Fee Schedule

Prefix 3 - CPT IV Procedures Only

Illinois Department of Public Ai

Updated as of: 8/4/2004

Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	00100	INTEGUMENTARY HEAD SAL GLANDS	0.00	Y	04
3	00102	PLASTIC REPAIR OF CLEFT LIP	0.00	Y	04
3	00103	ANESTHESIA EYE BLEPHAROPLASTY	0.00	Y	04
3	00104	ANESTHESIA ELECTROCONVULSIVE	44.40	N	02
3	00120	EXTERNAL MIDDLE/INNER EAR	0.00	Y	04
3	00124	OTOSCOPY	0.00	Y	04
3	00126	TYMPANOTOMY	0.00	Y	04
3	00140	ANESTHESIA PROC ON EYE	0.00	Y	04
3	00142	LENS SURGERY	0.00	Y	04
3	00144	CORNEAL TRANSPLANT	0.00	Y	04
3	00145	VITRECTOMY	0.00	Y	04
3	00147	ANESTHESIA FOR IRIDECTOMY	0.00	Y	04
3	00148	OPHTHALMOSCOPY	0.00	Y	04
3	00160	NOSE ACCESSORY SINUSES	0.00	Y	04
3	00162	RADICAL SURGERY	0.00	Y	04
3	00164	BIOPSY SOFT TISSUE	0.00	Y	04
3	00170	INTRAORAL PROC INCLUDING BIOPS	0.00	Y	04
3	00172	REPAIR OF CLEFT PALATE	0.00	Y	04
3	00174	EXCISION RETROPHARYNGEAL TUMOR	0.00	Y	04
3	00176	RADICAL SURGERY	0.00	Y	04
3	00190	FACIAL BONES NOT SPECIFIED	0.00	Y	04
3	00192	RADICAL SURGERY IN PROGNATHISM	0.00	Y	04
3	00210	INTRACRANIAL NOT SPECIFIED	0.00	Y	04
3	00212	SUBDURAL TAPS	0.00	Y	04
3	00214	BURR HOLES	0.00	Y	04
3	00215	INTRACRANIAL PROC ANESTHESIA	0.00	Y	04
3	00216	VASCULAR PROCEDURES	0.00	Y	04
3	00218	PROCEDURES SITTING POSITION	0.00	Y	04
3	00220	SPINAL FLUID SHUNTING PROCEDURE	0.00	Y	04
3	00222	ELECTROCOAGULATION INTRACRANAL	0.00	Y	04
3	00300	INTEGUMENTARY SYSTEM NECK	0.00	Y	04
3	00320	ESOPHAGUS THYROID LARYNX TRACH	0.00	Y	04
3	00322	NEEDLE BIOPSY OF THYROID	0.00	Y	04
3	00326	ALL LARYNX/TRACH PROCEDURES ON CHILDREN < 1 YEAR	0.00	Y	04
3	00341	ENDOVASCULAR REPAIR DESCEND THORACIC AORTIC ANEURYSM DISSECT	0.00	Y	04
3	00350	MAJOR VESSELS NECK NOT SPECIF	0.00	Y	04
3	00352	SIMPLE LIGATION	0.00	Y	04
3	00400	ANTERIOR INTEGUM SYSTEM CHEST	0.00	Y	04
3	00402	RECONSTRUCTIVE PROC ON BREAST	0.00	Y	04
3	00404	RADICAL OR MODIFIED PROC BREAS	0.00	Y	04
3	00406	RADICAL BREAST PROCED/NODE	0.00	Y	04

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3	00410	ELECTRICAL CONVERSION ARHYTHMI	112.40	N	04
3	00450	CLAVICLE SCAPULA NOT SPECIFIED	0.00	Y	04
3	00452	RADICAL SURGERY	0.00	Y	04
3	00454	BIOPSY OF CLAVICLE	0.00	Y	04
3	00470	PARTIAL RIB RESECTION	0.00	Y	04
3	00472	THORACOPLASTY ANY TYPE	0.00	Y	04
3	00474	RADICAL PROCEDURS	0.00	Y	04
3	00500	ALL PROCEDURES ON ESOPHAGUS	0.00	Y	04
3	00520	CLOSED CHEST PROCEDURES	0.00	Y	04
3	00522	NEEDLE BIOPSY OF PLEURA	0.00	Y	04
3	00524	PNEUMOCENTESIS	0.00	Y	04
3	00528	MEDIASTINOSCOPY	0.00	Y	04
3	00529	ANESTHESIA MEDIASTINOSCOPY/THORACOSCOPY	0.00	Y	04
3	00530	TRANSVENOUS PACEMAKER INSERT	0.00	Y	04
3	00532	ANESTH FOR ACCESS TO VEN CIRC	0.00	Y	04
3	00534	ANESTH TRANSVEN INSERT CARDIO	0.00	Y	04
3	00537	ANESTHESIA FOR CARDIAC ELECTROPHYSIO PROC	0.00	Y	04
3	00539	TRACHEOBRONCHAL RECONSTRUCTION	0.00	Y	04
3	00540	THORACOTOMY INVOLV LUNGS PLEUR	0.00	Y	04
3	00541	THORACOTOMY INVOLVING LUNGS PLEURA	0.00	Y	04
3	00542	DECORTICATION	0.00	Y	04
3	00546	PULMONARY RESCET THORACOPLASTY	0.00	Y	04
3	00548	INTRATHORACIC REPAIR TRAC BRON	0.00	Y	04
3	00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	0.00	Y	04
3	00560	HEART PERICAR VESSEL WO PUMP	0.00	Y	04
3	00562	WITH PUMP OXYGENATOR	0.00	Y	04
3	00563	ANESTHESIA FOR PROCED HEART,PERICARD,VESSELS CHEST	0.00	Y	04
3	00566	ANESTHESIA FOR CABG W/O PUMP OXYGENATOR	0.00	Y	04
3	0057	EMERGENCY LEVEL II	0.00	Y	04
3	00580	HEART TRANSPL OR HEART/LUNG	0.00	Y	04
3	00600	CERVICAL SPINE CORD NOT SPECIF	0.00	Y	04
3	00604	POSTERIOR CERVICAL LAMINECTOMY	0.00	Y	04
3	00620	THORACIC SPINE CORD NOT SPECIF	0.00	Y	04
3	00622	THORACOLUMBAR SYMPATHECTOMY	0.00	Y	04
3	00630	LUMBAR REGION NOT SPECIFIED	0.00	Y	04
3	00632	LUMBAR SYMPATHECTOMY	0.00	Y	04
3	00634	CHEMONUCLEOLYSIS	0.00	Y	04
3	00635	ANESTHESIA FOR DIAG OR THER LUMBAR PUNCTURE	0.00	Y	04
3	00640	MANIPULAATION OF SPINE/CLOSED PROC ON CERVICAL,THORACIC OR	0.00	Y	04
3	00670	EXTENSIVE SPINE SPINAL CORD	0.00	Y	04
3	00700	UPPER ANTERIOR ABDOMINAL WALL	0.00	Y	04

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3	00702	PERCUTANEOUS LIVER BIOPSY	0.00	Y	04
3	00730	UPPER POSTERIOR ABDOMINAL WALL	0.00	Y	04
3	00740	UPPER GASTROINTESTINAL ENDOSCO	0.00	Y	04
3	00750	HERNIA REPAIRS UPPER ABDOMEN	0.00	Y	04
3	00752	LUMBAR VENTRAL HERNIAS WOUND	0.00	Y	04
3	00754	OMPHALOCELE	0.00	Y	04
3	00756	TRANSABDOMINAL REPAIR DIAPHRAG	0.00	Y	04
3	00770	MAJOR ABDOMINAL BLOOD VESSELS	0.00	Y	04
3	00790	INTRAPERITONEAL UPPER ABDOMEN	0.00	Y	04
3	00792	PARTIAL HEPATECTOMY EXC LIVER	0.00	Y	04
3	00794	PANCREATECTOMY PARTIAL OR TOTL	0.00	Y	04
3	00796	LIVER TRANSPLANT (RECIPIENT)	0.00	Y	04
3	00800	LOWER ANTERIOR ABDOMINAL WALL	0.00	Y	04
3	00802	PANNICULECTOMY	0.00	Y	04
3	00810	INTESTINAL ENDOSCOPIC PROCEDUR	0.00	Y	04
3	00820	LOWER POSTERIOR ABDOMINAL WALL	0.00	Y	04
3	00830	BERNIA REPAIRS LOWER ABDOMEN	0.00	Y	04
3	00832	VENTRAL AND INCISIONAL HERNIAS	0.00	Y	04
3	00834	HERNIA REPAIRS LOWER ABDOMEN < 1 YEAR	0.00	Y	04
3	00836	HERNIA REPAIRS LOWER ABD PRETERM INFANT,37WKS AT BIRTH	0.00	Y	04
3	00840	INTRAPERITONEAL LOWER ABDOMEN	0.00	Y	04
3	00842	AMNIOCENTESIS	0.00	Y	04
3	00844	ABDOMINOPERINEAL RESECTION	0.00	Y	04
3	00846	RADICAL HYSTERECTOMY	0.00	Y	04
3	00848	PELVIC EXENTERATION	0.00	Y	04
3	00851	ANESTHESIA FOR TUBAL LIGATION/TRANSECTION	0.00	Y	04
3	00860	EXTRAPERITONEAL LOWER ABDOMEN	0.00	Y	04
3	00862	RENAL INCLUDE UPPER 1/3 URETER	0.00	Y	04
3	00864	TOTAL CYSTECTOMY	0.00	Y	04
3	00865	ANESTH EXTRAPERITONEAL LOW ABD OMEN, RADICAL PROSTATECTOMY	0.00	Y	04
3	00866	ADRENALECTOMY	0.00	Y	04
3	00868	RENAL TRANSPLANT (RECIPIENT)	0.00	Y	04
3	00870	CYSTOLITHOTOMY	0.00	Y	04
3	00872	LITHOTRIPSY EXTRACORPOREAL	0.00	Y	04
3	00873	ANESTHES FOR LITHOTRIPSY	0.00	Y	04
3	00880	MAJOR LOWER ABDOMINAL VESSELS	0.00	Y	04
3	00882	INFERIOR VENA CAVA LIGATION	0.00	Y	04
3	00902	ANORECTAL INCLUDE ENDOSCOP BIO	0.00	Y	04
3	00904	RADICAL PERINEAL PROCEDURE	0.00	Y	04
3	00906	VULVECTOMY	0.00	Y	04
3	00908	PERINEAL PROSTATECTOMY	0.00	Y	04

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3	00910	TRANSURETHRAL INCLUDE URETHROC	0.00	Y	04
3	00912	TRANSURETHROLRESECTION BLADDER	0.00	Y	04
3	00914	TRANSURETHRAL RESEC PROSTATE	0.00	Y	04
3	00916	POST TRANSURETHRAL RESEC BLEED	0.00	Y	04
3	00918	PERINEUM W/ FRAGMENTATION	0.00	Y	04
3	00920	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA INCLUD OPEN METH	0.00	Y	04
3	00921	MALE EXTERNAL GENITALIA	0.00	Y	04
3	00922	SEMINAL VESICLES	0.00	Y	04
3	00924	UNDESCENDED TESTIS UN/BILETERL	0.00	Y	04
3	00926	RADICAL ORCHIECTOMY INGUINAL	0.00	Y	04
3	00928	RADICAL ORCHIECTOMY ABDOMINAL	0.00	Y	04
3	00930	ORCHIOPEXY UNILATERAL BILATERL	0.00	Y	04
3	00932	COMPLETE AMPUTATION OF PENIS	0.00	Y	04
3	00934	RAD AMP PENIS/BIL ING LYMPHADE	0.00	Y	04
3	00936	RAD AMP PENIS BIL ING ILIAC	0.00	Y	04
3	00938	INSERTION PENILE PROSTHESIS	0.00	Y	04
3	00940	VANINAL PROC INCL LAB VAG CERV	0.00	Y	04
3	00942	COLPOTOMY COLPECTOMY COLPORRHA	0.00	Y	04
3	00944	VAGINAL HYSTERECTOMY	0.00	Y	04
3	00948	CERVICAL CERCLAGE	0.00	Y	04
3	00950	CULDOSCOPY	0.00	Y	04
3	00952	HYSTEROSCOPY	0.00	Y	04
3	01112	ANESTHESIA FOR BONE MARROW ASPIRATION	0.00	Y	04
3	01120	BONY PELVIS	0.00	Y	04
3	01130	BODY CAST APPLICA OR REVISION	0.00	Y	04
3	01140	INTERPELVIABDOMINOL AMPUTATION	0.00	Y	04
3	01150	RADICAL PROC TUMOR PELVIS	0.00	Y	04
3	01160	CLOSED SYMPHYSIS PUBIS SACROIL	0.00	Y	04
3	01170	OPEN SYMPHYSIS PUBIS SACROILIA	0.00	Y	04
3	01173	ANESTHESIA FOR OEN REPAIR FX-PELVIS W/ACETABULLUM	0.00	Y	04
3	01180	OBTURATOR NEURECTOMY EXTROPELV	0.00	Y	04
3	01190	INTRAPELVIC NEURECTOMY	0.00	Y	04
3	01200	CLOSED INVOLVING HIP JOINT	0.00	Y	04
3	01202	ARTHROSCOPIC HIP JOINT	0.00	Y	04
3	01210	OPEN HIP JOINT NOT SPECIFIED	0.00	Y	04
3	01212	HIP DISARTICULATION	0.00	Y	04
3	01214	TOTAL HIP REPLACEMENT	0.00	Y	04
3	01215	ANESTHESIA FOR HIP JOINT REVISION	0.00	Y	04
3	01220	CLOSED INVOLVING UP 2/3 FEMUR	0.00	Y	04
3	01230	OPEN INVOLVE UP 2/3 FEMUR	0.00	Y	04
3	01232	AMPUTATION	0.00	Y	04

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3	01234	RADICAL RESECTION	0.00	Y	04
3	01250	NERV MUSC TEN FASC BURS UP LEG	0.00	Y	04
3	01260	VEIN UP LEG INCLUDE EXPLORATIN	0.00	Y	04
3	01270	ARTERY UP LEG BYPASS GRAFT	0.00	Y	04
3	01272	FEMORAL ARTERY LIGATION	0.00	Y	04
3	01274	FEMORAL ARTERY EMBOLECTOMY	0.00	Y	04
3	01320	NER MUS TEN FAS BUR POPLITEOL	0.00	Y	04
3	01340	CLOSED LOWER 1/3 FEMUR	0.00	Y	04
3	01360	OPEN LOWER 1/3 FEMUR	0.00	Y	04
3	01380	CLOSED PROC ON KNEE JOINT	0.00	Y	04
3	01382	ARTHROSCOPIC KNEE JOINT	0.00	Y	04
3	01390	CLOSE UP ENDS TIBI FIBU PATELA	0.00	Y	04
3	01392	OPEN UP ENDS TIBI FIBU PATELLA	0.00	Y	04
3	01400	ANESTHESIA FOR ARTHROSCOPIC PROCEDURE, KNEE JOINT	0.00	Y	04
3	01402	TOTAL KNEE REPLACEMENT	0.00	Y	04
3	01404	DISARTICULATION AT KNEE	0.00	Y	04
3	01420	CAST APPL REMV REPB KNEE JOINT	0.00	Y	04
3	01430	VEIN KNEE POPLITEAL NOT SPECI	0.00	Y	04
3	01432	ARTERIOVENOUS FISTULA	0.00	Y	04
3	01440	ARTERY KNEE POPLITEAL NOT SPEC	0.00	Y	04
3	01442	POPLI THROMBOENDARTERECTOMY	0.00	Y	04
3	01444	POPLI EXCIS GRFT RPR OCC ANEUR	0.00	Y	04
3	01462	ALL CLOSE LOWER LEG ANKLE FOOT	0.00	Y	04
3	01464	ARTHROSCOPIC ANKLE JOINT	0.00	Y	04
3	01470	PROC NERV MUSC LOWER FOOT ANKL	0.00	Y	04
3	01472	RUP ACHILLES TEN WITH/WO GRAFT	0.00	Y	04
3	01474	GASTROCNEMIUS RECESSION	0.00	Y	04
3	01480	OPEN BONES LOW LEG ANKLE FOOT	0.00	Y	04
3	01482	RADICAL RESECTION	0.00	Y	04
3	01484	OSTEOTOMY OSTEOPLASTY HIB FIB	0.00	Y	04
3	01486	TOTAL ANKLE REPLACEMENT	0.00	Y	04
3	01490	LOWER LEG CAST APPL REMY REPR	0.00	Y	04
3	01500	ARTERY LOW LEG INCL BYPAS GRAF	0.00	Y	04
3	01502	EMBOLECTOMY DIRECT OR CATHETER	0.00	Y	04
3	01520	VEIN LOW LEG NOT SPECIFIED	0.00	Y	04
3	01522	VENOUS THROMBECTOMY DIREC CATH	0.00	Y	04
3	01610	SHOULDER NERV MUSC FASCIA BURS	0.00	Y	04
3	01620	CLOSED PROCHUMERAL STERNOCLAV	0.00	Y	04
3	01622	ARTHROSCOPIC SHOULDER JOINT	0.00	Y	04
3	01630	OPEN PROC HUMERAL AC JOINT STE	0.00	Y	04
3	01632	RADICAL RESECTION HUMER AC JOI	0.00	Y	04

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3	01634	SHOULDER DISARTICULATION	0.00	Y	04
3	01636	INTERTHORACOSCAPULAR AMPUTATE	0.00	Y	04
3	01638	TOTAL SHOULDER REPLACEMENT	0.00	Y	04
3	01650	ARTERY SHOULDER AND AXILLA	0.00	Y	04
3	01652	AXILLARY BRACHIAL ANEURYSM	0.00	Y	04
3	01654	BYPASS GRAFT SHOULDER AXILLA	0.00	Y	04
3	01656	AXILLARY FEMORAL BYPASS GRAFT	0.00	Y	04
3	01670	ALL VEINS SHOULDER AND AXILLA	0.00	Y	04
3	01680	SHOULDER CAST APPL REMOV REPAR	0.00	Y	04
3	01682	SHOULDER SPICA	0.00	Y	04
3	01710	UPPER ARM ELBO NERV MUSC FASCI	0.00	Y	04
3	01712	TENOTOMY ELBOW TO SHOULDR OPEN	0.00	Y	04
3	01714	TENOPLASTY ELBOW TO SHOULDER	0.00	Y	04
3	01716	TENODESIS RPTR LONG TEND BICEP	0.00	Y	04
3	01730	ANESTHESIA FOR CLOSED PROCEDURE HUMERUS/ELBOW	0.00	Y	04
3	01732	ARTHROSCOPIC ELBOW JOINT	0.00	Y	04
3	01740	OPEN HUMERUS ELBOW NOT SPECIF	0.00	Y	04
3	01742	OSTEOTOMY OF HUMERUS	0.00	Y	04
3	01744	REPAIR NON/MALUNION HUMERUS	0.00	Y	04
3	01756	RADICAL PROCEDURES HUMER ELBOW	0.00	Y	04
3	01758	EXCIS CYST OR TUMOR OF HUMERUS	0.00	Y	04
3	01760	TOTAL ELBOW REPLACEMENT	0.00	Y	04
3	01770	ARTERY UP ARM/ELBOW NOT SPECIF	0.00	Y	04
3	01772	EMBOLECTOMY UPPER ARM ELBOW	0.00	Y	04
3	01780	VEIN UP ARM/ELBOW NOT SPECIFI	0.00	Y	04
3	01782	PHLEBORRHAPBY	0.00	Y	04
3	01810	FOREARM WRIST NERV MUSC FASCIA	0.00	Y	04
3	01820	CLOSE RADIUS ULNA WRIST HAND	0.00	Y	04
3	01829	DIAGNOSTIC ARTHROSCOPY WRIST	356.10	N	04
3	01830	OPEN RADIUS ULNA WRIST HAND	0.00	Y	04
3	01832	TOTAL WRIST REPLACEMANT	0.00	Y	04
3	01840	ARTERY FOREARM WRIST HAND	0.00	Y	04
3	01842	EMBOLECTOMY	0.00	Y	04
3	01844	VASCULAR SHUNT/SHUNT REVISION	0.00	Y	04
3	01850	VEIN FOREARM WRIST HAND	0.00	Y	04
3	01852	PHLEBORRHAPHY	0.00	Y	04
3	01860	FORARM WRIST HAND CAST APL RMV	0.00	Y	04
3	01905	ANESTHESIA FOR MYLEOGRAPHY,DISKOGRAPHY,VERTEBROPLASTY	0.00	Y	04
3	01916	ARTERIOGRAMS NEDLE CARO VERTEB	0.00	Y	04
3	01920	CARDIAC CATH ARTERIO VENRTICUL	0.00	Y	04
3	01922	CAT SCANNING OR MRI	0.00	Y	04

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3	01924	ANESTHESIA-THER.INTERVENTIONAL RAD PROG FOR ARTERIAL SYST.	0.00	Y	04
3	01925	ANES.FOR THER.INTERV.RAD.PROG.ART.SYST CAROTID OR CORONARY	0.00	Y	04
3	01926	ANES.FOR THER.INTERV RAD.PROC.ART.SYST.INTRACRAN,CARD,AORTIC	0.00	Y	04
3	01930	ANES.FOR THER.INTEV.RAD.PROC.FOR VENOUS/LYMPHATIC SYST	0.00	Y	04
3	01931	ANES.THER.INTERV.RAD.PROC.VEN/LYMPH SYST.INTRAHEP/PORTAL CIR	0.00	Y	04
3	01932	ANES.THER INTERV RAD PROC.VEN/LYMPH SYS.INTRATHORACIC/JUSULA	0.00	Y	04
3	01933	ANES THER.INTERV RAD PROC VENOUS/LYMPH SYST INTRACRANIAL	0.00	Y	04
3	01951	ANESTHESIA FOR BURN DEBRIDEMENT	0.00	Y	04
3	01952	ANESTHESIA FOR BURN DEBRIDEMENT 9 PCT TBS	0.00	Y	04
3	01953	ANESTHESIA FOR BURN DEBRIDEMENT ADD 9 PCTS TBS	0.00	Y	04
3	01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION	0.00	Y	04
3	01960	ANESTHESIA FOR VAGINAL DELIVERY ONLY	0.00	Y	09
3	01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY	0.00	Y	04
3	01962	ANES.FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY	0.00	Y	04
3	01963	ANES.FOR CESAREN HYSTER.W/O LABOR ANALGESIA/ANESTHESIA CARE	0.00	Y	04
3	01967	NEURAXIAL LABOR ANALGESIA/ANES.FOR PLANNED VAG DELIVERY	0.00	Y	04
3	01968	CESAREAN DEL.FOLLOWING NEURAXIAL LABOR ANALGESIA/ANESTHESIA	0.00	Y	04
3	01969	CESEREAN HYSTER FOLLOWING NEURAXIAL LABOR ANALGESIA/ANES.	0.00	Y	04
3	01990	PHYSIOLOG SUPPORT HARV ORGAN	0.00	Y	09
3	01991	INJ NERVE BLOCK OTH PROV. / NOT PRONE	0.00	Y	04
3	01992	INJ NERVE BLOCK; OTH PROV, PRONE POSITION	0.00	Y	04
3	01995	IV ADMINIS LOCAL ANESTHETIC	52.70	N	04
3	01996	DAILY MANGMNT EPID/SUBAR PAIN	14.25	N	04
3	01999	UNLISTED ANESTHESIA PROCEDURE	0.00	Y	04
3	10021	FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE	49.80	N	04
3	10022	FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE	56.70	N	04
3	10040	ACNE SURGERY	35.20	N	04
3	10060	DRAINAGE OF SKIN ABSCESS	36.00	N	04
3	10061	DRAINAGE OF SKIN ABSCESS	66.50	N	04
3	10080	DRAINAGE OF PILONIDAL CYST	70.65	N	04
3	10081	DRAINAGE OF PILONIDAL CYST	131.80	N	04
3	10120	REMOVE FOREIGN BODY	39.05	N	04
3	10121	REMOVE FOREIGN BODY	77.60	N	04
3	10140	DRAINAGE OF HEMATOMA	41.50	N	04
3	10160	PUNCTURE DRAINAGE OF LESION	35.95	N	04
3	10180	COMPLEX I&D	130.55	N	04
3	11000	SURGICAL CLEANSING OF SKIN	77.70	N	04
3	11001	ADDITIONAL CLEANSING OF SKIN	20.85	N	04
3	11010	DEBRIDEMENT INCL REMOVAL OF FOREIGN MAT ASSOC W/OPEN FRACT	127.60	N	04
3	11011	DEBRIDEMENT INCL REMOVAL FOREIGN MAT ASSOC W/OPEN FRACTURE	157.90	N	04
3	11012	DEBRIDEMENT INCL REMOVAL FORIEGN MAT W/OPEN FRACTURE	218.40	N	04

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3	11040	SURGICAL CLEANSING, ABRASION	34.10	N	04
3	11041	DEBRIDEMENT SKIN-FULL THICKN'S	51.90	N	04
3	11042	DEBRIDEMENT SKIN AND TISSUE	70.55	N	04
3	11043	DEBRIDEMENT-SKIN-TISSUE-MUSCLE	170.55	N	04
3	11044	DEBRIDEMENT-SKIN-MUSCLE-BONE	219.35	N	04
3	11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION, SINGLE	22.15	N	04
3	11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION, TWO - FOUR	0.00	Y	04
3	11057	PARING/CUTTING BENIGN HYPERKERATOTIC LESION; MORE THAN FOUR	0.00	Y	04
3	11100	BIOPSY OF LESION	50.20	N	04
3	11101	BIOPSY, EACH ADDED LESION	22.15	N	04
3	11200	REMOVAL OF SKIN TAGS	35.65	N	04
3	11201	REMOVAL OF ADDED SKIN TAGS	15.20	N	04
3	11300	SHAVE EPIDERM LESION 0.5 CM	21.10	N	04
3	11301	SHAVE EPIDERM LESION .6 TO 1CM	29.20	N	04
3	11302	SHAVE EPIDERM LESION 1.1 TO 2	37.50	N	04
3	11303	SHAVE EPIDERM LESION OVER 2 CM	45.70	N	04
3	11305	SHAVE EPIDERM LESION .5CM/LESS	22.25	N	04
3	11306	SHAVE EPIDERM LESION 0.6/1.0CM	31.25	N	04
3	11307	SHAVE EPIDERM LESION 1.1/2.0CM	37.50	N	04
3	11308	SHAVE EPIDERM LESION OVER 2CM	45.70	N	04
3	11310	SHAVE EPIDERM LESION 0.5 CM	32.40	N	04
3	11311	SHAVE EPIDERM LESION .6 TO 1CM	40.55	N	04
3	11312	SHAVE EPIDERM SINGLE 1.1/ 2CM	48.80	N	04
3	11313	SHAVE EPIDERM SINGLE OVER 2CM	57.10	N	04
3	11400	REMOVAL SKIN LESION, TRUNK, ARMS OR LEGS; DIAM. 0.5CM/LESS	39.05	N	04
3	11401	REMOVAL OF SKIN LESION	50.20	N	04
3	11402	REMOVAL OF SKIN LESION	64.80	N	04
3	11403	REMOVAL OF SKIN LESION	77.90	N	04
3	11404	REMOVAL OF SKIN LESION	92.40	N	04
3	11406	REMOVAL OF SKIN LESION	108.00	N	04
3	11420	REMOVAL OF SKIN LESION	38.30	N	04
3	11421	REMOVAL OF SKIN LESION	50.85	N	04
3	11422	REMOVAL OF SKIN LESION	64.80	N	04
3	11423	REMOVAL OF SKIN LESION	77.90	N	04
3	11424	REMOVAL OF SKIN LESION	92.40	N	04
3	11426	REMOVAL OF SKIN LESION	127.48	N	04
3	11440	REMOVAL SKIN LESION, FACE(EARS NOSE LIPS) DIAM. 0.5CM/LESS	54.15	N	04
3	11441	REMOVAL OF SKIN LESION	75.30	N	04
3	11442	REMOVAL OF SKIN LESION	96.40	N	04
3	11443	REMOVAL OF SKIN LESION	111.00	N	04
3	11444	REMOVAL OF SKIN LESION	117.55	N	04

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3	11446	REMOVAL OF SKIN LESION	146.37	N	04
3	11450	EXCISION HIDRAENITIS AXILLARY	215.40	N	04
3	11451	EXCISION HIDRADENITIS	244.10	N	04
3	11462	EXCISION HIDRADENITIS INGUINAL	215.40	N	04
3	11463	EXCISION HIDRADENITIS	232.20	N	04
3	11470	EXCISION HIDRADENITIS PERIANAL	291.30	N	04
3	11471	EXCISION HIDRADENITIS	297.00	N	04
3	11600	REMOVAL OF SKIN LESION	54.15	N	04
3	11601	REMOVAL OF SKIN LESION	75.30	N	04
3	11602	REMOVAL OF SKIN LESION	96.40	N	04
3	11603	REMOVAL OF SKIN LESION	117.55	N	04
3	11604	REMOVAL OF SKIN LESION	138.75	N	04
3	11606	REMOVAL OF SKIN LESION	185.52	N	04
3	11620	REMOVAL OF SKIN LESION	54.15	N	04
3	11621	REMOVAL OF SKIN LESION	75.30	N	04
3	11622	REMOVAL OF SKIN LESION	96.40	N	04
3	11623	REMOVAL OF SKIN LESION	117.55	N	04
3	11624	REMOVAL OF SKIN LESION	138.75	N	04
3	11626	REMOVAL OF SKIN LESION	185.52	N	04
3	11640	REMOVAL OF SKIN LESION	107.00	N	04
3	11641	REMOVAL OF SKIN LESION	149.25	N	04
3	11642	REMOVAL OF SKIN LESION	192.95	N	04
3	11643	REMOVAL OF SKIN LESION	235.20	N	04
3	11644	REMOVAL OF SKIN LESION	278.80	N	04
3	11646	REMOVAL OF SKIN LESION	294.77	N	04
3	11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	0.00	Y	04
3	11720	DEBRID NAIL BY ANY METHOD 1-5	15.90	N	04
3	11721	DEBRID NAIL BY ANY METHOD 6 OR MORE	18.10	N	04
3	11730	REMOVAL OF NAIL PLATE	34.30	N	04
3	11732	REMOVE ADDED NAIL PLATE	14.45	N	04
3	11740	DRAIN BLOOD FROM UNDER NAIL	36.00	N	04
3	11750	REMOVAL OF NAIL BED	61.85	N	04
3	11752	NAIL,FINGER TIP EXCISION	167.40	N	04
3	11755	BIOPSY OF NAIL UNIT ANY METHOD	38.80	N	04
3	11760	RECONSTRUCTION OF NAIL BED	60.80	N	04
3	11762	RECONSTRUCTION OF NAIL BED	87.75	N	04
3	11765	WEDGE EXCISION SKIN/NAIL FOLD	38.40	N	04
3	11770	REMOVAL OF PILONIDAL LESION	215.40	N	04
3	11771	REMOVAL OF PILONIDAL LESION	291.30	N	04
3	11772	REMOVAL OF PILONIDAL LESION	341.25	N	04
3	11900	INJECTION INTO SKIN LESIONS	21.10	N	04

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3	11901	ADDED SKIN LESION INJECTIONS	0.00	Y	04
3	11920	CORRECT SKIN COLOR DEFECTS	0.00	Y	09
3	11921	TATOO NIPPLE RECONSTRUCTION	63.57	N	04
3	11922	TATTOO NIPPLE RECONSTRUCTION	16.13	N	04
3	11950	THERAPY FOR CONTOUR DEFECTS	0.00	Y	09
3	11951	THERAPY FOR CONTOUR DEFECTS	0.00	Y	09
3	11952	THERAPY FOR CONTOUR DEFECTS	0.00	Y	09
3	11954	THERAPY FOR CONTOUR DEFECTS	0.00	Y	09
3	11960	INSERTION OF TISSUE EXPANDER	350.05	N	04
3	11970	REPLACE TISSUE EXPANDER W/PERM	475.70	N	04
3	11971	TISSUE EXPANDER REMOVAL	135.00	N	04
3	11975	INSERT IMPLANT CONTRACEPTIVE	108.00	N	04
3	11976	REMOVAL IMPLANT CONTRACEPTIVE	108.00	N	04
3	11977	REMOV/INSERT IMPLNT CONTRACEPT	108.00	N	04
3	11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION	108.00	N	04
3	11981	INSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	72.30	N	04
3	11982	REMOVAL OF NON BIODEGRADABLE DRUG DELIVERY IMPLANT	87.00	N	04
3	11983	REMOVAL W/REINSERTION NON-BIODEGRADE DRUG DELIVERY IMPLANT	108.00	N	04
3	12001	REPAIR SUPERFICIAL WOUND(S)	53.10	N	04
3	12002	REPAIR SUPERFICIAL WOUND(S)	58.40	N	04
3	12004	REPAIR SUPERFICIAL WOUND(S)	69.70	N	04
3	12005	REPAIR SUPERFICIAL WOUND(S)	100.40	N	04
3	12006	REPAIR SUPERFICIAL WOUND(S)	145.80	N	04
3	12007	REPAIR SUPERFICIAL WOUND(S)	0.00	Y	04
3	12011	REPAIR SUPERFICIAL WOUND(S)	56.40	N	04
3	12013	REPAIR SUPERFICIAL WOUND(S)	64.00	N	04
3	12014	REPAIR SUPERFICIAL WOUND(S)	112.90	N	04
3	12015	REPAIR SUPERFICIAL WOUND(S)	125.50	N	04
3	12016	REPAIR SUPERFICIAL WOUND(S)	200.75	N	04
3	12017	REPAIR SUPERFICIAL WOUND(S)	259.20	N	04
3	12018	REPAIR SUPERFICIAL WOUND(S)	272.63	N	04
3	12020	CLOSURE OF WOUND DEHISCENCE	139.30	N	04
3	12021	SUPERFICIAL WOUND W/ PACKING	88.70	N	04
3	12031	LAYER CLOSURE OF WOUND(S)	64.70	N	04
3	12032	LAYER CLOSURE OF WOUND(S)	81.60	N	04
3	12034	LAYER CLOSURE OF WOUND(S)	106.65	N	04
3	12035	LAYER CLOSURE OF WOUND(S)	144.30	N	04
3	12036	LAYER CLOSURE OF WOUND(S)	194.50	N	04
3	12037	LAYER CLOSURE OF WOUND(S)	261.12	N	04
3	12041	LAYER CLOSURE OF WOUND(S)	72.10	N	04
3	12042	LAYER CLOSURE OF WOUND(S)	94.10	N	04

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3	12044	LAYER CLOSURE OF WOUND(S)	119.20	N	04
3	12045	LAYER CLOSURE OF WOUND(S)	156.85	N	04
3	12046	LAYER CLOSURE OF WOUND(S)	207.10	N	04
3	12047	LAYER CLOSURE OF WOUND(S)	270.45	N	04
3	12051	LAYER CLOSURE OF WOUND(S)	74.70	N	04
3	12052	LAYER CLOSURE OF WOUND(S)	94.10	N	04
3	12053	LAYER CLOSURE OF WOUND(S)	112.90	N	04
3	12054	LAYER CLOSURE OF WOUND(S)	131.80	N	04
3	12055	LAYER CLOSURE OF WOUND(S)	169.40	N	04
3	12056	LAYER CLOSURE OF WOUND(S)	219.60	N	04
3	12057	LAYER CLOSURE OF WOUND(S)	305.68	N	04
3	13100	REPAIR OF WOUND OR LESION	110.04	N	04
3	13101	REPAIR OF WOUND OR LESION	127.57	N	04
3	13102	REPAIR COMPLEX TRUNK EACH ADD 5 CM OR LESS	0.00	Y	04
3	13120	REPAIR OF WOUND OR LESION	114.98	N	04
3	13121	REPAIR OF WOUND OR LESION	138.55	N	04
3	13122	REPAIR COMPLEX SCALP ARMS OR LEGS EA ADDITIONAL 5CM OR LESS	0.00	Y	04
3	13131	REPAIR OF WOUND OR LESION	127.85	N	04
3	13132	REPAIR OF WOUND OR LESION	178.18	N	04
3	13133	REPAIR COMPLEX FOREHEAD FACE NECK HANDS FEET AXILLAE GENITAL	0.00	Y	04
3	13150	REPAIR OF WOUND OR LESION	150.67	N	04
3	13151	REPAIR OF WOUND OR LESION	160.83	N	04
3	13152	REPAIR OF WOUND OR LESION	205.55	N	04
3	13153	REPAIR COMPLEX EYELIDS NOSE EA RS/LIPS EA ADDITIONAL 5CM-LES	0.00	Y	04
3	13160	SECONDARY CLOSURE WOUND DEHIS	295.88	N	04
3	14000	SKIN TISSUE REARRANGEMENT	224.25	N	04
3	14001	SKIN TISSUE REARRANGEMENT	291.69	N	04
3	14020	SKIN TISSUE REARRANGEMENT	244.40	N	04
3	14021	SKIN TISSUE REARRANGEMENT	328.07	N	04
3	14040	SKIN TISSUE REARRANGEMENT	277.07	N	04
3	14041	SKIN TISSUE REARRANGEMENT	375.10	N	04
3	14060	SKIN TISSUE REARRANGEMENT	299.29	N	04
3	14061	SKIN TISSUE REARRANGEMENT	405.20	N	04
3	14300	SKIN TISSUE REARRANGEMENT	389.59	N	04
3	14350	SKIN TISSUE REARRANGEMENT	270.20	N	04
3	15000	SKIN GRAFT PROCEDURE	0.00	Y	04
3	15001	SURG PREP EXCISION/BURN ESCHAR OR SCAR EA ADD 100 SQ CM/CHLD	0.00	Y	04
3	15050	SKIN PINCH GRAFT PROCEDURE	131.80	N	04
3	15100	SKIN SPLIT GRAFT PROCEDURE	263.55	N	04
3	15101	SKIN SPLIT GRAFT PROCEDURE	0.00	Y	04
3	15120	SKIN SPLIT GRAFT PROCEDURE	307.90	N	04

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3	15121	SKIN SPLIT GRAFT PROCEDURE	0.00	Y	04
3	15200	SKIN FULL GRAFT PROCEDURE	318.60	N	04
3	15201	SKIN FULL GRAFT PROCEDURE	0.00	Y	04
3	15220	SKIN FULL GRAFT PROCEDURE	307.90	N	04
3	15221	SKIN FULL GRAFT PROCEDURE	0.00	Y	04
3	15240	SKIN FULL GRAFT PROCEDURE	308.96	N	04
3	15241	SKIN FULL GRAFT PROCEDURE	0.00	Y	04
3	15260	SKIN FULL GRAFT PROCEDURE	332.72	N	04
3	15261	SKIN FULL GRAFT PROCEDURE	0.00	Y	04
3	15342	APPLY NEODERMIS 25 SQ CM BILAM SKIN SUBSITUTE	92.30	N	04
3	15343	APPLY NEODERMIS ADDT'L 25 SQ CM BILAM SKIN SUBSTITUTE	0.00	Y	04
3	15350	SKIN HOMOGRAFT PROCEDURE	165.30	N	04
3	15351	APP OR ALLOGRAFT SKIN, EACH ADDITIONAL 100 SQ CM	0.00	Y	04
3	15400	SKIN HETEROGRAFT PROCEDURE	165.30	N	04
3	15401	APP XENOGRAFT, SKIN, EACH ADDITIONAL 100 SQ CM	0.00	Y	04
3	15570	FORM PEDICLE W/WO TRANSFER	298.24	N	04
3	15572	FORM PEDICLE W/WO TRANSFER	292.34	N	04
3	15573	FORM PEDICLE W/WO TRANSFER	0.00	Y	04
3	15574	FORM PEDICLE W/WO TRANSFER	466.61	N	04
3	15576	FORM PEDICLE W/WO TRANSFER	296.30	N	04
3	15580	ATTACH SKIN PEDICLE GRAFT	432.05	N	04
3	15600	SKIN GRAFT PROCEDURE	259.81	N	04
3	15610	SKIN GRAFT PROCEDURE	97.47	N	04
3	15620	SKIN GRAFT PROCEDURE	158.26	N	04
3	15625	SKIN GRAFT PROCEDURE	97.20	N	04
3	15630	SKIN GRAFT PROCEUDRE	310.61	N	04
3	15650	TRANSFER SKIN PEDICLE FLAP	168.27	N	04
3	15732	MUSCLE MYOCUT OR FASCIO FLAP	536.60	N	04
3	15734	FLAPS TRUNK	569.25	N	04
3	15736	FLAPS UPPER EXTREMITY	512.70	N	04
3	15738	FLAPS LOWER EXTREMITY	520.25	N	04
3	15740	ISLAND PEDICLE FLAP GRAFT	321.69	N	04
3	15745	GRAFT MYOCUTANEOUS FLAP	0.00	Y	04
3	15750	NEUROVASCULAR PEDICLE GRAFT	339.54	N	04
3	15756	FREE MUSCLE FLAP W/ W/O SKIN GRAFT W/MICROVAS ANASTOMOSIS	1,306.65	N	04
3	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	1,306.65	N	04
3	15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	1,306.65	N	04
3	15760	GRAFT; COMPOSITE, INCL. PRIMARY CLOSURE, DONOR AREA	300.05	N	04
3	15770	DERMA-FAT-FASCIA GRAFT	307.90	N	04
3	15775	HAIR TRANSPLANT PUNCH GRAFTS	0.00	Y	09
3	15776	HAIR TRANSPLANT PUNCH GRAFTS	0.00	Y	09

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3	15780	ABRASION TREATMENT OF SKIN	231.39	N	04
3	15781	ABRASION SKIN NOT TOTAL FACE	164.22	N	04
3	15782	ABRASION SKIN REGIONAL NOT FAC	142.35	N	04
3	15783	SUPERFICIAL DERMABRASION	0.00	Y	04
3	15786	ABRASION TREATMENT OF LESION	53.75	N	04
3	15787	ABRASION, ADDED SKIN LESIONS	34.50	N	04
3	15788	CHEMICAL PEEL FACIAL EPIDERMAL	85.33	N	04
3	15789	CHEMICAL PEEL FACIAL DERMAL	182.30	N	04
3	15792	CHEMICAL PEEL NONFACIAL	78.52	N	04
3	15793	CHEMICAL PEEL NONFACIAL	119.57	N	04
3	15810	SALABRASION	144.79	N	04
3	15811	SALABRASION	193.91	N	04
3	15819	CERVICOPLASTY	274.36	N	04
3	15820	REVISION OF LOWER EYELID(S)	651.10	N	04
3	15821	REVISION OF LOWER EYELID(S)	651.10	N	04
3	15822	REVISION OF UPPER EYELID(S)	651.10	N	04
3	15823	REVISION OF UPPER EYELID(S)	651.10	N	04
3	15824	REMOVAL OF FOREHEAD WRINKLES	0.00	Y	09
3	15825	RHYTIDECTOMY NECK W/PLATYSMAL	0.00	Y	09
3	15826	REMOVAL OF BROW WRINKLES	0.00	Y	09
3	15828	REMOVAL OF FACE WRINKLES	0.00	Y	09
3	15829	RHYTIDECTOMY SMAS FLAP	0.00	Y	09
3	15831	EXCISE EXCESSIVE SKIN TISSUE	0.00	Y	04
3	15832	EXCISE EXCESSIVE SKIN TISSUE	340.15	N	04
3	15833	EXCISE EXCESSIVE SKIN TISSUE	306.75	N	04
3	15834	EXCISE EXCESSIVE SKIN TISSUE	308.30	N	04
3	15835	EXCISE EXCESSIVE SKIN TISSUE	319.10	N	04
3	15836	EXCISE EXCESSIVE SKIN TISSUE	265.30	N	04
3	15837	EXCISE EXCESSIVE SKIN TISSUE	255.00	N	04
3	15838	EXCISION SKIN SUBMENTAL FATPAD	219.35	N	04
3	15839	EXCISION SKIN OTHER AREA	237.80	N	04
3	15840	GRAFT FOR FACE NERVE PALSY	891.10	N	04
3	15841	GRAFT FOR FACE NERVE PALSY	663.96	N	04
3	15842	GRAFT FOR FACE NERVE PALSY	1,063.03	N	04
3	15845	SKIN AND MUSCLE REPAIR, FACE	355.83	N	04
3	15850	REMOVE SUTURES UNDER ANESTHESI	31.40	N	04
3	15851	REMOVE SUTURES HOSP/EM RM-ANES	48.60	N	04
3	15852	DRESSING CHANGE UNDER ANESTHES	31.95	N	04
3	15860	IV INJECT TO TEST BLOOD FLOW	55.50	N	04
3	15876	SUCTION LIPECTOMY HEAD/NECK	0.00	Y	04
3	15877	MISC PROCEDURE TRUNK	0.00	Y	04

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3	15878	MISC PROCEDURE UPPER EXTREMITY	0.00	Y	04
3	15879	MISC PROCEDURE LOWER EXTREMITY	0.00	Y	04
3	15920	REMOVAL OF TAIL BONE	374.55	N	04
3	15922	REMOVAL OF TAIL BONE	449.50	N	04
3	15931	REMOVAL OF PRESSURE SORE	449.50	N	04
3	15933	REMOVAL OF PRESSURE SORE	674.20	N	04
3	15934	DECUBITUS WITH SKIN FLAP	749.20	N	04
3	15935	DECUBITUS WITH OSTECTOMY	749.20	N	04
3	15936	EXCISION PRES ULCER WITH FLAP	749.20	N	04
3	15937	EXCISION PRES ULCER W/OSTECTOM	749.20	N	04
3	15940	REMOVAL OF PRESSURE SORE	449.50	N	04
3	15941	REMOVAL OF PRESSURE SORE	524.40	N	04
3	15944	EXCISION ISCHIAL W/SKIN FLAP	524.40	N	04
3	15945	EXCISION ISCHIAL WITH OSTECTOM	600.00	N	04
3	15946	EXCISION ISCHICAL W/FLAP	674.20	N	04
3	15950	REMOVAL OF PRESSURE SORE	449.50	N	04
3	15951	REMOVAL OF PRESSURE SORE	524.40	N	04
3	15952	REMOVAL OF PRESSURE SORE	524.40	N	04
3	15953	REMOVAL OF PRESSURE SORE	599.35	N	04
3	15956	REMOVAL PRES SORE W/FLAP	727.40	N	04
3	15958	REMOVAL PRES SORE W/FLAP	727.40	N	04
3	15962	EXCISION ULCER WITH PINCH GRAF	0.00	Y	04
3	15963	EXCISION ULCER OSTECTOMY-FLAP	0.00	Y	04
3	15999	UNLISTED PROC REMOVAL PRES SOR	0.00	Y	04
3	16000	INITIAL TREATMENT OF BURN(S)	45.80	N	04
3	16010	TREATMENT OF BURN(S)	45.80	N	04
3	16015	TREATMENT OF BURN(S)	198.35	N	04
3	16020	TREATMENT OF BURN(S)	24.90	N	04
3	16025	TREATMENT OF BURN(S)	49.50	N	04
3	16030	TREATMENT OF BURN(S)	61.65	N	04
3	16035	INCISION OF BURN SCAB	92.79	N	04
3	16036	ESCHAROTOMY EACH ADDTL INCISION	36.74	N	04
3	17000	DESTRUCTION OF LESION	52.70	N	04
3	17003	DESTRUCTION ALL BENIGN LESIONS 2 THRU 14 LESIONS ANY METHOD	0.00	Y	04
3	17004	DESTRUCTION OF LESIONS, 15 OR MORE - ANY METHOD	86.59	N	04
3	17106	DESTRUCT LESIONS LESS 10 SQ CM	125.35	N	04
3	17107	DESTRUCT LESIONS 10 TO 50 SQCM	238.80	N	04
3	17108	DESTRUCT LESIONS OVER 50 SQ CM	372.30	N	04
3	17110	DESTRUCTION OF SKIN LESIONS	74.90	N	04
3	17111	DESTRUCTION FLAT WARTS 15 OR MORE LESIONS - ANY METHOD	43.05	N	04
3	17250	CHEMICAL CAUTERIZATION WOUND	18.90	N	04

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3	17260	DESTRUCT MALIG LESION 0.5CM	40.60	N	04
3	17261	DESTRUCT MALIG LESION 0.6-1CM	60.70	N	04
3	17262	DESTRUCT MALIG LESION 1.1-2CM	80.85	N	04
3	17263	DESTRUCT MALIG LESION 2.1-3CM	100.90	N	04
3	17264	DESTRUCT MALIG LESION 3.1-4CM	117.55	N	04
3	17266	DESTRUCT MALIG LESION OVER 4CM	162.00	N	04
3	17270	DESTRUCT MALIG LESION 0.5CM	45.25	N	04
3	17271	DESTRUCT MALIG LESION 0.6-1CM	64.50	N	04
3	17272	DESTRUCT MALIG LESION 1.1-2CM	85.60	N	04
3	17273	DESTRUCT MALIG LESION 2.1-3CM	106.75	N	04
3	17274	DESTRUCT MALIG LESION	117.20	N	04
3	17276	DESTRUCT MALIG LESION OVER 4CM	162.00	N	04
3	17280	DESTRUCT MALIG LESION UP TO .5	96.20	N	04
3	17281	DESTRUCT MALIG LESION 0.6-1	127.70	N	04
3	17282	DESTRUCT MALIG LESION 1.1-2	171.30	N	04
3	17283	DESTRUCT MALIG LESION 2.1-3	213.60	N	04
3	17284	DESTRUCT MALIG LESION 3.4-4.0	257.10	N	04
3	17286	DESTRUCT MALIG LESION OVER 4CM	0.00	Y	04
3	17304	CHEMOSURGERY FRESH TISSUE	216.00	N	04
3	17305	CHEMOSURGERY SECOND STAGE	91.85	N	04
3	17306	CHEMOSURGERY THIRD STAGE	83.10	N	04
3	17307	CHEMOSURGERY ADDITIONAL STAGE	84.70	N	04
3	17310	CHEMOSURGERY MORE THAN FIVE	0.00	Y	04
3	17340	CRYOTHERAPY OF SKIN	26.20	N	04
3	17360	SKIN PEEL THERAPY	38.65	N	04
3	17380	HAIR REMOVAL BY ELECTROLYSIS	0.00	Y	04
3	17999	SKIN TISSUE PROCEDURE	0.00	Y	04
3	19000	DRAINAGE OF BREAST LESION	37.40	N	04
3	19001	DRAIN ADDED BREAST LESION	17.80	N	04
3	19020	INCISION OF BREAST LESION	135.90	N	04
3	19030	INJECTION PROC MAM DUCT-GALACT	102.50	N	04
3	19100	BIOPSY OF BREAST	59.60	N	04
3	19101	BIOPSY OF BREAST	192.85	N	04
3	19102	BREAST BIOPSY PERCUTAN NEEDLE CORE/IMAG GUIDE	164.85	N	04
3	19103	BREAST BIOPSY VAC ASST OR ROTATING DEVICE PERCUTW/IMAG GUIDE	324.90	N	04
3	19110	NIPPLE EXPLORATION	240.00	N	04
3	19112	EXC BREAST DUCT FISTULA	240.00	N	04
3	19120	REMOVAL OF BREAST LESION	240.00	N	04
3	19125	EXCISION BREAST SINGLE LESION	240.00	N	04
3	19126	EXCISION BREAST LESION ADD	74.45	N	04
3	19140	REMOVAL OF BREAST TISSUE	374.55	N	04

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3	19160	REMOVAL OF BREAST TISSUE	310.80	N	04
3	19162	MASTECTOMY PART W/AXIL LYMPHAD	601.45	N	04
3	19180	REMOVAL OF BREAST	461.95	N	04
3	19182	REMOVAL OF BREAST TISSUE	574.35	N	04
3	19200	EXTENSIVE BREAST SURGERY	787.95	N	04
3	19220	RADICALMASTECTOMY	948.90	N	04
3	19240	EXTENSIVE BREAST SURGERY	738.10	N	04
3	19260	REMOVAL OF CHEST WALL LESION	430.64	N	04
3	19271	REVISION OF CHEST WALL	534.45	N	04
3	19272	EXTENSIVE CHEST WALL SURGERY	598.34	N	04
3	19290	PREOP NEEDLE PLACE WIRE BREAST	59.40	N	04
3	19291	PREOP PLACE NEEDLE BREAST-EACH	27.00	N	04
3	19295	METAL LOCALIZE CLIP PLACEMENT PERCUT DURING BREAST BX	63.10	N	04
3	19303	REVISION OF BREAST	0.00	Y	04
3	19304	REVISION OF BREASTS	0.00	Y	04
3	19316	MASTOPEXY	567.10	N	04
3	19318	REDUCTION MAMMAPLASTY	374.60	N	04
3	19324	MAMMAPLASTY AUGMENT W/O IMPLAN	567.10	N	04
3	19325	MAMMAPLASTY AUGMENT W/IMPLANT	567.10	N	04
3	19328	REMOVAL INTACT MAMMARY IMPLANT	240.00	N	04
3	19330	REMOVAL OF IMPLANT MATERIAL	240.00	N	04
3	19340	INSERTION OF BREAST PROSTHESIS	310.80	N	04
3	19342	DELAY INSERT OF BREAST PROSTH	354.20	N	04
3	19350	NIPPLE/AREOLA RECONSTRUCTION	310.55	N	04
3	19355	CORRECTION OF INVERTED NIPPLES	275.00	N	04
3	19357	BREAST RECONSTR W/TISSUE EXPAN	532.30	N	04
3	19361	BREAST RECONSTR W/FLAP	609.80	N	04
3	19364	BREAST RECONSTRUCTION FREEFLAP	558.15	N	04
3	19366	BREAST RECONSTRUCT OTHER TECH	558.15	N	04
3	19367	BREAST RECONSTRUCT W TRANSVERS E RECTUS ABDOM MYOCUT SINGLE	755.20	N	04
3	19368	BREAST RECONSTRUCT W TRANSVERS E RECTUS ABDOM SINGLE MICROVA	1,306.65	N	04
3	19369	BREAST RECONSTRUCT W TRANSV RE CT ABDOM MYOCUT FLAP DOUBLE	852.25	N	04
3	19370	BREAST CAPSULOTOMY OPEN	242.70	N	04
3	19371	BREAST PERIPROSTHETIC CAPSULEC	297.00	N	04
3	19380	REVISION OF RECONSTRUCT BREAST	280.40	N	04
3	19396	MOULAGE PREP FOR CUSTOM IMPLAN	136.88	N	04
3	19499	BREAST SURGERY PROCEDURE	0.00	Y	04
3	20000	INCISION OF ABSCESS	59.80	N	04
3	20005	INCISION OF DEEP ABSCESS	125.50	N	04
3	20100	EXPLORATION OF PENETRATING WOU ND - NECK	372.65	N	04
3	20101	EXPLORATION OF PENETRATING WOU ND - CHEST	599.35	N	04

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3	20102	EXPLORATION OF PENETRATING WOU ND - ABDOMEN/FLANK/BACK	480.00	N	04
3	20103	EXPLORATION OF PENETRATING WOU ND - EXTREMITY	0.00	Y	04
3	20150	EXCISION EPIPHSEAL BAR W/W/O AUTOGENOUS TISSUE GRAFT FASCIAL	0.00	Y	04
3	20200	MUSCLE BIOPSY	113.60	N	04
3	20205	DEEP MUSCLE BIOPSY	252.35	N	04
3	20206	BIOPSY MUSCLE PERCUTANEOUS	53.50	N	04
3	20220	BONE BIOPSY, TROCAR/NEEDLE	90.10	N	04
3	20225	BONE BIOPSY, TROCAR/NEEDLE	187.30	N	04
3	20240	BONE BIOPSY, EXCISIONAL	220.55	N	04
3	20245	BONE BIOPSY, EXCISIONAL	289.90	N	04
3	20250	OPEN BONE BIOPSY	163.05	N	04
3	20251	OPEN BONE BIOPSY	277.50	N	04
3	20500	INJECTION OF SINUS TRACT	61.40	N	04
3	20501	INJECT SINUS TRACT FOR X-RAY	105.90	N	04
3	20520	REMOVE MUSCLE FOREIGN BODY	107.00	N	04
3	20525	REMOVE MUSCLE FOREIGN BODY	167.80	N	04
3	20526	INJECTION THERAPUTIC, CARPAL TUNNEL	31.35	N	04
3	20550	INJECTION THERAPY	31.75	N	04
3	20551	INJECTION, TENDON ORIGIN/INSERTION	31.75	N	04
3	20552	INJECTION;SINGLE OR MULTIPLE TRIGGER PTS.1 OR 2 MUSC.GROUPS	31.75	N	04
3	20553	INJECTION;SINGLE OR MULTIPLE TRIGGER PTS.3 OR MORE MUSC.GRPS	31.75	N	04
3	20600	INJECT/DRAIN JOINT/BURSA	30.40	N	04
3	20605	INJECT/DRAIN JOINT/BURSA	33.00	N	04
3	20610	INJECT/DRAIN JOINT/BURSA	31.80	N	04
3	20612	ASP/ OR INJ GANGLION CYST ANY LOCA	31.80	N	04
3	20615	ASPIRATION-INJECTION-BONE CYST	73.35	N	04
3	20650	INSERT AND REMOVE BONE PIN	141.50	N	04
3	20660	APPLY,REMOVE FIXATION DEVICE	192.85	N	04
3	20661	APPLICATION OF HEAD BRACE	192.85	N	04
3	20662	APPLICATION OF PELVIS BRACE	203.85	N	04
3	20663	APPLICATION OF THIGH BRACE	170.05	N	04
3	20664	APPLICATION OF HALO - 6 OR MORE PINS - GENERAL ANESTHESIA	271.45	N	04
3	20665	REMOVAL OF FIXATION DEVICE	134.60	N	04
3	20670	REMOVAL OF SUPPORT IMPLANT	134.60	N	04
3	20680	REMOVAL OF SUPPORT IMPLANT	233.00	N	04
3	20690	APPLY EXTERNAL FIXATION SYSTEM	172.80	N	04
3	20692	APPL UNI EXT FIX SYSTEM	297.00	N	04
3	20693	ADJ REV EXT FIX SYSTEM	243.00	N	04
3	20694	REM EXT FIX SYSTEM	152.95	N	04
3	20802	REIMPLANTATION OF ARM	0.00	Y	04
3	20805	REPLANT FOREARM COMPLETE	0.00	Y	04

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3	20808	REIMPLANTATION OF HAND	0.00	Y	04
3	20816	REIMPLANTATION OF DIGIT	0.00	Y	04
3	20822	REPLANTATION DIGIT COMPLETE	0.00	Y	04
3	20824	REPLANT THUMB COMPLETE	0.00	Y	04
3	20827	REPLANT THUMB COMPLETE	0.00	Y	04
3	20838	REPLANTATION FOOT COMPLETE	0.00	Y	04
3	20900	REMOVAL OF BONE FOR GRAFT	224.70	N	04
3	20902	REMOVAL OF BONE FOR GRAFT	374.55	N	04
3	20910	REMOVE CARTILAGE FOR GRAFT	0.00	Y	04
3	20912	NASAL SEPTUM GRAFT	0.00	Y	04
3	20920	REMOVAL OF FASCIA FOR GRAFT	168.10	N	04
3	20922	REMOVAL OF FASCIA FOR GRAFT	231.10	N	04
3	20924	REMOVAL OF TENDON FOR GRAFT	212.90	N	04
3	20926	REMOVAL OF TISSUE FOR GRAFT	0.00	Y	04
3	20930	ALLOGRAFT FOR SPINE SURGERY ON LY; MORSELIZED	0.00	Y	09
3	20931	ALLOGRAFT FOR SPINE SURGERY ON LY; STRUCTURAL	0.00	Y	09
3	20936	AUTOGRAFT/SPINE SURG. ONLY; LO CAL; OBTAIN FROM SAME INCISIO	0.00	Y	09
3	20937	AUTOGRAFT/SPINE SURG. MORSELIZ ED, SEPARATE SKIN/FACIAL INCI	0.00	Y	09
3	20938	AUTOGRAFT/SPINE SURG. ONLY; ST RUCTURAL-SEPARATE INCISION	0.00	Y	09
3	20950	MONITORINGINTERSTITIALFLUIDPRE	44.80	N	04
3	20955	FIBULAGRAFTWITHMICROVASCULARAN	0.00	Y	04
3	20956	BONE GRAFT W/ MICROVASCULAR ANASTOMOSIS; ILIAC CREST	0.00	Y	04
3	20957	BONE GRAFT W/MICROVASCULAR ANASTOMOSIS; METATARSAL	0.00	Y	04
3	20962	OTHER BONE GRAFT SPECIFY	0.00	Y	04
3	20969	OSTEOCUTANEOUS OTH THAN ILIAC	0.00	Y	04
3	20970	OSTEOCUTANEOUSGRAFTLILIACCREST	0.00	Y	04
3	20972	OSTEOCUTANEOUS METATARSAL GRAF	0.00	Y	04
3	20973	OSTEOCUTANOUS TOE W/WEB SPACE	0.00	Y	04
3	20974	ELEC STIM AID BONE HEAL NONINV	0.00	Y	09
3	20975	ELEC STIM AID BONE HEAL INVAS	82.90	N	04
3	20979	LOW INTENSITY ULTRASOUND STIM TO AID BONE HEALING NON INVASI	176.70	N	04
3	20982	ABLTION,BONE TUMOR(S),RADIOFREQ,PERCUTANEOUS,INCLUD.COMPUTER	220.57	N	04
3	20999	MUSCULOSKELETAL SURGERY	0.00	Y	04
3	21010	INCISION OF JAW JOINT	374.55	N	04
3	21015	RAD RES TUMOR SOFT TISSUE FACE	0.00	Y	04
3	21025	EXC BONE MANDIBLE OSTEOMYELIT	299.70	N	04
3	21026	EXC BONE FACIAL OSTEO ABSCESS	299.70	N	04
3	21029	REM BENIGN TUMOR CONTOUR FACE	0.00	Y	04
3	21030	REMOVAL OF FACE BONE LESION	299.70	N	04
3	21031	EXCISION OF TORUS MANDIBULARIS	299.70	N	04
3	21032	EXCISION OF MAXILLARY TORUS	299.70	N	04

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3	21034	REMOVAL OF FACE BONE LESION	421.10	N	04
3	21040	REMOVAL OF JAW BONE LESION	299.70	N	04
3	21041	REMOVAL OF JAW BONE LESION	0.00	N	04
3	21044	REMOVAL OF JAW BONE LESION	350.55	N	04
3	21045	EXTENSIVE JAW SURGERY	1,678.65	N	04
3	21046	EXCISION MANDIBLE TUMOR/CYST W/INTRAORAL OSTEOTOMY	397.20	N	04
3	21047	EXCISION MANDIBLE TUMOR/CYST W/EXTRA ORAL OSTEOTOMY/PART MAN	0.00	Y	04
3	21048	EXCISION MAXILLA TUMOR/CYST W/INTRA ORAL OSTEOTOMY	0.00	Y	04
3	21049	EXCISION MAXILLA TUMOR/CYST W/EXTRA ORAL OSTEO/PARTIAL MAXIL	0.00	Y	04
3	21050	REMOVAL OF JAW JOINT	524.40	N	04
3	21060	REMOVE JAW JOINT CARTILAGE	524.40	N	04
3	21070	REMOVE CORONOID PROCESS	299.70	N	04
3	21076	IMPRESSION & CUSTOM PREP; SURG ICAL OBTURATOR PROSTHESIS	0.00	Y	04
3	21077	IMPRESSION & CUSTOM PREP; ORBI TAL PROSTHESIS	0.00	Y	04
3	21079	IMP PREP OBTURATOR PROSTHESIS	0.00	Y	04
3	21080	IMP PREP OBTURATOR PROSTHESIS	0.00	Y	04
3	21081	IMP PREP MANDIBULAR PROSTHESIS	0.00	Y	04
3	21082	IMP PREP PALATAL AUG PROSTH	0.00	Y	04
3	21083	IMP PREP PALATAL LIFT PROSTH	0.00	Y	04
3	21084	IMP PREP SPEECH AID PROSTHESIS	0.00	Y	04
3	21085	IMP PREP ORAL SURGICAL SPLINT	0.00	Y	04
3	21086	IMP PREP AURICULAR PROSTHESIS	0.00	Y	04
3	21087	IMP PREP NASAL PROSTHESIS	0.00	Y	04
3	21088	IMP PREP FACIAL PROSTHESIS	0.00	Y	04
3	21089	UNLISTED MAXILLOFACIAL PROS	0.00	Y	04
3	21100	MAXILLOFACIAL FIXATION	192.85	N	04
3	21110	INTERDENTAL FIXATION	176.70	N	04
3	21116	INJ PROC TEMPOROMANDIB XRAY	73.20	N	04
3	21120	GENIOPLASTY AUGMENTATION	1,198.70	N	04
3	21121	GENIOPLASTY SLIDING OSTEOTOMY	1,198.70	N	04
3	21122	GENIOPLASTY SL OSTEOTOMIES MUL	1,414.70	N	04
3	21123	GENIOPLASTY SL AUG BONE GRAFTS	1,522.70	N	04
3	21125	AUGMENTATION MANDIBULAR BODY	1,198.70	N	04
3	21127	AUGMENTATION MANDIB BONE GRAFT	1,306.65	N	04
3	21137	REDUCTION FOREHEAD CONTOURING	958.60	N	04
3	21138	REDUCT FOREHEAD CONTOUR APPL	1,198.70	N	04
3	21139	REDUC FOREHEAD CONTOUR SETBACK	1,522.70	N	04
3	21141	RECONSTRUCT MIDFACE/LEFORT I; W/O BONE GRAFT, SINGLE PIECE	1,198.70	N	04
3	21142	RECONSTRUCT MIDFACE, LEFORT I, 2 PIECES W/O BONE GRAFT	1,306.65	N	04
3	21143	RECONSTRUCT MIDFACE LEFORT I; 3 OR MORE PIECES W/O BONE GRFT	1,414.70	N	04
3	21145	RECONSTRUCTION MIDFACE	1,306.65	N	04

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3	21146	RECONSTRUCTION MIDFACE	1,522.70	N	04
3	21147	RECONSTRUCTION MIDFACE	1,522.70	N	04
3	21150	RECONSTRUCTION MIDFACE	1,306.65	N	04
3	21151	RECONSTRUCTION MIDFACE	1,522.70	N	04
3	21154	RECONSTRUCTION MIDFACE	1,306.65	N	04
3	21155	RECONSTRUCTION MIDFACE	1,522.70	N	04
3	21159	RECONSTRUCTION MIDFACE	1,522.70	N	04
3	21160	RECONSTRUCTION MIDFACE LEFORTI	1,522.70	N	04
3	21172	RECON ORBITAL RIM FOREHEAD	1,522.70	N	04
3	21175	RECON BIFRONTAL ORBITAL	1,522.70	N	04
3	21179	RECONSTRUCT, ENTIRE/MAJ FOREHEAD &/OR SUPRAORBITAL RIMS W/GR	1,414.70	N	04
3	21180	RECONSTRUCT, ENTIRE/MAJ FOREHEAD &/OR SUPRAORBITAL RIMS W/AU	1,522.70	N	04
3	21181	REM CONTOUR TUMOR CRANIAL BONE	958.60	N	04
3	21182	RECONST COMPLEX	1,522.70	N	04
3	21183	RECONSTRUCTION COMPLEX	1,522.70	N	04
3	21184	RECONSTRUCTION COMPLEX	1,630.70	N	04
3	21188	RECONSTRUCTION MIDFACE OSTEO	1,306.65	N	04
3	21193	RECONSTRUCT MANDIB RAMUS	1,198.70	N	04
3	21194	RECONSTRUCT MANDIB RAMUS	1,414.70	N	04
3	21195	RECONSTRUCT MANDIB RAMUS	1,198.70	N	04
3	21196	RECONSTRUCT MANDIB RAMUS	1,198.70	N	04
3	21198	OSTEOTOMY MANDIBLE SEGMENTAL	958.60	N	04
3	21199	MANDIBLE, OSTEOTOMY, SEGMTL W/ GENIOGLOSSUS ADVANCE	700.70	N	04
3	21206	RECONSTRUCT UPPER JAW BONE	1,198.70	N	04
3	21208	OSTEOPLASTY FACIAL AUGMENT	1,198.70	N	04
3	21209	REDUCTION OSTEOPLAST FACIAL	1,198.70	N	04
3	21210	FACE BONE GRAFT	636.80	N	04
3	21215	LOWER JAW BONE GRAFT	1,048.85	N	04
3	21230	RIB CARTILAGE GRAFT	957.25	N	04
3	21235	EAR CARTILAGE GRAFT	449.50	N	04
3	21240	RECONSTRUCTION OF JAW JOINT	599.35	N	04
3	21242	RECONSTRUCT JAW WITH ALLOPLAST	599.35	N	04
3	21243	TOTAL TEMPOROMAND JOINT PRO	1,198.70	N	04
3	21244	MANDIBLE RECONST EXORAL PLATE	1,198.70	N	04
3	21245	RECONST MAND/MAX SUBP IMPL PAR	1,198.70	N	04
3	21246	RECONST MAND/MAX SUBP IMP COMP	1,198.70	N	04
3	21247	RECONSTRUCTION MANDIBULAR COND	1,306.65	N	04
3	21248	RECONST MAND/MAX ENDOS IMPLANT	1,198.70	N	04
3	21249	MANDIBLE/MAXILLA RECONSTRUCT	1,198.70	N	04
3	21255	RECONST ZYGOMATIC GLENOID	1,306.65	N	04
3	21256	RECONSTRUCTION ORBIT OSTEOTOMY	1,306.65	N	04

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3	21260	REVISE EYE SOCKETS	1,306.65	N	04
3	21261	REVISE EYE SOCKETS	1,522.70	N	04
3	21263	REVISE EYE SOCKETS	1,522.70	N	04
3	21267	REVISE EYE SOCKETS	1,306.65	N	04
3	21268	REVISE EYE SOCKETS	1,522.70	N	04
3	21270	RECONSTRUCT FACIAL CONTOUR	1,048.85	N	04
3	21275	REREVISE ORBITOFACIAL BONES	1,048.85	N	04
3	21280	MEDIAL CANTHOPLASTY	359.30	N	04
3	21282	LATERAL CANTHOPEXY	359.30	N	04
3	21295	REDUCE MASSETER MUS EXTRAORAL	449.50	N	04
3	21296	REDUCE MASSETER MUS INTRAORAL	449.50	N	04
3	21299	UNLISTED CRANIOFACIAL MAXILLO	0.00	Y	04
3	21300	TREATMENT OF SKULL FRACTURE	119.25	N	04
3	21310	TREATMENT OF NOSE FRACTURE	138.75	N	04
3	21315	TREATMENT OF NOSE FRACTURE	176.20	N	04
3	21320	TREATMENT OF NOSE FRACTURE	280.25	N	04
3	21325	REPAIR OF NOSE FRACTURE	337.10	N	04
3	21330	REPAIR OF NOSE FRACTURE	424.45	N	04
3	21335	REPAIR OF NOSE FRACTURE	571.60	N	04
3	21336	OPEN TREAT NAS/SEPT FRACTURE	337.10	N	04
3	21337	TREATMENT OF CLOSED NASAL SEPT	224.70	N	04
3	21338	OPEN TREATMENT NASOETHMOID FRA	334.40	N	04
3	21339	OPEN TREATMENT NASOETHMOID FRA	457.70	N	04
3	21340	REPAIR OF NOSE FRACTURE	749.20	N	04
3	21343	REPAIR FRONTAL SINUS FRACTURE	898.95	N	04
3	21344	OPEN TREAT COMPLIC FRACT SINUS	1,048.85	N	04
3	21345	REPAIR OF NOSE/JAW FRACTURE	749.20	N	04
3	21346	REPAIR OF NOSE/JAW FRACTURE	749.20	N	04
3	21347	REPAIR OF NOSE/JAW FRACTURE	766.90	N	04
3	21348	OPEN TREAT NASOMAX COMP FRACT	954.20	N	04
3	21355	REPAIR CHEEK BONE FRACTURE	149.80	N	04
3	21356	OPEN TREAT DEPRES ZYGO ARCH	539.65	N	04
3	21360	REPAIR CHEEK BONE FRACTURE	539.65	N	04
3	21365	REPAIR CHEEK BONE FRACTURE	689.50	N	04
3	21366	OPEN TREAT COMPLI FRACT MALAR	954.20	N	04
3	21385	REPAIR EYE SOCKET FRACTURE	599.35	N	04
3	21386	REPAIR EYE SOCKET FRACTURE	599.35	N	04
3	21387	REPAIR EYE SOCKET FRACTURE	749.20	N	04
3	21390	REPAIR EYE SOCKET FRACTURE	861.50	N	04
3	21395	REPAIR EYE SOCKET FRACTURE	861.50	N	04
3	21400	TREAT EYE SOCKET FRACTURE	149.80	N	04

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3	21401	REPAIR EYE SOCKET FRACTURE	224.70	N	04
3	21406	REPAIR EYE SOCKET FRACTURE	599.35	N	04
3	21407	REPAIR EYE SOCKET FRACTURE	749.20	N	04
3	21408	OPEN TREAT FRACT ORBIT W GRAFT	749.20	N	04
3	21421	TREAT MOUTH ROOF FRACTURE	457.70	N	04
3	21422	REPAIR MOUTH ROOF FRACTURE	678.40	N	04
3	21423	OPEN TREAT PALMAXIL FRACT MULT	828.20	N	04
3	21431	TREAT CRANIOFACIAL FRACTURE	524.40	N	04
3	21432	REPAIR CRANIOFACIAL FRACTURE	749.20	N	04
3	21433	REPAIR CRANIOFACIAL FRACTURE	898.95	N	04
3	21435	REPAIR CRANIOFACIAL FRACTURE	1,048.85	N	04
3	21436	OPEN TR CRAN/FACIAL W GRAFT	1,048.85	N	04
3	21440	REPAIR DENTAL RIDGE FRACTURE	374.55	N	04
3	21445	REPAIR DENTAL RIDGE FRACTURE	599.35	N	04
3	21450	TREAT LOWER JAW FRACTURE	117.60	N	04
3	21451	TREAT MANDIBULAR FX WITH MANIP	498.10	N	04
3	21452	TREAT OPEN MANDIBULAR FX WO RD	112.40	N	04
3	21453	TREAT CLOSED MANDIBULAR FRACTURE W/ INTERDENTAL FIXATION	498.10	N	04
3	21454	TREAT OPEN MANDIBULAR FRACTURE W/ EXTERNAL FIXATION	498.10	N	04
3	21461	REPAIR LOWER JAW FRACTURE	706.15	N	04
3	21462	REPAIR LOWER JAW FRACTURE	706.15	N	04
3	21465	MANDIBULAR CONDYLAR FRAC OPEN	498.10	N	04
3	21470	REPAIR LOWER JAW FRACTURE	885.20	N	04
3	21480	RESET DISLOCATED JAW	240.00	N	04
3	21485	RESET DISLOCATED JAW	240.00	N	04
3	21490	REPAIR DISLOCATED JAW	749.20	N	04
3	21493	TREAT HYOID BONE FRACTURE	392.30	N	04
3	21494	REPAIR HYOID BONE FRACTURE	392.30	N	04
3	21495	REPAIR HYOID BONE FRACTURE	449.50	N	04
3	21497	INTERDENTAL WIRING	149.80	N	04
3	21499	HEAD SURGERY PROCEDURE	0.00	Y	04
3	21501	DRAIN NECK/CHEST LESION	115.30	N	04
3	21502	DRAIN CHEST LESION	224.70	N	04
3	21510	DRAINAGE OF BONE LESION	224.70	N	04
3	21550	BIOPSY OF NECK/CHEST	99.10	N	04
3	21555	REMOVE LESION NECK/CHEST	124.00	N	04
3	21556	REMOVE LESION NECK/CHEST	158.50	N	04
3	21557	RAD RESECT MALIG TUMOR (SOFT)	0.00	Y	04
3	21600	PARTIAL REMOVAL OF RIB	299.70	N	04
3	21610	PARTIAL REMOVAL OF RIB	399.50	N	04
3	21615	REMOVAL OF RIB	449.50	N	04

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3	21616	REMOVAL OF RIB AND NERVES	599.35	N	04
3	21620	PARTIAL REMOVAL OF STERNUM	250.40	N	04
3	21627	STERNAL DEBRIDEMENT	0.00	Y	04
3	21630	EXTENSIVE STERNUM SURGERY	749.20	N	04
3	21632	EXTENSIVE STERNUM SURGERY	749.20	N	04
3	21685	HYOID MYOTOMY & SUSPENSION	491.50	N	04
3	21700	REVISION OF NECK MUSCLE	374.55	N	04
3	21705	REVISION OF NECK MUSCLE/RIB	449.50	N	04
3	21720	REVISION OF NECK MUSCLE	577.10	N	04
3	21725	REVISION OF NECK MUSCLE	599.35	N	04
3	21740	RECONSTRUCTION OF STERNUM	898.95	N	04
3	21742	REPAIR PECTUS EX CAVATUM OR CARINATUM W/OTHORASCOPY	898.95	N	04
3	21743	REPAIR PECTUS EXCAVATUM OR CARINATUM W/THOROSCOPY	898.95	N	04
3	21750	CLOSURE STERNOTOMY SEPARATION	368.20	N	04
3	21800	TREATMENT OF RIB FRACTURE	52.70	N	04
3	21805	TREATMENT OF RIB FRACTURE	111.00	N	04
3	21810	TREATMENT OF RIB FRACTURE(S)	242.40	N	04
3	21820	TREAT STERNUM FRACTURE	74.90	N	04
3	21825	REPAIR STERNUM FRACTURE	374.55	N	04
3	21899	NECK/CHEST SURGERY PROCEDURE	0.00	Y	04
3	21920	BIOP SFT TISS BACK/FLANK SUPER	113.50	N	04
3	21925	BIOP SFT TISS BACK/FLANK DEEP	180.20	N	04
3	21930	EXCIS TUMOR SFT TIS BACK/FLANK	149.80	N	04
3	21935	RAD RESEC TUMR MALIG BCK/FLANK	0.00	Y	04
3	22100	REMOVE PART OF NECK VERTEBRA	311.40	N	04
3	22101	REMOVE PART, THORAX VERTEBRA	315.50	N	04
3	22102	REMOVE PART, LUMBAR VERTEBRA	299.70	N	04
3	22103	PART EXCISION POSTERIOR VERTAB RAL, INTRINSIC BONY LESION	0.00	Y	04
3	22110	REMOVE PART OF NECK VERTEBRA	718.70	N	04
3	22112	REMOVE PART, THORAX VERTEBRA	718.70	N	04
3	22114	REMOVE PART, LUMBAR VERTEBRA	718.70	N	04
3	22116	PART EXCIS. POST. VERTEBRL W/O DECOMP SPINAL CORD ADD'L VER	0.00	Y	04
3	22210	OS POST SINGLE SEG CERVICAL	973.90	N	04
3	22212	OS SPINE POST THORACIC	973.90	N	04
3	22214	OS SPINE POST APPROACH LUMBAR	973.90	N	04
3	22216	OSTEOTOMY SPINE - POSTERIOR AP PROACH, 1 VERTABRAL SEGMENT	0.00	Y	04
3	22220	OS ANTERIOR SPINECERVICAL	973.90	N	04
3	22222	OS SPINE ANTERIOR THORACIC	973.90	N	04
3	22224	OS SPINE ANTERIOR LUMBAR	973.90	N	04
3	22226	OSTEOTOMY SPINE INCL. DISKECTO MY ANTER. EA ADD'L VERT SEG	0.00	Y	04
3	22305	TREAT SPINE PROCESS FRACTURE	259.40	N	04

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3	22310	TREAT SPINE FRACTURE	98.80	N	04
3	22315	TREAT SPINE FRACTURE	276.20	N	04
3	22318	OPEN RX/RED ODONTOID FX/DISLOC ANT W/ INT FIX W/O GRAFTING	1,417.20	N	04
3	22319	OPEN RX/RED ODONTOID FX/DISLOCANT W/PLACE INT FIX W/GRAFTING	1,558.90	N	04
3	22325	REPAIR OF SPINE FRACTURE	599.35	N	04
3	22326	REPAIR NECK SPINE FRACTURE	627.30	N	04
3	22327	REPAIR THORAX SPINE FRACTURE	608.50	N	04
3	22328	TREATMENT/REDUCT VERTEBRAL FRA CTURES/DISLOCATION, EA ADD'L	0.00	Y	04
3	22505	MANIPULATION OF SPINE	149.80	N	04
3	22520	THORACIC VERTEBROPLASTY UNILAT/BILAT PERCUTANEOUS	353.85	N	04
3	22521	LUMBAR VERTEBROPLASTY UNILAT/BILAT PERCUTANEOUS	331.90	N	04
3	22522	ADDTL VERTEBROPLASTY UNILAT/BILAT PERCUTAN	116.00	N	04
3	22532	THORACIC ARTHRODESIS,LATERAL EXTRACAVITARY TECHNIQUE	876.68	N	04
3	22533	LUMBAR ARTHRODESIS,LATERAL EXTRACAVITARY TECHNIQUE	816.43	N	04
3	22534	ARTHRODESIS,LATERAL EXTRACAVITARY TECHNIQUE,EACH ADD SEGMENT	208.02	N	04
3	22548	ARTHRO ANT ATLAS-AXIS W/GRAFT	1,642.15	N	04
3	22554	ARTHR ANTERIOR INTER TECH CERV	1,642.65	N	04
3	22556	ARTHRODESIS ANTERIOR THORAC	1,642.65	N	04
3	22558	ARTH ANT INTERBODY TECH LUMBAR	1,642.65	N	04
3	22585	ARTH ANT EACH INTERSPACE	0.00	Y	04
3	22590	ARTH POST TECH CRANIOCERVICAL	1,198.70	N	04
3	22595	ARTH POST TECH ATLAS/AXIS	1,198.70	N	04
3	22600	NECK SPINE FUSION	1,198.70	N	04
3	22610	ARTH POST TECH THORACIC	1,198.70	N	04
3	22612	ARTH POST TECH W/LUMBAR	1,198.70	N	04
3	22614	ARTHRODESIS, POST/POSTEROLATER AL TECHNQE, EA ADD'L VERT. SE	0.00	Y	04
3	22630	ARTH POST INTERBODY TECH LUM	1,198.70	N	04
3	22632	ARTHRODESIS, POST INTERBODY TE CHNQ, SINGLE INTRSPAC EA ADD'	0.00	Y	04
3	22800	FUSION OF SPINE	1,086.30	N	04
3	22802	FUSION OF SPINE	1,086.30	N	04
3	22804	ARTHRODESIS, POST. SPINAL DEFO RM. W W/O CAST-13 OR MORE SEG	1,782.30	N	04
3	22808	ARTHRODESIS ANTER. SPINAL DEFO RM. W W/O CAST, 2-3 SEGMENTS	1,086.30	N	04
3	22810	ARTH ANT SPIN DEFORM W/WO CAST	1,086.30	N	04
3	22812	ARTH ANT SPIN DEFORM W/WO VERT	1,086.30	N	04
3	22818	KYPHECTOMY CIRCUMFERENTIAL EXPOSURE SPINE/RESECT VERT 1-2 SE	1,610.65	N	04
3	22819	KYPHECTOMY,CIRCUMFERENTIAL EXPOSURE SPINE/RESECT VERT 3/MORE	1,610.65	N	04
3	22830	EXPLORATION SPINAL FUSION	0.00	Y	04
3	22840	INSERT SPINE FIXATION DEVICE	1,872.90	N	04
3	22841	INTERNAL SPINAL FIXATION BY WI RING OF SPINOUS PROCESSES	1,872.90	N	04
3	22842	SPINE FIXATION-SEGMENT WIRING	1,872.90	N	04
3	22843	POSTERIOR SEGMENT INSTRUMENT.; 7-12 VERTEBRAL SEGMENTS	1,872.90	N	04

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3	22844	POSTERIOR SEGMENT INSTRUMENT.; 13 OR MORE VERTEBRAL SEGS	1,872.90	N	04
3	22845	INSERT SPINE FIXATION DEVICE	1,872.90	N	04
3	22846	ANTERIOR INSTUMENTATION; 4-7 V ERTEBRAL SEGMENTS	1,872.90	N	04
3	22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	1,872.90	N	04
3	22848	PELVIC FIXATION - OTHER THAN S ACRUM	351.00	N	04
3	22849	REINSERT SPINAL FIXATION	1,134.10	N	04
3	22850	REMOVE SPINE FIXATION DEVICE	449.50	N	04
3	22851	APPLICATION PROSTHETIC DEVICE TO VERTEBRAL DEFECT/INTERSPACE	750.70	N	04
3	22852	REMOVAL SPINAL INSTRUMENTATION	449.50	N	04
3	22855	REMOVE SPINE FIXATION DEVICE	449.50	N	04
3	22899	SPINE SURGERY PROCEDURE	0.00	Y	04
3	22900	REMOVE ABDOMINAL WALL LESION	224.70	N	04
3	22999	ABDOMEN SURGERY PROCEDURE	0.00	Y	04
3	23000	REMOVAL OF CALCIUM DEPOSITS	359.30	N	04
3	23020	RELEASE SHOULDER JOINT	299.70	N	04
3	23030	DRAIN SHOULDER LESION	125.50	N	04
3	23031	DRAIN SHOULDER BURSA	99.10	N	04
3	23035	DRAIN SHOULDER BONE LESION	317.40	N	04
3	23040	EXPLORATORY SHOULDER SURGERY	599.35	N	04
3	23044	EXPLORATORY SHOULDER SURGERY	599.35	N	04
3	23065	BIOPSY SHOULDER TISSUES	113.60	N	04
3	23066	BIOPSY SHOULDER TISSUES	149.25	N	04
3	23075	REMOVAL OF SHOULDER LESION	224.70	N	04
3	23076	REMOVAL OF SHOULDER LESION	449.50	N	04
3	23077	RAD RESECT TUMR SFT TISS SHOUL	0.00	Y	04
3	23100	BIOPSY OF SHOULDER JOINT	374.55	N	04
3	23101	SHOULDER JOINT SURGERY	599.35	N	04
3	23105	REMOVE SHOULDER JOINT LINING	599.35	N	04
3	23106	INCISION OF COLLARBONE JOINT	599.35	N	04
3	23107	ARTHROTOMY GLENOHUMERAL JOINT	473.50	N	04
3	23120	PARTIAL REMOVAL, COLLARBONE	362.00	N	04
3	23125	REMOVAL OF COLLARBONE	718.70	N	04
3	23130	PARTIAL REMOVAL,SHOULDERBONE	362.00	N	04
3	23140	REMOVAL OF BONE LESION	264.90	N	04
3	23145	REMOVAL OF BONE LESION	480.00	N	04
3	23146	REMOVAL OF BONE LESION	480.00	N	04
3	23150	REMOVAL OF HUMERUS LESION	275.80	N	04
3	23155	REMOVAL OF HUMERUS LESION	480.00	N	04
3	23156	REMOVAL OF HUMERUS LESION	480.00	N	04
3	23170	REMOVE COLLARBONE LESION	240.00	N	04
3	23172	REMOVE SHOULDER BLADE LESION	240.00	N	04

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3	23174	REMOVE HUMERUS LESION	480.00	N	04
3	23180	REMOVE COLLARBONE LESION	299.70	N	04
3	23182	REMOVE SHOULDERBLADE LESION	480.00	N	04
3	23184	REMOVE HUMERUS LESION	480.00	N	04
3	23190	PARTIAL REMOVAL OF SCAPULA	480.00	N	04
3	23195	REMOVAL OF HEAD OF HUMERUS	599.35	N	04
3	23200	REMOVAL OF COLLARBONE	718.70	N	04
3	23210	REMOVAL OF SHOULDERBLADE	718.70	N	04
3	23220	PARTIAL REMOVAL OF HUMERUS	718.70	N	04
3	23221	PARTIAL REMOVAL OF HUMERUS	839.35	N	04
3	23222	PARTIAL REMOVAL OF HUMERUS	1,048.85	N	04
3	23330	REMOVE SHOULDER FOREIGN BODY	107.00	N	04
3	23331	REMOVE SHOULDER FOREIGN BODY	233.00	N	04
3	23332	REMOVAL FOREIGN BODY COMPLICAT	0.00	Y	04
3	23350	INJECTION FOR SHOULDER X-RAY	88.30	N	04
3	23395	MUSCLE TRANSFER,SHOULDER/ARM	501.35	N	04
3	23397	MUSCLE TRANSFERS	599.35	N	04
3	23400	FIXATION OF SHOULDERBLADE	839.35	N	04
3	23405	INCISION OF TENDON & MUSCLE	299.70	N	04
3	23406	INCISE TENDON(S) & MUSCLE(S)	449.50	N	04
3	23410	REPAIR OF TENDON(S)	779.70	N	04
3	23412	REPAIR OF TENDON(S)	779.70	N	04
3	23415	RELEASE OF SHOULDER LIGAMENT	674.20	N	04
3	23420	REPAIR OF SHOULDER INJURY	674.20	N	04
3	23430	REPAIR BICEPS TENDON RUPTURE	449.50	N	04
3	23440	REMOVAL/TRANSPLANT TENDON	449.50	N	04
3	23450	REPAIR SHOULDER CAPSULE	839.35	N	04
3	23455	REPAIR SHOULDER CAPSULE	839.35	N	04
3	23460	REPAIR SHOULDER CAPSULE	839.35	N	04
3	23462	REPAIR SHOULDER CAPSULE	839.35	N	04
3	23465	REPAIR SHOULDER CAPSULE	733.85	N	04
3	23466	REPAIR SHOULDER CAPSULE	584.40	N	04
3	23470	RECONSTRUCT SHOULDER JOINT	839.35	N	04
3	23472	RECONSTRUCT SHOULDER JOINT	1,498.30	N	04
3	23480	REVISION OF COLLARBONE	480.00	N	04
3	23485	REVISION OF COLLARBONE	486.90	N	04
3	23490	PROPHYLACTIC TREATMENT	379.40	N	04
3	23491	PROPHYLACTIC TREATMENT	464.45	N	04
3	23500	TREAT CLAVICLE FRACTURE	112.40	N	04
3	23505	TREAT CLAVICLE FRACTURE	187.30	N	04
3	23515	REPAIR CLAVICLE FRACTURE	419.00	N	04

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3	23520	TREAT CLAVICLE DISLOCATION	112.40	N	04
3	23525	TREAT CLAVICLE DISLOCATION	162.30	N	04
3	23530	REPAIR CLAVICLE DISLOCATION	720.00	N	04
3	23532	REPAIR CLAVICLE DISLOCATION	786.60	N	04
3	23540	TREAT CLAVICLE DISLOCATION	112.40	N	04
3	23545	TREAT CLAVICLE DISLOCATION	228.90	N	04
3	23550	REPAIR CLAVICLE DISLOCATION	503.60	N	04
3	23552	REPAIR CLAVICLE DISLOCATION	561.85	N	04
3	23570	TREAT SHOULDERBLADE FRACTURE	79.60	N	04
3	23575	TREAT SHOULDERBLADE FRACTURE	241.35	N	04
3	23585	REPAIR SCAPULA FRACTURE	449.50	N	04
3	23600	TREAT HUMERUS FRACTURE	194.20	N	04
3	23605	TREAT HUMERUS FRACTURE	277.50	N	04
3	23615	REPAIR HUMERUS FRACTURE	545.25	N	04
3	23616	OPEN TR PROX HUMER W/WO FIXPRO	975.25	N	04
3	23620	TREAT HUMERUS FRACTURE	111.00	N	04
3	23625	TREAT HUMERUS FRACTURE	163.70	N	04
3	23630	REPAIR HUMERUS FRACTURE	524.40	N	04
3	23650	TREAT SHOULDER DISLOCATION	178.90	N	04
3	23655	TREAT SHOULDER DISLOCATION	255.20	N	04
3	23660	REPAIR SHOULDER DISLOCATION	419.00	N	04
3	23665	TREAT DISLOCATION/FRACTURE	206.70	N	04
3	23670	REPAIR DISLOCATION/FRACTURE	842.10	N	04
3	23675	TREAT DISLOCATION/FRACTURE	299.70	N	04
3	23680	REPAIR DISLOCATION/FRACTURE	599.35	N	04
3	23700	FIXATION OF SHOULDER	194.20	N	04
3	23800	FUSION OF SHOULDER JOINT	839.35	N	04
3	23802	FUSION OF SHOULDER JOINT	839.35	N	04
3	23900	AMPUTATION OF ARM & GIRDLE	1,198.70	N	04
3	23920	AMPUTATION AT SHOULDER JOINT	1,048.85	N	04
3	23921	AMPUTATION FOLLOW-UP SURGERY	224.70	N	04
3	23929	SHOULDER SURGERY PROCEDURE	0.00	Y	04
3	23930	DRAINAGE OF ARM LESION	179.70	N	04
3	23931	DRAINAGE OF ARM BURSA	141.30	N	04
3	23935	DRAIN ARM/ELBOW BONE LESION	240.00	N	04
3	24000	EXPLORATORY ELBOW SURGERY	299.70	N	04
3	24006	ARTHROTOMY ELBO CAPS EXCISION	380.15	N	04
3	24065	BIOPSY ARM/ELBOW SOFT TISSUE	113.60	N	04
3	24066	BIOPSY ARM/ELBOW SOFT TISSUE	264.25	N	04
3	24075	REMOVE ARM/ELBOW LESION	149.80	N	04
3	24076	REMOVE ARM/ELBOW LESION	224.70	N	04

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3	24077	RAD RESECT TUMR UPPER ARM/ELBO	0.00	Y	04
3	24100	BIOPSY ELBOW JOINT LINING	299.70	N	04
3	24101	EXPLORE/TREAT ELBOW JOINT	480.00	N	04
3	24102	REMOVE ELBOW JOINT LINING	524.40	N	04
3	24105	REMOVAL OF ELBOW BURSA	380.15	N	04
3	24110	REMOVE HUMERUS LESION	527.20	N	04
3	24115	REMOVE/GRAFT BONE LESION	749.20	N	04
3	24116	REMOVE/GRAFT BONE LESION	749.20	N	04
3	24120	REMOVE ELBOW LESION	449.50	N	04
3	24125	REMOVE/GRAFT BONE LESION	749.20	N	04
3	24126	REMOVE/GRAFT BONE LESION	749.20	N	04
3	24130	REMOVAL OF HEAD OF RADIUS	492.55	N	04
3	24134	REMOVAL OF ARM BONE LESION	351.00	N	04
3	24136	REMOVE RADIUS BONE LESION	262.80	N	04
3	24138	REMOVE ELBOW BONE LESION	254.80	N	04
3	24140	PARTIAL REMOVAL OF ARM BONE	480.00	N	04
3	24145	PARTIAL REMOVAL OF RADIUS	480.00	N	04
3	24147	PARTIAL REMOVAL OF ELBOW	480.00	N	04
3	24149	RADICAL RESECT TISSUE/HETEROTOPIC BONE,ELBOW W/CONT SEP PROC	0.00	Y	04
3	24150	EXTENSIVE HUMERUS SURGERY	1,198.70	N	04
3	24151	EXTENSIVE HUMERUS SURGERY	1,198.70	N	04
3	24152	EXTENSIVE RADIUS SURGERY	958.60	N	04
3	24153	EXTENSIVE RADIUS SURGERY	1,048.85	N	04
3	24155	REMOVAL OF ELBOW JOINT	749.20	N	04
3	24160	REMOVE ELBOW JOINT IMPLANT	299.70	N	04
3	24164	REMOVE RADIUS HEAD IMPLANT	492.55	N	04
3	24200	REMOVAL OF ARM FOREIGN BODY	169.30	N	04
3	24201	REMOVAL OF ARM FOREIGN BODY	245.55	N	04
3	24220	INJECTION FOR ELBOW X-RAY	105.15	N	04
3	24300	MANIPULATION ELBOW, UNDER ANESTHESIA	66.70	N	04
3	24301	MUSCLE/TENDON TRANSFER	453.70	N	04
3	24305	ARM TENDON LENGTHENING	359.30	N	04
3	24310	REVISION OF ARM TENDON	188.70	N	04
3	24320	REPAIR OF ARM TENDON	599.35	N	04
3	24330	REVISION OF ARM MUSCLES	599.35	N	04
3	24331	REVISION OF ARM MUSCLES	599.35	N	04
3	24332	TENOLYSIS, TRICEPS	326.30	N	04
3	24340	REPAIR OF RUPTURED TENDON	299.70	N	04
3	24341	REPAIR TENDON/MUSCLE UP ARM EA PRIMARY/SECONDARY	0.00	Y	04
3	24342	REPAIR OF RUPTURED TENDON	535.45	N	04
3	24343	REPAIR LAT. COLLATERAL LIGAMENT ELBOW,WITH LOCAL TISSUE	430.15	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	24344	RECON.LAT.COLLATERRAL LIGAMENT ELBOW W/TENDON GRAFT	651.95	N	04
3	24345	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW WITH LOCAL TISSUE	430.15	N	04
3	24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT ELBOW TENDON GRAFT	651.95	N	04
3	24350	REPAIR OF TENNIS ELBOW	299.70	N	04
3	24351	REPAIR OF TENNIS ELBOW	299.70	N	04
3	24352	REPAIR OF TENNIS ELBOW	299.70	N	04
3	24354	REPAIR OF TENNIS ELBOW	299.70	N	04
3	24356	FASCIOTOMYWITHPARTIALOSTECTOMY	374.55	N	04
3	24360	RECONSTRUCT ELBOW JOINT	718.70	N	04
3	24361	RECONSTRUCT ELBOW JOINT	1,123.70	N	04
3	24362	RECONSTRUCT ELBOW JOINT	1,123.70	N	04
3	24363	REPLACE ELBOW JOINT	1,123.70	N	04
3	24365	RECONSTRUCT HEAD OF RADIUS	1,123.70	N	04
3	24366	RECONSTRUCT HEAD OF RADIUS	1,123.70	N	04
3	24400	REVISION OF HUMERUS	541.05	N	04
3	24410	REVISION OF HUMERUS	481.65	N	04
3	24420	REVISION OF HUMERUS	898.95	N	04
3	24430	REPAIR OF HUMERUS	636.80	N	04
3	24435	REPAIR HUMERUS WITH GRAFT	958.60	N	04
3	24470	REVISION OF ELBOW JOINT	374.55	N	04
3	24495	DECOMPRESSION OF FOREARM	299.70	N	04
3	24498	PROPHYLACTIC TREATMENT	491.50	N	04
3	24500	TREAT HUMERUS FRACTURE	153.95	N	04
3	24505	TREAT HUMERUS FRACTURE	295.50	N	04
3	24515	REPAIR HUMERUS FRACTURE	624.30	N	04
3	24516	OPEN RX HUMER SHAFT W/ IMPLANT	624.30	N	04
3	24530	TREAT HUMERUS FRACTURE	299.70	N	04
3	24535	TREAT HUMERUS FRACTURE	334.40	N	04
3	24538	TREAT HUMERUS FRACTURE	405.10	N	04
3	24545	REPAIR HUMERUS FRACTURE	718.70	N	04
3	24546	OPEN RX HUM SUPR/CONDY WFIXEXT	718.70	N	04
3	24560	TREAT HUMERUS FRACTURE	199.75	N	04
3	24565	TREAT HUMERUS FRACTURE	242.80	N	04
3	24566	PER SKELETAL HUMERAL EPICONDY	257.30	N	04
3	24575	REPAIR HUMERUS FRACTURE	718.70	N	04
3	24576	TREAT HUMERUS FRACTURE	188.70	N	04
3	24577	TREAT HUMERUS FRACTURE	245.55	N	04
3	24579	REPAIR HUMERUS FRACTURE	718.70	N	04
3	24582	PER SKELETAL HUMERAL CONDYLAR	405.10	N	04
3	24586	REPAIR ELBOW FRACTURE	480.65	N	04
3	24587	REPAIR ELBOW FRACTURE	1,123.70	N	04

