Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2025

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
0001F	E	HEART FAILURE COMPOSITE		-	-	Not Allowed	$0.00			-	-	000	999	
0001U	Q	RBC DNA HEA 35 AG 11 BLD GRP		-	-	Medicare	$1,200.00	$744.00	$720.00	-	-	000	999	
0002M	Q	LIVER DIS 10 ASSAYS W/ASH		-	-	Medicare	$839.00	$520.18	$503.40	-	-	000	999	
0002U	Q	ONC CLRCT 3 UR METAB ALG PLP		-	-	Medicare	$41.67	$25.84	$25.00	-	-	000	999	
0003M	Q	LIVER DIS 10 ASSAYS W/NASH		-	-	Medicare	$839.00	$520.18	$503.40	-	-	000	999	
0003U	Q	ONC OVAR 5 PRTN SER ALG SCOR		-	-	Medicare	$1,583.33	$981.66	$950.00	-	-	000	999	
0004M	Q	SCOLIOSIS DNA ALYS		-	-	Medicare	$131.67	$81.64	$79.00	-	-	000	999	
0004U	E	NFCT DS DNA 27 RESIST GENES		-	-	Not Allowed	$0.00			-	-	000	999	
0005F	E	OSTEOARTHRITIS COMPOSITE		-	-	Not Allowed	$0.00			-	-	000	999	
0005U	Q	ONCO PRST8 3 GENE UR ALG		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0006M	Q	ONC HEP GENE RISK CLASSIFIER		-	-	Medicare	$250.00	$155.00	$150.00	-	-	000	999	
0007M	Q	ONC GASTRO 51 GENE NOMOGRAM		-	-	Medicare	$625.00	$387.50	$375.00	-	-	000	999	
0007U	Q	RX TEST PRSMV UR W/DEF CONF		-	-	Medicare	$190.72	$118.25	$114.43	-	-	000	999	
0008U	Q	HPYLORI DETCJ ABX RSTNC DNA		-	-	Medicare	$996.52	$617.84	$597.91	-	-	000	999	
0009U	Q	ONC BRST CA ERBB2 AMP/NONAMP		-	-	Medicare	$178.33	$110.56	$107.00	-	-	000	999	
00100	N	ANESTH SALIVARY GLAND		-	-	Bundled	$0.00			-	-	000	999	
00102	N	ANESTH REPAIR OF CLEFT LIP		-	-	Bundled	$0.00			-	-	000	999	
00103	N	ANESTH BLEPHAROPLASTY		-	-	Bundled	$0.00			-	-	000	999	
00104	N	ANESTH ELECTROSHOCK		-	-	Bundled	$0.00			-	-	000	999	
0010M	E	ONC PROSTATE PROB SCORE		-	-	Not Allowed	$0.00			-	-	000	999	
0010U	Q	NFCT DS STRN TYP WHL GEN SEQ		-	-	Medicare	$712.10	$441.50	$427.26	-	-	000	999	
0011M	Q	ONC PRST8 CA MRNA 12 GEN ALG		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0011U	Q	RX MNTR LC-MS/MS ORAL FLUID		-	-	Medicare	$190.72	$118.25	$114.43	-	-	000	999	
00120	N	ANESTH EAR SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00124	N	ANESTH EAR EXAM		-	-	Bundled	$0.00			-	-	000	999	
00126	N	ANESTH TYMPANOTOMY		-	-	Bundled	$0.00			-	-	000	999	
0012F	E	CAP BACTERIAL ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
0012M	Q	ONC MRNA 5 GEN RSK URTHL CA		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0013M	Q	ONC MRNA 5 GEN RECR URTHL CA		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
00140	N	ANESTH PROCEDURES ON EYE		-	-	Bundled	$0.00			-	-	000	999	
00142	N	ANESTH LENS SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00144	N	ANESTH CORNEAL TRANSPLANT		-	-	Bundled	$0.00			-	-	000	999	
00145	N	ANESTH VITREORETINAL SURG		-	-	Bundled	$0.00			-	-	000	999	
00147	N	ANESTH IRIDECTOMY		-	-	Bundled	$0.00			-	-	000	999	
00148	N	ANESTH EYE EXAM		-	-	Bundled	$0.00			-	-	000	999	
0014A	E	FEE COVID-19 VAC 2 RES		-	-	Not Allowed	$0.00			-	-	000	999	
0014F	E	COMP PREOP ASSESS CAT SURG		-	-	Not Allowed	$0.00			-	-	000	999	
0015F	E	MELAN FOLLOW-UP COMPLETE		-	-	Not Allowed	$0.00			-	-	000	999	
0015M	Q	ADRNL CORTCL TUM BCHM ASY 25		-	-	Medicare	$2,175.62	$1,348.88	$1,305.37	-	-	000	999	
0015U	E	RX METAB ADVRS RX RXN DNA		-	-	Not Allowed	$0.00			-	-	000	999	
00160	N	ANESTH NOSE/SINUS SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00162	N	ANESTH NOSE/SINUS SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00164	N	ANESTH BIOPSY OF NOSE		-	-	Bundled	$0.00			-	-	000	999	
0016M	Q	ONC BLADDER MRNA 219 GEN ALG		-	-	Medicare	$5,816.05	$3,605.95	$3,489.63	-	-	000	999	
0016U	Q	ONC HMTLMF NEO RNA BCR/ABL1		-	-	Medicare	$273.27	$169.43	$163.96	-	-	000	999	
00170	N	ANESTH PROCEDURE ON MOUTH		-	-	Bundled	$0.00			-	-	000	999	
00172	N	ANESTH CLEFT PALATE REPAIR		-	-	Bundled	$0.00			-	-	000	999	
00174	N	ANESTH PHARYNGEAL SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00176	C	ANESTH PHARYNGEAL SURGERY		-	-	IP Only	$0.00			-	-	000	999	
0017M	Q	ONC DLBCL MRNA 20 GENES ALG		-	-	Medicare	$4,183.68	$2,593.88	$2,510.21	-	-	000	999	
0017U	Q	ONC HMTLMF NEO JAK2 MUT DNA		-	-	Medicare	$152.77	$94.72	$91.66	-	-	000	999	
0018M	Q	TRNSPLJ RNL MEAS CD154+CLL		-	-	Medicare	$1,067.88	$662.09	$640.73	-	-	000	999	
0018U	Q	ONC THYR 10 MICRORNA SEQ ALG		-	-	Medicare	$5,003.48	$3,102.16	$3,002.09	-	-	000	999	
00190	N	ANESTH FACE/SKULL BONE SURG		-	-	Bundled	$0.00			-	-	000	999	
00192	C	ANESTH FACIAL BONE SURGERY		-	-	IP Only	$0.00			-	-	000	999	
0019M	Q	CV DS PLASMA ALYS PRTN BMRK		-	-	Medicare	$1,187.33	$736.14	$712.40	-	-	000	999	

Please see cover sheet for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
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0019U	Q	ONC RNA TISS PREDICT ALG		-	-	Medicare	$6,125.00	$3,797.50	$3,675.00	-	-	000	999	
0020M	Q	ONC CNS ALYS 30000 DNA LOCI		-	-	Medicare	$0.00	$0.00	$0.00	-	-	000	999	
00210	N	ANESTH CRANIAL SURG NOS		-	-	Bundled	$0.00			-	-	000	999	
00211	C	ANESTH CRAN SURG HEMOTOMA		-	-	IP Only	$0.00			-	-	000	999	
00212	N	ANESTH SKULL DRAINAGE		-	-	Bundled	$0.00			-	-	000	999	
00214	C	ANESTH SKULL DRAINAGE		-	-	IP Only	$0.00			-	-	000	999	
00215	C	ANESTH SKULL REPAIR/FRACT		-	-	IP Only	$0.00			-	-	000	999	
00216	N	ANESTH HEAD VESSEL SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00218	N	ANESTH SPECIAL HEAD SURGERY		-	-	Bundled	$0.00			-	-	000	999	
0021A	M	ADM SARSCOV2 5X1010VP/.5ML 1		-	-	Fee Schedule	$0.00			-	-	000	999	
0021U	Q	ONC PRST8 DETCJ 8 AUTOANTB		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
00220	N	ANESTH INTRCRN NERVE		-	-	Bundled	$0.00			-	-	000	999	
00222	N	ANESTH HEAD NERVE SURGERY		-	-	Bundled	$0.00			-	-	000	999	
0022A	M	ADM SARSCOV2 5X1010VP/.5ML 2		-	-	Fee Schedule	$0.00			-	-	000	999	
0022U	Q	TGSAP NSM LUNG NEO DNA&RNA23		-	-	Medicare	$3,250.00	$2,015.00	$1,950.00	-	-	000	999	
0023A	E	FEE COVID-19 VAC 3 BOOSTER		-	-	Not Allowed	$0.00			-	-	000	999	
0023U	Q	ONC AML DNA DETCJ/NONDETCJ		-	-	Medicare	$414.18	$256.79	$248.51	-	-	000	999	
0024A	E	FEE COVID-19 VAC 3 RES		-	-	Not Allowed	$0.00			-	-	000	999	
0024U	Q	GLYCA NUC MR SPECTRSC QUAN		-	-	Medicare	$56.98	$35.33	$34.19	-	-	000	999	
0025U	Q	TENOFOVIR LIQ CHROM UR QUAN		-	-	Medicare	$190.72	$118.25	$114.43	-	-	000	999	
0026U	Q	ONC THYR DNA&MRNA 112 GENES		-	-	Medicare	$6,000.00	$3,720.00	$3,600.00	-	-	000	999	
0027U	Q	JAK2 GENE TRGT SEQ ALYS		-	-	Medicare	$203.18	$125.97	$121.91	-	-	000	999	
0029U	Q	RX METAB ADVRS TRGT SEQ ALYS		-	-	Medicare	$1,237.12	$767.01	$742.27	-	-	000	999	
00300	N	ANESTH HEAD/NECK/PTRUNK		-	-	Bundled	$0.00			-	-	000	999	
0030T	E	ANTIPROTHROMBIN ANTIBODY		-	-	Not Allowed	$0.00			-	-	000	999	
0030U	Q	RX METAB WARF TRGT SEQ ALYS		-	-	Medicare	$223.55	$138.60	$134.13	-	-	000	999	
0031U	Q	CYP1A2 GENE		-	-	Medicare	$291.35	$180.64	$174.81	-	-	000	999	
00320	N	ANESTH NECK ORGAN 1YR/>		-	-	Bundled	$0.00			-	-	000	999	
00322	N	ANESTH BIOPSY OF THYROID		-	-	Bundled	$0.00			-	-	000	999	
00326	N	ANESTH LARYNX/TRACH < 1 YR		-	-	Bundled	$0.00			-	-	000	1	
0032A	E	FEE COVID-19 VAC 4 DOSE 2		-	-	Not Allowed	$0.00			-	-	000	999	
0032U	Q	COMT GENE		-	-	Medicare	$291.35	$180.64	$174.81	-	-	000	999	
0033A	E	FEE COVID-19 VAC 4 BOOSTER		-	-	Not Allowed	$0.00			-	-	000	999	
0033U	Q	HTR2A HTR2C GENES		-	-	Medicare	$582.70	$361.27	$349.62	-	-	000	999	
0034U	Q	TPMT NUDT15 GENES		-	-	Medicare	$776.95	$481.71	$466.17	-	-	000	999	
00350	N	ANESTH NECK VESSEL SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00352	N	ANESTH NECK VESSEL SURGERY		-	-	Bundled	$0.00			-	-	000	999	
0035U	Q	NEURO CSF PRION PRTN QUAL		-	-	Medicare	$901.65	$559.02	$540.99	-	-	000	999	
0036U	Q	XOME TUM & NML SPEC SEQ ALYS		-	-	Medicare	$7,966.67	$4,939.34	$4,780.00	-	-	000	999	
0037U	Q	TRGT GEN SEQ DNA 324 GENES		-	-	Medicare	$5,833.33	$3,616.66	$3,500.00	-	-	000	999	
0038U	Q	VITAMIN D SRM MICROSAMP QUAN		-	-	Medicare	$49.33	$30.58	$29.60	-	-	000	999	
0039U	Q	DNA ANTB 2STRAND HI AVIDITY		-	-	Medicare	$22.90	$14.20	$13.74	-	-	000	999	
00400	N	ANESTH SKIN EXT/PER/ATRUNK		-	-	Bundled	$0.00			-	-	000	999	
00402	N	ANESTH SURGERY OF BREAST		-	-	Bundled	$0.00			-	-	000	999	
00404	N	ANESTH SURGERY OF BREAST		-	-	Bundled	$0.00			-	-	000	999	
00406	N	ANESTH SURGERY OF BREAST		-	-	Bundled	$0.00			-	-	000	999	
0040U	Q	BCR/ABL1 GENE MAJOR BP QUAN		-	-	Medicare	$683.17	$423.57	$409.90	-	-	000	999	
00410	N	ANESTH CORRECT HEART RHYTHM		-	-	Bundled	$0.00			-	-	000	999	
0041U	Q	B BRGDRFERI ANTB 5 PRTN IGM		-	-	Medicare	$28.68	$17.78	$17.21	-	-	000	999	
0042T	E	CT PERFUSION W/CONTRAST CBF		-	-	Not Allowed	$0.00			-	-	000	999	
0042U	Q	B BRGDRFERI ANTB 12 PRTN IGG		-	-	Medicare	$28.68	$17.78	$17.21	-	-	000	999	
0043A	E	FEE COVID-19 VAC 5 BOOSTER		-	-	Not Allowed	$0.00			-	-	000	999	
0043U	Q	TBRF B GRP ANTB 4 PRTN IGM		-	-	Medicare	$24.77	$15.36	$14.86	-	-	000	999	
0044U	Q	TBRF B GRP ANTB 4 PRTN IGG		-	-	Medicare	$24.77	$15.36	$14.86	-	-	000	999	
00450	N	ANESTH SURGERY OF SHOULDER		-	-	Bundled	$0.00			-	-	000	999	
00454	N	ANESTH COLLAR BONE BIOPSY		-	-	Bundled	$0.00			-	-	000	999	

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0045U	Q	ONC BRST DUX CARC IS 12 GENE		-	-	Medicare	$6,455.00	$4,002.10	$3,873.00	-	-	000	999	
0046U	Q	FLT3 GENE ITD VARIANTS QUAN		-	-	Medicare	$679.05	$421.01	$407.43	-	-	000	999	
00470	N	ANESTH REMOVAL OF RIB		-	-	Bundled	$0.00			-	-	000	999	
00472	N	ANESTH CHEST WALL REPAIR		-	-	Bundled	$0.00			-	-	000	999	
00474	C	ANESTH SURGERY OF RIB		-	-	IP Only	$0.00			-	-	000	999	
0047U	Q	ONC PRST8 MRNA 17 GENE ALG		-	-	Medicare	$6,455.00	$4,002.10	$3,873.00	-	-	000	999	
0048T	E	IMPLANT VENTRICULAR DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
0048U	Q	ONC SLD ORG NEO DNA 468 GENE		-	-	Medicare	$4,866.00	$3,016.92	$2,919.60	-	-	000	999	
0049U	Q	NPM1 GENE ANALYSIS QUAN		-	-	Medicare	$679.05	$421.01	$407.43	-	-	000	999	
00500	N	ANESTH ESOPHAGEAL SURGERY		-	-	Bundled	$0.00			-	-	000	999	
0050T	E	REMOVAL CIRCULATION ASSIST		-	-	Not Allowed	$0.00			-	-	000	999	
0050U	Q	TRGT GEN SEQ DNA 194 GENES		-	-	Medicare	$4,861.00	$3,013.82	$2,916.60	-	-	000	999	
0051U	Q	RX MNTR LC-MS/MS UR/BLD 31		-	-	Medicare	$411.53	$255.15	$246.92	-	-	000	999	
00520	N	ANESTH CHEST PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
00522	N	ANESTH CHEST LINING BIOPSY		-	-	Bundled	$0.00			-	-	000	999	
00524	C	ANESTH CHEST DRAINAGE		-	-	IP Only	$0.00			-	-	000	999	
00528	N	ANES MEDIASCPY & DX THORSCPY		-	-	Bundled	$0.00			-	-	000	999	
00529	N	ANES MEDSCPY&THORSCPY 1 LUNG		-	-	Bundled	$0.00			-	-	000	999	
0052U	Q	LPOPRTN BLD W/5 MAJ CLASSES		-	-	Medicare	$56.43	$34.99	$33.86	-	-	000	999	
00530	N	ANESTH PACEMAKER INSERTION		-	-	Bundled	$0.00			-	-	000	999	
00532	N	ANESTH VASCULAR ACCESS		-	-	Bundled	$0.00			-	-	000	999	
00534	N	ANESTH CARDIOVERTER/DEFIB		-	-	Bundled	$0.00			-	-	000	999	
00537	N	ANESTH CARDIAC ELECTROPHYS		-	-	Bundled	$0.00			-	-	000	999	
00539	N	ANESTH TRACH-BRONCH RECONST		-	-	Bundled	$0.00			-	-	000	999	
00540	C	ANESTH CHEST SURGERY		-	-	IP Only	$0.00			-	-	000	999	
00541	N	ANESTH ONE LUNG VENTILATION		-	-	Bundled	$0.00			-	-	000	999	
00542	C	ANESTHESIA REMOVAL PLEURA		-	-	IP Only	$0.00			-	-	000	999	
00546	C	ANESTH LUNG CHEST WALL SURG		-	-	IP Only	$0.00			-	-	000	999	
00548	N	ANESTH TRACHEA BRONCHI SURG		-	-	Bundled	$0.00			-	-	000	999	
0054T	E	BONE SRGRY CMPTR FLUOR IMAGE		-	-	Not Allowed	$0.00			-	-	000	999	
0054U	Q	RX MNTR 14+ DRUGS & SBSTS		-	-	Medicare	$331.23	$205.36	$198.74	-	-	000	999	
00550	N	ANESTH STERNAL DEBRIDEMENT		-	-	Bundled	$0.00			-	-	000	999	
0055T	E	BONE SRGRY CMPTR CT/MRI IMAG		-	-	Not Allowed	$0.00			-	-	000	999	
0055U	Q	CARD HRT TRNSPL 96 DNA SEQ		-	-	Medicare	$5,400.00	$3,348.00	$3,240.00	-	-	000	999	
00560	C	ANESTH HEART SURG W/O PUMP		-	-	IP Only	$0.00			-	-	000	999	
00561	C	ANESTH HEART SURG <1 YR		-	-	IP Only	$0.00			-	-	000	0	
00562	C	ANESTH HRT SURG W/PMP AGE 1+		-	-	IP Only	$0.00			-	-	000	999	
00563	N	ANESTH HEART SURG W/ARREST		-	-	Bundled	$0.00			-	-	000	999	
00566	N	ANESTH CABG W/O PUMP		-	-	Bundled	$0.00			-	-	000	999	
00567	C	ANESTH CABG W/PUMP		-	-	IP Only	$0.00			-	-	000	999	
00580	C	ANESTH HEART/LUNG TRANSPLNT		-	-	IP Only	$0.00			-	-	000	999	
0058U	Q	ONC MERKEL CLL CARC SRM QUAN		-	-	Medicare	$538.27	$333.73	$322.96	-	-	000	999	
0059U	Q	ONC MERKEL CLL CARC SRM +/-		-	-	Medicare	$538.27	$333.73	$322.96	-	-	000	999	
00600	N	ANESTH SPINE CORD SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00604	C	ANESTH SITTING PROCEDURE		-	-	IP Only	$0.00			-	-	000	999	
0060U	Q	TWN ZYG GEN SEQ ALYS CHRMS2		-	-	Medicare	$1,265.08	$784.35	$759.05	-	-	000	999	
0061A	E	FEE COVID-19 VAC 7 DOSE 1		-	-	Not Allowed	$0.00			-	-	000	999	
0061U	Q	TC MEAS 5 BMRK SFDI M-S ALYS		-	-	Medicare	$41.83	$25.93	$25.10	-	-	000	999	
00620	N	ANESTH SPINE CORD SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00625	N	ANES SPINE TRANTHOR W/O VENT		-	-	Bundled	$0.00			-	-	000	999	
00626	N	ANES SPINE TRANSTHOR W/VENT		-	-	Bundled	$0.00			-	-	000	999	
0062A	E	FEE COVID-19 VAC 7 DOSE 2		-	-	Not Allowed	$0.00			-	-	000	999	
0062U	Q	AI SLE IGG&IGM ALYS 80 BMRK		-	-	Medicare	$634.53	$393.41	$380.72	-	-	000	999	
00630	N	ANESTH SPINE CORD SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00632	C	ANESTH REMOVAL OF NERVES		-	-	IP Only	$0.00			-	-	000	999	
00635	N	ANESTH LUMBAR PUNCTURE		-	-	Bundled	$0.00			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
0063A	E	FEE COVID-19 VAC 7 BOOSTER		-	-	Not Allowed	$0.00			-	-	000	999	
0063U	Q	NEURO AUTISM 32 AMINES ALG		-	-	Medicare	$1,250.00	$775.00	$750.00	-	-	000	999	
00640	N	ANESTH SPINE MANIPULATION		-	-	Bundled	$0.00			-	-	000	999	
0064U	Q	ANTB TP TOTAL&RPR IA QUAL		-	-	Medicare	$52.22	$32.38	$31.33	-	-	000	999	
0065U	Q	SYFLS TST NONTREPONEMAL ANTB		-	-	Medicare	$30.15	$18.69	$18.09	-	-	000	999	
00670	N	ANESTH SPINE CORD SURGERY		-	-	Bundled	$0.00			-	-	000	999	
0067U	Q	ONC BRST IMHCHEM PRFL 4 BMRK		-	-	Medicare	$3,161.67	$1,960.24	$1,897.00	-	-	000	999	
0068U	Q	CANDIDA SPECIES PNL AMP PRB		-	-	Medicare	$237.72	$147.39	$142.63	-	-	000	999	
0069U	Q	ONC CLRCT MICRORNA MIR-31-3P		-	-	Medicare	$633.33	$392.66	$380.00	-	-	000	999	
00700	N	ANESTH ABDOMINAL WALL SURG		-	-	Bundled	$0.00			-	-	000	999	
00702	N	ANESTH FOR LIVER BIOPSY		-	-	Bundled	$0.00			-	-	000	999	
0070U	Q	CYP2D6 GEN COM&SLCT RAR VRNT		-	-	Medicare	$1,127.28	$698.91	$676.37	-	-	000	999	
0071T	E	US LEIOMYOMATA ABLATE <200		-	-	Not Allowed	$0.00			-	-	000	999	
0071U	Q	CYP2D6 FULL GENE SEQUENCE		-	-	Medicare	$1,000.00	$620.00	$600.00	-	-	000	999	
0072T	E	FCSD US ABLTJ LEIOMYOM>=200		-	-	Not Allowed	$0.00			-	-	000	999	
0072U	Q	CYP2D6 GEN CYP2D6-2D7 HYBRID		-	-	Medicare	$751.52	$465.94	$450.91	-	-	000	999	
00730	N	ANESTH ABDOMINAL WALL SURG		-	-	Bundled	$0.00			-	-	000	999	
00731	N	ANES UPR GI NDSC PX NOS		-	-	Bundled	$0.00			-	-	000	999	
00732	N	ANES UPR GI NDSC PX ERCP		-	-	Bundled	$0.00			-	-	000	999	
0073U	Q	CYP2D6 GEN CYP2D7-2D6 HYBRID		-	-	Medicare	$751.52	$465.94	$450.91	-	-	000	999	
0074U	Q	CYP2D6 NONDUPLICATED GENE		-	-	Medicare	$751.52	$465.94	$450.91	-	-	000	999	
00750	N	ANES HRNA RPR UPR ABD NOS		-	-	Bundled	$0.00			-	-	000	999	
00752	N	ANES HRNA RPR LMBR&VNT&/DEHS		-	-	Bundled	$0.00			-	-	000	999	
00754	N	ANES HRNA RPR OMPHALOCELE		-	-	Bundled	$0.00			-	-	000	999	
00756	N	ANES HRNA RPR DIPHRG HRNA		-	-	Bundled	$0.00			-	-	000	999	
0075T	E	PERQ STENT/CHEST VERT ART		-	-	Not Allowed	$0.00			-	Y	000	999	
0075U	Q	CYP2D6 5' GENE DUP/MLT		-	-	Medicare	$751.52	$465.94	$450.91	-	-	000	999	
0076T	E	S&I STENT/CHEST VERT ART		-	-	Not Allowed	$0.00			-	Y	000	999	
0076U	Q	CYP2D6 3' GENE DUP/MLT		-	-	Medicare	$751.52	$465.94	$450.91	-	-	000	999	
00770	N	ANES PX MAJ ABD BLOOD VESSEL		-	-	Bundled	$0.00			-	-	000	999	
0077U	Q	IG PARAPROTEIN QUAL BLD/UR		-	-	Medicare	$72.38	$44.88	$43.43	-	-	000	999	
00790	N	ANES IPER UPR ABD NOS		-	-	Bundled	$0.00			-	-	000	999	
00792	C	ANES IPER UPR ABD PRTL HPTC		-	-	IP Only	$0.00			-	-	000	999	
00794	C	ANES IPER UPR ABD PNCRTECT		-	-	IP Only	$0.00			-	-	000	999	
00796	C	ANES IPER UPR ABD LVR TRNSPL		-	-	IP Only	$0.00			-	-	000	999	
00797	N	ANES IPER UPR ABD GSTR PX MO		-	-	Bundled	$0.00			-	-	000	999	
0079U	E	CMPRTV DNA ALYS MLT SNPS		-	-	Not Allowed	$0.00			-	-	000	999	
00800	N	ANESTH ABDOMINAL WALL SURG		-	-	Bundled	$0.00			-	-	000	999	
00802	N	ANESTH FAT LAYER REMOVAL		-	-	Bundled	$0.00			-	-	000	999	
0080U	Q	ONC LNG 5 CLIN RSK FACTR ALG		-	-	Medicare	$5,866.67	$3,637.34	$3,520.00	-	-	000	999	
00811	N	ANES LWR INTST NDSC NOS		-	-	Bundled	$0.00			-	-	000	999	
00812	N	ANES LWR INTST SCR COLSC		-	-	Bundled	$0.00			-	-	000	999	
00813	N	ANES UPR LWR GI NDSC PX		-	-	Bundled	$0.00			-	-	000	999	
00820	N	ANESTH ABDOMINAL WALL SURG		-	-	Bundled	$0.00			-	-	000	999	
0082U	Q	RX TEST DEF 90+ RX/SBSTS UR		-	-	Medicare	$411.53	$255.15	$246.92	-	-	000	999	
00830	N	ANESTH REPAIR OF HERNIA		-	-	Bundled	$0.00			-	-	000	999	
00832	N	ANESTH REPAIR OF HERNIA		-	-	Bundled	$0.00			-	-	000	999	
00834	N	ANESTH HERNIA REPAIR < 1 YR		-	-	Bundled	$0.00			-	-	000	1	
00836	N	ANESTH HERNIA REPAIR PREEMIE		-	-	Bundled	$0.00			-	-	000	1	
0083U	Q	ONC RSPSE CHEMO CNTRST TOMOG		-	-	Medicare	$278.92	$172.93	$167.35	-	-	000	999	
00840	N	ANESTH SURG LOWER ABDOMEN		-	-	Bundled	$0.00			-	-	000	999	
00842	N	ANESTH AMNIOCENTESIS		-	-	Bundled	$0.00			-	-	000	999	
00844	C	ANESTH PELVIS SURGERY		-	-	IP Only	$0.00			-	-	000	999	
00846	C	ANESTH HYSTERECTOMY		-	-	IP Only	$0.00			-	-	000	999	
00848	C	ANESTH PELVIC ORGAN SURG		-	-	IP Only	$0.00			-	-	000	999	
0084A	E	FEE COVID-19 VAC 9 RES		-	-	Not Allowed	$0.00			-	-	000	999	

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0084U	Q	RBC DNA GNOTYP 10 BLD GROUPS		-	-	Medicare	$1,200.00	$744.00	$720.00	-	-	000	999	
00851	N	ANESTH TUBAL LIGATION		-	-	Bundled	$0.00			-	-	010	999	
00860	N	ANESTH SURGERY OF ABDOMEN		-	-	Bundled	$0.00			-	-	000	999	
00862	N	ANESTH KIDNEY/URETER SURG		-	-	Bundled	$0.00			-	-	000	999	
00864	C	ANESTH REMOVAL OF BLADDER		-	-	IP Only	$0.00			-	-	000	999	
00865	N	ANESTH REMOVAL OF PROSTATE		-	-	Bundled	$0.00			-	-	000	999	
00866	C	ANESTH REMOVAL OF ADRENAL		-	-	IP Only	$0.00			-	-	000	999	
00868	C	ANESTH KIDNEY TRANSPLANT		-	-	IP Only	$0.00			-	-	000	999	
0086U	Q	NFCT DS BACT&FNG ORG ID 6+		-	-	Medicare	$333.33	$206.66	$200.00	-	-	000	999	
00870	N	ANESTH BLADDER STONE SURG		-	-	Bundled	$0.00			-	-	000	999	
00872	N	ANESTH KIDNEY STONE DESTRUCT		-	-	Bundled	$0.00			-	-	000	999	
00873	N	ANESTH KIDNEY STONE DESTRUCT		-	-	Bundled	$0.00			-	-	000	999	
0087U	Q	CRD HRT TRNSPL MRNA 1283 GEN		-	-	Medicare	$5,265.70	$3,264.73	$3,159.42	-	-	000	999	
00880	N	ANESTH ABDOMEN VESSEL SURG		-	-	Bundled	$0.00			-	-	000	999	
00882	C	ANESTH MAJOR VEIN LIGATION		-	-	IP Only	$0.00			-	-	000	999	
0088U	Q	TRNSPLJ KDN ALGRFT REJ 1494		-	-	Medicare	$5,265.70	$3,264.73	$3,159.42	-	-	000	999	
0089U	Q	ONC MLNMA PRAME & LINC00518		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
00902	N	ANESTH ANORECTAL SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00904	C	ANESTH PERINEAL SURGERY		-	-	IP Only	$0.00			-	-	000	999	
00906	N	ANES VULVECTOMY		-	-	Bundled	$0.00			-	-	000	999	
00908	C	ANESTH REMOVAL OF PROSTATE		-	-	IP Only	$0.00			-	-	000	999	
0090U	Q	ONC CUTAN MLNMA MRNA 23 GENE		-	-	Medicare	$3,250.00	$2,015.00	$1,950.00	-	-	000	999	
00910	N	ANESTH BLADDER SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00912	N	ANESTH BLADDER TUMOR SURG		-	-	Bundled	$0.00			-	-	000	999	
00914	N	ANESTH REMOVAL OF PROSTATE		-	-	Bundled	$0.00			-	-	000	999	
00916	N	ANESTH BLEEDING CONTROL		-	-	Bundled	$0.00			-	-	000	999	
00918	N	ANESTH STONE REMOVAL		-	-	Bundled	$0.00			-	-	000	999	
0091U	E	ONC CLRCT SCR WHL BLD ALG		-	-	Not Allowed	$0.00			-	-	000	999	
00920	N	ANESTH GENITALIA SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00921	N	ANESTH VASECTOMY		-	-	Bundled	$0.00			-	-	000	999	
00922	N	ANESTH SPERM DUCT SURGERY		-	-	Bundled	$0.00			-	-	000	999	
00924	N	ANESTH TESTIS EXPLORATION		-	-	Bundled	$0.00			-	-	000	999	
00926	N	ANESTH REMOVAL OF TESTIS		-	-	Bundled	$0.00			-	-	000	999	
00928	N	ANESTH REMOVAL OF TESTIS		-	-	Bundled	$0.00			-	-	000	999	
0092U	Q	ONC LNG 3 PRTN BMRK PLSM ALG		-	-	Medicare	$4,146.67	$2,570.94	$2,488.00	-	-	000	999	
00930	N	ANESTH TESTIS SUSPENSION		-	-	Bundled	$0.00			-	-	000	999	
00932	C	ANESTH AMPUTATION OF PENIS		-	-	IP Only	$0.00			-	-	000	999	
00934	C	ANESTH PENIS NODES REMOVAL		-	-	IP Only	$0.00			-	-	000	999	
00936	C	ANESTH PENIS NODES REMOVAL		-	-	IP Only	$0.00			-	-	000	999	
00938	N	ANESTH INSERT PENIS DEVICE		-	-	Bundled	$0.00			-	-	000	999	
0093U	Q	RX MNTR 65 COM DRUGS URINE		-	-	Medicare	$103.57	$64.21	$62.14	-	-	000	999	
00940	N	ANESTH VAGINAL PROCEDURES		-	-	Bundled	$0.00			-	-	000	999	
00942	N	ANESTH SURG ON VAG/URETHRAL		-	-	Bundled	$0.00			-	-	000	999	
00944	N	ANESTH VAGINAL HYSTERECTOMY		-	-	Bundled	$0.00			-	-	010	999	
00948	N	ANESTH REPAIR OF CERVIX		-	-	Bundled	$0.00			-	-	000	999	
0094U	Q	GENOME RAPID SEQUENCE ALYS		-	-	Medicare	$12,637.00	$7,834.94	$7,582.20	-	-	000	999	
00950	N	ANESTH VAGINAL ENDOSCOPY		-	-	Bundled	$0.00			-	-	000	999	
00952	N	ANESTH HYSTEROSCOPE/GRAPH		-	-	Bundled	$0.00			-	-	000	999	
0095T	E	RMVL ARTIFIC DISC ADDL CRVCL		-	-	Not Allowed	$0.00			-	-	000	999	
0095U	Q	EE 2 PRTN BMRK ELISA EST		-	-	Medicare	$1,286.63	$797.71	$771.98	-	-	000	999	
0096U	Q	HPV HI RISK TYPES MALE URINE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
0098T	E	REV ARTIFIC DISC ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
0098U	Q	RESPIR PATHOGEN 14 TARGETS		-	-	Medicare	$413.03	$256.08	$247.82	-	-	000	999	
0099U	Q	RESPIR PATHOGEN 20 TARGETS		-	-	Medicare	$458.92	$284.53	$275.35	-	-	000	999	
0100T	E	PROSTH RETINA RECEIVE&GEN		-	-	Not Allowed	$0.00			-	Y	000	999	
0100U	Q	RESPIR PATHOGEN 21 TARGETS		-	-	Medicare	$497.67	$308.56	$298.60	-	-	000	999	

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0101A	E	FEE COVID-19 VAC 11 DOSE 1		-	-	Not Allowed	$0.00			-	-	000	999	
0101T	E	ESW MUSCSKEL SYS NOS		-	-	Not Allowed	$0.00			-	Y	000	999	
0101U	Q	HERED COLON CA DO 15 GENES		-	-	Medicare	$2,906.58	$1,802.08	$1,743.95	-	-	000	999	
0102A	E	FEE COVID-19 VAC 11 DOSE 2		-	-	Not Allowed	$0.00			-	-	000	999	
0102T	E	ESW PHY ANES LAT HMRL EPCNDL		-	-	Not Allowed	$0.00			-	Y	000	999	
0102U	Q	HERED BRST CA RLTD DO 17 GEN		-	-	Medicare	$2,173.25	$1,347.42	$1,303.95	-	-	000	999	
0103A	E	FEE COVID-19 VAC 11 BOOSTER		-	-	Not Allowed	$0.00			-	-	000	999	
0103U	Q	HERED OVA CA PNL 24 GENES		-	-	Medicare	$2,906.58	$1,802.08	$1,743.95	-	-	000	999	
0104A	E	ADM SARSCOV2 5MCG/.5ML AS03B		-	-	Not Allowed	$0.00			-	-	000	999	
0105U	Q	NEPH CKD MULT ECLIA TUM NEC		-	-	Medicare	$1,583.33	$981.66	$950.00	-	-	000	999	
0106T	E	TOUCH QUANT SENSORY TEST		-	-	Not Allowed	$0.00			-	Y	000	999	
0106U	Q	GSTR EMPTG 7 TIMED BRTH SPEC		-	-	Medicare	$1,457.48	$903.64	$874.49	-	-	000	999	
0107T	E	VIBRATE QUANT SENSORY TEST		-	-	Not Allowed	$0.00			-	Y	000	999	
0107U	Q	C DIFF TOX AG DETCJ IA STOOL		-	-	Medicare	$26.67	$16.54	$16.00	-	-	000	999	
0108T	E	COOL QUANT SENSORY TEST		-	-	Not Allowed	$0.00			-	Y	000	999	
0108U	Q	GI BARRETT ESOPH 9 PRTN BMRK		-	-	Medicare	$8,250.00	$5,115.00	$4,950.00	-	-	000	999	
0109T	E	HEAT QUANT SENSORY TEST		-	-	Not Allowed	$0.00			-	Y	000	999	
0109U	Q	ID ASPERGILLUS DNA 4 SPECIES		-	-	Medicare	$237.72	$147.39	$142.63	-	-	000	999	
0110T	E	NOS QUANT SENSORY TEST		-	-	Not Allowed	$0.00			-	Y	000	999	
0110U	Q	RX MNTR 1+ORAL ONC RX&SBSTS		-	-	Medicare	$45.18	$28.01	$27.11	-	-	000	999	
01112	N	ANESTH BONE ASPIRATE/BX		-	-	Bundled	$0.00			-	-	000	999	
0111U	Q	ONC COLON CA KRAS&NRAS ALYS		-	-	Medicare	$1,137.15	$705.03	$682.29	-	-	000	999	
01120	N	ANESTH PELVIS SURGERY		-	-	Bundled	$0.00			-	-	000	999	
0112U	Q	IADI 16S&18S RRNA GENES		-	-	Medicare	$593.55	$368.00	$356.13	-	-	000	999	
01130	N	ANESTH BODY CAST PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
0113U	Q	ONC PRST8 PCA3&TMPRSS2-ERG		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
01140	C	ANESTH AMPUTATION AT PELVIS		-	-	IP Only	$0.00			-	-	000	999	
0114U	Q	GI BARRETTS ESOPH VIM&CCNA1		-	-	Medicare	$3,230.02	$2,002.61	$1,938.01	-	-	000	999	
01150	C	ANESTH PELVIC TUMOR SURGERY		-	-	IP Only	$0.00			-	-	000	999	
0115U	Q	RESPIR IADNA 18 VIRAL&2 BACT		-	-	Medicare	$458.92	$284.53	$275.35	-	-	000	999	
01160	N	ANESTH PELVIS PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
0116U	Q	RX MNTR NZM IA 35+ORAL FLU		-	-	Medicare	$411.53	$255.15	$246.92	-	-	000	999	
01170	N	ANESTH PELVIS SURGERY		-	-	Bundled	$0.00			-	-	000	999	
01173	N	ANESTH FX REPAIR PELVIS		-	-	Bundled	$0.00			-	-	000	999	
0117U	Q	PAIN MGMT 11 ENDOGENOUS ANAL		-	-	Medicare	$1,401.08	$868.67	$840.65	-	-	000	999	
0118U	Q	TRNSPLJ DON-DRV CLL-FR DNA		-	-	Medicare	$4,588.75	$2,845.03	$2,753.25	-	-	000	999	
0119U	Q	CRD CERAMIDES LIQ CHROM PLSM		-	-	Medicare	$139.60	$86.55	$83.76	-	-	000	999	
01200	N	ANESTH HIP JOINT PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
01202	N	ANESTH ARTHROSCOPY OF HIP		-	-	Bundled	$0.00			-	-	000	999	
0120U	Q	ONC B CLL LYMPHM MRNA 58 GEN		-	-	Medicare	$4,183.68	$2,593.88	$2,510.21	-	-	000	999	
01210	N	ANESTH HIP JOINT SURGERY		-	-	Bundled	$0.00			-	-	000	999	
01212	C	ANESTH HIP DISARTICULATION		-	-	IP Only	$0.00			-	-	000	999	
01214	N	ANESTH HIP ARTHROPLASTY		-	-	Bundled	$0.00			-	-	000	999	
01215	N	ANESTH REVISE HIP REPAIR		-	-	Bundled	$0.00			-	-	000	999	
0121U	Q	SC DIS VCAM-1 WHOLE BLOOD		-	-	Medicare	$848.67	$526.18	$509.20	-	-	000	999	
01220	N	ANESTH PROCEDURE ON FEMUR		-	-	Bundled	$0.00			-	-	000	999	
0122U	Q	SC DIS P-SELECTIN WHL BLOOD		-	-	Medicare	$877.05	$543.77	$526.23	-	-	000	999	
01230	N	ANESTH SURGERY OF FEMUR		-	-	Bundled	$0.00			-	-	000	999	
01232	C	ANESTH AMPUTATION OF FEMUR		-	-	IP Only	$0.00			-	-	000	999	
01234	C	ANESTH RADICAL FEMUR SURG		-	-	IP Only	$0.00			-	-	000	999	
0123U	Q	MCHNL FRAGILITY RBC PRFLG		-	-	Medicare	$596.05	$369.55	$357.63	-	-	000	999	
0124U	E	FTL CGEN ABNOR 3 ANALTYES		-	-	Not Allowed	$0.00			-	-	000	999	
01250	N	ANESTH UPPER LEG SURGERY		-	-	Bundled	$0.00			-	-	000	999	
0125U	E	FTL CGEN ABNOR PRNT COMP 5		-	-	Not Allowed	$0.00			-	-	000	999	
01260	N	ANESTH UPPER LEG VEINS SURG		-	-	Bundled	$0.00			-	-	000	999	
0126U	E	FTL CGEN ABNOR PRNT COMP 5 Y		-	-	Not Allowed	$0.00			-	-	000	999	

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01270	N	ANESTH THIGH ARTERIES SURG		-	-	Bundled	$0.00			-	-	000	999	
01272	C	ANESTH FEMORAL ARTERY SURG		-	-	IP Only	$0.00			-	-	000	999	
01274	C	ANESTH FEMORAL EMBOLECTOMY		-	-	IP Only	$0.00			-	-	000	999	
0127U	E	OB PE 3 ANALYTES		-	-	Not Allowed	$0.00			-	-	000	999	
0128U	E	OB PE 3 ANALYTES Y CHRMSM		-	-	Not Allowed	$0.00			-	-	000	999	
0129U	Q	HERED BRST CA RLTD DO PANEL		-	-	Medicare	$2,173.25	$1,347.42	$1,303.95	-	-	000	999	
0130U	Q	HERED COLON CA DO MRNA PNL		-	-	Medicare	$974.83	$604.39	$584.90	-	-	000	999	
0131U	Q	HERED BRST CA RLTD DO PNL 13		-	-	Medicare	$1,183.33	$733.66	$710.00	-	-	000	999	
01320	N	ANESTH KNEE AREA SURGERY		-	-	Bundled	$0.00			-	-	000	999	
0132U	Q	HERED OVA CA RLTD DO PNL 17		-	-	Medicare	$1,236.07	$766.36	$741.64	-	-	000	999	
0133U	Q	HERED PRST8 CA RLTD DO 11		-	-	Medicare	$1,150.48	$713.30	$690.29	-	-	000	999	
01340	N	ANESTH KNEE AREA PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
0134U	Q	HERED PAN CA MRNA PNL 18 GEN		-	-	Medicare	$1,247.32	$773.34	$748.39	-	-	000	999	
0135U	Q	HERED GYN CA MRNA PNL 12 GEN		-	-	Medicare	$1,167.60	$723.91	$700.56	-	-	000	999	
01360	N	ANESTH KNEE AREA SURGERY		-	-	Bundled	$0.00			-	-	000	999	
0136U	Q	ATM MRNA SEQ ALYS		-	-	Medicare	$679.05	$421.01	$407.43	-	-	000	999	
0137U	Q	PALB2 MRNA SEQ ALYS		-	-	Medicare	$471.47	$292.31	$282.88	-	-	000	999	
01380	N	ANESTH KNEE JOINT PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
01382	N	ANESTH DX KNEE ARTHROSCOPY		-	-	Bundled	$0.00			-	-	000	999	
0138U	Q	BRCA1 BRCA2 MRNA SEQ ALYS		-	-	Medicare	$780.55	$483.94	$468.33	-	-	000	999	
01390	N	ANESTH KNEE AREA PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
01392	N	ANESTH KNEE AREA SURGERY		-	-	Bundled	$0.00			-	-	000	999	
01400	N	ANESTH KNEE JOINT SURGERY		-	-	Bundled	$0.00			-	-	000	999	
01402	N	ANESTH KNEE ARTHROPLASTY		-	-	Bundled	$0.00			-	-	000	999	
01404	C	ANESTH AMPUTATION AT KNEE		-	-	IP Only	$0.00			-	-	000	999	
0140U	Q	NFCT DS FUNGI DNA 15 TRGT		-	-	Medicare	$261.25	$161.98	$156.75	-	-	000	999	
0141U	Q	NFCT DS BACT&FNG GRAM POS		-	-	Medicare	$261.25	$161.98	$156.75	-	-	000	999	
01420	N	ANESTH KNEE JOINT CASTING		-	-	Bundled	$0.00			-	-	000	999	
0142U	Q	NFCT DS BACT&FNG GRAM NEG		-	-	Medicare	$261.25	$161.98	$156.75	-	-	000	999	
01430	N	ANESTH KNEE VEINS SURGERY		-	-	Bundled	$0.00			-	-	000	999	
01432	N	ANESTH KNEE VESSEL SURG		-	-	Bundled	$0.00			-	-	000	999	
01440	N	ANESTH KNEE ARTERIES SURG		-	-	Bundled	$0.00			-	-	000	999	
01442	C	ANESTH KNEE ARTERY SURG		-	-	IP Only	$0.00			-	-	000	999	
01444	C	ANESTH KNEE ARTERY REPAIR		-	-	IP Only	$0.00			-	-	000	999	
01462	N	ANESTH LOWER LEG PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
01464	N	ANESTH ANKLE/FT ARTHROSCOPY		-	-	Bundled	$0.00			-	-	000	999	
01470	N	ANESTH LOWER LEG SURGERY		-	-	Bundled	$0.00			-	-	000	999	
01472	N	ANESTH ACHILLES TENDON SURG		-	-	Bundled	$0.00			-	-	000	999	
01474	N	ANESTH LOWER LEG SURGERY		-	-	Bundled	$0.00			-	-	000	999	
01480	N	ANESTH LOWER LEG BONE SURG		-	-	Bundled	$0.00			-	-	000	999	
01482	N	ANESTH RADICAL LEG SURGERY		-	-	Bundled	$0.00			-	-	000	999	
01484	N	ANESTH LOWER LEG REVISION		-	-	Bundled	$0.00			-	-	000	999	
01486	N	ANESTH ANKLE REPLACEMENT		-	-	Bundled	$0.00			-	-	000	999	
01490	N	ANESTH LOWER LEG CASTING		-	-	Bundled	$0.00			-	-	000	999	
01500	N	ANESTH LEG ARTERIES SURG		-	-	Bundled	$0.00			-	-	000	999	
01502	C	ANESTH LWR LEG EMBOLECTOMY		-	-	IP Only	$0.00			-	-	000	999	
01520	N	ANESTH LOWER LEG VEIN SURG		-	-	Bundled	$0.00			-	-	000	999	
01522	N	ANESTH LOWER LEG VEIN SURG		-	-	Bundled	$0.00			-	-	000	999	
0152U	Q	NFCT DS DNA UNTRGT NGNRJ SEQ		-	-	Medicare	$3,543.67	$2,197.08	$2,126.20	-	-	000	999	
0153U	Q	ONC BREAST MRNA 101 GENES		-	-	Medicare	$5,265.70	$3,264.73	$3,159.42	-	-	000	999	
0154U	Q	ONC URTHL CA RNA FGFR3 GENE		-	-	Medicare	$803.57	$498.21	$482.14	-	-	000	999	
0155U	Q	ONC BRST CA DNA PIK3CA GENE		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
0156U	Q	COPY NUMBER SEQUENCE ALYS		-	-	Medicare	$2,900.00	$1,798.00	$1,740.00	-	-	000	999	
0157U	Q	APC MRNA SEQ ALYS		-	-	Medicare	$471.47	$292.31	$282.88	-	-	000	999	
0158U	Q	MLH1 MRNA SEQ ALYS		-	-	Medicare	$471.47	$292.31	$282.88	-	-	000	999	
0159U	Q	MSH2 MRNA SEQ ALYS		-	-	Medicare	$471.47	$292.31	$282.88	-	-	000	999	

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0160U	Q	MSH6 MRNA SEQ ALYS		-	-	Medicare	$471.47	$292.31	$282.88	-	-	000	999	
01610	N	ANESTH SURGERY OF SHOULDER		-	-	Bundled	$0.00			-	-	000	999	
0161U	Q	PMS2 MRNA SEQ ALYS		-	-	Medicare	$471.47	$292.31	$282.88	-	-	000	999	
01620	N	ANESTH SHOULDER PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
01622	N	ANES DX SHOULDER ARTHROSCOPY		-	-	Bundled	$0.00			-	-	000	999	
0162U	Q	HERED COLON CA TRGT MRNA PNL		-	-	Medicare	$810.90	$502.76	$486.54	-	-	000	999	
01630	N	ANESTH SURGERY OF SHOULDER		-	-	Bundled	$0.00			-	-	000	999	
01634	C	ANESTH SHOULDER JOINT AMPUT		-	-	IP Only	$0.00			-	-	000	999	
01636	C	ANESTH FOREQUARTER AMPUT		-	-	IP Only	$0.00			-	-	000	999	
01638	N	ANESTH SHOULDER REPLACEMENT		-	-	Bundled	$0.00			-	-	000	999	
0163U	Q	ONC CLRCT SCR 3 PRTN ALG		-	-	Medicare	$651.25	$403.78	$390.75	-	-	000	999	
0164T	E	REMOVE LUMB ARTIF DISC ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
0164U	Q	GI IBS IA ANTI-CDTB&VINCULIN		-	-	Medicare	$186.70	$115.75	$112.02	-	-	000	999	
01650	N	ANESTH SHOULDER ARTERY SURG		-	-	Bundled	$0.00			-	-	000	999	
01652	C	ANESTH SHOULDER VESSEL SURG		-	-	IP Only	$0.00			-	-	000	999	
01654	C	ANESTH SHOULDER VESSEL SURG		-	-	IP Only	$0.00			-	-	000	999	
01656	C	ANESTH ARM-LEG VESSEL SURG		-	-	IP Only	$0.00			-	-	000	999	
0165T	E	REVISE LUMB ARTIF DISC ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
0165U	Q	PEANUT ALLG ASMT EPI		-	-	Medicare	$772.93	$479.22	$463.76	-	-	000	999	
0166U	Q	LIVER DS 10 BIOCHEM ASY SRM		-	-	Medicare	$839.00	$520.18	$503.40	-	-	000	999	
01670	N	ANESTH SHOULDER VEIN SURG		-	-	Bundled	$0.00			-	-	000	999	
01680	N	ANESTH SHOULDER CASTING		-	-	Bundled	$0.00			-	-	000	999	
0168U	Q	FTL ANEUPLOIDY DNA SEQ ALYS		-	-	Medicare	$1,265.08	$784.35	$759.05	-	-	000	999	
0169T	E	PLACE STEREO CATH BRAIN		-	-	Not Allowed	$0.00			-	-	000	999	
0169U	Q	NUDT15&TPMT GENE COM VRNT		-	-	Medicare	$776.95	$481.71	$466.17	-	-	000	999	
0170U	Q	NEURO ASD RNA NEXT GEN SEQ		-	-	Medicare	$3,250.00	$2,015.00	$1,950.00	-	-	000	999	
01710	N	ANESTH ELBOW AREA SURGERY		-	-	Bundled	$0.00			-	-	000	999	
01712	N	ANESTH UPPR ARM TENDON SURG		-	-	Bundled	$0.00			-	-	000	999	
01714	N	ANESTH UPPR ARM TENDON SURG		-	-	Bundled	$0.00			-	-	000	999	
01716	N	ANESTH BICEPS TENDON REPAIR		-	-	Bundled	$0.00			-	-	000	999	
0171T	E	LUMBAR SPINE PROCES DISTRACT		-	-	Not Allowed	$0.00			-	-	000	999	
0171U	Q	TRGT GEN SEQ ALYS PNL DNA 23		-	-	Medicare	$2,531.77	$1,569.70	$1,519.06	-	-	000	999	
0172T	E	LUMBAR SPINE PROCESS ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
0172U	Q	ONC SLD TUM ALYS BRCA1 BRCA2		-	-	Medicare	$5,050.00	$3,131.00	$3,030.00	-	-	000	999	
01730	N	ANESTH UPPR ARM PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
01732	N	ANESTH DX ELBOW ARTHROSCOPY		-	-	Bundled	$0.00			-	-	000	999	
0173T	E	IOP MONIT IO PRESSURE		-	-	Not Allowed	$0.00			-	-	000	999	
0173U	Q	PSYC GEN ALYS PANEL 14 GENES		-	-	Medicare	$776.95	$481.71	$466.17	-	-	000	999	
01740	N	ANESTH UPPER ARM SURGERY		-	-	Bundled	$0.00			-	-	000	999	
01742	N	ANESTH HUMERUS SURGERY		-	-	Bundled	$0.00			-	-	000	999	
01744	N	ANESTH HUMERUS REPAIR		-	-	Bundled	$0.00			-	-	000	999	
0174T	E	CAD CXR WITH INTERP		-	-	Not Allowed	$0.00			-	-	000	999	
0174U	Q	ONC SOLID TUMOR 30 PRTN TRGT		-	-	Medicare	$2,175.62	$1,348.88	$1,305.37	-	-	000	999	
01756	C	ANESTH RADICAL HUMERUS SURG		-	-	IP Only	$0.00			-	-	000	999	
01758	N	ANESTH HUMERAL LESION SURG		-	-	Bundled	$0.00			-	-	000	999	
0175T	E	CAD CXR REMOTE		-	-	Not Allowed	$0.00			-	-	000	999	
0175U	Q	PSYC GEN ALYS PANEL 15 GENES		-	-	Medicare	$2,226.82	$1,380.63	$1,336.09	-	-	000	999	
01760	N	ANESTH ELBOW REPLACEMENT		-	-	Bundled	$0.00			-	-	000	999	
0176U	Q	CDTB&VINCULIN IGG ANTB IA		-	-	Medicare	$106.98	$66.33	$64.19	-	-	000	999	
01770	N	ANESTH UPPR ARM ARTERY SURG		-	-	Bundled	$0.00			-	-	000	999	
01772	N	ANESTH UPPR ARM EMBOLECTOMY		-	-	Bundled	$0.00			-	-	000	999	
0177U	Q	ONC BRST CA DNA PIK3CA 11		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
01780	N	ANESTH UPPER ARM VEIN SURG		-	-	Bundled	$0.00			-	-	000	999	
01782	N	ANESTH UPPR ARM VEIN REPAIR		-	-	Bundled	$0.00			-	-	000	999	
0178U	Q	PEANUT ALLG ASMT EPI CLIN RX		-	-	Medicare	$766.43	$475.19	$459.86	-	-	000	999	
0179U	Q	ONC NONSM CLL LNG CA ALYS 23		-	-	Medicare	$3,238.68	$2,007.98	$1,943.21	-	-	000	999	

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0180U	Q	ABO GNOTYP ABO 7 EXONS		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
01810	N	ANESTH LOWER ARM SURGERY		-	-	Bundled	$0.00			-	-	000	999	
0181U	Q	CO GNOTYP AQP1 EXON 1		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
01820	N	ANESTH LOWER ARM PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
01829	N	ANESTH DX WRIST ARTHROSCOPY		-	-	Bundled	$0.00			-	-	000	999	
0182U	Q	CROM GNOTYP CD55 EXONS 1-10		-	-	Medicare	$502.25	$311.40	$301.35	-	-	000	999	
01830	N	ANESTH LOWER ARM SURGERY		-	-	Bundled	$0.00			-	-	000	999	
01832	N	ANESTH WRIST REPLACEMENT		-	-	Bundled	$0.00			-	-	000	999	
0183U	Q	DI GNOTYP SLC4A1 EXON 19		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
01840	N	ANESTH LWR ARM ARTERY SURG		-	-	Bundled	$0.00			-	-	000	999	
01842	N	ANESTH LWR ARM EMBOLECTOMY		-	-	Bundled	$0.00			-	-	000	999	
01844	N	ANESTH VASCULAR SHUNT SURG		-	-	Bundled	$0.00			-	-	000	999	
0184T	E	EXC RECTAL TUMOR ENDOSCOPIC		-	-	Not Allowed	$0.00			-	-	000	999	
0184U	Q	DO GNOTYP ART4 EXON 2		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
01850	N	ANESTH LOWER ARM VEIN SURG		-	-	Bundled	$0.00			-	-	000	999	
01852	N	ANESTH LWR ARM VEIN REPAIR		-	-	Bundled	$0.00			-	-	000	999	
0185U	Q	FUT1 GNOTYP FUT1 EXON 4		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
01860	N	ANESTH LOWER ARM CASTING		-	-	Bundled	$0.00			-	-	000	999	
0186U	Q	FUT2 GNOTYP FUT2 EXON 2		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
0187U	Q	FY GNOTYP ACKR1 EXONS 1-2		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
0188U	Q	GE GNOTYP GYPC EXONS 1-4		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
0189U	Q	GYPA GNOTYP NTRNS 1 5 EXON 2		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
0190U	Q	GYPB GNOTYP NTRNS 1 5 SEUX 3		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
01916	N	ANESTH DX ARTERIOGRAPHY		-	-	Bundled	$0.00			-	-	000	999	
0191U	Q	IN GNOTYP CD44 EXONS 2 3 6		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
01920	N	ANESTH CATHETERIZE HEART		-	-	Bundled	$0.00			-	-	000	999	
01922	N	ANESTH CAT OR MRI SCAN		-	-	Bundled	$0.00			-	-	000	999	
01924	N	ANES THER INTERVEN RAD ARTRL		-	-	Bundled	$0.00			-	-	000	999	
01925	N	ANES THER INTERVEN RAD CARD		-	-	Bundled	$0.00			-	-	000	999	
01926	N	ANES TX INTERV RAD HRT/CRAN		-	-	Bundled	$0.00			-	-	000	999	
0192U	Q	JK GNOTYP SLC14A1 EXON 9		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
01930	N	ANES THER INTERVEN RAD VEIN		-	-	Bundled	$0.00			-	-	000	999	
01931	N	ANES THER INTERVEN RAD TIPS		-	-	Bundled	$0.00			-	-	000	999	
01932	N	ANES TX INTERV RAD TH VEIN		-	-	Bundled	$0.00			-	-	000	999	
01933	N	ANES TX INTERV RAD CRAN VEIN		-	-	Bundled	$0.00			-	-	000	999	
01937	N	ANES DRG/ASPIR CRV/THRC		-	-	Bundled	$0.00			-	-	000	999	
01938	N	ANES DRG/ASPIR LMBR/SAC		-	-	Bundled	$0.00			-	-	000	999	
01939	N	ANES NULYT AGT CRV/THRC		-	-	Bundled	$0.00			-	-	000	999	
0193U	Q	JR GNOTYP ABCG2 EXONS 2-26		-	-	Medicare	$471.47	$292.31	$282.88	-	-	000	999	
01940	N	ANES NULYT AGT LMBR/SAC		-	-	Bundled	$0.00			-	-	000	999	
01941	N	ANES NEUROMD/NTRVRT CRV/THRC		-	-	Bundled	$0.00			-	-	000	999	
01942	N	ANES NEUROMD/NTRVRT LMBR/SAC		-	-	Bundled	$0.00			-	-	000	999	
0194U	Q	KEL GNOTYP KEL EXON 8		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
01951	N	ANES 2&3 BURN LESS 4% TBSA		-	-	Bundled	$0.00			-	-	000	999	
01952	N	ANES 2&3 BURN 4-9% TBSA		-	-	Bundled	$0.00			-	-	000	999	
01953	N	ANES 2&3 BURN EA ADD 9% TBSA		-	-	Bundled	$0.00			-	-	000	999	
01958	N	ANES XTRNL CEPHALIC VERSION		-	-	Bundled	$0.00			-	-	010	65	
0195U	Q	KLF1 TARGETED SEQUENCING		-	-	Medicare	$625.42	$387.76	$375.25	-	-	000	999	
01960	N	ANES VAGINAL DELIVERY ONLY		-	-	Bundled	$0.00			-	-	010	65	
01961	N	ANES CESAREAN DELIVERY ONLY		-	-	Bundled	$0.00			-	-	010	65	
01962	N	ANES URGENT HYSTERECTOMY		-	-	Bundled	$0.00			-	-	010	65	
01963	N	ANES CESAREAN HYSTERECTOMY		-	-	Bundled	$0.00			-	-	010	65	
01965	N	ANES INCOMPL/MISSED AB PX		-	-	Bundled	$0.00			-	-	000	999	
01966	N	ANES INDUCED ABORTION PX		-	-	Bundled	$0.00			-	-	000	999	
01967	N	NEURAXL LBR ANES VAG DLVR		-	-	Bundled	$0.00			-	-	010	65	
01968	N	ANES/ANALG CS DLVR NEURAXIAL		-	-	Bundled	$0.00			-	-	010	65	

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01969	N	ANES C HYST FLWG NEURAXIAL		-	-	Bundled	$0.00			-	-	010	65	
0196U	Q	LU GNOTYP BCAM EXON 3		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
0197U	Q	LW GNOTYP ICAM4 EXON 1		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
0198T	E	OCULAR BLOOD FLOW MEASURE		-	-	Not Allowed	$0.00			-	-	000	999	
0198U	Q	RHD&RHCE GNTYP RHD1-10&RHCE5		-	-	Medicare	$471.47	$292.31	$282.88	-	-	000	999	
01990	C	SUPPORT FOR ORGAN DONOR		-	-	IP Only	$0.00			-	-	000	999	
01991	N	ANESTH NERVE BLOCK/INJ		-	-	Bundled	$0.00			-	-	000	999	
01992	N	ANESTH N BLOCK/INJ PRONE		-	-	Bundled	$0.00			-	-	000	999	
01996	N	HOSP MANAGE CONT DRUG ADMIN		-	-	Bundled	$0.00			-	-	000	999	
01999	N	UNLISTED ANES PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
0199U	Q	SC GNOTYP ERMAP EXONS 4 12		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
0200T	E	PERQ SACRAL AUGMT UNILAT INJ		-	-	Not Allowed	$0.00			-	-	000	999	
0200U	Q	XK GNOTYP XK EXONS 1-3		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
0201T	E	PERQ SACRAL AUGMT BILAT INJ		-	-	Not Allowed	$0.00			-	-	000	999	
0201U	Q	YT GNOTYP ACHE EXON 2		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
0202T	E	POST VERT ARTHRPLST 1 LUMBAR		-	-	Not Allowed	$0.00			-	-	000	999	
0202U	Q	NFCT DS 22 TRGT SARS-COV-2		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0203U	Q	AI IBD MRNA XPRSN PRFL 17		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0205U	Q	OPH AMD ALYS 3 GENE VARIANTS		-	-	Medicare	$78.33	$48.56	$47.00	-	-	000	999	
0206U	Q	NEURO ALZHEIMER CELL AGGREGJ		-	-	Medicare	$3,692.33	$2,289.24	$2,215.40	-	-	000	999	
0207T	E	CLEAR EYELID GLAND W/HEAT		-	-	Not Allowed	$0.00			-	-	000	999	
0207U	Q	NEURO ALZHEIMER QUAN IMAGING		-	-	Medicare	$852.00	$528.24	$511.20	-	-	000	999	
0208T	E	AUDIOMETRY AIR ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
0209T	E	AUDIOMETRY AIR & BONE		-	-	Not Allowed	$0.00			-	-	000	999	
0209U	Q	CYTOG CONST ALYS INTERROG		-	-	Medicare	$1,311.92	$813.39	$787.15	-	-	000	999	
0210T	E	SPEECH AUDIOMETRY THRESHOLD		-	-	Not Allowed	$0.00			-	-	000	999	
0210U	Q	SYPHILIS TST ANTB IA QUAN		-	-	Medicare	$31.05	$19.25	$18.63	-	-	000	999	
0211T	E	SPEECH AUDIOM THRESH & RECOG		-	-	Not Allowed	$0.00			-	-	000	999	
0211U	Q	ONC PAN-TUM DNA&RNA GNRJ SEQ		-	-	Medicare	$14,091.67	$8,736.84	$8,455.00	-	-	000	999	
0212T	E	COMPRE AUDIOMETRY EVALUATION		-	-	Not Allowed	$0.00			-	-	000	999	
0212U	Q	RARE DS GEN DNA ALYS PROBAND		-	-	Medicare	$9,125.33	$5,657.70	$5,475.20	-	-	000	999	
0213T	E	NJX PARAVERT W/US CER/THOR		-	-	Not Allowed	$0.00			-	-	000	999	
0213U	Q	RARE DS GEN DNA ALYS EA COMP		-	-	Medicare	$4,516.58	$2,800.28	$2,709.95	-	-	000	999	
0214T	E	NJX PARAVERT W/US CER/THOR		-	-	Not Allowed	$0.00			-	-	000	999	
0214U	Q	RARE DS XOM DNA ALYS PROBAND		-	-	Medicare	$8,707.67	$5,398.76	$5,224.60	-	-	000	999	
0215T	E	NJX PARAVERT W/US CER/THOR		-	-	Not Allowed	$0.00			-	-	000	999	
0215U	Q	RARE DS XOM DNA ALYS EA COMP		-	-	Medicare	$4,291.08	$2,660.47	$2,574.65	-	-	000	999	
0216T	E	NJX PARAVERT W/US LUMB/SAC		-	-	Not Allowed	$0.00			-	-	000	999	
0216U	Q	NEURO INH ATAXIA DNA 12 COM		-	-	Medicare	$2,561.70	$1,588.25	$1,537.02	-	-	000	999	
0217T	E	NJX PARAVERT W/US LUMB/SAC		-	-	Not Allowed	$0.00			-	-	000	999	
0217U	Q	NEURO INH ATAXIA DNA 51 GENE		-	-	Medicare	$3,663.92	$2,271.63	$2,198.35	-	-	000	999	
0218T	E	NJX PARAVERT W/US LUMB/SAC		-	-	Not Allowed	$0.00			-	-	000	999	
0218U	Q	NEURO MUSC DYS DMD SEQ ALYS		-	-	Medicare	$3,798.33	$2,354.96	$2,279.00	-	-	000	999	
0219T	E	PLMT POST FACET IMPLT CERV		-	-	Not Allowed	$0.00			-	-	000	999	
0219U	Q	NFCT AGT HIV GNRJ SEQ ALYS		-	-	Medicare	$1,208.33	$749.16	$725.00	-	-	000	999	
0220T	E	PLMT POST FACET IMPLT THOR		-	-	Not Allowed	$0.00			-	-	000	999	
0220U	Q	ONC BRST CA AI ASSMT 12 FEAT		-	-	Medicare	$1,177.08	$729.79	$706.25	-	-	000	999	
0221T	E	PLMT POST FACET IMPLT LUMB		-	-	Not Allowed	$0.00			-	-	000	999	
0221U	Q	ABO GNOTYP NEXT GNRJ SEQ ABO		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
0222T	E	PLMT POST FACET IMPLT ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
0222U	Q	RHD&RHCE GNTYP NEXT GNRJ SEQ		-	-	Medicare	$471.47	$292.31	$282.88	-	-	000	999	
0223U	Q	NFCT DS 22 TRGT SARS-COV-2		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0224U	Q	ANTIBODY SARS-COV-2 TITER(S)		-	-	Medicare	$85.72	$53.15	$51.43	-	-	000	999	
0225U	Q	NFCT DS DNA&RNA 21 SARSCOV2		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0226T	E	ANOSCOPY HRA W/SPEC COLLECT		-	-	Not Allowed	$0.00			-	-	000	999	
0226U	Q	SVNT SARSCOV2 ELISA PLSM SRM		-	-	Medicare	$70.47	$43.69	$42.28	-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
0227T	E	ANOSCOPY HRA W/BIOPSY		-	-	Not Allowed	$0.00			-	-	000	999	
0227U	Q	RX ASY PRSMV 30+RX/METABLT		-	-	Medicare	$103.57	$64.21	$62.14	-	-	000	999	
0228U	Q	ONC PRST8 MA MOLEC PRFL ALG		-	-	Medicare	$288.38	$178.80	$173.03	-	-	000	999	
0229U	Q	BCAT1&IKZF1 PRMTR MTHYLN ALY		-	-	Medicare	$640.00	$396.80	$384.00	-	-	000	999	
0230U	Q	AR FULL SEQUENCE ANALYSIS		-	-	Medicare	$502.25	$311.40	$301.35	-	-	000	999	
0231U	Q	CACNA1A FULL GENE ANALYSIS		-	-	Medicare	$1,410.45	$874.48	$846.27	-	-	000	999	
0232T	E	NJX PLATELET PLASMA		-	-	Not Allowed	$0.00			-	-	000	999	
0232U	Q	CSTB FULL GENE ANALYSIS		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
0233U	Q	FXN GENE ANALYSIS		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
0234T	E	TRLUML PERIP ATHRC RENAL ART		-	-	Not Allowed	$0.00			-	-	000	999	
0234U	Q	MECP2 FULL GENE ANALYSIS		-	-	Medicare	$879.78	$545.46	$527.87	-	-	000	999	
0235T	E	TRLUML PERIP ATHRC VISCERAL		-	-	Not Allowed	$0.00			-	-	000	999	
0235U	Q	PTEN FULL GENE ANALYSIS		-	-	Medicare	$1,000.00	$620.00	$600.00	-	-	000	999	
0236T	E	TRLUML PERIP ATHRC ABD AORTA		-	-	Not Allowed	$0.00			-	-	000	999	
0236U	Q	SMN1&SMN2 FULL GENE ANALYSIS		-	-	Medicare	$1,004.50	$622.79	$602.70	-	-	000	999	
0237T	E	TRLUML PERIP ATHRC BRCHIOCPH		-	-	Not Allowed	$0.00			-	-	000	999	
0237U	Q	CAR ION CHNLPTHY GEN SEQ PNL		-	-	Medicare	$974.83	$604.39	$584.90	-	-	000	999	
0238T	E	TRLUML PERIP ATHRC ILIAC ART		-	-	Not Allowed	$0.00			-	-	000	999	
0238U	Q	ONC LNCH SYN GEN DNA SEQ ALY		-	-	Medicare	$974.83	$604.39	$584.90	-	-	000	999	
0239U	Q	TRGT GEN SEQ ALYS PNL 311+		-	-	Medicare	$5,833.33	$3,616.66	$3,500.00	-	-	000	999	
0240U	Q	NFCT DS VIR RESP RNA 3 TRGT		-	-	Medicare	$237.72	$147.39	$142.63	-	-	000	999	
0241U	Q	NFCT DS VIR RESP RNA 4 TRGT		-	-	Medicare	$237.72	$147.39	$142.63	-	-	000	999	
0242T	E	GI TRACT TRANSIT & PRES MEAS		-	-	Not Allowed	$0.00			-	-	000	999	
0242U	Q	TRGT GEN SEQ ALYS PNL 55-74		-	-	Medicare	$8,333.33	$5,166.66	$5,000.00	-	-	000	999	
0243U	Q	OB PE BIOCHEM ASSAY PGF ALG		-	-	Medicare	$107.35	$66.56	$64.41	-	-	000	999	
0244U	Q	ONC SOLID ORGN DNA 257 GENES		-	-	Medicare	$5,833.33	$3,616.66	$3,500.00	-	-	000	999	
0245U	Q	ONC THYR MUT ALYS 10 GEN&37		-	-	Medicare	$2,110.12	$1,308.27	$1,266.07	-	-	000	999	
0246U	Q	RBC DNA GNOTYP 16 BLD GROUPS		-	-	Medicare	$1,200.00	$744.00	$720.00	-	-	000	999	
0247U	Q	OB PRTRM BRTH IBP4 SHBG MEAS		-	-	Medicare	$1,250.00	$775.00	$750.00	-	-	000	999	
0248U	Q	ONC SPHRD CELL CUL 12 RX PNL		-	-	Medicare	$5,056.43	$3,134.99	$3,033.86	-	-	000	999	
0249U	Q	ONC BRST ALYS 32 PHSPRTN ALG		-	-	Medicare	$3,698.55	$2,293.10	$2,219.13	-	-	000	999	
0250T	E	INSERT BRONCHIAL VALVE		-	-	Not Allowed	$0.00			-	-	000	999	
0250U	Q	ONC SLD ORG NEO DNA 505 GENE		-	-	Medicare	$4,866.00	$3,016.92	$2,919.60	-	-	000	999	
0251T	E	REMOV BRONCHIAL VALVE		-	-	Not Allowed	$0.00			-	-	000	999	
0251U	Q	HEPCIDIN-25 ELISA SERUM/PLSM		-	-	Medicare	$28.78	$17.84	$17.27	-	-	000	999	
0252T	E	REMOV BRONCH VALVE ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
0252U	Q	FTL ANEUPLOIDY STR ALYS DNA		-	-	Medicare	$1,265.08	$784.35	$759.05	-	-	000	999	
0253T	E	INSERT AQUEOUS DRAIN DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
0253U	Q	RPRDTVE MED RNA GEN PRFL 238		-	-	Medicare	$5,265.70	$3,264.73	$3,159.42	-	-	000	999	
0254U	Q	REPRDTVE MED ALYS 24 CHRMSM		-	-	Medicare	$1,265.08	$784.35	$759.05	-	-	000	999	
0255U	Q	ANDROLOGY INFERTILITY ASSMT		-	-	Medicare	$52.67	$32.66	$31.60	-	-	000	999	
0256T	E	EVASC AORTIC HRT VALVE		-	-	Not Allowed	$0.00			-	-	000	999	
0256U	Q	TMA/TMAO PRFL MS/MS UR ALG		-	-	Medicare	$266.58	$165.28	$159.95	-	-	000	999	
0257T	E	OPN TTHRC AORTIC HRT VALVE		-	-	Not Allowed	$0.00			-	-	000	999	
0257U	Q	VLCAD LEUK NZM ACTV WHL BLD		-	-	Medicare	$1,187.45	$736.22	$712.47	-	-	000	999	
0258T	E	AORTIC HRT VALV W/O CARD BYP		-	-	Not Allowed	$0.00			-	-	000	999	
0258U	Q	AI PSOR MRNA 50-100 GEN ALG		-	-	Medicare	$6,125.00	$3,797.50	$3,675.00	-	-	000	999	
0259T	E	AORTIC HRT VALVE W/CARD BYP		-	-	Not Allowed	$0.00			-	-	000	999	
0259U	Q	NEPH CKD NUC MRS MEAS GFR		-	-	Medicare	$87.85	$54.47	$52.71	-	-	000	999	
0260U	Q	RARE DS ID OPT GENOME MAPG		-	-	Medicare	$2,105.88	$1,305.65	$1,263.53	-	-	000	999	
0261U	Q	ONC CLRCT CA IMG ALYS W/AI		-	-	Medicare	$4,188.75	$2,597.03	$2,513.25	-	-	000	999	
0262U	Q	ONC SLD TUM RT-PCR 7 GEN		-	-	Medicare	$5,333.33	$3,306.66	$3,200.00	-	-	000	999	
0263T	E	IM B1 MRW CEL THER CMPL		-	-	Not Allowed	$0.00			-	-	000	999	
0263U	Q	NEURO ASD MEAS 16 C METBLT		-	-	Medicare	$1,250.00	$775.00	$750.00	-	-	000	999	
0264T	E	IM B1 MRW CEL THER XCL HRVST		-	-	Not Allowed	$0.00			-	-	000	999	
0264U	Q	RARE DS ID OPT GENOME MAPG		-	-	Medicare	$2,105.88	$1,305.65	$1,263.53	-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
0265T	E	IM B1 MRW CEL THER HRVST ONL		-	-	Not Allowed	$0.00			-	-	000	999	
0265U	Q	RAR DO WHL GN&MTCDRL DNA ALS		-	-	Medicare	$9,126.33	$5,658.32	$5,475.80	-	-	000	999	
0266T	E	IMPLT/RPL CRTD SNS DEV TOTAL		-	-	Not Allowed	$0.00			-	-	000	999	
0266U	Q	UNXPL CNST HRTBL DO GN XPRSN		-	-	Medicare	$5,333.33	$3,306.66	$3,200.00	-	-	000	999	
0267T	E	IMPLT/RPL CRTD SNS DEV LEAD		-	-	Not Allowed	$0.00			-	-	000	999	
0267U	Q	RARE DO ID OPT GEN MAPG&SEQ		-	-	Medicare	$11,232.22	$6,963.98	$6,739.33	-	-	000	999	
0268T	E	IMPLT/RPL CRTD SNS DEV GEN		-	-	Not Allowed	$0.00			-	-	000	999	
0268U	Q	HEM AHUS GEN SEQ ALYS 15 GEN		-	-	Medicare	$1,013.62	$628.44	$608.17	-	-	000	999	
0269T	E	REV/REMVL CRTD SNS DEV TOTAL		-	-	Not Allowed	$0.00			-	-	000	999	
0269U	Q	HEM AUT DM CGEN TRMBCTPNA 22		-	-	Medicare	$1,013.62	$628.44	$608.17	-	-	000	999	
0270T	E	REV/REMVL CRTD SNS DEV LEAD		-	-	Not Allowed	$0.00			-	-	000	999	
0270U	Q	HEM CGEN COAGJ DO 20 GENES		-	-	Medicare	$1,013.62	$628.44	$608.17	-	-	000	999	
0271T	E	REV/REMVL CRTD SNS DEV GEN		-	-	Not Allowed	$0.00			-	-	000	999	
0271U	Q	HEM CGEN NEUTROPENIA 24 GEN		-	-	Medicare	$1,013.62	$628.44	$608.17	-	-	000	999	
0272T	E	INTERROGATE CRTD SNS DEV		-	-	Not Allowed	$0.00			-	-	000	999	
0272U	Q	HEM GENETIC BLD DO 60 GENES		-	-	Medicare	$1,013.62	$628.44	$608.17	-	-	000	999	
0273T	E	INTERROGATE CRTD SNS W/PGRMG		-	-	Not Allowed	$0.00			-	-	000	999	
0273U	Q	HEM GEN HYPRFIBRNLYSIS 8 GEN		-	-	Medicare	$1,013.62	$628.44	$608.17	-	-	000	999	
0274T	E	PERQ LAMOT/LAM CRV/THRC		-	-	Not Allowed	$0.00			-	-	000	999	
0274U	Q	HEM GEN PLTLT DO 62 GENES		-	-	Medicare	$1,013.62	$628.44	$608.17	-	-	000	999	
0275T	E	PERQ LAMOT/LAM LUMBAR		-	-	Not Allowed	$0.00			-	-	000	999	
0275U	Q	HEM HEPRN NDUC TRMBCTPNA SRM		-	-	Medicare	$30.62	$18.98	$18.37	-	-	000	999	
0276T	E	BRONCH THERMOPLASTY 1 LOBE		-	-	Not Allowed	$0.00			-	-	000	999	
0276U	Q	HEM INH THROMBOCYTOPENIA 42		-	-	Medicare	$4,080.93	$2,530.18	$2,448.56	-	-	000	999	
0277T	E	BRONCH THERMOPLASTY LOBES		-	-	Not Allowed	$0.00			-	-	000	999	
0277U	Q	HEM GEN PLTLT FUNCJ DO 40		-	-	Medicare	$1,013.62	$628.44	$608.17	-	-	000	999	
0278T	E	TEMPR		-	-	Not Allowed	$0.00			-	-	000	999	
0278U	Q	HEM GEN THROMBOSIS 14 GENES		-	-	Medicare	$1,013.62	$628.44	$608.17	-	-	000	999	
0279T	E	CTC TEST		-	-	Not Allowed	$0.00			-	-	000	999	
0279U	Q	HEM VW FACTOR&CLGN III BNDG		-	-	Medicare	$19.22	$11.92	$11.53	-	-	000	999	
0280T	E	CTC TEST W/I & R		-	-	Not Allowed	$0.00			-	-	000	999	
0280U	Q	HEM VW FACTOR&CLGN IV BNDG		-	-	Medicare	$28.78	$17.84	$17.27	-	-	000	999	
0281T	E	LAA CLOSURE W/IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
0281U	Q	HEM VWD PROPEPTIDE AG LVL		-	-	Medicare	$28.78	$17.84	$17.27	-	-	000	999	
0282T	E	PERIPH FIELD STIMUL TRIAL		-	-	Not Allowed	$0.00			-	-	000	999	
0282U	Q	RBC DNA GNTYP 12 BLD GRP GEN		-	-	Medicare	$1,200.00	$744.00	$720.00	-	-	000	999	
0283T	E	PERIPH FIELD STIMUL PERM		-	-	Not Allowed	$0.00			-	-	000	999	
0283U	Q	VW FACTOR TYPE 2B EVAL PLSM		-	-	Medicare	$30.67	$19.02	$18.40	-	-	000	999	
0284T	E	PERIPH FIELD STIMUL REVISE		-	-	Not Allowed	$0.00			-	-	000	999	
0284U	Q	VW FACTOR TYPE 2N EVAL PLSM		-	-	Medicare	$28.78	$17.84	$17.27	-	-	000	999	
0285T	E	PERIPH FIELD STIMUL ANALYS		-	-	Not Allowed	$0.00			-	-	000	999	
0285U	Q	ONC RSPS RADJ CLL FR DNA TOX		-	-	Medicare	$738.85	$458.09	$443.31	-	-	000	999	
0286T	E	NEAR IFR SPECTRSC OF WOUNDS		-	-	Not Allowed	$0.00			-	-	000	999	
0286U	Q	CEP72 NUDT15&TPMT GENE ALYS		-	-	Medicare	$223.55	$138.60	$134.13	-	-	000	999	
0287T	E	NEAR IFR GUIDE OF VASC SITE		-	-	Not Allowed	$0.00			-	-	000	999	
0287U	Q	ONC THYR DNA&MRNA 112 GENES		-	-	Medicare	$6,000.00	$3,720.00	$3,600.00	-	-	000	999	
0288T	E	ANOSCOPY W/RF DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
0288U	Q	ONC LUNG MRNA QUAN PCR 11&3		-	-	Medicare	$6,455.00	$4,002.10	$3,873.00	-	-	000	999	
0289T	E	LASER INC FOR PKP/LKP DONOR		-	-	Not Allowed	$0.00			-	-	000	999	
0289U	Q	NEURO ALZHEIMER MRNA 24 GEN		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0290U	Q	PAIN MGMT MRNA GEN XPRSN 36		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0291T	E	IV OCT FOR PROC INIT VESSEL		-	-	Not Allowed	$0.00			-	-	000	999	
0291U	Q	PSYC MOOD DO MRNA 144 GENES		-	-	Medicare	$2,925.00	$1,813.50	$1,755.00	-	-	000	999	
0292T	E	IV OCT FOR PROC ADDL VESSEL		-	-	Not Allowed	$0.00			-	-	000	999	
0292U	Q	PSYC STRS DO MRNA 72 GENES		-	-	Medicare	$2,925.00	$1,813.50	$1,755.00	-	-	000	999	
0293U	Q	PSYC SUICIDAL IDEA MRNA 54		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
0294U	Q	LNGVTY&MRTLTY RSK MRNA 18GEN		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0295U	Q	ONC BRST DUX CARC 7 PROTEINS		-	-	Medicare	$9,058.33	$5,616.16	$5,435.00	-	-	000	999	
0296U	Q	ONC ORL&/OROP CA 20 MLC FEAT		-	-	Medicare	$3,250.00	$2,015.00	$1,950.00	-	-	000	999	
0297U	Q	ONC PAN TUM WHL GEN SEQ DNA		-	-	Medicare	$4,866.00	$3,016.92	$2,919.60	-	-	000	999	
0298U	Q	ONC PAN TUM WHL TRNS SEQ RNA		-	-	Medicare	$4,866.00	$3,016.92	$2,919.60	-	-	000	999	
0299U	Q	ONC PAN TUM WHL GEN OPT MAPG		-	-	Medicare	$3,105.37	$1,925.33	$1,863.22	-	-	000	999	
0300U	Q	ONC PAN TUM WHL GEN SEQ&OPT		-	-	Medicare	$6,971.88	$4,322.57	$4,183.13	-	-	000	999	
0301U	Q	IADNA BARTONELLA DDPCR		-	-	Medicare	$437.87	$271.48	$262.72	-	-	000	999	
0302U	Q	IADNA BRTNLA DDPCR FLWG LIQ		-	-	Medicare	$602.28	$373.41	$361.37	-	-	000	999	
0303U	Q	HEM RBC ADS WHL BLD HYPOXIC		-	-	Medicare	$3,669.37	$2,275.01	$2,201.62	-	-	000	999	
0304U	Q	HEM RBC ADS WHL BLD NORMOXIC		-	-	Medicare	$3,459.67	$2,145.00	$2,075.80	-	-	000	999	
0305U	Q	HEM RBC FNCLTY&DFRM SHR STRS		-	-	Medicare	$1,104.30	$684.67	$662.58	-	-	000	999	
0306U	Q	ONC MRD NXT-GNRJ ALYS 1ST		-	-	Medicare	$6,464.08	$4,007.73	$3,878.45	-	-	000	999	
0307U	Q	ONC MRD NXT-GNRJ ALYS SBSQ		-	-	Medicare	$1,324.15	$820.97	$794.49	-	-	000	999	
0308T	E	INSJ OCULAR TELESCOPE PROSTH		-	-	Not Allowed	$0.00			-	-	000	999	
0308U	Q	CRD CAD ALYS 3 PRTN 3 PARAM		-	-	Medicare	$651.25	$403.78	$390.75	-	-	000	999	
0309U	Q	CRD CV DS ALY 4 PRTN PLM ALG		-	-	Medicare	$651.25	$403.78	$390.75	-	-	000	999	
0310U	Q	PED VSCLTS KD ALYS 3 BMRKS		-	-	Medicare	$651.25	$403.78	$390.75	-	-	000	19	
0311U	Q	NFCT DS BCT QUAN ANTMCRB SC		-	-	Medicare	$13.47	$8.35	$8.08	-	-	000	999	
0312U	Q	AI DS SLE ALYS 8 IGG AUTOANT		-	-	Medicare	$1,401.08	$868.67	$840.65	-	-	000	999	
0313U	Q	ONC PNCRS DNA&MRNA SEQ 74		-	-	Medicare	$6,000.00	$3,720.00	$3,600.00	-	-	000	999	
0314U	Q	ONC CUTAN MLNMA MRNA 35 GENE		-	-	Medicare	$3,250.00	$2,015.00	$1,950.00	-	-	000	999	
0315U	Q	ONC CUTAN SQ CLL CA MRNA 40		-	-	Medicare	$14,166.67	$8,783.34	$8,500.00	-	-	000	999	
0316U	Q	B BRGDRFERI LYME DS OSPA EVL		-	-	Medicare	$31.10	$19.28	$18.66	-	-	000	999	
0317U	Q	ONC LUNG CA 4-PRB FISH ASSAY		-	-	Medicare	$3,383.33	$2,097.66	$2,030.00	-	-	000	999	
0318U	Q	PED WHL GEN MTHYLTN ALYS 50+		-	-	Medicare	$2,950.80	$1,829.50	$1,770.48	-	-	000	19	
0319T	E	INSERT SUBQ DEFIB W/ELTRD		-	-	Not Allowed	$0.00			-	-	000	999	
0319U	Q	NEPH RNA PRETRNSPL PERPH BLD		-	-	Medicare	$4,416.67	$2,738.34	$2,650.00	-	-	000	999	
0320T	E	INSERT SUBQ DEFIB ELECTRODE		-	-	Not Allowed	$0.00			-	-	000	999	
0320U	Q	NEPH RNA PSTTRNSPL PERPH BLD		-	-	Medicare	$4,416.67	$2,738.34	$2,650.00	-	-	000	999	
0321T	E	INSERT SUBQ DEFIB PLS GEN		-	-	Not Allowed	$0.00			-	-	000	999	
0321U	Q	IADNA GU PTHGN 20BCT&FNG ORG		-	-	Medicare	$1,058.07	$656.00	$634.84	-	-	000	999	
0322T	E	RMVL SUBQ DEFIB PLS GEN		-	-	Not Allowed	$0.00			-	-	000	999	
0322U	Q	NEURO ASD MEAS 14 ACYL CARN		-	-	Medicare	$1,250.00	$775.00	$750.00	-	-	000	999	
0323T	E	RMVL & REPLC SUBQ PLS GEN		-	-	Not Allowed	$0.00			-	-	000	999	
0323U	Q	IADNA CNS PTHGN NEXT GEN SEQ		-	-	Medicare	$3,543.67	$2,197.08	$2,126.20	-	-	000	999	
0324T	E	RMVL SUBQ DEFIB ELECTRODE		-	-	Not Allowed	$0.00			-	-	000	999	
0324U	E	ONC OVAR SPHRD CELL 4 RX PNL		-	-	Not Allowed	$0.00			-	-	000	999	
0325T	E	REPOS SUBQ DEFIB ELTRD &/GEN		-	-	Not Allowed	$0.00			-	-	000	999	
0325U	E	ONC OVAR SPHRD CELL PARP		-	-	Not Allowed	$0.00			-	-	000	999	
0326T	E	EPHYS EVAL SUBQ IMPLT DEFIB		-	-	Not Allowed	$0.00			-	-	000	999	
0326U	Q	TRGT GEN SEQ ALYS PNL 83+		-	-	Medicare	$8,333.33	$5,166.66	$5,000.00	-	-	000	999	
0327T	E	IMPLT SUBQ DEFIB INTEROGAT		-	-	Not Allowed	$0.00			-	-	000	999	
0327U	Q	FTL ANEUPLOIDY TRSMY DNA SEQ		-	-	Medicare	$1,325.00	$821.50	$795.00	-	-	000	999	
0328T	E	IMPLT SUBQ DEFIB SYS DEV EVL		-	-	Not Allowed	$0.00			-	-	000	999	
0328U	Q	DRUG ASSAY 120+ RX&METABLT		-	-	Medicare	$190.72	$118.25	$114.43	-	-	000	999	
0329T	E	MNTR IO PRESS 24HRS/> UNI/BI		-	-	Not Allowed	$0.00			-	-	000	999	
0329U	Q	ONC NEO XOME&TRNS SEQ ALYS		-	-	Medicare	$5,729.97	$3,552.58	$3,437.98	-	-	000	999	
0330T	E	TEAR FILM IMG UNI/BI W/I&R		-	-	Not Allowed	$0.00			-	-	000	999	
0330U	Q	IADNA VAG PTHGN PANEL 27 ORG		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0331T	E	HEART SYMP IMAGE PLNR		-	-	Not Allowed	$0.00			-	-	000	999	
0331U	Q	ONC HL NEO OPT GEN MAPPING		-	-	Medicare	$3,105.37	$1,925.33	$1,863.22	-	-	000	999	
0332T	E	HEART SYMP IMAGE PLNR SPECT		-	-	Not Allowed	$0.00			-	-	000	999	
0332U	Q	ONC PAN TUM GEN PRFLG 8 DNA		-	-	Medicare	$1,903.43	$1,180.13	$1,142.06	-	-	000	999	
0333T	E	VISUAL EP SCR ACUITY AUTO		-	-	Not Allowed	$0.00			-	-	000	999	
0333U	Q	ONC LVR SURVEILANC HCC CFDNA		-	-	Medicare	$1,103.87	$684.40	$662.32	-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
0334U	Q	ONC SLD ORGN TGSA DNA 84/+		-	-	Medicare	$5,833.33	$3,616.66	$3,500.00	-	-	000	999	
0335T	E	INSJ SINUS TARSI IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
0335U	Q	RARE DS WHL GEN SEQ FETA		-	-	Medicare	$8,707.67	$5,398.76	$5,224.60	-	-	000	999	
0336T	E	LAP ABLAT UTERINE FIBROIDS		-	-	Not Allowed	$0.00			-	-	000	999	
0336U	Q	RARE DS WHL GEN SEQ BLD/SLV		-	-	Medicare	$4,291.08	$2,660.47	$2,574.65	-	-	000	999	
0337U	Q	ONC PLSM CELL DO&MYELOMA ID		-	-	Medicare	$4,058.33	$2,516.16	$2,435.00	-	-	000	999	
0338T	E	TRNSCTH RENAL SYMP DENRV UNL		-	-	Not Allowed	$0.00			-	-	000	999	
0338U	Q	ONC SLD TUM CRCG TUM CL SLCT		-	-	Medicare	$4,058.33	$2,516.16	$2,435.00	-	-	000	999	
0339T	E	TRNSCTH RENAL SYMP DENRV BIL		-	-	Not Allowed	$0.00			-	-	000	999	
0339U	Q	ONC PRST8 MRNA HOXC6 & DLX1		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0340U	Q	ONC PAN CA ALYS MRD PLASMA		-	-	Medicare	$4,866.00	$3,016.92	$2,919.60	-	-	000	999	
0341U	Q	FTL ANEUP DNA SEQ CMPR ALYS		-	-	Medicare	$3,167.00	$1,963.54	$1,900.20	-	-	000	999	
0342T	E	THXP APHERESIS W/HDL DELIP		-	-	Not Allowed	$0.00			-	-	000	999	
0342U	Q	ONC PNCRTC CA MULT IA ECLIA		-	-	Medicare	$1,495.00	$926.90	$897.00	-	-	000	999	
0343U	Q	ONC PRST8 XOM ALY 442 SNCRNA		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0344U	Q	HEP NAFLD SEMIQ EVL 28 LIPID		-	-	Medicare	$1,320.28	$818.57	$792.17	-	-	000	999	
0345T	E	TRANSCATH MTRAL VLVE REPAIR		-	-	Not Allowed	$0.00			-	-	000	999	
0345U	Q	PSYC GENOM ALYS PNL 15 GEN		-	-	Medicare	$2,226.82	$1,380.63	$1,336.09	-	-	000	999	
0347T	E	INS BONE DEVICE FOR RSA		-	-	Not Allowed	$0.00			-	-	000	999	
0347U	Q	RX METAB/PCX DNA 16 GEN ALYS		-	-	Medicare	$2,226.82	$1,380.63	$1,336.09	-	-	000	999	
0348T	E	RSA SPINE EXAM		-	-	Not Allowed	$0.00			-	-	000	999	
0348U	Q	RX METAB/PCX DNA 25 GEN ALYS		-	-	Medicare	$1,237.12	$767.01	$742.27	-	-	000	999	
0349T	E	RSA UPPER EXTR EXAM		-	-	Not Allowed	$0.00			-	-	000	999	
0349U	Q	RX METAB/PCX DNA 27GEN RX IA		-	-	Medicare	$1,237.12	$767.01	$742.27	-	-	000	999	
0350T	E	RSA LOWER EXTR EXAM		-	-	Not Allowed	$0.00			-	-	000	999	
0350U	Q	RX METAB/PCX DNA 27 GEN ALYS		-	-	Medicare	$2,226.82	$1,380.63	$1,336.09	-	-	000	999	
0351T	E	INTRAOP OCT BRST/NODE SPEC		-	-	Not Allowed	$0.00			-	-	000	999	
0351U	Q	NFCT DS BCT/VIRAL TRAIL IP10		-	-	Medicare	$434.17	$269.19	$260.50	-	-	000	999	
0352T	E	OCT BRST/NODE I&R PER SPEC		-	-	Not Allowed	$0.00			-	-	000	999	
0353T	E	INTRAOP OCT BREAST CAVITY		-	-	Not Allowed	$0.00			-	-	000	999	
0354T	E	OCT BREAST SURG CAVITY I&R		-	-	Not Allowed	$0.00			-	-	000	999	
0354U	E	HPV HI RSK QUAL MRNA E6/E7		-	-	Not Allowed	$0.00			-	-	000	999	
0355U	Q	APOL1 RISK VARIANTS		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
0356U	Q	ONC OROP/ANAL 17 DNA DDPCR		-	-	Medicare	$3,000.00	$1,860.00	$1,800.00	-	-	000	999	
0358T	E	BIA WHOLE BODY		-	-	Not Allowed	$0.00			-	-	000	999	
0358U	Q	NEURO ALYS B-AMYL 1-42&1-40		-	-	Medicare	$434.17	$269.19	$260.50	-	-	000	999	
0359U	Q	ONC PRST8 CA ALYS ALL PSA		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0360U	Q	ONC LUNG ELISA 7 AUTOANT ALG		-	-	Medicare	$1,304.88	$809.03	$782.93	-	-	000	999	
0361U	Q	NEURFLMNT LT CHN DIG IA QUAN		-	-	Medicare	$193.72	$120.11	$116.23	-	-	000	999	
0362T	E	BHV ID SUPRT ASSMT EA 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
0362U	Q	ONC PAP THYR CA RNA 82&10		-	-	Medicare	$6,000.00	$3,720.00	$3,600.00	-	-	000	999	
0363U	Q	ONC URTHL MRNA 5 GEN ALG		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0364U	Q	ONC HL NEO GEN SEQ ALYS ALG		-	-	Medicare	$3,345.42	$2,074.16	$2,007.25	-	-	000	999	
0365U	Q	ONC BLDR 10 UR HRBR URTHL CA		-	-	Medicare	$1,495.00	$926.90	$897.00	-	-	000	999	
0366U	Q	ONC BLDR 10 PRB RECR BLDR CA		-	-	Medicare	$1,495.00	$926.90	$897.00	-	-	000	999	
0367U	Q	ONC BLDR 10 FLWG TRURL RESCJ		-	-	Medicare	$1,503.63	$932.25	$902.18	-	-	000	999	
0368U	Q	ONC CLRCT CA MUT&MTHYLTN MRK		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0369U	Q	IADNA GI PTHGN 31 ORG&21 ARG		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0370U	Q	IADNA SURG WND PTHGN 34&21		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0371U	Q	IADNA GU PTHGN SEMIQ DNA16&1		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0372U	Q	NFCT DS GU PTHGN ARG DETCJ		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0373T	E	ADAPT BHV TX EA 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
0373U	Q	IADNA RSP TR NFCT 17 8 13&16		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0374U	Q	IADNA GU PTHGN 21 ORG&21ARG		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0375U	Q	ONC OVRN BCHM ASY 7 PRTN ALG		-	-	Medicare	$1,495.00	$926.90	$897.00	-	-	000	999	
0376U	Q	ONC PRST8 CA IMG ALYS 128		-	-	Medicare	$1,177.08	$729.79	$706.25	-	-	000	999	

