2	1	2	1	0		R
27140	Transplant femur ridge	$1,240.00	$1,240.00	90	10%	69%	21%	0	2	1	2	1	0		R
27146	Incision of hip bone	$1,655.15	$1,655.15	90	10%	69%	21%	0	2	1	2	1	0		R
27147	Revision of hip bone	$1,978.05	$1,978.05	90	10%	69%	21%	0	2	1	2	1	0		R
27151	Incision of hip bones	$2,167.52	$2,167.52	90	10%	69%	21%	0	2	1	2	1	0		R
27156	Revision of hip bones	$2,327.73	$2,327.73	90	10%	69%	21%	0	2	1	2	1	0		R
27158	Revision of pelvis	$1,907.12	$1,907.12	90	10%	69%	21%	0	2	2	2	0	0		R
27161	Incision of neck of femur	$1,618.45	$1,618.45	90	10%	69%	21%	0	2	1	2	1	0		R
27165	Incision/fixation of femur	$1,738.48	$1,738.48	90	10%	69%	21%	0	2	0	2	1	0		R
27170	Repair/graft femur head/neck	$1,597.62	$1,597.62	90	10%	69%	21%	0	2	1	2	1	0		R
27175	Treat slipped epiphysis	$737.06	$737.06	90	10%	69%	21%	0	2	1	0	0	0		R
27176	Treat slipped epiphysis	$1,162.62	$1,162.62	90	10%	69%	21%	0	2	1	2	1	0		R
27177	Treat slipped epiphysis	$1,412.61	$1,412.61	90	10%	69%	21%	0	2	1	2	1	0		R
27178	Treat slipped epiphysis	$1,143.28	$1,143.28	90	10%	69%	21%	0	2	1	2	1	0		R
27179	Revise head/neck of femur	$1,220.16	$1,220.16	90	10%	69%	21%	0	2	1	2	0	0		R
27181	Treat slipped epiphysis	$1,358.05	$1,358.05	90	10%	69%	21%	0	2	1	2	0	0		R
27185	Revision of femur epiphysis	$900.24	$900.24	90	10%	69%	21%	0	2	1	1	1	0		R
27187	Reinforce hip bones	$1,418.06	$1,418.06	90	10%	69%	21%	0	2	1	2	1	0		R
27193	Treat pelvic ring fracture	$596.69	$531.22	90	10%	69%	21%	0	2	1	1	0	0		R
27194	Treat pelvic ring fracture	$920.08	$857.58	90	10%	69%	21%	0	2	0	0	2	0		R
27200	Treat tail bone fracture	$226.67	$183.02	90	10%	69%	21%	0	2	0	1	0	0		R
27202	Treat tail bone fracture	$1,157.17	$1,157.17	90	10%	69%	21%	0	2	0	2	0	0		R
27215	Treat pelvic fracture(s)	$1,066.40	$1,066.40	90	10%	69%	21%	0	2	0	2	2	0		R
27216	Treat pelvic ring fracture	$1,438.40	$1,438.40	90	10%	69%	21%	0	2	0	2	2	0		R
27217	Treat pelvic ring fracture	$1,423.02	$1,423.02	90	10%	69%	21%	0	2	0	2	2	0		R
27218	Treat pelvic ring fracture	$1,886.29	$1,886.29	90	10%	69%	21%	0	2	0	2	2	0		R
27220	Treat hip socket fracture	$668.11	$602.64	90	10%	69%	21%	0	2	1	1	0	0		R
27222	Treat hip socket fracture	$1,147.25	$1,147.25	90	10%	69%	21%	0	2	1	1	0	0		R
27226	Treat hip wall fracture	$1,502.88	$1,502.88	90	10%	69%	21%	0	2	1	2	2	0		R
27227	Treat hip fracture(s)	$2,174.96	$2,174.96	90	10%	69%	21%	0	2	1	2	2	0		R
27228	Treat hip fracture(s)	$2,463.14	$2,463.14	90	10%	69%	21%	0	2	1	2	2	0		R
27230	Treat thigh fracture	$616.53	$561.97	90	10%	69%	21%	0	2	1	1	0	0		R
27232	Treat thigh fracture	$1,032.67	$1,032.67	90	10%	69%	21%	0	2	1	1	0	0		R
27235	Treat thigh fracture	$1,241.49	$1,241.49	90	10%	69%	21%	0	2	1	1	1	0		R
27236	Treat thigh fracture	$1,540.58	$1,540.58	90	10%	69%	21%	0	2	1	2	1	0		R
27238	Treat thigh fracture	$588.75	$588.75	90	10%	69%	21%	0	2	1	1	0	0		R
27240	Treat thigh fracture	$1,179.49	$1,179.49	90	10%	69%	21%	0	2	1	1	0	0		R
27244	Treat thigh fracture	$1,559.92	$1,559.92	90	10%	69%	21%	0	2	1	2	1	0		R
27245	Treat thigh fracture	$1,890.26	$1,890.26	90	10%	69%	21%	0	2	1	2	2	0		R

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27246	Treat thigh fracture	$569.41	$515.84	90	10%	69%	21%	0	2	1	1	0	0		R
27248	Treat thigh fracture	$1,081.78	$1,081.78	90	10%	69%	21%	0	2	1	2	1	0		R
27250	Treat hip dislocation	$636.37	$636.37	90	10%	69%	21%	0	2	1	1	0	0		R
27252	Treat hip dislocation	$917.10	$917.10	90	10%	69%	21%	0	2	1	1	0	0		R
27253	Treat hip dislocation	$1,276.21	$1,276.21	90	10%	69%	21%	0	2	1	2	1	0		R
27254	Treat hip dislocation	$1,689.38	$1,689.38	90	10%	69%	21%	0	2	1	2	1	0		R
27256	Treat hip dislocation	$402.26	$402.26	10	10%	80%	10%	0	2	1	0	0	0		R
27257	Treat hip dislocation	$509.89	$509.89	10	10%	80%	10%	0	2	1	0	0	0		R
27258	Treat hip dislocation	$1,510.32	$1,510.32	90	10%	69%	21%	0	2	1	2	1	0		R
27259	Treat hip dislocation	$2,041.04	$2,041.04	90	10%	69%	21%	0	2	1	2	0	0		R
27265	Treat hip dislocation	$530.72	$530.72	90	10%	69%	21%	0	2	1	1	0	0		R
27266	Treat hip dislocation	$732.10	$732.10	90	10%	69%	21%	0	2	1	1	0	0		R
27275	Manipulation of hip joint	$273.30	$273.30	10	10%	80%	10%	0	2	0	1	0	0		R
27280	Fusion of sacroiliac joint	$1,375.41	$1,375.41	90	10%	69%	21%	0	2	1	2	1	0		R
27282	Fusion of pubic bones	$1,179.98	$1,179.98	90	10%	69%	21%	0	2	0	2	1	0		R
27284	Fusion of hip joint	$1,654.66	$1,654.66	90	10%	69%	21%	0	2	1	2	1	0		R
27286	Fusion of hip joint	$1,666.56	$1,666.56	90	10%	69%	21%	0	2	1	2	1	0		R
27290	Amputation of leg at hip	$2,228.53	$2,228.53	90	10%	69%	21%	0	2	0	2	1	0		R
27295	Amputation of leg at hip	$1,750.88	$1,750.88	90	10%	69%	21%	0	2	0	2	1	0		R
27299	Pelvis/hip joint surgery	By Report	By Report	90	0%	0%	0%	0	2	1	2	1	1		N
27301	Drain thigh/knee lesion	$952.82	$895.78	90	10%	69%	21%	0	2	1	1	0	0		R
27303	Drainage of bone lesion	$1,041.60	$1,041.60	90	10%	69%	21%	0	2	1	2	1	0		R
27305	Incise thigh tendon & fascia	$700.35	$700.35	90	10%	69%	21%	0	2	1	2	1	0		R
27306	Incision of thigh tendon	$541.63	$541.63	90	10%	69%	21%	0	2	1	2	0	0		R
27307	Incision of thigh tendons	$643.31	$643.31	90	10%	69%	21%	0	2	1	0	1	0		R
27310	Exploration of knee joint	$990.51	$990.51	90	10%	69%	21%	0	2	1	2	1	0		R
27315	Partial removal, thigh nerve	$617.52	$617.52	90	10%	69%	21%	0	2	1	2	0	0		R
27320	Partial removal, thigh nerve	$571.89	$571.89	90	10%	69%	21%	0	2	1	2	1	0		R
27323	Biopsy, thigh soft tissues	$342.24	$248.00	10	10%	80%	10%	0	2	1	1	0	0		R
27324	Biopsy, thigh soft tissues	$542.13	$542.13	90	10%	69%	21%	0	2	1	1	0	0		R
27327	Removal of thigh lesion	$575.86	$500.96	90	10%	69%	21%	0	2	1	1	0	0		R
27328	Removal of thigh lesion	$607.10	$607.10	90	10%	69%	21%	0	2	1	1	0	0		R
27329	Remove tumor, thigh/knee	$1,433.94	$1,433.94	90	10%	69%	21%	0	2	1	2	1	0		R
27330	Biopsy, knee joint lining	$566.93	$566.93	90	10%	69%	21%	0	2	1	1	1	0		R
27331	Explore/treat knee joint	$670.59	$670.59	90	10%	69%	21%	0	2	1	2	1	0		R
27332	Removal of knee cartilage	$886.85	$886.85	90	10%	69%	21%	0	2	1	2	1	0		R
27333	Removal of knee cartilage	$803.52	$803.52	90	10%	69%	21%	0	2	1	2	1	0		R
27334	Remove knee joint lining	$946.86	$946.86	90	10%	69%	21%	0	2	1	2	1	0		R
27335	Remove knee joint lining	$1,066.40	$1,066.40	90	10%	69%	21%	0	2	1	2	1	0		R
27340	Removal of kneecap bursa	$489.55	$489.55	90	10%	69%	21%	0	2	1	1	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
27345	Removal of knee cyst	$657.70	$657.70	90	10%	69%	21%	0	2	1	2	1	0		R
27347	Remove knee cyst	$454.34	$454.34	90	10%	69%	21%	0	2	1	2	1	0		R
27350	Removal of kneecap	$880.90	$880.90	90	10%	69%	21%	0	2	1	2	1	0		R
27355	Remove femur lesion	$879.41	$879.41	90	10%	69%	21%	0	2	1	2	1	0		R
27356	Remove femur lesion/graft	$1,022.75	$1,022.75	90	10%	69%	21%	0	2	1	2	1	0		R
27357	Remove femur lesion/graft	$1,111.04	$1,111.04	90	10%	69%	21%	0	2	1	2	1	0		R
27358	Remove femur lesion/fixation	$419.62	$419.62	0	0%	0%	0%	0	0	1	2	0	0		R
27360	Partial removal, leg bone(s)	$1,326.30	$1,326.30	90	10%	69%	21%	0	2	1	2	1	0		R
27365	Extensive leg surgery	$1,588.69	$1,588.69	90	10%	69%	21%	0	2	1	2	1	0		R
27370	Injection for knee x-ray	$499.47	$70.93	0	0%	0%	0%	0	2	1	1	0	0		R
27372	Removal of foreign body	$629.42	$548.58	90	10%	69%	21%	0	2	1	0	0	0		R
27380	Repair of kneecap tendon	$791.12	$791.12	90	10%	69%	21%	0	2	1	2	1	0		R
27381	Repair/graft kneecap tendon	$1,076.82	$1,076.82	90	10%	69%	21%	0	2	1	2	1	0		R
27385	Repair of thigh muscle	$846.18	$846.18	90	10%	69%	21%	0	2	1	2	1	0		R
27386	Repair/graft of thigh muscle	$1,119.97	$1,119.97	90	10%	69%	21%	0	2	1	2	1	0		R
27390	Incision of thigh tendon	$615.54	$615.54	90	10%	69%	21%	0	2	0	2	0	0		R
27391	Incision of thigh tendons	$777.23	$777.23	90	10%	69%	21%	0	2	0	0	1	0		R
27392	Incision of thigh tendons	$988.53	$988.53	90	10%	69%	21%	0	2	2	2	1	0		R
27393	Lengthening of thigh tendon	$717.22	$717.22	90	10%	69%	21%	0	2	0	2	1	0		R
27394	Lengthening of thigh tendons	$915.62	$915.62	90	10%	69%	21%	0	2	0	2	0	0		R
27395	Lengthening of thigh tendons	$1,258.85	$1,258.85	90	10%	69%	21%	0	2	2	2	1	0		R
27396	Transplant of thigh tendon	$888.83	$888.83	90	10%	69%	21%	0	2	0	2	1	0		R
27397	Transplants of thigh tendons	$1,152.21	$1,152.21	90	10%	69%	21%	0	2	0	2	0	0		R
27400	Revise thigh muscles/tendons	$992.99	$992.99	90	10%	69%	21%	0	2	1	2	1	0		R
27403	Repair of knee cartilage	$888.34	$888.34	90	10%	69%	21%	0	2	1	2	1	0		R
27405	Repair of knee ligament	$941.41	$941.41	90	10%	69%	21%	0	2	1	2	1	0		R
27407	Repair of knee ligament	$1,047.55	$1,047.55	90	10%	69%	21%	0	2	1	2	1	0		R
27409	Repair of knee ligaments	$1,315.89	$1,315.89	90	10%	69%	21%	0	2	1	2	1	0		R
27418	Repair degenerated kneecap	$1,142.78	$1,142.78	90	10%	69%	21%	0	2	1	2	1	0		R
27420	Revision of unstable kneecap	$1,030.69	$1,030.69	90	10%	69%	21%	0	2	1	2	1	0		R
27422	Revision of unstable kneecap	$1,027.22	$1,027.22	90	10%	69%	21%	0	2	1	2	1	0		R
27424	Revision/removal of kneecap	$1,028.70	$1,028.70	90	10%	69%	21%	0	2	1	2	1	0		R
27425	Lateral retinacular release	$615.04	$615.04	90	10%	69%	21%	0	2	1	1	1	0		R
27427	Reconstruction, knee	$984.06	$984.06	90	10%	69%	21%	0	2	1	2	1	0		R
27428	Reconstruction, knee	$1,394.75	$1,394.75	90	10%	69%	21%	0	2	1	2	1	0		R
27429	Reconstruction, knee	$1,482.54	$1,482.54	90	10%	69%	21%	0	2	1	2	1	0		R
27430	Revision of thigh muscles	$1,001.92	$1,001.92	90	10%	69%	21%	0	2	1	2	1	0		R
27435	Incision of knee joint	$956.78	$956.78	90	10%	69%	21%	0	2	1	2	1	0		R
27437	Revise kneecap	$937.94	$937.94	90	10%	69%	21%	0	2	1	1	1	0		R
27438	Revise kneecap with implant	$1,174.03	$1,174.03	90	10%	69%	21%	0	2	1	2	1	0		R

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27440	Revision of knee joint	$1,103.60	$1,103.60	90	10%	69%	21%	0	2	1	2	1	0		R
27441	Revision of knee joint	$1,111.54	$1,111.54	90	10%	69%	21%	0	2	1	2	1	0		R
27442	Revision of knee joint	$1,244.46	$1,244.46	90	10%	69%	21%	0	2	1	2	1	0		R
27443	Revision of knee joint	$1,163.12	$1,163.12	90	10%	69%	21%	0	2	1	2	1	0		R
27445	Revision of knee joint	$1,768.24	$1,768.24	90	10%	69%	21%	0	2	1	2	1	0		R
27446	Revision of knee joint	$1,605.06	$1,605.06	90	10%	69%	21%	0	2	1	2	1	0		R
27447	Total knee replacement	$2,109.49	$2,109.49	90	10%	69%	21%	0	2	1	2	1	0		R
27448	Incision of thigh	$1,195.36	$1,195.36	90	10%	69%	21%	0	2	1	2	1	0		R
27450	Incision of thigh	$1,454.27	$1,454.27	90	10%	69%	21%	0	2	1	2	1	0		R
27454	Realignment of thigh bone	$1,736.00	$1,736.00	90	10%	69%	21%	0	2	1	2	1	0		R
27455	Realignment of knee	$1,305.47	$1,305.47	90	10%	69%	21%	0	2	1	2	1	0		R
27457	Realignment of knee	$1,330.27	$1,330.27	90	10%	69%	21%	0	2	1	2	1	0		R
27465	Shortening of thigh bone	$1,424.02	$1,424.02	90	10%	69%	21%	0	2	1	2	1	0		R
27466	Lengthening of thigh bone	$1,610.51	$1,610.51	90	10%	69%	21%	0	2	1	2	1	0		R
27468	Shorten/lengthen thighs	$1,886.78	$1,886.78	90	10%	69%	21%	0	2	1	2	1	0		R
27470	Repair of thigh	$1,666.56	$1,666.56	90	10%	69%	21%	0	2	1	2	1	0		R
27472	Repair/graft of thigh	$1,830.24	$1,830.24	90	10%	69%	21%	0	2	1	2	1	0		R
27475	Surgery to stop leg growth	$913.63	$913.63	90	10%	69%	21%	0	2	1	1	1	0		R
27477	Surgery to stop leg growth	$1,025.73	$1,025.73	90	10%	69%	21%	0	2	1	1	1	0		R
27479	Surgery to stop leg growth	$1,240.00	$1,240.00	90	10%	69%	21%	0	2	1	2	0	0		R
27485	Surgery to stop leg growth	$916.61	$916.61	90	10%	69%	21%	0	2	1	1	0	0		R
27486	Revise/replace knee joint	$1,913.57	$1,913.57	90	10%	69%	21%	0	2	1	2	1	0		R
27487	Revise/replace knee joint	$2,453.71	$2,453.71	90	10%	69%	21%	0	2	1	2	1	0		R
27488	Removal of knee prosthesis	$1,583.23	$1,583.23	90	10%	69%	21%	0	2	1	2	1	0		R
27495	Reinforce thigh	$1,636.30	$1,636.30	90	10%	69%	21%	0	2	1	2	1	0		R
27496	Decompression of thigh/knee	$660.67	$660.67	90	10%	69%	21%	0	2	1	1	0	0		R
27497	Decompression of thigh/knee	$733.09	$733.09	90	10%	69%	21%	0	2	1	0	2	0		R
27498	Decompression of thigh/knee	$859.57	$859.57	90	10%	69%	21%	0	2	1	2	2	0		R
27499	Decompression of thigh/knee	$925.54	$925.54	90	10%	69%	21%	0	2	1	2	2	0		R
27500	Treatment of thigh fracture	$734.58	$658.19	90	10%	69%	21%	0	2	1	1	0	0		R
27501	Treatment of thigh fracture	$773.26	$695.39	90	10%	69%	21%	0	2	1	0	0	0		R
27502	Treatment of thigh fracture	$1,077.81	$1,077.81	90	10%	69%	21%	0	2	1	1	0	0		R
27503	Treatment of thigh fracture	$1,077.31	$1,077.31	90	10%	69%	21%	0	2	1	0	0	0		R
27506	Treatment of thigh fracture	$1,669.04	$1,669.04	90	10%	69%	21%	0	2	1	2	1	0		R
27507	Treatment of thigh fracture	$1,416.58	$1,416.58	90	10%	69%	21%	0	2	1	2	2	0		R
27508	Treatment of thigh fracture	$637.36	$572.88	90	10%	69%	21%	0	2	1	1	0	0		R
27509	Treatment of thigh fracture	$799.55	$799.55	90	10%	69%	21%	0	2	1	0	0	0		R
27510	Treatment of thigh fracture	$857.58	$857.58	90	10%	69%	21%	0	2	1	1	0	0		R
27511	Treatment of thigh fracture	$1,411.62	$1,411.62	90	10%	69%	21%	0	2	1	2	2	0		R
27513	Treatment of thigh fracture	$1,747.90	$1,747.90	90	10%	69%	21%	0	2	1	2	2	0		R

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27514	Treatment of thigh fracture	$1,690.37	$1,690.37	90	10%	69%	21%	0	2	1	2	1	0		R
27516	Treat thigh fx growth plate	$638.85	$574.37	90	10%	69%	21%	0	2	1	1	0	0		R
27517	Treat thigh fx growth plate	$945.87	$872.96	90	10%	69%	21%	0	2	1	0	0	0		R
27519	Treat thigh fx growth plate	$1,463.70	$1,463.70	90	10%	69%	21%	0	2	1	2	1	0		R
27520	Treat kneecap fracture	$397.30	$314.96	90	10%	69%	21%	0	2	1	1	0	0		R
27524	Treat kneecap fracture	$1,001.92	$1,001.92	90	10%	69%	21%	0	2	1	2	1	0		R
27530	Treat knee fracture	$471.70	$409.70	90	10%	69%	21%	0	2	1	1	0	0		R
27532	Treat knee fracture	$754.91	$686.96	90	10%	69%	21%	0	2	1	1	0	0		R
27535	Treat knee fracture	$1,207.26	$1,207.26	90	10%	69%	21%	0	2	1	2	2	0		R
27536	Treat knee fracture	$1,444.35	$1,444.35	90	10%	69%	21%	0	2	1	2	1	0		R
27538	Treat knee fracture(s)	$588.75	$512.37	90	10%	69%	21%	0	2	1	0	0	0		R
27540	Treat knee fracture	$1,235.04	$1,235.04	90	10%	69%	21%	0	2	1	2	1	0		R
27550	Treat knee dislocation	$620.50	$555.02	90	10%	69%	21%	0	2	1	0	0	0		R
27552	Treat knee dislocation	$759.87	$759.87	90	10%	69%	21%	0	2	1	0	0	0		R
27556	Treat knee dislocation	$1,466.18	$1,466.18	90	10%	69%	21%	0	2	1	2	1	0		R
27557	Treat knee dislocation	$1,669.54	$1,669.54	90	10%	69%	21%	0	2	1	2	1	0		R
27558	Treat knee dislocation	$1,730.05	$1,730.05	90	10%	69%	21%	0	2	1	2	2	0		R
27560	Treat kneecap dislocation	$442.43	$370.02	90	10%	69%	21%	0	2	1	1	0	0		R
27562	Treat kneecap dislocation	$582.30	$582.30	90	10%	69%	21%	0	2	1	0	0	0		R
27566	Treat kneecap dislocation	$1,178.00	$1,178.00	90	10%	69%	21%	0	2	1	2	1	0		R
27570	Fixation of knee joint	$229.65	$229.65	10	10%	80%	10%	0	2	0	1	0	0		R
27580	Fusion of knee	$1,857.52	$1,857.52	90	10%	69%	21%	0	2	1	2	1	0		R
27590	Amputate leg at thigh	$1,236.53	$1,236.53	90	10%	69%	21%	0	2	1	2	1	0		R
27591	Amputate leg at thigh	$1,350.61	$1,350.61	90	10%	69%	21%	0	2	1	2	1	0		R
27592	Amputate leg at thigh	$1,097.15	$1,097.15	90	10%	69%	21%	0	2	1	2	1	0		R
27594	Amputation follow-up surgery	$756.40	$756.40	90	10%	69%	21%	0	2	1	1	0	0		R
27596	Amputation follow-up surgery	$1,126.91	$1,126.91	90	10%	69%	21%	0	2	1	1	1	0		R
27598	Amputate lower leg at knee	$1,115.01	$1,115.01	90	10%	69%	21%	0	2	1	2	1	0		R
27599	Leg surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	1	2	1	1		N
27600	Decompression of lower leg	$661.66	$661.66	90	10%	69%	21%	0	2	1	1	1	0		R
27601	Decompression of lower leg	$621.98	$621.98	90	10%	69%	21%	0	2	1	1	0	0		R
27602	Decompression of lower leg	$762.85	$762.85	90	10%	69%	21%	0	2	1	2	1	0		R
27603	Drain lower leg lesion	$869.49	$677.04	90	10%	69%	21%	0	2	1	1	0	0		R
27604	Drain lower leg bursa	$644.80	$537.17	90	10%	69%	21%	0	2	1	0	0	0		R
27605	Incision of achilles tendon	$534.69	$307.52	10	10%	80%	10%	0	2	1	0	0	0		R
27606	Incision of achilles tendon	$689.44	$431.52	10	10%	80%	10%	0	2	1	1	1	0		R
27607	Treat lower leg bone lesion	$993.49	$993.49	90	10%	69%	21%	0	2	1	1	0	0		R
27610	Explore/treat ankle joint	$923.06	$923.06	90	10%	69%	21%	0	2	1	1	0	0		R
27612	Exploration of ankle joint	$790.62	$790.62	90	10%	69%	21%	0	2	1	2	1	0		R
27613	Biopsy lower leg soft tissue	$330.83	$231.14	10	10%	80%	10%	0	2	1	1	0	0		R

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27614	Biopsy lower leg soft tissue	$752.93	$587.26	90	10%	69%	21%	0	2	1	1	0	0		R
27615	Remove tumor, lower leg	$1,390.29	$1,390.29	90	10%	69%	21%	0	2	1	0	1	0		R
27618	Remove lower leg lesion	$705.81	$537.66	90	10%	69%	21%	0	2	1	1	0	0		R
27619	Remove lower leg lesion	$1,001.92	$839.73	90	10%	69%	21%	0	2	1	1	0	0		R
27620	Explore/treat ankle joint	$681.50	$681.50	90	10%	69%	21%	0	2	1	2	1	0		R
27625	Remove ankle joint lining	$912.64	$912.64	90	10%	69%	21%	0	2	1	2	1	0		R
27626	Remove ankle joint lining	$985.06	$985.06	90	10%	69%	21%	0	2	1	2	0	0		R
27630	Removal of tendon lesion	$720.19	$547.09	90	10%	69%	21%	0	2	1	1	0	0		R
27635	Remove lower leg bone lesion	$918.59	$918.59	90	10%	69%	21%	0	2	1	1	1	0		R
27637	Remove/graft leg bone lesion	$1,086.24	$1,086.24	90	10%	69%	21%	0	2	1	2	1	0		R
27638	Remove/graft leg bone lesion	$1,152.70	$1,152.70	90	10%	69%	21%	0	2	1	2	1	0		R
27640	Partial removal of tibia	$1,384.83	$1,384.83	90	10%	69%	21%	0	2	1	1	1	0		R
27641	Partial removal of fibula	$1,156.18	$1,156.18	90	10%	69%	21%	0	2	1	1	1	0		R
27645	Extensive lower leg surgery	$1,562.40	$1,562.40	90	10%	69%	21%	0	2	1	2	1	0		R
27646	Extensive lower leg surgery	$1,407.15	$1,407.15	90	10%	69%	21%	0	2	1	2	1	0		R
27647	Extensive ankle/heel surgery	$1,201.81	$1,201.81	90	10%	69%	21%	0	2	1	2	0	0		R
27648	Injection for ankle x-ray	$393.82	$68.94	0	0%	0%	0%	0	2	1	0	0	0		R
27650	Repair achilles tendon	$985.06	$985.06	90	10%	69%	21%	0	2	1	2	1	0		R
27652	Repair/graft achilles tendon	$1,052.02	$1,052.02	90	10%	69%	21%	0	2	1	1	1	0		R
27654	Repair of achilles tendon	$1,053.01	$1,053.01	90	10%	69%	21%	0	2	1	2	1	0		R
27656	Repair leg fascia defect	$748.96	$511.38	90	10%	69%	21%	0	2	1	2	0	0		R
27658	Repair of leg tendon, each	$856.59	$634.38	90	10%	69%	21%	0	2	0	2	1	0		R
27659	Repair of leg tendon, each	$1,079.79	$796.08	90	10%	69%	21%	0	2	0	2	1	0		R
27664	Repair of leg tendon, each	$742.51	$601.65	90	10%	69%	21%	0	2	0	0	0	0		R
27665	Repair of leg tendon, each	$863.04	$670.59	90	10%	69%	21%	0	2	0	2	1	0		R
27675	Repair lower leg tendons	$756.90	$756.90	90	10%	69%	21%	0	2	1	2	1	0		R
27676	Repair lower leg tendons	$887.34	$887.34	90	10%	69%	21%	0	2	1	2	0	0		R
27680	Release of lower leg tendon	$648.27	$648.27	90	10%	69%	21%	0	2	0	1	1	0		R
27681	Release of lower leg tendons	$732.59	$732.59	90	10%	69%	21%	0	2	0	1	1	0		R
27685	Revision of lower leg tendon	$787.15	$693.41	90	10%	69%	21%	0	2	0	2	1	0		R
27686	Revise lower leg tendons	$1,116.00	$842.70	90	10%	69%	21%	0	2	0	1	1	0		R
27687	Revision of calf tendon	$704.32	$704.32	90	10%	69%	21%	0	2	1	2	1	0		R
27690	Revise lower leg tendon	$892.30	$892.30	90	10%	69%	21%	0	2	1	2	1	0		R
27691	Revise lower leg tendon	$1,035.15	$1,035.15	90	10%	69%	21%	0	2	1	2	1	0		R
27692	Revise additional leg tendon	$166.16	$166.16	0	0%	0%	0%	0	0	1	2	1	0		R
27695	Repair of ankle ligament	$769.79	$769.79	90	10%	69%	21%	0	2	1	1	1	0		R
27696	Repair of ankle ligaments	$881.89	$881.89	90	10%	69%	21%	0	2	1	1	1	0		R
27698	Repair of ankle ligament	$974.14	$974.14	90	10%	69%	21%	0	2	1	2	1	0		R
27700	Revision of ankle joint	$917.60	$917.60	90	10%	69%	21%	0	2	1	2	1	0		R
27702	Reconstruct ankle joint	$1,410.13	$1,410.13	90	10%	69%	21%	0	2	1	2	1	0		R

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27703	Reconstruction, ankle joint	$1,563.89	$1,563.89	90	10%	69%	21%	0	2	1	2	0	0		R
27704	Removal of ankle implant	$750.45	$750.45	90	10%	69%	21%	0	2	1	1	1	0		R
27705	Incision of tibia	$1,118.98	$1,118.98	90	10%	69%	21%	0	2	1	2	1	0		R
27707	Incision of fibula	$591.73	$591.73	90	10%	69%	21%	0	2	1	1	1	0		R
27709	Incision of tibia & fibula	$1,095.66	$1,095.66	90	10%	69%	21%	0	2	1	2	1	0		R
27712	Realignment of lower leg	$1,410.13	$1,410.13	90	10%	69%	21%	0	2	1	2	1	0		R
27715	Revision of lower leg	$1,485.02	$1,485.02	90	10%	69%	21%	0	2	1	2	1	0		R
27720	Repair of tibia	$1,296.54	$1,296.54	90	10%	69%	21%	0	2	1	2	1	0		R
27722	Repair/graft of tibia	$1,248.93	$1,248.93	90	10%	69%	21%	0	2	1	2	1	0		R
27724	Repair/graft of tibia	$1,571.82	$1,571.82	90	10%	69%	21%	0	2	1	2	1	0		R
27725	Repair of lower leg	$1,550.99	$1,550.99	90	10%	69%	21%	0	2	1	2	1	0		R
27727	Repair of lower leg	$1,352.10	$1,352.10	90	10%	69%	21%	0	2	1	2	1	0		R
27730	Repair of tibia epiphysis	$985.55	$802.53	90	10%	69%	21%	0	2	1	1	1	0		R
27732	Repair of fibula epiphysis	$798.06	$661.66	90	10%	69%	21%	0	2	1	1	0	0		R
27734	Repair lower leg epiphyses	$890.82	$890.82	90	10%	69%	21%	0	2	1	1	0	0		R
27740	Repair of leg epiphyses	$1,193.38	$1,014.82	90	10%	69%	21%	0	2	1	2	0	0		R
27742	Repair of leg epiphyses	$1,278.69	$1,107.57	90	10%	69%	21%	0	2	1	2	1	0		R
27745	Reinforce tibia	$1,075.82	$1,075.82	90	10%	69%	21%	0	2	1	2	1	0		R
27750	Treatment of tibia fracture	$427.06	$366.05	90	10%	69%	21%	0	2	1	1	0	0		R
27752	Treatment of tibia fracture	$686.46	$612.06	90	10%	69%	21%	0	2	1	1	0	0		R
27756	Treatment of tibia fracture	$845.68	$845.68	90	10%	69%	21%	0	2	1	2	1	0		R
27758	Treatment of tibia fracture	$1,221.65	$1,221.65	90	10%	69%	21%	0	2	1	2	1	0		R
27759	Treatment of tibia fracture	$1,411.12	$1,411.12	90	10%	69%	21%	0	2	1	2	2	0		R
27760	Treatment of ankle fracture	$396.80	$321.41	90	10%	69%	21%	0	2	1	1	0	0		R
27762	Treatment of ankle fracture	$613.06	$539.65	90	10%	69%	21%	0	2	1	1	0	0		R
27766	Treatment of ankle fracture	$864.03	$864.03	90	10%	69%	21%	0	2	1	1	1	0		R
27780	Treatment of fibula fracture	$366.05	$290.16	90	10%	69%	21%	0	2	1	1	0	0		R
27781	Treatment of fibula fracture	$523.78	$450.37	90	10%	69%	21%	0	2	1	1	0	0		R
27784	Treatment of fibula fracture	$762.35	$762.35	90	10%	69%	21%	0	2	1	1	1	0		R
27786	Treatment of ankle fracture	$385.39	$309.01	90	10%	69%	21%	0	2	1	1	0	0		R
27788	Treatment of ankle fracture	$527.25	$434.00	90	10%	69%	21%	0	2	1	1	0	0		R
27792	Treatment of ankle fracture	$804.02	$804.02	90	10%	69%	21%	0	2	1	1	1	0		R
27808	Treatment of ankle fracture	$425.57	$354.64	90	10%	69%	21%	0	2	1	1	0	0		R
27810	Treatment of ankle fracture	$628.93	$556.02	90	10%	69%	21%	0	2	1	1	0	0		R
27814	Treatment of ankle fracture	$1,101.62	$1,101.62	90	10%	69%	21%	0	2	1	2	1	0		R
27816	Treatment of ankle fracture	$422.59	$364.06	90	10%	69%	21%	0	2	1	1	0	0		R
27818	Treatment of ankle fracture	$669.60	$595.20	90	10%	69%	21%	0	2	1	1	0	0		R
27822	Treatment of ankle fracture	$1,060.45	$1,060.45	90	10%	69%	21%	0	2	1	2	1	0		R
27823	Treatment of ankle fracture	$1,290.10	$1,290.10	90	10%	69%	21%	0	2	1	2	1	0		R
27824	Treat lower leg fracture	$438.96	$363.57	90	10%	69%	21%	0	2	1	1	0	0		R

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27825	Treat lower leg fracture	$728.13	$656.21	90	10%	69%	21%	0	2	1	0	0	0		R
27826	Treat lower leg fracture	$1,000.43	$1,000.43	90	10%	69%	21%	0	2	1	2	2	0		R
27827	Treat lower leg fracture	$1,447.82	$1,447.82	90	10%	69%	21%	0	2	1	2	2	0		R
27828	Treat lower leg fracture	$1,624.40	$1,624.40	90	10%	69%	21%	0	2	1	2	2	0		R
27829	Treat lower leg joint	$676.54	$676.54	90	10%	69%	21%	0	2	1	2	2	0		R
27830	Treat lower leg dislocation	$427.06	$406.72	90	10%	69%	21%	0	2	1	0	0	0		R
27831	Treat lower leg dislocation	$487.57	$487.57	90	10%	69%	21%	0	2	1	0	0	0		R
27832	Treat lower leg dislocation	$722.18	$722.18	90	10%	69%	21%	0	2	1	2	1	0		R
27840	Treat ankle dislocation	$476.66	$476.66	90	10%	69%	21%	0	2	1	1	0	0		R
27842	Treat ankle dislocation	$547.58	$547.58	90	10%	69%	21%	0	2	1	1	0	0		R
27846	Treat ankle dislocation	$1,015.81	$1,015.81	90	10%	69%	21%	0	2	1	2	1	0		R
27848	Treat ankle dislocation	$1,131.87	$1,131.87	90	10%	69%	21%	0	2	1	2	1	0		R
27860	Fixation of ankle joint	$276.27	$276.27	10	10%	80%	10%	0	2	0	0	0	0		R
27870	Fusion of ankle joint	$1,423.52	$1,423.52	90	10%	69%	21%	0	2	1	2	1	0		R
27871	Fusion of tibiofibular joint	$989.52	$989.52	90	10%	69%	21%	0	2	1	2	1	0		R
27880	Amputation of lower leg	$1,189.41	$1,189.41	90	10%	69%	21%	0	2	1	2	1	0		R
27881	Amputation of lower leg	$1,294.56	$1,294.56	90	10%	69%	21%	0	2	1	2	1	0		R
27882	Amputation of lower leg	$1,063.92	$1,063.92	90	10%	69%	21%	0	2	1	0	1	0		R
27884	Amputation follow-up surgery	$874.45	$874.45	90	10%	69%	21%	0	2	1	1	0	0		R
27886	Amputation follow-up surgery	$1,010.85	$1,010.85	90	10%	69%	21%	0	2	1	1	1	0		R
27888	Amputation of foot at ankle	$1,039.62	$1,039.62	90	10%	69%	21%	0	2	1	2	1	0		R
27889	Amputation of foot at ankle	$1,050.03	$1,050.03	90	10%	69%	21%	0	2	1	1	1	0		R
27892	Decompression of leg	$744.99	$744.99	90	10%	69%	21%	0	2	1	0	0	0		R
27893	Decompression of leg	$755.90	$755.90	90	10%	69%	21%	0	2	1	0	0	0		R
27894	Decompression of leg	$971.66	$971.66	90	10%	69%	21%	0	2	1	2	0	0		R
27899	Leg/ankle surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	1	0	1	1		N
28001	Drainage of bursa of foot	$325.38	$255.94	10	10%	80%	10%	0	2	0	1	0	0		R
28002	Treatment of foot infection	$511.38	$432.51	10	10%	80%	10%	0	2	0	1	0	0		R
28003	Treatment of foot infection	$874.45	$846.18	90	10%	69%	21%	0	2	0	1	0	0		R
28005	Treat foot bone lesion	$881.89	$881.89	90	10%	69%	21%	0	2	0	1	0	0		R
28008	Incision of foot fascia	$531.71	$491.04	90	10%	69%	21%	0	2	0	1	0	0		R
28010	Incision of toe tendon	$436.48	$348.19	90	10%	69%	21%	0	2	0	1	0	0		R
28011	Incision of toe tendons	$557.01	$463.76	90	10%	69%	21%	0	2	0	1	0	0		R
28020	Exploration of foot joint	$641.82	$545.10	90	10%	69%	21%	0	2	0	1	1	0		R
28022	Exploration of foot joint	$571.39	$480.62	90	10%	69%	21%	0	2	0	1	0	0		R
28024	Exploration of toe joint	$537.66	$471.20	90	10%	69%	21%	0	2	0	1	0	0		R
28030	Removal of foot nerve	$515.84	$515.84	90	10%	69%	21%	0	2	0	0	0	0		R
28035	Decompression of tibia nerve	$691.42	$538.16	90	10%	69%	21%	0	2	0	1	1	0		R
28043	Excision of foot lesion	$458.80	$387.38	90	10%	69%	21%	0	2	1	1	0	0		R
28045	Excision of foot lesion	$567.92	$503.94	90	10%	69%	21%	0	2	1	0	0	0		R

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28046	Resection of tumor, foot	$1,058.46	$999.94	90	10%	69%	21%	0	2	1	1	1	0		R
28050	Biopsy of foot joint lining	$505.42	$476.66	90	10%	69%	21%	0	2	1	1	1	0		R
28052	Biopsy of foot joint lining	$543.62	$436.48	90	10%	69%	21%	0	2	1	1	1	0		R
28054	Biopsy of toe joint lining	$480.62	$404.24	90	10%	69%	21%	0	2	1	0	0	0		R
28060	Partial removal, foot fascia	$626.45	$558.99	90	10%	69%	21%	0	2	1	1	0	0		R
28062	Removal of foot fascia	$768.80	$668.61	90	10%	69%	21%	0	2	0	1	1	0		R
28070	Removal of foot joint lining	$628.43	$539.15	90	10%	69%	21%	0	2	0	1	0	0		R
28072	Removal of foot joint lining	$565.94	$521.30	90	10%	69%	21%	0	2	0	1	0	0		R
28080	Removal of foot lesion	$500.96	$430.53	90	10%	69%	21%	0	2	0	0	0	0		R
28086	Excise foot tendon sheath	$706.80	$553.04	90	10%	69%	21%	0	2	1	2	1	0		R
28088	Excise foot tendon sheath	$557.01	$476.16	90	10%	69%	21%	0	2	1	0	0	0		R
28090	Removal of foot lesion	$540.64	$468.22	90	10%	69%	21%	0	2	1	1	0	0		R
28092	Removal of toe lesions	$502.94	$423.58	90	10%	69%	21%	0	2	0	1	0	0		R
28100	Removal of ankle/heel lesion	$771.78	$631.90	90	10%	69%	21%	0	2	1	2	1	0		R
28102	Remove/graft foot lesion	$806.00	$806.00	90	10%	69%	21%	0	2	1	2	0	0		R
28103	Remove/graft foot lesion	$830.30	$691.42	90	10%	69%	21%	0	2	1	2	0	0		R
28104	Removal of foot lesion	$637.86	$568.42	90	10%	69%	21%	0	2	0	2	1	0		R
28106	Remove/graft foot lesion	$696.38	$696.38	90	10%	69%	21%	0	2	0	2	1	0		R
28107	Remove/graft foot lesion	$687.95	$601.15	90	10%	69%	21%	0	2	0	2	0	0		R
28108	Removal of toe lesions	$516.34	$431.02	90	10%	69%	21%	0	2	0	1	0	0		R
28110	Part removal of metatarsal	$555.02	$491.54	90	10%	69%	21%	0	2	1	1	1	0		R
28111	Part removal of metatarsal	$725.65	$600.16	90	10%	69%	21%	0	2	1	1	1	0		R
28112	Part removal of metatarsal	$635.87	$545.60	90	10%	69%	21%	0	2	1	1	1	0		R
28113	Part removal of metatarsal	$628.43	$558.00	90	10%	69%	21%	0	2	1	0	0	0		R
28114	Removal of metatarsal heads	$1,198.34	$1,030.19	90	10%	69%	21%	0	2	1	2	1	0		R
28116	Revision of foot	$795.09	$732.59	90	10%	69%	21%	0	2	1	1	0	0		R
28118	Removal of heel bone	$743.50	$637.36	90	10%	69%	21%	0	2	1	2	1	0		R
28119	Removal of heel spur	$641.82	$568.91	90	10%	69%	21%	0	2	1	1	1	0		R
28120	Part removal of ankle/heel	$798.56	$686.96	90	10%	69%	21%	0	2	1	1	1	0		R
28122	Partial removal of foot bone	$835.76	$771.28	90	10%	69%	21%	0	2	1	2	1	0		R
28124	Partial removal of toe	$609.58	$538.16	90	10%	69%	21%	0	2	1	1	0	0		R
28126	Partial removal of toe	$496.50	$448.38	90	10%	69%	21%	0	2	0	1	0	0		R
28130	Removal of ankle bone	$830.80	$830.80	90	10%	69%	21%	0	2	1	2	1	0		R
28140	Removal of metatarsal	$840.72	$718.70	90	10%	69%	21%	0	2	0	1	1	0		R
28150	Removal of toe	$556.51	$502.45	90	10%	69%	21%	0	2	0	1	0	0		R
28153	Partial removal of toe	$506.42	$421.60	90	10%	69%	21%	0	2	0	1	0	0		R
28160	Partial removal of toe	$531.22	$467.73	90	10%	69%	21%	0	2	0	1	0	0		R
28171	Extensive foot surgery	$943.89	$943.89	90	10%	69%	21%	0	2	0	2	0	0		R
28173	Extensive foot surgery	$960.75	$847.66	90	10%	69%	21%	0	2	0	1	1	0		R
28175	Extensive foot surgery	$698.37	$630.91	90	10%	69%	21%	0	2	0	2	1	0		R

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28190	Removal of foot foreign body	$311.49	$223.70	10	10%	80%	10%	0	2	1	1	0	0		R
28192	Removal of foot foreign body	$532.21	$464.26	90	10%	69%	21%	0	2	1	1	0	0		R
28193	Removal of foot foreign body	$610.08	$558.00	90	10%	69%	21%	0	2	1	1	0	0		R
28200	Repair of foot tendon	$595.20	$521.79	90	10%	69%	21%	0	2	0	1	1	0		R
28202	Repair/graft of foot tendon	$850.14	$685.97	90	10%	69%	21%	0	2	0	2	1	0		R
28208	Repair of foot tendon	$544.11	$483.60	90	10%	69%	21%	0	2	0	1	1	0		R
28210	Repair/graft of foot tendon	$735.07	$631.41	90	10%	69%	21%	0	2	0	2	0	0		R
28220	Release of foot tendon	$543.12	$480.13	90	10%	69%	21%	0	2	0	1	0	0		R
28222	Release of foot tendons	$654.22	$592.22	90	10%	69%	21%	0	2	0	1	0	0		R
28225	Release of foot tendon	$470.21	$420.61	90	10%	69%	21%	0	2	0	1	1	0		R
28226	Release of foot tendons	$533.20	$533.20	90	10%	69%	21%	0	2	0	1	0	0		R
28230	Incision of foot tendon(s)	$515.34	$479.14	90	10%	69%	21%	0	2	0	1	0	0		R
28232	Incision of toe tendon	$456.82	$412.67	90	10%	69%	21%	0	2	0	1	0	0		R
28234	Incision of foot tendon	$456.32	$391.84	90	10%	69%	21%	0	2	0	1	0	0		R
28238	Revision of foot tendon	$905.20	$777.23	90	10%	69%	21%	0	2	1	2	1	0		R
28240	Release of big toe	$516.34	$479.14	90	10%	69%	21%	0	2	1	1	0	0		R
28250	Revision of foot fascia	$691.42	$628.43	90	10%	69%	21%	0	2	1	2	1	0		R
28260	Release of midfoot joint	$785.66	$746.48	90	10%	69%	21%	0	2	1	2	1	0		R
28261	Revision of foot tendon	$1,080.29	$1,048.05	90	10%	69%	21%	0	2	1	0	0	0		R
28262	Revision of foot and ankle	$1,660.61	$1,567.36	90	10%	69%	21%	0	2	1	2	1	0		R
28264	Release of midfoot joint	$1,105.58	$1,105.58	90	10%	69%	21%	0	2	1	2	0	0		R
28270	Release of foot contracture	$563.95	$514.35	90	10%	69%	21%	0	2	1	1	0	0		R
28272	Release of toe joint, each	$465.25	$397.30	90	10%	69%	21%	0	2	1	1	0	0		R
28280	Fusion of toes	$638.35	$546.59	90	10%	69%	21%	0	2	1	0	0	0		R
28285	Repair of hammertoe	$585.78	$526.26	90	10%	69%	21%	0	2	0	1	1	0		R
28286	Repair of hammertoe	$561.47	$516.34	90	10%	69%	21%	0	2	0	1	0	0		R
28288	Partial removal of foot bone	$611.07	$579.82	90	10%	69%	21%	0	2	0	1	0	0		R
28289	Repair hallux rigidus	$857.58	$777.73	90	10%	69%	21%	0	2	1	2	1	0		R
28290	Correction of bunion	$717.71	$680.51	90	10%	69%	21%	0	2	1	1	0	0		R
28292	Correction of bunion	$804.02	$733.58	90	10%	69%	21%	0	2	1	2	1	0		R
28293	Correction of bunion	$994.98	$893.30	90	10%	69%	21%	0	2	1	2	1	0		R
28294	Correction of bunion	$931.49	$854.11	90	10%	69%	21%	0	2	1	2	1	0		R
28296	Correction of bunion	$987.54	$908.67	90	10%	69%	21%	0	2	1	2	1	0		R
28297	Correction of bunion	$1,079.30	$975.63	90	10%	69%	21%	0	2	1	2	1	0		R
28298	Correction of bunion	$877.92	$829.81	90	10%	69%	21%	0	2	1	2	1	0		R
28299	Correction of bunion	$977.62	$899.74	90	10%	69%	21%	0	2	1	2	1	0		R
28300	Incision of heel bone	$1,151.71	$940.91	90	10%	69%	21%	0	2	1	2	1	0		R
28302	Incision of ankle bone	$1,331.26	$957.78	90	10%	69%	21%	0	2	1	2	1	0		R
28304	Incision of midfoot bones	$918.59	$840.22	90	10%	69%	21%	0	2	0	2	1	0		R
28305	Incise/graft midfoot bones	$1,214.21	$1,003.41	90	10%	69%	21%	0	2	0	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
28306	Incision of metatarsal	$724.16	$596.69	90	10%	69%	21%	0	2	0	2	1	0		R
28307	Incision of metatarsal	$994.48	$703.33	90	10%	69%	21%	0	2	0	0	0	0		R
28308	Incision of metatarsal	$620.00	$548.08	90	10%	69%	21%	0	2	0	2	1	0		R
28309	Incision of metatarsals	$1,172.05	$1,172.05	90	10%	69%	21%	0	2	0	0	0	0		R
28310	Revision of big toe	$651.25	$578.83	90	10%	69%	21%	0	2	0	1	1	0		R
28312	Revision of toe	$593.71	$558.99	90	10%	69%	21%	0	2	0	1	1	0		R
28313	Repair deformity of toe	$606.11	$588.26	90	10%	69%	21%	0	2	0	1	0	0		R
28315	Removal of sesamoid bone	$570.40	$508.90	90	10%	69%	21%	0	2	1	1	1	0		R
28320	Repair of foot bones	$919.58	$919.58	90	10%	69%	21%	0	2	0	2	1	0		R
28322	Repair of metatarsals	$948.85	$822.86	90	10%	69%	21%	0	2	0	2	1	0		R
28340	Resect enlarged toe tissue	$793.60	$677.54	90	10%	69%	21%	0	2	0	1	0	0		R
28341	Resect enlarged toe	$862.54	$805.01	90	10%	69%	21%	0	2	0	1	0	0		R
28344	Repair extra toe(s)	$744.00	$469.22	90	10%	69%	21%	0	2	0	1	1	0		R
28345	Repair webbed toe(s)	$722.18	$634.38	90	10%	69%	21%	0	2	0	0	0	0		R
28360	Reconstruct cleft foot	$1,345.15	$1,345.15	90	10%	69%	21%	0	2	0	2	0	0		R
28400	Treatment of heel fracture	$362.58	$308.02	90	10%	69%	21%	0	2	1	1	0	0		R
28405	Treatment of heel fracture	$548.08	$515.84	90	10%	69%	21%	0	2	1	0	0	0		R
28406	Treatment of heel fracture	$728.62	$728.62	90	10%	69%	21%	0	2	1	0	0	0		R
28415	Treat heel fracture	$1,535.12	$1,535.12	90	10%	69%	21%	0	2	1	2	1	0		R
28420	Treat/graft heel fracture	$1,598.11	$1,598.11	90	10%	69%	21%	0	2	1	2	1	0		R
28430	Treatment of ankle fracture	$341.25	$284.70	90	10%	69%	21%	0	2	1	1	0	0		R
28435	Treatment of ankle fracture	$447.89	$403.25	90	10%	69%	21%	0	2	1	0	0	0		R
28436	Treatment of ankle fracture	$587.76	$587.76	90	10%	69%	21%	0	2	1	1	0	0		R
28445	Treat ankle fracture	$988.03	$988.03	90	10%	69%	21%	0	2	1	2	1	0		R
28450	Treat midfoot fracture, each	$318.43	$265.36	90	10%	69%	21%	0	2	0	1	0	0		R
28455	Treat midfoot fracture, each	$410.19	$368.03	90	10%	69%	21%	0	2	0	0	0	0		R
28456	Treat midfoot fracture	$386.88	$386.88	90	10%	69%	21%	0	2	0	1	0	0		R
28465	Treat midfoot fracture, each	$725.65	$725.65	90	10%	69%	21%	0	2	0	1	0	0		R
28470	Treat metatarsal fracture	$297.60	$243.54	90	10%	69%	21%	0	2	0	1	0	0		R
28475	Treat metatarsal fracture	$383.41	$337.28	90	10%	69%	21%	0	2	0	1	0	0		R
28476	Treat metatarsal fracture	$450.86	$450.86	90	10%	69%	21%	0	2	0	0	0	0		R
28485	Treat metatarsal fracture	$639.84	$639.84	90	10%	69%	21%	0	2	0	1	1	0		R
28490	Treat big toe fracture	$162.69	$139.87	90	10%	69%	21%	0	2	0	1	0	0		R
28495	Treat big toe fracture	$196.42	$169.14	90	10%	69%	21%	0	2	0	1	0	0		R
28496	Treat big toe fracture	$526.26	$312.48	90	10%	69%	21%	0	2	0	1	0	0		R
28505	Treat big toe fracture	$635.87	$469.71	90	10%	69%	21%	0	2	0	1	0	0		R
28510	Treatment of toe fracture	$151.78	$138.88	90	10%	69%	21%	0	2	0	1	0	0		R
28515	Treatment of toe fracture	$183.52	$160.70	90	10%	69%	21%	0	2	0	1	0	0		R
28525	Treat toe fracture	$581.81	$423.58	90	10%	69%	21%	0	2	0	0	0	0		R
28530	Treat sesamoid bone fracture	$171.62	$151.28	90	10%	69%	21%	0	2	0	0	0	0		R

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28531	Treat sesamoid bone fracture	$573.87	$279.25	90	10%	69%	21%	0	2	0	1	2	0		R
28540	Treat foot dislocation	$242.05	$238.08	90	10%	69%	21%	0	2	0	0	0	0		R
28545	Treat foot dislocation	$285.20	$285.20	90	10%	69%	21%	0	2	0	0	0	0		R
28546	Treat foot dislocation	$405.73	$405.73	90	10%	69%	21%	0	2	0	0	0	0		R
28555	Repair foot dislocation	$927.52	$713.25	90	10%	69%	21%	0	2	0	2	1	0		R
28570	Treat foot dislocation	$246.51	$236.10	90	10%	69%	21%	0	2	0	0	0	0		R
28575	Treat foot dislocation	$442.93	$402.26	90	10%	69%	21%	0	2	0	0	0	0		R
28576	Treat foot dislocation	$772.27	$490.54	90	10%	69%	21%	0	2	0	0	0	0		R
28585	Repair foot dislocation	$820.38	$786.66	90	10%	69%	21%	0	2	0	2	1	0		R
28600	Treat foot dislocation	$265.86	$255.44	90	10%	69%	21%	0	2	0	0	0	0		R
28605	Treat foot dislocation	$345.22	$345.22	90	10%	69%	21%	0	2	0	0	0	0		R
28606	Treat foot dislocation	$896.27	$561.47	90	10%	69%	21%	0	2	0	1	0	0		R
28615	Repair foot dislocation	$820.88	$820.88	90	10%	69%	21%	0	2	0	2	1	0		R
28630	Treat toe dislocation	$180.54	$173.60	10	10%	80%	10%	0	2	0	0	0	0		R
28635	Treat toe dislocation	$212.78	$202.86	10	10%	80%	10%	0	2	0	0	0	0		R
28636	Treat toe dislocation	$431.02	$302.56	10	10%	80%	10%	0	2	0	1	2	0		R
28645	Repair toe dislocation	$494.02	$422.10	90	10%	69%	21%	0	2	0	1	1	0		R
28660	Treat toe dislocation	$181.04	$157.73	10	10%	80%	10%	0	2	0	1	0	0		R
28665	Treat toe dislocation	$211.79	$204.85	10	10%	80%	10%	0	2	0	0	0	0		R
28666	Treat toe dislocation	$421.60	$264.37	10	10%	80%	10%	0	2	0	1	2	0		R
28675	Repair of toe dislocation	$527.74	$367.54	90	10%	69%	21%	0	2	0	1	0	0		R
28705	Fusion of foot bones	$1,506.85	$1,506.85	90	10%	69%	21%	0	2	0	2	1	0		R
28715	Fusion of foot bones	$1,323.33	$1,323.33	90	10%	69%	21%	0	2	0	2	1	0		R
28725	Fusion of foot bones	$1,160.14	$1,160.14	90	10%	69%	21%	0	2	0	2	1	0		R
28730	Fusion of foot bones	$1,080.78	$1,080.78	90	10%	69%	21%	0	2	0	2	1	0		R
28735	Fusion of foot bones	$1,106.58	$1,106.58	90	10%	69%	21%	0	2	0	2	1	0		R
28737	Revision of foot bones	$949.84	$949.84	90	10%	69%	21%	0	2	0	2	1	0		R
28740	Fusion of foot bones	$1,005.89	$816.91	90	10%	69%	21%	0	2	0	2	1	0		R
28750	Fusion of big toe joint	$1,016.30	$788.64	90	10%	69%	21%	0	2	1	0	0	0		R
28755	Fusion of big toe joint	$626.94	$530.22	90	10%	69%	21%	0	2	1	1	1	0		R
28760	Fusion of big toe joint	$855.10	$757.89	90	10%	69%	21%	0	2	1	2	1	0		R
28800	Amputation of midfoot	$855.60	$855.60	90	10%	69%	21%	0	2	1	2	1	0		R
28805	Amputation thru metatarsal	$868.50	$868.50	90	10%	69%	21%	0	2	1	0	0	0		R
28810	Amputation toe & metatarsal	$673.57	$673.57	90	10%	69%	21%	0	2	0	0	0	0		R
28820	Amputation of toe	$682.50	$526.26	90	10%	69%	21%	0	2	0	1	0	0		R
28825	Partial amputation of toe	$601.65	$472.19	90	10%	69%	21%	0	2	0	1	0	0		R
28899	Foot/toes surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
29000	Application of body cast	$248.00	$196.91	0	0%	0%	0%	0	2	0	0	0	0		R
29010	Application of body cast	$238.58	$189.47	0	0%	0%	0%	0	2	0	0	0	0		R
29015	Application of body cast	$253.46	$185.50	0	0%	0%	0%	0	2	0	0	0	0		R

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29020	Application of body cast	$227.66	$158.72	0	0%	0%	0%	0	2	0	0	0	0		R
29025	Application of body cast	$244.53	$186.99	0	0%	0%	0%	0	2	0	0	0	0		R
29035	Application of body cast	$216.75	$150.29	0	0%	0%	0%	0	2	0	0	0	0		R
29040	Application of body cast	$208.82	$201.38	0	0%	0%	0%	0	2	0	0	0	0		R
29044	Application of body cast	$245.52	$192.94	0	0%	0%	0%	0	2	0	0	0	0		R
29046	Application of body cast	$268.83	$213.28	0	0%	0%	0%	0	2	0	0	0	0		R
29049	Application of figure eight	$112.10	$69.94	0	0%	0%	0%	0	2	0	0	0	0		R
29055	Application of shoulder cast	$194.43	$153.26	0	0%	0%	0%	0	2	0	0	0	0		R
29058	Application of shoulder cast	$146.82	$102.18	0	0%	0%	0%	0	2	0	0	0	0		R
29065	Application of long arm cast	$107.14	$73.41	0	0%	0%	0%	0	2	1	1	0	0		R
29075	Application of forearm cast	$97.22	$63.98	0	0%	0%	0%	0	2	1	1	0	0		R
29085	Apply hand/wrist cast	$102.18	$67.95	0	0%	0%	0%	0	2	1	1	0	0		R
29105	Apply long arm splint	$102.18	$65.47	0	0%	0%	0%	0	2	1	1	0	0		R
29125	Apply forearm splint	$79.36	$44.64	0	0%	0%	0%	0	2	1	1	0	0		R
29126	Apply forearm splint	$117.06	$59.52	0	0%	0%	0%	0	2	1	1	0	0		R
29130	Application of finger splint	$62.99	$38.19	0	0%	0%	0%	0	2	1	1	0	0		R
29131	Application of finger splint	$101.18	$45.14	0	0%	0%	0%	0	2	1	1	0	0		R
29200	Strapping of chest	$88.29	$46.62	0	0%	0%	0%	0	2	0	1	0	0		R
29220	Strapping of low back	$78.86	$49.10	0	0%	0%	0%	0	2	0	1	0	0		R
29240	Strapping of shoulder	$94.24	$52.08	0	0%	0%	0%	0	2	0	1	0	0		R
29260	Strapping of elbow or wrist	$74.90	$40.67	0	0%	0%	0%	0	2	1	1	0	0		R
29280	Strapping of hand or finger	$78.37	$38.19	0	0%	0%	0%	0	2	1	1	0	0		R
29305	Application of hip cast	$228.16	$184.51	0	0%	0%	0%	0	2	0	0	0	0		R
29325	Application of hip casts	$249.49	$205.84	0	0%	0%	0%	0	2	0	0	0	0		R
29345	Application of long leg cast	$153.26	$114.58	0	0%	0%	0%	0	2	1	1	0	0		R
29355	Application of long leg cast	$161.20	$122.51	0	0%	0%	0%	0	2	1	1	0	0		R
29358	Apply long leg cast brace	$168.64	$123.01	0	0%	0%	0%	0	2	1	1	0	0		R
29365	Application of long leg cast	$132.93	$96.72	0	0%	0%	0%	0	2	1	1	0	0		R
29405	Apply short leg cast	$102.67	$71.92	0	0%	0%	0%	0	2	1	1	0	0		R
29425	Apply short leg cast	$111.10	$82.34	0	0%	0%	0%	0	2	1	1	0	0		R
29435	Apply short leg cast	$147.81	$102.18	0	0%	0%	0%	0	2	1	1	0	0		R
29440	Addition of walker to cast	$68.45	$44.14	0	0%	0%	0%	0	2	1	1	0	0		R
29445	Apply rigid leg cast	$194.93	$152.27	0	0%	0%	0%	0	2	1	1	0	0		R
29450	Application of leg cast	$105.65	$78.86	0	0%	0%	0%	0	2	1	1	0	0		R
29505	Application, long leg splint	$104.16	$59.52	0	0%	0%	0%	0	2	1	1	0	0		R
29515	Application lower leg splint	$88.29	$57.54	0	0%	0%	0%	0	2	1	1	0	0		R
29520	Strapping of hip	$89.78	$44.14	0	0%	0%	0%	0	2	0	0	0	0		R
29530	Strapping of knee	$80.35	$44.64	0	0%	0%	0%	0	2	0	1	0	0		R
29540	Strapping of ankle	$50.10	$38.69	0	0%	0%	0%	0	2	0	1	0	0		R
29550	Strapping of toes	$47.12	$35.71	0	0%	0%	0%	0	2	0	1	0	0		R

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29580	Application of paste boot	$72.42	$44.14	0	0%	0%	0%	0	2	1	1	0	0		R
29590	Application of foot splint	$71.92	$57.04	0	0%	0%	0%	0	2	0	1	0	0		R
29700	Removal/revision of cast	$65.47	$44.64	0	0%	0%	0%	0	2	0	1	0	0		R
29705	Removal/revision of cast	$82.83	$59.02	0	0%	0%	0%	0	2	1	1	0	0		R
29710	Removal/revision of cast	$142.85	$107.14	0	0%	0%	0%	0	2	1	0	0	0		R
29715	Removal/revision of cast	$197.41	$81.34	0	0%	0%	0%	0	2	0	0	0	0		R
29720	Repair of body cast	$95.23	$57.04	0	0%	0%	0%	0	2	0	1	0	0		R
29730	Windowing of cast	$79.36	$57.04	0	0%	0%	0%	0	2	0	1	0	0		R
29740	Wedging of cast	$116.56	$83.33	0	0%	0%	0%	0	2	0	1	0	0		R
29750	Wedging of clubfoot cast	$133.42	$92.75	0	0%	0%	0%	0	2	1	0	0	0		R
29799	Casting/strapping procedure	By Report	By Report	0	0%	0%	0%	0	2	0	0	1	1		N
29800	Jaw arthroscopy/surgery	$719.20	$719.20	90	10%	69%	21%	0	2	1	0	0	0		R
29804	Jaw arthroscopy/surgery	$875.94	$875.94	90	10%	69%	21%	0	2	1	2	1	0		R
29815	Shoulder arthroscopy	$661.17	$661.17	90	10%	69%	21%	0	2	1	1	1	0		R
29819	Shoulder arthroscopy/surgery	$873.95	$873.95	90	10%	69%	21%	0	3	1	1	1	0	29815	R
29820	Shoulder arthroscopy/surgery	$821.87	$821.87	90	10%	69%	21%	0	3	1	2	1	0	29815	R
29821	Shoulder arthroscopy/surgery	$880.40	$880.40	90	10%	69%	21%	0	3	1	2	1	0	29815	R
29822	Shoulder arthroscopy/surgery	$856.59	$856.59	90	10%	69%	21%	0	3	1	2	0	0	29815	R
29823	Shoulder arthroscopy/surgery	$921.07	$921.07	90	10%	69%	21%	0	3	1	2	1	0	29815	R
29825	Shoulder arthroscopy/surgery	$873.95	$873.95	90	10%	69%	21%	0	3	1	2	1	0	29815	R
29826	Shoulder arthroscopy/surgery	$996.46	$996.46	90	10%	69%	21%	0	3	1	2	1	0	29815	R
29830	Elbow arthroscopy	$599.17	$599.17	90	10%	69%	21%	0	2	1	1	0	0		R
29834	Elbow arthroscopy/surgery	$664.14	$664.14	90	10%	69%	21%	0	3	1	2	1	0	29830	R
29835	Elbow arthroscopy/surgery	$676.54	$676.54	90	10%	69%	21%	0	3	1	2	1	0	29830	R
29836	Elbow arthroscopy/surgery	$777.23	$777.23	90	10%	69%	21%	0	3	1	2	1	0	29830	R
29837	Elbow arthroscopy/surgery	$715.23	$715.23	90	10%	69%	21%	0	3	1	2	1	0	29830	R
29838	Elbow arthroscopy/surgery	$788.14	$788.14	90	10%	69%	21%	0	3	1	0	0	0	29830	R
29840	Wrist arthroscopy	$650.26	$650.26	90	10%	69%	21%	0	2	1	0	0	0		R
29843	Wrist arthroscopy/surgery	$700.35	$700.35	90	10%	69%	21%	0	3	1	2	1	0	29840	R
29844	Wrist arthroscopy/surgery	$725.15	$725.15	90	10%	69%	21%	0	3	1	2	0	0	29840	R
29845	Wrist arthroscopy/surgery	$816.42	$816.42	90	10%	69%	21%	0	3	1	2	1	0	29840	R
29846	Wrist arthroscopy/surgery	$863.54	$863.54	90	10%	69%	21%	0	3	1	0	0	0	29840	R
29847	Wrist arthroscopy/surgery	$869.49	$869.49	90	10%	69%	21%	0	3	1	2	0	0	29840	R
29848	Wrist endoscopy/surgery	$637.36	$637.36	90	10%	69%	21%	0	2	1	1	0	0		R
29850	Knee arthroscopy/surgery	$812.45	$751.44	90	10%	69%	21%	0	2	1	0	2	0		R
29851	Knee arthroscopy/surgery	$1,286.62	$1,286.62	90	10%	69%	21%	0	2	1	2	2	0		R
29855	Tibial arthroscopy/surgery	$1,112.53	$1,112.53	90	10%	69%	21%	0	2	1	2	2	0		R
29856	Tibial arthroscopy/surgery	$1,377.89	$1,377.89	90	10%	69%	21%	0	2	1	2	2	0		R
29860	Hip arthroscopy, dx	$789.63	$789.63	90	10%	69%	21%	0	2	1	2	1	0		R
29861	Hip arthroscopy/surgery	$954.30	$954.30	90	10%	69%	21%	0	3	1	2	1	0	29860	R

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29862	Hip arthroscopy/surgery	$1,016.80	$1,016.80	90	10%	69%	21%	0	3	1	2	1	0	29860	R
29863	Hip arthroscopy/surgery	$1,022.75	$1,022.75	90	10%	69%	21%	0	3	1	2	1	0	29860	R
29870	Knee arthroscopy, dx	$546.59	$546.59	90	10%	69%	21%	0	2	1	1	1	0		R
29871	Knee arthroscopy/drainage	$738.54	$738.54	90	10%	69%	21%	0	3	1	1	0	0	29870	R
29874	Knee arthroscopy/surgery	$763.34	$763.34	90	10%	69%	21%	0	3	1	0	0	0	29870	R
29875	Knee arthroscopy/surgery	$706.30	$706.30	90	10%	69%	21%	0	3	1	0	0	0	29870	R
29876	Knee arthroscopy/surgery	$871.47	$871.47	90	10%	69%	21%	0	3	1	1	0	0	29870	R
29877	Knee arthroscopy/surgery	$801.04	$801.04	90	10%	69%	21%	0	3	1	2	0	0	29870	R
29879	Knee arthroscopy/surgery	$863.04	$863.04	90	10%	69%	21%	0	3	1	0	0	0	29870	R
29880	Knee arthroscopy/surgery	$904.21	$904.21	90	10%	69%	21%	0	3	1	0	1	0	29870	R
29881	Knee arthroscopy/surgery	$837.74	$837.74	90	10%	69%	21%	0	3	1	2	0	0	29870	R
29882	Knee arthroscopy/surgery	$894.29	$894.29	90	10%	69%	21%	0	3	1	1	0	0	29870	R
29883	Knee arthroscopy/surgery	$991.50	$991.50	90	10%	69%	21%	0	3	1	0	0	0	29870	R
29884	Knee arthroscopy/surgery	$818.90	$818.90	90	10%	69%	21%	0	3	1	2	1	0	29870	R
29885	Knee arthroscopy/surgery	$951.82	$951.82	90	10%	69%	21%	0	3	1	2	1	0	29870	R
29886	Knee arthroscopy/surgery	$817.41	$817.41	90	10%	69%	21%	0	3	1	1	0	0	29870	R
29887	Knee arthroscopy/surgery	$972.66	$972.66	90	10%	69%	21%	0	3	1	2	1	0	29870	R
29888	Knee arthroscopy/surgery	$1,409.63	$1,409.63	90	10%	69%	21%	0	2	1	2	1	0		R
29889	Knee arthroscopy/surgery	$1,429.97	$1,429.97	90	10%	69%	21%	0	2	1	2	1	0		R
29891	Ankle arthroscopy/surgery	$905.20	$905.20	90	10%	69%	21%	0	2	1	2	0	0		R
29892	Ankle arthroscopy/surgery	$931.98	$931.98	90	10%	69%	21%	0	2	1	2	0	0		R
29893	Scope, plantar fasciotomy	$531.71	$531.71	90	10%	69%	21%	0	2	1	2	1	0		R
29894	Ankle arthroscopy/surgery	$776.74	$776.74	90	10%	69%	21%	0	2	1	2	1	0		R
29895	Ankle arthroscopy/surgery	$772.27	$772.27	90	10%	69%	21%	0	2	1	2	1	0		R
29897	Ankle arthroscopy/surgery	$809.97	$809.97	90	10%	69%	21%	0	2	1	2	0	0		R
29898	Ankle arthroscopy/surgery	$880.90	$880.90	90	10%	69%	21%	0	2	1	2	1	0		R
29909	Arthroscopy of joint	By Report	By Report	90	0%	0%	0%	0	2	1	0	1	1		N
30000	Drainage of nose lesion	$172.61	$132.93	10	10%	80%	10%	0	2	0	0	0	0		R
30020	Drainage of nose lesion	$181.54	$134.91	10	10%	80%	10%	0	2	0	1	0	0		R
30100	Intranasal biopsy	$106.64	$72.91	0	0%	0%	0%	0	2	0	1	0	0		R
30110	Removal of nose polyp(s)	$202.86	$126.48	10	10%	80%	10%	0	2	1	1	0	0		R
30115	Removal of nose polyp(s)	$428.05	$428.05	90	10%	76%	14%	0	2	1	1	0	0		R
30117	Removal of intranasal lesion	$376.96	$318.43	90	10%	76%	14%	0	2	0	1	0	0		R
30118	Removal of intranasal lesion	$888.83	$888.83	90	10%	76%	14%	0	2	0	2	1	0		R
30120	Revision of nose	$573.87	$573.87	90	10%	76%	14%	0	2	0	1	0	0		R
30124	Removal of nose lesion	$302.06	$293.14	90	10%	76%	14%	0	2	0	1	0	0		R
30125	Removal of nose lesion	$684.48	$684.48	90	10%	76%	14%	0	2	0	2	0	0		R
30130	Removal of turbinate bones	$342.74	$342.74	90	10%	76%	14%	0	2	1	1	0	0		R
30140	Removal of turbinate bones	$384.90	$384.90	90	10%	76%	14%	0	2	1	1	0	0		R
30150	Partial removal of nose	$902.72	$902.72	90	10%	76%	14%	0	2	0	1	1	0		R

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30160	Removal of nose	$955.30	$955.30	90	10%	76%	14%	0	2	0	2	1	0		R
30200	Injection treatment of nose	$89.78	$59.52	0	0%	0%	0%	0	2	0	1	0	0		R
30210	Nasal sinus therapy	$137.39	$80.35	10	10%	80%	10%	0	2	0	1	0	0		R
30220	Insert nasal septal button	$189.97	$122.51	10	10%	80%	10%	0	2	0	1	0	0		R
30300	Remove nasal foreign body	$154.26	$71.42	10	10%	80%	10%	0	2	0	1	0	0		R
30310	Remove nasal foreign body	$193.44	$193.44	10	10%	80%	10%	0	2	0	0	0	0		R
30320	Remove nasal foreign body	$494.02	$494.02	90	10%	76%	14%	0	2	0	0	0	0		R
30400	Reconstruction of nose	$971.17	$971.17	90	10%	76%	14%	0	2	0	0	0	0		R
30410	Reconstruction of nose	$1,264.30	$1,264.30	90	10%	76%	14%	0	2	0	2	0	0		R
30420	Reconstruction of nose	$1,520.74	$1,520.74	90	10%	76%	14%	0	2	0	1	0	0		R
30430	Revision of nose	$724.66	$724.66	90	10%	76%	14%	0	2	0	2	0	0		R
30435	Revision of nose	$1,140.80	$1,140.80	90	10%	76%	14%	0	2	0	2	0	0		R
30450	Revision of nose	$1,648.70	$1,648.70	90	10%	76%	14%	0	2	0	2	0	0		R
30460	Revision of nose	$987.04	$987.04	90	10%	76%	14%	0	2	0	2	2	0		R
30462	Revision of nose	$1,821.81	$1,821.81	90	10%	76%	14%	0	2	0	2	2	0		R
30465	Repair nasal stenosis	$1,059.46	$1,059.46	90	10%	76%	14%	0	2	0	0	0	0		R
30520	Repair of nasal septum	$595.20	$595.20	90	10%	76%	14%	0	2	0	1	0	0		R
30540	Repair nasal defect	$730.61	$730.61	90	10%	76%	14%	0	2	0	2	0	0		R
30545	Repair nasal defect	$1,045.07	$1,045.07	90	10%	76%	14%	0	2	0	2	0	0		R
30560	Release of nasal adhesions	$158.22	$124.00	10	10%	80%	10%	0	2	0	1	0	0		R
30580	Repair upper jaw fistula	$618.51	$575.86	90	10%	76%	14%	0	2	0	1	0	0		R
30600	Repair mouth/nose fistula	$566.43	$566.43	90	10%	76%	14%	0	2	0	0	0	0		R
30620	Intranasal reconstruction	$639.84	$639.84	90	10%	76%	14%	0	2	0	1	0	0		R
30630	Repair nasal septum defect	$711.76	$711.76	90	10%	76%	14%	0	2	0	0	0	0		R
30801	Cauterization, inner nose	$155.25	$142.85	10	10%	80%	10%	0	2	2	1	0	0		R
30802	Cauterization, inner nose	$231.14	$221.22	10	10%	80%	10%	0	2	2	1	0	0		R
30901	Control of nosebleed	$147.31	$83.33	0	0%	0%	0%	0	2	1	1	0	0		R
30903	Control of nosebleed	$184.51	$115.07	0	0%	0%	0%	0	2	1	1	0	0		R
30905	Control of nosebleed	$287.68	$160.21	0	0%	0%	0%	0	2	2	1	0	0		R
30906	Repeat control of nosebleed	$310.99	$191.95	0	0%	0%	0%	0	2	2	1	0	0		R
30915	Ligation, nasal sinus artery	$697.38	$697.38	90	10%	76%	14%	0	2	0	1	0	0		R
30920	Ligation, upper jaw artery	$951.33	$951.33	90	10%	76%	14%	0	2	0	1	0	0		R
30930	Therapy, fracture of nose	$153.26	$153.26	10	10%	80%	10%	0	2	1	1	0	0		R
30999	Nasal surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
31000	Irrigation, maxillary sinus	$153.76	$85.81	10	10%	80%	10%	0	2	1	1	0	0		R
31002	Irrigation, sphenoid sinus	$179.06	$175.58	10	10%	80%	10%	0	2	1	0	0	0		R
31020	Exploration, maxillary sinus	$347.20	$321.41	90	10%	76%	14%	0	2	1	1	0	0		R
31030	Exploration, maxillary sinus	$575.36	$565.44	90	10%	76%	14%	0	2	1	1	0	0		R
31032	Explore sinus,remove polyps	$660.67	$660.67	90	10%	76%	14%	0	2	1	1	0	0		R
31040	Exploration behind upper jaw	$851.14	$851.14	90	10%	76%	14%	0	2	0	1	1	0		R

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31050	Exploration, sphenoid sinus	$538.66	$538.66	90	10%	76%	14%	0	2	1	1	0	0		R
31051	Sphenoid sinus surgery	$714.74	$714.74	90	10%	76%	14%	0	2	1	1	0	0		R
31070	Exploration of frontal sinus	$468.22	$468.22	90	10%	76%	14%	0	2	1	1	0	0		R
31075	Exploration of frontal sinus	$912.64	$912.64	90	10%	76%	14%	0	2	1	2	1	0		R
31080	Removal of frontal sinus	$1,043.58	$1,043.58	90	10%	76%	14%	0	2	1	2	0	0		R
31081	Removal of frontal sinus	$1,186.43	$1,186.43	90	10%	76%	14%	0	2	1	2	1	0		R
31084	Removal of frontal sinus	$1,291.09	$1,291.09	90	10%	76%	14%	0	2	1	2	1	0		R
31085	Removal of frontal sinus	$1,353.09	$1,353.09	90	10%	76%	14%	0	2	1	2	1	0		R
31086	Removal of frontal sinus	$1,186.93	$1,186.93	90	10%	76%	14%	0	2	1	2	0	0		R
31087	Removal of frontal sinus	$1,219.66	$1,219.66	90	10%	76%	14%	0	2	1	2	1	0		R
31090	Exploration of sinuses	$960.75	$960.75	90	10%	76%	14%	0	2	1	1	0	0		R
31200	Removal of ethmoid sinus	$536.18	$536.18	90	10%	76%	14%	0	2	1	1	0	0		R
31201	Removal of ethmoid sinus	$813.94	$813.94	90	10%	76%	14%	0	2	1	1	0	0		R
31205	Removal of ethmoid sinus	$952.32	$952.32	90	10%	76%	14%	0	2	1	2	1	0		R
31225	Removal of upper jaw	$1,818.83	$1,818.83	90	10%	76%	14%	0	2	1	2	1	0		R
31230	Removal of upper jaw	$2,040.05	$2,040.05	90	10%	76%	14%	0	2	1	2	1	0		R
31231	Nasal endoscopy, dx	$147.31	$98.21	0	0%	0%	0%	0	2	2	1	0	0		R
31233	Nasal/sinus endoscopy, dx	$246.51	$176.58	0	0%	0%	0%	0	2	1	1	0	0		R
31235	Nasal/sinus endoscopy, dx	$274.29	$207.82	0	0%	0%	0%	0	2	1	1	0	0		R
31237	Nasal/sinus endoscopy, surg	$313.97	$237.58	0	0%	0%	0%	0	2	1	1	0	0		R
31238	Nasal/sinus endoscopy, surg	$352.16	$261.89	0	0%	0%	0%	0	2	1	0	0	0		R
31239	Nasal/sinus endoscopy, surg	$820.38	$820.38	10	10%	80%	10%	0	2	1	0	0	0		R
31240	Nasal/sinus endoscopy, surg	$233.12	$233.12	0	0%	0%	0%	0	2	1	0	0	0		R
31254	Revision of ethmoid sinus	$412.18	$412.18	0	0%	0%	0%	0	2	1	1	0	0		R
31255	Removal of ethmoid sinus	$615.04	$615.04	0	0%	0%	0%	0	2	1	1	0	0		R
31256	Exploration maxillary sinus	$293.14	$293.14	0	0%	0%	0%	0	2	1	1	0	0		R
31267	Endoscopy, maxillary sinus	$473.18	$473.18	0	0%	0%	0%	0	2	1	1	0	0		R
31276	Sinus endoscopy, surgical	$740.53	$740.53	0	0%	0%	0%	0	2	1	1	0	0		R
31287	Nasal/sinus endoscopy, surg	$348.19	$348.19	0	0%	0%	0%	0	2	1	0	0	0		R
31288	Nasal/sinus endoscopy, surg	$406.22	$406.22	0	0%	0%	0%	0	2	1	0	0	0		R
31290	Nasal/sinus endoscopy, surg	$1,550.50	$1,550.50	10	10%	80%	10%	0	2	1	0	0	0		R
31291	Nasal/sinus endoscopy, surg	$1,636.30	$1,636.30	10	10%	80%	10%	0	2	1	0	0	0		R
31292	Nasal/sinus endoscopy, surg	$1,319.36	$1,319.36	10	10%	80%	10%	0	2	1	0	0	0		R
31293	Nasal/sinus endoscopy, surg	$1,436.42	$1,436.42	10	10%	80%	10%	0	2	1	0	0	0		R
31294	Nasal/sinus endoscopy, surg	$1,639.78	$1,639.78	10	10%	80%	10%	0	2	1	0	0	0		R
31299	Sinus surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
31300	Removal of larynx lesion	$1,520.74	$1,520.74	90	10%	76%	14%	0	2	0	2	1	0		R
31320	Diagnostic incision, larynx	$811.95	$811.95	90	10%	76%	14%	0	2	0	0	0	0		R
31360	Removal of larynx	$1,832.72	$1,832.72	90	10%	76%	14%	0	2	0	2	1	0		R
31365	Removal of larynx	$2,441.31	$2,441.31	90	10%	76%	14%	0	2	0	2	1	0		R

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31367	Partial removal of larynx	$2,220.59	$2,220.59	90	10%	76%	14%	0	2	0	2	1	0		R
31368	Partial removal of larynx	$2,798.93	$2,798.93	90	10%	76%	14%	0	2	0	2	1	0		R
31370	Partial removal of larynx	$2,191.33	$2,191.33	90	10%	76%	14%	0	2	0	2	1	0		R
31375	Partial removal of larynx	$2,017.73	$2,017.73	90	10%	76%	14%	0	2	0	2	1	0		R
31380	Partial removal of larynx	$2,034.10	$2,034.10	90	10%	76%	14%	0	2	0	2	1	0		R
31382	Partial removal of larynx	$2,115.44	$2,115.44	90	10%	76%	14%	0	2	0	2	1	0		R
31390	Removal of larynx & pharynx	$2,842.58	$2,842.58	90	10%	76%	14%	0	2	0	2	1	0		R
31395	Reconstruct larynx & pharynx	$3,307.82	$3,307.82	90	10%	76%	14%	0	2	0	2	1	0		R
31400	Revision of larynx	$1,204.78	$1,204.78	90	10%	76%	14%	0	2	0	2	0	0		R
31420	Removal of epiglottis	$1,200.82	$1,200.82	90	10%	76%	14%	0	2	0	2	1	0		R
31500	Insert emergency airway	$160.70	$160.70	0	0%	0%	0%	0	0	0	1	0	0		R
31502	Change of windpipe airway	$109.62	$51.09	0	0%	0%	0%	0	2	0	1	0	0		R
31505	Diagnostic laryngoscopy	$102.18	$47.62	0	0%	0%	0%	0	2	0	1	0	0		R
31510	Laryngoscopy with biopsy	$207.82	$145.33	0	0%	0%	0%	0	3	0	0	0	0	31505	R
31511	Remove foreign body, larynx	$235.60	$153.76	0	0%	0%	0%	0	3	0	1	0	0	31505	R
31512	Removal of larynx lesion	$240.06	$174.10	0	0%	0%	0%	0	3	0	0	0	0	31505	R
31513	Injection into vocal cord	$188.48	$188.48	0	0%	0%	0%	0	3	0	0	0	0	31505	R
31515	Laryngoscopy for aspiration	$196.42	$139.87	0	0%	0%	0%	0	2	0	1	0	0		R
31520	Diagnostic laryngoscopy	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
31525	Diagnostic laryngoscopy	$271.31	$206.83	0	0%	0%	0%	0	2	0	1	0	0		R
31526	Diagnostic laryngoscopy	$229.15	$229.15	0	0%	0%	0%	0	2	0	1	0	0		R
31527	Laryngoscopy for treatment	$272.80	$272.80	0	0%	0%	0%	0	3	0	0	0	0	31525	R
31528	Laryngoscopy and dilatation	$206.34	$206.34	0	0%	0%	0%	0	3	0	0	0	0	31525	R
31529	Laryngoscopy and dilatation	$231.14	$231.14	0	0%	0%	0%	0	3	0	0	0	0	31525	R
31530	Operative laryngoscopy	$292.64	$292.64	0	0%	0%	0%	0	3	0	1	0	0	31525	R
31531	Operative laryngoscopy	$319.42	$319.42	0	0%	0%	0%	0	3	0	0	0	0	31526	R
31535	Operative laryngoscopy	$280.24	$280.24	0	0%	0%	0%	0	3	0	1	0	0	31525	R
31536	Operative laryngoscopy	$316.45	$316.45	0	0%	0%	0%	0	3	0	1	0	0	31526	R
31540	Operative laryngoscopy	$366.05	$366.05	0	0%	0%	0%	0	3	0	1	0	0	31525	R
31541	Operative laryngoscopy	$396.30	$396.30	0	0%	0%	0%	0	3	0	1	0	0	31526	R
31560	Operative laryngoscopy	$463.76	$463.76	0	0%	0%	0%	0	3	0	0	0	0	31525	R
31561	Operative laryngoscopy	$526.26	$526.26	0	0%	0%	0%	0	3	0	0	0	0	31526	R
31570	Laryngoscopy with injection	$410.19	$312.98	0	0%	0%	0%	0	3	0	1	0	0	31525	R
31571	Laryngoscopy with injection	$376.46	$376.46	0	0%	0%	0%	0	3	0	1	0	0	31526	R
31575	Diagnostic laryngoscopy	$156.74	$91.26	0	0%	0%	0%	0	2	0	1	0	0		R
31576	Laryngoscopy with biopsy	$219.73	$167.65	0	0%	0%	0%	0	3	0	1	0	0	31575	R
31577	Remove foreign body, larynx	$269.33	$214.27	0	0%	0%	0%	0	3	0	0	0	0	31575	R
31578	Removal of larynx lesion	$303.06	$248.50	0	0%	0%	0%	0	3	0	0	0	0	31575	R
31579	Diagnostic laryngoscopy	$255.44	$178.56	0	0%	0%	0%	0	3	0	1	0	0	31575	R
31580	Revision of larynx	$1,419.55	$1,419.55	90	10%	76%	14%	0	2	0	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
31582	Revision of larynx	$2,152.14	$2,152.14	90	10%	76%	14%	0	2	0	1	1	0		R
31584	Treat larynx fracture	$1,880.34	$1,880.34	90	10%	76%	14%	0	2	0	2	1	0		R
31585	Treat larynx fracture	$604.62	$604.62	90	10%	76%	14%	0	2	0	0	0	0		R
31586	Treat larynx fracture	$954.30	$954.30	90	10%	76%	14%	0	2	0	0	0	0		R
31587	Revision of larynx	$1,220.66	$1,220.66	90	10%	76%	14%	0	2	0	2	1	0		R
31588	Revision of larynx	$1,443.36	$1,443.36	90	10%	76%	14%	0	2	0	2	0	0		R
31590	Reinnervate larynx	$879.41	$879.41	90	10%	76%	14%	0	2	0	2	1	0		R
31595	Larynx nerve surgery	$920.08	$920.08	90	10%	76%	14%	0	2	0	2	1	0		R
31599	Larynx surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
31600	Incision of windpipe	$306.03	$306.03	0	0%	0%	0%	0	2	0	1	0	0		R
31601	Incision of windpipe	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	2	1	0		X
31603	Incision of windpipe	$339.26	$339.26	0	0%	0%	0%	0	2	0	1	0	0		R
31605	Incision of windpipe	$291.15	$291.15	0	0%	0%	0%	0	2	0	1	0	0		R
31610	Incision of windpipe	$943.39	$943.39	90	10%	76%	14%	0	2	0	1	0	0		R
31611	Surgery/speech prosthesis	$747.47	$747.47	90	10%	76%	14%	0	2	0	2	1	0		R
31612	Puncture/clear windpipe	$118.05	$76.88	0	0%	0%	0%	0	2	0	0	0	0		R
31613	Repair windpipe opening	$598.18	$598.18	90	10%	76%	14%	0	2	0	1	0	0		R
31614	Repair windpipe opening	$902.72	$902.72	90	10%	76%	14%	0	2	0	1	0	0		R
31615	Visualization of windpipe	$265.86	$179.06	0	0%	0%	0%	0	2	0	1	0	0		R
31622	Dx bronchoscope/wash	$304.05	$227.66	0	0%	0%	0%	0	2	0	1	0	0		R
31623	Dx bronchoscope/brush	$305.04	$232.13	0	0%	0%	0%	0	3	0	1	0	0		R
31624	Dx bronchoscope/lavage	$293.14	$232.13	0	0%	0%	0%	0	3	0	1	0	0		R
31625	Bronchoscopy with biopsy	$328.35	$271.31	0	0%	0%	0%	0	3	0	1	0	0	31622	R
31628	Bronchoscopy with biopsy	$367.04	$301.07	0	0%	0%	0%	0	3	0	1	0	0	31622	R
31629	Bronchoscopy with biopsy	$267.34	$267.34	0	0%	0%	0%	0	3	0	1	0	0	31622	R
31630	Bronchoscopy with repair	$329.84	$329.84	0	0%	0%	0%	0	3	0	1	0	0	31622	R
31631	Bronchoscopy with dilation	$360.59	$360.59	0	0%	0%	0%	0	3	0	1	0	0	31622	R
31635	Remove foreign body, airway	$309.50	$309.50	0	0%	0%	0%	0	3	0	1	0	0	31622	R
31640	Bronchoscopy & remove lesion	$418.13	$418.13	0	0%	0%	0%	0	3	0	1	0	0	31622	R
31641	Bronchoscopy, treat blockage	$417.14	$417.14	0	0%	0%	0%	0	3	0	1	0	0	31622	R
31643	Diag bronchoscope/catheter	$263.38	$263.38	0	0%	0%	0%	0	2	0	1	0	0		R
31645	Bronchoscopy, clear airways	$252.96	$252.96	0	0%	0%	0%	0	3	0	1	0	0	31622	R
31646	Bronchoscopy, reclear airway	$219.23	$219.23	0	0%	0%	0%	0	2	0	1	0	0		R
31656	Bronchoscopy, inj for xray	$177.57	$177.57	0	0%	0%	0%	0	2	0	0	0	0		R
31700	Insertion of airway catheter	$178.06	$114.58	0	0%	0%	0%	0	2	0	0	0	0		R
31708	Instill airway contrast dye	$105.65	$105.65	0	0%	0%	0%	0	2	1	0	0	0		R
31710	Insertion of airway catheter	$105.15	$105.15	0	0%	0%	0%	0	2	1	0	0	0		R
31715	Injection for bronchus x-ray	$86.80	$86.80	0	0%	0%	0%	0	2	1	0	0	0		R
31717	Bronchial brush biopsy	$214.77	$149.79	0	0%	0%	0%	0	2	0	1	0	0		R
31720	Clearance of airways	$132.93	$76.88	0	0%	0%	0%	0	2	0	1	0	0		R

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31725	Clearance of airways	$141.86	$141.86	0	0%	0%	0%	0	2	0	1	0	0		R
31730	Intro, windpipe wire/tube	$267.34	$220.72	0	0%	0%	0%	0	2	0	1	0	0		R
31750	Repair of windpipe	$1,392.77	$1,392.77	90	10%	76%	14%	0	2	0	2	1	0		R
31755	Repair of windpipe	$1,698.80	$1,698.80	90	10%	76%	14%	0	2	0	2	1	0		R
31760	Repair of windpipe	$1,777.66	$1,777.66	90	10%	76%	14%	0	2	0	2	1	0		R
31766	Reconstruction of windpipe	$2,625.33	$2,625.33	90	10%	76%	14%	0	2	0	2	1	0		R
31770	Repair/graft of bronchus	$2,069.31	$2,069.31	90	10%	76%	14%	0	2	0	2	1	0		R
31775	Reconstruct bronchus	$2,116.93	$2,116.93	90	10%	76%	14%	0	2	0	2	0	0		R
31780	Reconstruct windpipe	$1,695.33	$1,695.33	90	10%	76%	14%	0	2	0	2	1	0		R
31781	Reconstruct windpipe	$2,042.03	$2,042.03	90	10%	76%	14%	0	2	0	2	1	0		R
31785	Remove windpipe lesion	$1,517.76	$1,517.76	90	10%	76%	14%	0	2	0	2	1	0		R
31786	Remove windpipe lesion	$2,051.95	$2,051.95	90	10%	76%	14%	0	2	0	2	1	0		R
31800	Repair of windpipe injury	$750.94	$750.94	90	10%	76%	14%	0	2	0	0	0	0		R
31805	Repair of windpipe injury	$1,283.65	$1,283.65	90	10%	76%	14%	0	2	0	2	1	0		R
31820	Closure of windpipe lesion	$569.90	$569.90	90	10%	76%	14%	0	2	0	0	0	0		R
31825	Repair of windpipe defect	$842.21	$830.30	90	10%	76%	14%	0	2	0	0	0	0		R
31830	Revise windpipe scar	$578.34	$578.34	90	10%	76%	14%	0	2	0	0	0	0		R
31899	Airways surgical procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
32000	Drainage of chest	$201.38	$109.12	0	0%	0%	0%	0	0	0	1	0	0		R
32002	Treatment of collapsed lung	$162.19	$162.19	0	0%	0%	0%	0	0	0	1	1	0		R
32005	Treat lung lining chemically	$164.18	$164.18	0	0%	0%	0%	0	2	0	1	0	0		R
32020	Insertion of chest tube	$304.54	$304.54	0	0%	0%	0%	0	0	0	1	0	0		R
32035	Exploration of chest	$920.58	$920.58	90	10%	76%	14%	0	2	0	2	1	0		R
32036	Exploration of chest	$1,045.07	$1,045.07	90	10%	76%	14%	0	2	0	2	1	0		R
32095	Biopsy through chest wall	$954.30	$954.30	90	10%	76%	14%	0	2	0	2	1	0		R
32100	Exploration/biopsy of chest	$1,229.58	$1,229.58	90	10%	76%	14%	0	2	0	2	1	0		R
32110	Explore/repair chest	$1,364.50	$1,364.50	90	10%	76%	14%	0	2	0	2	1	0		R
32120	Re-exploration of chest	$1,212.22	$1,212.22	90	10%	76%	14%	0	2	0	2	1	0		R
32124	Explore chest free adhesions	$1,269.76	$1,269.76	90	10%	76%	14%	0	2	0	2	1	0		R
32140	Removal of lung lesion(s)	$1,387.31	$1,387.31	90	10%	76%	14%	0	2	0	2	1	0		R
32141	Remove/treat lung lesions	$1,420.54	$1,420.54	90	10%	76%	14%	0	2	0	2	1	0		R
32150	Removal of lung lesion(s)	$1,342.67	$1,342.67	90	10%	76%	14%	0	2	0	2	1	0		R
32151	Remove lung foreign body	$1,364.00	$1,364.00	90	10%	76%	14%	0	2	0	2	1	0		R
32160	Open chest heart massage	$897.76	$897.76	90	10%	76%	14%	0	2	0	2	1	0		R
32200	Drain, open, lung lesion	$1,355.57	$1,355.57	90	10%	76%	14%	0	2	0	2	1	0		R
32201	Drain, percut, lung lesion	$491.04	$491.04	0	0%	0%	0%	0	2	0	2	0	0		R
32215	Treat chest lining	$1,180.98	$1,180.98	90	10%	76%	14%	0	2	0	2	1	0		R
32220	Release of lung	$1,829.74	$1,829.74	90	10%	76%	14%	0	2	0	2	1	0		R
32225	Partial release of lung	$1,393.26	$1,393.26	90	10%	76%	14%	0	2	0	2	1	0		R
32310	Removal of chest lining	$1,344.66	$1,344.66	90	10%	76%	14%	0	2	0	2	1	0		R

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32320	Free/remove chest lining	$1,910.59	$1,910.59	90	10%	76%	14%	0	2	0	2	1	0		R
32400	Needle biopsy chest lining	$177.57	$130.94	0	0%	0%	0%	0	2	0	1	0	0		R
32402	Open biopsy chest lining	$906.69	$906.69	90	10%	76%	14%	0	2	0	2	1	0		R
32405	Biopsy, lung or mediastinum	$210.80	$152.77	0	0%	0%	0%	0	2	0	1	0	0		R
32420	Puncture/clear lung	$163.68	$163.68	0	0%	0%	0%	0	2	0	1	0	0		R
32440	Removal of lung	$1,966.14	$1,966.14	90	10%	76%	14%	0	2	0	2	1	0		R
32442	Sleeve pneumonectomy	$2,364.43	$2,364.43	90	10%	76%	14%	0	2	0	2	1	0		R
32445	Removal of lung	$2,256.30	$2,256.30	90	10%	76%	14%	0	2	0	2	1	0		R
32480	Partial removal of lung	$1,725.09	$1,725.09	90	10%	76%	14%	0	2	0	2	1	0		R
32482	Bilobectomy	$1,839.66	$1,839.66	90	10%	76%	14%	0	2	0	2	1	0		R
32484	Segmentectomy	$1,904.14	$1,904.14	90	10%	76%	14%	0	2	0	2	1	0		R
32486	Sleeve lobectomy	$2,137.76	$2,137.76	90	10%	76%	14%	0	2	0	2	1	0		R
32488	Completion pneumonectomy	$2,291.02	$2,291.02	90	10%	76%	14%	0	2	0	2	1	0		R
32491	Lung volume reduction	$2,001.86	$2,001.86	90	10%	76%	14%	0	2	1	2	1	0		R
32500	Partial removal of lung	$1,446.83	$1,446.83	90	10%	76%	14%	0	2	0	2	1	0		R
32501	Repair bronchus add-on	$381.42	$381.42	0	0%	0%	0%	0	0	1	2	1	0		R
32520	Remove lung & revise chest	$2,056.42	$2,056.42	90	10%	76%	14%	0	2	0	2	1	0		R
32522	Remove lung & revise chest	$2,212.66	$2,212.66	90	10%	76%	14%	0	2	0	2	1	0		R
32525	Remove lung & revise chest	$2,400.14	$2,400.14	90	10%	76%	14%	0	2	0	2	1	0		R
32540	Removal of lung lesion	$1,449.31	$1,449.31	90	10%	76%	14%	0	2	0	2	1	0		R
32601	Thoracoscopy, diagnostic	$510.88	$510.88	0	0%	0%	0%	0	2	0	0	0	0		R
32602	Thoracoscopy, diagnostic	$552.54	$552.54	0	0%	0%	0%	0	2	0	0	0	0		R
32603	Thoracoscopy, diagnostic	$650.26	$650.26	0	0%	0%	0%	0	2	0	0	0	0		R
32604	Thoracoscopy, diagnostic	$745.49	$745.49	0	0%	0%	0%	0	2	0	0	0	0		R
32605	Thoracoscopy, diagnostic	$628.93	$628.93	0	0%	0%	0%	0	2	0	0	0	0		R
32606	Thoracoscopy, diagnostic	$714.74	$714.74	0	0%	0%	0%	0	2	0	0	0	0		R
32650	Thoracoscopy, surgical	$1,087.73	$1,087.73	90	10%	76%	14%	0	2	0	2	1	0		R
32651	Thoracoscopy, surgical	$1,257.36	$1,257.36	90	10%	76%	14%	0	2	0	2	1	0		R
32652	Thoracoscopy, surgical	$1,763.28	$1,763.28	90	10%	76%	14%	0	2	0	2	1	0		R
32653	Thoracoscopy, surgical	$1,266.78	$1,266.78	90	10%	76%	14%	0	2	0	2	1	0		R
32654	Thoracoscopy, surgical	$1,168.08	$1,168.08	90	10%	76%	14%	0	2	0	2	1	0		R
32655	Thoracoscopy, surgical	$1,296.54	$1,296.54	90	10%	76%	14%	0	2	0	2	1	0		R
32656	Thoracoscopy, surgical	$1,344.16	$1,344.16	90	10%	76%	14%	0	2	0	2	1	0		R
32657	Thoracoscopy, surgical	$1,359.04	$1,359.04	90	10%	76%	14%	0	2	0	2	1	0		R
32658	Thoracoscopy, surgical	$1,295.55	$1,295.55	90	9%	84%	7%	0	2	0	2	1	0		R
32659	Thoracoscopy, surgical	$1,217.68	$1,217.68	90	9%	84%	7%	0	2	0	2	1	0		R
32660	Thoracoscopy, surgical	$1,696.82	$1,696.82	90	9%	84%	7%	0	2	0	2	1	0		R
32661	Thoracoscopy, surgical	$1,312.91	$1,312.91	90	9%	84%	7%	0	2	0	2	1	0		R
32662	Thoracoscopy, surgical	$1,589.18	$1,589.18	90	9%	84%	7%	0	2	0	2	1	0		R
32663	Thoracoscopy, surgical	$1,767.25	$1,767.25	90	9%	84%	7%	0	2	0	2	1	0		R

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32664	Thoracoscopy, surgical	$1,317.38	$1,317.38	90	9%	84%	7%	0	2	1	2	1	0		R
32665	Thoracoscopy, surgical	$1,444.35	$1,444.35	90	9%	81%	10%	0	2	0	2	1	0		R
32800	Repair lung hernia	$1,284.64	$1,284.64	90	10%	76%	14%	0	2	0	2	1	0		R
32810	Close chest after drainage	$1,237.52	$1,237.52	90	10%	76%	14%	0	2	0	2	0	0		R
32815	Close bronchial fistula	$2,090.64	$2,090.64	90	10%	76%	14%	0	2	0	2	1	0		R
32820	Reconstruct injured chest	$1,978.05	$1,978.05	90	10%	76%	14%	0	2	0	2	1	0		R
32850	Donor pneumonectomy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
32851	Lung transplant, single	$3,360.40	$3,360.40	90	10%	76%	14%	0	2	0	2	1	2		R
32852	Lung transplant with bypass	$3,669.90	$3,669.90	90	10%	76%	14%	0	2	0	2	1	2		R
32853	Lung transplant, double	$4,116.80	$4,116.80	90	10%	76%	14%	0	2	2	2	1	2		R
32854	Lung transplant with bypass	$4,307.26	$4,307.26	90	10%	76%	14%	0	2	2	2	1	2		R
32900	Removal of rib(s)	$1,747.41	$1,747.41	90	10%	76%	14%	0	2	0	2	1	0		R
32905	Revise & repair chest wall	$1,858.51	$1,858.51	90	10%	76%	14%	0	2	0	2	1	0		R
32906	Revise & repair chest wall	$2,361.95	$2,361.95	90	10%	76%	14%	0	2	0	2	1	0		R
32940	Revision of lung	$1,776.67	$1,776.67	90	10%	76%	14%	0	2	0	2	1	0		R
32960	Therapeutic pneumothorax	$163.18	$130.45	0	0%	0%	0%	0	2	0	1	0	0		R
32997	Total lung lavage	$431.52	$431.52	0	0%	0%	0%	0	2	0	1	0	0		R
32999	Chest surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
33010	Drainage of heart sac	$174.59	$174.59	0	0%	0%	0%	0	2	0	1	0	0		R
33011	Repeat drainage of heart sac	$171.12	$163.68	0	0%	0%	0%	0	2	0	0	0	0		R
33015	Incision of heart sac	$613.06	$613.06	90	9%	84%	7%	0	2	0	1	0	0		R
33020	Incision of heart sac	$1,228.10	$1,228.10	90	9%	84%	7%	0	2	0	2	1	0		R
33025	Incision of heart sac	$1,213.71	$1,213.71	90	9%	84%	7%	0	2	0	2	1	0		R
33030	Partial removal of heart sac	$1,902.66	$1,902.66	90	9%	84%	7%	0	2	0	2	1	0		R
33031	Partial removal of heart sac	$2,021.20	$2,021.20	90	9%	84%	7%	0	2	0	2	1	0		R
33050	Removal of heart sac lesion	$1,379.87	$1,379.87	90	9%	84%	7%	0	2	0	2	1	0		R
33120	Removal of heart lesion	$2,474.54	$2,474.54	90	9%	84%	7%	0	2	0	2	1	0		R
33130	Removal of heart lesion	$1,949.78	$1,949.78	90	9%	84%	7%	0	2	0	2	1	0		R
33140	Heart revascularize (tmr)	Not Covered	Not Covered	90	9%	84%	7%	0	2	0	2	0	0		X
33141	Heart tmr w/other procedure	$359.10	$359.10	0	0%	0%	0%	0	0	1	2	1	0		R
33200	Insertion of heart pacemaker	$1,264.80	$1,264.80	90	9%	84%	7%	0	2	0	1	0	0		R
33201	Insertion of heart pacemaker	$1,168.58	$1,168.58	90	9%	84%	7%	0	2	0	1	0	0		R
33206	Insertion of heart pacemaker	$678.03	$678.03	90	9%	84%	7%	0	2	0	1	2	0		R
33207	Insertion of heart pacemaker	$785.17	$785.17	90	9%	84%	7%	0	2	0	1	2	0		R
33208	Insertion of heart pacemaker	$794.59	$794.59	90	9%	84%	7%	0	2	0	1	2	0		R
33210	Insertion of heart electrode	$264.86	$264.86	0	0%	0%	0%	0	2	0	1	0	0		R
33211	Insertion of heart electrode	$273.79	$273.79	0	0%	0%	0%	0	2	0	1	0	0		R
33212	Insertion of pulse generator	$548.58	$548.58	90	9%	84%	7%	0	2	0	1	0	0		R
33213	Insertion of pulse generator	$604.13	$604.13	90	9%	84%	7%	0	2	0	1	0	0		R
33214	Upgrade of pacemaker system	$717.71	$717.71	90	9%	84%	7%	0	2	0	0	2	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
33216	Revise eltrd pacing-defib	$549.57	$549.57	90	9%	84%	7%	0	2	0	1	0	0		R
33217	Revise eltrd pacing-defib	$579.33	$579.33	90	9%	84%	7%	0	2	0	1	0	0		R
33218	Revise eltrd pacing-defib	$533.70	$533.70	90	9%	84%	7%	0	2	0	1	0	0		R
33220	Revise eltrd pacing-defib	$539.15	$539.15	90	9%	84%	7%	0	2	0	1	0	0		R
33222	Revise pocket, pacemaker	$500.46	$500.46	90	9%	84%	7%	0	2	0	1	0	0		R
33223	Revise pocket, pacing-defib	$627.94	$627.94	90	9%	84%	7%	0	2	0	0	0	0		R
33233	Removal of pacemaker system	$369.02	$369.02	90	9%	84%	7%	0	2	0	1	0	0		R
33234	Removal of pacemaker system	$682.50	$682.50	90	9%	84%	7%	0	2	0	1	0	0		R
33235	Removal pacemaker electrode	$799.06	$799.06	90	9%	84%	7%	0	2	0	1	0	0		R
33236	Remove electrode/thoracotomy	$1,167.09	$1,167.09	90	9%	84%	7%	0	2	0	0	2	0		R
33237	Remove electrode/thoracotomy	$1,335.73	$1,335.73	90	9%	84%	7%	0	2	0	0	2	0		R
33238	Remove electrode/thoracotomy	$1,409.14	$1,409.14	90	9%	84%	7%	0	2	0	0	2	0		R
33240	Insert pulse generator	$701.84	$701.84	90	9%	84%	7%	0	2	0	1	0	0		R
33241	Remove pulse generator	$343.73	$343.73	90	9%	84%	7%	0	2	0	0	1	0		R
33243	Remove eltrd/thoracotomy	$1,829.25	$1,829.25	90	9%	84%	7%	0	2	0	2	1	0		R
33244	Remove eltrd, transven	$1,191.89	$1,191.89	90	9%	84%	7%	0	2	0	1	1	0		R
33245	Insert epic eltrd pace-defib	$1,454.77	$1,454.77	90	9%	84%	7%	0	2	0	2	1	0		R
33246	Insert epic eltrd/generator	$2,056.91	$2,056.91	90	9%	84%	7%	0	2	0	2	1	0		R
33249	Eltrd/insert pace-defib	$1,296.05	$1,296.05	90	9%	84%	7%	0	2	0	1	1	0		R
33250	Ablate heart dysrhythm focus	$1,820.32	$1,820.32	90	9%	84%	7%	0	2	0	2	1	0		R
33251	Ablate heart dysrhythm focus	$2,215.14	$2,215.14	90	9%	84%	7%	0	2	0	2	1	0		R
33253	Reconstruct atria	$2,785.04	$2,785.04	90	9%	84%	7%	0	2	0	2	1	0		R
33261	Ablate heart dysrhythm focus	$2,226.54	$2,226.54	90	9%	84%	7%	0	2	0	2	1	0		R
33282	Implant pat-active ht record	$496.50	$496.50	90	9%	84%	7%	0	2	0	1	0	0		R
33284	Remove pat-active ht record	$384.90	$384.90	90	9%	84%	7%	0	2	0	1	0	0		R
33300	Repair of heart wound	$1,714.67	$1,714.67	90	9%	84%	7%	0	2	0	2	1	0		R
33305	Repair of heart wound	$2,051.95	$2,051.95	90	9%	84%	7%	0	2	0	2	1	0		R
33310	Exploratory heart surgery	$1,753.86	$1,753.86	90	9%	84%	7%	0	2	0	2	1	0		R
33315	Exploratory heart surgery	$2,083.70	$2,083.70	90	9%	84%	7%	0	2	0	2	1	0		R
33320	Repair major blood vessel(s)	$1,598.61	$1,598.61	90	9%	84%	7%	0	2	0	2	1	0		R
33321	Repair major vessel	$2,054.43	$2,054.43	90	9%	84%	7%	0	2	0	2	1	0		R
33322	Repair major blood vessel(s)	$2,046.00	$2,046.00	90	9%	84%	7%	0	2	0	2	1	0		R
33330	Insert major vessel graft	$1,941.84	$1,941.84	90	9%	84%	7%	0	2	0	2	1	0		R
33332	Insert major vessel graft	$2,098.58	$2,098.58	90	9%	84%	7%	0	2	0	2	1	0		R
33335	Insert major vessel graft	$2,606.98	$2,606.98	90	9%	84%	7%	0	2	0	2	1	0		R
33400	Repair of aortic valve	$2,563.33	$2,563.33	90	9%	84%	7%	0	2	0	2	1	0		R
33401	Valvuloplasty, open	$2,409.07	$2,409.07	90	9%	84%	7%	0	2	0	2	1	0		R
33403	Valvuloplasty, w/cp bypass	$2,468.59	$2,468.59	90	9%	84%	7%	0	2	0	2	1	0		R
33404	Prepare heart-aorta conduit	$2,831.17	$2,831.17	90	9%	84%	7%	0	2	0	2	1	0		R
33405	Replacement of aortic valve	$2,870.85	$2,870.85	90	9%	84%	7%	0	2	0	2	1	0		R

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33406	Replacement of aortic valve	$3,046.43	$3,046.43	90	9%	84%	7%	0	2	0	2	1	0		R
33410	Replacement of aortic valve	$2,863.90	$2,863.90	90	9%	84%	7%	0	2	0	2	1	0		R
33411	Replacement of aortic valve	$3,086.11	$3,086.11	90	9%	84%	7%	0	2	0	2	0	0		R
33412	Replacement of aortic valve	$3,481.42	$3,481.42	90	9%	84%	7%	0	2	0	2	1	0		R
33413	Replacement of aortic valve	$3,407.02	$3,407.02	90	9%	84%	7%	0	2	0	2	1	0		R
33414	Repair of aortic valve	$3,047.42	$3,047.42	90	9%	84%	7%	0	2	0	2	1	0		R
33415	Revision, subvalvular tissue	$2,758.75	$2,758.75	90	9%	84%	7%	0	2	0	2	1	0		R
33416	Revise ventricle muscle	$2,835.63	$2,835.63	90	9%	84%	7%	0	2	0	2	1	0		R
33417	Repair of aortic valve	$2,913.01	$2,913.01	90	9%	84%	7%	0	2	0	2	1	0		R
33420	Revision of mitral valve	$1,897.20	$1,897.20	90	9%	84%	7%	0	2	0	1	1	0		R
33422	Revision of mitral valve	$2,519.18	$2,519.18	90	9%	84%	7%	0	2	0	2	1	0		R
33425	Repair of mitral valve	$2,538.03	$2,538.03	90	9%	84%	7%	0	2	0	2	1	0		R
33426	Repair of mitral valve	$2,918.46	$2,918.46	90	9%	84%	7%	0	2	0	2	1	0		R
33427	Repair of mitral valve	$3,128.27	$3,128.27	90	9%	84%	7%	0	2	0	2	1	0		R
33430	Replacement of mitral valve	$2,984.43	$2,984.43	90	9%	84%	7%	0	2	0	2	1	0		R
33460	Revision of tricuspid valve	$2,330.70	$2,330.70	90	9%	84%	7%	0	2	0	2	1	0		R
33463	Valvuloplasty, tricuspid	$2,491.90	$2,491.90	90	9%	84%	7%	0	2	0	2	1	0		R
33464	Valvuloplasty, tricuspid	$2,645.66	$2,645.66	90	9%	84%	7%	0	2	0	2	1	0		R
33465	Replace tricuspid valve	$2,751.81	$2,751.81	90	9%	84%	7%	0	2	0	2	1	0		R
33468	Revision of tricuspid valve	$3,205.15	$3,205.15	90	9%	84%	7%	0	2	0	2	1	0		R
33470	Revision of pulmonary valve	$2,052.45	$2,052.45	90	9%	84%	7%	0	2	0	2	0	0		R
33471	Valvotomy, pulmonary valve	$2,267.71	$2,267.71	90	9%	84%	7%	0	2	0	2	1	0		R
33472	Revision of pulmonary valve	$2,286.56	$2,286.56	90	9%	84%	7%	0	2	0	2	0	0		R
33474	Revision of pulmonary valve	$2,224.06	$2,224.06	90	9%	84%	7%	0	2	0	2	1	0		R
33475	Replacement, pulmonary valve	$2,818.77	$2,818.77	90	9%	84%	7%	0	2	0	2	1	0		R
33476	Revision of heart chamber	$2,455.20	$2,455.20	90	9%	84%	7%	0	2	0	2	1	0		R
33478	Revision of heart chamber	$2,619.87	$2,619.87	90	9%	84%	7%	0	2	0	2	1	0		R
33496	Repair, prosth valve clot	$2,787.02	$2,787.02	90	9%	84%	7%	0	2	0	2	1	0		R
33500	Repair heart vessel fistula	$2,446.77	$2,446.77	90	9%	84%	7%	0	2	0	2	1	0		R
33501	Repair heart vessel fistula	$1,676.98	$1,676.98	90	9%	84%	7%	0	2	0	2	2	0		R
33502	Coronary artery correction	$2,212.66	$2,212.66	90	9%	84%	7%	0	2	0	2	1	0		R
33503	Coronary artery graft	$2,003.84	$2,003.84	90	9%	84%	7%	0	2	0	0	1	0		R
33504	Coronary artery graft	$2,587.14	$2,587.14	90	9%	84%	7%	0	2	0	2	1	0		R
33505	Repair artery w/tunnel	$2,586.14	$2,586.14	90	9%	84%	7%	0	2	0	2	1	0		R
33506	Repair artery, translocation	$2,465.12	$2,465.12	90	9%	84%	7%	0	2	0	2	1	0		R
33510	CABG, vein, single	$2,446.77	$2,446.77	90	9%	84%	7%	0	2	0	2	0	0		R
33511	CABG, vein, two	$2,624.83	$2,624.83	90	9%	84%	7%	0	2	0	2	0	0		R
33512	CABG, vein, three	$2,827.70	$2,827.70	90	9%	84%	7%	0	2	0	2	0	0		R
33513	CABG, vein, four	$3,023.62	$3,023.62	90	9%	84%	7%	0	2	0	2	0	0		R
33514	CABG, vein, five	$3,284.51	$3,284.51	90	9%	84%	7%	0	2	0	2	0	0		R

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33516	Cabg, vein, six or more	$3,484.40	$3,484.40	90	9%	84%	7%	0	2	0	2	0	0		R
33517	CABG, artery-vein, single	$216.26	$216.26	0	0%	0%	0%	0	0	0	2	0	0		R
33518	CABG, artery-vein, two	$408.70	$408.70	0	0%	0%	0%	0	0	0	2	0	0		R
33519	CABG, artery-vein, three	$599.66	$599.66	0	0%	0%	0%	0	0	0	2	0	0		R
33521	CABG, artery-vein, four	$792.61	$792.61	0	0%	0%	0%	0	0	0	2	0	0		R
33522	CABG, artery-vein, five	$985.06	$985.06	0	0%	0%	0%	0	0	0	2	0	0		R
33523	Cabg, art-vein, six or more	$1,177.50	$1,177.50	0	0%	0%	0%	0	0	0	2	0	0		R
33530	Coronary artery, bypass/reop	$492.53	$492.53	0	0%	0%	0%	0	0	0	2	0	0		R
33533	CABG, arterial, single	$2,507.78	$2,507.78	90	9%	82%	9%	0	2	0	2	0	0		R
33534	CABG, arterial, two	$2,739.41	$2,739.41	90	9%	82%	9%	0	2	0	2	0	0		R
33535	CABG, arterial, three	$2,978.98	$2,978.98	90	9%	82%	9%	0	2	0	2	0	0		R
33536	Cabg, arterial, four or more	$3,035.02	$3,035.02	90	9%	82%	9%	0	2	0	2	0	0		R
33542	Removal of heart lesion	$2,830.18	$2,830.18	90	9%	84%	7%	0	2	0	2	1	0		R
33545	Repair of heart damage	$3,410.99	$3,410.99	90	9%	84%	7%	0	2	0	2	1	0		R
33572	Open coronary endarterectomy	$352.16	$352.16	0	0%	0%	0%	0	0	0	2	0	0		R
33600	Closure of valve	$2,736.93	$2,736.93	90	9%	84%	7%	0	2	0	2	1	0		R
33602	Closure of valve	$2,533.07	$2,533.07	90	9%	84%	7%	0	2	0	2	1	0		R
33606	Anastomosis/artery-aorta	$2,808.85	$2,808.85	90	9%	84%	7%	0	2	0	2	1	0		R
33608	Repair anomaly w/conduit	$3,156.05	$3,156.05	90	9%	84%	7%	0	2	0	2	1	0		R
33610	Repair by enlargement	$3,091.07	$3,091.07	90	9%	84%	7%	0	2	0	2	1	0		R
33611	Repair double ventricle	$3,111.90	$3,111.90	90	9%	84%	7%	0	2	0	2	1	0		R
33612	Repair double ventricle	$3,328.66	$3,328.66	90	9%	84%	7%	0	2	0	2	1	0		R
33615	Repair, modified fontan	$3,231.94	$3,231.94	90	9%	84%	7%	0	2	0	2	1	0		R
33617	Repair single ventricle	$3,327.66	$3,327.66	90	9%	84%	7%	0	2	0	2	1	0		R
33619	Repair single ventricle	$3,811.76	$3,811.76	90	9%	84%	7%	0	2	0	2	1	0		R
33641	Repair heart septum defect	$2,057.41	$2,057.41	90	9%	84%	7%	0	2	0	2	1	0		R
33645	Revision of heart veins	$2,458.67	$2,458.67	90	9%	84%	7%	0	2	0	2	1	0		R
33647	Repair heart septum defects	$2,873.82	$2,873.82	90	9%	84%	7%	0	2	0	2	1	0		R
33660	Repair of heart defects	$2,574.24	$2,574.24	90	9%	84%	7%	0	2	0	2	1	0		R
33665	Repair of heart defects	$2,901.10	$2,901.10	90	9%	84%	7%	0	2	0	2	1	0		R
33670	Repair of heart chambers	$2,826.21	$2,826.21	90	9%	84%	7%	0	2	0	2	1	0		R
33681	Repair heart septum defect	$2,817.78	$2,817.78	90	9%	84%	7%	0	2	0	2	1	0		R
33684	Repair heart septum defect	$2,898.13	$2,898.13	90	9%	84%	7%	0	2	0	2	1	0		R
33688	Repair heart septum defect	$2,755.78	$2,755.78	90	9%	84%	7%	0	2	0	2	1	0		R
33690	Reinforce pulmonary artery	$2,077.25	$2,077.25	90	9%	84%	7%	0	2	0	2	1	0		R
33692	Repair of heart defects	$2,786.03	$2,786.03	90	9%	84%	7%	0	2	0	2	1	0		R
33694	Repair of heart defects	$3,015.68	$3,015.68	90	9%	84%	7%	0	2	0	2	1	0		R
33697	Repair of heart defects	$3,287.98	$3,287.98	90	9%	84%	7%	0	2	0	2	1	0		R
33702	Repair of heart defects	$2,668.48	$2,668.48	90	9%	84%	7%	0	2	0	2	1	0		R
33710	Repair of heart defects	$2,682.86	$2,682.86	90	9%	84%	7%	0	2	0	2	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
33720	Repair of heart defect	$2,610.94	$2,610.94	90	9%	84%	7%	0	2	0	2	1	0		R
33722	Repair of heart defect	$2,826.21	$2,826.21	90	9%	84%	7%	0	2	0	2	1	0		R
33730	Repair heart-vein defect(s)	$2,886.22	$2,886.22	90	9%	84%	7%	0	2	0	2	1	0		R
33732	Repair heart-vein defect	$2,691.79	$2,691.79	90	9%	84%	7%	0	2	0	2	1	0		R
33735	Revision of heart chamber	$1,975.57	$1,975.57	90	9%	84%	7%	0	2	0	2	0	0		R
33736	Revision of heart chamber	$2,436.85	$2,436.85	90	9%	84%	7%	0	2	0	2	1	0		R
33737	Revision of heart chamber	$2,174.46	$2,174.46	90	9%	84%	7%	0	2	0	2	1	0		R
33750	Major vessel shunt	$2,083.20	$2,083.20	90	9%	84%	7%	0	2	0	2	1	0		R
33755	Major vessel shunt	$2,151.15	$2,151.15	90	9%	84%	7%	0	2	0	2	1	0		R
33762	Major vessel shunt	$1,908.61	$1,908.61	90	9%	84%	7%	0	2	0	2	1	0		R
33764	Major vessel shunt & graft	$2,004.83	$2,004.83	90	9%	84%	7%	0	2	0	2	1	0		R
33766	Major vessel shunt	$2,356.99	$2,356.99	90	9%	84%	7%	0	2	0	2	1	0		R
33767	Major vessel shunt	$2,444.78	$2,444.78	90	9%	84%	7%	0	2	0	2	1	0		R
33770	Repair great vessels defect	$3,147.62	$3,147.62	90	9%	84%	7%	0	2	0	2	1	0		R
33771	Repair great vessels defect	$3,103.97	$3,103.97	90	9%	84%	7%	0	2	0	2	1	0		R
33774	Repair great vessels defect	$2,756.77	$2,756.77	90	9%	84%	7%	0	2	0	2	1	0		R
33775	Repair great vessels defect	$2,841.58	$2,841.58	90	9%	84%	7%	0	2	0	2	0	0		R
33776	Repair great vessels defect	$3,018.66	$3,018.66	90	9%	84%	7%	0	2	0	2	1	0		R
33777	Repair great vessels defect	$2,928.88	$2,928.88	90	9%	84%	7%	0	2	0	2	0	0		R
33778	Repair great vessels defect	$3,202.67	$3,202.67	90	9%	84%	7%	0	2	0	2	1	0		R
33779	Repair great vessels defect	$3,160.51	$3,160.51	90	9%	84%	7%	0	2	0	2	1	0		R
33780	Repair great vessels defect	$3,415.46	$3,415.46	90	9%	84%	7%	0	2	0	2	1	0		R
33781	Repair great vessels defect	$3,255.74	$3,255.74	90	9%	84%	7%	0	2	0	2	0	0		R
33786	Repair arterial trunk	$3,278.06	$3,278.06	90	9%	84%	7%	0	2	0	2	1	0		R
33788	Revision of pulmonary artery	$2,548.45	$2,548.45	90	9%	84%	7%	0	2	0	2	1	0		R
33800	Aortic suspension	$1,518.75	$1,518.75	90	9%	84%	7%	0	2	0	2	2	0		R
33802	Repair vessel defect	$1,596.62	$1,596.62	90	9%	84%	7%	0	2	0	2	1	0		R
33803	Repair vessel defect	$2,058.90	$2,058.90	90	9%	84%	7%	0	2	0	2	1	0		R
33813	Repair septal defect	$2,072.29	$2,072.29	90	9%	84%	7%	0	2	0	2	1	0		R
33814	Repair septal defect	$2,674.43	$2,674.43	90	9%	84%	7%	0	2	0	2	1	0		R
33820	Revise major vessel	$1,754.35	$1,754.35	90	9%	84%	7%	0	2	0	2	0	0		R
33822	Revise major vessel	$1,799.49	$1,799.49	90	9%	84%	7%	0	2	0	2	1	0		R
33824	Revise major vessel	$1,955.23	$1,955.23	90	9%	84%	7%	0	2	0	2	1	0		R
33840	Remove aorta constriction	$2,066.83	$2,066.83	90	9%	84%	7%	0	2	0	2	1	0		R
33845	Remove aorta constriction	$2,306.40	$2,306.40	90	9%	84%	7%	0	2	0	2	1	0		R
33851	Remove aorta constriction	$2,133.30	$2,133.30	90	9%	84%	7%	0	2	0	2	1	0		R
33852	Repair septal defect	$2,390.72	$2,390.72	90	9%	84%	7%	0	2	0	2	0	0		R
33853	Repair septal defect	$3,130.26	$3,130.26	90	9%	84%	7%	0	2	0	2	1	0		R
33860	Ascending aortic graft	$3,156.54	$3,156.54	90	9%	84%	7%	0	2	0	2	1	0		R
33861	Ascending aortic graft	$3,183.33	$3,183.33	90	9%	84%	7%	0	2	0	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
33863	Ascending aortic graft	$3,327.17	$3,327.17	90	9%	84%	7%	0	2	0	2	1	0		R
33870	Transverse aortic arch graft	$3,713.06	$3,713.06	90	9%	84%	7%	0	2	0	2	1	0		R
33875	Thoracic aortic graft	$3,019.15	$3,019.15	90	9%	84%	7%	0	2	0	2	1	0		R
33877	Thoracoabdominal graft	$3,880.21	$3,880.21	90	9%	84%	7%	0	2	0	2	1	0		R
33910	Remove lung artery emboli	$2,218.11	$2,218.11	90	9%	84%	7%	0	2	0	2	1	0		R
33915	Remove lung artery emboli	$1,740.96	$1,740.96	90	9%	84%	7%	0	2	0	2	1	0		R
33916	Surgery of great vessel	$2,247.38	$2,247.38	90	9%	84%	7%	0	2	0	2	1	0		R
33917	Repair pulmonary artery	$2,532.58	$2,532.58	90	9%	84%	7%	0	2	0	2	1	0		R
33918	Repair pulmonary atresia	$2,408.58	$2,408.58	90	9%	84%	7%	0	2	0	2	1	0		R
33919	Repair pulmonary atresia	$3,120.83	$3,120.83	90	9%	84%	7%	0	2	0	2	1	0		R
33920	Repair pulmonary atresia	$2,894.66	$2,894.66	90	9%	84%	7%	0	2	0	2	1	0		R
33922	Transect pulmonary artery	$2,265.23	$2,265.23	90	9%	84%	7%	0	2	0	2	1	0		R
33924	Remove pulmonary shunt	$435.98	$435.98	0	0%	0%	0%	0	0	0	2	1	0		R
33930	Removal of donor heart/lung	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
33935	Transplantation, heart/lung	$5,518.50	$5,518.50	90	9%	84%	7%	0	2	0	2	1	2		R
33940	Removal of donor heart	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
33945	Transplantation of heart	$3,924.85	$3,924.85	90	9%	84%	7%	0	2	0	2	1	2		R
33960	External circulation assist	$1,407.65	$1,407.65	0	0%	0%	0%	0	0	0	2	1	0		R
33961	External circulation assist	$856.59	$856.59	0	0%	0%	0%	0	0	0	2	1	0		R
33968	Remove aortic assist device	$47.12	$47.12	0	0%	0%	0%	0	0	0	1	0	0		R
33970	Aortic circulation assist	$564.45	$564.45	0	0%	0%	0%	0	2	0	2	1	0		R
33971	Aortic circulation assist	$953.81	$953.81	90	9%	84%	7%	0	2	0	1	0	0		R
33973	Insert balloon device	$770.29	$770.29	0	0%	0%	0%	0	2	0	2	1	0		R
33974	Remove intra-aortic balloon	$1,340.19	$1,340.19	90	9%	84%	7%	0	2	0	1	0	0		R
33975	Implant ventricular device	$1,529.66	$1,529.66	0	0%	0%	0%	0	2	0	2	0	0		R
33976	Implant ventricular device	$1,850.58	$1,850.58	0	0%	0%	0%	0	2	2	2	0	0		R
33977	Remove ventricular device	$1,712.19	$1,712.19	90	9%	84%	7%	0	2	0	2	0	0		R
33978	Remove ventricular device	$1,920.02	$1,920.02	90	9%	84%	7%	0	2	2	2	0	0		R
33999	Cardiac surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
34001	Removal of artery clot	$1,055.49	$1,055.49	90	9%	84%	7%	0	2	1	2	1	0		R
34051	Removal of artery clot	$1,246.45	$1,246.45	90	9%	84%	7%	0	2	1	2	1	0		R
34101	Removal of artery clot	$839.23	$839.23	90	9%	84%	7%	0	2	1	2	1	0		R
34111	Removal of arm artery clot	$694.90	$694.90	90	9%	84%	7%	0	2	1	2	1	0		R
34151	Removal of artery clot	$1,356.06	$1,356.06	90	9%	84%	7%	0	2	1	2	1	0		R
34201	Removal of artery clot	$802.03	$802.03	90	9%	84%	7%	0	2	1	2	1	0		R
34203	Removal of leg artery clot	$1,010.85	$1,010.85	90	9%	84%	7%	0	2	1	2	1	0		R
34401	Removal of vein clot	$1,029.20	$1,029.20	90	9%	84%	7%	0	2	1	2	1	0		R
34421	Removal of vein clot	$832.78	$832.78	90	9%	84%	7%	0	2	1	2	1	0		R
34451	Removal of vein clot	$1,191.89	$1,191.89	90	9%	84%	7%	0	2	1	2	1	0		R
34471	Removal of vein clot	$778.22	$778.22	90	9%	84%	7%	0	2	1	1	1	0		R

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34490	Removal of vein clot	$712.75	$712.75	90	9%	84%	7%	0	2	1	1	0	0		R
34501	Repair valve, femoral vein	$1,020.77	$1,020.77	90	9%	84%	7%	0	2	1	2	1	0		R
34502	Reconstruct vena cava	$2,155.12	$2,155.12	90	9%	84%	7%	0	2	0	2	0	0		R
34510	Transposition of vein valve	$1,186.93	$1,186.93	90	9%	84%	7%	0	2	1	2	1	0		R
34520	Cross-over vein graft	$1,158.16	$1,158.16	90	9%	84%	7%	0	2	1	2	1	0		R
34530	Leg vein fusion	$1,485.52	$1,485.52	90	9%	84%	7%	0	2	1	2	1	0		R
34800	Endovasc abdo repair w/tube	$1,561.90	$1,561.90	90	9%	84%	7%	0	2	0	0	0	0		R
34802	Endovasc abdo repr w/device	$1,723.60	$1,723.60	90	9%	84%	7%	0	2	0	0	0	0		R
34804	Endovasc abdo repr w/device	$1,723.60	$1,723.60	90	9%	84%	7%	0	2	0	0	0	0		R
34808	Endovasc abdo occlud device	$296.11	$296.11	0	0%	0%	0%	0	0	0	0	0	0		R
34812	Xpose for endoprosth, aortic	$485.09	$485.09	0	0%	0%	0%	0	2	1	0	0	0		R
34813	Xpose for endoprosth, femorl	$344.72	$344.72	0	0%	0%	0%	0	0	0	0	0	0		R
34820	Xpose for endoprosth, iliac	$700.35	$700.35	0	0%	0%	0%	0	2	1	0	0	0		R
34825	Endovasc extend prosth, init	$933.47	$933.47	90	9%	84%	7%	0	2	0	0	0	0		R
34826	Endovasc exten prosth, addl	$296.11	$296.11	0	0%	0%	0%	0	2	0	0	0	0		R
34830	Open aortic tube prosth repr	$2,429.90	$2,429.90	90	9%	84%	7%	0	2	0	0	0	0		R
34831	Open aortoiliac prosth repr	$2,626.82	$2,626.82	90	9%	84%	7%	0	2	0	0	0	0		R
34832	Open aortofemor prosth repr	$2,626.82	$2,626.82	90	9%	84%	7%	0	2	0	0	0	0		R
35001	Repair defect of artery	$1,621.42	$1,621.42	90	9%	84%	7%	0	2	1	2	1	0		R
35002	Repair artery rupture, neck	$1,645.23	$1,645.23	90	9%	84%	7%	0	2	1	2	1	0		R
35005	Repair defect of artery	$1,407.65	$1,407.65	90	9%	84%	7%	0	2	1	2	1	0		R
35011	Repair defect of artery	$1,008.86	$1,008.86	90	9%	84%	7%	0	2	1	2	1	0		R
35013	Repair artery rupture, arm	$1,423.02	$1,423.02	90	9%	84%	7%	0	2	1	2	1	0		R
35021	Repair defect of artery	$1,668.54	$1,668.54	90	9%	84%	7%	0	2	1	2	1	0		R
35022	Repair artery rupture, chest	$1,785.60	$1,785.60	90	9%	84%	7%	0	2	1	2	1	0		R
35045	Repair defect of arm artery	$1,032.18	$1,032.18	90	9%	84%	7%	0	2	1	2	1	0		R
35081	Repair defect of artery	$2,266.72	$2,266.72	90	9%	84%	7%	0	2	0	2	1	0		R
35082	Repair artery rupture, aorta	$2,829.18	$2,829.18	90	9%	84%	7%	0	2	0	2	1	0		R
35091	Repair defect of artery	$2,782.06	$2,782.06	90	9%	84%	7%	0	2	1	2	1	0		R
35092	Repair artery rupture, aorta	$3,013.70	$3,013.70	90	9%	84%	7%	0	2	1	2	1	0		R
35102	Repair defect of artery	$2,450.24	$2,450.24	90	9%	84%	7%	0	2	1	2	1	0		R
35103	Repair artery rupture, groin	$2,682.86	$2,682.86	90	9%	84%	7%	0	2	1	2	1	0		R
35111	Repair defect of artery	$1,407.65	$1,407.65	90	9%	84%	7%	0	2	1	2	1	0		R
35112	Repair artery rupture,spleen	$1,449.81	$1,449.81	90	9%	84%	7%	0	2	1	2	1	0		R
35121	Repair defect of artery	$2,083.20	$2,083.20	90	9%	84%	7%	0	2	1	2	0	0		R
35122	Repair artery rupture, belly	$2,547.46	$2,547.46	90	9%	84%	7%	0	2	1	2	1	0		R
35131	Repair defect of artery	$1,546.53	$1,546.53	90	9%	84%	7%	0	2	1	2	1	0		R
35132	Repair artery rupture, groin	$1,793.04	$1,793.04	90	9%	84%	7%	0	2	1	2	1	0		R
35141	Repair defect of artery	$1,248.43	$1,248.43	90	9%	84%	7%	0	2	1	2	1	0		R
35142	Repair artery rupture, thigh	$1,350.11	$1,350.11	90	9%	84%	7%	0	2	1	2	1	0		R