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3	24600	TREAT ELBOW DISLOCATION	208.05	N	04
3	24605	TREAT ELBOW DISLOCATION	242.80	N	04
3	24615	REPAIR ELBOW DISLOCATION	419.00	N	04
3	24620	TREAT ELBOW FRACTURE	259.40	N	04
3	24635	REPAIR ELBOW FRACTURE	482.80	N	04
3	24640	TREAT ELBOW DISLOCATION	180.30	N	04
3	24650	TREAT RADIUS FRACTURE	142.90	N	04
3	24655	TREAT RADIUS FRACTURE	208.05	N	04
3	24665	REPAIR RADIUS FRACTURE	400.90	N	04
3	24666	REPAIR RADIUS FRACTURE	449.50	N	04
3	24670	TREATMENT OF ULNA FRACTURE	181.65	N	04
3	24675	TREATMENT OF ULNA FRACTURE	206.70	N	04
3	24685	REPAIR ULNA FRACTURE	556.35	N	04
3	24800	FUSION OF ELBOW JOINT	718.70	N	04
3	24802	FUSION/GRAFT OF ELBOW JOINT	839.35	N	04
3	24900	AMPUTATION OF UPPER ARM	313.50	N	04
3	24920	AMPUTATION OF UPPER ARM	595.20	N	04
3	24925	AMPUTATION FOLLOW-UP SURGERY	262.20	N	04
3	24930	AMPUTATION FOLLOW-UP SURGERY	595.20	N	04
3	24931	AMPUTATE UPPER ARM & IMPLANT	674.20	N	04
3	24935	REVISION OF AMPUTATION	599.35	N	04
3	24940	REVISION OF UPPER ARM	621.10	N	04
3	24999	UPPER ARM/ELBOW SURGERY	0.00	Y	04
3	25000	INCISION OF TENDON SHEATH	351.00	N	04
3	25001	INCISION FLEXOR TENDON SHEATH WRIST	207.95	N	04
3	25020	DECOMPRESSION OF FOREARM	388.50	N	04
3	25023	DECOMPRESSION OF FOREARM	394.80	N	04
3	25024	FASCIOTOMY FOREARM WRIST FLEXOR EXTENSON W/O DEBRIDEMENT	458.20	N	04
3	25025	FASCIOTOMY FOREARE WRIST FLEXOR EXTENSOR WITH DEBRIDMENT	588.15	N	04
3	25028	DRAINAGE OF FOREARM LESION	179.25	N	04
3	25031	DRAINAGE OF FOREARM BURSA	232.55	N	04
3	25035	TREAT FOREARM BONE LESION	287.60	N	04
3	25040	EXPLORE/TREAT WRIST JOINT	480.00	N	04
3	25065	BIOPSY FOREARM SOFT TISSUES	113.60	N	04
3	25066	BIOPSY FOREARM SOFT TISSUES	149.25	N	04
3	25075	REMOVAL OF FOREARM LESION	149.80	N	04
3	25076	REMOVAL OF FOREARM LESION	262.20	N	04
3	25077	RAD RESECT TUMR FOREARM/WRIST	0.00	Y	04
3	25085	INCISION OF WRIST CAPSULE	262.20	N	04
3	25100	BIOPSY OF WRIST JOINT	419.00	N	04
3	25101	EXPLORE/TREAT WRIST JOINT	480.00	N	04

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3	25105	REMOVE WRIST JOINT LINING	480.00	N	04
3	25107	REMOVE WRIST JOINT CARTILAGE	480.00	N	04
3	25110	REMOVE WRIST TENDON LESION	217.80	N	04
3	25111	REMOVE WRIST TENDON LESION	214.00	N	04
3	25112	REMOVE WRIST TENDON LESION	214.00	N	04
3	25115	REMOVE WRIST/FOREARM LESION	599.35	N	04
3	25116	REMOVE WRIST/FOREARM LESION	599.35	N	04
3	25118	EXCISE WRIST TENDON SHEATH	480.00	N	04
3	25119	PARTIAL REMOVAL OF ULNA	659.00	N	04
3	25120	REMOVAL OF FOREARM LESION	599.35	N	04
3	25125	REMOVE/GRAFT FOREARM LESION	674.20	N	04
3	25126	REMOVE/GRAFT FOREARM LESION	674.20	N	04
3	25130	REMOVAL OF WRIST LESION	299.70	N	04
3	25135	REMOVE & GRAFT WRIST LESION	449.50	N	04
3	25136	REMOVE & GRAFT WRIST LESION	449.50	N	04
3	25145	REMOVE FOREARM BONE LESION	359.30	N	04
3	25150	PARTIAL REMOVAL OF ULNA	359.30	N	04
3	25151	PARTIAL REMOVAL OF RADIUS	359.30	N	04
3	25170	EXTENSIVE FOREARM SURGERY	0.00	Y	04
3	25210	REMOVAL OF WRIST BONE	480.00	N	04
3	25215	REMOVAL OF WRIST BONES	480.00	N	04
3	25230	PARTIAL REMOVAL OF RADIUS	299.70	N	04
3	25240	PARTIAL REMOVAL OF ULNA	359.30	N	04
3	25246	INJECTION FOR WRIST X-RAY	96.90	N	04
3	25248	REMOVE FOREARM FOREIGN BODY	181.25	N	04
3	25250	REMOVAL WRIST PROSTHESIS	224.70	N	04
3	25251	REMOVE WRIST PROSTHESIS COMPLI	339.50	N	04
3	25259	MANIPULATION WRIST UNDER ANESTHESIA	230.15	N	04
3	25260	REPAIR FOREARM TENDON/MUSCLE	283.50	N	04
3	25263	REPAIR FOREARM TENDON/MUSCLE	302.60	N	04
3	25265	REPAIR FOREARM TENDON/MUSCLE	484.20	N	04
3	25270	REPAIR FOREARM TENDON/MUSCLE	369.05	N	04
3	25272	REPAIR FOREARM TENDON/MUSCLE	256.85	N	04
3	25274	REPAIR FOREARM TENDON/MUSCLE	359.30	N	04
3	25275	REPAIR TENDON SHEATH FOREARM WRIST WITH FREE GRAFT	442.50	N	04
3	25280	REVISE WRIST/FOREARM TENDON	359.30	N	04
3	25290	INCISE WRIST/FOREARM TENDON	302.40	N	04
3	25295	RELEASE WRIST/FOREARM TENDON	277.50	N	04
3	25300	FUSION OF TENDONS AT WRIST	359.30	N	04
3	25301	FUSION OF TENDONS AT WRIST	359.30	N	04
3	25310	TRANSPLANT FOREARM TENDON	480.00	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	25312	TRANSPLANT FOREARM TENDON	524.40	N	04
3	25315	REVISE PALSY HAND TENDON(S)	480.00	N	04
3	25316	REVISE PALSY HAND TENDON(S)	524.40	N	04
3	25320	REPAIR/REVISE WRIST JOINT	449.50	N	04
3	25332	REVISE WRIST JOINT	749.20	N	04
3	25335	REALIGNMENT OF HAND	749.20	N	04
3	25337	RECONSTRUCT STABIL OF DISTAL U LNA/RADIOULNAR JOINT WWO REDU	718.70	N	04
3	25350	REVISION OF RADIUS	374.55	N	04
3	25355	REVISION OF RADIUS	480.00	N	04
3	25360	REVISION OF ULNA	316.10	N	04
3	25365	REVISE RADIUS & ULNA	561.85	N	04
3	25370	REVISE RADIUS OR ULNA	480.00	N	04
3	25375	REVISE RADIUS & ULNA	524.40	N	04
3	25390	SHORTEN RADIUS/ULNA	599.35	N	04
3	25391	LENGTHEN RADIUS/ULNA	898.95	N	04
3	25392	SHORTEN RADIUS & ULNA	898.95	N	04
3	25393	LENGTHEN RADIUS & ULNA	898.95	N	04
3	25394	OSTEOPLLASTY CARPAL BONE SHORTENING	514.80	N	04
3	25400	REPAIR RADIUS OR ULNA	524.40	N	04
3	25405	REPAIR/GRAFT RADIUS OR ULNA	599.35	N	04
3	25415	REPAIR RADIUS & ULNA	488.00	N	04
3	25420	REPAIR/GRAFT RADIUS & ULNA	839.35	N	04
3	25425	REPAIR/GRAFT RADIUS OR ULNA	599.35	N	04
3	25426	REPAIR/GRAFT RADIUS & ULNA	749.20	N	04
3	25430	INSERTION VASCULAR PEDICLE CARPAL BONE	451.90	N	04
3	25431	REPAIR NONUNION CARPAL BONE EACH BONE	449.10	N	04
3	25440	REPAIR/GRAFT WRIST BONE	599.35	N	04
3	25441	RECONSTRUCT WRIST JOINT	659.00	N	04
3	25442	RECONSTRUCT WRIST JOINT	659.00	N	04
3	25443	RECONSTRUCT WRIST JOINT	749.20	N	04
3	25444	RECONSTRUCT WRIST JOINT	749.20	N	04
3	25445	RECONSTRUCT WRIST JOINT	749.20	N	04
3	25446	WRIST REPLACEMENT	898.95	N	04
3	25447	REPAIR WRIST JOINT(S)	0.00	Y	04
3	25449	REMOVE WRIST JOINT IMPLANT	659.00	N	04
3	25450	REVISION OF WRIST JOINT	299.70	N	04
3	25455	REVISION OF WRIST JOINT	449.50	N	04
3	25490	PROPHYLACTIC TREATMENT	356.50	N	04
3	25491	PROPHYLACTIC TREATMENT	365.60	N	04
3	25492	PROPHYLACTIC TREATMENT	459.05	N	04
3	25500	TREAT FRACTURE OF RADIUS	112.40	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	25505	TREAT FRACTURE OF RADIUS	210.90	N	04
3	25515	REPAIR FRACTURE OF RADIUS	554.90	N	04
3	25520	CLOSED RADIA/SHAFT FRACT DISLO	267.80	N	04
3	25525	OPEN RX RADIAL SHAFT W/WO FIX	443.95	N	04
3	25526	OPEN RX RAD SHAFT INTEREXT FIX	592.40	N	04
3	25530	TREAT FRACTURE OF ULNA	199.75	N	04
3	25535	TREAT FRACTURE OF ULNA	240.00	N	04
3	25545	REPAIR FRACTURE OF ULNA	538.20	N	04
3	25560	TREAT FRACTURE RADIUS & ULNA	176.20	N	04
3	25565	TREAT FRACTURE RADIUS & ULNA	292.60	N	04
3	25574	OPEN TREAT RAD/ULNA FRACT WFIX	538.20	N	04
3	25575	REPAIR FRACTURE RADIUS/ULNA	592.40	N	04
3	25600	TREAT FRACTURE RADIUS/ULNA	155.35	N	04
3	25605	TREAT FRACTURE RADIUS/ULNA	294.10	N	04
3	25611	REPAIR FRACTURE RADIUS/ULNA	301.00	N	04
3	25620	REPAIR FRACTURE RADIUS/ULNA	443.95	N	04
3	25622	TREAT WRIST BONE FRACTURE	147.10	N	04
3	25624	TREAT WRIST BONE FRACTURE	181.10	N	04
3	25628	REPAIR WRIST BONE FRACTURE	335.70	N	04
3	25630	TREAT WRIST BONE FRACTURE	201.10	N	04
3	25635	TREAT WRIST BONE FRACTURE	174.60	N	04
3	25645	REPAIR WRIST BONE FRACTURE	335.70	N	04
3	25650	TREAT CLOSED ULNAR STYLOID FX	126.90	N	04
3	25651	PERCUTANEOUS SKELETAL FIXATION ULNAR STYLOID FRACTURE	271.25	N	04
3	25652	OPEN TREATMENT ULNAR STYLOID FRACTURE	374.00	N	04
3	25660	TREAT WRIST DISLOCATION	139.00	N	04
3	25670	REPAIR WRIST DISLOCATION	266.70	N	04
3	25671	PERCUTANEOUS FIXATION DISTAL RADIOULNAR DISLOCATION	205.30	N	04
3	25675	TREAT WRIST DISLOCATION	168.25	N	04
3	25676	REPAIR WRIST DISLOCATION	270.40	N	04
3	25680	TREAT WRIST FRACTURE	240.00	N	04
3	25685	REPAIR WRIST FRACTURE	449.50	N	04
3	25690	TREAT WRIST DISLOCATION	188.65	N	04
3	25695	REPAIR WRIST DISLOCATION	276.50	N	04
3	25800	FUSION OF WRIST JOINT	718.70	N	04
3	25805	FUSION/GRAFT OF WRIST JOINT	786.60	N	04
3	25810	FUSION/GRAFT OF WRIST JOINT	839.35	N	04
3	25820	FUSION OF HAND BONES	664.25	N	04
3	25825	FUSION HAND BONES GRAFT	718.70	N	04
3	25830	DISTAL RADIOULNAR JOINT ARTH/S EG RESECT ULNA W/WO BONE GRAF	786.60	N	04
3	25900	AMPUTATION OF FOREARM	359.30	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	25905	AMPUTATION OF FOREARM	359.30	N	04
3	25907	AMPUTATION FOLLOW-UP SURGERY	290.30	N	04
3	25909	AMPUTATION FOLLOW-UP SURGERY	359.30	N	04
3	25915	AMPUTATION OF FOREARM	1,198.70	N	04
3	25920	AMPUTATE HAND AT WRIST	359.30	N	04
3	25922	AMPUTATE HAND AT WRIST	244.50	N	04
3	25924	AMPUTATION FOLLOW-UP SURGERY	359.30	N	04
3	25927	AMPUTATION OF HAND	302.60	N	04
3	25929	AMPUTATION FOLLOW-UP SURGERY	236.30	N	04
3	25931	AMPUTATION FOLLOW-UP SURGERY	285.80	N	04
3	25999	FOREARM OR WRIST SURGERY	0.00	Y	04
3	26010	DRAINAGE OF FINGER ABSCESS	76.25	N	04
3	26011	DRAINAGE OF FINGER ABSCESS	97.40	N	04
3	26020	DRAIN HAND TENDON SHEATH	191.80	N	04
3	26025	DRAINAGE OF PALM BURSA	201.60	N	04
3	26030	DRAINAGE OF PALM BURSA(S)	237.15	N	04
3	26034	TREAT HAND BONE LESION	240.00	N	04
3	26035	DECOMPRESS FINGERS/HAND	321.65	N	04
3	26037	DECOMPRESSIVE FASCIOTOMY HAND	265.20	N	04
3	26040	RELEASE PALM CONTRACTURE	264.90	N	04
3	26045	RELEASE PALM CONTRACTURE	449.50	N	04
3	26055	INCISE FINGER TENDON SHEATH	235.80	N	04
3	26060	INCISION OF FINGER TENDON	107.90	N	04
3	26070	EXPLORE/TREAT HAND JOINT	224.70	N	04
3	26075	EXPLORE/TREAT FINGER JOINT	224.70	N	04
3	26080	EXPLORE/TREAT FINGER JOINT	187.30	N	04
3	26100	BIOPSY HAND JOINT LINING	299.70	N	04
3	26105	BIOPSY FINGER JOINT LINING	262.20	N	04
3	26110	BIOPSY FINGER JOINT LINING	187.30	N	04
3	26115	REMOVAL OF HAND LESION	149.80	N	04
3	26116	REMOVAL OF HAND LESION	224.70	N	04
3	26117	RAD RESECT TUMR HAND/FINGER	0.00	Y	04
3	26121	EXCISION OF SKIN GRAFTING	449.50	N	04
3	26123	PARTIAL EXCISION SINGLE DIGIT	524.40	N	04
3	26125	EXCISION OF EACH ADDT'L DIGIT	0.00	Y	04
3	26130	REMOVE WRIST JOINT LINING	374.55	N	04
3	26135	REVISE FINGER JOINT, EACH	270.60	N	04
3	26140	REVISE FINGER JOINT, EACH	245.35	N	04
3	26145	TENDON EXCISION, PALM/FINGER	252.80	N	04
3	26160	REMOVE TENDON SHEATH LESION	210.10	N	04
3	26170	REMOVAL OF PALM TENDON, EACH	240.00	N	04

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3	26180	REMOVAL OF FINGER TENDON	240.00	N	04
3	26185	SESAMOIDECTOMY, THUMB OR FINGER	0.00	Y	04
3	26200	REMOVE HAND BONE LESION	299.70	N	04
3	26205	REMOVE/GRAFT BONE LESION	374.55	N	04
3	26210	REMOVAL OF FINGER LESION	224.70	N	04
3	26215	REMOVE/GRAFT FINGER LESION	314.95	N	04
3	26230	PARTIAL REMOVAL OF HAND BONE	299.70	N	04
3	26235	PARTIAL REMOVAL, FINGER BONE	224.70	N	04
3	26236	PARTIAL REMOVAL, FINGER BONE	204.05	N	04
3	26250	EXTENSIVE HAND SURGERY	449.50	N	04
3	26255	EXTENSIVE HAND SURGERY	524.40	N	04
3	26260	EXTENSIVE FINGER SURGERY	374.55	N	04
3	26261	EXTENSIVE FINGER SURGERY	449.50	N	04
3	26262	PARTIAL REMOVAL OF FINGER	299.70	N	04
3	26320	REMOVAL OF IMPLANT FROM HAND	233.00	N	04
3	26340	MANIPULATION FINGER JOINT UNDER ANESTHESIA EACH JOINT	139.70	N	04
3	26350	REPAIR FINGER/HAND TENDON	274.40	N	04
3	26352	REPAIR/GRAFT HAND TENDON	480.00	N	04
3	26356	REPAIR FINGER/HAND TENDON	359.30	N	04
3	26357	HAND FLEXOR TENDON REPAIR	359.30	N	04
3	26358	REPAIR/GRAFT HAND TENDON	599.35	N	04
3	26370	REPAIR FINGER/HAND TENDON	307.20	N	04
3	26372	REPAIR/GRAFT HAND TENDON	480.00	N	04
3	26373	REPAIR FINGER/HAND TENDON	480.00	N	04
3	26390	REVISE HAND/FINGER TENDON	480.00	N	04
3	26392	REPAIR/GRAFT HAND TENDON	480.00	N	04
3	26410	REPAIR HAND TENDON	222.00	N	04
3	26412	REPAIR/GRAFT HAND TENDON	299.70	N	04
3	26415	EXTENSOR TENDON IMPLANT TUBE	306.95	N	04
3	26416	REMOVE TUBE/ROD INSERT EXTENSR	414.90	N	04
3	26418	REPAIR FINGER TENDON	201.65	N	04
3	26420	REPAIR/GRAFT FINGER TENDON	299.70	N	04
3	26426	REPAIR FINGER/HAND TENDON	480.00	N	04
3	26428	REPAIR/GRAFT FINGER TENDON	599.35	N	04
3	26432	REPAIR FINGER TENDON	359.30	N	04
3	26433	REPAIR FINGER TENDON	222.00	N	04
3	26434	REPAIR/GRAFT FINGER TENDON	359.30	N	04
3	26437	EXTENSOR TENDON REALIGNMENT	225.10	N	04
3	26440	RELEASE PALM/FINGER TENDON	417.60	N	04
3	26442	RELEASE PALM & FINGER TENDON	627.05	N	04
3	26445	RELEASE HAND/FINGER TENDON	240.00	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	26449	RELEASE FOREARM/HAND TENDON	359.30	N	04
3	26450	INCISION OF PALM TENDON	240.00	N	04
3	26455	INCISION OF FINGER TENDON	240.00	N	04
3	26460	INCISE HAND/FINGER TENDON	240.00	N	04
3	26471	FUSION OF FINGER TENDONS	299.70	N	04
3	26474	FUSION OF FINGER TENDONS	359.30	N	04
3	26476	TENDON LENGTHENING	359.30	N	04
3	26477	TENDON SHORTENING	359.30	N	04
3	26478	FLEXOR TENDON LENGTH SINGLE	359.30	N	04
3	26479	TENDON SHORT FLEX HAND/FINGER	359.30	N	04
3	26480	TRANSPLANT HAND TENDON	480.00	N	04
3	26483	TRANSPLANT/GRAFT HAND TENDON	480.00	N	04
3	26485	TRANSPLANT PALM TENDON	480.00	N	04
3	26489	TRANSPLANT/GRAFT PALM TENDON	561.85	N	04
3	26490	REVISE THUMB TENDON	356.60	N	04
3	26492	TENDON TRANSFER WITH GRAFT	449.50	N	04
3	26494	HAND TENDON/MUSCLE TRANSFER	356.60	N	04
3	26496	REVISE THUMB TENDON	0.00	Y	04
3	26497	FINGER TENDON TRANSFER	374.55	N	04
3	26498	FINGER TENDON TRANSFER	693.70	N	04
3	26499	REVISION OF FINGER	374.55	N	04
3	26500	HAND TENDON RECONSTRUCTION	226.50	N	04
3	26502	HAND TENDON RECONSTRUCTION	419.00	N	04
3	26504	TENDON PULLEY RECONST W/PROSTH	419.00	N	04
3	26508	RELEASE THUMB CONTRACTURE	232.55	N	04
3	26510	THUMB TENDON TRANSFER	442.90	N	04
3	26514	THERAPEUTIC APHERESIS FOR PLASMA PHERESIS	0.00	Y	04
3	26516	FUSION OF KNUCKLE JOINT	255.00	N	04
3	26517	FUSION OF KNUCKLE JOINTS	374.55	N	04
3	26518	FUSION OF KNUCKLE JOINTS	416.20	N	04
3	26520	RELEASE KNUCKLE CONTRACTURE	262.20	N	04
3	26525	RELEASE FINGER CONTRACTURE	262.20	N	04
3	26530	REVISE KNUCKLE JOINT	289.30	N	04
3	26531	REVISE KNUCKLE WITH IMPLANT	337.10	N	04
3	26535	REVISE FINGER JOINT	524.40	N	04
3	26536	REVISE/IMPLANT FINGER JOINT	524.40	N	04
3	26540	RECONSTRUCT HAND JOINT	346.75	N	04
3	26541	RECONSTRUCT/GRAFT HAND JOINT	374.55	N	04
3	26542	REPAIR HAND JOINT GRAFT	374.55	N	04
3	26545	RECONSTRUCT FINGER JOINT	299.70	N	04
3	26546	REPAIR NON-UNION METACARPAL/PHALANX INCL BONE GRAFT	0.00	Y	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	26548	REPAIR RECONST VOLAR PLATE	299.70	N	04
3	26550	CONSTRUCT THUMB REPLACEMENT	680.50	N	04
3	26551	TOE TO HAND TRANSFER W/MICROVAS ANASTOMOSIS; GREAT TOE	0.00	Y	04
3	26553	TOE TO HAND TRANSFER W/MICROVASCULAR ANAST;NOT GREAT TOE-ONE	0.00	Y	04
3	26554	TOE-TO-HAND TRANSFER W/MICROVAS ANASTOMIS;NOT GREAT TOE-TWO	0.00	Y	04
3	26555	POSITIONAL CHANGE OF FINGER	571.10	N	04
3	26556	FREE TOE JOINT TRANSFER W/MICRO ANASTOMOSIS	0.00	Y	04
3	26560	REPAIR OF WEB FINGER	584.05	N	04
3	26561	REPAIR OF WEB FINGER	639.60	N	04
3	26562	REPAIR OF WEB FINGER	898.95	N	04
3	26565	CORRECT METACARPAL FLAW	359.30	N	04
3	26567	CORRECT FINGER DEFORMITY	359.30	N	04
3	26568	LENGTHEN METACARPAL FINGER	415.85	N	04
3	26580	REPAIR HAND DEFORMITY	579.05	N	04
3	26587	REPAIR SUPERNUMERARY DIGIT	259.20	N	04
3	26590	REPAIR FINGER DEFORMITY	587.40	N	04
3	26591	REPAIR INTRINSIC MUSCLE -HAND	237.60	N	04
3	26593	RELEASE INTRINSIC MUSCLE-HAND	259.20	N	04
3	26596	EXC CONSTRICTING TISSUE	0.00	Y	04
3	26600	TREAT METACARPAL FRACTURE	93.70	N	04
3	26605	TREAT METACARPAL FRACTURE	138.75	N	04
3	26607	REPAIR METACARPAL FRACTURE	299.70	N	04
3	26608	PERC SKELETAL FIX METACARP FX	299.70	N	04
3	26615	REPAIR METACARPAL FRACTURE	299.70	N	04
3	26641	TREAT THUMB DISLOCATION	166.40	N	04
3	26645	TREAT THUMB FRACTURE	166.40	N	04
3	26650	REPAIR THUMB FRACTURE	240.00	N	04
3	26665	REPAIR THUMB FRACTURE	374.55	N	04
3	26670	TREAT HAND DISLOCATION	134.25	N	04
3	26675	TREAT HAND DISLOCATION	181.55	N	04
3	26676	PIN HAND DISLOCATION	262.20	N	04
3	26685	REPAIR HAND DISLOCATION	233.30	N	04
3	26686	REPAIR HAND DISLOCATION	280.80	N	04
3	26700	TREAT KNUCKLE DISLOCATION	107.00	N	04
3	26705	TREAT KNUCKLE DISLOCATION	166.40	N	04
3	26706	PIN KNUCKLE DISLOCATION	237.85	N	04
3	26715	REPAIR KNUCKLE DISLOCATION	274.65	N	04
3	26720	TREAT FINGER FRACTURE, EACH	97.05	N	04
3	26725	TREAT FINGER FRACTURE, EACH	130.35	N	04
3	26727	TREAT FINGER FRACTURE, EACH	171.00	N	04
3	26735	REPAIR FINGER FRACTURE, EACH	263.55	N	04

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3	26740	TREAT FINGER FRACTURE, EACH	97.05	N	04
3	26742	TREAT FINGER FRACTURE, EACH	150.50	N	04
3	26746	REPAIR FINGER FRACTURE, EACH	263.55	N	04
3	26750	TREAT FINGER FRACTURE, EACH	97.05	N	04
3	26755	TREAT FINGER FRACTURE, EACH	104.10	N	04
3	26756	PIN FINGER FRACTURE EACH	224.70	N	04
3	26765	REPAIR FINGER FRACTURE, EACH	285.80	N	04
3	26770	TREAT FINGER DISLOCATION	92.50	N	04
3	26775	TREAT FINGER DISLOCATION	132.45	N	04
3	26776	PIN FINGER DISLOCATION	224.70	N	04
3	26785	REPAIR FINGER DISLOCATION	148.60	N	04
3	26820	THUMB FUSION WITH GRAFT	310.10	N	04
3	26841	FUSION OF THUMB	299.70	N	04
3	26842	THUMB FUSION WITH GRAFT	374.55	N	04
3	26843	FUSION OF HAND JOINT	299.70	N	04
3	26844	FUSION/GRAFT OF HAND JOINT	374.55	N	04
3	26850	FUSION OF KNUCKLE	262.20	N	04
3	26852	FUSION OF KNUCKLE WITH GRAFT	301.70	N	04
3	26860	FUSION OF FINGER JOINT	200.65	N	04
3	26861	FUSION OF FINGER JOINT,ADDED	90.10	N	04
3	26862	FUSION/GRAFT OF FINGER JOINT	274.60	N	04
3	26863	FUSE/GRAFT ADDED JOINT	119.25	N	04
3	26910	AMPUTATE METACARPAL BONE	271.90	N	04
3	26951	AMPUTATION OF FINGER/THUMB	271.90	N	04
3	26952	AMPUTATION OF FINGER/THUMB	259.40	N	04
3	26989	HAND/FINGER SURGERY	0.00	Y	04
3	26990	DRAINAGE OF PELVIS LESION	262.45	N	04
3	26991	DRAINAGE OF PELVIS BURSA	215.80	N	04
3	26992	DRAINAGE OF BONE LESION	418.80	N	04
3	27000	INCISION OF HIP TENDON	197.00	N	04
3	27001	INCISION OF HIP TENDON	202.20	N	04
3	27003	INCISION OF HIP TENDON	299.70	N	04
3	27005	INCISION OF HIP TENDON	274.65	N	04
3	27006	INCISION OF HIP TENDONS	289.20	N	04
3	27025	INCISION OF HIP FASCIA	374.55	N	04
3	27030	DRAINAGE OF HIP JOINT	524.40	N	04
3	27033	EXPLORATION OF HIP JOINT	599.35	N	04
3	27035	DENERVATION OF HIP JOINT	599.35	N	04
3	27036	CAPSULECTOMY HIP W/W/O EXCISION RELEASE HIP MUSCLES	0.00	Y	04
3	27040	BIOPSY OF SOFT TISSUES	113.60	N	04
3	27041	BIOPSY OF SOFT TISSUES	258.20	N	04

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3	27047	REMOVE HIP/PELVIS LESION	224.70	N	04
3	27048	REMOVE HIP/PELVIS LESION	374.55	N	04
3	27049	RAD RESECT TUMOR PELVIS/HIP	0.00	Y	04
3	27050	BIOPSY OF SACROILLIAC JOINT	524.40	N	04
3	27052	BIOPSY OF HIP JOINT	524.40	N	04
3	27054	REMOVAL OF HIP JOINT LINING	749.20	N	04
3	27060	REMOVAL OF ISCHIAL BURSA	277.50	N	04
3	27062	REMOVE FEMUR LESION/BURSA	374.55	N	04
3	27065	REMOVAL OF HIP BONE LESION	599.35	N	04
3	27066	REMOVAL OF HIP BONE LESION	674.20	N	04
3	27067	REMOVE/GRAFT HIP BONE LESION	749.20	N	04
3	27070	PARTIAL REMOVAL OF HIP BONE	419.00	N	04
3	27071	PARTIAL REMOVAL OF HIP BONE	480.00	N	04
3	27075	EXTENSIVE HIP SURGERY	599.35	N	04
3	27076	EXTENSIVE HIP SURGERY	681.10	N	04
3	27077	EXTENSIVE HIP SURGERY	723.20	N	04
3	27078	EXTENSIVE HIP SURGERY	599.35	N	04
3	27079	EXTENSIVE HIP SURGERY	599.35	N	04
3	27080	REMOVAL OF TAIL BONE	359.30	N	04
3	27086	REMOVE HIP FOREIGN BODY	107.00	N	04
3	27087	REMOVE HIP FOREIGN BODY	247.20	N	04
3	27090	REMOVAL OF HIP PROSTHESIS	412.00	N	04
3	27091	REMOVAL OF HIP PROSTHESIS	694.45	N	04
3	27093	INJECTION FOR HIP X-RAY	106.70	N	04
3	27095	INJECTION FOR HIP X-RAY	111.70	N	04
3	27096	INJ PROC FOR SACROILIAC JOINT ARTHROGRAPHY/ANESTHETIC STEROI	172.50	N	04
3	27097	REVISION OF HIP TENDON	290.25	N	04
3	27098	TRANSFER TENDON TO PELVIS	345.70	N	04
3	27100	TRANSFER OF ABDOMINAL MUSCLE	561.85	N	04
3	27105	TRANSFER OF SPINAL MUSCLE	636.80	N	04
3	27110	TRANSFER OF ILIOPSOAS MUSCLE	674.20	N	04
3	27111	TRANSFER OF ILIOPSOAS MUSCLE	674.20	N	04
3	27120	RECONSTRUCTION OF HIP SOCKET	898.95	N	04
3	27122	RECONSTRUCTION OF HIP SOCKET	954.50	N	04
3	27125	REVISE HIP WITH PROSTHESIS	1,026.65	N	04
3	27130	HIP JOINT REPLACEMENT	1,749.50	N	04
3	27132	TOTAL HIP JOINT REPLACEMENT	1,798.05	N	04
3	27134	REVISE HIP JOINT REPLACEMENT	1,048.85	N	04
3	27137	REVISE HIP JOINT COMPONENT	1,048.85	N	04
3	27138	REVISE HIP JOINT COMPONENT	1,048.85	N	04
3	27140	TRANSPLANT OF FEMUR RIDGE	718.70	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	27146	INCISION OF HIP BONE	718.70	N	04
3	27147	REVISION OF HIP BONE	839.35	N	04
3	27151	INCISION OF HIP BONES	1,011.40	N	04
3	27156	REVISION OF HIP BONES	1,123.70	N	04
3	27158	REVISION OF PELVIS	583.00	N	04
3	27161	INCISION OF NECK OF FEMUR	749.20	N	04
3	27165	INCISION/FIXATION OF FEMUR	898.95	N	04
3	27170	REPAIR/GRAFT FEMUR HEAD/NECK	898.95	N	04
3	27175	TREAT SLIPPED EPIPHYSIS	599.35	N	04
3	27176	TREAT SLIPPED EPIPHYSIS	599.35	N	04
3	27177	REPAIR SLIPPED EPIPHYSIS	958.60	N	04
3	27178	REPAIR SLIPPED EPIPHYSIS	958.60	N	04
3	27179	REVISE HEAD/NECK OF FEMUR	839.35	N	04
3	27181	REPAIR SLIPPED EPIPHYSIS	958.60	N	04
3	27185	REVISION OF FEMUR EPIPHYSIS	779.70	N	04
3	27187	PROPHYLACTIC TREATMENT	950.50	N	04
3	27193	CLOSED RX PELVIC FX/DISLOCATE	170.80	N	04
3	27194	CLOSED RX PELVIC FX/DIS MANIP	272.40	N	04
3	27200	TREAT TAIL BONE FRACTURE	149.80	N	04
3	27202	REPAIR TAIL BONE FRACTURE	374.55	N	04
3	27215	OPEN RX ILIAC FX W INTERN FIX	674.20	N	04
3	27216	PERC FIX PELVIC FX/DISLOCATION	550.90	N	04
3	27217	OPEN RX ANT RING W INTERN FIX	599.35	N	04
3	27218	OPEN RX POST RING W INTERN FIX	599.35	N	04
3	27220	TREAT HIP SOCKET FRACTURE	412.00	N	04
3	27222	TREAT HIP SOCKET FRACTURE	412.00	N	04
3	27226	OPEN RX PST/ANT ACETAB INT FIX	930.90	N	04
3	27227	OPEN RX ACETAB ANT/POST INTFIX	930.90	N	04
3	27228	OPEN RX ANT/POST ACETAB INTFIX	1,198.70	N	04
3	27230	TREAT FRACTURE OF FEMUR	179.15	N	04
3	27232	TREAT FRACTURE OF FEMUR	449.50	N	04
3	27235	REPAIR OF FEMUR FRACTURE	674.20	N	04
3	27236	REPAIR OF FEMUR FRACTURE	1,019.70	N	04
3	27238	TREATMENT OF FEMUR FRACTURE	183.80	N	04
3	27240	TREATMENT OF FEMUR FRACTURE	449.50	N	04
3	27244	REPAIR OF FEMUR FRACTURE	933.80	N	04
3	27245	OPEN RX FEMORAL WITH IMPLANT	933.80	N	04
3	27246	TREATMENT OF FEMUR FRACTURE	167.00	N	04
3	27248	REPAIR OF FEMUR FRACTURE	779.70	N	04
3	27250	CLOSED TREATMENT HIP DISLOCATI ON, TRAUMATIC W/O ANESTHESIA	242.80	N	04
3	27252	CLOSED TREATMENT HIP DISLOCATI ON, TRAUMATIC W ANESTHESIA	284.90	N	04

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3	27253	REPAIR OF HIP DISLOCATION	599.35	N	04
3	27254	REPAIR OF HIP DISLOCATION	606.30	N	04
3	27256	TREATMENT OF HIP DISLOCATION	208.05	N	04
3	27257	TREATMENT OF HIP DISLOCATION	277.50	N	04
3	27258	REPAIR OF HIP DISLOCATION	733.85	N	04
3	27259	REPAIR OF HIP DISLOCATION	958.60	N	04
3	27265	ATRAUMATIC HIP DISLOCATION	242.80	N	04
3	27266	ATRAUMATIC HIP DISLOC W/ ANEST	283.00	N	04
3	27275	MANIPULATION OF HIP JOINT	240.00	N	04
3	27280	FUSION OF SACROILIAC JOINT	958.60	N	04
3	27282	FUSION OF PUBIC BONES	958.60	N	04
3	27284	FUSION OF HIP JOINT	898.95	N	04
3	27286	FUSION OF HIP JOINT	1,033.50	N	04
3	27290	AMPUTATION OF LEG AT HIP	1,678.65	N	04
3	27295	AMPUTATION OF LEG AT HIP	1,198.70	N	04
3	27299	PELVIS/HIP JOINT SURGERY	0.00	Y	04
3	27301	DRAIN THIGH LESION	242.10	N	04
3	27303	DRAINAGE OF BONE LESION	298.20	N	04
3	27305	INCISE THIGH TENDON & FASCIA	374.55	N	04
3	27306	INCISION OF THIGH TENDON	374.55	N	04
3	27307	INCISION OF THIGH TENDONS	561.85	N	04
3	27310	EXPLORATION OF KNEE JOINT	486.90	N	04
3	27315	PARTIAL REMOVAL, THIGH NERVE	412.00	N	04
3	27320	PARTIAL REMOVAL, THIGH NERVE	412.00	N	04
3	27323	BIOPSY THIGH SOFT TISSUES	113.60	N	04
3	27324	BIOPSY THIGH SOFT TISSUES	264.25	N	04
3	27327	REMOVAL OF THIGH LESION	156.30	N	04
3	27328	REMOVAL OF THIGH LESION	295.50	N	04
3	27329	RAD RESECT TUMOR THIGH/KNEE	0.00	Y	04
3	27330	BIOPSY KNEE JOINT LINING	374.55	N	04
3	27331	EXPLORE/TREAT KNEE JOINT	599.35	N	04
3	27332	REMOVAL OF KNEE CARTILAGE	621.50	N	04
3	27333	REMOVAL OF KNEE CARTILAGE	621.50	N	04
3	27334	REMOVE KNEE JOINT LINING	621.50	N	04
3	27335	REMOVE KNEE JOINT LINING	621.50	N	04
3	27340	REMOVAL OF KNEECAP BURSA	240.00	N	04
3	27345	REMOVAL OF KNEE CYST	381.50	N	04
3	27347	EXCISION LESION OF MENISCUS/CAPSULE OF KNEE	381.50	N	04
3	27350	REMOVAL OF KNEECAP	636.80	N	04
3	27355	REMOVE FEMUR LESION	599.35	N	04
3	27356	REMOVE FEMUR LESION/GRAFT	674.20	N	04

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3	27357	REMOVE FEMUR LESION/GRAFT	674.20	N	04
3	27358	REMOVE FEMUR LESION/FIXATION	674.20	N	04
3	27360	PARTIAL REMOVAL LEG BONE(S)	480.00	N	04
3	27365	EXTENSIVE LEG SURGERY	898.95	N	04
3	27370	INJECTION FOR KNEE X-RAY	101.10	N	04
3	27372	REMOVAL OF FOREIGN BODY	174.10	N	04
3	27380	REPAIR OF KNEECAP TENDON	412.00	N	04
3	27381	REPAIR/GRAFT KNEECAP TENDON	524.40	N	04
3	27385	REPAIR OF THIGH MUSCLE	419.00	N	04
3	27386	REPAIR/GRAFT OF THIGH MUSCLE	524.40	N	04
3	27390	INCISION OF THIGH TENDON	359.30	N	04
3	27391	INCISION OF THIGH TENDONS	458.40	N	04
3	27392	INCISION OF THIGH TENDONS	661.15	N	04
3	27393	LENGTHENING OF THIGH TENDON	359.30	N	04
3	27394	LENGTHENING OF THIGH TENDONS	458.40	N	04
3	27395	LENGTHENING OF THIGH TENDONS	661.15	N	04
3	27396	TRANSPLANT OF THIGH TENDON	599.35	N	04
3	27397	TRANSPLANTS OF THIGH TENDONS	550.90	N	04
3	27400	REVISE THIGH MUSCLES/TENDONS	599.35	N	04
3	27403	OPEN MENISCUS REPAIR	621.50	N	04
3	27405	REPAIR OF KNEE LIGAMENT	524.40	N	04
3	27407	REPAIR OF KNEE LIGAMENT	524.40	N	04
3	27409	REPAIR OF KNEE LIGAMENTS	674.20	N	04
3	27418	ANT TIBIAL TUBERCLE PLASTY	486.10	N	04
3	27420	REVISION OF UNSTABLE KNEECAP	620.10	N	04
3	27422	REVISION OF UNSTABLE KNEECAP	620.10	N	04
3	27424	REVISION/REMOVAL OF KNEECAP	636.80	N	04
3	27425	LATERAL RETINACULAR RELEASE	561.85	N	04
3	27427	KNEE RECONSTUCTION	524.40	N	04
3	27428	KNEE RECONSTRUCTION	621.10	N	04
3	27429	KNEE RECONSTRUCTION	674.20	N	04
3	27430	REVISION OF THIGH MUSCLES	561.85	N	04
3	27435	INCISION OF KNEE JOINT	524.40	N	04
3	27437	ARTHROPLASTY PATELLA	599.35	N	04
3	27438	REVISE KNEECAP WITH IMPLANT	958.60	N	04
3	27440	REVISION OF KNEE JOINT	599.35	N	04
3	27441	REVISION OF KNEE JOINT	599.35	N	04
3	27442	REVISION OF KNEE JOINT	881.00	N	04
3	27443	REVISION OF KNEE JOINT	881.00	N	04
3	27445	REVISE KNEE JOINT, IMPLANT	1,473.35	N	04
3	27446	TOTAL KNEE REPLACEMENT	1,473.35	N	04

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3	27447	TOTAL KNEE REPLACEMENT	1,473.35	N	04
3	27448	INCISION OF FEMUR	599.35	N	04
3	27450	INCISION OF FEMUR	689.50	N	04
3	27454	REALIGNMENT OF FEMUR	749.20	N	04
3	27455	REALIGNMENT OF KNEE	524.40	N	04
3	27457	REALIGNMENT OF KNEE	524.40	N	04
3	27465	SHORTENING OF FEMUR	749.20	N	04
3	27466	LENGTHENING OF FEMUR	898.95	N	04
3	27468	REVISION OF FEMURS	1,198.70	N	04
3	27470	REPAIR OF FEMUR	839.35	N	04
3	27472	REPAIR/GRAFT OF FEMUR	958.60	N	04
3	27475	REPAIR OF FEMUR EPIPHYSIS	659.00	N	04
3	27477	REPAIR LOWER LEG EPIPHYSES	659.00	N	04
3	27479	REPAIR OF LEG EPIPHYSES	958.60	N	04
3	27485	REPAIR OF LEG EPIPHYSIS	561.85	N	04
3	27486	REVISE TOTAL KNEE REPAIR	736.60	N	04
3	27487	2NDARY RECONSTRUCT TOTAL KNEE	1,473.30	N	04
3	27488	REMOVAL OF KNEE PROSTHESIS	524.65	N	04
3	27495	PROPHYLACTIC TREATMENT	0.00	Y	04
3	27496	DECOMPRES FASCIOTOMY THIGHKNEE	374.55	N	04
3	27497	DECOMPRES FASCIOT THIGH KNEE	374.55	N	04
3	27498	DECOMPRES FASCIOT THIGH/KNEE	383.45	N	04
3	27499	DECOMPRES FASCIOT THIGH/KNEE	383.45	N	04
3	27500	TREATMENT OF FEMUR FRACTURE	257.40	N	04
3	27501	CLOSED RX FEM FX W/O MANIP	263.20	N	04
3	27502	TREATMENT OF FEMUR FRACTURE	338.50	N	04
3	27503	CLOSED RX FEM FX W MANIP	338.50	N	04
3	27506	REPAIR OF FEMUR FRACTURE	910.10	N	04
3	27507	OPEN RX FEM SHAFT W PLAT/SCREW	910.10	N	04
3	27508	TREATMENT OF FEMUR FRACTURE	209.00	N	04
3	27509	PERC FIX FEM FX W/WO INTERCON	524.40	N	04
3	27510	FEMORAL FRACTURE MANIPULATION	524.40	N	04
3	27511	OPEN RX FEM FX W/WO INT/EXT	836.55	N	04
3	27513	OPEN RX FEM FX W/WO INTERN/EXT	826.30	N	04
3	27514	REPAIR OF FEMUR FRACTURE	836.55	N	04
3	27516	TREATMENT OF FEMUR EPIPHYSIS	599.35	N	04
3	27517	TREATMENT OF FEMUR EPIPHYSIS	599.35	N	04
3	27519	REPAIR OF FEMUR EPIPHYSIS	836.55	N	04
3	27520	TREAT KNEECAP FRACTURE	191.50	N	04
3	27524	REPAIR OF KNEECAP FRACTURE	629.90	N	04
3	27530	TREATMENT OF KNEE FRACTURE	288.50	N	04

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3	27532	TREATMENT OF KNEE FRACTURE	321.90	N	04
3	27535	OPEN RX TIB FX W/WO INT/EXT	839.35	N	04
3	27536	REPAIR OF KNEE FRACTURE	839.35	N	04
3	27538	TREAT KNEE FRACTURE(S)	213.65	N	04
3	27540	REPAIR OF KNEE FRACTURE	958.60	N	04
3	27550	TREAT KNEE DISLOCATION	194.25	N	04
3	27552	TREAT KNEE DISLOCATION	227.40	N	04
3	27556	REPAIR OF KNEE DISLOCATION	656.20	N	04
3	27557	REPAIR OF KNEE DISLOCATION	749.20	N	04
3	27558	OPEN RX KNEE DISL W/WO FIX	749.20	N	04
3	27560	TREAT KNEECAP DISLOCATION	149.80	N	04
3	27562	TREAT KNEECAP DISLOCATION	187.80	N	04
3	27566	REPAIR KNEECAP DISLOCATION	383.25	N	04
3	27570	FIXATION OF KNEE JOINT	66.70	N	04
3	27580	FUSION OF KNEE	1,384.60	N	04
3	27590	AMPUTATE LEG AT THIGH	649.25	N	04
3	27591	AMPUTATE LEG AT THIGH	749.20	N	04
3	27592	AMPUTATE LEG AT THIGH	574.35	N	04
3	27594	AMPUTATION FOLLOW-UP SURGERY	224.70	N	04
3	27596	AMPUTATION FOLLOW-UP SURGERY	574.35	N	04
3	27598	AMPUTATE LOWER LEG AT KNEE	480.00	N	04
3	27599	LEG SURGERY PROCEDURE	0.00	Y	04
3	27600	DECOMPRESSION OF LOWER LEG	189.80	N	04
3	27601	DECOMPRESSION LOWER LEG	190.20	N	04
3	27602	DECOMPRESSION OF LOWER LEG	262.20	N	04
3	27603	DRAIN LOWER LEG LESION	211.60	N	04
3	27604	DRAIN LOWER LEG BURSA	156.50	N	04
3	27605	INCISION OF ACHILLES TENDON	359.30	N	04
3	27606	INCISION OF ACHILLES TENDON	359.30	N	04
3	27607	TREAT LOWER LEG BONE LESION	292.30	N	04
3	27610	EXPLORE/TREAT ANKLE JOINT	480.00	N	04
3	27612	EXPLORATION OF ANKLE JOINT	374.55	N	04
3	27613	BIOPSY LOWER LEG SOFT TISSUE	113.60	N	04
3	27614	BIOPSY LOWER LEG SOFT TISSUE	264.25	N	04
3	27615	RAD RESECTTUMOR LEG/ANKLE	0.00	Y	04
3	27618	REMOVE LOWER LEG LESION	186.90	N	04
3	27619	REMOVE LOWER LEG LESION	268.40	N	04
3	27620	BIOPSY OF ANKLE JOINT	480.00	N	04
3	27625	REMOVE ANKLE JOINT LINING	480.00	N	04
3	27626	REMOVE ANKLE JOINT LINING	480.00	N	04
3	27630	REMOVAL OF TENDON LESION	188.65	N	04

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3	27635	REMOVE LOWER LEG BONE LESION	374.55	N	04
3	27637	REMOVE/GRAFT LEG BONE LESION	599.35	N	04
3	27638	REMOVE/GRAFT LEG BONE LESION	599.35	N	04
3	27640	PARTIAL REMOVAL OF TIBIA	407.80	N	04
3	27641	PARTIAL REMOVAL OF FIBULA	335.00	N	04
3	27645	EXTENSIVE LOWER LEG SURGERY	599.35	N	04
3	27646	EXTENSIVE LOWER LEG SURGERY	599.35	N	04
3	27647	EXTENSIVE ANKLE/HEEL SURGERY	449.50	N	04
3	27648	INJECTION FOR ANKLE X-RAY	82.75	N	04
3	27650	REPAIR ACHILLES TENDON	359.30	N	04
3	27652	REPAIR/GRAFT ACHILLES TENDON	480.00	N	04
3	27654	REPAIR OF ACHILLES TENDON	449.50	N	04
3	27656	REPAIR LEG FASCIA DEFECT	299.70	N	04
3	27658	REPAIR OF LEG TENDON, EACH	224.70	N	04
3	27659	REPAIR OF LEG TENDON, EACH	416.20	N	04
3	27664	REPAIR OF LEG TENDON, EACH	182.50	N	04
3	27665	REPAIR OF LEG TENDON, EACH	302.40	N	04
3	27675	REPAIR LOWER LEG TENDONS	239.30	N	04
3	27676	REPAIR LOWER LEG TENDONS	313.20	N	04
3	27680	RELEASE OF LOWER LEG TENDON	381.50	N	04
3	27681	RELEASE OF LOWER LEG TENDONS	231.00	N	04
3	27685	REVISION OF LOWER LEG TENDON	262.20	N	04
3	27686	REVISE LOWER LEG TENDONS	257.00	N	04
3	27687	REVISION OF CALF TENDON	262.20	N	04
3	27690	REVISE LOWER LEG TENDON	299.70	N	04
3	27691	REVISE LOWER LEG TENDON	524.40	N	04
3	27692	REVISE ADDITIONAL LEG TENDON	149.80	N	04
3	27695	REPAIR OF ANKLE LIGAMENT	374.55	N	04
3	27696	REPAIR OF ANKLE LIGAMENTS	561.85	N	04
3	27698	REPAIR OF ANKLE LIGAMENT	453.70	N	04
3	27700	REVISION OF ANKLE JOINT	718.70	N	04
3	27702	RECONSTRUCT ANKLE JOINT	749.20	N	04
3	27703	RECONSTRUCT ANKLE JOINT	0.00	Y	04
3	27704	REMOVAL OF ANKLE IMPLANT	249.35	N	04
3	27705	INCISION OF TIBIA	412.00	N	04
3	27707	INCISION OF FIBULA	359.30	N	04
3	27709	INCISION OF TIBIA & FIBULA	524.40	N	04
3	27712	REALIGNMENT OF LOWER LEG	674.20	N	04
3	27715	REVISION OF LOWER LEG	749.20	N	04
3	27720	REPAIR OF TIBIA	629.90	N	04
3	27722	REPAIR/GRAFT OF TIBIA	733.85	N	04

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3	27724	REPAIR/GRAFT OF TIBIA	840.75	N	04
3	27725	REPAIR OF LOWER LEG	840.75	N	04
3	27727	REPAIR OF LOWER LEG	648.10	N	04
3	27730	REPAIR OF TIBIA EPIPHYSIS	412.00	N	04
3	27732	REPAIR OF FIBULA EPIPHYSIS	314.95	N	04
3	27734	REPAIR LOWER LEG EPIPHYSES	599.35	N	04
3	27740	REPAIR OF LEG EPIPHYSES	839.35	N	04
3	27742	REPAIR OF LEG EPIPHYSES	839.35	N	04
3	27745	PROPHYLACTIC TREATMENT	378.05	N	04
3	27750	TREATMENT OF TIBIA FRACTURE	208.05	N	04
3	27752	TREATMENT OF TIBIA FRACTURE	320.45	N	04
3	27756	REPAIR OF TIBIA FRACTURE	738.10	N	04
3	27758	REPAIR OF TIBIA FRACTURE	839.35	N	04
3	27759	OPEN RX TIB SHAFT INTERMED IMP	839.35	N	04
3	27760	TREATMENT OF ANKLE FRACTURE	166.40	N	04
3	27762	TREATMENT OF ANKLE FRACTURE	235.80	N	04
3	27766	REPAIR OF ANKLE FRACTURE	535.45	N	04
3	27780	TREATMENT OF FIBULA FRACTURE	152.60	N	04
3	27781	TREATMENT OF FIBULA FRACTURE	217.80	N	04
3	27784	REPAIR OF FIBULA FRACTURE	416.20	N	04
3	27786	TREATMENT OF ANKLE FRACTURE	152.60	N	04
3	27788	TREATMENT OF ANKLE FRACTURE	222.00	N	04
3	27792	REPAIR OF ANKLE FRACTURE	299.70	N	04
3	27808	TREATMENT OF ANKLE FRACTURE	208.05	N	04
3	27810	TREATMENT OF ANKLE FRACTURE	305.15	N	04
3	27814	REPAIR OF ANKLE FRACTURE	610.45	N	04
3	27816	TREATMENT OF ANKLE FRACTURE	224.70	N	04
3	27818	TREATMENT OF ANKLE FRACTURE	369.05	N	04
3	27822	REPAIR OF ANKLE FRACTURE	599.35	N	04
3	27823	REPAIR OF ANKLE FRACTURE	599.35	N	04
3	27824	CLOSED RX TIBIA W/WO ANESTH	232.20	N	04
3	27825	CLOSED RX TIBIA W TX/MANIP	286.20	N	04
3	27826	OPEN RX FX TIBIA/INT/EXT FIB	515.70	N	04
3	27827	OPEN RX TIBIA/INT/EXT FIXATION	638.00	N	04
3	27828	OPEN RX TIB/INT/EXT FIX TIB	696.90	N	04
3	27829	OPEN RX DISTAL TIB W/WO FIX	412.00	N	04
3	27830	TREAT LOWER LEG DISLOCATION	153.75	N	04
3	27831	TREAT LOWER LEG DISLOCATION	224.70	N	04
3	27832	REPAIR LOWER LEG DISLOCATION	599.35	N	04
3	27840	TREAT ANKLE DISLOCATION	138.20	N	04
3	27842	TREAT ANKLE DISLOCATION	208.05	N	04

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3	27846	REPAIR ANKLE DISLOCATION	378.70	N	04
3	27848	REPAIR ANKLE DISLOCATION	481.90	N	04
3	27860	FIXATION OF ANKLE JOINT	77.10	N	04
3	27870	FUSION OF ANKLE JOINT	659.00	N	04
3	27871	FUSION OF TIBIOFIBULAR JOINT	659.00	N	04
3	27880	AMPUTATION OF LOWER LEG	613.20	N	04
3	27881	AMPUTATION OF LOWER LEG	674.20	N	04
3	27882	AMPUTATION OF LOWER LEG	588.20	N	04
3	27884	AMPUTATION FOLLOW-UP SURGERY	252.65	N	04
3	27886	AMPUTATION FOLLOW-UP SURGERY	374.55	N	04
3	27888	AMPUTATION OF FOOT AT ANKLE	599.35	N	04
3	27889	AMPUTATION OF FOOT AT ANKLE	374.55	N	04
3	27892	DECOMPRES FASCIOT LEG W DEBRID	220.40	N	04
3	27893	DECOMP FASCIOT LEG WITHDEBRIDE	212.80	N	04
3	27894	DECOMP FASCIOT LEG ANTPOSDEBRI	293.20	N	04
3	27899	LEG/ANKLE SURGERY PROCEDURE	0.00	Y	04
3	28001	DRAINAGE OF BURSA OF FOOT	136.05	N	04
3	28002	TREATMENT OF FOOT INFECTION	143.95	N	04
3	28003	TREATMENT OF FOOT INFECTION	246.85	N	04
3	28005	TREAT FOOT BONE LESION	270.50	N	04
3	28008	INCISION OF FOOT FASCIA	147.95	N	04
3	28010	INCISION OF TOE TENDON	123.35	N	04
3	28011	INCISION OF TOE TENDONS	0.00	Y	04
3	28020	EXPLORATION OF A FOOT JOINT	224.70	N	04
3	28022	EXPLORATION OF A FOOT JOINT	153.65	N	04
3	28024	EXPLORATION OF A TOE JOINT	146.15	N	04
3	28030	REMOVAL OF FOOT NERVE	302.40	N	04
3	28035	DECOMPRESSION OF TIBIA NERVE	524.40	N	04
3	28043	EXCISION OF FOOT LESION	149.80	N	04
3	28045	EXCISION OF FOOT LESION	224.70	N	04
3	28046	RAD RESECT MALIG TUMOR FOOT	0.00	Y	04
3	28050	BIOPSY OF FOOT JOINT LINING	299.70	N	04
3	28052	BIOPSY OF FOOT JOINT LINING	299.70	N	04
3	28054	BIOPSY OF TOE JOINT LINING	224.70	N	04
3	28060	PARTIAL REMOVAL FOOT FASCIA	224.70	N	04
3	28062	REMOVAL OF FOOT FASCIA	0.00	Y	04
3	28070	REMOVAL OF FOOT JOINT LINING	224.70	N	04
3	28072	REMOVAL OF FOOT JOINT LINING	161.90	N	04
3	28080	REMOVAL OF FOOT LESION	180.30	N	04
3	28086	EXCISE FOOT TENDON SHEATH	184.50	N	04
3	28088	EXCISE FOOT TENDON SHEATH	184.50	N	04

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3	28090	REMOVAL OF FOOT LESION	175.75	N	04
3	28092	REMOVAL OF TOE LESIONS	211.35	N	04
3	28100	REMOVAL OF ANKLE/HEEL LESION	224.70	N	04
3	28102	REMOVE/GRAFT FOOT LESION	718.70	N	04
3	28103	REMOVE/GRAFT FOOT LESION	718.70	N	04
3	28104	REMOVAL OF FOOT LESION	259.40	N	04
3	28106	REMOVE/GRAFT FOOT LESION	449.50	N	04
3	28107	REMOVE/GRAFT FOOT LESION	449.50	N	04
3	28108	REMOVAL OF TOE LESIONS	259.40	N	04
3	28110	PART REMOVAL OF METATARSAL	359.30	N	04
3	28111	PART REMOVAL OF METATARSAL	359.30	N	04
3	28112	PART REMOVAL OF METATARSAL	314.95	N	04
3	28113	PART REMOVAL OF METATARSAL	314.95	N	04
3	28114	REMOVAL OF METATARSAL HEADS	943.40	N	04
3	28116	REVISION OF FOOT	346.75	N	04
3	28118	PARTIAL REMOVAL OF HEEL	346.75	N	04
3	28119	REMOVAL OF HEEL SPUR	264.90	N	04
3	28120	PART REMOVAL OF ANKLE/HEEL	259.40	N	04
3	28122	PARTIAL REMOVAL OF FOOT BONE	253.90	N	04
3	28124	PARTIAL REMOVAL OF TOE	259.40	N	04
3	28126	PARTIAL REMOVAL OF TOE	209.40	N	04
3	28130	REMOVAL OF ANKLE BONE	412.00	N	04
3	28140	REMOVAL OF METATARSAL	394.00	N	04
3	28150	REMOVAL OF TOE	209.40	N	04
3	28153	PARTIAL REMOVAL OF TOE	144.70	N	04
3	28160	PARTIAL REMOVAL OF TOE	224.70	N	04
3	28171	RADICALRESECTIONFORTUMORTARSAL	0.00	Y	04
3	28173	RADICALRESECTIONTUMORMETATARSA	0.00	Y	04
3	28175	RADICALRESECTIONTUMORPHALANX	0.00	Y	04
3	28190	REMOVAL OF FOOT FOREIGN BODY	107.00	N	04
3	28192	REMOVAL OF FOOT FOREIGN BODY	159.80	N	04
3	28193	REMOVAL OF FOOT FOREIGN BODY	180.30	N	04
3	28200	REPAIR OF FOOT TENDON	353.75	N	04
3	28202	REPAIR/GRAFT OF FOOT TENDON	480.00	N	04
3	28208	REPAIR OF FOOT TENDON	299.70	N	04
3	28210	REPAIR/GRAFT OF FOOT TENDON	378.05	N	04
3	28220	RELEASE OF FOOT TENDON	212.30	N	04
3	28222	RELEASE OF FOOT TENDONS	0.00	Y	04
3	28225	RELEASE OF FOOT TENDON	212.30	N	04
3	28226	RELEASE OF FOOT TENDONS	0.00	Y	04
3	28230	INCISION OF FOOT TENDON(S)	173.40	N	04

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3	28232	INCISION OF TOE TENDON	121.10	N	04
3	28234	INCISION OF FOOT TENDON	121.05	N	04
3	28238	REVISION OF FOOT TENDON	299.70	N	04
3	28240	RELEASE OF BIG TOE	140.75	N	04
3	28250	REVISION OF FOOT FASCIA	359.30	N	04
3	28260	RELEASE OF MIDFOOT JOINT	299.70	N	04
3	28261	REVISION OF FOOT TENDON	363.45	N	04
3	28262	REVISION OF FOOT AND ANKLE	524.40	N	04
3	28264	RELEASE OF MIDFOOT JOINT	449.50	N	04
3	28270	RELEASE OF FOOT CONTRACTURE	299.70	N	04
3	28272	RELEASE OF TOE JOINT, EACH	224.70	N	04
3	28280	FUSION OF TOES	162.35	N	04
3	28285	REVISION OF HAMMERTOE	270.50	N	04
3	28286	REVISION OF HAMMERTOE	337.10	N	04
3	28288	PARTIAL REMOVAL OF FOOT BONE	299.70	N	04
3	28289	HALLUX RIGIDUS CORRECTION W/CHEILECTOMY,DEBRI&CAP/1ST MTP JT	359.30	N	04
3	28290	CORRECTION OF BUNION	424.45	N	04
3	28292	CORRECTION OF BUNION	359.30	N	04
3	28293	CORRECTION OF BUNION	359.30	N	04
3	28294	CORRECTION OF BUNION	359.30	N	04
3	28296	CORRECTION OF BUNION	419.00	N	04
3	28297	CORRECTION OF BUNION	419.00	N	04
3	28298	CORRECTION OF BUNION	359.30	N	04
3	28299	CORRECTION OF BUNION	0.00	Y	04
3	28300	INCISION OF HEEL BONE	374.55	N	04
3	28302	INCISION OF ANKLE BONE	337.90	N	04
3	28304	INCISION OF MIDFOOT BONES	283.60	N	04
3	28305	INCISE/GRAFT MIDFOOT BONES	373.70	N	04
3	28306	INCISION OF METATARSAL	262.20	N	04
3	28307	OSTEOT IST MET AND BONE GRAFT	299.70	N	04
3	28308	INCISION OF METATARSAL	202.50	N	04
3	28309	INCISION OF METATARSALS	358.05	N	04
3	28310	REVISION OF BIG TOE	262.20	N	04
3	28312	REVISION OF TOE	169.85	N	04
3	28313	RECONSTR ANGULAR DEFORM TOE	167.10	N	04
3	28315	SESAMOIDECTOMYFIRSTTOE(SEPPRO)	224.70	N	04
3	28320	REPAIR OF FOOT BONES	378.05	N	04
3	28322	REPAIR OF METATARSALS	244.90	N	04
3	28340	RECONSTR TOE MACRODACTYLY TISS	270.00	N	04
3	28341	RECONSTR TOE MACRODACTYLY BONE	307.90	N	04
3	28344	RECONSTR TOE(S) POLYDACTYLY	172.80	N	04

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3	28345	RECONSTR TOE SYNDACT W/WO SKIN	216.00	N	04
3	28360	RECONSTRUCTION CLEET FOOT	0.00	Y	04
3	28400	TREATMENT OF HEEL FRACTURE	114.20	N	04
3	28405	TREATMENT OF HEEL FRACTURE	228.90	N	04
3	28406	TREATMENT OF HEEL FRACTURE	231.65	N	04
3	28415	REPAIR OF HEEL FRACTURE	642.45	N	04
3	28420	REPAIR/GRAFT HEEL FRACTURE	671.85	N	04
3	28430	TREATMENT OF ANKLE FRACTURE	109.00	N	04
3	28435	TREATMENT OF ANKLE FRACTURE	215.05	N	04
3	28436	TREATMENT OF ANKLE FRACTURE	318.60	N	04
3	28445	REPAIR OF ANKLE FRACTURE	718.70	N	04
3	28450	TREAT MIDFOOT FRACTURE, EACH	98.00	N	04
3	28455	TREAT MIDFOOT FRACTURE, EACH	277.50	N	04
3	28456	REPAIR MIDFOOT FRACTURE	313.20	N	04
3	28465	REPAIR MIDFOOT FRACTURE,EACH	599.35	N	04
3	28470	TREAT METATARSAL FRACTURE	97.05	N	04
3	28475	TREAT METATARSAL FRACTURE	173.40	N	04
3	28476	REPAIR METATARSAL FRACTURE	237.85	N	04
3	28485	REPAIR METATARSAL FRACTURE	301.00	N	04
3	28490	TREAT BIG TOE FRACTURE	55.40	N	04
3	28495	TREAT BIG TOE FRACTURE	69.30	N	04
3	28496	REPAIR BIG TOE FRACTURE	113.60	N	04
3	28505	REPAIR BIG TOE FRACTURE	230.80	N	04
3	28510	TREATMENT OF TOE FRACTURE	41.60	N	04
3	28515	TREATMENT OF TOE FRACTURE	97.05	N	04
3	28525	REPAIR OF TOE FRACTURE	202.90	N	04
3	28530	TREAT CLOSED SESAMOID FRACTURE	57.30	N	04
3	28531	OPEN TREAT SESAMOID FRACT FIXA	224.70	N	04
3	28540	TREAT FOOT DISLOCATION	138.75	N	04
3	28545	TREAT FOOT DISLOCATION	152.60	N	04
3	28546	TREAT FOOT DISLOCATION	134.60	N	04
3	28555	REPAIR FOOT DISLOCATION	480.00	N	04
3	28570	TREAT FOOT DISLOCATION	113.65	N	04
3	28575	TREAT FOOT DISLOCATION	151.15	N	04
3	28576	PERCUT SKEL FIXATION TARSALATH	262.20	N	04
3	28585	REPAIR FOOT DISLOCATION	427.20	N	04
3	28600	TREAT FOOT DISLOCATION	299.70	N	04
3	28605	TREAT FOOT DISLOCATION	299.70	N	04
3	28606	TREAT FOOT DISLOCATION	299.70	N	04
3	28615	REPAIR FOOT DISLOCATION	368.45	N	04
3	28630	TREAT TOE DISLOCATION	112.40	N	04

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3	28635	TREAT TOE DISLOCATION	262.20	N	04
3	28636	PERCUT SKEL FIX METASOPH MANIP	262.20	N	04
3	28645	REPAIR TOE DISLOCATION	240.00	N	04
3	28660	TREAT TOE DISLOCATION	104.10	N	04
3	28665	TREAT TOE DISLOCATION	117.85	N	04
3	28666	PERCUT SKEL FIX INTERPHAL JOIN	133.35	N	04
3	28675	REPAIR OF TOE DISLOCATION	241.35	N	04
3	28705	FUSION OF FOOT BONES	599.35	N	04
3	28715	FUSION OF FOOT BONES	599.35	N	04
3	28725	FUSION OF FOOT BONES	480.00	N	04
3	28730	FUSION OF FOOT BONES	480.00	N	04
3	28735	FUSION OF FOOT BONES	599.35	N	04
3	28737	REVISION OF FOOT BONES	599.35	N	04
3	28740	FUSION OF FOOT BONES	337.10	N	04
3	28750	FUSION OF BIG TOE JOINT	262.20	N	04
3	28755	FUSION OF BIG TOE JOINT	169.10	N	04
3	28760	FUSION OF BIG TOE JOINT	239.10	N	04
3	28800	AMPUTATION OF MIDFOOT	485.50	N	04
3	28805	AMPUTATION THRU METATARSAL	482.80	N	04
3	28810	AMPUTATION TOE & METATARSAL	419.00	N	04
3	28820	AMPUTATION OF TOE	167.10	N	04
3	28825	PARTIAL AMPUTATION OF TOE	145.60	N	04
3	28899	FOOT/TOES SURGERY PROCEDURE	0.00	Y	04
3	29000	APPLICATION OF BODY CAST	156.80	N	04
3	29010	APPLICATION OF BODY CAST	141.50	N	04
3	29015	APPLICATION OF BODY CAST	188.70	N	04
3	29020	APPLICATION OF BODY CAST	205.30	N	04
3	29025	APPLICATION OF BODY CAST	227.50	N	04
3	29035	APPLICATION OF BODY CAST	152.60	N	04
3	29040	APPLICATION OF BODY CAST	181.65	N	04
3	29044	APPLICATION OF BODY CAST	173.40	N	04
3	29046	APPLICATION OF BODY CAST	187.30	N	04
3	29049	APPLICATION OF SHOULDER CAST	66.10	N	04
3	29055	APPLICATION OF SHOULDER CAST	115.80	N	04
3	29058	APPLICATION OF SHOULDER CAST	79.30	N	04
3	29065	APPLICATION OF LONG ARM CAST	59.45	N	04
3	29075	APPLICATION OF FOREARM CAST	59.45	N	04
3	29085	APPLY HAND/WRIST CAST	49.30	N	04
3	29086	APPLICATION CAST FINGER	30.70	N	04
3	29105	APPLY LONG ARM SPLINT	42.10	N	04
3	29125	APPLY FOREARM SPLINT	32.15	N	04

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3	29126	APPLY FOREARM SPLINT	39.30	N	04
3	29130	APPLICATION OF FINGER SPLINT	23.00	N	04
3	29131	APPLICATION OF FINGER SPLINT	23.50	N	04
3	29200	STRAPPING OF CHEST	24.25	N	04
3	29220	STRAPPING OF LOW BACK	23.00	N	04
3	29240	STRAPPING OF SHOULDER	37.40	N	04
3	29260	STRAPPING OF ELBOW OR WRIST	19.95	N	04
3	29280	STRAPPING OF HAND OR FINGER	19.30	N	04
3	29305	APPLICATION OF HIP CAST	166.40	N	04
3	29325	APPLICATION OF HIP CASTS	194.20	N	04
3	29345	APPLICATION OF LONG LEG CAST	79.30	N	04
3	29355	APPLICATION OF LONG LEG CAST	92.40	N	04
3	29358	APPLY LONG LEG CAST BRACE	174.40	N	04
3	29365	APPLICATION OF LONG LEG CAST	79.30	N	04
3	29405	APPLY SHORT LEG CAST	70.00	N	04
3	29425	APPLY SHORT LEG CAST	75.30	N	04
3	29435	APPLY SHORT LEG CAST	79.30	N	04
3	29440	ADDITION OF WALKER TO CAST	29.80	N	04
3	29445	APPLICATION RIGID TOTAL CONTAC T LEG CAST	91.65	N	04
3	29450	APPLICATION OF LEG CAST	43.50	N	04
3	29505	APPLICATION LONG LEG SPLINT	43.50	N	04
3	29515	APPLICATION LOWER LEG SPLINT	35.85	N	04
3	29520	STRAPPING OF HIP	21.40	N	04
3	29530	STRAPPING OF KNEE	21.80	N	04
3	29540	STRAPPING OF ANKLE	15.40	N	04
3	29550	STRAPPING OF TOES	14.20	N	04
3	29580	"STRAPPING; UNNA BOOT"	27.00	N	04
3	29590	APPLICATION OF FOOT SPLINT	22.15	N	04
3	29700	REMOVAL/REVISION OF CAST	24.15	N	04
3	29705	REMOVAL/REVISION OF CAST	25.60	N	04
3	29710	REMOVAL/REVISION OF CAST	56.80	N	04
3	29715	REMOVAL/REVISION OF CAST	94.30	N	04
3	29720	REPAIR OF BODY CAST	59.60	N	04
3	29730	WINDOWING OF CAST	36.00	N	04
3	29740	WEDGING OF CAST	46.55	N	04
3	29750	WEDGING OF CLUBFOOT CAST	44.30	N	04
3	29799	CASTING/STRAPPING PROCEDURE	0.00	Y	04
3	29800	ARTHROSCOPY TM JOINT DIAGNOST	374.55	N	04
3	29804	ARTHROSCOPY TM JOINT SURGICAL	355.80	N	04
3	29805	ARTHROSLOPY SHOULDER WITH/WITHOUT SYNOVIAL BIOPSY	325.20	N	04
3	29806	ARTHROSCOPY SHOULDER CAPSULORRHAPHY	673.30	N	04

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3	29807	ARTHROSCOPY SHOULDER REPAIR SLAP LESION	673.30	N	04
3	29819	SHOULDER ARTHROSCOPY	480.00	N	04
3	29820	SHOULDER ARTHROSCOPY	480.00	N	04
3	29821	SHOULDER ARTHROSCOPY	480.00	N	04
3	29822	SHOULDER ARTHROSCOPY	480.00	N	04
3	29823	SHOULDER ARTHROSCOPY	480.00	N	04
3	29824	ARTHROSCOPY SHOULDER CLAVICULECTOMY OF DISTAL ARTICULAR	526.45	N	04
3	29825	SHOULDER ARTHROSCOPY	480.00	N	04
3	29826	ARTHROSCOPY DECOMPRESSION	480.00	N	04
3	29827	ARTHROSCOPY SHOULDER W/ROTATOR CUFF REPAIR	674.20	N	04
3	29830	ELBOW ARTHROSCOPY	394.50	N	04
3	29834	ELBOW ARTHROSCOPY	480.00	N	04
3	29835	ELBOW ARTHROSCOPY	480.00	N	04
3	29836	ELBOW ARTHROSCOPY	480.00	N	04
3	29837	ELBOW ARTHROSCOPY	480.00	N	04
3	29838	ELBOW ARTHROSCOPY	480.00	N	04
3	29840	ARTH WRIST W/WO SYNOVIAL BIOP	356.10	N	04
3	29843	ARTH WRIST SURGICAL INFECTION	356.10	N	04
3	29844	ARTH WRIST SURG SYNOVECT PART	480.00	N	04
3	29845	ARTH WRIST SURG SYNOVECT COMPL	480.00	N	04
3	29846	ARTH WRIST SURG EXCIS DEBRIDEM	356.10	N	04
3	29847	ARTH WRIST SURG FIX FRACTION	480.00	N	04
3	29848	ENDOSCOPY, WRIST W/RELEASE OF TRANSVERSE CARPAL LIG.	456.00	N	04
3	29850	ARTHRO RX INTERCONDY SPINE	675.10	N	04
3	29851	ARTHRO RX SPINE KNEE WINTEXTFI	958.60	N	04
3	29855	ARTHRO TIBIAL FRACT W/WO FIXAT	629.90	N	04
3	29856	ARTHRO TIBIAL FRACT BICOND WWO	839.35	N	04
3	29860	ARTHOSCOPY, HIP, DIAGNOSTIC W OR W/O SYNOVIAL BIOPSY	374.55	N	04
3	29861	ARTHOSCOPY, HIP, SURGICAL, W/REMOVAL LOOSE OR FOREIGN BODY	486.90	N	04
3	29862	ARTHROSCOPY, HIP W/DEBRIDEMENT OF ARTICULAR CARTILAGE	599.35	N	04
3	29863	ARTHROSCOPY, HIP, SURGICAL W/SYNOVECTOMY	599.35	N	04
3	29870	KNEE ARTHROSCOPY	374.55	N	04
3	29871	KNEE ARTHROSCOPY	374.55	N	04
3	29873	KNEE ARTHROSCOPY W/LATERAL RELEASE	374.55	N	04
3	29874	KNEE ARTHROSCOPY	486.90	N	04
3	29875	KNEE ARTHROSCOPY	599.35	N	04
3	29876	KNEE ARTHROSCOPY	599.35	N	04
3	29877	KNEE ARTHROSCOPY	599.35	N	04
3	29879	KNEE ARTHROSCOPY	599.35	N	04
3	29880	ARTH KNEE W/MENISCECTOMY	621.50	N	04
3	29881	KNEE ARTHROSCOPY	621.50	N	04

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3	29882	KNEE ARTHROSCOPY	621.50	N	04
3	29883	ARTH KNEE W/MENISCUS REPAIR	599.35	N	04
3	29884	KNEE ARTHROSCOPY	599.35	N	04
3	29885	ARTH KNEE DRILL W/WO FIXATION	621.50	N	04
3	29886	KNEE ARTHROSCOPY	599.35	N	04
3	29887	KNEE ARTHROSCOPY	599.35	N	04
3	29888	ARTH AIDED CRUCIAT LIG REPAIR	621.50	N	04
3	29889	ARTH AID POST CRUCIAT LIGAMENT	621.50	N	04
3	29891	ARTHROSCOPY ANKLE SURGICAL EXCIS. OSTEO DEFECT TALUS/TIBIA	480.00	N	04
3	29892	ARTHRO REPAIR LARGE OSTEO DISSECANS LESION, TALAR DO ME FRAC	480.00	N	04
3	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	171.90	N	04
3	29894	ANKLE ARTHROSCOPY SURGICAL	480.00	N	04
3	29895	ANKLE ARTHROSCOPY SYNOVECTOMY	480.00	N	04
3	29897	ANKLE ARTHROSCOPY DEBRIDEMENT	480.00	N	04
3	29898	ANKLE ARTHROSCOPY DEBRIDEMENT	480.00	N	04
3	29899	ANKLE ARTHROSCOPY W/ ARTHRODESIS	659.00	N	04
3	29900	ARTHROSCOPY METACARPOPHALANGEL JOINT WITH SYNOVIAL BIOPSY	288.60	N	04
3	29901	ARTHROSCOPY METACARPOPHALANGEL JOINT WITH DEBRIDEMENT	318.80	N	04
3	29902	ARTHROSCOPY METACARPOPHALANGEL JOINT REDUCT W/ULNAR LIGAMENT	342.55	N	04
3	29999	UNLISTED PROCEDURE ARTHROSCOPY	0.00	Y	04
3	30000	DRAINAGE OF NOSE LESION	46.70	N	04
3	30020	DRAINAGE OF NOSE LESION	47.80	N	04
3	30100	INTRANASAL BIOPSY	55.40	N	04
3	30110	REMOVAL OF NOSE POLYP(S)	57.10	N	04
3	30115	REMOVAL OF NOSE POLYP(S)	156.80	N	04
3	30117	REMOVAL OF INTRANASAL LESION	109.30	N	04
3	30118	REMOVAL OF INTRANASAL LESION	299.35	N	04
3	30120	REVISION OF NOSE	480.00	N	04
3	30124	REMOVAL OF NOSE LESION	89.10	N	04
3	30125	REMOVAL OF NOSE LESION	218.95	N	04
3	30130	REMOVAL OF TURBINATE BONES	180.30	N	04
3	30140	REMOVAL OF TURBINATE BONES	180.30	N	04
3	30150	PARTIAL REMOVAL OF NOSE	0.00	Y	04
3	30160	REMOVAL OF NOSE	0.00	Y	04
3	30200	INJECTION TREATMENT OF NOSE	24.90	N	04
3	30210	NASAL SINUS THERAPY	34.80	N	04
3	30220	INSERT NASAL SEPTAL BUTTON	56.00	N	04
3	30300	REMOVE NASAL FOREIGN BODY	39.05	N	04
3	30310	REMOVE NASAL FOREIGN BODY	74.90	N	04
3	30320	REMOVE NASAL FOREIGN BODY	152.60	N	04
3	30400	RECONSTRUCTION OF NOSE	749.20	N	04

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3	30410	RECONSTRUCTION OF NOSE	749.20	N	04
3	30420	RECONSTRUCTION OF NOSE	980.85	N	04
3	30430	REVISION OF NOSE	374.55	N	04
3	30435	RHINOPLASTY INTERMEDIATE REVIS	0.00	Y	04
3	30450	REVISION OF NOSE	599.35	N	04
3	30460	RHINOPLAS SECOND CLEFT LIP PAL	599.35	N	04
3	30462	RHINOPLAST NASAL DEFORM OSTEOT	815.50	N	04
3	30465	NASAL VESTIBULAR STENOSIS REPAIR GRAFT/RECONSTRUCT	547.60	N	04
3	30520	REPAIR OF NASAL SEPTUM	417.60	N	04
3	30540	REPAIR NASAL DEFECT	524.40	N	04
3	30545	REPAIR NASAL DEFECT	674.20	N	04
3	30560	RELEASE OF NASAL ADHESIONS	42.00	N	04
3	30580	REPAIR UPPER JAW FISTULA	374.55	N	04
3	30600	REPAIR MOUTH/NOSE FISTULA	374.55	N	04
3	30620	RECONSTRUCTION INNER NOSE	524.40	N	04
3	30630	REPAIR NASAL SEPTUM DEFECT	524.40	N	04
3	30801	CAUT/ABLAT TURB UNI/BIL SUPERF	50.05	N	04
3	30802	CAUT ABLAT TURBBINAT UNI/BILAT	71.15	N	04
3	30901	CAUT NASAL HEMORRAGE ANTERIOR	74.90	N	04
3	30903	COMPLEX CONT NASAL HEM UNILATE	71.40	N	04
3	30905	CONTROL OF NOSEBLEED	80.75	N	04
3	30906	REPEAT CONTROL OF NOSEBLEED	85.70	N	04
3	30915	LIGATION NASAL SINUS ARTERY	359.30	N	04
3	30920	LIGATION UPPER JAW ARTERY	359.30	N	04
3	30930	FRAC NASAL TURBINATES THERAPEU	90.10	N	04
3	30999	NASAL SURGERY PROCEDURE	0.00	Y	04
3	31000	IRRIGATION MAXILLARY SINUS	39.35	N	04
3	31002	IRRIGATION SPHENOID SINUS	51.50	N	04
3	31020	EXPLORATION MAXILLARY SINUS	180.30	N	04
3	31030	EXPLORATION MAXILLARY SINUS	480.00	N	04
3	31032	CALDWELLLUC WITH REMOV POLYPS	718.70	N	04
3	31040	EXPLORATION BEHIND UPPER JAW	359.30	N	04
3	31050	EXPLORATION SPHENOID SINUS	412.00	N	04
3	31051	SINUSOTOMY SPHENOID W/WO BIOP	412.00	N	04
3	31070	EXPLORATION OF FRONTAL SINUS	180.30	N	04
3	31075	EXPLORATION OF FRONTAL SINUS	599.35	N	04
3	31080	REMOVAL OF FRONTAL SINUS	898.95	N	04
3	31081	REMOVAL OF FRONTAL SINUS	898.95	N	04
3	31084	REMOVAL OF FRONTAL SINUS	898.95	N	04
3	31085	REMOVAL OF FRONTAL SINUS	898.95	N	04
3	31086	EXPLORE FRONTAL SINUS-EYEBROW	898.95	N	04

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3	31087	EXPLORE FRONTAL SINUS-SCALP	898.95	N	04
3	31090	SINUSOTOMY UNILATERAL 3 OR MORE	718.70	N	04
3	31200	REMOVAL OF ETHMOID SINUS	262.20	N	04
3	31201	REMOVAL OF ETHMOID SINUS	449.50	N	04
3	31205	REMOVAL OF ETHMOID SINUS	449.50	N	04
3	31225	REMOVAL OF UPPER JAW	898.95	N	04
3	31230	REMOVAL OF UPPER JAW	1,198.70	N	04
3	31231	NASAL ENDOSCOPY DIAGNOSTIC	107.00	N	04
3	31233	NASAL/SINUS ENDOSCOPY MAXILLAR	112.40	N	04
3	31235	NASAL/SINUS ENDOSCOPY SPHENOID	107.00	N	04
3	31237	NASAL/SINUS EPDOSCOPY BIOPSY	102.55	N	04
3	31238	NASAL/SINUS ENDO EPISTAXIS	113.10	N	04
3	31239	NAS/SINU DACRY0CYSTOCBIOOSTOMY	0.00	Y	04
3	31240	NAS/SIN CONCHA BULLOSA RESECT	221.90	N	04
3	31254	NASAL/SINUS ENDOS SURG WITH ET HMOIDECTOMY PARTIAL ANT.	262.20	N	04
3	31255	NASAL/SINUS ENDOS SURG WITH ET HMOIDECTOMY TOTAL ANT AND POS	449.50	N	04
3	31256	NASAL/SINUS ENDOS SURG WITH MA XILLARY ANTROSTOMY	180.30	N	04
3	31267	NASAL/SINUS ENDOS SURG WITH RE MOVAL TISSUE MAX SINUS	224.70	N	04
3	31276	NASAL/SINUS ENDOSCOPY SURG W/F RONTAL EXPLOR WWO REMOV TISSU	253.30	N	04
3	31287	NASAL/SINUS-SPHEROIDETOMY	205.95	N	04
3	31288	NAS/SIN REM TISSUE SPHENOID	412.00	N	04
3	31290	NAS/SIN REPAIR ETHMOID REGION	0.00	Y	04
3	31291	NAS/SIN REPAIR SPHENOID REGION	0.00	Y	04
3	31292	NAS/SIN W/MED/INFER ORB DECOMP	451.50	N	04
3	31293	NAS/SIN MED ORB INF ORB DECOMP	492.15	N	04
3	31294	NAS/SIN OPTIC NERVE DECOMPRESS	581.00	N	04
3	31299	SINUS SURGERY PROCEDURE	0.00	Y	04
3	31300	REMOVAL OF LARYNX LESION	524.40	N	04
3	31320	DIAGNOSTIC INCISION LARYNX	299.70	N	04
3	31360	REMOVAL OF LARYNX	1,198.70	N	04
3	31365	REMOVAL OF LARYNX	1,537.15	N	04
3	31367	PARTIAL REMOVAL OF LARYNX	958.60	N	04
3	31368	PARTIAL REMOVAL OF LARYNX	1,537.15	N	04
3	31370	PARTIAL REMOVAL OF LARYNX	958.60	N	04
3	31375	PARTIAL REMOVAL OF LARYNX	958.60	N	04
3	31380	PARTIAL REMOVAL OF LARYNX	958.60	N	04
3	31382	PARTIAL REMOVAL OF LARYNX	958.60	N	04
3	31390	REMOVAL OF LARYNX & PHARYNX	1,537.15	N	04
3	31395	RECONSTRUCT LARYNX & PHARYNX	1,728.25	N	04
3	31400	REVISION OF LARYNX	749.20	N	04
3	31420	REMOVAL OF EPIGLOTTIS	524.40	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	31500	INSERTION OF WINDPIPE AIRWAY	55.50	N	04
3	31502	TRACH TUBE CHANGE	28.50	N	04
3	31505	DIAGNOSTIC LARYNGOSCOPY	37.40	N	04
3	31510	LARYNGOSCOPY WITH BIOPSY	74.90	N	04
3	31511	REMOVE FOREIGN BODY, LARYNX	202.50	N	04
3	31512	REMOVAL OF LARYNX LESION	202.50	N	04
3	31513	LARYNGOSCOPY WITH VOCAL CORD I	235.80	N	04
3	31515	LARYNGOSCOPY FOR ASPIRATION	107.00	N	04
3	31520	LARYNGOSCOPY DIRECT W W/O TRACHEOSCOPY; DIAGNOSTIC - NEWBORN	112.40	N	04
3	31525	LARYNGOSCOPY DIRECT, W W/O TRACHEOSCOPY; DIAG NOT NEWBORN	107.00	N	04
3	31526	DIAGNOSTIC LARYNGOSCOPY	192.95	N	04
3	31527	LARYNGSCOPY WITH INSERT OBTURA	192.95	N	04
3	31528	LARYNGOSCOPY WITH DILAT INITIA	192.95	N	04
3	31529	LARYNGOSCOPY WITH DILA SUBSEQU	192.95	N	04
3	31530	OPERATIVE LARYNGOSCOPY	192.95	N	04
3	31531	OPERATIVE LARYNGOSCOPY	224.60	N	04
3	31535	OPERATIVE LARYNGOSCOPY	224.60	N	04
3	31536	OPERATIVE LARYNGOSCOPY	224.60	N	04
3	31540	OPERATIVE LARYNGOSCOPY	268.20	N	04
3	31541	OPERATIVE LARYNGOSCOPY	268.20	N	04
3	31560	OPERATIVE LARYNGOSCOPY	499.45	N	04
3	31561	OPERATIVE LARYNGOSCOPY	499.45	N	04
3	31570	LARYNGOSCOPY WITH INJECTION	224.60	N	04
3	31571	LARYNGOSCOPY WITH INJECTION	224.60	N	04
3	31575	LARYNGOSCOPY FIBERSCOPIC DIAGN	107.00	N	04
3	31576	FIBERSCOPIC LARNGOSCOPY WI BIO	224.60	N	04
3	31577	LARYNGOSCOPY WITH REMOV FOREIG	192.95	N	04
3	31578	LARYNGOSCOPY-REMOVAL OF LESION	268.20	N	04
3	31579	LARYNGOSCOPY FLEX FIBER STROBO	192.95	N	04
3	31580	REVISION OF LARYNX	524.35	N	04
3	31582	REVISION OF LARYNX	686.80	N	04
3	31584	REPAIR OF LARYNX FRACTURE	591.60	N	04
3	31585	REPAIR OF LARYNX FRACTURE	171.80	N	04
3	31586	REPAIR OF LARYNX FRACTURE	282.65	N	04
3	31587	LARYNGOSCOPY CRICOID SPLIT	524.35	N	04
3	31588	LARYNX REPAIR NOT SPECIFIED	0.00	Y	04
3	31590	LARYNGEAL REINNERVATION	839.35	N	04
3	31595	SECTION RECURRENT LARYNGEAL NE	360.70	N	04
3	31599	LARYNX SURGERY PROCEDURE	0.00	Y	04
3	31600	INCISION OF WINDPIPE	266.40	N	04
3	31601	INCISION OF WINDPIPE	284.40	N	04

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3	31603	TRANSTRACHEAL TRACHEOSTOMY EMR	266.40	N	04
3	31605	INCISION OF NECK CARTILAGES	266.40	N	04
3	31610	INCISION OF WINDPIPE	289.40	N	04
3	31611	TRACHEA VOICE BUTTON PROSTHESI	374.60	N	04
3	31612	PUNCTURE/CLEAR WINDPIPE	149.80	N	04
3	31613	REVISION TRACHEOSTOMA SIMPLE	208.05	N	04
3	31614	REVISION TRACHEOSTOMA COMPLEX	0.00	Y	04
3	31615	VISUALIZATION OF WINDPIPE	107.00	N	04
3	31622	DIAG BRONCHOSCOPY	235.20	N	04
3	31623	BRONCHOSCOPY W/BRUSHING OR PROTECTED BRUSHINGS	235.20	N	04
3	31624	BRONCHOSCOPY W/BRONCHIAL ALVEOLAR LAVAGE	270.50	N	04
3	31625	BRONCHOSCOPY WITH BIOPSY	235.20	N	04
3	31628	BRONCHOSCOPY-LUNG BIOPSY	246.95	N	04
3	31629	BRONCHOSCOPY C BIOSPY	235.20	N	04
3	31630	BRONCHOSCOPY WITH REPAIR	251.10	N	04
3	31631	BRONCHOSCOPY C DILATION	251.10	N	04
3	31632	BRONCHOSCOPY W/WO FLUOROSCOP.GUIDANCE W/BIOPSY(S)EA.ADD LOBE	30.94	N	04
3	31633	BRONCHOSCOPY,W/OR W/O FLUOROSCOP GUIDE,W/ASPIRATION BIOPS EA	38.51	N	04
3	31635	REMOVE FOREIGN BODY, AIRWAY	239.15	N	04
3	31640	BRONCHOSCOPY & REMOVE LESION	251.10	N	04
3	31641	BRONCHOSCOPY TREAT BLOCKAGE	251.10	N	04
3	31643	BRONCHOSCOPY W/PLACEMENT CATH FOR INTRACAVITARY RADIOELEMENT	235.95	N	04
3	31645	BRONCHOSCOPY, CLEAR AIRWAYS	219.35	N	04
3	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	219.35	N	04
3	31656	BRONCHOSCOPY,INJECT FOR XRAY	270.50	N	04
3	31700	INSERTION OF AIRWAY CATHETER	74.90	N	04
3	31708	INSTILL AIRWAY CONTRAST DYE	48.55	N	04
3	31710	INSERTION OF AIRWAY CATHETER	112.40	N	04
3	31715	INJECTION FOR BRONCHUS X-RAY	74.90	N	04
3	31717	BRONCHIAL BRUSH BIOPSY	230.25	N	04
3	31720	CLEARANCE OF AIRWAYS	224.70	N	04
3	31725	CLEARANCE OF AIRWAYS	224.70	N	04
3	31730	TRANSTRACH INTRO NEEDLE STENT	88.90	N	04
3	31750	REPAIR OF WINDPIPE	713.50	N	04
3	31755	REPAIR OF WINDPIPE	527.50	N	04
3	31760	REPAIR OF WINDPIPE	1,123.70	N	04
3	31766	CARINAL RECONSTRUCTION	1,198.70	N	04
3	31770	REPAIR/GRAFT OF BRONCHUS	1,048.85	N	04
3	31775	RECONSTRUCT BRONCHUS	1,123.70	N	04
3	31780	RECONSTRUCT WINDPIPE	749.20	N	04
3	31781	RECONSTRUCT WINDPIPE	1,123.70	N	04

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3	31785	REMOVE WINDPIPE LESION	1,198.70	N	04
3	31786	REMOVE WINDPIPE LESION	1,198.70	N	04
3	31800	REPAIR OF WINDPIPE INJURY	524.40	N	04
3	31805	REPAIR OF WINDPIPE INJURY	749.20	N	04
3	31820	CLOSURE OF WINDPIPE LESION	214.00	N	04
3	31825	REPAIR OF WINDPIPE DEFECT	374.55	N	04
3	31830	REVISE WINDPIPE SCAR	166.75	N	04
3	31899	AIRWAYS SURGICAL PROCEDURE	0.00	Y	04
3	32000	DRAINAGE OF CHEST	71.40	N	04
3	32002	LUNGS&PLEURA THORACENTESIS	224.70	N	04
3	32005	CHEMICAL PLEURODESIS	198.20	N	04
3	32020	TREATMENT OF COLLAPSED LUNG	224.70	N	04
3	32035	EXPLORATION OF CHEST	524.40	N	04
3	32036	EXPLORATION OF CHEST	331.15	N	04
3	32095	BIOPSY THROUGH CHEST WALL	419.00	N	04
3	32100	EXPLORATION/BIOPSY OF CHEST	811.50	N	04
3	32110	EXPLORE/REPAIR CHEST	811.50	N	04
3	32120	RE-EXPLORATION OF CHEST	599.35	N	04
3	32124	EXPLORE CHEST,FREE ADHESIONS	599.35	N	04
3	32140	REMOVAL OF LUNG LESION(S)	599.35	N	04
3	32141	REMOVE/TREAT LUNG LESIONS	599.35	N	04
3	32150	REMOVAL OF LUNG LESION(S)	599.35	N	04
3	32151	REMOVE LUNG FOREIGN BODY	599.35	N	04
3	32160	OPEN CHEST HEART MASSAGE	374.55	N	04
3	32200	DRAINAGE OF LUNG LESION	480.00	N	04
3	32201	PNUEMONOSTOMY; W/ PERCUTANEOUS DRAINAGE OF ABCESS OR CYST	434.45	N	04
3	32215	TREAT CHEST LINING	599.35	N	04
3	32220	RELEASE OF LUNG	749.20	N	04
3	32225	PARTIAL RELEASE OF LUNG	599.35	N	04
3	32310	REMOVAL OF CHEST LINING	958.60	N	04
3	32320	FREE/REMOVE CHEST LINING	1,198.70	N	04
3	32400	NEEDLE BIOPSY CHEST LINING	71.40	N	04
3	32402	OPEN BIOPSY CHEST LINING	524.40	N	04
3	32405	NEEDLE BIOPSY OF LUNG	107.00	N	04
3	32420	PUNCTURE/CLEAR LUNG	107.00	N	04
3	32440	REMOVAL OF LUNG	1,198.70	N	04
3	32442	REMOV LUNG SLEEVE PNEUMONECTOM	1,414.70	N	04
3	32445	REMOVAL OF LUNG	1,198.70	N	04
3	32480	PARTIAL REMOVAL OF LUNG	1,213.95	N	04
3	32482	REMOVAL LUNG BIOLOBECTOMY	1,213.95	N	04
3	32484	REMOVAL LUNG SEGMENTECTOMY	1,213.95	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	32486	REMOVAL LUNG SLEEVE LOBECTOMY	1,350.15	N	04
3	32488	REMOV LUNG COMP PNEUMONECTOMY	1,213.95	N	04
3	32491	REMOVAL LUNG OTHER THAN PNEUMONECTOMY	1,213.95	N	04
3	32500	PARTIAL REMOVAL OF LUNG	718.70	N	04
3	32501	RESECTION/REPAIR PORTION OF BR ONCHUS	324.05	N	04
3	32520	REMOVE LUNG & REVISE CHEST	1,123.70	N	04
3	32522	REMOVE LUNG & REVISE CHEST	1,123.70	N	04
3	32525	REMOVE LUNG & REVISE CHEST	1,123.70	N	04
3	32540	REMOVAL OF LUNG LESION	958.60	N	04
3	32601	THORACOSCOPY W/O BIOPSY	167.20	N	04
3	32602	THORACOSCOPY WITH BIOPSY	181.35	N	04
3	32603	THORACOSCOPY PERICARDIAL W BIO	302.40	N	04
3	32604	THORACOSCOPY PERICARDIAL W BIO	302.40	N	04
3	32605	THORA MEDIASTINAL W BIOPSY	314.95	N	04
3	32606	THORA MEDIASTINAL W BIOPSY	314.95	N	04
3	32650	THORACOSCOPY W PLEURODESIS	349.85	N	04
3	32651	THORA PAR PULMON DECORTICATION	426.10	N	04
3	32652	THORA INTRAPLEURAL PNEUMONOLYS	591.40	N	04
3	32653	THORA REMOVE FOR BODY/FIBRIN	418.50	N	04
3	32654	THORA CONT TRAUMATIC HEMORHAGE	400.80	N	04
3	32655	THORACOSCOPY WITH EXCISION-PLICATION OF BULLAE	838.95	N	04
3	32656	THORA W PARIETAL PLEURECTOMY	523.85	N	04
3	32657	THORA W WEDGE RESECTION LUNG	523.85	N	04
3	32658	THORA W REMOV CLOT FOREIGN BOD	415.90	N	04
3	32659	THORACOSCOPY W/ PERICARD RESEC	415.55	N	04
3	32660	THORA TOTAL PERICARDECTOMY	648.10	N	04
3	32661	THORA EXCIS PERICARDIAL CYST	523.85	N	04
3	32662	THORA EXCIS MEDIASTINAL CYST	598.40	N	04
3	32663	THORA W LOBECTOMY TOTAL/SEGMEN	1,213.85	N	04
3	32664	THORA W THORACIC SYMPATHECTOMY	749.20	N	04
3	32665	THORA W ESOPHAGOMYOTOMY	1,082.10	N	04
3	32800	REPAIR LUNG HERNIA	0.00	Y	04
3	32810	CLOSE CHEST AFTER DRAINAGE	398.40	N	04
3	32815	CLOSE BRONCHIAL FISTULA	0.00	Y	04
3	32820	RECONSTRUCT INJURED CHEST	0.00	Y	04
3	32850	DONOR PNEUMONECTOMY ALLOGRAFT	1,134.10	N	04
3	32851	LUNG TRANSPLANT - SINGLE	2,106.30	N	04
3	32852	LUNG TRANS W CARDIOPULMONARY	2,397.40	N	04
3	32853	LUNG TRANS DBL W/O CARDIOPULM	3,402.50	N	04
3	32854	LUNG TRANS DBL W CARDIOPULMONA	3,834.55	N	04
3	32900	REMOVAL OF RIB(S)	564.90	N	04