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0377U	Q	CV DS QUAN ADVSRM/PLSM LPRTN		-	-	Medicare	$79.30	$49.17	$47.58	-	-	000	999	
0378T	E	VISUAL FIELD ASSMNT REV/RPRT		-	-	Not Allowed	$0.00			-	-	000	999	
0378U	Q	RFC1 REPEAT XPNSJ VRNT ALYS		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
0379T	E	VIS FIELD ASSMNT TECH SUPPT		-	-	Not Allowed	$0.00			-	-	000	999	
0379U	Q	TGSAP SL OR NEO DNA523&RNA55		-	-	Medicare	$5,480.85	$3,398.13	$3,288.51	-	-	000	999	
0381U	Q	MAPLE SYRUP UR DS MNTR QUAN		-	-	Medicare	$73.53	$45.59	$44.12	-	-	000	999	
0382U	Q	HYPRPHENYLALNINMIA MNTR QUAN		-	-	Medicare	$86.07	$53.36	$51.64	-	-	000	999	
0383U	Q	TYROSINEMIA TYP I MNTR QUAN		-	-	Medicare	$86.75	$53.79	$52.05	-	-	000	999	
0384U	Q	NEPH CKD RSK HI STG KDN DS		-	-	Medicare	$1,250.00	$775.00	$750.00	-	-	000	999	
0385U	Q	NEPH CKD ALG RSK DBTC KDN DS		-	-	Medicare	$651.25	$403.78	$390.75	-	-	000	999	
0387U	Q	ONC MLNMA AMBRA1&AMLO		-	-	Medicare	$1,580.83	$980.11	$948.50	-	-	000	999	
0388U	Q	ONC NONSM CLL LNG CA 37 GEN		-	-	Medicare	$5,833.33	$3,616.66	$3,500.00	-	-	000	999	
0389U	Q	PED FBRL KD IFI27&MCEMP1 RNA		-	-	Medicare	$117.00	$72.54	$70.20	-	-	000	999	
0390U	Q	OB PE KDR ENG&RBP4 IA ALG		-	-	Medicare	$107.35	$66.56	$64.41	-	-	000	999	
0391U	Q	ONC SLD TUM DNA&RNA 437 GEN		-	-	Medicare	$6,000.00	$3,720.00	$3,600.00	-	-	000	999	
0392T	E	LAP ES SPH AUGMENT DEV PLACE		-	-	Not Allowed	$0.00			-	-	000	999	
0392U	Q	RX METAB GENRX IA 16 GENES		-	-	Medicare	$2,226.82	$1,380.63	$1,336.09	-	-	000	999	
0393T	E	ES SPH AUGMNT DEVICE REMOVAL		-	-	Not Allowed	$0.00			-	-	000	999	
0393U	Q	NEU PRKSN MSFL A-SYNCLN PRTN		-	-	Medicare	$901.65	$559.02	$540.99	-	-	000	999	
0394T	E	HDR ELCTRNC SKN SURF BRCHYTX		-	-	Not Allowed	$0.00			-	-	000	999	
0394U	Q	PFAS 16 PFAS COMPND LC MS/MS		-	-	Medicare	$331.23	$205.36	$198.74	-	-	000	999	
0395T	E	HDR ELCTR NTRST/NTRCV BRCHTX		-	-	Not Allowed	$0.00			-	-	000	999	
0395U	Q	ONC LNG MULTIOMICS PLSM ALG		-	-	Medicare	$1,329.08	$824.03	$797.45	-	-	000	999	
0397T	E	ERCP W/OPTICAL ENDOMICROSCPY		-	-	Not Allowed	$0.00			-	-	000	999	
0398U	Q	GI BARET ESPH DNA MTHYLN ALY		-	-	Medicare	$2,925.00	$1,813.50	$1,755.00	-	-	000	999	
0399U	Q	NEURO CERE FOLATE DEFNCY SRM		-	-	Medicare	$500.00	$310.00	$300.00	-	-	000	999	
0400U	Q	OB XPND CAR SCR 145 GENES		-	-	Medicare	$2,428.13	$1,505.44	$1,456.88	-	-	000	999	
0401U	Q	CRD C HRT DS 9 GEN 12 VRNTS		-	-	Medicare	$816.13	$506.00	$489.68	-	-	000	999	
0402T	E	COLGN CRS-LINK CRN&PACHYMTRY		-	-	Not Allowed	$0.00			-	-	000	999	
0402U	Q	NFCT AGT STI MULT AMP PRB TQ		-	-	Medicare	$237.72	$147.39	$142.63	-	-	000	999	
0403T	M	DIABETES PREV STANDARD CURR		-	-	Fee Schedule	$32.99			-	-	000	999	
0403U	Q	ONC PRST8 MRNA 18 GEN 1ST UR		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0404U	Q	ONC BRST SEMIQ MEAS THYM KN		-	-	Medicare	$538.27	$333.73	$322.96	-	-	000	999	
0405U	Q	ONC PNCRTC 59 MTHLTN BLK MRK		-	-	Medicare	$2,950.80	$1,829.50	$1,770.48	-	-	000	999	
0406U	Q	ONC LUNG FLOW CYTMTRY 5 MRK		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0407U	Q	NEPH DBTC CKD MULT ECLIA ALG		-	-	Medicare	$1,583.33	$981.66	$950.00	-	-	000	999	
0408T	E	INSJ/RPLC CARDIAC MODULJ SYS		-	-	Not Allowed	$0.00			-	-	000	999	
0408U	Q	IAAD BLK AC WV BSNSR SARSCV2		-	-	Medicare	$23.55	$14.60	$14.13	-	-	000	999	
0409T	E	INSJ/RPLC CAR MODULJ PLS GN		-	-	Not Allowed	$0.00			-	-	000	999	
0409U	Q	ONC SLD TUM DNA 80 & RNA 36		-	-	Medicare	$4,866.00	$3,016.92	$2,919.60	-	-	000	999	
0410T	E	INSJ/RPLC CAR MODULJ ATR ELT		-	-	Not Allowed	$0.00			-	-	000	999	
0410U	Q	ONC PNCRTC DNA WHL GN SEQ 5-		-	-	Medicare	$1,933.33	$1,198.66	$1,160.00	-	-	000	999	
0411T	E	INSJ/RPLC CAR MODULJ VNT ELT		-	-	Not Allowed	$0.00			-	-	000	999	
0411U	Q	PSYC GENOM ALYS PNL 15 GEN		-	-	Medicare	$2,226.82	$1,380.63	$1,336.09	-	-	000	999	
0412T	E	RMVL CARDIAC MODULJ PLS GEN		-	-	Not Allowed	$0.00			-	-	000	999	
0412U	Q	BETA AMYLOID A?42/40 IMPRCIP		-	-	Medicare	$1,250.00	$775.00	$750.00	-	-	000	999	
0413T	E	RMVL CAR MODULJ TRANVNS ELT		-	-	Not Allowed	$0.00			-	-	000	999	
0413U	Q	ONC HL NEO OPT GEN MAPG DNA		-	-	Medicare	$2,105.88	$1,305.65	$1,263.53	-	-	000	999	
0414T	E	RMVL & RPL CAR MODULJ PLS GN		-	-	Not Allowed	$0.00			-	-	000	999	
0414U	Q	ONC LNG AUG ALG ALY WHL SLD8		-	-	Medicare	$1,177.08	$729.79	$706.25	-	-	000	999	
0415T	E	REPOS CAR MODULJ TRANVNS ELT		-	-	Not Allowed	$0.00			-	-	000	999	
0415U	Q	CV DS ACS BLD ALG 5 YR SCORE		-	-	Medicare	$651.25	$403.78	$390.75	-	-	000	999	
0416T	E	RELOC SKIN POCKET PLS GEN		-	-	Not Allowed	$0.00			-	-	000	999	
0417T	E	PRGRMG EVAL CARDIAC MODULJ		-	-	Not Allowed	$0.00			-	-	000	999	
0417U	Q	RARE DS ALYS 335 NUC GENES		-	-	Medicare	$4,737.55	$2,937.28	$2,842.53	-	-	000	999	
0418T	E	INTERRO EVAL CARDIAC MODULJ		-	-	Not Allowed	$0.00			-	-	000	999	

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0418U	Q	ONC BRST AUG ALG ALY WHL SL8		-	-	Medicare	$1,177.08	$729.79	$706.25	-	-	000	999	
0419T	E	DSTRJ NEUROFIBROMA XTNSV		-	-	Not Allowed	$0.00			-	-	000	999	
0419U	Q	NRPSYC GEN SEQ VRNT ALY 13		-	-	Medicare	$2,226.82	$1,380.63	$1,336.09	-	-	000	999	
0420T	E	DSTRJ NEUROFIBROMA XTNSV		-	-	Not Allowed	$0.00			-	-	000	999	
0420U	Q	ONC URTHL MRNA XPRSN 6 SNP		-	-	Medicare	$0.00	-	-	-	-	000	999	
0421T	E	WATERJET PROSTATE ABLTJ CMPL		-	-	Not Allowed	$0.00			-	-	000	999	
0421U	Q	ONC CLRCT SCR SGL AMP 8 RNA		-	-	Medicare	$848.12	$525.83	$508.87	-	-	000	999	
0422T	E	TACTILE BREAST IMG UNI/BI		-	-	Not Allowed	$0.00			-	-	000	999	
0422U	Q	ONC PAN SOLID TUM ALYS DNA		-	-	Medicare	$0.00	-	-	-	-	000	999	
0423U	Q	PSYC GENOMIC ALYS PNL 26 GEN		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0424U	Q	ONC PRST8 XOM ALYS 53 SNCRNA		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0425U	Q	GENOM RPD SEQ ALYS EA CMPRTR		-	-	Medicare	$0.00	-	-	-	-	000	999	
0426U	Q	GENOME ULTRA-RAPID SEQ ALYS		-	-	Medicare	$0.00	-	-	-	-	000	999	
0427U	Q	MONOCYTE DSTRBJ WDTH WHL BLD		-	-	Medicare	$7.47	$4.63	$4.48	-	-	000	999	
0429U	Q	HPV OROP SWAB 14 HI-RISK TYP		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
0430U	Q	GI MALABS AAT CALPRO PNCRTC		-	-	Medicare	$102.57	$63.59	$61.54	-	-	000	999	
0431U	Q	GLY RCPTR ALPHA1 IGG SRM/CSF		-	-	Medicare	$60.95	$37.79	$36.57	-	-	000	999	
0432U	Q	KLHL11 ANTB SR/CSF ASY QUAL		-	-	Medicare	$60.95	$37.79	$36.57	-	-	000	999	
0433U	Q	ONC PRST8 5 DNA REG MRK PCR		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0434U	Q	RX METAB ADVRS VRNT ALYS 25		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0435U	Q	ONC CHEMO RX CYTOX CSC 14 RX		-	-	Medicare	$5,056.43	$3,134.99	$3,033.86	-	-	000	999	
0436U	Q	ONC LNG PLSM ALYS 388 PRTN		-	-	Medicare	$0.00	-	-	-	-	000	999	
0437T	E	IMPLTJ SYNTH RNFCMT ABDL WAL		-	-	Not Allowed	$0.00			-	-	000	999	
0437U	Q	PSYC ANXIETY DO MRNA 15 BMRK		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0438U	Q	RX METAB ADVRS VRNT ALYS 33		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0439T	E	MYOCRD CONTRAST PRFUJ ECHO		-	-	Not Allowed	$0.00			-	-	000	999	
0439U	Q	CRD CHD DNA ALYS 5 SNP 3 DNA		-	-	Medicare	$0.00	-	-	-	-	000	999	
0440T	E	ABLTJ PERC UXTR/PERPH NRV		-	-	Not Allowed	$0.00			-	-	000	999	
0440U	Q	CRD CHD DNA ALYS 10 SNP 6DNA		-	-	Medicare	$0.00	-	-	-	-	000	999	
0441T	E	ABLTJ PERC LXTR/PERPH NRV		-	-	Not Allowed	$0.00			-	-	000	999	
0441U	Q	NFCT DS BCT FNGL/VIRAL SEMIQ		-	-	Medicare	$0.00	-	-	-	-	000	999	
0442T	E	ABLTJ PERC PLEX/TRNCL NRV		-	-	Not Allowed	$0.00			-	-	000	999	
0442U	Q	NFCT DS RESPIR NFCTJ MXA&CRP		-	-	Medicare	$68.97	$42.76	$41.38	-	-	000	999	
0443T	E	R-T SPCTRL ALYS PRST8 TISS		-	-	Not Allowed	$0.00			-	-	000	999	
0443U	Q	NEURFLMNT LT CHN ULTRSENS IA		-	-	Medicare	$0.00	-	-	-	-	000	999	
0444T	E	1ST PLMT DRUG ELUT OC INS		-	-	Not Allowed	$0.00			-	-	000	999	
0444U	Q	ONC SLD ORGN NEO TGSAP 361		-	-	Medicare	$4,866.00	$3,016.92	$2,919.60	-	-	000	999	
0445T	E	SBSQT PLMT DRUG ELUT OC INS		-	-	Not Allowed	$0.00			-	-	000	999	
0445U	Q	ABETA42 & PTAU181 ECLIA CSF		-	-	Medicare	$434.17	$269.19	$260.50	-	-	000	999	
0446T	E	INSJ IMPLTBL GLUCOSE SENSOR		-	-	Not Allowed	$0.00			-	-	000	999	
0446U	Q	AI DS SLE ALYS 10 CYTOKINE		-	-	Medicare	$1,401.08	$868.67	$840.65	-	-	000	999	
0447T	E	RMVL IMPLTBL GLUCOSE SENSOR		-	-	Not Allowed	$0.00			-	-	000	999	
0447U	Q	AI DS SLE ALYS 11 CYTOKINE		-	-	Medicare	$1,401.08	$868.67	$840.65	-	-	000	999	
0448T	E	REMVL INSJ IMPLTBL GLUC SENS		-	-	Not Allowed	$0.00			-	-	000	999	
0449T	E	INSJ AQUEOUS DRAIN DEV 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0449U	Q	CAR SCR SEV INH COND 5 GENES		-	-	Medicare	$3,041.47	$1,885.71	$1,824.88	-	-	000	999	
0450T	E	INSJ AQUEOUS DRAIN DEV EACH		-	-	Not Allowed	$0.00			-	-	000	999	
0450U	Q	ONC MM LC-MS/MS MONOC P-PRTN		-	-	Medicare	$72.38	$44.88	$43.43	-	-	000	999	
0451U	Q	ONC MM LC-MS/MS PEP ION QUAN		-	-	Medicare	$72.38	$44.88	$43.43	-	-	000	999	
0452U	Q	ONC BLDR MTHYL PENK LTE-QMSP		-	-	Medicare	$320.00	$198.40	$192.00	-	-	000	999	
0453U	Q	ONC CLRCT CA CFDNA QPCR ASY		-	-	Medicare	$320.00	$198.40	$192.00	-	-	000	999	
0454U	Q	U RARE DS ID OPT GENOME MAPG		-	-	Medicare	$2,105.88	$1,305.65	$1,263.53	-	-	000	999	
0455U	Q	NFCT AGT STI MULT AMP PRB UR		-	-	Medicare	$237.72	$147.39	$142.63	-	-	000	999	
0457U	Q	PFAS 9 CMPND LCMS/MS PLS/SR		-	-	Medicare	$331.23	$205.36	$198.74	-	-	000	999	
0458U	Q	ONC BRST CA S100 A8&A9 ELISA		-	-	Medicare	$434.17	$269.19	$260.50	-	-	000	999	
0459U	Q	ABETA42 & TTAU ECLIA CSF		-	-	Medicare	$434.17	$269.19	$260.50	-	-	000	999	

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0460U	Q	ONC WHL BLD/BUCC RTPCR 24GEN		-	-	Medicare	$0.00	-	-	-	-	000	999	
0461U	Q	ONC RXGENOM ALYS RTPCR 24GEN		-	-	Medicare	$0.00	-	-	-	-	000	999	
0462U	Q	MELATONIN LVL TST SLP STD7/9		-	-	Medicare	$28.78	$17.84	$17.27	-	-	000	999	
0463U	Q	ONC CRVX MRNA GENXPRSN 14BMK		-	-	Medicare	$0.00	-	-	-	-	000	999	
0464T	E	VISUAL EP TEST FOR GLAUCOMA		-	-	Not Allowed	$0.00			-	-	000	999	
0464U	Q	ONC CLRCT SCR QRTSA DNA MRK		-	-	Medicare	$986.53	$611.65	$591.92	-	-	000	999	
0465U	Q	ONC URTHL CARC DNA QMSP 2GEN		-	-	Medicare	$3,230.02	$2,002.61	$1,938.01	-	-	000	999	
0466U	Q	CRD CAD DNA GWAS 564856 SNP		-	-	Medicare	$0.00	-	-	-	-	000	999	
0467U	Q	ONC BLDR DNA NGS 60GEN&ANEUP		-	-	Medicare	$2,531.77	$1,569.70	$1,519.06	-	-	000	999	
0468U	Q	HEP NASH MIR34A5P A2M YKL40		-	-	Medicare	$419.50	$260.09	$251.70	-	-	000	999	
0469T	E	RTA POLARIZE SCAN OC SCR BI		-	-	Not Allowed	$0.00			-	-	000	999	
0469U	Q	RARE DS WHL GEN SEQ FTL SAMP		-	-	Medicare	$1,996.57	$1,237.87	$1,197.94	-	-	000	999	
0470U	Q	ONC OROP DETCJ MRD 8 DNA HPV		-	-	Medicare	$0.00	-	-	-	-	000	999	
0471U	Q	ONC CLRC CA 35 VRN KRAS&NRAS		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0472T	E	PRGRMG IO RTA ELTRD RA		-	-	Not Allowed	$0.00			-	-	000	999	
0472U	Q	CA VI PSP&SP1 ANTB SJOGREN		-	-	Medicare	$0.00	-	-	-	-	000	999	
0473T	E	REPRGRMG IO RTA ELTRD RA		-	-	Not Allowed	$0.00			-	-	000	999	
0473U	Q	ONC SLD TUM BLD/SLV 648 GENE		-	-	Medicare	$7,500.00	$4,650.00	$4,500.00	-	-	000	999	
0474T	E	INSJ AQUEOUS DRG DEV IO RSVR		-	-	Not Allowed	$0.00			-	-	000	999	
0474U	Q	HERED PAN CA GSAP 88GENE NGS		-	-	Medicare	$2,173.25	$1,347.42	$1,303.95	-	-	000	999	
0475U	Q	HERED PRST8 CA GSAP 23 GENES		-	-	Medicare	$2,173.25	$1,347.42	$1,303.95	-	-	000	999	
0476U	Q	RX METAB PSYC 14GEN&CYP2D6		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0477U	Q	RX METAB PSY 14&CYP2D6 GN-RX		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0478U	Q	ONC NSCLC DNA&RNA DPCR 9GENS		-	-	Medicare	$0.00	-	-	-	-	000	999	
0479T	E	FXJL ABL LSR 1ST 100 SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
0479U	Q	TAU PHOSPHORYLATED PTAU217		-	-	Medicare	$28.78	$17.84	$17.27	-	-	000	999	
0480T	E	FXJL ABL LSR EA ADDL 100SQCM		-	-	Not Allowed	$0.00			-	-	000	999	
0480U	Q	NFCT DS CSF METAG NGS ALYS		-	-	Medicare	$3,543.67	$2,197.08	$2,126.20	-	-	000	999	
0481T	E	NJX AUTOL WBC CONCENTRATE		-	-	Not Allowed	$0.00			-	-	000	999	
0481U	Q	IDH1 IDH2&TERT PROMOTER NGS		-	-	Medicare	$1,123.73	$696.71	$674.24	-	-	000	999	
0482U	Q	OB PE BIOCHEM ASY SFLT1&PLGF		-	-	Medicare	$214.70	$133.11	$128.82	-	-	000	999	
0483T	E	TMVI PERCUTANEOUS APPROACH		-	-	Not Allowed	$0.00			-	-	000	999	
0483U	Q	NFCT DS NG GYRA S91F PT MUT		-	-	Medicare	$0.00	-	-	-	-	000	999	
0484T	E	TMVI TRANSTHORACIC EXPOSURE		-	-	Not Allowed	$0.00			-	-	000	999	
0484U	Q	NFCT DS MGEN 23S RRNA PT MUT		-	-	Medicare	$0.00	-	-	-	-	000	999	
0485T	E	OCT MID EAR I&R UNILATERAL		-	-	Not Allowed	$0.00			-	-	000	999	
0485U	Q	ONC SOL TUM CFDNA&RNA NGS GM		-	-	Medicare	$0.00	-	-	-	-	000	999	
0486T	E	OCT MID EAR I&R BILATERAL		-	-	Not Allowed	$0.00			-	-	000	999	
0486U	Q	ONC PAN SOL TUM NGS CFCTDNA		-	-	Medicare	$0.00	-	-	-	-	000	999	
0487U	Q	ONC SOL TUM CFCDNA TGSAP 84		-	-	Medicare	$4,866.00	$3,016.92	$2,919.60	-	-	000	999	
0488T	E	DIABETES PREV ONLINE/ELEC		-	-	Not Allowed	$0.00			-	-	000	999	
0488U	Q	OB FETAL AG NIPT CFDNA ALYS		-	-	Medicare	$1,265.08	$784.35	$759.05	-	-	000	999	
0489T	E	REGN CELL TX SCLDR HANDS		-	-	Not Allowed	$0.00			-	-	000	999	
0489U	Q	OB SGNIPT CFDNA SEQ ALYS 1+		-	-	Medicare	$0.00	-	-	-	-	000	999	
0490T	E	REGN CELL TX SCLDR H MLT INJ		-	-	Not Allowed	$0.00			-	-	000	999	
0490U	Q	ONC CUTAN/UVEAL MLNMA CD146		-	-	Medicare	$4,058.33	$2,516.16	$2,435.00	-	-	000	999	
0491U	Q	ONC SOL TUM CTC SLCT ER PRTN		-	-	Medicare	$4,058.33	$2,516.16	$2,435.00	-	-	000	999	
0492U	Q	ONC SOL TUM CTC SLCTN PD-L1		-	-	Medicare	$4,058.33	$2,516.16	$2,435.00	-	-	000	999	
0493U	Q	TRNSPL MED QUAN DD-CFDNA NGS		-	-	Medicare	$4,588.75	$2,845.03	$2,753.25	-	-	000	999	
0494T	E	PREP & CANNULJ CDVR DON LUNG		-	-	Not Allowed	$0.00			-	-	000	999	
0494U	Q	RBC AG FTL RHD GENE ALYS NGS		-	-	Medicare	$1,265.08	$784.35	$759.05	-	-	000	999	
0495T	E	MNTR CDVR DON LNG 1ST 2 HRS		-	-	Not Allowed	$0.00			-	-	000	999	
0495U	Q	ONC PRST8 ALYS CRCG PLSM PRT		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
0496T	E	MNTR CDVR DON LNG EA ADDL HR		-	-	Not Allowed	$0.00			-	-	000	999	
0496U	Q	ONC CLRCT CFDNA 8/7 GENES		-	-	Medicare	$0.00	-	-	-	-	000	999	
0497T	E	XTRNL PT ACT ECG IN-OFF CONN		-	-	Not Allowed	$0.00			-	-	000	999	

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0497U	Q	ONC PRST8 MRNA RT-PCR 6GENES		-	-	Medicare	$6,455.00	$4,002.10	$3,873.00	-	-	000	999	
0498T	E	XTRNL PT ACT ECG R&I PR 30 D		-	-	Not Allowed	$0.00			-	-	000	999	
0498U	Q	ONC CLRCT NGS MUT DETC 43GEN		-	-	Medicare	$0.00	-	-	-	-	000	999	
0499U	Q	ONC CLRCT&LNG DNA NGS 8GENES		-	-	Medicare	$996.52	$617.84	$597.91	-	-	000	999	
0500F	E	INITIAL PRENATAL CARE VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
0500U	Q	AUTOINFLAM DS VEXAS SYND DNA		-	-	Medicare	$292.33	$181.24	$175.40	-	-	000	999	
0501F	E	PRENATAL FLOW SHEET		-	-	Not Allowed	$0.00			-	-	000	999	
0501U	Q	ONC CLRC BLD QUAN MEAS CFDNA		-	-	Medicare	$0.00	-	-	-	-	000	999	
0502F	E	SUBSEQUENT PRENATAL CARE		-	-	Not Allowed	$0.00			-	-	000	999	
0502U	Q	HPV E6/E7 MRK HIRSK TYP CRV		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
0503F	E	POSTPARTUM CARE VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
0503U	Q	NEURO ALZ DS BAMYL&TAU PRTN		-	-	Medicare	$1,250.00	$775.00	$750.00	-	-	000	999	
0504U	Q	NFCT DS UTI ID 17 PATH ORGS		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0505F	E	HEMODIALYSIS PLAN DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0505T	E	EV FEMPOP ARTL REVSC		-	-	Not Allowed	$0.00			-	-	000	999	
0505U	Q	NFCT DS VAG INFCTJ ID 32ORGS		-	-	Medicare	$1,132.95	$702.43	$679.77	-	-	000	999	
0506T	E	MAC PGMT OPT DNS MEAS HFP		-	-	Not Allowed	$0.00			-	-	000	999	
0506U	Q	GI BARRETTS ESOPHGL CELL 89		-	-	Medicare	$3,230.02	$2,002.61	$1,938.01	-	-	000	999	
0507F	E	PERITON DIALYSIS PLAN DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0507T	E	NEAR IFR 2IMG MIBMN GLND I&R		-	-	Not Allowed	$0.00			-	-	000	999	
0507U	Q	ONC OVR DNA WHOLE GEN W/5HMC		-	-	Medicare	$1,933.33	$1,198.66	$1,160.00	-	-	000	999	
0508U	Q	TRNSPLJ MED DDCFDNA 40 SNPS		-	-	Medicare	$0.00	-	-	-	-	000	999	
0509F	E	URINE INCON PLAN DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0509T	E	PATTERN ERG W/I&R		-	-	Not Allowed	$0.00			-	-	000	999	
0509U	Q	TRNSPLJ MED DDCFDNA<12 SNPS		-	-	Medicare	$0.00	-	-	-	-	000	999	
0510T	E	RMVL SINUS TARSI IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
0510U	Q	ONC PNCRTC CA ALG ALYS 16GEN		-	-	Medicare	$0.00	-	-	-	-	000	999	
0511T	E	RMVL&RINSJ SINUS TARSI IMPLT		-	-	Not Allowed	$0.00			-	-	000	999	
0511U	Q	ONC SOL TUM 3DMICROENVIR 36+		-	-	Medicare	$5,056.43	$3,134.99	$3,033.86	-	-	000	999	
0512T	E	ESW INTEG WND HLG 1ST WND		-	-	Not Allowed	$0.00			-	-	000	999	
0512U	Q	ONC PRST8 ALYS DGTZ IMG MSI		-	-	Medicare	$1,177.08	$729.79	$706.25	-	-	000	999	
0513F	E	ELEV BP PLAN OF CARE DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0513T	E	ESW INTEG WND HLG EA ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
0513U	Q	ONC PRST8 ALG ALYS MSI&HRD		-	-	Medicare	$1,177.08	$729.79	$706.25	-	-	000	999	
0514F	E	CARE PLAN HGB DOCD ESA PT		-	-	Not Allowed	$0.00			-	-	000	999	
0514T	E	INTRAOP VIS AXIS ID PT FIXJ		-	-	Not Allowed	$0.00			-	-	000	999	
0514U	Q	GI IBD IA QUAN DETER ADL LVL		-	-	Medicare	$64.28	$39.85	$38.57	-	-	000	999	
0515T	E	INSJ WCS LV COMPL SYS		-	-	Not Allowed	$0.00			-	-	000	999	
0515U	Q	GI IBD IA QUAN DETER IFX LVL		-	-	Medicare	$64.28	$39.85	$38.57	-	-	000	999	
0516F	E	ANEMIA PLAN OF CARE DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0516T	E	INSJ WCS LV ELTRD ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
0516U	Q	RX METAB RXGENOMIC GNOTYP 40		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
0517F	E	GLAUCOMA PLAN OF CARE DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0517T	E	INSJ WCS LV BOTH COMPNT PG		-	-	Not Allowed	$0.00			-	-	000	999	
0517U	Q	THER RX MNTR 80+ PSYACTIV RX		-	-	Medicare	$411.53	$255.15	$246.92	-	-	000	999	
0518F	E	FALL PLAN OF CARE DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0518T	E	RMVL PG WCS LV BATTERY ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
0518U	Q	THER RX MNTR 90+ PN&MTL HLTH		-	-	Medicare	$411.53	$255.15	$246.92	-	-	000	999	
0519F	E	PLAND CHEMO DOCD B/4 TXMNT		-	-	Not Allowed	$0.00			-	-	000	999	
0519T	E	RMV&RPLCMT PG WCS LV BOTH		-	-	Not Allowed	$0.00			-	-	000	999	
0519U	Q	THER RX MNTR MEDS P/D/A 110+		-	-	Medicare	$411.53	$255.15	$246.92	-	-	000	999	
0520F	E	RAD DOS LIMTS B/4 3D RAD		-	-	Not Allowed	$0.00			-	-	000	999	
0520T	E	RMV&RPLCMT PG WCS LV BATTERY		-	-	Not Allowed	$0.00			-	-	000	999	
0520U	Q	THER RX MNTR 200+ RX/SBSTS		-	-	Medicare	$411.53	$255.15	$246.92	-	-	000	999	
0521F	E	PLAN OF CARE 4 PAIN DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0521T	E	INTERROG DEV EVAL WCS IP		-	-	Not Allowed	$0.00			-	-	000	999	

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0521U	E	RF IGA&IGM CCP ANTB SR-A IA		-	-	Not Allowed	$0.00			-	-	000	999	
0522T	E	PRGRMG DEV EVAL WCS IP		-	-	Not Allowed	$0.00			-	-	000	999	
0522U	E	CA VI PSP&SP1 ANTB CL SEMIQL		-	-	Not Allowed	$0.00			-	-	000	999	
0523T	E	NTRAPX C FFR W/3D FUNCJL MAP		-	-	Not Allowed	$0.00			-	-	000	999	
0523U	E	ONC SOLTUM DNA NGS SNV 22GEN		-	-	Not Allowed	$0.00			-	-	000	999	
0524T	E	EV CATH DIR CHEM ABLTJ W/IMG		-	-	Not Allowed	$0.00			-	-	000	999	
0524U	E	OB PE SFLT-1/PLGF IA SRM/PLS		-	-	Not Allowed	$0.00			-	-	000	999	
0525F	E	INITIAL VISIT FOR EPISODE		-	-	Not Allowed	$0.00			-	-	000	999	
0525T	E	INSJ/RPLCMT COMPL IIMS		-	-	Not Allowed	$0.00			-	-	000	999	
0525U	E	ONC SPHRD CELL CUL 11-RX PNL		-	-	Not Allowed	$0.00			-	-	000	999	
0526F	E	SUBS VISIT FOR EPISODE		-	-	Not Allowed	$0.00			-	-	000	999	
0526T	E	INSJ/RPLCMT IIMS ELTRD ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
0526U	E	NEFRO RNL TRNSPL QUAN CXCL10		-	-	Not Allowed	$0.00			-	-	000	999	
0527T	E	INSJ/RPLCMT IIMS IMPLT MNTR		-	-	Not Allowed	$0.00			-	-	000	999	
0527U	E	HSV 1&2 VZV AMP PRB TQ PTHGN		-	-	Not Allowed	$0.00			-	-	000	999	
0528F	E	RCMND FLW-UP 10 YRS DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0528T	E	PRGRMG DEV EVAL IIMS IP		-	-	Not Allowed	$0.00			-	-	000	999	
0528U	E	LRT IAD 18BCT/8VIR&7ARG RNA		-	-	Not Allowed	$0.00			-	-	000	999	
0529F	E	INTRVL 3/>YR PTS CLNSCP DOCD		-	-	Not Allowed	$0.00			-	-	003	999	
0529T	E	INTERROG DEV EVAL IIMS IP		-	-	Not Allowed	$0.00			-	-	000	999	
0529U	E	HEM VTE SNP F2&F5 GEN LEIDEN		-	-	Not Allowed	$0.00			-	-	000	999	
0530T	E	REMOVAL COMPLETE IIMS		-	-	Not Allowed	$0.00			-	-	000	999	
0530U	E	ONC PAN-SOL TUM CTDNA 77 GEN		-	-	Not Allowed	$0.00			-	-	000	999	
0531T	E	REMOVAL IIMS ELECTRODE ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
0532T	E	REMOVAL IIMS IMPLT MNTR ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
0535F	E	DYSPNEA MNGMNT PLAN DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0540F	E	GLUCO MNGMNT PLAN DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0541T	E	MYOCARDIAL IMAGING MCG		-	-	Not Allowed	$0.00			-	-	000	999	
0542T	E	MYOCARDIAL IMAGING MCG I&R		-	-	Not Allowed	$0.00			-	-	000	999	
0543T	E	TA MV RPR W/ARTIF CHORD TEND		-	-	Not Allowed	$0.00			-	-	000	999	
0544T	E	TCAT MV ANNULUS RCNSTJ		-	-	Not Allowed	$0.00			-	-	000	999	
0545F	E	FOLLOW UP CARE PLAN MDD DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0545T	E	TCAT TV ANNULUS RCNSTJ		-	-	Not Allowed	$0.00			-	-	000	999	
0546T	E	RF SPECTRSC NTRAOP MRGN ASMT		-	-	Not Allowed	$0.00			-	-	000	999	
0547T	E	B1 MATRL QUAL TST MCRIND TIB		-	-	Not Allowed	$0.00			-	-	000	999	
0550F	E	CYTOPATH REPORT NONGYN SPCMN		-	-	Not Allowed	$0.00			-	-	000	999	
0551F	E	CYTOPATH REPORT NON ROUTINE		-	-	Not Allowed	$0.00			-	-	000	999	
0552T	E	LOW-LEVEL LASER THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
0554T	E	B1 STR & FX RSK ANALYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
0555F	E	SYMPTOM MGMNT PLAN CARE DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0555T	E	B1 STR&FX RSK TRANSMIS DATA		-	-	Not Allowed	$0.00			-	-	000	999	
0556F	E	PLAN CARE LIPID CONTROL DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0556T	E	B1 STR & FX RSK ASSESSMENT		-	-	Not Allowed	$0.00			-	-	000	999	
0557F	E	PLAN CAREMNG ANGNL SYMPTDOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0557T	E	B1 STR & FX RSK I&R		-	-	Not Allowed	$0.00			-	-	000	999	
0558T	E	CT SCAN F/BIOMCHN CT ALYS		-	-	Not Allowed	$0.00			-	-	000	999	
0559T	E	ANTMC MDL 3D PRINT 1ST CMPNT		-	-	Not Allowed	$0.00			-	-	000	999	
0560T	E	ANTMC MDL 3D PRINT EA ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
0561T	E	ANTMC GUIDE 3D PRINT 1ST GD		-	-	Not Allowed	$0.00			-	-	000	999	
0562T	E	ANTMC GUIDE 3D PRINT EA ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
0563T	E	EVAC MEIBOMIAN GLND HEAT BI		-	-	Not Allowed	$0.00			-	-	000	999	
0565T	E	AUTOL CELL IMPLT ADPS HRVG		-	-	Not Allowed	$0.00			-	-	000	999	
0566T	E	AUTOL CELL IMPLT ADPS NJX		-	-	Not Allowed	$0.00			-	-	000	999	
0569T	E	TTVR PERQ APPR 1ST PROSTH		-	-	Not Allowed	$0.00			-	-	000	999	
0570T	E	TTVR PERQ EA ADDL PROSTH		-	-	Not Allowed	$0.00			-	-	000	999	
0571T	E	INSJ/RPLCMT ICDS SS ELTRD		-	-	Not Allowed	$0.00			-	-	000	999	

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0572T	E	INSERTION SS DFB ELECTRODE		-	-	Not Allowed	$0.00			-	-	000	999	
0573T	E	REMOVAL SS DFB ELECTRODE		-	-	Not Allowed	$0.00			-	-	000	999	
0574T	E	REPOS PREV SS IMPL DFB ELTRD		-	-	Not Allowed	$0.00			-	-	000	999	
0575F	E	HIV RNA PLAN CARE DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
0575T	E	PRGRMG DEV EVAL ICDS SS IP		-	-	Not Allowed	$0.00			-	-	000	999	
0576T	E	INTERROG DEV EVAL ICDS SS IP		-	-	Not Allowed	$0.00			-	-	000	999	
0577T	E	EPHYS EVAL ICDS SS		-	-	Not Allowed	$0.00			-	-	000	999	
0578T	E	REM INTERROG DEV ICDS PHYS		-	-	Not Allowed	$0.00			-	-	000	999	
0579T	E	REM INTERROG DEV ICDS TECH		-	-	Not Allowed	$0.00			-	-	000	999	
0580F	E	MULTIDISCIPLINARY CARE PLAN		-	-	Not Allowed	$0.00			-	-	000	999	
0580T	E	RMVL SS IMPL DFB PG ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
0581F	E	PT TRNSFRD FROM ANESTH TO CC		-	-	Not Allowed	$0.00			-	-	000	999	
0581T	E	ABLTJ MAL BRST TUM PERQ CRTX		-	-	Not Allowed	$0.00			-	-	000	999	
0582F	E	NO TRNSFR FROM ANESTH TO CC		-	-	Not Allowed	$0.00			-	-	000	999	
0582T	E	TRURL ABLTJ MAL PRST8 TISS		-	-	Not Allowed	$0.00			-	-	000	999	
0583F	E	TRANSFER CARE CHECKLIST USED		-	-	Not Allowed	$0.00			-	-	000	999	
0583T	E	TMPST AUTO TUBE DLVR SYS		-	-	Not Allowed	$0.00			-	-	000	999	
0584F	E	NO TRANSFERCARE CHKLIST USED		-	-	Not Allowed	$0.00			-	-	000	999	
0584T	E	PERQ ISLET CELL TRANSPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
0585T	E	LAPS ISLET CELL TRANSPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
0586T	E	OPEN ISLET CELL TRANSPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
0587T	E	PERQ IMPLTJ/RPLCMT ISDNS PTN		-	-	Not Allowed	$0.00			-	-	000	999	
0588T	E	REVISION/REMOVAL ISDNS PTN		-	-	Not Allowed	$0.00			-	-	000	999	
0589T	E	ELEC ALYS SMPL PRGRMG IINS		-	-	Not Allowed	$0.00			-	-	000	999	
0590T	E	ELEC ALYS CPLX PRGRMG IINS		-	-	Not Allowed	$0.00			-	-	000	999	
0591T	E	HLTH&WB COACHING INDIV 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0592T	E	HLTH&WB COACHING INDIV F-UP		-	-	Not Allowed	$0.00			-	-	000	999	
0593T	E	HLTH&WB COACHING GROUP		-	-	Not Allowed	$0.00			-	-	000	999	
0594T	E	OSTEOT HUM XTRNL LNGTH DEV		-	-	Not Allowed	$0.00			-	-	000	999	
0596T	E	TEMP FML IU VLV-PMP 1ST INSJ		-	-	Not Allowed	$0.00			-	-	000	999	
0597T	E	TEMP FML IU VALVE-PMP RPLCMT		-	-	Not Allowed	$0.00			-	-	000	999	
0598T	E	NCNTC R-T FLUOR WND IMG 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0599T	E	NCNTC R-T FLUOR WND IMG EA		-	-	Not Allowed	$0.00			-	-	000	999	
0600T	E	IRE ABLTJ 1+TUM ORGAN PERQ		-	-	Not Allowed	$0.00			-	-	000	999	
0601T	E	IRE ABLTJ 1+TUMORS OPEN		-	-	Not Allowed	$0.00			-	-	000	999	
0602T	E	TRANSDERMAL GFR MEASUREMENTS		-	-	Not Allowed	$0.00			-	-	000	999	
0603T	E	TRANSDERMAL GFR MONITORING		-	-	Not Allowed	$0.00			-	-	000	999	
0604T	E	REM OCT RTA DEV SETUP&EDUCAJ		-	-	Not Allowed	$0.00			-	-	000	999	
0605T	E	REM OCT RTA TECHL SPRT MIN 8		-	-	Not Allowed	$0.00			-	-	000	999	
0606T	E	REM OCT RTA PHYS/QHP EA 30D		-	-	Not Allowed	$0.00			-	-	000	999	
0607T	E	REM MNTR PULM FLU MNTR SETUP		-	-	Not Allowed	$0.00			-	-	000	999	
0608T	E	REM MNTR PULM FLU MNTR ALYS		-	-	Not Allowed	$0.00			-	-	000	999	
0609T	E	MRS DISC PAIN ACQUISJ DATA		-	-	Not Allowed	$0.00			-	-	000	999	
0610T	E	MRS DISC PAIN TRANSMIS DATA		-	-	Not Allowed	$0.00			-	-	000	999	
0611T	E	MRS DISC PAIN ALG ALYS DATA		-	-	Not Allowed	$0.00			-	-	000	999	
0612T	E	MRS DISCOGENIC PAIN I&R		-	-	Not Allowed	$0.00			-	-	000	999	
0613T	E	PERQ TCAT INTRATRL SEPTL SHT		-	-	Not Allowed	$0.00			-	-	000	999	
0614T	E	RMVL&RPLCMT SS IMPL DFB PG		-	-	Not Allowed	$0.00			-	-	000	999	
0615T	E	EYE MVMT ALYS W/O CALBRJ I&R		-	-	Not Allowed	$0.00			-	-	000	999	
0619T	E	CYSTO W/PRST8 COMMISSUROTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
0620T	E	EVASC VEN ARTLZ TIBL/PRNL VN		-	-	Not Allowed	$0.00			-	-	000	999	
0621T	E	TRABECULOSTOMY INTERNO LASER		-	-	Not Allowed	$0.00			-	-	000	999	
0622T	E	TRABECULOSTOMY INT LSR W/SCP		-	-	Not Allowed	$0.00			-	-	000	999	
0623T	E	AUTO QUANTIFICATION C PLAQUE		-	-	Not Allowed	$0.00			-	-	000	999	
0624T	E	AUTO QUAN C PLAQ DATA PREP		-	-	Not Allowed	$0.00			-	-	000	999	
0625T	E	AUTO QUAN C PLAQ CPTR ALYS		-	-	Not Allowed	$0.00			-	-	000	999	

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0626T	E	AUTO QUAN C PLAQ I&R		-	-	Not Allowed	$0.00			-	-	000	999	
0627T	E	PERQ NJX ALGC FLUOR LMBR 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0628T	E	PERQ NJX ALGC FLUOR LMBR EA		-	-	Not Allowed	$0.00			-	-	000	999	
0629T	E	PERQ NJX ALGC CT LMBR 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0630T	E	PERQ NJX ALGC CT LMBR EA		-	-	Not Allowed	$0.00			-	-	000	999	
0631T	E	TC VIS LIT HYPERSPECTRAL IMG		-	-	Not Allowed	$0.00			-	-	000	999	
0632T	E	PERQ TCAT US ABLTJ NRV P-ART		-	-	Not Allowed	$0.00			-	-	000	999	
0633T	E	CT BREAST W/3D UNI C-		-	-	Not Allowed	$0.00			-	-	000	999	
0634T	E	CT BREAST W/3D UNI C+		-	-	Not Allowed	$0.00			-	-	000	999	
0635T	E	CT BREAST W/3D UNI C-/C+		-	-	Not Allowed	$0.00			-	-	000	999	
0636T	E	CT BREAST W/3D BI C-		-	-	Not Allowed	$0.00			-	-	000	999	
0637T	E	CT BREAST W/3D BI C+		-	-	Not Allowed	$0.00			-	-	000	999	
0638T	E	CT BREAST W/3D BI C-/C+		-	-	Not Allowed	$0.00			-	-	000	999	
0639T	E	WRLS SKN SNR ANISOTROPY MEAS		-	-	Not Allowed	$0.00			-	-	000	999	
0640T	E	NCNTC IFR SPCTRSC O/T PAD 1		-	-	Not Allowed	$0.00			-	-	000	999	
0643T	E	TCAT L VENTR RSTRJ DEV IMPLT		-	-	Not Allowed	$0.00			-	-	000	999	
0644T	E	TCAT RMVL/DBLK ICAR MAS PERQ		-	-	Not Allowed	$0.00			-	-	000	999	
0645T	E	TCAT IMPLTJ C SINS RDCTJ DEV		-	-	Not Allowed	$0.00			-	-	000	999	
0646T	E	TTVI/RPLCMT W/PRSTC VLV PERQ		-	-	Not Allowed	$0.00			-	-	000	999	
0647T	E	INSJ GTUBE PERQ MAG GASTRPXY		-	-	Not Allowed	$0.00			-	-	000	999	
0648T	E	QUAN MR TIS WO MRI 1ORGN		-	-	Not Allowed	$0.00			-	-	000	999	
0649T	E	QUAN MR TISS W/MRI 1ORGN		-	-	Not Allowed	$0.00			-	-	000	999	
0650T	E	PRGRMG DEV EVAL SCRMS REMOTE		-	-	Not Allowed	$0.00			-	-	000	999	
0651T	E	MAG CTRLD CAPSULE ENDOSCOPY		-	-	Not Allowed	$0.00			-	-	000	999	
0652T	E	EGD FLX TRANSNASAL DX BR/WA		-	-	Not Allowed	$0.00			-	-	000	999	
0653T	E	EGD FLX TRANSNASAL BX 1/MLT		-	-	Not Allowed	$0.00			-	-	000	999	
0654T	E	EGD FLX TRANSNASAL TUBE/CATH		-	-	Not Allowed	$0.00			-	-	000	999	
0655T	E	TPRNL FOCAL ABLTJ MAL PRST8		-	-	Not Allowed	$0.00			-	-	000	999	
0656T	E	ANT LMBR VRT BDY TETH <7 SEG		-	-	Not Allowed	$0.00			-	-	000	999	
0657T	E	ANT LMBR VRT BDY TETH 8+ SEG		-	-	Not Allowed	$0.00			-	-	000	999	
0658T	E	ELEC IMPD SPECTRSC 1+SKN LES		-	-	Not Allowed	$0.00			-	-	000	999	
0659T	E	TCAT INTRA-C NFS SUPERSAT O2		-	-	Not Allowed	$0.00			-	-	000	999	
0660T	E	IMPLT ANT SGM IO NBIO RX SYS		-	-	Not Allowed	$0.00			-	-	000	999	
0661T	E	RMVL&RIMPLTJ ANT SGM IMPLT		-	-	Not Allowed	$0.00			-	-	000	999	
0662T	E	SCALP COOL 1ST MEAS&CALBRJ		-	-	Not Allowed	$0.00			-	-	000	999	
0663T	E	SCALP COOL PLMT MNTR RMVL		-	-	Not Allowed	$0.00			-	-	000	999	
0664T	E	DON HYSTERECTOMY OPEN CDVR		-	-	Not Allowed	$0.00			-	-	000	999	
0665T	E	DON HYSTERECTOMY OPEN LIV		-	-	Not Allowed	$0.00			-	-	000	999	
0666T	E	DON HYSTERECTOMY LAPS LIV		-	-	Not Allowed	$0.00			-	-	000	999	
0667T	E	DON HYSTERECTOMY RCP UTER		-	-	Not Allowed	$0.00			-	-	000	999	
0668T	E	BKBENCH PREP DON UTER ALGRFT		-	-	Not Allowed	$0.00			-	-	000	999	
0669T	E	BKBENCH RCNSTJ DON UTER VEN		-	-	Not Allowed	$0.00			-	-	000	999	
0670T	E	BKBENCH RCNSTJ DON UTER ARTL		-	-	Not Allowed	$0.00			-	-	000	999	
0671T	E	INSJ ANT SGM AQ DRG DEV 1+		-	-	Not Allowed	$0.00			-	-	000	999	
0672T	E	NDOVAG CRYG RF REMDL TISS		-	-	Not Allowed	$0.00			-	-	000	999	
0673T	E	ABLTJ B9 THYR NDUL PERQ LASR		-	-	Not Allowed	$0.00			-	-	000	999	
0674T	E	LAPS INSJ NW/RPCMT PRM ISDSS		-	-	Not Allowed	$0.00			-	-	000	999	
0675T	E	LAPS INSJ NW/RPCMT ISDSS 1LD		-	-	Not Allowed	$0.00			-	-	000	999	
0676T	E	LAPS INSJ NW/RPCMT ISDSS EA		-	-	Not Allowed	$0.00			-	-	000	999	
0677T	E	LAPS REPOS LEAD ISDSS 1ST LD		-	-	Not Allowed	$0.00			-	-	000	999	
0678T	E	LAPS REPOS LEAD ISDSS EA ADD		-	-	Not Allowed	$0.00			-	-	000	999	
0679T	E	LAPS RMVL LEAD ISDSS		-	-	Not Allowed	$0.00			-	-	000	999	
0680T	E	INSJ/RPLCMT PG ONLY ISDSS		-	-	Not Allowed	$0.00			-	-	000	999	
0681T	E	RLCJ PULSE GEN ONLY ISDSS		-	-	Not Allowed	$0.00			-	-	000	999	
0682T	E	REMOVAL PULSE GEN ONLY ISDSS		-	-	Not Allowed	$0.00			-	-	000	999	
0683T	E	PRGRMG DEV EVAL ISDSS IP		-	-	Not Allowed	$0.00			-	-	000	999	

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0684T	E	PERI-PX DEV EVAL ISDSS IP		-	-	Not Allowed	$0.00			-	-	000	999	
0685T	E	INTERROG DEV EVAL ISDSS IP		-	-	Not Allowed	$0.00			-	-	000	999	
0686T	E	HISTOTRIPSY MAL HEPATCEL TIS		-	-	Not Allowed	$0.00			-	-	000	999	
0687T	E	TX AMBLYOPIA DEV SETUP 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0688T	E	TX AMBLYOPIA ASSMT W/REPORT		-	-	Not Allowed	$0.00			-	-	000	999	
0689T	E	QUAN US TIS CHARAC W/O DX US		-	-	Not Allowed	$0.00			-	-	000	999	
0690T	E	QUAN US TIS CHARAC W/DX US		-	-	Not Allowed	$0.00			-	-	000	999	
0691T	E	AUTO ALYS XST CT STD VRT FX		-	-	Not Allowed	$0.00			-	-	000	999	
0692T	E	THERAPEUTIC ULTRAFILTRATION		-	-	Not Allowed	$0.00			-	-	000	999	
0693T	E	COMPRE FUL BDY 3D MTN ALYS		-	-	Not Allowed	$0.00			-	-	000	999	
0694T	E	3D VOL IMG&RCNSTJ BRST/AX		-	-	Not Allowed	$0.00			-	-	000	999	
0695T	E	BDY SRF MPG PM/CVDFB TM IMPL		-	-	Not Allowed	$0.00			-	-	000	999	
0696T	E	BDY SURF MAPG PM/CVDFB F/UP		-	-	Not Allowed	$0.00			-	-	000	999	
0697T	E	QUAN MR TIS WO MRI MLT ORGN		-	-	Not Allowed	$0.00			-	-	000	999	
0698T	E	QUAN MR TISS W/MRI MLT ORGN		-	-	Not Allowed	$0.00			-	-	000	999	
0699T	E	NJX PST CHMBR EYE MEDICATION		-	-	Not Allowed	$0.00			-	-	000	999	
0700T	E	MOLEC FLUOR IMG SUS NEV 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0701T	E	MOLEC FLUOR IMG SUS NEV EA		-	-	Not Allowed	$0.00			-	-	000	999	
0702T	E	REM THER MNTR OL TECH SPRT		-	-	Not Allowed	$0.00			-	-	000	999	
0703T	E	REM THER MNTR OL COG BHV		-	-	Not Allowed	$0.00			-	-	000	999	
0704T	E	REM TX AMBLYOPIA SETUP&EDU		-	-	Not Allowed	$0.00			-	-	000	999	
0705T	E	REM TX AMBLYOPIA TECH SPRT		-	-	Not Allowed	$0.00			-	-	000	999	
0706T	E	REM TX AMBLYOPIA I&R PHY/QHP		-	-	Not Allowed	$0.00			-	-	000	999	
0707T	E	NJX B1 SUB MTRL SBCHDRL DFCT		-	-	Not Allowed	$0.00			-	-	000	999	
0708T	E	ID CA IMMNTX PREP & 1ST NJX		-	-	Not Allowed	$0.00			-	-	000	999	
0709T	E	ID CA IMMNTX EACH ADDL NJX		-	-	Not Allowed	$0.00			-	-	000	999	
0710T	E	N-INVAS ARTL PLAQ ALYS		-	-	Not Allowed	$0.00			-	-	000	999	
0711T	E	N-NVS ARTL PLAQ ALYS DAT PRP		-	-	Not Allowed	$0.00			-	-	000	999	
0712T	E	N-NVS ARTL PLAQ ALYS QUAN		-	-	Not Allowed	$0.00			-	-	000	999	
0713T	E	N-NVS ARTL PLAQ ALYS RVW I&R		-	-	Not Allowed	$0.00			-	-	000	999	
0714T	E	TPLA B9 PRST8 HYPRPLSA<50ML		-	-	Not Allowed	$0.00			-	-	000	999	
0716T	E	CAR ACOUS WAVFRM REC CAD RSK		-	-	Not Allowed	$0.00			-	-	000	999	
0717T	E	ADRC THER PRTL RC TEAR		-	-	Not Allowed	$0.00			-	-	000	999	
0718T	E	ADRC THER PRTL RC TEAR NJX		-	-	Not Allowed	$0.00			-	-	000	999	
0719T	E	PST VRT JT RPLCMT LMBR 1 SGM		-	-	Not Allowed	$0.00			-	-	000	999	
0720T	E	PRQ ELC NRV STIM CN WO IMPLT		-	-	Not Allowed	$0.00			-	-	000	999	
0721T	E	QUAN CT TISS CHARAC W/O CT		-	-	Not Allowed	$0.00			-	-	000	999	
0722T	E	QUAN CT TISS CHARAC W/CT		-	-	Not Allowed	$0.00			-	-	000	999	
0723T	E	QMRCP W/O DX MRI SM ANAT SES		-	-	Not Allowed	$0.00			-	-	000	999	
0724T	E	QMRCP W/DX MRI SAME ANATOMY		-	-	Not Allowed	$0.00			-	-	000	999	
0725T	E	VESTIBULAR DEV IMPLTJ UNI		-	-	Not Allowed	$0.00			-	-	000	999	
0726T	E	RMVL IMPLT VSTIBULAR DEV UNI		-	-	Not Allowed	$0.00			-	-	000	999	
0727T	E	RMVL&RPLCMT IMPLT VSTBLR DEV		-	-	Not Allowed	$0.00			-	-	000	999	
0728T	E	DX ALYS VSTBLR IMPLT UNI 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0729T	E	DX ALYS VSTBLR IMPLT UNI SBQ		-	-	Not Allowed	$0.00			-	-	000	999	
0730T	E	TRABECULOTOMY LSR W/OCT GDN		-	-	Not Allowed	$0.00			-	-	000	999	
0731T	E	AUGMNT AI-BASED FCL PHNT A/R		-	-	Not Allowed	$0.00			-	-	000	999	
0732T	E	IMMNTX ADMN ELECTROPORATN IM		-	-	Not Allowed	$0.00			-	-	000	999	
0733T	E	REM R-T MTN NREHAB THER SPLY		-	-	Not Allowed	$0.00			-	-	000	999	
0734T	E	REM R-T MTN NREHAB TX MGMT		-	-	Not Allowed	$0.00			-	-	000	999	
0735T	E	PREP TUM CAV IORT PRIM CRNOT		-	-	Not Allowed	$0.00			-	-	000	999	
0736T	E	COLONIC LAVAGE 35+L WATER		-	-	Not Allowed	$0.00			-	-	000	999	
0737T	E	XENOGRAFT IMPLTJ ARTCLR SURF		-	-	Not Allowed	$0.00			-	-	000	999	
0738T	E	TX PLN MAG FLD ABLTJ PRST8		-	-	Not Allowed	$0.00			-	-	000	999	
0739T	E	ABLTJ MAL PRST8 MAG FLD NDCT		-	-	Not Allowed	$0.00			-	-	000	999	
0740T	E	REM AUTON ALG NSLN CAL SETUP		-	-	Not Allowed	$0.00			-	-	000	999	

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0741T	E	REM AUTON ALG NSLN DATA COLL		-	-	Not Allowed	$0.00			-	-	000	999	
0742T	E	AQMBF SPECT XERS/STRS & REST		-	-	Not Allowed	$0.00			-	-	000	999	
0743T	E	B1 STR & FX RSK VRT FX ASSMT		-	-	Not Allowed	$0.00			-	-	000	999	
0744T	E	INSJ BIOPROSTC VLV FEM VN		-	-	Not Allowed	$0.00			-	-	000	999	
0745T	E	CAR ABLT RAD ARR N-INVAS LOC		-	-	Not Allowed	$0.00			-	-	000	999	
0746T	E	CAR ABLT RAD ARR CNV LOC MAP		-	-	Not Allowed	$0.00			-	-	000	999	
0747T	E	CAR ABLT RAD ARRHYT DLVR RAD		-	-	Not Allowed	$0.00			-	-	000	999	
0748T	E	NJX STM CL PRDCT ANL SFT TIS		-	-	Not Allowed	$0.00			-	-	000	999	
0749T	E	B1 STR&FX RSK ASSMT DXR-BMD		-	-	Not Allowed	$0.00			-	-	000	999	
0750T	E	B1 STR&FX RSK ASMT DXRBMD1VW		-	-	Not Allowed	$0.00			-	-	000	999	
0751T	E	DGTZ GLS MCRSCP SLD LEVEL II		-	-	Not Allowed	$0.00			-	-	000	999	
0752T	E	DGTZ GLS MCRSCP SLD LVL III		-	-	Not Allowed	$0.00			-	-	000	999	
0753T	E	DGTZ GLS MCRSCP SLD LEVEL IV		-	-	Not Allowed	$0.00			-	-	000	999	
0754T	E	DGTZ GLS MCRSCP SLD LEVEL V		-	-	Not Allowed	$0.00			-	-	000	999	
0755T	E	DGTZ GLS MCRSCP SLD LEVEL VI		-	-	Not Allowed	$0.00			-	-	000	999	
0756T	E	DGTZ GLS MCRSCP SLD SPC GRPI		-	-	Not Allowed	$0.00			-	-	000	999	
0757T	E	DGTZ GLS MCRSCP SL SPC GRPII		-	-	Not Allowed	$0.00			-	-	000	999	
0758T	E	DGTZ GLS MCRSCP SL SPC HCHEM		-	-	Not Allowed	$0.00			-	-	000	999	
0759T	E	DGTZ GLS MCRSCP SL SP GRPIII		-	-	Not Allowed	$0.00			-	-	000	999	
0760T	E	DGTZ GLS MCRSCP SL IMM 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0761T	E	DGTZ GLS MCRSCP SL IMM EA 1		-	-	Not Allowed	$0.00			-	-	000	999	
0762T	E	DGTZ GLS MCRSCP SL IMM EA M		-	-	Not Allowed	$0.00			-	-	000	999	
0763T	E	DGTZ GLS MCRSCP MPHMTRC ALYS		-	-	Not Allowed	$0.00			-	-	000	999	
0764T	E	ASSTV ALG ECG RSK ASMT CNCRT		-	-	Not Allowed	$0.00			-	-	000	999	
0765T	E	ASSTV ALG ECG RSK ASMT PREV		-	-	Not Allowed	$0.00			-	-	000	999	
0766T	E	TC MAG STIMJ PN 1ST NERVE		-	-	Not Allowed	$0.00			-	-	000	999	
0767T	E	TC MAG STIMJ PN EA ADDL NRV		-	-	Not Allowed	$0.00			-	-	000	999	
0770T	E	VR TECHNOLOGY ASSIST THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
0771T	E	VR PX DISSOC SVC SM PHY 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0772T	E	VR PX DISSOC SVC SM PHY EA		-	-	Not Allowed	$0.00			-	-	000	999	
0773T	E	VR PX DISSOC SVC OTH PHY 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0774T	E	VR PX DISSOC SVC OTH PHY EA		-	-	Not Allowed	$0.00			-	-	000	999	
0776T	E	THER INDCTJ NTRABRN HYPTHRM		-	-	Not Allowed	$0.00			-	-	000	999	
0777T	E	R-T PRS SENSING EDRL GDN SYS		-	-	Not Allowed	$0.00			-	-	000	999	
0778T	E	SMMG CNCRNT APPL IMU SNR		-	-	Not Allowed	$0.00			-	-	000	999	
0779T	E	GI MYOELECTRICAL ACTV STUDY		-	-	Not Allowed	$0.00			-	-	000	999	
0780T	E	INSTLJ FECAL MICROBIOTA SSP		-	-	Not Allowed	$0.00			-	-	000	999	
0781T	E	BRNCHSC RF DSTRJ PULM NRV BI		-	-	Not Allowed	$0.00			-	-	000	999	
0782T	E	BRNCHSC RF DSTRJ PLM NRV UNI		-	-	Not Allowed	$0.00			-	-	000	999	
0783T	E	TC AURICULR NEUROSTIMULATION		-	-	Not Allowed	$0.00			-	-	000	999	
0784T	E	INS/RPLMT ELTRD RA SPI NSTIM		-	-	Not Allowed	$0.00			-	-	000	999	
0785T	E	REVJ/RMVL NEA SPI W/NSTIM		-	-	Not Allowed	$0.00			-	-	000	999	
0786T	E	INSJ/RPLCMT PRQ RA SAC NSTIM		-	-	Not Allowed	$0.00			-	-	000	999	
0787T	E	REVJ/RMVL NEA SAC W/NSTIM		-	-	Not Allowed	$0.00			-	-	000	999	
0788T	E	ELEC ALY SMP IINS SP/SAC NRV		-	-	Not Allowed	$0.00			-	-	000	999	
0789T	E	ELEC ALY CPX IINS SP/SAC NRV		-	-	Not Allowed	$0.00			-	-	000	999	
0790T	E	REVJ RPLCMT/RMVL VRT TETHRG		-	-	Not Allowed	$0.00			-	-	000	999	
0791T	E	MOTR COG VR GAIT TRAIN EA 15		-	-	Not Allowed	$0.00			-	-	000	999	
0792T	E	APPL SLVR DIAMN FLUORIDE 38%		-	-	Not Allowed	$0.00			-	-	000	999	
0793T	E	PRQ TCAT THRM ABLT NRV P-ART		-	-	Not Allowed	$0.00			-	-	000	999	
0794T	E	PT SPEC ALG RX-ONC TX OPTION		-	-	Not Allowed	$0.00			-	-	000	999	
0795T	E	TCAT INS 2CHMBR LDLS PM CMPL		-	-	Not Allowed	$0.00			-	-	000	999	
0796T	E	TCAT INS 2CHMBR LDLS PM RA		-	-	Not Allowed	$0.00			-	-	000	999	
0797T	E	TCAT INS 2CHMBR LDLS PM RV		-	-	Not Allowed	$0.00			-	-	000	999	
0798T	E	TCAT RMV 2CHMBR LDLS PM CMPL		-	-	Not Allowed	$0.00			-	-	000	999	
0799T	E	TCAT RMVL 2CHMBR LDLS PM RA		-	-	Not Allowed	$0.00			-	-	000	999	

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0800T	E	TCAT RMVL 2CHMBR LDLS PM RV		-	-	Not Allowed	$0.00			-	-	000	999	
0801T	E	TCAT RMV&RPL 2CHMBR LDLS PM		-	-	Not Allowed	$0.00			-	-	000	999	
0802T	E	TCAT RMV&RPL2CHMB LDLS PM RA		-	-	Not Allowed	$0.00			-	-	000	999	
0803T	E	TCAT RMV&RPL2CHMB LDLS PM RV		-	-	Not Allowed	$0.00			-	-	000	999	
0804T	E	PRGRMG EVL LDLS PM 2CHMBR IP		-	-	Not Allowed	$0.00			-	-	000	999	
0805T	E	TCAT S&IVC PRSTC VL IMPL PRQ		-	-	Not Allowed	$0.00			-	-	000	999	
0806T	E	TCAT S&IVC PRSTC VL IMPL OPN		-	-	Not Allowed	$0.00			-	-	000	999	
0807T	E	PULM TISS VNTJ ALYS PREV CT		-	-	Not Allowed	$0.00			-	-	000	999	
0808T	E	PULM TISS VNTJ ALYS W/CT		-	-	Not Allowed	$0.00			-	-	000	999	
0810T	E	SUBRTA NJX RX AGT W/VTRC		-	-	Not Allowed	$0.00			-	-	000	999	
0811T	E	REM MLT DAY UROFLOW SETUP		-	-	Not Allowed	$0.00			-	-	000	999	
0812T	E	REM MLT DAY UROFLOW DEV SPLY		-	-	Not Allowed	$0.00			-	-	000	999	
0813T	E	EGD VOL ADJMT BARIATRIC BALO		-	-	Not Allowed	$0.00			-	-	000	999	
0814T	E	PRQ NJX BIOD OSTEO MATRL FEM		-	-	Not Allowed	$0.00			-	-	000	999	
0815T	E	US REMS B1 DNS HIPS PLVS/SPI		-	-	Not Allowed	$0.00			-	-	000	999	
0816T	E	OPN INSJ/RPLCMT INS PTN SUBQ		-	-	Not Allowed	$0.00			-	-	000	999	
0817T	E	OPN INSJ/RPLCMT INS PTN SUBF		-	-	Not Allowed	$0.00			-	-	000	999	
0818T	E	REVJ/RMVL INS PTN SUBQ		-	-	Not Allowed	$0.00			-	-	000	999	
0819T	E	REVJ/RMVL INS PTN SUBF		-	-	Not Allowed	$0.00			-	-	000	999	
0820T	E	MNTR PSYCHDLC MED 1STPHY/QHP		-	-	Not Allowed	$0.00			-	-	000	999	
0821T	E	MNTR PSYCHDLC MED 2NDPHY/QHP		-	-	Not Allowed	$0.00			-	-	000	999	
0822T	E	MNTR PSYCHDLC MED CLN STAFF		-	-	Not Allowed	$0.00			-	-	000	999	
0823T	E	TCAT INS 1CHMBR LDLS PM RA		-	-	Not Allowed	$0.00			-	-	000	999	
0824T	E	TCAT RMV 1CHMBR LDLS PM RA		-	-	Not Allowed	$0.00			-	-	000	999	
0825T	E	TCAT RMV&RPL1CHMB LDLS PM RA		-	-	Not Allowed	$0.00			-	-	000	999	
0826T	E	PRGRMG EVL LDLS PM 1CHMBR IP		-	-	Not Allowed	$0.00			-	-	000	999	
0827T	E	DGTZ GLS MCRSCP CYTP SMEARS		-	-	Not Allowed	$0.00			-	-	000	999	
0828T	E	DGTZ GLS MCRSCP CYTP SMPL FL		-	-	Not Allowed	$0.00			-	-	000	999	
0829T	E	DGTZ GLS MCRSCP CYTP CONCTRJ		-	-	Not Allowed	$0.00			-	-	000	999	
0830T	E	DGTZ GLS MCRSCP CYTP SLCTV		-	-	Not Allowed	$0.00			-	-	000	999	
0831T	E	DGTZ GLS MCRSCP CYTP C/V		-	-	Not Allowed	$0.00			-	-	000	999	
0832T	E	DGTZ GLS MCRSCP CYTP OTH SCR		-	-	Not Allowed	$0.00			-	-	000	999	
0833T	E	DGTZ GLS MCRSCP CYTP OTH PRP		-	-	Not Allowed	$0.00			-	-	000	999	
0834T	E	DGTZ GLS MCRSCP CYTP OTH XTN		-	-	Not Allowed	$0.00			-	-	000	999	
0835T	E	DGTZ GLS MCRSCP FNA 1ST EA		-	-	Not Allowed	$0.00			-	-	000	999	
0836T	E	DGTZ GLS MCRSCP FNA EA ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
0837T	E	DGTZ GLS MCRSCP FNA I&R		-	-	Not Allowed	$0.00			-	-	000	999	
0838T	E	DGTZ GLS MCRSCP CSLT SLD ELS		-	-	Not Allowed	$0.00			-	-	000	999	
0839T	E	DGTZ GLS MCRSCP CSLT MAT PRP		-	-	Not Allowed	$0.00			-	-	000	999	
0840T	E	DGTZ GLS MCRSCP CSLT COMPRE		-	-	Not Allowed	$0.00			-	-	000	999	
0841T	E	DGTZ GLS MCRSCP PTH CSLT 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0842T	E	DGTZ GLS MCRSCP PTH CSLT EA		-	-	Not Allowed	$0.00			-	-	000	999	
0843T	E	DGTZ GLS MCRSCP CSLT CYT 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0844T	E	DGTZ GLS MCRSCP CSLT CYT EA		-	-	Not Allowed	$0.00			-	-	000	999	
0845T	E	DGTZ GLS MCRSCP IMFLUOR 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0846T	E	DGTZ GLS MCRSCP IMFLUOR EA		-	-	Not Allowed	$0.00			-	-	000	999	
0847T	E	DGTZ GLS MCRSCP XM ARCH TISS		-	-	Not Allowed	$0.00			-	-	000	999	
0848T	E	DGTZ GLS MCRSCP ISH 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0849T	E	DGTZ GLS MCRSCP ISH EA ADL 1		-	-	Not Allowed	$0.00			-	-	000	999	
0850T	E	DGTZ GLS MCRSCP ISH EA MULT		-	-	Not Allowed	$0.00			-	-	000	999	
0851T	E	DGTZ GLS MCRSCP MPHMTRC 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0852T	E	DGTZ GLS MCRSCP MPHMTRC EA 1		-	-	Not Allowed	$0.00			-	-	000	999	
0853T	E	DGTZ GLS MCRSCP MPHMTRC EA M		-	-	Not Allowed	$0.00			-	-	000	999	
0854T	E	DGTZ GLS MCRSCP BLD SMR PRPH		-	-	Not Allowed	$0.00			-	-	000	999	
0855T	E	DGTZ GLS MCRSCP B1 MAROW SMR		-	-	Not Allowed	$0.00			-	-	000	999	
0856T	E	DGTZ GLS MCRSCP ELECTRON MIC		-	-	Not Allowed	$0.00			-	-	000	999	

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0857T	E	OPTO-ACOUSTIC IMG BREAST UNI		-	-	Not Allowed	$0.00			-	-	000	999	
0858T	E	EXT TRNSCRANL MAG STIMJ MEAS		-	-	Not Allowed	$0.00			-	-	000	999	
0859T	E	NCNTC IFR SPCTRSC O/T PAD EA		-	-	Not Allowed	$0.00			-	-	000	999	
0860T	E	NCNTC IFR SPCTRSC SCR PAD		-	-	Not Allowed	$0.00			-	-	000	999	
0861T	E	RMVL PG WCS LV BOTH COMPNT		-	-	Not Allowed	$0.00			-	-	000	999	
0862T	E	RLCJ PG WCS LV BATTERY ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
0863T	E	RLCJ PG WCS LV TRNSMTR ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
0864T	E	LOW NTSTY ESWT CORPUS CVRNSM		-	-	Not Allowed	$0.00			-	-	000	999	
0865T	E	QUAN MRI ALYS BRN W/O DX MRI		-	-	Not Allowed	$0.00			-	-	000	999	
0866T	E	QUAN MRI ALYS BRN W/DX MRI		-	-	Not Allowed	$0.00			-	-	000	999	
0867T	E	TPLA B9 PRST8 HYPRPLSA>=50ML		-	-	Not Allowed	$0.00			-	-	000	999	
0868T	E	HI-RES GASTRIC EP MAPPING		-	-	Not Allowed	$0.00			-	-	000	999	
0869T	E	NJX B1 SUB MTRL HW FIXJ AUG		-	-	Not Allowed	$0.00			-	-	000	999	
0870T	E	IMP SUBQ PRTL ASCTS PMP SYS		-	-	Not Allowed	$0.00			-	-	000	999	
0871T	E	RPLCMT SUBQ PRTL ASCITES PMP		-	-	Not Allowed	$0.00			-	-	000	999	
0872T	E	RPLCMT NDWLLG BLDR&PRTL CATH		-	-	Not Allowed	$0.00			-	-	000	999	
0873T	E	REVJ SUBQ PRTL ASCT PMP SYS		-	-	Not Allowed	$0.00			-	-	000	999	
0874T	E	RMVL PERTL ASCITES PMP SYS		-	-	Not Allowed	$0.00			-	-	000	999	
0875T	E	PRGRM SUBQ PRTL ASCT PMP SYS		-	-	Not Allowed	$0.00			-	-	000	999	
0876T	E	DUPLEX SCAN HEMO FSTL LMTD		-	-	Not Allowed	$0.00			-	-	000	999	
0877T	E	AUGMNT ALYS CH CT ILD W/O CT		-	-	Not Allowed	$0.00			-	-	000	999	
0878T	E	AUGMNT ALYS CH CT ILD W/CT		-	-	Not Allowed	$0.00			-	-	000	999	
0879T	E	AUGMNT ALYS CH CT ILD PREP		-	-	Not Allowed	$0.00			-	-	000	999	
0880T	E	AUGMNT ALYS CH CT ILD I&R		-	-	Not Allowed	$0.00			-	-	000	999	
0881T	E	CRYOTHERAPY ORAL CAVITY		-	-	Not Allowed	$0.00			-	-	000	999	
0882T	E	INTRAOP THER ESTIM PN UE 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
0883T	E	INTRAOP THER ESTIM PN UE EA		-	-	Not Allowed	$0.00			-	-	000	999	
0884T	E	ESPHGSC FLX 1ST TNDSC DILAT		-	-	Not Allowed	$0.00			-	-	000	999	
0885T	E	COLSC FLX 1ST TNDSC DILAT		-	-	Not Allowed	$0.00			-	-	000	999	
0886T	E	SGMDSC FLX 1ST TNDSC DILAT		-	-	Not Allowed	$0.00			-	-	000	999	
0887T	E	END-TIDAL CTRL INHALED ANES		-	-	Not Allowed	$0.00			-	-	000	999	
0888T	E	HISTOTRIPSY MAL RENAL TISSUE		-	-	Not Allowed	$0.00			-	-	000	999	
0889T	E	PRSNLZ TRGT DVL ARHFCMRIGTBS		-	-	Not Allowed	$0.00			-	-	000	999	
0890T	E	ARHFCMRIGTBS 1ST TX DAY		-	-	Not Allowed	$0.00			-	-	000	999	
0891T	E	ARHFCMRIGTBS SBSQ TX DAY		-	-	Not Allowed	$0.00			-	-	000	999	
0892T	E	ARHFCMRIGTBS SBSQ PER TX DAY		-	-	Not Allowed	$0.00			-	-	000	999	
0893T	E	N-INVAS ASSMT BLD OXYGNATION		-	-	Not Allowed	$0.00			-	-	000	999	
0894T	E	CANNULATION LIVER ALLOGRAFT		-	-	Not Allowed	$0.00			-	-	000	999	
0895T	E	CONNJ LVR ALGRFT PRFU DEV 1		-	-	Not Allowed	$0.00			-	-	000	999	
0896T	E	CONNJ LVR ALGRFT PRFU DEV EA		-	-	Not Allowed	$0.00			-	-	000	999	
0897T	E	N-INVAS AUGMNT ARRHYT ALYS		-	-	Not Allowed	$0.00			-	-	000	999	
0898T	E	N-INVAS PRST8 CANCER EST MAP		-	-	Not Allowed	$0.00			-	-	000	999	
0899T	E	N-INVAS DETER AQMBF AUG CMR		-	-	Not Allowed	$0.00			-	-	000	999	
0900T	E	N-INVAS EST AQMBF ASSTV CMR		-	-	Not Allowed	$0.00			-	-	000	999	
0901T	E	PLMT BONE MARROW SMPLG PORT		-	-	Not Allowed	$0.00			-	-	000	999	
0902T	E	QTC NTRVL AUGMNT ALG ALY ECG		-	-	Not Allowed	$0.00			-	-	000	999	
0903T	E	ECG ALG 12 LEAD REDUCED I&R		-	-	Not Allowed	$0.00			-	-	000	999	
0904T	E	ECG ALG 12 LD RDCD TRCG ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
0905T	E	ECG ALG 12 LD RDCD I&R ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
0906T	E	COMS THER 1ST APPL<=50 SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
0907T	E	COMS THER EA ADDL<=50 SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
0908T	E	OPN IMP INT NSTM SYS VGS NRV		-	-	Not Allowed	$0.00			-	-	000	999	
0909T	E	RPLCMT INT NSTIM SYS VGS NRV		-	-	Not Allowed	$0.00			-	-	000	999	
0910T	E	RMVL INT NSTIM SYS VAGUS NRV		-	-	Not Allowed	$0.00			-	-	000	999	
0911T	E	ELEC ALY NSTM SYS VGS NRV WO		-	-	Not Allowed	$0.00			-	-	000	999	
0912T	E	ELEC ALYS NSTIM SYS VGS SMPL		-	-	Not Allowed	$0.00			-	-	000	999	

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0913T	E	PRQ TCAT THER RX NTRAC BALO1		-	-	Not Allowed	$0.00			-	-	000	999	
0914T	E	PRQ TCAT THR RX NTRC BAL SEP		-	-	Not Allowed	$0.00			-	-	000	999	
0915T	E	INSJ PERM CCM-D SYS PG&ELTRD		-	-	Not Allowed	$0.00			-	-	000	999	
0916T	E	INSJ PERM CCM-D SYS PG ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
0917T	E	INSJ PERM CCM-D SYS 1 LEAD		-	-	Not Allowed	$0.00			-	-	000	999	
0918T	E	INSJ PERM CCM-D SYS DUAL LD		-	-	Not Allowed	$0.00			-	-	000	999	
0919T	E	RMVL PERM CCM-D SYS PG ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
0920T	E	RMVL PERM CCM-D SYS 1 PAC LD		-	-	Not Allowed	$0.00			-	-	000	999	
0921T	E	RMVL PERM CCM-D SYS 1 DFB LD		-	-	Not Allowed	$0.00			-	-	000	999	
0922T	E	RMVL PERM CCM-D SYS DUAL LD		-	-	Not Allowed	$0.00			-	-	000	999	
0923T	E	RMVL&RPLCMT PERM CCM-D PG		-	-	Not Allowed	$0.00			-	-	000	999	
0924T	E	RPOS PRV CCM-D TRNSVNS ELTRD		-	-	Not Allowed	$0.00			-	-	000	999	
0925T	E	RLCJ SKIN POCKET CCM-D PG		-	-	Not Allowed	$0.00			-	-	000	999	
0926T	E	PRGRMG DEV EVAL CCM-D IP		-	-	Not Allowed	$0.00			-	-	000	999	
0927T	E	INTERROG DEV EVAL CCM-D IP		-	-	Not Allowed	$0.00			-	-	000	999	
0928T	E	REM INTERROG DEV CCM-D PHYS		-	-	Not Allowed	$0.00			-	-	000	999	
0929T	E	REM INTERROG DEV CCM-D TECH		-	-	Not Allowed	$0.00			-	-	000	999	
0930T	E	EPHYS EVAL CCM-D LD 1ST IMPL		-	-	Not Allowed	$0.00			-	-	000	999	
0931T	E	EPHYS EVAL CCM-D LD SEPARATE		-	-	Not Allowed	$0.00			-	-	000	999	
0932T	E	N-INVS DET HRT FAIL AUG ECHO		-	-	Not Allowed	$0.00			-	-	000	999	
0933T	E	TCAT IMPL WRLS L ATR PRS SNR		-	-	Not Allowed	$0.00			-	-	000	999	
0934T	E	REM MNTR WRLS L ATR PRS SNR		-	-	Not Allowed	$0.00			-	-	000	999	
0935T	E	CYSTO W/RNL PEL SYMP DNRVTJ		-	-	Not Allowed	$0.00			-	-	000	999	
0936T	E	PHOTOBIOMODULATION THER RTA		-	-	Not Allowed	$0.00			-	-	000	999	
0937T	E	XTRNL ECG REC>15D<30D		-	-	Not Allowed	$0.00			-	-	000	999	
0938T	E	XTRNL ECG REC>15D<30D REC		-	-	Not Allowed	$0.00			-	-	000	999	
0939T	E	XTRNL ECG REC>15D<30D SCAN		-	-	Not Allowed	$0.00			-	-	000	999	
0940T	E	XTRNL ECG REC>15D<30D R&I		-	-	Not Allowed	$0.00			-	-	000	999	
0941T	E	CYSTO FLX INS&XPNS URTL SCAF		-	-	Not Allowed	$0.00			-	-	000	999	
0942T	E	CYSTO FLX RMV&RPLC URTL SCAF		-	-	Not Allowed	$0.00			-	-	000	999	
0943T	E	CYSTO FLX RMVL URTL SCAFFOLD		-	-	Not Allowed	$0.00			-	-	000	999	
0944T	E	3D CNTR SIMULA TRGT LVR LES		-	-	Not Allowed	$0.00			-	-	000	999	
0945T	E	INTRAOP ASSMT ABNL TUM TISS		-	-	Not Allowed	$0.00			-	-	000	999	
0946T	E	ORTHO IMPL MVMT ALYS PAIR CT		-	-	Not Allowed	$0.00			-	-	000	999	
0947T	E	MRGFUS STRTCTC BL-BR DISRPJ		-	-	Not Allowed	$0.00			-	-	000	999	
10004	N	FNA BX W/O IMG GDN EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
10005	T	FNA BX W/US GDN 1ST LES		05071	7.8905	APC	$479.11			-	-	000	999	
10006	N	FNA BX W/US GDN EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
10007	T	FNA BX W/FLUOR GDN 1ST LES		05071	7.8905	APC	$479.11			-	-	000	999	
10008	N	FNA BX W/FLUOR GDN EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
10009	T	FNA BX W/CT GDN 1ST LES		05071	7.8905	APC	$479.11			-	-	000	999	
1000F	E	TOBACCO USE ASSESSED		-	-	Not Allowed	$0.00			-	-	000	999	
10010	N	FNA BX W/CT GDN EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
10011	T	FNA BX W/MR GDN 1ST LES		05071	7.8905	APC	$479.11			-	-	000	999	
10012	N	FNA BX W/MR GDN EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
10021	T	FNA BX W/O IMG GDN 1ST LES		05052	4.4806	APC	$272.06			-	-	000	999	
1002F	E	ASSESS ANGINAL SYMPTOM/LEVEL		-	-	Not Allowed	$0.00			-	-	000	999	
10030	T	IMG GID FLU COLL DRG SFT TIS		05071	7.8905	APC	$479.11			-	-	000	999	
10035	T	PLMT SFT TISS LOCLZJ DEV 1ST		05071	7.8905	APC	$479.11			-	-	000	999	
10036	N	PLMT SFT TISS LOCLZJ DEV EA		-	-	Bundled	$0.00			-	-	000	999	
1003F	E	LEVEL OF ACTIVITY ASSESS		-	-	Not Allowed	$0.00			-	Y	000	999	
10040	N	ACNE SURGERY		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
1004F	E	CLIN SYMP VOL OVRLD ASSESS		-	-	Not Allowed	$0.00			-	Y	000	999	
1005F	E	ASTHMA SYMPTOMS EVALUATE		-	-	Not Allowed	$0.00			-	Y	000	999	
10060	T	I&D ABSCESS SIMPLE/SINGLE		05051	2.2284	APC	$135.31			-	-	000	999	
10061	T	I&D ABSCESS COMP/MULTIPLE		05052	4.4806	APC	$272.06			-	-	000	999	

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1006F	E	OSTEOARTHRITIS ASSESS		-	-	Not Allowed	$0.00			-	Y	000	999	
1007F	E	ANTI-INFLM/ANLGSC OTC ASSESS		-	-	Not Allowed	$0.00			-	Y	000	999	
10080	T	I&D PILONIDAL CYST SIMPLE		05071	7.8905	APC	$479.11			-	-	000	999	
10081	T	I&D PILONIDAL CYST COMP		05071	7.8905	APC	$479.11			-	-	000	999	
1008F	E	GI/RENAL RISK ASSESS		-	-	Not Allowed	$0.00			-	Y	000	999	
1010F	E	SEVERITY ANGINA BY ACTVTY		-	-	Not Allowed	$0.00			-	-	000	999	
1011F	E	ANGINA PRESENT		-	-	Not Allowed	$0.00			-	-	000	999	
10120	T	INC&RMVL FB SUBQ TISS SMPL		05052	4.4806	APC	$272.06			-	-	000	999	
10121	N	INC&RMVL FB SUBQ TISS COMP		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
1012F	E	ANGINA ABSENT		-	-	Not Allowed	$0.00			-	-	000	999	
10140	N	I&D HMTMA SEROMA/FLUID COLLJ		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
1015F	E	COPD SYMPTOMS ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
10160	T	PNXR ASPIR ABSC HMTMA BULLA		05052	4.4806	APC	$272.06			-	-	000	999	
10180	N	I&D COMPLEX PO WOUND INFCTJ		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
1018F	E	ASSESS DYSPNEA NOT PRESENT		-	-	Not Allowed	$0.00			-	-	000	999	
1019F	E	ASSESS DYSPNEA PRESENT		-	-	Not Allowed	$0.00			-	-	000	999	
1022F	E	PNEUMO IMM STATUS ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
1026F	E	CO-MORBID CONDITION ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
1030F	E	INFLUENZA IMM STATUS ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
1031F	E	SMOKING & 2ND HAND ASSESSED		-	-	Not Allowed	$0.00			-	-	000	999	
1032F	E	SMOKER/EXPOSED 2ND HND SMOKE		-	-	Not Allowed	$0.00			-	-	000	999	
1033F	E	TOBACCO NONSMOKER NOR 2NDHND		-	-	Not Allowed	$0.00			-	-	000	999	
1034F	E	CURRENT TOBACCO SMOKER		-	-	Not Allowed	$0.00			-	-	000	999	
1035F	E	SMOKELESS TOBACCO USER		-	-	Not Allowed	$0.00			-	-	000	999	
1036F	E	TOBACCO NON-USER		-	-	Not Allowed	$0.00			-	-	000	999	
1038F	E	PERSISTENT ASTHMA		-	-	Not Allowed	$0.00			-	-	000	999	
1039F	E	INTERMITTENT ASTHMA		-	-	Not Allowed	$0.00			-	-	000	999	
1040F	E	DSM-5 INFO MDD DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
1050F	E	HISTORY OF MOLE CHANGES		-	-	Not Allowed	$0.00			-	-	000	999	
1052F	E	TYPE LOCATION ACTIVITYASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
1055F	E	VISUAL FUNCT STATUS ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
1060F	E	DOC PERM/CONT/PAROX ATR FIB		-	-	Not Allowed	$0.00			-	-	000	999	
1061F	E	DOC LACK PERM&CONT&PAROX FIB		-	-	Not Allowed	$0.00			-	-	000	999	
1065F	E	ISCHM STROKE SYMP LT3 HRSB/4		-	-	Not Allowed	$0.00			-	-	000	999	
1066F	E	ISCHM STROKE SX ONSET>=3HR		-	-	Not Allowed	$0.00			-	-	000	999	
1070F	E	ALARM SYMP ASSESSED-ABSENT		-	-	Not Allowed	$0.00			-	-	000	999	
1071F	E	ALARM SYMP ASSESSED-1+ PRSNT		-	-	Not Allowed	$0.00			-	-	000	999	
1090F	E	PRES/ABSN URINE INCON ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
1091F	E	URINE INCON CHARACTERIZED		-	-	Not Allowed	$0.00			-	-	000	999	
11000	T	DBRDMT ECZ/INFECTED SKIN<10%		05053	6.8648	APC	$416.83			-	-	000	999	
11001	N	DBRDMT ECZ/INFCT SKN EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
11004	C	DBRDMT SKIN XTRNL GENT&PER		-	-	IP Only	$0.00			-	Y	000	999	
11005	C	DBRDMT SKIN ABDOMINAL WALL		-	-	IP Only	$0.00			-	Y	000	999	
11006	C	DBRDMT SKIN XTRNL GENT PER		-	-	IP Only	$0.00			-	Y	000	999	
11008	C	RMV PRSTC MTRL/MESH ABD WALL		-	-	IP Only	$0.00			-	Y	000	999	
1100F	E	PTFALLS ASSESS-DOCD GE2>/YR		-	-	Not Allowed	$0.00			-	-	000	999	
11010	T	DEBRIDE SKIN AT FX SITE		05071	7.8905	APC	$479.11			-	-	000	999	
11011	T	DEBRIDE SKIN MUSC AT FX SITE		05071	7.8905	APC	$479.11			-	-	000	999	
11012	N	DEB SKIN BONE AT FX SITE		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
1101F	E	PT FALLS ASSESS-DOCD LE1/YR		-	-	Not Allowed	$0.00			-	-	000	999	
11042	T	DBRDMT SUBQ TIS 1ST 20SQCM/<		05052	4.4806	APC	$272.06			-	-	000	999	
11043	T	DBRDMT MUSC&/FSCA 1ST 20/<		05053	6.8648	APC	$416.83			-	-	000	999	
11044	N	DBRDMT BONE 1ST 20 SQ CM/<		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
11045	N	DBRDMT SUBQ TISS EACH ADDL		-	-	Bundled	$0.00			-	-	000	999	
11046	N	DBRDMT MUSC&/FSCA EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
11047	N	DBRDMT BONE EACH ADDL		-	-	Bundled	$0.00			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
11055	N	PARING/CUTG B9 HYPRKER LES 1		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
11056	N	PARNG/CUTG B9 HYPRKR LES 2-4		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
11057	T	PARNG/CUTG B9 HYPRKR LES >4		05051	2.2284	APC	$135.31			-	-	000	999	
11102	T	TANGNTL BX SKIN SINGLE LES		05051	2.2284	APC	$135.31			-	-	000	999	
11103	N	TANGNTL BX SKIN EA SEP/ADDL		-	-	Bundled	$0.00			-	-	000	999	
11104	T	PUNCH BX SKIN SINGLE LESION		05052	4.4806	APC	$272.06			-	-	000	999	
11105	N	PUNCH BX SKIN EA SEP/ADDL		-	-	Bundled	$0.00			-	-	000	999	
11106	T	INCAL BX SKN SINGLE LES		05053	6.8648	APC	$416.83			-	-	000	999	
11107	N	INCAL BX SKN EA SEP/ADDL		-	-	Bundled	$0.00			-	-	000	999	
1110F	E	PT LFT INPT FAC W/IN 60 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
1111F	E	DSCHRG MED/CURRENT MED MERGE		-	-	Not Allowed	$0.00			-	-	000	999	
1116F	E	AURIC/PERI PAIN ASSESSED		-	-	Not Allowed	$0.00			-	-	000	999	
1118F	E	GERD SYMPS ASSESSED 12 MONTH		-	-	Not Allowed	$0.00			-	-	000	999	
1119F	E	INIT EVAL FOR CONDITION		-	-	Not Allowed	$0.00			-	-	000	999	
11200	N	RMVL SKIN TAGS UP TO&INC 15		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
11201	N	RMVL SKIN TAGS EA ADDL 10		-	-	Bundled	$0.00			-	-	000	999	
1121F	E	SUBS EVAL FOR CONDITION		-	-	Not Allowed	$0.00			-	-	000	999	
1123F	E	ACP DISCUSS/DSCN MKR DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
1124F	E	ACP DISCUSS-NO DSCNMKR DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
1125F	E	AMNT PAIN NOTED PAIN PRSNT		-	-	Not Allowed	$0.00			-	-	000	999	
1126F	E	AMNT PAIN NOTED NONE PRSNT		-	-	Not Allowed	$0.00			-	-	000	999	
1127F	E	NEW EPISODE FOR CONDITION		-	-	Not Allowed	$0.00			-	-	000	999	
1128F	E	SUBS EPISODE FOR CONDITION		-	-	Not Allowed	$0.00			-	-	000	999	
11300	N	SHAVE SKIN LESION 0.5 CM/<		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
11301	N	SHAVE SKIN LESION 0.6-1.0 CM		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
11302	N	SHAVE SKIN LESION 1.1-2.0 CM		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
11303	N	SHAVE SKIN LESION >2.0 CM		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
11305	N	SHAVE SKIN LESION 0.5 CM/<		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
11306	N	SHAVE SKIN LESION 0.6-1.0 CM		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
11307	T	SHAVE SKIN LESION 1.1-2.0 CM		05051	2.2284	APC	$135.31			-	-	000	999	
11308	N	SHAVE SKIN LESION >2.0 CM		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
1130F	E	BK PAIN & FXN ASSESSED		-	-	Not Allowed	$0.00			-	-	000	999	
11310	T	SHAVE SKIN LESION 0.5 CM/<		05051	2.2284	APC	$135.31			-	-	000	999	
11311	T	SHAVE SKIN LESION 0.6-1.0 CM		05051	2.2284	APC	$135.31			-	-	000	999	
11312	T	SHAVE SKIN LESION 1.1-2.0 CM		05052	4.4806	APC	$272.06			-	-	000	999	
11313	T	SHAVE SKIN LESION >2.0 CM		05052	4.4806	APC	$272.06			-	-	000	999	
1134F	E	EPSD BK PAIN FOR 6 WKS/<		-	-	Not Allowed	$0.00			-	-	000	999	
1135F	E	EPSD BK PAIN FOR >6 WKS		-	-	Not Allowed	$0.00			-	-	000	999	
1136F	E	EPSD BK PAIN FOR 12 WKS/<		-	-	Not Allowed	$0.00			-	-	000	999	
1137F	E	EPSD BK PAIN FOR >12 WKS		-	-	Not Allowed	$0.00			-	-	000	999	
11400	T	EXC TR-EXT B9+MARG 0.5 CM<		05071	7.8905	APC	$479.11			-	-	000	999	
11401	T	EXC TR-EXT B9+MARG 0.6-1 CM		05052	4.4806	APC	$272.06			-	-	000	999	
11402	T	EXC TR-EXT B9+MARG 1.1-2 CM		05071	7.8905	APC	$479.11			-	-	000	999	
11403	T	EXC TR-EXT B9+MARG 2.1-3CM		05071	7.8905	APC	$479.11			-	-	000	999	
11404	N	EXC TR-EXT B9+MARG 3.1-4 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
11406	N	EXC TR-EXT B9+MARG >4.0 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
11420	N	EXC H-F-NK-SP B9+MARG 0.5/<		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
11421	T	EXC H-F-NK-SP B9+MARG 0.6-1		05071	7.8905	APC	$479.11			-	-	000	999	
11422	N	EXC H-F-NK-SP B9+MARG 1.1-2		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
11423	N	EXC H-F-NK-SP B9+MARG 2.1-3		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
11424	N	EXC H-F-NK-SP B9+MARG 3.1-4		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
11426	N	EXC H-F-NK-SP B9+MARG >4 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
11440	T	EXC FACE-MM B9+MARG 0.5 CM/<		05071	7.8905	APC	$479.11			-	-	000	999	
11441	T	EXC FACE-MM B9+MARG 0.6-1 CM		05071	7.8905	APC	$479.11			-	-	000	999	
11442	T	EXC FACE-MM B9+MARG 1.1-2 CM		05071	7.8905	APC	$479.11			-	-	000	999	
11443	N	EXC FACE-MM B9+MARG 2.1-3 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	

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11444	N	EXC FACE-MM B9+MARG 3.1-4 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
11446	N	EXC FACE-MM B9+MARG >4 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
11450	N	EXC SKN HDRDNT AX SMPL/NTRM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
11451	N	EXC SKN HDRDNT AX COMPLEX		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
11462	N	EXC SKN HDRDNT ING SMPL/NTRM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
11463	N	EXC SKN HDRDNT ING COMPLEX		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
11470	N	EXC SKN H/P/P/U SMPL/NTRM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
11471	N	EXC SKN H/P/P/U COMPLEX		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
1150F	E	DOC PT RSK DEATH W/IN 1YR		-	-	Not Allowed	$0.00			-	-	000	999	
1151F	E	DOC NO PT RSK DEATH W/IN 1YR		-	-	Not Allowed	$0.00			-	-	000	999	
1152F	E	DOC ADVNCD DIS COMFORT 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
1153F	E	DOC ADVNCD DIS CMFRT NOT 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
1157F	E	ADVNC CARE PLAN IN RCRD		-	-	Not Allowed	$0.00			-	-	000	999	
1158F	E	ADVNC CARE PLAN TLK DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
1159F	E	MED LIST DOCD IN RCRD		-	-	Not Allowed	$0.00			-	-	000	999	
11600	T	EXC TR-EXT MAL+MARG 0.5 CM/<		05071	7.8905	APC	$479.11			-	-	000	999	
11601	T	EXC TR-EXT MAL+MARG 0.6-1 CM		05071	7.8905	APC	$479.11			-	-	000	999	
11602	T	EXC TR-EXT MAL+MARG 1.1-2 CM		05052	4.4806	APC	$272.06			-	-	000	999	
11603	T	EXC TR-EXT MAL+MARG 2.1-3 CM		05071	7.8905	APC	$479.11			-	-	000	999	
11604	T	EXC TR-EXT MAL+MARG 3.1-4 CM		05071	7.8905	APC	$479.11			-	-	000	999	
11606	N	EXC TR-EXT MAL+MARG >4 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
1160F	E	RVW MEDS BY RX/DR IN RCRD		-	-	Not Allowed	$0.00			-	-	000	999	
11620	N	EXC H-F-NK-SP MAL+MARG 0.5/<		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
11621	T	EXC S/N/H/F/G MAL+MRG 0.6-1		05071	7.8905	APC	$479.11			-	-	000	999	
11622	T	EXC S/N/H/F/G MAL+MRG 1.1-2		05071	7.8905	APC	$479.11			-	-	000	999	
11623	N	EXC S/N/H/F/G MAL+MRG 2.1-3		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
11624	N	EXC S/N/H/F/G MAL+MRG 3.1-4		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
11626	N	EXC S/N/H/F/G MAL+MRG >4 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
11640	T	EXC F/E/E/N/L MAL+MRG 0.5CM<		05071	7.8905	APC	$479.11			-	-	000	999	
11641	T	EXC F/E/E/N/L MAL+MRG 0.6-1		05071	7.8905	APC	$479.11			-	-	000	999	
11642	T	EXC F/E/E/N/L MAL+MRG 1.1-2		05071	7.8905	APC	$479.11			-	-	000	999	
11643	N	EXC F/E/E/N/L MAL+MRG 2.1-3		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
11644	N	EXC F/E/E/N/L MAL+MRG 3.1-4		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
11646	N	EXC F/E/E/N/L MAL+MRG >4 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
1170F	E	FXNL STATUS ASSESSED		-	-	Not Allowed	$0.00			-	-	000	999	
11719	N	TRIM NAIL(S) ANY NUMBER		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
11720	N	DEBRIDE NAIL 1-5		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
11721	N	DEBRIDE NAIL 6 OR MORE		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
11730	N	REMOVAL OF NAIL PLATE		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
11732	N	REMOVE NAIL PLATE ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
11740	N	DRAIN BLOOD FROM UNDER NAIL		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
11750	T	REMOVAL OF NAIL BED		05052	4.4806	APC	$272.06			-	-	000	999	
11755	T	BIOPSY NAIL UNIT		05071	7.8905	APC	$479.11			-	-	000	999	
1175F	E	FUNCTION STAT ASSESSED RVWD		-	-	Not Allowed	$0.00			-	-	000	999	
11760	T	REPAIR OF NAIL BED		05053	6.8648	APC	$416.83			-	-	000	999	
11762	T	RECONSTRUCTION OF NAIL BED		05054	20.5142	APC	$1,245.62			-	-	000	999	
11765	N	EXCISION OF NAIL FOLD TOE		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
11770	N	REMOVE PILONIDAL CYST SIMPLE		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
11771	N	REMOVE PILONIDAL CYST EXTEN		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
11772	N	REMOVE PILONIDAL CYST COMPL		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
1180F	E	THROMBOEMB RISK ASSESSED		-	-	Not Allowed	$0.00			-	-	000	999	
1181F	E	NEUROPSYCHIA SYMPTS ASSESSED		-	-	Not Allowed	$0.00			-	-	000	999	
1182F	E	NEUROPSYCHI SYMPT 1+PRESENT		-	-	Not Allowed	$0.00			-	-	000	999	
1183F	E	NEUROPSYCHIATRIC SYMP ABSENT		-	-	Not Allowed	$0.00			-	-	000	999	
11900	N	INJECT SKIN LESIONS </W 7		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
11901	N	INJECT SKIN LESIONS >7		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	