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35151	Repair defect of artery	$1,426.99	$1,426.99	90	9%	84%	7%	0	2	1	2	1	0		R
35152	Repair artery rupture, knee	$1,328.78	$1,328.78	90	9%	84%	7%	0	2	1	2	1	0		R
35161	Repair defect of artery	$1,591.66	$1,591.66	90	9%	84%	7%	0	2	1	2	1	0		R
35162	Repair artery rupture	$1,686.90	$1,686.90	90	9%	84%	7%	0	2	1	2	1	0		R
35180	Repair blood vessel lesion	$1,057.47	$1,057.47	90	9%	84%	7%	0	2	0	2	1	0		R
35182	Repair blood vessel lesion	$1,425.50	$1,425.50	90	9%	84%	7%	0	2	0	2	1	0		R
35184	Repair blood vessel lesion	$1,019.28	$1,019.28	90	9%	84%	7%	0	2	0	2	1	0		R
35188	Repair blood vessel lesion	$1,133.86	$1,133.86	90	9%	84%	7%	0	2	0	2	1	0		R
35189	Repair blood vessel lesion	$1,485.02	$1,485.02	90	9%	84%	7%	0	2	0	2	1	0		R
35190	Repair blood vessel lesion	$1,048.54	$1,048.54	90	9%	84%	7%	0	2	0	2	1	0		R
35201	Repair blood vessel lesion	$871.47	$871.47	90	9%	84%	7%	0	2	1	2	1	0		R
35206	Repair blood vessel lesion	$877.92	$877.92	90	9%	84%	7%	0	2	1	2	1	0		R
35207	Repair blood vessel lesion	$1,037.63	$1,037.63	90	9%	84%	7%	0	2	1	1	1	0		R
35211	Repair blood vessel lesion	$2,060.38	$2,060.38	90	9%	84%	7%	0	2	1	2	1	0		R
35216	Repair blood vessel lesion	$1,686.40	$1,686.40	90	9%	84%	7%	0	2	1	2	1	0		R
35221	Repair blood vessel lesion	$1,318.86	$1,318.86	90	9%	84%	7%	0	2	1	2	1	0		R
35226	Repair blood vessel lesion	$882.38	$882.38	90	9%	84%	7%	0	2	1	2	1	0		R
35231	Repair blood vessel lesion	$1,063.42	$1,063.42	90	9%	84%	7%	0	2	1	2	1	0		R
35236	Repair blood vessel lesion	$984.56	$984.56	90	9%	84%	7%	0	2	1	2	1	0		R
35241	Repair blood vessel lesion	$2,152.14	$2,152.14	90	9%	84%	7%	0	2	1	2	1	0		R
35246	Repair blood vessel lesion	$1,845.62	$1,845.62	90	9%	84%	7%	0	2	1	2	1	0		R
35251	Repair blood vessel lesion	$1,362.51	$1,362.51	90	9%	84%	7%	0	2	1	2	1	0		R
35256	Repair blood vessel lesion	$1,062.93	$1,062.93	90	9%	84%	7%	0	2	1	2	1	0		R
35261	Repair blood vessel lesion	$1,013.82	$1,013.82	90	9%	84%	7%	0	2	1	2	1	0		R
35266	Repair blood vessel lesion	$970.18	$970.18	90	9%	84%	7%	0	2	1	2	1	0		R
35271	Repair blood vessel lesion	$2,009.30	$2,009.30	90	9%	84%	7%	0	2	1	2	1	0		R
35276	Repair blood vessel lesion	$1,739.47	$1,739.47	90	9%	84%	7%	0	2	1	2	1	0		R
35281	Repair blood vessel lesion	$1,409.63	$1,409.63	90	9%	84%	7%	0	2	1	2	1	0		R
35286	Repair blood vessel lesion	$1,087.23	$1,087.23	90	9%	84%	7%	0	2	1	2	1	0		R
35301	Rechanneling of artery	$1,561.90	$1,561.90	90	9%	84%	7%	0	2	1	2	1	0		R
35311	Rechanneling of artery	$2,029.14	$2,029.14	90	9%	84%	7%	0	2	1	2	1	0		R
35321	Rechanneling of artery	$1,038.62	$1,038.62	90	9%	84%	7%	0	2	1	2	1	0		R
35331	Rechanneling of artery	$1,849.09	$1,849.09	90	9%	84%	7%	0	2	1	2	1	0		R
35341	Rechanneling of artery	$1,999.87	$1,999.87	90	9%	84%	7%	0	2	1	2	1	0		R
35351	Rechanneling of artery	$1,630.85	$1,630.85	90	9%	84%	7%	0	2	1	2	1	0		R
35355	Rechanneling of artery	$1,363.50	$1,363.50	90	9%	84%	7%	0	2	1	2	1	0		R
35361	Rechanneling of artery	$1,922.99	$1,922.99	90	9%	84%	7%	0	2	1	2	1	0		R
35363	Rechanneling of artery	$2,045.01	$2,045.01	90	9%	84%	7%	0	2	1	2	1	0		R
35371	Rechanneling of artery	$1,017.30	$1,017.30	90	9%	84%	7%	0	2	1	2	1	0		R
35372	Rechanneling of artery	$1,128.90	$1,128.90	90	9%	84%	7%	0	2	1	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
35381	Rechanneling of artery	$1,326.30	$1,326.30	90	9%	84%	7%	0	2	1	2	1	0		R
35390	Reoperation, carotid add-on	$239.57	$239.57	0	0%	0%	0%	0	0	1	2	1	0		R
35400	Angioscopy	$232.13	$232.13	0	0%	0%	0%	0	0	0	0	1	0		R
35450	Repair arterial blockage	$823.86	$823.86	0	0%	0%	0%	0	2	1	2	1	0		R
35452	Repair arterial blockage	$558.99	$558.99	0	0%	0%	0%	0	2	1	2	1	0		R
35454	Repair arterial blockage	$526.75	$526.75	0	0%	0%	0%	0	2	1	2	1	0		R
35456	Repair arterial blockage	$635.87	$635.87	0	0%	0%	0%	0	2	1	2	1	0		R
35458	Repair arterial blockage	$809.97	$809.97	0	0%	0%	0%	0	2	1	2	1	0		R
35459	Repair arterial blockage	$736.56	$736.56	0	0%	0%	0%	0	2	1	2	1	0		R
35460	Repair venous blockage	$473.18	$473.18	0	0%	0%	0%	0	2	1	1	1	0		R
35470	Repair arterial blockage	$725.15	$725.15	0	0%	0%	0%	0	2	1	1	0	0		R
35471	Repair arterial blockage	$843.20	$843.20	0	0%	0%	0%	0	2	1	1	0	0		R
35472	Repair arterial blockage	$533.20	$533.20	0	0%	0%	0%	0	2	1	0	1	0		R
35473	Repair arterial blockage	$515.34	$515.34	0	0%	0%	0%	0	2	1	1	0	0		R
35474	Repair arterial blockage	$621.98	$621.98	0	0%	0%	0%	0	2	1	1	0	0		R
35475	Repair arterial blockage	$781.20	$781.20	0	0%	0%	0%	0	2	1	1	0	0		R
35476	Repair venous blockage	$459.79	$459.79	0	0%	0%	0%	0	2	1	1	0	0		R
35480	Atherectomy, open	$938.93	$938.93	0	0%	0%	0%	0	2	0	2	2	0		R
35481	Atherectomy, open	$607.10	$607.10	0	0%	0%	0%	0	2	0	2	2	0		R
35482	Atherectomy, open	$577.84	$577.84	0	0%	0%	0%	0	2	0	2	2	0		R
35483	Atherectomy, open	$695.89	$695.89	0	0%	0%	0%	0	2	0	2	2	0		R
35484	Atherectomy, open	$868.50	$868.50	0	0%	0%	0%	0	2	0	2	2	0		R
35485	Atherectomy, open	$733.09	$733.09	0	0%	0%	0%	0	2	0	2	2	0		R
35490	Atherectomy, percutaneous	$920.08	$920.08	0	0%	0%	0%	0	2	0	2	0	0		R
35491	Atherectomy, percutaneous	$590.24	$590.24	0	0%	0%	0%	0	2	0	2	0	0		R
35492	Atherectomy, percutaneous	$568.91	$568.91	0	0%	0%	0%	0	2	0	2	0	0		R
35493	Atherectomy, percutaneous	$688.94	$688.94	0	0%	0%	0%	0	2	0	1	0	0		R
35494	Atherectomy, percutaneous	$844.19	$844.19	0	0%	0%	0%	0	2	0	1	0	0		R
35495	Atherectomy, percutaneous	$726.64	$726.64	0	0%	0%	0%	0	2	0	0	0	0		R
35500	Harvest vein for bypass	$446.40	$446.40	0	0%	0%	0%	0	0	1	2	1	0		R
35501	Artery bypass graft	$1,636.80	$1,636.80	90	9%	84%	7%	0	2	1	2	1	0		R
35506	Artery bypass graft	$1,659.12	$1,659.12	90	9%	84%	7%	0	2	1	2	1	0		R
35507	Artery bypass graft	$1,636.30	$1,636.30	90	9%	84%	7%	0	2	1	2	1	0		R
35508	Artery bypass graft	$1,585.22	$1,585.22	90	9%	84%	7%	0	2	1	2	1	0		R
35509	Artery bypass graft	$1,538.59	$1,538.59	90	9%	84%	7%	0	2	1	2	1	0		R
35511	Artery bypass graft	$1,322.34	$1,322.34	90	9%	84%	7%	0	2	1	2	1	0		R
35515	Artery bypass graft	$1,490.48	$1,490.48	90	9%	84%	7%	0	2	1	2	1	0		R
35516	Artery bypass graft	$1,391.28	$1,391.28	90	9%	84%	7%	0	2	1	2	1	0		R
35518	Artery bypass graft	$1,321.34	$1,321.34	90	9%	84%	7%	0	2	1	2	1	0		R
35521	Artery bypass graft	$1,401.20	$1,401.20	90	9%	84%	7%	0	2	1	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
35526	Artery bypass graft	$1,614.48	$1,614.48	90	9%	84%	7%	0	2	1	2	1	0		R
35531	Artery bypass graft	$2,072.78	$2,072.78	90	9%	84%	7%	0	2	1	2	1	0		R
35533	Artery bypass graft	$1,748.90	$1,748.90	90	9%	84%	7%	0	2	1	2	1	0		R
35536	Artery bypass graft	$1,912.58	$1,912.58	90	9%	84%	7%	0	2	1	2	1	0		R
35541	Artery bypass graft	$2,084.19	$2,084.19	90	9%	84%	7%	0	2	0	2	1	0		R
35546	Artery bypass graft	$2,084.69	$2,084.69	90	9%	84%	7%	0	2	1	2	1	0		R
35548	Artery bypass graft	$1,785.10	$1,785.10	90	9%	84%	7%	0	2	0	2	1	0		R
35549	Artery bypass graft	$1,965.65	$1,965.65	90	9%	84%	7%	0	2	2	2	1	0		R
35551	Artery bypass graft	$2,170.99	$2,170.99	90	9%	84%	7%	0	2	1	2	1	0		R
35556	Artery bypass graft	$1,798.00	$1,798.00	90	9%	84%	7%	0	2	1	2	1	0		R
35558	Artery bypass graft	$1,229.09	$1,229.09	90	9%	84%	7%	0	2	1	2	1	0		R
35560	Artery bypass graft	$1,945.81	$1,945.81	90	9%	84%	7%	0	2	1	2	1	0		R
35563	Artery bypass graft	$1,194.37	$1,194.37	90	9%	84%	7%	0	2	1	2	1	0		R
35565	Artery bypass graft	$1,315.89	$1,315.89	90	9%	84%	7%	0	2	1	2	1	0		R
35566	Artery bypass graft	$2,265.73	$2,265.73	90	9%	84%	7%	0	2	1	2	1	0		R
35571	Artery bypass graft	$1,660.11	$1,660.11	90	9%	84%	7%	0	2	1	2	1	0		R
35582	Vein bypass graft	$2,238.45	$2,238.45	90	9%	84%	7%	0	2	1	2	1	0		R
35583	Vein bypass graft	$1,889.76	$1,889.76	90	9%	84%	7%	0	2	1	2	1	0		R
35585	Vein bypass graft	$2,400.14	$2,400.14	90	9%	84%	7%	0	2	1	2	1	0		R
35587	Vein bypass graft	$1,729.55	$1,729.55	90	9%	84%	7%	0	2	1	2	1	0		R
35600	Harvest artery for cabg	$362.58	$362.58	0	0%	0%	0%	0	0	1	2	1	0		R
35601	Artery bypass graft	$1,498.42	$1,498.42	90	9%	84%	7%	0	2	1	2	1	0		R
35606	Artery bypass graft	$1,564.38	$1,564.38	90	9%	84%	7%	0	2	1	2	1	0		R
35612	Artery bypass graft	$1,346.14	$1,346.14	90	9%	84%	7%	0	2	1	2	1	0		R
35616	Artery bypass graft	$1,359.54	$1,359.54	90	9%	84%	7%	0	2	1	2	1	0		R
35621	Artery bypass graft	$1,276.21	$1,276.21	90	9%	84%	7%	0	2	1	2	1	0		R
35623	Bypass graft, not vein	$1,307.46	$1,307.46	90	9%	84%	7%	0	2	1	2	1	0		R
35626	Artery bypass graft	$1,979.54	$1,979.54	90	9%	84%	7%	0	2	1	2	1	0		R
35631	Artery bypass graft	$1,976.56	$1,976.56	90	9%	84%	7%	0	2	1	2	1	0		R
35636	Artery bypass graft	$1,761.30	$1,761.30	90	9%	84%	7%	0	2	1	2	1	0		R
35641	Artery bypass graft	$2,025.66	$2,025.66	90	9%	84%	7%	0	2	0	2	1	0		R
35642	Artery bypass graft	$1,436.91	$1,436.91	90	9%	84%	7%	0	2	1	2	1	0		R
35645	Artery bypass graft	$1,399.22	$1,399.22	90	9%	84%	7%	0	2	1	2	1	0		R
35646	Artery bypass graft	$2,149.17	$2,149.17	90	9%	84%	7%	0	2	1	2	1	0		R
35650	Artery bypass graft	$1,233.55	$1,233.55	90	9%	84%	7%	0	2	1	2	1	0		R
35651	Artery bypass graft	$2,081.71	$2,081.71	90	9%	84%	7%	0	2	1	2	1	0		R
35654	Artery bypass graft	$1,604.06	$1,604.06	90	9%	84%	7%	0	2	1	2	1	0		R
35656	Artery bypass graft	$1,626.88	$1,626.88	90	9%	84%	7%	0	2	1	2	1	0		R
35661	Artery bypass graft	$1,152.21	$1,152.21	90	9%	84%	7%	0	2	1	2	1	0		R
35663	Artery bypass graft	$1,241.98	$1,241.98	90	9%	84%	7%	0	2	1	2	1	0		R

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35665	Artery bypass graft	$1,339.70	$1,339.70	90	9%	84%	7%	0	2	1	2	1	0		R
35666	Artery bypass graft	$1,732.53	$1,732.53	90	9%	84%	7%	0	2	1	2	1	0		R
35671	Artery bypass graft	$1,358.54	$1,358.54	90	9%	84%	7%	0	2	1	2	1	0		R
35681	Composite bypass graft	$298.10	$298.10	0	0%	0%	0%	0	0	1	2	1	0		R
35682	Composite bypass graft	$605.62	$605.62	0	0%	0%	0%	0	0	0	0	1	0		R
35683	Composite bypass graft	$694.40	$694.40	0	0%	0%	0%	0	0	0	0	1	0		R
35691	Arterial transposition	$1,532.14	$1,532.14	90	9%	84%	7%	0	2	1	2	1	0		R
35693	Arterial transposition	$1,238.02	$1,238.02	90	9%	84%	7%	0	2	1	2	1	0		R
35694	Arterial transposition	$1,466.67	$1,466.67	90	9%	84%	7%	0	2	1	2	1	0		R
35695	Arterial transposition	$1,467.66	$1,467.66	90	9%	84%	7%	0	2	1	2	1	0		R
35700	Reoperation, bypass graft	$304.54	$304.54	0	0%	0%	0%	0	0	1	2	1	0		R
35701	Exploration, carotid artery	$513.36	$513.36	90	9%	84%	7%	0	2	1	2	1	0		R
35721	Exploration, femoral artery	$540.64	$540.64	90	9%	84%	7%	0	2	1	2	1	0		R
35741	Exploration popliteal artery	$542.13	$542.13	90	9%	84%	7%	0	2	1	2	1	0		R
35761	Exploration of artery/vein	$540.64	$540.64	90	9%	84%	7%	0	2	1	2	1	0		R
35800	Explore neck vessels	$606.11	$606.11	90	9%	84%	7%	0	2	0	2	1	0		R
35820	Explore chest vessels	$1,000.43	$1,000.43	90	9%	84%	7%	0	2	0	2	1	0		R
35840	Explore abdominal vessels	$823.86	$823.86	90	9%	84%	7%	0	2	0	2	1	0		R
35860	Explore limb vessels	$518.32	$518.32	90	9%	84%	7%	0	2	0	2	1	0		R
35870	Repair vessel graft defect	$1,732.53	$1,732.53	90	9%	84%	7%	0	2	0	2	1	0		R
35875	Removal of clot in graft	$903.22	$903.22	90	9%	84%	7%	0	2	0	1	1	0		R
35876	Removal of clot in graft	$1,374.42	$1,374.42	90	9%	84%	7%	0	2	0	2	1	0		R
35879	Revise graft w/vein	$1,266.29	$1,266.29	90	9%	84%	7%	0	2	1	2	1	0		R
35881	Revise graft w/vein	$1,412.61	$1,412.61	90	9%	84%	7%	0	2	1	2	1	0		R
35901	Excision, graft, neck	$752.43	$752.43	90	9%	84%	7%	0	2	0	2	1	0		R
35903	Excision, graft, extremity	$914.62	$914.62	90	9%	84%	7%	0	2	0	2	1	0		R
35905	Excision, graft, thorax	$1,555.95	$1,555.95	90	9%	84%	7%	0	2	0	2	1	0		R
35907	Excision, graft, abdomen	$1,495.94	$1,495.94	90	9%	84%	7%	0	2	0	2	1	0		R
36000	Place needle in vein	$35.71	$12.90	0	0%	0%	0%	0	2	1	1	0	0		R
36005	Injection, venography	$632.90	$66.96	0	0%	0%	0%	0	2	0	0	0	0		R
36010	Place catheter in vein	$186.99	$186.99	0	0%	0%	0%	0	2	1	1	0	0		R
36011	Place catheter in vein	$230.14	$230.14	0	0%	0%	0%	0	2	1	1	0	0		R
36012	Place catheter in vein	$263.87	$263.87	0	0%	0%	0%	0	2	1	1	0	0		R
36013	Place catheter in artery	$189.47	$189.47	0	0%	0%	0%	0	2	0	1	0	0		R
36014	Place catheter in artery	$226.18	$226.18	0	0%	0%	0%	0	2	1	1	0	0		R
36015	Place catheter in artery	$263.38	$263.38	0	0%	0%	0%	0	2	1	1	0	0		R
36100	Establish access to artery	$237.58	$237.58	0	0%	0%	0%	0	2	1	1	0	0		R
36120	Establish access to artery	$160.21	$160.21	0	0%	0%	0%	0	2	0	1	0	0		R
36140	Establish access to artery	$149.30	$149.30	0	0%	0%	0%	0	2	0	1	0	0		R
36145	Artery to vein shunt	$160.70	$160.70	0	0%	0%	0%	0	2	0	1	0	0		R

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36160	Establish access to aorta	$199.89	$199.89	0	0%	0%	0%	0	2	0	1	0	0		R
36200	Place catheter in aorta	$232.62	$232.62	0	0%	0%	0%	0	2	1	1	0	0		R
36215	Place catheter in artery	$340.75	$340.75	0	0%	0%	0%	0	2	1	1	0	0		R
36216	Place catheter in artery	$386.38	$386.38	0	0%	0%	0%	0	2	1	1	0	0		R
36217	Place catheter in artery	$463.26	$463.26	0	0%	0%	0%	0	2	1	1	0	0		R
36218	Place catheter in artery	$75.39	$75.39	0	0%	0%	0%	0	0	0	1	0	0		R
36245	Place catheter in artery	$351.17	$351.17	0	0%	0%	0%	0	2	1	1	0	0		R
36246	Place catheter in artery	$388.37	$388.37	0	0%	0%	0%	0	2	1	1	0	0		R
36247	Place catheter in artery	$462.27	$462.27	0	0%	0%	0%	0	2	1	1	0	0		R
36248	Place catheter in artery	$75.89	$75.89	0	0%	0%	0%	0	0	0	1	0	0		R
36260	Insertion of infusion pump	$820.88	$820.88	90	9%	84%	7%	0	2	0	1	0	0		R
36261	Revision of infusion pump	$452.35	$452.35	90	9%	84%	7%	0	2	0	2	0	0		R
36262	Removal of infusion pump	$336.78	$336.78	90	9%	84%	7%	0	2	0	1	0	0		R
36299	Vessel injection procedure	By Report	By Report	0	0%	0%	0%	0	2	0	0	1	1		N
36400	Drawing blood	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	1	0	0		X
36405	Drawing blood	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	1	0	0		X
36406	Drawing blood	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	1	0	0		X
36410	Drawing blood	$30.26	$12.90	0	0%	0%	0%	0	2	0	1	0	0		R
36415	Drawing blood	$4.20	$4.20	0	0%	0%	0%	9	9	9	9	9	9		L
36420	Establish access to vein	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
36425	Establish access to vein	$161.70	$46.62	0	0%	0%	0%	0	2	0	1	0	0		R
36430	Blood transfusion service	$52.58	$46.13	0	0%	0%	0%	5	0	0	1	0	0		R
36440	Blood transfusion service	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
36450	Exchange transfusion service	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
36455	Exchange transfusion service	$189.97	$189.97	0	0%	0%	0%	0	2	0	1	0	0		R
36460	Transfusion service, fetal	$499.97	$499.97	0	0%	0%	0%	0	2	0	2	0	0		R
36468	Injection(s), spider veins	By Report	By Report	0	0%	0%	0%	0	2	0	0	0	0		N
36469	Injection(s), spider veins	By Report	By Report	0	0%	0%	0%	0	2	0	0	0	0		N
36470	Injection therapy of vein	Not Covered	Not Covered	10	10%	80%	10%	0	2	0	1	0	0		X
36471	Injection therapy of veins	Not Covered	Not Covered	10	10%	80%	10%	0	2	0	1	0	0		X
36481	Insertion of catheter, vein	$538.66	$538.66	0	0%	0%	0%	0	2	0	1	0	0		R
36488	Insertion of catheter, vein	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	1	0	0		X
36489	Insertion of catheter, vein	$202.37	$104.16	0	0%	0%	0%	0	0	0	1	0	0		R
36490	Insertion of catheter, vein	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	1	0	0		X
36491	Insertion of catheter, vein	$125.49	$125.49	0	0%	0%	0%	0	0	0	1	0	0		R
36493	Repositioning of cvc	$102.18	$102.18	0	0%	0%	0%	0	2	0	1	0	0		R
36500	Insertion of catheter, vein	$228.66	$228.66	0	0%	0%	0%	0	2	0	1	0	0		R
36510	Insertion of catheter, vein	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
36520	Plasma and/or cell exchange	$150.29	$150.29	0	0%	0%	0%	0	2	0	1	0	0		R
36521	Apheresis w/ adsorp/reinfuse	$136.90	$136.90	0	0%	0%	0%	0	2	0	1	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
36522	Photopheresis	$342.24	$151.78	0	0%	0%	0%	0	2	0	1	0	0		R
36530	Insertion of infusion pump	$532.21	$532.21	10	10%	80%	10%	0	2	0	0	0	0		R
36531	Revision of infusion pump	$438.46	$438.46	10	10%	80%	10%	0	2	0	0	0	0		R
36532	Removal of infusion pump	$260.90	$260.90	10	10%	80%	10%	0	2	0	0	0	0		R
36533	Insertion of access device	$500.46	$470.21	10	10%	80%	10%	0	2	0	0	0	0		R
36534	Revision of access device	$243.54	$243.54	10	10%	80%	10%	0	2	0	0	0	0		R
36535	Removal of access device	$253.46	$218.74	10	10%	80%	10%	0	2	0	0	0	0		R
36540	Collect blood venous device	$4.20	$4.20	0	0%	0%	0%	9	9	9	9	9	9		F
36550	Declot vascular device	$30.26	$14.88	0	0%	0%	0%	9	0	0	0	0	0		R
36600	Withdrawal of arterial blood	$35.71	$23.31	0	0%	0%	0%	0	2	0	1	0	0		R
36620	Insertion catheter, artery	$77.38	$77.38	0	0%	0%	0%	0	0	0	1	0	0		R
36625	Insertion catheter, artery	$144.34	$144.34	0	0%	0%	0%	0	0	0	1	0	0		R
36640	Insertion catheter, artery	$170.62	$170.62	0	0%	0%	0%	0	2	0	1	0	0		R
36660	Insertion catheter, artery	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
36680	Insert needle, bone cavity	$101.68	$101.68	0	0%	0%	0%	0	2	0	0	0	0		R
36800	Insertion of cannula	$218.74	$218.74	0	0%	0%	0%	0	2	0	1	0	0		R
36810	Insertion of cannula	$363.07	$363.07	0	0%	0%	0%	0	2	0	1	0	0		R
36815	Insertion of cannula	$245.52	$245.52	0	0%	0%	0%	0	2	0	1	0	0		R
36819	Av fusion by basilic vein	$1,090.70	$1,090.70	90	9%	84%	7%	0	2	0	2	1	0		R
36821	Av fusion direct any site	$770.29	$770.29	90	9%	84%	7%	0	2	0	2	1	0		R
36822	Insertion of cannula(s)	$743.01	$743.01	90	9%	84%	7%	0	2	0	1	0	0		R
36823	Insertion of cannula(s)	$1,704.75	$1,704.75	90	9%	84%	7%	0	2	0	1	0	0		R
36825	Artery-vein graft	$893.79	$893.79	90	9%	84%	7%	0	2	0	2	1	0		R
36830	Artery-vein graft	$1,019.28	$1,019.28	90	9%	84%	7%	0	2	0	2	1	0		R
36831	Av fistula excision, open	$570.40	$570.40	90	9%	84%	7%	0	2	0	2	1	0		R
36832	Av fistula revision, open	$876.43	$876.43	90	9%	84%	7%	0	2	0	2	1	0		R
36833	Av fistula revision	$860.06	$860.06	90	9%	84%	7%	0	2	0	2	1	0		R
36834	Repair A-V aneurysm	$787.65	$787.65	90	9%	84%	7%	0	2	0	2	1	0		R
36835	Artery to vein shunt	$611.57	$611.57	90	9%	84%	7%	0	2	0	1	0	0		R
36860	External cannula declotting	$224.19	$193.94	0	0%	0%	0%	0	2	0	1	0	0		R
36861	Cannula declotting	$234.11	$234.11	0	0%	0%	0%	0	2	0	1	0	0		R
36870	Av fistula revision, open	$1,806.43	$394.32	90	9%	84%	7%	0	2	1	1	0	0		R
37140	Revision of circulation	$1,823.30	$1,823.30	90	9%	84%	7%	0	2	0	1	1	0		R
37145	Revision of circulation	$1,948.29	$1,948.29	90	9%	84%	7%	0	2	0	2	0	0		R
37160	Revision of circulation	$1,740.96	$1,740.96	90	9%	84%	7%	0	2	0	2	1	0		R
37180	Revision of circulation	$1,912.58	$1,912.58	90	9%	84%	7%	0	2	0	2	1	0		R
37181	Splice spleen/kidney veins	$2,074.77	$2,074.77	90	9%	84%	7%	0	2	0	2	1	0		R
37195	Thrombolytic therapy, stroke	$419.62	$419.62	0	0%	0%	0%	5	0	0	0	0	0		R
37200	Transcatheter biopsy	$314.46	$314.46	0	0%	0%	0%	0	2	0	1	0	0		R
37201	Transcatheter therapy infuse	$427.06	$427.06	0	0%	0%	0%	0	2	0	1	0	0		R

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37202	Transcatheter therapy infuse	$474.67	$474.67	0	0%	0%	0%	0	2	0	1	0	0		R
37203	Transcatheter retrieval	$405.73	$405.73	0	0%	0%	0%	0	2	0	1	0	0		R
37204	Transcatheter occlusion	$1,347.14	$1,347.14	0	0%	0%	0%	0	2	0	1	0	0		R
37205	Transcatheter stent	$642.82	$642.82	0	0%	0%	0%	0	2	0	0	0	0		R
37206	Transcatheter stent add-on	$307.02	$307.02	0	0%	0%	0%	0	0	0	0	0	0		R
37207	Transcatheter stent	$655.71	$655.71	0	0%	0%	0%	0	2	1	2	2	0		R
37208	Transcatheter stent add-on	$312.98	$312.98	0	0%	0%	0%	0	0	0	2	2	0		R
37209	Exchange arterial catheter	$166.66	$166.66	0	0%	0%	0%	0	2	0	1	0	0		R
37250	Iv us first vessel add-on	$157.73	$157.73	0	0%	0%	0%	0	0	0	0	1	0		R
37251	Iv us each add vessel add-on	$119.54	$119.54	0	0%	0%	0%	0	0	0	0	1	0		R
37565	Ligation of neck vein	$384.90	$384.90	90	9%	84%	7%	0	2	0	0	1	0		R
37600	Ligation of neck artery	$433.01	$433.01	90	9%	84%	7%	0	2	0	2	1	0		R
37605	Ligation of neck artery	$555.02	$555.02	90	9%	84%	7%	0	2	0	2	1	0		R
37606	Ligation of neck artery	$566.43	$566.43	90	9%	84%	7%	0	2	0	2	0	0		R
37607	Ligation of a-v fistula	$513.86	$513.86	90	9%	84%	7%	0	2	0	1	1	0		R
37609	Temporal artery procedure	$383.90	$237.58	10	10%	80%	10%	0	2	0	1	0	0		R
37615	Ligation of neck artery	$518.82	$518.82	90	9%	84%	7%	0	2	0	2	1	0		R
37616	Ligation of chest artery	$1,440.88	$1,440.88	90	9%	84%	7%	0	2	0	2	1	0		R
37617	Ligation of abdomen artery	$1,240.50	$1,240.50	90	9%	84%	7%	0	2	0	2	1	0		R
37618	Ligation of extremity artery	$462.27	$462.27	90	9%	84%	7%	0	2	0	2	1	0		R
37620	Revision of major vein	$876.93	$876.93	90	9%	84%	7%	0	2	0	1	1	0		R
37650	Revision of major vein	$476.66	$476.66	90	9%	84%	7%	0	2	1	1	1	0		R
37660	Revision of major vein	$874.45	$874.45	90	9%	84%	7%	0	2	0	2	1	0		R
37700	Revise leg vein	$369.02	$369.02	90	9%	84%	7%	0	2	1	1	0	0		R
37720	Removal of leg vein	$513.86	$513.86	90	9%	84%	7%	0	2	1	1	1	0		R
37730	Removal of leg veins	$661.66	$661.66	90	9%	84%	7%	0	2	1	1	1	0		R
37735	Removal of leg veins/lesion	$899.74	$899.74	90	9%	84%	7%	0	2	1	2	1	0		R
37760	Revision of leg veins	$885.86	$885.86	90	9%	84%	7%	0	2	0	2	1	0		R
37780	Revision of leg vein	$341.25	$341.25	90	9%	84%	7%	0	2	1	1	1	0		R
37785	Revise secondary varicosity	$478.14	$330.34	90	9%	84%	7%	0	2	1	1	0	0		R
37788	Revascularization, penis	$1,811.39	$1,811.39	90	9%	84%	7%	0	2	0	2	1	0		R
37790	Penile venous occlusion	$782.69	$782.69	90	8%	83%	9%	0	2	0	0	0	0		R
37799	Vascular surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
38100	Removal of spleen, total	$1,043.09	$1,043.09	90	11%	73%	16%	0	2	0	2	1	0		R
38101	Removal of spleen, partial	$1,073.34	$1,073.34	90	11%	73%	16%	0	2	0	2	1	0		R
38102	Removal of spleen, total	$356.62	$356.62	0	0%	0%	0%	0	0	0	2	1	0		R
38115	Repair of ruptured spleen	$1,109.06	$1,109.06	90	11%	73%	16%	0	2	0	2	1	0		R
38120	Laparoscopy, splenectomy	$1,290.10	$1,290.10	90	9%	84%	7%	0	2	0	2	1	0		R
38129	Laparoscope proc, spleen	By Report	By Report	90	0%	0%	0%	0	2	0	2	0	0		N
38200	Injection for spleen x-ray	$194.43	$194.43	0	0%	0%	0%	0	2	0	0	0	0		R

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38230	Bone marrow collection	$358.11	$358.11	10	10%	80%	10%	0	2	0	0	0	0		R
38231	Stem cell collection	$116.56	$116.56	0	0%	0%	0%	0	2	0	0	0	0		R
38240	Bone marrow/stem transplant	$173.10	$173.10	0	0%	0%	0%	0	2	0	0	0	0		R
38241	Bone marrow/stem transplant	$172.11	$172.11	0	0%	0%	0%	0	2	0	0	0	0		R
38300	Drainage, lymph node lesion	$250.98	$179.55	10	10%	80%	10%	0	2	0	1	0	0		R
38305	Drainage, lymph node lesion	$556.51	$482.61	90	11%	73%	16%	0	2	0	1	0	0		R
38308	Incision of lymph channels	$499.97	$499.97	90	11%	73%	16%	0	2	0	2	1	0		R
38380	Thoracic duct procedure	$732.10	$732.10	90	11%	73%	16%	0	2	0	2	1	0		R
38381	Thoracic duct procedure	$1,254.38	$1,254.38	90	11%	73%	16%	0	2	0	2	1	0		R
38382	Thoracic duct procedure	$1,013.82	$1,013.82	90	11%	73%	16%	0	2	0	2	1	0		R
38500	Biopsy/removal, lymph nodes	$272.80	$260.40	10	10%	80%	10%	0	2	1	1	0	0		R
38505	Needle biopsy, lymph nodes	$186.50	$109.12	0	0%	0%	0%	0	2	1	1	0	0		R
38510	Biopsy/removal, lymph nodes	$417.63	$417.63	90	11%	73%	16%	0	2	1	1	0	0		R
38520	Biopsy/removal, lymph nodes	$508.90	$508.90	90	11%	73%	16%	0	2	1	1	0	0		R
38525	Biopsy/removal, lymph nodes	$430.03	$430.03	90	11%	73%	16%	0	2	1	1	0	0		R
38530	Biopsy/removal, lymph nodes	$569.41	$569.41	90	11%	73%	16%	0	2	1	2	1	0		R
38542	Explore deep node(s), neck	$592.22	$592.22	90	11%	73%	16%	0	2	1	2	1	0		R
38550	Removal, neck/armpit lesion	$595.20	$595.20	90	11%	73%	16%	0	2	0	0	0	0		R
38555	Removal, neck/armpit lesion	$1,291.58	$1,291.58	90	11%	73%	16%	0	2	0	2	1	0		R
38562	Removal, pelvic lymph nodes	$889.82	$889.82	90	11%	73%	16%	0	2	2	2	1	0		R
38564	Removal, abdomen lymph nodes	$917.10	$917.10	90	11%	73%	16%	0	2	0	2	1	0		R
38570	Laparoscopy, lymph node biop	$747.97	$747.97	10	10%	80%	10%	0	3	0	2	2	0	49320	R
38571	Laparoscopy, lymphadenectomy	$960.26	$960.26	10	10%	80%	10%	0	2	2	2	2	0		R
38572	Laparoscopy, lymphadenectomy	$1,130.88	$1,130.88	10	10%	80%	10%	0	2	2	2	2	0		R
38589	Laparoscope proc, lymphatic	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
38700	Removal of lymph nodes, neck	$1,047.55	$1,047.55	90	11%	73%	16%	0	2	1	2	1	0		R
38720	Removal of lymph nodes, neck	$1,499.90	$1,499.90	90	11%	73%	16%	0	2	1	2	1	0		R
38724	Removal of lymph nodes, neck	$1,557.94	$1,557.94	90	11%	73%	16%	0	2	1	2	1	0		R
38740	Remove armpit lymph nodes	$600.66	$600.66	90	11%	73%	16%	0	2	0	2	1	0		R
38745	Remove armpit lymph nodes	$834.27	$834.27	90	11%	73%	16%	0	2	0	2	1	0		R
38746	Remove thoracic lymph nodes	$334.30	$334.30	0	0%	0%	0%	0	0	0	2	1	0		R
38747	Remove abdominal lymph nodes	$363.57	$363.57	0	0%	0%	0%	0	0	0	2	1	0		R
38760	Remove groin lymph nodes	$766.82	$766.82	90	11%	73%	16%	0	2	1	2	1	0		R
38765	Remove groin lymph nodes	$1,396.24	$1,396.24	90	11%	73%	16%	0	2	1	2	1	0		R
38770	Remove pelvis lymph nodes	$1,140.80	$1,140.80	90	11%	73%	16%	0	2	1	2	1	0		R
38780	Remove abdomen lymph nodes	$1,440.38	$1,440.38	90	11%	73%	16%	0	2	0	2	1	0		R
38790	Inject for lymphatic x-ray	$1,395.25	$104.16	0	0%	0%	0%	0	2	1	1	0	0		R
38792	Identify sentinel node	$37.20	$37.20	0	0%	0%	0%	0	2	1	1	0	0		R
38794	Access thoracic lymph duct	$326.86	$326.86	90	11%	73%	16%	0	2	0	0	0	0		R
38999	Blood/lymph system procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N

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39000	Exploration of chest	$773.26	$773.26	90	9%	84%	7%	0	2	0	2	1	0		R
39010	Exploration of chest	$1,266.29	$1,266.29	90	9%	84%	7%	0	2	0	2	1	0		R
39200	Removal chest lesion	$1,375.90	$1,375.90	90	9%	84%	7%	0	2	0	2	1	0		R
39220	Removal chest lesion	$1,681.94	$1,681.94	90	9%	84%	7%	0	2	0	2	1	0		R
39400	Visualization of chest	$725.65	$725.65	10	10%	80%	10%	0	2	0	1	0	0		R
39499	Chest procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
39501	Repair diaphragm laceration	$1,161.63	$1,161.63	90	9%	84%	7%	0	2	0	2	1	0		R
39502	Repair paraesophageal hernia	$1,360.53	$1,360.53	90	9%	84%	7%	0	2	0	2	1	0		R
39503	Repair of diaphragm hernia	$2,949.22	$2,949.22	90	9%	84%	7%	0	2	0	2	1	0		R
39520	Repair of diaphragm hernia	$1,457.25	$1,457.25	90	9%	84%	7%	0	2	0	2	1	0		R
39530	Repair of diaphragm hernia	$1,369.95	$1,369.95	90	9%	84%	7%	0	2	0	2	1	0		R
39531	Repair of diaphragm hernia	$1,412.61	$1,412.61	90	9%	84%	7%	0	2	0	2	1	0		R
39540	Repair of diaphragm hernia	$1,190.40	$1,190.40	90	9%	84%	7%	0	2	0	2	1	0		R
39541	Repair of diaphragm hernia	$1,260.34	$1,260.34	90	9%	84%	7%	0	2	0	2	1	0		R
39545	Revision of diaphragm	$1,262.82	$1,262.82	90	9%	84%	7%	0	2	0	2	1	0		R
39560	Resect diaphragm, simple	$1,089.71	$1,089.71	90	9%	84%	7%	0	2	0	2	1	0		R
39561	Resect diaphragm, complex	$1,488.99	$1,488.99	90	9%	84%	7%	0	2	0	2	1	0		R
39599	Diaphragm surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
40490	Biopsy of lip	$133.42	$90.77	0	0%	0%	0%	0	2	0	1	0	0		R
40500	Partial excision of lip	$496.99	$492.53	90	9%	81%	10%	0	2	0	1	0	0		R
40510	Partial excision of lip	$563.46	$553.54	90	9%	81%	10%	0	2	0	1	0	0		R
40520	Partial excision of lip	$591.73	$558.50	90	9%	81%	10%	0	2	0	1	0	0		R
40525	Reconstruct lip with flap	$817.90	$817.90	90	9%	81%	10%	0	2	0	1	0	0		R
40527	Reconstruct lip with flap	$956.29	$956.29	90	9%	81%	10%	0	2	0	0	0	0		R
40530	Partial removal of lip	$592.22	$584.78	90	9%	81%	10%	0	2	0	1	0	0		R
40650	Repair lip	$446.90	$415.15	90	9%	81%	10%	0	2	0	0	0	0		R
40652	Repair lip	$526.26	$526.26	90	9%	81%	10%	0	2	0	0	0	0		R
40654	Repair lip	$644.30	$635.38	90	9%	81%	10%	0	2	0	1	0	0		R
40700	Repair cleft lip/nasal	$1,167.58	$1,167.58	90	9%	81%	10%	0	2	0	0	0	0		R
40701	Repair cleft lip/nasal	$1,471.63	$1,471.63	90	9%	81%	10%	0	2	2	2	0	0		R
40702	Repair cleft lip/nasal	$1,155.18	$1,155.18	90	9%	81%	10%	0	2	2	2	0	0		R
40720	Repair cleft lip/nasal	$1,310.93	$1,310.93	90	9%	81%	10%	0	2	1	0	0	0		R
40761	Repair cleft lip/nasal	$1,358.54	$1,358.54	90	9%	81%	10%	0	2	0	1	0	0		R
40799	Lip surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
40800	Drainage of mouth lesion	$142.35	$83.33	10	10%	80%	10%	0	2	0	1	0	0		R
40801	Drainage of mouth lesion	$245.02	$214.27	10	10%	80%	10%	0	2	0	1	0	0		R
40804	Removal, foreign body, mouth	$168.64	$149.30	10	10%	80%	10%	0	2	0	0	0	0		R
40805	Removal, foreign body, mouth	$287.18	$273.79	10	10%	80%	10%	0	2	0	0	0	0		R
40806	Incision of lip fold	$53.07	$53.07	0	0%	0%	0%	0	2	0	0	0	0		R
40808	Biopsy of mouth lesion	$136.90	$131.94	10	10%	80%	10%	0	2	0	1	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
40810	Excision of mouth lesion	$184.02	$164.67	10	10%	80%	10%	0	2	0	1	0	0		R
40812	Excise/repair mouth lesion	$248.00	$238.08	10	10%	80%	10%	0	2	0	1	0	0		R
40814	Excise/repair mouth lesion	$373.49	$351.66	90	9%	81%	10%	0	2	0	1	0	0		R
40816	Excision of mouth lesion	$397.79	$375.97	90	9%	81%	10%	0	2	0	1	0	0		R
40818	Excise oral mucosa for graft	$305.54	$305.54	90	9%	81%	10%	0	2	0	0	0	0		R
40819	Excise lip or cheek fold	$273.30	$264.37	90	9%	81%	10%	0	2	0	0	0	0		R
40820	Treatment of mouth lesion	$160.70	$151.28	10	10%	80%	10%	0	2	0	1	0	0		R
40830	Repair mouth laceration	$193.44	$191.46	10	10%	80%	10%	0	2	0	0	0	0		R
40831	Repair mouth laceration	$259.41	$259.41	10	10%	80%	10%	0	2	0	0	0	0		R
40840	Reconstruction of mouth	$775.74	$775.74	90	9%	81%	10%	0	2	0	2	0	0		R
40842	Reconstruction of mouth	$763.34	$763.34	90	9%	81%	10%	0	2	0	0	0	0		R
40843	Reconstruction of mouth	$1,063.92	$1,063.92	90	9%	81%	10%	0	2	2	2	0	0		R
40844	Reconstruction of mouth	$1,342.18	$1,321.34	90	9%	81%	10%	0	2	0	2	0	0		R
40845	Reconstruction of mouth	$1,641.26	$1,641.26	90	9%	81%	10%	0	2	0	0	0	0		R
40899	Mouth surgery procedure	By Report	By Report	10	0%	0%	0%	0	2	0	0	1	1		N
41000	Drainage of mouth lesion	$166.16	$130.45	10	10%	80%	10%	0	2	0	1	0	0		R
41005	Drainage of mouth lesion	$152.27	$120.53	10	10%	80%	10%	0	2	0	0	0	0		R
41006	Drainage of mouth lesion	$314.46	$310.50	90	9%	81%	10%	0	2	0	0	0	0		R
41007	Drainage of mouth lesion	$324.88	$314.46	90	9%	81%	10%	0	2	0	0	0	0		R
41008	Drainage of mouth lesion	$323.39	$301.07	90	9%	81%	10%	0	2	0	0	0	0		R
41009	Drainage of mouth lesion	$365.55	$350.67	90	9%	81%	10%	0	2	0	0	0	0		R
41010	Incision of tongue fold	$168.64	$168.64	10	10%	80%	10%	0	2	0	0	0	0		R
41015	Drainage of mouth lesion	$380.93	$337.78	90	9%	81%	10%	0	2	0	0	0	0		R
41016	Drainage of mouth lesion	$416.14	$387.87	90	9%	81%	10%	0	2	0	0	0	0		R
41017	Drainage of mouth lesion	$382.42	$355.14	90	9%	81%	10%	0	2	0	0	0	0		R
41018	Drainage of mouth lesion	$487.57	$463.76	90	9%	81%	10%	0	2	0	0	0	0		R
41100	Biopsy of tongue	$192.94	$186.99	10	10%	80%	10%	0	2	0	1	0	0		R
41105	Biopsy of tongue	$178.56	$171.62	10	10%	80%	10%	0	2	0	1	0	0		R
41108	Biopsy of floor of mouth	$152.27	$144.34	10	10%	80%	10%	0	2	0	1	0	0		R
41110	Excision of tongue lesion	$210.30	$181.04	10	10%	80%	10%	0	2	0	1	0	0		R
41112	Excision of tongue lesion	$305.04	$289.17	90	9%	81%	10%	0	2	0	1	0	0		R
41113	Excision of tongue lesion	$341.74	$318.43	90	9%	81%	10%	0	2	0	1	0	0		R
41114	Excision of tongue lesion	$765.82	$765.82	90	9%	81%	10%	0	2	0	0	0	0		R
41115	Excision of tongue fold	$201.38	$201.38	10	10%	80%	10%	0	2	0	0	0	0		R
41116	Excision of mouth lesion	$286.69	$286.69	90	9%	81%	10%	0	2	0	1	0	0		R
41120	Partial removal of tongue	$931.49	$931.49	90	9%	81%	10%	0	2	0	2	1	0		R
41130	Partial removal of tongue	$1,058.96	$1,058.96	90	9%	81%	10%	0	2	0	2	1	0		R
41135	Tongue and neck surgery	$2,040.54	$2,040.54	90	9%	81%	10%	0	2	0	2	1	0		R
41140	Removal of tongue	$2,256.30	$2,256.30	90	9%	81%	10%	0	2	0	2	1	0		R
41145	Tongue removal, neck surgery	$2,670.96	$2,670.96	90	9%	81%	10%	0	2	0	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
41150	Tongue, mouth, jaw surgery	$2,092.62	$2,092.62	90	9%	81%	10%	0	2	0	2	1	0		R
41153	Tongue, mouth, neck surgery	$2,239.94	$2,239.94	90	9%	81%	10%	0	2	0	2	1	0		R
41155	Tongue, jaw, & neck surgery	$2,588.62	$2,588.62	90	9%	81%	10%	0	2	0	2	1	0		R
41250	Repair tongue laceration	$219.73	$176.08	10	10%	80%	10%	0	2	0	0	0	0		R
41251	Repair tongue laceration	$248.99	$230.64	10	10%	80%	10%	0	2	0	0	0	0		R
41252	Repair tongue laceration	$320.91	$273.79	10	10%	80%	10%	0	2	0	0	0	0		R
41500	Fixation of tongue	$397.30	$397.30	90	9%	81%	10%	0	2	0	0	0	0		R
41510	Tongue to lip surgery	$379.44	$379.44	90	9%	81%	10%	0	2	0	0	0	0		R
41520	Reconstruction, tongue fold	$299.09	$299.09	90	9%	81%	10%	0	2	0	0	0	0		R
41599	Tongue and mouth surgery	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
41800	Drainage of gum lesion	$140.86	$115.57	10	10%	80%	10%	0	2	0	1	0	0		R
41805	Removal foreign body, gum	$146.82	$146.82	10	10%	80%	10%	0	2	0	0	0	0		R
41806	Removal foreign body,jawbone	$258.91	$241.06	10	10%	80%	10%	0	2	0	0	0	0		R
41820	Excision, gum, each quadrant	$378.84	$378.84	0	0%	0%	0%	0	2	0	0	0	0		F
41821	Excision of gum flap	$73.67	$73.67	0	0%	0%	0%	0	2	0	0	0	0		F
41822	Excision of gum lesion	$270.32	$197.90	10	10%	80%	10%	0	2	0	0	0	0		R
41823	Excision of gum lesion	$362.08	$325.87	90	9%	81%	10%	0	2	0	0	0	0		R
41825	Excision of gum lesion	$176.58	$163.68	10	10%	80%	10%	0	2	0	1	0	0		R
41826	Excision of gum lesion	$245.52	$231.63	10	10%	80%	10%	0	2	0	1	0	0		R
41827	Excision of gum lesion	$361.58	$336.29	90	9%	81%	10%	0	2	0	1	0	0		R
41828	Excision of gum lesion	$328.35	$302.06	10	10%	80%	10%	0	2	0	0	0	0		R
41830	Removal of gum tissue	$341.74	$341.74	10	10%	80%	10%	0	2	0	0	0	0		R
41850	Treatment of gum lesion	$52.62	$52.62	0	0%	0%	0%	0	2	0	0	0	0		F
41870	Gum graft	$452.51	$452.51	0	0%	0%	0%	0	2	0	0	0	0		F
41872	Repair gum	$273.30	$273.30	90	9%	81%	10%	0	2	0	0	0	0		R
41874	Repair tooth socket	$312.48	$294.62	90	9%	81%	10%	0	2	0	0	0	0		R
41899	Dental surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
42000	Drainage mouth roof lesion	$162.19	$131.94	10	10%	80%	10%	0	2	0	0	0	0		R
42100	Biopsy roof of mouth	$167.65	$162.19	10	10%	80%	10%	0	2	0	1	0	0		R
42104	Excision lesion, mouth roof	$198.40	$187.49	10	10%	80%	10%	0	2	0	1	0	0		R
42106	Excision lesion, mouth roof	$237.09	$221.71	10	10%	80%	10%	0	2	0	1	0	0		R
42107	Excision lesion, mouth roof	$447.39	$414.66	90	9%	81%	10%	0	2	0	1	0	0		R
42120	Remove palate/lesion	$637.86	$637.86	90	9%	81%	10%	0	2	0	2	1	0		R
42140	Excision of uvula	$241.06	$223.20	90	9%	81%	10%	0	2	0	1	0	0		R
42145	Repair palate, pharynx/uvula	$811.46	$811.46	90	9%	81%	10%	0	2	0	1	0	0		R
42160	Treatment mouth roof lesion	$233.12	$201.87	10	10%	80%	10%	0	2	0	0	0	0		R
42180	Repair palate	$263.38	$239.07	10	10%	80%	10%	0	2	0	0	0	0		R
42182	Repair palate	$393.82	$357.62	10	10%	80%	10%	0	2	0	0	0	0		R
42200	Reconstruct cleft palate	$1,096.16	$1,096.16	90	9%	81%	10%	0	2	0	2	0	0		R
42205	Reconstruct cleft palate	$932.98	$932.98	90	9%	81%	10%	0	2	0	2	0	0		R

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42210	Reconstruct cleft palate	$1,227.10	$1,227.10	90	9%	81%	10%	0	2	0	2	0	0		R
42215	Reconstruct cleft palate	$850.14	$850.14	90	9%	81%	10%	0	2	0	2	0	0		R
42220	Reconstruct cleft palate	$647.28	$647.28	90	9%	81%	10%	0	2	0	2	0	0		R
42225	Reconstruct cleft palate	$924.05	$924.05	90	9%	81%	10%	0	2	0	2	0	0		R
42226	Lengthening of palate	$970.18	$970.18	90	9%	81%	10%	0	2	0	2	0	0		R
42227	Lengthening of palate	$846.18	$846.18	90	9%	81%	10%	0	2	0	2	0	0		R
42235	Repair palate	$696.38	$696.38	90	9%	81%	10%	0	2	0	2	0	0		R
42260	Repair nose to lip fistula	$842.70	$842.70	90	9%	81%	10%	0	2	0	2	0	0		R
42280	Preparation, palate mold	$160.21	$137.89	10	10%	80%	10%	0	2	0	0	0	0		R
42281	Insertion, palate prosthesis	$195.92	$158.72	10	10%	80%	10%	0	2	0	0	0	0		R
42299	Palate/uvula surgery	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
42300	Drainage of salivary gland	$209.81	$173.10	10	10%	80%	10%	0	2	0	1	0	0		R
42305	Drainage of salivary gland	$538.66	$538.66	90	9%	81%	10%	0	2	0	0	0	0		R
42310	Drainage of salivary gland	$179.06	$150.29	10	10%	80%	10%	0	2	0	0	0	0		R
42320	Drainage of salivary gland	$251.47	$226.67	10	10%	80%	10%	0	2	0	0	0	0		R
42325	Create salivary cyst drain	$294.13	$215.76	90	9%	81%	10%	0	2	0	2	0	0		R
42326	Create salivary cyst drain	$378.45	$333.81	90	9%	81%	10%	0	2	0	2	0	0		R
42330	Removal of salivary stone	$230.64	$167.15	10	10%	80%	10%	0	2	0	1	0	0		R
42335	Removal of salivary stone	$339.26	$321.90	90	9%	81%	10%	0	2	0	1	0	0		R
42340	Removal of salivary stone	$468.22	$439.46	90	9%	81%	10%	0	2	0	0	0	0		R
42400	Biopsy of salivary gland	$139.38	$60.51	0	0%	0%	0%	0	2	0	1	0	0		R
42405	Biopsy of salivary gland	$317.44	$304.54	10	10%	80%	10%	0	2	0	1	0	0		R
42408	Excision of salivary cyst	$453.34	$453.34	90	9%	81%	10%	0	2	0	0	0	0		R
42409	Drainage of salivary cyst	$312.98	$312.98	90	9%	81%	10%	0	2	0	2	0	0		R
42410	Excise parotid gland/lesion	$861.06	$861.06	90	9%	81%	10%	0	2	0	2	1	0		R
42415	Excise parotid gland/lesion	$1,515.28	$1,515.28	90	9%	81%	10%	0	2	0	2	1	0		R
42420	Excise parotid gland/lesion	$1,742.94	$1,742.94	90	9%	81%	10%	0	2	0	2	1	0		R
42425	Excise parotid gland/lesion	$1,212.72	$1,212.72	90	9%	81%	10%	0	2	0	2	1	0		R
42426	Excise parotid gland/lesion	$1,977.06	$1,977.06	90	9%	81%	10%	0	2	0	2	1	0		R
42440	Excise submaxillary gland	$686.46	$686.46	90	9%	81%	10%	0	2	0	2	1	0		R
42450	Excise sublingual gland	$471.20	$470.70	90	9%	81%	10%	0	2	0	0	0	0		R
42500	Repair salivary duct	$460.29	$460.29	90	9%	81%	10%	0	2	0	0	0	0		R
42505	Repair salivary duct	$612.56	$612.56	90	9%	81%	10%	0	2	0	1	0	0		R
42507	Parotid duct diversion	$608.10	$608.10	90	9%	81%	10%	0	2	2	2	0	0		R
42508	Parotid duct diversion	$873.95	$873.95	90	9%	81%	10%	0	2	2	2	0	0		R
42509	Parotid duct diversion	$1,000.93	$1,000.93	90	9%	81%	10%	0	2	2	0	0	0		R
42510	Parotid duct diversion	$805.50	$805.50	90	9%	81%	10%	0	2	2	2	1	0		R
42550	Injection for salivary x-ray	$528.74	$86.30	0	0%	0%	0%	0	2	0	1	0	0		R
42600	Closure of salivary fistula	$528.74	$510.38	90	9%	81%	10%	0	2	0	0	0	0		R
42650	Dilation of salivary duct	$85.31	$58.53	0	0%	0%	0%	0	2	0	1	0	0		R

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42660	Dilation of salivary duct	$108.13	$104.66	0	0%	0%	0%	0	2	0	0	0	0		R
42665	Ligation of salivary duct	$298.59	$297.10	90	9%	81%	10%	0	2	0	0	0	0		R
42699	Salivary surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
42700	Drainage of tonsil abscess	$211.79	$157.73	10	10%	80%	10%	0	2	0	1	0	0		R
42720	Drainage of throat abscess	$484.10	$482.11	10	10%	80%	10%	0	2	0	0	0	0		R
42725	Drainage of throat abscess	$931.98	$931.98	90	9%	81%	10%	0	2	0	2	1	0		R
42800	Biopsy of throat	$191.46	$171.12	10	10%	80%	10%	0	2	0	1	0	0		R
42802	Biopsy of throat	$207.33	$191.46	10	10%	80%	10%	0	2	0	1	0	0		R
42804	Biopsy of upper nose/throat	$186.99	$171.12	10	10%	80%	10%	0	2	0	1	0	0		R
42806	Biopsy of upper nose/throat	$225.18	$199.89	10	10%	80%	10%	0	2	0	1	0	0		R
42808	Excise pharynx lesion	$328.85	$267.84	10	10%	80%	10%	0	2	0	1	0	0		R
42809	Remove pharynx foreign body	$230.64	$168.14	10	10%	80%	10%	0	2	0	1	0	0		R
42810	Excision of neck cyst	$410.19	$378.94	90	9%	81%	10%	0	2	0	2	0	0		R
42815	Excision of neck cyst	$719.70	$719.70	90	9%	81%	10%	0	2	0	2	1	0		R
42820	Remove tonsils and adenoids	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	0	0	0		X
42821	Remove tonsils and adenoids	$431.02	$431.02	90	9%	81%	10%	0	2	0	0	0	0		R
42825	Removal of tonsils	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	0	0	0		X
42826	Removal of tonsils	$361.09	$361.09	90	9%	81%	10%	0	2	0	1	0	0		R
42830	Removal of adenoids	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	0	0	0		X
42831	Removal of adenoids	$265.86	$265.86	90	9%	81%	10%	0	2	0	0	0	0		R
42835	Removal of adenoids	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	0	0	0		X
42836	Removal of adenoids	$336.78	$336.78	90	9%	81%	10%	0	2	0	0	0	0		R
42842	Extensive surgery of throat	$833.78	$833.78	90	9%	81%	10%	0	2	0	0	0	0		R
42844	Extensive surgery of throat	$1,314.40	$1,314.40	90	9%	81%	10%	0	2	0	2	1	0		R
42845	Extensive surgery of throat	$2,169.01	$2,169.01	90	9%	81%	10%	0	2	0	2	1	0		R
42860	Excision of tonsil tags	$253.95	$253.95	90	9%	81%	10%	0	2	0	0	0	0		R
42870	Excision of lingual tonsil	$530.22	$530.22	90	9%	81%	10%	0	2	0	0	0	0		R
42890	Partial removal of pharynx	$1,191.39	$1,191.39	90	9%	81%	10%	0	2	0	2	1	0		R
42892	Revision of pharyngeal walls	$1,425.50	$1,425.50	90	9%	81%	10%	0	2	0	2	1	0		R
42894	Revision of pharyngeal walls	$2,036.08	$2,036.08	90	9%	81%	10%	0	2	0	2	1	0		R
42900	Repair throat wound	$470.21	$470.21	10	10%	80%	10%	0	2	0	0	0	0		R
42950	Reconstruction of throat	$818.90	$818.90	90	9%	81%	10%	0	2	0	2	1	0		R
42953	Repair throat, esophagus	$890.32	$890.32	90	9%	81%	10%	0	2	0	2	0	0		R
42955	Surgical opening of throat	$675.06	$675.06	90	9%	81%	10%	0	2	0	2	0	0		R
42960	Control throat bleeding	$213.28	$213.28	10	10%	80%	10%	0	2	0	0	0	0		R
42961	Control throat bleeding	$509.39	$509.39	90	9%	81%	10%	0	2	0	2	0	0		R
42962	Control throat bleeding	$685.97	$685.97	90	9%	81%	10%	0	2	0	2	0	0		R
42970	Control nose/throat bleeding	$436.48	$436.48	90	9%	81%	10%	0	2	0	1	0	0		R
42971	Control nose/throat bleeding	$575.36	$575.36	90	9%	81%	10%	0	2	0	2	0	0		R
42972	Control nose/throat bleeding	$634.38	$634.38	90	9%	81%	10%	0	2	0	2	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
42999	Throat surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
43020	Incision of esophagus	$766.82	$766.82	90	9%	81%	10%	0	2	0	2	1	0		R
43030	Throat muscle surgery	$776.24	$776.24	90	9%	81%	10%	0	2	0	2	1	0		R
43045	Incision of esophagus	$1,714.18	$1,714.18	90	9%	81%	10%	0	2	0	2	1	0		R
43100	Excision of esophagus lesion	$848.66	$848.66	90	9%	81%	10%	0	2	0	2	1	0		R
43101	Excision of esophagus lesion	$1,364.00	$1,364.00	90	9%	81%	10%	0	2	0	2	1	0		R
43107	Removal of esophagus	$2,480.00	$2,480.00	90	9%	81%	10%	0	2	0	2	1	0		R
43108	Removal of esophagus	$2,828.69	$2,828.69	90	9%	81%	10%	0	2	0	2	1	0		R
43112	Removal of esophagus	$2,649.14	$2,649.14	90	9%	81%	10%	0	2	0	2	2	0		R
43113	Removal of esophagus	$2,969.06	$2,969.06	90	9%	81%	10%	0	2	0	2	2	0		R
43116	Partial removal of esophagus	$2,754.78	$2,754.78	90	9%	81%	10%	0	2	0	2	1	0		R
43117	Partial removal of esophagus	$2,606.98	$2,606.98	90	9%	81%	10%	0	2	0	2	2	0		R
43118	Partial removal of esophagus	$2,794.46	$2,794.46	90	9%	81%	10%	0	2	0	2	2	0		R
43121	Partial removal of esophagus	$2,509.26	$2,509.26	90	9%	81%	10%	0	2	0	2	2	0		R
43122	Parital removal of esophagus	$2,451.23	$2,451.23	90	9%	81%	10%	0	2	0	2	1	0		R
43123	Partial removal of esophagus	$2,861.42	$2,861.42	90	9%	81%	10%	0	2	0	2	1	0		R
43124	Removal of esophagus	$2,417.50	$2,417.50	90	9%	81%	10%	0	2	0	2	1	0		R
43130	Removal of esophagus pouch	$1,115.01	$1,115.01	90	9%	81%	10%	0	2	0	2	1	0		R
43135	Removal of esophagus pouch	$1,459.73	$1,459.73	90	9%	81%	10%	0	2	0	2	1	0		R
43200	Esophagus endoscopy	$363.57	$150.29	0	0%	0%	0%	0	2	0	1	0	0		R
43202	Esophagus endoscopy, biopsy	$331.33	$168.14	0	0%	0%	0%	0	3	0	1	0	0	43200	R
43204	Esophagus endoscopy & inject	$310.00	$310.00	0	0%	0%	0%	0	3	0	1	0	0	43200	R
43205	Esophagus endoscopy/ligation	$291.15	$291.15	0	0%	0%	0%	0	3	0	0	0	0	43200	R
43215	Esophagus endoscopy	$219.73	$219.73	0	0%	0%	0%	0	3	0	1	0	0	43200	R
43216	Esophagus endoscopy/lesion	$203.86	$203.86	0	0%	0%	0%	0	3	0	0	0	0	43200	R
43217	Esophagus endoscopy	$242.05	$242.05	0	0%	0%	0%	0	3	0	1	0	0	43200	R
43219	Esophagus endoscopy	$238.08	$238.08	0	0%	0%	0%	0	3	0	1	0	0	43200	R
43220	Esoph endoscopy, dilation	$180.05	$180.05	0	0%	0%	0%	0	3	0	1	0	0	43200	R
43226	Esoph endoscopy, dilation	$197.90	$197.90	0	0%	0%	0%	0	3	0	1	0	0	43200	R
43227	Esoph endoscopy, repair	$297.10	$297.10	0	0%	0%	0%	0	3	0	1	0	0	43200	R
43228	Esoph endoscopy, ablation	$317.44	$317.44	0	0%	0%	0%	0	3	0	1	0	0	43200	R
43231	Esoph endoscopy w/us exam	$302.06	$302.06	0	0%	0%	0%	0	3	0	0	0	0	43235	R
43232	Esoph endoscopy w/us fn bx	$351.17	$351.17	0	0%	0%	0%	0	3	0	0	0	0	43235	R
43234	Upper GI endoscopy, exam	$276.27	$172.61	0	0%	0%	0%	0	2	0	1	0	0		R
43235	Uppr gi endoscopy, diagnosis	$344.22	$201.87	0	0%	0%	0%	0	2	0	1	0	0		R
43239	Upper GI endoscopy, biopsy	$370.51	$225.68	0	0%	0%	0%	0	3	0	1	0	0	43235	R
43240	Esoph endoscope w/drain cyst	$532.70	$532.70	0	0%	0%	0%	0	3	0	1	0	0	43260	R
43241	Upper GI endoscopy with tube	$217.25	$217.25	0	0%	0%	0%	0	3	0	1	0	0	43235	R
43242	Uppr gi endoscopy w/us fn bx	$382.42	$382.42	0	0%	0%	0%	0	3	0	0	0	0	43235	R
43243	Upper gi endoscopy & inject	$372.99	$372.99	0	0%	0%	0%	0	3	0	1	0	0	43235	R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
43244	Upper GI endoscopy/ligation	$353.15	$353.15	0	0%	0%	0%	0	3	0	0	0	0	43235	R
43245	Operative upper GI endoscopy	$280.24	$280.24	0	0%	0%	0%	0	3	0	1	0	0	43235	R
43246	Place gastrostomy tube	$354.14	$354.14	0	0%	0%	0%	0	3	0	0	2	0	43235	R
43247	Operative upper GI endoscopy	$280.24	$280.24	0	0%	0%	0%	0	3	0	1	0	0	43235	R
43248	Uppr gi endoscopy/guide wire	$260.90	$260.90	0	0%	0%	0%	0	2	0	1	0	0		R
43249	Esoph endoscopy, dilation	$241.06	$241.06	0	0%	0%	0%	0	3	0	1	0	0	43235	R
43250	Upper GI endoscopy/tumor	$265.36	$265.36	0	0%	0%	0%	0	3	0	1	0	0	43235	R
43251	Operative upper GI endoscopy	$304.54	$304.54	0	0%	0%	0%	0	3	0	1	0	0	43235	R
43255	Operative upper GI endoscopy	$355.14	$355.14	0	0%	0%	0%	0	3	0	1	0	0	43235	R
43256	Uppr gi endoscopy w stent	$301.57	$301.57	0	0%	0%	0%	0	3	0	1	0	0	43235	R
43258	Operative upper GI endoscopy	$372.00	$372.00	0	0%	0%	0%	0	3	0	1	0	0	43235	R
43259	Endoscopic ultrasound exam	$382.42	$382.42	0	0%	0%	0%	0	3	0	0	0	0	43235	R
43260	Endo cholangiopancreatograph	$475.17	$475.17	0	0%	0%	0%	0	2	0	1	0	0		R
43261	Endo cholangiopancreatograph	$495.01	$495.01	0	0%	0%	0%	0	3	0	1	0	0	43260	R
43262	Endo cholangiopancreatograph	$596.69	$596.69	0	0%	0%	0%	0	3	0	1	0	0	43260	R
43263	Endo cholangiopancreatograph	$488.06	$488.06	0	0%	0%	0%	0	3	0	1	0	0	43260	R
43264	Endo cholangiopancreatograph	$704.32	$704.32	0	0%	0%	0%	0	3	0	1	0	0	43260	R
43265	Endo cholangiopancreatograph	$676.05	$676.05	0	0%	0%	0%	0	3	0	1	0	0	43260	R
43267	Endo cholangiopancreatograph	$587.26	$587.26	0	0%	0%	0%	0	3	0	1	0	0	43260	R
43268	Endo cholangiopancreatograph	$596.69	$596.69	0	0%	0%	0%	0	3	0	1	0	0	43260	R
43269	Endo cholangiopancreatograph	$489.55	$489.55	0	0%	0%	0%	0	3	0	1	0	0	43260	R
43271	Endo cholangiopancreatograph	$589.74	$589.74	0	0%	0%	0%	0	3	0	1	0	0	43260	R
43272	Endo cholangiopancreatograph	$562.46	$562.46	0	0%	0%	0%	0	3	0	0	0	0	43260	R
43280	Laparoscopy, fundoplasty	$1,404.18	$1,404.18	90	9%	81%	10%	0	2	0	2	1	0		R
43289	Laparoscope proc, esoph	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
43300	Repair of esophagus	$904.21	$904.21	90	9%	81%	10%	0	2	0	2	1	0		R
43305	Repair esophagus and fistula	$1,585.71	$1,585.71	90	9%	81%	10%	0	2	0	2	1	0		R
43310	Repair of esophagus	$2,390.72	$2,390.72	90	9%	81%	10%	0	2	0	2	1	0		R
43312	Repair esophagus and fistula	$2,687.82	$2,687.82	90	9%	81%	10%	0	2	0	2	1	0		R
43320	Fuse esophagus & stomach	$1,393.26	$1,393.26	90	9%	81%	10%	0	2	0	2	1	0		R
43324	Revise esophagus & stomach	$1,370.94	$1,370.94	90	9%	81%	10%	0	2	0	2	1	0		R
43325	Revise esophagus & stomach	$1,360.53	$1,360.53	90	9%	81%	10%	0	2	0	2	1	0		R
43326	Revise esophagus & stomach	$1,364.50	$1,364.50	90	9%	81%	10%	0	2	0	2	1	0		R
43330	Repair of esophagus	$1,323.33	$1,323.33	90	9%	81%	10%	0	2	0	2	1	0		R
43331	Repair of esophagus	$1,524.21	$1,524.21	90	9%	81%	10%	0	2	0	2	1	0		R
43340	Fuse esophagus & intestine	$1,381.86	$1,381.86	90	9%	81%	10%	0	2	0	2	1	0		R
43341	Fuse esophagus & intestine	$1,620.43	$1,620.43	90	9%	81%	10%	0	2	0	2	1	0		R
43350	Surgical opening, esophagus	$1,175.52	$1,175.52	90	9%	81%	10%	0	2	0	2	1	0		R
43351	Surgical opening, esophagus	$1,265.79	$1,265.79	90	9%	81%	10%	0	2	0	2	1	0		R
43352	Surgical opening, esophagus	$1,130.88	$1,130.88	90	9%	81%	10%	0	2	0	2	1	0		R

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43360	Gastrointestinal repair	$2,438.83	$2,438.83	90	9%	81%	10%	0	2	0	2	1	0		R
43361	Gastrointestinal repair	$2,775.12	$2,775.12	90	9%	81%	10%	0	2	0	2	1	0		R
43400	Ligate esophagus veins	$1,348.62	$1,348.62	90	9%	81%	10%	0	2	0	2	1	0		R
43401	Esophagus surgery for veins	$1,405.66	$1,405.66	90	9%	81%	10%	0	2	0	2	1	0		R
43405	Ligate/staple esophagus	$1,401.20	$1,401.20	90	9%	81%	10%	0	2	0	2	1	0		R
43410	Repair esophagus wound	$1,040.11	$1,040.11	90	9%	81%	10%	0	2	0	2	1	0		R
43415	Repair esophagus wound	$1,505.36	$1,505.36	90	9%	81%	10%	0	2	0	2	1	0		R
43420	Repair esophagus opening	$1,013.82	$1,013.82	90	9%	81%	10%	0	2	0	0	1	0		R
43425	Repair esophagus opening	$1,493.95	$1,493.95	90	9%	81%	10%	0	2	0	2	1	0		R
43450	Dilate esophagus	$126.98	$102.67	0	0%	0%	0%	0	2	0	1	0	0		R
43453	Dilate esophagus	$122.02	$122.02	0	0%	0%	0%	0	2	0	1	0	0		R
43456	Dilate esophagus	$204.35	$204.35	0	0%	0%	0%	0	2	0	1	0	0		R
43458	Dilate esophagus	$223.70	$223.70	0	0%	0%	0%	0	2	0	1	0	0		R
43460	Pressure treatment esophagus	$274.29	$274.29	0	0%	0%	0%	0	2	0	1	0	0		R
43496	Free jejunum flap, microvasc	By Report	By Report	90	9%	81%	10%	0	2	0	2	1	0		N
43499	Esophagus surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
43500	Surgical opening of stomach	$693.90	$693.90	90	9%	81%	10%	0	2	0	2	1	0		R
43501	Surgical repair of stomach	$1,201.81	$1,201.81	90	9%	81%	10%	0	2	0	2	1	0		R
43502	Surgical repair of stomach	$1,367.47	$1,367.47	90	9%	81%	10%	0	2	0	2	1	0		R
43510	Surgical opening of stomach	$883.87	$883.87	90	9%	81%	10%	0	2	0	2	1	0		R
43520	Incision of pyloric muscle	$682.50	$682.50	90	9%	81%	10%	0	2	0	2	1	0		R
43600	Biopsy of stomach	$142.35	$142.35	0	0%	0%	0%	0	2	0	1	0	0		R
43605	Biopsy of stomach	$737.55	$737.55	90	9%	81%	10%	0	2	0	2	1	0		R
43610	Excision of stomach lesion	$917.10	$917.10	90	9%	81%	10%	0	2	0	2	1	0		R
43611	Excision of stomach lesion	$1,087.23	$1,087.23	90	9%	81%	10%	0	2	0	2	1	0		R
43620	Removal of stomach	$1,809.41	$1,809.41	90	9%	81%	10%	0	2	0	2	1	0		R
43621	Removal of stomach	$1,839.66	$1,839.66	90	9%	81%	10%	0	2	0	2	1	0		R
43622	Removal of stomach	$1,928.45	$1,928.45	90	9%	81%	10%	0	2	0	2	1	0		R
43631	Removal of stomach, partial	$1,546.53	$1,546.53	90	9%	81%	10%	0	2	0	2	1	0		R
43632	Removal of stomach, partial	$1,546.53	$1,546.53	90	9%	81%	10%	0	2	0	2	1	0		R
43633	Removal of stomach, partial	$1,576.78	$1,576.78	90	9%	81%	10%	0	2	0	2	1	0		R
43634	Removal of stomach, partial	$1,808.42	$1,808.42	90	9%	81%	10%	0	2	0	2	1	0		R
43635	Removal of stomach, partial	$153.26	$153.26	0	0%	0%	0%	0	0	0	2	1	0		R
43638	Removal of stomach, partial	$1,700.29	$1,700.29	90	9%	81%	10%	0	2	0	2	1	0		R
43639	Removal of stomach, partial	$1,740.46	$1,740.46	90	9%	81%	10%	0	2	0	2	1	0		R
43640	Vagotomy & pylorus repair	$1,192.88	$1,192.88	90	9%	81%	10%	0	2	0	2	1	0		R
43641	Vagotomy & pylorus repair	$1,208.75	$1,208.75	90	9%	81%	10%	0	2	0	2	1	0		R
43651	Laparoscopy, vagus nerve	$789.63	$789.63	90	11%	76%	13%	0	2	0	2	1	0		R
43652	Laparoscopy, vagus nerve	$938.93	$938.93	90	11%	76%	13%	0	2	0	2	1	0		R
43653	Laparoscopy, gastrostomy	$657.70	$657.70	90	9%	81%	10%	0	2	0	2	1	0		R

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43659	Laparoscope proc, stom	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
43750	Place gastrostomy tube	$390.35	$390.35	10	10%	80%	10%	0	2	0	1	0	0		R
43752	Nasal/orogastric w/stent	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
43760	Change gastrostomy tube	$116.06	$83.33	0	0%	0%	0%	0	2	0	1	0	0		R
43761	Reposition gastrostomy tube	$147.81	$147.81	0	0%	0%	0%	0	2	0	1	0	0		R
43800	Reconstruction of pylorus	$859.07	$859.07	90	9%	81%	10%	0	2	0	2	1	0		R
43810	Fusion of stomach and bowel	$912.64	$912.64	90	9%	81%	10%	0	2	0	2	1	0		R
43820	Fusion of stomach and bowel	$958.77	$958.77	90	9%	81%	10%	0	2	0	2	1	0		R
43825	Fusion of stomach and bowel	$1,191.89	$1,191.89	90	9%	81%	10%	0	2	0	2	1	0		R
43830	Place gastrostomy tube	$627.44	$627.44	90	9%	81%	10%	0	2	0	2	1	0		R
43831	Place gastrostomy tube	$652.24	$652.24	90	9%	81%	10%	0	2	0	2	1	0		R
43832	Place gastrostomy tube	$975.63	$975.63	90	9%	81%	10%	0	2	0	2	1	0		R
43840	Repair of stomach lesion	$961.74	$961.74	90	9%	81%	10%	0	2	0	2	1	0		R
43842	Gastroplasty for obesity	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	2	2	0		X
43843	Gastroplasty for obesity	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	2	2	0		X
43846	Gastric bypass for obesity	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	2	1	0		X
43847	Gastric bypass for obesity	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	2	1	0		X
43848	Revision gastroplasty	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	2	1	0		X
43850	Revise stomach-bowel fusion	$1,535.12	$1,535.12	90	9%	81%	10%	0	2	0	2	1	0		R
43855	Revise stomach-bowel fusion	$1,601.09	$1,601.09	90	9%	81%	10%	0	2	0	2	1	0		R
43860	Revise stomach-bowel fusion	$1,551.49	$1,551.49	90	9%	81%	10%	0	2	0	2	1	0		R
43865	Revise stomach-bowel fusion	$1,659.62	$1,659.62	90	9%	81%	10%	0	2	0	2	1	0		R
43870	Repair stomach opening	$632.40	$632.40	90	9%	81%	10%	0	2	0	2	1	0		R
43880	Repair stomach-bowel fistula	$1,502.88	$1,502.88	90	9%	81%	10%	0	2	0	2	1	0		R
43999	Stomach surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
44005	Freeing of bowel adhesion	$1,096.66	$1,096.66	90	9%	81%	10%	0	2	0	2	1	0		R
44010	Incision of small bowel	$880.90	$880.90	90	9%	81%	10%	0	2	0	2	1	0		R
44015	Insert needle cath bowel	$214.77	$214.77	0	0%	0%	0%	0	0	0	2	1	0		R
44020	Exploration of small bowel	$961.74	$961.74	90	9%	81%	10%	0	2	0	2	1	0		R
44021	Decompress small bowel	$968.69	$968.69	90	9%	81%	10%	0	2	0	2	1	0		R
44025	Incision of large bowel	$977.12	$977.12	90	9%	81%	10%	0	2	0	2	1	0		R
44050	Reduce bowel obstruction	$926.03	$926.03	90	9%	81%	10%	0	2	0	2	1	0		R
44055	Correct malrotation of bowel	$1,040.61	$1,040.61	90	9%	81%	10%	0	2	0	2	1	0		R
44100	Biopsy of bowel	$161.20	$161.20	0	0%	0%	0%	0	2	0	1	0	0		R
44110	Excision of bowel lesion(s)	$835.26	$835.26	90	9%	81%	10%	0	2	0	2	1	0		R
44111	Excision of bowel lesion(s)	$1,024.74	$1,024.74	90	9%	81%	10%	0	2	0	2	1	0		R
44120	Removal of small intestine	$1,156.18	$1,156.18	90	9%	81%	10%	0	2	0	2	1	0		R
44121	Removal of small intestine	$330.83	$330.83	0	0%	0%	0%	0	0	0	2	1	0		R
44125	Removal of small intestine	$1,203.79	$1,203.79	90	9%	81%	10%	0	2	0	2	1	0		R
44130	Bowel to bowel fusion	$1,001.42	$1,001.42	90	9%	81%	10%	0	2	0	2	1	0		R

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44132	Enterectomy, cadaver donor	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
44133	Enterectomy, live donor	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
44135	Intestine transplnt, cadaver	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
44136	Intestine transplant, live	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
44139	Mobilization of colon	$165.66	$165.66	0	0%	0%	0%	0	0	0	2	1	0		R
44140	Partial removal of colon	$1,455.76	$1,455.76	90	9%	81%	10%	0	2	0	2	1	0		R
44141	Partial removal of colon	$1,637.30	$1,637.30	90	9%	81%	10%	0	2	0	2	1	0		R
44143	Partial removal of colon	$1,685.90	$1,685.90	90	9%	81%	10%	0	2	0	2	1	0		R
44144	Partial removal of colon	$1,568.35	$1,568.35	90	9%	81%	10%	0	2	0	2	1	0		R
44145	Partial removal of colon	$1,816.35	$1,816.35	90	9%	81%	10%	0	2	0	2	1	0		R
44146	Partial removal of colon	$1,991.44	$1,991.44	90	9%	81%	10%	0	2	0	2	1	0		R
44147	Partial removal of colon	$1,524.21	$1,524.21	90	9%	81%	10%	0	2	0	2	1	0		R
44150	Removal of colon	$1,796.51	$1,796.51	90	9%	81%	10%	0	2	0	2	1	0		R
44151	Removal of colon/ileostomy	$1,661.10	$1,661.10	90	9%	81%	10%	0	2	0	2	1	0		R
44152	Removal of colon/ileostomy	$2,081.71	$2,081.71	90	9%	81%	10%	0	2	0	2	1	0		R
44153	Removal of colon/ileostomy	$2,243.41	$2,243.41	90	9%	81%	10%	0	2	0	2	1	0		R
44155	Removal of colon/ileostomy	$2,041.04	$2,041.04	90	9%	81%	10%	0	2	0	2	1	0		R
44156	Removal of colon/ileostomy	$1,888.27	$1,888.27	90	9%	81%	10%	0	2	0	2	1	0		R
44160	Removal of colon	$1,302.00	$1,302.00	90	9%	81%	10%	0	2	0	2	1	0		R
44200	Laparoscopy, enterolysis	$1,138.82	$1,138.82	90	9%	81%	10%	0	2	0	2	1	0		R
44201	Laparoscopy, jejunostomy	$781.20	$781.20	90	9%	84%	7%	0	2	0	2	1	0		R
44202	Laparo, resect intestine	$1,725.58	$1,725.58	90	9%	81%	10%	0	2	0	2	1	0		R
44209	Laparoscope proc, intestine	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
44300	Open bowel to skin	$760.86	$760.86	90	9%	81%	10%	0	2	0	2	1	0		R
44310	Ileostomy/jejunostomy	$1,054.50	$1,054.50	90	9%	81%	10%	0	2	0	2	1	0		R
44312	Revision of ileostomy	$510.88	$510.88	90	9%	81%	10%	0	2	0	0	0	0		R
44314	Revision of ileostomy	$998.94	$998.94	90	9%	81%	10%	0	2	0	2	1	0		R
44316	Devise bowel pouch	$1,403.68	$1,403.68	90	9%	81%	10%	0	2	0	2	1	0		R
44320	Colostomy	$1,165.10	$1,165.10	90	9%	81%	10%	0	2	0	2	1	0		R
44322	Colostomy with biopsies	$1,125.92	$1,125.92	90	9%	81%	10%	0	2	0	2	1	0		R
44340	Revision of colostomy	$471.70	$471.70	90	9%	81%	10%	0	2	0	1	1	0		R
44345	Revision of colostomy	$919.58	$919.58	90	9%	81%	10%	0	2	0	2	1	0		R
44346	Revision of colostomy	$1,019.78	$1,019.78	90	9%	81%	10%	0	2	0	2	1	0		R
44360	Small bowel endoscopy	$225.18	$225.18	0	0%	0%	0%	0	2	0	1	0	0		R
44361	Small bowel endoscopy/biopsy	$248.00	$248.00	0	0%	0%	0%	0	3	0	1	0	0	44360	R
44363	Small bowel endoscopy	$279.74	$279.74	0	0%	0%	0%	0	3	0	0	0	0	44360	R
44364	Small bowel endoscopy	$319.92	$319.92	0	0%	0%	0%	0	3	0	0	0	0	44360	R
44365	Small bowel endoscopy	$284.70	$284.70	0	0%	0%	0%	0	3	0	0	0	0	44360	R
44366	Small bowel endoscopy	$372.99	$372.99	0	0%	0%	0%	0	3	0	1	0	0	44360	R
44369	Small bowel endoscopy	$379.94	$379.94	0	0%	0%	0%	0	3	0	0	0	0	44360	R

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44370	Small bowel endoscopy/stent	$300.58	$300.58	0	0%	0%	0%	0	3	0	0	0	0	44360	R
44372	Small bowel endoscopy	$375.97	$375.97	0	0%	0%	0%	0	3	0	1	0	0	44360	R
44373	Small bowel endoscopy	$301.57	$301.57	0	0%	0%	0%	0	3	0	1	0	0	44360	R
44376	Small bowel endoscopy	$409.70	$409.70	0	0%	0%	0%	0	2	0	0	0	0		R
44377	Small bowel endoscopy/biopsy	$429.54	$429.54	0	0%	0%	0%	0	3	0	0	0	0	44376	R
44378	Small bowel endoscopy	$546.10	$546.10	0	0%	0%	0%	0	3	0	0	0	0	44376	R
44379	S bowel endoscope w/stent	$490.05	$490.05	0	0%	0%	0%	0	3	0	0	0	0	44376	R
44380	Small bowel endoscopy	$105.15	$105.15	0	0%	0%	0%	0	2	0	1	0	0		R
44382	Small bowel endoscopy	$124.00	$124.00	0	0%	0%	0%	0	2	0	1	0	0		R
44383	Ileoscopy w/stent	$167.65	$167.65	0	0%	0%	0%	0	2	0	1	0	0		R
44385	Endoscopy of bowel pouch	$283.22	$156.74	0	0%	0%	0%	0	2	0	1	0	0		R
44386	Endoscopy, bowel pouch/biop	$323.39	$172.11	0	0%	0%	0%	0	2	0	0	0	0		R
44388	Colon endoscopy	$384.90	$219.23	0	0%	0%	0%	0	2	0	1	0	0		R
44389	Colonoscopy with biopsy	$420.11	$241.06	0	0%	0%	0%	0	3	0	1	0	0	44388	R
44390	Colonoscopy for foreign body	$456.82	$270.32	0	0%	0%	0%	0	3	0	0	0	0	44388	R
44391	Colonoscopy for bleeding	$478.64	$318.93	0	0%	0%	0%	0	3	0	0	0	0	44388	R
44392	Colonoscopy & polypectomy	$474.67	$291.15	0	0%	0%	0%	0	3	0	1	0	0	44388	R
44393	Colonoscopy, lesion removal	$549.07	$364.56	0	0%	0%	0%	0	3	0	1	0	0	44388	R
44394	Colonoscopy w/snare	$518.82	$336.29	0	0%	0%	0%	0	3	0	1	0	0	44388	R
44397	Colonoscopy w stent	$313.97	$313.97	0	0%	0%	0%	0	3	0	1	0	0	44388	R
44500	Intro, gastrointestinal tube	$42.66	$42.66	0	0%	0%	0%	0	0	0	0	0	0		R
44602	Suture, small intestine	$871.47	$871.47	90	9%	81%	10%	0	2	0	2	1	0		R
44603	Suture, small intestine	$1,116.50	$1,116.50	90	9%	81%	10%	0	2	0	2	1	0		R
44604	Suture, large intestine	$1,119.97	$1,119.97	90	9%	81%	10%	0	2	0	2	1	0		R
44605	Repair of bowel lesion	$1,228.59	$1,228.59	90	9%	81%	10%	0	2	0	2	1	0		R
44615	Intestinal stricturoplasty	$1,096.16	$1,096.16	90	9%	81%	10%	0	2	0	2	1	0		R
44620	Repair bowel opening	$861.55	$861.55	90	9%	81%	10%	0	2	0	2	1	0		R
44625	Repair bowel opening	$1,081.78	$1,081.78	90	9%	81%	10%	0	2	0	2	1	0		R
44626	Repair bowel opening	$1,719.14	$1,719.14	90	9%	81%	10%	0	2	0	2	1	0		R
44640	Repair bowel-skin fistula	$1,149.73	$1,149.73	90	9%	81%	10%	0	2	0	2	1	0		R
44650	Repair bowel fistula	$1,188.42	$1,188.42	90	9%	81%	10%	0	2	0	2	1	0		R
44660	Repair bowel-bladder fistula	$1,144.77	$1,144.77	90	9%	81%	10%	0	2	0	2	1	0		R
44661	Repair bowel-bladder fistula	$1,383.34	$1,383.34	90	9%	81%	10%	0	2	0	2	1	0		R
44680	Surgical revision, intestine	$1,119.97	$1,119.97	90	9%	81%	10%	0	2	0	2	1	0		R
44700	Suspend bowel w/prosthesis	$1,168.08	$1,168.08	90	9%	81%	10%	0	2	0	2	1	0		R
44799	Intestine surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
44800	Excision of bowel pouch	$878.91	$878.91	90	9%	81%	10%	0	2	0	2	1	0		R
44820	Excision of mesentery lesion	$827.33	$827.33	90	9%	81%	10%	0	2	0	2	1	0		R
44850	Repair of mesentery	$789.63	$789.63	90	9%	81%	10%	0	2	0	2	1	0		R
44899	Bowel surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N

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44900	Drain app abscess, open	$727.14	$727.14	90	9%	81%	10%	0	2	0	2	1	0		R
44901	Drain app abscess, percut	$394.82	$394.82	0	0%	0%	0%	0	2	0	2	0	0		R
44950	Appendectomy	$712.26	$712.26	90	9%	81%	10%	0	2	0	2	1	0		R
44955	Appendectomy add-on	$125.98	$125.98	0	0%	0%	0%	0	0	0	2	1	0		R
44960	Appendectomy	$874.45	$874.45	90	9%	81%	10%	0	2	0	2	1	0		R
44970	Laparoscopy, appendectomy	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	2	2	0		X
44979	Laparoscope proc, app	Not Covered	Not Covered	90	0%	0%	0%	0	2	1	2	0	0		X
45000	Drainage of pelvic abscess	$399.78	$399.78	90	9%	81%	10%	0	2	0	1	0	0		R
45005	Drainage of rectal abscess	$280.74	$181.54	10	10%	80%	10%	0	2	0	1	0	0		R
45020	Drainage of rectal abscess	$426.56	$426.56	90	9%	81%	10%	0	2	0	1	0	0		R
45100	Biopsy of rectum	$391.84	$297.60	90	9%	81%	10%	0	2	0	1	0	0		R
45108	Removal of anorectal lesion	$499.47	$402.75	90	9%	81%	10%	0	2	0	1	1	0		R
45110	Removal of rectum	$1,926.96	$1,926.96	90	9%	81%	10%	0	2	0	2	1	0		R
45111	Partial removal of rectum	$1,363.01	$1,363.01	90	9%	81%	10%	0	2	0	2	1	0		R
45112	Removal of rectum	$2,047.49	$2,047.49	90	9%	81%	10%	0	2	0	2	1	0		R
45113	Partial proctectomy	$2,014.26	$2,014.26	90	9%	81%	10%	0	2	0	2	1	0		R
45114	Partial removal of rectum	$1,862.98	$1,862.98	90	9%	81%	10%	0	2	0	2	1	0		R
45116	Partial removal of rectum	$1,630.85	$1,630.85	90	9%	81%	10%	0	2	0	2	1	0		R
45119	Remove rectum w/reservoir	$2,044.51	$2,044.51	90	9%	81%	10%	0	2	0	2	1	0		R
45120	Removal of rectum	$1,985.98	$1,985.98	90	9%	81%	10%	0	2	0	2	1	0		R
45121	Removal of rectum and colon	$2,085.18	$2,085.18	90	9%	81%	10%	0	2	0	2	1	0		R
45123	Partial proctectomy	$1,155.18	$1,155.18	90	9%	81%	10%	0	2	0	2	1	0		R
45126	Pelvic exenteration	$2,872.83	$2,872.83	90	12%	74%	14%	0	2	0	2	1	0		R
45130	Excision of rectal prolapse	$1,115.01	$1,115.01	90	9%	81%	10%	0	2	0	2	1	0		R
45135	Excision of rectal prolapse	$1,398.22	$1,398.22	90	9%	81%	10%	0	2	0	2	1	0		R
45150	Excision of rectal stricture	$530.22	$460.78	90	9%	81%	10%	0	2	0	0	0	0		R
45160	Excision of rectal lesion	$1,021.76	$1,021.76	90	9%	81%	10%	0	2	0	2	1	0		R
45170	Excision of rectal lesion	$775.74	$775.74	90	9%	81%	10%	0	2	0	2	1	0		R
45190	Destruction, rectal tumor	$682.50	$682.50	90	9%	81%	10%	0	2	0	2	1	0		R
45300	Proctosigmoidoscopy dx	$74.90	$33.23	0	0%	0%	0%	0	2	0	1	0	0		R
45303	Proctosigmoidoscopy dilate	$85.31	$37.70	0	0%	0%	0%	0	3	0	1	0	0	45300	R
45305	Protosigmoidoscopy w/bx	$92.75	$48.11	0	0%	0%	0%	0	3	0	1	0	0	45300	R
45307	Protosigmoidoscopy fb	$154.26	$85.81	0	0%	0%	0%	0	3	0	0	0	0	45300	R
45308	Protosigmoidoscopy removal	$117.55	$68.94	0	0%	0%	0%	0	3	0	1	0	0	45300	R
45309	Protosigmoidoscopy removal	$154.26	$87.30	0	0%	0%	0%	0	3	0	1	0	0	45300	R
45315	Protosigmoidoscopy removal	$179.55	$116.06	0	0%	0%	0%	0	3	0	1	0	0	45300	R
45317	Protosigmoidoscopy bleed	$164.18	$123.01	0	0%	0%	0%	0	3	0	1	0	0	45300	R
45320	Protosigmoidoscopy ablate	$175.09	$136.40	0	0%	0%	0%	0	3	0	1	0	0	45300	R
45321	Protosigmoidoscopy volvul	$104.16	$104.16	0	0%	0%	0%	0	3	0	1	0	0	45300	R
45327	Proctosigmoidoscopy w/stent	$117.55	$117.55	0	0%	0%	0%	0	3	0	1	0	0	45300	R

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45330	Diagnostic sigmoidoscopy	$127.97	$67.95	0	0%	0%	0%	0	2	0	1	0	0		R
45331	Sigmoidoscopy and biopsy	$155.25	$97.71	0	0%	0%	0%	0	3	0	1	0	0	45330	R
45332	Sigmoidoscopy w/fb removal	$248.99	$144.34	0	0%	0%	0%	0	3	0	1	0	0	45330	R
45333	Sigmoidoscopy & polypectomy	$240.56	$149.79	0	0%	0%	0%	0	3	0	1	0	0	45330	R
45334	Sigmoidoscopy for bleeding	$217.74	$217.74	0	0%	0%	0%	0	3	0	1	0	0	45330	R
45337	Sigmoidoscopy & decompress	$180.05	$180.05	0	0%	0%	0%	0	3	0	1	0	0	45330	R
45338	Sigmoidoscpy w/tumr remove	$289.17	$186.50	0	0%	0%	0%	0	3	0	1	0	0	45330	R
45339	Sigmoidoscopy w/ablate tumr	$298.10	$234.11	0	0%	0%	0%	0	3	0	1	0	0	45330	R
45341	Sigmoidoscopy w/ultrasound	$261.89	$261.89	0	0%	0%	0%	0	2	0	1	0	0		R
45342	Sigmoidoscopy w/us guide bx	$302.06	$302.06	0	0%	0%	0%	0	2	0	1	0	0		R
45345	Sigmodoscopy w/stent	$202.37	$202.37	0	0%	0%	0%	0	3	0	1	0	0	45330	R
45355	Surgical colonoscopy	$247.01	$247.01	0	0%	0%	0%	0	2	0	1	0	0		R
45378	Diagnostic colonoscopy	$492.53	$307.52	0	0%	0%	0%	0	2	0	1	0	0		R
45378-53	Diagnostic colonoscopy	$127.97	$67.95	0	0%	0%	0%	0	2	0	1	0	0		R
45379	Colonoscopy w/fb removal	$587.76	$387.38	0	0%	0%	0%	0	3	0	1	0	0	45378	R
45380	Colonoscopy and biopsy	$523.78	$331.82	0	0%	0%	0%	0	3	0	1	0	0	45378	R
45382	Colonoscopy/control bleeding	$668.61	$453.34	0	0%	0%	0%	0	3	0	1	0	0	45378	R
45383	Lesion removal colonoscopy	$672.58	$472.19	0	0%	0%	0%	0	3	0	1	0	0	45378	R
45384	Lesion remove colonoscopy	$587.26	$385.89	0	0%	0%	0%	0	3	0	1	0	0	45378	R
45385	Lesion removal colonoscopy	$644.30	$434.50	0	0%	0%	0%	0	3	0	1	0	0	45378	R
45387	Colonoscopy w/stent	$410.19	$410.19	0	0%	0%	0%	0	3	0	1	0	0	45378	R
45500	Repair of rectum	$619.50	$619.50	90	9%	81%	10%	0	2	0	0	0	0		R
45505	Repair of rectum	$522.78	$522.78	90	9%	81%	10%	0	2	0	1	0	0		R
45520	Treatment of rectal prolapse	$63.98	$40.18	0	0%	0%	0%	0	2	0	1	0	0		R
45540	Correct rectal prolapse	$1,076.82	$1,076.82	90	9%	81%	10%	0	2	0	2	1	0		R
45541	Correct rectal prolapse	$921.07	$921.07	90	9%	81%	10%	0	2	0	2	1	0		R
45550	Repair rectum/remove sigmoid	$1,447.33	$1,447.33	90	9%	81%	10%	0	2	0	2	1	0		R
45560	Repair of rectocele	$694.40	$694.40	90	9%	81%	10%	0	2	0	2	1	0		R
45562	Exploration/repair of rectum	$990.51	$990.51	90	9%	81%	10%	0	2	0	2	1	0		R
45563	Exploration/repair of rectum	$1,517.26	$1,517.26	90	9%	81%	10%	0	2	0	2	1	0		R
45800	Repair rect/bladder fistula	$1,128.90	$1,128.90	90	9%	81%	10%	0	2	0	2	1	0		R
45805	Repair fistula w/colostomy	$1,356.06	$1,356.06	90	9%	81%	10%	0	2	0	2	1	0		R
45820	Repair rectourethral fistula	$1,158.66	$1,158.66	90	9%	81%	10%	0	2	0	2	1	0		R
45825	Repair fistula w/colostomy	$1,324.82	$1,324.82	90	9%	81%	10%	0	2	0	2	1	0		R
45900	Reduction of rectal prolapse	$133.42	$133.42	10	10%	80%	10%	0	2	0	0	0	0		R
45905	Dilation of anal sphincter	$209.31	$121.02	10	10%	80%	10%	0	2	0	1	0	0		R
45910	Dilation of rectal narrowing	$269.82	$145.33	10	10%	80%	10%	0	2	0	1	0	0		R
45915	Remove rectal obstruction	$279.25	$156.74	10	10%	80%	10%	0	2	0	1	0	0		R
45999	Rectum surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
46030	Removal of rectal marker	$190.96	$115.57	10	10%	80%	10%	0	2	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
46040	Incision of rectal abscess	$482.61	$400.77	90	9%	81%	10%	0	2	0	1	0	0		R
46045	Incision of rectal abscess	$357.62	$357.62	90	9%	81%	10%	0	2	0	1	0	0		R
46050	Incision of anal abscess	$197.90	$114.58	10	10%	80%	10%	0	2	0	1	0	0		R
46060	Incision of rectal abscess	$514.35	$514.35	90	9%	81%	10%	0	2	0	1	0	0		R
46070	Incision of anal septum	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	0	0	0		X
46080	Incision of anal sphincter	$297.60	$220.72	10	10%	80%	10%	0	2	0	1	0	0		R
46083	Incise external hemorrhoid	$248.00	$131.94	10	10%	80%	10%	0	2	0	1	0	0		R
46200	Removal of anal fissure	$367.04	$313.47	90	9%	81%	10%	0	2	0	1	0	0		R
46210	Removal of anal crypt	$332.82	$232.13	90	9%	81%	10%	0	2	0	0	0	0		R
46211	Removal of anal crypts	$448.88	$358.61	90	9%	81%	10%	0	2	0	0	0	0		R
46220	Removal of anal tab	$137.39	$112.59	10	10%	80%	10%	0	2	0	1	0	0		R
46221	Ligation of hemorrhoid(s)	$197.41	$99.70	10	10%	80%	10%	0	2	0	1	0	0		R
46230	Removal of anal tabs	$297.60	$203.86	10	10%	80%	10%	0	2	0	1	0	0		R
46250	Hemorrhoidectomy	$477.15	$386.88	90	9%	81%	10%	0	2	0	1	0	0		R
46255	Hemorrhoidectomy	$570.90	$467.23	90	9%	81%	10%	0	2	0	1	0	0		R
46257	Remove hemorrhoids & fissure	$532.21	$532.21	90	9%	81%	10%	0	2	0	1	0	0		R
46258	Remove hemorrhoids & fistula	$569.41	$569.41	90	9%	81%	10%	0	2	0	0	0	0		R
46260	Hemorrhoidectomy	$638.35	$638.35	90	9%	81%	10%	0	2	0	1	0	0		R
46261	Remove hemorrhoids & fissure	$692.91	$692.91	90	9%	81%	10%	0	2	0	1	0	0		R
46262	Remove hemorrhoids & fistula	$731.10	$731.10	90	9%	81%	10%	0	2	0	1	0	0		R
46270	Removal of anal fistula	$399.78	$317.94	90	9%	81%	10%	0	2	0	1	0	0		R
46275	Removal of anal fistula	$480.62	$413.66	90	9%	81%	10%	0	2	0	1	0	0		R
46280	Removal of anal fistula	$536.67	$536.67	90	9%	81%	10%	0	2	0	1	0	0		R
46285	Removal of anal fistula	$388.86	$343.73	90	9%	81%	10%	0	2	0	1	0	0		R
46288	Repair anal fistula	$580.32	$580.32	90	9%	81%	10%	0	2	0	1	0	0		R
46320	Removal of hemorrhoid clot	$230.14	$144.83	10	10%	80%	10%	0	2	0	1	0	0		R
46500	Injection into hemorrhoids	$184.02	$108.62	10	10%	80%	10%	0	2	0	1	0	0		R
46600	Diagnostic anoscopy	$58.53	$33.73	0	0%	0%	0%	0	2	0	1	0	0		R
46604	Anoscopy and dilation	$108.62	$88.78	0	0%	0%	0%	0	3	0	1	0	0	46600	R
46606	Anoscopy and biopsy	$80.35	$56.54	0	0%	0%	0%	0	3	0	1	0	0	46600	R
46608	Anoscopy/ remove for body	$160.70	$111.10	0	0%	0%	0%	0	3	0	0	0	0	46600	R
46610	Anoscopy/remove lesion	$133.92	$99.70	0	0%	0%	0%	0	3	0	1	0	0	46600	R
46611	Anoscopy	$179.55	$125.98	0	0%	0%	0%	0	3	0	0	0	0	46600	R
46612	Anoscopy/ remove lesions	$227.17	$173.60	0	0%	0%	0%	0	3	0	0	0	0	46600	R
46614	Anoscopy/control bleeding	$186.00	$142.35	0	0%	0%	0%	0	3	0	1	0	0	46600	R
46615	Anoscopy	$227.17	$188.98	0	0%	0%	0%	0	3	0	0	0	0	46600	R
46700	Repair of anal stricture	$615.54	$615.54	90	9%	81%	10%	0	2	0	1	0	0		R
46705	Repair of anal stricture	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	2	1	0		X
46715	Repair of anovaginal fistula	$617.02	$617.02	90	9%	81%	10%	0	2	0	2	0	0		R
46716	Repair of anovaginal fistula	$1,026.72	$1,026.72	90	9%	81%	10%	0	2	0	2	1	0		R

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46730	Construction of absent anus	$1,732.53	$1,732.53	90	9%	81%	10%	0	2	0	2	1	0		R
46735	Construction of absent anus	$2,099.07	$2,099.07	90	9%	81%	10%	0	2	0	2	1	0		R
46740	Construction of absent anus	$1,833.22	$1,833.22	90	9%	81%	10%	0	2	0	2	1	0		R
46742	Repair of imperforated anus	$2,412.54	$2,412.54	90	9%	81%	10%	0	2	0	2	1	0		R
46744	Repair of cloacal anomaly	$2,564.32	$2,564.32	90	9%	81%	10%	0	2	0	2	1	0		R
46746	Repair of cloacal anomaly	$2,922.43	$2,922.43	90	9%	81%	10%	0	2	0	2	1	0		R
46748	Repair of cloacal anomaly	$3,212.59	$3,212.59	90	9%	81%	10%	0	2	0	2	1	0		R
46750	Repair of anal sphincter	$689.44	$689.44	90	9%	81%	10%	0	2	0	2	1	0		R
46751	Repair of anal sphincter	$748.96	$748.96	90	9%	81%	10%	0	2	0	2	1	0		R
46753	Reconstruction of anus	$544.61	$544.61	90	9%	81%	10%	0	2	0	1	0	0		R
46754	Removal of suture from anus	$287.68	$141.36	10	10%	80%	10%	0	2	0	0	0	0		R
46760	Repair of anal sphincter	$904.21	$904.21	90	9%	81%	10%	0	2	0	2	1	0		R
46761	Repair of anal sphincter	$877.42	$877.42	90	9%	81%	10%	0	2	0	2	1	0		R
46762	Implant artificial sphincter	$785.66	$785.66	90	9%	81%	10%	0	2	0	2	1	0		R
46900	Destruction, anal lesion(s)	$224.19	$130.94	10	10%	80%	10%	0	2	0	1	0	0		R
46910	Destruction, anal lesion(s)	$234.61	$156.74	10	10%	80%	10%	0	2	0	1	0	0		R
46916	Cryosurgery, anal lesion(s)	$232.62	$159.22	10	10%	80%	10%	0	2	0	1	0	0		R
46917	Laser surgery, anal lesions	$283.22	$168.64	10	10%	80%	10%	0	2	0	1	0	0		R
46922	Excision of anal lesion(s)	$253.46	$169.14	10	10%	80%	10%	0	2	0	1	0	0		R
46924	Destruction, anal lesion(s)	$362.58	$242.54	10	10%	80%	10%	0	2	0	1	0	0		R
46934	Destruction of hemorrhoids	$441.94	$348.19	90	9%	81%	10%	0	2	0	1	0	0		R
46935	Destruction of hemorrhoids	$294.62	$170.62	10	10%	80%	10%	0	2	0	1	0	0		R
46936	Destruction of hemorrhoids	$463.76	$365.55	90	9%	81%	10%	0	2	0	1	0	0		R
46937	Cryotherapy of rectal lesion	$320.91	$258.91	10	10%	80%	10%	0	2	0	0	0	0		R
46938	Cryotherapy of rectal lesion	$428.05	$408.70	90	9%	81%	10%	0	2	0	0	0	0		R
46940	Treatment of anal fissure	$239.57	$156.74	10	10%	80%	10%	0	2	0	1	0	0		R
46942	Treatment of anal fissure	$227.17	$135.90	10	10%	80%	10%	0	2	0	0	0	0		R
46945	Ligation of hemorrhoids	$261.39	$195.42	90	9%	81%	10%	0	2	0	1	0	0		R
46946	Ligation of hemorrhoids	$356.13	$254.45	90	9%	81%	10%	0	2	0	1	0	0		R
46999	Anus surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
47000	Needle biopsy of liver	$434.00	$141.36	0	0%	0%	0%	0	2	0	1	0	0		R
47001	Needle biopsy, liver add-on	$146.32	$146.32	0	0%	0%	0%	0	0	0	1	1	0		R
47010	Open drainage, liver lesion	$902.72	$902.72	90	9%	81%	10%	0	2	0	2	1	0		R
47011	Percut drain, liver lesion	$451.86	$451.86	0	0%	0%	0%	0	2	0	2	0	0		R
47015	Inject/aspirate liver cyst	$830.30	$830.30	90	9%	81%	10%	0	2	0	2	1	0		R
47100	Wedge biopsy of liver	$626.94	$626.94	90	9%	81%	10%	0	2	0	2	1	0		R
47120	Partial removal of liver	$1,840.66	$1,840.66	90	9%	81%	10%	0	2	0	2	1	0		R
47122	Extensive removal of liver	$2,760.74	$2,760.74	90	9%	81%	10%	0	2	0	2	1	0		R
47125	Partial removal of liver	$2,503.81	$2,503.81	90	9%	81%	10%	0	2	0	2	1	0		R
47130	Partial removal of liver	$2,713.62	$2,713.62	90	9%	81%	10%	0	2	0	2	1	0		R

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47133	Removal of donor liver	$3,704.25	$3,704.25	0	0%	0%	0%	9	9	9	9	9	9		F
47134	Partial removal, donor liver	$2,914.50	$2,914.50	0	0%	0%	0%	0	2	0	2	1	2		R
47135	Transplantation of liver	$6,681.62	$6,681.62	90	9%	81%	10%	0	2	0	2	1	2		R
47136	Transplantation of liver	$5,806.18	$5,806.18	90	9%	81%	10%	0	2	0	2	1	2		R
47300	Surgery for liver lesion	$833.78	$833.78	90	9%	81%	10%	0	2	0	2	1	0		R
47350	Repair liver wound	$1,028.70	$1,028.70	90	9%	81%	10%	0	2	0	2	1	0		R
47360	Repair liver wound	$1,416.58	$1,416.58	90	9%	81%	10%	0	2	0	2	1	0		R
47361	Repair liver wound	$2,345.58	$2,345.58	90	9%	81%	10%	0	2	0	2	1	0		R
47362	Repair liver wound	$993.98	$993.98	90	9%	81%	10%	0	2	0	2	1	0		R
47379	Laparoscope procedure, liver	By Report	By Report	90	0%	0%	0%	0	2	0	2	0	0		N
47399	Liver surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
47400	Incision of liver duct	$1,618.45	$1,618.45	90	9%	81%	10%	0	2	0	2	1	0		R
47420	Incision of bile duct	$1,330.27	$1,330.27	90	9%	81%	10%	0	2	0	2	1	0		R
47425	Incision of bile duct	$1,362.51	$1,362.51	90	9%	81%	10%	0	2	0	2	1	0		R
47460	Incise bile duct sphincter	$1,300.51	$1,300.51	90	9%	81%	10%	0	2	0	2	1	0		R
47480	Incision of gallbladder	$806.99	$806.99	90	9%	81%	10%	0	2	0	2	1	0		R
47490	Incision of gallbladder	$694.40	$694.40	90	9%	81%	10%	0	2	0	1	0	0		R
47500	Injection for liver x-rays	$146.32	$146.32	0	0%	0%	0%	0	2	0	1	0	0		R
47505	Injection for liver x-rays	$614.54	$60.02	0	0%	0%	0%	0	2	0	0	0	0		R
47510	Insert catheter, bile duct	$768.30	$768.30	90	9%	81%	10%	0	2	0	1	0	0		R
47511	Insert bile duct drain	$951.33	$951.33	90	9%	81%	10%	0	2	1	1	0	0		R
47525	Change bile duct catheter	$427.06	$427.06	10	10%	80%	10%	0	2	0	1	0	0		R
47530	Revise/reinsert bile tube	$503.44	$503.44	90	9%	81%	10%	0	2	0	1	0	0		R
47550	Bile duct endoscopy add-on	$224.19	$224.19	0	0%	0%	0%	0	0	0	2	1	0		R
47552	Biliary endoscopy thru skin	$427.06	$427.06	0	0%	0%	0%	0	2	0	1	1	0		R
47553	Biliary endoscopy thru skin	$477.15	$477.15	0	0%	0%	0%	0	3	0	1	0	0	47552	R
47554	Biliary endoscopy thru skin	$663.65	$663.65	0	0%	0%	0%	0	3	0	1	1	0	47552	R
47555	Biliary endoscopy thru skin	$539.15	$539.15	0	0%	0%	0%	0	3	0	1	0	0	47552	R
47556	Biliary endoscopy thru skin	$602.14	$602.14	0	0%	0%	0%	0	3	0	1	0	0	47552	R
47560	Laparoscopy w/cholangio	$371.01	$371.01	0	0%	0%	0%	0	2	0	0	0	0		R
47561	Laparo w/cholangio/biopsy	$411.18	$411.18	0	0%	0%	0%	0	2	0	0	0	0		R
47562	Laparoscopic cholecystectomy	$885.36	$885.36	90	9%	81%	10%	0	2	0	2	1	0		R
47563	Laparo cholecystectomy/graph	$954.80	$954.80	90	9%	81%	10%	0	2	0	2	1	0		R
47564	Laparo cholecystectomy/explr	$1,149.73	$1,149.73	90	9%	81%	10%	0	2	0	2	1	0		R
47570	Laparo cholecystoenterostomy	$1,020.77	$1,020.77	90	9%	81%	10%	0	2	0	2	1	0		R
47579	Laparoscope proc, biliary	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
47600	Removal of gallbladder	$938.43	$938.43	90	9%	81%	10%	0	2	0	2	1	0		R
47605	Removal of gallbladder	$1,008.86	$1,008.86	90	9%	81%	10%	0	2	0	2	1	0		R
47610	Removal of gallbladder	$1,263.81	$1,263.81	90	9%	81%	10%	0	2	0	2	1	0		R
47612	Removal of gallbladder	$1,321.34	$1,321.34	90	9%	81%	10%	0	2	0	2	1	0		R

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47620	Removal of gallbladder	$1,387.31	$1,387.31	90	9%	81%	10%	0	2	0	2	1	0		R
47630	Remove bile duct stone	$637.86	$637.86	90	9%	81%	10%	0	2	0	1	1	0		R
47700	Exploration of bile ducts	$1,258.85	$1,258.85	90	9%	81%	10%	0	2	0	2	1	0		R
47701	Bile duct revision	$2,220.10	$2,220.10	90	9%	81%	10%	0	2	0	0	0	0		R
47711	Excision of bile duct tumor	$1,572.82	$1,572.82	90	9%	81%	10%	0	2	0	2	1	0		R
47712	Excision of bile duct tumor	$1,998.38	$1,998.38	90	9%	81%	10%	0	2	0	2	1	0		R
47715	Excision of bile duct cyst	$1,247.44	$1,247.44	90	9%	81%	10%	0	2	0	2	1	0		R
47716	Fusion of bile duct cyst	$1,143.28	$1,143.28	90	9%	81%	10%	0	2	0	2	1	0		R
47720	Fuse gallbladder & bowel	$1,131.87	$1,131.87	90	9%	81%	10%	0	2	0	2	1	0		R
47721	Fuse upper gi structures	$1,340.69	$1,340.69	90	9%	81%	10%	0	2	0	2	1	0		R
47740	Fuse gallbladder & bowel	$1,292.08	$1,292.08	90	9%	81%	10%	0	2	0	2	1	0		R
47741	Fuse gallbladder & bowel	$1,504.37	$1,504.37	90	9%	81%	10%	0	2	0	2	1	0		R
47760	Fuse bile ducts and bowel	$1,721.62	$1,721.62	90	9%	81%	10%	0	2	0	2	1	0		R
47765	Fuse liver ducts & bowel	$1,745.92	$1,745.92	90	9%	81%	10%	0	2	0	2	1	0		R
47780	Fuse bile ducts and bowel	$1,780.14	$1,780.14	90	9%	81%	10%	0	2	0	2	1	0		R
47785	Fuse bile ducts and bowel	$2,069.31	$2,069.31	90	9%	81%	10%	0	2	0	2	1	0		R
47800	Reconstruction of bile ducts	$1,598.11	$1,598.11	90	9%	81%	10%	0	2	0	2	1	0		R
47801	Placement, bile duct support	$1,077.81	$1,077.81	90	9%	81%	10%	0	2	0	2	1	0		R
47802	Fuse liver duct & intestine	$1,493.46	$1,493.46	90	9%	81%	10%	0	2	0	2	1	0		R
47900	Suture bile duct injury	$1,408.14	$1,408.14	90	9%	81%	10%	0	2	0	2	1	0		R
47999	Bile tract surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
48000	Drainage of abdomen	$1,188.91	$1,188.91	90	9%	81%	10%	0	2	0	2	1	0		R
48001	Placement of drain, pancreas	$1,458.74	$1,458.74	90	9%	81%	10%	0	2	0	2	1	0		R
48005	Resect/debride pancreas	$1,710.21	$1,710.21	90	9%	81%	10%	0	2	0	2	1	0		R
48020	Removal of pancreatic stone	$1,114.02	$1,114.02	90	9%	81%	10%	0	2	0	2	1	0		R
48100	Biopsy of pancreas	$890.82	$890.82	90	9%	81%	10%	0	2	0	2	1	0		R
48102	Needle biopsy, pancreas	$582.80	$360.59	10	10%	80%	10%	0	2	0	1	0	0		R
48120	Removal of pancreas lesion	$1,156.18	$1,156.18	90	9%	81%	10%	0	2	0	2	1	0		R
48140	Partial removal of pancreas	$1,667.55	$1,667.55	90	9%	81%	10%	0	2	0	2	1	0		R
48145	Partial removal of pancreas	$1,790.56	$1,790.56	90	9%	81%	10%	0	2	0	2	1	0		R
48146	Pancreatectomy	$1,980.03	$1,980.03	90	9%	81%	10%	0	2	0	2	1	0		R
48148	Removal of pancreatic duct	$1,280.67	$1,280.67	90	9%	81%	10%	0	2	0	2	1	0		R
48150	Partial removal of pancreas	$3,400.08	$3,400.08	90	9%	81%	10%	0	2	0	2	1	0		R
48152	Pancreatectomy	$3,144.64	$3,144.64	90	9%	81%	10%	0	2	0	2	1	0		R
48153	Pancreatectomy	$3,390.66	$3,390.66	90	9%	81%	10%	0	2	0	2	1	0		R
48154	Pancreatectomy	$3,171.92	$3,171.92	90	9%	81%	10%	0	2	0	2	1	0		R
48155	Removal of pancreas	$1,957.71	$1,957.71	90	9%	81%	10%	0	2	0	2	1	0		R
48160	Pancreas removal/transplant	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
48180	Fuse pancreas and bowel	$1,756.83	$1,756.83	90	9%	81%	10%	0	2	0	2	1	0		R
48400	Injection, intraop add-on	$139.87	$139.87	0	0%	0%	0%	0	0	0	0	0	0		R

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48500	Surgery of pancreas cyst	$1,120.46	$1,120.46	90	9%	81%	10%	0	2	0	2	1	0		R
48510	Drain pancreatic pseudocyst	$1,047.06	$1,047.06	90	9%	81%	10%	0	2	0	2	1	0		R
48511	Drain pancreatic pseudocyst	$415.65	$415.65	0	0%	0%	0%	0	2	0	2	0	0		R
48520	Fuse pancreas cyst and bowel	$1,162.13	$1,162.13	90	9%	81%	10%	0	2	0	2	1	0		R
48540	Fuse pancreas cyst and bowel	$1,434.93	$1,434.93	90	9%	81%	10%	0	2	0	2	1	0		R
48545	Pancreatorrhaphy	$1,286.62	$1,286.62	90	9%	81%	10%	0	2	0	2	1	0		R
48547	Duodenal exclusion	$1,780.64	$1,780.64	90	9%	81%	10%	0	2	0	2	1	0		R
48550	Donor pancreatectomy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
48554	Transpl allograft pancreas	$2,527.62	$2,527.62	90	9%	81%	10%	0	0	0	0	0	0		R
48556	Removal, allograft pancreas	$1,255.87	$1,255.87	90	9%	81%	10%	0	2	0	2	1	0		R
48999	Pancreas surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
49000	Exploration of abdomen	$947.36	$947.36	90	9%	81%	10%	0	2	0	2	1	0		R
49002	Reopening of abdomen	$870.48	$870.48	90	9%	81%	10%	0	2	0	2	1	0		R
49010	Exploration behind abdomen	$1,013.33	$1,013.33	90	9%	81%	10%	0	2	0	2	1	0		R
49020	Drain abdominal abscess	$1,297.04	$1,297.04	90	9%	81%	10%	0	2	0	2	0	0		R
49021	Drain abdominal abscess	$449.38	$449.38	0	0%	0%	0%	0	2	0	1	0	0		R
49040	Drain, open, abdom abscess	$864.53	$864.53	90	9%	81%	10%	0	2	0	2	1	0		R
49041	Drain, percut, abdom abscess	$478.64	$478.64	0	0%	0%	0%	0	2	0	2	0	0		R
49060	Drain, open, retrop abscess	$979.10	$979.10	90	9%	81%	10%	0	2	0	1	1	0		R
49061	Drain, percut, retroper absc	$457.31	$457.31	0	0%	0%	0%	0	2	0	2	0	0		R
49062	Drain to peritoneal cavity	$986.54	$986.54	90	9%	81%	10%	0	2	0	2	1	0		R
49080	Puncture, peritoneal cavity	$190.96	$103.66	0	0%	0%	0%	0	2	0	1	0	0		R
49081	Removal of abdominal fluid	$178.06	$96.22	0	0%	0%	0%	0	2	0	1	0	0		R
49085	Remove abdomen foreign body	$729.12	$729.12	90	9%	81%	10%	0	2	0	1	1	0		R
49180	Biopsy, abdominal mass	$376.96	$135.41	0	0%	0%	0%	0	2	0	1	0	0		R
49200	Removal of abdominal lesion	$893.30	$893.30	90	9%	81%	10%	0	2	0	2	1	0		R
49201	Removal of abdominal lesion	$1,274.72	$1,274.72	90	9%	81%	10%	0	2	0	2	1	0		R
49215	Excise sacral spine tumor	$1,769.23	$1,769.23	90	9%	81%	10%	0	2	0	2	1	0		R
49220	Multiple surgery, abdomen	$1,251.41	$1,251.41	90	9%	81%	10%	0	2	0	2	1	0		R
49250	Excision of umbilicus	$696.88	$696.88	90	9%	81%	10%	0	2	0	1	1	0		R
49255	Removal of omentum	$909.66	$909.66	90	9%	81%	10%	0	2	0	2	1	0		R
49320	Diag laparo separate proc	$443.92	$443.92	10	10%	80%	10%	0	2	0	2	0	0		R
49321	Laparoscopy, biopsy	$469.22	$469.22	10	10%	80%	10%	0	3	0	2	2	0	49320	R
49322	Laparoscopy, aspiration	$495.50	$495.50	10	10%	80%	10%	0	3	0	2	2	0	49320	R
49323	Laparo drain lymphocele	$745.49	$745.49	90	10%	80%	10%	0	3	0	2	2	0	49320	R
49329	Laparo proc, abdm/per/oment	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
49400	Air injection into abdomen	$142.85	$142.85	0	0%	0%	0%	0	2	0	1	0	0		R
49420	Insert abdominal drain	$172.11	$172.11	0	0%	0%	0%	0	2	0	1	0	0		R
49421	Insert abdominal drain	$504.93	$504.93	90	9%	81%	10%	0	2	0	1	0	0		R
49422	Remove perm cannula/catheter	$501.95	$501.95	10	10%	80%	10%	0	2	0	1	0	0		R

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49423	Exchange drainage catheter	$115.57	$115.57	0	0%	0%	0%	0	2	0	0	0	0		R
49424	Assess cyst, contrast inject	$62.99	$62.99	0	0%	0%	0%	0	2	0	0	0	0		R
49425	Insert abdomen-venous drain	$987.54	$987.54	90	9%	81%	10%	0	2	0	2	1	0		R
49426	Revise abdomen-venous shunt	$813.44	$813.44	90	9%	81%	10%	0	2	0	1	0	0		R
49427	Injection, abdominal shunt	$69.94	$69.94	0	0%	0%	0%	0	2	0	0	0	0		R
49428	Ligation of shunt	$209.81	$209.81	10	10%	80%	10%	0	2	0	1	0	0		R
49429	Removal of shunt	$578.34	$578.34	10	10%	80%	10%	0	2	0	1	0	0		R
49495	Repair inguinal hernia, init	Not Covered	Not Covered	90	9%	81%	10%	0	2	1	2	1	0		X
49496	Repair inguinal hernia, init	Not Covered	Not Covered	90	9%	81%	10%	0	2	1	2	1	0		X
49500	Repair inguinal hernia	Not Covered	Not Covered	90	9%	81%	10%	0	2	1	2	1	0		X
49501	Repair inguinal hernia, init	Not Covered	Not Covered	90	9%	81%	10%	0	2	1	2	1	0		X
49505	Repair inguinal hernia	$560.98	$544.61	90	9%	81%	10%	0	2	1	2	1	0		R
49507	Repair inguinal hernia	$711.26	$711.26	90	9%	81%	10%	0	2	1	2	1	0		R
49520	Rerepair inguinal hernia	$693.41	$693.41	90	9%	81%	10%	0	2	1	2	1	0		R
49521	Repair inguinal hernia, rec	$807.98	$807.98	90	9%	81%	10%	0	2	1	2	1	0		R
49525	Repair inguinal hernia	$632.90	$632.90	90	9%	81%	10%	0	2	1	2	1	0		R
49540	Repair lumbar hernia	$734.58	$734.58	90	9%	81%	10%	0	2	1	2	1	0		R
49550	Repair femoral hernia	$607.60	$607.60	90	9%	81%	10%	0	2	1	2	1	0		R
49553	Repair femoral hernia, init	$659.18	$659.18	90	9%	81%	10%	0	2	1	2	1	0		R
49555	Repair femoral hernia	$673.07	$673.07	90	9%	81%	10%	0	2	1	2	1	0		R
49557	Repair femoral hernia, recur	$776.24	$776.24	90	9%	81%	10%	0	2	1	2	1	0		R
49560	Repair abdominal hernia	$807.98	$807.98	90	9%	81%	10%	0	2	1	2	1	0		R
49561	Repair incisional hernia	$948.85	$948.85	90	9%	81%	10%	0	2	1	2	1	0		R
49565	Rerepair abdominal hernia	$824.35	$824.35	90	9%	81%	10%	0	2	1	2	1	0		R
49566	Repair incisional hernia	$967.20	$967.20	90	9%	81%	10%	0	2	1	2	1	0		R
49568	Hernia repair w/mesh	$363.57	$363.57	0	0%	0%	0%	0	0	1	2	1	0		R
49570	Repair epigastric hernia	$437.97	$437.97	90	9%	81%	10%	0	2	1	2	1	0		R
49572	Repair epigastric hernia	$517.82	$517.82	90	9%	81%	10%	0	2	1	2	1	0		R
49580	Repair umbilical hernia	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	2	1	0		X
49582	Repair umbilical hernia	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	2	1	0		X
49585	Repair umbilical hernia	$482.61	$482.61	90	9%	81%	10%	0	2	0	2	1	0		R
49587	Repair umbilical hernia	$547.58	$547.58	90	9%	81%	10%	0	2	0	2	1	0		R
49590	Repair abdominal hernia	$631.41	$631.41	90	9%	81%	10%	0	2	1	2	1	0		R
49600	Repair umbilical lesion	$895.78	$895.78	90	9%	81%	10%	0	2	0	2	1	0		R
49605	Repair umbilical lesion	$1,902.66	$1,902.66	90	9%	81%	10%	0	2	0	2	1	0		R
49606	Repair umbilical lesion	$1,640.27	$1,640.27	90	9%	81%	10%	0	2	0	2	1	0		R
49610	Repair umbilical lesion	$867.01	$867.01	90	9%	81%	10%	0	2	0	2	1	0		R
49611	Repair umbilical lesion	$827.82	$827.82	90	9%	81%	10%	0	2	0	2	1	0		R
49650	Laparo hernia repair initial	$520.80	$520.80	90	9%	81%	10%	0	2	1	2	1	0		R
49651	Laparo hernia repair recur	$675.55	$675.55	90	9%	81%	10%	0	2	1	2	1	0		R

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49659	Laparo proc, hernia repair	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
49900	Repair of abdominal wall	$958.77	$958.77	90	9%	81%	10%	0	2	0	2	1	0		R
49905	Omental flap	$482.11	$482.11	0	0%	0%	0%	0	0	0	2	2	0		R
49906	Free omental flap, microvasc	By Report	By Report	90	9%	81%	10%	0	2	0	1	1	0		N
49999	Abdomen surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
50010	Exploration of kidney	$953.31	$953.31	90	8%	83%	9%	0	2	0	2	1	0		R
50020	Renal abscess, open drain	$1,336.72	$1,336.72	90	8%	83%	9%	0	2	0	1	1	0		R
50021	Renal abscess, percut drain	$644.30	$644.30	0	0%	0%	0%	0	2	0	2	0	0		R
50040	Drainage of kidney	$1,279.18	$1,279.18	90	8%	83%	9%	0	2	0	1	1	0		R
50045	Exploration of kidney	$1,238.51	$1,238.51	90	8%	83%	9%	0	2	0	2	1	0		R
50060	Removal of kidney stone	$1,512.80	$1,512.80	90	8%	83%	9%	0	2	0	2	1	0		R
50065	Incision of kidney	$1,534.13	$1,534.13	90	8%	83%	9%	0	2	0	2	0	0		R
50070	Incision of kidney	$1,608.53	$1,608.53	90	8%	83%	9%	0	2	0	2	1	0		R
50075	Removal of kidney stone	$1,988.96	$1,988.96	90	8%	83%	9%	0	2	0	2	1	0		R
50080	Removal of kidney stone	$1,309.94	$1,309.94	90	8%	83%	9%	0	2	0	1	0	0		R
50081	Removal of kidney stone	$1,790.56	$1,790.56	90	8%	83%	9%	0	2	0	2	1	0		R
50100	Revise kidney blood vessels	$1,358.54	$1,358.54	90	8%	83%	9%	0	2	0	2	1	0		R
50120	Exploration of kidney	$1,288.11	$1,288.11	90	8%	83%	9%	0	2	0	2	1	0		R
50125	Explore and drain kidney	$1,324.82	$1,324.82	90	8%	83%	9%	0	2	0	2	1	0		R
50130	Removal of kidney stone	$1,393.26	$1,393.26	90	8%	83%	9%	0	2	0	2	1	0		R
50135	Exploration of kidney	$1,571.33	$1,571.33	90	8%	83%	9%	0	2	0	2	1	0		R
50200	Biopsy of kidney	$204.35	$204.35	0	0%	0%	0%	0	2	0	1	0	0		R
50205	Biopsy of kidney	$908.18	$908.18	90	8%	83%	9%	0	2	0	2	1	0		R
50220	Removal of kidney	$1,403.68	$1,403.68	90	8%	83%	9%	0	2	0	2	1	0		R
50225	Removal of kidney	$1,636.80	$1,636.80	90	8%	83%	9%	0	2	0	2	1	0		R
50230	Removal of kidney	$1,778.16	$1,778.16	90	8%	83%	9%	0	2	0	2	2	0		R
50234	Removal of kidney & ureter	$1,773.70	$1,773.70	90	8%	83%	9%	0	2	0	2	1	0		R
50236	Removal of kidney & ureter	$2,026.16	$2,026.16	90	8%	83%	9%	0	2	0	2	1	0		R
50240	Partial removal of kidney	$1,820.82	$1,820.82	90	8%	83%	9%	0	2	0	2	1	0		R
50280	Removal of kidney lesion	$1,267.28	$1,267.28	90	8%	83%	9%	0	2	0	2	1	0		R
50290	Removal of kidney lesion	$1,193.38	$1,193.38	90	8%	83%	9%	0	2	0	2	1	0		R
50300	Removal of donor kidney	$2,851.86	$2,851.86	0	0%	0%	0%	9	9	9	9	9	9		F
50320	Removal of donor kidney	$1,775.68	$1,775.68	90	8%	83%	9%	0	2	1	2	1	0		R
50340	Removal of kidney	$1,139.81	$1,139.81	90	8%	83%	9%	0	2	1	2	1	0		R
50360	Transplantation of kidney	$2,659.06	$2,659.06	90	8%	83%	9%	0	2	0	2	2	2		R
50365	Transplantation of kidney	$3,159.52	$3,159.52	90	8%	83%	9%	0	2	1	2	2	2		R
50370	Remove transplanted kidney	$1,235.04	$1,235.04	90	8%	83%	9%	0	2	0	2	1	0		R
50380	Reimplantation of kidney	$1,746.42	$1,746.42	90	8%	83%	9%	0	2	0	2	1	0		R
50390	Drainage of kidney lesion	$148.80	$148.80	0	0%	0%	0%	0	2	1	1	0	0		R
50392	Insert kidney drain	$248.00	$248.00	0	0%	0%	0%	0	2	1	1	0	0		R

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50393	Insert ureteral tube	$306.53	$306.53	0	0%	0%	0%	0	2	1	1	0	0		R
50394	Injection for kidney x-ray	$546.10	$56.54	0	0%	0%	0%	0	2	1	1	0	0		R
50395	Create passage to kidney	$261.39	$261.39	0	0%	0%	0%	0	2	1	1	0	0		R
50396	Measure kidney pressure	$146.32	$146.32	0	0%	0%	0%	0	2	1	0	0	0		R
50398	Change kidney tube	$130.45	$100.69	0	0%	0%	0%	0	2	1	1	0	0		R
50400	Revision of kidney/ureter	$1,549.01	$1,549.01	90	8%	83%	9%	0	2	0	2	1	0		R
50405	Revision of kidney/ureter	$1,940.35	$1,940.35	90	8%	83%	9%	0	2	0	2	1	0		R
50500	Repair of kidney wound	$1,602.58	$1,602.58	90	8%	83%	9%	0	2	0	2	1	0		R
50520	Close kidney-skin fistula	$1,426.50	$1,426.50	90	8%	83%	9%	0	2	0	2	1	0		R
50525	Repair renal-abdomen fistula	$1,792.54	$1,792.54	90	8%	83%	9%	0	2	0	2	1	0		R
50526	Repair renal-abdomen fistula	$1,919.52	$1,919.52	90	8%	83%	9%	0	2	0	2	0	0		R
50540	Revision of horseshoe kidney	$1,653.17	$1,653.17	90	8%	83%	9%	0	2	2	2	1	0		R
50541	Laparo ablate renal cyst	Not Covered	Not Covered	90	8%	83%	9%	0	2	0	2	1	0		X
50544	Laparoscopy, pyeloplasty	$1,592.66	$1,592.66	90	8%	83%	9%	0	2	0	2	1	0		R
50545	Laparo radical nephrectomy	Not Covered	Not Covered	90	8%	83%	9%	0	2	1	2	1	0		X
50546	Laparoscopic nephrectomy	$1,473.12	$1,473.12	90	8%	83%	9%	0	2	0	2	1	0		R
50547	Laparo removal donor kidney	$1,879.34	$1,879.34	90	8%	83%	9%	0	2	1	2	1	0		R
50548	Laparo remove k/ureter	$1,727.07	$1,727.07	90	8%	83%	9%	0	2	0	2	1	0		R
50549	Laparoscope proc, renal	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
50551	Kidney endoscopy	$487.57	$386.88	0	0%	0%	0%	0	2	1	0	0	0		R
50553	Kidney endoscopy	$916.11	$407.22	0	0%	0%	0%	0	2	1	1	0	0		R
50555	Kidney endoscopy & biopsy	$1,081.78	$481.62	0	0%	0%	0%	0	3	1	0	0	0	50551	R
50557	Kidney endoscopy & treatment	$1,091.20	$487.07	0	0%	0%	0%	0	3	1	0	0	0	50551	R
50559	Renal endoscopy/radiotracer	$450.37	$450.37	0	0%	0%	0%	0	3	1	0	0	0	50551	R
50561	Kidney endoscopy & treatment	$1,076.32	$554.53	0	0%	0%	0%	0	3	1	0	0	0	50551	R
50570	Kidney endoscopy	$628.93	$628.93	0	0%	0%	0%	0	2	1	0	0	0		R
50572	Kidney endoscopy	$760.37	$760.37	0	0%	0%	0%	0	3	1	0	0	0	50570	R
50574	Kidney endoscopy & biopsy	$799.55	$799.55	0	0%	0%	0%	0	3	1	0	0	0	50570	R
50575	Kidney endoscopy	$1,028.70	$1,028.70	0	0%	0%	0%	0	3	1	1	0	0	50570	R
50576	Kidney endoscopy & treatment	$819.39	$819.39	0	0%	0%	0%	0	3	1	0	0	0	50570	R
50578	Renal endoscopy/radiotracer	$775.74	$775.74	0	0%	0%	0%	0	3	1	0	0	0	50570	R
50580	Kidney endoscopy & treatment	$806.50	$806.50	0	0%	0%	0%	0	3	1	0	0	0	50570	R
50590	Fragmenting of kidney stone	$986.54	$790.62	90	8%	83%	9%	0	2	1	1	0	0		R
50600	Exploration of ureter	$1,261.82	$1,261.82	90	8%	83%	9%	0	2	1	2	1	0		R
50605	Insert ureteral support	$1,209.25	$1,209.25	90	8%	83%	9%	0	2	1	2	1	0		R
50610	Removal of ureter stone	$1,315.89	$1,315.89	90	8%	83%	9%	0	2	1	2	1	0		R
50620	Removal of ureter stone	$1,235.54	$1,235.54	90	8%	83%	9%	0	2	1	2	1	0		R
50630	Removal of ureter stone	$1,244.46	$1,244.46	90	8%	83%	9%	0	2	1	2	1	0		R
50650	Removal of ureter	$1,403.18	$1,403.18	90	8%	83%	9%	0	2	0	2	1	0		R
50660	Removal of ureter	$1,547.52	$1,547.52	90	8%	83%	9%	0	2	0	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
50684	Injection for ureter x-ray	$562.46	$55.55	0	0%	0%	0%	0	2	1	1	0	0		R
50686	Measure ureter pressure	$256.93	$109.12	0	0%	0%	0%	0	2	0	0	0	0		R
50688	Change of ureter tube	$129.46	$129.46	10	10%	80%	10%	0	2	0	1	0	0		R
50690	Injection for ureter x-ray	$592.72	$78.86	0	0%	0%	0%	0	2	0	1	0	0		R
50700	Revision of ureter	$1,282.16	$1,282.16	90	8%	83%	9%	0	2	0	2	1	0		R
50715	Release of ureter	$1,581.74	$1,581.74	90	8%	83%	9%	0	2	1	2	1	0		R
50722	Release of ureter	$1,340.69	$1,340.69	90	8%	83%	9%	0	2	0	2	1	0		R
50725	Release/revise ureter	$1,502.88	$1,502.88	90	8%	83%	9%	0	2	0	2	1	0		R
50727	Revise ureter	$724.16	$724.16	90	8%	83%	9%	0	2	0	2	2	0		R
50728	Revise ureter	$1,020.77	$1,020.77	90	8%	83%	9%	0	2	0	2	2	0		R
50740	Fusion of ureter & kidney	$1,491.47	$1,491.47	90	8%	83%	9%	0	2	0	2	1	0		R
50750	Fusion of ureter & kidney	$1,575.30	$1,575.30	90	8%	83%	9%	0	2	0	2	0	0		R
50760	Fusion of ureters	$1,496.93	$1,496.93	90	8%	83%	9%	0	2	0	2	1	0		R
50770	Splicing of ureters	$1,582.74	$1,582.74	90	8%	83%	9%	0	2	0	2	1	0		R
50780	Reimplant ureter in bladder	$1,493.46	$1,493.46	90	8%	83%	9%	0	2	1	2	1	0		R
50782	Reimplant ureter in bladder	$1,603.07	$1,603.07	90	8%	83%	9%	0	2	1	2	2	0		R
50783	Reimplant ureter in bladder	$1,643.25	$1,643.25	90	8%	83%	9%	0	2	1	2	2	0		R
50785	Reimplant ureter in bladder	$1,652.18	$1,652.18	90	8%	83%	9%	0	2	1	2	1	0		R
50800	Implant ureter in bowel	$1,295.06	$1,295.06	90	8%	83%	9%	0	2	1	2	1	0		R
50810	Fusion of ureter & bowel	$1,701.28	$1,701.28	90	8%	83%	9%	0	2	0	2	1	0		R
50815	Urine shunt to bowel	$1,721.62	$1,721.62	90	8%	83%	9%	0	2	1	2	1	0		R
50820	Construct bowel bladder	$1,802.96	$1,802.96	90	8%	83%	9%	0	2	1	2	1	0		R
50825	Construct bowel bladder	$2,413.04	$2,413.04	90	8%	83%	9%	0	2	0	2	1	0		R
50830	Revise urine flow	$2,477.02	$2,477.02	90	8%	83%	9%	0	2	0	2	1	0		R
50840	Replace ureter by bowel	$1,642.26	$1,642.26	90	8%	83%	9%	0	2	1	2	1	0		R
50845	Appendico-vesicostomy	$1,623.41	$1,623.41	90	8%	83%	9%	0	2	0	2	1	0		R
50860	Transplant ureter to skin	$1,262.32	$1,262.32	90	8%	83%	9%	0	2	1	2	1	0		R
50900	Repair of ureter	$1,134.85	$1,134.85	90	8%	83%	9%	0	2	0	2	1	0		R
50920	Closure ureter/skin fistula	$1,191.89	$1,191.89	90	8%	83%	9%	0	2	0	2	1	0		R
50930	Closure ureter/bowel fistula	$1,513.79	$1,513.79	90	8%	83%	9%	0	2	0	2	1	0		R
50940	Release of ureter	$1,189.90	$1,189.90	90	8%	83%	9%	0	2	1	2	1	0		R
50945	Laparoscopy ureterolithotomy	Not Covered	Not Covered	90	8%	83%	9%	0	2	1	2	1	0		X
50947	Laparo new ureter/bladder	Not Covered	Not Covered	90	8%	83%	9%	0	2	1	2	1	0		X
50948	Laparo new ureter/bladder	Not Covered	Not Covered	90	8%	83%	9%	0	2	1	2	1	0		X
50949	Laparoscope proc, ureter	By Report	By Report	90	0%	0%	0%	0	2	1	2	1	0		N
50951	Endoscopy of ureter	$508.40	$395.81	0	0%	0%	0%	0	2	1	0	0	0		R
50953	Endoscopy of ureter	$999.44	$421.10	0	0%	0%	0%	0	3	1	0	0	0	50951	R
50955	Ureter endoscopy & biopsy	$1,064.42	$466.24	0	0%	0%	0%	0	3	1	0	0	0	50951	R
50957	Ureter endoscopy & treatment	$1,050.53	$468.22	0	0%	0%	0%	0	3	1	0	0	0	50951	R
50959	Ureter endoscopy & tracer	$326.86	$326.86	0	0%	0%	0%	0	3	1	0	0	0	50951	R