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3	32905	REVISE & REPAIR CHEST WALL	749.20	N	04
3	32906	REVISE & REPAIR CHEST WALL	772.90	N	04
3	32940	REVISION OF LUNG	571.55	N	04
3	32960	THERAPEUTIC PNEUMOTHORAX	299.70	N	04
3	32997	TOTAL LUNG LAVAGE (UNILATERAL)	246.40	N	04
3	32999	CHEST SURGERY PROCEDURE	0.00	Y	04
3	33010	DRAINAGE OF HEART SAC	61.25	N	04
3	33011	REPEAT DRAINAGE OF HEART SAC	57.55	N	04
3	33015	INCISION OF HEART SAC	204.05	N	04
3	33020	INCISION OF HEART SAC	733.85	N	04
3	33025	INCISION OF HEART SAC	839.35	N	04
3	33030	PARTIAL REMOVAL OF HEART SAC	839.35	N	04
3	33031	PERICARDIUM CARDIO BYPASS	2,397.40	N	04
3	33050	REMOVAL OF HEART SAC LESION	1,048.85	N	04
3	33120	REMOVAL OF HEART LESION	2,397.40	N	04
3	33130	REMOVAL OF HEART LESION	749.20	N	04
3	33140	TRANSMYOCARDIAL LASER REVASCULARIZATION BY THORACOTOMY	0.00	Y	04
3	33141	TRANSMYOCARDIAL LASER REVASCULAR/THORACOTOMY/OTHER OPEN CARD	0.00	Y	04
3	33200	INSERTION OF HEART PACEMAKER	861.50	N	04
3	33201	INSERTION OF HEART PACEMAKER	861.50	N	04
3	33206	INSERT PERM PACEMAKER ATRIAL	861.50	N	04
3	33207	INSERT PERM PACEMAKER VENTRICU	861.50	N	04
3	33208	INSERT PERM PACEMAKER AV SEQ	861.50	N	04
3	33210	INSERTION OF HEART ELECTRODE	240.00	N	04
3	33211	INSERT/REPLACE PACING ELECTROD	240.00	N	04
3	33212	INSERTION OF PULSE GENERATOR	240.00	N	04
3	33213	INSERT/REPLAC PACEMAKER PULSE	240.00	N	04
3	33214	UPGRADE PACEMAKER SINGLE- DUAL	299.70	N	04
3	33215	REPOS PREVIMPLANTED PACEMAKER ELECTRADE	299.70	N	04
3	33216	REVISION IMPLANTED ELECTRODE	299.70	N	04
3	33217	INSERT/REPLACE PERM ELECTRODE	299.70	N	04
3	33218	REPAIR PACEMAKER ELECTRODES	299.70	N	04
3	33220	REPAIR PACEMAKER ELECTRODE	245.65	N	04
3	33222	REVI/RELOC SKIN POCK PACE AICD	299.70	N	04
3	33223	REV/RELOC SKIN POCK CARD DEFIB	299.70	N	04
3	33224	INSERT PACING ELECTRODE LT VENTR ATTACH TO PACEMAKER OR GEN	299.70	N	04
3	33225	INSERT PACING ELECTRODE LT VENT WITH DEFIB OR PULSE GENERATO	299.70	N	04
3	33226	REPOSITION LT VENTRIC ELECTRODE W/REMON/INSERT GENERATOR	299.70	N	04
3	33233	REMOVE PERMANENT PACEMAKER	167.40	N	04
3	33234	REMOV PERM PACEMAKER/TRAN ELEC	351.00	N	04
3	33235	REMOV PACEMAKER TRANS/ELEC DUA	351.00	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	33236	REMOV PERM PACE BY THORACOTOMY	419.00	N	04
3	33237	REMOV PERM PACE/THORACOT DUAL	433.95	N	04
3	33238	REMOV PERM TRANSVEN ELEC THORA	452.80	N	04
3	33240	INSERT/REPLACE IMP CARD-DEFIB	0.00	Y	04
3	33241	REMOV CARDIA-DEFIB PULSE GENER	0.00	Y	04
3	33243	REMOVE IMPLANT GEN BY THORACOT	0.00	Y	04
3	33244	REMOV PULSE GEN OTHR THAN THOR	0.00	Y	04
3	33245	IMPLANT HEART DEFLIBRILLATOR	1,198.70	N	04
3	33246	IMPLANT AICD WITH PULSE GEN	861.50	N	04
3	33249	INSERT/REPLACE CARDIOVERTER-DE FIBRIL LEAD W PULSE GENERATOR	642.60	N	04
3	33250	PACEMAKER OPERATIVE ABLATION	1,798.10	N	04
3	33251	PACEMAKER W/ CARDIO BYPASS	2,397.40	N	04
3	33253	OPERATIVE INCISION/RECONSTRUCT . ATRIA/ATRIAL FIBRIL/FLUTTER	2,397.40	N	04
3	33261	PACEMAKER W/ CARDIO BYPASS	2,397.40	N	04
3	33282	IMPLANT PT ACTIVATED CARDIAC EVENT RECORDER	584.80	N	04
3	33284	REMOVAL OF IMPLANTABLE PATIENT ACTIVATED CARDIAC EVENT RECOR	444.05	N	04
3	33300	REPAIR OF HEART WOUND	629.90	N	04
3	33305	REPAIR OF HEART WOUND	2,397.40	N	04
3	33310	EXPLORATORY HEART SURGERY	1,048.85	N	04
3	33315	EXPLORATORY HEART SURGERY	2,397.40	N	04
3	33320	REPAIR MAJOR BLOOD VESSEL(S)	749.20	N	04
3	33321	SUTURE REPAIR AORTA/GREAT VESS ELS W/ SHUNT	1,798.05	N	04
3	33322	REPAIR MAJOR BLOOD VESSEL(S)	2,397.40	N	04
3	33330	INSERT MAJOR VESSEL GRAFT	1,198.70	N	04
3	33332	INSERT GRAFT, AORTA/GREAT VESS ELS W/ SHUNT	2,397.40	N	04
3	33335	INSERT MAJOR VESSEL GRAFT	2,397.40	N	04
3	33400	REPAIR OF AORTIC VALVE	2,397.40	N	04
3	33401	AORTIC VALVE W/INFLOW OCCLUSIO	2,397.40	N	04
3	33403	AORTIC VALVE CARDIOPUL BYPASS	2,397.40	N	04
3	33404	PREPARE HEART-AORTA CONDUIT	0.00	Y	04
3	33405	CARDIOPULMONARY BYPASS	2,397.40	N	04
3	33406	AORTIC VALVE HOMOGRAFT VALVE	2,397.40	N	04
3	33410	AORTIC VALVE WITH STENTLESS TISSUE VALUE	2,397.40	N	04
3	33411	REPLACE AORTIC VALVE	2,397.40	N	04
3	33412	REPLACE AORTIC VALVE	2,397.40	N	04
3	33413	REPLACE AORTIC VALVE ROSS PROC	2,397.40	N	04
3	33414	REPAIR LEFT VENTRICULAR OUTFLO	0.00	Y	04
3	33415	REVISION OF AORTIC VALVE	1,198.70	N	04
3	33416	VENTRICULOMYOTOMY	2,397.40	N	04
3	33417	REPAIR OF AORTIC VALVE	0.00	Y	04
3	33420	REVISION OF MITRAL VALVE	1,048.85	N	04

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3	33422	REVISION OF MITRAL VALVE	2,397.40	N	04
3	33425	REPAIR OF MITRAL VALVE	2,397.40	N	04
3	33426	MITRAL VALVE W/PROSTHETIC RING	2,397.40	N	04
3	33427	MITRAL VALVE RADICAL RECONSTRU	2,397.40	N	04
3	33430	REPLACEMENT OF MITRAL VALVE	2,397.40	N	04
3	33460	REVISION OF TRICUSPID VALVE	2,397.40	N	04
3	33463	TRICUSPID VALVE W/O RING INSER	2,397.40	N	04
3	33464	TRICUSPID VALVE W/ RING INSERT	2,397.40	N	04
3	33465	REPLACE TRICUSPID VALVE	2,397.40	N	04
3	33468	REVISION OF TRICUSPID VALVE	2,397.40	N	04
3	33470	REVISION OF PULMONARY VALVE	749.20	N	04
3	33471	PULMONARY VALVE VIA PUL ARTERY	1,198.70	N	04
3	33472	REVISION OF PULMONARY VALVE	1,198.70	N	04
3	33474	REVISION OF PULMONARY VALVE	2,397.40	N	04
3	33475	REPLACE PULMONARY VALVE	2,397.40	N	04
3	33476	REVISION OF HEART CHAMBER	1,198.70	N	04
3	33478	REVISION OF HEART CHAMBER	2,277.50	N	04
3	33496	REPAIR PROSTHETIC VALVE DYSFUNCTION W/CARDIOPULMONARY BYPASS	2,397.40	N	04
3	33500	REPAIR OF CORONARY	2,397.40	N	04
3	33501	REPAIR CORON AV OR AC FISTULA	1,198.70	N	04
3	33502	CORONARY ARTERY CORRECTION	749.20	N	04
3	33503	CORONARY ARTERY GRAFT	2,397.40	N	04
3	33504	CORONARY ARTERY GRAFT	2,397.40	N	04
3	33505	REPAIR ANOMALOUS CORONARY ARTE	0.00	Y	04
3	33506	REPAIR CORONARY ART BY TRANSLO	0.00	Y	04
3	33508	SURG ENDOSCOPY W/HARVEST VEIN(S) FOR CAB PROCEDURE	17.04	N	04
3	33510	CORONARY ARTERY BYPASS	2,397.40	N	04
3	33511	CORONARY ARTERY BYPASS TWO ART	2,397.40	N	04
3	33512	CORONARY ARTERY BYPASS THREE A	2,397.40	N	04
3	33513	CORONARY ARTERY BYPASS FOUR AR	2,397.40	N	04
3	33514	CORONARY ARTERY BYPASS FIVE AR	2,397.40	N	04
3	33516	BYPASS SIX OR MORE CORONARY AR	2,397.40	N	04
3	33517	CORON ART BYPASS VENOUS GRAFT	2,397.40	N	04
3	33518	CORON ART BYPASS 2 VENOUS ARTE	2,397.40	N	04
3	33519	CORON ART BYPASS 3 VENOUS ARTE	2,397.40	N	04
3	33521	CORON ART BYPASS VEN/ART FOUR	2,397.40	N	04
3	33522	CORO ART BYPASS VEN/ART FIVE	2,397.40	N	04
3	33523	COR ART BYPASS V/A 6ORMORE VEN	2,397.40	N	04
3	33530	REOPERATION CORONARY BYPASS	2,397.40	N	04
3	33533	CORONARY ART BYPASS SNGLE GRAF	2,397.40	N	04
3	33534	CONORARY ART BYPASS 2 GRAFTS	2,397.40	N	04

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3	33535	CONORARY ART BYPASS 3 GRAFTS	2,397.40	N	04
3	33536	CORONARY ART BYPASS 4 GRAFTS	2,397.40	N	04
3	33542	REMOVAL OF HEART LESION	1,198.70	N	04
3	33545	REPAIR OF HEART DAMAGE	2,397.40	N	04
3	33572	CORONARY ENDARTERECTOMY OPEN I N CONJUNCT W CORONARY BYPASS	2,397.40	N	04
3	33600	CLOSE ATRIOVENTRICULAR VALVE	0.00	Y	04
3	33602	CLOSURE SEMILUNAR VALVE	0.00	Y	04
3	33606	ANASTOMOSIS PULMON ARTERY AORT	0.00	Y	04
3	33608	REPAIR CARDIAC ANOMALY/CONDUIT	0.00	Y	04
3	33610	REPAIR COMPLEX CARD ANOMALY	0.00	Y	04
3	33611	REPAIR DOUBLE OUTLET VENTRICLE	0.00	Y	04
3	33612	REPAIR CARD ANOM/RT VENTRICLE	0.00	Y	04
3	33615	REPAIR CARDIAC ANOMALY	2,397.40	N	04
3	33617	REPAIR COMPLEX CARD ANOMALIES	2,397.40	N	04
3	33619	REPAIR VENTRICLE W/AORTIC OBST	2,397.40	N	04
3	33641	REPAIR HEART SEPTUM DEFECT	2,397.40	N	04
3	33645	REVISION OF HEART VEINS	2,397.40	N	04
3	33647	REPAIR HEART SEPTUM DEFECTS	2,397.40	N	04
3	33660	REPAIR OF HEART DEFECTS	2,397.40	N	04
3	33665	REPAIR OF HEART DEFECTS	2,397.40	N	04
3	33670	REPAIR OF HEART CHAMBERS	2,397.40	N	04
3	33681	REPAIR HEART SEPTUM DEFECT	2,397.40	N	04
3	33684	REPAIR HEART SEPTUM DEFECT	2,397.40	N	04
3	33688	REPAIR HEART SEPTUM DEFECT	2,397.40	N	04
3	33690	REINFORCE PULMONARY ARTERY	958.60	N	04
3	33692	REPAIR OF HEART DEFECTS	2,397.40	N	04
3	33694	REPAIR OF HEART DEFECTS	2,397.40	N	04
3	33697	REP TETRAL FALLOT W/PULM ATRES	2,996.80	N	04
3	33702	REPAIR OF HEART DEFECTS	2,397.40	N	04
3	33710	REPAIR OF HEART DEFECTS	2,397.40	N	04
3	33720	REPAIR OF HEART DEFECT	2,397.40	N	04
3	33722	CLOSE AORTICO LEFT VENTRICULAR	0.00	Y	04
3	33730	REPAIR HEART-VEIN DEFECT(S)	2,721.45	N	04
3	33732	REPAIR COR TRIATRIATUM/MIT RIN	2,397.40	N	04
3	33735	REVISION OF HEART CHAMBER	1,198.70	N	04
3	33736	ATRIAL SEPTIC/SEPTOS OPEN/BYPS	2,397.40	N	04
3	33737	REVISION OF HEART CHAMBER	2,397.40	N	04
3	33750	MAJOR VESSEL SHUNT	1,079.30	N	04
3	33755	MAJOR VESSEL SHUNT	1,079.30	N	04
3	33762	MAJOR VESSEL SHUNT	1,079.30	N	04
3	33764	MAJOR VESSEL SHUNT-GRAFT	1,198.70	N	04

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3	33766	MAJOR VESSEL SHUNT	1,079.30	N	04
3	33767	SHUNT SUPVENACAVA TO PULM ART	2,397.40	N	04
3	33770	REP TRANSPOS GREAT ART/SEPTAL	2,996.80	N	04
3	33771	REP TRANSPOS GREAT ART W/ENLAR	2,996.80	N	04
3	33774	REPAIR OF TRANSPOSITION	2,397.40	N	04
3	33775	REMOVAL OF PULMONARY BAND	2,397.40	N	04
3	33776	CLOSURE OF VENTRICULAR DEFECT	2,996.60	N	04
3	33777	REPAIR OF SUBPULMONIC VESSELS	2,996.60	N	04
3	33778	REPAIR OF THE GREAT ARTERIES	2,397.40	N	04
3	33779	REMOVAL OF PULMONARY BAND	2,397.40	N	04
3	33780	CLOSURE OF VENTRICAL DEFECT	2,996.60	N	04
3	33781	REPAIR OF SUBPULMONIC OBSTRUCT	2,996.60	N	04
3	33786	REPAIR ARTERIAL TRUNK	2,397.40	N	04
3	33788	REVISION OF PULMONARY ARTERY	2,057.80	N	04
3	33800	AORTIC SUSP/TRACH DECOMPRESS	1,123.70	N	04
3	33802	REPAIR VESSEL DEFECT	1,123.70	N	04
3	33803	REPAIR VESSEL DEFECT	1,501.75	N	04
3	33813	AORTIC ANOMALIES SEPTAL DEFECT	1,797.95	N	04
3	33814	AORTIC ANOMALIES W/CARDIO BYPS	2,397.40	N	04
3	33820	REVISE MAJOR VESSEL	839.35	N	04
3	33822	REVISE MAJOR VESSEL	839.35	N	04
3	33824	REVISE MAJOR VESSEL	1,079.30	N	04
3	33840	REMOVE AORTA CONSTRICTION	1,198.70	N	04
3	33845	REMOVE AORTA CONSTRICTION	1,198.70	N	04
3	33851	REMOVE AORTA CONSTRICTION	1,198.70	N	04
3	33852	REPAIR OF HYPOPLASTIC	2,397.40	N	04
3	33853	REP AORTIC ARCH W/CP BYPASS	2,397.40	N	04
3	33860	ASCENDING AORTA GRAFT	2,397.40	N	04
3	33861	ASC AORTAGRAFT W/COR RECONST	2,397.40	N	04
3	33863	ASC AORTA GRAFT W/ ROOT REPLAC	2,397.40	N	04
3	33870	TRANSVERSE AORTIC ARCH GRAFT	2,397.40	N	04
3	33875	THORACIC AORTA GRAFT	0.00	Y	04
3	33877	REPAIR THORACOABD AORTIC ANRYS	0.00	Y	04
3	33910	REMOVE LUNG ARTERY EMBOLI	2,397.40	N	04
3	33915	REMOVE LUNG ARTERY EMBOLI	0.00	Y	04
3	33916	PULMINARY ARTERY W/ BYPASS	2,397.40	N	04
3	33917	REPAIR PUL ARTERY STENOSIS	2,397.40	N	04
3	33918	REP PULM ATRESIA W/O CP BYPASS	1,198.70	N	04
3	33919	REP PULM ATRESIA W/ CP BYPASS	2,397.40	N	04
3	33920	REP PULM ATRESIA W/VENTRIC	2,397.40	N	04
3	33922	TRANSEC PUL ARTERY CARDIO BYPS	2,397.40	N	04

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3	33924	LIGATION & TAKEDOWN SYSTEMIC-T O-PULMONARY ARTERY SHUNT	324.05	N	04
3	33930	REMOVAL OF DONOR HEART/LUNG	1,306.65	N	04
3	33935	HEART/LUNG TRANSPLANT	4,104.60	N	04
3	33940	REMOVAL OF DONOR HEART	1,198.70	N	04
3	33945	HEART TRANSPLANT	2,894.30	N	04
3	33960	EXTERNAL CIRCULATION ASSIST	453.70	N	04
3	33961	PROLONG EXTRACORP CIRC ADD24HR	295.60	N	04
3	33967	INSERTION INTRAAORTIC BALLOON DEVICE PERCUTANEOUS	230.20	N	04
3	33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE PERCUTANEOUS	162.00	N	04
3	33970	INTERNAL CIRCULATION ASSIST	689.50	N	04
3	33971	AORTIC CIRCULATION ASSIST	334.80	N	04
3	33973	INSERT INTRA-AORTIC BAL-AORT	689.50	N	04
3	33974	REMOV INTRA-AORTIC BALLOON DEV	419.25	N	04
3	33975	IMPLANT VENTRICULAR ASSIST DEVICE, SINGLE VENTRICLE SUPPORT	1,350.15	N	04
3	33976	IMPLANT VENTRICULAR ASSIST DEVICE, BIVENTRICULAR SUPPORT	1,674.20	N	04
3	33977	REMOVE VENTRICULAR ASSIST DEVICE, SINGLE VENTRICLE SUPPORT	1,215.15	N	04
3	33978	REMOVE VENTRICULAR ASSIST DEVICE, BIVENTRICULAR SUPPORT	1,458.20	N	04
3	33979	INSERTION VENTRICULAR DEVICE INTRACORPOREAL SINGLE VENTRICLE	730.85	N	04
3	33980	REMOVAL VENTRICULAR DEVICE INTRACORPOREAL SINGLE VENTRICLE	787.90	N	04
3	33999	CARDIAC SURGERY PROCEDURE	0.00	Y	04
3	34001	REMOVAL OF ARTERY CLOT	718.70	N	04
3	34051	REMOVAL OF ARTERY CLOT	718.70	N	04
3	34101	REMOVAL OF ARTERY CLOT	718.70	N	04
3	34111	REMOVAL ARM ARTERY CLOT	718.70	N	04
3	34151	REMOVAL OF ARTERY CLOT	718.70	N	04
3	34201	REMOVAL OF ARTERY CLOT	718.70	N	04
3	34203	REMOVAL LEG ARTERY CLOT	718.70	N	04
3	34401	REMOVAL OF VEIN CLOT	718.70	N	04
3	34421	REMOVAL OF VEIN CLOT	718.70	N	04
3	34451	REMOVAL OF VEIN CLOT	898.95	N	04
3	34471	REMOVAL OF VEIN CLOT	599.35	N	04
3	34490	REMOVAL OF VEIN CLOT	599.35	N	04
3	34501	VALVULOPLASTY FEMORAL VEIN	480.00	N	04
3	34502	RECONSTRUCT VENA CAVA ANY METH	0.00	Y	04
3	34510	VENOUS RECONSTRUCTION	480.00	N	04
3	34520	VENOUS RECONSTRUCTION	480.00	N	04
3	34530	VENOUS RECONSTRUCTION	599.35	N	04
3	34800	ENDOVASC REPAIR INFRARENAL ABD AORTA ANEURYSM	819.60	N	04
3	34802	ENDOVASC REPAIR ABDANEURYSM W/ BIFUR PROTHESIS	904.75	N	04
3	34804	ENDOVASC REPAIR ANEURYSM W/ UNIBODY PROS	904.75	N	04
3	34805	ENDOVASCULAR REPAIR INFRARENAL AORTIC ANEURYSM USE PROSTHESI	669.46	N	04

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3	34808	ENDOVASC PLACE ILIAC ART OCCLUSION	156.10	N	04
3	34812	OPEN FEM ARTERY EXPOSUE/GROIN INCISION FOR DELIV PROTH	255.70	N	04
3	34813	FEM-FEM PROSTHETIC GRAFT W/ ANEURYSM REPAIR	181.55	N	04
3	34820	OPEN ILIAC ARTERY EXPOSURE/DELIVER PROTH OR ILIAC OCCULSION	369.05	N	04
3	34825	PLACE EXTENSION PROTH/INITAL REPAIR ADD/AORTIC ANEURYSM	488.60	N	04
3	34826	PLACE EXTENSION PROTH/AATL REPAIR ADD/AORTIC ANEURYSM	156.10	N	04
3	34830	OPEN REPAIR AORTIC ANRERYSM TUBE PROTHESIS	1,276.30	N	04
3	34831	AORTO-BI-ILIAC PROTHSIS ANEURYSM REPAIR	1,379.95	N	04
3	34832	AORTA-BIFEM PROTHESIS ANEURYSM REPAIR	1,379.95	N	04
3	34833	OPEN ILIAC ARTERY W/CONDUIT FOR ENDOVASC PROTHESIS ABBD/RETR	488.60	N	04
3	34834	OPEN BRACTEIAL ART IN DEPLOY ENDOVAS PROSTH TO ASSIST ARM IN	369.05	N	04
3	34900	ENDOVASC GRAFT REPLACE FOR ILIAC ARTERY REPAIR FOR ANEURYSM	488.60	N	04
3	35001	REPAIR DEFECT OF ARTERY	1,123.70	N	04
3	35002	REPAIR DEFECT OF ARTERY - NECK	1,306.65	N	04
3	35005	REPAIR DEFECT OF ARTERY	1,414.70	N	04
3	35011	REPAIR DEFECT OF ARTERY	898.95	N	04
3	35013	REPAIR DEFECT OF ARTERY-AXILLA	1,198.70	N	04
3	35021	REPAIR DEFECT OF ARTERY	1,198.70	N	04
3	35022	REPAIR DEFECT OF ARTERY-CHEST	1,414.70	N	04
3	35045	REPAIR DEFECT ARM ARTERY	599.35	N	04
3	35081	REPAIR DEFECT OF ARTERY	1,198.70	N	04
3	35082	REPAIR DEFECT OF ARTERY-ABDOM.	1,630.70	N	04
3	35091	REPAIR DEFECT OF ARTERY	1,198.70	N	04
3	35092	REPAIR DEFECT OF ARTERY-ABDOM.	1,630.70	N	04
3	35102	REPAIR DEFECT OF ARTERY	1,198.70	N	04
3	35103	REPAIR DEFECT OF ARTERY-ABDOM.	1,630.70	N	04
3	35111	REPAIR DEFECT OF ARTERY	1,198.70	N	04
3	35112	REPAIR DEFECT OF ARTERY-SPLEEN	1,630.70	N	04
3	35121	REPAIR DEFECT OF ARTERY	1,198.70	N	04
3	35122	REPAIR DEFECT OF ARTERY-ABDOM.	1,630.70	N	04
3	35131	REPAIR DEFECT OF ARTERY	958.60	N	04
3	35132	REPAIR DEFECT OF ARTERY-PELVIS	1,198.70	N	04
3	35141	REPAIR DEFECT OF ARTERY	958.60	N	04
3	35142	REPAIR DEFECT OF ARTERY-THIGH	1,198.70	N	04
3	35151	REPAIR DEFECT OF ARTERY	958.60	N	04
3	35152	REPAIR DEFECT OF ARTERY-KNEE	1,198.70	N	04
3	35161	REPAIR DEFECT OF ARTERY	898.95	N	04
3	35162	REPAIR DEFECT OF ARTERY-OTHER	898.95	N	04
3	35180	REPAIR BLOOD VESSEL LESION	1,198.70	N	04
3	35182	REPAIR BLOOD VESSEL LESION	952.10	N	04
3	35184	REPAIR BLOOD VESSEL LESION	599.35	N	04

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3	35188	REPAIR BLOOD VESSEL LESION	1,198.70	N	04
3	35189	REPAIR BLOOD VESSEL LESION	952.10	N	04
3	35190	REPAIR BLOOD VESSEL LESION	599.35	N	04
3	35201	REPAIR BLOOD VESSEL LESION	1,198.70	N	04
3	35206	REPAIR BLOOD VESSEL LESION	599.35	N	04
3	35207	REPAIR BLD VESSEL FINGER/HAND	341.20	N	04
3	35211	REPAIR BLOOD VESSEL LESION	1,498.30	N	04
3	35216	REPAIR BLOOD VESSEL LESION	1,198.70	N	04
3	35221	REPAIR BLOOD VESSEL LESION	1,198.70	N	04
3	35226	REPAIR BLOOD VESSEL LESION	599.35	N	04
3	35231	REPAIR BLOOD VESSEL LESION	599.35	N	04
3	35236	REPAIR BLOOD VESSEL LESION	599.35	N	04
3	35241	REPAIR BLOOD VESSEL LESION	1,498.30	N	04
3	35246	REPAIR BLOOD VESSEL LESION	1,198.70	N	04
3	35251	REPAIR BLOOD VESSEL LESION	1,198.70	N	04
3	35256	REPAIR BLOOD VESSEL LESION	599.35	N	04
3	35261	REPAIR BLOOD VESSEL LESION	599.35	N	04
3	35266	REPAIR BLOOD VESSEL LESION	599.35	N	04
3	35271	REPAIR BLOOD VESSEL LESION	1,498.30	N	04
3	35276	REPAIR BLOOD VESSEL LESION	1,198.70	N	04
3	35281	REPAIR BLOOD VESSEL LESION	1,198.70	N	04
3	35286	REPAIR BLOOD VESSEL LESION	599.35	N	04
3	35301	THROMBOENDARTERECTOMY CAROTID VERTIBRAL SUBCLAVIAN BY NECK	1,101.60	N	04
3	35311	THROMBOENDARTERECTOMY SUBCLAVIN BY THORACIC	749.20	N	04
3	35321	THROMBOENDARTERECTOMY AXILLARY-BRACHIAL	749.20	N	04
3	35331	THROMBOENDARTERECTOMY ABDOMINAL AORTA	1,198.70	N	04
3	35341	THROMBOENDARTERECTOMY MESENTERIC, CELIAC OR RENAL	958.60	N	04
3	35351	THROMBOENDARTERECTOMY ILIAC	958.60	N	04
3	35355	THROMBOENDARTERECTOMY ILIOFEMORAL	958.60	N	04
3	35361	THROMBOENDARTERECTOMY COMBINED AORTOILIAC	1,198.70	N	04
3	35363	THROMBOENDARTERECTOMY COMB AORTOILIOFEMORAL	1,198.70	N	04
3	35371	THROMBOENDARTERECTOMY, COMMON FEMORAL	958.60	N	04
3	35372	THROMBOENDARTERECTOMY W/WO GRAFT DEEP FEMORAL	1,021.15	N	04
3	35381	THROMBOENDARTERECTOMY FEMORAL AND/OR POPLITEAL TIBIO	958.60	N	04
3	35390	REOP CAROTID THROMBOENDARTERECTOMY > 1 MO AFTER ORIGINAL OP	0.00	Y	04
3	35400	ANGIOSCOPY NON CORONARY VESSELS THERAPUETIC INTERVENTION	0.00	Y	04
3	35444	INSERTION OF TANDEM CUFF (DUAL CUFF)	540.40	N	04
3	35450	REPAIR ARTERIAL BLOCKAGE	682.80	N	04
3	35452	REPAIR ARTERIAL BLOCKAGE	682.80	N	04
3	35454	REPAIR ARTERIAL BLOCKAGE	682.80	N	04
3	35456	REPAIR ARTERIAL BLOCKAGE	479.00	N	04

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3	35458	REPAIR ARTERIAL BLOCKAGE	479.00	N	04
3	35459	TRANSLUM ANGIOPLAST OPEN TRUNK	479.00	N	04
3	35460	TRANSLUMINAL ANGIOPLAST NEO	479.00	N	04
3	35470	TRANSLUMIN ANGIOPLAST PERCTRU	479.00	N	04
3	35471	TRANSLUMIN ANGIOPLAST PER RENA	479.00	N	04
3	35472	TRANSLUM ANGIOPLASTY PERC AORT	479.00	N	04
3	35473	TRANSLUM ANGIOPLAST PERC ILIAC	479.00	N	04
3	35474	TRANSLUM ANGIOPLASTY PER FEMPO	479.00	N	04
3	35475	TRANSLUM ANGIOPLAST PER BRACHI	479.00	N	04
3	35476	TRANSLUMIN ANGIOPLAST PER VENO	479.00	N	04
3	35480	TRANSLUMINAL ATHER/RENAL/OTHER	1,101.20	N	04
3	35481	TRANSLUMINAL ATHERECTOMY AORT	1,198.70	N	04
3	35482	TRANSLUMINAL ATHERECTOMY ILIAC	958.60	N	04
3	35483	TRANSLUMINAL ATHER FEMORAL-POP	958.60	N	04
3	35484	TRANSLUMINAL ATHER BRACHIOCEPH	749.20	N	04
3	35485	TRANSLUMINAL ATHER TIBIOTRK/BR	958.60	N	04
3	35490	TRANSLUMINAL ATHER RENAL VISCE	1,024.15	N	04
3	35491	TRANSLUMINAL ARTH PERC AORTIC	1,024.15	N	04
3	35492	TRANSLUMINAL PERI ATHER ILIAC	1,024.15	N	04
3	35493	TRANSLUMINAL PERI FEMORPOPITAL	718.50	N	04
3	35494	TRANSLUMINAL ARTH BRACHIOCEPHA	718.50	N	04
3	35495	TRANSLUMINAL ARTHER TIBIOPERON	718.50	N	04
3	35500	HARVEST UPPER EXTREMITY VEIN, ONE SEG FOR LOWER EXT BYPASS	209.75	N	04
3	35501	ARTERY BYPASS GRAFT	839.35	N	04
3	35506	ARTERY BYPASS GRAFT	958.60	N	04
3	35507	ARTERY BYPASS GRAFT	958.60	N	04
3	35508	ARTERY BYPASS GRAFT CAR-VER	958.60	N	04
3	35509	ARTERY BYPASS GRAFT	958.60	N	04
3	35510	BYPASS GRAFT W/CAROTID-BRACHIAL VEIN	708.05	N	04
3	35511	ARTERY BYPASS GRAFT	958.60	N	04
3	35512	BYPASS GRAFT W/SUBCLAVIAN-BRACHIAL VEIN	694.72	N	04
3	35515	ARTERY BYPASS GRAFT SUBC-VE	958.60	N	04
3	35516	ARTERY BYPASS GRAFT	958.60	N	04
3	35518	ARTERY BYPASS GRAFT AXILLAR	958.60	N	04
3	35521	ARTERY BYPASS GRAFT	1,198.70	N	04
3	35522	BYPASS GRAFT,W/AXILLARY-BRACHIAL VEIN	674.99	N	04
3	35525	BYPASS GRAFT,W/BRACHIAL-BRACHIAL VEIN	644.91	N	04
3	35526	ARTERY BYPASS GRAFT	958.60	N	04
3	35531	ARTERY BYPASS GRAFT	958.60	N	04
3	35533	ARTERY BYPASS GRAFT AX-F-F	1,198.70	N	04
3	35536	ARTERY BYPASS GRAFT	958.60	N	04

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3	35541	ARTERY BYPASS GRAFT	1,198.70	N	04
3	35546	ARTERY BYPASS GRAFT	839.35	N	04
3	35548	ARTERY BYPASS GRAFT	839.35	N	04
3	35549	ARTERY BYPASS GRAFT	1,198.70	N	04
3	35551	ARTERY BYPASS GRAFT	1,198.70	N	04
3	35556	ARTERY BYPASS GRAFT	958.60	N	04
3	35558	ARTERY BYPASS GRAFT	1,079.30	N	04
3	35560	ARTERY BYPASS GRAFT AORTRNL	1,198.70	N	04
3	35563	ARTERY BYPASS GRAFT	1,198.70	N	04
3	35565	ARTERY BYPASS GRAFT	1,198.70	N	04
3	35566	ARTERY BYPASS GRAFT	958.60	N	04
3	35571	ARTERY BYPASS GRAFT	958.60	N	04
3	35572	HARVEST FEMPOP VEIN FOR VASC RECONSTRUCT EG AORTIC/COR	209.75	N	04
3	35582	VEIN BYPASS GRAFT	1,198.70	N	04
3	35583	VEIN BYPASS GRAFT	958.60	N	04
3	35585	VEIN BYPASS GRAFT	958.60	N	04
3	35587	VEIN BYPASS GRAFT	958.60	N	04
3	35600	HARVEST UPPER EXTRE ART	192.75	N	04
3	35601	ARTERY BYPASS GRAFT	839.35	N	04
3	35606	ARTERY BYPASS GRAFT	958.60	N	04
3	35612	ARTERY BYPASS GRAFT	958.60	N	04
3	35616	ARTERY BYPASS GRAFT	958.60	N	04
3	35621	ARTERY BYPASS GRAFT	1,198.70	N	04
3	35623	BYPASS GRAFT AX-POPLIT/TIBIAL	1,306.65	N	04
3	35626	ARTERY BYPASS GRAFT	958.60	N	04
3	35631	ARTERY BYPASS GRAFT	1,198.70	N	04
3	35636	ARTERY BYPASS GRAFT	1,079.30	N	04
3	35641	ARTERY BYPASS GRAFT	1,198.70	N	04
3	35642	ARTERY BYPASS GRAFT CAR-VER	958.60	N	04
3	35645	ARTERY BYPASS GFT SUBC-VERT	958.60	N	04
3	35646	ARTERY BYPASS GRAFT	1,198.70	N	04
3	35647	BYPASSGRAFT OTHER THAN VEIN AORTOFEMORAL	1,053.80	N	04
3	35650	ARTERY BYPASS GFT AXIL-AXIL	1,079.30	N	04
3	35651	ARTERY BYPASS GRAFT	1,198.70	N	04
3	35654	ARTERY BYPASS GFT AXIL-FEML	1,198.70	N	04
3	35656	ARTERY BYPASS GRAFT	958.60	N	04
3	35661	ARTERY BYPASS GRAFT	1,079.30	N	04
3	35663	ARTERY BYPASS GRAFT	1,198.70	N	04
3	35665	ARTERY BYPASS GRAFT	1,198.70	N	04
3	35666	ARTERY BYPASS GRAFT	958.60	N	04
3	35671	ARTERY BYPASS GRAFT	958.60	N	04

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3	35681	BYPASS GRAFT COMPOSITE	0.00	Y	04
3	35682	BYPASS GRAFT;AUTOGENOUS, COMPOSITE,2 SEG VEINS - 2 LOCATIONS	314.60	N	04
3	35683	BYPASS GRAFT;AUTOGENOUS COMP; 3 OR MORE SEG VEIN-2+LOCATIONS	314.60	N	04
3	35685	VEIN PATCH/CUFF DISTAL ANASTOMOSIS GRAFT SYNTHETIC CONDUIT	146.50	N	04
3	35686	CREATION ARTERIOVENOUS FIST ULALOWER EXTREMITY	129.25	N	04
3	35691	TRANPO/REIMPL VERTEBRAL CAROTI	1,198.70	N	04
3	35693	TRANPO/REIMPL VERT TO SUBCLAV	1,198.70	N	04
3	35694	TRANPO/REIMPL SUBCLAVIAN CAROT	1,198.70	N	04
3	35695	TRAN/REIMP CAROTID TO SUBCLAVI	1,198.70	N	04
3	35697	REIMPLANT,VISCERAL ARTERY TO AORTIC PROTHESIS,EA.ARTERY	90.02	N	04
3	35700	REOP FEMPOP/ANTTIB/POSTTIB PER	0.00	Y	04
3	35701	EXPLORE CAROTID ARTERY	374.55	N	04
3	35721	EXPLORATION, FEMORAL ARTERY	299.70	N	04
3	35741	EXPLORATION POPLITEAL ARTERY	299.70	N	04
3	35761	EXPLORATION OF ARTERY/VEIN	0.00	Y	04
3	35800	EXPLORE NECK VESSELS	374.55	N	04
3	35820	EXPLORE CHEST VESSELS	524.40	N	04
3	35840	EXPLORE ABDOMINAL VESSELS	480.00	N	04
3	35860	EXPLORE LIMB VESSELS	449.50	N	04
3	35870	REPAIR GRAFT-ENTERIC FISTUL	0.00	Y	04
3	35875	THROMBECTOMY ARTERIAL GRAFT	449.50	N	04
3	35876	THROMBEC W/REVISION ART/VENOUS	455.15	N	04
3	35879	REVIS LOWER EXT ARTER BYPASS W/O THROMBECTOMY W/VEIN PATCH	599.35	N	04
3	35881	REVIS LOWER EXT ARTER BYPASS W/O THROMBECTOMY W/VEIN INTERPO	789.80	N	04
3	35901	EXCIS INFECTED GRAFT NECK	599.35	N	04
3	35903	EXCIS INFECTED GRAFT EXTREMITY	449.50	N	04
3	35905	EXCIS INFECTED GRAFT THORAX	811.50	N	04
3	35907	EXCIS INFECTED GRAFT ABDOMEN	599.35	N	04
3	36000	ESTABLISH ACCESS TO VEIN	37.40	N	09
3	36002	INJECTION PERCUTANEOUS EXTREMITY PSEUDOANEURYSM	0.00	Y	04
3	36005	INJ/CONTRAST VENOGRAPHY	136.65	N	04
3	36010	ESTABLISH ACCESS TO VEIN	224.70	N	04
3	36011	SELEC CATH PLACE VENOUS REN JV	249.35	N	04
3	36012	SELEC CATH PLACEMENT VENOUS	264.80	N	04
3	36013	INTRODUCTION CATH RIGHT HEART	213.50	N	04
3	36014	SELECTIVE CATH PLACE PULM ART	213.50	N	04
3	36015	SELECT CATH PLACE SEG PULM ART	249.35	N	04
3	36100	ESTABLISH ACCESS TO ARTERY	213.65	N	04
3	36120	ESTABLISH ACCESS TO ARTERY	233.00	N	04
3	36140	ESTABLISH ACCESS TO ARTERY	188.70	N	04
3	36145	ARTERY TO VEIN SHUNT	188.70	N	04

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3	36160	ESTABLISH ACCESS TO AORTA	202.50	N	04
3	36200	ESTABLISH ACCESS TO AORTA	224.70	N	04
3	36215	ESTABLISH ACCESS TO AORTA	198.90	N	04
3	36216	SELECTIVE CATH PLACEMENT ART	264.80	N	04
3	36217	SELECTIVE CATH PLACE ARTERIAL	281.00	N	04
3	36218	SELECTIVE CATH PLACEMENT ART	281.00	N	04
3	36245	ESTABLISH ACCESS TO AORTA	213.50	N	04
3	36246	SELECTIVE CATH PLACEMENT ART	264.80	N	04
3	36247	SELECTIVE CATH PLACEMENT ART	281.00	N	04
3	36248	SELECTIVE CATH PLACEMENT ART	281.00	N	04
3	36260	INSERT IMPLANT INFUSION PUMP	0.00	Y	04
3	36261	REVISION IMPLANT INFUSION PUMP	0.00	Y	04
3	36262	REMOVAL IMPLANT INFUSION PUMP	0.00	Y	04
3	36299	VESSEL INJECTION PROCEDURE	0.00	Y	04
3	36400	ESTABLISH ACCESS TO VEIN	16.65	N	04
3	36405	ESTABLISH ACCESS TO VEIN	16.65	N	04
3	36406	ESTABLISH ACCESS TO VEIN	16.65	N	04
3	36410	ESTABLISH ACCESS TO VEIN	16.65	N	04
3	36415	VENIPUNTURE COLL SPEC/BL LEAD DRAW	4.10	N	04
3	36416	COLLECT CAPILLARY BLOOD SPECIMEN/FINGER/HEEL/EAR	0.00	Y	09
3	36420	ESTABLISH ACCESS TO VEIN	37.40	N	04
3	36425	ESTABLISH ACCESS TO VEIN	37.40	N	04
3	36430	BLOOD TRANSFUSION SERVICE	16.65	N	04
3	36440	BLOOD TRANSFUSION SERVICE	28.80	N	04
3	36450	EXCHANGE TRANSFUSION SERVICE	308.00	N	04
3	36455	EXCHANGE TRANSFUSION SERVICE	338.50	N	04
3	36460	TRANSFUSION SERVICE, FETAL	176.90	N	04
3	36468	INJECTION OF SCLEROSING	55.80	N	04
3	36469	VENOUS FACE	0.00	Y	04
3	36470	INJECTION THERAPY OF VEIN	42.85	N	04
3	36471	INJECTION THERAPY OF VEINS	55.80	N	04
3	36481	PERCUT PORTAL VEIN CATH	264.80	N	04
3	36488	CENTRAL VENOUS CATH. PLACEMENT, AGE 2 YRS. & UNDER	0.00	N	04
3	36489	CENTRAL VENOUS CATH. PLACEMENT, OVER AGE 2	0.00	N	04
3	36490	INSERTION OF CATHETER, VEIN	0.00	N	04
3	36491	INSERTION OF CATHETER, VEIN	0.00	N	04
3	36493	REPOSITION CENTRAL VENOUS CATH	0.00	N	04
3	36500	INSERTION OF CATHETER, VEIN	71.05	N	04
3	36510	INSERTION OF CATHETER, VEIN	25.20	N	04
3	36511	THERAPEUTIC APHERSIS FOR WHITE BLOOD CELLS	0.00	Y	04
3	36512	THERAPEUTIC APHERESIS FOR RED BLOOD CELLS	0.00	Y	04

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3	36513	THERAPEUTIC APHERESIS FOR PLATELETS	0.00	Y	04
3	36514	THERAPEUTIC APHERESIS FOR PLASMA PHERESIS	0.00	Y	04
3	36515	THERAPEUTIC APHERESIS W/EXTRA CORP IMMUNOADSORPTION/PLASMA	0.00	Y	04
3	36516	THERAPEUTIC APHERESIS W/EXTRACORP SEL ADSORPTION OR FILTRATI	0.00	Y	04
3	36522	PHOTOPHERESIS EXTRACORPEAL	599.30	N	04
3	36530	INSERTION IMPLANTABLE INTRAVEN	0.00	N	04
3	36531	REVISION IMPLANT INTRAVEN PUMP	0.00	N	04
3	36532	REMOVAL IMPLANT INTRAVEN PUMP	0.00	N	04
3	36534	REVISION IMPLANTABLE VEN PORT	0.00	N	04
3	36535	REMOVAL IMPLANT VEN PORT	0.00	N	04
3	36536	MECHANICAL REMOVAL PERICATH OBSTRUCT MATERIAL VIA SEP VENOUS	0.00	N	04
3	36537	MECHANICAL REMOVAL INTRALUMINAL CATH FROM CENTRAL VENOUS DEV	0.00	N	04
3	36540	COLLECT BLOOD/VEN ACCESS DEVICE	0.00	Y	09
3	36550	DECLOTTING THROMBOLYTIC AGENT IMPL VASCULAR ACCE DEVI OR CAT	112.40	N	04
3	36555	INSERT NON-TUNNEL CENTRAL VENOUS CATHETER,<5YRS OLD	74.38	N	04
3	36556	INSERT NON-TUNNELED CENTRAL VENOUS CATHETER,5 YRS & OLDER	67.13	N	04
3	36557	INSERT TUNNELED CENTRAL VENOUS CATHETER W/O PORT/PUMP,<5 YR	166.18	N	04
3	36558	INSERT CENTRAL VENOUS CATHETER W/OUT PORT OR PUMP,5YR&OLDER	158.02	N	04
3	36560	INSERT CENTRAL VENOUS ACESS DEVICE W/PORT, <5YRS OLD	196.66	N	04
3	36561	INSERT CENTRAL VENOUS ACCESS DEVICE W/PORT,5YRS & OLDER	190.09	N	04
3	36563	INSERT CENTRAL VENOUS ACCESS DEVICE W/PUMP	197.81	N	04
3	36565	INSERT VENOUS ACCESS DEVICE W/2 CAHTH W/2 ACCESS SITE W/O P	190.09	N	04
3	36566	INSERT CNTRL VENOUS ACCESS DEVICE W/2 CATHETER W/2 ACCESS SI	203.24	N	04
3	36568	PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER W/O PORT OR<5Y	55.01	N	04
3	36569	PERIPHERALLY INSERT CENTRAL VENOUS CATHETER W/0 PORT,5Y OR >	51.61	N	04
3	36570	PERIPHERAL INSERT CENTRAL VENOUS ACCESS DEVICE W/PORT,<5YEAR	171.97	N	04
3	36571	PERIPHERAL INSERT CENTRAL VENOUS ACCESS DEVICE W/PORT,5YOR>	171.37	N	04
3	36575	REPAIR CENTRAL VENOUS ACCESS CATHETER W/O PORT	33.10	N	04
3	36576	REPAIR CENTRAL VENOUS ACCESS DEVICE W/PORT OR PUMP	112.21	N	04
3	36578	REPLACE CATHETER OF CVA,W/PORT OR PUMP	126.75	N	04
3	36580	REPOALCE,COMPLETE,CVA,W/O PORT OR PUMP,SAME ACCESS SITE	38.25	N	04
3	36581	REPLACE,COMPLETE,OF CVA,W/O PORT OR PUMP,SAME ACCESS SITE	118.78	N	04
3	36582	REPLACE,COMPLETE, CVA W/PORT,SAME ACCESS SITE	171.77	N	04
3	36583	REPLACE,COMPLETE,OF CVA,W/PUMP,SAME ACCESS SITE	173.17	N	04
3	36584	REPLACE,COMPLETE,OF PICC,W/O PORT OR PUMP,SAME ACCESS SITE	38.64	N	04
3	36585	REPLACE,COMPLETE,OF PICC,W/PORT,SAME ACCESS SITE	161.21	N	04
3	36589	REMOVE CVA,W/O PORT OR PUMP	78.73	N	04
3	36590	REMOVE CVA,W/PORT OR PUMP	107.54	N	04
3	36595	MECHANICAL REMOVAL CATH SHEATH FROM CVA BY SEPARATE ACCESS S	107.23	N	04
3	36596	MECHANICAL REMOVE OF INTRACATH.SHEATH FROM CVA THRU DEVICE	25.85	N	04
3	36597	REPOSITION CENTRAL VENOUS CATH.W/FLUOROSCOPIC GUIDANCE	34.37	N	04

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3	36600	WITHDRAWAL OF ARTERIAL BLOOD	16.65	N	04
3	36620	ARTERIAL CATHETERIZATION, SAMPLE; MONITORING OR TRANSFUSION	37.40	N	04
3	36625	ESTABLISH ACCESS TO ARTERY	52.70	N	04
3	36640	INSERTION CATHETER, ARTERY	74.90	N	04
3	36660	INSERTION CATHETER, ARTERY	37.40	N	04
3	36680	PLACE NEEDLE INTRAOSSEOUS INFU	90.10	N	04
3	36800	INSERTION OF CANNULA	424.45	N	04
3	36810	INSERTION OF CANNULA	424.45	N	04
3	36815	INSERTION OF CANNULA	112.40	N	04
3	36819	ARTERIOVENOUS ANASTOMOSIS OPEN BASILIC VEIN TRANSPOSITION	850.30	N	04
3	36820	ARTERIOVENOUS ANASTOMOSIS OPEN BY FOREARM VIEW TRANSPOSITION	541.15	N	04
3	36821	ARTERY-VEIN FUSION	578.55	N	04
3	36822	INSERT CANNULA FOR ECMO	599.30	N	04
3	36823	INSERT ART&VEIN CANNULA/ISOLATED EXTRACORP CIRC&REG,CHEMO	578.55	N	04
3	36825	ARTERY-VEIN GRAFT	578.55	N	04
3	36830	ARTERY-VEIN GRAFT	578.55	N	04
3	36831	THROMBECTOMY, ARTERIOVENOUS FISTULA W/O REV,AUTO/NONAUTO GFT	578.55	N	04
3	36832	ARTERIOVENUS FISTULA	578.55	N	04
3	36833	REVISION ARTERIOVENOUS FISTULA W/THROM,AUTOGEN/NONAUTO GFT	578.55	N	04
3	36834	PLASTIC REPAIR ARTERIOVENOUS A NEURYSM	599.35	N	04
3	36835	ARTERY TO VEIN SHUNT	578.55	N	04
3	36838	DISTAL REVASCULARIZATION&INTERNAL LIGATION,UPPER EXTREMITY	666.71	N	04
3	36860	CANNULA DECLOTTING	112.40	N	04
3	36861	CANNULA DECLOTTING	419.00	N	04
3	36870	THROMBECTOMY/ART-VEN FISTULA	884.80	N	04
3	37140	VENOUS ANASTOMOSIS; PORTOCAVAL (REVISION OF CIRCULATION)	1,198.70	N	04
3	37145	REVISION OF CIRCULATION	1,079.30	N	04
3	37160	REVISION OF CIRCULATION	1,079.30	N	04
3	37180	REVISION OF CIRCULATION	1,079.30	N	04
3	37181	REVISE CIRCULATION SPLENORENAL	1,079.30	N	04
3	37182	INSERT TRANSVENOUS INTRAHEPATIC PORTO SYST SHUNT W/STENT/IMA	910.70	N	04
3	37183	REVIS TRANSVENOUS INTRAHEPATIC PORT SHUNT W/STENT AND IMAGE	429.07	N	04
3	37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	472.40	N	04
3	37200	TRANSCATHETER BIOPSY	189.00	N	04
3	37201	TRANSCATHETER THERAPY INFUSION	472.40	N	04
3	37202	TRANSCATHETER THERAPY INFUSION	189.00	N	04
3	37203	TRANSCATHETER RETRIEVAL FB	682.80	N	04
3	37204	TRANSCATHETER OCCLUSION EMBOL	682.80	N	04
3	37205	TRANSCATH INTRASTENT/PERCU 1ST	910.70	N	04
3	37206	TRANSCATH INTRASTENT PERC ADDI	0.00	Y	04
3	37207	TRANSCATH INTRASTENT OPEN 1SR	910.70	N	04

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3	37208	TRANSCATH INTRA STENT OPEN ADD	0.00	Y	04
3	37209	EXCHANGE PREV PLACED ARTERIAL CATH DURING THROMBOLYTIC THERA	213.50	N	04
3	37250	INTRAVAS ULTRASOUND DURING THERAPUETIC INTER, INT VESSEL	89.10	N	04
3	37251	INTRAVAS ULTRASOUND DURING THERAPEUTIC INTER EACH ADD' VESS	57.65	N	04
3	37500	VASCULAR ENDOSCOPY SURGICAL W/LIGATION PERFORATOR VEINS SUBF	299.70	N	04
3	37501	UNLISTED VASCULAR ENDOSCOPY	0.00	Y	04
3	37565	LIGATION OF NECK VEIN	374.55	N	04
3	37600	LIGATION OF NECK ARTERY	374.55	N	04
3	37605	LIGATION OF NECK ARTERY	449.50	N	04
3	37606	LIGATION OF NECK ARTERY	449.50	N	04
3	37607	BONDING ANGIOACCESS ARTER FIST	262.20	N	04
3	37609	TEMPORAL ARTERY PROCEDURE	112.40	N	04
3	37615	LIGATION OF NECK ARTERY	374.55	N	04
3	37616	LIGATION OF CHEST ARTERY	524.40	N	04
3	37617	LIGATION OF ABDOMEN ARTERY	524.40	N	04
3	37618	LIGATION OF EXTREMITY ARTERY	262.20	N	04
3	37620	REVISION OF MAJOR VEIN	449.50	N	04
3	37650	REVISION OF MAJOR VEIN	374.55	N	04
3	37660	REVISION OF MAJOR VEIN	449.50	N	04
3	37700	REVISE LEG VEIN	203.95	N	04
3	37720	REMOVAL OF LEG VEIN	367.60	N	04
3	37730	REMOVAL OF LEG VEINS	367.60	N	04
3	37735	REMOVAL OF LEG VEINS/LESION	419.00	N	04
3	37760	REVISION OF LEG VEINS	299.70	N	04
3	37765	STAB PHLEBECTOMY OF VARICOSE VEINS,ONE EXTREMITY,10-20 STABS	245.90	N	04
3	37766	STAB PHLEBECTOMY OF VARICOSE VEINS,ONE EXTREMITY,>20 STABS	298.81	N	04
3	37780	REVISION OF LEG VEIN	149.80	N	04
3	37785	REVISION OF LEG VEIN	131.25	N	04
3	37788	PENILE REVASCULARIZATION ART	0.00	Y	04
3	37790	PENILE VENOUS OCCLUSIVE PROCED	0.00	Y	04
3	37799	UNLISTED PROCEDURE, VASCULAR S URGERY	0.00	Y	04
3	38100	REMOVAL OF SPLEEN	770.00	N	04
3	38101	SPLENECTOMY PARTIAL	770.00	N	04
3	38102	SPLENECTOMY TOTAL W/OTHER PROC	0.00	Y	04
3	38115	REPAIR RUPTURED SPLEEN	770.00	N	04
3	38120	LAPAROSCOPY SUGICAL SPLENECTOMY	770.00	N	04
3	38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	0.00	Y	04
3	38200	INJECTION FOR SPLEEN X-RAY	66.50	N	04
3	38204	MANAGEMENT RECIP HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH	0.00	Y	09
3	38205	BLOOD DERIVED HEMATOPOIETIC PROGEN CELL HARVEST FOR TRANSPLA	0.00	Y	04
3	38206	BLOOD DERIVED HEMATOPOITETIC PROGEN CELL HARVEST FOR TRANSPL	0.00	Y	04

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3	38207	TRANSPLANT PREP HEMATOPOIETIC PROGEN CELLS CRYOPRESERV/STOR	0.00	Y	09
3	38208	TRANSPLANT PREP HEMATOPOIETIC PROGEN CELLS THAW PREV FROZEN	0.00	Y	09
3	38209	TRANSPLANT PREP OF HOMATO POETIC PROJENITOR CELLS; WASHING	0.00	Y	09
3	38210	TRANSPLANT PREP OF HEMATOPOIETICCELLS TCELL DEPLET W/HARVEST	0.00	Y	09
3	38211	TRANSPLANT PREP HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL	0.00	Y	09
3	38212	TRANSPLANT PREP OF HEMATOPOIETIC PROGENITOR CELLS; RBCR REMO	0.00	Y	09
3	38213	TRANSPLANT PREP OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET	0.00	Y	09
3	38214	TRANSPLANT PREP OF HEMATOPOIETIC PROGENITOR CELLS: PLASMA D	0.00	Y	09
3	38215	TRANSPLANT PREP OF HEMATOPOETIC PROGENITOR CELLS: CELL CONC	0.00	Y	09
3	38220	BONE MARROW ASPIRATION	50.15	N	04
3	38221	BONE MARROW BIOPSY NEEDLE OR TRACAR	78.45	N	04
3	38230	BONE MARROW HARVESTING	660.65	N	04
3	38240	BONE MARROW TRANSPLANTATION	220.20	N	04
3	38241	BONE MARROW TRANSPLNT AUTOLOG	220.20	N	04
3	38242	BONE MARROW OR BLOOD DERIVED STEM CELL TRANSPLANT; ALLOGENI	80.55	N	04
3	38300	DRAINAGE LYMPH NODE LESION	71.40	N	04
3	38305	DRAINAGE LYMPH NODE LESION	156.95	N	04
3	38308	INCISION OF LYMPH CHANNELS	0.00	Y	04
3	38380	THORACIC DUCT PROCEDURE	556.25	N	04
3	38381	THORACIC DUCT PROCEDURE	811.60	N	04
3	38382	THORACIC DUCT SURGERY	612.15	N	04
3	38500	BIOPSY/REMOVAL OF LYMPH NODE	85.70	N	04
3	38505	NEEDLE BIOPSY OF NODE	106.80	N	04
3	38510	BIOPSY/REMOVAL OF LYMPH NODE	127.70	N	04
3	38520	BIOPSY/REMOVAL OF LYMPH NODE	157.90	N	04
3	38525	LYMPH NODE BIOPSY/REMOVAL	135.60	N	04
3	38530	BIOPSY/REMOVAL OF LYMPH NODE	189.25	N	04
3	38542	DISSECTION DEEP JUGLAR NODE	185.45	N	04
3	38550	REMOVAL NECK/ARMPIT LESION	224.70	N	04
3	38555	REMOVAL NECK/ARMPIT LESION	656.60	N	04
3	38562	REMOVAL PELVIC LYMPH NODES	480.00	N	04
3	38564	REMOVAL ABD LYMPH NODES	599.35	N	04
3	38570	LAPAROSCOPY SURGICAL W/RETROPE RITONEAL LYMPH NODE SAMPLING	302.40	N	04
3	38571	LAPAROSCOPY SURGICAL BILATERAL TOTAL PELVIC LYMPHADENECTOMY	599.35	N	04
3	38572	BILATERAL TOTAL PELVIC LYMPHADENECTOMY/PERI-AORTIC NODE SAMP	599.35	N	04
3	38589	UNLISTED LAPAROSCOPY PROCEDURE LYMPHATIC SYSTEM	0.00	Y	04
3	38700	REMOVAL OF LYMPH NODES, NECK	786.60	N	04
3	38720	REMOVAL OF LYMPH NODES, NECK	861.50	N	04
3	38724	REMOVE CERVICAL NODES MOD RAD	645.45	N	04
3	38740	REMOVE ARMPIT LYMPH NODES	524.40	N	04
3	38745	REMOVE ARMPITS LYMPH NODES	524.40	N	04

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3	38746	THORACIC LYMPHADEN REGIONAL	0.00	Y	04
3	38747	ABD LYMPHADEN REG	0.00	Y	04
3	38760	REMOVE GROIN LYMPH NODES	299.70	N	04
3	38765	REMOVE GROIN LYMPH NODES	918.40	N	04
3	38770	REMOVE PELVIS LYMPH NODES	918.40	N	04
3	38780	REMOVE ABDOMEN LYMPH NODES	998.80	N	04
3	38790	INJECTION FOR LYMPHATIC XRAY	220.85	N	04
3	38792	INJECTION PROCEDURE FOR IDENTIFICATION OF SENTINEL NODE	105.40	N	04
3	38794	ACCESS THORACIC LYMPH DUCT	0.00	Y	04
3	38999	BLOOD/LYMPH SYSTEM PROCEDURE	0.00	Y	04
3	39000	EXPLORATION OF MEDIASTINUM	718.70	N	04
3	39010	EXPLORATION OF MEDIASTINUM	718.70	N	04
3	39200	REMOVAL MEDIASTINAL LESION	749.20	N	04
3	39220	REMOVAL MEDIASTINAL LESION	749.20	N	04
3	39400	VISUALIZATION OF MEDIASTINUM	314.95	N	04
3	39499	MEDIASTINAL PROCEDURE	0.00	Y	04
3	39501	DIAPHRAGM REPAIR	648.60	N	04
3	39502	REPAIR DIAPHRAGM HERNIA	826.50	N	04
3	39503	REPAIR DIAPHRAGM HERNIA NEONAT	960.55	N	04
3	39520	REPAIR OF DIAPHRAGM HERNIA	682.60	N	04
3	39530	REPAIR OF DIAPHRAGM HERNIA	682.60	N	04
3	39531	REPAIR OF DIAPHRAGM HERNIA	735.45	N	04
3	39540	REPAIR OF DIAPHRAGM HERNIA	682.60	N	04
3	39541	REPAIR OF DIAPHRAGM HERNIA	682.60	N	04
3	39545	REVISION OF DIAPHRAGM	682.60	N	04
3	39560	RESECTION DIAPHRAGM WITH SIMPLE REPAIR	708.60	N	04
3	39561	RESECTION DIAPHRAGM W/COMPLEX REPAIR	803.05	N	04
3	39599	DIAPHRAGM SURGERY PROCEDURE	0.00	Y	04
3	40490	BIOPSY OF LIP	46.25	N	04
3	40500	PARTIAL EXCISION OF LIP	165.10	N	04
3	40510	PARTIAL EXCISION OF LIP	170.45	N	04
3	40520	PARTIAL EXCISION OF LIP	524.40	N	04
3	40525	LIP RECONSTRUCT WITH LOCALFLAP	629.90	N	04
3	40527	LIP RECONSTRUCT WITH CROSSFLAP	718.70	N	04
3	40530	PARTIAL REMOVAL OF LIP	524.35	N	04
3	40650	REPAIR LIP	629.90	N	04
3	40652	REPAIR LIP	629.90	N	04
3	40654	REPAIR LIP	629.90	N	04
3	40700	REPAIR CLEFT LIP	718.70	N	04
3	40701	REPAIR CLEFT LIP	958.60	N	04
3	40702	REPAIR CLEFT LIP	958.60	N	04

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3	40720	REPAIR CLEFT LIP	718.70	N	04
3	40761	REPAIR CLEFT LIP	802.00	N	04
3	40799	LIP SURGERY PROCEDURE	0.00	Y	04
3	40800	DRAINAGE OF MOUTH LESION	39.90	N	04
3	40801	DRAINAGE OF MOUTH LESION	76.15	N	04
3	40804	REMOVAL FOREIGN BODY, MOUTH	44.10	N	04
3	40805	REMOVAL FOREIGN BODY, MOUTH	89.10	N	04
3	40806	INCISION OF LIP FOLD	35.65	N	04
3	40808	BIOPSY OF MOUTH LESION	50.20	N	04
3	40810	EXCISION OF MOUTH LESION	50.95	N	04
3	40812	EXCISE/REPAIR MOUTH LESION	73.70	N	04
3	40814	EXCISE/REPAIR MOUTH LESION	117.65	N	04
3	40816	EXCISION OF MOUTH LESION	142.70	N	04
3	40818	EXCISE ORAL MUCOSA FOR GRAFT	113.40	N	04
3	40819	EXCISE LIP OR CHEEK FOLD	149.80	N	04
3	40820	TREATMENT OF MOUTH LESION	142.70	N	04
3	40830	REPAIR MOUTH LACERATION	107.00	N	04
3	40831	REPAIR MOUTH LACERATION	132.75	N	04
3	40840	RECONSTRUCTION OF MOUTH	252.00	N	04
3	40842	RECONSTRUCTION OF MOUTH	251.05	N	04
3	40843	RECONSTRUCTION OF MOUTH	347.20	N	04
3	40844	RECONSTRUCTION OF MOUTH	496.90	N	04
3	40845	RECONSTRUCTION OF MOUTH	629.10	N	04
3	40899	MOUTH SURGERY PROCEDURE	0.00	Y	04
3	41000	DRAINAGE OF MOUTH LESION	44.65	N	04
3	41005	DRAINAGE OF MOUTH LESION	41.70	N	04
3	41006	DRAINAGE OF MOUTH LESION	93.60	N	04
3	41007	DRAINAGE OF MOUTH LESION	102.95	N	04
3	41008	DRAINAGE OF MOUTH LESION	92.70	N	04
3	41009	DRAINAGE OF MOUTH LESION	116.50	N	04
3	41010	INCISION OF TONGUE FOLD	42.45	N	04
3	41015	DRAINAGE OF MOUTH LESION	106.45	N	04
3	41016	DRAINAGE OF MOUTH LESION	130.40	N	04
3	41017	DRAINAGE OF MOUTH LESION	113.10	N	04
3	41018	DRAINAGE OF MOUTH LESION	154.95	N	04
3	41100	BIOPSY OF TONGUE	88.50	N	04
3	41105	BIOPSY OF TONGUE	181.00	N	04
3	41108	BIOPSY OF FLOOR OF MOUTH	88.50	N	04
3	41110	EXCISION OF TONGUE LESION	214.00	N	04
3	41112	EXCISION OF TONGUE LESION	299.70	N	04
3	41113	EXCISION OF TONGUE LESION	299.70	N	04

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3	41114	EXCISION TONGUE LESION W/FLAP	249.70	N	04
3	41115	EXCISION OF TONGUE FOLD	224.70	N	04
3	41116	EXCISION OF MOUTH LESION	224.70	N	04
3	41120	PARTIAL REMOVAL OF TONGUE	524.40	N	04
3	41130	PARTIAL REMOVAL OF TONGUE	524.40	N	04
3	41135	TONGUE AND NECK SURGERY	861.50	N	04
3	41140	REMOVAL OF TONGUE	735.65	N	04
3	41145	TONGUE REMOVAL; NECK SURGERY	1,048.85	N	04
3	41150	TONGUE, MOUTH, JAW SURGERY	1,498.30	N	04
3	41153	GLOSSECTOMY WITH RESECTION	1,498.30	N	04
3	41155	TONGUE, JAW, & NECK SURGERY	1,798.05	N	04
3	41250	REPAIR TONGUE LACERATION	71.40	N	04
3	41251	REPAIR TONGUE LACERATION	74.10	N	04
3	41252	REPAIR TONGUE LACERATION	95.25	N	04
3	41500	FIXATION OF TONGUE	121.70	N	04
3	41510	TONGUE TO LIP SURGERY	374.55	N	04
3	41520	RECONSTRUCTION, TONGUE FOLD	92.70	N	04
3	41599	TONGUE AND MOUTH SURGERY	0.00	Y	04
3	41800	DRAINAGE OF GUM LESION	39.70	N	04
3	41805	REMOVAL FOREIGN BODY, GUM	42.30	N	04
3	41806	REMOVAL FOREIGN BODY,JAWBONE	90.10	N	04
3	41820	EXCISION, GUM, EACH QUADRANT	99.05	N	04
3	41821	EXCISION OF GUM FLAP	71.60	N	04
3	41822	EXCISION OF GUM LESION	90.10	N	04
3	41823	EXCISION OF GUM LESION	169.40	N	04
3	41825	EXCISION OF GUM LESION	76.95	N	04
3	41826	EXCISION OF GUM LESION	224.70	N	04
3	41827	EXCISION OF GUM LESION	299.70	N	04
3	41828	EXCISION OF GUM LESION	110.35	N	04
3	41830	REMOVAL OF GUM TISSUE	224.70	N	04
3	41850	TREATMENT OF GUM LESION	41.25	N	04
3	41870	GUM GRAFT	169.40	N	04
3	41872	REPAIR GUM	169.40	N	04
3	41874	REPAIR TOOTH SOCKET	169.40	N	04
3	41899	GUM SURGERY PROCEDURE	0.00	Y	04
3	42000	DRAINAGE MOUTH ROOF LESION	43.05	N	04
3	42100	BIOPSY ROOF OF MOUTH	50.20	N	04
3	42104	EXCISION LESION, MOUTH ROOF	79.30	N	04
3	42106	EXCISION LESION, MOUTH ROOF	480.00	N	04
3	42107	EXCISION LESION PALATE W/FLAP	506.40	N	04
3	42120	REMOVE PALATE/LESION	647.90	N	04

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3	42140	EXCISION OF UVULA	184.50	N	04
3	42145	REPAIR PALATE-PHARYNX-UVULA	359.30	N	04
3	42160	TREATMENT MOUTH ROOF LESION	64.10	N	04
3	42180	REPAIR PALATE	149.80	N	04
3	42182	REPAIR PALATE	215.90	N	04
3	42200	RECONSTRUCT CLEFT PALATE	718.70	N	04
3	42205	RECONSTRUCT CLEFT PALATE	718.70	N	04
3	42210	RECONSTRUCT CLEFT PALATE	850.80	N	04
3	42215	RECONSTRUCT CLEFT PALATE	491.50	N	04
3	42220	RECONSTRUCT CLEFT PALATE	718.70	N	04
3	42225	RECONSTRUCT CLEFT PALATE	986.35	N	04
3	42226	RECONSTRUCT PALATE PHARYN FLAP	784.75	N	04
3	42227	RECONSTRUCT PALATE ISLAND FLAP	784.75	N	04
3	42235	REPAIR PALATE	374.55	N	04
3	42260	REPAIR NOSE TO LIP FISTULA	718.70	N	04
3	42280	PALATAL PROSTHESIS IMPRESSION	53.85	N	04
3	42281	INSERT PIN-RETAIN PALATAL PROS	58.45	N	04
3	42299	PALATE/UVULA SURGERY	0.00	Y	04
3	42300	DRAINAGE OF SALIVARY GLAND	79.30	N	04
3	42305	DRAINAGE OF SALIVARY GLAND	164.90	N	04
3	42310	DRAINAGE OF SALIVARY GLAND	79.30	N	04
3	42320	DRAINAGE OF SALIVARY GLAND	113.60	N	04
3	42325	CREATE SALIVARY CYST DRAIN	119.25	N	04
3	42326	CREATE SALIVARY CYST DRAIN	0.00	Y	04
3	42330	REMOVAL OF SALIVARY STONE	113.60	N	04
3	42335	REMOVAL OF SALIVARY STONE	240.00	N	04
3	42340	REMOVAL OF SALIVARY STONE	240.00	N	04
3	42400	BIOPSY OF SALIVARY GLAND	113.60	N	04
3	42405	BIOPSY OF SALIVARY GLAND	113.60	N	04
3	42408	EXCISION OF SALIVARY CYST	137.80	N	04
3	42409	DRAINAGE OF SALIVARY CYST	113.60	N	04
3	42410	EXCISE PAROTID GLAND/LESION	749.20	N	04
3	42415	EXCISE PAROTID GLAND/LESION	754.65	N	04
3	42420	EXCISE PAROTID GLAND/LESION	867.10	N	04
3	42425	EXCISE PAROTID GLAND/LESION	892.00	N	04
3	42426	EXCISE PAROTID GLAND/LESION	1,079.30	N	04
3	42440	EXCISION SUBMAXILLARY GLAND	480.00	N	04
3	42450	EXCISION SUBLINGUAL GLAND	480.00	N	04
3	42500	REPAIR SALIVARY DUCT	359.30	N	04
3	42505	REPAIR SALIVARY DUCT	359.30	N	04
3	42507	PAROTID DUCT DIVERSION	767.60	N	04

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3	42508	PAROTID DUCT DIVERSION	839.35	N	04
3	42509	PAROTID DUCT DIVERSION	1,079.30	N	04
3	42510	PAROTID DUCT DIVERSION W/LIGAT	839.35	N	04
3	42550	INJECTION FOR SALIVARY X-RAY	109.95	N	04
3	42600	CLOSURE OF SALIVARY FISTULA	359.30	N	04
3	42650	DILATION OF SALIVARY DUCT	30.40	N	04
3	42660	DILATION OF SALIVARY DUCT	34.30	N	04
3	42665	LIGATION OF SALIVARY DUCT	160.20	N	04
3	42699	SALIVARY SURGERY PROCEDURE	0.00	Y	04
3	42700	DRAINAGE OF TONSIL ABSCESS	79.30	N	04
3	42720	DRAINAGE OF THROAT ABSCESS, INTRAORAL APPROACH	157.30	N	04
3	42725	DRAINAGE OF THROAT ABSCESS, EXTERNAL APPROACH	291.90	N	04
3	42800	BIOPSY OF THROAT	79.30	N	04
3	42802	BIOPSY OF THROAT	79.30	N	04
3	42804	BIOPSY OF UPPER NOSE/THROAT	79.30	N	04
3	42806	BIOPSY OF UPPER NOSE/THROAT	79.30	N	04
3	42808	EXCISE PHARYNX LESION	192.95	N	04
3	42809	REMOVE PHARYNX FOREIGN BODY	202.50	N	04
3	42810	EXCISION OF NECK CYST	374.55	N	04
3	42815	EXCISION OF NECK CYST	431.40	N	04
3	42820	TONSILLECTOMY AND ADENOIDECTOM	194.20	N	04
3	42821	REMOVE TONSILS AND ADENOIDS	202.50	N	04
3	42825	REMOVAL OF TONSILS	194.20	N	04
3	42826	REMOVAL OF TONSILS	202.50	N	04
3	42830	REMOVAL OF ADENOIDS	142.90	N	04
3	42831	REMOVAL OF ADENOIDS	142.90	N	04
3	42835	REMOVAL OF ADENOIDS	142.90	N	04
3	42836	REMOVAL OF ADENOIDS	142.90	N	04
3	42842	RADICAL RESECT TONSIL W/O CLOS	702.10	N	04
3	42844	RADICAL RESECT TONSIL W/FLAP	810.10	N	04
3	42845	RADICAL RESECT TONSIL OTH FLAP	918.15	N	04
3	42860	EXCISION OF TONSIL TAGS	119.25	N	04
3	42870	EXCISION OF LINGUAL TONSIL	156.65	N	04
3	42890	PARTIAL REMOVAL OF PHARYNX	958.60	N	04
3	42892	RESECT PHARYNX WALL DIR CLOSE	912.80	N	04
3	42894	RESECT PHARYNX WALL WITH FLAP	1,188.20	N	04
3	42900	REPAIR THROAT WOUND	0.00	Y	04
3	42950	RECONSTRUCTION OF THROAT	939.50	N	04
3	42953	PHARYNGOESOPHAGEAL REPAIR	0.00	Y	04
3	42955	SURGICAL OPENING OF THROAT	266.40	N	04
3	42960	CONTROL THROAT BLEEDING	74.90	N	04

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3	42961	CONTROL THROAT BLEEDING	150.80	N	04
3	42962	CONTROL THROAT BLEEDING	220.10	N	04
3	42970	CONTROL NOSE/THROAT BLEEDING	131.20	N	04
3	42971	CONTROL NOSE/THROAT BLEEDING	173.40	N	04
3	42972	CONTROL NOSE/THROAT BLEEDING	206.40	N	04
3	42999	THROAT SURGERY PROCEDURE	0.00	Y	04
3	43020	INCISION OF ESOPHAGUS	480.00	N	04
3	43030	THROAT MUSCLE SURGERY	819.10	N	04
3	43045	INCISION OF ESOPHAGUS	839.35	N	04
3	43100	EXCISION OF ESOPHAGUS LESION	749.20	N	04
3	43101	EXCISION OF ESOPHAGUS LESION	749.20	N	04
3	43107	TOTAL ESOPHAGECTOMY W PHARYNGO GAST/CERVICAL ESOPH W/WO PYLO	1,467.80	N	04
3	43108	TOTAL ESOPHAGECTOMY W COLON IN TERPOSIT SM BOWEL RECONSTRUCT	1,782.30	N	04
3	43112	TOTAL ESOPHAGECTOMY W PHARYNGO GASTROSTOMY W/WO PYLOROPLASTY	1,467.80	N	04
3	43113	TOTAL ESOPHAGECTOMY W COLON/SM BOWEL RECONSTRUCT	1,782.30	N	04
3	43116	PARTIAL ESOPHAGECTOMY W INTEST INAL GRAFT/INTEST RECONSTRUCT	2,106.30	N	04
3	43117	PART ESOPHAG DISTAL SEP ABDOM INCISION W/WO PROX GASTRECTOMY	1,467.80	N	04
3	43118	PART ESOPHAG SEP INCIS W/WO PR OX GASTRECTOMY COLON/SM BOWEL	1,782.30	N	04
3	43121	PART ESOPHAG W/WO PROX GASTREC TOMY W/WO PYLOROPLASTY	1,467.80	N	04
3	43122	PART ESOPHAG W/WO PROX GASTREC TOMY W ESOPHAGOG W/WO PYLORPL	1,467.80	N	04
3	43123	PART ESOPHAG W/WO PROX GASTREC TOMY	1,782.30	N	04
3	43124	TOTAL/PART ESOPHAGECTOMY W/O R ECONSTRUCT	0.00	Y	04
3	43130	REMOVAL OF ESOPHAGUS POUCH	718.70	N	04
3	43135	REMOVAL OF ESOPHAGUS POUCH	718.70	N	04
3	43200	ESOPHAGUS ENDOSCOPY	186.20	N	04
3	43201	ESOPHAGOSCOPY, RIGID/FLEX W/INJECTION	113.55	N	04
3	43202	ESOPHAGUS ENDOSCOPY, BIOPSY	199.50	N	04
3	43204	ESOPHAGUS ENDOSCOPY-INJECTION	256.60	N	04
3	43205	ESOPHAGOSCOPY/BAND LIG VARICES	256.60	N	04
3	43215	ESOPHAGUS ENDOSCOPY	244.50	N	04
3	43216	ESOPHAGOSCOPY/REMOV TUMOR	244.50	N	04
3	43217	ESOPHAGUS ENDOSCOPY	244.50	N	04
3	43219	ESOPHAGUS ENDOSCOPY	244.50	N	04
3	43220	ESOPHAGUS ENDOSCOPY,DILATION	142.70	N	04
3	43226	ESOPHAGUS/STOMACH ENDOSCOPY	224.60	N	04
3	43227	ESOPHAGUS/STOMACH ENDOSCOPY	235.20	N	04
3	43228	ESOPHAGUS/STOMACH ENDOSCOPY	235.20	N	04
3	43231	ESOPHAGOSCOPY RIGID/FLEX W/ ENDOSCOPIC ULTRASOUND	158.20	N	04
3	43232	ESOPHAGOSCOPY RIG/FLEX W/TRANS ENNO W/FINE NEEDLE ASPIRATION	183.70	N	04
3	43234	UPPER GI ENDOSCOPY SIMPLE	159.35	N	04
3	43235	UPPER GI ENDOSCOPY,DIAGNOSIS	239.15	N	04

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3	43236	UPPER GI ENDOSCOPY INCLUDING ESPPH STOMACH, DUODENUM 7/OR JE	239.15	N	04
3	43237	UPPER GI ENDOSCOPY W/ULTRASOUND EXAM OF ESOPHAGUS	117.67	N	04
3	43238	UPPER GI ENDOSCOPY W/TRANSENDO-SCOPIC ULTRASOUND GUIDANCE	145.34	N	04
3	43239	UPPER GI ENDOSCOPY, BIOPSY	249.70	N	04
3	43240	EGO AND/OR DUODENUM/JEJUNUM W TRANSMURAL DRAINAGE PSEUDOCYST	201.55	N	04
3	43241	UPPER GI ENDOSCOPY	249.70	N	04
3	43242	EGO AND/OR DUODENUM/JEJUNUM W/ FINE NEEDLE ASP	201.55	N	04
3	43243	UGI ENDOS FOR INJ SCLEROSIS	256.60	N	04
3	43244	UGI ENDOSCOPY/LIGATE VARICES	256.60	N	04
3	43245	UPPER GAST ENDO-GASTRIC OUTLET	249.70	N	04
3	43246	UPPER GAST.ENDO-PLACEMENT TUBE	249.70	N	04
3	43247	OPERATIVE UPPER GI ENDOSCOPY	249.70	N	04
3	43248	GUI ENDOS/INSERT GUIDE WIRE	295.95	N	04
3	43249	UPPER GASTRO ENDOSCOPY ESOPHAG ,STOMACH DUODENUM/JEJUNUM BAL	113.40	N	04
3	43250	UGI ENDOSCOPY/REMOV TUMOR	249.70	N	04
3	43251	ESOPHAGOGASTROUODENOSCOPY	249.70	N	04
3	43255	OPERATIVE UPPER GI ENDOSCOPY	249.70	N	04
3	43256	UPPER GASTROINTESTINAL ENDOSCOPY W/ STENT PLACEMENT	159.35	N	04
3	43258	OPERATIVE UPPER GI ENDOSCOPY	249.70	N	04
3	43259	UGI ENDOSCOPY W/ULTRASOUND	240.30	N	04
3	43260	UPPER GI ENDOSCOPY,DIAGNOSIS	264.25	N	04
3	43261	ENDOSCOPIC(ERCP)W/BIOP SING/MU	264.25	N	04
3	43262	OPERATIVE UPPER GI ENDOSCOPY	390.10	N	04
3	43263	GI ENDOSCOPY PRESSURE MEASURE	264.25	N	04
3	43264	OPERATIVE UPPER GI ENDOSCOPY	390.10	N	04
3	43265	ERCP FOR LITHOTRIPSY OF STONE	390.10	N	04
3	43267	ERCP WITH DRAINAGE TUBE INSERT	264.25	N	04
3	43268	OPER UPPER GI BILIARY OBSTRUCT	358.60	N	04
3	43269	ERCP TO REMOVE/CHANGE TUBE	358.80	N	04
3	43271	ERCP FOR BALLOON DILATATION	358.60	N	04
3	43272	ERCP FOR TUMOR OR LESION DESTR	390.10	N	04
3	43280	LAPAROSCOPY SURGICAL ESOPHAGOGASTRIC FUNDOPLASTY	682.60	N	04
3	43289	UNLISTED LAPAROSCOPY PROCEDURE ESOPHAGUS	0.00	Y	04
3	43300	REPAIR OF ESOPHAGUS	786.60	N	04
3	43305	REPAIR ESOPHAGUS AND FISTULA	1,258.35	N	04
3	43310	REPAIR OF ESOPHAGUS	839.35	N	04
3	43312	REPAIR ESOPHAGUS AND FISTULA	1,258.35	N	04
3	43313	ESOPHAGOPLAS THORACIC APP.W/O REPAIR CONG TRHCH/ESOPH FISTUL	1,188.50	N	04
3	43314	ESOPHAGOPLASTY THORACIC APP.W/REPAIR CONG TRACH/ESOPH FISTUL	1,564.90	N	04
3	43320	FUSE ESOPHAGUS & STOMACH	958.60	N	04
3	43324	REVISE ESOPHAGUS & STOMACH	682.60	N	04

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3	43325	REVISE ESOPHAGUS & STOMACH	749.20	N	04
3	43326	ESOPHAGOGAST FUNDO/GASTROPLAST	749.20	N	04
3	43330	REPAIR OF ESOPHAGUS	1,082.10	N	04
3	43331	REPAIR OF ESOPHAGUS	1,082.10	N	04
3	43340	FUSE ESOPHAGUS & INTESTINE	1,198.70	N	04
3	43341	FUSE ESOPHAGUS & INTESTINE	1,082.10	N	04
3	43350	SURGICAL OPENING, ESOPHAGUS	839.35	N	04
3	43351	SURGICAL OPENING, ESOPHAGUS	839.35	N	04
3	43352	SURGICAL OPENING, ESOPHAGUS	839.35	N	04
3	43360	GAST RECONSTRUCT PREV ESOPHAG OBSTRUCT ESOPHA LESION/FISTULA	1,467.80	N	04
3	43361	GASTRO RECONSTUCT PREV ESOPHA LESION/FISTULAW COLON INTERPO	1,782.30	N	04
3	43400	LIGATE ESOPHAGUS VEINS	480.00	N	04
3	43401	ESOPHAGUS SURGERY-VARICES	822.80	N	04
3	43405	LIGATION/STAPLING GASTRO JUNCT ION PRE-EXIST ESOPHA PERFORAT	0.00	Y	04
3	43410	REPAIR ESOPHAGUS WOUND	480.00	N	04
3	43415	REPAIR ESOPHAGUS WOUND	839.35	N	04
3	43420	REPAIR ESOPHAGUS OPENING	480.00	N	04
3	43425	REPAIR ESOPHAGUS OPENING	839.35	N	04
3	43450	DILATE ESOPHAGUS	74.90	N	04
3	43453	DILATE ESOPHAGUS	74.90	N	04
3	43456	DILATE ESOPHAGUS	112.40	N	04
3	43458	DILATION ESOPHAGUS - ACHALASIA	142.70	N	04
3	43460	PRESSURE TREATMENT ESOPHAGUS	93.05	N	04
3	43496	FREE JEJUNUM TRANSFER W/MICROVASCULAR ANASTOMOSIS	1,778.60	N	04
3	43499	ESOPHAGUS SURGERY PROCEDURE	0.00	Y	04
3	43500	SURGICAL OPENING OF STOMACH	599.35	N	04
3	43501	GASTROTOMY C SUTURE REPAIR	599.35	N	04
3	43502	GASTROTOMY W/ SUTURE PRE-EXIST ESOPHA LACERATION	658.90	N	04
3	43510	SURGICAL OPENING OF STOMACH	599.35	N	04
3	43520	INCISION OF PYLORIC MUSCLE	599.35	N	04
3	43600	BIOPSY OF STOMACH	108.20	N	04
3	43605	BIOPSY OF STOMACH	599.35	N	04
3	43610	EXCISION OF STOMACH LESION	718.70	N	04
3	43611	EXCIS LOCAL MALIGNANT TUMOR	0.00	Y	04
3	43620	REMOVAL OF STOMACH	1,011.40	N	04
3	43621	GASTRECTOMY ROUX-EN-Y RECONSTRUCTION	1,011.40	N	04
3	43622	GASTRECTOMY W INTESTINAL POUCH	1,173.40	N	04
3	43631	GASTRECTOMY PAR GASTRODUODENOS	915.65	N	04
3	43632	GASTRECTOMY PAR W GASTROJEJUN	915.65	N	04
3	43633	GASTRECTOMY PAR ROUX-EN-Y RECO	915.65	N	04
3	43634	GASTRECTOMY PAR INTEST POUCH	1,077.70	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	43635	VAGOTOMY WITH PART DISTAL GASTRECTOMY	1,026.65	N	04
3	43638	PARTIAL REMOVAL OF STOMACH	915.65	N	04
3	43639	GASTRECTOMY W/PYLORPLASTY/PYLO	958.60	N	04
3	43640	VAGOTOMY & PYLORUS REPAIR	812.90	N	04
3	43641	VAGOTOMY-PYLORUS REPAIR	812.90	N	04
3	43651	LAPAROSCOPY SURGICAL TRANSECTION OF VAGUS NERVES TRUNCAL	524.40	N	04
3	43652	TRANSECTION OF VAGUS NERVES SELECTIVE OR HIGHLY SELECTIVE	524.40	N	04
3	43653	GASTROSTOMY W/O CONSTRUCTION OF GASTRIC TUBE	399.50	N	04
3	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	0.00	Y	04
3	43750	PLACE GASTROSTOMY TUBE	149.80	N	04
3	43752	PLACE NASO OR ORO GASTRIC TUBE REQUIRING PHY SKILL	35.05	N	04
3	43760	CHANG GASTROSTOMY TUBE SIMPLE	35.65	N	04
3	43761	REPOSITION GASTRIC FEED TUBE	48.50	N	04
3	43800	RECONSTRUCTION OF PYLORUS	699.20	N	04
3	43810	FUSION OF STOMACH AND BOWEL	718.70	N	04
3	43820	FUSION OF STOMACH AND BOWEL	718.70	N	04
3	43825	FUSION OF STOMACH AND BOWEL	898.95	N	04
3	43830	SURGICAL OPENING OF STOMACH	399.50	N	04
3	43831	SURGICAL OPENING OF STOMACH	399.50	N	04
3	43832	SURGICAL OPENING OF STOMACH	399.50	N	04
3	43840	REPAIR OF STOMACH LESION	678.40	N	04
3	43842	GASTROPLAS VERT-BAND MORBID	718.70	N	04
3	43843	GASTROPLAS OTHER MORBID OBES	718.70	N	04
3	43846	GASTRIC BYPASS ROUX-EN-Y OBES	770.00	N	04
3	43847	GASTRIC PROC W/GAS BYPASS/MORB ID OBESITY	986.00	N	04
3	43848	REVISION GASTRIC RESTRICTIVE P ROC FOR MORBID OBESITY	770.00	N	04
3	43850	REVISE STOMACH-BOWEL FUSION	718.70	N	04
3	43855	REVISE STOMACH-BOWEL FUSION	793.60	N	04
3	43860	REVISE STOMACH-BOWEL FUSION	718.70	N	04
3	43865	REVISE STOMACH-BOWEL FUSION	793.60	N	04
3	43870	REPAIR STOMACH OPENING	240.00	N	04
3	43880	REPAIR STOMACH-BOWEL FISTULA	958.60	N	04
3	43999	STOMACH SURGERY PROCEDURE	0.00	Y	04
3	44005	FREEING OF BOWEL ADHESION	643.65	N	04
3	44010	INCISION OF SMALL BOWEL	599.35	N	04
3	44015	NEEDLE CATH.INTO SMALL BOWEL	399.50	N	04
3	44020	EXPLORATION OF SMALL BOWEL	599.35	N	04
3	44021	DECOMPRESS SMALL BOWEL	599.35	N	04
3	44025	EXPLORATION OF LARGE BOWEL	599.35	N	04
3	44050	REDUCE BOWEL OBSTRUCTION	599.35	N	04
3	44055	CORRECT MALROTATION BOWEL	599.35	N	04

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3	44100	BIOPSY OF BOWEL	108.20	N	04
3	44110	EXCISION OF BOWEL LESION(S)	599.35	N	04
3	44111	EXCISION OF BOWEL LESION(S)	599.35	N	04
3	44120	REMOVAL OF SMALL INTESTINE	806.10	N	04
3	44121	ENTERECTOMY, RESECT SM INTESTI NE, ADD'L RESECT & ANASTOMOSI	403.05	N	04
3	44125	REMOVAL OF SMALL INTESTINE	733.85	N	04
3	44126	ENTERECTOMY SINGLE RESECTION & ANASTOMOSIS W/O TAPERING	1,039.70	N	04
3	44127	ENTERECTOMY SINGLE RESECTION & ANASTOMOSIS W/TAPERING	1,195.80	N	04
3	44128	ENTERECTOMY,EACH ADDITIONAL RESECTION & ANASTOMOSIS	175.20	N	04
3	44130	BOWEL TO BOWEL FUSION	718.70	N	04
3	44132	CADAV DONOR ENTERECTOMY	0.00	Y	04
3	44133	DONOR ENTERECTOMY FORM LIVING DONOR	0.00	Y	04
3	44135	CADAV DONOR/INTEST ALLOTRANSPLANTATION	0.00	Y	04
3	44136	INTEST ALLOTRANSPLANT FROM LIVING DONOR	0.00	Y	04
3	44139	MOBILIZATION SPLENIC FLEXURE W / PARTIAL COLECTOMY	108.00	N	04
3	44140	PARTIAL REMOVAL OF COLON	951.80	N	04
3	44141	PARTIAL REMOVAL OF COLON	951.80	N	04
3	44143	PARTIAL REMOVAL OF COLON	951.80	N	04
3	44144	PARTIAL REMOVAL OF COLON	951.80	N	04
3	44145	PARTIAL REMOVAL OF COLON	958.60	N	04
3	44146	PARTIAL REMOVAL OF COLON	951.80	N	04
3	44147	COLECTOMY ABD-TRANSANAL APP	1,198.70	N	04
3	44150	REMOVAL OF COLON	1,079.30	N	04
3	44151	COLECTOMY C CONT ILEOSTOMY	1,079.10	N	04
3	44152	REMOVAL OF COLON-ILEOSTOMY	1,079.30	N	04
3	44153	REMOVAL OF COLON-ILEOSTOMY	1,079.30	N	04
3	44155	REMOVAL OF COLON	1,198.70	N	04
3	44156	REMOVAL OF COLON-ILEOSTOMY	1,198.70	N	04
3	44160	REMOVAL OF COLON	1,198.70	N	04
3	44200	LAPAROSCOPY SURGICAL ENTEROLYSIS	386.00	N	04
3	44201	LAPAROSCOPY SURGICAL JEJUNOSTOMY	629.90	N	04
3	44202	LAPAROSCOPY SURGICAL INTESTINAL RESECTION W/ANASTOMOSIS	806.10	N	04
3	44203	LAP.EACH ADDITIONAL SM INTESTINE RESECTION & ANASTOMOSIS	191.80	N	04
3	44204	LAP. COLECTOMY PARTIAL WITH ANASTOMOSIS	973.80	N	04
3	44205	LAPAROSCOPY COLECTOMY W/REMOV TERM ILEUM W ILEOCOLOSTOMY	861.80	N	04
3	44206	LAP CHOLECTOMY, PARTIAL W/COLOSTOMY (HARTMAN TYPE)	951.80	N	04
3	44207	LAP COLECTOMY PARTIAL W/ANASTOMASIS COLOPROCTOSTOMY	958.60	N	04
3	44208	LAP CHOLECTOMY, PARTIAL W/ANASTOMOSIS COLOPROCTOSTOMY W/COL	951.80	N	04
3	44210	LAP COLECTOMY TOTAL ABDOMINAL W/ILEOSTOMY ORILEOPROCTOMY	1,255.88	N	04
3	44211	LAP COLECTOMY TOTAL ABDOMINAL W/PROCTECTOMY, ILEAL RESERVIOR	1,079.30	N	04
3	44212	LAP COLECTOMY TOTAL ABDOMINAL W/PROCTECTOMY ILEOSTOMY	1,198.70	N	04

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3	44238	UNLISTED LAPROSCOPY PROCEDURE INTESTINE	0.00	Y	04
3	44239	UNLISTED LAPROSCOPY PROCEDURE, RECTUM	0.00	Y	04
3	44300	OPEN BOWEL TO SKIN	599.35	N	04
3	44310	ILEOSTOMY	629.90	N	04
3	44312	REVISION OF ILEOSTOMY	374.55	N	04
3	44314	REVISION OF ILEOSTOMY	599.35	N	04
3	44316	DEVISE BOWEL POUCH	535.45	N	04
3	44320	COLOSTOMY	535.45	N	04
3	44322	COLOSTOMY C BIOPSIES	535.45	N	04
3	44340	REVISION OF COLOSTOMY	299.70	N	04
3	44345	REVISION OF COLOSTOMY	480.00	N	04
3	44346	REVISION OF COLOSTOMY	951.80	N	04
3	44360	SMALL BOWEL ENDOSCOPY	264.25	N	04
3	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	285.40	N	04
3	44363	SMALL BOWEL ENDOSCOPY	285.40	N	04
3	44364	SMALL BOWEL ENDOSCOPY	356.70	N	04
3	44365	SMALL INT ENDO/REMOVE TUMOR	356.70	N	04
3	44366	SMALL BOWEL ENDOSCOPY	285.40	N	04
3	44369	SMALL BOWEL ENDOSCOPY	285.40	N	04
3	44370	SM INTESTINE ENDOCOPY W/ STENT	158.30	N	04
3	44372	SMALL INTESTINAL ENDOSCOPY, PL ACEMENT JEJUNOSTOMY TUBE	285.40	N	04
3	44373	SM INTEST ENDOSC CONVER GASTUB	356.70	N	04
3	44376	SM INT ENDO/ENTER W/WO SPECI	318.30	N	04
3	44377	SM INT ENDO/ENTER W/BIO SING/M	318.30	N	04
3	44378	SM INT ENDO/ENTER W/CONTROL BL	318.30	N	04
3	44379	SM INTESTINE ENDOCOPY W/ ILEUM W/ STENT	258.55	N	04
3	44380	SMALL BOWEL ENDOSCOPY	182.30	N	04
3	44382	SMALL BOWEL ENDOSCOPY	218.00	N	04
3	44383	ILLEOSCOPY THRU STOMA W/ STENT	88.30	N	04
3	44385	ENDOSCOPY OF BOWEL POUCH	182.30	N	04
3	44386	ENDOSCOPY-SMALL BOWEL POUCH BX	182.30	N	04
3	44388	COLON ENDOSCOPY	192.85	N	04
3	44389	COLON ENDOSCOPY W BIOPSY	192.85	N	04
3	44390	FIBEROPTIC COLONOSCOPY FB REMO	192.85	N	04
3	44391	COLONOSCOPY CONTROL HEMORRHAGE	283.40	N	04
3	44392	COLONOSCOPY REMOVE POLYP	230.80	N	04
3	44393	COLONOSCOPY-ABLATION OF TUMOR	230.80	N	04
3	44394	COLONOSCOPY THRU STOMA W/REMOVAL TUMOR/POLYP/LESION BY SNARE	318.30	N	04
3	44397	COLONOSCOPY THRU STOMA W/ STENT	165.00	N	04
3	44500	INTRO GASTROINTESTINE TUBE	99.10	N	04
3	44602	SUTURE SM INT PERF ULCER-SINGL	599.35	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	44603	SUTURE SM INT PERF ULCER-MULTI	674.20	N	04
3	44604	SUTURE LG INT PERF ULCER W/COL	599.35	N	04
3	44605	REPAIR OF BOWEL LESION	718.70	N	04
3	44615	INT STRIC W/WO DILATION INT	599.35	N	04
3	44620	REPAIR BOWEL OPENING	359.30	N	04
3	44625	CLOSE LG/SM BOWEL W/ RESECT & ANASTOMSIS (NOT COLORECTAL)	729.70	N	04
3	44626	CLOSURE OF ENTEROSTOMY LG/SM INTESTINE W/RESECT &ANASTOMOSIS	729.70	N	04
3	44640	REPAIR BOWEL-SKIN FISTULA	480.00	N	04
3	44650	REPAIR BOWEL FISTULA	629.90	N	04
3	44660	REPAIR BOWEL-BLADDER FISTULA	958.60	N	04
3	44661	REPAIR BOWEL-BLADDER FISTULA	958.60	N	04
3	44680	SURGICAL REVISION, INTESTINE	599.35	N	04
3	44700	EXCLUSION SMALL BOWEL PELVIS BY MESH OR OTHER PROSTHESIS	480.00	N	04
3	44701	INTRA OP COLONIC LAVAGE	72.34	N	04
3	44799	INTESTINE SURGERY PROCEDURE	0.00	Y	04
3	44800	EXCISION OF BOWEL POUCH	480.00	N	04
3	44820	EXCISION OF MESENTERY LESION	599.35	N	04
3	44850	REPAIR OF MESENTERY	480.00	N	04
3	44899	BOWEL SURGERY PROCEDURE	0.00	Y	04
3	44900	I & D OF APPENDICEAL ABSCESS; OPEN	310.80	N	04
3	44901	INCISION & DRAINAGE OF APPENDICEAL ABCESS; PERCUTANEOUS	310.80	N	04
3	44950	APPENDECTOMY	374.55	N	04
3	44955	APPENDECTOMY; INDICATED PURPOS E W/ OTHER MAJOR PROCEDURE	374.55	N	04
3	44960	APPENDECTOMY	480.00	N	04
3	44970	LAPAROSCOPY SURGICAL APPENDECTOMY	374.55	N	04
3	44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	0.00	Y	04
3	45000	DRAINAGE OF PELVIC ABSCESS	170.65	N	04
3	45005	DRAINAGE OF RECTAL ABSCESS	107.00	N	04
3	45020	DRAINAGE OF RECTAL ABSCESS	134.00	N	04
3	45100	BIOPSY OF RECTUM	118.00	N	04
3	45108	REMOVAL OF ANORECTAL LESION	262.20	N	04
3	45110	REMOVAL OF RECTUM	1,079.30	N	04
3	45111	PARTIAL REMOVAL OF RECTUM	1,079.30	N	04
3	45112	REMOVAL OF RECTUM	1,079.30	N	04
3	45113	PROTECTOMY PART W RECTAL MUCOS EC ILEOANAL W/WO LOOP ILEOSTO	1,631.05	N	04
3	45114	PARTIAL REMOVAL OF RECTUM	1,138.70	N	04
3	45116	PARTIAL REMOVAL OF RECTUM	1,079.30	N	04
3	45119	PROCTECTOMY-PULL THRU PROC W/CREATION OF COLONIC RESERVOIR	1,630.70	N	04
3	45120	REMOVAL OF RECTUM	1,198.70	N	04
3	45121	PROCTECTOMY W/COLECTOMY	1,450.40	N	04
3	45123	PROTECTOMY PART W/O ANASTOMOSI S PERINEAL APPROACH	0.00	Y	04

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3	45126	PELVIC EXENERATION FOR COLORECTAL CANCER	0.00	Y	04
3	45130	EXCISION OF RECTAL PROLAPSE	383.70	N	04
3	45135	EXCISION OF RECTAL PROLAPSE	524.40	N	04
3	45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	1,028.70	N	04
3	45150	EXCISION OF RECTAL STRICTURE	0.00	Y	04
3	45160	EXCISION OF RECTAL LESION	1,138.70	N	04
3	45170	EXCISION OF RECTAL LESION	257.70	N	04
3	45190	DESTRUCTION RECTAL TUMOR ANY M ETHOD	240.00	N	04
3	45300	PROCTOSIGMOIDOSCOPY	42.30	N	04
3	45303	PROCTOSIGMOIDOSCOPY	42.30	N	04
3	45305	PROCTOSIGMOIDOSCOPY; BIOPSY	72.60	N	04
3	45307	PROCTOSIGMOIDOSCOPY	72.60	N	04
3	45308	PROCTO REMOVE TUMOR, POLYP HOT	125.50	N	04
3	45309	PROCTO W/REMOVE TUMOR,POLYP SN	125.50	N	04
3	45315	PROCTOSIGMOIDOSCOPY	107.00	N	04
3	45317	PROCTOSIGMOIDOSCOPY	76.85	N	04
3	45320	PROCTO W/TUMOR ABLATION	201.30	N	04
3	45321	PROCTOSIGMOID DECOMPRESS VOLV	125.50	N	04
3	45327	PROCTOSIGMOIDOSCOPY W/ STENT	61.65	N	04
3	45330	SIGMOIDOSCOPYFLEXIBLEFIBEROPTI	107.00	N	04
3	45331	SIGMOIDOSCOPYFLEXFIBERWITHBIOP	142.70	N	04
3	45332	SIGMOIDOSCOPYREMOVALFOREIGNBOD	125.50	N	04
3	45333	SIGMOIDOSCOPYREMOVALOFPOLYPS	161.20	N	04
3	45334	SIGMOIDOSCOPYCONTROLHEMORRAGE	142.70	N	04
3	45335	FLEX SIGMOIDOSCOPY W/SUBMUCOSAL INJ	68.14	N	04
3	45337	SIGMOID FIBEROPT COMPL VOLVU	125.50	N	04
3	45338	SIGMOID;DIAG W/REMOVAL TUMORS	161.20	N	04
3	45339	SIG FLEX,DIAG W/ABLATION TUMOR	201.30	N	04
3	45340	FLEX SIGMOIDOSCOPY W/BALLOON DILATION	42.30	N	04
3	45341	SIGMOIDOSCOPY W/ ULTRASOUND EXAM	137.30	N	04
3	45342	SIGMOIDOSCOPY W/ ULTRASOUND GUIDEN FINE NEEDLE ASP	158.60	N	04
3	45345	SIGMOIDOSCOPY W/ STENT	106.05	N	04
3	45355	COLONOSCOPYWITHSIGMOIDOSCOPE	112.40	N	04
3	45378	DIAGNOSTIC COLONOSCOPY	214.00	N	04
3	45379	COLONOSCOPY	214.00	N	04
3	45380	COLONOSCOPY AND BIOPSY	214.00	N	04
3	45381	COLONOSCOPY FLEX, PROXIMAL TO SPLENIC FIXTURE W/INT	184.28	N	04
3	45382	COLONOSCOPY,CONTROL BLEEDING	283.40	N	04
3	45383	COLONOSCOPY-ABLATION OF TUMOR	285.40	N	04
3	45384	COLONOSCOPY REMOVE TUMOR/POLYP	285.40	N	04
3	45385	COLONOSCOPY, LESION REMOVAL	285.40	N	04