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11920	T	CORRECT SKIN COLOR 6.0 CM/<		05053	6.8648	APC	$416.83			-	-	000	999	
11921	T	CORRECT SKN COLOR 6.1-20.0CM		05053	6.8648	APC	$416.83			-	-	000	999	
11922	N	CORRECT SKIN COLOR EA 20.0CM		-	-	Bundled	$0.00			-	-	000	999	
11950	E	TX CONTOUR DEFECTS 1 CC/<		-	-	Not Allowed	$0.00			-	-	000	999	
11951	E	TX CONTOUR DEFECTS 1.1-5.0CC		-	-	Not Allowed	$0.00			-	-	000	999	
11952	E	TX CONTOUR DEFECTS 5.1-10CC		-	-	Not Allowed	$0.00			-	-	000	999	
11954	E	TX CONTOUR DEFECTS >10.0 CC		-	-	Not Allowed	$0.00			-	-	000	999	
11960	T	INSERT TISSUE EXPANDER(S)		05055	41.0565	APC	$2,492.95			Y	-	000	999	
11970	N	RPLCMT TISS XPNDR PERM IMPLT		05114	80.1145	Bundled, sometimes payable	$4,864.55			Y	-	000	999	
11971	N	RMVL TIS XPNDR WO INSJ IMPLT		05073	32.0969	Bundled, sometimes payable	$1,948.92			Y	-	000	999	
11976	N	REMOVE CONTRACEPTIVE CAPSULE		05071	7.8905	Bundled, sometimes payable	$479.11			-	-	010	60	
11980	N	IMPLANT HORMONE PELLET(S)		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
11981	N	INSERTION DRUG DLVR IMPLANT		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
11982	N	REMOVE DRUG IMPLANT DEVICE		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
11983	N	REMOVE/INSERT DRUG IMPLANT		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
12001	N	RPR S/N/AX/GEN/TRNK 2.5CM/<		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
12002	N	RPR S/N/AX/GEN/TRNK2.6-7.5CM		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
12004	N	RPR S/N/AX/GEN/TRK7.6-12.5CM		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
12005	N	RPR S/N/A/GEN/TRK12.6-20.0CM		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
12006	N	RPR S/N/A/GEN/TRK20.1-30.0CM		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
12007	T	RPR S/N/AX/GEN/TRNK >30.0 CM		05051	2.2284	APC	$135.31			-	-	000	999	
1200F	E	SEIZURE TYPE& FREQU DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
12011	N	RPR F/E/E/N/L/M 2.5 CM/<		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
12013	N	RPR F/E/E/N/L/M 2.6-5.0 CM		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
12014	N	RPR F/E/E/N/L/M 5.1-7.5 CM		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
12015	N	RPR F/E/E/N/L/M 7.6-12.5 CM		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
12016	N	RPR FE/E/EN/L/M 12.6-20.0 CM		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
12017	N	RPR FE/E/EN/L/M 20.1-30.0 CM		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
12018	N	RPR F/E/E/N/L/M >30.0 CM		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
12020	T	TX SUPFC WND DEHSN SMPL CLSR		05053	6.8648	APC	$416.83			-	-	000	999	
12021	T	TX SUPFC WND DEHSN W/PACKING		05052	4.4806	APC	$272.06			-	-	000	999	
12031	T	INTMD RPR S/A/T/EXT 2.5 CM/<		05052	4.4806	APC	$272.06			-	-	000	999	
12032	T	INTMD RPR S/A/T/EXT 2.6-7.5		05052	4.4806	APC	$272.06			-	-	000	999	
12034	T	INTMD RPR S/TR/EXT 7.6-12.5		05052	4.4806	APC	$272.06			-	-	000	999	
12035	T	INTMD RPR S/A/T/EXT 12.6-20		05052	4.4806	APC	$272.06			-	-	000	999	
12036	T	INTMD RPR S/A/T/EXT 20.1-30		05053	6.8648	APC	$416.83			-	-	000	999	
12037	T	INTMD RPR S/TR/EXT >30.0 CM		05054	20.5142	APC	$1,245.62			-	-	000	999	
12041	N	INTMD RPR N-HF/GENIT 2.5CM/<		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
12042	T	INTMD RPR N-HF/GENIT2.6-7.5		05052	4.4806	APC	$272.06			-	-	000	999	
12044	T	INTMD RPR N-HF/GENIT7.6-12.5		05053	6.8648	APC	$416.83			-	-	000	999	
12045	T	INTMD RPR N-HF/GENIT12.6-20		05053	6.8648	APC	$416.83			-	-	000	999	
12046	T	INTMD RPR N-HF/GENIT20.1-30		05053	6.8648	APC	$416.83			-	-	000	999	
12047	T	INTMD RPR N-HF/GENIT >30.0CM		05054	20.5142	APC	$1,245.62			-	-	000	999	
12051	T	INTMD RPR FACE/MM 2.5 CM/<		05052	4.4806	APC	$272.06			-	-	000	999	
12052	T	INTMD RPR FACE/MM 2.6-5.0 CM		05052	4.4806	APC	$272.06			-	-	000	999	
12053	T	INTMD RPR FACE/MM 5.1-7.5 CM		05052	4.4806	APC	$272.06			-	-	000	999	
12054	N	INTMD RPR FACE/MM 7.6-12.5CM		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
12055	T	INTMD RPR FACE/MM 12.6-20 CM		05052	4.4806	APC	$272.06			-	-	000	999	
12056	N	INTMD RPR FACE/MM 20.1-30.0		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
12057	T	INTMD RPR FACE/MM >30.0 CM		05052	4.4806	APC	$272.06			-	-	000	999	
1205F	E	EPI ETIOL SYND RVWD AND DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
1220F	E	PT SCREENED FOR DEPRESSION		-	-	Not Allowed	$0.00			-	-	000	999	
13100	T	CMPLX RPR TRUNK 1.1-2.5 CM		05053	6.8648	APC	$416.83			-	-	000	999	
13101	T	CMPLX RPR TRUNK 2.6-7.5 CM		05053	6.8648	APC	$416.83			-	-	000	999	
13102	N	CMPLX RPR TRUNK ADDL 5CM/<		-	-	Bundled	$0.00			-	-	000	999	
13120	T	CMPLX RPR S/A/L 1.1-2.5 CM		05053	6.8648	APC	$416.83			-	-	000	999	

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13121	T	CMPLX RPR S/A/L 2.6-7.5 CM		05053	6.8648	APC	$416.83			-	-	000	999	
13122	N	CMPLX RPR S/A/L ADDL 5 CM/>		-	-	Bundled	$0.00			-	-	000	999	
13131	T	CMPLX RPR F/C/C/M/N/AX/G/H/F		05052	4.4806	APC	$272.06			-	-	000	999	
13132	T	CMPLX RPR F/C/C/M/N/AX/G/H/F		05053	6.8648	APC	$416.83			-	-	000	999	
13133	N	CMPLX RPR F/C/C/M/N/AX/G/H/F		-	-	Bundled	$0.00			-	-	000	999	
13151	T	CMPLX RPR E/N/E/L 1.1-2.5 CM		05053	6.8648	APC	$416.83			-	-	000	999	
13152	T	CMPLX RPR E/N/E/L 2.6-7.5 CM		05053	6.8648	APC	$416.83			-	-	000	999	
13153	N	CMPLX RPR E/N/E/L ADDL 5CM/<		-	-	Bundled	$0.00			-	-	000	999	
13160	T	SEC CLSR SURG WND/DEHSN XTN		05054	20.5142	APC	$1,245.62			-	-	000	999	
14000	T	TIS TRNFR TRUNK 10 SQ CM/<		05054	20.5142	APC	$1,245.62			-	-	000	999	
14001	T	TIS TRNFR TRUNK 10.1-30SQCM		05054	20.5142	APC	$1,245.62			-	-	000	999	
1400F	E	PRKNS DIAG RVIEWED		-	-	Not Allowed	$0.00			-	-	000	999	
14020	T	TIS TRNFR S/A/L 10 SQ CM/<		05054	20.5142	APC	$1,245.62			-	-	000	999	
14021	T	TIS TRNFR S/A/L 10.1-30 SQCM		05054	20.5142	APC	$1,245.62			-	-	000	999	
14040	T	TIS TRNFR F/C/C/M/N/A/G/H/F		05054	20.5142	APC	$1,245.62			-	-	000	999	
14041	T	TIS TRNFR F/C/C/M/N/A/G/H/F		05054	20.5142	APC	$1,245.62			-	-	000	999	
14060	T	TIS TRNFR E/N/E/L 10 SQ CM/<		05054	20.5142	APC	$1,245.62			-	-	000	999	
14061	T	TIS TRNFR E/N/E/L10.1-30SQCM		05054	20.5142	APC	$1,245.62			-	-	000	999	
14301	T	TIS TRNFR ANY 30.1-60 SQ CM		05055	41.0565	APC	$2,492.95			-	-	000	999	
14302	N	TIS TRNFR ADDL 30 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
14350	T	FILLETED FINGER/TOE FLAP		05054	20.5142	APC	$1,245.62			-	-	000	999	
1450F	E	SYMPTOMS IMPROVED/CONSIST		-	-	Not Allowed	$0.00			-	-	000	999	
1451F	E	SYMPT SHOW CLIN IMPORT DROP		-	-	Not Allowed	$0.00			-	-	000	999	
1460F	E	QUAL CARD DIAG PRIOR 12 MONS		-	-	Not Allowed	$0.00			-	-	000	999	
1461F	E	NO QUAL CARD DIAG PRIOR12MON		-	-	Not Allowed	$0.00			-	-	000	999	
1490F	E	DEM SEVERITY CLASSIFIED MILD		-	-	Not Allowed	$0.00			-	-	000	999	
1491F	E	DEM SEVERITY CLASSIFIED MOD		-	-	Not Allowed	$0.00			-	-	000	999	
1493F	E	DEM SEVERITY CLASS SEVERE		-	-	Not Allowed	$0.00			-	-	000	999	
1494F	E	COGNIT ASSESSED AND REVIEWED		-	-	Not Allowed	$0.00			-	-	000	999	
15002	T	WOUND PREP TRK/ARM/LEG		05054	20.5142	APC	$1,245.62			-	-	000	999	
15003	N	WOUND PREP ADDL 100 CM		-	-	Bundled	$0.00			-	-	000	999	
15004	T	WOUND PREP F/N/HF/G		05053	6.8648	APC	$416.83			-	-	000	999	
15005	N	WND PREP F/N/HF/G ADDL CM		-	-	Bundled	$0.00			-	-	000	999	
1500F	E	SYMPTOM&SIGN SYMM POLYNEURO		-	-	Not Allowed	$0.00			-	-	000	999	
15011	T	HRV SKN CLL SSP AGRFT 1ST 25		05054	20.5142	APC	$1,245.62			-	-	000	999	
15012	N	HRV SKN CLL SSP AGRFT EA ADD		-	-	Bundled	$0.00			-	-	000	999	
15013	S	PREPJ SKN CLL SSP AGRFT 1ST		01532	119.4088	APC	$7,250.50			-	-	000	999	
15014	N	PREPJ SKN CLL SSP AGRFT EA		-	-	Bundled	$0.00			-	-	000	999	
15015	T	APP SKN CL SSP AGRFT T/A/L 1		05054	20.5142	APC	$1,245.62			-	-	000	999	
15016	N	APP SKN CL SSP AGRF T/A/L EA		-	-	Bundled	$0.00			-	-	000	999	
15017	T	APP SKN CLL SSP F/N/G/HF 1ST		05054	20.5142	APC	$1,245.62			-	-	000	999	
15018	N	APP SKN CLL SSP F/N/G/HF EA		-	-	Bundled	$0.00			-	-	000	999	
1501F	E	NOT INITIAL EVAL FOR COND		-	-	Not Allowed	$0.00			-	-	000	999	
1502F	E	PT QUERIED PAIN FXN W/ INSTR		-	-	Not Allowed	$0.00			-	-	000	999	
1503F	E	PT QUERIED SYMP RESP INSUFF		-	-	Not Allowed	$0.00			-	-	000	999	
15040	T	HARVEST CULTURED SKIN GRAFT		05054	20.5142	APC	$1,245.62			-	Y	000	999	
1504F	E	PT HAS RESP INSUFFICIENCY		-	-	Not Allowed	$0.00			-	-	000	999	
15050	T	PINCH GRAFT UP TO 2 CM DIAM		05053	6.8648	APC	$416.83			-	-	000	999	
1505F	E	PT HAS NO RESP INSUFFICIENCY		-	-	Not Allowed	$0.00			-	-	000	999	
15100	T	SPLT AGRFT T/A/L 1ST 100SQCM		05054	20.5142	APC	$1,245.62			-	-	000	999	
15101	N	SPLT AGRFT T/A/L EA ADDL 100		-	-	Bundled	$0.00			-	-	000	999	
15110	T	EPIDRM AGRFT T/A/L 1ST 100		05054	20.5142	APC	$1,245.62			-	Y	000	999	
15111	N	EPIDRM AGRFT T/A/L EA ADDL		-	-	Bundled	$0.00			-	Y	000	999	
15115	T	EPDRM AGRFT F/S/N/H/F/G/M 1		05054	20.5142	APC	$1,245.62			-	-	000	999	
15116	N	EPDRM AGRFT F/S/N/H/F/G/M EA		-	-	Bundled	$0.00			-	-	000	999	
15120	T	SPLT AGRFT F/S/N/H/F/G/M 1ST		05055	41.0565	APC	$2,492.95			-	-	000	999	

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15121	N	SPLT AGRFT F/S/N/H/F/G/M EA		-	-	Bundled	$0.00			-	-	000	999	
15130	T	DRM AGRFT T/A/L 1ST 100 SQCM		05054	20.5142	APC	$1,245.62			-	Y	000	999	
15131	N	DRM AGRFT T/A/L EA ADDL		-	-	Bundled	$0.00			-	Y	000	999	
15135	T	DRM AGRFT F/S/N/H/F/G/M 1ST		05055	41.0565	APC	$2,492.95			-	-	000	999	
15136	N	DRM AGRFT F/S/N/H/F/G/M EA		-	-	Bundled	$0.00			-	-	000	999	
15150	T	TIS CLTR SKN AGRFT T/A/L 1ST		05054	20.5142	APC	$1,245.62			-	Y	000	999	
15151	N	TIS CLTR SKN AGRFT T/A/L ADD		-	-	Bundled	$0.00			-	Y	000	999	
15152	N	TIS CLTR SKN AGRFT T/A/L EA		-	-	Bundled	$0.00			-	Y	000	999	
15155	T	TIS CLTR AGRFT F/S/N/H/F/G 1		05055	41.0565	APC	$2,492.95			-	-	000	999	
15156	N	TIS CLT AGRFT F/S/N/H/F/G AD		-	-	Bundled	$0.00			-	-	000	999	
15157	N	TIS CLT AGRFT F/S/N/H/F/G EA		-	-	Bundled	$0.00			-	-	000	999	
15200	T	FTH/GFT FR TRNK 20 SQ CM/<		05054	20.5142	APC	$1,245.62			-	-	000	999	
15201	N	FTH/GFT FR TRNK EACH ADDL		-	-	Bundled	$0.00			-	-	000	999	
15220	T	FTH/GFT FR S/A/L 20 SQ CM/<		05054	20.5142	APC	$1,245.62			-	-	000	999	
15221	N	FTH/GFT FR S/A/L EACH ADDL		-	-	Bundled	$0.00			-	-	000	999	
15240	T	FTH/GFT F/C/C/M/N/AX/G/H/F20		05054	20.5142	APC	$1,245.62			-	-	000	999	
15241	N	FTH/GFT F/C/C/M/N/A/G/H/F EA		-	-	Bundled	$0.00			-	-	000	999	
15260	T	FTH/GFT FR N/E/E/L 20 SQCM/<		05054	20.5142	APC	$1,245.62			-	-	000	999	
15261	N	FTH/GFT FR N/E/E/L EACH ADDL		-	-	Bundled	$0.00			-	-	000	999	
15271	T	SKIN SUB GRAFT TRNK/ARM/LEG		05054	20.5142	APC	$1,245.62			-	-	000	999	
15272	N	SKIN SUB GRAFT T/A/L ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
15273	T	SKIN SUB GRFT T/ARM/LG CHILD		05055	41.0565	APC	$2,492.95			-	-	000	999	
15274	N	SKN SUB GRFT T/A/L CHILD ADD		-	-	Bundled	$0.00			-	-	000	999	
15275	T	SKIN SUB GRAFT FACE/NK/HF/G		05054	20.5142	APC	$1,245.62			-	-	000	999	
15276	N	SKIN SUB GRAFT F/N/HF/G ADDL		-	-	Bundled	$0.00			-	-	000	999	
15277	T	SKN SUB GRFT F/N/HF/G CHILD		05054	20.5142	APC	$1,245.62			-	-	000	999	
15278	N	SKN SUB GRFT F/N/HF/G CH ADD		-	-	Bundled	$0.00			-	-	000	999	
15570	T	SKIN PEDICLE FLAP TRUNK		05054	20.5142	APC	$1,245.62			-	-	000	999	
15572	T	SKIN PEDICLE FLAP ARMS/LEGS		05055	41.0565	APC	$2,492.95			-	-	000	999	
15574	T	PEDCLE FH/CH/CH/M/N/AX/G/H/F		05054	20.5142	APC	$1,245.62			-	-	000	999	
15576	T	PEDICLE E/N/E/L/NTRORAL		05054	20.5142	APC	$1,245.62			-	-	000	999	
15600	T	DELAY FLAP TRUNK		05055	41.0565	APC	$2,492.95			-	-	000	999	
15610	T	DELAY FLAP ARMS/LEGS		05054	20.5142	APC	$1,245.62			-	-	000	999	
15620	T	DELAY FLAP F/C/C/N/AX/G/H/F		05054	20.5142	APC	$1,245.62			-	-	000	999	
15630	T	DELAY FLAP EYE/NOS/EAR/LIP		05054	20.5142	APC	$1,245.62			-	-	000	999	
15650	T	TRANSFER SKIN PEDICLE FLAP		05054	20.5142	APC	$1,245.62			-	-	000	999	
15730	T	MDFC FLAP W/PRSRV VASC PEDCL		05055	41.0565	APC	$2,409.44			-	-	000	999	
15731	T	FOREHEAD FLAP W/VASC PEDICLE		05055	41.0565	APC	$2,492.95			-	-	000	999	
15733	T	MUSC MYOQ/FSCQ FLP H&N PEDCL		05055	41.0565	APC	$2,409.44			-	-	000	999	
15734	T	MUSCLE-SKIN GRAFT TRUNK		05055	41.0565	APC	$2,492.95			-	-	000	999	
15736	T	MUSCLE-SKIN GRAFT ARM		05054	20.5142	APC	$1,245.62			-	-	000	999	
15738	T	MUSCLE-SKIN GRAFT LEG		05055	41.0565	APC	$2,492.95			-	-	000	999	
15740	T	ISLAND PEDICLE FLAP GRAFT		05054	20.5142	APC	$1,245.62			-	-	000	999	
15750	T	NEUROVASCULAR PEDICLE FLAP		05055	41.0565	APC	$2,492.95			-	-	000	999	
15756	C	FREE MYO/SKIN FLAP MICROVASC		-	-	IP Only	$0.00			-	-	000	999	
15757	C	FREE SKIN FLAP MICROVASC		-	-	IP Only	$0.00			-	-	000	999	
15758	C	FREE FASCIAL FLAP MICROVASC		-	-	IP Only	$0.00			-	-	000	999	
15760	T	COMPOSITE SKIN GRAFT		05054	20.5142	APC	$1,245.62			-	-	000	999	
15769	T	GRFG AUTOL SOFT TISS DIR EXC		05055	41.0565	APC	$2,409.44			-	-	000	999	
15770	T	DERMA-FAT-FASCIA GRAFT		05055	41.0565	APC	$2,492.95			-	-	000	999	
15771	E	GRFG AUTOL FAT LIPO 50 CC/<		-	-	Not Allowed	$0.00			-	-	000	999	
15772	E	GRFG AUTOL FAT LIPO EA ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
15773	E	GRFG AUTOL FAT LIPO 25 CC/<		-	-	Not Allowed	$0.00			-	-	000	999	
15774	E	GFRG AUTOL FAT LIPO EA ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
15775	E	HAIR TRNSPL 1-15 PUNCH GRFTS		-	-	Not Allowed	$0.00			-	-	000	999	
15776	E	HAIR TRNSPL >15 PUNCH GRAFTS		-	-	Not Allowed	$0.00			-	-	000	999	

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15777	N	ACELLULAR DERM MATRIX IMPLT		-	-	Bundled	$0.00			-	-	000	999	
15778	E	IMPL ABSRB MSH/PRSTH DLY CLS		-	-	Not Allowed	$0.00			-	-	000	999	
15780	E	DERMABRASION TOTAL FACE		-	-	Not Allowed	$0.00			-	-	000	999	
15781	E	DERMABRASION SEGMENTAL FACE		-	-	Not Allowed	$0.00			-	-	000	999	
15782	E	DERMABRASION OTHER THAN FACE		-	-	Not Allowed	$0.00			-	-	000	999	
15783	E	DERMABRASION SUPRFL ANY SITE		-	-	Not Allowed	$0.00			-	-	000	999	
15786	E	ABRASION LESION SINGLE		-	-	Not Allowed	$0.00			-	-	000	999	
15787	E	ABRASION LESIONS ADD-ON		-	-	Not Allowed	$0.00			-	-	000	999	
15788	E	CHEMICAL PEEL FACIAL EPIDRM		-	-	Not Allowed	$0.00			-	-	000	999	
15789	E	CHEMICAL PEEL FACIAL DERMAL		-	-	Not Allowed	$0.00			-	-	000	999	
15792	E	CHEM PEEL NONFACIAL EPIDRM		-	-	Not Allowed	$0.00			-	-	000	999	
15793	E	CHEMICAL PEEL NONFACIAL DRM		-	-	Not Allowed	$0.00			-	-	000	999	
15820	T	BLEPHAROPLASTY LOWER EYELID		05054	20.5142	APC	$1,245.62			Y	-	000	999	
15821	T	BLEPHARP LWR EYELID FAT PAD		05054	20.5142	APC	$1,245.62			Y	-	000	999	
15822	T	BLEPHAROPLASTY UPPER EYELID		05054	20.5142	APC	$1,245.62			Y	-	000	999	
15823	T	BLEPHARP UPR EYELID XCSV SKN		05054	20.5142	APC	$1,245.62			Y	-	000	999	
15824	E	RHYTIDECTOMY FOREHEAD		-	-	Not Allowed	$0.00			-	-	000	999	
15825	E	RHYTDCT NCK PLTYSML TGHTG		-	-	Not Allowed	$0.00			-	-	000	999	
15826	E	RHYTIDECTOMY GLBLR FRN LINES		-	-	Not Allowed	$0.00			-	-	000	999	
15828	E	RHYTIDECTOMY CHEEK CHN & NCK		-	-	Not Allowed	$0.00			-	-	000	999	
15829	E	RHYTIDECTOMY SMAS FLAP		-	-	Not Allowed	$0.00			-	-	000	999	
15830	N	EXC EXCESSIVE SKIN ABDOMEN		05092	73.1359	Bundled, sometimes payable	$4,440.81			Y	-	000	999	
15832	E	EXC EXCESSIVE SKIN THIGH		-	-	Not Allowed	$0.00			Y	-	000	999	
15833	E	EXC EXCESSIVE SKIN LEG		-	-	Not Allowed	$0.00			Y	-	000	999	
15834	E	EXC EXCESSIVE SKIN HIP		-	-	Not Allowed	$0.00			Y	-	000	999	
15835	E	EXC EXCESSIVE SKIN BUTTOCK		-	-	Not Allowed	$0.00			Y	-	000	999	
15836	E	EXC EXCESSIVE SKIN ARM		-	-	Not Allowed	$0.00			Y	-	000	999	
15837	E	EXC EXCSV SKIN FOREARM/HAND		-	-	Not Allowed	$0.00			Y	-	000	999	
15838	E	EXC EXCSV SUBMENTAL FAT PAD		-	-	Not Allowed	$0.00			Y	-	000	999	
15839	N	EXC EXCESSIVE SKN OTHER AREA		05073	32.0969	Bundled, sometimes payable	$1,948.92			Y	-	000	999	
15840	T	NERVE PALSY FASCIAL GRAFT		05055	41.0565	APC	$2,492.95			-	-	000	999	
15841	T	NERVE PALSY MUSCLE GRAFT		05055	41.0565	APC	$2,492.95			-	-	000	999	
15842	T	NERVE PALSY MICROSURG GRAFT		05054	20.5142	APC	$1,245.62			-	-	000	999	
15845	T	SKIN AND MUSCLE REPAIR FACE		05055	41.0565	APC	$2,492.95			-	-	000	999	
15847	N	EXC SKIN ABD ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
15851	T	REMOVAL SUTR/STAPLE REQ ANES		05054	20.5142	APC	$1,245.62			-	-	000	999	
15852	N	DRESSING CHANGE NOT FOR BURN		05053	6.8648	Bundled, sometimes payable	$416.83			-	-	000	999	
15853	N	REMOVAL SUTR/STAPL XREQ ANES		-	-	Bundled	$0.00			-	-	000	999	
15854	N	REMOVAL SUTR&STAPL XREQ ANES		-	-	Bundled	$0.00			-	-	000	999	
15860	N	TEST FOR BLOOD FLOW IN GRAFT		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
15876	E	SUCTION LIPECTOMY HEAD&NECK		-	-	Not Allowed	$0.00			-	-	000	999	
15877	E	SUCTION LIPECTOMY TRUNK		-	-	Not Allowed	$0.00			-	-	000	999	
15878	E	SUCTION LIPECTOMY UPR EXTREM		-	-	Not Allowed	$0.00			-	-	000	999	
15879	E	SUCTION LIPECTOMY LWR EXTREM		-	-	Not Allowed	$0.00			-	-	000	999	
15920	N	EXC COCCYGL PR ULC PRIM SUTR		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
15922	T	EXC COCCYGL PR ULC FLAP CLSR		05055	41.0565	APC	$2,492.95			-	-	000	999	
15931	N	EXC SACRAL PR ULC PRIM SUTR		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
15933	N	EXC SAC PR ULC PRIM STR OSTC		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
15934	T	EXC SACRAL PR ULC SKN FLAP		05055	41.0565	APC	$2,492.95			-	-	000	999	
15935	T	EXC SAC PR ULC SKN FLP OSTC		05055	41.0565	APC	$2,492.95			-	-	000	999	
15936	T	EXC SAC PR ULC PREP MUS FLAP		05054	20.5142	APC	$1,245.62			-	-	000	999	
15937	T	EXC SAC PR ULC PREP MUS OSTC		05054	20.5142	APC	$1,245.62			-	-	000	999	
15940	N	EXC ISCHIAL PR ULC PRIM SUTR		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
15941	N	EXC ISCH PR ULC PRM SUT OSTC		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
15944	T	EXC ISCH PR ULC SKN FLP CLSR		05055	41.0565	APC	$2,492.95			-	-	000	999	
15945	T	EXC ISCH PR ULC SKN FLP OSTC		05054	20.5142	APC	$1,245.62			-	-	000	999	

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15946	T	EXC ISCH PR ULC PREP MUS FLP		05054	20.5142	APC	$1,245.62			-	-	000	999	
15950	N	EXC TRCHNTR PR ULC PRIM SUTR		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
15951	N	EXC TRCHNTR PR ULC OSTC		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
15952	T	EXC TRCHNTR PR ULC FLP CLSR		05054	20.5142	APC	$1,245.62			-	-	000	999	
15953	T	EXC TRCHNTR PR ULC FLP OSTC		05055	41.0565	APC	$2,492.95			-	-	000	999	
15956	T	EXC TRCHNTR PR ULC PREP FLAP		05054	20.5142	APC	$1,245.62			-	-	000	999	
15958	T	EXC TRCHNTR PR ULC PREP OSTC		05055	41.0565	APC	$2,492.95			-	-	000	999	
15999	T	UNLISTED PX EXC PRESSURE ULC		05071	7.8905	APC	$479.11			-	-	000	999	
16000	N	INITIAL TREATMENT OF BURN(S)		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
16020	N	DRESS/DEBRID P-THICK BURN S		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
16025	T	DRESS/DEBRID P-THICK BURN M		05051	2.2284	APC	$135.31			-	-	000	999	
16030	T	DRESS/DEBRID P-THICK BURN L		05052	4.4806	APC	$272.06			-	-	000	999	
16035	T	INCISION OF BURN SCAB INITI		05052	4.4806	APC	$272.06			-	-	000	999	
16036	C	ESCHAROTOMY ADDL INCISION		-	-	IP Only	$0.00			-	-	000	999	
17000	N	DESTRUCT PREMALG LESION		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
17003	N	DESTRUCT PREMALG LES 2-14		-	-	Bundled	$0.00			-	-	000	999	
17004	T	DESTROY PREMAL LESIONS 15/>		05052	4.4806	APC	$272.06			-	-	000	999	
17106	T	DESTRUCTION OF SKIN LESIONS		05052	4.4806	APC	$272.06			-	-	000	999	
17107	T	DESTRUCTION OF SKIN LESIONS		05053	6.8648	APC	$416.83			-	-	000	999	
17108	T	DESTRUCTION OF SKIN LESIONS		05054	20.5142	APC	$1,245.62			-	-	000	999	
17110	N	DESTRUCT B9 LESION 1-14		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
17111	N	DESTRUCT LESION 15 OR MORE		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
17250	N	CHEM CAUT OF GRANLTJ TISSUE		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
17260	N	DSTRJ MAL LES T/A/L 0.5 CM/<		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
17261	N	DSTRJ MAL LES T/A/L .6-1.0CM		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
17262	N	DSTRJ MAL LES T/A/L 1.1-2.0		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
17263	N	DSTRJ MAL LES T/A/L 2.1-3.0		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
17264	T	DSTRJ MAL LES T/A/L 3.1-4.0		05052	4.4806	APC	$272.06			-	-	000	999	
17266	T	DSTRJ MAL LES T/A/L >4.0 CM		05052	4.4806	APC	$272.06			-	-	000	999	
17270	T	DSTR MAL LES S/N/H/F/G .5 /<		05051	2.2284	APC	$135.31			-	-	000	999	
17271	T	DSTR MAL LES S/N/H/F/G 0.6-1		05051	2.2284	APC	$135.31			-	-	000	999	
17272	N	DSTR MAL LES S/N/H/F/G 1.1-2		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
17273	T	DSTR MAL LES S/N/H/F/G 2.1-3		05052	4.4806	APC	$272.06			-	-	000	999	
17274	T	DSTR MAL LES S/N/H/F/G 3.1-4		05052	4.4806	APC	$272.06			-	-	000	999	
17276	T	DSTR MAL LES S/N/H/F/G >4.0		05052	4.4806	APC	$272.06			-	-	000	999	
17280	N	DSTR MAL LS F/E/E/N/L/M .5/<		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
17281	T	DSTR MAL LS F/E/E/N/L/M .6-1		05051	2.2284	APC	$135.31			-	-	000	999	
17282	T	DSTR MAL LS F/E/E/N/L/M1.1-2		05051	2.2284	APC	$135.31			-	-	000	999	
17283	T	DSTR MAL LS F/E/E/N/L/M2.1-3		05052	4.4806	APC	$272.06			-	-	000	999	
17284	T	DSTR MAL LS F/E/E/N/L/M3.1-4		05053	6.8648	APC	$416.83			-	-	000	999	
17286	T	DSTR MAL LS F/E/E/N/L/M>4.0		05053	6.8648	APC	$416.83			-	-	000	999	
17311	T	MOHS 1 STAGE H/N/HF/G		05053	6.8648	APC	$416.83			-	-	000	999	
17312	N	MOHS ADDL STAGE		-	-	Bundled	$0.00			-	-	000	999	
17313	T	MOHS 1 STAGE T/A/L		05053	6.8648	APC	$416.83			-	-	000	999	
17314	N	MOHS ADDL STAGE T/A/L		-	-	Bundled	$0.00			-	-	000	999	
17315	N	MOHS SURG ADDL BLOCK		-	-	Bundled	$0.00			-	-	000	999	
17340	N	CRYOTHERAPY FOR ACNE		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
17360	N	CHEMICAL EXFOLIATION ACNE		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
17380	E	ELECTROLYSIS EPILATION EA 30		-	-	Not Allowed	$0.00			-	-	000	999	
17999	N	UNLISTD PX SKN MUC MEMB SUBQ		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
19000	T	PUNCTURE ASPIR CYST BREAST		05071	7.8905	APC	$479.11			-	-	000	999	
19001	N	PUNCTURE ASPIR CYST BRST EA		-	-	Bundled	$0.00			-	-	000	999	
19020	N	MASTOTOMY EXPL DRG ABSC DP		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
19030	N	NJX PX ONLY MAM DUCTO/GLCTO		-	-	Bundled	$0.00			-	-	000	999	
19081	N	BX BREAST 1ST LESION STRTCTC		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
19082	N	BX BREAST ADD LESION STRTCTC		-	-	Bundled	$0.00			-	-	000	999	

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19083	N	BX BREAST 1ST LESION US IMAG		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
19084	N	BX BREAST ADD LESION US IMAG		-	-	Bundled	$0.00			-	-	000	999	
19085	N	BX BREAST 1ST LESION MR IMAG		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
19086	N	BX BREAST ADD LESION MR IMAG		-	-	Bundled	$0.00			-	-	000	999	
19100	N	BX BREAST PERCUT W/O IMAGE		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
19101	N	BIOPSY OF BREAST OPEN		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
19105	N	CRYOSURG ABLATE FA EACH		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
19110	N	NIPPLE EXPLORATION		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
19112	N	EXCISE BREAST DUCT FISTULA		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
19120	N	REMOVAL OF BREAST LESION		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
19125	N	EXCISION BREAST LESION		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
19126	N	EXCISION ADDL BREAST LESION		-	-	Bundled	$0.00			-	-	000	999	
19281	N	PERQ DEVICE BREAST 1ST IMAG		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
19282	N	PERQ DEVICE BREAST EA IMAG		-	-	Bundled	$0.00			-	-	000	999	
19283	N	PERQ DEV BREAST 1ST STRTCTC		05071	7.8905	Bundled, sometimes payable	$479.11			-	-	000	999	
19284	N	PERQ DEV BREAST ADD STRTCTC		-	-	Bundled	$0.00			-	-	000	999	
19285	N	PERQ DEV BREAST 1ST US IMAG		05071	7.8905	Bundled, sometimes payable	$479.11			-	-	000	999	
19286	N	PERQ DEV BREAST ADD US IMAG		-	-	Bundled	$0.00			-	-	000	999	
19287	N	PERQ DEV BREAST 1ST MR GUIDE		05071	7.8905	Bundled, sometimes payable	$479.11			-	-	000	999	
19288	N	PERQ DEV BREAST ADD MR GUIDE		-	-	Bundled	$0.00			-	-	000	999	
19294	N	PREPJ TUM CAV IORT PRTL MAST		-	-	Bundled	$0.00			-	-	000	999	
19296	N	PLACE PO BREAST CATH FOR RAD		05093	107.3136	Bundled, sometimes payable	$6,516.08			-	Y	000	999	
19297	N	PLACE BREAST CATH FOR RAD		-	-	Bundled	$0.00			-	Y	000	999	
19298	N	PLACE BREAST RAD TUBE/CATHS		05092	73.1359	Bundled, sometimes payable	$4,440.81			-	Y	000	999	
19300	N	MASTECTOMY FOR GYNECOMASTIA		05091	42.9441	Bundled, sometimes payable	$2,607.57			Y	-	000	999	
19301	N	PARTIAL MASTECTOMY		05091	42.9441	Bundled, sometimes payable	$2,607.57			Y	-	000	999	
19302	N	P-MASTECTOMY W/LN REMOVAL		05092	73.1359	Bundled, sometimes payable	$4,440.81			Y	-	000	999	
19303	N	MAST SIMPLE COMPLETE		05092	73.1359	Bundled, sometimes payable	$4,440.81			Y	-	000	999	
19305	C	MAST RADICAL		-	-	IP Only	$0.00			Y	-	000	999	
19306	C	MAST RAD URBAN TYPE		-	-	IP Only	$0.00			Y	-	000	999	
19307	N	MAST MOD RAD		05092	73.1359	Bundled, sometimes payable	$4,440.81			Y	-	000	999	
19316	N	MASTOPEXY		05092	73.1359	Bundled, sometimes payable	$4,440.81			Y	-	016	999	
19318	N	BREAST REDUCTION		05092	73.1359	Bundled, sometimes payable	$4,440.81			Y	-	016	999	
19325	N	BREAST AUGMENTATION W/IMPLT		05093	107.3136	Bundled, sometimes payable	$6,516.08			Y	-	016	999	
19328	N	RMVL INTACT BREAST IMPLANT		05091	42.9441	Bundled, sometimes payable	$2,607.57			Y	-	016	999	
19330	N	RMVL RUPTURED BREAST IMPLANT		05091	42.9441	Bundled, sometimes payable	$2,607.57			Y	-	016	999	
19340	N	INSJ BREAST IMPLT SM D MAST		05092	73.1359	Bundled, sometimes payable	$4,440.81			Y	-	016	999	
19342	N	INSJ/RPLCMT BRST IMPLT SEP D		05093	107.3136	Bundled, sometimes payable	$6,516.08			Y	-	016	999	
19350	N	NIPPLE/AREOLA RECONSTRUCTION		05091	42.9441	Bundled, sometimes payable	$2,607.57			Y	-	016	999	
19355	E	CORRECT INVERTED NIPPLE(S)		-	-	Not Allowed	$0.00			-	-	016	999	
19357	N	TISS XPNDR PLMT BRST RCNSTJ		05094	195.1166	Bundled, sometimes payable	$11,847.48			Y	-	016	999	
19361	C	BRST RCNSTJ LATSMS DRSI FLAP		-	-	IP Only	$0.00			Y	-	016	999	
19364	C	BRST RCNSTJ FREE FLAP		-	-	IP Only	$0.00			Y	-	016	999	
19367	C	BRST RCNSTJ 1 PDCL TRAM FLAP		-	-	IP Only	$0.00			Y	-	016	999	
19368	C	BRST RCNSTJ 1PDCL TRAM ANAST		-	-	IP Only	$0.00			Y	-	016	999	
19369	C	BRST RCNSTJ 2 PDCL TRAM FLAP		-	-	IP Only	$0.00			Y	-	016	999	
19370	N	REVJ PERI-IMPLT CAPSULE BRST		05091	42.9441	Bundled, sometimes payable	$2,607.57			Y	-	000	999	
19371	N	PERI-IMPLT CAPSLC BRST COMPL		05091	42.9441	Bundled, sometimes payable	$2,607.57			Y	-	000	999	
19380	N	REVJ RECONSTRUCTED BREAST		05092	73.1359	Bundled, sometimes payable	$4,440.81			Y	-	016	999	
19396	N	DESIGN CUSTOM BREAST IMPLANT		05091	42.9441	Bundled, sometimes payable	$2,607.57			Y	-	000	999	
19499	N	UNLISTED PROCEDURE BREAST		05091	42.9441	Bundled, sometimes payable	$2,607.57			Y	-	000	999	
2000F	E	BLOOD PRESSURE MEASURE		-	-	Not Allowed	$0.00			-	-	000	999	
2001F	E	WEIGHT RECORD		-	-	Not Allowed	$0.00			-	Y	000	999	
2002F	E	CLIN SIGN VOL OVRLD ASSESS		-	-	Not Allowed	$0.00			-	Y	000	999	
2004F	E	INITIAL EXAM INVOLVED JOINTS		-	-	Not Allowed	$0.00			-	Y	000	999	
20100	T	EXPL PENTRG WOUND NECK		05162	5.7111	APC	$346.78			-	-	000	999	

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20101	T	EXPL PENTRG WOUND CHEST		05054	20.5142	APC	$1,245.62			-	-	000	999	
20102	T	EXPL PENTRG WND ABD/FLNK/BK		05054	20.5142	APC	$1,245.62			-	-	000	999	
20103	N	EXPL PENTRG WOUND EXTREMITY		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
2010F	E	VITAL SIGNS RECORDED		-	-	Not Allowed	$0.00			-	-	000	999	
2014F	E	MENTAL STATUS ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
20150	N	EXCISION EPIPHYSEAL BAR		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
2015F	E	ASTHMA IMPAIRMENT ASSESSED		-	-	Not Allowed	$0.00			-	-	000	999	
2016F	E	ASTHMA RISK ASSESSED		-	-	Not Allowed	$0.00			-	-	000	999	
2018F	E	HYDRATION STATUS ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
2019F	E	DILATED MACUL EXAM DONE		-	-	Not Allowed	$0.00			-	-	000	999	
20200	N	MUSCLE BIOPSY SUPERFICIAL		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
20205	N	DEEP MUSCLE BIOPSY		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
20206	N	BIOPSY MUSCLE PERQ NEEDLE		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
2020F	E	DILATED FUNDUS EVAL DONE		-	-	Not Allowed	$0.00			-	-	000	999	
2021F	E	DILAT MACULAR EXAM DONE		-	-	Not Allowed	$0.00			-	-	000	999	
20220	N	BONE BIOPSY TROCAR/NDL SUPFC		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
20225	N	BONE BIOPSY TROCAR/NDL DEEP		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
2022F	E	DILAT RTA XM EVC RTNOPTHY		-	-	Not Allowed	$0.00			-	-	000	999	
2023F	E	DILAT RTA XM W/O RTNOPTHY		-	-	Not Allowed	$0.00			-	-	000	999	
20240	N	BONE BIOPSY OPEN SUPERFICIAL		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
20245	N	BONE BIOPSY OPEN DEEP		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
2024F	E	7 FLD RTA PHOTO EVC RTNOPTHY		-	-	Not Allowed	$0.00			-	-	000	999	
20250	N	BIOPSY VRT BDY OPEN THORACIC		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
20251	N	BIOPSY VRT BDY OPEN LMBR/CRV		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
2025F	E	7 FLD RTA PHOTO W/O RTNOPTHY		-	-	Not Allowed	$0.00			-	-	000	999	
2026F	E	EYE IMG VALID EVC RTNOPTHY		-	-	Not Allowed	$0.00			-	-	000	999	
2027F	E	OPTIC NERVE HEAD EVAL DONE		-	-	Not Allowed	$0.00			-	-	000	999	
2028F	E	FOOT EXAM PERFORMED		-	-	Not Allowed	$0.00			-	-	000	999	
2029F	E	COMPLETE PHYS SKIN EXAM DONE		-	-	Not Allowed	$0.00			-	-	000	999	
2030F	E	H2O STAT DOCD NORMAL		-	-	Not Allowed	$0.00			-	-	000	999	
2031F	E	H2O STAT DOCD DEHYDRATED		-	-	Not Allowed	$0.00			-	-	000	999	
2033F	E	EYE IMG VALID W/O RTNOPTHY		-	-	Not Allowed	$0.00			-	-	000	999	
2035F	E	TYMP MEMB MOTION EXAMD		-	-	Not Allowed	$0.00			-	-	000	999	
2040F	E	BK PN XM ON INIT VISIT DATE		-	-	Not Allowed	$0.00			-	-	000	999	
2044F	E	DOC MNTL TST B/4 BK TRXMNT		-	-	Not Allowed	$0.00			-	-	000	999	
20500	N	INJECTION OF SINUS TRACT		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
20501	N	INJECT SINUS TRACT FOR X-RAY		-	-	Bundled	$0.00			-	-	000	999	
2050F	E	WOUND CHAR SIZE ETC DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
20520	N	REMOVAL OF FOREIGN BODY		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
20525	N	REMOVAL OF FOREIGN BODY		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
20526	T	THER INJECTION CARP TUNNEL		05441	3.3105	APC	$201.01			-	-	000	999	
20527	T	INJ DUPUYTREN CORD W/ENZYME		05441	3.3105	APC	$201.01			-	-	000	999	
20550	T	INJ TENDON SHEATH/LIGAMENT		05441	3.3105	APC	$201.01			-	-	000	999	
20551	T	INJ TENDON ORIGIN/INSERTION		05441	3.3105	APC	$201.01			-	-	000	999	
20552	T	INJ TRIGGER POINT 1/2 MUSCL		05441	3.3105	APC	$201.01			-	-	000	999	
20553	T	INJECT TRIGGER POINTS 3/>		05441	3.3105	APC	$201.01			-	-	000	999	
20555	N	PLACE NDL MUSC/TIS FOR RT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
20560	E	NDL INSJ W/O NJX 1 OR 2 MUSC		-	-	Not Allowed	$0.00			-	-	000	999	
20561	E	NDL INSJ W/O NJX 3+ MUSC		-	-	Not Allowed	$0.00			-	-	000	999	
20600	T	DRAIN/INJ JOINT/BURSA W/O US		05441	3.3105	APC	$201.01			-	-	000	999	
20604	T	DRAIN/INJ JOINT/BURSA W/US		05441	3.3105	APC	$201.01			-	-	000	999	
20605	T	DRAIN/INJ JOINT/BURSA W/O US		05441	3.3105	APC	$201.01			-	-	000	999	
20606	T	DRAIN/INJ JOINT/BURSA W/US		05442	7.7664	APC	$471.58			-	-	000	999	
2060F	E	PT INTRVWD ON/BEFORE DX MDD		-	-	Not Allowed	$0.00			-	-	000	999	
20610	T	DRAIN/INJ JOINT/BURSA W/O US		05441	3.3105	APC	$201.01			-	-	000	999	
20611	T	DRAIN/INJ JOINT/BURSA W/US		05441	3.3105	APC	$201.01			-	-	000	999	

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20612	T	ASPIRATE/INJ GANGLION CYST		05441	3.3105	APC	$201.01			-	-	000	999	
20615	T	TREATMENT OF BONE CYST		05071	7.8905	APC	$479.11			-	-	000	999	
20650	N	INSERT AND REMOVE BONE PIN		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
20660	N	APPLY REM FIXATION DEVICE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
20661	C	APPLICATION HALO CRANIAL		-	-	IP Only	$0.00			-	-	000	999	
20662	N	APPLICATION HALO PELVIC		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
20663	N	APPLICATION HALO FEMORAL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
20664	C	APPL HALO CRANIAL 6+PINS		-	-	IP Only	$0.00			-	-	000	999	
20665	N	RMVL TONGS/HALO ANTHR INDIV		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
20670	N	REMOVAL IMPLANT SUPERFICIAL		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
20680	N	REMOVAL OF IMPLANT DEEP		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
20690	N	APPL UNIPLN UNI EXT FIXJ SYS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
20692	N	APPL MLTPLN UNI EXT FIXJ SYS		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
20693	N	ADJMT/REVJ EXT FIXJ SYS ANES		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
20694	N	RMVL EXT FIXJ SYS UNDER ANES		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
20696	N	APP MLTPLN UNI XTRNL FIX 1ST		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
20697	N	APP MLTPLN UNI XTRNL FIX XCH		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
20700	N	MNL PREP&INSJ DP RX DLVR DEV		-	-	Bundled	$0.00			-	-	000	999	
20701	N	RMVL DEEP RX DELIVERY DEVICE		-	-	Bundled	$0.00			-	-	000	999	
20702	N	MNL PREP&INSJ IMED RX DEV		-	-	Bundled	$0.00			-	-	000	999	
20703	N	RMVL IMED RX DELIVERY DEVICE		-	-	Bundled	$0.00			-	-	000	999	
20704	N	MNL PREP&INSJ I-ARTIC RX DEV		-	-	Bundled	$0.00			-	-	000	999	
20705	N	RMVL I-ARTIC RX DELIVERY DEV		-	-	Bundled	$0.00			-	-	000	999	
20802	C	REPLANTATION ARM COMPLETE		-	-	IP Only	$0.00			-	-	000	999	
20805	C	REPLANT FOREARM COMPLETE		-	-	IP Only	$0.00			-	-	000	999	
20808	C	REPLANTATION HAND COMPLETE		-	-	IP Only	$0.00			-	-	000	999	
20816	C	REPLANTATION DIGIT COMPLETE		-	-	IP Only	$0.00			-	-	000	999	
20822	N	REPLANTATION DIGIT COMPLETE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
20824	C	REPLANTATION THUMB COMPLETE		-	-	IP Only	$0.00			-	-	000	999	
20827	C	REPLANTATION THUMB COMPLETE		-	-	IP Only	$0.00			-	-	000	999	
20838	C	REPLANTATION FOOT COMPLETE		-	-	IP Only	$0.00			-	-	000	999	
20900	N	REMOVAL OF BONE FOR GRAFT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
20902	N	REMOVAL OF BONE FOR GRAFT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
20910	T	REMOVE CARTILAGE FOR GRAFT		05053	6.8648	APC	$416.83			-	-	000	999	
20912	T	REMOVE CARTILAGE FOR GRAFT		05055	41.0565	APC	$2,492.95			-	-	000	999	
20920	T	REMOVAL OF FASCIA FOR GRAFT		05054	20.5142	APC	$1,245.62			-	-	000	999	
20922	T	REMOVAL OF FASCIA FOR GRAFT		05054	20.5142	APC	$1,245.62			-	-	000	999	
20924	N	REMOVAL OF TENDON FOR GRAFT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
20930	N	SP BONE ALGRFT MORSEL ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
20931	N	SP BONE ALGRFT STRUCT ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
20932	N	OSTEOART ALGRFT W/SURF & B1		-	-	Bundled	$0.00			-	-	000	999	
20933	N	HEMICRT INTRCLRY ALGRFT PRTL		-	-	Bundled	$0.00			-	-	000	999	
20934	N	INTERCALARY ALGRFT COMPL		-	-	Bundled	$0.00			-	-	000	999	
20936	N	SP BONE AGRFT LOCAL ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
20937	N	SP BONE AGRFT MORSEL ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
20938	N	SP BONE AGRFT STRUCT ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
20939	N	BONE MARROW ASPIR BONE GRFG		-	-	Bundled	$0.00			-	-	000	999	
20950	T	FLUID PRESSURE MUSCLE		05071	7.8905	APC	$479.11			-	-	000	999	
20955	C	FIBULA BONE GRAFT MICROVASC		-	-	IP Only	$0.00			-	-	000	999	
20956	C	ILIAC BONE GRAFT MICROVASC		-	-	IP Only	$0.00			-	-	000	999	
20957	C	MT BONE GRAFT MICROVASC		-	-	IP Only	$0.00			-	-	000	999	
20962	C	OTHER BONE GRAFT MICROVASC		-	-	IP Only	$0.00			-	-	000	999	
20969	C	BONE/SKIN GRAFT MICROVASC		-	-	IP Only	$0.00			-	-	000	999	
20970	C	BONE/SKIN GRAFT ILIAC CREST		-	-	IP Only	$0.00			-	-	000	999	
20972	N	BONE/SKIN GRAFT METATARSAL		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
20973	N	BONE/SKIN GRAFT GREAT TOE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	

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20974	M	ELECTRICAL BONE STIMULATION		-	-	Fee Schedule	$67.52			-	-	000	999	
20975	N	ELECTRICAL BONE STIMULATION		-	-	Bundled	$0.00			-	-	000	999	
20979	N	US BONE STIMULATION		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
20982	N	ABLATE BONE TUMOR(S) PERQ		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	Y	000	999	
20983	N	ABLATE BONE TUMOR(S) PERQ		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
20985	N	CPTR-ASST DIR MS PX		-	-	Bundled	$0.00			-	-	000	999	
20999	T	UNLISTED PX MUSCSKEL GENERAL		05111	2.6902	APC	$163.35			-	-	000	999	
21010	N	INCISION OF JAW JOINT		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21011	N	EXC FACE LES SC <2 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
21012	N	EXC FACE LES SBQ 2 CM/>		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
21013	N	EXC FACE TUM DEEP < 2 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
21014	N	EXC FACE TUM DEEP 2 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
21015	N	RESECT FACE/SCALP TUM < 2 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
21016	N	RESECT FACE/SCALP TUM 2 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
21025	N	EXCISION OF BONE LOWER JAW		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21026	N	EXCISION OF FACIAL BONE(S)		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21029	N	CONTOUR OF FACE BONE LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21030	N	EXCISE MAX/ZYGOMA B9 TUMOR		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21031	N	REMOVE EXOSTOSIS MANDIBLE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21032	N	REMOVE EXOSTOSIS MAXILLA		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21034	N	EXCISE MAX/ZYGOMA MAL TUMOR		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21040	N	EXCISE MANDIBLE LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21044	N	REMOVAL OF JAW BONE LESION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21045	C	EXTENSIVE JAW SURGERY		-	-	IP Only	$0.00			-	-	000	999	
21046	N	REMOVE MANDIBLE CYST COMPLEX		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21047	N	EXCISE LWR JAW CYST W/REPAIR		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21048	N	REMOVE MAXILLA CYST COMPLEX		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21049	N	EXCIS UPPR JAW CYST W/REPAIR		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21050	N	REMOVAL OF JAW JOINT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21060	N	REMOVE JAW JOINT CARTILAGE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21070	N	REMOVE CORONOID PROCESS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21073	N	MNPJ OF TMJ W/ANESTH		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
21076	N	IMPRES&PREP SURG OBT PROSTH		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
21077	N	IMPRES&PREP ORBITAL PROSTH		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21079	N	IMPRES&PREP INTRM OBT PROSTH		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21080	N	IMPRES&PREP DEF OBT PROSTH		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21081	N	IMPRES&PREP MNDBL RES PROSTH		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21082	N	IMPRES&PREP PALTL AUG PROSTH		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21083	N	IMPRES&PREP PALTL LFT PROSTH		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21084	N	IMPRES&PREP SP AID PROSTH		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21085	T	IMPRES&PREP ORAL SURG SPLINT		05161	2.6043	APC	$158.13			-	-	000	999	
21086	N	IMPRES&PREP AURICULAR PROSTH		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21087	N	IMPRES&PREP NASAL PROSTH		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21088	N	IMPRES&PREP FACIAL PROSTH		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21089	T	UNLISTED MAXLFCL PROSTH PX		05161	2.6043	APC	$158.13			-	-	000	999	
21100	N	MAXILLOFACIAL FIXATION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21110	N	INTERDENTAL FIXATION		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
21116	N	INJECTION JAW JOINT X-RAY		-	-	Bundled	$0.00			-	-	000	999	
21120	N	GENIOPLASTY AUGMENTATION		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21121	N	GENIOP SLDG OSTEOT 1		05164	36.3699	Bundled, sometimes payable	$2,208.38			Y	-	000	999	
21122	N	GENIOP SLDG OSTEOT 2/>		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21123	N	GENIOP SLDG AUGMENTATION		05164	36.3699	Bundled, sometimes payable	$2,208.38			Y	-	000	999	
21125	N	AUGMENTATION MNDBLR PROSTC		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21127	N	AUGMENTATION MNDBLR B1 GRF		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21137	N	RDCTJ FOREHEAD CNTRG ONLY		05164	36.3699	Bundled, sometimes payable	$2,208.38			Y	-	000	999	
21138	N	RDCTJ FOREHEAD CNTRG&PROSTC		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	

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21139	N	RDCTJ FOREHEAD CNTRG&SETBACK		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21141	N	LEFORT I-1 PIECE W/O GRAFT		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21142	N	LEFORT I-2 PIECE W/O GRAFT		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21143	N	LEFORT I-3/> PIECE W/O GRAFT		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21145	C	LEFORT I-1 PIECE W/ GRAFT		-	-	IP Only	$0.00			Y	-	000	999	
21146	C	LEFORT I-2 PIECE W/ GRAFT		-	-	IP Only	$0.00			Y	-	000	999	
21147	C	LEFORT I-3/> PIECE W/ GRAFT		-	-	IP Only	$0.00			Y	-	000	999	
21150	N	LEFORT II ANTERIOR INTRUSION		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21151	C	LEFORT II W/BONE GRAFTS		-	-	IP Only	$0.00			Y	-	000	999	
21154	C	LEFORT III W/O LEFORT I		-	-	IP Only	$0.00			Y	-	000	999	
21155	C	LEFORT III W/ LEFORT I		-	-	IP Only	$0.00			Y	-	000	999	
21159	C	LEFORT III W/FHDW/O LEFORT I		-	-	IP Only	$0.00			Y	-	000	999	
21160	C	LEFORT III W/FHD W/ LEFORT I		-	-	IP Only	$0.00			Y	-	000	999	
21172	N	RECONSTRUCT ORBIT/FOREHEAD		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21175	N	RECONSTRUCT ORBIT/FOREHEAD		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21179	C	RECONSTRUCT ENTIRE FOREHEAD		-	-	IP Only	$0.00			Y	-	000	999	
21180	C	RECONSTRUCT ENTIRE FOREHEAD		-	-	IP Only	$0.00			Y	-	000	999	
21181	N	CONTOUR CRANIAL BONE LESION		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21182	C	RECONSTRUCT CRANIAL BONE		-	-	IP Only	$0.00			Y	-	000	999	
21183	C	RECONSTRUCT CRANIAL BONE		-	-	IP Only	$0.00			Y	-	000	999	
21184	C	RECONSTRUCT CRANIAL BONE		-	-	IP Only	$0.00			Y	-	000	999	
21188	C	RECONSTRUCTION OF MIDFACE		-	-	IP Only	$0.00			Y	-	000	999	
21193	N	RECONST LWR JAW W/O GRAFT		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21194	N	RECONST LWR JAW W/GRAFT		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21195	N	RECONST LWR JAW W/O FIXATION		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21196	N	RECONST LWR JAW W/FIXATION		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21198	N	RECONSTR LWR JAW SEGMENT		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21199	N	RECONSTR LWR JAW W/ADVANCE		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21206	N	RECONSTRUCT UPPER JAW BONE		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21208	N	AUGMENTATION OF FACIAL BONES		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21209	N	REDUCTION OF FACIAL BONES		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21210	N	FACE BONE GRAFT		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21215	N	LOWER JAW BONE GRAFT		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21230	N	RIB CARTILAGE GRAFT		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21235	N	EAR CARTILAGE GRAFT		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21240	N	RECONSTRUCTION OF JAW JOINT		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21242	N	RECONSTRUCTION OF JAW JOINT		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21243	N	RECONSTRUCTION OF JAW JOINT		05116	206.2381	Bundled, sometimes payable	$12,522.78			Y	-	000	999	
21244	N	RECONSTRUCTION OF LOWER JAW		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21245	N	RECONSTRUCTION OF JAW		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21246	N	RECONSTRUCTION OF JAW		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21247	C	RECONSTRUCT LOWER JAW BONE		-	-	IP Only	$0.00			Y	-	000	999	
21248	N	RECONSTRUCTION OF JAW		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21249	N	RECONSTRUCTION OF JAW		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21255	N	RECONSTRUCT LOWER JAW BONE		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21256	N	RECONSTRUCTION OF ORBIT		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
21260	N	REVISE EYE SOCKETS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21261	N	REVISE EYE SOCKETS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21263	N	REVISE EYE SOCKETS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21267	N	REVISE EYE SOCKETS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21268	C	REVISE EYE SOCKETS		-	-	IP Only	$0.00			-	-	000	999	
21270	N	AUGMENTATION CHEEK BONE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21275	N	REVISION ORBITOFACIAL BONES		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21280	N	MEDIAL CANTHOPEXY		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21282	N	LATERAL CANTHOPEXY		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21295	N	REVISION OF JAW MUSCLE/BONE		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	

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21296	N	REVISION OF JAW MUSCLE/BONE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21299	T	UNLISTED CRANFCL&MAXLFCL PX		05161	2.6043	APC	$158.13			-	-	000	999	
21315	N	CLSD TX NSL FX MNPJ WO STBLJ		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
21320	N	CLSD TX NSL FX W/MNPJ&STABLJ		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21325	N	OPEN TX NOSE FX UNCOMPLICATD		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21330	N	OPEN TX NOSE FX W/SKELE FIXJ		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21335	N	OPEN TX NOSE & SEPTAL FX		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21336	N	OPEN TX SEPTAL FX W/WO STABJ		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
21337	N	CLOSED TX SEPTAL&NOSE FX		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21338	N	OPEN NASOETHMOID FX W/O FIXJ		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21339	N	OPEN NASOETHMOID FX W/ FIXJ		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21340	N	PERQ TX NASOETHMOID FX		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21343	C	OPEN TX DPRSD FRONT SINUS FX		-	-	IP Only	$0.00			-	-	000	999	
21344	C	OPEN TX COMPL FRONT SINUS FX		-	-	IP Only	$0.00			-	-	000	999	
21345	N	CLOSED TX NOSE/JAW FX		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
21346	N	OPN TX NASOMAX FX W/FIXJ		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21347	N	OPN TX NASOMAX FX MULTPLE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21348	C	OPN TX NASOMAX FX W/GRAFT		-	-	IP Only	$0.00			-	-	000	999	
21355	N	PERQ TX MALAR FRACTURE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21356	N	OPN TX DPRSD ZYGOMATIC ARCH		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21360	N	OPN TX DPRSD MALAR FRACTURE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21365	N	OPN TX COMPLX MALAR FX		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21366	N	OPN TX COMPLX MALAR W/GRFT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21385	N	OPN TX ORBIT FX TRANSANTRAL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21386	N	OPN TX ORBIT FX PERIORBITAL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21387	N	OPN TX ORBIT FX COMBINED		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21390	N	OPN TX ORBIT PERIORBTL IMPLT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21395	N	OPN TX ORBIT PERIORBT W/GRFT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21400	T	CLOSED TX ORBIT W/O MANIPULJ		05162	5.7111	APC	$346.78			-	-	000	999	
21401	N	CLOSED TX ORBIT W/MANIPULJ		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
21406	N	OPN TX ORBIT FX W/O IMPLANT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21407	N	OPN TX ORBIT FX W/IMPLANT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21408	N	OPN TX ORBIT FX W/BONE GRFT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21421	N	CLTX PALATAL/MAX FX WIRE FIX		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21422	N	OPTX PALATAL/MAX FRACTURE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21423	C	OPTX PALATAL/MAX FX COMP		-	-	IP Only	$0.00			-	-	000	999	
21431	C	CLTX CRANIOFACIAL SEPARATION		-	-	IP Only	$0.00			-	-	000	999	
21432	C	OPTX CRANFCL SEP W/WIRING		-	-	IP Only	$0.00			-	-	000	999	
21433	C	OPTX CRANFCL SEP COMP MLT		-	-	IP Only	$0.00			-	-	000	999	
21435	C	OPTX CRNFC SEP COMP INT&/XTR		-	-	IP Only	$0.00			-	-	000	999	
21436	C	OPTX CRNFCL SEP COMP MLT INT		-	-	IP Only	$0.00			-	-	000	999	
21440	N	CLTX MNDBLR/MAX ALV RIDGE FX		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21445	N	OPTX MNDBLR/MAX ALV RIDGE FX		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21450	T	CLTX MNDBLR FX W/O MNPJ		05162	5.7111	APC	$346.78			-	-	000	999	
21451	N	CLTX MNDBLR FX W/MNPJ		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
21452	N	PERQ TX MNDBLR FX XTRNL FIXJ		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21453	N	CLTX MNDBLR FX NTRDNTL FIXJ		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21454	N	OPTX MNDBLR FX XTRNL FIXJ		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21461	N	OPTX MNDBLR FX WO NTRDNTL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21462	N	OPTX MNDBLR FX W/NTRDNTL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21465	N	OPTX MNDBLR CNDYLR FX		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21470	N	OPTX COMPLICATED MNDBLR FX		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
21480	T	CLTX TMPRMAND DISLC 1ST/SBSQ		05111	2.6902	APC	$163.35			-	-	000	999	
21485	N	CLTX TMPRMAND DISLC COMP		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
21490	N	OPTX TMPRMAND DISLOCATION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
21497	N	INTERDENTAL WIRG OTH/THN FX		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	

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21499	T	UNLISTED MUSCSKEL PX HEAD		05161	2.6043	APC	$158.13			-	-	000	999	
21501	N	I&D DP ABSC/HMTMA SFT TS NCK		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
21502	N	I&D DP ABS/HMTM NCK RIB OSTC		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
21510	C	INC DEEP OPNG B1 CRTX THORAX		-	-	IP Only	$0.00			-	-	000	999	
21550	N	BIOPSY OF NECK/CHEST		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
21552	N	EXC NECK LES SC 3 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
21554	N	EXC NECK TUM DEEP 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
21555	N	EXC NECK LES SC < 3 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
21556	N	EXC NECK TUM DEEP < 5 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
21557	N	RESECT NECK THORAX TUMOR<5CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
21558	N	RESECT NECK TUMOR 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
21600	N	PARTIAL REMOVAL OF RIB		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
21601	n	EXC CHEST WALL TUMOR W/RIBS		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
21602	C	EXC CH WAL TUM W/O LYMPHADEC		-	-	IP Only	$0.00			-	-	000	999	
21603	C	EXC CH WAL TUM W/LYMPHADEC		-	-	IP Only	$0.00			-	-	000	999	
21610	N	PARTIAL REMOVAL OF RIB		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
21615	C	REMOVAL OF RIB		-	-	IP Only	$0.00			-	-	000	999	
21616	C	REMOVAL OF RIB AND NERVES		-	-	IP Only	$0.00			-	-	000	999	
21620	C	PARTIAL REMOVAL OF STERNUM		-	-	IP Only	$0.00			-	-	000	999	
21627	C	STERNAL DEBRIDEMENT		-	-	IP Only	$0.00			-	-	000	999	
21630	C	RADICAL RESECTION STERNUM		-	-	IP Only	$0.00			-	-	000	999	
21685	N	HYOID MYOTOMY & SUSPENSION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	Y	000	999	
21700	N	REVISION OF NECK MUSCLE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
21705	C	REVISION OF NECK MUSCLE/RIB		-	-	IP Only	$0.00			-	-	000	999	
21720	N	REVISION OF NECK MUSCLE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
21725	T	REVISION OF NECK MUSCLE		05071	7.8905	APC	$479.11			-	-	000	999	
21740	C	RECONSTRUCTION OF STERNUM		-	-	IP Only	$0.00			-	-	000	999	
21742	N	REPAIR STERN/NUSS W/O SCOPE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
21743	N	REPAIR STERNUM/NUSS W/SCOPE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
21750	C	REPAIR OF STERNUM SEPARATION		-	-	IP Only	$0.00			-	-	000	999	
21811	N	OPTX OF RIB FX W/FIXJ SCOPE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
21812	N	TREATMENT OF RIB FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
21813	N	TREATMENT OF RIB FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
21820	T	TREAT STERNUM FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
21825	C	TREAT STERNUM FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
21899	T	UNLISTED PX NECK/THORAX		05161	2.6043	APC	$158.13			-	-	000	999	
21920	N	BIOPSY SOFT TISSUE OF BACK		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
21925	N	BIOPSY SOFT TISSUE OF BACK		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
21930	N	EXC BACK LES SC < 3 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
21931	N	EXC BACK LES SC 3 CM/>		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
21932	N	EXC BACK TUM DEEP < 5 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
21933	N	EXC BACK TUM DEEP 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
21935	N	RESECT BACK TUM < 5 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
21936	N	RESECT BACK TUM 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
22010	C	I&D P-SPINE C/T/CERV-THOR		-	-	IP Only	$0.00			-	Y	000	999	
22015	C	I&D ABSCESS P-SPINE L/S/LS		-	-	IP Only	$0.00			-	Y	000	999	
22100	N	REMOVE PART OF NECK VERTEBRA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
22101	N	REMOVE PART THORAX VERTEBRA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
22102	N	REMOVE PART LUMBAR VERTEBRA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
22103	N	REMOVE EXTRA SPINE SEGMENT		-	-	Bundled	$0.00			-	-	000	999	
22110	C	REMOVE PART OF NECK VERTEBRA		-	-	IP Only	$0.00			-	-	000	999	
22112	C	REMOVE PART THORAX VERTEBRA		-	-	IP Only	$0.00			-	-	000	999	
22114	C	REMOVE PART LUMBAR VERTEBRA		-	-	IP Only	$0.00			-	-	000	999	
22116	C	REMOVE EXTRA SPINE SEGMENT		-	-	IP Only	$0.00			-	-	000	999	
22206	C	INCIS SPINE 3 COLUMN THORAC		-	-	IP Only	$0.00			-	-	000	999	
22207	C	INCIS SPINE 3 COLUMN LUMBAR		-	-	IP Only	$0.00			-	-	000	999	

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22208	C	INCIS SPINE 3 COLUMN ADL SEG		-	-	IP Only	$0.00			-	-	000	999	
22210	C	INCIS 1 VERTEBRAL SEG CERV		-	-	IP Only	$0.00			-	-	000	999	
22212	C	INCIS 1 VERTEBRAL SEG THORAC		-	-	IP Only	$0.00			-	-	000	999	
22214	C	INCIS 1 VERTEBRAL SEG LUMBAR		-	-	IP Only	$0.00			-	-	000	999	
22216	C	INCIS ADDL SPINE SEGMENT		-	-	IP Only	$0.00			-	-	000	999	
22220	C	OSTEOT DSC ANT 1 VRT SGM CRV		-	-	IP Only	$0.00			-	-	000	999	
22222	C	OSTEOT DSC ANT 1VRT SGM THRC		-	-	IP Only	$0.00			-	-	000	999	
22224	C	OSTEOT DSC ANT 1VRT SGM LMBR		-	-	IP Only	$0.00			-	-	000	999	
22226	C	OSTEOT DSC ANT 1VRT SGM EA		-	-	IP Only	$0.00			-	-	000	999	
22310	T	CLOSED TX VERT FX W/O MANJ		05111	2.6902	APC	$163.35			-	-	000	999	
22315	N	CLOSED TX VERT FX W/MANJ		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
22318	C	TREAT ODONTOID FX W/O GRAFT		-	-	IP Only	$0.00			-	-	000	999	
22319	C	TREAT ODONTOID FX W/GRAFT		-	-	IP Only	$0.00			-	-	000	999	
22325	C	TREAT SPINE FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
22326	C	TREAT NECK SPINE FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
22327	C	TREAT THORAX SPINE FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
22328	C	TREAT EACH ADD SPINE FX		-	-	IP Only	$0.00			-	-	000	999	
22505	N	MANIPULATION OF SPINE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
22510	N	PERQ CERVICOTHORACIC INJECT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
22511	N	PERQ LUMBOSACRAL INJECTION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
22512	N	VERTEBROPLASTY ADDL INJECT		-	-	Bundled	$0.00			-	-	000	999	
22513	N	PERQ VERTEBRAL AUGMENTATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
22514	N	PERQ VERTEBRAL AUGMENTATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
22515	N	PERQ VERTEBRAL AUGMENTATION		-	-	Bundled	$0.00			-	-	000	999	
22526	E	IDET SINGLE LEVEL		-	-	Not Allowed	$0.00			-	-	000	999	
22527	E	IDET 1 OR MORE LEVELS		-	-	Not Allowed	$0.00			-	-	000	999	
22532	C	ARTHRD LAT XTRCVTRY TQ THRC		-	-	IP Only	$0.00			-	-	000	999	
22533	C	ARTHRD LAT XTRCVTRY TQ LMBR		-	-	IP Only	$0.00			-	-	000	999	
22534	C	ARTHRD LAT XTRCVTRY TQ EA AD		-	-	IP Only	$0.00			-	-	000	999	
22548	C	ARTHRD ANT TORAL/XORAL C1-C2		-	-	IP Only	$0.00			-	-	000	999	
22551	N	ARTHRD ANT NTRBDY CERVICAL		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
22552	N	ARTHRD ANT NTRBD CERVICAL EA		-	-	Bundled	$0.00			-	-	000	999	
22554	N	ARTHRD ANT NTRBD MIN DSC CRV		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
22556	C	ARTHRD ANT NTRBD MIN DSC THC		-	-	IP Only	$0.00			-	-	000	999	
22558	C	ARTHRD ANT NTRBD MIN DSC LUM		-	-	IP Only	$0.00			-	-	000	999	
22585	N	ARTHRD ANT NTRBD MIN DSC EA		-	-	Bundled	$0.00			-	-	000	999	
22586	C	ARTHRD PRE-SAC NTRBDY L5-S1		-	-	IP Only	$0.00			-	Y	000	999	
22590	C	ARTHRD PST TQ CRANIOCERVICAL		-	-	IP Only	$0.00			-	-	000	999	
22595	C	ARTHRD PST TQ ATLAS-AXIS		-	-	IP Only	$0.00			-	-	000	999	
22600	C	ARTHRD PST TQ 1NTRSPC CRV		-	-	IP Only	$0.00			-	-	000	999	
22610	C	ARTHRD PST TQ 1NTRSPC THRC		-	-	IP Only	$0.00			-	-	000	999	
22612	N	ARTHRD PST TQ 1NTRSPC LUMBAR		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
22614	N	ARTHRD PST TQ 1NTRSPC EA ADD		-	-	Bundled	$0.00			-	-	000	999	
22630	N	ARTHRD PST TQ 1NTRSPC LUM		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
22632	N	ARTHRD PST TQ 1NTRSPC LM EA		-	-	Bundled	$0.00			-	-	000	999	
22633	N	ARTHRD CMBN 1NTRSPC LUMBAR		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
22634	N	ARTHRD CMBN 1NTRSPC EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
22800	C	ARTHRD PST DFRM<6 VRT SGM		-	-	IP Only	$0.00			-	-	000	999	
22802	C	ARTHRD PST DFRM 7-12 VRT SGM		-	-	IP Only	$0.00			-	-	000	999	
22804	C	ARTHRD PST DFRM 13+ VRT SGM		-	-	IP Only	$0.00			-	-	000	999	
22808	C	ARTHRD ANT DFRM 2-3 VRT SGM		-	-	IP Only	$0.00			-	-	000	999	
22810	C	ARTHRD ANT DFRM 4-7 VRT SGM		-	-	IP Only	$0.00			-	-	000	999	
22812	C	ARTHRD ANT DFRM 8+ VRT SGM		-	-	IP Only	$0.00			-	-	000	999	
22818	C	KYPHECTOMY 1-2 SEGMENTS		-	-	IP Only	$0.00			-	-	000	999	
22819	C	KYPHECTOMY 3 OR MORE		-	-	IP Only	$0.00			-	-	000	999	
22830	C	EXPLORATION OF SPINAL FUSION		-	-	IP Only	$0.00			-	-	000	999	

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22836	C	ANT THRC VRT BODY TETHRG <7		-	-	IP Only	$0.00			-	-	000	999	
22837	C	ANT THRC VRT BODY TETHRG 8+		-	-	IP Only	$0.00			-	-	000	999	
22838	C	REV RPLC/RMV THRC VRT TETHRG		-	-	IP Only	$0.00			-	-	000	999	
22840	N	INSERT SPINE FIXATION DEVICE		-	-	Bundled	$0.00			-	-	000	999	
22841	C	INSERT SPINE FIXATION DEVICE		-	-	IP Only	$0.00			-	-	000	999	
22842	N	INSERT SPINE FIXATION DEVICE		-	-	Bundled	$0.00			-	-	000	999	
22843	C	INSERT SPINE FIXATION DEVICE		-	-	IP Only	$0.00			-	-	000	999	
22844	C	INSERT SPINE FIXATION DEVICE		-	-	IP Only	$0.00			-	-	000	999	
22845	N	INSERT SPINE FIXATION DEVICE		-	-	Bundled	$0.00			-	-	000	999	
22846	C	INSERT SPINE FIXATION DEVICE		-	-	IP Only	$0.00			-	-	000	999	
22847	C	INSERT SPINE FIXATION DEVICE		-	-	IP Only	$0.00			-	-	000	999	
22848	N	INSERT PELV FIXATION DEVICE		-	-	Bundled	$0.00			-	-	000	999	
22849	C	REINSERT SPINAL FIXATION		-	-	IP Only	$0.00			-	-	000	999	
22850	C	REMOVE SPINE FIXATION DEVICE		-	-	IP Only	$0.00			-	-	000	999	
22852	C	REMOVE SPINE FIXATION DEVICE		-	-	IP Only	$0.00			-	-	000	999	
22853	N	INSJ BIOMECHANICAL DEVICE		-	-	Bundled	$0.00			-	-	000	999	
22854	N	INSJ BIOMECHANICAL DEVICE		-	-	Bundled	$0.00			-	-	000	999	
22855	C	REMOVAL ANTERIOR INSTRMJ		-	-	IP Only	$0.00			-	-	000	999	
22856	N	TOT DISC ARTHRP 1NTRSPC CRV		05116	206.2381	Bundled, sometimes payable	$12,522.78			Y	-	000	999	
22857	C	TOT DISC ARTHRP 1NTRSPC LMBR		-	-	IP Only	$0.00			Y	-	000	999	
22858	N	TOT DISC ARTHRP 2ND LVL CRV		-	-	Bundled	$0.00			-	-	000	999	
22859	N	INSJ BIOMECHANICAL DEVICE		-	-	Bundled	$0.00			-	-	000	999	
22860	E	TOT DISC ARTHRP 2NTRSPC LMBR		-	-	Not Allowed	$0.00			-	-	000	999	
22861	C	REV RPLCM ARTHRP 1NTRSPC CRV		-	-	IP Only	$0.00			-	-	000	999	
22862	C	REV RPLCM RTHRP 1NTRSPC LMBR		-	-	IP Only	$0.00			-	-	000	999	
22864	C	RMVL TOT ARTHRP 1NTRSPC CRV		-	-	IP Only	$0.00			Y	-	000	999	
22865	C	RMVL TOT ARTHRP 1NTRSPC LMBR		-	-	IP Only	$0.00			Y	-	000	999	
22867	N	INSJ STABLJ DEV W/DCMPRN		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
22868	N	INSJ STABLJ DEV W/DCMPRN		-	-	Bundled	$0.00			-	-	000	999	
22869	N	INSJ STABLJ DEV W/O DCMPRN		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
22870	N	INSJ STABLJ DEV W/O DCMPRN		-	-	Bundled	$0.00			-	-	000	999	
22899	T	UNLISTED PROCEDURE SPINE		05111	2.6902	APC	$163.35			-	-	000	999	
22900	N	EXC ABDL TUM DEEP < 5 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
22901	N	EXC ABDL TUM DEEP 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
22902	N	EXC ABD LES SC < 3 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
22903	N	EXC ABD LES SC 3 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
22904	N	RADICAL RESECT ABD TUMOR<5CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
22905	N	RAD RESECT ABD TUMOR 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
22999	T	UNLISTED PX ABDOMEN MUSCSKEL		05111	2.6902	APC	$163.35			-	-	000	999	
23000	N	REMOVAL OF CALCIUM DEPOSITS		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
23020	N	RELEASE SHOULDER JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23030	N	DRAIN SHOULDER LESION		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
23031	N	DRAIN SHOULDER BURSA		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
23035	N	DRAIN SHOULDER BONE LESION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
23040	N	EXPLORATORY SHOULDER SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23044	N	EXPLORATORY SHOULDER SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23065	N	BIOPSY SHOULDER TISSUES		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
23066	N	BIOPSY SHOULDER TISSUES		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
23071	N	EXC SHOULDER LES SC 3 CM/>		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
23073	N	EXC SHOULDER TUM DEEP 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
23075	N	EXC SHOULDER LES SC < 3 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
23076	N	EXC SHOULDER TUM DEEP < 5 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
23077	N	RESECT SHOULDER TUMOR < 5 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
23078	N	RESECT SHOULDER TUMOR 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
23100	N	BIOPSY OF SHOULDER JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23101	N	SHOULDER JOINT SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	

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23105	N	REMOVE SHOULDER JOINT LINING		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23106	N	INCISION OF COLLARBONE JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23107	N	EXPLORE TREAT SHOULDER JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23120	N	CLAVICULECTOMY PARTIAL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23125	N	CLAVICULECTOMY TOTAL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23130	N	ACROMP/ACROMIONECTOMY PRTL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23140	N	REMOVAL OF BONE LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23145	N	REMOVAL OF BONE LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23146	N	REMOVAL OF BONE LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23150	N	REMOVAL OF HUMERUS LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23155	N	REMOVAL OF HUMERUS LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23156	N	REMOVAL OF HUMERUS LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23170	N	REMOVE COLLAR BONE LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23172	N	REMOVE SHOULDER BLADE LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23174	N	REMOVE HUMERUS LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23180	N	REMOVE COLLAR BONE LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23182	N	REMOVE SHOULDER BLADE LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23184	N	REMOVE HUMERUS LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23190	N	PARTIAL REMOVAL OF SCAPULA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
23195	N	REMOVAL OF HEAD OF HUMERUS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23200	C	RESECT CLAVICLE TUMOR		-	-	IP Only	$0.00			-	-	000	999	
23210	C	RESECT SCAPULA TUMOR		-	-	IP Only	$0.00			-	-	000	999	
23220	C	RESECT PROX HUMERUS TUMOR		-	-	IP Only	$0.00			-	-	000	999	
23330	N	REMOVE SHOULDER FOREIGN BODY		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
23333	N	REMOVE SHOULDER FB DEEP		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
23334	N	SHOULDER PROSTHESIS REMOVAL		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
23335	C	SHOULDER PROSTHESIS REMOVAL		-	-	IP Only	$0.00			-	-	000	999	
23350	N	INJECTION FOR SHOULDER X-RAY		-	-	Bundled	$0.00			-	-	000	999	
23395	N	MUSCLE TRANSFER SHOULDER/ARM		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23397	N	MUSCLE TRANSFERS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23400	N	FIXATION OF SHOULDER BLADE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23405	N	INCISION OF TENDON & MUSCLE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23406	N	INCISE TENDON(S) & MUSCLE(S)		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23410	N	REPAIR ROTATOR CUFF ACUTE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23412	N	REPAIR ROTATOR CUFF CHRONIC		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23415	N	RELEASE OF SHOULDER LIGAMENT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23420	N	REPAIR OF SHOULDER		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23430	N	REPAIR BICEPS TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23440	N	REMOVE/TRANSPLANT TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23450	N	REPAIR SHOULDER CAPSULE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23455	N	REPAIR SHOULDER CAPSULE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23460	N	REPAIR SHOULDER CAPSULE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23462	N	REPAIR SHOULDER CAPSULE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23465	N	REPAIR SHOULDER CAPSULE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23466	N	REPAIR SHOULDER CAPSULE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23470	N	RECONSTRUCT SHOULDER JOINT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
23472	N	RECONSTRUCT SHOULDER JOINT		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
23473	N	REVIS RECONST SHOULDER JOINT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	Y	000	999	
23474	C	REVIS RECONST SHOULDER JOINT		-	-	IP Only	$0.00			-	Y	000	999	
23480	N	REVISION OF COLLAR BONE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23485	N	REVISION OF COLLAR BONE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
23490	N	REINFORCE CLAVICLE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23491	N	REINFORCE SHOULDER BONES		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
23500	T	CLTX CLAVICULAR FX W/O MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
23505	N	CLTX CLAVICULAR FX W/MNPJ		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
23515	N	OPTX CLAVICULAR FX W/INT FIX		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	

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23520	N	CLTX STRNCLAV DISLC W/O MNPJ		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
23525	T	CLTX STRNCLAV DISLC W/MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
23530	N	OPTX STRNCLAV DISLC AQT/CHRN		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23532	N	OPTX STRCLV DSLC AQ/CHRN GRF		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23540	T	CLTX ACROMCLAV DISLC WO MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
23545	T	CLTX ACROMCLAV DISLC W/MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
23550	N	OPTX ACROMCLV DISLC AQT/CHRN		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23552	N	OPTX ACRCLV DSLC AQ/CHRN GRF		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23570	T	CLTX SCAPULAR FX W/O MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
23575	N	CLTX SCAP FX W/MNPJ +-TRACTJ		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
23585	N	OPTX SCAPULAR FX W/INT FIXJ		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23600	T	CLTX PROX HUMRL FX W/O MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
23605	N	CLTX PRX HMRL FX MNPJ+-TRACT		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
23615	N	OPTX PROX HUMRL FX W/INT FIX		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
23616	N	OPTX PRX HMRL FX FIX RPR RPL		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
23620	T	CLTX GR HMRL TBRS FX WO MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
23625	N	CLTX GR HMRL TBRS FX W/MNPJ		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
23630	N	OPTX GR HMRL TBRS FX INT FIX		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23650	T	CLTX SHO DSLC W/MNPJ WO ANES		05111	2.6902	APC	$163.35			-	-	000	999	
23655	N	CLTX SHO DSLC W/MNPJ W/ANES		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
23660	N	OPTX ACUTE SHOULDER DISLC		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23665	N	CLTX SHO DSLC FX GR HMRL TBR		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
23670	N	OPTX SHO DISLC FX		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23675	N	CLTX SHO DISLC NECK FX MNPJ		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
23680	N	OPTX SHO DISLC NECK FX FIXJ		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
23700	N	MNPJ ANES SHO JT FIXJ APRATS		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
23800	N	ARTHRODESIS GLENOHUMERAL JT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
23802	N	ARTHRD GLENOHUMERAL JT W/GRF		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
23900	C	INTERTHORACOSCPLR AMPUTATION		-	-	IP Only	$0.00			-	-	000	999	
23920	C	DISARTICULATION SHOULDER		-	-	IP Only	$0.00			-	-	000	999	
23921	T	DISARTICULATION SHO SEC CLSR		05054	20.5142	APC	$1,245.62			-	-	000	999	
23929	T	UNLISTED PROCEDURE SHOULDER		05111	2.6902	APC	$163.35			-	-	000	999	
23930	N	I&D UPR A/E DP ABSC/HMTMA		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
23931	N	I&D UPR A/E BURSA		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
23935	N	INC DP OPN B1 CRTX HUM/ELBW		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24000	N	ARTHRT ELBW EXPL DRG/RMVL FB		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24006	N	ARTHRT ELBW CAPSL EXC RLS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24065	N	BIOPSY ARM/ELBOW SOFT TISSUE		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
24066	N	BIOPSY ARM/ELBOW SOFT TISSUE		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
24071	N	EXC ARM/ELBOW LES SC 3 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
24073	N	EX ARM/ELBOW TUM DEEP 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
24075	N	EXC ARM/ELBOW LES SC < 3 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
24076	N	EX ARM/ELBOW TUM DEEP < 5 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
24077	N	RAD RESCJ TUM TISS A/E <5CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
24079	N	RAD RESCJ TUM TISS A/E 5 CM+		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
24100	N	ARTHRT ELBW SYNOVIAL BX ONLY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24101	N	ARTHRT ELBW JT EXPL BX RMVL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24102	N	ARTHRT ELBOW W/SYNOVECTOMY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24105	N	EXCISION OLECRANON BURSA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24110	N	EXC/CURTG B1 CST/B9 TUM HUM		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24115	N	EXC/CRTG B1 CST/TUM HUM AGRF		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24116	N	EXC/CRTG B1 CST/TUM HUM ALGR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24120	N	EXC/CRTG B1 CST/B9 TUM RDS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24125	N	EXC/CRTG B1 CST/TUM RDS AGRF		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24126	N	EXC/CRTG B1 CST/TUM RDS ALGR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24130	N	EXCISION RADIAL HEAD		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	

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24134	N	SEQUESTRECTOMY SHFT/DSTL HUM		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24136	N	SEQUESTRECTOMY RADIAL H/N		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24138	N	SEQUESTRECTOMY OLECRN PROCES		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24140	N	PARTIAL EXC BONE HUMERUS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24145	N	PRTL EXC BONE RADIAL H/N		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24147	N	PRTL EXC BONE OLECRN PROCESS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24149	N	RADICAL RESECTION OF ELBOW		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24150	N	RAD RESCJ TUM DSTL/SHFT HUM		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24152	N	RAD RESECTION TUM RADIAL H/N		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24155	N	RESECTION OF ELBOW JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24160	N	RMVL PROSTHHUMRL&ULNAR CMPNT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24164	N	REMOVAL PROSTH RADIAL HEAD		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24200	N	RMVL FB UPPER ARM/ELBW SUBQ		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
24201	N	RMVL FB UPPER ARM/ELBW DEEP		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
24220	N	INJECTION PX FOR ELBOW ARTHG		-	-	Bundled	$0.00			-	-	000	999	
24300	N	MNPJ ELBOW UNDER ANES		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
24301	N	MUSC/TDN TRANSFER UPR A/E 1		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24305	N	TENDON LNGTH UPR A/E EA TDN		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24310	N	TNOT OPN ELBW TO SHO EA TDN		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24320	N	TENOPLASTY ELBOW TO SHO 1		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24330	N	FLEXOR-PLASTY ELBOW		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24331	N	FLEXOR-PLASTY ELBW W/ADVMNT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24332	N	TENOLYSIS TRICEPS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24340	N	TENODESIS BICEPS TDN AT ELBW		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24341	N	RPR TDN/MUSC UPR A/E EACH		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24342	N	REPAIR OF RUPTURED TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24343	N	REPR ELBOW LAT LIGMNT W/TISS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24344	N	RECONSTRUCT ELBOW LAT LIGMNT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24345	N	REPR ELBW MED LIGMNT W/TISSU		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24346	N	RECONSTRUCT ELBOW MED LIGMNT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24357	N	REPAIR ELBOW PERC		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24358	N	REPAIR ELBOW W/DEB OPEN		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24359	N	REPAIR ELBOW DEB/ATTCH OPEN		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24360	N	RECONSTRUCT ELBOW JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24361	N	RECONSTRUCT ELBOW JOINT		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
24362	N	RECONSTRUCT ELBOW JOINT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24363	N	REPLACE ELBOW JOINT		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
24365	N	RECONSTRUCT HEAD OF RADIUS		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24366	N	RECONSTRUCT HEAD OF RADIUS		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24370	N	REVISE RECONST ELBOW JOINT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	Y	000	999	
24371	N	REVISE RECONST ELBOW JOINT		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	Y	000	999	
24400	N	REVISION OF HUMERUS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24410	N	REVISION OF HUMERUS		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24420	N	REVISION OF HUMERUS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24430	N	REPAIR OF HUMERUS		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24435	N	REPAIR HUMERUS WITH GRAFT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24470	N	REVISION OF ELBOW JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24495	N	DECOMPRESSION OF FOREARM		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24498	N	REINFORCE HUMERUS		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24500	T	TREAT HUMERUS FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
24505	N	TREAT HUMERUS FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
24515	N	TREAT HUMERUS FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24516	N	TREAT HUMERUS FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24530	T	TREAT HUMERUS FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
24535	N	TREAT HUMERUS FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
24538	N	TREAT HUMERUS FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	

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24545	N	TREAT HUMERUS FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24546	N	TREAT HUMERUS FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24560	T	TREAT HUMERUS FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
24565	N	TREAT HUMERUS FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
24566	N	TREAT HUMERUS FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
24575	N	TREAT HUMERUS FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24576	T	TREAT HUMERUS FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
24577	N	TREAT HUMERUS FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
24579	N	TREAT HUMERUS FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24582	N	TREAT HUMERUS FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24586	N	TREAT ELBOW FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24587	N	TREAT ELBOW FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24600	T	TREAT ELBOW DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
24605	N	TREAT ELBOW DISLOCATION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
24615	N	TREAT ELBOW DISLOCATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24620	N	TREAT ELBOW FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
24635	N	TREAT ELBOW FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24640	T	TREAT ELBOW DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	17	
24650	T	TREAT RADIUS FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
24655	N	TREAT RADIUS FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
24665	N	TREAT RADIUS FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24666	N	TREAT RADIUS FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24670	T	TREAT ULNAR FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
24675	N	TREAT ULNAR FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
24685	N	TREAT ULNAR FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24800	N	FUSION OF ELBOW JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24802	N	FUSION/GRAFT OF ELBOW JOINT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
24900	C	AMPUTATION OF UPPER ARM		-	-	IP Only	$0.00			-	-	000	999	
24920	C	AMPUTATION OF UPPER ARM		-	-	IP Only	$0.00			-	-	000	999	
24925	N	AMPUTATION FOLLOW-UP SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
24930	C	AMPUTATION FOLLOW-UP SURGERY		-	-	IP Only	$0.00			-	-	000	999	
24931	C	AMPUTATE UPPER ARM & IMPLANT		-	-	IP Only	$0.00			-	-	000	999	
24935	N	REVISION OF AMPUTATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
24940	C	REVISION OF UPPER ARM		-	-	IP Only	$0.00			-	-	000	999	
24999	T	UNLISTED PX HUMERUS/ELBOW		05111	2.6902	APC	$163.35			-	-	000	999	
25000	N	INCISION OF TENDON SHEATH		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25001	N	INCISE FLEXOR CARPI RADIALIS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25020	N	DECOMPRESS FOREARM 1 SPACE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25023	N	DECOMPRESS FOREARM 1 SPACE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25024	N	DECOMPRESS FOREARM 2 SPACES		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25025	N	DECOMPRESS FOREARM 2 SPACES		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25028	N	DRAINAGE OF FOREARM LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25031	N	DRAINAGE OF FOREARM BURSA		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25035	N	TREAT FOREARM BONE LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25040	N	EXPLORE/TREAT WRIST JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25065	N	BIOPSY FOREARM SOFT TISSUES		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
25066	N	BIOPSY FOREARM SOFT TISSUES		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
25071	N	EXC FOREARM LES SC 3 CM/>		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
25073	N	EXC FOREARM TUM DEEP 3 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
25075	N	EXC FOREARM LES SC < 3 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
25076	N	EXC FOREARM TUM DEEP < 3 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
25077	N	RESECT FOREARM/WRIST TUM<3CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
25078	N	RESECT FORARM/WRIST TUM 3CM>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
25085	N	INCISION OF WRIST CAPSULE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25100	N	BIOPSY OF WRIST JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25101	N	EXPLORE/TREAT WRIST JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
25105	N	REMOVE WRIST JOINT LINING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25107	N	REMOVE WRIST JOINT CARTILAGE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25109	N	EXCISE TENDON FOREARM/WRIST		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25110	N	REMOVE WRIST TENDON LESION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25111	N	REMOVE WRIST TENDON LESION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25112	N	REREMOVE WRIST TENDON LESION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25115	N	REMOVE WRIST/FOREARM LESION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25116	N	REMOVE WRIST/FOREARM LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25118	N	EXCISE WRIST TENDON SHEATH		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25119	N	PARTIAL REMOVAL OF ULNA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25120	N	REMOVAL OF FOREARM LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25125	N	REMOVE/GRAFT FOREARM LESION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25126	N	REMOVE/GRAFT FOREARM LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25130	N	REMOVAL OF WRIST LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25135	N	REMOVE & GRAFT WRIST LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25136	N	REMOVE & GRAFT WRIST LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25145	N	REMOVE FOREARM BONE LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25150	N	PARTIAL REMOVAL OF ULNA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25151	N	PARTIAL REMOVAL OF RADIUS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25170	N	RESECT RADIUS/ULNAR TUMOR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25210	N	REMOVAL OF WRIST BONE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25215	N	REMOVAL OF WRIST BONES		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25230	N	PARTIAL REMOVAL OF RADIUS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25240	N	PARTIAL REMOVAL OF ULNA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25246	N	INJECTION FOR WRIST X-RAY		-	-	Bundled	$0.00			-	-	000	999	
25248	N	REMOVE FOREARM FOREIGN BODY		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25250	N	REMOVAL OF WRIST PROSTHESIS		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25251	N	REMOVAL OF WRIST PROSTHESIS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25259	N	MANIPULATE WRIST W/ANESTHES		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25260	N	REPAIR FOREARM TENDON/MUSCLE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25263	N	REPAIR FOREARM TENDON/MUSCLE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25265	N	REPAIR FOREARM TENDON/MUSCLE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25270	N	REPAIR FOREARM TENDON/MUSCLE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25272	N	REPAIR FOREARM TENDON/MUSCLE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25274	N	REPAIR FOREARM TENDON/MUSCLE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25275	N	REPAIR FOREARM TENDON SHEATH		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25280	N	REVISE WRIST/FOREARM TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25290	N	INCISE WRIST/FOREARM TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25295	N	RELEASE WRIST/FOREARM TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25300	N	FUSION OF TENDONS AT WRIST		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25301	N	FUSION OF TENDONS AT WRIST		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25310	N	TRANSPLANT FOREARM TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25312	N	TRANSPLANT FOREARM TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25315	N	REVISE PALSY HAND TENDON(S)		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25316	N	REVISE PALSY HAND TENDON(S)		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25320	N	REPAIR/REVISE WRIST JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25332	N	REVISE WRIST JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25335	N	CENTRALIZATION WRIST ON ULNA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25337	N	RECONSTRUCT ULNA/RADIOULNAR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25350	N	REVISION OF RADIUS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25355	N	REVISION OF RADIUS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25360	N	REVISION OF ULNA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25365	N	REVISE RADIUS & ULNA		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
25370	N	REVISE RADIUS OR ULNA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25375	N	REVISE RADIUS & ULNA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25390	N	SHORTEN RADIUS OR ULNA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	