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50961	Ureter endoscopy & treatment	$1,167.09	$423.09	0	0%	0%	0%	0	3	1	0	0	0	50951	R
50970	Ureter endoscopy	$527.25	$527.25	0	0%	0%	0%	0	2	1	0	0	0		R
50972	Ureter endoscopy & catheter	$462.27	$462.27	0	0%	0%	0%	0	2	1	0	0	0		R
50974	Ureter endoscopy & biopsy	$678.53	$678.53	0	0%	0%	0%	0	3	1	0	0	0	50970	R
50976	Ureter endoscopy & treatment	$664.14	$664.14	0	0%	0%	0%	0	3	1	0	0	0	50970	R
50978	Ureter endoscopy & tracer	$382.42	$382.42	0	0%	0%	0%	0	2	1	0	0	0		R
50980	Ureter endoscopy & treatment	$481.12	$481.12	0	0%	0%	0%	0	2	1	0	0	0		R
51000	Drainage of bladder	$117.55	$56.05	0	0%	0%	0%	0	2	0	1	0	0		R
51005	Drainage of bladder	$178.06	$72.42	0	0%	0%	0%	0	2	0	1	0	0		R
51010	Drainage of bladder	$449.38	$263.87	10	10%	80%	10%	0	2	0	1	0	0		R
51020	Incise & treat bladder	$637.36	$637.36	90	8%	83%	9%	0	2	0	2	1	0		R
51030	Incise & treat bladder	$610.58	$610.58	90	8%	83%	9%	0	2	0	0	0	0		R
51040	Incise & drain bladder	$446.90	$446.90	90	8%	83%	9%	0	2	0	2	1	0		R
51045	Incise bladder/drain ureter	$627.94	$627.94	90	8%	83%	9%	0	2	0	2	0	0		R
51050	Removal of bladder stone	$636.86	$636.86	90	8%	83%	9%	0	2	0	2	1	0		R
51060	Removal of ureter stone	$813.94	$813.94	90	8%	83%	9%	0	2	0	2	1	0		R
51065	Removal of ureter stone	$772.27	$772.27	90	8%	83%	9%	0	2	0	0	0	0		R
51080	Drainage of bladder abscess	$576.35	$576.35	90	8%	83%	9%	0	2	0	2	1	0		R
51500	Removal of bladder cyst	$847.66	$847.66	90	8%	83%	9%	0	2	0	2	1	0		R
51520	Removal of bladder lesion	$822.86	$822.86	90	8%	83%	9%	0	2	0	2	1	0		R
51525	Removal of bladder lesion	$1,151.71	$1,151.71	90	8%	83%	9%	0	2	0	2	1	0		R
51530	Removal of bladder lesion	$1,037.63	$1,037.63	90	8%	83%	9%	0	2	0	2	1	0		R
51535	Repair of ureter lesion	$1,040.11	$1,040.11	90	8%	83%	9%	0	2	1	2	1	0		R
51550	Partial removal of bladder	$1,266.78	$1,266.78	90	8%	83%	9%	0	2	0	2	1	0		R
51555	Partial removal of bladder	$1,658.13	$1,658.13	90	8%	83%	9%	0	2	0	2	1	0		R
51565	Revise bladder & ureter(s)	$1,744.93	$1,744.93	90	8%	83%	9%	0	2	0	2	1	0		R
51570	Removal of bladder	$1,922.50	$1,922.50	90	8%	83%	9%	0	2	0	2	1	0		R
51575	Removal of bladder & nodes	$2,428.91	$2,428.91	90	8%	83%	9%	0	2	2	2	1	0		R
51580	Remove bladder/revise tract	$2,442.80	$2,442.80	90	8%	83%	9%	0	2	0	2	1	0		R
51585	Removal of bladder & nodes	$2,772.64	$2,772.64	90	8%	83%	9%	0	2	2	2	1	0		R
51590	Remove bladder/revise tract	$2,590.61	$2,590.61	90	8%	83%	9%	0	2	0	2	1	0		R
51595	Remove bladder/revise tract	$2,998.32	$2,998.32	90	8%	83%	9%	0	2	2	2	1	0		R
51596	Remove bladder/create pouch	$3,182.83	$3,182.83	90	8%	83%	9%	0	2	0	2	1	0		R
51597	Removal of pelvic structures	$3,063.30	$3,063.30	90	8%	83%	9%	0	2	0	2	1	0		R
51600	Injection for bladder x-ray	$586.27	$60.02	0	0%	0%	0%	0	2	0	1	0	0		R
51605	Preparation for bladder xray	$604.62	$45.63	0	0%	0%	0%	0	2	0	1	0	0		R
51610	Injection for bladder x-ray	$611.07	$70.43	0	0%	0%	0%	0	2	0	1	0	0		R
51700	Irrigation of bladder	$184.51	$59.02	0	0%	0%	0%	0	2	0	1	0	0		R
51705	Change of bladder tube	$149.79	$101.68	10	10%	80%	10%	0	2	0	1	0	0		R
51710	Change of bladder tube	$257.42	$131.94	10	10%	80%	10%	0	2	0	1	0	0		R

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51715	Endoscopic injection/implant	$382.42	$276.27	0	0%	0%	0%	0	2	0	0	0	0		R
51720	Treatment of bladder lesion	$254.45	$128.96	0	0%	0%	0%	0	2	0	1	0	0		R
51725	Simple cystometrogram	$293.14	$293.14	0	0%	0%	0%	1	2	0	0	0	0		R
51725-26	Simple cystometrogram	$105.65	$105.65	0	0%	0%	0%	1	2	0	0	0	0		R
51725-TC	Simple cystometrogram	$187.49	$187.49	0	0%	0%	0%	1	0	0	0	0	0		R
51726	Complex cystometrogram	$265.36	$265.36	0	0%	0%	0%	1	2	0	1	0	0		R
51726-26	Complex cystometrogram	$121.02	$121.02	0	0%	0%	0%	1	2	0	1	0	0		R
51726-TC	Complex cystometrogram	$144.34	$144.34	0	0%	0%	0%	1	0	0	1	0	0		R
51736	Urine flow measurement	$74.90	$74.90	0	0%	0%	0%	1	2	0	0	0	0		R
51736-26	Urine flow measurement	$43.15	$43.15	0	0%	0%	0%	1	2	0	0	0	0		R
51736-TC	Urine flow measurement	$31.74	$31.74	0	0%	0%	0%	1	0	0	0	0	0		R
51741	Electro-uroflowmetry, first	$132.43	$132.43	0	0%	0%	0%	1	2	0	1	0	0		R
51741-26	Electro-uroflowmetry, first	$78.37	$78.37	0	0%	0%	0%	1	2	0	1	0	0		R
51741-TC	Electro-uroflowmetry, first	$54.56	$54.56	0	0%	0%	0%	1	0	0	1	0	0		R
51772	Urethra pressure profile	$259.41	$259.41	0	0%	0%	0%	1	2	0	0	0	0		R
51772-26	Urethra pressure profile	$112.10	$112.10	0	0%	0%	0%	1	2	0	0	0	0		R
51772-TC	Urethra pressure profile	$147.31	$147.31	0	0%	0%	0%	1	0	0	0	0	0		R
51784	Anal/urinary muscle study	$207.82	$207.82	0	0%	0%	0%	1	2	0	1	0	0		R
51784-26	Anal/urinary muscle study	$107.63	$107.63	0	0%	0%	0%	1	2	0	1	0	0		R
51784-TC	Anal/urinary muscle study	$100.19	$100.19	0	0%	0%	0%	1	0	0	1	0	0		R
51785	Anal/urinary muscle study	$208.82	$208.82	0	0%	0%	0%	1	2	0	0	0	0		R
51785-26	Anal/urinary muscle study	$107.14	$107.14	0	0%	0%	0%	1	2	0	0	0	0		R
51785-TC	Anal/urinary muscle study	$102.18	$102.18	0	0%	0%	0%	1	0	0	0	0	0		R
51792	Urinary reflex study	$156.74	$156.74	0	0%	0%	0%	1	2	0	0	0	0		R
51792-26	Urinary reflex study	$81.84	$81.84	0	0%	0%	0%	1	2	0	0	0	0		R
51792-TC	Urinary reflex study	$74.90	$74.90	0	0%	0%	0%	1	0	0	0	0	0		R
51795	Urine voiding pressure study	$266.85	$266.85	0	0%	0%	0%	1	2	0	0	0	0		R
51795-26	Urine voiding pressure study	$106.64	$106.64	0	0%	0%	0%	1	2	0	0	0	0		R
51795-TC	Urine voiding pressure study	$160.70	$160.70	0	0%	0%	0%	1	0	0	0	0	0		R
51797	Intraabdominal pressure test	$261.89	$261.89	0	0%	0%	0%	1	2	0	0	0	0		R
51797-26	Intraabdominal pressure test	$109.62	$109.62	0	0%	0%	0%	1	2	0	0	0	0		R
51797-TC	Intraabdominal pressure test	$151.78	$151.78	0	0%	0%	0%	1	0	0	0	0	0		R
51800	Revision of bladder/urethra	$1,405.17	$1,405.17	90	8%	83%	9%	0	2	0	2	1	0		R
51820	Revision of urinary tract	$1,426.00	$1,426.00	90	8%	83%	9%	0	2	2	2	1	0		R
51840	Attach bladder/urethra	$925.04	$925.04	90	8%	83%	9%	0	2	0	2	1	0		R
51841	Attach bladder/urethra	$1,130.38	$1,130.38	90	8%	83%	9%	0	2	0	2	1	0		R
51845	Repair bladder neck	$886.85	$886.85	90	8%	83%	9%	0	2	0	2	1	0		R
51860	Repair of bladder wound	$1,011.84	$1,011.84	90	8%	83%	9%	0	2	0	2	1	0		R
51865	Repair of bladder wound	$1,243.47	$1,243.47	90	8%	83%	9%	0	2	0	2	1	0		R
51880	Repair of bladder opening	$668.11	$668.11	90	8%	83%	9%	0	2	0	2	1	0		R

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51900	Repair bladder/vagina lesion	$1,121.46	$1,121.46	90	8%	83%	9%	0	2	0	2	1	0		R
51920	Close bladder-uterus fistula	$995.47	$995.47	90	8%	83%	9%	0	2	0	2	1	0		R
51925	Hysterectomy/bladder repair	$1,292.08	$1,292.08	90	8%	83%	9%	0	2	0	2	1	0		R
51940	Correction of bladder defect	$2,262.75	$2,262.75	90	8%	83%	9%	0	2	0	2	1	0		R
51960	Revision of bladder & bowel	$1,941.34	$1,941.34	90	8%	83%	9%	0	2	0	2	1	0		R
51980	Construct bladder opening	$948.35	$948.35	90	8%	83%	9%	0	2	0	2	1	0		R
51990	Laparo urethral suspension	$966.70	$966.70	90	8%	83%	9%	0	2	0	2	1	0		R
51992	Laparo sling operation	$1,043.09	$1,043.09	90	8%	83%	9%	0	2	0	2	1	0		R
52000	Cystoscopy	$239.57	$137.39	0	0%	0%	0%	0	2	0	1	0	0		R
52005	Cystoscopy & ureter catheter	$334.80	$181.54	0	0%	0%	0%	0	2	0	1	0	0		R
52007	Cystoscopy and biopsy	$231.14	$231.14	0	0%	0%	0%	0	3	1	1	0	0	52000	R
52010	Cystoscopy & duct catheter	$376.46	$206.34	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52204	Cystoscopy	$363.57	$184.02	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52214	Cystoscopy and treatment	$451.86	$275.28	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52224	Cystoscopy and treatment	$418.13	$240.06	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52234	Cystoscopy and treatment	$553.04	$359.60	0	0%	0%	0%	0	2	0	1	0	0		R
52235	Cystoscopy and treatment	$623.97	$429.54	0	0%	0%	0%	0	2	0	1	0	0		R
52240	Cystoscopy and treatment	$960.26	$765.82	0	0%	0%	0%	0	2	0	1	0	0		R
52250	Cystoscopy and radiotracer	$326.37	$326.37	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52260	Cystoscopy and treatment	$279.25	$279.25	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52265	Cystoscopy and treatment	$303.06	$197.90	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52270	Cystoscopy & revise urethra	$457.81	$262.88	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52275	Cystoscopy & revise urethra	$544.11	$346.70	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52276	Cystoscopy and treatment	$579.33	$381.42	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52277	Cystoscopy and treatment	$461.28	$461.28	0	0%	0%	0%	0	3	0	0	0	0	52000	R
52281	Cystoscopy and treatment	$309.50	$194.43	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52282	Cystoscopy, implant stent	$656.70	$471.20	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52283	Cystoscopy and treatment	$445.90	$259.41	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52285	Cystoscopy and treatment	$466.74	$250.98	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52290	Cystoscopy and treatment	$325.38	$325.38	0	0%	0%	0%	0	3	2	1	0	0	52000	R
52300	Cystoscopy and treatment	$386.38	$386.38	0	0%	0%	0%	0	3	2	0	0	0	52000	R
52301	Cystoscopy and treatment	$399.28	$399.28	0	0%	0%	0%	0	3	2	0	0	0	52000	R
52305	Cystoscopy and treatment	$386.38	$386.38	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52310	Cystoscopy and treatment	$707.30	$220.72	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52315	Cystoscopy and treatment	$881.39	$388.37	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52317	Remove bladder stone	$1,383.34	$513.36	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52318	Remove bladder stone	$693.90	$693.90	0	0%	0%	0%	0	3	0	1	0	0	52000	R
52320	Cystoscopy and treatment	$366.54	$366.54	0	0%	0%	0%	0	3	1	1	0	0	52005	R
52325	Cystoscopy, stone removal	$485.58	$485.58	0	0%	0%	0%	0	3	1	1	0	0	52005	R
52327	Cystoscopy, inject material	$382.42	$382.42	0	0%	0%	0%	0	3	0	1	0	0	52005	R

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52330	Cystoscopy and treatment	$1,011.84	$369.02	0	0%	0%	0%	0	3	1	1	0	0	52005	R
52332	Cystoscopy and treatment	$1,246.94	$223.70	0	0%	0%	0%	0	3	1	1	0	0	52005	R
52334	Create passage to kidney	$353.65	$353.65	0	0%	0%	0%	0	3	1	1	0	0	52005	R
52341	Cysto w/ureter stricture tx	$427.55	$427.55	0	0%	0%	0%	0	3	1	1	0	0	52005	R
52342	Cysto w/up stricture tx	$462.77	$462.77	0	0%	0%	0%	0	3	1	1	0	0	52005	R
52343	Cysto w/renal stricture tx	$512.86	$512.86	0	0%	0%	0%	0	3	1	1	0	0	52005	R
52344	Cysto/uretero, stone remove	$548.08	$548.08	0	0%	0%	0%	0	3	1	1	0	0	52005	R
52345	Cysto/uretero w/up stricture	$584.29	$584.29	0	0%	0%	0%	0	3	0	0	0	0	52351	R
52346	Cystouretero w/renal strict	$657.20	$657.20	0	0%	0%	0%	0	3	0	0	0	0	52351	R
52351	Cystouretro & or pyeloscope	$436.98	$436.98	0	0%	0%	0%	0	2	0	1	0	0		R
52352	Cystouretro w/stone remove	$541.63	$541.63	0	0%	0%	0%	0	3	1	1	0	0	52351	R
52353	Cystouretero w/lithotripsy	$627.44	$627.44	0	0%	0%	0%	0	3	1	1	0	0	52351	R
52354	Cystouretero w/biopsy	$548.08	$548.08	0	0%	0%	0%	0	3	1	1	0	0	52351	R
52355	Cystouretero w/excise tumor	$643.31	$643.31	0	0%	0%	0%	0	3	1	1	0	0	52351	R
52400	Cystouretero w/congen repr	$766.82	$766.82	90	8%	83%	9%	0	2	0	1	0	0		R
52450	Incision of prostate	$687.46	$687.46	90	8%	83%	9%	0	2	0	1	0	0		R
52500	Revision of bladder neck	$772.77	$772.77	90	8%	83%	9%	0	2	0	1	0	0		R
52510	Dilation prostatic urethra	$648.27	$648.27	90	8%	83%	9%	0	2	0	1	0	0		R
52601	Prostatectomy (TURP)	$1,083.26	$1,083.26	90	8%	83%	9%	0	2	0	1	0	0		R
52606	Control postop bleeding	$681.50	$681.50	90	8%	83%	9%	0	2	0	1	0	0		R
52612	Prostatectomy, first stage	$761.36	$761.36	90	8%	83%	9%	0	2	0	1	0	0		R
52614	Prostatectomy, second stage	$664.64	$664.64	90	8%	83%	9%	0	2	0	1	0	0		R
52620	Remove residual prostate	$626.45	$626.45	90	8%	83%	9%	0	2	0	1	0	0		R
52630	Remove prostate regrowth	$704.32	$704.32	90	8%	83%	9%	0	2	0	1	0	0		R
52640	Relieve bladder contracture	$625.95	$625.95	90	8%	83%	9%	0	2	0	1	0	0		R
52647	Laser surgery of prostate	$2,797.44	$884.37	90	8%	83%	9%	0	2	0	1	0	0		R
52648	Laser surgery of prostate	$1,009.86	$1,009.86	90	8%	83%	9%	0	2	0	1	0	0		R
52700	Drainage of prostate abscess	$614.05	$614.05	90	8%	83%	9%	0	2	0	0	0	0		R
53000	Incision of urethra	$407.71	$231.63	10	10%	80%	10%	0	2	0	1	0	0		R
53010	Incision of urethra	$380.43	$380.43	90	8%	83%	9%	0	2	0	1	0	0		R
53020	Incision of urethra	$244.53	$126.48	0	0%	0%	0%	0	2	0	1	0	0		R
53025	Incision of urethra	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
53040	Drainage of urethra abscess	$819.39	$646.29	90	8%	83%	9%	0	2	0	0	0	0		R
53060	Drainage of urethra abscess	$369.52	$254.45	10	10%	80%	10%	0	2	0	1	0	0		R
53080	Drainage of urinary leakage	$665.63	$665.63	90	8%	83%	9%	0	2	0	1	0	0		R
53085	Drainage of urinary leakage	$964.72	$964.72	90	8%	83%	9%	0	2	0	2	1	0		R
53200	Biopsy of urethra	$340.26	$184.02	0	0%	0%	0%	0	2	0	1	0	0		R
53210	Removal of urethra	$1,022.75	$1,022.75	90	8%	83%	9%	0	2	0	2	1	0		R
53215	Removal of urethra	$1,248.43	$1,248.43	90	8%	83%	9%	0	2	0	2	1	0		R
53220	Treatment of urethra lesion	$620.99	$620.99	90	8%	83%	9%	0	2	0	0	0	0		R

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53230	Removal of urethra lesion	$825.84	$825.84	90	8%	83%	9%	0	2	0	2	1	0		R
53235	Removal of urethra lesion	$820.38	$820.38	90	8%	83%	9%	0	2	0	2	1	0		R
53240	Surgery for urethra pouch	$572.88	$572.88	90	8%	83%	9%	0	2	0	1	0	0		R
53250	Removal of urethra gland	$513.36	$513.36	90	8%	83%	9%	0	2	0	1	0	0		R
53260	Treatment of urethra lesion	$380.93	$255.94	10	10%	80%	10%	0	2	0	1	0	0		R
53265	Treatment of urethra lesion	$411.18	$270.32	10	10%	80%	10%	0	2	0	1	0	0		R
53270	Removal of urethra gland	$373.98	$253.46	10	10%	80%	10%	0	2	0	1	0	0		R
53275	Repair of urethra defect	$384.40	$384.40	10	10%	80%	10%	0	2	0	1	0	0		R
53400	Revise urethra, stage 1	$1,046.56	$1,046.56	90	8%	83%	9%	0	2	0	2	1	0		R
53405	Revise urethra, stage 2	$1,187.92	$1,187.92	90	8%	83%	9%	0	2	0	2	1	0		R
53410	Reconstruction of urethra	$1,284.14	$1,284.14	90	8%	83%	9%	0	2	0	2	1	0		R
53415	Reconstruction of urethra	$1,515.28	$1,515.28	90	8%	83%	9%	0	2	0	2	1	0		R
53420	Reconstruct urethra, stage 1	$1,182.46	$1,182.46	90	8%	83%	9%	0	2	0	1	1	0		R
53425	Reconstruct urethra, stage 2	$1,274.22	$1,274.22	90	8%	83%	9%	0	2	0	2	1	0		R
53430	Reconstruction of urethra	$1,265.30	$1,265.30	90	8%	83%	9%	0	2	0	2	1	0		R
53440	Correct bladder function	$1,095.66	$1,095.66	90	8%	83%	9%	0	2	0	2	1	0		R
53442	Remove perineal prosthesis	$719.70	$719.70	90	8%	83%	9%	0	2	0	2	0	0		R
53443	Reconstruction of urethra	$1,510.32	$1,510.32	90	8%	83%	9%	0	2	0	2	1	0		R
53445	Correct urine flow control	$1,238.02	$1,238.02	90	8%	83%	9%	0	2	0	2	1	0		R
53447	Remove artificial sphincter	$1,080.78	$1,080.78	90	8%	83%	9%	0	2	0	2	1	0		R
53449	Correct artificial sphincter	$848.16	$848.16	90	8%	83%	9%	0	2	0	2	1	0		R
53450	Revision of urethra	$531.22	$531.22	90	8%	83%	9%	0	2	0	1	0	0		R
53460	Revision of urethra	$591.73	$591.73	90	8%	83%	9%	0	2	0	0	0	0		R
53502	Repair of urethra injury	$660.67	$660.67	90	8%	83%	9%	0	2	0	1	0	0		R
53505	Repair of urethra injury	$660.18	$660.18	90	8%	83%	9%	0	2	0	2	0	0		R
53510	Repair of urethra injury	$851.63	$851.63	90	8%	83%	9%	0	2	0	2	1	0		R
53515	Repair of urethra injury	$1,079.79	$1,079.79	90	8%	83%	9%	0	2	0	2	1	0		R
53520	Repair of urethra defect	$741.02	$741.02	90	8%	83%	9%	0	2	0	1	0	0		R
53600	Dilate urethra stricture	$210.30	$82.83	0	0%	0%	0%	0	2	0	1	0	0		R
53601	Dilate urethra stricture	$195.92	$68.45	0	0%	0%	0%	0	2	0	1	0	0		R
53605	Dilate urethra stricture	$88.29	$88.29	0	0%	0%	0%	0	2	0	1	0	0		R
53620	Dilate urethra stricture	$303.06	$106.64	0	0%	0%	0%	0	2	0	1	0	0		R
53621	Dilate urethra stricture	$288.18	$88.78	0	0%	0%	0%	0	2	0	1	0	0		R
53660	Dilation of urethra	$175.58	$51.09	0	0%	0%	0%	0	2	0	1	0	0		R
53661	Dilation of urethra	$177.57	$48.11	0	0%	0%	0%	0	2	0	1	0	0		R
53665	Dilation of urethra	$53.57	$53.57	0	0%	0%	0%	0	2	0	1	0	0		R
53670	Insert urinary catheter	$155.74	$35.22	0	0%	0%	0%	0	2	0	1	0	0		R
53675	Insert urinary catheter	$253.95	$100.19	0	0%	0%	0%	0	2	0	1	0	0		R
53850	Prostatic microwave thermotx	$3,608.40	$761.36	90	8%	83%	9%	0	2	0	1	0	0		R
53852	Prostatic rf thermotx	$3,200.19	$796.58	90	8%	83%	9%	0	2	0	1	0	0		R

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53899	Urology surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
54000	Slitting of prepuce	Not Covered	Not Covered	10	10%	80%	10%	0	2	0	0	0	0		X
54001	Slitting of prepuce	$344.22	$198.40	10	10%	80%	10%	0	2	0	1	0	0		R
54015	Drain penis lesion	$536.18	$399.28	10	10%	80%	10%	0	2	0	0	0	0		R
54050	Destruction, penis lesion(s)	$167.15	$84.82	10	10%	80%	10%	0	2	0	1	0	0		R
54055	Destruction, penis lesion(s)	$308.51	$118.54	10	10%	80%	10%	0	2	0	1	0	0		R
54056	Cryosurgery, penis lesion(s)	$181.54	$86.80	10	10%	80%	10%	0	2	0	1	0	0		R
54057	Laser surg, penis lesion(s)	$192.94	$130.45	10	10%	80%	10%	0	2	0	1	0	0		R
54060	Excision of penis lesion(s)	$312.48	$173.10	10	10%	80%	10%	0	2	0	1	0	0		R
54065	Destruction, penis lesion(s)	$354.64	$217.25	10	10%	80%	10%	0	2	0	1	0	0		R
54100	Biopsy of penis	$239.07	$133.42	0	0%	0%	0%	0	2	0	1	0	0		R
54105	Biopsy of penis	$422.59	$270.82	10	10%	80%	10%	0	2	0	1	0	0		R
54110	Treatment of penis lesion	$887.84	$887.84	90	10%	80%	10%	0	2	0	2	0	0		R
54111	Treat penis lesion, graft	$1,146.26	$1,146.26	90	10%	80%	10%	0	2	0	2	1	0		R
54112	Treat penis lesion, graft	$1,318.86	$1,318.86	90	10%	80%	10%	0	2	0	2	1	0		R
54115	Treatment of penis lesion	$750.45	$612.56	90	10%	80%	10%	0	2	0	2	0	0		R
54120	Partial removal of penis	$883.87	$883.87	90	10%	80%	10%	0	2	0	2	1	0		R
54125	Removal of penis	$1,179.49	$1,179.49	90	10%	80%	10%	0	2	0	2	1	0		R
54130	Remove penis & nodes	$1,653.17	$1,653.17	90	10%	80%	10%	0	2	2	2	1	0		R
54135	Remove penis & nodes	$2,096.10	$2,096.10	90	10%	80%	10%	0	2	2	2	0	0		R
54150	Circumcision	Not Covered	Not Covered	10	10%	80%	10%	0	2	0	0	0	0		X
54152	Circumcision	$207.82	$207.82	10	10%	80%	10%	0	2	0	1	0	0		R
54160	Circumcision	Not Covered	Not Covered	10	10%	80%	10%	0	2	0	1	0	0		X
54161	Circumcision	$271.81	$271.81	10	10%	80%	10%	0	2	0	1	0	0		R
54200	Treatment of penis lesion	$155.25	$70.43	10	10%	80%	10%	0	2	0	1	0	0		R
54205	Treatment of penis lesion	$741.02	$741.02	90	10%	80%	10%	0	2	0	2	0	0		R
54220	Treatment of penis lesion	$217.74	$183.02	0	0%	0%	0%	0	2	0	1	0	0		R
54230	Prepare penis study	$103.66	$94.74	0	0%	0%	0%	0	2	0	1	0	0		R
54231	Dynamic cavernosometry	$205.34	$154.75	0	0%	0%	0%	0	2	0	1	0	0		R
54235	Penile injection	$108.13	$78.86	0	0%	0%	0%	0	2	0	1	0	0		R
54240	Penis study	$127.47	$127.47	0	0%	0%	0%	1	2	0	0	0	0		R
54240-26	Penis study	$91.26	$91.26	0	0%	0%	0%	1	2	0	0	0	0		R
54240-TC	Penis study	$36.21	$36.21	0	0%	0%	0%	1	0	0	0	0	0		R
54250	Penis study	$257.92	$257.92	0	0%	0%	0%	1	2	0	0	0	0		R
54250-26	Penis study	$149.30	$149.30	0	0%	0%	0%	1	2	0	0	0	0		R
54250-TC	Penis study	$108.62	$108.62	0	0%	0%	0%	1	0	0	0	0	0		R
54300	Revision of penis	$938.93	$938.93	90	10%	80%	10%	0	2	0	2	1	0		R
54304	Revision of penis	$1,107.07	$1,107.07	90	10%	80%	10%	0	2	0	2	0	0		R
54308	Reconstruction of urethra	$1,024.74	$1,024.74	90	10%	80%	10%	0	2	0	2	1	0		R
54312	Reconstruction of urethra	$1,202.80	$1,202.80	90	10%	80%	10%	0	2	0	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
54316	Reconstruction of urethra	$1,451.30	$1,451.30	90	10%	80%	10%	0	2	0	2	1	0		R
54318	Reconstruction of urethra	$1,039.62	$1,039.62	90	10%	80%	10%	0	2	0	2	1	0		R
54322	Reconstruction of urethra	$1,094.67	$1,094.67	90	10%	80%	10%	0	2	0	2	0	0		R
54324	Reconstruction of urethra	$1,413.60	$1,413.60	90	10%	80%	10%	0	2	0	2	1	0		R
54326	Reconstruction of urethra	$1,322.83	$1,322.83	90	10%	80%	10%	0	2	0	2	1	0		R
54328	Revise penis/urethra	$1,334.24	$1,334.24	90	10%	80%	10%	0	2	0	2	1	0		R
54332	Revise penis/urethra	$1,483.54	$1,483.54	90	10%	80%	10%	0	2	0	2	1	0		R
54336	Revise penis/urethra	$1,914.06	$1,914.06	90	10%	80%	10%	0	2	0	2	1	0		R
54340	Secondary urethral surgery	$834.77	$834.77	90	10%	80%	10%	0	2	0	2	1	0		R
54344	Secondary urethral surgery	$1,479.57	$1,479.57	90	10%	80%	10%	0	2	0	2	1	0		R
54348	Secondary urethral surgery	$1,507.84	$1,507.84	90	10%	80%	10%	0	2	0	2	1	0		R
54352	Reconstruct urethra/penis	$2,062.37	$2,062.37	90	10%	80%	10%	0	2	0	2	1	0		R
54360	Penis plastic surgery	$1,013.82	$1,013.82	90	10%	80%	10%	0	2	0	2	1	0		R
54380	Repair penis	$1,161.14	$1,161.14	90	10%	80%	10%	0	2	0	2	1	0		R
54385	Repair penis	$1,341.18	$1,341.18	90	10%	80%	10%	0	2	0	2	1	0		R
54390	Repair penis and bladder	$1,792.54	$1,792.54	90	10%	80%	10%	0	2	0	2	1	0		R
54400	Insert semi-rigid prosthesis	$821.87	$821.87	90	10%	80%	10%	0	2	0	1	1	0		R
54401	Insert self-contd prosthesis	$937.44	$937.44	90	10%	80%	10%	0	2	0	1	1	0		R
54402	Remove penis prosthesis	$785.17	$785.17	90	10%	80%	10%	0	2	0	2	1	0		R
54405	Insert multi-comp prosthesis	$1,187.92	$1,187.92	90	10%	80%	10%	0	2	0	2	1	0		R
54407	Remove multi-comp prosthesis	$1,119.97	$1,119.97	90	10%	80%	10%	0	2	0	2	1	0		R
54409	Revise penis prosthesis	$1,021.26	$1,021.26	90	10%	80%	10%	0	2	0	2	1	0		R
54420	Revision of penis	$994.98	$994.98	90	10%	80%	10%	0	2	0	2	0	0		R
54430	Revision of penis	$900.74	$900.74	90	10%	80%	10%	0	2	2	2	0	0		R
54435	Revision of penis	$583.79	$583.79	90	10%	80%	10%	0	2	0	1	0	0		R
54440	Repair of penis	By Report	By Report	90	10%	80%	10%	0	2	0	2	1	0		N
54450	Preputial stretching	$104.16	$84.32	0	0%	0%	0%	0	2	0	1	0	0		R
54500	Biopsy of testis	$296.11	$90.27	0	0%	0%	0%	0	2	1	0	0	0		R
54505	Biopsy of testis	$298.10	$298.10	10	10%	80%	10%	0	2	1	0	0	0		R
54510	Removal of testis lesion	$448.88	$448.88	90	10%	80%	10%	0	2	1	0	0	0		R
54512	Excise lesion testis	$683.98	$683.98	90	10%	80%	10%	0	2	1	2	1	0		R
54520	Removal of testis	$473.18	$473.18	90	10%	80%	10%	0	2	1	1	0	0		R
54522	Orchiectomy, partial	$778.22	$778.22	90	10%	80%	10%	0	2	1	2	1	0		R
54530	Removal of testis	$733.58	$733.58	90	10%	80%	10%	0	2	1	2	1	0		R
54535	Extensive testis surgery	$1,007.38	$1,007.38	90	10%	80%	10%	0	2	1	2	0	0		R
54550	Exploration for testis	$646.29	$646.29	90	10%	80%	10%	0	2	1	2	0	0		R
54560	Exploration for testis	$928.51	$928.51	90	10%	80%	10%	0	2	1	2	1	0		R
54600	Reduce testis torsion	$580.32	$580.32	90	10%	80%	10%	0	2	1	1	0	0		R
54620	Suspension of testis	$410.69	$410.69	10	10%	80%	10%	0	2	1	1	0	0		R
54640	Suspension of testis	$618.02	$618.02	90	10%	80%	10%	0	2	1	1	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
54650	Orchiopexy (Fowler-Stephens)	$963.73	$963.73	90	10%	80%	10%	0	2	1	2	0	0		R
54660	Revision of testis	$431.52	$431.52	90	10%	80%	10%	0	2	1	0	0	0		R
54670	Repair testis injury	$542.62	$542.62	90	10%	80%	10%	0	2	1	0	0	0		R
54680	Relocation of testis(es)	$1,045.07	$1,045.07	90	10%	80%	10%	0	2	2	2	1	0		R
54690	Laparoscopy, orchiectomy	$915.62	$915.62	90	10%	80%	10%	0	2	1	2	1	0		R
54692	Laparoscopy, orchiopexy	Not Covered	Not Covered	90	10%	80%	10%	0	2	1	1	0	0		X
54699	Laparoscope proc, testis	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
54700	Drainage of scrotum	$487.57	$311.98	10	10%	80%	10%	0	2	0	1	0	0		R
54800	Biopsy of epididymis	$372.50	$177.57	0	0%	0%	0%	0	2	0	0	0	0		R
54820	Exploration of epididymis	$432.02	$432.02	90	10%	80%	10%	0	2	0	0	0	0		R
54830	Remove epididymis lesion	$459.79	$459.79	90	10%	80%	10%	0	2	0	0	0	0		R
54840	Remove epididymis lesion	$464.75	$464.75	90	10%	80%	10%	0	2	0	1	0	0		R
54860	Removal of epididymis	$548.08	$548.08	90	10%	80%	10%	0	2	0	1	0	0		R
54861	Removal of epididymis	$741.52	$741.52	90	10%	80%	10%	0	2	0	0	0	0		R
54900	Fusion of spermatic ducts	$1,088.72	$1,088.72	90	10%	80%	10%	0	2	0	0	0	0		R
54901	Fusion of spermatic ducts	$1,485.02	$1,485.02	90	10%	80%	10%	0	2	2	0	0	0		R
55000	Drainage of hydrocele	$156.74	$95.73	0	0%	0%	0%	0	2	0	1	0	0		R
55040	Removal of hydrocele	$469.22	$469.22	90	10%	80%	10%	0	2	0	1	0	0		R
55041	Removal of hydroceles	$665.63	$665.63	90	10%	80%	10%	0	2	2	1	0	0		R
55060	Repair of hydrocele	$469.22	$469.22	90	10%	80%	10%	0	2	1	0	0	0		R
55100	Drainage of scrotum abscess	$458.30	$249.49	10	10%	80%	10%	0	2	0	1	0	0		R
55110	Explore scrotum	$472.69	$472.69	90	10%	80%	10%	0	2	0	1	0	0		R
55120	Removal of scrotum lesion	$410.19	$410.19	90	10%	80%	10%	0	2	0	0	0	0		R
55150	Removal of scrotum	$613.55	$613.55	90	10%	80%	10%	0	2	0	2	1	0		R
55175	Revision of scrotum	$466.24	$466.24	90	10%	80%	10%	0	2	0	0	0	0		R
55180	Revision of scrotum	$882.38	$882.38	90	10%	80%	10%	0	2	0	0	0	0		R
55200	Incision of sperm duct	$357.62	$357.62	90	10%	80%	10%	0	2	2	0	0	0		R
55250	Removal of sperm duct(s)	$534.19	$298.10	90	10%	80%	10%	0	2	2	1	0	0		R
55300	Prepare, sperm duct x-ray	$270.32	$270.32	0	0%	0%	0%	0	2	2	0	0	0		R
55400	Repair of sperm duct	$716.72	$716.72	90	10%	80%	10%	0	2	1	2	1	0		R
55450	Ligation of sperm duct	$521.79	$336.78	10	10%	80%	10%	0	2	2	0	0	0		R
55500	Removal of hydrocele	$484.59	$484.59	90	10%	80%	10%	0	2	0	0	0	0		R
55520	Removal of sperm cord lesion	$500.46	$500.46	90	10%	80%	10%	0	2	0	2	1	0		R
55530	Revise spermatic cord veins	$500.96	$500.96	90	10%	80%	10%	0	2	0	1	1	0		R
55535	Revise spermatic cord veins	$548.58	$548.58	90	10%	80%	10%	0	2	0	2	1	0		R
55540	Revise hernia & sperm veins	$629.92	$629.92	90	10%	80%	10%	0	2	0	2	1	0		R
55550	Laparo ligate spermatic vein	$526.75	$526.75	90	10%	80%	10%	0	2	1	2	1	0		R
55559	Laparo proc, spermatic cord	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
55600	Incise sperm duct pouch	$541.14	$541.14	90	10%	80%	10%	0	2	1	0	0	0		R
55605	Incise sperm duct pouch	$675.06	$675.06	90	10%	80%	10%	0	2	1	0	0	0		R

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55650	Remove sperm duct pouch	$933.97	$933.97	90	10%	80%	10%	0	2	1	2	1	0		R
55680	Remove sperm pouch lesion	$469.22	$469.22	90	10%	80%	10%	0	2	0	0	0	0		R
55700	Biopsy of prostate	$238.58	$111.10	0	0%	0%	0%	0	2	0	1	0	0		R
55705	Biopsy of prostate	$416.14	$416.14	10	10%	80%	10%	0	2	0	1	1	0		R
55720	Drainage of prostate abscess	$655.71	$655.71	90	10%	80%	10%	0	2	0	2	1	0		R
55725	Drainage of prostate abscess	$761.36	$761.36	90	10%	80%	10%	0	2	0	2	1	0		R
55801	Removal of prostate	$1,434.93	$1,434.93	90	10%	80%	10%	0	2	0	2	1	0		R
55810	Extensive prostate surgery	$1,824.78	$1,824.78	90	10%	80%	10%	0	2	0	2	1	0		R
55812	Extensive prostate surgery	$2,171.49	$2,171.49	90	10%	80%	10%	0	2	0	2	1	0		R
55815	Extensive prostate surgery	$2,443.79	$2,443.79	90	10%	80%	10%	0	2	2	2	1	0		R
55821	Removal of prostate	$1,207.26	$1,207.26	90	10%	80%	10%	0	2	0	2	1	0		R
55831	Removal of prostate	$1,309.44	$1,309.44	90	10%	80%	10%	0	2	0	2	1	0		R
55840	Extensive prostate surgery	$1,828.26	$1,828.26	90	10%	80%	10%	0	2	0	2	1	0		R
55842	Extensive prostate surgery	$1,973.58	$1,973.58	90	10%	80%	10%	0	2	0	2	1	0		R
55845	Extensive prostate surgery	$2,317.31	$2,317.31	90	10%	80%	10%	0	2	2	2	1	0		R
55859	Percut/needle insert, pros	$995.97	$995.97	90	10%	80%	10%	0	2	0	0	0	0		R
55860	Surgical exposure, prostate	$1,144.27	$1,144.27	90	10%	80%	10%	0	2	0	1	1	0		R
55862	Extensive prostate surgery	$1,457.74	$1,457.74	90	10%	80%	10%	0	2	0	2	1	0		R
55865	Extensive prostate surgery	$1,919.52	$1,919.52	90	10%	80%	10%	0	2	2	2	1	0		R
55870	Electroejaculation	$225.18	$199.89	0	0%	0%	0%	0	2	0	1	1	0		R
55873	Cryoablate prostate	Not Covered	Not Covered	90	8%	83%	9%	0	2	0	1	0	0		X
55899	Genital surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	1	1	1		N
55970	Sex transformation, M to F	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
55980	Sex transformation, F to M	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
56405	I & D of vulva/perineum	$172.11	$127.47	10	10%	80%	10%	0	2	0	1	2	0		R
56420	Drainage of gland abscess	$169.14	$124.00	10	10%	80%	10%	0	2	0	1	0	0		R
56440	Surgery for vulva lesion	$315.46	$269.33	10	10%	80%	10%	0	2	0	1	0	0		R
56441	Lysis of labial lesion(s)	$218.74	$198.90	10	10%	80%	10%	0	2	0	0	0	0		R
56501	Destruction, vulva lesion(s)	$172.11	$132.93	10	10%	80%	10%	0	2	0	1	0	0		R
56515	Destruction, vulva lesion(s)	$230.64	$198.90	10	10%	80%	10%	0	2	0	1	0	0		R
56605	Biopsy of vulva/perineum	$132.43	$80.85	0	0%	0%	0%	0	2	0	1	2	0		R
56606	Biopsy of vulva/perineum	$90.27	$39.68	0	0%	0%	0%	0	0	0	1	2	0		R
56620	Partial removal of vulva	$664.14	$664.14	90	12%	74%	14%	0	2	0	2	1	0		R
56625	Complete removal of vulva	$783.68	$783.68	90	12%	74%	14%	0	2	0	2	1	0		R
56630	Extensive vulva surgery	$1,120.46	$1,120.46	90	12%	74%	14%	0	2	0	2	1	0		R
56631	Extensive vulva surgery	$1,481.06	$1,481.06	90	12%	74%	14%	0	2	0	2	2	0		R
56632	Extensive vulva surgery	$1,806.93	$1,806.93	90	12%	74%	14%	0	2	2	2	2	0		R
56633	Extensive vulva surgery	$1,433.94	$1,433.94	90	12%	74%	14%	0	2	0	2	2	0		R
56634	Extensive vulva surgery	$1,618.94	$1,618.94	90	12%	74%	14%	0	2	0	2	2	0		R
56637	Extensive vulva surgery	$1,922.50	$1,922.50	90	12%	74%	14%	0	2	0	2	2	0		R

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56640	Extensive vulva surgery	$1,908.11	$1,908.11	90	12%	74%	14%	0	2	1	2	1	0		R
56700	Partial removal of hymen	$262.88	$232.13	10	10%	80%	10%	0	2	0	2	1	0		R
56720	Incision of hymen	$103.66	$67.95	0	0%	0%	0%	0	2	0	0	0	0		R
56740	Remove vagina gland lesion	$370.02	$334.30	10	10%	80%	10%	0	2	0	1	0	0		R
56800	Repair of vagina	$343.73	$343.73	10	10%	80%	10%	0	2	0	2	1	0		R
56805	Repair clitoris	$1,503.87	$1,503.87	90	12%	74%	14%	0	2	0	2	1	0		R
56810	Repair of perineum	$356.62	$356.62	10	10%	80%	10%	0	2	0	2	2	0		R
57000	Exploration of vagina	$269.33	$269.33	10	10%	80%	10%	0	2	0	0	0	0		R
57010	Drainage of pelvic abscess	$496.00	$496.00	90	12%	74%	14%	0	2	0	0	0	0		R
57020	Drainage of pelvic fluid	$146.82	$112.10	0	0%	0%	0%	0	2	0	0	0	0		R
57022	I &d vaginal hematoma, ob	$211.30	$211.30	10	10%	80%	10%	0	2	0	0	0	0		R
57023	I &d vag hematoma, trauma	$211.30	$211.30	10	10%	80%	10%	0	2	0	0	0	0		R
57061	Destruction vagina lesion(s)	$159.71	$117.06	10	10%	80%	10%	0	2	0	1	0	0		R
57065	Destruction vagina lesion(s)	$284.70	$260.90	10	10%	80%	10%	0	2	0	1	0	0		R
57100	Biopsy of vagina	$113.09	$71.42	0	0%	0%	0%	0	2	0	1	0	0		R
57105	Biopsy of vagina	$192.94	$191.95	10	10%	80%	10%	0	2	0	1	0	0		R
57106	Remove vagina wall, partial	$458.30	$458.30	90	12%	74%	14%	0	2	0	2	1	0		R
57107	Remove vagina tissue, part	$1,728.06	$1,728.06	90	12%	74%	14%	0	2	0	2	1	0		R
57109	Vaginectomy partial w/nodes	$1,995.90	$1,995.90	90	12%	74%	14%	0	2	2	2	1	0		R
57110	Remove vagina wall, complete	$1,133.36	$1,133.36	90	12%	74%	14%	0	2	0	2	1	0		R
57111	Remove vagina tissue, compl	$2,037.57	$2,037.57	90	12%	74%	14%	0	2	2	2	1	0		R
57112	Vaginectomy w/nodes, compl	$2,146.19	$2,146.19	90	12%	74%	14%	0	2	2	2	1	0		R
57120	Closure of vagina	$657.70	$657.70	90	12%	74%	14%	0	2	0	2	1	0		R
57130	Remove vagina lesion	$241.06	$241.06	10	10%	80%	10%	0	2	0	2	1	0		R
57135	Remove vagina lesion	$274.29	$248.50	10	10%	80%	10%	0	2	0	1	0	0		R
57150	Treat vagina infection	$68.94	$38.69	0	0%	0%	0%	0	2	0	1	0	0		R
57160	Insert pessary/other device	$100.69	$62.00	0	0%	0%	0%	0	2	0	1	0	0		R
57170	Fitting of diaphragm/cap	$104.16	$62.50	0	0%	0%	0%	0	2	0	0	0	0		R
57180	Treat vaginal bleeding	$174.10	$141.36	10	10%	80%	10%	0	2	0	1	0	0		R
57200	Repair of vagina	$354.64	$354.64	90	12%	74%	14%	0	2	0	2	1	0		R
57210	Repair vagina/perineum	$445.41	$445.41	90	12%	74%	14%	0	2	0	2	1	0		R
57220	Revision of urethra	$412.18	$412.18	90	12%	74%	14%	0	2	0	2	1	0		R
57230	Repair of urethral lesion	$504.43	$504.43	90	12%	74%	14%	0	2	0	2	1	0		R
57240	Repair bladder & vagina	$570.40	$570.40	90	12%	74%	14%	0	2	0	2	1	0		R
57250	Repair rectum & vagina	$515.34	$515.34	90	12%	74%	14%	0	2	0	2	1	0		R
57260	Repair of vagina	$737.55	$737.55	90	12%	74%	14%	0	2	0	2	1	0		R
57265	Extensive repair of vagina	$981.58	$981.58	90	12%	74%	14%	0	2	0	2	1	0		R
57268	Repair of bowel bulge	$612.06	$612.06	90	12%	74%	14%	0	2	0	2	1	0		R
57270	Repair of bowel pouch	$963.73	$963.73	90	12%	74%	14%	0	2	0	2	1	0		R
57280	Suspension of vagina	$1,183.46	$1,183.46	90	12%	74%	14%	0	2	0	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
57282	Repair of vaginal prolapse	$777.23	$777.23	90	12%	74%	14%	0	2	0	2	1	0		R
57284	Repair paravaginal defect	$1,045.57	$1,045.57	90	8%	83%	9%	0	2	0	2	2	0		R
57287	Revise/remove sling repair	$901.73	$901.73	90	12%	74%	14%	0	2	0	2	1	0		R
57288	Repair bladder defect	$1,072.85	$1,072.85	90	12%	74%	14%	0	2	0	2	1	0		R
57289	Repair bladder & vagina	$964.72	$964.72	90	12%	74%	14%	0	2	0	2	1	0		R
57291	Construction of vagina	$721.18	$721.18	90	12%	74%	14%	0	2	0	2	0	0		R
57292	Construct vagina with graft	$1,053.01	$1,053.01	90	12%	74%	14%	0	2	0	2	1	0		R
57300	Repair rectum-vagina fistula	$683.98	$683.98	90	12%	74%	14%	0	2	0	2	1	0		R
57305	Repair rectum-vagina fistula	$1,095.66	$1,095.66	90	12%	74%	14%	0	2	0	2	1	0		R
57307	Fistula repair & colostomy	$1,217.18	$1,217.18	90	12%	74%	14%	0	2	0	2	1	0		R
57308	Fistula repair, transperine	$836.26	$836.26	90	12%	74%	14%	0	2	0	2	1	0		R
57310	Repair urethrovaginal lesion	$582.80	$582.80	90	12%	74%	14%	0	2	0	2	1	0		R
57311	Repair urethrovaginal lesion	$682.00	$682.00	90	12%	74%	14%	0	2	0	2	1	0		R
57320	Repair bladder-vagina lesion	$733.58	$733.58	90	12%	74%	14%	0	2	0	2	1	0		R
57330	Repair bladder-vagina lesion	$999.44	$999.44	90	12%	74%	14%	0	2	0	2	1	0		R
57335	Repair vagina	$1,420.05	$1,420.05	90	12%	74%	14%	0	2	0	2	1	0		R
57400	Dilation of vagina	$172.61	$172.61	0	0%	0%	0%	0	2	0	0	0	0		R
57410	Pelvic examination	$193.94	$136.40	0	0%	0%	0%	0	2	0	1	0	0		R
57415	Remove vaginal foreign body	$245.52	$193.94	10	10%	80%	10%	0	2	0	0	0	0		R
57452	Examination of vagina	$119.04	$73.90	0	0%	0%	0%	0	2	0	1	0	0		R
57454	Vagina examination & biopsy	$147.81	$97.71	0	0%	0%	0%	0	3	0	1	0	0	57452	R
57460	Cervix excision	$254.45	$205.84	0	0%	0%	0%	0	3	0	1	0	0	57452	R
57500	Biopsy of cervix	$134.91	$72.91	0	0%	0%	0%	0	2	0	1	0	0		R
57505	Endocervical curettage	$140.37	$110.11	10	10%	80%	10%	0	2	0	1	0	0		R
57510	Cauterization of cervix	$222.21	$160.70	10	10%	80%	10%	0	2	0	1	0	0		R
57511	Cryocautery of cervix	$199.89	$133.42	10	10%	80%	10%	0	2	0	1	0	0		R
57513	Laser surgery of cervix	$222.70	$185.01	10	10%	80%	10%	0	2	0	1	0	0		R
57520	Conization of cervix	$414.66	$363.57	90	12%	74%	14%	0	2	0	1	0	0		R
57522	Conization of cervix	$361.58	$317.44	90	12%	74%	14%	0	2	0	1	0	0		R
57530	Removal of cervix	$434.50	$434.50	90	12%	74%	14%	0	2	0	2	1	0		R
57531	Removal of cervix, radical	$2,203.73	$2,203.73	90	12%	74%	14%	0	2	2	2	1	0		R
57540	Removal of residual cervix	$967.70	$967.70	90	12%	74%	14%	0	2	0	2	1	0		R
57545	Remove cervix/repair pelvis	$998.45	$998.45	90	12%	74%	14%	0	2	0	2	1	0		R
57550	Removal of residual cervix	$515.84	$515.84	90	12%	74%	14%	0	2	0	2	1	0		R
57555	Remove cervix/repair vagina	$812.94	$812.94	90	12%	74%	14%	0	2	0	2	1	0		R
57556	Remove cervix, repair bowel	$748.96	$748.96	90	12%	74%	14%	0	2	0	2	1	0		R
57700	Revision of cervix	$310.99	$310.99	90	12%	74%	14%	0	2	0	0	0	0		R
57720	Revision of cervix	$376.96	$376.96	90	12%	74%	14%	0	2	0	2	0	0		R
57800	Dilation of cervical canal	$90.27	$57.54	0	0%	0%	0%	0	2	0	1	0	0		R
57820	D & c of residual cervix	$209.81	$198.40	10	10%	80%	10%	0	2	0	1	0	0		R

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58100	Biopsy of uterus lining	$121.02	$52.58	0	0%	0%	0%	0	2	0	1	0	0		R
58120	Dilation and curettage	$349.68	$298.10	10	10%	80%	10%	0	2	0	1	0	0		R
58140	Removal of uterus lesion	$1,150.72	$1,150.72	90	12%	74%	14%	0	2	0	2	1	0		R
58145	Removal of uterus lesion	$716.72	$716.72	90	12%	74%	14%	0	2	0	2	1	0		R
58150	Total hysterectomy	$1,216.19	$1,216.19	90	12%	74%	14%	0	2	0	2	1	0		R
58152	Total hysterectomy	$1,239.01	$1,239.01	90	12%	74%	14%	0	2	0	2	1	0		R
58180	Partial hysterectomy	$1,221.15	$1,221.15	90	12%	74%	14%	0	2	0	2	1	0		R
58200	Extensive hysterectomy	$1,732.53	$1,732.53	90	12%	74%	14%	0	2	0	2	1	0		R
58210	Extensive hysterectomy	$2,290.03	$2,290.03	90	12%	74%	14%	0	2	2	2	1	0		R
58240	Removal of pelvis contents	$3,129.26	$3,129.26	90	12%	74%	14%	0	2	0	2	1	0		R
58260	Vaginal hysterectomy	$995.47	$995.47	90	12%	74%	14%	0	2	0	2	1	0		R
58262	Vaginal hysterectomy	$1,118.48	$1,118.48	90	12%	74%	14%	0	2	0	2	2	0		R
58263	Vaginal hysterectomy	$1,218.18	$1,218.18	90	12%	74%	14%	0	2	0	2	2	0		R
58267	Hysterectomy & vagina repair	$1,214.70	$1,214.70	90	12%	74%	14%	0	2	0	2	1	0		R
58270	Hysterectomy & vagina repair	$1,096.16	$1,096.16	90	12%	74%	14%	0	2	0	2	1	0		R
58275	Hysterectomy/revise vagina	$1,205.78	$1,205.78	90	12%	74%	14%	0	2	0	2	1	0		R
58280	Hysterectomy/revise vagina	$1,225.62	$1,225.62	90	12%	74%	14%	0	2	0	2	1	0		R
58285	Extensive hysterectomy	$1,508.83	$1,508.83	90	12%	74%	14%	0	2	0	2	1	0		R
58300	Insert intrauterine device	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
58301	Remove intrauterine device	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
58321	Artificial insemination	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
58322	Artificial insemination	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
58323	Sperm washing	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
58340	Catheter for hysterography	$483.10	$66.46	0	0%	0%	0%	0	2	0	1	0	0		R
58345	Reopen fallopian tube	$357.62	$357.62	10	10%	80%	10%	0	2	1	2	2	0		R
58350	Reopen fallopian tube	$136.90	$102.67	10	10%	80%	10%	0	2	0	1	0	0		R
58353	Endometr ablate, thermal	Not Covered	Not Covered	10	10%	80%	10%	0	2	1	2	2	0		X
58400	Suspension of uterus	$560.48	$560.48	90	12%	74%	14%	0	2	0	2	1	0		R
58410	Suspension of uterus	$984.56	$984.56	90	12%	74%	14%	0	2	0	2	1	0		R
58520	Repair of ruptured uterus	$907.18	$907.18	90	12%	74%	14%	0	2	0	2	1	0		R
58540	Revision of uterus	$1,114.51	$1,114.51	90	12%	74%	14%	0	2	0	2	0	0		R
58550	Laparo-asst vag hysterectomy	$1,130.88	$1,130.88	10	10%	80%	10%	0	3	0	2	2	0	49320	R
58551	Laparoscopy, remove myoma	$1,066.90	$1,066.90	10	10%	80%	10%	0	3	0	2	2	0	49320	R
58555	Hysteroscopy, dx, sep proc	$308.02	$257.42	0	0%	0%	0%	0	2	0	0	2	0		R
58558	Hysteroscopy, biopsy	$405.23	$355.14	0	0%	0%	0%	0	3	0	1	2	0	58555	R
58559	Hysteroscopy, lysis	$469.71	$469.71	0	0%	0%	0%	0	3	0	1	2	0	58555	R
58560	Hysteroscopy, resect septum	$528.24	$528.24	0	0%	0%	0%	0	3	0	2	2	0	58555	R
58561	Hysteroscopy, remove myoma	$747.97	$747.97	0	0%	0%	0%	0	3	0	0	2	0	58555	R
58562	Hysteroscopy, remove fb	$384.90	$384.90	0	0%	0%	0%	0	3	0	1	2	0	58555	R
58563	Hysteroscopy, ablation	$478.64	$478.64	0	0%	0%	0%	0	3	0	0	2	0	58555	R

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58578	Laparo proc, uterus	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
58579	Hysteroscope procedure	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
58600	Division of fallopian tube	Not Covered	Not Covered	90	12%	74%	14%	0	2	2	2	1	0		X
58605	Division of fallopian tube	Not Covered	Not Covered	90	12%	74%	14%	0	0	2	2	0	0		X
58611	Ligate oviduct(s) add-on	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	2	0	0		X
58615	Occlude fallopian tube(s)	Not Covered	Not Covered	10	10%	80%	10%	0	2	0	2	0	0		X
58660	Laparoscopy, lysis	$878.91	$878.91	90	9%	84%	7%	0	3	0	2	2	0	49320	R
58661	Laparoscopy, remove adnexa	$877.42	$877.42	10	10%	80%	10%	0	3	0	2	2	0	49320	R
58662	Laparoscopy, excise lesions	$903.22	$903.22	90	9%	84%	7%	0	3	0	2	2	0	49320	R
58670	Laparoscopy, tubal cautery	$491.04	$491.04	90	10%	80%	10%	0	3	0	1	2	0	49320	R
58671	Laparoscopy, tubal block	$500.96	$500.96	90	10%	80%	10%	0	3	0	1	2	0	49320	R
58672	Laparoscopy, fimbrioplasty	$978.61	$978.61	90	10%	80%	10%	0	3	1	2	0	0	49320	R
58673	Laparoscopy, salpingostomy	$1,055.49	$1,055.49	90	10%	80%	10%	0	3	1	2	0	0	49320	R
58679	Laparo proc, oviduct-ovary	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
58700	Removal of fallopian tube	$572.38	$572.38	90	12%	74%	14%	0	2	2	2	1	0		R
58720	Removal of ovary/tube(s)	$919.58	$919.58	90	12%	74%	14%	0	2	2	2	1	0		R
58740	Revise fallopian tube(s)	$535.18	$535.18	90	12%	74%	14%	0	2	0	2	1	0		R
58750	Repair oviduct	$1,143.78	$1,143.78	90	12%	74%	14%	0	2	0	2	1	0		R
58752	Revise ovarian tube(s)	$1,163.12	$1,163.12	90	12%	74%	14%	0	2	0	2	0	0		R
58760	Remove tubal obstruction	$1,006.38	$1,006.38	90	12%	74%	14%	0	2	1	2	1	0		R
58770	Create new tubal opening	$1,072.85	$1,072.85	90	12%	74%	14%	0	2	1	2	0	0		R
58800	Drainage of ovarian cyst(s)	$415.65	$409.70	90	12%	74%	14%	0	2	2	1	0	0		R
58805	Drainage of ovarian cyst(s)	$528.74	$528.74	90	12%	74%	14%	0	2	2	2	1	0		R
58820	Drain ovary abscess, open	$378.45	$378.45	90	12%	74%	14%	0	2	0	2	0	0		R
58822	Drain ovary abscess, percut	$774.26	$774.26	90	12%	74%	14%	0	2	0	2	1	0		R
58823	Drain pelvic abscess, percut	$325.38	$325.38	0	0%	0%	0%	0	2	0	2	0	0		R
58825	Transposition, ovary(s)	$524.77	$524.77	90	12%	74%	14%	0	2	0	2	1	0		R
58900	Biopsy of ovary(s)	$520.80	$520.80	90	12%	74%	14%	0	2	2	2	1	0		R
58920	Partial removal of ovary(s)	$595.70	$595.70	90	12%	74%	14%	0	2	2	2	1	0		R
58925	Removal of ovarian cyst(s)	$902.72	$902.72	90	12%	74%	14%	0	2	2	2	1	0		R
58940	Removal of ovary(s)	$625.95	$625.95	90	12%	74%	14%	0	2	2	2	1	0		R
58943	Removal of ovary(s)	$1,497.42	$1,497.42	90	12%	74%	14%	0	2	0	2	1	0		R
58950	Resect ovarian malignancy	$1,275.22	$1,275.22	90	12%	74%	14%	0	2	2	2	1	0		R
58951	Resect ovarian malignancy	$1,816.85	$1,816.85	90	12%	74%	14%	0	2	2	2	1	0		R
58952	Resect ovarian malignancy	$2,031.12	$2,031.12	90	12%	74%	14%	0	2	2	2	1	0		R
58960	Exploration of abdomen	$1,257.86	$1,257.86	90	12%	74%	14%	0	2	0	2	1	0		R
58970	Retrieval of oocyte	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
58974	Transfer of embryo	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	2	1	0		X
58976	Transfer of embryo	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	2	1	0		X
58999	Genital surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N

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59000	Amniocentesis	$155.74	$108.62	0	0%	0%	0%	0	2	0	1	0	0		R
59012	Fetal cord puncture,prenatal	$290.66	$290.66	0	0%	0%	0%	0	2	0	0	0	0		R
59015	Chorion biopsy	$189.47	$172.61	0	0%	0%	0%	0	2	0	0	0	0		R
59020	Fetal contract stress test	$86.30	$86.30	0	0%	0%	0%	1	2	0	0	0	0		R
59020-26	Fetal contract stress test	$56.54	$56.54	0	0%	0%	0%	1	2	0	0	0	0		R
59020-TC	Fetal contract stress test	$29.76	$29.76	0	0%	0%	0%	1	0	0	0	0	0		R
59025	Fetal non-stress test	$55.06	$55.06	0	0%	0%	0%	1	2	0	0	0	0		R
59025-26	Fetal non-stress test	$42.66	$42.66	0	0%	0%	0%	1	2	0	0	0	0		R
59025-TC	Fetal non-stress test	$12.40	$12.40	0	0%	0%	0%	1	0	0	0	0	0		R
59030	Fetal scalp blood sample	$168.14	$168.14	0	0%	0%	0%	0	2	0	0	0	0		R
59050	Fetal monitor w/report	$73.90	$73.90	0	0%	0%	0%	0	0	0	0	0	0		R
59051	Fetal monitor/interpret only	$62.99	$62.99	0	0%	0%	0%	0	0	0	0	0	0		R
59100	Remove uterus lesion	$973.15	$973.15	90	17%	60%	23%	0	2	0	2	1	0		R
59120	Treat ectopic pregnancy	$974.64	$974.64	90	17%	60%	23%	0	2	0	2	1	0		R
59121	Treat ectopic pregnancy	$952.32	$952.32	90	17%	60%	23%	0	2	0	2	1	0		R
59130	Treat ectopic pregnancy	$1,141.79	$1,141.79	90	17%	60%	23%	0	2	0	0	0	0		R
59135	Treat ectopic pregnancy	$1,171.55	$1,171.55	90	17%	60%	23%	0	2	0	0	0	0		R
59136	Treat ectopic pregnancy	$1,072.85	$1,072.85	90	17%	60%	23%	0	2	0	2	0	0		R
59140	Treat ectopic pregnancy	$487.57	$487.57	90	17%	60%	23%	0	2	0	2	0	0		R
59150	Treat ectopic pregnancy	$886.35	$886.35	90	17%	60%	23%	0	2	0	2	0	0		R
59151	Treat ectopic pregnancy	$925.54	$925.54	90	17%	60%	23%	0	2	0	2	0	0		R
59160	D & c after delivery	$321.90	$272.80	10	10%	80%	10%	0	2	0	0	0	0		R
59200	Insert cervical dilator	$101.18	$60.02	0	0%	0%	0%	0	2	0	1	0	0		R
59300	Episiotomy or vaginal repair	$228.16	$177.57	0	0%	0%	0%	0	2	0	0	0	0		R
59320	Revision of cervix	$215.26	$215.26	0	0%	0%	0%	0	2	0	0	0	0		R
59325	Revision of cervix	$343.73	$343.73	0	0%	0%	0%	0	2	0	0	0	0		R
59350	Repair of uterus	$397.79	$397.79	0	0%	0%	0%	0	2	0	2	0	0		R
59400	Obstetrical care	$2,042.03	$2,042.03	45	0%	0%	0%	0	2	0	1	0	0		R
59409	Obstetrical care	$1,081.78	$1,081.78	0	0%	0%	0%	0	2	0	0	0	0		R
59410	Obstetrical care	$1,204.29	$1,204.29	45	0%	0%	0%	0	2	0	1	0	0		R
59412	Antepartum manipulation	$160.21	$138.38	0	0%	0%	0%	0	0	0	0	0	0		R
59414	Deliver placenta	$153.76	$153.76	45	0%	0%	0%	0	2	0	0	0	0		R
59425	Antepartum care only	$499.97	$477.15	0	0%	0%	0%	0	0	0	0	0	0		R
59426	Antepartum care only	$858.08	$824.35	0	0%	0%	0%	0	0	0	0	0	0		R
59430	Care after delivery	$170.13	$167.15	0	0%	0%	0%	0	2	0	1	0	0		R
59510	Cesarean delivery	$2,042.03	$2,042.03	45	0%	0%	0%	0	2	0	1	0	0		R
59514	Cesarean delivery only	$1,081.78	$1,081.78	0	0%	0%	0%	0	2	0	2	1	0		R
59515	Cesarean delivery	$1,204.29	$1,204.29	45	0%	0%	0%	0	2	0	1	0	0		R
59525	Remove uterus after cesarean	$654.22	$654.22	0	0%	0%	0%	0	0	0	2	1	0		R
59610	Vbac delivery	$2,146.19	$2,146.19	45	0%	0%	0%	0	2	0	0	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
59612	Vbac delivery only	$1,197.34	$1,197.34	45	0%	0%	0%	0	2	0	0	0	0		R
59614	Vbac care after delivery	$1,326.80	$1,326.80	45	0%	0%	0%	0	2	0	0	0	0		R
59618	Attempted vbac delivery	$2,453.22	$2,453.22	45	0%	0%	0%	0	2	0	2	0	0		R
59620	Attempted vbac delivery only	$1,379.87	$1,379.87	45	0%	0%	0%	0	2	0	2	0	0		R
59622	Attempted vbac after care	$1,541.07	$1,541.07	45	0%	0%	0%	0	2	0	2	0	0		R
59812	Treatment of miscarriage	$353.65	$310.00	90	17%	60%	23%	0	2	0	1	0	0		R
59820	Care of miscarriage	$409.70	$373.98	90	17%	60%	23%	0	2	0	1	0	0		R
59821	Treatment of miscarriage	$426.56	$392.34	90	17%	60%	23%	0	2	0	0	0	0		R
59830	Treat uterus infection	$546.10	$546.10	90	17%	60%	23%	0	2	0	0	0	0		R
59840	Abortion	$357.62	$293.14	10	10%	80%	10%	0	2	0	0	0	0		R
59841	Abortion	$553.04	$475.17	10	10%	80%	10%	0	2	0	0	0	0		R
59850	Abortion	$488.56	$488.56	90	17%	60%	23%	0	2	0	0	0	0		R
59851	Abortion	$504.43	$504.43	90	17%	60%	23%	0	2	0	0	0	0		R
59852	Abortion	$698.86	$698.86	90	17%	60%	23%	0	2	0	0	0	0		R
59855	Abortion	$519.31	$519.31	90	17%	60%	23%	0	2	0	0	0	0		R
59856	Abortion	$627.94	$627.94	90	17%	60%	23%	0	2	0	0	0	0		R
59857	Abortion	$770.78	$770.78	90	17%	60%	23%	0	2	0	0	0	0		R
59866	Abortion (mpr)	$322.90	$322.90	0	0%	0%	0%	0	2	0	2	1	0		R
59870	Evacuate mole of uterus	$394.32	$394.32	90	17%	60%	23%	0	2	0	2	0	0		R
59871	Remove cerclage suture	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0		X
59898	Laparo proc, ob care/deliver	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
59899	Maternity care procedure	By Report	By Report	45	0%	0%	0%	0	2	0	2	1	1		N
60000	Drain thyroid/tongue cyst	$188.48	$183.02	10	10%	80%	10%	0	2	0	0	0	0		R
60001	Aspirate/inject thyriod cyst	$122.02	$77.87	0	0%	0%	0%	0	2	0	1	0	0		R
60100	Biopsy of thyroid	$151.28	$69.94	0	0%	0%	0%	0	2	0	1	0	0		R
60200	Remove thyroid lesion	$837.74	$837.74	90	9%	82%	9%	0	2	0	2	1	0		R
60210	Partial thyroid excision	$941.41	$941.41	90	9%	82%	9%	0	2	0	2	1	0		R
60212	Parital thyroid excision	$1,299.02	$1,299.02	90	9%	82%	9%	0	2	0	2	1	0		R
60220	Partial removal of thyroid	$918.10	$918.10	90	9%	82%	9%	0	2	0	2	1	0		R
60225	Partial removal of thyroid	$1,194.86	$1,194.86	90	9%	82%	9%	0	2	0	2	1	0		R
60240	Removal of thyroid	$1,339.70	$1,339.70	90	9%	82%	9%	0	2	0	2	1	0		R
60252	Removal of thyroid	$1,546.03	$1,546.03	90	9%	82%	9%	0	2	0	2	1	0		R
60254	Extensive thyroid surgery	$2,052.94	$2,052.94	90	9%	82%	9%	0	2	0	2	1	0		R
60260	Repeat thyroid surgery	$1,217.68	$1,217.68	90	9%	82%	9%	0	2	2	2	1	0		R
60270	Removal of thyroid	$1,590.67	$1,590.67	90	9%	82%	9%	0	2	0	2	1	0		R
60271	Removal of thyroid	$1,295.55	$1,295.55	90	9%	82%	9%	0	2	0	2	1	0		R
60280	Remove thyroid duct lesion	$588.26	$588.26	90	9%	82%	9%	0	2	0	2	1	0		R
60281	Remove thyroid duct lesion	$754.91	$754.91	90	9%	82%	9%	0	2	0	2	1	0		R
60500	Explore parathyroid glands	$1,316.88	$1,316.88	90	9%	82%	9%	0	2	0	2	1	0		R
60502	Re-explore parathyroids	$1,603.07	$1,603.07	90	9%	82%	9%	0	2	0	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
60505	Explore parathyroid glands	$1,756.83	$1,756.83	90	9%	82%	9%	0	2	0	2	1	0		R
60512	Autotransplant parathyroid	$333.81	$333.81	0	0%	0%	0%	0	0	0	2	1	0		R
60520	Removal of thymus gland	$1,497.92	$1,497.92	90	9%	82%	9%	0	2	0	2	1	0		R
60521	Removal of thymus gland	$1,742.45	$1,742.45	90	9%	82%	9%	0	2	0	2	1	0		R
60522	Removal of thymus gland	$2,021.70	$2,021.70	90	9%	82%	9%	0	2	0	2	1	0		R
60540	Explore adrenal gland	$1,355.07	$1,355.07	90	9%	82%	9%	0	2	1	2	1	0		R
60545	Explore adrenal gland	$1,605.55	$1,605.55	90	9%	82%	9%	0	2	0	2	1	0		R
60600	Remove carotid body lesion	$1,633.82	$1,633.82	90	9%	82%	9%	0	2	0	2	1	0		R
60605	Remove carotid body lesion	$1,973.09	$1,973.09	90	9%	82%	9%	0	2	0	2	1	0		R
60650	Laparoscopy adrenalectomy	$1,487.50	$1,487.50	90	9%	84%	7%	0	2	1	2	1	0		R
60659	Laparo proc, endocrine	By Report	By Report	90	0%	0%	0%	0	2	1	2	0	0		N
60699	Endocrine surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	2	1	1		N
61000	Remove cranial cavity fluid	Not Covered	Not Covered	0	0%	0%	0%	0	2	2	1	0	0		X
61001	Remove cranial cavity fluid	Not Covered	Not Covered	0	0%	0%	0%	0	2	2	1	0	0		X
61020	Remove brain cavity fluid	$185.50	$157.23	0	0%	0%	0%	0	2	0	1	0	0		R
61026	Injection into brain canal	$195.92	$179.55	0	0%	0%	0%	0	2	0	1	0	0		R
61050	Remove brain canal fluid	$153.76	$153.76	0	0%	0%	0%	0	2	0	0	0	0		R
61055	Injection into brain canal	$197.90	$197.90	0	0%	0%	0%	0	0	0	1	0	0		R
61070	Brain canal shunt procedure	$302.56	$94.24	0	0%	0%	0%	0	2	0	1	0	0		R
61105	Twist drill hole	$504.93	$504.93	90	11%	76%	13%	0	2	0	0	0	0		R
61107	Drill skull for implantation	$476.66	$476.66	0	0%	0%	0%	0	0	0	1	0	0		R
61108	Drill skull for drainage	$990.51	$990.51	90	11%	76%	13%	0	2	0	1	0	0		R
61120	Burr hole for puncture	$797.07	$797.07	90	11%	76%	13%	0	2	0	0	0	0		R
61140	Pierce skull for biopsy	$1,462.21	$1,462.21	90	11%	76%	13%	0	2	0	2	0	0		R
61150	Pierce skull for drainage	$1,592.16	$1,592.16	90	11%	76%	13%	0	2	0	1	1	0		R
61151	Pierce skull for drainage	$1,039.62	$1,039.62	90	11%	76%	13%	0	2	0	1	0	0		R
61154	Pierce skull & remove clot	$1,429.97	$1,429.97	90	11%	76%	13%	0	2	1	2	1	0		R
61156	Pierce skull for drainage	$1,536.61	$1,536.61	90	11%	76%	13%	0	2	0	2	1	0		R
61210	Pierce skull, implant device	$544.11	$544.11	0	0%	0%	0%	0	0	0	1	0	0		R
61215	Insert brain-fluid device	$507.90	$507.90	90	11%	76%	13%	0	2	0	1	1	0		R
61250	Pierce skull & explore	$948.35	$948.35	90	11%	76%	13%	0	2	1	2	1	0		R
61253	Pierce skull & explore	$1,097.65	$1,097.65	90	11%	76%	13%	0	2	2	2	0	0		R
61304	Open skull for exploration	$2,043.02	$2,043.02	90	11%	76%	13%	0	2	0	2	1	0		R
61305	Open skull for exploration	$2,460.66	$2,460.66	90	11%	76%	13%	0	2	0	2	1	0		R
61312	Open skull for drainage	$2,261.76	$2,261.76	90	11%	76%	13%	0	2	0	2	1	0		R
61313	Open skull for drainage	$2,289.54	$2,289.54	90	11%	76%	13%	0	2	0	2	1	0		R
61314	Open skull for drainage	$2,154.62	$2,154.62	90	11%	76%	13%	0	2	0	2	1	0		R
61315	Open skull for drainage	$2,504.30	$2,504.30	90	11%	76%	13%	0	2	0	2	1	0		R
61320	Open skull for drainage	$2,269.70	$2,269.70	90	11%	76%	13%	0	2	0	2	1	0		R
61321	Open skull for drainage	$2,472.06	$2,472.06	90	11%	76%	13%	0	2	0	2	1	0		R

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61330	Decompress eye socket	$2,061.38	$2,061.38	90	11%	76%	13%	0	2	1	2	1	0		R
61332	Explore/biopsy eye socket	$2,510.26	$2,510.26	90	11%	76%	13%	0	2	0	2	1	0		R
61333	Explore orbit/remove lesion	$2,353.52	$2,353.52	90	11%	76%	13%	0	2	0	2	1	0		R
61334	Explore orbit/remove object	$1,654.16	$1,654.16	90	11%	76%	13%	0	2	0	2	1	0		R
61340	Relieve cranial pressure	$1,687.39	$1,687.39	90	11%	76%	13%	0	2	1	2	1	0		R
61343	Incise skull (press relief)	$2,763.71	$2,763.71	90	11%	76%	13%	0	2	0	2	1	0		R
61345	Relieve cranial pressure	$2,406.59	$2,406.59	90	11%	76%	13%	0	2	0	2	1	0		R
61440	Incise skull for surgery	$2,404.61	$2,404.61	90	11%	76%	13%	0	2	0	2	1	0		R
61450	Incise skull for surgery	$2,294.99	$2,294.99	90	11%	76%	13%	0	2	0	2	1	0		R
61458	Incise skull for brain wound	$2,499.34	$2,499.34	90	11%	76%	13%	0	2	0	2	1	0		R
61460	Incise skull for surgery	$2,554.90	$2,554.90	90	11%	76%	13%	0	2	0	2	2	0		R
61470	Incise skull for surgery	$2,173.47	$2,173.47	90	11%	76%	13%	0	2	0	2	1	0		R
61480	Incise skull for surgery	$2,240.43	$2,240.43	90	11%	76%	13%	0	2	0	2	1	0		R
61490	Incise skull for surgery	$2,183.39	$2,183.39	90	11%	76%	13%	0	2	1	2	1	0		R
61500	Removal of skull lesion	$1,682.43	$1,682.43	90	11%	76%	13%	0	2	0	2	1	0		R
61501	Remove infected skull bone	$1,393.26	$1,393.26	90	11%	76%	13%	0	2	0	2	1	0		R
61510	Removal of brain lesion	$2,596.56	$2,596.56	90	11%	76%	13%	0	2	0	2	1	0		R
61512	Remove brain lining lesion	$3,133.23	$3,133.23	90	11%	76%	13%	0	2	0	2	1	0		R
61514	Removal of brain abscess	$2,326.74	$2,326.74	90	11%	76%	13%	0	2	0	2	1	0		R
61516	Removal of brain lesion	$2,307.89	$2,307.89	90	11%	76%	13%	0	2	0	2	1	0		R
61518	Removal of brain lesion	$3,350.98	$3,350.98	90	11%	76%	13%	0	2	0	2	1	0		R
61519	Remove brain lining lesion	$3,660.48	$3,660.48	90	11%	76%	13%	0	2	0	2	1	0		R
61520	Removal of brain lesion	$4,717.95	$4,717.95	90	11%	76%	13%	0	2	0	2	2	0		R
61521	Removal of brain lesion	$3,936.75	$3,936.75	90	11%	76%	13%	0	2	0	2	1	0		R
61522	Removal of brain abscess	$2,554.90	$2,554.90	90	11%	76%	13%	0	2	0	2	1	0		R
61524	Removal of brain lesion	$2,547.95	$2,547.95	90	11%	76%	13%	0	2	0	2	1	0		R
61526	Removal of brain lesion	$4,407.46	$4,407.46	90	11%	76%	13%	0	2	0	1	2	0		R
61530	Removal of brain lesion	$3,861.86	$3,861.86	90	11%	76%	13%	0	2	0	1	2	0		R
61531	Implant brain electrodes	$1,373.92	$1,373.92	90	11%	76%	13%	0	2	0	2	2	0		R
61533	Implant brain electrodes	$1,793.04	$1,793.04	90	11%	76%	13%	0	2	0	2	1	0		R
61534	Removal of brain lesion	$1,760.80	$1,760.80	90	11%	76%	13%	0	2	0	2	1	0		R
61535	Remove brain electrodes	$1,053.01	$1,053.01	90	11%	76%	13%	0	2	0	2	1	0		R
61536	Removal of brain lesion	$3,059.82	$3,059.82	90	11%	76%	13%	0	2	0	2	1	0		R
61538	Removal of brain tissue	$2,516.70	$2,516.70	90	11%	76%	13%	0	2	0	2	1	0		R
61539	Removal of brain tissue	$2,848.03	$2,848.03	90	11%	76%	13%	0	2	0	2	1	0		R
61541	Incision of brain tissue	$2,507.78	$2,507.78	90	11%	76%	13%	0	2	0	2	1	0		R
61542	Removal of brain tissue	$2,744.37	$2,744.37	90	11%	76%	13%	0	2	0	2	1	0		R
61543	Removal of brain tissue	$2,569.28	$2,569.28	90	11%	76%	13%	0	2	0	2	1	0		R
61544	Remove & treat brain lesion	$2,276.64	$2,276.64	90	11%	76%	13%	0	2	0	2	0	0		R
61545	Excision of brain tumor	$3,756.70	$3,756.70	90	11%	76%	13%	0	2	0	2	1	0		R

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61546	Removal of pituitary gland	$2,814.80	$2,814.80	90	11%	76%	13%	0	2	0	2	1	0		R
61548	Removal of pituitary gland	$2,022.69	$2,022.69	90	11%	76%	13%	0	2	0	2	2	0		R
61550	Release of skull seams	$1,205.78	$1,205.78	90	11%	76%	13%	0	2	0	2	1	0		R
61552	Release of skull seams	$1,583.73	$1,583.73	90	11%	76%	13%	0	2	0	2	1	0		R
61556	Incise skull/sutures	$1,906.62	$1,906.62	90	11%	76%	13%	0	2	0	2	0	0		R
61557	Incise skull/sutures	$1,971.10	$1,971.10	90	11%	76%	13%	0	2	0	2	0	0		R
61558	Excision of skull/sutures	$2,068.82	$2,068.82	90	11%	76%	13%	0	2	0	2	0	0		R
61559	Excision of skull/sutures	$2,895.65	$2,895.65	90	11%	76%	13%	0	2	0	2	1	0		R
61563	Excision of skull tumor	$2,339.63	$2,339.63	90	11%	76%	13%	0	2	0	2	1	0		R
61564	Excision of skull tumor	$2,974.02	$2,974.02	90	11%	76%	13%	0	2	0	2	1	0		R
61570	Remove foreign body, brain	$2,108.99	$2,108.99	90	11%	76%	13%	0	2	0	2	1	0		R
61571	Incise skull for brain wound	$2,305.41	$2,305.41	90	11%	76%	13%	0	2	0	2	1	0		R
61575	Skull base/brainstem surgery	$3,110.91	$3,110.91	90	11%	76%	13%	0	2	0	2	1	0		R
61576	Skull base/brainstem surgery	$4,250.72	$4,250.72	90	11%	76%	13%	0	2	0	2	1	0		R
61580	Craniofacial approach, skull	$2,606.48	$2,606.48	90	11%	76%	13%	0	2	1	2	1	2		R
61581	Craniofacial approach, skull	$2,961.12	$2,961.12	90	11%	76%	13%	0	2	1	1	2	2		R
61582	Craniofacial approach, skull	$2,811.33	$2,811.33	90	11%	76%	13%	0	2	0	2	1	2		R
61583	Craniofacial approach, skull	$3,211.60	$3,211.60	90	11%	76%	13%	0	2	0	2	1	2		R
61584	Orbitocranial approach/skull	$3,054.86	$3,054.86	90	11%	76%	13%	0	2	1	2	1	2		R
61585	Orbitocranial approach/skull	$3,346.51	$3,346.51	90	11%	76%	13%	0	2	1	2	1	2		R
61586	Resect nasopharynx, skull	$2,255.81	$2,255.81	90	11%	76%	13%	0	2	0	2	1	2		R
61590	Infratemporal approach/skull	$3,567.73	$3,567.73	90	11%	76%	13%	0	2	1	2	1	2		R
61591	Infratemporal approach/skull	$3,757.20	$3,757.20	90	11%	76%	13%	0	2	1	2	1	2		R
61592	Orbitocranial approach/skull	$3,483.41	$3,483.41	90	11%	76%	13%	0	2	1	2	1	2		R
61595	Transtemporal approach/skull	$2,567.79	$2,567.79	90	11%	76%	13%	0	2	1	2	1	2		R
61596	Transcochlear approach/skull	$3,075.70	$3,075.70	90	11%	76%	13%	0	2	1	2	1	2		R
61597	Transcondylar approach/skull	$3,294.93	$3,294.93	90	11%	76%	13%	0	2	1	2	1	2		R
61598	Transpetrosal approach/skull	$2,904.08	$2,904.08	90	11%	76%	13%	0	2	0	2	1	2		R
61600	Resect/excise cranial lesion	$2,250.35	$2,250.35	90	11%	76%	13%	0	2	0	2	1	2		R
61601	Resect/excise cranial lesion	$2,470.08	$2,470.08	90	11%	76%	13%	0	2	0	2	1	2		R
61605	Resect/excise cranial lesion	$2,501.33	$2,501.33	90	11%	76%	13%	0	2	0	2	1	2		R
61606	Resect/excise cranial lesion	$3,397.60	$3,397.60	90	11%	76%	13%	0	2	0	2	1	2		R
61607	Resect/excise cranial lesion	$3,155.55	$3,155.55	90	11%	76%	13%	0	2	0	2	1	2		R
61608	Resect/excise cranial lesion	$3,696.19	$3,696.19	90	11%	76%	13%	0	2	0	2	1	2		R
61609	Transect artery, sinus	$834.27	$834.27	0	0%	0%	0%	0	0	1	2	1	2		R
61610	Transect artery, sinus	$2,350.05	$2,350.05	0	0%	0%	0%	0	0	1	2	1	2		R
61611	Transect artery, sinus	$607.60	$607.60	0	0%	0%	0%	0	0	1	2	1	2		R
61612	Transect artery, sinus	$2,319.79	$2,319.79	0	0%	0%	0%	0	0	1	2	1	2		R
61613	Remove aneurysm, sinus	$3,607.41	$3,607.41	90	11%	76%	13%	0	2	1	2	1	2		R
61615	Resect/excise lesion, skull	$2,814.30	$2,814.30	90	11%	76%	13%	0	2	0	2	1	2		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
61616	Resect/excise lesion, skull	$3,809.78	$3,809.78	90	11%	76%	13%	0	2	0	2	1	2		R
61618	Repair dura	$1,519.25	$1,519.25	90	11%	76%	13%	0	2	0	2	1	2		R
61619	Repair dura	$1,835.70	$1,835.70	90	11%	76%	13%	0	2	0	2	1	2		R
61624	Occlusion/embolization cath	$1,516.77	$1,516.77	0	0%	0%	0%	0	2	0	1	0	0		R
61626	Occlusion/embolization cath	$1,243.47	$1,243.47	0	0%	0%	0%	0	2	0	1	0	0		R
61680	Intracranial vessel surgery	$2,849.52	$2,849.52	90	11%	76%	13%	0	2	0	2	1	0		R
61682	Intracranial vessel surgery	$5,252.64	$5,252.64	90	11%	76%	13%	0	2	0	2	1	0		R
61684	Intracranial vessel surgery	$3,477.95	$3,477.95	90	11%	76%	13%	0	2	0	2	1	0		R
61686	Intracranial vessel surgery	$5,504.61	$5,504.61	90	11%	76%	13%	0	2	0	2	1	0		R
61690	Intracranial vessel surgery	$2,679.89	$2,679.89	90	11%	76%	13%	0	2	0	2	1	0		R
61692	Intracranial vessel surgery	$4,415.89	$4,415.89	90	11%	76%	13%	0	2	0	2	1	0		R
61697	Brain aneurysm repr, complx	$4,233.36	$4,233.36	90	11%	76%	13%	0	2	0	2	1	0		R
61698	Brain aneurysm repr, complx	$4,074.14	$4,074.14	90	11%	76%	13%	0	2	0	2	1	0		R
61700	Brain aneurysm repr , simple	$4,340.00	$4,340.00	90	11%	76%	13%	0	2	0	2	1	0		R
61702	Inner skull vessel surgery	$4,249.73	$4,249.73	90	11%	76%	13%	0	2	0	2	1	0		R
61703	Clamp neck artery	$1,573.81	$1,573.81	90	11%	76%	13%	0	2	0	2	1	0		R
61705	Revise circulation to head	$3,202.18	$3,202.18	90	11%	76%	13%	0	2	0	2	1	0		R
61708	Revise circulation to head	$2,762.22	$2,762.22	90	11%	76%	13%	0	2	0	2	0	0		R
61710	Revise circulation to head	$2,314.83	$2,314.83	90	11%	76%	13%	0	2	0	0	0	0		R
61711	Fusion of skull arteries	$3,264.67	$3,264.67	90	11%	76%	13%	0	2	0	2	1	0		R
61720	Incise skull/brain surgery	$1,610.02	$1,610.02	90	11%	76%	13%	0	2	0	1	0	0		R
61735	Incise skull/brain surgery	$1,810.40	$1,810.40	90	11%	76%	13%	0	2	0	1	1	0		R
61750	Incise skull/brain biopsy	$1,632.34	$1,632.34	90	11%	76%	13%	0	2	0	1	1	0		R
61751	Brain biopsy w/ ct/mr guide	$1,667.55	$1,667.55	90	11%	76%	13%	0	2	0	1	1	0		R
61760	Implant brain electrodes	$1,965.65	$1,965.65	90	11%	76%	13%	0	2	0	1	2	0		R
61770	Incise skull for treatment	$1,951.76	$1,951.76	90	11%	76%	13%	0	2	0	1	1	0		R
61790	Treat trigeminal nerve	$994.48	$994.48	90	11%	76%	13%	0	2	0	1	0	0		R
61791	Treat trigeminal tract	$1,313.41	$1,313.41	90	11%	76%	13%	0	2	0	0	0	0		R
61793	Focus radiation beam	$1,645.73	$1,645.73	90	11%	76%	13%	0	2	0	1	0	0		R
61795	Brain surgery using computer	$368.03	$368.03	0	0%	0%	0%	0	0	0	1	0	0		R
61850	Implant neuroelectrodes	$1,149.23	$1,149.23	90	11%	76%	13%	0	2	0	2	0	0		R
61860	Implant neuroelectrodes	$1,766.75	$1,766.75	90	11%	76%	13%	0	2	0	2	0	0		R
61862	Implant neurostimul, subcort	$1,700.78	$1,700.78	90	11%	76%	13%	0	2	0	2	1	0		R
61870	Implant neuroelectrodes	$1,281.66	$1,281.66	90	11%	76%	13%	0	2	0	2	1	0		R
61875	Implant neuroelectrodes	$1,298.03	$1,298.03	90	11%	76%	13%	0	2	0	2	0	0		R
61880	Revise/remove neuroelectrode	$620.50	$620.50	90	11%	76%	13%	0	2	0	2	1	0		R
61885	Implant neurostim one array	$521.30	$521.30	90	11%	76%	13%	0	2	0	0	0	0		R
61886	Implant neurostim arrays	$759.87	$759.87	90	11%	76%	13%	0	2	0	0	0	0		R
61888	Revise/remove neuroreceiver	$464.75	$464.75	10	10%	80%	10%	0	2	0	1	0	0		R
62000	Treat skull fracture	$929.01	$929.01	90	11%	76%	13%	0	2	0	1	0	0		R

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62005	Treat skull fracture	$1,367.97	$1,367.97	90	11%	76%	13%	0	2	0	2	1	0		R
62010	Treatment of head injury	$1,823.30	$1,823.30	90	11%	76%	13%	0	2	0	2	1	0		R
62100	Repair brain fluid leakage	$2,053.44	$2,053.44	90	11%	76%	13%	0	2	0	2	1	0		R
62115	Reduction of skull defect	$1,845.12	$1,845.12	90	11%	76%	13%	0	2	0	2	1	0		R
62116	Reduction of skull defect	$2,090.64	$2,090.64	90	11%	76%	13%	0	2	0	2	0	0		R
62117	Reduction of skull defect	$2,348.06	$2,348.06	90	11%	76%	13%	0	2	0	2	1	0		R
62120	Repair skull cavity lesion	$2,025.17	$2,025.17	90	11%	76%	13%	0	2	0	2	1	0		R
62121	Incise skull repair	$1,909.10	$1,909.10	90	11%	76%	13%	0	2	0	2	0	0		R
62140	Repair of skull defect	$1,265.30	$1,265.30	90	11%	76%	13%	0	2	0	2	1	0		R
62141	Repair of skull defect	$1,427.98	$1,427.98	90	11%	76%	13%	0	2	0	2	1	0		R
62142	Remove skull plate/flap	$1,041.10	$1,041.10	90	11%	76%	13%	0	2	0	2	0	0		R
62143	Replace skull plate/flap	$1,187.92	$1,187.92	90	11%	76%	13%	0	2	0	2	1	0		R
62145	Repair of skull & brain	$1,671.52	$1,671.52	90	11%	76%	13%	0	2	0	2	1	0		R
62146	Repair of skull with graft	$1,442.86	$1,442.86	90	11%	76%	13%	0	2	0	2	1	0		R
62147	Repair of skull with graft	$1,725.09	$1,725.09	90	11%	76%	13%	0	2	0	2	1	0		R
62180	Establish brain cavity shunt	$1,873.89	$1,873.89	90	11%	76%	13%	0	2	0	2	0	0		R
62190	Establish brain cavity shunt	$1,079.30	$1,079.30	90	11%	76%	13%	0	2	0	1	1	0		R
62192	Establish brain cavity shunt	$1,186.93	$1,186.93	90	11%	76%	13%	0	2	0	2	1	0		R
62194	Replace/irrigate catheter	$369.52	$369.52	10	10%	80%	10%	0	2	0	0	0	0		R
62200	Establish brain cavity shunt	$1,698.80	$1,698.80	90	11%	76%	13%	0	2	0	2	1	0		R
62201	Establish brain cavity shunt	$1,289.60	$1,289.60	90	11%	76%	13%	0	2	0	1	0	0		R
62220	Establish brain cavity shunt	$1,252.90	$1,252.90	90	11%	76%	13%	0	2	0	2	1	0		R
62223	Establish brain cavity shunt	$1,239.50	$1,239.50	90	11%	76%	13%	0	2	0	2	1	0		R
62225	Replace/irrigate catheter	$524.77	$524.77	90	11%	76%	13%	0	2	0	1	0	0		R
62230	Replace/revise brain shunt	$978.11	$978.11	90	11%	76%	13%	0	2	0	2	1	0		R
62252	Csf shunt reprogram	$108.13	$108.13	0	0%	0%	0%	1	0	0	0	0	0		R
62252-26	Csf shunt reprogram	$52.08	$52.08	0	0%	0%	0%	1	0	0	0	0	0		R
62252-TC	Csf shunt reprogram	$56.05	$56.05	0	0%	0%	0%	1	0	0	0	0	0		R
62256	Remove brain cavity shunt	$662.66	$662.66	90	11%	76%	13%	0	2	0	2	0	0		R
62258	Replace brain cavity shunt	$1,350.11	$1,350.11	90	11%	76%	13%	0	2	0	2	1	0		R
62263	Lysis epidural adhesions	$603.14	$432.02	10	10%	80%	10%	0	2	0	1	0	0		R
62268	Drain spinal cord cyst	$385.89	$385.89	0	0%	0%	0%	0	2	0	1	0	0		R
62269	Needle biopsy, spinal cord	$368.53	$368.53	0	0%	0%	0%	0	2	0	0	0	0		R
62270	Spinal fluid tap, diagnostic	$198.40	$84.82	0	0%	0%	0%	0	2	0	1	0	0		R
62272	Drain spinal fluid	$197.90	$107.63	0	0%	0%	0%	0	2	0	1	0	0		R
62273	Treat epidural spine lesion	$175.58	$173.10	0	0%	0%	0%	0	2	0	1	0	0		R
62280	Treat spinal cord lesion	Not Covered	Not Covered	10	10%	80%	10%	0	2	0	1	0	0		X
62281	Treat spinal cord lesion	$290.16	$171.12	10	10%	80%	10%	0	2	0	1	0	0		R
62282	Treat spinal canal lesion	$339.76	$165.66	10	10%	80%	10%	0	2	0	1	0	0		R
62284	Injection for myelogram	$258.42	$128.46	0	0%	0%	0%	0	0	0	1	0	0		R

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62287	Percutaneous diskectomy	Not Covered	Not Covered	90	11%	76%	13%	0	2	0	1	0	0		X
62290	Inject for spine disk x-ray	$375.97	$228.16	0	0%	0%	0%	0	2	0	1	0	0		R
62291	Inject for spine disk x-ray	$372.50	$216.75	0	0%	0%	0%	0	2	0	1	0	0		R
62292	Injection into disk lesion	$706.30	$706.30	90	11%	76%	13%	0	2	0	0	0	0		R
62294	Injection into spinal artery	$921.07	$921.07	90	11%	76%	13%	0	2	0	1	0	0		R
62310	Inject spine c/t	$133.42	$292.64	0	0%	0%	0%	0	2	0	1	0	0		R
62311	Inject spine l/s (cd)	$109.12	$285.20	0	0%	0%	0%	0	2	0	1	0	0		R
62318	Inject spine w/cath, c/t	$142.85	$303.55	0	0%	0%	0%	0	2	0	1	0	0		R
62319	Inject spine w/cath l/s (cd)	$128.96	$267.34	0	0%	0%	0%	0	2	0	1	0	0		R
62350	Implant spinal canal cath	Not Covered	Not Covered	90	11%	76%	13%	0	2	0	1	1	0		X
62351	Implant spinal canal cath	Not Covered	Not Covered	90	11%	76%	13%	0	2	0	2	2	0		X
62355	Remove spinal canal catheter	Not Covered	Not Covered	90	11%	76%	13%	0	2	0	0	0	0		X
62360	Insert spine infusion device	Not Covered	Not Covered	90	11%	76%	13%	0	2	0	0	1	0		X
62361	Implant spine infusion pump	Not Covered	Not Covered	90	11%	76%	13%	0	2	0	0	1	0		X
62362	Implant spine infusion pump	Not Covered	Not Covered	90	11%	76%	13%	0	2	0	0	1	0		X
62365	Remove spine infusion device	Not Covered	Not Covered	90	11%	76%	13%	0	2	0	0	0	0		X
62367	Analyze spine infusion pump	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
62367-26	Analyze spine infusion pump	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
62367-TC	Analyze spine infusion pump	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
62368	Analyze spine infusion pump	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
62368-26	Analyze spine infusion pump	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
62368-TC	Analyze spine infusion pump	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
63001	Removal of spinal lamina	$1,560.42	$1,560.42	90	11%	76%	13%	0	2	0	2	2	0		R
63003	Removal of spinal lamina	$1,572.32	$1,572.32	90	11%	76%	13%	0	2	0	2	2	0		R
63005	Removal of spinal lamina	$1,472.62	$1,472.62	90	11%	76%	13%	0	2	0	2	2	0		R
63011	Removal of spinal lamina	$1,250.91	$1,250.91	90	11%	76%	13%	0	2	0	2	2	0		R
63012	Removal of spinal lamina	$1,468.16	$1,468.16	90	11%	76%	13%	0	2	0	2	2	0		R
63015	Removal of spinal lamina	$1,886.29	$1,886.29	90	11%	76%	13%	0	2	0	2	2	0		R
63016	Removal of spinal lamina	$1,868.43	$1,868.43	90	11%	76%	13%	0	2	0	2	2	0		R
63017	Removal of spinal lamina	$1,568.85	$1,568.85	90	11%	76%	13%	0	2	0	2	2	0		R
63020	Neck spine disk surgery	$1,470.14	$1,470.14	90	11%	76%	13%	0	2	1	2	2	0		R
63030	Low back disk surgery	$1,214.21	$1,214.21	90	11%	76%	13%	0	2	1	2	2	0		R
63035	Spinal disk surgery add-on	$285.20	$285.20	0	0%	0%	0%	0	0	1	2	2	0		R
63040	Laminotomy, single cervical	$1,819.82	$1,819.82	90	11%	76%	13%	0	2	1	2	2	0		R
63042	Laminotomy, single lumbar	$1,710.70	$1,710.70	90	11%	76%	13%	0	2	1	2	2	0		R
63043	Laminotomy, addl cervical	$909.91	$909.91	0	0%	0%	0%	0	0	1	2	2	0		F
63044	Laminotomy, addl lumbar	$855.35	$855.35	0	0%	0%	0%	0	0	1	2	2	0		F
63045	Removal of spinal lamina	$1,626.88	$1,626.88	90	11%	76%	13%	0	2	2	2	2	0		R
63046	Removal of spinal lamina	$1,557.44	$1,557.44	90	11%	76%	13%	0	2	2	2	2	0		R
63047	Removal of spinal lamina	$1,450.30	$1,450.30	90	11%	76%	13%	0	2	2	2	2	0		R

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63048	Remove spinal lamina add-on	$295.62	$295.62	0	0%	0%	0%	0	0	2	2	2	0		R
63055	Decompress spinal cord	$2,110.98	$2,110.98	90	11%	76%	13%	0	2	0	2	1	0		R
63056	Decompress spinal cord	$1,949.28	$1,949.28	90	11%	76%	13%	0	2	0	2	1	0		R
63057	Decompress spine cord add-on	$441.44	$441.44	0	0%	0%	0%	0	0	0	2	1	0		R
63064	Decompress spinal cord	$2,338.14	$2,338.14	90	11%	76%	13%	0	2	0	2	1	0		R
63066	Decompress spine cord add-on	$283.22	$283.22	0	0%	0%	0%	0	0	0	2	1	0		R
63075	Neck spine disk surgery	$1,840.16	$1,840.16	90	11%	76%	13%	0	2	0	2	2	0		R
63076	Neck spine disk surgery	$369.02	$369.02	0	0%	0%	0%	0	0	0	2	2	0		R
63077	Spine disk surgery, thorax	$2,002.35	$2,002.35	90	11%	76%	13%	0	2	0	2	2	0		R
63078	Spine disk surgery, thorax	$279.25	$279.25	0	0%	0%	0%	0	0	0	2	2	0		R
63081	Removal of vertebral body	$2,302.43	$2,302.43	90	11%	76%	13%	0	2	0	2	1	2		R
63082	Remove vertebral body add-on	$397.79	$397.79	0	0%	0%	0%	0	0	0	2	1	2		R
63085	Removal of vertebral body	$2,560.35	$2,560.35	90	11%	76%	13%	0	2	0	2	2	2		R
63086	Remove vertebral body add-on	$287.68	$287.68	0	0%	0%	0%	0	0	0	2	2	2		R
63087	Removal of vertebral body	$3,187.30	$3,187.30	90	11%	76%	13%	0	2	0	2	2	2		R
63088	Remove vertebral body add-on	$391.84	$391.84	0	0%	0%	0%	0	0	0	2	2	2		R
63090	Removal of vertebral body	$2,621.86	$2,621.86	90	11%	76%	13%	0	2	0	2	2	2		R
63091	Remove vertebral body add-on	$260.40	$260.40	0	0%	0%	0%	0	0	0	2	2	2		R
63170	Incise spinal cord tract(s)	$1,888.27	$1,888.27	90	11%	76%	13%	0	2	0	2	1	0		R
63172	Drainage of spinal cyst	$1,752.37	$1,752.37	90	11%	76%	13%	0	2	0	2	1	0		R
63173	Drainage of spinal cyst	$2,001.86	$2,001.86	90	11%	76%	13%	0	2	0	2	1	0		R
63180	Revise spinal cord ligaments	$1,667.06	$1,667.06	90	11%	76%	13%	0	2	0	2	1	0		R
63182	Revise spinal cord ligaments	$1,845.12	$1,845.12	90	11%	76%	13%	0	2	0	2	1	0		R
63185	Incise spinal column/nerves	$1,394.26	$1,394.26	90	11%	76%	13%	0	2	0	2	1	0		R
63190	Incise spinal column/nerves	$1,678.96	$1,678.96	90	11%	76%	13%	0	2	0	2	1	0		R
63191	Incise spinal column/nerves	$1,636.30	$1,636.30	90	11%	76%	13%	0	2	1	2	1	0		R
63194	Incise spinal column & cord	$1,763.78	$1,763.78	90	11%	76%	13%	0	2	0	2	1	0		R
63195	Incise spinal column & cord	$1,699.79	$1,699.79	90	11%	76%	13%	0	2	0	2	1	0		R
63196	Incise spinal column & cord	$1,948.29	$1,948.29	90	11%	76%	13%	0	2	0	2	1	0		R
63197	Incise spinal column & cord	$1,914.56	$1,914.56	90	11%	76%	13%	0	2	0	2	1	0		R
63198	Incise spinal column & cord	$2,179.92	$2,179.92	90	11%	76%	13%	0	2	0	2	1	0		R
63199	Incise spinal column & cord	$2,357.49	$2,357.49	90	11%	76%	13%	0	2	0	2	1	0		R
63200	Release of spinal cord	$1,740.46	$1,740.46	90	11%	76%	13%	0	2	0	2	0	0		R
63250	Revise spinal cord vessels	$3,458.61	$3,458.61	90	11%	76%	13%	0	2	0	2	1	0		R
63251	Revise spinal cord vessels	$3,499.78	$3,499.78	90	11%	76%	13%	0	2	0	2	1	0		R
63252	Revise spinal cord vessels	$3,541.44	$3,541.44	90	11%	76%	13%	0	2	0	2	1	0		R
63265	Excise intraspinal lesion	$2,015.25	$2,015.25	90	11%	76%	13%	0	2	0	2	1	0		R
63266	Excise intraspinal lesion	$2,105.52	$2,105.52	90	11%	76%	13%	0	2	0	2	1	0		R
63267	Excise intraspinal lesion	$1,707.73	$1,707.73	90	11%	76%	13%	0	2	0	2	1	0		R
63268	Excise intraspinal lesion	$1,607.54	$1,607.54	90	11%	76%	13%	0	2	0	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
63270	Excise intraspinal lesion	$2,364.93	$2,364.93	90	11%	76%	13%	0	2	0	2	1	0		R
63271	Excise intraspinal lesion	$2,495.87	$2,495.87	90	11%	76%	13%	0	2	0	2	1	0		R
63272	Excise intraspinal lesion	$2,319.79	$2,319.79	90	11%	76%	13%	0	2	0	2	1	0		R
63273	Excise intraspinal lesion	$2,172.48	$2,172.48	90	11%	76%	13%	0	2	0	2	0	0		R
63275	Biopsy/excise spinal tumor	$2,224.56	$2,224.56	90	11%	76%	13%	0	2	0	2	1	0		R
63276	Biopsy/excise spinal tumor	$2,198.77	$2,198.77	90	11%	76%	13%	0	2	0	2	1	0		R
63277	Biopsy/excise spinal tumor	$1,968.62	$1,968.62	90	11%	76%	13%	0	2	0	2	1	0		R
63278	Biopsy/excise spinal tumor	$1,938.37	$1,938.37	90	11%	76%	13%	0	2	0	2	1	0		R
63280	Biopsy/excise spinal tumor	$2,618.88	$2,618.88	90	11%	76%	13%	0	2	0	2	1	0		R
63281	Biopsy/excise spinal tumor	$2,584.16	$2,584.16	90	11%	76%	13%	0	2	0	2	1	0		R
63282	Biopsy/excise spinal tumor	$2,411.55	$2,411.55	90	11%	76%	13%	0	2	0	2	1	0		R
63283	Biopsy/excise spinal tumor	$2,233.98	$2,233.98	90	11%	76%	13%	0	2	0	2	1	0		R
63285	Biopsy/excise spinal tumor	$3,138.69	$3,138.69	90	11%	76%	13%	0	2	0	2	1	0		R
63286	Biopsy/excise spinal tumor	$3,172.91	$3,172.91	90	11%	76%	13%	0	2	0	2	1	0		R
63287	Biopsy/excise spinal tumor	$3,214.08	$3,214.08	90	11%	76%	13%	0	2	0	2	1	0		R
63290	Biopsy/excise spinal tumor	$3,296.91	$3,296.91	90	11%	76%	13%	0	2	0	2	1	0		R
63300	Removal of vertebral body	$2,172.98	$2,172.98	90	11%	76%	13%	0	2	0	2	1	0		R
63301	Removal of vertebral body	$2,400.14	$2,400.14	90	11%	76%	13%	0	2	0	2	1	0		R
63302	Removal of vertebral body	$2,462.14	$2,462.14	90	11%	76%	13%	0	2	0	2	1	0		R
63303	Removal of vertebral body	$2,604.00	$2,604.00	90	11%	76%	13%	0	2	0	2	1	0		R
63304	Removal of vertebral body	$2,565.81	$2,565.81	90	11%	76%	13%	0	2	0	2	0	0		R
63305	Removal of vertebral body	$2,800.42	$2,800.42	90	11%	76%	13%	0	2	0	2	1	0		R
63306	Removal of vertebral body	$2,606.48	$2,606.48	90	11%	76%	13%	0	2	0	2	1	0		R
63307	Removal of vertebral body	$2,736.93	$2,736.93	90	11%	76%	13%	0	2	0	2	1	0		R
63308	Remove vertebral body add-on	$454.34	$454.34	0	0%	0%	0%	0	0	0	2	0	0		R
63600	Remove spinal cord lesion	$1,101.62	$1,101.62	90	11%	76%	13%	0	2	0	0	0	0		R
63610	Stimulation of spinal cord	$727.14	$727.14	0	0%	0%	0%	0	2	0	0	0	0		R
63615	Remove lesion of spinal cord	$1,455.76	$1,455.76	90	11%	76%	13%	0	2	0	1	1	0		R
63650	Implant neuroelectrodes	Not Covered	Not Covered	90	11%	76%	13%	0	2	0	1	0	0		X
63655	Implant neuroelectrodes	Not Covered	Not Covered	90	11%	76%	13%	0	2	0	2	1	0		X
63660	Revise/remove neuroelectrode	Not Covered	Not Covered	90	11%	76%	13%	0	2	0	1	1	0		X
63685	Implant neuroreceiver	Not Covered	Not Covered	90	11%	76%	13%	0	2	0	2	1	0		X
63688	Revise/remove neuroreceiver	Not Covered	Not Covered	90	11%	76%	13%	0	2	0	1	0	0		X
63700	Repair of spinal herniation	$1,458.24	$1,458.24	90	11%	76%	13%	0	2	0	2	1	0		R
63702	Repair of spinal herniation	$1,525.20	$1,525.20	90	11%	76%	13%	0	2	0	2	1	0		R
63704	Repair of spinal herniation	$1,837.68	$1,837.68	90	11%	76%	13%	0	2	0	2	1	0		R
63706	Repair of spinal herniation	$2,107.50	$2,107.50	90	11%	76%	13%	0	2	0	2	1	0		R
63707	Repair spinal fluid leakage	$1,090.70	$1,090.70	90	11%	76%	13%	0	2	0	2	1	0		R
63709	Repair spinal fluid leakage	$1,372.43	$1,372.43	90	11%	76%	13%	0	2	0	2	1	0		R
63710	Graft repair of spine defect	$1,273.23	$1,273.23	90	11%	76%	13%	0	2	0	2	1	0		R

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63740	Install spinal shunt	$1,092.69	$1,092.69	90	11%	76%	13%	0	2	0	2	1	0		R
63741	Install spinal shunt	$744.99	$744.99	90	11%	76%	13%	0	2	0	2	1	0		R
63744	Revision of spinal shunt	$771.78	$771.78	90	11%	76%	13%	0	2	0	2	1	0		R
63746	Removal of spinal shunt	$605.12	$605.12	90	11%	76%	13%	0	2	0	0	0	0		R
64400	Injection for nerve block	$165.17	$70.43	0	0%	0%	0%	0	2	0	1	0	0		R
64402	Injection for nerve block	$219.23	$89.78	0	0%	0%	0%	0	2	0	1	0	0		R
64405	Injection for nerve block	$171.12	$83.82	0	0%	0%	0%	0	2	0	1	0	0		R
64408	Injection for nerve block	$197.41	$105.65	0	0%	0%	0%	0	2	0	0	0	0		R
64410	Injection for nerve block	$178.06	$94.24	0	0%	0%	0%	0	2	0	0	0	0		R
64412	Injection for nerve block	$169.63	$75.39	0	0%	0%	0%	0	2	0	1	0	0		R
64413	Injection for nerve block	$189.47	$90.77	0	0%	0%	0%	0	2	0	1	0	0		R
64415	Injection for nerve block	$178.56	$90.77	0	0%	0%	0%	0	2	0	1	0	0		R
64417	Injection for nerve block	$183.52	$95.23	0	0%	0%	0%	0	2	0	1	0	0		R
64418	Injection for nerve block	$171.62	$83.82	0	0%	0%	0%	0	2	0	1	0	0		R
64420	Injection for nerve block	$161.70	$79.36	0	0%	0%	0%	0	2	0	1	0	0		R
64421	Injection for nerve block	$204.85	$112.10	0	0%	0%	0%	0	2	0	1	0	0		R
64425	Injection for nerve block	$188.48	$113.09	0	0%	0%	0%	0	2	0	1	0	0		R
64430	Injection for nerve block	$185.50	$101.18	0	0%	0%	0%	0	2	0	1	0	0		R
64435	Injection for nerve block	$193.44	$100.19	0	0%	0%	0%	0	2	0	1	0	0		R
64445	Injection for nerve block	$210.30	$91.76	0	0%	0%	0%	0	2	0	1	0	0		R
64450	Injection for nerve block	$135.90	$81.34	0	0%	0%	0%	0	2	0	1	0	0		R
64470	Inj paravertebral c/t	$292.64	$120.53	0	0%	0%	0%	0	2	1	1	0	0		R
64472	Inj paravertebral c/t add-on	$248.50	$84.32	0	0%	0%	0%	0	0	1	1	0	0		R
64475	Inj paravertebral l/s	$261.39	$91.76	0	0%	0%	0%	0	2	1	1	0	0		R
64476	Inj paravertebral l/s add-on	$258.91	$63.49	0	0%	0%	0%	0	0	1	1	0	0		R
64479	Inj foramen epidural c/t	$315.95	$144.34	0	0%	0%	0%	0	2	1	1	0	0		R
64480	Inj foramen epidural add-on	$291.15	$100.69	0	0%	0%	0%	0	0	1	1	0	0		R
64483	Inj foramen epidural l/s	$294.13	$124.99	0	0%	0%	0%	0	2	1	1	0	0		R
64484	Inj foramen epidural add-on	$276.27	$86.80	0	0%	0%	0%	0	0	1	1	0	0		R
64505	Injection for nerve block	$168.64	$87.30	0	0%	0%	0%	0	2	0	1	0	0		R
64508	Injection for nerve block	$182.03	$79.36	0	0%	0%	0%	0	2	0	0	0	0		R
64510	Injection for nerve block	$171.12	$81.84	0	0%	0%	0%	0	2	0	1	0	0		R
64520	Injection for nerve block	$211.30	$89.78	0	0%	0%	0%	0	2	0	1	0	0		R
64530	Injection for nerve block	$218.24	$110.61	0	0%	0%	0%	0	2	0	1	0	0		R
64550	Apply neurostimulator	$34.72	$14.38	0	0%	0%	0%	0	0	0	1	0	0		R
64553	Implant neuroelectrodes	$316.45	$174.59	10	10%	80%	10%	0	2	0	0	0	0		R
64555	Implant neuroelectrodes	$211.79	$145.33	10	10%	80%	10%	0	2	0	1	0	0		R
64560	Implant neuroelectrodes	$233.12	$164.67	10	10%	80%	10%	0	2	0	0	0	0		R
64565	Implant neuroelectrodes	$214.77	$118.54	10	10%	80%	10%	0	2	0	1	0	0		R
64573	Implant neuroelectrodes	$672.08	$672.08	90	11%	76%	13%	0	2	0	0	0	0		R

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64575	Implant neuroelectrodes	$387.87	$387.87	90	11%	76%	13%	0	2	0	1	0	0		R
64577	Implant neuroelectrodes	$417.14	$417.14	90	11%	76%	13%	0	2	0	1	0	0		R
64580	Implant neuroelectrodes	$408.21	$408.21	90	11%	76%	13%	0	2	0	2	0	0		R
64585	Revise/remove neuroelectrode	$231.63	$207.33	10	10%	80%	10%	0	2	0	2	0	0		R
64590	Implant neuroreceiver	$247.01	$247.01	10	10%	80%	10%	0	2	0	2	1	0		R
64595	Revise/remove neuroreceiver	$186.00	$186.00	10	10%	80%	10%	0	2	0	1	0	0		R
64600	Injection treatment of nerve	$319.92	$280.24	10	10%	80%	10%	0	2	2	1	0	0		R
64605	Injection treatment of nerve	$473.68	$421.10	10	10%	80%	10%	0	2	0	0	0	0		R
64610	Injection treatment of nerve	$634.38	$634.38	10	10%	80%	10%	0	2	0	1	0	0		R
64612	Destroy nerve, face muscle	$230.64	$171.62	10	10%	80%	10%	0	2	1	1	0	0		R
64613	Destroy nerve, spine muscle	$180.05	$161.70	10	10%	80%	10%	0	2	0	1	0	0		R
64614	Destroy nerve, extrem musc	Not Covered	Not Covered	10	10%	80%	10%	0	2	1	1	0	0		X
64620	Injection treatment of nerve	$276.27	$186.00	10	10%	80%	10%	0	2	0	1	0	0		R
64622	Destr paravertebrl nerve l/s	$346.70	$205.84	10	10%	80%	10%	0	2	1	1	0	0		R
64623	Destr paravertebral n add-on	$195.92	$71.42	0	0%	0%	0%	0	0	1	1	0	0		R
64626	Destr paravertebrl nerve c/t	$367.54	$213.28	10	10%	80%	10%	0	2	1	1	0	0		R
64627	Destr paravertebral n add-on	$225.18	$75.39	0	0%	0%	0%	0	0	1	1	0	0		R
64630	Injection treatment of nerve	$310.00	$207.33	10	10%	80%	10%	0	2	0	0	0	0		R
64640	Injection treatment of nerve	$368.03	$190.96	10	10%	80%	10%	0	2	0	1	0	0		R
64680	Injection treatment of nerve	$267.84	$180.54	10	10%	80%	10%	0	2	0	1	0	0		R
64702	Revise finger/toe nerve	$426.06	$426.06	90	11%	76%	13%	0	2	0	1	0	0		R
64704	Revise hand/foot nerve	$432.51	$432.51	90	11%	76%	13%	0	2	0	2	1	0		R
64708	Revise arm/leg nerve	$608.10	$608.10	90	11%	76%	13%	0	2	0	2	1	0		R
64712	Revision of sciatic nerve	$703.33	$703.33	90	11%	76%	13%	0	2	0	2	1	0		R
64713	Revision of arm nerve(s)	$928.02	$928.02	90	11%	76%	13%	0	2	0	2	1	0		R
64714	Revise low back nerve(s)	$761.86	$761.86	90	11%	76%	13%	0	2	0	2	1	0		R
64716	Revision of cranial nerve	$586.77	$586.77	90	11%	76%	13%	0	2	0	2	1	0		R
64718	Revise ulnar nerve at elbow	$605.12	$605.12	90	11%	76%	13%	0	2	0	0	0	0		R
64719	Revise ulnar nerve at wrist	$498.48	$498.48	90	11%	76%	13%	0	2	0	1	0	0		R
64721	Carpal tunnel surgery	$520.30	$508.40	90	11%	76%	13%	0	2	1	1	0	0		R
64722	Relieve pressure on nerve(s)	$424.58	$424.58	90	11%	76%	13%	0	2	0	2	1	0		R
64726	Release foot/toe nerve	$350.67	$350.67	90	11%	76%	13%	0	2	0	1	0	0		R
64727	Internal nerve revision	$272.80	$272.80	0	0%	0%	0%	0	0	0	1	0	0		R
64732	Incision of brow nerve	$435.49	$435.49	90	11%	76%	13%	0	2	0	2	0	0		R
64734	Incision of cheek nerve	$468.72	$468.72	90	11%	76%	13%	0	2	0	0	0	0		R
64736	Incision of chin nerve	$425.57	$425.57	90	11%	76%	13%	0	2	0	2	0	0		R
64738	Incision of jaw nerve	$518.82	$518.82	90	11%	76%	13%	0	2	0	2	0	0		R
64740	Incision of tongue nerve	$514.85	$514.85	90	11%	76%	13%	0	2	0	2	0	0		R
64742	Incision of facial nerve	$583.79	$583.79	90	11%	76%	13%	0	2	0	2	0	0		R
64744	Incise nerve, back of head	$520.30	$520.30	90	11%	76%	13%	0	2	1	0	0	0		R

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64746	Incise diaphragm nerve	$588.26	$588.26	90	11%	76%	13%	0	2	0	2	1	0		R
64752	Incision of vagus nerve	$631.90	$631.90	90	11%	76%	13%	0	2	0	2	1	0		R
64755	Incision of stomach nerves	$1,088.22	$1,088.22	90	11%	76%	13%	0	2	0	2	1	0		R
64760	Incision of vagus nerve	$603.63	$603.63	90	11%	76%	13%	0	2	0	2	1	0		R
64761	Incision of pelvis nerve	$505.92	$505.92	90	11%	76%	13%	0	2	1	2	0	0		R
64763	Incise hip/thigh nerve	$669.10	$669.10	90	11%	76%	13%	0	2	1	2	1	0		R
64766	Incise hip/thigh nerve	$784.67	$784.67	90	11%	76%	13%	0	2	1	2	0	0		R
64771	Sever cranial nerve	$706.80	$706.80	90	11%	76%	13%	0	2	0	2	0	0		R
64772	Incision of spinal nerve	$680.02	$680.02	90	11%	76%	13%	0	2	0	2	1	0		R
64774	Remove skin nerve lesion	$451.86	$451.86	90	11%	76%	13%	0	2	0	1	0	0		R
64776	Remove digit nerve lesion	$455.33	$455.33	90	11%	76%	13%	0	2	0	0	0	0		R
64778	Digit nerve surgery add-on	$260.90	$260.90	0	0%	0%	0%	0	0	0	1	0	0		R
64782	Remove limb nerve lesion	$536.18	$536.18	90	11%	76%	13%	0	2	0	1	1	0		R
64783	Limb nerve surgery add-on	$320.91	$320.91	0	0%	0%	0%	0	0	0	1	0	0		R
64784	Remove nerve lesion	$843.70	$843.70	90	11%	76%	13%	0	2	0	0	0	0		R
64786	Remove sciatic nerve lesion	$1,403.68	$1,403.68	90	11%	76%	13%	0	2	0	2	0	0		R
64787	Implant nerve end	$362.58	$362.58	0	0%	0%	0%	0	0	0	0	0	0		R
64788	Remove skin nerve lesion	$421.10	$421.10	90	11%	76%	13%	0	2	0	1	0	0		R
64790	Removal of nerve lesion	$985.06	$985.06	90	11%	76%	13%	0	2	0	0	1	0		R
64792	Removal of nerve lesion	$1,269.26	$1,269.26	90	11%	76%	13%	0	2	0	2	1	0		R
64795	Biopsy of nerve	$265.36	$265.36	0	0%	0%	0%	0	2	0	1	0	0		R
64802	Remove sympathetic nerves	$770.78	$770.78	90	11%	76%	13%	0	2	1	2	1	0		R
64804	Remove sympathetic nerves	$1,289.10	$1,289.10	90	11%	76%	13%	0	2	1	2	1	0		R
64809	Remove sympathetic nerves	$1,054.00	$1,054.00	90	11%	76%	13%	0	2	1	2	1	0		R
64818	Remove sympathetic nerves	$899.25	$899.25	90	11%	76%	13%	0	2	1	2	1	0		R
64820	Remove sympathetic nerves	$945.87	$945.87	90	11%	76%	13%	0	2	0	1	0	0		R
64831	Repair of digit nerve	$819.89	$819.89	90	11%	76%	13%	0	2	0	1	0	0		R
64832	Repair nerve add-on	$440.45	$440.45	0	0%	0%	0%	0	0	0	0	0	0		R
64834	Repair of hand or foot nerve	$863.54	$863.54	90	11%	76%	13%	0	2	0	0	0	0		R
64835	Repair of hand or foot nerve	$961.74	$961.74	90	11%	76%	13%	0	2	0	2	0	0		R
64836	Repair of hand or foot nerve	$966.21	$966.21	90	11%	76%	13%	0	2	0	2	0	0		R
64837	Repair nerve add-on	$525.76	$525.76	0	0%	0%	0%	0	0	0	2	0	0		R
64840	Repair of leg nerve	$1,160.64	$1,160.64	90	11%	76%	13%	0	2	0	2	0	0		R
64856	Repair/transpose nerve	$1,204.78	$1,204.78	90	11%	76%	13%	0	2	0	1	1	0		R
64857	Repair arm/leg nerve	$1,272.74	$1,272.74	90	11%	76%	13%	0	2	0	2	1	0		R
64858	Repair sciatic nerve	$1,450.30	$1,450.30	90	11%	76%	13%	0	2	0	2	1	0		R
64859	Nerve surgery	$363.07	$363.07	0	0%	0%	0%	0	0	0	2	1	0		R
64861	Repair of arm nerves	$1,709.22	$1,709.22	90	11%	76%	13%	0	2	0	2	1	0		R
64862	Repair of low back nerves	$1,705.74	$1,705.74	90	11%	76%	13%	0	2	0	2	0	0		R
64864	Repair of facial nerve	$1,092.19	$1,092.19	90	11%	76%	13%	0	2	0	2	1	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
64865	Repair of facial nerve	$1,342.67	$1,342.67	90	11%	76%	13%	0	2	0	2	1	0		R
64866	Fusion of facial/other nerve	$1,333.25	$1,333.25	90	11%	76%	13%	0	2	0	2	1	0		R
64868	Fusion of facial/other nerve	$1,246.94	$1,246.94	90	11%	76%	13%	0	2	0	2	1	0		R
64870	Fusion of facial/other nerve	$1,317.38	$1,317.38	90	11%	76%	13%	0	2	0	2	1	0		R
64872	Subsequent repair of nerve	$168.14	$168.14	0	0%	0%	0%	0	0	0	2	1	0		R
64874	Repair & revise nerve add-on	$248.50	$248.50	0	0%	0%	0%	0	0	0	2	1	0		R
64876	Repair nerve/shorten bone	$264.86	$264.86	0	0%	0%	0%	0	0	0	2	1	0		R
64885	Nerve graft, head or neck	$1,510.32	$1,510.32	90	11%	76%	13%	0	2	0	2	1	0		R
64886	Nerve graft, head or neck	$1,779.65	$1,779.65	90	11%	76%	13%	0	2	0	2	1	0		R
64890	Nerve graft, hand or foot	$1,355.57	$1,355.57	90	11%	76%	13%	0	2	0	2	0	0		R
64891	Nerve graft, hand or foot	$1,268.27	$1,268.27	90	11%	76%	13%	0	2	0	2	0	0		R
64892	Nerve graft, arm or leg	$1,260.83	$1,260.83	90	11%	76%	13%	0	2	0	2	1	0		R
64893	Nerve graft, arm or leg	$1,409.14	$1,409.14	90	11%	76%	13%	0	2	0	2	0	0		R
64895	Nerve graft, hand or foot	$1,621.92	$1,621.92	90	11%	76%	13%	0	2	0	2	1	0		R
64896	Nerve graft, hand or foot	$1,664.08	$1,664.08	90	11%	76%	13%	0	2	0	2	1	0		R
64897	Nerve graft, arm or leg	$1,585.71	$1,585.71	90	11%	76%	13%	0	2	0	2	0	0		R
64898	Nerve graft, arm or leg	$1,716.16	$1,716.16	90	11%	76%	13%	0	2	0	2	1	0		R
64901	Nerve graft add-on	$878.91	$878.91	0	0%	0%	0%	0	0	0	2	1	0		R
64902	Nerve graft add-on	$1,009.36	$1,009.36	0	0%	0%	0%	0	0	0	2	0	0		R
64905	Nerve pedicle transfer	$1,196.85	$1,196.85	90	11%	76%	13%	0	2	0	2	1	0		R
64907	Nerve pedicle transfer	$1,607.04	$1,607.04	90	11%	76%	13%	0	2	0	2	1	0		R
64999	Nervous system surgery	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
65091	Revise eye	$782.69	$782.69	90	10%	70%	20%	0	2	1	0	1	0		R
65093	Revise eye with implant	$817.41	$817.41	90	10%	70%	20%	0	2	1	1	1	0		R
65101	Removal of eye	$822.37	$822.37	90	10%	70%	20%	0	2	1	1	0	0		R
65103	Remove eye/insert implant	$870.98	$870.98	90	10%	70%	20%	0	2	1	1	1	0		R
65105	Remove eye/attach implant	$951.82	$951.82	90	10%	70%	20%	0	2	1	2	1	0		R
65110	Removal of eye	$1,449.31	$1,449.31	90	10%	70%	20%	0	2	1	2	1	0		R
65112	Remove eye/revise socket	$1,653.66	$1,653.66	90	10%	70%	20%	0	2	1	2	1	0		R
65114	Remove eye/revise socket	$1,688.88	$1,688.88	90	10%	70%	20%	0	2	1	2	1	0		R
65125	Revise ocular implant	$377.46	$249.98	90	10%	70%	20%	0	2	1	1	1	0		R
65130	Insert ocular implant	$832.78	$832.78	90	10%	70%	20%	0	2	1	1	1	0		R
65135	Insert ocular implant	$800.05	$800.05	90	10%	70%	20%	0	2	1	1	0	0		R
65140	Attach ocular implant	$861.55	$861.55	90	10%	70%	20%	0	2	1	1	0	0		R
65150	Revise ocular implant	$753.42	$753.42	90	10%	70%	20%	0	2	1	0	0	0		R
65155	Reinsert ocular implant	$990.51	$990.51	90	10%	70%	20%	0	2	1	1	0	0		R
65175	Removal of ocular implant	$755.41	$755.41	90	10%	70%	20%	0	2	1	1	1	0		R
65205	Remove foreign body from eye	$231.63	$46.13	0	0%	0%	0%	0	2	1	1	0	0		R
65210	Remove foreign body from eye	$246.51	$57.54	0	0%	0%	0%	0	2	1	1	0	0		R
65220	Remove foreign body from eye	$290.16	$47.12	0	0%	0%	0%	0	2	1	1	0	0		R

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65222	Remove foreign body from eye	$250.98	$61.50	0	0%	0%	0%	0	2	1	1	0	0		R
65235	Remove foreign body from eye	$715.73	$715.73	90	10%	70%	20%	0	2	1	0	0	0		R
65260	Remove foreign body from eye	$1,115.01	$1,115.01	90	10%	70%	20%	0	2	1	2	0	0		R
65265	Remove foreign body from eye	$1,275.71	$1,275.71	90	10%	70%	20%	0	2	1	2	1	0		R
65270	Repair of eye wound	$247.50	$187.98	10	10%	80%	10%	0	2	1	0	0	0		R
65272	Repair of eye wound	$404.24	$361.09	90	10%	70%	20%	0	2	1	1	0	0		R
65273	Repair of eye wound	$427.55	$427.55	90	10%	70%	20%	0	2	1	1	1	0		R
65275	Repair of eye wound	$470.70	$456.82	90	10%	70%	20%	0	2	1	0	0	0		R
65280	Repair of eye wound	$775.74	$775.74	90	10%	70%	20%	0	2	1	0	0	0		R
65285	Repair of eye wound	$1,322.34	$1,322.34	90	10%	70%	20%	0	2	1	2	0	0		R
65286	Repair of eye wound	$640.83	$563.95	90	10%	70%	20%	0	2	1	1	0	0		R
65290	Repair of eye socket wound	$611.07	$611.07	90	10%	70%	20%	0	2	1	1	1	0		R
65400	Removal of eye lesion	$691.92	$639.34	90	10%	70%	20%	0	2	1	1	0	0		R
65410	Biopsy of cornea	$159.71	$121.52	0	0%	0%	0%	0	2	1	0	0	0		R
65420	Removal of eye lesion	$535.18	$496.50	90	10%	70%	20%	0	2	1	1	0	0		R
65426	Removal of eye lesion	$617.52	$573.38	90	10%	70%	20%	0	2	1	1	0	0		R
65430	Corneal smear	$299.58	$105.65	0	0%	0%	0%	0	2	1	1	0	0		R
65435	Curette/treat cornea	$107.14	$67.95	0	0%	0%	0%	0	2	1	1	0	0		R
65436	Curette/treat cornea	$429.54	$384.90	90	10%	70%	20%	0	2	1	1	0	0		R
65450	Treatment of corneal lesion	$465.74	$421.60	90	10%	70%	20%	0	2	1	1	0	0		R
65600	Revision of cornea	$387.38	$246.02	90	10%	70%	20%	0	2	1	1	0	0		R
65710	Corneal transplant	$1,276.70	$1,276.70	90	10%	70%	20%	0	2	1	2	1	0		R
65730	Corneal transplant	$1,388.80	$1,388.80	90	10%	70%	20%	0	2	1	2	1	0		R
65750	Corneal transplant	$1,508.83	$1,508.83	90	10%	70%	20%	0	2	1	2	1	0		R
65755	Corneal transplant	$1,499.90	$1,499.90	90	10%	70%	20%	0	2	1	2	1	0		R
65760	Revision of cornea	$3,041.28	$3,041.28	0	0%	0%	0%	9	9	9	9	9	9		F
65765	Revision of cornea	$3,325.39	$3,325.39	0	0%	0%	0%	9	9	9	9	9	9		F
65767	Corneal tissue transplant	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
65770	Revise cornea with implant	$1,643.25	$1,643.25	90	10%	70%	20%	0	2	1	2	0	0		R
65771	Radial keratotomy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
65772	Correction of astigmatism	$518.32	$449.87	90	10%	70%	20%	0	2	1	1	0	0		R
65775	Correction of astigmatism	$689.44	$689.44	90	10%	70%	20%	0	2	1	1	0	0		R
65800	Drainage of eye	$203.36	$173.10	0	0%	0%	0%	0	2	1	1	0	0		R
65805	Drainage of eye	$204.35	$161.70	0	0%	0%	0%	0	2	1	1	0	0		R
65810	Drainage of eye	$597.68	$597.68	90	10%	70%	20%	0	2	1	1	0	0		R
65815	Drainage of eye	$620.99	$577.34	90	10%	70%	20%	0	2	1	1	0	0		R
65820	Relieve inner eye pressure	$890.32	$890.32	90	10%	70%	20%	0	2	1	0	0	0		R
65850	Incision of eye	$1,051.02	$1,051.02	90	10%	70%	20%	0	2	1	1	1	0		R
65855	Laser surgery of eye	$492.53	$403.25	90	10%	70%	20%	0	2	1	1	0	0		R
65860	Incise inner eye adhesions	$375.47	$319.42	90	10%	70%	20%	0	2	1	0	0	0		R