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3	45386	FLEX COLONOSCOPY, PROX TO SPLENIC FIXTURE W/BALOON DILATION	108.86	N	04
3	45387	COLOMNOSCOPY W/ STENT	215.35	N	04
3	45500	REPAIR OF RECTUM	419.00	N	04
3	45505	REPAIR OF RECTUM	419.00	N	04
3	45520	TREATMENT OF RECTAL PROLAPSE	74.90	N	04
3	45540	CORRECT RECTAL PROLAPSE	599.35	N	04
3	45541	CORRECT RECTAL PROLAPSE	599.35	N	04
3	45550	REPAIR RECTUM;REMOVE SIGMOID	749.20	N	04
3	45560	REPAIR OF RECTOCELE	227.70	N	04
3	45562	EXPLORATION, REPAIR PRESACRAL DRAINAGE FOR RECTAL INJURY	0.00	Y	04
3	45563	EXPLOR REPAIR PRESACRAL DRAINA GE FOR RECTAL INJ W COLOSTOMY	0.00	Y	04
3	45800	REPAIR RECTUMBLADDER FISTULA	599.35	N	04
3	45805	REPAIR FISTULA; COLOSTOMY	674.20	N	04
3	45820	REPAIR RECTOURETHRAL FISTULA	599.35	N	04
3	45825	REPAIR FISTULA; COLOSTOMY	674.20	N	04
3	45900	REDUCTION OF RECTAL PROLAPSE	44.40	N	04
3	45905	DILATION OF ANAL SPHINCTER	58.05	N	04
3	45910	DILATION OF RECTAL NARROWING	73.40	N	04
3	45915	REMOVE RECTAL OBSTRUCTION	77.60	N	04
3	45999	RECTUM SURGERY PROCEDURE	0.00	Y	04
3	46020	PLACEMENT OF SETON	140.75	N	04
3	46030	REMOVAL OF RECTAL MARKER	71.40	N	04
3	46040	INCISION OF RECTAL ABSCESS	149.80	N	04
3	46045	INCISION OF RECTAL ABSCESS	149.80	N	04
3	46050	INCISION OF ANAL ABSCESS	71.40	N	04
3	46060	INCISION OF RECTAL ABSCESS	471.70	N	04
3	46070	INCISION OF ANAL SEPTUM	81.20	N	04
3	46080	INCISION OF ANAL SPHINCTER	119.25	N	04
3	46083	INCIS HEMORRHOID EXTERNAL	64.10	N	04
3	46200	REMOVAL OF ANAL FISSURE	262.20	N	04
3	46210	REMOVAL OF ANAL CRYPT	93.50	N	04
3	46211	REMOVAL OF ANAL CRYPTS	129.45	N	04
3	46220	REMOVAL OF ANAL TAB	71.40	N	04
3	46221	LIGATION OF HEMORRHOID(S)	107.00	N	04
3	46230	REMOVAL OF ANAL TABS	84.65	N	04
3	46250	HEMORRHOIDECTOMY	248.30	N	04
3	46255	HEMORRHOIDECTOMY	342.65	N	04
3	46257	REMOVE HEMORRHOIDS & FISSURE	417.60	N	04
3	46258	REMOVE HEMORRHOIDS & FISTULA	471.70	N	04
3	46260	HEMORRHOIDECTOMY	449.50	N	04
3	46261	REMOVE HEMORRHOIDS & FISSURE	524.40	N	04

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3	46262	REMOVE HEMORRHOIDS & FISTULA	578.55	N	04
3	46270	REMOVAL OF ANAL FISTULA	471.70	N	04
3	46275	REMOVAL OF ANAL FISTULA	471.70	N	04
3	46280	REMOVAL OF ANAL FISTULA	471.70	N	04
3	46285	SURGICAL TREATMENT OF ANAL FISTULA, SECOND STAGE	471.70	N	04
3	46288	CLOSURE ANAL FISTULA W RECTAL ADVANCEMENT FLAP	471.70	N	04
3	46320	REMOVAL OF HEMORRHOID CLOT	62.90	N	04
3	46500	INJECTION TREATMENT OF ANUS	51.50	N	04
3	46600	DIAGNOSTIC ANOSCOPY	19.80	N	04
3	46604	ANOSCOPY AND DILATION	34.10	N	04
3	46606	ANOSCOPY AND BIOPSY	24.20	N	04
3	46608	ANOSCOPY;REMOVE FOREIGN BODY	49.85	N	04
3	46610	ANOSCOPY; REMOVE LESION	71.40	N	04
3	46611	ANOSCOPY REMO TUMOR SNARE TECH	71.40	N	04
3	46612	ANOSCOPY; REMOVE LESIONS	89.85	N	04
3	46614	ANOSCOPY; CONTROL BLEEDING	62.00	N	04
3	46615	ANOSCOPY DIAG, ABLATION POLYP	0.00	Y	04
3	46700	REPAIR OF ANAL STRICTURE	299.70	N	04
3	46705	REPAIR OF ANAL STRICTURE	299.70	N	04
3	46706	REPAIR ARAL FISTULA W/FBRIN GLUE	62.32	N	04
3	46715	REPAIR OF ANOVAGINAL FISTULA	449.50	N	04
3	46716	REPAIR OF ANOVAGINAL FISTULA	449.50	N	04
3	46730	CONSTRUCTION OF ABSENT ANUS	571.25	N	04
3	46735	CONSTRUCTION OF ABSENT ANUS	1,079.30	N	04
3	46740	CONSTRUCTION OF ABSENT ANUS	788.65	N	04
3	46742	REPR IMPER ANUS COMB TRANS&SAC	1,079.30	N	04
3	46744	RPR CLOACAL ANOMALY/ANOR&URETH	918.15	N	04
3	46746	RPR CLOACAL ANOM/ANOREC&URETH	1,139.40	N	04
3	46748	RPR CLOACAL ANOMALYW/VAG LEGTH	1,139.40	N	04
3	46750	REPAIR OF ANAL SPHINCTER	419.00	N	04
3	46751	REPAIR OF ANAL SPHINCTER	419.00	N	04
3	46753	RECONSTRUCTION OF ANUS	187.90	N	04
3	46754	REMOVAL OF SUTURE FROM ANUS	134.60	N	04
3	46760	REPAIR OF ANAL SPHINCTER	524.40	N	04
3	46761	ANAL SPHINCTEROPLASTY INCONTIN	524.40	N	04
3	46762	IMPLANT ANAL SPHINCTEROPLASTY	739.90	N	04
3	46900	REMOVAL OF ANAL LESION	62.70	N	04
3	46910	REMOVAL OF ANAL LESION	108.30	N	04
3	46916	CRYOSURGERY OF LESION(S)	108.30	N	04
3	46917	LASER SURGERY OF LESION(S)	108.30	N	04
3	46922	EXCISION OF LESION(S)	108.30	N	04

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3	46924	EXTENSIVE DESTRUCT OF LESION(S	181.00	N	04
3	46934	CRYOTHERAPY OF HEMORRHOIDS	127.20	N	04
3	46935	CRYOTHERAPY OF HEMORRHOIDS	107.00	N	04
3	46936	CRYOTHERAPY OF HEMORRHOIDS	178.30	N	04
3	46937	CRYOSURGERY RECTAL TUMOR	96.95	N	04
3	46938	CRYOTHERAPY OF RECTAL LESION	148.20	N	04
3	46940	TREATMENT OF ANAL FISSURE	68.50	N	04
3	46942	TREATMENT OF ANAL FISSURE	61.15	N	04
3	46945	LIGATION OF HEMORRHOIDS	72.45	N	04
3	46946	LIGATION OF HEMORRHOIDS	112.40	N	04
3	46999	ANUS SURGERY PROCEDURE	0.00	Y	04
3	47000	NEEDLE BIOPSY OF LIVER	106.80	N	04
3	47001	BIOPSY LIVER PERCUTANEOUS	65.90	N	04
3	47010	DRAINAGE OF LIVER LESION (ABSCESS OR CYST)	599.35	N	04
3	47011	HEPATOTOMY;FOR PERCUTANEOUS DRAINAGE ABCESS/CYST 1-2 STAGES	599.35	N	04
3	47015	LAPAROTOMY W ASPIRATION/INJECT HEPATIC PARASITIC CYST/ABSCE	480.00	N	04
3	47100	WEDGE BIOPSY OF LIVER	480.00	N	04
3	47120	PARTIAL REMOVAL OF LIVER	682.60	N	04
3	47122	RESECT LIVER TRISEGMENTECTOMY	1,048.85	N	04
3	47125	PARTIAL REMOVAL OF LIVER	1,048.85	N	04
3	47130	PARTIAL REMOVAL OF LIVER	1,048.85	N	04
3	47133	REMOVAL OF DONOR LIVER	1,048.85	N	04
3	47135	LIVER REMOVAL AND TRANSPLANT	3,299.30	N	04
3	47136	LIVER ALLOTRANSPLANTATION HETE ROTOPIC PARTIAL/WHOLE	3,299.30	N	04
3	47140	DONOR HEPATECTOMY, W/PREP + MAINT OF ALLOGRAFT, LIVING DONOR	1,660.18	N	04
3	47141	DONOR HEPATECTOMY, TOTAL LFT LOBECTOMY, LIVING DONOR	2,001.23	N	04
3	47142	DONOR HEPATOCTOMY, TOTAL RIGHT LOBECTOMY, TOTAL RIGHT	2,201.17	N	04
3	47300	SURGERY FOR LIVER LESION	718.70	N	04
3	47350	REPAIR LIVER WOUND	659.00	N	04
3	47360	REPAIR LIVER WOUND	697.90	N	04
3	47361	MANAGE LIVER HEMORHGE/EXPLOR H EP WOUND/EXT DEBRI COAG SUTUR	810.10	N	04
3	47362	MANAGE LIVER HEMORRHAGE; RE-EX PLOR HEPAT WOUND REMOVE PACK	523.85	N	04
3	47370	LAPAROSCOPY SURG.ABLATION 1 OR MORE LIVER TUMORS RADIOFREQ.	761.10	N	04
3	47371	LAPAROSCOP.SURG.ABLATION 1 OR MORE TUMORS(LIVER)CRYOSURG.	761.10	N	04
3	47379	UNLISTED LAPROSCOPIC LIVER PROC	0.00	Y	04
3	47380	ABLATION,OPEN,1/OR/MORE LIVER TUMOR;RADIOFREQUENCY	892.80	N	04
3	47381	ABLATION,OPEN,OF 1 OR MORE LIVER TUMORS;CRYOSURGICAL	892.80	N	04
3	47382	ABLATION,1/OR/MORE LIVER TUMOR PERCUTANEOUS,RADIOFREQUENCY	474.20	N	04
3	47399	LIVER SURGERY PROCEDURE	0.00	Y	04
3	47400	INCISION OF LIVER DUCT	718.70	N	04
3	47420	INCISION OF BILE DUCT	647.90	N	04

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3	47425	INCISION OF BILE DUCT	682.60	N	04
3	47460	INCISE BILE DUCT SPHINCTER	463.80	N	04
3	47480	INCISION OF GALLBLADDER	647.90	N	04
3	47490	PERCUTANEOUS CHOLECYSTOSTOMY	599.35	N	04
3	47500	INJECTION FOR LIVER X-RAYS	50.75	N	04
3	47505	INJ CHOLANGIO THRU EXIST CATH	127.50	N	04
3	47510	TRANSHEPATIC BILIARY DRAINAGE	230.75	N	04
3	47511	INTRO PERCUT TRANSHEP STENT	284.60	N	04
3	47525	CHANGE BILE DUCT CATHETER	129.90	N	04
3	47530	T-TUBE REVISION-REINSERTION	199.80	N	04
3	47550	CHOLEDOCHOSCOPY	94.30	N	04
3	47552	BILIARY ENDOSCOP-DIAG PERCUTAN	135.70	N	04
3	47553	BILIARY ENDOSCOP PERCUTAN BY	155.75	N	04
3	47554	BILIARY ENDOSCOP FOR STONES	220.30	N	04
3	47555	BILIARY ENDOSCOP DILAT DUCT	169.10	N	04
3	47556	BILIRY ENDOSCOPY PERCUT T-TUBE	187.90	N	04
3	47560	LAPAROSCOPY SURG W/GUIDE TRANS HEPATIC CHOLANGIOGRAPHY W/O B	299.70	N	04
3	47561	LAPAROSCOPY SURG W/GUIDE TRANS HEPATIC CHOLANGIOGRAPHY W/BIO	317.60	N	04
3	47562	LAPAROSCOPY CHOLECYSTECTOMY	647.90	N	04
3	47563	LAPAROSCOPY SURG CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	699.20	N	04
3	47564	LAPAROS SURG CHOLECTYSTECTOMY W/EXPORATION OF COMMON DUCT	801.90	N	04
3	47570	LAPAROSCOPY SURG CHOLECYSTOENTEROSTOMY	685.40	N	04
3	47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	0.00	Y	04
3	47600	REMOVAL OF GALLBLADDER	647.90	N	04
3	47605	REMOVAL OF GALLBLADDER	699.20	N	04
3	47610	REMOVAL OF GALLBLADDER	801.90	N	04
3	47612	CHOLECYSTECTOMY C CHLENTERO	801.90	N	04
3	47620	REMOVAL OF GALLBLADDER	801.90	N	04
3	47630	REMOVE BILE DUCT STONE	299.70	N	04
3	47700	EXPLORATION OF BILE DUCTS	449.50	N	04
3	47701	PORTOENTEROSTOMY KASAI	685.40	N	04
3	47711	EXCISION BILE DUCT TUMOR W/WO PRIMARY REPAIR, EXTRAHEPATIC	801.90	N	04
3	47712	EXCISION BILE DUCT TUMOR W/WO PRIMARY REPAIR, INTRAHEPATIC	1,198.70	N	04
3	47715	EXCISION OF CHOLEDOCHAL	862.30	N	04
3	47716	ANASTOMOSIS CHOLEDOCHAL CYST	862.30	N	04
3	47720	FUSE GALLBLADDER & BOWEL	685.40	N	04
3	47721	FUSE UPPER GI STRUCTURES	1,044.70	N	04
3	47740	FUSE GALLBLADDER & BOWEL	685.40	N	04
3	47741	CHOLCYSTOENTEROSTOMY ROUX-EN-Y W/ GASTROENTEROSTOMY	1,044.70	N	04
3	47760	FUSE BILE DUCTS AND BOWEL	685.40	N	04
3	47765	FUSE LIVER DUCTS & BOWEL	1,438.70	N	04

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3	47780	FUSE BILE DUCTS AND BOWEL	770.00	N	04
3	47785	ANASTOMOSIS ROUX-EN-Y INTRAHEP BILIARY DUCTS & GASTROINTEST	1,438.70	N	04
3	47800	RECONSTRUCTION OF BILE DUCTS	770.00	N	04
3	47801	PLACEMENT BILE DUCT SUPPORT	621.95	N	04
3	47802	HEPATICOENTEROSTOMY	948.90	N	04
3	47900	SUTURE EXTRAHEPATIC BILIARY DU CT PRE-EXISTING INJURY	621.95	N	04
3	47999	BILE TRACT SURGERY PROCEDURE	0.00	Y	04
3	48000	DRAINAGE OF ABDOMEN	718.70	N	04
3	48001	PLACEMENT DRAINS W/CHOLEC GAS	801.90	N	04
3	48005	RSCTION DEBR PANC&PERIPAN TIS	810.10	N	04
3	48020	REMOVAL OF PANCREATIC STONE	839.35	N	04
3	48100	BIOPSY OF PANCREAS	480.00	N	04
3	48102	BIOPSY PANCREAS-NEEDLE PERCUT	154.90	N	04
3	48120	REMOVAL OF PANCREAS LESION	599.35	N	04
3	48140	PARTIAL REMOVAL OF PANCREAS	839.35	N	04
3	48145	PARTIAL REMOVAL OF PANCREAS	1,438.70	N	04
3	48146	PANC,DISTW/PRESERV DUODENUM CH	1,438.70	N	04
3	48148	REMOVAL OF PANCREATIC DUCT	859.00	N	04
3	48150	PARTIAL REMOVAL OF PANCREAS	1,438.70	N	04
3	48152	PANCREATECTOMY W/O PANCREATOJE	1,438.70	N	04
3	48153	PANCREATECTOMY PROX SUBTOTAL	1,438.70	N	04
3	48154	PANCREATECTOMY W/O PANCREATOJE	1,438.70	N	04
3	48155	REMOVAL OF PANCREAS	1,438.70	N	04
3	48160	PANCREAS REMOVAL, TRANSPLANT	2,397.40	N	04
3	48180	FUSE PANCREAS AND BOWEL	958.60	N	04
3	48400	INJ PRO INTRAOP PANCREATOGRAPH	47.30	N	04
3	48500	SURGERY OF PANCREAS CYST	839.35	N	04
3	48510	EXT DRAINAGE PANCREATIC PSUEDO CYST (OPEN)	839.35	N	04
3	48511	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	839.35	N	04
3	48520	FUSE PANCREAS CYST AND BOWEL	839.35	N	04
3	48540	FUSE PANCREAS CYST AND BOWEL	839.35	N	04
3	48545	PANCREATORRHAPHY FOR TRAUMA	599.35	N	04
3	48547	DUOD EXCL W/GASTRO PANC TRAUMA	718.70	N	04
3	48550	DONOR PANCREATEC W/O DUO SEG	599.35	N	04
3	48554	TRANSPLANT PANCREATIC ALLOGRAF	2,397.40	N	04
3	48556	REMOV TRANSPL PANCREATIC ALLOG	599.35	N	04
3	48999	PANCREAS SURGERY PROCEDURE	0.00	Y	04
3	49000	EXPLORATION OF ABDOMEN	480.00	N	04
3	49002	REEXPLORATION OF ABDOMEN	480.00	N	04
3	49010	EXPLORATION BEHIND ABDOMEN	480.00	N	04
3	49020	DRAIN ABDOMINAL ABSCESS	480.00	N	04

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3	49021	DRAIN PERI ABSCESS LOCAL PERI, EXCLU ABSCESS; PERCUTANEOUS	314.60	N	04
3	49040	DRAINAGE OF ABD ABSCESS (OPEN)	480.00	N	04
3	49041	DRAINAGE OF SUB DIAPHRAGMATIC/SUB ABCESS; PERCUTANEOUS	480.00	N	04
3	49060	DRAIN RETROPERITONEAL ABSCESS (OPEN)	480.00	N	04
3	49061	DRAINAGE OF RETRO PERITONEAL ABCESS PERCUTANEOUS	480.00	N	04
3	49062	DRAIN EXTRAPERITONEAL LYMPHOCELE-TO-PERITONEAL CAVITY,OPEN	480.00	N	04
3	49080	REMOVAL OF ABDOMINAL FLUID	71.40	N	04
3	49081	REMOVAL OF ABDOMINAL FLUID	71.40	N	04
3	49085	REMOVE ABDOMEN FOREIGN BODY	0.00	Y	04
3	49180	BIOPSY RETROPERITONEAL MASS	106.80	N	04
3	49200	REMOVAL OF ABDOMINAL LESION	0.00	Y	04
3	49201	REMOVAL OF ABDOMINAL LESION	0.00	Y	04
3	49215	EXCISION SACRAL TUMOR	766.90	N	04
3	49220	STAGING CELIOTOMY-LAPAROTOMY	998.80	N	04
3	49250	EXCISION OF UMBILICUS	374.55	N	04
3	49255	REMOVAL OF OMENTUM	599.35	N	04
3	49320	LAPAROSCOPY	302.40	N	04
3	49321	LAPAROSCOPY W BIOPSY SINGLE OR MULTIPLE	302.40	N	04
3	49322	LAPAROSCOPY SURGICAL W ASPIRATION SINGE OR MULTIPLE	0.00	Y	04
3	49323	LAPAROSCOPY W/DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY	480.00	N	04
3	49329	UNLISTED LAPAROSCOPY PROCEDURE ABDOMEN PERITONEUM & OMENTUM	0.00	Y	04
3	49400	AIR INJECTION INTO ABDOMEN	47.00	N	04
3	49419	INSERTION INTRAPERITONEAL CANNULA/CATH W/PERMASQ RESERVIOR	180.46	N	04
3	49420	INSERT ABDOMINAL DRAIN	74.90	N	04
3	49421	INSERT ABDOMINAL DRAIN	299.70	N	04
3	49422	REMOVAL PERMANENT INTRAPERITON EAL CANNULA OR CATHETER	240.00	N	04
3	49423	EXCHANGE PREV ABCESS/CYST DRAIN CATH UNDER RADIOLOGICAL GUID	262.20	N	04
3	49424	CONTRAST INJ/ASSESSMENT ABCESS/CYST VIA PREV CATH (SEP PROC)	20.95	N	04
3	49425	PERITONEAL VENOUS SHUNT LEVEEN	718.70	N	04
3	49426	REVISE ABD-VENOUS SHUNT	0.00	Y	04
3	49427	INJECTION PREV PERITON/VENOUS	37.40	N	04
3	49428	LIGATION PERITONEAL-VENOUS SHU NT	0.00	Y	04
3	49429	REMOVAL PERITONEAL-VENOUS SHUN T	0.00	Y	04
3	49491	REPAIR INITIAL INGUINAL HERNIA PRETERM INFANT, REDUCIBLE	433.70	N	04
3	49492	REPAIR INITIAL INGUINAL HERNIA PRETERM INFANT,INCARCERATED	535.00	N	04
3	49495	RPR INIT INGUINAL HERNIA <6MO	362.00	N	04
3	49496	REPR INIT ING HERNIA<6 MO STRA	362.00	N	04
3	49500	REPAIR INGUINAL HERNIA	362.00	N	04
3	49501	RPR INIT ING HERNIA INCAR/STRA	387.05	N	04
3	49505	REPAIR INGUINAL HERNIA	387.05	N	04
3	49507	RPR INIT ING HERNIA INCAR/STRA	387.05	N	04

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3	49520	REREPAIR INGUINAL HERNIA	409.20	N	04
3	49521	RPR RECUR ING HERNIA INCAR/STR	387.05	N	04
3	49525	REPAIR INGUINAL HERNIA	464.80	N	04
3	49540	REPAIR LUMBAR HERNIA	337.10	N	04
3	49550	REPAIR FEMORAL HERNIA	409.20	N	04
3	49553	RPR INIT FEM HERNIA INCAR/STRA	409.20	N	04
3	49555	REPAIR FEMORAL HERNIA	460.60	N	04
3	49557	RPR RECUR FEM HERNIA INCAR/STR	460.60	N	04
3	49560	REPAIR INITIAL INCISION/VENTRAL HERNIA	503.60	N	04
3	49561	RPR INIT INCIS HERNIA INCAR/ST	503.60	N	04
3	49565	RE-REPAIR INCISIONAL/VENTRAL HERNIA	546.65	N	04
3	49566	RPR RECUR INCIS HERNIA INCAR/S	572.50	N	04
3	49568	IMPLAN MESH/PROTH INCIS HERNIA	460.60	N	04
3	49570	REPAIR EPIGASTRIC HERNIA	345.50	N	04
3	49572	RPR EPIG HERNIA INCAR/STRANG	345.50	N	04
3	49580	REPAIR UMBILICAL HERNIA	342.65	N	04
3	49582	RPR UMBILICAL HERNIA INCAR/STR	374.55	N	04
3	49585	REPAIR UMBILICAL HERNIA REDUCI	374.55	N	04
3	49587	REP UMBILICAL HERNIA INCAR/STR	374.55	N	04
3	49590	REPAIR ABDOMINAL HERNIA	374.55	N	04
3	49600	REPAIR UMBILICAL LESION	275.80	N	04
3	49605	REPAIR UMBILICAL LESION	573.10	N	04
3	49606	REPAIR UMBILICAL LESION	0.00	Y	04
3	49610	REPAIR UMBILICAL LESION	599.35	N	04
3	49611	REPAIR UMBILICAL LESION	449.50	N	04
3	49650	LAPAROSCOPY SURG REPAIR INITIAINGUINAL HERNIA	387.05	N	04
3	49651	LAPAROSCOPY SURG REPAIR RECURRINGUINAL HERNIA	409.20	N	04
3	49659	UNLIST LAPAROSCOPY PROC HERNIOPLASTY HERNIORRHAPHY HERNIOTOM	0.00	Y	04
3	49900	REPAIR OF ABDOMINAL WALL	307.05	N	04
3	49904	OMENTAL FLAP FOR RECONSTRUCTION STERNAL WALL	617.40	N	04
3	49905	OMENTAL FLAP FOR RECONSTRUCT	442.90	N	04
3	49906	FREE OMENTAL FLAP W/MICROVAS ANASTOMOSIS	1,306.65	N	04
3	49999	ABDOMEN SURGERY PROCEDURE	0.00	Y	04
3	50010	EXPLORATION OF KIDNEY	480.00	N	04
3	50020	DRAIN PERIRENAL/RENAL ABSCESS (OPEN)	398.35	N	04
3	50021	DRAINAGE PERIRENAL/RENAL ABCESS; PERCUTANEOUS	299.70	N	04
3	50040	DRAINAGE OF KIDNEY	775.60	N	04
3	50045	EXPLORATION OF KIDNEY	718.70	N	04
3	50060	REMOVAL OF KIDNEY STONE	718.70	N	04
3	50065	INCISION OF KIDNEY	599.35	N	04
3	50070	INCISION OF KIDNEY	749.20	N	04

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3	50075	REMOVAL OF KIDNEY STONE	749.20	N	04
3	50080	LITHOTOMY NEPHROS PYELOS PERCU	434.20	N	04
3	50081	PERCUTANEOUS LITH OVER 2 CM	600.55	N	04
3	50100	REVISE KIDNEY BLOOD VESSELS	767.20	N	04
3	50120	EXPLORATION OF KIDNEY	839.35	N	04
3	50125	EXPLORE AND DRAIN KIDNEY	839.35	N	04
3	50130	REMOVAL OF KIDNEY STONE	837.90	N	04
3	50135	EXPLORATION OF KIDNEY	0.00	Y	04
3	50200	BIOPSY OF KIDNEY	112.40	N	04
3	50205	BIOPSY OF KIDNEY	480.00	N	04
3	50220	REMOVAL OF KIDNEY	933.80	N	04
3	50225	REMOVAL OF KIDNEY	933.80	N	04
3	50230	REMOVAL OF KIDNEY	1,057.20	N	04
3	50234	REMOVAL OF KIDNEY & URETER	933.80	N	04
3	50236	REMOVAL OF KIDNEY & URETER	0.00	Y	04
3	50240	PARTIAL REMOVAL OF KIDNEY	749.20	N	04
3	50280	REMOVAL OF KIDNEY LESION	718.70	N	04
3	50290	REMOVAL OF KIDNEY LESION	718.70	N	04
3	50300	REMOVAL OF DONOR KIDNEY	0.00	Y	04
3	50320	REMOVAL OF DONOR KIDNEY	933.80	N	04
3	50340	REMOVAL OF KIDNEY	933.80	N	04
3	50360	TRANSPLANTATION OF KIDNEY	1,366.60	N	04
3	50365	TRANSPLANTATION OF KIDNEY	1,833.45	N	04
3	50370	REMOVE TRANSPLANTED KIDNEY	933.80	N	04
3	50380	REIMPLANTATION OF KIDNEY	0.00	Y	04
3	50390	DRAINAGE OF KIDNEY LESION	119.25	N	04
3	50392	INSERT KIDNEY DRAIN	119.25	N	04
3	50393	INTRODUCE URETERAL CATHETER	119.25	N	04
3	50394	INJECTION FOR KIDNEY X-RAY	117.35	N	04
3	50395	PERCUTANEOUS DIL RENAL/URETER	119.25	N	04
3	50396	MEASURE KIDNEY PRESSURE	50.20	N	04
3	50398	CHANGE KIDNEY TUBE	36.70	N	04
3	50400	REVISION OF KIDNEY/URETER	958.60	N	04
3	50405	REVISION OF KIDNEY/URETER	958.60	N	04
3	50500	REPAIR OF KIDNEY WOUND	718.70	N	04
3	50520	CLOSE KIDNEY-SKIN FISTULA	480.00	N	04
3	50525	REPAIR RENAL-ABDOMEN FISTULA	674.20	N	04
3	50526	REPAIR RENAL-ABDOMEN FISTULA	674.20	N	04
3	50540	REVISION OF HORSESHOE KIDNEY	1,198.70	N	04
3	50541	LAPAROSCOPY SURG ABLATION OF RENAL CYSTS	718.70	N	04
3	50542	SURG LAP W/ ABLATION OF RENAL MASS LESION(S)	718.70	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	50543	SURG LAP PARTIAL REPHRECTOMY	749.20	N	04
3	50544	LAPAROSCOPY SURGICAL PYELOPLASTY	958.60	N	04
3	50545	RADICAL NEPHRECTOMY LAPAROSCOPY	906.40	N	04
3	50546	LAPAROSCOPY SURG NEPHRECTOMY	933.80	N	04
3	50547	LAPAROSCOPY SURG DONOR NEPHRECTOMY FROM LIVING DONOR	933.80	N	04
3	50548	LAPAROSCOPICALLY ASSISTED NEPHROURETERECTOMY	933.80	N	04
3	50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	0.00	Y	04
3	50551	KIDNEY ENDOSCOPY	151.00	N	04
3	50553	KIDNEY ENDOSCOPY	245.35	N	04
3	50555	KIDNEY ENDOSCOPY & BIOPSY	250.35	N	04
3	50557	KIDNEY ENDOSCOPY & TREATMENT	294.80	N	04
3	50559	RENAL ENDOSCOPY; RADIOTRACER	147.65	N	04
3	50561	KIDNEY ENDOSCOPY & TREATMENT	301.85	N	04
3	50562	RENAL ENDOSCOPY THROUGH NEPHRASTOMY SYLOSTOMY W/RESECTION TU	301.95	N	04
3	50570	KIDNEY ENDOSCOPY	204.70	N	04
3	50572	KIDNEY ENDOSCOPY	268.20	N	04
3	50574	KIDNEY ENDOSCOPY & BIOPSY	281.05	N	04
3	50575	RENAL ENDOPYELOTOMY	365.15	N	04
3	50576	KIDNEY ENDOSCOPY & TREATMENT	294.80	N	04
3	50578	RENAL ENDOSCOPY; RADIOTRACER	263.95	N	04
3	50580	KIDNEY ENDOSCOPY & TREATMENT	269.70	N	04
3	50590	LITHOTRIPSY	749.20	N	04
3	50600	EXPLORATION OF URETER	718.70	N	04
3	50605	INSERTION OF STENT-URETEROTOMY	738.10	N	04
3	50610	REMOVAL OF URETER STONE	738.10	N	04
3	50620	REMOVAL OF URETER STONE	738.10	N	04
3	50630	REMOVAL OF URETER STONE	738.10	N	04
3	50650	REMOVAL OF URETER	599.35	N	04
3	50660	REMOVAL OF URETER	599.35	N	04
3	50684	INJECTION FOR URETER X-RAY	120.00	N	04
3	50686	MEASURE URETER PRESSURE	64.10	N	04
3	50688	CHANGE OF URETER TUBE	37.40	N	04
3	50690	INJECTION FOR URETER X-RAY	129.70	N	04
3	50700	REVISION OF URETER	958.60	N	04
3	50715	RELEASE OF URETER	749.20	N	04
3	50722	RELEASE OF URETER	749.20	N	04
3	50725	RELEASE/REVISE URETER	958.60	N	04
3	50727	REVIS URIN-CUTANEOUS ANASTOM	455.80	N	04
3	50728	REVIS URIN-CUTANEOUS W REPAIR	567.10	N	04
3	50740	FUSION OF URETER & KIDNEY	958.60	N	04
3	50750	FUSION OF URETER & KIDNEY	958.60	N	04

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3	50760	FUSION OF URETERS	958.60	N	04
3	50770	SPLICING OF URETERS	958.60	N	04
3	50780	REIMPLANT URETER IN BLADDER	958.60	N	04
3	50782	URETERONEOCYSTOSTOMY/ANASTOMOS	945.15	N	04
3	50783	URETERONEOCYSTOSTOMY W URETER	945.15	N	04
3	50785	REIMPLANT URETER IN BLADDER	958.60	N	04
3	50800	IMPLANT URETER IN BOWEL	718.70	N	04
3	50810	FUSION OF URETER & BOWEL	718.70	N	04
3	50815	URETEROCOLON CONDUIT UNILATERL	718.70	N	04
3	50820	CONSTRUCT BOWEL BLADDER	718.70	N	04
3	50825	CONTINENT DIVERSION ANASTAM	1,438.70	N	04
3	50830	URINARYUNDIVERSION	0.00	Y	04
3	50840	REPLACE URETER BY BOWEL	718.70	N	04
3	50845	CUTANEOUS APPENDICO-VESICOSTOM	0.00	Y	04
3	50860	TRANSPLANT URETER TO SKIN	958.60	N	04
3	50900	REPAIR OF URETER	958.60	N	04
3	50920	CLOSURE URETER/SKIN FISTULA	480.00	N	04
3	50930	CLOSURE URETER/BOWEL FISTULA	629.90	N	04
3	50940	RELEASE OF URETER	934.70	N	04
3	50945	LAPAROSCOPY SURGICAL URETEROLITHOTOMY	738.10	N	04
3	50947	URETERONEOCYSTOSTOMY W/ CYSTOSCOPE AND STENT PLACE	973.55	N	04
3	50948	URETERONEOCYSTOSTOMY W/STENT	890.50	N	04
3	50949	URETER PROC NOS	0.00	Y	04
3	50951	ENDOSCOPY OF URETER	152.60	N	04
3	50953	ENDOSCOPY OF URETER	251.25	N	04
3	50955	URETER ENDOSCOPY & BIOPSY	235.50	N	04
3	50957	URETER ENDOSCOPY & TREATMENT	236.20	N	04
3	50959	URETER ENDOSCOPY & TRACER	141.30	N	04
3	50961	URETER ENDOSCOPY & TREATMENT	297.95	N	04
3	50970	URETER ENDOSCOPY	187.70	N	04
3	50972	URETER ENDOSCOPY & CATHETER	152.10	N	04
3	50974	URETER ENDOSCOPY & BIOPSY	243.40	N	04
3	50976	URETER ENDOSCOPY & TREATMENT	236.20	N	04
3	50978	URETER ENDOSCOPY & TRACER	172.00	N	04
3	50980	URETER ENDOSCOPY & TREATMENT	262.20	N	04
3	51000	DRAINAGE OF BLADDER	74.90	N	04
3	51005	DRAINAGE OF BLADDER	119.25	N	04
3	51010	DRAINAGE OF BLADDER	120.60	N	04
3	51020	INCISE & TREAT BLADDER	524.40	N	04
3	51030	INCISE & TREAT BLADDER	524.40	N	04
3	51040	INCISE & DRAIN BLADDER	449.50	N	04

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3	51045	INCISE BLADDER, DRAIN URETER	449.50	N	04
3	51050	REMOVAL OF BLADDER STONE	599.35	N	04
3	51060	REMOVAL OF URETER STONE	738.10	N	04
3	51065	REMOVAL OF URETER STONE	738.10	N	04
3	51080	DRAINAGE OF BLADDER ABSCESS	599.35	N	04
3	51500	REMOVAL OF BLADDER CYST	599.35	N	04
3	51520	REMOVAL OF BLADDER LESION	480.00	N	04
3	51525	REMOVAL OF BLADDER LESION	718.70	N	04
3	51530	REMOVAL OF BLADDER LESION	599.35	N	04
3	51535	REPAIR OF URETER LESION	599.35	N	04
3	51550	PARTIAL REMOVAL OF BLADDER	599.35	N	04
3	51555	PARTIAL REMOVAL OF BLADDER	599.35	N	04
3	51565	REVISE BLADDER & URETER(S)	958.60	N	04
3	51570	REMOVAL OF BLADDER	749.20	N	04
3	51575	REMOVAL OF BLADDER & NODES	1,198.70	N	04
3	51580	REMOVE BLADDER; REVISE TRACT	1,438.70	N	04
3	51585	REMOVAL OF BLADDER & NODES	1,438.70	N	04
3	51590	REMOVE BLADDER; REVISE TRACT	1,438.70	N	04
3	51595	REMOVE BLADDER; REVISE TRACT	1,498.30	N	04
3	51596	CYSTECTOMY W/CONTINENT DIVER	1,438.70	N	04
3	51597	REMOVAL OF PELVIC STRUCTURES	1,498.30	N	04
3	51600	INJECTION FOR BLADDER X-RAY	121.35	N	04
3	51605	PREPARATION FOR BLADDER XRAY	121.35	N	04
3	51610	INJECTION FOR BLADDER X-RAY	130.80	N	04
3	51700	IRRIGATION OF BLADDER	44.60	N	04
3	51701	INSERTION OF NON-INDWELLING, NG BLADDER CATHETER	24.02	N	04
3	51702	INSERTION TEMP INDWELLING BLADDER CATH SIMPLE	24.02	N	04
3	51703	INSERTION TEMP INDWELLING BLADDER CATH COMPLICATED	26.18	N	04
3	51705	CHANGE OF BLADDER TUBE	38.85	N	04
3	51710	CHANGE OF BLADDER TUBE	66.85	N	04
3	51715	ENDOSCOPIC INJECT IMPLANT MAT	295.95	N	04
3	51720	TREATMENT OF BLADDER LESION	66.85	N	04
3	51725	SIMPLECYSTOMETROGRAM	44.40	N	04
3	51726	COMPLEXCYSTOMETROGRAMWITHGAS	50.05	N	04
3	51736	SIMPLEUROFLOWMETRY	17.30	N	04
3	51741	ELECTRONICUROFLOWMETRYINITIAL	52.70	N	04
3	51772	URETHRAL PRESS PROFILE RECORD	45.00	N	04
3	51784	ELECTROMYOGRAPHY STUDIES ANAL/ URETHRAL SPHINCTER ANY TECHNI	52.70	N	04
3	51785	ELECTROMYOGRAPHY ONE LEAD	52.70	N	04
3	51792	STIMULUS EVOKED RESPONSE	74.90	N	04
3	51795	VOID PRESSURE WITH PROBE URETH	51.50	N	04

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3	51797	VOID PRESSURE STUDY INTRA-ABD	45.00	N	04
3	51798	MEASUREMENT OF PVR/BLADDER CAPACITY,NON-IMAGING ULTRASOUND	17.56	N	04
3	51800	REVISION OF BLADDER/URETHRA	599.35	N	04
3	51820	REVISION OF URINARY TRACT	839.35	N	04
3	51840	ANTERIOR VESICOURETHROPEXY/URETHROPEXY	631.25	N	04
3	51841	ATTACH BLADDER/URETHRA	631.25	N	04
3	51845	ABD VAG VES NECK SUSPEND	631.25	N	04
3	51860	REPAIR OF BLADDER WOUND	599.35	N	04
3	51865	REPAIR OF BLADDER WOUND	599.35	N	04
3	51880	REPAIR OF BLADDER OPENING	216.65	N	04
3	51900	REPAIR BLADDER/VAGINA LESION	958.60	N	04
3	51920	CLOSE BLADDER-UTERUS FISTULA	958.60	N	04
3	51925	HYSTERECTOMY/BLADDER REPAIR	958.60	N	04
3	51940	CORRECTION OF BLADDER DEFECT	839.35	N	04
3	51960	REVISION OF BLADDER & BOWEL	1,105.80	N	04
3	51980	CONSTRUCT BLADDER OPENING	449.50	N	04
3	51990	LAPAROSCOPY SURG URETHRAL SUSP FOR STRESS INCONTINENCE	631.25	N	04
3	51992	LAPAROSCOPY SURG SLING OPERAT FOR STRESS INCONTINENCE	631.25	N	04
3	52000	CYSTOSCOPY	85.90	N	04
3	52001	CYSTOURETHROSCOPY WITH IRRIGATION & EVACUATION CLOTS	90.40	N	04
3	52005	CYSTOSCOPY & URETER CATHETER	118.90	N	04
3	52007	CYSTOURETHROSCOPY FOR CYTOLOGY	154.60	N	04
3	52010	CYSTOSCOPY & DUCT CATHETER	118.90	N	04
3	52204	CYSTOSCOPY AND BIOPSY	163.90	N	04
3	52205	MIN INVAS DIR CAB SURG W/ MINI THORACOTOMY SNGLCORONARY ART	0.00	Y	04
3	52206	MIN INVAS DIR CAB SURG W/ MINI THORACOTOMY TWO CORONARY ART	0.00	Y	04
3	52214	CYSTOSCOPY AND TREATMENT	178.30	N	04
3	52224	CYSTOSCOPY AND TREATMENT	295.95	N	04
3	52234	CYSTOSCOPY AND TREATMENT	374.55	N	04
3	52235	CYSTOSCOPY AND TREATMENT	374.55	N	04
3	52240	CYSTOSCOPY AND TREATMENT	524.40	N	04
3	52250	CYSTOSCOPY & RADIOTRACER	141.30	N	04
3	52260	CYSTOSCOPY & TREATMENT	149.80	N	04
3	52265	CYSTOSCOPY & TREATMENT	142.70	N	04
3	52270	CYSTOSCOPY & REVISE URETHRA	180.30	N	04
3	52275	CYSTOSCOPY & REVISE URETHRA	194.20	N	04
3	52276	CYSTOURETHROSCOPY DIRECT VISIO	209.40	N	04
3	52277	CYSTOSCOPY AND TREATMENT	180.30	N	04
3	52281	CYSTO W/ CALIBRATION/DILITATION	134.80	N	04
3	52282	CYSTOURETHROSCOPY W/INSERTION OF URETHRAL STENT	204.10	N	04
3	52283	CYSTOSCOPY AND TREATMENT	149.80	N	04

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3	52285	CYSTOSCOPY AND TREATMENT	135.70	N	04
3	52290	CYSTOSCOPY AND TREATMENT	184.50	N	04
3	52300	CYSTOSCOPY AND TREATMENT	240.00	N	04
3	52301	CYSTOUR W/RESECT/FULGURATION ECTOPIC URETER UNI/BILAT	240.00	N	04
3	52305	CYSTOSCOPY AND TREATMENT	297.00	N	04
3	52310	CYSTOURETHROSCOPY W/REMOVAL FOREIGN BODY/CALCULUS/STENT SIMP	180.30	N	04
3	52315	CYSTOSCOPY AND TREATMENT	239.00	N	04
3	52317	LITHOLAPAXY CRUSHING SMALL<2.5	342.15	N	04
3	52318	LITHOLAPAXY CRUSHING COMP LG25	339.25	N	04
3	52320	CYSTOSCOPY AND TREATMENT	249.70	N	04
3	52325	CYSTO ELECTRO-HYDRO SONIC CALC	379.40	N	04
3	52327	CYSTOURETHROSCOPY W SUBURETERI C INJECTION IMPLANT MATERIAL	295.95	N	04
3	52330	CYSTOSCOPY AND TREATMENT	260.80	N	04
3	52332	CYSTOURETHROSCOPY URETH STENT	138.90	N	04
3	52334	CYSTOURETHROSCOPY URETH GUIDE	308.35	N	04
3	52341	CYSTOSCOPE W/ TX UTETHERAL STRICT	224.45	N	04
3	52342	CYSTOSCOPE W/ TX JUNCT STRICT	242.90	N	04
3	52343	CYSTOSCOPE W/ TX RENAL STRICT	269.10	N	04
3	52344	CYSTOSCOPE W/ TX URETERAL STRICT	287.60	N	04
3	52345	CYSTOSCOPE W/ TX URET PELVIC STRICT	306.60	N	04
3	52346	CYSTOSCOPE W/ RENAL STRICT W/ URETOSCOPE	344.90	N	04
3	52347	CYSTOURETHROSCOPY TRANSURETHAL RESECTION OR INCISION OF DUCT	537.15	N	04
3	52351	CYSTOSCOPE DIAG	178.30	N	04
3	52352	CYSTOSCOPE W/ STONE REMOVAL	293.75	N	04
3	52353	CYSTOSCOPE W/ LITHOTRIP	262.20	N	04
3	52354	CYSTOSCOPE W/ BIOPSY	249.70	N	04
3	52355	CYSTOSCOPE W/ TUMOR RESECT	337.00	N	04
3	52400	CYSTOSCOPE W/ INCIS VALVES	398.85	N	04
3	52450	TRANSURETHRAL INCIS PROSTATE	249.00	N	04
3	52500	REVISION OF BLADDER NECK	480.00	N	04
3	52510	TRANSURETH BALLOON DIL PROSTAT	283.60	N	04
3	52601	PROSTATECTOMY (TUR)	775.60	N	04
3	52606	CONTROL POSTOP BLEEDING	374.55	N	04
3	52612	PROSTATECTOMY, FIRST STAGE	621.50	N	04
3	52614	PROSTATECTOMY, SECOND STAGE	430.05	N	04
3	52620	REMOVE RESIDUAL PROSTATE	202.55	N	04
3	52630	REMOVE PROSTATE REGROWTH	599.35	N	04
3	52640	RELIEVE BLADDER CONTRACTURE	486.90	N	04
3	52647	NON CONTACT LASER COAGULATION PROSTATE/CONTROL POSTOP. BLEED	599.35	N	04
3	52648	CONTACT LASER VAPOR W/WO TRANS URETH RESECT PROSTATE, BLEED	599.35	N	04
3	52700	DRAINAGE OF PROSTATE ABSCESS	314.95	N	04

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3	53000	INCISION OF URETHRA	240.00	N	04
3	53010	INCISION OF URETHRA	314.95	N	04
3	53020	INCISION OF URETHRA	67.80	N	04
3	53025	INCISION OF URETHRA	58.60	N	04
3	53040	DRAINAGE OF URETHRA ABSCESS	197.80	N	04
3	53060	DRAINAGE OF URETHRA ABSCESS	95.30	N	04
3	53080	DRAINAGE OF URINARY LEAKAGE	0.00	Y	04
3	53085	DRAINAGE OF URINARY LEAKAGE	0.00	Y	04
3	53200	BIOPSY OF URETHRA	92.70	N	04
3	53210	REMOVAL OF URETHRA	449.50	N	04
3	53215	REMOVAL OF URETHRA	524.40	N	04
3	53220	TREATMENT OF URETHRA LESION	449.50	N	04
3	53230	REMOVAL OF URETHRA LESION	599.35	N	04
3	53235	REMOVAL OF URETHRA LESION	599.35	N	04
3	53240	SURGERY FOR URETHRA POUCH	449.50	N	04
3	53250	REMOVAL OF URETHRA GLAND	0.00	Y	04
3	53260	TREATMENT OF URETHRA LESION	113.60	N	04
3	53265	TREATMENT OF URETHRA LESION	115.00	N	04
3	53270	REMOVAL OF URETHRA GLAND	113.60	N	04
3	53275	REPAIR OF URETHRA DEFECT	122.20	N	04
3	53400	REVISE URETHRA, 1ST STAGE	599.35	N	04
3	53405	REVISE URETHRA, 2ND STAGE	599.35	N	04
3	53410	RECONSTRUCTION OF URETHRA	599.35	N	04
3	53415	RECONSTRUCT URETHRA ONE STAGE	745.30	N	04
3	53420	RECONSTRUCT URETHRA, STAGE 1	599.35	N	04
3	53425	RECONSTRUCT URETHRA, STAGE 2	449.50	N	04
3	53430	RECONSTRUCTION OF URETHRA	517.40	N	04
3	53431	URETHROPLASTY W/TUBULARIZATION OF POSTERIOR URETHRA	709.95	N	04
3	53440	CORRECT BLADDER FUNCTION	599.35	N	04
3	53442	REMOVAL OF PERINEAL PROSTHESIS	449.50	N	04
3	53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	540.40	N	04
3	53445	OPERATION MALE URINARY INCONTI	0.00	Y	04
3	53446	REMOVAL INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	494.90	N	04
3	53447	REMOVAL INFLATABLE SPHINCTER	449.50	N	04
3	53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK	842.25	N	04
3	53449	CORRECT INFLATABLE SPHINCTER	0.00	Y	04
3	53450	REVISION OF URETHRA	164.30	N	04
3	53460	REVISION OF URETHRA	224.70	N	04
3	53500	URETHROLYSIS, TRANSVAGINAL, OPEN INCLUDING CYSTOURETHROSCOPY	386.25	N	04
3	53502	REPAIR OF URETHRA INJURY	0.00	Y	04
3	53505	REPAIR OF URETHRA INJURY	0.00	Y	04

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3	53510	REPAIR OF URETHRA INJURY	0.00	Y	04
3	53515	REPAIR OF URETHRA INJURY	0.00	Y	04
3	53520	REPAIR OF URETHRA DEFECT	314.95	N	04
3	53600	DILATE URETHRA STRICTURE	52.80	N	04
3	53601	DILATE URETHRA STRICTURE	47.80	N	04
3	53605	DILATE URETHRA STRICTURE	47.80	N	04
3	53620	DILATE URETHRA STRICTURE	75.10	N	04
3	53621	DILATE URETHRA STRICTURE	69.55	N	04
3	53660	DILATION OF URETHRA	41.80	N	04
3	53661	DILATION OF URETHRA	42.10	N	04
3	53665	DILATION OF URETHRA	36.00	N	04
3	53675	INSERT URINARY CATHETER	0.00	N	04
3	53850	TRANSURETHRAL DESTRUCT PROSTRATE TISSUE-MICROWAVE THERMOTHER	576.80	N	04
3	53852	TRANSURETHRAL DESTRUCT PROSTRATE TISSUE-ANY RADIO THERMOTHER	576.80	N	04
3	53853	TRANSURETHRAL DESTRUCT OF PROSTATE TISSUE BY THERMOTHERAPY	229.10	N	04
3	53899	UROLOGY SURGERY PROCEDURE	0.00	Y	04
3	54000	SLITTING OF PREPUCE	74.90	N	04
3	54001	SLITTING OF PREPUCE	87.85	N	04
3	54015	DRAIN PENIS LESION	156.75	N	04
3	54050	TREATMENT OF PENIS LESION	52.70	N	04
3	54055	TREATMENT OF PENIS LESION	72.10	N	04
3	54056	CRYOSURGERY OF LESION(S)	71.40	N	04
3	54057	LASER SURGERY OF LESION(S)	71.40	N	04
3	54060	TREATMENT OF PENIS LESION	88.50	N	04
3	54065	TREATMENT OF PENIS LESION	107.00	N	04
3	54100	BIOPSY OF PENIS	88.50	N	04
3	54105	BIOPSY OF PENIS	114.25	N	04
3	54110	TREATMENT OF PENIS LESION	321.45	N	04
3	54111	EXCISION OF PENILE PLAQUE-5CM	585.75	N	04
3	54112	EXCISION GRAFT PENILE <5CM	717.90	N	04
3	54115	TREATMENT OF PENIS LESION	0.00	Y	04
3	54120	PARTIAL REMOVAL OF PENIS	285.10	N	04
3	54125	REMOVAL OF PENIS	449.50	N	04
3	54130	REMOVE PENIS & NODES	749.20	N	04
3	54135	REMOVE PENIS & NODES	749.20	N	04
3	54150	CIRCUMCISION	77.50	N	04
3	54152	CIRCUMCISION-CLAMP	140.05	N	04
3	54160	CIRCUMCISION	99.80	N	04
3	54161	CIRCUMCISION	146.70	N	04
3	54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	97.25	N	04
3	54163	REPAIR INCOMPLETE CIRCUMCISION	137.40	N	04

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3	54164	FRENULOTOMY OF PENTS	120.30	N	04
3	54200	TREATMENT OF PENIS LESION	38.60	N	04
3	54205	TREATMENT OF PENIS LESION	0.00	Y	04
3	54220	TREATMENT OF PENIS LESION	299.70	N	04
3	54230	INJECTION PROCEDURE CORPORA	38.20	N	04
3	54231	DYNAMIC CAVERN/INTRACAV INJECT	118.80	N	04
3	54235	INJECT CORPORA CAVERNOSA	37.40	N	04
3	54240	PENILE PLETHYSMOGRAPHY	0.00	Y	09
3	54250	PENILE TUMESCENCE TEST	54.55	N	04
3	54300	REVISION OF PENIS	425.80	N	04
3	54304	REVISION OF PENIS 1ST STAGE	670.10	N	04
3	54308	HYPOSPADIAS REPAIR-URETH >3CM	599.35	N	04
3	54312	HYPOSPADIAS REPAIR-URETH <3CM	670.10	N	04
3	54316	HYPOSPADIAS REPAIR W/SKIN GRFT	670.10	N	04
3	54318	HYPOSPADIAS RPR-PENIS 3RD STAG	670.10	N	04
3	54322	DISTAL HYPOSPADIAS REPAIR MEAT	480.00	N	04
3	54324	ONE STAGE DISTAL HYPOSPADI RPR	538.00	N	04
3	54326	ONE STAGE DISTAL HYPOSPADIAS R EPAIRW URETHROPLASTY	670.10	N	04
3	54328	1 STAGE DISTAL HYPOSPAD REPAIR W DISSECT & URETHROPLASTY	958.60	N	04
3	54332	1 STAGE PROXIMAL PENILE/PENOSC ROTAL HYPOSPAD REPAIR	670.10	N	04
3	54336	HYPOSPADIAS RPR EXT DISSECTION	958.60	N	04
3	54340	REPAIR HYPOSPADIAS COMPLICATIO	538.00	N	04
3	54344	HYPOSPADIAS COMPLICAT W/FLAP	670.10	N	04
3	54348	REPAIR HYPOSPAD COMPLIC EXTENS	958.60	N	04
3	54352	HYPOSPADIAS RPR GRAFT FLAP	0.00	Y	04
3	54360	PENIS ANGULATION CORRECTION	0.00	Y	09
3	54380	REPAIR PENIS	386.30	N	04
3	54385	REPAIR PENIS	446.00	N	04
3	54390	REPAIR PENIS AND BLADDER	600.70	N	04
3	54400	REVISION OF PENIS	0.00	Y	09
3	54401	INSER PENILE PROSTHESIS INFLAT	0.00	Y	09
3	54405	INSERT INFLATE PENILE PROSTHES	0.00	Y	09
3	54406	REMOVAL ALL COMPONENTS INFLATABLE PENILE PROSTHESIS	0.00	Y	09
3	54408	REPAIR OF COMPONENTS OF A MULTI COMPONENT INFLATABLE PROS.	0.00	Y	09
3	54410	REMOVAL & REPLACE MULTI-COMPONENT INFLATABLE PROSTHESIS	0.00	Y	09
3	54411	REMOVAL & REPLACE ALL COMPONENTS THRU INFECTED FIELD	0.00	Y	09
3	54415	REMOVE NON-INFLATABLE OR INFLATABLE PENILE PROTHESIS	0.00	Y	09
3	54416	REMOVE & REPLACEMENT PENILE PROTHESIS SAME SESSION	0.00	Y	09
3	54417	REMOVAL & REPLACEMENT PENILE PROSTHESIS INFECTED-DEBRIDE	0.00	Y	09
3	54420	REVISION OF PENIS	409.20	N	04
3	54430	REVISION OF PENIS	409.20	N	04

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3	54435	PRIAPISM OPERATION	405.10	N	04
3	54440	REPAIR OF PENIS	224.70	N	04
3	54450	PREPUTIAL STRETCHING	37.45	N	04
3	54500	BIOPSY OF TESTIS	68.20	N	04
3	54505	BIOPSY OF TESTIS	113.60	N	04
3	54512	EXCISE LESION/TESTIS	356.05	N	04
3	54520	REMOVAL OF TESTIS	351.00	N	04
3	54522	ORCHIECTOMY, PARTIAL	404.20	N	04
3	54530	REMOVAL OF TESTIS	958.60	N	04
3	54535	EXTENSIVE TESTIS SURGERY	958.60	N	04
3	54550	EXPLORATION FOR TESTIS	359.30	N	04
3	54560	EXPLORATION FOR TESTIS	480.00	N	04
3	54600	REDUCE TESTIS TORSION	359.30	N	04
3	54620	SUSPENSION OF TESTIS	299.70	N	04
3	54640	SUSPENSION OF TESTIS	504.90	N	04
3	54650	ORCHIOPEXY ABDOMINAL APPROACH	480.00	N	04
3	54660	REVISION OF TESTIS	0.00	Y	09
3	54670	REPAIR TESTIS INJURY	0.00	Y	04
3	54680	RELOCATION OF TESTIS(ES)	0.00	Y	04
3	54690	LAPAROSCOPY SURG ORCHIECTOMY	351.00	N	04
3	54692	LAPAROSCOPY SURG ORCHIECTOMY FOR INTRA-ABDOMINAL TESTIS	504.90	N	04
3	54699	UNLISTED LAPROSCOPY PROCEDURE TESTIS	0.00	Y	04
3	54700	DRAINAGE OF SCROTUM	128.30	N	04
3	54800	BIOPSY OF EPIDIDYMIS	119.25	N	04
3	54820	EXPLORATION OF EPIDIDYMIS	0.00	Y	04
3	54830	REMOVE EPIDIDYMIS LESION	299.70	N	04
3	54840	REMOVE EPIDIDYMIS LESION	299.70	N	04
3	54860	REMOVAL OF EPIDIDYMIS	359.30	N	04
3	54861	REMOVAL OF EPIDIDYMES	480.00	N	04
3	54900	FUSION OF SPERMATIC DUCTS	480.00	N	04
3	54901	FUSION OF SPERMATIC DUCTS	599.35	N	04
3	55000	DRAINAGE OF HYDROCELE	42.35	N	04
3	55040	REMOVAL OF HYDROCELE	299.70	N	04
3	55041	REMOVAL OF HYDROCELES	449.50	N	04
3	55060	REPAIR OF HYDROCELE	259.40	N	04
3	55100	DRAINAGE OF SCROTUM ABSCESS	110.90	N	04
3	55110	SCROTAL EXPLORATION	0.00	Y	04
3	55120	REMOVAL OF SCROTUM LESION	129.30	N	04
3	55150	REMOVAL OF SCROTUM	206.10	N	04
3	55175	SCROTOPLASTY-SIMPLE	0.00	Y	04
3	55180	SCROTOPLASTY-COMPLICATED	0.00	Y	04

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3	55200	INCISION OF SPERM DUCT	147.95	N	04
3	55250	REMOVAL OF SPERM DUCT(S)	147.95	N	04
3	55300	PREPARATION,SPERM DUCT X-RAY	112.40	N	04
3	55400	REPAIR OF SPERM DUCT	0.00	Y	04
3	55450	LIGATION OF SPERM DUCT	150.40	N	04
3	55500	REMOVAL OF HYDROCELE	359.30	N	04
3	55520	REMOVAL OF SPERM CORD LESION	240.00	N	04
3	55530	REVISE SPERMATIC CORD VEINS	359.30	N	04
3	55535	REVISE SPERMATIC CORD VEINS	359.30	N	04
3	55540	REVISE HERNIA & SPERM VEINS	480.00	N	04
3	55550	LAPAROSCOPY SURG W/LIGATION OF SPERMATIC VEIN FOR VARICOCELE	359.30	N	04
3	55559	UNLISTED LAPAROSCOPY PROCEDURE SPERMATIC CORD	0.00	Y	04
3	55600	INCISE SPERM DUCT POUCH	178.30	N	04
3	55605	INCISE SPERM DUCT POUCH	223.60	N	04
3	55650	REMOVE SPERM DUCT POUCH	958.60	N	04
3	55680	REMOVE SPERM POUCH LESION	299.70	N	04
3	55700	BIOPSY OF PROSTATE	113.60	N	04
3	55705	BIOPSY OF PROSTATE	187.30	N	04
3	55720	DRAINAGE OF PROSTATE ABSCESS	359.30	N	04
3	55725	DRAINAGE OF PROSTATE ABSCESS	359.30	N	04
3	55801	REMOVAL OF PROSTATE	839.35	N	04
3	55810	EXTENSIVE PROSTATE SURGERY	1,198.70	N	04
3	55812	PROSTATECTOMY WITH BIOPSY NODE	1,678.65	N	04
3	55815	PROSTATECTOMY-LYMPHADENECTOMY	1,809.25	N	04
3	55821	REMOVAL OF PROSTATE	958.60	N	04
3	55831	REMOVAL OF PROSTATE	958.60	N	04
3	55840	EXTENSIVE PROSTATE SURGERY	1,198.70	N	04
3	55842	PROSTATECTOMY WITH BIOPSY NODE	1,285.40	N	04
3	55845	EXTENSIVE PROSTATE SURGERY	1,438.70	N	04
3	55859	TRANSPERINEAL PLACE NEEDLES/CA TH INTO PROSTRATE W W/O CYSTO	359.30	N	04
3	55860	EXPOS PROSTATE INSERT RADIOACT	0.00	Y	04
3	55862	EXPOS PROSTAT RADIOACT W/BIOPS	0.00	Y	04
3	55865	EXP PROSTATE W/BILAT LYMPHADNE	0.00	Y	04
3	55866	LAP PROSTATECTOMY,RETROPUBIC RADICAL W/NERVE SPARING	0.00	Y	04
3	55870	ELECTROEJACULATION	0.00	Y	09
3	55873	CRYOSURG/PROSTATE	739.15	N	04
3	55899	GENITAL SURGERY PROCEDURE	0.00	Y	04
3	56352	HYSTER, SURG W/LYSIS INTRAUTER	160.45	N	04
3	56353	HYSTER,SURG W DIV/RESEC INTERU	177.75	N	04
3	56405	I&D VULVA/PERINEAL ABSCESS	95.05	N	04
3	56420	DRAINAGE OF VULVA ABSCESS	103.05	N	04

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3	56440	SURGERY FOR VULVA LESION	202.50	N	04
3	56441	LYSIS OF LABIAL ADHESIONS	127.90	N	04
3	56501	DESTRUCTION VULVA LESION-S-	52.70	N	04
3	56515	TREATMENT OF VULVA LESIONS	181.00	N	04
3	56605	BIOPSY VULVA/PERINEUM 1 LESION	108.30	N	04
3	56606	BIOPSY VULVA/PERINEUM ADD LES	35.65	N	04
3	56620	PARTIAL REMOVAL OF VULVA	335.70	N	04
3	56625	REMOVAL OF VULVA	480.00	N	04
3	56630	EXTENSIVE VULVA SURGERY	524.40	N	04
3	56631	VULVECTOMY RADICAL PARTIAL	511.20	N	04
3	56632	VULVECTOMY W/BILAT INGUI LYMPH	599.65	N	04
3	56633	VULVECTOMY RADICAL, COMPLETE	524.40	N	04
3	56634	VULVECTOMY RAD COMP W UNILAT	599.35	N	04
3	56637	VULVECTOMY RAD COMP W BIL LYMP	749.20	N	04
3	56640	EXTENSIVE VULVA SURGERY	749.20	N	04
3	56700	PARTIAL REMOVAL OF HYMEN	113.60	N	04
3	56720	INCISION OF HYMEN	68.65	N	04
3	56740	REMOVE VAGINA GLAND LESION	226.10	N	04
3	56800	REPAIR OF VAGINA	119.25	N	04
3	56805	CLITOROPLASTY FOR ADRENOGEN	496.90	N	04
3	56810	PERINEOPLASTY REPAIR PERINEUM	190.00	N	04
3	56820	COLPOSCOPY OF VULVA	37.40	N	04
3	56821	COLPOSCOPY OF VULVA W/BIOPSY	50.20	N	04
3	57000	EXPLORATION OF VAGINA	202.55	N	04
3	57010	DRAINAGE OF PELVIC ABSCESS	224.70	N	04
3	57020	DRAINAGE OF PELVIC FLUID	79.30	N	04
3	57022	I&D VAGINALO HEMATOMA POST OB	109.50	N	04
3	57023	I&D VAGINALO HEMATOMA NON OB	109.50	N	04
3	57061	DESTRUCTION VAGINAL LESIONS	45.40	N	04
3	57065	DESTRUCTION VAGINAL LESIONS	91.35	N	04
3	57100	BIOPSY OF VAGINA	107.00	N	04
3	57105	BIOPSY OF VAGINA	107.00	N	04
3	57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL	299.70	N	04
3	57107	VAGINECTOMY, PART REMOVAL VAG WALL W/REMOVE PARAVAG TISSUE	544.50	N	04
3	57109	VAGINECTOMY, PART REMOVAL VAG WALL W/BILAT PELVIC LYMPH NODE	782.80	N	04
3	57110	REMOVAL OF VAGINA	374.30	N	04
3	57111	VAGINECTOMY, COMP REMOVAL VAG WALL & REMOVE PARAVAG TISSUE	782.80	N	04
3	57112	VAGINECTOMY, COMP REMOVAL VAG WALL W/REMOVE PARAVAG TISSUE	1,022.80	N	04
3	57120	CLOSURE OF VAGINA	299.70	N	04
3	57130	REMOVE VAGINA LESION	180.30	N	04
3	57135	REMOVE VAGINA LESION	121.55	N	04

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3	57150	TREAT VAGINA INFECTION	18.25	N	04
3	57155	INSERTION OF UTERINE TANDEMS &/OR VAGINAL OVOIDS BRACHYTHR	257.40	N	04
3	57160	INSERTION OF PESSARY	27.65	N	04
3	57170	FITTING OF DIAPHRAGM	28.60	N	04
3	57180	INTRODUCTION HEMOSTATIC AGENT/PACK FOR NONOB VAGINAL HEMORRH	48.75	N	04
3	57200	REPAIR OF VAGINA	188.90	N	04
3	57210	REPAIR VAGINA/PERINEUM	206.05	N	04
3	57220	REVISION OF URETHRA	355.10	N	04
3	57230	REPAIR OF URETHRAL LESION	517.40	N	04
3	57240	REPAIR BLADDER & VAGINA	355.10	N	04
3	57250	REPAIR RECTUM & VAGINA	314.95	N	04
3	57260	REPAIR OF VAGINA	525.80	N	04
3	57265	EXTENSIVE REPAIR OF VAGINA	532.80	N	04
3	57268	REPAIR OF ENTEROCELE-VAGINAL	532.80	N	04
3	57270	REPAIR OF BOWEL POUCH	480.00	N	04
3	57280	SUSPENSION OF VAGINA	599.35	N	04
3	57282	REPAIR OF VAGINAL PROLAPSE	480.00	N	04
3	57284	PARAVAGINAL DEFECT REPAIR	532.80	N	04
3	57287	REMOVE STRESS INCONT SLING	467.50	N	04
3	57288	REPAIR BLADDER DEFECT	631.25	N	04
3	57289	REPAIR BLADDER & VAGINA	674.20	N	04
3	57291	CONSTRUCT ARTIFICIAL VAGINA	0.00	Y	04
3	57292	CONSTRUCT ARTIFICIAL VAGINA	0.00	Y	04
3	57300	REPAIR RECTUM-VAGINA FISTULA	466.15	N	04
3	57305	REPAIR RECTUM-VAGINA FISTULA	1,127.90	N	04
3	57307	FISTULA REPAIR & COLOSTOMY	1,127.90	N	04
3	57308	CLOSE RECTOVAGINAL FISTULA;TRANSPERINEAL W/PERINEAL BODY REC	728.35	N	04
3	57310	REPAIR URETHRA-VAGINA LESION	718.70	N	04
3	57311	REPAIR URETHROVAGINAL LESION	799.70	N	04
3	57320	REPAIR BLADDER-VAGINA LESION	597.90	N	04
3	57330	REPAIR BLADDER-VAGINA LESION	524.40	N	04
3	57335	VAGINOPLASTY FOR ADRENOGEN SYN	466.15	N	04
3	57400	DILATION OF VAGINA	111.00	N	04
3	57410	PELVIC EXAMINATION	53.30	N	04
3	57415	REMOV IMPACT VAG FOREIGN W ANE	111.00	N	04
3	57420	COLPOSCOPY ENTIRE VAGINA	37.40	N	04
3	57421	COLPOSCOPY ENTIRE VAGINA W/BIOPSY	50.20	N	04
3	57425	LAPAROSCOPY, COLPOPEXY	487.77	N	04
3	57452	EXAMINATION OF VAGINA	37.40	N	04
3	57454	VAGINA EXAMINATION & BIOPSY	50.20	N	04
3	57455	COLPOSCOPY OF CERVIX,VAGINA W/BIOPSY	50.20	N	04

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3	57456	COLPOSCOPY OF CERVIX,VAGINA,ENDOCERVICAL CUTTERAGE	50.20	N	04
3	57460	COLPOSCOPY W ELECTRO EXCISION	77.00	N	04
3	57461	COLPOSCOPY OF CERVIX,VAGINA,CONIZATION OF CERVIX	172.05	N	04
3	57500	BIOPSY OF CERVIX	142.70	N	04
3	57505	ENDOCERVICAL CURETTAGE	48.55	N	04
3	57510	CAUTERIZATION OF CERVIX	60.60	N	04
3	57511	CRYOCAUTERY OF CERVIX	58.10	N	04
3	57513	LASER SURGERY OF CERVIX	131.10	N	04
3	57520	BIOPSY OF CERVIX	321.90	N	04
3	57522	CONIZATION CERVIX W/WO D&C; RE PAIR, LOOP ELECTRODE EXCISION	305.80	N	04
3	57530	REMOVAL OF CERVIX	308.00	N	04
3	57531	RADICAL TRACHELECTOMY W/BILAT TOTAL PELVIC LYMPHADENECTOMY	1,030.80	N	04
3	57540	REMOVAL OF RESIDUAL CERVIX	599.35	N	04
3	57545	REMOVE CERVIX, REPAIR PELVIS	599.35	N	04
3	57550	REMOVAL OF RESIDUAL CERVIX	599.35	N	04
3	57555	REMOVE CERVIX, REPAIR VAGINA	674.20	N	04
3	57556	REMOVE CERVIX, REPAIR BOWEL	674.20	N	04
3	57700	REVISION OF CERVIX	313.50	N	04
3	57720	REVISION OF CERVIX	359.30	N	04
3	57800	DILATION OF CERVICAL CANAL	119.25	N	04
3	57820	D&C OF RESIDUAL CERVIX	149.80	N	04
3	58100	BIOPSY OF UTERUS LINING	52.90	N	04
3	58120	DILATION AND CURETTAGE	206.85	N	04
3	58140	REMOVAL OF UTERUS LESION	718.70	N	04
3	58145	REMOVAL OF UTERUS LESION	718.70	N	04
3	58146	MYOMECTOMY 5 OR MORE MYOMAS OR WT. > 250G ABD.	718.70	N	04
3	58150	TOTAL HYSTERECTOMY W/WO REMOVAL OF TUBE(S)/OVARY(S)	772.70	N	04
3	58152	TOT ABD HYST W/O REM TUBES & OVARIES W/ BLADDER REPAIR	1,096.05	N	04
3	58180	PARTIAL HYSTERECTOMY W/WO REMOVAL OF TUBE(S)/OVARY(S)	652.05	N	04
3	58200	TOTAL HYSTERECTOMY INC PART/VAGINECTOMY;PARA-AORTIC & PELVIC	772.70	N	04
3	58210	RADICAL HYSTERECTOMY; BILATERAL TOTAL PELVIC LYMPHADENECTOMY	1,030.80	N	04
3	58240	REMOVAL OF PELVIS CONTENTS	1,423.45	N	04
3	58260	VAGINAL HYSTERECTOMY	725.60	N	04
3	58262	VAG HYSTER W REMOVAL TUBES/OVA	725.60	N	04
3	58263	VAG HYS W REMOV TUBE/OVA W REP	725.60	N	04
3	58267	HYSTERECTOMY & VAGINA REPAIR	856.00	N	04
3	58270	HYSTERECTOMY & VAGINA REPAIR	856.00	N	04
3	58275	HYSTERECTOMY, REVISE VAGINA	875.40	N	04
3	58280	HYSTERECTOMY, REVISE VAGINA	800.50	N	04
3	58285	EXTENSIVE HYSTERECTOMY	950.30	N	04
3	58290	VAGINAL HYSTERECTOMY FOR UTERUS > 250G	725.60	N	04

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3	58291	VAGINAL HYSTERECTOMY UTERUS>250G W/REMOVAL TUBES OR OVARIES	725.60	N	04
3	58292	VAGINAL HYSTERECTOMY W/REMOVAL TUBES AND/OR OVARY	725.60	N	04
3	58293	VAGINAL HYSTERECTOMY W/COLPO-URETHROCYSTO PEXY W/ W/O ENDO C	856.00	N	04
3	58294	VAGINAL HYSTERECTOMY W/REPAIR ENTEROCELE	856.00	N	04
3	58300	INSERT INTRAUTERINE DEVICE	44.00	N	04
3	58301	REMOVE INTRAUTERINE DEVICE	37.40	N	04
3	58340	INJECT FOR UTERUS/TUBE X-RAY	93.40	N	04
3	58345	TRANSCERV INTRO FALLOPEAN CATH	123.30	N	04
3	58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	274.00	N	04
3	58350	REOPEN FALLOPIAN TUBE	37.50	N	04
3	58353	ENDOMETRIAL ABLATION THERMAL W/O HYSTEROSCOPIC	150.60	N	04
3	58400	SUSPENSION OF UTERUS	449.50	N	04
3	58410	SUSPENSION OF UTERUS	449.50	N	04
3	58520	REPAIR OF RUPTURED UTERUS	480.00	N	04
3	58540	REVISION OF UTERUS	0.00	Y	04
3	58545	LAP MYOMECTOMY EXCISION 1 TO 4 INTRAMURAL MYOMAS 250G OR LES	480.00	N	04
3	58546	LAP MYOMECTOMY EXCISION 5+ INTRAMURAL MYOMAS	480.00	N	04
3	58550	LAPAROSCOPY SURG W/VAG HYSTER	725.60	N	04
3	58551	LAPAROSCOPY SURG W/REMOVEL OF LEIOMYOMATA(SINGLE/MULTIPLE)	0.00	N	04
3	58552	LAP VAG HYSTERECTOMY W/REMOVAL TUBES/ OR OVARIES	725.00	N	04
3	58553	LAP VAG HYSTERECTOMY	725.00	N	04
3	58554	LAP VAG HYSTERECTOMY W/REMOVAL TUBES/O OVARIES	725.00	N	04
3	58555	HYSTEROSCOPY DIAGNOSTIC (SEPERATE PROCEDURE)	95.75	N	04
3	58558	HYSTEROSCOPY SURG W/BX ENDO METR W/WO POLYPECTOMY W/WO D & C	145.80	N	04
3	58559	HYSTEROSCOPY SURG W/LYSIS OF INTRAUTERINE ADHESIONS (ANY)	160.80	N	04
3	58560	HYSTEROSCOPY SURG W DIVIS/RESECT INTRAUTERINE SEPTUM	160.80	N	04
3	58561	HYSTEROSCOPY SURG WITH REMOVAL OF LEIOMYOMATA	361.85	N	04
3	58562	HYSTEROSCOPY SURG WITH REMOVAL OF IMPACTED FOREIGN BODY	361.85	N	04
3	58563	HYSTEROSCOPY SURG WITH ENDOMETRIAL ABLATION (ANY METHOD)	300.43	N	04
3	58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	0.00	Y	04
3	58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	0.00	Y	04
3	58600	DIVISION OF FALLOPIAN TUBE	327.45	N	04
3	58605	DIVISION OF FALLOPIAN TUBE	327.45	N	04
3	58611	STERILIZATION WITH C SECTION	97.30	N	04
3	58615	OCCLUSION FALLOPIAN TUBES	327.45	N	04
3	58660	LAPAROSCOPY SURG 2/LYSIS ADHESIONS SALPINGO/OVARIOLYSIS	302.40	N	04
3	58661	LAPAROSCOPY SURG W/REMOVAL ADNEX PART/TOT OOPHOREC/SALPING	480.00	N	04
3	58662	LAPAROS SURG W/FULG OR EXC OF LESIONS OF OVARY/VISCERA/PERIT	302.40	N	04
3	58670	LAPAROS SURG W/FULG OVIDUCTS W/WO TRANSECTION	363.45	N	04
3	58671	LAPAROS SURG W/OCCLUS OVIDUCTS BY DEVICE (BAND/CLIP/RING)	363.45	N	04
3	58672	LAPAROSCOPY SURGICAL WITH FIMBRIOPLASTY	0.00	Y	09

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3	58673	LAPAROSCOPY SURGICAL WITH SALP INGOSTOMY (SALPINGONEOSTOM)	480.00	N	04
3	58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	0.00	Y	04
3	58700	REMOVAL OF FALLOPIAN TUBE	481.90	N	04
3	58720	REMOVAL OF OVARY/TUBE(S)	525.85	N	04
3	58740	SALPINGOLYSIS,OVARIOLYSIS	480.00	N	04
3	58752	TUBOUTERINE IMPLANTATION	550.90	N	09
3	58770	SALPINGOSTOMY SALPINGONEOSTOMY	480.00	N	04
3	58800	DRAINAGE OF OVARIAN CYST(S)	359.30	N	04
3	58805	DRAINAGE OF OVARIAN CYST(S)	480.00	N	04
3	58820	DRAIN OVARIAN ABSCESS (VAG APPROACH OPEN)	240.00	N	04
3	58822	DRAINAGE OF OVARIAN ABSCESS	480.00	N	04
3	58823	DRAIN PELVIC ABCESS, TRANSVAGINAL/TRANSRECTAL APPROACH,PERCU	302.90	N	04
3	58825	TRANSPOSITION OVARY	0.00	Y	04
3	58900	BIOPSY OF OVARY(S)	480.00	N	04
3	58920	PARTIAL REMOVAL OF OVARY(S)	529.95	N	04
3	58925	REMOVAL OF OVARIAN CYST(S)	524.40	N	04
3	58940	REMOVAL OF OVARY(S)	554.90	N	04
3	58943	OOPHORECTOMY	958.60	N	04
3	58950	RESECT SALPINGO-OOPHORECTOMY	704.70	N	04
3	58951	RESECT OVARIAN MALIG HYSTERECT	898.95	N	04
3	58952	RESECT OVARIAN MALIG W/RADICAL	958.60	N	04
3	58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMERTECTOMY-RADICAL	1,241.75	N	04
3	58954	TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION	1,350.35	N	04
3	58960	LAP STAGING OVARIAN MALIGNANCY	599.35	N	04
3	58999	UNLISTED PROCEDURE/FEMALE GENITAL SYSTEM NON-OB	0.00	Y	04
3	59000	AMNIOCENTESIS	58.35	N	04
3	59001	AMNIOCENTESIS THERAPEUTIC;AMNIOTIC FLUID REDUCTION	89.80	N	04
3	59012	CORDOCENTESIS INTRAUTERINE	115.00	N	04
3	59015	CHORIONIC BIOPSY	0.00	Y	04
3	59020	FETAL OXYTOCIN STRESS TEST	33.70	N	04
3	59025	FETAL NONSTRESS TEST	33.70	N	04
3	59030	FETAL SCALP BLOOD SAMPLE	79.00	N	04
3	59050	MONITOR FETUS DURING LABOR	25.40	N	04
3	59051	FETAL MONITOR DURING LABOR/CON SULTING PHYS W WRITTEN REPORT	0.00	Y	09
3	59070	TRANSABDOMINAL AMNIDINFUSION W/ULTRASOUND GUIDANCE	158.55	N	04
3	59074	FETAL FLUID DRAINAE W/ULTRASOUND GUIDANCE	158.55	N	04
3	59076	FETAL SHUNT PLACEMENT W/ULTRA SOUND GUIDANCE	257.88	N	04
3	59100	HYSTEROTOMY ABDOMINAL	540.00	N	04
3	59120	TREAT ECTOPIC PREGNANCY	540.00	N	04
3	59121	TREAT ECTOPIC PREGNANCY	540.00	N	04
3	59130	TREAT ECTOPIC PREGNANCY	540.00	N	04

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3	59135	TREAT ECTOPIC PREGNANCY	696.15	N	04
3	59136	PARTIAL RESECTION OF UTERUS	540.00	N	04
3	59140	TREAT ECTOPIC PREGNANCY	540.00	N	04
3	59150	TREATMENT OF ECTOPIC PREGNANCY	540.00	N	04
3	59151	SALPINGECTOMY	540.00	N	04
3	59160	CURETTAG, POSTPARTUM	199.95	N	04
3	59200	INSERT CERVICAL DILATOR	27.80	N	04
3	59300	EPISIOTOMY OR VAGINAL REPAIR	74.95	N	04
3	59320	CERCLAGE OF CERVIX	282.45	N	04
3	59325	CERCLAGE OF CERVIX DURING PREG ABDOMINAL	540.10	N	04
3	59350	REPAIR OF UTERUS	540.00	N	04
3	59400	OBSTETRICAL CARE	0.00	Y	09
3	59409	VAGINAL DELIVERY ONLY	535.20	N	04
3	59410	OBSTETRICAL CARE; VAGINAL DELI V. ONLY INCL. POSTPART CARE	535.20	N	04
3	59412	EXTERNAL CEPHALIC W/WO TOCOLYS	72.95	N	04
3	59414	DELIVERY OF PLACENTA	67.50	N	04
3	59430	CARE AFTER DELIVERY	50.15	N	04
3	59510	ROUTINE OBSTETRIC CARE INCLUDE PRENATAL,C-SECTION,POSTPARTUM	0.00	Y	09
3	59514	CAESAREAN DELIVERY ONLY	681.20	N	04
3	59515	CESAREAN DELIVERY INCLUDING POSTPARTUM CARE	681.20	N	04
3	59525	HYSTERECTOMY AFTER CESAREAN	299.30	N	04
3	59610	ROUTINE OB CARE INCL ANTEPART/ VAG DEL/POSTPART, AFTER C SEC	0.00	Y	09
3	59612	VAGINAL DELIVERY ONLY, AFTER P REVIOUS CESAREAN DELIVERY	535.20	N	04
3	59614	VAG DELIV AFTER PREVIOUS C SEC TION, INCL POSTPARTUM CARE	535.20	N	04
3	59618	ROUTINE OB CARE, ANTEPARTUM CA RE AFTER ATTEMPTED VAG DELIV.	0.00	Y	09
3	59620	C-SECT DELIV AFTER ATTEMPTED V AG DELIV AFTER PREV C-SECTION	681.20	N	04
3	59622	C-SECT AFTER ATTEMPTED VAG DEL IV/C-SECT/INCL POSTPART CARE	681.20	N	04
3	59812	TREATMENT OF ABORTION	298.70	N	04
3	59820	SURGICAL TX MISSED ABORTION 1ST TRIMESTER	199.95	N	04
3	59821	SECOND TRIMESTER	298.70	N	04
3	59830	TREAT UTERUS INFECTION	223.70	N	04
3	59840	INDUCED ABORTION BY D & C	199.95	N	04
3	59841	INDUCED ABORTION BY DILATION AND EVACUATION	199.95	N	04
3	59850	ABORTION BY AMNIOTIC INJECTIONS	199.95	N	04
3	59851	ABORTION INDUCED WITH D & C OR EVACUATION	199.95	N	04
3	59852	ABORTION, HYSTEROTOMY	199.95	N	04
3	59855	INDUCE ABORTION VAGINAL SUPPOSITORY	199.95	N	04
3	59856	INDUCEED ABORTION WITH D & C AND/OR EVACATION	199.95	N	04
3	59857	INDUCE ABORTION WITH HYSTEROTOMY	199.95	N	04
3	59866	MULTIFETAL PREGNANCY REDUCTION (MPR)	0.00	Y	09
3	59870	UTERINE EVACUATION	389.25	N	04

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3	59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA, NOT LOCAL	66.95	N	04
3	59897	FETAL INVASIVE PROCEDURE W/ULTRA SOUND GUIDANCE	0.00	Y	04
3	59898	UNLISTED LAPAROSCOPY PROCEDURE MATERNITY CARE & DELIVERY	0.00	Y	09
3	59899	MATERNITY CARE PROCEDURE	0.00	Y	04
3	60000	DRAIN THYROID/TONGUE CYST	113.60	N	04
3	60001	ASPIRATION AND/OR INJECTION, T HYROID CYST	50.20	N	04
3	60100	BIOPSY OF THYROID	50.20	N	04
3	60200	REMOVE THYROID LESION	360.70	N	04
3	60210	PARTIAL THYROID LOBECTOMY UNIL ATERAL; W/WO ISTHMUSECTOMY	550.90	N	04
3	60212	PARTIAL THYROID LOBECTOMY UNIL AT W CONTRALATERAL LOBECTOMY	718.70	N	04
3	60220	PARTIAL REMOVAL OF THYROID	703.30	N	04
3	60225	PARTIAL REMOVAL OF THYROID	703.30	N	04
3	60240	REMOVAL OF THYROID	718.70	N	04
3	60252	REMOVAL OF THYROID	1,198.70	N	04
3	60254	EXTENSIVE THYROID SURGERY	1,198.70	N	04
3	60260	REPEAT THYROID SURGERY	718.70	N	04
3	60270	REMOVAL OF THYROID	839.35	N	04
3	60271	THYROIDECTOMY, SUBSTERNAL THYR OID GLAND, CERVICAL APPROACH	749.20	N	04
3	60280	REMOVE THYROID DUCT LESION	718.70	N	04
3	60281	DUCT CYST OR SINUS EXCISION	718.70	N	04
3	60500	EXPLORE PARATHYROID GLANDS	839.35	N	04
3	60502	PARATHYROID(S) RE-EXPLORATION	839.35	N	04
3	60505	EXPLORE PARATHYROID GLANDS	839.35	N	04
3	60512	PARATHYROID AUTOTRANSPLANTATIO N	135.00	N	04
3	60520	REMOVAL OF THYMUS GLAND	749.20	N	04
3	60521	THYMECTOMY STERNAL SPLINT/TRAN STHORAC W/O RADICAL DISSECTIO	839.35	N	04
3	60522	THYMECTOMY STERNAL SPLINT/TRAN STHORACIC W RADICAL DISSECTIO	1,198.70	N	04
3	60540	EXPLORE ADRENAL GLAND	839.35	N	04
3	60545	EXPLORE ADRENAL GLAND	958.60	N	04
3	60600	REMOVE CAROTID BODY LESION	839.35	N	04
3	60605	REMOVE CAROTID BODY LESION	839.35	N	04
3	60650	LAPAROS SURG W/ ADRENALECTOMY/EXPLOR ADREN TRANSABD LUM/DORS	839.35	N	04
3	60659	UNLISTED LAPROSCOPY PROCEDURE ENDOCRINE SYSTEM	0.00	Y	04
3	60699	ENDOCRINE SURGERY PROCEDURE	0.00	Y	04
3	61000	REMOVE CRANIAL CAVITY FLUID	112.40	N	04
3	61001	REMOVE CRANIAL CAVITY FLUID	112.40	N	04
3	61020	REMOVE BRAIN CAVITY FLUID	112.40	N	04
3	61026	INJECT BRAIN CANAL FOR X-RAY	62.15	N	04
3	61050	REMOVE BRAIN CANAL FLUID	112.40	N	04
3	61055	CISTERNAL OR CERVICAL INJECTIO	157.50	N	04
3	61070	BRAIN CANAL SHUNT PROCEDURE	112.40	N	04

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3	61105	BURR HOLE FOR SUBDURAL OR VENT	359.30	N	04
3	61107	BURR HOLE IMPLANT DEVICE OR CR	359.30	N	04
3	61108	TWIST DRILL HOLE DRAINAGE	599.35	N	04
3	61120	PIERCE SKULL FOR EXAMINATION	359.30	N	04
3	61140	PIERCE SKULL FOR BIOPSY	510.30	N	04
3	61150	PIERCE SKULL FOR DRAINAGE	958.60	N	04
3	61151	PIERCE SKULL FOR DRAINAGE	330.80	N	04
3	61154	PIERCE SKULL FOR DRAINAGE	599.35	N	04
3	61156	PIERCE SKULL FOR DRAINAGE	599.35	N	04
3	61210	PIERCE SKULL; IMPLANT DEVICE	449.50	N	04
3	61215	INSERTION SUBCUTANEOUS RESERV	449.50	N	04
3	61250	PIERCE SKULL & EXPLORE	449.50	N	04
3	61253	PIERCE SKULL & EXPLORE	449.50	N	04
3	61304	INCISE SKULL FOR EXPLORATION	749.20	N	04
3	61305	INCISE SKULL FOR EXPLORATION	886.90	N	04
3	61312	CRANIECTOMY/OTOMY HEMA EX/SUB	861.50	N	04
3	61313	CRANIECTOMY/OTOMY HEMATOMA INT	861.50	N	04
3	61314	CRANIECTOMY/OTOMY EVAC HEMATOM	861.50	N	04
3	61315	CRANIECTOMY EVAC HEMATOMA INTR	1,198.70	N	04
3	61316	INCISION AND SUBQ PLACEMENT CRANIAL BONE GRAFT	0.00	Y	04
3	61320	INCISE SKULL FOR DRAINAGE	1,123.70	N	04
3	61321	INCISE SKULL FOR DRAINAGE	1,123.70	N	04
3	61322	CRANIECTOMY OR CRANIOTOMY W/OR W/O DURAPLASTY W/O LOBECTOMY	1,123.70	N	04
3	61323	CRANIECTOMYOR CRANIOTOMY DECOMP W/W/O DURAPLASTY W/LOBECTOMY	123.70	N	04
3	61330	EXPLORATION OF EYE SOCKET	973.90	N	04
3	61332	EXPLORE/BIOPSY EYE SOCKET	973.90	N	04
3	61333	EXPLORE ORBIT; REMOVE LESION	1,198.70	N	04
3	61334	EXPLORE & TREAT EYE SOCKET	1,198.70	N	04
3	61340	RELIEVE CRANIAL PRESSURE	839.35	N	04
3	61343	CRANIECTOMY W/LAMINECTOMY	1,738.80	N	04
3	61345	RELIEVE CRANIAL PRESSURE	1,198.70	N	04
3	61440	INCISE SKULL FOR SURGERY	839.35	N	04
3	61450	INCISE SKULL FOR SURGERY	839.35	N	04
3	61458	CRANIECTOMY SUBOCCIPITAL EXPLO	893.25	N	04
3	61460	INCISE SKULL FOR SURGERY	891.30	N	04
3	61470	INCISE SKULL FOR SURGERY	958.60	N	04
3	61480	INCISE SKULL FOR SURGERY	958.60	N	04
3	61490	INCISE SKULL FOR SURGERY	1,198.70	N	04
3	61500	REMOVAL OF SKULL LESION	1,198.70	N	04
3	61501	CRANIECTOMY FOR OSTEOMELITIS	1,198.70	N	04
3	61510	REMOVAL OF BRAIN LESION	1,198.70	N	04

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3	61512	REMOVE BRAIN LINING LESION	1,198.70	N	04
3	61514	REMOVAL OF BRAIN ABSCESS	1,198.70	N	04
3	61516	REMOVAL OF BRAIN LESION	1,198.70	N	04
3	61517	IMPLANT BRAIN INTRACAVITY CHEMO	49.85	N	04
3	61518	REMOVAL OF BRAIN LESION	1,198.70	N	04
3	61519	REMOVE BRAIN LINING LESION	1,271.10	N	04
3	61520	REMOVAL OF BRAIN LESION	1,604.85	N	04
3	61521	REMOVAL OF BRAIN LESION	1,351.20	N	04
3	61522	REMOVAL OF BRAIN ABSCESS	1,198.70	N	04
3	61524	REMOVAL OF BRAIN LESION	1,198.70	N	04
3	61526	REMOVAL OF BRAIN LESION	1,499.10	N	04
3	61530	REMOVAL OF BRAIN LESION	1,327.00	N	04
3	61531	SUBDURAL IMPLANT ELECTRODES	1,138.70	N	04
3	61533	CRANIECTOMY-INSERT ELEC ARRAY	1,138.70	N	04
3	61534	REMOVAL OF BRAIN LESION	1,198.70	N	04
3	61535	CRANIECTOMY-REMOVE ELEC ARRAY	0.00	Y	04
3	61536	REMOVAL OF BRAIN LESION	1,198.70	N	04
3	61537	CRAINIOTOMY, TEMPORAL LOBECTOMY	939.13	N	04
3	61538	REMOVAL OF BRAIN TISSUE	1,198.70	N	04
3	61539	REMOVAL OF BRAIN TISSUE	1,198.70	N	04
3	61540	CRANIOTOMY, OTHER THAN TEMPORAL LOBE	1,134.13	N	04
3	61541	CRANIECTOMY TRANSECT CORP CALL	1,701.95	N	04
3	61542	REMOVAL OF BRAIN TISSUE	1,198.70	N	04
3	61543	CRANIECTOMY HEMISPHERECTOMY	1,198.70	N	04
3	61544	REMOVE & TREAT BRAIN LESION	1,198.70	N	04
3	61545	CRANIECTOMY FOR BRAIN TUMOR	1,283.15	N	04
3	61546	REMOVAL OF PITUITARY GLAND	1,198.70	N	04
3	61548	REMOVAL OF PITUITARY GLAND	1,198.70	N	04
3	61550	RELEASE OF SKULL SEAMS	898.95	N	04
3	61552	RELEASE OF SKULL SEAMS	1,198.70	N	04
3	61556	CRANI CRANIOSYNDSTOSIS	1,144.65	N	04
3	61557	CRANI CRANIOSYNOSTOSIS	1,690.50	N	04
3	61558	EXTENSIVE CRANIECTOMY	1,689.90	N	04
3	61559	EXTENSIVE CRANIECTOMY RECONST	1,689.90	N	04
3	61563	EXCISION TUMOR CRANIAL BONE	0.00	Y	04
3	61564	EXCISION TUMOR CRANIAL BONE	0.00	Y	04
3	61566	CRANIOTOMY, FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY	1,116.28	N	04
3	61567	CRANIOTOMY FOR MULTIPLE SUBPIAL TRANSECTIONS	1,270.28	N	04
3	61570	REMOVE BRAIN FOREIGN BODY	1,198.70	N	04
3	61571	CRANIECTOMY CRANIOTOMY PENETRA	1,198.70	N	04
3	61575	TRANS DECOMPRESS EX OF LESION	1,198.70	N	04

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3	61576	TRANS SKULL BASE TRACHEOSTOMY	1,630.70	N	04
3	61580	CRANFACIAL ANTFOSSA RHINETHMOL	1,198.70	N	04
3	61581	CRANFACIAL EXTRA RHINORBITAL	1,630.70	N	04
3	61582	CRANIOFACIAL UNIBIF CRANIOTOMY	1,198.70	N	04
3	61583	CRANFACIAL INTRAD UNIBICRANIOT	1,306.65	N	04
3	61584	ORBITOFACIAL EXTRA SUPRAORBITA	1,306.65	N	04
3	61585	ORBIT CRAN W ORBIT EXENTERATIO	1,630.70	N	04
3	61586	BICORONAL TRANSZYGOMATIC OR OSTEOTOMY ANT CRANIAL FOSSA	1,306.65	N	04
3	61590	INFRATEMPORAL MID CRAN FOSSA	1,630.70	N	04
3	61591	INFRAT POST AURICULAR	1,630.70	N	04
3	61592	ORBIT ZYGOMATIC MIDDLE CRANFOS	1,630.70	N	04
3	61595	TRANSTEMPORAL POSTFOSSAMASTOID	1,414.70	N	04
3	61596	TRANSCOCHLEAR POSTCRAN FOSSA	1,630.70	N	04
3	61597	TRANSCONDYL POSTCRANIAL FOSSA	1,630.70	N	04
3	61598	TRANSPETROSAL POST CRAN FOSSA	1,522.70	N	04
3	61600	RESECT EXCIS NEOVASC EXTRADURA	1,198.70	N	04
3	61601	RESECT INTRADURAL DURAL WO GRA	1,198.70	N	04
3	61605	RESECT EXCIS NEOPVASC EXTRADUR	1,138.70	N	04
3	61606	RESEC EXCIS INTRADUR DURAL REP	1,198.70	N	04
3	61607	RESECT EXCIS NEOVASC LESION EX	1,198.70	N	04
3	61608	RESECT EXCIS INTRADUR W/ GRAFT	1,274.80	N	04
3	61609	TRANS LIGAT CAROT ART WO REPAI	1,198.70	N	04
3	61610	TRANS LIGAT REPAIR ANASTOMOSIS	1,306.65	N	04
3	61611	TRANSEC LIGATE CAROTID WO REPA	1,198.70	N	04
3	61612	TRANS LIGATE WITH REPAIR GRAFT	1,306.65	N	04
3	61613	OBLIT CAROTID ANEURYSM MALFORM	1,244.80	N	04
3	61615	RESECT EXC NEOPLAS VASC EXTRAD	1,198.70	N	04
3	61616	RESECT EXCIS NEO INTRADURAL RE	1,306.65	N	04
3	61618	SECOND REPAIR CSF LEAK ANT MID	958.60	N	04
3	61619	SECOND BY LOCAL PEDICLE FLAP	0.00	Y	04
3	61623	ARTERIAL BALLOON OCCLUS HEAD/NECK NEURO/RADIOLOGICAL MONITOR	241.20	N	04
3	61624	TRANSCATH OCCLUSION OR EMBOL	682.80	N	04
3	61626	TRANSCATHETER OCCLUSION EMBOL	682.80	N	04
3	61680	INTRACRANIAL VASCULAR SURGERY	1,048.85	N	04
3	61682	INTRACRANIAL VASCULAR,COMPLEX	1,784.20	N	04
3	61684	INTRACRANIAL AV FORM,SIMPLE	1,231.20	N	04
3	61686	INTRACRANIAL AV MALFORM,COMPL	1,871.15	N	04
3	61690	INTRACRANIAL AV MALFORM,SIMPL	973.90	N	04
3	61692	INTRACRAN AV MALFORM DURAL,COM	1,480.90	N	04
3	61697	INTRACRAN ANEURYSM/COMPLEX	2,267.10	N	04
3	61698	INTRACRAN ANEURYSM V-B CIRCUL	2,182.15	N	04

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3	61700	INNER SKULL VESSEL SURGERY	1,490.85	N	04
3	61702	INNER SKULL VESSEL SURGERY	1,481.20	N	04
3	61703	CLAMP NECK ARTERY	718.70	N	04
3	61705	REVISE CIRCULATION TO HEAD	1,198.70	N	04
3	61708	REVISE CIRCULATION TO HEAD	1,198.70	N	04
3	61710	REVISE CIRCULATION TO HEAD	787.40	N	04
3	61711	FUSION OF SKULL ARTERIES	1,158.10	N	04
3	61720	INCISE SKULL/BRAIN SURGERY	1,198.70	N	04
3	61735	INCISE SKULL/BRAIN SURGERY	1,198.70	N	04
3	61750	STEROTACTIC BIOPSY INCLD BURR	1,306.65	N	04
3	61751	CT SCAN BURR HOLE STERO BIOPSY	1,198.70	N	04
3	61760	STEREO IMPLANT DEPTH ELECTRODE	1,138.70	N	04
3	61770	STEREO LOCALIZATION/BURR HOLE	749.20	N	04
3	61790	TREAT TRIGEMINAL NERVE	749.20	N	04
3	61791	TREAT TRIGEMINAL MEDULLARY	1,198.70	N	04
3	61793	STEREOTACTIC RADIOSURGERY	1,198.70	N	04
3	61795	STEREOTACTIC COMPUTER	230.30	N	04
3	61850	IMPLANT NEUROELECTRODES	749.20	N	04
3	61860	IMPLANT NEUROELECTRODES	1,198.70	N	04
3	61862	CRANIOT DRILL/BURR HOLE OR CRANIECSTEREOT IMPLANT NEUROSTIM	0.00	Y	04
3	61863	CRANIOTOMY, W/IMPLANT NEUROSTIMULATOR ELECTRODE ARRAY, FIRST	574.19	N	04
3	61867	CRANIOTOMY, W/IMPLANT NEUROSTIM EDECT ARRAY W/RELAXDING, FIR	843.83	N	04
3	61870	IMPLANT NEUROELECTRODES	958.60	N	04
3	61875	IMPLANT NEUROELECTRODES	958.60	N	04
3	61880	REVISE/REMOVE NEUROELECTRODE	749.20	N	04
3	61885	IMPLANT NEURORECEIVER	749.20	N	04
3	61886	INCIS/SUBQ PLACE CRANIAL NEUROSTIM GEN/RECEIVER W/ELECTRODE	749.20	N	04
3	61888	REVISE/REMOVE NEURORECEIVER	749.20	N	04
3	62000	REPAIR OF SKULL FRACTURE	789.30	N	04
3	62005	REPAIR OF SKULL FRACTURE	1,347.10	N	04
3	62010	TREATMENT OF HEAD INJURY	1,347.10	N	04
3	62100	REPAIR BRAIN FLUID LEAKAGE	1,198.70	N	04
3	62115	REDUCTION CRANIOMEGALIC SKULL	1,296.20	N	04
3	62116	REDUCTION CRANIOMEGALIC SKULL	1,458.20	N	04
3	62117	REDUCTION CRANIOMEGALIC SKULL	1,458.20	N	04
3	62120	REPAIR SKULL CAVITY LESION	698.40	N	04
3	62121	CRANI REPAIR ENCEPHALOCELE	1,198.70	N	04
3	62140	REPAIR OF SKULL DEFECT	749.20	N	04
3	62141	REPAIR OF SKULL DEFECT	1,048.85	N	04
3	62142	REMOVE SKULL FLAP OR PLATE	749.20	N	04
3	62143	REPLACE SKULL FLAP OR PLATE	1,048.85	N	04