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25391	N	LENGTHEN RADIUS OR ULNA		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
25392	N	SHORTEN RADIUS & ULNA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25393	N	LENGTHEN RADIUS & ULNA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25394	N	REPAIR CARPAL BONE SHORTEN		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25400	N	REPAIR RADIUS OR ULNA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25405	N	REPAIR/GRAFT RADIUS OR ULNA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25415	N	REPAIR RADIUS & ULNA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25420	N	REPAIR/GRAFT RADIUS & ULNA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25425	N	REPAIR/GRAFT RADIUS OR ULNA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25426	N	REPAIR/GRAFT RADIUS & ULNA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25430	N	VASC GRAFT INTO CARPAL BONE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25431	N	REPAIR NONUNION CARPAL BONE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25440	N	REPAIR NONU SCPHD CARPL B1		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25441	N	ARTHRP W/PROSTC DSTL RDS		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
25442	N	ARTHRP W/PROSTC DSTL ULNA		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
25443	N	ARTHRP PROSTC DSTL SCPH CRPL		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25444	N	ARTHRP W/PROSTC LUNATE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
25445	N	ARTHRP W/PROSTC TRAPEZIUM		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25446	N	ARTHRP W/PROSTC DST RDS&CRPS		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
25447	N	REPAIR WRIST JOINTS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25448	N	ARTHRP NTRCRPL/CRP/MTCRP SSP		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25449	N	REVJ ARTHRP WRIST JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25450	N	EPIPHYSL ARRST DSTL RDS/ULNA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25455	N	EPIPHYSL ARRST DSTL RDS&ULNA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25490	N	PROPHYLACTIC TX RADIUS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25491	N	PROPHYLACTIC TX ULNA		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
25492	N	PROPHYLACTIC TX RADIUS&ULNA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25500	T	CLTX RDL SHFT FX W/O MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
25505	N	CLTX RDL SHFT FX W/MNPJ		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25515	N	OPTX RADIAL SHAFT FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25520	N	CLTX RDL SHFT FX&DISLC		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25525	N	OPTX RDL SHFT FX&CLTX RAD/UL		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25526	N	OPTX RDL SHFT FX&DSTL RAD/UL		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25530	T	CLTX ULNAR SHFT FX W/O MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
25535	T	CLTX ULNAR SHFT FX W/MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
25545	N	OPTX ULNAR SHFT FX INT FIXJ		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25560	T	CLTX RDL&ULN SHFT FX WO MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
25565	N	CLTX RDL&ULN SHFT FX W/MNPJ		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25574	N	OPTX RDL&ULN SHFT FX RDS/ULN		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25575	N	OPTX RDL&ULN SHFT FX RDS&ULN		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25600	T	CLTX DST RDL FX/EPHYS SEP WO		05111	2.6902	APC	$163.35			-	-	000	999	
25605	N	CLTX DST RDL FX/EPHYS SEP W/		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25606	N	PERQ SKEL FIXJ DSTL RDL FX		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25607	N	OPTX DST RD XARTC FX/EPI SEP		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25608	N	OPTX DST RD XART FX/EPI SEP2		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25609	N	OPTX DST RD XART FX/EP SEP3+		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25622	T	CLTX CARPL SCPHD FX W/O MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
25624	N	CLTX CARPL SCPHD FX W/MNPJ		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25628	N	OPTX CARPL SCPHD FX INT FIXJ		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25630	T	CLTX CARPL FX W/O MNPJ EA B1		05111	2.6902	APC	$163.35			-	-	000	999	
25635	N	CLTX CARPL FX W/MNPJ EA B1		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25645	N	OPTX CRPL FX OTH/THN SCPH EA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25650	T	CLTX ULNAR STYLOID FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
25651	N	PERQ SKEL FIX ULNAR STYLD FX		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25652	N	OPTX ULNAR STYLOID FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25660	T	CLTX RDCRPL/NTRCRPL DISLC 1+		05111	2.6902	APC	$163.35			-	-	000	999	

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25670	N	OPTX RDCRPL/NTRCRPL DISLC 1+		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25671	N	PERQ SKEL FIX RAD/ULN DISLC		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25675	T	CLTX DSTL RAD/ULN DISLC MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
25676	N	OPTX RAD/ULN DISLC AQT/CHRNC		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25680	T	CLTX TRNS-SCPHPRLNR FX MNPJ		05111	2.6902	APC	$163.35			-	-	000	999	
25685	N	OPTX TRNS-SCPHPRLNR FX DISLC		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25690	N	CLTX LUNATE DISLC W/MNPJ		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25695	N	OPTX LUNATE DISLOCATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25800	N	ARTHRD WRIST COMPLETE WO GRF		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25805	N	ARTHRD WRIST W/SLIDING GRAFT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25810	N	ARTHRD WRST ILIAC/OTH AGRFT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
25820	N	ARTHRD WRIST LMTD W/O B1 GRF		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25825	N	ARTHRD WRIST WITH AUTOGRAFT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25830	N	ARTHRD DST RAD/UL JT SGM RSC		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25900	C	AMPUTATION OF FOREARM		-	-	IP Only	$0.00			-	-	000	999	
25905	C	AMPUTATION OF FOREARM		-	-	IP Only	$0.00			-	-	000	999	
25907	N	AMPUTATION FOLLOW-UP SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25909	N	AMPUTATION FOLLOW-UP SURGERY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
25915	C	AMPUTATION OF FOREARM		-	-	IP Only	$0.00			-	-	000	999	
25920	C	AMPUTATE HAND AT WRIST		-	-	IP Only	$0.00			-	-	000	999	
25922	N	AMPUTATE HAND AT WRIST		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
25924	C	AMPUTATION FOLLOW-UP SURGERY		-	-	IP Only	$0.00			-	-	000	999	
25927	C	AMPUTATION OF HAND		-	-	IP Only	$0.00			-	-	000	999	
25929	T	AMPUTATION FOLLOW-UP SURGERY		05054	20.5142	APC	$1,245.62			-	-	000	999	
25931	N	AMPUTATION FOLLOW-UP SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
25999	T	UNLISTED PX FOREARM/WRIST		05111	2.6902	APC	$163.35			-	-	000	999	
26010	T	DRAINAGE OF FINGER ABSCESS		05051	2.2284	APC	$135.31			-	-	000	999	
26011	N	DRAINAGE OF FINGER ABSCESS		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
26020	N	DRAIN HAND TENDON SHEATH		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26025	N	DRAINAGE OF PALM BURSA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26030	N	DRAINAGE OF PALM BURSAS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26034	N	TREAT HAND BONE LESION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26035	N	DECOMPRESS FINGERS/HAND		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26037	N	DECOMPRESS FINGERS/HAND		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26040	N	RELEASE PALM CONTRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26045	N	RELEASE PALM CONTRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26055	N	INCISE FINGER TENDON SHEATH		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26060	N	INCISION OF FINGER TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26070	N	EXPLORE/TREAT HAND JOINT		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26075	N	EXPLORE/TREAT FINGER JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26080	N	EXPLORE/TREAT FINGER JOINT		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26100	N	BIOPSY HAND JOINT LINING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26105	N	BIOPSY FINGER JOINT LINING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26110	N	BIOPSY FINGER JOINT LINING		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26111	N	EXC HAND LES SC 1.5 CM/>		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
26113	N	EXC HAND TUM DEEP 1.5 CM/>		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
26115	N	EXC HAND LES SC < 1.5 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
26116	N	EXC HAND TUM DEEP < 1.5 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
26117	N	RAD RESECT HAND TUMOR < 3 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
26118	N	RAD RESECT HAND TUMOR 3 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
26121	N	RELEASE PALM CONTRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26123	N	RELEASE PALM CONTRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26125	N	RELEASE PALM CONTRACTURE		-	-	Bundled	$0.00			-	-	000	999	
26130	N	REMOVE WRIST JOINT LINING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26135	N	REVISE FINGER JOINT EACH		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26140	N	REVISE FINGER JOINT EACH		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	

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26145	N	TENDON EXCISION PALM/FINGER		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26160	N	REMOVE TENDON SHEATH LESION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26170	N	REMOVAL OF PALM TENDON EACH		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26180	N	REMOVAL OF FINGER TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26185	N	REMOVE FINGER BONE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26200	N	REMOVE HAND BONE LESION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26205	N	REMOVE/GRAFT BONE LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26210	N	REMOVAL OF FINGER LESION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26215	N	REMOVE/GRAFT FINGER LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26230	N	PARTIAL REMOVAL OF HAND BONE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26235	N	PARTIAL REMOVAL FINGER BONE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26236	N	PARTIAL REMOVAL FINGER BONE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26250	N	EXTENSIVE HAND SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26260	N	RESECT PROX FINGER TUMOR		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26262	N	RESECT DISTAL FINGER TUMOR		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26320	N	REMOVAL OF IMPLANT FROM HAND		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
26340	N	MANIPULATE FINGER W/ANESTH		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26341	T	MANIPULAT PALM CORD POST INJ		05111	2.6902	APC	$163.35			-	-	000	999	
26350	N	REPAIR FINGER/HAND TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26352	N	REPAIR/GRAFT HAND TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26356	N	REPAIR FINGER/HAND TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26357	N	REPAIR FINGER/HAND TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26358	N	REPAIR/GRAFT HAND TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26370	N	REPAIR FINGER/HAND TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26372	N	REPAIR/GRAFT HAND TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26373	N	REPAIR FINGER/HAND TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26390	N	REVISE HAND/FINGER TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26392	N	REPAIR/GRAFT HAND TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26410	N	REPAIR HAND TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26412	N	REPAIR/GRAFT HAND TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26415	N	EXCISION HAND/FINGER TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26416	N	GRAFT HAND OR FINGER TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26418	N	REPAIR FINGER TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26420	N	REPAIR/GRAFT FINGER TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26426	N	REPAIR FINGER/HAND TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26428	N	REPAIR/GRAFT FINGER TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26432	N	REPAIR FINGER TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26433	N	REPAIR FINGER TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26434	N	REPAIR/GRAFT FINGER TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26437	N	REALIGNMENT OF TENDONS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26440	N	RELEASE PALM/FINGER TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26442	N	RELEASE PALM & FINGER TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26445	N	RELEASE HAND/FINGER TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26449	N	RELEASE FOREARM/HAND TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26450	N	INCISION OF PALM TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26455	N	INCISION OF FINGER TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26460	N	INCISE HAND/FINGER TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26471	N	FUSION OF FINGER TENDONS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26474	N	FUSION OF FINGER TENDONS		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26476	N	TENDON LENGTHENING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26477	N	TENDON SHORTENING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26478	N	LENGTHENING OF HAND TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26479	N	SHORTENING OF HAND TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26480	N	TRANSPLANT HAND TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26483	N	TRANSPLANT/GRAFT HAND TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26485	N	TRANSPLANT PALM TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	

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26489	N	TRANSPLANT/GRAFT PALM TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26490	N	REVISE THUMB TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26492	N	TENDON TRANSFER WITH GRAFT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26494	N	HAND TENDON/MUSCLE TRANSFER		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26496	N	REVISE THUMB TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26497	N	FINGER TENDON TRANSFER		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26498	N	FINGER TENDON TRANSFER		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26499	N	REVISION OF FINGER		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26500	N	HAND TENDON RECONSTRUCTION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26502	N	HAND TENDON RECONSTRUCTION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26508	N	RELEASE THUMB CONTRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26510	N	THUMB TENDON TRANSFER		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26516	N	FUSION OF KNUCKLE JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26517	N	FUSION OF KNUCKLE JOINTS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26518	N	FUSION OF KNUCKLE JOINTS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26520	N	RELEASE KNUCKLE CONTRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26525	N	RELEASE FINGER CONTRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26530	N	REVISE KNUCKLE JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26531	N	REVISE KNUCKLE WITH IMPLANT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26535	N	REVISE FINGER JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26536	N	REVISE/IMPLANT FINGER JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26540	N	REPAIR HAND JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26541	N	REPAIR HAND JOINT WITH GRAFT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26542	N	REPAIR HAND JOINT WITH GRAFT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26545	N	RECONSTRUCT FINGER JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26546	N	REPAIR NONUNION HAND		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26548	N	RECONSTRUCT FINGER JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26550	N	POLLICIZATION DIGIT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26551	C	GREAT TOE-HAND TRANSFER		-	-	IP Only	$0.00			-	-	000	999	
26553	C	SINGLE TRANSFER TOE-HAND		-	-	IP Only	$0.00			-	-	000	999	
26554	C	DOUBLE TRANSFER TOE-HAND		-	-	IP Only	$0.00			-	-	000	999	
26555	N	POSITIONAL CHANGE OF FINGER		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26556	C	TOE JOINT TRANSFER		-	-	IP Only	$0.00			-	-	000	999	
26560	N	REPAIR OF WEB FINGER		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26561	N	REPAIR OF WEB FINGER		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26562	N	REPAIR OF WEB FINGER		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26565	N	CORRECT METACARPAL FLAW		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26567	N	CORRECT FINGER DEFORMITY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26568	N	LENGTHEN METACARPAL/FINGER		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26580	N	REPAIR CLEFT HAND		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26587	N	RECONSTRUCT EXTRA FINGER		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26590	N	REPAIR FINGER DEFORMITY		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26591	N	REPAIR MUSCLES OF HAND		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26593	N	RELEASE MUSCLES OF HAND		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26596	N	EXCISION CONSTRICTING TISSUE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26600	T	TREAT METACARPAL FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
26605	T	TREAT METACARPAL FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
26607	N	TREAT METACARPAL FRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26608	N	TREAT METACARPAL FRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26615	N	TREAT METACARPAL FRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26641	T	TREAT THUMB DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
26645	N	TREAT THUMB FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26650	N	TREAT THUMB FRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26665	N	TREAT THUMB FRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26670	T	TREAT HAND DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
26675	N	TREAT HAND DISLOCATION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	

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26676	N	PIN HAND DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26685	N	TREAT HAND DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26686	N	TREAT HAND DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26700	T	TREAT KNUCKLE DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
26705	N	TREAT KNUCKLE DISLOCATION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26706	N	PIN KNUCKLE DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26715	N	TREAT KNUCKLE DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26720	T	TREAT FINGER FRACTURE EACH		05111	2.6902	APC	$163.35			-	-	000	999	
26725	T	TREAT FINGER FRACTURE EACH		05111	2.6902	APC	$163.35			-	-	000	999	
26727	N	TREAT FINGER FRACTURE EACH		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26735	N	TREAT FINGER FRACTURE EACH		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26740	T	TREAT FINGER FRACTURE EACH		05111	2.6902	APC	$163.35			-	-	000	999	
26742	N	TREAT FINGER FRACTURE EACH		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26746	N	TREAT FINGER FRACTURE EACH		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26750	T	TREAT FINGER FRACTURE EACH		05111	2.6902	APC	$163.35			-	-	000	999	
26755	T	TREAT FINGER FRACTURE EACH		05111	2.6902	APC	$163.35			-	-	000	999	
26756	N	PIN FINGER FRACTURE EACH		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26765	N	TREAT FINGER FRACTURE EACH		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26770	T	TREAT FINGER DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
26775	T	TREAT FINGER DISLOCATION		05102	2.9784	APC	$180.85			-	-	000	999	
26776	N	PIN FINGER DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26785	N	TREAT FINGER DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26820	N	THUMB FUSION WITH GRAFT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26841	N	FUSION OF THUMB		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26842	N	THUMB FUSION WITH GRAFT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26843	N	FUSION OF HAND JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26844	N	FUSION/GRAFT OF HAND JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26850	N	FUSION OF KNUCKLE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26852	N	FUSION OF KNUCKLE WITH GRAFT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
26860	N	FUSION OF FINGER JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26861	N	FUSION OF FINGER JNT ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
26862	N	FUSION/GRAFT OF FINGER JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26863	N	FUSE/GRAFT ADDED JOINT		-	-	Bundled	$0.00			-	-	000	999	
26910	N	AMPUTATE METACARPAL BONE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26951	N	AMPUTATION OF FINGER/THUMB		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26952	N	AMPUTATION OF FINGER/THUMB		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26989	T	UNLISTED PX HANDS/FINGERS		05111	2.6902	APC	$163.35			-	-	000	999	
26990	N	DRAINAGE OF PELVIS LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
26991	N	DRAINAGE OF PELVIS BURSA		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
26992	C	DRAINAGE OF BONE LESION		-	-	IP Only	$0.00			-	-	000	999	
27000	N	INCISION OF HIP TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27001	N	INCISION OF HIP TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27003	N	INCISION OF HIP TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27005	C	INCISION OF HIP TENDON		-	-	IP Only	$0.00			-	-	000	999	
27006	N	INCISION OF HIP TENDONS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27025	C	INCISION OF HIP/THIGH FASCIA		-	-	IP Only	$0.00			-	-	000	999	
27027	N	BUTTOCK FASCIOTOMY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27030	C	DRAINAGE OF HIP JOINT		-	-	IP Only	$0.00			-	-	000	999	
27033	N	EXPLORATION OF HIP JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27035	N	DENERVATION OF HIP JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27036	C	EXCISION OF HIP JOINT/MUSCLE		-	-	IP Only	$0.00			-	-	000	999	
27040	N	BIOPSY OF SOFT TISSUES		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
27041	N	BIOPSY OF SOFT TISSUES		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
27043	N	EXC HIP PELVIS LES SC 3 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27045	N	EXC HIP/PELV TUM DEEP 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27047	N	EXC HIP/PELVIS LES SC < 3 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	

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27048	N	EXC HIP/PELV TUM DEEP < 5 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27049	N	RESECT HIP/PELV TUM < 5 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27050	N	BIOPSY OF SACROILIAC JOINT		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27052	N	BIOPSY OF HIP JOINT		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27054	C	REMOVAL OF HIP JOINT LINING		-	-	IP Only	$0.00			-	-	000	999	
27057	N	BUTTOCK FASCIOTOMY W/DBRDMT		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27059	N	RESECT HIP/PELV TUM 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27060	N	REMOVAL OF ISCHIAL BURSA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27062	N	REMOVE FEMUR LESION/BURSA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27065	N	REMOVE HIP BONE LES SUPER		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27066	N	REMOVE HIP BONE LES DEEP		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27067	N	REMOVE/GRAFT HIP BONE LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27070	C	PART REMOVE HIP BONE SUPER		-	-	IP Only	$0.00			-	-	000	999	
27071	C	PART REMOVAL HIP BONE DEEP		-	-	IP Only	$0.00			-	-	000	999	
27075	C	RESECT HIP TUMOR		-	-	IP Only	$0.00			-	-	000	999	
27076	C	RESECT HIP TUM INCL ACETABUL		-	-	IP Only	$0.00			-	-	000	999	
27077	C	RESECT HIP TUM W/INNOM BONE		-	-	IP Only	$0.00			-	-	000	999	
27078	C	RSECT HIP TUM INCL FEMUR		-	-	IP Only	$0.00			-	-	000	999	
27080	N	REMOVAL OF TAIL BONE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27086	N	REMOVE HIP FOREIGN BODY		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27087	N	REMOVE HIP FOREIGN BODY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27090	C	REMOVAL OF HIP PROSTHESIS		-	-	IP Only	$0.00			-	-	000	999	
27091	C	REMOVAL OF HIP PROSTHESIS		-	-	IP Only	$0.00			-	-	000	999	
27093	N	INJECTION FOR HIP X-RAY		-	-	Bundled	$0.00			-	-	000	999	
27095	N	INJECTION FOR HIP X-RAY		-	-	Bundled	$0.00			-	-	000	999	
27096	E	INJECT SACROILIAC JOINT		-	-	Not Allowed	$0.00			-	-	000	999	
27097	N	REVISION OF HIP TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27098	N	TRANSFER TENDON TO PELVIS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27100	N	TRANSFER OF ABDOMINAL MUSCLE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27105	N	TRANSFER OF SPINAL MUSCLE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27110	N	TRANSFER OF ILIOPSOAS MUSCLE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27111	N	TRANSFER OF ILIOPSOAS MUSCLE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27120	C	RECONSTRUCTION OF HIP SOCKET		-	-	IP Only	$0.00			-	-	000	999	
27122	C	RECONSTRUCTION OF HIP SOCKET		-	-	IP Only	$0.00			-	-	000	999	
27125	C	PARTIAL HIP REPLACEMENT		-	-	IP Only	$0.00			-	-	000	999	
27130	N	TOTAL HIP ARTHROPLASTY		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27132	C	TOTAL HIP ARTHROPLASTY		-	-	IP Only	$0.00			-	-	000	999	
27134	C	REVISE HIP JOINT REPLACEMENT		-	-	IP Only	$0.00			-	-	000	999	
27137	C	REVISE HIP JOINT REPLACEMENT		-	-	IP Only	$0.00			-	-	000	999	
27138	C	REVISE HIP JOINT REPLACEMENT		-	-	IP Only	$0.00			-	-	000	999	
27140	C	TRANSPLANT FEMUR RIDGE		-	-	IP Only	$0.00			-	-	000	999	
27146	C	INCISION OF HIP BONE		-	-	IP Only	$0.00			-	-	000	999	
27147	C	REVISION OF HIP BONE		-	-	IP Only	$0.00			-	-	000	999	
27151	C	INCISION OF HIP BONES		-	-	IP Only	$0.00			-	-	000	999	
27156	C	REVISION OF HIP BONES		-	-	IP Only	$0.00			-	-	000	999	
27158	C	REVISION OF PELVIS		-	-	IP Only	$0.00			-	-	000	999	
27161	C	INCISION OF NECK OF FEMUR		-	-	IP Only	$0.00			-	-	000	999	
27165	C	INCISION/FIXATION OF FEMUR		-	-	IP Only	$0.00			-	-	000	999	
27170	C	REPAIR/GRAFT FEMUR HEAD/NECK		-	-	IP Only	$0.00			-	-	000	999	
27175	C	TREAT SLIPPED EPIPHYSIS		-	-	IP Only	$0.00			-	-	000	999	
27176	C	TREAT SLIPPED EPIPHYSIS		-	-	IP Only	$0.00			-	-	000	999	
27177	C	TREAT SLIPPED EPIPHYSIS		-	-	IP Only	$0.00			-	-	000	999	
27178	C	TREAT SLIPPED EPIPHYSIS		-	-	IP Only	$0.00			-	-	000	999	
27179	N	REVISE HEAD/NECK OF FEMUR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27181	C	TREAT SLIPPED EPIPHYSIS		-	-	IP Only	$0.00			-	-	000	999	
27185	C	REVISION OF FEMUR EPIPHYSIS		-	-	IP Only	$0.00			-	-	000	999	

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27187	C	REINFORCE HIP BONES		-	-	IP Only	$0.00			-	-	000	999	
27197	T	CLSD TX PELVIC RING FX		05111	2.6902	APC	$163.35			-	-	000	999	
27198	T	CLSD TX PELVIC RING FX		05111	2.6902	APC	$163.35			-	-	000	999	
27200	T	TREAT TAIL BONE FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27202	N	TREAT TAIL BONE FRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27215	E	TREAT PELVIC FRACTURE(S)		-	-	Not Allowed	$0.00			-	-	000	999	
27216	E	TREAT PELVIC RING FRACTURE		-	-	Not Allowed	$0.00			-	-	000	999	
27217	E	TREAT PELVIC RING FRACTURE		-	-	Not Allowed	$0.00			-	-	000	999	
27218	E	TREAT PELVIC RING FRACTURE		-	-	Not Allowed	$0.00			-	-	000	999	
27220	T	TREAT HIP SOCKET FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27222	C	TREAT HIP SOCKET FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27226	C	TREAT HIP WALL FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27227	C	TREAT HIP FRACTURE(S)		-	-	IP Only	$0.00			-	-	000	999	
27228	C	TREAT HIP FRACTURE(S)		-	-	IP Only	$0.00			-	-	000	999	
27230	T	TREAT THIGH FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27232	C	TREAT THIGH FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27235	N	TREAT THIGH FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27236	C	TREAT THIGH FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27238	N	TREAT THIGH FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27240	C	TREAT THIGH FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27244	C	TREAT THIGH FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27245	C	TREAT THIGH FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27246	T	TREAT THIGH FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27248	C	TREAT THIGH FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27250	T	TREAT HIP DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
27252	N	TREAT HIP DISLOCATION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27253	C	TREAT HIP DISLOCATION		-	-	IP Only	$0.00			-	-	000	999	
27254	C	TREAT HIP DISLOCATION		-	-	IP Only	$0.00			-	-	000	999	
27256	T	TREAT HIP DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
27257	N	TREAT HIP DISLOCATION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27258	C	TREAT HIP DISLOCATION		-	-	IP Only	$0.00			-	-	000	999	
27259	C	TREAT HIP DISLOCATION		-	-	IP Only	$0.00			-	-	000	999	
27265	T	TREAT HIP DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
27266	N	TREAT HIP DISLOCATION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27267	N	CLTX THIGH FX		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27268	C	CLTX THIGH FX W/MNPJ		-	-	IP Only	$0.00			-	-	000	999	
27269	C	OPTX THIGH FX		-	-	IP Only	$0.00			-	-	000	999	
27275	N	MANIPULATION OF HIP JOINT		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27278	N	ARTHRD SI JT PRQ WO TFXJ DEV		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
27279	N	ARTHRD SI JT PERQ/MIN NVAS		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
27280	C	ARTHR SI JT OPN B1GRF INSTRM		-	-	IP Only	$0.00			-	-	000	999	
27282	C	ARTHRODESIS SYMPHYSIS PUBIS		-	-	IP Only	$0.00			-	-	000	999	
27284	C	ARTHRODESIS HIP JOINT		-	-	IP Only	$0.00			-	-	000	999	
27286	C	ARTHRD HIP JT SBTRCHC OSTEOT		-	-	IP Only	$0.00			-	-	000	999	
27290	C	AMPUTATION OF LEG AT HIP		-	-	IP Only	$0.00			-	-	000	999	
27295	C	AMPUTATION OF LEG AT HIP		-	-	IP Only	$0.00			-	-	000	999	
27299	T	UNLISTED PX PELVIS/HIP JOINT		05111	2.6902	APC	$163.35			-	-	000	999	
27301	N	DRAIN THIGH/KNEE LESION		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27303	C	DRAINAGE OF BONE LESION		-	-	IP Only	$0.00			-	-	000	999	
27305	N	INCISE THIGH TENDON & FASCIA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27306	N	INCISION OF THIGH TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27307	N	INCISION OF THIGH TENDONS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27310	N	EXPLORATION OF KNEE JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27323	N	BIOPSY THIGH SOFT TISSUES		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
27324	N	BIOPSY THIGH SOFT TISSUES		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27325	N	NEURECTOMY HAMSTRING		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	

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27326	N	NEURECTOMY POPLITEAL		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
27327	N	EXC THIGH/KNEE LES SC < 3 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
27328	N	EXC THIGH/KNEE TUM DEEP <5CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27329	N	RESECT THIGH/KNEE TUM < 5 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27330	N	BIOPSY KNEE JOINT LINING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27331	N	EXPLORE/TREAT KNEE JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27332	N	REMOVAL OF KNEE CARTILAGE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27333	N	REMOVAL OF KNEE CARTILAGE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27334	N	REMOVE KNEE JOINT LINING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27335	N	REMOVE KNEE JOINT LINING		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27337	N	EXC THIGH/KNEE LES SC 3 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27339	N	EXC THIGH/KNEE TUM DEP 5CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27340	N	REMOVAL OF KNEECAP BURSA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27345	N	REMOVAL OF KNEE CYST		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27347	N	REMOVE KNEE CYST		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27350	N	REMOVAL OF KNEECAP		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27355	N	REMOVE FEMUR LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27356	N	REMOVE FEMUR LESION/GRAFT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27357	N	REMOVE FEMUR LESION/GRAFT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27358	N	REMOVE FEMUR LESION/FIXATION		-	-	Bundled	$0.00			-	-	000	999	
27360	N	PARTIAL REMOVAL LEG BONE(S)		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27364	N	RESECT THIGH/KNEE TUM 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27365	C	RESECT FEMUR/KNEE TUMOR		-	-	IP Only	$0.00			-	-	000	999	
27369	N	NJX CNTRST KNE ARTHG/CT/MRI		-	-	Bundled	$0.00			-	-	000	999	
27372	N	REMOVAL OF FOREIGN BODY		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27380	N	REPAIR OF KNEECAP TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27381	N	REPAIR/GRAFT KNEECAP TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27385	N	REPAIR OF THIGH MUSCLE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27386	N	REPAIR/GRAFT OF THIGH MUSCLE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27390	N	INCISION OF THIGH TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27391	N	INCISION OF THIGH TENDONS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27392	N	INCISION OF THIGH TENDONS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27393	N	LENGTHENING OF THIGH TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27394	N	LENGTHENING OF THIGH TENDONS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27395	N	LENGTHENING OF THIGH TENDONS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27396	N	TRANSPLANT OF THIGH TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27397	N	TRANSPLANTS OF THIGH TENDONS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27400	N	REVISE THIGH MUSCLES/TENDONS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27403	N	REPAIR OF KNEE CARTILAGE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27405	N	REPAIR OF KNEE LIGAMENT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27407	N	REPAIR OF KNEE LIGAMENT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27409	N	REPAIR OF KNEE LIGAMENTS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27412	N	AUTOCHONDROCYTE IMPLANT KNEE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	Y	000	999	
27415	N	OSTEOCHONDRAL KNEE ALLOGRAFT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	Y	000	999	
27416	N	OSTEOCHONDRAL KNEE AUTOGRAFT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27418	N	REPAIR DEGENERATED KNEECAP		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27420	N	REVISION OF UNSTABLE KNEECAP		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27422	N	REVISION OF UNSTABLE KNEECAP		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27424	N	REVISION/REMOVAL OF KNEECAP		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27425	N	LAT RETINACULAR RELEASE OPEN		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27427	N	RECONSTRUCTION KNEE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27428	N	RECONSTRUCTION KNEE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27429	N	RECONSTRUCTION KNEE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27430	N	REVISION OF THIGH MUSCLES		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27435	N	INCISION OF KNEE JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27437	N	REVISE KNEECAP		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	

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27438	N	REVISE KNEECAP WITH IMPLANT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27440	N	REVISION OF KNEE JOINT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27441	N	REVISION OF KNEE JOINT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27442	N	REVISION OF KNEE JOINT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27443	N	REVISION OF KNEE JOINT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27445	C	REVISION OF KNEE JOINT		-	-	IP Only	$0.00			-	-	000	999	
27446	N	REVISION OF KNEE JOINT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27447	N	TOTAL KNEE ARTHROPLASTY		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27448	C	INCISION OF THIGH		-	-	IP Only	$0.00			-	-	000	999	
27450	C	INCISION OF THIGH		-	-	IP Only	$0.00			-	-	000	999	
27454	C	REALIGNMENT OF THIGH BONE		-	-	IP Only	$0.00			-	-	000	999	
27455	C	REALIGNMENT OF KNEE		-	-	IP Only	$0.00			-	-	000	999	
27457	C	REALIGNMENT OF KNEE		-	-	IP Only	$0.00			-	-	000	999	
27465	C	SHORTENING OF THIGH BONE		-	-	IP Only	$0.00			-	-	000	999	
27466	C	LENGTHENING OF THIGH BONE		-	-	IP Only	$0.00			-	-	000	999	
27468	C	SHORTEN/LENGTHEN THIGHS		-	-	IP Only	$0.00			-	-	000	999	
27470	C	REPAIR OF THIGH		-	-	IP Only	$0.00			-	-	000	999	
27472	C	REPAIR/GRAFT OF THIGH		-	-	IP Only	$0.00			-	-	000	999	
27475	N	SURGERY TO STOP LEG GROWTH		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27477	N	SURGERY TO STOP LEG GROWTH		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27479	N	SURGERY TO STOP LEG GROWTH		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27485	N	SURGERY TO STOP LEG GROWTH		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27486	C	REVISE/REPLACE KNEE JOINT		-	-	IP Only	$0.00			-	-	000	999	
27487	C	REVISE/REPLACE KNEE JOINT		-	-	IP Only	$0.00			-	-	000	999	
27488	C	REMOVAL OF KNEE PROSTHESIS		-	-	IP Only	$0.00			-	-	000	999	
27495	C	REINFORCE THIGH		-	-	IP Only	$0.00			-	-	000	999	
27496	N	DECOMPRESSION OF THIGH/KNEE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27497	N	DECOMPRESSION OF THIGH/KNEE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27498	N	DECOMPRESSION OF THIGH/KNEE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27499	N	DECOMPRESSION OF THIGH/KNEE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27500	T	TREATMENT OF THIGH FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27501	T	TREATMENT OF THIGH FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27502	N	TREATMENT OF THIGH FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27503	N	TREATMENT OF THIGH FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27506	C	TREATMENT OF THIGH FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27507	C	TREATMENT OF THIGH FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27508	T	TREATMENT OF THIGH FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27509	N	TREATMENT OF THIGH FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27510	N	TREATMENT OF THIGH FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27511	C	TREATMENT OF THIGH FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27513	C	TREATMENT OF THIGH FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27514	C	TREATMENT OF THIGH FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27516	T	TREAT THIGH FX GROWTH PLATE		05111	2.6902	APC	$163.35			-	-	000	999	
27517	N	TREAT THIGH FX GROWTH PLATE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27519	C	TREAT THIGH FX GROWTH PLATE		-	-	IP Only	$0.00			-	-	000	999	
27520	T	TREAT KNEECAP FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27524	N	TREAT KNEECAP FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27530	T	TREAT KNEE FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27532	N	TREAT KNEE FRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27535	C	TREAT KNEE FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27536	C	TREAT KNEE FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27538	T	TREAT KNEE FRACTURE(S)		05111	2.6902	APC	$163.35			-	-	000	999	
27540	C	TREAT KNEE FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
27550	T	TREAT KNEE DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
27552	N	TREAT KNEE DISLOCATION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27556	C	TREAT KNEE DISLOCATION		-	-	IP Only	$0.00			-	-	000	999	

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27557	C	TREAT KNEE DISLOCATION		-	-	IP Only	$0.00			-	-	000	999	
27558	C	TREAT KNEE DISLOCATION		-	-	IP Only	$0.00			-	-	000	999	
27560	T	TREAT KNEECAP DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
27562	T	TREAT KNEECAP DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
27566	N	TREAT KNEECAP DISLOCATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27570	N	FIXATION OF KNEE JOINT		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27580	C	FUSION OF KNEE		-	-	IP Only	$0.00			-	-	000	999	
27590	C	AMPUTATE LEG AT THIGH		-	-	IP Only	$0.00			-	-	000	999	
27591	C	AMPUTATE LEG AT THIGH		-	-	IP Only	$0.00			-	-	000	999	
27592	C	AMPUTATE LEG AT THIGH		-	-	IP Only	$0.00			-	-	000	999	
27594	N	AMPUTATION FOLLOW-UP SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27596	C	AMPUTATION FOLLOW-UP SURGERY		-	-	IP Only	$0.00			-	-	000	999	
27598	C	AMPUTATE LOWER LEG AT KNEE		-	-	IP Only	$0.00			-	-	000	999	
27599	T	UNLISTED PX FEMUR/KNEE		05111	2.6902	APC	$163.35			-	-	000	999	
27600	N	DECOMPRESSION OF LOWER LEG		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27601	N	DECOMPRESSION OF LOWER LEG		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27602	N	DECOMPRESSION OF LOWER LEG		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27603	N	DRAIN LOWER LEG LESION		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27604	N	DRAIN LOWER LEG BURSA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27605	N	INCISION OF ACHILLES TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27606	N	INCISION OF ACHILLES TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27607	N	TREAT LOWER LEG BONE LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27610	N	EXPLORE/TREAT ANKLE JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27612	N	EXPLORATION OF ANKLE JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27613	N	BIOPSY LOWER LEG SOFT TISSUE		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
27614	N	BIOPSY LOWER LEG SOFT TISSUE		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27615	N	RESECT LEG/ANKLE TUM < 5 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27616	N	RESECT LEG/ANKLE TUM 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27618	N	EXC LEG/ANKLE TUM < 3 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
27619	N	EXC LEG/ANKLE TUM DEEP <5 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27620	N	EXPLORE/TREAT ANKLE JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27625	N	REMOVE ANKLE JOINT LINING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27626	N	REMOVE ANKLE JOINT LINING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27630	N	REMOVAL OF TENDON LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27632	N	EXC LEG/ANKLE LES SC 3 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27634	N	EXC LEG/ANKLE TUM DEP 5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
27635	N	REMOVE LOWER LEG BONE LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27637	N	REMOVE/GRAFT LEG BONE LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27638	N	REMOVE/GRAFT LEG BONE LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27640	N	PARTIAL REMOVAL OF TIBIA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27641	N	PARTIAL REMOVAL OF FIBULA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27645	C	RESECT TIBIA TUMOR		-	-	IP Only	$0.00			-	-	000	999	
27646	C	RESECT FIBULA TUMOR		-	-	IP Only	$0.00			-	-	000	999	
27647	N	RESECT TALUS/CALCANEUS TUM		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27648	N	INJECTION FOR ANKLE X-RAY		-	-	Bundled	$0.00			-	-	000	999	
27650	N	REPAIR ACHILLES TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27652	N	REPAIR/GRAFT ACHILLES TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27654	N	REPAIR OF ACHILLES TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27656	N	REPAIR LEG FASCIA DEFECT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27658	N	REPAIR OF LEG TENDON EACH		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27659	N	REPAIR OF LEG TENDON EACH		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27664	N	REPAIR OF LEG TENDON EACH		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27665	N	REPAIR OF LEG TENDON EACH		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27675	N	REPAIR LOWER LEG TENDONS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27676	N	REPAIR LOWER LEG TENDONS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27680	N	RELEASE OF LOWER LEG TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	

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27681	N	RELEASE OF LOWER LEG TENDONS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27685	N	REVISION OF LOWER LEG TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27686	N	REVISE LOWER LEG TENDONS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27687	N	REVISION OF CALF TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27690	N	REVISE LOWER LEG TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27691	N	REVISE LOWER LEG TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27692	N	REVISE ADDITIONAL LEG TENDON		-	-	Bundled	$0.00			-	-	000	999	
27695	N	REPAIR OF ANKLE LIGAMENT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27696	N	REPAIR OF ANKLE LIGAMENTS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27698	N	REPAIR OF ANKLE LIGAMENT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27700	N	REVISION OF ANKLE JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27702	N	RECONSTRUCT ANKLE JOINT		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
27703	C	RECONSTRUCTION ANKLE JOINT		-	-	IP Only	$0.00			-	-	000	999	
27704	N	REMOVAL OF ANKLE IMPLANT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27705	N	OSTEOTOMY TIBIA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27707	N	OSTEOTOMY FIBULA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27709	N	OSTEOTOMY TIBIA & FIBULA		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27712	C	OSTEOT MLT RELIGNMT IMED ROD		-	-	IP Only	$0.00			-	-	000	999	
27715	C	OSTPL TIBFIB LNGTH/SHRT		-	-	IP Only	$0.00			-	-	000	999	
27720	N	REPAIR OF TIBIA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27722	N	REPAIR/GRAFT OF TIBIA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27724	C	REPAIR/GRAFT OF TIBIA		-	-	IP Only	$0.00			-	-	000	999	
27725	C	REPAIR OF LOWER LEG		-	-	IP Only	$0.00			-	-	000	999	
27726	N	REPAIR FIBULA NONUNION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27727	C	REPAIR OF LOWER LEG		-	-	IP Only	$0.00			-	-	000	999	
27730	N	REPAIR OF TIBIA EPIPHYSIS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27732	N	REPAIR OF FIBULA EPIPHYSIS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27734	N	REPAIR LOWER LEG EPIPHYSES		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27740	N	REPAIR OF LEG EPIPHYSES		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27742	N	REPAIR OF LEG EPIPHYSES		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27745	N	REINFORCE TIBIA		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27750	T	TREATMENT OF TIBIA FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27752	N	TREATMENT OF TIBIA FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27756	N	TREATMENT OF TIBIA FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27758	N	TREATMENT OF TIBIA FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27759	N	TREATMENT OF TIBIA FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27760	T	CLTX MEDIAL ANKLE FX		05111	2.6902	APC	$163.35			-	-	000	999	
27762	N	CLTX MED ANKLE FX W/MNPJ		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27766	N	OPTX MEDIAL ANKLE FX		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27767	T	CLTX POST ANKLE FX		05111	2.6902	APC	$163.35			-	-	000	999	
27768	N	CLTX POST ANKLE FX W/MNPJ		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27769	N	OPTX POST ANKLE FX		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27780	T	TREATMENT OF FIBULA FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27781	N	TREATMENT OF FIBULA FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27784	N	TREATMENT OF FIBULA FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27786	T	TREATMENT OF ANKLE FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27788	T	TREATMENT OF ANKLE FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27792	N	TREATMENT OF ANKLE FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27808	T	TREATMENT OF ANKLE FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27810	N	TREATMENT OF ANKLE FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27814	N	TREATMENT OF ANKLE FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27816	T	TREATMENT OF ANKLE FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
27818	N	TREATMENT OF ANKLE FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27822	N	TREATMENT OF ANKLE FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27823	N	TREATMENT OF ANKLE FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27824	T	TREAT LOWER LEG FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	

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27825	N	TREAT LOWER LEG FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27826	N	TREAT LOWER LEG FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27827	N	TREAT LOWER LEG FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27828	N	TREAT LOWER LEG FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27829	N	TREAT LOWER LEG JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27830	T	TREAT LOWER LEG DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
27831	N	TREAT LOWER LEG DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27832	N	TREAT LOWER LEG DISLOCATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27840	T	TREAT ANKLE DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
27842	N	TREAT ANKLE DISLOCATION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
27846	N	TREAT ANKLE DISLOCATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27848	N	TREAT ANKLE DISLOCATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27860	N	FIXATION OF ANKLE JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27870	N	FUSION OF ANKLE JOINT OPEN		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27871	N	FUSION OF TIBIOFIBULAR JOINT		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
27880	C	AMPUTATION OF LOWER LEG		-	-	IP Only	$0.00			-	-	000	999	
27881	C	AMPUTATION OF LOWER LEG		-	-	IP Only	$0.00			-	-	000	999	
27882	C	AMPUTATION OF LOWER LEG		-	-	IP Only	$0.00			-	-	000	999	
27884	N	AMPUTATION FOLLOW-UP SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27886	C	AMPUTATION FOLLOW-UP SURGERY		-	-	IP Only	$0.00			-	-	000	999	
27888	C	AMPUTATION OF FOOT AT ANKLE		-	-	IP Only	$0.00			-	-	000	999	
27889	N	ANKLE DISARTICULATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27892	N	DECOMPRESSION OF LEG		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27893	N	DECOMPRESSION OF LEG		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
27894	N	DECOMPRESSION OF LEG		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
27899	T	UNLISTED PX LEG/ANKLE		05111	2.6902	APC	$163.35			-	-	000	999	
28001	N	DRAINAGE OF BURSA OF FOOT		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
28002	N	TREATMENT OF FOOT INFECTION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28003	N	TREATMENT OF FOOT INFECTION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28005	N	TREAT FOOT BONE LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28008	N	INCISION OF FOOT FASCIA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28010	N	INCISION OF TOE TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28011	N	INCISION OF TOE TENDONS		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28020	N	EXPLORATION OF FOOT JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28022	N	EXPLORATION OF FOOT JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28024	N	EXPLORATION OF TOE JOINT		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28035	N	DECOMPRESSION OF TIBIA NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
28039	N	EXC FOOT/TOE TUM SC 1.5 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
28041	N	EXC FOOT/TOE TUM DEP 1.5CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
28043	N	EXC FOOT/TOE TUM SC < 1.5 CM		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
28045	N	EXC FOOT/TOE TUM DEEP <1.5CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
28046	N	RESECT FOOT/TOE TUMOR < 3 CM		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
28047	N	RESECT FOOT/TOE TUMOR 3 CM/>		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
28050	N	BIOPSY OF FOOT JOINT LINING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28052	N	BIOPSY OF FOOT JOINT LINING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28054	N	BIOPSY OF TOE JOINT LINING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28055	N	NEURECTOMY FOOT		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
28060	N	PARTIAL REMOVAL FOOT FASCIA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28062	N	REMOVAL OF FOOT FASCIA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28070	N	REMOVAL OF FOOT JOINT LINING		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28072	N	REMOVAL OF FOOT JOINT LINING		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28080	N	REMOVAL OF FOOT LESION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28086	N	EXCISE FOOT TENDON SHEATH		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28088	N	EXCISE FOOT TENDON SHEATH		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28090	N	REMOVAL OF FOOT LESION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28092	N	REMOVAL OF TOE LESIONS		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	

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28100	N	REMOVAL OF ANKLE/HEEL LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28102	N	REMOVE/GRAFT FOOT LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28103	N	REMOVE/GRAFT FOOT LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28104	N	REMOVAL OF FOOT LESION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28106	N	REMOVE/GRAFT FOOT LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28107	N	REMOVE/GRAFT FOOT LESION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28108	N	REMOVAL OF TOE LESIONS		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28110	N	PART REMOVAL OF METATARSAL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28111	N	PART REMOVAL OF METATARSAL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28112	N	PART REMOVAL OF METATARSAL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28113	N	PART REMOVAL OF METATARSAL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28114	N	REMOVAL OF METATARSAL HEADS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28116	N	REVISION OF FOOT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28118	N	REMOVAL OF HEEL BONE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28119	N	REMOVAL OF HEEL SPUR		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28120	N	PART REMOVAL OF ANKLE/HEEL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28122	N	PARTIAL REMOVAL OF FOOT BONE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28124	N	PARTIAL REMOVAL OF TOE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28126	N	PARTIAL REMOVAL OF TOE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28130	N	REMOVAL OF ANKLE BONE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28140	N	REMOVAL OF METATARSAL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28150	N	REMOVAL OF TOE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28153	N	PARTIAL REMOVAL OF TOE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28160	N	PARTIAL REMOVAL OF TOE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28171	N	RESECT TARSAL TUMOR		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28173	N	RESECT METATARSAL TUMOR		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28175	N	RESECT PHALANX OF TOE TUMOR		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28190	T	REMOVAL OF FOOT FOREIGN BODY		05071	7.8905	APC	$479.11			-	-	000	999	
28192	N	REMOVAL OF FOOT FOREIGN BODY		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
28193	N	REMOVAL OF FOOT FOREIGN BODY		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
28200	N	REPAIR OF FOOT TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28202	N	REPAIR/GRAFT OF FOOT TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28208	N	REPAIR OF FOOT TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28210	N	REPAIR/GRAFT OF FOOT TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28220	N	RELEASE OF FOOT TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28222	N	RELEASE OF FOOT TENDONS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28225	N	RELEASE OF FOOT TENDON		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28226	N	RELEASE OF FOOT TENDONS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28230	N	INCISION OF FOOT TENDON(S)		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28232	N	INCISION OF TOE TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28234	N	INCISION OF FOOT TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28238	N	REVISION OF FOOT TENDON		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28240	N	RELEASE OF BIG TOE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28250	N	REVISION OF FOOT FASCIA		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28260	N	RELEASE OF MIDFOOT JOINT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28261	N	REVISION OF FOOT TENDON		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28262	N	REVISION OF FOOT AND ANKLE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28264	N	RELEASE OF MIDFOOT JOINT		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28270	N	RELEASE OF FOOT CONTRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28272	N	RELEASE OF TOE JOINT EACH		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28280	N	FUSION OF TOES		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28285	N	REPAIR OF HAMMERTOE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28286	N	REPAIR OF HAMMERTOE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28288	N	PARTIAL REMOVAL OF FOOT BONE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28289	N	CORRJ HALUX RIGDUS W/O IMPLT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28291	N	CORRJ HALUX RIGDUS W/IMPLT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	

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28292	N	COR HLX VLGS RSC PRX PHLX BS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28295	N	COR HLX VLGS PRX MTAR OSTEOT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28296	N	COR HLX VLGS DSTL MTAR OSTEO		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28297	N	COR HLX VLGS JT ARTHRD		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
28298	N	COR HLX VLGS PRX PHLX OSTEOT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28299	N	COR HLX VLGS DOUBLE OSTEOT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28300	N	INCISION OF HEEL BONE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28302	N	INCISION OF ANKLE BONE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28304	N	INCISION OF MIDFOOT BONES		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28305	N	INCISE/GRAFT MIDFOOT BONES		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28306	N	INCISION OF METATARSAL		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28307	N	INCISION OF METATARSAL		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28308	N	INCISION OF METATARSAL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28309	N	INCISION OF METATARSALS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28310	N	REVISION OF BIG TOE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28312	N	REVISION OF TOE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28313	N	REPAIR DEFORMITY OF TOE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28315	N	REMOVAL OF SESAMOID BONE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28320	N	REPAIR OF FOOT BONES		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
28322	N	REPAIR OF METATARSALS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28340	N	RESECT ENLARGED TOE TISSUE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28341	N	RESECT ENLARGED TOE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28344	N	REPAIR EXTRA TOE(S)		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28345	N	REPAIR WEBBED TOE(S)		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28360	N	RECONSTRUCT CLEFT FOOT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28400	T	TREATMENT OF HEEL FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
28405	T	TREATMENT OF HEEL FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
28406	N	TREATMENT OF HEEL FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28415	N	TREAT HEEL FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28420	N	TREAT/GRAFT HEEL FRACTURE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
28430	T	TREATMENT OF ANKLE FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
28435	N	TREATMENT OF ANKLE FRACTURE		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28436	N	TREATMENT OF ANKLE FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28445	N	TREAT ANKLE FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28446	N	OSTEOCHONDRAL TALUS AUTOGRFT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28450	T	TREAT MIDFOOT FRACTURE EACH		05111	2.6902	APC	$163.35			-	-	000	999	
28455	N	TREAT MIDFOOT FRACTURE EACH		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28456	N	TREAT MIDFOOT FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28465	N	TREAT MIDFOOT FRACTURE EACH		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28470	T	TREAT METATARSAL FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
28475	T	TREAT METATARSAL FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
28476	N	TREAT METATARSAL FRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28485	N	TREAT METATARSAL FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28490	T	TREAT BIG TOE FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
28495	T	TREAT BIG TOE FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
28496	N	TREAT BIG TOE FRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28505	N	TREAT BIG TOE FRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28510	T	TREATMENT OF TOE FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
28515	T	TREATMENT OF TOE FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
28525	N	TREAT TOE FRACTURE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28530	T	TREAT SESAMOID BONE FRACTURE		05111	2.6902	APC	$163.35			-	-	000	999	
28531	N	TREAT SESAMOID BONE FRACTURE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28540	T	TREAT FOOT DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
28545	N	TREAT FOOT DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28546	N	TREAT FOOT DISLOCATION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28555	N	REPAIR FOOT DISLOCATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	

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28570	T	TREAT FOOT DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
28575	N	TREAT FOOT DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28576	N	TREAT FOOT DISLOCATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28585	N	REPAIR FOOT DISLOCATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28600	T	TREAT FOOT DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
28605	T	TREAT FOOT DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
28606	N	TREAT FOOT DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28615	N	REPAIR FOOT DISLOCATION		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28630	T	TREAT TOE DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
28635	N	TREAT TOE DISLOCATION		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
28636	N	TREAT TOE DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28645	N	REPAIR TOE DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28660	T	TREAT TOE DISLOCATION		05111	2.6902	APC	$163.35			-	-	000	999	
28665	T	TREAT TOE DISLOCATION		05102	2.9784	APC	$180.85			-	-	000	999	
28666	N	TREAT TOE DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28675	N	REPAIR OF TOE DISLOCATION		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28705	N	ARTHRODESIS PANTALAR		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
28715	N	ARTHRODESIS TRIPLE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
28725	N	ARTHRODESIS SUBTALAR		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
28730	N	FUSION OF FOOT BONES		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
28735	N	FUSION OF FOOT BONES		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
28737	N	REVISION OF FOOT BONES		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
28740	N	FUSION OF FOOT BONES		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28750	N	FUSION OF BIG TOE JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28755	N	FUSION OF BIG TOE JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28760	N	FUSION OF BIG TOE JOINT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
28800	C	AMPUTATION OF MIDFOOT		-	-	IP Only	$0.00			-	-	000	999	
28805	N	AMPUTATION THRU METATARSAL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28810	N	AMPUTATION TOE & METATARSAL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28820	N	AMPUTATION OF TOE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28825	N	PARTIAL AMPUTATION OF TOE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
28890	N	HI ENRGY ESWT PLANTAR FASCIA		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	Y	000	999	
28899	T	UNLISTED PX FOOT/TOES		05111	2.6902	APC	$163.35			-	-	000	999	
29000	T	APPLICATION OF BODY CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29010	T	APPLICATION OF BODY CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29015	T	APPLICATION OF BODY CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29035	T	APPLICATION OF BODY CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29040	T	APPLICATION OF BODY CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29044	T	APPLICATION OF BODY CAST		05101	1.7696	APC	$107.45			-	-	000	999	
29046	T	APPLICATION OF BODY CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29049	T	APPLICATION OF FIGURE EIGHT		05102	2.9784	APC	$180.85			-	-	000	999	
29055	T	APPLICATION OF SHOULDER CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29058	T	APPLICATION OF SHOULDER CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29065	T	APPLICATION OF LONG ARM CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29075	T	APPLICATION OF FOREARM CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29085	T	APPLY HAND/WRIST CAST		05101	1.7696	APC	$107.45			-	-	000	999	
29086	T	APPLY FINGER CAST		05101	1.7696	APC	$107.45			-	-	000	999	
29105	T	APPLY LONG ARM SPLINT		05101	1.7696	APC	$107.45			-	-	000	999	
29125	N	APPLY FOREARM SPLINT		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
29126	N	APPLY FOREARM SPLINT		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
29130	N	APPLICATION OF FINGER SPLINT		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
29131	N	APPLICATION OF FINGER SPLINT		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
29200	T	STRAPPING THORAX		05101	1.7696	APC	$107.45			-	-	000	999	
29240	N	STRAPPING OF SHOULDER		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
29260	N	STRAPPING OF ELBOW OR WRIST		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
29280	N	STRAPPING OF HAND OR FINGER		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	

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29305	T	APPLICATION OF HIP CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29325	T	APPLICATION OF HIP CASTS		05102	2.9784	APC	$180.85			-	-	000	999	
29345	T	APPLICATION OF LONG LEG CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29355	T	APPLICATION OF LONG LEG CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29358	T	APPLY LONG LEG CAST BRACE		05102	2.9784	APC	$180.85			-	-	000	999	
29365	T	APPLICATION OF LONG LEG CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29405	T	APPLY SHORT LEG CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29425	T	APPLY SHORT LEG CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29435	T	APPLY SHORT LEG CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29440	T	ADDITION OF WALKER TO CAST		05101	1.7696	APC	$107.45			-	-	000	999	
29445	T	APPLY RIGID LEG CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29450	T	APPLICATION OF LEG CAST		05101	1.7696	APC	$107.45			-	-	000	999	
29505	T	APPLICATION LONG LEG SPLINT		05101	1.7696	APC	$107.45			-	-	000	999	
29515	T	APPLICATION LOWER LEG SPLINT		05101	1.7696	APC	$107.45			-	-	000	999	
29520	N	STRAPPING OF HIP		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
29530	N	STRAPPING OF KNEE		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
29540	T	STRAPPING OF ANKLE AND/OR FT		05101	1.7696	APC	$107.45			-	-	000	999	
29550	N	STRAPPING OF TOES		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
29580	T	STRAPPING UNNA BOOT		05101	1.7696	APC	$107.45			-	-	000	999	
29581	T	APPLY MULTLAY COMPRS LWR LEG		05101	1.7696	APC	$107.45			-	-	000	999	
29584	T	APPL MULTLAY COMPRS ARM/HAND		05101	1.7696	APC	$107.45			-	-	000	999	
29700	T	REMOVAL/REVISION OF CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29705	T	REMOVAL/REVISION OF CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29710	T	REMOVAL/REVISION OF CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29720	T	REPAIR OF BODY CAST		05101	1.7696	APC	$107.45			-	-	000	999	
29730	T	WINDOWING OF CAST		05101	1.7696	APC	$107.45			-	-	000	999	
29740	T	WEDGING OF CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29750	T	WEDGING OF CLUBFOOT CAST		05102	2.9784	APC	$180.85			-	-	000	999	
29799	T	UNLISTED PX CASTING/STRPG		05101	1.7696	APC	$107.45			-	-	000	999	
29800	N	JAW ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			Y	-	000	999	
29804	N	JAW ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			Y	-	000	999	
29805	N	SHO ARTHRS DX +- SYNOVIAL BX		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29806	N	SHO ARTHRS SRG CAPSULORRAPHY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29807	N	SHO ARTHRS SRG RPR SLAP LES		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29819	N	SHO ARTHRS SRG RMVL LOOSE/FB		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29820	N	SHO ARTHRS SRG PRTL SYNVCT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29821	N	SHO ARTHRS SRG COMPL SYNVCT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29822	N	SHO ARTHRS SRG LMTD DBRDMT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29823	N	SHO ARTHRS SRG XTNSV DBRDMT		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29824	N	SHO ARTHRS SRG DSTL CLAVICLC		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29825	N	SHO ARTHRS SRG LSS&RESCJ ADS		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29826	N	SHO ARTHRS SRG DECOMPRESSION		-	-	Bundled	$0.00			-	-	000	999	
29827	N	SHO ARTHRS SRG RT8TR CUF RPR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29828	N	SHO ARTHRS SRG BICP TENODSIS		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29830	N	ELBOW ARTHROSCOPY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29834	N	ELBOW ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29835	N	ELBOW ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29836	N	ELBOW ARTHROSCOPY/SURGERY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29837	N	ELBOW ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29838	N	ELBOW ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29840	N	WRIST ARTHROSCOPY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29843	N	WRIST ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29844	N	WRIST ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29845	N	WRIST ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29846	N	WRIST ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29847	N	WRIST ARTHROSCOPY/SURGERY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	

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29848	N	WRIST ENDOSCOPY/SURGERY		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
29850	N	KNEE ARTHROSCOPY/SURGERY		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
29851	N	KNEE ARTHROSCOPY/SURGERY		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
29855	N	TIBIAL ARTHROSCOPY/SURGERY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29856	N	TIBIAL ARTHROSCOPY/SURGERY		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
29860	N	HIP ARTHROSCOPY DX		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29861	N	HIP ARTHRO W/FB REMOVAL		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29862	N	HIP ARTHR0 W/DEBRIDEMENT		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29863	N	HIP ARTHR0 W/SYNOVECTOMY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29866	N	AUTGRFT IMPLNT KNEE W/SCOPE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	Y	000	999	
29867	N	ALLGRFT IMPLNT KNEE W/SCOPE		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	Y	000	999	
29868	N	MENISCAL TRNSPL KNEE W/SCPE		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	Y	000	999	
29870	N	KNEE ARTHROSCOPY DX		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29871	N	KNEE ARTHROSCOPY/DRAINAGE		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29873	N	KNEE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29874	N	KNEE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29875	N	KNEE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29876	N	KNEE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29877	N	KNEE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29879	N	KNEE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29880	N	KNEE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29881	N	KNEE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29882	N	KNEE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29883	N	KNEE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29884	N	KNEE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29885	N	KNEE ARTHROSCOPY/SURGERY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29886	N	KNEE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29887	N	KNEE ARTHROSCOPY/SURGERY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29888	N	KNEE ARTHROSCOPY/SURGERY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29889	N	KNEE ARTHROSCOPY/SURGERY		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
29891	N	ANKLE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29892	N	ANKLE ARTHROSCOPY/SURGERY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29893	N	SCOPE PLANTAR FASCIOTOMY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29894	N	ANKLE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29895	N	ANKLE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29897	N	ANKLE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29898	N	ANKLE ARTHROSCOPY/SURGERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29899	N	ANKLE ARTHROSCOPY/SURGERY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29900	N	MCP JOINT ARTHROSCOPY DX		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29901	N	MCP JOINT ARTHROSCOPY SURG		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29902	N	MCP JOINT ARTHROSCOPY SURG		05112	17.9481	Bundled, sometimes payable	$1,089.81			-	-	000	999	
29904	N	SUBTALAR ARTHRO W/FB RMVL		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29905	N	SUBTALAR ARTHRO W/EXC		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29906	N	SUBTALAR ARTHRO W/DEB		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
29907	N	SUBTALAR ARTHRO W/FUSION		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
29914	N	HIP ARTHRO W/FEMOROPLASTY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29915	N	HIP ARTHRO ACETABULOPLASTY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29916	N	HIP ARTHRO W/LABRAL REPAIR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
29999	T	UNLISTED PX ARTHROSCOPY		05111	2.6902	APC	$163.35			-	-	000	999	
30000	T	DRAINAGE OF NOSE LESION		05161	2.6043	APC	$158.13			-	-	000	999	
30020	T	DRAINAGE OF NOSE LESION		05162	5.7111	APC	$346.78			-	-	000	999	
3006F	E	CXR DOC REV		-	-	Not Allowed	$0.00			-	-	000	999	
3008F	E	BODY MASS INDEX DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
30100	N	INTRANASAL BIOPSY		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
30110	N	REMOVAL OF NOSE POLYP(S)		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
30115	N	REMOVAL OF NOSE POLYP(S)		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	

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30117	N	REMOVAL OF INTRANASAL LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
30118	N	REMOVAL OF INTRANASAL LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
3011F	E	LIPID PANEL DOC REV		-	-	Not Allowed	$0.00			-	-	000	999	
30120	N	REVISION OF NOSE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
30124	N	REMOVAL OF NOSE LESION		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
30125	N	REMOVAL OF NOSE LESION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
30130	N	EXCISE INFERIOR TURBINATE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
30140	N	RESECT INFERIOR TURBINATE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
3014F	E	SCREEN MAMMO DOC REV		-	-	Not Allowed	$0.00			-	-	000	999	
30150	N	RHINECTOMY PARTIAL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
3015F	E	CERV CANCER SCREEN DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
30160	N	RHINECTOMY TOTAL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
3016F	E	PT SCRND UNHLTHY OH USE		-	-	Not Allowed	$0.00			-	-	000	999	
3017F	E	COLORECTAL CA SCREEN DOC REV		-	-	Not Allowed	$0.00			-	-	000	999	
3018F	E	PRE-PRXD RSK ET AL DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
3019F	E	LVEF ASSESS PLANPOST DSCHRGE		-	-	Not Allowed	$0.00			-	-	000	999	
30200	T	INJECTION TREATMENT OF NOSE		05162	5.7111	APC	$346.78			-	-	000	999	
3020F	E	LVF ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
30210	N	NASAL SINUS THERAPY		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
3021F	E	LVEF MOD/SEVER DEPRS SYST		-	-	Not Allowed	$0.00			-	-	000	999	
30220	N	INSERT NASAL SEPTAL BUTTON		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
3022F	E	LVEF >=40% SYSTOLIC		-	-	Not Allowed	$0.00			-	-	000	999	
3023F	E	SPIROM DOC REV		-	-	Not Allowed	$0.00			-	-	000	999	
3025F	E	SPIROM FEV/FVC <70% W/COPD		-	-	Not Allowed	$0.00			-	-	000	999	
3027F	E	SPIROM FEV/FVC>=70%/W/OCOPD		-	-	Not Allowed	$0.00			-	-	000	999	
3028F	E	O2 SATURATION DOC REV		-	-	Not Allowed	$0.00			-	-	000	999	
30300	N	REMOVE NASAL FOREIGN BODY		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
30310	N	REMOVE NASAL FOREIGN BODY		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
30320	N	REMOVE NASAL FOREIGN BODY		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
3035F	E	O2 SATURATION<=88%/PAO<=55		-	-	Not Allowed	$0.00			-	-	000	999	
3037F	E	O2 SATURATION >88%/PAO>55 HG		-	-	Not Allowed	$0.00			-	-	000	999	
3038F	E	PULM FX W/IN 12 MON B/4 SURG		-	-	Not Allowed	$0.00			-	-	000	999	
30400	N	RECONSTRUCTION OF NOSE		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
3040F	E	FEV <40% PREDICTED VALUE		-	-	Not Allowed	$0.00			-	-	000	999	
30410	N	RECONSTRUCTION OF NOSE		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
30420	N	RECONSTRUCTION OF NOSE		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
3042F	E	FEV >=40% PREDICTED VALUE		-	-	Not Allowed	$0.00			-	-	000	999	
30430	N	REVISION OF NOSE		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
30435	N	REVISION OF NOSE		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
3044F	E	HG A1C LEVEL LT 7.0%		-	-	Not Allowed	$0.00			-	-	000	999	
30450	N	REVISION OF NOSE		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
30460	N	REVISION OF NOSE		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
30462	N	REVISION OF NOSE		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
30465	N	REPAIR NASAL STENOSIS		05165	66.3421	Bundled, sometimes payable	$4,028.29			Y	-	000	999	
30468	N	RPR NSL VLV COLLAPSE W/IMPLT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
30469	N	RPR NSL VLV COLLAPSE W/RMDLG		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
3046F	E	HEMOGLOBIN A1C LEVEL >9.0%		-	-	Not Allowed	$0.00			-	-	000	999	
3048F	E	LDL-C <100 MG/DL		-	-	Not Allowed	$0.00			-	-	000	999	
3049F	E	LDL-C 100-129 MG/DL		-	-	Not Allowed	$0.00			-	-	000	999	
3050F	E	LDL-C >= 130 MG/DL		-	-	Not Allowed	$0.00			-	-	000	999	
3051F	E	HG A1C>EQUAL 7.0%<8.0%		-	-	Not Allowed	$0.00			-	-	000	999	
30520	N	REPAIR OF NASAL SEPTUM		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
3052F	E	HG A1C>EQUAL 8.0%<EQUAL 9.0%		-	-	Not Allowed	$0.00			-	-	000	999	
30540	N	RPR CHOANAL ATRESIA NTRANASL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
30545	N	RPR CHOANAL ATRESIA TRSNPLTN		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
3055F	E	LVEF LESS THAN/EQUAL TO 35%		-	-	Not Allowed	$0.00			-	-	000	999	

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30560	T	LYSIS INTRANASAL SYNECHIA		05162	5.7111	APC	$346.78			-	-	000	999	
3056F	E	LVEF GREATER THAN 35%		-	-	Not Allowed	$0.00			-	-	000	999	
30580	N	REPAIR UPPER JAW FISTULA		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
30600	N	REPAIR MOUTH/NOSE FISTULA		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
3060F	E	POS MICROALBUMINURIA REV		-	-	Not Allowed	$0.00			-	-	000	999	
3061F	E	NEG MICROALBUMINURIA REV		-	-	Not Allowed	$0.00			-	-	000	999	
30620	N	INTRANASAL RECONSTRUCTION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
3062F	E	POS MACROALBUMINURIA REV		-	-	Not Allowed	$0.00			-	-	000	999	
30630	N	REPAIR NASAL SEPTUM DEFECT		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
3066F	E	NEPHROPATHY DOC TX		-	-	Not Allowed	$0.00			-	-	000	999	
3072F	E	LOW RISK FOR RETINOPATHY		-	-	Not Allowed	$0.00			-	-	000	999	
3073F	E	PRE-SURG EYE MEASURES DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
3074F	E	SYST BP LT 130 MM HG		-	-	Not Allowed	$0.00			-	-	000	999	
3075F	E	SYST BP GE 130 - 139MM HG		-	-	Not Allowed	$0.00			-	-	000	999	
3077F	E	SYST BP >= 140 MM HG		-	-	Not Allowed	$0.00			-	-	000	999	
3078F	E	DIAST BP <80 MM HG		-	-	Not Allowed	$0.00			-	-	000	999	
3079F	E	DIAST BP 80-89 MM HG		-	-	Not Allowed	$0.00			-	-	000	999	
30801	N	ABLATE INF TURBINATE SUPERF		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
30802	N	ABLATE INF TURBINATE SUBMUC		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
3080F	E	DIAST BP >= 90 MM HG		-	-	Not Allowed	$0.00			-	-	000	999	
3082F	E	KT/V <1.2		-	-	Not Allowed	$0.00			-	-	000	999	
3083F	E	KT/V =/> 1.2 & <1.7		-	-	Not Allowed	$0.00			-	-	000	999	
3084F	E	KT/V >= 1.7		-	-	Not Allowed	$0.00			-	-	000	999	
3085F	E	SUICIDE RISK ASSESSED		-	-	Not Allowed	$0.00			-	-	000	999	
3088F	E	MDD MILD		-	-	Not Allowed	$0.00			-	-	000	999	
3089F	E	MDD MODERATE		-	-	Not Allowed	$0.00			-	-	000	999	
30901	N	CONTROL OF NOSEBLEED		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
30903	T	CONTROL OF NOSEBLEED		05734	1.4456	APC	$87.78			-	-	000	999	
30905	T	CONTROL OF NOSEBLEED		05734	1.4456	APC	$87.78			-	-	000	999	
30906	T	REPEAT CONTROL OF NOSEBLEED		05161	2.6043	APC	$158.13			-	-	000	999	
3090F	E	MDD SEVERE W/O PSYCH		-	-	Not Allowed	$0.00			-	-	000	999	
30915	N	LIGATION NASAL SINUS ARTERY		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
3091F	E	MDD SEVERE W/PSYCH		-	-	Not Allowed	$0.00			-	-	000	999	
30920	N	LIGATION UPPER JAW ARTERY		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
3092F	E	MDD IN REMISSION		-	-	Not Allowed	$0.00			-	-	000	999	
30930	N	THER FX NASAL INF TURBINATE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
3093F	E	DOC NEW DIAG 1ST/ADDL MDD		-	-	Not Allowed	$0.00			-	-	000	999	
3095F	E	CENTRAL DEXA RESULTS DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
3096F	E	CENTRAL DEXA ORDERED		-	-	Not Allowed	$0.00			-	-	000	999	
30999	T	UNLISTED PROCEDURE NOSE		05161	2.6043	APC	$158.13			-	-	000	999	
31000	T	IRRIGATION MAXILLARY SINUS		05161	2.6043	APC	$158.13			-	-	000	999	
31002	N	IRRIGATION SPHENOID SINUS		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
3100F	E	IMAGE TEST REF CAROT DIAM		-	-	Not Allowed	$0.00			-	-	000	999	
31020	N	EXPLORATION MAXILLARY SINUS		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
31030	N	EXPLORATION MAXILLARY SINUS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31032	N	EXPLORE SINUS REMOVE POLYPS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31040	N	EXPLORATION BEHIND UPPER JAW		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31050	N	EXPLORATION SPHENOID SINUS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31051	N	SPHENOID SINUS SURGERY		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31070	N	EXPLORATION OF FRONTAL SINUS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31075	N	EXPLORATION OF FRONTAL SINUS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31080	N	REMOVAL OF FRONTAL SINUS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31081	N	REMOVAL OF FRONTAL SINUS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31084	N	REMOVAL OF FRONTAL SINUS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31085	N	REMOVAL OF FRONTAL SINUS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31086	N	REMOVAL OF FRONTAL SINUS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	

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31087	N	REMOVAL OF FRONTAL SINUS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31090	N	EXPLORATION OF SINUSES		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
3110F	E	PRES/ABSN HMRHG/LESION DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
3111F	E	CT/MRI BRAIN DONE W/IN 24HRS		-	-	Not Allowed	$0.00			-	-	000	999	
3112F	E	CT/MRI BRAIN DONE 24 HRS		-	-	Not Allowed	$0.00			-	-	000	999	
3115F	E	QUANT RESULTS ACTIVITY &SYMP		-	-	Not Allowed	$0.00			-	-	000	999	
3117F	E	HF ASSESSMENT TOOL COMPLETED		-	-	Not Allowed	$0.00			-	-	000	999	
3118F	E	NY HEART ASSOC CLASS DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
3119F	E	NO EVAL ACTIVITY CLIN SYMP		-	-	Not Allowed	$0.00			-	-	000	999	
31200	N	REMOVAL OF ETHMOID SINUS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31201	N	REMOVAL OF ETHMOID SINUS		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
31205	N	REMOVAL OF ETHMOID SINUS		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
3120F	E	12-LEAD ECG PERFORMED		-	-	Not Allowed	$0.00			-	-	000	999	
31225	C	REMOVAL OF UPPER JAW		-	-	IP Only	$0.00			-	-	000	999	
31230	C	REMOVAL OF UPPER JAW		-	-	IP Only	$0.00			-	-	000	999	
31231	T	NASAL ENDOSCOPY DX		05151	2.1772	APC	$132.20			-	-	000	999	
31233	T	NSL/SINS NDSC DX MAX SINUSC		05152	4.3548	APC	$264.42			-	-	000	999	
31235	N	NSL/SINS NDSC DX SPHN SINUSC		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31237	N	NSL/SINS NDSC SURG BX POLYPC		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31238	N	NSL/SINS NDSC SRG NSL HEMRRG		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31239	N	NSL/SINUS ENDOSCOPY SURG DCR		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31240	N	NSL/SNS NDSC CNCH BULL RESCJ		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31241	N	NSL/SNS NDSC LIG SPHNPTN ART		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31242	N	NSL/SINUS NDSC RF ABLTJ PNN		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31243	N	NSL/SINUS NDSC CRYOABLTJ PNN		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31253	N	NSL/SINS NDSC TOTAL		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31254	N	NSL/SINS NDSC W/PRTL ETHMDCT		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31255	N	NSL/SINS NDSC W/TOT ETHMDCT		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31256	N	EXPLORATION MAXILLARY SINUS		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31257	N	NSL/SINS NDSC TOT W/SPHENDT		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31259	N	NSL/SINS NDSC SPHN TISS RMVL		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31267	N	ENDOSCOPY MAXILLARY SINUS		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
3126F	E	ESOPH BX RPRT W/DYSPL INFO		-	-	Not Allowed	$0.00			-	-	000	999	
31276	N	NSL/SINS NDSC FRNT TISS RMVL		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31287	N	NASAL/SINUS ENDOSCOPY SURG		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31288	N	NASAL/SINUS ENDOSCOPY SURG		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31290	C	NASAL/SINUS ENDOSCOPY SURG		-	-	IP Only	$0.00			-	-	000	999	
31291	C	NASAL/SINUS ENDOSCOPY SURG		-	-	IP Only	$0.00			-	-	000	999	
31292	N	NSL/SINS NDSC MED/INF DCMPRN		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31293	N	NSL/SINS NDSC MED&INF DCMPRN		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31294	N	NSL/SINS NDSC SURG ON DCMPRN		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31295	N	NSL/SINS NDSC SURG MAX SINS		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31296	N	NSL/SINS NDSC SURG FRNT SINS		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31297	N	NSL/SINS NDSC SURG SPHN SINS		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31298	N	NSL/SINS NDSC SURG FRNT&SPHN		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31299	T	UNLISTED PX ACCESSORY SINUS		05161	2.6043	APC	$158.13			-	-	000	999	
31300	N	REMOVAL OF LARYNX LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
3130F	E	UPPER GI ENDOSCOPY PERFORMED		-	-	Not Allowed	$0.00			-	-	000	999	
3132F	E	DOC REF UPPER GI ENDOSCOPY		-	-	Not Allowed	$0.00			-	-	000	999	
31360	C	REMOVAL OF LARYNX		-	-	IP Only	$0.00			-	-	000	999	
31365	C	REMOVAL OF LARYNX		-	-	IP Only	$0.00			-	-	000	999	
31367	C	PARTIAL REMOVAL OF LARYNX		-	-	IP Only	$0.00			-	-	000	999	
31368	C	PARTIAL REMOVAL OF LARYNX		-	-	IP Only	$0.00			-	-	000	999	
31370	C	PARTIAL REMOVAL OF LARYNX		-	-	IP Only	$0.00			-	-	000	999	
31375	C	PARTIAL REMOVAL OF LARYNX		-	-	IP Only	$0.00			-	-	000	999	
31380	C	PARTIAL REMOVAL OF LARYNX		-	-	IP Only	$0.00			-	-	000	999	

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31382	C	PARTIAL REMOVAL OF LARYNX		-	-	IP Only	$0.00			-	-	000	999	
31390	C	REMOVAL OF LARYNX & PHARYNX		-	-	IP Only	$0.00			-	-	000	999	
31395	C	RECONSTRUCT LARYNX & PHARYNX		-	-	IP Only	$0.00			-	-	000	999	
31400	N	REVISION OF LARYNX		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
3140F	E	UPPER GI ENDO SHOWS BARRTTS		-	-	Not Allowed	$0.00			-	-	000	999	
3141F	E	UPPER GI ENDO NOT BARRTTS		-	-	Not Allowed	$0.00			-	-	000	999	
31420	N	EPIGLOTTIDECTOMY		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
3142F	E	BARIUM SWALLOW TEST ORDERED		-	-	Not Allowed	$0.00			-	-	000	999	
31500	T	INSERT EMERGENCY AIRWAY		05161	2.6043	APC	$158.13			-	-	000	999	
31502	T	CHANGE OF WINDPIPE AIRWAY		05161	2.6043	APC	$158.13			-	-	000	999	
31505	T	DIAGNOSTIC LARYNGOSCOPY		05151	2.1772	APC	$132.20			-	-	000	999	
3150F	E	FORCEPS ESOPH BIOPSY DONE		-	-	Not Allowed	$0.00			-	-	000	999	
31510	N	LARYNGOSCOPY WITH BIOPSY		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31511	T	REMOVE FOREIGN BODY LARYNX		05151	2.1772	APC	$132.20			-	-	000	999	
31512	N	REMOVAL OF LARYNX LESION		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31513	T	INJECTION INTO VOCAL CORD		05152	4.3548	APC	$264.42			-	-	000	999	
31515	T	LARYNGOSCOPY FOR ASPIRATION		05152	4.3548	APC	$264.42			-	-	000	999	
31520	T	DX LARYNGOSCOPY NEWBORN		05152	4.3548	APC	$264.42			-	-	000	999	
31525	N	DX LARYNGOSCOPY EXCL NB		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31526	N	DX LARYNGOSCOPY W/OPER SCOPE		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31527	N	LARYNGOSCOPY FOR TREATMENT		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31528	N	LARYNGOSCOPY AND DILATION		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31529	N	LARYNGOSCOPY AND DILATION		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31530	N	LARYNGOSCOPY W/FB REMOVAL		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31531	N	LARYNGOSCOPY W/FB & OP SCOPE		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31535	N	LARYNGOSCOPY W/BIOPSY		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31536	N	LARYNGOSCOPY W/BX & OP SCOPE		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31540	N	LARYNGOSCOPY W/EXC OF TUMOR		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31541	N	LARYNSCOP W/TUMR EXC + SCOPE		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31545	N	REMOVE VC LESION W/SCOPE		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	Y	000	999	
31546	N	REMOVE VC LESION SCOPE/GRAFT		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	Y	000	999	
31551	N	LARYNGOPLASTY LARYNGEAL STEN		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31552	N	LARYNGOPLASTY LARYNGEAL STEN		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31553	N	LARYNGOPLASTY LARYNGEAL STEN		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31554	N	LARYNGOPLASTY LARYNGEAL STEN		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
3155F	E	CYTOGEN TEST MARROW B/4 TX		-	-	Not Allowed	$0.00			-	-	000	999	
31560	N	LARYNGOSCOP W/ARYTENOIDECTOM		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31561	N	LARYNSCOP REMVE CART + SCOP		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31570	N	LARYNGOSCOPE W/VC INJ		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31571	N	LARYNGOSCOP W/VC INJ + SCOPE		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31572	N	LARGSC W/LASER DSTRJ LES		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31573	N	LARGSC W/THER INJECTION		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31574	N	LARGSC W/NJX AUGMENTATION		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31575	T	DIAGNOSTIC LARYNGOSCOPY		05151	2.1772	APC	$132.20			-	-	000	999	
31576	N	LARYNGOSCOPY WITH BIOPSY		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31577	T	LARGSC W/RMVL FOREIGN BDY(S)		05152	4.3548	APC	$264.42			-	-	000	999	
31578	N	LARGSC W/REMOVAL LESION		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31579	T	LARYNGOSCOPY TELESCOPIC		05152	4.3548	APC	$264.42			-	-	000	999	
31580	N	LARYNGOPLASTY LARYNGEAL WEB		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31584	N	LARYNGOPLASTY FX RDCTJ FIXJ		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31587	N	LARYNGOPLASTY CRICOID SPLIT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31590	N	REINNERVATE LARYNX		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31591	N	LARYNGOPLASTY MEDIALIZATION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31592	N	CRICOTRACHEAL RESECTION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31599	T	UNLISTED PROCEDURE LARYNX		05161	2.6043	APC	$158.13			-	-	000	999	
31600	N	PLANNED TRACHEOSTOMY		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	

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31601	N	PLANNED TRACHEOSTOMY<2 YRS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	1	
31603	N	EMER TRACHEOSTOMY TTRACH		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
31605	T	EMER TRACHEOSTOMY CTHYR MEM		05161	2.6043	APC	$158.13			-	-	000	999	
3160F	E	DOC FE+ STORES B/4 EPO THX		-	-	Not Allowed	$0.00			-	-	000	999	
31610	N	TRACHEOSTOMY FENEST SKIN FLP		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31611	N	CONSTJ TRACHESOPHGL FSTL		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
31612	N	PERQ TRCHL PNXR TTRACH ASPIR		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
31613	N	TRACHEOSTOMA REVJ SIMPLE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
31614	N	TRACHEOSTOMA REVJ COMPLEX		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31615	T	TRCHEOBRNCHSC EST TRACHS INC		05162	5.7111	APC	$346.78			-	-	000	999	
31622	N	DX BRONCHOSCOPE/WASH		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31623	N	DX BRONCHOSCOPE/BRUSH		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31624	N	DX BRONCHOSCOPE/LAVAGE		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31625	N	BRONCHOSCOPY W/BIOPSY(S)		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31626	N	BRONCHOSCOPY W/MARKERS		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31627	N	NAVIGATIONAL BRONCHOSCOPY		-	-	Bundled	$0.00			-	-	000	999	
31628	N	BRONCHOSCOPY/LUNG BX EACH		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31629	N	BRONCHOSCOPY/NEEDLE BX EACH		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31630	N	BRONCHOSCOPY DILATE/FX REPR		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31631	N	BRONCHOSCOPY DILATE W/STENT		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31632	N	BRONCHOSCOPY/LUNG BX ADDL		-	-	Bundled	$0.00			-	Y	000	999	
31633	N	BRONCHOSCOPY/NEEDLE BX ADDL		-	-	Bundled	$0.00			-	Y	000	999	
31634	N	BRONCH W/BALLOON OCCLUSION		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	-	000	999	
31635	N	BRONCHOSCOPY W/FB REMOVAL		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31636	N	BRONCHOSCOPY BRONCH STENTS		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	Y	000	999	
31637	N	BRONCHOSCOPY STENT ADD-ON		-	-	Bundled	$0.00			-	Y	000	999	
31638	N	BRONCHOSCOPY REVISE STENT		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	Y	000	999	
31640	N	BRONCHOSCOPY W/TUMOR EXCISE		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31641	N	BRONCHOSCOPY TREAT BLOCKAGE		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31643	N	DIAG BRONCHOSCOPE/CATHETER		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31645	N	BRNCHSC W/THER ASPIR 1ST		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31646	T	BRNCHSC W/THER ASPIR SBSQ		05152	4.3548	APC	$264.42			-	-	000	999	
31647	N	BRONCHIAL VALVE INIT INSERT		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	Y	000	999	
31648	N	BRONCHIAL VALVE REMOV INIT		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	Y	000	999	
31649	N	BRONCHIAL VALVE REMOV ADDL		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	Y	000	999	
31651	N	BRONCHIAL VALVE ADDL INSERT		-	-	Bundled	$0.00			-	Y	000	999	
31652	N	BRONCH EBUS SAMPLNG 1/2 NODE		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31653	N	BRONCH EBUS SAMPLNG 3/> NODE		05154	41.3479	Bundled, sometimes payable	$2,510.64			-	-	000	999	
31654	N	BRONCH EBUS IVNTJ PERPH LES		-	-	Bundled	$0.00			-	-	000	999	
31660	N	BRONCH THERMOPLSTY 1 LOBE		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	Y	000	999	
31661	N	BRONCH THERMOPLSTY 2/> LOBES		05155	77.6331	Bundled, sometimes payable	$4,713.88			-	Y	000	999	
3170F	E	BASELIN FLO CYTOMETRY B/4 TX		-	-	Not Allowed	$0.00			-	-	000	999	
31717	T	BRONCHIAL BRUSH BIOPSY		05152	4.3548	APC	$264.42			-	-	000	999	
31720	N	CLEARANCE OF AIRWAYS		05791	2.2810	Bundled, sometimes payable	$138.50			-	-	000	999	
31725	C	CLEARANCE OF AIRWAYS		-	-	IP Only	$0.00			-	-	000	999	
31730	N	INTRO WINDPIPE WIRE/TUBE		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
31750	N	TRACHEOPLASTY CERVICAL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31755	N	TRACHPLSTY TRCHPHRYNGL FSTLJ		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31760	C	TRACHEOPLASTY INTRATHORACIC		-	-	IP Only	$0.00			-	-	000	999	
31766	C	CARINAL RECONSTRUCTION		-	-	IP Only	$0.00			-	-	000	999	
31770	C	REPAIR/GRAFT OF BRONCHUS		-	-	IP Only	$0.00			-	-	000	999	
31775	C	RECONSTRUCT BRONCHUS		-	-	IP Only	$0.00			-	-	000	999	
31780	C	RECONSTRUCT WINDPIPE		-	-	IP Only	$0.00			-	-	000	999	
31781	C	RECONSTRUCT WINDPIPE		-	-	IP Only	$0.00			-	-	000	999	
31785	N	REMOVE WINDPIPE LESION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
31786	C	REMOVE WINDPIPE LESION		-	-	IP Only	$0.00			-	-	000	999	

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31800	C	REPAIR OF WINDPIPE INJURY		-	-	IP Only	$0.00			-	-	000	999	
31805	C	REPAIR OF WINDPIPE INJURY		-	-	IP Only	$0.00			-	-	000	999	
31820	N	CLOSURE OF WINDPIPE LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
31825	N	REPAIR OF WINDPIPE DEFECT		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
31830	N	REVISE WINDPIPE SCAR		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
31899	T	UNLISTED PX TRACHEA BRONCHI		05151	2.1772	APC	$132.20			-	-	000	999	
3200F	E	BARIUM SWALLOW TEST NOT REQ		-	-	Not Allowed	$0.00			-	-	000	999	
32035	C	THORACOSTOMY W/RIB RESECTION		-	-	IP Only	$0.00			-	-	000	999	
32036	C	THORACOSTOMY W/FLAP DRAINAGE		-	-	IP Only	$0.00			-	-	000	999	
32096	C	OPEN WEDGE/BX LUNG INFILTR		-	-	IP Only	$0.00			-	-	000	999	
32097	C	OPEN WEDGE/BX LUNG NODULE		-	-	IP Only	$0.00			-	-	000	999	
32098	C	OPEN BIOPSY OF LUNG PLEURA		-	-	IP Only	$0.00			-	-	000	999	
32100	C	EXPLORATION OF CHEST		-	-	IP Only	$0.00			-	-	000	999	
3210F	E	GRP A STREP TEST PERFORMED		-	-	Not Allowed	$0.00			-	-	000	999	
32110	C	EXPLORE/REPAIR CHEST		-	-	IP Only	$0.00			-	-	000	999	
32120	C	RE-EXPLORATION OF CHEST		-	-	IP Only	$0.00			-	-	000	999	
32124	C	EXPLORE CHEST FREE ADHESIONS		-	-	IP Only	$0.00			-	-	000	999	
32140	C	REMOVAL OF LUNG LESION(S)		-	-	IP Only	$0.00			-	-	000	999	
32141	C	REMOVE/TREAT LUNG LESIONS		-	-	IP Only	$0.00			-	-	000	999	
32150	C	REMOVAL OF LUNG LESION(S)		-	-	IP Only	$0.00			-	-	000	999	
32151	C	REMOVE LUNG FOREIGN BODY		-	-	IP Only	$0.00			-	-	000	999	
3215F	E	PT IMMUNITY TO HEP A DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
32160	C	OPEN CHEST HEART MASSAGE		-	-	IP Only	$0.00			-	-	000	999	
3216F	E	PT IMMUNITY TO HEP B DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
3218F	E	RNA TSTNG HEP C DOCD DONE		-	-	Not Allowed	$0.00			-	-	000	999	
32200	C	DRAIN OPEN LUNG LESION		-	-	IP Only	$0.00			-	-	000	999	
3220F	E	HEP C QUANT RNA TSTNG DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
32215	C	TREAT CHEST LINING		-	-	IP Only	$0.00			-	-	000	999	
32220	C	RELEASE OF LUNG		-	-	IP Only	$0.00			-	-	000	999	
32225	C	PARTIAL RELEASE OF LUNG		-	-	IP Only	$0.00			-	-	000	999	
3230F	E	NOTE HRING TST W/IN 6 MON		-	-	Not Allowed	$0.00			-	-	000	999	
32310	C	REMOVAL OF CHEST LINING		-	-	IP Only	$0.00			-	-	000	999	
32320	C	FREE/REMOVE CHEST LINING		-	-	IP Only	$0.00			-	-	000	999	
32400	N	NEEDLE BIOPSY CHEST LINING		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
32408	N	CORE NDL BX LNG/MED PERQ		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
32440	C	REMOVE LUNG PNEUMONECTOMY		-	-	IP Only	$0.00			-	-	000	999	
32442	C	SLEEVE PNEUMONECTOMY		-	-	IP Only	$0.00			-	-	000	999	
32445	C	REMOVAL OF LUNG EXTRAPLEURAL		-	-	IP Only	$0.00			-	-	000	999	
32480	C	PARTIAL REMOVAL OF LUNG		-	-	IP Only	$0.00			-	-	000	999	
32482	C	BILOBECTOMY		-	-	IP Only	$0.00			-	-	000	999	
32484	C	SEGMENTECTOMY		-	-	IP Only	$0.00			-	-	000	999	
32486	C	SLEEVE LOBECTOMY		-	-	IP Only	$0.00			-	-	000	999	
32488	C	COMPLETION PNEUMONECTOMY		-	-	IP Only	$0.00			-	-	000	999	
32491	C	LUNG VOLUME REDUCTION		-	-	IP Only	$0.00			-	-	000	999	
32501	C	REPAIR BRONCHUS ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
32503	C	RESECT APICAL LUNG TUMOR		-	-	IP Only	$0.00			-	-	000	999	
32504	C	RESECT APICAL LUNG TUM/CHEST		-	-	IP Only	$0.00			-	Y	000	999	
32505	C	WEDGE RESECT OF LUNG INITIAL		-	-	IP Only	$0.00			-	-	000	999	
32506	C	WEDGE RESECT OF LUNG ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
32507	C	WEDGE RESECT OF LUNG DIAG		-	-	IP Only	$0.00			-	-	000	999	
3250F	E	NONPRIM LOC ANAT BX SITE TUM		-	-	Not Allowed	$0.00			-	-	000	999	
32540	C	REMOVAL OF LUNG LESION		-	-	IP Only	$0.00			-	-	000	999	
32550	N	INSERT PLEURAL CATH		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
32551	N	INSERTION OF CHEST TUBE		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	-	000	999	
32552	N	REMOVE LUNG CATHETER		05181	6.9336	Bundled, sometimes payable	$421.01			-	-	000	999	
32553	S	INS MARK THOR FOR RT PERQ		05613	15.3446	APC	$931.72			-	-	000	999	

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32554	T	ASPIRATE PLEURA W/O IMAGING		05181	6.9336	APC	$370.51			-	Y	000	999	
32555	T	ASPIRATE PLEURA W/ IMAGING		05181	6.9336	APC	$370.51			-	Y	000	999	
32556	N	INSERT CATH PLEURA W/O IMAGE		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	Y	000	999	
32557	N	INSERT CATH PLEURA W/ IMAGE		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	Y	000	999	
32560	T	TREAT PLEURODESIS W/AGENT		05181	6.9336	APC	$421.01			-	-	000	999	
32561	T	LYSE CHEST FIBRIN INIT DAY		05181	6.9336	APC	$421.01			-	-	000	999	
32562	T	LYSE CHEST FIBRIN SUBQ DAY		05181	6.9336	APC	$421.01			-	-	000	999	
32601	N	THORACOSCOPY DIAGNOSTIC		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
32604	N	THORACOSCOPY WBX SAC		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
32606	N	THORACOSCOPY W/BX MED SPACE		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
32607	N	THORACOSCOPY W/BX INFILTRATE		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
32608	N	THORACOSCOPY W/BX NODULE		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
32609	N	THORACOSCOPY W/BX PLEURA		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
3260F	E	PT CAT/PN CAT/HIST GRD DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
32650	C	THORACOSCOPY W/PLEURODESIS		-	-	IP Only	$0.00			-	-	000	999	
32651	C	THORACOSCOPY REMOVE CORTEX		-	-	IP Only	$0.00			-	-	000	999	
32652	C	THORACOSCOPY REM TOTL CORTEX		-	-	IP Only	$0.00			-	-	000	999	
32653	C	THORACOSCOPY REMOV FB/FIBRIN		-	-	IP Only	$0.00			-	-	000	999	
32654	C	THORACOSCOPY CONTRL BLEEDING		-	-	IP Only	$0.00			-	-	000	999	
32655	C	THORACOSCOPY RESECT BULLAE		-	-	IP Only	$0.00			-	-	000	999	
32656	C	THORACOSCOPY W/PLEURECTOMY		-	-	IP Only	$0.00			-	-	000	999	
32658	C	THORACOSCOPY W/SAC FB REMOVE		-	-	IP Only	$0.00			-	-	000	999	
32659	C	THORACOSCOPY W/SAC DRAINAGE		-	-	IP Only	$0.00			-	-	000	999	
3265F	E	RNA TSTNG HEPC VIR ORD/DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
32661	C	THORACOSCOPY W/PERICARD EXC		-	-	IP Only	$0.00			-	-	000	999	
32662	C	THORACOSCOPY W/MEDIAST EXC		-	-	IP Only	$0.00			-	-	000	999	
32663	C	THORACOSCOPY W/LOBECTOMY		-	-	IP Only	$0.00			-	-	000	999	
32664	C	THORACOSCOPY W/ TH NRV EXC		-	-	IP Only	$0.00			-	-	000	999	
32665	C	THORACOSCOP W/ESOPH MUSC EXC		-	-	IP Only	$0.00			-	-	000	999	
32666	C	THORACOSCOPY W/WEDGE RESECT		-	-	IP Only	$0.00			-	-	000	999	
32667	C	THORACOSCOPY W/W RESECT ADDL		-	-	IP Only	$0.00			-	-	000	999	
32668	C	THORACOSCOPY W/W RESECT DIAG		-	-	IP Only	$0.00			-	-	000	999	
32669	C	THORACOSCOPY REMOVE SEGMENT		-	-	IP Only	$0.00			-	-	000	999	
3266F	E	HEPC GN TSTNG DOCD B/4TXMNT		-	-	Not Allowed	$0.00			-	-	000	999	
32670	C	THORACOSCOPY BILOBECTOMY		-	-	IP Only	$0.00			-	-	000	999	
32671	C	THORACOSCOPY PNEUMONECTOMY		-	-	IP Only	$0.00			-	-	000	999	
32672	C	THORACOSCOPY FOR LVRS		-	-	IP Only	$0.00			-	-	000	999	
32673	C	THORACOSCOPY W/THYMUS RESECT		-	-	IP Only	$0.00			-	-	000	999	
32674	C	THORACOSCOPY LYMPH NODE EXC		-	-	IP Only	$0.00			-	-	000	999	
3267F	E	PATH RPRT W/ PT PN CAT ET AL		-	-	Not Allowed	$0.00			-	-	000	999	
3268F	E	PSA/T/GLSC DOCD B/4 TXMNT		-	-	Not Allowed	$0.00			-	-	000	999	
3269F	E	BONE SCN B/4 TXMNT/AFTR DX		-	-	Not Allowed	$0.00			-	-	000	999	
32701	E	THORAX STEREO RAD TARGETW/TX		-	-	Not Allowed	$0.00			-	Y	000	999	
3270F	E	NO BONE SCN B/4 TXMNT/AFTRDX		-	-	Not Allowed	$0.00			-	-	000	999	
3271F	E	LOW RISK PROSTATE CANCER		-	-	Not Allowed	$0.00			-	-	000	999	
3272F	E	MED RISK PROSTATE CANCER		-	-	Not Allowed	$0.00			-	-	000	999	
3273F	E	HIGH RISK PROSTATE CANCER		-	-	Not Allowed	$0.00			-	-	000	999	
3274F	E	PROST CNCR RSK NOT LW/MD/HGH		-	-	Not Allowed	$0.00			-	-	000	999	
3278F	E	SERUM LVLS CA/IPTH/LPD ORD		-	-	Not Allowed	$0.00			-	-	000	999	
3279F	E	HGB LVL >= 13 G/DL		-	-	Not Allowed	$0.00			-	-	000	999	
32800	C	REPAIR LUNG HERNIA		-	-	IP Only	$0.00			-	-	000	999	
3280F	E	HGB LVL 11-12.9 G/DL		-	-	Not Allowed	$0.00			-	-	000	999	
32810	C	CLOSE CHEST AFTER DRAINAGE		-	-	IP Only	$0.00			-	-	000	999	
32815	C	CLOSE BRONCHIAL FISTULA		-	-	IP Only	$0.00			-	-	000	999	
3281F	E	HGB LVL <11 G/DL		-	-	Not Allowed	$0.00			-	-	000	999	
32820	C	RECONSTRUCT INJURED CHEST		-	-	IP Only	$0.00			-	-	000	999	