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65865	Incise inner eye adhesions	$602.64	$602.64	90	10%	70%	20%	0	2	1	1	1	0		R
65870	Incise inner eye adhesions	$645.30	$645.30	90	10%	70%	20%	0	2	1	1	1	0		R
65875	Incise inner eye adhesions	$668.61	$668.61	90	10%	70%	20%	0	2	1	1	1	0		R
65880	Incise inner eye adhesions	$713.74	$713.74	90	10%	70%	20%	0	2	1	1	0	0		R
65900	Remove eye lesion	$1,115.01	$1,115.01	90	10%	70%	20%	0	2	1	2	0	0		R
65920	Remove implant from eye	$826.34	$826.34	90	10%	70%	20%	0	2	1	1	1	0		R
65930	Remove blood clot from eye	$784.18	$784.18	90	10%	70%	20%	0	2	1	1	1	0		R
66020	Injection treatment of eye	$190.46	$160.21	10	10%	80%	10%	0	2	1	1	0	0		R
66030	Injection treatment of eye	$150.29	$117.06	10	10%	80%	10%	0	2	1	1	0	0		R
66130	Remove eye lesion	$721.18	$688.45	90	10%	70%	20%	0	2	1	0	0	0		R
66150	Glaucoma surgery	$929.50	$929.50	90	10%	70%	20%	0	2	1	1	1	0		R
66155	Glaucoma surgery	$927.02	$927.02	90	10%	70%	20%	0	2	1	1	0	0		R
66160	Glaucoma surgery	$1,080.78	$1,080.78	90	10%	70%	20%	0	2	1	1	1	0		R
66165	Glaucoma surgery	$907.68	$907.68	90	10%	70%	20%	0	2	1	2	0	0		R
66170	Glaucoma surgery	$1,238.02	$1,238.02	90	10%	70%	20%	0	2	1	2	1	0		R
66172	Incision of eye	$1,493.46	$1,493.46	90	10%	70%	20%	0	2	1	2	1	0		R
66180	Implant eye shunt	$1,416.58	$1,416.58	90	10%	70%	20%	0	2	1	2	1	0		R
66185	Revise eye shunt	$849.15	$849.15	90	10%	70%	20%	0	2	1	2	0	0		R
66220	Repair eye lesion	$850.64	$850.64	90	10%	70%	20%	0	2	1	2	1	0		R
66225	Repair/graft eye lesion	$1,090.21	$1,090.21	90	10%	70%	20%	0	2	1	2	1	0		R
66250	Follow-up surgery of eye	$689.94	$634.88	90	10%	70%	20%	0	2	1	1	0	0		R
66500	Incision of iris	$396.80	$396.80	90	10%	70%	20%	0	2	1	1	1	0		R
66505	Incision of iris	$412.67	$412.67	90	10%	70%	20%	0	2	1	1	0	0		R
66600	Remove iris and lesion	$915.12	$915.12	90	10%	70%	20%	0	2	1	1	0	0		R
66605	Removal of iris	$1,286.62	$1,286.62	90	10%	70%	20%	0	2	1	1	0	0		R
66625	Removal of iris	$635.87	$598.67	90	10%	70%	20%	0	2	1	1	0	0		R
66630	Removal of iris	$705.81	$705.81	90	10%	70%	20%	0	2	1	1	0	0		R
66635	Removal of iris	$657.20	$657.20	90	10%	70%	20%	0	2	1	1	0	0		R
66680	Repair iris & ciliary body	$588.75	$588.75	90	10%	70%	20%	0	2	1	1	1	0		R
66682	Repair iris & ciliary body	$710.27	$710.27	90	10%	70%	20%	0	2	1	1	0	0		R
66700	Destruction, ciliary body	$601.65	$552.05	90	10%	70%	20%	0	2	1	0	0	0		R
66710	Destruction, ciliary body	$600.16	$552.54	90	10%	70%	20%	0	2	1	1	0	0		R
66720	Destruction, ciliary body	$593.71	$551.06	90	10%	70%	20%	0	2	1	1	0	0		R
66740	Destruction, ciliary body	$533.70	$533.70	90	10%	70%	20%	0	2	1	1	0	0		R
66761	Revision of iris	$463.26	$391.34	90	10%	70%	20%	0	2	1	1	0	0		R
66762	Revision of iris	$502.45	$427.55	90	10%	70%	20%	0	2	1	1	0	0		R
66770	Removal of inner eye lesion	$553.04	$471.70	90	10%	70%	20%	0	2	1	1	0	0		R
66820	Incision, secondary cataract	$517.33	$517.33	90	10%	70%	20%	0	2	1	1	0	0		R
66821	After cataract laser surgery	$288.18	$273.30	90	10%	70%	20%	0	2	1	1	0	0		R
66825	Reposition intraocular lens	$855.60	$855.60	90	10%	70%	20%	0	2	1	0	0	0		R

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66830	Removal of lens lesion	$774.26	$774.26	90	10%	70%	20%	0	2	1	1	0	0		R
66840	Removal of lens material	$772.27	$772.27	90	10%	70%	20%	0	2	1	1	0	0		R
66850	Removal of lens material	$871.47	$871.47	90	10%	70%	20%	0	2	1	1	0	0		R
66852	Removal of lens material	$946.37	$946.37	90	10%	70%	20%	0	2	1	0	1	0		R
66920	Extraction of lens	$853.62	$853.62	90	10%	70%	20%	0	2	1	0	1	0		R
66930	Extraction of lens	$987.54	$987.54	90	10%	70%	20%	0	2	1	0	0	0		R
66940	Extraction of lens	$892.30	$892.30	90	10%	70%	20%	0	2	1	0	1	0		R
66982	Cataract surgery, complex	$1,138.82	$1,138.82	90	10%	70%	20%	0	2	1	1	0	0		R
66983	Cataract surg w/iol, 1 stage	$803.52	$803.52	90	10%	70%	20%	0	2	1	1	0	0		R
66984	Cataract surg w/iol, i stage	$957.28	$957.28	90	10%	70%	20%	0	2	1	1	0	0		R
66985	Insert lens prosthesis	$803.52	$803.52	90	10%	70%	20%	0	2	1	1	1	0		R
66986	Exchange lens prosthesis	$1,121.46	$1,121.46	90	10%	70%	20%	0	2	1	1	1	0		R
66999	Eye surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	1	0	1	1		N
67005	Partial removal of eye fluid	$478.64	$478.64	90	10%	70%	20%	0	2	1	1	1	0		R
67010	Partial removal of eye fluid	$578.34	$578.34	90	10%	70%	20%	0	2	1	2	1	0		R
67015	Release of eye fluid	$730.11	$730.11	90	10%	70%	20%	0	2	1	1	1	0		R
67025	Replace eye fluid	$990.51	$710.27	90	10%	70%	20%	0	2	1	1	1	0		R
67027	Implant eye drug system	$1,290.59	$994.48	90	10%	70%	20%	0	2	1	2	1	0		R
67028	Injection eye drug	$473.68	$211.79	0	0%	0%	0%	0	2	1	1	0	0		R
67030	Incise inner eye strands	$554.53	$554.53	90	10%	70%	20%	0	2	1	2	1	0		R
67031	Laser surgery, eye strands	$386.88	$329.34	90	10%	70%	20%	0	2	1	1	0	0		R
67036	Removal of inner eye fluid	$1,119.47	$1,119.47	90	10%	70%	20%	0	2	1	2	1	0		R
67038	Strip retinal membrane	$1,976.06	$1,976.06	90	10%	70%	20%	0	2	1	2	1	0		R
67039	Laser treatment of retina	$1,409.63	$1,409.63	90	10%	70%	20%	0	2	1	2	1	0		R
67040	Laser treatment of retina	$1,639.28	$1,639.28	90	10%	70%	20%	0	2	1	2	1	0		R
67101	Repair detached retina	$895.28	$762.85	90	10%	70%	20%	0	2	1	1	0	0		R
67105	Repair detached retina	$777.73	$648.27	90	10%	70%	20%	0	2	1	1	0	0		R
67107	Repair detached retina	$1,464.69	$1,464.69	90	10%	70%	20%	0	2	1	2	1	0		R
67108	Repair detached retina	$2,019.22	$2,019.22	90	10%	70%	20%	0	2	1	2	1	0		R
67110	Repair detached retina	$1,261.33	$956.29	90	10%	70%	20%	0	2	1	1	0	0		R
67112	Rerepair detached retina	$1,657.14	$1,657.14	90	10%	70%	20%	0	2	1	2	1	0		R
67115	Release encircling material	$568.42	$568.42	90	10%	70%	20%	0	2	1	1	0	0		R
67120	Remove eye implant material	$921.57	$648.27	90	10%	70%	20%	0	2	1	1	1	0		R
67121	Remove eye implant material	$1,104.10	$1,104.10	90	10%	70%	20%	0	2	1	2	1	0		R
67141	Treatment of retina	$627.44	$549.07	90	10%	70%	20%	0	2	1	1	0	0		R
67145	Treatment of retina	$555.52	$474.18	90	10%	70%	20%	0	2	1	1	0	0		R
67208	Treatment of retinal lesion	$740.53	$642.32	90	10%	70%	20%	0	2	1	1	0	0		R
67210	Treatment of retinal lesion	$841.22	$728.13	90	10%	70%	20%	0	2	1	1	0	0		R
67218	Treatment of retinal lesion	$1,354.58	$1,354.58	90	10%	70%	20%	0	2	1	1	0	0		R
67220	Treatment of choroid lesion	$1,225.62	$1,167.58	90	10%	70%	20%	0	2	1	1	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
67221	Ocular photodynamic ther	$436.48	$315.95	0	0%	0%	0%	0	2	0	1	0	0		R
67227	Treatment of retinal lesion	$754.91	$689.44	90	10%	70%	20%	0	2	1	1	0	0		R
67228	Treatment of retinal lesion	$1,143.78	$989.02	90	10%	70%	20%	0	2	1	1	0	0		R
67250	Reinforce eye wall	$918.10	$918.10	90	10%	70%	20%	0	2	1	1	1	0		R
67255	Reinforce/graft eye wall	$970.67	$970.67	90	10%	70%	20%	0	2	1	2	1	0		R
67299	Eye surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	1	0	1	1		N
67311	Revise eye muscle	$675.55	$675.55	90	10%	70%	20%	0	2	1	1	0	0		R
67312	Revise two eye muscles	$837.25	$837.25	90	10%	70%	20%	0	2	1	1	1	0		R
67314	Revise eye muscle	$750.94	$750.94	90	10%	70%	20%	0	2	1	1	0	0		R
67316	Revise two eye muscles	$925.54	$925.54	90	10%	70%	20%	0	2	1	0	0	0		R
67318	Revise eye muscle(s)	$756.40	$756.40	90	10%	70%	20%	0	2	1	1	1	0		R
67320	Revise eye muscle(s) add-on	$607.10	$607.10	0	0%	0%	0%	0	0	1	1	0	0		R
67331	Eye surgery follow-up add-on	$525.26	$525.26	0	0%	0%	0%	0	0	1	1	1	0		R
67332	Rerevise eye muscles add-on	$584.78	$584.78	0	0%	0%	0%	0	0	1	2	1	0		R
67334	Revise eye muscle w/suture	$491.04	$491.04	0	0%	0%	0%	0	0	1	1	1	0		R
67335	Eye suture during surgery	$209.31	$209.31	0	0%	0%	0%	0	0	1	1	1	0		R
67340	Revise eye muscle add-on	$626.94	$626.94	0	0%	0%	0%	0	0	1	2	0	0		R
67343	Release eye tissue	$724.16	$724.16	90	10%	70%	20%	0	2	1	2	1	0		R
67345	Destroy nerve of eye muscle	$339.26	$219.23	10	10%	80%	10%	0	2	1	1	0	0		R
67350	Biopsy eye muscle	$270.82	$270.82	0	0%	0%	0%	0	2	1	0	0	0		R
67399	Eye muscle surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	1	2	1	1		N
67400	Explore/biopsy eye socket	$1,087.23	$1,087.23	90	10%	70%	20%	0	2	1	2	1	0		R
67405	Explore/drain eye socket	$921.57	$921.57	90	10%	70%	20%	0	2	1	2	0	0		R
67412	Explore/treat eye socket	$1,114.51	$1,114.51	90	10%	70%	20%	0	2	1	2	1	0		R
67413	Explore/treat eye socket	$1,048.54	$1,048.54	90	10%	70%	20%	0	2	1	2	0	0		R
67414	Explr/decompress eye socket	$1,193.38	$1,193.38	90	10%	70%	20%	0	2	1	2	1	0		R
67415	Aspiration, orbital contents	$148.30	$148.30	0	0%	0%	0%	0	2	1	0	0	0		R
67420	Explore/treat eye socket	$1,904.14	$1,904.14	90	10%	70%	20%	0	2	1	2	1	0		R
67430	Explore/treat eye socket	$1,538.59	$1,538.59	90	10%	70%	20%	0	2	1	2	0	0		R
67440	Explore/drain eye socket	$1,400.21	$1,400.21	90	10%	70%	20%	0	2	1	2	1	0		R
67445	Explr/decompress eye socket	$1,472.62	$1,472.62	90	10%	70%	20%	0	2	1	2	1	0		R
67450	Explore/biopsy eye socket	$1,420.05	$1,420.05	90	10%	70%	20%	0	2	1	2	1	0		R
67500	Inject/treat eye socket	$136.40	$58.03	0	0%	0%	0%	0	2	1	1	0	0		R
67505	Inject/treat eye socket	$90.27	$55.55	0	0%	0%	0%	0	2	1	1	0	0		R
67515	Inject/treat eye socket	$68.94	$45.63	0	0%	0%	0%	0	2	1	1	0	0		R
67550	Insert eye socket implant	$1,097.65	$1,097.65	90	10%	70%	20%	0	2	1	1	1	0		R
67560	Revise eye socket implant	$1,085.74	$1,085.74	90	10%	70%	20%	0	2	1	0	0	0		R
67570	Decompress optic nerve	$1,354.08	$1,354.08	90	10%	70%	20%	0	2	1	2	1	0		R
67599	Orbit surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	1	2	1	1		N
67700	Drainage of eyelid abscess	$275.28	$95.23	10	10%	80%	10%	0	2	1	1	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
67710	Incision of eyelid	$271.81	$77.87	10	10%	80%	10%	0	2	1	1	0	0		R
67715	Incision of eyelid fold	$102.67	$102.67	10	10%	80%	10%	0	2	1	1	0	0		R
67800	Remove eyelid lesion	$167.65	$102.18	10	10%	80%	10%	0	2	0	1	0	0		R
67801	Remove eyelid lesions	$328.35	$139.87	10	10%	80%	10%	0	2	0	1	0	0		R
67805	Remove eyelid lesions	$353.15	$163.18	10	10%	80%	10%	0	2	0	1	0	0		R
67808	Remove eyelid lesion(s)	$367.04	$367.04	90	10%	70%	20%	0	2	0	1	0	0		R
67810	Biopsy of eyelid	$251.97	$108.13	0	0%	0%	0%	0	2	0	1	0	0		R
67820	Revise eyelashes	$108.62	$62.00	0	0%	0%	0%	0	2	0	1	0	0		R
67825	Revise eyelashes	$343.73	$139.38	10	10%	80%	10%	0	2	0	1	0	0		R
67830	Revise eyelashes	$422.10	$183.02	10	10%	80%	10%	0	2	0	1	0	0		R
67835	Revise eyelashes	$538.66	$538.66	90	10%	70%	20%	0	2	0	0	0	0		R
67840	Remove eyelid lesion	$336.78	$149.30	10	10%	80%	10%	0	2	0	1	0	0		R
67850	Treat eyelid lesion	$360.59	$158.22	10	10%	80%	10%	0	2	0	1	0	0		R
67875	Closure of eyelid by suture	$405.23	$158.22	0	0%	0%	0%	0	2	0	1	0	0		R
67880	Revision of eyelid	$594.70	$357.62	90	10%	70%	20%	0	2	0	1	0	0		R
67882	Revision of eyelid	$785.66	$499.97	90	10%	70%	20%	0	2	0	1	0	0		R
67900	Repair brow defect	$742.51	$601.65	90	10%	70%	20%	0	2	0	1	0	0		R
67901	Repair eyelid defect	$704.82	$704.82	90	10%	70%	20%	0	2	1	1	0	0		R
67902	Repair eyelid defect	$712.75	$712.75	90	10%	70%	20%	0	2	1	1	1	0		R
67903	Repair eyelid defect	$857.09	$690.43	90	10%	70%	20%	0	2	1	1	1	0		R
67904	Repair eyelid defect	$886.35	$690.93	90	10%	70%	20%	0	2	1	1	1	0		R
67906	Repair eyelid defect	$698.37	$662.66	90	10%	70%	20%	0	2	1	1	0	0		R
67908	Repair eyelid defect	$651.74	$558.99	90	10%	70%	20%	0	2	1	1	0	0		R
67909	Revise eyelid defect	$708.78	$600.16	90	10%	70%	20%	0	2	1	1	0	0		R
67911	Revise eyelid defect	$585.78	$585.78	90	10%	70%	20%	0	2	1	1	0	0		R
67914	Repair eyelid defect	$608.10	$368.03	90	10%	70%	20%	0	2	1	1	0	0		R
67915	Repair eyelid defect	$497.98	$229.65	90	10%	70%	20%	0	2	1	1	0	0		R
67916	Repair eyelid defect	$837.25	$539.15	90	10%	70%	20%	0	2	1	1	0	0		R
67917	Repair eyelid defect	$747.97	$637.36	90	10%	70%	20%	0	2	1	1	0	0		R
67921	Repair eyelid defect	$576.85	$340.75	90	10%	70%	20%	0	2	1	1	0	0		R
67922	Repair eyelid defect	$489.55	$273.79	90	10%	70%	20%	0	2	1	1	0	0		R
67923	Repair eyelid defect	$874.45	$582.80	90	10%	70%	20%	0	2	1	1	0	0		R
67924	Repair eyelid defect	$709.28	$597.18	90	10%	70%	20%	0	2	1	1	0	0		R
67930	Repair eyelid wound	$548.58	$302.06	10	10%	80%	10%	0	2	0	1	0	0		R
67935	Repair eyelid wound	$884.86	$564.45	90	10%	70%	20%	0	2	0	1	0	0		R
67938	Remove eyelid foreign body	$321.41	$91.76	10	10%	80%	10%	0	2	0	1	0	0		R
67950	Revision of eyelid	$698.86	$649.76	90	10%	70%	20%	0	2	0	1	1	0		R
67961	Revision of eyelid	$704.32	$599.17	90	10%	70%	20%	0	2	0	0	0	0		R
67966	Revision of eyelid	$752.43	$666.13	90	10%	70%	20%	0	2	0	1	0	0		R
67971	Reconstruction of eyelid	$938.93	$938.93	90	10%	70%	20%	0	2	0	2	1	0		R

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67973	Reconstruction of eyelid	$1,216.19	$1,216.19	90	10%	70%	20%	0	2	0	2	1	0		R
67974	Reconstruction of eyelid	$1,218.18	$1,218.18	90	10%	70%	20%	0	2	0	2	1	0		R
67975	Reconstruction of eyelid	$803.52	$803.52	90	10%	70%	20%	0	2	0	1	0	0		R
67999	Revision of eyelid	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
68020	Incise/drain eyelid lining	$274.78	$98.70	10	10%	80%	10%	0	2	0	1	0	0		R
68040	Treatment of eyelid lesions	$242.54	$62.00	0	0%	0%	0%	0	2	0	1	0	0		R
68100	Biopsy of eyelid lining	$293.14	$100.19	0	0%	0%	0%	0	2	0	1	0	0		R
68110	Remove eyelid lining lesion	$346.21	$150.29	10	10%	80%	10%	0	2	0	1	0	0		R
68115	Remove eyelid lining lesion	$369.02	$189.47	10	10%	80%	10%	0	2	0	1	0	0		R
68130	Remove eyelid lining lesion	$396.30	$396.30	90	10%	70%	20%	0	2	0	1	0	0		R
68135	Remove eyelid lining lesion	$315.95	$131.94	10	10%	80%	10%	0	2	0	1	0	0		R
68200	Treat eyelid by injection	$228.16	$37.20	0	0%	0%	0%	0	2	1	1	0	0		R
68320	Revise/graft eyelid lining	$551.06	$551.06	90	10%	70%	20%	0	2	0	1	1	0		R
68325	Revise/graft eyelid lining	$724.16	$724.16	90	10%	70%	20%	0	2	0	1	1	0		R
68326	Revise/graft eyelid lining	$707.30	$707.30	90	10%	70%	20%	0	2	0	1	0	0		R
68328	Revise/graft eyelid lining	$804.51	$804.51	90	10%	70%	20%	0	2	0	0	0	0		R
68330	Revise eyelid lining	$571.39	$508.40	90	10%	70%	20%	0	2	0	0	0	0		R
68335	Revise/graft eyelid lining	$670.10	$670.10	90	10%	70%	20%	0	2	0	1	1	0		R
68340	Separate eyelid adhesions	$697.87	$402.75	90	10%	70%	20%	0	2	0	0	0	0		R
68360	Revise eyelid lining	$515.34	$469.71	90	10%	70%	20%	0	2	0	1	0	0		R
68362	Revise eyelid lining	$765.33	$765.33	90	10%	70%	20%	0	2	0	1	1	0		R
68399	Eyelid lining surgery	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
68400	Incise/drain tear gland	$410.19	$163.68	10	10%	80%	10%	0	2	0	1	0	0		R
68420	Incise/drain tear sac	$446.90	$206.34	10	10%	80%	10%	0	2	0	1	0	0		R
68440	Incise tear duct opening	$256.43	$70.93	10	10%	80%	10%	0	2	0	1	0	0		R
68500	Removal of tear gland	$1,046.06	$1,046.06	90	10%	70%	20%	0	2	0	1	0	0		R
68505	Partial removal, tear gland	$1,065.90	$1,065.90	90	10%	70%	20%	0	2	0	1	0	0		R
68510	Biopsy of tear gland	$656.21	$367.54	0	0%	0%	0%	0	2	0	0	0	0		R
68520	Removal of tear sac	$749.95	$749.95	90	10%	70%	20%	0	2	0	0	0	0		R
68525	Biopsy of tear sac	$357.12	$357.12	0	0%	0%	0%	0	2	0	1	1	0		R
68530	Clearance of tear duct	$639.34	$311.49	10	10%	80%	10%	0	2	0	1	0	0		R
68540	Remove tear gland lesion	$970.18	$970.18	90	10%	70%	20%	0	2	0	1	1	0		R
68550	Remove tear gland lesion	$1,221.65	$1,221.65	90	10%	70%	20%	0	2	0	1	0	0		R
68700	Repair tear ducts	$604.13	$604.13	90	10%	70%	20%	0	2	0	1	0	0		R
68705	Revise tear duct opening	$340.75	$149.79	10	10%	80%	10%	0	2	0	1	0	0		R
68720	Create tear sac drain	$865.02	$865.02	90	10%	70%	20%	0	2	0	2	1	0		R
68745	Create tear duct drain	$802.53	$802.53	90	10%	70%	20%	0	2	0	2	1	0		R
68750	Create tear duct drain	$861.55	$861.55	90	10%	70%	20%	0	2	0	2	1	0		R
68760	Close tear duct opening	$308.51	$125.49	10	10%	80%	10%	0	2	1	1	0	0		R
68761	Close tear duct opening	$318.43	$99.70	10	10%	80%	10%	0	2	1	0	0	0		R

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68770	Close tear system fistula	$924.54	$597.18	90	10%	70%	20%	0	2	0	0	0	0		R
68801	Dilate tear duct opening	$293.63	$67.46	10	10%	80%	10%	0	2	1	1	0	0		R
68810	Probe nasolacrimal duct	$408.21	$172.61	10	10%	80%	10%	0	2	1	1	0	0		R
68811	Probe nasolacrimal duct	$221.22	$221.22	10	10%	80%	10%	0	2	1	1	0	0		R
68815	Probe nasolacrimal duct	$562.46	$275.78	10	10%	80%	10%	0	2	1	1	0	0		R
68840	Explore/irrigate tear ducts	$333.31	$89.78	10	10%	80%	10%	0	2	0	1	0	0		R
68850	Injection for tear sac x-ray	$508.40	$59.52	0	0%	0%	0%	0	2	0	1	0	0		R
68899	Tear duct system surgery	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
69000	Drain external ear lesion	$156.74	$99.20	10	10%	80%	10%	0	2	0	1	0	0		R
69005	Drain external ear lesion	$217.74	$194.93	10	10%	80%	10%	0	2	0	1	0	0		R
69020	Drain outer ear canal lesion	$163.68	$107.63	10	10%	80%	10%	0	2	0	1	0	0		R
69090	Pierce earlobes	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
69100	Biopsy of external ear	$106.14	$61.50	0	0%	0%	0%	0	2	0	1	0	0		R
69105	Biopsy of external ear canal	$109.62	$86.30	0	0%	0%	0%	0	2	0	1	0	0		R
69110	Remove external ear, partial	$342.74	$317.94	90	7%	79%	14%	0	2	0	1	0	0		R
69120	Removal of external ear	$385.89	$385.89	90	7%	79%	14%	0	2	0	1	0	0		R
69140	Remove ear canal lesion(s)	$818.90	$818.90	90	7%	79%	14%	0	2	0	0	0	0		R
69145	Remove ear canal lesion(s)	$292.14	$261.89	90	7%	79%	14%	0	2	0	1	0	0		R
69150	Extensive ear canal surgery	$1,258.85	$1,258.85	90	7%	79%	14%	0	2	0	1	1	0		R
69155	Extensive ear/neck surgery	$1,863.97	$1,863.97	90	7%	79%	14%	0	2	0	2	1	0		R
69200	Clear outer ear canal	$97.71	$70.43	0	0%	0%	0%	0	2	0	1	0	0		R
69205	Clear outer ear canal	$133.92	$133.92	10	10%	80%	10%	0	2	0	1	0	0		R
69210	Remove impacted ear wax	$82.34	$42.16	0	0%	0%	0%	0	2	2	1	0	0		R
69220	Clean out mastoid cavity	$104.66	$62.00	0	0%	0%	0%	0	2	1	1	0	0		R
69222	Clean out mastoid cavity	$163.18	$139.87	10	10%	80%	10%	0	2	1	1	0	0		R
69300	Revise external ear	$563.95	$563.95	10	0%	0%	0%	0	0	0	0	0	0		R
69310	Rebuild outer ear canal	$1,048.54	$1,048.54	90	7%	79%	14%	0	2	0	1	0	0		R
69320	Rebuild outer ear canal	$1,588.69	$1,588.69	90	7%	79%	14%	0	2	0	2	0	0		R
69399	Outer ear surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
69400	Inflate middle ear canal	$103.66	$62.99	0	0%	0%	0%	0	2	0	1	0	0		R
69401	Inflate middle ear canal	$86.80	$48.11	0	0%	0%	0%	0	2	0	1	0	0		R
69405	Catheterize middle ear canal	$254.45	$194.43	10	10%	80%	10%	0	2	0	0	0	0		R
69410	Inset middle ear (baffle)	$77.38	$26.78	0	0%	0%	0%	0	2	0	0	0	0		R
69420	Incision of eardrum	$162.69	$100.69	10	10%	80%	10%	0	2	1	1	0	0		R
69421	Incision of eardrum	$199.39	$175.09	10	10%	80%	10%	0	2	1	1	0	0		R
69424	Remove ventilating tube	$112.10	$81.34	0	0%	0%	0%	0	2	1	1	0	0		R
69433	Create eardrum opening	$180.54	$120.03	10	10%	80%	10%	0	2	1	1	0	0		R
69436	Create eardrum opening	$204.85	$204.85	10	10%	80%	10%	0	2	1	1	0	0		R
69440	Exploration of middle ear	$772.77	$772.77	90	7%	79%	14%	0	2	0	1	0	0		R
69450	Eardrum revision	$594.21	$594.21	90	7%	79%	14%	0	2	0	0	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
69501	Mastoidectomy	$902.22	$902.22	90	7%	79%	14%	0	2	0	1	0	0		R
69502	Mastoidectomy	$1,215.70	$1,215.70	90	7%	79%	14%	0	2	0	0	0	0		R
69505	Remove mastoid structures	$1,266.78	$1,266.78	90	7%	79%	14%	0	2	0	0	0	0		R
69511	Extensive mastoid surgery	$1,316.38	$1,316.38	90	7%	79%	14%	0	2	0	0	0	0		R
69530	Extensive mastoid surgery	$1,767.74	$1,767.74	90	7%	79%	14%	0	2	0	2	0	0		R
69535	Remove part of temporal bone	$3,120.83	$3,120.83	90	7%	79%	14%	0	2	0	1	1	0		R
69540	Remove ear lesion	$160.70	$128.96	10	10%	80%	10%	0	2	0	1	0	0		R
69550	Remove ear lesion	$1,098.14	$1,098.14	90	7%	79%	14%	0	2	0	2	0	0		R
69552	Remove ear lesion	$1,769.23	$1,769.23	90	7%	79%	14%	0	2	0	2	0	0		R
69554	Remove ear lesion	$2,840.10	$2,840.10	90	7%	79%	14%	0	2	0	2	1	0		R
69601	Mastoid surgery revision	$1,311.92	$1,311.92	90	7%	79%	14%	0	2	0	0	0	0		R
69602	Mastoid surgery revision	$1,324.82	$1,324.82	90	7%	79%	14%	0	2	0	0	0	0		R
69603	Mastoid surgery revision	$1,365.49	$1,365.49	90	7%	79%	14%	0	2	0	0	0	0		R
69604	Mastoid surgery revision	$1,357.06	$1,357.06	90	7%	79%	14%	0	2	0	1	0	0		R
69605	Mastoid surgery revision	$1,682.93	$1,682.93	90	7%	79%	14%	0	2	0	2	0	0		R
69610	Repair of eardrum	$395.31	$362.58	10	10%	80%	10%	0	2	0	1	0	0		R
69620	Repair of eardrum	$642.32	$501.46	90	7%	79%	14%	0	2	0	1	0	0		R
69631	Repair eardrum structures	$997.95	$997.95	90	7%	79%	14%	0	2	0	1	0	0		R
69632	Rebuild eardrum structures	$1,274.72	$1,274.72	90	7%	79%	14%	0	2	0	1	0	0		R
69633	Rebuild eardrum structures	$1,217.18	$1,217.18	90	7%	79%	14%	0	2	0	1	0	0		R
69635	Repair eardrum structures	$1,240.00	$1,240.00	90	7%	79%	14%	0	2	0	1	0	0		R
69636	Rebuild eardrum structures	$1,495.94	$1,495.94	90	7%	79%	14%	0	2	0	0	0	0		R
69637	Rebuild eardrum structures	$1,486.02	$1,486.02	90	7%	79%	14%	0	2	0	0	0	0		R
69641	Revise middle ear & mastoid	$1,246.94	$1,246.94	90	7%	79%	14%	0	2	0	1	0	0		R
69642	Revise middle ear & mastoid	$1,635.81	$1,635.81	90	7%	79%	14%	0	2	0	1	0	0		R
69643	Revise middle ear & mastoid	$1,501.89	$1,501.89	90	7%	79%	14%	0	2	0	1	0	0		R
69644	Revise middle ear & mastoid	$1,647.22	$1,647.22	90	7%	79%	14%	0	2	0	1	0	0		R
69645	Revise middle ear & mastoid	$1,594.64	$1,594.64	90	7%	79%	14%	0	2	0	1	0	0		R
69646	Revise middle ear & mastoid	$1,736.99	$1,736.99	90	7%	79%	14%	0	2	0	0	0	0		R
69650	Release middle ear bone	$955.79	$955.79	90	7%	79%	14%	0	2	0	1	0	0		R
69660	Revise middle ear bone	$1,151.71	$1,151.71	90	7%	79%	14%	0	2	0	1	0	0		R
69661	Revise middle ear bone	$1,511.31	$1,511.31	90	7%	79%	14%	0	2	0	0	0	0		R
69662	Revise middle ear bone	$1,486.02	$1,486.02	90	7%	79%	14%	0	2	0	1	0	0		R
69666	Repair middle ear structures	$963.23	$963.23	90	7%	79%	14%	0	2	0	0	0	0		R
69667	Repair middle ear structures	$963.73	$963.73	90	7%	79%	14%	0	2	0	0	0	0		R
69670	Remove mastoid air cells	$1,106.08	$1,106.08	90	7%	79%	14%	0	2	0	2	0	0		R
69676	Remove middle ear nerve	$934.46	$934.46	90	7%	79%	14%	0	2	1	1	0	0		R
69700	Close mastoid fistula	$728.62	$728.62	90	7%	79%	14%	0	2	0	1	0	0		R
69710	Implant/replace hearing aid	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
69711	Remove/repair hearing aid	$1,004.90	$1,004.90	90	7%	79%	14%	0	2	0	2	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
69714	Implant temple bone w/stimul	$1,160.14	$1,160.14	90	7%	79%	14%	0	2	0	1	0	0		R
69715	Temple bne implnt w/stimulat	$1,468.66	$1,468.66	90	7%	79%	14%	0	2	0	1	0	0		R
69717	Temple bone implant revision	$1,193.87	$1,193.87	90	7%	79%	14%	0	2	0	1	0	0		R
69718	Revise temple bone implant	$1,486.02	$1,486.02	90	7%	79%	14%	0	2	0	1	0	0		R
69720	Release facial nerve	$1,412.61	$1,412.61	90	7%	79%	14%	0	2	0	0	1	0		R
69725	Release facial nerve	$2,191.82	$2,191.82	90	7%	79%	14%	0	2	0	2	0	0		R
69740	Repair facial nerve	$1,418.56	$1,418.56	90	7%	79%	14%	0	2	0	2	0	0		R
69745	Repair facial nerve	$1,529.17	$1,529.17	90	7%	79%	14%	0	2	0	2	0	0		R
69799	Middle ear surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
69801	Incise inner ear	$860.06	$860.06	90	7%	79%	14%	0	2	0	0	0	0		R
69802	Incise inner ear	$1,241.98	$1,241.98	90	7%	79%	14%	0	2	0	2	0	0		R
69805	Explore inner ear	$1,295.55	$1,295.55	90	7%	79%	14%	0	2	0	2	0	0		R
69806	Explore inner ear	$1,218.18	$1,218.18	90	7%	79%	14%	0	2	0	1	0	0		R
69820	Establish inner ear window	$993.98	$993.98	90	7%	79%	14%	0	2	0	2	0	0		R
69840	Revise inner ear window	$1,018.78	$1,018.78	90	7%	79%	14%	0	2	0	2	0	0		R
69905	Remove inner ear	$1,090.70	$1,090.70	90	7%	79%	14%	0	2	0	1	0	0		R
69910	Remove inner ear & mastoid	$1,320.35	$1,320.35	90	7%	79%	14%	0	2	0	0	0	0		R
69915	Incise inner ear nerve	$1,913.07	$1,913.07	90	7%	79%	14%	0	2	0	2	1	0		R
69930	Implant cochlear device	$1,589.18	$1,589.18	90	7%	79%	14%	0	2	0	0	0	0		R
69949	Inner ear surgery procedure	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
69950	Incise inner ear nerve	$2,214.64	$2,214.64	90	7%	79%	14%	0	2	0	2	1	0		R
69955	Release facial nerve	$2,363.94	$2,363.94	90	7%	79%	14%	0	2	0	2	1	0		R
69960	Release inner ear canal	$2,332.69	$2,332.69	90	7%	79%	14%	0	2	0	2	1	0		R
69970	Remove inner ear lesion	$2,544.98	$2,544.98	90	7%	79%	14%	0	2	0	2	1	0		R
69979	Temporal bone surgery	By Report	By Report	90	0%	0%	0%	0	2	0	0	1	1		N
69990	Microsurgery add-on	$284.70	$284.70	0	0%	0%	0%	0	0	0	2	0	0		R

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Radiology

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
70010	Contrast x-ray of brain	$308.51	$308.51	0	0%	0%	0%	1	0	0	0	0	0		R
70010-26	Contrast x-ray of brain	$83.82	$83.82	0	0%	0%	0%	1	0	0	0	0	0		R
70010-TC	Contrast x-ray of brain	$225.18	$225.18	0	0%	0%	0%	1	0	0	0	0	0		R
70015	Contrast x-ray of brain	$154.75	$154.75	0	0%	0%	0%	1	0	0	0	0	0		R
70015-26	Contrast x-ray of brain	$83.82	$83.82	0	0%	0%	0%	1	0	0	0	0	0		R
70015-TC	Contrast x-ray of brain	$70.93	$70.93	0	0%	0%	0%	1	0	0	0	0	0		R
70030	X-ray eye for foreign body	$34.22	$34.22	0	0%	0%	0%	1	0	3	0	0	0		R
70030-26	X-ray eye for foreign body	$12.40	$12.40	0	0%	0%	0%	1	0	3	0	0	0		R
70030-TC	X-ray eye for foreign body	$21.82	$21.82	0	0%	0%	0%	1	0	3	0	0	0		R
70100	X-ray exam of jaw	$40.18	$40.18	0	0%	0%	0%	1	0	0	0	0	0		R
70100-26	X-ray exam of jaw	$12.90	$12.90	0	0%	0%	0%	1	0	0	0	0	0		R
70100-TC	X-ray exam of jaw	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R
70110	X-ray exam of jaw	$50.10	$50.10	0	0%	0%	0%	1	0	0	0	0	0		R
70110-26	X-ray exam of jaw	$17.86	$17.86	0	0%	0%	0%	1	0	0	0	0	0		R
70110-TC	X-ray exam of jaw	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
70120	X-ray exam of mastoids	$45.14	$45.14	0	0%	0%	0%	1	0	3	0	0	0		R
70120-26	X-ray exam of mastoids	$12.90	$12.90	0	0%	0%	0%	1	0	3	0	0	0		R
70120-TC	X-ray exam of mastoids	$32.24	$32.24	0	0%	0%	0%	1	0	3	0	0	0		R
70130	X-ray exam of mastoids	$64.48	$64.48	0	0%	0%	0%	1	0	3	0	0	0		R
70130-26	X-ray exam of mastoids	$23.81	$23.81	0	0%	0%	0%	1	0	3	0	0	0		R
70130-TC	X-ray exam of mastoids	$41.17	$41.17	0	0%	0%	0%	1	0	3	0	0	0		R
70134	X-ray exam of middle ear	$62.00	$62.00	0	0%	0%	0%	1	0	0	0	0	0		R
70134-26	X-ray exam of middle ear	$23.81	$23.81	0	0%	0%	0%	1	0	0	0	0	0		R
70134-TC	X-ray exam of middle ear	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
70140	X-ray exam of facial bones	$46.13	$46.13	0	0%	0%	0%	1	0	0	0	0	0		R
70140-26	X-ray exam of facial bones	$13.89	$13.89	0	0%	0%	0%	1	0	0	0	0	0		R
70140-TC	X-ray exam of facial bones	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
70150	X-ray exam of facial bones	$59.52	$59.52	0	0%	0%	0%	1	0	0	0	0	0		R
70150-26	X-ray exam of facial bones	$18.35	$18.35	0	0%	0%	0%	1	0	0	0	0	0		R
70150-TC	X-ray exam of facial bones	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
70160	X-ray exam of nasal bones	$39.68	$39.68	0	0%	0%	0%	1	0	0	0	0	0		R
70160-26	X-ray exam of nasal bones	$12.40	$12.40	0	0%	0%	0%	1	0	0	0	0	0		R
70160-TC	X-ray exam of nasal bones	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R
70170	X-ray exam of tear duct	$70.43	$70.43	0	0%	0%	0%	1	0	0	0	0	0		R
70170-26	X-ray exam of tear duct	$21.33	$21.33	0	0%	0%	0%	1	0	0	0	0	0		R
70170-TC	X-ray exam of tear duct	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
70190	X-ray exam of eye sockets	$47.12	$47.12	0	0%	0%	0%	1	0	3	0	0	0		R
70190-26	X-ray exam of eye sockets	$14.88	$14.88	0	0%	0%	0%	1	0	3	0	0	0		R
70190-TC	X-ray exam of eye sockets	$32.24	$32.24	0	0%	0%	0%	1	0	3	0	0	0		R
70200	X-ray exam of eye sockets	$61.01	$61.01	0	0%	0%	0%	1	0	0	0	0	0		R

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70200-26	X-ray exam of eye sockets	$19.84	$19.84	0	0%	0%	0%	1	0	0	0	0	0		R
70200-TC	X-ray exam of eye sockets	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
70210	X-ray exam of sinuses	$44.64	$44.64	0	0%	0%	0%	1	0	0	0	0	0		R
70210-26	X-ray exam of sinuses	$12.40	$12.40	0	0%	0%	0%	1	0	0	0	0	0		R
70210-TC	X-ray exam of sinuses	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
70220	X-ray exam of sinuses	$59.02	$59.02	0	0%	0%	0%	1	0	0	0	0	0		R
70220-26	X-ray exam of sinuses	$17.86	$17.86	0	0%	0%	0%	1	0	0	0	0	0		R
70220-TC	X-ray exam of sinuses	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
70240	X-ray exam, pituitary saddle	$35.71	$35.71	0	0%	0%	0%	1	0	0	0	0	0		R
70240-26	X-ray exam, pituitary saddle	$13.89	$13.89	0	0%	0%	0%	1	0	0	0	0	0		R
70240-TC	X-ray exam, pituitary saddle	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R
70250	X-ray exam of skull	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
70250-26	X-ray exam of skull	$17.36	$17.36	0	0%	0%	0%	1	0	0	0	0	0		R
70250-TC	X-ray exam of skull	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
70260	X-ray exam of skull	$69.94	$69.94	0	0%	0%	0%	1	0	0	0	0	0		R
70260-26	X-ray exam of skull	$23.81	$23.81	0	0%	0%	0%	1	0	0	0	0	0		R
70260-TC	X-ray exam of skull	$46.62	$46.62	0	0%	0%	0%	1	0	0	0	0	0		R
70300	X-ray exam of teeth	$21.33	$21.33	0	0%	0%	0%	1	0	0	0	0	0		R
70300-26	X-ray exam of teeth	$7.44	$7.44	0	0%	0%	0%	1	0	0	0	0	0		R
70300-TC	X-ray exam of teeth	$13.89	$13.89	0	0%	0%	0%	1	0	0	0	0	0		R
70310	X-ray exam of teeth	$33.73	$33.73	0	0%	0%	0%	1	0	0	0	0	0		R
70310-26	X-ray exam of teeth	$11.90	$11.90	0	0%	0%	0%	1	0	0	0	0	0		R
70310-TC	X-ray exam of teeth	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R
70320	Full mouth x-ray of teeth	$57.04	$57.04	0	0%	0%	0%	1	0	0	0	0	0		R
70320-26	Full mouth x-ray of teeth	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
70320-TC	Full mouth x-ray of teeth	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
70328	X-ray exam of jaw joint	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
70328-26	X-ray exam of jaw joint	$12.90	$12.90	0	0%	0%	0%	1	0	0	0	0	0		R
70328-TC	X-ray exam of jaw joint	$25.79	$25.79	0	0%	0%	0%	1	0	0	0	0	0		R
70330	X-ray exam of jaw joints	$61.50	$61.50	0	0%	0%	0%	1	0	2	0	0	0		R
70330-26	X-ray exam of jaw joints	$17.36	$17.36	0	0%	0%	0%	1	0	2	0	0	0		R
70330-TC	X-ray exam of jaw joints	$44.14	$44.14	0	0%	0%	0%	1	0	2	0	0	0		R
70332	X-ray exam of jaw joint	$147.31	$147.31	0	0%	0%	0%	1	0	3	0	0	0		R
70332-26	X-ray exam of jaw joint	$38.19	$38.19	0	0%	0%	0%	1	0	3	0	0	0		R
70332-TC	X-ray exam of jaw joint	$109.12	$109.12	0	0%	0%	0%	1	0	3	0	0	0		R
70336	Magnetic image, jaw joint	$683.98	$683.98	0	0%	0%	0%	1	0	3	0	0	0		R
70336-26	Magnetic image, jaw joint	$101.18	$101.18	0	0%	0%	0%	1	0	3	0	0	0		R
70336-TC	Magnetic image, jaw joint	$582.80	$582.80	0	0%	0%	0%	1	0	3	0	0	0		R
70350	X-ray head for orthodontia	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
70350-26	X-ray head for orthodontia	$12.40	$12.40	0	0%	0%	0%	1	0	0	0	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
70350-TC	X-ray head for orthodontia	$19.84	$19.84	0	0%	0%	0%	1	0	0	0	0	0		R
70355	Panoramic x-ray of jaws	$44.64	$44.64	0	0%	0%	0%	1	0	0	0	0	0		R
70355-26	Panoramic x-ray of jaws	$14.38	$14.38	0	0%	0%	0%	1	0	0	0	0	0		R
70355-TC	Panoramic x-ray of jaws	$30.26	$30.26	0	0%	0%	0%	1	0	0	0	0	0		R
70360	X-ray exam of neck	$34.22	$34.22	0	0%	0%	0%	1	0	0	0	0	0		R
70360-26	X-ray exam of neck	$12.40	$12.40	0	0%	0%	0%	1	0	0	0	0	0		R
70360-TC	X-ray exam of neck	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R
70370	Throat x-ray & fluoroscopy	$90.27	$90.27	0	0%	0%	0%	1	0	0	0	0	0		R
70370-26	Throat x-ray & fluoroscopy	$22.32	$22.32	0	0%	0%	0%	1	0	0	0	0	0		R
70370-TC	Throat x-ray & fluoroscopy	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
70371	Speech evaluation, complex	$168.14	$168.14	0	0%	0%	0%	1	0	0	0	0	0		R
70371-26	Speech evaluation, complex	$59.02	$59.02	0	0%	0%	0%	1	0	0	0	0	0		R
70371-TC	Speech evaluation, complex	$109.12	$109.12	0	0%	0%	0%	1	0	0	0	0	0		R
70373	Contrast x-ray of larynx	$124.50	$124.50	0	0%	0%	0%	1	0	0	0	0	0		R
70373-26	Contrast x-ray of larynx	$31.25	$31.25	0	0%	0%	0%	1	0	0	0	0	0		R
70373-TC	Contrast x-ray of larynx	$93.25	$93.25	0	0%	0%	0%	1	0	0	0	0	0		R
70380	X-ray exam of salivary gland	$47.12	$47.12	0	0%	0%	0%	1	0	0	0	0	0		R
70380-26	X-ray exam of salivary gland	$12.40	$12.40	0	0%	0%	0%	1	0	0	0	0	0		R
70380-TC	X-ray exam of salivary gland	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
70390	X-ray exam of salivary duct	$119.54	$119.54	0	0%	0%	0%	1	0	0	0	0	0		R
70390-26	X-ray exam of salivary duct	$26.29	$26.29	0	0%	0%	0%	1	0	0	0	0	0		R
70390-TC	X-ray exam of salivary duct	$93.25	$93.25	0	0%	0%	0%	1	0	0	0	0	0		R
70450	Ct head/brain w/o dye	$305.54	$305.54	0	0%	0%	0%	1	0	0	0	0	0		R
70450-26	Ct head/brain w/o dye	$59.52	$59.52	0	0%	0%	0%	1	0	0	0	0	0		R
70450-TC	Ct head/brain w/o dye	$245.52	$245.52	0	0%	0%	0%	1	0	0	0	0	0		R
70460	Ct head/brain w/dye	$372.99	$372.99	0	0%	0%	0%	1	0	0	0	0	0		R
70460-26	Ct head/brain w/dye	$79.36	$79.36	0	0%	0%	0%	1	0	0	0	0	0		R
70460-TC	Ct head/brain w/dye	$293.63	$293.63	0	0%	0%	0%	1	0	0	0	0	0		R
70470	Ct head/brain w/o&w dye	$456.32	$456.32	0	0%	0%	0%	1	0	0	0	0	0		R
70470-26	Ct head/brain w/o&w dye	$89.28	$89.28	0	0%	0%	0%	1	0	0	0	0	0		R
70470-TC	Ct head/brain w/o&w dye	$367.54	$367.54	0	0%	0%	0%	1	0	0	0	0	0		R
70480	Ct orbit/ear/fossa w/o dye	$335.30	$335.30	0	0%	0%	0%	1	0	0	0	0	0		R
70480-26	Ct orbit/ear/fossa w/o dye	$89.78	$89.78	0	0%	0%	0%	1	0	0	0	0	0		R
70480-TC	Ct orbit/ear/fossa w/o dye	$245.52	$245.52	0	0%	0%	0%	1	0	0	0	0	0		R
70481	Ct orbit/ear/fossa w/dye	$390.35	$390.35	0	0%	0%	0%	1	0	0	0	0	0		R
70481-26	Ct orbit/ear/fossa w/dye	$96.72	$96.72	0	0%	0%	0%	1	0	0	0	0	0		R
70481-TC	Ct orbit/ear/fossa w/dye	$293.63	$293.63	0	0%	0%	0%	1	0	0	0	0	0		R
70482	Ct orbit/ear/fossa w/o&w dye	$468.72	$468.72	0	0%	0%	0%	1	0	0	0	0	0		R
70482-26	Ct orbit/ear/fossa w/o&w dye	$101.68	$101.68	0	0%	0%	0%	1	0	0	0	0	0		R
70482-TC	Ct orbit/ear/fossa w/o&w dye	$367.54	$367.54	0	0%	0%	0%	1	0	0	0	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
70486	Ct maxillofacial w/o dye	$325.38	$325.38	0	0%	0%	0%	1	0	0	0	0	0		R
70486-26	Ct maxillofacial w/o dye	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
70486-TC	Ct maxillofacial w/o dye	$245.52	$245.52	0	0%	0%	0%	1	0	0	0	0	0		R
70487	Ct maxillofacial w/dye	$384.90	$384.90	0	0%	0%	0%	1	0	0	0	0	0		R
70487-26	Ct maxillofacial w/dye	$91.26	$91.26	0	0%	0%	0%	1	0	0	0	0	0		R
70487-TC	Ct maxillofacial w/dye	$293.63	$293.63	0	0%	0%	0%	1	0	0	0	0	0		R
70488	Ct maxillofacial w/o&w dye	$466.74	$466.74	0	0%	0%	0%	1	0	0	0	0	0		R
70488-26	Ct maxillofacial w/o&w dye	$99.70	$99.70	0	0%	0%	0%	1	0	0	0	0	0		R
70488-TC	Ct maxillofacial w/o&w dye	$367.54	$367.54	0	0%	0%	0%	1	0	0	0	0	0		R
70490	Ct soft tissue neck w/o dye	$335.30	$335.30	0	0%	0%	0%	1	0	0	0	0	0		R
70490-26	Ct soft tissue neck w/o dye	$89.78	$89.78	0	0%	0%	0%	1	0	0	0	0	0		R
70490-TC	Ct soft tissue neck w/o dye	$245.52	$245.52	0	0%	0%	0%	1	0	0	0	0	0		R
70491	Ct soft tissue neck w/dye	$390.35	$390.35	0	0%	0%	0%	1	0	0	0	0	0		R
70491-26	Ct soft tissue neck w/dye	$96.72	$96.72	0	0%	0%	0%	1	0	0	0	0	0		R
70491-TC	Ct soft tissue neck w/dye	$293.63	$293.63	0	0%	0%	0%	1	0	0	0	0	0		R
70492	Ct sft tsue nck w/o & w/dye	$468.72	$468.72	0	0%	0%	0%	1	0	0	0	0	0		R
70492-26	Ct sft tsue nck w/o & w/dye	$101.68	$101.68	0	0%	0%	0%	1	0	0	0	0	0		R
70492-TC	Ct sft tsue nck w/o & w/dye	$367.54	$367.54	0	0%	0%	0%	1	0	0	0	0	0		R
70496	Ct angiography, head	$493.02	$493.02	0	0%	0%	0%	1	0	0	0	0	0		R
70496-26	Ct angiography, head	$123.01	$123.01	0	0%	0%	0%	1	0	0	0	0	0		R
70496-TC	Ct angiography, head	$369.52	$369.52	0	0%	0%	0%	1	0	0	0	0	0		R
70498	Ct angiography, neck	$493.02	$493.02	0	0%	0%	0%	1	0	0	0	0	0		R
70498-26	Ct angiography, neck	$123.01	$123.01	0	0%	0%	0%	1	0	0	0	0	0		R
70498-TC	Ct angiography, neck	$369.52	$369.52	0	0%	0%	0%	1	0	0	0	0	0		R
70540	Mri orbit/face/neck w/o dye	$655.22	$655.22	0	0%	0%	0%	1	0	0	0	0	0		R
70540-26	Mri orbit/face/neck w/o dye	$78.86	$78.86	0	0%	0%	0%	1	0	0	0	0	0		R
70540-TC	Mri orbit/face/neck w/o dye	$576.35	$576.35	0	0%	0%	0%	1	0	0	0	0	0		R
70542	Mri orbit/face/neck w/dye	$774.26	$774.26	0	0%	0%	0%	1	0	0	0	0	0		R
70542-26	Mri orbit/face/neck w/dye	$90.27	$90.27	0	0%	0%	0%	1	0	0	0	0	0		R
70542-TC	Mri orbit/face/neck w/dye	$683.98	$683.98	0	0%	0%	0%	1	0	0	0	0	0		R
70543	Mri orbt/fac/nck w/o&w dye	$1,386.82	$1,386.82	0	0%	0%	0%	1	0	0	0	0	0		R
70543-26	Mri orbt/fac/nck w/o&w dye	$121.02	$121.02	0	0%	0%	0%	1	0	0	0	0	0		R
70543-TC	Mri orbt/fac/nck w/o&w dye	$1,265.79	$1,265.79	0	0%	0%	0%	1	0	0	0	0	0		R
70544	Mr angiography head w/o dye	$659.68	$659.68	0	0%	0%	0%	1	0	0	0	0	0		R
70544-26	Mr angiography head w/o dye	$83.33	$83.33	0	0%	0%	0%	1	0	0	0	0	0		R
70544-TC	Mr angiography head w/o dye	$576.85	$576.85	0	0%	0%	0%	1	0	0	0	0	0		R
70545	Mr angiography head w/dye	$659.68	$659.68	0	0%	0%	0%	1	0	0	0	0	0		R
70545-26	Mr angiography head w/dye	$83.33	$83.33	0	0%	0%	0%	1	0	0	0	0	0		R
70545-TC	Mr angiography head w/dye	$576.85	$576.85	0	0%	0%	0%	1	0	0	0	0	0		R
70546	Mr angiograph head w/o&w dye	$1,257.36	$1,257.36	0	0%	0%	0%	1	0	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
70546-26	Mr angiograph head w/o&w dye	$123.01	$123.01	0	0%	0%	0%	1	0	0	0	0	0		R
70546-TC	Mr angiograph head w/o&w dye	$1,134.35	$1,134.35	0	0%	0%	0%	1	0	0	0	0	0		R
70547	Mr angiography neck w/o dye	$659.68	$659.68	0	0%	0%	0%	1	0	0	0	0	0		R
70547-26	Mr angiography neck w/o dye	$83.33	$83.33	0	0%	0%	0%	1	0	0	0	0	0		R
70547-TC	Mr angiography neck w/o dye	$576.85	$576.85	0	0%	0%	0%	1	0	0	0	0	0		R
70548	Mr angiography neck w/dye	$659.68	$659.68	0	0%	0%	0%	1	0	0	0	0	0		R
70548-26	Mr angiography neck w/dye	$83.33	$83.33	0	0%	0%	0%	1	0	0	0	0	0		R
70548-TC	Mr angiography neck w/dye	$576.85	$576.85	0	0%	0%	0%	1	0	0	0	0	0		R
70549	Mr angiograph neck w/o&w dye	$1,257.36	$1,257.36	0	0%	0%	0%	1	0	0	0	0	0		R
70549-26	Mr angiograph neck w/o&w dye	$123.01	$123.01	0	0%	0%	0%	1	0	0	0	0	0		R
70549-TC	Mr angiograph neck w/o&w dye	$1,134.35	$1,134.35	0	0%	0%	0%	1	0	0	0	0	0		R
70551	Mri brain w/o dye	$686.96	$686.96	0	0%	0%	0%	1	0	0	0	0	0		R
70551-26	Mri brain w/o dye	$104.16	$104.16	0	0%	0%	0%	1	0	0	0	0	0		R
70551-TC	Mri brain w/o dye	$582.80	$582.80	0	0%	0%	0%	1	0	0	0	0	0		R
70552	Mri brain w/dye	$823.36	$823.36	0	0%	0%	0%	1	0	0	0	0	0		R
70552-26	Mri brain w/dye	$125.49	$125.49	0	0%	0%	0%	1	0	0	0	0	0		R
70552-TC	Mri brain w/dye	$697.87	$697.87	0	0%	0%	0%	1	0	0	0	0	0		R
70553	Mri brain w/o&w dye	$1,459.23	$1,459.23	0	0%	0%	0%	1	0	0	0	0	0		R
70553-26	Mri brain w/o&w dye	$165.66	$165.66	0	0%	0%	0%	1	0	0	0	0	0		R
70553-TC	Mri brain w/o&w dye	$1,293.57	$1,293.57	0	0%	0%	0%	1	0	0	0	0	0		R
71010	Chest x-ray	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R
71010-26	Chest x-ray	$12.90	$12.90	0	0%	0%	0%	1	0	0	0	0	0		R
71010-TC	Chest x-ray	$24.80	$24.80	0	0%	0%	0%	1	0	0	0	0	0		R
71015	Chest x-ray	$42.66	$42.66	0	0%	0%	0%	1	0	0	0	0	0		R
71015-26	Chest x-ray	$15.38	$15.38	0	0%	0%	0%	1	0	0	0	0	0		R
71015-TC	Chest x-ray	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R
71020	Chest x-ray	$48.11	$48.11	0	0%	0%	0%	1	0	0	0	0	0		R
71020-26	Chest x-ray	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
71020-TC	Chest x-ray	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
71021	Chest x-ray	$57.54	$57.54	0	0%	0%	0%	1	0	0	0	0	0		R
71021-26	Chest x-ray	$19.34	$19.34	0	0%	0%	0%	1	0	0	0	0	0		R
71021-TC	Chest x-ray	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
71022	Chest x-ray	$60.51	$60.51	0	0%	0%	0%	1	0	0	0	0	0		R
71022-26	Chest x-ray	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R
71022-TC	Chest x-ray	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
71023	Chest x-ray and fluoroscopy	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
71023-26	Chest x-ray and fluoroscopy	$26.78	$26.78	0	0%	0%	0%	1	0	0	0	0	0		R
71023-TC	Chest x-ray and fluoroscopy	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
71030	Chest x-ray	$62.50	$62.50	0	0%	0%	0%	1	0	0	0	0	0		R
71030-26	Chest x-ray	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
71030-TC	Chest x-ray	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
71034	Chest x-ray and fluoroscopy	$108.13	$108.13	0	0%	0%	0%	1	0	0	0	0	0		R
71034-26	Chest x-ray and fluoroscopy	$32.74	$32.74	0	0%	0%	0%	1	0	0	0	0	0		R
71034-TC	Chest x-ray and fluoroscopy	$75.39	$75.39	0	0%	0%	0%	1	0	0	0	0	0		R
71035	Chest x-ray	$40.18	$40.18	0	0%	0%	0%	1	0	0	0	0	0		R
71035-26	Chest x-ray	$12.90	$12.90	0	0%	0%	0%	1	0	0	0	0	0		R
71035-TC	Chest x-ray	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R
71040	Contrast x-ray of bronchi	$117.55	$117.55	0	0%	0%	0%	1	0	0	0	0	0		R
71040-26	Contrast x-ray of bronchi	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
71040-TC	Contrast x-ray of bronchi	$76.38	$76.38	0	0%	0%	0%	1	0	0	0	0	0		R
71060	Contrast x-ray of bronchi	$167.15	$167.15	0	0%	0%	0%	1	0	2	0	0	0		R
71060-26	Contrast x-ray of bronchi	$52.08	$52.08	0	0%	0%	0%	1	0	2	0	0	0		R
71060-TC	Contrast x-ray of bronchi	$115.07	$115.07	0	0%	0%	0%	1	0	2	0	0	0		R
71090	X-ray & pacemaker insertion	$127.47	$127.47	0	0%	0%	0%	1	0	0	0	0	0		R
71090-26	X-ray & pacemaker insertion	$39.18	$39.18	0	0%	0%	0%	1	0	0	0	0	0		R
71090-TC	X-ray & pacemaker insertion	$88.29	$88.29	0	0%	0%	0%	1	0	0	0	0	0		R
71100	X-ray exam of ribs	$46.13	$46.13	0	0%	0%	0%	1	0	0	0	0	0		R
71100-26	X-ray exam of ribs	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
71100-TC	X-ray exam of ribs	$30.26	$30.26	0	0%	0%	0%	1	0	0	0	0	0		R
71101	X-ray exam of ribs/chest	$54.06	$54.06	0	0%	0%	0%	1	0	0	0	0	0		R
71101-26	X-ray exam of ribs/chest	$19.34	$19.34	0	0%	0%	0%	1	0	0	0	0	0		R
71101-TC	X-ray exam of ribs/chest	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
71110	X-ray exam of ribs	$60.51	$60.51	0	0%	0%	0%	1	0	2	0	0	0		R
71110-26	X-ray exam of ribs	$19.34	$19.34	0	0%	0%	0%	1	0	2	0	0	0		R
71110-TC	X-ray exam of ribs	$41.17	$41.17	0	0%	0%	0%	1	0	2	0	0	0		R
71111	X-ray exam of ribs/ chest	$68.45	$68.45	0	0%	0%	0%	1	0	2	0	0	0		R
71111-26	X-ray exam of ribs/ chest	$22.32	$22.32	0	0%	0%	0%	1	0	2	0	0	0		R
71111-TC	X-ray exam of ribs/ chest	$46.62	$46.62	0	0%	0%	0%	1	0	2	0	0	0		R
71120	X-ray exam of breastbone	$48.11	$48.11	0	0%	0%	0%	1	0	0	0	0	0		R
71120-26	X-ray exam of breastbone	$14.38	$14.38	0	0%	0%	0%	1	0	0	0	0	0		R
71120-TC	X-ray exam of breastbone	$33.73	$33.73	0	0%	0%	0%	1	0	0	0	0	0		R
71130	X-ray exam of breastbone	$52.58	$52.58	0	0%	0%	0%	1	0	0	0	0	0		R
71130-26	X-ray exam of breastbone	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
71130-TC	X-ray exam of breastbone	$36.70	$36.70	0	0%	0%	0%	1	0	0	0	0	0		R
71250	Ct thorax w/o dye	$387.87	$387.87	0	0%	0%	0%	1	0	0	0	0	0		R
71250-26	Ct thorax w/o dye	$81.34	$81.34	0	0%	0%	0%	1	0	0	0	0	0		R
71250-TC	Ct thorax w/o dye	$306.53	$306.53	0	0%	0%	0%	1	0	0	0	0	0		R
71260	Ct thorax w/dye	$454.34	$454.34	0	0%	0%	0%	1	0	0	0	0	0		R
71260-26	Ct thorax w/dye	$86.80	$86.80	0	0%	0%	0%	1	0	0	0	0	0		R
71260-TC	Ct thorax w/dye	$367.54	$367.54	0	0%	0%	0%	1	0	0	0	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
71270	Ct thorax w/o&w dye	$555.52	$555.52	0	0%	0%	0%	1	0	0	0	0	0		R
71270-26	Ct thorax w/o&w dye	$96.72	$96.72	0	0%	0%	0%	1	0	0	0	0	0		R
71270-TC	Ct thorax w/o&w dye	$459.30	$459.30	0	0%	0%	0%	1	0	0	0	0	0		R
71275	Ct angiography, chest	$537.17	$537.17	0	0%	0%	0%	1	0	0	0	0	0		R
71275-26	Ct angiography, chest	$84.82	$84.82	0	0%	0%	0%	1	0	0	0	0	0		R
71275-TC	Ct angiography, chest	$452.35	$452.35	0	0%	0%	0%	1	0	0	0	0	0		R
71550	Mri chest w/o dye	$665.63	$665.63	0	0%	0%	0%	1	0	0	0	0	0		R
71550-26	Mri chest w/o dye	$87.30	$87.30	0	0%	0%	0%	1	0	0	0	0	0		R
71550-TC	Mri chest w/o dye	$578.34	$578.34	0	0%	0%	0%	1	0	0	0	0	0		R
71551	Mri chest w/dye	$783.18	$783.18	0	0%	0%	0%	1	0	0	0	0	0		R
71551-26	Mri chest w/dye	$98.21	$98.21	0	0%	0%	0%	1	0	0	0	0	0		R
71551-TC	Mri chest w/dye	$685.47	$685.47	0	0%	0%	0%	1	0	0	0	0	0		R
71552	Mri chest w/o&w dye	$1,389.30	$1,389.30	0	0%	0%	0%	1	0	0	0	0	0		R
71552-26	Mri chest w/o&w dye	$128.96	$128.96	0	0%	0%	0%	1	0	0	0	0	0		R
71552-TC	Mri chest w/o&w dye	$1,260.34	$1,260.34	0	0%	0%	0%	1	0	0	0	0	0		R
71555	Mri angio chest w or w/o dye	$708.78	$708.78	0	0%	0%	0%	1	0	0	0	0	0		R
71555-26	Mri angio chest w or w/o dye	$125.98	$125.98	0	0%	0%	0%	1	0	0	0	0	0		R
71555-TC	Mri angio chest w or w/o dye	$582.80	$582.80	0	0%	0%	0%	1	0	0	0	0	0		R
72010	X-ray exam of spine	$85.81	$85.81	0	0%	0%	0%	1	0	0	0	0	0		R
72010-26	X-ray exam of spine	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
72010-TC	X-ray exam of spine	$53.57	$53.57	0	0%	0%	0%	1	0	0	0	0	0		R
72020	X-ray exam of spine	$32.74	$32.74	0	0%	0%	0%	1	0	0	0	0	0		R
72020-26	X-ray exam of spine	$10.91	$10.91	0	0%	0%	0%	1	0	0	0	0	0		R
72020-TC	X-ray exam of spine	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R
72040	X-ray exam of neck spine	$47.62	$47.62	0	0%	0%	0%	1	0	0	0	0	0		R
72040-26	X-ray exam of neck spine	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
72040-TC	X-ray exam of neck spine	$31.74	$31.74	0	0%	0%	0%	1	0	0	0	0	0		R
72050	X-ray exam of neck spine	$68.45	$68.45	0	0%	0%	0%	1	0	0	0	0	0		R
72050-26	X-ray exam of neck spine	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R
72050-TC	X-ray exam of neck spine	$46.62	$46.62	0	0%	0%	0%	1	0	0	0	0	0		R
72052	X-ray exam of neck spine	$83.82	$83.82	0	0%	0%	0%	1	0	0	0	0	0		R
72052-26	X-ray exam of neck spine	$25.30	$25.30	0	0%	0%	0%	1	0	0	0	0	0		R
72052-TC	X-ray exam of neck spine	$58.53	$58.53	0	0%	0%	0%	1	0	0	0	0	0		R
72069	X-ray exam of trunk spine	$41.66	$41.66	0	0%	0%	0%	1	0	0	0	0	0		R
72069-26	X-ray exam of trunk spine	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
72069-TC	X-ray exam of trunk spine	$25.79	$25.79	0	0%	0%	0%	1	0	0	0	0	0		R
72070	X-ray exam of thoracic spine	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
72070-26	X-ray exam of thoracic spine	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
72070-TC	X-ray exam of thoracic spine	$33.73	$33.73	0	0%	0%	0%	1	0	0	0	0	0		R
72072	X-ray exam of thoracic spine	$54.06	$54.06	0	0%	0%	0%	1	0	0	0	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
72072-26	X-ray exam of thoracic spine	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
72072-TC	X-ray exam of thoracic spine	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
72074	X-ray exam of thoracic spine	$62.99	$62.99	0	0%	0%	0%	1	0	0	0	0	0		R
72074-26	X-ray exam of thoracic spine	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
72074-TC	X-ray exam of thoracic spine	$47.62	$47.62	0	0%	0%	0%	1	0	0	0	0	0		R
72080	X-ray exam of trunk spine	$50.59	$50.59	0	0%	0%	0%	1	0	0	0	0	0		R
72080-26	X-ray exam of trunk spine	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
72080-TC	X-ray exam of trunk spine	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
72090	X-ray exam of trunk spine	$54.56	$54.56	0	0%	0%	0%	1	0	0	0	0	0		R
72090-26	X-ray exam of trunk spine	$19.84	$19.84	0	0%	0%	0%	1	0	0	0	0	0		R
72090-TC	X-ray exam of trunk spine	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
72100	X-ray exam of lower spine	$50.59	$50.59	0	0%	0%	0%	1	0	0	0	0	0		R
72100-26	X-ray exam of lower spine	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
72100-TC	X-ray exam of lower spine	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
72110	X-ray exam of lower spine	$69.44	$69.44	0	0%	0%	0%	1	0	0	0	0	0		R
72110-26	X-ray exam of lower spine	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R
72110-TC	X-ray exam of lower spine	$47.62	$47.62	0	0%	0%	0%	1	0	0	0	0	0		R
72114	X-ray exam of lower spine	$87.30	$87.30	0	0%	0%	0%	1	0	0	0	0	0		R
72114-26	X-ray exam of lower spine	$25.79	$25.79	0	0%	0%	0%	1	0	0	0	0	0		R
72114-TC	X-ray exam of lower spine	$61.50	$61.50	0	0%	0%	0%	1	0	0	0	0	0		R
72120	X-ray exam of lower spine	$62.50	$62.50	0	0%	0%	0%	1	0	0	0	0	0		R
72120-26	X-ray exam of lower spine	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
72120-TC	X-ray exam of lower spine	$46.62	$46.62	0	0%	0%	0%	1	0	0	0	0	0		R
72125	Ct neck spine w/o dye	$387.87	$387.87	0	0%	0%	0%	1	0	0	0	0	0		R
72125-26	Ct neck spine w/o dye	$81.34	$81.34	0	0%	0%	0%	1	0	0	0	0	0		R
72125-TC	Ct neck spine w/o dye	$306.53	$306.53	0	0%	0%	0%	1	0	0	0	0	0		R
72126	Ct neck spine w/dye	$452.85	$452.85	0	0%	0%	0%	1	0	0	0	0	0		R
72126-26	Ct neck spine w/dye	$85.31	$85.31	0	0%	0%	0%	1	0	0	0	0	0		R
72126-TC	Ct neck spine w/dye	$367.54	$367.54	0	0%	0%	0%	1	0	0	0	0	0		R
72127	Ct neck spine w/o&w dye	$548.58	$548.58	0	0%	0%	0%	1	0	0	0	0	0		R
72127-26	Ct neck spine w/o&w dye	$89.28	$89.28	0	0%	0%	0%	1	0	0	0	0	0		R
72127-TC	Ct neck spine w/o&w dye	$459.30	$459.30	0	0%	0%	0%	1	0	0	0	0	0		R
72128	Ct chest spine w/o dye	$387.87	$387.87	0	0%	0%	0%	1	0	0	0	0	0		R
72128-26	Ct chest spine w/o dye	$81.34	$81.34	0	0%	0%	0%	1	0	0	0	0	0		R
72128-TC	Ct chest spine w/o dye	$306.53	$306.53	0	0%	0%	0%	1	0	0	0	0	0		R
72129	Ct chest spine w/dye	$452.85	$452.85	0	0%	0%	0%	1	0	0	0	0	0		R
72129-26	Ct chest spine w/dye	$85.31	$85.31	0	0%	0%	0%	1	0	0	0	0	0		R
72129-TC	Ct chest spine w/dye	$367.54	$367.54	0	0%	0%	0%	1	0	0	0	0	0		R
72130	Ct chest spine w/o&w dye	$548.58	$548.58	0	0%	0%	0%	1	0	0	0	0	0		R
72130-26	Ct chest spine w/o&w dye	$89.28	$89.28	0	0%	0%	0%	1	0	0	0	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
72130-TC	Ct chest spine w/o&w dye	$459.30	$459.30	0	0%	0%	0%	1	0	0	0	0	0		R
72131	Ct lumbar spine w/o dye	$387.87	$387.87	0	0%	0%	0%	1	0	0	0	0	0		R
72131-26	Ct lumbar spine w/o dye	$81.34	$81.34	0	0%	0%	0%	1	0	0	0	0	0		R
72131-TC	Ct lumbar spine w/o dye	$306.53	$306.53	0	0%	0%	0%	1	0	0	0	0	0		R
72132	Ct lumbar spine w/dye	$452.85	$452.85	0	0%	0%	0%	1	0	0	0	0	0		R
72132-26	Ct lumbar spine w/dye	$85.81	$85.81	0	0%	0%	0%	1	0	0	0	0	0		R
72132-TC	Ct lumbar spine w/dye	$367.54	$367.54	0	0%	0%	0%	1	0	0	0	0	0		R
72133	Ct lumbar spine w/o&w dye	$549.07	$549.07	0	0%	0%	0%	1	0	0	0	0	0		R
72133-26	Ct lumbar spine w/o&w dye	$89.78	$89.78	0	0%	0%	0%	1	0	0	0	0	0		R
72133-TC	Ct lumbar spine w/o&w dye	$459.30	$459.30	0	0%	0%	0%	1	0	0	0	0	0		R
72141	Mri neck spine w/o dye	$694.90	$694.90	0	0%	0%	0%	1	0	0	0	0	0		R
72141-26	Mri neck spine w/o dye	$112.10	$112.10	0	0%	0%	0%	1	0	0	0	0	0		R
72141-TC	Mri neck spine w/o dye	$582.80	$582.80	0	0%	0%	0%	1	0	0	0	0	0		R
72142	Mri neck spine w/dye	$833.78	$833.78	0	0%	0%	0%	1	0	0	0	0	0		R
72142-26	Mri neck spine w/dye	$135.90	$135.90	0	0%	0%	0%	1	0	0	0	0	0		R
72142-TC	Mri neck spine w/dye	$697.87	$697.87	0	0%	0%	0%	1	0	0	0	0	0		R
72146	Mri chest spine w/o dye	$758.88	$758.88	0	0%	0%	0%	1	0	0	0	0	0		R
72146-26	Mri chest spine w/o dye	$112.10	$112.10	0	0%	0%	0%	1	0	0	0	0	0		R
72146-TC	Mri chest spine w/o dye	$646.29	$646.29	0	0%	0%	0%	1	0	0	0	0	0		R
72147	Mri chest spine w/dye	$833.28	$833.28	0	0%	0%	0%	1	0	0	0	0	0		R
72147-26	Mri chest spine w/dye	$135.41	$135.41	0	0%	0%	0%	1	0	0	0	0	0		R
72147-TC	Mri chest spine w/dye	$697.87	$697.87	0	0%	0%	0%	1	0	0	0	0	0		R
72148	Mri lumbar spine w/o dye	$750.94	$750.94	0	0%	0%	0%	1	0	0	0	0	0		R
72148-26	Mri lumbar spine w/o dye	$104.16	$104.16	0	0%	0%	0%	1	0	0	0	0	0		R
72148-TC	Mri lumbar spine w/o dye	$646.29	$646.29	0	0%	0%	0%	1	0	0	0	0	0		R
72149	Mri lumbar spine w/dye	$824.35	$824.35	0	0%	0%	0%	1	0	0	0	0	0		R
72149-26	Mri lumbar spine w/dye	$126.48	$126.48	0	0%	0%	0%	1	0	0	0	0	0		R
72149-TC	Mri lumbar spine w/dye	$697.87	$697.87	0	0%	0%	0%	1	0	0	0	0	0		R
72156	Mri neck spine w/o&w dye	$1,474.11	$1,474.11	0	0%	0%	0%	1	0	0	0	0	0		R
72156-26	Mri neck spine w/o&w dye	$180.54	$180.54	0	0%	0%	0%	1	0	0	0	0	0		R
72156-TC	Mri neck spine w/o&w dye	$1,293.57	$1,293.57	0	0%	0%	0%	1	0	0	0	0	0		R
72157	Mri chest spine w/o&w dye	$1,474.11	$1,474.11	0	0%	0%	0%	1	0	0	0	0	0		R
72157-26	Mri chest spine w/o&w dye	$180.54	$180.54	0	0%	0%	0%	1	0	0	0	0	0		R
72157-TC	Mri chest spine w/o&w dye	$1,293.57	$1,293.57	0	0%	0%	0%	1	0	0	0	0	0		R
72158	Mri lumbar spine w/o&w dye	$1,459.73	$1,459.73	0	0%	0%	0%	1	0	0	0	0	0		R
72158-26	Mri lumbar spine w/o&w dye	$166.16	$166.16	0	0%	0%	0%	1	0	0	0	0	0		R
72158-TC	Mri lumbar spine w/o&w dye	$1,293.57	$1,293.57	0	0%	0%	0%	1	0	0	0	0	0		R
72159	Mr angio spine w/o&w dye	$773.76	$773.76	0	0%	0%	0%	1	9	9	9	9	9		R
72159-26	Mr angio spine w/o&w dye	$127.47	$127.47	0	0%	0%	0%	1	9	9	9	9	9		R
72159-TC	Mr angio spine w/o&w dye	$646.29	$646.29	0	0%	0%	0%	1	9	9	9	9	9		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
72170	X-ray exam of pelvis	$39.68	$39.68	0	0%	0%	0%	1	0	0	0	0	0		R
72170-26	X-ray exam of pelvis	$12.40	$12.40	0	0%	0%	0%	1	0	0	0	0	0		R
72170-TC	X-ray exam of pelvis	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R
72190	X-ray exam of pelvis	$50.10	$50.10	0	0%	0%	0%	1	0	0	0	0	0		R
72190-26	X-ray exam of pelvis	$15.38	$15.38	0	0%	0%	0%	1	0	0	0	0	0		R
72190-TC	X-ray exam of pelvis	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
72191	Ct angiograph pelv w/o&w dye	$519.81	$519.81	0	0%	0%	0%	1	0	0	0	0	0		R
72191-26	Ct angiograph pelv w/o&w dye	$84.82	$84.82	0	0%	0%	0%	1	0	0	0	0	0		R
72191-TC	Ct angiograph pelv w/o&w dye	$434.99	$434.99	0	0%	0%	0%	1	0	0	0	0	0		R
72192	Ct pelvis w/o dye	$382.91	$382.91	0	0%	0%	0%	1	0	0	0	0	0		R
72192-26	Ct pelvis w/o dye	$76.38	$76.38	0	0%	0%	0%	1	0	0	0	0	0		R
72192-TC	Ct pelvis w/o dye	$306.53	$306.53	0	0%	0%	0%	1	0	0	0	0	0		R
72193	Ct pelvis w/dye	$436.98	$436.98	0	0%	0%	0%	1	0	0	0	0	0		R
72193-26	Ct pelvis w/dye	$81.34	$81.34	0	0%	0%	0%	1	0	0	0	0	0		R
72193-TC	Ct pelvis w/dye	$355.14	$355.14	0	0%	0%	0%	1	0	0	0	0	0		R
72194	Ct pelvis w/o&w dye	$526.26	$526.26	0	0%	0%	0%	1	0	0	0	0	0		R
72194-26	Ct pelvis w/o&w dye	$85.31	$85.31	0	0%	0%	0%	1	0	0	0	0	0		R
72194-TC	Ct pelvis w/o&w dye	$440.94	$440.94	0	0%	0%	0%	1	0	0	0	0	0		R
72195	Mri pelvis w/o dye	$655.22	$655.22	0	0%	0%	0%	1	0	0	0	0	0		R
72195-26	Mri pelvis w/o dye	$82.83	$82.83	0	0%	0%	0%	1	0	0	0	0	0		R
72195-TC	Mri pelvis w/o dye	$572.38	$572.38	0	0%	0%	0%	1	0	0	0	0	0		R
72196	Mri pelvis w/dye	$764.83	$764.83	0	0%	0%	0%	1	0	0	0	0	0		R
72196-26	Mri pelvis w/dye	$101.68	$101.68	0	0%	0%	0%	1	0	0	0	0	0		R
72196-TC	Mri pelvis w/dye	$663.15	$663.15	0	0%	0%	0%	1	0	0	0	0	0		R
72197	Mri pelvis w/o & w dye	$1,397.73	$1,397.73	0	0%	0%	0%	1	0	0	0	0	0		R
72197-26	Mri pelvis w/o & w dye	$129.95	$129.95	0	0%	0%	0%	1	0	0	0	0	0		R
72197-TC	Mri pelvis w/o & w dye	$1,267.78	$1,267.78	0	0%	0%	0%	1	0	0	0	0	0		R
72198	Mr angio pelvis w/o&w dye	$711.26	$711.26	0	0%	0%	0%	1	9	9	9	9	9		R
72198-26	Mr angio pelvis w/o&w dye	$128.46	$128.46	0	0%	0%	0%	1	9	9	9	9	9		R
72198-TC	Mr angio pelvis w/o&w dye	$582.80	$582.80	0	0%	0%	0%	1	9	9	9	9	9		R
72200	X-ray exam sacroiliac joints	$39.68	$39.68	0	0%	0%	0%	1	0	0	0	0	0		R
72200-26	X-ray exam sacroiliac joints	$12.40	$12.40	0	0%	0%	0%	1	0	0	0	0	0		R
72200-TC	X-ray exam sacroiliac joints	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R
72202	X-ray exam sacroiliac joints	$46.13	$46.13	0	0%	0%	0%	1	0	0	0	0	0		R
72202-26	X-ray exam sacroiliac joints	$13.89	$13.89	0	0%	0%	0%	1	0	0	0	0	0		R
72202-TC	X-ray exam sacroiliac joints	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
72220	X-ray exam of tailbone	$42.66	$42.66	0	0%	0%	0%	1	0	0	0	0	0		R
72220-26	X-ray exam of tailbone	$12.40	$12.40	0	0%	0%	0%	1	0	0	0	0	0		R
72220-TC	X-ray exam of tailbone	$30.26	$30.26	0	0%	0%	0%	1	0	0	0	0	0		R
72240	Contrast x-ray of neck spine	$310.50	$310.50	0	0%	0%	0%	1	0	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
72240-26	Contrast x-ray of neck spine	$62.99	$62.99	0	0%	0%	0%	1	0	0	0	0	0		R
72240-TC	Contrast x-ray of neck spine	$247.01	$247.01	0	0%	0%	0%	1	0	0	0	0	0		R
72255	Contrast x-ray, thorax spine	$287.68	$287.68	0	0%	0%	0%	1	0	0	0	0	0		R
72255-26	Contrast x-ray, thorax spine	$62.50	$62.50	0	0%	0%	0%	1	0	0	0	0	0		R
72255-TC	Contrast x-ray, thorax spine	$225.18	$225.18	0	0%	0%	0%	1	0	0	0	0	0		R
72265	Contrast x-ray, lower spine	$269.33	$269.33	0	0%	0%	0%	1	0	0	0	0	0		R
72265-26	Contrast x-ray, lower spine	$57.54	$57.54	0	0%	0%	0%	1	0	0	0	0	0		R
72265-TC	Contrast x-ray, lower spine	$211.30	$211.30	0	0%	0%	0%	1	0	0	0	0	0		R
72270	Contrast x-ray of spine	$409.70	$409.70	0	0%	0%	0%	1	0	0	0	0	0		R
72270-26	Contrast x-ray of spine	$92.26	$92.26	0	0%	0%	0%	1	0	0	0	0	0		R
72270-TC	Contrast x-ray of spine	$316.94	$316.94	0	0%	0%	0%	1	0	0	0	0	0		R
72275	Epidurography	$162.19	$162.19	0	0%	0%	0%	1	9	9	9	9	9		R
72275-26	Epidurography	$51.09	$51.09	0	0%	0%	0%	1	9	9	9	9	9		R
72275-TC	Epidurography	$111.10	$111.10	0	0%	0%	0%	1	9	9	9	9	9		R
72285	X-ray c/t spine disk	$514.85	$514.85	0	0%	0%	0%	1	0	0	0	0	0		R
72285-26	X-ray c/t spine disk	$79.36	$79.36	0	0%	0%	0%	1	0	0	0	0	0		R
72285-TC	X-ray c/t spine disk	$435.49	$435.49	0	0%	0%	0%	1	0	0	0	0	0		R
72295	X-ray of lower spine disk	$465.74	$465.74	0	0%	0%	0%	1	0	0	0	0	0		R
72295-26	X-ray of lower spine disk	$58.03	$58.03	0	0%	0%	0%	1	0	0	0	0	0		R
72295-TC	X-ray of lower spine disk	$407.71	$407.71	0	0%	0%	0%	1	0	0	0	0	0		R
73000	X-ray exam of collar bone	$39.18	$39.18	0	0%	0%	0%	1	0	3	0	0	0		R
73000-26	X-ray exam of collar bone	$11.90	$11.90	0	0%	0%	0%	1	0	3	0	0	0		R
73000-TC	X-ray exam of collar bone	$27.28	$27.28	0	0%	0%	0%	1	0	3	0	0	0		R
73010	X-ray exam of shoulder blade	$39.68	$39.68	0	0%	0%	0%	1	0	3	0	0	0		R
73010-26	X-ray exam of shoulder blade	$12.40	$12.40	0	0%	0%	0%	1	0	3	0	0	0		R
73010-TC	X-ray exam of shoulder blade	$27.28	$27.28	0	0%	0%	0%	1	0	3	0	0	0		R
73020	X-ray exam of shoulder	$35.71	$35.71	0	0%	0%	0%	1	0	3	0	0	0		R
73020-26	X-ray exam of shoulder	$10.91	$10.91	0	0%	0%	0%	1	0	3	0	0	0		R
73020-TC	X-ray exam of shoulder	$24.80	$24.80	0	0%	0%	0%	1	0	3	0	0	0		R
73030	X-ray exam of shoulder	$43.15	$43.15	0	0%	0%	0%	1	0	3	0	0	0		R
73030-26	X-ray exam of shoulder	$12.90	$12.90	0	0%	0%	0%	1	0	3	0	0	0		R
73030-TC	X-ray exam of shoulder	$30.26	$30.26	0	0%	0%	0%	1	0	3	0	0	0		R
73040	Contrast x-ray of shoulder	$147.31	$147.31	0	0%	0%	0%	1	0	3	0	0	0		R
73040-26	Contrast x-ray of shoulder	$38.19	$38.19	0	0%	0%	0%	1	0	3	0	0	0		R
73040-TC	Contrast x-ray of shoulder	$109.12	$109.12	0	0%	0%	0%	1	0	3	0	0	0		R
73050	X-ray exam of shoulders	$49.10	$49.10	0	0%	0%	0%	1	0	2	0	0	0		R
73050-26	X-ray exam of shoulders	$14.38	$14.38	0	0%	0%	0%	1	0	2	0	0	0		R
73050-TC	X-ray exam of shoulders	$34.72	$34.72	0	0%	0%	0%	1	0	2	0	0	0		R
73060	X-ray exam of humerus	$42.66	$42.66	0	0%	0%	0%	1	0	3	0	0	0		R
73060-26	X-ray exam of humerus	$12.40	$12.40	0	0%	0%	0%	1	0	3	0	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
73060-TC	X-ray exam of humerus	$30.26	$30.26	0	0%	0%	0%	1	0	3	0	0	0		R
73070	X-ray exam of elbow	$38.19	$38.19	0	0%	0%	0%	1	0	3	0	0	0		R
73070-26	X-ray exam of elbow	$10.91	$10.91	0	0%	0%	0%	1	0	3	0	0	0		R
73070-TC	X-ray exam of elbow	$27.28	$27.28	0	0%	0%	0%	1	0	3	0	0	0		R
73080	X-ray exam of elbow	$42.66	$42.66	0	0%	0%	0%	1	0	3	0	0	0		R
73080-26	X-ray exam of elbow	$12.40	$12.40	0	0%	0%	0%	1	0	3	0	0	0		R
73080-TC	X-ray exam of elbow	$30.26	$30.26	0	0%	0%	0%	1	0	3	0	0	0		R
73085	Contrast x-ray of elbow	$147.81	$147.81	0	0%	0%	0%	1	0	3	0	0	0		R
73085-26	Contrast x-ray of elbow	$38.69	$38.69	0	0%	0%	0%	1	0	3	0	0	0		R
73085-TC	Contrast x-ray of elbow	$109.12	$109.12	0	0%	0%	0%	1	0	3	0	0	0		R
73090	X-ray exam of forearm	$39.18	$39.18	0	0%	0%	0%	1	0	3	0	0	0		R
73090-26	X-ray exam of forearm	$11.90	$11.90	0	0%	0%	0%	1	0	3	0	0	0		R
73090-TC	X-ray exam of forearm	$27.28	$27.28	0	0%	0%	0%	1	0	3	0	0	0		R
73092	X-ray exam of arm, infant	$37.70	$37.70	0	0%	0%	0%	1	0	3	0	0	0		R
73092-26	X-ray exam of arm, infant	$11.90	$11.90	0	0%	0%	0%	1	0	3	0	0	0		R
73092-TC	X-ray exam of arm, infant	$25.79	$25.79	0	0%	0%	0%	1	0	3	0	0	0		R
73100	X-ray exam of wrist	$38.19	$38.19	0	0%	0%	0%	1	0	3	0	0	0		R
73100-26	X-ray exam of wrist	$11.90	$11.90	0	0%	0%	0%	1	0	3	0	0	0		R
73100-TC	X-ray exam of wrist	$25.79	$25.79	0	0%	0%	0%	1	0	3	0	0	0		R
73110	X-ray exam of wrist	$40.18	$40.18	0	0%	0%	0%	1	0	3	0	0	0		R
73110-26	X-ray exam of wrist	$12.40	$12.40	0	0%	0%	0%	1	0	3	0	0	0		R
73110-TC	X-ray exam of wrist	$27.78	$27.78	0	0%	0%	0%	1	0	3	0	0	0		R
73115	Contrast x-ray of wrist	$121.52	$121.52	0	0%	0%	0%	1	0	3	0	0	0		R
73115-26	Contrast x-ray of wrist	$38.69	$38.69	0	0%	0%	0%	1	0	3	0	0	0		R
73115-TC	Contrast x-ray of wrist	$82.83	$82.83	0	0%	0%	0%	1	0	3	0	0	0		R
73120	X-ray exam of hand	$37.70	$37.70	0	0%	0%	0%	1	0	3	0	0	0		R
73120-26	X-ray exam of hand	$11.90	$11.90	0	0%	0%	0%	1	0	3	0	0	0		R
73120-TC	X-ray exam of hand	$25.79	$25.79	0	0%	0%	0%	1	0	3	0	0	0		R
73130	X-ray exam of hand	$40.18	$40.18	0	0%	0%	0%	1	0	3	0	0	0		R
73130-26	X-ray exam of hand	$12.40	$12.40	0	0%	0%	0%	1	0	3	0	0	0		R
73130-TC	X-ray exam of hand	$27.78	$27.78	0	0%	0%	0%	1	0	3	0	0	0		R
73140	X-ray exam of finger(s)	$31.74	$31.74	0	0%	0%	0%	1	0	3	0	0	0		R
73140-26	X-ray exam of finger(s)	$9.92	$9.92	0	0%	0%	0%	1	0	3	0	0	0		R
73140-TC	X-ray exam of finger(s)	$21.82	$21.82	0	0%	0%	0%	1	0	3	0	0	0		R
73200	Ct upper extremity w/o dye	$334.30	$334.30	0	0%	0%	0%	1	0	3	0	0	0		R
73200-26	Ct upper extremity w/o dye	$76.38	$76.38	0	0%	0%	0%	1	0	3	0	0	0		R
73200-TC	Ct upper extremity w/o dye	$257.92	$257.92	0	0%	0%	0%	1	0	3	0	0	0		R
73201	Ct upper extremity w/dye	$387.87	$387.87	0	0%	0%	0%	1	0	3	0	0	0		R
73201-26	Ct upper extremity w/dye	$81.34	$81.34	0	0%	0%	0%	1	0	3	0	0	0		R
73201-TC	Ct upper extremity w/dye	$306.53	$306.53	0	0%	0%	0%	1	0	3	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
73202	Ct uppr extremity w/o&w dye	$471.70	$471.70	0	0%	0%	0%	1	0	3	0	0	0		R
73202-26	Ct uppr extremity w/o&w dye	$86.30	$86.30	0	0%	0%	0%	1	0	3	0	0	0		R
73202-TC	Ct uppr extremity w/o&w dye	$385.89	$385.89	0	0%	0%	0%	1	0	3	0	0	0		R
73206	Ct angio upr extrm w/o&w dye	$466.74	$466.74	0	0%	0%	0%	1	0	0	0	0	0		R
73206-26	Ct angio upr extrm w/o&w dye	$84.82	$84.82	0	0%	0%	0%	1	0	0	0	0	0		R
73206-TC	Ct angio upr extrm w/o&w dye	$381.92	$381.92	0	0%	0%	0%	1	0	0	0	0	0		R
73218	Mri upper extremity w/o dye	$645.30	$645.30	0	0%	0%	0%	1	0	0	0	0	0		R
73218-26	Mri upper extremity w/o dye	$74.90	$74.90	0	0%	0%	0%	1	0	0	0	0	0		R
73218-TC	Mri upper extremity w/o dye	$570.40	$570.40	0	0%	0%	0%	1	0	0	0	0	0		R
73219	Mri upper extremity w/dye	$774.75	$774.75	0	0%	0%	0%	1	0	0	0	0	0		R
73219-26	Mri upper extremity w/dye	$90.77	$90.77	0	0%	0%	0%	1	0	0	0	0	0		R
73219-TC	Mri upper extremity w/dye	$683.98	$683.98	0	0%	0%	0%	1	0	0	0	0	0		R
73220	Mri uppr extremity w/o&w dye	$1,223.14	$1,223.14	0	0%	0%	0%	1	0	3	0	0	0		R
73220-26	Mri uppr extremity w/o&w dye	$122.02	$122.02	0	0%	0%	0%	1	0	3	0	0	0		R
73220-TC	Mri uppr extremity w/o&w dye	$1,101.12	$1,101.12	0	0%	0%	0%	1	0	3	0	0	0		R
73221	Mri joint upr extrem w/o dye	$652.24	$652.24	0	0%	0%	0%	1	0	3	0	0	0		R
73221-26	Mri joint upr extrem w/o dye	$75.89	$75.89	0	0%	0%	0%	1	0	3	0	0	0		R
73221-TC	Mri joint upr extrem w/o dye	$576.35	$576.35	0	0%	0%	0%	1	0	3	0	0	0		R
73222	Mri joint upr extrem w/ dye	$774.26	$774.26	0	0%	0%	0%	1	0	0	0	0	0		R
73222-26	Mri joint upr extrem w/ dye	$90.27	$90.27	0	0%	0%	0%	1	0	0	0	0	0		R
73222-TC	Mri joint upr extrem w/ dye	$683.98	$683.98	0	0%	0%	0%	1	0	0	0	0	0		R
73223	Mri joint upr extr w/o&w dye	$1,386.82	$1,386.82	0	0%	0%	0%	1	0	0	0	0	0		R
73223-26	Mri joint upr extr w/o&w dye	$121.02	$121.02	0	0%	0%	0%	1	0	0	0	0	0		R
73223-TC	Mri joint upr extr w/o&w dye	$1,265.79	$1,265.79	0	0%	0%	0%	1	0	0	0	0	0		R
73225	Mr angio upr extr w/o&w dye	$705.81	$705.81	0	0%	0%	0%	1	9	9	9	9	9		R
73225-26	Mr angio upr extr w/o&w dye	$123.01	$123.01	0	0%	0%	0%	1	9	9	9	9	9		R
73225-TC	Mr angio upr extr w/o&w dye	$582.80	$582.80	0	0%	0%	0%	1	9	9	9	9	9		R
73500	X-ray exam of hip	$37.20	$37.20	0	0%	0%	0%	1	0	0	0	0	0		R
73500-26	X-ray exam of hip	$12.40	$12.40	0	0%	0%	0%	1	0	0	0	0	0		R
73500-TC	X-ray exam of hip	$24.80	$24.80	0	0%	0%	0%	1	0	0	0	0	0		R
73510	X-ray exam of hip	$45.63	$45.63	0	0%	0%	0%	1	0	0	0	0	0		R
73510-26	X-ray exam of hip	$15.38	$15.38	0	0%	0%	0%	1	0	0	0	0	0		R
73510-TC	X-ray exam of hip	$30.26	$30.26	0	0%	0%	0%	1	0	0	0	0	0		R
73520	X-ray exam of hips	$53.07	$53.07	0	0%	0%	0%	1	0	2	0	0	0		R
73520-26	X-ray exam of hips	$18.35	$18.35	0	0%	0%	0%	1	0	2	0	0	0		R
73520-TC	X-ray exam of hips	$34.72	$34.72	0	0%	0%	0%	1	0	2	0	0	0		R
73525	Contrast x-ray of hip	$147.31	$147.31	0	0%	0%	0%	1	0	3	0	0	0		R
73525-26	Contrast x-ray of hip	$38.19	$38.19	0	0%	0%	0%	1	0	3	0	0	0		R
73525-TC	Contrast x-ray of hip	$109.12	$109.12	0	0%	0%	0%	1	0	3	0	0	0		R
73530	X-ray exam of hip	$47.62	$47.62	0	0%	0%	0%	1	0	3	0	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
73530-26	X-ray exam of hip	$20.34	$20.34	0	0%	0%	0%	1	0	3	0	0	0		R
73530-TC	X-ray exam of hip	$27.28	$27.28	0	0%	0%	0%	1	0	3	0	0	0		R
73540	X-ray exam of pelvis & hips	$44.64	$44.64	0	0%	0%	0%	1	0	0	0	0	0		R
73540-26	X-ray exam of pelvis & hips	$14.38	$14.38	0	0%	0%	0%	1	0	0	0	0	0		R
73540-TC	X-ray exam of pelvis & hips	$30.26	$30.26	0	0%	0%	0%	1	0	0	0	0	0		R
73542	X-ray exam, sacroiliac joint	$148.80	$148.80	0	0%	0%	0%	1	9	9	9	9	9		R
73542-26	X-ray exam, sacroiliac joint	$40.67	$40.67	0	0%	0%	0%	1	9	9	9	9	9		R
73542-TC	X-ray exam, sacroiliac joint	$108.13	$108.13	0	0%	0%	0%	1	9	9	9	9	9		R
73550	X-ray exam of thigh	$42.66	$42.66	0	0%	0%	0%	1	0	3	0	0	0		R
73550-26	X-ray exam of thigh	$12.40	$12.40	0	0%	0%	0%	1	0	3	0	0	0		R
73550-TC	X-ray exam of thigh	$30.26	$30.26	0	0%	0%	0%	1	0	3	0	0	0		R
73560	X-ray exam of knee, 1 or 2	$40.18	$40.18	0	0%	0%	0%	1	0	3	0	0	0		R
73560-26	X-ray exam of knee, 1 or 2	$12.40	$12.40	0	0%	0%	0%	1	0	3	0	0	0		R
73560-TC	X-ray exam of knee, 1 or 2	$27.28	$27.28	0	0%	0%	0%	1	0	3	0	0	0		R
73562	X-ray exam of knee, 3	$43.65	$43.65	0	0%	0%	0%	1	0	3	0	0	0		R
73562-26	X-ray exam of knee, 3	$13.39	$13.39	0	0%	0%	0%	1	0	3	0	0	0		R
73562-TC	X-ray exam of knee, 3	$30.26	$30.26	0	0%	0%	0%	1	0	3	0	0	0		R
73564	X-ray exam, knee, 4 or more	$48.11	$48.11	0	0%	0%	0%	1	0	3	0	0	0		R
73564-26	X-ray exam, knee, 4 or more	$15.87	$15.87	0	0%	0%	0%	1	0	3	0	0	0		R
73564-TC	X-ray exam, knee, 4 or more	$32.24	$32.24	0	0%	0%	0%	1	0	3	0	0	0		R
73565	X-ray exam of knees	$38.69	$38.69	0	0%	0%	0%	1	0	2	0	0	0		R
73565-26	X-ray exam of knees	$12.40	$12.40	0	0%	0%	0%	1	0	2	0	0	0		R
73565-TC	X-ray exam of knees	$25.79	$25.79	0	0%	0%	0%	1	0	2	0	0	0		R
73580	Contrast x-ray of knee joint	$174.59	$174.59	0	0%	0%	0%	1	0	3	0	0	0		R
73580-26	Contrast x-ray of knee joint	$38.19	$38.19	0	0%	0%	0%	1	0	3	0	0	0		R
73580-TC	Contrast x-ray of knee joint	$136.40	$136.40	0	0%	0%	0%	1	0	3	0	0	0		R
73590	X-ray exam of lower leg	$39.68	$39.68	0	0%	0%	0%	1	0	3	0	0	0		R
73590-26	X-ray exam of lower leg	$12.40	$12.40	0	0%	0%	0%	1	0	3	0	0	0		R
73590-TC	X-ray exam of lower leg	$27.28	$27.28	0	0%	0%	0%	1	0	3	0	0	0		R
73592	X-ray exam of leg, infant	Not Covered	Not Covered	0	0%	0%	0%	1	0	3	0	0	0		X
73592-26	X-ray exam of leg, infant	Not Covered	Not Covered	0	0%	0%	0%	1	0	3	0	0	0		X
73592-TC	X-ray exam of leg, infant	Not Covered	Not Covered	0	0%	0%	0%	1	0	3	0	0	0		X
73600	X-ray exam of ankle	$37.70	$37.70	0	0%	0%	0%	1	0	3	0	0	0		R
73600-26	X-ray exam of ankle	$11.90	$11.90	0	0%	0%	0%	1	0	3	0	0	0		R
73600-TC	X-ray exam of ankle	$25.79	$25.79	0	0%	0%	0%	1	0	3	0	0	0		R
73610	X-ray exam of ankle	$40.18	$40.18	0	0%	0%	0%	1	0	3	0	0	0		R
73610-26	X-ray exam of ankle	$12.40	$12.40	0	0%	0%	0%	1	0	3	0	0	0		R
73610-TC	X-ray exam of ankle	$27.78	$27.78	0	0%	0%	0%	1	0	3	0	0	0		R
73615	Contrast x-ray of ankle	$147.81	$147.81	0	0%	0%	0%	1	0	3	0	0	0		R
73615-26	Contrast x-ray of ankle	$38.69	$38.69	0	0%	0%	0%	1	0	3	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
73615-TC	Contrast x-ray of ankle	$109.12	$109.12	0	0%	0%	0%	1	0	3	0	0	0		R
73620	X-ray exam of foot	$37.70	$37.70	0	0%	0%	0%	1	0	3	0	0	0		R
73620-26	X-ray exam of foot	$11.90	$11.90	0	0%	0%	0%	1	0	3	0	0	0		R
73620-TC	X-ray exam of foot	$25.79	$25.79	0	0%	0%	0%	1	0	3	0	0	0		R
73630	X-ray exam of foot	$40.18	$40.18	0	0%	0%	0%	1	0	3	0	0	0		R
73630-26	X-ray exam of foot	$12.40	$12.40	0	0%	0%	0%	1	0	3	0	0	0		R
73630-TC	X-ray exam of foot	$27.78	$27.78	0	0%	0%	0%	1	0	3	0	0	0		R
73650	X-ray exam of heel	$36.70	$36.70	0	0%	0%	0%	1	0	3	0	0	0		R
73650-26	X-ray exam of heel	$11.90	$11.90	0	0%	0%	0%	1	0	3	0	0	0		R
73650-TC	X-ray exam of heel	$24.80	$24.80	0	0%	0%	0%	1	0	3	0	0	0		R
73660	X-ray exam of toe(s)	$31.74	$31.74	0	0%	0%	0%	1	0	3	0	0	0		R
73660-26	X-ray exam of toe(s)	$9.92	$9.92	0	0%	0%	0%	1	0	3	0	0	0		R
73660-TC	X-ray exam of toe(s)	$21.82	$21.82	0	0%	0%	0%	1	0	3	0	0	0		R
73700	Ct lower extremity w/o dye	$334.30	$334.30	0	0%	0%	0%	1	0	2	0	0	0		R
73700-26	Ct lower extremity w/o dye	$76.38	$76.38	0	0%	0%	0%	1	0	2	0	0	0		R
73700-TC	Ct lower extremity w/o dye	$257.92	$257.92	0	0%	0%	0%	1	0	2	0	0	0		R
73701	Ct lower extremity w/dye	$387.87	$387.87	0	0%	0%	0%	1	0	2	0	0	0		R
73701-26	Ct lower extremity w/dye	$81.34	$81.34	0	0%	0%	0%	1	0	2	0	0	0		R
73701-TC	Ct lower extremity w/dye	$306.53	$306.53	0	0%	0%	0%	1	0	2	0	0	0		R
73702	Ct lwr extremity w/o&w dye	$471.20	$471.20	0	0%	0%	0%	1	0	2	0	0	0		R
73702-26	Ct lwr extremity w/o&w dye	$85.31	$85.31	0	0%	0%	0%	1	0	2	0	0	0		R
73702-TC	Ct lwr extremity w/o&w dye	$385.89	$385.89	0	0%	0%	0%	1	0	2	0	0	0		R
73706	Ct angio lwr extr w/o&w dye	$466.74	$466.74	0	0%	0%	0%	1	0	0	0	0	0		R
73706-26	Ct angio lwr extr w/o&w dye	$84.82	$84.82	0	0%	0%	0%	1	0	0	0	0	0		R
73706-TC	Ct angio lwr extr w/o&w dye	$381.92	$381.92	0	0%	0%	0%	1	0	0	0	0	0		R
73718	Mri lower extremity w/o dye	$645.30	$645.30	0	0%	0%	0%	1	0	0	0	0	0		R
73718-26	Mri lower extremity w/o dye	$74.90	$74.90	0	0%	0%	0%	1	0	0	0	0	0		R
73718-TC	Mri lower extremity w/o dye	$570.40	$570.40	0	0%	0%	0%	1	0	0	0	0	0		R
73719	Mri lower extremity w/dye	$774.26	$774.26	0	0%	0%	0%	1	0	0	0	0	0		R
73719-26	Mri lower extremity w/dye	$90.27	$90.27	0	0%	0%	0%	1	0	0	0	0	0		R
73719-TC	Mri lower extremity w/dye	$683.98	$683.98	0	0%	0%	0%	1	0	0	0	0	0		R
73720	Mri lwr extremity w/o&w dye	$1,223.14	$1,223.14	0	0%	0%	0%	1	0	2	0	0	0		R
73720-26	Mri lwr extremity w/o&w dye	$122.02	$122.02	0	0%	0%	0%	1	0	2	0	0	0		R
73720-TC	Mri lwr extremity w/o&w dye	$1,101.12	$1,101.12	0	0%	0%	0%	1	0	2	0	0	0		R
73721	Mri joint of lwr extre w/o d	$652.24	$652.24	0	0%	0%	0%	1	0	3	0	0	0		R
73721-26	Mri joint of lwr extre w/o d	$75.89	$75.89	0	0%	0%	0%	1	0	3	0	0	0		R
73721-TC	Mri joint of lwr extre w/o d	$576.35	$576.35	0	0%	0%	0%	1	0	3	0	0	0		R
73722	Mri joint of lwr extr w/dye	$774.75	$774.75	0	0%	0%	0%	1	0	0	0	0	0		R
73722-26	Mri joint of lwr extr w/dye	$90.77	$90.77	0	0%	0%	0%	1	0	0	0	0	0		R
73722-TC	Mri joint of lwr extr w/dye	$683.98	$683.98	0	0%	0%	0%	1	0	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
73723	Mri joint lwr extr w/o&w dye	$1,386.82	$1,386.82	0	0%	0%	0%	1	0	0	0	0	0		R
73723-26	Mri joint lwr extr w/o&w dye	$121.02	$121.02	0	0%	0%	0%	1	0	0	0	0	0		R
73723-TC	Mri joint lwr extr w/o&w dye	$1,265.79	$1,265.79	0	0%	0%	0%	1	0	0	0	0	0		R
73725	Mr ang lwr ext w or w/o dye	$708.78	$708.78	0	0%	0%	0%	1	0	2	0	0	0		R
73725-26	Mr ang lwr ext w or w/o dye	$125.98	$125.98	0	0%	0%	0%	1	0	2	0	0	0		R
73725-TC	Mr ang lwr ext w or w/o dye	$582.80	$582.80	0	0%	0%	0%	1	0	2	0	0	0		R
74000	X-ray exam of abdomen	$40.18	$40.18	0	0%	0%	0%	1	0	0	0	0	0		R
74000-26	X-ray exam of abdomen	$12.90	$12.90	0	0%	0%	0%	1	0	0	0	0	0		R
74000-TC	X-ray exam of abdomen	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R
74010	X-ray exam of abdomen	$46.62	$46.62	0	0%	0%	0%	1	0	0	0	0	0		R
74010-26	X-ray exam of abdomen	$16.37	$16.37	0	0%	0%	0%	1	0	0	0	0	0		R
74010-TC	X-ray exam of abdomen	$30.26	$30.26	0	0%	0%	0%	1	0	0	0	0	0		R
74020	X-ray exam of abdomen	$51.58	$51.58	0	0%	0%	0%	1	0	0	0	0	0		R
74020-26	X-ray exam of abdomen	$19.34	$19.34	0	0%	0%	0%	1	0	0	0	0	0		R
74020-TC	X-ray exam of abdomen	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
74022	X-ray exam series, abdomen	$60.51	$60.51	0	0%	0%	0%	1	0	0	0	0	0		R
74022-26	X-ray exam series, abdomen	$22.32	$22.32	0	0%	0%	0%	1	0	0	0	0	0		R
74022-TC	X-ray exam series, abdomen	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
74150	Ct abdomen w/o dye	$376.96	$376.96	0	0%	0%	0%	1	0	0	0	0	0		R
74150-26	Ct abdomen w/o dye	$83.33	$83.33	0	0%	0%	0%	1	0	0	0	0	0		R
74150-TC	Ct abdomen w/o dye	$293.63	$293.63	0	0%	0%	0%	1	0	0	0	0	0		R
74160	Ct abdomen w/dye	$444.42	$444.42	0	0%	0%	0%	1	0	0	0	0	0		R
74160-26	Ct abdomen w/dye	$89.28	$89.28	0	0%	0%	0%	1	0	0	0	0	0		R
74160-TC	Ct abdomen w/dye	$355.14	$355.14	0	0%	0%	0%	1	0	0	0	0	0		R
74170	Ct abdomen w/o&w dye	$539.15	$539.15	0	0%	0%	0%	1	0	0	0	0	0		R
74170-26	Ct abdomen w/o&w dye	$98.21	$98.21	0	0%	0%	0%	1	0	0	0	0	0		R
74170-TC	Ct abdomen w/o&w dye	$440.94	$440.94	0	0%	0%	0%	1	0	0	0	0	0		R
74175	Ct angio abdom w/o&w dye	$519.81	$519.81	0	0%	0%	0%	1	0	0	0	0	0		R
74175-26	Ct angio abdom w/o&w dye	$84.82	$84.82	0	0%	0%	0%	1	0	0	0	0	0		R
74175-TC	Ct angio abdom w/o&w dye	$434.99	$434.99	0	0%	0%	0%	1	0	0	0	0	0		R
74181	Mri abdomen w/o dye	$665.63	$665.63	0	0%	0%	0%	1	0	0	0	0	0		R
74181-26	Mri abdomen w/o dye	$87.30	$87.30	0	0%	0%	0%	1	0	0	0	0	0		R
74181-TC	Mri abdomen w/o dye	$578.34	$578.34	0	0%	0%	0%	1	0	0	0	0	0		R
74182	Mri abdomen w/dye	$783.18	$783.18	0	0%	0%	0%	1	0	0	0	0	0		R
74182-26	Mri abdomen w/dye	$98.21	$98.21	0	0%	0%	0%	1	0	0	0	0	0		R
74182-TC	Mri abdomen w/dye	$685.47	$685.47	0	0%	0%	0%	1	0	0	0	0	0		R
74183	Mri abdomen w/o&w dye	$1,397.73	$1,397.73	0	0%	0%	0%	1	0	0	0	0	0		R
74183-26	Mri abdomen w/o&w dye	$129.95	$129.95	0	0%	0%	0%	1	0	0	0	0	0		R
74183-TC	Mri abdomen w/o&w dye	$1,267.78	$1,267.78	0	0%	0%	0%	1	0	0	0	0	0		R
74185	Mri angio, abdom w or w/o dy	$708.29	$708.29	0	0%	0%	0%	1	0	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
74185-26	Mri angio, abdom w or w/o dy	$125.49	$125.49	0	0%	0%	0%	1	0	0	0	0	0		R
74185-TC	Mri angio, abdom w or w/o dy	$582.80	$582.80	0	0%	0%	0%	1	0	0	0	0	0		R
74190	X-ray exam of peritoneum	$100.19	$100.19	0	0%	0%	0%	1	0	0	0	0	0		R
74190-26	X-ray exam of peritoneum	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
74190-TC	X-ray exam of peritoneum	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
74210	Contrst x-ray exam of throat	$86.80	$86.80	0	0%	0%	0%	1	0	0	0	0	0		R
74210-26	Contrst x-ray exam of throat	$25.30	$25.30	0	0%	0%	0%	1	0	0	0	0	0		R
74210-TC	Contrst x-ray exam of throat	$61.50	$61.50	0	0%	0%	0%	1	0	0	0	0	0		R
74220	Contrast x-ray, esophagus	$93.74	$93.74	0	0%	0%	0%	1	0	0	0	0	0		R
74220-26	Contrast x-ray, esophagus	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
74220-TC	Contrast x-ray, esophagus	$61.50	$61.50	0	0%	0%	0%	1	0	0	0	0	0		R
74230	Cinema x-ray, throat/esoph	$105.15	$105.15	0	0%	0%	0%	1	0	0	0	0	0		R
74230-26	Cinema x-ray, throat/esoph	$37.20	$37.20	0	0%	0%	0%	1	0	0	0	0	0		R
74230-TC	Cinema x-ray, throat/esoph	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
74235	Remove esophagus obstruction	$219.73	$219.73	0	0%	0%	0%	1	0	0	0	0	0		R
74235-26	Remove esophagus obstruction	$83.33	$83.33	0	0%	0%	0%	1	0	0	0	0	0		R
74235-TC	Remove esophagus obstruction	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
74240	X-ray exam, upper gi tract	$124.99	$124.99	0	0%	0%	0%	1	0	0	0	0	0		R
74240-26	X-ray exam, upper gi tract	$48.61	$48.61	0	0%	0%	0%	1	0	0	0	0	0		R
74240-TC	X-ray exam, upper gi tract	$76.38	$76.38	0	0%	0%	0%	1	0	0	0	0	0		R
74241	X-ray exam, upper gi tract	$126.48	$126.48	0	0%	0%	0%	1	0	0	0	0	0		R
74241-26	X-ray exam, upper gi tract	$48.61	$48.61	0	0%	0%	0%	1	0	0	0	0	0		R
74241-TC	X-ray exam, upper gi tract	$77.87	$77.87	0	0%	0%	0%	1	0	0	0	0	0		R
74245	X-ray exam, upper gi tract	$187.49	$187.49	0	0%	0%	0%	1	0	0	0	0	0		R
74245-26	X-ray exam, upper gi tract	$63.49	$63.49	0	0%	0%	0%	1	0	0	0	0	0		R
74245-TC	X-ray exam, upper gi tract	$124.00	$124.00	0	0%	0%	0%	1	0	0	0	0	0		R
74246	Contrst x-ray uppr gi tract	$134.42	$134.42	0	0%	0%	0%	1	0	0	0	0	0		R
74246-26	Contrst x-ray uppr gi tract	$48.61	$48.61	0	0%	0%	0%	1	0	0	0	0	0		R
74246-TC	Contrst x-ray uppr gi tract	$85.81	$85.81	0	0%	0%	0%	1	0	0	0	0	0		R
74247	Contrst x-ray uppr gi tract	$137.39	$137.39	0	0%	0%	0%	1	0	0	0	0	0		R
74247-26	Contrst x-ray uppr gi tract	$49.10	$49.10	0	0%	0%	0%	1	0	0	0	0	0		R
74247-TC	Contrst x-ray uppr gi tract	$88.29	$88.29	0	0%	0%	0%	1	0	0	0	0	0		R
74249	Contrst x-ray uppr gi tract	$197.90	$197.90	0	0%	0%	0%	1	0	0	0	0	0		R
74249-26	Contrst x-ray uppr gi tract	$63.49	$63.49	0	0%	0%	0%	1	0	0	0	0	0		R
74249-TC	Contrst x-ray uppr gi tract	$134.42	$134.42	0	0%	0%	0%	1	0	0	0	0	0		R
74250	X-ray exam of small bowel	$101.18	$101.18	0	0%	0%	0%	1	0	0	0	0	0		R
74250-26	X-ray exam of small bowel	$33.23	$33.23	0	0%	0%	0%	1	0	0	0	0	0		R
74250-TC	X-ray exam of small bowel	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
74251	X-ray exam of small bowel	$115.07	$115.07	0	0%	0%	0%	1	0	0	0	0	0		R
74251-26	X-ray exam of small bowel	$47.12	$47.12	0	0%	0%	0%	1	0	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
74251-TC	X-ray exam of small bowel	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
74260	X-ray exam of small bowel	$113.09	$113.09	0	0%	0%	0%	1	0	0	0	0	0		R
74260-26	X-ray exam of small bowel	$35.22	$35.22	0	0%	0%	0%	1	0	0	0	0	0		R
74260-TC	X-ray exam of small bowel	$77.87	$77.87	0	0%	0%	0%	1	0	0	0	0	0		R
74270	Contrast x-ray exam of colon	$137.89	$137.89	0	0%	0%	0%	1	0	0	0	0	0		R
74270-26	Contrast x-ray exam of colon	$48.61	$48.61	0	0%	0%	0%	1	0	0	0	0	0		R
74270-TC	Contrast x-ray exam of colon	$89.28	$89.28	0	0%	0%	0%	1	0	0	0	0	0		R
74280	Contrast x-ray exam of colon	$186.00	$186.00	0	0%	0%	0%	1	0	0	0	0	0		R
74280-26	Contrast x-ray exam of colon	$69.44	$69.44	0	0%	0%	0%	1	0	0	0	0	0		R
74280-TC	Contrast x-ray exam of colon	$116.56	$116.56	0	0%	0%	0%	1	0	0	0	0	0		R
74283	Contrast x-ray exam of colon	$276.27	$276.27	0	0%	0%	0%	1	0	0	0	0	0		R
74283-26	Contrast x-ray exam of colon	$142.35	$142.35	0	0%	0%	0%	1	0	0	0	0	0		R
74283-TC	Contrast x-ray exam of colon	$133.92	$133.92	0	0%	0%	0%	1	0	0	0	0	0		R
74290	Contrast x-ray, gallbladder	$60.51	$60.51	0	0%	0%	0%	1	0	0	0	0	0		R
74290-26	Contrast x-ray, gallbladder	$22.32	$22.32	0	0%	0%	0%	1	0	0	0	0	0		R
74290-TC	Contrast x-ray, gallbladder	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
74291	Contrast x-rays, gallbladder	$36.21	$36.21	0	0%	0%	0%	1	0	0	0	0	0		R
74291-26	Contrast x-rays, gallbladder	$14.38	$14.38	0	0%	0%	0%	1	0	0	0	0	0		R
74291-TC	Contrast x-rays, gallbladder	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R
74300	X-ray bile ducts/pancreas	$56.54	$56.54	0	0%	0%	0%	1	0	0	0	0	0		R
74300-26	X-ray bile ducts/pancreas	$25.30	$25.30	0	0%	0%	0%	1	0	0	0	0	0		R
74300-TC	X-ray bile ducts/pancreas	$31.25	$31.25	0	0%	0%	0%	1	0	0	0	0	0		R
74301	X-rays at surgery add-on	$32.74	$32.74	0	0%	0%	0%	1	0	0	0	0	0		R
74301-26	X-rays at surgery add-on	$14.88	$14.88	0	0%	0%	0%	1	0	0	0	0	0		R
74301-TC	X-rays at surgery add-on	$17.86	$17.86	0	0%	0%	0%	1	0	0	0	0	0		R
74305	X-ray bile ducts/pancreas	$70.93	$70.93	0	0%	0%	0%	1	0	0	0	0	0		R
74305-26	X-ray bile ducts/pancreas	$29.76	$29.76	0	0%	0%	0%	1	0	0	0	0	0		R
74305-TC	X-ray bile ducts/pancreas	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
74320	Contrast x-ray of bile ducts	$201.38	$201.38	0	0%	0%	0%	1	0	0	0	0	0		R
74320-26	Contrast x-ray of bile ducts	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R
74320-TC	Contrast x-ray of bile ducts	$163.68	$163.68	0	0%	0%	0%	1	0	0	0	0	0		R
74327	X-ray bile stone removal	$141.86	$141.86	0	0%	0%	0%	1	0	0	0	0	0		R
74327-26	X-ray bile stone removal	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
74327-TC	X-ray bile stone removal	$92.26	$92.26	0	0%	0%	0%	1	0	0	0	0	0		R
74328	Xray bile duct endoscopy	$213.28	$213.28	0	0%	0%	0%	1	0	0	0	0	0		R
74328-26	Xray bile duct endoscopy	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
74328-TC	Xray bile duct endoscopy	$163.68	$163.68	0	0%	0%	0%	1	0	0	0	0	0		R
74329	X-ray for pancreas endoscopy	$213.28	$213.28	0	0%	0%	0%	1	0	0	0	0	0		R
74329-26	X-ray for pancreas endoscopy	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
74329-TC	X-ray for pancreas endoscopy	$163.68	$163.68	0	0%	0%	0%	1	0	0	0	0	0		R

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74330	X-ray bile/panc endoscopy	$226.18	$226.18	0	0%	0%	0%	1	0	0	0	0	0		R
74330-26	X-ray bile/panc endoscopy	$62.00	$62.00	0	0%	0%	0%	1	0	0	0	0	0		R
74330-TC	X-ray bile/panc endoscopy	$163.68	$163.68	0	0%	0%	0%	1	0	0	0	0	0		R
74340	X-ray guide for GI tube	$174.10	$174.10	0	0%	0%	0%	1	0	0	0	0	0		R
74340-26	X-ray guide for GI tube	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R
74340-TC	X-ray guide for GI tube	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
74350	X-ray guide, stomach tube	$217.25	$217.25	0	0%	0%	0%	1	0	0	0	0	0		R
74350-26	X-ray guide, stomach tube	$53.57	$53.57	0	0%	0%	0%	1	0	0	0	0	0		R
74350-TC	X-ray guide, stomach tube	$163.68	$163.68	0	0%	0%	0%	1	0	0	0	0	0		R
74355	X-ray guide, intestinal tube	$189.97	$189.97	0	0%	0%	0%	1	0	0	0	0	0		R
74355-26	X-ray guide, intestinal tube	$53.57	$53.57	0	0%	0%	0%	1	0	0	0	0	0		R
74355-TC	X-ray guide, intestinal tube	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
74360	X-ray guide, GI dilation	$201.38	$201.38	0	0%	0%	0%	1	0	0	0	0	0		R
74360-26	X-ray guide, GI dilation	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R
74360-TC	X-ray guide, GI dilation	$163.68	$163.68	0	0%	0%	0%	1	0	0	0	0	0		R
74363	X-ray, bile duct dilation	$378.94	$378.94	0	0%	0%	0%	1	0	0	0	0	0		R
74363-26	X-ray, bile duct dilation	$61.50	$61.50	0	0%	0%	0%	1	0	0	0	0	0		R
74363-TC	X-ray, bile duct dilation	$316.94	$316.94	0	0%	0%	0%	1	0	0	0	0	0		R
74400	Contrst x-ray, urinary tract	$122.51	$122.51	0	0%	0%	0%	1	0	0	0	0	0		R
74400-26	Contrst x-ray, urinary tract	$34.22	$34.22	0	0%	0%	0%	1	0	0	0	0	0		R
74400-TC	Contrst x-ray, urinary tract	$88.29	$88.29	0	0%	0%	0%	1	0	0	0	0	0		R
74410	Contrst x-ray, urinary tract	$135.90	$135.90	0	0%	0%	0%	1	0	0	0	0	0		R
74410-26	Contrst x-ray, urinary tract	$34.22	$34.22	0	0%	0%	0%	1	0	0	0	0	0		R
74410-TC	Contrst x-ray, urinary tract	$101.68	$101.68	0	0%	0%	0%	1	0	0	0	0	0		R
74415	Contrst x-ray, urinary tract	$144.34	$144.34	0	0%	0%	0%	1	0	0	0	0	0		R
74415-26	Contrst x-ray, urinary tract	$34.22	$34.22	0	0%	0%	0%	1	0	0	0	0	0		R
74415-TC	Contrst x-ray, urinary tract	$110.11	$110.11	0	0%	0%	0%	1	0	0	0	0	0		R
74420	Contrst x-ray, urinary tract	$161.70	$161.70	0	0%	0%	0%	1	0	0	0	0	0		R
74420-26	Contrst x-ray, urinary tract	$25.30	$25.30	0	0%	0%	0%	1	0	0	0	0	0		R
74420-TC	Contrst x-ray, urinary tract	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
74425	Contrst x-ray, urinary tract	$93.25	$93.25	0	0%	0%	0%	1	0	0	0	0	0		R
74425-26	Contrst x-ray, urinary tract	$25.30	$25.30	0	0%	0%	0%	1	0	0	0	0	0		R
74425-TC	Contrst x-ray, urinary tract	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
74430	Contrast x-ray, bladder	$77.38	$77.38	0	0%	0%	0%	1	0	0	0	0	0		R
74430-26	Contrast x-ray, bladder	$22.32	$22.32	0	0%	0%	0%	1	0	0	0	0	0		R
74430-TC	Contrast x-ray, bladder	$55.06	$55.06	0	0%	0%	0%	1	0	0	0	0	0		R
74440	X-ray, male genital tract	$84.82	$84.82	0	0%	0%	0%	1	0	0	0	0	0		R
74440-26	X-ray, male genital tract	$26.29	$26.29	0	0%	0%	0%	1	0	0	0	0	0		R
74440-TC	X-ray, male genital tract	$58.53	$58.53	0	0%	0%	0%	1	0	0	0	0	0		R
74445	X-ray exam of penis	$138.38	$138.38	0	0%	0%	0%	1	0	0	0	0	0		R

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74445-26	X-ray exam of penis	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
74445-TC	X-ray exam of penis	$58.53	$58.53	0	0%	0%	0%	1	0	0	0	0	0		R
74450	X-ray, urethra/bladder	$99.70	$99.70	0	0%	0%	0%	1	0	0	0	0	0		R
74450-26	X-ray, urethra/bladder	$23.31	$23.31	0	0%	0%	0%	1	0	0	0	0	0		R
74450-TC	X-ray, urethra/bladder	$76.38	$76.38	0	0%	0%	0%	1	0	0	0	0	0		R
74455	X-ray, urethra/bladder	$106.14	$106.14	0	0%	0%	0%	1	0	0	0	0	0		R
74455-26	X-ray, urethra/bladder	$23.31	$23.31	0	0%	0%	0%	1	0	0	0	0	0		R
74455-TC	X-ray, urethra/bladder	$82.83	$82.83	0	0%	0%	0%	1	0	0	0	0	0		R
74470	X-ray exam of kidney lesion	$102.67	$102.67	0	0%	0%	0%	1	0	0	0	0	0		R
74470-26	X-ray exam of kidney lesion	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R
74470-TC	X-ray exam of kidney lesion	$64.98	$64.98	0	0%	0%	0%	1	0	0	0	0	0		R
74475	X-ray control, cath insert	$248.99	$248.99	0	0%	0%	0%	1	0	0	0	0	0		R
74475-26	X-ray control, cath insert	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R
74475-TC	X-ray control, cath insert	$211.30	$211.30	0	0%	0%	0%	1	0	0	0	0	0		R
74480	X-ray control, cath insert	$248.99	$248.99	0	0%	0%	0%	1	0	0	0	0	0		R
74480-26	X-ray control, cath insert	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R
74480-TC	X-ray control, cath insert	$211.30	$211.30	0	0%	0%	0%	1	0	0	0	0	0		R
74485	X-ray guide, GU dilation	$201.87	$201.87	0	0%	0%	0%	1	0	0	0	0	0		R
74485-26	X-ray guide, GU dilation	$38.19	$38.19	0	0%	0%	0%	1	0	0	0	0	0		R
74485-TC	X-ray guide, GU dilation	$163.68	$163.68	0	0%	0%	0%	1	0	0	0	0	0		R
74710	X-ray measurement of pelvis	$78.86	$78.86	0	0%	0%	0%	1	0	0	0	0	0		R
74710-26	X-ray measurement of pelvis	$23.81	$23.81	0	0%	0%	0%	1	0	0	0	0	0		R
74710-TC	X-ray measurement of pelvis	$55.06	$55.06	0	0%	0%	0%	1	0	0	0	0	0		R
74740	X-ray, female genital tract	$94.74	$94.74	0	0%	0%	0%	1	0	0	0	0	0		R
74740-26	X-ray, female genital tract	$26.78	$26.78	0	0%	0%	0%	1	0	0	0	0	0		R
74740-TC	X-ray, female genital tract	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
74742	X-ray, fallopian tube	$206.34	$206.34	0	0%	0%	0%	1	0	0	0	0	0		R
74742-26	X-ray, fallopian tube	$42.66	$42.66	0	0%	0%	0%	1	0	0	0	0	0		R
74742-TC	X-ray, fallopian tube	$163.68	$163.68	0	0%	0%	0%	1	0	0	0	0	0		R
74775	X-ray exam of perineum	$120.03	$120.03	0	0%	0%	0%	1	0	0	0	0	0		R
74775-26	X-ray exam of perineum	$43.65	$43.65	0	0%	0%	0%	1	0	0	0	0	0		R
74775-TC	X-ray exam of perineum	$76.38	$76.38	0	0%	0%	0%	1	0	0	0	0	0		R
75552	Heart mri for morph w/o dye	$694.90	$694.90	0	0%	0%	0%	1	0	0	0	0	0		R
75552-26	Heart mri for morph w/o dye	$112.10	$112.10	0	0%	0%	0%	1	0	0	0	0	0		R
75552-TC	Heart mri for morph w/o dye	$582.80	$582.80	0	0%	0%	0%	1	0	0	0	0	0		R
75553	Heart mri for morph w/dye	$720.69	$720.69	0	0%	0%	0%	1	0	0	0	0	0		R
75553-26	Heart mri for morph w/dye	$137.89	$137.89	0	0%	0%	0%	1	0	0	0	0	0		R
75553-TC	Heart mri for morph w/dye	$582.80	$582.80	0	0%	0%	0%	1	0	0	0	0	0		R
75554	Cardiac MRI/function	$711.76	$711.76	0	0%	0%	0%	1	0	0	0	0	0		R
75554-26	Cardiac MRI/function	$128.96	$128.96	0	0%	0%	0%	1	0	0	0	0	0		R

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75554-TC	Cardiac MRI/function	$582.80	$582.80	0	0%	0%	0%	1	0	0	0	0	0		R
75555	Cardiac MRI/limited study	$706.30	$706.30	0	0%	0%	0%	1	0	0	0	0	0		R
75555-26	Cardiac MRI/limited study	$123.50	$123.50	0	0%	0%	0%	1	0	0	0	0	0		R
75555-TC	Cardiac MRI/limited study	$582.80	$582.80	0	0%	0%	0%	1	0	0	0	0	0		R
75556	Cardiac MRI/flow mapping	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
75600	Contrast x-ray exam of aorta	$689.94	$689.94	0	0%	0%	0%	1	0	0	0	0	0		R
75600-26	Contrast x-ray exam of aorta	$35.71	$35.71	0	0%	0%	0%	1	0	0	0	0	0		R
75600-TC	Contrast x-ray exam of aorta	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75605	Contrast x-ray exam of aorta	$735.57	$735.57	0	0%	0%	0%	1	0	0	0	0	0		R
75605-26	Contrast x-ray exam of aorta	$81.34	$81.34	0	0%	0%	0%	1	0	0	0	0	0		R
75605-TC	Contrast x-ray exam of aorta	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75625	Contrast x-ray exam of aorta	$734.08	$734.08	0	0%	0%	0%	1	0	0	0	0	0		R
75625-26	Contrast x-ray exam of aorta	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
75625-TC	Contrast x-ray exam of aorta	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75630	X-ray aorta, leg arteries	$806.99	$806.99	0	0%	0%	0%	1	0	0	0	0	0		R
75630-26	X-ray aorta, leg arteries	$124.50	$124.50	0	0%	0%	0%	1	0	0	0	0	0		R
75630-TC	X-ray aorta, leg arteries	$682.50	$682.50	0	0%	0%	0%	1	0	0	0	0	0		R
75635	Ct angio abdominal arteries	$567.42	$567.42	0	0%	0%	0%	1	0	0	0	0	0		R
75635-26	Ct angio abdominal arteries	$132.93	$132.93	0	0%	0%	0%	1	0	0	0	0	0		R
75635-TC	Ct angio abdominal arteries	$434.99	$434.99	0	0%	0%	0%	1	0	0	0	0	0		R
75650	Artery x-rays, head & neck	$759.38	$759.38	0	0%	0%	0%	1	0	0	0	0	0		R
75650-26	Artery x-rays, head & neck	$104.66	$104.66	0	0%	0%	0%	1	0	0	0	0	0		R
75650-TC	Artery x-rays, head & neck	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75658	Artery x-rays, arm	$748.96	$748.96	0	0%	0%	0%	1	0	0	0	0	0		R
75658-26	Artery x-rays, arm	$94.74	$94.74	0	0%	0%	0%	1	0	0	0	0	0		R
75658-TC	Artery x-rays, arm	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75660	Artery x-rays, head & neck	$747.47	$747.47	0	0%	0%	0%	1	0	0	0	0	0		R
75660-26	Artery x-rays, head & neck	$93.25	$93.25	0	0%	0%	0%	1	0	0	0	0	0		R
75660-TC	Artery x-rays, head & neck	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75662	Artery x-rays, head & neck	$773.26	$773.26	0	0%	0%	0%	1	0	2	0	0	0		R
75662-26	Artery x-rays, head & neck	$119.04	$119.04	0	0%	0%	0%	1	0	2	0	0	0		R
75662-TC	Artery x-rays, head & neck	$654.22	$654.22	0	0%	0%	0%	1	0	2	0	0	0		R
75665	Artery x-rays, head & neck	$747.47	$747.47	0	0%	0%	0%	1	0	0	0	0	0		R
75665-26	Artery x-rays, head & neck	$92.75	$92.75	0	0%	0%	0%	1	0	0	0	0	0		R
75665-TC	Artery x-rays, head & neck	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75671	Artery x-rays, head & neck	$771.28	$771.28	0	0%	0%	0%	1	0	2	0	0	0		R
75671-26	Artery x-rays, head & neck	$117.06	$117.06	0	0%	0%	0%	1	0	2	0	0	0		R
75671-TC	Artery x-rays, head & neck	$654.22	$654.22	0	0%	0%	0%	1	0	2	0	0	0		R
75676	Artery x-rays, neck	$747.47	$747.47	0	0%	0%	0%	1	0	0	0	0	0		R
75676-26	Artery x-rays, neck	$92.75	$92.75	0	0%	0%	0%	1	0	0	0	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
75676-TC	Artery x-rays, neck	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75680	Artery x-rays, neck	$771.28	$771.28	0	0%	0%	0%	1	0	2	0	0	0		R
75680-26	Artery x-rays, neck	$117.06	$117.06	0	0%	0%	0%	1	0	2	0	0	0		R
75680-TC	Artery x-rays, neck	$654.22	$654.22	0	0%	0%	0%	1	0	2	0	0	0		R
75685	Artery x-rays, spine	$746.48	$746.48	0	0%	0%	0%	1	0	0	0	0	0		R
75685-26	Artery x-rays, spine	$92.26	$92.26	0	0%	0%	0%	1	0	0	0	0	0		R
75685-TC	Artery x-rays, spine	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75705	Artery x-rays, spine	$807.98	$807.98	0	0%	0%	0%	1	0	0	0	0	0		R
75705-26	Artery x-rays, spine	$153.76	$153.76	0	0%	0%	0%	1	0	0	0	0	0		R
75705-TC	Artery x-rays, spine	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75710	Artery x-rays, arm/leg	$735.07	$735.07	0	0%	0%	0%	1	0	0	0	0	0		R
75710-26	Artery x-rays, arm/leg	$80.85	$80.85	0	0%	0%	0%	1	0	0	0	0	0		R
75710-TC	Artery x-rays, arm/leg	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75716	Artery x-rays, arms/legs	$746.48	$746.48	0	0%	0%	0%	1	0	2	0	0	0		R
75716-26	Artery x-rays, arms/legs	$92.26	$92.26	0	0%	0%	0%	1	0	2	0	0	0		R
75716-TC	Artery x-rays, arms/legs	$654.22	$654.22	0	0%	0%	0%	1	0	2	0	0	0		R
75722	Artery x-rays, kidney	$735.57	$735.57	0	0%	0%	0%	1	0	0	0	0	0		R
75722-26	Artery x-rays, kidney	$81.34	$81.34	0	0%	0%	0%	1	0	0	0	0	0		R
75722-TC	Artery x-rays, kidney	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75724	Artery x-rays, kidneys	$761.86	$761.86	0	0%	0%	0%	1	0	2	0	0	0		R
75724-26	Artery x-rays, kidneys	$107.63	$107.63	0	0%	0%	0%	1	0	2	0	0	0		R
75724-TC	Artery x-rays, kidneys	$654.22	$654.22	0	0%	0%	0%	1	0	2	0	0	0		R
75726	Artery x-rays, abdomen	$734.08	$734.08	0	0%	0%	0%	1	0	0	0	0	0		R
75726-26	Artery x-rays, abdomen	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
75726-TC	Artery x-rays, abdomen	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75731	Artery x-rays, adrenal gland	$734.08	$734.08	0	0%	0%	0%	1	0	0	0	0	0		R
75731-26	Artery x-rays, adrenal gland	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
75731-TC	Artery x-rays, adrenal gland	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75733	Artery x-rays, adrenals	$746.98	$746.98	0	0%	0%	0%	1	0	2	0	0	0		R
75733-26	Artery x-rays, adrenals	$92.75	$92.75	0	0%	0%	0%	1	0	2	0	0	0		R
75733-TC	Artery x-rays, adrenals	$654.22	$654.22	0	0%	0%	0%	1	0	2	0	0	0		R
75736	Artery x-rays, pelvis	$734.08	$734.08	0	0%	0%	0%	1	0	0	0	0	0		R
75736-26	Artery x-rays, pelvis	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
75736-TC	Artery x-rays, pelvis	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75741	Artery x-rays, lung	$746.48	$746.48	0	0%	0%	0%	1	0	0	0	0	0		R
75741-26	Artery x-rays, lung	$92.26	$92.26	0	0%	0%	0%	1	0	0	0	0	0		R
75741-TC	Artery x-rays, lung	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75743	Artery x-rays, lungs	$770.29	$770.29	0	0%	0%	0%	1	0	2	0	0	0		R
75743-26	Artery x-rays, lungs	$116.06	$116.06	0	0%	0%	0%	1	0	2	0	0	0		R
75743-TC	Artery x-rays, lungs	$654.22	$654.22	0	0%	0%	0%	1	0	2	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
75746	Artery x-rays, lung	$734.08	$734.08	0	0%	0%	0%	1	0	0	0	0	0		R
75746-26	Artery x-rays, lung	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
75746-TC	Artery x-rays, lung	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75756	Artery x-rays, chest	$737.06	$737.06	0	0%	0%	0%	1	0	0	0	0	0		R
75756-26	Artery x-rays, chest	$82.34	$82.34	0	0%	0%	0%	1	0	0	0	0	0		R
75756-TC	Artery x-rays, chest	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75774	Artery x-ray, each vessel	$680.51	$680.51	0	0%	0%	0%	1	0	0	0	0	0		R
75774-26	Artery x-ray, each vessel	$25.79	$25.79	0	0%	0%	0%	1	0	0	0	0	0		R
75774-TC	Artery x-ray, each vessel	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75790	Visualize A-V shunt	$199.89	$199.89	0	0%	0%	0%	1	0	0	0	0	0		R
75790-26	Visualize A-V shunt	$129.46	$129.46	0	0%	0%	0%	1	0	0	0	0	0		R
75790-TC	Visualize A-V shunt	$70.93	$70.93	0	0%	0%	0%	1	0	0	0	0	0		R
75801	Lymph vessel x-ray, arm/leg	$339.26	$339.26	0	0%	0%	0%	1	0	0	0	0	0		R
75801-26	Lymph vessel x-ray, arm/leg	$57.54	$57.54	0	0%	0%	0%	1	0	0	0	0	0		R
75801-TC	Lymph vessel x-ray, arm/leg	$281.23	$281.23	0	0%	0%	0%	1	0	0	0	0	0		R
75803	Lymph vessel x-ray,arms/legs	$363.07	$363.07	0	0%	0%	0%	1	0	2	0	0	0		R
75803-26	Lymph vessel x-ray,arms/legs	$81.84	$81.84	0	0%	0%	0%	1	0	2	0	0	0		R
75803-TC	Lymph vessel x-ray,arms/legs	$281.23	$281.23	0	0%	0%	0%	1	0	2	0	0	0		R
75805	Lymph vessel x-ray, trunk	$374.48	$374.48	0	0%	0%	0%	1	0	0	0	0	0		R
75805-26	Lymph vessel x-ray, trunk	$57.54	$57.54	0	0%	0%	0%	1	0	0	0	0	0		R
75805-TC	Lymph vessel x-ray, trunk	$316.94	$316.94	0	0%	0%	0%	1	0	0	0	0	0		R
75807	Lymph vessel x-ray, trunk	$398.78	$398.78	0	0%	0%	0%	1	0	2	0	0	0		R
75807-26	Lymph vessel x-ray, trunk	$81.84	$81.84	0	0%	0%	0%	1	0	2	0	0	0		R
75807-TC	Lymph vessel x-ray, trunk	$316.94	$316.94	0	0%	0%	0%	1	0	2	0	0	0		R
75809	Nonvascular shunt, x-ray	$73.90	$73.90	0	0%	0%	0%	1	0	0	0	0	0		R
75809-26	Nonvascular shunt, x-ray	$32.74	$32.74	0	0%	0%	0%	1	0	0	0	0	0		R
75809-TC	Nonvascular shunt, x-ray	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
75810	Vein x-ray, spleen/liver	$734.58	$734.58	0	0%	0%	0%	1	0	0	0	0	0		R
75810-26	Vein x-ray, spleen/liver	$80.35	$80.35	0	0%	0%	0%	1	0	0	0	0	0		R
75810-TC	Vein x-ray, spleen/liver	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75820	Vein x-ray, arm/leg	$99.20	$99.20	0	0%	0%	0%	1	0	0	0	0	0		R
75820-26	Vein x-ray, arm/leg	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
75820-TC	Vein x-ray, arm/leg	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
75822	Vein x-ray, arms/legs	$151.78	$151.78	0	0%	0%	0%	1	0	2	0	0	0		R
75822-26	Vein x-ray, arms/legs	$74.40	$74.40	0	0%	0%	0%	1	0	2	0	0	0		R
75822-TC	Vein x-ray, arms/legs	$77.38	$77.38	0	0%	0%	0%	1	0	2	0	0	0		R
75825	Vein x-ray, trunk	$734.58	$734.58	0	0%	0%	0%	1	0	0	0	0	0		R
75825-26	Vein x-ray, trunk	$80.35	$80.35	0	0%	0%	0%	1	0	0	0	0	0		R
75825-TC	Vein x-ray, trunk	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75827	Vein x-ray, chest	$734.08	$734.08	0	0%	0%	0%	1	0	0	0	0	0		R