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3	62145	REPAIR OF SKULL & BRAIN	1,198.70	N	04
3	62146	CRANIOPLASTY W AUTOGRAFT	1,350.15	N	04
3	62147	CRANIOPLASTY W AUTOGRAFT LARGE	1,458.20	N	04
3	62148	RETRIEVAL SUBQ CRANIAL BONE GRAFT FOR CRANIOPLASTY	105.00	N	04
3	62160	NEUROENDOSCOPY PLACE VENT CATH/SHUNT INTRACRANIAL	156.52	N	04
3	62161	NEUROENDOSCOPY INTRACRANIAL W/ADHESION DISSECTION	958.60	N	04
3	62162	NEUROENDOSCOPY INTRACRANIAL W/CYST EVCISION VENT. CATH PLACE	1,036.85	N	04
3	62163	NEUROENDOSCOPY INTRACRANIAL W/FB RETRIEVAL	861.50	N	04
3	62164	NEUROENDOSCOPY INTRACRANIAL EXCESION TUMOR AND CATH PLACEMEN	1,198.70	N	04
3	62165	NEURENDOSCOPY INTRACRAN EXCISION PITUITARY GLAND	1,198.70	N	04
3	62180	ESTABLISH BRAIN CAVITY SHUNT	839.35	N	04
3	62190	ESTABLISH BRAIN CAVITY SHUNT	839.35	N	04
3	62192	ESTABLISH BRAIN CAVITY SHUNT	761.60	N	04
3	62194	REPLACE/IRRIGATE CATHETER	599.35	N	04
3	62200	ESTABLISH BRAIN CAVITY SHUNT	839.35	N	04
3	62201	STEREOTACTIC METHOD	1,048.85	N	04
3	62220	ESTABLISH BRAIN CAVITY SHUNT	839.35	N	04
3	62223	ESTABLISH BRAIN CAVITY SHUNT	761.60	N	04
3	62225	REPLACE/IRRIGATE CATHETER	374.55	N	04
3	62230	REPLACE/REVISE BRAIN SHUNT	374.55	N	04
3	62252	REPROGRAM CSF SHUNT	54.20	N	04
3	62256	REMOVE BRAIN CAVITY SHUNT	225.80	N	04
3	62258	REPLACE BRAIN CAVITY SHUNT	599.35	N	04
3	62263	PERC LYSIS EPID ADHESIONS SOL INJ OR MECHANICAL/RADIOL LOCAL	193.60	N	04
3	62264	PERC LYSIS EPIDURAL ADHESIONS W/INJ 1 DAY-MULTIPLE SESSIONS	193.60	N	04
3	62268	SPINAL ASPIRATION CORD CYST	449.50	N	04
3	62269	BIOPSY OF SPINAL CORD	449.50	N	04
3	62270	SPINAL FLUID TAP, DIAGNOSTIC	53.70	N	04
3	62272	SPINAL PUNCTURE FOR DRAINAGE	59.10	N	04
3	62273	TREAT LUMBAR SPINE LESION	74.90	N	04
3	62280	TREAT SPINAL CORD LESION	158.20	N	04
3	62281	INJ NEUROLYTIC SUB EPI CER THO	81.10	N	04
3	62282	TREAT SPINAL CANAL LESION	158.20	N	04
3	62284	INJECTION FOR MYELOGRAM	158.20	N	04
3	62287	ASPIRATION PERCUT LUMBAR DISK	481.80	N	04
3	62290	INJECT FOR SPINE DISK X-RAY	158.20	N	04
3	62291	INJECT FOR SPINE DISK X-RAY	158.20	N	04
3	62292	INJECTION INTO DISK LESION	852.05	N	04
3	62294	INJECTION INTO SPINAL ARTERY	852.05	N	04
3	62310	INJ W/WO CONTRAST DIAG/THERAP SUBSTANCE EPI/SUBARACH CERV/TH	85.90	N	04
3	62311	INJ W/WO CONTR DIAG/THER SUBSTANCE EPI/SUBARACH LUM/SAC/CAUD	86.00	N	04

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3	62318	INJ/CATH PLACE CONT INFUS/BOLUS DIAG/THERAP SUBST EPI/SUBARA	0.00	Y	04
3	62319	INJ/CATH PLACE CONT INFUS/BOLUS DIAG/THERAP SUBST EPI/SUBARA	0.00	Y	04
3	62350	IMPLANT REV/REPOSITN INTRATHEC AL/EPIDURAL CATH W/O LMNECTOM	545.10	N	04
3	62351	IMPLANT REV/REPOSIT INTRATHECA L/EPIDURAL CATH W LAMINECTOMY	839.35	N	04
3	62355	REMOVAL PREVIOUSLY IMPLANTED I NTRATHECAL/EPIDURAL CATHETER	180.30	N	04
3	62360	IMPLANT/REPLACE DEVICE FOR INT RATHECAL/EPIDURAL DRUG INFUSI	545.10	N	04
3	62361	IMPLNT/REPLC DEVICE INTRTHECAL /EPIDUR DRUG INFUS W/O PROGRM	545.10	N	04
3	62362	IMPLNT/REPLC DEVICE DRUG INFUS ION INCL PREP OF PUMP	545.10	N	04
3	62365	REMOVE SUBCUTAN. RESERVOIR/PUM P FOR INTRATHECAL/EPIDUR INFU	162.00	N	04
3	62367	ELECTRON ANALYSIS IMPLANTED PU MP, DRUG INFUS W/O REPROGRMIN	27.55	N	04
3	62368	ELECTRON ANALYSIS IMPLANTED PU MP, DRUG INFUS W REPROGRAMMIN	40.45	N	04
3	63001	RELIEVE SPINAL CORD PRESSURE	1,102.95	N	04
3	63003	RELIEVE SPINAL CORD PRESSURE	1,102.95	N	04
3	63005	RELIEVE SPINAL CORD PRESSURE	1,102.95	N	04
3	63011	SACRAL LAMINECTOMY FOR DECOMPR	881.00	N	04
3	63012	LAM W REM ABNORMAL FACETS	1,404.20	N	04
3	63015	RELIEVE SPINAL CORD PRESSURE	1,161.20	N	04
3	63016	RELIEVE SPINAL CORD PRESSURE	1,161.20	N	04
3	63017	RELIEVE SPINAL CORD PRESSURE	1,161.20	N	04
3	63020	NECK SPINE DISK SURGERY	1,033.50	N	04
3	63030	LOW BACK DISK SURGERY	1,129.30	N	04
3	63035	ADDED SPINAL DISK SURGERY	1,348.50	N	04
3	63040	NECK SPINE DISK SURGERY	1,129.30	N	04
3	63042	LOW BACK DISK SURGERY	1,129.30	N	04
3	63043	CERVICAL LAMINOTOMY-SINGLE EACH ADDTL	0.00	Y	04
3	63044	LUMBAR LAMINOTOMY -SINGLE EACH ADDTL	0.00	Y	04
3	63045	LAMINECTOMY CERVICAL	1,129.30	N	04
3	63046	LAMINECTOMY THORACIC	1,129.30	N	04
3	63047	LAMINECTOMY LUMBAR	1,129.30	N	04
3	63048	LAMINECTOMY ADDITIONAL SEG	0.00	Y	04
3	63055	SPINAL DECOMPRESSION THORACIC	1,291.70	N	04
3	63056	SPINAL DECOMPRESSION LUMBAR	1,291.70	N	04
3	63057	SPINAL DECOMPRESSION	0.00	Y	04
3	63064	THORAX SPINE DISK SURGERY	1,198.70	N	04
3	63066	SPINAL DECOMPRESSION EACH SEG	0.00	Y	04
3	63075	NECK SPINE DISK SURGERY	1,198.70	N	04
3	63076	NECK SPINE DISK SURGERY	1,198.70	N	04
3	63077	THORACIC DISKECTOMY	1,198.70	N	04
3	63078	THORACIC DISKECTOMY EACH SEG	1,198.70	N	04
3	63081	VERTEBRAL CORPECTOMY	1,291.70	N	04
3	63082	VERTEBRAL CORP CERVICAL	0.00	Y	04

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3	63085	VERTEBRAL CORP THORACIC,SINGLE	1,291.70	N	04
3	63086	VERTEBRAL CORP,EACH SEGMENT	0.00	Y	04
3	63087	VERTEBRAL CORP ,SINGLE SEGMENT	1,291.70	N	04
3	63088	VERTEBRAL CORP ,EA ADD SEGMENT	0.00	Y	04
3	63090	VERTEBRAL CORP,SINGLE SEGMENT	1,291.70	N	04
3	63091	VERTEBRAL CORP,EA ADD SEGMENT	0.00	Y	04
3	63101	VERTEBRAL CORPECTOMY,THORACIC,SINGLE	1,153.57	N	04
3	63102	VERTEBRAL CORPECTOMY,LUMBAR, SINGLE	1,153.57	N	04
3	63103	VERTEBRAL CORPECTOMY,THORACIC OR LULMBAR, EACH ADD SEGMENT	0.00	Y	04
3	63170	LAMINECTOMY FOR MYELOTOMY	1,291.70	N	04
3	63172	LAMINECTOMY/DRAIN SUBARACHNOID	1,198.70	N	04
3	63173	LAMINECTOMY/DRAIN PERITONEAL	1,393.75	N	04
3	63180	REVISE SPINAL CORD LIGAMENTS	1,198.70	N	04
3	63182	REVISE SPINAL CORD LIGAMENTS	1,198.70	N	04
3	63185	INCISE SPINAL COLUMN/NERVES	839.35	N	04
3	63190	INCISE SPINAL COLUMN/NERVES	1,079.30	N	04
3	63191	LAMINECTOMY ACCESSORY NERVEUNI	0.00	Y	04
3	63194	INCISE SPINAL COLUMN & CORD	958.60	N	04
3	63195	INCISE SPINAL COLUMN & CORD	958.60	N	04
3	63196	INCISE SPINAL COLUMN & CORD	958.60	N	04
3	63197	INCISE SPINAL COLUMN & CORD	958.60	N	04
3	63198	INCISE SPINAL COLUMN & CORD	1,291.70	N	04
3	63199	INCISE SPINAL COLUMN & CORD	0.00	Y	04
3	63200	LAMENECTOMY,LUMBAR RELEASECORD	1,198.70	N	04
3	63250	REVISE SPINAL CORD VESSELS	1,198.70	N	04
3	63251	REVISE SPINAL CORD VESSELS	1,198.70	N	04
3	63252	EXC LAMINECTOMY AV MALFORM	1,224.30	N	04
3	63265	EXC LAMINECTOMY EXTRADURAL	1,198.70	N	04
3	63266	EXC LAMINECTOMY THORACIC	1,198.70	N	04
3	63267	EXC LAMINECTOMY LUMBAR	1,198.70	N	04
3	63268	EXC LAMINECTOMY SACRAL	1,198.70	N	04
3	63270	EXC LAMINECTOMY NONCERVICAL	1,198.70	N	04
3	63271	EXC LAMINECTOMY THORACIC	1,198.70	N	04
3	63272	EXC LAMINECTOMY NON LUMBAR	1,198.70	N	04
3	63273	EXC LAMINECTOMY NON SACRAL	1,198.70	N	04
3	63275	EXC LAMINECTOMY CERVICAL	1,198.70	N	04
3	63276	EXC LAMINECTOMY THORACIC	1,198.70	N	04
3	63277	EXC LAMINECTOMY LUMBAR	1,198.70	N	04
3	63278	EXC LAMINECTOMY SACRAL	1,198.70	N	04
3	63280	LAMINECTOMY CERVICAL BIOPSY	1,198.70	N	04
3	63281	LAMINECTOMY THORACIC BIOPSY	1,198.70	N	04

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3	63282	LAMINECTOMY LUMBAR BIOPSY	1,198.70	N	04
3	63283	LAMINECTOMY SACRAL BIOPSY	1,198.70	N	04
3	63285	LAMINECTOMY CERVICAL BIOPSY	1,198.70	N	04
3	63286	LAMINECTOMY THORACIC BIOPSY	1,198.70	N	04
3	63287	LAMINECTOMY THORACOLUMBAR	1,198.70	N	04
3	63290	LAMINECTOMY BIOPSY EXCISION	1,198.70	N	04
3	63300	VERTEBRAL CORP CERVICAL,SINGLE	1,606.30	N	04
3	63301	VERTEBRAL CORP THORACIC/TRANS	1,615.70	N	04
3	63302	VERTEBRAL CORP THORACIC/THORA	1,291.70	N	04
3	63303	VERTEBRAL CORP LUMBAR SACRA	1,291.70	N	04
3	63304	VERTEBRAL CORP CERVICAL	1,291.70	N	04
3	63305	VERTEBRAL CORP THORACIC/TRANS	1,291.70	N	04
3	63306	VERTEBRAL CORP THORACIC/THORAC	1,291.70	N	04
3	63307	VERTEBRAL CORP LUMBAR SACRA	1,291.70	N	04
3	63308	VERTEBRAL CORPECTOMY ADD SEG	0.00	Y	04
3	63600	REMOVE SPINAL CORD LESION	898.95	N	04
3	63610	STIMULATION OF SPINAL CORD	599.35	N	04
3	63615	STEREOTAXIS BIOPSY SPINAL CORD	898.95	N	04
3	63650	IMPLANT NEUROELECTRODES	524.40	N	04
3	63655	IMPLANT NEUROELECTRODES	733.85	N	04
3	63660	REVISE/REMOVE NEUROELECTRODE	374.55	N	04
3	63685	IMPLANT NEURORECEIVER	599.35	N	04
3	63688	REVISE/REMOVE NEURORECEIVER	374.55	N	04
3	63700	REPAIR OF SPINAL HERNIATION	599.35	N	04
3	63702	REPAIR OF SPINAL HERNIATION	599.35	N	04
3	63704	REPAIR OF SPINAL HERNIATION	630.10	N	04
3	63706	REPAIR OF SPINAL HERNIATION	689.00	N	04
3	63707	CSF LEAK REPAIR NOT LAMINECT	1,198.70	N	04
3	63709	CSF LEAK REPAIR W/LAMINECTOMY	1,198.70	N	04
3	63710	GRAFT REPAIR OF SPINE DEFECT	1,102.95	N	04
3	63740	INSTALL SPINAL SHUNT	839.35	N	04
3	63741	CREAT SHUNT PERCUTANEOUS	324.05	N	04
3	63744	REVISION OF SPINAL SHUNT	374.55	N	04
3	63746	REMOVAL OF SPINAL SHUNT	194.05	N	04
3	64400	INJECTION FOR NERVE BLOCK	74.90	N	04
3	64402	INJECTION FOR NERVE BLOCK	74.90	N	04
3	64405	INJECTION FOR NERVE BLOCK	74.90	N	04
3	64408	INJECTION FOR NERVE BLOCK	52.40	N	04
3	64410	INJECTION FOR NERVE BLOCK	49.40	N	04
3	64412	INJECTION FOR NERVE BLOCK	46.65	N	04
3	64413	INJECTION FOR NERVE BLOCK	52.70	N	04

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3	64415	INJECTION FOR NERVE BLOCK	52.70	N	04
3	64416	ING AMERTHETIC; BRACHIAL PLEXOS, CATH PLACEMENT/INF	74.90	N	04
3	64417	INJECTION FOR NERVE BLOCK	48.40	N	04
3	64418	INJECTION FOR NERVE BLOCK	47.15	N	04
3	64420	INJECTION FOR NERVE BLOCK	43.25	N	04
3	64421	INJECTION FOR NERVE BLOCK	56.40	N	04
3	64425	INJECTION FOR NERVE BLOCK	52.65	N	04
3	64430	INJECTION FOR NERVE BLOCK	51.10	N	04
3	64435	INJECTION FOR NERVE BLOCK	50.55	N	04
3	64445	INJECTION FOR NERVE BLOCK	53.20	N	04
3	64446	INJ ANEST AGENT SCIATIC NERVE, CATH INFUSION	74.90	N	04
3	64447	INJ ANESTHETIC, FEMORAL NERVE SINGLE	53.20	N	04
3	64448	INJ ANESTH AGENT FEMORAL NERVE CONT INF PER CATH W/DAILY MGT	74.90	N	04
3	64449	INJECTION BY CATHETER, ANESTHETIC AGENT, LUMBER PLEXUS	81.40	N	04
3	64450	INJECTION FOR NERVE BLOCK	38.95	N	04
3	64470	INJ ANESTH/STEROID PARAVERT FACET CERV/THORAC SING LEV	88.05	N	04
3	64472	INJ ANESTH/STEROID PARAVERT FACET CERV/THORAC EA ADDTL	74.90	N	04
3	64475	INJ ANESTH/STEROID PARAVERT FACET LUMBAR/SACRAL SINGLE	77.90	N	04
3	64476	INJ ANESTH/STEROID PARAVERT LUMBAR/SACRAL EACH ADDITI LEVEL	74.90	N	04
3	64479	INJ ANESTH/STEROID TRANSFOR EPI CERV/THORACIC SINGLE	95.90	N	04
3	64480	INJ ANEST/STEROID TRANSFOR EPI CERV/THORAC EA ADD LEVEL	85.75	N	04
3	64483	INJ ANESTH/STEROID TRANSFOR EPI LUMB/SACRAL SINGLE	88.25	N	04
3	64484	INJ ANEST/STEROID TRANSFOR EPI LUMB/SACRAL EADH ADDTL	83.20	N	04
3	64505	INJECTION FOR NERVE BLOCK	59.60	N	04
3	64508	INJECTION FOR NERVE BLOCK	59.60	N	04
3	64510	INJECTION FOR NERVE BLOCK	59.60	N	04
3	64517	INJECTION ANESTHETIC AGENT, SUPERIOR HYPOGASTRIC PLEXUS	64.40	N	04
3	64520	INJECTION FOR NERVE BLOCK	56.20	N	04
3	64530	INJECTION FOR NERVE BLOCK	58.70	N	04
3	64550	APPLY NEUROSTIMULATOR	22.15	N	04
3	64553	IMPLANT NEUROELECTRODES	149.80	N	04
3	64555	IMPLANT NEUROELECTRODES	60.80	N	04
3	64560	IMPLANT NEUROELECTRODES	97.20	N	04
3	64561	PERCUTANEOUS IMPLANT OF NEUROSTIMULATOR ELECTRODE SACRAL	171.50	N	04
3	64565	IMPLANT NEUROELECTRODES	0.00	Y	04
3	64573	IMPLANT NEUROELECTRODES	599.35	N	04
3	64575	IMPLANT NEUROELECTRODES	599.35	N	04
3	64577	IMPLANT NEUROELECTRODES	599.35	N	04
3	64580	IMPLANT NEUROELECTRODES	599.35	N	04
3	64581	INCISION-IMPLANT ELECTRODES SACRAL NERVE TRANSFORAMINAL	332.00	N	04
3	64585	REVISE/REMOVE NEUROELECTRODE	149.80	N	04

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3	64590	IMPLANT NEURORECEIVER	599.35	N	04
3	64595	REVISE/REMOVE NEURORECEIVER	149.80	N	04
3	64600	INJECTION TREATMENT OF NERVE	100.00	N	04
3	64605	INJECTION TREATMENT OF NERVE	140.65	N	04
3	64610	INJECTION TREATMENT OF NERVE	233.00	N	04
3	64612	DESTRUCT BY NEURO AGENT	71.15	N	04
3	64613	DESTRUCT NEURO AGENT CERV MUSC	71.15	N	04
3	64614	CHEMODENERVATION MUSCLE EXTREME/TRUNK FOR MS, CP, DYSTONIA	27.10	N	04
3	64620	INJECTION TREATMENT OF NERVE	80.90	N	04
3	64622	INJECTION TREATMENT OF NERVE	99.70	N	04
3	64623	INJECTION TREATMENT OF NERVE	48.20	N	04
3	64626	DESTR BY NEUROLYTIC AGENT PARAVENT CERV/THORACIS SINGLE	113.40	N	04
3	64627	DESTR BY NEUROLYTIC AGENT PARAVENT CERV/THORAC EACH ADDTL	66.50	N	04
3	64630	INJECTION TREATMENT OF NERVE	88.50	N	04
3	64640	INJECTION TREATMENT OF NERVE	90.50	N	04
3	64680	INJECTION TREATMENT OF NERVE	224.70	N	04
3	64681	DESTRUCTION BY NEUROLYTIC AGENT, SUPERIOR HYPOGASTRIC PLEXUS	116.11	N	04
3	64702	REVISE FINGER/TOE NERVE	524.40	N	04
3	64704	REVISE HAND/FOOT NERVE	524.40	N	04
3	64708	REVISE ARM/LEG NERVE	524.40	N	04
3	64712	REVISION OF SCIATIC NERVE	524.40	N	04
3	64713	REVISION OF ARM NERVE(S)	647.90	N	04
3	64714	REVISE LOW BACK NERVE(S)	647.90	N	04
3	64716	REVISION OF CRANIAL NERVE	0.00	Y	04
3	64718	REVISE ULNAR NERVE AT ELBOW	524.40	N	04
3	64719	REVISE ULNAR NERVE AT WRIST	524.40	N	04
3	64721	REVISE MEDIAN NERVE AT WRIST	524.40	N	04
3	64722	RELIEVE PRESSURE ON UNSPECIFIED NERVE(S)	524.40	N	04
3	64726	RELEASE FOOT/TOE NERVE	524.40	N	04
3	64727	INTERNAL NERVE REVISION	524.40	N	04
3	64732	INCISION OF BROW NERVE	148.20	N	04
3	64734	INCISION OF CHEEK NERVE	158.30	N	04
3	64736	INCISION OF CHIN NERVE	224.70	N	04
3	64738	INCISION OF JAW NERVE	374.55	N	04
3	64740	INCISION OF TONGUE NERVE	224.70	N	04
3	64742	INCISION OF FACIAL NERVE	224.70	N	04
3	64744	INCISE NERVE, BACK OF HEAD	607.60	N	04
3	64746	INCISE DIAPHRAGM NERVE	181.05	N	04
3	64752	INCISION OF VAGUS NERVE	524.40	N	04
3	64755	SELECTIVE VAGOTOMY	524.40	N	04
3	64760	INCISION OF VAGUS NERVE	524.40	N	04

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3	64761	INCISION OF PELVIS NERVE	299.70	N	04
3	64763	INCISE HIP/THIGH NERVE	224.70	N	04
3	64766	INCISE HIP/THIGH NERVE	374.55	N	04
3	64771	INCISION OF CRANIAL NERVE	374.55	N	04
3	64772	INCISION OF SPINAL NERVE	374.55	N	04
3	64774	REMOVE SKIN NERVE LESION	144.55	N	04
3	64776	REMOVE DIGIT NERVE LESION	180.30	N	04
3	64778	ADDED DIGIT NERVE SURGERY	0.00	Y	04
3	64782	REMOVE LIMB NERVE LESION	240.00	N	04
3	64783	ADDED LIMB NERVE SURGERY	120.60	N	04
3	64784	REMOVE NERVE LESION	359.30	N	04
3	64786	REMOVE SCIATIC NERVE LESION	470.15	N	04
3	64787	INSERT CAP ON NERVE END	124.70	N	04
3	64788	REMOVE SKIN NERVE LESION	139.60	N	04
3	64790	REMOVAL OF NERVE LESION	359.30	N	04
3	64792	REMOVAL OF NERVE LESION	0.00	Y	04
3	64795	BIOPSY OF NERVE	112.40	N	04
3	64802	REMOVE SYMPATHETIC NERVES	480.00	N	04
3	64804	REMOVE SYMPATHETIC NERVES	599.35	N	04
3	64809	REMOVE SYMPATHETIC NERVES	749.20	N	04
3	64818	REMOVE SYMPATHETIC NERVES	653.40	N	04
3	64820	SYMPATHECTOMY, DIGITAL ARTERIE S W MAGNIFICATION EACH DIGIT	0.00	Y	04
3	64821	SYMPATHECTOMY ; RADIAL ARTERY	407.40	N	04
3	64822	SYMPATHESTOMY; ULNAR ARTERY	407.40	N	04
3	64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	471.00	N	04
3	64831	REPAIR OF DIGIT NERVE	252.45	N	04
3	64832	REPAIR ADDITIONAL NERVE	139.00	N	04
3	64834	REPAIR OF HAND OR FOOT NERVE	299.70	N	04
3	64835	REPAIR OF HAND OR FOOT NERVE	599.35	N	04
3	64836	REPAIR OF HAND OR FOOT NERVE	599.35	N	04
3	64837	REPAIR ADDITIONAL NERVE	299.70	N	04
3	64840	REPAIR OF LEG NERVE	449.50	N	04
3	64856	REPAIR/TRANSPOSE NERVE	449.50	N	04
3	64857	REPAIR ARM/LEG NERVE	449.50	N	04
3	64858	REPAIR SCIATIC NERVE	599.35	N	04
3	64859	ADDITIONAL NERVE SURGERY	299.70	N	04
3	64861	REPAIR OF ARM NERVES	718.70	N	04
3	64862	REPAIR OF LOW BACK NERVES	718.70	N	04
3	64864	REPAIR OF FACIAL NERVE	599.35	N	04
3	64865	REPAIR OF FACIAL NERVE	861.50	N	04
3	64866	FUSION OF FACIAL/OTHER NERVE	599.35	N	04

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3	64868	FUSION OF FACIAL/OTHER NERVE	599.35	N	04
3	64870	FUSION OF FACIAL/OTHER NERVE	599.35	N	04
3	64872	SUBSEQUENT REPAIR OF NERVE	449.50	N	04
3	64874	REPAIR & REVISE NERVE	749.20	N	04
3	64876	REPAIR NERVE; SHORTEN BONE	524.40	N	04
3	64885	NERVE GRAFT HEAD/NECK TO 4CM	507.15	N	04
3	64886	NERVE GRAFT HEAD/NECK OVER 4CM	600.65	N	04
3	64890	NERVE GRAFT, HAND OR FOOT	455.90	N	04
3	64891	NERVE GRAFT, HAND OR FOOT	457.30	N	04
3	64892	NERVE GRAFT, ARM OR LEG	557.45	N	04
3	64893	NERVE GRAFT, ARM OR LEG	557.45	N	04
3	64895	NERVE GRAFT, HAND OR FOOT	551.10	N	04
3	64896	NERVE GRAFT, HAND OR FOOT	619.50	N	04
3	64897	NERVE GRAFT, ARM OR LEG	665.50	N	04
3	64898	NERVE GRAFT, ARM OR LEG	665.50	N	04
3	64901	ADDITIONAL NERVE GRAFT	316.55	N	04
3	64902	ADDITIONAL NERVE GRAFT	359.70	N	04
3	64905	NERVE PEDICLE TRANSFER	0.00	Y	04
3	64907	NERVE PEDICLE TRANSFER	0.00	Y	04
3	64999	NERVOUS SYSTEM SURGERY	0.00	Y	04
3	65091	REVISE EYE	359.30	N	04
3	65093	REVISE EYE WITH IMPLANT	480.00	N	04
3	65101	REMOVAL OF EYE	359.30	N	04
3	65103	REMOVE EYE/INSERT IMPLANT	480.00	N	04
3	65105	REMOVE EYE/ATTACH IMPLANT	599.35	N	04
3	65110	REMOVAL OF EYE	898.95	N	04
3	65112	REMOVE EYE, REVISE SOCKET	973.90	N	04
3	65114	REMOVE EYE, REVISE SOCKET	1,048.85	N	04
3	65125	MODIFICATION OCULAR IMPLANT	0.00	Y	04
3	65130	INSERT OCULAR IMPLANT	749.20	N	04
3	65135	INSERT OCULAR IMPLANT	449.50	N	04
3	65140	ATTACH OCULAR IMPLANT	599.35	N	04
3	65150	REVISE OCULAR IMPLANT	524.40	N	04
3	65155	REINSERT OCULAR IMPLANT	475.25	N	04
3	65175	REMOVAL OF OCULAR IMPLANT	236.70	N	04
3	65205	REMOVE FOREIGN BODY FROM EYE	58.15	N	04
3	65210	REMOVE FOREIGN BODY FROM EYE	62.60	N	04
3	65220	REMOVE FOREIGN BODY FROM EYE	73.50	N	04
3	65222	REMOVE FOREIGN BODY FROM EYE	64.60	N	04
3	65235	REMOVE FOREIGN BODY FROM EYE	480.00	N	04
3	65260	REMOVE FOREIGN BODY FROM EYE	480.00	N	04

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3	65265	REMOVE FOREIGN BODY FROM EYE	480.00	N	04
3	65270	REPAIR OF EYE WOUND	107.00	N	04
3	65272	REPAIR OF EYE WOUND	142.70	N	04
3	65273	REPAIR OF EYE WOUND	224.70	N	04
3	65275	REPAIR OF EYE WOUND	359.30	N	04
3	65280	REPAIR OF EYE WOUND	599.35	N	04
3	65285	REPAIR OF EYE WOUND	599.35	N	04
3	65286	REPAIR LACERATION APP TIS GLUE	359.30	N	04
3	65290	REPAIR OF EYE SOCKET WOUND	449.50	N	04
3	65400	REMOVAL OF EYE LESION	323.30	N	04
3	65410	BIOPSY OF CORNEA	51.40	N	04
3	65420	REMOVAL OF EYE LESION	273.30	N	04
3	65426	REMOVAL OF EYE LESION	348.15	N	04
3	65430	CORNEAL SMEAR	78.50	N	04
3	65435	CURETTE/TREAT CORNEA	48.55	N	04
3	65436	CURETTE/TREAT CORNEA	125.25	N	04
3	65450	CORNEAL LESION DESTRUCTION	135.40	N	04
3	65600	REVISION OF CORNEA	240.00	N	04
3	65710	CORNEAL TRANSPLANT	839.35	N	04
3	65730	CORNEAL TRANSPLANT	1,317.95	N	04
3	65750	CORNEAL TRANSPLANT	1,317.95	N	04
3	65755	KERATOPLASTY PENETRATING	1,317.95	N	04
3	65760	REVISION OF CORNEA	1,560.80	N	04
3	65765	REVISION OF CORNEA	1,560.80	N	04
3	65767	CORNEAL TISSUE TRANSPLANT	1,560.80	N	04
3	65770	REVISE CORNEA WITH IMPLANT	0.00	Y	04
3	65772	CORNEAL RELAX INCISION	1,252.00	N	04
3	65775	CORNEAL WEDGE RESECTION	648.10	N	04
3	65780	OCULAR SURFACE RECONSTRUCTION, AMNIOTIC MEMBRANE TRANSPLANT	403.90	N	04
3	65781	OCULAR SURFACE RECONSTRUCTION, LIMBAL STEM CELL ALLOGRAFT	617.78	N	04
3	65782	OCULAR SURFACE RECONSTRUCTION, LIMBAL CONSTRUCTION ALLOGRAFT	532.61	N	04
3	65800	DRAINAGE OF EYE	240.00	N	04
3	65805	DRAINAGE OF EYE	299.70	N	04
3	65810	DRAINAGE OF EYE	299.70	N	04
3	65815	DRAINAGE OF EYE	480.00	N	04
3	65820	RELIEVE INNER EYE PRESSURE	599.35	N	04
3	65850	INCISION EYE (TRABECULOTOMY)	599.35	N	04
3	65855	LASER SURGERY EYE	599.35	N	04
3	65860	SEVER ADHESIONS ANT SEG LASER	299.70	N	04
3	65865	INCISE INNER EYE ADHESIONS	299.70	N	04
3	65870	INCISE INNER EYE ADHESIONS	297.00	N	04

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3	65875	INCISE INNER EYE ADHESIONS	324.05	N	04
3	65880	INCISE INNER EYE ADHESIONS	299.70	N	04
3	65900	REMOVE EYE LESION	378.05	N	04
3	65920	REMOVE IMPLANT FROM EYE	0.00	Y	04
3	65930	REMOVE BLOOD CLOT FROM EYE	480.00	N	04
3	66020	INJECTION TREATMENT OF EYE	180.30	N	04
3	66030	INJECTION TREATMENT OF EYE	180.30	N	04
3	66130	REMOVE EYE LESION	273.30	N	04
3	66150	INCISION OF EYE	718.70	N	04
3	66155	INCISION OF EYE	718.70	N	04
3	66160	INCISION OF EYE	718.70	N	04
3	66165	INCISION OF EYE	599.35	N	04
3	66170	INCISION OF EYE	718.70	N	04
3	66172	TRABECULECTOMY AB EXTERNO SCAR	810.10	N	04
3	66180	AQUEOUS SHUNT TO EXTRAOC RESER	799.70	N	04
3	66185	REVISE AQUEOUS SHUNT	351.00	N	04
3	66220	REPAIR EYE LESION	550.90	N	04
3	66225	REPAIR/GRAFT EYE LESION	675.10	N	04
3	66250	FOLLOW-UP SURGERY OF EYE	0.00	Y	04
3	66500	INCISION OF IRIS	149.80	N	04
3	66505	INCISION OF IRIS	240.00	N	04
3	66600	REMOVE IRIS AND LESION	581.30	N	04
3	66605	REMOVAL OF IRIS	581.30	N	04
3	66625	REMOVAL OF IRIS	581.30	N	04
3	66630	REMOVAL OF IRIS	581.30	N	04
3	66635	REMOVAL OF IRIS	581.30	N	04
3	66680	REPAIR IRIS & CILIARY BODY	471.70	N	04
3	66682	SUTURE IRIS CILIARY BODY	471.70	N	04
3	66700	CILIARY BODY DESTRUCT DIATHERM	341.30	N	04
3	66710	CILIARY BODY DESTR CYCLOPHOTO	341.30	N	04
3	66720	CILIARY BODY DESTR CRYOTHERAPY	341.30	N	04
3	66740	CILIARY BODY DESTR CYCLODIAL	569.30	N	04
3	66761	REVISION OF IRIS	449.50	N	04
3	66762	REVISION OF IRIS	449.50	N	04
3	66770	REMOVAL OF INNER EYE LESION	374.55	N	04
3	66820	INCISION OF LENS LESION	299.70	N	04
3	66821	LASERING OF SECONDARY CATARACT	299.70	N	04
3	66825	REPOSIT INTRAOCULAR LENS INCIS	299.70	N	04
3	66830	REMOVAL OF LENS LESION	374.55	N	04
3	66840	REMOVAL OF LENS MATERIAL	751.90	N	04
3	66850	REMOVAL OF LENS MATERIAL	751.90	N	04

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3	66852	REMOV LENS PARS PLANA APPROACH	751.90	N	04
3	66920	EXTRACTION OF LENS	751.90	N	04
3	66930	EXTRACTION OF LENS	751.90	N	04
3	66940	EXTRACTION OF LENS	751.90	N	04
3	66982	EXTRCAP CATERACT REMOVAL W/ INSERT INTRA LENS PROTH	587.60	N	04
3	66983	CATARACT EXTRAC LENS PROSTHESI	1,051.60	N	04
3	66984	CATARACT REMOVAL LENS IMPLANT	1,051.60	N	04
3	66985	INSERT LENS PROSTHESIS	574.75	N	04
3	66986	EXCHANGE INTRAOCULAR LENS	546.00	N	04
3	66990	OPTH ENDOSCOPE	0.00	Y	09
3	66999	EYE SURGERY PROCEDURE	0.00	Y	04
3	67005	PARTIAL REMOVAL OF EYE FLUID	749.20	N	04
3	67010	PARTIAL REMOVAL OF EYE FLUID	749.20	N	04
3	67015	RELEASE OF EYE FLUID	861.50	N	04
3	67025	REPLACE EYE FLUID	818.45	N	04
3	67027	IMPLANT/REPLACE INTRAVITREAL DRUG DEL SYSTEM INCL CONCOMITAN	524.35	N	04
3	67028	INTRAVITRIAL INJ OF PHARM AGNT	287.10	N	04
3	67030	INCISE INNER EYE STRANDS	818.45	N	04
3	67031	LASER SURG OF VITREOUS STRANDS	818.45	N	04
3	67036	VITRECTOMY REVISION INNER EYE	1,086.30	N	04
3	67038	VITRECTOMY MEMBRANE STRIP	1,086.30	N	04
3	67039	VITRECTOMY W/FOCAL ENDOLASER	1,086.30	N	04
3	67040	VITRECTOMY PHOTOCOAGULATION	1,086.30	N	04
3	67101	RETINAL DETACHMENT REPAIR	434.30	N	04
3	67105	RETINAL DETACHMENT REPAIR	457.20	N	04
3	67107	REPAIR DETACHED RETINA	980.85	N	04
3	67108	REPAIR DETACHED RETINA	1,086.30	N	04
3	67110	REPAIR RETINAL DETACHMENT BY INJECTION	434.30	N	04
3	67112	RE-REPAIR DETACHED RETINA	0.00	Y	04
3	67115	RELEASE EYE SURG-POSTERIOR SEG	735.60	N	04
3	67120	REMOVE EYE IMPLANT MATERIAL	958.60	N	04
3	67121	REMOVAL IMPLANTED MATERIAL EYE	0.00	Y	04
3	67141	PROPHYLACTIC TREATMENT RETINA	443.95	N	04
3	67145	PROPHYLACTIC TREATMENT RETINA	443.95	N	04
3	67208	DESTRUCTION OF RETINAL LESION	443.95	N	04
3	67210	DESTRUCTION OF RETINAL LESION	443.95	N	04
3	67218	TREAT INNER EYE LESION	486.10	N	04
3	67220	DESTRUCT LOCAL LESION CHOROID	443.95	N	04
3	67221	DESTRUCT CHOROID LESION PHOTODYNAMIC THERAPY	225.30	N	04
3	67225	DESTRUCT LOCAL LESION CHOROID PHOTODYNAMIC RX 2ND EYE SINGLE	42.55	N	04
3	67227	RETINOPATHY DESTRUCTION	443.95	N	04

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3	67228	RETINOPATHY DESTRUCTION	466.15	N	04
3	67250	REINFORCE EYE WALL	749.20	N	04
3	67255	REINFORCE/GRAFT EYE WALL	898.95	N	04
3	67299	EYE SURGERY PROCEDURE	0.00	Y	04
3	67311	REVISE EYE MUSCLE	511.90	N	04
3	67312	REVISE TWO EYE MUSCLES	511.90	N	04
3	67314	STRABISMUS SURG ONE VERT MUSCL	511.90	N	04
3	67316	STRABISMUS SURG/TWO OR MORE	511.90	N	04
3	67318	STRABIS SURG SUP OBLIQUE MUSCL	550.90	N	04
3	67320	REVISE EYE MUSCLE(S)	674.20	N	04
3	67331	EYE SURGERY FOLLOW-UP	374.55	N	04
3	67332	REREVISE EYE MUSCLES	511.90	N	04
3	67334	STRABIS SURG BY POSTERIOR FIX	511.90	N	04
3	67335	ADJUS SUTURE TECH STRABISMUS	216.00	N	09
3	67340	STRABIS SURG W/EXPLOR/REPAIR	405.10	N	04
3	67343	RELEASE SCAR WOUT DETACH MUSCL	399.60	N	04
3	67345	CHEMODENERVATION OF MUSCLE	100.00	N	04
3	67350	BIOPSY EYE MUSCLE	107.00	N	04
3	67399	EYE MUSCLE SURGERY PROCEDURE	0.00	Y	04
3	67400	EXPLORE/BIOPSY EYE SOCKET	681.10	N	04
3	67405	EXPLORE/DRAIN EYE SOCKET	524.40	N	04
3	67412	EXPLORE/TREAT EYE SOCKET	839.35	N	04
3	67413	EXPLORE/TREAT EYE SOCKET	839.35	N	04
3	67414	ORBITOTOMY W/O BONE FLAP	797.40	N	04
3	67415	BIOPSY OF EYE	56.80	N	04
3	67420	EXPLORE/TREAT EYE SOCKET	1,079.30	N	04
3	67430	EXPLORE/TREAT EYE SOCKET	1,079.30	N	04
3	67440	EXPLORE/DRAIN EYE SOCKET	681.10	N	04
3	67445	ORBITOTOMY W/ BONE FLAP	1,025.40	N	04
3	67450	EXPLORE/BIOPSY EYE SOCKET	681.10	N	04
3	67500	INJECT/TREAT EYE SOCKET	78.20	N	04
3	67505	INJECT/TREAT EYE SOCKET	74.90	N	04
3	67515	INJECT/TREAT EYE SOCKET	74.90	N	04
3	67550	INSERT EYE SOCKET IMPLANT	415.85	N	04
3	67560	REVISE EYE SOCKET IMPLANT	340.90	N	04
3	67570	OPTIC NERVE DECOMPRESSION	797.40	N	04
3	67599	ORBIT SURGERY PROCEDURE	0.00	Y	04
3	67700	DRAINAGE OF EYELID ABSCESS	73.50	N	04
3	67710	INCISION OF EYELID	224.70	N	04
3	67715	INCISION OF EYELID FOLD	59.60	N	04
3	67800	REMOVE EYELID LESION	77.20	N	04

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3	67801	REMOVE EYELID LESIONS	91.85	N	04
3	67805	REMOVE EYELID LESIONS	99.05	N	04
3	67808	REMOVE EYELID LESION(S)	112.80	N	04
3	67810	BIOPSY OF EYELID	68.10	N	04
3	67820	REVISE EYELASHES	30.50	N	04
3	67825	REVISE EYELASHES	88.50	N	04
3	67830	REVISE EYELASHES	112.60	N	04
3	67835	REVISE EYELASHES	187.30	N	04
3	67840	REMOVE EYELID LESION	93.30	N	04
3	67850	TREAT EYELID LESION	90.20	N	04
3	67875	TEMPORARY CLOSUR EYELIDS/SUTUR	187.30	N	04
3	67880	REVISION OF EYELID	187.30	N	04
3	67882	REVISION OF EYELID	231.50	N	04
3	67900	REPAIR BROW PTOSIS	216.00	N	04
3	67901	REPAIR EYELID DEFECT	685.40	N	04
3	67902	REPAIR EYELID DEFECT	685.40	N	04
3	67903	REPAIR EYELID DEFECT	685.40	N	04
3	67904	REPAIR EYELID DEFECT	685.40	N	04
3	67906	REPAIR EYELID DEFECT	749.20	N	04
3	67908	REPAIR EYELID DEFECT	749.20	N	04
3	67909	REVISE EYELID DEFECT	749.20	N	04
3	67911	REVISE EYELID DEFECT	749.20	N	04
3	67912	CORRECTION OF LAGOPHTHALMOS	221.64	N	04
3	67914	REPAIR EYELID DEFECT	359.30	N	04
3	67915	REPAIR EYELID DEFECT	133.90	N	04
3	67916	REPAIR EYELID DEFECT	299.70	N	04
3	67917	REPAIR EYELID DEFECT	359.30	N	04
3	67921	REPAIR EYELID DEFECT	359.30	N	04
3	67922	REPAIR EYELID DEFECT	130.70	N	04
3	67923	REPAIR EYELID DEFECT	299.70	N	04
3	67924	REPAIR EYELID DEFECT	359.30	N	04
3	67930	REPAIR EYELID WOUND	189.00	N	04
3	67935	REPAIR EYELID WOUND	244.50	N	04
3	67938	REMOVE EYELID FOREIGN BODY	80.90	N	04
3	67950	REVISION OF EYELID	359.30	N	04
3	67961	REVISION OF EYELID	324.05	N	04
3	67966	REVISION OF EYELID	345.70	N	04
3	67971	RECONSTRUCTION OF EYELID	449.50	N	04
3	67973	RECONSTRUCTION OF EYELID	449.50	N	04
3	67974	RECONSTRUCTION OF EYELID	449.50	N	04
3	67975	RECONSTRUCTION OF EYELID	449.50	N	04

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3	67999	EYELID SURGERY PROCEDURE	0.00	Y	04
3	68020	INCISE/DRAIN EYELID LINING	72.55	N	04
3	68040	TREATMENT OF EYELID LESIONS	71.40	N	04
3	68100	BIOPSY OF EYELID LINING	77.60	N	04
3	68110	REMOVE EYELID LINING LESION	180.30	N	04
3	68115	REMOVE EYELID LINING LESION	180.30	N	04
3	68130	REMOVE EYELID LINING LESION	224.70	N	04
3	68135	REMOVE EYELID LINING LESION	224.70	N	04
3	68200	TREAT EYELID BY INJECTION	56.60	N	04
3	68320	REVISE/GRAFT EYELID LINING	449.50	N	04
3	68325	REVISE/GRAFT EYELID LINING	531.30	N	04
3	68326	REVISE/GRAFT EYELID LINING	531.30	N	04
3	68328	REVISE/GRAFT EYELID LINING	531.30	N	04
3	68330	REVISE EYELID LINING	299.70	N	04
3	68335	REVISE/GRAFT EYELID LINING	524.40	N	04
3	68340	SEPARATE EYELID ADHESIONS	299.70	N	04
3	68360	REVISE EYELID LINING	240.00	N	04
3	68362	REVISE EYELID LINING	359.30	N	04
3	68371	HARVESTING CONJUNCTIVAL ALLOGRAFT LIVING DONOR	191.25	N	04
3	68399	EYELID LINING SURGERY	0.00	Y	04
3	68400	INCISE/DRAIN TEAR GLAND	103.60	N	04
3	68420	INCISE/DRAIN TEAR SAC	117.70	N	04
3	68440	INCISE TEAR DUCT OPENING	66.90	N	04
3	68500	REMOVAL OF TEAR GLAND	599.35	N	04
3	68505	PARTIAL REMOVAL TEAR GLAND	336.45	N	04
3	68510	BIOPSY OF TEAR GLAND	191.40	N	04
3	68520	REMOVAL OF TEAR SAC	599.35	N	04
3	68525	BIOPSY OF TEAR SAC	124.50	N	04
3	68530	CLEARANCE OF TEAR DUCT	174.60	N	04
3	68540	REMOVE TEAR GLAND LESION	599.35	N	04
3	68550	REMOVE TEAR GLAND LESION	648.10	N	04
3	68700	REPAIR TEAR DUCTS	359.30	N	04
3	68705	REVISE TEAR DUCT OPENING	93.60	N	04
3	68720	CREATE TEAR SAC DRAIN	839.35	N	04
3	68745	CREATE TEAR DUCT DRAIN	839.35	N	04
3	68750	CREATE TEAR DUCT DRAIN	858.70	N	04
3	68760	CLOSE TEAR DUCT OPENING	84.10	N	04
3	68761	CLOSURE LACRIMAL PUNCTUM	75.50	N	04
3	68770	CLOSE TEAR SYSTEM FISTULA	0.00	Y	04
3	68801	DILATION LACRIMAL PUNCTUM, W/ W/O IRRIGATION	71.70	N	04
3	68810	PROBING NASOLACRIMAL DUCT W/ W/O IRRIGATION	103.50	N	04

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3	68811	PROBING NASOLACRIMAL DUCT W/W/OIRRIGATION;REQUIRE GEN ANESTH	115.10	N	04
3	68815	PROB NASOLACRIMAL DUCT W/W/O IRRIGAT W/INSERT TUBE/STENT	143.40	N	04
3	68840	EXPLORE/IRRIGATE TEAR DUCTS	83.30	N	04
3	68850	INJECTION FOR TEAR SAC X-RAY	116.35	N	04
3	68899	TEAR DUCT SYSTEM SURGERY	0.00	Y	04
3	69000	DRAIN EXTERNAL EAR LESION	42.40	N	04
3	69005	DRAIN EXTERNAL EAR LESION	64.10	N	04
3	69020	DRAIN OUTER EAR CANAL LESION	44.60	N	04
3	69100	BIOPSY OF EXTERNAL EAR	31.15	N	04
3	69105	BIOPSY OF EXTERNAL EAR CANAL	50.20	N	04
3	69110	PARTIAL REMOVAL EXTERNAL EAR	209.40	N	04
3	69120	REMOVAL OF EXTERNAL EAR	240.00	N	04
3	69140	REMOVE EAR CANAL LESION(S)	480.00	N	04
3	69145	REMOVE EAR CANAL LESION(S)	90.10	N	04
3	69150	EXTENSIVE EAR CANAL SURGERY	718.70	N	04
3	69155	EXTENSIVE EAR/NECK SURGERY	1,198.70	N	04
3	69200	CLEAR OUTER EAR CANAL	26.60	N	04
3	69205	CLEAR OUTER EAR CANAL	74.90	N	04
3	69210	REMOVE IMPACTED EAR WAX	21.40	N	04
3	69220	DEBRIDE MASTOID CAVITY SIMP UN	28.50	N	04
3	69222	COMPLEX DEBRIDE MASTOID CAVITY	57.30	N	04
3	69300	REVISE EXTERNAL EAR	0.00	Y	09
3	69310	RECONSTRUCT EXTERNAL AUD CANAL	694.40	N	04
3	69320	REBUILD OUTER EAR CANAL	958.60	N	04
3	69399	OUTER EAR SURGERY PROCEDURE	0.00	Y	04
3	69400	INFLATE MIDDLE EAR CANAL	28.15	N	04
3	69401	INFLATE MIDDLE EAR CANAL	22.15	N	04
3	69405	CATH EUSTACHIAN TUBE TRANSTYMP	115.10	N	04
3	69410	MIDDLE EAR BAFFLE TECHNIQUE	0.00	Y	04
3	69420	INCISION OF EARDRUM	43.80	N	04
3	69421	MYRINGOTOMY REG GEN ANESTH	56.60	N	04
3	69424	VENTILATING TUBE REMOVAL UNILA	30.35	N	04
3	69433	TYMPANOSTOMY VENT TUBE UNILATE	76.60	N	04
3	69436	TYMPANOSTOMY VENT TUBE UNILATE	80.50	N	04
3	69440	EXPLORATION OF MIDDLE EAR	599.35	N	04
3	69450	TYMPANOLYSIS TRANSCANAL	191.10	N	04
3	69501	MASTOIDECTOMY	692.20	N	04
3	69502	MASTOIDECTOMY	692.20	N	04
3	69505	REMOVE MASTOID STRUCTURES	749.20	N	04
3	69511	EXTENSIVE MASTOID SURGERY	839.35	N	04
3	69530	EXTENSIVE MASTOID SURGERY	1,198.70	N	04

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3	69535	REMOVE PART OF TEMPORAL BONE	1,198.70	N	04
3	69540	REMOVE EAR LESION	50.20	N	04
3	69550	REMOVE EAR LESION	363.60	N	04
3	69552	REMOVE EAR LESION	674.20	N	04
3	69554	REMOVE EAR LESION	954.95	N	04
3	69601	MASTOID SURGERY REVISION	695.05	N	04
3	69602	MASTOID SURGERY REVISION	695.05	N	04
3	69603	MASTOID SURGERY REVISION	695.05	N	04
3	69604	MASTOID SURGERY REVISION	695.05	N	04
3	69605	MASTOID SURGERY REVISION	695.05	N	04
3	69610	REPAIR OF EARDRUM	0.00	Y	04
3	69620	REPAIR OF EARDRUM	0.00	Y	04
3	69631	REPAIR EARDRUM STRUCTURES	749.20	N	04
3	69632	REBUILD EARDRUM STRUCTURES	749.20	N	04
3	69633	MASTOIDECTOMY POSTFENESTRATION	861.50	N	04
3	69635	REPAIR EARDRUM STRUCTURES	749.20	N	04
3	69636	REBUILD EARDRUM STRUCTURES	749.20	N	04
3	69637	TYMPANOPLASTY MASTOIDECTOMY	861.50	N	04
3	69641	REVISE MIDDLE EAR & MASTOID	1,048.85	N	04
3	69642	REVISE MIDDLE EAR & MASTOID	1,048.85	N	04
3	69643	REVISE MIDDLE EAR & MASTOID	1,048.85	N	04
3	69644	REVISE MIDDLE EAR & MASTOID	1,048.85	N	04
3	69645	REVISE MIDDLE EAR & MASTOID	1,048.85	N	04
3	69646	REVISE MIDDLE EAR & MASTOID	1,048.85	N	04
3	69650	RELEASE MIDDLE EAR BONE	743.65	N	04
3	69660	REVISE MIDDLE EAR BONE	749.20	N	04
3	69661	STAPEDECTOMY WITH FOOT PLATE D	749.20	N	04
3	69662	REVISION OF STAPEDECTOMY	749.20	N	04
3	69666	REPAIR MIDDLE EAR STRUCTURES	749.20	N	04
3	69667	REPAIR MIDDLE EAR STRUCTURES	749.20	N	04
3	69670	REMOVE MASTOID AIR CELLS	1,079.30	N	04
3	69676	TYMPANIC NEURECTOMY UNILATERAL	834.50	N	04
3	69700	CLOSE MASTOID FISTULA	299.70	N	04
3	69710	COCHLEAR IMPLANT	918.15	N	04
3	69711	REMOVAL COCHLEAR IMPLANT	550.90	N	04
3	69714	TEMPORAL BONE IMPLANT W/O MASTOIDECTOMY	604.65	N	04
3	69715	TEMPORAL BONE IMPLANT W MASTOIDECTOMY	765.85	N	04
3	69717	REPLACE IMPLANT W/O MASTOIDECTOMY	623.25	N	04
3	69718	REPLACE IMPLANT W/MASTOIDECTOMY	775.20	N	04
3	69720	RELEASE FACIAL NERVE	749.20	N	04
3	69725	RELEASE FACIAL NERVE	749.20	N	04

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3	69740	REPAIR FACIAL NERVE	599.35	N	04
3	69745	REPAIR FACIAL NERVE	947.20	N	04
3	69799	MIDDLE EAR SURGERY PROCEDURE	0.00	Y	04
3	69801	INCISE INNER EAR	749.20	N	04
3	69802	INCISE INNER EAR	749.20	N	04
3	69805	EXPLORE INNER EAR	749.20	N	04
3	69806	EXPLORE INNER EAR	749.20	N	04
3	69820	ESTABLISH INNER EAR WINDOW	749.20	N	04
3	69840	REVISE INNER EAR WINDOW	749.20	N	04
3	69905	REMOVE INNER EAR	1,198.70	N	04
3	69910	REMOVE INNER EAR & MASTOID	1,198.70	N	04
3	69915	INCISE INNER EAR NERVE	1,198.70	N	04
3	69930	COCHLEAR DEVICE IMPLANT	1,296.20	N	04
3	69949	INNER EAR SURGERY PROCEDURE	0.00	Y	04
3	69950	INCISE INNER EAR NERVE	1,079.30	N	04
3	69955	RELEASE FACIAL NERVE	1,079.30	N	04
3	69960	RELEASE INNER EAR CANAL	1,198.70	N	04
3	69970	REMOVE INNER EAR LESION	1,188.20	N	04
3	69979	TEMPORAL BONE SURGERY	0.00	Y	04
3	69990	USE OPERATE MICROSCOPE	0.00	Y	09
3	70010	CONTRAST X-RAY OF BRAIN	28.70	N	04
3	70015	CONTRAST X-RAY OF BRAIN	39.20	N	04
3	70030	X-RAY EYE FOR FOREIGN BODY	21.50	N	04
3	70100	X-RAY EXAM OF JAW	22.80	N	04
3	70110	X-RAY EXAM OF JAW	31.30	N	04
3	70120	X-RAY EXAM OF MASTOIDS	22.80	N	04
3	70130	X-RAY EXAM OF MASTOIDS	31.30	N	04
3	70134	X-RAY EXAM OF MIDDLE EAR	40.50	N	04
3	70140	X-RAY EXAM OF FACIAL BONES	28.70	N	04
3	70150	X-RAY EXAM OF FACIAL BONES	35.25	N	04
3	70160	X-RAY EXAM OF NASAL BONES	20.95	N	04
3	70170	X-RAY EXAM OF TEAR DUCT	18.30	N	04
3	70190	X-RAY EXAM OF EYE SOCKETS	22.80	N	04
3	70200	ORBITS COMPLETE FOUR VIEWS	35.25	N	04
3	70210	X-RAY EXAM OF SINUSES	22.20	N	04
3	70220	X-RAY EXAM OF SINUSES	28.70	N	04
3	70240	X-RAY EXAM PITUITARY SADDLE	22.80	N	04
3	70250	X-RAY EXAM OF SKULL	21.50	N	04
3	70260	X-RAY EXAM OF SKULL	35.25	N	04
3	70300	X-RAY EXAM OF TEETH	11.80	N	04
3	70310	X-RAY EXAM OF TEETH	14.35	N	04

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3	70320	FULL MOUTH X-RAY OF TEETH	28.70	N	04
3	70328	X-RAY EXAM OF JAW JOINT	28.70	N	04
3	70330	X-RAY EXAM OF JAW JOINTS	28.70	N	04
3	70332	TMJ ARTHROTOMOGRAPHY SUP INTER	23.30	N	04
3	70336	MRI TEMPOROMANDIBULAR JOINT	296.60	N	04
3	70350	X-RAY HEAD FOR ORTHODONTIA	14.35	N	04
3	70355	PANORAMIC X-RAY OF JAWS	28.70	N	04
3	70360	X-RAY EXAM OF NECK	14.35	N	04
3	70370	THROAT X-RAY & FLUOROSCOPY	26.15	N	04
3	70371	COMPLEX DYNAMIC EVAL OF PHARYN X BY CINE OR VIDEO RECORDING	25.40	N	04
3	70373	CONTRAST X-RAY OF LARYNX	20.20	N	04
3	70380	X-RAY EXAM OF SALIVARY GLAND	22.20	N	04
3	70390	X-RAY EXAM OF SALIVARY DUCT	22.20	N	04
3	70450	CAT SCAN OF HEAD	247.15	N	04
3	70460	CONTRAST CAT SCAN OF HEAD	282.45	N	04
3	70470	CONTRAST CAT SCANS OF HEAD	282.45	N	04
3	70480	CAT SCAN ORBIT	62.70	N	04
3	70481	CONTRAST CAT SCAN ORBIT	75.90	N	04
3	70482	CONTRAST CAT SCAN ORBIT	109.85	N	04
3	70486	CAT SCAN MAXILLOFACIAL AREA	62.70	N	04
3	70487	CONTRAST CAT SCAN MAXILLOFACIA	75.90	N	04
3	70488	CONTRAST CAT SCAN MAXILLOFACIA	109.85	N	04
3	70490	CAT SCAN SOFT ISSUE NECK	62.70	N	04
3	70491	CONTRAST CAT SCAN SFT ISS NECK	75.90	N	04
3	70492	CONTRAST CAT SCAN SFT ISS NECK	109.85	N	04
3	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY HEAD W/O & W CONTRAST	247.05	N	04
3	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY NECK W/O TW CONTRAST	247.05	N	04
3	70540	ORBIT,FACE,NECK MRI	296.60	N	04
3	70542	MRI ORBIT, FACE, NECK W/ CONTRAST	296.60	N	04
3	70543	MRI ORBIT, FACE, NECK W/ & W/O CONTRAST	447.85	N	04
3	70544	MRA HEAD W/O CONTRAST	296.60	N	04
3	70545	MRA HEAD W/ CONTRAST	296.60	N	04
3	70546	MRA HEAD W/ OR W/O CONTRAST	409.55	N	04
3	70547	MRA NECK W/CONTRAST	296.60	N	04
3	70548	MRA NECK W/CONTRAST	296.60	N	04
3	70549	MRA NECK W/ & W/O CONTRAST	409.55	N	04
3	70551	BRAIN STEM MRI	296.60	N	04
3	70552	HEAD & NECK W/CONTRAST MATER	296.60	N	04
3	70553	MRI IMAG BRAIN W/O CONTRAST	296.60	N	04
3	70557	MRI, BRAIN, DURING OPEN PROCEDURE, W/OUT CONTRAST	79.06	N	04
3	70558	MRI, BRAIN, DURING OPEN PROCEDURE, W/CONTRAST	87.53	N	04

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3	70559	MRI, BRAIN, DURING OPEN PROCEDURE, W/OUT CONTRAST FOLLOWED	88.02	N	04
3	71010	X-RAY EXAM OF CHEST	17.00	N	04
3	71015	STEREO X-RAY EXAM OF CHEST	21.50	N	04
3	71020	X-RAY EXAM OF CHEST	21.50	N	04
3	71021	X-RAY EXAM OF CHEST	21.50	N	04
3	71022	X-RAY EXAM OF CHEST	21.50	N	04
3	71023	XRAY CHEST W FLUOROSCOPY	21.50	N	04
3	71030	X-RAY EXAM OF CHEST	28.70	N	04
3	71034	CHEST X-RAY & FLUOROSCOPY	28.70	N	04
3	71035	X-RAY EXAM OF CHEST	28.70	N	04
3	71040	CONTRAST X-RAY OF BRONCHI	32.70	N	04
3	71060	CONTRAST X-RAY OF BRONCHI	52.30	N	04
3	71090	X-RAY & PACEMAKER INSERTION	103.30	N	04
3	71100	X-RAY EXAM OF RIBS	21.50	N	04
3	71101	RIB UNILATERAL THREE VIEWS	24.80	N	04
3	71110	X-RAY EXAM OF RIBS	26.15	N	04
3	71111	RIBS BILATERAL FOUR VIEWS	28.70	N	04
3	71120	X-RAY EXAM OF BREASTBONE	21.50	N	04
3	71130	X-RAY EXAM OF BREASTBONE	28.70	N	04
3	71250	CAT SCAN OF CHEST	62.70	N	04
3	71260	CONTRAST CAT SCAN OF CHEST	75.90	N	04
3	71270	CONTRAST CAT SCANS OF CHEST	109.85	N	04
3	71275	CAT CHEST W/ & W/O CONTRAST	265.00	N	04
3	71550	MRI-CHEST EVALUATION	296.60	N	04
3	71551	MRI CHEST W/ CONTRAST	296.60	N	04
3	71552	MRI CHEST W OR W/O CONTRAST CHEST	448.05	N	04
3	71555	MAGNETIC RESONANCE ANGIO CHEST	296.60	N	04
3	72010	RADIOLOGIC EXAM SPINE ENTIRE	71.90	N	04
3	72020	X-RAY EXAM OF SPINE	24.15	N	04
3	72040	X-RAY EXAM OF NECK SPINE	24.15	N	04
3	72050	X-RAY EXAM OF NECK SPINE, MIN.	35.25	N	04
3	72052	X-RAY EXAM OF NECK SPINE, COMP	36.50	N	04
3	72069	XRAY SPINE THORACOLUMBAR STAND	22.80	N	04
3	72070	X-RAY EXAM OF THORAX SPINE	22.80	N	04
3	72072	SPINE THORAX INC CERVICO JUNCT	20.95	N	04
3	72074	SPINE THORAX WITH OBLIQUES	21.50	N	04
3	72080	X-RAY EXAM OF TRUNK SPINE	25.40	N	04
3	72090	X-RAY EXAM OF TRUNK SPINE	58.90	N	04
3	72100	X-RAY EXAM OF LOWER SPINE	28.70	N	04
3	72110	X-RAY EXAM OF LOWER SPINE	37.90	N	04
3	72114	X-RAY EXAM OF LOWER SPINE	37.90	N	04

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3	72120	X-RAY EXAM OF LOWER SPINE	37.90	N	04
3	72125	CAT SCAN CERVICAL SPINE	62.70	N	04
3	72126	CONTRAST CAT SCAN CERV SPINE	75.90	N	04
3	72127	CT, CERVICAL	109.85	N	04
3	72128	CAT SCAN THORACIC SPINE	62.70	N	04
3	72129	CONTRAST CAT SCAN THOR SPINE	75.90	N	04
3	72130	CT, THORACIC	109.85	N	04
3	72131	CONTRAST CAT SCAN LUMBAR SPINE	62.70	N	04
3	72132	CONTRAST CAT SCAN LUMBAR SPINE	75.90	N	04
3	72133	CT, LUMBAR	109.85	N	04
3	72141	MAGNETIC IMAGE NECK SPINE	296.60	N	04
3	72142	SPINE & PELVIS W/ MATERIALS	296.60	N	04
3	72146	SPINE MAGNTC RESONANC	296.60	N	04
3	72147	SPINE MATERIALS	296.60	N	04
3	72148	MAGNETIC RESONANCE SPINAL CAN	296.60	N	04
3	72149	SPINE MATERIALSL	296.60	N	04
3	72156	MRI IMAG SPINAL W/O CONTRAST C	296.60	N	04
3	72157	MRI SPINAL W/O CONT FOLLOW W/C	296.60	N	04
3	72158	MRI SPINAL W/O CONT WITH C LUM	296.60	N	04
3	72159	MAGNETIC RESONANCE ANGIO SPINE	296.60	N	04
3	72170	X-RAY EXAM OF PELVIS	15.70	N	04
3	72190	X-RAY EXAM OF PELVIS	35.25	N	04
3	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY PELVIS W/O T W CONTRAST	256.60	N	04
3	72192	CT PELVIS WITHOUT CONTRAST	62.70	N	04
3	72193	CT PELVIS WITH CONTRAST	75.90	N	04
3	72194	CT PELVIS WITH & WITHOUT CONTR	109.85	N	04
3	72195	MRI PLEVIS W/O CONTRAST	296.60	N	04
3	72196	MRI PELVIS	296.60	N	04
3	72197	MAGNETIC RESONANCE IMAGING W/& W/O CONTRAST PELVIS	452.30	N	04
3	72198	MAGNETIC RESONANCE ANGIO PELVS	296.60	N	04
3	72200	X-RAY EXAM SACROILIAC JOINTS	21.50	N	04
3	72202	X-RAY EXAM SACROILIAC JOINTS	22.80	N	04
3	72220	X-RAY EXAM OF TAILBONE	21.50	N	04
3	72240	CONTRAST X-RAY OF NECK SPINE	65.35	N	04
3	72255	CONTRAST X-RAY THORAX SPINE	52.30	N	04
3	72265	CONTRAST X-RAY LOWER SPINE	52.30	N	04
3	72270	CONTRAST X-RAY OF SPINE	99.35	N	04
3	72275	EPIDUROGRAPHY RADIOLOGICAL SUPERVISION & INTERPRETATION	57.45	N	04
3	72285	X-RAY OF NECK SPINE DISK	52.30	N	04
3	72295	X-RAY OF LOWER SPINE DISK	45.80	N	04
3	73000	X-RAY EXAM OF COLLARBONE	15.00	N	04

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3	73010	X-RAY EXAM OF SHOULDER BLADE	21.50	N	04
3	73020	X-RAY EXAM OF SHOULDER	21.50	N	04
3	73030	X-RAY EXAM OF SHOULDER	22.20	N	04
3	73040	CONTRAST X-RAY OF SHOULDER	23.50	N	04
3	73050	X-RAY EXAM OF SHOULDERS	20.15	N	04
3	73060	X-RAY EXAM OF HUMERUS	15.70	N	04
3	73070	X-RAY EXAM OF ELBOW	19.60	N	04
3	73080	X-RAY EXAM OF ELBOW	21.50	N	04
3	73085	CONTRAST X-RAY OF ELBOW	22.20	N	04
3	73090	X-RAY EXAM OF FOREARM	18.30	N	04
3	73092	X-RAY EXAM OF ARM, INFANT	14.35	N	04
3	73100	X-RAY EXAM OF WRIST	21.50	N	04
3	73110	X-RAY EXAM OF WRIST	22.20	N	04
3	73115	CONTRAST X-RAY OF WRIST	30.10	N	04
3	73120	X-RAY EXAM OF HAND	17.00	N	04
3	73130	X-RAY EXAM OF HAND	18.30	N	04
3	73140	X-RAY EXAM OF FINGER(S)	14.35	N	04
3	73200	CAT SCAN UPPER EXTREMITY	62.70	N	04
3	73201	CONTRAST CAT SCAN UPPER EXTREM	75.90	N	04
3	73202	CONTRAST CAT SCAN UPPER EXTREM	109.85	N	04
3	73206	COMPUTED TOMOGRAPHAPHIC ANGIOGRAPHY W W/O CONTRAST UPPER EXT	231.10	N	04
3	73218	MRI UPPER EXTREM NO JOINT W/O CONTRAST	296.60	N	04
3	73219	MRI UPPER EXTREM NO JOINT W/ CONTRAST	296.60	N	04
3	73220	UPPER EXTREMITY MRI	296.60	N	04
3	73221	MRI ANY JOINT UPPER EXTREMITY	296.60	N	04
3	73222	MRI UPPER EXTREM ANY JOINT W/ CONTRAST	296.60	N	04
3	73223	MRI UPPER EXTREM ANY JOINT W/& W/O CONTRAST	447.85	N	04
3	73225	MAGNETIC RESONANCE ANGIO UPEXT	296.60	N	04
3	73500	X-RAY EXAM OF HIP, UNILATERAL	21.50	N	04
3	73510	X-RAY EXAM OF HIP,COMPL MIN(2)	28.70	N	04
3	73520	X-RAY HIPS, BILAT MIN(2) EACH	39.20	N	04
3	73525	CONTRAST X-RAY OF HIP	52.30	N	04
3	73530	X-RAY EXAM OF HIP	49.70	N	04
3	73540	X-RAY EXAM OF PELVIS & HIPS	34.00	N	04
3	73542	RADIOLOG EXAM SI JOINT ARTHROGRAPHY SUP/INTERP	120.90	N	04
3	73550	X-RAY EXAM OF THIGH	21.50	N	04
3	73560	X-RAY EXAM OF KNEE	19.60	N	04
3	73562	XRAY EXAM KNEE WITH OBLIQUES	20.20	N	04
3	73564	XRAY KNEE COMP TUNNEL PATELLAR	22.20	N	04
3	73565	BILATERAL KNEE X-RAYS	33.40	N	04
3	73580	CONTRAST X-RAY OF KNEE JOINT	37.90	N	04

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3	73590	X-RAY EXAM OF LOWER LEG	21.50	N	04
3	73592	X-RAY EXAM OF LEG, INFANT	21.50	N	04
3	73600	X-RAY EXAM OF ANKLE	21.50	N	04
3	73610	X-RAY EXAM OF ANKLE	28.70	N	04
3	73615	CONTRAST X-RAY OF ANKLE	26.15	N	04
3	73620	X-RAY EXAM OF FOOT	17.00	N	04
3	73630	X-RAY EXAM OF FOOT	21.50	N	04
3	73650	X-RAY EXAM OF HEEL	17.00	N	04
3	73660	X-RAY EXAM OF TOE(S)	14.35	N	04
3	73700	CAT SCAN LOWER EXTREMITY	62.70	N	04
3	73701	CONTRAST CAT SCAN LOWER EXTREM	75.90	N	04
3	73702	CONTRAST CAT SCAN LOWER EXTREM	109.85	N	04
3	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY LOWER EXT W/ OT+W CONTRAST	231.10	N	04
3	73718	MRI LOWER EXTREM W/O JOINT W/O CONTRAST	296.60	N	04
3	73719	MRI LOWER EXTREM W/O JOINT W/ CONTRAST	296.60	N	04
3	73720	LOWER EXTREMITY MRI	296.60	N	04
3	73721	MRI ANY JOINT LOWER EXTREMITY	296.60	N	04
3	73722	MRI LOWER EXTREM ANY JOINT W/ CONTRAST	296.60	N	04
3	73723	MRI LOWER EXTREM ANY JOINT W/O FOLLOWED BY CONTRAST	447.85	N	04
3	73725	MAGNETIC RESONANCE ANGIOGRAPHY LOWER EXTREMITY	296.60	N	04
3	74000	X-RAY EXAM OF ABDOMEN	21.50	N	04
3	74010	X-RAY EXAM OF ABDOMEN	25.40	N	04
3	74020	X-RAY EXAM OF ABDOMEN	25.40	N	04
3	74022	X-RAY EXAM OF ABDOMEN-COMPLETE	41.90	N	04
3	74150	CAT SCAN OF ABDOMEN	62.70	N	04
3	74160	CONTRAST CAT SCAN OF ABDOMEN	75.90	N	04
3	74170	CONTRAST CAT SCANS, ABDOMEN	109.85	N	04
3	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMENT W/O + W/ CONTRAST	256.65	N	04
3	74181	ABDOMEN MRI	296.60	N	04
3	74182	MRI ABDOMEN W/ CONTRAST	296.60	N	04
3	74183	MRI ABDOMEN W/O +W CONTRAST	452.30	N	04
3	74185	MAGNETIC RESONANCE ANGIO ABDOM	296.60	N	04
3	74190	PERITONEOGRAM SUPER INTERP	21.50	N	04
3	74210	CONTRAST XRAY EXAM OF THROAT	28.70	N	04
3	74220	CONTRAST XRAY EXAM,ESOPHAGUS	28.70	N	04
3	74230	CINEMA XRAY THROAT/ESOPHAGUS	25.40	N	04
3	74235	REMOVE FOREIGN BODY-ESOPHAGEAL	122.40	N	04
3	74240	X-RAY EXAM UPPER GI TRACT	49.70	N	04
3	74241	X-RAY EXAM UPPER GI TRACT	51.00	N	04
3	74245	X-RAY EXAM UPPER GI TRACT	64.05	N	04
3	74246	XRAY UPPER GI AIR CONTRAST	52.30	N	04

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3	74247	XRAY UPPER GI AIR CONTRAST KUB	53.60	N	04
3	74249	GI RADIOLOGIC EXAM SMALL BOWEL	64.05	N	04
3	74250	X-RAY EXAM OF SMALL BOWEL	43.15	N	04
3	74251	XRAY SMALL VIA ENTEROLYSISTUBE	58.90	N	04
3	74260	X-RAY EXAM OF SMALL BOWEL	36.50	N	04
3	74270	CONTRAST X-RAY EXAM OF COLON	49.70	N	04
3	74280	CONTRAST X-RAY EXAM OF COLON	58.90	N	04
3	74283	THERAPUTIC ENEMA, CONTRAST OR AIR	58.90	N	04
3	74290	CONTRAST X-RAY, GALLBLADDER	35.25	N	04
3	74291	CONTRAST X-RAYS, GALLBLADDER	35.25	N	04
3	74300	CONTRAST X-RAY OF BILE DUCTS	35.25	N	04
3	74301	CONTRAST X-RAY OF BILE DUCTS	0.00	Y	04
3	74305	CONTRAST X-RAY OF BILE DUCTS	35.25	N	04
3	74320	CONTRAST X-RAY OF BILE DUCTS	57.55	N	04
3	74327	X-RAY FOR BILE STONE REMOVAL	168.65	N	04
3	74328	XRAY FOR BILE DUCT ENDOSCOPY	64.05	N	04
3	74329	X-RAY FOR PANCREAS ENDOSCOPY	92.80	N	04
3	74330	XRAY,BILE/PANCREAS ENDOSCOPY	100.65	N	04
3	74340	X-RAY GUIDE FOR GI TUBE	51.00	N	04
3	74350	X-RAY GUIDANCE STOMACH TUBE	118.60	N	04
3	74355	X-RAY GUIDE INTESTINAL TUBE	118.60	N	04
3	74360	X-RAY GUIDE GT DILATION	44.90	N	04
3	74363	PERC TRANSHEPATIC DILATATION	170.00	N	04
3	74400	CONTRAST X-RAY URINARY TRACT	49.70	N	04
3	74410	CONTRAST X-RAY URINARY TRACT	57.55	N	04
3	74415	CONTRAST X-RAY URINARY TRACT	57.55	N	04
3	74420	CONTRAST X-RAY URINARY TRACT	28.70	N	04
3	74425	CONTRAST X-RAY URINARY TRACT	28.70	N	04
3	74430	CONTRAST X-RAY OF BLADDER	23.50	N	04
3	74440	XRAY EXAM MALE GENITAL TRACT	32.70	N	04
3	74445	CORPORA CAVERNOSOGRAPHY	28.70	N	04
3	74450	X-RAY EXAM URETHRA/BLADDER	26.15	N	04
3	74455	X-RAY EXAM URETHRA/BLADDER	26.15	N	04
3	74470	X-RAY EXAM OF KIDNEY LESION	18.30	N	04
3	74475	CATH INTO KIDNEY SUP INTERP	14.35	N	04
3	74480	URETEAL CATH SUP INTERPRET	71.90	N	04
3	74485	X-RAY GUIDE GU DILATION	28.50	N	04
3	74710	X-RAY MEASUREMENT OF PELVIS	45.80	N	04
3	74740	X-RAY FEMALE GENITAL TRACT	39.20	N	04
3	74742	TRANSCERVICAL CATH FALLOPIAN	39.20	N	04
3	74775	PERINEOGRAM TO DETERMINE SEX	71.20	N	04

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3	75552	MRI MYOCARDIUM	296.60	N	04
3	75553	CARDIAC MRI FOR MORPHOLOGY	296.60	N	04
3	75554	CARDIAC MRI FOR FUNCTION COMPL	296.60	N	04
3	75555	CARDIAC MRI LIMITED	296.60	N	04
3	75556	CAR MAG RES - VELOCITY FLOW	296.60	N	04
3	75600	CONTRAST X-RAY EXAM OF AORTA	109.85	N	04
3	75605	CONTRAST X-RAY EXAM OF AORTA	77.20	N	04
3	75625	CONTRAST X-RAY EXAM OF AORTA	98.10	N	04
3	75630	AOTOGRAPHY ABDOMEN ILEOFEMORAL	130.80	N	04
3	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABD AORTA W/O +W/CONTRAST	281.40	N	04
3	75650	ARTERY X-RAYS, HEAD & NECK	163.40	N	04
3	75658	X-RAY EXAM OF ARM ARTERIES	78.45	N	04
3	75660	ARTERY X-RAYS, HEAD & NECK	84.90	N	04
3	75662	ARTERY X-RAYS, HEAD & NECK	130.80	N	04
3	75665	ARTERY X-RAYS, HEAD & NECK	98.10	N	04
3	75671	ARTERY X-RAYS, HEAD & NECK	130.80	N	04
3	75676	ARTERY X-RAYS, NECK	78.45	N	04
3	75680	ARTERY X-RAYS, NECK	104.60	N	04
3	75685	ARTERY X-RAYS, SPINE	78.45	N	04
3	75705	ARTERY X-RAYS, SPINE	98.10	N	04
3	75710	ARTERY X-RAYS, ARM/LEG	78.45	N	04
3	75716	ARTERY X-RAYS, ARMS/LEGS	111.10	N	04
3	75722	ARTERY X-RAYS, KIDNEY	78.45	N	04
3	75724	ARTERY X-RAYS, KIDNEYS	111.10	N	04
3	75726	ARTERY X-RAYS, ABDOMEN	91.45	N	04
3	75731	ARTERY X-RAYS, ADRENAL GLAND	91.45	N	04
3	75733	ARTERY X-RAYS,ADRENAL GLANDS	115.10	N	04
3	75736	ARTERY X-RAYS, PELVIS	91.45	N	04
3	75741	ARTERY X-RAYS, LUNG	91.45	N	04
3	75743	ARTERY X-RAYS, LUNGS	117.60	N	04
3	75746	ARTERY X-RAYS, LUNG	65.35	N	04
3	75756	ARTERY X-RAYS, CHEST	39.20	N	04
3	75774	ARTERY X-RAY EACH VESSEL	25.10	N	04
3	75790	AV SHUNT ANGIOGRAPHY	84.90	N	04
3	75801	LYMPH VESSEL X-RAY, ARM/LEG	35.25	N	04
3	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	75.90	N	04
3	75805	LYMPH VESSEL X-RAY, TRUNK	77.20	N	04
3	75807	LYMPH VESSEL X-RAY, TRUNK	91.45	N	04
3	75809	SHUNTOGRAM SUP/INTERP	77.20	N	04
3	75810	VEIN X-RAY, SPLEEN/LIVER	91.45	N	04
3	75820	VEIN X-RAY, ARM/LEG	45.80	N	04

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3	75822	VEIN X-RAY, ARMS/LEGS	65.35	N	04
3	75825	VEIN X-RAY, TRUNK	78.45	N	04
3	75827	VEIN X-RAY, CHEST	100.65	N	04
3	75831	VEIN X-RAY, KIDNEY	91.45	N	04
3	75833	VEIN X-RAY, KIDNEYS	111.10	N	04
3	75840	VEIN X-RAY, ADRENAL GLAND	57.55	N	04
3	75842	VEIN X-RAY, ADRENAL GLANDS	91.45	N	04
3	75860	VEIN X-RAY, NECK	78.45	N	04
3	75870	VEIN X-RAY, SKULL	52.30	N	04
3	75872	VENOGRAPHY EPIDURAL INTERPRET	130.80	N	04
3	75880	VEIN X-RAY, EYE SOCKET	28.70	N	04
3	75885	VEIN X-RAY, LIVER	64.30	N	04
3	75887	VEIN X-RAY, LIVER	54.60	N	04
3	75889	VEIN X-RAY, LIVER	128.20	N	04
3	75891	VEIN X-RAY, LIVER	93.40	N	04
3	75893	VENOUS SAMPLING BY CATHETER	98.10	N	04
3	75894	XRAYS, TRANSCATHETER THERAPY	64.05	N	04
3	75896	XRAYS, TRANSCATHETER THERAPY	64.05	N	04
3	75898	FOLLOW-UP ANGIOGRAM	56.20	N	04
3	75900	PREV PLACED ARTERIAL CATH/THRO MBO THERAPY/RADIOLOG SUPERV	201.20	N	04
3	75901	RADIOLOGIC SUPRV REMOVAL OBSTRUCT MATERIAL FROM CVS	66.60	N	04
3	75902	INTRALUMINAL REMOVAL OBSTRUCTION FROM CVS W/RASLIO SPRV	66.60	N	04
3	75940	X-RAY PLACEMENT VEIN FILTER	66.60	N	04
3	75945	INTRAVAS ULTRASOUND,RADIOLOG SUPERVIS & INTERP;INITIAL VESS	64.05	N	04
3	75946	INTRA ULTRA RAD SUPER & INTERP EA ADD VESSEL	49.40	N	04
3	75952	ENDOVAS REPAIR ABDOMINAL ANEURYSM SUPERVISE & INTERP	162.85	N	04
3	75953	XRAY PLACEMENT PROTHESIS REPAIR ABD AORTIC ANEURYSM	68.30	N	04
3	75954	ENDORASC REPAI ILIAC ARTERY RADIOLOGICAL SUP/INTERP	83.00	N	04
3	75960	TRANSCAT INTRA STENT PERC/OPEN	83.00	N	04
3	75961	TRANSCATHETER RETRIEVAL PERCUT	62.15	N	04
3	75962	REPAIR ARTERIAL BLOCKAGE	83.00	N	04
3	75964	REPAIR ARTERY BLOCK EACH	83.00	N	04
3	75966	REPAIR ARTERIAL BLOCKAGE	83.00	N	04
3	75968	REPAIR ARTERY BLOCKAGE EACH	83.00	N	04
3	75970	TRANSCATHETER BIOPSY SUPINTERP	78.90	N	04
3	75978	PERC TRANS ANGIO SUPERV INTERP	65.35	N	04
3	75980	PERCUT TRANSHEPATIC BILIARY DR AIN RADIOL SUPV/INTERP	83.00	N	04
3	75982	PERCUT PLACEMENT FOR DRAINAGE RADIOL SUPV/INTERP	41.90	N	04
3	75984	CHG PERCUT TUBE OR CATH W CONT RST MONIT. RADIOL SUPV/INTERP	53.60	N	04
3	75989	RADIOL GUIDE PERCUT DRAINAGE A BSCESS-W/WO CATH. SUPV/INTERP	84.90	N	04
3	75992	TRANSLUMINAL ATHER PERIP ARTER	83.00	N	04

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3	75993	TRANSLUM ATH ADD PERI ARTERY	0.00	Y	04
3	75994	TRANSLUM ATH RENAL	83.00	N	04
3	75995	TRANSLUM ATH VISCERAL	83.00	N	04
3	75996	TRANSLUM ATH ADD RENAL/VISCERA	0.00	Y	04
3	75998	FLUOROSOPIC GUIDANCE FOR CENTRA VENOUS ACCESS DEVRE PLACEMEN	38.05	N	04
3	76000	FLUOROSCOPE EXAMINATION	32.70	N	04
3	76001	FLUOROSCOPY MORE THAN 1 HOUR	56.45	N	04
3	76003	FLOROSCOPIC LOCALIZATION	37.90	N	04
3	76005	FLUOROSCOPIC GUID/LOCAL NEEDLE/CATH SPINE/PARASPIN INJ PROCE	52.30	N	04
3	76006	RADIOLOGIC EXAM, STRESS VIEW,ANY JOINT,STRESS APPLIED BY PHY	0.00	Y	04
3	76010	XRAY NOSE-RECTUM FOREIGN BODY	32.40	N	04
3	76012	PERCUT VERTEBROPLASTY PER VERTEBRAL SUPER&INTERPRET FLUOROSC	78.05	N	04
3	76013	CT GUIDANCE PERCUTANEOUS VERTEBROPLASTY PER BODY SUPER& INTR	62.50	N	04
3	76020	X-RAYS FOR BONE AGE	21.50	N	04
3	76040	X-RAYS, BONE EVALUATION	28.70	N	04
3	76061	XRAY OSSEOUS EG CA LIMITED	57.55	N	04
3	76062	XRAY OSSEOUS AXIS APPEND COMPL	98.10	N	04
3	76065	X-RAYS, BONE EVALUATION	35.25	N	04
3	76066	JOINT SURVEY SINGLE VIEW	41.90	N	04
3	76070	CT SCAN BONE DENSITY STUDY	35.60	N	04
3	76071	CT BONE DENSITY I/MORESITE	35.60	N	04
3	76073	COMPUTER AIDED SCREENING MAMMOGRAPHY W/PHYSICIAN REVIEW	9.96	N	04
3	76075	DUAL ENERGY DEXA BONE DENSITY	98.10	N	04
3	76076	DUAL ENERGY X-RAY ABSORP/BONE DENSITY STUDY, 1 OR MORE SITES	98.10	N	04
3	76078	RADIOGRAPHIC ABSORPTIOMETRY (ONE OR MORE SITES)	103.80	N	04
3	76080	XRAY ABSCESS, FISTULA OR SINUS TRACT SUP & INT	26.15	N	04
3	76082	COMPUTER AIDED MAMOGRAPHY W/PHYSICAN REVIEW	9.96	N	04
3	76083	COMPUTER AIDED SCREENING MAMMOGRAPHY W/PHYSICAN REVIEW	9.96	N	04
3	76086	X-RAY BREAST DUCT UNILAT S+I	51.00	N	04
3	76088	X-RAY BREAST DUCT BILATERAL	71.50	N	04
3	76090	MAMMOGRAPHY, UNILATERAL	39.20	N	04
3	76091	MAMMOGRAPHY, BILATERAL	71.90	N	04
3	76092	SCREENING MAMMOGRAPHY BILATER	71.90	N	04
3	76093	MRI BREAST W/O AND/OR WITH CON TRAST MATERIAL(S); UNILATERAL	296.60	N	04
3	76094	MRI BREAST W/O AND/OR WITH CON TRAST MATERIAL(S); BILATERAL	296.60	N	04
3	76095	STER LOCALIZATION BREAST BIOP	35.25	N	04
3	76096	LOCALIZATION BREAST MODULE	35.25	N	04
3	76098	RADIOLOGICAL EXAM SURGICAL SPE CIMEN	12.40	N	04
3	76100	X-RAY EXAM OF BODY SECTION	49.70	N	04
3	76101	XRAY EXAM BODY SECTION UNLAT	35.25	N	04
3	76102	XRAY EXAM BODY SECTION BILAT	49.70	N	04

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3	76120	CINEMATIC X-RAYS	20.95	N	04
3	76125	CINEMATIC X-RAYS	49.70	N	04
3	76140	X-RAY CONSULTATION	19.60	N	04
3	76150	X-RAY EXAM, DRY PROCESS	0.00	Y	04
3	76350	SUBTRACTION WTH CONTRAST STUDY	0.00	Y	04
3	76355	COMPUT. TOMOGRAPHY GUIDANCE	56.20	N	04
3	76360	CT GUIDANCE FOR BIOPSY SUP INT	56.20	N	04
3	76362	CT GUIDANCE FOR & MONITORING OF, TISSUE ABLATION	233.70	N	04
3	76370	CAT GUIDANCE PLACE RADIATION	56.20	N	04
3	76375	CORONAL, SAGITTAL MULTIPLAN OBLIQUE CT/MRI	59.55	N	04
3	76380	CAT SCAN LIMITED FOLLOW UP	59.55	N	04
3	76390	MAGNETIC RESONANCE SPECTROSCOPY	296.60	N	04
3	76393	MR GUIDANCE NEEDLE PLACEMENT SUPERVISION & INTERP	335.05	N	04
3	76394	MRI GUIDANCE FOR, & MONITORING OF TISSUE ABLATION	335.05	N	04
3	76400	MRI-BONE MARROW/BLOOD SUPPLY	296.60	N	04
3	76496	UNLISTED FLUOROSCOPIC PROC	0.00	Y	04
3	76497	UNLISTED CT	0.00	Y	04
3	76498	UNLISTED MAGNETIC RESONANCE	0.00	Y	04
3	76499	RADIOGRAPHIC PROCEDURE	0.00	Y	04
3	76506	ECHOENCEPHALOGRAPHY B A MODE	64.05	N	04
3	76511	ECHO EXAM OF EYE	49.70	N	04
3	76512	ECHO EXAM OF EYE	65.35	N	04
3	76513	IMMERSION BDSCAN OPTHALMIC	65.35	N	04
3	76514	OPTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC, UNI OR BILAT	6.58	N	04
3	76516	ECHO EXAM OF EYE	49.70	N	04
3	76519	ECHOGRAPHY OF EYE	49.80	N	04
3	76529	ECHO EXAM OF EYE	65.35	N	04
3	76536	HEAD & NECK ECHOGRAPHY	68.00	N	04
3	76604	ECHO EXAM OF CHEST	62.70	N	04
3	76645	ECHO EXAM OF BREAST	62.70	N	04
3	76700	ECHO EXAM OF ABDOMEN, COMPLETE	75.90	N	04
3	76705	ECHO EXAM OF ABDOMEN, LIMITED	62.70	N	04
3	76770	ECHO EXAM ABDOMEN BACK WALL	75.90	N	04
3	76775	ECHO EXAM ABDOMEN BACK WALL	62.70	N	04
3	76778	ECHOGRAPHY TRANSPLANTED KIDNEY	75.90	N	04
3	76800	ECHOGRAPHY SPINAL CANAL	75.90	N	04
3	76801	ULTRASOUND PREG UTERUS FIRST TRIMISTER SINGLE/FIRST GEST.	71.90	N	04
3	76802	ULTRASOUND PREG UTERUS, FIRST TRIMESTER EA. ADD	45.05	N	04
3	76805	ECHO EXAM OF PELVIS	71.90	N	04
3	76810	ECHOGRAPHY PREG UTERUS B-SCAN OR REAL COMPL. MULT GESTATION	45.05	N	04
3	76811	ULTRASOUND PREG UTERUS W/EXAM, SINGLE/FIRST GEST.	71.90	N	04

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3	76812	ULTRASOUND PREG UTEROS W/EXAM EA. ADD	45.05	N	04
3	76815	ECHO EXAM FETAL GROWTH - LIMITED	71.90	N	04
3	76816	ULTRASOUND PREG. UTERUS TRANSABDOMINAL	71.90	N	04
3	76817	ULTRASOUND PREG. UTERUS, TRANSVAG	71.90	N	04
3	76818	FETAL BIOPHYSICAL PROFILE WITH NON-STRESS TESTING	63.95	N	04
3	76819	FETAL BIOPHYSICAL PROFILE	31.10	N	04
3	76825	FETAL HEART ECG	71.90	N	04
3	76826	ECHOCARD FETAL CARD SYSTEM	71.90	N	04
3	76827	DOP ECHO FETAL CARD COMPLETE	71.90	N	04
3	76828	DOP ECHO FETAL CARD FOLLOW UP	71.90	N	04
3	76830	ECHOGRAPHY TRANSVAGINAL	71.90	N	04
3	76831	HYSTEROSONOGRAPHY, W/W/O COLOR FLOW DOPPLER	71.90	N	04
3	76856	ECHOGRAPHY PELVIC REAL TIME	71.90	N	04
3	76857	PELVIC ECHOGRAPHY	71.90	N	04
3	76870	ECHOGRAPHY SCROTUM AND CONTENT	49.70	N	04
3	76872	ECHOGRAPHY, TRANSRECTAL	71.90	N	04
3	76873	ECHO TRANSRECT/PROSTATE VOL STUDY BRACHYTHER RX PLANNING	142.70	N	04
3	76880	ECHOGRAPHY EXTREMITY B-SCAN	49.70	N	04
3	76885	ECHOGRAPHY INFANT HIPS W/DOC W/MAINIP REAL TIME	71.90	N	04
3	76886	ECHOGRAPHY INFANT HIPS W/DOC W/O MANIP REAL TIME	71.90	N	04
3	76930	ULTRASONIC GUID. PERICARDIOCEN TESIS RADIOL SUPV/INTERP	56.20	N	04
3	76932	ULTRASON GUID ENDOMYOCARDIAL B IOPSY RADIOLOG SUPV/INTERP	65.35	N	04
3	76936	ULTRASOUND REPAIR ARTERIAL PSE UDO-ANEURYSM/ARTERIOVENOUS FI	56.20	N	04
3	76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	18.81	N	04
3	76940	ULTRA SOUND GUIDANCE FOR VISCERAL TISSUE ABLATION	91.32	N	04
3	76941	ULTRASOUND FETAL TRANSFUS/CORD OCENTESIS RADIOLOG SUPV/INTER	56.20	N	04
3	76942	ECHO GUIDE FOR BIOPSY	60.10	N	04
3	76945	ULTRASONIC/CHORIONIC VILLUS SA MPLING RADIOLOG SUPV & INTERP	49.70	N	04
3	76946	ECHO GUIDE FOR AMNIOCENTESIS	51.00	N	04
3	76950	ECHO GUIDANCE RADIOTHERAPY	62.70	N	04
3	76965	ULTRASONIC GUIDANCE INTERSTITI AL RADIOELEMENT APPLICATION	49.70	N	04
3	76970	ULTRASOUND EXAM FOLLOW-UP	0.00	Y	04
3	76975	GASTROINTESTINAL ENDO ULTRASOUND	51.00	N	04
3	76977	ULTRASOUND BONE DENSITY MEASUREMENT & INTERP, PERIPHERAL,ANY	34.50	N	04
3	76986	ULTRASONIC GUIDANCE, INTRAOPERATIVE	0.00	Y	04
3	76999	UNLISTED ULTRASOUND PROCEDURE	0.00	Y	04
3	77261	X-RAY TREATMENT PLANNING	65.35	N	04
3	77262	X-RAY TREAT PLANNING INTERMEDI	130.80	N	04
3	77263	X-RAY TREAT PLANNING COMPLEX	139.90	N	04
3	77280	SET RADIATION THERAPY FIELD	0.00	Y	09
3	77285	SET RADIATION THERAPY FIELD	0.00	Y	09

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3	77290	SET RADIATION THERAPY FIELD	0.00	Y	09
3	77295	THERAPEUTIC RADIATION BY 3DIME	0.00	Y	09
3	77299	RADIATION THERAPY PLANNING	0.00	Y	04
3	77300	RADIATION THERAPY DOSE PLAN	0.00	Y	09
3	77301	INTENSITY MODULATED RADIOTHERAPY INCLUDE DOSE VOL HISTOGRAMS	189.60	N	04
3	77305	RADIATION THERAPY DOSE PLAN	39.20	N	04
3	77310	RADIATION THERAPY DOSE PLAN	39.20	N	04
3	77315	RADIATION THERAPY DOSE PLAN	98.10	N	04
3	77321	TELETHERAPY PORT PLAN	0.00	Y	09
3	77326	BRACHYTHERAPY ISODSE CALCULATE	0.00	Y	09
3	77327	BRACHYTHERAPY ISODOSE CALCULAT	0.00	Y	09
3	77328	BRACHYTHERAPY CALCULATE COMPLX	0.00	Y	09
3	77331	SPECIAL DOSIMETRY EG TLD	0.00	Y	09
3	77332	TREATMENT DEVICES DESIGN	0.00	Y	09
3	77333	TREATMENT DEVICES DESIGN INTER	0.00	Y	09
3	77334	TREATMENT DEVICE DESIGN COMPLE	0.00	Y	09
3	77336	MEDICAL RADIATION PHYSICS CONS	0.00	Y	09
3	77370	SPECIAL RAD PHYSICS CONSULT	0.00	Y	09
3	77399	EXTERNAL RADIATION DOSIMETRY	0.00	Y	04
3	77401	RADIATION THERAPY DELIVERY	24.15	N	04
3	77402	RADIATION TREATMENT	24.15	N	04
3	77403	RADIATION THERAPY DELIVERY	26.00	N	04
3	77404	RADIATION THERAPY DELIVERY	27.70	N	04
3	77406	RADIATION THERAPY	30.10	N	04
3	77407	RADIATION THERAPY DELIVERY	38.95	N	04
3	77408	RADIATION THERAPY	42.00	N	04
3	77409	RADIATION THERAPY	45.80	N	04
3	77411	RADIATION THERAPY	47.40	N	04
3	77412	RADIATION THERAPY	42.00	N	04
3	77413	RADIATION THERAPY	43.60	N	04
3	77414	RADIATION THERAPY	45.80	N	04
3	77416	RADIATION THERAPY	49.10	N	04
3	77417	THERAPEUTIC RADIOLOGY PORT	0.00	Y	09
3	77418	INSTENSITY MODULATED TREATMENT DELIVERY SINGLE OR MULTIPLE	246.50	N	04
3	77427	RADIATION TREATMENT MANAGEMENT FIVE TREATMENTS	70.85	N	04
3	77431	RADIATION THERAPY	35.65	N	04
3	77432	STERIOTACTIC RADIATION TRTMNT MANAGMNT OF CEREBRAL LESION	254.60	N	04
3	77470	SPECIAL TREATMENT PROCEDURE	240.10	N	04
3	77499	RADIATION THERAPY MANAGEMENT	0.00	Y	04
3	77520	PROTON BEAM TO SINGLE RX AREA W/WO COMPENS W/RX SET-UP VERIF	70.85	N	04
3	77522	PROTON TX DELIVERY SIMPLE	0.00	Y	04

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3	77523	PROTON BEAM TWO/OR MORE AREAS WITH RX SET-UP AND VERIFIC	89.75	N	04
3	77525	PROTON TX DELIVERY COMPLEX	0.00	Y	04
3	77600	HYPERTHERMIA	21.30	N	04
3	77605	HYPERTHERMIA	28.45	N	04
3	77610	HYPERTHERMIA	58.80	N	04
3	77615	HYPERTHERMIA	70.60	N	04
3	77620	HYPERTHERMIA/INTRACAVI PROBE	74.10	N	04
3	77750	INFUSE RADIOACTIVE MATERIALS	141.30	N	04
3	77761	APPLICATION INTRACAVITARY - SIMPLE	256.30	N	04
3	77762	APPLICATION INTRACAVITARY - INTERMEDIATE	256.30	N	04
3	77763	INTRACAVITARY APPLICATION COMP	256.30	N	04
3	77776	INTERSTITIAL RADIOELEMENT SIMP	156.85	N	04
3	77777	INTERSTITIAL RADIOELEMENT INTE	183.10	N	04
3	77778	INTERSTITAL THERAPY COMPLEX	209.25	N	04
3	77781	BRACHYTHERAPY	0.00	Y	04
3	77782	BRACHYTHERAPY	0.00	Y	04
3	77783	BRACHYTHERAPY	0.00	Y	04
3	77784	BRACHYTHERAPY	0.00	Y	04
3	77789	SURFACE APPLY RADIOELEMENT	96.70	N	04
3	77790	HANDLING LOADING RADIOELEMENT	0.00	Y	04
3	77799	RADIUM/RADIOISOTOPE THERAPY	0.00	Y	04
3	78000	NUCLEAR EXAM OF THYROID	21.50	N	04
3	78001	NUCLEAR EXAMS OF THYROID	28.70	N	04
3	78003	TREATMENT OF THYROID	30.10	N	04
3	78006	THYROID IMAGING, WITH UPTAKE	65.35	N	04
3	78007	THYROID IMAGING, WITH UPTAKE	65.35	N	04
3	78010	NUCLEAR SCAN OF THYROID	65.35	N	04
3	78011	THYROID IMAGING VASCULAR FLOW	70.60	N	04
3	78015	NUCLEAR SCAN OF THYROID	78.45	N	04
3	78016	EXTENSIVE THYROID SCAN	98.10	N	04
3	78018	THYROID SCAN WHOLE BODY	84.90	N	04
3	78020	THYROID CARCINOMA METASTASES UPTAKE	78.45	N	04
3	78070	PARATHYROID IMAGING	58.90	N	04
3	78075	NUCLEAR SCAN OF ADRENALS	65.35	N	04
3	78099	ENDOCRINE NUCLEAR PROCEDURE	0.00	Y	04
3	78102	NUCLEAR SCAN OF BONE MARROW	84.90	N	04
3	78103	NUCLEAR SCAN OF BONE MARROW	117.60	N	04
3	78104	NUCLEAR SCAN OF BONE MARROW	117.60	N	04
3	78110	NUCLEAR EXAM, PLASMA VOLUME	20.95	N	04
3	78111	NUCLEAR EXAM, PLASMA VOLUME	32.70	N	04
3	78120	NUCLEAR EXAM OF RBC MASS	32.70	N	04