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3284F	E	IOP RED >=15% PRE-NTRV LVL		-	-	Not Allowed	$0.00			-	-	000	999	
32850	C	DONOR PNEUMONECTOMY		-	-	IP Only	$0.00			-	Y	000	999	
32851	C	LUNG TRANSPLANT SINGLE		-	-	IP Only	$0.00			Y	Y	000	999	
32852	C	LUNG TRANSPLANT WITH BYPASS		-	-	IP Only	$0.00			Y	Y	000	999	
32853	C	LUNG TRANSPLANT DOUBLE		-	-	IP Only	$0.00			Y	Y	000	999	
32854	C	LUNG TRANSPLANT WITH BYPASS		-	-	IP Only	$0.00			Y	Y	000	999	
32855	C	PREPARE DONOR LUNG SINGLE		-	-	IP Only	$0.00			-	Y	000	999	
32856	C	PREPARE DONOR LUNG DOUBLE		-	-	IP Only	$0.00			-	Y	000	999	
3285F	E	IOP DOWN <15% OF PRE-SVC LVL		-	-	Not Allowed	$0.00			-	-	000	999	
3288F	E	FALL RISK ASSESSMENT DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
32900	C	REMOVAL OF RIB(S)		-	-	IP Only	$0.00			-	-	000	999	
32905	C	REVISE & REPAIR CHEST WALL		-	-	IP Only	$0.00			-	-	000	999	
32906	C	REVISE & REPAIR CHEST WALL		-	-	IP Only	$0.00			-	-	000	999	
3290F	E	PT=D(RH)- AND UNSENSITIZED		-	-	Not Allowed	$0.00			-	-	000	999	
3291F	E	PT=D(RH)+ OR SENSITIZED		-	-	Not Allowed	$0.00			-	-	000	999	
3292F	E	HIV TSTNG ASKED/DOCD/REVWD		-	-	Not Allowed	$0.00			-	-	000	999	
3293F	E	ABO RH BLOOD TYPING DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
32940	C	REVISION OF LUNG		-	-	IP Only	$0.00			-	-	000	999	
3294F	E	GRP B STREP SCREENING DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
32960	T	THERAPEUTIC PNEUMOTHORAX		05181	6.9336	APC	$421.01			-	-	000	999	
32994	N	ABLATE PULM TUMOR PERQ CRYBL		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
32997	C	TOTAL LUNG LAVAGE		-	-	IP Only	$0.00			-	-	000	999	
32998	N	ABLATE PULM TUMOR PERQ RF		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
32999	T	UNLISTED PX LUNGS & PLEURA		05181	6.9336	APC	$421.01			-	-	000	999	
3300F	E	AJCC STAGE DOCD B/4 THXPY		-	-	Not Allowed	$0.00			-	-	000	999	
33016	N	PERICARDIOCENTESIS W/IMAGING		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	-	000	999	
33017	E	PRCRD DRG 6YR+ W/O CGEN CAR		-	-	Not Allowed	$0.00			-	-	006	999	
33018	E	PRCRD DRG 0-5YR OR W/ANOMLY		-	-	Not Allowed	$0.00			-	-	005	999	
33019	E	PERQ PRCRD DRG INSJ CATH CT		-	-	Not Allowed	$0.00			-	-	000	999	
3301F	E	CANCER STAGE DOCD METAST		-	-	Not Allowed	$0.00			-	-	000	999	
33020	C	INCISION OF HEART SAC		-	-	IP Only	$0.00			-	-	000	999	
33025	C	INCISION OF HEART SAC		-	-	IP Only	$0.00			-	-	000	999	
33030	C	PARTIAL REMOVAL OF HEART SAC		-	-	IP Only	$0.00			-	-	000	999	
33031	C	PARTIAL REMOVAL OF HEART SAC		-	-	IP Only	$0.00			-	-	000	999	
33050	C	RESECT HEART SAC LESION		-	-	IP Only	$0.00			-	-	000	999	
33120	C	EXC ICAR TUM RESC W/CARD BYP		-	-	IP Only	$0.00			-	-	000	999	
33130	C	RESCJ EXTERNAL CARDIAC TUMOR		-	-	IP Only	$0.00			-	-	000	999	
33140	C	HEART REVASCULARIZE (TMR)		-	-	IP Only	$0.00			-	-	000	999	
33141	C	HEART TMR W/OTHER PROCEDURE		-	-	IP Only	$0.00			-	-	000	999	
3315F	E	ER+ OR PR+ BREAST CANCER		-	-	Not Allowed	$0.00			-	-	000	999	
3316F	E	ER- OR PR- BREAST CANCER		-	-	Not Allowed	$0.00			-	-	000	999	
3317F	E	PATH RPT MALIG CANCER DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
3318F	E	PATH RPT MALIG CANCER DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
3319F	E	X-RAY/CT/ULTRSND ET AL ORD		-	-	Not Allowed	$0.00			-	-	000	999	
33202	C	INSERT EPICARD ELTRD OPEN		-	-	IP Only	$0.00			-	-	000	999	
33203	C	INSERT EPICARD ELTRD ENDO		-	-	IP Only	$0.00			-	-	000	999	
33206	N	INSERT HEART PM ATRIAL		05223	117.3651	Bundled, sometimes payable	$7,126.41			-	-	000	999	
33207	N	INSERT HEART PM VENTRICULAR		05223	117.3651	Bundled, sometimes payable	$7,126.41			-	-	000	999	
33208	N	INSRT HEART PM ATRIAL & VENT		05223	117.3651	Bundled, sometimes payable	$7,126.41			-	-	000	999	
3320F	E	NO XRAY/CT/ ET AL ORDD		-	-	Not Allowed	$0.00			-	-	000	999	
33210	N	INSERT ELECTRD/PM CATH SNGL		05222	92.8123	Bundled, sometimes payable	$5,635.56			-	-	000	999	
33211	N	INSERT CARD ELECTRODES DUAL		05222	92.8123	Bundled, sometimes payable	$5,635.56			-	-	000	999	
33212	N	INSERT PULSE GEN SNGL LEAD		05222	92.8123	Bundled, sometimes payable	$5,635.56			-	-	000	999	
33213	N	INSERT PULSE GEN DUAL LEADS		05223	117.3651	Bundled, sometimes payable	$7,126.41			-	-	000	999	
33214	N	UPGRADE OF PACEMAKER SYSTEM		05223	117.3651	Bundled, sometimes payable	$7,126.41			-	-	000	999	
33215	N	REPOSITION PACING-DEFIB LEAD		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	

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33216	N	INSERT 1 ELECTRODE PM-DEFIB		05222	92.8123	Bundled, sometimes payable	$5,635.56			-	-	000	999	
33217	N	INSERT 2 ELECTRODE PM-DEFIB		05222	92.8123	Bundled, sometimes payable	$5,635.56			-	-	000	999	
33218	T	REPAIR LEAD PACE-DEFIB ONE		05221	40.8135	APC	$2,478.20			-	-	000	999	
3321F	E	AJCC CNCR 0/IA MELAN DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33220	T	REPAIR LEAD PACE-DEFIB DUAL		05221	40.8135	APC	$2,478.20			-	-	000	999	
33221	N	INSERT PULSE GEN MULT LEADS		05224	213.8766	Bundled, sometimes payable	$12,986.59			-	-	000	999	
33222	T	RELOCATION POCKET PACEMAKER		05054	20.5142	APC	$1,245.62			-	-	000	999	
33223	T	RELOCATE POCKET FOR DEFIB		05054	20.5142	APC	$1,245.62			-	-	000	999	
33224	N	INSERT PACING LEAD & CONNECT		05223	117.3651	Bundled, sometimes payable	$7,126.41			-	-	000	999	
33225	N	L VENTRIC PACING LEAD ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
33226	N	REPOSITION L VENTRIC LEAD		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
33227	N	REMOVE&REPLACE PM GEN SINGL		05222	92.8123	Bundled, sometimes payable	$5,635.56			-	-	000	999	
33228	N	REMV&REPLC PM GEN DUAL LEAD		05223	117.3651	Bundled, sometimes payable	$7,126.41			-	-	000	999	
33229	N	REMV&REPLC PM GEN MULT LEADS		05224	213.8766	Bundled, sometimes payable	$12,986.59			-	-	000	999	
3322F	E	MELANOMAAJCC STAGE 0 OR IA		-	-	Not Allowed	$0.00			-	-	000	999	
33230	N	INSRT PULSE GEN W/DUAL LEADS		05231	251.7264	Bundled, sometimes payable	$15,284.83			-	-	000	999	
33231	N	INSRT PULSE GEN W/MULT LEADS		05232	359.5597	Bundled, sometimes payable	$21,832.46			-	-	000	999	
33233	N	REMOVAL OF PM GENERATOR		05222	92.8123	Bundled, sometimes payable	$5,635.56			-	-	000	999	
33234	N	REMOVAL OF PACEMAKER SYSTEM		05221	40.8135	Bundled, sometimes payable	$2,478.20			-	-	000	999	
33235	N	REMOVAL PACEMAKER ELECTRODE		05221	40.8135	Bundled, sometimes payable	$2,478.20			-	-	000	999	
33236	C	REMOVE ELECTRODE/THORACOTOMY		-	-	IP Only	$0.00			-	-	000	999	
33237	C	REMOVE ELECTRODE/THORACOTOMY		-	-	IP Only	$0.00			-	-	000	999	
33238	C	REMOVE ELECTRODE/THORACOTOMY		-	-	IP Only	$0.00			-	-	000	999	
3323F	E	CLIN NODE STGNG DOCDB/4 SURG		-	-	Not Allowed	$0.00			-	-	000	999	
33240	N	INSRT PULSE GEN W/SINGL LEAD		05231	251.7264	Bundled, sometimes payable	$15,284.83			-	-	000	999	
33241	N	REMOVE PULSE GENERATOR		05221	40.8135	Bundled, sometimes payable	$2,478.20			-	-	000	999	
33243	C	REMOVE ELTRD/THORACOTOMY		-	-	IP Only	$0.00			-	-	000	999	
33244	N	REMOVE ELCTRD TRANSVENOUSLY		05221	40.8135	Bundled, sometimes payable	$2,478.20			-	-	000	999	
33249	N	INSJ/RPLCMT DEFIB W/LEAD(S)		05232	359.5597	Bundled, sometimes payable	$21,832.46			-	-	000	999	
3324F	E	MRI CT SCAN ORD RVWD RQSTD		-	-	Not Allowed	$0.00			-	-	000	999	
33250	C	ABLATE HEART DYSRHYTHM FOCUS		-	-	IP Only	$0.00			-	-	000	999	
33251	C	ABLATE HEART DYSRHYTHM FOCUS		-	-	IP Only	$0.00			-	-	000	999	
33254	C	ABLATE ATRIA LMTD		-	-	IP Only	$0.00			-	-	000	999	
33255	C	ABLATE ATRIA W/O BYPASS EXT		-	-	IP Only	$0.00			-	-	000	999	
33256	C	ABLATE ATRIA W/BYPASS EXTEN		-	-	IP Only	$0.00			-	-	000	999	
33257	C	ABLATE ATRIA LMTD ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
33258	C	ABLATE ATRIA X10SV ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
33259	C	ABLATE ATRIA W/BYPASS ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
3325F	E	PREOP ASSES 4 CATARACT SURG		-	-	Not Allowed	$0.00			-	-	000	999	
33261	C	ABLATE HEART DYSRHYTHM FOCUS		-	-	IP Only	$0.00			-	-	000	999	
33262	N	RMVL& REPLC PULSE GEN 1 LEAD		05231	251.7264	Bundled, sometimes payable	$15,284.83			-	-	000	999	
33263	N	RMVL & RPLCMT DFB GEN 2 LEAD		05231	251.7264	Bundled, sometimes payable	$15,284.83			-	-	000	999	
33264	N	RMVL & RPLCMT DFB GEN MLT LD		05232	359.5597	Bundled, sometimes payable	$21,832.46			-	-	000	999	
33265	C	ABLATE ATRIA LMTD ENDO		-	-	IP Only	$0.00			-	-	000	999	
33266	C	ABLATE ATRIA X10SV ENDO		-	-	IP Only	$0.00			-	-	000	999	
33267	C	EXCL LAA OPEN ANY METHOD		-	-	IP Only	$0.00			-	-	000	999	
33268	C	EXCL LAA OPN OTH PX ANY METH		-	-	IP Only	$0.00			-	-	000	999	
33269	C	EXCL LAA THRSCP ANY METHOD		-	-	IP Only	$0.00			-	-	000	999	
33270	N	INS/REP SUBQ DEFIBRILLATOR		05232	359.5597	Bundled, sometimes payable	$21,832.46			-	-	000	999	
33271	N	INSJ SUBQ IMPLTBL DFB ELCTRD		05222	92.8123	Bundled, sometimes payable	$5,635.56			-	-	000	999	
33272	N	RMVL OF SUBQ DEFIBRILLATOR		05221	40.8135	Bundled, sometimes payable	$2,478.20			-	-	000	999	
33273	T	REPOS PREV IMPLTBL SUBQ DFB		05221	40.8135	APC	$2,478.20			-	-	000	999	
33274	N	TCAT INSJ/RPL PERM LDLS PM		05224	213.8766	Bundled, sometimes payable	$12,986.59			-	-	000	999	
33275	N	TCAT RMVL PERM LDLS PM W/IMG		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
33276	S	INSJ PHRNC NRV STIM SYS		01580	741.1150	APC	$45,000.50			-	-	000	999	
33277	N	INSJ PHRNC NRV STIM TRANSVNS		-	-	Bundled	$0.00			-	-	000	999	

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33278	N	RMVL PHRNC NRV STIM SYS		05461	38.5673	Bundled, sometimes payable	$2,341.81			-	-	000	999	
33279	N	RMVL PHRNC NRV STIM TRANSVNS		05461	38.5673	Bundled, sometimes payable	$2,341.81			-	-	000	999	
33280	N	RMVL PHRNC NRV STIM PG ONLY		05461	38.5673	Bundled, sometimes payable	$2,341.81			-	-	000	999	
33281	N	REPOSG PHRNC NRV STIM TRNSVN		05461	38.5673	Bundled, sometimes payable	$2,341.81			-	-	000	999	
33285	N	INSJ SUBQ CAR RHYTHM MNTR		05222	92.8123	Bundled, sometimes payable	$5,635.56			-	-	000	999	
33286	N	RMVL SUBQ CAR RHYTHM MNTR		05071	7.8905	Bundled, sometimes payable	$479.11			-	-	000	999	
33287	N	RMV&RPLCMT PHRNC NRV STIM PG		05465	341.7509	Bundled, sometimes payable	$20,751.11			-	-	000	999	
33288	N	RMV&RPLCMT PHRNC NRV STIM LD		05463	139.8503	Bundled, sometimes payable	$8,491.71			-	-	000	999	
33289	N	TCAT IMPL WRLS P-ART PRS SNR		05200	318.8140	Bundled, sometimes payable	$19,358.39			-	-	000	999	
3328F	E	PRFRMNC DOCD 2 WKS B/4 SURG		-	-	Not Allowed	$0.00			-	-	000	999	
33300	C	REPAIR OF HEART WOUND		-	-	IP Only	$0.00			-	-	000	999	
33305	C	REPAIR OF HEART WOUND		-	-	IP Only	$0.00			-	-	000	999	
3330F	E	IMAGING STUDY ORDERED (BKP)		-	-	Not Allowed	$0.00			-	-	000	999	
33310	C	EXPLORATORY HEART SURGERY		-	-	IP Only	$0.00			-	-	000	999	
33315	C	EXPLORATORY HEART SURGERY		-	-	IP Only	$0.00			-	-	000	999	
3331F	E	BK IMAGING TST NOT ORDERED		-	-	Not Allowed	$0.00			-	-	000	999	
33320	C	REPAIR MAJOR BLOOD VESSEL(S)		-	-	IP Only	$0.00			-	-	000	999	
33321	C	REPAIR MAJOR VESSEL		-	-	IP Only	$0.00			-	-	000	999	
33322	C	REPAIR MAJOR BLOOD VESSEL(S)		-	-	IP Only	$0.00			-	-	000	999	
33330	C	INSERT MAJOR VESSEL GRAFT		-	-	IP Only	$0.00			-	-	000	999	
33335	C	INSERT MAJOR VESSEL GRAFT		-	-	IP Only	$0.00			-	-	000	999	
33340	C	PERQ CLSR TCAT L ATR APNDGE		-	-	IP Only	$0.00			-	-	000	999	
33361	C	REPLACE AORTIC VALVE PERQ		-	-	IP Only	$0.00			-	Y	000	999	
33362	C	REPLACE AORTIC VALVE OPEN		-	-	IP Only	$0.00			-	Y	000	999	
33363	C	REPLACE AORTIC VALVE OPEN		-	-	IP Only	$0.00			-	Y	000	999	
33364	C	REPLACE AORTIC VALVE OPEN		-	-	IP Only	$0.00			-	Y	000	999	
33365	C	REPLACE AORTIC VALVE OPEN		-	-	IP Only	$0.00			-	Y	000	999	
33366	C	TRCATH REPLACE AORTIC VALVE		-	-	IP Only	$0.00			-	-	000	999	
33367	C	REPLACE AORTIC VALVE W/BYP		-	-	IP Only	$0.00			-	Y	000	999	
33368	C	REPLACE AORTIC VALVE W/BYP		-	-	IP Only	$0.00			-	Y	000	999	
33369	C	REPLACE AORTIC VALVE W/BYP		-	-	IP Only	$0.00			-	Y	000	999	
33370	N	TCAT PLMT&RMVL CEPD PERQ		-	-	Bundled	$0.00			-	-	000	999	
33390	C	VALVULOPLASTY AORTIC VALVE		-	-	IP Only	$0.00			-	-	000	999	
33391	C	VALVULOPLASTY AORTIC VALVE		-	-	IP Only	$0.00			-	-	000	999	
33404	C	PREPARE HEART-AORTA CONDUIT		-	-	IP Only	$0.00			-	-	000	999	
33405	C	REPLACEMENT AORTIC VALVE OPN		-	-	IP Only	$0.00			-	-	000	999	
33406	C	REPLACEMENT AORTIC VALVE OPN		-	-	IP Only	$0.00			-	-	000	999	
3340F	E	MAMMO ASSESS INC XRAY DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33410	C	REPLACEMENT AORTIC VALVE OPN		-	-	IP Only	$0.00			-	-	000	999	
33411	C	REPLACEMENT OF AORTIC VALVE		-	-	IP Only	$0.00			-	-	000	999	
33412	C	REPLACEMENT OF AORTIC VALVE		-	-	IP Only	$0.00			-	-	000	999	
33413	C	REPLACEMENT OF AORTIC VALVE		-	-	IP Only	$0.00			-	-	000	999	
33414	C	REPAIR OF AORTIC VALVE		-	-	IP Only	$0.00			-	-	000	999	
33415	C	REVISION SUBVALVULAR TISSUE		-	-	IP Only	$0.00			-	-	000	999	
33416	C	REVISE VENTRICLE MUSCLE		-	-	IP Only	$0.00			-	-	000	999	
33417	C	REPAIR OF AORTIC VALVE		-	-	IP Only	$0.00			-	-	000	999	
33418	C	REPAIR TCAT MITRAL VALVE		-	-	IP Only	$0.00			-	-	000	999	
33419	N	REPAIR TCAT MITRAL VALVE		-	-	Bundled	$0.00			-	-	000	999	
3341F	E	MAMMO ASSESS NEGATIVE DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33420	C	REVISION OF MITRAL VALVE		-	-	IP Only	$0.00			-	-	000	999	
33422	C	REVISION OF MITRAL VALVE		-	-	IP Only	$0.00			-	-	000	999	
33425	C	REPAIR OF MITRAL VALVE		-	-	IP Only	$0.00			-	-	000	999	
33426	C	REPAIR OF MITRAL VALVE		-	-	IP Only	$0.00			-	-	000	999	
33427	C	REPAIR OF MITRAL VALVE		-	-	IP Only	$0.00			-	-	000	999	
3342F	E	MAMMO ASSESS BENGN DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33430	C	REPLACEMENT OF MITRAL VALVE		-	-	IP Only	$0.00			-	-	000	999	

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3343F	E	MAMMO PROBABLY BENGN DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33440	C	RPLCMT A-VALVE TLCJ AUTOL PV		-	-	IP Only	$0.00			-	-	000	999	
3344F	E	MAMMO ASSESS SUSP DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
3345F	E	MAMMO ASSESS HGHLYMALIG DOC		-	-	Not Allowed	$0.00			-	-	000	999	
33460	C	REVISION OF TRICUSPID VALVE		-	-	IP Only	$0.00			-	-	000	999	
33463	C	VALVULOPLASTY TRICUSPID		-	-	IP Only	$0.00			-	-	000	999	
33464	C	VALVULOPLASTY TRICUSPID		-	-	IP Only	$0.00			-	-	000	999	
33465	C	REPLACE TRICUSPID VALVE		-	-	IP Only	$0.00			-	-	000	999	
33468	C	REVISION OF TRICUSPID VALVE		-	-	IP Only	$0.00			-	-	000	999	
33474	C	REVISION OF PULMONARY VALVE		-	-	IP Only	$0.00			-	-	000	999	
33475	C	REPLACEMENT PULMONARY VALVE		-	-	IP Only	$0.00			-	-	000	999	
33476	C	REVISION OF HEART CHAMBER		-	-	IP Only	$0.00			-	-	000	999	
33477	C	IMPLANT TCAT PULM VLV PERQ		-	-	IP Only	$0.00			-	-	000	999	
33478	C	REVISION OF HEART CHAMBER		-	-	IP Only	$0.00			-	-	000	999	
33496	C	REPAIR PROSTH VALVE CLOT		-	-	IP Only	$0.00			-	-	000	999	
33500	C	REPAIR HEART VESSEL FISTULA		-	-	IP Only	$0.00			-	-	000	999	
33501	C	REPAIR HEART VESSEL FISTULA		-	-	IP Only	$0.00			-	-	000	999	
33502	C	CORONARY ARTERY CORRECTION		-	-	IP Only	$0.00			-	-	000	999	
33503	C	CORONARY ARTERY GRAFT		-	-	IP Only	$0.00			-	-	000	999	
33504	C	CORONARY ARTERY GRAFT		-	-	IP Only	$0.00			-	-	000	999	
33505	C	REPAIR ARTERY W/TUNNEL		-	-	IP Only	$0.00			-	-	000	999	
33506	C	REPAIR ARTERY TRANSLOCATION		-	-	IP Only	$0.00			-	-	000	999	
33507	C	REPAIR ART INTRAMURAL		-	-	IP Only	$0.00			-	Y	000	999	
33508	N	ENDOSCOPIC VEIN HARVEST		-	-	Bundled	$0.00			-	-	000	999	
33509	C	NDSC HRV UXTR ART 1 SGM CAB		-	-	IP Only	$0.00			-	-	000	999	
3350F	E	MAMMO BX PROVEN MALIG DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33510	C	CABG VEIN SINGLE		-	-	IP Only	$0.00			-	-	000	999	
33511	C	CABG VEIN TWO		-	-	IP Only	$0.00			-	-	000	999	
33512	C	CABG VEIN THREE		-	-	IP Only	$0.00			-	-	000	999	
33513	C	CABG VEIN FOUR		-	-	IP Only	$0.00			-	-	000	999	
33514	C	CABG VEIN FIVE		-	-	IP Only	$0.00			-	-	000	999	
33516	C	CABG VEIN SIX OR MORE		-	-	IP Only	$0.00			-	-	000	999	
33517	C	CABG ARTERY-VEIN SINGLE		-	-	IP Only	$0.00			-	-	000	999	
33518	C	CABG ARTERY-VEIN TWO		-	-	IP Only	$0.00			-	-	000	999	
33519	C	CABG ARTERY-VEIN THREE		-	-	IP Only	$0.00			-	-	000	999	
3351F	E	NEG SCRN DEP SYMP BY DEPTOOL		-	-	Not Allowed	$0.00			-	-	000	999	
33521	C	CABG ARTERY-VEIN FOUR		-	-	IP Only	$0.00			-	-	000	999	
33522	C	CABG ARTERY-VEIN FIVE		-	-	IP Only	$0.00			-	-	000	999	
33523	C	CABG ART-VEIN SIX OR MORE		-	-	IP Only	$0.00			-	-	000	999	
3352F	E	NO SIG DEP SYMP BY DEP TOOL		-	-	Not Allowed	$0.00			-	-	000	999	
33530	C	CORONARY ARTERY BYPASS/REOP		-	-	IP Only	$0.00			-	-	000	999	
33533	C	CABG ARTERIAL SINGLE		-	-	IP Only	$0.00			-	-	000	999	
33534	C	CABG ARTERIAL TWO		-	-	IP Only	$0.00			-	-	000	999	
33535	C	CABG ARTERIAL THREE		-	-	IP Only	$0.00			-	-	000	999	
33536	C	CABG ARTERIAL FOUR OR MORE		-	-	IP Only	$0.00			-	-	000	999	
3353F	E	MILD-MOD DEP SYMP BY DEPTOOL		-	-	Not Allowed	$0.00			-	-	000	999	
33542	C	REMOVAL OF HEART LESION		-	-	IP Only	$0.00			-	-	000	999	
33545	C	REPAIR OF HEART DAMAGE		-	-	IP Only	$0.00			-	-	000	999	
33548	C	RESTORE/REMODEL VENTRICLE		-	-	IP Only	$0.00			-	Y	000	999	
3354F	E	CLIN SIG DEP SYM BY DEP TOOL		-	-	Not Allowed	$0.00			-	-	000	999	
33572	C	OPEN CORONARY ENDARTERECTOMY		-	-	IP Only	$0.00			-	-	000	999	
33600	C	CLOSURE OF VALVE		-	-	IP Only	$0.00			-	-	000	999	
33602	C	CLOSURE OF VALVE		-	-	IP Only	$0.00			-	-	000	999	
33606	C	ANASTOMOSIS/ARTERY-AORTA		-	-	IP Only	$0.00			-	-	000	999	
33608	C	REPAIR ANOMALY W/CONDUIT		-	-	IP Only	$0.00			-	-	000	999	
33610	C	REPAIR BY ENLARGEMENT		-	-	IP Only	$0.00			-	-	000	999	

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33611	C	REPAIR DOUBLE VENTRICLE		-	-	IP Only	$0.00			-	-	000	999	
33612	C	REPAIR DOUBLE VENTRICLE		-	-	IP Only	$0.00			-	-	000	999	
33615	C	REPAIR MODIFIED FONTAN		-	-	IP Only	$0.00			-	-	000	999	
33617	C	REPAIR SINGLE VENTRICLE		-	-	IP Only	$0.00			-	-	000	999	
33619	C	REPAIR SINGLE VENTRICLE		-	-	IP Only	$0.00			-	-	000	999	
33620	C	APPLY R&L PULM ART BANDS		-	-	IP Only	$0.00			-	-	000	999	
33621	C	TRANSTHOR CATH FOR STENT		-	-	IP Only	$0.00			-	-	000	999	
33622	C	REDO COMPL CARDIAC ANOMALY		-	-	IP Only	$0.00			-	-	000	999	
33641	C	REPAIR HEART SEPTUM DEFECT		-	-	IP Only	$0.00			-	-	000	999	
33645	C	REVISION OF HEART VEINS		-	-	IP Only	$0.00			-	-	000	999	
33647	C	REPAIR HEART SEPTUM DEFECTS		-	-	IP Only	$0.00			-	-	000	999	
33660	C	REPAIR OF HEART DEFECTS		-	-	IP Only	$0.00			-	-	000	999	
33665	C	REPAIR OF HEART DEFECTS		-	-	IP Only	$0.00			-	-	000	999	
33670	C	REPAIR OF HEART CHAMBERS		-	-	IP Only	$0.00			-	-	000	999	
33675	C	CLOSE MULT VSD		-	-	IP Only	$0.00			-	-	000	999	
33676	C	CLOSE MULT VSD W/RESECTION		-	-	IP Only	$0.00			-	-	000	999	
33677	C	CL MULT VSD W/REM PUL BAND		-	-	IP Only	$0.00			-	-	000	999	
33681	C	CLOSURE 1 VSD W/WO PATCH		-	-	IP Only	$0.00			-	-	000	999	
33684	C	CLSR 1 VSD W/WO PATCH W/VLVT		-	-	IP Only	$0.00			-	-	000	999	
33688	C	CLSR 1VSD W/WO PTCH RMVL BND		-	-	IP Only	$0.00			-	-	000	999	
33690	C	BANDING PULMONARY ARTERY		-	-	IP Only	$0.00			-	-	000	999	
33692	C	COMP RPR TOF WO PULM ATRESIA		-	-	IP Only	$0.00			-	-	000	999	
33694	C	CMP RPR TOF WO PLM ATRS PTCH		-	-	IP Only	$0.00			-	-	000	999	
33697	C	COMPL RPR TOF W/PULM ATRESIA		-	-	IP Only	$0.00			-	-	000	999	
33702	C	REPAIR OF HEART DEFECTS		-	-	IP Only	$0.00			-	-	000	999	
3370F	E	AJCC BRST CNCR STAGE 0 DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33710	C	REPAIR OF HEART DEFECTS		-	-	IP Only	$0.00			-	-	000	999	
33720	C	REPAIR OF HEART DEFECT		-	-	IP Only	$0.00			-	-	000	999	
33724	C	REPAIR VENOUS ANOMALY		-	-	IP Only	$0.00			-	-	000	999	
33726	C	REPAIR PUL VENOUS STENOSIS		-	-	IP Only	$0.00			-	-	000	999	
3372F	E	AJCC BRST CNCR STAGE 1 DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33730	C	REPAIR HEART-VEIN DEFECT(S)		-	-	IP Only	$0.00			-	-	000	999	
33732	C	REPAIR HEART-VEIN DEFECT		-	-	IP Only	$0.00			-	-	000	999	
33735	C	REVISION OF HEART CHAMBER		-	-	IP Only	$0.00			-	-	000	999	
33736	C	REVISION OF HEART CHAMBER		-	-	IP Only	$0.00			-	-	000	999	
33741	E	TAS CONGENITAL CAR ANOMAL		-	-	Not Allowed	$0.00			-	-	000	999	
33745	E	TIS CGEN CAR ANOMAL 1ST SHNT		-	-	Not Allowed	$0.00			-	-	000	999	
33746	E	TIS CGEN CAR ANOMAL EA ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
3374F	E	AJCC BRST CNCR STAGE 1 DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33750	C	SHUNT SUBCLAVIAN TO PULM ART		-	-	IP Only	$0.00			-	-	000	999	
33755	C	SHUNT AS-AORT TO PULM ART		-	-	IP Only	$0.00			-	-	000	999	
33762	C	SHUNT DESC AORTA TO PULM ART		-	-	IP Only	$0.00			-	-	000	999	
33764	C	SHUNT CENTRAL W/PROSTC GRAFT		-	-	IP Only	$0.00			-	-	000	999	
33766	C	SHUNT SUPR V/C P-ART 1 LUNG		-	-	IP Only	$0.00			-	-	000	999	
33767	C	SHUNT SUPR V/C P-ART BTH LNG		-	-	IP Only	$0.00			-	-	000	999	
33768	C	ANAST CAVOPULM SEC SUP V/C		-	-	IP Only	$0.00			-	Y	000	999	
3376F	E	AJCC BRSTCNCR STAGE 2 DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33770	C	RPR TGA W/O SURG ENLGMNT VSD		-	-	IP Only	$0.00			-	-	000	999	
33771	C	RPR TGA W/SURG ENLGMNT VSD		-	-	IP Only	$0.00			-	-	000	999	
33774	C	RPR TGA ATRIAL BAFFLE PX		-	-	IP Only	$0.00			-	-	000	999	
33775	C	RPR TGA ATR BFL RMVL PLM BND		-	-	IP Only	$0.00			-	-	000	999	
33776	C	RPR TGA ATR BFL CLSR VSD		-	-	IP Only	$0.00			-	-	000	999	
33777	C	RPR TGA BFL RPR SBPULM OBSTR		-	-	IP Only	$0.00			-	-	000	999	
33778	C	RPR TGA AORTIC PULM ART RCNS		-	-	IP Only	$0.00			-	-	000	999	
33779	C	RPR TGA RCNSTJ RMVL PLM BND		-	-	IP Only	$0.00			-	-	000	999	
33780	C	RPR TGA RCNSTJ CLSR VSD		-	-	IP Only	$0.00			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
33781	C	RPR TGA RCNSTJ RPR SBPL OBST		-	-	IP Only	$0.00			-	-	000	999	
33782	C	NIKAIDOH PROC		-	-	IP Only	$0.00			-	-	000	999	
33783	C	NIKAIDOH PROC W/OSTIA IMPLT		-	-	IP Only	$0.00			-	-	000	999	
33786	C	REPAIR ARTERIAL TRUNK		-	-	IP Only	$0.00			-	-	000	999	
33788	C	REVISION OF PULMONARY ARTERY		-	-	IP Only	$0.00			-	-	000	999	
3378F	E	AJCC BRSTCNCR STAGE 3 DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33800	C	AORTIC SUSPENSION		-	-	IP Only	$0.00			-	-	000	999	
33802	C	DIVISION ABERRANT VESSEL		-	-	IP Only	$0.00			-	-	000	999	
33803	C	DIV ABERRANT VSL W/REANAST		-	-	IP Only	$0.00			-	-	000	999	
3380F	E	AJCC BRSTCNCR STAGE 4 DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33814	C	OBLTRJ A-PULM SEP DEF W/BYP		-	-	IP Only	$0.00			-	-	000	999	
33820	C	REPAIR PDA BY LIGATION		-	-	IP Only	$0.00			-	-	000	999	
33822	C	REPAIR PDA DIV<18 YEARS		-	-	IP Only	$0.00			-	-	000	19	
33824	C	REPAIR PDA DIV 18 YRS&OLDER		-	-	IP Only	$0.00			-	-	000	999	
3382F	E	AJCC CLN CNCR STAGE 0 DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33840	C	EXC COA W/DIRECT ANASTOMOSIS		-	-	IP Only	$0.00			-	-	000	999	
33845	C	EXCISION COA W/GRAFT		-	-	IP Only	$0.00			-	-	000	999	
3384F	E	AJCC CLN CNCR STAGE 1 DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33851	C	EXC COA RPR L SUBCL ART/PRST		-	-	IP Only	$0.00			-	-	000	999	
33852	C	RPR HYPOPL A-ARCH WO BYP		-	-	IP Only	$0.00			-	-	000	999	
33853	C	RPR HYPOPL A-ARCH W/BYP		-	-	IP Only	$0.00			-	-	000	999	
33858	E	AS-AORT GRF F/AORTIC DSJ		-	-	Not Allowed	$0.00			-	-	000	999	
33859	E	AS-AORT GRF F/DS OTH/THN DSJ		-	-	Not Allowed	$0.00			-	-	000	999	
33863	C	ASCENDING AORTIC GRAFT		-	-	IP Only	$0.00			-	-	000	999	
33864	C	ASCENDING AORTIC GRAFT		-	-	IP Only	$0.00			-	-	000	999	
33866	N	AORTIC HEMIARCH GRAFT		-	-	Bundled	$0.00			-	-	000	999	
3386F	E	AJCC CLN CNCR STAGE 2 DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33871	E	TRANSVRS A-ARCH GRF HYPTHRM		-	-	Not Allowed	$0.00			-	-	000	999	
33875	C	THORACIC AORTIC GRAFT		-	-	IP Only	$0.00			-	-	000	999	
33877	C	THORACOABDOMINAL GRAFT		-	-	IP Only	$0.00			-	-	000	999	
33880	C	ENDOVASC TAA REPR INCL SUBCL		-	-	IP Only	$0.00			-	Y	000	999	
33881	C	ENDOVASC TAA REPR W/O SUBCL		-	-	IP Only	$0.00			-	Y	000	999	
33883	C	INSERT ENDOVASC PROSTH TAA		-	-	IP Only	$0.00			-	Y	000	999	
33884	C	ENDOVASC PROSTH TAA ADD-ON		-	-	IP Only	$0.00			-	Y	000	999	
33886	C	ENDOVASC PROSTH DELAYED		-	-	IP Only	$0.00			-	Y	000	999	
33889	C	ARTERY TRANSPOSE/ENDOVAS TAA		-	-	IP Only	$0.00			-	Y	000	999	
3388F	E	AJCC CLN CNCR STAGE 3 DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33891	C	CAR-CAR BP GRFT/ENDOVAS TAA		-	-	IP Only	$0.00			-	Y	000	999	
33894	C	EVASC ST RPR THRC/AA ACRS BR		-	-	IP Only	$0.00			-	-	000	999	
33895	C	EVASC ST RPR THRC/AA X CRSG		-	-	IP Only	$0.00			-	-	000	999	
33897	C	PERQ TRLUML ANGP NT/RECR COA		-	-	IP Only	$0.00			-	-	000	999	
33900	N	PERQ P-ART REVSC 1 NM NT UNI		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
33901	N	PERQ P-ART REVSC 1 NM NT BI		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
33902	N	PERQ P-ART REVSC 1 ABNOR UNI		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
33903	N	PERQ P-ART REVSC 1 ABNOR BI		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
33904	N	PERQ P-ART REVSC EACH ADDL		-	-	Bundled	$0.00			-	-	000	999	
3390F	E	AJCC CLN CNCR STAGE 4 DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
33910	C	REMOVE LUNG ARTERY EMBOLI		-	-	IP Only	$0.00			-	-	000	999	
33915	C	REMOVE LUNG ARTERY EMBOLI		-	-	IP Only	$0.00			-	-	000	999	
33916	C	SURGERY OF GREAT VESSEL		-	-	IP Only	$0.00			-	-	000	999	
33917	C	REPAIR PULMONARY ARTERY		-	-	IP Only	$0.00			-	-	000	999	
33920	C	REPAIR PULMONARY ATRESIA		-	-	IP Only	$0.00			-	-	000	999	
33922	C	TRANSECT PULMONARY ARTERY		-	-	IP Only	$0.00			-	-	000	999	
33924	C	REMOVE PULMONARY SHUNT		-	-	IP Only	$0.00			-	-	000	999	
33925	C	RPR PUL ART UNIFOCAL W/O CPB		-	-	IP Only	$0.00			-	Y	000	999	
33926	C	REPR PUL ART UNIFOCAL W/CPB		-	-	IP Only	$0.00			-	Y	000	999	

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33927	C	IMPLTJ TOT RPLCMT HRT SYS		-	-	IP Only	$0.00			-	-	000	999	
33928	C	RMVL & RPLCMT TOT HRT SYS		-	-	IP Only	$0.00			-	-	000	999	
33929	C	RMVL RPLCMT HRT SYS F/TRNSPL		-	-	IP Only	$0.00			-	-	000	999	
33930	C	REMOVAL OF DONOR HEART/LUNG		-	-	IP Only	$0.00			-	Y	000	999	
33933	C	PREPARE DONOR HEART/LUNG		-	-	IP Only	$0.00			-	Y	000	999	
33935	C	TRANSPLANTATION HEART/LUNG		-	-	IP Only	$0.00			-	Y	000	999	
33940	C	REMOVAL OF DONOR HEART		-	-	IP Only	$0.00			-	Y	000	999	
33944	C	PREPARE DONOR HEART		-	-	IP Only	$0.00			-	Y	000	999	
33945	C	TRANSPLANTATION OF HEART		-	-	IP Only	$0.00			Y	Y	000	999	
33946	C	ECMO/ECLS INITIATION VENOUS		-	-	IP Only	$0.00			-	-	000	999	
33947	C	ECMO/ECLS INITIATION ARTERY		-	-	IP Only	$0.00			-	-	000	999	
33948	C	ECMO/ECLS DAILY MGMT-VENOUS		-	-	IP Only	$0.00			-	-	000	999	
33949	C	ECMO/ECLS DAILY MGMT ARTERY		-	-	IP Only	$0.00			-	-	000	999	
3394F	E	QUANT HER2 IHC EVAL BRST CX		-	-	Not Allowed	$0.00			-	-	000	999	
33951	C	ECMO/ECLS INSJ PRPH CANNULA		-	-	IP Only	$0.00			-	-	000	999	
33952	C	ECMO/ECLS INSJ PRPH CANNULA		-	-	IP Only	$0.00			-	-	000	999	
33953	C	ECMO/ECLS INSJ PRPH CANNULA		-	-	IP Only	$0.00			-	-	000	999	
33954	C	ECMO/ECLS INSJ PRPH CANNULA		-	-	IP Only	$0.00			-	-	000	999	
33955	C	ECMO/ECLS INSJ CTR CANNULA		-	-	IP Only	$0.00			-	-	000	999	
33956	C	ECMO/ECLS INSJ CTR CANNULA		-	-	IP Only	$0.00			-	-	000	999	
33957	C	ECMO/ECLS REPOS PERPH CNULA		-	-	IP Only	$0.00			-	-	000	999	
33958	C	ECMO/ECLS REPOS PERPH CNULA		-	-	IP Only	$0.00			-	-	000	999	
33959	C	ECMO/ECLS REPOS PERPH CNULA		-	-	IP Only	$0.00			-	-	000	999	
3395F	E	QUANT NONHER2 IHC BRST CX		-	-	Not Allowed	$0.00			-	-	000	999	
33962	C	ECMO/ECLS REPOS PERPH CNULA		-	-	IP Only	$0.00			-	-	000	999	
33963	C	ECMO/ECLS REPOS PERPH CNULA		-	-	IP Only	$0.00			-	-	000	999	
33964	C	ECMO/ECLS REPOS PERPH CNULA		-	-	IP Only	$0.00			-	-	000	999	
33965	C	ECMO/ECLS RMVL PERPH CANNULA		-	-	IP Only	$0.00			-	-	000	999	
33966	C	ECMO/ECLS RMVL PRPH CANNULA		-	-	IP Only	$0.00			-	-	000	999	
33967	C	INSERT I-AORT PERCUT DEVICE		-	-	IP Only	$0.00			-	-	000	999	
33968	C	REMOVE AORTIC ASSIST DEVICE		-	-	IP Only	$0.00			-	-	000	999	
33969	C	ECMO/ECLS RMVL PERPH CANNULA		-	-	IP Only	$0.00			-	-	000	999	
33970	C	AORTIC CIRCULATION ASSIST		-	-	IP Only	$0.00			-	-	000	999	
33971	C	AORTIC CIRCULATION ASSIST		-	-	IP Only	$0.00			-	-	000	999	
33973	C	INSERT BALLOON DEVICE		-	-	IP Only	$0.00			-	-	000	999	
33974	C	REMOVE INTRA-AORTIC BALLOON		-	-	IP Only	$0.00			-	-	000	999	
33975	C	IMPLANT VENTRICULAR DEVICE		-	-	IP Only	$0.00			-	-	000	999	
33976	C	IMPLANT VENTRICULAR DEVICE		-	-	IP Only	$0.00			-	-	000	999	
33977	C	REMOVE VENTRICULAR DEVICE		-	-	IP Only	$0.00			-	-	000	999	
33978	C	REMOVE VENTRICULAR DEVICE		-	-	IP Only	$0.00			-	-	000	999	
33979	C	INSERT INTRACORPOREAL DEVICE		-	-	IP Only	$0.00			-	-	000	999	
33980	C	REMOVE INTRACORPOREAL DEVICE		-	-	IP Only	$0.00			-	-	000	999	
33981	C	REPLACE VAD PUMP EXT		-	-	IP Only	$0.00			-	-	000	999	
33982	C	REPLACE VAD INTRA W/O BP		-	-	IP Only	$0.00			-	-	000	999	
33983	C	REPLACE VAD INTRA W/BP		-	-	IP Only	$0.00			-	-	000	999	
33984	C	ECMO/ECLS RMVL PRPH CANNULA		-	-	IP Only	$0.00			-	-	000	999	
33985	C	ECMO/ECLS RMVL CTR CANNULA		-	-	IP Only	$0.00			-	-	000	999	
33986	C	ECMO/ECLS RMVL CTR CANNULA		-	-	IP Only	$0.00			-	-	000	999	
33987	C	ARTERY EXPOS/GRAFT ARTERY		-	-	IP Only	$0.00			-	-	000	999	
33988	C	INSERTION OF LEFT HEART VENT		-	-	IP Only	$0.00			-	-	000	999	
33989	C	REMOVAL OF LEFT HEART VENT		-	-	IP Only	$0.00			-	-	000	999	
33990	C	INSJ PERQ VAD L HRT ARTERIAL		-	-	IP Only	$0.00			-	Y	000	999	
33991	C	INSJ PERQ VAD L HRT ARTL&VEN		-	-	IP Only	$0.00			-	Y	000	999	
33992	C	RMVL PERQ LEFT HEART VAD		-	-	IP Only	$0.00			-	Y	000	999	
33993	C	REPOSG PERQ R/L HRT VAD		-	-	IP Only	$0.00			-	Y	000	999	
33995	E	INSJ PERQ VAD R HRT VENOUS		-	-	Not Allowed	$0.00			-	-	000	999	

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33997	E	RMVL PERQ RIGHT HEART VAD		-	-	Not Allowed	$0.00			-	-	000	999	
33999	T	UNLISTED PX CARDIAC SURGERY		05181	6.9336	APC	$421.01			-	-	000	999	
34001	C	REMOVAL OF ARTERY CLOT		-	-	IP Only	$0.00			-	-	000	999	
34051	C	REMOVAL OF ARTERY CLOT		-	-	IP Only	$0.00			-	-	000	999	
34101	N	REMOVAL OF ARTERY CLOT		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
34111	N	REMOVAL OF ARM ARTERY CLOT		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
34151	C	REMOVAL OF ARTERY CLOT		-	-	IP Only	$0.00			-	-	000	999	
34201	N	REMOVAL OF ARTERY CLOT		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
34203	N	REMOVAL OF LEG ARTERY CLOT		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
34401	C	REMOVAL OF VEIN CLOT		-	-	IP Only	$0.00			-	-	000	999	
34421	N	REMOVAL OF VEIN CLOT		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
34451	C	REMOVAL OF VEIN CLOT		-	-	IP Only	$0.00			-	-	000	999	
34471	T	REMOVAL OF VEIN CLOT		05181	6.9336	APC	$421.01			-	-	000	999	
34490	N	REMOVAL OF VEIN CLOT		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
34501	N	REPAIR VALVE FEMORAL VEIN		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
34502	C	RECONSTRUCT VENA CAVA		-	-	IP Only	$0.00			-	-	000	999	
3450F	E	DYSPNEA SCRND NO-MILD DYSP		-	-	Not Allowed	$0.00			-	-	000	999	
34510	N	TRANSPOSITION OF VEIN VALVE		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
3451F	E	DYSPNEA SCRND MOD-HIGH DYSP		-	-	Not Allowed	$0.00			-	-	000	999	
34520	N	CROSS-OVER VEIN GRAFT		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
3452F	E	DYSPNEA NOT SCREENED		-	-	Not Allowed	$0.00			-	-	000	999	
34530	N	LEG VEIN FUSION		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
3455F	E	TB SCR PFRMD&INTERPD 6 MO		-	-	Not Allowed	$0.00			-	-	000	999	
34701	C	EVASC RPR A-AO NDGFT		-	-	IP Only	$0.00			-	-	000	999	
34702	C	EVASC RPR A-AO NDGFT RPT		-	-	IP Only	$0.00			-	-	000	999	
34703	C	EVASC RPR A-UNILAC NDGFT		-	-	IP Only	$0.00			-	-	000	999	
34704	C	EVASC RPR A-UNILAC NDGFT RPT		-	-	IP Only	$0.00			-	-	000	999	
34705	C	EVAC RPR A-BIILIAC NDGFT		-	-	IP Only	$0.00			-	-	000	999	
34706	C	EVASC RPR A-BIILIAC RPT		-	-	IP Only	$0.00			-	-	000	999	
34707	C	EVASC RPR ILIO-ILIAC NDGFT		-	-	IP Only	$0.00			-	-	000	999	
34708	C	EVASC RPR ILIO-ILIAC RPT		-	-	IP Only	$0.00			-	-	000	999	
34709	C	PLMT XTN PROSTH EVASC RPR		-	-	IP Only	$0.00			-	-	000	999	
3470F	E	RA DISEASE ACTIVITY LOW		-	-	Not Allowed	$0.00			-	-	000	999	
34710	C	DLYD PLMT XTN PROSTH 1ST VSL		-	-	IP Only	$0.00			-	-	000	999	
34711	C	DLYD PLMT XTN PROSTH EA ADDL		-	-	IP Only	$0.00			-	-	000	999	
34712	C	TCAT DLVR ENHNCD FIXJ DEV		-	-	IP Only	$0.00			-	-	000	999	
34713	N	PERQ ACCESS & CLSR FEM ART		-	-	Bundled	$0.00			-	-	000	999	
34714	N	OPN FEM ART EXPOS CNDT CRTJ		-	-	Bundled	$0.00			-	-	000	999	
34715	N	OPN AX/SUBCLA ART EXPOS		-	-	Bundled	$0.00			-	-	000	999	
34716	N	OPN AX/SUBCLA ART EXPOS CNDT		-	-	Bundled	$0.00			-	-	000	999	
34717	E	EVASC RPR A-ILIAC NDGFT		-	-	Not Allowed	$0.00			-	-	000	999	
34718	E	EVASC RPR N/A A-ILIAC NDGFT		-	-	Not Allowed	$0.00			-	-	000	999	
3471F	E	RA DISEASE ACTIVITY MOD		-	-	Not Allowed	$0.00			-	-	000	999	
3472F	E	RA DISEASE ACTIVITY HIGH		-	-	Not Allowed	$0.00			-	-	000	999	
3475F	E	DISEASE PROGN RA POOR DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
3476F	E	DISEASE PROGN RA GOOD DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
34808	C	ENDOVAS ILIAC A DEVICE ADDON		-	-	IP Only	$0.00			-	-	000	999	
34812	C	OPN FEM ART EXPOS		-	-	IP Only	$0.00			-	-	000	999	
34813	C	FEMORAL ENDOVAS GRAFT ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
34820	C	OPN ILIAC ART EXPOS		-	-	IP Only	$0.00			-	-	000	999	
34830	C	OPEN AORTIC TUBE PROSTH REPR		-	-	IP Only	$0.00			-	-	000	999	
34831	C	OPEN AORTOILIAC PROSTH REPR		-	-	IP Only	$0.00			-	-	000	999	
34832	C	OPEN AORTOFEMOR PROSTH REPR		-	-	IP Only	$0.00			-	-	000	999	
34833	C	OPN ILAC ART EXPOS CNDT CRTJ		-	-	IP Only	$0.00			-	-	000	999	
34834	C	OPN BRACH ART EXPOS		-	-	IP Only	$0.00			-	-	000	999	
34839	E	PLNNING PT SPEC FENEST GRAFT		-	-	Not Allowed	$0.00			-	-	000	999	

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34841	C	ENDOVASC VISC AORTA 1 GRAFT		-	-	IP Only	$0.00			-	-	000	999	
34842	C	ENDOVASC VISC AORTA 2 GRAFT		-	-	IP Only	$0.00			-	-	000	999	
34843	C	ENDOVASC VISC AORTA 3 GRAFT		-	-	IP Only	$0.00			-	-	000	999	
34844	C	ENDOVASC VISC AORTA 4 GRAFT		-	-	IP Only	$0.00			-	-	000	999	
34845	C	VISC & INFRAREN ABD 1 PROSTH		-	-	IP Only	$0.00			-	-	000	999	
34846	C	VISC & INFRAREN ABD 2 PROSTH		-	-	IP Only	$0.00			-	-	000	999	
34847	C	VISC & INFRAREN ABD 3 PROSTH		-	-	IP Only	$0.00			-	-	000	999	
34848	C	VISC & INFRAREN ABD 4+ PROST		-	-	IP Only	$0.00			-	-	000	999	
3490F	E	HISTORY AIDS-DEFINING COND		-	-	Not Allowed	$0.00			-	-	000	999	
3491F	E	HIV UNSURE BABY OF HIV+MOMS		-	-	Not Allowed	$0.00			-	-	000	999	
3492F	E	HISTORY CD4+ CELL COUNT <350		-	-	Not Allowed	$0.00			-	-	000	999	
3493F	E	NO HIST CD4+ CELL COUNT <350		-	-	Not Allowed	$0.00			-	-	000	999	
3494F	E	CD4+CELL COUNT <200CELLS/MM3		-	-	Not Allowed	$0.00			-	-	000	999	
3495F	E	CD4+CELL CNT 200-499 CELLS		-	-	Not Allowed	$0.00			-	-	000	999	
3496F	E	CD4+ CELL COUNT >= 500 CELLS		-	-	Not Allowed	$0.00			-	-	000	999	
3497F	E	CD4+ CELL PERCENTAGE <15%		-	-	Not Allowed	$0.00			-	-	000	999	
3498F	E	CD4+ CELL >=15% (HIV)		-	-	Not Allowed	$0.00			-	-	000	999	
35001	C	REPAIR DEFECT OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35002	C	REPAIR ARTERY RUPTURE NECK		-	-	IP Only	$0.00			-	-	000	999	
35005	C	REPAIR DEFECT OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
3500F	E	CD4+CELL CNT/% DOCD AS DONE		-	-	Not Allowed	$0.00			-	-	000	999	
35011	N	REPAIR DEFECT OF ARTERY		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35013	C	REPAIR ARTERY RUPTURE ARM		-	-	IP Only	$0.00			-	-	000	999	
35021	C	REPAIR DEFECT OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35022	C	REPAIR ARTERY RUPTURE CHEST		-	-	IP Only	$0.00			-	-	000	999	
3502F	E	HIV RNA VRL LD <LMTS QUANTIF		-	-	Not Allowed	$0.00			-	-	000	999	
3503F	E	HIV RNA VRL LDNOT<LMTS QUNTF		-	-	Not Allowed	$0.00			-	-	000	999	
35045	N	REPAIR DEFECT OF ARM ARTERY		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35081	C	REPAIR DEFECT OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35082	C	REPAIR ARTERY RUPTURE AORTA		-	-	IP Only	$0.00			-	-	000	999	
35091	C	REPAIR DEFECT OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35092	C	REPAIR ARTERY RUPTURE AORTA		-	-	IP Only	$0.00			-	-	000	999	
35102	C	REPAIR DEFECT OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35103	C	REPAIR ARTERY RUPTURE AORTA		-	-	IP Only	$0.00			-	-	000	999	
3510F	E	DOC TB SCRNG-RSLTS INTERPD		-	-	Not Allowed	$0.00			-	-	000	999	
35111	C	REPAIR DEFECT OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35112	C	REPAIR ARTERY RUPTURE SPLEEN		-	-	IP Only	$0.00			-	-	000	999	
3511F	E	CHLMYD/GONRH TSTS DOCD DONE		-	-	Not Allowed	$0.00			-	-	000	999	
35121	C	REPAIR DEFECT OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35122	C	REPAIR ARTERY RUPTURE BELLY		-	-	IP Only	$0.00			-	-	000	999	
3512F	E	SYPH SCRNG DOCD AS DONE		-	-	Not Allowed	$0.00			-	-	000	999	
35131	C	REPAIR DEFECT OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35132	C	REPAIR ARTERY RUPTURE GROIN		-	-	IP Only	$0.00			-	-	000	999	
3513F	E	HEP B SCRNG DOCD AS DONE		-	-	Not Allowed	$0.00			-	-	000	999	
35141	C	REPAIR DEFECT OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35142	C	REPAIR ARTERY RUPTURE THIGH		-	-	IP Only	$0.00			-	-	000	999	
3514F	E	HEP C SCRNG DOCD AS DONE		-	-	Not Allowed	$0.00			-	-	000	999	
35151	C	REPAIR DEFECT OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35152	C	REPAIR RUPTD POPLITEAL ART		-	-	IP Only	$0.00			-	-	000	999	
3515F	E	PT HAS DOCD IMMUN TO HEP C		-	-	Not Allowed	$0.00			-	-	000	999	
3517F	E	HBV ASSESS&RESULTS INTRP 1YR		-	-	Not Allowed	$0.00			-	-	000	999	
35180	N	RPR CGEN AV FISTULA HEAD&NCK		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	-	000	999	
35182	C	RPR CGEN AV FISTULA THRX&ABD		-	-	IP Only	$0.00			-	-	000	999	
35184	N	RPR CGEN AV FISTULA XTR		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
35188	N	RPR ACQ AV FISTULA HEAD&NECK		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35189	C	RPR ACQ AV FISTULA THRX&ABD		-	-	IP Only	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
35190	N	REPAIR ACQ AV FISTULA XTR		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35201	N	REPAIR BLOOD VESSEL DIR NECK		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35206	N	REPAIR BLOOD VESSEL DIR UXTR		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
35207	N	RPR BLD VSL DIR HAND FINGER		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
3520F	E	CDIFFICILE TESTING PERFORMED		-	-	Not Allowed	$0.00			-	-	000	999	
35211	C	RPR BLVSL DIR NTRATHRC W/BYP		-	-	IP Only	$0.00			-	-	000	999	
35216	C	RPR BLVSL DIR NTRTHRC WO BYP		-	-	IP Only	$0.00			-	-	000	999	
35221	C	RPR BLD VSL DIR INTRA-ABDL		-	-	IP Only	$0.00			-	-	000	999	
35226	T	REPAIR BLOOD VESSEL DIR LXTR		05071	7.8905	APC	$479.11			-	-	000	999	
35231	N	REPAIR BLVSL VN GRF NECK		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
35236	N	REPAIR BLVSL VN GRF UXTR		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35241	C	RPR BLVSL VN GRF NTRTHRC W/B		-	-	IP Only	$0.00			-	-	000	999	
35246	C	RPR BLVSL VN GRF NTRTHRC W/O		-	-	IP Only	$0.00			-	-	000	999	
35251	C	RPR BLVSL VN GRF INTRA-ABDL		-	-	IP Only	$0.00			-	-	000	999	
35256	N	REPAIR BLVSL VN GRF LXTR		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35261	N	RPR BLVSL GRF OTH/THN VN NCK		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
35266	N	RPR BLVSL GRF OTH/TH VN UXTR		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35271	C	RPR BLVS GR OT/TH VN NTRTH W		-	-	IP Only	$0.00			-	-	000	999	
35276	C	RPR BLVS GR OT/T VN NTRTH WO		-	-	IP Only	$0.00			-	-	000	999	
35281	C	RPR BLVSL GR OT/TH VN NTR-AB		-	-	IP Only	$0.00			-	-	000	999	
35286	N	RPR BLVSL GRF OTH/TH VN LXTR		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35301	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35302	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35303	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35304	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35305	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35306	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35311	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35321	N	RECHANNELING OF ARTERY		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35331	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35341	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35351	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35355	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35361	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35363	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35371	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35372	C	RECHANNELING OF ARTERY		-	-	IP Only	$0.00			-	-	000	999	
35390	C	REOPERATION CAROTID ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
35400	C	ANGIOSCOPY		-	-	IP Only	$0.00			-	-	000	999	
35500	N	HARVEST VEIN FOR BYPASS		-	-	Bundled	$0.00			-	-	000	999	
35501	C	ART BYP GRFT IPSILAT CAROTID		-	-	IP Only	$0.00			-	-	000	999	
35506	C	ART BYP GRFT SUBCLAV-CAROTID		-	-	IP Only	$0.00			-	-	000	999	
35508	C	ART BYP GRFT CAROTID-VERTBRL		-	-	IP Only	$0.00			-	-	000	999	
35509	C	ART BYP GRFT CONTRAL CAROTID		-	-	IP Only	$0.00			-	-	000	999	
3550F	E	LOW RSK THROMBOEMBOLISM		-	-	Not Allowed	$0.00			-	-	000	999	
35510	C	ART BYP GRFT CAROTID-BRCHIAL		-	-	IP Only	$0.00			-	-	000	999	
35511	C	ART BYP GRFT SUBCLAV-SUBCLAV		-	-	IP Only	$0.00			-	-	000	999	
35512	C	ART BYP GRFT SUBCLAV-BRCHIAL		-	-	IP Only	$0.00			-	-	000	999	
35515	C	ART BYP GRFT SUBCLAV-VERTBRL		-	-	IP Only	$0.00			-	-	000	999	
35516	C	ART BYP GRFT SUBCLAV-AXILARY		-	-	IP Only	$0.00			-	-	000	999	
35518	C	ART BYP GRFT AXILLARY-AXILRY		-	-	IP Only	$0.00			-	-	000	999	
3551F	E	INTRMED RSK THROMBOEMBOLISM		-	-	Not Allowed	$0.00			-	-	000	999	
35521	C	ART BYP GRFT AXILL-FEMORAL		-	-	IP Only	$0.00			-	-	000	999	
35522	C	ART BYP GRFT AXILL-BRACHIAL		-	-	IP Only	$0.00			-	-	000	999	
35523	C	ART BYP GRFT BRCHL-ULNR-RDL		-	-	IP Only	$0.00			-	-	000	999	
35525	C	ART BYP GRFT BRACHIAL-BRCHL		-	-	IP Only	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
35526	C	ART BYP GRFT AOR/CAROT/INNOM		-	-	IP Only	$0.00			-	-	000	999	
3552F	E	HGH RISK FOR THROMBOEMBOLISM		-	-	Not Allowed	$0.00			-	-	000	999	
35531	C	ART BYP GRFT AORCEL/AORMESEN		-	-	IP Only	$0.00			-	-	000	999	
35533	C	ART BYP GRFT AXILL/FEM/FEM		-	-	IP Only	$0.00			-	-	000	999	
35535	C	ART BYP GRFT HEPATORENAL		-	-	IP Only	$0.00			-	-	000	999	
35536	C	ART BYP GRFT SPLENORENAL		-	-	IP Only	$0.00			-	-	000	999	
35537	C	ART BYP GRFT AORTOILIAC		-	-	IP Only	$0.00			-	-	000	999	
35538	C	ART BYP GRFT AORTOBI-ILIAC		-	-	IP Only	$0.00			-	-	000	999	
35539	C	ART BYP GRFT AORTOFEMORAL		-	-	IP Only	$0.00			-	-	000	999	
35540	C	ART BYP GRFT AORTBIFEMORAL		-	-	IP Only	$0.00			-	-	000	999	
35556	C	ART BYP GRFT FEM-POPLITEAL		-	-	IP Only	$0.00			-	-	000	999	
35558	C	ART BYP GRFT FEM-FEMORAL		-	-	IP Only	$0.00			-	-	000	999	
3555F	E	PT INR MEASUREMENT PERFORMED		-	-	Not Allowed	$0.00			-	-	000	999	
35560	C	ART BYP GRFT AORTORENAL		-	-	IP Only	$0.00			-	-	000	999	
35563	C	ART BYP GRFT ILIOILIAC		-	-	IP Only	$0.00			-	-	000	999	
35565	C	ART BYP GRFT ILIOFEMORAL		-	-	IP Only	$0.00			-	-	000	999	
35566	C	ART BYP FEM-ANT-POST TIB/PRL		-	-	IP Only	$0.00			-	-	000	999	
35570	C	ART BYP TIBIAL-TIB/PERONEAL		-	-	IP Only	$0.00			-	-	000	999	
35571	C	ART BYP POP-TIBL-PRL-OTHER		-	-	IP Only	$0.00			-	-	000	999	
35572	N	HARVEST FEMOROPOPLITEAL VEIN		-	-	Bundled	$0.00			-	-	000	999	
35583	C	VEIN BYP GRFT FEM-POPLITEAL		-	-	IP Only	$0.00			-	-	000	999	
35585	C	VEIN BYP FEM-TIBIAL PERONEAL		-	-	IP Only	$0.00			-	-	000	999	
35587	C	VEIN BYP POP-TIBL PERONEAL		-	-	IP Only	$0.00			-	-	000	999	
35600	C	OPEN HRV UXTR ART 1 SGM CAB		-	-	IP Only	$0.00			-	-	000	999	
35601	C	ART BYP COMMON IPSI CAROTID		-	-	IP Only	$0.00			-	-	000	999	
35606	C	ART BYP CAROTID-SUBCLAVIAN		-	-	IP Only	$0.00			-	-	000	999	
35612	C	ART BYP SUBCLAV-SUBCLAVIAN		-	-	IP Only	$0.00			-	-	000	999	
35616	C	ART BYP SUBCLAV-AXILLARY		-	-	IP Only	$0.00			-	-	000	999	
35621	C	ART BYP AXILLARY-FEMORAL		-	-	IP Only	$0.00			-	-	000	999	
35623	C	ART BYP AXILLARY-POP-TIBIAL		-	-	IP Only	$0.00			-	-	000	999	
35626	C	ART BYP AORSUBCL/CAROT/INNOM		-	-	IP Only	$0.00			-	-	000	999	
35631	C	ART BYP AOR-CELIAC-MSN-RENAL		-	-	IP Only	$0.00			-	-	000	999	
35632	C	ART BYP ILIO-CELIAC		-	-	IP Only	$0.00			-	-	000	999	
35633	C	ART BYP ILIO-MESENTERIC		-	-	IP Only	$0.00			-	-	000	999	
35634	C	ART BYP ILIORENAL		-	-	IP Only	$0.00			-	-	000	999	
35636	C	ART BYP SPENORENAL		-	-	IP Only	$0.00			-	-	000	999	
35637	C	ART BYP AORTOILIAC		-	-	IP Only	$0.00			-	-	000	999	
35638	C	ART BYP AORTOBI-ILIAC		-	-	IP Only	$0.00			-	-	000	999	
35642	C	ART BYP CAROTID-VERTEBRAL		-	-	IP Only	$0.00			-	-	000	999	
35645	C	ART BYP SUBCLAV-VERTEBRL		-	-	IP Only	$0.00			-	-	000	999	
35646	C	ART BYP AORTOBIFEMORAL		-	-	IP Only	$0.00			-	-	000	999	
35647	C	ART BYP AORTOFEMORAL		-	-	IP Only	$0.00			-	-	000	999	
35650	C	ART BYP AXILLARY-AXILLARY		-	-	IP Only	$0.00			-	-	000	999	
35654	C	ART BYP AXILL-FEM-FEMORAL		-	-	IP Only	$0.00			-	-	000	999	
35656	C	ART BYP FEMORAL-POPLITEAL		-	-	IP Only	$0.00			-	-	000	999	
35661	C	ART BYP FEMORAL-FEMORAL		-	-	IP Only	$0.00			-	-	000	999	
35663	C	ART BYP ILIOILIAC		-	-	IP Only	$0.00			-	-	000	999	
35665	C	ART BYP ILIOFEMORAL		-	-	IP Only	$0.00			-	-	000	999	
35666	C	ART BYP FEM-ANT-POST TIB/PRL		-	-	IP Only	$0.00			-	-	000	999	
35671	C	ART BYP POP-TIBL-PRL-OTHER		-	-	IP Only	$0.00			-	-	000	999	
35681	C	COMPOSITE BYP GRFT PROS&VEIN		-	-	IP Only	$0.00			-	-	000	999	
35682	C	COMPOSITE BYP GRFT 2 VEINS		-	-	IP Only	$0.00			-	-	000	999	
35683	C	COMPOSITE BYP GRFT 3/> SEGMT		-	-	IP Only	$0.00			-	-	000	999	
35685	N	BYPASS GRAFT PATENCY/PATCH		-	-	Bundled	$0.00			-	-	000	999	
35686	N	BYPASS GRAFT/AV FIST PATENCY		-	-	Bundled	$0.00			-	-	000	999	
35691	C	ART TRNSPOSJ VERTBRL CAROTID		-	-	IP Only	$0.00			-	-	000	999	

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35693	C	ART TRNSPOSJ SUBCLAVIAN		-	-	IP Only	$0.00			-	-	000	999	
35694	C	ART TRNSPOSJ SUBCLAV CAROTID		-	-	IP Only	$0.00			-	-	000	999	
35695	C	ART TRNSPOSJ CAROTID SUBCLAV		-	-	IP Only	$0.00			-	-	000	999	
35697	C	REIMPLANT ARTERY EACH		-	-	IP Only	$0.00			-	-	000	999	
35700	C	REOPERATION BYPASS GRAFT		-	-	IP Only	$0.00			-	-	000	999	
35701	C	EXPL N/FLWD SURG NECK ART		-	-	IP Only	$0.00			-	-	000	999	
35702	E	EXPL N/FLWD SURG UXTR ART		-	-	Not Allowed	$0.00			-	-	000	999	
35703	E	EXPL N/FLWD SURG LXTR ART		-	-	Not Allowed	$0.00			-	-	000	999	
3570F	E	RPRT BONE SCINT XREF W XRAY		-	-	Not Allowed	$0.00			-	-	000	999	
3572F	E	PT CONSID POSS RISK FX		-	-	Not Allowed	$0.00			-	-	000	999	
3573F	E	PT NOT CONSID POSS RISK FX		-	-	Not Allowed	$0.00			-	-	000	999	
35800	C	EXPLORE NECK VESSELS		-	-	IP Only	$0.00			-	-	000	999	
35820	C	EXPLORE CHEST VESSELS		-	-	IP Only	$0.00			-	-	000	999	
35840	C	EXPLORE ABDOMINAL VESSELS		-	-	IP Only	$0.00			-	-	000	999	
35860	N	EXPLORE LIMB VESSELS		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
35870	C	REPAIR VESSEL GRAFT DEFECT		-	-	IP Only	$0.00			-	-	000	999	
35875	N	REMOVAL OF CLOT IN GRAFT		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35876	N	REMOVAL OF CLOT IN GRAFT		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35879	N	REVISE GRAFT W/VEIN		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35881	N	REVISE GRAFT W/VEIN		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35883	N	REVJ FEM ANAST NONAUTOG GRF		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35884	N	REVJ FEM ANAST AUTOG VN GRF		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
35901	C	EXCISION GRAFT NECK		-	-	IP Only	$0.00			-	-	000	999	
35903	N	EXCISION GRAFT EXTREMITY		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
35905	C	EXCISION GRAFT THORAX		-	-	IP Only	$0.00			-	-	000	999	
35907	C	EXCISION GRAFT ABDOMEN		-	-	IP Only	$0.00			-	-	000	999	
36000	N	PLACE NEEDLE IN VEIN		-	-	Bundled	$0.00			-	-	000	999	
36002	T	PSEUDOANEURYSM INJECTION TRT		05181	6.9336	APC	$421.01			-	-	000	999	
36005	N	INJECTION EXT VENOGRAPHY		-	-	Bundled	$0.00			-	-	000	999	
36010	N	PLACE CATHETER IN VEIN		-	-	Bundled	$0.00			-	-	000	999	
36011	N	PLACE CATHETER IN VEIN		-	-	Bundled	$0.00			-	-	000	999	
36012	N	PLACE CATHETER IN VEIN		-	-	Bundled	$0.00			-	-	000	999	
36013	N	PLACE CATHETER IN ARTERY		-	-	Bundled	$0.00			-	-	000	999	
36014	N	PLACE CATHETER IN ARTERY		-	-	Bundled	$0.00			-	-	000	999	
36015	N	PLACE CATHETER IN ARTERY		-	-	Bundled	$0.00			-	-	000	999	
36100	N	ESTABLISH ACCESS TO ARTERY		-	-	Bundled	$0.00			-	-	000	999	
36140	N	INTRO NDL ICATH UPR/LXTR ART		-	-	Bundled	$0.00			-	-	000	999	
36160	N	ESTABLISH ACCESS TO AORTA		-	-	Bundled	$0.00			-	-	000	999	
36200	N	PLACE CATHETER IN AORTA		-	-	Bundled	$0.00			-	-	000	999	
36215	N	PLACE CATHETER IN ARTERY		-	-	Bundled	$0.00			-	-	000	999	
36216	N	PLACE CATHETER IN ARTERY		-	-	Bundled	$0.00			-	-	000	999	
36217	N	PLACE CATHETER IN ARTERY		-	-	Bundled	$0.00			-	-	000	999	
36218	N	PLACE CATHETER IN ARTERY		-	-	Bundled	$0.00			-	-	000	999	
36221	N	PLACE CATH THORACIC AORTA		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
36222	N	PLACE CATH CAROTID/INOM ART		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
36223	N	PLACE CATH CAROTID/INOM ART		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	Y	000	999	
36224	N	PLACE CATH CAROTD ART		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	Y	000	999	
36225	N	PLACE CATH SUBCLAVIAN ART		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
36226	N	PLACE CATH VERTEBRAL ART		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	Y	000	999	
36227	N	PLACE CATH XTRNL CAROTID		-	-	Bundled	$0.00			-	Y	000	999	
36228	N	PLACE CATH INTRACRANIAL ART		-	-	Bundled	$0.00			-	Y	000	999	
36245	N	INS CATH ABD/L-EXT ART 1ST		-	-	Bundled	$0.00			-	-	000	999	
36246	N	INS CATH ABD/L-EXT ART 2ND		-	-	Bundled	$0.00			-	-	000	999	
36247	N	INS CATH ABD/L-EXT ART 3RD		-	-	Bundled	$0.00			-	-	000	999	
36248	N	INS CATH ABD/L-EXT ART ADDL		-	-	Bundled	$0.00			-	-	000	999	
36251	N	INS CATH REN ART 1ST UNILAT		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	

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36252	N	INS CATH REN ART 1ST BILAT		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
36253	N	INS CATH REN ART 2ND+ UNILAT		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
36254	N	INS CATH REN ART 2ND+ BILAT		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
36260	N	INSERTION OF INFUSION PUMP		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
36261	T	REVISION OF INFUSION PUMP		05221	40.8135	APC	$2,478.20			-	-	000	999	
36262	N	REMOVAL OF INFUSION PUMP		05221	40.8135	Bundled, sometimes payable	$2,478.20			-	-	000	999	
36299	N	UNLISTED PX VASCULAR NJX		-	-	Bundled	$0.00			-	-	000	999	
36400	N	VNPNXR<3YRS PHY/QHP FEM/JUG		-	-	Bundled	$0.00			-	-	000	2	
36405	N	VNPNXR<3YRS PHY/QHP SCALP VN		-	-	Bundled	$0.00			-	-	000	2	
36406	N	VNPNXR<3YRS PHY/QHP OTHER VN		-	-	Bundled	$0.00			-	-	000	999	
36410	N	VNPNXR 3YR/> PHY/QHP DX/THER		-	-	Bundled	$0.00			-	-	003	999	
36415	M	COLL VENOUS BLD VENIPUNCTURE		-	-	Medicare	$9.09			-	-	000	999	
36416	N	COLLJ CAPILLARY BLOOD SPEC		-	-	Bundled	$0.00			-	-	000	999	
36420	N	VENIPUNCTURE CUTDOWN < 1 YR		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	1	
36425	N	VENIPUNCTURE CUTDOWN 1 YR/>		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	001	99	
36430	S	TRANSFUSION BLD/BLD COMPNT		05241	4.9028	APC	$297.70			-	-	000	999	
36440	S	BLD PUSH TFUJ 2 YR/<		05241	4.9028	APC	$297.70			-	-	000	2	
36450	S	BLD EXCHANGE TRUJ NEWBORN		05241	4.9028	APC	$297.70			-	-	000	1	
36455	S	BLD EXCHANGE TRUJ OTH THN NB		05241	4.9028	APC	$297.70			-	-	000	999	
36456	S	PRTL EXCHANGE TRANSFUSE NB		05241	4.9028	APC	$297.70			-	-	000	999	
36460	S	INTRAUTERINE TRANSFUSION FTL		05241	4.9028	APC	$297.70			-	-	000	999	
36465	T	NJX NONCMPND SCLRSNT 1 VEIN		05054	20.5142	APC	$1,173.45			-	-	000	999	
36466	T	NJX NONCMPND SCLRSNT MLT VN		05054	20.5142	APC	$1,173.45			-	-	000	999	
36468	E	NJX SCLRSNT SPIDER VEINS		-	-	Not Allowed	$0.00			-	-	000	999	
36469	E	INJECTION(S) SPIDER VEINS		-	-	Not Allowed	$0.00			-	-	000	999	
36470	T	NJX SCLRSNT 1 INCMPTNT VEIN		05052	4.4806	APC	$272.06			-	-	000	999	
36471	T	NJX SCLRSNT MLT INCMPTNT VN		05052	4.4806	APC	$272.06			-	-	000	999	
36473	N	ENDOVENOUS MCHNCHEM 1ST VEIN		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
36474	N	ENDOVENOUS MCHNCHEM ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
36475	N	ENDOVENOUS RF 1ST VEIN		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
36476	N	ENDOVENOUS RF VEIN ADD-ON		-	-	Bundled	$0.00			-	Y	000	999	
36478	N	ENDOVENOUS LASER 1ST VEIN		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
36479	N	ENDOVENOUS LASER VEIN ADDON		-	-	Bundled	$0.00			-	Y	000	999	
36481	N	INSERTION OF CATHETER VEIN		-	-	Bundled	$0.00			-	-	000	999	
36482	N	ENDOVEN THER CHEM ADHES 1ST		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
36483	N	ENDOVEN THER CHEM ADHES SBSQ		-	-	Bundled	$0.00			-	-	000	999	
36500	N	INSERTION OF CATHETER VEIN		-	-	Bundled	$0.00			-	-	000	999	
3650F	E	EEG ORDERED RVWD REQSTD		-	-	Not Allowed	$0.00			-	-	000	999	
36510	N	INSERTION OF CATHETER VEIN		-	-	Bundled	$0.00			-	-	000	1	
36511	S	APHERESIS WBC		05242	18.3840	APC	$1,116.28			-	-	000	999	
36512	S	APHERESIS RBC		05242	18.3840	APC	$1,116.28			-	-	000	999	
36513	S	APHERESIS PLATELETS		05241	4.9028	APC	$297.70			-	-	000	999	
36514	S	APHERESIS PLASMA		05242	18.3840	APC	$1,116.28			-	-	000	999	
36516	S	APHERESIS IMMUNOADS SLCTV		05243	52.5426	APC	$3,190.39			-	-	000	999	
36522	S	PHOTOPHERESIS		05243	52.5426	APC	$3,190.39			-	-	000	999	
36555	N	INSERT NON-TUNNEL CV CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	4	
36556	N	INSERT NON-TUNNEL CV CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	005	999	
36557	N	INSERT TUNNELED CV CATH		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	Y	000	4	
36558	N	INSERT TUNNELED CV CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	005	999	
36560	N	INSERT TUNNELED CV CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	4	
36561	N	INSERT TUNNELED CV CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	005	999	
36563	N	INSERT TUNNELED CV CATH		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	Y	000	999	
36565	N	INSERT TUNNELED CV CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
36566	N	INSERT TUNNELED CV CATH		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	Y	000	999	
36568	N	INSJ PICC <5 YR W/O IMAGING		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	Y	000	4	
36569	N	INSJ PICC 5 YR+ W/O IMAGING		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	Y	005	999	

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36570	N	INSERT PICVAD CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	4	
36571	N	INSERT PICVAD CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	005	999	
36572	T	INSJ PICC RS&I <5 YR		05181	6.9336	APC	$421.01			-	-	000	999	
36573	N	INSJ PICC RS&I 5 YR+		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	-	000	999	
36575	T	REPAIR TUNNELED CV CATH		05181	6.9336	APC	$421.01			-	Y	000	999	
36576	N	REPAIR TUNNELED CV CATH		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	Y	000	999	
36578	N	REPLACE TUNNELED CV CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
36580	N	REPLACE CVAD CATH		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	Y	000	999	
36581	N	REPLACE TUNNELED CV CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
36582	N	REPLACE TUNNELED CV CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
36583	N	REPLACE TUNNELED CV CATH		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	Y	000	999	
36584	N	COMPL RPLCMT PICC RS&I		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	Y	000	999	
36585	N	REPLACE PICVAD CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
36589	N	REMOVAL TUNNELED CV CATH		05181	6.9336	Bundled, sometimes payable	$421.01			-	Y	000	999	
36590	N	REMOVAL TUNNELED CV CATH		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	Y	000	999	
36591	N	DRAW BLOOD OFF VENOUS DEVICE		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
36592	N	COLLECT BLOOD FROM PICC		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
36593	T	DECLOT VASCULAR DEVICE		05694	3.7198	APC	$225.87			-	-	000	999	
36595	N	MECH REMOV TUNNELED CV CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
36596	N	MECH REMOV TUNNELED CV CATH		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	Y	000	999	
36597	N	REPOSITION VENOUS CATHETER		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	Y	000	999	
36598	T	INJ W/FLUOR EVAL CV DEVICE		05693	2.3628	APC	$143.47			-	-	000	999	
36600	N	WITHDRAWAL OF ARTERIAL BLOOD		05734	1.4456	Bundled, sometimes payable	$87.78			-	Y	000	999	
36620	N	INSERTION CATHETER ARTERY		-	-	Bundled	$0.00			-	-	000	999	
36625	N	INSERTION CATHETER ARTERY		-	-	Bundled	$0.00			-	-	000	999	
36640	N	INSERTION CATHETER ARTERY		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
36660	C	INSERTION CATHETER ARTERY		-	-	IP Only	$0.00			-	-	000	2	
36680	N	INSERT NEEDLE BONE CAVITY		05735	4.4751	Bundled, sometimes payable	$271.73			-	Y	000	999	
36800	N	INSERTION OF CANNULA		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
36810	N	INSERTION OF CANNULA		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
36815	N	INSERTION OF CANNULA		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
36818	N	AV FUSE UPPR ARM CEPHALIC		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	Y	000	999	
36819	N	AV FUSE UPPR ARM BASILIC		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
36820	N	AV FUSION/FOREARM VEIN		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
36821	N	AV FUSION DIRECT ANY SITE		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
36823	C	INSERTION OF CANNULA(S)		-	-	IP Only	$0.00			-	-	000	999	
36825	N	ARTERY-VEIN AUTOGRAFT		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
36830	N	ARTERY-VEIN NONAUTOGRAFT		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
36831	N	OPEN THROMBECT AV FISTULA		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
36832	N	AV FISTULA REVISION OPEN		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
36833	N	AV FISTULA REVISION		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
36835	N	INSERTION THOMAS SHUNT		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
36836	N	PRQ AV FSTL CRTJ UXTR 1 ACS		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
36837	N	PRQ AV FSTL CRT UXTR SEP ACS		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
36838	N	DIST REVAS LIGATION HEMO		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	Y	000	999	
36860	N	EXTERNAL CANNULA DECLOTTING		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	-	000	999	
36861	N	CANNULA DECLOTTING		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
36901	N	INTRO CATH DIALYSIS CIRCUIT		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	-	000	999	
36902	N	INTRO CATH DIALYSIS CIRCUIT		05192	63.9406	Bundled, sometimes payable	$3,882.47			-	-	000	999	
36903	N	INTRO CATH DIALYSIS CIRCUIT		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
36904	N	THRMBC/NFS DIALYSIS CIRCUIT		05192	63.9406	Bundled, sometimes payable	$3,882.47			-	-	000	999	
36905	N	THRMBC/NFS DIALYSIS CIRCUIT		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
36906	N	THRMBC/NFS DIALYSIS CIRCUIT		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
36907	N	BALO ANGIOP CTR DIALYSIS SEG		-	-	Bundled	$0.00			-	-	000	999	
36908	N	STENT PLMT CTR DIALYSIS SEG		-	-	Bundled	$0.00			-	-	000	999	
36909	N	DIALYSIS CIRCUIT EMBOLJ		-	-	Bundled	$0.00			-	-	000	999	

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3700F	E	PSYCH DISORDERS ASSESSED		-	-	Not Allowed	$0.00			-	-	000	999	
37140	C	REVISION OF CIRCULATION		-	-	IP Only	$0.00			-	-	000	999	
37145	C	REVISION OF CIRCULATION		-	-	IP Only	$0.00			-	-	000	999	
37160	C	REVISION OF CIRCULATION		-	-	IP Only	$0.00			-	-	000	999	
37180	C	REVISION OF CIRCULATION		-	-	IP Only	$0.00			-	-	000	999	
37181	C	SPLICE SPLEEN/KIDNEY VEINS		-	-	IP Only	$0.00			-	-	000	999	
37182	C	INSERT HEPATIC SHUNT (TIPS)		-	-	IP Only	$0.00			-	-	000	999	
37183	N	REVISION TIPS		05192	63.9406	Bundled, sometimes payable	$3,882.47			-	-	000	999	
37184	N	PRIM ART M-THRMBC 1ST VSL		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
37185	N	PRIM ART M-THRMBC SBSQ VSL		-	-	Bundled	$0.00			-	-	000	999	
37186	N	SEC ART THROMBECTOMY ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
37187	N	VENOUS MECH THROMBECTOMY		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
37188	N	VEN MECHNL THRMBC REPEAT TX		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37191	N	INS ENDOVAS VENA CAVA FILTR		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
37192	N	REDO ENDOVAS VENA CAVA FILTR		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37193	N	REM ENDOVAS VENA CAVA FILTER		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37195	T	THROMBOLYTIC THERAPY STROKE		05694	3.7198	APC	$225.87			-	-	000	999	
37197	N	REMOVE INTRVAS FOREIGN BODY		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
37200	N	TRANSCATHETER BIOPSY		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
3720F	E	COGNIT IMPAIRMENT ASSESSED		-	-	Not Allowed	$0.00			-	-	000	999	
37211	N	THROMBOLYTIC ART THERAPY		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	Y	000	999	
37212	N	THROMBOLYTIC VENOUS THERAPY		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
37213	N	THROMBLYTIC ART/VEN THERAPY		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
37214	N	CESSJ THERAPY CATH REMOVAL		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
37215	C	TRANSCATH STENT CCA W/EPS		-	-	IP Only	$0.00			-	Y	000	999	
37216	E	TRANSCATH STENT CCA W/O EPS		-	-	Not Allowed	$0.00			-	Y	000	999	
37217	C	STENT PLACEMT RETRO CAROTID		-	-	IP Only	$0.00			-	-	000	999	
37218	C	STENT PLACEMT ANTE CAROTID		-	-	IP Only	$0.00			-	-	000	999	
37220	N	ILIAC REVASC		05192	63.9406	Bundled, sometimes payable	$3,882.47			-	-	000	999	
37221	N	ILIAC REVASC W/STENT		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
37222	N	ILIAC REVASC ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
37223	N	ILIAC REVASC W/STENT ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
37224	N	FEM/POPL REVAS W/TLA		05192	63.9406	Bundled, sometimes payable	$3,882.47			-	-	000	999	
37225	N	FEM/POPL REVAS W/ATHER		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
37226	N	FEM/POPL REVASC W/STENT		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
37227	N	FEM/POPL REVASC STNT & ATHER		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
37228	N	TIB/PER REVASC W/TLA		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
37229	N	TIB/PER REVASC W/ATHER		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
37230	N	TIB/PER REVASC W/STENT		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
37231	N	TIB/PER REVASC STENT & ATHER		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
37232	N	TIB/PER REVASC ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
37233	N	TIBPER REVASC W/ATHER ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
37234	N	REVSC OPN/PRQ TIB/PERO STENT		-	-	Bundled	$0.00			-	-	000	999	
37235	N	TIB/PER REVASC STNT & ATHER		-	-	Bundled	$0.00			-	-	000	999	
37236	N	OPEN/PERQ PLACE STENT 1ST		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
37237	N	OPEN/PERQ PLACE STENT EA ADD		-	-	Bundled	$0.00			-	-	000	999	
37238	N	OPEN/PERQ PLACE STENT SAME		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
37239	N	OPEN/PERQ PLACE STENT EA ADD		-	-	Bundled	$0.00			-	-	000	999	
37241	N	VASC EMBOLIZE/OCCLUDE VENOUS		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
37242	N	VASC EMBOLIZE/OCCLUDE ARTERY		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
37243	N	VASC EMBOLIZE/OCCLUDE ORGAN		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
37244	N	VASC EMBOLIZE/OCCLUDE BLEED		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
37246	N	TRLUML BALO ANGIOP 1ST ART		05192	63.9406	Bundled, sometimes payable	$3,882.47			-	-	000	999	
37247	N	TRLUML BALO ANGIOP ADDL ART		-	-	Bundled	$0.00			-	-	000	999	
37248	N	TRLUML BALO ANGIOP 1ST VEIN		05192	63.9406	Bundled, sometimes payable	$3,882.47			-	-	000	999	
37249	N	TRLUML BALO ANGIOP ADDL VEIN		-	-	Bundled	$0.00			-	-	000	999	

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37252	N	INTRVASC US NONCORONARY 1ST		-	-	Bundled	$0.00			-	-	000	999	
37253	N	INTRVASC US NONCORONARY ADDL		-	-	Bundled	$0.00			-	-	000	999	
3725F	E	SCREEN DEPRESSION PERFORMED		-	-	Not Allowed	$0.00			-	-	000	999	
37500	N	ENDOSCOPY LIGATE PERF VEINS		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
37501	T	UNLISTED VASC ENDOSCOPY PX		05181	6.9336	APC	$421.01			-	-	000	999	
3750F	E	PTNOTRCVNGSTEROID>=10MG/DAY		-	-	Not Allowed	$0.00			-	-	000	999	
3751F	E	ELECTRODIAG POLYNEURO 6 MN		-	-	Not Allowed	$0.00			-	-	000	999	
3752F	E	NO ELECTRODIAG POLYNEURO 6MN		-	-	Not Allowed	$0.00			-	-	000	999	
3753F	E	PT HAS SYMP&SIGNS NEUROPATHY		-	-	Not Allowed	$0.00			-	-	000	999	
3754F	E	SCREENING TESTS DM DONE		-	-	Not Allowed	$0.00			-	-	000	999	
3755F	E	COG&BEHAV IMPRMNT SCRNG DONE		-	-	Not Allowed	$0.00			-	-	000	999	
37565	N	LIGATION INT JUGULAR VEIN		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
3756F	E	PT W/PSEUDOBULB AFFECT/ALS		-	-	Not Allowed	$0.00			-	-	000	999	
3757F	E	PT W/O PSEUDOBULBAFFECT/ALS		-	-	Not Allowed	$0.00			-	-	000	999	
3758F	E	PT REF PULM FX TEST/PEAKFLOW		-	-	Not Allowed	$0.00			-	-	000	999	
3759F	E	PT SCRN DYSPHAG/WT LOSS/NUTR		-	-	Not Allowed	$0.00			-	-	000	999	
37600	N	LIGATION XTRNL CAROTID ART		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37605	N	LIGATION INT/COM CAROTID ART		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37606	N	LIG INT/COM CAROTID ART OCCL		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37607	N	LIG/BANDING ANGIOACS AV FSTL		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37609	N	LIGATION/BX TEMPORAL ARTERY		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
3760F	E	PT W/DYSPHAG/WT LOSS/NUTR		-	-	Not Allowed	$0.00			-	-	000	999	
37615	N	LIGATION MAJOR ARTERY NECK		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37616	C	LIGATION MAJOR ARTERY CHEST		-	-	IP Only	$0.00			-	-	000	999	
37617	C	LIGATION MAJOR ARTERY ABD		-	-	IP Only	$0.00			-	-	000	999	
37618	C	LIGATION MAJOR ARTERY XTR		-	-	IP Only	$0.00			-	-	000	999	
37619	N	LIGATION OF INF VENA CAVA		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
3761F	E	PT W/O DYSPHAG/WT LOSS/NUTR		-	-	Not Allowed	$0.00			-	-	000	999	
3762F	E	PATIENT IS DYSARTHRIC		-	-	Not Allowed	$0.00			-	-	000	999	
3763F	E	PATIENT IS NOT DYSARTHRIC		-	-	Not Allowed	$0.00			-	-	000	999	
37650	N	LIGATION OF FEMORAL VEIN		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37660	C	LIGATION COMMON ILIAC VEIN		-	-	IP Only	$0.00			-	-	000	999	
37700	N	LIGATION&DIV LONG SAPH VEIN		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37718	N	LIG DIV&STRPG SHORT SAPH VN		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
37722	N	LIG DIV&STRPG LONG SAPH VEIN		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
37735	N	LIG&DIV&COMPL STRPG SAPH VN		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
3775F	E	ADENOMA DETECTED SCREENING		-	-	Not Allowed	$0.00			-	-	000	999	
37760	N	LIG PRFRATR VN RADICAL 1 LEG		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37761	N	LIGATE LEG VEINS OPEN		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37765	N	STAB PHLEB VEINS XTR 10-20		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
37766	N	PHLEB VEINS - EXTREM 20+		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	Y	000	999	
3776F	E	ADENOMA NOT DETECT SCREENING		-	-	Not Allowed	$0.00			-	-	000	999	
37780	N	REVISION OF LEG VEIN		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37785	N	LIGATE/DIVIDE/EXCISE VEIN		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
37788	C	REVASCULARIZATION PENIS		-	-	IP Only	$0.00			-	-	000	999	
37790	N	PENILE VENOUS OCCLUSION		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
37799	T	UNLISTED PX VASCULAR SURGERY		05181	6.9336	APC	$421.01			-	-	000	999	
38100	C	REMOVAL OF SPLEEN TOTAL		-	-	IP Only	$0.00			-	-	000	999	
38101	C	REMOVAL OF SPLEEN PARTIAL		-	-	IP Only	$0.00			-	-	000	999	
38102	C	REMOVAL OF SPLEEN TOTAL		-	-	IP Only	$0.00			-	-	000	999	
38115	C	REPAIR OF RUPTURED SPLEEN		-	-	IP Only	$0.00			-	-	000	999	
38120	N	LAPAROSCOPY SPLENECTOMY		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
38129	N	UNLISTED LAPS PX SPLEEN		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
38200	N	INJECTION FOR SPLEEN X-RAY		-	-	Bundled	$0.00			-	-	000	999	
38204	N	BL DONOR SEARCH MANAGEMENT		-	-	Bundled	$0.00			-	-	000	999	
38205	E	HARVEST ALLOGENEIC STEM CELL		-	-	Not Allowed	$0.00			-	-	000	999	

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38206	S	HARVEST AUTO STEM CELLS		05242	18.3840	APC	$1,116.28			Y	-	000	999	
38207	S	CRYOPRESERVE STEM CELLS		05241	4.9028	APC	$271.62			Y	-	000	999	
38208	S	THAW PRESERVED STEM CELLS		05241	4.9028	APC	$271.62			Y	-	000	999	
38209	S	WASH HARVEST STEM CELLS		05241	4.9028	APC	$271.62			Y	-	000	999	
38210	S	T-CELL DEPLETION OF HARVEST		05241	4.9028	APC	$271.62			Y	-	000	999	
38211	S	TUMOR CELL DEPLETE OF HARVST		05241	4.9028	APC	$271.62			Y	-	000	999	
38212	S	RBC DEPLETION OF HARVEST		05241	4.9028	APC	$271.62			Y	-	000	999	
38213	S	PLATELET DEPLETE OF HARVEST		05241	4.9028	APC	$271.62			Y	-	000	999	
38214	S	VOLUME DEPLETE OF HARVEST		05241	4.9028	APC	$271.62			Y	-	000	999	
38215	S	HARVEST STEM CELL CONCENTRTE		05241	4.9028	APC	$271.62			Y	-	000	999	
38220	N	DX BONE MARROW ASPIRATIONS		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
38221	N	DX BONE MARROW BIOPSIES		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
38222	N	DX BONE MARROW BX & ASPIR		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
38225	E	CAR-T HRV BLD-DRV T LYMPHCYT		-	-	Not Allowed	$0.00			-	-	000	999	
38226	E	CAR-T PREP T LYMPHCYT F/TRNS		-	-	Not Allowed	$0.00			-	-	000	999	
38227	E	CAR-T RECEIPT&PREPJ ADMN		-	-	Not Allowed	$0.00			-	-	000	999	
38228	S	CAR-T ADMN AUTOLOGOUS		05694	3.7198	APC	$225.87			-	-	000	999	
38230	S	BONE MARROW HARVEST ALLOGEN		05242	18.3840	APC	$1,116.28			Y	Y	000	999	
38232	S	BONE MARROW HARVEST AUTOLOG		05243	52.5426	APC	$3,190.39			-	-	000	999	
38240	S	TRANSPLT ALLO HCT/DONOR		05244	663.2611	APC	$40,273.21			Y	Y	000	999	
38241	S	TRANSPLT AUTOL HCT/DONOR		05242	18.3840	APC	$1,116.28			Y	Y	000	999	
38242	S	TRANSPLT ALLO LYMPHOCYTES		05242	18.3840	APC	$1,116.28			Y	Y	000	999	
38243	S	TRANSPLJ HEMATOPOIETIC BOOST		05242	18.3840	APC	$1,116.28			-	Y	000	999	
38300	N	DRAINAGE LYMPH NODE LESION		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
38305	N	DRAINAGE LYMPH NODE LESION		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
38308	N	INCISION OF LYMPH CHANNELS		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
38380	C	THORACIC DUCT PROCEDURE		-	-	IP Only	$0.00			-	-	000	999	
38381	C	THORACIC DUCT PROCEDURE		-	-	IP Only	$0.00			-	-	000	999	
38382	C	THORACIC DUCT PROCEDURE		-	-	IP Only	$0.00			-	-	000	999	
38500	N	BIOPSY/REMOVAL LYMPH NODES		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
38505	N	NEEDLE BIOPSY LYMPH NODES		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
38510	N	BIOPSY/REMOVAL LYMPH NODES		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
38520	N	BIOPSY/REMOVAL LYMPH NODES		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
38525	N	BIOPSY/REMOVAL LYMPH NODES		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
38530	N	BIOPSY/REMOVAL LYMPH NODES		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
38531	N	OPEN BX/EXC INGUINOFEM NODES		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
38542	N	EXPLORE DEEP NODE(S) NECK		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
38550	N	REMOVAL NECK/ARMPIT LESION		05091	42.9441	Bundled, sometimes payable	$2,607.57			-	-	000	999	
38555	N	REMOVAL NECK/ARMPIT LESION		05092	73.1359	Bundled, sometimes payable	$4,440.81			-	-	000	999	
38562	C	REMOVAL PELVIC LYMPH NODES		-	-	IP Only	$0.00			-	-	000	999	
38564	C	REMOVAL ABDOMEN LYMPH NODES		-	-	IP Only	$0.00			-	-	000	999	
38570	N	LAPAROSCOPY LYMPH NODE BIOP		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
38571	N	LAPAROSCOPY LYMPHADENECTOMY		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
38572	N	LAPAROSCOPY LYMPHADENECTOMY		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
38573	N	LAPS PELVIC LYMPHADEC		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
38589	N	UNLISTED LAPS PX LYMPHTC SYS		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
38700	N	REMOVAL OF LYMPH NODES NECK		05092	73.1359	Bundled, sometimes payable	$4,440.81			-	-	000	999	
38720	N	REMOVAL OF LYMPH NODES NECK		05092	73.1359	Bundled, sometimes payable	$4,440.81			-	-	000	999	
38724	C	REMOVAL OF LYMPH NODES NECK		-	-	IP Only	$0.00			-	-	000	999	
38740	N	REMOVE ARMPIT LYMPH NODES		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
38745	N	REMOVE ARMPIT LYMPH NODES		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
38746	C	REMOVE THORACIC LYMPH NODES		-	-	IP Only	$0.00			-	-	000	999	
38747	C	REMOVE ABDOMINAL LYMPH NODES		-	-	IP Only	$0.00			-	-	000	999	
38760	N	REMOVE GROIN LYMPH NODES		05092	73.1359	Bundled, sometimes payable	$4,440.81			-	-	000	999	
38765	C	REMOVE GROIN LYMPH NODES		-	-	IP Only	$0.00			-	-	000	999	
38770	C	REMOVE PELVIS LYMPH NODES		-	-	IP Only	$0.00			-	-	000	999	