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75827-26	Vein x-ray, chest	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
75827-TC	Vein x-ray, chest	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75831	Vein x-ray, kidney	$734.08	$734.08	0	0%	0%	0%	1	0	0	0	0	0		R
75831-26	Vein x-ray, kidney	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
75831-TC	Vein x-ray, kidney	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75833	Vein x-ray, kidneys	$759.38	$759.38	0	0%	0%	0%	1	0	2	0	0	0		R
75833-26	Vein x-ray, kidneys	$104.66	$104.66	0	0%	0%	0%	1	0	2	0	0	0		R
75833-TC	Vein x-ray, kidneys	$654.22	$654.22	0	0%	0%	0%	1	0	2	0	0	0		R
75840	Vein x-ray, adrenal gland	$735.07	$735.07	0	0%	0%	0%	1	0	0	0	0	0		R
75840-26	Vein x-ray, adrenal gland	$80.85	$80.85	0	0%	0%	0%	1	0	0	0	0	0		R
75840-TC	Vein x-ray, adrenal gland	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75842	Vein x-ray, adrenal glands	$758.88	$758.88	0	0%	0%	0%	1	0	2	0	0	0		R
75842-26	Vein x-ray, adrenal glands	$104.16	$104.16	0	0%	0%	0%	1	0	2	0	0	0		R
75842-TC	Vein x-ray, adrenal glands	$654.22	$654.22	0	0%	0%	0%	1	0	2	0	0	0		R
75860	Vein x-ray, neck	$735.57	$735.57	0	0%	0%	0%	1	0	0	0	0	0		R
75860-26	Vein x-ray, neck	$81.34	$81.34	0	0%	0%	0%	1	0	0	0	0	0		R
75860-TC	Vein x-ray, neck	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75870	Vein x-ray, skull	$735.07	$735.07	0	0%	0%	0%	1	0	0	0	0	0		R
75870-26	Vein x-ray, skull	$80.85	$80.85	0	0%	0%	0%	1	0	0	0	0	0		R
75870-TC	Vein x-ray, skull	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75872	Vein x-ray, skull	$734.08	$734.08	0	0%	0%	0%	1	0	0	0	0	0		R
75872-26	Vein x-ray, skull	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
75872-TC	Vein x-ray, skull	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75880	Vein x-ray, eye socket	$99.20	$99.20	0	0%	0%	0%	1	0	0	0	0	0		R
75880-26	Vein x-ray, eye socket	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
75880-TC	Vein x-ray, eye socket	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
75885	Vein x-ray, liver	$755.41	$755.41	0	0%	0%	0%	1	0	0	0	0	0		R
75885-26	Vein x-ray, liver	$101.18	$101.18	0	0%	0%	0%	1	0	0	0	0	0		R
75885-TC	Vein x-ray, liver	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75887	Vein x-ray, liver	$755.41	$755.41	0	0%	0%	0%	1	0	0	0	0	0		R
75887-26	Vein x-ray, liver	$101.18	$101.18	0	0%	0%	0%	1	0	0	0	0	0		R
75887-TC	Vein x-ray, liver	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75889	Vein x-ray, liver	$734.08	$734.08	0	0%	0%	0%	1	0	0	0	0	0		R
75889-26	Vein x-ray, liver	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
75889-TC	Vein x-ray, liver	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75891	Vein x-ray, liver	$734.08	$734.08	0	0%	0%	0%	1	0	0	0	0	0		R
75891-26	Vein x-ray, liver	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
75891-TC	Vein x-ray, liver	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75893	Venous sampling by catheter	$691.92	$691.92	0	0%	0%	0%	1	0	0	0	0	0		R
75893-26	Venous sampling by catheter	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R

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75893-TC	Venous sampling by catheter	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75894	X-rays, transcath therapy	$1,346.14	$1,346.14	0	0%	0%	0%	1	0	0	0	0	0		R
75894-26	X-rays, transcath therapy	$92.26	$92.26	0	0%	0%	0%	1	0	0	0	0	0		R
75894-TC	X-rays, transcath therapy	$1,253.89	$1,253.89	0	0%	0%	0%	1	0	0	0	0	0		R
75896	X-rays, transcath therapy	$1,183.46	$1,183.46	0	0%	0%	0%	1	0	0	0	0	0		R
75896-26	X-rays, transcath therapy	$92.75	$92.75	0	0%	0%	0%	1	0	0	0	0	0		R
75896-TC	X-rays, transcath therapy	$1,090.70	$1,090.70	0	0%	0%	0%	1	0	0	0	0	0		R
75898	Follow-up angiogram	$171.12	$171.12	0	0%	0%	0%	1	0	0	0	0	0		R
75898-26	Follow-up angiogram	$116.06	$116.06	0	0%	0%	0%	1	0	0	0	0	0		R
75898-TC	Follow-up angiogram	$55.06	$55.06	0	0%	0%	0%	1	0	0	0	0	0		R
75900	Arterial catheter exchange	$1,124.93	$1,124.93	0	0%	0%	0%	1	0	0	0	0	0		R
75900-26	Arterial catheter exchange	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
75900-TC	Arterial catheter exchange	$1,090.21	$1,090.21	0	0%	0%	0%	1	0	0	0	0	0		R
75940	X-ray placement, vein filter	$692.42	$692.42	0	0%	0%	0%	1	0	0	0	0	0		R
75940-26	X-ray placement, vein filter	$38.19	$38.19	0	0%	0%	0%	1	0	0	0	0	0		R
75940-TC	X-ray placement, vein filter	$654.22	$654.22	0	0%	0%	0%	1	0	0	0	0	0		R
75945	Intravascular us	$266.35	$266.35	0	0%	0%	0%	1	0	0	0	0	0		R
75945-26	Intravascular us	$29.26	$29.26	0	0%	0%	0%	1	0	0	0	0	0		R
75945-TC	Intravascular us	$237.09	$237.09	0	0%	0%	0%	1	0	0	0	0	0		R
75946	Intravascular us add-on	$148.80	$148.80	0	0%	0%	0%	1	0	0	0	0	0		R
75946-26	Intravascular us add-on	$29.26	$29.26	0	0%	0%	0%	1	0	0	0	0	0		R
75946-TC	Intravascular us add-on	$119.54	$119.54	0	0%	0%	0%	1	0	0	0	0	0		R
75952	Endovasc repair abdom aorta	$302.06	$302.06	0	0%	0%	0%	2	0	0	0	0	0		R
75953	Abdom aneurysm endovas rpr	$119.54	$119.54	0	0%	0%	0%	2	0	0	0	0	0		R
75960	Transcatheter intro, stent	$832.29	$832.29	0	0%	0%	0%	1	0	0	0	0	0		R
75960-26	Transcatheter intro, stent	$58.53	$58.53	0	0%	0%	0%	1	0	0	0	0	0		R
75960-TC	Transcatheter intro, stent	$773.76	$773.76	0	0%	0%	0%	1	0	0	0	0	0		R
75961	Retrieval, broken catheter	$844.19	$844.19	0	0%	0%	0%	1	0	0	0	0	0		R
75961-26	Retrieval, broken catheter	$298.59	$298.59	0	0%	0%	0%	1	0	0	0	0	0		R
75961-TC	Retrieval, broken catheter	$545.60	$545.60	0	0%	0%	0%	1	0	0	0	0	0		R
75962	Repair arterial blockage	$856.59	$856.59	0	0%	0%	0%	1	0	0	0	0	0		R
75962-26	Repair arterial blockage	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
75962-TC	Repair arterial blockage	$817.90	$817.90	0	0%	0%	0%	1	0	0	0	0	0		R
75964	Repair artery blockage, each	$461.28	$461.28	0	0%	0%	0%	1	0	0	0	0	0		R
75964-26	Repair artery blockage, each	$25.30	$25.30	0	0%	0%	0%	1	0	0	0	0	0		R
75964-TC	Repair artery blockage, each	$435.98	$435.98	0	0%	0%	0%	1	0	0	0	0	0		R
75966	Repair arterial blockage	$911.65	$911.65	0	0%	0%	0%	1	0	0	0	0	0		R
75966-26	Repair arterial blockage	$93.74	$93.74	0	0%	0%	0%	1	0	0	0	0	0		R
75966-TC	Repair arterial blockage	$817.90	$817.90	0	0%	0%	0%	1	0	0	0	0	0		R
75968	Repair artery blockage, each	$461.28	$461.28	0	0%	0%	0%	1	0	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
75968-26	Repair artery blockage, each	$25.79	$25.79	0	0%	0%	0%	1	0	0	0	0	0		R
75968-TC	Repair artery blockage, each	$435.98	$435.98	0	0%	0%	0%	1	0	0	0	0	0		R
75970	Vascular biopsy	$658.19	$658.19	0	0%	0%	0%	1	0	0	0	0	0		R
75970-26	Vascular biopsy	$59.02	$59.02	0	0%	0%	0%	1	0	0	0	0	0		R
75970-TC	Vascular biopsy	$599.66	$599.66	0	0%	0%	0%	1	0	0	0	0	0		R
75978	Repair venous blockage	$858.58	$858.58	0	0%	0%	0%	1	0	0	0	0	0		R
75978-26	Repair venous blockage	$40.67	$40.67	0	0%	0%	0%	1	0	0	0	0	0		R
75978-TC	Repair venous blockage	$817.90	$817.90	0	0%	0%	0%	1	0	0	0	0	0		R
75980	Contrast xray exam bile duct	$382.42	$382.42	0	0%	0%	0%	1	0	0	0	0	0		R
75980-26	Contrast xray exam bile duct	$101.18	$101.18	0	0%	0%	0%	1	0	0	0	0	0		R
75980-TC	Contrast xray exam bile duct	$281.23	$281.23	0	0%	0%	0%	1	0	0	0	0	0		R
75982	Contrast xray exam bile duct	$418.13	$418.13	0	0%	0%	0%	1	0	0	0	0	0		R
75982-26	Contrast xray exam bile duct	$101.18	$101.18	0	0%	0%	0%	1	0	0	0	0	0		R
75982-TC	Contrast xray exam bile duct	$316.94	$316.94	0	0%	0%	0%	1	0	0	0	0	0		R
75984	Xray control catheter change	$152.27	$152.27	0	0%	0%	0%	1	0	0	0	0	0		R
75984-26	Xray control catheter change	$50.59	$50.59	0	0%	0%	0%	1	0	0	0	0	0		R
75984-TC	Xray control catheter change	$101.68	$101.68	0	0%	0%	0%	1	0	0	0	0	0		R
75989	Abscess drainage under x-ray	$247.01	$247.01	0	0%	0%	0%	1	0	0	0	0	0		R
75989-26	Abscess drainage under x-ray	$83.33	$83.33	0	0%	0%	0%	1	0	0	0	0	0		R
75989-TC	Abscess drainage under x-ray	$163.68	$163.68	0	0%	0%	0%	1	0	0	0	0	0		R
75992	Atherectomy, x-ray exam	$856.59	$856.59	0	0%	0%	0%	1	0	0	0	0	0		R
75992-26	Atherectomy, x-ray exam	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
75992-TC	Atherectomy, x-ray exam	$817.90	$817.90	0	0%	0%	0%	1	0	0	0	0	0		R
75993	Atherectomy, x-ray exam	$461.78	$461.78	0	0%	0%	0%	1	0	0	0	0	0		R
75993-26	Atherectomy, x-ray exam	$26.29	$26.29	0	0%	0%	0%	1	0	0	0	0	0		R
75993-TC	Atherectomy, x-ray exam	$435.98	$435.98	0	0%	0%	0%	1	0	0	0	0	0		R
75994	Atherectomy, x-ray exam	$911.65	$911.65	0	0%	0%	0%	1	0	0	0	0	0		R
75994-26	Atherectomy, x-ray exam	$93.74	$93.74	0	0%	0%	0%	1	0	0	0	0	0		R
75994-TC	Atherectomy, x-ray exam	$817.90	$817.90	0	0%	0%	0%	1	0	0	0	0	0		R
75995	Atherectomy, x-ray exam	$909.66	$909.66	0	0%	0%	0%	1	0	0	0	0	0		R
75995-26	Atherectomy, x-ray exam	$91.76	$91.76	0	0%	0%	0%	1	0	0	0	0	0		R
75995-TC	Atherectomy, x-ray exam	$817.90	$817.90	0	0%	0%	0%	1	0	0	0	0	0		R
75996	Atherectomy, x-ray exam	$461.28	$461.28	0	0%	0%	0%	1	0	0	0	0	0		R
75996-26	Atherectomy, x-ray exam	$25.79	$25.79	0	0%	0%	0%	1	0	0	0	0	0		R
75996-TC	Atherectomy, x-ray exam	$435.98	$435.98	0	0%	0%	0%	1	0	0	0	0	0		R
76000	Fluoroscope examination	$11.90	$11.90	0	0%	0%	0%	2	0	0	0	0	0		R
76001	Fluoroscope exam, extensive	$184.02	$184.02	0	0%	0%	0%	1	0	0	0	0	0		R
76001-26	Fluoroscope exam, extensive	$47.62	$47.62	0	0%	0%	0%	1	0	0	0	0	0		R
76001-TC	Fluoroscope exam, extensive	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
76003	Needle localization by x-ray	$105.65	$105.65	0	0%	0%	0%	1	0	0	0	0	0		R

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76003-26	Needle localization by x-ray	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R
76003-TC	Needle localization by x-ray	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
76005	Fluoroguide for spine inject	$107.63	$107.63	0	0%	0%	0%	1	9	9	9	9	9		R
76005-26	Fluoroguide for spine inject	$40.18	$40.18	0	0%	0%	0%	1	9	9	9	9	9		R
76005-TC	Fluoroguide for spine inject	$67.46	$67.46	0	0%	0%	0%	1	9	9	9	9	9		R
76006	X-ray stress view	$31.25	$31.25	0	0%	0%	0%	2	0	3	0	0	0		R
76010	X-ray, nose to rectum	$40.18	$40.18	0	0%	0%	0%	1	0	0	0	0	0		R
76010-26	X-ray, nose to rectum	$12.90	$12.90	0	0%	0%	0%	1	0	0	0	0	0		R
76010-TC	X-ray, nose to rectum	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R
76012	Percut vertebroplasty fluor	Not Covered	Not Covered	0	0%	0%	0%	2	0	0	0	0	0		X
76013	Percut vertebroplasty, ct	Not Covered	Not Covered	0	0%	0%	0%	2	0	0	0	0	0		X
76020	X-rays for bone age	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
76020-26	X-rays for bone age	$13.89	$13.89	0	0%	0%	0%	1	0	0	0	0	0		R
76020-TC	X-rays for bone age	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R
76040	X-rays, bone evaluation	$61.01	$61.01	0	0%	0%	0%	1	0	0	0	0	0		R
76040-26	X-rays, bone evaluation	$19.84	$19.84	0	0%	0%	0%	1	0	0	0	0	0		R
76040-TC	X-rays, bone evaluation	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
76061	X-rays, bone survey	$83.82	$83.82	0	0%	0%	0%	1	0	0	0	0	0		R
76061-26	X-rays, bone survey	$31.74	$31.74	0	0%	0%	0%	1	0	0	0	0	0		R
76061-TC	X-rays, bone survey	$52.08	$52.08	0	0%	0%	0%	1	0	0	0	0	0		R
76062	X-rays, bone survey	$113.09	$113.09	0	0%	0%	0%	1	0	0	0	0	0		R
76062-26	X-rays, bone survey	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R
76062-TC	X-rays, bone survey	$75.39	$75.39	0	0%	0%	0%	1	0	0	0	0	0		R
76065	X-rays, bone evaluation	$58.03	$58.03	0	0%	0%	0%	1	0	0	0	0	0		R
76065-26	X-rays, bone evaluation	$19.84	$19.84	0	0%	0%	0%	1	0	0	0	0	0		R
76065-TC	X-rays, bone evaluation	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
76066	Joint(s) survey, single film	$79.36	$79.36	0	0%	0%	0%	1	0	0	0	0	0		R
76066-26	Joint(s) survey, single film	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R
76066-TC	Joint(s) survey, single film	$57.54	$57.54	0	0%	0%	0%	1	0	0	0	0	0		R
76070	CT scan, bone density study	$171.62	$171.62	0	0%	0%	0%	1	9	9	9	9	9		R
76070-26	CT scan, bone density study	$18.35	$18.35	0	0%	0%	0%	1	9	9	9	9	9		R
76070-TC	CT scan, bone density study	$153.26	$153.26	0	0%	0%	0%	1	9	9	9	9	9		R
76075	Dual energy x-ray study	$182.03	$182.03	0	0%	0%	0%	1	0	0	0	0	0		R
76075-26	Dual energy x-ray study	$21.33	$21.33	0	0%	0%	0%	1	0	0	0	0	0		R
76075-TC	Dual energy x-ray study	$160.70	$160.70	0	0%	0%	0%	1	0	0	0	0	0		R
76076	Dual energy x-ray study	$55.55	$55.55	0	0%	0%	0%	1	0	0	0	0	0		R
76076-26	Dual energy x-ray study	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
76076-TC	Dual energy x-ray study	$39.68	$39.68	0	0%	0%	0%	1	0	0	0	0	0		R
76078	Photodensitometry	$54.56	$54.56	0	0%	0%	0%	1	0	0	0	0	0		R
76078-26	Photodensitometry	$14.88	$14.88	0	0%	0%	0%	1	0	0	0	0	0		R

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76078-TC	Photodensitometry	$39.68	$39.68	0	0%	0%	0%	1	0	0	0	0	0		R
76080	X-ray exam of fistula	$92.75	$92.75	0	0%	0%	0%	1	0	0	0	0	0		R
76080-26	X-ray exam of fistula	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R
76080-TC	X-ray exam of fistula	$55.06	$55.06	0	0%	0%	0%	1	0	0	0	0	0		R
76086	X-ray of mammary duct	$161.70	$161.70	0	0%	0%	0%	1	0	0	0	0	0		R
76086-26	X-ray of mammary duct	$25.30	$25.30	0	0%	0%	0%	1	0	0	0	0	0		R
76086-TC	X-ray of mammary duct	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
76088	X-ray of mammary ducts	$222.70	$222.70	0	0%	0%	0%	1	0	0	0	0	0		R
76088-26	X-ray of mammary ducts	$31.74	$31.74	0	0%	0%	0%	1	0	0	0	0	0		R
76088-TC	X-ray of mammary ducts	$190.46	$190.46	0	0%	0%	0%	1	0	0	0	0	0		R
76090	Mammogram, one breast	$94.24	$94.24	0	0%	0%	0%	1	0	0	0	0	0		R
76090-26	Mammogram, one breast	$39.18	$39.18	0	0%	0%	0%	1	0	0	0	0	0		R
76090-TC	Mammogram, one breast	$55.06	$55.06	0	0%	0%	0%	1	0	0	0	0	0		R
76091	Mammogram, both breasts	$115.07	$115.07	0	0%	0%	0%	1	0	2	0	0	0		R
76091-26	Mammogram, both breasts	$47.12	$47.12	0	0%	0%	0%	1	0	2	0	0	0		R
76091-TC	Mammogram, both breasts	$67.95	$67.95	0	0%	0%	0%	1	0	2	0	0	0		R
76092	Mammogram, screening	$100.19	$100.19	0	0%	0%	0%	9	9	9	9	9	9		R
76092-26	MAMMOGRAM, SCREENING	$32.74	$32.74	0	0%	0%	0%	9	9	9	9	9	9		R
76092-TC	MAMMOGRAM, SCREENING	$67.46	$67.46	0	0%	0%	0%	9	9	9	9	9	9		R
76093	Magnetic image, breast	$1,029.70	$1,029.70	0	0%	0%	0%	1	0	0	0	0	0		R
76093-26	Magnetic image, breast	$114.08	$114.08	0	0%	0%	0%	1	0	0	0	0	0		R
76093-TC	Magnetic image, breast	$915.62	$915.62	0	0%	0%	0%	1	0	0	0	0	0		R
76094	Magnetic image, both breasts	$1,356.06	$1,356.06	0	0%	0%	0%	1	0	2	0	0	0		R
76094-26	Magnetic image, both breasts	$114.08	$114.08	0	0%	0%	0%	1	0	2	0	0	0		R
76094-TC	Magnetic image, both breasts	$1,241.98	$1,241.98	0	0%	0%	0%	1	0	2	0	0	0		R
76095	Stereotactic breast biopsy	$484.59	$484.59	0	0%	0%	0%	1	0	0	0	0	0		R
76095-26	Stereotactic breast biopsy	$112.59	$112.59	0	0%	0%	0%	1	0	0	0	0	0		R
76095-TC	Stereotactic breast biopsy	$372.50	$372.50	0	0%	0%	0%	1	0	0	0	0	0		R
76096	X-ray of needle wire, breast	$107.63	$107.63	0	0%	0%	0%	1	0	0	0	0	0		R
76096-26	X-ray of needle wire, breast	$39.68	$39.68	0	0%	0%	0%	1	0	0	0	0	0		R
76096-TC	X-ray of needle wire, breast	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
76098	X-ray exam, breast specimen	$33.73	$33.73	0	0%	0%	0%	1	0	0	0	0	0		R
76098-26	X-ray exam, breast specimen	$11.90	$11.90	0	0%	0%	0%	1	0	0	0	0	0		R
76098-TC	X-ray exam, breast specimen	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R
76100	X-ray exam of body section	$106.14	$106.14	0	0%	0%	0%	1	0	0	0	0	0		R
76100-26	X-ray exam of body section	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
76100-TC	X-ray exam of body section	$64.98	$64.98	0	0%	0%	0%	1	0	0	0	0	0		R
76101	Complex body section x-ray	$115.57	$115.57	0	0%	0%	0%	1	0	0	0	0	0		R
76101-26	Complex body section x-ray	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
76101-TC	Complex body section x-ray	$74.40	$74.40	0	0%	0%	0%	1	0	0	0	0	0		R

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
76102	Complex body section x-rays	$131.94	$131.94	0	0%	0%	0%	1	0	2	0	0	0		R
76102-26	Complex body section x-rays	$41.17	$41.17	0	0%	0%	0%	1	0	2	0	0	0		R
76102-TC	Complex body section x-rays	$90.77	$90.77	0	0%	0%	0%	1	0	2	0	0	0		R
76120	Cinematic x-rays	$81.84	$81.84	0	0%	0%	0%	1	0	0	0	0	0		R
76120-26	Cinematic x-rays	$26.78	$26.78	0	0%	0%	0%	1	0	0	0	0	0		R
76120-TC	Cinematic x-rays	$55.06	$55.06	0	0%	0%	0%	1	0	0	0	0	0		R
76125	Cinematic x-rays add-on	$60.51	$60.51	0	0%	0%	0%	1	0	0	0	0	0		R
76125-26	Cinematic x-rays add-on	$19.34	$19.34	0	0%	0%	0%	1	0	0	0	0	0		R
76125-TC	Cinematic x-rays add-on	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
76140	X-ray consultation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
76150	X-ray exam, dry process	$21.82	$21.82	0	0%	0%	0%	3	0	0	0	0	0		R
76350	Special x-ray contrast study	By Report	By Report	0	0%	0%	0%	3	0	0	0	0	0		N
76355	CAT scan for localization	$513.86	$513.86	0	0%	0%	0%	1	0	0	0	0	0		R
76355-26	CAT scan for localization	$85.31	$85.31	0	0%	0%	0%	1	0	0	0	0	0		R
76355-TC	CAT scan for localization	$428.54	$428.54	0	0%	0%	0%	1	0	0	0	0	0		R
76360	CAT scan for needle biopsy	$509.39	$509.39	0	0%	0%	0%	1	0	0	0	0	0		R
76360-26	CAT scan for needle biopsy	$80.85	$80.85	0	0%	0%	0%	1	0	0	0	0	0		R
76360-TC	CAT scan for needle biopsy	$428.54	$428.54	0	0%	0%	0%	1	0	0	0	0	0		R
76370	CAT scan for therapy guide	$213.28	$213.28	0	0%	0%	0%	1	0	0	0	0	0		R
76370-26	CAT scan for therapy guide	$59.52	$59.52	0	0%	0%	0%	1	0	0	0	0	0		R
76370-TC	CAT scan for therapy guide	$153.26	$153.26	0	0%	0%	0%	1	0	0	0	0	0		R
76375	3d/holograph reconstr add-on	$195.92	$195.92	0	0%	0%	0%	1	0	0	0	0	0		R
76375-26	3d/holograph reconstr add-on	$11.90	$11.90	0	0%	0%	0%	1	0	0	0	0	0		R
76375-TC	3d/holograph reconstr add-on	$184.02	$184.02	0	0%	0%	0%	1	0	0	0	0	0		R
76380	CAT scan follow-up study	$250.98	$250.98	0	0%	0%	0%	1	0	0	0	0	0		R
76380-26	CAT scan follow-up study	$68.45	$68.45	0	0%	0%	0%	1	0	0	0	0	0		R
76380-TC	CAT scan follow-up study	$182.03	$182.03	0	0%	0%	0%	1	0	0	0	0	0		R
76390	Mr spectroscopy	$682.00	$682.00	0	0%	0%	0%	1	0	0	0	0	0		R
76390-26	Mr spectroscopy	$99.20	$99.20	0	0%	0%	0%	1	0	0	0	0	0		R
76390-TC	Mr spectroscopy	$582.80	$582.80	0	0%	0%	0%	1	0	0	0	0	0		R
76393	Mr guidance for needle place	$678.03	$678.03	0	0%	0%	0%	1	0	0	0	0	0		R
76393-26	Mr guidance for needle place	$102.67	$102.67	0	0%	0%	0%	1	0	0	0	0	0		R
76393-TC	Mr guidance for needle place	$575.36	$575.36	0	0%	0%	0%	1	0	0	0	0	0		R
76400	Magnetic image, bone marrow	$694.90	$694.90	0	0%	0%	0%	1	0	0	0	0	0		R
76400-26	Magnetic image, bone marrow	$112.10	$112.10	0	0%	0%	0%	1	0	0	0	0	0		R
76400-TC	Magnetic image, bone marrow	$582.80	$582.80	0	0%	0%	0%	1	0	0	0	0	0		R
76499	Radiographic procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
76499-26	Radiographic procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
76499-TC	Radiographic procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
76506	Echo exam of head	$120.03	$120.03	0	0%	0%	0%	1	0	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
76506-26	Echo exam of head	$45.63	$45.63	0	0%	0%	0%	1	0	0	0	0	0		R
76506-TC	Echo exam of head	$74.40	$74.40	0	0%	0%	0%	1	0	0	0	0	0		R
76511	Echo exam of eye	$135.90	$135.90	0	0%	0%	0%	1	0	3	0	0	0		R
76511-26	Echo exam of eye	$66.96	$66.96	0	0%	0%	0%	1	0	3	0	0	0		R
76511-TC	Echo exam of eye	$68.94	$68.94	0	0%	0%	0%	1	0	3	0	0	0		R
76512	Echo exam of eye	$129.46	$129.46	0	0%	0%	0%	1	0	3	0	0	0		R
76512-26	Echo exam of eye	$48.61	$48.61	0	0%	0%	0%	1	0	3	0	0	0		R
76512-TC	Echo exam of eye	$80.85	$80.85	0	0%	0%	0%	1	0	3	0	0	0		R
76513	Echo exam of eye, water bath	$145.82	$145.82	0	0%	0%	0%	1	0	3	0	0	0		R
76513-26	Echo exam of eye, water bath	$49.10	$49.10	0	0%	0%	0%	1	0	3	0	0	0		R
76513-TC	Echo exam of eye, water bath	$96.22	$96.22	0	0%	0%	0%	1	0	3	0	0	0		R
76516	Echo exam of eye	$99.70	$99.70	0	0%	0%	0%	1	0	2	0	0	0		R
76516-26	Echo exam of eye	$40.18	$40.18	0	0%	0%	0%	1	0	2	0	0	0		R
76516-TC	Echo exam of eye	$59.52	$59.52	0	0%	0%	0%	1	0	2	0	0	0		R
76519	Echo exam of eye	$105.15	$105.15	0	0%	0%	0%	1	0	2	0	0	0		R
76519-26	Echo exam of eye	$40.18	$40.18	0	0%	0%	0%	1	0	3	0	0	0		R
76519-TC	Echo exam of eye	$64.98	$64.98	0	0%	0%	0%	1	0	2	0	0	0		R
76529	Echo exam of eye	$128.96	$128.96	0	0%	0%	0%	1	0	3	0	0	0		R
76529-26	Echo exam of eye	$41.66	$41.66	0	0%	0%	0%	1	0	3	0	0	0		R
76529-TC	Echo exam of eye	$86.80	$86.80	0	0%	0%	0%	1	0	3	0	0	0		R
76536	Echo exam of head and neck	$113.58	$113.58	0	0%	0%	0%	1	0	0	0	0	0		R
76536-26	Echo exam of head and neck	$39.18	$39.18	0	0%	0%	0%	1	0	0	0	0	0		R
76536-TC	Echo exam of head and neck	$74.40	$74.40	0	0%	0%	0%	1	0	0	0	0	0		R
76604	Echo exam of chest	$106.64	$106.64	0	0%	0%	0%	1	0	0	0	0	0		R
76604-26	Echo exam of chest	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
76604-TC	Echo exam of chest	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
76645	Echo exam of breast(s)	$93.25	$93.25	0	0%	0%	0%	1	0	2	0	0	0		R
76645-26	Echo exam of breast(s)	$38.19	$38.19	0	0%	0%	0%	1	0	2	0	0	0		R
76645-TC	Echo exam of breast(s)	$55.06	$55.06	0	0%	0%	0%	1	0	2	0	0	0		R
76700	Echo exam of abdomen	$160.21	$160.21	0	0%	0%	0%	1	0	0	0	0	0		R
76700-26	Echo exam of abdomen	$57.54	$57.54	0	0%	0%	0%	1	0	0	0	0	0		R
76700-TC	Echo exam of abdomen	$102.67	$102.67	0	0%	0%	0%	1	0	0	0	0	0		R
76705	Echo exam of abdomen	$116.06	$116.06	0	0%	0%	0%	1	0	0	0	0	0		R
76705-26	Echo exam of abdomen	$41.66	$41.66	0	0%	0%	0%	1	0	0	0	0	0		R
76705-TC	Echo exam of abdomen	$74.40	$74.40	0	0%	0%	0%	1	0	0	0	0	0		R
76770	Echo exam abdomen back wall	$154.75	$154.75	0	0%	0%	0%	1	0	0	0	0	0		R
76770-26	Echo exam abdomen back wall	$52.08	$52.08	0	0%	0%	0%	1	0	0	0	0	0		R
76770-TC	Echo exam abdomen back wall	$102.67	$102.67	0	0%	0%	0%	1	0	0	0	0	0		R
76775	Echo exam abdomen back wall	$115.57	$115.57	0	0%	0%	0%	1	0	0	0	0	0		R
76775-26	Echo exam abdomen back wall	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R

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76775-TC	Echo exam abdomen back wall	$74.40	$74.40	0	0%	0%	0%	1	0	0	0	0	0		R
76778	Echo exam kidney transplant	$154.75	$154.75	0	0%	0%	0%	1	0	0	0	0	0		R
76778-26	Echo exam kidney transplant	$52.08	$52.08	0	0%	0%	0%	1	0	0	0	0	0		R
76778-TC	Echo exam kidney transplant	$102.67	$102.67	0	0%	0%	0%	1	0	0	0	0	0		R
76800	Echo exam spinal canal	$150.29	$150.29	0	0%	0%	0%	1	0	0	0	0	0		R
76800-26	Echo exam spinal canal	$75.89	$75.89	0	0%	0%	0%	1	0	0	0	0	0		R
76800-TC	Echo exam spinal canal	$74.40	$74.40	0	0%	0%	0%	1	0	0	0	0	0		R
76805	Echo exam of pregnant uterus	$178.56	$178.56	0	0%	0%	0%	1	0	0	0	0	0		R
76805-26	Echo exam of pregnant uterus	$69.44	$69.44	0	0%	0%	0%	1	0	0	0	0	0		R
76805-TC	Echo exam of pregnant uterus	$109.12	$109.12	0	0%	0%	0%	1	0	0	0	0	0		R
76810	Echo exam of pregnant uterus	$356.62	$356.62	0	0%	0%	0%	1	0	0	0	0	0		R
76810-26	Echo exam of pregnant uterus	$138.88	$138.88	0	0%	0%	0%	1	0	0	0	0	0		R
76810-TC	Echo exam of pregnant uterus	$217.74	$217.74	0	0%	0%	0%	1	0	0	0	0	0		R
76815	Echo exam of pregnant uterus	$120.03	$120.03	0	0%	0%	0%	1	0	0	0	0	0		R
76815-26	Echo exam of pregnant uterus	$45.63	$45.63	0	0%	0%	0%	1	0	0	0	0	0		R
76815-TC	Echo exam of pregnant uterus	$74.40	$74.40	0	0%	0%	0%	1	0	0	0	0	0		R
76816	Echo exam follow-up/repeat	$98.21	$98.21	0	0%	0%	0%	1	0	0	0	0	0		R
76816-26	Echo exam follow-up/repeat	$40.67	$40.67	0	0%	0%	0%	1	0	0	0	0	0		R
76816-TC	Echo exam follow-up/repeat	$57.54	$57.54	0	0%	0%	0%	1	0	0	0	0	0		R
76818	Fetl biophys profil w/stress	$144.83	$144.83	0	0%	0%	0%	1	0	0	0	0	0		R
76818-26	Fetl biophys profil w/stress	$60.51	$60.51	0	0%	0%	0%	1	0	0	0	0	0		R
76818-TC	Fetl biophys profil w/stress	$84.32	$84.32	0	0%	0%	0%	1	0	0	0	0	0		R
76819	Fetl biophys profil w/o strs	$127.47	$127.47	0	0%	0%	0%	1	0	0	0	0	0		R
76819-26	Fetl biophys profil w/o strs	$44.14	$44.14	0	0%	0%	0%	1	0	0	0	0	0		R
76819-TC	Fetl biophys profil w/o strs	$83.33	$83.33	0	0%	0%	0%	1	0	0	0	0	0		R
76825	Echo exam of fetal heart	$214.27	$214.27	0	0%	0%	0%	1	0	0	0	0	0		R
76825-26	Echo exam of fetal heart	$111.60	$111.60	0	0%	0%	0%	1	0	0	0	0	0		R
76825-TC	Echo exam of fetal heart	$102.67	$102.67	0	0%	0%	0%	1	0	0	0	0	0		R
76826	Echo exam of fetal heart	$99.70	$99.70	0	0%	0%	0%	1	0	0	0	0	0		R
76826-26	Echo exam of fetal heart	$62.50	$62.50	0	0%	0%	0%	1	0	0	0	0	0		R
76826-TC	Echo exam of fetal heart	$37.20	$37.20	0	0%	0%	0%	1	0	0	0	0	0		R
76827	Echo exam of fetal heart	$136.90	$136.90	0	0%	0%	0%	1	0	0	0	0	0		R
76827-26	Echo exam of fetal heart	$46.13	$46.13	0	0%	0%	0%	1	0	0	0	0	0		R
76827-TC	Echo exam of fetal heart	$90.77	$90.77	0	0%	0%	0%	1	0	0	0	0	0		R
76828	Echo exam of fetal heart	$98.70	$98.70	0	0%	0%	0%	1	0	0	0	0	0		R
76828-26	Echo exam of fetal heart	$40.18	$40.18	0	0%	0%	0%	1	0	0	0	0	0		R
76828-TC	Echo exam of fetal heart	$58.53	$58.53	0	0%	0%	0%	1	0	0	0	0	0		R
76830	Echo exam, transvaginal	$128.96	$128.96	0	0%	0%	0%	1	0	0	0	0	0		R
76830-26	Echo exam, transvaginal	$49.10	$49.10	0	0%	0%	0%	1	0	0	0	0	0		R
76830-TC	Echo exam, transvaginal	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R

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76831	Echo exam, uterus	$130.45	$130.45	0	0%	0%	0%	1	0	0	0	0	0		R
76831-26	Echo exam, uterus	$50.59	$50.59	0	0%	0%	0%	1	0	0	0	0	0		R
76831-TC	Echo exam, uterus	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
76856	Echo exam of pelvis	$128.96	$128.96	0	0%	0%	0%	1	0	0	0	0	0		R
76856-26	Echo exam of pelvis	$49.10	$49.10	0	0%	0%	0%	1	0	0	0	0	0		R
76856-TC	Echo exam of pelvis	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
76857	Echo exam of pelvis	$81.34	$81.34	0	0%	0%	0%	1	0	0	0	0	0		R
76857-26	Echo exam of pelvis	$26.29	$26.29	0	0%	0%	0%	1	0	0	0	0	0		R
76857-TC	Echo exam of pelvis	$55.06	$55.06	0	0%	0%	0%	1	0	0	0	0	0		R
76870	Echo exam of scrotum	$124.99	$124.99	0	0%	0%	0%	1	0	0	0	0	0		R
76870-26	Echo exam of scrotum	$45.14	$45.14	0	0%	0%	0%	1	0	0	0	0	0		R
76870-TC	Echo exam of scrotum	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
76872	Echo exam, transrectal	$128.46	$128.46	0	0%	0%	0%	1	0	0	0	0	0		R
76872-26	Echo exam, transrectal	$49.10	$49.10	0	0%	0%	0%	1	0	0	0	0	0		R
76872-TC	Echo exam, transrectal	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
76873	Echograp trans r, pros study	$214.77	$214.77	0	0%	0%	0%	1	9	9	9	9	9		R
76873-26	Echograp trans r, pros study	$105.65	$105.65	0	0%	0%	0%	1	9	9	9	9	9		R
76873-TC	Echograp trans r, pros study	$109.12	$109.12	0	0%	0%	0%	1	9	9	9	9	9		R
76880	Echo exam of extremity	$116.06	$116.06	0	0%	0%	0%	1	0	0	0	0	0		R
76880-26	Echo exam of extremity	$41.66	$41.66	0	0%	0%	0%	1	0	0	0	0	0		R
76880-TC	Echo exam of extremity	$74.40	$74.40	0	0%	0%	0%	1	0	0	0	0	0		R
76885	Echo exam, infant hips	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
76885-26	Echo exam, infant hips	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
76885-TC	Echo exam, infant hips	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
76886	Echo exam, infant hips	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
76886-26	Echo exam, infant hips	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
76886-TC	Echo exam, infant hips	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
76930	Echo guide, cardiocentesis	$128.46	$128.46	0	0%	0%	0%	1	0	0	0	0	0		R
76930-26	Echo guide, cardiocentesis	$48.61	$48.61	0	0%	0%	0%	1	0	0	0	0	0		R
76930-TC	Echo guide, cardiocentesis	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
76932	Echo guide for heart biopsy	$128.46	$128.46	0	0%	0%	0%	1	0	0	0	0	0		R
76932-26	Echo guide for heart biopsy	$48.61	$48.61	0	0%	0%	0%	1	0	0	0	0	0		R
76932-TC	Echo guide for heart biopsy	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
76936	Echo guide for artery repair	$473.18	$473.18	0	0%	0%	0%	1	0	0	0	0	0		R
76936-26	Echo guide for artery repair	$145.82	$145.82	0	0%	0%	0%	1	0	0	0	0	0		R
76936-TC	Echo guide for artery repair	$326.86	$326.86	0	0%	0%	0%	1	0	0	0	0	0		R
76941	Echo guide for transfusion	$175.09	$175.09	0	0%	0%	0%	1	0	0	0	0	0		R
76941-26	Echo guide for transfusion	$95.23	$95.23	0	0%	0%	0%	1	0	0	0	0	0		R
76941-TC	Echo guide for transfusion	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
76942	Echo guide for biopsy	$126.98	$126.98	0	0%	0%	0%	1	0	0	0	0	0		R

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76942-26	Echo guide for biopsy	$47.62	$47.62	0	0%	0%	0%	1	0	0	0	0	0		R
76942-TC	Echo guide for biopsy	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
76945	Echo guide, villus sampling	$131.44	$131.44	0	0%	0%	0%	1	0	0	0	0	0		R
76945-26	Echo guide, villus sampling	$51.58	$51.58	0	0%	0%	0%	1	0	0	0	0	0		R
76945-TC	Echo guide, villus sampling	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
76946	Echo guide for amniocentesis	$106.14	$106.14	0	0%	0%	0%	1	0	0	0	0	0		R
76946-26	Echo guide for amniocentesis	$26.78	$26.78	0	0%	0%	0%	1	0	0	0	0	0		R
76946-TC	Echo guide for amniocentesis	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
76948	Echo guide, ova aspiration	$106.64	$106.64	0	0%	0%	0%	1	0	0	0	0	0		R
76948-26	Echo guide, ova aspiration	$26.78	$26.78	0	0%	0%	0%	1	0	0	0	0	0		R
76948-TC	Echo guide, ova aspiration	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
76950	Echo guidance radiotherapy	$108.62	$108.62	0	0%	0%	0%	1	0	0	0	0	0		R
76950-26	Echo guidance radiotherapy	$40.67	$40.67	0	0%	0%	0%	1	0	0	0	0	0		R
76950-TC	Echo guidance radiotherapy	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
76965	Echo guidance radiotherapy	$394.32	$394.32	0	0%	0%	0%	1	0	0	0	0	0		R
76965-26	Echo guidance radiotherapy	$105.65	$105.65	0	0%	0%	0%	1	0	0	0	0	0		R
76965-TC	Echo guidance radiotherapy	$288.67	$288.67	0	0%	0%	0%	1	0	0	0	0	0		R
76970	Ultrasound exam follow-up	$83.33	$83.33	0	0%	0%	0%	1	0	0	0	0	0		R
76970-26	Ultrasound exam follow-up	$28.27	$28.27	0	0%	0%	0%	1	0	0	0	0	0		R
76970-TC	Ultrasound exam follow-up	$55.06	$55.06	0	0%	0%	0%	1	0	0	0	0	0		R
76975	GI endoscopic ultrasound	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
76975-26	GI endoscopic ultrasound	$56.54	$56.54	0	0%	0%	0%	1	0	0	0	0	0		R
76975-TC	GI endoscopic ultrasound	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
76977	Us bone density measure	$75.89	$75.89	0	0%	0%	0%	1	0	0	0	0	0		R
76977-26	Us bone density measure	$3.97	$3.97	0	0%	0%	0%	1	0	0	0	0	0		R
76977-TC	Us bone density measure	$72.42	$72.42	0	0%	0%	0%	1	0	0	0	0	0		R
76986	Ultrasound guide intraoper	$221.71	$221.71	0	0%	0%	0%	1	0	0	0	0	0		R
76986-26	Ultrasound guide intraoper	$85.31	$85.31	0	0%	0%	0%	1	0	0	0	0	0		R
76986-TC	Ultrasound guide intraoper	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
76999	Echo examination procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
76999-26	Echo examination procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
76999-TC	Echo examination procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
77261	Radiation therapy planning	$99.70	$99.70	0	0%	0%	0%	2	0	0	0	0	0		R
77262	Radiation therapy planning	$150.78	$150.78	0	0%	0%	0%	2	0	0	0	0	0		R
77263	Radiation therapy planning	$223.70	$223.70	0	0%	0%	0%	2	0	0	0	0	0		R
77280	Set radiation therapy field	$230.14	$230.14	0	0%	0%	0%	1	0	0	0	0	0		R
77280-26	Set radiation therapy field	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
77280-TC	Set radiation therapy field	$180.54	$180.54	0	0%	0%	0%	1	0	0	0	0	0		R
77285	Set radiation therapy field	$362.58	$362.58	0	0%	0%	0%	1	0	0	0	0	0		R
77285-26	Set radiation therapy field	$72.91	$72.91	0	0%	0%	0%	1	0	0	0	0	0		R

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77285-TC	Set radiation therapy field	$289.17	$289.17	0	0%	0%	0%	1	0	0	0	0	0		R
77290	Set radiation therapy field	$447.39	$447.39	0	0%	0%	0%	1	0	0	0	0	0		R
77290-26	Set radiation therapy field	$109.12	$109.12	0	0%	0%	0%	1	0	0	0	0	0		R
77290-TC	Set radiation therapy field	$338.27	$338.27	0	0%	0%	0%	1	0	0	0	0	0		R
77295	Set radiation therapy field	$1,771.71	$1,771.71	0	0%	0%	0%	1	0	0	0	0	0		R
77295-26	Set radiation therapy field	$319.92	$319.92	0	0%	0%	0%	1	0	0	0	0	0		R
77295-TC	Set radiation therapy field	$1,451.79	$1,451.79	0	0%	0%	0%	1	0	0	0	0	0		R
77299	Radiation therapy planning	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
77299-26	Radiation therapy planning	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
77299-TC	Radiation therapy planning	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
77300	Radiation therapy dose plan	$113.58	$113.58	0	0%	0%	0%	1	0	0	0	0	0		R
77300-26	Radiation therapy dose plan	$43.65	$43.65	0	0%	0%	0%	1	0	0	0	0	0		R
77300-TC	Radiation therapy dose plan	$69.94	$69.94	0	0%	0%	0%	1	0	0	0	0	0		R
77305	Radiation therapy dose plan	$146.32	$146.32	0	0%	0%	0%	1	0	0	0	0	0		R
77305-26	Radiation therapy dose plan	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
77305-TC	Radiation therapy dose plan	$96.72	$96.72	0	0%	0%	0%	1	0	0	0	0	0		R
77310	Radiation therapy dose plan	$194.43	$194.43	0	0%	0%	0%	1	0	0	0	0	0		R
77310-26	Radiation therapy dose plan	$72.91	$72.91	0	0%	0%	0%	1	0	0	0	0	0		R
77310-TC	Radiation therapy dose plan	$121.52	$121.52	0	0%	0%	0%	1	0	0	0	0	0		R
77315	Radiation therapy dose plan	$247.50	$247.50	0	0%	0%	0%	1	0	0	0	0	0		R
77315-26	Radiation therapy dose plan	$109.12	$109.12	0	0%	0%	0%	1	0	0	0	0	0		R
77315-TC	Radiation therapy dose plan	$138.38	$138.38	0	0%	0%	0%	1	0	0	0	0	0		R
77321	Radiation therapy port plan	$276.77	$276.77	0	0%	0%	0%	1	0	0	0	0	0		R
77321-26	Radiation therapy port plan	$66.46	$66.46	0	0%	0%	0%	1	0	0	0	0	0		R
77321-TC	Radiation therapy port plan	$209.81	$209.81	0	0%	0%	0%	1	0	0	0	0	0		R
77326	Radiation therapy dose plan	$187.98	$187.98	0	0%	0%	0%	1	0	0	0	0	0		R
77326-26	Radiation therapy dose plan	$64.98	$64.98	0	0%	0%	0%	1	0	0	0	0	0		R
77326-TC	Radiation therapy dose plan	$123.01	$123.01	0	0%	0%	0%	1	0	0	0	0	0		R
77327	Radiation therapy dose plan	$278.26	$278.26	0	0%	0%	0%	1	0	0	0	0	0		R
77327-26	Radiation therapy dose plan	$97.71	$97.71	0	0%	0%	0%	1	0	0	0	0	0		R
77327-TC	Radiation therapy dose plan	$180.54	$180.54	0	0%	0%	0%	1	0	0	0	0	0		R
77328	Radiation therapy dose plan	$404.24	$404.24	0	0%	0%	0%	1	0	0	0	0	0		R
77328-26	Radiation therapy dose plan	$146.32	$146.32	0	0%	0%	0%	1	0	0	0	0	0		R
77328-TC	Radiation therapy dose plan	$257.92	$257.92	0	0%	0%	0%	1	0	0	0	0	0		R
77331	Special radiation dosimetry	$87.79	$87.79	0	0%	0%	0%	1	0	0	0	0	0		R
77331-26	Special radiation dosimetry	$61.01	$61.01	0	0%	0%	0%	1	0	0	0	0	0		R
77331-TC	Special radiation dosimetry	$26.29	$26.29	0	0%	0%	0%	1	0	0	0	0	0		R
77332	Radiation treatment aid(s)	$107.63	$107.63	0	0%	0%	0%	1	0	0	0	0	0		R
77332-26	Radiation treatment aid(s)	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R
77332-TC	Radiation treatment aid(s)	$69.94	$69.94	0	0%	0%	0%	1	0	0	0	0	0		R

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77333	Radiation treatment aid(s)	$157.73	$157.73	0	0%	0%	0%	1	0	0	0	0	0		R
77333-26	Radiation treatment aid(s)	$59.02	$59.02	0	0%	0%	0%	1	0	0	0	0	0		R
77333-TC	Radiation treatment aid(s)	$98.70	$98.70	0	0%	0%	0%	1	0	0	0	0	0		R
77334	Radiation treatment aid(s)	$255.44	$255.44	0	0%	0%	0%	1	0	0	0	0	0		R
77334-26	Radiation treatment aid(s)	$86.80	$86.80	0	0%	0%	0%	1	0	0	0	0	0		R
77334-TC	Radiation treatment aid(s)	$168.64	$168.64	0	0%	0%	0%	1	0	0	0	0	0		R
77336	Radiation physics consult	$154.75	$154.75	0	0%	0%	0%	3	0	0	0	0	0		R
77370	Radiation physics consult	$181.54	$181.54	0	0%	0%	0%	3	0	0	0	0	0		R
77399	External radiation dosimetry	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
77399-26	External radiation dosimetry	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
77399-TC	External radiation dosimetry	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
77401	Radiation treatment delivery	$92.75	$92.75	0	0%	0%	0%	3	0	0	0	0	0		R
77402	Radiation treatment delivery	$92.75	$92.75	0	0%	0%	0%	3	0	0	0	0	0		R
77403	Radiation treatment delivery	$92.75	$92.75	0	0%	0%	0%	3	0	0	0	0	0		R
77404	Radiation treatment delivery	$92.75	$92.75	0	0%	0%	0%	3	0	0	0	0	0		R
77406	Radiation treatment delivery	$92.75	$92.75	0	0%	0%	0%	3	0	0	0	0	0		R
77407	Radiation treatment delivery	$109.12	$109.12	0	0%	0%	0%	3	0	0	0	0	0		R
77408	Radiation treatment delivery	$109.12	$109.12	0	0%	0%	0%	3	0	0	0	0	0		R
77409	Radiation treatment delivery	$109.12	$109.12	0	0%	0%	0%	3	0	0	0	0	0		R
77411	Radiation treatment delivery	$109.12	$109.12	0	0%	0%	0%	3	0	0	0	0	0		R
77412	Radiation treatment delivery	$121.52	$121.52	0	0%	0%	0%	3	0	0	0	0	0		R
77413	Radiation treatment delivery	$121.52	$121.52	0	0%	0%	0%	3	0	0	0	0	0		R
77414	Radiation treatment delivery	$121.52	$121.52	0	0%	0%	0%	3	0	0	0	0	0		R
77416	Radiation treatment delivery	$121.52	$121.52	0	0%	0%	0%	3	0	0	0	0	0		R
77417	Radiology port film(s)	$31.25	$31.25	0	0%	0%	0%	3	0	0	0	0	0		R
77427	Radiation tx management, x5	$226.18	$226.18	0	0%	0%	0%	2	9	9	9	9	9		R
77431	Radiation therapy management	$129.95	$129.95	0	0%	0%	0%	2	0	0	0	0	0		R
77432	Stereotactic radiation trmt	$589.74	$589.74	0	0%	0%	0%	2	0	0	0	0	0		R
77470	Special radiation treatment	$725.65	$725.65	0	0%	0%	0%	1	0	0	0	0	0		R
77470-26	Special radiation treatment	$145.82	$145.82	0	0%	0%	0%	1	0	0	0	0	0		R
77470-TC	Special radiation treatment	$579.82	$579.82	0	0%	0%	0%	1	0	0	0	0	0		R
77499	Radiation therapy management	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
77499-26	Radiation therapy management	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
77499-TC	Radiation therapy management	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
77520	Proton trmt, simple w/o comp	By Report	By Report	0	0%	0%	0%	3	9	9	9	9	9		N
77522	Proton trmt, simple w/comp	By Report	By Report	0	0%	0%	0%	3	9	9	9	9	9		N
77523	Proton trmt, intermediate	By Report	By Report	0	0%	0%	0%	3	9	9	9	9	9		N
77525	Proton treatment, complex	By Report	By Report	0	0%	0%	0%	3	9	9	9	9	9		N
77600	Hyperthermia treatment	$267.84	$267.84	0	0%	0%	0%	1	0	0	0	0	0		R
77600-26	Hyperthermia treatment	$109.62	$109.62	0	0%	0%	0%	1	0	0	0	0	0		R

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77600-TC	Hyperthermia treatment	$158.22	$158.22	0	0%	0%	0%	1	0	0	0	0	0		R
77605	Hyperthermia treatment	$359.10	$359.10	0	0%	0%	0%	1	0	0	0	0	0		R
77605-26	Hyperthermia treatment	$147.81	$147.81	0	0%	0%	0%	1	0	0	0	0	0		R
77605-TC	Hyperthermia treatment	$211.30	$211.30	0	0%	0%	0%	1	0	0	0	0	0		R
77610	Hyperthermia treatment	$267.84	$267.84	0	0%	0%	0%	1	0	0	0	0	0		R
77610-26	Hyperthermia treatment	$109.12	$109.12	0	0%	0%	0%	1	0	0	0	0	0		R
77610-TC	Hyperthermia treatment	$158.22	$158.22	0	0%	0%	0%	1	0	0	0	0	0		R
77615	Hyperthermia treatment	$357.62	$357.62	0	0%	0%	0%	1	0	0	0	0	0		R
77615-26	Hyperthermia treatment	$145.82	$145.82	0	0%	0%	0%	1	0	0	0	0	0		R
77615-TC	Hyperthermia treatment	$211.30	$211.30	0	0%	0%	0%	1	0	0	0	0	0		R
77620	Hyperthermia treatment	$268.34	$268.34	0	0%	0%	0%	1	0	0	0	0	0		R
77620-26	Hyperthermia treatment	$110.11	$110.11	0	0%	0%	0%	1	0	0	0	0	0		R
77620-TC	Hyperthermia treatment	$158.22	$158.22	0	0%	0%	0%	1	0	0	0	0	0		R
77750	Infuse radioactive materials	$409.70	$409.70	90	0%	0%	0%	1	0	0	0	0	0		R
77750-26	Infuse radioactive materials	$340.26	$340.26	90	0%	0%	0%	1	0	0	0	0	0		R
77750-TC	Infuse radioactive materials	$69.44	$69.44	90	0%	0%	0%	1	0	0	0	0	0		R
77761	Apply intrcav radiat simple	$392.83	$392.83	90	0%	0%	0%	1	0	0	0	0	0		R
77761-26	Apply intrcav radiat simple	$261.89	$261.89	90	0%	0%	0%	1	0	0	0	0	0		R
77761-TC	Apply intrcav radiat simple	$130.94	$130.94	90	0%	0%	0%	1	0	0	0	0	0		R
77762	Apply intrcav radiat interm	$585.78	$585.78	90	0%	0%	0%	1	0	0	0	0	0		R
77762-26	Apply intrcav radiat interm	$398.29	$398.29	90	0%	0%	0%	1	0	0	0	0	0		R
77762-TC	Apply intrcav radiat interm	$187.49	$187.49	90	0%	0%	0%	1	0	0	0	0	0		R
77763	Apply intrcav radiat compl	$829.81	$829.81	90	0%	0%	0%	1	0	0	0	0	0		R
77763-26	Apply intrcav radiat compl	$596.19	$596.19	90	0%	0%	0%	1	0	0	0	0	0		R
77763-TC	Apply intrcav radiat compl	$233.12	$233.12	90	0%	0%	0%	1	0	0	0	0	0		R
77776	Apply interstit radiat simpl	$422.59	$422.59	90	0%	0%	0%	1	0	0	0	0	0		R
77776-26	Apply interstit radiat simpl	$309.01	$309.01	90	0%	0%	0%	1	0	0	0	2	0		R
77776-TC	Apply interstit radiat simpl	$113.58	$113.58	90	0%	0%	0%	1	0	0	0	0	0		R
77777	Apply interstit radiat inter	$741.52	$741.52	90	0%	0%	0%	1	0	0	0	0	0		R
77777-26	Apply interstit radiat inter	$521.30	$521.30	90	0%	0%	0%	1	0	0	0	2	0		R
77777-TC	Apply interstit radiat inter	$219.73	$219.73	90	0%	0%	0%	1	0	0	0	0	0		R
77778	Apply iterstit radiat compl	$1,044.58	$1,044.58	90	0%	0%	0%	1	0	0	0	0	0		R
77778-26	Apply iterstit radiat compl	$777.73	$777.73	90	0%	0%	0%	1	0	0	0	2	0		R
77778-TC	Apply iterstit radiat compl	$266.35	$266.35	90	0%	0%	0%	1	0	0	0	0	0		R
77781	High intensity brachytherapy	$1,170.56	$1,170.56	90	0%	0%	0%	1	0	0	0	0	0		R
77781-26	High intensity brachytherapy	$115.57	$115.57	90	0%	0%	0%	1	0	0	0	0	0		R
77781-TC	High intensity brachytherapy	$1,054.99	$1,054.99	90	0%	0%	0%	1	0	0	0	0	0		R
77782	High intensity brachytherapy	$1,228.59	$1,228.59	90	0%	0%	0%	1	0	0	0	0	0		R
77782-26	High intensity brachytherapy	$173.60	$173.60	90	0%	0%	0%	1	0	0	0	0	0		R
77782-TC	High intensity brachytherapy	$1,054.99	$1,054.99	90	0%	0%	0%	1	0	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
77783	High intensity brachytherapy	$1,313.90	$1,313.90	90	0%	0%	0%	1	0	0	0	0	0		R
77783-26	High intensity brachytherapy	$258.91	$258.91	90	0%	0%	0%	1	0	0	0	0	0		R
77783-TC	High intensity brachytherapy	$1,054.99	$1,054.99	90	0%	0%	0%	1	0	0	0	0	0		R
77784	High intensity brachytherapy	$1,444.35	$1,444.35	90	0%	0%	0%	1	0	0	0	0	0		R
77784-26	High intensity brachytherapy	$389.36	$389.36	90	0%	0%	0%	1	0	0	0	0	0		R
77784-TC	High intensity brachytherapy	$1,054.99	$1,054.99	90	0%	0%	0%	1	0	0	0	0	0		R
77789	Apply surface radiation	$101.68	$101.68	90	0%	0%	0%	1	0	0	0	0	0		R
77789-26	Apply surface radiation	$77.87	$77.87	90	0%	0%	0%	1	0	0	0	0	0		R
77789-TC	Apply surface radiation	$23.81	$23.81	90	0%	0%	0%	1	0	0	0	0	0		R
77790	Radiation handling	$99.20	$99.20	0	0%	0%	0%	1	0	0	0	0	0		R
77790-26	Radiation handling	$72.91	$72.91	0	0%	0%	0%	1	0	0	0	0	0		R
77790-TC	Radiation handling	$26.29	$26.29	0	0%	0%	0%	1	0	0	0	0	0		R
77799	Radium/radioisotope therapy	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
77799-26	Radium/radioisotope therapy	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
77799-TC	Radium/radioisotope therapy	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78000	Thyroid, single uptake	$64.48	$64.48	0	0%	0%	0%	1	0	0	0	0	0		R
78000-26	Thyroid, single uptake	$13.89	$13.89	0	0%	0%	0%	1	0	0	0	0	0		R
78000-TC	Thyroid, single uptake	$50.59	$50.59	0	0%	0%	0%	1	0	0	0	0	0		R
78001	Thyroid, multiple uptakes	$86.80	$86.80	0	0%	0%	0%	1	0	0	0	0	0		R
78001-26	Thyroid, multiple uptakes	$18.85	$18.85	0	0%	0%	0%	1	0	0	0	0	0		R
78001-TC	Thyroid, multiple uptakes	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
78003	Thyroid suppress/stimul	$73.41	$73.41	0	0%	0%	0%	1	0	0	0	0	0		R
78003-26	Thyroid suppress/stimul	$23.31	$23.31	0	0%	0%	0%	1	0	0	0	0	0		R
78003-TC	Thyroid suppress/stimul	$50.59	$50.59	0	0%	0%	0%	1	0	0	0	0	0		R
78006	Thyroid imaging with uptake	$158.72	$158.72	0	0%	0%	0%	1	0	0	0	0	0		R
78006-26	Thyroid imaging with uptake	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
78006-TC	Thyroid imaging with uptake	$124.00	$124.00	0	0%	0%	0%	1	0	0	0	0	0		R
78007	Thyroid image, mult uptakes	$169.63	$169.63	0	0%	0%	0%	1	0	0	0	0	0		R
78007-26	Thyroid image, mult uptakes	$35.22	$35.22	0	0%	0%	0%	1	0	0	0	0	0		R
78007-TC	Thyroid image, mult uptakes	$134.42	$134.42	0	0%	0%	0%	1	0	0	0	0	0		R
78010	Thyroid imaging	$122.51	$122.51	0	0%	0%	0%	1	0	0	0	0	0		R
78010-26	Thyroid imaging	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R
78010-TC	Thyroid imaging	$95.23	$95.23	0	0%	0%	0%	1	0	0	0	0	0		R
78011	Thyroid imaging with flow	$157.73	$157.73	0	0%	0%	0%	1	0	0	0	0	0		R
78011-26	Thyroid imaging with flow	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
78011-TC	Thyroid imaging with flow	$125.49	$125.49	0	0%	0%	0%	1	0	0	0	0	0		R
78015	Thyroid met imaging	$182.03	$182.03	0	0%	0%	0%	1	0	0	0	0	0		R
78015-26	Thyroid met imaging	$47.62	$47.62	0	0%	0%	0%	1	0	0	0	0	0		R
78015-TC	Thyroid met imaging	$134.42	$134.42	0	0%	0%	0%	1	0	0	0	0	0		R
78016	Thyroid met imaging/studies	$239.57	$239.57	0	0%	0%	0%	1	0	0	0	0	0		R

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78016-26	Thyroid met imaging/studies	$58.53	$58.53	0	0%	0%	0%	1	0	0	0	0	0		R
78016-TC	Thyroid met imaging/studies	$181.04	$181.04	0	0%	0%	0%	1	0	0	0	0	0		R
78018	Thyroid met imaging, body	$343.23	$343.23	0	0%	0%	0%	1	0	0	0	0	0		R
78018-26	Thyroid met imaging, body	$61.50	$61.50	0	0%	0%	0%	1	0	0	0	0	0		R
78018-TC	Thyroid met imaging, body	$281.73	$281.73	0	0%	0%	0%	1	0	0	0	0	0		R
78020	Thyroid met uptake	$111.60	$111.60	0	0%	0%	0%	1	0	0	0	0	0		R
78020-26	Thyroid met uptake	$41.66	$41.66	0	0%	0%	0%	1	0	0	0	0	0		R
78020-TC	Thyroid met uptake	$69.94	$69.94	0	0%	0%	0%	1	0	0	0	0	0		R
78070	Parathyroid nuclear imaging	$151.28	$151.28	0	0%	0%	0%	1	0	0	0	0	0		R
78070-26	Parathyroid nuclear imaging	$56.05	$56.05	0	0%	0%	0%	1	0	0	0	0	0		R
78070-TC	Parathyroid nuclear imaging	$95.23	$95.23	0	0%	0%	0%	1	0	0	0	0	0		R
78075	Adrenal nuclear imaging	$334.30	$334.30	0	0%	0%	0%	1	0	0	0	0	0		R
78075-26	Adrenal nuclear imaging	$52.58	$52.58	0	0%	0%	0%	1	0	0	0	0	0		R
78075-TC	Adrenal nuclear imaging	$281.73	$281.73	0	0%	0%	0%	1	0	0	0	0	0		R
78099	Endocrine nuclear procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78099-26	Endocrine nuclear procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78099-TC	Endocrine nuclear procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78102	Bone marrow imaging, ltd	$145.82	$145.82	0	0%	0%	0%	1	0	0	0	0	0		R
78102-26	Bone marrow imaging, ltd	$39.18	$39.18	0	0%	0%	0%	1	0	0	0	0	0		R
78102-TC	Bone marrow imaging, ltd	$106.64	$106.64	0	0%	0%	0%	1	0	0	0	0	0		R
78103	Bone marrow imaging, mult	$217.74	$217.74	0	0%	0%	0%	1	0	0	0	0	0		R
78103-26	Bone marrow imaging, mult	$53.07	$53.07	0	0%	0%	0%	1	0	0	0	0	0		R
78103-TC	Bone marrow imaging, mult	$164.67	$164.67	0	0%	0%	0%	1	0	0	0	0	0		R
78104	Bone marrow imaging, body	$267.84	$267.84	0	0%	0%	0%	1	0	0	0	0	0		R
78104-26	Bone marrow imaging, body	$56.54	$56.54	0	0%	0%	0%	1	0	0	0	0	0		R
78104-TC	Bone marrow imaging, body	$211.30	$211.30	0	0%	0%	0%	1	0	0	0	0	0		R
78110	Plasma volume, single	$63.98	$63.98	0	0%	0%	0%	1	0	0	0	0	0		R
78110-26	Plasma volume, single	$14.38	$14.38	0	0%	0%	0%	1	0	0	0	0	0		R
78110-TC	Plasma volume, single	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
78111	Plasma volume, multiple	$150.29	$150.29	0	0%	0%	0%	1	0	0	0	0	0		R
78111-26	Plasma volume, multiple	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
78111-TC	Plasma volume, multiple	$134.42	$134.42	0	0%	0%	0%	1	0	0	0	0	0		R
78120	Red cell mass, single	$107.14	$107.14	0	0%	0%	0%	1	0	0	0	0	0		R
78120-26	Red cell mass, single	$16.86	$16.86	0	0%	0%	0%	1	0	0	0	0	0		R
78120-TC	Red cell mass, single	$90.77	$90.77	0	0%	0%	0%	1	0	0	0	0	0		R
78121	Red cell mass, multiple	$173.60	$173.60	0	0%	0%	0%	1	0	0	0	0	0		R
78121-26	Red cell mass, multiple	$22.82	$22.82	0	0%	0%	0%	1	0	0	0	0	0		R
78121-TC	Red cell mass, multiple	$150.78	$150.78	0	0%	0%	0%	1	0	0	0	0	0		R
78122	Blood volume	$271.31	$271.31	0	0%	0%	0%	1	0	0	0	0	0		R
78122-26	Blood volume	$31.74	$31.74	0	0%	0%	0%	1	0	0	0	0	0		R

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78122-TC	Blood volume	$239.07	$239.07	0	0%	0%	0%	1	0	0	0	0	0		R
78130	Red cell survival study	$191.46	$191.46	0	0%	0%	0%	1	0	0	0	0	0		R
78130-26	Red cell survival study	$43.65	$43.65	0	0%	0%	0%	1	0	0	0	0	0		R
78130-TC	Red cell survival study	$147.81	$147.81	0	0%	0%	0%	1	0	0	0	0	0		R
78135	Red cell survival kinetics	$298.10	$298.10	0	0%	0%	0%	1	0	0	0	0	0		R
78135-26	Red cell survival kinetics	$45.14	$45.14	0	0%	0%	0%	1	0	0	0	0	0		R
78135-TC	Red cell survival kinetics	$252.96	$252.96	0	0%	0%	0%	1	0	0	0	0	0		R
78140	Red cell sequestration	$247.50	$247.50	0	0%	0%	0%	1	0	0	0	0	0		R
78140-26	Red cell sequestration	$43.15	$43.15	0	0%	0%	0%	1	0	0	0	0	0		R
78140-TC	Red cell sequestration	$204.35	$204.35	0	0%	0%	0%	1	0	0	0	0	0		R
78160	Plasma iron turnover	$215.26	$215.26	0	0%	0%	0%	1	0	0	0	0	0		R
78160-26	Plasma iron turnover	$24.80	$24.80	0	0%	0%	0%	1	0	0	0	0	0		R
78160-TC	Plasma iron turnover	$190.46	$190.46	0	0%	0%	0%	1	0	0	0	0	0		R
78162	Iron absorption exam	$198.40	$198.40	0	0%	0%	0%	1	0	0	0	0	0		R
78162-26	Iron absorption exam	$31.74	$31.74	0	0%	0%	0%	1	0	0	0	0	0		R
78162-TC	Iron absorption exam	$166.16	$166.16	0	0%	0%	0%	1	0	0	0	0	0		R
78170	Red cell iron utilization	$305.04	$305.04	0	0%	0%	0%	1	0	0	0	0	0		R
78170-26	Red cell iron utilization	$29.76	$29.76	0	0%	0%	0%	1	0	0	0	0	0		R
78170-TC	Red cell iron utilization	$275.28	$275.28	0	0%	0%	0%	1	0	0	0	0	0		R
78172	Total body iron estimation	$82.83	$82.83	0	0%	0%	0%	1	0	0	0	0	0		R
78172-26	Total body iron estimation	$37.20	$37.20	0	0%	0%	0%	1	0	0	0	0	0		R
78172-TC	Total body iron estimation	$45.63	$45.63	0	0%	0%	0%	1	0	0	0	0	0		R
78185	Spleen imaging	$151.28	$151.28	0	0%	0%	0%	1	0	0	0	0	0		R
78185-26	Spleen imaging	$28.27	$28.27	0	0%	0%	0%	1	0	0	0	0	0		R
78185-TC	Spleen imaging	$123.01	$123.01	0	0%	0%	0%	1	0	0	0	0	0		R
78190	Platelet survival, kinetics	$373.49	$373.49	0	0%	0%	0%	1	0	0	0	0	0		R
78190-26	Platelet survival, kinetics	$76.88	$76.88	0	0%	0%	0%	1	0	0	0	0	0		R
78190-TC	Platelet survival, kinetics	$296.61	$296.61	0	0%	0%	0%	1	0	0	0	0	0		R
78191	Platelet survival	$424.08	$424.08	0	0%	0%	0%	1	0	0	0	0	0		R
78191-26	Platelet survival	$43.15	$43.15	0	0%	0%	0%	1	0	0	0	0	0		R
78191-TC	Platelet survival	$380.93	$380.93	0	0%	0%	0%	1	0	0	0	0	0		R
78195	Lymph system imaging	$293.14	$293.14	0	0%	0%	0%	1	0	0	0	0	0		R
78195-26	Lymph system imaging	$81.84	$81.84	0	0%	0%	0%	1	0	0	0	0	0		R
78195-TC	Lymph system imaging	$211.30	$211.30	0	0%	0%	0%	1	0	0	0	0	0		R
78199	Blood/lymph nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78199-26	Blood/lymph nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78199-TC	Blood/lymph nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78201	Liver imaging	$153.76	$153.76	0	0%	0%	0%	1	0	0	0	0	0		R
78201-26	Liver imaging	$30.75	$30.75	0	0%	0%	0%	1	0	0	0	0	0		R
78201-TC	Liver imaging	$123.01	$123.01	0	0%	0%	0%	1	0	0	0	0	0		R

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78202	Liver imaging with flow	$186.00	$186.00	0	0%	0%	0%	1	0	0	0	0	0		R
78202-26	Liver imaging with flow	$36.21	$36.21	0	0%	0%	0%	1	0	0	0	0	0		R
78202-TC	Liver imaging with flow	$149.30	$149.30	0	0%	0%	0%	1	0	0	0	0	0		R
78205	Liver imaging (3D)	$357.12	$357.12	0	0%	0%	0%	1	0	0	0	0	0		R
78205-26	Liver imaging (3D)	$50.59	$50.59	0	0%	0%	0%	1	0	0	0	0	0		R
78205-TC	Liver imaging (3D)	$306.53	$306.53	0	0%	0%	0%	1	0	0	0	0	0		R
78206	Liver image (3d) w/flow	$364.06	$364.06	0	0%	0%	0%	1	0	0	0	0	0		R
78206-26	Liver image (3d) w/flow	$66.46	$66.46	0	0%	0%	0%	1	0	0	0	0	0		R
78206-TC	Liver image (3d) w/flow	$297.10	$297.10	0	0%	0%	0%	1	0	0	0	0	0		R
78215	Liver and spleen imaging	$187.49	$187.49	0	0%	0%	0%	1	0	0	0	0	0		R
78215-26	Liver and spleen imaging	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
78215-TC	Liver and spleen imaging	$152.27	$152.27	0	0%	0%	0%	1	0	0	0	0	0		R
78216	Liver & spleen image/flow	$221.22	$221.22	0	0%	0%	0%	1	0	0	0	0	0		R
78216-26	Liver & spleen image/flow	$40.18	$40.18	0	0%	0%	0%	1	0	0	0	0	0		R
78216-TC	Liver & spleen image/flow	$181.04	$181.04	0	0%	0%	0%	1	0	0	0	0	0		R
78220	Liver function study	$228.66	$228.66	0	0%	0%	0%	1	0	0	0	0	0		R
78220-26	Liver function study	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
78220-TC	Liver function study	$193.44	$193.44	0	0%	0%	0%	1	0	0	0	0	0		R
78223	Hepatobiliary imaging	$249.98	$249.98	0	0%	0%	0%	1	0	0	0	0	0		R
78223-26	Hepatobiliary imaging	$59.02	$59.02	0	0%	0%	0%	1	0	0	0	0	0		R
78223-TC	Hepatobiliary imaging	$190.46	$190.46	0	0%	0%	0%	1	0	0	0	0	0		R
78230	Salivary gland imaging	$145.33	$145.33	0	0%	0%	0%	1	0	0	0	0	0		R
78230-26	Salivary gland imaging	$31.74	$31.74	0	0%	0%	0%	1	0	0	0	0	0		R
78230-TC	Salivary gland imaging	$113.58	$113.58	0	0%	0%	0%	1	0	0	0	0	0		R
78231	Serial salivary imaging	$201.87	$201.87	0	0%	0%	0%	1	0	0	0	0	0		R
78231-26	Serial salivary imaging	$37.20	$37.20	0	0%	0%	0%	1	0	0	0	0	0		R
78231-TC	Serial salivary imaging	$164.67	$164.67	0	0%	0%	0%	1	0	0	0	0	0		R
78232	Salivary gland function exam	$217.74	$217.74	0	0%	0%	0%	1	0	0	0	0	0		R
78232-26	Salivary gland function exam	$33.23	$33.23	0	0%	0%	0%	1	0	0	0	0	0		R
78232-TC	Salivary gland function exam	$184.02	$184.02	0	0%	0%	0%	1	0	0	0	0	0		R
78258	Esophageal motility study	$201.87	$201.87	0	0%	0%	0%	1	0	0	0	0	0		R
78258-26	Esophageal motility study	$52.58	$52.58	0	0%	0%	0%	1	0	0	0	0	0		R
78258-TC	Esophageal motility study	$149.30	$149.30	0	0%	0%	0%	1	0	0	0	0	0		R
78261	Gastric mucosa imaging	$262.38	$262.38	0	0%	0%	0%	1	0	0	0	0	0		R
78261-26	Gastric mucosa imaging	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
78261-TC	Gastric mucosa imaging	$212.78	$212.78	0	0%	0%	0%	1	0	0	0	0	0		R
78262	Gastroesophageal reflux exam	$269.33	$269.33	0	0%	0%	0%	1	0	0	0	0	0		R
78262-26	Gastroesophageal reflux exam	$48.61	$48.61	0	0%	0%	0%	1	0	0	0	0	0		R
78262-TC	Gastroesophageal reflux exam	$220.72	$220.72	0	0%	0%	0%	1	0	0	0	0	0		R
78264	Gastric emptying study	$269.33	$269.33	0	0%	0%	0%	1	0	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
78264-26	Gastric emptying study	$55.06	$55.06	0	0%	0%	0%	1	0	0	0	0	0		R
78264-TC	Gastric emptying study	$214.27	$214.27	0	0%	0%	0%	1	0	0	0	0	0		R
78267	Breath tst attain/anal c-14	$15.20	$15.20	0	0%	0%	0%	9	9	9	9	9	9		L
78268	Breath test analysis, c-14	$130.33	$130.33	0	0%	0%	0%	9	9	9	9	9	9		L
78270	Vit B-12 absorption exam	$95.23	$95.23	0	0%	0%	0%	1	0	0	0	0	0		R
78270-26	Vit B-12 absorption exam	$14.38	$14.38	0	0%	0%	0%	1	0	0	0	0	0		R
78270-TC	Vit B-12 absorption exam	$81.34	$81.34	0	0%	0%	0%	1	0	0	0	0	0		R
78271	Vit B-12 absorp exam, IF	$100.19	$100.19	0	0%	0%	0%	1	0	0	0	0	0		R
78271-26	Vit B-12 absorp exam, IF	$14.38	$14.38	0	0%	0%	0%	1	0	0	0	0	0		R
78271-TC	Vit B-12 absorp exam, IF	$85.81	$85.81	0	0%	0%	0%	1	0	0	0	0	0		R
78272	Vit B-12 absorp, combined	$140.37	$140.37	0	0%	0%	0%	1	0	0	0	0	0		R
78272-26	Vit B-12 absorp, combined	$19.34	$19.34	0	0%	0%	0%	1	0	0	0	0	0		R
78272-TC	Vit B-12 absorp, combined	$121.02	$121.02	0	0%	0%	0%	1	0	0	0	0	0		R
78278	Acute GI blood loss imaging	$322.90	$322.90	0	0%	0%	0%	1	0	0	0	0	0		R
78278-26	Acute GI blood loss imaging	$69.44	$69.44	0	0%	0%	0%	1	0	0	0	0	0		R
78278-TC	Acute GI blood loss imaging	$252.96	$252.96	0	0%	0%	0%	1	0	0	0	0	0		R
78282	GI protein loss exam	$59.52	$59.52	0	0%	0%	0%	1	0	0	0	0	0		R
78282-26	GI protein loss exam	$26.78	$26.78	0	0%	0%	0%	1	0	0	0	0	0		R
78282-TC	GI protein loss exam	$32.74	$32.74	0	0%	0%	0%	1	0	0	0	0	0		R
78290	Meckel's divert exam	$206.34	$206.34	0	0%	0%	0%	1	0	0	0	0	0		R
78290-26	Meckel's divert exam	$48.11	$48.11	0	0%	0%	0%	1	0	0	0	0	0		R
78290-TC	Meckel's divert exam	$158.22	$158.22	0	0%	0%	0%	1	0	0	0	0	0		R
78291	Leveen/shunt patency exam	$221.71	$221.71	0	0%	0%	0%	1	0	0	0	0	0		R
78291-26	Leveen/shunt patency exam	$62.00	$62.00	0	0%	0%	0%	1	0	0	0	0	0		R
78291-TC	Leveen/shunt patency exam	$159.22	$159.22	0	0%	0%	0%	1	0	0	0	0	0		R
78299	GI nuclear procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78299-26	GI nuclear procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78299-TC	GI nuclear procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78300	Bone imaging, limited area	$173.60	$173.60	0	0%	0%	0%	1	0	0	0	0	0		R
78300-26	Bone imaging, limited area	$43.65	$43.65	0	0%	0%	0%	1	0	0	0	0	0		R
78300-TC	Bone imaging, limited area	$129.95	$129.95	0	0%	0%	0%	1	0	0	0	0	0		R
78305	Bone imaging, multiple areas	$248.99	$248.99	0	0%	0%	0%	1	0	0	0	0	0		R
78305-26	Bone imaging, multiple areas	$58.53	$58.53	0	0%	0%	0%	1	0	0	0	0	0		R
78305-TC	Bone imaging, multiple areas	$190.46	$190.46	0	0%	0%	0%	1	0	0	0	0	0		R
78306	Bone imaging, whole body	$282.72	$282.72	0	0%	0%	0%	1	2	0	0	0	0		R
78306-26	Bone imaging, whole body	$60.51	$60.51	0	0%	0%	0%	1	2	0	0	0	0		R
78306-TC	Bone imaging, whole body	$221.71	$221.71	0	0%	0%	0%	1	2	0	0	0	0		R
78315	Bone imaging, 3 phase	$320.42	$320.42	0	0%	0%	0%	1	0	0	0	0	0		R
78315-26	Bone imaging, 3 phase	$71.42	$71.42	0	0%	0%	0%	1	0	0	0	0	0		R
78315-TC	Bone imaging, 3 phase	$248.50	$248.50	0	0%	0%	0%	1	0	0	0	0	0		R

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78320	Bone imaging (3D)	$380.43	$380.43	0	0%	0%	0%	1	2	0	0	0	0		R
78320-26	Bone imaging (3D)	$73.41	$73.41	0	0%	0%	0%	1	2	0	0	0	0		R
78320-TC	Bone imaging (3D)	$306.53	$306.53	0	0%	0%	0%	1	2	0	0	0	0		R
78350	Bone mineral, single photon	$55.55	$55.55	0	0%	0%	0%	1	0	0	0	0	0		R
78350-26	Bone mineral, single photon	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
78350-TC	Bone mineral, single photon	$39.68	$39.68	0	0%	0%	0%	1	0	0	0	0	0		R
78351	Bone mineral, dual photon	$76.38	$22.32	0	0%	0%	0%	9	9	9	9	9	9		R
78399	Musculoskeletal nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78399-26	Musculoskeletal nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78399-TC	Musculoskeletal nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78414	Non-imaging heart function	$70.43	$70.43	0	0%	0%	0%	1	0	0	0	0	0		R
78414-26	Non-imaging heart function	$31.74	$31.74	0	0%	0%	0%	1	0	0	0	0	0		R
78414-TC	Non-imaging heart function	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
78428	Cardiac shunt imaging	$174.59	$174.59	0	0%	0%	0%	1	0	0	0	0	0		R
78428-26	Cardiac shunt imaging	$57.04	$57.04	0	0%	0%	0%	1	0	0	0	0	0		R
78428-TC	Cardiac shunt imaging	$117.55	$117.55	0	0%	0%	0%	1	0	0	0	0	0		R
78445	Vascular flow imaging	$131.44	$131.44	0	0%	0%	0%	1	0	0	0	0	0		R
78445-26	Vascular flow imaging	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
78445-TC	Vascular flow imaging	$96.72	$96.72	0	0%	0%	0%	1	0	0	0	0	0		R
78455	Venous thrombosis study	$258.42	$258.42	0	0%	0%	0%	1	0	0	0	0	0		R
78455-26	Venous thrombosis study	$51.58	$51.58	0	0%	0%	0%	1	0	0	0	0	0		R
78455-TC	Venous thrombosis study	$206.83	$206.83	0	0%	0%	0%	1	0	0	0	0	0		R
78456	Acute venous thrombus image	$276.77	$276.77	0	0%	0%	0%	1	9	9	9	9	9		R
78456-26	Acute venous thrombus image	$68.94	$68.94	0	0%	0%	0%	1	9	9	9	9	9		R
78456-TC	Acute venous thrombus image	$207.82	$207.82	0	0%	0%	0%	1	9	9	9	9	9		R
78457	Venous thrombosis imaging	$192.94	$192.94	0	0%	0%	0%	1	0	0	0	0	0		R
78457-26	Venous thrombosis imaging	$54.56	$54.56	0	0%	0%	0%	1	0	0	0	0	0		R
78457-TC	Venous thrombosis imaging	$138.38	$138.38	0	0%	0%	0%	1	0	0	0	0	0		R
78458	Ven thrombosis images, bilat	$272.30	$272.30	0	0%	0%	0%	1	0	2	0	0	0		R
78458-26	Ven thrombosis images, bilat	$63.49	$63.49	0	0%	0%	0%	1	0	2	0	0	0		R
78458-TC	Ven thrombosis images, bilat	$208.82	$208.82	0	0%	0%	0%	1	0	2	0	0	0		R
78459	Heart muscle imaging (PET)	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
78459-26	Heart muscle imaging (PET)	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
78459-TC	Heart muscle imaging (PET)	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
78460	Heart muscle blood, single	$184.02	$184.02	0	0%	0%	0%	1	0	0	0	0	0		R
78460-26	Heart muscle blood, single	$61.01	$61.01	0	0%	0%	0%	1	0	0	0	0	0		R
78460-TC	Heart muscle blood, single	$123.01	$123.01	0	0%	0%	0%	1	0	0	0	0	0		R
78461	Heart muscle blood, multiple	$332.82	$332.82	0	0%	0%	0%	1	0	0	0	0	0		R
78461-26	Heart muscle blood, multiple	$87.30	$87.30	0	0%	0%	0%	1	0	0	0	0	0		R
78461-TC	Heart muscle blood, multiple	$245.52	$245.52	0	0%	0%	0%	1	0	0	0	0	0		R

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78464	Heart image (3d), single	$444.42	$444.42	0	0%	0%	0%	1	0	0	0	0	0		R
78464-26	Heart image (3d), single	$76.88	$76.88	0	0%	0%	0%	1	0	0	0	0	0		R
78464-TC	Heart image (3d), single	$367.54	$367.54	0	0%	0%	0%	1	0	0	0	0	0		R
78465	Heart image (3d), multiple	$716.72	$716.72	0	0%	0%	0%	1	0	0	0	0	0		R
78465-26	Heart image (3d), multiple	$104.16	$104.16	0	0%	0%	0%	1	0	0	0	0	0		R
78465-TC	Heart image (3d), multiple	$612.56	$612.56	0	0%	0%	0%	1	0	0	0	0	0		R
78466	Heart infarct image	$186.00	$186.00	0	0%	0%	0%	1	0	0	0	0	0		R
78466-26	Heart infarct image	$49.60	$49.60	0	0%	0%	0%	1	0	0	0	0	0		R
78466-TC	Heart infarct image	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
78468	Heart infarct image (ef)	$247.01	$247.01	0	0%	0%	0%	1	0	0	0	0	0		R
78468-26	Heart infarct image (ef)	$56.54	$56.54	0	0%	0%	0%	1	0	0	0	0	0		R
78468-TC	Heart infarct image (ef)	$190.46	$190.46	0	0%	0%	0%	1	0	0	0	0	0		R
78469	Heart infarct image (3D)	$336.29	$336.29	0	0%	0%	0%	1	0	0	0	0	0		R
78469-26	Heart infarct image (3D)	$64.98	$64.98	0	0%	0%	0%	1	0	0	0	0	0		R
78469-TC	Heart infarct image (3D)	$271.31	$271.31	0	0%	0%	0%	1	0	0	0	0	0		R
78472	Gated heart, planar, single	$356.62	$356.62	0	0%	0%	0%	1	0	0	0	0	0		R
78472-26	Gated heart, planar, single	$69.44	$69.44	0	0%	0%	0%	1	0	0	0	0	0		R
78472-TC	Gated heart, planar, single	$286.69	$286.69	0	0%	0%	0%	1	0	0	0	0	0		R
78473	Gated heart, multiple	$532.70	$532.70	0	0%	0%	0%	1	0	0	0	0	0		R
78473-26	Gated heart, multiple	$104.16	$104.16	0	0%	0%	0%	1	0	0	0	0	0		R
78473-TC	Gated heart, multiple	$428.54	$428.54	0	0%	0%	0%	1	0	0	0	0	0		R
78478	Heart wall motion add-on	$125.98	$125.98	0	0%	0%	0%	1	0	0	0	0	0		R
78478-26	Heart wall motion add-on	$44.14	$44.14	0	0%	0%	0%	1	0	0	0	0	0		R
78478-TC	Heart wall motion add-on	$81.84	$81.84	0	0%	0%	0%	1	0	0	0	0	0		R
78480	Heart function add-on	$125.98	$125.98	0	0%	0%	0%	1	0	0	0	0	0		R
78480-26	Heart function add-on	$44.14	$44.14	0	0%	0%	0%	1	0	0	0	0	0		R
78480-TC	Heart function add-on	$81.84	$81.84	0	0%	0%	0%	1	0	0	0	0	0		R
78481	Heart first pass, single	$341.74	$341.74	0	0%	0%	0%	1	0	0	0	0	0		R
78481-26	Heart first pass, single	$70.43	$70.43	0	0%	0%	0%	1	0	0	0	0	0		R
78481-TC	Heart first pass, single	$271.31	$271.31	0	0%	0%	0%	1	0	0	0	0	0		R
78483	Heart first pass, multiple	$513.86	$513.86	0	0%	0%	0%	1	0	0	0	0	0		R
78483-26	Heart first pass, multiple	$105.15	$105.15	0	0%	0%	0%	1	0	0	0	0	0		R
78483-TC	Heart first pass, multiple	$408.70	$408.70	0	0%	0%	0%	1	0	0	0	0	0		R
78491	Heart image (pet), single	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
78491-26	Heart image (pet), single	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
78491-TC	Heart image (pet), single	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
78492	Heart image (pet), multiple	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
78492-26	Heart image (pet), multiple	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
78492-TC	Heart image (pet), multiple	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
78494	Heart image, spect	$443.42	$443.42	0	0%	0%	0%	1	0	0	0	0	0		R

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78494-26	Heart image, spect	$82.34	$82.34	0	0%	0%	0%	1	0	0	0	0	0		R
78494-TC	Heart image, spect	$361.09	$361.09	0	0%	0%	0%	1	0	0	0	0	0		R
78496	Heart first pass add-on	$396.30	$396.30	0	0%	0%	0%	1	0	0	0	0	0		R
78496-26	Heart first pass add-on	$35.22	$35.22	0	0%	0%	0%	1	0	0	0	0	0		R
78496-TC	Heart first pass add-on	$361.09	$361.09	0	0%	0%	0%	1	0	0	0	0	0		R
78499	Cardiovascular nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78499-26	Cardiovascular nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78499-TC	Cardiovascular nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78580	Lung perfusion imaging	$231.14	$231.14	0	0%	0%	0%	1	0	0	0	0	0		R
78580-26	Lung perfusion imaging	$52.58	$52.58	0	0%	0%	0%	1	0	0	0	0	0		R
78580-TC	Lung perfusion imaging	$178.56	$178.56	0	0%	0%	0%	1	0	0	0	0	0		R
78584	Lung V/Q image single breath	$236.10	$236.10	0	0%	0%	0%	1	0	0	0	0	0		R
78584-26	Lung V/Q image single breath	$69.44	$69.44	0	0%	0%	0%	1	0	0	0	0	0		R
78584-TC	Lung V/Q image single breath	$166.16	$166.16	0	0%	0%	0%	1	0	0	0	0	0		R
78585	Lung V/Q imaging	$369.02	$369.02	0	0%	0%	0%	1	0	0	0	0	0		R
78585-26	Lung V/Q imaging	$76.38	$76.38	0	0%	0%	0%	1	0	0	0	0	0		R
78585-TC	Lung V/Q imaging	$292.64	$292.64	0	0%	0%	0%	1	0	0	0	0	0		R
78586	Aerosol lung image, single	$163.18	$163.18	0	0%	0%	0%	1	0	0	0	0	0		R
78586-26	Aerosol lung image, single	$28.27	$28.27	0	0%	0%	0%	1	0	0	0	0	0		R
78586-TC	Aerosol lung image, single	$134.91	$134.91	0	0%	0%	0%	1	0	0	0	0	0		R
78587	Aerosol lung image, multiple	$180.54	$180.54	0	0%	0%	0%	1	0	0	0	0	0		R
78587-26	Aerosol lung image, multiple	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
78587-TC	Aerosol lung image, multiple	$145.82	$145.82	0	0%	0%	0%	1	0	0	0	0	0		R
78588	Perfusion lung image	$240.56	$240.56	0	0%	0%	0%	1	0	0	0	0	0		R
78588-26	Perfusion lung image	$75.39	$75.39	0	0%	0%	0%	1	0	0	0	0	0		R
78588-TC	Perfusion lung image	$165.17	$165.17	0	0%	0%	0%	1	0	0	0	0	0		R
78591	Vent image, 1 breath, 1 proj	$176.58	$176.58	0	0%	0%	0%	1	0	0	0	0	0		R
78591-26	Vent image, 1 breath, 1 proj	$28.27	$28.27	0	0%	0%	0%	1	0	0	0	0	0		R
78591-TC	Vent image, 1 breath, 1 proj	$147.81	$147.81	0	0%	0%	0%	1	0	0	0	0	0		R
78593	Vent image, 1 proj, gas	$214.77	$214.77	0	0%	0%	0%	1	0	0	0	0	0		R
78593-26	Vent image, 1 proj, gas	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
78593-TC	Vent image, 1 proj, gas	$179.55	$179.55	0	0%	0%	0%	1	0	0	0	0	0		R
78594	Vent image, mult proj, gas	$296.11	$296.11	0	0%	0%	0%	1	0	0	0	0	0		R
78594-26	Vent image, mult proj, gas	$37.20	$37.20	0	0%	0%	0%	1	0	0	0	0	0		R
78594-TC	Vent image, mult proj, gas	$258.91	$258.91	0	0%	0%	0%	1	0	0	0	0	0		R
78596	Lung differential function	$456.32	$456.32	0	0%	0%	0%	1	0	0	0	0	0		R
78596-26	Lung differential function	$89.28	$89.28	0	0%	0%	0%	1	0	0	0	0	0		R
78596-TC	Lung differential function	$367.54	$367.54	0	0%	0%	0%	1	0	0	0	0	0		R
78599	Respiratory nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78599-26	Respiratory nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
78599-TC	Respiratory nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78600	Brain imaging, ltd static	$181.04	$181.04	0	0%	0%	0%	1	0	0	0	0	0		R
78600-26	Brain imaging, ltd static	$31.25	$31.25	0	0%	0%	0%	1	0	0	0	0	0		R
78600-TC	Brain imaging, ltd static	$149.30	$149.30	0	0%	0%	0%	1	0	0	0	0	0		R
78601	Brain imaging, ltd w/ flow	$213.28	$213.28	0	0%	0%	0%	1	0	0	0	0	0		R
78601-26	Brain imaging, ltd w/ flow	$36.21	$36.21	0	0%	0%	0%	1	0	0	0	0	0		R
78601-TC	Brain imaging, ltd w/ flow	$177.07	$177.07	0	0%	0%	0%	1	0	0	0	0	0		R
78605	Brain imaging, complete	$214.77	$214.77	0	0%	0%	0%	1	0	0	0	0	0		R
78605-26	Brain imaging, complete	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R
78605-TC	Brain imaging, complete	$177.07	$177.07	0	0%	0%	0%	1	0	0	0	0	0		R
78606	Brain imaging, compl w/flow	$246.02	$246.02	0	0%	0%	0%	1	0	0	0	0	0		R
78606-26	Brain imaging, compl w/flow	$45.14	$45.14	0	0%	0%	0%	1	0	0	0	0	0		R
78606-TC	Brain imaging, compl w/flow	$200.88	$200.88	0	0%	0%	0%	1	0	0	0	0	0		R
78607	Brain imaging (3D)	$427.06	$427.06	0	0%	0%	0%	1	0	0	0	0	0		R
78607-26	Brain imaging (3D)	$86.80	$86.80	0	0%	0%	0%	1	0	0	0	0	0		R
78607-TC	Brain imaging (3D)	$340.26	$340.26	0	0%	0%	0%	1	0	0	0	0	0		R
78608	Brain imaging (PET)	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
78609	Brain imaging (PET)	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
78610	Brain flow imaging only	$103.66	$103.66	0	0%	0%	0%	1	0	0	0	0	0		R
78610-26	Brain flow imaging only	$21.33	$21.33	0	0%	0%	0%	1	0	0	0	0	0		R
78610-TC	Brain flow imaging only	$82.83	$82.83	0	0%	0%	0%	1	0	0	0	0	0		R
78615	Cerebral blood flow imaging	$230.14	$230.14	0	0%	0%	0%	1	0	0	0	0	0		R
78615-26	Cerebral blood flow imaging	$29.76	$29.76	0	0%	0%	0%	1	0	0	0	0	0		R
78615-TC	Cerebral blood flow imaging	$199.89	$199.89	0	0%	0%	0%	1	0	0	0	0	0		R
78630	Cerebrospinal fluid scan	$310.00	$310.00	0	0%	0%	0%	1	0	0	0	0	0		R
78630-26	Cerebrospinal fluid scan	$48.11	$48.11	0	0%	0%	0%	1	0	0	0	0	0		R
78630-TC	Cerebrospinal fluid scan	$261.89	$261.89	0	0%	0%	0%	1	0	0	0	0	0		R
78635	CSF ventriculography	$176.58	$176.58	0	0%	0%	0%	1	0	0	0	0	0		R
78635-26	CSF ventriculography	$43.65	$43.65	0	0%	0%	0%	1	0	0	0	0	0		R
78635-TC	CSF ventriculography	$132.93	$132.93	0	0%	0%	0%	1	0	0	0	0	0		R
78645	CSF shunt evaluation	$218.74	$218.74	0	0%	0%	0%	1	0	0	0	0	0		R
78645-26	CSF shunt evaluation	$40.18	$40.18	0	0%	0%	0%	1	0	0	0	0	0		R
78645-TC	CSF shunt evaluation	$178.56	$178.56	0	0%	0%	0%	1	0	0	0	0	0		R
78647	Cerebrospinal fluid scan	$370.51	$370.51	0	0%	0%	0%	1	0	0	0	0	0		R
78647-26	Cerebrospinal fluid scan	$63.98	$63.98	0	0%	0%	0%	1	0	0	0	0	0		R
78647-TC	Cerebrospinal fluid scan	$306.53	$306.53	0	0%	0%	0%	1	0	0	0	0	0		R
78650	CSF leakage imaging	$284.70	$284.70	0	0%	0%	0%	1	0	0	0	0	0		R
78650-26	CSF leakage imaging	$43.15	$43.15	0	0%	0%	0%	1	0	0	0	0	0		R
78650-TC	CSF leakage imaging	$241.06	$241.06	0	0%	0%	0%	1	0	0	0	0	0		R
78660	Nuclear exam of tear flow	$147.31	$147.31	0	0%	0%	0%	1	0	0	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
78660-26	Nuclear exam of tear flow	$37.20	$37.20	0	0%	0%	0%	1	0	0	0	0	0		R
78660-TC	Nuclear exam of tear flow	$110.11	$110.11	0	0%	0%	0%	1	0	0	0	0	0		R
78699	Nervous system nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78699-26	Nervous system nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78699-TC	Nervous system nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78700	Kidney imaging, static	$190.46	$190.46	0	0%	0%	0%	1	0	0	0	0	0		R
78700-26	Kidney imaging, static	$31.74	$31.74	0	0%	0%	0%	1	0	0	0	0	0		R
78700-TC	Kidney imaging, static	$158.22	$158.22	0	0%	0%	0%	1	0	0	0	0	0		R
78701	Kidney imaging with flow	$220.22	$220.22	0	0%	0%	0%	1	0	0	0	0	0		R
78701-26	Kidney imaging with flow	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
78701-TC	Kidney imaging with flow	$185.01	$185.01	0	0%	0%	0%	1	0	0	0	0	0		R
78704	Imaging renogram	$257.92	$257.92	0	0%	0%	0%	1	0	0	0	0	0		R
78704-26	Imaging renogram	$52.58	$52.58	0	0%	0%	0%	1	0	0	0	0	0		R
78704-TC	Imaging renogram	$205.34	$205.34	0	0%	0%	0%	1	0	0	0	0	0		R
78707	Kidney flow/function image	$300.08	$300.08	0	0%	0%	0%	1	0	0	0	0	0		R
78707-26	Kidney flow/function image	$67.46	$67.46	0	0%	0%	0%	1	0	0	0	0	0		R
78707-TC	Kidney flow/function image	$232.13	$232.13	0	0%	0%	0%	1	0	0	0	0	0		R
78708	Kidney flow/function image	$315.95	$315.95	0	0%	0%	0%	1	0	0	0	0	0		R
78708-26	Kidney flow/function image	$83.82	$83.82	0	0%	0%	0%	1	0	0	0	0	0		R
78708-TC	Kidney flow/function image	$232.13	$232.13	0	0%	0%	0%	1	0	0	0	0	0		R
78709	Kidney flow/function image	$328.85	$328.85	0	0%	0%	0%	1	0	0	0	0	0		R
78709-26	Kidney flow/function image	$96.72	$96.72	0	0%	0%	0%	1	0	0	0	0	0		R
78709-TC	Kidney flow/function image	$232.13	$232.13	0	0%	0%	0%	1	0	0	0	0	0		R
78710	Kidney imaging (3D)	$353.15	$353.15	0	0%	0%	0%	1	0	0	0	0	0		R
78710-26	Kidney imaging (3D)	$46.62	$46.62	0	0%	0%	0%	1	0	0	0	0	0		R
78710-TC	Kidney imaging (3D)	$306.53	$306.53	0	0%	0%	0%	1	0	0	0	0	0		R
78715	Renal vascular flow exam	$104.16	$104.16	0	0%	0%	0%	1	0	0	0	0	0		R
78715-26	Renal vascular flow exam	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R
78715-TC	Renal vascular flow exam	$82.83	$82.83	0	0%	0%	0%	1	0	0	0	0	0		R
78725	Kidney function study	$119.54	$119.54	0	0%	0%	0%	1	0	0	0	0	0		R
78725-26	Kidney function study	$26.78	$26.78	0	0%	0%	0%	1	0	0	0	0	0		R
78725-TC	Kidney function study	$93.25	$93.25	0	0%	0%	0%	1	0	0	0	0	0		R
78730	Urinary bladder retention	$101.68	$101.68	0	0%	0%	0%	1	0	0	0	0	0		R
78730-26	Urinary bladder retention	$25.30	$25.30	0	0%	0%	0%	1	0	0	0	0	0		R
78730-TC	Urinary bladder retention	$76.38	$76.38	0	0%	0%	0%	1	0	0	0	0	0		R
78740	Ureteral reflux study	$149.79	$149.79	0	0%	0%	0%	1	0	0	0	0	0		R
78740-26	Ureteral reflux study	$39.68	$39.68	0	0%	0%	0%	1	0	0	0	0	0		R
78740-TC	Ureteral reflux study	$110.11	$110.11	0	0%	0%	0%	1	0	0	0	0	0		R
78760	Testicular imaging	$186.00	$186.00	0	0%	0%	0%	1	0	0	0	0	0		R
78760-26	Testicular imaging	$46.62	$46.62	0	0%	0%	0%	1	0	0	0	0	0		R

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78760-TC	Testicular imaging	$139.38	$139.38	0	0%	0%	0%	1	0	0	0	0	0		R
78761	Testicular imaging/flow	$216.75	$216.75	0	0%	0%	0%	1	0	0	0	0	0		R
78761-26	Testicular imaging/flow	$50.59	$50.59	0	0%	0%	0%	1	0	0	0	0	0		R
78761-TC	Testicular imaging/flow	$166.16	$166.16	0	0%	0%	0%	1	0	0	0	0	0		R
78799	Genitourinary nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78799-26	Genitourinary nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78799-TC	Genitourinary nuclear exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78800	Tumor imaging, limited area	$223.70	$223.70	0	0%	0%	0%	1	0	0	0	0	0		R
78800-26	Tumor imaging, limited area	$46.62	$46.62	0	0%	0%	0%	1	0	0	0	0	0		R
78800-TC	Tumor imaging, limited area	$177.07	$177.07	0	0%	0%	0%	1	0	0	0	0	0		R
78801	Tumor imaging, mult areas	$275.28	$275.28	0	0%	0%	0%	1	0	0	0	0	0		R
78801-26	Tumor imaging, mult areas	$56.05	$56.05	0	0%	0%	0%	1	0	0	0	0	0		R
78801-TC	Tumor imaging, mult areas	$219.23	$219.23	0	0%	0%	0%	1	0	0	0	0	0		R
78802	Tumor imaging, whole body	$348.69	$348.69	0	0%	0%	0%	1	2	0	0	0	0		R
78802-26	Tumor imaging, whole body	$61.01	$61.01	0	0%	0%	0%	1	2	0	0	0	0		R
78802-TC	Tumor imaging, whole body	$287.68	$287.68	0	0%	0%	0%	1	2	0	0	0	0		R
78803	Tumor imaging (3D)	$417.63	$417.63	0	0%	0%	0%	1	2	0	0	0	0		R
78803-26	Tumor imaging (3D)	$76.88	$76.88	0	0%	0%	0%	1	2	0	0	0	0		R
78803-TC	Tumor imaging (3D)	$340.26	$340.26	0	0%	0%	0%	1	2	0	0	0	0		R
78805	Abscess imaging, ltd area	$228.66	$228.66	0	0%	0%	0%	1	0	0	0	0	0		R
78805-26	Abscess imaging, ltd area	$51.58	$51.58	0	0%	0%	0%	1	0	0	0	0	0		R
78805-TC	Abscess imaging, ltd area	$177.07	$177.07	0	0%	0%	0%	1	0	0	0	0	0		R
78806	Abscess imaging, whole body	$394.82	$394.82	0	0%	0%	0%	1	2	0	0	0	0		R
78806-26	Abscess imaging, whole body	$60.51	$60.51	0	0%	0%	0%	1	2	0	0	0	0		R
78806-TC	Abscess imaging, whole body	$334.30	$334.30	0	0%	0%	0%	1	2	0	0	0	0		R
78807	Nuclear localization/abscess	$418.13	$418.13	0	0%	0%	0%	1	2	0	0	0	0		R
78807-26	Nuclear localization/abscess	$77.38	$77.38	0	0%	0%	0%	1	2	0	0	0	0		R
78807-TC	Nuclear localization/abscess	$340.26	$340.26	0	0%	0%	0%	1	2	0	0	0	0		R
78810	Tumor imaging (PET)	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
78810-26	Tumor imaging (PET)	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
78810-TC	Tumor imaging (PET)	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
78890	Nuclear medicine data proc	Bundled	Bundled	0	0%	0%	0%	1	9	9	9	9	9		B
78890-26	Nuclear medicine data proc	Bundled	Bundled	0	0%	0%	0%	1	9	9	9	9	9		B
78890-TC	Nuclear medicine data proc	Bundled	Bundled	0	0%	0%	0%	1	9	9	9	9	9		B
78891	Nuclear med data proc	Bundled	Bundled	0	0%	0%	0%	1	9	9	9	9	9		B
78891-26	Nuclear med data proc	Bundled	Bundled	0	0%	0%	0%	1	9	9	9	9	9		B
78891-TC	Nuclear med data proc	Bundled	Bundled	0	0%	0%	0%	1	9	9	9	9	9		B
78990	Provide diag radionuclide(s)	$110.29	$110.29	0	0%	0%	0%	9	9	9	9	9	9		F
78999	Nuclear diagnostic exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
78999-26	Nuclear diagnostic exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N

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78999-TC	Nuclear diagnostic exam	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
79000	Init hyperthyroid therapy	$262.88	$262.88	0	0%	0%	0%	1	0	0	0	0	0		R
79000-26	Init hyperthyroid therapy	$126.48	$126.48	0	0%	0%	0%	1	0	0	0	0	0		R
79000-TC	Init hyperthyroid therapy	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
79001	Repeat hyperthyroid therapy	$141.36	$141.36	0	0%	0%	0%	1	0	0	0	0	0		R
79001-26	Repeat hyperthyroid therapy	$73.41	$73.41	0	0%	0%	0%	1	0	0	0	0	0		R
79001-TC	Repeat hyperthyroid therapy	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
79020	Thyroid ablation	$262.88	$262.88	0	0%	0%	0%	1	0	0	0	0	0		R
79020-26	Thyroid ablation	$126.48	$126.48	0	0%	0%	0%	1	0	0	0	0	0		R
79020-TC	Thyroid ablation	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
79030	Thyroid ablation, carcinoma	$284.21	$284.21	0	0%	0%	0%	1	0	0	0	0	0		R
79030-26	Thyroid ablation, carcinoma	$147.81	$147.81	0	0%	0%	0%	1	0	0	0	0	0		R
79030-TC	Thyroid ablation, carcinoma	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
79035	Thyroid metastatic therapy	$313.97	$313.97	0	0%	0%	0%	1	0	0	0	0	0		R
79035-26	Thyroid metastatic therapy	$177.57	$177.57	0	0%	0%	0%	1	0	0	0	0	0		R
79035-TC	Thyroid metastatic therapy	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
79100	Hematopoetic nuclear therapy	$229.65	$229.65	0	0%	0%	0%	1	0	0	0	0	0		R
79100-26	Hematopoetic nuclear therapy	$93.25	$93.25	0	0%	0%	0%	1	0	0	0	0	0		R
79100-TC	Hematopoetic nuclear therapy	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
79200	Intracavitary nuclear trmt	$277.26	$277.26	0	0%	0%	0%	1	0	0	0	0	0		R
79200-26	Intracavitary nuclear trmt	$140.86	$140.86	0	0%	0%	0%	1	0	0	0	0	0		R
79200-TC	Intracavitary nuclear trmt	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
79300	Interstitial nuclear therapy	$249.98	$249.98	0	0%	0%	0%	1	0	0	0	0	0		R
79300-26	Interstitial nuclear therapy	$112.59	$112.59	0	0%	0%	0%	1	0	0	0	0	0		R
79300-TC	Interstitial nuclear therapy	$137.39	$137.39	0	0%	0%	0%	1	0	0	0	0	0		R
79400	Nonhemato nuclear therapy	$274.78	$274.78	0	0%	0%	0%	1	0	0	0	0	0		R
79400-26	Nonhemato nuclear therapy	$138.38	$138.38	0	0%	0%	0%	1	0	0	0	0	0		R
79400-TC	Nonhemato nuclear therapy	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
79420	Intravascular nuclear ther	$235.60	$235.60	0	0%	0%	0%	1	0	0	0	0	0		R
79420-26	Intravascular nuclear ther	$106.14	$106.14	0	0%	0%	0%	1	0	0	0	0	0		R
79420-TC	Intravascular nuclear ther	$129.46	$129.46	0	0%	0%	0%	1	0	0	0	0	0		R
79440	Nuclear joint therapy	$279.25	$279.25	0	0%	0%	0%	1	0	0	0	0	0		R
79440-26	Nuclear joint therapy	$142.85	$142.85	0	0%	0%	0%	1	0	0	0	0	0		R
79440-TC	Nuclear joint therapy	$136.40	$136.40	0	0%	0%	0%	1	0	0	0	0	0		R
79900	Provide ther radiopharm(s)	By Report	By Report	0	0%	0%	0%	3	0	0	0	0	0		N
79999	Nuclear medicine therapy	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
79999-26	Nuclear medicine therapy	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
79999-TC	Nuclear medicine therapy	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N

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Pathology and Laboratory

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
80048	Basic metabolic panel	$12.36	$12.36	0	0%	0%	0%	9	9	9	9	9	9		L
80050	General health panel	$63.95	$63.95	0	0%	0%	0%	9	9	9	9	9	9		F
80051	Electrolyte panel	$12.36	$12.36	0	0%	0%	0%	9	9	9	9	9	9		L
80053	Comprehen metabolic panel	$16.51	$16.51	0	0%	0%	0%	9	9	9	9	9	9		L
80055	Obstetric panel	$93.71	$93.71	0	0%	0%	0%	9	9	9	9	9	9		F
80061	Lipid panel	$25.91	$25.91	0	0%	0%	0%	9	9	9	9	9	9		L
80069	Renal function panel	$12.36	$12.36	0	0%	0%	0%	9	9	9	9	9	9		L
80072	Arthritis panel	$49.93	$49.93	0	0%	0%	0%	9	9	9	9	9	9		F
80074	Acute hepatitis panel	$92.15	$92.15	0	0%	0%	0%	9	9	9	9	9	9		L
80076	Hepatic function panel	$12.36	$12.36	0	0%	0%	0%	9	9	9	9	9	9		L
80090	Torch antibody panel	$101.80	$101.80	0	0%	0%	0%	9	9	9	9	9	9		F
80100	Drug screen, qualitate/multi	$28.14	$28.14	0	0%	0%	0%	9	9	9	9	9	9		L
80101	Drug screen, single	$26.64	$26.64	0	0%	0%	0%	9	9	9	9	9	9		L
80102	Drug confirmation	$25.63	$25.63	0	0%	0%	0%	9	9	9	9	9	9		L
80103	Drug analysis, tissue prep	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
80150	Assay of amikacin	$29.16	$29.16	0	0%	0%	0%	9	9	9	9	9	9		L
80152	Assay of amitriptyline	$34.64	$34.64	0	0%	0%	0%	9	9	9	9	9	9		L
80154	Assay of benzodiazepines	$35.78	$35.78	0	0%	0%	0%	9	9	9	9	9	9		L
80156	Assay, carbamazepine, total	$28.17	$28.17	0	0%	0%	0%	9	9	9	9	9	9		L
80157	Assay, carbamazepine, free	$19.24	$19.24	0	0%	0%	0%	9	9	9	9	9	9		L
80158	Assay of cyclosporine	$34.93	$34.93	0	0%	0%	0%	9	9	9	9	9	9		L
80160	Assay of desipramine	$33.31	$33.31	0	0%	0%	0%	9	9	9	9	9	9		L
80162	Assay of digoxin	$25.69	$25.69	0	0%	0%	0%	9	9	9	9	9	9		L
80164	Assay, dipropylacetic acid	$26.21	$26.21	0	0%	0%	0%	9	9	9	9	9	9		L
80166	Assay of doxepin	$29.99	$29.99	0	0%	0%	0%	9	9	9	9	9	9		L
80168	Assay of ethosuximide	$31.61	$31.61	0	0%	0%	0%	9	9	9	9	9	9		L
80170	Assay of gentamicin	$31.71	$31.71	0	0%	0%	0%	9	9	9	9	9	9		L
80172	Assay of gold	$31.53	$31.53	0	0%	0%	0%	9	9	9	9	9	9		L
80173	Assay of haloperidol	$28.17	$28.17	0	0%	0%	0%	9	9	9	9	9	9		L
80174	Assay of imipramine	$33.31	$33.31	0	0%	0%	0%	9	9	9	9	9	9		L
80176	Assay of lidocaine	$28.42	$28.42	0	0%	0%	0%	9	9	9	9	9	9		L
80178	Assay of lithium	$12.78	$12.78	0	0%	0%	0%	9	9	9	9	9	9		L
80182	Assay of nortriptyline	$26.21	$26.21	0	0%	0%	0%	9	9	9	9	9	9		L
80184	Assay of phenobarbital	$22.16	$22.16	0	0%	0%	0%	9	9	9	9	9	9		L
80185	Assay of phenytoin, total	$25.65	$25.65	0	0%	0%	0%	9	9	9	9	9	9		L
80186	Assay of phenytoin, free	$26.64	$26.64	0	0%	0%	0%	9	9	9	9	9	9		L
80188	Assay of primidone	$32.10	$32.10	0	0%	0%	0%	9	9	9	9	9	9		L
80190	Assay of procainamide	$32.41	$32.41	0	0%	0%	0%	9	9	9	9	9	9		L
80192	Assay of procainamide	$32.41	$32.41	0	0%	0%	0%	9	9	9	9	9	9		L
80194	Assay of quinidine	$28.24	$28.24	0	0%	0%	0%	9	9	9	9	9	9		L

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
80196	Assay of salicylate	$13.73	$13.73	0	0%	0%	0%	9	9	9	9	9	9		L
80197	Assay of tacrolimus	$26.56	$26.56	0	0%	0%	0%	9	9	9	9	9	9		L
80198	Assay of theophylline	$27.38	$27.38	0	0%	0%	0%	9	9	9	9	9	9		L
80200	Assay of tobramycin	$31.18	$31.18	0	0%	0%	0%	9	9	9	9	9	9		L
80201	Assay of topiramate	$23.07	$23.07	0	0%	0%	0%	9	9	9	9	9	9		L
80202	Assay of vancomycin	$26.21	$26.21	0	0%	0%	0%	9	9	9	9	9	9		L
80299	Quantitative assay, drug	$26.49	$26.49	0	0%	0%	0%	9	9	9	9	9	9		L
80400	Acth stimulation panel	$63.08	$63.08	0	0%	0%	0%	9	9	9	9	9	9		L
80402	Acth stimulation panel	$168.20	$168.20	0	0%	0%	0%	9	9	9	9	9	9		L
80406	Acth stimulation panel	$151.40	$151.40	0	0%	0%	0%	9	9	9	9	9	9		L
80408	Aldosterone suppression eval	$242.82	$242.82	0	0%	0%	0%	9	9	9	9	9	9		L
80410	Calcitonin stimul panel	$155.44	$155.44	0	0%	0%	0%	9	9	9	9	9	9		L
80412	CRH stimulation panel	$614.71	$614.71	0	0%	0%	0%	9	9	9	9	9	9		L
80414	Testosterone response	$99.90	$99.90	0	0%	0%	0%	9	9	9	9	9	9		L
80415	Estradiol response panel	$108.14	$108.14	0	0%	0%	0%	9	9	9	9	9	9		L
80416	Renin stimulation panel	$255.36	$255.36	0	0%	0%	0%	9	9	9	9	9	9		L
80417	Renin stimulation panel	$85.12	$85.12	0	0%	0%	0%	9	9	9	9	9	9		L
80418	Pituitary evaluation panel	$1,084.55	$1,084.55	0	0%	0%	0%	9	9	9	9	9	9		L
80420	Dexamethasone panel	$139.36	$139.36	0	0%	0%	0%	9	9	9	9	9	9		L
80422	Glucagon tolerance panel	$89.17	$89.17	0	0%	0%	0%	9	9	9	9	9	9		L
80424	Glucagon tolerance panel	$67.34	$67.34	0	0%	0%	0%	9	9	9	9	9	9		L
80426	Gonadotropin hormone panel	$267.18	$267.18	0	0%	0%	0%	9	9	9	9	9	9		L
80428	Growth hormone panel	$128.02	$128.02	0	0%	0%	0%	9	9	9	9	9	9		L
80430	Growth hormone panel	$150.78	$150.78	0	0%	0%	0%	9	9	9	9	9	9		L
80432	Insulin suppression panel	$261.32	$261.32	0	0%	0%	0%	9	9	9	9	9	9		L
80434	Insulin tolerance panel	$195.65	$195.65	0	0%	0%	0%	9	9	9	9	9	9		L
80435	Insulin tolerance panel	$197.96	$197.96	0	0%	0%	0%	9	9	9	9	9	9		L
80436	Metyrapone panel	$141.90	$141.90	0	0%	0%	0%	9	9	9	9	9	9		L
80438	TRH stimulation panel	$97.19	$97.19	0	0%	0%	0%	9	9	9	9	9	9		L
80439	TRH stimulation panel	$129.58	$129.58	0	0%	0%	0%	9	9	9	9	9	9		L
80440	TRH stimulation panel	$112.48	$112.48	0	0%	0%	0%	9	9	9	9	9	9		L
80500	Lab pathology consultation	$28.27	$27.78	0	0%	0%	0%	0	0	0	0	0	0		R
80502	Lab pathology consultation	$95.23	$93.74	0	0%	0%	0%	0	0	0	0	0	0		R
81000	Urinalysis, nonauto w/scope	$6.12	$6.12	0	0%	0%	0%	9	9	9	9	9	9		L
81001	Urinalysis, auto w/scope	$6.12	$6.12	0	0%	0%	0%	9	9	9	9	9	9		L
81002	Urinalysis nonauto w/o scope	$4.96	$4.96	0	0%	0%	0%	9	9	9	9	9	9		L
81003	Urinalysis, auto, w/o scope	$4.34	$4.34	0	0%	0%	0%	9	9	9	9	9	9		L
81005	Urinalysis	$4.20	$4.20	0	0%	0%	0%	9	9	9	9	9	9		L
81007	Urine screen for bacteria	$4.97	$4.97	0	0%	0%	0%	9	9	9	9	9	9		L
81015	Microscopic exam of urine	$5.88	$5.88	0	0%	0%	0%	9	9	9	9	9	9		L

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
81020	Urinalysis, glass test	$7.13	$7.13	0	0%	0%	0%	9	9	9	9	9	9		L
81025	Urine pregnancy test	$7.27	$7.27	0	0%	0%	0%	9	9	9	9	9	9		L
81050	Urinalysis, volume measure	$5.80	$5.80	0	0%	0%	0%	9	9	9	9	9	9		L
81099	Urinalysis test procedure	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
82000	Assay of blood acetaldehyde	$23.97	$23.97	0	0%	0%	0%	9	9	9	9	9	9		L
82003	Assay of acetaminophen	$34.93	$34.93	0	0%	0%	0%	9	9	9	9	9	9		L
82009	Test for acetone/ketones	$8.75	$8.75	0	0%	0%	0%	9	9	9	9	9	9		L
82010	Acetone assay	$15.81	$15.81	0	0%	0%	0%	9	9	9	9	9	9		L
82013	Acetylcholinesterase assay	$21.62	$21.62	0	0%	0%	0%	9	9	9	9	9	9		L
82016	Acylcarnitines, qual	$26.82	$26.82	0	0%	0%	0%	9	9	9	9	9	9		L
82017	Acylcarnitines, quant	$10.63	$10.63	0	0%	0%	0%	9	9	9	9	9	9		L
82024	Assay of acth	$70.91	$70.91	0	0%	0%	0%	9	9	9	9	9	9		L
82030	Assay of adp & amp	$49.91	$49.91	0	0%	0%	0%	9	9	9	9	9	9		L
82040	Assay of serum albumin	$9.59	$9.59	0	0%	0%	0%	9	9	9	9	9	9		L
82042	Assay of urine albumin	$10.01	$10.01	0	0%	0%	0%	9	9	9	9	9	9		L
82043	Microalbumin, quantitative	$11.20	$11.20	0	0%	0%	0%	9	9	9	9	9	9		L
82044	Microalbumin, semiquant	$8.86	$8.86	0	0%	0%	0%	9	9	9	9	9	9		L
82055	Assay of ethanol	$20.90	$20.90	0	0%	0%	0%	9	9	9	9	9	9		L
82075	Assay of breath ethanol	$23.32	$23.32	0	0%	0%	0%	9	9	9	9	9	9		L
82085	Assay of aldolase	$18.79	$18.79	0	0%	0%	0%	9	9	9	9	9	9		L
82088	Assay of aldosterone	$78.85	$78.85	0	0%	0%	0%	9	9	9	9	9	9		L
82101	Assay of urine alkaloids	$58.07	$58.07	0	0%	0%	0%	9	9	9	9	9	9		L
82103	Alpha-1-antitrypsin, total	$25.98	$25.98	0	0%	0%	0%	9	9	9	9	9	9		L
82104	Alpha-1-antitrypsin, pheno	$27.97	$27.97	0	0%	0%	0%	9	9	9	9	9	9		L
82105	Alpha-fetoprotein, serum	$32.45	$32.45	0	0%	0%	0%	9	9	9	9	9	9		L
82106	Alpha-fetoprotein, amniotic	$32.45	$32.45	0	0%	0%	0%	9	9	9	9	9	9		L
82108	Assay of aluminum	$49.31	$49.31	0	0%	0%	0%	9	9	9	9	9	9		L
82120	Amines, vaginal fluid qual	$3.23	$3.23	0	0%	0%	0%	9	9	9	9	9	9		L
82127	Amino acid, single qual	$26.82	$26.82	0	0%	0%	0%	9	9	9	9	9	9		L
82128	Amino acids, mult qual	$26.82	$26.82	0	0%	0%	0%	9	9	9	9	9	9		L
82131	Amino acids, single quant	$10.63	$10.63	0	0%	0%	0%	9	9	9	9	9	9		L
82135	Assay, aminolevulinic acid	$31.85	$31.85	0	0%	0%	0%	9	9	9	9	9	9		L
82136	Amino acids, quant, 2-5	$10.63	$10.63	0	0%	0%	0%	9	9	9	9	9	9		L
82139	Amino acids, quan, 6 or more	$10.63	$10.63	0	0%	0%	0%	9	9	9	9	9	9		L
82140	Assay of ammonia	$28.20	$28.20	0	0%	0%	0%	9	9	9	9	9	9		L
82143	Amniotic fluid scan	$13.30	$13.30	0	0%	0%	0%	9	9	9	9	9	9		L
82145	Assay of amphetamines	$30.07	$30.07	0	0%	0%	0%	9	9	9	9	9	9		L
82150	Assay of amylase	$12.54	$12.54	0	0%	0%	0%	9	9	9	9	9	9		L
82154	Androstanediol glucuronide	$55.79	$55.79	0	0%	0%	0%	9	9	9	9	9	9		L
82157	Assay of androstenedione	$56.64	$56.64	0	0%	0%	0%	9	9	9	9	9	9		L

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
82160	Assay of androsterone	$48.40	$48.40	0	0%	0%	0%	9	9	9	9	9	9		L
82163	Assay of angiotensin II	$39.72	$39.72	0	0%	0%	0%	9	9	9	9	9	9		L
82164	Angiotensin I enzyme test	$28.24	$28.24	0	0%	0%	0%	9	9	9	9	9	9		L
82172	Assay of apolipoprotein	$29.97	$29.97	0	0%	0%	0%	9	9	9	9	9	9		L
82175	Assay of arsenic	$28.08	$28.08	0	0%	0%	0%	9	9	9	9	9	9		L
82180	Assay of ascorbic acid	$19.12	$19.12	0	0%	0%	0%	9	9	9	9	9	9		L
82190	Atomic absorption	$23.65	$23.65	0	0%	0%	0%	9	9	9	9	9	9		L
82205	Assay of barbiturates	$22.16	$22.16	0	0%	0%	0%	9	9	9	9	9	9		L
82232	Assay of beta-2 protein	$31.30	$31.30	0	0%	0%	0%	9	9	9	9	9	9		L
82239	Bile acids, total	$33.14	$33.14	0	0%	0%	0%	9	9	9	9	9	9		L
82240	Bile acids, cholylglycine	$51.42	$51.42	0	0%	0%	0%	9	9	9	9	9	9		L
82247	Bilirubin, total	$8.93	$8.93	0	0%	0%	0%	9	9	9	9	9	9		L
82248	Bilirubin, direct	$8.93	$8.93	0	0%	0%	0%	9	9	9	9	9	9		L
82252	Fecal bilirubin test	$8.79	$8.79	0	0%	0%	0%	9	9	9	9	9	9		L
82261	Assay of biotinidase	$10.63	$10.63	0	0%	0%	0%	9	9	9	9	9	9		L
82270	Test for blood, feces	$6.29	$6.29	0	0%	0%	0%	9	9	9	9	9	9		L
82273	Test for blood, other source	$6.29	$6.29	0	0%	0%	0%	9	9	9	9	9	9		L
82286	Assay of bradykinin	$13.33	$13.33	0	0%	0%	0%	9	9	9	9	9	9		L
82300	Assay of cadmium	$44.77	$44.77	0	0%	0%	0%	9	9	9	9	9	9		L
82306	Assay of vitamin D	$57.27	$57.27	0	0%	0%	0%	9	9	9	9	9	9		L
82307	Assay of vitamin D	$62.34	$62.34	0	0%	0%	0%	9	9	9	9	9	9		L
82308	Assay of calcitonin	$51.81	$51.81	0	0%	0%	0%	9	9	9	9	9	9		L
82310	Assay of calcium	$9.97	$9.97	0	0%	0%	0%	9	9	9	9	9	9		L
82330	Assay of calcium	$26.43	$26.43	0	0%	0%	0%	9	9	9	9	9	9		L
82331	Calcium infusion test	$10.01	$10.01	0	0%	0%	0%	9	9	9	9	9	9		L
82340	Assay of calcium in urine	$11.68	$11.68	0	0%	0%	0%	9	9	9	9	9	9		L
82355	Calculus (stone) analysis	$22.39	$22.39	0	0%	0%	0%	9	9	9	9	9	9		L
82360	Calculus (stone) assay	$24.92	$24.92	0	0%	0%	0%	9	9	9	9	9	9		L
82365	Calculus (stone) assay	$24.95	$24.95	0	0%	0%	0%	9	9	9	9	9	9		L
82370	X-ray assay, calculus	$24.25	$24.25	0	0%	0%	0%	9	9	9	9	9	9		L
82373	Assay, c-d transfer measure	$13.93	$13.93	0	0%	0%	0%	9	9	9	9	9	9		L
82374	Assay, blood carbon dioxide	$9.46	$9.46	0	0%	0%	0%	9	9	9	9	9	9		L
82375	Assay, blood carbon monoxide	$23.84	$23.84	0	0%	0%	0%	9	9	9	9	9	9		L
82376	Test for carbon monoxide	$11.59	$11.59	0	0%	0%	0%	9	9	9	9	9	9		L
82378	Carcinoembryonic antigen	$36.71	$36.71	0	0%	0%	0%	9	9	9	9	9	9		L
82379	Assay of carnitine	$10.63	$10.63	0	0%	0%	0%	9	9	9	9	9	9		L
82380	Assay of carotene	$17.85	$17.85	0	0%	0%	0%	9	9	9	9	9	9		L
82382	Assay, urine catecholamines	$33.26	$33.26	0	0%	0%	0%	9	9	9	9	9	9		L
82383	Assay, blood catecholamines	$48.48	$48.48	0	0%	0%	0%	9	9	9	9	9	9		L
82384	Assay, three catecholamines	$33.67	$33.67	0	0%	0%	0%	9	9	9	9	9	9		L

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
82387	Assay of cathepsin-d	$7.60	$7.60	0	0%	0%	0%	9	9	9	9	9	9		L
82390	Assay of ceruloplasmin	$20.78	$20.78	0	0%	0%	0%	9	9	9	9	9	9		L
82397	Chemiluminescent assay	$25.35	$25.35	0	0%	0%	0%	9	9	9	9	9	9		L
82415	Assay of chloramphenicol	$24.51	$24.51	0	0%	0%	0%	9	9	9	9	9	9		L
82435	Assay of blood chloride	$8.89	$8.89	0	0%	0%	0%	9	9	9	9	9	9		L
82436	Assay of urine chloride	$9.73	$9.73	0	0%	0%	0%	9	9	9	9	9	9		L
82438	Assay, other fluid chlorides	$7.38	$7.38	0	0%	0%	0%	9	9	9	9	9	9		L
82441	Test for chlorohydrocarbons	$11.62	$11.62	0	0%	0%	0%	9	9	9	9	9	9		L
82465	Assay, bld/serum cholesterol	$8.43	$8.43	0	0%	0%	0%	9	9	9	9	9	9		L
82480	Assay, serum cholinesterase	$15.25	$15.25	0	0%	0%	0%	9	9	9	9	9	9		L
82482	Assay, rbc cholinesterase	$14.87	$14.87	0	0%	0%	0%	9	9	9	9	9	9		L
82485	Assay, chondroitin sulfate	$39.96	$39.96	0	0%	0%	0%	9	9	9	9	9	9		L
82486	Gas/liquid chromatography	$34.94	$34.94	0	0%	0%	0%	9	9	9	9	9	9		L
82487	Paper chromatography	$30.88	$30.88	0	0%	0%	0%	9	9	9	9	9	9		L
82488	Paper chromatography	$41.34	$41.34	0	0%	0%	0%	9	9	9	9	9	9		L
82489	Thin layer chromatography	$35.78	$35.78	0	0%	0%	0%	9	9	9	9	9	9		L
82491	Chromotography, quant, sing	$34.94	$34.94	0	0%	0%	0%	9	9	9	9	9	9		L
82492	Chromotography, quant, mult	$34.94	$34.94	0	0%	0%	0%	9	9	9	9	9	9		L
82495	Assay of chromium	$39.24	$39.24	0	0%	0%	0%	9	9	9	9	9	9		L
82507	Assay of citrate	$52.91	$52.91	0	0%	0%	0%	9	9	9	9	9	9		L
82520	Assay of cocaine	$29.32	$29.32	0	0%	0%	0%	9	9	9	9	9	9		L
82523	Collagen crosslinks	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
82525	Assay of copper	$20.90	$20.90	0	0%	0%	0%	9	9	9	9	9	9		L
82528	Assay of corticosterone	$43.55	$43.55	0	0%	0%	0%	9	9	9	9	9	9		L
82530	Cortisol, free	$32.34	$32.34	0	0%	0%	0%	9	9	9	9	9	9		L
82533	Total cortisol	$31.54	$31.54	0	0%	0%	0%	9	9	9	9	9	9		L
82540	Assay of creatine	$8.96	$8.96	0	0%	0%	0%	9	9	9	9	9	9		L
82541	Column chromotography, qual	$34.94	$34.94	0	0%	0%	0%	9	9	9	9	9	9		L
82542	Column chromotography, quant	$34.94	$34.94	0	0%	0%	0%	9	9	9	9	9	9		L
82543	Column chromotograph/isotope	$34.94	$34.94	0	0%	0%	0%	9	9	9	9	9	9		L
82544	Column chromotograph/isotope	$34.94	$34.94	0	0%	0%	0%	9	9	9	9	9	9		L
82550	Assay of ck (cpk)	$10.08	$10.08	0	0%	0%	0%	9	9	9	9	9	9		F
82552	Assay of cpk in blood	$25.91	$25.91	0	0%	0%	0%	9	9	9	9	9	9		L
82553	Creatine, MB fraction	$22.33	$22.33	0	0%	0%	0%	9	9	9	9	9	9		L
82554	Creatine, isoforms	$22.96	$22.96	0	0%	0%	0%	9	9	9	9	9	9		L
82565	Assay of creatinine	$9.90	$9.90	0	0%	0%	0%	9	9	9	9	9	9		L
82570	Assay of urine creatinine	$10.01	$10.01	0	0%	0%	0%	9	9	9	9	9	9		L
82575	Creatinine clearance test	$18.28	$18.28	0	0%	0%	0%	9	9	9	9	9	9		L
82585	Assay of cryofibrinogen	$16.56	$16.56	0	0%	0%	0%	9	9	9	9	9	9		L
82595	Assay of cryoglobulin	$12.53	$12.53	0	0%	0%	0%	9	9	9	9	9	9		L