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3	78121	NUCLEAR EXAM OF RBC MASS	57.55	N	04
3	78122	NUCLEAR EXAM BODY VOLUME	57.55	N	04
3	78130	RED CELL SURVIVAL EXAM	65.35	N	04
3	78135	RED CELL SURVIVAL EXAM	78.45	N	04
3	78140	NUCLEAR EXAM,RED BLOOD CELLS	43.15	N	04
3	78160	NUCLEAR EXAM OF PLASMA IRON	6.50	N	04
3	78162	RADIOIRON ORAL ABSORPTION	14.35	N	04
3	78170	NUCLEAR EXAM, RED CELL IRON	14.35	N	04
3	78172	NUCLEAR EXAM TOTAL BODY IRO	98.10	N	04
3	78185	NUCLEAR SCAN OF SPLEEN	98.10	N	04
3	78190	KINETICS PLATELET SURVIVAL	0.00	Y	04
3	78191	PLATELET SURVIVAL	18.65	N	04
3	78195	NUCLEAR SCAN OF LYMPH SYSTEM	98.10	N	04
3	78199	NUCLEAR EXAM BLOOD/LYMPH	0.00	Y	04
3	78201	NUCLEAR SCAN OF LIVER	130.80	N	04
3	78202	NUCLEAR SCAN OF LIVER	130.80	N	04
3	78205	LIVER IMAGING SPECT	130.80	N	04
3	78206	LIVER IMAGING WITH VASCULAR FLOW	130.80	N	04
3	78215	NUCLEAR SCAN, LIVER & SPLEEN	130.80	N	04
3	78216	NUCLEAR SCAN, LIVER/SPLEEN	130.80	N	04
3	78220	NUCLEAR SCAN, LIVER FUNCTION	65.35	N	04
3	78223	HEPATOBILIARY DUCTAL IMAGING	70.60	N	04
3	78230	NUCLEAR SCAN, SALIVARY GLAND	32.70	N	04
3	78231	NUCLEAR SCANS,SALIVARY GLAND	28.70	N	04
3	78232	SALIVARY GLAND FUNCTION STUDY	14.25	N	04
3	78258	NUCLEAR IMAGE ESOPHAGUS	70.60	N	04
3	78261	GASTRIC MUCOSA IMAGING	28.70	N	04
3	78262	GASTROESOPHAGEAL REFLUX STUDY	28.70	N	04
3	78264	GASTRIC EMPTYING STUDY	41.90	N	04
3	78267	UREA BREATH TEST C-14 ACQUISITION FOR ANALYSIS	0.00	Y	04
3	78268	UREA BREATH TEST C-14 ANALYSIS	61.17	N	04
3	78270	VIT B-12 ABSORPTION EXAMS	32.70	N	04
3	78271	VIT B-12 ABSORPTION EXAMS	32.70	N	04
3	78272	VIT B-12 ABSORPTION EXAMS	32.70	N	04
3	78278	ACUTE GI BLOOD LOSS IMAGING	41.90	N	04
3	78282	G.I. PROTEIN LOSS EXAM	45.80	N	04
3	78290	NUCLEAR SCAN OF BOWEL	98.10	N	04
3	78291	PERITONEAL-SHUNT PATENCY TEST	24.90	N	04
3	78299	G.I. NUCLEAR PROCEDURE	0.00	Y	04
3	78300	NUCLEAR SCAN OF BONE	78.45	N	04
3	78305	NUCLEAR SCAN OF BONES	117.60	N	04

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3	78306	NUCLEAR SCAN OF SKELETON	117.60	N	04
3	78315	NUCLEAR SCAN OF BONE	35.25	N	04
3	78320	BONE IMAGING SPECT	67.35	N	04
3	78350	BONE DENSITY STUDY	124.50	N	04
3	78351	BONE DENSITY DUAL PHOTON ABSP ONE OR MORE SITES	149.50	N	04
3	78399	MUSCULOSKELETAL NUCLEAR EXAM	0.00	Y	04
3	78414	DETERM VENTRICULAR EJECT FRACT	49.70	N	04
3	78428	CARDIAC SHUNT DETECTION	49.70	N	04
3	78445	NUCLEAR SCAN OF BLOOD FLOW	49.70	N	04
3	78455	NUCLEAR SCAN OF VEIN CLOT	52.30	N	04
3	78456	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	141.70	N	04
3	78457	VENOUS THROMBOSIS IMAGING UNIL	60.10	N	04
3	78458	VENOUS THROMBOSIS IMAGING BILA	84.90	N	04
3	78459	MYOCARD IMAGING, POSITION EMISSION TOMOGRAPHY, METABOL EVAL	130.80	N	04
3	78460	REGIONAL MYOCARDL PERFUSION	49.70	N	04
3	78461	REGIONAL MYOCARDL PERFUSION QL	65.35	N	04
3	78464	MYOCARDIAL PERFUS. IMAG. TOMOG RAPHIC (SPECT) SINGLE STUDY	130.80	N	04
3	78465	MYOCARDIAL PERFUS. IMAG. TOMOG RAPHIC (SPECT) MULT. STUDIES	130.80	N	04
3	78466	MYOCARDIAL IMAGING INFARCT QL	49.70	N	04
3	78468	MYOCARDIAL IMAGING INFARCT FST	49.70	N	04
3	78469	MYOCARDIAL IMAGING INFARCT AVI D TOMOGRAPHIC (SPECT)	130.80	N	04
3	78472	CARDIAC BLOOD POOL IMAGING	65.35	N	04
3	78473	CARDIAC BLOOD POOL IMAGING	74.40	N	04
3	78478	MYOCARD PERF W WALL QUAL QUANT	47.20	N	04
3	78480	MYOCARD PERF W EJECT FRACTION	47.20	N	04
3	78481	CARDIAC BLOOD POOL IMAGING	49.70	N	04
3	78483	CARDIAC BL POOL MULTI REST STR	62.15	N	04
3	78491	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY PERFUS SINGL	130.80	N	04
3	78492	MYOCARDIAL IMAGING POSITRON EMMISSION TOMOGRAPHY MULTI STUDY	130.80	N	04
3	78494	CARDIAC BLOOD POOL IMAGE,GATED =,SPECT,REST,WALL MOT-EJECT	62.15	N	04
3	78496	CARDIAC BLD POOL,GATED =,SGL STUDY,REST,RT VENT EJECT FR 1ST	62.15	N	04
3	78499	CARDIOVASCULAR NUCLEAR EXAM	0.00	Y	04
3	78580	NUCLEAR SCAN OF LUNG	65.35	N	04
3	78584	NUCLEAR SCAN OF LUNG	70.60	N	04
3	78585	NUCLEAR SCAN OF LUNG	70.60	N	04
3	78586	NUCLEAR SCAN OF LUNG	65.35	N	04
3	78587	NUCLEAR SCAN OF LUNG	65.35	N	04
3	78588	PULMONARY PERFUSION IMAGE,PARTICULATE W/VENT,AEROSOL/MULT	65.35	N	04
3	78591	NUCLEAR SCAN OF LUNG	65.35	N	04
3	78593	NUCLEAR SCAN OF LUNG	65.35	N	04
3	78594	NUCLEAR SCAN OF LUNG	71.90	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	78596	VENTILATION PERFUSION	71.90	N	04
3	78599	RESPIRATORY NUCLEAR EXAM	0.00	Y	04
3	78600	NUCLEAR SCAN OF BRAIN	98.10	N	04
3	78601	NUCLEAR SCAN OF BRAIN	130.80	N	04
3	78605	NUCLEAR SCAN OF BRAIN	98.10	N	04
3	78606	NUCLEAR SCAN OF BRAIN	130.80	N	04
3	78607	BRAIN IMAGING CMPLT TOMOGR ECT	130.80	N	04
3	78608	BRAIN IMAGING POSIT EMISS TOMO	130.80	N	04
3	78609	BRAIN IMAG PET PERFUSION EVALU	130.80	N	04
3	78610	NUCLEAR SCAN OF BRAIN	130.80	N	04
3	78615	CEREBRAL BLOOD FLOW INSERT GAS	124.50	N	04
3	78630	CEREBROSPINAL FLUID SCAN	98.10	N	04
3	78635	CEREBROSPINAL FLUID SCAN	98.10	N	04
3	78645	CEREBROSPINAL FLUID SCAN	41.90	N	04
3	78647	CEREBROSPINAL FLUID FLOW IMAGI NG, NOT INCL. INTRO MATERIAL	49.70	N	04
3	78650	CEREBROSPINAL FLUID SCAN	41.90	N	04
3	78660	NUCLEAR EXAM OF TEAR FLOW	32.70	N	04
3	78699	NERVOUS SYSTEM NUCLEAR EXAM	0.00	Y	04
3	78700	NUCLEAR SCAN OF KIDNEY	78.45	N	04
3	78701	NUCLEAR SCAN OF KIDNEY	78.45	N	04
3	78704	NUCLEAR SCAN OF KIDNEY	65.35	N	04
3	78707	KIDNEY IMAGING W VAS FLOW & FUNCTION W/O DRUGS	84.90	N	04
3	78708	KIDNEY IMAGING W/VASCULAR FLOW AND FUNCTION, SINGLE STUDY	94.40	N	04
3	78709	KIDNEY IMAGING W/VASCULAR FLOW AND FUNCTION, MULTIPLE STUDY	94.40	N	04
3	78710	KIDNEY IMAGING SPECT	78.45	N	04
3	78715	NUCLEAR EXAM OF KIDNEY	78.45	N	04
3	78725	NUCLEAR EXAM OF KIDNEY	78.45	N	04
3	78730	NUCLEAR EXAM OF BLADDER	28.70	N	04
3	78740	NUCLEAR EXAM OF URETER	35.25	N	04
3	78760	TESTICULAR IMAGING	35.25	N	04
3	78761	TESTICULAR IMAGING W/VASC FLOW	49.70	N	04
3	78799	GENITOURINARY NUCLEAR EXAM	0.00	Y	04
3	78800	NUCLEAR EXAM OF LESION	64.05	N	04
3	78801	NUCLEAR EXAM OF LESIONS	71.90	N	04
3	78802	NUCLEAR EXAM OF LESIONS	84.90	N	04
3	78803	TUMOR LOCALIZATION SPECT	64.05	N	04
3	78804	RADIO PHARMACEUTICAL LOCALIZATION OF TUMOR, REQ 2 OR MORE DA	116.54	N	04
3	78805	ABSCESS LOCALIZATION	64.05	N	04
3	78806	ABSCESS LOCALIZATION	84.90	N	04
3	78807	RADIO LOCAL OF ABSCESS, SPECT	64.05	N	04
3	78810	TUMOR IMAGING, POSITRON EMISSI ON TOMOGRAPHY, METABOLIC EVAL	130.80	N	04

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3	78890	GENERATION AUTOMATED DATA INTE	20.95	N	04
3	78891	AUTOMATED DATA GENERATED COMPL	20.95	N	04
3	78990	PROVIDE RADIOISOTOPE(S)	0.00	Y	09
3	78999	NUCLEAR DIAGNOSTIC EXAM	0.00	Y	04
3	79000	NUCLEAR THERAPY, THYROID	141.20	N	04
3	79001	NUCLEAR THERAPY, THYROID	70.60	N	04
3	79020	NUCLEAR THERAPY, THYROID	164.75	N	04
3	79030	NUCLEAR THERAPY, THYROID	211.85	N	04
3	79035	NUCLEAR THERAPY, THYROID	211.85	N	04
3	79100	NUCLEAR THERAPY, BLOOD	141.20	N	04
3	79200	RADIONUCLIDE THERAPY	211.85	N	04
3	79300	RADIONUCLIDE THERAPY	141.20	N	04
3	79400	RADIONUCLIDE THERAPY	141.20	N	04
3	79403	RADIOPHARMACEUTICAL THERAPY	147.98	N	04
3	79420	RADIONUCLIDE THERAPY	141.20	N	04
3	79440	RADIONUCLIDE THERAPY	105.90	N	04
3	79900	PROVIDE RADIOISOTOPE(S)	0.00	Y	09
3	79999	NUCLEAR MEDICINE THERAPY	0.00	Y	04
3	80048	BASIC METABOLIC PANEL	11.05	N	04
3	80051	ELECTROLYTE PANEL	9.15	N	04
3	80053	COMPREHENSIVE METABOLIC PANEL	13.80	N	04
3	80055	OBSTETRIC PROFILE	41.90	N	04
3	80061	LIPID PROFILE	8.30	N	04
3	80069	RENAL FUNCTION PANEL	11.35	N	04
3	80074	ACUTE HEPATITUS PANEL	51.30	N	04
3	80076	HEPATIC FUNCTION PANEL	10.65	N	04
3	80100	DRUG SCREEN/MULTIPLE CLASSES	0.00	Y	09
3	80101	DRUG SCREEN/SINGLE CLASS/EACH	17.90	N	04
3	80102	DRUG CONFIRMATION	0.00	Y	09
3	80103	TISSUE PREP/DRUG ANALYSIS	0.00	Y	09
3	80150	AMIKACIN	7.20	N	04
3	80152	AMITRIPTYLINE	14.00	N	04
3	80154	BENZODIAZEPINES	10.00	N	04
3	80156	CARBAMAZEPINE	11.80	N	04
3	80157	CARBAMAZEPINE FREE	10.40	N	04
3	80158	CYCLOSPORINE	16.85	N	04
3	80160	DESIPRAMINE	10.55	N	04
3	80162	DIGOXIN	17.30	N	04
3	80164	DIPROPYLACETIC ACID(VALPROIC)	11.80	N	04
3	80166	DOXEPIN	17.90	N	04
3	80168	ETHOSUXIMIDE	15.10	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	80170	GENTAMICIN	7.85	N	04
3	80172	GOLD	12.85	N	04
3	80173	HALOPERIDOL	15.20	N	04
3	80174	IMIPRAMINE	14.00	N	04
3	80176	LIDOCAINE	2.30	N	04
3	80178	LITHIUM	8.60	N	04
3	80182	NORTRIPTYLINE	11.80	N	04
3	80184	PHENOBARBITAL	11.80	N	04
3	80185	PHENYTOIN; TOTAL	17.30	N	04
3	80186	PHENYTOIN; FREE	18.00	N	04
3	80188	PRIMIDONE	14.60	N	04
3	80190	PROCAINAMIDE	12.30	N	04
3	80192	PROCAINAMIDE W/METABOLITES	12.30	N	04
3	80194	QUINIDINE	14.00	N	04
3	80196	SALICYLATE	7.20	N	04
3	80197	TACROLIMUS	14.00	N	04
3	80198	THEOPHYLLINE	12.30	N	04
3	80200	TOBRAMYCIN	11.70	N	04
3	80201	TOPIRAMATE	15.10	N	04
3	80202	VANCOMYCIN	17.70	N	04
3	80299	QUANTITATION OF DRUG NEC	0.00	Y	04
3	80400	ACTH STIMULATION PANEL ADR INS	35.95	N	04
3	80402	ACTH STIM 21 HYDROXYLASE DEFIC	59.45	N	04
3	80406	ACTH STIM 3 BETA-HYDRO DEFICI	60.60	N	04
3	80408	ALDOSTERONE SUPP EVAL SALINE	163.80	N	04
3	80410	CALCITONIN STIMULATION PANEL	33.60	N	04
3	80412	CRH STIMULATION PANEL	215.70	N	04
3	80414	CHORIONIC GONAD STIM PAN TESTO	67.40	N	04
3	80415	CHORIONIC ESTRADIOL RESPONSE	27.20	N	04
3	80416	RENAL VEIN RENIN STIMULATION P ANEL	172.30	N	04
3	80417	PERIPHERAL VEIN RENIN STIMULAT ION PANEL	57.45	N	04
3	80418	RAPID ANTER PITUITARY EVAL PAN	0.00	Y	04
3	80420	DEXAMETHASONE SUPP PANEL 48 HR	78.70	N	04
3	80422	GLUCAGON TOL PANEL INSULINOMA	53.30	N	04
3	80424	GLUCAGON TOL PHEOCHROMOCYTOMA	40.40	N	04
3	80426	GONADOTROPIN REL HORMONE STIM	160.30	N	04
3	80428	GROWTH HORMONE STIM PANEL	47.05	N	04
3	80430	GROWTH HORMONE SUPP PANEL	65.05	N	04
3	80432	INSULIN-INDUCED C-PEPTIDE	127.25	N	04
3	80434	INSULIN TOL PANEL ACTH INSUFFI	119.90	N	04
3	80435	INS TOL PANEL GROWTH HORM DEFI	88.80	N	04

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3	80436	METYRAPONE PANEL	77.40	N	04
3	80438	TRH STIMULATION PANEL ONE HOUR	65.80	N	04
3	80439	TRH STIMULATION PANEL TWO HOUR	87.70	N	04
3	80440	TRH STIM HYPERPROLACTEMIA	53.95	N	04
3	80500	CLINICAL PATHOLOGY CONSULT LMT	12.40	N	04
3	80502	CLINICAL PATHOLOGY CONSULT COM	49.80	N	04
3	81000	URINALYSIS BY DIPSTICK OR TABLET REAGENT	3.50	N	04
3	81001	URINALYSIS-DIP, BILIRUBIN, GLU COSE ETC. AUTOMAT W MICROSCOP	3.80	N	04
3	81002	ROUTINE URINE ANALYSIS	2.60	N	04
3	81003	URINALYSIS AUTOMATED	2.90	N	04
3	81005	CHEMICAL,QUAL-ANY NUMBER	2.30	N	04
3	81007	URINALYSIS BACTERIURIA SCREEN	3.35	N	04
3	81015	MICROSCOPIC EXAM OF URINE	3.50	N	04
3	81020	URINALYSIS (TWO/THREE GLASS TE ST)	3.70	N	04
3	81025	URINE PREGNANCY TEST	3.45	N	04
3	81050	VOLUME MEAS TIMED COLLECT EACH	3.40	N	04
3	81099	UNCODED URINALYSIS	0.00	Y	04
3	82000	ASSAY BLOOD ACETALDEHYDE	10.55	N	04
3	82003	ASSAY URINE ACETAMINOPHEN	10.55	N	04
3	82009	TEST FOR ACETONE	2.30	N	04
3	82010	ACETONE ASSAY	2.30	N	04
3	82013	ACETYLCHOLINESTERASE ASSAY	7.20	N	04
3	82016	ACYLCARNITINES; QUALITATIVE, EACH SPECIMAN	6.80	N	04
3	82017	ACYLCARNITINES; QUANTITATIVE, EACH SPECIMAN	15.50	N	04
3	82024	ACTH RADIOIMMUNE ASSAY	17.90	N	04
3	82030	RIA ASSAY, BLOOD ADP & AMP	11.80	N	04
3	82040	ASSAY SERUM ALBUMIN	6.00	N	04
3	82042	ASSAY URINE ALBUMIN	6.00	N	04
3	82043	ALBUMIN URINE MICRO QUANTITATI	5.25	N	04
3	82044	ALBUMIN MICRO SEMIQUANT REAGEN	5.25	N	04
3	82055	ASSAY BLOOD ETHANOL	11.50	N	04
3	82075	ASSAY BREATH ETHANOL	6.70	N	04
3	82085	ASSAY OF BLOOD ALDOLASE	8.40	N	04
3	82088	RIA ASSAY, BLOOD ALDOSTERONE	53.20	N	04
3	82101	ASSAY OF URINE ALKALOIDS	23.60	N	04
3	82103	ALPHA-1-ANTITRYPSIN TOTAL	11.80	N	04
3	82104	ALPHA-1-ANTITRYPSIN PHENOTYPE	9.55	N	04
3	82105	ALPHA-FETOPROTEIN SERUM	21.90	N	04
3	82106	ALPHA-FETOPROTEIN AMNIOTIC FLD	8.30	N	04
3	82108	ALUMINUM ASSAY BLOOD	6.70	N	04
3	82120	AMINES VAGINAL FLUID QUALITATIVE	4.90	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	82127	AMINO ACIDES; SINGLE, QUALITATIVE, EACH SPECIMEN	6.80	N	04
3	82128	TEST FOR AMINO ACIDS	6.80	N	04
3	82131	AMINO ACIDS,FRACT&QUANT EACH	15.50	N	04
3	82135	ASSAY, AMINOLEVULINIC ACID	11.80	N	04
3	82136	AMINO ACIDS; 2-5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	15.50	N	04
3	82139	AMINO ACIDS; 6+ AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	15.50	N	04
3	82140	ASSAY OF BLOOD AMMONIA	9.55	N	04
3	82143	AMNIOTIC FLUID SCAN	8.95	N	04
3	82145	ASSAY OF AMPHETAMINES	14.00	N	04
3	82150	ASSAY OF SERUM AMYLASE	8.50	N	04
3	82154	ANDROSTANEDIOL GLUCURONIDE	22.40	N	04
3	82157	RIA ASSAY OF ANDROSTENEDIONE	22.40	N	04
3	82160	RIA	7.20	N	04
3	82163	RIA ASSAY OF ANGIOTENSIN II	10.00	N	04
3	82164	ANGIOTENSIN-CONVERTING ENZYME	9.55	N	04
3	82172	APOLIPOPROTEIN IMMUNOASSAY	16.00	N	04
3	82175	ASSAY OF ARSENIC	11.80	N	04
3	82180	ASSAY OF ASCORBIC ACID	6.70	N	04
3	82190	ATOMIC ABSORP SPECTRO EA ANALY	19.50	N	04
3	82205	ASSAY OF BARBITURATES	11.80	N	04
3	82232	BETA-2 MICROGLOBULIN RIA-SERUM	10.55	N	04
3	82239	BILE ACIDS; TOTAL	22.35	N	04
3	82240	ASSAY BILE ACIDS IN BLOOD	17.00	N	04
3	82247	BILIRUBIN; TOTAL	6.20	N	04
3	82248	BILIRUBIN; DIRECT	6.20	N	04
3	82252	FECAL BILIRUBIN TEST	3.50	N	04
3	82261	BIOTINIDASE, EACH SPECIMEN	0.00	Y	04
3	82270	BLOOD, OCCULT; FECES	3.30	N	04
3	82273	TEST FOR GASTRIC BLOOD	4.10	N	04
3	82274	BLOOD OCCULT BY FECAL HEMOGLOBIN DETERMINATION IMMUNEASSAY	0.00	Y	04
3	82286	ASSAY OF BRADYKININ	5.35	N	04
3	82300	ASSAY CADMIUM IN URINE	8.90	N	04
3	82306	CALCIFEDIOL CHROMATOGRAPHIC	11.80	N	04
3	82307	CALCIFEROL (VITAMIN D) RIA	23.60	N	04
3	82308	RIA ASSAY OF CALCITONIN	8.40	N	04
3	82310	ASSAY CALCIUM IN BLOOD	6.20	N	04
3	82330	ASSAY CALCIUM IN BLOOD	17.80	N	04
3	82331	CALCIUM BLOOD TEST	5.55	N	04
3	82340	ASSAY CALCIUM IN URINE	7.20	N	04
3	82355	CALCULUS (STONE) ANALYSIS	6.20	N	04
3	82360	CALCULUS (STONE) ASSAY	12.10	N	04

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3	82365	CALCULUS (STONE) ASSAY	6.20	N	04
3	82370	X-RAY ASSAY,CALCULUS (STONE)	6.20	N	04
3	82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	7.50	N	04
3	82374	ASSAY BLOOD CARBON DIOXIDE	6.40	N	04
3	82375	ASSAY BLOOD CARBON MONOXIDE	6.20	N	04
3	82376	TEST FOR CARBON MONOXIDE	6.20	N	04
3	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	17.90	N	04
3	82379	CARNITINE, QUANTITATIVE, EACH SPECIMEN	15.50	N	04
3	82380	ASSAY BLOOD CAROTENE	6.20	N	04
3	82382	ASSAY URINE CATECHOLAMINES	20.20	N	04
3	82383	ASSAY BLOOD CATECHOLAMINES	20.20	N	04
3	82384	ASSAY THREE CATECHOLAMINES	20.20	N	04
3	82387	CATHEPSIN-D	15.30	N	04
3	82390	ASSAY BLOOD CERULOPLASMIN	11.80	N	04
3	82397	CHEMILUMINESCENT ASSAY	0.00	Y	04
3	82415	ASSAY BLOOD CHLORAMPHENICOL	11.80	N	04
3	82435	ASSAY BLOOD CHLORIDES	6.00	N	04
3	82436	ASSAY URINE CHLORIDES	6.20	N	04
3	82438	ASSAY SPINAL FLUID CHLORIDES	6.40	N	04
3	82441	TEST FOR CHLOROHYDROCARBONS	5.70	N	04
3	82465	ASSAY SERUM CHOLESTEROL	5.65	N	04
3	82480	ASSAY SERUM CHOLINESTERASE	9.55	N	04
3	82482	ASSAY RBC CHOLINESTERASE	3.50	N	04
3	82485	ASSAY CHONDROITIN SULFATE	13.45	N	04
3	82486	GAS/LIQUID CHROMATOGRAPHY	9.55	N	04
3	82487	PAPER CHROMATOGRAPHY	11.25	N	04
3	82488	PAPER CHROMATOGRAPHY	17.10	N	04
3	82489	THIN LAYER CHROMATOGRAPHY	4.50	N	04
3	82491	CHROMOTOGRAPHY QUANT/NEC	16.25	N	04
3	82492	CHROMATOGRAPHY,QUANT,COLUMN,MULTI ANALYES,SGL STATION & MOBI	16.25	N	04
3	82495	ASSAY URINE CHROMIUM	17.90	N	04
3	82507	ASSAY CITRIC ACID	7.20	N	04
3	82520	COCAINE QUANTITATIVE	9.55	N	04
3	82523	COLLAGEN CROSS LINKS, ANY METHOD	0.00	Y	09
3	82525	ASSAY BLOOD COPPER	14.80	N	04
3	82528	RIA ASSAY CORTICOSTERONE	23.60	N	04
3	82530	CORTISOL; FREE	17.90	N	04
3	82533	RIA ASSAY PLASMA CORTISOL	17.90	N	04
3	82540	ASSAY BLOOD CEATINE	6.00	N	04
3	82541	COLUMN CHROMATOGRAPHY/MASS SPECTRO ANALYTE NEC;QUALT,STA/MOB	9.55	N	04
3	82542	COLUMN CHROMATOGRAPHY/MASS SPECTRO-ANALYTE NEC;QUANT,STA/MOB	16.25	N	04

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3	82543	COLUMN CHROMATO/MASS SPECTRO-ANALYTE STABLE ISOTOPE QUANT	16.25	N	04
3	82544	COLUMN CHROMATO/MASS SPECTRO-ANALYTE STABLE ISOTOPE, MULTI	16.25	N	04
3	82550	ASSAY CPK IN BLOOD	8.10	N	04
3	82552	ASSAY CPK IN BLOOD	8.40	N	04
3	82553	CREATINE KINASE FRACTION ONLY	9.90	N	04
3	82554	CREATINE KINASE ISOFORMS	8.20	N	04
3	82565	ASSAY BLOOD CREATININE	6.20	N	04
3	82570	ASSAY URINE CREATININE	6.20	N	04
3	82575	CREATININE CLEARANCE TEST	12.30	N	04
3	82585	ASSAY BLOOD CRYOFIBRINOGEN	11.20	N	04
3	82595	ASSAY BLOOD CRYOGLOBULIN	6.20	N	04
3	82600	ASSAY BLOOD CYANIDE	8.90	N	04
3	82607	RIA ASSAY FOR VITAMIN B-12	16.02	N	04
3	82608	B12 UNSATURATED BINDING CAPACI	16.02	N	04
3	82615	TEST FOR URINE CYSTINES	8.40	N	04
3	82626	DEHYDROEPIANDROSTERONE, RIA	11.80	N	04
3	82627	DEHYDROEPIANDROSTERONE-SULFATE	10.60	N	04
3	82633	DESOXYCORTICOSTERONE, RIA	13.45	N	04
3	82634	DESOXYCORTISOL, RIA	20.70	N	04
3	82638	ASSAY DIBUCAINE NUMBER	9.55	N	04
3	82646	ASSAY OF DIHYDROCODINONE	4.70	N	04
3	82649	ASSAY OF DIHYDROMORPHINONE	11.80	N	04
3	82651	DIHYDROTESTOSTERONE ASSAY	26.90	N	04
3	82652	DIHYDROXYVITAMIN D TEST	21.40	N	04
3	82654	ASSAY OF DIMETHADIONE	4.50	N	04
3	82657	ENZYME(ACT BLD CELLS) CULT CELLS/TISSUE,NONRADIOACT, EACH	16.25	N	04
3	82658	ENZYME(ACT BLD CELLS) CULT CELLS/TISSUE,RADIOACT SUB,EACH SP	16.25	N	04
3	82664	ELECTROPHORETIC TEST	36.07	N	04
3	82666	EPIANDROSTERONE ASSAY	11.80	N	04
3	82668	ERYTHROPOIETIN BIOASSAY	13.90	N	04
3	82670	RIA ASSAY OF ESTRADIOL	13.50	N	04
3	82671	ASSAY ESTROGENS	23.60	N	04
3	82672	ASSAY ESTROGENS	23.60	N	04
3	82677	RIA ASSAY OF ESTRIOL	13.50	N	04
3	82679	RIA ASSAY OF ESTRONE	13.50	N	04
3	82690	ASSAY BLOOD ETHCHLORVYNOL	11.25	N	04
3	82693	ETHYLENE GLYCOL	19.50	N	04
3	82696	ETIOCHOLANOLONE RIA	13.45	N	04
3	82705	FATS/LIPIDS,FECES,SCREENING	3.40	N	04
3	82710	FATS/LIPIDS, FECES, ASSAY	4.10	N	04
3	82715	FECAL FAT ASSAY	4.30	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	82725	ASSAY BLOOD FATTY ACIDS	3.50	N	04
3	82726	VERY LONG CHAIN FATTY ACIDS	16.25	N	04
3	82728	FERRITIN TEST	9.55	N	04
3	82731	FETAL FIBRONECTION, CERVIC/VAG SECRETIONS, SEMI QUANTITATIVE	49.05	N	04
3	82735	ASSAY BLOOD FLUROIDE	9.55	N	04
3	82742	ASSAY OF FLURAZEPAM	9.55	N	04
3	82746	BLOOD FOLIC ACID RIA	15.29	N	04
3	82747	FOLIC ACID; RBC	17.70	N	04
3	82757	ASSAY SEMEN FRUCTOSE	10.60	N	04
3	82759	RBC GALACTOKINASE ASSAY	6.20	N	04
3	82760	ASSAY BLOOD GALACTOSE	6.20	N	04
3	82775	ASSAY GALACTOSE TRANSFERASE	17.90	N	04
3	82776	GALACTOSE TRANSFERASE TEST	6.70	N	04
3	82784	ASSAY GAMMAGLOBULIN A/D/G/M	12.10	N	04
3	82785	RIA ASSAY GAMMAGLOBULIN E	9.55	N	04
3	82787	GAMMAGLOBULIN;IMMUNOGLOB SUBCL	10.50	N	04
3	82800	BLOOD PH	6.20	N	04
3	82803	BLOOD GASES: PH, PO2 & PCO2	14.50	N	04
3	82805	BLOOD GASSES W 02 SAT BY DIREC	14.50	N	04
3	82810	GASESBLOOD 02 SAT BY DIRECT	7.60	N	04
3	82820	HEMOGLOBIN-OXYGEN AFFINITY	13.05	N	04
3	82926	ASSAY GASTRIC ACID	7.10	N	04
3	82928	ASSAY GASTRIC ACID	4.70	N	04
3	82938	SERUM GASTRIN SECRETIN STIM	22.40	N	04
3	82941	RIA ASSAY OF GASTRIN	10.55	N	04
3	82943	RIA ASSAY OF GLUCAGON	9.35	N	04
3	82945	GLUCOSE, BODY FLUID NOT BLOOD	4.10	N	04
3	82946	GLUCAGON TEST	14.00	N	04
3	82947	GLUCOSE TEST (QUANTITATIVE)	5.10	N	04
3	82948	STICK ASSAY OF BLOOD GLUCOSE	2.30	N	04
3	82950	GLUCOSE TEST	6.20	N	04
3	82951	GLUCOSE TOLERANCE TEST	16.80	N	04
3	82952	GTT-ADDED SAMPLES	5.10	N	04
3	82953	GLUCOSE-TOLBUTAMIDE TEST	6.20	N	04
3	82955	ASSAY G6PD ENZYME	11.50	N	04
3	82960	TEST FOR G6PD ENZYME	7.90	N	04
3	82962	GLUCOSE,BLD GLUC MONIT DEVICE	2.25	N	04
3	82963	GLUCOSIDASE BETA	16.85	N	04
3	82965	ASSAY BLOOD GDH ENZYME	9.55	N	04
3	82975	ASSAY SPINAL FLUID GLUTAMINE	7.20	N	04
3	82977	ASSAY OF GGT ENZYME	7.20	N	04

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3	82978	GLUTATHIONE ASSAY	12.80	N	04
3	82979	ASSAY RBC GLUTATHIONE ENZYME	4.70	N	04
3	82980	ASSAY OF GLUTETHIMIDE	8.20	N	04
3	82985	GLYCOPROTEIN ELECTROPHORESIS	17.90	N	04
3	83001	PITUITARY GONADOTROPIN RIA	24.25	N	04
3	83002	PITUITARY GONADOTROPINS RIA	11.80	N	04
3	83003	RIA ASSAY GROWTH HORMONE	11.80	N	04
3	83008	RIA ASSAY GUANOSINE	15.00	N	04
3	83010	CHEM ASSAY HAPTOGLOBIN	11.80	N	04
3	83012	ELP ASSAY HAPTOGLOBINS	8.90	N	04
3	83013	HELICOBACTER PYLORI, BREATH TEST ANALYSIS	11.50	N	04
3	83014	HELICOBACTER PYLORI, BREATH TEST ANALYSIS;DRUG ADMIN &SAMPLE	10.20	N	04
3	83015	HEAVY METAL SCREENING	24.60	N	04
3	83018	CHROMATOGRAPH SCREEN, METALS	6.20	N	04
3	83020	ASSAY HEMOGLOBIN	11.50	N	04
3	83021	HEMOGLOBIN FRACTION + QUANTITATION; CHROMOTOGRAPHY	16.25	N	04
3	83026	HEMOGLOBIN;COPPER SULF NONAUTO	3.05	N	04
3	83030	FETAL HEMOGLOBIN ASSAY	4.30	N	04
3	83033	FETAL FECAL HEMOGLOBIN ASSAY	7.80	N	04
3	83036	HEMOGLOBIN TEST	8.40	N	04
3	83045	BLOOD METHEMOGLOBIN TEST	6.20	N	04
3	83050	BLOOD METHEMOGLOBIN ASSAY	4.00	N	04
3	83051	ASSAY PLASMA HEMOGLOBIN	4.30	N	04
3	83055	BLOOD SULFHEMOGLOBIN TEST	4.30	N	04
3	83060	BLOOD SULFHEMOGLOBIN ASSAY	4.30	N	04
3	83065	HEMOGLOBIN HEAT ASSAY	4.30	N	04
3	83068	HEMOGLOBIN STABILITY SCREEN	4.30	N	04
3	83069	ASSAY URINE HEMOGLOBIN	2.05	N	04
3	83070	ASSAY URINE HEMOSIDERIN	3.50	N	04
3	83071	HEMOSIDERIN	4.30	N	04
3	83080	B-HEXOSAMINIDASE, EACH ASSAY	15.50	N	04
3	83088	ASSAY HISTAMINE	23.60	N	04
3	83090	HOMOCYSTINE	17.60	N	04
3	83150	ASSAY URINE FOR HVA	14.60	N	04
3	83491	HYDROXYCORTICOSTEROIDS 17 RIA	9.55	N	04
3	83497	ASSAY URINE 5-HIAA	16.85	N	04
3	83498	RIA ASSAY OF PROGESTERONE	11.80	N	04
3	83499	ASSAY OF PROGESTERONE	21.40	N	04
3	83500	ASSAY URINE HYDROXYPROLINE	19.05	N	04
3	83505	ASSAY URINE HYDROXYPROLINE	23.60	N	04
3	83516	IMMUNOASSAY/OTHER ANTIBODY/INF ECT. AGENT QUAL/SEMIQUAL, MUL	11.70	N	04

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3	83518	IMMUNOASS ANALYTE OTH THN ANTI	11.05	N	04
3	83519	IMMUNOASS,ANALYTE RADIONUCLIDE	17.60	N	04
3	83520	IMMUNOASSAY,ANALYTE NOS	16.90	N	04
3	83525	RIA ASSAY OF INSULIN	11.80	N	04
3	83527	INSULIN FREE	11.80	N	04
3	83528	INTRINSIC FACTOR LEVEL	10.60	N	04
3	83540	ASSAY SERUM IRON	8.50	N	04
3	83550	SERUM IRON BINDING TEST	11.40	N	04
3	83570	UV-ASSAY BLOOD IDH ENZYME	9.55	N	04
3	83582	ASSAY URINE 17-KGS	16.25	N	04
3	83586	ASSAY BLOOD 17-KETOSTEROIDS	8.75	N	04
3	83593	CHROMATOGRAPH KETOSTEROIDS	20.70	N	04
3	83605	LACTIC ACID ASSAY	11.80	N	04
3	83615	UV-ASSAY BLOOD LDH ENZYME	7.90	N	04
3	83625	ASSAY BLOOD LDH ENZYMES	13.90	N	04
3	83632	RIA PLACENTAL LACTOGEN	11.80	N	04
3	83633	TEST URINE FOR LACTOSE	7.20	N	04
3	83634	ASSAY URINE FOR LACTOSE	7.90	N	04
3	83655	ASSAY BLOOD LEAD	15.80	N	04
3	83661	ASSAY AMNIOTIC L/S RATIO	17.90	N	04
3	83662	L/S RATIO;FOAM STABILITY TEST	16.55	N	04
3	83663	FETAL LUNG MATURITY ASSESS FLUORES POLARIZ	9.80	N	04
3	83664	FETAL LUNG MATURITY ASSESS LAMELLAR BODY DEN	4.95	N	04
3	83670	UV-ASSAY BLOOD LAP ENZYME	8.40	N	04
3	83690	ASSAY BLOOD LIPASE	8.95	N	04
3	83715	ASSAY BLOOD LIPOPROTEINS	14.70	N	04
3	83716	LIPOPROTEIN,M BLOOD HIGH RESOLUTION FRACT & QUANT LIPO/CHOLE	17.90	N	04
3	83718	BLOOD LIPOPROTEINS	10.70	N	04
3	83719	BLOOD LIPOPROTEIN-VLDL	15.20	N	04
3	83721	LIPOPROTEIN DIRECT MEAS CHOLES	12.45	N	04
3	83727	LUTEINIZING RELEASING FACTOR	11.80	N	04
3	83735	ASSAY BLOOD MAGNESIUM	8.75	N	04
3	83775	UV-ASSAY OF MD ENZYME	7.40	N	04
3	83785	ASSAY OF MANGANESE	1.70	N	04
3	83788	MASS SPECTRO & TANDEM MASS SPECTRO, ANALYTE NEC,QUAL,EA SPEC	9.55	N	04
3	83789	MASS SPECTRO & TANDEM MASS SPECTRO, ANALYTE NEC,QUANT,EA SP	9.55	N	04
3	83805	ASSAY OF MEPROBAMATE	9.40	N	04
3	83825	ASSAY BLOOD MERCURY	10.55	N	04
3	83835	ASSAY URINE METANEPHRINES	17.90	N	04
3	83840	ASSAY METHADONE	11.80	N	04
3	83857	ASSAY METHEMALBUMIN	3.50	N	04

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3	83858	ASSAY SERUM METHSUXIMIDE	10.55	N	04
3	83864	BLOOD MUCOPOLYSACCHARIDES	14.00	N	04
3	83866	MUCOPOLYSACCHARIDES SCREEN	11.90	N	04
3	83872	ASSAY SYNOVIAL FLUID MUCIN	3.50	N	04
3	83873	MYELIN BASIC PROTEIN CSF-RIA	12.85	N	04
3	83874	MYOGLOBIN ELECTROPHORESIS	16.85	N	04
3	83880	NATRIURETIC PEPTIDE	19.82	N	04
3	83883	NEPHELOMETRY EA ANALYTE NEC	13.93	N	04
3	83885	ASSAY URINE FOR NICKEL	10.55	N	04
3	83887	ASSAY NICOTINE	8.90	N	04
3	83890	NUC MOLECULAR DIAG ISOL/EXTRAC	5.25	N	04
3	83891	MOLECULAR DIAG;ISOLATION OR EXTRACT HIGHLY PURE NUCLEIC ACID	5.25	N	04
3	83892	NUC MOLECULAR DIAG ENZYM DIGES	5.05	N	04
3	83893	MOLECULAR DIAG;DOT/SLOT BLOT PRODUCTION	5.25	N	04
3	83894	NUC MOLECULAR DIAG SEPARATION	5.05	N	04
3	83896	NUC MOLEC DIAG;NUCLE ACID PROB	5.25	N	04
3	83897	MOLECULAR DIAG;NUCLEIC ACID TRANSFER	5.25	N	04
3	83898	NUC MOLEC DIAG NUCL ACID AMPLE	21.90	N	04
3	83901	MOLECULAR DIAG;AMPLIFICATION PATIENT NUCLEIC ACID,MULTI,EACH	21.90	N	04
3	83902	MOLECULAR DIAGNOSTICS, REVERSE TRANSCRIPTION	18.50	N	04
3	83903	MOLECULAR DIAG;MUTATION SCAN,BY PHYSICAL PROPERTIES/SEG,EACH	21.90	N	04
3	83904	MOLECULAR DIAG;MUTATION IDENT BY ALLELE SPEC TRANSCRIPT,1 SG	21.90	N	04
3	83905	MOLECULAR DIAG;MUTATION IDENT BY ALLELE SPEC TRANSCRIPT,1 SG	21.90	N	04
3	83906	MOLECULAR DIAG;MUTATION ID BY ALLELE SPEC TRANSLATION,1 SEG	21.90	N	04
3	83912	NUCLEIC ACID PROBE ELECTROPHOR	5.25	N	04
3	83915	ASSAY NUCLEOTIDASE	7.20	N	04
3	83916	OLIGOCLONAL IMMUNE GLOB-CSF	8.90	N	04
3	83918	ASSAY ORGANIC ACIDS	21.50	N	04
3	83919	ORGANIC ACIDS;QUALITATIVE, EACH SPECIMEN	21.50	N	04
3	83921	ORGANIC ACID, SINGLE	17.20	N	04
3	83925	OPIATES (MORPHINE,MEPERIDINE)	22.60	N	04
3	83930	ASSAY BLOOD OSMOLALITY	6.20	N	04
3	83935	ASSAY URINE OSMOLALITY	6.20	N	04
3	83937	OSTEOCALCIN BONE G1A PROTEIN	17.90	N	04
3	83945	ASSAY URINE OXALATE	4.10	N	04
3	83950	ONOCOPROTEIN, HER-2/NEU.	61.10	N	04
3	83970	RIA ASSAY OF PARATHORMONE	41.50	N	04
3	83986	ASSAY BODY FLUID ACIDITY	4.70	N	04
3	83992	ASSAY FOR PHENCYCLIDINE	6.20	N	04
3	84022	ASSAY URINE PHENOTHIAZINE	7.20	N	04
3	84030	ASSAY BLOOD PKU	7.00	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	84035	ASSAY BLOOD PHENYLKETONES	2.30	N	04
3	84060	ASSAY BLOOD ACID PHOSPHATASE	9.55	N	04
3	84061	PHOSPHATASE ACID;FORENSIC EXAM	8.40	N	04
3	84066	PHOSPHATASTE PROSTATIC RIA	4.10	N	04
3	84075	ASSAY ALKALINE PHOSPHATASE	6.70	N	04
3	84078	ASSAY ALKALINE PHOSPHATASE	9.55	N	04
3	84080	ASSAY ALKALINE PHOSPHATASES	11.80	N	04
3	84081	PHOSPHATYOYLGLYCEROL	3.35	N	04
3	84085	ASSAY RBC PG6D ENZYME	4.70	N	04
3	84087	ASSAY PHOSPHOHEXOSE ENZYMES	7.40	N	04
3	84100	ASSAY BLOOD PHOSPHORUS	6.20	N	04
3	84105	ASSAY URINE PHOSPHORUS	3.00	N	04
3	84106	TEST FOR PORPHOBILINOGEN	5.60	N	04
3	84110	ASSAY PORPHOBILINOGEN	6.20	N	04
3	84119	TEST URINE FOR PORPHYRINS	11.25	N	04
3	84120	ASSAY URINE PORPHYRINS	17.90	N	04
3	84126	ASSAY FECES PORPHYRINS	29.20	N	04
3	84127	PORPHYRINS FECES; QUALITATIVE	14.60	N	04
3	84132	ASSAY BLOOD POTASSIUM	6.00	N	04
3	84133	ASSAY URINE POTASSIUM	5.60	N	04
3	84134	PREALBUMIN	7.45	N	04
3	84135	PREGNANEDIOL; RIA	10.55	N	04
3	84138	PREGNANETRIOL; RIA	11.80	N	04
3	84140	PREGNENOLONE	11.80	N	04
3	84143	17-HYDROXYPREGNENOLONE	12.30	N	04
3	84144	ASSAY PROGESTERONE	12.30	N	04
3	84146	RIA ASSAY FOR PROLACTIN	17.90	N	04
3	84150	RIA ASSAY OF PROSTAGLANDIN	4.70	N	04
3	84152	PROSTATE SPECIFIC ANTIGEN DIRECT MEASUREMENT	19.20	N	04
3	84153	PROSTATE SPECIFIC ANTIGEN	17.60	N	04
3	84154	PROSTATE SPECIFIC ANTIGEN, FREE	17.60	N	04
3	84155	ASSAY SERUM PROTEIN	4.80	N	04
3	84156	TOTAL PROTEIN, URINE	3.07	N	04
3	84157	TOTAL PROTEIN, OTHER SOURCE	3.07	N	04
3	84160	ASSAY SERUM PROTEIN	3.50	N	04
3	84165	ASSAY SERUM PROTEINS	14.00	N	04
3	84181	PROTEIN;WESTRN BLOT INTERP/RPT	22.21	N	04
3	84182	PROTEIN;WES BLT,IMMUN PROBE	23.47	N	04
3	84202	ASSAY RBC PROTOPORPHYRIN	4.70	N	04
3	84203	TEST RBC PROTOPORPHYRIN	3.50	N	04
3	84206	RIA ASSAY OF PROINSULIN	9.55	N	04

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3	84207	ASSAY VITAMIN B-6	16.00	N	04
3	84210	ASSAY BLOOD PYRUVATE	9.55	N	04
3	84220	ASSAY RBC PYRUVIC KINASE	6.20	N	04
3	84228	ASSAY QUININE	14.00	N	04
3	84233	RECEPTOR ASSAY -ESTROGEN	44.00	N	04
3	84234	RECEPTOR ASSAY - PROGESTERONE	7.20	N	04
3	84235	RECEPTOR ASSAY-ENDOCRINE OTHER	7.20	N	04
3	84238	RECEPTOR ASSAY NON-ENDOCRINE	26.70	N	04
3	84244	RIA ASSAY OF RENIN	28.70	N	04
3	84252	ASSAY VITAMIN B-2	3.50	N	04
3	84255	ASSAY SELENIUM	6.40	N	04
3	84260	ASSAY BLOOD SEROTONIN	6.70	N	04
3	84270	SEX HORMONE BINDING GLOBULIN	21.85	N	04
3	84275	ASSAY BLOOD SIALIC ACID	4.70	N	04
3	84285	ASSAY SILICA	4.80	N	04
3	84295	ASSAY BLOOD SODIUM	6.20	N	04
3	84300	ASSAY URINE SODIUM	5.65	N	04
3	84302	SODIUM, OTH SOURCE	3.40	N	04
3	84305	SOMATOMEDIN	20.10	N	04
3	84307	SOMATOSTATIN	20.10	N	04
3	84311	SPECTROPHOTOMETRY,ANALYTE NEC	9.16	N	04
3	84315	BODY FLUID SPECIFIC GRAVITY	3.25	N	04
3	84375	CHROMATOGRAM ASSAY, SUGARS	6.20	N	04
3	84376	SUGARS; SINGLE QUALITATIVE, EACH SPECIMEN	7.20	N	04
3	84377	SUGARS; MULTI QUALITATIVE, EACH SPECIMEN	7.20	N	04
3	84378	SUGARS; SINGLE QUANTITATIVE, EACH SPECIMEN	7.90	N	04
3	84379	SUGARS; MULTI QUANTITATIVE, EACH SPECIMEN	7.90	N	04
3	84392	SULFATE URINE	6.20	N	04
3	84402	TESTOSTERONE; FREE	24.45	N	04
3	84403	RIA ASSAY BLOOD TESTOSTERONE	33.70	N	04
3	84425	ASSAY VITAMIN B-1	17.10	N	04
3	84430	ASSAY BLOOD THIOCYANATE	9.55	N	04
3	84432	THYROGLOBULIN	20.95	N	04
3	84436	THYROXINE TRUE RIA	8.95	N	04
3	84437	THYROXINE NEONATAL	8.50	N	04
3	84439	THYROXINE FREE RIA	11.80	N	04
3	84442	THYROID ACTIVITY (TBG) ASSAY	11.80	N	04
3	84443	RIA ASSAY OF TS HORMONE	21.90	N	04
3	84445	RIA THYROTROPIN FACTOR	35.95	N	04
3	84446	ASSAY VITAMIN E	11.80	N	04
3	84449	TRANSCORTIN (CORT BINDING GL)	17.90	N	04

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3	84450	UV-ASSAY TRANSAMINASE (SGOT)	6.70	N	04
3	84460	UV-ASSAY TRANSAMINASE (SGPT)	6.90	N	04
3	84466	TRANSFERRIN	11.70	N	04
3	84478	ASSAY BLOOD TRIGLYCERIDES	7.20	N	04
3	84479	TRIIODOTHYRONINE RESIN UPTAKE	8.50	N	04
3	84480	RIA ASSAY, T-3	12.75	N	04
3	84481	TRIIODOTHYRONINE FREE RIA	13.50	N	04
3	84482	TRIDOTHYRONINE (T-3) REVERSE	9.10	N	04
3	84484	TROPONIN (QUANTITIVE)	9.90	N	04
3	84485	ASSAY DUODENAL FLUID TRYPSIN	7.20	N	04
3	84488	TEST FECES FOR TRYPSIN	7.20	N	04
3	84490	ASSAY FECES FOR TRYPSIN	7.20	N	04
3	84510	ASSAY BLOOD TYROSINE	13.60	N	04
3	84512	TROPONIN,QUALITATIVE	9.90	N	04
3	84520	ASSAY BUN	5.15	N	04
3	84525	STICK-ASSAY BUN	2.30	N	04
3	84540	ASSAY URINE UREA-N	4.70	N	04
3	84545	UREA-N CLEARANCE TEST	5.35	N	04
3	84550	ASSAY BLOOD URIC ACID	5.90	N	04
3	84560	ASSAY URINE URIC ACID	3.50	N	04
3	84577	ASSAY FECES UROBILINOGEN	7.20	N	04
3	84578	TEST URINE UROBILINOGEN	2.30	N	04
3	84580	ASSAY URINE UROBILINOGEN	5.35	N	04
3	84583	ASSAY URINE UROBILINOGEN	3.50	N	04
3	84585	ASSAY URINE VMA	20.20	N	04
3	84586	VASOACTIVE INTESTINAL PEPTIDE	9.30	N	04
3	84588	RIA ASSAY VASOPRESSIN	6.20	N	04
3	84590	ASSAY BLOOD VITAMIN-A	6.20	N	04
3	84591	VITAMIN, NOS	12.10	N	04
3	84597	ASSAY VITAMIN-K	6.70	N	04
3	84600	ASSAY FOR VOLATILES	4.70	N	04
3	84620	XYLOSE TOLERANCE TEST, BLOOD	10.00	N	04
3	84630	ASSAY BLOOD ZINC	13.45	N	04
3	84681	ASSAY C PEPTIDE	17.10	N	04
3	84702	CHORIONIC GONADOTROPIN TEST	11.80	N	04
3	84703	CHORIONIC GONADOTROPIN ASSAY	9.55	N	04
3	84830	OVULATION TEST	5.80	N	04
3	84999	UNLISTED CHEMISTRY (LAB) PROCEDURE	0.00	Y	04
3	85002	BLEEDING TIME TEST	2.30	N	04
3	85004	AUTO DIFFERENTIAL WBC COUNT	4.52	N	04
3	85007	DIFFERENTIAL WBC COUNT	3.50	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	85008	BLOOD COUNT,BLD SMEAR EXAM W/O	4.50	N	04
3	85009	DIFFERENTIAL WBC COUNT	3.50	N	04
3	85013	BLOOD COUNT;SPUN MICROHEMATOCR	3.10	N	04
3	85014	HEMATOCRIT	3.10	N	04
3	85018	HEMOGLOBIN, COLORIMETRIC	3.10	N	04
3	85025	AUTOMATED HEMOGRAM	7.65	N	04
3	85027	HEMOGRAM AUTOMATED & PLATELET	7.65	N	04
3	85032	MANUAL CELL COUNT EA, ERYTHROCYTE LEUKOCYTE OR PLATELET	3.01	N	04
3	85041	RED BLOOD CELL (RBC) COUNT	2.30	N	04
3	85044	RETICULOCYTE COUNT	3.50	N	04
3	85045	HEMATOLOGY RETICULOCYTE COUNT	3.50	N	04
3	85046	BLOOD COUNT; RETICULOCYTES, HEMOGLOBIN CONCENTRATION	7.30	N	04
3	85048	WHITE BLOOD CELL (WBC) COUNT	2.30	N	04
3	85049	BLOOD COUNT PLATELET AUTO	3.13	N	04
3	85055	RETICULATED PLATELET ASSAY	11.32	N	04
3	85060	BLOOD SMEAR INTERP BY MD	4.50	N	04
3	85097	BONE MARROW SMEAR INTERP ONLY	22.40	N	04
3	85130	CHROMOGENIC SUBSTRATE ASSAY	15.50	N	04
3	85170	BLOOD CLOT RETRACTION SCREEN	2.30	N	04
3	85175	BLOOD CLOT LYSIS TIME	5.95	N	04
3	85210	BLOOD CLOT FACTOR II TEST	11.80	N	04
3	85220	BLOOD CLOT FACTOR V TEST	11.80	N	04
3	85230	BLOOD CLOT FACTOR VII TEST	11.80	N	04
3	85240	BLOOD CLOT FACTOR VIII TEST	11.80	N	04
3	85244	FACTOR V111 TEST	9.55	N	04
3	85245	CLOTTING FACT VIII,VW RISTOCET	9.60	N	04
3	85246	CLOTTING FACT VIII,VW ANTIGEN	9.60	N	04
3	85247	CLOT FACT VIII,VW MULTIMETRIC	18.50	N	04
3	85250	BLOOD CLOT FACTOR IX TEST	11.80	N	04
3	85260	BLOOD CLOT FACTOR X TEST	11.80	N	04
3	85270	BLOOD CLOT FACTOR XI TEST	11.80	N	04
3	85280	BLOOD CLOT FACTOR XII TEST	11.80	N	04
3	85290	BLOOD CLOT FACTOR XIII TEST	11.80	N	04
3	85291	BLOOD CLOT FACTOR XIII TEST	11.60	N	04
3	85292	PREKALLIKREIN ASSAY CLOTTING	15.00	N	04
3	85293	KINNINOGEN ASSAY CLOTTING	15.00	N	04
3	85300	ANTITHROMBIN III TEST	11.80	N	04
3	85301	ANTICOAGULANT ANTIGEN ASSAY	14.10	N	04
3	85302	PROTEIN C ASSAY ANTICOAGULANT	15.70	N	04
3	85303	CLOT INHIB/ANTICOAG PROTEIN C	15.60	N	04
3	85305	CLOTTING INHIB OR ANTICOAG	15.10	N	04

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3	85306	CLOT INHIB/ANTICOAG PROTEIN S	15.60	N	04
3	85307	ACTIVATED PROTEIN,C RESISTANCE ASSAY	16.00	N	04
3	85335	FACTOR INHIBITOR TEST	14.10	N	04
3	85337	THROMBOMODULIN	13.60	N	04
3	85345	COAGULATION TIME	4.00	N	04
3	85347	COAGULATION TIME	3.50	N	04
3	85348	COAGULATION TIME	4.90	N	04
3	85360	EUGLOBULIN LYSIS	7.90	N	04
3	85362	FIBRIN DEGRADATION PRODUCTS	3.50	N	04
3	85366	FIBRIN DEGRAD PRODUCT PARACOAG	7.30	N	04
3	85370	FIBRIN DEGRAD PROD QUANTITATIV	7.30	N	04
3	85378	FIBRIN DEGRAD D-DIM SEMIQUANTI	9.30	N	04
3	85379	FIBRIN DEGRAD D-DIMER QUAN	10.00	N	04
3	85380	FIBRIN DEGRAD D-DIMER QUAL, SEMI QUANT	7.11	N	04
3	85384	FIBRINOGEN ACTIVITY	7.00	N	04
3	85385	FIBRINOGEN ANTIGEN	7.00	N	04
3	85390	FIBRINOLYSINS SCREEN	3.25	N	04
3	85396	COAGULATION/FIBRINOLYSIS ASSAY, WHOLE BLOOD	11.69	N	04
3	85400	FIBRINOLYTIC PLASMIN	6.20	N	04
3	85410	FIBRINOLYTIC ANTIPLASMIN	6.20	N	04
3	85415	FIBRINOLYTIC FACT&INHIB PLASM	11.50	N	04
3	85420	FIBRINOLYTIC PLASMINOGEN	6.20	N	04
3	85421	PLASMINOGEN ANTIGENIC ASSAY	8.60	N	04
3	85441	HEINZ BODIES; DIRECT	5.45	N	04
3	85445	HEINZ BODIES; INDUCED	2.30	N	04
3	85460	HEMOGLOBIN, FETAL	4.30	N	04
3	85461	HEMOGLOBIN OR RBCS, FETAL, FET OMATERNAL HEMORRHAGE;ROSETTE	4.20	N	04
3	85475	HEMOLYSIN, ACID	11.60	N	04
3	85520	HEPARIN ASSAY	8.40	N	04
3	85525	HEPARIN NEUTRALIZATION	14.35	N	04
3	85530	HEPARIN-PROTAMINE TOLERANCE	8.40	N	04
3	85536	IRON STAIN, PER/PHERAL BLOOD	6.75	N	04
3	85540	WBC ALKALINE PHOSPHATASE	4.70	N	04
3	85547	RBC MECHANICAL FRAGILITY	3.05	N	04
3	85549	SERUM MURAMIDASE	9.55	N	04
3	85555	RBC OSMOTIC FRAGILITY	6.20	N	04
3	85557	RBC OSMOTIC FRAGILITY	6.20	N	04
3	85576	PLATELET AGGREGATION	6.80	N	04
3	85597	PLATELET NEUTRALIZATION	7.30	N	04
3	85610	PROTHROMBIN TIME	5.10	N	04
3	85611	PROTHROMBIN TIME SUBST PLASM	5.15	N	04

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3	85612	VIPER VENOM PROTHROMBIN TIME	7.40	N	04
3	85613	RUSSELL VIPER VENOM TIME:DILUT	9.35	N	04
3	85635	REPTILASE TEST	3.50	N	04
3	85651	SEDIMENTATION RATE, ERYTHROCYTE; NON AUTOMATED	4.60	N	04
3	85652	SEDIMENTATION RATE, ERYTHROCYTE;AUTOMATED	3.50	N	04
3	85660	RBC SICKLE CELL TEST	6.20	N	04
3	85670	THROMBIN TIME; PLASMA	6.20	N	04
3	85675	THROMBIN TIME; TITER	8.50	N	04
3	85705	THROMBOPLASTIN INHIB TISSUE	11.60	N	04
3	85730	THROMBOPLASTIN TIME, PARTIAL	7.85	N	04
3	85732	THROMBOPLASTIN TIME, PARTIAL	8.50	N	04
3	85810	BLOOD VISCOSITY EXAMINATION	7.20	N	04
3	85999	UNLISTED HEMATOLOGY TEST	0.00	Y	04
3	86000	AGGLUTININ TEST	7.40	N	04
3	86001	ALLERGEN SPECIFIC IGG EACH ALLERGEN	5.45	N	04
3	86003	ALLERGEN SPECIFIC IGE, EACH AL LERGEN	1.15	N	04
3	86005	ALLERGEN SPECI MULTIALLERGEN	10.40	N	04
3	86021	WBC ANTIBODY IDENTIFICATION	6.20	N	04
3	86022	PLATELET ANTIBODIES	19.05	N	04
3	86023	IMMUNOGLOBULIN ASSAY	9.40	N	04
3	86038	ANTINUCLEAR ANTIBODIES RIA	15.80	N	04
3	86039	ANTINUCLEAR ANTIBODIES TITER	10.70	N	04
3	86060	ANTISTREPTOLYSIN O TITER	8.60	N	04
3	86063	ANTISTREPTOLYSIN O SCREEN	7.55	N	04
3	86077	BLOOD BANK MD SERVICE	39.30	N	04
3	86078	BLOOD BANK MD SERVICE	16.85	N	04
3	86079	BLOOD BANK MD SERVICE	20.35	N	04
3	86140	C-REACTIVE PROTEIN	4.70	N	04
3	86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRP)	16.90	N	04
3	86146	BETA 2 GLYCOPROTEIN EACH ANTIBODY	26.60	N	04
3	86147	CARDIOLIPIN ANTIBODY	12.70	N	04
3	86148	ANTI-PHOSPHATIDYLSERINE ANTIBODY	12.70	N	04
3	86155	CHEMOTAXIS ASSAY	8.60	N	04
3	86156	COLD AGGLUTININ; SCREEN	5.25	N	04
3	86157	COLD AGGLUTININ; TITER	6.60	N	04
3	86160	COMPLEMENT; ANTIGEN, EACH COMPONENT	9.25	N	04
3	86161	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	10.30	N	04
3	86162	COMPLEMENT; TOTAL HEMOLYTIC (CH50)	17.90	N	04
3	86171	COMPLEMENT FIXATION TESTS, EACH ANTIGEN	7.90	N	09
3	86185	COUNTERIMMUNOELECTROPHORESIS, EACH ANTIGEN	8.40	N	04
3	86215	DEOXYRIBONUCLEASE, ANTIBODY	11.80	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE/DOUBLE STRANDED	11.80	N	04
3	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED	13.35	N	04
3	86235	EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD, EACH	11.80	N	04
3	86243	FC RECEPTOR ASSAY	11.80	N	04
3	86255	FLUORESCENT ANTIBODY; SCREEN	7.20	N	04
3	86256	FLUORESCENT ANTIBODY; TITER	11.80	N	04
3	86277	GROWTH HORMONE HGH ANTIBODYRIA	20.55	N	04
3	86280	HEMAGGLUTINATION INHIBITION	8.20	N	04
3	86294	IMMUNOASSAY TUMOR ANTIGEN	0.00	Y	04
3	86300	IMMUNOASSAY TUMOR ANTIGEN QUART CA 15-3	21.70	N	04
3	86301	IMMUNOASSAY TUMOR ANTIGEN QUAT CA 19-9	21.70	N	04
3	86304	IMMUNOASSAY TUMOR ANTIGEN QUANT CA 125	21.70	N	04
3	86308	HETEROPHILE ANTIBODIES; SCREEN	4.80	N	04
3	86309	HETEROPHILE ANTIBODIES; TITER	8.50	N	04
3	86310	HETEROPHILE ANTIBODY PLS TITER	9.65	N	04
3	86316	IMMUNIOASSAY TUMOR ANTIGEN	10.10	N	04
3	86317	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY (QUAN)	0.00	Y	09
3	86318	IMMUNOASSAY CHEMICAL CONSTITUE	16.90	N	04
3	86320	SERUM IMMUNOELECTROPHORESIS	21.30	N	04
3	86325	OTHER IMMUNOELECTROPHORESIS	11.80	N	04
3	86327	TWO DIMENSIONAL ASSAY CROSSED	14.00	N	04
3	86329	IMMUNODIFFUSION, EACH	18.30	N	04
3	86331	IMMUNODIFFUSION OUCHTERLONY	11.80	N	04
3	86332	IMMUNE COMPLEX ASSAY C10 CELL	18.80	N	04
3	86334	IMMUNOFIXATION ELECTROPHORESIS	27.90	N	04
3	86336	INHIBIN A	21.75	N	04
3	86337	INSULIN ANTIBODIES RIA	11.80	N	04
3	86340	INTRINSIC FACTOR ANTIBODIESRIA	11.80	N	04
3	86341	ISLET CELL ANTIBODY	11.80	N	04
3	86343	LEUKOCYTE HISTAMINE RELEASE	16.15	N	04
3	86344	LEUKOCYTE PHAGOCYTOSIS	2.30	N	04
3	86353	LYMPHOCYTE TRANSFORMATION	11.80	N	04
3	86359	T CELLS, TOTAL COUNT	7.65	N	04
3	86360	T CELLS TOT CDU & CD8 COUNT PLUS RATIO	9.70	N	04
3	86361	T CELLS; ABSOLUTE CD4 COUNT	9.70	N	04
3	86376	MICROSOMAL ANTIBODY RIA	8.40	N	04
3	86378	MIGRATION INHIBITORY FACTOR	13.90	N	04
3	86382	NEUTRALIZATION TEST, VIRAL	7.20	N	04
3	86384	NITROBLUE TETRAZOLIUM DYE	4.70	N	04
3	86403	PARTICLE AGGLUTINATION	6.00	N	04
3	86406	PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	11.80	N	04

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3	86430	RHEUMATOID FACTOR LATFXFIXATIO	6.20	N	04
3	86431	RHEUMATOID FACTOR;QUANTITATIVE	7.25	N	04
3	86447	INJ ANISTHETIC, FEMORAL NERVE SINGLE	53.20	N	04
3	86485	SKIN TEST; CANDIDA	4.00	N	04
3	86490	COCCIDIOIDOMYCOSIS SKIN TEST	5.15	N	04
3	86510	HISTOPLASMOSIS SKIN TEST	5.15	N	04
3	86580	TUBERCULOSIS SKIN TEST	4.00	N	04
3	86585	TB TINE TEST	4.00	N	04
3	86586	SKIN TEST;UNLISTED ANTIGEN EA	0.00	Y	04
3	86590	STREPTOKINASE, ANTIBODY	11.80	N	04
3	86592	SYPHILIS TEST(S),QUALITATIVE	4.00	N	04
3	86593	SYPHILIS TEST, QUANTITATIVE	4.00	N	04
3	86602	ANTIBODY; ACTINOMYCES	10.20	N	04
3	86603	ANTIBODY; ADENOVIRUS	14.80	N	04
3	86606	ANTIBODY; ASPIRGILLUS	10.20	N	04
3	86609	ANTIBODY; BACTERIUM NEC	10.25	N	04
3	86611	ANTIBODY BARTONELLA	10.60	N	04
3	86612	ANTIBODY; BLASTOMYCES	10.20	N	04
3	86615	ANTIBODY; BORDETELLA	11.90	N	04
3	86617	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRM. TEST	20.20	N	04
3	86618	ANTIBODY;BORELLIA BUFGDORFERI	22.20	N	04
3	86619	ANTIBODY; BORRELIA	10.20	N	04
3	86622	ANTIBODY; BRUCELLA	10.20	N	04
3	86625	ANTIBODY; CAMPYLOBACTER	9.70	N	04
3	86628	ANTIBODY; CANDIDA	10.20	N	04
3	86631	ANTIBODY; CHLAMYDIA	15.40	N	04
3	86632	ANTIBODY; CHLAMYDIA IGM	16.55	N	04
3	86635	ANTIBODY COCCIDIDIDES	10.20	N	04
3	86638	ANTIBODY COXIELLA BRUNETII Q	10.20	N	04
3	86641	ANTIBODY CRYPTOCOCCUS	10.20	N	04
3	86644	ANTIBODY CYTOMEGALOVIRUS	13.35	N	04
3	86645	ANTIBODY CYTOMEGALOVIRUS IGM	18.25	N	04
3	86648	ANTIBODY DIPTHERIA	19.20	N	04
3	86651	ANTIBODY ENCEPHALITIS CALIF	16.00	N	04
3	86652	ANTIBODY ENCEPHALITIS EASTERN	16.00	N	04
3	86653	ANTIBODY ENCEPHALITIS ST.LOUIS	15.60	N	04
3	86654	ANTIBODY ENCEPH WESTERN EQUIN	16.00	N	04
3	86658	ANTIBODY ENTEROVIRUS	17.00	N	04
3	86663	ANTIBODY EPSTEIN-BARR EA	17.15	N	04
3	86664	ANTIBODY EPATEIN-BARR EBNA	17.60	N	04
3	86665	ANTIBODY EPSTEIN-BARR VCA	19.20	N	04

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3	86666	ANTIBODY EHRLICHIA	10.60	N	04
3	86668	ANTIBODY FRANCISELLA TULAR	10.20	N	04
3	86671	ANTIBODY FUNGUS NEC	16.02	N	04
3	86674	ANTIBODY GIARDIA LAMBLIA	10.20	N	04
3	86677	ANTIBODY HELICOBACTER PYLORI	15.00	N	04
3	86682	ANTIBODY HELMINTH NEC	0.00	Y	04
3	86684	ANTIBODY HEMOPHILUS INFLUENZA	19.20	N	04
3	86687	HTLV 1 ANTIBODY DETECTION	10.20	N	04
3	86688	ANTIBODY HTLV-II	13.45	N	04
3	86689	IMMUNOLOGY CONFIRMATORY TEST	22.39	N	04
3	86692	ANTIBODY HEPATITIS DELTA AGENT	10.10	N	04
3	86694	ANTIBODY HERPES SIMPLEX	13.35	N	04
3	86695	ANTIBODY HERPES SIMPLEX TYPE L	15.30	N	04
3	86696	ANTIBODY HERPES SIMPLEX TYPE 2	20.20	N	04
3	86698	ANTIBODY HISTOPLASMA	16.30	N	04
3	86701	ANTIBODY HIV-1	11.60	N	04
3	86702	ANTIBODY HIV-2	10.20	N	04
3	86703	ANTIBODY HIV-1/HIV-2	17.90	N	04
3	86704	HEPATITIS B CORE ANTIBODY (IGG AND IGM)	15.70	N	04
3	86705	HEPATITIS B CORE ANTIBODY (IGM ANTIBODY)	15.40	N	04
3	86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	14.00	N	04
3	86707	HEPATITIS RE ANTIBODY (HBEAB)	9.55	N	04
3	86708	HEPATITIS A ANTIBODY (HAAB) IGG AND IGM	9.55	N	04
3	86709	HEPATITIS A ANTIBODY (HAAB) IGM ANTIBODY	5.55	N	04
3	86710	ANTIBODY INFLUENZA VIRUS	17.70	N	04
3	86713	ANTIBODY LEGIONELLA	5.25	N	04
3	86717	ANTIBODY LEISHMANIA	10.20	N	04
3	86720	ANTIBODY LEPTOSPIRA	10.20	N	04
3	86723	ANTIBODY LISTERIA MONOCYTOGENE	16.65	N	04
3	86727	ANTIBODY LYMPHOCYTIC CHORIOMEN	15.60	N	04
3	86729	ANTIBODY LYMPHOGRANULOMA	15.30	N	04
3	86732	ANTIBODY MUCORMYCOSIS	10.20	N	04
3	86735	ANTIBODY MUMPS	12.70	N	04
3	86738	ANTIBODY MYCOPLASMA	10.20	N	04
3	86741	ANTIBODY NEISSERIA MENINGITIDI	10.20	N	04
3	86744	ANTIBODY NOCARDIA	10.20	N	04
3	86747	ANTIBODY PARVOVIRUS	19.60	N	04
3	86750	ANTIBODY PLASMODIUM	10.20	N	04
3	86753	ANTIBODY PROTOZOA	16.17	N	04
3	86756	ANTIBODY RESP SYNCYTIAL VIRUS	16.85	N	04
3	86757	ANTIBODY RICKETTSIA	20.20	N	04

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3	86759	ANTIBODY ROTAVIRUS	16.80	N	04
3	86762	ANTIBODY RUBELLA	8.20	N	04
3	86765	ANTIBODY RUBEOLA	8.20	N	04
3	86768	ANTIBODY SALMONELLA	10.20	N	04
3	86771	ANTIBODY SHIGELLA	10.20	N	04
3	86774	ANTIBODY TETANUS	19.30	N	04
3	86777	ANTIBODY TOXOPLASMA	12.70	N	04
3	86778	ANTIBODY TOXOPLASMA IGM	18.80	N	04
3	86781	ANTIBODY TREPONEMA CONFIRM	17.29	N	04
3	86784	ANTIBODY TRICHINELLA	10.20	N	04
3	86787	ANTIBODY VARICELLA-ZOSTER	15.00	N	04
3	86790	ANTIBODY VIRUS NEC	16.85	N	04
3	86793	ANTIBODY YERSINIA	10.20	N	04
3	86800	THYROGLOBULIN ANTIBODY RIA	11.80	N	04
3	86803	HEPATITIS C ANTIBODY	16.85	N	04
3	86804	HEPATITIS C ANTIBODY; CONFIRM TEST	12.40	N	04
3	86805	LYMPHOCYTOTOXICITY ASSAY W/TIT	47.80	N	04
3	86806	LYMPHOCYTOTO ASSAY NO TITRATIO	43.45	N	04
3	86807	SERUM CYTOTOXIC PRA STANDARD	36.10	N	04
3	86808	SERUM CYTOTOXIC PRA QUICK METH	27.10	N	04
3	86812	HLA TYPING A B OR C SINGLE	6.20	N	04
3	86813	HLA TYPING A B AND/OR C MULTI	16.85	N	04
3	86816	HLA TYPING DR SINGLE	15.00	N	04
3	86817	HLA TYPING DR MULTIPLE	28.00	N	04
3	86821	LYMPHOCYTE CULTURE MIXED MLC	56.10	N	04
3	86822	LYMPHOCYTE CULTURE PRIMED PLC	26.70	N	04
3	86849	UNLISTED IMMUNOLOGY PROCEDURE	0.00	Y	04
3	86850	ANTIBODY SCREEN RBC EACH SERUM	5.65	N	04
3	86860	ANTIBODY ELUTION RBC	11.90	N	04
3	86870	ANTIBODY IDENTIFICATION RBC	14.35	N	04
3	86880	ANTIHUMAN GLOBULIN TEST	5.80	N	04
3	86885	ANTIHUMAN GLOB INDIRECT QUAL	6.10	N	04
3	86886	ANTIHUMAN GLOBULIN INDIRECT	6.20	N	04
3	86890	AUTOLOGOUS BLOOD/COMPONENT COLLECTION & STORAGE PREDEPOS.	40.40	N	04
3	86891	AUTOLOGOUS BLOOD/COMPONENT COLLECTION & STORAGE POSTOPER.	101.80	N	04
3	86900	BLOOD TYPING; ABO	3.50	N	04
3	86901	BLOOD TYPING; RH D	4.70	N	04
3	86903	BLOOD TYPING; ANTIG SCREEN	12.30	N	04
3	86904	BLOOD TYPING ANTIG SCREEN	12.40	N	04
3	86905	BLOOD TYPING; RBC ANTIGENS	4.95	N	04
3	86906	BLOOD TYPING; RH PHENOTYPING	4.60	N	04

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3	86910	BLOOD TYPING PATERN ABO/RH/MN	24.05	N	04
3	86911	BLOOD TYPE EA ADDTL ANTIGEN	6.80	N	04
3	86920	COMPATIBILITY TEST IMMED SPIN	4.70	N	04
3	86921	COMPATIBILITY TEST INCUB TECH	9.40	N	04
3	86922	COMPATIBILITY ANTIGLOB TECH	9.40	N	04
3	86927	FRESH FROZEN PLASMA THAW/UNIT	0.00	Y	09
3	86930	FROZEN BLOOD PREP FOR FREEZING	0.00	Y	09
3	86931	FROZEN BLOOD PREP FREEZE/THAW	0.00	Y	09
3	86932	FROZE BLOOD PREP W/FREEZE/THAW	0.00	Y	09
3	86940	HEMOLYSINS/AGGLUT AUTO SCREEN	5.55	N	04
3	86941	HEMOLYSINS/AGGLUT AUTO INCUB	4.70	N	04
3	86945	IRRAD BLOOD PRODUCT	6.60	N	04
3	86950	LEUKOCYTE TRANSFUSION	25.70	N	04
3	86965	POOLING PLATELETS/BLOOD PROD	5.05	N	04
3	86970	PRETREAT RBC'S/INCUB CHEM	10.10	N	04
3	86971	PRETREAT RBC'S INCUB ENZYMES	8.20	N	04
3	86972	PRETREAT RBC'S BY DENS GRAD	8.20	N	04
3	86975	PRETREAT SERUM FOR RBC ANTIB	8.20	N	04
3	86976	PRETREAT SERUM RBC ANTIBOD	8.20	N	04
3	86977	PRETREAT SERUM RBC ANTIBODY	8.20	N	04
3	86978	PRETREAT SERUM BY DIF RED CELL	10.10	N	04
3	86985	SPLIT BLOOD/BLOOD PRODUCTS, EACH UNIT	8.20	N	04
3	86999	IMMUNOLOGY PROCEDURE	0.00	Y	04
3	87001	SMALL ANIMAL INOCULATION	17.20	N	04
3	87003	SMALL ANIMAL INOCULATION	17.90	N	04
3	87015	SPECIMEN CONCENTRATION; PARASI TES, OVA, TUBERCLE BACILLUS	7.20	N	04
3	87040	BLOOD CULTURE FOR BACTERIA	13.50	N	04
3	87045	STOOL CULTURE FOR BACTERIA	12.30	N	04
3	87046	CULTURE STOOL ADDTL PATHOGENS EACH PLATE	2.40	N	04
3	87070	CULTURE SPECIMEN, BACTERIA	6.20	N	04
3	87071	CULTURE AEROBIC NOT URINE, BLOOD OR STOOL	0.00	Y	09
3	87073	CULTURE ANAEROBIC NOT URINE, BLOOD OR STOOL	0.00	Y	09
3	87075	CULTURE SPECIMEN, BACTERIA	12.35	N	04
3	87076	BACTERIA IDENTIFICATION	0.00	Y	09
3	87077	CULTURE AEROBIC EACH ISOLATE	0.00	Y	09
3	87081	BACTERIA CULTURE SCREEN	5.80	N	04
3	87084	CULTURE WITH COLONY ESTIMATION	6.00	N	04
3	87086	URINE CULTURE, COLONY COUNT	10.50	N	04
3	87088	URINE BACTERIA CULTURE	6.20	N	09
3	87101	SKIN FUNGUS CULTURE	6.20	N	04
3	87102	FUNGUS ISOLATION CULTURE	6.20	N	04

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3	87103	CULTURE FUNGI ISOLATION BLOOD	6.20	N	04
3	87106	FUNGUS IDENTIFICATION	0.00	Y	09
3	87107	CULTURE FUNGI EACH ORGANISM	0.00	Y	09
3	87109	MYCOPLASMA CULTURE	9.55	N	04
3	87110	CULTURE CHLAMYDIA	16.85	N	04
3	87116	MYCOBACTERIA CULTURE	11.70	N	04
3	87118	MYCOBACTERIA IDENTIFICATION	0.00	Y	09
3	87140	CULTURE TYPING, FLUORESCENT	1.15	N	04
3	87143	CULTURE TYPING, GLC METHOD	7.20	N	04
3	87147	CULTURE TYPING, SEROLOGIC	3.20	N	04
3	87149	CULTURE ID BY DNA PROBE	0.00	Y	09
3	87152	CULTURE ID BY GEL TYPING	0.00	Y	09
3	87158	CULTURE TYPING, ADDED METHOD	1.15	N	04
3	87164	DARK FIELD EXAMINATION	14.00	N	04
3	87166	DARK FIELD EXAMINATION	14.75	N	04
3	87168	MACROSCOPIC EXAM ARTHROPOD	4.50	N	04
3	87169	MACROSCOPIC EXAM PARASITE	4.50	N	04
3	87172	PINWORM EXAM TAPE PREP	4.50	N	04
3	87176	ENDOTOXIN, BACTERIAL	7.70	N	04
3	87177	OVA AND PARASITES SMEARS; CONC ENTRATION & IDENTIFICATION	7.20	N	04
3	87181	ANTIBIOTIC SENSITIVITY, EACH	6.20	N	04
3	87184	ANTIBIOTIC SENSITIVITY, EACH	9.00	N	04
3	87185	SUSCEPTIBILITY STUDIES ANTIMICRO AGENT/ENZYME DETECT PER ENZ	4.95	N	04
3	87186	ANTIBIOTIC SENSITIVITY, MIC	11.30	N	04
3	87187	SENSITIVITY STUDY BACTERICIDAL	8.60	N	04
3	87188	ANTIBIOTIC SENSITIVITY, EACH	8.65	N	04
3	87190	SENSITIVITY TB AFB	7.40	N	04
3	87197	SERUM BACTERIAL TITER SCHLICTE	12.80	N	04
3	87205	SMEAR, STAIN & INTERPRET	3.50	N	04
3	87206	SMEAR, STAIN & INTERPRET	4.20	N	04
3	87207	SMEAR, STAIN & INTERPRET	3.50	N	04
3	87210	SMEAR, STAIN & INTERPRET	4.70	N	04
3	87220	TISSUE FOR FUNGI	4.70	N	04
3	87230	TOXIN ANTITOXIN ASSAY TIS CULT	15.00	N	04
3	87250	VIRUS INOCULATION FOR TEST	12.80	N	04
3	87252	VIRUS IDENT TISSUE CULTURE	12.80	N	04
3	87253	VIRUS IDENT TISSUE CULTURE ADD	15.00	N	04
3	87254	VIRUS ISOLATION W/ID EACH VIRUS	6.40	N	04
3	87255	VIRUS ISOLATION W/ID NON IMMUNO	23.66	N	04
3	87260	INFECTIOUS AGENT ANTIGEN DETECT ADENOVIRUS	15.70	N	04
3	87265	INFECTIOUS AGENT ANTIGEN DETECT BORDETELLA PERTUSSIS/PHRA	15.70	N	04

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3	87267	INFECTIOUS AGENT DEFECT IMMUNOFLUORO, DFA	8.38	N	04
3	87269	INFECTIOUS AGENT ANTIGEN DETECT BY IMMUNOFLUORES CENT, GARDI	10.05	N	04
3	87270	INFECTIOUS AGENT ANTIGEN DETECT CHLAMYDIA TRACHOMATIS	15.70	N	04
3	87271	INFECTIOUS AGENT DEFECT IMMUNOFLUORESCENT CMV, DFA	8.38	N	04
3	87272	INFECTIOUS AGENT ANTIGEN DETECT CRYPTOSPORIDUM/GUARDIA	15.70	N	04
3	87273	INFECTIOUS AGENT ANTIGEN HERPES SIMPLEX TYPE 2	12.50	N	04
3	87274	INFECTIOUS AGENT ANTIGEN DETECT HERPES SIMPLEX	15.70	N	04
3	87275	INFECTIOUS AGENT ANTIGEN DETECT INFLUENZA B	12.50	N	04
3	87276	INFECTIOUS AGENT ANTIGEN DETECT INFLUENZA A VIRUS	15.70	N	04
3	87277	INFECTIOUS AGENT ANTIGEN DETECT LEGIONELLA MICDADEI	12.50	N	04
3	87278	INFECTIOUS AGENT ANTIGEN DETECT LEGIONELLA PNEUMOPHILLA	15.70	N	04
3	87279	INFECTIOUS AGENT ANTIGEN DETECT PARAINFLUENZA	12.50	N	04
3	87280	INFECTIOUS AGENT ANTIGEN DETECT RESP SYNCYTIAL VIRUS	15.70	N	04
3	87281	INFECTIOUS AGENT ANTIGEN DETECT PNEUMOCYSTIS CARINII	12.50	N	04
3	87283	INFECTIOUS AGENT ANTIGEN DETECT RUBEOLA	12.50	N	04
3	87285	INFECTIOUS AGENT ANTIGEN DETECT TREPONEMA PALLIDUM	15.70	N	04
3	87290	INFECTIOUS AGENT ANTIGEN DETECT VARICELLA ZOSTER VIRUS	15.70	N	04
3	87299	INFECTIOUS AGENT ANTIGEN DETECT NOT OTHERWISE SPECIFIED	0.00	Y	04
3	87300	INFECTIOUS AGENT ANTIGEN DETECT POLYVALEN EACH	6.20	N	04
3	87301	INFECTIOUS AGENT ANTIGEN DETECT ADENOVIRUS ENTERIC TYPE40/41	15.70	N	04
3	87320	INFECTIOUS AGENT ANTIGEN DETECT CHLAMYDIA TRACHOMATIS	15.70	N	04
3	87324	INFECTIOUS AGENT ANTIGEN DETECT CLOSTRIDUIM DIFFICILE TOXINP	15.70	N	04
3	87327	INFECTIOUS AGENT ATIGEN DETECT CRYPTOPCOCCUS	12.50	N	04
3	87328	INFECTIOUS AGENT ANTIGEN DETECT CRYPTOSPORIDUM/GIARDIA	15.70	N	04
3	87329	INFECTIOUS AGENT ANTIGEN DETECT BY ENZYME IMMUNOASSAY, GARDI	10.05	N	04
3	87332	INFECTIOUS AGENT ANTIGEN DETECT CYTOMEGALOVIRUS	15.70	N	04
3	87335	INFECTIOUS AGENT ANTIGEN DETECT ESCHERCHIA COLI	15.70	N	04
3	87336	INFECTIOUS AGENT ATIGEN DETECT ENTAMOEBA HISTOLYTICA	12.50	N	04
3	87337	INFECTIOUS AGENT ATIGEN DETECT ENTAMOEBA HISTOLYTICA	12.50	N	04
3	87338	INFECTIONS AGENT DETECT IMMUNOASSAY HELICOBACTER PYLORI STOO	18.80	N	04
3	87339	INFECTIOUS AGENT ATIGEN DETECT HELICOBACTER PLYORI	12.50	N	04
3	87340	INFECTIOUS AGENT ANTIGEN DETECT HEPATITIS B (HBSAG)	13.50	N	04
3	87341	INFECTIOUS AGENT ATIGEN DETECT HEPATITIS B	10.80	N	04
3	87350	INFECTIOUS AGENT ANTIGEN DETECT HEPATITIS BE (HBEAG)	15.05	N	04
3	87380	INFECTIOUS AGENT ANTIGEN DETECT HEPATITIS DELTA AGENT	21.40	N	04
3	87385	INFECTIOUS AGENT ANTIGEN DETECT HISTOPLASMA CAPSULATUM	15.70	N	04
3	87390	INFECTIOUS AGENT ANTIGEN DETECT HIV-1	23.00	N	04
3	87391	INFECTIOUS AGENT ANTIGEN DETECT HIV-2	23.00	N	04
3	87400	INFECTIOUS AGENT ATIGEN DETECT INFLUENZA A OR B EACH	6.20	N	04
3	87420	INFECTIOUS AGENT ANTIGEN DETECT RESPIRATORY SYNOTIAC VIRUS	15.70	N	04
3	87425	INFECTIOUS AGENT ANTIGEN DETECT ROTAVIRUS	15.70	N	04

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3	87427	INFECTIOUS AGENT ANTIGEN DETECT SHIGA-LIKE TOXIN	12.50	N	04
3	87430	INFECTIOUS AGENT ANTIGEN DETECT STREPTOCOCCUS, GROUP A	15.70	N	04
3	87449	INFECTIOUS AGENT ANTIGEN DETECT NOT OTHERWISE SPECIFIED-MULT	15.68	N	04
3	87450	INFECTIOUS AGENT ANTIGEN DETECT NOT OTHERWISE SPECIFIED-SING	0.00	Y	04
3	87451	INFECTIOUS AGENT DETECT POLYVALENT FOR MULT ORG EACH POLYVAL	10.00	N	04
3	87470	INFECTIOUS AGENT DETECT BARTONELL HENSALAE/QUINTANA	26.20	N	04
3	87471	INFECT AGENT DETECT BARTONELLA HENSELAE/QUINTANA	45.80	N	04
3	87472	INFECT AGENT DETECT BARTONELLA HENSELAE/QUINTANA	55.91	N	04
3	87475	INFECT AGENT DETECT BORRELIA BURGDORFERI (DIR)	26.20	N	04
3	87476	INFECT AGENT DETECT BORRELIA BURGDORFERI (AMP)	45.80	N	04
3	87477	INFECT AGENT DETECT BORRELIA BURGDORFERI (QUANT)	55.91	N	04
3	87480	INFECT AGENT DETECT CANDIDA SPECIES (DIR)	26.20	N	04
3	87481	INFECT AGENT DETECT CANDIDA SPECIES (AMP)	45.80	N	04
3	87482	INFECT AGENT DETECT CANDIDA SPECIES (QUANT)	54.50	N	04
3	87485	INFECT AGENT DETECT CHLAMYDIA PNEUMONIAE (DIR)	26.20	N	04
3	87486	INFECT AGENT DETECT CHLAMYDIA PNEUMONIAE (AMP)	45.80	N	04
3	87487	INFECT AGENT DETECT CHLAMYDIA PNEUMONIAE (QUANT)	55.91	N	04
3	87490	INFECT AGENT DETECT CHLAMYDIA TRACHOMATIS (DIR)	26.20	N	04
3	87491	INFECT AGENT DETECT CHLAMYDIA TRACHOMATIS (AMP)	45.80	N	04
3	87492	INFECT AGENT DETECT CHLAMYDIA TRACHOMATIS (QUANT)	45.63	N	04
3	87495	INFECT AGENT DETECT CYTOMEGALOVIRUS (DIR)	26.20	N	04
3	87496	INFECT AGENT DETECT CYTOMEGALOVIRUS (AMP)	45.80	N	04
3	87497	INFECT AGENT DETECT CYTOMEGALOVIRUS (QUANT)	0.00	Y	04
3	87510	INFECT AGENT DETECT GARDNERELLA VAGINALIS (DIR)	26.20	N	04
3	87511	INFECT AGENT DETECT GARDNERELLA VAGINALIS (AMP)	45.80	N	04
3	87512	INFECT AGENT DETECT GARDNERELLA VAGINALIS (QUANT)	0.00	Y	04
3	87515	INFECT AGENT DETECT HEPATITIS B VIRUS (DIR)	26.20	N	04
3	87516	INFECT AGENT DETECT HEPATITIS B VIRUS	45.80	N	04
3	87517	INFECT AGENT DETECT HEPATITIS B VIRUS (QUANT)	0.00	Y	04
3	87520	INFECT AGENT DETECT HEPATITIS C (DIR)	26.20	N	04
3	87521	INFECT AGENT DETECT HEPATITIS C (AMP)	45.80	N	04
3	87522	INFECT AGENT DETECT HEPATITIS C (QUANT)	55.90	N	04
3	87525	INFECT AGENT DETECT HEPATITIS G (DIR)	26.20	N	04
3	87526	INFECT AGENT DETECT HEPATITIS G (AMP)	45.80	N	04
3	87527	INFECT AGENT DETECT HEPATITIS G (QUANT)	0.00	Y	04
3	87528	INFECT AGENT DETECT HERPES SIMPLEX VIRUS (DIR)	26.20	N	04
3	87529	INFECT AGENT DETECT HERPES SIMPLEX VIRUS (AMP)	45.80	N	04
3	87530	INFECT AGENT DETECT HERPES SIMPLEX VIRUS (QUANT)	0.00	Y	04
3	87531	INFECT AGENT DETECT HERPES VIRUS-6 (DIR)	26.20	N	04
3	87532	INFECT AGENT DETECT HERPES VIRUS-6 (AMP)	45.80	N	04
3	87533	INFECT AGENT DETECT HERPES VIRUS-6 (QUANT)	0.00	Y	04

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3	87534	INFECT AGENT DETECT HIV-1 (DIR)	26.20	N	04
3	87535	INFECT AGENT DETECT HIV-1 (AMP)	45.80	N	04
3	87536	INFECT AGENT DETECT HIV-1 (QUANT)	86.90	N	04
3	87537	INFECT AGENT DETECT HIV-2 (DIR)	26.20	N	04
3	87538	INFECT AGENT DETECT HIV-2 (AMP)	45.80	N	04
3	87539	INFECT AGENT DETECT HIV-2 (QUANT)	0.00	Y	04
3	87540	INFECT AGENT DETECT LEGIONELLA PNEUMOPHILA (DIR)	26.20	N	04
3	87541	INFECT AGENT DETECT LEGIONELLA PNEUMOPHILA-(AMP)	45.80	N	04
3	87542	INFECT AGENT DETECT LEGIONELLA PNEUMOPHILA (QUAN)	0.00	Y	04
3	87550	INFECT AGENT DETECT MYCOBACTERIA SPECIES (DIR)	26.20	N	04
3	87551	INFECT AGENT DETECT MYCOBACTERIA SPECIES (AMP)	45.80	N	04
3	87552	INFECT AGENT DETECT MYCOBACTERIA SPECIES (QUAN)	0.00	Y	04
3	87555	INFECT AGENT DETECT MYCOBACTERIA TUBERCULOSIS (DIR)	26.20	N	04
3	87556	INFECT AGENT DETECT MYCOBACTERIA TUBERCULOSIS (AMP)	45.80	N	04
3	87557	INFECT AGENT DETECT MYCOBACTERIA TUBERCULOSIS (QUAN)	0.00	Y	04
3	87560	INFECT AGENT DETECT MYCOBACTERIA AVIUM - (DIR)	26.20	N	04
3	87561	INFECT AGENT DETECT MYCOBACTERIA AVIUM - (AMP)	45.80	N	04
3	87562	INFECT AGENT DETECT MYCOBACTERIA AVIUM - (QUAN)	0.00	Y	04
3	87580	INFECT AGENT DETECT MYCOPLASMA PNEUMONIAE (DIR)	26.20	N	04
3	87581	INFECT AGENT DETECT MYCOPLASMA PNEUMONIAE (AMP)	45.80	N	04
3	87582	INFECT AGENT DETECT MYCOPLASMA PNEUMONIAE (QUAN)	0.00	Y	04
3	87590	INFECT AGENT DETECT NEISSERIA GONORRHOEAE (DIR)	26.20	N	04
3	87591	INFECT AGENT DETECT NEISSERIA GONORRHOEAE (AMP)	45.80	N	04
3	87592	INFECT AGENT DETECT NEISSERIA GONORRHOEAE (QUAN)	0.00	Y	04
3	87620	INFECT AGENT DETECT PAPILLOMAVIRUS HUMAN (DIR)	26.20	N	04
3	87621	INFECT AGENT DETECT PAPILLOMAVIRUS HUMAN (AMP)	45.80	N	04
3	87622	INFECT AGENT DETECT PAPILLOMAVIRUS HUMAN (QUAN)	0.00	Y	04
3	87650	INFECT AGENT DETECT STREPTOCOCCUS GR A (DIR)	26.20	N	04
3	87651	INFECT AGENT DETECT STREPTOCOCCUS GR A (AMP)	45.80	N	04
3	87652	INFECT AGENT DETECT STREPTOCOCCUS GR A (QUAN)	0.00	Y	04
3	87660	INFECTIOUS AGENT DETECTION, DNA OR RNA, TRICHOMONAS	16.81	N	04
3	87797	INFECT AGENT DETECT NOT OTHERWISE SPECIFIED (DIR)	26.20	N	04
3	87798	INFECT AGENT DETECT NOT OTHERWISE SPECIFIED (AMP)	45.83	N	04
3	87799	INFECT AGENT DETECT NOT OTHERWISE SPECIFIED (QUAN)	51.89	N	04
3	87800	INFECTIOUS AGENT DETECT BY DIRECT PROBE MULTIPLE ORGANISMS	20.95	N	04
3	87801	INFECTIOUS AGENT DETECT BY AMPLIFIED PROBE MULTIPLE BY ORGAN	36.60	N	04
3	87802	INFECTIOUS AGENT ANTIGEN DETECT, IMMUNOASSAY STREP,GROUP-B	15.65	N	04
3	87803	INFECTIONS AGEN ANTIGEN CLOSTRIDIUM DIFFICILE TOXINA	15.65	N	04
3	87804	INFLUENZA	15.65	N	04
3	87810	INFECT AGENT DETECT CHLAMYDIA TRACHOMATIS (DR. OBSV)	15.70	N	04
3	87850	INFECT AGENT DETECT NEISSERIA BONORRHOEAE (DR. OBSV)	15.70	N	04

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3	87880	INFECT AGENT DETECT STREPTOCOCCUS GR A (DR. OBSV)	15.70	N	04
3	87899	INFECT AGENT DETECT NOT OTHERWISE SPECIFIED (DR. OBSV)	0.00	Y	04
3	87901	INFECTIOUS AGENT GENOTYPE ANALYSIS BY PROBE	168.05	N	04
3	87902	IFECTIOUS AGENT GENOTYPE ANALYSIS BY DNA/RNA HEPATITIS C	168.05	N	04
3	87903	INFECTIOUS AGENT PHENOTYPE ANALYSIS W/CULTURE ANALY UP TO 10	319.00	N	04
3	87904	INFECTIOUS AGENT PHENOTYPE ANALYSIS EACH ADDTL DRUG UP TO 5	32.44	N	04
3	87999	MICROBIOLOGY PROCEDURE	0.00	Y	04
3	88000	AUTOPSY (NECROPSY), GROSS	0.00	Y	09
3	88005	AUTOPSY (NECROPSY), GROSS	0.00	Y	09
3	88007	AUTOPSY (NECROPSY), GROSS	0.00	Y	09
3	88012	AUTOPSY (NECROPSY), GROSS	0.00	Y	09
3	88014	AUTOPSY (NECROPSY), GROSS	0.00	Y	09
3	88016	AUTOPSY (NECROPSY), GROSS	0.00	Y	09
3	88020	AUTOPSY (NECROPSY), COMPLETE	0.00	Y	09
3	88025	AUTOPSY (NECROPSY), COMPLETE	0.00	Y	09
3	88027	AUTOPSY (NECROPSY), COMPLETE	0.00	Y	09
3	88028	AUTOPSY (NECROPSY), COMPLETE	0.00	Y	09
3	88029	AUTOPSY (NECROPSY), COMPLETE	0.00	Y	09
3	88036	LIMITED AUTOPSY	0.00	Y	09
3	88037	LIMITED AUTOPSY	0.00	Y	09
3	88040	FORENSIC AUTOPSY (NECROPSY)	0.00	Y	09
3	88045	CORONER'S AUTOPSY (NECROPSY)	0.00	Y	09
3	88099	NECROPSY (AUTOPSY) PROCEDURE	0.00	Y	09
3	88104	CYTOPATHOLOGY	11.80	N	04
3	88106	CYTOPATHOLOGY	11.80	N	04
3	88107	CYTOPATHOLOGY	11.80	N	04
3	88108	CYTOPATHOLOGY SACCOMANNO TECH	8.90	N	04
3	88112	CYTOPATHOLOGY WITH INTERPRET, EXCEPT CERVICAL OR VAGINAL	63.61	N	04
3	88125	FORENSIC CYTOPATHOLOGY	3.35	N	04
3	88130	SEX CHROMATIN IDENTIFICATION	14.00	N	04
3	88140	SEX CHROMATIN IDENTIFICATION	9.55	N	04
3	88141	CYTOPATH CERV/VAG INTERP BY PHY (LISTED SEP FROM TECH)	3.50	N	04
3	88142	CYTOPATH CERV/VAG COLLECTED UNDER PHYSICIAN SUPERVISION	3.35	N	04
3	88143	CYTOPATH CERV/VAG,PRESERVE FLUID AUTO PREP W/MAN SCREEN PHYS	3.50	N	04
3	88147	CYTOPATH SMEARS CERV/VAG;SCREEN AUTO SYST UNDER PHYS SUPERVI	3.50	N	04
3	88148	CYTOPATH SMEARS CERV/VAG;SCREEN AUTO SYST W/MANUAL RESCREEN	3.50	N	04
3	88150	CYTOPATHOLOGY, PAP SMEAR	3.50	N	04
3	88152	CYTOPATH SMEAR CERV/VAG - UP TO 3 SMEARS W/PHYS SUPERVISION	3.50	N	04
3	88153	CYTOPATH SLIDES,CERV/VAG;W/MANUAL SCREEN & RESCREEN PHY SUPR	3.50	N	04
3	88154	CYTOPATH SLIDES,CERV/VAG;W/MAN SCREEN&COMPUTER RESCREEN/CELL	3.50	N	04
3	88155	CYTOPATHOLOGY, PAP SMEAR WITH HORMONAL EVALUATION	4.10	N	04