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38780	C	REMOVE ABDOMEN LYMPH NODES		-	-	IP Only	$0.00			-	-	000	999	
38790	N	INJECT FOR LYMPHATIC X-RAY		-	-	Bundled	$0.00			-	-	000	999	
38792	N	RA TRACER ID OF SENTINL NODE		05591	4.5064	Bundled, sometimes payable	$273.63			-	-	000	999	
38794	N	ACCESS THORACIC LYMPH DUCT		-	-	Bundled	$0.00			-	-	000	999	
38900	N	IO MAP OF SENT LYMPH NODE		-	-	Bundled	$0.00			-	-	000	999	
38999	S	UNLISTD PX HEMIC/LYMPHTC SYS		05241	4.9028	APC	$297.70			-	-	000	999	
39000	C	EXPLORATION OF CHEST		-	-	IP Only	$0.00			-	-	000	999	
39010	C	EXPLORATION OF CHEST		-	-	IP Only	$0.00			-	-	000	999	
39200	C	RESECT MEDIASTINAL CYST		-	-	IP Only	$0.00			-	-	000	999	
39220	C	RESECT MEDIASTINAL TUMOR		-	-	IP Only	$0.00			-	-	000	999	
39401	N	MEDIASTINOSCPY W/MEDSTNL BX		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
39402	N	MEDIASTINOSCPY W/LMPH NOD BX		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
39499	C	UNLISTED PX MEDIASTINUM		-	-	IP Only	$0.00			-	-	000	999	
39501	C	REPAIR DIAPHRAGM LACERATION		-	-	IP Only	$0.00			-	-	000	999	
39503	C	REPAIR OF DIAPHRAGM HERNIA		-	-	IP Only	$0.00			-	-	000	999	
39540	C	REPAIR OF DIAPHRAGM HERNIA		-	-	IP Only	$0.00			-	-	000	999	
39541	C	REPAIR OF DIAPHRAGM HERNIA		-	-	IP Only	$0.00			-	-	000	999	
39545	C	REVISION OF DIAPHRAGM		-	-	IP Only	$0.00			-	-	000	999	
39560	C	RESECT DIAPHRAGM SIMPLE		-	-	IP Only	$0.00			-	-	000	999	
39561	C	RESECT DIAPHRAGM COMPLEX		-	-	IP Only	$0.00			-	-	000	999	
39599	C	UNLISTED PX DIAPHRAGM		-	-	IP Only	$0.00			-	-	000	999	
4000F	E	TOBACCO USE TXMNT COUNSELING		-	-	Not Allowed	$0.00			-	-	000	999	
4001F	E	TOBACCO USE TXMNT PHARMACOL		-	-	Not Allowed	$0.00			-	-	000	999	
4003F	E	PT ED WRITE/ORAL PTS W/ HF		-	-	Not Allowed	$0.00			-	Y	000	999	
4004F	E	PT TOBACCO SCREEN RCVD TLK		-	-	Not Allowed	$0.00			-	-	000	999	
4005F	E	PHARM THX FOR OP RXD		-	-	Not Allowed	$0.00			-	-	000	999	
4008F	E	BETA-BLOCKER THERAPY RXD/TKN		-	-	Not Allowed	$0.00			-	-	000	999	
4010F	E	ACE/ARB THERAPY RXD/TAKEN		-	-	Not Allowed	$0.00			-	-	000	999	
4011F	E	ORAL ANTIPLATELET THERAPY RX		-	-	Not Allowed	$0.00			-	-	000	999	
4012F	E	WARFARIN THERAPY RX		-	-	Not Allowed	$0.00			-	Y	000	999	
4013F	E	STATIN THERAPY/CURRENTLY TKN		-	-	Not Allowed	$0.00			-	-	000	999	
4014F	E	WRITTEN DISCHARGE INSTR PRVD		-	-	Not Allowed	$0.00			-	Y	000	999	
4015F	E	PERSIST ASTHMA MEDICINE CTRL		-	-	Not Allowed	$0.00			-	-	000	999	
4016F	E	ANTI-INFLM/ANLGSC AGENT RX		-	-	Not Allowed	$0.00			-	-	000	999	
4017F	E	GI PROPHYLAXIS FOR NSAID RX		-	-	Not Allowed	$0.00			-	-	000	999	
4018F	E	THERAPY EXERCISE JOINT RX		-	-	Not Allowed	$0.00			-	Y	000	999	
4019F	E	DOC RECPT COUNSL VIT D/CALC+		-	-	Not Allowed	$0.00			-	-	000	999	
4025F	E	INHALED BRONCHODILATOR RX		-	-	Not Allowed	$0.00			-	-	000	999	
4030F	E	OXYGEN THERAPY RX		-	-	Not Allowed	$0.00			-	-	000	999	
4033F	E	PULMONARY REHAB REC		-	-	Not Allowed	$0.00			-	-	000	999	
4035F	E	INFLUENZA IMM REC		-	-	Not Allowed	$0.00			-	-	000	999	
4037F	E	INFLUENZA IMM ORDER/ADMIN		-	-	Not Allowed	$0.00			-	-	000	999	
4040F	E	PNEUMOC VAC/ADMIN/RCVD		-	-	Not Allowed	$0.00			-	-	000	999	
4041F	E	DOC ORDER CEFAZOLIN/CEFUROX		-	-	Not Allowed	$0.00			-	-	000	999	
4042F	E	DOC ANTIBIO NOT GIVEN		-	-	Not Allowed	$0.00			-	-	000	999	
4043F	E	DOC ORDER GIVEN STOP ANTIBIO		-	-	Not Allowed	$0.00			-	-	000	999	
4044F	E	DOC ORDER GIVEN VTE PROPHYLX		-	-	Not Allowed	$0.00			-	-	000	999	
4045F	E	EMPIRIC ANTIBIOTIC RX		-	-	Not Allowed	$0.00			-	-	000	999	
4046F	E	DOC ANTIBIO GIVEN B/4 SURG		-	-	Not Allowed	$0.00			-	-	000	999	
4047F	E	DOC ANTIBIO GIVEN B/4 SURG		-	-	Not Allowed	$0.00			-	-	000	999	
4048F	E	DOC ANTIBIO GIVEN B/4 SURG		-	-	Not Allowed	$0.00			-	-	000	999	
40490	T	BIOPSY OF LIP		05161	2.6043	APC	$158.13			-	-	000	999	
4049F	E	DOC ORDER GIVEN STOP ANTIBIO		-	-	Not Allowed	$0.00			-	-	000	999	
40500	N	PARTIAL EXCISION OF LIP		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
4050F	E	HT CARE PLAN DOC		-	-	Not Allowed	$0.00			-	-	000	999	
40510	N	PARTIAL EXCISION OF LIP		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	

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4051F	E	REFERRED FOR AN AV FISTULA		-	-	Not Allowed	$0.00			-	-	000	999	
40520	N	PARTIAL EXCISION OF LIP		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
40525	N	RECONSTRUCT LIP WITH FLAP		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
40527	N	RECONSTRUCT LIP WITH FLAP		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
4052F	E	HEMODIALYSIS VIA AV FISTULA		-	-	Not Allowed	$0.00			-	-	000	999	
40530	N	PARTIAL REMOVAL OF LIP		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
4053F	E	HEMODIALYSIS VIA AV GRAFT		-	-	Not Allowed	$0.00			-	-	000	999	
4054F	E	HEMODIALYSIS VIA CATHETER		-	-	Not Allowed	$0.00			-	-	000	999	
4055F	E	PT RCVNG PERITON DIALYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
4056F	E	APPROP ORAL REHYD RECOMMD		-	-	Not Allowed	$0.00			-	-	000	999	
4058F	E	PED GASTRO ED GIVEN CAREGVR		-	-	Not Allowed	$0.00			-	-	000	999	
4060F	E	PSYCH SVCS PROVIDED		-	-	Not Allowed	$0.00			-	-	000	999	
4062F	E	PT REFERRAL PSYCH DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
4063F	E	ANTIDEPRES RXTHXPY NOT RXD		-	-	Not Allowed	$0.00			-	-	000	999	
4064F	E	ANTIDEPRESSANT RX		-	-	Not Allowed	$0.00			-	-	000	999	
40650	T	RPR LIP FTH VERMILION ONLY		05162	5.7111	APC	$346.78			-	-	000	999	
40652	T	RPR LIP FTH<HALF VER HEIGHT		05162	5.7111	APC	$346.78			-	-	000	999	
40654	N	RPR LIP FTH>1HALF VER HT/CPX		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
4065F	E	ANTIPSYCHOTIC RX		-	-	Not Allowed	$0.00			-	-	000	999	
4066F	E	ECT PROVIDED		-	-	Not Allowed	$0.00			-	-	000	999	
4067F	E	PT REFERRAL FOR ECT DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
4069F	E	VTE PROPHYLAXIS RCVD		-	-	Not Allowed	$0.00			-	-	000	999	
40700	N	REPAIR CLEFT LIP/NASAL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
40701	N	REPAIR CLEFT LIP/NASAL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
40702	N	REPAIR CLEFT LIP/NASAL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
4070F	E	DVT PROPHYLX RECVD DAY 2		-	-	Not Allowed	$0.00			-	-	000	999	
40720	N	REPAIR CLEFT LIP/NASAL		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
4073F	E	ORAL ANTIPLAT THX RX DISCHRG		-	-	Not Allowed	$0.00			-	-	000	999	
4075F	E	ANTICOAG THX RX AT DISCHRG		-	-	Not Allowed	$0.00			-	-	000	999	
40761	N	REPAIR CLEFT LIP/NASAL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
4077F	E	DOC T-PA ADMIN CONSIDERED		-	-	Not Allowed	$0.00			-	-	000	999	
40799	T	UNLISTED PROCEDURE LIPS		05161	2.6043	APC	$158.13			-	-	000	999	
4079F	E	DOC REHAB SVCS CONSIDERED		-	-	Not Allowed	$0.00			-	-	000	999	
40800	T	DRAINAGE OF MOUTH LESION		05071	7.8905	APC	$479.11			-	-	000	999	
40801	T	DRAINAGE OF MOUTH LESION		05162	5.7111	APC	$346.78			-	-	000	999	
40804	N	REMOVAL FOREIGN BODY MOUTH		05301	10.5144	Bundled, sometimes payable	$638.43			-	-	000	999	
40805	T	REMOVAL FOREIGN BODY MOUTH		05162	5.7111	APC	$346.78			-	-	000	999	
40806	T	INCISION OF LIP FOLD		05162	5.7111	APC	$346.78			-	-	000	999	
40808	T	BIOPSY OF MOUTH LESION		05162	5.7111	APC	$346.78			-	-	000	999	
40810	N	EXCISION OF MOUTH LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
40812	N	EXCISE/REPAIR MOUTH LESION		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
40814	N	EXCISE/REPAIR MOUTH LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
40816	N	EXCISION OF MOUTH LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
40818	T	EXCISE ORAL MUCOSA FOR GRAFT		05162	5.7111	APC	$346.78			-	-	000	999	
40819	N	EXCISE LIP OR CHEEK FOLD		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
40820	N	TREATMENT OF MOUTH LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
40830	T	REPAIR MOUTH LACERATION		05161	2.6043	APC	$158.13			-	-	000	999	
40831	T	REPAIR MOUTH LACERATION		05162	5.7111	APC	$346.78			-	-	000	999	
40840	N	RECONSTRUCTION OF MOUTH		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
40842	N	RECONSTRUCTION OF MOUTH		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
40843	N	RECONSTRUCTION OF MOUTH		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
40844	N	RECONSTRUCTION OF MOUTH		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
40845	N	RECONSTRUCTION OF MOUTH		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
4084F	E	ASPIRIN RECVD W/IN 24 HRS		-	-	Not Allowed	$0.00			-	-	000	999	
4086F	E	ASPIRIN/CLOPIDOGREL RXD		-	-	Not Allowed	$0.00			-	-	000	999	
40899	T	UNLISTED PX VESTIBULE MOUTH		05161	2.6043	APC	$158.13			-	-	000	999	

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4090F	E	PT RCVNG EPO THXPY		-	-	Not Allowed	$0.00			-	-	000	999	
4095F	E	PT NOT RCVNG EPO THXPY		-	-	Not Allowed	$0.00			-	-	000	999	
41000	T	DRAINAGE OF MOUTH LESION		05162	5.7111	APC	$346.78			-	-	000	999	
41005	T	DRAINAGE OF MOUTH LESION		05161	2.6043	APC	$158.13			-	-	000	999	
41006	N	DRAINAGE OF MOUTH LESION		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
41007	N	DRAINAGE OF MOUTH LESION		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
41008	N	DRAINAGE OF MOUTH LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41009	T	DRAINAGE OF MOUTH LESION		05162	5.7111	APC	$346.78			-	-	000	999	
4100F	E	BIPHOS THXPY VEIN ORD/RECVD		-	-	Not Allowed	$0.00			-	-	000	999	
41010	N	INCISION OF TONGUE FOLD		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
41015	T	DRAINAGE OF MOUTH LESION		05162	5.7111	APC	$346.78			-	-	000	999	
41016	N	DRAINAGE OF MOUTH LESION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
41017	N	DRAINAGE OF MOUTH LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41018	N	DRAINAGE OF MOUTH LESION		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
41019	N	PLACE NEEDLES H&N FOR RT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
41100	T	BIOPSY OF TONGUE		05162	5.7111	APC	$346.78			-	-	000	999	
41105	N	BIOPSY OF TONGUE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41108	N	BIOPSY OF FLOOR OF MOUTH		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
4110F	E	INT MAM ART USED FOR CABG		-	-	Not Allowed	$0.00			-	-	000	999	
41110	N	EXCISION OF TONGUE LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41112	N	EXCISION OF TONGUE LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41113	N	EXCISION OF TONGUE LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41114	N	EXCISION OF TONGUE LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41115	N	EXCISION OF TONGUE FOLD		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
41116	N	EXCISION OF MOUTH LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41120	N	PARTIAL REMOVAL OF TONGUE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
41130	C	PARTIAL REMOVAL OF TONGUE		-	-	IP Only	$0.00			-	-	000	999	
41135	C	TONGUE AND NECK SURGERY		-	-	IP Only	$0.00			-	-	000	999	
41140	C	REMOVAL OF TONGUE		-	-	IP Only	$0.00			-	-	000	999	
41145	C	TONGUE REMOVAL NECK SURGERY		-	-	IP Only	$0.00			-	-	000	999	
41150	C	TONGUE MOUTH JAW SURGERY		-	-	IP Only	$0.00			-	-	000	999	
41153	C	TONGUE MOUTH NECK SURGERY		-	-	IP Only	$0.00			-	-	000	999	
41155	C	TONGUE JAW & NECK SURGERY		-	-	IP Only	$0.00			-	-	000	999	
4115F	E	BETA BLCKR ADMIN W/IN 24 HRS		-	-	Not Allowed	$0.00			-	-	000	999	
4120F	E	ANTIBIOT RXD/GIVEN		-	-	Not Allowed	$0.00			-	-	000	999	
4124F	E	ANTIBIOT NOT RXD/GIVEN		-	-	Not Allowed	$0.00			-	-	000	999	
41250	N	REPAIR TONGUE LACERATION		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
41251	T	REPAIR TONGUE LACERATION		05161	2.6043	APC	$158.13			-	-	000	999	
41252	T	REPAIR TONGUE LACERATION		05161	2.6043	APC	$158.13			-	-	000	999	
4130F	E	TOPICAL PREP RX AOE		-	-	Not Allowed	$0.00			-	-	000	999	
4131F	E	SYST ANTIMICROBIAL THX RX		-	-	Not Allowed	$0.00			-	-	000	999	
4132F	E	NO SYST ANTIMICROBIAL THX RX		-	-	Not Allowed	$0.00			-	-	000	999	
4133F	E	ANTIHIST/DECONG RX/RECOM		-	-	Not Allowed	$0.00			-	-	000	999	
4134F	E	NO ANTIHIST/DECONG RX/RECOM		-	-	Not Allowed	$0.00			-	-	000	999	
4135F	E	SYSTEMIC CORTICOSTEROIDS RX		-	-	Not Allowed	$0.00			-	-	000	999	
4136F	E	SYST CORTICOSTEROIDS NOT RX		-	-	Not Allowed	$0.00			-	-	000	999	
4140F	E	INHALED CORTICOSTEROIDS RXD		-	-	Not Allowed	$0.00			-	-	000	999	
4142F	E	CORTICOSTER SPARNG THRPY RXD		-	-	Not Allowed	$0.00			-	-	000	999	
4144F	E	ALT LONG-TERM CNTRL MED RXD		-	-	Not Allowed	$0.00			-	-	000	999	
4145F	E	2+ ANTI-HYPRTNSV AGENTS TKN		-	-	Not Allowed	$0.00			-	-	000	999	
4148F	E	HEP A VAC INJXN ADMIN/RECVD		-	-	Not Allowed	$0.00			-	-	000	999	
4149F	E	HEP B VAC INJXN ADMIN/RECVD		-	-	Not Allowed	$0.00			-	-	000	999	
4150F	E	PT RECVNG ANTIVIR TXMNT HEPC		-	-	Not Allowed	$0.00			-	-	000	999	
41510	N	TONGUE TO LIP SURGERY		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41512	N	TONGUE SUSPENSION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
4151F	E	PT NOT RECVNG ANTIV HEP C		-	-	Not Allowed	$0.00			-	-	000	999	

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41520	N	RECONSTRUCTION TONGUE FOLD		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41530	N	TONGUE BASE VOL REDUCTION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
4153F	E	COMBO PEGINTF/RIB RX		-	-	Not Allowed	$0.00			-	-	000	999	
4155F	E	HEP A VAC SERIES PREV RECVD		-	-	Not Allowed	$0.00			-	-	000	999	
4157F	E	HEP B VAC SERIES PREV RECVD		-	-	Not Allowed	$0.00			-	-	000	999	
4158F	E	PT EDU RE ALCOH DRNKNG DONE		-	-	Not Allowed	$0.00			-	-	000	999	
41599	T	UNLISTED PX TONGUE FLR MOUTH		05161	2.6043	APC	$158.13			-	-	000	999	
4159F	E	CONTRCP TALK B/4 ANTIV TXMNT		-	-	Not Allowed	$0.00			-	-	000	999	
4163F	E	PT COUNS 4 TXMNT OPT PROST		-	-	Not Allowed	$0.00			-	-	000	999	
4164F	E	ADJV HRMNL THXPY RXD		-	-	Not Allowed	$0.00			-	-	000	999	
4165F	E	3D-CRT/IMRT RECEIVED		-	-	Not Allowed	$0.00			-	-	000	999	
4167F	E	HD BED TILTED 1ST DAY VENT		-	-	Not Allowed	$0.00			-	-	000	999	
4168F	E	PT CARE ICU&VENT W/IN 24HRS		-	-	Not Allowed	$0.00			-	-	000	999	
4169F	E	NO PT CARE ICU/VENT IN 24HRS		-	-	Not Allowed	$0.00			-	-	000	999	
4171F	E	PT RCVNG ESA THXPY		-	-	Not Allowed	$0.00			-	-	000	999	
4172F	E	PT NOT RCVNG ESA THXPY		-	-	Not Allowed	$0.00			-	-	000	999	
4174F	E	COUNS POTENT GLAUC IMPCT		-	-	Not Allowed	$0.00			-	-	000	999	
4175F	E	VIS 20/40/> W/IN 90 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
4176F	E	TALK RE UV LIGHT PT/CRGVR		-	-	Not Allowed	$0.00			-	-	000	999	
4177F	E	TALK PT/CRGVR RE AREDS PREV		-	-	Not Allowed	$0.00			-	-	000	999	
4178F	E	ANTID GLBLN RCVD W/IN 26WKS		-	-	Not Allowed	$0.00			-	-	000	999	
4179F	E	TAMOXIFEN/AI PRESCRIBED		-	-	Not Allowed	$0.00			-	-	000	999	
41800	N	DRAINAGE OF GUM LESION		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
41805	N	REMOVAL FOREIGN BODY GUM		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
41806	N	REMOVAL FOREIGN BODY JAWBONE		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
4180F	E	ADJV THXPYRXD/RCVD COLON CA		-	-	Not Allowed	$0.00			-	-	000	999	
4181F	E	CONFORMAL RADN THXPY RCVD		-	-	Not Allowed	$0.00			-	-	000	999	
41820	N	EXCISION GUM EACH QUADRANT		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41821	N	EXCISION OF GUM FLAP		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
41822	N	EXCISION OF GUM LESION		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
41823	N	EXCISION OF GUM LESION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
41825	N	EXCISION OF GUM LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41826	N	EXCISION OF GUM LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41827	N	EXCISION OF GUM LESION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
41828	N	EXCISION OF GUM LESION		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
4182F	E	NO CONFORMAL RADN THXPY		-	-	Not Allowed	$0.00			-	-	000	999	
41830	N	REMOVAL OF GUM TISSUE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41850	N	TREATMENT OF GUM LESION		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
4185F	E	CONTINUOUS PPI OR H2RA RCVD		-	-	Not Allowed	$0.00			-	-	000	999	
4186F	E	NO CONT PPI OR H2RA RCVD		-	-	Not Allowed	$0.00			-	-	000	999	
41870	N	PERIODONTAL MUCOSAL GRAFTING		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
41872	N	GINGIVOPLASTY EACH QUADRANT		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
41874	N	ALVEOLOPLASTY EACH QUADRANT		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
4187F	E	ANTI RHEUM DRUGTHXPYRXD/GVN		-	-	Not Allowed	$0.00			-	-	000	999	
4188F	E	APPROP ACE/ARB TSTNG DONE		-	-	Not Allowed	$0.00			-	-	000	999	
41899	T	UNLISTED PX DENTALVLR STRUX		05161	2.6043	APC	$158.13			-	-	000	999	
4189F	E	APPROP DIGOXIN TSTNG DONE		-	-	Not Allowed	$0.00			-	-	000	999	
4190F	E	APPROP DIURETIC TSTNG DONE		-	-	Not Allowed	$0.00			-	-	000	999	
4191F	E	APPROP ANTICONVULS TSTNG		-	-	Not Allowed	$0.00			-	-	000	999	
4192F	E	PT NOT RCVNG GLUCOCO THXPY		-	-	Not Allowed	$0.00			-	-	000	999	
4193F	E	PT RCV <10MG DAILY PREDNISO		-	-	Not Allowed	$0.00			-	-	000	999	
4194F	E	PT RCV >=10MG DAILY PREDNISO		-	-	Not Allowed	$0.00			-	-	000	999	
4195F	E	PT RCVNG ANTI-RHEUM THXPY RA		-	-	Not Allowed	$0.00			-	-	000	999	
4196F	E	PTNOT RCVNG ANTI-RHM THXPYRA		-	-	Not Allowed	$0.00			-	-	000	999	
42000	T	DRAINAGE MOUTH ROOF LESION		05161	2.6043	APC	$158.13			-	-	000	999	
4200F	E	EXTERNAL BEAM TO PROST ONLY		-	-	Not Allowed	$0.00			-	-	000	999	

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4201F	E	EXTRNL BEAM OTHER THAN PROST		-	-	Not Allowed	$0.00			-	-	000	999	
42100	N	BIOPSY ROOF OF MOUTH		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
42104	N	EXCISION LESION MOUTH ROOF		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42106	N	EXCISION LESION MOUTH ROOF		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42107	N	EXCISION LESION MOUTH ROOF		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
4210F	E	ACE/ARB THXPY FOR MOS/>		-	-	Not Allowed	$0.00			-	-	000	999	
42120	N	REMOVE PALATE/LESION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42140	N	EXCISION OF UVULA		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42145	N	REPAIR PALATE PHARYNX/UVULA		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42160	N	TREATMENT MOUTH ROOF LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42180	T	REPAIR LAC PALATE<2 CM		05162	5.7111	APC	$346.78			-	-	000	999	
42182	N	REPAIR PALATE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42200	N	RECONSTRUCT CLEFT PALATE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42205	N	RECONSTRUCT CLEFT PALATE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
4220F	E	DIGOXIN THXPY FOR 6 MOS/>		-	-	Not Allowed	$0.00			-	-	000	999	
42210	N	RECONSTRUCT CLEFT PALATE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42215	N	RECONSTRUCT CLEFT PALATE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
4221F	E	DIURETIC THXPY FOR 6 MOS/>		-	-	Not Allowed	$0.00			-	-	000	999	
42220	N	RECONSTRUCT CLEFT PALATE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42225	N	RECONSTRUCT CLEFT PALATE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42226	N	LENGTHENING OF PALATE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42227	N	LENGTHENING OF PALATE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42235	N	REPAIR PALATE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42260	N	REPAIR NOSE TO LIP FISTULA		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42280	T	PREPARATION PALATE MOLD		05162	5.7111	APC	$346.78			-	-	000	999	
42281	N	INSERTION PALATE PROSTHESIS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42299	T	UNLISTED PX PALATE UVULA		05161	2.6043	APC	$158.13			-	-	000	999	
42300	N	DRAINAGE OF SALIVARY GLAND		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
42305	N	DRAINAGE OF SALIVARY GLAND		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
4230F	E	ANTICONV THXPY FOR 6 MOS/>		-	-	Not Allowed	$0.00			-	-	000	999	
42310	T	DRAINAGE OF SALIVARY GLAND		05162	5.7111	APC	$346.78			-	-	000	999	
42320	T	DRAINAGE OF SALIVARY GLAND		05162	5.7111	APC	$346.78			-	-	000	999	
42330	N	REMOVAL OF SALIVARY STONE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42335	N	REMOVAL OF SALIVARY STONE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42340	N	REMOVAL OF SALIVARY STONE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42400	T	BIOPSY OF SALIVARY GLAND		05071	7.8905	APC	$479.11			-	-	000	999	
42405	N	BIOPSY OF SALIVARY GLAND		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
42408	N	EXCISION OF SALIVARY CYST		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42409	N	DRAINAGE OF SALIVARY CYST		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
4240F	E	INSTR XRCZ BACK PAIN 12 WKS		-	-	Not Allowed	$0.00			-	-	000	999	
42410	N	EXCISE PAROTID GLAND/LESION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42415	N	EXCISE PAROTID GLAND/LESION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42420	N	EXCISE PAROTID GLAND/LESION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42425	N	EXCISE PAROTID GLAND/LESION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42426	C	EXCISE PAROTID GLAND/LESION		-	-	IP Only	$0.00			-	-	000	999	
4242F	E	SPRVSD XRCZ BACK PN >12 WKS		-	-	Not Allowed	$0.00			-	-	000	999	
42440	N	EXCISE SUBMAXILLARY GLAND		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42450	N	EXCISE SUBLINGUAL GLAND		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
4245F	E	PT INSTR NRML ACTIVITIES		-	-	Not Allowed	$0.00			-	-	000	999	
4248F	E	PT INSTR NO BD REST 4 DAYS/>		-	-	Not Allowed	$0.00			-	-	000	999	
42500	N	REPAIR SALIVARY DUCT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42505	N	REPAIR SALIVARY DUCT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42507	N	PAROTID DUCT DIVERSION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42509	N	PAROTID DUCT DIVERSION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
4250F	E	WRMNG 4 SURG NORMOTHERMIA		-	-	Not Allowed	$0.00			-	-	000	999	
42510	N	PAROTID DUCT DIVERSION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	

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42550	N	INJECTION FOR SALIVARY X-RAY		-	-	Bundled	$0.00			-	-	000	999	
4255F	E	ANESTH 60 MIN/> AS DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
4256F	E	ANESTHE <60 MIN AS DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
42600	N	CLOSURE OF SALIVARY FISTULA		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
4260F	E	WOUND SRFC CULTURETECH USED		-	-	Not Allowed	$0.00			-	-	000	999	
4261F	E	TECH OTHER THAN SURFC CULTR		-	-	Not Allowed	$0.00			-	-	000	999	
42650	N	DILATION OF SALIVARY DUCT		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
4265F	E	WET-DRY DRESSINGS RX RECMD		-	-	Not Allowed	$0.00			-	-	000	999	
42660	T	DILATION OF SALIVARY DUCT		05162	5.7111	APC	$346.78			-	-	000	999	
42665	N	LIGATION OF SALIVARY DUCT		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
4266F	E	NO WET-DRY DRSSINGS RX RECMD		-	-	Not Allowed	$0.00			-	-	000	999	
4267F	E	COMPRSSION THXPY PRESCRIBED		-	-	Not Allowed	$0.00			-	-	000	999	
4268F	E	PT ED RE COMP THXPY RCVD		-	-	Not Allowed	$0.00			-	-	000	999	
42699	T	UNLISTED PX SALIVRY GLND/DUX		05161	2.6043	APC	$158.13			-	-	000	999	
4269F	E	APPROPOS MTHD OFFLOADING RXD		-	-	Not Allowed	$0.00			-	-	000	999	
42700	T	DRAINAGE OF TONSIL ABSCESS		05161	2.6043	APC	$158.13			-	-	000	999	
4270F	E	PT RCVNG ANTI R-VIRAL THXPY		-	-	Not Allowed	$0.00			-	-	000	999	
4271F	E	PT RCVNG ANTI R-VIRAL THXPY		-	-	Not Allowed	$0.00			-	-	000	999	
42720	N	DRAINAGE OF THROAT ABSCESS		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42725	N	DRAINAGE OF THROAT ABSCESS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
4274F	E	FLU IMMUNO ADMIND RCVD		-	-	Not Allowed	$0.00			-	-	000	999	
4276F	E	POTENT ANTIVIR THXPY RXD		-	-	Not Allowed	$0.00			-	-	000	999	
4279F	E	PCP PROPHYLAXIS RXD		-	-	Not Allowed	$0.00			-	-	000	999	
42800	N	BIOPSY OF THROAT		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
42804	N	BIOPSY OF UPPER NOSE/THROAT		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42806	N	BIOPSY OF UPPER NOSE/THROAT		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42808	N	EXCISE PHARYNX LESION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42809	N	REMOVE PHARYNX FOREIGN BODY		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
4280F	E	PCP PROPHYLAX RXD 3MON LOW %		-	-	Not Allowed	$0.00			-	-	000	999	
42810	N	EXCISION OF NECK CYST		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42815	N	EXCISION OF NECK CYST		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42820	N	REMOVE TONSILS AND ADENOIDS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	11	
42821	N	REMOVE TONSILS AND ADENOIDS		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	012	99	
42825	N	REMOVAL OF TONSILS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	11	
42826	N	REMOVAL OF TONSILS		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	012	99	
42830	N	REMOVAL OF ADENOIDS		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	11	
42831	N	REMOVAL OF ADENOIDS		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	012	99	
42835	N	REMOVAL OF ADENOIDS		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	11	
42836	N	REMOVAL OF ADENOIDS		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	012	99	
42842	N	EXTENSIVE SURGERY OF THROAT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42844	N	EXTENSIVE SURGERY OF THROAT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42845	C	EXTENSIVE SURGERY OF THROAT		-	-	IP Only	$0.00			-	-	000	999	
42860	N	EXCISION OF TONSIL TAGS		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42870	N	EXCISION OF LINGUAL TONSIL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42890	N	LIMITED PHARYNGECTOMY		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42892	N	REVISION OF PHARYNGEAL WALLS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42894	C	REVISION OF PHARYNGEAL WALLS		-	-	IP Only	$0.00			-	-	000	999	
42900	N	REPAIR THROAT WOUND		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
4290F	E	PT SCRNED FOR INJ DRUG USE		-	-	Not Allowed	$0.00			-	-	000	999	
4293F	E	PT SCRND HGH-RISK SEX BEHAV		-	-	Not Allowed	$0.00			-	-	000	999	
42950	N	RECONSTRUCTION OF THROAT		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
42953	C	REPAIR THROAT ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
42955	N	SURGICAL OPENING OF THROAT		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
42960	T	CONTROL THROAT BLEEDING		05162	5.7111	APC	$346.78			-	-	000	999	
42961	C	CONTROL THROAT BLEEDING		-	-	IP Only	$0.00			-	-	000	999	
42962	N	CONTROL THROAT BLEEDING		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	

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42970	T	CONTROL NOSE/THROAT BLEEDING		05161	2.6043	APC	$158.13			-	-	000	999	
42971	C	CONTROL NOSE/THROAT BLEEDING		-	-	IP Only	$0.00			-	-	000	999	
42972	N	CONTROL NOSE/THROAT BLEEDING		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
42975	N	DISE EVAL SLP DO BRTH FLX DX		05153	19.3394	Bundled, sometimes payable	$1,174.29			-	-	000	999	
42999	T	UNLISTED PX PHRNX ADND/TNSL		05161	2.6043	APC	$158.13			-	-	000	999	
4300F	E	PT RCVNG WARF THXPY		-	-	Not Allowed	$0.00			-	-	000	999	
4301F	E	PT NOT RCVNG WARF THXPY		-	-	Not Allowed	$0.00			-	-	000	999	
43020	N	INCISION OF ESOPHAGUS		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
43030	N	CRICOPHARYNGEAL MYOTOMY		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
43045	C	ESOPHAGOTOMY THRC RMVL FB		-	-	IP Only	$0.00			-	-	000	999	
4305F	E	PT ED RE FT CARE INSPCT RCVD		-	-	Not Allowed	$0.00			-	-	000	999	
4306F	E	PT TLK PSYCH & RX OPD ADDIC		-	-	Not Allowed	$0.00			-	-	000	999	
43100	C	EXCISION OF ESOPHAGUS LESION		-	-	IP Only	$0.00			-	-	000	999	
43101	C	EXCISION OF ESOPHAGUS LESION		-	-	IP Only	$0.00			-	-	000	999	
43107	C	REMOVAL OF ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43108	C	REMOVAL OF ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43112	C	ESPHG TOT W/THRCM		-	-	IP Only	$0.00			-	-	000	999	
43113	C	REMOVAL OF ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43116	C	PARTIAL REMOVAL OF ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43117	C	PARTIAL REMOVAL OF ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43118	C	PARTIAL REMOVAL OF ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43121	C	PARTIAL REMOVAL OF ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43122	C	PARTIAL REMOVAL OF ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43123	C	PARTIAL REMOVAL OF ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43124	C	REMOVAL OF ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43130	N	REMOVAL OF ESOPHAGUS POUCH		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
43135	C	REMOVAL OF ESOPHAGUS POUCH		-	-	IP Only	$0.00			-	-	000	999	
43180	N	ESOPHAGOSCOPY RIGID TRNSO		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
43191	N	ESOPHAGOSCOPY RIGID TRNSO DX		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43192	N	ESOPHAGOSCP RIG TRNSO INJECT		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43193	N	ESOPHAGOSCP RIG TRNSO BIOPSY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43194	N	ESOPHAGOSCP RIG TRNSO REM FB		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43195	N	ESOPHAGOSCOPY RIGID BALLOON		05303	42.6665	Bundled, sometimes payable	$2,590.71			-	-	000	999	
43196	N	ESOPHAGOSCP GUIDE WIRE DILAT		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43197	T	ESOPHAGOSCOPY FLEX DX BRUSH		05301	10.5144	APC	$638.43			-	-	000	999	
43198	T	ESOPHAGOSC FLEX TRNSN BIOPSY		05301	10.5144	APC	$638.43			-	-	000	999	
43200	T	ESOPHAGOSCOPY FLEXIBLE BRUSH		05301	10.5144	APC	$638.43			-	-	000	999	
43201	N	ESOPH SCOPE W/SUBMUCOUS INJ		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43202	N	ESOPHAGOSCOPY FLEX BIOPSY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43204	N	ESOPH SCOPE W/SCLEROSIS INJ		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43205	N	ESOPHAGUS ENDOSCOPY/LIGATION		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43206	N	ESOPH OPTICAL ENDOMICROSCOPY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	Y	000	999	
4320F	E	PT TALK PSYCHSOC&RX OH DPND		-	-	Not Allowed	$0.00			-	-	000	999	
43210	N	EGD ESOPHAGOGASTRC FNDOPLSTY		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
43211	N	ESOPHAGOSCOP MUCOSAL RESECT		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43212	N	ESOPHAGOSCOP STENT PLACEMENT		05331	66.7587	Bundled, sometimes payable	$4,053.59			-	-	000	999	
43213	N	ESOPHAGOSCOPY RETRO BALLOON		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43214	N	ESOPHAGOSC DILATE BALLOON 30		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43215	N	ESOPHAGOSCOPY FLEX REMOVE FB		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43216	N	ESOPHAGOSCOPY LESION REMOVAL		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43217	N	ESOPHAGOSCOPY SNARE LES REMV		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43220	N	ESOPHAGOSCOPY BALLOON <30MM		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43226	N	ESOPH ENDOSCOPY DILATION		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43227	N	ESOPHAGOSCOPY CONTROL BLEED		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43229	N	ESOPHAGOSCOPY LESION ABLATE		05303	42.6665	Bundled, sometimes payable	$2,590.71			-	-	000	999	
4322F	E	CRGVR PROV W/ ED ADDL RSRCS		-	-	Not Allowed	$0.00			-	-	000	999	

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43231	N	ESOPHAGOSCOP ULTRASOUND EXAM		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43232	N	ESOPHAGOSCOPY W/US NEEDLE BX		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43233	N	EGD BALLOON DIL ESOPH30 MM/>		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43235	T	EGD DIAGNOSTIC BRUSH WASH		05301	10.5144	APC	$638.43			-	-	000	999	
43236	T	UPPR GI SCOPE W/SUBMUC INJ		05301	10.5144	APC	$638.43			-	-	000	999	
43237	N	ENDOSCOPIC US EXAM ESOPH		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	Y	000	999	
43238	N	EGD US FINE NEEDLE BX/ASPIR		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	Y	000	999	
43239	T	EGD BIOPSY SINGLE/MULTIPLE		05301	10.5144	APC	$638.43			-	-	000	999	
43240	N	EGD W/TRANSMURAL DRAIN CYST		05331	66.7587	Bundled, sometimes payable	$4,053.59			-	-	000	999	
43241	N	EGD TUBE/CATH INSERTION		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43242	N	EGD US FINE NEEDLE BX/ASPIR		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43243	N	EGD INJECTION VARICES		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43244	N	EGD VARICES LIGATION		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43245	N	EGD DILATE STRICTURE		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43246	N	EGD PLACE GASTROSTOMY TUBE		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43247	T	EGD REMOVE FOREIGN BODY		05301	10.5144	APC	$638.43			-	-	000	999	
43248	T	EGD GUIDE WIRE INSERTION		05301	10.5144	APC	$638.43			-	-	000	999	
43249	N	ESOPH EGD DILATION <30 MM		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
4324F	E	PT QUERIED PRKNS COMPLIC		-	-	Not Allowed	$0.00			-	-	000	999	
43250	N	EGD CAUTERY TUMOR POLYP		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43251	N	EGD REMOVE LESION SNARE		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43252	N	EGD OPTICAL ENDOMICROSCOPY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	Y	000	999	
43253	N	EGD US TRANSMURAL INJXN/MARK		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43254	N	EGD ENDO MUCOSAL RESECTION		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43255	N	EGD CONTROL BLEEDING ANY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43257	N	EGD W/THRML TXMNT GERD		05303	42.6665	Bundled, sometimes payable	$2,590.71			-	Y	000	999	
43259	N	EGD US EXAM DUODENUM/JEJUNUM		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
4325F	E	MED TXMNT OPTIONS RVWD W/PT		-	-	Not Allowed	$0.00			-	-	000	999	
43260	N	ERCP W/SPECIMEN COLLECTION		05303	42.6665	Bundled, sometimes payable	$2,590.71			-	-	000	999	
43261	N	ENDO CHOLANGIOPANCREATOGRAPH		05303	42.6665	Bundled, sometimes payable	$2,590.71			-	-	000	999	
43262	N	ENDO CHOLANGIOPANCREATOGRAPH		05303	42.6665	Bundled, sometimes payable	$2,590.71			-	-	000	999	
43263	N	ERCP SPHINCTER PRESSURE MEAS		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43264	N	ERCP REMOVE DUCT CALCULI		05303	42.6665	Bundled, sometimes payable	$2,590.71			-	-	000	999	
43265	N	ERCP LITHOTRIPSY CALCULI		05331	66.7587	Bundled, sometimes payable	$4,053.59			-	-	000	999	
43266	N	EGD ENDOSCOPIC STENT PLACE		05331	66.7587	Bundled, sometimes payable	$4,053.59			-	-	000	999	
4326F	E	PT ASKED RE SYMP AUTO DYSFXN		-	-	Not Allowed	$0.00			-	-	000	999	
43270	N	EGD LESION ABLATION		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43273	N	ENDOSCOPIC PANCREATOSCOPY		-	-	Bundled	$0.00			-	-	000	999	
43274	N	ERCP DUCT STENT PLACEMENT		05331	66.7587	Bundled, sometimes payable	$4,053.59			-	-	000	999	
43275	N	ERCP REMOVE FORGN BODY DUCT		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43276	N	ERCP STENT EXCHANGE W/DILATE		05331	66.7587	Bundled, sometimes payable	$4,053.59			-	-	000	999	
43277	N	ERCP EA DUCT/AMPULLA DILATE		05303	42.6665	Bundled, sometimes payable	$2,590.71			-	-	000	999	
43278	N	ERCP LESION ABLATE W/DILATE		05303	42.6665	Bundled, sometimes payable	$2,590.71			-	-	000	999	
43279	C	LAP MYOTOMY HELLER		-	-	IP Only	$0.00			-	-	000	999	
43280	N	LAPAROSCOPY FUNDOPLASTY		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
43281	N	LAP PARAESOPHAG HERN REPAIR		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
43282	N	LAP PARAESOPH HER RPR W/MESH		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
43283	C	LAP ESOPH LENGTHENING		-	-	IP Only	$0.00			-	-	000	999	
43284	N	LAPS ESOPHGL SPHNCTR AGMNTJ		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
43285	N	RMVL ESOPHGL SPHNCTR DEV		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
43286	C	ESPHG TOT W/LAPS MOBLJ		-	-	IP Only	$0.00			-	-	000	999	
43287	C	ESPHG DSTL 2/3 W/LAPS MOBLJ		-	-	IP Only	$0.00			-	-	000	999	
43288	C	ESPHG THRSC MOBLJ		-	-	IP Only	$0.00			-	-	000	999	
43289	N	UNLISTED LAPS PX ESOPH		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
4328F	E	PT ASKED RE SLEEP DISTURB		-	-	Not Allowed	$0.00			-	-	000	999	
43290	N	EGD FLX TRNSORL DPLMNT BALO		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	

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43291	T	EGD FLX TRNSORL RMVL BALO		05301	10.5144	APC	$638.43			-	-	000	999	
43300	C	REPAIR OF ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43305	C	REPAIR ESOPHAGUS AND FISTULA		-	-	IP Only	$0.00			-	-	000	999	
4330F	E	CNSLNG EPI SPEC SFTY ISSUES		-	-	Not Allowed	$0.00			-	-	000	999	
43310	C	REPAIR OF ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43312	C	REPAIR ESOPHAGUS AND FISTULA		-	-	IP Only	$0.00			-	-	000	999	
43313	C	ESOPHAGOPLASTY CONGENITAL		-	-	IP Only	$0.00			-	-	000	999	
43314	C	TRACHEO-ESOPHAGOPLASTY CONG		-	-	IP Only	$0.00			-	-	000	999	
43320	C	FUSE ESOPHAGUS & STOMACH		-	-	IP Only	$0.00			-	-	000	999	
43325	C	REVISE ESOPHAGUS & STOMACH		-	-	IP Only	$0.00			-	-	000	999	
43327	C	ESOPH FUNDOPLASTY LAP		-	-	IP Only	$0.00			-	-	000	999	
43328	C	ESOPH FUNDOPLASTY THOR		-	-	IP Only	$0.00			-	-	000	999	
43330	C	ESOPHAGOMYOTOMY ABDOMINAL		-	-	IP Only	$0.00			-	-	000	999	
43331	C	ESOPHAGOMYOTOMY THORACIC		-	-	IP Only	$0.00			-	-	000	999	
43332	C	TRANSAB ESOPH HIAT HERN RPR		-	-	IP Only	$0.00			-	-	000	999	
43333	C	TRANSAB ESOPH HIAT HERN RPR		-	-	IP Only	$0.00			-	-	000	999	
43334	C	TRANSTHOR DIAPHRAG HERN RPR		-	-	IP Only	$0.00			-	-	000	999	
43335	C	TRANSTHOR DIAPHRAG HERN RPR		-	-	IP Only	$0.00			-	-	000	999	
43336	C	THORABD DIAPHR HERN REPAIR		-	-	IP Only	$0.00			-	-	000	999	
43337	C	THORABD DIAPHR HERN REPAIR		-	-	IP Only	$0.00			-	-	000	999	
43338	C	ESOPH LENGTHENING		-	-	IP Only	$0.00			-	-	000	999	
43340	C	FUSE ESOPHAGUS & INTESTINE		-	-	IP Only	$0.00			-	-	000	999	
43341	C	FUSE ESOPHAGUS & INTESTINE		-	-	IP Only	$0.00			-	-	000	999	
43351	C	SURGICAL OPENING ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43352	C	SURGICAL OPENING ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43360	C	GASTROINTESTINAL REPAIR		-	-	IP Only	$0.00			-	-	000	999	
43361	C	GASTROINTESTINAL REPAIR		-	-	IP Only	$0.00			-	-	000	999	
43400	C	LIGATE ESOPHAGUS VEINS		-	-	IP Only	$0.00			-	-	000	999	
43405	C	LIGATE/STAPLE ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
4340F	E	CNSLNG CHLDBRNG WOMEN EPI		-	-	Not Allowed	$0.00			-	-	000	999	
43410	C	REPAIR ESOPHAGUS WOUND		-	-	IP Only	$0.00			-	-	000	999	
43415	C	REPAIR ESOPHAGUS WOUND		-	-	IP Only	$0.00			-	-	000	999	
43420	N	REPAIR ESOPHAGUS OPENING		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
43425	C	REPAIR ESOPHAGUS OPENING		-	-	IP Only	$0.00			-	-	000	999	
43450	T	DILATE ESOPHAGUS 1/MULT PASS		05301	10.5144	APC	$638.43			-	-	000	999	
43453	N	DILATE ESOPHAGUS		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
43460	C	PRESSURE TREATMENT ESOPHAGUS		-	-	IP Only	$0.00			-	-	000	999	
43496	C	FREE JEJUNUM FLAP MICROVASC		-	-	IP Only	$0.00			-	-	000	999	
43497	N	TRANSORL LWR ESOPHGL MYOTOMY		05331	66.7587	Bundled, sometimes payable	$4,053.59			-	-	000	999	
43499	T	UNLISTED PROCEDURE ESOPHAGUS		05301	10.5144	APC	$638.43			-	-	000	999	
43500	C	SURGICAL OPENING OF STOMACH		-	-	IP Only	$0.00			-	-	000	999	
43501	C	SURGICAL REPAIR OF STOMACH		-	-	IP Only	$0.00			-	-	000	999	
43502	C	SURGICAL REPAIR OF STOMACH		-	-	IP Only	$0.00			-	-	000	999	
4350F	E	CNSLNG PROVIDED SYMP MNGMNT		-	-	Not Allowed	$0.00			-	-	000	999	
43510	T	SURGICAL OPENING OF STOMACH		05301	10.5144	APC	$638.43			-	-	000	999	
43520	C	INCISION OF PYLORIC MUSCLE		-	-	IP Only	$0.00			-	-	000	999	
43605	C	BIOPSY OF STOMACH		-	-	IP Only	$0.00			-	-	000	999	
43610	C	EXCISION OF STOMACH LESION		-	-	IP Only	$0.00			-	-	000	999	
43611	C	EXCISION OF STOMACH LESION		-	-	IP Only	$0.00			-	-	000	999	
43620	C	REMOVAL OF STOMACH		-	-	IP Only	$0.00			-	-	000	999	
43621	C	REMOVAL OF STOMACH		-	-	IP Only	$0.00			-	-	000	999	
43622	C	REMOVAL OF STOMACH		-	-	IP Only	$0.00			-	-	000	999	
43631	C	REMOVAL OF STOMACH PARTIAL		-	-	IP Only	$0.00			-	-	000	999	
43632	C	REMOVAL OF STOMACH PARTIAL		-	-	IP Only	$0.00			-	-	000	999	
43633	C	REMOVAL OF STOMACH PARTIAL		-	-	IP Only	$0.00			-	-	000	999	
43634	C	REMOVAL OF STOMACH PARTIAL		-	-	IP Only	$0.00			-	-	000	999	

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43635	C	REMOVAL OF STOMACH PARTIAL		-	-	IP Only	$0.00			-	-	000	999	
43640	C	VAGOTOMY & PYLORUS REPAIR		-	-	IP Only	$0.00			-	-	000	999	
43641	C	VAGOTOMY & PYLORUS REPAIR		-	-	IP Only	$0.00			-	-	000	999	
43644	E	LAP GASTRIC BYPASS/ROUX-EN-Y		-	-	Not Allowed	$0.00			-	-	000	999	
43645	E	LAP GASTR BYPASS INCL SMLL I		-	-	Not Allowed	$0.00			-	-	000	999	
43647	N	LAP IMPL ELECTRODE ANTRUM		05463	139.8503	Bundled, sometimes payable	$8,491.71			-	-	000	999	
43648	N	LAP REVISE/REMV ELTRD ANTRUM		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
43651	N	LAPAROSCOPY VAGUS NERVE		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
43652	N	LAPAROSCOPY VAGUS NERVE		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
43653	N	LAPAROSCOPY GASTROSTOMY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
43659	N	UNLISTED LAPS PX STOMACH		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
43752	N	NASAL/OROGASTRIC W/TUBE PLMT		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
43753	N	TX GASTRO INTUB W/ASP		05722	3.4922	Bundled, sometimes payable	$212.05			-	-	000	999	
43754	N	DX GASTR INTUB W/ASP SPEC		05722	3.4922	Bundled, sometimes payable	$212.05			-	-	000	999	
43755	S	DX GASTR INTUB W/ASP SPECS		05721	1.7546	APC	$106.54			-	-	000	999	
43756	N	DX DUOD INTUB W/ASP SPEC		05301	10.5144	Bundled, sometimes payable	$638.43			-	-	000	999	
43757	T	DX DUOD INTUB W/ASP SPECS		05301	10.5144	APC	$638.43			-	-	000	999	
43761	T	REPOSITION GASTROSTOMY TUBE		05371	2.7275	APC	$165.61			-	-	000	999	
43762	T	RPLC GTUBE NO REVJ TRC		05371	2.7275	APC	$165.61			-	-	000	999	
43763	T	RPLC GTUBE REVJ GSTRST TRC		05371	2.7275	APC	$165.61			-	-	000	999	
43770	E	LAP PLACE GASTR ADJ DEVICE		-	-	Not Allowed	$0.00			-	Y	000	999	
43771	E	LAP REVISE GASTR ADJ DEVICE		-	-	Not Allowed	$0.00			-	Y	000	999	
43772	E	LAP RMVL GASTR ADJ DEVICE		-	-	Not Allowed	$0.00			-	Y	000	999	
43773	E	LAP REPLACE GASTR ADJ DEVICE		-	-	Not Allowed	$0.00			-	Y	000	999	
43774	E	LAP RMVL GASTR ADJ ALL PARTS		-	-	Not Allowed	$0.00			-	Y	000	999	
43775	E	LAP SLEEVE GASTRECTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
43800	C	PYLOROPLASTY		-	-	IP Only	$0.00			-	-	000	999	
43810	C	GASTRODUODENOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
43820	C	GASTROJEJUNOSTOMY WO VAGOTMY		-	-	IP Only	$0.00			-	-	000	999	
43825	C	GASTROJEJUNOSTOMY W/VAGOTOMY		-	-	IP Only	$0.00			-	-	000	999	
43830	N	GSTRST OPEN WO CONSTJ TUBE		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	Y	000	999	
43831	T	GASTROSTOMY OPEN NEONATAL		05301	10.5144	APC	$638.43			-	-	000	999	
43832	C	GSTRST OPEN W/CONSTJ TUBE		-	-	IP Only	$0.00			-	-	000	999	
43840	C	REPAIR OF STOMACH LESION		-	-	IP Only	$0.00			-	-	000	999	
43842	E	V-BAND GASTROPLASTY		-	-	Not Allowed	$0.00			-	-	018	999	
43843	E	GASTROPLASTY W/O V-BAND		-	-	Not Allowed	$0.00			-	-	018	999	
43845	E	GASTROPLASTY DUODENAL SWITCH		-	-	Not Allowed	$0.00			-	-	000	999	
43846	E	GASTRIC BYPASS FOR OBESITY		-	-	Not Allowed	$0.00			-	-	018	999	
43847	E	GASTRIC BYPASS INCL SMALL I		-	-	Not Allowed	$0.00			-	-	018	999	
43848	E	REVISION GASTROPLASTY		-	-	Not Allowed	$0.00			-	-	000	999	
43860	C	REVISE STOMACH-BOWEL FUSION		-	-	IP Only	$0.00			-	-	000	999	
43865	C	REVISE STOMACH-BOWEL FUSION		-	-	IP Only	$0.00			-	-	000	999	
43870	N	REPAIR STOMACH OPENING		05303	42.6665	Bundled, sometimes payable	$2,590.71			-	-	000	999	
43880	C	REPAIR STOMACH-BOWEL FISTULA		-	-	IP Only	$0.00			-	-	000	999	
43881	C	IMPL/REDO ELECTRD ANTRUM		-	-	IP Only	$0.00			-	-	000	999	
43882	C	REVISE/REMOVE ELECTRD ANTRUM		-	-	IP Only	$0.00			-	-	000	999	
43886	E	REVISE GASTRIC PORT OPEN		-	-	Not Allowed	$0.00			-	Y	000	999	
43887	E	REMOVE GASTRIC PORT OPEN		-	-	Not Allowed	$0.00			-	Y	000	999	
43888	E	CHANGE GASTRIC PORT OPEN		-	-	Not Allowed	$0.00			-	Y	000	999	
43999	T	UNLISTED PROCEDURE STOMACH		05301	10.5144	APC	$638.43			-	-	000	999	
44005	C	FREEING OF BOWEL ADHESION		-	-	IP Only	$0.00			-	-	000	999	
4400F	E	REHAB THXPY OPTIONS W/PT		-	-	Not Allowed	$0.00			-	-	000	999	
44010	C	INCISION OF SMALL BOWEL		-	-	IP Only	$0.00			-	-	000	999	
44015	C	INSERT NEEDLE CATH BOWEL		-	-	IP Only	$0.00			-	-	000	999	
44020	C	EXPLORE SMALL INTESTINE		-	-	IP Only	$0.00			-	-	000	999	
44021	C	DECOMPRESS SMALL BOWEL		-	-	IP Only	$0.00			-	-	000	999	

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44025	C	INCISION OF LARGE BOWEL		-	-	IP Only	$0.00			-	-	000	999	
44050	C	REDUCE BOWEL OBSTRUCTION		-	-	IP Only	$0.00			-	-	000	999	
44055	C	CORRECT MALROTATION OF BOWEL		-	-	IP Only	$0.00			-	-	000	999	
44100	T	BIOPSY OF BOWEL		05301	10.5144	APC	$638.43			-	-	000	999	
44110	C	EXCISE INTESTINE LESION(S)		-	-	IP Only	$0.00			-	-	000	999	
44111	C	EXCISION OF BOWEL LESION(S)		-	-	IP Only	$0.00			-	-	000	999	
44120	C	REMOVAL OF SMALL INTESTINE		-	-	IP Only	$0.00			-	-	000	999	
44121	C	REMOVAL OF SMALL INTESTINE		-	-	IP Only	$0.00			-	-	000	999	
44125	C	REMOVAL OF SMALL INTESTINE		-	-	IP Only	$0.00			-	-	000	999	
44126	C	ENTERECTOMY W/O TAPER CONG		-	-	IP Only	$0.00			-	-	000	999	
44127	C	ENTERECTOMY W/TAPER CONG		-	-	IP Only	$0.00			-	-	000	999	
44128	C	ENTERECTOMY CONG ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
44130	C	BOWEL TO BOWEL FUSION		-	-	IP Only	$0.00			-	-	000	999	
44132	C	ENTERECTOMY CADAVER DONOR		-	-	IP Only	$0.00			Y	Y	000	999	
44133	C	ENTERECTOMY LIVE DONOR		-	-	IP Only	$0.00			Y	Y	000	999	
44135	C	INTESTINE TRANSPLNT CADAVER		-	-	IP Only	$0.00			Y	Y	000	999	
44136	C	INTESTINE TRANSPLANT LIVE		-	-	IP Only	$0.00			Y	Y	000	999	
44137	C	REMOVE INTESTINAL ALLOGRAFT		-	-	IP Only	$0.00			Y	Y	000	999	
44139	C	MOBILIZATION OF COLON		-	-	IP Only	$0.00			-	-	000	999	
44140	C	PARTIAL REMOVAL OF COLON		-	-	IP Only	$0.00			-	-	000	999	
44141	C	PARTIAL REMOVAL OF COLON		-	-	IP Only	$0.00			-	-	000	999	
44143	C	PARTIAL REMOVAL OF COLON		-	-	IP Only	$0.00			-	-	000	999	
44144	C	PARTIAL REMOVAL OF COLON		-	-	IP Only	$0.00			-	-	000	999	
44145	C	PARTIAL REMOVAL OF COLON		-	-	IP Only	$0.00			-	-	000	999	
44146	C	PARTIAL REMOVAL OF COLON		-	-	IP Only	$0.00			-	-	000	999	
44147	C	PARTIAL REMOVAL OF COLON		-	-	IP Only	$0.00			-	-	000	999	
44150	C	REMOVAL OF COLON		-	-	IP Only	$0.00			-	-	000	999	
44151	C	REMOVAL OF COLON/ILEOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
44155	C	REMOVAL OF COLON/ILEOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
44156	C	REMOVAL OF COLON/ILEOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
44157	C	COLECTOMY W/ILEOANAL ANAST		-	-	IP Only	$0.00			-	-	000	999	
44158	C	COLECTOMY W/NEO-RECTUM POUCH		-	-	IP Only	$0.00			-	-	000	999	
44160	C	REMOVAL OF COLON		-	-	IP Only	$0.00			-	-	000	999	
44180	N	LAP ENTEROLYSIS		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	Y	000	999	
44186	N	LAP JEJUNOSTOMY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	Y	000	999	
44187	C	LAP ILEO/JEJUNO-STOMY		-	-	IP Only	$0.00			-	Y	000	999	
44188	C	LAP COLOSTOMY		-	-	IP Only	$0.00			-	Y	000	999	
44202	C	LAP ENTERECTOMY		-	-	IP Only	$0.00			-	-	000	999	
44203	C	LAP RESECT S/INTESTINE ADDL		-	-	IP Only	$0.00			-	-	000	999	
44204	C	LAPARO PARTIAL COLECTOMY		-	-	IP Only	$0.00			-	-	000	999	
44205	C	LAP COLECTOMY PART W/ILEUM		-	-	IP Only	$0.00			-	-	000	999	
44206	C	LAP PART COLECTOMY W/STOMA		-	-	IP Only	$0.00			-	-	000	999	
44207	C	L COLECTOMY/COLOPROCTOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
44208	C	L COLECTOMY/COLOPROCTOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
44210	C	LAPARO TOTAL PROCTOCOLECTOMY		-	-	IP Only	$0.00			-	-	000	999	
44211	C	LAP COLECTOMY W/PROCTECTOMY		-	-	IP Only	$0.00			-	-	000	999	
44212	C	LAPARO TOTAL PROCTOCOLECTOMY		-	-	IP Only	$0.00			-	-	000	999	
44213	C	LAP MOBIL SPLENIC FL ADD-ON		-	-	IP Only	$0.00			-	Y	000	999	
44227	C	LAP CLOSE ENTEROSTOMY		-	-	IP Only	$0.00			-	Y	000	999	
44238	N	UNLISTED LAPS PX INTESTINE		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
44300	C	OPEN BOWEL TO SKIN		-	-	IP Only	$0.00			-	-	000	999	
44310	C	ILEOSTOMY/JEJUNOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
44312	T	REVISION OF ILEOSTOMY		05055	41.0565	APC	$2,492.95			-	-	000	999	
44314	C	REVISION OF ILEOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
44316	C	DEVISE BOWEL POUCH		-	-	IP Only	$0.00			-	-	000	999	
44320	C	COLOSTOMY		-	-	IP Only	$0.00			-	-	000	999	

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44322	C	COLOSTOMY WITH BIOPSIES		-	-	IP Only	$0.00			-	-	000	999	
44340	T	REVISION OF COLOSTOMY		05055	41.0565	APC	$2,492.95			-	-	000	999	
44345	C	REVISION OF COLOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
44346	C	REVISION OF COLOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
44360	N	SMALL BOWEL ENDOSCOPY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44361	N	SMALL BOWEL ENDOSCOPY/BIOPSY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44363	N	SMALL BOWEL ENDOSCOPY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44364	N	SMALL BOWEL ENDOSCOPY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44365	N	SMALL BOWEL ENDOSCOPY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44366	N	SMALL BOWEL ENDOSCOPY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44369	N	SMALL BOWEL ENDOSCOPY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44370	N	SMALL BOWEL ENDOSCOPY/STENT		05331	66.7587	Bundled, sometimes payable	$4,053.59			-	-	000	999	
44372	N	SMALL BOWEL ENDOSCOPY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44373	N	SMALL BOWEL ENDOSCOPY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44376	N	SMALL BOWEL ENDOSCOPY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44377	N	SMALL BOWEL ENDOSCOPY/BIOPSY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44378	N	SMALL BOWEL ENDOSCOPY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44379	N	S BOWEL ENDOSCOPE W/STENT		05331	66.7587	Bundled, sometimes payable	$4,053.59			-	-	000	999	
44380	T	SMALL BOWEL ENDOSCOPY BR/WA		05301	10.5144	APC	$638.43			-	-	000	999	
44381	N	SMALL BOWEL ENDOSCOPY BR/WA		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44382	T	SMALL BOWEL ENDOSCOPY		05301	10.5144	APC	$638.43			-	-	000	999	
44384	N	SMALL BOWEL ENDOSCOPY		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
44385	T	ENDOSCOPY OF BOWEL POUCH		05311	10.2245	APC	$620.83			-	-	000	999	
44386	T	ENDOSCOPY BOWEL POUCH/BIOP		05311	10.2245	APC	$620.83			-	-	000	999	
44388	T	COLONOSCOPY THRU STOMA SPX		05311	10.2245	APC	$620.83			-	-	000	999	
44389	T	COLONOSCOPY WITH BIOPSY		05312	13.2230	APC	$802.90			-	-	000	999	
44390	T	COLONOSCOPY FOR FOREIGN BODY		05311	10.2245	APC	$620.83			-	-	000	999	
44391	T	COLONOSCOPY FOR BLEEDING		05312	13.2230	APC	$802.90			-	-	000	999	
44392	T	COLONOSCOPY & POLYPECTOMY		05312	13.2230	APC	$802.90			-	-	000	999	
44394	T	COLONOSCOPY W/SNARE		05312	13.2230	APC	$802.90			-	-	000	999	
44401	T	COLONOSCOPY WITH ABLATION		05312	13.2230	APC	$802.90			-	-	000	999	
44402	N	COLONOSCOPY W/STENT PLCMT		05331	66.7587	Bundled, sometimes payable	$4,053.59			-	-	000	999	
44403	T	COLONOSCOPY W/RESECTION		05312	13.2230	APC	$802.90			-	-	000	999	
44404	T	COLONOSCOPY W/INJECTION		05312	13.2230	APC	$802.90			-	-	000	999	
44405	T	COLONOSCOPY W/DILATION		05312	13.2230	APC	$802.90			-	-	000	999	
44406	T	COLONOSCOPY W/ULTRASOUND		05312	13.2230	APC	$802.90			-	-	000	999	
44407	T	COLONOSCOPY W/NDL ASPIR/BX		05312	13.2230	APC	$802.90			-	-	000	999	
44408	T	COLONOSCOPY W/DECOMPRESSION		05311	10.2245	APC	$620.83			-	-	000	999	
44500	T	INTRO GASTROINTESTINAL TUBE		05301	10.5144	APC	$638.43			-	-	000	999	
4450F	E	SELF-CARE ED PROVIDED TO PT		-	-	Not Allowed	$0.00			-	-	000	999	
44602	C	SUTURE SMALL INTESTINE		-	-	IP Only	$0.00			-	-	000	999	
44603	C	SUTURE SMALL INTESTINE		-	-	IP Only	$0.00			-	-	000	999	
44604	C	SUTURE LARGE INTESTINE		-	-	IP Only	$0.00			-	-	000	999	
44605	C	REPAIR OF BOWEL LESION		-	-	IP Only	$0.00			-	-	000	999	
44615	C	INTESTINAL STRICTUROPLASTY		-	-	IP Only	$0.00			-	-	000	999	
44620	C	REPAIR BOWEL OPENING		-	-	IP Only	$0.00			-	-	000	999	
44625	C	REPAIR BOWEL OPENING		-	-	IP Only	$0.00			-	-	000	999	
44626	C	REPAIR BOWEL OPENING		-	-	IP Only	$0.00			-	-	000	999	
44640	C	REPAIR BOWEL-SKIN FISTULA		-	-	IP Only	$0.00			-	-	000	999	
44650	C	REPAIR BOWEL FISTULA		-	-	IP Only	$0.00			-	-	000	999	
44660	C	REPAIR BOWEL-BLADDER FISTULA		-	-	IP Only	$0.00			-	-	000	999	
44661	C	REPAIR BOWEL-BLADDER FISTULA		-	-	IP Only	$0.00			-	-	000	999	
44680	C	SURGICAL REVISION INTESTINE		-	-	IP Only	$0.00			-	-	000	999	
44700	C	SUSPEND BOWEL W/PROSTHESIS		-	-	IP Only	$0.00			-	-	000	999	
44701	N	INTRAOP COLON LAVAGE ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
44705	E	PREPARE FECAL MICROBIOTA		-	-	Not Allowed	$0.00			-	Y	000	999	

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4470F	E	ICD COUNSELING PROVIDED		-	-	Not Allowed	$0.00			-	-	000	999	
44715	C	PREPARE DONOR INTESTINE		-	-	IP Only	$0.00			Y	Y	000	999	
44720	C	PREP DONOR INTESTINE/VENOUS		-	-	IP Only	$0.00			Y	Y	000	999	
44721	C	PREP DONOR INTESTINE/ARTERY		-	-	IP Only	$0.00			Y	Y	000	999	
44799	T	UNLISTED PX SMALL INTESTINE		05301	10.5144	APC	$638.43			-	-	000	999	
44800	C	EXCISION OF BOWEL POUCH		-	-	IP Only	$0.00			-	-	000	999	
4480F	E	PT RCVNG ACE/ARB B-BLOCKERTX		-	-	Not Allowed	$0.00			-	-	000	999	
4481F	E	PT RCVNG ACE/ARB BLKER <3MOS		-	-	Not Allowed	$0.00			-	-	000	999	
44820	C	EXCISION OF MESENTERY LESION		-	-	IP Only	$0.00			-	-	000	999	
44850	C	REPAIR OF MESENTERY		-	-	IP Only	$0.00			-	-	000	999	
44899	C	UNLISTED PX MECKEL'S DVRTCLM		-	-	IP Only	$0.00			-	-	000	999	
44900	C	DRAIN APPENDIX ABSCESS OPEN		-	-	IP Only	$0.00			-	-	000	999	
44950	N	APPENDECTOMY		05342	69.9767	Bundled, sometimes payable	$4,248.99			-	-	000	999	
44955	N	APPENDECTOMY ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
44960	C	APPENDECTOMY		-	-	IP Only	$0.00			-	-	000	999	
44970	N	LAPAROSCOPY APPENDECTOMY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
44979	N	UNLISTED LAPS PX APPENDIX		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
45000	T	DRAINAGE OF PELVIC ABSCESS		05312	13.2230	APC	$802.90			-	-	000	999	
45005	T	DRAINAGE OF RECTAL ABSCESS		05312	13.2230	APC	$802.90			-	-	000	999	
4500F	E	REF TO OUTPT CARD REHAB PROG		-	-	Not Allowed	$0.00			-	-	000	999	
45020	N	DRAINAGE OF RECTAL ABSCESS		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
45100	N	BIOPSY OF RECTUM		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
45108	N	ANORECTAL MYOMECTOMY		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
4510F	E	PREV CARDREHAB QUALCARDEVENT		-	-	Not Allowed	$0.00			-	-	000	999	
45110	C	REMOVAL OF RECTUM		-	-	IP Only	$0.00			-	-	000	999	
45111	C	PARTIAL REMOVAL OF RECTUM		-	-	IP Only	$0.00			-	-	000	999	
45112	C	REMOVAL OF RECTUM		-	-	IP Only	$0.00			-	-	000	999	
45113	C	PARTIAL PROCTECTOMY		-	-	IP Only	$0.00			-	-	000	999	
45114	C	PARTIAL REMOVAL OF RECTUM		-	-	IP Only	$0.00			-	-	000	999	
45116	C	PARTIAL REMOVAL OF RECTUM		-	-	IP Only	$0.00			-	-	000	999	
45119	C	REMOVE RECTUM W/RESERVOIR		-	-	IP Only	$0.00			-	-	000	999	
45120	C	REMOVAL OF RECTUM		-	-	IP Only	$0.00			-	-	000	999	
45121	C	REMOVAL OF RECTUM AND COLON		-	-	IP Only	$0.00			-	-	000	999	
45123	C	PARTIAL PROCTECTOMY		-	-	IP Only	$0.00			-	-	000	999	
45126	C	PELVIC EXENTERATION		-	-	IP Only	$0.00			-	-	000	999	
45130	C	EXCISION OF RECTAL PROLAPSE		-	-	IP Only	$0.00			-	-	000	999	
45135	C	EXCISION OF RECTAL PROLAPSE		-	-	IP Only	$0.00			-	-	000	999	
45136	C	EXCISE ILEOANAL RESERVIOR		-	-	IP Only	$0.00			-	-	000	999	
45150	T	EXCISION OF RECTAL STRICTURE		05312	13.2230	APC	$802.90			-	-	000	999	
45160	N	EXCISION OF RECTAL LESION		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
45171	N	EXC RECT TUM TRANSANAL PART		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
45172	N	EXC RECT TUM TRANSANAL FULL		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
45190	N	DESTRUCTION RECTAL TUMOR		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
4525F	E	NEUROPSYCHIA INTERVEN ORDER		-	-	Not Allowed	$0.00			-	-	000	999	
4526F	E	NEUROPSYCHIA INTERVEN RCVD		-	-	Not Allowed	$0.00			-	-	000	999	
45300	T	PROCTOSIGMOIDOSCOPY DX		05311	10.2245	APC	$620.83			-	-	000	999	
45303	T	PROCTOSIGMOIDOSCOPY DILATE		05312	13.2230	APC	$802.90			-	-	000	999	
45305	T	PROCTOSIGMOIDOSCOPY W/BX		05312	13.2230	APC	$802.90			-	-	000	999	
45307	N	PROCTOSIGMOIDOSCOPY FB		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
45308	N	PROCTOSIGMOIDOSCOPY REMOVAL		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
45309	T	PROCTOSIGMOIDOSCOPY REMOVAL		05312	13.2230	APC	$802.90			-	-	000	999	
45315	T	PROCTOSIGMOIDOSCOPY REMOVAL		05312	13.2230	APC	$802.90			-	-	000	999	
45317	T	PROCTOSIGMOIDOSCOPY BLEED		05312	13.2230	APC	$802.90			-	-	000	999	
45320	N	PROCTOSIGMOIDOSCOPY ABLATE		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
45321	N	PROCTOSIGMOIDOSCOPY VOLVUL		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
45327	N	PROCTOSIGMOIDOSCOPY W/STENT		05331	66.7587	Bundled, sometimes payable	$4,053.59			-	-	000	999	

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45330	T	DIAGNOSTIC SIGMOIDOSCOPY		05311	10.2245	APC	$620.83			-	-	000	999	
45331	T	SIGMOIDOSCOPY AND BIOPSY		05311	10.2245	APC	$620.83			-	-	000	999	
45332	T	SIGMOIDOSCOPY W/FB REMOVAL		05312	13.2230	APC	$802.90			-	-	000	999	
45333	T	SIGMOIDOSCOPY & POLYPECTOMY		05311	10.2245	APC	$620.83			-	-	000	999	
45334	T	SIGMOIDOSCOPY FOR BLEEDING		05312	13.2230	APC	$802.90			-	-	000	999	
45335	T	SIGMOIDOSCOPY W/SUBMUC INJ		05311	10.2245	APC	$620.83			-	-	000	999	
45337	T	SIGMOIDOSCOPY & DECOMPRESS		05311	10.2245	APC	$620.83			-	-	000	999	
45338	T	SIGMOIDOSCOPY W/TUMR REMOVE		05312	13.2230	APC	$802.90			-	-	000	999	
45340	T	SIG W/TNDSC BALLOON DILATION		05312	13.2230	APC	$802.90			-	-	000	999	
45341	T	SIGMOIDOSCOPY W/ULTRASOUND		05311	10.2245	APC	$620.83			-	-	000	999	
45342	T	SIGMOIDOSCOPY W/US GUIDE BX		05312	13.2230	APC	$802.90			-	-	000	999	
45346	T	SIGMOIDOSCOPY W/ABLATION		05312	13.2230	APC	$802.90			-	-	000	999	
45347	N	SIGMOIDOSCOPY W/PLCMT STENT		05331	66.7587	Bundled, sometimes payable	$4,053.59			-	-	000	999	
45349	N	SIGMOIDOSCOPY W/RESECTION		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
45350	T	SGMDSC W/BAND LIGATION		05312	13.2230	APC	$802.90			-	-	000	999	
45378	T	DIAGNOSTIC COLONOSCOPY		05311	10.2245	APC	$620.83			-	-	000	999	
45379	T	COLONOSCOPY W/FB REMOVAL		05312	13.2230	APC	$802.90			-	-	000	999	
45380	T	COLONOSCOPY AND BIOPSY		05312	13.2230	APC	$802.90			-	-	000	999	
45381	T	COLONOSCOPY SUBMUCOUS NJX		05312	13.2230	APC	$802.90			-	-	000	999	
45382	T	COLONOSCOPY W/CONTROL BLEED		05312	13.2230	APC	$802.90			-	-	000	999	
45384	T	COLONOSCOPY W/LESION REMOVAL		05312	13.2230	APC	$802.90			-	-	000	999	
45385	T	COLONOSCOPY W/LESION REMOVAL		05312	13.2230	APC	$802.90			-	-	000	999	
45386	T	COLONOSCOPY W/BALLOON DILAT		05312	13.2230	APC	$802.90			-	-	000	999	
45388	T	COLONOSCOPY W/ABLATION		05312	13.2230	APC	$802.90			-	-	000	999	
45389	N	COLONOSCOPY W/STENT PLCMT		05331	66.7587	Bundled, sometimes payable	$4,053.59			-	-	000	999	
45390	N	COLONOSCOPY W/RESECTION		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
45391	T	COLONOSCOPY W/ENDOSCOPE US		05312	13.2230	APC	$802.90			-	Y	000	999	
45392	T	COLONOSCOPY W/ENDOSCOPIC FNB		05312	13.2230	APC	$802.90			-	Y	000	999	
45393	T	COLONOSCOPY W/DECOMPRESSION		05312	13.2230	APC	$802.90			-	-	000	999	
45395	C	LAP REMOVAL OF RECTUM		-	-	IP Only	$0.00			-	Y	000	999	
45397	C	LAP REMOVE RECTUM W/POUCH		-	-	IP Only	$0.00			-	Y	000	999	
45398	T	COLONOSCOPY W/BAND LIGATION		05312	13.2230	APC	$802.90			-	-	000	999	
45399	T	UNLISTED PROCEDURE COLON		05311	10.2245	APC	$620.83			-	-	000	999	
45400	C	LAPAROSCOPIC PROC		-	-	IP Only	$0.00			-	Y	000	999	
45402	C	LAP PROCTOPEXY W/SIG RESECT		-	-	IP Only	$0.00			-	Y	000	999	
4540F	E	DISEASE MODIF PHARMACOTHXPY		-	-	Not Allowed	$0.00			-	-	000	999	
4541F	E	PT OFFERED TX FOR PSEUDOBULB		-	-	Not Allowed	$0.00			-	-	000	999	
45499	N	LAPAROSCOPE PROC RECTUM		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	Y	000	999	
45500	N	REPAIR OF RECTUM		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
45505	N	REPAIR OF RECTUM		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
4550F	E	NONINVAS RESP SUPPORT TALK		-	-	Not Allowed	$0.00			-	-	000	999	
4551F	E	NUTRITIONAL SUPPORT OFFERED		-	-	Not Allowed	$0.00			-	-	000	999	
45520	N	TREATMENT OF RECTAL PROLAPSE		05311	10.2245	Bundled, sometimes payable	$620.83			-	-	000	999	
4552F	E	PT REF FOR SPEECH LANG PATH		-	-	Not Allowed	$0.00			-	-	000	999	
4553F	E	PT ASST RE END LIFE ISSUES		-	-	Not Allowed	$0.00			-	-	000	999	
45540	C	CORRECT RECTAL PROLAPSE		-	-	IP Only	$0.00			-	-	000	999	
45541	N	CORRECT RECTAL PROLAPSE		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
4554F	E	PT RECVD INHAL ANESTHETIC		-	-	Not Allowed	$0.00			-	-	000	999	
45550	C	REPAIR RECTUM/REMOVE SIGMOID		-	-	IP Only	$0.00			-	-	000	999	
4555F	E	PT RECVD NO INHAL ANESTHIC		-	-	Not Allowed	$0.00			-	-	000	999	
45560	N	REPAIR OF RECTOCELE		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
45562	C	EXPLORATION/REPAIR OF RECTUM		-	-	IP Only	$0.00			-	-	000	999	
45563	C	EXPLORATION/REPAIR OF RECTUM		-	-	IP Only	$0.00			-	-	000	999	
4556F	E	PT W/3+ POST-OP NAUSEA&VOM		-	-	Not Allowed	$0.00			-	-	000	999	
4557F	E	PT W/O 3+ POST-OPNAUSEA&VOM		-	-	Not Allowed	$0.00			-	-	000	999	
4558F	E	PT RECVD 2 RX ANTI-EMET AGT		-	-	Not Allowed	$0.00			-	-	000	999	

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4559F	E	1 BODYTEMP >=35.5CW/IN 30MIN		-	-	Not Allowed	$0.00			-	-	000	999	
4560F	E	ANESTH W/O GEN/NEURAX ANESTH		-	-	Not Allowed	$0.00			-	-	000	999	
4561F	E	PT W/ CORONARY ARTERY STENT		-	-	Not Allowed	$0.00			-	-	000	999	
4562F	E	PT W/O CORONARY ARTERY STENT		-	-	Not Allowed	$0.00			-	-	000	999	
4563F	E	PT RECVD ASPIRIN W/IN 24 HRS		-	-	Not Allowed	$0.00			-	-	000	999	
45800	C	REPAIR RECT/BLADDER FISTULA		-	-	IP Only	$0.00			-	-	000	999	
45805	C	REPAIR FISTULA W/COLOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
45820	C	REPAIR RECTOURETHRAL FISTULA		-	-	IP Only	$0.00			-	-	000	999	
45825	C	REPAIR FISTULA W/COLOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
45900	T	REDUCTION OF RECTAL PROLAPSE		05311	10.2245	APC	$620.83			-	-	000	999	
45905	T	DILATION OF ANAL SPHINCTER		05312	13.2230	APC	$802.90			-	-	000	999	
45910	T	DILATION OF RECTAL NARROWING		05312	13.2230	APC	$802.90			-	-	000	999	
45915	T	REMOVE RECTAL OBSTRUCTION		05312	13.2230	APC	$802.90			-	-	000	999	
45990	N	SURG DX EXAM ANORECTAL		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	Y	000	999	
45999	T	UNLISTED PROCEDURE RECTUM		05311	10.2245	APC	$620.83			-	-	000	999	
46020	N	PLACEMENT OF SETON		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46030	T	REMOVAL ANAL SETON OTH MRK		05312	13.2230	APC	$802.90			-	-	000	999	
46040	T	INCISION OF RECTAL ABSCESS		05312	13.2230	APC	$802.90			-	-	000	999	
46045	N	INCISION OF RECTAL ABSCESS		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46050	T	INCISION OF ANAL ABSCESS		05311	10.2245	APC	$620.83			-	-	000	999	
46060	N	INCISION OF RECTAL ABSCESS		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46070	N	INCISION ANAL SEPTUM INFANT		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	1	
46080	N	INCISION OF ANAL SPHINCTER		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46083	T	INCISE EXTERNAL HEMORRHOID		05371	2.7275	APC	$165.61			-	-	000	999	
46200	N	REMOVAL OF ANAL FISSURE		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46220	T	EXCISE ANAL EXT TAG/PAPILLA		05312	13.2230	APC	$802.90			-	-	000	999	
46221	T	LIGATION OF HEMORRHOID(S)		05311	10.2245	APC	$620.83			-	-	000	999	
46230	N	REMOVAL OF ANAL TAGS		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46250	N	REMOVE EXT HEM GROUPS 2+		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46255	N	REMOVE INT/EXT HEM 1 GROUP		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46257	N	REMOVE IN/EX HEM GRP & FISS		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46258	N	REMOVE IN/EX HEM GRP W/FISTU		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46260	N	REMOVE IN/EX HEM GROUPS 2+		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46261	N	REMOVE IN/EX HEM GRPS & FISS		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46262	N	REMOVE IN/EX HEM GRPS W/FIST		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46270	N	REMOVE ANAL FIST SUBQ		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46275	N	REMOVE ANAL FIST INTER		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46280	N	REMOVE ANAL FIST COMPLEX		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46285	N	REMOVE ANAL FIST 2 STAGE		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46288	N	REPAIR ANAL FISTULA		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46320	T	REMOVAL OF HEMORRHOID CLOT		05312	13.2230	APC	$802.90			-	-	000	999	
46500	T	INJECTION INTO HEMORRHOID(S)		05311	10.2245	APC	$620.83			-	-	000	999	
46505	T	CHEMODENERVATION ANAL MUSC		05312	13.2230	APC	$802.90			-	Y	000	999	
46600	N	DIAGNOSTIC ANOSCOPY SPX		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
46601	N	DIAGNOSTIC ANOSCOPY		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
46604	T	ANOSCOPY AND DILATION		05312	13.2230	APC	$802.90			-	-	000	999	
46606	T	ANOSCOPY AND BIOPSY		05312	13.2230	APC	$802.90			-	-	000	999	
46607	T	DIAGNOSTIC ANOSCOPY & BIOPSY		05312	13.2230	APC	$802.90			-	-	000	999	
46608	T	ANOSCOPY REMOVE FOR BODY		05311	10.2245	APC	$620.83			-	-	000	999	
46610	N	ANOSCOPY REMOVE LESION		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46611	T	ANOSCOPY		05311	10.2245	APC	$620.83			-	-	000	999	
46612	N	ANOSCOPY REMOVE LESIONS		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46614	T	ANOSCOPY CONTROL BLEEDING		05312	13.2230	APC	$802.90			-	-	000	999	
46615	N	ANOSCOPY		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46700	N	REPAIR OF ANAL STRICTURE		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46705	C	REPAIR OF ANAL STRICTURE		-	-	IP Only	$0.00			-	-	000	1	

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46706	N	REPR OF ANAL FISTULA W/GLUE		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46707	N	REPAIR ANORECTAL FIST W/PLUG		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46710	C	REPR PER/VAG POUCH SNGL PROC		-	-	IP Only	$0.00			-	Y	000	999	
46712	C	REPR PER/VAG POUCH DBL PROC		-	-	IP Only	$0.00			-	Y	000	999	
46715	C	REP PERF ANOPER FISTU		-	-	IP Only	$0.00			-	-	000	999	
46716	C	REP PERF ANOPER/VESTIB FISTU		-	-	IP Only	$0.00			-	-	000	999	
46730	C	CONSTRUCTION OF ABSENT ANUS		-	-	IP Only	$0.00			-	-	000	999	
46735	C	CONSTRUCTION OF ABSENT ANUS		-	-	IP Only	$0.00			-	-	000	999	
46740	C	CONSTRUCTION OF ABSENT ANUS		-	-	IP Only	$0.00			-	-	000	999	
46742	C	REPAIR OF IMPERFORATED ANUS		-	-	IP Only	$0.00			-	-	000	999	
46744	C	REPAIR OF CLOACAL ANOMALY		-	-	IP Only	$0.00			-	-	000	999	
46746	C	REPAIR OF CLOACAL ANOMALY		-	-	IP Only	$0.00			-	-	000	999	
46748	C	REPAIR OF CLOACAL ANOMALY		-	-	IP Only	$0.00			-	-	000	999	
46750	N	REPAIR OF ANAL SPHINCTER		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46751	C	REPAIR OF ANAL SPHINCTER		-	-	IP Only	$0.00			-	-	010	20	
46753	N	RECONSTRUCTION OF ANUS		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46754	N	REMOVAL OF SUTURE FROM ANUS		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46760	N	REPAIR OF ANAL SPHINCTER		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46761	N	REPAIR OF ANAL SPHINCTER		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46900	T	DESTRUCTION ANAL LESION(S)		05052	4.4806	APC	$272.06			-	-	000	999	
46910	T	DESTRUCTION ANAL LESION(S)		05054	20.5142	APC	$1,245.62			-	-	000	999	
46916	T	CRYOSURGERY ANAL LESION(S)		05051	2.2284	APC	$135.31			-	-	000	999	
46917	N	LASER SURGERY ANAL LESIONS		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46922	N	EXCISION OF ANAL LESION(S)		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46924	N	DESTRUCTION ANAL LESION(S)		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46930	T	DESTROY INTERNAL HEMORRHOIDS		05312	13.2230	APC	$802.90			-	-	000	999	
46940	N	TREATMENT OF ANAL FISSURE		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46942	T	TREATMENT OF ANAL FISSURE		05311	10.2245	APC	$620.83			-	-	000	999	
46945	N	INT HRHC LIG 1 HROID W/O IMG		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46946	N	INT HRHC LIG 2+HROID W/O IMG		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46947	N	HEMORRHOIDOPEXY BY STAPLING		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	Y	000	999	
46948	N	INT HRHC TRANAL DARTLZJ 2+		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
46999	T	UNLISTED PROCEDURE ANUS		05311	10.2245	APC	$620.83			-	-	000	999	
47000	N	NEEDLE BIOPSY OF LIVER PERQ		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
47001	N	NDL BIOPSY LVR TM OTH MAJ PX		-	-	Bundled	$0.00			-	-	000	999	
47010	C	HEPATOT OPN DRG ABSC/CST 1/2		-	-	IP Only	$0.00			-	-	000	999	
47015	C	LAPT ASPIR&/NJX HEP PRST CST		-	-	IP Only	$0.00			-	-	000	999	
47100	C	WEDGE BIOPSY OF LIVER		-	-	IP Only	$0.00			-	-	000	999	
47120	C	PARTIAL REMOVAL OF LIVER		-	-	IP Only	$0.00			-	-	000	999	
47122	C	EXTENSIVE REMOVAL OF LIVER		-	-	IP Only	$0.00			-	-	000	999	
47125	C	PARTIAL REMOVAL OF LIVER		-	-	IP Only	$0.00			-	-	000	999	
47130	C	PARTIAL REMOVAL OF LIVER		-	-	IP Only	$0.00			-	-	000	999	
47133	C	REMOVAL OF DONOR LIVER		-	-	IP Only	$0.00			Y	Y	000	999	
47135	C	TRANSPLANTATION OF LIVER		-	-	IP Only	$0.00			Y	Y	000	999	
47140	C	PARTIAL REMOVAL DONOR LIVER		-	-	IP Only	$0.00			Y	Y	000	999	
47141	C	PARTIAL REMOVAL DONOR LIVER		-	-	IP Only	$0.00			Y	Y	000	999	
47142	C	PARTIAL REMOVAL DONOR LIVER		-	-	IP Only	$0.00			Y	Y	000	999	
47143	C	PREP DONOR LIVER WHOLE		-	-	IP Only	$0.00			Y	Y	000	999	
47144	C	PREP DONOR LIVER 3-SEGMENT		-	-	IP Only	$0.00			Y	Y	000	999	
47145	C	PREP DONOR LIVER LOBE SPLIT		-	-	IP Only	$0.00			Y	Y	000	999	
47146	C	PREP DONOR LIVER/VENOUS		-	-	IP Only	$0.00			Y	Y	000	999	
47147	C	PREP DONOR LIVER/ARTERIAL		-	-	IP Only	$0.00			Y	Y	000	999	
47300	C	SURGERY FOR LIVER LESION		-	-	IP Only	$0.00			-	-	000	999	
47350	C	REPAIR LIVER WOUND		-	-	IP Only	$0.00			-	-	000	999	
47360	C	REPAIR LIVER WOUND		-	-	IP Only	$0.00			-	-	000	999	
47361	C	REPAIR LIVER WOUND		-	-	IP Only	$0.00			-	-	000	999	

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47362	C	REPAIR LIVER WOUND		-	-	IP Only	$0.00			-	-	000	999	
47370	N	LAPARO ABLATE LIVER TUMOR RF		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
47371	N	LAPARO ABLATE LIVER CRYOSURG		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
47379	N	UNLISTED LAPS PX LIVER		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
47380	C	OPEN ABLATE LIVER TUMOR RF		-	-	IP Only	$0.00			-	-	000	999	
47381	C	OPEN ABLATE LIVER TUMOR CRYO		-	-	IP Only	$0.00			-	-	000	999	
47382	N	PERCUT ABLATE LIVER RF		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
47383	N	PERQ ABLTJ LVR CRYOABLATION		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
47399	T	UNLISTED PROCEDURE LIVER		05071	7.8905	APC	$479.11			-	-	000	999	
47400	C	INCISION OF LIVER DUCT		-	-	IP Only	$0.00			-	-	000	999	
47420	C	INCISION OF BILE DUCT		-	-	IP Only	$0.00			-	-	000	999	
47425	C	INCISION OF BILE DUCT		-	-	IP Only	$0.00			-	-	000	999	
47460	C	INCISE BILE DUCT SPHINCTER		-	-	IP Only	$0.00			-	-	000	999	
47480	C	INCISION OF GALLBLADDER		-	-	IP Only	$0.00			-	-	000	999	
47490	N	INCISION OF GALLBLADDER		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
47531	N	INJECTION FOR CHOLANGIOGRAM		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
47532	N	INJECTION FOR CHOLANGIOGRAM		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
47533	N	PLMT BILIARY DRAINAGE CATH		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
47534	N	PLMT BILIARY DRAINAGE CATH		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
47535	N	CONVERSION EXT BIL DRG CATH		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
47536	N	EXCHANGE BILIARY DRG CATH		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
47537	N	REMOVAL BILIARY DRG CATH		05301	10.5144	Bundled, sometimes payable	$638.43			-	-	000	999	
47538	N	PERQ PLMT BILE DUCT STENT		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
47539	N	PERQ PLMT BILE DUCT STENT		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
47540	N	PERQ PLMT BILE DUCT STENT		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
47541	N	PLMT ACCESS BIL TREE SM BWL		05342	69.9767	Bundled, sometimes payable	$4,248.99			-	-	000	999	
47542	N	DILATE BILIARY DUCT/AMPULLA		-	-	Bundled	$0.00			-	-	000	999	
47543	N	ENDOLUMINAL BX BILIARY TREE		-	-	Bundled	$0.00			-	-	000	999	
47544	N	REMOVAL DUCT GLBLDR CALCULI		-	-	Bundled	$0.00			-	-	000	999	
47550	N	BILE DUCT ENDOSCOPY ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
47552	N	BILIARY ENDO PERQ DX W/SPECI		05342	69.9767	Bundled, sometimes payable	$4,248.99			-	-	000	999	
47553	N	BILIARY ENDOSCOPY THRU SKIN		05342	69.9767	Bundled, sometimes payable	$4,248.99			-	-	000	999	
47554	N	BILIARY ENDOSCOPY THRU SKIN		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
47555	N	BILIARY ENDOSCOPY THRU SKIN		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
47556	N	BILIARY ENDOSCOPY THRU SKIN		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
47562	N	LAPAROSCOPIC CHOLECYSTECTOMY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
47563	N	LAPARO CHOLECYSTECTOMY/GRAPH		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
47564	N	LAPARO CHOLECYSTECTOMY/EXPLR		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
47570	C	LAPARO CHOLECYSTOENTEROSTOMY		-	-	IP Only	$0.00			-	-	000	999	
47579	N	UNLISTED LAPS PX BILIARY TRC		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
47600	C	CHOLECYSTECTOMY		-	-	IP Only	$0.00			-	-	000	999	
47605	C	CHOLECYSTECTOMY W/CHOLANG		-	-	IP Only	$0.00			-	-	000	999	
47610	C	REMOVAL OF GALLBLADDER		-	-	IP Only	$0.00			-	-	000	999	
47612	C	REMOVAL OF GALLBLADDER		-	-	IP Only	$0.00			-	-	000	999	
47620	C	REMOVAL OF GALLBLADDER		-	-	IP Only	$0.00			-	-	000	999	
47700	C	EXPLORATION OF BILE DUCTS		-	-	IP Only	$0.00			-	-	000	999	
47701	C	BILE DUCT REVISION		-	-	IP Only	$0.00			-	-	000	999	
47711	C	EXCISION OF BILE DUCT TUMOR		-	-	IP Only	$0.00			-	-	000	999	
47712	C	EXCISION OF BILE DUCT TUMOR		-	-	IP Only	$0.00			-	-	000	999	
47715	C	EXCISION OF BILE DUCT CYST		-	-	IP Only	$0.00			-	-	000	999	
47720	C	FUSE GALLBLADDER & BOWEL		-	-	IP Only	$0.00			-	-	000	999	
47721	C	FUSE UPPER GI STRUCTURES		-	-	IP Only	$0.00			-	-	000	999	
47740	C	FUSE GALLBLADDER & BOWEL		-	-	IP Only	$0.00			-	-	000	999	
47741	C	FUSE GALLBLADDER & BOWEL		-	-	IP Only	$0.00			-	-	000	999	
47760	C	FUSE BILE DUCTS AND BOWEL		-	-	IP Only	$0.00			-	-	000	999	
47765	C	FUSE LIVER DUCTS & BOWEL		-	-	IP Only	$0.00			-	-	000	999	

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47780	C	FUSE BILE DUCTS AND BOWEL		-	-	IP Only	$0.00			-	-	000	999	
47785	C	FUSE BILE DUCTS AND BOWEL		-	-	IP Only	$0.00			-	-	000	999	
47800	C	RECONSTRUCTION OF BILE DUCTS		-	-	IP Only	$0.00			-	-	000	999	
47801	C	PLACEMENT BILE DUCT SUPPORT		-	-	IP Only	$0.00			-	-	000	999	
47900	C	SUTURE BILE DUCT INJURY		-	-	IP Only	$0.00			-	-	000	999	
47999	T	UNLISTED PX BILIARY TRACT		05301	10.5144	APC	$638.43			-	-	000	999	
48000	C	DRAINAGE OF ABDOMEN		-	-	IP Only	$0.00			-	-	000	999	
48001	C	PLACEMENT OF DRAIN PANCREAS		-	-	IP Only	$0.00			-	-	000	999	
48020	C	REMOVAL OF PANCREATIC STONE		-	-	IP Only	$0.00			-	-	000	999	
48100	C	BIOPSY OF PANCREAS OPEN		-	-	IP Only	$0.00			-	-	000	999	
48102	N	NEEDLE BIOPSY PANCREAS		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
48105	C	RESECT/DEBRIDE PANCREAS		-	-	IP Only	$0.00			-	-	000	999	
48120	C	REMOVAL OF PANCREAS LESION		-	-	IP Only	$0.00			-	-	000	999	
48140	C	PARTIAL REMOVAL OF PANCREAS		-	-	IP Only	$0.00			-	-	000	999	
48145	C	PARTIAL REMOVAL OF PANCREAS		-	-	IP Only	$0.00			-	-	000	999	
48146	C	PANCREATECTOMY		-	-	IP Only	$0.00			-	-	000	999	
48148	C	REMOVAL OF PANCREATIC DUCT		-	-	IP Only	$0.00			-	-	000	999	
48150	C	PARTIAL REMOVAL OF PANCREAS		-	-	IP Only	$0.00			-	-	000	999	
48152	C	PANCREATECTOMY		-	-	IP Only	$0.00			-	-	000	999	
48153	C	PANCREATECTOMY		-	-	IP Only	$0.00			-	-	000	999	
48154	C	PANCREATECTOMY		-	-	IP Only	$0.00			-	-	000	999	
48155	C	REMOVAL OF PANCREAS		-	-	IP Only	$0.00			-	-	000	999	
48160	E	PANCREAS REMOVAL/TRANSPLANT		-	-	Not Allowed	$0.00			-	Y	000	999	
48400	C	INJECTION INTRAOP ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
48500	C	SURGERY OF PANCREATIC CYST		-	-	IP Only	$0.00			-	-	000	999	
48510	C	DRAIN PANCREATIC PSEUDOCYST		-	-	IP Only	$0.00			-	-	000	999	
48520	C	FUSE PANCREAS CYST AND BOWEL		-	-	IP Only	$0.00			-	-	000	999	
48540	C	FUSE PANCREAS CYST AND BOWEL		-	-	IP Only	$0.00			-	-	000	999	
48545	C	PANCREATORRHAPHY		-	-	IP Only	$0.00			-	-	000	999	
48547	C	DUODENAL EXCLUSION		-	-	IP Only	$0.00			-	-	000	999	
48548	C	FUSE PANCREAS AND BOWEL		-	-	IP Only	$0.00			-	-	000	999	
48550	E	DONOR PANCREATECTOMY		-	-	Not Allowed	$0.00			-	Y	000	999	
48551	C	PREP DONOR PANCREAS		-	-	IP Only	$0.00			Y	Y	000	999	
48552	C	PREP DONOR PANCREAS/VENOUS		-	-	IP Only	$0.00			Y	Y	000	999	
48554	C	TRANSPL ALLOGRAFT PANCREAS		-	-	IP Only	$0.00			Y	Y	000	999	
48556	C	REMOVAL ALLOGRAFT PANCREAS		-	-	IP Only	$0.00			Y	Y	000	999	
48999	T	UNLISTED PROCEDURE PANCREAS		05071	7.8905	APC	$479.11			-	-	000	999	
49000	C	EXPLORATION OF ABDOMEN		-	-	IP Only	$0.00			-	-	000	999	
49002	C	REOPENING OF ABDOMEN		-	-	IP Only	$0.00			-	-	000	999	
49010	C	EXPLORATION BEHIND ABDOMEN		-	-	IP Only	$0.00			-	-	000	999	
49013	E	PRPERTL PEL PACK HEMRRG TRMA		-	-	Not Allowed	$0.00			-	-	000	999	
49014	E	REEXPLORATION PELVIC WOUND		-	-	Not Allowed	$0.00			-	-	000	999	
49020	C	DRAINAGE ABDOM ABSCESS OPEN		-	-	IP Only	$0.00			-	-	000	999	
49040	C	DRAIN OPEN ABDOM ABSCESS		-	-	IP Only	$0.00			-	-	000	999	
49060	C	DRAIN OPEN RETROPERI ABSCESS		-	-	IP Only	$0.00			-	-	000	999	
49062	C	DRAIN TO PERITONEAL CAVITY		-	-	IP Only	$0.00			-	-	000	999	
49082	T	ABD PARACENTESIS		05301	10.5144	APC	$638.43			-	-	000	999	
49083	T	ABD PARACENTESIS W/IMAGING		05301	10.5144	APC	$638.43			-	-	000	999	
49084	T	PERITONEAL LAVAGE		05301	10.5144	APC	$638.43			-	-	000	999	
49180	N	BIOPSY ABDOMINAL MASS		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
49185	N	SCLEROTX FLUID COLLECTION		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
49186	C	OPN EXC/DSTR NTRA-ABD 5 CM/<		-	-	IP Only	$0.00			-	-	000	999	
49187	C	OPN EXC/DSTR NTRA-ABD 5.1-10		-	-	IP Only	$0.00			-	-	000	999	
49188	C	OPN EXC/DST NTRA-ABD 10.1-20		-	-	IP Only	$0.00			-	-	000	999	
49189	C	OPN EXC/DST NTRA-ABD 20.1-30		-	-	IP Only	$0.00			-	-	000	999	
49190	C	OPN EXC/DSTR NTRA-ABD >30 CM		-	-	IP Only	$0.00			-	-	000	999	