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
82600	Assay of cyanide	$37.53	$37.53	0	0%	0%	0%	9	9	9	9	9	9		L
82607	Vitamin B-12	$29.16	$29.16	0	0%	0%	0%	9	9	9	9	9	9		L
82608	B-12 binding capacity	$27.72	$27.72	0	0%	0%	0%	9	9	9	9	9	9		L
82615	Test for urine cystines	$9.53	$9.53	0	0%	0%	0%	9	9	9	9	9	9		L
82626	Dehydroepiandrosterone	$48.90	$48.90	0	0%	0%	0%	9	9	9	9	9	9		L
82627	Dehydroepiandrosterone	$43.01	$43.01	0	0%	0%	0%	9	9	9	9	9	9		L
82633	Desoxycorticosterone	$32.06	$32.06	0	0%	0%	0%	9	9	9	9	9	9		L
82634	Deoxycortisol	$39.41	$39.41	0	0%	0%	0%	9	9	9	9	9	9		L
82638	Assay of dibucaine number	$23.69	$23.69	0	0%	0%	0%	9	9	9	9	9	9		L
82646	Assay of dihydrocodeinone	$39.96	$39.96	0	0%	0%	0%	9	9	9	9	9	9		L
82649	Assay of dihydromorphinone	$49.73	$49.73	0	0%	0%	0%	9	9	9	9	9	9		L
82651	Assay of dihydrotestosterone	$49.95	$49.95	0	0%	0%	0%	9	9	9	9	9	9		L
82652	Assay of dihydroxyvitamin d	$74.47	$74.47	0	0%	0%	0%	9	9	9	9	9	9		L
82654	Assay of dimethadione	$26.80	$26.80	0	0%	0%	0%	9	9	9	9	9	9		L
82657	Enzyme cell activity	$34.94	$34.94	0	0%	0%	0%	9	9	9	9	9	9		L
82658	Enzyme cell activity, ra	$34.94	$34.94	0	0%	0%	0%	9	9	9	9	9	9		L
82664	Electrophoretic test	$31.51	$31.51	0	0%	0%	0%	9	9	9	9	9	9		L
82666	Assay of epiandrosterone	$41.57	$41.57	0	0%	0%	0%	9	9	9	9	9	9		L
82668	Assay of erythropoietin	$36.36	$36.36	0	0%	0%	0%	9	9	9	9	9	9		L
82670	Assay of estradiol	$54.07	$54.07	0	0%	0%	0%	9	9	9	9	9	9		L
82671	Assay of estrogens	$62.50	$62.50	0	0%	0%	0%	9	9	9	9	9	9		L
82672	Assay of estrogen	$41.96	$41.96	0	0%	0%	0%	9	9	9	9	9	9		L
82677	Assay of estriol	$46.80	$46.80	0	0%	0%	0%	9	9	9	9	9	9		L
82679	Assay of estrone	$38.95	$38.95	0	0%	0%	0%	9	9	9	9	9	9		L
82690	Assay of ethchlorvynol	$33.45	$33.45	0	0%	0%	0%	9	9	9	9	9	9		L
82693	Assay of ethylene glycol	$17.74	$17.74	0	0%	0%	0%	9	9	9	9	9	9		L
82696	Assay of etiocholanolone	$45.64	$45.64	0	0%	0%	0%	9	9	9	9	9	9		L
82705	Fats/lipids, feces, qual	$9.00	$9.00	0	0%	0%	0%	9	9	9	9	9	9		L
82710	Fats/lipids, feces, quant	$32.49	$32.49	0	0%	0%	0%	9	9	9	9	9	9		L
82715	Assay of fecal fat	$5.39	$5.39	0	0%	0%	0%	9	9	9	9	9	9		L
82725	Assay of blood fatty acids	$19.08	$19.08	0	0%	0%	0%	9	9	9	9	9	9		L
82726	Long chain fatty acids	$34.94	$34.94	0	0%	0%	0%	9	9	9	9	9	9		L
82728	Assay of ferritin	$26.36	$26.36	0	0%	0%	0%	9	9	9	9	9	9		L
82731	Assay of fetal fibronectin	$124.61	$124.61	0	0%	0%	0%	9	9	9	9	9	9		L
82735	Assay of fluoride	$35.88	$35.88	0	0%	0%	0%	9	9	9	9	9	9		L
82742	Assay of flurazepam	$38.30	$38.30	0	0%	0%	0%	9	9	9	9	9	9		L
82746	Blood folic acid serum	$28.45	$28.45	0	0%	0%	0%	9	9	9	9	9	9		L
82747	Assay of folic acid, rbc	$33.50	$33.50	0	0%	0%	0%	9	9	9	9	9	9		L
82757	Assay of semen fructose	$33.56	$33.56	0	0%	0%	0%	9	9	9	9	9	9		L
82759	Assay of rbc galactokinase	$41.57	$41.57	0	0%	0%	0%	9	9	9	9	9	9		L

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
82760	Assay of galactose	$21.66	$21.66	0	0%	0%	0%	9	9	9	9	9	9		L
82775	Assay galactose transferase	$40.75	$40.75	0	0%	0%	0%	9	9	9	9	9	9		L
82776	Galactose transferase test	$16.23	$16.23	0	0%	0%	0%	9	9	9	9	9	9		L
82784	Assay of gammaglobulin igm	$17.99	$17.99	0	0%	0%	0%	9	9	9	9	9	9		L
82785	Assay of gammaglobulin ige	$31.86	$31.86	0	0%	0%	0%	9	9	9	9	9	9		L
82787	Igg 1, 2, 3 or 4, each	$8.13	$8.13	0	0%	0%	0%	9	9	9	9	9	9		L
82800	Blood pH	$12.61	$12.61	0	0%	0%	0%	9	9	9	9	9	9		L
82803	Blood gases: pH, pO2 & pCO2	$23.58	$23.58	0	0%	0%	0%	9	9	9	9	9	9		L
82805	Blood gases W/02 saturation	$47.10	$47.10	0	0%	0%	0%	9	9	9	9	9	9		L
82810	Blood gases, O2 sat only	$16.88	$16.88	0	0%	0%	0%	9	9	9	9	9	9		L
82820	Hemoglobin-oxygen affinity	$19.35	$19.35	0	0%	0%	0%	9	9	9	9	9	9		L
82926	Assay of gastric acid	$7.53	$7.53	0	0%	0%	0%	9	9	9	9	9	9		L
82928	Assay of gastric acid	$10.70	$10.70	0	0%	0%	0%	9	9	9	9	9	9		L
82938	Gastrin test	$34.24	$34.24	0	0%	0%	0%	9	9	9	9	9	9		L
82941	Assay of gastrin	$34.13	$34.13	0	0%	0%	0%	9	9	9	9	9	9		L
82943	Assay of glucagon	$27.65	$27.65	0	0%	0%	0%	9	9	9	9	9	9		L
82945	Glucose other fluid	$7.59	$7.59	0	0%	0%	0%	9	9	9	9	9	9		L
82946	Glucagon tolerance test	$29.16	$29.16	0	0%	0%	0%	9	9	9	9	9	9		L
82947	Assay, glucose, blood quant	$7.59	$7.59	0	0%	0%	0%	9	9	9	9	9	9		L
82948	Reagent strip/blood glucose	$6.12	$6.12	0	0%	0%	0%	9	9	9	9	9	9		L
82950	Glucose test	$9.18	$9.18	0	0%	0%	0%	9	9	9	9	9	9		L
82951	Glucose tolerance test (GTT)	$24.92	$24.92	0	0%	0%	0%	9	9	9	9	9	9		L
82952	GTT-added samples	$7.59	$7.59	0	0%	0%	0%	9	9	9	9	9	9		L
82953	Glucose-tolbutamide test	$29.30	$29.30	0	0%	0%	0%	9	9	9	9	9	9		L
82955	Assay of g6pd enzyme	$18.76	$18.76	0	0%	0%	0%	9	9	9	9	9	9		L
82960	Test for G6PD enzyme	$11.73	$11.73	0	0%	0%	0%	9	9	9	9	9	9		L
82962	Glucose blood test	$3.50	$3.50	0	0%	0%	0%	9	9	9	9	9	9		L
82963	Assay of glucosidase	$41.57	$41.57	0	0%	0%	0%	9	9	9	9	9	9		L
82965	Assay of gdh enzyme	$14.95	$14.95	0	0%	0%	0%	9	9	9	9	9	9		L
82975	Assay of glutamine	$28.43	$28.43	0	0%	0%	0%	9	9	9	9	9	9		L
82977	Assay of GGT	$10.08	$10.08	0	0%	0%	0%	9	9	9	9	9	9		F
82978	Assay of glutathione	$27.58	$27.58	0	0%	0%	0%	9	9	9	9	9	9		L
82979	Assay, rbc glutathione	$13.33	$13.33	0	0%	0%	0%	9	9	9	9	9	9		L
82980	Assay of glutethimide	$35.45	$35.45	0	0%	0%	0%	9	9	9	9	9	9		L
82985	Glycated protein	$22.69	$22.69	0	0%	0%	0%	9	9	9	9	9	9		L
83001	Gonadotropin (FSH)	$33.12	$33.12	0	0%	0%	0%	9	9	9	9	9	9		L
83002	Gonadotropin (LH)	$33.67	$33.67	0	0%	0%	0%	9	9	9	9	9	9		L
83003	Assay, growth hormone (hgh)	$32.00	$32.00	0	0%	0%	0%	9	9	9	9	9	9		L
83008	Assay of guanosine	$32.48	$32.48	0	0%	0%	0%	9	9	9	9	9	9		L
83010	Assay of haptoglobin, quant	$24.33	$24.33	0	0%	0%	0%	9	9	9	9	9	9		L

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83012	Assay of haptoglobins	$33.26	$33.26	0	0%	0%	0%	9	9	9	9	9	9		L
83013	H pylori analysis	$130.33	$130.33	0	0%	0%	0%	9	9	9	9	9	9		L
83014	H pylori drug admin/collect	$15.20	$15.20	0	0%	0%	0%	9	9	9	9	9	9		L
83015	Heavy metal screen	$36.44	$36.44	0	0%	0%	0%	9	9	9	9	9	9		L
83018	Quantitative screen, metals	$16.18	$16.18	0	0%	0%	0%	9	9	9	9	9	9		L
83020	Hemoglobin electrophoresis	$19.46	$19.46	0	0%	0%	0%	9	9	9	9	9	9		L
83020-26	Hemoglobin electrophoresis	$27.78	$27.78	0	0%	0%	0%	6	0	0	0	0	0		R
83021	Hemoglobin chromotography	$34.94	$34.94	0	0%	0%	0%	9	9	9	9	9	9		L
83026	Hemoglobin, copper sulfate	$4.56	$4.56	0	0%	0%	0%	9	9	9	9	9	9		L
83030	Fetal hemoglobin, chemical	$16.00	$16.00	0	0%	0%	0%	9	9	9	9	9	9		L
83033	Fetal hemoglobin assay, qual	$10.08	$10.08	0	0%	0%	0%	9	9	9	9	9	9		L
83036	Glycated hemoglobin test	$18.79	$18.79	0	0%	0%	0%	9	9	9	9	9	9		L
83045	Blood methemoglobin test	$9.59	$9.59	0	0%	0%	0%	9	9	9	9	9	9		L
83050	Blood methemoglobin assay	$14.17	$14.17	0	0%	0%	0%	9	9	9	9	9	9		L
83051	Assay of plasma hemoglobin	$14.14	$14.14	0	0%	0%	0%	9	9	9	9	9	9		L
83055	Blood sulfhemoglobin test	$9.52	$9.52	0	0%	0%	0%	9	9	9	9	9	9		L
83060	Blood sulfhemoglobin assay	$16.00	$16.00	0	0%	0%	0%	9	9	9	9	9	9		L
83065	Assay of hemoglobin heat	$13.33	$13.33	0	0%	0%	0%	9	9	9	9	9	9		L
83068	Hemoglobin stability screen	$16.39	$16.39	0	0%	0%	0%	9	9	9	9	9	9		L
83069	Assay of urine hemoglobin	$7.63	$7.63	0	0%	0%	0%	9	9	9	9	9	9		L
83070	Assay of hemosiderin, qual	$9.18	$9.18	0	0%	0%	0%	9	9	9	9	9	9		L
83071	Assay of hemosiderin, quant	$13.30	$13.30	0	0%	0%	0%	9	9	9	9	9	9		L
83080	Assay of b hexosaminidase	$10.63	$10.63	0	0%	0%	0%	9	9	9	9	9	9		L
83088	Assay of histamine	$57.13	$57.13	0	0%	0%	0%	9	9	9	9	9	9		L
83090	Assay of homocystine	$10.63	$10.63	0	0%	0%	0%	9	9	9	9	9	9		L
83150	Assay of for hva	$13.52	$13.52	0	0%	0%	0%	9	9	9	9	9	9		L
83491	Assay of corticosteroids	$33.89	$33.89	0	0%	0%	0%	9	9	9	9	9	9		L
83497	Assay of 5-hiaa	$24.95	$24.95	0	0%	0%	0%	9	9	9	9	9	9		L
83498	Assay of progesterone	$52.56	$52.56	0	0%	0%	0%	9	9	9	9	9	9		L
83499	Assay of progesterone	$48.76	$48.76	0	0%	0%	0%	9	9	9	9	9	9		L
83500	Assay, free hydroxyproline	$36.12	$36.12	0	0%	0%	0%	9	9	9	9	9	9		L
83505	Assay, total hydroxyproline	$47.03	$47.03	0	0%	0%	0%	9	9	9	9	9	9		L
83516	Immunoassay, nonantibody	$22.33	$22.33	0	0%	0%	0%	9	9	9	9	9	9		L
83518	Immunoassay, dipstick	$16.41	$16.41	0	0%	0%	0%	9	9	9	9	9	9		L
83519	Immunoassay, nonantibody	$24.56	$24.56	0	0%	0%	0%	9	9	9	9	9	9		L
83520	Immunoassay, RIA	$25.05	$25.05	0	0%	0%	0%	9	9	9	9	9	9		L
83525	Assay of insulin	$22.13	$22.13	0	0%	0%	0%	9	9	9	9	9	9		L
83527	Assay of insulin	$25.06	$25.06	0	0%	0%	0%	9	9	9	9	9	9		L
83528	Assay of intrinsic factor	$30.77	$30.77	0	0%	0%	0%	9	9	9	9	9	9		L
83540	Assay of iron	$12.53	$12.53	0	0%	0%	0%	9	9	9	9	9	9		L

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
83550	Iron binding test	$16.91	$16.91	0	0%	0%	0%	9	9	9	9	9	9		L
83570	Assay of idh enzyme	$16.16	$16.16	0	0%	0%	0%	9	9	9	9	9	9		L
83582	Assay of ketogenic steroids	$26.82	$26.82	0	0%	0%	0%	9	9	9	9	9	9		L
83586	Assay 17- ketosteroids	$24.77	$24.77	0	0%	0%	0%	9	9	9	9	9	9		L
83593	Fractionation, ketosteroids	$50.89	$50.89	0	0%	0%	0%	9	9	9	9	9	9		L
83605	Assay of lactic acid	$20.66	$20.66	0	0%	0%	0%	9	9	9	9	9	9		L
83615	Lactate (LD) (LDH) enzyme	$10.08	$10.08	0	0%	0%	0%	9	9	9	9	9	9		F
83625	Assay of ldh enzymes	$24.77	$24.77	0	0%	0%	0%	9	9	9	9	9	9		L
83632	Placental lactogen	$39.10	$39.10	0	0%	0%	0%	9	9	9	9	9	9		L
83633	Test urine for lactose	$10.65	$10.65	0	0%	0%	0%	9	9	9	9	9	9		L
83634	Assay of urine for lactose	$22.29	$22.29	0	0%	0%	0%	9	9	9	9	9	9		L
83655	Assay of lead	$23.41	$23.41	0	0%	0%	0%	9	9	9	9	9	9		L
83661	L/s ratio, fetal lung	$33.67	$33.67	0	0%	0%	0%	9	9	9	9	9	9		L
83662	Foam stability, fetal lung	$36.60	$36.60	0	0%	0%	0%	9	9	9	9	9	9		L
83663	Fluoro polarize, fetal lung	$18.30	$18.30	0	0%	0%	0%	9	9	9	9	9	9		L
83664	Lamellar bdy, fetal lung	$9.14	$9.14	0	0%	0%	0%	9	9	9	9	9	9		L
83670	Assay of lap enzyme	$17.72	$17.72	0	0%	0%	0%	9	9	9	9	9	9		L
83690	Assay of lipase	$13.33	$13.33	0	0%	0%	0%	9	9	9	9	9	9		L
83715	Assay of blood lipoproteins	$21.78	$21.78	0	0%	0%	0%	9	9	9	9	9	9		L
83716	Assay of blood lipoproteins	$12.42	$12.42	0	0%	0%	0%	9	9	9	9	9	9		L
83718	Assay of lipoprotein	$15.83	$15.83	0	0%	0%	0%	9	9	9	9	9	9		L
83719	Assay of blood lipoprotein	$22.51	$22.51	0	0%	0%	0%	9	9	9	9	9	9		L
83721	Assay of blood lipoprotein	$18.45	$18.45	0	0%	0%	0%	9	9	9	9	9	9		L
83727	Assay of lrh hormone	$33.26	$33.26	0	0%	0%	0%	9	9	9	9	9	9		L
83735	Assay of magnesium	$12.96	$12.96	0	0%	0%	0%	9	9	9	9	9	9		L
83775	Assay of md enzyme	$14.27	$14.27	0	0%	0%	0%	9	9	9	9	9	9		L
83785	Assay of manganese	$47.57	$47.57	0	0%	0%	0%	9	9	9	9	9	9		L
83788	Mass spectrometry qual	$34.94	$34.94	0	0%	0%	0%	9	9	9	9	9	9		L
83789	Mass spectrometry quant	$34.94	$34.94	0	0%	0%	0%	9	9	9	9	9	9		L
83805	Assay of meprobamate	$34.10	$34.10	0	0%	0%	0%	9	9	9	9	9	9		L
83825	Assay of mercury	$31.46	$31.46	0	0%	0%	0%	9	9	9	9	9	9		L
83835	Assay of metanephrines	$32.77	$32.77	0	0%	0%	0%	9	9	9	9	9	9		L
83840	Assay of methadone	$31.58	$31.58	0	0%	0%	0%	9	9	9	9	9	9		L
83857	Assay of methemalbumin	$20.78	$20.78	0	0%	0%	0%	9	9	9	9	9	9		L
83858	Assay of methsuximide	$28.67	$28.67	0	0%	0%	0%	9	9	9	9	9	9		L
83864	Mucopolysaccharides	$38.51	$38.51	0	0%	0%	0%	9	9	9	9	9	9		L
83866	Mucopolysaccharides screen	$19.07	$19.07	0	0%	0%	0%	9	9	9	9	9	9		L
83872	Assay synovial fluid mucin	$11.34	$11.34	0	0%	0%	0%	9	9	9	9	9	9		L
83873	Assay of csf protein	$33.29	$33.29	0	0%	0%	0%	9	9	9	9	9	9		L
83874	Assay of myoglobin	$24.98	$24.98	0	0%	0%	0%	9	9	9	9	9	9		L

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
83883	Assay, nephelometry not spec	$26.31	$26.31	0	0%	0%	0%	9	9	9	9	9	9		L
83885	Assay of nickel	$47.40	$47.40	0	0%	0%	0%	9	9	9	9	9	9		L
83887	Assay of nicotine	$45.82	$45.82	0	0%	0%	0%	9	9	9	9	9	9		L
83890	Molecule isolate	$7.76	$7.76	0	0%	0%	0%	9	9	9	9	9	9		L
83891	Molecule isolate nucleic	$7.76	$7.76	0	0%	0%	0%	9	9	9	9	9	9		L
83892	Molecular diagnostics	$7.76	$7.76	0	0%	0%	0%	9	9	9	9	9	9		L
83893	Molecule dot/slot/blot	$7.76	$7.76	0	0%	0%	0%	9	9	9	9	9	9		L
83894	Molecule gel electrophor	$7.76	$7.76	0	0%	0%	0%	9	9	9	9	9	9		L
83896	Molecular diagnostics	$7.76	$7.76	0	0%	0%	0%	9	9	9	9	9	9		L
83897	Molecule nucleic transfer	$7.76	$7.76	0	0%	0%	0%	9	9	9	9	9	9		L
83898	Molecule nucleic ampli	$32.44	$32.44	0	0%	0%	0%	9	9	9	9	9	9		L
83901	Molecule nucleic ampli	$32.44	$32.44	0	0%	0%	0%	9	9	9	9	9	9		L
83902	Molecular diagnostics	$16.63	$16.63	0	0%	0%	0%	9	9	9	9	9	9		L
83903	Molecule mutation scan	$32.44	$32.44	0	0%	0%	0%	9	9	9	9	9	9		L
83904	Molecule mutation identify	$32.44	$32.44	0	0%	0%	0%	9	9	9	9	9	9		L
83905	Molecule mutation identify	$32.44	$32.44	0	0%	0%	0%	9	9	9	9	9	9		L
83906	Molecule mutation identify	$32.44	$32.44	0	0%	0%	0%	9	9	9	9	9	9		L
83912	Genetic examination	$7.76	$7.76	0	0%	0%	0%	9	9	9	9	9	9		L
83912-26	Genetic examination	$27.78	$27.78	0	0%	0%	0%	6	0	0	0	0	0		R
83915	Assay of nucleotidase	$21.57	$21.57	0	0%	0%	0%	9	9	9	9	9	9		L
83916	Oligoclonal bands	$26.99	$26.99	0	0%	0%	0%	9	9	9	9	9	9		L
83918	Organic acids, total, quant	$31.85	$31.85	0	0%	0%	0%	9	9	9	9	9	9		L
83919	Organic acids, qual, each	$31.85	$31.85	0	0%	0%	0%	9	9	9	9	9	9		L
83921	Organic acid, single, quant	$31.85	$31.85	0	0%	0%	0%	9	9	9	9	9	9		L
83925	Assay of opiates	$37.65	$37.65	0	0%	0%	0%	9	9	9	9	9	9		L
83930	Assay of blood osmolality	$12.78	$12.78	0	0%	0%	0%	9	9	9	9	9	9		L
83935	Assay of urine osmolality	$12.42	$12.42	0	0%	0%	0%	9	9	9	9	9	9		L
83937	Assay of osteocalcin	$57.76	$57.76	0	0%	0%	0%	9	9	9	9	9	9		L
83945	Assay of oxalate	$24.92	$24.92	0	0%	0%	0%	9	9	9	9	9	9		L
83970	Assay of parathormone	$79.86	$79.86	0	0%	0%	0%	9	9	9	9	9	9		L
83986	Assay of body fluid acidity	$5.57	$5.57	0	0%	0%	0%	9	9	9	9	9	9		L
83992	Assay for phencyclidine	$28.43	$28.43	0	0%	0%	0%	9	9	9	9	9	9		L
84022	Assay of phenothiazine	$24.57	$24.57	0	0%	0%	0%	9	9	9	9	9	9		L
84030	Assay of blood pku	$10.32	$10.32	0	0%	0%	0%	9	9	9	9	9	9		L
84035	Assay of phenylketones	$4.07	$4.07	0	0%	0%	0%	9	9	9	9	9	9		L
84060	Assay acid phosphatase	$12.78	$12.78	0	0%	0%	0%	9	9	9	9	9	9		L
84061	Phosphatase, forensic exam	$15.32	$15.32	0	0%	0%	0%	9	9	9	9	9	9		L
84066	Assay prostate phosphatase	$18.69	$18.69	0	0%	0%	0%	9	9	9	9	9	9		L
84075	Assay alkaline phosphatase	$10.01	$10.01	0	0%	0%	0%	9	9	9	9	9	9		L
84078	Assay alkaline phosphatase	$14.13	$14.13	0	0%	0%	0%	9	9	9	9	9	9		L

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
84080	Assay alkaline phosphatases	$28.62	$28.62	0	0%	0%	0%	9	9	9	9	9	9		L
84081	Amniotic fluid enzyme test	$31.98	$31.98	0	0%	0%	0%	9	9	9	9	9	9		L
84085	Assay of rbc pg6d enzyme	$13.05	$13.05	0	0%	0%	0%	9	9	9	9	9	9		L
84087	Assay phosphohexose enzymes	$19.98	$19.98	0	0%	0%	0%	9	9	9	9	9	9		L
84100	Assay of phosphorus	$9.18	$9.18	0	0%	0%	0%	9	9	9	9	9	9		L
84105	Assay of urine phosphorus	$10.01	$10.01	0	0%	0%	0%	9	9	9	9	9	9		L
84106	Test for porphobilinogen	$8.29	$8.29	0	0%	0%	0%	9	9	9	9	9	9		L
84110	Assay of porphobilinogen	$15.67	$15.67	0	0%	0%	0%	9	9	9	9	9	9		L
84119	Test urine for porphyrins	$16.66	$16.66	0	0%	0%	0%	9	9	9	9	9	9		L
84120	Assay of urine porphyrins	$28.46	$28.46	0	0%	0%	0%	9	9	9	9	9	9		L
84126	Assay of feces porphyrins	$28.63	$28.63	0	0%	0%	0%	9	9	9	9	9	9		L
84127	Assay of feces porphyrins	$22.54	$22.54	0	0%	0%	0%	9	9	9	9	9	9		L
84132	Assay of serum potassium	$8.89	$8.89	0	0%	0%	0%	9	9	9	9	9	9		L
84133	Assay of urine potassium	$8.32	$8.32	0	0%	0%	0%	9	9	9	9	9	9		L
84134	Assay of prealbumin	$28.22	$28.22	0	0%	0%	0%	9	9	9	9	9	9		L
84135	Assay of pregnanediol	$37.02	$37.02	0	0%	0%	0%	9	9	9	9	9	9		L
84138	Assay of pregnanetriol	$36.62	$36.62	0	0%	0%	0%	9	9	9	9	9	9		L
84140	Assay of pregnenolone	$40.01	$40.01	0	0%	0%	0%	9	9	9	9	9	9		L
84143	Assay of 17-hydroxypregneno	$44.16	$44.16	0	0%	0%	0%	9	9	9	9	9	9		L
84144	Assay of progesterone	$39.79	$39.79	0	0%	0%	0%	9	9	9	9	9	9		L
84146	Assay of prolactin	$37.49	$37.49	0	0%	0%	0%	9	9	9	9	9	9		L
84150	Assay of prostaglandin	$16.93	$16.93	0	0%	0%	0%	9	9	9	9	9	9		L
84152	Assay of psa, complexed	$35.59	$35.59	0	0%	0%	0%	9	9	9	9	9	9		L
84153	Assay of psa, total	$35.59	$35.59	0	0%	0%	0%	9	9	9	9	9	9		L
84154	Assay of psa, free	$35.59	$35.59	0	0%	0%	0%	9	9	9	9	9	9		L
84155	Assay of protein	$7.08	$7.08	0	0%	0%	0%	9	9	9	9	9	9		L
84160	Assay of serum protein	$10.01	$10.01	0	0%	0%	0%	9	9	9	9	9	9		L
84165	Assay of serum proteins	$20.78	$20.78	0	0%	0%	0%	9	9	9	9	9	9		L
84165-26	Assay of serum proteins	$27.78	$27.78	0	0%	0%	0%	6	0	0	0	0	0		R
84181	Western blot test	$32.96	$32.96	0	0%	0%	0%	9	9	9	9	9	9		L
84181-26	Western blot test	$26.78	$26.78	0	0%	0%	0%	6	0	0	0	0	0		R
84182	Protein, western blot test	$34.82	$34.82	0	0%	0%	0%	9	9	9	9	9	9		L
84182-26	Protein, western blot test	$27.78	$27.78	0	0%	0%	0%	6	0	0	0	0	0		R
84202	Assay RBC protoporphyrin	$27.76	$27.76	0	0%	0%	0%	9	9	9	9	9	9		L
84203	Test RBC protoporphyrin	$16.65	$16.65	0	0%	0%	0%	9	9	9	9	9	9		L
84206	Assay of proinsulin	$34.47	$34.47	0	0%	0%	0%	9	9	9	9	9	9		L
84207	Assay of vitamin b-6	$33.47	$33.47	0	0%	0%	0%	9	9	9	9	9	9		L
84210	Assay of pyruvate	$21.01	$21.01	0	0%	0%	0%	9	9	9	9	9	9		L
84220	Assay of pyruvate kinase	$18.26	$18.26	0	0%	0%	0%	9	9	9	9	9	9		L
84228	Assay of quinine	$22.51	$22.51	0	0%	0%	0%	9	9	9	9	9	9		L

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84233	Assay of estrogen	$124.61	$124.61	0	0%	0%	0%	9	9	9	9	9	9		L
84234	Assay of progesterone	$125.50	$125.50	0	0%	0%	0%	9	9	9	9	9	9		L
84235	Assay of endocrine hormone	$101.23	$101.23	0	0%	0%	0%	9	9	9	9	9	9		L
84238	Assay, nonendocrine receptor	$70.74	$70.74	0	0%	0%	0%	9	9	9	9	9	9		L
84244	Assay of renin	$42.56	$42.56	0	0%	0%	0%	9	9	9	9	9	9		L
84252	Assay of vitamin b-2	$9.00	$9.00	0	0%	0%	0%	9	9	9	9	9	9		L
84255	Assay of selenium	$49.39	$49.39	0	0%	0%	0%	9	9	9	9	9	9		L
84260	Assay of serotonin	$59.93	$59.93	0	0%	0%	0%	9	9	9	9	9	9		L
84270	Assay of sex hormone globul	$42.04	$42.04	0	0%	0%	0%	9	9	9	9	9	9		L
84275	Assay of sialic acid	$15.67	$15.67	0	0%	0%	0%	9	9	9	9	9	9		L
84285	Assay of silica	$45.57	$45.57	0	0%	0%	0%	9	9	9	9	9	9		L
84295	Assay of serum sodium	$9.31	$9.31	0	0%	0%	0%	9	9	9	9	9	9		L
84300	Assay of urine sodium	$9.41	$9.41	0	0%	0%	0%	9	9	9	9	9	9		L
84305	Assay of somatomedin	$41.13	$41.13	0	0%	0%	0%	9	9	9	9	9	9		L
84307	Assay of somatostatin	$35.38	$35.38	0	0%	0%	0%	9	9	9	9	9	9		L
84311	Spectrophotometry	$13.52	$13.52	0	0%	0%	0%	9	9	9	9	9	9		L
84315	Body fluid specific gravity	$3.23	$3.23	0	0%	0%	0%	9	9	9	9	9	9		L
84375	Chromatogram assay, sugars	$7.39	$7.39	0	0%	0%	0%	9	9	9	9	9	9		L
84376	Sugars, single, qual	$10.65	$10.65	0	0%	0%	0%	9	9	9	9	9	9		L
84377	Sugars, multiple, qual	$10.65	$10.65	0	0%	0%	0%	9	9	9	9	9	9		L
84378	Sugars single quant	$22.29	$22.29	0	0%	0%	0%	9	9	9	9	9	9		L
84379	Sugars multiple quant	$22.29	$22.29	0	0%	0%	0%	9	9	9	9	9	9		L
84392	Assay of urine sulfate	$9.18	$9.18	0	0%	0%	0%	9	9	9	9	9	9		L
84402	Assay of testosterone	$49.27	$49.27	0	0%	0%	0%	9	9	9	9	9	9		L
84403	Assay of total testosterone	$49.95	$49.95	0	0%	0%	0%	9	9	9	9	9	9		L
84425	Assay of vitamin b-1	$41.09	$41.09	0	0%	0%	0%	9	9	9	9	9	9		L
84430	Assay of thiocyanate	$20.54	$20.54	0	0%	0%	0%	9	9	9	9	9	9		L
84432	Assay of thyroglobulin	$31.08	$31.08	0	0%	0%	0%	9	9	9	9	9	9		L
84436	Assay of total thyroxine	$13.30	$13.30	0	0%	0%	0%	9	9	9	9	9	9		L
84437	Assay of neonatal thyroxine	$10.08	$10.08	0	0%	0%	0%	9	9	9	9	9	9		L
84439	Assay of free thyroxine	$16.93	$16.93	0	0%	0%	0%	9	9	9	9	9	9		L
84442	Assay of thyroid activity	$13.52	$13.52	0	0%	0%	0%	9	9	9	9	9	9		L
84443	Assay thyroid stim hormone	$32.40	$32.40	0	0%	0%	0%	9	9	9	9	9	9		L
84445	Assay of tsi	$98.39	$98.39	0	0%	0%	0%	9	9	9	9	9	9		L
84446	Assay of vitamin e	$27.44	$27.44	0	0%	0%	0%	9	9	9	9	9	9		L
84449	Assay of transcortin	$34.82	$34.82	0	0%	0%	0%	9	9	9	9	9	9		L
84450	Transferase (AST) (SGOT)	$10.00	$10.00	0	0%	0%	0%	9	9	9	9	9	9		L
84460	Alanine amino (ALT) (SGPT)	$10.08	$10.08	0	0%	0%	0%	9	9	9	9	9	9		F
84466	Assay of transferrin	$24.71	$24.71	0	0%	0%	0%	9	9	9	9	9	9		L
84478	Assay of triglycerides	$10.08	$10.08	0	0%	0%	0%	9	9	9	9	9	9		F

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
84479	Assay of thyroid (t3 or t4)	$12.53	$12.53	0	0%	0%	0%	9	9	9	9	9	9		L
84480	Assay, triiodothyronine (t3)	$27.44	$27.44	0	0%	0%	0%	9	9	9	9	9	9		L
84481	Free assay (FT-3)	$14.04	$14.04	0	0%	0%	0%	9	9	9	9	9	9		L
84482	T3 reverse	$30.49	$30.49	0	0%	0%	0%	9	9	9	9	9	9		L
84484	Assay of troponin, quant	$19.04	$19.04	0	0%	0%	0%	9	9	9	9	9	9		L
84485	Assay duodenal fluid trypsin	$14.52	$14.52	0	0%	0%	0%	9	9	9	9	9	9		L
84488	Test feces for trypsin	$14.13	$14.13	0	0%	0%	0%	9	9	9	9	9	9		L
84490	Assay of feces for trypsin	$14.73	$14.73	0	0%	0%	0%	9	9	9	9	9	9		L
84510	Assay of tyrosine	$11.69	$11.69	0	0%	0%	0%	9	9	9	9	9	9		L
84512	Assay of troponin, qual	$14.90	$14.90	0	0%	0%	0%	9	9	9	9	9	9		L
84520	Assay of urea nitrogen	$7.63	$7.63	0	0%	0%	0%	9	9	9	9	9	9		L
84525	Urea nitrogen semi-quant	$3.23	$3.23	0	0%	0%	0%	9	9	9	9	9	9		L
84540	Assay of urine/urea-n	$9.00	$9.00	0	0%	0%	0%	9	9	9	9	9	9		L
84545	Urea-N clearance test	$12.05	$12.05	0	0%	0%	0%	9	9	9	9	9	9		L
84550	Assay of blood/uric acid	$8.75	$8.75	0	0%	0%	0%	9	9	9	9	9	9		L
84560	Assay of urine/uric acid	$9.18	$9.18	0	0%	0%	0%	9	9	9	9	9	9		L
84577	Assay of feces/urobilinogen	$24.14	$24.14	0	0%	0%	0%	9	9	9	9	9	9		L
84578	Test urine urobilinogen	$6.27	$6.27	0	0%	0%	0%	9	9	9	9	9	9		L
84580	Assay of urine urobilinogen	$7.94	$7.94	0	0%	0%	0%	9	9	9	9	9	9		L
84583	Assay of urine urobilinogen	$9.73	$9.73	0	0%	0%	0%	9	9	9	9	9	9		L
84585	Assay of urine vma	$29.99	$29.99	0	0%	0%	0%	9	9	9	9	9	9		L
84586	Assay of vip	$68.36	$68.36	0	0%	0%	0%	9	9	9	9	9	9		L
84588	Assay of vasopressin	$65.67	$65.67	0	0%	0%	0%	9	9	9	9	9	9		L
84590	Assay of vitamin a	$22.43	$22.43	0	0%	0%	0%	9	9	9	9	9	9		L
84591	Assay of nos vitamin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
84597	Assay of vitamin k	$26.52	$26.52	0	0%	0%	0%	9	9	9	9	9	9		L
84600	Assay of volatiles	$31.09	$31.09	0	0%	0%	0%	9	9	9	9	9	9		L
84620	Xylose tolerance test	$22.92	$22.92	0	0%	0%	0%	9	9	9	9	9	9		L
84630	Assay of zinc	$20.47	$20.47	0	0%	0%	0%	9	9	9	9	9	9		L
84681	Assay of c-peptide	$40.25	$40.25	0	0%	0%	0%	9	9	9	9	9	9		L
84702	Chorionic gonadotropin test	$29.12	$29.12	0	0%	0%	0%	9	9	9	9	9	9		L
84703	Chorionic gonadotropin assay	$14.53	$14.53	0	0%	0%	0%	9	9	9	9	9	9		L
84830	Ovulation tests	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
84999	Clinical chemistry test	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
85002	Bleeding time test	$8.71	$8.71	0	0%	0%	0%	9	9	9	9	9	9		L
85007	Differential WBC count	$6.66	$6.66	0	0%	0%	0%	9	9	9	9	9	9		L
85008	Nondifferential WBC count	$6.66	$6.66	0	0%	0%	0%	9	9	9	9	9	9		L
85009	Differential WBC count	$7.20	$7.20	0	0%	0%	0%	9	9	9	9	9	9		L
85013	Hematocrit	$4.58	$4.58	0	0%	0%	0%	9	9	9	9	9	9		L
85014	Hematocrit	$4.58	$4.58	0	0%	0%	0%	9	9	9	9	9	9		L

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
85018	Hemoglobin	$4.58	$4.58	0	0%	0%	0%	9	9	9	9	9	9		L
85021	Automated hemogram	$10.81	$10.81	0	0%	0%	0%	9	9	9	9	9	9		L
85022	Automated hemogram	$10.63	$10.63	0	0%	0%	0%	9	9	9	9	9	9		L
85023	Automated hemogram	$16.39	$16.39	0	0%	0%	0%	9	9	9	9	9	9		L
85024	Automated hemogram	$16.38	$16.38	0	0%	0%	0%	9	9	9	9	9	9		L
85025	Automated hemogram	$15.04	$15.04	0	0%	0%	0%	9	9	9	9	9	9		L
85027	Automated hemogram	$12.53	$12.53	0	0%	0%	0%	9	9	9	9	9	9		L
85031	Manual hemogram, cbc	$11.45	$11.45	0	0%	0%	0%	9	9	9	9	9	9		L
85041	Red blood cell (RBC) count	$5.82	$5.82	0	0%	0%	0%	9	9	9	9	9	9		L
85044	Reticulocyte count	$8.32	$8.32	0	0%	0%	0%	9	9	9	9	9	9		L
85045	Reticulocyte count	$7.76	$7.76	0	0%	0%	0%	9	9	9	9	9	9		L
85046	Reticyte/hgb concentrate	$10.81	$10.81	0	0%	0%	0%	9	9	9	9	9	9		L
85048	White blood cell (WBC) count	$4.93	$4.93	0	0%	0%	0%	9	9	9	9	9	9		L
85060	Blood smear interpretation	$32.74	$32.74	0	0%	0%	0%	8	0	0	0	0	0		R
85095	Bone marrow aspiration	$231.63	$79.86	0	0%	0%	0%	0	0	0	0	0	0		R
85097	Bone marrow interpretation	$121.52	$68.94	0	0%	0%	0%	0	0	0	0	0	0		R
85102	Bone marrow biopsy	$252.46	$100.19	0	0%	0%	0%	0	0	0	0	0	0		R
85130	Chromogenic substrate assay	$23.02	$23.02	0	0%	0%	0%	9	9	9	9	9	9		L
85170	Blood clot retraction	$5.57	$5.57	0	0%	0%	0%	9	9	9	9	9	9		L
85175	Blood clot lysis time	$8.79	$8.79	0	0%	0%	0%	9	9	9	9	9	9		L
85210	Blood clot factor II test	$11.89	$11.89	0	0%	0%	0%	9	9	9	9	9	9		L
85220	Blood clot factor V test	$31.51	$31.51	0	0%	0%	0%	9	9	9	9	9	9		L
85230	Blood clot factor VII test	$26.99	$26.99	0	0%	0%	0%	9	9	9	9	9	9		L
85240	Blood clot factor VIII test	$34.65	$34.65	0	0%	0%	0%	9	9	9	9	9	9		L
85244	Blood clot factor VIII test	$39.51	$39.51	0	0%	0%	0%	9	9	9	9	9	9		L
85245	Blood clot factor VIII test	$44.41	$44.41	0	0%	0%	0%	9	9	9	9	9	9		L
85246	Blood clot factor VIII test	$44.41	$44.41	0	0%	0%	0%	9	9	9	9	9	9		L
85247	Blood clot factor VIII test	$44.41	$44.41	0	0%	0%	0%	9	9	9	9	9	9		L
85250	Blood clot factor IX test	$31.51	$31.51	0	0%	0%	0%	9	9	9	9	9	9		L
85260	Blood clot factor X test	$34.65	$34.65	0	0%	0%	0%	9	9	9	9	9	9		L
85270	Blood clot factor XI test	$31.51	$31.51	0	0%	0%	0%	9	9	9	9	9	9		L
85280	Blood clot factor XII test	$37.44	$37.44	0	0%	0%	0%	9	9	9	9	9	9		L
85290	Blood clot factor XIII test	$31.51	$31.51	0	0%	0%	0%	9	9	9	9	9	9		L
85291	Blood clot factor XIII test	$17.19	$17.19	0	0%	0%	0%	9	9	9	9	9	9		L
85292	Blood clot factor assay	$36.64	$36.64	0	0%	0%	0%	9	9	9	9	9	9		L
85293	Blood clot factor assay	$36.64	$36.64	0	0%	0%	0%	9	9	9	9	9	9		L
85300	Antithrombin III test	$22.93	$22.93	0	0%	0%	0%	9	9	9	9	9	9		L
85301	Antithrombin III test	$20.93	$20.93	0	0%	0%	0%	9	9	9	9	9	9		L
85302	Blood clot inhibitor antigen	$23.25	$23.25	0	0%	0%	0%	9	9	9	9	9	9		L
85303	Blood clot inhibitor test	$26.75	$26.75	0	0%	0%	0%	9	9	9	9	9	9		L

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85305	Blood clot inhibitor assay	$22.43	$22.43	0	0%	0%	0%	9	9	9	9	9	9		L
85306	Blood clot inhibitor test	$29.65	$29.65	0	0%	0%	0%	9	9	9	9	9	9		L
85307	Assay activated protein c	$29.65	$29.65	0	0%	0%	0%	9	9	9	9	9	9		L
85335	Factor inhibitor test	$24.92	$24.92	0	0%	0%	0%	9	9	9	9	9	9		L
85337	Thrombomodulin	$20.17	$20.17	0	0%	0%	0%	9	9	9	9	9	9		L
85345	Coagulation time	$8.32	$8.32	0	0%	0%	0%	9	9	9	9	9	9		L
85347	Coagulation time	$8.23	$8.23	0	0%	0%	0%	9	9	9	9	9	9		L
85348	Coagulation time	$7.20	$7.20	0	0%	0%	0%	9	9	9	9	9	9		L
85360	Euglobulin lysis	$16.25	$16.25	0	0%	0%	0%	9	9	9	9	9	9		L
85362	Fibrin degradation products	$13.33	$13.33	0	0%	0%	0%	9	9	9	9	9	9		L
85366	Fibrinogen test	$16.66	$16.66	0	0%	0%	0%	9	9	9	9	9	9		L
85370	Fibrinogen test	$21.98	$21.98	0	0%	0%	0%	9	9	9	9	9	9		L
85378	Fibrin degradation	$13.80	$13.80	0	0%	0%	0%	9	9	9	9	9	9		L
85379	Fibrin degradation	$19.68	$19.68	0	0%	0%	0%	9	9	9	9	9	9		L
85384	Fibrinogen	$15.55	$15.55	0	0%	0%	0%	9	9	9	9	9	9		L
85385	Fibrinogen	$15.55	$15.55	0	0%	0%	0%	9	9	9	9	9	9		L
85390	Fibrinolysins screen	$9.98	$9.98	0	0%	0%	0%	9	9	9	9	9	9		L
85390-26	Fibrinolysins screen	$26.29	$26.29	0	0%	0%	0%	6	0	0	0	0	0		R
85400	Fibrinolytic plasmin	$17.11	$17.11	0	0%	0%	0%	9	9	9	9	9	9		L
85410	Fibrinolytic antiplasmin	$14.92	$14.92	0	0%	0%	0%	9	9	9	9	9	9		L
85415	Fibrinolytic plasminogen	$21.63	$21.63	0	0%	0%	0%	9	9	9	9	9	9		L
85420	Fibrinolytic plasminogen	$12.66	$12.66	0	0%	0%	0%	9	9	9	9	9	9		L
85421	Fibrinolytic plasminogen	$19.70	$19.70	0	0%	0%	0%	9	9	9	9	9	9		L
85441	Heinz bodies, direct	$8.13	$8.13	0	0%	0%	0%	9	9	9	9	9	9		L
85445	Heinz bodies, induced	$13.19	$13.19	0	0%	0%	0%	9	9	9	9	9	9		L
85460	Hemoglobin, fetal	$4.84	$4.84	0	0%	0%	0%	9	9	9	9	9	9		L
85461	Hemoglobin, fetal	$12.84	$12.84	0	0%	0%	0%	9	9	9	9	9	9		L
85475	Hemolysin	$16.73	$16.73	0	0%	0%	0%	9	9	9	9	9	9		L
85520	Heparin assay	$25.33	$25.33	0	0%	0%	0%	9	9	9	9	9	9		L
85525	Heparin	$22.93	$22.93	0	0%	0%	0%	9	9	9	9	9	9		L
85530	Heparin-protamine tolerance	$27.44	$27.44	0	0%	0%	0%	9	9	9	9	9	9		L
85535	Iron stain, blood cells	$12.53	$12.53	0	0%	0%	0%	9	9	9	9	9	9		L
85536	Iron stain peripheral blood	$12.53	$12.53	0	0%	0%	0%	9	9	9	9	9	9		L
85540	Wbc alkaline phosphatase	$16.63	$16.63	0	0%	0%	0%	9	9	9	9	9	9		L
85547	RBC mechanical fragility	$16.63	$16.63	0	0%	0%	0%	9	9	9	9	9	9		L
85549	Muramidase	$33.67	$33.67	0	0%	0%	0%	9	9	9	9	9	9		L
85555	RBC osmotic fragility	$11.24	$11.24	0	0%	0%	0%	9	9	9	9	9	9		L
85557	RBC osmotic fragility	$25.84	$25.84	0	0%	0%	0%	9	9	9	9	9	9		L
85576	Blood platelet aggregation	$41.57	$41.57	0	0%	0%	0%	9	9	9	9	9	9		L
85576-26	Blood platelet aggregation	$27.78	$27.28	0	0%	0%	0%	6	0	0	0	0	0		R

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85585	Blood platelet estimation	$5.95	$5.95	0	0%	0%	0%	9	9	9	9	9	9		L
85590	Platelet count, manual	$8.32	$8.32	0	0%	0%	0%	9	9	9	9	9	9		L
85595	Platelet count, automated	$8.65	$8.65	0	0%	0%	0%	9	9	9	9	9	9		L
85597	Platelet neutralization	$34.78	$34.78	0	0%	0%	0%	9	9	9	9	9	9		L
85610	Prothrombin time	$7.60	$7.60	0	0%	0%	0%	9	9	9	9	9	9		L
85611	Prothrombin test	$7.63	$7.63	0	0%	0%	0%	9	9	9	9	9	9		L
85612	Viper venom prothrombin time	$18.51	$18.51	0	0%	0%	0%	9	9	9	9	9	9		L
85613	Russell viper venom, diluted	$18.51	$18.51	0	0%	0%	0%	9	9	9	9	9	9		L
85635	Reptilase test	$16.93	$16.93	0	0%	0%	0%	9	9	9	9	9	9		L
85651	Rbc sed rate, nonautomated	$6.87	$6.87	0	0%	0%	0%	9	9	9	9	9	9		L
85652	Rbc sed rate, automated	$5.22	$5.22	0	0%	0%	0%	9	9	9	9	9	9		L
85660	RBC sickle cell test	$10.68	$10.68	0	0%	0%	0%	9	9	9	9	9	9		L
85670	Thrombin time, plasma	$11.17	$11.17	0	0%	0%	0%	9	9	9	9	9	9		L
85675	Thrombin time, titer	$13.26	$13.26	0	0%	0%	0%	9	9	9	9	9	9		L
85705	Thromboplastin inhibition	$18.26	$18.26	0	0%	0%	0%	9	9	9	9	9	9		L
85730	Thromboplastin time, partial	$11.24	$11.24	0	0%	0%	0%	9	9	9	9	9	9		L
85732	Thromboplastin time, partial	$12.53	$12.53	0	0%	0%	0%	9	9	9	9	9	9		L
85810	Blood viscosity examination	$15.89	$15.89	0	0%	0%	0%	9	9	9	9	9	9		L
85999	Hematology procedure	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86000	Agglutinins, febrile	$13.51	$13.51	0	0%	0%	0%	9	9	9	9	9	9		L
86001	Allergen specific igg	$10.11	$10.11	0	0%	0%	0%	9	9	9	9	9	9		L
86003	Allergen specific IgE	$10.11	$10.11	0	0%	0%	0%	9	9	9	9	9	9		L
86005	Allergen specific IgE	$9.60	$9.60	0	0%	0%	0%	9	9	9	9	9	9		L
86021	WBC antibody identification	$29.12	$29.12	0	0%	0%	0%	9	9	9	9	9	9		L
86022	Platelet antibodies	$29.05	$29.05	0	0%	0%	0%	9	9	9	9	9	9		L
86023	Immunoglobulin assay	$24.09	$24.09	0	0%	0%	0%	9	9	9	9	9	9		L
86038	Antinuclear antibodies	$23.38	$23.38	0	0%	0%	0%	9	9	9	9	9	9		L
86039	Antinuclear antibodies (ANA)	$21.60	$21.60	0	0%	0%	0%	9	9	9	9	9	9		L
86060	Antistreptolysin o, titer	$14.13	$14.13	0	0%	0%	0%	9	9	9	9	9	9		L
86063	Antistreptolysin o, screen	$9.72	$9.72	0	0%	0%	0%	9	9	9	9	9	9		L
86077	Physician blood bank service	$69.44	$66.46	0	0%	0%	0%	0	0	0	0	0	0		R
86078	Physician blood bank service	$70.93	$66.96	0	0%	0%	0%	0	0	0	0	0	0		R
86079	Physician blood bank service	$70.93	$67.46	0	0%	0%	0%	0	0	0	0	0	0		R
86140	C-reactive protein	$10.01	$10.01	0	0%	0%	0%	9	9	9	9	9	9		L
86146	Glycoprotein antibody	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
86147	Cardiolipin antibody	$49.22	$49.22	0	0%	0%	0%	9	9	9	9	9	9		L
86148	Phospholipid antibody	$31.08	$31.08	0	0%	0%	0%	9	9	9	9	9	9		L
86155	Chemotaxis assay	$6.76	$6.76	0	0%	0%	0%	9	9	9	9	9	9		L
86156	Cold agglutinin, screen	$12.96	$12.96	0	0%	0%	0%	9	9	9	9	9	9		L
86157	Cold agglutinin, titer	$15.60	$15.60	0	0%	0%	0%	9	9	9	9	9	9		L

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
86160	Complement, antigen	$23.23	$23.23	0	0%	0%	0%	9	9	9	9	9	9		L
86161	Complement/function activity	$23.23	$23.23	0	0%	0%	0%	9	9	9	9	9	9		L
86162	Complement, total (CH50)	$39.31	$39.31	0	0%	0%	0%	9	9	9	9	9	9		L
86171	Complement fixation, each	$11.24	$11.24	0	0%	0%	0%	9	9	9	9	9	9		L
86185	Counterimmunoelectrophoresis	$17.32	$17.32	0	0%	0%	0%	9	9	9	9	9	9		L
86215	Deoxyribonuclease, antibody	$25.65	$25.65	0	0%	0%	0%	9	9	9	9	9	9		L
86225	DNA antibody	$26.59	$26.59	0	0%	0%	0%	9	9	9	9	9	9		L
86226	DNA antibody, single strand	$21.39	$21.39	0	0%	0%	0%	9	9	9	9	9	9		L
86235	Nuclear antigen antibody	$34.69	$34.69	0	0%	0%	0%	9	9	9	9	9	9		L
86243	Fc receptor	$23.04	$23.04	0	0%	0%	0%	9	9	9	9	9	9		L
86255	Fluorescent antibody, screen	$23.32	$23.32	0	0%	0%	0%	9	9	9	9	9	9		L
86255-26	Fluorescent antibody, screen	$27.78	$27.78	0	0%	0%	0%	6	0	0	0	0	0		R
86256	Fluorescent antibody, titer	$23.32	$23.32	0	0%	0%	0%	9	9	9	9	9	9		L
86256-26	Fluorescent antibody, titer	$27.78	$27.78	0	0%	0%	0%	6	0	0	0	0	0		R
86277	Growth hormone antibody	$30.45	$30.45	0	0%	0%	0%	9	9	9	9	9	9		L
86280	Hemagglutination inhibition	$15.83	$15.83	0	0%	0%	0%	9	9	9	9	9	9		L
86294	Immunoassay, tumor qual	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86300	Immunoassay, tumor ca 15-3	$40.26	$40.26	0	0%	0%	0%	9	9	9	9	9	9		L
86301	Immunoassay, tumor, ca 19-9	$40.26	$40.26	0	0%	0%	0%	9	9	9	9	9	9		L
86304	Immunoassay, tumor ca 125	$40.26	$40.26	0	0%	0%	0%	9	9	9	9	9	9		L
86308	Heterophile antibodies	$10.01	$10.01	0	0%	0%	0%	9	9	9	9	9	9		L
86309	Heterophile antibodies	$9.53	$9.53	0	0%	0%	0%	9	9	9	9	9	9		L
86310	Heterophile antibodies	$14.27	$14.27	0	0%	0%	0%	9	9	9	9	9	9		L
86316	Immunoassay, tumor other	$40.26	$40.26	0	0%	0%	0%	9	9	9	9	9	9		L
86317	Immunoassay,infectious agent	$26.31	$26.31	0	0%	0%	0%	9	9	9	9	9	9		L
86318	Immunoassay,infectious agent	$25.05	$25.05	0	0%	0%	0%	9	9	9	9	9	9		L
86320	Serum immunoelectrophoresis	$43.37	$43.37	0	0%	0%	0%	9	9	9	9	9	9		L
86320-26	Serum immunoelectrophoresis	$27.78	$27.78	0	0%	0%	0%	6	0	0	0	0	0		R
86325	Other immunoelectrophoresis	$43.26	$43.26	0	0%	0%	0%	9	9	9	9	9	9		L
86325-26	Other immunoelectrophoresis	$27.78	$27.78	0	0%	0%	0%	6	0	0	0	0	0		R
86327	Immunoelectrophoresis assay	$43.89	$43.89	0	0%	0%	0%	9	9	9	9	9	9		L
86327-26	Immunoelectrophoresis assay	$30.75	$30.75	0	0%	0%	0%	6	0	0	0	0	0		R
86329	Immunodiffusion	$27.16	$27.16	0	0%	0%	0%	9	9	9	9	9	9		L
86331	Immunodiffusion ouchterlony	$23.18	$23.18	0	0%	0%	0%	9	9	9	9	9	9		L
86332	Immune complex assay	$47.15	$47.15	0	0%	0%	0%	9	9	9	9	9	9		L
86334	Immunofixation procedure	$43.22	$43.22	0	0%	0%	0%	9	9	9	9	9	9		L
86334-26	Immunofixation procedure	$27.78	$27.78	0	0%	0%	0%	6	0	0	0	0	0		R
86337	Insulin antibodies	$41.43	$41.43	0	0%	0%	0%	9	9	9	9	9	9		L
86340	Intrinsic factor antibody	$29.16	$29.16	0	0%	0%	0%	9	9	9	9	9	9		L
86341	Islet cell antibody	$38.28	$38.28	0	0%	0%	0%	9	9	9	9	9	9		L

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86343	Leukocyte histamine release	$24.11	$24.11	0	0%	0%	0%	9	9	9	9	9	9		L
86344	Leukocyte phagocytosis	$15.46	$15.46	0	0%	0%	0%	9	9	9	9	9	9		L
86353	Lymphocyte transformation	$94.85	$94.85	0	0%	0%	0%	9	9	9	9	9	9		L
86359	T cells, total count	$72.98	$72.98	0	0%	0%	0%	9	9	9	9	9	9		L
86360	T cell, absolute count/ratio	$90.90	$90.90	0	0%	0%	0%	9	9	9	9	9	9		L
86361	T cell, absolute count	$35.00	$35.00	0	0%	0%	0%	9	9	9	9	9	9		L
86376	Microsomal antibody	$28.15	$28.15	0	0%	0%	0%	9	9	9	9	9	9		L
86378	Migration inhibitory factor	$38.11	$38.11	0	0%	0%	0%	9	9	9	9	9	9		L
86382	Neutralization test, viral	$32.70	$32.70	0	0%	0%	0%	9	9	9	9	9	9		L
86384	Nitroblue tetrazolium dye	$22.04	$22.04	0	0%	0%	0%	9	9	9	9	9	9		L
86403	Particle agglutination test	$19.71	$19.71	0	0%	0%	0%	9	9	9	9	9	9		L
86406	Particle agglutination test	$20.58	$20.58	0	0%	0%	0%	9	9	9	9	9	9		L
86430	Rheumatoid factor test	$10.99	$10.99	0	0%	0%	0%	9	9	9	9	9	9		L
86431	Rheumatoid factor, quant	$10.99	$10.99	0	0%	0%	0%	9	9	9	9	9	9		L
86485	Skin test, candida	By Report	By Report	0	0%	0%	0%	3	0	0	0	0	0		N
86490	Coccidioidomycosis skin test	$15.38	$15.38	0	0%	0%	0%	3	0	0	0	0	0		R
86510	Histoplasmosis skin test	$16.86	$16.86	0	0%	0%	0%	3	0	0	0	0	0		R
86580	TB intradermal test	$13.39	$13.39	0	0%	0%	0%	3	0	0	0	0	0		R
86585	TB tine test	$10.42	$10.42	0	0%	0%	0%	3	0	0	0	0	0		R
86586	Skin test, unlisted	By Report	By Report	0	0%	0%	0%	3	0	0	0	0	0		N
86590	Streptokinase, antibody	$21.34	$21.34	0	0%	0%	0%	9	9	9	9	9	9		L
86592	Blood serology, qualitative	$8.26	$8.26	0	0%	0%	0%	9	9	9	9	9	9		L
86593	Blood serology, quantitative	$8.53	$8.53	0	0%	0%	0%	9	9	9	9	9	9		L
86602	Antinomyces antibody	$19.68	$19.68	0	0%	0%	0%	9	9	9	9	9	9		L
86603	Adenovirus antibody	$24.91	$24.91	0	0%	0%	0%	9	9	9	9	9	9		L
86606	Aspergillus antibody	$29.12	$29.12	0	0%	0%	0%	9	9	9	9	9	9		L
86609	Bacterium antibody	$24.93	$24.93	0	0%	0%	0%	9	9	9	9	9	9		L
86611	Bartonella antibody	$19.68	$19.68	0	0%	0%	0%	9	9	9	9	9	9		L
86612	Blastomyces antibody	$24.96	$24.96	0	0%	0%	0%	9	9	9	9	9	9		L
86615	Bordetella antibody	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86617	Lyme disease antibody	$29.96	$29.96	0	0%	0%	0%	9	9	9	9	9	9		L
86618	Lyme disease antibody	$32.96	$32.96	0	0%	0%	0%	9	9	9	9	9	9		L
86619	Borrelia antibody	$25.89	$25.89	0	0%	0%	0%	9	9	9	9	9	9		L
86622	Brucella antibody	$17.29	$17.29	0	0%	0%	0%	9	9	9	9	9	9		L
86625	Campylobacter antibody	$25.38	$25.38	0	0%	0%	0%	9	9	9	9	9	9		L
86628	Candida antibody	$23.24	$23.24	0	0%	0%	0%	9	9	9	9	9	9		L
86631	Chlamydia antibody	$22.89	$22.89	0	0%	0%	0%	9	9	9	9	9	9		L
86632	Chlamydia igm antibody	$24.57	$24.57	0	0%	0%	0%	9	9	9	9	9	9		L
86635	Coccidioides antibody	$22.19	$22.19	0	0%	0%	0%	9	9	9	9	9	9		L
86638	Q fever antibody	$23.45	$23.45	0	0%	0%	0%	9	9	9	9	9	9		L

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86641	Cryptococcus antibody	$27.89	$27.89	0	0%	0%	0%	9	9	9	9	9	9		L
86644	CMV antibody	$25.45	$25.45	0	0%	0%	0%	9	9	9	9	9	9		L
86645	CMV antibody, IgM	$32.59	$32.59	0	0%	0%	0%	9	9	9	9	9	9		L
86648	Diphtheria antibody	$23.65	$23.65	0	0%	0%	0%	9	9	9	9	9	9		L
86651	Encephalitis antibody	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86652	Encephalitis antibody	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86653	Encephalitis antibody	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86654	Encephalitis antibody	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86658	Enterovirus antibody	$25.21	$25.21	0	0%	0%	0%	9	9	9	9	9	9		L
86663	Epstein-barr antibody	$25.38	$25.38	0	0%	0%	0%	9	9	9	9	9	9		L
86664	Epstein-barr antibody	$29.60	$29.60	0	0%	0%	0%	9	9	9	9	9	9		L
86665	Epstein-barr antibody	$35.10	$35.10	0	0%	0%	0%	9	9	9	9	9	9		L
86666	Ehrlichia antibody	$19.68	$19.68	0	0%	0%	0%	9	9	9	9	9	9		L
86668	Francisella tularensis	$20.13	$20.13	0	0%	0%	0%	9	9	9	9	9	9		L
86671	Fungus antibody	$14.78	$14.78	0	0%	0%	0%	9	9	9	9	9	9		L
86674	Giardia lamblia antibody	$28.48	$28.48	0	0%	0%	0%	9	9	9	9	9	9		L
86677	Helicobacter pylori	$28.07	$28.07	0	0%	0%	0%	9	9	9	9	9	9		L
86682	Helminth antibody	$25.16	$25.16	0	0%	0%	0%	9	9	9	9	9	9		L
86683	Hemoglobin, fecal antibody	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
86684	Hemophilus influenza	$30.66	$30.66	0	0%	0%	0%	9	9	9	9	9	9		L
86687	Htlv-i antibody	$16.24	$16.24	0	0%	0%	0%	9	9	9	9	9	9		L
86688	Htlv-ii antibody	$27.12	$27.12	0	0%	0%	0%	9	9	9	9	9	9		L
86689	HTLV/HIV confirmatory test	$37.45	$37.45	0	0%	0%	0%	9	9	9	9	9	9		L
86692	Hepatitis, delta agent	$33.21	$33.21	0	0%	0%	0%	9	9	9	9	9	9		L
86694	Herpes simplex test	$25.45	$25.45	0	0%	0%	0%	9	9	9	9	9	9		L
86695	Herpes simplex test	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86696	Herpes simplex type 2	$37.45	$37.45	0	0%	0%	0%	9	9	9	9	9	9		L
86698	Histoplasma	$24.19	$24.19	0	0%	0%	0%	9	9	9	9	9	9		L
86701	HIV-1	$17.19	$17.19	0	0%	0%	0%	9	9	9	9	9	9		L
86702	HIV-2	$26.17	$26.17	0	0%	0%	0%	9	9	9	9	9	9		L
86703	HIV-1/HIV-2, single assay	$26.54	$26.54	0	0%	0%	0%	9	9	9	9	9	9		L
86704	Hep b core antibody, total	$23.32	$23.32	0	0%	0%	0%	9	9	9	9	9	9		L
86705	Hep b core antibody, igm	$22.78	$22.78	0	0%	0%	0%	9	9	9	9	9	9		L
86706	Hep b surface antibody	$20.78	$20.78	0	0%	0%	0%	9	9	9	9	9	9		L
86707	Hep be antibody	$22.37	$22.37	0	0%	0%	0%	9	9	9	9	9	9		L
86708	Hep a antibody, total	$23.97	$23.97	0	0%	0%	0%	9	9	9	9	9	9		L
86709	Hep a antibody, igm	$21.77	$21.77	0	0%	0%	0%	9	9	9	9	9	9		L
86710	Influenza virus antibody	$26.24	$26.24	0	0%	0%	0%	9	9	9	9	9	9		L
86713	Legionella antibody	$29.61	$29.61	0	0%	0%	0%	9	9	9	9	9	9		L
86717	Leishmania antibody	$23.70	$23.70	0	0%	0%	0%	9	9	9	9	9	9		L

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86720	Leptospira antibody	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86723	Listeria monocytogenes ab	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86727	Lymph choriomeningitis ab	$24.91	$24.91	0	0%	0%	0%	9	9	9	9	9	9		L
86729	Lympho venereum antibody	$23.11	$23.11	0	0%	0%	0%	9	9	9	9	9	9		L
86732	Mucormycosis antibody	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86735	Mumps antibody	$25.24	$25.24	0	0%	0%	0%	9	9	9	9	9	9		L
86738	Mycoplasma antibody	$25.63	$25.63	0	0%	0%	0%	9	9	9	9	9	9		L
86741	Neisseria meningitidis	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86744	Nocardia antibody	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86747	Parvovirus antibody	$29.08	$29.08	0	0%	0%	0%	9	9	9	9	9	9		L
86750	Malaria antibody	$23.65	$23.65	0	0%	0%	0%	9	9	9	9	9	9		L
86753	Protozoa antibody nos	$23.97	$23.97	0	0%	0%	0%	9	9	9	9	9	9		L
86756	Respiratory virus antibody	$24.93	$24.93	0	0%	0%	0%	9	9	9	9	9	9		L
86757	Rickettsia antibody	$37.45	$37.45	0	0%	0%	0%	9	9	9	9	9	9		L
86759	Rotavirus antibody	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86762	Rubella antibody	$25.45	$25.45	0	0%	0%	0%	9	9	9	9	9	9		L
86765	Rubeola antibody	$24.93	$24.93	0	0%	0%	0%	9	9	9	9	9	9		L
86768	Salmonella antibody	$19.95	$19.95	0	0%	0%	0%	9	9	9	9	9	9		L
86771	Shigella antibody	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86774	Tetanus antibody	$16.81	$16.81	0	0%	0%	0%	9	9	9	9	9	9		L
86777	Toxoplasma antibody	$25.45	$25.45	0	0%	0%	0%	9	9	9	9	9	9		L
86778	Toxoplasma antibody, igm	$27.86	$27.86	0	0%	0%	0%	9	9	9	9	9	9		L
86781	Treponema pallidum, confirm	$25.62	$25.62	0	0%	0%	0%	9	9	9	9	9	9		L
86784	Trichinella antibody	$24.30	$24.30	0	0%	0%	0%	9	9	9	9	9	9		L
86787	Varicella-zoster antibody	$24.93	$24.93	0	0%	0%	0%	9	9	9	9	9	9		L
86790	Virus antibody nos	$24.93	$24.93	0	0%	0%	0%	9	9	9	9	9	9		L
86793	Yersinia antibody	$25.52	$25.52	0	0%	0%	0%	9	9	9	9	9	9		L
86800	Thyroglobulin antibody	$30.77	$30.77	0	0%	0%	0%	9	9	9	9	9	9		L
86803	Hepatitis c ab test	$27.62	$27.62	0	0%	0%	0%	9	9	9	9	9	9		L
86804	Hep c ab test, confirm	$29.96	$29.96	0	0%	0%	0%	9	9	9	9	9	9		L
86805	Lymphocytotoxicity assay	$41.69	$41.69	0	0%	0%	0%	9	9	9	9	9	9		L
86806	Lymphocytotoxicity assay	$33.67	$33.67	0	0%	0%	0%	9	9	9	9	9	9		L
86807	Cytotoxic antibody screening	$40.43	$40.43	0	0%	0%	0%	9	9	9	9	9	9		L
86808	Cytotoxic antibody screening	$25.45	$25.45	0	0%	0%	0%	9	9	9	9	9	9		L
86812	HLA typing, A, B, or C	$49.92	$49.92	0	0%	0%	0%	9	9	9	9	9	9		L
86813	HLA typing, A, B, or C	$112.18	$112.18	0	0%	0%	0%	9	9	9	9	9	9		L
86816	HLA typing, DR/DQ	$53.89	$53.89	0	0%	0%	0%	9	9	9	9	9	9		L
86817	HLA typing, DR/DQ	$124.57	$124.57	0	0%	0%	0%	9	9	9	9	9	9		L
86821	Lymphocyte culture, mixed	$109.24	$109.24	0	0%	0%	0%	9	9	9	9	9	9		L
86822	Lymphocyte culture, primed	$70.73	$70.73	0	0%	0%	0%	9	9	9	9	9	9		L

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86849	Immunology procedure	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86850	RBC antibody screen	$13.44	$13.44	0	0%	0%	0%	9	9	9	9	9	9		L
86860	RBC antibody elution	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86870	RBC antibody identification	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86880	Coombs test	$10.39	$10.39	0	0%	0%	0%	9	9	9	9	9	9		L
86885	Coombs test	$11.06	$11.06	0	0%	0%	0%	9	9	9	9	9	9		L
86886	Coombs test	$10.01	$10.01	0	0%	0%	0%	9	9	9	9	9	9		L
86890	Autologous blood process	$65.11	$65.11	0	0%	0%	0%	9	9	9	9	9	9		F
86891	Autologous blood, op salvage	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86900	Blood typing, ABO	$5.77	$5.77	0	0%	0%	0%	9	9	9	9	9	9		L
86901	Blood typing, Rh (D)	$5.77	$5.77	0	0%	0%	0%	9	9	9	9	9	9		L
86903	Blood typing, antigen screen	$18.27	$18.27	0	0%	0%	0%	9	9	9	9	9	9		L
86904	Blood typing, patient serum	$18.40	$18.40	0	0%	0%	0%	9	9	9	9	9	9		L
86905	Blood typing, RBC antigens	$6.76	$6.76	0	0%	0%	0%	9	9	9	9	9	9		L
86906	Blood typing, Rh phenotype	$14.39	$14.39	0	0%	0%	0%	9	9	9	9	9	9		L
86910	Blood typing, paternity test	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
86911	Blood typing, antigen system	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
86915	Bone marrow/stem cell prep	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86920	Compatibility test	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86921	Compatibility test	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86922	Compatibility test	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86927	Plasma, fresh frozen	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86930	Frozen blood prep	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86931	Frozen blood thaw	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86932	Frozen blood freeze/thaw	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86940	Hemolysins/agglutinins, auto	$15.86	$15.86	0	0%	0%	0%	9	9	9	9	9	9		L
86941	Hemolysins/agglutinins	$23.42	$23.42	0	0%	0%	0%	9	9	9	9	9	9		L
86945	Blood product/irradiation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86950	Leukacyte transfusion	$205.57	$205.57	0	0%	0%	0%	9	9	9	9	9	9		F
86965	Pooling blood platelets	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86970	RBC pretreatment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86971	RBC pretreatment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86972	RBC pretreatment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86975	RBC pretreatment, serum	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86976	RBC pretreatment, serum	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86977	RBC pretreatment, serum	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86978	RBC pretreatment, serum	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86985	Split blood or products	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
86999	Transfusion procedure	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
87001	Small animal inoculation	$10.08	$10.08	0	0%	0%	0%	9	9	9	9	9	9		L

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87003	Small animal inoculation	$32.56	$32.56	0	0%	0%	0%	9	9	9	9	9	9		L
87015	Specimen concentration	$12.92	$12.92	0	0%	0%	0%	9	9	9	9	9	9		L
87040	Blood culture for bacteria	$19.98	$19.98	0	0%	0%	0%	9	9	9	9	9	9		L
87045	Stool culture, bacteria	$18.26	$18.26	0	0%	0%	0%	9	9	9	9	9	9		L
87046	Stool cultr, bacteria, each	$4.56	$4.56	0	0%	0%	0%	9	9	9	9	9	9		L
87070	Culture, bacteria, other	$16.66	$16.66	0	0%	0%	0%	9	9	9	9	9	9		L
87071	Culture bacteri aerobic othr	$9.13	$9.13	0	0%	0%	0%	9	9	9	9	9	9		L
87073	Culture bacteria anaerobic	$9.13	$9.13	0	0%	0%	0%	9	9	9	9	9	9		L
87075	Culture bacteria anaerobic	$18.31	$18.31	0	0%	0%	0%	9	9	9	9	9	9		L
87076	Culture anaerobe ident, each	$15.62	$15.62	0	0%	0%	0%	9	9	9	9	9	9		L
87077	Culture aerobic identify	$15.62	$15.62	0	0%	0%	0%	9	9	9	9	9	9		L
87081	Culture screen only	$12.82	$12.82	0	0%	0%	0%	9	9	9	9	9	9		L
87084	Culture of specimen by kit	$16.66	$16.66	0	0%	0%	0%	9	9	9	9	9	9		L
87086	Urine culture/colony count	$15.62	$15.62	0	0%	0%	0%	9	9	9	9	9	9		L
87088	Urine bacteria culture	$12.42	$12.42	0	0%	0%	0%	9	9	9	9	9	9		L
87101	Skin fungi culture	$14.92	$14.92	0	0%	0%	0%	9	9	9	9	9	9		L
87102	Fungus isolation culture	$16.25	$16.25	0	0%	0%	0%	9	9	9	9	9	9		L
87103	Blood fungus culture	$17.44	$17.44	0	0%	0%	0%	9	9	9	9	9	9		L
87106	Fungi identification, yeast	$19.98	$19.98	0	0%	0%	0%	9	9	9	9	9	9		L
87107	Fungi identification, mold	$19.98	$19.98	0	0%	0%	0%	9	9	9	9	9	9		L
87109	Mycoplasma	$20.90	$20.90	0	0%	0%	0%	9	9	9	9	9	9		L
87110	Chlamydia culture	$37.91	$37.91	0	0%	0%	0%	9	9	9	9	9	9		L
87116	Mycobacteria culture	$20.90	$20.90	0	0%	0%	0%	9	9	9	9	9	9		L
87118	Mycobacteric identification	$21.18	$21.18	0	0%	0%	0%	9	9	9	9	9	9		L
87140	Cultur type immunofluoresc	$10.79	$10.79	0	0%	0%	0%	9	9	9	9	9	9		L
87143	Culture typing, glc/hplc	$24.25	$24.25	0	0%	0%	0%	9	9	9	9	9	9		L
87147	Culture type, immunologic	$10.01	$10.01	0	0%	0%	0%	9	9	9	9	9	9		L
87149	Culture type, nucleic acid	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87152	Culture type pulse field gel	$10.12	$10.12	0	0%	0%	0%	9	9	9	9	9	9		L
87158	Culture typing, added method	$10.12	$10.12	0	0%	0%	0%	9	9	9	9	9	9		L
87164	Dark field examination	$20.78	$20.78	0	0%	0%	0%	9	9	9	9	9	9		L
87164-26	Dark field examination	$27.78	$27.78	0	0%	0%	0%	6	0	0	0	0	0		R
87166	Dark field examination	$9.00	$9.00	0	0%	0%	0%	9	9	9	9	9	9		L
87168	Macroscopic exam arthropod	$8.26	$8.26	0	0%	0%	0%	9	9	9	9	9	9		L
87169	Macacroscopic exam parasite	$8.26	$8.26	0	0%	0%	0%	9	9	9	9	9	9		L
87172	Pinworm exam	$8.26	$8.26	0	0%	0%	0%	9	9	9	9	9	9		L
87176	Tissue homogenization, cultr	$10.08	$10.08	0	0%	0%	0%	9	9	9	9	9	9		L
87177	Ova and parasites smears	$17.22	$17.22	0	0%	0%	0%	9	9	9	9	9	9		L
87181	Microbe susceptible, diffuse	$9.18	$9.18	0	0%	0%	0%	9	9	9	9	9	9		L
87184	Microbe susceptible, disk	$13.34	$13.34	0	0%	0%	0%	9	9	9	9	9	9		L

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87185	Microbe susceptible, enzyme	$9.18	$9.18	0	0%	0%	0%	9	9	9	9	9	9		L
87186	Microbe susceptible, mic	$16.72	$16.72	0	0%	0%	0%	9	9	9	9	9	9		L
87187	Microbe susceptible, mlc	$20.06	$20.06	0	0%	0%	0%	9	9	9	9	9	9		L
87188	Microbe suscept, macrobroth	$12.84	$12.84	0	0%	0%	0%	9	9	9	9	9	9		L
87190	Microbe suscept, mycobacteri	$10.93	$10.93	0	0%	0%	0%	9	9	9	9	9	9		L
87197	Bactericidal level, serum	$29.06	$29.06	0	0%	0%	0%	9	9	9	9	9	9		L
87205	Smear, gram stain	$8.26	$8.26	0	0%	0%	0%	9	9	9	9	9	9		L
87206	Smear, fluorescent/acid stai	$10.39	$10.39	0	0%	0%	0%	9	9	9	9	9	9		L
87207	Smear, special stain	$11.59	$11.59	0	0%	0%	0%	9	9	9	9	9	9		L
87207-26	Smear, special stain	$27.78	$27.78	0	0%	0%	0%	6	0	0	0	0	0		R
87210	Smear, wet mount, saline/ink	$8.26	$8.26	0	0%	0%	0%	9	9	9	9	9	9		L
87220	Tissue exam for fungi	$8.26	$8.26	0	0%	0%	0%	9	9	9	9	9	9		L
87230	Assay, toxin or antitoxin	$38.19	$38.19	0	0%	0%	0%	9	9	9	9	9	9		L
87250	Virus inoculate, eggs/animal	$37.07	$37.07	0	0%	0%	0%	9	9	9	9	9	9		L
87252	Virus inoculation, tissue	$50.43	$50.43	0	0%	0%	0%	9	9	9	9	9	9		L
87253	Virus inoculate tissue, addl	$39.07	$39.07	0	0%	0%	0%	9	9	9	9	9	9		L
87254	Virus inoculation, shell via	$9.27	$9.27	0	0%	0%	0%	9	9	9	9	9	9		L
87260	Adenovirus ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87265	Pertussis ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87270	Chlamydia trachomatis ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87272	Cryptosporidum/gardia ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87273	Herpes simplex 2, ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87274	Herpes simplex 1, ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87275	Influenza b, ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87276	Influenza a, ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87277	Legionella micdadei, ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87278	Legion pneumophilia ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87279	Parainfluenza, ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87280	Respiratory syncytial ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87281	Pneumocystis carinii, ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87283	Rubeola, ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87285	Treponema pallidum, ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87290	Varicella zoster, ag, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87299	Antibody detection, nos, if	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87300	Ag detection, polyval, if	$11.61	$11.61	0	0%	0%	0%	9	9	9	9	9	9		L
87301	Adenovirus ag, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87320	Chylmd trach ag, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87324	Clostridium ag, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87327	Cryptococcus neoform ag, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87328	Cryptospor ag, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L

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87332	Cytomegalovirus ag, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87335	E coli 0157 ag, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87336	Entamoeb hist dispr, ag, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87337	Entamoeb hist group, ag, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87338	Hpylori, stool, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87339	Hpylori ag, eia	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
87340	Hepatitis b surface ag, eia	$19.98	$19.98	0	0%	0%	0%	9	9	9	9	9	9		L
87341	Hepatitis b surface, ag, eia	$19.98	$19.98	0	0%	0%	0%	9	9	9	9	9	9		L
87350	Hepatitis be ag, eia	$22.29	$22.29	0	0%	0%	0%	9	9	9	9	9	9		L
87380	Hepatitis delta ag, eia	$31.77	$31.77	0	0%	0%	0%	9	9	9	9	9	9		L
87385	Histoplasma capsul ag, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87390	Hiv-1 ag, eia	$34.13	$34.13	0	0%	0%	0%	9	9	9	9	9	9		L
87391	Hiv-2 ag, eia	$34.13	$34.13	0	0%	0%	0%	9	9	9	9	9	9		L
87400	Influenza a/b, ag, eia	$11.61	$11.61	0	0%	0%	0%	9	9	9	9	9	9		L
87420	Resp syncytial ag, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87425	Rotavirus ag, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87427	Shiga-like toxin ag, eia	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
87430	Strep a ag, eia	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87449	Ag detect nos, eia, mult	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87450	Ag detect nos, eia, single	$18.55	$18.55	0	0%	0%	0%	9	9	9	9	9	9		L
87451	Ag detect polyval, eia, mult	$18.55	$18.55	0	0%	0%	0%	9	9	9	9	9	9		L
87470	Bartonella, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87471	Bartonella, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87472	Bartonella, dna, quant	$82.88	$82.88	0	0%	0%	0%	9	9	9	9	9	9		L
87475	Lyme dis, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87476	Lyme dis, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87477	Lyme dis, dna, quant	$82.88	$82.88	0	0%	0%	0%	9	9	9	9	9	9		L
87480	Candida, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87481	Candida, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87482	Candida, dna, quant	$80.77	$80.77	0	0%	0%	0%	9	9	9	9	9	9		L
87485	Chylmd pneum, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87486	Chylmd pneum, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87487	Chylmd pneum, dna, quant	$82.88	$82.88	0	0%	0%	0%	9	9	9	9	9	9		L
87490	Chylmd trach, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87491	Chylmd trach, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87492	Chylmd trach, dna, quant	$67.63	$67.63	0	0%	0%	0%	9	9	9	9	9	9		L
87495	Cytomeg, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87496	Cytomeg, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87497	Cytomeg, dna, quant	$82.88	$82.88	0	0%	0%	0%	9	9	9	9	9	9		L
87510	Gardner vag, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L

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Refer to Key for field indicator descriptions (pg. 223)

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
87511	Gardner vag, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87512	Gardner vag, dna, quant	$80.77	$80.77	0	0%	0%	0%	9	9	9	9	9	9		L
87515	Hepatitis b, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87516	Hepatitis b , dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87517	Hepatitis b , dna, quant	$82.88	$82.88	0	0%	0%	0%	9	9	9	9	9	9		L
87520	Hepatitis c , rna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87521	Hepatitis c , rna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87522	Hepatitis c, rna, quant	$82.88	$82.88	0	0%	0%	0%	9	9	9	9	9	9		L
87525	Hepatitis g , dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87526	Hepatitis g, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87527	Hepatitis g, dna, quant	$80.77	$80.77	0	0%	0%	0%	9	9	9	9	9	9		L
87528	Hsv, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87529	Hsv, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87530	Hsv, dna, quant	$82.88	$82.88	0	0%	0%	0%	9	9	9	9	9	9		L
87531	Hhv-6, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87532	Hhv-6, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87533	Hhv-6, dna, quant	$80.77	$80.77	0	0%	0%	0%	9	9	9	9	9	9		L
87534	Hiv-1, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87535	Hiv-1, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87536	Hiv-1, dna, quant	$164.63	$164.63	0	0%	0%	0%	9	9	9	9	9	9		L
87537	Hiv-2, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87538	Hiv-2, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87539	Hiv-2, dna, quant	$82.88	$82.88	0	0%	0%	0%	9	9	9	9	9	9		L
87540	Legion pneumo, dna, dir prob	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87541	Legion pneumo, dna, amp prob	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87542	Legion pneumo, dna, quant	$80.77	$80.77	0	0%	0%	0%	9	9	9	9	9	9		L
87550	Mycobacteria, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87551	Mycobacteria, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87552	Mycobacteria, dna, quant	$82.88	$82.88	0	0%	0%	0%	9	9	9	9	9	9		L
87555	M.tuberculo, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87556	M.tuberculo, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87557	M.tuberculo, dna, quant	$82.88	$82.88	0	0%	0%	0%	9	9	9	9	9	9		L
87560	M.avium-intra, dna, dir prob	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87561	M.avium-intra, dna, amp prob	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87562	M.avium-intra, dna, quant	$82.88	$82.88	0	0%	0%	0%	9	9	9	9	9	9		L
87580	M.pneumon, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87581	M.pneumon, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87582	M.pneumon, dna, quant	$80.77	$80.77	0	0%	0%	0%	9	9	9	9	9	9		L
87590	N.gonorrhoeae, dna, dir prob	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87591	N.gonorrhoeae, dna, amp prob	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
87592	N.gonorrhoeae, dna, quant	$82.88	$82.88	0	0%	0%	0%	9	9	9	9	9	9		L
87620	Hpv, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87621	Hpv, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87622	Hpv, dna, quant	$80.77	$80.77	0	0%	0%	0%	9	9	9	9	9	9		L
87650	Strep a, dna, dir probe	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87651	Strep a, dna, amp probe	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87652	Strep a, dna, quant	$80.77	$80.77	0	0%	0%	0%	9	9	9	9	9	9		L
87797	Detect agent nos, dna, dir	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87798	Detect agent nos, dna, amp	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87799	Detect agent nos, dna, quant	$82.88	$82.88	0	0%	0%	0%	9	9	9	9	9	9		L
87800	Detect agnt mult, dna, direc	$38.79	$38.79	0	0%	0%	0%	9	9	9	9	9	9		L
87801	Detect agnt mult, dna, ampli	$67.90	$67.90	0	0%	0%	0%	9	9	9	9	9	9		L
87810	Chylmd trach assay w/optic	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87850	N. gonorrhoeae assay w/optic	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87880	Strep a assay w/optic	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87899	Agent nos assay w/optic	$23.21	$23.21	0	0%	0%	0%	9	9	9	9	9	9		L
87901	Genotype, dna, hiv reverse t	$498.09	$498.09	0	0%	0%	0%	9	9	9	9	9	9		L
87903	Phenotype, dna hiv w/culture	$945.41	$945.41	0	0%	0%	0%	9	9	9	9	9	9		L
87904	Phenotype, dna hiv w/clt add	$50.43	$50.43	0	0%	0%	0%	9	9	9	9	9	9		L
87999	Microbiology procedure	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
88000	Autopsy (necropsy), gross	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
88005	Autopsy (necropsy), gross	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
88007	Autopsy (necropsy), gross	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
88012	Autopsy (necropsy), gross	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
88014	Autopsy (necropsy), gross	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
88016	Autopsy (necropsy), gross	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
88020	Autopsy (necropsy), complete	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
88025	Autopsy (necropsy), complete	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
88027	Autopsy (necropsy), complete	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
88028	Autopsy (necropsy), complete	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
88029	Autopsy (necropsy), complete	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
88036	Limited autopsy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
88037	Limited autopsy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
88040	Forensic autopsy (necropsy)	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
88045	Coroner's autopsy (necropsy)	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
88099	Necropsy (autopsy) procedure	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
88104	Cytopathology, fluids	$64.48	$64.48	0	0%	0%	0%	1	0	0	0	0	0		R
88104-26	Cytopathology, fluids	$40.18	$40.18	0	0%	0%	0%	1	0	0	0	0	0		R
88104-TC	Cytopathology, fluids	$24.30	$24.30	0	0%	0%	0%	1	0	0	0	0	0		R
88106	Cytopathology, fluids	$54.56	$54.56	0	0%	0%	0%	1	0	0	0	0	0		R

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88106-26	Cytopathology, fluids	$40.18	$40.18	0	0%	0%	0%	1	0	0	0	0	0		R
88106-TC	Cytopathology, fluids	$14.38	$14.38	0	0%	0%	0%	1	0	0	0	0	0		R
88107	Cytopathology, fluids	$78.37	$78.37	0	0%	0%	0%	1	0	0	0	0	0		R
88107-26	Cytopathology, fluids	$54.06	$54.06	0	0%	0%	0%	1	0	0	0	0	0		R
88107-TC	Cytopathology, fluids	$24.30	$24.30	0	0%	0%	0%	1	0	0	0	0	0		R
88108	Cytopath, concentrate tech	$62.00	$62.00	0	0%	0%	0%	1	0	0	0	0	0		R
88108-26	Cytopath, concentrate tech	$40.67	$40.67	0	0%	0%	0%	1	0	0	0	0	0		R
88108-TC	Cytopath, concentrate tech	$21.33	$21.33	0	0%	0%	0%	1	0	0	0	0	0		R
88125	Forensic cytopathology	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R
88125-26	Forensic cytopathology	$18.35	$18.35	0	0%	0%	0%	1	0	0	0	0	0		R
88125-TC	Forensic cytopathology	$8.93	$8.93	0	0%	0%	0%	1	0	0	0	0	0		R
88130	Sex chromatin identification	$29.11	$29.11	0	0%	0%	0%	9	9	9	9	9	9		L
88140	Sex chromatin identification	$15.47	$15.47	0	0%	0%	0%	9	9	9	9	9	9		L
88141	Cytopath, c/v, interpret	$32.24	$32.24	0	0%	0%	0%	2	0	0	0	0	0		R
88142	Cytopath, c/v, thin layer	$39.20	$39.20	0	0%	0%	0%	9	9	9	9	9	9		L
88143	Cytopath c/v thin layer redo	$39.20	$39.20	0	0%	0%	0%	9	9	9	9	9	9		L
88144	Cytopath, c/v thin lyr redo	$39.20	$39.20	0	0%	0%	0%	9	9	9	9	9	9		L
88145	Cytopath, c/v thin lyr sel	$39.20	$39.20	0	0%	0%	0%	9	9	9	9	9	9		L
88147	Cytopath, c/v, automated	$19.00	$19.00	0	0%	0%	0%	9	9	9	9	9	9		L
88148	Cytopath, c/v, auto rescreen	$28.00	$28.00	0	0%	0%	0%	9	9	9	9	9	9		L
88150	Cytopath, c/v, manual	$20.44	$20.44	0	0%	0%	0%	9	9	9	9	9	9		L
88152	Cytopath, c/v, auto redo	$20.44	$20.44	0	0%	0%	0%	9	9	9	9	9	9		L
88153	Cytopath, c/v, redo	$20.44	$20.44	0	0%	0%	0%	9	9	9	9	9	9		L
88154	Cytopath, c/v, select	$20.44	$20.44	0	0%	0%	0%	9	9	9	9	9	9		L
88155	Cytopath, c/v, index add-on	$11.59	$11.59	0	0%	0%	0%	9	9	9	9	9	9		L
88160	Cytopath smear, other source	$66.96	$66.96	0	0%	0%	0%	1	0	0	0	0	0		R
88160-26	Cytopath smear, other source	$35.71	$35.71	0	0%	0%	0%	1	0	0	0	0	0		R
88160-TC	Cytopath smear, other source	$31.25	$31.25	0	0%	0%	0%	1	0	0	0	0	0		R
88161	Cytopath smear, other source	$67.46	$67.46	0	0%	0%	0%	1	0	0	0	0	0		R
88161-26	Cytopath smear, other source	$35.71	$35.71	0	0%	0%	0%	1	0	0	0	0	0		R
88161-TC	Cytopath smear, other source	$31.74	$31.74	0	0%	0%	0%	1	0	0	0	0	0		R
88162	Cytopath smear, other source	$81.84	$81.84	0	0%	0%	0%	1	0	0	0	0	0		R
88162-26	Cytopath smear, other source	$56.54	$56.54	0	0%	0%	0%	1	0	0	0	0	0		R
88162-TC	Cytopath smear, other source	$25.30	$25.30	0	0%	0%	0%	1	0	0	0	0	0		R
88164	Cytopath tbs, c/v, manual	$20.44	$20.44	0	0%	0%	0%	9	9	9	9	9	9		L
88165	Cytopath tbs, c/v, redo	$20.44	$20.44	0	0%	0%	0%	9	9	9	9	9	9		L
88166	Cytopath tbs, c/v, auto redo	$20.44	$20.44	0	0%	0%	0%	9	9	9	9	9	9		L
88167	Cytopath tbs, c/v, select	$20.44	$20.44	0	0%	0%	0%	9	9	9	9	9	9		L
88170	Fine needle aspiration	$112.10	$112.10	0	0%	0%	0%	1	0	0	0	0	0		R
88170-26	Fine needle aspiration	$92.26	$92.26	0	0%	0%	0%	1	0	0	0	0	0		R

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88170-TC	Fine needle aspiration	$20.34	$20.34	0	0%	0%	0%	1	0	0	0	0	0		R
88171	Fine needle aspiration	$111.10	$111.10	0	0%	0%	0%	1	0	0	0	0	0		R
88171-26	Fine needle aspiration	$92.26	$92.26	0	0%	0%	0%	1	0	0	0	0	0		R
88171-TC	Fine needle aspiration	$18.85	$18.85	0	0%	0%	0%	1	0	0	0	0	0		R
88172	Cytopathology eval of fna	$81.84	$81.84	0	0%	0%	0%	1	0	0	0	0	0		R
88172-26	Cytopathology eval of fna	$44.64	$44.64	0	0%	0%	0%	1	0	0	0	0	0		R
88172-TC	Cytopathology eval of fna	$36.70	$36.70	0	0%	0%	0%	1	0	0	0	0	0		R
88173	Cytopath eval, fna, report	$131.94	$131.94	0	0%	0%	0%	1	0	0	0	0	0		R
88173-26	Cytopath eval, fna, report	$98.70	$98.70	0	0%	0%	0%	1	0	0	0	0	0		R
88173-TC	Cytopath eval, fna, report	$33.23	$33.23	0	0%	0%	0%	1	0	0	0	0	0		R
88180	Cell marker study	$48.11	$48.11	0	0%	0%	0%	1	0	0	0	0	0		R
88180-26	Cell marker study	$26.29	$26.29	0	0%	0%	0%	1	0	0	0	0	0		R
88180-TC	Cell marker study	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R
88182	Cell marker study	$115.57	$115.57	0	0%	0%	0%	1	0	0	0	0	0		R
88182-26	Cell marker study	$57.54	$57.54	0	0%	0%	0%	1	0	0	0	0	0		R
88182-TC	Cell marker study	$58.53	$58.53	0	0%	0%	0%	1	0	0	0	0	0		R
88199	Cytopathology procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
88199-26	Cytopathology procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
88199-TC	Cytopathology procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
88230	Tissue culture, lymphocyte	$225.40	$225.40	0	0%	0%	0%	9	9	9	9	9	9		L
88233	Tissue culture, skin/biopsy	$272.29	$272.29	0	0%	0%	0%	9	9	9	9	9	9		L
88235	Tissue culture, placenta	$284.90	$284.90	0	0%	0%	0%	9	9	9	9	9	9		L
88237	Tissue culture, bone marrow	$244.37	$244.37	0	0%	0%	0%	9	9	9	9	9	9		L
88239	Tissue culture, tumor	$285.43	$285.43	0	0%	0%	0%	9	9	9	9	9	9		L
88240	Cell cryopreserve/storage	$19.54	$19.54	0	0%	0%	0%	9	9	9	9	9	9		L
88241	Frozen cell preparation	$19.54	$19.54	0	0%	0%	0%	9	9	9	9	9	9		L
88245	Chromosome analysis, 20-25	$288.01	$288.01	0	0%	0%	0%	9	9	9	9	9	9		L
88248	Chromosome analysis, 50-100	$335.05	$335.05	0	0%	0%	0%	9	9	9	9	9	9		L
88249	Chromosome analysis, 100	$335.05	$335.05	0	0%	0%	0%	9	9	9	9	9	9		L
88261	Chromosome analysis, 5	$341.94	$341.94	0	0%	0%	0%	9	9	9	9	9	9		L
88262	Chromosome analysis, 15-20	$241.15	$241.15	0	0%	0%	0%	9	9	9	9	9	9		L
88263	Chromosome analysis, 45	$290.74	$290.74	0	0%	0%	0%	9	9	9	9	9	9		L
88264	Chromosome analysis, 20-25	$241.15	$241.15	0	0%	0%	0%	9	9	9	9	9	9		L
88267	Chromosome analys, placenta	$347.82	$347.82	0	0%	0%	0%	9	9	9	9	9	9		L
88269	Chromosome analys, amniotic	$321.79	$321.79	0	0%	0%	0%	9	9	9	9	9	9		L
88271	Cytogenetics, dna probe	$41.44	$41.44	0	0%	0%	0%	9	9	9	9	9	9		L
88272	Cytogenetics, 3-5	$51.80	$51.80	0	0%	0%	0%	9	9	9	9	9	9		L
88273	Cytogenetics, 10-30	$62.16	$62.16	0	0%	0%	0%	9	9	9	9	9	9		L
88274	Cytogenetics, 25-99	$67.34	$67.34	0	0%	0%	0%	9	9	9	9	9	9		L
88275	Cytogenetics, 100-300	$77.70	$77.70	0	0%	0%	0%	9	9	9	9	9	9		L

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
88280	Chromosome karyotype study	$48.55	$48.55	0	0%	0%	0%	9	9	9	9	9	9		L
88283	Chromosome banding study	$55.01	$55.01	0	0%	0%	0%	9	9	9	9	9	9		L
88285	Chromosome count, additional	$36.76	$36.76	0	0%	0%	0%	9	9	9	9	9	9		L
88289	Chromosome study, additional	$66.61	$66.61	0	0%	0%	0%	9	9	9	9	9	9		L
88291	Cyto/molecular report	$37.20	$37.20	0	0%	0%	0%	2	0	0	0	0	0		R
88299	Cytogenetic study	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
88300	Surgical path, gross	$23.31	$23.31	0	0%	0%	0%	1	0	0	0	0	0		R
88300-26	Surgical path, gross	$6.94	$6.94	0	0%	0%	0%	1	0	0	0	0	0		R
88300-TC	Surgical path, gross	$16.37	$16.37	0	0%	0%	0%	1	0	0	0	0	0		R
88302	Tissue exam by pathologist	$54.56	$54.56	0	0%	0%	0%	1	0	0	0	0	0		R
88302-26	Tissue exam by pathologist	$11.41	$11.41	0	0%	0%	0%	1	0	0	0	0	0		R
88302-TC	Tissue exam by pathologist	$43.15	$43.15	0	0%	0%	0%	1	0	0	0	0	0		R
88304	Tissue exam by pathologist	$53.07	$53.07	0	0%	0%	0%	1	0	0	0	0	0		R
88304-26	Tissue exam by pathologist	$18.35	$18.35	0	0%	0%	0%	1	0	0	0	0	0		R
88304-TC	Tissue exam by pathologist	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
88305	Tissue exam by pathologist	$114.58	$114.58	0	0%	0%	0%	1	0	0	0	0	0		R
88305-26	Tissue exam by pathologist	$57.04	$57.04	0	0%	0%	0%	1	0	0	0	0	0		R
88305-TC	Tissue exam by pathologist	$57.54	$57.54	0	0%	0%	0%	1	0	0	0	0	0		R
88307	Tissue exam by pathologist	$194.93	$194.93	0	0%	0%	0%	1	0	0	0	0	0		R
88307-26	Tissue exam by pathologist	$117.06	$117.06	0	0%	0%	0%	1	0	0	0	0	0		R
88307-TC	Tissue exam by pathologist	$77.87	$77.87	0	0%	0%	0%	1	0	0	0	0	0		R
88309	Tissue exam by pathologist	$273.30	$273.30	0	0%	0%	0%	1	0	0	0	0	0		R
88309-26	Tissue exam by pathologist	$165.66	$165.66	0	0%	0%	0%	1	0	0	0	0	0		R
88309-TC	Tissue exam by pathologist	$107.63	$107.63	0	0%	0%	0%	1	0	0	0	0	0		R
88311	Decalcify tissue	$22.32	$22.32	0	0%	0%	0%	1	0	0	0	0	0		R
88311-26	Decalcify tissue	$17.86	$17.86	0	0%	0%	0%	1	0	0	0	0	0		R
88311-TC	Decalcify tissue	$4.96	$4.96	0	0%	0%	0%	1	0	0	0	0	0		R
88312	Special stains	$90.77	$90.77	0	0%	0%	0%	1	0	0	0	0	0		R
88312-26	Special stains	$37.70	$37.70	0	0%	0%	0%	1	0	0	0	0	0		R
88312-TC	Special stains	$53.07	$53.07	0	0%	0%	0%	1	0	0	0	0	0		R
88313	Special stains	$57.04	$57.04	0	0%	0%	0%	1	0	0	0	0	0		R
88313-26	Special stains	$17.86	$17.86	0	0%	0%	0%	1	0	0	0	0	0		R
88313-TC	Special stains	$39.68	$39.68	0	0%	0%	0%	1	0	0	0	0	0		R
88314	Histochemical stain	$71.42	$71.42	0	0%	0%	0%	1	0	0	0	0	0		R
88314-26	Histochemical stain	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
88314-TC	Histochemical stain	$36.21	$36.21	0	0%	0%	0%	1	0	0	0	0	0		R
88318	Chemical histochemistry	$89.78	$89.78	0	0%	0%	0%	1	0	0	0	0	0		R
88318-26	Chemical histochemistry	$29.26	$29.26	0	0%	0%	0%	1	0	0	0	0	0		R
88318-TC	Chemical histochemistry	$60.02	$60.02	0	0%	0%	0%	1	0	0	0	0	0		R
88319	Enzyme histochemistry	$97.22	$97.22	0	0%	0%	0%	1	0	0	0	0	0		R

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88319-26	Enzyme histochemistry	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
88319-TC	Enzyme histochemistry	$58.53	$58.53	0	0%	0%	0%	1	0	0	0	0	0		R
88321	Microslide consultation	$93.74	$91.76	0	0%	0%	0%	0	0	0	0	0	0		R
88323	Microslide consultation	$161.20	$161.20	0	0%	0%	0%	1	0	0	0	0	0		R
88323-26	Microslide consultation	$95.73	$95.73	0	0%	0%	0%	1	0	0	0	0	0		R
88323-TC	Microslide consultation	$65.47	$65.47	0	0%	0%	0%	1	0	0	0	0	0		R
88325	Comprehensive review of data	$153.76	$153.76	0	0%	0%	0%	0	0	0	0	0	0		R
88329	Path consult introp	$53.07	$49.60	0	0%	0%	0%	0	0	0	0	0	0		R
88331	Path consult intraop, 1 bloc	$106.64	$106.64	0	0%	0%	0%	1	0	0	0	0	0		R
88331-26	Path consult intraop, 1 bloc	$86.80	$86.80	0	0%	0%	0%	1	0	0	0	0	0		R
88331-TC	Path consult intraop, 1 bloc	$19.84	$19.84	0	0%	0%	0%	1	0	0	0	0	0		R
88332	Path consult intraop, addl	$54.56	$54.56	0	0%	0%	0%	1	0	0	0	0	0		R
88332-26	Path consult intraop, addl	$43.15	$43.15	0	0%	0%	0%	1	0	0	0	0	0		R
88332-TC	Path consult intraop, addl	$11.41	$11.41	0	0%	0%	0%	1	0	0	0	0	0		R
88342	Immunocytochemistry	$101.68	$101.68	0	0%	0%	0%	1	0	0	0	0	0		R
88342-26	Immunocytochemistry	$61.50	$61.50	0	0%	0%	0%	1	0	0	0	0	0		R
88342-TC	Immunocytochemistry	$40.18	$40.18	0	0%	0%	0%	1	0	0	0	0	0		R
88346	Immunofluorescent study	$101.18	$101.18	0	0%	0%	0%	1	0	0	0	0	0		R
88346-26	Immunofluorescent study	$61.50	$61.50	0	0%	0%	0%	1	0	0	0	0	0		R
88346-TC	Immunofluorescent study	$39.68	$39.68	0	0%	0%	0%	1	0	0	0	0	0		R
88347	Immunofluorescent study	$118.54	$118.54	0	0%	0%	0%	1	0	0	0	0	0		R
88347-26	Immunofluorescent study	$59.52	$59.52	0	0%	0%	0%	1	0	0	0	0	0		R
88347-TC	Immunofluorescent study	$59.02	$59.02	0	0%	0%	0%	1	0	0	0	0	0		R
88348	Electron microscopy	$343.23	$343.23	0	0%	0%	0%	1	0	0	0	0	0		R
88348-26	Electron microscopy	$116.56	$116.56	0	0%	0%	0%	1	0	0	0	0	0		R
88348-TC	Electron microscopy	$226.67	$226.67	0	0%	0%	0%	1	0	0	0	0	0		R
88349	Scanning electron microscopy	$353.65	$353.65	0	0%	0%	0%	1	0	0	0	0	0		R
88349-26	Scanning electron microscopy	$61.50	$61.50	0	0%	0%	0%	1	0	0	0	0	0		R
88349-TC	Scanning electron microscopy	$292.14	$292.14	0	0%	0%	0%	1	0	0	0	0	0		R
88355	Analysis, skeletal muscle	$266.35	$266.35	0	0%	0%	0%	1	0	0	0	0	0		R
88355-26	Analysis, skeletal muscle	$135.90	$135.90	0	0%	0%	0%	1	0	0	0	0	0		R
88355-TC	Analysis, skeletal muscle	$130.45	$130.45	0	0%	0%	0%	1	0	0	0	0	0		R
88356	Analysis, nerve	$356.62	$356.62	0	0%	0%	0%	1	0	0	0	0	0		R
88356-26	Analysis, nerve	$219.73	$219.73	0	0%	0%	0%	1	0	0	0	0	0		R
88356-TC	Analysis, nerve	$137.39	$137.39	0	0%	0%	0%	1	0	0	0	0	0		R
88358	Analysis, tumor	$238.58	$238.58	0	0%	0%	0%	1	0	0	0	0	0		R
88358-26	Analysis, tumor	$203.86	$203.86	0	0%	0%	0%	1	0	0	0	0	0		R
88358-TC	Analysis, tumor	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
88362	Nerve teasing preparations	$240.06	$240.06	0	0%	0%	0%	1	0	0	0	0	0		R
88362-26	Nerve teasing preparations	$157.73	$157.73	0	0%	0%	0%	1	0	0	0	0	0		R

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88362-TC	Nerve teasing preparations	$82.34	$82.34	0	0%	0%	0%	1	0	0	0	0	0		R
88365	Tissue hybridization	$118.05	$118.05	0	0%	0%	0%	1	0	0	0	0	0		R
88365-26	Tissue hybridization	$66.96	$66.96	0	0%	0%	0%	1	0	0	0	0	0		R
88365-TC	Tissue hybridization	$51.58	$51.58	0	0%	0%	0%	1	0	0	0	0	0		R
88371	Protein, western blot tissue	$23.94	$23.94	0	0%	0%	0%	9	9	9	9	9	9		L
88371-26	Protein, western blot tissue	$26.78	$26.78	0	0%	0%	0%	6	0	0	0	0	0		R
88372	Protein analysis w/probe	$35.91	$35.91	0	0%	0%	0%	9	9	9	9	9	9		L
88372-26	Protein analysis w/probe	$27.28	$27.28	0	0%	0%	0%	6	0	0	0	0	0		R
88399	Surgical pathology procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
88399-26	Surgical pathology procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
88399-TC	Surgical pathology procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
88400	Bilirubin total transcut	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89050	Body fluid cell count	$9.14	$9.14	0	0%	0%	0%	9	9	9	9	9	9		L
89051	Body fluid cell count	$10.65	$10.65	0	0%	0%	0%	9	9	9	9	9	9		L
89060	Exam,synovial fluid crystals	$13.83	$13.83	0	0%	0%	0%	9	9	9	9	9	9		L
89060-26	Exam,synovial fluid crystals	$27.78	$27.78	0	0%	0%	0%	6	0	0	0	0	0		R
89100	Sample intestinal contents	$107.14	$44.14	0	0%	0%	0%	0	0	0	0	0	0		R
89105	Sample intestinal contents	$112.10	$37.20	0	0%	0%	0%	0	0	0	0	0	0		R
89125	Specimen fat stain	$8.34	$8.34	0	0%	0%	0%	9	9	9	9	9	9		L
89130	Sample stomach contents	$93.25	$32.74	0	0%	0%	0%	0	0	0	0	0	0		R
89132	Sample stomach contents	$79.86	$15.38	0	0%	0%	0%	0	0	0	0	0	0		R
89135	Sample stomach contents	$116.56	$58.53	0	0%	0%	0%	0	0	0	0	0	0		R
89136	Sample stomach contents	$65.97	$16.86	0	0%	0%	0%	0	0	0	0	0	0		R
89140	Sample stomach contents	$140.86	$68.45	0	0%	0%	0%	0	0	0	0	0	0		R
89141	Sample stomach contents	$153.26	$65.47	0	0%	0%	0%	0	0	0	0	0	0		R
89160	Exam feces for meat fibers	$4.54	$4.54	0	0%	0%	0%	9	9	9	9	9	9		L
89190	Nasal smear for eosinophils	$9.18	$9.18	0	0%	0%	0%	9	9	9	9	9	9		L
89250	Fertilization of oocyte	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89251	Culture oocyte w/embryos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89252	Assist oocyte fertilization	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89253	Embryo hatching	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89254	Oocyte identification	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89255	Prepare embryo for transfer	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89256	Prepare cryopreserved embryo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89257	Sperm identification	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89258	Cryopreservation, embryo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89259	Cryopreservation, sperm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89260	Sperm isolation, simple	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89261	Sperm isolation, complex	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89264	Identify sperm tissue	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

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89300	Semen analysis	$17.25	$17.25	0	0%	0%	0%	9	9	9	9	9	9		L
89310	Semen analysis	$12.42	$12.42	0	0%	0%	0%	9	9	9	9	9	9		L
89320	Semen analysis	$23.32	$23.32	0	0%	0%	0%	9	9	9	9	9	9		L
89321	Semen analysis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
89325	Sperm antibody test	$20.65	$20.65	0	0%	0%	0%	9	9	9	9	9	9		L
89329	Sperm evaluation test	$40.57	$40.57	0	0%	0%	0%	9	9	9	9	9	9		L
89330	Evaluation, cervical mucus	$19.15	$19.15	0	0%	0%	0%	9	9	9	9	9	9		L
89350	Sputum specimen collection	$21.33	$21.33	0	0%	0%	0%	3	0	0	0	0	0		R
89355	Exam feces for starch	$4.54	$4.54	0	0%	0%	0%	9	9	9	9	9	9		L
89360	Collect sweat for test	$23.81	$23.81	0	0%	0%	0%	3	0	0	0	0	0		R
89365	Water load test	$5.15	$5.15	0	0%	0%	0%	9	9	9	9	9	9		L
89399	Pathology lab procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
89399-26	Pathology lab procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
89399-TC	Pathology lab procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	C (26/	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
90281	Human ig, im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90283	Human ig, iv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90287	Botulinum antitoxin	$0.00	$0.00	0	0%	0%	0%	9	9	9	9	9	9		F
90288	Botulism ig, iv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90291	Cmv ig, iv	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90296	Diphtheria antitoxin	$0.00	$0.00	0	0%	0%	0%	9	9	9	9	9	9		F
90371	Hep b ig, im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90375	Rabies ig, im/sc	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90376	Rabies ig, heat treated	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90378	Rsv ig, im, 50mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90379	Rsv ig, iv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90384	Rh ig, full-dose, im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90385	Rh ig, minidose, im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90386	Rh ig, iv	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90389	Tetanus ig, im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90393	Vaccina ig, im	$0.00	$0.00	0	0%	0%	0%	9	9	9	9	9	9		F
90396	Varicella-zoster ig, im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90399	Immune globulin	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
90471	Immunization admin	$10.88	$10.88	0	0%	0%	0%	9	9	9	9	9	9		F
90472	Immunization admin, each add	$5.44	$5.44	0	0%	0%	0%	9	9	9	9	9	9		F
90473	Immunization admin, intra	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90474	Immunization adm, each add	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90476	Adenovirus vaccine, type 4	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90477	Adenovirus vaccine, type 7	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90581	Anthrax vaccine, sc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90585	Bcg vaccine, percut	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90586	Bcg vaccine, intravesical	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90632	Hep a vaccine, adult im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90633	Hep a vacc, ped/adol, 2 dose	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90634	Hep a vacc, ped/adol, 3 dose	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90636	Hep a/hep b vacc, adult im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90645	Hib vaccine, hboc, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90646	Hib vaccine, prp-d, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90647	Hib vaccine, prp-omp, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90648	Hib vaccine, prp-t, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90657	Flu vaccine, 6-35 mo, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90658	Flu vaccine, 3 yrs, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90659	Flu vaccine, whole, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90660	Flu vaccine, nasal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90665	Lyme disease vaccine, im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D

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90669	Pneumococcal vacc, ped<5	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90675	Rabies vaccine, im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90676	Rabies vaccine, id	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90680	Rotovirus vaccine, oral	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90690	Typhoid vaccine, oral	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90691	Typhoid vaccine, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90692	Typhoid vaccine, h-p, sc/id	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90693	Typhoid vaccine, akd, sc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90700	Dtap vaccine, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90701	Dtp vaccine, im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90702	Dt vaccine < 7, im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90703	Tetanus vaccine, im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90704	Mumps vaccine, sc	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90705	Measles vaccine, sc	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90706	Rubella vaccine, sc	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90707	Mmr vaccine, sc	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90708	Measles-rubella vaccine, sc	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90709	Rubella & mumps vaccine, sc	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90710	Mmrv vaccine, sc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90712	Oral poliovirus vaccine	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90713	Poliovirus, ipv, sc	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90716	Chicken pox vaccine, sc	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90717	Yellow fever vaccine, sc	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90718	Td vaccine > 7, im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90719	Diphtheria vaccine, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90720	Dtp/hib vaccine, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90721	Dtap/hib vaccine, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90723	Dtap-hep b-ipv vaccine, im	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
90725	Cholera vaccine, injectable	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90727	Plague vaccine, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90732	Pneumococcal vacc, adult/ill	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90733	Meningococcal vaccine, sc	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90735	Encephalitis vaccine, sc	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90740	Hepb vacc, ill pat 3 dose im	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
90743	Hep b vacc, adol, 2 dose, im	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
90744	Hepb vacc ped/adol 3 dose im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90746	Hep b vaccine, adult, im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90747	Hepb vacc, ill pat 4 dose im	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
90748	Hep b/hib vaccine, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
90749	Vaccine toxoid	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

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90780	IV infusion therapy, 1 hour	$58.03	$58.03	0	0%	0%	0%	5	0	0	0	0	0		R
90781	IV infusion, additional hour	$29.76	$29.76	0	0%	0%	0%	5	0	0	0	0	0		R
90782	Injection, sc/im	$5.95	$5.95	0	0%	0%	0%	5	0	0	0	0	0		R
90783	Injection, ia	$21.33	$21.33	0	0%	0%	0%	5	0	0	0	0	0		R
90784	Injection, iv	$25.30	$25.30	0	0%	0%	0%	5	0	0	0	0	0		R
90788	Injection of antibiotic	$6.45	$6.45	0	0%	0%	0%	5	0	0	0	0	0		R
90799	Ther/prophylactic/dx inject	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
90801	Psy dx interview	$192.45	$183.52	0	0%	0%	0%	0	0	0	0	0	0		R
90802	Intac psy dx interview	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90804	Psytx, office, 20-30 min	$85.81	$80.35	0	0%	0%	0%	0	0	0	0	0	0		R
90805	Psytx, off, 20-30 min w/e&m	$95.73	$89.78	0	0%	0%	0%	0	0	0	0	0	0		R
90806	Psytx, off, 45-50 min	$129.46	$123.50	0	0%	0%	0%	0	0	0	0	0	0		R
90807	Psytx, off, 45-50 min w/e&m	$138.38	$132.93	0	0%	0%	0%	0	0	0	0	0	0		R
90808	Psytx, office, 75-80 min	$194.43	$188.48	0	0%	0%	0%	0	0	0	0	0	0		R
90809	Psytx, off, 75-80, w/e&m	$203.86	$197.90	0	0%	0%	0%	0	0	0	0	0	0		R
90810	Intac psytx, off, 20-30 min	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90811	Intac psytx, 20-30, w/e&m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90812	Intac psytx, off, 45-50 min	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90813	Intac psytx, 45-50 min w/e&m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90814	Intac psytx, off, 75-80 min	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90815	Intac psytx, 75-80 w/e&m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90816	Psytx, hosp, 20-30 min	$89.28	$83.33	0	0%	0%	0%	0	0	0	0	0	0		R
90817	Psytx, hosp, 20-30 min w/e&m	$98.70	$92.26	0	0%	0%	0%	0	0	0	0	0	0		R
90818	Psytx, hosp, 45-50 min	$132.43	$126.48	0	0%	0%	0%	0	0	0	0	0	0		R
90819	Psytx, hosp, 45-50 min w/e&m	$140.86	$134.42	0	0%	0%	0%	0	0	0	0	0	0		R
90821	Psytx, hosp, 75-80 min	$198.40	$191.95	0	0%	0%	0%	0	0	0	0	0	0		R
90822	Psytx, hosp, 75-80 min w/e&m	$205.84	$199.89	0	0%	0%	0%	0	0	0	0	0	0		R
90823	Intac psytx, hosp, 20-30 min	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90824	Intac psytx, hsp 20-30 w/e&m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90826	Intac psytx, hosp, 45-50 min	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90827	Intac psytx, hsp 45-50 w/e&m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90828	Intac psytx, hosp, 75-80 min	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90829	Intac psytx, hsp 75-80 w/e&m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90845	Psychoanalysis	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90846	Family psytx w/o patient	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90847	Family psytx w/patient	$150.78	$146.32	0	0%	0%	0%	0	0	0	0	0	0		R
90849	Multiple family group psytx	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90853	Group psychotherapy	$45.63	$40.18	0	0%	0%	0%	0	0	0	0	0	0		R
90857	Intac group psytx	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90862	Medication management	$68.94	$63.98	0	0%	0%	0%	0	0	0	0	0	0		R

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90865	Narcosynthesis	$210.30	$183.52	0	0%	0%	0%	0	0	0	0	0	0		R
90870	Electroconvulsive therapy	$129.46	$129.46	0	0%	0%	0%	0	0	0	0	0	0		R
90871	Electroconvulsive therapy	$186.00	$186.00	0	0%	0%	0%	0	0	0	0	0	0		R
90875	Psychophysiological therapy	$104.16	$84.32	0	0%	0%	0%	9	9	9	9	9	9		R
90876	Psychophysiological therapy	$152.77	$132.93	0	0%	0%	0%	9	9	9	9	9	9		R
90880	Hypnotherapy	$151.28	$144.83	0	0%	0%	0%	0	0	0	0	0	0		R
90882	Environmental manipulation	$59.85	$59.85	0	0%	0%	0%	9	9	9	9	9	9		F
90885	Psy evaluation of records	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
90887	Consultation with family	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
90889	Preparation of report	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
90899	Psychiatric service/therapy	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
90901	Biofeedback train, any meth	$61.01	$41.17	0	0%	0%	0%	0	0	0	0	0	0		R
90911	Biofeedback peri/uro/rectal	$93.25	$74.90	0	0%	0%	0%	0	0	0	0	0	0		R
90918	ESRD related services, month	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90919	ESRD related services, month	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90920	ESRD related services, month	$535.18	$535.18	0	0%	0%	0%	0	0	0	0	0	0		R
90921	ESRD related services, month	$355.14	$355.14	0	0%	0%	0%	0	0	0	0	0	0		R
90922	ESRD related services, day	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90923	Esrd related services, day	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
90924	Esrd related services, day	$17.86	$17.86	0	0%	0%	0%	0	0	0	0	0	0		R
90925	Esrd related services, day	$12.40	$12.40	0	0%	0%	0%	0	0	0	0	0	0		R
90935	Hemodialysis, one evaluation	$108.62	$108.62	0	0%	0%	0%	0	0	0	0	0	0		R
90937	Hemodialysis, repeated eval	$179.06	$179.06	0	0%	0%	0%	0	0	0	0	0	0		R
90940	Hemodialysis access study	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
90945	Dialysis, one evaluation	$112.10	$112.10	0	0%	0%	0%	0	0	0	0	0	0		R
90947	Dialysis, repeated eval	$179.06	$179.06	0	0%	0%	0%	0	0	0	0	0	0		R
90989	Dialysis training, complete	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
90993	Dialysis training, incompl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
90997	Hemoperfusion	$157.73	$157.73	0	0%	0%	0%	0	0	0	0	0	0		R
90999	Dialysis procedure	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
91000	Esophageal intubation	$59.52	$59.52	0	0%	0%	0%	1	0	0	0	0	0		R
91000-26	Esophageal intubation	$55.06	$55.06	0	0%	0%	0%	1	0	0	0	0	0		R
91000-TC	Esophageal intubation	$4.46	$4.46	0	0%	0%	0%	1	0	0	0	0	0		R
91010	Esophagus motility study	$142.35	$142.35	0	0%	0%	0%	1	0	0	0	0	0		R
91010-26	Esophagus motility study	$98.70	$98.70	0	0%	0%	0%	1	0	0	0	0	0		R
91010-TC	Esophagus motility study	$43.65	$43.65	0	0%	0%	0%	1	0	0	0	0	0		R
91011	Esophagus motility study	$172.11	$172.11	0	0%	0%	0%	1	0	0	0	0	0		R
91011-26	Esophagus motility study	$118.54	$118.54	0	0%	0%	0%	1	0	0	0	0	0		R
91011-TC	Esophagus motility study	$53.57	$53.57	0	0%	0%	0%	1	0	0	0	0	0		R
91012	Esophagus motility study	$176.08	$176.08	0	0%	0%	0%	1	0	0	0	0	0		R

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91012-26	Esophagus motility study	$116.06	$116.06	0	0%	0%	0%	1	0	0	0	0	0		R
91012-TC	Esophagus motility study	$60.02	$60.02	0	0%	0%	0%	1	0	0	0	0	0		R
91020	Gastric motility	$153.76	$153.76	0	0%	0%	0%	1	0	0	0	0	0		R
91020-26	Gastric motility	$113.09	$113.09	0	0%	0%	0%	1	0	0	0	0	0		R
91020-TC	Gastric motility	$40.67	$40.67	0	0%	0%	0%	1	0	0	0	0	0		R
91030	Acid perfusion of esophagus	$74.40	$74.40	0	0%	0%	0%	1	0	0	0	0	0		R
91030-26	Acid perfusion of esophagus	$62.99	$62.99	0	0%	0%	0%	1	0	0	0	0	0		R
91030-TC	Acid perfusion of esophagus	$11.90	$11.90	0	0%	0%	0%	1	0	0	0	0	0		R
91032	Esophagus, acid reflux test	$133.92	$133.92	0	0%	0%	0%	1	0	0	0	0	0		R
91032-26	Esophagus, acid reflux test	$94.24	$94.24	0	0%	0%	0%	1	0	0	0	0	0		R
91032-TC	Esophagus, acid reflux test	$39.68	$39.68	0	0%	0%	0%	1	0	0	0	0	0		R
91033	Prolonged acid reflux test	$174.10	$174.10	0	0%	0%	0%	1	0	0	0	0	0		R
91033-26	Prolonged acid reflux test	$102.67	$102.67	0	0%	0%	0%	1	0	0	0	0	0		R
91033-TC	Prolonged acid reflux test	$70.93	$70.93	0	0%	0%	0%	1	0	0	0	0	0		R
91052	Gastric analysis test	$75.39	$75.39	0	0%	0%	0%	1	0	0	0	0	0		R
91052-26	Gastric analysis test	$57.54	$57.54	0	0%	0%	0%	1	0	0	0	0	0		R
91052-TC	Gastric analysis test	$17.86	$17.86	0	0%	0%	0%	1	0	0	0	0	0		R
91055	Gastric intubation for smear	$80.85	$80.85	0	0%	0%	0%	1	0	0	0	0	0		R
91055-26	Gastric intubation for smear	$64.98	$64.98	0	0%	0%	0%	1	0	0	0	0	0		R
91055-TC	Gastric intubation for smear	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
91060	Gastric saline load test	$46.13	$46.13	0	0%	0%	0%	1	0	0	0	0	0		R
91060-26	Gastric saline load test	$34.22	$34.22	0	0%	0%	0%	1	0	0	0	0	0		R
91060-TC	Gastric saline load test	$11.90	$11.90	0	0%	0%	0%	1	0	0	0	0	0		R
91065	Breath hydrogen test	$34.72	$34.72	0	0%	0%	0%	1	0	0	0	0	0		R
91065-26	Breath hydrogen test	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
91065-TC	Breath hydrogen test	$18.85	$18.85	0	0%	0%	0%	1	0	0	0	0	0		R
91100	Pass intestine bleeding tube	$80.35	$80.35	0	0%	0%	0%	0	0	0	0	0	0		R
91105	Gastric intubation treatment	$31.74	$31.74	0	0%	0%	0%	0	0	0	0	0	0		R
91122	Anal pressure record	$168.14	$168.14	0	0%	0%	0%	1	0	0	0	0	0		R
91122-26	Anal pressure record	$129.95	$129.95	0	0%	0%	0%	1	0	0	0	0	0		R
91122-TC	Anal pressure record	$38.19	$38.19	0	0%	0%	0%	1	0	0	0	0	0		R
91132	Electrogastrography	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
91132-26	Electrogastrography	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
91132-TC	Electrogastrography	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
91133	Electrogastrography w/test	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
91133-26	Electrogastrography w/test	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
91133-TC	Electrogastrography w/test	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
91299	Gastroenterology procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
91299-26	Gastroenterology procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
91299-TC	Gastroenterology procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N

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92002	Eye exam, new patient	$92.26	$61.01	0	0%	0%	0%	0	0	2	0	0	0		R
92004	Eye exam, new patient	$155.74	$114.08	0	0%	0%	0%	0	0	2	0	0	0		R
92012	Eye exam established pat	$78.86	$47.62	0	0%	0%	0%	0	0	2	0	0	0		R
92014	Eye exam & treatment	$113.58	$77.87	0	0%	0%	0%	0	0	2	0	0	0		R
92015	Refraction	$76.38	$29.26	0	0%	0%	0%	9	9	9	9	9	9		R
92018	New eye exam & treatment	$108.62	$108.62	0	0%	0%	0%	0	0	0	0	0	0		R
92019	Eye exam & treatment	$95.23	$91.76	0	0%	0%	0%	0	0	0	0	0	0		R
92020	Special eye evaluation	$48.61	$27.28	0	0%	0%	0%	0	0	2	0	0	0		R
92060	Special eye evaluation	$97.22	$97.22	0	0%	0%	0%	1	0	2	0	0	0		R
92060-26	Special eye evaluation	$48.11	$48.11	0	0%	0%	0%	1	0	2	0	0	0		R
92060-TC	Special eye evaluation	$49.10	$49.10	0	0%	0%	0%	1	0	2	0	0	0		R
92065	Orthoptic/pleoptic training	$54.06	$54.06	0	0%	0%	0%	1	0	2	0	0	0		R
92065-26	Orthoptic/pleoptic training	$27.78	$27.78	0	0%	0%	0%	1	0	2	0	0	0		R
92065-TC	Orthoptic/pleoptic training	$26.29	$26.29	0	0%	0%	0%	1	0	2	0	0	0		R
92070	Fitting of contact lens	$89.78	$55.55	0	0%	0%	0%	0	0	3	0	0	0		R
92081	Visual field examination(s)	$76.38	$76.38	0	0%	0%	0%	1	0	2	0	0	0		R
92081-26	Visual field examination(s)	$26.78	$26.78	0	0%	0%	0%	1	0	2	0	0	0		R
92081-TC	Visual field examination(s)	$50.10	$50.10	0	0%	0%	0%	1	0	2	0	0	0		R
92082	Visual field examination(s)	$75.89	$75.89	0	0%	0%	0%	1	0	2	0	0	0		R
92082-26	Visual field examination(s)	$33.73	$33.73	0	0%	0%	0%	1	0	2	0	0	0		R
92082-TC	Visual field examination(s)	$42.66	$42.66	0	0%	0%	0%	1	0	2	0	0	0		R
92083	Visual field examination(s)	$82.83	$82.83	0	0%	0%	0%	1	0	2	0	0	0		R
92083-26	Visual field examination(s)	$41.17	$41.17	0	0%	0%	0%	1	0	2	0	0	0		R
92083-TC	Visual field examination(s)	$42.16	$42.16	0	0%	0%	0%	1	0	2	0	0	0		R
92100	Serial tonometry exam(s)	$78.86	$62.99	0	0%	0%	0%	0	0	2	0	0	0		R
92120	Tonography & eye evaluation	$73.41	$54.56	0	0%	0%	0%	0	0	2	0	0	0		R
92130	Water provocation tonography	$80.35	$59.02	0	0%	0%	0%	0	0	2	0	0	0		R
92135	Opthalmic dx imaging	$77.38	$77.38	0	0%	0%	0%	1	0	3	1	0	0		R
92135-26	Opthalmic dx imaging	$25.79	$25.79	0	0%	0%	0%	1	0	3	1	0	0		R
92135-TC	Opthalmic dx imaging	$52.08	$52.08	0	0%	0%	0%	1	0	3	1	0	0		R
92140	Glaucoma provocative tests	$64.98	$35.22	0	0%	0%	0%	0	0	2	0	0	0		R
92225	Special eye exam, initial	$86.80	$28.27	0	0%	0%	0%	0	0	3	0	0	0		R
92226	Special eye exam, subsequent	$87.30	$25.30	0	0%	0%	0%	0	0	3	0	0	0		R
92230	Eye exam with photos	$87.79	$42.16	0	0%	0%	0%	0	0	3	0	0	0		R
92235	Eye exam with photos	$150.78	$150.78	0	0%	0%	0%	1	0	3	0	0	0		R
92235-26	Eye exam with photos	$63.49	$63.49	0	0%	0%	0%	1	0	3	0	0	0		R
92235-TC	Eye exam with photos	$87.30	$87.30	0	0%	0%	0%	1	0	3	0	0	0		R
92240	Icg angiography	$181.54	$181.54	0	0%	0%	0%	1	0	3	0	0	0		R
92240-26	Icg angiography	$82.83	$82.83	0	0%	0%	0%	1	0	3	0	0	0		R
92240-TC	Icg angiography	$98.70	$98.70	0	0%	0%	0%	1	0	3	0	0	0		R

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92250	Eye exam with photos	$94.24	$94.24	0	0%	0%	0%	1	0	2	0	0	0		R
92250-26	Eye exam with photos	$33.73	$33.73	0	0%	0%	0%	1	0	2	0	0	0		R
92250-TC	Eye exam with photos	$60.51	$60.51	0	0%	0%	0%	1	0	2	0	0	0		R
92260	Ophthalmoscopy/dynamometry	$25.79	$17.86	0	0%	0%	0%	0	0	2	0	0	0		R
92265	Eye muscle evaluation	$93.25	$93.25	0	0%	0%	0%	1	0	2	0	0	0		R
92265-26	Eye muscle evaluation	$54.06	$54.06	0	0%	0%	0%	1	0	2	0	0	0		R
92265-TC	Eye muscle evaluation	$39.18	$39.18	0	0%	0%	0%	1	0	2	0	0	0		R
92270	Electro-oculography	$89.28	$89.28	0	0%	0%	0%	1	0	2	0	0	0		R
92270-26	Electro-oculography	$59.02	$59.02	0	0%	0%	0%	1	0	2	0	0	0		R
92270-TC	Electro-oculography	$30.26	$30.26	0	0%	0%	0%	1	0	2	0	0	0		R
92275	Electroretinography	$107.63	$107.63	0	0%	0%	0%	1	0	2	0	0	0		R
92275-26	Electroretinography	$74.40	$74.40	0	0%	0%	0%	1	0	2	0	0	0		R
92275-TC	Electroretinography	$33.23	$33.23	0	0%	0%	0%	1	0	2	0	0	0		R
92283	Color vision examination	$37.70	$37.70	0	0%	0%	0%	1	0	2	0	0	0		R
92283-26	Color vision examination	$13.89	$13.89	0	0%	0%	0%	1	0	2	0	0	0		R
92283-TC	Color vision examination	$23.81	$23.81	0	0%	0%	0%	1	0	2	0	0	0		R
92284	Dark adaptation eye exam	$93.25	$93.25	0	0%	0%	0%	1	0	2	0	0	0		R
92284-26	Dark adaptation eye exam	$19.34	$19.34	0	0%	0%	0%	1	0	2	0	0	0		R
92284-TC	Dark adaptation eye exam	$73.90	$73.90	0	0%	0%	0%	1	0	2	0	0	0		R
92285	Eye photography	$86.30	$86.30	0	0%	0%	0%	1	0	2	0	0	0		R
92285-26	Eye photography	$16.37	$16.37	0	0%	0%	0%	1	0	2	0	0	0		R
92285-TC	Eye photography	$69.94	$69.94	0	0%	0%	0%	1	0	2	0	0	0		R
92286	Internal eye photography	$128.46	$128.46	0	0%	0%	0%	1	0	2	0	0	0		R
92286-26	Internal eye photography	$56.54	$56.54	0	0%	0%	0%	1	0	2	0	0	0		R
92286-TC	Internal eye photography	$71.92	$71.92	0	0%	0%	0%	1	0	2	0	0	0		R
92287	Internal eye photography	$134.91	$62.00	0	0%	0%	0%	0	0	2	0	0	0		R
92310	Contact lens fitting	$115.57	$92.26	0	0%	0%	0%	9	9	9	9	9	9		R
92311	Contact lens fitting	$105.65	$75.39	0	0%	0%	0%	0	0	0	0	0	0		R
92312	Contact lens fitting	$117.55	$87.79	0	0%	0%	0%	0	0	2	0	0	0		R
92313	Contact lens fitting	$98.21	$63.98	0	0%	0%	0%	0	0	0	0	0	0		R
92314	Prescription of contact lens	$77.38	$55.06	0	0%	0%	0%	9	9	9	9	9	9		R
92315	Prescription of contact lens	$60.51	$34.22	0	0%	0%	0%	0	0	0	0	0	0		R
92316	Prescription of contact lens	$78.86	$50.10	0	0%	0%	0%	0	0	2	0	0	0		R
92317	Prescription of contact lens	$62.50	$32.24	0	0%	0%	0%	0	0	0	0	0	0		R
92325	Modification of contact lens	$20.34	$20.34	0	0%	0%	0%	5	0	0	0	0	0		R
92326	Replacement of contact lens	$84.32	$84.32	0	0%	0%	0%	5	0	0	0	0	0		R
92330	Fitting of artificial eye	$108.13	$77.38	0	0%	0%	0%	0	0	0	0	0	0		R
92335	Fitting of artificial eye	$80.85	$42.66	0	0%	0%	0%	0	0	0	0	0	0		R
92340	Fitting of spectacles	$48.61	$29.26	0	0%	0%	0%	9	9	9	9	9	9		R
92341	Fitting of spectacles	$56.05	$37.20	0	0%	0%	0%	9	9	9	9	9	9		R

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92342	Fitting of spectacles	$61.01	$42.16	0	0%	0%	0%	9	9	9	9	9	9		R
92352	Special spectacles fitting	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
92353	Special spectacles fitting	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
92354	Special spectacles fitting	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
92355	Special spectacles fitting	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
92358	Eye prosthesis service	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
92370	Repair & adjust spectacles	$39.18	$25.30	0	0%	0%	0%	9	9	9	9	9	9		R
92371	Repair & adjust spectacles	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
92390	Supply of spectacles	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
92391	Supply of contact lenses	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
92392	Supply of low vision aids	$204.35	$204.35	0	0%	0%	0%	9	9	9	9	9	9		R
92393	Supply of artificial eye	$649.26	$649.26	0	0%	0%	0%	9	9	9	9	9	9		R
92395	Supply of spectacles	$72.42	$72.42	0	0%	0%	0%	9	9	9	9	9	9		R
92396	Supply of contact lenses	$118.05	$118.05	0	0%	0%	0%	9	9	9	9	9	9		R
92499	Eye service or procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
92499-26	Eye service or procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
92499-TC	Eye service or procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
92502	Ear and throat examination	$141.36	$141.36	0	0%	0%	0%	0	0	0	0	0	0		R
92504	Ear microscopy examination	$52.08	$14.38	0	0%	0%	0%	0	0	0	0	0	0		R
92506	Speech/hearing evaluation	$105.65	$64.48	0	0%	0%	0%	0	0	0	0	0	0		R
92507	Speech/hearing therapy	$81.34	$39.18	0	0%	0%	0%	0	0	0	0	0	0		R
92508	Speech/hearing therapy	$52.08	$20.34	0	0%	0%	0%	0	0	0	0	0	0		R
92510	Rehab for ear implant	$167.65	$117.06	0	0%	0%	0%	0	0	0	0	0	0		R
92511	Nasopharyngoscopy	$102.18	$63.98	0	0%	0%	0%	0	0	0	0	0	0		R
92512	Nasal function studies	$75.39	$38.69	0	0%	0%	0%	0	0	0	0	0	0		R
92516	Facial nerve function test	$61.50	$33.23	0	0%	0%	0%	0	0	0	0	0	0		R
92520	Laryngeal function studies	$66.96	$55.55	0	0%	0%	0%	0	0	0	0	0	0		R
92525	Oral function evaluation	$148.30	$105.65	0	0%	0%	0%	9	9	9	9	9	9		R
92526	Oral function therapy	$88.78	$40.18	0	0%	0%	0%	0	0	0	0	0	0		R
92531	Spontaneous nystagmus study	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
92532	Positional nystagmus study	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
92533	Caloric vestibular test	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
92534	Optokinetic nystagmus	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
92541	Spontaneous nystagmus test	$46.13	$46.13	0	0%	0%	0%	1	0	0	0	0	0		R
92541-26	Spontaneous nystagmus test	$33.73	$33.73	0	0%	0%	0%	1	0	0	0	0	0		R
92541-TC	Spontaneous nystagmus test	$12.40	$12.40	0	0%	0%	0%	1	0	0	0	0	0		R
92542	Positional nystagmus test	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
92542-26	Positional nystagmus test	$27.78	$27.78	0	0%	0%	0%	1	0	0	0	0	0		R
92542-TC	Positional nystagmus test	$13.89	$13.89	0	0%	0%	0%	1	0	0	0	0	0		R
92543	Caloric vestibular test	$14.88	$14.88	0	0%	0%	0%	1	0	0	0	0	0		R