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3	88160	CYTOPATHOLOGY	11.80	N	04
3	88161	CYTOPATHOLOGY PREP SCREEN INTE	11.25	N	04
3	88162	CYTOPATHOLOGY EXTENDED STUDY	23.60	N	04
3	88164	CYTOPATH SLIDES,CERV/VAG;W/MAN SCREEN UNDER PHYSICIAN SUPR	3.50	N	04
3	88165	CYTOPATH SLIDES,CERV/VAG;W/MAN SCREEN&RESCR UNDER PHYS SUPR	3.50	N	04
3	88166	CYTOPATH SLIDES,CERV/VAG;W/MAN SCREEN&COMPT UNDER PHYS SUPR	3.50	N	04
3	88167	CYTOPATH,SLIDES,CERV/VAG W/MAN SCR & COMPUTER ASSIST/CELL	3.50	N	04
3	88172	EVALUATION-FINE NEEDLE ASPIRAT	16.85	N	04
3	88173	EVAL OF FINE NEEDLE ASPIRATE	28.00	N	04
3	88174	CYTOPATH AUTOMATED, CERVLVAG UNDER PHYS. SUPR	14.93	N	04
3	88175	CYTOPATH AUTOMATED CERV/VAG UNDER PHY SUPR	18.41	N	04
3	88180	FLOW CYTOMETRY	4.20	N	04
3	88182	FLOW CYTOMETRY	30.50	N	04
3	88199	CYTOPATHOLOGY PROCEDURE	0.00	Y	04
3	88230	CHROMOSOME ANALY LYMPHOCYTE	90.80	N	04
3	88233	CHROMOSOME ANALY SKIN	117.55	N	04
3	88235	CHROMOSOME ANALY AMNIOTIC FLUI	133.60	N	04
3	88237	CHROMOSOME ANALY BONE MARROW	106.95	N	04
3	88239	TISSUE CULT CHROMOSOME ANALY	133.60	N	04
3	88240	CRYOPRESERVATION, FREEZING&STORAGE OF CELLS, EACH, CELL LINE	0.00	Y	09
3	88241	THAWING & EXPANSION OF FROZEN CELLS, EACH. ALIQUOT	0.00	Y	09
3	88245	CHROMOSOME ANALY BRKG SYNDROME	87.65	N	04
3	88248	CHROMOSOME ANALY BRKG SYNDROME	88.25	N	04
3	88249	CHROMOSOME ANAL FROM BREAK SYNDROMES; SC100 CELLS/CLASTOGEN	87.55	N	04
3	88261	CHROMOSOME COUNT: 1-4 CELLS	117.80	N	04
3	88262	CHROMOSOME COUNT: 1-20 CELLS	162.75	N	04
3	88263	CHROMOSOME ANALY COUNT	188.75	N	04
3	88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	162.75	N	04
3	88267	CHROMOSOME COUNT: AMNIOTIC	88.60	N	04
3	88269	CHROMOSOME ANALY AMNIOTIC FL	76.35	N	04
3	88271	MOLECULAR CYTOGENETICS; DNA PROBE, EA.	18.90	N	04
3	88272	MOLECULAR CYTOGENETICS; CHORMOSOMAL SITU HYBRIDIZATION ANAL	33.05	N	04
3	88273	MOLECULAR CYTOGENETICS; CHROMOSOMAL SITU HYBRID ANAL 10-30	41.90	N	04
3	88274	MOLECULAR CYTOGENETICS;INTERPHASE SITU HYBRID ANAL 25-99	45.40	N	04
3	88275	MOLECULAR CYTOGENETICS;INTERPHASE SITU HYBRID ANAL 100-300	52.40	N	04
3	88280	CHROMOSOME COUNT: ADDITIONAL	32.70	N	04
3	88283	CHROMOSOME ANALY BANDING	24.55	N	04
3	88285	CHROMOSOME COUNT: ADDITIONAL	24.80	N	04
3	88289	CHROMOSOME ANALY HIGH RESOLUT	17.10	N	04
3	88291	CYTOGENETUCS & MOLECULAR CYTOGENETICS, INTERPRETATION & REPT	5.25	N	04
3	88299	CYTOGENETIC STUDY	0.00	Y	04

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3	88300	SURGICAL PATHOLOGY, GROSS	13.05	N	04
3	88302	SURGICAL PATHOLOGY, COMPLETE	20.95	N	04
3	88304	SURGICAL PATHOLOGY, COMPLETE	37.35	N	04
3	88305	SURGICAL PATHOLOGY, COMPLETE	41.10	N	04
3	88307	SURGICAL PATHOLOGY, COMPLETE	43.60	N	04
3	88309	SURGICAL PATHOLOGY, COMPLETE	47.40	N	04
3	88311	SURGICAL PATHOLOGY, COMPLETE	11.50	N	04
3	88312	SPECIAL STAINS	11.80	N	04
3	88313	SPECIAL STAINS	6.70	N	04
3	88314	HISTOCHEMICAL STAINING	6.20	N	04
3	88318	HISTOCHEMISTRY CHEM COMPONENTS	41.80	N	04
3	88319	HISTOCHEMISTRY ENZYME CONSTITU	22.40	N	04
3	88321	MICROSLIDE CONSULTATION	6.20	N	04
3	88323	MICROSLIDE CONSULTATION	17.90	N	04
3	88325	COMPREHENSIVE REVIEW OF DATA	19.90	N	04
3	88329	CONSULTATION DURING SURGERY	48.55	N	04
3	88331	CONSULTATION DURING SURGERY	48.55	N	04
3	88332	CONSULTATION DURING SURGERY	19.90	N	04
3	88342	IMMUNOCYTOCHEMISTRY-EA ANTIBDY	13.45	N	04
3	88346	IMMUNOFLUORESCENT STUDY -EACH	16.85	N	04
3	88347	INDIRECT METHOD SURG. PATHOLOG	16.85	N	04
3	88348	ELECTRON MICROSCOPY	47.20	N	04
3	88349	SCANNING ELECTRON MICROSCOPY	70.70	N	04
3	88355	ANALYSIS SKELETAL MUSCLE	108.60	N	04
3	88356	ANALYSIS NERVE	108.60	N	04
3	88358	MORPHOMETRIC ANALYSIS TUMOR	108.60	N	04
3	88361	MORPHOMETRIC ANALYSIS, TUMOR IMUNO HISTOCHEMISTRY	72.70	N	04
3	88362	NERVE TEASING PREPARATIONS	0.00	Y	04
3	88365	TISSUE SITU HYBRID INTERP REPT	0.00	Y	04
3	88371	PROTEIN ANALYSIS WESTERN BLOT	28.45	N	04
3	88372	PROTEIN ANALYSIS IMMUN PROBE	29.70	N	04
3	88380	MICRODISSECTION(EG,MECHANICAL,LASER CAPTURE)	0.00	Y	04
3	88399	SURGICAL PATHOLOGY PROCEDURE	0.00	Y	04
3	88400	BILIRUBIN TOTAL TRANCUTANEOUS	2.60	N	04
3	89050	BODY FLUID CELL COUNT	3.50	N	04
3	89051	BODY FLUID CELL COUNT	6.20	N	04
3	89055	LEUKOCYTE COUNT, FECAL	2.98	N	04
3	89060	SYNOVIAL FLUID IDENTIFICATION	9.35	N	04
3	89100	SAMPLE INTESTINAL CONTENTS	6.20	N	04
3	89105	SAMPLE INTESTINAL CONTENTS	59.50	N	04
3	89125	SPECIMEN FAT STAIN	3.35	N	04

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3	89130	SAMPLE STOMACH CONTENTS	29.20	N	04
3	89132	SAMPLE STOMACH CONTENTS	0.00	Y	04
3	89135	SAMPLE STOMACH CONTENTS	29.20	N	04
3	89136	SAMPLE STOMACH CONTENTS	0.00	Y	04
3	89140	SAMPLE STOMACH CONTENTS	47.20	N	04
3	89141	SAMPLE STOMACH CONTENTS	28.00	N	04
3	89160	EXAM FECES FOR MEAT FIBERS	1.35	N	04
3	89190	NASAL SMEAR FOR EOSINOPHILS	3.35	N	04
3	89225	STARCH GRANULES, FECES	2.80	N	04
3	89235	WATER LOAD TEST	4.61	N	04
3	89240	MISCELLANEOUS PATHOLOGY TEST	0.00	Y	04
3	89250	CULTURE AND FERTILIZATION OF O OCYTE(S)	0.00	Y	09
3	89300	SEMEN ANALYSIS	6.20	N	04
3	89310	SEMEN ANALYSIS	6.70	N	04
3	89320	SEMEN ANALYSIS	3.90	N	04
3	89321	SEMEN ANALYSIS PRESENCE AND/OR MOTILITY	10.50	N	09
3	89325	SPERM AGGLUTINATION	8.00	N	04
3	89329	SPERM EVALUATION TEST	27.37	N	04
3	89330	CERVICAL MUCUS PENETRATION TST	11.25	N	04
3	90375	RABIES IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR &/OR SUBCUT	0.00	Y	04
3	90376	RABIES IMMUNE GLOBULIN,HEAT TREAT,HUMAN INTRAMUSCULAR/SUBCUT	0.00	Y	04
3	90378	RESP SYNCTYTIAL VIRUS IMMUNEGLOB/RSU-IGIM IM	0.00	Y	04
3	90379	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, HUMAN INTRAVENO	0.00	Y	04
3	90384	RHO IMMUNE GLOBULIN, HUMAN, FULL DOSE, FOR INTRAMUSCULAR USE	107.70	N	04
3	90385	RHO IMMUNE GLOBULIN, HUMAN, MINI-DOSE FOR INTRAMUSCULAR USE	37.70	N	04
3	90386	RHO IMMUNE GLOBULIN, HUMAN, FOR INTRAVENOUS USE	0.00	Y	04
3	90393	VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	0.00	Y	04
3	90399	UNLISTED IMMUNE GLOBULIN	0.00	Y	04
3	90471	IMMUN ADMIN ALL FORMS 1 OR COMBO VACCINE/TOXOID	0.00	Y	09
3	90472	IMMUN ADMIN ALL FORMS 2 OR MORE OR COMBO VACCINES/TOXOIDS	0.00	Y	09
3	90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL/ORAL;1 VACCINE	0.00	Y	09
3	90474	IMMUNIZATION INTRANASAL OR ORAL EACH ADDITIONAL VACCINE	0.00	Y	09
3	90476	ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE	0.00	Y	04
3	90477	ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE	0.00	Y	04
3	90581	ANTHRAX VACCINE, FOR LSUBCUTANEOUS USE	0.00	Y	04
3	90585	BACILLUS CALMETTE-GUERIN VACCINE(BCG)TUBERCULOSIS,LIVE,PERCU	0.00	Y	04
3	90586	BACILLUS CALMETTE-GUERIN VACCINE(BCG)BLADDER CA,LIVE,INTRAVE	0.00	Y	04
3	90632	HEPATITUS A VACCINE, ADULT DOSAGE, INTRAMUSCULAR USE	56.15	N	04
3	90633	HEPATITUS A VACCINE, PEDS/ADOLESCENT DOSAGE-2 DOSE SCHED IM	28.05	N	04
3	90634	HEPATITIS A VACCINE PED/ADOL DOSAGE 3 DOSE SCHEDULE IM USE	28.05	N	04
3	90636	HEPATITIS A&B VACCINE ADULT DOSAGE INTRAMUSCULAR	111.18	N	04

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3	90645	HEMOPHILUS FLU B VACCINE, HBOC CONJUGATE (4 DOSE),INTRAMUSCU	6.40	N	04
3	90646	HEMOPHILUS FLU B VACCINE, PRP-D CONJUGATE BOOSTER ONLY IM	6.40	N	04
3	90647	HEMOPHILUS FLU B VACCINE, PRP-D CONJUGATE (3 DOSE SCH) IM	6.40	N	04
3	90648	HEMOPHILUS FLU B VACCINE, PRP-D CONJUGATE (4 DOSE SCH) IM	6.40	N	04
3	90655	PEDIATRIC, PRESERVATIVE FREE INFLUENZA SPLIT VIRUS VACCINE	6.40	N	04
3	90657	FLU VIRUS VACCINE, SPLIT VIRUS, 6-35 MOS DOSE IM/JET INJECT	5.65	N	04
3	90658	FLU VIRUS VACCINE, SPLIT VIRUS, 3 YRS+ DOSE IM/JET INJECT	5.65	N	04
3	90660	FLU VIRUS VACCINE, LIVE FOR INTRANASAL USE	0.00	Y	04
3	90665	LYME DISEASE VACCINE, ADULT DOSAGE, INTRAMUSCULAR	0.00	Y	09
3	90669	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, IM FOR UNDER 5	6.40	N	04
3	90675	RABIES VACCINE, INTRAMUSCULAR	0.00	Y	04
3	90676	RABIES VACCINE, INTRADERMAL	0.00	Y	04
3	90690	TYPHOID VACCINE, LIVE, ORAL	0.00	Y	09
3	90691	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE, INTRAMUSCULAR	0.00	Y	09
3	90692	TYPHOID VACCINE, HEAT&PHENOL -INACTIVE, SUBCUTAN/INTRADERMAL	0.00	Y	09
3	90693	TYPHOID VACCINE, ACETONE-KILLED, DRIED, SUBCUTAN/INTRADERMAL	0.00	Y	09
3	90700	IMMUNIZ ACTIVE DTAP	6.40	N	04
3	90701	IMMUNIZATION ACTIVE DTP	6.40	N	04
3	90702	IMMUNIZATION DT	2.70	N	04
3	90703	IMMUNIZATION TETANUS TOXOID	1.85	N	04
3	90704	IMMUNIZATION MUMPS VIR VAC LIV	22.30	N	04
3	90705	IMMUNIZATION MEASLES VIRUS VAC	20.10	N	04
3	90706	IMMUNIZATION RUBELLA VIRUS VAC	20.80	N	04
3	90707	IMMUNIZATION MEASLES-MUMPS-RUB	39.70	N	04
3	90708	IMMUNIZATION MEASLES-RUBELLA	28.50	N	04
3	90712	IMMUNIZATION POLIOVIRUS ORAL	14.00	N	04
3	90713	IMMUNIZATION POLIOMYELITIS VAC	6.40	N	04
3	90716	VARICELLA CHICKEN POX VACCINE	46.60	N	04
3	90717	IMMUNIZATION YELLOW FEVER VAC	0.00	Y	09
3	90718	IMMUNIZATION TETANUS-DIP ADULT	2.70	N	04
3	90719	IMMUNIZATION DIPHTHERIA TOXOID	3.40	N	04
3	90721	IMMUN ACTIVE-DIPHTH,TETANUS,TO X, PERTUSSIS & HEMOPHILUS FLU	35.25	N	04
3	90723	DTAP-HEP B-IPV IM	6.40	N	04
3	90725	IMMUNIZATION CHOLERA VACCINE	0.00	Y	09
3	90727	IMMUNIZATION PLAGUE VACCINE	0.00	Y	09
3	90732	IMMUNIZATION PNEUMOCOCCAL VAC	14.60	N	04
3	90733	IMMUNIZATION MENINGOCOCCAL POL YSACCHARIDE VACCINE	85.00	N	04
3	90735	IMMUN ENCEPHALITIS VIRUS VACCI	243.80	N	04
3	90737	HEMOPHILUS FLU B IMMUNIZATION	6.40	N	04
3	90740	HEP B DIALYSIS OR IMMUNOSUPP PAT 3 DOSE SCHEDULE IM	0.00	Y	04
3	90743	HEP B ADOLESCENT 2 DOSE SCHEDULE IM	0.00	Y	04

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3	90744	HEPATITIS B VACCINE VACCINE PEDIATRIC/ADOLESCENT DOSEAGE	6.40	N	04
3	90746	HEPATITIS B VACCINE ADULT DOSAGE, FOR IM USE	74.38	N	04
3	90747	IMMUN. ACTIVE HEP B VACCINE, DIALYSIS OR IMMUNO SUP PATIENT	0.00	Y	04
3	90748	IMMUNIZATION ACTIVE HEPATITIS B & HEMO FLU B VACCINE	6.40	N	04
3	90749	UNLISTED IMMUNIZATION PROCEDURE	0.00	Y	04
3	90780	IV INFUSION THERAPY ONE HOUR	0.00	Y	04
3	90781	IV INFUSION ADDITNL HOUR LMT 8	0.00	Y	09
3	90782	INJECTION OF MEDICATION	0.00	Y	04
3	90783	INTRA-ARTERIAL INJECT THERAPY	0.00	Y	04
3	90784	INJECTION OF MEDICATION (IV)	0.00	Y	04
3	90788	INJECTION OF ANTIBIOTIC	0.00	Y	04
3	90799	THERAPEUTIC INJECTION	0.00	Y	04
3	90801	PSYCHIATRIC DIAG INTERVIEW EXAM	67.50	N	02
3	90802	INTERACTIVE PSYCH DIAG INTERVIEW USING PHYSICAL DEVICES	27.55	N	02
3	90804	INDIV PSYCHOTHER, BEHAVIOR MOD AND/OR FACE TO FACE 20-30 MIN	27.55	N	02
3	90805	INDIV PSYCHO THER BEHAV MOD 20-30 MIN W/MED EVAL, MANAGEMENT	30.90	N	02
3	90806	INDIV PSYCHOTHER BEHAVIOR MOD OFFICE OUTPATIENT 50 MINUTES	47.50	N	02
3	90807	INDIV PSYCHO-THERAPY W/ BEHAVIOR MODIFICATION 45-50 MINUTES	47.50	N	02
3	90808	INDIV PSYCHOTHER BEHAVIOR MOD OFFICE/OUTPAT APPROX 75-80 MIN	64.80	N	02
3	90809	IND PSYCHOTHER BEHAVIOR MOD OFF/OUTPAT 75-80 MIN W/MED EVAL	67.50	N	02
3	90810	INTERACTIVE INDIVIDUAL PSYCHOTHERAPY	31.70	N	02
3	90811	INDIV PSYCHO THER INTERACTIVE 20-30 MIN W/ MED EVALUATION	34.85	N	02
3	90812	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, 45-50 MINUTES	47.50	N	02
3	90813	INDIVIDUAL PSYCHOTHERAPY INTERACTIVE 45-50 MIN W/MED EVAL	47.50	N	02
3	90814	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, 75-80 MINUTES	63.45	N	02
3	90815	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, 75-80 MINUTES	66.30	N	02
3	90816	IND PSYCHOTHER, BEHAVIOR MOD INPAT HOSP RESID CARE 20-30 MIN	31.65	N	02
3	90817	IND PSYCHOTHER BEHAV MOD INPAT/RES CARE 20-30 MIN W/MED EVAL	31.65	N	02
3	90818	IND PSYCHOTHER, BEHAVIOR MOD 45-50 MIN (INPAT - RESIDE CARE)	47.50	N	02
3	90819	INDIV PSYCHOTHER BEHAVIOR MOD 45-50 MIN (INPAT RESIDE CARE)	47.50	N	02
3	90821	IND PSYCHOTHER BEHAV MOD INPAT/RES CARE W/MED EVAL 75-80 MIN	65.90	N	02
3	90822	IND PSYCHOTHER BEHAV MOD 75-80 MIN INPAT/RES CARE W/MED EVAL	68.30	N	02
3	90823	IND PSYCHOTHERAPY 20-30 MIN (INPAT/RESIDE CARE) INTERACTIVE	33.30	N	02
3	90824	IND PSYCHOTHER INTERACT 20-30 MIN(INPAT/RES CARE)W/ MED EVAL	35.95	N	02
3	90826	IND PSYCHOTHERAPY 45-50 MIN (INPAT/RESIDE CARE) INTERACTIVE	47.50	N	02
3	90827	IND PSYCHOTHERAPY 45-50 MIN (INPAT) INTERACTIVE W/ MED EVAL	48.65	N	02
3	90828	IND PSYCHOTHERAPY INTERACTIVE (INPAT/RES CARE) 75-80 MINUTES	65.05	N	02
3	90829	IND PSYCHOTHER INTERACT (INPAT/RES CARE)75-80 MIN W/MED EVAL	66.90	N	02
3	90846	FAMILY PSYCHOTHERAPY W/O PATIENT	0.00	Y	09
3	90847	FAMILY PSYCHOTHERAPY W/ PATIENT	61.20	N	02
3	90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	61.20	N	02

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3	90853	GROUP PSYCHOTHERAPY (NOT MULTI FAMILY GROUP)	33.70	N	02
3	90857	INTERACTIVE GROUP PSYCHOTHERAPY	0.00	Y	09
3	90862	PHARMACOLOGIC MANAGEMENT WITH MINIMAL MED PSYCHOTHERAPY	22.45	N	04
3	90865	NARCOSYNTHESIS PSYCHIATRIC DIAGNOSIS AND THERAPY PURPOSES	63.40	N	02
3	90870	ELECTROCONVULSIVE THERAPY	44.40	N	04
3	90871	MULTIPLE ECT THERAPY	0.00	Y	04
3	90875	INDIV PSYCHOPHYSIOLOG. THERAPY BIOFEEDBACK APPROX 20-30 MIN.	28.70	N	02
3	90876	INDIV PSYCHOPHYSIOLOG. THERAPY BIOFEEDBACK APPROX 45-50 MIN.	47.50	N	02
3	90880	HYPNOTHERAPY	0.00	Y	09
3	90885	PSYCHIATRIC EVAL OF HOSP RECORDS FOR MED DIAGNOSTIC PURPOSES	0.00	Y	09
3	90887	CONSULTATION WITH FAMILY	0.00	Y	09
3	90889	PREPARATION OF REPORT	0.00	Y	09
3	90899	PSYCHIATRIC SERVICE/THERAPY	0.00	Y	02
3	90901	BIOFEEDBACK TRAINING BY ANY MODALITY	0.00	Y	09
3	90911	BIOFEEDBACK TRAINING W/ EMO AND/OR MANOMETRY	0.00	Y	09
3	90918	ESRD FULL MONTH UNDER 2 YRS	252.35	N	04
3	90919	ESRD FULL MONTH BETWEEN 2-11 Y RS	213.65	N	04
3	90920	ESRD FULL MONTH 12YRS THRU 19	213.65	N	04
3	90921	ESRD FULL MONTH 20YRS/OVER	213.65	N	04
3	90922	END STAGE RENAL RELATED SERVIC E PER DAY: AGE UNDER 2 YRS	8.30	N	04
3	90923	END STAGE RENAL RELATED SVC PE R DAY; AGE 2 - 11 YEARS	7.10	N	04
3	90924	END STAGE RENAL RELATED SVCS, PER DAY; AGE 12 - 19 YEARS	7.10	N	04
3	90925	END STAGE RENAL RELATED SVCS, PER DAY; AGE 20 YRS & OVER	7.10	N	04
3	90935	HEMODIALYSIS SINGLE PHYSICIAN	35.75	N	04
3	90937	HEMODIALYSIS REPEAT EVALUATION	61.70	N	04
3	90939	HEMODIALYSIS ACCESS-BLOOD FLOW IN GRAFTS & FISTULAE	0.00	Y	04
3	90940	HEMODIALYSIS FLOW STUDY GRAFTS & FISTULA	0.00	Y	04
3	90945	DIALYSIS PROC OTHER THAN HEMO	36.50	N	04
3	90947	DIALYSIS PROCED/NOT HEMODIAL	60.90	N	04
3	90989	DIALYSIS TRAINING	0.00	Y	09
3	90993	DIALYSIS TRAINING	0.00	Y	09
3	90997	HEMOPERFUSION	0.00	Y	04
3	90999	DIALYSIS PROCEDURE	0.00	Y	04
3	91000	ESOPHAGEAL INTUBATION	20.80	N	04
3	91010	ESOPHAGUS MOTILITY STUDY	52.70	N	04
3	91011	ESOPHAGUS MOTILITY STUDY	60.60	N	04
3	91012	ESOPHAGUS MOTILITY STUDY	74.90	N	04
3	91020	GASTRIC MOTILITY STUDIES	74.90	N	04
3	91030	ACID PERFUSION OF ESOPHAGUS	74.90	N	04
3	91032	ESOPHAGUS, ACID REFLUX TEST	74.90	N	04
3	91033	ESOPHAGUS REFLUX TEST PROLONG	74.90	N	04

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3	91052	GASTRIC ANALYSIS TEST	25.65	N	04
3	91055	GASTRIC INTUBATION FOR SMEAR	27.85	N	04
3	91060	GASTRIC SALINE LOAD TEST	52.70	N	04
3	91065	BREATH HYDROGEN TEST	29.65	N	04
3	91100	PASS INTESTINE BLEEDING TUBE	99.10	N	04
3	91105	GASTRIC INTUBATION OR LAVAGE	40.85	N	04
3	91110	GI TRACT IMAGING, CAPSULE ENDOSCOPY, W/PHYSICAN INTER & REP	704.90	N	04
3	91122	ANORECTAL MANOMETRY	57.20	N	04
3	91123	PULSED IRRIGATION OF FECAL IMPACTION	194.20	N	04
3	91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS	0.00	Y	04
3	91133	ELECTROGASTROGRAPHY DIAG TRANSCUT W/PROVO TESTING	0.00	Y	04
3	91299	GASTROENTEROLOGY PROCEDURE	0.00	Y	04
3	92002	NEW EYE EXAM-TREATMENT INTERM.	27.55	N	04
3	92004	NEW EYE EXAM-TREATMENT COMPREH	46.45	N	04
3	92012	EYE EXAM & TREATMENT	23.30	N	04
3	92014	EYE EXAM & TREATMENT	44.45	N	04
3	92015	DETERMINATION REFRACTIVE STATE	18.45	N	04
3	92018	EYE EXAM GENERAL ANESTHESIA	152.60	N	04
3	92019	EYE EXAM & TREATMENT	152.60	N	04
3	92020	SPECIAL EYE EVALUATION	19.50	N	04
3	92060	SPECIAL EYE EVALUATION	24.90	N	04
3	92065	ORTHOPTIC/PLEOPTIC TRAINING	22.15	N	04
3	92070	FITTING OF CONTACT LENS	0.00	Y	09
3	92081	VISUAL FIELD EXAMINATION(S)	20.45	N	04
3	92082	VISUAL FIELD EXAMINATION(S)	30.50	N	04
3	92083	VISUAL FIELD EXAMINATION(S)	37.40	N	04
3	92100	SERIAL TONOMETRY EXAM(S)	23.80	N	04
3	92120	TONOGRAPHY & EYE EVALUATION	22.30	N	04
3	92130	WATER PROVOCATION TONOGRAPHY	24.55	N	04
3	92135	SCAN COMP OPHTHALMIC DIAG IMAG W/INTERP & RPT - UNILATERAL	52.70	N	04
3	92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY	50.05	N	04
3	92140	GLAUCOMA PROVOCATIVE TESTS	22.15	N	04
3	92225	EXTENDED OPHTHALMOSCOPY, NEW	30.50	N	04
3	92226	EXTENDED OPHTHALMOSCOPY	30.50	N	04
3	92230	OPHTHALMOSCOPY/ANGIOSCOPY	44.40	N	04
3	92235	OPHTHALMOSCOPY/ANGIOGRAPHY	52.70	N	04
3	92240	INDOCYANINE-GREEN ANGIOGRAPHY W/INTERP & REPORT	56.50	N	04
3	92250	OPHTHALMOSCOPY; FUNDUS PHOTO	44.40	N	04
3	92260	OPHTHALMOSCOPY/DYNAMOMETRY	52.70	N	04
3	92265	EYE MUSCLE EVALUATION	74.90	N	04
3	92270	ELECTRO-OCULOGRAPHY	52.70	N	04

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3	92275	ELECTRORETINOGRAPHY	52.70	N	04
3	92283	COLOR VISION EXAMINATION	22.15	N	04
3	92284	DARK ADAPTATION EYE EXAM	15.20	N	04
3	92285	EYE PHOTOGRAPHY	30.50	N	04
3	92286	EYE PHOTOGRAPHY WITH REPORT	52.70	N	04
3	92287	EYE PHOTOGRAPHY W/FLOROSCEIN	69.30	N	04
3	92310	SPECIAL CONTACT LENS FITTING, BOTH EYES	0.00	Y	04
3	92311	SPECIAL CONTACT LENS FITTING	0.00	Y	09
3	92312	SPECIAL CONTACT LENS FITTING	0.00	Y	09
3	92313	SPECIAL CONTACT LENS FITTING	0.00	Y	09
3	92314	SPECIAL CONTACT LENS RX	0.00	Y	09
3	92315	SPECIAL CONTACT LENS RX	0.00	Y	09
3	92316	SPECIAL CONTACT LENS RX	0.00	Y	09
3	92317	SPECIAL CONTACT LENS RX	0.00	Y	09
3	92325	MODIFICATION OF CONTACT LENS	0.00	Y	09
3	92326	REPLACEMENT OF CONTACT LENS	0.00	Y	09
3	92330	FITTING OF ARTIFICIAL EYE	0.00	Y	09
3	92335	FITTING OF ARTIFICIAL EYE	0.00	Y	09
3	92340	FITTING OF SPECTACLES	8.30	N	04
3	92341	FITTING OF SPECTACLES	0.00	Y	09
3	92342	FITTING OF SPECTACLES	0.00	Y	09
3	92352	SPECIAL SPECTACLES FITTING	0.00	Y	09
3	92353	SPECIAL SPECTACLES FITTING	0.00	Y	09
3	92354	SPECIAL SPECTACLES FITTING	0.00	Y	09
3	92355	SPECIAL SPECTACLES FITTING	0.00	Y	09
3	92358	EYE PROSTHESIS SERVICE	0.00	Y	09
3	92370	REPAIR & ADJUST SPECTACLES	4.76	N	04
3	92371	REPAIR & ADJUST SPECTACLES	0.00	Y	09
3	92390	SUPPLY OF SPECTACLES	4.45	N	04
3	92391	SUPPLY OF CONTACT LENSES	0.00	Y	09
3	92392	SUPPLY OF LOW VISION AIDS	0.00	Y	09
3	92393	SUPPLY OF ARTIFICIAL EYE	0.00	Y	09
3	92395	SUPPLY OF SPECTACLES	0.00	Y	09
3	92396	SUPPLY OF CONTACT LENSES	0.00	Y	09
3	92499	EYE SERVICE OR PROCEDURE	0.00	Y	04
3	92502	EAR AND THROAT EXAMINATION	52.70	N	04
3	92504	EAR MICROSCOPY EXAMINATION	37.40	N	04
3	92506	SPEECH & HEARING EVALUATION	37.40	N	04
3	92507	SPEECH/HEARING THERAPY	19.85	N	04
3	92508	SPEECH HEARING GROUP THERAPY	0.00	Y	09
3	92510	AURAL REHAB AFTER COCHLEAR IMP LANT W/WO SPEECH PROCESSOR	49.30	N	04

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3	92511	NASOPHARYNGOSCOPY	112.40	N	04
3	92512	NASAL FUNCTION STUDIES	20.05	N	04
3	92516	FACIAL NERVE FUNCTION TEST	15.90	N	04
3	92520	LARYNGEAL FUNCTION STUDIES	30.50	N	04
3	92526	TREAT SWALLOWING DYSFUNCTION & /OR ORAL FUNCTION FOR FEEDING	0.00	Y	04
3	92531	SPONTANEOUS NYSTAGMUS STUDY	30.50	N	04
3	92532	POSITIONAL NYSTAGMUS STUDY	30.50	N	04
3	92533	CALORIC VESTIBULAR TEST	22.15	N	04
3	92534	OPTOKINETIC NYSTAGMUS	22.15	N	04
3	92541	SPONTANEOUS NYSTAGMUS TEST	22.15	N	04
3	92542	POSITIONAL NYSTAGMUS TEST	22.15	N	04
3	92543	CALORIC VESTIBULAR TEST	22.15	N	04
3	92544	OPTOKINETIC NYSTAGMUS TEST	22.15	N	04
3	92545	OSCILLATING TRACKING TEST	22.15	N	04
3	92546	TORSION SWING RECORDING	22.15	N	04
3	92547	SUPPLEMENTAL ELECTRICAL TEST	22.15	N	04
3	92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	39.35	N	04
3	92551	PURE TONE HEARING TEST, AIR	15.20	N	04
3	92552	PURE TONE AUDIOMETRY, AIR	15.20	N	04
3	92553	AUDIOMETRY, AIR & BONE	15.20	N	04
3	92555	SPEECH THRESHOLD AUDIOMETRY	15.20	N	04
3	92556	SPEECH AUDIOMETRY, COMPLETE	15.20	N	04
3	92557	COMPREHENSIVE AUDIOMETRY	37.40	N	04
3	92559	GROUP AUDIOMETRIC TESTING	0.00	Y	09
3	92560	BEKESY AUDIOMETRY, SCREEN	15.20	N	04
3	92561	BEKESY AUDIOMETRY, DIAGNOSIS	26.35	N	04
3	92562	LOUDNESS BALANCE TEST	7.60	N	04
3	92563	TONE DECAY HEARING TEST	15.20	N	04
3	92564	SISI HEARING TEST	15.20	N	04
3	92565	STENGER TEST, PURE TONE	15.20	N	04
3	92567	TYMPANOMETRY	15.20	N	04
3	92568	ACOUSTIC REFLEX TESTING	13.70	N	04
3	92569	ACOUSTIC REFLEX DECAY TEST	14.68	N	04
3	92571	FILTERED SPEECH HEARING TEST	15.20	N	04
3	92572	STAGGERED SPONDAIC WORD TEST	15.20	N	04
3	92573	LOMBARD TEST	7.60	N	04
3	92575	SENSORINEURAL ACUITY TEST	15.20	N	04
3	92576	SYNTHETIC SENTENCE TEST	15.20	N	04
3	92577	STENGER TEST, SPEECH	12.20	N	04
3	92579	VISUAL REINFORCEMENT AUDIOMETR Y (VRA)	22.15	N	04
3	92582	CONDITIONING PLAY AUDIOMETRY	22.15	N	04

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3	92583	SELECT PICTURE AUDIOMETRY	15.15	N	04
3	92584	ELECTROCOCHLEOGRAPHY	74.90	N	04
3	92585	BRAINSTEM EVOKED RESPONSE REC	53.75	N	04
3	92586	AUDITORY EVOKED POTENTIALS LIMITED	47.80	N	04
3	92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED	52.70	N	04
3	92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREH/DIAG EVALUATION	61.00	N	04
3	92589	CENTRAL AUDITORY FUNCTION TEST	26.40	N	04
3	92590	HEARING EXAM MONAURAL	37.40	N	04
3	92591	HEARING EXAM BINAURAL	37.40	N	04
3	92592	HEARING AID CHECK MONAURAL	15.20	N	04
3	92593	HEARING AID CHECK BINAURAL	15.20	N	04
3	92594	ELECTROACOUSTIC MONAURAL	15.20	N	04
3	92595	ELECTROACOUSTIC BINAURAL	15.20	N	04
3	92596	EAR PROTECTOR ATTENUATION	15.20	N	04
3	92597	EVAL FOR USE &/OR FITTING VOICE PROSTH TO SUPPLEMENT ORAL SP	43.18	N	04
3	92601	DIAG ANALYSIS COCHLEAR IMPLANT <7YRS W/REPROGRAMMING	55.01	N	04
3	92602	DIAG ANALYSIS CHOCHLEAR IMPLANT <7YRS. SUBSEQ REPROGRAM	38.72	N	04
3	92603	DIAG ANALYSIS CHOCHLEAR IMPLANT W/PROGRAMMING	37.18	N	04
3	92604	DIAG ANALYSIS CHOCHLEAR IMPLANT W/SUBSEQ REPROGRAM.	25.49	N	04
3	92605	EVAL,SCRIPT OF NON-SPEECH GENERATING AUGMENTATIVE/COMM DEVIC	24.90	N	04
3	92606	THERAPEUT.SERVICE/NON-SPEECH GENERATE DEVICE W/PROGRAM/MOD	24.90	N	04
3	92607	EVAL/SPEECH-GENERATING DEVICE 1ST HR./FACE TO FACE	45.85	N	04
3	92608	EVAL/SPEECH GENERATE AUG.COMM DEVICE,FACE TO FACE,EA ADD 30	9.25	N	04
3	92609	THERAPEUTIC SERVICE SPEECH-GENERATING DEVICE;PROG/MOD	24.90	N	04
3	92610	EVAL SWALLOWING,ORAL & PHARYRGEAL	18.00	N	04
3	92611	CINE/VIDEO MOTION FLUOROSCOPIC SWALLOWING EVAL	19.55	N	04
3	92612	CINE/VIDEO FLEX FIBEROPTIC ENDO EVAL OF SWALLOWING	30.25	N	04
3	92613	CINE/VIDEO EVAL,FLEX FIBEROPTIC ENDO EVAL/SWALLOW PHYS.INTER	30.25	N	04
3	92614	LARYNGEAL SENSORY TEST PER FLEX FIBER OPTIC ENDO EVAL CINE/V	30.25	N	04
3	92615	FLEX FIBEROP ENDO EVL LARYNGEAL SENS TST CINE/VIDEO PHYS INT	30.25	N	04
3	92616	FLEX FIBEROPTIC ENDO SWALLOW EVAL LARYNGEAL SENSE TEST CINE/	44.00	N	04
3	92617	FLEX FIBEROPTIC ENDO EVAL/SWALLOWING LARYNGEAL TEST CINE/VID	44.00	N	04
3	92700	OTORHINOLARYNGOLOGICAL PROCEDURE/SERVICE	0.00	Y	04
3	92950	HEART/LUNG RESUSCITATION	112.50	N	04
3	92953	TEMPORARY TRANSCUTANEOUS	0.00	Y	04
3	92960	HEART ELECTROCONVERSION	112.40	N	04
3	92961	CARDIOVERSION ELECTIVE/ELEC CONVERSION ARRHYTHMIA INTERNAL	112.40	N	04
3	92970	CARDIOASSIST, INTERNAL	0.00	Y	04
3	92971	CARDIOASSIST, EXTERNAL	0.00	Y	04
3	92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY	156.50	N	04
3	92974	TRANSCATHETER PLACEMT RADIATION DELIVERY DEVICE-BRACYTHERAPY	183.90	N	04

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3	92975	CORONARY THROMBOLYSIS	0.00	Y	04
3	92977	CORONARY THROMBOLYSIS	0.00	Y	04
3	92978	INTRASVASCULAR ULTRASOUND DURING THER INTER INCL IMAGING	120.70	N	04
3	92979	INTRAVASCULAR ULTRA INCLUD IMAGING EA ADD VESSEL	74.20	N	04
3	92980	TRANSCATHETER PLACEMENT INTRAC ORONARY STENT(S) SINGLE VESSE	910.70	N	04
3	92981	TRANSCATH PLACEMENT INTRACORON ARY STENT(S) EA ADD'L VESSEL	0.00	Y	04
3	92982	CORONARY PTA	718.70	N	04
3	92984	CORONARY PTA	0.00	Y	04
3	92986	PERCUT BALLOON VALVOPLAS AORTI	682.80	N	04
3	92987	PERCUTANEOUS BALLOON VALVULOPL ASTY ; MITRAL VALVE	682.80	N	04
3	92990	PERCUT BALLOON VALVOPLA PULMON	682.80	N	04
3	92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY	898.75	N	04
3	92993	ATRIAL SEPTEC/SEPTOS BLADE	958.60	N	04
3	92995	PERC TRANSLUM COR ATERECTOMY	898.75	N	04
3	92996	PERC TRANSLUM COR ATHER ADDTL	0.00	Y	04
3	92997	PERCUTAN TRANSLUMINAL PULM ARTERY BALLOON ANGIOPLAS SING VES	718.70	N	04
3	92998	PERCUTAN TRANSLUMINAL PULM ARTERY BALLOON ANGIOPLAS ADD. VES	0.00	Y	04
3	93000	ELECTROCARDIOGRAM, COMPLETE	22.15	N	04
3	93005	ELECTROCARDIOGRAM, TRACING	11.05	N	04
3	93010	ELECTROCARDIOGRAM REPORT	11.05	N	04
3	93012	TRANSMISSION OF ELECTROCARDIO	39.50	N	04
3	93014	TRANSMISSION OF ECG/PHY REVIEW	13.90	N	04
3	93015	CARDIOVASCULAR STRESS TEST	67.90	N	04
3	93016	CARDIO STRESS PHYS SUP ONLY	21.60	N	04
3	93017	CARDIOVA STRESS TST,TRACE ONLY	27.90	N	04
3	93018	CARDIOVASCULAR STRESS TEST	22.15	N	04
3	93024	ERGONOVINE PROVOCATION TEST	59.60	N	04
3	93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESMT.VENTRICULAR ARRHYTHMI	168.20	N	04
3	93040	RHYTHM ECG WITH REPORT	7.60	N	04
3	93041	RHYTHM ECG, TRACING	3.80	N	04
3	93042	RHYTHM ECG, REPORT	4.20	N	04
3	93224	ELECTROCARDIOGRAPHIC MONITOR	180.30	N	04
3	93225	CARDIOGRAPHY RECORDING	135.90	N	04
3	93226	SCANNING ANALYSIS W/REPORT	44.40	N	04
3	93227	CARDIOGRAPHY PHYSICIAN REVIEW	44.40	N	04
3	93230	CARDIOGRAPHY ELECTROCARDIO COMPLETE PROCEDURE	158.70	N	04
3	93231	CARDIOGRAPHY RECORDING	135.90	N	04
3	93232	CARDIOGRAPHY MICROPROCESSOR	44.40	N	04
3	93233	CARDIOGRAPHY PHYSICIAN REVIEW	44.40	N	04
3	93235	CARDIOGRAPHY MONITORING 24 HRS	180.30	N	04
3	93236	CARDIOGRAPHY DATA ANALYSIS RPT	44.40	N	04

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3	93237	CARDIOGRAPHY PHYSICIAN REVIEW	44.40	N	04
3	93268	ECG MONITOR RECORD	73.70	N	04
3	93270	PATIENT DEMAND SINGLE/MULT REC ORD W PRESYMPTOM MEMORY 30 DA	21.60	N	04
3	93271	PATIENT DEMAND SINGLE/MULT REC ORD 30 DAY MONITORING/ANALYSI	39.50	N	04
3	93272	PATIENT DEMAND SINGLE/MULT REC ORD 30 DAY PHYS REVIEW/INTERP	21.60	N	04
3	93278	SIGNAL ELECTROCARD W/WO ECG	27.00	N	04
3	93303	TRANSTHORACIC ECHOCARD CONGENITAL CARDIAC ANOMALIES; COMPLET	98.10	N	04
3	93304	TRANSTHORACIC ECHO CONGENITAL CARDIAC ANOMOLIES; FOLLOW-UP	53.00	N	04
3	93307	ECHOCARD REAL TIME SCAN COMP	91.00	N	04
3	93308	ECHOCARD REAL TIME SCAN LIMIT	52.70	N	04
3	93312	ECHOCARD W/W/O M-MODE,TRNSPHGL	163.70	N	04
3	93313	ECHO REAL W/WO M-MODE TRANSESO	111.00	N	04
3	93314	ECHO REAL TRANSESOPH INTERP	94.30	N	04
3	93315	TRANSESOPHAGEAL ECHOCARD CONGENITAL CARDIAC ANOMALIES	163.70	N	04
3	93316	TRANSESOPHAGEAL ECHOCARD CONGENITAL CARDIAC ANOMALIES; PROBE	111.00	N	04
3	93317	TRANSESOPHAGEAL ECHO CONGEN CARD ANOM, IMAGE INTERP/RPT	106.25	N	04
3	93318	ECHOCARDIOGRAPHY TRANSESOPHAGEAL SUPER & INTERPRET	163.70	N	04
3	93320	DOPPLER ECHOCARDIOGRAPHY	39.80	N	04
3	93321	ECHOCARDIOGRAPHY FOLLOW UP	25.90	N	04
3	93325	DOPPLER ECHO COLOR FLOW VELOCITY	50.35	N	04
3	93350	ECHOCARDIOGRAPHY REAL TIME	163.70	N	04
3	93501	RIGHT HEART CATHETERIZATION	371.00	N	04
3	93503	RIGHT HEART CATHETERIZATION	149.80	N	04
3	93505	BIOPSY OF HEART LINING	154.80	N	04
3	93508	CATH PLACE/CORONARY ART.-ARTERIAL COR CONDUIT/LFT HEART CATH	318.80	N	04
3	93510	LEFT HEART CATHETERIZATION	727.50	N	04
3	93511	LEFT HEART CATHETERIZATION	723.20	N	04
3	93514	LEFT HEART CATHETERIZATION	783.70	N	04
3	93524	LEFT HEART CATHETERIZATION	963.70	N	04
3	93526	RT & LT HEART CATHETERS	969.95	N	04
3	93527	RT & LT HEART CATHETERS	991.50	N	04
3	93528	RT & LT HEART CATHETERS	1,008.05	N	04
3	93529	RT/LT HEART CATH THRU SEPTAL	899.70	N	04
3	93530	RT HEART CATH./CONGENITAL CARDIAC ANOMALIES	399.90	N	04
3	93531	COMD RT HEART CATH & RETRO LFT HEART CATH.	1,021.95	N	04
3	93532	COMB RT HEART CATH & TRANSSEPTAL LFT HEART CATH-W/WO RETRO	1,050.75	N	04
3	93533	COMB. RT/LFT CATH. EXIST SEPTIL OPENING W/WO RETRO	940.30	N	04
3	93539	INJEC PROCED CARD CATH ARTER	74.90	N	04
3	93540	INJEC PROCED CARD CATH GRAFTS	74.90	N	04
3	93541	INJECTION FOR LUNG ANGIOGRAM	74.90	N	04
3	93542	INJECTION FOR HEART X-RAYS	74.90	N	04

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3	93543	INJECTION FOR HEART X-RAYS	74.90	N	04
3	93544	INJECTION FOR AORTOGRAPHY	74.90	N	04
3	93545	INJECTION FOR CORONARY XRAYS	299.70	N	04
3	93555	IMAG SUP/INTERP/REPORT CAR CAT	121.00	N	04
3	93556	IMAG SUP/INTERP/REP PULM ANG	181.35	N	04
3	93561	CARDIAC OUTPUT MEASUREMENT	109.20	N	04
3	93562	CARDIAC OUTPUT MEASUREMENT	149.80	N	04
3	93571	INTRAVAS DOPPLER VELOCITY/PRESSURE DERIVED CORONARY FLOW;INI	115.65	N	04
3	93572	INTRAVAS DOPPLER VELOCITY/PRESSURE DERIVED CORONARY FLOW;ADD	105.50	N	04
3	93580	PERC TRANSCATH CLOSURE CONGENITAL DEFECT W/IMPLANT	0.00	Y	04
3	93581	PERC TRANSCATH CLOSURE CONGENITAL VENT SEPTAL DEFECT W/IMPLA	0.00	Y	04
3	93600	BUNDLE OF HIS RECORDING	224.70	N	04
3	93602	INTRA-ATRIAL RECORDING	224.70	N	04
3	93603	RIGHT VENTRICULAR RECORDING	224.70	N	04
3	93609	INTRACARDIAC INTRAVENTRICULAR	282.40	N	04
3	93610	INTRA-ATRIAL PACING	224.70	N	04
3	93612	INTRAVENTRICULAR PACING	224.70	N	04
3	93613	INTRCARDIAC ELECTROPHYSIOLOGICAL 3-D MAPPING	252.15	N	04
3	93615	ESOPHAGEAL RECORDING OF ATRIAL	224.70	N	04
3	93616	ESOPHAGEAL RECORD/PACING ATRIA	374.60	N	04
3	93618	INDUCT ARRHYTHMIA-ELECT PACING	374.60	N	04
3	93619	ELECTROPHYS EVAL PACIOG/RECORD	343.70	N	04
3	93620	ELECTROPHYSIOLOGIC EVALUATION	489.60	N	04
3	93621	INTRACARDIAC W/LEFT ATRIAL	374.60	N	04
3	93622	INTRACARDIAC W/ LEFT VENTRICAL	374.60	N	04
3	93623	PROGRAMMED STIMULATION	374.60	N	04
3	93624	ELECTROPHYSIOLOGIC FOLLOW UP	224.70	N	04
3	93631	INTRA-OPERATIVE CARDIAC PACING	310.95	N	04
3	93640	ELECTROPHYSIOLOGIC EVALUATION	222.35	N	04
3	93641	ELECTROPHYS EVALW/TEST GENERAT	293.55	N	04
3	93642	ELECTROPHYS EVAL CARDIOVERTER	262.25	N	04
3	93650	INTRACARDIAC CATHERTER ABLAT	550.90	N	04
3	93651	INTRACARD CATH ABLATION	550.90	N	04
3	93652	INTRACARD CATH ABLAT/VENT TACH	550.90	N	04
3	93660	AUTO NERV SYST EVAL TILT TABLE	69.30	N	04
3	93662	INTRA CARDIAC ECHOCARDIOGRAPHY SUPER & INTREP	205.00	N	04
3	93668	PERIPHERAL ARTERY DISEASE REHAB PER SESSION	28.35	N	04
3	93701	BIOLMPEDANCE, THORACIC, ELECTRICAL	30.10	N	04
3	93720	TOTAL BODY PLETHYSMOGRAPHY	74.90	N	04
3	93721	TOT BODY PLETHYSMOGRAPH TRACIN	44.40	N	04
3	93722	TOT BODY PLETHYSMOGRAPH INTREP	22.15	N	04

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3	93724	ELEC ANALYSIS ANTITACH PACEMAK	224.70	N	04
3	93727	ELECTRONIC ANAYLSIS IMPLANT LOOP RECORD W/DATA W/ PHY REVIEW	31.35	N	04
3	93731	ANALYZE PACEMAKER SYSTEM	31.35	N	04
3	93732	ANALYZE PACEMAKER SYSTEM	31.35	N	04
3	93733	TELEPHONE ANALYSIS PACEMAKER	22.15	N	04
3	93734	ANALYZE PACEMAKER SYSTEM	31.35	N	04
3	93735	ANALYZE PACEMAKER SYSTEM	31.35	N	04
3	93736	TELEPHONE ANALYSIS PACEMAKER	22.15	N	04
3	93740	TEMPERATURE GRADIENT STUDIES	7.60	N	04
3	93741	ELEC ANAYLSIS PACING CARDIOVERT/DEFIB W/INTERROG/EVAL/INTERP	29.75	N	04
3	93742	ELEC ANALYSIS PACING CARDIOVERT/DEFIB W/INTERROG/EVAL/INTERP	36.90	N	04
3	93743	ELEC ANALYSIS PACING CARDIOVERT/DEFIB W/INTERROG/EVAL/INT RE	33.85	N	04
3	93744	ELEC ANALYSIS PACING CARDIOVERT/DEFIB W/INTERROG/EVAL/INT RE	42.00	N	04
3	93760	CEPHALIC THERMOGRAM	37.40	N	04
3	93762	PERIPHERAL THERMOGRAM	37.40	N	04
3	93770	MEASURE VENOUS PRESSURE	16.65	N	04
3	93784	AMB BLOOD PRESSURE MONITORING	180.30	N	04
3	93786	BLOOD PRESSURE MONITOR-RECORD	134.60	N	04
3	93788	AMB BP SCAN ANALYSIS & REPORT	44.40	N	04
3	93790	AMB BP MONIT PHY REV INTER-REP	44.40	N	04
3	93797	OUTPATIENT CARDIAC REHABILITAT	21.10	N	04
3	93798	CONTINUOUS ECG MONITORING	43.35	N	04
3	93799	CARDIOVASCULAR PROCEDURE	0.00	Y	04
3	93875	NON INVAS EXTRACRAN ART BILAT	50.05	N	04
3	93880	DUPLEX SCAN EXTRACRAN COMP BIL	78.80	N	04
3	93882	DUPLEX SCAN EXTRACRAN LIM FOLL	52.40	N	04
3	93886	TRANSCRAN DOPP INTRACRAN COMPL	94.30	N	04
3	93888	TRANS DOPPLER INTRA CRAN LIMIT	63.05	N	04
3	93922	NONINVAS PHYS/DOPPLER/PLETHYS	50.05	N	04
3	93923	NONINVAS PHYS UPPER/LOW ARTER	50.95	N	04
3	93924	NONINVAS PHYS LOW EXTREM ART	56.00	N	04
3	93925	DUPLEX LOWER EXTREM ART BILAT	78.80	N	04
3	93926	DUPLEX LOWER EXTREM ART FOLLUP	52.70	N	04
3	93930	DUP SCAN UP EXTREM ART COMPBIL	80.15	N	04
3	93931	DUP SCAN UPPER EXT ART LIMITED	53.20	N	04
3	93965	NON INV EXTREM VEIN BILATERAL	50.05	N	04
3	93970	DUPLEX SCAN EXT VEIN COM BILAT	87.55	N	04
3	93971	DUPLEX SCAN EXTREM FOLLOW UP L	58.25	N	04
3	93975	DUPLEX SCAN ART INFLO ABD PELV	119.20	N	04
3	93976	DUPLEX SCAN ART VEN ABD PEL TV	79.70	N	04
3	93978	DUPLEX SCAN AORTA VENA FL COMP	82.30	N	04

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3	93979	DUPLEX SCAN AORTA VENA FLLA FV	54.80	N	04
3	93980	DUPLEX ART IN/VEN OUTFLOW	91.65	N	04
3	93981	DUPLEX SCAN ART IN VEN OUTFLOW	67.30	N	04
3	93990	DUPLEX SCAN HEMODIALYSIS ACCES S (INCL ARTERIAL INFLOW)	81.85	N	04
3	94010	SPIROMETRY, VITAL CAP. EXP LOW RATE	37.40	N	04
3	94014	PATIENT INITIATED SPRIOMETER RECORD 30 DAY PHY REV & INTRP	52.90	N	04
3	94015	PATIENT INITIATED SPRIOMETER RECORD 30 DAY RECORDING	29.90	N	04
3	94016	PATIENT INITIATED SPRIOMETER RECORD 30 DAY PHY REV&INTR ONLY	23.00	N	04
3	94060	BRONCHOSPASM EVALUATION	52.70	N	04
3	94070	BRONCHOSPASM EVALUATION	52.70	N	04
3	94150	VITAL CAPACITY TEST	7.60	N	04
3	94200	LUNG FUNCTION TEST (MBC/MVV)	16.65	N	04
3	94240	RESIDUAL LUNG CAPACITY	30.50	N	04
3	94250	EXPIRED GAS COLLECTION	7.60	N	04
3	94260	THORACIC GAS VOLUME	15.20	N	04
3	94350	LUNG NITROGEN WASHOUT CURVE	52.70	N	04
3	94360	MEASURE AIRFLOW RESISTANCE	22.80	N	04
3	94370	BREATH AIRWAY CLOSING VOLUME	15.20	N	04
3	94375	RESPIRATORY FLOW VOLUME LOOP	44.40	N	04
3	94400	CO2 BREATHING RESPONSE CURVE	22.15	N	04
3	94450	HYPOXIA RESPONSE CURVE	22.15	N	04
3	94620	PULMONARY STRESS TESTING	42.10	N	04
3	94621	PULMONARY STRESS TEST; COMPLEX	59.00	N	04
3	94640	NONPRESSURIZED INHALATION TREA	14.50	N	04
3	94642	AEROSOLINHAL PENTAMIDINE	22.05	N	04
3	94656	INITIAL VENTILATION ASSIST	52.70	N	04
3	94657	CONTINUED VENTILATION ASSIST	22.15	N	04
3	94660	POS AIRWAY PRESSURE, CPAP	0.00	Y	09
3	94662	NEG PRESSURE VENTILATION,CNP	0.00	Y	04
3	94664	AEROSOL OR VAPOR INHALATIONS	15.20	N	04
3	94667	CHEST WALL MANIPULATION	15.20	N	04
3	94668	CHEST WALL MANIPULATION	8.20	N	04
3	94680	EXHALED AIR ANALYSIS: O2	37.40	N	04
3	94681	EXHALED AIR ANALYSIS: O2,CO2	44.40	N	04
3	94690	EXHALED AIR ANALYSIS	30.50	N	04
3	94720	MONOXIDE DIFFUSING CAPACITY	37.40	N	04
3	94725	MEMBRANE DIFFUSION CAPACITY	37.40	N	04
3	94750	PULMONARY COMPLIANCE STUDY	22.15	N	04
3	94760	NONINV EAR/PULSE OXIM SINGLE	4.40	N	04
3	94761	NONINV EAR/PULSE OXIM MULTIPLE	15.20	N	04
3	94762	NONINV EAR/PULSE OXIM CONTINUS	22.15	N	04

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3	94770	EXHALED CARBON DIOXIDE TEST	15.20	N	04
3	94772	CIRCADIAN RESP PNEU 12/24 HR	0.00	Y	04
3	94799	PULMONARY SERVICE/PROCEDURE	0.00	Y	04
3	95004	PERCUTANEOUS TESTS IMMED REACT	999.99	N	04
3	95010	PERCUTANEOUS TESTS W DRUGS ETC	1,320.00	N	04
3	95015	INTRADERMAL TESTS; SPECIFY #	1,390.00	N	04
3	95024	INTRADERMAL TESTS SPECIFY #	500.00	N	04
3	95027	SKIN END POINT TITRATION	41.80	N	04
3	95028	INTRADERMAL TESTS-SPECIFY #	770.00	N	04
3	95044	PATCH OR APPLICATION TEST(S)	680.00	N	04
3	95052	PHOTO PATCH TEST - SPECI TESTS	820.00	N	04
3	95056	PHOTOSENSITIVITY TESTS	580.00	N	04
3	95060	EYE ALLERGY TESTS	7.20	N	04
3	95065	NOSE ALLERGY TEST	7.20	N	04
3	95070	BRONCHIAL ALLERGY TESTS	105.40	N	04
3	95071	BRONCHIAL ALLERGY TESTS	0.00	Y	04
3	95075	INGESTION CHALLENGE TEST	0.00	Y	04
3	95078	PROVOCATIVE TESTING	75.30	N	04
3	95115	IMMUNOTHERAPY NO PROVISION	6.50	N	04
3	95117	IMMUNOTHERAPY ALLERG NOT MULTI	8.30	N	04
3	95120	IMMUNOTHERAPY, ONE ANTIGEN	6.50	N	04
3	95125	IMMUNOTHERAPY, MANY ANTIGENS	8.30	N	04
3	95130	IMMUNOTHERAPY,INSECT ANTIGEN	4.20	N	04
3	95131	IMMUNOTHERAPY 2 INSECT VENOMS	8.60	N	04
3	95132	IMMUNOTHERAPY 3 INSECT VENOMS	12.75	N	04
3	95133	IMMUNOTHERAPY 4 INSECT VENOMS	17.00	N	04
3	95134	IMMUNOTHERAPY 5 INSECT VENOMS	21.30	N	04
3	95144	SUP/PROV SINGLE DOSE VIALS	14.30	N	04
3	95145	ANTIGEN THERAPY SERVICES	21.60	N	04
3	95146	IMMUNOTHERAPY 2 STINGS 1 DOSE	32.40	N	04
3	95147	IMMUNOTHERAPY 3 STINGS 1 DOSE	37.80	N	04
3	95148	IMMUNOTHERAPY 4 STINGS 1 DOSE	43.25	N	04
3	95149	IMMUNOTHERAPY 5 STINGS 1 DOSE	48.60	N	04
3	95165	SUPERVISION/PROVISION ANTIGENS ; IMMUNOTHER. MULT DOSE VIALS	36.00	N	04
3	95170	IMMUNOTHERAPY EXT INSECT	12.30	N	04
3	95180	RAPID DESENSITIZATION	47.50	N	04
3	95199	ALLERGY IMMUNOLOGY SERVICES	0.00	Y	04
3	95250	CONTINUOUS GLUCOSE MONITORING FOR UP TO 72 HRS SUB Q SENSOR	0.00	Y	04
3	95805	MULTIPLE SLEEP LATENCY TESTING	152.10	N	04
3	95806	SLEEP STUDY SIMULTAN RECORD,VENT,RESP,EEG OR HEART RATE O2SA	110.55	N	04
3	95807	SLEEP STUDY W/ CARDIAC & RESP MONITORING	154.70	N	04

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3	95808	POLYSOMNOGRAPHY 1-3 ADD PARAME	193.30	N	04
3	95810	POLYSOMNOGRAPHY 4/MORE PARAMET	261.60	N	04
3	95811	POLYSOMNOGRAPHY/SLEEP ATT. 4AIRWAY, BILEV. VENT	272.30	N	04
3	95812	ELECTROENCEPHALOGRAM (EEG) EXT ENDED MONITORING; UP TO 1 HR.	58.80	N	04
3	95813	ELECTROENCEPHALOGRAM (EEG) EXT ENDED MONITOR MORE THAN 1 HR.	81.80	N	04
3	95816	EEG	57.10	N	04
3	95819	ELECTROENCEPHALOGRAM (EEG)	52.70	N	04
3	95822	SLEEP ELECTROENCEPHALOGRAM	55.30	N	04
3	95824	ELECTROENCEPHALOGRAPHY	52.70	N	04
3	95827	NIGHT ELECTROENCEPHALOGRAM	66.80	N	04
3	95829	SURGERY ELECTROCORTICOGRAM	163.50	N	04
3	95830	INSERTION OF ELECTRDES FOR EEG	79.10	N	04
3	95831	LIMB MUSCLE TESTING, MANUAL	25.60	N	04
3	95832	HAND MUSCLE TESTING, MANUAL	22.15	N	04
3	95833	BODY MUSCLE TESTING, MANUAL	52.70	N	04
3	95834	BODY MUSCLE TESTING, MANUAL	52.70	N	04
3	95851	RANGE OF MOTION MEASUREMENTS	30.50	N	04
3	95852	RANGE OF MOTION MEASUREMENTS	30.50	N	04
3	95857	TENSILON TEST	25.60	N	04
3	95858	TENSILON TEST & MYOGRAM	44.10	N	04
3	95860	ELECTROMYOGRAPHY, ONE LIMB	37.40	N	04
3	95861	ELECTROMYOGRAPHY, TWO LIMBS	56.80	N	04
3	95863	ELECTROMYOGRAPHY, 3 LIMBS	65.70	N	04
3	95864	ELECTROMYOGRAPHY, 4 LIMBS	85.30	N	04
3	95867	ELECTROMYOGRAPHY,HEAD NERVES	30.70	N	04
3	95868	ELECTROMYOGRAPHY,HEAD NERVES	46.30	N	04
3	95869	ELECTROMYOGRAPHY, THORACIC PARASPINAL MUSC	52.70	N	04
3	95870	NEEDLE ELECTROMYOGRAPH OTHER THAN PARASPINAL	52.70	N	04
3	95872	EMG SINGLE FIBER ANY TECHNIQ	56.80	N	04
3	95875	FOREARM EXERCISE TEST	36.60	N	04
3	95900	MOTOR NERVE CONDUCTION TEST	0.00	Y	04
3	95903	NERVE CONDUCTION VELOCITY STUD Y, EA NERVE W F-WAVE STUDY	0.00	Y	04
3	95904	SENSE NERVE CONDUCTION TEST	0.00	Y	04
3	95920	INTRAOP NEUROPHYSIOLOGY TEST	0.00	Y	04
3	95921	TEST AUTONOMIC NERVE SYST INCL. HEART RATE, R-R INTERVAL	44.50	N	04
3	95922	TEST AUTONOM NERVE SYST, VASOMOTOR BLD PRESSURE R-R INTERVAL	44.50	N	04
3	95923	TEST AUTO NERVE SYST, SUDOMOTOR QUAN(QSART) THERM SWEAT TEST	44.80	N	04
3	95925	SOMATOSENSORY TESTING	74.90	N	04
3	95926	SOMATOSENSORY STUDY; PERIPHERA L NERVES RECORDING LOWER LIMB	74.90	N	04
3	95927	SOMATOSENSORY STUDY PERIPHERAL NERVES, RECORDING TRUNK/HEAD	74.90	N	04
3	95930	VISUAL EVOKED POTENTIAL TEST (VEP); CENTRAL NERVOUS SYSTEM	52.70	N	04

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3	95933	BLINK REFLEX TEST	30.50	N	04
3	95934	H-REFLEX AMPLITUDE/LATENCY; RE CORD GASTROCNEM/SOLEUS MUSCLE	37.40	N	04
3	95936	H-REFLEX AMPLITUDE/LATENCY; RE CORD MUSCLE NOT GASTROC/SOLEU	37.40	N	04
3	95937	NEUROMUSCULAR JUNCTION TEST	37.40	N	04
3	95950	AMBULATORY 24HR EEG MONITORING	180.30	N	04
3	95951	MONITOR-EEG AND VIDEO 24 HRS	355.90	N	04
3	95953	MONITOR CEREBRAL SEIZURE EEG	180.30	N	04
3	95954	PHARM ACTIVATION-PROLONGED EEG	224.70	N	04
3	95955	EEG DURING SURGERY	62.05	N	04
3	95956	MONITOR CEREBRAL SEIZURE-EEG RECORD & INTERP.	308.35	N	04
3	95957	DIGITAL ANALYSIS OF ELECTROENC EPHALOGRAM (EEG)	74.20	N	04
3	95958	WADA TEST INCLUDING EEG	142.05	N	04
3	95961	CORTICAL MAPPING	180.30	N	04
3	95962	CORTICAL MAPPING	0.00	Y	04
3	95965	MAGNETOENCEPHALOGRAPHY(MEG)FOR BRAIN MAGNETIC ACTIVITY	276.50	N	04
3	95966	MAGNETOENCEPHALOGRAPHY(MEG)FOR EVOKED MAGNETIC FIELDS	187.65	N	04
3	95967	MAGNETOENCEPHALOGRAPHY(MEG)EA.ADDITIONAL	164.70	N	04
3	95970	ELEC ANAL IMPLANT NEUROSTIMULATOR PULSE;OP,CYCLING;SMP/COMPL	41.90	N	04
3	95971	ELEC ANALYSIS IMPLANT NEUROSTI PULSE;W/INTROPERATIVE/SUBS	41.90	N	04
3	95972	ELEC ANAL IMPLANT NEUROSTIMULATOR PULSE;BRAIN/SPINAL W/INT 1	41.90	N	04
3	95973	ELEC ANAL IMPLANT NEUROSTIMULATOR PULSE;EACH ADDL 30 MINUTES	41.90	N	04
3	95974	ELEC ANAL IMPLANT NEUROSTIMULATOR PULSE;W/O NERVE INTERFACE	68.50	N	04
3	95975	ELEC ANAL IMPLANT NEUROSTIMULATOR PULSE;ADDL 30 MIN AFT 1HR	41.90	N	04
3	95990	REFILL & MAINT IMPLANTABLE PUMP-SPINAL BRAIN DRUG DELIVERY	29.41	N	04
3	95991	REFILL AND MAINT OF IMPLANTABLE PUMP BY PHYSICAN	29.41	N	04
3	95999	NEUROLOGICAL PROCEDURE	0.00	Y	04
3	96000	COMPREHENSIVE COMPUTOR BASED MOTION ANALYSIS-VIDEO 3 D	82.00	N	04
3	96001	COMPREHANSIVE COMPUTOR BASED MOTION ANALYSIS VIDEO 3-D	97.80	N	04
3	96002	DYNAMIC SURFACE ELECTROMYOGRAPHY DURING ACTIVITY 1-12 MUSCLE	19.20	N	04
3	96003	DYNAMIC FINE WIRE ELECTROMYOGRAPHY 1 MUSCLE DURING ACTIVITY	17.90	N	04
3	96004	PHYSICIAN REVIEW & INTERP.OF COMPUTOR BASED MOTION ANALYSIS	67.50	N	04
3	96105	ASSESS APHASIA W/ INTERPRETATI ON AND REPORT, PER HOUR	52.70	N	04
3	96110	DEVELOP. TESTING; LIMITED W/ I NTERPRETATION AND REPORT	16.10	N	04
3	96111	DEVELOP. TESTING; EXTENDED W/ INTERP & REPORT, PER HOUR	16.10	N	04
3	96115	NEUROBEHAVORIAL STATUS EXAM W/ INTERP AND REPORT, PER HOUR	0.00	Y	09
3	96117	NEUROPSYCH TEST BATTERY W/ INT ERP AND REPORT, PER HOUR	0.00	Y	09
3	96150	HEALTH&BEHAVVIOR ASSESSMENT INITIAL ASSESSMENT EA.15 MIN.	0.00	Y	04
3	96151	HLTH & BEHAVIOR ASSESS/REASSESSMENT EA.15 MINUTES	0.00	Y	04
3	96152	HEALTH&BEHAVIOR INTERVENTION EA.15 MIN. INDIVIDUAL	0.00	Y	04
3	96153	HEALTH & BEHAVIOR INTERVENTION GROUP EA.15 MIN.	0.00	Y	04
3	96154	HEALTH & BEHAVIOR INTERVENTION FAMILY EACH 15 MINUTES	0.00	Y	04

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3	96155	HLTH.& BEHAVIOR INTERVENTION FAMILY WITHOUT PATIENT EA 15 MI	0.00	Y	04
3	96400	CHEMOTHERAPY ADMINISTRATION	22.15	N	04
3	96405	CHEMO INTRALES UP TO 7 LESIONS	0.00	Y	04
3	96406	CHEMO INTRALES MORE THAN 7	0.00	Y	04
3	96408	INTRAVENOUS PUSH TECHNIQUE	22.15	N	04
3	96410	INFUSION TECHNIQUE UPTO 1 HR	25.40	N	04
3	96412	IV INFUSION TECNIQUE 1 TO 8 HRS	152.90	N	04
3	96414	INITIATION OF PROLONGED INFUS	22.15	N	04
3	96420	CHEMOTHERAPY ADMINISTRATION	37.40	N	04
3	96422	INFUSION TECHNIQUE UPTO 1 HR	37.40	N	04
3	96423	INTRA - ARTERIAL INFUSION TECHNIQUE 1 TO 8 HRS	113.40	N	04
3	96425	CHEMOTHERAP INFUSION TECHNIQUE	33.80	N	04
3	96440	CHEMOTHERAPY INTO PLEURAL CAVT	102.00	N	04
3	96445	CHEMOTHERAPY INTO PERITONEAL	101.30	N	04
3	96450	CHEMOTHERAPY INTO CNS	83.20	N	04
3	96520	PORT PUMP REFILL&MAINTENANCE	32.90	N	04
3	96530	PUMP FILLING -MAINTENANCE ART	34.70	N	04
3	96542	CHEMO INJ SUBARACH/INTRAVENT	0.00	Y	04
3	96545	PROVISION-CHEMOTHERAPY AGENT	0.00	Y	04
3	96549	UNLISTED CHEMOTHERAPY PROCEDUR	0.00	Y	04
3	96567	PHOTODYNAMIC THERAPY-EXTERAL LIGHT SKIN&MUCOSA LESIONS	0.00	Y	04
3	96570	PHOTODYNAM RX BY ENDOSCOP APP LIGHT TO ABLATE ABN TISSUE 1ST	0.00	Y	04
3	96571	PHOTODYNAM RX BY ENDOS APPLIC LIGHT TO ABLATE ABN TISSUE EA	0.00	Y	04
3	96900	ULTRAVIOLET LIGHT THERAPY	6.60	N	04
3	96902	MICRO EXAM HAIRS PLUCK/CLIP DETERM. TELOGEN&ANAGEN COUNTS	10.50	N	04
3	96910	PHOTOCHEMOTHERAPY (GOECKERMAN)	9.55	N	04
3	96912	PHOTOCHEMOTHERAPY (PUVA)	10.95	N	04
3	96913	PHOTOCHEMOTHERAPY	30.05	N	04
3	96920	LASER TX FOR PSORIASIS TOTAL AREA < 250 SQ CM	0.00	Y	04
3	96921	LASER TX FOR PSORIASIS 250-500 SQ CM	0.00	Y	04
3	96922	LASER TX FOR PSORIASIS > 500 SQ CM	0.00	Y	04
3	96999	DERMATOLOGICAL PROCEDURE	0.00	Y	04
3	97001	PHYSICAL THERAPY EVALUATION	0.00	Y	04
3	97002	PHY. THERAPY RE-EVALUATION	0.00	Y	04
3	97003	OCCUP. THERAPY EVALUATION	0.00	Y	04
3	97004	OCC. THERAPY RE-EVALUATION	0.00	Y	04
3	97005	ATHLETIC TRAINING EVALUATION	0.00	Y	04
3	97006	ATHLETIC TRAINING RE-EVALUATION	0.00	Y	04
3	97010	P T HOT OR COLD PACKS	4.40	N	04
3	97012	P T TRACTION MECHANICAL	7.70	N	04
3	97014	P T ELECTRICAL STIMULATION MAC	6.50	N	04

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3	97016	P T VASOPNEUMATIC DEVICES	7.00	N	04
3	97018	P T PARAFFIN BATH	5.95	N	04
3	97020	P T MICROWAVE	4.50	N	04
3	97022	P T WHIRLPOOL	6.50	N	04
3	97024	P T DIATHERAMY TREATMENT	4.50	N	04
3	97026	P T INFRARED TREATMENT	4.40	N	04
3	97028	P T ULTRAVIOLET TREATMENT	4.70	N	04
3	97032	APPLICATION MODALITY ONE OR MO RE AREAS ELECT STIM EA 15 MIN	7.40	N	04
3	97033	APPLICATION MODALITY ONE/MORE AREAS IONTOPHORESIS EA 15 MIN.	7.70	N	04
3	97034	APPLICATION MODALITY ONE/MORE AREAS CONTRAST BATH EA 15 MIN.	6.40	N	04
3	97035	APPLICATION MODALITY ONE/MORE AREAS ULTRASOUND EA 15 MIN.	5.50	N	04
3	97036	APPLICATION MODALITY ONE/MORE AREAS HUBBARD TANK EA 15 MIN.	8.95	N	04
3	97039	PT UNLISTED MODALITY	0.00	Y	04
3	97110	P T THERAPEUTIC EXERCISES	10.40	N	04
3	97112	P T NEUROMUSCLAR REEDUCATION	10.90	N	04
3	97113	THERAPEUTIC PROC ONE/MORE AREA S AQUATIC THERAPY, EXERCISES	11.50	N	04
3	97116	P T GAIT TRAINING	9.75	N	04
3	97124	P T MASSAGE	8.90	N	04
3	97139	P T UNLISTED PROCEDURE	0.00	Y	04
3	97140	MANUAL THERAPY TECH, ONE OR MORE REGIONS, EACH 15 MIN	11.80	N	04
3	97150	THERAPEUTIC PROCEDURE(S), GROU P (2 OR MORE INDIVIDUALS)	8.40	N	04
3	97504	ORTHOTICS FIT & TRAIN UPPER/LOWER EXTREM; EA 15 MIN	11.05	N	04
3	97520	PROSTHETIC TRAINING	11.05	N	04
3	97530	THERAPUETIC/DYNAMIC ACTIVITIES	22.15	N	04
3	97532	DEVELOP COGNITIVE SKILLS EACH 15 MIN ONE ON ONE	0.00	Y	09
3	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MIN ONE ON ONE	18.75	N	04
3	97535	SELF CARE/HOME MANGMNT TRAININ G, ONE ON ONE, EACH 15 MIN.	11.20	N	04
3	97537	COMMUN./WORK REINTEGRATION TRA INING, ONE ON ONE, EA 15 MIN.	11.00	N	04
3	97542	WHEELCHAIR MANAGEMENT/PROPULSI ON TRAINING, EA. 15 MIN.	7.55	N	04
3	97545	WORK HARD/CONDITION 1ST 2 HRS	27.00	N	04
3	97546	WORK HARD/CONDITION ADDTL HR	0.00	Y	09
3	97601	SELECTIVE DEBRIDEMENT W/O ANES	0.00	Y	04
3	97602	NON-SELECTIVE DEBRIDEMENT W/O ANESTH	28.35	N	04
3	97703	CHECKOUT ORTHOTIC/PROSTHETIC U SE, ESTAB. PATIENT, EA. 15 MI	6.80	N	04
3	97750	PHYSICAL PERFORMANCE TEST W WR ITTEN REPORT EACH 15 MINUTES	22.15	N	04
3	97799	PHYSICAL MEDICINE PROCEDURE	0.00	Y	04
3	97802	MED NUTRITION THERAPY INITIAL ASSESS/INTERVENT INDIV EACH 15	0.00	Y	09
3	97803	MED NUTRITION THERAPY RE-ASSESS/INTERVENT INDIV EACH 15 MIN	0.00	Y	09
3	97804	MED NUTRITION THERAPY GROUP EACH 30 MIN	0.00	Y	09
3	98925	OMT - 1 TO 2 BODY REGIONS	12.55	N	04
3	98926	OMT 3 OR 4 BODY REGIONS	17.60	N	04

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3	98927	OMT 5 TO 6 BODY REGIONS	22.05	N	04
3	98928	OMT 7 TO 8 BODY REGIONS	25.50	N	04
3	98929	OMT 9 TO 10 BODY REGIONS	28.60	N	04
3	98940	CHIRO MANIPULATION TRTMENT;SPINAL, ONE TO TWO REGIONS	0.00	Y	09
3	98941	CHIRO MANIP TRTMENT, SPINAL THREE TO FOUR REGIONS	0.00	Y	09
3	98942	CHIRO MANIP TRTMENT SPINAL, FIVE REGIONS	0.00	Y	09
3	98943	CHIRO MANIP TRTMENT EXTRASPINAL, ONE OR MORE REGIONS	0.00	Y	09
3	99000	CONVEYANCE OF SPECIMEN TO LAB	0.00	Y	09
3	99001	SPECIMEN HANDLING	0.00	Y	09
3	99002	DEVICE HANDLING	0.00	Y	09
3	99054	MEDICAL SERVICES,UNUSUAL HRS	0.00	Y	09
3	99056	NON-OFFICE MEDICAL SERVICES	14.35	N	04
3	99058	EMERGENCY OFFICE SERVICES	14.35	N	04
3	99070	MEDICAL SUPPLIES	0.00	Y	04
3	99071	PATIENT EDUCATION MATERIALS	0.00	Y	09
3	99075	MEDICAL TESTIMONY	0.00	Y	09
3	99078	GROUP HEALTH EDUCATION	0.00	Y	09
3	99082	UNUSUAL PHYSICIAN TRAVEL	0.00	Y	04
3	99090	COMPUTER DATA ANALYSIS	0.00	Y	09
3	99091	COLLECTION & INTERPRETATION PHYSIOLOGIC DATA MINIMUM 30 MIN	0.00	Y	09
3	99100	SPECIAL ANESTHESIA SERVICE	0.00	Y	09
3	99116	ANESTHESIA,HYPOTHERMIA	0.00	Y	09
3	99135	SPECIAL ANESTHESIA PROCEDURE	0.00	Y	09
3	99140	ANESTHESIA,EMERGENCY CONDITION	0.00	Y	09
3	99141	SEDATION W/WO ANALGESIA INTRAVENOUS/INTRAMUSCULAR/INHALATION	76.70	N	04
3	99142	SEDATION W/WO ANALGESIA; ORAL, RECTAL AND/OR INTRANASAL	76.70	N	04
3	99170	ANOGENITAL EXAM W/COLPOS MAGNIF/CHILDHOOD FOR SUSPECT TRAUMA	58.90	N	04
3	99172	VISUAL FUNCT SCREEN, AUTOMATE OR SEMI, BILATERAL	0.00	Y	04
3	99173	SCREENING TEST VISUAL ACUITY BILAT QUANT W/ GRADUATED STIM	7.45	N	04
3	99175	INDUCTION OF VOMITING	0.00	Y	09
3	99183	PHY ATT&SUPER HYPERBARIC O2	60.50	N	04
3	99185	REGIONAL HYPOTHERMIA	0.00	Y	04
3	99186	TOTAL BODY HYPOTHERMIA	0.00	Y	04
3	99190	SPECIAL PUMP SERVICES	0.00	Y	04
3	99191	SPECIAL PUMP SERVICES	0.00	Y	04
3	99192	SPECIAL PUMP SERVICES	0.00	Y	04
3	99195	THERAPEUTIC PHLEBOTOMY	33.25	N	04
3	99199	SPECIAL SERVICE OR REPORT	0.00	Y	04
3	99201	E/M OFFICE/OH VISIT NEW PT	27.95	N	04
3	99202	E/M OFFICE/OH VISIT NEW PT	32.00	N	04
3	99203	E/M OFFICE/OH NEW PATIENT	41.60	N	04

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3	99204	E/M OFFICE NEW PATIENT OH	66.40	N	04
3	99205	E/M OFFICE/OH VISIT NEW PT	70.85	N	04
3	99211	E/M OFFICE/OH VISIT EST PT	12.30	N	04
3	99212	E/M OFFICE/OH VISIT EST PT	24.25	N	04
3	99213	E/M OFFICE/OH VISIT EST PT	28.35	N	04
3	99214	E/M OFFICE/OH VISIT EST PT	42.50	N	04
3	99215	E/M OFFICE/OH VISIT EST PT	48.00	N	04
3	99217	OBSER CARE DISCHG DAY MANAGE	0.00	Y	09
3	99218	INIT OBSERV PER DAY E/M	69.55	N	04
3	99219	INITIAL OBSERV PER DAY E/M	69.55	N	04
3	99220	INITIAL OBSERV PER DAY E/M	69.55	N	04
3	99221	E/M INT HOSP PER DAY	33.90	N	04
3	99222	E/M INT HOSP VISIT PER DAY	51.40	N	04
3	99223	E/M INT HOSP VISIT PER DAY	69.00	N	04
3	99231	E/M SUB HOSPITAL VISIT PER DAY	16.40	N	04
3	99232	E/M SUB HOSPITAL VISIT PER DAY	24.90	N	04
3	99233	E/M SUB HOSPITAL VISIT PER DAY	35.05	N	04
3	99234	OBSERVATION INPAT. HOSP CARE, EVAL/MANAGE COMP. EXAM	69.55	N	04
3	99235	OBSERVATION INPAT. HOSP. EVAL/MANAGE COMP. EVAL.	76.65	N	04
3	99236	OBSERVATION INPAT. HOSP. CARE-EVAL/MANAGE COMP. EVAL	94.20	N	04
3	99238	HOSPITAL DISCHARGE DAY	29.65	N	04
3	99239	HOSPITAL DISCHARGE DAY MANAGEM ENT, MORE THAN 30 MINUTES	39.05	N	04
3	99241	CONSULT NEW/EST PT OFFICE	32.15	N	04
3	99242	CONSULT NEW/EST PT OFFICE	40.20	N	04
3	99243	CONSULT NEW/EST PT OFFICE	51.30	N	04
3	99244	CONSULT NEW/EST PT OFFICE	71.40	N	04
3	99245	CONSULT NEW/EST PT OFFICE	92.80	N	04
3	99251	INITIAL INPATIENT CONSULT	32.15	N	04
3	99252	INITIAL INPATIENT CONSULT	33.95	N	04
3	99253	INITIAL INPATIENT CONSULT	46.45	N	04
3	99254	INITIAL INPATIENT CONSULT	66.40	N	04
3	99255	INITIAL INPATIENT CONSULT	87.10	N	04
3	99261	FOLLOW-UP INPATIENT CONSULT	18.90	N	04
3	99262	FOLLOW-UP INPATIENT CONSULT	33.05	N	04
3	99263	FOLLOW-UP INPATIENT CONSULT	47.20	N	04
3	99271	CONFIRM CONSULT NEW/EST PATIEN	24.05	N	04
3	99272	CONFIRM CONSULT NEW/EST PATIEN	26.80	N	04
3	99273	CONFIRM CONSULT NEW/EST PATIEN	37.40	N	04
3	99274	CONFIRM CONSULT	50.75	N	04
3	99275	CONFIRMATORY CONSULT	66.50	N	04
3	99281	ER VISIT FOR E/M OF PATIENT	14.35	N	04

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3	99282	ER VISIT FOR E/M OF PATIENT	24.20	N	04
3	99283	ER VISIT FOR E/M OF PATIENT	32.20	N	04
3	99284	ER VISIT FOR E/M OF PATIENT	44.00	N	04
3	99285	ER VISIT FOR E/M OF PATIENT	69.25	N	04
3	99288	PHYS DIRECT EMS/ALS	0.00	Y	09
3	99289	PHYSICIAN CONSTANT ATTN.OF CRITICAL ILL OR INJURED 30-74 MIN	0.00	Y	04
3	99290	PHYSICIAN CONSTANT ATTN:CRITICAL ILL OR INJURED EA.ADD 30MI.	0.00	Y	04
3	99291	CRITICAL CARE FIRST HOUR	84.90	N	04
3	99292	CRITICAL CARE ADDITIONAL 30MIN	42.35	N	04
3	99293	INITIAL PEDI CRITICL CARE I DAY AGE 31 DAYS THRU 24 MOS	497.21	N	04
3	99294	E/M LOW BIRTH WT INFANT SUBSEQ INTENSIVE CARE/DAY 1-24 MONTH	245.39	N	04
3	99295	INITIAL NICU CRITICAL NEONATE	416.90	N	04
3	99296	SUBSEQ NICU CARE	206.90	N	04
3	99298	SUB NEONATAL INT CARE, PER DAY, LOW BIRTH WT, INFANT <1500GM	86.56	N	04
3	99299	SUBSEQUENT INTENS CARE E/M FOR RECOV LOW BIRTH WT	81.22	N	04
3	99301	E/M NEW OR EST PATIENT NUR FAC	27.55	N	04
3	99302	E/M NEW OR EST PAT ENT NUR FAC	36.10	N	04
3	99303	E/M NEW OR EST PATIENT NUR FAC	47.70	N	04
3	99311	SUBSEQ NURS FACIL CARE NEW/EST	14.80	N	04
3	99312	SUBSEQ NURS FACIL CARE NEW/EST	23.10	N	04
3	99313	SUBSEQ NURS FACIL CARE NEW/EST	32.05	N	04
3	99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT - 30 MIN.	26.55	N	04
3	99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT 30 MIN. OR GREATER	34.00	N	04
3	99321	DOMICIL/REST HOME E/M NEW PT	18.60	N	04
3	99322	DOMICIL/REST HOME E/M NEW PT	26.70	N	04
3	99323	DOMICIL/REST HOME E/M NEW PT	34.85	N	04
3	99331	DOMICIL/REST HOME E/M ESTAB PT	16.00	N	04
3	99332	DOMICIL/REST HOME E/M ESTAB PT	21.00	N	04
3	99333	DOMICIL/REST HOME E/M ESTAB PT	26.05	N	04
3	99341	HOME VISIT E/M NEW PATIENT 20 MINUTES	27.95	N	04
3	99342	HOME VISIT E/M NEW PATIENT 30 MINUTES	37.40	N	04
3	99343	HOME VISIT E/M NEW PATIENT 45 MINUTES	54.90	N	04
3	99344	HOME VISIT - EVAL/MANAGE NEW PATIENT	70.55	N	04
3	99345	HOME VISIT - EVAL/MANAGE, NEW PATIENT	85.55	N	04
3	99347	HOME VISIT - EVAL/MANAGEMENT EST. PAT. 15 MIN.	24.25	N	04
3	99348	HOME VISIT - EVAL/MANAGEMENT EST. PAT. 25 MIN.	31.30	N	04
3	99349	HOME VISIT - EVAL/MANAGEMENT EST. PAT. 40 MIN.	47.50	N	04
3	99350	HOME VISIT - EVAL/MANAGEMENT EST. PAT. 60 MIN.	68.85	N	04
3	99354	PHY SERV/ASTH OUTPT, 1ST HOUR	0.00	Y	04
3	99355	PHY SERV/ASTH OUTPT ADD 30 MIN	0.00	Y	04
3	99356	PHY SERV/ASTH INPAT RISK DEL	0.00	Y	04

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3	99357	PHY SVC/ASTH INPAT RSKDEL30MIN	0.00	Y	04
3	99358	PHY PROLONG E&M 1ST HOUR	0.00	Y	09
3	99359	PHY PROLONG E&M ADD'L 30 MIN	0.00	Y	09
3	99360	PHY STNDBY PROLONG EACH 30 MIN	0.00	Y	09
3	99374	PHY. SUPERV. PAT. UNDER CARE OF H.H.A. REQ MODAL. 15-29 MIN.	0.00	Y	09
3	99377	PHY SUPERVISION OF HOSPICE PATIENT 15-29 MIN.	0.00	Y	09
3	99379	PHY SUPERVISION OF NURSING FACIL. PATIENT 15-29 MIN.	0.00	Y	09
3	99380	PHY SUPERVISION OF NURSING FACIL. PATIENT 15-29 MIN.	0.00	Y	09
3	99381	INITIAL EVAL HEALTHY INFANT	32.15	N	04
3	99382	INITIAL EVAL HEALTHY CHILD	32.15	N	04
3	99383	INITIAL EVAL HEALTHY CHILD	32.15	N	04
3	99384	INITIAL EVAL HEALTHY ADOLESC	32.15	N	04
3	99385	INITIAL EVAL HEALTHY /18-20 YR	32.15	N	04
3	99386	INITIAL EVAL HEALTHY/ 40-64 YR	41.05	N	09
3	99387	INITIAL EVAL HEALTHY 65 YR OLD	41.05	N	09
3	99391	PERIODIC REEVAL ESTAB INFANT	32.15	N	04
3	99392	PERIODIC REEVAL HEALTHY CHILD	32.15	N	04
3	99393	PERIODIC REEVAL HEALTHY CHILD	32.15	N	04
3	99394	PERIODIC REEVAL HEALTHY ADOLES	32.15	N	04
3	99395	PERIODIC REEVAL/MGMT. 18-20 YR	32.15	N	04
3	99396	PERIODIC REEVAL/MANAG HEALTHY	0.00	Y	09
3	99397	PERIOD REEVAL HEALTHY 65/OVER	0.00	Y	09
3	99420	ADM/INTERP HEALTH RISK ASSESS	14.60	N	04
3	99431	HT/EXAM HOSP CARE NORM NEWBORN	38.75	N	04
3	99432	NORMAL NEWBORN CARE NOT HOSP	0.00	Y	09
3	99435	HISTORY AND EXAM OF NORMAL NEW BORN INFANT W/ MED. RECORDS	42.55	N	04
3	99436	ATTENDANCE AT DELIVERY & INITIAL STABILIZATION OF NEWBORN	83.70	N	04
3	99440	NEWBORN RESUS/HI RISK DELIVERY	94.50	N	04
3	99450	DISABILITY EXAM/MEDICAL HISTOR Y PROTOCOLS	0.00	Y	09
3	99455	MEDICAL DISABILITY EXAM BY TRE ATING PHYSICIAN	0.00	Y	09
3	99456	MEDICAL DISABILITY EXAM BY OTH ER THAN TREATING PHYSICIAN	0.00	Y	09
3	99499	UNLISTED E/M OFFICE/OHVISIT NE	0.00	Y	04
3	99500	HOME VISIT PRENATAL MONITORING AND ASSESSMENT	0.00	Y	04
3	99501	HOME VISIT POSTNATAL ASSESSMENT & FOLLOW UP CARE	0.00	Y	04
3	99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	0.00	Y	04
3	99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	0.00	Y	04
3	99504	HOME VISIT FOR PATIENTS RECEIVING MECHANICAL VENTILATION	0.00	Y	04
3	99505	HOME VISIT FOR STOMA CARE&MAINTENANCE COLOSTOMY/CYSTOSTOMY	0.00	Y	04
3	99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	0.00	Y	04
3	99507	HOME VISIT FOR CARE & MAINTENANCE OF CATHETER(S)	0.00	Y	04
3	99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING	0.00	Y	04

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3	99510	HOME VISIT FOR INDIVIDUAL,FAMILY OR MARRIAGE COUNSELING	24.25	N	04
3	99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA	0.00	Y	04
3	99512	HOME VISIT FOR HEMODIALYSIS,PER DIEM	0.00	Y	04
3	99600	UNLISTED HOMEVISIT SERVICE/PROC	0.00	Y	04
3	0001F	BLOOD PRESSURE, MEASURED	12.30	N	04
3	0001T	ENDOVASCULAR REPAIR INFRARENAL ABD AORTIC ANEURYSM/DISSECT	1,148.60	N	04
3	0003T	CERVICOGRAPHY	0.00	Y	04
3	0005T	TRANSCATH PLACE EXTRACRANIAL CEREBOVASCULAR ART STENT PERC	306.30	N	04
3	0006T	TRANSCATH PLACEMENT EACH ADDITIONALO VESSEL PERC	0.00	Y	04
3	0007T	TRANSCATH PLACEMENT EXTRACRANIAL CEREBORUASCULAR STENT-SUP&I	83.00	N	04
3	0008T	UGI ENDOSCOPY W/ SUTURING OF ESOPHOGASTRIC JUNCTION	121.35	N	04
3	0009T	ENDOMETRIAL CRYABLATON W/ ULTRASONIC GUIDANCE	201.30	N	04
3	0010T	TB TEST CELL MEDIATED IMMUNITY MEAS. GAMMA INFERON ANTIGEN R	0.00	Y	04
3	0012T	ARTHROSCOPY KNEE SURGICAL IMPLANT OSTEOCHONDRAL AUTOGRAFTS	0.00	Y	04
3	0013T	ARTHROSCOPY KNEE SURGICAL IMPLANT OSTEOCHONDRAL ALLOGRAFTS	0.00	Y	04
3	0014M	ENISCHL TRANSPLANTATION MEDIAL OR LATERAL KNEE ANY METHOD	0.00	Y	04
3	0014T	ENISCHL TRANSPLANTATION MEDIAL OR LATERAL KNEE ANY METHOD	0.00	Y	04
3	0016T	DESTRUCTION OF LOC LESION OF CHOROID	0.00	Y	04
3	0017T	DESTRUCTION OF MACULAR DRUSEN PHOTOCOAGULATION	0.00	Y	04
3	0018T	DEL. HI POWER FOCAL MAGNETIC PULSES-STIMULATE CONT.NERVE	0.00	Y	04
3	0019T	EXTRACORPOREHL SHOCKL WAVE THERAPY; MUSCULOSKELETAL SYSTEM	0.00	Y	04
3	0020T	XTRACORPOREAL SHOCK WAVE THERAPY; PLANTAR FASCIA	0.00	Y	04
3	0021T	INSERT TRANSCERVICAL OR TRANSVAGINAL FETAL OXIMETRY SENSOR	25.40	N	04
3	0023T	INF. AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION HIVI	0.00	Y	04
3	0024N	ON-SURGICAL SEPTAC REDUCTION THERAPY; CARDIAC	0.00	Y	04
3	0024T	NON SURGICAL SEPTAL REDUCTION THERAPY; CARDIAC	0.00	Y	04
3	0025N	DETERMINATION OF CORNEAL THICKNESS	73.05	N	04
3	0026T	LIPOPROTEIN DIRECT MEASUREMENT IDL	0.00	Y	04
3	0027T	ENDOSCOPIC LYSIS OF EDIDURAL ADHESIONS MECH/RADIOLOGICAL LOC	444.30	N	04
3	0028T	DUAL ENERGY DEXA BODY COMPOSITION FOR MORE SITES XRAY	98.10	N	04
3	0029T	PULSED MAGNETIC NEVROMODULATOR/DAY UP TO 7 DAYS	0.00	Y	04
3	0030T	ANTIPROTHROMBIN,PHOSPHOLIPID ANTIBODY,EACH	0.00	Y	04
3	0031T	SPECULOSCOPY	37.40	N	04
3	0033T	ENDOVASCULAR REPAIR DESCEND THORACIC AORTIC ANEURYSM/LEFT S	0.00	Y	04
3	0034T	ENDOVASCULAR REPAIR DESCEND THORACIC AORTIC ANEURYSM DISSECT	0.00	Y	04
3	0035T	PLACE EXT PROSTH/INITIAL REPAIR DESC THORACIC AORTICANEURYSM	0.00	Y	04
3	0036T	PLACE EXTENSION PROSTH/ EACH ADDITIONAL	0.00	Y	04
3	0037T	OPENSUBCLAVIAN TO CAROTID ARTERY TRANSPOS W/ENDO THORAC ANEU	0.00	Y	04
3	0038T	ENDOVASCULAR REPAIR DESEND THORAC AORTIC ANEUR/LEFT SUBCLAN	0.00	Y	04
3	0039T	ENDOVASCULAR REPAIR DESCEND THORACIC AORTIC ANEURYSM/LEFT	0.00	Y	04
3	0040T	PLACE EXTENSION PROSTH FOR ENDOVASCULAR REPAIR DESEND THORAC	0.00	Y	04

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Illinois Department of Public Ai

Updated as of: 8/4/2004

Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	0041T	VA INFECTIOUS AGENT DETECTION/SEMI QUANT OF VOLATILE COMP	0.00	Y	04
3	0042T	CEREBRAL PERFUSION ANALYSIS USING CT W/ CONTRAST	282.45	N	04
3	0043T	CARBON MONOXIDE; EXPIRED GAS ANALYSIS	0.00	Y	04
3	0044T	WHOLE BODY INTEGUMENTARY PHOTOGRA OF HI-RISK DYSPLASTIC NEVU	0.00	Y	04
3	0045T	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY FOR PATIENT/HX OF DYSPL	0.00	Y	04
3	0048T	IMPLANTATION OF VENTRICULAR ASSIST DEVICE, PERC. EXTRACOR P	0.00	Y	04
3	0051T	IMPLANT ARTIFICIAL HEART	0.00	Y	04
3	0052T	REPLACEMENT OR REPAIR OF THORACIC UNIT OF ARTIFICIAL HEART	0.00	Y	04
3	0053T	REPLACE/REPAIR IMPLANTABLE COMPONENT OF ARTIFICAL HEART EXCL	0.00	Y	04
3	0054T	ORTHOPEDIC PROC W/FLUOROSCOPIC IMAGE GUIDANCE,COMPUTER ASST.	0.00	Y	04
3	0055T	ORTHOPEDIC PROC W/CT&MRI IMAGE GUIDANCE,COMPUTER ASSIST	0.00	Y	04
3	0056T	COMPUTER ASSISTED ORTHOPEDIC PROC IMAGE-LESS	0.00	Y	04
3	0057T	UPPER GI ENDOSCOPY W/DELIVERY OF THERMAL ENERGY/TREAT REFLUX	0.00	Y	04
3	0060T	ELECTRICAL IMPEDANCE SCAN OF BREAST, BILATERAL	0.00	Y	04
3	0061T	REDUCE/DESTRUCT MALIGNANT BREAST TUMOR,MICROWAVE PHASE THERM	0.00	Y	04
3	A0100	TAXICAB	54.00	N	04
3	A0120	MINI-BUS (SERVICE CAR)	24.00	N	04
3	A0130	WHEEL-CHAIR VAN (MEDICAR)	129.00	N	04
3	A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	61.17	N	04
3	A4267	CONTRACEPTIVE SUPPLY CONDOM, MALE EACH	0.00	Y	04
3	A4268	CONTRACEPTIVE SUPPLY CONDOM FEMALE EACH	0.00	Y	04
3	A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE EACH	0.00	Y	04
3	A4644	LOW OSMOLAR CONTRAST MATERIAL	0.00	Y	09
3	A4645	LOW OSMOLAR CONTRAST MATERIAL	0.00	Y	09
3	A4646	LOW OSMOLAR CONTRAST MATERIAL	0.00	Y	09
3	A9502	RADIO DIAG IMAGING AGENT TECNETIUM 99M PER UNIT DOSE	0.00	Y	09
3	A9503	RADIOPHARMACEUTICAL DIAG. IMAGING AGENT, TECHNETIUM TC 99M	0.00	Y	09
3	A9507	RADIOPHARM DIAGNOSTIC IMAGIN AGENT, INDIUM III CAPROMAB-DOSE	0.00	Y	09
3	A9525	SUPPLY OF LOW/ISO-OSMOLAR CONTRAST MATERIAL, 10 MG IODINE	0.00	Y	09
3	A9526	SUPPLY OF RADIOPHARMACEUTICAL DIAG IMAGING AGENT, AMMONIA	0.00	Y	09
3	A9528	SUPPLY OF RADIOPHARMACEUTICAL DIAG AGENT, I-131 NAIODIDE CAP	9,999.99	N	09
3	A9529	SUPPLY OF RADIOPHARMACEUTICAL DIAG AGENT, I-131 NAIODIDE SOL	999.99	N	09
3	A9530	SUPPLY OF RADIOPHARMACEUTICAL DIAG AGENT, I-131 NAIODIDE SOL	999.99	N	09
3	A9531	SUPPLY OF RADIOPHARMACEUTICAL DIAG AGENT, I-131 NAIODIDE/MIC	999.99	N	09
3	A9532	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, I-125 SERUM	999.99	N	09
3	A9533	SUPPLY OF RADIOPHARMACEUTICAL DIAG IMAGING AGENT, I-131 TOSI	999.99	N	09
3	A9534	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, I-131 TOSI	999.99	N	09
3	A9605	THERAPEUTIC RADIOPHARM, SAMARLUM SM 153 LEXIDRONAMM, 50 MCI	0.00	Y	09
3	A9900	NON-SPECIFIED MEDICAL EQUIPMENT	1,000.00	N	04
3	C0911	INJECTION CAFFEINE CITRATE PER 1ML	0.00	Y	09
3	C8890	PERFLUORON PER 2ML	0.00	Y	09