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49215	C	EXCISE SACRAL SPINE TUMOR		-	-	IP Only	$0.00			-	-	000	999	
49250	N	EXCISION OF UMBILICUS		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
49255	C	REMOVAL OF OMENTUM		-	-	IP Only	$0.00			-	-	000	999	
49320	N	DIAG LAPARO SEPARATE PROC		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49321	N	LAPAROSCOPY BIOPSY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49322	N	LAPAROSCOPY ASPIRATION		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49323	N	LAPARO DRAIN LYMPHOCELE		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49324	N	LAP INSERT TUNNEL IP CATH		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49325	N	LAP REVISION PERM IP CATH		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49326	N	LAP W/OMENTOPEXY ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
49327	N	LAP INS DEVICE FOR RT		-	-	Bundled	$0.00			-	-	000	999	
49329	N	UNLSTD LAPS PX ABD PERTM&OMN		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49400	N	AIR INJECTION INTO ABDOMEN		-	-	Bundled	$0.00			-	-	000	999	
49402	N	REMOVE FOREIGN BODY ADBOMEN		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
49405	N	IMAGE CATH FLUID COLXN VISC		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
49406	N	IMAGE CATH FLUID PERI/RETRO		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
49407	N	IMAGE CATH FLUID TRNS/VGNL		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
49411	S	INS MARK ABD/PEL FOR RT PERQ		05613	15.3446	APC	$931.72			-	-	000	999	
49412	C	INS DEVICE FOR RT GUIDE OPEN		-	-	IP Only	$0.00			-	-	000	999	
49418	N	INSERT TUN IP CATH PERC		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
49419	N	INSERT TUN IP CATH W/PORT		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
49421	N	INS TUN IP CATH FOR DIAL OPN		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
49422	N	REMOVE TUNNELED IP CATH		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
49423	N	EXCHANGE DRAINAGE CATHETER		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
49424	N	ASSESS CYST CONTRAST INJECT		-	-	Bundled	$0.00			-	-	000	999	
49425	C	INSERT ABDOMEN-VENOUS DRAIN		-	-	IP Only	$0.00			-	-	000	999	
49426	N	REVISE ABDOMEN-VENOUS SHUNT		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
49427	N	INJECTION ABDOMINAL SHUNT		-	-	Bundled	$0.00			-	-	000	999	
49428	C	LIGATION OF SHUNT		-	-	IP Only	$0.00			-	-	000	999	
49429	N	REMOVAL OF SHUNT		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
49435	N	INSERT SUBQ EXTEN TO IP CATH		-	-	Bundled	$0.00			-	-	000	999	
49436	N	EMBEDDED IP CATH EXIT-SITE		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
49440	N	PLACE GASTROSTOMY TUBE PERC		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
49441	N	PLACE DUOD/JEJ TUBE PERC		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
49442	T	PLACE CECOSTOMY TUBE PERC		05312	13.2230	APC	$802.90			-	-	000	999	
49446	N	CHANGE G-TUBE TO G-J PERC		05302	21.2741	Bundled, sometimes payable	$1,291.76			-	-	000	999	
49450	T	REPLACE G/C TUBE PERC		05301	10.5144	APC	$638.43			-	-	000	999	
49451	T	REPLACE DUOD/JEJ TUBE PERC		05301	10.5144	APC	$638.43			-	-	000	999	
49452	T	REPLACE G-J TUBE PERC		05301	10.5144	APC	$638.43			-	-	000	999	
49460	T	FIX G/COLON TUBE W/DEVICE		05301	10.5144	APC	$638.43			-	-	000	999	
49465	N	FLUORO EXAM OF G/COLON TUBE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
49491	N	RPR HERN PREEMIE REDUC		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	1	
49492	N	RPR ING HERN PREMIE BLOCKED		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	1	
49495	N	RPR ING HERNIA BABY REDUC		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	1	
49496	N	RPR ING HERNIA BABY BLOCKED		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	1	
49500	N	RPR ING HERNIA INIT REDUCE		05342	69.9767	Bundled, sometimes payable	$4,248.99			-	-	000	4	
49501	N	RPR ING HERNIA INIT BLOCKED		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	4	
49505	N	PRP I/HERN INIT REDUC >5 YR		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	005	999	
49507	N	PRP I/HERN INIT BLOCK >5 YR		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	005	999	
49520	N	REREPAIR ING HERNIA REDUCE		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
49521	N	REREPAIR ING HERNIA BLOCKED		05342	69.9767	Bundled, sometimes payable	$4,248.99			-	-	000	999	
49525	N	REPAIR ING HERNIA SLIDING		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
49540	N	REPAIR LUMBAR HERNIA		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49550	N	RPR REM HERNIA INIT REDUCE		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
49553	N	RPR FEM HERNIA INIT BLOCKED		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
49555	N	REREPAIR FEM HERNIA REDUCE		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	

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49557	N	REREPAIR FEM HERNIA BLOCKED		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
49591	N	RPR AA HRN 1ST < 3 CM RDC		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
49592	N	RPR AA HRN 1ST < 3 NCR/STRN		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49593	N	RPR AA HRN 1ST 3-10 RDC		05342	69.9767	Bundled, sometimes payable	$4,248.99			-	-	000	999	
49594	N	RPR AA HRN 1ST 3-10 NCR/STRN		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49595	N	RPR AA HRN 1ST > 10 RDC		05342	69.9767	Bundled, sometimes payable	$4,248.99			-	-	000	999	
49596	E	RPR AA HRN 1ST > 10 NCR/STRN		-	-	Not Allowed	$0.00			-	-	000	999	
49600	N	REPAIR UMBILICAL LESION		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
49605	C	REPAIR UMBILICAL LESION		-	-	IP Only	$0.00			-	-	000	999	
49606	C	REPAIR UMBILICAL LESION		-	-	IP Only	$0.00			-	-	000	999	
49610	C	REPAIR UMBILICAL LESION		-	-	IP Only	$0.00			-	-	000	999	
49611	C	REPAIR UMBILICAL LESION		-	-	IP Only	$0.00			-	-	000	999	
49613	N	RPR AA HRN RCR < 3 RDC		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
49614	N	RPR AA HRN RCR < 3 NCR/STRN		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49615	N	RPR AA HRN RCR 3-10 RDC		05342	69.9767	Bundled, sometimes payable	$4,248.99			-	-	000	999	
49616	E	RPR AA HRN RCR 3-10 NCR/STRN		-	-	Not Allowed	$0.00			-	-	000	999	
49617	E	RPR AA HRN RCR > 10 RDC		-	-	Not Allowed	$0.00			-	-	000	999	
49618	E	RPR AA HRN RCR > 10 NCR/STRN		-	-	Not Allowed	$0.00			-	-	000	999	
49621	E	RPR PARASTOMAL HERNIA RDC		-	-	Not Allowed	$0.00			-	-	000	999	
49622	E	RPR PARASTOMAL HRNA NCR/STRN		-	-	Not Allowed	$0.00			-	-	000	999	
49623	N	RMVL NINFCT MESH HERNIA RPR		-	-	Bundled	$0.00			-	-	000	999	
49650	N	LAP ING HERNIA REPAIR INIT		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49651	N	LAP ING HERNIA REPAIR RECUR		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49659	N	UNLSTD LAPS PX HRNAP HRNRPHY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
49900	C	REPAIR OF ABDOMINAL WALL		-	-	IP Only	$0.00			-	-	000	999	
49904	C	OMENTAL FLAP EXTRA-ABDOM		-	-	IP Only	$0.00			-	-	000	999	
49905	C	OMENTAL FLAP INTRA-ABDOM		-	-	IP Only	$0.00			-	-	000	999	
49906	C	FREE OMENTAL FLAP MICROVASC		-	-	IP Only	$0.00			-	-	000	999	
49999	T	UNLISTED PX ABD PERTM&OMN		05301	10.5144	APC	$638.43			-	-	000	999	
50010	C	RENAL EXPLORATION		-	-	IP Only	$0.00			-	-	000	999	
50020	N	DRG PERIRNL/RENAL ABSC OPEN		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
50040	C	NFROS NFROT W/DRG		-	-	IP Only	$0.00			-	-	000	999	
50045	C	NEPHROTOMY W/EXPLORATION		-	-	IP Only	$0.00			-	-	000	999	
5005F	E	PT COUNSLD ON EXAM FOR MOLES		-	-	Not Allowed	$0.00			-	-	000	999	
50060	C	NL REMOVAL CALCULUS		-	-	IP Only	$0.00			-	-	000	999	
50065	C	NL SEC SURG OPERJ CALCULUS		-	-	IP Only	$0.00			-	-	000	999	
50070	C	NL COMP CGEN KDN ABNORMALITY		-	-	IP Only	$0.00			-	-	000	999	
50075	C	NL RMVL LG STAGHORN CALCULUS		-	-	IP Only	$0.00			-	-	000	999	
50080	N	PERQ NL/PL LITHOTRP SMPL<2CM		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
50081	N	PERQ NL/PL LITHOTRP CPLX>2CM		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
50100	C	TRNSXJ/REPOS ABRRNT RNL VSLS		-	-	IP Only	$0.00			-	-	000	999	
5010F	E	MACUL RESULT PHY/QHP MNG DM		-	-	Not Allowed	$0.00			-	-	000	999	
50120	C	PYELOTOMY W/EXPLORATION		-	-	IP Only	$0.00			-	-	000	999	
50125	C	PYELOTOMY W/DRG PYELOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
50130	C	PYELOTOMY W/REMOVAL CALCULUS		-	-	IP Only	$0.00			-	-	000	999	
5015F	E	DOC FX & TEST/TXMNT FOR OP		-	-	Not Allowed	$0.00			-	-	000	999	
50200	N	RENAL BIOPSY PERQ		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
50205	C	RENAL BX SURG EXPOSURE KDN		-	-	IP Only	$0.00			-	-	000	999	
5020F	E	TXMNTS 2 PHYS/QHP BY 1 MON		-	-	Not Allowed	$0.00			-	-	000	999	
50220	C	REMOVE KIDNEY OPEN		-	-	IP Only	$0.00			-	-	000	999	
50225	C	REMOVAL KIDNEY OPEN COMPLEX		-	-	IP Only	$0.00			-	-	000	999	
50230	C	REMOVAL KIDNEY OPEN RADICAL		-	-	IP Only	$0.00			-	-	000	999	
50234	C	REMOVAL OF KIDNEY & URETER		-	-	IP Only	$0.00			-	-	000	999	
50236	C	REMOVAL OF KIDNEY & URETER		-	-	IP Only	$0.00			-	-	000	999	
50240	C	NEPHRECTOMY PARTIAL		-	-	IP Only	$0.00			-	-	000	999	
50250	C	OPN ABLTJ 1/> RNL MAS CRYSRG		-	-	IP Only	$0.00			-	Y	000	999	

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50280	C	EXC/UNROOFING CYST KIDNEY		-	-	IP Only	$0.00			-	-	000	999	
50290	C	EXCISION PERINEPHRIC CYST		-	-	IP Only	$0.00			-	-	000	999	
50300	C	REMOVE CADAVER DONOR KIDNEY		-	-	IP Only	$0.00			Y	Y	000	999	
50320	C	REMOVE KIDNEY LIVING DONOR		-	-	IP Only	$0.00			Y	Y	000	999	
50323	C	PREP CADAVER RENAL ALLOGRAFT		-	-	IP Only	$0.00			Y	Y	000	999	
50325	C	PREP DONOR RENAL GRAFT		-	-	IP Only	$0.00			Y	Y	000	999	
50327	C	PREP RENAL GRAFT/VENOUS		-	-	IP Only	$0.00			Y	Y	000	999	
50328	C	PREP RENAL GRAFT/ARTERIAL		-	-	IP Only	$0.00			Y	Y	000	999	
50329	C	PREP RENAL GRAFT/URETERAL		-	-	IP Only	$0.00			Y	Y	000	999	
50340	C	RECIPIENT NEPHRECTOMY		-	-	IP Only	$0.00			Y	Y	000	999	
50360	C	RNL ALTRNSPLJ W/O RCP NFRCT		-	-	IP Only	$0.00			Y	Y	000	999	
50365	C	RNL ALTRNSPLJ W/RCP NFRCT		-	-	IP Only	$0.00			Y	Y	000	999	
50370	C	RMVL TRANSPLANTED RNL ALGRFT		-	-	IP Only	$0.00			Y	Y	000	999	
50380	C	RNL AUTOTRNSPLJ RIMPLTJ KDN		-	-	IP Only	$0.00			Y	Y	000	999	
50382	N	CHANGE URETER STENT PERCUT		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
50384	N	REMOVE URETER STENT PERCUT		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
50385	N	CHANGE STENT VIA TRANSURETH		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
50386	N	REMOVE STENT VIA TRANSURETH		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
50387	N	CHANGE NEPHROURETERAL CATH		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
50389	N	REMOVE RENAL TUBE W/FLUORO		05372	7.4854	Bundled, sometimes payable	$454.51			-	Y	000	999	
50390	T	DRAINAGE OF KIDNEY LESION		05071	7.8905	APC	$479.11			-	-	000	999	
50391	T	INSTLL RX AGNT INTO RNAL TUB		05371	2.7275	APC	$165.61			-	Y	000	999	
50396	N	MEASURE KIDNEY PRESSURE		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	
50400	C	REVISION OF KIDNEY/URETER		-	-	IP Only	$0.00			-	-	000	999	
50405	C	REVISION OF KIDNEY/URETER		-	-	IP Only	$0.00			-	-	000	999	
50430	N	NJX PX NFROSGRM &/URTRGRM		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	
50431	N	NJX PX NFROSGRM &/URTRGRM		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	
50432	N	PLMT NEPHROSTOMY CATHETER		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
50433	N	PLMT NEPHROURETERAL CATHETER		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50434	N	CONVERT NEPHROSTOMY CATHETER		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
50435	N	EXCHANGE NEPHROSTOMY CATH		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
50436	N	DILAT XST TRC NDURLGC PX		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50437	N	DILAT XST TRC NEW ACCESS RCS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50500	C	REPAIR OF KIDNEY WOUND		-	-	IP Only	$0.00			-	-	000	999	
5050F	E	PLAN 2 MAIN DR BY 1 MONTH		-	-	Not Allowed	$0.00			-	-	000	999	
50520	C	CLOSE KIDNEY-SKIN FISTULA		-	-	IP Only	$0.00			-	-	000	999	
50525	C	CLOSE NEPHROVISCERAL FISTULA		-	-	IP Only	$0.00			-	-	000	999	
50526	C	CLOSE NEPHROVISCERAL FISTULA		-	-	IP Only	$0.00			-	-	000	999	
50540	C	REVISION OF HORSESHOE KIDNEY		-	-	IP Only	$0.00			-	-	000	999	
50541	N	LAPARO ABLATE RENAL CYST		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
50542	N	LAPARO ABLATE RENAL MASS		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
50543	N	LAPARO PARTIAL NEPHRECTOMY		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
50544	N	LAPAROSCOPY PYELOPLASTY		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
50545	C	LAPARO RADICAL NEPHRECTOMY		-	-	IP Only	$0.00			-	-	000	999	
50546	C	LAPAROSCOPIC NEPHRECTOMY		-	-	IP Only	$0.00			-	-	000	999	
50547	C	LAPARO REMOVAL DONOR KIDNEY		-	-	IP Only	$0.00			Y	Y	000	999	
50548	C	LAPARO REMOVE W/URETER		-	-	IP Only	$0.00			-	-	000	999	
50549	N	UNLISTED LAPS PX RENAL		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
50551	N	KIDNEY ENDOSCOPY		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
50553	N	KIDNEY ENDOSCOPY		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
50555	N	KIDNEY ENDOSCOPY & BIOPSY		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
50557	N	KIDNEY ENDOSCOPY & TREATMENT		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
50561	N	KIDNEY ENDOSCOPY & TREATMENT		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
50562	N	RENAL SCOPE W/TUMOR RESECT		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
50570	N	KIDNEY ENDOSCOPY		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50572	N	KIDNEY ENDOSCOPY		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	

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50574	N	KIDNEY ENDOSCOPY & BIOPSY		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50575	N	KIDNEY ENDOSCOPY		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
50576	N	KIDNEY ENDOSCOPY & TREATMENT		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
50580	N	KIDNEY ENDOSCOPY & TREATMENT		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
50590	N	FRAGMENTING OF KIDNEY STONE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50592	N	PERC RF ABLATE RENAL TUMOR		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	Y	000	999	
50593	N	PERC CRYO ABLATE RENAL TUM		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
50600	C	EXPLORATION OF URETER		-	-	IP Only	$0.00			-	-	000	999	
50605	C	INSERT URETERAL SUPPORT		-	-	IP Only	$0.00			-	-	000	999	
50606	N	ENDOLUMINAL BX URTR RNL PLVS		-	-	Bundled	$0.00			-	-	000	999	
5060F	E	FNDNGS MAMMO 2PT W/IN 3 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
50610	C	REMOVAL OF URETER STONE		-	-	IP Only	$0.00			-	-	000	999	
50620	C	REMOVAL OF URETER STONE		-	-	IP Only	$0.00			-	-	000	999	
5062F	E	MAMMO RESULT COM TO PT 5 DAY		-	-	Not Allowed	$0.00			-	-	000	999	
50630	C	REMOVAL OF URETER STONE		-	-	IP Only	$0.00			-	-	000	999	
50650	C	REMOVAL OF URETER		-	-	IP Only	$0.00			-	-	000	999	
50660	C	REMOVAL OF URETER		-	-	IP Only	$0.00			-	-	000	999	
50684	N	INJECTION FOR URETER X-RAY		-	-	Bundled	$0.00			-	-	000	999	
50686	S	MEASURE URETER PRESSURE		05721	1.7546	APC	$106.54			-	-	000	999	
50688	N	CHANGE OF URETER TUBE/STENT		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
50690	N	INJECTION FOR URETER X-RAY		-	-	Bundled	$0.00			-	-	000	999	
50693	N	PLMT URETERAL STENT PRQ		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50694	N	PLMT URETERAL STENT PRQ		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50695	N	PLMT URETERAL STENT PRQ		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50700	C	REVISION OF URETER		-	-	IP Only	$0.00			-	-	000	999	
50705	N	URETERAL EMBOLIZATION/OCCL		-	-	Bundled	$0.00			-	-	000	999	
50706	N	BALLOON DILATE URTRL STRIX		-	-	Bundled	$0.00			-	-	000	999	
50715	C	RELEASE OF URETER		-	-	IP Only	$0.00			-	-	000	999	
50722	C	RELEASE OF URETER		-	-	IP Only	$0.00			-	-	000	999	
50725	C	RELEASE/REVISE URETER		-	-	IP Only	$0.00			-	-	000	999	
50727	N	REVISE URETER		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50728	C	REVISE URETER		-	-	IP Only	$0.00			-	-	000	999	
50740	C	FUSION OF URETER & KIDNEY		-	-	IP Only	$0.00			-	-	000	999	
50750	C	FUSION OF URETER & KIDNEY		-	-	IP Only	$0.00			-	-	000	999	
50760	C	URETEROURETEROSTOMY		-	-	IP Only	$0.00			-	-	000	999	
50770	C	SPLICING OF URETERS		-	-	IP Only	$0.00			-	-	000	999	
50780	C	REIMPLANT URETER IN BLADDER		-	-	IP Only	$0.00			-	-	000	999	
50782	C	REIMPLANT URETER IN BLADDER		-	-	IP Only	$0.00			-	-	000	999	
50783	C	REIMPLANT URETER IN BLADDER		-	-	IP Only	$0.00			-	-	000	999	
50785	C	REIMPLANT URETER IN BLADDER		-	-	IP Only	$0.00			-	-	000	999	
50800	C	IMPLANT URETER IN BOWEL		-	-	IP Only	$0.00			-	-	000	999	
50810	C	FUSION OF URETER & BOWEL		-	-	IP Only	$0.00			-	-	000	999	
50815	C	URINE SHUNT TO INTESTINE		-	-	IP Only	$0.00			-	-	000	999	
50820	C	CONSTRUCT BOWEL BLADDER		-	-	IP Only	$0.00			-	-	000	999	
50825	C	CONSTRUCT BOWEL BLADDER		-	-	IP Only	$0.00			-	-	000	999	
50830	C	REVISE URINE FLOW		-	-	IP Only	$0.00			-	-	000	999	
50840	C	REPLACE URETER BY BOWEL		-	-	IP Only	$0.00			-	-	000	999	
50845	C	APPENDICO-VESICOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
50860	C	TRANSPLANT URETER TO SKIN		-	-	IP Only	$0.00			-	-	000	999	
50900	C	REPAIR OF URETER		-	-	IP Only	$0.00			-	-	000	999	
50920	C	CLOSURE URETER/SKIN FISTULA		-	-	IP Only	$0.00			-	-	000	999	
50930	C	CLOSURE URETER/BOWEL FISTULA		-	-	IP Only	$0.00			-	-	000	999	
50940	C	RELEASE OF URETER		-	-	IP Only	$0.00			-	-	000	999	
50945	N	LAPAROSCOPY URETEROLITHOTOMY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
50947	N	LAPARO NEW URETER/BLADDER		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
50948	N	LAPARO NEW URETER/BLADDER		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	

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50949	N	UNLISTED LAPS PX URETER		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
50951	N	ENDOSCOPY OF URETER		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50953	N	ENDOSCOPY OF URETER		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50955	N	URETER ENDOSCOPY & BIOPSY		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
50957	N	URETER ENDOSCOPY & TREATMENT		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
50961	N	URETER ENDOSCOPY & TREATMENT		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
50970	N	URETER ENDOSCOPY		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50972	N	URETER ENDOSCOPY & CATHETER		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
50974	N	URETER ENDOSCOPY & BIOPSY		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
50976	N	URETER ENDOSCOPY & TREATMENT		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
50980	N	URETER ENDOSCOPY & TREATMENT		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
5100F	E	RSK FX REF W/N 24 HRS XRAY		-	-	Not Allowed	$0.00			-	-	000	999	
51020	N	CYSTOTOMY/CYSTOSTOMY W/FULG		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
51040	N	INCISE & DRAIN BLADDER		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
51045	N	INCISE BLADDER/DRAIN URETER		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
51050	N	REMOVAL OF BLADDER STONE		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
51060	N	REMOVAL OF URETER STONE		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
51065	N	REMOVE URETER CALCULUS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
51080	N	DRAINAGE OF BLADDER ABSCESS		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
51100	T	DRAIN BLADDER BY NEEDLE		05371	2.7275	APC	$165.61			-	-	000	999	
51101	S	DRAIN BLADDER BY TROCAR/CATH		05724	11.4097	APC	$692.80			-	-	000	999	
51102	N	DRAIN BL W/CATH INSERTION		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
51500	N	REMOVAL OF BLADDER CYST		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
51520	N	REMOVAL OF BLADDER LESION		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
51525	C	REMOVAL OF BLADDER LESION		-	-	IP Only	$0.00			-	-	000	999	
51530	C	REMOVAL OF BLADDER LESION		-	-	IP Only	$0.00			-	-	000	999	
51535	N	REPAIR OF URETER LESION		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
51550	C	PARTIAL REMOVAL OF BLADDER		-	-	IP Only	$0.00			-	-	000	999	
51555	C	PARTIAL REMOVAL OF BLADDER		-	-	IP Only	$0.00			-	-	000	999	
51565	C	REVISE BLADDER & URETER(S)		-	-	IP Only	$0.00			-	-	000	999	
51570	C	REMOVAL OF BLADDER		-	-	IP Only	$0.00			-	-	000	999	
51575	C	REMOVAL OF BLADDER & NODES		-	-	IP Only	$0.00			-	-	000	999	
51580	C	REMOVE BLADDER/REVISE TRACT		-	-	IP Only	$0.00			-	-	000	999	
51585	C	REMOVAL OF BLADDER & NODES		-	-	IP Only	$0.00			-	-	000	999	
51590	C	REMOVE BLADDER/REVISE TRACT		-	-	IP Only	$0.00			-	-	000	999	
51595	C	REMOVE BLADDER/REVISE TRACT		-	-	IP Only	$0.00			-	-	000	999	
51596	C	REMOVE BLADDER/CREATE POUCH		-	-	IP Only	$0.00			-	-	000	999	
51597	C	REMOVAL OF PELVIC STRUCTURES		-	-	IP Only	$0.00			-	-	000	999	
51600	N	INJECTION FOR BLADDER X-RAY		-	-	Bundled	$0.00			-	-	000	999	
51605	N	PREPARATION FOR BLADDER XRAY		-	-	Bundled	$0.00			-	-	000	999	
51610	N	INJECTION FOR BLADDER X-RAY		-	-	Bundled	$0.00			-	-	000	999	
51700	T	IRRIGATION OF BLADDER		05371	2.7275	APC	$165.61			-	-	000	999	
51701	N	INSERT BLADDER CATHETER		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
51702	N	INSERT TEMP BLADDER CATH		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
51703	S	INSERT BLADDER CATH COMPLEX		05721	1.7546	APC	$106.54			-	-	000	999	
51705	T	CHANGE OF BLADDER TUBE		05371	2.7275	APC	$165.61			-	-	000	999	
51710	N	CHANGE OF BLADDER TUBE		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	
51715	N	ENDOSCOPIC INJECTION/IMPLANT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
51720	N	TREATMENT OF BLADDER LESION		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	
51721	E	INS TRURL ABLT TRNSDC THR US		-	-	Not Allowed	$0.00			-	-	000	999	
51725	T	SIMPLE CYSTOMETROGRAM		05371	2.7275	APC	$165.61			-	-	000	999	
51726	T	COMPLEX CYSTOMETROGRAM		05371	2.7275	APC	$165.61			-	-	000	999	
51727	N	CYSTOMETROGRAM W/UP		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	
51728	N	CYSTOMETROGRAM W/VP		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	
51729	N	CYSTOMETROGRAM W/VP&UP		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	
51736	N	URINE FLOW MEASUREMENT		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
51741	N	ELECTRO-UROFLOWMETRY FIRST		05722	3.4922	Bundled, sometimes payable	$212.05			-	-	000	999	
51784	S	ANAL/URINARY MUSCLE STUDY		05721	1.7546	APC	$106.54			-	-	000	999	
51785	T	ANAL/URINARY MUSCLE STUDY		05371	2.7275	APC	$165.61			-	-	000	999	
51792	N	URINARY REFLEX STUDY		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
51797	N	INTRAABDOMINAL PRESSURE TEST		-	-	Bundled	$0.00			-	-	000	999	
51798	N	US URINE CAPACITY MEASURE		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
51800	C	REVISION OF BLADDER/URETHRA		-	-	IP Only	$0.00			-	-	000	999	
51820	C	REVISION OF URINARY TRACT		-	-	IP Only	$0.00			-	-	000	999	
51840	C	ATTACH BLADDER/URETHRA		-	-	IP Only	$0.00			-	-	000	999	
51841	C	ATTACH BLADDER/URETHRA		-	-	IP Only	$0.00			-	-	000	999	
51845	N	REPAIR BLADDER NECK		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
51860	N	REPAIR OF BLADDER WOUND		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
51865	C	REPAIR OF BLADDER WOUND		-	-	IP Only	$0.00			-	-	000	999	
51880	N	REPAIR OF BLADDER OPENING		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
51900	C	REPAIR BLADDER/VAGINA LESION		-	-	IP Only	$0.00			-	-	000	999	
51920	C	CLOSE BLADDER-UTERUS FISTULA		-	-	IP Only	$0.00			-	-	000	999	
51925	C	HYSTERECTOMY/BLADDER REPAIR		-	-	IP Only	$0.00			-	-	000	999	
51940	C	CORRECTION OF BLADDER DEFECT		-	-	IP Only	$0.00			-	-	000	999	
51960	C	REVISION OF BLADDER & BOWEL		-	-	IP Only	$0.00			-	-	000	999	
51980	C	CONSTRUCT BLADDER OPENING		-	-	IP Only	$0.00			-	-	000	999	
51990	N	LAPARO URETHRAL SUSPENSION		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
51992	N	LAPARO SLING OPERATION		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
51999	N	UNLISTED LAPS PX BLADDER		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	Y	000	999	
52000	N	CYSTOURETHROSCOPY		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	
52001	N	CYSTO W/IRRG&EVAC MLT CLOTS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52005	N	CYSTO W/URTRL CATHJ		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
52007	N	CYSTO URTRL CATHJ BRUSH BX		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
5200F	E	EVAL APPROS SURG THXPY EPI		-	-	Not Allowed	$0.00			-	-	000	999	
52010	N	CYSTOSCOPY & DUCT CATHETER		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	
52204	N	CYSTOSCOPY W/BIOPSY(S)		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
52214	N	CYSTOSCOPY AND TREATMENT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52224	N	CYSTOSCOPY AND TREATMENT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52234	N	CYSTOSCOPY AND TREATMENT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52235	N	CYSTOSCOPY AND TREATMENT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52240	N	CYSTOSCOPY AND TREATMENT		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52250	N	CYSTOSCOPY AND RADIOTRACER		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52260	N	CYSTOSCOPY AND TREATMENT		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
52265	N	CYSTOSCOPY AND TREATMENT		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
52270	N	CYSTOSCOPY & REVISE URETHRA		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
52275	N	CYSTOSCOPY & REVISE URETHRA		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
52276	N	CYSTOSCOPY AND TREATMENT		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
52277	N	CYSTOSCOPY AND TREATMENT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52281	N	CYSTOSCOPY AND TREATMENT		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
52282	N	CYSTOSCOPY IMPLANT STENT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52283	N	CYSTOSCOPY AND TREATMENT		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
52284	N	CYSTO RX BALO CATH URTL STRX		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52285	N	CYSTOSCOPY AND TREATMENT		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	
52287	N	CYSTOSCOPY CHEMODENERVATION		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	Y	000	999	
52290	N	CYSTOSCOPY AND TREATMENT		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
52300	N	CYSTOSCOPY AND TREATMENT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52301	N	CYSTOSCOPY AND TREATMENT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52305	N	CYSTOSCOPY AND TREATMENT		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52310	N	CYSTOSCOPY AND TREATMENT		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
52315	N	CYSTOSCOPY AND TREATMENT		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
52317	N	REMOVE BLADDER STONE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52318	N	REMOVE BLADDER STONE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	

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52320	N	CYSTOSCOPY AND TREATMENT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52325	N	CYSTOSCOPY STONE REMOVAL		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52327	N	CYSTOSCOPY INJECT MATERIAL		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52330	N	CYSTOSCOPY AND TREATMENT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52332	N	CYSTOSCOPY AND TREATMENT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52334	N	CREATE PASSAGE TO KIDNEY		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52341	N	CYSTO W/URETER STRICTURE TX		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52342	N	CYSTO W/UP STRICTURE TX		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52343	N	CYSTO W/RENAL STRICTURE TX		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52344	N	CYSTO/URETERO STRICTURE TX		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52345	N	CYSTO/URETERO W/UP STRICTURE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52346	N	CYSTOURETERO W/RENAL STRICT		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52351	N	CYSTOURETERO & OR PYELOSCOPE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52352	N	CYSTOURETERO W/STONE REMOVE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52353	N	CYSTOURETERO W/LITHOTRIPSY		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52354	N	CYSTOURETERO W/BIOPSY		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52355	N	CYSTOURETERO W/EXCISE TUMOR		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52356	N	CYSTO/URETERO W/LITHOTRIPSY		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52400	N	CYSTOURETERO W/CONGEN REPR		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52402	N	CYSTOURETHRO CUT EJACUL DUCT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	Y	000	999	
52441	E	CYSTOURETHRO W/IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
52442	E	CYSTOURETHRO W/ADDL IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
52450	N	INCISION OF PROSTATE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52500	N	REVISION OF BLADDER NECK		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
5250F	E	ASTHMA DISCHARGE PLAN PRESNT		-	-	Not Allowed	$0.00			-	-	000	999	
52601	N	PROSTATECTOMY (TURP)		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52630	N	REMOVE PROSTATE REGROWTH		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52640	N	RELIEVE BLADDER CONTRACTURE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
52647	N	LASER SURGERY OF PROSTATE		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52648	N	LASER SURGERY OF PROSTATE		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52649	N	PROSTATE LASER ENUCLEATION		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
52700	N	DRAINAGE OF PROSTATE ABSCESS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53000	N	INCISION OF URETHRA		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
53010	N	INCISION OF URETHRA		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53020	N	INCISION OF URETHRA		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	002	99	
53025	N	INCISION OF URETHRA		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	2	
53040	N	DRAINAGE OF URETHRA ABSCESS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53060	N	DRAINAGE OF URETHRA ABSCESS		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
53080	N	DRAINAGE OF URINARY LEAKAGE		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	
53085	N	DRAINAGE OF URINARY LEAKAGE		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
53200	N	BIOPSY OF URETHRA		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
53210	N	REMOVAL OF URETHRA		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53215	N	REMOVAL OF URETHRA		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53220	N	TREATMENT OF URETHRA LESION		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53230	N	REMOVAL OF URETHRA LESION		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53235	N	REMOVAL OF URETHRA LESION		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53240	N	SURGERY FOR URETHRA POUCH		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53250	N	REMOVAL OF URETHRA GLAND		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53260	N	TREATMENT OF URETHRA LESION		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53265	N	TREATMENT OF URETHRA LESION		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
53270	N	REMOVAL OF URETHRA GLAND		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53275	N	REPAIR OF URETHRA DEFECT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53400	N	REVISE URETHRA STAGE 1		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53405	N	REVISE URETHRA STAGE 2		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53410	N	RECONSTRUCTION OF URETHRA		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53415	C	RECONSTRUCTION OF URETHRA		-	-	IP Only	$0.00			-	-	000	999	

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
53420	N	RECONSTRUCT URETHRA STAGE 1		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53425	N	RECONSTRUCT URETHRA STAGE 2		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53430	N	RECONSTRUCTION OF URETHRA		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53431	N	RECONSTRUCT URETHRA/BLADDER		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53440	N	MALE SLING PROCEDURE		05377	145.7056	Bundled, sometimes payable	$8,847.24			-	-	000	999	
53442	N	REMOVE/REVISE MALE SLING		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53444	N	INSERT TANDEM CUFF		05378	225.7350	Bundled, sometimes payable	$13,706.63			-	-	000	999	
53445	N	INSERT URO/VES NCK SPHINCTER		05378	225.7350	Bundled, sometimes payable	$13,706.63			-	-	000	999	
53446	N	REMOVE URO SPHINCTER		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53447	N	REMOVE/REPLACE UR SPHINCTER		05378	225.7350	Bundled, sometimes payable	$13,706.63			-	-	000	999	
53448	C	REMOV/REPLC UR SPHINCTR COMP		-	-	IP Only	$0.00			-	-	000	999	
53449	N	REPAIR URO SPHINCTER		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
53450	N	REVISION OF URETHRA		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53451	N	TPRNL BALO CNTNC DEV BI		05377	145.7056	Bundled, sometimes payable	$8,847.24			-	-	000	999	
53452	N	TPRNL BALO CNTNC DEV UNI		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
53453	N	TPRNL BALO CNTNC DEV RMVL EA		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53454	T	TPRNL BALO CNTNC DEV ADJMT		05371	2.7275	APC	$165.61			-	-	000	999	
53460	N	REVISION OF URETHRA		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53500	N	URETHRLYS TRANSVAG W/ SCOPE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	Y	000	999	
53502	N	REPAIR OF URETHRA INJURY		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53505	N	REPAIR OF URETHRA INJURY		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53510	N	REPAIR OF URETHRA INJURY		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53515	N	REPAIR OF URETHRA INJURY		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53520	N	REPAIR OF URETHRA DEFECT		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
53600	T	DILATE URETHRA STRICTURE		05371	2.7275	APC	$165.61			-	-	000	999	
53601	N	DILATE URETHRA STRICTURE		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
53605	N	DILATE URETHRA STRICTURE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53620	N	DILATE URETHRA STRICTURE		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	999	
53621	T	DILATE URETHRA STRICTURE		05371	2.7275	APC	$165.61			-	-	000	999	
53660	S	DILATION OF URETHRA		05721	1.7546	APC	$106.54			-	-	000	999	
53661	N	DILATION OF URETHRA		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
53665	N	DILATION OF URETHRA		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
53850	N	PROSTATIC MICROWAVE THERMOTX		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53852	N	PROSTATIC RF THERMOTX		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53854	N	TRURL DSTRJ PRST8 TISS RF WV		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
53855	N	INSERT PROST URETHRAL STENT		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
53860	N	TRANSURETHRAL RF TREATMENT		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
53865	N	CYSTO INSJ DEV ISCHMC RMDLG		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
53866	T	CATHJ RMVL DEV ISCHMC RMDLG		05371	2.7275	APC	$165.61			-	-	000	999	
53899	T	UNLISTED PX URINARY SYSTEM		05371	2.7275	APC	$165.61			-	-	000	999	
54000	N	SLITTING OF PREPUCE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54001	N	SLITTING OF PREPUCE		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	001	99	
54015	N	DRAIN PENIS LESION		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
54050	N	DESTRUCTION PENIS LESION(S)		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
54055	T	DESTRUCTION PENIS LESION(S)		05054	20.5142	APC	$1,245.62			-	-	000	999	
54056	N	CRYOSURGERY PENIS LESION(S)		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
54057	T	LASER SURG PENIS LESION(S)		05054	20.5142	APC	$1,245.62			-	-	000	999	
54060	T	EXCISION OF PENIS LESION(S)		05054	20.5142	APC	$1,245.62			-	-	000	999	
54065	T	DESTRUCTION PENIS LESION(S)		05054	20.5142	APC	$1,245.62			-	-	000	999	
54100	N	BIOPSY OF PENIS		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
54105	N	BIOPSY OF PENIS		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
54110	N	TREATMENT OF PENIS LESION		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54111	N	TREAT PENIS LESION GRAFT		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
54112	N	TREAT PENIS LESION GRAFT		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
54115	N	TREATMENT OF PENIS LESION		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
54120	N	PARTIAL REMOVAL OF PENIS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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54125	C	REMOVAL OF PENIS		-	-	IP Only	$0.00			-	-	000	999	
54130	C	REMOVE PENIS & NODES		-	-	IP Only	$0.00			-	-	000	999	
54135	C	REMOVE PENIS & NODES		-	-	IP Only	$0.00			-	-	000	999	
54150	N	CIRCUMCISION W/REGIONL BLOCK		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
54160	N	CIRCUMCISION NEONATE		05372	7.4854	Bundled, sometimes payable	$454.51			-	-	000	0	
54161	N	CIRCUM 28 DAYS OR OLDER		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	99	
54162	N	LYSIS PENIL CIRCUMIC LESION		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
54163	N	REPAIR OF CIRCUMCISION		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
54164	N	FRENULOTOMY OF PENIS		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
54200	T	INJECTION PX PEYRONIE DS		05371	2.7275	APC	$165.61			-	-	000	999	
54205	N	NJX PX PEYRONIE DS EXPS PLAQ		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
54220	T	IRRG CRPRA CAVRNOSA PRIAPISM		05371	2.7275	APC	$165.61			-	-	000	999	
54230	E	NJX CORPORA CAVERNOSOGRAPY		-	-	Not Allowed	$0.00			-	-	000	999	
54231	E	DYNAMIC CAVERNOSOMETRY		-	-	Not Allowed	$0.00			-	-	000	999	
54235	E	NJX CORPORA CAVERNOSA RX AGT		-	-	Not Allowed	$0.00			-	-	000	999	
54240	E	PENILE PLETHYSMOGRAPHY		-	-	Not Allowed	$0.00			-	-	000	999	
54250	E	NCTRNL PEN TMSCN&/RGDITY TST		-	-	Not Allowed	$0.00			-	-	000	999	
54300	N	REVISION OF PENIS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54304	N	REVISION OF PENIS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54308	N	RECONSTRUCTION OF URETHRA		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
54312	N	RECONSTRUCTION OF URETHRA		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54316	N	RECONSTRUCTION OF URETHRA		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
54318	N	RECONSTRUCTION OF URETHRA		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54322	N	RECONSTRUCTION OF URETHRA		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54324	N	RECONSTRUCTION OF URETHRA		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54326	N	RECONSTRUCTION OF URETHRA		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54328	N	REVISE PENIS/URETHRA		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54332	N	REVISE PENIS/URETHRA		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	18	
54336	N	REVISE PENIS/URETHRA		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54340	N	RPR HYPSPAD COMP SIMPLE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54344	N	RRP HYPSPAD COMP MOBLJ&URTP		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
54348	N	RPR HYPSPAD COMP DSJ & URTP		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
54352	N	REVJ PRIOR HYPSPAD REPAIR		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
54360	N	PENIS PLASTIC SURGERY		05374	38.6790	Bundled, sometimes payable	$2,348.59			Y	-	000	999	
54380	N	REPAIR PENIS		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
54385	N	REPAIR PENIS		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
54390	C	REPAIR PENIS AND BLADDER		-	-	IP Only	$0.00			-	-	000	999	
54400	E	INSERT SEMI-RIGID PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
54401	E	INSERT SELF-CONTD PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
54405	E	INSERT MULTI-COMP PENIS PROS		-	-	Not Allowed	$0.00			-	-	000	999	
54406	E	REMOVE MUTI-COMP PENIS PROS		-	-	Not Allowed	$0.00			-	-	000	999	
54408	E	REPAIR MULTI-COMP PENIS PROS		-	-	Not Allowed	$0.00			-	-	000	999	
54410	E	REMOVE/REPLACE PENIS PROSTH		-	-	Not Allowed	$0.00			-	-	000	999	
54411	E	REMOV/REPLC PENIS PROS COMP		-	-	Not Allowed	$0.00			-	-	000	999	
54415	E	REMOVE SELF-CONTD PENIS PROS		-	-	Not Allowed	$0.00			-	-	000	999	
54416	E	REMV/REPL PENIS CONTAIN PROS		-	-	Not Allowed	$0.00			-	-	000	999	
54417	E	REMV/REPLC PENIS PROS COMPL		-	-	Not Allowed	$0.00			-	-	000	999	
54420	N	REVISION OF PENIS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54430	C	REVISION OF PENIS		-	-	IP Only	$0.00			-	-	000	999	
54435	N	REVISION OF PENIS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54437	N	REPAIR CORPOREAL TEAR		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54440	N	REPAIR OF PENIS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54450	T	PREPUTIAL STRETCHING		05371	2.7275	APC	$165.61			-	-	000	999	
54500	N	BIOPSY OF TESTIS		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
54505	N	BIOPSY OF TESTIS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54512	N	EXCISE LESION TESTIS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	

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54520	N	REMOVAL OF TESTIS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54522	N	ORCHIECTOMY PARTIAL		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54530	N	REMOVAL OF TESTIS		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
54535	N	EXTENSIVE TESTIS SURGERY		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54550	N	EXPLORATION FOR TESTIS		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
54560	N	EXPLORATION FOR TESTIS		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
54600	N	REDUCE TESTIS TORSION		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54620	N	SUSPENSION OF TESTIS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54640	N	ORCHIOPEXY INGUN/SCROT APPR		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
54650	N	ORCHIOPEXY (FOWLER-STEPHENS)		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
54660	N	REVISION OF TESTIS		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
54670	N	REPAIR TESTIS INJURY		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54680	N	RELOCATION OF TESTIS(ES)		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54690	N	LAPAROSCOPY ORCHIECTOMY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
54692	N	LAPAROSCOPY ORCHIOPEXY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
54699	N	UNLISTED LAPS PX TESTIS		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
54700	N	DRAINAGE OF SCROTUM		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
54800	N	BIOPSY OF EPIDIDYMIS		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
54830	N	REMOVE EPIDIDYMIS LESION		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54840	N	REMOVE EPIDIDYMIS LESION		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
54860	N	REMOVAL OF EPIDIDYMIS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54861	N	REMOVAL OF EPIDIDYMIS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54865	N	EXPLORE EPIDIDYMIS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
54900	N	FUSION OF SPERMATIC DUCTS		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
54901	N	FUSION OF SPERMATIC DUCTS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55000	T	DRAINAGE OF HYDROCELE		05071	7.8905	APC	$479.11			-	-	000	999	
55040	N	REMOVAL OF HYDROCELE		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
55041	N	REMOVAL OF HYDROCELES		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
55060	N	REPAIR OF HYDROCELE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55100	N	DRAINAGE OF SCROTUM ABSCESS		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
55110	N	EXPLORE SCROTUM		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55120	N	REMOVAL OF SCROTUM LESION		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
55150	N	REMOVAL OF SCROTUM		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55175	N	REVISION OF SCROTUM		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55180	N	REVISION OF SCROTUM		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
55200	N	INCISION OF SPERM DUCT		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55250	N	REMOVAL OF SPERM DUCT(S)		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	021	999	
55300	N	PREPARE SPERM DUCT X-RAY		-	-	Bundled	$0.00			-	-	000	999	
55400	E	REPAIR OF SPERM DUCT		-	-	Not Allowed	$0.00			-	-	000	999	
55500	N	REMOVAL OF HYDROCELE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55520	N	REMOVAL OF SPERM CORD LESION		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55530	N	REVISE SPERMATIC CORD VEINS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55535	N	REVISE SPERMATIC CORD VEINS		05342	69.9767	Bundled, sometimes payable	$4,248.99			-	-	000	999	
55540	N	REVISE HERNIA & SPERM VEINS		05341	39.5772	Bundled, sometimes payable	$2,403.13			-	-	000	999	
55550	N	LAPARO LIGATE SPERMATIC VEIN		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
55559	N	UNLSTD LAPS PX SPRMATIC CORD		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
55600	N	VESICULOTOMY		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
55605	C	VESICULOTOMY COMPLICATED		-	-	IP Only	$0.00			-	-	000	999	
55650	C	REMOVE SPERM DUCT POUCH		-	-	IP Only	$0.00			-	-	000	999	
55680	N	REMOVE SPERM POUCH LESION		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55700	N	BIOPSY OF PROSTATE		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
55705	N	BIOPSY OF PROSTATE		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55706	N	PROSTATE SATURATION SAMPLING		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55720	N	DRAINAGE OF PROSTATE ABSCESS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55725	N	DRAINAGE OF PROSTATE ABSCESS		05374	38.6790	Bundled, sometimes payable	$2,348.59			-	-	000	999	
55801	C	REMOVAL OF PROSTATE		-	-	IP Only	$0.00			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
55810	C	EXTENSIVE PROSTATE SURGERY		-	-	IP Only	$0.00			-	-	000	999	
55812	C	EXTENSIVE PROSTATE SURGERY		-	-	IP Only	$0.00			-	-	000	999	
55815	C	EXTENSIVE PROSTATE SURGERY		-	-	IP Only	$0.00			-	-	000	999	
55821	C	REMOVAL OF PROSTATE		-	-	IP Only	$0.00			-	-	000	999	
55831	C	REMOVAL OF PROSTATE		-	-	IP Only	$0.00			-	-	000	999	
55840	C	EXTENSIVE PROSTATE SURGERY		-	-	IP Only	$0.00			-	-	000	999	
55842	C	EXTENSIVE PROSTATE SURGERY		-	-	IP Only	$0.00			-	-	000	999	
55845	C	EXTENSIVE PROSTATE SURGERY		-	-	IP Only	$0.00			-	-	000	999	
55860	N	SURGICAL EXPOSURE PROSTATE		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
55862	C	EXTENSIVE PROSTATE SURGERY		-	-	IP Only	$0.00			-	-	000	999	
55865	C	EXTENSIVE PROSTATE SURGERY		-	-	IP Only	$0.00			-	-	000	999	
55866	N	LAPS SURG PRST8ECT RPBIC RAD		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
55867	N	LAPS SURG PRST8ECT SMPL STOT		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
55870	E	ELECTROEJACULATION		-	-	Not Allowed	$0.00			-	-	000	999	
55873	N	CRYOABLATE PROSTATE		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
55874	N	TPRNL PLMT BIODEGRDABL MATRL		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
55875	N	TRANSPERI NEEDLE PLACE PROS		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
55876	S	PLACE RT DEVICE/MARKER PROS		05613	15.3446	APC	$931.72			-	-	000	999	
55880	N	ABLTJ MAL PRST8 TISS HIFU		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
55881	E	ABLT TRURL PRST8 TIS THRM US		-	-	Not Allowed	$0.00			-	-	000	999	
55882	N	ABLT TRURL PRST8 TIS TRNSDCR		05377	145.7056	Bundled, sometimes payable	$8,847.24			-	-	000	999	
55899	T	UNLISTED PX MALE GENITAL SYS		05371	2.7275	APC	$165.61			-	-	000	999	
55920	N	PLACE NEEDLES PELVIC FOR RT		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
55970	E	SEX TRANSFORMATION M TO F		-	-	Not Allowed	$0.00			-	-	000	999	
55980	E	SEX TRANSFORMATION F TO M		-	-	Not Allowed	$0.00			-	-	000	999	
56405	T	I & D OF VULVA/PERINEUM		05412	3.4114	APC	$207.14			-	-	000	999	
56420	T	DRAINAGE OF GLAND ABSCESS		05411	2.2561	APC	$136.99			-	-	000	999	
56440	N	MRSPLZATN BRTHLNS GLND CST		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
56441	N	LYSIS OF LABIAL ADHESIONS		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
56442	N	HYMENOTOMY		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
56501	T	DESTROY VULVA LESIONS SIM		05054	20.5142	APC	$1,245.62			-	-	000	999	
56515	T	DESTROY VULVA LESION/S COMPL		05054	20.5142	APC	$1,245.62			-	-	000	999	
56605	T	BIOPSY OF VULVA/PERINEUM		05413	9.7651	APC	$592.94			-	-	000	999	
56606	N	BIOPSY OF VULVA/PERINEUM		-	-	Bundled	$0.00			-	-	000	999	
56620	N	VULVECTOMY SIMPLE PARTIAL		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
56625	N	VULVECTOMY SIMPLE COMPLETE		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
56630	C	VULVECTOMY RADICAL PARTIAL		-	-	IP Only	$0.00			-	-	000	999	
56631	C	VLVCTMY RAD PRTL UNI LYMPHAD		-	-	IP Only	$0.00			-	-	000	999	
56632	C	VLVCTMY RAD PRTL BI LYMPHAD		-	-	IP Only	$0.00			-	-	000	999	
56633	C	VULVECTOMY RADICAL COMPLETE		-	-	IP Only	$0.00			-	-	000	999	
56634	C	VLVCTMY RAD COMP UNI LYMPHAD		-	-	IP Only	$0.00			-	-	000	999	
56637	C	VLVCTMY RAD COMP BI LYMPHAD		-	-	IP Only	$0.00			-	-	000	999	
56640	C	VLVCTMY RAD COMP W/LYMPHADEC		-	-	IP Only	$0.00			-	-	000	999	
56700	N	PRTL HYMNCTMY/REVJ HYMNL RNG		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
56740	N	EXC BARTHOLINS GLAND/CYST		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
56800	N	PLASTIC REPAIR INTROITUS		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
56805	N	CLITOROPLASTY INTERSEX STATE		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	20	
56810	N	PERINEOPLASTY RPR PER NONOB		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
56820	T	COLPOSCOPY VULVA		05411	2.2561	APC	$136.99			-	-	000	999	
56821	T	COLPOSCOPY VULVA W/BIOPSY		05412	3.4114	APC	$207.14			-	-	000	999	
57000	N	COLPOTOMY W/EXPLORATION		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57010	N	COLPOTOMY DRG PEL ABSCESS		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57020	N	COLPOCENTESIS SEP PX		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57022	N	I&D VAGINAL HEMATOMA OB/PP		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
57023	N	I&D VAGINAL HEMATOMA NON-OB		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
57061	N	DESTRUCTION VAG LESIONS SMPL		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	

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57065	N	DESTRUCTION VAG LESION XTNSV		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57100	T	BIOPSY VAGINAL MUCOSA SIMPLE		05413	9.7651	APC	$592.94			-	-	000	999	
57105	N	BIOPSY VAGINAL MUCOSA XTNSV		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57106	N	VAGNC PRTL RMVL VAG WALL		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57107	N	VAGNC COMPL RMVL PARAVAG TIS		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57109	N	VAGNC BI TOTAL PEL LYMPHADEC		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57110	C	VAGNC COMPL RMVL VAG WALL		-	-	IP Only	$0.00			-	-	000	999	
57111	C	VAGNC COMPL RMVL PARAVAG TIS		-	-	IP Only	$0.00			-	-	000	999	
57120	N	COLPOCLEISIS LE FORT TYPE		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57130	N	EXCISION VAGINAL SEPTUM		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57135	N	EXCISION VAGINAL CYST/TUMOR		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57150	N	TREAT VAGINA INFECTION		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
57155	N	INSERT UTERI TANDEM/OVOIDS		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57156	T	INS VAG BRACHYTX DEVICE		05412	3.4114	APC	$207.14			-	-	000	999	
57160	T	INSERT PESSARY/OTHER DEVICE		05411	2.2561	APC	$136.99			-	-	000	999	
57170	T	FITTING OF DIAPHRAGM/CAP		05411	2.2561	APC	$136.99			-	-	000	999	
57180	T	TREAT VAGINAL BLEEDING		05411	2.2561	APC	$136.99			-	-	000	999	
57200	N	REPAIR OF VAGINA		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57210	N	REPAIR VAGINA/PERINEUM		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57220	N	REVISION OF URETHRA		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57230	N	REPAIR OF URETHRAL LESION		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57240	N	ANTERIOR COLPORRHAPHY		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57250	N	REPAIR RECTUM & VAGINA		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57260	N	CMBN ANT PST COLPRHY		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57265	N	CMBN AP COLPRHY W/NTRCL RPR		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57267	N	INSERT MESH/PELVIC FLR ADDON		-	-	Bundled	$0.00			-	Y	000	999	
57268	N	REPAIR OF BOWEL BULGE		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57270	C	REPAIR OF BOWEL POUCH		-	-	IP Only	$0.00			-	-	000	999	
57280	C	SUSPENSION OF VAGINA		-	-	IP Only	$0.00			-	-	000	999	
57282	N	COLPOPEXY EXTRAPERITONEAL		05416	82.9303	Bundled, sometimes payable	$5,035.53			-	-	000	999	
57283	N	COLPOPEXY INTRAPERITONEAL		05416	82.9303	Bundled, sometimes payable	$5,035.53			-	Y	000	999	
57284	N	REPAIR PARAVAG DEFECT OPEN		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57285	N	REPAIR PARAVAG DEFECT VAG		05416	82.9303	Bundled, sometimes payable	$5,035.53			-	-	000	999	
57287	N	REVISE/REMOVE SLING REPAIR		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57288	N	REPAIR BLADDER DEFECT		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57289	N	REPAIR BLADDER & VAGINA		05416	82.9303	Bundled, sometimes payable	$5,035.53			-	-	000	999	
57291	E	CONSTRUCTION OF VAGINA		-	-	Not Allowed	$0.00			-	-	000	999	
57292	E	CONSTRUCT VAGINA WITH GRAFT		-	-	Not Allowed	$0.00			-	-	000	999	
57295	N	REVISE VAG GRAFT VIA VAGINA		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	Y	000	999	
57296	C	REVISE VAG GRAFT OPEN ABD		-	-	IP Only	$0.00			-	-	000	999	
57300	N	REPAIR RECTUM-VAGINA FISTULA		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57305	C	REPAIR RECTUM-VAGINA FISTULA		-	-	IP Only	$0.00			-	-	000	999	
57307	C	FISTULA REPAIR & COLOSTOMY		-	-	IP Only	$0.00			-	-	000	999	
57308	C	FISTULA REPAIR TRANSPERINE		-	-	IP Only	$0.00			-	-	000	999	
57310	N	REPAIR URETHROVAGINAL LESION		05416	82.9303	Bundled, sometimes payable	$5,035.53			-	-	000	999	
57311	C	REPAIR URETHROVAGINAL LESION		-	-	IP Only	$0.00			-	-	000	999	
57320	N	REPAIR BLADDER-VAGINA LESION		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57330	N	REPAIR BLADDER-VAGINA LESION		05416	82.9303	Bundled, sometimes payable	$5,035.53			-	-	000	999	
57335	N	REPAIR VAGINA		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	20	
57400	N	DILATION OF VAGINA		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57410	N	PELVIC EXAMINATION		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57415	N	REMOVE VAGINAL FOREIGN BODY		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57420	T	EXAM OF VAGINA W/SCOPE		05412	3.4114	APC	$207.14			-	-	000	999	
57421	T	EXAM/BIOPSY OF VAG W/SCOPE		05413	9.7651	APC	$592.94			-	-	000	999	
57423	N	REPAIR PARAVAG DEFECT LAP		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
57425	N	LAPAROSCOPY SURG COLPOPEXY		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	Y	000	999	

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57426	N	REVISE PROSTH VAG GRAFT LAP		05416	82.9303	Bundled, sometimes payable	$5,035.53			-	-	000	999	
57452	T	EXAM OF CERVIX W/SCOPE		05411	2.2561	APC	$136.99			-	-	000	999	
57454	T	BX/CURETT OF CERVIX W/SCOPE		05412	3.4114	APC	$207.14			-	-	000	999	
57455	T	BIOPSY OF CERVIX W/SCOPE		05412	3.4114	APC	$207.14			-	-	000	999	
57456	T	ENDOCERV CURETTAGE W/SCOPE		05412	3.4114	APC	$207.14			-	-	000	999	
57460	N	BX OF CERVIX W/SCOPE LEEP		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57461	N	CONZ OF CERVIX W/SCOPE LEEP		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57465	N	CAM CERVIX UTERI DRG COLP		-	-	Bundled	$0.00			-	-	000	999	
57500	T	BIOPSY OF CERVIX		05413	9.7651	APC	$592.94			-	-	000	999	
57505	T	ENDOCERVICAL CURETTAGE		05413	9.7651	APC	$592.94			-	-	000	999	
57510	N	CAUTERIZATION OF CERVIX		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57511	T	CRYOCAUTERY OF CERVIX		05412	3.4114	APC	$207.14			-	-	000	999	
57513	N	LASER SURGERY OF CERVIX		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57520	N	CONIZATION OF CERVIX		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57522	N	CONIZATION OF CERVIX		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57530	N	REMOVAL OF CERVIX		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57531	C	REMOVAL OF CERVIX RADICAL		-	-	IP Only	$0.00			-	-	000	999	
57540	C	REMOVAL OF RESIDUAL CERVIX		-	-	IP Only	$0.00			-	-	000	999	
57545	C	REMOVE CERVIX/REPAIR PELVIS		-	-	IP Only	$0.00			-	-	000	999	
57550	N	REMOVAL OF RESIDUAL CERVIX		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57555	N	REMOVE CERVIX/REPAIR VAGINA		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57556	N	REMOVE CERVIX REPAIR BOWEL		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
57558	N	D&C OF CERVICAL STUMP		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57700	N	REVISION OF CERVIX		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57720	N	REVISION OF CERVIX		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
57800	N	DILATION OF CERVICAL CANAL		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
58100	T	BIOPSY OF UTERUS LINING		05411	2.2561	APC	$136.99			-	-	000	999	
58110	N	BX DONE W/COLPOSCOPY ADD-ON		-	-	Bundled	$0.00			-	Y	000	999	
58120	N	DILATION AND CURETTAGE		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
58140	C	MYOMECTOMY ABDOM METHOD		-	-	IP Only	$0.00			-	-	000	999	
58145	N	MYOMECTOMY VAG METHOD		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
58146	C	MYOMECTOMY ABDOM COMPLEX		-	-	IP Only	$0.00			-	-	000	999	
58150	C	TOTAL HYSTERECTOMY		-	-	IP Only	$0.00			-	-	000	999	
58152	C	TOTAL HYSTERECTOMY		-	-	IP Only	$0.00			-	-	000	999	
58180	C	PARTIAL HYSTERECTOMY		-	-	IP Only	$0.00			-	-	000	999	
58200	C	EXTENSIVE HYSTERECTOMY		-	-	IP Only	$0.00			-	-	000	999	
58210	C	EXTENSIVE HYSTERECTOMY		-	-	IP Only	$0.00			-	-	000	999	
58240	C	REMOVAL OF PELVIS CONTENTS		-	-	IP Only	$0.00			-	-	000	999	
58260	N	VAGINAL HYSTERECTOMY		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
58262	N	VAG HYST INCLUDING T/O		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
58263	N	VAG HYST W/T/O & VAG REPAIR		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
58267	C	VAG HYST W/URINARY REPAIR		-	-	IP Only	$0.00			-	-	000	999	
58270	N	VAG HYST W/ENTEROCELE REPAIR		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
58275	C	HYSTERECTOMY/REVISE VAGINA		-	-	IP Only	$0.00			-	-	000	999	
58280	C	HYSTERECTOMY/REVISE VAGINA		-	-	IP Only	$0.00			-	-	000	999	
58285	C	EXTENSIVE HYSTERECTOMY		-	-	IP Only	$0.00			-	-	000	999	
58290	N	VAG HYST COMPLEX		05416	82.9303	Bundled, sometimes payable	$5,035.53			-	-	000	999	
58291	N	VAG HYST INCL T/O COMPLEX		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
58292	N	VAG HYST T/O & REPAIR COMPL		05416	82.9303	Bundled, sometimes payable	$5,035.53			-	-	000	999	
58294	N	VAG HYST W/ENTEROCELE COMPL		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
58300	M	INSERT INTRAUTERINE DEVICE		-	-	Fee Schedule	$69.14			-	-	010	65	
58301	N	REMOVE INTRAUTERINE DEVICE		05412	3.4114	Bundled, sometimes payable	$207.14			-	-	000	999	
58321	E	ARTIFICIAL INSEMINATION		-	-	Not Allowed	$0.00			-	-	010	65	
58322	E	ARTIFICIAL INSEMINATION		-	-	Not Allowed	$0.00			-	-	010	65	
58323	E	SPERM WASHING		-	-	Not Allowed	$0.00			-	-	010	65	
58340	N	CATHETER FOR HYSTEROGRAPHY		-	-	Bundled	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
58345	E	REOPEN FALLOPIAN TUBE		-	-	Not Allowed	$0.00			-	-	000	999	
58346	N	INSERT HEYMAN UTERI CAPSULE		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
58350	N	REOPEN FALLOPIAN TUBE		05415	55.3606	Bundled, sometimes payable	$3,361.50			Y	-	000	999	
58353	N	ENDOMETR ABLATE THERMAL		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
58356	N	ENDOMETRIAL CRYOABLATION		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	Y	000	999	
58400	C	SUSPENSION OF UTERUS		-	-	IP Only	$0.00			-	-	000	999	
58410	C	SUSPENSION OF UTERUS		-	-	IP Only	$0.00			-	-	000	999	
58520	C	REPAIR OF RUPTURED UTERUS		-	-	IP Only	$0.00			-	-	000	999	
58540	C	REVISION OF UTERUS		-	-	IP Only	$0.00			-	-	000	999	
58541	N	LSH UTERUS 250 G OR LESS		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58542	N	LSH W/T/O UT 250 G OR LESS		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58543	N	LSH UTERUS ABOVE 250 G		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58544	N	LSH W/T/O UTERUS ABOVE 250 G		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58545	N	LAPAROSCOPIC MYOMECTOMY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
58546	N	LAPARO-MYOMECTOMY COMPLEX		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58548	C	LAP RADICAL HYST		-	-	IP Only	$0.00			-	-	000	999	
58550	N	LAPARO-ASST VAG HYSTERECTOMY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
58552	N	LAPARO-VAG HYST INCL T/O		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58553	N	LAPARO-VAG HYST COMPLEX		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58554	N	LAPARO-VAG HYST W/T/O COMPL		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58555	N	HYSTEROSCOPY DX SEP PROC		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
58558	N	HYSTEROSCOPY BIOPSY		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
58559	N	HYSTEROSCOPY LYSIS		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
58560	N	HYSTEROSCOPY RESECT SEPTUM		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
58561	N	HYSTEROSCOPY REMOVE MYOMA		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
58562	N	HYSTEROSCOPY REMOVE FB		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
58563	N	HYSTEROSCOPY ABLATION		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
58565	N	HYSTEROSCOPY STERILIZATION		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	021	65	
58570	N	TLH UTERUS 250 G OR LESS		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58571	N	TLH W/T/O 250 G OR LESS		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58572	N	TLH UTERUS OVER 250 G		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58573	N	TLH W/T/O UTERUS OVER 250 G		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58575	C	LAPS TOT HYST RESJ MAL		-	-	IP Only	$0.00			-	-	000	999	
58578	N	UNLISTED LAPS PX UTERUS		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
58579	T	UNLISTED HYSTSC PX UTERUS		05411	2.2561	APC	$136.99			-	-	000	999	
58580	N	TRANSCRV ABLTJ UTRN FIBRD RF		05416	82.9303	Bundled, sometimes payable	$5,035.53			-	-	000	999	
58600	N	DIVISION OF FALLOPIAN TUBE		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	021	65	
58605	C	DIVISION OF FALLOPIAN TUBE		-	-	IP Only	$0.00			-	-	021	65	
58611	C	LIGATE OVIDUCT(S) ADD-ON		-	-	IP Only	$0.00			-	-	021	65	
58615	N	OCCLUDE FALLOPIAN TUBE(S)		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	021	65	
58660	N	LAPAROSCOPY LYSIS		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
58661	N	LAPAROSCOPY REMOVE ADNEXA		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
58662	N	LAPAROSCOPY EXCISE LESIONS		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
58670	N	LAPAROSCOPY TUBAL CAUTERY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	021	999	
58671	N	LAPAROSCOPY TUBAL BLOCK		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	021	999	
58672	N	LAPAROSCOPY FIMBRIOPLASTY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
58673	N	LAPAROSCOPY SALPINGOSTOMY		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58674	N	LAPS ABLTJ UTERINE FIBROIDS		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
58679	N	UNLISTED LAPS PX OVIDCT OVRY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
58700	C	REMOVAL OF FALLOPIAN TUBE		-	-	IP Only	$0.00			-	-	000	999	
58720	C	REMOVAL OF OVARY/TUBE(S)		-	-	IP Only	$0.00			-	-	000	999	
58740	C	ADHESIOLYSIS TUBE OVARY		-	-	IP Only	$0.00			-	-	000	999	
58750	E	REPAIR OVIDUCT		-	-	Not Allowed	$0.00			-	-	000	999	
58752	E	REVISE OVARIAN TUBE(S)		-	-	Not Allowed	$0.00			-	-	000	999	
58760	E	FIMBRIOPLASTY		-	-	Not Allowed	$0.00			-	-	000	999	
58770	E	CREATE NEW TUBAL OPENING		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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58800	N	DRAINAGE OF OVARIAN CYST(S)		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
58805	N	DRAINAGE OF OVARIAN CYST(S)		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
58820	N	DRAIN OVARY ABSCESS OPEN		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
58822	C	DRAIN OVARY ABSCESS PERCUT		-	-	IP Only	$0.00			-	-	000	999	
58825	C	TRANSPOSITION OVARY(S)		-	-	IP Only	$0.00			-	-	000	999	
58900	N	BIOPSY OF OVARY(S)		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
58920	N	PARTIAL REMOVAL OF OVARY(S)		05416	82.9303	Bundled, sometimes payable	$5,035.53			-	-	000	999	
58925	N	REMOVAL OF OVARIAN CYST(S)		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
58940	C	REMOVAL OF OVARY(S)		-	-	IP Only	$0.00			-	-	000	999	
58943	C	REMOVAL OF OVARY(S)		-	-	IP Only	$0.00			-	-	000	999	
58950	C	RESECT OVARIAN MALIGNANCY		-	-	IP Only	$0.00			-	-	000	999	
58951	C	RESECT OVARIAN MALIGNANCY		-	-	IP Only	$0.00			-	-	000	999	
58952	C	RESECT OVARIAN MALIGNANCY		-	-	IP Only	$0.00			-	-	000	999	
58953	C	TAH RAD DISSECT FOR DEBULK		-	-	IP Only	$0.00			-	-	000	999	
58954	C	TAH RAD DEBULK/LYMPH REMOVE		-	-	IP Only	$0.00			-	-	012	999	
58956	C	BSO OMENTECTOMY W/TAH		-	-	IP Only	$0.00			-	Y	000	999	
58958	C	RESC RECR OVR TBL PP UTR MAL		-	-	IP Only	$0.00			-	-	000	999	
58960	C	EXPLORATION OF ABDOMEN		-	-	IP Only	$0.00			-	-	000	999	
58970	E	RETRIEVAL OF OOCYTE		-	-	Not Allowed	$0.00			-	-	000	999	
58974	E	EMBRYO TRANSFER INTRAUTERINE		-	-	Not Allowed	$0.00			-	-	000	999	
58976	E	TRANSFER OF EMBRYO		-	-	Not Allowed	$0.00			-	-	000	999	
58999	T	UNLISTED PX FML GENITAL SYS		05411	2.2561	APC	$136.99			-	-	000	999	
59000	T	AMNIOCENTESIS DIAGNOSTIC		05413	9.7651	APC	$592.94			-	-	010	65	
59001	T	AMNIOCENTESIS THERAPEUTIC		05412	3.4114	APC	$207.14			-	-	010	65	
59012	T	FETAL CORD PUNCTURE PRENATAL		05412	3.4114	APC	$207.14			-	-	010	65	
59015	T	CHORION BIOPSY		05413	9.7651	APC	$592.94			-	-	010	65	
59020	T	FETAL CONTRACT STRESS TEST		05411	2.2561	APC	$136.99			-	-	010	65	
59025	T	FETAL NON-STRESS TEST		05411	2.2561	APC	$136.99			-	-	010	65	
59030	T	FETAL SCALP BLOOD SAMPLING		05412	3.4114	APC	$207.14			-	-	010	65	
59050	M	FETAL MONITOR W/REPORT		-	-	Fee Schedule	$0.00			-	-	010	65	
59051	E	FETAL MONITOR/INTERPRET ONLY		-	-	Not Allowed	$0.00			-	-	010	65	
59070	T	TRANSABDOM AMNIOINFUS W/US		05412	3.4114	APC	$207.14			-	Y	010	65	
59072	T	UMBILICAL CORD OCCLUD W/US		05412	3.4114	APC	$207.14			-	Y	010	65	
59074	T	FETAL FLUID DRAINAGE W/US		05412	3.4114	APC	$207.14			-	Y	010	65	
59076	T	FETAL SHUNT PLACEMENT W/US		05412	3.4114	APC	$207.14			-	Y	010	65	
59100	N	REMOVE UTERUS LESION		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	010	65	
59120	C	TREAT ECTOPIC PREGNANCY		-	-	IP Only	$0.00			-	-	010	65	
59121	C	TREAT ECTOPIC PREGNANCY		-	-	IP Only	$0.00			-	-	010	65	
59130	C	TREAT ECTOPIC PREGNANCY		-	-	IP Only	$0.00			-	-	010	65	
59136	C	TREAT ECTOPIC PREGNANCY		-	-	IP Only	$0.00			-	-	010	65	
59140	C	TREAT ECTOPIC PREGNANCY		-	-	IP Only	$0.00			-	-	010	65	
59150	N	TREAT ECTOPIC PREGNANCY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	010	65	
59151	N	TREAT ECTOPIC PREGNANCY		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	010	65	
59160	N	D & C AFTER DELIVERY		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	010	65	
59200	T	INSERT CERVICAL DILATOR		05412	3.4114	APC	$207.14			-	-	010	65	
59300	N	EPISIOTOMY OR VAGINAL REPAIR		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	010	65	
59320	N	REVISION OF CERVIX		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	010	65	
59325	C	REVISION OF CERVIX		-	-	IP Only	$0.00			-	-	010	65	
59350	C	REPAIR OF UTERUS		-	-	IP Only	$0.00			-	-	010	65	
59400	E	OBSTETRICAL CARE		-	-	Not Allowed	$0.00			-	-	010	65	
59409	N	OBSTETRICAL CARE		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	010	65	
59410	E	OBSTETRICAL CARE		-	-	Not Allowed	$0.00			-	-	010	65	
59412	N	ANTEPARTUM MANIPULATION		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	010	65	
59414	N	DELIVER PLACENTA		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	010	65	
59425	M	ANTEPARTUM CARE ONLY		-	-	Fee Schedule	$0.00			-	-	010	65	
59426	M	ANTEPARTUM CARE ONLY		-	-	Fee Schedule	$0.00			-	-	010	65	

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59430	M	CARE AFTER DELIVERY		-	-	Fee Schedule	$0.00			-	-	010	65	
59510	E	CESAREAN DELIVERY		-	-	Not Allowed	$0.00			-	-	010	65	
59514	C	CESAREAN DELIVERY ONLY		-	-	IP Only	$0.00			-	-	010	65	
59515	E	CESAREAN DELIVERY		-	-	Not Allowed	$0.00			-	-	010	65	
59525	C	REMOVE UTERUS AFTER CESAREAN		-	-	IP Only	$0.00			-	-	010	65	
59610	E	VBAC DELIVERY		-	-	Not Allowed	$0.00			-	-	010	65	
59612	N	VBAC DELIVERY ONLY		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	010	65	
59614	E	VBAC CARE AFTER DELIVERY		-	-	Not Allowed	$0.00			-	-	010	65	
59618	E	ATTEMPTED VBAC DELIVERY		-	-	Not Allowed	$0.00			-	-	010	65	
59620	C	ATTEMPTED VBAC DELIVERY ONLY		-	-	IP Only	$0.00			-	-	010	65	
59622	E	ATTEMPTED VBAC AFTER CARE		-	-	Not Allowed	$0.00			-	-	010	65	
59812	N	TREATMENT OF MISCARRIAGE		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	010	65	
59820	N	CARE OF MISCARRIAGE		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	010	65	
59821	N	TREATMENT OF MISCARRIAGE		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	010	65	
59830	C	TREAT UTERUS INFECTION		-	-	IP Only	$0.00			-	-	010	65	
59840	N	INDUCED ABORTION D&C		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	010	65	
59841	N	INDUCED ABORTION DILAT&EVAC		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	010	65	
59850	C	INDUCED ABORTION 1+ NJX		-	-	IP Only	$0.00			-	-	010	65	
59851	C	INDUCED ABORTION 1+NJX D&C		-	-	IP Only	$0.00			-	-	010	65	
59852	C	INDUCED ABORTION 1+NJX HYST		-	-	IP Only	$0.00			-	-	010	65	
59855	C	INDUCED ABORTION 1+VAG SUPP		-	-	IP Only	$0.00			-	-	010	65	
59856	C	INDUCED AB 1+VAG SUPP D&C		-	-	IP Only	$0.00			-	-	010	65	
59857	C	INDUCED AB 1+VAG SUPP HYST		-	-	IP Only	$0.00			-	-	010	65	
59866	T	ABORTION (MPR)		05412	3.4114	APC	$207.14			-	-	012	55	
59870	N	EVACUATE MOLE OF UTERUS		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	010	65	
59871	N	REMOVE CERCLAGE SUTURE		05414	35.6573	Bundled, sometimes payable	$2,165.11			-	-	000	999	
59897	T	UNLISTED FETAL INVAS PX W/US		05411	2.2561	APC	$136.99			-	Y	010	65	
59898	N	UNLSTD LAPS PX MAT CARE&DLVR		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	010	65	
59899	T	UNLISTED PX MAT CARE&DLVR		05411	2.2561	APC	$136.99			-	-	010	65	
60000	N	DRAIN THYROID/TONGUE CYST		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
6005F	E	CARE LEVEL RATIONALE DOC		-	-	Not Allowed	$0.00			-	-	000	999	
60100	T	BIOPSY OF THYROID		05071	7.8905	APC	$479.11			-	-	000	999	
6010F	E	DYSPHAG TEST DONE B/4 EATING		-	-	Not Allowed	$0.00			-	-	000	999	
6015F	E	DYSPHAG TEST DONE B/4 EATING		-	-	Not Allowed	$0.00			-	-	000	999	
60200	N	REMOVE THYROID LESION		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
6020F	E	NPO (NOTHING-MOUTH) ORDERED		-	-	Not Allowed	$0.00			-	-	000	999	
60210	N	PARTIAL THYROID EXCISION		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
60212	N	PARTIAL THYROID EXCISION		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
60220	N	PARTIAL REMOVAL OF THYROID		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
60225	N	PARTIAL REMOVAL OF THYROID		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
60240	N	REMOVAL OF THYROID		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
60252	N	REMOVAL OF THYROID		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
60254	C	EXTENSIVE THYROID SURGERY		-	-	IP Only	$0.00			-	-	000	999	
60260	N	REPEAT THYROID SURGERY		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
60270	C	REMOVAL OF THYROID		-	-	IP Only	$0.00			-	-	000	999	
60271	N	REMOVAL OF THYROID		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
60280	N	REMOVE THYROID DUCT LESION		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
60281	N	REMOVE THYROID DUCT LESION		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
60300	T	ASPIR/INJ THYROID CYST		05071	7.8905	APC	$479.11			-	-	000	999	
6030F	E	MAX STERILE BARRIERS FLWD		-	-	Not Allowed	$0.00			-	-	000	999	
6040F	E	APPRO RAD DS DVCS TECHS DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
6045F	E	RADXPS IN END RPRT4FLURO PXD		-	-	Not Allowed	$0.00			-	-	000	999	
60500	N	EXPLORE PARATHYROID GLANDS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
60502	N	RE-EXPLORE PARATHYROIDS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
60505	C	EXPLORE PARATHYROID GLANDS		-	-	IP Only	$0.00			-	-	000	999	
60512	N	AUTOTRANSPLANT PARATHYROID		-	-	Bundled	$0.00			-	-	000	999	

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Outpatient Prospective Payment System Services
Proposed July 1, 2025

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
60520	N	REMOVAL OF THYMUS GLAND		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
60521	C	REMOVAL OF THYMUS GLAND		-	-	IP Only	$0.00			-	-	000	999	
60522	C	REMOVAL OF THYMUS GLAND		-	-	IP Only	$0.00			-	-	000	999	
60540	C	EXPLORE ADRENAL GLAND		-	-	IP Only	$0.00			-	-	000	999	
60545	C	EXPLORE ADRENAL GLAND		-	-	IP Only	$0.00			-	-	000	999	
60600	C	REMOVE CAROTID BODY LESION		-	-	IP Only	$0.00			-	-	000	999	
60605	C	REMOVE CAROTID BODY LESION		-	-	IP Only	$0.00			-	-	000	999	
60650	C	LAPAROSCOPY ADRENALECTOMY		-	-	IP Only	$0.00			-	-	000	999	
60659	N	UNLISTED LAPS PX ENDOC SYS		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
60660	N	ABLTJ 1/+THYR NDUL 1LOBE PRQ		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
60661	N	ABLTJ 1/+THYR NDUL ADDL PRQ		-	-	Bundled	$0.00			-	-	000	999	
60699	N	UNLISTED PX ENDOCRINE SYSTEM		05361	65.4304	Bundled, sometimes payable	$3,972.93			-	-	000	999	
6070F	E	PT ASKED/CNSLD AED EFFECTS		-	-	Not Allowed	$0.00			-	-	000	999	
6080F	E	PT/CAREGIVER QUERIED FALLS		-	-	Not Allowed	$0.00			-	-	000	999	
6090F	E	PT/CAREGIVER COUNSEL SAFETY		-	-	Not Allowed	$0.00			-	-	000	999	
61000	T	REMOVE CRANIAL CAVITY FLUID		05442	7.7664	APC	$471.58			-	-	000	2	
61001	T	REMOVE CRANIAL CAVITY FLUID		05442	7.7664	APC	$471.58			-	-	000	2	
6100F	E	VERIFY PT SITE PXD DOCD		-	-	Not Allowed	$0.00			-	-	000	999	
6101F	E	SAFETY COUNSELING DEMENTIA		-	-	Not Allowed	$0.00			-	-	000	999	
61020	T	REMOVE BRAIN CAVITY FLUID		05443	9.9843	APC	$606.25			-	-	000	999	
61026	T	INJECTION INTO BRAIN CANAL		05442	7.7664	APC	$471.58			-	-	000	999	
6102F	E	SAFETY COUNSELING DEM ORDER		-	-	Not Allowed	$0.00			-	-	000	999	
61050	T	REMOVE BRAIN CANAL FLUID		05441	3.3105	APC	$201.01			-	-	000	999	
61055	T	INJECTION INTO BRAIN CANAL		05441	3.3105	APC	$201.01			-	-	000	999	
61070	T	BRAIN CANAL SHUNT PROCEDURE		05442	7.7664	APC	$471.58			-	-	000	999	
61105	C	TDH SDRL/VENTR PNXR		-	-	IP Only	$0.00			-	-	000	999	
61107	C	TDH PNXR IMPLT VENTR CATH		-	-	IP Only	$0.00			-	-	000	999	
61108	C	TDH PNXR EVAC&/DRG SDRL HMTA		-	-	IP Only	$0.00			-	-	000	999	
6110F	E	COUNSEL PROV DRIVING RISKS		-	-	Not Allowed	$0.00			-	-	000	999	
61120	C	BURR HOLE FOR VENTR PUNCTURE		-	-	IP Only	$0.00			-	-	000	999	
61140	C	BURR HOLE/TREPH BX BRAIN/LES		-	-	IP Only	$0.00			-	-	000	999	
61150	C	BUR HOL/TRPH DRG BRN ABS/CST		-	-	IP Only	$0.00			-	-	000	999	
61151	C	BURR HOLE/TREPH SBSQ TAPPING		-	-	IP Only	$0.00			-	-	000	999	
61154	C	BURR HOLE W/EVAC&/DRG HMTMA		-	-	IP Only	$0.00			-	-	000	999	
61156	C	BURR HOL ASPIR HMTM/CST ICER		-	-	IP Only	$0.00			-	-	000	999	
61210	C	BURR HOLE IMPLT VENTR CATH		-	-	IP Only	$0.00			-	-	000	999	
61215	N	INS SUBQ RSVR PMP/NFS SYS		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
61250	C	BURR HOLE/TREPH STTL EXPL		-	-	IP Only	$0.00			-	-	000	999	
61253	C	BURR HOLE TREPH ITTL UNI/BI		-	-	IP Only	$0.00			-	-	000	999	
61304	C	CRNEC/CRNOT EXPL SUPRATNTORL		-	-	IP Only	$0.00			-	-	000	999	
61305	C	CRNEC/CRNOT EXPL INFRATNTORL		-	-	IP Only	$0.00			-	-	000	999	
61312	C	CRNEC/CRNOT STTL XDRL/SDRL		-	-	IP Only	$0.00			-	-	000	999	
61313	C	CRNEC/CRNOT STTL ICERE		-	-	IP Only	$0.00			-	-	000	999	
61314	C	CRNEC/CRNOT ITTL XDRL/SDRL		-	-	IP Only	$0.00			-	-	000	999	
61315	C	CRNEC/CRNOT ITTL NTRACEREBLR		-	-	IP Only	$0.00			-	-	000	999	
61316	C	INC&SUBQ PLMT CRNL BONE GRF		-	-	IP Only	$0.00			-	-	000	999	
61320	C	CRNEC/CRNOT DRG ICR ABS STTL		-	-	IP Only	$0.00			-	-	000	999	
61321	C	CRNEC/CRNOT DRG ICR ABS ITTL		-	-	IP Only	$0.00			-	-	000	999	
61322	C	CRNEC/CRNOT DCMPRV W/O LOBEC		-	-	IP Only	$0.00			-	-	000	999	
61323	C	CRNEC/CRNOT DCMPRV W/LOBEC		-	-	IP Only	$0.00			-	-	000	999	
61330	N	DCMPRN ORBIT ONLY TRANSCRNL		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
61333	C	EXPL ORBIT W/REMOVAL LESION		-	-	IP Only	$0.00			-	-	000	999	
61340	C	SUBTEMPORAL CRANIAL DCMPRN		-	-	IP Only	$0.00			-	-	000	999	
61343	C	CRNEC SOPL CRV LAM DCMPRN		-	-	IP Only	$0.00			-	-	000	999	
61345	C	OTH CRANIAL DCMPRN PST FOSSA		-	-	IP Only	$0.00			-	-	000	999	
61450	C	CRNEC STPL SCTJ CMPRN/DCMPRN		-	-	IP Only	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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61458	C	CRNEC SOPL XPL/DCMPR CRL NRV		-	-	IP Only	$0.00			-	-	000	999	
61460	C	CRNEC SOPL SCTJ 1+CRNL NRV		-	-	IP Only	$0.00			-	-	000	999	
61500	C	CRNEC EXC TUM/BONE LES SKULL		-	-	IP Only	$0.00			-	-	000	999	
61501	C	CRANIECTOMY F/OSTEOMYELITIS		-	-	IP Only	$0.00			-	-	000	999	
6150F	E	PT NOTRCVNG1ST ANTITNF TXMNT		-	-	Not Allowed	$0.00			-	-	000	999	
61510	C	CRNEC TREPH EXC BRN TUM STTL		-	-	IP Only	$0.00			-	-	000	999	
61512	C	CRNEC TREPH EXC MNGIOMA STTL		-	-	IP Only	$0.00			-	-	000	999	
61514	C	CRNEC TREPH EXC BRN ABS STTL		-	-	IP Only	$0.00			-	-	000	999	
61516	C	CRNEC TREPH EXC CYST STTL		-	-	IP Only	$0.00			-	-	000	999	
61517	C	IMPLT BRN INTRCV CHEMOTX AGT		-	-	IP Only	$0.00			-	-	000	999	
61518	C	REMOVAL OF BRAIN LESION		-	-	IP Only	$0.00			-	-	000	999	
61519	C	REMOVE BRAIN LINING LESION		-	-	IP Only	$0.00			-	-	000	999	
61520	C	REMOVAL OF BRAIN LESION		-	-	IP Only	$0.00			-	-	000	999	
61521	C	REMOVAL OF BRAIN LESION		-	-	IP Only	$0.00			-	-	000	999	
61522	C	REMOVAL OF BRAIN ABSCESS		-	-	IP Only	$0.00			-	-	000	999	
61524	C	REMOVAL OF BRAIN LESION		-	-	IP Only	$0.00			-	-	000	999	
61526	C	REMOVAL OF BRAIN LESION		-	-	IP Only	$0.00			-	-	000	999	
61530	C	REMOVAL OF BRAIN LESION		-	-	IP Only	$0.00			-	-	000	999	
61531	C	IMPLANT BRAIN ELECTRODES		-	-	IP Only	$0.00			-	-	000	999	
61533	C	IMPLANT BRAIN ELECTRODES		-	-	IP Only	$0.00			-	-	000	999	
61534	C	REMOVAL OF BRAIN LESION		-	-	IP Only	$0.00			-	-	000	999	
61535	C	REMOVE BRAIN ELECTRODES		-	-	IP Only	$0.00			-	-	000	999	
61536	C	REMOVAL OF BRAIN LESION		-	-	IP Only	$0.00			-	-	000	999	
61537	C	REMOVAL OF BRAIN TISSUE		-	-	IP Only	$0.00			-	-	000	999	
61538	C	REMOVAL OF BRAIN TISSUE		-	-	IP Only	$0.00			-	-	000	999	
61539	C	REMOVAL OF BRAIN TISSUE		-	-	IP Only	$0.00			-	-	000	999	
61540	C	REMOVAL OF BRAIN TISSUE		-	-	IP Only	$0.00			-	-	000	999	
61541	C	INCISION OF BRAIN TISSUE		-	-	IP Only	$0.00			-	-	000	999	
61543	C	REMOVAL OF BRAIN TISSUE		-	-	IP Only	$0.00			-	-	000	999	
61544	C	REMOVE & TREAT BRAIN LESION		-	-	IP Only	$0.00			-	-	000	999	
61545	C	EXCISION OF BRAIN TUMOR		-	-	IP Only	$0.00			-	-	000	999	
61546	C	REMOVAL OF PITUITARY GLAND		-	-	IP Only	$0.00			-	-	000	999	
61548	C	REMOVAL OF PITUITARY GLAND		-	-	IP Only	$0.00			-	-	000	999	
61550	C	RELEASE OF SKULL SEAMS		-	-	IP Only	$0.00			-	-	000	999	
61552	C	RELEASE OF SKULL SEAMS		-	-	IP Only	$0.00			-	-	000	999	
61556	C	INCISE SKULL/SUTURES		-	-	IP Only	$0.00			-	-	000	999	
61557	C	INCISE SKULL/SUTURES		-	-	IP Only	$0.00			-	-	000	999	
61558	C	EXCISION OF SKULL/SUTURES		-	-	IP Only	$0.00			-	-	000	999	
61559	C	EXCISION OF SKULL/SUTURES		-	-	IP Only	$0.00			-	-	000	999	
61563	C	EXCISION OF SKULL TUMOR		-	-	IP Only	$0.00			-	-	000	999	
61564	C	EXCISION OF SKULL TUMOR		-	-	IP Only	$0.00			-	-	000	999	
61566	C	REMOVAL OF BRAIN TISSUE		-	-	IP Only	$0.00			-	-	000	999	
61567	C	INCISION OF BRAIN TISSUE		-	-	IP Only	$0.00			-	-	000	999	
61570	C	REMOVE FOREIGN BODY BRAIN		-	-	IP Only	$0.00			-	-	000	999	
61571	C	INCISE SKULL FOR BRAIN WOUND		-	-	IP Only	$0.00			-	-	000	999	
61575	C	SKULL BASE/BRAINSTEM SURGERY		-	-	IP Only	$0.00			-	-	000	999	
61576	C	SKULL BASE/BRAINSTEM SURGERY		-	-	IP Only	$0.00			-	-	000	999	
61580	C	CRANIOFACIAL APPROACH SKULL		-	-	IP Only	$0.00			-	-	000	999	
61581	C	CRANIOFACIAL APPROACH SKULL		-	-	IP Only	$0.00			-	-	000	999	
61582	C	CRANIOFACIAL APPROACH SKULL		-	-	IP Only	$0.00			-	-	000	999	
61583	C	CRANIOFACIAL APPROACH SKULL		-	-	IP Only	$0.00			-	-	000	999	
61584	C	ORBITOCRANIAL APPROACH/SKULL		-	-	IP Only	$0.00			-	-	000	999	
61585	C	ORBITOCRANIAL APPROACH/SKULL		-	-	IP Only	$0.00			-	-	000	999	
61586	C	RESECT NASOPHARYNX SKULL		-	-	IP Only	$0.00			-	-	000	999	
61590	C	INFRATEMPORAL APPROACH/SKULL		-	-	IP Only	$0.00			-	-	000	999	
61591	C	INFRATEMPORAL APPROACH/SKULL		-	-	IP Only	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
61592	C	ORBITOCRANIAL APPROACH/SKULL		-	-	IP Only	$0.00			-	-	000	999	
61595	C	TRANSTEMPORAL APPROACH/SKULL		-	-	IP Only	$0.00			-	-	000	999	
61596	C	TRANSCOCHLEAR APPROACH/SKULL		-	-	IP Only	$0.00			-	-	000	999	
61597	C	TRANSCONDYLAR APPROACH/SKULL		-	-	IP Only	$0.00			-	-	000	999	
61598	C	TRANSPETROSAL APPROACH/SKULL		-	-	IP Only	$0.00			-	-	000	999	
61600	C	RESECT/EXCISE CRANIAL LESION		-	-	IP Only	$0.00			-	-	000	999	
61601	C	RESECT/EXCISE CRANIAL LESION		-	-	IP Only	$0.00			-	-	000	999	
61605	C	RESECT/EXCISE CRANIAL LESION		-	-	IP Only	$0.00			-	-	000	999	
61606	C	RESECT/EXCISE CRANIAL LESION		-	-	IP Only	$0.00			-	-	000	999	
61607	C	RESECT/EXCISE CRANIAL LESION		-	-	IP Only	$0.00			-	-	000	999	
61608	C	RESECT/EXCISE CRANIAL LESION		-	-	IP Only	$0.00			-	-	000	999	
61611	C	TRANSECT ARTERY SINUS		-	-	IP Only	$0.00			-	-	000	999	
61613	C	REMOVE ANEURYSM SINUS		-	-	IP Only	$0.00			-	-	000	999	
61615	C	RESECT/EXCISE LESION SKULL		-	-	IP Only	$0.00			-	-	000	999	
61616	C	RESECT/EXCISE LESION SKULL		-	-	IP Only	$0.00			-	-	000	999	
61618	C	REPAIR DURA		-	-	IP Only	$0.00			-	-	000	999	
61619	C	REPAIR DURA		-	-	IP Only	$0.00			-	-	000	999	
61623	N	ENDOVASC TEMPORY VESSEL OCCL		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
61624	C	TRANSCATH OCCLUSION CNS		-	-	IP Only	$0.00			-	-	000	999	
61626	N	TRANSCATH OCCLUSION NON-CNS		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
61630	C	INTRACRANIAL ANGIOPLASTY		-	-	IP Only	$0.00			-	Y	000	999	
61635	C	INTRACRAN ANGIOPLSTY W/STENT		-	-	IP Only	$0.00			-	Y	000	999	
61640	E	DILATE IC VASOSPASM INIT		-	-	Not Allowed	$0.00			-	Y	000	999	
61641	E	DILAT IC VSPSM EA VSL SM TER		-	-	Not Allowed	$0.00			-	Y	000	999	
61642	E	DILAT IC VSPSM EA DIFF TER		-	-	Not Allowed	$0.00			-	Y	000	999	
61645	C	PERQ ART M-THROMBECT &/NFS		-	-	IP Only	$0.00			-	-	000	999	
61650	C	EVASC PRLNG ADMN RX AGNT 1ST		-	-	IP Only	$0.00			-	-	000	999	
61651	C	EVASC PRLNG ADMN RX AGNT ADD		-	-	IP Only	$0.00			-	-	000	999	
61680	C	INTRACRANIAL VESSEL SURGERY		-	-	IP Only	$0.00			-	-	000	999	
61682	C	INTRACRANIAL VESSEL SURGERY		-	-	IP Only	$0.00			-	-	000	999	
61684	C	INTRACRANIAL VESSEL SURGERY		-	-	IP Only	$0.00			-	-	000	999	
61686	C	INTRACRANIAL VESSEL SURGERY		-	-	IP Only	$0.00			-	-	000	999	
61690	C	INTRACRANIAL VESSEL SURGERY		-	-	IP Only	$0.00			-	-	000	999	
61692	C	INTRACRANIAL VESSEL SURGERY		-	-	IP Only	$0.00			-	-	000	999	
61697	C	BRAIN ANEURYSM REPR COMPLX		-	-	IP Only	$0.00			-	-	000	999	
61698	C	BRAIN ANEURYSM REPR COMPLX		-	-	IP Only	$0.00			-	-	000	999	
61700	C	BRAIN ANEURYSM REPR SIMPLE		-	-	IP Only	$0.00			-	-	000	999	
61702	C	INNER SKULL VESSEL SURGERY		-	-	IP Only	$0.00			-	-	000	999	
61703	C	CLAMP NECK ARTERY		-	-	IP Only	$0.00			-	-	000	999	
61705	C	REVISE CIRCULATION TO HEAD		-	-	IP Only	$0.00			-	-	000	999	
61708	C	REVISE CIRCULATION TO HEAD		-	-	IP Only	$0.00			-	-	000	999	
61710	C	REVISE CIRCULATION TO HEAD		-	-	IP Only	$0.00			-	-	000	999	
61711	C	FUSION OF SKULL ARTERIES		-	-	IP Only	$0.00			-	-	000	999	
61715	N	MRGFUS STRTCTC ABLT TRGT ICR		05463	139.8503	Bundled, sometimes payable	$8,491.71			-	-	000	999	
61720	N	INCISE SKULL/BRAIN SURGERY		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
61735	C	INCISE SKULL/BRAIN SURGERY		-	-	IP Only	$0.00			-	-	000	999	
61736	C	LITT ICR 1 TRAJ 1 SMPL LES		-	-	IP Only	$0.00			-	-	000	999	
61737	C	LITT ICR MLT TRJ MLT/CPLX LS		-	-	IP Only	$0.00			-	-	000	999	
61750	C	INCISE SKULL/BRAIN BIOPSY		-	-	IP Only	$0.00			-	-	000	999	
61751	C	BRAIN BIOPSY W/CT/MR GUIDE		-	-	IP Only	$0.00			-	-	000	999	
61760	C	IMPLANT BRAIN ELECTRODES		-	-	IP Only	$0.00			-	-	000	999	
61770	N	INCISE SKULL FOR TREATMENT		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
61781	N	SCAN PROC CRANIAL INTRA		-	-	Bundled	$0.00			-	-	000	999	
61782	N	SCAN PROC CRANIAL EXTRA		-	-	Bundled	$0.00			-	-	000	999	
61783	N	SCAN PROC SPINAL		-	-	Bundled	$0.00			-	-	000	999	
61790	N	TREAT TRIGEMINAL NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	