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92543-26	Caloric vestibular test	$8.93	$8.93	0	0%	0%	0%	1	0	0	0	0	0		R
92543-TC	Caloric vestibular test	$5.95	$5.95	0	0%	0%	0%	1	0	0	0	0	0		R
92544	Optokinetic nystagmus test	$32.74	$32.74	0	0%	0%	0%	1	0	0	0	0	0		R
92544-26	Optokinetic nystagmus test	$21.82	$21.82	0	0%	0%	0%	1	0	0	0	0	0		R
92544-TC	Optokinetic nystagmus test	$11.41	$11.41	0	0%	0%	0%	1	0	0	0	0	0		R
92545	Oscillating tracking test	$29.76	$29.76	0	0%	0%	0%	1	0	0	0	0	0		R
92545-26	Oscillating tracking test	$18.85	$18.85	0	0%	0%	0%	1	0	0	0	0	0		R
92545-TC	Oscillating tracking test	$11.41	$11.41	0	0%	0%	0%	1	0	0	0	0	0		R
92546	Sinusoidal rotational test	$36.70	$36.70	0	0%	0%	0%	1	0	0	0	0	0		R
92546-26	Sinusoidal rotational test	$24.30	$24.30	0	0%	0%	0%	1	0	0	0	0	0		R
92546-TC	Sinusoidal rotational test	$12.90	$12.90	0	0%	0%	0%	1	0	0	0	0	0		R
92547	Supplemental electrical test	$30.26	$30.26	0	0%	0%	0%	3	0	0	0	0	0		R
92548	Posturography	$119.54	$119.54	0	0%	0%	0%	1	0	0	0	0	0		R
92548-26	Posturography	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
92548-TC	Posturography	$78.37	$78.37	0	0%	0%	0%	1	0	0	0	0	0		R
92551	Pure tone hearing test, air	$19.95	$19.95	0	0%	0%	0%	9	9	9	9	9	9		F
92552	Pure tone audiometry, air	$23.81	$23.81	0	0%	0%	0%	3	0	2	0	0	0		R
92553	Audiometry, air & bone	$35.22	$35.22	0	0%	0%	0%	3	0	2	0	0	0		R
92555	Speech threshold audiometry	$20.34	$20.34	0	0%	0%	0%	3	0	2	0	0	0		R
92556	Speech audiometry, complete	$30.75	$30.75	0	0%	0%	0%	3	0	2	0	0	0		R
92557	Comprehensive hearing test	$63.49	$63.49	0	0%	0%	0%	3	0	2	0	0	0		R
92559	Group audiometric testing	$99.74	$99.74	0	0%	0%	0%	9	9	9	9	9	9		F
92560	Bekesy audiometry, screen	$39.89	$39.89	0	0%	0%	0%	9	9	9	9	9	9		F
92561	Bekesy audiometry, diagnosis	$38.19	$38.19	0	0%	0%	0%	3	0	2	0	0	0		R
92562	Loudness balance test	$21.82	$21.82	0	0%	0%	0%	3	0	2	0	0	0		R
92563	Tone decay hearing test	$20.34	$20.34	0	0%	0%	0%	3	0	2	0	0	0		R
92564	Sisi hearing test	$25.79	$25.79	0	0%	0%	0%	3	0	2	0	0	0		R
92565	Stenger test, pure tone	$21.33	$18.85	0	0%	0%	0%	3	0	2	0	0	0		R
92567	Tympanometry	$28.27	$28.27	0	0%	0%	0%	3	0	2	0	0	0		R
92568	Acoustic reflex testing	$20.34	$20.34	0	0%	0%	0%	3	0	2	0	0	0		R
92569	Acoustic reflex decay test	$21.82	$21.82	0	0%	0%	0%	3	0	2	0	0	0		R
92571	Filtered speech hearing test	$20.83	$18.35	0	0%	0%	0%	3	0	2	0	0	0		R
92572	Staggered spondaic word test	$4.96	$4.96	0	0%	0%	0%	3	0	2	0	0	0		R
92573	Lombard test	$18.85	$18.85	0	0%	0%	0%	3	0	2	0	0	0		R
92575	Sensorineural acuity test	$15.87	$14.38	0	0%	0%	0%	3	0	2	0	0	0		R
92576	Synthetic sentence test	$24.30	$20.83	0	0%	0%	0%	3	0	2	0	0	0		R
92577	Stenger test, speech	$38.19	$33.73	0	0%	0%	0%	3	0	2	0	0	0		R
92579	Visual audiometry (vra)	$38.69	$38.69	0	0%	0%	0%	3	0	2	0	0	0		R
92582	Conditioning play audiometry	$38.69	$34.22	0	0%	0%	0%	3	0	2	0	0	0		R
92583	Select picture audiometry	$47.12	$47.12	0	0%	0%	0%	3	0	2	0	0	0		R

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	C (26/	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
92584	Electrocochleography	$131.44	$131.44	0	0%	0%	0%	3	0	2	0	0	0		R
92585	Auditor evoke potent, compre	$151.78	$151.78	0	0%	0%	0%	1	0	2	0	0	0		R
92585-26	Auditor evoke potent, compre	$54.06	$54.06	0	0%	0%	0%	1	0	2	0	0	0		R
92585-TC	Auditor evoke potent, compre	$97.71	$97.71	0	0%	0%	0%	1	0	2	0	0	0		R
92586	Auditor evoke potent, limit	$96.72	$96.72	0	0%	0%	0%	3	0	2	0	0	0		R
92587	Evoked auditory test	$79.86	$79.86	0	0%	0%	0%	1	0	2	0	0	0		R
92587-26	Evoked auditory test	$10.91	$10.91	0	0%	0%	0%	1	0	2	0	0	0		R
92587-TC	Evoked auditory test	$68.94	$68.94	0	0%	0%	0%	1	0	2	0	0	0		R
92588	Evoked auditory test	$107.14	$107.14	0	0%	0%	0%	1	0	2	0	0	0		R
92588-26	Evoked auditory test	$28.77	$28.77	0	0%	0%	0%	1	0	2	0	0	0		R
92588-TC	Evoked auditory test	$78.37	$78.37	0	0%	0%	0%	1	0	2	0	0	0		R
92589	Auditory function test(s)	$28.77	$28.77	0	0%	0%	0%	3	0	2	0	0	0		R
92590	Hearing aid exam, one ear	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
92591	Hearing aid exam, both ears	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
92592	Hearing aid check, one ear	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
92593	Hearing aid check, both ears	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
92594	Electro hearng aid test, one	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
92595	Electro hearng aid tst, both	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
92596	Ear protector evaluation	$31.74	$31.74	0	0%	0%	0%	3	0	2	0	0	0		R
92597	Oral speech device eval	$137.89	$102.18	0	0%	0%	0%	9	9	9	9	9	9		R
92598	Modify oral speech device	$87.79	$73.90	0	0%	0%	0%	9	9	9	9	9	9		R
92599	ENT procedure/service	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
92599-26	ENT procedure/service	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
92599-TC	ENT procedure/service	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
92950	Heart/lung resuscitation cpr	$277.26	$269.33	0	0%	0%	0%	0	0	0	0	0	0		R
92953	Temporary external pacing	$24.30	$24.30	0	0%	0%	0%	0	0	0	0	0	0		R
92960	Cardioversion electric, ext	$221.22	$174.10	0	0%	0%	0%	0	0	0	0	0	0		R
92961	Cardioversion, electric, int	$330.34	$330.34	0	0%	0%	0%	0	9	9	9	9	9		R
92970	Cardioassist, internal	$266.35	$266.35	0	0%	0%	0%	0	0	0	0	0	0		R
92971	Cardioassist, external	$138.88	$138.88	0	0%	0%	0%	0	0	0	0	0	0		R
92975	Dissolve clot, heart vessel	$560.48	$560.48	0	0%	0%	0%	0	2	0	0	0	0		R
92977	Dissolve clot, heart vessel	$419.62	$419.62	0	0%	0%	0%	5	0	0	0	0	0		R
92978	Intravasc us, heart add-on	$371.50	$371.50	0	0%	0%	0%	1	0	0	0	0	0		R
92978-26	Intravasc us, heart add-on	$134.42	$134.42	0	0%	0%	0%	1	0	0	0	0	0		R
92978-TC	Intravasc us, heart add-on	$237.09	$237.09	0	0%	0%	0%	1	0	0	0	0	0		R
92979	Intravasc us, heart add-on	$226.67	$226.67	0	0%	0%	0%	1	0	0	0	0	0		R
92979-26	Intravasc us, heart add-on	$107.14	$107.14	0	0%	0%	0%	1	0	0	0	0	0		R
92979-TC	Intravasc us, heart add-on	$119.54	$119.54	0	0%	0%	0%	1	0	0	0	0	0		R
92980	Insert intracoronary stent	$1,223.14	$1,223.14	0	0%	0%	0%	0	2	0	0	0	0		R
92981	Insert intracoronary stent	$342.74	$342.74	0	0%	0%	0%	0	0	0	0	0	0		R

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92982	Coronary artery dilation	$905.70	$905.70	0	0%	0%	0%	0	2	0	0	0	0		R
92984	Coronary artery dilation	$245.02	$245.02	0	0%	0%	0%	0	0	0	0	0	0		R
92986	Revision of aortic valve	$1,698.30	$1,698.30	90	9%	84%	7%	0	2	0	0	0	0		R
92987	Revision of mitral valve	$1,761.79	$1,761.79	90	9%	84%	7%	0	2	0	0	0	0		R
92990	Revision of pulmonary valve	$1,367.97	$1,367.97	90	9%	84%	7%	0	2	0	0	0	0		R
92992	Revision of heart chamber	By Report	By Report	90	9%	84%	7%	0	2	0	2	0	0		N
92993	Revision of heart chamber	By Report	By Report	90	9%	84%	7%	0	2	0	2	0	0		N
92995	Coronary atherectomy	$995.97	$995.97	0	0%	0%	0%	0	2	0	0	0	0		R
92996	Coronary atherectomy add-on	$269.82	$269.82	0	0%	0%	0%	0	0	0	0	0	0		R
92997	Pul art balloon repr, percut	$982.58	$982.58	0	0%	0%	0%	0	2	0	0	0	0		R
92998	Pul art balloon repr, percut	$449.87	$449.87	0	0%	0%	0%	0	0	0	0	0	0		R
93000	Electrocardiogram, complete	$37.70	$37.70	0	0%	0%	0%	4	0	0	0	0	0		R
93005	Electrocardiogram, tracing	$23.81	$23.81	0	0%	0%	0%	3	0	0	0	0	0		R
93010	Electrocardiogram report	$13.89	$13.89	0	0%	0%	0%	2	0	0	0	0	0		R
93012	Transmission of ecg	$124.50	$124.50	0	0%	0%	0%	3	0	0	0	0	0		R
93014	Report on transmitted ecg	$39.18	$39.18	0	0%	0%	0%	2	0	0	0	0	0		R
93015	Cardiovascular stress test	$147.31	$147.31	0	0%	0%	0%	4	0	0	0	0	0		R
93016	Cardiovascular stress test	$35.22	$35.22	0	0%	0%	0%	2	0	0	0	0	0		R
93017	Cardiovascular stress test	$88.29	$88.29	0	0%	0%	0%	3	0	0	0	0	0		R
93018	Cardiovascular stress test	$24.30	$24.30	0	0%	0%	0%	2	0	0	0	0	0		R
93024	Cardiac drug stress test	$153.76	$153.76	0	0%	0%	0%	1	0	0	0	0	0		R
93024-26	Cardiac drug stress test	$95.23	$95.23	0	0%	0%	0%	1	0	0	0	0	0		R
93024-TC	Cardiac drug stress test	$59.02	$59.02	0	0%	0%	0%	1	0	0	0	0	0		R
93040	Rhythm ECG with report	$19.34	$19.34	0	0%	0%	0%	4	0	0	0	0	0		R
93041	Rhythm ECG, tracing	$7.44	$7.44	0	0%	0%	0%	3	0	0	0	0	0		R
93042	Rhythm ECG, report	$11.90	$11.90	0	0%	0%	0%	2	0	0	0	0	0		R
93224	ECG monitor/report, 24 hrs	$221.22	$221.22	0	0%	0%	0%	4	0	0	0	0	0		R
93225	ECG monitor/record, 24 hrs	$64.98	$64.98	0	0%	0%	0%	3	0	0	0	0	0		R
93226	ECG monitor/report, 24 hrs	$114.58	$114.58	0	0%	0%	0%	3	0	0	0	0	0		R
93227	ECG monitor/review, 24 hrs	$41.66	$41.66	0	0%	0%	0%	2	0	0	0	0	0		R
93230	ECG monitor/report, 24 hrs	$235.60	$235.60	0	0%	0%	0%	4	0	0	0	0	0		R
93231	Ecg monitor/record, 24 hrs	$80.35	$80.35	0	0%	0%	0%	3	0	0	0	0	0		R
93232	ECG monitor/report, 24 hrs	$113.58	$113.58	0	0%	0%	0%	3	0	0	0	0	0		R
93233	ECG monitor/review, 24 hrs	$41.66	$41.66	0	0%	0%	0%	2	0	0	0	0	0		R
93235	ECG monitor/report, 24 hrs	$172.61	$172.61	0	0%	0%	0%	4	0	0	0	0	0		R
93236	ECG monitor/report, 24 hrs	$136.40	$136.40	0	0%	0%	0%	3	0	0	0	0	0		R
93237	ECG monitor/review, 24 hrs	$36.21	$36.21	0	0%	0%	0%	2	0	0	0	0	0		R
93268	ECG record/review	$228.66	$228.66	0	0%	0%	0%	4	0	0	0	0	0		R
93270	ECG recording	$64.98	$64.98	0	0%	0%	0%	3	0	0	0	0	0		R
93271	Ecg/monitoring and analysis	$124.50	$124.50	0	0%	0%	0%	3	0	0	0	0	0		R

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93272	Ecg/review, interpret only	$39.18	$39.18	0	0%	0%	0%	2	0	0	0	0	0		R
93278	ECG/signal-averaged	$81.84	$81.84	0	0%	0%	0%	1	0	0	0	0	0		R
93278-26	ECG/signal-averaged	$20.83	$20.83	0	0%	0%	0%	1	0	0	0	0	0		R
93278-TC	ECG/signal-averaged	$61.01	$61.01	0	0%	0%	0%	1	0	0	0	0	0		R
93303	Echo transthoracic	$299.09	$299.09	0	0%	0%	0%	1	0	0	0	0	0		R
93303-26	Echo transthoracic	$97.71	$97.71	0	0%	0%	0%	1	0	0	0	0	0		R
93303-TC	Echo transthoracic	$201.38	$201.38	0	0%	0%	0%	1	0	0	0	0	0		R
93304	Echo transthoracic	$160.70	$160.70	0	0%	0%	0%	1	0	0	0	0	0		R
93304-26	Echo transthoracic	$58.53	$58.53	0	0%	0%	0%	1	0	0	0	0	0		R
93304-TC	Echo transthoracic	$102.18	$102.18	0	0%	0%	0%	1	0	0	0	0	0		R
93307	Echo exam of heart	$276.27	$276.27	0	0%	0%	0%	1	0	0	0	0	0		R
93307-26	Echo exam of heart	$74.90	$74.90	0	0%	0%	0%	1	0	0	0	0	0		R
93307-TC	Echo exam of heart	$201.38	$201.38	0	0%	0%	0%	1	0	0	0	0	0		R
93308	Echo exam of heart	$144.83	$144.83	0	0%	0%	0%	1	0	0	0	0	0		R
93308-26	Echo exam of heart	$42.66	$42.66	0	0%	0%	0%	1	0	0	0	0	0		R
93308-TC	Echo exam of heart	$102.18	$102.18	0	0%	0%	0%	1	0	0	0	0	0		R
93312	Echo transesophageal	$362.58	$362.58	0	0%	0%	0%	1	0	0	0	0	0		R
93312-26	Echo transesophageal	$163.18	$163.18	0	0%	0%	0%	1	0	0	0	0	0		R
93312-TC	Echo transesophageal	$199.89	$199.89	0	0%	0%	0%	1	0	0	0	0	0		R
93313	Echo transesophageal	$219.73	$65.97	0	0%	0%	0%	0	0	0	0	0	0		R
93314	Echo transesophageal	$291.15	$291.15	0	0%	0%	0%	1	0	0	0	0	0		R
93314-26	Echo transesophageal	$91.26	$91.26	0	0%	0%	0%	1	0	0	0	0	0		R
93314-TC	Echo transesophageal	$199.89	$199.89	0	0%	0%	0%	1	0	0	0	0	0		R
93315	Echo transesophageal	$399.28	$399.28	0	0%	0%	0%	1	0	0	0	0	0		R
93315-26	Echo transesophageal	$199.89	$199.89	0	0%	0%	0%	1	0	0	0	0	0		R
93315-TC	Echo transesophageal	$199.89	$199.89	0	0%	0%	0%	1	0	0	0	0	0		R
93316	Echo transesophageal	$174.10	$66.46	0	0%	0%	0%	0	0	0	0	0	0		R
93317	Echo transesophageal	$329.34	$329.34	0	0%	0%	0%	1	0	0	0	0	0		R
93317-26	Echo transesophageal	$129.46	$129.46	0	0%	0%	0%	1	0	0	0	0	0		R
93317-TC	Echo transesophageal	$199.89	$199.89	0	0%	0%	0%	1	0	0	0	0	0		R
93318	Echo transesophageal intraop	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
93318-26	Echo transesophageal intraop	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
93318-TC	Echo transesophageal intraop	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
93320	Doppler echo exam, heart	$121.02	$121.02	0	0%	0%	0%	1	0	0	0	0	0		R
93320-26	Doppler echo exam, heart	$31.25	$31.25	0	0%	0%	0%	1	0	0	0	0	0		R
93320-TC	Doppler echo exam, heart	$90.27	$90.27	0	0%	0%	0%	1	0	0	0	0	0		R
93321	Doppler echo exam, heart	$70.43	$70.43	0	0%	0%	0%	1	0	0	0	0	0		R
93321-26	Doppler echo exam, heart	$12.40	$12.40	0	0%	0%	0%	1	0	0	0	0	0		R
93321-TC	Doppler echo exam, heart	$58.53	$58.53	0	0%	0%	0%	1	0	0	0	0	0		R
93325	Doppler color flow add-on	$157.73	$157.73	0	0%	0%	0%	1	0	0	0	0	0		R

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93325-26	Doppler color flow add-on	$5.46	$5.46	0	0%	0%	0%	1	0	0	0	0	0		R
93325-TC	Doppler color flow add-on	$152.27	$152.27	0	0%	0%	0%	1	0	0	0	0	0		R
93350	Echo transthoracic	$156.24	$156.24	0	0%	0%	0%	1	0	0	0	0	0		R
93350-26	Echo transthoracic	$62.99	$62.99	0	0%	0%	0%	1	0	0	0	0	0		R
93350-TC	Echo transthoracic	$92.75	$92.75	0	0%	0%	0%	1	0	0	0	0	0		R
93501	Right heart catheterization	$1,113.02	$1,113.02	0	0%	0%	0%	1	2	0	0	0	0		R
93501-26	Right heart catheterization	$247.01	$247.01	0	0%	0%	0%	1	2	0	0	0	0		R
93501-TC	Right heart catheterization	$866.02	$866.02	0	0%	0%	0%	1	0	0	0	0	0		R
93503	Insert/place heart catheter	$209.31	$209.31	0	0%	0%	0%	0	0	0	0	0	0		R
93505	Biopsy of heart lining	$437.97	$437.97	0	0%	0%	0%	1	2	0	0	0	0		R
93505-26	Biopsy of heart lining	$335.30	$335.30	0	0%	0%	0%	1	2	0	0	0	0		R
93505-TC	Biopsy of heart lining	$102.67	$102.67	0	0%	0%	0%	1	0	0	0	0	0		R
93508	Cath placement, angiography	$955.30	$955.30	0	0%	0%	0%	1	2	0	0	0	0		R
93508-26	Cath placement, angiography	$313.47	$313.47	0	0%	0%	0%	1	2	0	0	0	0		R
93508-TC	Cath placement, angiography	$641.82	$641.82	0	0%	0%	0%	1	0	0	0	0	0		R
93510	Left heart catheterization	$2,226.05	$2,226.05	0	0%	0%	0%	1	2	0	0	0	0		R
93510-26	Left heart catheterization	$333.31	$333.31	0	0%	0%	0%	1	2	0	0	0	0		R
93510-TC	Left heart catheterization	$1,892.74	$1,892.74	0	0%	0%	0%	1	0	0	0	0	0		R
93511	Left heart catheterization	$2,216.62	$2,216.62	0	0%	0%	0%	1	2	0	0	0	0		R
93511-26	Left heart catheterization	$374.48	$374.48	0	0%	0%	0%	1	2	0	0	0	0		R
93511-TC	Left heart catheterization	$1,842.14	$1,842.14	0	0%	0%	0%	1	0	0	0	0	0		R
93514	Left heart catheterization	$2,368.90	$2,368.90	0	0%	0%	0%	1	2	0	0	0	0		R
93514-26	Left heart catheterization	$526.26	$526.26	0	0%	0%	0%	1	2	0	0	0	0		R
93514-TC	Left heart catheterization	$1,842.14	$1,842.14	0	0%	0%	0%	1	0	0	0	0	0		R
93524	Left heart catheterization	$2,936.82	$2,936.82	0	0%	0%	0%	1	2	0	0	0	0		R
93524-26	Left heart catheterization	$529.23	$529.23	0	0%	0%	0%	1	2	0	0	0	0		R
93524-TC	Left heart catheterization	$2,408.08	$2,408.08	0	0%	0%	0%	1	0	0	0	0	0		R
93526	Rt & Lt heart catheters	$2,951.20	$2,951.20	0	0%	0%	0%	1	2	0	0	0	0		R
93526-26	Rt & Lt heart catheters	$477.15	$477.15	0	0%	0%	0%	1	2	0	0	0	0		R
93526-TC	Rt & Lt heart catheters	$2,474.05	$2,474.05	0	0%	0%	0%	1	0	0	0	0	0		R
93527	Rt & Lt heart catheters	$2,994.35	$2,994.35	0	0%	0%	0%	1	2	0	0	0	0		R
93527-26	Rt & Lt heart catheters	$586.77	$586.77	0	0%	0%	0%	1	2	0	0	0	0		R
93527-TC	Rt & Lt heart catheters	$2,408.08	$2,408.08	0	0%	0%	0%	1	0	0	0	0	0		R
93528	Rt & Lt heart catheters	$3,076.19	$3,076.19	0	0%	0%	0%	1	2	0	0	0	0		R
93528-26	Rt & Lt heart catheters	$668.61	$668.61	0	0%	0%	0%	1	2	0	0	0	0		R
93528-TC	Rt & Lt heart catheters	$2,408.08	$2,408.08	0	0%	0%	0%	1	0	0	0	0	0		R
93529	Rt, Lt heart catheterization	$2,770.16	$2,770.16	0	0%	0%	0%	1	2	0	0	0	0		R
93529-26	Rt, Lt heart catheterization	$362.08	$362.08	0	0%	0%	0%	1	2	0	0	0	0		R
93529-TC	Rt, Lt heart catheterization	$2,408.08	$2,408.08	0	0%	0%	0%	1	0	0	0	0	0		R
93530	Rt heart cath, congenital	Not Covered	Not Covered	0	0%	0%	0%	1	2	0	0	0	0		X

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93530-26	Rt heart cath, congenital	Not Covered	Not Covered	0	0%	0%	0%	1	2	0	0	0	0		X
93530-TC	Rt heart cath, congenital	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
93531	R & l heart cath, congenital	Not Covered	Not Covered	0	0%	0%	0%	1	2	0	0	0	0		X
93531-26	R & l heart cath, congenital	Not Covered	Not Covered	0	0%	0%	0%	1	2	0	0	0	0		X
93531-TC	R & l heart cath, congenital	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
93532	R & l heart cath, congenital	Not Covered	Not Covered	0	0%	0%	0%	1	2	0	0	0	0		X
93532-26	R & l heart cath, congenital	Not Covered	Not Covered	0	0%	0%	0%	1	2	0	0	0	0		X
93532-TC	R & l heart cath, congenital	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
93533	R & l heart cath, congenital	Not Covered	Not Covered	0	0%	0%	0%	1	2	0	0	0	0		X
93533-26	R & l heart cath, congenital	Not Covered	Not Covered	0	0%	0%	0%	1	2	0	0	0	0		X
93533-TC	R & l heart cath, congenital	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
93536	Insert circulation assi	$400.77	$400.77	0	0%	0%	0%	0	2	0	0	0	0		R
93539	Injection, cardiac cath	$62.99	$32.74	0	0%	0%	0%	0	0	0	0	0	0		R
93540	Injection, cardiac cath	$64.98	$35.22	0	0%	0%	0%	0	0	0	0	0	0		R
93541	Injection for lung angiogram	$24.30	$24.30	0	0%	0%	0%	0	0	0	0	0	0		R
93542	Injection for heart x-rays	$23.81	$23.81	0	0%	0%	0%	0	0	0	0	0	0		R
93543	Injection for heart x-rays	$42.16	$24.30	0	0%	0%	0%	0	0	0	0	0	0		R
93544	Injection for aortography	$40.18	$20.83	0	0%	0%	0%	0	0	0	0	0	0		R
93545	Inject for coronary x-rays	$57.04	$32.74	0	0%	0%	0%	0	0	0	0	0	0		R
93555	Imaging, cardiac cath	$377.46	$377.46	0	0%	0%	0%	1	0	0	0	0	0		R
93555-26	Imaging, cardiac cath	$58.03	$58.03	0	0%	0%	0%	1	0	0	0	0	0		R
93555-TC	Imaging, cardiac cath	$319.42	$319.42	0	0%	0%	0%	1	0	0	0	0	0		R
93556	Imaging, cardiac cath	$564.94	$564.94	0	0%	0%	0%	1	0	0	0	0	0		R
93556-26	Imaging, cardiac cath	$61.50	$61.50	0	0%	0%	0%	1	0	0	0	0	0		R
93556-TC	Imaging, cardiac cath	$503.44	$503.44	0	0%	0%	0%	1	0	0	0	0	0		R
93561	Cardiac output measurement	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
93561-26	Cardiac output measurement	$39.18	$39.18	0	0%	0%	0%	1	0	0	0	0	0		R
93561-TC	Cardiac output measurement	$28.27	$28.27	0	0%	0%	0%	1	0	0	0	0	0		R
93562	Cardiac output measurement	$29.26	$29.26	0	0%	0%	0%	1	0	0	0	0	0		R
93562-26	Cardiac output measurement	$12.90	$12.90	0	0%	0%	0%	1	0	0	0	0	0		R
93562-TC	Cardiac output measurement	$16.86	$16.86	0	0%	0%	0%	1	0	0	0	0	0		R
93571	Heart flow reserve measure	$365.55	$365.55	0	0%	0%	0%	1	0	0	0	0	0		R
93571-26	Heart flow reserve measure	$130.45	$130.45	0	0%	0%	0%	1	0	0	0	0	0		R
93571-TC	Heart flow reserve measure	$234.61	$234.61	0	0%	0%	0%	1	0	0	0	0	0		R
93572	Heart flow reserve measure	$225.68	$225.68	0	0%	0%	0%	1	0	0	0	0	0		R
93572-26	Heart flow reserve measure	$107.14	$107.14	0	0%	0%	0%	1	0	0	0	0	0		R
93572-TC	Heart flow reserve measure	$118.54	$118.54	0	0%	0%	0%	1	0	0	0	0	0		R
93600	Bundle of His recording	$276.77	$276.77	0	0%	0%	0%	1	0	0	0	0	0		R
93600-26	Bundle of His recording	$174.59	$174.59	0	0%	0%	0%	1	0	0	0	0	0		R
93600-TC	Bundle of His recording	$102.67	$102.67	0	0%	0%	0%	1	0	0	0	0	0		R

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93602	Intra-atrial recording	$225.18	$225.18	0	0%	0%	0%	1	0	0	0	0	0		R
93602-26	Intra-atrial recording	$167.15	$167.15	0	0%	0%	0%	1	0	0	0	0	0		R
93602-TC	Intra-atrial recording	$58.03	$58.03	0	0%	0%	0%	1	0	0	0	0	0		R
93603	Right ventricular recording	$260.90	$260.90	0	0%	0%	0%	1	0	0	0	0	0		R
93603-26	Right ventricular recording	$173.10	$173.10	0	0%	0%	0%	1	0	0	0	0	0		R
93603-TC	Right ventricular recording	$88.29	$88.29	0	0%	0%	0%	1	0	0	0	0	0		R
93607	Left ventricular recording	$328.85	$328.85	0	0%	0%	0%	1	0	0	0	0	0		R
93607-26	Left ventricular recording	$249.98	$249.98	0	0%	0%	0%	1	0	0	0	0	0		R
93607-TC	Left ventricular recording	$78.86	$78.86	0	0%	0%	0%	1	0	0	0	0	0		R
93609	Mapping of tachycardia	$871.47	$871.47	0	0%	0%	0%	1	0	0	0	0	0		R
93609-26	Mapping of tachycardia	$729.12	$729.12	0	0%	0%	0%	1	0	0	0	0	0		R
93609-TC	Mapping of tachycardia	$142.35	$142.35	0	0%	0%	0%	1	0	0	0	0	0		R
93610	Intra-atrial pacing	$306.03	$306.03	0	0%	0%	0%	1	0	0	0	0	0		R
93610-26	Intra-atrial pacing	$234.61	$234.61	0	0%	0%	0%	1	0	0	0	0	0		R
93610-TC	Intra-atrial pacing	$71.42	$71.42	0	0%	0%	0%	1	0	0	0	0	0		R
93612	Intraventricular pacing	$319.92	$319.92	0	0%	0%	0%	1	0	0	0	0	0		R
93612-26	Intraventricular pacing	$235.10	$235.10	0	0%	0%	0%	1	0	0	0	0	0		R
93612-TC	Intraventricular pacing	$84.82	$84.82	0	0%	0%	0%	1	0	0	0	0	0		R
93615	Esophageal recording	$86.80	$86.80	0	0%	0%	0%	1	0	0	0	0	0		R
93615-26	Esophageal recording	$69.94	$69.94	0	0%	0%	0%	1	0	0	0	0	0		R
93615-TC	Esophageal recording	$16.86	$16.86	0	0%	0%	0%	1	0	0	0	0	0		R
93616	Esophageal recording	$129.95	$129.95	0	0%	0%	0%	1	0	0	0	0	0		R
93616-26	Esophageal recording	$113.09	$113.09	0	0%	0%	0%	1	0	0	0	0	0		R
93616-TC	Esophageal recording	$16.86	$16.86	0	0%	0%	0%	1	0	0	0	0	0		R
93618	Heart rhythm pacing	$557.50	$557.50	0	0%	0%	0%	1	0	0	0	0	0		R
93618-26	Heart rhythm pacing	$350.18	$350.18	0	0%	0%	0%	1	0	0	0	0	0		R
93618-TC	Heart rhythm pacing	$207.33	$207.33	0	0%	0%	0%	1	0	0	0	0	0		R
93619	Electrophysiology evaluation	$1,003.90	$1,003.90	0	0%	0%	0%	1	0	0	0	0	0		R
93619-26	Electrophysiology evaluation	$601.65	$601.65	0	0%	0%	0%	1	0	0	0	0	0		R
93619-TC	Electrophysiology evaluation	$402.26	$402.26	0	0%	0%	0%	1	0	0	0	0	0		R
93620	Electrophysiology evaluation	$1,421.04	$1,421.04	0	0%	0%	0%	1	0	0	0	0	0		R
93620-26	Electrophysiology evaluation	$953.31	$953.31	0	0%	0%	0%	1	0	0	0	0	0		R
93620-TC	Electrophysiology evaluation	$467.73	$467.73	0	0%	0%	0%	1	0	0	0	0	0		R
93621	Electrophysiology evaluation	$2,316.32	$2,316.32	0	0%	0%	0%	1	0	0	0	0	0		R
93621-26	Electrophysiology evaluation	$1,041.10	$1,041.10	0	0%	0%	0%	1	0	0	0	0	0		R
93621-TC	Electrophysiology evaluation	$1,274.72	$1,274.72	0	0%	0%	0%	1	0	0	0	0	0		R
93622	Electrophysiology evaluation	$2,329.22	$2,329.22	0	0%	0%	0%	1	0	0	0	0	0		R
93622-26	Electrophysiology evaluation	$1,047.06	$1,047.06	0	0%	0%	0%	1	0	0	0	0	0		R
93622-TC	Electrophysiology evaluation	$1,282.16	$1,282.16	0	0%	0%	0%	1	0	0	0	0	0		R
93623	Stimulation, pacing heart	$510.88	$510.88	0	0%	0%	0%	1	0	0	0	0	0		R

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93623-26	Stimulation, pacing heart	$229.65	$229.65	0	0%	0%	0%	1	0	0	0	0	0		R
93623-TC	Stimulation, pacing heart	$281.23	$281.23	0	0%	0%	0%	1	0	0	0	0	0		R
93624	Electrophysiologic study	$467.73	$467.73	0	0%	0%	0%	1	0	0	0	0	0		R
93624-26	Electrophysiologic study	$363.57	$363.57	0	0%	0%	0%	1	0	0	0	0	0		R
93624-TC	Electrophysiologic study	$104.16	$104.16	0	0%	0%	0%	1	0	0	0	0	0		R
93631	Heart pacing, mapping	$925.04	$925.04	0	0%	0%	0%	1	0	0	0	0	0		R
93631-26	Heart pacing, mapping	$596.19	$596.19	0	0%	0%	0%	1	0	0	0	0	0		R
93631-TC	Heart pacing, mapping	$328.85	$328.85	0	0%	0%	0%	1	0	0	0	0	0		R
93640	Evaluation heart device	$661.66	$661.66	0	0%	0%	0%	1	0	0	0	0	0		R
93640-26	Evaluation heart device	$287.18	$287.18	0	0%	0%	0%	1	0	0	0	0	0		R
93640-TC	Evaluation heart device	$374.48	$374.48	0	0%	0%	0%	1	0	0	0	0	0		R
93641	Electrophysiology evaluation	$862.05	$862.05	0	0%	0%	0%	1	0	0	0	0	0		R
93641-26	Electrophysiology evaluation	$487.57	$487.57	0	0%	0%	0%	1	0	0	0	0	0		R
93641-TC	Electrophysiology evaluation	$374.48	$374.48	0	0%	0%	0%	1	0	0	0	0	0		R
93642	Electrophysiology evaluation	$770.78	$770.78	0	0%	0%	0%	1	0	0	0	0	0		R
93642-26	Electrophysiology evaluation	$396.30	$396.30	0	0%	0%	0%	1	0	0	0	0	0		R
93642-TC	Electrophysiology evaluation	$374.48	$374.48	0	0%	0%	0%	1	0	0	0	0	0		R
93650	Ablate heart dysrhythm focus	$867.50	$867.50	0	0%	0%	0%	0	0	0	0	0	0		R
93651	Ablate heart dysrhythm focus	$1,337.22	$1,337.22	0	0%	0%	0%	0	0	0	0	0	0		R
93652	Ablate heart dysrhythm focus	$1,432.94	$1,432.94	0	0%	0%	0%	0	0	0	0	0	0		R
93660	Tilt table evaluation	$343.73	$343.73	0	0%	0%	0%	1	0	0	0	0	0		R
93660-26	Tilt table evaluation	$145.82	$145.82	0	0%	0%	0%	1	0	0	0	0	0		R
93660-TC	Tilt table evaluation	$189.97	$189.97	0	0%	0%	0%	1	0	0	0	0	0		R
93662	Intracardiac ecg (ice)	$402.75	$402.75	0	0%	0%	0%	2	0	0	0	0	0		R
93662-26	Intracardiac ecg (ice)	$202.86	$202.86	0	0%	0%	0%	1	0	0	0	0	0		R
93662-TC	Intracardiac ecg (ice)	$199.89	$199.89	0	0%	0%	0%	1	0	0	0	0	0		R
93668	Peripheral vascular rehab	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
93720	Total body plethysmography	$51.09	$46.13	0	0%	0%	0%	4	0	0	0	0	0		R
93721	Plethysmography tracing	$37.70	$33.23	0	0%	0%	0%	3	0	0	0	0	0		R
93722	Plethysmography report	$13.89	$13.39	0	0%	0%	0%	2	0	0	0	0	0		R
93724	Analyze pacemaker system	$573.87	$573.87	0	0%	0%	0%	1	0	0	0	0	0		R
93724-26	Analyze pacemaker system	$366.54	$366.54	0	0%	0%	0%	1	0	0	0	0	0		R
93724-TC	Analyze pacemaker system	$207.33	$207.33	0	0%	0%	0%	1	0	0	0	0	0		R
93727	Analyze ilr system	$38.19	$38.19	0	0%	0%	0%	2	9	9	9	9	9		R
93731	Analyze pacemaker system	$60.51	$60.51	0	0%	0%	0%	1	0	0	0	0	0		R
93731-26	Analyze pacemaker system	$34.22	$34.22	0	0%	0%	0%	1	0	0	0	0	0		R
93731-TC	Analyze pacemaker system	$26.29	$26.29	0	0%	0%	0%	1	0	0	0	0	0		R
93732	Analyze pacemaker system	$94.24	$94.24	0	0%	0%	0%	1	0	0	0	0	0		R
93732-26	Analyze pacemaker system	$66.96	$66.96	0	0%	0%	0%	1	0	0	0	0	0		R
93732-TC	Analyze pacemaker system	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R

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93733	Telephone analy, pacemaker	$52.58	$52.58	0	0%	0%	0%	1	0	0	0	0	0		R
93733-26	Telephone analy, pacemaker	$14.38	$14.38	0	0%	0%	0%	1	0	0	0	0	0		R
93733-TC	Telephone analy, pacemaker	$38.69	$38.69	0	0%	0%	0%	1	0	0	0	0	0		R
93734	Analyze pacemaker system	$47.62	$47.62	0	0%	0%	0%	1	0	0	0	0	0		R
93734-26	Analyze pacemaker system	$29.76	$29.76	0	0%	0%	0%	1	0	0	0	0	0		R
93734-TC	Analyze pacemaker system	$18.35	$18.35	0	0%	0%	0%	1	0	0	0	0	0		R
93735	Analyze pacemaker system	$79.36	$79.36	0	0%	0%	0%	1	0	0	0	0	0		R
93735-26	Analyze pacemaker system	$55.55	$55.55	0	0%	0%	0%	1	0	0	0	0	0		R
93735-TC	Analyze pacemaker system	$23.81	$23.81	0	0%	0%	0%	1	0	0	0	0	0		R
93736	Telephone analy, pacemaker	$46.13	$46.13	0	0%	0%	0%	1	0	0	0	0	0		R
93736-26	Telephone analy, pacemaker	$12.90	$12.90	0	0%	0%	0%	1	0	0	0	0	0		R
93736-TC	Telephone analy, pacemaker	$33.73	$33.73	0	0%	0%	0%	1	0	0	0	0	0		R
93737	Analyze cardio/defibrillator	$59.52	$59.52	0	0%	0%	0%	1	0	0	0	0	0		R
93737-26	Analyze cardio/defibrillator	$33.73	$33.73	0	0%	0%	0%	1	0	0	0	0	0		R
93737-TC	Analyze cardio/defibrillator	$26.29	$26.29	0	0%	0%	0%	1	0	0	0	0	0		R
93738	Analyze cardio/defibrillator	$93.74	$93.74	0	0%	0%	0%	1	0	0	0	0	0		R
93738-26	Analyze cardio/defibrillator	$66.46	$66.46	0	0%	0%	0%	1	0	0	0	0	0		R
93738-TC	Analyze cardio/defibrillator	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R
93740	Temperature gradient studies	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
93740-26	Temperature gradient studies	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
93740-TC	Temperature gradient studies	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X
93741	Analyze ht pace device sngl	$90.27	$90.27	0	0%	0%	0%	1	9	9	9	9	9		R
93741-26	Analyze ht pace device sngl	$56.05	$56.05	0	0%	0%	0%	1	9	9	9	9	9		R
93741-TC	Analyze ht pace device sngl	$34.22	$34.22	0	0%	0%	0%	1	9	9	9	9	9		R
93742	Analyze ht pace device sngl	$97.71	$97.71	0	0%	0%	0%	1	9	9	9	9	9		R
93742-26	Analyze ht pace device sngl	$63.49	$63.49	0	0%	0%	0%	1	9	9	9	9	9		R
93742-TC	Analyze ht pace device sngl	$34.22	$34.22	0	0%	0%	0%	1	9	9	9	9	9		R
93743	Analyze ht pace device dual	$110.11	$110.11	0	0%	0%	0%	1	9	9	9	9	9		R
93743-26	Analyze ht pace device dual	$72.42	$72.42	0	0%	0%	0%	1	9	9	9	9	9		R
93743-TC	Analyze ht pace device dual	$37.70	$37.70	0	0%	0%	0%	1	9	9	9	9	9		R
93744	Analyze ht pace device dual	$117.06	$117.06	0	0%	0%	0%	1	9	9	9	9	9		R
93744-26	Analyze ht pace device dual	$82.83	$82.83	0	0%	0%	0%	1	9	9	9	9	9		R
93744-TC	Analyze ht pace device dual	$34.22	$34.22	0	0%	0%	0%	1	9	9	9	9	9		R
93760	Cephalic thermogram	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
93762	Peripheral thermogram	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
93770	Measure venous pressure	Bundled	Bundled	0	0%	0%	0%	1	9	9	9	9	9		B
93770-26	Measure venous pressure	Bundled	Bundled	0	0%	0%	0%	1	9	9	9	9	9		B
93770-TC	Measure venous pressure	Bundled	Bundled	0	0%	0%	0%	1	9	9	9	9	9		B
93784	Ambulatory BP monitoring	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
93786	Ambulatory BP recording	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

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93788	Ambulatory BP analysis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
93790	Review/report BP recording	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
93797	Cardiac rehab	$27.28	$13.39	0	0%	0%	0%	0	0	0	0	0	0		R
93798	Cardiac rehab/monitor	$38.19	$22.32	0	0%	0%	0%	0	0	0	0	0	0		R
93799	Cardiovascular procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
93799-26	Cardiovascular procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
93799-TC	Cardiovascular procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
93875	Extracranial study	$76.88	$76.88	0	0%	0%	0%	1	0	2	0	0	0		R
93875-26	Extracranial study	$17.86	$17.86	0	0%	0%	0%	1	0	2	0	0	0		R
93875-TC	Extracranial study	$59.02	$59.02	0	0%	0%	0%	1	0	2	0	0	0		R
93880	Extracranial study	$243.04	$243.04	0	0%	0%	0%	1	0	2	0	0	0		R
93880-26	Extracranial study	$44.64	$44.64	0	0%	0%	0%	1	0	2	0	0	0		R
93880-TC	Extracranial study	$198.40	$198.40	0	0%	0%	0%	1	0	2	0	0	0		R
93882	Extracranial study	$161.70	$161.70	0	0%	0%	0%	1	0	0	0	0	0		R
93882-26	Extracranial study	$30.26	$30.26	0	0%	0%	0%	1	0	0	0	0	0		R
93882-TC	Extracranial study	$131.94	$131.94	0	0%	0%	0%	1	0	0	0	0	0		R
93886	Intracranial study	$292.64	$292.64	0	0%	0%	0%	1	0	0	0	0	0		R
93886-26	Intracranial study	$68.45	$68.45	0	0%	0%	0%	1	0	0	0	0	0		R
93886-TC	Intracranial study	$224.19	$224.19	0	0%	0%	0%	1	0	0	0	0	0		R
93888	Intracranial study	$195.42	$195.42	0	0%	0%	0%	1	0	0	0	0	0		R
93888-26	Intracranial study	$45.14	$45.14	0	0%	0%	0%	1	0	0	0	0	0		R
93888-TC	Intracranial study	$150.29	$150.29	0	0%	0%	0%	1	0	0	0	0	0		R
93922	Extremity study	$81.84	$81.84	0	0%	0%	0%	1	0	2	0	0	0		R
93922-26	Extremity study	$19.84	$19.84	0	0%	0%	0%	1	0	2	0	0	0		R
93922-TC	Extremity study	$62.00	$62.00	0	0%	0%	0%	1	0	2	0	0	0		R
93923	Extremity study	$153.26	$153.26	0	0%	0%	0%	1	0	2	0	0	0		R
93923-26	Extremity study	$36.70	$36.70	0	0%	0%	0%	1	0	2	0	0	0		R
93923-TC	Extremity study	$116.56	$116.56	0	0%	0%	0%	1	0	2	0	0	0		R
93924	Extremity study	$168.14	$168.14	0	0%	0%	0%	1	0	2	0	0	0		R
93924-26	Extremity study	$41.17	$41.17	0	0%	0%	0%	1	0	2	0	0	0		R
93924-TC	Extremity study	$127.47	$127.47	0	0%	0%	0%	1	0	2	0	0	0		R
93925	Lower extremity study	$242.54	$242.54	0	0%	0%	0%	1	0	2	0	0	0		R
93925-26	Lower extremity study	$43.15	$43.15	0	0%	0%	0%	1	0	2	0	0	0		R
93925-TC	Lower extremity study	$199.39	$199.39	0	0%	0%	0%	1	0	2	0	0	0		R
93926	Lower extremity study	$162.19	$162.19	0	0%	0%	0%	1	0	0	0	0	0		R
93926-26	Lower extremity study	$29.26	$29.26	0	0%	0%	0%	1	0	0	0	0	0		R
93926-TC	Lower extremity study	$132.93	$132.93	0	0%	0%	0%	1	0	0	0	0	0		R
93930	Upper extremity study	$247.01	$247.01	0	0%	0%	0%	1	0	2	0	0	0		R
93930-26	Upper extremity study	$35.22	$35.22	0	0%	0%	0%	1	0	2	0	0	0		R
93930-TC	Upper extremity study	$211.79	$211.79	0	0%	0%	0%	1	0	2	0	0	0		R

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93931	Upper extremity study	$164.18	$164.18	0	0%	0%	0%	1	0	0	0	0	0		R
93931-26	Upper extremity study	$23.31	$23.31	0	0%	0%	0%	1	0	0	0	0	0		R
93931-TC	Upper extremity study	$140.37	$140.37	0	0%	0%	0%	1	0	0	0	0	0		R
93965	Extremity study	$86.80	$86.80	0	0%	0%	0%	1	0	2	0	0	0		R
93965-26	Extremity study	$27.78	$27.78	0	0%	0%	0%	1	0	2	0	0	0		R
93965-TC	Extremity study	$59.02	$59.02	0	0%	0%	0%	1	0	2	0	0	0		R
93970	Extremity study	$270.32	$270.32	0	0%	0%	0%	1	0	2	0	0	0		R
93970-26	Extremity study	$50.10	$50.10	0	0%	0%	0%	1	0	2	0	0	0		R
93970-TC	Extremity study	$220.22	$220.22	0	0%	0%	0%	1	0	2	0	0	0		R
93971	Extremity study	$179.55	$179.55	0	0%	0%	0%	1	0	0	0	0	0		R
93971-26	Extremity study	$32.74	$32.74	0	0%	0%	0%	1	0	0	0	0	0		R
93971-TC	Extremity study	$146.82	$146.82	0	0%	0%	0%	1	0	0	0	0	0		R
93975	Vascular study	$372.99	$372.99	0	0%	0%	0%	1	0	0	0	0	0		R
93975-26	Vascular study	$122.51	$122.51	0	0%	0%	0%	1	0	0	0	0	0		R
93975-TC	Vascular study	$250.48	$250.48	0	0%	0%	0%	1	0	0	0	0	0		R
93976	Vascular study	$248.50	$248.50	0	0%	0%	0%	1	0	0	0	0	0		R
93976-26	Vascular study	$81.84	$81.84	0	0%	0%	0%	1	0	0	0	0	0		R
93976-TC	Vascular study	$167.15	$167.15	0	0%	0%	0%	1	0	0	0	0	0		R
93978	Vascular study	$253.46	$253.46	0	0%	0%	0%	1	0	0	0	0	0		R
93978-26	Vascular study	$48.11	$48.11	0	0%	0%	0%	1	0	0	0	0	0		R
93978-TC	Vascular study	$205.34	$205.34	0	0%	0%	0%	1	0	0	0	0	0		R
93979	Vascular study	$169.63	$169.63	0	0%	0%	0%	1	0	0	0	0	0		R
93979-26	Vascular study	$32.74	$32.74	0	0%	0%	0%	1	0	0	0	0	0		R
93979-TC	Vascular study	$136.90	$136.90	0	0%	0%	0%	1	0	0	0	0	0		R
93980	Penile vascular study	$278.75	$278.75	0	0%	0%	0%	1	0	0	0	0	0		R
93980-26	Penile vascular study	$92.26	$92.26	0	0%	0%	0%	1	0	0	0	0	0		R
93980-TC	Penile vascular study	$186.50	$186.50	0	0%	0%	0%	1	0	0	0	0	0		R
93981	Penile vascular study	$205.84	$205.84	0	0%	0%	0%	1	0	0	0	0	0		R
93981-26	Penile vascular study	$33.73	$33.73	0	0%	0%	0%	1	0	0	0	0	0		R
93981-TC	Penile vascular study	$171.62	$171.62	0	0%	0%	0%	1	0	0	0	0	0		R
93990	Doppler flow testing	$152.77	$152.77	0	0%	0%	0%	1	0	0	0	0	0		R
93990-26	Doppler flow testing	$19.34	$19.34	0	0%	0%	0%	1	0	0	0	0	0		R
93990-TC	Doppler flow testing	$132.93	$132.93	0	0%	0%	0%	1	0	0	0	0	0		R
94010	Breathing capacity test	$48.11	$48.11	0	0%	0%	0%	1	0	0	0	0	0		R
94010-26	Breathing capacity test	$14.38	$14.38	0	0%	0%	0%	1	0	0	0	0	0		R
94010-TC	Breathing capacity test	$33.73	$33.73	0	0%	0%	0%	1	0	0	0	0	0		R
94014	Patient recorded spirometry	$52.08	$52.08	0	0%	0%	0%	4	0	0	0	0	0		R
94015	Patient recorded spirometry	$17.36	$17.36	0	0%	0%	0%	3	0	0	0	0	0		R
94016	Review patient spirometry	$34.72	$34.72	0	0%	0%	0%	2	0	0	0	0	0		R
94060	Evaluation of wheezing	$78.86	$78.86	0	0%	0%	0%	1	0	0	0	0	0		R

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94060-26	Evaluation of wheezing	$24.30	$24.30	0	0%	0%	0%	1	0	0	0	0	0		R
94060-TC	Evaluation of wheezing	$54.56	$54.56	0	0%	0%	0%	1	0	0	0	0	0		R
94070	Evaluation of wheezing	$198.90	$198.90	0	0%	0%	0%	1	0	0	0	0	0		R
94070-26	Evaluation of wheezing	$42.16	$42.16	0	0%	0%	0%	1	0	0	0	0	0		R
94070-TC	Evaluation of wheezing	$156.24	$156.24	0	0%	0%	0%	1	0	0	0	0	0		R
94150	Vital capacity test	Bundled	Bundled	0	0%	0%	0%	1	9	9	9	9	9		B
94150-26	Vital capacity test	Bundled	Bundled	0	0%	0%	0%	1	9	9	9	9	9		B
94150-TC	Vital capacity test	Bundled	Bundled	0	0%	0%	0%	1	9	9	9	9	9		B
94200	Lung function test (MBC/MVV)	$23.81	$23.81	0	0%	0%	0%	1	0	0	0	0	0		R
94200-26	Lung function test (MBC/MVV)	$8.93	$8.93	0	0%	0%	0%	1	0	0	0	0	0		R
94200-TC	Lung function test (MBC/MVV)	$14.88	$14.88	0	0%	0%	0%	1	0	0	0	0	0		R
94240	Residual lung capacity	$78.37	$78.37	0	0%	0%	0%	1	0	0	0	0	0		R
94240-26	Residual lung capacity	$19.34	$19.34	0	0%	0%	0%	1	0	0	0	0	0		R
94240-TC	Residual lung capacity	$59.02	$59.02	0	0%	0%	0%	1	0	0	0	0	0		R
94250	Expired gas collection	$33.73	$33.73	0	0%	0%	0%	1	0	0	0	0	0		R
94250-26	Expired gas collection	$8.93	$8.93	0	0%	0%	0%	1	0	0	0	0	0		R
94250-TC	Expired gas collection	$24.80	$24.80	0	0%	0%	0%	1	0	0	0	0	0		R
94260	Thoracic gas volume	$31.25	$31.25	0	0%	0%	0%	1	0	0	0	0	0		R
94260-26	Thoracic gas volume	$10.42	$10.42	0	0%	0%	0%	1	0	0	0	0	0		R
94260-TC	Thoracic gas volume	$21.33	$21.33	0	0%	0%	0%	1	0	0	0	0	0		R
94350	Lung nitrogen washout curve	$68.45	$68.45	0	0%	0%	0%	1	0	0	0	0	0		R
94350-26	Lung nitrogen washout curve	$19.34	$19.34	0	0%	0%	0%	1	0	0	0	0	0		R
94350-TC	Lung nitrogen washout curve	$49.10	$49.10	0	0%	0%	0%	1	0	0	0	0	0		R
94360	Measure airflow resistance	$54.06	$54.06	0	0%	0%	0%	1	0	0	0	0	0		R
94360-26	Measure airflow resistance	$18.85	$18.85	0	0%	0%	0%	1	0	0	0	0	0		R
94360-TC	Measure airflow resistance	$35.71	$35.71	0	0%	0%	0%	1	0	0	0	0	0		R
94370	Breath airway closing volume	$112.59	$112.59	0	0%	0%	0%	1	0	0	0	0	0		R
94370-26	Breath airway closing volume	$18.35	$18.35	0	0%	0%	0%	1	0	0	0	0	0		R
94370-TC	Breath airway closing volume	$94.74	$94.74	0	0%	0%	0%	1	0	0	0	0	0		R
94375	Respiratory flow volume loop	$43.15	$43.15	0	0%	0%	0%	1	0	0	0	0	0		R
94375-26	Respiratory flow volume loop	$22.32	$22.32	0	0%	0%	0%	1	0	0	0	0	0		R
94375-TC	Respiratory flow volume loop	$20.83	$20.83	0	0%	0%	0%	1	0	0	0	0	0		R
94400	CO2 breathing response curve	$64.48	$64.48	0	0%	0%	0%	1	0	0	0	0	0		R
94400-26	CO2 breathing response curve	$31.74	$31.74	0	0%	0%	0%	1	0	0	0	0	0		R
94400-TC	CO2 breathing response curve	$33.23	$33.23	0	0%	0%	0%	1	0	0	0	0	0		R
94450	Hypoxia response curve	$59.52	$59.52	0	0%	0%	0%	1	0	0	0	0	0		R
94450-26	Hypoxia response curve	$27.28	$27.28	0	0%	0%	0%	1	0	0	0	0	0		R
94450-TC	Hypoxia response curve	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
94620	Pulmonary stress test/simple	$149.30	$149.30	0	0%	0%	0%	1	0	0	0	0	0		R
94620-26	Pulmonary stress test/simple	$49.10	$49.10	0	0%	0%	0%	1	0	0	0	0	0		R

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94620-TC	Pulmonary stress test/simple	$100.19	$100.19	0	0%	0%	0%	1	0	0	0	0	0		R
94621	Pulm stress test/complex	$182.53	$182.53	0	0%	0%	0%	1	0	0	0	0	0		R
94621-26	Pulm stress test/complex	$97.71	$97.71	0	0%	0%	0%	1	0	0	0	0	0		R
94621-TC	Pulm stress test/complex	$84.82	$84.82	0	0%	0%	0%	1	0	0	0	0	0		R
94640	Airway inhalation treatment	$31.25	$14.38	0	0%	0%	0%	5	0	0	0	0	0		R
94642	Aerosol inhalation treatment	By Report	By Report	0	0%	0%	0%	5	0	0	0	0	0		N
94650	Pressure breathing (IPPB)	Not Covered	Not Covered	0	0%	0%	0%	5	0	0	0	0	0		X
94651	Pressure breathing (IPPB)	Not Covered	Not Covered	0	0%	0%	0%	5	0	0	0	0	0		X
94652	Pressure breathing (IPPB)	Not Covered	Not Covered	0	0%	0%	0%	5	0	0	0	0	0		X
94656	Initial ventilator mgmt	$89.78	$89.78	0	0%	0%	0%	0	0	0	0	0	0		R
94657	Continued ventilator mgmt	$60.02	$60.02	0	0%	0%	0%	0	0	0	0	0	0		R
94660	Pos airway pressure, CPAP	$72.91	$57.04	0	0%	0%	0%	0	0	0	0	0	0		R
94662	Neg press ventilation, cnp	$51.09	$51.09	0	0%	0%	0%	0	0	0	0	0	0		R
94664	Aerosol or vapor inhalations	$26.78	$14.38	0	0%	0%	0%	5	0	0	0	0	0		R
94665	Aerosol or vapor inhalations	$27.28	$13.89	0	0%	0%	0%	5	0	0	0	0	0		R
94667	Chest wall manipulation	$39.68	$18.85	0	0%	0%	0%	5	0	0	0	0	0		R
94668	Chest wall manipulation	$31.25	$13.89	0	0%	0%	0%	5	0	0	0	0	0		R
94680	Exhaled air analysis, o2	$56.05	$56.05	0	0%	0%	0%	1	0	0	0	0	0		R
94680-26	Exhaled air analysis, o2	$20.83	$20.83	0	0%	0%	0%	1	0	0	0	0	0		R
94680-TC	Exhaled air analysis, o2	$35.71	$35.71	0	0%	0%	0%	1	0	0	0	0	0		R
94681	Exhaled air analysis, o2/co2	$99.20	$99.20	0	0%	0%	0%	1	0	0	0	0	0		R
94681-26	Exhaled air analysis, o2/co2	$15.87	$15.87	0	0%	0%	0%	1	0	0	0	0	0		R
94681-TC	Exhaled air analysis, o2/co2	$83.33	$83.33	0	0%	0%	0%	1	0	0	0	0	0		R
94690	Exhaled air analysis	$33.73	$33.73	0	0%	0%	0%	1	0	0	0	0	0		R
94690-26	Exhaled air analysis	$5.46	$5.46	0	0%	0%	0%	1	0	0	0	0	0		R
94690-TC	Exhaled air analysis	$28.27	$28.27	0	0%	0%	0%	1	0	0	0	0	0		R
94720	Monoxide diffusing capacity	$81.34	$81.34	0	0%	0%	0%	1	0	0	0	0	0		R
94720-26	Monoxide diffusing capacity	$19.34	$19.34	0	0%	0%	0%	1	0	0	0	0	0		R
94720-TC	Monoxide diffusing capacity	$62.00	$62.00	0	0%	0%	0%	1	0	0	0	0	0		R
94725	Membrane diffusion capacity	$72.91	$72.91	0	0%	0%	0%	1	0	0	0	0	0		R
94725-26	Membrane diffusion capacity	$18.85	$18.85	0	0%	0%	0%	1	0	0	0	0	0		R
94725-TC	Membrane diffusion capacity	$54.56	$54.56	0	0%	0%	0%	1	0	0	0	0	0		R
94750	Pulmonary compliance study	$158.22	$158.22	0	0%	0%	0%	1	0	0	0	0	0		R
94750-26	Pulmonary compliance study	$17.86	$17.86	0	0%	0%	0%	1	0	0	0	0	0		R
94750-TC	Pulmonary compliance study	$140.37	$140.37	0	0%	0%	0%	1	0	0	0	0	0		R
94760	Measure blood oxygen level	Bundled	Bundled	0	0%	0%	0%	3	0	0	0	0	0		B
94761	Measure blood oxygen level	Bundled	Bundled	0	0%	0%	0%	3	0	0	0	0	0		B
94762	Measure blood oxygen level	$22.32	$22.32	0	0%	0%	0%	3	0	0	0	0	0		R
94770	Exhaled carbon dioxide test	$44.14	$44.14	0	0%	0%	0%	1	0	0	0	0	0		R
94770-26	Exhaled carbon dioxide test	$10.91	$10.91	0	0%	0%	0%	1	0	0	0	0	0		R

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94770-TC	Exhaled carbon dioxide test	$33.23	$33.23	0	0%	0%	0%	1	0	0	0	0	0		R
94772	Breath recording, infant	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
94772-26	Breath recording, infant	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
94772-TC	Breath recording, infant	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
94799	Pulmonary service/procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
94799-26	Pulmonary service/procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
94799-TC	Pulmonary service/procedure	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
95004	Allergy skin tests	$5.46	$5.46	0	0%	0%	0%	5	0	0	0	0	0		R
95010	Sensitivity skin tests	$26.29	$11.41	0	0%	0%	0%	0	0	0	0	0	0		R
95015	Sensitivity skin tests	$27.78	$11.41	0	0%	0%	0%	0	0	0	0	0	0		R
95024	Allergy skin tests	$7.44	$7.44	0	0%	0%	0%	5	0	0	0	0	0		R
95027	Skin end point titration	$7.44	$7.44	0	0%	0%	0%	3	0	0	0	0	0		R
95028	Allergy skin tests	$11.90	$11.90	0	0%	0%	0%	3	0	0	0	0	0		R
95044	Allergy patch tests	$10.42	$10.42	0	0%	0%	0%	5	0	0	0	0	0		R
95052	Photo patch test	$12.90	$12.90	0	0%	0%	0%	5	0	0	0	0	0		R
95056	Photosensitivity tests	$8.93	$7.94	0	0%	0%	0%	5	0	0	0	0	0		R
95060	Eye allergy tests	$18.35	$18.35	0	0%	0%	0%	3	0	0	0	0	0		R
95065	Nose allergy test	$10.42	$9.42	0	0%	0%	0%	3	0	0	0	0	0		R
95070	Bronchial allergy tests	$115.57	$115.57	0	0%	0%	0%	3	0	0	0	0	0		R
95071	Bronchial allergy tests	$147.81	$147.81	0	0%	0%	0%	3	0	0	0	0	0		R
95075	Ingestion challenge test	$108.13	$77.38	0	0%	0%	0%	0	0	0	0	0	0		R
95078	Provocative testing	$13.39	$13.39	0	0%	0%	0%	3	0	0	0	0	0		R
95115	Immunotherapy, one injection	$20.34	$20.34	0	0%	0%	0%	5	0	0	0	0	0		R
95117	Immunotherapy injections	$26.29	$26.29	0	0%	0%	0%	5	0	0	0	0	0		R
95120	Immunotherapy, one injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
95125	Immunotherapy, many antigens	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
95130	Immunotherapy, insect venom	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
95131	Immunotherapy, insect venoms	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
95132	Immunotherapy, insect venoms	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
95133	Immunotherapy, insect venoms	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
95134	Immunotherapy, insect venoms	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
95144	Antigen therapy services	$14.38	$5.46	0	0%	0%	0%	0	0	0	0	0	0		R
95145	Antigen therapy services	$26.78	$6.94	0	0%	0%	0%	0	0	0	0	0	0		R
95146	Antigen therapy services	$34.22	$8.43	0	0%	0%	0%	0	0	0	0	0	0		R
95147	Antigen therapy services	$48.11	$10.42	0	0%	0%	0%	0	0	0	0	0	0		R
95148	Antigen therapy services	$47.12	$10.91	0	0%	0%	0%	0	0	0	0	0	0		R
95149	Antigen therapy services	$57.54	$11.90	0	0%	0%	0%	0	0	0	0	0	0		R
95165	Antigen therapy services	$12.40	$4.96	0	0%	0%	0%	0	0	0	0	0	0		R
95170	Antigen therapy services	$18.35	$6.45	0	0%	0%	0%	0	0	0	0	0	0		R
95180	Rapid desensitization	$166.16	$133.92	0	0%	0%	0%	0	0	0	0	0	0		R

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95199	Allergy immunology services	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
95805	Multiple sleep latency test	$468.72	$468.72	0	0%	0%	0%	1	0	0	0	0	0		R
95805-26	Multiple sleep latency test	$127.47	$127.47	0	0%	0%	0%	1	0	0	0	0	0		R
95805-TC	Multiple sleep latency test	$341.25	$341.25	0	0%	0%	0%	1	0	0	0	0	0		R
95806	Sleep study, unattended	$256.43	$248.00	0	0%	0%	0%	1	0	0	0	0	0		R
95806-26	Sleep study, unattended	$137.39	$128.96	0	0%	0%	0%	1	0	0	0	0	0		R
95806-TC	Sleep study, unattended	$119.04	$119.04	0	0%	0%	0%	1	0	0	0	0	0		R
95807	Sleep study, attended	$615.04	$615.04	0	0%	0%	0%	1	0	0	0	0	0		R
95807-26	Sleep study, attended	$128.46	$128.46	0	0%	0%	0%	1	0	0	0	0	0		R
95807-TC	Sleep study, attended	$486.58	$486.58	0	0%	0%	0%	1	0	0	0	0	0		R
95808	Polysomnography, 1-3	$924.54	$924.54	0	0%	0%	0%	1	0	0	0	0	0		R
95808-26	Polysomnography, 1-3	$201.38	$201.38	0	0%	0%	0%	1	0	0	0	0	0		R
95808-TC	Polysomnography, 1-3	$722.67	$722.67	0	0%	0%	0%	1	0	0	0	0	0		R
95810	Polysomnography, 4 or more	$884.37	$884.37	0	0%	0%	0%	1	0	0	0	0	0		R
95810-26	Polysomnography, 4 or more	$256.43	$256.43	0	0%	0%	0%	1	0	0	0	0	0		R
95810-TC	Polysomnography, 4 or more	$627.94	$627.94	0	0%	0%	0%	1	0	0	0	0	0		R
95811	Polysomnography w/cpap	$859.07	$859.07	0	0%	0%	0%	1	0	0	0	0	0		R
95811-26	Polysomnography w/cpap	$274.78	$274.78	0	0%	0%	0%	1	0	0	0	0	0		R
95811-TC	Polysomnography w/cpap	$584.29	$584.29	0	0%	0%	0%	1	0	0	0	0	0		R
95812	Electroencephalogram (EEG)	$210.80	$210.80	0	0%	0%	0%	1	0	0	0	0	0		R
95812-26	Electroencephalogram (EEG)	$78.37	$78.37	0	0%	0%	0%	1	0	0	0	0	0		R
95812-TC	Electroencephalogram (EEG)	$132.43	$132.43	0	0%	0%	0%	1	0	0	0	0	0		R
95813	Electroencephalogram (EEG)	$288.67	$288.67	0	0%	0%	0%	1	0	0	0	0	0		R
95813-26	Electroencephalogram (EEG)	$120.53	$120.53	0	0%	0%	0%	1	0	0	0	0	0		R
95813-TC	Electroencephalogram (EEG)	$167.65	$167.65	0	0%	0%	0%	1	0	0	0	0	0		R
95816	Electroencephalogram (EEG)	$196.91	$196.91	0	0%	0%	0%	1	0	0	0	0	0		R
95816-26	Electroencephalogram (EEG)	$75.89	$75.89	0	0%	0%	0%	1	0	0	0	0	0		R
95816-TC	Electroencephalogram (EEG)	$121.02	$121.02	0	0%	0%	0%	1	0	0	0	0	0		R
95819	Electroencephalogram (EEG)	$218.74	$218.74	0	0%	0%	0%	1	0	0	0	0	0		R
95819-26	Electroencephalogram (EEG)	$78.86	$78.86	0	0%	0%	0%	1	0	0	0	0	0		R
95819-TC	Electroencephalogram (EEG)	$139.38	$139.38	0	0%	0%	0%	1	0	0	0	0	0		R
95822	Sleep electroencephalogram	$182.03	$182.03	0	0%	0%	0%	1	0	0	0	0	0		R
95822-26	Sleep electroencephalogram	$79.86	$79.86	0	0%	0%	0%	1	0	0	0	0	0		R
95822-TC	Sleep electroencephalogram	$102.18	$102.18	0	0%	0%	0%	1	0	0	0	0	0		R
95824	Electroencephalography	$78.37	$78.37	0	0%	0%	0%	2	0	0	0	0	0		R
95827	Night electroencephalogram	$201.87	$201.87	0	0%	0%	0%	1	0	0	0	0	0		R
95827-26	Night electroencephalogram	$82.34	$82.34	0	0%	0%	0%	1	0	0	0	0	0		R
95827-TC	Night electroencephalogram	$120.03	$120.03	0	0%	0%	0%	1	0	0	0	0	0		R
95829	Surgery electrocorticogram	$1,393.76	$1,393.76	0	0%	0%	0%	1	0	0	0	0	0		R
95829-26	Surgery electrocorticogram	$398.29	$398.29	0	0%	0%	0%	1	0	0	0	0	0		R

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95829-TC	Surgery electrocorticogram	$995.47	$995.47	0	0%	0%	0%	1	0	0	0	0	0		R
95830	Insert electrodes for EEG	$218.74	$124.99	0	0%	0%	0%	0	0	0	0	0	0		R
95831	Limb muscle testing, manual	$35.71	$21.33	0	0%	0%	0%	0	0	0	0	0	0		R
95832	Hand muscle testing, manual	$34.22	$20.83	0	0%	0%	0%	0	0	0	0	0	0		R
95833	Body muscle testing, manual	$49.60	$35.22	0	0%	0%	0%	0	0	0	0	0	0		R
95834	Body muscle testing, manual	$62.00	$45.14	0	0%	0%	0%	0	0	0	0	0	0		R
95851	Range of motion measurements	$31.25	$12.90	0	0%	0%	0%	0	0	0	0	0	0		R
95852	Range of motion measurements	$23.81	$8.93	0	0%	0%	0%	0	0	0	0	0	0		R
95857	Tensilon test	$57.04	$39.18	0	0%	0%	0%	0	0	0	0	0	0		R
95858	Tensilon test & myogram	$134.91	$134.91	0	0%	0%	0%	1	0	0	0	0	0		R
95858-26	Tensilon test & myogram	$113.58	$113.58	0	0%	0%	0%	1	0	0	0	0	0		R
95858-TC	Tensilon test & myogram	$21.33	$21.33	0	0%	0%	0%	1	0	0	0	0	0		R
95860	Muscle test, one limb	$106.14	$106.14	0	0%	0%	0%	1	0	0	0	0	0		R
95860-26	Muscle test, one limb	$74.90	$74.90	0	0%	0%	0%	1	0	0	0	0	0		R
95860-TC	Muscle test, one limb	$31.25	$31.25	0	0%	0%	0%	1	0	0	0	0	0		R
95861	Muscle test, two limbs	$160.70	$160.70	0	0%	0%	0%	1	0	0	0	0	0		R
95861-26	Muscle test, two limbs	$121.52	$121.52	0	0%	0%	0%	1	0	0	0	0	0		R
95861-TC	Muscle test, two limbs	$39.18	$39.18	0	0%	0%	0%	1	0	0	0	0	0		R
95863	Muscle test, 3 limbs	$193.94	$193.94	0	0%	0%	0%	1	0	0	0	0	0		R
95863-26	Muscle test, 3 limbs	$144.83	$144.83	0	0%	0%	0%	1	0	0	0	0	0		R
95863-TC	Muscle test, 3 limbs	$49.10	$49.10	0	0%	0%	0%	1	0	0	0	0	0		R
95864	Muscle test, 4 limbs	$251.47	$251.47	0	0%	0%	0%	1	0	0	0	0	0		R
95864-26	Muscle test, 4 limbs	$158.22	$158.22	0	0%	0%	0%	1	0	0	0	0	0		R
95864-TC	Muscle test, 4 limbs	$93.74	$93.74	0	0%	0%	0%	1	0	0	0	0	0		R
95867	Muscle test, head or neck	$92.26	$92.26	0	0%	0%	0%	1	0	0	0	0	0		R
95867-26	Muscle test, head or neck	$61.50	$61.50	0	0%	0%	0%	1	0	0	0	0	0		R
95867-TC	Muscle test, head or neck	$30.75	$30.75	0	0%	0%	0%	1	0	0	0	0	0		R
95868	Muscle test, head or neck	$132.93	$132.93	0	0%	0%	0%	1	0	2	0	0	0		R
95868-26	Muscle test, head or neck	$96.72	$96.72	0	0%	0%	0%	1	0	2	0	0	0		R
95868-TC	Muscle test, head or neck	$36.70	$36.70	0	0%	0%	0%	1	0	2	0	0	0		R
95869	Muscle test, thor paraspinal	$40.67	$40.67	0	0%	0%	0%	1	0	0	0	0	0		R
95869-26	Muscle test, thor paraspinal	$29.76	$29.76	0	0%	0%	0%	1	0	0	0	0	0		R
95869-TC	Muscle test, thor paraspinal	$11.41	$11.41	0	0%	0%	0%	1	0	0	0	0	0		R
95870	Muscle test, nonparaspinal	$40.18	$40.18	0	0%	0%	0%	1	0	0	0	0	0		R
95870-26	Muscle test, nonparaspinal	$29.26	$29.26	0	0%	0%	0%	1	0	0	0	0	0		R
95870-TC	Muscle test, nonparaspinal	$11.41	$11.41	0	0%	0%	0%	1	0	0	0	0	0		R
95872	Muscle test, one fiber	$141.36	$141.36	0	0%	0%	0%	1	0	0	0	0	0		R
95872-26	Muscle test, one fiber	$109.12	$109.12	0	0%	0%	0%	1	0	0	0	0	0		R
95872-TC	Muscle test, one fiber	$32.24	$32.24	0	0%	0%	0%	1	0	0	0	0	0		R
95875	Limb exercise test	$126.98	$126.98	0	0%	0%	0%	1	0	0	0	0	0		R

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95875-26	Limb exercise test	$91.26	$91.26	0	0%	0%	0%	1	0	0	0	0	0		R
95875-TC	Limb exercise test	$35.71	$35.71	0	0%	0%	0%	1	0	0	0	0	0		R
95900	Motor nerve conduction test	$57.04	$57.04	0	0%	0%	0%	1	0	0	0	0	0		R
95900-26	Motor nerve conduction test	$33.23	$33.23	0	0%	0%	0%	1	0	0	0	0	0		R
95900-TC	Motor nerve conduction test	$23.81	$23.81	0	0%	0%	0%	1	0	0	0	0	0		R
95903	Motor nerve conduction test	$58.53	$58.53	0	0%	0%	0%	1	0	0	0	0	0		R
95903-26	Motor nerve conduction test	$45.14	$45.14	0	0%	0%	0%	1	0	0	0	0	0		R
95903-TC	Motor nerve conduction test	$13.39	$13.39	0	0%	0%	0%	1	0	0	0	0	0		R
95904	Sense/mixed n conduction tst	$49.10	$49.10	0	0%	0%	0%	1	0	0	0	0	0		R
95904-26	Sense/mixed n conduction tst	$27.78	$27.78	0	0%	0%	0%	1	0	0	0	0	0		R
95904-TC	Sense/mixed n conduction tst	$21.33	$21.33	0	0%	0%	0%	1	0	0	0	0	0		R
95920	Intraop nerve test add-on	$232.62	$232.62	0	0%	0%	0%	1	0	0	0	0	0		R
95920-26	Intraop nerve test add-on	$164.67	$164.67	0	0%	0%	0%	1	0	0	0	0	0		R
95920-TC	Intraop nerve test add-on	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
95921	Autonomic nerv function test	$82.34	$82.34	0	0%	0%	0%	1	0	0	0	0	0		R
95921-26	Autonomic nerv function test	$62.50	$62.50	0	0%	0%	0%	1	0	0	0	0	0		R
95921-TC	Autonomic nerv function test	$19.84	$19.84	0	0%	0%	0%	1	0	0	0	0	0		R
95922	Autonomic nerv function test	$88.78	$88.78	0	0%	0%	0%	1	0	0	0	0	0		R
95922-26	Autonomic nerv function test	$68.94	$68.94	0	0%	0%	0%	1	0	0	0	0	0		R
95922-TC	Autonomic nerv function test	$19.84	$19.84	0	0%	0%	0%	1	0	0	0	0	0		R
95923	Autonomic nerv function test	$153.26	$153.26	0	0%	0%	0%	1	0	0	0	0	0		R
95923-26	Autonomic nerv function test	$64.48	$64.48	0	0%	0%	0%	1	0	0	0	0	0		R
95923-TC	Autonomic nerv function test	$88.78	$88.78	0	0%	0%	0%	1	0	0	0	0	0		R
95925	Somatosensory testing	$92.26	$92.26	0	0%	0%	0%	1	0	2	0	0	0		R
95925-26	Somatosensory testing	$44.64	$44.64	0	0%	0%	0%	1	0	2	0	0	0		R
95925-TC	Somatosensory testing	$47.62	$47.62	0	0%	0%	0%	1	0	2	0	0	0		R
95926	Somatosensory testing	$92.26	$92.26	0	0%	0%	0%	1	0	2	0	0	0		R
95926-26	Somatosensory testing	$44.64	$44.64	0	0%	0%	0%	1	0	2	0	0	0		R
95926-TC	Somatosensory testing	$47.62	$47.62	0	0%	0%	0%	1	0	2	0	0	0		R
95927	Somatosensory testing	$93.74	$93.74	0	0%	0%	0%	1	0	0	0	0	0		R
95927-26	Somatosensory testing	$46.13	$46.13	0	0%	0%	0%	1	0	0	0	0	0		R
95927-TC	Somatosensory testing	$47.62	$47.62	0	0%	0%	0%	1	0	0	0	0	0		R
95930	Visual evoked potential test	$55.55	$55.55	0	0%	0%	0%	1	0	2	0	0	0		R
95930-26	Visual evoked potential test	$31.25	$31.25	0	0%	0%	0%	1	0	2	0	0	0		R
95930-TC	Visual evoked potential test	$24.30	$24.30	0	0%	0%	0%	1	0	2	0	0	0		R
95933	Blink reflex test	$87.30	$87.30	0	0%	0%	0%	1	0	0	0	0	0		R
95933-26	Blink reflex test	$45.63	$45.63	0	0%	0%	0%	1	0	0	0	0	0		R
95933-TC	Blink reflex test	$41.66	$41.66	0	0%	0%	0%	1	0	0	0	0	0		R
95934	H-reflex test	$50.59	$50.59	0	0%	0%	0%	1	0	1	0	0	0		R
95934-26	H-reflex test	$39.18	$39.18	0	0%	0%	0%	1	0	1	0	0	0		R

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95934-TC	H-reflex test	$11.41	$11.41	0	0%	0%	0%	1	0	1	0	0	0		R
95936	H-reflex test	$53.07	$53.07	0	0%	0%	0%	1	0	1	0	0	0		R
95936-26	H-reflex test	$41.66	$41.66	0	0%	0%	0%	1	0	1	0	0	0		R
95936-TC	H-reflex test	$11.41	$11.41	0	0%	0%	0%	1	0	1	0	0	0		R
95937	Neuromuscular junction test	$66.96	$66.96	0	0%	0%	0%	1	0	0	0	0	0		R
95937-26	Neuromuscular junction test	$49.10	$49.10	0	0%	0%	0%	1	0	0	0	0	0		R
95937-TC	Neuromuscular junction test	$17.86	$17.86	0	0%	0%	0%	1	0	0	0	0	0		R
95950	Ambulatory eeg monitoring	$331.82	$331.82	0	0%	0%	0%	1	0	0	0	0	0		R
95950-26	Ambulatory eeg monitoring	$118.54	$118.54	0	0%	0%	0%	1	0	0	0	0	0		R
95950-TC	Ambulatory eeg monitoring	$213.28	$213.28	0	0%	0%	0%	1	0	0	0	0	0		R
95951	EEG monitoring/videorecord	$1,321.34	$1,321.34	0	0%	0%	0%	1	0	0	0	0	0		R
95951-26	EEG monitoring/videorecord	$420.61	$420.61	0	0%	0%	0%	1	0	0	0	0	0		R
95951-TC	EEG monitoring/videorecord	$900.74	$900.74	0	0%	0%	0%	1	0	0	0	0	0		R
95953	EEG monitoring/computer	$553.54	$553.54	0	0%	0%	0%	1	0	0	0	0	0		R
95953-26	EEG monitoring/computer	$221.71	$221.71	0	0%	0%	0%	1	0	0	0	0	0		R
95953-TC	EEG monitoring/computer	$332.32	$332.32	0	0%	0%	0%	1	0	0	0	0	0		R
95954	EEG monitoring/giving drugs	$320.42	$320.42	0	0%	0%	0%	1	0	0	0	0	0		R
95954-26	EEG monitoring/giving drugs	$188.98	$188.98	0	0%	0%	0%	1	0	0	0	0	0		R
95954-TC	EEG monitoring/giving drugs	$131.44	$131.44	0	0%	0%	0%	1	0	0	0	0	0		R
95955	EEG during surgery	$182.53	$182.53	0	0%	0%	0%	1	0	0	0	0	0		R
95955-26	EEG during surgery	$78.37	$78.37	0	0%	0%	0%	1	0	0	0	0	0		R
95955-TC	EEG during surgery	$104.16	$104.16	0	0%	0%	0%	1	0	0	0	0	0		R
95956	Eeg monitoring, cable/radio	$1,446.83	$1,446.83	0	0%	0%	0%	1	0	0	0	0	0		R
95956-26	Eeg monitoring, cable/radio	$226.18	$226.18	0	0%	0%	0%	1	0	0	0	0	0		R
95956-TC	Eeg monitoring, cable/radio	$1,220.66	$1,220.66	0	0%	0%	0%	1	0	0	0	0	0		R
95957	EEG digital analysis	$230.64	$230.64	0	0%	0%	0%	1	0	0	0	0	0		R
95957-26	EEG digital analysis	$140.86	$140.86	0	0%	0%	0%	1	0	0	0	0	0		R
95957-TC	EEG digital analysis	$89.78	$89.78	0	0%	0%	0%	1	0	0	0	0	0		R
95958	EEG monitoring/function test	$419.12	$419.12	0	0%	0%	0%	1	0	0	0	0	0		R
95958-26	EEG monitoring/function test	$327.36	$327.36	0	0%	0%	0%	1	0	0	0	0	0		R
95958-TC	EEG monitoring/function test	$91.76	$91.76	0	0%	0%	0%	1	0	0	0	0	0		R
95961	Electrode stimulation, brain	$290.16	$290.16	0	0%	0%	0%	1	0	0	0	0	0		R
95961-26	Electrode stimulation, brain	$222.21	$222.21	0	0%	0%	0%	1	0	0	0	0	0		R
95961-TC	Electrode stimulation, brain	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
95962	Electrode stim, brain add-on	$304.54	$304.54	0	0%	0%	0%	1	0	0	0	0	0		R
95962-26	Electrode stim, brain add-on	$236.59	$236.59	0	0%	0%	0%	1	0	0	0	0	0		R
95962-TC	Electrode stim, brain add-on	$67.95	$67.95	0	0%	0%	0%	1	0	0	0	0	0		R
95970	Analyze neurostim, no prog	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
95971	Analyze neurostim, simple	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
95972	Analyze neurostim, complex	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X

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95973	Analyze neurostim, complex	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
95974	Cranial neurostim, complex	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
95975	Cranial neurostim, complex	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
95999	Neurological procedure	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
96100	Psychological testing	$94.24	$94.24	0	0%	0%	0%	0	0	0	0	0	0		R
96105	Assessment of aphasia	$94.24	$94.24	0	0%	0%	0%	0	0	0	0	0	0		R
96110	Developmental test, lim	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
96111	Developmental test, extend	$94.24	$94.24	0	0%	0%	0%	0	0	0	0	0	0		R
96115	Neurobehavior status exam	$94.24	$94.24	0	0%	0%	0%	0	0	0	0	0	0		R
96117	Neuropsych test battery	$94.24	$94.24	0	0%	0%	0%	0	0	0	0	0	0		R
96400	Chemotherapy, sc/im	$6.94	$6.94	0	0%	0%	0%	5	0	0	0	0	0		R
96405	Intralesional chemo admin	$100.19	$38.19	0	0%	0%	0%	0	2	0	1	0	0		R
96406	Intralesional chemo admin	$142.85	$55.55	0	0%	0%	0%	0	2	0	1	0	0		R
96408	Chemotherapy, push technique	$50.59	$50.59	0	0%	0%	0%	5	0	0	0	0	0		R
96410	Chemotherapy,infusion method	$80.85	$80.85	0	0%	0%	0%	5	0	0	0	0	0		R
96412	Chemo, infuse method add-on	$60.02	$60.02	0	0%	0%	0%	5	0	0	0	0	0		R
96414	Chemo, infuse method add-on	$69.94	$69.94	0	0%	0%	0%	5	0	0	0	0	0		R
96420	Chemotherapy, push technique	$65.47	$65.47	0	0%	0%	0%	5	0	0	0	0	0		R
96422	Chemotherapy,infusion method	$64.48	$64.48	0	0%	0%	0%	5	0	0	0	0	0		R
96423	Chemo, infuse method add-on	$25.30	$25.30	0	0%	0%	0%	5	0	0	0	0	0		R
96425	Chemotherapy,infusion method	$74.90	$74.90	0	0%	0%	0%	5	0	0	0	0	0		R
96440	Chemotherapy, intracavitary	$431.52	$174.10	0	0%	0%	0%	0	0	0	0	0	0		R
96445	Chemotherapy, intracavitary	$436.98	$156.24	0	0%	0%	0%	0	0	0	0	0	0		R
96450	Chemotherapy, into CNS	$359.60	$134.42	0	0%	0%	0%	0	0	0	0	0	0		R
96520	Pump refilling, maintenance	$46.62	$46.62	0	0%	0%	0%	5	0	0	0	0	0		R
96530	Pump refilling, maintenance	$55.55	$55.55	0	0%	0%	0%	5	0	0	0	0	0		R
96542	Chemotherapy injection	$237.58	$100.69	0	0%	0%	0%	0	0	0	0	0	0		R
96545	Provide chemotherapy agent	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
96549	Chemotherapy, unspecified	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
96570	Photodynamic tx, 30 min	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	1	0	0		X
96571	Photodynamic tx, addl 15 min	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	1	0	0		X
96900	Ultraviolet light therapy	$20.83	$20.83	0	0%	0%	0%	5	0	0	0	0	0		R
96902	Trichogram	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
96910	Photochemotherapy with UV-B	$30.75	$30.75	0	0%	0%	0%	5	0	0	0	0	0		R
96912	Photochemotherapy with UV-A	$34.72	$34.72	0	0%	0%	0%	5	0	0	0	0	0		R
96913	Photochemotherapy, UV-A or B	$71.42	$71.42	0	0%	0%	0%	5	0	0	0	0	0		R
96999	Dermatological procedure	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
97001	Pt evaluation	$88.78	$85.81	0	0%	0%	0%	0	0	0	0	0	0		R
97002	Pt re-evaluation	$44.64	$41.66	0	0%	0%	0%	0	0	0	0	0	0		R
97003	Ot evaluation	$90.77	$77.87	0	0%	0%	0%	0	0	0	0	0	0		R

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97004	Ot re-evaluation	$46.62	$35.71	0	0%	0%	0%	0	0	0	0	0	0		R
97010	Hot or cold packs therapy	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
97012	Mechanical traction therapy	$25.79	$17.36	0	0%	0%	0%	0	0	0	0	0	0		R
97014	Electric stimulation therapy	$21.33	$13.39	0	0%	0%	0%	0	0	0	0	0	0		R
97016	Vasopneumatic device therapy	$22.32	$13.89	0	0%	0%	0%	0	0	0	0	0	0		R
97018	Paraffin bath therapy	$14.88	$6.94	0	0%	0%	0%	0	0	0	0	0	0		R
97020	Microwave therapy	$14.88	$6.45	0	0%	0%	0%	0	0	0	0	0	0		R
97022	Whirlpool therapy	$27.78	$12.90	0	0%	0%	0%	0	0	0	0	0	0		R
97024	Diathermy treatment	$15.38	$6.94	0	0%	0%	0%	0	0	0	0	0	0		R
97026	Infrared therapy	$14.38	$6.45	0	0%	0%	0%	0	0	0	0	0	0		R
97028	Ultraviolet therapy	$15.38	$7.44	0	0%	0%	0%	0	0	0	0	0	0		R
97032	Electrical stimulation	$25.30	$16.86	0	0%	0%	0%	0	0	0	0	0	0		R
97033	Electric current therapy	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
97034	Contrast bath therapy	$22.32	$13.89	0	0%	0%	0%	0	0	0	0	0	0		R
97035	Ultrasound therapy	$18.85	$13.89	0	0%	0%	0%	0	0	0	0	0	0		R
97036	Hydrotherapy	$30.75	$19.34	0	0%	0%	0%	0	0	0	0	0	0		R
97039	Physical therapy treatment	$23.81	$15.38	0	0%	0%	0%	0	0	0	0	0	0		R
97110	Therapeutic exercises	$32.24	$28.27	0	0%	0%	0%	0	0	0	0	0	0		R
97112	Neuromuscular reeducation	$35.71	$27.78	0	0%	0%	0%	0	0	0	0	0	0		R
97113	Aquatic therapy/exercises	$37.70	$28.77	0	0%	0%	0%	0	0	0	0	0	0		R
97116	Gait training therapy	$33.23	$24.30	0	0%	0%	0%	0	0	0	0	0	0		R
97124	Massage therapy	$29.76	$21.33	0	0%	0%	0%	0	0	0	0	0	0		R
97139	Physical medicine procedure	$22.32	$14.38	0	0%	0%	0%	0	0	0	0	0	0		R
97140	Manual therapy	$37.20	$25.79	0	0%	0%	0%	0	0	0	0	0	0		R
97150	Group therapeutic procedures	$27.28	$18.35	0	0%	0%	0%	0	0	0	0	0	0		R
97504	Orthotic training	$36.21	$28.27	0	0%	0%	0%	0	0	0	0	0	0		R
97520	Prosthetic training	$36.21	$27.78	0	0%	0%	0%	0	0	0	0	0	0		R
97530	Therapeutic activities	$31.25	$27.78	0	0%	0%	0%	0	0	0	0	0	0		R
97532	Cognitive skills development	$33.73	$25.79	0	0%	0%	0%	0	0	0	0	0	0		R
97533	Sensory integration	$36.70	$25.79	0	0%	0%	0%	0	0	0	0	0	0		R
97535	Self care mngment training	$36.21	$28.27	0	0%	0%	0%	0	0	0	0	0	0		R
97537	Community/work reintegration	$36.21	$27.78	0	0%	0%	0%	0	0	0	0	0	0		R
97542	Wheelchair mngment training	$24.80	$16.86	0	0%	0%	0%	0	0	0	0	0	0		R
97545	Work hardening	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
97546	Work hardening add-on	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
97601	Wound care selective	$50.59	$30.75	0	0%	0%	0%	0	9	9	9	9	9		R
97602	Wound care non-selective	$30.75	$50.59	0	0%	0%	0%	9	9	9	9	9	9		R
97703	Prosthetic checkout	$20.83	$17.36	0	0%	0%	0%	0	0	0	0	0	0		R
97750	Physical performance test	$35.22	$29.26	0	0%	0%	0%	0	0	0	0	0	0		R
97780	Acupuncture w/o stimul	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

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97781	Acupuncture w/stimul	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
97799	Physical medicine procedure	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
97802	Medical nutrition, indiv, in	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
97803	Med nutrition, indiv, subseq	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
97804	Medical nutrition, group	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
98925	Osteopathic manipulation	$40.67	$31.25	0	0%	0%	0%	0	0	0	0	0	0		R
98926	Osteopathic manipulation	$55.06	$47.62	0	0%	0%	0%	0	0	0	0	0	0		R
98927	Osteopathic manipulation	$68.45	$61.01	0	0%	0%	0%	0	0	0	0	0	0		R
98928	Osteopathic manipulation	$80.35	$71.42	0	0%	0%	0%	0	0	0	0	0	0		R
98929	Osteopathic manipulation	$89.78	$79.36	0	0%	0%	0%	0	0	0	0	0	0		R
98940	Chiropractic manipulation	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
98941	Chiropractic manipulation	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
98942	Chiropractic manipulation	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
98943	Chiropractic manipulation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99000	Specimen handling	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99001	Specimen handling	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99002	Device handling	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99024	Postop follow-up visit	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99025	Initial surgical evaluation	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99050	Medical services after hrs	$17.36	$17.36	0	0%	0%	0%	9	9	9	9	9	9		R
99052	Medical services at night	$24.80	$24.80	0	0%	0%	0%	9	9	9	9	9	9		R
99054	Medical servcs, unusual hrs	$24.80	$24.80	0	0%	0%	0%	9	9	9	9	9	9		R
99056	Non-office medical services	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99058	Office emergency care	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99070	Special supplies	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99071	Patient education materials	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99075	Medical testimony	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
99078	Group health education	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99080	Special reports or forms	$31.93	$31.93	0	0%	0%	0%	9	9	9	9	9	9		F
99082	Unusual physician travel	$13.97	$13.97	0	0%	0%	0%	0	0	0	0	0	0		F
99090	Computer data analysis	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99100	Special anesthesia service	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99116	Anesthesia with hypothermia	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99135	Special anesthesia procedure	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99140	Emergency anesthesia	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99141	Sedation, iv/im or inhalant	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99142	Sedation, oral/rectal/nasal	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
99170	Anogenital exam, child	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	1	0	0		X
99172	Ocular function screen	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
99173	Visual acuity screen	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B

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CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	C (26/	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
99175	Induction of vomiting	$73.41	$73.41	0	0%	0%	0%	5	0	0	0	0	0		R
99183	Hyperbaric oxygen therapy	$170.62	$170.62	0	0%	0%	0%	0	0	0	0	0	0		R
99185	Regional hypothermia	$33.23	$33.23	0	0%	0%	0%	5	0	0	0	0	0		R
99186	Total body hypothermia	$103.66	$103.66	0	0%	0%	0%	5	0	0	0	0	0		R
99190	Special pump services	$159.71	$159.71	0	0%	0%	0%	9	9	9	9	9	9		R
99191	Special pump services	$97.71	$97.71	0	0%	0%	0%	9	9	9	9	9	9		R
99192	Special pump services	$72.91	$72.91	0	0%	0%	0%	9	9	9	9	9	9		R
99195	Phlebotomy	$23.31	$23.31	0	0%	0%	0%	5	0	0	0	0	0		R
99199	Special service/proc/report	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

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CPT Category II and III

CPT CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
0001T	Endovascular repair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0	0	N
0002T	Aorto-uni-iliac/aorta	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0	0	N
0003T	Cervicography	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0	0	X
0005T	Transcath place	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0	0	N
0006T	Each add 1	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0	0	N
0007T	Transcath place	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0	0	N
0008T	Upper GI endoscopy	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0	0	N
0009T	Endometrial cryoblation	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0	0	N
0010T	Tuberculosis test, cell	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0	0	N

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HCPCS

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
A0021	Outside state ambulance serv	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0030	Air ambulance service	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0040	Helicopter ambulance service	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0050	Water amb service emergency	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0080	Noninterest escort in non er	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0090	Interest escort in non er	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0100	Nonemergency transport taxi	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0110	Nonemergency transport bus	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0120	Noner transport mini-bus	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0130	Noner transport wheelch van	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0140	Nonemergency transport air	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0160	Noner transport case worker	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0170	Noner transport parking fees	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0180	Noner transport lodgng recip	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0190	Noner transport meals recip	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0200	Noner transport lodgng escrt	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0210	Noner transport meals escort	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0300	Ambulance basic non-emer all	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0302	Ambulance basic emergeny all	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0304	Amb adv non-er no serv all	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0306	Amb adv non-er spec serv all	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0308	Amb adv er no spec serv all	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0310	Amb adv er spec serv all	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0320	Amb basic non-er + supplies	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0322	Amb basic emerg + supplies	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0324	Adv non-er serv sep mileage	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0326	Adv non-er no serv sep mile	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0328	Adv er no serv sep mileage	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0330	Adv er spec serv sep mile	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0340	Amb basic non-er + mileage	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0342	Ambul basic emer + mileage	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0344	Amb adv non-er no serv +mile	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0346	Amb adv non-er serv + mile	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0348	Adv emer no spec serv + mile	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0350	Adv emer spec serv + mileage	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0360	Basic non-er sep mile & supp	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0362	Basic emer sep mile & supply	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0364	Adv non-er no serv sep mi&su	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0366	Adv non-er serv sep mil&supp	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0368	Adv er no serv sep mile&supp	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
A0370	Adv er spec serv sep mi&supp	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0380	Basic life support mileage	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0382	Basic support routine suppls	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0384	Bls defibrillation supplies	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0390	Advanced life support mileag	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0392	Als defibrillation supplies	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0394	Als IV drug therapy supplies	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0396	Als esophageal intub suppls	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0398	Als routine disposble suppls	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0420	Ambulance waiting 1/2 hr	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0422	Ambulance 02 life sustaining	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0424	Extra ambulance attendant	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0425	Ground mileage	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0426	Als 1	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0427	ALS1-emergency	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0428	bls	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0429	BLS-emergency	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0430	Fixed wing air transport	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0431	Rotary wing air transport	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0432	PI volunteer ambulance co	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A0433	als 2	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0434	Specialty care transport	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0435	Fixed wing air mileage	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0436	Rotary wing air mileage	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A0888	Noncovered ambulance mileage	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A0999	Unlisted ambulance service	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4206	1 CC sterile syringe&needle	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4207	2 CC sterile syringe&needle	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4208	3 CC sterile syringe&needle	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4209	5+ CC sterile syringe&needle	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4210	Nonneedle injection device	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4211	Supp for self-adm injections	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4212	Non coring needle or stylet	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4213	20+ CC syringe only	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4214	30 CC sterile water/saline	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4215	Sterile needle	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4220	Infusion pump refill kit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A4221	Maint drug infus cath per wk	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4222	Drug infusion pump supplies	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4230	Infus insulin pump non needl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
A4231	Infusion insulin pump needle	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4232	Syringe w/needle insulin 3cc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4244	Alcohol or peroxide per pint	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4245	Alcohol wipes per box	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4246	Betadine/phisohex solution	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4247	Betadine/iodine swabs/wipes	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4250	Urine reagent strips/tablets	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4253	Blood glucose/reagent strips	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4254	Battery for glucose monitor	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4255	Glucose monitor platforms	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4256	Calibrator solution/chips	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4258	Lancet device each	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4259	Lancets per box	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4260	Levonorgestrel implant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A4261	Cervical cap contraceptive	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A4262	Temporary tear duct plug	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4263	Permanent tear duct plug	$12.90	$12.90	0	0%	0%	0%	9	9	9	9	9	9		R
A4265	Paraffin	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4270	Disposable endoscope sheath	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4280	Brst prsths adhsv attchmnt	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4290	Sacral nerve stim test lead	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4300	Cath impl vasc access portal	$12.90	$12.90	0	0%	0%	0%	9	9	9	9	9	9		R
A4301	Implantable access syst perc	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4305	Drug delivery system >=50 ML	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4306	Drug delivery system <=5 ML	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4310	Insert tray w/o bag/cath	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4311	Catheter w/o bag 2-way latex	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4312	Cath w/o bag 2-way silicone	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4313	Catheter w/bag 3-way	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4314	Cath w/drainage 2-way latex	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4315	Cath w/drainage 2-way silcne	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4316	Cath w/drainage 3-way	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4319	Sterile H2O irrigation solut	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4320	Irrigation tray	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4321	Cath therapeutic irrig agent	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4322	Irrigation syringe	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4323	Saline irrigation solution	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4324	Male ext cath w/adh coating	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4325	Male ext cath w/adh strip	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4326	Male external catheter	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
A4327	Fem urinary collect dev cup	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4328	Fem urinary collect pouch	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4329	External catheter start set	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4330	Stool collection pouch	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4331	Extension drainage tubing	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4332	Lubricant for cath insertion	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4333	Urinary cath anchor device	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4334	Urinary cath leg strap	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4335	Incontinence supply	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4338	Indwelling catheter latex	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4340	Indwelling catheter special	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4344	Cath indw foley 2 way silicn	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4346	Cath indw foley 3 way	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4347	Male external catheter	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4348	Male ext cath extended wear	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4351	Straight tip urine catheter	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4352	Coude tip urinary catheter	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4353	Intermittent urinary cath	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4354	Cath insertion tray w/bag	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4355	Bladder irrigation tubing	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4356	Ext ureth clmp or compr dvc	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4357	Bedside drainage bag	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4358	Urinary leg bag	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4359	Urinary suspensory w/o leg b	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4361	Ostomy face plate	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4362	Solid skin barrier	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4364	Adhesive, liquid or equal	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4365	Adhesive remover wipes	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4367	Ostomy belt	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4368	Ostomy filter	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4369	Skin barrier liquid per oz	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4370	Skin barrier paste per oz	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4371	Skin barrier powder per oz	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4372	Skin barrier solid 4x4 equiv	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4373	Skin barrier with flange	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4374	Skin barrier extended wear	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4375	Drainable plastic pch w fcpl	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4376	Drainable rubber pch w fcplt	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4377	Drainable plstic pch w/o fp	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4378	Drainable rubber pch w/o fp	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
A4379	Urinary plastic pouch w fcpl	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4380	Urinary rubber pouch w fcplt	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4381	Urinary plastic pouch w/o fp	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4382	Urinary hvy plstc pch w/o fp	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4383	Urinary rubber pouch w/o fp	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4384	Ostomy faceplt/silicone ring	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4385	Ost skn barrier sld ext wear	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4386	Ost skn barrier w flng ex wr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4387	Ost clsd pouch w att st barr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4388	Drainable pch w ex wear barr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4389	Drainable pch w st wear barr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4390	Drainable pch ex wear convex	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4391	Urinary pouch w ex wear barr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4392	Urinary pouch w st wear barr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4393	Urine pch w ex wear bar conv	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4394	Ostomy pouch liq deodorant	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4395	Ostomy pouch solid deodorant	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4396	Peristomal hernia supprt blt	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4397	Irrigation supply sleeve	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4398	Ostomy irrigation bag	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4399	Ostomy irrig cone/cath w brs	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4400	Ostomy irrigation set	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4402	Lubricant per ounce	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4404	Ostomy ring each	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4421	Ostomy supply misc	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4454	Tape all types all sizes	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4455	Adhesive remover per ounce	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4460	Elastic compression bandage	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4462	Abdmnl drssng holder/binder	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4464	Joint support device/garment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4465	Non-elastic extremity binder	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4470	Gravlee jet washer	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4480	Vabra aspirator	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4481	Tracheostoma filter	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4483	Moisture exchanger	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4490	Above knee surgical stocking	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4495	Thigh length surg stocking	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4500	Below knee surgical stocking	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4510	Full length surg stocking	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4550	Surgical trays	$12.90	$12.90	0	0%	0%	0%	9	9	9	9	9	9		R

Refer to Key for field indicator descriptions (pg. 223)

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A4554	Disposable underpads	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4556	Electrodes, pair	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4557	Lead wires, pair	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4558	Conductive paste or gel	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4561	Pessary rubber, any type	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A4562	Pessary, non rubber,any type	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A4565	Slings	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4570	Splint	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A4572	Rib belt	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4575	Hyperbaric o2 chamber disps	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4580	Cast supplies (plaster)	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A4590	Special casting material	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A4595	TENS suppl 2 lead per month	Contracted	Contracted	0	0%	0%	0%	9	9	9	9	9	9		X
A4608	Transtracheal oxygen cath	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4611	Heavy duty battery	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4612	Battery cables	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4613	Battery charger	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4614	Hand-held PEFR meter	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4615	Cannula nasal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4616	Tubing (oxygen) per foot	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4617	Mouth piece	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4618	Breathing circuits	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4619	Face tent	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4620	Variable concentration mask	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4621	Tracheotomy mask or collar	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4622	Tracheostomy or larngectomy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4623	Tracheostomy inner cannula	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4624	Tracheal suction tube	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4625	Trach care kit for new trach	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4626	Tracheostomy cleaning brush	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4627	Spacer bag/reservoir	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4628	Oropharyngeal suction cath	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4629	Tracheostomy care kit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4630	Repl bat t.e.n.s. own by pt	Contracted	Contracted	0	0%	0%	0%	9	9	9	9	9	9		N
A4631	Wheelchair battery	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4635	Underarm crutch pad	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4636	Handgrip for cane etc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4637	Repl tip cane/crutch/walker	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4640	Alternating pressure pad	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4641	Diagnostic imaging agent	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

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A4642	Satumomab pendetide per dose	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4643	High dose contrast MRI	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4644	Contrast 100-199 MGs iodine	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
A4645	Contrast 200-299 MGs iodine	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
A4646	Contrast 300-399 MGs iodine	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
A4647	Supp- paramagnetic contr mat	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4649	Surgical supplies	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4650	Supp esrd centrifuge	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4655	Esrd syringe/needle	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4660	Esrd blood pressure device	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4663	Esrd blood pressure cuff	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4670	Auto blood pressure monitor	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A4680	Activated carbon filters	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4690	Dialyzers	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4700	Standard dialysate solution	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4705	Bicarb dialysate solution	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4712	Sterile water	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4714	Treated water for dialysis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4730	Fistula cannulation set dial	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4735	Local/topical anesthetics	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4740	Esrd shunt accessory	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4750	Arterial or venous tubing	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4755	Arterial and venous tubing	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4760	Standard testing solution	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4765	Dialysate concentrate	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4770	Blood testing supplies	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4771	Blood clotting time tube	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4772	Dextrostick/glucose strips	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4773	Hemostix	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4774	Ammonia test paper	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4780	Esrd sterilizing agent	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4790	Esrd cleansing agents	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4800	Heparin/antidote dialysis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4820	Supplies hemodialysis kit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4850	Rubber tipped hemostats	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4860	Disposable catheter caps	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4870	Plumbing/electrical work	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4880	Water storage tanks	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4890	Contracts/repair/maintenance	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
A4900	Capd supply kit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
A4901	Ccpd supply kit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4905	Ipd supply kit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4910	Esrd nonmedical supplies	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4912	Gomco drain bottle	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4913	Esrd supply	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4914	Preparation kit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4918	Venous pressure clamp	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4919	Supp dialysis dialyzer holde	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4920	Harvard pressure clamp	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4921	Measuring cylinder	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A4927	Gloves	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A5051	Pouch clsd w barr attached	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5052	Clsd ostomy pouch w/o barr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5053	Clsd ostomy pouch faceplate	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5054	Clsd ostomy pouch w/flange	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5055	Stoma cap	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5061	Pouch drainable w barrier at	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5062	Drnble ostomy pouch w/o barr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5063	Drain ostomy pouch w/flange	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5064	Drain ostomy pouch w/fceplte	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5071	Urinary pouch w/barrier	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5072	Urinary pouch w/o barrier	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5073	Urinary pouch on barr w/flng	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5074	Urinary pouch w/faceplate	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5075	Urinary pouch on faceplate	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5081	Continent stoma plug	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5082	Continent stoma catheter	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5093	Ostomy accessory convex inse	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5102	Bedside drain btl w/wo tube	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5105	Urinary suspensory	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5112	Urinary leg bag	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5113	Latex leg strap	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5114	Foam/fabric leg strap	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5119	Skin barrier wipes box pr 50	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5121	Solid skin barrier 6x6	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5122	Solid skin barrier 8x8	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5123	Skin barrier with flange	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5126	Disk/foam pad +or- adhesive	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5131	Appliance cleaner	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A5200	Percutaneous catheter anchor	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
A5500	Diab shoe for density insert	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A5501	Diabetic custom molded shoe	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A5502	Diabetic shoe density insert	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A5503	Diabetic shoe w/roller/rockr	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A5504	Diabetic shoe with wedge	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A5505	Diab shoe w/metatarsal bar	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A5506	Diabetic shoe w/off set heel	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A5507	Modification diabetic shoe	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A5508	Diabetic deluxe shoe	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A6021	Collagen dressing <=16 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6022	Collagen drsg>6<=48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6023	Collagen dressing >48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6024	Collagen dsg wound filler	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6025	Silicone gel sheet, each	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6154	Wound pouch each	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6196	Alginate dressing <=16 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6197	Alginate drsg >16 <=48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6198	alginate dressing > 48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6199	Alginate drsg wound filler	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6200	Compos drsg <=16 no border	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6201	Compos drsg >16<=48 no bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6202	Compos drsg >48 no border	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6203	Composite drsg <= 16 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6204	Composite drsg >16<=48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6205	Composite drsg > 48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6206	Contact layer <= 16 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6207	Contact layer >16<= 48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6208	Contact layer > 48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6209	Foam drsg <=16 sq in w/o bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6210	Foam drg >16<=48 sq in w/o b	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6211	Foam drg > 48 sq in w/o brdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6212	Foam drg <=16 sq in w/border	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6213	Foam drg >16<=48 sq in w/bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6214	Foam drg > 48 sq in w/border	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6215	Foam dressing wound filler	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6216	Non-sterile gauze<=16 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6217	Non-sterile gauze>16<=48 sq	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6218	Non-sterile gauze > 48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6219	Gauze <= 16 sq in w/border	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6220	Gauze >16 <=48 sq in w/bordr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
A6221	Gauze > 48 sq in w/border	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6222	Gauze <=16 in no w/sal w/o b	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6223	Gauze >16<=48 no w/sal w/o b	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6224	Gauze > 48 in no w/sal w/o b	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6228	Gauze <= 16 sq in water/sal	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6229	Gauze >16<=48 sq in watr/sal	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6230	Gauze > 48 sq in water/salne	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6231	Hydrogel dsg<=16 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6232	Hydrogel dsg>16<=48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6233	Hydrogel dressing >48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6234	Hydrocolld drg <=16 w/o bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6235	Hydrocolld drg >16<=48 w/o b	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6236	Hydrocolld drg > 48 in w/o b	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6237	Hydrocolld drg <=16 in w/bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6238	Hydrocolld drg >16<=48 w/bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6239	Hydrocolld drg > 48 in w/bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6240	Hydrocolld drg filler paste	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6241	Hydrocolloid drg filler dry	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6242	Hydrogel drg <=16 in w/o bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6243	Hydrogel drg >16<=48 w/o bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6244	Hydrogel drg >48 in w/o bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6245	Hydrogel drg <= 16 in w/bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6246	Hydrogel drg >16<=48 in w/b	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6247	Hydrogel drg > 48 sq in w/b	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6248	Hydrogel drsg gel filler	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6250	Skin seal protect moisturizr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6251	Absorpt drg <=16 sq in w/o b	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6252	Absorpt drg >16 <=48 w/o bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6253	Absorpt drg > 48 sq in w/o b	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6254	Absorpt drg <=16 sq in w/bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6255	Absorpt drg >16<=48 in w/bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6256	Absorpt drg > 48 sq in w/bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6257	Transparent film <= 16 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6258	Transparent film >16<=48 in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6259	Transparent film > 48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6260	Wound cleanser any type/size	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6261	Wound filler gel/paste /oz	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6262	Wound filler dry form / gram	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6263	Non-sterile elastic gauze/yd	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6264	Non-sterile no elastic gauze	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B

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A6265	Tape per 18 sq inches	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6266	Impreg gauze no h20/sal/yard	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6402	Sterile gauze <= 16 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6403	Sterile gauze>16 <= 48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6404	Sterile gauze > 48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6405	Sterile elastic gauze /yd	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A6406	Sterile non-elastic gauze/yd	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A7000	Disposable canister for pump	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7001	Nondisposable pump canister	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7002	Tubing used w suction pump	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7003	Nebulizer administration set	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7004	Disposable nebulizer sml vol	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7005	Nondisposable nebulizer set	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7006	Filtered nebulizer admin set	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7007	Lg vol nebulizer disposable	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7008	Disposable nebulizer prefill	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7009	Nebulizer reservoir bottle	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7010	Disposable corrugated tubing	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7011	Nondispos corrugated tubing	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7012	Nebulizer water collec devic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7013	Disposable compressor filter	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7014	Compressor nondispos filter	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7015	Aerosol mask used w nebulize	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7016	Nebulizer dome & mouthpiece	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7017	Nebulizer not used w oxygen	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7018	Water distilled w/nebulizer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7019	Saline solution dispenser	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7020	Sterile H2O or NSS w lgv neb	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7501	Tracheostoma valve w diaphra	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7502	Replacement diaphragm/fplate	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7503	HMES filter holder or cap	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7504	Tracheostoma HMES filter	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7505	HMES or trach valve housing	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7506	HMES/trachvalve adhesivedisk	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7507	Integrated filter & holder	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7508	Housing & Integrated Adhesiv	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A7509	Heat & moisture exchange sys	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A9150	Misc/exper non-prescript dru	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A9160	Podiatrist non-covered servi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A9170	Chiropractor non-covered ser	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

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A9190	Misc/expe personal comfort i	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A9270	Non-covered item or service	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A9300	Exercise equipment	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
A9500	Technetium TC 99m sestamibi	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A9502	Technetium TC99M tetrofosmin	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A9503	Technetium TC 99m medronate	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A9504	Technetium tc 99m apcitide	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A9505	Thallous chloride TL 201/mci	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A9507	Indium/111 capromab pendetid	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A9508	Iobenguane sulfate I-131	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A9510	Technetium TC99m Disofenin	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A9600	Strontium-89 chloride	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A9605	Samarium sm153 lexidronamm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A9700	Echocardiography Contrast	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
A9900	Supply/accessory/service	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
A9901	Delivery/set up/dispensing	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
B4034	Enter feed supkit syr by day	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4035	Enteral feed supp pump per d	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4036	Enteral feed sup kit grav by	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4081	Enteral ng tubing w/ stylet	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4082	Enteral ng tubing w/o stylet	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4083	Enteral stomach tube levine	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4084	Gastrostomy/jejunostomy tubi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4085	Gastrostomy tube w/ring each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
B4150	Enteral formulae category i	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4151	Enteral formulae cat1natural	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4152	Enteral formulae category ii	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4153	Enteral formulae categoryIII	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4154	Enteral formulae category IV	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4155	Enteral formulae category v	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4156	Enteral formulae category vi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4164	Parenteral 50% dextrose solu	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4168	Parenteral sol amino acid 3.	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4172	Parenteral sol amino acid 5.	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4176	Parenteral sol amino acid 7-	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4178	Parenteral sol amino acid >	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4180	Parenteral sol carb > 50%	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4184	Parenteral sol lipids 10%	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4186	Parenteral sol lipids 20%	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4189	Parenteral sol amino acid &	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
B4193	Parenteral sol 52-73 gm prot	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4197	Parenteral sol 74-100 gm pro	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4199	Parenteral sol > 100gm prote	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4216	Parenteral nutrition additiv	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4220	Parenteral supply kit premix	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4222	Parenteral supply kit homemi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B4224	Parenteral administration ki	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B5000	Parenteral sol renal-amirosy	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B5100	Parenteral sol hepatic-fream	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B5200	Parenteral sol stres-brnch c	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B9000	Enter infusion pump w/o alrm	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B9002	Enteral infusion pump w/ ala	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B9004	Parenteral infus pump portab	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B9006	Parenteral infus pump statio	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B9998	Enteral supp not otherwise c	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
B9999	Parenteral supp not othrws c	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
C1000	PERCLOSCLOSR PROSTARArtVas	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1001	ACUNAV-DIAGNSTIC ULTRSND Ca	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1003	Cath, ablation, Livewire TC	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1004	Fast-Cath,Swartz,SAFL,CSTA	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1006	ARRAY POST Chamb IOL	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1007	AMS 700/Ambicor Prosthesis	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1008	UROLUME-IMPLT URETHRAL Stnt	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1009	PLASMA,CRYOPRECIPITATE-Reduc	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1010	Blood, L/R, CMV-NEG	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1011	Platelet, L/R CMV-NEG, UNIT	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1012	PLATELET CONC, L/R, Irrad	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1013	PLATELET CONC, L/R, Unit	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1014	Platelet,Aph/Pher, L/R, unit	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1016	BLOOD,L/R,FROZ/DEGLY/Washed	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1017	Plt, APH/PHER,L/R,CMV-NEG	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1018	Blood, L/R, IRRADIATED	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1019	Plt, APH/PHER, L/R, IRRAD	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1024	QUINOPRISTIN 10ml/DALFOPRIS	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1025	Marinr CS Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1026	RF PERFRMR CATH 5F RF Marinr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1027	MAGIC X/SHORT RADIUS 14mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1028	PRCIS TWST TRSNSVG ANCH Sys	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1029	CRE GUIDED BALLOON DIL Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1030	CTHTR:MRSHAL,BLU MAX UTR Dmd	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C1031	MR COMP/MOD LEVEEN NED Elect	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1033	SONICATH Mdl 37-410	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1034	SURPASS, LONG30 SURPASS-Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1035	Cath, Ultra ICE	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1036	R PORT/RESERVOIR IMPL Dev	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1037	VAXCELCHRONIC DIALYSIS Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1038	UltraCross Imaging Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1039	WALLSTENT, RP/Trach	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1040	Wallstent, TIPS	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1042	Wallstent, Biliary	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1043	ATHERECTOMY SYS, Coronary	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1045	I-131 Mibg(IOBEN-SULFATE)0.5	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1047	NOGA/NAVI-STAR Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1048	NEUROCYBERNETICPROS:Gen	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1050	PROSORBA Column	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1051	Oasis Thrombectomy Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1053	ENSITE 3000 Catheter	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1054	Hydrolyser Thromb Cath 6/7F	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1055	Transesoph 210, 210-S cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1056	Thermachoice II Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1057	MICROMARK TISSUE Marker	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1059	CARTICEL,AUTO CULT-CHNDR Cyt	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1060	ACS MULTI-LINK TRISTAR Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1061	ACS VIKING GUIDING Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1063	ENDOTAK ENDURANCE EZ,RX Lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1067	MEGALINK BILIARY Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1068	PULSAR DDD Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1069	DISCOVERY DR, Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1071	PULSAR MAX, PULSAR SR Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1072	GUIDANT:BLLN DIL Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1073	Morcellator	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1074	RX/OTW VIATRAC-PERI DIL Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1075	GUIDANT:LEAD,Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1076	VENTAK MINI SC Defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1077	VENTAK VR,PRIZM VR, SC Defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1078	VENTAK:PRIZM,AV III DR Defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1079	CO 57/58 0.5 Mci	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1084	DENILEUKIN DIFTITOX, 300 Mcg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1086	TEMOZOLOMIDE, 5 mg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1087	I-123, per uCi, capsule	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C1088	LASER OPTIC TR Sys	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1089	Co 57, 0.5 Mci	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1090	INN I-111 CHLORIDE, PER mci	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1091	INI111 OXYQUINOLINE,PER 5mci	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1092	IN 111 PENETATE, PER 1.5 mci	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1094	TC99M ALBUMIN AGGR, PER Vial	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1095	TC 99M DEPREOTIDE, PER Vial	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1096	TC 99M EXAMETAZIME, PER Dose	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1097	TC 99M MEBROFENIN, PER Vial	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1098	TC 99M PENTETATE, PER Vial	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1099	TC 99M PYROPHOSPHATE,PER Via	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1100	Medtronic AVE GT1 GUIDEWIRE	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1101	MEDTRONIC AVE Zuma Guidecath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1102	SYNERGY NEUROSTIM Genrtr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1103	MICRO Jewel DEFIBRILLATOR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1104	RF Conductr Ablation Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1105	SIGMA 300VDD Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1106	SYNERGYEX Pt PROGRMR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1107	TORQR,SOLOIST Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1109	IMPLANTABLE ANCHOR:Ethicon	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1110	STABLE MAPPER,Cath ELECTR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1111	ANEURXAORT-UNI-Iliac Stnt	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1112	ANEURX STENT GRAFT/DEL Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1113	TLNT ENDO SPRNG STNT GRFT Sy	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1114	TALNTSPRGSTNT+GRAF ENDO Pros	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1115	5038S, 5038 5038L PACE Lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1116	CAPSURESP PACING Lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1117	Ancure Endograft Del Sys	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1118	SIGMA300DR LEGIIDR, Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1119	SPRINT6932,6943 DEFIB Lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1120	SPRINT6942,6945 DEFIB Lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1121	Gem DEFIBRILLATOR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1122	Tc 99M ARCITUMOMAB PER VIAL	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1123	Gem II VR DEFIBRILLATOR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1124	INTERSTIM TEST STIM Kit	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1125	Kappa 400SR,TOPAZ II SR PMKR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1126	Kappa 700 DR, PMKR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1127	Kappa 700SR, SC PMKR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1128	Kappa 700D, RUBY IID PMKR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1129	Kappa 700VDD, PMKR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

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C1130	Sigma200D, LGCY IID DC PMKR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1131	Sigma 200DR, PMKR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1132	Sigma 200 SR Leg II:SC PA	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1133	Sigma SR, VITA SR, PMKR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1134	Sigma 300D PMKR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1135	Entity DR 5326L/R, DC, pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1136	Affinity DR 5330L/R, DC, pmk	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1137	CardioSeal IMPLANT SYS	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1143	AddVent MOD 2060BL, VDD	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1144	Afnty SP 5130,INTEGRITY SR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1145	Angio-SEAL 6FR,8FR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1146	Vett Tube	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1147	Av PLUS DX 1368:LEAD	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1148	Contour MD SC DEFIB	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1149	Entity DC 5226R,PMKR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1151	PASSIVEPLUS DX LEAD, 10mdls	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1152	LifeSite ACCESS SYSTEM	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1153	REGENCY SC+2402L Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1154	SPL:SPO1,02,04-DEFIB Lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1155	Repliform 8 SQ CM	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1156	Tr1102TRSR+2260L,2264L,5131	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1157	Trilogy DCT 23/8L PMKR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1158	Tvl LEAD SV01,SV02,SV04	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1159	Tvl RV02, RV06,RV07:LEAD	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1160	TVL-ADX 1559:Lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1161	Tendril DX, 1388 PACING LEAD	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1162	TempoDR TRILOGYDR+DC PMKR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1163	Tendril SDX, 1488T LEAD	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1164	IODINE-125 Brachytx Seed	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1166	CYTARABINE LIPOSOMAL, 10 mg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1167	EPIRUBICIN HCL, 2 mg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1170	ABBI DISP BIOPSY Device	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1171	AUTOSUTURE SITE MARKER Stple	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1172	SPACEMAKER DISSECT Balloon	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1173	COR STNTS540,S670,O-WIRE Stn	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1174	BARD BRACHYTX Needle	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1175	MIBB disp biopsy device	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1176	Mammotome HH Probe w/Vac Sys	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1177	11-G Mammotome Probe	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1178	BUSULFAN IV, 6 Mg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C1179	14-G Mammotome Probe	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1180	Vigor SR, SC, pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1181	Meridian SSI, SC, pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1182	Pulsar SSI, SC, pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1183	Jade IIS, Sigma 300S, SC, pm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1184	Sigma 200S, SC, pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1188	I-131, PER Uci	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1200	TC 99M Sodium Glucoheptonat	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1201	TC 99M SUCCIMER, PER Vial	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1202	TC 99M SULFUR COLLOID, Vial	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1203	VERTEPORFIN FOR Inj	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1205	TC 99M DISOFENIN, PER Vial	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1207	OCTREOTIDE ACETATE DEPOT 1mg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1300	HYPERBARIC Oxygen	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1302	SQ01: Lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1303	CapSure Fix 6940/4068-110	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1304	SONCATH Mdl 37-416,-418	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1305	Apligraf	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1306	NEUROCYBERNETICPROS:Lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1311	TRILOGY DR+/DAO Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1312	MAGIC WALLSTENT--Mini	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1313	MAGIC MEDIUM,RADIUS 31mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1314	MAGIC WALLSTENT--Long	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1315	VIGOR DR, MERIDIAN DR Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1316	MERIDIAN DDD Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1317	DISCOVERY SR, Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1318	MERIDIAN SR Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1319	Wallstent: Enteral--60mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1320	Wallstent: Iliac	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1321	Palate/Base of Tongue electr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1322	Turbinate Somnoplasty electr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1323	VAPR/T disp electrode	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1324	LIGASURE DISPOSABLE Electrod	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1325	Palladium-103 Seed	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1326	ANGIO-JET RHEOLYTIC Thromb	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1328	ANS RENEW NS Trnsmtr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1329	Versapoint disp electrode	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1333	PALMAZ CORINTHIAN BIL Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1334	CROWN,MINI-CROWN,CROSSLc	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1335	MESH, Prolene	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C1336	CONSTANT Flow Imp Pump	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1337	IsoMed 8472-20/35/60	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1348	I-131 PER MCI Solution	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1350	PROSTASEED I-125, PER Source	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1351	CAPSURE FIX Lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1352	Gem II DR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1353	ITREL INTERSTM NEUROSTIM+Ext	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1354	Kappa 400DR,DIAMOND II 820DR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1355	Kappa 600DR, VITA DR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1356	Profile MD V-186HV3 Sc DEFIB	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1357	ANGSTROM MD V-190HV3 Sc DEF	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1358	AFFINITY DC 5230R, Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1359	PULSAR,PULSAR MAX DR, Pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1360	OCULAR PHOTODYNAMIC Tx	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1361	REVEAL CARDIAC Recorder	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1362	HERCULINK,OTW,SDS BIL Stnt	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1363	Gem DR, DC, defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1364	Photon DR V-230HV3 DC defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1365	Guidewire, Hi-Torque14/18/35	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1366	Guidewire,PTCA,Hi-Torque	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1367	Guide wire, Hi-TorqueCrossIt	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1368	On-Q Pain Mgt Sys	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1369	ANS Renew Stim Sys recvr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1370	Tension-Free Vaginal Tape	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1371	Symp Nitinol Transhep Bil Sy	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1372	Cordis Nitinol bil stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1375	Stent, coronary, NIR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1376	ANS Renew Stim Sys lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1377	Specify 3988 neuro lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1378	InterStim Tx 3080/3886 lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1379	Pisces-Quad 3887 lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1420	StapleTac2 Bonew/Dermis	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1421	stapletac2 bone wo Dermis	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1450	ORTHOSPHERE Arthroplasty	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1451	ORTHOSPHERE ARTHROPLASTY Kit	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1500	Atherectomy sys, peripheral	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1700	Authen Mick TP brachy needle	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1701	Medtec MT-BT-5201-25 needle	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1702	WWMT Brachy Needle	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1703	Mentor Prostate Brachy	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C1704	MT-Bt-5001-25/5051-25	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1705	Best Flexi Brachy Needle	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1706	Indigo Prostate Seeding Ndl	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1707	Varisource Implt Ndl	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1708	UroMed Prostate Seed Ndl	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1709	Remington Brachytx Needle	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1710	US BIOPSY Prostate Needle	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1711	MD TECH Brachytx Needle	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1712	Imagyn brachytx needle	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1790	Iridium 192 HDR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1791	OncoSeed, Rapid Strand I-125	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1792	UroMed I-125 Brachy seed	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1793	Bard InterSource P-103 seed	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1794	Bard IsoSeed P-103 seed	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1795	Bard BrachySource I-125	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1796	SourceTech Med I-125	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1797	Draximage I-125 seed	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1798	Syncor I-125 PharmaSeed	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1799	I-Plant I-125 Brachytx seed	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1800	Pd-103 brachytx seed	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1801	IoGold I-125 brachytx seed	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1802	Iridium 192 brachytx seeds	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1803	Best Iodine 125 brachytx sds	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1804	Best Palladium 103 seeds	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1805	IsoStar Iodine-125 seeds	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1806	Best Gold 198 brachytx seed	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1810	D114S Dilatation Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1811	Sugical Dynamics Anchors	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1812	OBL Anchors	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1850	Repliform 14/21 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1851	Repliform 24/28 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1852	TransCyte, per 247 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1853	Suspend, per 8/14 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1854	Suspend, per 24/28 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1855	Suspend, per 36 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1856	Suspend, per 48 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1857	Suspend, per 84 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1858	DuraDerm, per 8/14 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1859	DuraDerm, per 21/24/28 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1860	DuraDerm, per 48 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C1861	DuraDerm, per 36 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1862	DuraDerm, per 72 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1863	DuraDerm, per 84 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1864	SpermaTex, per 13.44 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1865	FasLata, per 8/14 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1866	FasLata, per 24/28 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1867	FasLata, per 36/48 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1868	FasLata, per 96 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1869	Gore Thyroplasty Device	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1870	DermMatrix, per 16 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1871	DermMatrix, 32 or 64 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1872	Dermagraft, per 37.5 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1873	Bard 3DMax Mesh	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1929	Maverick PTCA Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1930	Coyote Dil Cath, 20/30/40mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1931	Talon Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1932	SciMed Remedy Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1933	Opti-Plast XL/Centurion Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1934	Ultraverse 3.5F Bal Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1935	Workhorse PTA Bal Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1936	Uromax Ultra Bal Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1937	Synergy/Explorer Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1938	UroForce Bal Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1939	Raptur, Ninja PTCA Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1940	PowerFlex,OPTA 5/LP Bal Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1941	Jupiter PTA Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1942	Cordis Maxi LD PTA Bal Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1943	RXCrossSail OTW OpenSail	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1944	Rapid Exchange Bil Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1945	Savvy PTA Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1946	R1s Rapid Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1947	Gazelle Bal Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1948	Oracle Megasonics Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1949	Oracle Megasonics Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1979	Visions PV/Avanar US Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1980	Atlantis SR Coronary Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C1981	PTCA Catheters	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2000	Orbiter ST Steerable Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2001	Constellation Diag Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2002	Irvine 5F Inquiry EP Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C2003	Irvine 6F Inquiry EP Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2004	EP Cath--Octapolar	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2005	EP Tip Cath--Hexapolar	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2006	EP Cath--Decapolar	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2007	Irvine 6F Luma-Cath EP Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2008	Luma-Cath Ep Cath 81910-15	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2009	Irvine 7F Luma-Cath EP Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2010	Fixed Curve EP Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2011	Deflectable Tip Cath--Quad	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2012	Celsius Abln Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2013	Celsius Large Abln Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2014	Celsius II Asym Abln Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2015	Celsius II Sym Abln Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2016	Navi-Star DS, Navi-Star Ther	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2017	Navi-Star Abln Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2018	Polaris T Ablation Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2019	EP Deflectable Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2020	Blazer II XP Abln Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2021	SilverFlex EP Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2022	CP Chilli Cooled Abln Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2023	Chilli Cld AblnCath-std,lg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2100	CP CS Reference Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2101	CP RV Reference Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2102	CP Radii 7F EP Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2103	CP Radii 7F EP Cath w/Track	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2104	Lasso Deflectable Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2151	Veripath Guiding Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2152	Cordis Vista Brite Tip Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2153	Bard Viking Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2200	Arrow-Trerotola PTD Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2300	Varisource Stnd Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2597	Clinicath 16/18 sgl/dbl	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2598	CliniCath 18/20/24G--single	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2599	CliniCath 16/18 double	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2600	Gold Probe Catheter	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2601	Bard DL Ureteral Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2602	Vitesse Laser Cath 1.4/1.7mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2603	Vitesse Laser Cath 2.0mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2604	Vitesse E Laser Cath 2.0mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2605	Extreme Laser Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C2606	SpineCath XL Catheter	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2607	SpineCath Intradiscal Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2608	SciMed 6F Wiseguide Catheter	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2609	Flexima Bil Drainage Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2610	FlexTipPlus Intraspinal Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2611	AlgoLine Intraspinal Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2612	InDura Catheter	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2676	Rsponse CV Catheter	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2700	MycroPhylax Plus SC defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2701	Phylax XM SC defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2702	Ventak Prizm 2 VR Defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2703	Ventak Prizm VR HE Defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2704	Ventak Mini IV+ Defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2801	Defender IV DR 612 DC defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2802	Phylax AV	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2803	Ventak Prizm DR HE Defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2804	Ventak Prizm 2 DR Defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2805	Jewel AF 7250 Defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2806	Gem VR 7227 Defib	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2807	Contak CD 1823	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C2808	Contak TR 1241	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3001	Kainox SL/RV defib lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3002	EasyTrak Defib Lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3003	Endotak SQ Aray XP lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3004	Intervene Defib Lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3400	Siltex Spectrum,Contour Prof	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3401	Saline-Filled Spectrum	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3500	Alpha I Inf Pro	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3510	AMS 800 URINARY Pros	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3551	Choice/PT Graphix/Luge/Troop	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3552	Hi-Torque Whisper	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3553	Cordis guidewires	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3554	Jindo guidewire	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3555	Wholey Hi-Torque Plus GW	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3556	Wave/FlowWire Guidewire	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3557	HyTek guidewire	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3800	SynchroMed EL Infusion Pump	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3801	Arrow/MicroJect PCA Sys	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C3851	Elastic UV IOLAA-4203T/TF/TL	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4000	Opus G 4621, 4624 SC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C4001	Opus S 4121/4124 SC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4002	Talent 113 SC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4003	Kairos SR SC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4004	Actros SR, ActrosSR-B SC pmk	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4005	Philos SR/SR-B SC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4006	Pulsar Max II SR pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4007	Marathon SR pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4008	Discovery II SSI pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4009	Discovery II SR pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4300	Integrity AFx DR 5342 pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4301	Integrity AFx DR 5346 pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4302	Affinity VDR 5430 pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4303	Brio 112 DC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4304	Brio212,Talent213/223DCpmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4305	Brio 222 DC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4306	Brio 220 DC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4307	Kairos DR DC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4308	Inos2, Inos2+ DC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4309	Actros DR,D,DR-A,SLR DC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4310	Actros DR-B DC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4311	Philos DR/DR-B/SLR DC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4312	Pulsar Max II DR pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4313	Marathon DR pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4314	Momentum DR pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4315	Selection AFm pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4316	Discovery II DR	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4317	Discovery II DDD	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4600	Synox,Polyrox,Elox,Retrox	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4601	Aescula LV pmkr lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4602	Tendril SDX, 1488k pmkr lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4603	Oscor/Flexion pmkr lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4604	CrystallineActFix,CapsureFix	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4605	CapSure Epi pmkr lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4606	Flextend pmkr lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C4607	FinelineII/EZ, ThinlineII/EZ	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5000	BX Velocity w/Hepacoat	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5001	Memotherm Bil Stent, sm, med	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5002	Memotherm Bil Stent, large	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5003	Memotherm Bil Stent, x-large	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5004	PalmazCorinthian IQ Bil Stnt	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C5005	PalmazCorinthian IQ Trans/Bi	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5006	PalmazTrans Bil StentSys-Med	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5007	PalmazTrans XL Bil St-40mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5008	PalmazTrans XL Bil St-50mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5009	VistaFlex Biliary Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5010	Rapid Exchange Bil Stent Sys	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5011	IntraStent, IntraStent LP	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5012	IntraStent DoubleStrut LD	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5013	IntraStent DoubleStrut, XS	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5014	AVE Bridge StentSys10/17/28	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5015	AVE/X3 Bridge Sys, 40-100	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5016	Biliary Stent Single Use Cov	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5017	WallstentRP-Bil-20/40/60/68	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5018	WallstentRP Bil--80/94mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5019	Flexima Bil Stent Sys	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5020	Smart Nitinol Stent--20MM	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5021	Smart Nitinol Stent--40/60MM	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5022	Smart Nitinol Stent--80MM	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5023	BX Velocity Stent--8/13mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5024	BX Velocity Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5025	BX Velocity Stent--23mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5026	BX Velocity Stent--28/33mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5027	BX Velocity w/Hep--8/13mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5028	BX Velocity w/Hep--18mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5029	BX Velocity w/Hep--23mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5030	Stent, coronary, S660 9/12mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5031	Stent, coronary, S660 15/18	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5032	Stent,coronary, S660 24/30	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5033	Niroyal Stnt Sys, 9mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5034	Niroyal Stent Sys, 12/15mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5035	Niroyal Stent Sys, 18mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5036	Niroyal Stent Sys, 25mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5037	Niroyal Stent Sys, 31mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5038	BX Velocity Stnt w/Raptor	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5039	IntraCoil Perip Stent--40mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5040	IntraCoil Periph Stent--60mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5041	BeStent Over-the-Wire24/30mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5042	BeStent Over-the-Wire 18mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5043	BeStent Over-the-Wire 15mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5044	BeStent Over-the-Wire 9/12mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C5045	Multilink Tetra Cor Stent Sy	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5046	Radius 20mm cor stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5047	Niroyal Elite Cor Stent Sys	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5048	GR II Coronary Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5130	Wilson-Cook Z-stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5131	Bard Colorectal Stent--60mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5132	Bard Colorectal Stent--80mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5133	Bard Colorectal Stent-100mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5134	Enteral Wallstent--90mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5279	Contour/Percuflex Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5280	Inlay Dbl Ureteral Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5281	Wallgraft Trach Sys 70mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5282	Wallgraft Trach Sys 20/30/50	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5283	Wallstent/RP TIPS--80mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5284	Wallstent TrachUltraFlex	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5600	Closure dev, VasoSeal ES	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C5601	VasoSeal 1000	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6001	Composix Mesh 8/18 in	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6002	Composix Mesh 32 in	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6003	Composix Mesh 48 in	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6004	Composix Mesh 80 in	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6005	Composix Mesh 140 in	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6006	Composix Mesh 144 in	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6012	Pelvicol Collagen 8/14 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6013	Pelvicol Collagen 21/24/28	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6014	Pelvicol Collagen 40 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6015	Pelvicol Collagen 48 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6016	Pelvicol Collagen 96 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6017	Gore-Tex DualMesh 75/96 sqcm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6018	Gore-Tex DualMesh 150sqcm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6019	Gore-Tex DualMesh 285 sqcm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6020	Gore-Tex DualMesh 432sqcm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6021	Gore-Tex DualMesh 600 sqcm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6022	Gore-Tex DualMesh 884 sqcm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6023	Gore-TexPlus 1mm,75/96 sqcm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6024	Gore-TexPlus 1mm, 150 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6025	Gore-TexPlus 1mm, 285 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6026	Gore-TexPlus 1mm, 432 sqcm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6027	Gore-TexPlus 1mm, 600 sqcm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6028	Gore-TexPlus 1mm,884 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C6029	Gore-TexPlus 2mm, 150 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6030	Gore-TexPlus 2mm, 285 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6031	Gore-TexPlus 2mm, 432 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6032	Gore-TexPlus 2mm, 600 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6033	Gore-TexPlus 2mm,884 sq cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6034	Bard ePTFE: 150 sq cm-2mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6035	Bard ePTFE150sqcm-1mm,75-2mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6036	Bard ePTFE: 50/75sqcm-1,2mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6037	Bard ePFTE: 300sq cm-1mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6038	Bard ePTFE: 600sq cm-1mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6039	Bard ePTFE: 884 cm--1mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6040	Bard ePTFE: 600sq cm-2mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6041	Bard ePTFE: 884sq cm-2mm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6050	Female Sling Sys w/wo Matrl	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6051	Stratasis Sling, 20/40cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6052	Stratasis Sling, 60cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6053	Surgisis Soft Graft	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6054	Surgisis Enchanced Graft	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6055	Surgisis Enhanced Tissue	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6056	Surgisis Soft Tissue Graft	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6057	Surgisis Hernia Graft	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6058	SurgiPro Hernia Plug,med/lg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6080	Male Sling Sys w/wo Matrl	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6200	Exxcel Sft ePTFE vas graft	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6201	Impra Venaflo-10/20cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6202	Impra Venaflo-30/40cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6203	Impra Venaflo-50cm/vt45	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6204	Impra Venaflo-stepped	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6205	Impra Carboflo-10cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6206	Impra Carboflo-20cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6207	Impra Carboflo-30/34/40cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6208	Impra Carboflo-40/50cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6209	Impra Carboflo-ctrflex	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6210	Exxcel ePTFE vas graft	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6300	Vanguard III Endovas Graft	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6500	Preface Guiding Sheath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6501	Soft Tip Sheaths	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6525	Spectranetics Laser Sheath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6600	Micro Litho Flex Probes	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6650	Fast-cath Guiding Introducer	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C6651	Seal-AwayGuiding Introducer	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6652	Bard Excalibur Introducer	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C6700	Focal Seal-L	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8099	Spectranetics Lead Lock Dev	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8100	Adhesion barrier, ADCON-L	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8102	SurgiVision Esoph Coil	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8103	Capio Capturing Dev	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8500	Atherocath-GTO	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8501	Vigor SSI, SC, pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8502	Livewire Steerable EP Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8503	SynchroMed Vas Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8504	VasoSeal Hemostasis Dev	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8505	SynchroMed Infusion Pump	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8506	Pmkr leads 4057M,4058M	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8507	6721L/M/S,6939 lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8508	CapSure 4965 defib lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8509	Transvene 6933/6937 lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8510	DP-3238 defib lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8511	EndoTak DSP defib lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8512	On-Point,Pisces-Quad lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8513	Pisces,Resume II lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8514	Dura II Penile Prosthesis	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8516	Mentor Acu-Form/Mal Pros	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8518	Vigor DDD DC pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8519	Vista DDD C pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8520	Legacy II S, SC, pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8521	Medtronic Mattrix rcvr/trmr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8522	Palmaz Bal Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8523	Wallstent Trans Bil	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8524	Wallstent Esop	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8525	wallstent Esoph--double	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8526	OptiPlast XT PTA Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8528	MS Classique Bl Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8529	Crista Cath II Def 20-Pole	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8530	Gel-Filled/Smooth Mammary Pr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8531	Wilson-Cook Esoph Z-Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8532	UltraFlex Esophageal Pros	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8533	SynchroMed Vas Cath 8700A/V	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8534	AMS 650 Penile Prosthesis	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8535	Za/Spiral Z Bil Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C8536	Esoph Z Metal Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8539	Quantum Dil Balloon	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8540	Flex-EZ Bal Dilator	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8541	Carson/Passprt Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8542	UrethraMax Dil Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8543	Amplatz Renal Dil	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8550	Livewire 5F, 7F EP Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8551	Livewire 7F Duo-Decapolar	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8552	Santuro Fixed Curve Cath	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8597	Wisdom ST guidewire	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8598	SV Guidewire-5/8/14cm	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8599	Stabilizer XS guidewire	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8600	Shinobi Plus guidewire	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8650	XL Check-Flo Introducer	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8724	Octad neuro lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8725	SymMix neuro lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8748	Endotak SQ Patch defib lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8749	Endotak SQ Array defib lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8750	Unity VDDR dc pmkr	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8775	2188 Cor pmkr lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8776	Innomedica pmkr lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8777	Unipass pmkr lead	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8800	Lg Palmaz Bil Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8801	Gianturco Bil Z Stent	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8802	Oasis Stent Intro Sys	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8830	Gianturco-Roubin Cor Snt	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8890	Perfluoron, 2ml	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C8891	Perfluoron, 5/7ml	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9000	Na chromateCr51, per 0.25mCi	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9001	Linezolid inj, 200mg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9002	Tenecteplase, 50mg/vial	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9003	Palivizumab, per 50 mg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9004	Gemtuzumab ozogamicin inj,5m	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9005	Reteplase inj, half-kit,18.8	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9006	Tacrolimus inj, per 5 mg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9007	Baclofen Intrathecal kit-1am	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9008	Baclofen Refill Kit-500mcg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9009	Baclofen Refill Kit-2000mcg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9010	Baclofen Refill Kit--4000mcg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9011	Caffeine Citrate, inj, 1ml	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C9100	Iodinated I-131 Albumin	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9102	51 Na Chromate, 50mCi	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9103	Na Iothalamate I-125, 10 uCi	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9104	Anti-thymocyte globulin,25mg	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9105	Hep B imm glob, per 1 ml	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9106	Sirolimus 1mg/ml	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9107	Tinzaparin sodium, 2ml vial	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9500	Platelets, irrad, ea unit	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9501	Platelets, pheresis, ea unit	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9502	Platelets, pher/irrad, ea un	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9503	Fresh frozen plasma, ea unit	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9504	RBC, deglycerolized, ea unit	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9505	RBC, Irradiated, each unit	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9700	Water Induced Thermo	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9701	Stretta System	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
C9702	Chkmate Intra Brachytx Sys	Info Only	Info Only	0	0%	0%	0%	9	0	0	0	0	0		O
D0120	Periodic oral evaluation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0140	Limit oral eval problm focus	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0150	Comprehensve oral evaluation	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D0160	Extensv oral eval prob focus	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0170	Re-eval,est pt,problem focus	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0210	Intraor complete film series	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0220	Intraoral periapical first f	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0230	Intraoral periapical ea add	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0240	Intraoral occlusal film	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D0250	Extraoral first film	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D0260	Extraoral ea additional film	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D0270	Dental bitewing single film	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D0272	Dental bitewings two films	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D0274	Dental bitewings four films	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D0277	Vert bitewings-sev to eight	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0290	Dental film skull/facial bon	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0310	Dental saliography	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0320	Dental tmj arthrogram incl i	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0321	Dental other tmj films	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0322	Dental tomographic survey	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0330	Dental panoramic film	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0340	Dental cephalometric film	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0350	Oral/facial images	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0415	Bacteriologic study	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
D0425	Caries susceptibility test	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0460	Pulp vitality test	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D0470	Diagnostic casts	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0472	Gross exam, prep & report	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0473	Micro exam, prep & report	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0474	Micro w exam of surg margins	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0480	Cytopath smear prep & report	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D0501	Histopathologic examinations	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D0502	Other oral pathology procedu	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D0999	Unspecified diagnostic proce	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D1110	Dental prophylaxis adult	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D1120	Dental prophylaxis child	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D1201	Topical fluor w prophy child	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D1203	Topical fluor w/o prophy chi	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D1204	Topical fluor w/o prophy adu	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D1205	Topical fluoride w/ prophy a	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D1310	Nutri counsel-control caries	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D1320	Tobacco counseling	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
D1330	Oral hygiene instruction	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D1351	Dental sealant per tooth	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D1510	Space maintainer fxd unilat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D1515	Fixed bilat space maintainer	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D1520	Remove unilat space maintain	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D1525	Remove bilat space maintain	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D1550	Recement space maintainer	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D2110	Amalgam one surface primary	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2120	Amalgam two surfaces primary	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2130	Amalgam three surfaces prima	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2131	Amalgam four/more surf prima	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2140	Amalgam one surface permanen	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2150	Amalgam two surfaces permane	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2160	Amalgam three surfaces perma	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2161	Amalgam 4 or > surfaces perm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2330	Resin one surface-anterior	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2331	Resin two surfaces-anterior	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2332	Resin three surfaces-anterio	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2335	Resin 4/> surf or w incis an	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2336	Composite resin crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2337	Compo resin crown ant-perm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2380	Resin one surf poster primar	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
D2381	Resin two surf poster primar	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2382	Resin three/more surf post p	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2385	Resin one surf poster perman	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2386	Resin two surf poster perman	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2387	Resin three/more surf post p	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2388	Resin four/more, post perm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2410	Dental gold foil one surface	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2420	Dental gold foil two surface	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2430	Dental gold foil three surfa	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2510	Dental inlay metalic 1 surf	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2520	Dental inlay metallic 2 surf	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2530	Dental inlay metl 3/more sur	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2542	Dental onlay metallic 2 surf	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2543	Dental onlay metallic 3 surf	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2544	Dental onlay metl 4/more sur	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2610	Inlay porcelain/ceramic 1 su	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2620	Inlay porcelain/ceramic 2 su	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2630	Dental onlay porc 3/more sur	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2642	Dental onlay porcelin 2 surf	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2643	Dental onlay porcelin 3 surf	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2644	Dental onlay porc 4/more sur	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2650	Inlay composite/resin one su	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2651	Inlay composite/resin two su	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2652	Dental inlay resin 3/mre sur	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2662	Dental onlay resin 2 surface	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2663	Dental onlay resin 3 surface	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2664	Dental onlay resin 4/mre sur	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2710	Crown resin laboratory	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2720	Crown resin w/ high noble me	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2721	Crown resin w/ base metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2722	Crown resin w/ noble metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2740	Crown porcelain/ceramic subs	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2750	Crown porcelain w/ h noble m	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2751	Crown porcelain fused base m	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2752	Crown porcelain w/ noble met	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2780	Crown 3/4 cast hi noble met	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2781	Crown 3/4 cast base metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2782	Crown 3/4 cast noble metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2783	Crown 3/4 porcelain/ceramic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2790	Crown full cast high noble m	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
D2791	Crown full cast base metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2792	Crown full cast noble metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2799	Provisional crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2910	Dental recement inlay	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2920	Dental recement crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2930	Prefab stnlss steel crwn pri	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2931	Prefab stnlss steel crown pe	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2932	Prefabricated resin crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2933	Prefab stainless steel crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2940	Dental sedative filling	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2950	Core build-up incl any pins	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2951	Tooth pin retention	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2952	Post and core cast + crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2953	Each addtnl cast post	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2954	Prefab post/core + crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2955	Post removal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2957	Each addtnl prefab post	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2960	Laminate labial veneer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2961	Lab labial veneer resin	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2962	Lab labial veneer porcelain	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2970	Temporary- fractured tooth	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D2980	Crown repair	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D2999	Dental unspec restorative pr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D3110	Pulp cap direct	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3120	Pulp cap indirect	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3220	Therapeutic pulpotomy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3221	Gross pulpal debridement	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3230	Pulpal therapy anterior prim	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3240	Pulpal therapy posterior pri	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3310	Anterior	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3320	Root canal therapy 2 canals	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3330	Root canal therapy 3 canals	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3331	Non-surg tx root canal obs	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3332	Incomplete endodontic tx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3333	Internal root repair	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3346	Retreat root canal anterior	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3347	Retreat root canal bicuspid	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3348	Retreat root canal molar	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3351	Apexification/recalc initial	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3352	Apexification/recalc interim	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
D3353	Apexification/recalc final	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3410	Apicoect/perirad surg anter	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3421	Root surgery bicuspid	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3425	Root surgery molar	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3426	Root surgery ea add root	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3430	Retrograde filling	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3450	Root amputation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3460	Endodontic endosseous implan	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D3470	Intentional replantation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3910	Isolation- tooth w rubb dam	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3920	Tooth splitting	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3950	Canal prep/fitting of dowel	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D3999	Endodontic procedure	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D4210	Gingivectomy/plasty per quad	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4211	Gingivectomy/plasty per toot	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4220	Gingival curettage per quadr	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4240	Gingival flap proc w/ planin	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4245	Apically positioned flap	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4249	Crown lengthen hard tissue	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4260	Osseous surgery per quadrant	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D4263	Bone replce graft first site	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D4264	Bone replce graft each add	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D4266	Guided tiss regen resorble	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4267	Guided tiss regen nonresorb	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4268	Surgical revision procedure	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4270	Pedicle soft tissue graft pr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D4271	Free soft tissue graft proc	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D4273	Subepithelial tissue graft	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D4274	Distal/proximal wedge proc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4320	Provision splnt intracoronal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4321	Provisional splint extracoro	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4341	Periodontal scaling & root	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4355	Full mouth debridement	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D4381	Localized chemo delivery	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D4910	Periodontal maint procedures	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4920	Unscheduled dressing change	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D4999	Unspecified periodontal proc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5110	Dentures complete maxillary	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5120	Dentures complete mandible	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5130	Dentures immediat maxillary	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
D5140	Dentures immediat mandible	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5211	Dentures maxill part resin	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5212	Dentures mand part resin	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5213	Dentures maxill part metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5214	Dentures mandibl part metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5281	Removable partial denture	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5410	Dentures adjust cmplt maxil	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5411	Dentures adjust cmplt mand	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5421	Dentures adjust part maxill	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5422	Dentures adjust part mandbl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5510	Dentur repr broken compl bas	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5520	Replace denture teeth complt	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5610	Dentures repair resin base	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5620	Rep part denture cast frame	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5630	Rep partial denture clasp	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5640	Replace part denture teeth	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5650	Add tooth to partial denture	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5660	Add clasp to partial denture	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5710	Dentures rebase cmplt maxil	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5711	Dentures rebase cmplt mand	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5720	Dentures rebase part maxill	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5721	Dentures rebase part mandbl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5730	Denture reln cmplt maxil ch	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5731	Denture reln cmplt mand chr	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5740	Denture reln part maxil chr	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5741	Denture reln part mand chr	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5750	Denture reln cmplt max lab	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5751	Denture reln cmplt mand lab	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5760	Denture reln part maxil lab	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5761	Denture reln part mand lab	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5810	Denture interm cmplt maxill	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5811	Denture interm cmplt mandbl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5820	Denture interm part maxill	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5821	Denture interm part mandbl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5850	Denture tiss conditn maxill	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5851	Denture tiss condtin mandbl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5860	Overdenture complete	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5861	Overdenture partial	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5862	Precision attachment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5867	Replacement of precision att	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