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
3	C8900	MAGNETIC RESONANCE ANGIOGRAPHY ABDOMEN; W/ CONTRAST	296.60	N	04
3	C8901	MAGNETIC RESONANCE ANGIOGRAPHY ABDOMEN; W/ CONTRAST	296.60	N	04
3	C8902	MAGNETIC RESONANCE ANGIOGRAPHY ABDOMEN; W/-W/O CONTRAST	296.60	N	04
3	C8903	RI W/ CONTRAST BREAST;UNILATERAL	296.60	N	04
3	C8904	MRI W/O CONTRAST,BREAT;UNILATERAL	296.60	N	04
3	C8905	MRI W/O CONTRAST,BREAT;UNILATERAL	296.60	N	04
3	C8906	MRI W/ CONTRAST,BREAST;BILATERAL	296.60	N	04
3	C8907	MRI W/O CONTRAST,BREAT;BILATERAL	296.60	N	04
3	C8908	MRI W/O CONTRAST,BREAST;BILATERAL	296.60	N	04
3	C8909	MRA W/O CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	296.60	N	04
3	C8910	MRA W/O CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	0.00	Y	04
3	C8911	MRA W/O AND CONTRAST, CHEST (EXCLUDING MYOCARDIUM	296.60	N	04
3	C8912	MRI W/ CONTRTAST,LOWER EXTREMITY	296.60	N	04
3	C8913	MRA W/O CONTRAST, LOWER EXTREMITY	296.60	N	04
3	C8914	MRA W/O & W/ CONTRAST, LOWER EXTREMITY	296.60	N	04
3	C8918	MAGNETIC RESONANCE ANGIO W CONTRAST PELVIS	296.60	N	04
3	C8919	MAGNETIC RESONANCE ANGIO W/O CONTRAST, PELVIS	296.60	N	04
3	C8920	MAGNETIC RESONANCE ANGIO W/O CONTRAST FOLLOWED W/ CONTRAST,	411.30	N	04
3	C9000	INJECTION, SODIUM CHROMATE CR 51, PER 0.25 MCI	0.00	Y	09
3	C9003	PALIVIZUMAB-RSV-IGM PER 50 MG	0.00	Y	04
3	C9007	BACLOFEN INTRATHECAL SCREENING KIT 1 AMP	0.00	Y	04
3	C9008	BACLOFEN INTRATHECAL REFILL KIT PER 500 MCG	0.00	Y	04
3	C9009	BACLOFEN REFILL KIT PER 2000 MCG	0.00	Y	04
3	C9013	CO 57 COBALTOUS CHORIDE, RADIO PAHRM DIAG IMAGING AGENT	99,999.99	N	09
3	C9102	SUPPLY OF 51 SODIM CHROMATE PER 50 MCI	0.00	Y	09
3	C9103	SUPPLY OF SODIUM IOTHALAMATE I-125 INJECTION PER 10 UCI	0.00	Y	09
3	C9105	INJECTION HEPATITIS B IMMUNE GLOBULIN PER 1ML	0.00	Y	09
3	C9109	TIROFIBAN HYDROCHLORIDE, 6.25 MG INJECTION	0.00	Y	04
3	C9112	PERFLUTREN LIPID MICROSPHERE, PER 2 ML VIAL, INJECTION	0.00	Y	04
3	C9113	PANTOPRAZOLF SODIUM, PER VIAL INJECTION	0.00	Y	04
3	C9208	INJECTION, AGALSIDASE BETA/1MG	0.00	Y	04
3	C9209	INJECTION, LARONIDASE, /2.9 MG	0.00	Y	04
3	D4342	PERIODONTAL SCALING AND ROOT PLANING-ONE TO THREE TEETH PER	160.00	N	04
3	G0001	VENIPUNCTURE COLLECT SPECIMEN	0.00	Y	09
3	G0008	ADMIN. OF INFLUENZA VIRUS VACC INE	3.70	N	04
3	G0009	ADMIN. OF PNEUMOCOCCAL VACCINE	3.70	N	04
3	G0010	ADMIN. OF HEPATITIS B VACCINE	3.70	N	04
3	G0030	PET MYOCARDIAL PERFUSION IMAGI NG, SINGLE STUDY	48.25	N	04
3	G0031	PET MYOCARDIAL PERFUSION IMAGI NG, MULTIPLE STUDY	63.50	N	04
3	G0032	PET MYOCARDIAL PERFUSION IMAGI NG, SINGLE STUDY	48.25	N	04
3	G0033	PET MYOCARDIAL PERFUSION IMAGI NG, MULTIPLE STUDY	63.50	N	04

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3	G0034	PET MYOCARDIAL PERFUSION IMAGI NG, SINGLE STUDY	48.25	N	04
3	G0035	PET MYOCARDIAL PERFUSION IMAGI NG, MULTIPLE STUDY	63.50	N	04
3	G0036	PET MYOCARDIAL PERFUSION IMAGI NG, SINGLE STUDY	48.25	N	04
3	G0037	PET MYOCARDIAL PERFUSION IMAGI NG, MULTIPLE STUDY	63.50	N	04
3	G0038	PET MYOCARDIAL PERFUSION IMAGI NG, SINGLE STUDY	48.25	N	04
3	G0039	PET MYOCARDIAL PERFUSION IMAGI NG, MULTIPLE STUDY	63.50	N	04
3	G0040	PET MYOCARDIAL PERFUSION IMAGI NG, SINGLE STUDY	48.25	N	04
3	G0041	PET MYOCARDIAL PERFUSION IMAGI NG, MULTIPLE STUDY	63.50	N	04
3	G0042	PET MYOCARDIAL PERFUSION IMAGI NG, SINGLE STUDY	48.25	N	04
3	G0043	PET MYOCARDIAL PERFUSION IMAGI NG, MULTIPLE STUDY	63.50	N	04
3	G0044	PET MYOCARDIAL PERFUSION IMAGI NG, SINGLE STUDY	48.25	N	04
3	G0045	PET MYOCARDIAL PERFUSION IMAGI NG, MULTIPLE STUDY	63.50	N	04
3	G0046	PET MYOCARDIAL PERFUSION IMAGI NG, SINGLE STUDY	48.25	N	04
3	G0047	PET MYOCARDIAL PERFUSION IMAGI NG, MULTIPLE STUDY	63.50	N	04
3	G0101	CERVICAL/VAG CANCER SCREENING: PELVIC/CLINICAL BREAST EXAM	32.86	N	04
3	G0102	PROSTATE CANCER SCREENING DIGITAL RECTAL EXAM	28.35	N	04
3	G0103	PROSTATE CANCER SCREENING PROSTATE SPEC ANTIGEN TEST PSA TOT	17.60	N	04
3	G0107	FECAL OCCULT BLOOD - CLIA WAIVER TEST	3.30	N	04
3	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING,IND PER SESSION	0.00	Y	09
3	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAIN,GROUP, PER SESSION	0.00	Y	09
3	G0111	NETT PULM-REHAB ED/SKILLS TRAINING GROUP	0.00	Y	09
3	G0117	GLOAUCOMA SCREEN, HI RISK PATS. OPTOMETRISTS/OPTHAMOLOGISTS	0.00	Y	04
3	G0118	GLOUCOMA SCREEN HI RISK PTS.DIRECT SUPERV OPTOM/OPTHAMOL	0.00	Y	04
3	G0123	SCREEN CYTOPATHOLOGY, CERVICAL/VAGINAL UNDER PHY SUPERVISION	3.50	N	04
3	G0124	SCREENING CYTOPATH,CERVICAL/VAGINAL REQ INTERPT BY PHYSICIAN	11.45	N	04
3	G0125	PET IMAGING REGIONAL OR WHOLEBODY;SINGLE PULMONARY NODULE	920.70	N	04
3	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	14.35	N	04
3	G0128	DIRECT SKILLED NURSING SERV(RN)EACH 10 MIN AFTER FIRST 5 MIN	0.00	Y	09
3	G0130	SINGLE ENTRY X-RAY ABSORPTIOMETRY BONE DENSITY STUDY	97.05	N	04
3	G0141	SCREENING CYTOPATH SMEAR CERVICAL/VAGINAL AUTO SYSTEM W/RESC	11.45	N	04
3	G0143	SCREEN CYTOPATH CERV/VAG W/MAN SCREEN&RESCREEN CYTOTECH/PHYS	3.45	N	04
3	G0144	SCREEN CYTOPATH CERV/VAG W/MAN SCREEN&COMPUTER ASSIST RESCRE	3.45	N	04
3	G0145	SCREEN CYTOPATH CERV/VAG W/MAN SCREEN&COMPUTER ASSIST RESCRE	3.45	N	04
3	G0147	SCREEN CYTOPATH SMEAR CERV/VAG AUTO SYSTEM -PHYS SUPERVISION	3.45	N	04
3	G0148	SCREEN CYTOPATH SMEAR CERV/VAG AUTO SYSTEM W/MANUAL RESCREEN	3.45	N	04
3	G0151	PHYSICAL THERAPIST SERVICES IN HOME OR HEALTH SETTING,EA 15	999.99	N	02
3	G0152	OCCUPATIONAL THERAPIST SERVICES IN HOME SETTING,EACH 15 MIN.	999.99	N	02
3	G0153	SPEECH PATHOLOGIST SERVICES IN HOME SETTING,EACH 15 MINUTES	999.99	N	02
3	G0154	SKILLED NURSING SERVICE IN HOME SETTING, EACH 15 MINUTES	999.99	N	02
3	G0156	HOME HEALTH AIDE SERVICES IN HOME SETTING, EACH 15 MINUTES	999.99	N	02
3	G0159	PERC THROMBECTOMY/REUIS AVFISTULA DIALYSIS GRAFT	449.50	N	04

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3	G0166	EXTERNAL COUNTERPULSATION PER TREATMENT SESSION	66.70	N	04
3	G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	0.00	Y	04
3	G0169	REMOVAL OF DEVITALIZED TISSUE W/O USE OF ANESTHESIA	0.00	Y	04
3	G0170	APPLIC TISSUE CULTURED SKIN GRAFTS/SITE PREP INITIAL 25 CM	0.00	Y	04
3	G0171	APPLIC TISSUE CULTURED SKIN GRAFT/SITE PREP EA ADDTL 25 SQ C	0.00	Y	04
3	G0172	TRAINING/EDUCATIONAL SERVICES PARTIAL HOSP RX PROGRAM PER DA	0.00	Y	09
3	G0173	INJECTION TINZAPARIN SODIUM PER 2ML VIAL	0.00	Y	04
3	G0175	INTERDISCIPLINARY TEAM CONFERENCE	0.00	Y	09
3	G0179	RADIATION THERAPY PLANNING	39.70	N	04
3	G0180	MD CERTIFICATION SERVICES HOME HEALTH PATIENT	0.00	Y	09
3	G0181	MD SUPERVISION HOME HEALTH PATIENT	0.00	Y	09
3	G0182	MD SUPERVISION HOSPICE PATIENT	0.00	Y	09
3	G0183	DESTRUCT CHOROID LESION PHOTODYNAMIC THERAPY	0.00	Y	04
3	G0186	DESTRUCT CHOROID LESION/PHOTOCOAG	0.00	Y	04
3	G0202	SCREEN MAMMORGRAPHY DIRECT DIGITAL IMAGE BILAT ALL VIEWS	71.90	N	04
3	G0204	DIAGNOSTIC MAMMOGRAPHY DIGITAL IMAGE BILAT ALL VIEWS	71.90	N	04
3	G0206	DIAG MAMMOGRAPHY DIGITAL IMAGE UNILATERAL VIEWS	39.20	N	04
3	G0210	PET IMAGING WHOLE BODY, DIAGNOSIS, LUNG CANCER	70.50	N	04
3	G0211	PET IMAGING WHOLE BODY, INITIAL STAGING, LUNG CANCER	70.50	N	04
3	G0212	PET IMAGING WHOLE BODY, RESTAGING, LUNG CANCER	70.50	N	04
3	G0213	PET IMAGING WHOLE BODY, DIAGNOSIS, COLORECTAL CANCER	70.50	N	04
3	G0214	PET IMAGING WHOLE BODY, INITIAL STAGING, COLORECTAL CANCER	70.50	N	04
3	G0215	PET IMAGING WHOLE BODY, RESTAGING, COLORECTAL CANCER	70.50	N	04
3	G0216	PET IMAGING WHOLE BODY DIAGNOSIS MELANOMA	70.50	N	04
3	G0217	PET IMAGING WHOLE BODY INITIAL STAGING MELANOMA	70.50	N	04
3	G0218	PET IMAGING WHOLE BODY RESTAGING MELANOMA	70.50	N	04
3	G0219	PET IMAGING WHOLE BODY MELANOMA NONCOVERED INDICATIONS	70.50	N	04
3	G0220	PET IMAGING WHOLE BODY DIAGNOSIS LYMPHOMA	70.50	N	04
3	G0221	PET WHOLE BODY INITIAL STAGING LYMPHOMA	70.50	N	04
3	G0222	PET WHOLE BODY RESTAGING LYMPHOMA	70.50	N	04
3	G0223	PET WHOLE BODY OR REGIONAL HEAD NECK CANCER	70.50	N	04
3	G0224	PET WHOLE BODY OR REGIONAL INITIAL STAGING HEAD NECK CANCER	70.50	N	04
3	G0225	PET WHOLE BODY OR REGIONAL RESTAGING HEAD NECK CANCER	70.50	N	04
3	G0226	PET IMAGING WHOLE BODY DIAGNOSIS ESOPHAGEAL CANCER	70.50	N	04
3	G0227	PET IMAGING WHOLE BODY INITIAL STAGING ESOPHAGEAL CANCER	70.50	N	04
3	G0228	PET IMAGING WHOLE BODY-RESTAGING ESOPHAGEAL CANCER	70.50	N	04
3	G0229	PET IMAGING METABOLIC BRAIN EVALUATION OF SEIZURES	70.50	N	04
3	G0230	PET IMAGING METABOLIC ASSESMENT MYOCARDIAL VIABILITY	70.50	N	04
3	G0231	PET WHOLE BODY COLORECTAL MET. CA GAMMA CAMERAS ONLY	0.00	Y	04
3	G0232	PET WHOLE BODY COLORECTAC MET CA GAMMA CAMERA ONLY	0.00	Y	04
3	G0233	PET WHOLE BODY COLORECTAC MET CA GAMMA CAMERA ONLY	0.00	Y	04

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3	G0234	PET KEGIOM/WHOLE BODY PUL NOD GAMMA CAMERA ONLY	0.00	Y	04
3	G0237	PROCED TO INCREASE STRENGTH/ENDURANCE, RESP MUSCLES	0.00	Y	04
3	G0238	THERAPUTIC PROC TO IMPROVE RESP FUNCTION	0.00	Y	04
3	G0239	THERAPUTIC PROC TO IMPROVE RESP FUNCTION	0.00	Y	04
3	G0242	MULTI SOURCE PHUTON STEROTACTIC RADIOSURGERY ALL LESIONS	0.00	Y	04
3	G0243	MULTI SOURCE PHOTO STEROTACTIC RADIOSURGERY COMPLETE COURSE	0.00	Y	04
3	G0244	OBS CARE BY FACILITY PT W/ CHK C.P. ASTHMA 8 TO 48*	0.00	Y	04
3	G0245	INITIAL E/M DIABETIC PT W/SENSORY NEUROPATHY)LOPS)	0.00	Y	09
3	G0246	FOLLOW UP EVAL DIABETIC PT W/SENSORY NEUROPATHY (LOPS)	0.00	Y	09
3	G0247	ROUTINE FOOT CARE DIABETIC PT W/SENSORY NEUROPATHY (LOPS)	0.00	Y	09
3	G0248	DEMONSTRATION INITIAL USE OF INR MONITOR PT W/MECH VALVE	0.00	Y	09
3	G0249	PROVISION TEST MATERIALS AND EQUIP FOR INR MONITOR	0.00	Y	09
3	G0250	PHYSICIAN REVIEW W/INTERP/MGMT INR HOME TEST W/O FACE TO FAC	0.00	Y	09
3	G0251	STEREOTACTIC RADIOSURGERY	0.00	Y	04
3	G0252	PET IMAGE FULL/PARTIAL RING DIAG/BREAST CANCER OR SURG PLAN	70.50	N	04
3	G0253	PET-IMAGING FULL/PARTIAL-RING BREAST CANCER STAGING RECURREN	70.50	N	04
3	G0254	PET IMAGING FULL/PARTIAL RING BREAST CANCER EVAL DURING TREA	70.50	N	04
3	G0255	CURRENT PERCEPTION THRESHOLD(SENSORY NERVE CONDUCT)PER LIMB	0.00	Y	04
3	G0256	PROSTATE BRACHYTHERAPY IMPLANT PALLADIAM SEEDS PERM INCLU CA	256.30	N	04
3	G0257	EMERG/UNSCHEDULE DIALYSIS TX IN OUT PT.NONCERT.ESRD FACILITY	35.75	N	04
3	G0258	IN INFUSION DURING SEPARATE OBSV STAY PER STAY(W/G0244)	0.00	Y	09
3	G0259	INJ SACROILIAC JOINT;ARTHROGRAPHY	172.50	N	04
3	G0260	INJ SACOILIAC JOINT/ANESTHETIC,STEROID&/OR OTHER THERAPEU AG	31.80	N	04
3	G0261	PROSTATE BRACHYTHERAPY IMPLANTED IODINE SEEDS PER W/CATH,CY	256.30	N	04
3	G0263	DIRECT ADMIT PATIENT DX CHF/CHEST PAIN/ASTHMA FOR OBS	69.55	N	04
3	G0264	INITIAL NRSG ASSESS OF OBSV PATIENT DX OTHER THAN CHF/CP/AST	0.00	Y	09
3	G0265	CRYOPRESERVATION/FREEZING/STORAGE OF CELLS, EACH CELL LINE	0.00	Y	09
3	G0266	THAWING & EXPANSION OF FROZEN CELLS EACH ALIQUOT	0.00	Y	09
3	G0267	BONE MARROW OR PERIPHERAL STEM CELL HARVESTING	0.00	Y	04
3	G0268	REMOVAL IMPACTED EAR WAX BY MD,SAME DAY AS AUDIOLOGIC TEST	21.40	N	04
3	G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO VEIN OR ARTERY,POST SURG,	0.00	Y	04
3	G0270	MED NUTRITION THERAPY REASSESS/NEW DX IND EACH 15 MIN	0.00	Y	09
3	G0271	MED NUTRITION THERAPY REASSESS/NEW DX IND EACH 30 MIN.	0.00	Y	09
3	G0275	RENAL ARTERY ANGIO PERFORMED W/CARDIAC CATH (LIST SEPARATELY	78.45	N	04
3	G0278	ILIAC ARTER ANGIO W/CARDIAC CATH SEPARATE PROC	78.45	N	04
3	G0279	EXTRA CORPOREAL SHOCK WAVE THERAPY INVOLVING ELBOW EPICANDYL	0.00	Y	04
3	G0280	EXTRA CORPOREAL SHOCK WAVE THERAPY;OTHER THAN ELBOW/PLANTAR	0.00	Y	04
3	G0281	ELECT STIM ONE/MORE AREAS,CHRONIC ULCERS,NON-HEAL AFT.30 DAY	0.00	Y	04
3	G0282	ELECT STIM ONE OR MORE AREAS,WOUND CARE OTHER THAN G0281	0.00	Y	04
3	G0283	ELECT STIM ONE OR MORE AREAS, OTHER THAN WOUND CARE	0.00	Y	04
3	G0288	CT ANGIO OF AORTA,RECONSTRUCTION SURG PLANS	0.00	Y	04

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3	G0289	KNEE ARTHROSCOPY,CHONDROPLASTY DIFFERENT COMPARTMENT	0.00	Y	04
3	G0290	TRANS CATH DRUG PLACEMENT ELUTING INTRACORONARY STENTS SINGL	0.00	Y	04
3	G0291	TRANS CATH DRUG PLACE ELUTING INTRACORONARY STENT EA ADD VES	0.00	Y	04
3	G0292	ADMIN EXPERIMENT DRUGS(MAY INCLUDE CHEMO)MEDICARE RECIP ONLY	0.00	Y	09
3	G0293	NON-COVERED SURG PROC USING ANESTH MEDICARE TRIAL PER DAY	0.00	Y	09
3	G0294	NONCOVERED PROC USING LOCAL OR NOT ANESTH IN MEDICARE TRIAL/	0.00	Y	09
3	G0295	ELECTROMAGNETIC STIM ONE OR MORE AREAS	0.00	Y	09
3	G0296	PET IMGIING, FULLY & PARTIAL RING SCANNER ONLY, I-131 W B S	130.80	N	04
3	G0297	INSERTION OF SINGLE CHAMBER, PACING CARDIOVERTER DEFIB PULSE	256.00	N	04
3	G0298	INSERT DUAL CHAMBER PACING CARDIOVERTER DEFIB PULSE GENERATO	256.00	N	04
3	G0299	INSERT/REPOSITION ELECTRODE FOR SINGLE CHAMDER PACING & INSE	470.00	N	04
3	G0300	INSERT/REPOSITION ELECTRODE LEAD FOR DUAL CHAMBER PACING	470.00	N	04
3	G0306	AUTOMATED HEMOGRAM W/0 PLATELET COUNT & WBC DIFFERENTIAL	5.39	N	04
3	G0307	AUTOMATED HEMOGRAM W/O PLATELET COUNT	6.42	N	04
3	G3001	ADMINISTRATION SUPPLY OF TOSITUMOMAB, 450 MG	0.00	Y	04
3	G9001	COORDINATED CARE FEE INITIAL RATE	0.00	Y	09
3	G9002	COORDINATED CARE FEE MAINTENANCE RATE	0.00	Y	09
3	G9003	COORDINATED CARE FEE RISK ADJUSTED HIGH INITIAL	0.00	Y	09
3	G9004	COORDINATED CARE FEE RISK ADJUSTED LOW INITIAL	0.00	Y	09
3	G9005	COORDINATED CARE FEE RISK ADJUSTED MAINT	0.00	Y	09
3	G9006	COORDINATED CARE FEE HOME MONITORING	0.00	Y	09
3	G9007	COORDINATED CARE FEE TEAM CONF	0.00	Y	09
3	G9008	COORDINATED CARE FEE MD COORDINATE CARE OVERSIGHT	0.00	Y	09
3	G9009	CCOORDINATED CARE FEE RISK ADJ. MAINTENANCE LEVEL 3	99,999.99	N	09
3	G9010	COORDINATED CARE FEE RISK ADJ. MAINTENANCE LEVEL 3	99,999.99	N	09
3	G9011	COORDINATED CARE FEE RISK ADJ. MAINTENANCE LEVEL 3	99,999.99	N	09
3	G9012	COORDINATED CARE FEE RISK ADJ. MAINTENANCE LEVEL 3	99,999.99	N	09
3	G9016	SMOKING CESSATION COUNSELING INDIVIDUAL PER SESSION	0.00	Y	09
3	H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	9,999.99	N	04
3	H0005	ALCOHOL &/OR DRUG SERVICE;GROUP COUNSELING BY CLINICIAN	9,999.99	N	04
3	H0010	ALCOHOL &/OR DRUG SERVICE,SUB-ACUTE DETOXIFICATION	9,999.99	N	04
3	H0017	ALCOHOL &/OR DRUG SERVICES, RESIDENTIAL	9,999.99	N	04
3	H0019	BEHAV HEALTH/LONG TERM/RESIDENT/ W/O ROOM OR BOARD/ PER DIEM	345.00	N	04
3	H0031	MENTAL HEALTH ASSESSMENT, BY NON PHYSICIAN	9,999.99	N	04
3	H0032	MENTAL HEALTH DEVELOPMENT BY NON-PHYSICIAN	9,999.99	N	04
3	H0033	ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION	9,999.99	N	04
3	H0034	MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	9,999.99	N	04
3	H0039	ASSERTIVE COMMUNITY TREATMENT, FACE-TO-FACE, PER 15 MINUTES	9,999.99	N	04
3	H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	9,999.99	N	04
3	H1000	PRENATAL CARE, AT RISK ASSESSMENT	14.60	N	04
3	H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	9,999.99	N	04

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3	H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	9,999.99	N	04
3	H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	9,999.99	N	04
3	H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	9,999.99	N	04
3	H2032	ACTIVITY THERAPY, PER 15 MINUTES	9,999.99	N	04
3	J0120	INJ ACHMY AND TETCY UP TO 250M	5.15	N	04
3	J0152	INJECTION, ADENOSINE, 30 MG	0.00	Y	04
3	J0170	INJ ADREN EPINEPHN UP TO IMLAM	1.10	N	04
3	J0200	INJECTION ALATROFLOXACIN MESYLATE 100 MG	0.00	Y	04
3	J0205	INJECTION ALGLUCERASE 10 UNITS	0.00	Y	04
3	J0207	INJ AMIFOSTINE 500 MG	274.60	N	04
3	J0215	INJECTION, ALEFACEPT, 0.5 MG/AMEVIVE	0.00	Y	04
3	J0256	INJ ALPHA 1 PROTEINASE INHIBIT	0.00	Y	04
3	J0270	INJECTION ALPPROSTADIL, PER 1.25 MCG	0.00	Y	04
3	J0275	ALPROSTADIL URETHAL SUP, ADMIN UNDER DIRECT PHY,EXC SELFADMI	0.00	Y	04
3	J0282	ADIODARONE HYDROCHLORIDE 30MG, INJ	0.00	Y	04
3	J0285	INJECTION, AMPHOTERICIN B, 50 MG	0.00	Y	04
3	J0287	INJ AMPHOTERICIN B LIPID COMPLEX 10 MG	22.92	N	04
3	J0288	INJ AMPHOTERICIN B CHOLES SULFATE COMPLEX, 10 MG	15.94	N	04
3	J0289	INJ AMPHOTERCIN B LIPOSOME, 10MG	39.12	N	04
3	J0290	INJ AMPCILIN UP TO 500MG	1.10	N	04
3	J0295	INJ AMPICILLIN PER 1.5 G	0.00	Y	04
3	J0360	INJ APSLE HCL UP TO 20MG	1.95	N	04
3	J0370	INJ AQEMEPHYTON VIT K UP TO 10	1.85	N	04
3	J0390	INJ ARALEN HCL UP TO 50MG	3.50	N	04
3	J0395	INJECTION, ARBUTAMINE HCL, 1 MG	0.00	Y	04
3	J0456	INJECTION AZITHROMYCIN 500 MG	0.00	Y	04
3	J0475	INJECTION BACLOFEN 10 MG	0.00	Y	04
3	J0476	INJECTION, BACLOFAN, SOMCG FOR INTRATHECAL TRIAL	88.70	N	04
3	J0515	INJ BEZTROPINE	2.60	N	04
3	J0520	INJ BETHANECHOL CHLOR	1.95	N	04
3	J0530	INJ BICILLIN CR UP TO 600000 U	1.85	N	04
3	J0540	INJ BICILLIN CR UPTO 1200000 U	3.60	N	04
3	J0550	INJ BICILLIN CR UPTO 2400000 U	7.80	N	04
3	J0560	INJ BICILLIN LONG A UP 600000	2.50	N	04
3	J0570	INJ BICILLIN LA UPTO 1200000 U	4.40	N	04
3	J0580	INJ BICILLIN LA UPTO 2400000 U	8.85	N	04
3	J0583	INJECTION,BIVALIRUDIN, 1 MG	0.00	Y	04
3	J0585	BOTULINUM TOXIN TYPEA PER UNIT	0.00	Y	04
3	J0587	BOTULINUM TOXIN TYPE B PER 100 UNITS	0.00	Y	09
3	J0592	INJ BUPRENORPHINE H, CL .1 MG	1.18	N	04
3	J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	0.00	Y	04

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3	J0600	INJ CAL DISO VERS UP TO 200MG	6.50	N	04
3	J0630	INJ CALIC CALCITON UP TO 400 U	17.70	N	04
3	J0636	INJECTION, CALCITRIOL, 0.1 MCG	1.35	N	04
3	J0637	INJECTION,CASPOFUNGIN ACETATE, 5 MG	37.56	N	04
3	J0640	INJ CALCIUM LEUCOV UP TO 3MG	4.05	N	04
3	J0690	INJECTION, CEFAZOLIN SODIUM-500 MG	1.85	N	04
3	J0692	INJECTION CEREPIME HYDROCHLORIDE, 500 MG	0.00	Y	04
3	J0694	INJ CEFOXITIN SODIUM 1 GM	9.54	N	04
3	J0696	INJ CEFTRIAXONE SODIUM 250 MG	0.00	Y	04
3	J0697	INJ STE CEFUROXIME SOD 750 MG	0.00	Y	04
3	J0698	CEFOTAXIME SODIUM PER GM	0.00	Y	04
3	J0702	INJ BETAMETHASONE ACETATE & SODIUM PHOSPHATE, PER 3 MG	0.00	Y	04
3	J0704	INJ. BETAMETHASONE SODIUM PHOSPHATE PER 4 MG	0.00	Y	04
3	J0706	INJECTION CAFFINE CITRATE 5MG	0.00	Y	04
3	J0710	INJ CEPHAR SOD CEFADYL UP TO1G	2.50	N	04
3	J0713	INJECTION, CEFTAZIDIME, PER 50 0 MG	0.00	Y	04
3	J0715	INJ CEFTIZOXIME SODIUN PER 500 MG	0.00	Y	04
3	J0720	INJ CHLOR SOD SUCC UP TO 1GM	2.80	N	04
3	J0735	INJ CLONIDINE 500 MG	43.35	N	04
3	J0740	INJ CILOFOVIR 375 MG	618.25	N	04
3	J0743	INJECT CILASTATIN SODIUM 250MG	133.50	N	04
3	J0744	INJECTION CIPROFLOXACIN IV 200MG	0.00	Y	04
3	J0760	INJ COLCHICINE UP TO 2MG	2.80	N	04
3	J0770	INJ COLY-MYCIN M UP TO 150MG	9.75	N	04
3	J0785	INJ. IMIGLUCARASE PER UNIT	0.00	Y	04
3	J0835	INJ COSYNTROPIN PER 0.25 MG	0.00	Y	04
3	J0880	INJECTION, DARBEPOETIN ALFA, 5 MCG	24.85	N	04
3	J0895	INJECTION DEFEROXAMINE MESYLATE 500 MG	0.00	Y	04
3	J0950	INJE DELALUTIN TO 250MG	8.10	N	04
3	J0970	INJ DELESTROGEN TO 40MG	6.40	N	04
3	J1000	INJ DEPO-ESTRA CYPION TO 5MG	1.50	N	04
3	J1015	INJECTION, MEDROXY PROGESTERONE ACETATE, 50 MG	18.63	N	04
3	J1030	INJ METHYLPREDNISOLONE ACETATE, 40 MG	0.00	Y	04
3	J1040	INJ METHYLPREDNISOLONE ACETATE, 80 MG	0.00	Y	04
3	J1051	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG.	18.63	N	04
3	J1055	INJ MEDROXYPROGESTERONE ACETATE FOR CONTRAC USE, 150 MG	52.00	N	04
3	J1056	INJ MEDROCYPRUGESTERONE ACETATE ESTRADIL CYPLONATE 5 MG/25MG	26.05	N	04
3	J1094	INJECTION, DEXAMETHASON ACETATE, 1 MG	1.18	N	04
3	J1100	INJECTION DEXAMETHASONE SODIUM PHOSPHATE 1MG	0.00	Y	04
3	J1110	INJ D H E 45 UP TO 1MG	0.00	Y	04
3	J1160	INJECTION DIGOXIN UP TO 0.5MG	1.10	N	04

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3	J1165	INJ DILANTIN	1.50	N	04
3	J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	0.00	Y	04
3	J1245	INJECTION DIPYRIDAMOLE 10MG	28.05	N	04
3	J1250	INJECT., DOBUTAMINE HYDROCHLORIDE, PER 250 MG	0.00	Y	04
3	J1260	INJECTION, DOLASETRON MESYLATE, 1 MG	0.00	Y	04
3	J1270	INJECTION DOXERCALIFEROL, 1 MG.	6.01	N	04
3	J1325	INJ EPOPROSTENOL 0.5 MG	14.10	N	04
3	J1327	INJECTION EPTIFIBATIDE 5MG	0.00	Y	04
3	J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	0.00	Y	04
3	J1405	INJECTION ESTRADURIN	10.00	N	04
3	J1410	INJECTION ESTROGEN UP TO 2MG	1.10	N	04
3	J1436	INJ ETIDRONATE DISODIUM 300 MG	0.00	Y	04
3	J1438	INJECTION ETANERCEPT 25 MG	0.00	Y	04
3	J1440	INJECTION FILGRASTIM 300 MCG	0.00	Y	04
3	J1441	INJ FILGRASTIM (G-CSF) 480 MEG	0.00	Y	04
3	J1450	INJECTION FLUCONAZOLE 200 MG	0.00	Y	04
3	J1452	FOMIVIRSEN SODIUM, INTRAOCULAR 1.65 MG	0.00	Y	04
3	J1455	INJECT FOSCARNET SODIUM 1000MG	74.75	N	04
3	J1563	IMMUNE GLOBULIN, IV, 1G	0.00	Y	04
3	J1564	INJECTION, IMMUNE GLOBULIN, 10 MG	1.18	N	04
3	J1565	INJ RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN IV 50 MG	11.25	N	04
3	J1580	INJECTION, GENTAMICIN SULFATE - 80 MG	0.72	N	04
3	J1590	INJECTION GATIFLOXACIN, 10 MG.	0.00	Y	04
3	J1595	INJECTION, GLATIRAMER ACETATE, 20 MG	0.00	Y	04
3	J1626	INJ GRANISETRON HYDROCHLORIDE 100 MCG	15.10	N	04
3	J1631	INJ HALOPERIDOL PER 50 MG	0.00	Y	04
3	J1642	INJ HEPARIN SODIUM (HEPARIN LOCK FLUSH) PER 10 UNITS	0.00	Y	04
3	J1644	INJ. HEPARIN SODIUM PER 1000 UNITS	0.00	Y	04
3	J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	0.00	Y	04
3	J1650	INJECTION, ENOXAPARIN SODIUM, 30 MG	0.00	Y	04
3	J1652	INJECTION, FONDAPARINUX SODIUM, .5 MG	8.66	N	04
3	J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	0.00	Y	04
3	J1710	INJ HYDROC PHOSPHATE UPTO 50MG	2.00	N	04
3	J1720	INJ HYDROCORT SOD SUC TO 100MG	2.50	N	04
3	J1740	INJ HYDROXYPROG CAPRO TO 250MG	8.10	N	04
3	J1742	INJ IBUTILIDE FUMARATE 1 MG	153.70	N	04
3	J1745	INJECTION INFLIXIMAB 10 MG	0.00	Y	04
3	J1750	INJECTION IRON DEXTRAN 50 MG	16.02	N	04
3	J1756	INJECTION, IRON SUCROSE, 1 MG.	1.18	N	04
3	J1785	ING IMIGLUCARASE PER UNIT	0.00	Y	04
3	J1815	INJECTION, INSULIN, PER 5 UNITS	1.18	N	04

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3	J1817	INSULIN FOR ADMINISTRATION THRU DME(INSULIN PUMP)PR 50 UNITS	1.57	N	04
3	J1825	INJ INTERFERON BETA-1A 33 MG	181.10	N	04
3	J1835	INJECTION, ITRACONAZOLE, 50 MG.	0.00	Y	04
3	J1885	INJECT KETOROLAC TROMETH 15MG	7.20	N	04
3	J1940	INJECTION LASIX UP TO 20MG	1.10	N	04
3	J1950	INJ LEUPROLIDE ACETATE (DEPOT SUSPENSION) PER 3.75	0.00	Y	04
3	J1955	INJECTION, LEVOCARNITINE, PER 1 GM	0.00	Y	04
3	J1956	INJECTION, LEVOFLOXACIN, 250 MG	0.00	Y	04
3	J1960	INJE LEVO-DROMORAN UP TO 2MG	1.10	N	04
3	J1990	INJECT LIBRIUM UP TO 100MG	2.30	N	04
3	J2001	INJECTION, LIDOCAINE HCL FOR IV INFUSION, 10 MG	0.00	Y	04
3	J2010	INJ LINCOCIN LINCOMY TO 300MG	1.25	N	04
3	J2020	INJECTION, LINEZOLID, 200MG.	0.00	Y	04
3	J2060	INJ. LORAZEPAM 2 MG.	3.18	N	04
3	J2175	INJECTION MEPERDINE	1.10	N	04
3	J2185	INJECTION, MEROPENEM, 100 MG	0.00	Y	04
3	J2250	INJECTION, MIDAZOLAM HYDROCHLO RIDE, PER 1 MG	0.00	Y	04
3	J2260	INJECTION MILRINONE LACTATE 5MG	0.00	Y	04
3	J2270	INJECTION MORPHINE UP TO 10MG	1.10	N	04
3	J2271	INJECTION, MORPHINE SULFATE, 100 MG	0.00	Y	04
3	J2275	INJECT MORPHINE SULFATE 10MG	1.15	N	04
3	J2280	INJECTION, MOXIFLOXACIN, 100MG	0.00	Y	04
3	J2300	INJECTION, NALBUPHINE HYDROCHL ORIDE, PER 10 MG	0.00	Y	04
3	J2310	INJECTION, NALOXONE HYDROCHLOR IDE, PER 1 MG	0.00	Y	04
3	J2324	INJECTION, NESIRITIDE, .5 MG	151.51	N	04
3	J2353	INJECTION, OCTREOTIDE DEPOT FOR IM, 1 MG	0.00	Y	04
3	J2354	INJECTION, OCTREOTIDE,NON-DEPOT,SUBG OR IV, 25 MCG	0.00	Y	04
3	J2355	INJECTION, OPRELVEKIN, 5 MG	0.00	Y	04
3	J2405	ODANSETRON HYDROCHLORIDE 1MG	0.00	Y	04
3	J2460	INJ OXYTETRACYCLINE TO 50 MG	1.10	N	04
3	J2501	INJECTION, PARICALCITOL, 1 MCG	5.74	N	04
3	J2505	INJECTION, PEGFILGRASTIM, 6 MG	0.00	Y	04
3	J2510	INJ PEN PROCAINE TO 600000 UNI	1.10	N	04
3	J2540	INJ PFIZERPEN TO 600000 UNITS	1.10	N	04
3	J2543	INJECTION PIPERACILLIN SODIUM/TAZOBACTAM SODIUM 1 GRAM 0.125	0.00	Y	04
3	J2545	PENTAMIDE FOR PNEUMONIA TREAT	83.95	N	04
3	J2550	INJECTION PHENERGAN TO 50 MG	1.10	N	04
3	J2597	INJECTION, DESMOPRESSIN ACETAT E, PER 4 MCG	0.00	Y	04
3	J2690	INJ PRONESTYL TO 1 GM	10.10	N	04
3	J2700	INJ PROSTAPHLIN 250 MG	2.10	N	04
3	J2710	INJ PROSTIGMIN METHY TO 0.5 MG	1.10	N	04

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3	J2720	INJ PROTAMINE SULFATE TO 5 ML	2.50	N	04
3	J2725	ING. PROTIRELIN PER 250 MCG	0.00	Y	04
3	J2730	INJ PROTOPAM CHLORIDE TO 1 GM	18.70	N	04
3	J2770	QUINUPRISTIN/DALFOPRISTIN 500 MG INJ	0.00	Y	04
3	J2780	INJECTION RANITIDINE HYDROCHLORIDE 25 MG	0.00	Y	04
3	J2783	INJECTION, RASBURICASE, 0.5 MG	0.00	Y	04
3	J2788	INJECTION, RHOD IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	33.03	N	04
3	J2790	INJ RHOGAM RHO D IMM GLOBULIN	100.00	N	04
3	J2792	INJECT RHO D IMMUNE GLOBULIN,INTRAV,HUMAN,SOLVENT DETER100IU	0.00	Y	04
3	J2795	ROPIVACAINE HYDROCHLORIDE 1MG INJ	0.00	Y	04
3	J2910	INJECTION SOLGANAL TO 50 MG	3.70	N	04
3	J2912	INJ SODIUM CHLORIDE	1.10	N	04
3	J2916	INJECTION,SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE,12.5MG	8.56	N	04
3	J2940	INJECTION SOMATREM, 1MG.	0.00	Y	04
3	J2941	INJECTION SOMATROPIN, 1 MG.	0.00	Y	04
3	J2993	RETEPLASE 18.8 MG INJ	0.00	Y	04
3	J2994	INJECTION, RETEPLASE, 37.6 NG (TWO SINGLE USE VIALS)	0.00	Y	04
3	J2996	INJECT ALTEPLASE RECOMBIN 10MG	280.60	N	04
3	J2997	ALTEPLASE RECOMBINANT 1MG INJ	28.79	N	04
3	J3000	INJ STREPTOMYCIN TO 1 GM	1.10	N	04
3	J3010	INJECTION FENTANYL CITRATE 0.1MG	0.00	Y	04
3	J3030	INJ SUMATRIPTAN SUCCINATE 6MG	0.00	Y	04
3	J3100	INJECTION TENECTEPLASE, 50 MG.	0.00	Y	04
3	J3105	TERBUTALINE SULFATE UP TO 1 MG	1.10	N	04
3	J3110	INJ TESLAC UP TO 100 MG	1.10	N	04
3	J3140	INJ TESTOST AQUEOUS TO 50 MG	1.10	N	04
3	J3230	INJ THORAZIN CHLORPROM TO 50MG	2.40	N	04
3	J3245	INJECTION TIROFIBAN HYDROCHLORIDE 12.5 MG	0.00	Y	04
3	J3260	INJECTION, TOBRAMYCIN SULFATE - 80 MG	5.74	N	04
3	J3265	INJECTION, TORSEMIDE, 10 MG/ML	0.00	Y	04
3	J3301	INJ TRIAMCINOLONE PER 10MG	0.00	Y	04
3	J3302	INJ TRIAMCINOLONE DIAC PER 5MG	0.00	Y	04
3	J3305	INJECTION, TRIMETREXATE GLUCOR ONATE, PER 25 MG	0.00	Y	04
3	J3310	INJ TRILAFON UP TO 5 MG	1.75	N	04
3	J3315	INJECTION,TRIPTORELIN PAMOATE, 3.75 MG	435.70	N	04
3	J3320	INJ TROBICIN UP TO 2 GM	6.80	N	04
3	J3364	INJECT UROKINASE 5000 IU VIAL	43.35	N	04
3	J3365	INJ IV UROKINASE 250000 IU	0.00	Y	04
3	J3370	INJECTION, VANCOMYCIN - 500 MG	7.44	N	04
3	J3395	INJECTION VERTEPOREIM 15 MG.	0.00	Y	04
3	J3400	INJ VESPRIN UP TO 20 MG	3.80	N	04

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3	J3411	INJECTION, THIAMINE HCL, 100 MG	0.00	Y	04
3	J3415	INJECTION, PYRIDOXINE HCL, 100 MG	0.00	Y	04
3	J3420	INJ VITAMIN B12 UP TO 1000 MG	1.10	N	04
3	J3430	INJECTION, VITAMIN K/AQUAMEPHY TON - 10 MG	4.40	N	04
3	J3465	INJECTION, VORICONAZOLE, 10 MG	0.00	Y	04
3	J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	0.00	Y	04
3	J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	0.00	Y	04
3	J3485	ZIDOVUDINE 10MG INJ	0.00	Y	04
3	J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	0.00	Y	04
3	J3487	INJECTION, ZOLEDRONIC ACID, 1 MG	237.65	N	04
3	J3490	UNCLASSIFIED DRUGS	0.00	Y	04
3	J3590	UNCLASSIFIED BIOLOGICS	0.00	Y	04
3	J6000	TETANUS TOXOID	1.10	N	04
3	J6035	MUMPS	1.10	N	04
3	J6040	RUBELLA	1.10	N	04
3	J6065	PNEUMOCOCCAL VACCINE	5.50	N	04
3	J7030	NORMAL SALINE SOLUTION 1000 CC	0.00	Y	04
3	J7040	NORMAL SALINE SOLUTION 1500 ML	1.10	N	04
3	J7042	5% DEXTROSE NORMAL SAL 1500 ML	2.40	N	04
3	J7050	NORMAL SALINE SOLUTION 250 CC	1.10	N	04
3	J7051	STERILE SALINE OR WATER UP TO 5CC	0.00	Y	04
3	J7060	5% DEXTROSE WATER 1500 ML	2.20	N	04
3	J7070	D5W 1000 CC	2.70	N	04
3	J7120	RINGERS INJ UP TO 1000 CC	3.70	N	04
3	J7190	HEMOPHILIAC HEAT FACTOR VIII (HOSPITAL SERVICES ONLY)	0.68	N	04
3	J7191	FACTOR VIII (ANTIHEMOPHILIC FA CTOR (PORCINE)), PER I.U.	0.00	Y	04
3	J7192	FACTOR VIII PER I.B	0.00	Y	04
3	J7193	FACTOR IX ANTIHEMOLYTIC FACTOR (NON-RECOMBINANAT) PER I.U.	0.00	Y	04
3	J7194	HEMOPHILIAC HEAT FACTOR IX (HO SPITAL SERVICES ONLY)	0.29	N	04
3	J7195	FACTOR IX (ANTIHEMOLYTIC FACTOR RECOMBINANT PER I.V.	0.00	Y	04
3	J7198	ANTI-INHIBITOR PER I.U.	0.00	Y	04
3	J7199	HEROPHILIA CLOTTING FACTOR NOT OTHERWISE CLASSIFIED	0.00	Y	04
3	J7300	INTRAUTERINE COPPER CONTRACEPTIVE/PARAGARD T380A	344.00	N	04
3	J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE 52MG.	417.12	N	04
3	J7303	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	0.00	Y	04
3	J7308	AMINOLEVULINIC ACID HCL TOPICAL 20% SINGLE DOSE FROM 354 MG.	0.00	Y	04
3	J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	0.00	Y	04
3	J7317	SODIUM HYALURONATE, 20 TO 25 MG DOSE FORINTRA-ARTICULAR INJ	0.00	Y	04
3	J7320	HYLAN G-F20, 16MG, FOR INTRA ARTICULARE INJECT	0.00	Y	04
3	J7330	AUTOLOGOUS CULTURED CHONDROCYTES	0.00	Y	04
3	J7340	DREMAL & EPIDERMAL TISSUE, HUMAN ORIGIN PER SQUARE CENT.	0.00	Y	04

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3	J7342	DERMATTISSUE,HUMAN W/WO BIOENG/PROC ELEMENTS W/METABOLIC,10M	0.00	Y	04
3	J7350	DERMAL TISSUE,HUMAN W/WO BIOENG OR PROC ELEMTNS W/OUT METABO	0.00	Y	04
3	J7500	AZATHIOPRINE ORAL 50MG 100S EA	0.00	Y	09
3	J7501	AZATHIOPRINE PARENTERAL 100MG	0.00	Y	04
3	J7502	CYCLOSPORINE ORAL SOL 100MG	0.00	Y	04
3	J7504	LYMPHOCYTE IMMUNE GLOBULIN	0.00	Y	04
3	J7505	MUROCONAB-CD3 PARENTERAL 5MG	0.00	Y	04
3	J7506	PREDNISONE ANY DOSAGE 100 TABS	15.90	N	04
3	J7507	TACROLIMUS ORAL, PER 1 MG	0.00	Y	04
3	J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	0.00	Y	04
3	J7510	PREDNISOLONE ORAL, PER 5 MG	0.00	Y	04
3	J7511	LYMPHOCYTE IMMUNE,ANTITHYMOCYTE GLOBULIN RABBIT PARENT 25MG.	0.00	Y	04
3	J7513	DACLIZUMAB, PARENTERAL, 25 MG	0.00	Y	04
3	J7515	CYCLOSPORINE ORAL 25 MG	0.00	Y	04
3	J7516	CYCLOSPORIN PARENTERAL 250MG	0.00	Y	04
3	J7517	MYCOPHENOLATE MOFETIL ORAL 250MG	0.00	Y	04
3	J7520	SIROLIMUS ORAL 1MG	0.00	Y	04
3	J7525	TACROLIMUS, PARENTERAL 5MG	0.00	Y	04
3	J7599	IMMUNOSUPPRESSIVE DRUG, NOT OT HERWISE CLASSIFIED	0.00	Y	04
3	J7608	ACETYLCYSTEINE INHAL SOL ADMIN THRU DME PER GRAM	0.00	Y	04
3	J7610	ACETYLCYSTEINE 10% PER ML	1.85	N	04
3	J7615	ACETYLCYSTEINE 20% PER ML	2.25	N	04
3	J7618	ALBUTEROL INHAL SOL ADMIN THRU DME PER MG CONCENTR	0.00	Y	04
3	J7619	ALBUTEROL INHAL SOL ADMIN THRU DME PER MG UNIT DOSE FORM	0.00	Y	04
3	J7620	ALBUTEROL SULFATE 0.083% PERML	1.10	N	04
3	J7621	ALBUTEROL, ALL FORMULATIONS, UP TO 1 MG	0.00	Y	04
3	J7625	ALBUTEROL SULFATE 0.5% PER ML	1.10	N	04
3	J7626	BUDESONIDE INHALATION SOL,ADMIN THRU DME, UNIT-DOSE, 0.25MG	0.00	Y	04
3	J7628	BITOLTEROL MESYLATE INHAL SOL ADM THRU DME CONC PER MG	0.00	Y	04
3	J7629	BITOLTEROL MESYLATE INHAL SOL ADM THRU DME PER MG UNIT DOSE	0.00	Y	04
3	J7630	CROMOLYN SODIUM PER 20MG	1.10	N	04
3	J7631	CROMOLYN SOD INHAL SOL ADMIN THRU DME UNIT DOSE PER 10MG	0.00	Y	04
3	J7633	BUDESONIDE,INHALATION SOL.THRU DME,CONCENTRATED FOR PR.25MG	4.73	N	04
3	J7635	ATROPINE INHAL SOL ADM THRU DME CONCENTR FORM PER MG	0.00	Y	04
3	J7636	ATROPINE INHAL SOL ADM THRU DME UNIT DOSE FORM PER MG	0.00	Y	04
3	J7637	DEXAMETHASONE,INHALE SOLUTION ADMIN THRU DME,CONC FORM MG	0.00	Y	04
3	J7638	DEXAMETHASONE INHALATION SOLUT ADM THRU DME, UNIT DOSE FORM	0.00	Y	04
3	J7639	DORNASE ALPHA INHALATION SOLUT ADMIN THRU DME UNIT DOSE FORM	0.00	Y	04
3	J7640	EPINEPHRINE 2.25% PER ML	0.68	N	04
3	J7642	GLYCOPYRROLATE INHALATION SOLUT ADIM THRU DME CONE FORM PER	0.00	Y	04
3	J7643	GLYCOPYRROLATE INHALATION SOLUT ADMIN THRU DME UNIT DOSE FOR	0.00	Y	04

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3	J7644	IPRATROPIUM BROMIDE INHALATION SOLUTION ADMIN THRU DME UNIT	0.00	Y	04
3	J7648	ISOETHARINE HCL INHALATION SOLUTION ADMIN THRU DME CONC FORM	0.00	Y	04
3	J7649	ISOETHARINE HCL, INHALATION SOLUTION ADMIN THRU DME UNIT DOS	0.00	Y	04
3	J7650	ISOETHARINE HYDROCHLOR 0.1% ML	1.10	N	04
3	J7651	ISOETHARINE HYDROCHL 0.125% ML	1.10	N	04
3	J7652	ISOETHARINE HYDROCHL 0.167% ML	1.10	N	04
3	J7653	ISOETHARINE HYDROCHLOR 0.2% ML	1.10	N	04
3	J7654	ISOETHARINE HYDROCHL 0.25% ML	1.10	N	04
3	J7655	ISOETHARINE HYDROCHLOR 1.0% ML	1.10	N	04
3	J7658	ISOPROTERENOL HCL INHALATION SOLUTION ADMI THRU DME CONC FOR	0.00	Y	04
3	J7659	ISOPROTERENOL HCL INHALATION SOLUTION ADMIN THRU DME UNIT DO	0.00	Y	04
3	J7660	ISOPROTERENOL HYDROCHL 0.5% ML	2.05	N	04
3	J7665	ISOPROTERENOL HYDROCHL 1.0% ML	2.15	N	04
3	J7668	METAPROTERENOL SULFATE INHALATION SOLUTION ADMIN THRU DME CO	0.00	Y	04
3	J7669	METAPROTERENOL SULFATE INHALAT SOLUT ADMIN THRU DME UNIT 10M	0.00	Y	04
3	J7670	METAPROTERENOL SULFATE 0.4% ML	1.10	N	04
3	J7672	METAPROTERENOL SULFATE 0.6% ML INHALATION SOL ADMIN THRU DM	1.10	N	04
3	J7675	METAPROTERENOL SULFATE 5.0% ML	1.40	N	04
3	J7680	TERBUTALINE SULFATE INHALAT SOLUT ADMIN THRU DME CONC FORM	0.00	Y	04
3	J7681	TERBUTALINE SULFATE INHAL SOLUT ADMIN THRU DME UNIT DOSE PER	0.00	Y	04
3	J7682	TOBRAMYCIN UNT DOSE 300 MG INHALATION SOLUTION ADMIN THRU DM	0.00	Y	04
3	J7683	TRIAMCINOLONE INHAL SOLUT ADMIN THRU DME CONC FORM PER MG	0.00	Y	04
3	J7684	TRIAMCINOLONE INHAL SOLU ADMIN THRU DME UNIT DOSE PER MG	0.00	Y	04
3	J7699	NOC DRUGS INHALATION SOLUTION	0.00	Y	04
3	J7799	NOC DRUGS OTHER THAN INHAL DRG	0.00	Y	04
3	J8510	BUSULFAN ORAL 2 MG	0.00	Y	04
3	J8520	CAPECITABINE ORAL 150 MG	0.00	Y	04
3	J8521	CAPECITABINE ORAL 500 MG	0.00	Y	04
3	J8700	TEMOZOLMIDE, ORAL 5MG	0.00	Y	04
3	J9000	ADRIAMYCIN 10 MG VIAL	24.05	N	04
3	J9001	DOXORUBICIN HYDROCHLORIDE ALL LIPID FORMULATIONS 10 MG	0.00	Y	04
3	J9010	ALEMTUZUMAB 10 MG	0.00	Y	04
3	J9015	ALDESLEUKIN, PER SINGLE USE VI AL	0.00	Y	04
3	J9017	ARSENIC TRIOXIDE, 1 MG.	0.00	Y	04
3	J9031	BCG LIVE INTRAVESICLE PER VIAL	0.00	Y	04
3	J9040	BLEOMYCIN SULFATE 15 UNIT AMP	95.00	N	04
3	J9045	INJ CARBOPLATIN 50 MG	0.00	Y	04
3	J9060	CISPLATIN PLAT 10 MG VI	17.10	N	04
3	J9062	CISPLATIN PLAT 50 MG VI	79.85	N	04
3	J9070	CYCLOPHOSPHAM CYTO 100 MG	3.10	N	04
3	J9080	CYCLOPHOSPHAMIDE CYTOX 200 MG	5.95	N	04

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3	J9090	CYCLOPHOSPHAMIDE CYTOX 500 MG	12.30	N	04
3	J9091	CYCLOPHOSPHAMIDE 1 GRAM	0.00	Y	04
3	J9092	CYCLOPHOSPHAMIDE 2 GRAM	0.00	Y	04
3	J9093	CYCLOPHOSPHAMIDE LYOPHIL 100MG	0.00	Y	04
3	J9094	CYCLOPHOSPHAMIDE LYOPHIL 200MG	0.00	Y	04
3	J9095	CYCLOPHOSPHAMIDE LYOPHIL 500MG	0.00	Y	04
3	J9096	CYCLOPHOSPHAMIDE LYOPHIL 1 GM	0.00	Y	04
3	J9097	CYCLOPHOSPHAMIDE LYOPHIL 2 GM	0.00	Y	04
3	J9098	CYTARABINE LIPOSOME, 10 MG	0.00	Y	04
3	J9100	CYTAR HYDROCHL CYTOSAR 100 MG	4.60	N	04
3	J9110	CYTAR HYDROCHL CYTOSAR 500 MG	18.20	N	04
3	J9130	DACARBAZINE DTIC 100 MG	5.65	N	04
3	J9140	DACARBAZINE DTIC 200 MG	9.05	N	04
3	J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	0.00	Y	04
3	J9160	DENILEUKIN DIFTITOX 300 MCG	0.00	Y	04
3	J9170	DOCETAXEL 20 MG	230.25	N	04
3	J9178	INJECTION,EPIRUBICIN HCL, 2 MG	0.00	Y	04
3	J9181	EIOPOSIDE UP TO 50 MG	1.10	N	04
3	J9182	ETOPOSIDE UP TO 100 MG	1.10	N	04
3	J9190	FLUOROUACIL SFU 500 MG	1.10	N	04
3	J9200	FLOXURIDINE 500 MG	40.00	N	04
3	J9201	GEMCITABINE HCL 200 MG	67.25	N	04
3	J9202	GOSERELIN IMPLANT PER 2.6MG	0.00	Y	04
3	J9206	IRONOTECAN 20 MG	86.90	N	04
3	J9208	INJ IFOSFOMIDE PER GM	0.00	Y	04
3	J9209	INJ MESNA PER 200 MG	0.00	Y	04
3	J9211	IDARUBICIN HYDROCHLORIDE 5MG	209.50	N	04
3	J9212	INJECTION, INTERFERON ALFACON-1, RE COMBINANT, 1 MCG	0.00	Y	04
3	J9213	INTERFERON ALFA-2A 3 MILL UNIT	29.30	N	04
3	J9214	INTERFERON ALFA-2B 1 MILL UNIT	12.10	N	04
3	J9215	INTERFERON ALFA-N3 250,000 IU	128.60	N	04
3	J9216	INTERFERON GAMMA 1-B 3 MIL UNT	285.70	N	04
3	J9217	LEUPROLIDE - DEPOT SUSP 7.5MG	482.00	N	04
3	J9218	LEUPROLIDE ACETATE PER 1 MG	0.00	Y	04
3	J9219	LEUPROLIDE ACETATE IMPLANT 65MG	0.00	Y	04
3	J9230	NITRO MUSTARD MUSTRAGEN 10 MG	3.80	N	04
3	J9250	METHOTREXATE 5 MG	5.65	N	04
3	J9260	METHOTREXATE SODIUM 50 MG	9.75	N	04
3	J9263	INJECTION, OXALIPLATIN, 0.5 MG	0.00	Y	04
3	J9265	PACLITAXEL 30MG	149.10	N	04
3	J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	0.00	Y	04

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3	J9270	MITHRACIN MITHRAMYCIN 2500 MCG	31.40	N	04
3	J9280	MUTAMYCIN MITOMYCIN 5 MG	51.70	N	04
3	J9290	MITOMYCIN 20 MG	174.60	N	04
3	J9291	MITOMYCIN 40 MG	0.00	Y	04
3	J9293	INJ MITOXANTRONE HCL PER 5 MG	0.00	Y	04
3	J9300	GEMTUZUMAB OZOGAMIEIN, 5 MG	0.00	Y	04
3	J9310	RITUXIMAB, 100 MG	0.00	Y	04
3	J9320	STREPTOZOCIN	0.00	Y	04
3	J9340	THIO TEPA TRIETHYLENE 15 MG	14.75	N	04
3	J9350	TOPOTECAN	450.10	N	04
3	J9355	TRASTUZUMAB 10 MG	0.00	Y	04
3	J9357	VALRUBICIN INTRAVESICAL 200 MG	0.00	Y	04
3	J9360	VINBLASTINE VELBAN 10 MG	22.60	N	04
3	J9370	VINCRISTINE CNCOVIN 0.1 MG	23.60	N	04
3	J9375	VINCRIST SULFATE 2 MG 2 ML	0.00	Y	04
3	J9380	VINCRISTINE CNCOVIN 5 MG	106.25	N	04
3	J9390	VINORELBINE TARTRATE, PER 10 M G	0.00	Y	04
3	J9395	INJECTION, FULVESTRANT, 25 MG	0.00	Y	04
3	J9600	PORFIMER 75 MG	0.00	Y	04
3	J9999	NOC ANTINEOPLASTIC DRUGS	0.00	Y	04
3	K0412	MYCOPHENOLATE MOFETIL, ORAL 25 0 MG	0.00	Y	04
3	K0415	PRESCRIPTION ANTIEMETIC DRUG PER 1 MG NDC ORAL	0.00	Y	04
3	K0416	PRESCRIPTION ANTIEMETIC DRUG RECTAL PER 1 MG NOC	0.00	Y	04
3	K0418	CYCLOSPORIN ORAL PER 100 MG	0.00	Y	04
3	K0453	INJECTION AMPHOTERICIN B 50 MG	14.35	N	04
3	K0548	INJECTION, INSULIN LISPRO, UP TO 50 UNITS	0.00	Y	04
3	L8641	LE; METATARSAL JOINT IMPLANT	0.00	Y	09
3	L8658	MISC MUSCULAR SKELETAL INTER PHALANGEAL JOINT IMPLANT	0.00	Y	09
3	L8699	PROSTHETIC IMPLANT NOS	0.00	Y	04
3	M0009	NOT OTHERWISE CLASS OFFICE VIS	17.50	N	04
3	M0019	NOC HOME VISITS	14.35	N	04
3	M0020	HOSP VISIT RESPIRATORY CARE	14.25	N	04
3	M0021	PER DIEM INPT ONE OR MORE 24HR	14.25	N	04
3	M0022	ICU FOLLOWUP ONE/MORE V 24HOUR	17.50	N	04
3	M0029	NOC HOSPITAL VISITS	14.25	N	04
3	M0030	BRIEF EXAM TWO OR MORE PTS SNF	10.55	N	04
3	M0040	BRIEF EXAM TWO/MORE PTS CUSTOD	10.55	N	04
3	M0049	NOC NH BOARD DOM CUSTOD CARE	13.60	N	04
3	M0059	NOC EMERGENCY ROOM SERVICES	16.25	N	04
3	M0064	BRIEF OFFICE VISIT MENTAL	10.00	N	02
3	M0070	INSULIN SHOCK RX HYPOGLY RX	0.00	Y	04

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3	M0071	ORTHOMOLECULAR THERAPY	0.00	Y	04
3	M0072	IMMUNOTHERAPY FOR MALIG DISEAS	0.00	Y	04
3	M0075	CELLULAR THERAPY	0.00	Y	04
3	M0076	PROLOTHERAPY	0.00	Y	04
3	M0080	HYPERTHERM RX TREATMENT MALIG	0.00	Y	04
3	M0092	SET UP PORT XRAY EQUIPMENT	0.00	Y	09
3	M0100	INTRAGASTRIC HYPOTHERM/FREEZE	0.00	Y	04
3	M0101	CUT REMVE CORN COLLUS TRIM NAL	19.95	N	04
3	M0300	IV CHELATION RX/CHEM ENDARTERE	0.00	Y	04
3	M0530	CARDIC EVENT RECORDER ECG 12HR	0.00	Y	04
3	M0535	CARDIC EVENT RECRDR ECG 12/24H	0.00	Y	04
3	M0560	PNEUMOPIETHYSMOGRH VENO OCCLUS	0.00	Y	04
3	M0580	TELEPHONIC EEG COMPLETE PROCED	0.00	Y	04
3	M0585	ARCHILLES REFLEX RESPON ELECTR	33.70	N	04
3	M0799	PHYSICAL MEDICINE NOC	0.00	Y	04
3	M0805	PERCUTAN TESTS UP TO 20 TESTS	18.75	N	04
3	M0839	RIST IGE QUANTATIVE	6.50	N	04
3	M0850	SINGLE ANTIGEN BODY INSECT	4.00	N	04
3	M0852	MULTIPLE ANTIGEN BODY INSECT	4.00	N	04
3	M0854	SINGLE VENOM STINGING INSECTS	4.00	N	04
3	M0858	SINGLE DOSE ANTIGEN WHOLE BODY	4.00	N	04
3	M0860	SINGLE DOSE MULTI ANTIGENS	15.00	N	04
3	M0862	MULTI DOSE VIALS SINGLE WHOLE	4.00	N	04
3	M0864	MULTI DOSE VIALS MULTI ANTIGEN	32.40	N	04
3	M0866	VENOM STINGING INSECTS SINGLE	4.00	N	04
3	M0910	INSERT CATH FEM UNIL BIL DIALY	33.70	N	04
3	M0912	INSERT TEMP PERIT CATH DIALYS	67.50	N	04
3	M0916	HEMODIALY ACUTE RENAL PER TREA	15.00	N	04
3	P0001	AUTO-MULTICHANNEL TWO TESTS	6.90	N	04
3	P2028	SEPHALIN FLOCULATION BLOOD	0.00	Y	09
3	P2029	CONGO RED BLOOD	0.00	Y	09
3	P2031	HAIR ANALYSIS	0.00	Y	09
3	P2033	THYMOL TURBIDITY BLOOD	0.00	Y	09
3	P2038	MUCOPROTEIN BLOOD	6.60	N	04
3	P3000	SCREEN PAP SMEAR BY TECH	3.55	N	04
3	P3001	SCREEN PAP SMEAR/INTERP PHYS	11.45	N	04
3	P7001	QUANTITIVES SENSITIVE STUDY	12.80	N	04
3	P7020	VACCINE AUTOGENOUS	8.20	N	04
3	P9041	INFUSION, ALBUMIN 5% 50ML	0.00	Y	09
3	P9043	INFUSION, PLASMA PROTEIN FRACTION 5% 50ML	0.00	Y	09
3	P9045	INFUSION,ACBUMIN (HUMAN) 5% 250	0.00	Y	09

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3	P9046	INFUSION, ACBUMIN (HUMAN) 25%, 20 ML.	0.00	Y	09
3	P9047	INFUSION, ACBUMIN (HUMAN) 25%, 50 ML.	0.00	Y	09
3	P9048	INFUSION PLASMA PROTIEN FRACTION (HUMAN), 5% 250 ML	0.00	Y	09
3	P9050	GRANULOCYTES, PHERESIS, EACH UNIT	0.00	Y	04
3	P9603	TRAVEL ALLOWANCE LAB PER MILE	0.00	Y	09
3	P9604	TRAVEL ALLOWANCE LAB FLAT RATE PER TRIP	2.90	N	04
3	P9612	CATH FOR COLLECTION OF SPECIMAN SINGLE PATIENT, ALL P.O.S.	0.00	Y	09
3	P9615	CATH COLLECTION MULTIPLE	0.00	Y	09
3	Q0044	BRIEF OFFICE VIS/DRUG MONITOR	7.60	N	02
3	Q0063	SCREENING PAP SMEAR HANDLING	0.00	Y	09
3	Q0081	INFUSION THERAPY, W/ OTHER THA N CHEMOTHERAPEUTIC DRUGS	0.00	Y	04
3	Q0083	CHEMOTHERAPY ADMIN. OTHER THAN INFUSION TECHNIQE, PER VISIT	19.00	N	04
3	Q0084	CHEMOTHERAPY ADMIN. BY INFUSIO N TECHNIQUE ONLY, PER VISIT	19.00	N	04
3	Q0085	CHEMO ADMIN BY BOTH INFUSION & OTHER TECHNIQUES, PER VISIT	19.00	N	04
3	Q0091	SCREEN PAP SMEAR: PREP & CONVE Y CERVICAL/VAGINAL TO LAB	0.00	Y	09
3	Q0111	WET MOUNTS INCLUD PREPAR OF VAGINAL CERVICAL OR SKIN SPECIME	4.80	N	04
3	Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	4.80	N	04
3	Q0113	PINWORM EXAMINATIONS	4.80	N	04
3	Q0114	FERN TEST	4.80	N	04
3	Q0115	POST-COITAL DIRECT, EXAM OF VAGINAL OR CERVICAL MUCOUS	11.50	N	04
3	Q0136	INJECTION EPOETIN ALPHA, (NON ESRD USE) PER 1000 UNITS	0.00	Y	04
3	Q0137	INJECTION, DARBEPOETIN ALFA, 1 MCG NONESRD	0.00	Y	04
3	Q0156	INFUSION ALBUMIN (HUMAN) 5% 500 ML	0.00	Y	04
3	Q0157	INFUSION ALBUMIN (HUMAN) 25% 50 ML	0.00	Y	04
3	Q0162	CATHERIZATION COLLECT SPECIMEN SINGLE PATIENT ANY POS	0.00	Y	09
3	Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG ORAL W/ CHEMO TREATMENT	0.00	Y	04
3	Q0164	PROCHLORPERAZINE MALEATE, 5 MG ORAL W/ CHEMO TREATMENT	0.00	Y	04
3	Q0165	PROCHLORPERAZINE MALEATE, 10 MG ORAL W/ CHEMO TREATMENT	0.00	Y	04
3	Q0166	GRANISETRON HYDROCHLORIDE, 3 MG, ORAL W/ CHEMO TREATMENT	0.00	Y	04
3	Q0167	DRONABINOL 2.5 MG, ORAL W/ CHEMO TREATMENT	0.00	Y	04
3	Q0168	DRONABINOL 5 MG, ORAL W/ CHEMO TREATMENT	0.00	Y	04
3	Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5 MG ORAL W/ CHEMO TREATMENT	0.00	Y	04
3	Q0170	PROMETHAZINE HYDROCHLORIDE 25 MG, ORAL W/ CHEMO TREATMENT	0.00	Y	04
3	Q0171	CHLORPROMAZINE HYDROCHLORIDE, 10 MG ORAL W/ CHEMO TREATMENT	0.00	Y	04
3	Q0172	CHLORPROMAZINE HYDROCHLORIDE 25 MG ORAL W/ CHEMO TREATMENT	0.00	Y	04
3	Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE 250MG ORAL W/CHEMO TREATMENT	0.00	Y	04
3	Q0174	THIETHYPERAZINE MALEATE, 10 MG ORAL W/CHEMO TREATMENT	0.00	Y	04
3	Q0175	PERPHENAZINE 4 MG ORAL W/CHEMO TREATMENT	0.00	Y	04
3	Q0176	PERPHENAZINE 8 MG ORAL W/CHEMO TREATMENT	0.00	Y	04
3	Q0177	HYDROXYAINE PAMOATE, 25 MG ORAL W/ CHEMO TREATMENT	0.00	Y	04
3	Q0178	HYDROXYAINE PAMOATE, 50 MG ORAL W/ CHEMO TREATMENT	0.00	Y	04

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3	Q0179	ONDANSETRON HYDROCHLORIDE 8 MG ORAL W/ CHEMO TREATMENT	0.00	Y	04
3	Q0180	DOLASETRON MESYLATE, 100 MG ORAL W/ CHEMO TREATMENT	0.00	Y	04
3	Q0181	UNSPECIFIED ORAL DOSAGE FORM ANTIEMETIC W/CHEMO TREATMENT	0.00	Y	04
3	Q0182	DERMAL & EPIDERMAL, TISSUE, NON-HUMAN ORIGIN/SQ CM	0.00	Y	09
3	Q0183	DERMAL TISSUE-HUMAN W/W/O BIOENG/PROC ELEMENTS W/O METABOLIC	0.00	Y	09
3	Q0184	DERMAL TISSUE-HUMAN W/W/O BIOENG/PROC ELEMENTS W/META ACTIVE	0.00	Y	09
3	Q0187	FACTOR VITA (COAGULATION FACTOR RECOMB) PER 1.2 MG	0.00	Y	04
3	Q2002	INJECTION, ELLIOTTS B SOLUTION/ML	0.00	Y	04
3	Q2003	INJECTION, APROTININ 10,000 KIU	0.00	Y	04
3	Q2005	INJECTION CORTICORELIN OVINE TRIFLUTATE/DOSE	0.00	Y	04
3	Q2006	INJECTION DIGOXIN IMMUNE FAB/VIAL	0.00	Y	04
3	Q2007	INJECTION ETHANOLAMINE OLEATE 100MG	0.00	Y	04
3	Q2008	INJECTION FOMEPIZOLE 1.5MG	0.00	Y	04
3	Q2009	INJECTION FOSPHENYTOIN 50MG	0.00	Y	04
3	Q2011	INJECTION HEMIN/1MG	0.00	Y	04
3	Q2012	INJECTION PEGADEMASE BOVINE 25IU	0.00	Y	04
3	Q2013	INJECTION PENTASTARCH 10% SOL/100ML	0.00	Y	04
3	Q2014	INJECTION SERMORELIN ACETATE 0.5MG	0.00	Y	04
3	Q2017	INJECTION TENIPOSIDE 50MG	0.00	Y	04
3	Q2018	INJECTION UROFOLLITROPIN 75IU	0.00	Y	04
3	Q2019	INJECTION BASILIZIMAB 20MG	0.00	Y	04
3	Q2020	INJECTION HISTRELIN ACETATE 10MG	0.00	Y	04
3	Q2021	INJECTION LEPIRUDIN 50MG	0.00	Y	04
3	Q3002	SUPPLY GALLIUM GA 67/MCI	0.00	Y	09
3	Q3003	SUPPLY TECHNETIUM TC99M/DOSE	0.00	Y	09
3	Q3004	SUPPLY XENON XE133/10MCI	0.00	Y	09
3	Q3005	SUPPLY TECHNETIUM TC-99M/MCI	0.00	Y	09
3	Q3006	SUPPLY TECHNETIUM GLUCEPATATE/5MCI	0.00	Y	09
3	Q3007	SUPPLY SODIUM PHOSPHATE/MCI	0.00	Y	09
3	Q3008	SUPPLY INDIUM 111/3MCI	0.00	Y	09
3	Q3009	SUPPLY TECHNETIUM OXIDRONATE/MCI	0.00	Y	09
3	Q3010	SUPPLY TECHNETIUM LABELED RED BLOOD CELLS/MCI	0.00	Y	09
3	Q3011	SUPPLY CHROMIC PHOSPHATE SUSPENSION/MCI	0.00	Y	09
3	Q3012	SUPPLY ORAL CYANOCOBALAMIN COBALT/0.5 MCI	0.00	Y	09
3	Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	0.00	Y	09
3	Q3025	INJECTION INTERFERON BETA-IA 11 MCG IM	55.40	N	04
3	Q3026	INJECTION INTERFERON BETA 1A, 11 MCG SQ	55.40	N	04
3	Q3031	COLLAGEN SKIN TEST	0.00	Y	04
3	Q4001	BODY CAST ADULT W/WO HEAD PLASTER	0.00	Y	09
3	Q4002	BODY CAST ADULT W/WO HEAD FIBERGLASS	0.00	Y	09
3	Q4003	APPLICATION SHOULDER CAST (11 YRS +) PLASTER (ADULT)	0.00	Y	09

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3	Q4004	APPLICATION SHOULDER CAST (11 YRS +) FIBERGLASS (ADULT)	0.00	Y	09
3	Q4005	LONG ARM CAST (11 + YRS) PLASTER (ADULT)	0.00	Y	09
3	Q4006	LONG ARM CAST (11 + YRS) FIBERGLASS (ADULT)	0.00	Y	09
3	Q4007	LONG ARM CAST PEDIATRIC (0 - 10 YRS) PLASTER	0.00	Y	09
3	Q4008	LONG ARM CAST PEDIATRIC (0 - 10 YRS) FIBERGLASS	0.00	Y	09
3	Q4009	SHORT ARM CAST ADULT (11 + YRS) PLASTER	0.00	Y	09
3	Q4010	SHORT ARM CAST ADULT (11 + YRS) FIBERGLASS	0.00	Y	09
3	Q4011	SHORT ARM CAST PEDIATRIC (0 - 10 YRS) PLASTER	0.00	Y	09
3	Q4012	SHORT ARM CAST PEDIATRIC(0 - 10 YRS) FIBERGLASS	0.00	Y	09
3	Q4013	GAUNTLET CAST LOWER FOREARM & HAND ADULT (11 YRS +) PLASTER	0.00	Y	09
3	Q4014	GAUNTLET CAST LOWER FOREARM & HAND ADULT (11 YRS +)FIBERGLAS	0.00	Y	09
3	Q4015	GAUNTLET CAST LOWER FOREARM & HAND PEDS (0-10YRS) PLASTER	0.00	Y	09
3	Q4016	GAUNTLET CAST LOWER FOREARM & HAND PEDS (0-10YRS) FIBERGLASS	0.00	Y	09
3	Q4017	LONG ARM SPLINT ADULT (11 YEARS +) PLASTER	0.00	Y	09
3	Q4018	LONG ARM SPLINT ADULT (11 YEARS +) FIBERGLASS	0.00	Y	09
3	Q4019	LONG ARM SPLINT PEDIATRIC (0-10 YRS) PLASTER	0.00	Y	09
3	Q4020	LONG ARM SPLINT PEDIATRIC (0-10 YRS) FIBERGLASS	0.00	Y	09
3	Q4021	SHORT ARM SPLINT ADULT (11 YRS +) PLASTER	0.00	Y	09
3	Q4022	SHORT ARM SPLINT ADULT (11 YRS +) FIBERGLASS	0.00	Y	09
3	Q4023	SHORT ARM SPLINT PEDIATRIC (0 - 10 YRS) PLASTER	0.00	Y	09
3	Q4024	SHORT ARM SPLINT PEDIATRIC (0 - 10 YRS) FIBERGLASS	0.00	Y	09
3	Q4025	HIP SPICH ONE OR BOTH LEGS ADULT (11 + YRS) PLASTER	0.00	Y	09
3	Q4026	HIP SPICH ONE OR BOTH LEGS ADULT (11 + YRS) FIBERGLASS	0.00	Y	09
3	Q4027	HIP SPICH ONE OR BOTH LEGS PEDS (0 - 10 YRS) PLASTER	0.00	Y	09
3	Q4028	HIP SPICH ONE OR BOTH LEGS PEDS (0 - 10 YRS) FIBERGLASS	0.00	Y	09
3	Q4029	LONG LEG CAST ADULT (11 + YRS) PLASTER	0.00	Y	09
3	Q4030	LONG LEG CAST ADULT (11 + YRS) FIBERGLASS	0.00	Y	09
3	Q4031	LONG LEG CAST PEDIATRIC (0-10 YRS) PLASTER	0.00	Y	09
3	Q4032	LONG LEG CAST PEDIATRIC (0-10 YRS) FIBERGLASS	0.00	Y	09
3	Q4033	LONG LEG CYLINDER CAST ADULT (11 YRS +) PLASTER	0.00	Y	09
3	Q4034	LONG LEG CYLINDER CAST ADULT (11 YRS +) FIBERGLASS	0.00	Y	09
3	Q4035	LONG LEG CYLINDER CAST PEDS (0-10 YRS) PLASTER	0.00	Y	09
3	Q4036	LONG LEG CYLINDER CAST PEDS (0-10 YRS) FIBERGLASS	0.00	Y	09
3	Q4037	SHORT LEG CAST ADULT (11 + YRS) PLASTER	0.00	Y	09
3	Q4038	SHORT LEG CAST ADULT (11 + YRS) FIBERGLASS	0.00	Y	09
3	Q4039	SHORT LEG CAST PEDS (0-10 YRS) PLASTER	0.00	Y	09
3	Q4040	SHORT LEG CAST PEDS (0-10 YRS) FIBERGLASS	0.00	Y	09
3	Q4041	LONG LEG SPLINT ADULT (11 + YRS) PLASTER	0.00	Y	09
3	Q4042	LONG LEG SPLINT ADULT (11 + YRS) FIBERGLASS	0.00	Y	09
3	Q4043	LONG LEG SPLINT PEDS (0-10 YRS) PLASTER	0.00	Y	09
3	Q4044	LONG LEG SPLINT PEDS (0-10 YRS) FIBERGLASS	0.00	Y	09

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3	Q4045	SHORT LEG SPLINT ADULT (11 YRS +) PLASTER	0.00	Y	09
3	Q4046	SHORT LEG SPLINT ADULT (11 YRS +) FIBERGLASS	0.00	Y	09
3	Q4047	SHORT LEG SPLINT PEDS (0-10 YRS) PLASTER	0.00	Y	09
3	Q4048	SHORT LEG SPLINT PEDS (0-10 YRS) FIBERGLASS	0.00	Y	09
3	Q4049	FINGER SPLINT STATIC	0.00	Y	09
3	Q4050	CAST SUPPLIES - UNLISTED TYPES & MATERIAL OF CASTS	0.00	Y	09
3	Q4051	SPLINT SUPPLIES THERMOPLASTICS, STRAPPING, FASTNERS, PADDING	0.00	Y	09
3	Q4054	INJECTION, DARBEPOETIN,ALFA, 1 MCG FORESRD	0.00	Y	04
3	Q4055	INJECTION, EPOETIN ALFA, 1000 UNITS FOR ESRD	0.00	Y	04
3	Q4075	INJECTION, ACYCLOVIR, 5 MG	0.00	Y	04
3	Q4077	INJECTION, TREPROSTINIL, 1 MG	0.00	Y	04
3	R0070	TRANSPORT XRAY EQUIP/PERS,1PAT	4.10	N	04
3	R0075	TRANS XRAY EQUIP/PERS,MULT PAT	4.10	N	04
3	R0076	TRANSPORTATION OF PORT EKG	0.00	Y	09
3	S0014	TACRINE HYDROCHLORIDE 10 MG	0.00	Y	04
3	S0016	INJECTION AMIKACIN SULFATE 500 MG	0.00	Y	04
3	S0017	INJECTION AMINOCAPROIC ACID 5 GRAMS	0.00	Y	04
3	S0021	INJECTION CEFTOPERAZONE SODIUM 1 GRAM	0.00	Y	04
3	S0023	INJECTION CIMETIDINE HYDROCHLORIDE 300 MG	0.00	Y	04
3	S0028	INJECTION FAMOTIDINE 20MG	0.00	Y	04
3	S0030	INJECTION METRONIDAZOLE 500 MG	0.00	Y	04
3	S0032	INJECTION NAFCILLIN SODIUM 2 GRAMS	0.00	Y	04
3	S0034	INJECTION OFLOXACIN 400 MG	0.00	Y	04
3	S0039	INJECTION SULFAMETHOXAZOLE AND TRIMETHOPRIM 10 ML	0.00	Y	04
3	S0040	INJECTION TICARCILLIN DISODIUM & CLAVULANATE POTASSIUM 3.1 G	0.00	Y	04
3	S0071	INJECTION ACYCLOVIR SODIUM 50 MG	0.00	Y	04
3	S0072	INJECTION AMIKACIN SULFATE 100 MG	0.00	Y	04
3	S0073	INJECTION AZTREONAM 500 MG	0.00	Y	04
3	S0074	INJECTION CEFOTETAN DISODIUM 500 MG	0.00	Y	04
3	S0077	INJECTION CLINDAMYCIN PHOSPHATE 300 MG	0.00	Y	04
3	S0078	INJECTION FOSPHENYTOIN SODIUM 750 MG	0.00	Y	04
3	S0080	INJECTION PENTAMIDINE ISETHIONATE 300 MG	0.00	Y	04
3	S0081	INJECTION PIPERACILLIN SODIUM 500 MG	0.00	Y	04
3	S0088	IMATINIB,100MG	0.00	Y	04
3	S0091	GRANISETRON HYDROCHLORIDE 1 MG	0.00	Y	04
3	S0092	INJ. HYDROMORPHINE HYDROCHLORIDE 250 MG. LOAD DOSE INF. PUMP	0.00	Y	04
3	S0093	INJ. MORPHINE SULFATE 500MG LOAD DOSE INFUSION PUMP	0.00	Y	04
3	S0098	INJECTION SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE 62.5 MG	0.00	Y	04
3	S0104	ZIDOVUDINE, ORAL, 100MG	0.00	Y	04
3	S0106	BUPROPION HCL,SUSTAINED RELEASE TAB/50MG/BOTTLE 60 TABS	0.00	Y	09
3	S0108	MERCAPTOPURINE, ORAL, 50 MG	0.00	Y	09

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3	S0114	INJECTION, TREPROSTINIL SODIUM .5MG	32.39	N	04
3	S0122	INJECTION, MENOTROPINS, 75 IU	65.75	N	04
3	S0126	INJECTION FOLLITROPIN ALPHA, 75IU	87.52	N	04
3	S0128	INJECTION FOLLITROPIN BETA, 75IU	82.67	N	04
3	S0155	STERILE DILUTANT FOR EDOPROSTENOL, 50 ML	0.00	Y	04
3	S0157	BECAPLERMIN GEL 0.01% 0.5MG	0.00	Y	09
3	S0188	TESTOSTERONE PELLET, 75 MG.	0.00	Y	04
3	S0190	MIFEPRISTONE ORAL 3 TABS/200 MG EACH	306.10	N	04
3	S0191	MISOPROSTOL ORAL 2 TABS/200 MCG EACH	2.40	N	04
3	S0195	PNEUMOCOCCAL CONJUGATE VACCINE IM	72.27	N	04
3	S0220	MEDICAL CONFERENCE BY MD TO COORDINATE PATIENT CARE 30 MIN	0.00	Y	09
3	S0221	MEDICAL CONFERENCE BY MD TO COORDINATE PATIENT CARE 60 MIN	0.00	Y	09
3	S0250	COMP. GERIATRIC ASSESS/TREAT PLANNING BY ASSESS TEAM	0.00	Y	04
3	S0255	HOSPICE REFERAL VISIT	0.00	Y	04
3	S0302	EARLY PERIODIC SCREENING,DIAGNOSIS&TREATMENT(EPSDT)SERVICE	0.00	Y	09
3	S0340	LIFESTYLE MOD. PROGRAM C.A.D. FIRST QUARTER	0.00	Y	04
3	S0341	LIFESTYLE MOD.PROGRAM C.A.D. 2ND OR 3RD QUARTER	0.00	Y	04
3	S0342	LIFESTYLE MOD. PROGRAM C.A.D. 4TH QUARTER	0.00	Y	04
3	S0390	ROUTINE FOOT CARE TRIM CORNS/NAILS PREV MAINT/VISIT	0.00	Y	09
3	S0395	IMP CASTING OF FOOT BY PRACTITIONER OTHER THAN MFGR.	0.00	Y	04
3	S0400	GLOBAL FEE EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	362.80	N	04
3	S0592	COMPREHENSIVE CONTACT LENS EVALUTAION	0.00	Y	04
3	S0601	SCREENING PROCTOSCOPY	0.00	Y	09
3	S0605	DIGITAL RECTAL EXAMINATION ANNUAL	28.35	N	04
3	S0610	ANNUAL GYNECOLOGICAL EXAM NEW PATIENT	0.00	Y	04
3	S0612	ANNUAL GYNECOLOGICAL EXAM EST PATIENT	32.86	N	04
3	S0620	ROUTINE OPHTHALMOLOGICAL EXAM INCLUD REFRACTION NEW PATIENT	44.70	N	04
3	S0621	ROUTINE OPHTHALMOLOGICAL EXAM INCLUD REFRACTION EST PATIENT	23.20	N	04
3	S0622	PHYSICAL EXAM FOR COLLEGE NEW OR ESTABLISHED PATIENT	0.00	Y	09
3	S0630	SUTURE REMOVAL BY MD OTHER THAN SURGEON	0.00	Y	04
3	S0800	LASER IN SITU KERATOMILEUSIS (LASIK)	0.00	Y	09
3	S0810	PHOTOREFRACTIVE KERATECTOMY (PRK)	0.00	Y	09
3	S0812	PHOTOTHERMALIC KERATECTOMY (PTK)	0.00	Y	04
3	S0820	COMPUTERIZED CORNEAL TOPOGRAPHY UNILATERAL	30.50	N	04
3	S0830	ULTRA SOULD PACHYMETRY FOR CORNEAL THICKNESS INTERP & REPORT	0.00	Y	04
3	S1015	IV TUBING EXTENSION SET	0.00	Y	04
3	S1016	NON-PVC IV ADMINISTRATION SET	0.00	Y	04
3	S2050	DONOR ENTERECTOMY W/PREP/MAIN ALLOGRAFT FROM CADAVER	0.00	Y	09
3	S2053	TRANSPLANTATION OF SMALL INTESTINE AND LIVER ALLOGRAFTS	0.00	Y	09
3	S2054	TRANSPLANTION OF MULTIVISCERAL ORGANS	0.00	Y	09
3	S2055	HARVESTING OF MULTIVISCERAL ORGANS W/PREP MAIN OF ALLOGRAFT	0.00	Y	09

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3	S2060	LOBAR LUNG TRANSPLANTATION	0.00	Y	04
3	S2061	DONOR LOBECTOMY (LUNG) FOR TRANSPLANT LIVING DONOR	0.00	Y	04
3	S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	1,700.35	N	04
3	S2070	CYSTOURETHROSCOPY W/URETEROSCOPY AND/OR PYELOSCOPY W/TX OF	198.98	N	04
3	S2080	LASER-ASSISTED UVULOPALATOPLAS TY (LAUP)	388.70	N	04
3	S2085	LAPAROSCOPY, GASTRIC RESTRICTIVE PROC/GASTRIC BYPASS	740.68	N	04
3	S2090	ABLATION, OPEN ONE OR MORE RENAL TUMOR(S), CRYOSURGICAL	0.00	Y	04
3	S2091	ABLATION, PERCUTANEOUS, ONE OR MORE RENAL TUMORS(S), CRYOSUR	0.00	Y	04
3	S2103	ADRENAL TISSUE TRANSPLANT TO BRAIN	0.00	Y	04
3	S2107	ADOPTIVE IMMUNOTHERAPY/DEV ANTI TUMOR REACTIVITY/TX	0.00	Y	04
3	S2109	AUTOLOGOUS CHOWDROCYTE TRANSPLANT PREP OF AUTOLOGOUS CULT CH	0.00	Y	04
3	S2112	ARTHROSCOPY KNEE SURGICAL TO HARVEST CARTILEGE	0.00	Y	04
3	S2113	ARTHROSCOPY KNEE, FOR IMPLANT CULTURED CHONDROCYTES	0.00	Y	04
3	S2115	OSTEOTOMY PERIATABULAR W/ INTERNAL FIXATION	0.00	Y	04
3	S2120	LOW DENSITY LIPOPROTEIN APHERESIS	14.70	N	04
3	S2130	EADOLUMINAL ABLATION OF REFLUXING SAPHENOUS VEIN	0.00	Y	04
3	S2135	NEUROLYSIS, IN INJECTION, METATHARSAL NEUROMA	90.50	N	04
3	S2140	CORD BLOOD HARVESTING FOR TRANSPLANT ALLOGENIC	0.00	Y	04
3	S2142	CORD BLOOD-DERIVED STEM-CELL TRANSPLANT ALLOGENIC	220.20	N	04
3	S2150	BONE MARROW, STEMCELL HRVST & T RANSPLANT & CHEMO & PO CARE	0.00	Y	04
3	S2190	SUBCUTANEOUS IMPLANTATION OF MEDICATION PELLET(S)	108.00	N	04
3	S2202	ECHOSCLEROTHERAPY	0.00	Y	04
3	S2204	TRANSMYOCARDIAL LASER REVASCULARIZATION	0.00	Y	04
3	S2205	MIN INVASIVE DIR CAB SURG INVOLVING MINI-THORACOTOMY SINGLE	0.00	Y	04
3	S2206	MIN INVASIVE DIR CAB SURG INVOLVING MINI-THORACOTOMY TWO COR	0.00	Y	04
3	S2207	MIN INVASIVE CAB SURG INVOLVING MINI-THORACOTOMY SINGLE CORO	0.00	Y	04
3	S2208	MIN-INVASIVE CAB SURG INVOLVING MINI THROACOTOMY USE SINGLE	0.00	Y	04
3	S2209	MINI INVASIVE DIR CAB SURG INVOLVING MINI THORACOTOMY USE 2	0.00	Y	04
3	S2211	TRANSCATH PLACED INTRAVASCULAR STENT CAROTID ARTERY UNILAT	0.00	Y	04
3	S2213	IMPLANTATION OF GASTRIC STIMULAITON DEVICE	415.05	N	04
3	S2225	MYRINGOTOMY, LASER-ASSISTED	43.80	N	04
3	S2250	UTERINE ARTERY EMBOLIZATION FOR UTERINE FIBROIDS	0.00	Y	04
3	S2300	ARTHROSCOPY SHOULDER SURG THERMALLY INDUCED CAPULORRHAPHY	480.00	N	04
3	S2340	CHEMODENERVATION ABDUCTOR MUSCLES VOCAL CORD	0.00	Y	04
3	S2341	CHEMODENERUATION ADDUCTOR MUSCLE OF VOCAL CORD	0.00	Y	04
3	S2342	NASAL ENNOSCOPY-P.O.DEBRIDEM ENT POST SINUS SURG. UNIL/BILAT	174.05	N	04
3	S2350	DISKECTOMY ANT WITH DECOMPRESSION OF SPINAL CORD/1 OR NERVE	1,642.65	N	04
3	S2351	DISKECTOMY ANTERIOR WITH DECOMPRESSION INCLU OSTEOPHYTECTOMY	0.00	Y	04
3	S2360	PERC VERTECBROPLASTY (ONE) UNL OR BIL, INJECTION CERVIACAL	0.00	Y	04
3	S2361	FOR EACH ADDITIONAL CERVICAL VERTEBRAL BODY	0.00	Y	04
3	S2370	INTRADISCAL ELECTROTHERMAL THERAPY SINGLE INTERSPACE	481.80	N	04

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3	S2371	INTRADISCAL ELECTROTHERMAL THERAPY EACH ADDITIONAL SPACE	0.00	Y	04
3	S2400	REPAIR CONG. HERNIA IN FETUS PROCEDURE DONE IN UTERO	1,357.65	N	04
3	S2401	REPAIR URINARY TRACT OBST IN FETUS (DONE IN UTERO)	1,357.65	N	04
3	S2402	REPAIR CONG.CYSTIC ADENOMATOID MALTORMATION IN FETUS(IN UTER	1,357.65	N	04
3	S2403	REPAIR EXTRALOBAR PUL. SEQUESTRATION IN FETUS(DONE IN UTERO)	0.00	Y	04
3	S2404	REPAIR MYELOMENINGOCELE IN FETUS (DONE IN UTERO)	0.00	Y	04
3	S2405	REPAIR OF SACROCORRYGEAL TERATOMA ON FETUS IN UTERO	0.00	Y	04
3	S2409	REPAIR CONGENITAL MALFORMATION OF FETUS (DONE IN UTERO	0.00	Y	04
3	S2411	FETOSCOPIC LASER THERAPY FOR TWIN TO TWIN SYNDROME	0.00	Y	04
3	S3620	NEWBORN METABOLIC SCREENING PANEL	44.80	N	04
3	S3630	EOSINOPHIL COUNT BLOOD DIRECT	0.00	Y	04
3	S3645	HIV-1 ANTIBODY TESTING OF ORAL MUCOSAL TRANSUDATE	0.00	Y	04
3	S3650	SALIVA TEST HORMONE LEVEL DURING MENOPAUSE	0.00	Y	04
3	S3652	SALIVA TEST HORMONE LEVEL TO ASSESS PRETERM LABOR RISK	13.50	N	04
3	S3655	ANTISPERM ANTIBODIES TEST	0.00	Y	04
3	S3701	IMMUNOASSAY FOR NUCLEAR MATRIX PROTEIN 22 QUANTITATIVE	0.00	Y	04
3	S3708	GASTROINTESTINAL FAT ABSORTION SUDY	0.00	Y	04
3	S3818	COMPLETE GENE SEQUENCE ANALYSIS BRCA 1 GENE	0.00	Y	04
3	S3819	COMPLETE GENE SEQUENCE ANALYSIS BRCA 2 GENE	0.00	Y	04
3	S3830	MCH1 & MLH2 GENE SEQUENCE ANALYSIS HEREDITARY FOR COLAN CA	0.00	Y	04
3	S3831	SINGLE-MUTATION ANAYLSIS W/ KNOWN MCH1&MLH2 MUTATION COL.CA	0.00	Y	04
3	S3835	COMP. GENE SEQUENCE ANAYLSIS FOR CYSTIC FIBROSIS	0.00	Y	04
3	S3837	COMP. GENE SEQUENCE ANAYLSIS FOR HEMOCHROMATOSIS	0.00	Y	04
3	S3900	SURFACE ELECTOMYOGRAPHY (EMG)	69.50	N	04
3	S3902	BALLISTOCARDIOGRAM	0.00	Y	04
3	S3904	MASTERS TWO STEP	0.00	Y	04
3	S4036	INTRAVAGINAL CULTURE	6.20	N	04
3	S4981	INSERTION OF LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM	0.00	Y	04
3	S4989	CONTRACEPTIVE INTRAUTERINE	0.00	Y	04
3	S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	0.00	Y	04
3	S4995	SMOKING CESSATION GUM	0.00	Y	09
3	S8004	RADIOIMMUNOPHARMACEUTICAL LOCALIZATION TARGETED CELLS	64.05	N	04
3	S8030	SCLERHC APPLICATION OF TANTALUM	0.00	Y	04
3	S8035	MAGNETIC SOURCE IMAGING	0.00	Y	04
3	S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY MRCP	0.00	Y	04
3	S8040	TOPOGRAPHIC BRIAN MAPPING	0.00	Y	04
3	S8042	MRI LOW FIELD	296.60	N	04
3	S8048	ISOLATED LIMB PERFUSION	0.00	Y	04
3	S8049	INTRAOPERATIVE RADIATION THERAPY (SINGLE ADMINISTRATION)	0.00	Y	04
3	S8055	ULTRASOUND GUIDANCE FOR MULTIFETAL PREGNANCY REDUCTION	0.00	Y	09
3	S8060	SUPPLY OF CONTRAST FOR USE IN ECHOCARDIOGRAPHY	0.00	Y	09

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3	S8080	SCINTIMAMMOGRAPHY UNILATERAL	0.00	Y	04
3	S8085	F-18 FDG IMAGING USING DUAL HEAD COINC DETECT	0.00	Y	04
3	S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY	0.00	Y	04
3	S8110	PEAK EXPIRATORY FLOW RATE (PHYSICIAN SERVICES)	11.40	N	04
3	S8260	ORAL ORTHOTIC FOR TX OP SLEEP APNEA FITTING FABRICATION /MAT	0.00	Y	04
3	S8300	SACRAL NERVE STIMULATION TEST LEAD KIT	0.00	Y	09
3	S8433	SKIN SUPPORT FOR BREAST PROSTHESIS, EACH	0.00	Y	04
3	S8950	COMPLEX LYMPHEDEMA THERAPY EACH 15 MINUTES	0.00	Y	04
3	S9001	HOME UTERINE MONITOR WITH OR W/O ASSOC NURSING SERVICES	0.00	Y	04
3	S9015	AUTOMATED EEG MONITORING	0.00	Y	04
3	S9022	DIGITAL SUBTRACTION ANGIOGRAPHY (USE IN ADDITION TO CPT CODE	0.00	Y	04
3	S9024	PARANASAL SINUS ULTRASOUND	0.00	Y	04
3	S9025	OMNICARDIOGRAMY CARDIONTEGRAM	0.00	Y	04
3	S9033	GAIT ANALYSIS	0.00	Y	09
3	S9034	EXTRACORPOREAL SHOCK WAVE LITHO FOR GALL STONES	0.00	Y	04
3	S9055	PROCUREN OR OTHER GROWTH FACT PREP TO PROMOTE WOUND HEALING	0.00	Y	04
3	S9056	COMA STIMULATION PER DIEM	0.00	Y	09
3	S9075	SMOKING CESSATION TREATMENT	0.00	Y	09
3	S9090	VERTEBRAL AXIAL DECOMPRESSION PER SESSION	0.00	Y	04
3	S9092	CANOLITH REPOSITIONING, PER VISIT	0.00	Y	04
3	S9105	EVALUATION BY OCULARIST	0.00	Y	09
3	S9117	BACK SCHOOL, PER VISIT	0.00	Y	04
3	S9140	DIABETIC MANAGEMENT PROGRAM FOLLOW UP VISIT TO NON-MD PROV	0.00	Y	09
3	S9141	DIABETIC MANAGEMENT PROGRAM FOLLOW-UP VISIT TO MD PROVIDER	0.00	Y	09
3	S9145	INSULIN PUMP INITIATION, INSTRUCT IN INITIAL USE	0.00	Y	09
3	S9401	ANTICOAGULATION CLINIC, INCLUSIVE PER SESSION,EXCEPT LABS	0.00	Y	04
3	S9455	DIABETIC MANAGEMENT PROGRAM GROUP SESSION	0.00	Y	09
3	S9465	DIABETIC MANAGEMENT PROGRAM DIETITIAN VISIT	0.00	Y	09
3	S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	0.00	Y	09
3	S9472	CARDIAC REHABILITION PROGRAM,NON-PHYSICIAN PROV PER DIEM	0.00	Y	09
3	S9473	PULMONARY REHABILITATION PROGRAM,NON-PHYSICIAN PROV PER-DIEM	0.00	Y	09
3	S9480	INTENSIVE OUTPATIENT PSYCH SERVICES PER DIEM	9,999.99	N	04
3	T1001	NURSING ASSESSMENT/EVALUATION	61.34	N	04
3	T1002	RN SERVICES	555.52	N	04
3	T1003	LPN SERVICES	555.52	N	04
3	T1004	PERSONAL ASSISTANT	7.52	N	04
3	T1015	CLINIC VISIT/ENCOUNTER ALL-INCLUSIVE	999.99	N	04
3	T1016	CASE MANAGEMENT, EACH 14 MINUTES	9,999.99	N	04
3	T1018	SCHOOL BASED IEP SERVICES	1,567.68	N	04
3	T1021	SCHOOL HEALTH AIDE	60.16	N	04
3	T1023	SCREENING FOR PARTICIP IN A PROGRAM, PROJECT, OR TREATMENT	9,999.99	N	04

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3	T1029	EPIDEMIOLOGICAL SURVERY	41.30	N	04
3	T1052	ADMINISTRATION OF MEDICATION PER VISIT	9,999.99	N	04
3	T2003	NON-EMERGENCY TRANSPORTATION ENCOUNTER TRIP	26.76	N	04
3	T2004	NON-EMERGENCY TRANSPORT COMMERCIAL CARRIER	91.00	N	04
3	V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	0.00	Y	04
3	V2500	HARD CONTACT LENS (EACH)	19.50	N	04
3	V2510	GAS PERM CONTACT LENS (EACH)	19.50	N	04
3	V2520	CONTACT LENS, HYDROPHYLIC, SPERICAL, PER LENS	19.50	N	04
3	V2599	CONTACT LENS, OTHER TYPE	0.00	Y	04
3	V2600	HAND HELD LOW VISION AID	0.00	Y	04
3	V2623	PROSTHETIC EYE PLASTIC CUSTOM	453.74	N	04
3	V2624	POLISH/RESURF OCULAR PROSTHES	30.00	N	04
3	V2625	ENLARGE OCULAR PROTHESIS	193.93	N	04
3	V2626	REDUCTION OCULAR PROSTHESIS	80.00	N	04
3	V2627	SCLERAL COVER SHELL	573.50	N	04
3	V2628	FABRICAT/FIT OCULAR CONFORMER	127.00	N	04
3	V2629	CUSTOM ARTIFICIAL EYE	0.00	Y	04
3	V2715	PRISM PER LENS	2.79	N	04
3	V2745	ADDITION TO LENS, TINT, ANY COLOR	0.00	Y	04
3	V2761	MIRROR COATING, ANY TYPE, ANY LENS PER LENS	0.00	Y	04
3	V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	0.00	Y	04
3	V2785	PROCESSING,PRESERVING,TRANSPORTING CORNEAL TISSUE	0.00	Y	09
3	V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONST	0.00	Y	04
3	V2799	NOT OTHERWISE CLASSIFIED	0.00	Y	04

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