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D5875	Prosthesis modification	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5899	Removable prosthodontic proc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5911	Facial moulage sectional	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D5912	Facial moulage complete	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D5913	Nasal prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5914	Auricular prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5915	Orbital prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5916	Ocular prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5919	Facial prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5922	Nasal septal prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5923	Ocular prosthesis interim	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5924	Cranial prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5925	Facial augmentation implant	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5926	Replacement nasal prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5927	Auricular replacement	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5928	Orbital replacement	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5929	Facial replacement	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5931	Surgical obturator	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5932	Postsurgical obturator	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5933	Refitting of obturator	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5934	Mandibular flange prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5935	Mandibular denture prosth	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5936	Temp obturator prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5937	Trismus appliance	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5951	Feeding aid	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D5952	Pediatric speech aid	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5953	Adult speech aid	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5954	Superimposed prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5955	Palatal lift prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5958	Intraoral con def inter plt	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5959	Intraoral con def mod palat	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5960	Modify speech aid prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5982	Surgical stent	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5983	Radiation applicator	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D5984	Radiation shield	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D5985	Radiation cone locator	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D5986	Fluoride applicator	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5987	Commissure splint	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D5988	Surgical splint	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D5999	Maxillofacial prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

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D6010	Odontics endosteal implant	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6020	Odontics abutment placement	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6040	Odontics eposteal implant	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6050	Odontics transosteal implnt	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6055	Implant connecting bar	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6056	Prefabricated abutment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6057	Custom abutment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6058	Abutment supported crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6059	Abutment supported mtl crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6060	Abutment supported mtl crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6061	Abutment supported mtl crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6062	Abutment supported mtl crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6063	Abutment supported mtl crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6064	Abutment supported mtl crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6065	Implant supported crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6066	Implant supported mtl crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6067	Implant supported mtl crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6068	Abutment supported retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6069	Abutment supported retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6070	Abutment supported retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6071	Abutment supported retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6072	Abutment supported retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6073	Abutment supported retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6074	Abutment supported retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6075	Implant supported retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6076	Implant supported retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6077	Implant supported retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6078	Implnt/abut suprtd fixd dent	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6079	Implnt/abut suprtd fixd dent	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6080	Implant maintenance	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6090	Repair implant	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6095	Odontics repr abutment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6100	Removal of implant	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6199	Implant procedure	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6210	Prosthodont high noble metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6211	Bridge base metal cast	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6212	Bridge noble metal cast	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6240	Bridge porcelain high noble	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6241	Bridge porcelain base metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6242	Bridge porcelain nobel metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
D6245	Bridge porcelain/ceramic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6250	Bridge resin w/high noble	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6251	Bridge resin base metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6252	Bridge resin w/noble metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6519	Inlay/onlay porce/ceramic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6520	Dental retainer two surfaces	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6530	Retainer metallic 3+ surface	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6543	Dental retainr onlay 3 surf	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6544	Dental retainr onlay 4/more	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6545	Dental retainr cast metl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6548	Porcelain/ceramic retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6720	Retain crown resin w hi nble	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6721	Crown resin w/base metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6722	Crown resin w/noble metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6740	Crown porcelain/ceramic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6750	Crown porcelain high noble	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6751	Crown porcelain base metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6752	Crown porcelain noble metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6780	Crown 3/4 high noble metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6781	Crown 3/4 cast based metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6782	Crown 3/4 cast noble metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6783	Crown 3/4 porcelain/ceramic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6790	Crown full high noble metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6791	Crown full base metal cast	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6792	Crown full noble metal cast	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6920	Dental connector bar	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D6930	Dental recement bridge	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6940	Stress breaker	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6950	Precision attachment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6970	Post & core plus retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6971	Cast post bridge retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6972	Prefab post & core plus reta	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6973	Core build up for retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6975	Coping metal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6976	Each addtnl cast post	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6977	Each addtl prefab post	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6980	Bridge repair	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D6999	Fixed prosthodontic proc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7110	Oral surgery single tooth	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D7120	Each add tooth extraction	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
D7130	Tooth root removal	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D7210	Rem imp tooth w mucoper flp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D7220	Impact tooth remov soft tiss	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D7230	Impact tooth remov part bony	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D7240	Impact tooth remov comp bony	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D7241	Impact tooth rem bony w/comp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D7250	Tooth root removal	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D7260	Oral antral fistula closure	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D7270	Tooth reimplantation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7272	Tooth transplantation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7280	Exposure impact tooth orthod	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7281	Exposure tooth aid eruption	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7285	Biopsy of oral tissue hard	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7286	Biopsy of oral tissue soft	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7290	Repositioning of teeth	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7291	Transseptal fiberotomy	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D7310	Alveoplasty w/ extraction	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7320	Alveoplasty w/o extraction	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7340	Vestibuloplasty ridge extens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7350	Vestibuloplasty exten graft	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7410	Rad exc lesion up to 1.25 cm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7420	Lesion > 1.25 cm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7430	Exc benign tumor to 1.25 cm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7431	Benign tumor exc > 1.25 cm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7440	Malig tumor exc to 1.25 cm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7441	Malig tumor > 1.25 cm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7450	Rem odontogen cyst to 1.25cm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7451	Rem odontogen cyst > 1.25 cm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7460	Rem nonodonto cyst to 1.25cm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7461	Rem nonodonto cyst > 1.25 cm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7465	Lesion destruction	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7471	Rem exostosis any site	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7480	Partial ostectomy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7490	Mandible resection	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7510	I&d absc intraoral soft tiss	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7520	I&d abscess extraoral	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7530	Removal fb skin/areolar tiss	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7540	Removal of fb reaction	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7550	Removal of sloughed off bone	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7560	Maxillary sinusotomy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
D7610	Maxilla open reduct simple	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7620	Clsd reduct simpl maxilla fx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7630	Open red simpl mandible fx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7640	Clsd red simpl mandible fx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7650	Open red simp malar/zygom fx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7660	Clsd red simp malar/zygom fx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7670	Closd rductn splint alveolus	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7680	Reduct simple facial bone fx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7710	Maxilla open reduct compound	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7720	Clsd reduct compd maxilla fx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7730	Open reduct compd mandble fx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7740	Clsd reduct compd mandble fx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7750	Open red comp malar/zygma fx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7760	Clsd red comp malar/zygma fx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7770	Open reduc compd alveolus fx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7780	Reduct compnd facial bone fx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7810	Tmj open reduct-dislocation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7820	Closed tmp manipulation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7830	Tmj manipulation under anest	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7840	Removal of tmj condyle	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7850	Tmj meniscectomy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7852	Tmj repair of joint disc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7854	Tmj excisn of joint membrane	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7856	Tmj cutting of a muscle	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7858	Tmj reconstruction	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7860	Tmj cutting into joint	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7865	Tmj reshaping components	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7870	Tmj aspiration joint fluid	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7871	Lysis + lavage w catheters	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7872	Tmj diagnostic arthroscopy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7873	Tmj arthroscopy lysis adhesn	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7874	Tmj arthroscopy disc reposit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7875	Tmj arthroscopy synovectomy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7876	Tmj arthroscopy discectomy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7877	Tmj arthroscopy debridement	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7880	Occlusal orthotic appliance	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7899	Tmj unspecified therapy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7910	Dent sutur recent wnd to 5cm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7911	Dental suture wound to 5 cm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7912	Suture complicate wnd > 5 cm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
D7920	Dental skin graft	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7940	Reshaping bone orthognathic	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D7941	Bone cutting ramus closed	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7943	Cutting ramus open w/graft	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7944	Bone cutting segmented	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7945	Bone cutting body mandible	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7946	Reconstruction maxilla total	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7947	Reconstruct maxilla segment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7948	Reconstruct midface no graft	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7949	Reconstruct midface w/graft	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7950	Mandible graft	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7955	Repair maxillofacial defects	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7960	Frenulectomy/frenulotomy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7970	Excision hyperplastic tissue	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7971	Excision pericoronal gingiva	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7980	Sialolithotomy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7981	Excision of salivary gland	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7982	Sialodochoplasty	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7983	Closure of salivary fistula	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7990	Emergency tracheotomy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7991	Dental coronoidectomy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7995	Synthetic graft facial bones	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7996	Implant mandible for augment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7997	Appliance removal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D7999	Oral surgery procedure	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8010	Limited dental tx primary	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8020	Limited dental tx transition	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8030	Limited dental tx adolescent	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8040	Limited dental tx adult	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8050	Intercep dental tx primary	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8060	Intercep dental tx transitn	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8070	Compre dental tx transition	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8080	Compre dental tx adolescent	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8090	Compre dental tx adult	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8210	Orthodontic rem appliance tx	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8220	Fixed appliance therapy habt	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8660	Preorthodontic tx visit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8670	Periodic orthodontc tx visit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8680	Orthodontic retention	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8690	Orthodontic treatment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
D8691	Repair ortho appliance	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8692	Replacement retainer	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D8999	Orthodontic procedure	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9110	Tx dental pain minor proc	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D9210	Dent anesthesia w/o surgery	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9211	Regional block anesthesia	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9212	Trigeminal block anesthesia	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9215	Local anesthesia	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9220	General anesthesia	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9221	General anesthesia ea ad 15m	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9230	Analgesia	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D9241	Intravenous sedation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9242	IV sedation ea ad 30 m	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9248	Sedation (non-iv)	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9310	Dental consultation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9410	Dental house call	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9420	Hospital call	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9430	Office visit during hours	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9440	Office visit after hours	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9610	Dent therapeutic drug inject	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9630	Other drugs/medicaments	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D9910	Dent appl desensitizing med	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9911	Appl desensitizing resin	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9920	Behavior management	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9930	Treatment of complications	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D9940	Dental occlusal guard	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D9941	Fabrication athletic guard	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9950	Occlusion analysis	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D9951	Limited occlusal adjustment	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D9952	Complete occlusal adjustment	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
D9970	Enamel microabrasion	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9971	Odontoplasty 1-2 teeth	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9972	Extrnl bleaching per arch	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9973	Extrnl bleaching per tooth	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9974	Intrnl bleaching per tooth	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
D9999	Adjunctive procedure	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
E0100	Cane adjust/fixed with tip	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0105	Cane adjust/fixed quad/3 pro	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0110	Crutch forearm pair	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0111	Crutch forearm each	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
E0112	Crutch underarm pair wood	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0113	Crutch underarm each wood	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0114	Crutch underarm pair no wood	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0116	Crutch underarm each no wood	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0130	Walker rigid adjust/fixed ht	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0135	Walker folding adjust/fixed	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0141	Rigid walker wheeled wo seat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0142	Walker rigid wheeled with se	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0143	Walker folding wheeled w/o s	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0144	Enclosed walker w rear seat	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0145	Walker whled seat/crutch att	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0146	Folding walker wheels w seat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0147	Walker variable wheel resist	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0148	Heavyduty walker no wheels	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0149	Heavy duty wheeled walker	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0153	Forearm crutch platform atta	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0154	Walker platform attachment	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0155	Walker wheel attachment,pair	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0156	Walker seat attachment	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0157	Walker crutch attachment	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0158	Walker leg extenders set of4	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0159	Brake for wheeled walker	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0160	Sitz type bath or equipment	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0161	Sitz bath/equipment w/faucet	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0162	Sitz bath chair	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0163	Commode chair stationry fxd	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0164	Commode chair mobile fixed a	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0165	Commode chair stationry det	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0166	Commode chair mobile detach	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0167	Commode chair pail or pan	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0168	Heavyduty/wide commode chair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0175	Commode chair foot rest	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0176	Air pressre pad/cushion nonp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0177	Water press pad/cushion nonp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0178	Gel pressre pad/cushion nonp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0179	Dry pressre pad/cushion nonp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0180	Press pad alternating w pump	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0181	Press pad alternating w/ pum	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0182	Pressure pad alternating pum	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0184	Dry pressure mattress	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
E0185	Gel pressure mattress pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0186	Air pressure mattress	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0187	Water pressure mattress	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0188	Synthetic sheepskin pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0189	Lambswool sheepskin pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0191	Protector heel or elbow	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0192	Pad wheelchr low press/posit	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0193	Powered air flotation bed	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0194	Air fluidized bed	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0196	Gel pressure mattress	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0197	Air pressure pad for mattres	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0198	Water pressure pad for mattr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0199	Dry pressure pad for mattres	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0200	Heat lamp without stand	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0202	Phototherapy light w/ photom	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0205	Heat lamp with stand	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0210	Electric heat pad standard	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0215	Electric heat pad moist	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0217	Water circ heat pad w pump	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0218	Water circ cold pad w pump	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0220	Hot water bottle	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0225	Hydrocollator unit	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0230	Ice cap or collar	Bundled	Bundled	0	0%	0%	0%	0	0	0	0	0	0		B
E0235	Paraffin bath unit portable	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0236	Pump for water circulating p	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0238	Heat pad non-electric moist	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0239	Hydrocollator unit portable	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0241	Bath tub wall rail	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0242	Bath tub rail floor	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0243	Toilet rail	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0244	Toilet seat raised	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0245	Tub stool or bench	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0246	Transfer tub rail attachment	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0249	Pad water circulating heat u	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0250	Hosp bed fixed ht w/ mattres	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0251	Hosp bed fixd ht w/o mattres	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0255	Hospital bed var ht w/ mattr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0256	Hospital bed var ht w/o matt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0260	Hosp bed semi-electr w/ matt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0261	Hosp bed semi-electr w/o mat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
E0265	Hosp bed total electr w/ mat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0266	Hosp bed total elec w/o matt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0270	Hospital bed institutional t	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0271	Mattress innerspring	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0272	Mattress foam rubber	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0273	Bed board	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0274	Over-bed table	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0275	Bed pan standard	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0276	Bed pan fracture	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0277	Powered pres-redu air mattrs	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0280	Bed cradle	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0290	Hosp bed fx ht w/o rails w/m	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0291	Hosp bed fx ht w/o rail w/o	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0292	Hosp bed var ht w/o rail w/o	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0293	Hosp bed var ht w/o rail w/	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0294	Hosp bed semi-elect w/ mattr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0295	Hosp bed semi-elect w/o matt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0296	Hosp bed total elect w/ matt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0297	Hosp bed total elect w/o mat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0298	Heavyduty/xtra wide hosp bed	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0305	Rails bed side half length	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0310	Rails bed side full length	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0315	Bed accessory brd/tbl/supprt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0325	Urinal male jug-type	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0326	Urinal female jug-type	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0350	Control unit bowel system	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0352	Disposable pack w/bowel syst	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0370	Air elevator for heel	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0371	Nonpower mattress overlay	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0372	Powered air mattress overlay	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0373	Nonpowered pressure mattress	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0424	Stationary compressed gas 02	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0425	Gas system stationary compre	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0430	Oxygen system gas portable	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0431	Portable gaseous 02	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0434	Portable liquid 02	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0435	Oxygen system liquid portabl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0439	Stationary liquid 02	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0440	Oxygen system liquid station	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0441	Oxygen contents, gaseous	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
E0442	Oxygen contents, liquid	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0443	Portable 02 contents, gas	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0444	Portable 02 contents, liquid	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0450	Volume vent stationary/porta	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0455	Oxygen tent excl croup/ped t	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0457	Chest shell	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0459	Chest wrap	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0460	Neg press vent portabl/statn	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0462	Rocking bed w/ or w/o side r	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0480	Percussor elect/pneum home m	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0500	Ippb all types	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0550	Humidif extens supple w ippb	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0555	Humidifier for use w/ regula	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0560	Humidifier supplemental w/ i	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0565	Compressor air power source	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0570	Nebulizer with compression	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0571	Aerosol compressor for svneb	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0572	Aerosol compressor adjust pr	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0574	Ultrasonic generator w svneb	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0575	Nebulizer ultrasonic	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0580	Nebulizer for use w/ regulat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0585	Nebulizer w/ compressor & he	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0590	Dispensing fee dme neb drug	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0600	Suction pump portab hom modl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0601	Cont airway pressure device	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0602	Breast pump	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0605	Vaporizer room type	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0606	Drainage board postural	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0607	Blood glucose monitor home	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0608	Apnea monitor	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0609	Blood gluc mon w/special fea	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0610	Pacemaker monitr audible/vis	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0615	Pacemaker monitr digital/vis	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0616	Cardiac event recorder	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0617	Automatic ext defibrillator	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0621	Patient lift sling or seat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0625	Patient lift bathroom or toi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0627	Seat lift incorp lift-chair	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0628	Seat lift for pt furn-electr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0629	Seat lift for pt furn-non-el	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
E0630	Patient lift hydraulic	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0635	Patient lift electric	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0650	Pneuma compresor non-segment	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0651	Pneum compressor segmental	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0652	Pneum compres w/cal pressure	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0655	Pneumatic appliance half arm	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0660	Pneumatic appliance full leg	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0665	Pneumatic appliance full arm	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0666	Pneumatic appliance half leg	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0667	Seg pneumatic appl full leg	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0668	Seg pneumatic appl full arm	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0669	Seg pneumatic appli half leg	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0671	Pressure pneum appl full leg	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0672	Pressure pneum appl full arm	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0673	Pressure pneum appl half leg	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0690	Ultraviolet cabinet	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0700	Safety equipment	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0710	Restraints any type	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0720	Tens two lead	Contracted	Contracted	0	0%	0%	0%	0	0	0	0	0	0		X
E0730	Tens four lead	Contracted	Contracted	0	0%	0%	0%	0	0	0	0	0	0		X
E0731	Conductive garment for tens/	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0740	Incontinence treatment systm	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0744	Neuromuscular stim for scoli	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0745	Neuromuscular stim for shock	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0746	Electromyograph biofeedback	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0747	Elec osteogen stim not spine	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0748	Elec osteogen stim spinal	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0749	Elec osteogen stim implanted	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0753	Neurostimulator electrodes	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0755	Electronic salivary reflex s	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0756	Implantable pulse generator	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0757	Implantable RF receiver	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0758	External RF transmitter	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0760	Osteogen ultrasound stimltor	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0765	Nerve stimulator for tx n&v	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0776	Iv pole	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0779	Amb infusion pump mechanical	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0780	Mech amb infusion pump <8hrs	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0781	External ambulatory infus pu	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0782	Non-programble infusion pump	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
E0783	Programmable infusion pump	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0784	Ext amb infusn pump insulin	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0785	Replacement impl pump cathet	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0786	Implantable pump replacement	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
E0791	Parenteral infusion pump sta	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0830	Ambulatory traction device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0840	Tract frame attach headboard	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0850	Traction stand free standing	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0855	Cervical traction equipment	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E0860	Tract equip cervical tract	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0870	Tract frame attach footboard	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0880	Trac stand free stand extrem	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0890	Traction frame attach pelvic	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0900	Trac stand free stand pelvic	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0910	Trapeze bar attached to bed	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0920	Fracture frame attached to b	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0930	Fracture frame free standing	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0935	Exercise device passive moti	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0940	Trapeze bar free standing	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0941	Gravity assisted traction de	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0942	Cervical head harness/halter	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0943	Cervical pillow	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
E0944	Pelvic belt/harness/boot	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0945	Belt/harness extremity	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0946	Fracture frame dual w cross	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0947	Fracture frame attachmnts pe	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0948	Fracture frame attachmnts ce	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0950	Tray	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0951	Loop heel	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0952	Loop tie	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0953	Pneumatic tire	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0954	Wheelchair semi-pneumatic ca	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0958	Whlchr att- conv 1 arm drive	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0959	Amputee adapter	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0961	Wheelchair brake extension	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0962	Wheelchair 1 inch cushion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0963	Wheelchair 2 inch cushion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0964	Wheelchair 3 inch cushion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0965	Wheelchair 4 inch cushion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0966	Wheelchair head rest extensi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
E0967	Wheelchair hand rims	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0968	Wheelchair commode seat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0969	Wheelchair narrowing device	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0970	Wheelchair no. 2 footplates	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0971	Wheelchair anti-tipping devi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0972	Transfer board or device	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0973	Wheelchair adjustabl height	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0974	Wheelchair grade-aid	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0975	Wheelchair reinforced seat u	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0976	Wheelchair reinforced back u	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0977	Wheelchair wedge cushion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0978	Wheelchair belt w/airplane b	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0979	Wheelchair belt with velcro	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0980	Wheelchair safety vest	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0990	Whellchair elevating leg res	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0991	Wheelchair upholstry seat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0992	Wheelchair solid seat insert	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0993	Wheelchair back upholstery	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0994	Wheelchair arm rest	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0995	Wheelchair calf rest	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0996	Wheelchair tire solid	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0997	Wheelchair caster w/ a fork	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0998	Wheelchair caster w/o a fork	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E0999	Wheelchr pneumatic tire w/wh	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1000	Wheelchair tire pneumatic ca	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1001	Wheelchair wheel	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1031	Rollabout chair with casters	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1035	Patient transfer system	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E1050	Whelchr fxd full length arms	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1060	Wheelchair detachable arms	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1065	Wheelchair power attachment	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1066	Wheelchair battery charger	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1069	Wheelchair deep cycle batter	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1070	Wheelchair detachable foot r	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1083	Hemi-wheelchair fixed arms	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1084	Hemi-wheelchair detachable a	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1085	Hemi-wheelchair fixed arms	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1086	Hemi-wheelchair detachable a	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1087	Wheelchair lightwt fixed arm	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1088	Wheelchair lightweight det a	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
E1089	Wheelchair lightwt fixed arm	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1090	Wheelchair lightweight det a	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1091	Wheelchair youth	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1092	Wheelchair wide w/ leg rests	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1093	Wheelchair wide w/ foot rest	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1100	Whchr s-recl fxd arm leg res	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1110	Wheelchair semi-recl detach	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1130	Whlchr stand fxd arm ft rest	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1140	Wheelchair standard detach a	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1150	Wheelchair standard w/ leg r	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1160	Wheelchair fixed arms	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1170	Whlchr ampu fxd arm leg rest	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1171	Wheelchair amputee w/o leg r	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1172	Wheelchair amputee detach ar	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1180	Wheelchair amputee w/ foot r	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1190	Wheelchair amputee w/ leg re	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1195	Wheelchair amputee heavy dut	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1200	Wheelchair amputee fixed arm	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1210	Whlchr moto ful arm leg rest	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1211	Wheelchair motorized w/ det	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1212	Wheelchair motorized w full	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1213	Wheelchair motorized w/ det	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1220	Whlchr special size/constrc	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1221	Wheelchair spec size w foot	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1222	Wheelchair spec size w/ leg	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1223	Wheelchair spec size w foot	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1224	Wheelchair spec size w/ leg	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1225	Wheelchair spec sz semi-recl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1226	Wheelchair spec sz full-recl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1227	Wheelchair spec sz spec ht a	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1228	Wheelchair spec sz spec ht b	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1230	Power operated vehicle	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1240	Whchr litwt det arm leg rest	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1250	Wheelchair lightwt fixed arm	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1260	Wheelchair lightwt foot rest	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1270	Wheelchair lightweight leg r	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1280	Whchr h-duty det arm leg res	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1285	Wheelchair heavy duty fixed	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1290	Wheelchair hvy duty detach a	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1295	Wheelchair heavy duty fixed	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
E1296	Wheelchair special seat heig	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1297	Wheelchair special seat dept	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1298	Wheelchair spec seat depth/w	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1300	Whirlpool portable	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1310	Whirlpool non-portable	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1340	Repair for DME, per 15 min	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E1353	Oxygen supplies regulator	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1355	Oxygen supplies stand/rack	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1372	Oxy suppl heater for nebuliz	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1390	Oxygen concentrator	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E1399	Durable medical equipment mi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1405	O2/water vapor enrich w/heat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1406	O2/water vapor enrich w/o he	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1510	Kidney dialysate delivry sys	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1520	Heparin infusion pump for di	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1530	Air bubble detector for dial	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1540	Pressure alarm for dialysis	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1550	Bath conductivity meter	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1560	Blood leak detector for dial	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1570	Adjustable chair for esrd pt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1575	Transducer protector/fluid b	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1580	Unipuncture control system	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1590	Hemodialysis machine	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1592	Auto interm peritoneal dialy	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1594	Cycler dialysis machine	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1600	Deliv/install equip for dial	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1610	Reverse osmosis water purifi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1615	Deionizer water purification	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1620	Blood pump for dialysis	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1625	Water softening system	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1630	Reciprocating peritoneal dia	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1632	Wearable artificial kidney	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1635	Compact travel hemodialyzer	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1636	Sorbent cartridges for dialy	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1640	Replacement components for d	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1699	Dialysis equipment unspecifi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1700	Jaw motion rehab system	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1701	Repl cushions for jaw motion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1702	Repl measr scales jaw motion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
E1800	Adjust elbow ext/flex device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
E1805	Adjust wrist ext/flex device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E1810	Adjust knee ext/flex device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E1815	Adjust ankle ext/flex device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E1820	Soft interface material	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E1825	Adjust finger ext/flex devc	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E1830	Adjust toe ext/flex device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
E1900	Speech communication device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
G0001	Drawing blood for specimen	$4.20	$4.20	0	0%	0%	0%	9	9	9	9	9	9		L
G0002	Temporary urinary catheter	$147.81	$41.66	0	0%	0%	0%	0	2	0	1	0	0		R
G0004	ECG transm phys review & int	$420.61	$420.61	0	0%	0%	0%	4	0	0	0	0	0		R
G0005	ECG 24 hour recording	$64.98	$64.98	0	0%	0%	0%	3	0	0	0	0	0		R
G0006	ECG transmission & analysis	$315.95	$315.95	0	0%	0%	0%	3	0	0	0	0	0		R
G0007	ECG phy review & interpret	$39.68	$39.68	0	0%	0%	0%	2	0	0	0	0	0		R
G0008	Admin influenza virus vac	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
G0009	Admin pneumococcal vaccine	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
G0010	Admin hepatitis b vaccine	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
G0015	Post symptom ECG tracing	$315.95	$315.95	0	0%	0%	0%	3	0	0	0	0	0		R
G0016	Post symptom ECG md review	$40.18	$40.18	0	0%	0%	0%	2	0	0	0	0	0		R
G0025	Collagen skin test kit	$12.90	$12.90	0	0%	0%	0%	9	9	9	9	9	9		R
G0026	Fecal leukocyte examination	$8.26	$8.26	0	0%	0%	0%	9	9	9	9	9	9		L
G0027	Semen analysis	$12.59	$12.59	0	0%	0%	0%	9	9	9	9	9	9		L
G0030	PET imaging prev PET single	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0030-26	PET imaging prev PET single	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0030-TC	PET imaging prev PET single	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0031	PET imaging prev PET multple	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0031-26	PET imaging prev PET multple	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0031-TC	PET imaging prev PET multple	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0032	PET follow SPECT 78464 singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0032-26	PET follow SPECT 78464 singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0032-TC	PET follow SPECT 78464 singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0033	PET follow SPECT 78464 mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0033-26	PET follow SPECT 78464 mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0033-TC	PET follow SPECT 78464 mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0034	PET follow SPECT 76865 singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0034-26	PET follow SPECT 76865 singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0034-TC	PET follow SPECT 76865 singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0035	PET follow SPECT 78465 mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0035-26	PET follow SPECT 78465 mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0035-TC	PET follow SPECT 78465 mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0036	PET follow cornry angio sing	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
G0036-26	PET follow cornry angio sing	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0036-TC	PET follow cornry angio sing	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0037	PET follow cornry angio mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0037-26	PET follow cornry angio mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0037-TC	PET follow cornry angio mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0038	PET follow myocard perf sing	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0038-26	PET follow myocard perf sing	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0038-TC	PET follow myocard perf sing	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0039	PET follow myocard perf mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0039-26	PET follow myocard perf mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0039-TC	PET follow myocard perf mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0040	PET follow stress echo singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0040-26	PET follow stress echo singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0040-TC	PET follow stress echo singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0041	PET follow stress echo mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0041-26	PET follow stress echo mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0041-TC	PET follow stress echo mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0042	PET follow ventriculogm sing	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0042-26	PET follow ventriculogm sing	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0042-TC	PET follow ventriculogm sing	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0043	PET follow ventriculogm mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0043-26	PET follow ventriculogm mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0043-TC	PET follow ventriculogm mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0044	PET following rest ECG singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0044-26	PET following rest ECG singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0044-TC	PET following rest ECG singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0045	PET following rest ECG mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0045-26	PET following rest ECG mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0045-TC	PET following rest ECG mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0046	PET follow stress ECG singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0046-26	PET follow stress ECG singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0046-TC	PET follow stress ECG singl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0047	PET follow stress ECG mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0047-26	PET follow stress ECG mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0047-TC	PET follow stress ECG mult	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0050	Residual urine by ultrasound	$44.64	$44.64	0	0%	0%	0%	3	0	0	0	0	0		R
G0101	CA screen;pelvic/breast exam	$51.09	$32.24	0	0%	0%	0%	0	0	0	0	0	0		R
G0102	Prostate ca screening; dre	Bundled	Bundled	0	0%	0%	0%	0	9	9	9	9	9		B
G0103	Psa, total screening	$35.59	$35.59	0	0%	0%	0%	9	9	9	9	9	9		L
G0104	CA screen;flexi sigmoidscope	$127.97	$67.95	0	0%	0%	0%	0	2	0	1	0	0		R

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
G0105	Colorectal scrn; hi risk ind	$492.53	$307.52	0	0%	0%	0%	0	2	0	1	0	0		R
G0106	Colon CA screen;barium enema	$186.00	$186.00	0	0%	0%	0%	1	0	0	0	0	0		R
G0106-26	Colon CA screen;barium enema	$69.44	$69.44	0	0%	0%	0%	1	0	0	0	0	0		R
G0106-TC	Colon CA screen;barium enema	$116.56	$116.56	0	0%	0%	0%	1	0	0	0	0	0		R
G0107	CA screen; fecal blood test	$6.29	$6.29	0	0%	0%	0%	9	9	9	9	9	9		L
G0108	Diab manage trn per indiv	$82.83	$82.83	0	0%	0%	0%	0	0	0	0	0	0		R
G0109	Diab manage trn ind/group	$48.61	$48.61	0	0%	0%	0%	0	0	0	0	0	0		R
G0110	Nett pulm-rehab educ; ind	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
G0111	Nett pulm-rehab educ; group	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
G0112	Nett;nutrition guid, initial	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
G0113	Nett;nutrition guid,subseqnt	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
G0114	Nett; psychosocial consult	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
G0115	Nett; psychological testing	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
G0116	Nett; psychosocial counsel	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
G0120	Colon ca scrn; barium enema	$186.00	$186.00	0	0%	0%	0%	1	0	0	0	0	0		R
G0120-26	Colon ca scrn; barium enema	$69.44	$69.44	0	0%	0%	0%	1	0	0	0	0	0		R
G0120-TC	Colon ca scrn; barium enema	$116.56	$116.56	0	0%	0%	0%	1	0	0	0	0	0		R
G0121	Colon ca scrn not hi rsk ind	$492.53	$307.52	0	0%	0%	0%	0	2	0	1	0	0		R
G0122	Colon ca scrn; barium enema	$187.49	$187.49	0	0%	0%	0%	1	9	9	9	9	9		R
G0122-26	Colon ca scrn; barium enema	$70.93	$70.93	0	0%	0%	0%	1	9	9	9	9	9		R
G0122-TC	Colon ca scrn; barium enema	$116.56	$116.56	0	0%	0%	0%	1	9	9	9	9	9		R
G0123	Screen cerv/vag thin layer	$39.20	$39.20	0	0%	0%	0%	9	9	9	9	9	9		L
G0124	Screen c/v thin layer by MD	$32.24	$32.24	0	0%	0%	0%	0	0	0	0	0	0		R
G0125	Lung image (PET)	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0125-26	Lung image (PET)	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0125-TC	Lung image (PET)	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0127	Trim nail(s)	$27.28	$8.93	0	0%	0%	0%	0	2	0	1	0	0		R
G0128	CORF skilled nursing service	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
G0129	Part. Hosp. Prog. Occupa Tx.	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
G0130	Single energy x-ray study	$58.03	$58.03	0	0%	0%	0%	1	0	0	0	0	0		R
G0130-26	Single energy x-ray study	$16.86	$16.86	0	0%	0%	0%	1	0	0	0	0	0		R
G0130-TC	Single energy x-ray study	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
G0131	CT scan, bone density study	$177.07	$177.07	0	0%	0%	0%	1	0	0	0	0	0		R
G0131-26	CT scan, bone density study	$19.34	$19.34	0	0%	0%	0%	1	0	0	0	0	0		R
G0131-TC	CT scan, bone density study	$157.73	$157.73	0	0%	0%	0%	1	0	0	0	0	0		R
G0132	CT scan, bone density study	$58.03	$58.03	0	0%	0%	0%	1	0	0	0	0	0		R
G0132-26	CT scan, bone density study	$16.86	$16.86	0	0%	0%	0%	1	0	0	0	0	0		R
G0132-TC	CT scan, bone density study	$41.17	$41.17	0	0%	0%	0%	1	0	0	0	0	0		R
G0141	Scr c/v cyto,autosys and md	$32.24	$32.24	0	0%	0%	0%	0	0	0	0	0	0		R
G0143	Scr c/v cyto,thinlayer,rescr	$39.20	$39.20	0	0%	0%	0%	9	9	9	9	9	9		L

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
G0144	Scr c/v cyto,thinlayer,rescr	$39.20	$39.20	0	0%	0%	0%	9	9	9	9	9	9		L
G0145	Scr c/v cyto,thinlayer,rescr	$39.20	$39.20	0	0%	0%	0%	9	9	9	9	9	9		L
G0147	Scr c/v cyto, automated sys	$19.00	$19.00	0	0%	0%	0%	9	9	9	9	9	9		L
G0148	Scr c/v cyto, autosys, rescr	$28.00	$28.00	0	0%	0%	0%	9	9	9	9	9	9		L
G0151	HHCP-serv of pt,ea 15 min	$31.32	$31.32	0	0%	0%	0%	0	0	0	0	0	0		F
G0152	HHCP-serv of ot,ea 15 min	$32.45	$32.45	0	0%	0%	0%	0	0	0	0	0	0		F
G0153	HHCP-svs of s/l path,ea 15mn	$32.45	$32.45	0	0%	0%	0%	0	0	0	0	0	0		F
G0154	HHCP-svs of rn,ea 15 min	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
G0155	HHCP-svs of csw,ea 15 min	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
G0156	HHCP-svs of aide,ea 15 min	$5.45	$5.45	0	0%	0%	0%	0	0	0	0	0	0		F
G0166	Extrnl counterpulse, per tx	$188.48	$5.46	0	0%	0%	0%	0	9	9	9	9	9		R
G0167	Hyperbaric oz tx;no md reqrd	$37.20	$37.20	0	0%	0%	0%	5	9	9	9	9	9		R
G0168	Wound closure by adhesive	$112.10	$35.22	0	0%	0%	0%	0	2	0	1	0	0		R
G0173	Stereo radoisurgery,complete	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
G0174	Intensitymodulatedradiation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
G0175	OPPS Service,sched team conf	Info Only	Info Only	0	0%	0%	0%	9	9	9	9	9	9		O
G0176	OPPS/PHP;activity therapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
G0177	OPPS/PHP; train & educ serv	Info Only	Info Only	0	0%	0%	0%	9	9	9	9	9	9		O
G0178	Intensitymodulatedradiation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
G0179	MD recertification HHA PT	Not Covered	Not Covered	0	0%	0%	0%	0	9	9	9	9	9		X
G0180	MD certification HHA patient	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
G0181	Home health care supervision	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
G0182	Hospice care supervision	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
G0184	OcularPhotodynamicTx 2nd eye	$53.57	$53.57	0	0%	0%	0%	0	0	0	1	0	0		R
G0185	Transpuppillary thermotx	By Report	By Report	90	0%	0%	0%	0	2	1	0	1	1		N
G0186	Dstry eye lesn,fdr vssl tech	By Report	By Report	90	0%	0%	0%	0	2	1	0	1	1		N
G0187	Dstry mclr drusen,photocoag	Not Covered	Not Covered	90	0%	0%	0%	0	2	1	0	1	1		X
G0188	Xray lwr extrmty-full lngth	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
G0188-26	Xray lwr extrmty-full lngth	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
G0188-TC	Xray lwr extrmty-full lngth	By Report	By Report	0	0%	0%	0%	1	0	0	0	0	0		N
G0190	Immunization administration	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
G0191	Immunization admin,each add	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
G0192	Immunization oral/intranasal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
G0193	Endoscopicstudyswallowfunctn	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
G0194	Sensorytestingendoscopicstud	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
G0195	Clinicalevalswallowingfunct	$158.72	$119.54	0	0%	0%	0%	0	0	0	0	0	0		R
G0196	Evalofswallowingwithradioopa	$158.72	$119.54	0	0%	0%	0%	0	0	0	0	0	0		R
G0197	Evalofptforprescipspeechdevi	$163.68	$106.14	0	0%	0%	0%	0	0	0	0	0	0		R
G0198	Patientadapation&trainforspe	$102.18	$78.37	0	0%	0%	0%	0	0	0	0	0	0		R
G0199	Reevaluationofpatientusespec	$136.90	$79.86	0	0%	0%	0%	0	0	0	0	0	0		R

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
G0200	Evalofpatientprescipofvoicep	$163.68	$106.14	0	0%	0%	0%	0	0	0	0	0	0		R
G0201	Modifortraininginusevoicepro	$102.18	$78.37	0	0%	0%	0%	0	0	0	0	0	0		R
G0202	Screen Mammogram, digital	$172.61	$172.61	0	0%	0%	0%	9	9	9	9	9	9		F
G0202-26	Screen Mammogram, digital	$71.12	$71.12	0	0%	0%	0%	9	9	9	9	9	9		F
G0202-TC	Screen Mammogram, digital	$101.49	$101.49	0	0%	0%	0%	9	9	9	9	9	9		F
G0203	Scr Mamm, film to digital	$130.07	$130.07	0	0%	0%	0%	9	9	9	9	9	9		F
G0203-26	Scr Mamm, film to digital	$41.62	$41.62	0	0%	0%	0%	9	9	9	9	9	9		F
G0203-TC	Scr Mamm, film to digital	$88.45	$88.45	0	0%	0%	0%	9	9	9	9	9	9		F
G0204	Diag Mamm, digital, bilat	$172.61	$172.61	0	0%	0%	0%	1	0	2	0	0	0		F
G0204-26	Diag Mamm, digital, bilat	$71.12	$71.12	0	0%	0%	0%	1	0	2	0	0	0		F
G0204-TC	Diag Mamm, digital, bilat	$101.49	$101.49	0	0%	0%	0%	1	0	2	0	0	0		F
G0205	Diag Mamm, film/digit, bil	$130.07	$130.07	0	0%	0%	0%	1	0	2	0	0	0		F
G0205-26	Diag Mamm, film/digit, bil	$41.62	$41.62	0	0%	0%	0%	1	0	2	0	0	0		F
G0205-TC	Diag Mamm, film/digit, bil	$88.45	$88.45	0	0%	0%	0%	1	0	2	0	0	0		F
G0206	Diag Mamm, digital, uni	$94.24	$94.24	0	0%	0%	0%	1	0	0	0	0	0		R
G0206-26	Diag Mamm, digital, uni	$39.18	$39.18	0	0%	0%	0%	1	0	0	0	0	0		R
G0206-TC	Diag Mamm, digital, uni	$55.06	$55.06	0	0%	0%	0%	1	0	0	0	0	0		R
G0207	Diag Mamm, film/digit, uni	$94.24	$94.24	0	0%	0%	0%	1	0	0	0	0	0		R
G0207-26	Diag Mamm, film/digit, uni	$39.18	$39.18	0	0%	0%	0%	1	0	0	0	0	0		R
G0207-TC	Diag Mamm, film/digit, uni	$55.06	$55.06	0	0%	0%	0%	1	0	0	0	0	0		R
G0210	PET img wholebody dxlung ca	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0210-26	PET img wholebody dxlung ca	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0210-TC	PET img wholebody dxlung ca	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0211	PET img wholebody init lung	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0211-26	PET img wholebody init lung	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0211-TC	PET img wholebody init lung	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0212	PET img wholebod restag lung	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0212-26	PET img wholebod restag lung	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0212-TC	PET img wholebod restag lung	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0213	PET img wholebody dx colorec	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0213-26	PET img wholebody dx colorec	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0213-TC	PET img wholebody dx colorec	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0214	PET img wholebody init colore	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0214-26	PET img wholebody init colore	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0214-TC	PET img wholebody init colore	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0215	PETimg wholebod restag colre	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0215-26	PETimg wholebod restag colre	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0215-TC	PETimg wholebod restag colre	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0216	PET img wholebod dx melanoma	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0216-26	PET img wholebod dx melanoma	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
G0216-TC	PET img wholebod dx melanoma	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0217	PET img wholbod init melano	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0217-26	PET img wholbod init melano	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0217-TC	PET img wholbod init melano	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0218	PET img wholebod restag mela	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0218-26	PET img wholebod restag mela	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0218-TC	PET img wholebod restag mela	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0219	PET img wholbod melano non-co	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0219-26	PET img wholbod melano non-co	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0219-TC	PET img wholbod melano non-co	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0220	PET img wholebod dx lymphoma	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0220-26	PET img wholebod dx lymphoma	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0220-TC	PET img wholebod dx lymphoma	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0221	PET imag wholbod init lympho	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0221-26	PET imag wholbod init lympho	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0221-TC	PET imag wholbod init lympho	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0222	PET imag wholbod resta lymph	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0222-26	PET imag wholbod resta lymph	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0222-TC	PET imag wholbod resta lymph	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0223	PET imag wholbod reg dx head	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0223-26	PET imag wholbod reg dx head	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0223-TC	PET imag wholbod reg dx head	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0224	PET imag wholbod reg ini hea	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0224-26	PET imag wholbod reg ini hea	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0224-TC	PET imag wholbod reg ini hea	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0225	PET whol restag headneck only	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0225-26	PET whol restag headneck only	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0225-TC	PET whol restag headneck only	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0226	PET img wholbod dx esophagl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0226-26	PET img wholbod dx esophagl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0226-TC	PET img wholbod dx esophagl	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0227	PET img wholbod ini esophage	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0227-26	PET img wholbod ini esophage	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0227-TC	PET img wholbod ini esophage	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0228	PET img wholbod restg esopha	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0228-26	PET img wholbod restg esopha	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0228-TC	PET img wholbod restg esopha	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0229	PET img metabolic brain pres	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0229-26	PET img metabolic brain pres	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0229-TC	PET img metabolic brain pres	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
G0230	PET myocard viability post s	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0230-26	PET myocard viability post s	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G0230-TC	PET myocard viability post s	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
G9001	MCCD, initial rate	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
G9002	MCCD,maintenance rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
G9003	MCCD, risk adj hi, initial	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
G9004	MCCD, risk adj lo, initial	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
G9005	MCCD, risk adj, maintenance	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
G9006	MCCD, Home monitoring	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
G9007	MCCD, sch team conf	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
G9008	Mccd,phys coor-care ovrsght	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
G9016	Demo-smoking cessation coun	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
H0001	Alcohol and/or drug assess	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0002	Alcohol and/or drug screenin	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0003	Alcohol and/or drug screenin	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0004	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0005	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0006	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0007	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0008	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0009	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0010	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0011	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0012	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0013	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0014	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0015	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0016	Alcohol and/or drug services	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
H0017	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0018	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0019	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0020	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
H0021	Alcohol and/or drug training	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
H0022	Alcohol and/or drug interven	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
H0023	Alcohol and/or drug outreach	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
H0024	Alcohol and/or drug preventi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
H0025	Alcohol and/or drug preventi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
H0026	Alcohol and/or drug preventi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
H0027	Alcohol and/or drug preventi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
H0028	Alcohol and/or drug preventi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
H0029	Alcohol and/or drug preventi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
H0030	Alcohol and/or drug hotline	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J0120	Tetracyclin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0130	Abciximab injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0150	Injection adenosine 6 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0151	Adenosine injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0170	Adrenalin epinephrin inject	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0190	Inj biperiden lactate/5 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0200	Alatrofloxacin mesylate	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0205	Alglucerase injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0207	Amifostine	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0210	Methyldopate hcl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0256	Alpha 1 proteinase inhibitor	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0270	Alprostadil for injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0275	Alprostadil urethral suppos	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0280	Aminophyllin 250 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0282	Amiodarone HCl	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0285	Amphotericin B	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0286	Amphotericin B lipid complex	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0290	Ampicillin 500 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0295	Ampicillin sodium per 1.5 gm	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0300	Amobarbital 125 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0330	Succinycholine chloride inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0340	Nandrolon phenpropionate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0350	Injection anistreplase 30 u	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0360	Hydralazine hcl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0380	Inj metaraminol bitartrate	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0390	Chloroquine injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0395	Arbutamine HCl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0400	Inj trimethaphan camsylate	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0456	Azithromycin	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0460	Atropine sulfate injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0470	Dimecaprol injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0475	Baclofen 10 MG injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0476	Baclofen intrathecal trial	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0500	Dicyclomine injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0510	Benzquinamide injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0515	Inj benztropine mesylate	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0520	Bethanechol chloride inject	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0530	Penicillin g benzathine inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
J0540	Penicillin g benzathine inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0550	Penicillin g benzathine inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0560	Penicillin g benzathine inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0570	Penicillin g benzathine inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0580	Penicillin g benzathine inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0585	Botulinum toxin a per unit	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0590	Ethylnorepinephrine hcl inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0600	Edetate calcium disodium inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0610	Calcium gluconate injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0620	Calcium glycer & lact/10 ML	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0630	Calcitonin salmon injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0635	Calcitriol injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0640	Leucovorin calcium injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0670	Inj mepivacaine HCL/10 ml	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0690	Cefazolin sodium injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0694	Cefoxitin sodium injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0695	Cefonocid sodium injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0696	Ceftriaxone sodium injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0697	Sterile cefuroxime injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0698	Cefotaxime sodium injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0702	Betamethasone acet&sod phosp	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0704	Betamethasone sod phosp/4 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0710	Cephapirin sodium injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0713	Inj ceftazidime per 500 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0715	Ceftizoxime sodium / 500 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0720	Chloramphenicol sodium injec	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0725	Chorionic gonadotropin/1000u	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0730	Chlorpheniramin maleate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0735	Clonidine hydrochloride	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0740	Cidofovir injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0743	Cilastatin sodium injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0745	Inj codeine phosphate /30 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0760	Colchicine injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J0770	Colistimethate sodium inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0780	Prochlorperazine injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0800	Corticotropin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0810	Cortisone injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0835	Inj cosyntropin per 0.25 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0850	Cytomegalovirus imm IV /vial	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0895	Deferoxamine mesylate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
J0900	Testosterone enanthate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0945	Brompheniramine maleate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J0970	Estradiol valerate injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J1000	Depo-estradiol cypionate inj	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J1020	Methylprednisolone 20 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1030	Methylprednisolone 40 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1040	Methylprednisolone 80 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1050	Medroxyprogesterone inj	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J1055	Medrxyprogester acetate inj	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J1060	Testosterone cypionate 1 ML	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1070	Testosterone cypionat 100 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1080	Testosterone cypionat 200 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1090	Testosterone cypionate 50 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1095	Inj dexamethasone acetate	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1100	Dexamethasone sodium phos	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1110	Inj dihydroergotamine mesylt	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1120	Acetazolamid sodium injectio	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1160	Digoxin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1165	Phenytoin sodium injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1170	Hydromorphone injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1180	Dyphylline injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1190	Dexrazoxane HCl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1200	Diphenhydramine hcl injectio	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1205	Chlorothiazide sodium inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1212	Dimethyl sulfoxide 50% 50 ML	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1230	Methadone injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1240	Dimenhydrinate injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1245	Dipyridamole injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1250	Inj dobutamine HCL/250 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1260	Dolasetron mesylate	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1320	Amitriptyline injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1325	Epoprostenol injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1327	Eptifibatide injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1330	Ergonovine maleate injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J1362	Erythromycin glucep / 250 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1364	Erythro lactobionate /500 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1380	Estradiol valerate 10 MG inj	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J1390	Estradiol valerate 20 MG inj	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J1410	Inj estrogen conjugate 25 MG	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J1435	Injection estrone per 1 MG	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
J1436	Etidronate disodium inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1438	Etanercept injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1440	Filgrastim 300 mcg injeciton	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1441	Filgrastim 480 mcg injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1450	Fluconazole	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1452	Intraocular Fomivirsen na	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1455	Foscarnet sodium injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1460	Gamma globulin 1 CC inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1470	Gamma globulin 2 CC inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1480	Gamma globulin 3 CC inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1490	Gamma globulin 4 CC inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1500	Gamma globulin 5 CC inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1510	Gamma globulin 6 CC inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1520	Gamma globulin 7 CC inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1530	Gamma globulin 8 CC inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1540	Gamma globulin 9 CC inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1550	Gamma globulin 10 CC inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1560	Gamma globulin > 10 CC inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1561	Immune globulin 500 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1563	IV immune globulin	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1565	RSV-ivig	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J1570	Ganciclovir sodium injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1580	Garamycin gentamicin inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1600	Gold sodium thiomaleate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1610	Glucagon hydrochloride/1 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1620	Gonadorelin hydroch/ 100 mcg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1626	Granisetron HCl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1630	Haloperidol injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1631	Haloperidol decanoate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1642	Inj heparin sodium per 10 u	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1644	Inj heparin sodium per 1000u	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1645	Dalteparin sodium	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1650	Inj enoxaparin sodium	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1670	Tetanus immune globulin inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1690	Prednisolone tebutate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1700	Hydrocortisone acetate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1710	Hydrocortisone sodium ph inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1720	Hydrocortisone sodium succ i	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1730	Diazoxide injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1739	Hydroxyprogesterone cap 125	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
J1741	Hydroxyprogesterone cap 250	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J1742	Ibutilide fumarate injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1745	Infliximab injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1750	Iron dextran	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1785	Injection imiglucerase /unit	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1790	Droperidol injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1800	Propranolol injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1810	Droperidol/fentanyl inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1820	Insulin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1825	Interferon beta-1a	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1830	Interferon beta-1b / .25 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1840	Kanamycin sulfate 500 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1850	Kanamycin sulfate 75 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1885	Ketorolac tromethamine inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1890	Cephalothin sodium injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1910	Kutapressin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1930	Propiomazine injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1940	Furosemide injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1950	Leuprolide acetate /3.75 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1955	Inj levocarnitine per 1 gm	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1956	Levofloxacin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1960	Levorphanol tartrate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1970	Methotrimeprazine injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1980	Hyoscyamine sulfate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J1990	Chlordiazepoxide injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2000	Lidocaine injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2010	Lincomycin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2060	Lorazepam injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2150	Mannitol injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2175	Meperidine hydrochl /100 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2180	Meperidine/promethazine inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2210	Methylergonovin maleate inj	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J2240	Metocurine iodide injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2250	Inj midazolam hydrochloride	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2260	Inj milrinone lactate / 5 ML	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2270	Morphine sulfate injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2271	Morphine so4 injection 100mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J2275	Morphine sulfate injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2300	Inj nalbuphine hydrochloride	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2310	Inj naloxone hydrochloride	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
J2320	Nandrolone decanoate 50 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2321	Nandrolone decanoate 100 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2322	Nandrolone decanoate 200 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2330	Thiothixene injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2350	Niacinamide/niacin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2352	Octreotide acetate injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2355	Oprelvekin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2360	Orphenadrine injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2370	Phenylephrine hcl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2400	Chloroprocaine hcl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2405	Ondansetron hcl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2410	Oxymorphone hcl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2430	Pamidronate disodium /30 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2440	Papaverin hcl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2460	Oxytetracycline injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2480	Hydrochlorides of opium inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2500	Paricalcitol	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J2510	Penicillin g procaine inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2512	Inj pentagastrin per 2 ML	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2515	Pentobarbital sodium inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2540	Penicillin g potassium inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2543	Piperacillin/tazobactam	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2545	Pentamidine isethionte/300mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2550	Promethazine hcl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2560	Phenobarbital sodium inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2590	Oxytocin injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J2597	Inj desmopressin acetate	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2640	Prednisolone sodium ph inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2650	Prednisolone acetate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2670	Totazoline hcl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2675	Inj progesterone per 50 MG	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J2680	Fluphenazine decanoate 25 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2690	Procainamide hcl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2700	Oxacillin sodium injeciton	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2710	Neostigmine methylslfte inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2720	Inj protamine sulfate/10 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2725	Inj protirelin per 250 mcg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2730	Pralidoxime chloride inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2760	Phentolaine mesylate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2765	Metoclopramide hcl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
J2770	Quinupristin/dalfopristin	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2780	Ranitidine hydrochloride inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2790	Rho d immune globulin inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2792	Rho(D) immune globulin h, sd	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2795	Ropivacaine HCl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2800	Methocarbamol injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2810	Inj theophylline per 40 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2820	Sargramostim injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2860	Secobarbital sodium inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2910	Aurothioglucose injeciton	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2912	Sodium chloride injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2915	NA Ferric Gluconate Complex	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2920	Methylprednisolone injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2930	Methylprednisolone injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2950	Promazine hcl injeciton	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2970	Methicillin sodium injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2993	Reteplase injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2995	Inj streptokinase /250000 IU	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J2997	Alteplase recombinant	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3000	Streptomycin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3010	Fentanyl citrate injeciton	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3030	Sumatriptan succinate / 6 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3070	Pentazocine hcl injeciton	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3080	Chlorprothixene injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3105	Terbutaline sulfate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3120	Testosterone enanthate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3130	Testosterone enanthate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3140	Testosterone suspension inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3150	Testosteron propionate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3230	Chlorpromazine hcl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3240	Thyrotropin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3245	Tirofiban hydrochloride	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3250	Trimethobenzamide hcl inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3260	Tobramycin sulfate injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3265	Injection torsemide 10 mg/ml	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3270	Imipramine hcl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3280	Thiethylperazine maleate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3301	Triamcinolone acetonide inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3302	Triamcinolone diacetate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3303	Triamcinolone hexacetonl inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D

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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
J3305	Inj trimetrexate glucoronate	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3310	Perphenazine injeciton	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3320	Spectinomycn di-hcl inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3350	Urea injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3360	Diazepam injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3364	Urokinase 5000 IU injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3365	Urokinase 250,000 IU inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3370	Vancomycin hcl injeciton	AWP	AWP	0	0%	0%	0%	9	0	0	0	0	0		D
J3390	Methoxamine injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3400	Triflupromazine hcl inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3410	Hydroxyzine hcl injeciton	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3420	Vitamin b12 injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3430	Vitamin k phytonadione inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3450	Mephentermine sulfate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3470	Hyaluronidase injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3475	Inj magnesium sulfate	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3480	Inj potassium chloride	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3485	Zidovudine	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3490	Drugs unclassified injection	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
J3520	Edetate disodium per 150 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J3530	Nasal vaccine inhalation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J3535	Metered dose inhaler drug	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
J3570	Laetrile amygdalin vit B17	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J7030	Normal saline solution infus	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7040	Normal saline solution infus	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7042	5% dextrose/normal saline	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7050	Normal saline solution infus	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7051	Sterile saline/water	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7060	5% dextrose/water	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7070	D5w infusion	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7100	Dextran 40 infusion	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7110	Dextran 75 infusion	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7120	Ringers lactate infusion	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7130	Hypertonic saline solution	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7190	Factor viii	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7191	Factor VIII (porcine)	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7192	Factor viii recombinant	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7194	Factor ix complex	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7197	Antithrombin iii injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7198	Anti-inhibitor	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
J7199	Hemophilia clot factor noc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
J7300	Intraut copper contraceptive	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J7310	Ganciclovir long act implant	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7315	Sodium hyaluronate injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J7320	Hylan G-F 20 injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J7330	Cultured chondrocytes implnt	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7500	Azathioprine oral 50mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7501	Azathioprine parenteral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7502	Cyclosporine oral 100 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7504	Lymphocyte immune globulin	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7505	Monoclonal antibodies	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
J7506	Prednisone oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7507	Tacrolimus oral per 1 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7508	Tacrolimus oral per 5 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7509	Methylprednisolone oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7510	Prednisolone oral per 5 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7513	Daclizumab, parenteral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7515	Cyclosporine oral 25 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7516	Cyclosporin parenteral 250mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7517	Mycophenolate mofetil oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7520	Sirolimus, oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7525	Tacrolimus injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7599	Immunosuppressive drug noc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
J7608	Acetylcysteine inh sol u d	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7618	Albuterol inh sol con	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7619	Albuterol inh sol u d	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7628	Bitolterol mes inhal sol con	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7629	Bitolterol mes inh sol u d	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7631	Cromolyn sodium inh sol u d	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7635	Atropine inhal sol con	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J7636	Atropine inhal sol unit dose	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J7637	Dexamethasone inhal sol con	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J7638	Dexamethasone inhal sol u d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J7639	Dornase alpha inhal sol u d	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7642	Glycopyrrolate inhal sol con	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J7643	Glycopyrrolate inhal sol u d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J7644	Ipratropium brom inh sol u d	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7648	Isoetharine hcl inh sol con	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7649	Isoetharine hcl inh sol u d	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7658	Isoproterenolhcl inh sol con	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
J7659	Isoproterenol hcl inh sol ud	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J7668	Metaproterenol inh sol con	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7669	Metaproterenol inh sol u d	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7680	Terbutaline so4 inh sol con	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J7681	Terbutaline so4 inh sol u d	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7682	Tobramycin inhalation sol	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J7683	Triamcinolone inh sol con	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
J7684	Triamcinolone inh sol u d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
J7699	Inhalation solution for DME	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
J7799	Non-inhalation drug for DME	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
J8499	Oral prescrip drug non chemo	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
J8510	Oral busulfan	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J8520	Capecitabine, oral, 150 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J8521	Capecitabine, oral, 500 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J8530	Cyclophosphamide oral 25 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J8560	Etoposide oral 50 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J8600	Melphalan oral 2 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J8610	Methotrexate oral 2.5 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J8700	Temozolmide	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J8999	Oral prescription drug chemo	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
J9000	Doxorubic hcl 10 MG vl chemo	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9001	Doxorubicin hcl liposome inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9015	Aldesleukin/single use vial	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9020	Asparaginase injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9031	Bcg live intravesical vac	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9040	Bleomycin sulfate injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9045	Carboplatin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9050	Carmus bischl nitro inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9060	Cisplatin 10 MG injeciton	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9062	Cisplatin 50 MG injeciton	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9065	Inj cladribine per 1 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9070	Cyclophosphamide 100 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9080	Cyclophosphamide 200 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9090	Cyclophosphamide 500 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9091	Cyclophosphamide 1.0 grm inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9092	Cyclophosphamide 2.0 grm inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9093	Cyclophosphamide lyophilized	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9094	Cyclophosphamide lyophilized	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9095	Cyclophosphamide lyophilized	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9096	Cyclophosphamide lyophilized	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
J9097	Cyclophosphamide lyophilized	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9100	Cytarabine hcl 100 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9110	Cytarabine hcl 500 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9120	Dactinomycin actinomycin d	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9130	Dacarbazine 10 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9140	Dacarbazine 200 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9150	Daunorubicin	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9151	Daunorubicin citrate liposom	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9160	Denileukin diftitox, 300 mcg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9165	Diethylstilbestrol injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J9170	Docetaxel	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9180	Epirubicin HCl injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9181	Etoposide 10 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9182	Etoposide 100 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9185	Fludarabine phosphate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9190	Fluorouracil injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9200	Floxuridine injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9201	Gemcitabine HCl	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9202	Goserelin acetate implant	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9206	Irinotecan injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9208	Ifosfomide injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9209	Mesna injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9211	Idarubicin hcl injeciton	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9212	Interferon alfacon-1	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9213	Interferon alfa-2a inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9214	Interferon alfa-2b inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9215	Interferon alfa-n3 inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9216	Interferon gamma 1-b inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9217	Leuprolide acetate suspnsion	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9218	Leuprolide acetate injeciton	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9219	Leuprolide acetate implant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
J9230	Mechlorethamine hcl inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9245	Inj melphalan hydrochl 50 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9250	Methotrexate sodium inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9260	Methotrexate sodium inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9265	Paclitaxel injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9266	Pegaspargase/singl dose vial	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9268	Pentostatin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9270	Plicamycin (mithramycin) inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9280	Mitomycin 5 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
J9290	Mitomycin 20 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9291	Mitomycin 40 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9293	Mitoxantrone hydrochl / 5 MG	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9310	Rituximab cancer treatment	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9320	Streptozocin injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9340	Thiotepa injection	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9350	Topotecan	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9355	Trastuzumab	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9357	Valrubicin, 200 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9360	Vinblastine sulfate inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9370	Vincristine sulfate 1 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9375	Vincristine sulfate 2 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9380	Vincristine sulfate 5 MG inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9390	Vinorelbine tartrate/10 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9600	Porfimer sodium	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
J9999	Chemotherapy drug	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
K0001	Standard wheelchair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0002	Stnd hemi (low seat) whlchr	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0003	Lightweight wheelchair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0004	High strength ltwt whlchr	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0005	Ultralightweight wheelchair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0006	Heavy duty wheelchair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0007	Extra heavy duty wheelchair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0008	Cstm manual wheelchair/base	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0009	Other manual wheelchair/base	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0010	Stnd wt frame power whlchr	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0011	Stnd wt pwr whlchr w control	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0012	Ltwt portbl power whlchr	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0013	Custom power whlchr base	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0014	Other power whlchr base	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0015	Detach non-adjus hght armrst	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0016	Detach adjust armrst cmplete	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0017	Detach adjust armrest base	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0018	Detach adjust armrst upper	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0019	Arm pad each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0020	Fixed adjust armrest pair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0021	Anti-tipping device each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0022	Reinforced back upholstery	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0023	Planr back insrt foam w/strp	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0024	Plnr back insrt foam w/hrdwr	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
K0025	Hook-on headrest extension	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0026	Back upholst lgtwt whlchr	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0027	Back upholst other whlchr	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0028	Manual fully reclining back	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0029	Reinforced seat upholstery	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0030	Solid plnr seat sngl dnsfoam	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0031	Safety belt/pelvic strap	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0032	Seat uphols lgtwt whlchr	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0033	Seat upholstery other whlchr	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0034	Heel loop each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0035	Heel loop with ankle strap	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0036	Toe loop each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0037	High mount flip-up footrest	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0038	Leg strap each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0039	Leg strap h style each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0040	Adjustable angle footplate	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0041	Large size footplate each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0042	Standard size footplate each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0043	Ftrst lower extension tube	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0044	Ftrst upper hanger bracket	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0045	Footrest complete assembly	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0046	Elevat legrst low extension	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0047	Elevat legrst up hangr brack	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0048	Elevate legrest complete	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0049	Calf pad each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0050	Ratchet assembly	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0051	Cam relese assem ftrst/lgrst	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0052	Swingaway detach footrest	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0053	Elevate footrest articulate	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0054	Seat wdth 10-12/15/17/20 wc	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0055	Seat dpth 15/17/18 ltwt wc	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0056	Seat ht <17 or >=21 ltwt wc	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0057	Seat wdth 19/20 hvy dty wc	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0058	Seat dpth 17/18 power wc	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0059	Plastic coated handrim each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0060	Steel handrim each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0061	Aluminum handrim each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0062	Handrim 8-10 vert/obliq proj	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0063	Hndrm 12-16 vert/obliq proj	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0064	Zero pressure tube flat free	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
K0065	Spoke protectors	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0066	Solid tire any size each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0067	Pneumatic tire any size each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0068	Pneumatic tire tube each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0069	Rear whl complete solid tire	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0070	Rear whl compl pneum tire	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0071	Front castr compl pneum tire	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0072	Frnt cstr cmpl sem-pneum tir	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0073	Caster pin lock each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0074	Pneumatic caster tire each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0075	Semi-pneumatic caster tire	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0076	Solid caster tire each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0077	Front caster assem complete	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0078	Pneumatic caster tire tube	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0079	Wheel lock extension pair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0080	Anti-rollback device pair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0081	Wheel lock assembly complete	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0082	22 nf deep cycl acid battery	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0083	22 nf gel cell battery each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0084	Grp 24 deep cycl acid battry	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0085	Group 24 gel cell battery	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0086	U-1 lead acid battery each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0087	U-1 gel cell battery each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0088	Battry chrgr acid/gel cell	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0089	Battery charger dual mode	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0090	Rear tire power wheelchair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0091	Rear tire tube power whlchr	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0092	Rear assem cmplt powr whlchr	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0093	Rear zero pressure tire tube	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0094	Wheel tire for power base	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0095	Wheel tire tube each base	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0096	Wheel assem powr base complt	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0097	Wheel zero presure tire tube	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0098	Drive belt power wheelchair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0099	Pwr wheelchair front caster	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0100	Amputee adapter pair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0101	One-arm drive attachment	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0102	Crutch and cane holder	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0103	Transfer board < 25"	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0104	Cylinder tank carrier	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
K0105	Iv hanger	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0106	Arm trough each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0107	Wheelchair tray	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0108	W/c component-accessory NOS	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0112	Trunk vest supprt innr frame	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0113	Trunk vest suprt w/o inr frm	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0114	Whlchr back suprt inr frame	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0115	Back module orthotic system	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0116	Back & seat modul orthot sys	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0183	Nasal application device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0184	Nasal pillows/seals pair	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0185	Pos airway pressure headgear	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0186	Pos airway prssure chinstrap	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0187	Pos airway pressure tubing	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0188	Pos airway pressure filter	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0189	Filter nondisposable w PAP	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0195	Elevating whlchair leg rests	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0268	Humidifier nonheated w PAP	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0415	RX antiemetic drg, oral NOS	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0416	Rx antiemetic drg,rectal NOS	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0452	Wheelchair bearings	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0455	Pump uninterrupted infusion	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0460	WC power add-on joystick	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0461	WC power add-on tiller cntrl	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0462	Temporary replacement eqpmnt	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0531	Heated humidifier used w pap	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0532	Noninvasive assist wo backup	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0533	Noninvasive assist w backup	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0534	Invasive assist w backup	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0538	Neg pressure wnd thrpy pump	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0539	Neg pres wnd thrpy dsg set	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0540	Neg pres wnd thrp canister	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0541	Speech generating device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0542	Speech generating device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0543	Speech generating device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0544	Speech generating device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0545	Speech generating software	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0546	Accessory for sgd,mntng syst	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0547	Accessory for sgd,not clasfd	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0548	Insulin lispro	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N

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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
K0549	Hosp bed hvy dty xtra wide	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0550	Hosp bed xtra hvy dty x wide	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
K0551	Residual limb support system	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L0100	Cerv craniosten helmet mold	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0110	Cerv craniostenosis hel non-	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0120	Cerv flexible non-adjustable	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0130	Flex thermoplastic collar mo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0140	Cervical semi-rigid adjustab	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0150	Cerv semi-rig adj molded chn	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0160	Cerv semi-rig wire occ/mand	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0170	Cervical collar molded to pt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0172	Cerv col thermplas foam 2 pi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0174	Cerv col foam 2 piece w thor	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0180	Cer post col occ/man sup adj	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0190	Cerv collar supp adj cerv ba	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0200	Cerv col supp adj bar & thor	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0210	Thoracic rib belt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0220	Thor rib belt custom fabrica	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0300	TLSO flex surgical support	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0310	Tlso flexible custom fabrica	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0315	Tlso flex elas rigid post pa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0317	Tlso flex hypext elas post p	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0320	Tlso a-p contrl w apron frnt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0330	Tlso ant-pos-lateral control	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0340	Tlso a-p-l-rotary with apron	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0350	Tlso flex compress jacket cu	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0360	Tlso flex compress jacket mo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0370	Tlso a-p-l-rotary hyperexten	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0380	Tlso a-p-l-rot w/ pos extens	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0390	Tlso a-p-l control molded	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0400	Tlso a-p-l w interface mater	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0410	Tlso a-p-l two piece constr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0420	Tlso a-p-l 2 piece w interfa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0430	Tlso a-p-l w interface custm	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0440	Tlso a-p-l overlap frnt cust	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0500	Lso flex surgical support	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0510	Lso flexible custom fabricat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0515	Lso flex elas w/ rig post pa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0520	Lso a-p-l control with apron	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0530	Lso ant-pos control w apron	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

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L0540	Lso lumbar flexion a-p-l	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0550	Lso a-p-l control molded	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0560	Lso a-p-l w interface	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0565	Lso a-p-l control custom	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0600	Sacroiliac flex surg support	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0610	Sacroiliac flexible custm fa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0620	Sacroiliac semi-rig w apron	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0700	Ctlso a-p-l control molded	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0710	Ctlso a-p-l control w/ inter	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0810	Halo cervical into jckt vest	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0820	Halo cervical into body jack	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0830	Halo cerv into milwaukee typ	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0860	Magnetic resonanc image comp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0900	Torso/ptosis support	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0910	Torso & ptosis supp custm fa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0920	Torso/pendulous abd support	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0930	Pendulous abdomen supp custm	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0940	Torso/postsurgical support	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0950	Post surg support custom fab	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0960	Post surgical support pads	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0970	Tlso corset front	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0972	Lso corset front	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0974	Tlso full corset	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0976	Lso full corset	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0978	Axillary crutch extension	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0980	Peroneal straps pair	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0982	Stocking supp grips set of f	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L0984	Protective body sock each	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L0999	Add to spinal orthosis NOS	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L1000	Ctlso milwauke initial model	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1010	Ctlso axilla sling	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1020	Kyphosis pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1025	Kyphosis pad floating	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1030	Lumbar bolster pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1040	Lumbar or lumbar rib pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1050	Sternal pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1060	Thoracic pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1070	Trapezius sling	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1080	Outrigger	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1085	Outrigger bil w/ vert extens	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L1090	Lumbar sling	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1100	Ring flange plastic/leather	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1110	Ring flange plas/leather mol	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1120	Covers for upright each	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1200	Furnsh initial orthosis only	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1210	Lateral thoracic extension	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1220	Anterior thoracic extension	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1230	Milwaukee type superstructur	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1240	Lumbar derotation pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1250	Anterior asis pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1260	Anterior thoracic derotation	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1270	Abdominal pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1280	Rib gusset (elastic) each	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1290	Lateral trochanteric pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1300	Body jacket mold to patient	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1310	Post-operative body jacket	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1499	Spinal orthosis NOS	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1500	Thkao mobility frame	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1510	Thkao standing frame	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1520	Thkao swivel walker	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1600	Abduct hip flex frejka w cvr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1610	Abduct hip flex frejka covr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1620	Abduct hip flex pavlik harne	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1630	Abduct control hip semi-flex	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1640	Pelv band/spread bar thigh c	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1650	HO abduction hip adjustable	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1660	HO abduction static plastic	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1680	Pelvic & hip control thigh c	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1685	Post-op hip abduct custom fa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1686	HO post-op hip abduction	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1690	Combination bilateral HO	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L1700	Leg perthes orth toronto typ	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1710	Legg perthes orth newington	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1720	Legg perthes orthosis trilat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1730	Legg perthes orth scottish r	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1750	Legg perthes sling	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1755	Legg perthes patten bottom t	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1800	Knee orthoses elas w stays	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1810	Ko elastic with joints	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1815	Elastic with condylar pads	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L1820	Ko elas w/ condyle pads & jo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1825	Ko elastic knee cap	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1830	Ko immobilizer canvas longit	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1832	KO adj jnt pos rigid support	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1834	Ko w/0 joint rigid molded to	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1840	Ko derot ant cruciate custom	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1843	KO single upright custom fit	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L1844	Ko w/adj jt rot cntrl molded	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1845	Ko w/ adj flex/ext rotat cus	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1846	Ko w adj flex/ext rotat mold	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1847	KO adjustable w air chambers	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L1850	Ko swedish type	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1855	Ko plas doub upright jnt mol	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1858	Ko polycentric pneumatic pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1860	Ko supracondylar socket mold	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1870	Ko doub upright lacers molde	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1880	Ko doub upright cuffs/lacers	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1885	Knee upright w/resistance	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L1900	Afo sprng wir drsflx calf bd	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1902	Afo ankle gauntlet	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1904	Afo molded ankle gauntlet	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1906	Afo multiligamentus ankle su	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1910	Afo sing bar clasp attach sh	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1920	Afo sing upright w/ adjust s	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1930	Afo plastic	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1940	Afo molded to patient plasti	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1945	Afo molded plas rig ant tib	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1950	Afo spiral molded to pt plas	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1960	Afo pos solid ank plastic mo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1970	Afo plastic molded w/ankle j	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1980	Afo sing solid stirrup calf	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L1990	Afo doub solid stirrup calf	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2000	Kafo sing fre stirr thi/calf	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2010	Kafo sng solid stirrup w/o j	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2020	Kafo dbl solid stirrup band/	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2030	Kafo dbl solid stirrup w/o j	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2035	KAFO plastic pediatric size	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L2036	Kafo plas doub free knee mol	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2037	Kafo plas sing free knee mol	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2038	Kafo w/o joint multi-axis an	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L2039	KAFO,plstic,medlat rotat con	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L2040	Hkafo torsion bil rot straps	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2050	Hkafo torsion cable hip pelv	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2060	Hkafo torsion ball bearing j	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2070	Hkafo torsion unilat rot str	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2080	Hkafo unilat torsion cable	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2090	Hkafo unilat torsion ball br	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2102	Afo tibial fx cast plstr mol	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2104	Afo tib fx cast synthetic mo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2106	Afo tib fx cast plaster mold	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2108	Afo tib fx cast molded to pt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2112	Afo tibial fracture soft	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2114	Afo tib fx semi-rigid	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2116	Afo tibial fracture rigid	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2122	Kafo fem fx cast plaster mol	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2124	Kafo fem fx cast synthet mol	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2126	Kafo fem fx cast thermoplas	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2128	Kafo fem fx cast molded to p	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2132	Kafo femoral fx cast soft	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2134	Kafo fem fx cast semi-rigid	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2136	Kafo femoral fx cast rigid	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2180	Plas shoe insert w ank joint	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2182	Drop lock knee	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2184	Limited motion knee joint	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2186	Adj motion knee jnt lerman t	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2188	Quadrilateral brim	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2190	Waist belt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2192	Pelvic band & belt thigh fla	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2200	Limited ankle motion ea jnt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2210	Dorsiflexion assist each joi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2220	Dorsi & plantar flex ass/res	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2230	Split flat caliper stirr & p	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2240	Round caliper and plate atta	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2250	Foot plate molded stirrup at	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2260	Reinforced solid stirrup	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2265	Long tongue stirrup	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2270	Varus/valgus strap padded/li	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2275	Plastic mod low ext pad/line	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L2280	Molded inner boot	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2300	Abduction bar jointed adjust	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L2310	Abduction bar-straight	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2320	Non-molded lacer	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2330	Lacer molded to patient mode	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2335	Anterior swing band	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2340	Pre-tibial shell molded to p	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2350	Prosthetic type socket molde	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2360	Extended steel shank	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2370	Patten bottom	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2375	Torsion ank & half solid sti	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2380	Torsion straight knee joint	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2385	Straight knee joint heavy du	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2390	Offset knee joint each	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2395	Offset knee joint heavy duty	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2397	Suspension sleeve lower ext	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L2405	Knee joint drop lock ea jnt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2415	Knee joint cam lock each joi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2425	Knee disc/dial lock/adj flex	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2430	Knee jnt ratchet lock ea jnt	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L2435	Knee joint polycentric joint	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2492	Knee lift loop drop lock rin	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2500	Thi/glut/ischia wgt bearing	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2510	Th/wght bear quad-lat brim m	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2520	Th/wght bear quad-lat brim c	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2525	Th/wght bear nar m-l brim mo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2526	Th/wght bear nar m-l brim cu	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2530	Thigh/wght bear lacer non-mo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2540	Thigh/wght bear lacer molded	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2550	Thigh/wght bear high roll cu	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2570	Hip clevis type 2 posit jnt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2580	Pelvic control pelvic sling	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2600	Hip clevis/thrust bearing fr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2610	Hip clevis/thrust bearing lo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2620	Pelvic control hip heavy dut	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2622	Hip joint adjustable flexion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2624	Hip adj flex ext abduct cont	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2627	Plastic mold recipro hip & c	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2628	Metal frame recipro hip & ca	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2630	Pelvic control band & belt u	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2640	Pelvic control band & belt b	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2650	Pelv & thor control gluteal	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L2660	Thoracic control thoracic ba	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2670	Thorac cont paraspinal uprig	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2680	Thorac cont lat support upri	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2750	Plating chrome/nickel pr bar	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2755	Carbon graphite lamination	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L2760	Extension per extension per	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2770	Low ext orthosis per bar/jnt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2780	Non-corrosive finish	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2785	Drop lock retainer each	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2795	Knee control full kneecap	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2800	Knee cap medial or lateral p	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2810	Knee control condylar pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2820	Soft interface below knee se	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2830	Soft interface above knee se	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2840	Tibial length sock fx or equ	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2850	Femoral lgth sock fx or equa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L2860	Torsion mechanism knee/ankle	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L2999	Lower extremity orthosis NOS	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3000	Ft insert ucb berkeley shell	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3001	Foot insert remov molded spe	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3002	Foot insert plastazote or eq	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3003	Foot insert silicone gel eac	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3010	Foot longitudinal arch suppo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3020	Foot longitud/metatarsal sup	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3030	Foot arch support remov prem	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3040	Ft arch suprt premold longit	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3050	Foot arch supp premold metat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3060	Foot arch supp longitud/meta	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3070	Arch suprt att to sho longit	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3080	Arch supp att to shoe metata	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3090	Arch supp att to shoe long/m	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3100	Hallus-valgus nght dynamic s	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3140	Abduction rotation bar shoe	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3150	Abduct rotation bar w/o shoe	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3160	Shoe styled positioning dev	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L3170	Foot plastic heel stabilizer	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3201	Oxford w supinat/pronat inf	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3202	Oxford w/ supinat/pronator c	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3203	Oxford w/ supinator/pronator	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3204	Hightop w/ supp/pronator inf	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L3206	Hightop w/ supp/pronator chi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3207	Hightop w/ supp/pronator jun	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3208	Surgical boot each infant	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3209	Surgical boot each child	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3211	Surgical boot each junior	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3212	Benesch boot pair infant	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3213	Benesch boot pair child	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3214	Benesch boot pair junior	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3215	Orthopedic ftwear ladies oxf	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3216	Orthoped ladies shoes dpth i	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3217	Ladies shoes hightop depth i	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3218	Ladies surgical boot each	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3219	Orthopedic mens shoes oxford	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3221	Orthopedic mens shoes dpth i	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3222	Mens shoes hightop depth inl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3223	Mens surgical boot each	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3224	Woman's shoe oxford brace	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L3225	Man's shoe oxford brace	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L3230	Custom shoes depth inlay	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3250	Custom mold shoe remov prost	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3251	Shoe molded to pt silicone s	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3252	Shoe molded plastazote cust	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3253	Shoe molded plastazote cust	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3254	Orth foot non-stndard size/w	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3255	Orth foot non-standard size/	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3257	Orth foot add charge split s	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3260	Ambulatory surgical boot eac	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3265	Plastazote sandal each	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3300	Sho lift taper to metatarsal	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3310	Shoe lift elev heel/sole neo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3320	Shoe lift elev heel/sole cor	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3330	Lifts elevation metal extens	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3332	Shoe lifts tapered to one-ha	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3334	Shoe lifts elevation heel /i	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3340	Shoe wedge sach	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3350	Shoe heel wedge	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3360	Shoe sole wedge outside sole	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3370	Shoe sole wedge between sole	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3380	Shoe clubfoot wedge	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3390	Shoe outflare wedge	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L3400	Shoe metatarsal bar wedge ro	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3410	Shoe metatarsal bar between	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3420	Full sole/heel wedge btween	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3430	Sho heel count plast reinfor	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3440	Heel leather reinforced	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3450	Shoe heel sach cushion type	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3455	Shoe heel new leather standa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3460	Shoe heel new rubber standar	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3465	Shoe heel thomas with wedge	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3470	Shoe heel thomas extend to b	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3480	Shoe heel pad & depress for	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3485	Shoe heel pad removable for	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3500	Ortho shoe add leather insol	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3510	Orthopedic shoe add rub insl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3520	O shoe add felt w leath insl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3530	Ortho shoe add half sole	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3540	Ortho shoe add full sole	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3550	O shoe add standard toe tap	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3560	O shoe add horseshoe toe tap	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3570	O shoe add instep extension	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3580	O shoe add instep velcro clo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3590	O shoe convert to sof counte	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3595	Ortho shoe add march bar	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3600	Trans shoe calip plate exist	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3610	Trans shoe caliper plate new	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3620	Trans shoe solid stirrup exi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3630	Trans shoe solid stirrup new	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3640	Shoe dennis browne splint bo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3649	Orthopedic shoe modifica NOS	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3650	Shlder fig 8 abduct restrain	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3660	Abduct restrainer canvas&web	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3670	Acromio/clavicular canvas&we	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3675	Canvas vest SO	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L3700	Elbow orthoses elas w stays	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3710	Elbow elastic with metal joi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3720	Forearm/arm cuffs free motio	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3730	Forearm/arm cuffs ext/flex a	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3740	Cuffs adj lock w/ active con	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3760	EO withjoint, Prefabricated	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L3800	Whfo short opponen no attach	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L3805	Whfo long opponens no attach	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3807	WHFO,no joint, prefabricated	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L3810	Whfo thumb abduction bar	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3815	Whfo second m.p. abduction a	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3820	Whfo ip ext asst w/ mp ext s	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3825	Whfo m.p. extension stop	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3830	Whfo m.p. extension assist	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3835	Whfo m.p. spring extension a	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3840	Whfo spring swivel thumb	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3845	Whfo thumb ip ext ass w/ mp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3850	Action wrist w/ dorsiflex as	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3855	Whfo adj m.p. flexion contro	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3860	Whfo adj m.p. flex ctrl & i.	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3890	Torsion mechanism wrist/elbo	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L3900	Hinge extension/flex wrist/f	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3901	Hinge ext/flex wrist finger	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3902	Whfo ext power compress gas	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3904	Whfo electric custom fitted	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3906	Wrist gauntlet molded to pt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3907	Whfo wrst gauntlt thmb spica	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3908	Wrist cock-up non-molded	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3910	Whfo swanson design	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3912	Flex glove w/elastic finger	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3914	WHO wrist extension cock-up	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3916	Whfo wrist extens w/ outrigg	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3918	HFO knuckle bender	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3920	Knuckle bender with outrigge	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3922	Knuckle bend 2 seg to flex j	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3923	HFO, no joint, prefabricated	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L3924	Oppenheimer	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3926	Thomas suspension	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3928	Finger extension w/ clock sp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3930	Finger extension with wrist	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3932	Safety pin spring wire	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3934	Safety pin modified	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3936	Palmer	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3938	Dorsal wrist	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3940	Dorsal wrist w/ outrigger at	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3942	Reverse knuckle bender	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3944	Reverse knuckle bend w/ outr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L3946	HFO composite elastic	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3948	Finger knuckle bender	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3950	Oppenheimer w/ knuckle bend	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3952	Oppenheimer w/ rev knuckle 2	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3954	Spreading hand	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3956	Add joint upper ext orthosis	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L3960	Sewho airplan desig abdu pos	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3962	Sewho erbs palsey design abd	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3963	Molded w/ articulating elbow	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3964	Seo mobile arm sup att to wc	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3965	Arm supp att to wc rancho ty	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3966	Mobile arm supports reclinin	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3968	Friction dampening arm supp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3969	Monosuspension arm/hand supp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3970	Elevat proximal arm support	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3972	Offset/lat rocker arm w/ ela	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3974	Mobile arm support supinator	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3980	Upp ext fx orthosis humeral	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3982	Upper ext fx orthosis rad/ul	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3984	Upper ext fx orthosis wrist	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3985	Forearm hand fx orth w/ wr h	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3986	Humeral rad/ulna wrist fx or	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3995	Sock fracture or equal each	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L3999	Upper limb orthosis NOS	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4000	Repl girdle milwaukee orth	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4010	Replace trilateral socket br	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4020	Replace quadlat socket brim	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4030	Replace socket brim cust fit	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4040	Replace molded thigh lacer	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4045	Replace non-molded thigh lac	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4050	Replace molded calf lacer	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4055	Replace non-molded calf lace	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4060	Replace high roll cuff	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4070	Replace prox & dist upright	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4080	Repl met band kafo-afo prox	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4090	Repl met band kafo-afo calf/	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4100	Repl leath cuff kafo prox th	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4110	Repl leath cuff kafo-afo cal	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4130	Replace pretibial shell	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4205	Ortho dvc repair per 15 min	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L4210	Orth dev repair/repl minor p	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4350	Pneumatic ankle cntrl splint	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4360	Pneumatic walking splint	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4370	Pneumatic full leg splint	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4380	Pneumatic knee splint	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L4392	Replace AFO soft interface	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L4394	Replace foot drop spint	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L4396	Static AFO	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L4398	Foot drop splint recumbent	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5000	Sho insert w arch toe filler	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5010	Mold socket ank hgt w/ toe f	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5020	Tibial tubercle hgt w/ toe f	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5050	Ank symes mold sckt sach ft	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5060	Symes met fr leath socket ar	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5100	Molded socket shin sach foot	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5105	Plast socket jts/thgh lacer	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5150	Mold sckt ext knee shin sach	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5160	Mold socket bent knee shin s	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5200	Kne sing axis fric shin sach	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5210	No knee/ankle joints w/ ft b	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5220	No knee joint with artic ali	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5230	Fem focal defic constant fri	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5250	Hip canad sing axi cons fric	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5270	Tilt table locking hip sing	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5280	Hemipelvect canad sing axis	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5300	Bk sach soft cover & finish	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5310	Knee disart sach soft cv/fin	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5320	Ak open end sach soft cv/fin	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5330	Hip canadian sach sft cv/fin	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5340	Hemipelvectomy canad cv/fin	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5400	Postop dress & 1 cast chg bk	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5410	Postop dsg bk ea add cast ch	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5420	Postop dsg & 1 cast chg ak/d	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5430	Postop dsg ak ea add cast ch	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5450	Postop app non-wgt bear dsg	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5460	Postop app non-wgt bear dsg	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5500	Init bk ptb plaster direct	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5505	Init ak ischal plstr direct	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5510	Prep BK ptb plaster molded	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5520	Perp BK ptb thermopls direct	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L5530	Prep BK ptb thermopls molded	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5535	Prep BK ptb open end socket	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5540	Prep BK ptb laminated socket	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5560	Prep AK ischial plast molded	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5570	Prep AK ischial direct form	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5580	Prep AK ischial thermo mold	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5585	Prep AK ischial open end	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5590	Prep AK ischial laminated	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5595	Hip disartic sach thermopls	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5600	Hip disart sach laminat mold	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5610	Above knee hydracadence	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5611	Ak 4 bar link w/fric swing	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5613	Ak 4 bar ling w/hydraul swig	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5614	4-bar link above knee w/swng	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5616	Ak univ multiplex sys frict	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5617	AK/BK self-aligning unit ea	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5618	Test socket symes	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5620	Test socket below knee	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5622	Test socket knee disarticula	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5624	Test socket above knee	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5626	Test socket hip disarticulat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5628	Test socket hemipelvectomy	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5629	Below knee acrylic socket	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5630	Syme typ expandabl wall sckt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5631	Ak/knee disartic acrylic soc	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5632	Symes type ptb brim design s	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5634	Symes type poster opening so	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5636	Symes type medial opening so	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5637	Below knee total contact	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5638	Below knee leather socket	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5639	Below knee wood socket	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5640	Knee disarticulat leather so	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5642	Above knee leather socket	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5643	Hip flex inner socket ext fr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5644	Above knee wood socket	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5645	Bk flex inner socket ext fra	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5646	Below knee air cushion socke	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5647	Below knee suction socket	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5648	Above knee air cushion socke	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5649	Isch containmt/narrow m-l so	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L5650	Tot contact ak/knee disart s	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5651	Ak flex inner socket ext fra	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5652	Suction susp ak/knee disart	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5653	Knee disart expand wall sock	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5654	Socket insert symes	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5655	Socket insert below knee	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5656	Socket insert knee articulat	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5658	Socket insert above knee	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5660	Sock insrt syme silicone gel	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5661	Multi-durometer symes	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5662	Socket insert bk silicone ge	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5663	Sock knee disartic silicone	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5664	Socket insert ak silicone ge	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5665	Multi-durometer below knee	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5666	Below knee cuff suspension	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5667	Socket insert w lock lower	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5668	Socket insert w/o lock lower	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5669	Below knee socket w/o lock	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5670	Bk molded supracondylar susp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5672	Bk removable medial brim sus	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5674	Bk suspension sleeve	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5675	Bk heavy duty susp sleeve	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5676	Bk knee joints single axis p	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5677	Bk knee joints polycentric p	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5678	Bk joint covers pair	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5680	Bk thigh lacer non-molded	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5682	Bk thigh lacer glut/ischia m	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5684	Bk fork strap	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5686	Bk back check	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5688	Bk waist belt webbing	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5690	Bk waist belt padded and lin	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5692	Ak pelvic control belt light	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5694	Ak pelvic control belt pad/l	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5695	Ak sleeve susp neoprene/equa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5696	Ak/knee disartic pelvic join	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5697	Ak/knee disartic pelvic band	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5698	Ak/knee disartic silesian ba	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5699	Shoulder harness	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5700	Replace socket below knee	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5701	Replace socket above knee	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L5702	Replace socket hip	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5704	Custom shape covr below knee	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5705	Custm shape cover above knee	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5706	Custm shape cvr knee disart	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5707	Custm shape cover hip disart	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5710	Kne-shin exo sng axi mnl loc	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5711	Knee-shin exo mnl lock ultra	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5712	Knee-shin exo frict swg & st	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5714	Knee-shin exo variable frict	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5716	Knee-shin exo mech stance ph	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5718	Knee-shin exo frct swg & sta	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5722	Knee-shin pneum swg frct exo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5724	Knee-shin exo fluid swing ph	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5726	Knee-shin ext jnts fld swg e	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5728	Knee-shin fluid swg & stance	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5780	Knee-shin pneum/hydra pneum	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5785	Exoskeletal bk ultralt mater	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5790	Exoskeletal ak ultra-light m	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5795	Exoskel hip ultra-light mate	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5810	Endoskel knee-shin mnl lock	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5811	Endo knee-shin mnl lck ultra	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5812	Endo knee-shin frct swg & st	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5814	Endo knee-shin hydral swg ph	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5816	Endo knee-shin polyc mch sta	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5818	Endo knee-shin frct swg & st	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5822	Endo knee-shin pneum swg frc	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5824	Endo knee-shin fluid swing p	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5826	Miniature knee joint	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5828	Endo knee-shin fluid swg/sta	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5830	Endo knee-shin pneum/swg pha	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5840	Multi-axial knee/shin system	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5845	Knee-shin sys stance flexion	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5846	Knee-shin sys microprocessor	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5850	Endo ak/hip knee extens assi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5855	Mech hip extension assist	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5910	Endo below knee alignable sy	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5920	Endo ak/hip alignable system	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5925	Above knee manual lock	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5930	High activity knee frame	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5940	Endo bk ultra-light material	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L5950	Endo ak ultra-light material	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5960	Endo hip ultra-light materia	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5962	Below knee flex cover system	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5964	Above knee flex cover system	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5966	Hip flexible cover system	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5968	Multiaxial ankle w dorsiflex	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5970	Foot external keel sach foot	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5972	Flexible keel foot	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5974	Foot single axis ankle/foot	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5975	Combo ankle/foot prosthesis	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5976	Energy storing foot	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5978	Ft prosth multiaxial ankl/ft	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5979	Multi-axial ankle/ft prosth	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5980	Flex foot system	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5981	Flex-walk sys low ext prosth	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5982	Exoskeletal axial rotation u	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5984	Endoskeletal axial rotation	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5985	Lwr ext dynamic prosth pylon	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5986	Multi-axial rotation unit	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L5987	Shank ft w vert load pylon	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5988	Vertical shock reducing pylo	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L5999	Lowr extremity prosthes NOS	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6000	Par hand robin-aids thum rem	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6010	Hand robin-aids little/ring	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6020	Part hand robin-aids no fing	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6050	Wrst MLd sck flx hng tri pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6055	Wrst mold sock w/exp interfa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6100	Elb mold sock flex hinge pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6110	Elbow mold sock suspension t	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6120	Elbow mold doub splt soc ste	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6130	Elbow stump activated lock h	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6200	Elbow mold outsid lock hinge	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6205	Elbow molded w/ expand inter	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6250	Elbow inter loc elbow forarm	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6300	Shlder disart int lock elbow	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6310	Shoulder passive restor comp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6320	Shoulder passive restor cap	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6350	Thoracic intern lock elbow	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6360	Thoracic passive restor comp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6370	Thoracic passive restor cap	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L6380	Postop dsg cast chg wrst/elb	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6382	Postop dsg cast chg elb dis/	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6384	Postop dsg cast chg shlder/t	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6386	Postop ea cast chg & realign	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6388	Postop applicat rigid dsg on	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6400	Below elbow prosth tiss shap	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6450	Elb disart prosth tiss shap	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6500	Above elbow prosth tiss shap	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6550	Shldr disar prosth tiss shap	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6570	Scap thorac prosth tiss shap	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6580	Wrist/elbow bowden cable mol	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6582	Wrist/elbow bowden cbl dir f	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6584	Elbow fair lead cable molded	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6586	Elbow fair lead cable dir fo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6588	Shdr fair lead cable molded	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6590	Shdr fair lead cable direct	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6600	Polycentric hinge pair	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6605	Single pivot hinge pair	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6610	Flexible metal hinge pair	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6615	Disconnect locking wrist uni	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6616	Disconnect insert locking wr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6620	Flexion-friction wrist unit	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6623	Spring-ass rot wrst w/ latch	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6625	Rotation wrst w/ cable lock	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6628	Quick disconn hook adapter o	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6629	Lamination collar w/ couplin	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6630	Stainless steel any wrist	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6632	Latex suspension sleeve each	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6635	Lift assist for elbow	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6637	Nudge control elbow lock	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6640	Shoulder abduction joint pai	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6641	Excursion amplifier pulley t	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6642	Excursion amplifier lever ty	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6645	Shoulder flexion-abduction j	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6650	Shoulder universal joint	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6655	Standard control cable extra	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6660	Heavy duty control cable	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6665	Teflon or equal cable lining	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6670	Hook to hand cable adapter	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6672	Harness chest/shlder saddle	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L6675	Harness figure of 8 sing con	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6676	Harness figure of 8 dual con	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6680	Test sock wrist disart/bel e	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6682	Test sock elbw disart/above	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6684	Test socket shldr disart/tho	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6686	Suction socket	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6687	Frame typ socket bel elbow/w	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6688	Frame typ sock above elb/dis	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6689	Frame typ socket shoulder di	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6690	Frame typ sock interscap-tho	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6691	Removable insert each	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6692	Silicone gel insert or equal	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6693	Lockingelbow forearm cntrbal	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L6700	Terminal device model #3	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6705	Terminal device model #5	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6710	Terminal device model #5x	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6715	Terminal device model #5xa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6720	Terminal device model #6	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6725	Terminal device model #7	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6730	Terminal device model #7lo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6735	Terminal device model #8	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6740	Terminal device model #8x	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6745	Terminal device model #88x	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6750	Terminal device model #10p	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6755	Terminal device model #10x	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6765	Terminal device model #12p	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6770	Terminal device model #99x	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6775	Terminal device model#555	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6780	Terminal device model #ss555	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6790	Hooks-accu hook or equal	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6795	Hooks-2 load or equal	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6800	Hooks-aprl vc or equal	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6805	Modifier wrist flexion unit	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6806	Trs grip vc or equal	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6807	Term device grip1/2 or equal	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6808	Term device infant or child	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6809	Trs super sport passive	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6810	Pincher tool otto bock or eq	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6825	Hands dorrance vo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6830	Hand aprl vc	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L6835	Hand sierra vo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6840	Hand becker imperial	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6845	Hand becker lock grip	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6850	Term dvc-hand becker plylite	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6855	Hand robin-aids vo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6860	Hand robin-aids vo soft	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6865	Hand passive hand	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6867	Hand detroit infant hand	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6868	Passive inf hand steeper/hos	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6870	Hand child mitt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6872	Hand nyu child hand	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6873	Hand mech inf steeper or equ	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6875	Hand bock vc	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6880	Hand bock vo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6890	Production glove	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6895	Custom glove	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6900	Hand restorat thumb/1 finger	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6905	Hand restoration multiple fi	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6910	Hand restoration no fingers	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6915	Hand restoration replacmnt g	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6920	Wrist disarticul switch ctrl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6925	Wrist disart myoelectronic c	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6930	Below elbow switch control	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6935	Below elbow myoelectronic ct	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6940	Elbow disarticulation switch	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6945	Elbow disart myoelectronic c	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6950	Above elbow switch control	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6955	Above elbow myoelectronic ct	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6960	Shldr disartic switch contro	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6965	Shldr disartic myoelectronic	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6970	Interscapular-thor switch ct	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L6975	Interscap-thor myoelectronic	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7010	Hand otto back steeper/eq sw	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7015	Hand sys teknik village swit	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7020	Electronic greifer switch ct	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7025	Electron hand myoelectronic	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7030	Hand sys teknik vill myoelec	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7035	Electron greifer myoelectro	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7040	Prehensile actuator hosmer s	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7045	Electron hook child michigan	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L7170	Electronic elbow hosmer swit	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7180	Electronic elbow utah myoele	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7185	Electron elbow adolescent sw	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7186	Electron elbow child switch	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7190	Elbow adolescent myoelectron	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7191	Elbow child myoelectronic ct	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7260	Electron wrist rotator otto	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7261	Electron wrist rotator utah	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7266	Servo control steeper or equ	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7272	Analogue control unb or equa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7274	Proportional ctl 12 volt uta	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7360	Six volt bat otto bock/eq ea	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7362	Battery chrgr six volt otto	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7364	Twelve volt battery utah/equ	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7366	Battery chrgr 12 volt utah/e	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7499	Upper extremity prosthes NOS	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7500	Prosthetic dvc repair hourly	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7510	Prosthetic device repair rep	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L7520	Repair prosthesis per 15 min	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L7900	Vacuum erection system	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8000	Mastectomy bra	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8010	Mastectomy sleeve	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8015	Ext breastprosthesis garment	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8020	Mastectomy form	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8030	Breast prosthesis silicone/e	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8035	Custom breast prosthesis	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8039	Breast prosthesis NOS	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8040	Nasal prosthesis	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8041	Midfacial prosthesis	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8042	Orbital prosthesis	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8043	Upper facial prosthesis	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8044	Hemi-facial prosthesis	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8045	Auricular prosthesis	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8046	Partial facial prosthesis	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8047	Nasal septal prosthesis	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8048	Unspec maxillofacial prosth	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8049	Repair maxillofacial prosth	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8100	Compression stocking BK18-30	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8110	Compression stocking BK30-40	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8120	Compression stocking BK40-50	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L8130	Gc stocking thighlngth 18-30	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8140	Gc stocking thighlngth 30-40	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8150	Gc stocking thighlngth 40-50	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8160	Gc stocking full lngth 18-30	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8170	Gc stocking full lngth 30-40	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8180	Gc stocking full lngth 40-50	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8190	Gc stocking waistlngth 18-30	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8195	Gc stocking waistlngth 30-40	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8200	Gc stocking waistlngth 40-50	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8210	Gc stocking custom made	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8220	Gc stocking lymphedema	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8230	Gc stocking garter belt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8239	G compression stocking NOS	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8300	Truss single w/ standard pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8310	Truss double w/ standard pad	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8320	Truss addition to std pad wa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8330	Truss add to std pad scrotal	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8400	Sheath below knee	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8410	Sheath above knee	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8415	Sheath upper limb	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8417	Pros sheath/sock w gel cushn	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8420	Prosthetic sock multi ply BK	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8430	Prosthetic sock multi ply AK	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8435	Pros sock multi ply upper lm	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8440	Shrinker below knee	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8460	Shrinker above knee	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8465	Shrinker upper limb	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8470	Pros sock single ply BK	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8480	Pros sock single ply AK	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8485	Pros sock single ply upper l	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8490	Air seal suction reten systm	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8499	Unlisted misc prosthetic ser	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8500	Artificial larynx	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8501	Tracheostomy speaking valve	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8600	Implant breast silicone/eq	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8603	Collagen imp urinary 2.5 ml	$354.95	$354.95	0	0%	0%	0%	9	0	0	0	0	0		F
L8606	Synthetic implnt urinary 1ml	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8610	Ocular implant	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8612	Aqueous shunt prosthesis	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8613	Ossicular implant	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
L8614	Cochlear device/system	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8619	Replace cochlear processor	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L8630	Metacarpophalangeal implant	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8641	Metatarsal joint implant	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8642	Hallux implant	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8658	Interphalangeal joint implnt	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8670	Vascular graft, synthetic	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
L8699	Prosthetic implant NOS	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
L9900	O&P supply/accessory/service	Bundled	Bundled	0	0%	0%	0%	9	0	0	0	0	0		B
M0064	Visit for drug monitoring	$31.25	$25.79	0	0%	0%	0%	0	0	0	0	0	0		R
M0075	Cellular therapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
M0076	Prolotherapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
M0100	Intragastric hypothermia	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
M0300	IV chelationtherapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
M0301	Fabric wrapping of aneurysm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
M0302	Assessment of cardiac output	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
M0302-26	Assessment of cardiac output	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
M0302-TC	Assessment of cardiac output	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
P2028	Cephalin floculation test	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P2029	Congo red blood test	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P2031	Hair analysis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
P2033	Blood thymol turbidity	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P2038	Blood mucoprotein	$9.73	$9.73	0	0%	0%	0%	9	9	9	9	9	9		L
P3000	Screen pap by tech w md supv	$20.44	$20.44	0	0%	0%	0%	9	9	9	9	9	9		L
P3001	Screening pap smear by phys	$32.24	$32.24	0	0%	0%	0%	0	0	0	0	0	0		R
P7001	Culture bacterial urine	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
P9010	Whole blood for transfusion	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9011	Blood split unit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9012	Cryoprecipitate each unit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9016	RBC leukocytes reduced	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9017	One donor fresh frozn plasma	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9019	Platelets, each unit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9020	Plaelet rich plasma unit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9021	Red blood cells unit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9022	Washed red blood cells unit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9023	Frozen plasma, pooled, sd	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9031	Platelets leukocytes reduced	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9032	Platelets, irradiated	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9033	Platelets leukoreduced irrad	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9034	Platelets, pheresis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

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P9035	Platelet pheres leukoreduced	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9036	Platelet pheresis irradiated	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9037	Plate pheres leukoredu irrad	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9038	RBC irradiated	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9039	RBC deglycerolized	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9040	RBC leukoreduced irradiated	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9041	Albumin(human), 5%	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9042	Albumin (human), 25%	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9043	Plasma protein fraction	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9044	Cryoprecipitatereducedplasma	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
P9603	One-way allow prorated miles	$0.79	$0.79	0	0%	0%	0%	9	9	9	9	9	9		F
P9604	One-way allow prorated trip	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
P9612	Catheterize for urine spec	$4.20	$4.20	0	0%	0%	0%	9	9	9	9	9	9		L
P9615	Urine specimen collect mult	$4.20	$4.20	0	0%	0%	0%	9	9	9	9	9	9		L
Q0035	Cardiokymography	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
Q0035-26	Cardiokymography	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
Q0035-TC	Cardiokymography	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X
Q0081	Infusion ther other than che	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
Q0083	Chemo by other than infusion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
Q0084	Chemotherapy by infusion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
Q0085	Chemo by both infusion and o	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
Q0086	Physical therapy evaluation/	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
Q0091	Obtaining screen pap smear	$49.60	$27.78	0	0%	0%	0%	0	0	0	0	0	0		R
Q0092	Set up port xray equipment	$16.37	$16.37	0	0%	0%	0%	3	0	0	0	0	0		R
Q0111	Wet mounts/ w preparations	$8.26	$8.26	0	0%	0%	0%	9	9	9	9	9	9		L
Q0112	Potassium hydroxide preps	$8.26	$8.26	0	0%	0%	0%	9	9	9	9	9	9		L
Q0113	Pinworm examinations	$10.46	$10.46	0	0%	0%	0%	9	9	9	9	9	9		L
Q0114	Fern test	$13.83	$13.83	0	0%	0%	0%	9	9	9	9	9	9		L
Q0115	Post-coital mucous exam	$19.15	$19.15	0	0%	0%	0%	9	9	9	9	9	9		L
Q0136	Non esrd epoetin alpha inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0144	Azithromycin dihydrate, oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0160	Factor IX non-recombinant	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0161	Factor IX recombinant	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0163	Diphenhydramine HCl 50mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0164	Prochlorperazine maleate 5mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0165	Prochlorperazine maleate10mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0166	Granisetron HCl 1 mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0167	Dronabinol 2.5mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0168	Dronabinol 5mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0169	Promethazine HCl 12.5mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D

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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
Q0170	Promethazine HCl 25 mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0171	Chlorpromazine HCl 10mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0172	Chlorpromazine HCl 25mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0173	Trimethobenzamide HCl 250mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0174	Thiethylperazine maleate10mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0175	Perphenazine 4mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0176	Perphenazine 8mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0177	Hydroxyzine pamoate 25mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0178	Hydroxyzine pamoate 50mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0179	Ondansetron HCl 8mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0180	Dolasetron mesylate oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0181	Unspecified oral anti-emetic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q0183	Nonmetabolic active tissue	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q0184	Metabolically active tissue	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q0185	Metabolic active D/E tissue	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q0186	Paramedic intercept, rural	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q0187	Factor viia recombinant	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q1001	Ntiol category 1	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q1002	Ntiol category 2	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q1003	Ntiol category 3	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q1004	Ntiol category 4	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q1005	Ntiol category 5	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q2001	Oral cabergoline 0.5 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q2002	Elliotts b solution per ml	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q2003	Aprotinin, 10,000 kiu	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q2004	Bladder calculi irrig sol	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q2005	Corticorelin ovine triflutat	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q2006	Digoxin immune fab (ovine)	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q2007	Ethanolamine oleate 100 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q2008	Fomepizole, 15 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q2009	Fosphenytoin, 50 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q2010	Glatiramer acetate, per dose	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q2011	Hemin, per 1 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q2012	Pegademase bovine, 25 iu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q2013	Pentastarch 10% solution	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q2014	Sermorelin acetate, 0.5 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q2015	Somatrem, 5 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q2016	Somatropin, 1 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q2017	Teniposide, 50 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q2018	Urofollitropin, 75 iu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
Q2019	Basiliximab	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q2020	Histrelin acetate	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q2021	Lepirudin	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q2022	VonWillebrandFactrCmplxperIU	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q3001	Brachytherapy Radioelements	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q3002	Gallium ga 67	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q3003	Technetium tc99m bicisate	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q3004	Xenon xe 133	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q3005	Technetium tc99m mertiatide	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q3006	Technetium tc99m glucepatate	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q3007	Sodium phosphate p32	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q3008	Indium 111-in pentetreotide	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q3009	Technetium tc99m oxidronate	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q3010	Technetium tc99mlabeledrbcs	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q3011	Chromic phosphate p32	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q3012	Cyanocobalamin cobalt co57	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q3013	Injection, verteporfin, 15 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4001	Cast sup body cast, plas	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4002	Cast sup body cast, fib	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4003	Cast sup shoulder cast, pl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4004	Cast sup shoulder cast, fib	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4005	Cast sup long arm, ad, pl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4006	Cast sup long arm, ad, fib	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4007	Cast sup long arm ped, pl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4008	Cast sup, long arm ped, fib	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4009	Cast sup sh arm, pl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4010	Cast sup sh arm, fib	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4011	Cast sup sh arm ped, pl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4012	Cast sup sh arm ped, fib	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4013	Cast sup gauntlet, pl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4014	Cast sup gauntlet, fib	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4015	Cast sup gauntlet ped,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4016	Cast sup gauntlet ped, fib	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4017	Cast sup l arm splint, pl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4018	Cast sup l arm splint, fib	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4019	Cast sup l arm splint ped, pl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4020	Cast sup l arm splint ped, fib	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4021	Cast sup sh arm splint, pl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4022	Cast sup sh arm splint, fib	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4023	Cast sup sh arm splint ped, pl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
Q4024	Cast sup sh arm splint ped, fib	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4025	Cast sup, hip spica, pl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4026	Cast sup hip spica, fib	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4027	Cast sup hip spica, pl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4028	Cast sup, hip spica, fib	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4029	Cast sup long leg, pl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4030	Cast sup, long leg, fib	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4031	Cast sup, long leg ped, pl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4032	Cast sup, long leg ped, fib	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4033	Cast sup, leg cylinder, pl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4034	Cast sup, leg cylinder, fib	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4035	Cast sup, leg cylinder ped, pl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4036	Cast sup, leg cylinder ped, fib	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4037	Cast sup, sh leg, pl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4038	Cast sup, sh leg, fib	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4039	Cast sup, sh leg ped, pl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4040	Cast sup, sh leg ped, fib	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4041	Cast sup, l leg splint , pl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4042	Cast sup, l leg splint , fib	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4043	Cast sup, l leg splintped, pl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4044	Cast sup, l leg splint ped, fib	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4045	Cast sup, sh leg splint , pl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4046	Cast sup, sh leg splint, fib	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4047	Cast sup, sh leg splint ped, pl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4048	Cast sup, sh leg splint ped, fib	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
Q4049	Finger splint, static	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4050	Cast sup, unlisted casts	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q4051	Splint sup, misc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
Q9920	Epoetin with hct <= 20	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9921	Epoetin with hct = 21	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9922	Epoetin with hct = 22	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9923	Epoetin with hct = 23	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9924	Epoetin with hct = 24	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9925	Epoetin with hct = 25	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9926	Epoetin with hct = 26	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9927	Epoetin with hct = 27	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9928	Epoetin with hct = 28	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9929	Epoetin with hct = 29	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9930	Epoetin with hct = 30	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9931	Epoetin with hct = 31	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D

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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
Q9932	Epoetin with hct = 32	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9933	Epoetin with hct = 33	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9934	Epoetin with hct = 34	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9935	Epoetin with hct = 35	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9936	Epoetin with hct = 36	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9937	Epoetin with hct = 37	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9938	Epoetin with hct = 38	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9939	Epoetin with hct = 39	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
Q9940	Epoetin with hct >= 40	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
R0070	Transport portable x-ray	$82.83	$82.83	0	0%	0%	0%	3	0	0	0	0	0		R
R0075	Transport port x-ray multipl	$35.22	$35.22	0	0%	0%	0%	3	0	0	0	0	0		R
R0076	Transport portable EKG	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B
S0009	Injection, butorphanol tartr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0012	Butorphanol tartrate, nasal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0014	Tacrine hydrochloride, 10 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0016	Injection, amikacin sulfate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0017	Injection, aminocaproic acid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0020	Injection, bupivicaine hydro	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0021	Injection, cefoperazone sod	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0023	Injection, cimetidine hydroc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0024	Injection, ciprofloxacin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0028	Injection, famotidine, 20 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0029	Injection, fluconazole	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0030	Injection, metronidazole	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0032	Injection, nafcillin sodium	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0034	Injection, ofloxacin, 400 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0039	Injection, sulfamethoxazole	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0040	Injection, ticarcillin disod	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0071	Injection, acyclovir sodium	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0072	Injection, amikacin sulfate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0073	Injection, aztreonam, 500 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0074	Injection, cefotetan disodiu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0077	Injection, clindamycin phosp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0078	Injection, fosphenytoin sodi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0080	Injection, pentamidine iseth	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0081	Injection, piperacillin sodi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0085	injection, gatifloxacin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0086	Injection, verteporfin, 15mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0090	Sildenafil citrate, 25 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0096	Injection, itraconazole, 200	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
S0156	Exemestane, 25 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0157	Becaplermin gel 1%, 0.5 gm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0190	Mifepristone oral, 200 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
S0191	Misoprostol, oral 200 mcg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D
S0199	RU486 Professional Fee	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0220	Medical conference by physic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0221	Medical conference, 60 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0601	Screening proctoscopy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0605	Digital rectal examination,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0610	Annual gynecological examina	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0612	Annual gynecological examina	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0620	Routine ophthalmological exa	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0621	Routine ophthalmological exa	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0630	Removal of sutures	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0800	Laser in situ keratomileusis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0810	Photorefractive keratectomy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0820	Computerized corneal topogra	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S0830	Ultrasound pachymetry	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S1015	IV tubing extension set	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S1016	Non-pvc intravenous administ	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2052	Transplantation of small int	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2053	Transplantation of small int	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2054	Transplantation of multivisc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2055	Harvesting of donor multivis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2060	Lobar lung transplantation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2061	Donor lobectomy (lung)	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2102	Islet cell tissue transplant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2103	Adrenal tissue transplant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2120	Low density lipoprotein(LDL)	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2140	Cord blood harvesting	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2142	Cord blood-derived stem-cell	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2180	Donor leukocyte infusion	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2202	Echosclerotherapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2205	Minimally invasive direct co	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2206	Minimally invasive direct co	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2207	Minimally invasive direct co	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2208	Minimally invasive direct co	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2209	Minimally invasive direct co	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2210	Cryosurgical ablation (in si	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2220	Thrombectomy, coronary	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
S2300	Arthroscopy, shoulder, surgi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2340	Chemodenervation of abductor	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2350	Diskectomy, anterior, with d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2351	Diskectomy, anterior, with d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2370	Intradiscal electrothermal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S2371	Each additional interspace	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S3620	Newborn metabolic screening	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S3645	HIV-1 antibody testing of or	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S3650	Saliva test, hormone level;	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S3652	Saliva test, hormone level;	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S3700	Bladder tumor-associated	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S3708	Gastrointestinal fat absorpt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S3902	Ballistocardiogram	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S3904	Masters two step	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S3906	Transfusion, direct, blood	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5000	Prescription drug, generic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5001	Prescription drug,brand name	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5002	Fat emulsion 10% in 250 ml	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5003	Fat emulsion 20% in 250 ml	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5010	5% dextrose and 0.45% saline	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5011	5% dextrose in lactated ring	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5012	5% dextrose with potassium	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5013	5%dextrose/0.45%saline1000ml	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5014	D5W/0.45% NS wKCl and MgSo4	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5016	Antibiotic admin supplies w/	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5017	Antibiotic adminsupplies w/o	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5018	Pain therapy admin supplies	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5019	Chemotherapy admin supplies	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5020	Chemotherapy admin supplies	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5021	Hydration therapy admin supp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5022	Growth hormone therapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5025	Infusion pump rental,perdiem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S5503	Maintenance of implanted vas	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8001	Radiofrequency stimulation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8035	Magnetic source imaging	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8040	Topographic brain mapping	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8049	Intraoperative radiation the	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8080	Scintimammography	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8085	Fluorine-18 fluorodeoxygluco	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8092	Electron beam computed tomog	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
S8095	Wig (for medically-induced h	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8096	Portable peak flow meter	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8105	Oximeter for measuring blood	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8110	Peak expiratory flow rate (p	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8200	Chest compression vest	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8205	Chest compression system gen	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8210	Mucus trap	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8260	Oral orthotic for treatment	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8400	Incontinence pants, each	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8402	Diapers, each	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8405	Incontinence liners, each	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8950	Complex lymphedema therapy,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S8999	Resuscitation bag	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9001	Home uterine monitor with or	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9007	Ultrafiltration monitor	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9015	Automated EEG monitoring	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9022	Digital subtraction angiogra	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9023	Xenon regional cerebral bloo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9024	Paranasal sinus ultrasound	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9025	Omnicardiogram/cardiointegra	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9035	Medical equipment or supplie	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9055	Procuren or other growth fac	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9056	Coma stimulation per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9061	Medical supplies and equipme	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9075	Smoking cessation treatment	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9085	Meniscal allograft transplan	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9088	Services provided in urgent	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9090	Vertebral axial decompressio	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9122	Home health aide or certifie	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9123	Nursing care, in the home; b	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9124	Nursing care, in the home; b	$34.64	$34.64	0	0%	0%	0%	9	9	9	9	9	9		F
S9125	Respite care, in the home, p	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9126	Hospice care, in the home, p	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
S9127	Social work visit, in the ho	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9128	Speech therapy, in the home,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9129	Occupational therapy, in the	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9140	Diabetic Management Program,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9141	Diabetic Management Program,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9200	Nursing services and all nec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9210	Nursing services and all nec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
S9220	Nursing services and all nec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9225	Nursing services and all nec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9230	Nursing services and all nec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9300	Nursing services and all nec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9308	Nursing services and all nec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9310	Nursing services and all nec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9395	Nursing services and all nec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9420	Nursing services and all nec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9423	Nursing services, patient as	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9425	Nursing services and all nec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9435	Medical foods for inborn err	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9455	Diabetic Management Program,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9460	Diabetic Management Program,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9465	Diabetic Management Program,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9470	Nutritional counseling, diet	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9472	Cardiac rehabilitation progr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9473	Pulmonary rehabilitation pro	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9474	Enterostomal therapy by a re	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9475	Ambulatory setting substance	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9480	Intensive outpatient psychia	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9485	Crisis intervention mental h	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9524	Nursing services related to	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9526	Skilled nursing visits for	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9527	Insertion of a peripherally	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9528	Insertion of midline central	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9533	Pain management, intravenous	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9535	Administration of hematopoie	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9539	Administration of antibiotic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9543	Administration of medication	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9545	Administration of immune glo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9550	Home IV therapy, hydration	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9555	Additional home infusion	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9990	Services provided as part of	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9991	Services provided as part of	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9992	Transportation costs to and	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9994	Lodging costs (e.g. hotel ch	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9996	Meals for clinical trial par	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
S9999	Sales tax	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
T1000	Priv duty/inde nurse, to 15 mi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
T1001	Nursing assessement/eval	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
T1002	RN services, up to 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
T1003	LPN/LVN serv, up to 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
T1004	Nurs aide serv, up to 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
T1005	Respite care, up to 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
T1006	Family/couple counseling	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
T1007	Treatment plan development	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
T1008	Day treatment for individual	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
T1009	Child sitting services	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
T1010	Meals when receive services	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
T1011	Alcohol/substance abuse noc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
T1012	Alcohol/subs abs, skills dev	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
T1013	Sign lang or oral intrpr serv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V2020	Vision svcs frames purchases	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2025	Eyeglasses delux frames	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2100	Lens spher single plano 4.00	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2101	Single visn sphere 4.12-7.00	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2102	Singl visn sphere 7.12-20.00	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2103	Spherocylindr 4.00d/12-2.00d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2104	Spherocylindr 4.00d/2.12-4d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2105	Spherocylinder 4.00d/4.25-6d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2106	Spherocylinder 4.00d/>6.00d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2107	Spherocylinder 4.25d/12-2d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2108	Spherocylinder 4.25d/2.12-4d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2109	Spherocylinder 4.25d/4.25-6d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2110	Spherocylinder 4.25d/over 6d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2111	Spherocylindr 7.25d/.25-2.25	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2112	Spherocylindr 7.25d/2.25-4d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2113	Spherocylindr 7.25d/4.25-6d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2114	Spherocylinder over 12.00d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2115	Lens lenticular bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2116	Nonaspheric lens bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2117	Aspheric lens bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2118	Lens aniseikonic single	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2199	Lens single vision not oth c	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2200	Lens spher bifoc plano 4.00d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2201	Lens sphere bifocal 4.12-7.0	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2202	Lens sphere bifocal 7.12-20.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2203	Lens sphcyl bifocal 4.00d/.1	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2204	Lens sphcy bifocal 4.00d/2.1	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2205	Lens sphcy bifocal 4.00d/4.2	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
V2206	Lens sphcy bifocal 4.00d/ove	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2207	Lens sphcy bifocal 4.25-7d/.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2208	Lens sphcy bifocal 4.25-7/2.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2209	Lens sphcy bifocal 4.25-7/4.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2210	Lens sphcy bifocal 4.25-7/ov	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2211	Lens sphcy bifo 7.25-12/.25-	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2212	Lens sphcyl bifo 7.25-12/2.2	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2213	Lens sphcyl bifo 7.25-12/4.2	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2214	Lens sphcyl bifocal over 12.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2215	Lens lenticular bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2216	Lens lenticular nonaspheric	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2217	Lens lenticular aspheric bif	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2218	Lens aniseikonic bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2219	Lens bifocal seg width over	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2220	Lens bifocal add over 3.25d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2299	Lens bifocal speciality	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2300	Lens sphere trifocal 4.00d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2301	Lens sphere trifocal 4.12-7.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2302	Lens sphere trifocal 7.12-20	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2303	Lens sphcy trifocal 4.0/.12-	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2304	Lens sphcy trifocal 4.0/2.25	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2305	Lens sphcy trifocal 4.0/4.25	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2306	Lens sphcyl trifocal 4.00/>6	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2307	Lens sphcy trifocal 4.25-7/.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2308	Lens sphc trifocal 4.25-7/2.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2309	Lens sphc trifocal 4.25-7/4.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2310	Lens sphc trifocal 4.25-7/>6	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2311	Lens sphc trifo 7.25-12/.25-	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2312	Lens sphc trifo 7.25-12/2.25	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2313	Lens sphc trifo 7.25-12/4.25	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2314	Lens sphcyl trifocal over 12	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2315	Lens lenticular trifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2316	Lens lenticular nonaspheric	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2317	Lens lenticular aspheric tri	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2318	Lens aniseikonic trifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2319	Lens trifocal seg width > 28	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2320	Lens trifocal add over 3.25d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2399	Lens trifocal speciality	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2410	Lens variab asphericity sing	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2430	Lens variable asphericity bi	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
V2499	Variable asphericity lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2500	Contact lens pmma spherical	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2501	Cntct lens pmma-toric/prism	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2502	Contact lens pmma bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2503	Cntct lens pmma color vision	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2510	Cntct gas permeable sphericl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2511	Cntct toric prism ballast	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2512	Cntct lens gas permbl bifocl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2513	Contact lens extended wear	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2520	Contact lens hydrophilic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2521	Cntct lens hydrophilic toric	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2522	Cntct lens hydrophil bifocl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2523	Cntct lens hydrophil extend	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2530	Contact lens gas impermeable	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2531	Contact lens gas permeable	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2599	Contact lens/es other type	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2600	Hand held low vision aids	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2610	Single lens spectacle mount	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2615	Telescop/othr compound lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2623	Plastic eye prosth custom	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2624	Polishing artifical eye	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2625	Enlargemnt of eye prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2626	Reduction of eye prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2627	Scleral cover shell	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2628	Fabrication & fitting	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2629	Prosthetic eye other type	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2630	Anter chamber intraocul lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2631	Iris support intraoclr lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2632	Post chmbr intraocular lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2700	Balance lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2710	Glass/plastic slab off prism	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2715	Prism lens/es	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2718	Fresnell prism press-on lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2730	Special base curve	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2740	Rose tint plastic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2741	Non-rose tint plastic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2742	Rose tint glass	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2743	Non-rose tint glass	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2744	Tint photochromatic lens/es	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2750	Anti-reflective coating	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N

Refer to Key for field indicator descriptions (pg. 223)

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE NON-FACILITY SETTING	DOLLAR VALUE FACILITY SETTING	FOL UP	MODIFIERS PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
V2755	UV lens/es	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2760	Scratch resistant coating	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2770	Occluder lens/es	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2780	Oversize lens/es	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2781	Progressive lens per lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2785	Corneal tissue processing	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2790	Amniotic membrane	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V2799	Miscellaneous vision service	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V5008	Hearing screening	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5010	Assessment for hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5011	Hearing aid fitting/checking	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5014	Hearing aid repair/modifying	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5020	Conformity evaluation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5030	Body-worn hearing aid air	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5040	Body-worn hearing aid bone	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5050	Hearing aid monaural in ear	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5060	Behind ear hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5070	Glasses air conduction	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5080	Glasses bone conduction	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5090	Hearing aid dispensing fee	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5100	Body-worn bilat hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5110	Hearing aid dispensing fee	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5120	Body-worn binaur hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5130	In ear binaural hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5140	Behind ear binaur hearing ai	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5150	Glasses binaural hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5160	Dispensing fee binaural	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5170	Within ear cros hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5180	Behind ear cros hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5190	Glasses cros hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5200	Cros hearing aid dispens fee	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5210	In ear bicros hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5220	Behind ear bicros hearing ai	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5230	Glasses bicros hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5240	Dispensing fee bicros	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
V5299	Hearing service	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
V5336	Repair communication device	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N
V5362	Speech screening	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
V5363	Language screening	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
V5364	Dysphagia screening	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N

Refer to Key for field indicator descriptions (pg. 223)

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