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61791	N	TREAT TRIGEMINAL TRACT		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
61796	E	SRS CRANIAL LESION SIMPLE		-	-	Not Allowed	$0.00			-	-	000	999	
61797	E	SRS CRAN LES SIMPLE ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
61798	E	SRS CRANIAL LESION COMPLEX		-	-	Not Allowed	$0.00			-	-	000	999	
61799	E	SRS CRAN LES COMPLEX ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
61800	E	APPLY SRS HEADFRAME ADD-ON		-	-	Not Allowed	$0.00			-	-	000	999	
61850	C	IMPLANT NEUROELECTRODES		-	-	IP Only	$0.00			-	-	000	999	
61860	C	IMPLANT NEUROELECTRODES		-	-	IP Only	$0.00			-	-	000	999	
61863	C	IMPLANT NEUROELECTRODE		-	-	IP Only	$0.00			-	-	000	999	
61864	C	IMPLANT NEUROELECTRDE ADDL		-	-	IP Only	$0.00			-	-	000	999	
61867	C	IMPLANT NEUROELECTRODE		-	-	IP Only	$0.00			-	-	000	999	
61868	C	IMPLANT NEUROELECTRDE ADDL		-	-	IP Only	$0.00			-	-	000	999	
61880	N	REVISE/REMOVE NEUROELECTRODE		05461	38.5673	Bundled, sometimes payable	$2,341.81			-	-	000	999	
61885	N	INSRT/REDO NEUROSTIM 1 ARRAY		05464	240.4915	Bundled, sometimes payable	$14,602.64			-	-	000	999	
61886	N	IMPLANT NEUROSTIM ARRAYS		05465	341.7509	Bundled, sometimes payable	$20,751.11			-	-	000	999	
61888	N	REVISE/REMOVE NEURORECEIVER		05463	139.8503	Bundled, sometimes payable	$8,491.71			-	-	000	999	
61889	C	INS SK-MNT CRNL NSTM PG/RCVR		-	-	IP Only	$0.00			-	-	000	999	
61891	N	REV/RPLCMT SK-MNT CRNL NSTM		05464	240.4915	Bundled, sometimes payable	$14,602.64			-	-	000	999	
61892	N	RMV SK-MNT CRNL NSTM PG/RCVR		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
62000	N	TREAT SKULL FRACTURE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
62005	C	TREAT SKULL FRACTURE		-	-	IP Only	$0.00			-	-	000	999	
62010	C	TREATMENT OF HEAD INJURY		-	-	IP Only	$0.00			-	-	000	999	
62100	C	REPAIR BRAIN FLUID LEAKAGE		-	-	IP Only	$0.00			-	-	000	999	
62115	C	REDUCTION OF SKULL DEFECT		-	-	IP Only	$0.00			-	-	000	999	
62117	C	REDUCTION OF SKULL DEFECT		-	-	IP Only	$0.00			-	-	000	999	
62120	C	REPAIR SKULL CAVITY LESION		-	-	IP Only	$0.00			-	-	000	999	
62121	C	INCISE SKULL REPAIR		-	-	IP Only	$0.00			-	-	000	999	
62140	C	CRNOP SKULL DEFECT<5 CM DIAM		-	-	IP Only	$0.00			-	-	000	999	
62141	C	CRNOP SKULL DEFECT>5 CM DIAM		-	-	IP Only	$0.00			-	-	000	999	
62142	C	RMVL B1 FLP/PROSTC PLATE SKL		-	-	IP Only	$0.00			-	-	000	999	
62143	C	RPL B1 FLP/PROSTC PLATE SKL		-	-	IP Only	$0.00			-	-	000	999	
62145	C	REPAIR OF SKULL & BRAIN		-	-	IP Only	$0.00			-	-	000	999	
62146	C	CRNOP W/AUTOGRAFT<5 CM DIAM		-	-	IP Only	$0.00			-	-	000	999	
62147	C	CRNOP W/AUTOGRAFT>5 CM DIAM		-	-	IP Only	$0.00			-	-	000	999	
62148	C	RETR BONE FLAP TO FIX SKULL		-	-	IP Only	$0.00			-	-	000	999	
62160	N	NEUROENDOSCOPY ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
62161	C	DISSECT BRAIN W/SCOPE		-	-	IP Only	$0.00			-	-	000	999	
62162	C	REMOVE COLLOID CYST W/SCOPE		-	-	IP Only	$0.00			-	-	000	999	
62164	C	REMOVE BRAIN TUMOR W/SCOPE		-	-	IP Only	$0.00			-	-	000	999	
62165	C	REMOVE PITUIT TUMOR W/SCOPE		-	-	IP Only	$0.00			-	-	000	999	
62180	C	ESTABLISH BRAIN CAVITY SHUNT		-	-	IP Only	$0.00			-	-	000	999	
62190	C	ESTABLISH BRAIN CAVITY SHUNT		-	-	IP Only	$0.00			-	-	000	999	
62192	C	ESTABLISH BRAIN CAVITY SHUNT		-	-	IP Only	$0.00			-	-	000	999	
62194	N	REPLACE/IRRIGATE CATHETER		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
62200	C	ESTABLISH BRAIN CAVITY SHUNT		-	-	IP Only	$0.00			-	-	000	999	
62201	C	BRAIN CAVITY SHUNT W/SCOPE		-	-	IP Only	$0.00			-	-	000	999	
62220	C	ESTABLISH BRAIN CAVITY SHUNT		-	-	IP Only	$0.00			-	-	000	999	
62223	C	ESTABLISH BRAIN CAVITY SHUNT		-	-	IP Only	$0.00			-	-	000	999	
62225	N	REPLACE/IRRIGATE CATHETER		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
62230	N	REPLACE/REVISE BRAIN SHUNT		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
62252	S	CSF SHUNT REPROGRAM		05743	3.3634	APC	$204.23			-	-	000	999	
62256	C	REMOVE BRAIN CAVITY SHUNT		-	-	IP Only	$0.00			-	-	000	999	
62258	C	REPLACE BRAIN CAVITY SHUNT		-	-	IP Only	$0.00			-	-	000	999	
62263	T	EPIDURAL LYSIS MULT SESSIONS		05443	9.9843	APC	$606.25			-	-	000	999	
62264	T	EPIDURAL LYSIS ON SINGLE DAY		05443	9.9843	APC	$606.25			-	-	000	999	
62267	T	INTERDISCAL PERQ ASPIR DX		05071	7.8905	APC	$479.11			-	-	000	999	

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62268	T	DRAIN SPINAL CORD CYST		05443	9.9843	APC	$606.25			-	-	000	999	
62269	N	NEEDLE BIOPSY SPINAL CORD		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
62270	T	DX LMBR SPI PNXR		05442	7.7664	APC	$471.58			-	-	000	999	
62272	T	THER SPI PNXR DRG CSF		05442	7.7664	APC	$471.58			-	-	000	999	
62273	T	INJECT EPIDURAL PATCH		05442	7.7664	APC	$471.58			-	-	000	999	
62280	T	TREAT SPINAL CORD LESION		05443	9.9843	APC	$606.25			-	-	000	999	
62281	T	TREAT SPINAL CORD LESION		05443	9.9843	APC	$606.25			-	-	000	999	
62282	T	TREAT SPINAL CANAL LESION		05443	9.9843	APC	$606.25			-	-	000	999	
62284	N	INJECTION FOR MYELOGRAM		-	-	Bundled	$0.00			-	-	000	999	
62287	N	DCMPRN PX PERQ 1/MLT LUMBAR		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
62290	N	NJX PX DISCOGRAPHY LUMBAR		-	-	Bundled	$0.00			-	-	000	999	
62291	N	NJX PX DISCOGRAPHY CRV/THRC		-	-	Bundled	$0.00			-	-	000	999	
62292	N	NJX CHEMONUCLEOLYSIS LMBR		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
62294	T	INJECTION INTO SPINAL ARTERY		05443	9.9843	APC	$606.25			-	-	000	999	
62302	N	MYELOGRAPHY LUMBAR INJECTION		05573	8.8602	Bundled, sometimes payable	$537.99			-	-	000	999	
62303	N	MYELOGRAPHY LUMBAR INJECTION		05573	8.8602	Bundled, sometimes payable	$537.99			-	-	000	999	
62304	N	MYELOGRAPHY LUMBAR INJECTION		05573	8.8602	Bundled, sometimes payable	$537.99			-	-	000	999	
62305	N	MYELOGRAPHY LUMBAR INJECTION		05573	8.8602	Bundled, sometimes payable	$537.99			-	-	000	999	
62320	T	NJX INTERLAMINAR CRV/THRC		05442	7.7664	APC	$471.58			-	-	000	999	
62321	T	NJX INTERLAMINAR CRV/THRC		05442	7.7664	APC	$471.58			-	-	000	999	
62322	T	NJX INTERLAMINAR LMBR/SAC		05443	9.9843	APC	$606.25			-	-	000	999	
62323	T	NJX INTERLAMINAR LMBR/SAC		05442	7.7664	APC	$471.58			-	-	000	999	
62324	T	NJX INTERLAMINAR CRV/THRC		05443	9.9843	APC	$606.25			-	-	000	999	
62325	T	NJX INTERLAMINAR CRV/THRC		05443	9.9843	APC	$606.25			-	-	000	999	
62326	T	NJX INTERLAMINAR LMBR/SAC		05443	9.9843	APC	$606.25			-	-	000	999	
62327	T	NJX INTERLAMINAR LMBR/SAC		05443	9.9843	APC	$606.25			-	-	000	999	
62328	T	DX LMBR SPI PNXR W/FLUOR/CT		05442	7.7664	APC	$434.11			-	-	000	999	
62329	T	THER SPI PNXR CSF FLUOR/CT		05442	7.7664	APC	$434.11			-	-	000	999	
62350	N	IMPLANT SPINAL CANAL CATH		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
62351	N	IMPLANT SPINAL CANAL CATH		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
62355	N	REMOVE SPINAL CANAL CATHETER		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
62360	N	INSERT SPINE INFUSION DEVICE		05471	198.2092	Bundled, sometimes payable	$12,035.26			-	-	000	999	
62361	N	IMPLANT SPINE INFUSION PUMP		05471	198.2092	Bundled, sometimes payable	$12,035.26			-	-	000	999	
62362	N	IMPLANT SPINE INFUSION PUMP		05471	198.2092	Bundled, sometimes payable	$12,035.26			-	-	000	999	
62365	N	REMOVE SPINE INFUSION DEVICE		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
62367	S	ANALYZE SPINE INFUS PUMP		05743	3.3634	APC	$204.23			-	-	000	999	
62368	S	ANALYZE SP INF PUMP W/REPROG		05743	3.3634	APC	$204.23			-	-	000	999	
62369	S	ANAL SP INF PMP W/REPRG&FILL		05743	3.3634	APC	$204.23			-	-	000	999	
62370	S	ANL SP INF PMP W/MDREPRG&FIL		05743	3.3634	APC	$204.23			-	-	000	999	
62380	N	NDSC DCMPRN 1 NTRSPC LUMBAR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63001	N	REMOVE SPINE LAMINA 1/2 CRVL		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63003	N	REMOVE SPINE LAMINA 1/2 THRC		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63005	N	REMOVE SPINE LAMINA 1/2 LMBR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63011	N	REMOVE SPINE LAMINA 1/2 SCRL		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63012	N	REMOVE LAMINA/FACETS LUMBAR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63015	N	REMOVE SPINE LAMINA >2 CRVCL		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63016	N	REMOVE SPINE LAMINA >2 THRC		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63017	N	REMOVE SPINE LAMINA >2 LMBR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63020	N	NECK SPINE DISK SURGERY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63030	N	LOW BACK DISK SURGERY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63035	N	SPINAL DISK SURGERY ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
63040	N	LAMINOTOMY SINGLE CERVICAL		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63042	N	LAMINOTOMY SINGLE LUMBAR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63043	N	LAMINOTOMY ADDL CERVICAL		-	-	Bundled	$0.00			-	-	000	999	
63044	N	LAMINOTOMY ADDL LUMBAR		-	-	Bundled	$0.00			-	-	000	999	
63045	N	LAM FACETEC & FORAMOT CRV		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	

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63046	N	LAM FACETEC & FORAMOT THRC		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63047	N	LAM FACETEC & FORAMOT LUMBAR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63048	N	LAM FACETEC &FORAMOT EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
63050	C	CERVICAL LAMINOPLSTY 2/> SEG		-	-	IP Only	$0.00			-	Y	000	999	
63051	C	C-LAMINOPLASTY W/GRAFT/PLATE		-	-	IP Only	$0.00			-	Y	000	999	
63052	N	LAM FACETC/FRMT ARTHRD LUM 1		-	-	Bundled	$0.00			-	-	000	999	
63053	N	LAM FACTC/FRMT ARTHRD LUM EA		-	-	Bundled	$0.00			-	-	000	999	
63055	N	DECOMPRESS SPINAL CORD THRC		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63056	N	DECOMPRESS SPINAL CORD LMBR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63057	N	DECOMPRESS SPINE CORD ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
63064	N	DECOMPRESS SPINAL CORD THRC		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63066	N	DECOMPRESS SPINE CORD ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
63075	N	NECK SPINE DISK SURGERY		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63076	N	NECK SPINE DISK SURGERY		-	-	Bundled	$0.00			-	-	000	999	
63077	C	SPINE DISK SURGERY THORAX		-	-	IP Only	$0.00			-	-	000	999	
63078	C	SPINE DISK SURGERY THORAX		-	-	IP Only	$0.00			-	-	000	999	
63081	C	REMOVE VERT BODY DCMPRN CRVL		-	-	IP Only	$0.00			-	-	000	999	
63082	C	REMOVE VERTEBRAL BODY ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
63085	C	REMOVE VERT BODY DCMPRN THRC		-	-	IP Only	$0.00			-	-	000	999	
63086	C	REMOVE VERTEBRAL BODY ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
63087	C	REMOV VERTBR DCMPRN THRCLMBR		-	-	IP Only	$0.00			-	-	000	999	
63088	C	REMOVE VERTEBRAL BODY ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
63090	C	REMOVE VERT BODY DCMPRN LMBR		-	-	IP Only	$0.00			-	-	000	999	
63091	C	REMOVE VERTEBRAL BODY ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
63101	C	REMOVE VERT BODY DCMPRN THRC		-	-	IP Only	$0.00			-	-	000	999	
63102	C	REMOVE VERT BODY DCMPRN LMBR		-	-	IP Only	$0.00			-	-	000	999	
63103	C	REMOVE VERTEBRAL BODY ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
63170	C	INCISE SPINAL CORD TRACT(S)		-	-	IP Only	$0.00			-	-	000	999	
63172	C	DRAINAGE OF SPINAL CYST		-	-	IP Only	$0.00			-	-	000	999	
63173	C	DRAINAGE OF SPINAL CYST		-	-	IP Only	$0.00			-	-	000	999	
63185	C	INCISE SPINE NRV HALF SEGMNT		-	-	IP Only	$0.00			-	-	000	999	
63190	C	INCISE SPINE NRV >2 SEGMNTS		-	-	IP Only	$0.00			-	-	000	999	
63191	C	INCISE SPINE ACCESSORY NERVE		-	-	IP Only	$0.00			-	-	000	999	
63197	C	LAM W/CORDOTOMY 1STG THRC		-	-	IP Only	$0.00			-	-	000	999	
63200	C	RELEASE SPINAL CORD LUMBAR		-	-	IP Only	$0.00			-	-	000	999	
63250	C	REVISE SPINAL CORD VSLS CRVL		-	-	IP Only	$0.00			-	-	000	999	
63251	C	REVISE SPINAL CORD VSLS THRC		-	-	IP Only	$0.00			-	-	000	999	
63252	C	REVISE SPINE CORD VSL THRLMB		-	-	IP Only	$0.00			-	-	000	999	
63265	N	EXCISE INTRASPINL LESION CRV		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63266	N	EXCISE INTRSPINL LESION THRC		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63267	N	EXCISE INTRSPINL LESION LMBR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63268	N	EXCISE INTRSPINL LESION SCRL		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
63270	C	EXCISE INTRSPINL LESION CRVL		-	-	IP Only	$0.00			-	-	000	999	
63271	C	EXCISE INTRSPINL LESION THRC		-	-	IP Only	$0.00			-	-	000	999	
63272	C	EXCISE INTRSPINL LESION LMBR		-	-	IP Only	$0.00			-	-	000	999	
63273	C	EXCISE INTRSPINL LESION SCRL		-	-	IP Only	$0.00			-	-	000	999	
63275	C	BX/EXC XDRL SPINE LESN CRVL		-	-	IP Only	$0.00			-	-	000	999	
63276	C	BX/EXC XDRL SPINE LESN THRC		-	-	IP Only	$0.00			-	-	000	999	
63277	C	BX/EXC XDRL SPINE LESN LMBR		-	-	IP Only	$0.00			-	-	000	999	
63278	C	BX/EXC XDRL SPINE LESN SCRL		-	-	IP Only	$0.00			-	-	000	999	
63280	C	BX/EXC IDRL SPINE LESN CRVL		-	-	IP Only	$0.00			-	-	000	999	
63281	C	BX/EXC IDRL SPINE LESN THRC		-	-	IP Only	$0.00			-	-	000	999	
63282	C	BX/EXC IDRL SPINE LESN LMBR		-	-	IP Only	$0.00			-	-	000	999	
63283	C	BX/EXC IDRL SPINE LESN SCRL		-	-	IP Only	$0.00			-	-	000	999	
63285	C	BX/EXC IDRL IMED LESN CERVL		-	-	IP Only	$0.00			-	-	000	999	
63286	C	BX/EXC IDRL IMED LESN THRC		-	-	IP Only	$0.00			-	-	000	999	

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63287	C	BX/EXC IDRL IMED LESN THRLMB		-	-	IP Only	$0.00			-	-	000	999	
63290	C	BX/EXC XDRL/IDRL LSN ANY LVL		-	-	IP Only	$0.00			-	-	000	999	
63295	C	REPAIR LAMINECTOMY DEFECT		-	-	IP Only	$0.00			-	Y	000	999	
63300	C	REMOVE VERT XDRL BODY CRVCL		-	-	IP Only	$0.00			-	-	000	999	
63301	C	REMOVE VERT XDRL BODY THRC		-	-	IP Only	$0.00			-	-	000	999	
63302	C	REMOVE VERT XDRL BODY THRLMB		-	-	IP Only	$0.00			-	-	000	999	
63303	C	REMOV VERT XDRL BDY LMBR/SAC		-	-	IP Only	$0.00			-	-	000	999	
63304	C	REMOVE VERT IDRL BODY CRVCL		-	-	IP Only	$0.00			-	-	000	999	
63305	C	REMOVE VERT IDRL BODY THRC		-	-	IP Only	$0.00			-	-	000	999	
63306	C	REMOV VERT IDRL BDY THRCLMBR		-	-	IP Only	$0.00			-	-	000	999	
63307	C	REMOV VERT IDRL BDY LMBR/SAC		-	-	IP Only	$0.00			-	-	000	999	
63308	C	REMOVE VERTEBRAL BODY ADD-ON		-	-	IP Only	$0.00			-	-	000	999	
63600	N	REMOVE SPINAL CORD LESION		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
63610	N	STIMULATION OF SPINAL CORD		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
63620	E	SRS SPINAL LESION		-	-	Not Allowed	$0.00			-	-	000	999	
63621	E	SRS SPINAL LESION ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
63650	N	IMPLANT NEUROELECTRODES		05462	73.6007	Bundled, sometimes payable	$4,469.03			-	-	000	999	
63655	N	IMPLANT NEUROELECTRODES		05464	240.4915	Bundled, sometimes payable	$14,602.64			-	-	000	999	
63661	N	REMOVE SPINE ELTRD PERQ ARAY		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
63662	N	REMOVE SPINE ELTRD PLATE		05461	38.5673	Bundled, sometimes payable	$2,341.81			-	-	000	999	
63663	N	REVISE SPINE ELTRD PERQ ARAY		05462	73.6007	Bundled, sometimes payable	$4,469.03			-	-	000	999	
63664	N	REVISE SPINE ELTRD PLATE		05463	139.8503	Bundled, sometimes payable	$8,491.71			-	-	000	999	
63685	N	INS/RPLC SPI NPG/RCVR POCKET		05465	341.7509	Bundled, sometimes payable	$20,751.11			-	-	000	999	
63688	N	REV/RMV IMP SP NPG/R DTCH CN		05461	38.5673	Bundled, sometimes payable	$2,341.81			-	-	000	999	
63700	C	REPAIR OF SPINAL HERNIATION		-	-	IP Only	$0.00			-	-	000	999	
63702	C	REPAIR OF SPINAL HERNIATION		-	-	IP Only	$0.00			-	-	000	999	
63704	C	REPAIR OF SPINAL HERNIATION		-	-	IP Only	$0.00			-	-	000	999	
63706	C	REPAIR OF SPINAL HERNIATION		-	-	IP Only	$0.00			-	-	000	999	
63707	C	REPAIR SPINAL FLUID LEAKAGE		-	-	IP Only	$0.00			-	-	000	999	
63709	C	REPAIR SPINAL FLUID LEAKAGE		-	-	IP Only	$0.00			-	-	000	999	
63710	C	GRAFT REPAIR OF SPINE DEFECT		-	-	IP Only	$0.00			-	-	000	999	
63740	C	INSTALL SPINAL SHUNT		-	-	IP Only	$0.00			-	-	000	999	
63741	N	INSTALL SPINAL SHUNT		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
63744	N	REVISION OF SPINAL SHUNT		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
63746	N	REMOVAL OF SPINAL SHUNT		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64400	T	NJX AA&/STRD TRIGEMINAL NRV		05441	3.3105	APC	$201.01			-	-	000	999	
64405	T	NJX AA&/STRD GR OCPL NRV		05441	3.3105	APC	$201.01			-	-	000	999	
64408	T	NJX AA&/STRD VAGUS NRV		05441	3.3105	APC	$201.01			-	-	000	999	
64415	T	NJX AA&/STRD BRCH PLXS IMG		05443	9.9843	APC	$606.25			-	-	000	999	
64416	T	NJX AA&/STRD BRCH PL NFS IMG		05443	9.9843	APC	$606.25			-	-	000	999	
64417	T	NJX AA&/STRD AX NERVE IMG		05443	9.9843	APC	$606.25			-	-	000	999	
64418	T	NJX AA&/STRD SPRSCAP NRV		05442	7.7664	APC	$471.58			-	-	000	999	
64420	T	NJX AA&/STRD NTRCOST NRV 1		05442	7.7664	APC	$471.58			-	-	000	999	
64421	T	NJX AA&/STRD NTRCOST NRV EA		05443	9.9843	APC	$606.25			-	-	000	999	
64425	T	NJX AA&/STRD II IH NERVES		05442	7.7664	APC	$471.58			-	-	000	999	
64430	T	NJX AA&/STRD PUDENDAL NERVE		05443	9.9843	APC	$606.25			-	-	000	999	
64435	T	NJX AA&/STRD PARACRV NRV		05442	7.7664	APC	$471.58			-	-	000	999	
64445	T	NJX AA&/STRD SCIATIC NRV IMG		05442	7.7664	APC	$471.58			-	-	000	999	
64446	T	NJX AA&/STRD SC NRV NFS IMG		05443	9.9843	APC	$606.25			-	-	000	999	
64447	T	NJX AA&/STRD FEMORAL NRV IMG		05442	7.7664	APC	$471.58			-	-	000	999	
64448	T	NJX AA&/STRD FEM NRV NFS IMG		05443	9.9843	APC	$606.25			-	-	000	999	
64449	T	NJX AA&/STRD LMBR PLEX NFS		05443	9.9843	APC	$606.25			-	Y	000	999	
64450	T	NJX AA&/STRD OTHER PN/BRANCH		05442	7.7664	APC	$471.58			-	-	000	999	
64451	T	NJX AA&/STRD NRV NRVTG SI JT		05442	7.7664	APC	$434.11			-	-	000	999	
64454	T	NJX AA&/STRD GNCLR NRV BRNCH		05442	7.7664	APC	$434.11			-	-	000	999	
64455	T	NJX AA&/STRD PLTR COM DG NRV		05441	3.3105	APC	$201.01			-	-	000	999	

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64461	T	PVB THORACIC SINGLE INJ SITE		05442	7.7664	APC	$471.58			-	-	000	999	
64462	N	PVB THORACIC 2ND+ INJ SITE		-	-	Bundled	$0.00			-	-	000	999	
64463	T	PVB THORACIC CONT INFUSION		05442	7.7664	APC	$471.58			-	-	000	999	
64466	N	THRC FASCIAL PLN BLK UNI NJX		-	-	Bundled	$0.00			-	-	000	999	
64467	N	THRC FASCIAL PLN BLK UNI NFS		-	-	Bundled	$0.00			-	-	000	999	
64468	N	THRC FASCIAL PLN BLK BI NJX		-	-	Bundled	$0.00			-	-	000	999	
64469	N	THRC FASCIAL PLN BLK BI NFS		-	-	Bundled	$0.00			-	-	000	999	
64473	N	LWR XTR FSCL PLN BLK UNI NJX		-	-	Bundled	$0.00			-	-	000	999	
64474	N	LWR XTR FSCL PLN BLK UNI NFS		-	-	Bundled	$0.00			-	-	000	999	
64479	T	NJX AA&/STRD TFRM EPI C/T 1		05443	9.9843	APC	$606.25			-	-	000	999	
64480	N	NJX AA&/STRD TFRM EPI C/T EA		-	-	Bundled	$0.00			-	-	000	999	
64483	T	NJX AA&/STRD TFRM EPI L/S 1		05443	9.9843	APC	$606.25			-	-	000	999	
64484	N	NJX AA&/STRD TFRM EPI L/S EA		-	-	Bundled	$0.00			-	-	000	999	
64486	N	TAP BLOCK UNIL BY INJECTION		-	-	Bundled	$0.00			-	-	000	999	
64487	N	TAP BLOCK UNI BY INFUSION		-	-	Bundled	$0.00			-	-	000	999	
64488	N	TAP BLOCK BI INJECTION		-	-	Bundled	$0.00			-	-	000	999	
64489	N	TAP BLOCK BI BY INFUSION		-	-	Bundled	$0.00			-	-	000	999	
64490	T	INJ PARAVERT F JNT C/T 1 LEV		05443	9.9843	APC	$606.25			-	-	000	999	
64491	N	INJ PARAVERT F JNT C/T 2 LEV		-	-	Bundled	$0.00			-	-	000	999	
64492	N	INJ PARAVERT F JNT C/T 3 LEV		-	-	Bundled	$0.00			-	-	000	999	
64493	T	INJ PARAVERT F JNT L/S 1 LEV		05443	9.9843	APC	$606.25			-	-	000	999	
64494	N	INJ PARAVERT F JNT L/S 2 LEV		-	-	Bundled	$0.00			-	-	000	999	
64495	N	INJ PARAVERT F JNT L/S 3 LEV		-	-	Bundled	$0.00			-	-	000	999	
64505	T	N BLOCK SPENOPALATINE GANGL		05441	3.3105	APC	$201.01			-	-	000	999	
64510	T	N BLOCK STELLATE GANGLION		05443	9.9843	APC	$606.25			-	-	000	999	
64517	T	N BLOCK INJ HYPOGAS PLXS		05443	9.9843	APC	$606.25			-	Y	000	999	
64520	T	N BLOCK LUMBAR/THORACIC		05443	9.9843	APC	$606.25			-	-	000	999	
64530	T	N BLOCK INJ CELIAC PELUS		05443	9.9843	APC	$606.25			-	-	000	999	
64553	N	IMPLANT NEUROELECTRODES		05463	139.8503	Bundled, sometimes payable	$8,491.71			-	-	000	999	
64555	N	IMPLANT NEUROELECTRODES		05462	73.6007	Bundled, sometimes payable	$4,469.03			-	-	000	999	
64561	N	IMPLANT NEUROELECTRODES		05462	73.6007	Bundled, sometimes payable	$4,469.03			-	-	000	999	
64566	T	NEUROELTRD STIM POST TIBIAL		05441	3.3105	APC	$201.01			-	-	000	999	
64568	N	OPN IMPLTJ CRNL NRV NEA&PG		05465	341.7509	Bundled, sometimes payable	$20,751.11			-	-	000	999	
64569	N	REVISE/REPL VAGUS N ELTRD		05463	139.8503	Bundled, sometimes payable	$8,491.71			-	-	000	999	
64570	N	REMOVE VAGUS N ELTRD		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64575	N	OPN IMPLTJ NEA PERPH NERVE		05463	139.8503	Bundled, sometimes payable	$8,491.71			-	-	000	999	
64580	N	OPN IMPLTJ NEA NEUROMUSCULAR		05464	240.4915	Bundled, sometimes payable	$14,602.64			-	-	000	999	
64581	N	OPN IMPLTJ NEA SACRAL NERVE		05462	73.6007	Bundled, sometimes payable	$4,469.03			-	-	000	999	
64582	N	OPN MPLTJ HPGLSL NSTM ARY PG		05465	341.7509	Bundled, sometimes payable	$20,751.11			-	-	000	999	
64583	N	REV/RPLCT HPGLSL NSTM ARY PG		05463	139.8503	Bundled, sometimes payable	$8,491.71			-	-	000	999	
64584	N	RMVL HPGLSL NSTIM ARY PG		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64585	N	REV/RMV PERPH NSTIM ELTRD RA		05461	38.5673	Bundled, sometimes payable	$2,341.81			-	-	000	999	
64590	N	INS/RPL PRPH SAC/GSTR NPG/R		05464	240.4915	Bundled, sometimes payable	$14,602.64			-	-	000	999	
64595	N	REV/RMV PRPH SAC/GSTR NPG/R		05461	38.5673	Bundled, sometimes payable	$2,341.81			-	-	000	999	
64596	N	INS/RPLCMT PRQ ELTRD RA PN 1		05463	139.8503	Bundled, sometimes payable	$8,491.71			-	-	000	999	
64597	N	INS/RPLCM PRQ ELTRD RA PN EA		-	-	Bundled	$0.00			-	-	000	999	
64598	N	REVJ/RMVL NEA PN W/INT NSTIM		05461	38.5673	Bundled, sometimes payable	$2,341.81			-	-	000	999	
64600	T	INJECTION TREATMENT OF NERVE		05443	9.9843	APC	$606.25			-	-	000	999	
64605	N	INJECTION TREATMENT OF NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64610	N	INJECTION TREATMENT OF NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64611	T	CHEMODENERV SALIV GLANDS		05441	3.3105	APC	$201.01			-	-	000	999	
64612	T	DESTROY NERVE FACE MUSCLE		05441	3.3105	APC	$201.01			-	-	000	999	
64615	T	CHEMODENERV MUSC MIGRAINE		05441	3.3105	APC	$201.01			-	Y	000	999	
64616	T	CHEMODENERV MUSC NECK DYSTON		05441	3.3105	APC	$201.01			-	-	000	999	
64617	T	CHEMODENER MUSCLE LARYNX EMG		05442	7.7664	APC	$471.58			-	-	000	999	
64620	T	INJECTION TREATMENT OF NERVE		05443	9.9843	APC	$606.25			-	-	000	999	

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64624	N	DSTRJ NULYT AGT GNCLR NRV		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64625	N	RF ABLTJ NRV NRVTG SI JT		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64628	N	TRML DSTRJ IOS BVN 1ST 2 L/S		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
64629	N	TRML DSTRJ IOS BVN EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
64630	T	INJECTION TREATMENT OF NERVE		05443	9.9843	APC	$606.25			-	-	000	999	
64632	T	N BLOCK INJ COMMON DIGIT		05441	3.3105	APC	$201.01			-	-	000	999	
64633	N	DESTROY CERV/THOR FACET JNT		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64634	N	DESTROY C/TH FACET JNT ADDL		-	-	Bundled	$0.00			-	-	000	999	
64635	N	DESTROY LUMB/SAC FACET JNT		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64636	N	DESTROY L/S FACET JNT ADDL		-	-	Bundled	$0.00			-	-	000	999	
64640	T	INJECTION TREATMENT OF NERVE		05443	9.9843	APC	$606.25			-	-	000	999	
64642	T	CHEMODENERV 1 EXTREMITY 1-4		05442	7.7664	APC	$471.58			-	-	000	999	
64643	N	CHEMODENERV 1 EXTREM 1-4 EA		-	-	Bundled	$0.00			-	-	000	999	
64644	T	CHEMODENERV 1 EXTREM 5/> MUS		05442	7.7664	APC	$471.58			-	-	000	999	
64645	N	CHEMODENERV 1 EXTREM 5/> EA		-	-	Bundled	$0.00			-	-	000	999	
64646	T	CHEMODENERV TRUNK MUSC 1-5		05442	7.7664	APC	$471.58			-	-	000	999	
64647	T	CHEMODENERV TRUNK MUSC 6/>		05442	7.7664	APC	$471.58			-	-	000	999	
64650	T	CHEMODENERV ECCRINE GLANDS		05441	3.3105	APC	$201.01			-	Y	000	999	
64653	T	CHEMODENERV ECCRINE GLANDS		05441	3.3105	APC	$201.01			-	Y	000	999	
64680	T	INJECTION TREATMENT OF NERVE		05443	9.9843	APC	$606.25			-	-	000	999	
64681	T	INJECTION TREATMENT OF NERVE		05443	9.9843	APC	$606.25			-	Y	000	999	
64702	N	REVISE FINGER/TOE NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64704	N	REVISE HAND/FOOT NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64708	N	REVISE ARM/LEG NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64712	N	REVISION OF SCIATIC NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64713	N	REVISION OF ARM NERVE(S)		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64714	N	REVISE LOW BACK NERVE(S)		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64716	N	REVISION OF CRANIAL NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64718	N	REVISE ULNAR NERVE AT ELBOW		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64719	N	REVISE ULNAR NERVE AT WRIST		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64721	N	CARPAL TUNNEL SURGERY		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64722	N	RELIEVE PRESSURE ON NERVE(S)		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64726	N	RELEASE FOOT/TOE NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64727	N	INTERNAL NERVE REVISION		-	-	Bundled	$0.00			-	-	000	999	
64732	N	INCISION OF BROW NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64734	N	INCISION OF CHEEK NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64736	N	INCISION OF CHIN NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64738	N	INCISION OF JAW NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64740	N	INCISION OF TONGUE NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64742	N	INCISION OF FACIAL NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64744	N	INCISE NERVE BACK OF HEAD		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64746	N	INCISE DIAPHRAGM NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64755	C	INCISION OF STOMACH NERVES		-	-	IP Only	$0.00			-	-	000	999	
64760	C	INCISION OF VAGUS NERVE		-	-	IP Only	$0.00			-	-	000	999	
64763	N	INCISE HIP/THIGH NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64766	N	INCISE HIP/THIGH NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64771	N	SEVER CRANIAL NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64772	N	INCISION OF SPINAL NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64774	N	REMOVE SKIN NERVE LESION		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64776	N	REMOVE DIGIT NERVE LESION		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64778	N	DIGIT NERVE SURGERY ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
64782	N	REMOVE LIMB NERVE LESION		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64783	N	LIMB NERVE SURGERY ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
64784	N	REMOVE NERVE LESION		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64786	N	REMOVE SCIATIC NERVE LESION		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64787	N	IMPLANT NERVE END		-	-	Bundled	$0.00			-	-	000	999	

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64788	N	REMOVE SKIN NERVE LESION		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64790	N	REMOVAL OF NERVE LESION		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64792	N	REMOVAL OF NERVE LESION		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64795	N	BIOPSY OF NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64802	N	SYMPATHECTOMY CERVICAL		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64804	N	SYMPATHECTOMY CERVICOTHORAC		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64809	C	SYMPATHECTOMY THORACOLUMBAR		-	-	IP Only	$0.00			-	-	000	999	
64818	C	SYMPATHECTOMY LUMBAR		-	-	IP Only	$0.00			-	-	000	999	
64820	N	SYMPATHECTOMY DIGITAL ARTERY		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64821	N	SYMPATHECTOMY RADIAL ARTERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
64822	N	SYMPATHECTOMY ULNAR ARTERY		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
64823	N	SYMPATHECTOMY SUPFC PALMAR		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
64831	N	REPAIR OF DIGIT NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64832	N	REPAIR NERVE ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
64834	N	REPAIR OF HAND OR FOOT NERVE		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64835	N	REPAIR OF HAND OR FOOT NERVE		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64836	N	REPAIR OF HAND OR FOOT NERVE		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64837	N	REPAIR NERVE ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
64840	N	REPAIR OF LEG NERVE		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64856	N	REPAIR/TRANSPOSE NERVE		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64857	N	REPAIR ARM/LEG NERVE		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64858	N	REPAIR SCIATIC NERVE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64859	N	NERVE SURGERY		-	-	Bundled	$0.00			-	-	000	999	
64861	N	REPAIR OF ARM NERVES		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
64862	N	REPAIR OF LOW BACK NERVES		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64864	N	REPAIR OF FACIAL NERVE		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64865	N	REPAIR OF FACIAL NERVE		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64866	C	FUSION OF FACIAL/OTHER NERVE		-	-	IP Only	$0.00			-	-	000	999	
64868	C	FUSION OF FACIAL/OTHER NERVE		-	-	IP Only	$0.00			-	-	000	999	
64872	N	SUBSEQUENT REPAIR OF NERVE		-	-	Bundled	$0.00			-	-	000	999	
64874	N	REPAIR & REVISE NERVE ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
64876	N	REPAIR NERVE/SHORTEN BONE		-	-	Bundled	$0.00			-	-	000	999	
64885	N	NERVE GRAFT HEAD/NECK <4 CM		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64886	N	NERVE GRAFT HEAD/NECK >4 CM		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64890	N	NRV GRF 1STRND HND/FOOT <4CM		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64891	N	NRV GRF 1STRND HND/FOOT >4CM		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64892	N	NRV GRF 1STRND ARM/LEG <4CM		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64893	N	NRV GRF 1STRND ARM/LEG >4 CM		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64895	N	NRV GRF MLTST HND/FOOT <4 CM		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64896	N	NRV GRF MLTST HND/FOOT >4 CM		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64897	N	NRV GRF MLTST ARM/LEG <4 CM		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64898	N	NRV GRF MLTST ARM/LEG >4 CM		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64901	N	NERVE GRAFT ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
64902	N	NERVE GRAFT ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
64905	N	NERVE PEDICLE TRANSFER		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64907	N	NERVE PEDICLE TRANSFER		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64910	N	NERVE REPAIR W/ALLOGRAFT		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64911	N	NEURORRAPHY W/VEIN AUTOGRAFT		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64912	N	NRV RPR W/NRV ALGRFT 1ST		05432	71.8195	Bundled, sometimes payable	$4,360.88			-	-	000	999	
64913	N	NRV RPR W/NRV ALGRFT EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
64999	T	UNLISTED PX NERVOUS SYSTEM		05441	3.3105	APC	$201.01			-	-	000	999	
65091	N	REVISE EYE		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65093	N	REVISE EYE WITH IMPLANT		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65101	N	REMOVAL OF EYE		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65103	N	REMOVE EYE/INSERT IMPLANT		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65105	N	REMOVE EYE/ATTACH IMPLANT		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	

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65110	N	REMOVAL OF EYE		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65112	N	REMOVE EYE/REVISE SOCKET		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65114	N	REMOVE EYE/REVISE SOCKET		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65125	N	REVISE OCULAR IMPLANT		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
65130	N	INSERT OCULAR IMPLANT		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65135	N	INSERT OCULAR IMPLANT		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65140	N	ATTACH OCULAR IMPLANT		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65150	N	REVISE OCULAR IMPLANT		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65155	N	REINSERT OCULAR IMPLANT		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65175	N	REMOVAL OF OCULAR IMPLANT		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65205	N	REMOVE FOREIGN BODY FROM EYE		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
65210	N	REMOVE FOREIGN BODY FROM EYE		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
65220	N	REMOVE FOREIGN BODY FROM EYE		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
65222	N	REMOVE FOREIGN BODY FROM EYE		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
65235	N	REMOVE FOREIGN BODY FROM EYE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
65260	N	REMOVE FOREIGN BODY FROM EYE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
65265	N	REMOVE FOREIGN BODY FROM EYE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
65270	N	REPAIR OF EYE WOUND		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
65272	N	REPAIR OF EYE WOUND		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
65273	C	REPAIR OF EYE WOUND		-	-	IP Only	$0.00			-	-	000	999	
65275	N	REPAIR OF EYE WOUND		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65280	N	REPAIR OF EYE WOUND		05493	57.8644	Bundled, sometimes payable	$3,513.53			-	-	000	999	
65285	N	REPAIR OF EYE WOUND		05493	57.8644	Bundled, sometimes payable	$3,513.53			-	-	000	999	
65286	N	REPAIR OF EYE WOUND		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
65290	N	REPAIR OF EYE SOCKET WOUND		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65400	T	REMOVAL OF EYE LESION		05502	10.8618	APC	$659.53			-	-	000	999	
65410	N	BIOPSY OF CORNEA		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
65420	N	REMOVAL OF EYE LESION		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
65426	N	REMOVAL OF EYE LESION		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
65430	N	CORNEAL SMEAR		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
65435	T	CURETTE/TREAT CORNEA		05502	10.8618	APC	$659.53			-	-	000	999	
65436	N	CURETTE/TREAT CORNEA		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
65450	T	TREATMENT OF CORNEAL LESION		05501	3.3524	APC	$203.56			-	-	000	999	
65600	N	REVISION OF CORNEA		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
65710	N	CORNEAL TRANSPLANT		05493	57.8644	Bundled, sometimes payable	$3,513.53			-	-	000	999	
65730	N	CORNEAL TRANSPLANT		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
65750	N	CORNEAL TRANSPLANT		05493	57.8644	Bundled, sometimes payable	$3,513.53			-	-	000	999	
65755	N	CORNEAL TRANSPLANT		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
65756	N	CORNEAL TRNSPL ENDOTHELIAL		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
65757	N	PREP CORNEAL ENDO ALLOGRAFT		-	-	Bundled	$0.00			-	-	000	999	
65760	E	KERATOMILEUSIS		-	-	Not Allowed	$0.00			-	-	000	999	
65765	E	KERATOPHAKIA		-	-	Not Allowed	$0.00			-	-	000	999	
65767	E	EPIKERATOPLASTY		-	-	Not Allowed	$0.00			-	-	000	999	
65770	N	KERATOPROSTHESIS		05494	160.2497	Bundled, sometimes payable	$9,730.36			-	-	000	999	
65771	E	RADIAL KERATOTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
65772	T	CORRECTION OF ASTIGMATISM		05502	10.8618	APC	$659.53			-	-	000	999	
65775	N	CORRECTION OF ASTIGMATISM		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
65778	N	COVER EYE W/MEMBRANE		05502	10.8618	Bundled, sometimes payable	$659.53			-	-	000	999	
65779	N	COVER EYE W/MEMBRANE SUTURE		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65780	N	OCULAR RECONST TRANSPLANT		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65781	N	OCULAR RECONST TRANSPLANT		05493	57.8644	Bundled, sometimes payable	$3,513.53			-	-	000	999	
65782	N	OCULAR RECONST TRANSPLANT		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
65785	N	IMPLTJ NTRSTRML CRNL RNG SEG		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
65800	N	DRAINAGE OF EYE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
65810	N	DRAINAGE OF EYE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
65815	N	DRAINAGE OF EYE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	

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65820	N	GONIOTOMY		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
65850	N	TRABECULOTOMY AB EXTERNO		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
65855	T	TRABECULOPLASTY LASER SURG		05481	6.1524	APC	$373.57			-	-	000	999	
65860	T	SEVERING ADS ANT SGM LASER		05481	6.1524	APC	$373.57			-	-	000	999	
65865	N	INCISE INNER EYE ADHESIONS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
65870	N	INCISE INNER EYE ADHESIONS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
65875	N	INCISE INNER EYE ADHESIONS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
65880	N	INCISE INNER EYE ADHESIONS		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
65900	N	REMOVE EYE LESION		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
65920	N	REMOVE IMPLANT OF EYE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
65930	N	REMOVE BLOOD CLOT FROM EYE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66020	N	INJECTION TREATMENT OF EYE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66030	N	INJECTION TREATMENT OF EYE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66130	N	REMOVE EYE LESION		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
66150	N	GLAUCOMA SURGERY		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
66155	N	GLAUCOMA SURGERY		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
66160	N	GLAUCOMA SURGERY		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66170	N	GLAUCOMA SURGERY		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66172	N	INCISION OF EYE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66174	N	TRLUML DIL AQ O/F CAN W/O ST		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
66175	N	TRLUML DIL AQ O/F CAN W/ST		05493	57.8644	Bundled, sometimes payable	$3,513.53			-	-	000	999	
66179	N	AQUEOUS SHUNT EYE W/O GRAFT		05493	57.8644	Bundled, sometimes payable	$3,513.53			-	-	000	999	
66180	N	AQUEOUS SHUNT EYE W/GRAFT		05493	57.8644	Bundled, sometimes payable	$3,513.53			-	-	000	999	
66183	N	INSERT ANT DRAINAGE DEVICE		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
66184	N	REVISION OF AQUEOUS SHUNT		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66185	N	REVISE AQUEOUS SHUNT EYE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66225	N	REPAIR/GRAFT EYE LESION		05493	57.8644	Bundled, sometimes payable	$3,513.53			-	-	000	999	
66250	N	FOLLOW-UP SURGERY OF EYE		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
66500	N	INCISION OF IRIS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66505	N	INCISION OF IRIS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66600	N	REMOVE IRIS AND LESION		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
66605	N	REMOVAL OF IRIS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66625	N	REMOVAL OF IRIS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66630	N	REMOVAL OF IRIS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66635	N	REMOVAL OF IRIS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66680	N	REPAIR IRIS & CILIARY BODY		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66682	N	REPAIR IRIS & CILIARY BODY		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66683	N	IMPLANTATION IRIS PROSTHESIS		05496	184.1048	Bundled, sometimes payable	$11,178.84			-	-	000	999	
66700	N	DESTRUCTION CILIARY BODY		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66710	N	CILIARY TRANSSLERAL THERAPY		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
66711	N	ECP CILIARY BODY DESTRUCTION		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	Y	000	999	
66720	N	DESTRUCTION CILIARY BODY		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
66740	N	DESTRUCTION CILIARY BODY		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
66761	T	REVISION OF IRIS		05481	6.1524	APC	$373.57			-	-	000	999	
66762	T	REVISION OF IRIS		05481	6.1524	APC	$373.57			-	-	000	999	
66770	T	REMOVAL OF INNER EYE LESION		05481	6.1524	APC	$373.57			-	-	000	999	
66820	N	INCISION SECONDARY CATARACT		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66821	T	AFTER CATARACT LASER SURGERY		05481	6.1524	APC	$373.57			-	-	000	999	
66825	N	REPOSITION INTRAOCULAR LENS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66830	N	REMOVAL OF LENS LESION		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66840	N	REMOVAL OF LENS MATERIAL		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66850	N	REMOVAL OF LENS MATERIAL		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66852	N	REMOVAL OF LENS MATERIAL		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
66920	N	EXTRACTION OF LENS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66930	N	EXTRACTION OF LENS		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
66940	N	EXTRACTION OF LENS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	

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66982	N	XCAPSL CTRC RMVL CPLX WO ECP		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66983	N	CATARACT SURG W/IOL 1 STAGE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66984	N	XCAPSL CTRC RMVL W/O ECP		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66985	N	INSERT LENS PROSTHESIS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66986	N	EXCHANGE LENS PROSTHESIS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
66987	N	XCAPSL CTRC RMVL CPLX W/ECP		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
66988	N	XCAPSL CTRC RMVL W/ECP		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
66989	N	XCPSL CTRC RMVL CPLX INSJ 1+		05493	57.8644	Bundled, sometimes payable	$3,513.53			-	-	000	999	
66990	N	OPHTHALMIC ENDOSCOPE ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
66991	N	XCAPSL CTRC RMVL INSJ 1+		05493	57.8644	Bundled, sometimes payable	$3,513.53			-	-	000	999	
66999	N	UNLISTED PX ANT SEGMENT EYE		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
67005	N	PARTIAL REMOVAL OF EYE FLUID		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
67010	N	PARTIAL REMOVAL OF EYE FLUID		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
67015	N	RELEASE OF EYE FLUID		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
67025	N	REPLACE EYE FLUID		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
67027	N	IMPLANT EYE DRUG SYSTEM		05495	172.3113	Bundled, sometimes payable	$10,462.74			-	-	000	999	
67028	S	INJECTION EYE DRUG		05694	3.7198	APC	$225.87			-	-	000	999	
67030	N	INCISE INNER EYE STRANDS		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
67031	T	LASER SURGERY EYE STRANDS		05481	6.1524	APC	$373.57			-	-	000	999	
67036	N	REMOVAL OF INNER EYE FLUID		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
67039	N	LASER TREATMENT OF RETINA		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
67040	N	LASER TREATMENT OF RETINA		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
67041	N	VIT FOR MACULAR PUCKER		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
67042	N	VIT FOR MACULAR HOLE		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
67043	N	VIT FOR MEMBRANE DISSECT		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
67101	N	REPAIR DETACHED RETINA CRTX		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
67105	T	REPAIR DETACHED RETINA PC		05481	6.1524	APC	$373.57			-	-	000	999	
67107	N	REPAIR DETACHED RETINA		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
67108	N	REPAIR DETACHED RETINA		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
67110	N	REPAIR DETACHED RETINA		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
67113	N	REPAIR RETINAL DETACH CPLX		05493	57.8644	Bundled, sometimes payable	$3,513.53			-	-	000	999	
67115	N	RELEASE ENCIRCLING MATERIAL		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
67120	N	REMOVE EYE IMPLANT MATERIAL		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
67121	N	REMOVE EYE IMPLANT MATERIAL		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
67141	T	PROPH RTA DTCHMNT CRTX DTHRM		05501	3.3524	APC	$203.56			-	-	000	999	
67145	T	PROPH RTA DTCHMNT PC		05481	6.1524	APC	$373.57			-	-	000	999	
67208	T	TREATMENT OF RETINAL LESION		05501	3.3524	APC	$203.56			-	-	000	999	
67210	T	TREATMENT OF RETINAL LESION		05481	6.1524	APC	$373.57			-	-	000	999	
67218	N	TREATMENT OF RETINAL LESION		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67220	T	TREATMENT OF CHOROID LESION		05481	6.1524	APC	$373.57			-	-	000	999	
67221	T	OCULAR PHOTODYNAMIC THER		05481	6.1524	APC	$373.57			-	-	000	999	
67225	N	EYE PHOTODYNAMIC THER ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
67227	N	DSTRJ EXTENSIVE RETINOPATHY		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67228	T	TREATMENT X10SV RETINOPATHY		05481	6.1524	APC	$373.57			-	-	000	999	
67229	T	TR RETINAL LES PRETERM INF		05481	6.1524	APC	$373.57			-	-	000	1	
67250	N	REINFORCE EYE WALL		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67255	N	REINFORCE/GRAFT EYE WALL		05492	45.1150	Bundled, sometimes payable	$2,739.38			-	-	000	999	
67299	N	UNLISTED PX POSTERIOR SEGMNT		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
67311	N	REVISE EYE MUSCLE		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67312	N	REVISE TWO EYE MUSCLES		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67314	N	REVISE EYE MUSCLE		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67316	N	REVISE TWO EYE MUSCLES		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67318	N	REVISE EYE MUSCLE(S)		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67320	N	REVISE EYE MUSCLE(S) ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
67331	N	EYE SURGERY FOLLOW-UP ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
67332	N	REREVISE EYE MUSCLES ADD-ON		-	-	Bundled	$0.00			-	-	000	999	

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67334	N	REVISE EYE MUSCLE W/SUTURE		-	-	Bundled	$0.00			-	-	000	999	
67335	N	EYE SUTURE DURING SURGERY		-	-	Bundled	$0.00			-	-	000	999	
67340	N	REVISE EYE MUSCLE ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
67343	N	RELEASE EYE TISSUE		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67345	T	DESTROY NERVE OF EYE MUSCLE		05501	3.3524	APC	$203.56			-	-	000	999	
67346	N	BIOPSY EYE MUSCLE		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67399	T	UNLISTED PX EXTRAOCULAR MUSC		05501	3.3524	APC	$203.56			-	-	000	999	
67400	N	EXPLORE/BIOPSY EYE SOCKET		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67405	N	EXPLORE/DRAIN EYE SOCKET		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67412	N	EXPLORE/TREAT EYE SOCKET		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67413	N	EXPLORE/TREAT EYE SOCKET		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67414	N	EXPLR/DECOMPRESS EYE SOCKET		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67415	N	ASPIRATION ORBITAL CONTENTS		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67420	N	EXPLORE/TREAT EYE SOCKET		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67430	N	EXPLORE/TREAT EYE SOCKET		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67440	N	EXPLORE/DRAIN EYE SOCKET		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67445	N	EXPLR/DECOMPRESS EYE SOCKET		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67450	N	EXPLORE/BIOPSY EYE SOCKET		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67500	T	INJECT/TREAT EYE SOCKET		05501	3.3524	APC	$203.56			-	-	000	999	
67505	T	INJECT/TREAT EYE SOCKET		05501	3.3524	APC	$203.56			-	-	000	999	
67515	T	INJECT/TREAT EYE SOCKET		05501	3.3524	APC	$203.56			-	-	000	999	
67516	T	SPRCHOROIDAL SPC NJX RX AGT		05694	3.7198	APC	$225.87			-	-	000	999	
67550	N	INSERT EYE SOCKET IMPLANT		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67560	N	REVISE EYE SOCKET IMPLANT		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67570	N	DECOMPRESS OPTIC NERVE		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67599	T	UNLISTED PROCEDURE ORBIT		05501	3.3524	APC	$203.56			-	-	000	999	
67700	T	BLEPHAROTOMY DRG ABSC EYELID		05501	3.3524	APC	$203.56			-	-	000	999	
67710	T	SEVERING TARSORRHAPHY		05502	10.8618	APC	$659.53			-	-	000	999	
67715	N	CANTHOTOMY		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67800	T	REMOVE EYELID LESION		05501	3.3524	APC	$203.56			-	-	000	999	
67801	T	REMOVE EYELID LESIONS		05502	10.8618	APC	$659.53			-	-	000	999	
67805	T	REMOVE EYELID LESIONS		05501	3.3524	APC	$203.56			-	-	000	999	
67808	N	REMOVE EYELID LESION(S)		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67810	T	INCAL BX EYELID SKN LID MRGN		05501	3.3524	APC	$203.56			-	-	000	999	
67820	N	REVISE EYELASHES		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
67825	T	REVISE EYELASHES		05501	3.3524	APC	$203.56			-	-	000	999	
67830	T	REVISE EYELASHES		05502	10.8618	APC	$659.53			-	-	000	999	
67835	N	REVISE EYELASHES		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67840	T	REMOVE EYELID LESION		05502	10.8618	APC	$659.53			-	-	000	999	
67850	T	DSTRJ LESION LID MARGIN <1CM		05502	10.8618	APC	$659.53			-	-	000	999	
67875	T	CLOSURE OF EYELID BY SUTURE		05502	10.8618	APC	$659.53			-	-	000	999	
67880	N	REVISION OF EYELID		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67882	N	REVISION OF EYELID		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67900	N	REPAIR BROW DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67901	N	REPAIR EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67902	N	REPAIR EYELID DEFECT		05504	42.2905	Bundled, sometimes payable	$2,567.88			Y	-	000	999	
67903	N	REPAIR EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67904	N	REPAIR EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67906	N	REPAIR EYELID DEFECT		05504	42.2905	Bundled, sometimes payable	$2,567.88			Y	-	000	999	
67908	N	REPAIR EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67909	N	REVISE EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67911	N	REVISE EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67912	N	CORRECTION EYELID W/IMPLANT		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	Y	000	999	
67914	N	REPAIR EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67915	N	REPAIR EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67916	N	REPAIR EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	

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67917	N	REPAIR EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67921	N	REPAIR EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67922	N	REPAIR EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67923	N	REPAIR EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67924	N	REPAIR EYELID DEFECT		05503	26.1633	Bundled, sometimes payable	$1,588.64			Y	-	000	999	
67930	N	REPAIR EYELID WOUND		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67935	N	REPAIR EYELID WOUND		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67938	T	REMOVE EYELID FOREIGN BODY		05501	3.3524	APC	$203.56			-	-	000	999	
67950	N	REVISION OF EYELID		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67961	N	REVISION OF EYELID		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67966	N	REVISION OF EYELID		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67971	N	RECONSTRUCTION OF EYELID		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67973	N	RECONSTRUCTION OF EYELID		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67974	N	RECONSTRUCTION OF EYELID		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
67975	N	RECONSTRUCTION OF EYELID		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
67999	T	UNLISTED PROCEDURE EYELIDS		05501	3.3524	APC	$203.56			-	-	000	999	
68020	T	INCISE/DRAIN EYELID LINING		05502	10.8618	APC	$659.53			-	-	000	999	
68040	T	TREATMENT OF EYELID LESIONS		05501	3.3524	APC	$203.56			-	-	000	999	
68100	N	BIOPSY CONJUNCTIVA		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68110	N	EXC LES CONJUNCTIVA <1 CM		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68115	N	EXC LES CONJUNCTIVA >1 CM		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68130	N	EXC LES CONJUNCTIVA ADJ SCL		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68135	N	DESTRUCTION LES CONJUNCTIVA		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68200	N	TREAT EYELID BY INJECTION		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
68320	N	REVISE/GRAFT EYELID LINING		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68325	N	REVISE/GRAFT EYELID LINING		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
68326	N	REVISE/GRAFT EYELID LINING		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
68328	N	REVISE/GRAFT EYELID LINING		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68330	N	REVISE EYELID LINING		05491	25.5776	Bundled, sometimes payable	$1,553.07			-	-	000	999	
68335	N	REVISE/GRAFT EYELID LINING		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
68340	N	SEPARATE EYELID ADHESIONS		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68360	N	REVISE EYELID LINING		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
68362	N	REVISE EYELID LINING		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68371	N	HARVEST EYE TISSUE ALOGRAFT		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68399	T	UNLISTED PX CONJUNCTIVA		05501	3.3524	APC	$203.56			-	-	000	999	
68400	T	I&D LACRIMAL GLAND		05502	10.8618	APC	$659.53			-	-	000	999	
68420	N	I&D LACRIMAL SAC		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68440	T	SNIP INC LACRIMAL PUNCTUM		05501	3.3524	APC	$203.56			-	-	000	999	
68500	N	REMOVAL OF TEAR GLAND		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
68505	N	PARTIAL REMOVAL TEAR GLAND		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
68510	N	BIOPSY OF TEAR GLAND		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68520	N	REMOVAL OF TEAR SAC		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
68525	N	BIOPSY OF TEAR SAC		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68530	T	CLEARANCE OF TEAR DUCT		05501	3.3524	APC	$203.56			-	-	000	999	
68540	N	REMOVE TEAR GLAND LESION		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68550	N	REMOVE TEAR GLAND LESION		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
68700	N	REPAIR TEAR DUCTS		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68705	T	REVISE TEAR DUCT OPENING		05501	3.3524	APC	$203.56			-	-	000	999	
68720	N	CREATE TEAR SAC DRAIN		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
68745	N	CREATE TEAR DUCT DRAIN		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
68750	N	CREATE TEAR DUCT DRAIN		05504	42.2905	Bundled, sometimes payable	$2,567.88			-	-	000	999	
68760	T	CLOSE TEAR DUCT OPENING		05501	3.3524	APC	$203.56			-	-	000	999	
68761	T	CLOSE TEAR DUCT OPENING		05501	3.3524	APC	$203.56			-	-	000	999	
68770	N	CLOSE TEAR SYSTEM FISTULA		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68801	N	DILATE TEAR DUCT OPENING		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
68810	T	PROBE NASOLACRIMAL DUCT		05501	3.3524	APC	$203.56			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
68811	N	PROBE NASOLACRIMAL DUCT		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68815	N	PROBE NASOLACRIMAL DUCT		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68816	N	PROBE NL DUCT W/BALLOON		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68840	T	EXPLORE/IRRIGATE TEAR DUCTS		05501	3.3524	APC	$203.56			-	-	000	999	
68841	N	INSJ RX ELUT IMPLT LAC CANAL		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
68850	N	INJECTION FOR TEAR SAC X-RAY		-	-	Bundled	$0.00			-	-	000	999	
68899	T	UNLISTED PX LACRIMAL SYSTEM		05501	3.3524	APC	$203.56			-	-	000	999	
69000	T	DRG XTRNL EAR ABSC/HEM SMPL		05071	7.8905	APC	$479.11			-	-	000	999	
69005	N	DRG XTRNL EAR ABSC/HEM COMP		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
69020	T	DRG XTRNL AUD CANAL ABSCESS		05071	7.8905	APC	$479.11			-	-	000	999	
69090	E	EAR PIERCING		-	-	Not Allowed	$0.00			-	-	000	999	
69100	T	BIOPSY OF EXTERNAL EAR		05161	2.6043	APC	$158.13			-	-	000	999	
69105	N	BIOPSY OF EXTERNAL EAR CANAL		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
69110	N	REMOVE EXTERNAL EAR PARTIAL		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
69120	N	REMOVAL OF EXTERNAL EAR		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69140	N	REMOVE EAR CANAL LESION(S)		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69145	N	REMOVE EAR CANAL LESION(S)		05073	32.0969	Bundled, sometimes payable	$1,948.92			-	-	000	999	
69150	N	EXTENSIVE EAR CANAL SURGERY		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69155	C	EXTENSIVE EAR/NECK SURGERY		-	-	IP Only	$0.00			-	-	000	999	
69200	N	CLEAR OUTER EAR CANAL		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
69205	N	CLEAR OUTER EAR CANAL		05072	18.1704	Bundled, sometimes payable	$1,103.31			-	-	000	999	
69209	N	REMOVE IMPACTED EAR WAX UNI		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
69210	N	REMOVE IMPACTED EAR WAX UNI		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
69220	N	CLEAN OUT MASTOID CAVITY		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
69222	T	CLEAN OUT MASTOID CAVITY		05162	5.7111	APC	$346.78			-	-	000	999	
69300	E	REVISE EXTERNAL EAR		-	-	Not Allowed	$0.00			-	-	000	999	
69310	N	REBUILD OUTER EAR CANAL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69320	N	REBUILD OUTER EAR CANAL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69399	T	UNLISTED PX EXTERNAL EAR		05161	2.6043	APC	$158.13			-	-	000	999	
69420	T	INCISION OF EARDRUM		05161	2.6043	APC	$158.13			-	-	000	999	
69421	N	INCISION OF EARDRUM		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
69424	N	REMOVE VENTILATING TUBE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
69433	T	CREATE EARDRUM OPENING		05162	5.7111	APC	$346.78			-	-	000	999	
69436	N	CREATE EARDRUM OPENING		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
69440	N	EXPLORATION OF MIDDLE EAR		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
69450	N	EARDRUM REVISION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
69501	N	MASTOIDECTOMY		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69502	N	MASTOIDECTOMY		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69505	N	REMOVE MASTOID STRUCTURES		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69511	N	EXTENSIVE MASTOID SURGERY		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69530	N	EXTENSIVE MASTOID SURGERY		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69535	C	REMOVE PART OF TEMPORAL BONE		-	-	IP Only	$0.00			-	-	000	999	
69540	N	EXCISION AURAL POLYP		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
69550	N	EXC AURL GLOMUS TUM TRNSCANL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69552	N	EXC AURL GLOMUS TUM TRNSMSTD		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69554	C	EXC AURL GLOMUS TUM EXTENDED		-	-	IP Only	$0.00			-	-	000	999	
69601	N	REVJ MSTDC RSLTG COMPL MSTDC		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69602	N	REV MSTDC RSLT MOD RAD MSTDC		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69603	N	REVJ MSTDC RSLTG RAD MSTDC		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69604	N	REVJ MSTDC RSLTG TYMPANPLSTY		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69610	N	TYMPANIC MEMBRANE REPAIR		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
69620	N	MYRINGOPLASTY		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
69631	N	REPAIR EARDRUM STRUCTURES		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69632	N	REBUILD EARDRUM STRUCTURES		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69633	N	REBUILD EARDRUM STRUCTURES		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69635	N	REPAIR EARDRUM STRUCTURES		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	

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69636	N	REBUILD EARDRUM STRUCTURES		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69637	N	REBUILD EARDRUM STRUCTURES		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69641	N	REVISE MIDDLE EAR & MASTOID		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69642	N	REVISE MIDDLE EAR & MASTOID		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69643	N	REVISE MIDDLE EAR & MASTOID		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69644	N	REVISE MIDDLE EAR & MASTOID		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69645	N	REVISE MIDDLE EAR & MASTOID		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69646	N	REVISE MIDDLE EAR & MASTOID		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69650	N	STAPES MOBILIZATION		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
69660	N	REVISE MIDDLE EAR BONE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69661	N	REVISE MIDDLE EAR BONE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69662	N	REVISE MIDDLE EAR BONE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69666	N	REPAIR MIDDLE EAR STRUCTURES		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
69667	N	REPAIR MIDDLE EAR STRUCTURES		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
69670	N	REMOVE MASTOID AIR CELLS		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69676	N	REMOVE MIDDLE EAR NERVE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
69700	N	CLOSE MASTOID FISTULA		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
69705	N	NPS SURG DILAT EUST TUBE UNI		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69706	N	NPS SURG DILAT EUST TUBE BI		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69710	E	IMPLANT/REPLACE HEARING AID		-	-	Not Allowed	$0.00			-	-	000	999	
69711	N	REMOVE/REPAIR HEARING AID		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
69714	N	IMPL OI IMPLT SKULL PERQ ESP		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
69716	N	IMPL OI IMPLT SK TC ESP<100		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
69717	N	RPLCMT OI IMPLT SKL PRQ ESP		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
69719	N	RPLCM OI IMPLT SK TC ESP<100		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
69720	N	RELEASE FACIAL NERVE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69725	N	RELEASE FACIAL NERVE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69726	N	RMV NTR OI IMPLT SKL PRQ ESP		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
69727	N	RMV NTR OI IMP SK TC ESP<100		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
69728	N	RMV NTR OI IMP SK TC>=100		05113	36.3872	Bundled, sometimes payable	$2,209.43			-	-	000	999	
69729	N	IMPL OI IMPLT SK TC ESP>=100		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
69730	N	RPLC OI IMPLT SK TC ESP>=100		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
69740	N	REPAIR FACIAL NERVE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69745	N	REPAIR FACIAL NERVE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69799	T	UNLISTED PX MIDDLE EAR		05161	2.6043	APC	$158.13			-	-	000	999	
69801	N	INCISE INNER EAR		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
69805	N	EXPLORE INNER EAR		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69806	N	EXPLORE INNER EAR		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69905	N	REMOVE INNER EAR		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69910	N	REMOVE INNER EAR & MASTOID		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69915	N	INCISE INNER EAR NERVE		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
69930	N	IMPLANT COCHLEAR DEVICE		05166	356.7139	Bundled, sometimes payable	$21,659.67			Y	-	000	999	
69949	T	UNLISTED PX INNER EAR		05161	2.6043	APC	$158.13			-	-	000	999	
69950	C	INCISE INNER EAR NERVE		-	-	IP Only	$0.00			-	-	000	999	
69955	N	RELEASE FACIAL NERVE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69960	N	RELEASE INNER EAR CANAL		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69970	N	REMOVE INNER EAR LESION		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
69979	T	UNLISTED PX TEMPORAL BONE		05161	2.6043	APC	$158.13			-	-	000	999	
69990	N	MICROSURGERY ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
70010	N	CONTRAST X-RAY OF BRAIN		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
70015	N	CONTRAST X-RAY OF BRAIN		05573	8.8602	Bundled, sometimes payable	$537.99			-	-	000	999	
70030	N	X-RAY EYE FOR FOREIGN BODY		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70100	N	X-RAY EXAM OF JAW <4VIEWS		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
7010F	E	PT INFO INTO RECALL SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
70110	N	X-RAY EXAM OF JAW 4/> VIEWS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
70120	N	X-RAY EXAM OF MASTOIDS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	

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70130	N	X-RAY EXAM OF MASTOIDS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
70134	N	X-RAY EXAM OF MIDDLE EAR		05524	6.1490	Bundled, sometimes payable	$373.37			-	-	000	999	
70140	N	X-RAY EXAM OF FACIAL BONES		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70150	N	X-RAY EXAM OF FACIAL BONES		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
70160	N	X-RAY EXAM OF NASAL BONES		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70170	N	X-RAY EXAM OF TEAR DUCT		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
70190	N	X-RAY EXAM OF EYE SOCKETS		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70200	N	X-RAY EXAM OF EYE SOCKETS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
7020F	E	MAMMO ASSESS CAT IN DBASE		-	-	Not Allowed	$0.00			-	-	000	999	
70210	N	X-RAY EXAM OF SINUSES		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70220	N	X-RAY EXAM OF SINUSES		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70240	N	X-RAY EXAM PITUITARY SADDLE		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70250	N	X-RAY EXAM OF SKULL		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
7025F	E	PT INFOSYS ALARM 4 NXT MAMMO		-	-	Not Allowed	$0.00			-	-	000	999	
70260	N	X-RAY EXAM OF SKULL		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
70300	N	X-RAY EXAM OF TEETH		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70310	N	X-RAY EXAM OF TEETH		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
70320	N	FULL MOUTH X-RAY OF TEETH		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
70328	N	X-RAY EXAM OF JAW JOINT		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70330	N	X-RAY EXAM OF JAW JOINTS		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70332	N	X-RAY EXAM OF JAW JOINT		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
70336	N	MAGNETIC IMAGE JAW JOINT		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
70350	N	X-RAY HEAD FOR ORTHODONTIA		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70355	N	PANORAMIC X-RAY OF JAWS		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70360	N	X-RAY EXAM OF NECK		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70370	N	THROAT X-RAY & FLUOROSCOPY		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70371	N	SPEECH EVALUATION COMPLEX		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
70380	N	X-RAY EXAM OF SALIVARY GLAND		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
70390	N	X-RAY EXAM OF SALIVARY DUCT		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
70450	N	CT HEAD/BRAIN W/O DYE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
70460	N	CT HEAD/BRAIN W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
70470	N	CT HEAD/BRAIN W/O & W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
70480	N	CT ORBIT/EAR/FOSSA W/O DYE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
70481	N	CT ORBIT/EAR/FOSSA W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
70482	N	CT ORBIT/EAR/FOSSA W/O&W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
70486	N	CT MAXILLOFACIAL W/O DYE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
70487	N	CT MAXILLOFACIAL W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
70488	N	CT MAXILLOFACIAL W/O & W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
70490	N	CT SOFT TISSUE NECK W/O DYE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
70491	N	CT SOFT TISSUE NECK W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
70492	N	CT SFT TSUE NCK W/O & W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
70496	N	CT ANGIOGRAPHY HEAD		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
70498	N	CT ANGIOGRAPHY NECK		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
70540	N	MRI ORBIT/FACE/NECK W/O DYE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
70542	N	MRI ORBIT/FACE/NECK W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
70543	N	MRI ORBT/FAC/NCK W/O &W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
70544	N	MR ANGIOGRAPHY HEAD W/O DYE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
70545	N	MR ANGIOGRAPHY HEAD W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
70546	N	MR ANGIOGRAPH HEAD W/O&W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
70547	N	MR ANGIOGRAPHY NECK W/O DYE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
70548	N	MR ANGIOGRAPHY NECK W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
70549	N	MR ANGIOGRAPH NECK W/O&W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
70551	N	MRI BRAIN STEM W/O DYE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
70552	N	MRI BRAIN STEM W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
70553	N	MRI BRAIN STEM W/O & W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
70554	N	FMRI BRAIN BY TECH		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	

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70555	S	FMRI BRAIN BY PHYS/PSYCH		05523	2.7108	APC	$164.60			-	-	000	999	
70557	S	MRI BRAIN W/O DYE		05524	6.1490	APC	$373.37			-	Y	000	999	
70558	S	MRI BRAIN W/DYE		05571	1.9964	APC	$121.22			-	Y	000	999	
70559	S	MRI BRAIN W/O & W/DYE		05571	1.9964	APC	$121.22			-	Y	000	999	
71045	N	X-RAY EXAM CHEST 1 VIEW		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
71046	N	X-RAY EXAM CHEST 2 VIEWS		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
71047	N	X-RAY EXAM CHEST 3 VIEWS		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
71048	N	X-RAY EXAM CHEST 4+ VIEWS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
71100	N	X-RAY EXAM RIBS UNI 2 VIEWS		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
71101	N	X-RAY EXAM OF RIBS CHEST		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
71110	N	X-RAY EXAM RIBS BIL 3 VIEWS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
71111	N	X-RAY EXAM RIBS/CHEST4/> VWS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
71120	N	X-RAY EXAM BREASTBONE 2/>VWS		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
71130	N	X-RAY STRENOCLAVIC JT 3/>VWS		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
71250	N	CT THORAX DX C-		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
71260	N	CT THORAX DX C+		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
71270	N	CT THORAX DX C-/C+		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
71271	S	CT THORAX LUNG CANCER SCR C-		05522	1.1926	APC	$72.41			-	-	000	999	
71275	N	CT ANGIOGRAPHY CHEST		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
71550	N	MRI CHEST W/O DYE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
71551	N	MRI CHEST W/DYE		05573	8.8602	Bundled, sometimes payable	$537.99			-	-	000	999	
71552	N	MRI CHEST W/O & W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
71555	M	MRI ANGIO CHEST W OR W/O DYE		-	-	Fee Schedule	$452.66			-	-	000	999	
72020	N	X-RAY EXAM OF SPINE 1 VIEW		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
72040	N	X-RAY EXAM NECK SPINE 2-3 VW		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
72050	N	X-RAY EXAM NECK SPINE 4/5VWS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72052	N	X-RAY EXAM NECK SPINE 6/>VWS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72070	N	X-RAY EXAM OF THORAX SPINE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72072	N	X-RAY EXAM OF THORACIC SPINE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72074	N	X-RAY EXAM OF THORACIC SPINE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72080	N	X-RAY EXAM THORACOLMB 2/> VW		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
72081	N	X-RAY EXAM ENTIRE SPI 1 VW		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
72082	N	X-RAY EXAM ENTIRE SPI 2/3 VW		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72083	S	X-RAY EXAM ENTIRE SPI 4/5 VW		05522	1.1926	APC	$72.41			-	-	000	999	
72084	S	X-RAY EXAM ENTIRE SPI 6/> VW		05522	1.1926	APC	$72.41			-	-	000	999	
72100	N	X-RAY EXAM L-S SPINE 2/3 VWS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72110	N	X-RAY EXAM L-2 SPINE 4/>VWS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72114	N	X-RAY EXAM L-S SPINE BENDING		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72120	N	X-RAY BEND ONLY L-S SPINE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72125	N	CT NECK SPINE W/O DYE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72126	N	CT NECK SPINE W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
72127	N	CT NECK SPINE W/O & W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
72128	N	CT CHEST SPINE W/O DYE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72129	N	CT CHEST SPINE W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
72130	N	CT CHEST SPINE W/O & W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
72131	N	CT LUMBAR SPINE W/O DYE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72132	N	CT LUMBAR SPINE W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
72133	N	CT LUMBAR SPINE W/O & W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
72141	N	MRI NECK SPINE W/O DYE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
72142	N	MRI NECK SPINE W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
72146	N	MRI CHEST SPINE W/O DYE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
72147	N	MRI CHEST SPINE W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
72148	N	MRI LUMBAR SPINE W/O DYE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
72149	N	MRI LUMBAR SPINE W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
72156	N	MRI NECK SPINE W/O & W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
72157	N	MRI CHEST SPINE W/O & W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	

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72158	N	MRI LUMBAR SPINE W/O & W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
72159	E	MR ANGIO SPINE W/O&W/DYE		-	-	Not Allowed	$0.00			-	-	000	999	
72170	N	X-RAY EXAM OF PELVIS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72190	N	X-RAY EXAM OF PELVIS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72191	N	CT ANGIOGRAPH PELV W/O&W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
72192	N	CT PELVIS W/O DYE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72193	N	CT PELVIS W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
72194	N	CT PELVIS W/O & W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
72195	N	MRI PELVIS W/O DYE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
72196	N	MRI PELVIS W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
72197	N	MRI PELVIS W/O & W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
72198	E	MR ANGIO PELVIS W/O & W/DYE		-	-	Not Allowed	$0.00			-	-	000	999	
72200	N	X-RAY EXAM SI JOINTS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72202	N	X-RAY EXAM SACROILIAC JOINTS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
72220	N	X-RAY EXAM OF TAILBONE		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
72240	N	MYELOGRAPHY NECK SPINE		05573	8.8602	Bundled, sometimes payable	$537.99			-	-	000	999	
72255	N	MYELOGRAPHY THORACIC SPINE		05573	8.8602	Bundled, sometimes payable	$537.99			-	-	000	999	
72265	N	MYELOGRAPHY L-S SPINE		05573	8.8602	Bundled, sometimes payable	$537.99			-	-	000	999	
72270	N	MYELOGPHY 2/> SPINE REGIONS		05573	8.8602	Bundled, sometimes payable	$537.99			-	-	000	999	
72285	N	DISCOGRAPHY CERV/THOR SPINE		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
72295	N	X-RAY OF LOWER SPINE DISK		05431	21.8997	Bundled, sometimes payable	$1,329.75			-	-	000	999	
73000	N	X-RAY EXAM OF COLLAR BONE		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73010	N	X-RAY EXAM OF SHOULDER BLADE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
73020	N	X-RAY EXAM OF SHOULDER		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73030	N	X-RAY EXAM OF SHOULDER		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73040	N	CONTRAST X-RAY OF SHOULDER		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
73050	N	X-RAY EXAM OF SHOULDERS		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73060	N	X-RAY EXAM OF HUMERUS		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73070	N	X-RAY EXAM OF ELBOW		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73080	N	X-RAY EXAM OF ELBOW		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73085	N	CONTRAST X-RAY OF ELBOW		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
73090	N	X-RAY EXAM OF FOREARM		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73092	N	X-RAY EXAM OF ARM INFANT		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
73100	N	X-RAY EXAM OF WRIST		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73110	N	X-RAY EXAM OF WRIST		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73115	N	CONTRAST X-RAY OF WRIST		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
73120	N	X-RAY EXAM OF HAND		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
73130	N	X-RAY EXAM OF HAND		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73140	N	X-RAY EXAM OF FINGER(S)		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73200	N	CT UPPER EXTREMITY W/O DYE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
73201	N	CT UPPER EXTREMITY W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
73202	N	CT UPPR EXTREMITY W/O&W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
73206	N	CT ANGIO UPR EXTRM W/O&W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
73218	N	MRI UPPER EXTREMITY W/O DYE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
73219	N	MRI UPPER EXTREMITY W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
73220	N	MRI UPPR EXTREMITY W/O&W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
73221	N	MRI JOINT UPR EXTREM W/O DYE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
73222	N	MRI JOINT UPR EXTREM W/DYE		05573	8.8602	Bundled, sometimes payable	$537.99			-	-	000	999	
73223	N	MRI JOINT UPR EXTR W/O&W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
73225	E	MR ANGIO UPR EXTR W/O&W/DYE		-	-	Not Allowed	$0.00			-	-	000	999	
73501	N	X-RAY EXAM HIP UNI 1 VIEW		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73502	N	X-RAY EXAM HIP UNI 2-3 VIEWS		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73503	N	X-RAY EXAM HIP UNI 4/> VIEWS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
73521	N	X-RAY EXAM HIPS BI 2 VIEWS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
73522	N	X-RAY EXAM HIPS BI 3-4 VIEWS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
73523	S	X-RAY EXAM HIPS BI 5/> VIEWS		05522	1.1926	APC	$72.41			-	-	000	999	

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73525	N	CONTRAST X-RAY OF HIP		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
73551	N	X-RAY EXAM OF FEMUR 1		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73552	N	X-RAY EXAM OF FEMUR 2/>		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73560	N	X-RAY EXAM OF KNEE 1 OR 2		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73562	N	X-RAY EXAM OF KNEE 3		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73564	N	X-RAY EXAM KNEE 4 OR MORE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
73565	N	RADIOLOGIC EXAMINATION KNEE; BOTH KNEES STANDING AP		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73580	N	CONTRAST X-RAY OF KNEE JOINT		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
73590	N	X-RAY EXAM OF LOWER LEG		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73592	N	X-RAY EXAM OF LEG INFANT		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	2	
73600	N	X-RAY EXAM OF ANKLE		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73610	N	X-RAY EXAM OF ANKLE		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73615	N	CONTRAST X-RAY OF ANKLE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
73620	N	X-RAY EXAM OF FOOT		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73630	N	X-RAY EXAM OF FOOT		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73650	N	X-RAY EXAM OF HEEL		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73660	N	X-RAY EXAM OF TOE(S)		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
73700	N	CT LOWER EXTREMITY W/O DYE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
73701	N	CT LOWER EXTREMITY W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
73702	N	CT LWR EXTREMITY W/O&W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
73706	N	CT ANGIO LWR EXTR W/O&W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
73718	N	MRI LOWER EXTREMITY W/O DYE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
73719	N	MRI LOWER EXTREMITY W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
73720	N	MRI LWR EXTREMITY W/O&W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
73721	N	MRI JNT OF LWR EXTRE W/O DYE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
73722	N	MRI JOINT OF LWR EXTR W/DYE		05573	8.8602	Bundled, sometimes payable	$537.99			-	-	000	999	
73723	N	MRI JOINT LWR EXTR W/O&W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
73725	M	MR ANG LWR EXT W OR W/O DYE		-	-	Fee Schedule	$455.29			-	-	000	999	
74018	N	RADEX ABDOMEN 1 VIEW		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
74019	N	RADEX ABDOMEN 2 VIEWS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
74021	N	RADEX ABDOMEN 3+ VIEWS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
74022	N	RADEX COMPL AQT ABD SERIES		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
74150	N	CT ABDOMEN W/O CONTRAST		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
74160	N	CT ABDOMEN W/CONTRAST		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74170	N	CT ABD WO CNTRST FLWD CNTRST		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74174	S	CTA ABD&PLVS W/CONTRAST		05572	4.0051	APC	$243.19			-	-	000	999	
74175	N	CTA ABDOMEN W/CONTRAST		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74176	N	CT ABD & PELVIS W/O CONTRAST		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
74177	N	CT ABD & PELVIS W/CONTRAST		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
74178	N	CT ABD&PLV WO CNTR FLWD CNTR		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
74181	N	MRI ABDOMEN W/O CONTRAST		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
74182	N	MRI ABDOMEN W/CONTRAST		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
74183	N	MRI ABD W/O CNTR FLWD CNTR		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
74185	M	MRA ABD W OR W/O CNTRST		-	-	Fee Schedule	$456.61			-	-	000	999	
74190	N	PERITONEOGRAM RS&I		05524	6.1490	Bundled, sometimes payable	$373.37			-	-	000	999	
74210	N	X-RAY XM PHRNX&/CRV ESOPH C+		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74220	N	X-RAY XM ESOPHAGUS 1CNTRST		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74221	N	X-RAY XM ESOPHAGUS 2CNTRST		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74230	N	X-RAY XM SWLNG FUNCJ C+		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74235	N	REMOVE ESOPHAGUS OBSTRUCTION		-	-	Bundled	$0.00			-	-	000	999	
74240	N	X-RAY XM UPR GI TRC 1CNTRST		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74246	N	X-RAY XM UPR GI TRC 2CNTRST		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74248	N	X-RAY SM INT F-THRU STD		-	-	Bundled	$0.00			-	-	000	999	
74250	N	X-RAY XM SM INT 1CNTRST STD		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74251	N	X-RAY XM SM INT 2CNTRST STD		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74261	N	CT COLONOGRAPHY DX		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	

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74262	N	CT COLONOGRAPHY DX W/DYE		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74263	S	CT COLONOGRAPHY SCREENING		05523	2.7108	APC	$164.60			-	-	000	999	
74270	N	X-RAY XM COLON 1CNTRST STD		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74280	N	X-RAY XM COLON 2CNTRST STD		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74283	S	THER NMA RDCTJ INTUS/OBSTRCJ		05571	1.9964	APC	$121.22			-	-	000	999	
74290	N	CONTRAST X-RAY GALLBLADDER		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
74300	N	X-RAY BILE DUCTS/PANCREAS		-	-	Bundled	$0.00			-	-	000	999	
74301	N	X-RAYS AT SURGERY ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
74328	N	X-RAY BILE DUCT ENDOSCOPY		-	-	Bundled	$0.00			-	-	000	999	
74329	N	X-RAY FOR PANCREAS ENDOSCOPY		-	-	Bundled	$0.00			-	-	000	999	
74330	N	X-RAY BILE/PANC ENDOSCOPY		-	-	Bundled	$0.00			-	-	000	999	
74340	N	X-RAY GUIDE FOR GI TUBE		-	-	Bundled	$0.00			-	-	000	999	
74355	N	X-RAY GUIDE INTESTINAL TUBE		-	-	Bundled	$0.00			-	-	000	999	
74360	N	X-RAY GUIDE GI DILATION		-	-	Bundled	$0.00			-	-	000	999	
74363	N	X-RAY BILE DUCT DILATION		-	-	Bundled	$0.00			-	-	000	999	
74400	S	UROGRAPHY IV +-KUB TOMOG		05571	1.9964	APC	$121.22			-	-	000	999	
74410	S	UROGRAPHY NFS DRIP&/BOLUS		05571	1.9964	APC	$121.22			-	-	000	999	
74415	S	UROGRAPHY NFS DRIP&/BLS W/NF		05571	1.9964	APC	$121.22			-	-	000	999	
74420	S	UROGRAPHY RTRGR +-KUB		05572	4.0051	APC	$243.19			-	-	000	999	
74425	N	UROGRAPHY ANTEGRADE RS&I		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
74430	N	CONTRAST X-RAY BLADDER		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
74440	N	X-RAY MALE GENITAL TRACT		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
74445	N	X-RAY EXAM OF PENIS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
74450	N	X-RAY URETHRA/BLADDER		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
74455	N	X-RAY URETHRA/BLADDER		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
74470	N	X-RAY EXAM OF KIDNEY LESION		05524	6.1490	Bundled, sometimes payable	$373.37			-	-	000	999	
74485	N	DILATION URTR/URT RS&I		05373	22.9733	Bundled, sometimes payable	$1,394.94			-	-	000	999	
74712	S	MRI FETAL SNGL/1ST GESTATION		05523	2.7108	APC	$164.60			-	-	000	999	
74713	N	MRI FETAL EA ADDL GESTATION		-	-	Bundled	$0.00			-	-	000	999	
74740	N	X-RAY FEMALE GENITAL TRACT		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
74742	N	X-RAY FALLOPIAN TUBE		-	-	Bundled	$0.00			-	-	000	999	
74775	S	X-RAY EXAM OF PERINEUM		05523	2.7108	APC	$164.60			-	-	000	999	
75557	N	CARDIAC MRI FOR MORPH		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
75559	N	CARDIAC MRI W/STRESS IMG		05524	6.1490	Bundled, sometimes payable	$373.37			-	-	000	999	
75561	N	CARDIAC MRI FOR MORPH W/DYE		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
75563	N	CARD MRI W/STRESS IMG & DYE		05573	8.8602	Bundled, sometimes payable	$537.99			-	-	000	999	
75565	N	CARD MRI VELOC FLOW MAPPING		-	-	Bundled	$0.00			-	-	000	999	
75571	N	CT HRT W/O DYE W/CA TEST		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
75572	S	CT HRT W/3D IMAGE		05572	4.0051	APC	$243.19			-	-	000	999	
75573	S	CT HRT C+ STRUX CGEN HRT DS		05572	4.0051	APC	$243.19			-	-	000	999	
75574	S	CT ANGIO HRT W/3D IMAGE		05572	4.0051	APC	$243.19			-	-	000	999	
75580	S	N-INVAS EST C FFR SW ALY CTA		05724	11.4097	APC	$692.80			-	-	000	999	
75600	N	CONTRAST EXAM THORACIC AORTA		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75605	N	CONTRAST EXAM THORACIC AORTA		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
75625	N	CONTRAST EXAM ABDOMINL AORTA		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75630	N	X-RAY AORTA LEG ARTERIES		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75635	N	CT ANGIO ABDOMINAL ARTERIES		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
75705	N	ARTERY X-RAYS SPINE		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
75710	N	ARTERY X-RAYS ARM/LEG		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75716	N	ARTERY X-RAYS ARMS/LEGS		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75726	N	ARTERY X-RAYS ABDOMEN		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
75731	N	ARTERY X-RAYS ADRENAL GLAND		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75733	N	ARTERY X-RAYS ADRENALS		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75736	N	ARTERY X-RAYS PELVIS		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
75741	N	ARTERY X-RAYS LUNG		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75743	N	ARTERY X-RAYS LUNGS		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	

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75746	N	ARTERY X-RAYS LUNG		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75756	N	ARTERY X-RAYS CHEST		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75774	N	ARTERY X-RAY EACH VESSEL		-	-	Bundled	$0.00			-	-	000	999	
75801	N	LYMPH VESSEL X-RAY ARM/LEG		05181	6.9336	Bundled, sometimes payable	$421.01			-	-	000	999	
75803	N	LYMPH VESSEL X-RAY ARMS/LEGS		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	-	000	999	
75805	N	LYMPH VESSEL X-RAY TRUNK		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75807	N	LYMPH VESSEL X-RAY TRUNK		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75809	N	NONVASCULAR SHUNT X-RAY		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
75810	N	VEIN X-RAY SPLEEN/LIVER		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75820	N	VEIN X-RAY ARM/LEG		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	-	000	999	
75822	N	VEIN X-RAY ARMS/LEGS		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	-	000	999	
75825	N	VEIN X-RAY TRUNK		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75827	N	VEIN X-RAY CHEST		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	-	000	999	
75831	N	VEIN X-RAY KIDNEY		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75833	N	VEIN X-RAY KIDNEYS		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75840	N	VEIN X-RAY ADRENAL GLAND		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75842	N	VEIN X-RAY ADRENAL GLANDS		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
75860	N	VEIN X-RAY NECK		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75870	N	VEIN X-RAY SKULL		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75872	N	VEIN X-RAY SKULL EPIDURAL		05181	6.9336	Bundled, sometimes payable	$421.01			-	-	000	999	
75880	N	VEIN X-RAY EYE SOCKET		05181	6.9336	Bundled, sometimes payable	$421.01			-	-	000	999	
75885	N	VEIN X-RAY LIVER W/HEMODYNAM		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75887	N	VEIN X-RAY LIVER W/O HEMODYN		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75889	N	VEIN X-RAY LIVER W/HEMODYNAM		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75891	N	VEIN X-RAY LIVER		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75893	N	VENOUS SAMPLING BY CATHETER		05184	60.6231	Bundled, sometimes payable	$3,681.03			-	-	000	999	
75894	N	X-RAYS TRANSCATH THERAPY		-	-	Bundled	$0.00			-	-	000	999	
75898	N	FOLLOW-UP ANGIOGRAPHY		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
75901	N	REMOVE CVA DEVICE OBSTRUCT		-	-	Bundled	$0.00			-	-	000	999	
75902	N	REMOVE CVA LUMEN OBSTRUCT		-	-	Bundled	$0.00			-	-	000	999	
75956	C	XRAY ENDOVASC THOR AO REPR		-	-	IP Only	$0.00			-	-	000	999	
75957	C	XRAY ENDOVASC THOR AO REPR		-	-	IP Only	$0.00			-	-	000	999	
75958	C	XRAY PLACE PROX EXT THOR AO		-	-	IP Only	$0.00			-	-	000	999	
75959	C	XRAY PLACE DIST EXT THOR AO		-	-	IP Only	$0.00			-	-	000	999	
75970	N	VASCULAR BIOPSY		-	-	Bundled	$0.00			-	-	000	999	
75984	N	XRAY CONTROL CATHETER CHANGE		-	-	Bundled	$0.00			-	-	000	999	
75989	N	ABSCESS DRAINAGE UNDER X-RAY		-	-	Bundled	$0.00			-	-	000	999	
76000	S	FLUOROSCOPY <1 HR PHYS/QHP		05523	2.7108	APC	$164.60			-	-	000	999	
76010	N	X-RAY NOSE TO RECTUM		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
76014	S	MR SFTY IMPLT&/FB ASMT STF 1		05731	0.2747	APC	$16.68			-	-	000	999	
76015	N	MR SFTY MPLT&/FB ASMT STF EA		-	-	Bundled	$0.00			-	-	000	999	
76016	S	MR SAFETY DETER PHYS/QHP		05521	0.9874	APC	$59.95			-	-	000	999	
76017	S	MR SFTY MED PHYSICS XM CSTMZ		05523	2.7108	APC	$164.60			-	-	000	999	
76018	S	MR SAFETY IMPLANT ELEC PREPJ		05742	1.0294	APC	$62.51			-	-	000	999	
76019	S	MR SAFETY IMPLT POS&/IMMOBLJ		05733	0.6661	APC	$40.45			-	-	000	999	
76080	N	X-RAY EXAM OF FISTULA		05524	6.1490	Bundled, sometimes payable	$373.37			-	-	000	999	
76098	N	X-RAY EXAM SURGICAL SPECIMEN		05524	6.1490	Bundled, sometimes payable	$373.37			-	-	000	999	
76100	N	X-RAY EXAM OF BODY SECTION		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76120	N	CINE/VIDEO X-RAYS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76125	N	CINE/VIDEO X-RAYS ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
76140	E	X-RAY CONSULTATION		-	-	Not Allowed	$0.00			-	-	000	999	
76145	S	MED PHYSIC DOS EVAL RAD EXPS		05723	5.9505	APC	$361.31			-	-	000	999	
76376	N	3D RENDER W/INTRP POSTPROCES		-	-	Bundled	$0.00			-	-	000	999	
76377	N	3D RENDER W/INTRP POSTPROCES		-	-	Bundled	$0.00			-	-	000	999	
76380	N	CAT SCAN FOLLOW-UP STUDY		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
76390	E	MR SPECTROSCOPY		-	-	Not Allowed	$0.00			-	-	000	999	

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76391	N	MR ELASTOGRAPHY		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
76496	N	UNLISTED FLUOROSCOPIC PX		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
76497	N	UNLISTED CT PROCEDURE		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
76498	S	UNLISTED MR PROCEDURE		05521	0.9874	APC	$59.95			-	-	000	999	
76499	N	UNLISTED DX RADIOGRAPHIC PX		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
76506	N	ECHO EXAM OF HEAD		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76510	N	OPH US DX B-SCAN&QUAN A-SCAN		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
76511	N	OPH US DX QUAN A-SCAN ONLY		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76512	N	OPH US DX B-SCAN		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76513	N	OPH US DX ANT SGM US UNI/BI		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76514	N	ECHO EXAM OF EYE THICKNESS		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
76516	N	ECHO EXAM OF EYE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76519	N	ECHO EXAM OF EYE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76529	N	ECHO EXAM OF EYE		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
76536	N	US EXAM OF HEAD AND NECK		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76604	N	US EXAM CHEST		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76641	N	ULTRASOUND BREAST COMPLETE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76642	N	ULTRASOUND BREAST LIMITED		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
76700	N	US EXAM ABDOM COMPLETE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76705	N	ECHO EXAM OF ABDOMEN		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76706	S	US ABDL AORTA SCREEN AAA		05522	1.1926	APC	$72.41			-	-	000	999	
76770	N	US EXAM ABDO BACK WALL COMP		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76775	N	US EXAM ABDO BACK WALL LIM		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76776	N	US EXAM K TRANSPL W/DOPPLER		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76800	N	US EXAM SPINAL CANAL		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76801	S	OB US < 14 WKS SINGLE FETUS		05522	1.1926	APC	$72.41			-	-	000	999	
76802	N	OB US < 14 WKS ADDL FETUS		-	-	Bundled	$0.00			-	-	000	999	
76805	S	OB US >= 14 WKS SNGL FETUS		05522	1.1926	APC	$72.41			-	-	010	65	
76810	N	OB US >= 14 WKS ADDL FETUS		-	-	Bundled	$0.00			-	-	010	65	
76811	S	OB US DETAILED SNGL FETUS		05523	2.7108	APC	$164.60			-	-	000	999	
76812	N	OB US DETAILED ADDL FETUS		-	-	Bundled	$0.00			-	-	000	999	
76813	N	OB US NUCHAL MEAS 1 GEST		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76814	N	OB US NUCHAL MEAS ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
76815	N	OB US LIMITED FETUS(S)		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	010	65	
76816	N	OB US FOLLOW-UP PER FETUS		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	010	65	
76817	N	TRANSVAGINAL US OBSTETRIC		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76818	S	FETAL BIOPHYS PROFILE W/NST		05522	1.1926	APC	$72.41			-	-	010	65	
76819	S	FETAL BIOPHYS PROFIL W/O NST		05522	1.1926	APC	$72.41			-	-	010	65	
76820	N	UMBILICAL ARTERY ECHO		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76821	N	MIDDLE CEREBRAL ARTERY ECHO		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76825	S	ECHO EXAM OF FETAL HEART		05524	6.1490	APC	$373.37			-	-	010	65	
76826	S	ECHO EXAM OF FETAL HEART		05523	2.7108	APC	$164.60			-	-	010	65	
76827	N	ECHO EXAM OF FETAL HEART		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	010	65	
76828	N	ECHO EXAM OF FETAL HEART		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	010	65	
76830	S	TRANSVAGINAL US NON-OB		05522	1.1926	APC	$72.41			-	-	010	999	
76831	N	ECHO EXAM UTERUS		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
76856	N	US EXAM PELVIC COMPLETE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76857	N	US EXAM PELVIC LIMITED		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76870	N	US EXAM SCROTUM		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76872	S	US TRANSRECTAL		05522	1.1926	APC	$72.41			-	-	000	999	
76873	S	ECHOGRAP TRANS R PROS STUDY		05522	1.1926	APC	$72.41			-	-	000	999	
76881	S	US COMPL JOINT R-T W/IMG		05522	1.1926	APC	$72.41			-	-	000	999	
76882	N	US LMTD JT/FCL EVL NVASC XTR		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76883	N	US NRV&ACC STRUX 1XTR COMPRE		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76885	N	US EXAM INFANT HIPS DYNAMIC		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	0	
76886	N	US EXAM INFANT HIPS STATIC		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	0	

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76932	N	ECHO GUIDE FOR HEART BIOPSY		-	-	Bundled	$0.00			-	-	000	999	
76936	S	ECHO GUIDE FOR ARTERY REPAIR		05722	3.4922	APC	$212.05			-	-	000	999	
76937	N	US GUIDE VASCULAR ACCESS		-	-	Bundled	$0.00			-	-	000	999	
76940	N	US GUIDE TISSUE ABLATION		-	-	Bundled	$0.00			-	-	000	999	
76941	N	ECHO GUIDE FOR TRANSFUSION		-	-	Bundled	$0.00			-	-	010	65	
76942	N	ECHO GUIDE FOR BIOPSY		-	-	Bundled	$0.00			-	-	000	999	
76945	N	ECHO GUIDE VILLUS SAMPLING		-	-	Bundled	$0.00			-	-	010	65	
76946	N	ECHO GUIDE FOR AMNIOCENTESIS		-	-	Bundled	$0.00			-	-	010	65	
76948	N	ECHO GUIDE OVA ASPIRATION		-	-	Bundled	$0.00			-	-	010	65	
76965	N	ECHO GUIDANCE RADIOTHERAPY		-	-	Bundled	$0.00			-	-	000	999	
76975	N	GI ENDOSCOPIC ULTRASOUND		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
76977	S	US BONE DENSITY MEASURE		05522	1.1926	APC	$72.41			-	-	000	999	
76978	S	US TRGT DYN MBUBB 1ST LES		05571	1.9964	APC	$121.22			-	-	000	999	
76979	N	US TRGT DYN MBUBB EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
76981	N	USE PARENCHYMA		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76982	N	USE 1ST TARGET LESION		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
76983	N	USE EA ADDL TARGET LESION		-	-	Bundled	$0.00			-	-	000	999	
76984	C	DX INTRAOP THORACIC AORTA US		-	-	IP Only	$0.00			-	-	000	999	
76987	C	DX INTRAOP EPICAR CAR US CHD		-	-	IP Only	$0.00			-	-	000	999	
76988	C	DX NTROP EPCR US CHD IMG ACQ		-	-	IP Only	$0.00			-	-	000	999	
76989	C	DX INTRAOP EPCAR US CHD I&R		-	-	IP Only	$0.00			-	-	000	999	
76998	N	US GUIDE INTRAOP		-	-	Bundled	$0.00			-	-	000	999	
76999	N	ECHO EXAMINATION PROCEDURE		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
77001	N	FLUOROGUIDE FOR VEIN DEVICE		-	-	Bundled	$0.00			-	-	000	999	
77002	N	NEEDLE LOCALIZATION BY XRAY		-	-	Bundled	$0.00			-	-	000	999	
77003	N	FLUOROGUIDE FOR SPINE INJECT		-	-	Bundled	$0.00			-	-	000	999	
77011	N	CT SCAN FOR LOCALIZATION		-	-	Bundled	$0.00			-	-	000	999	
77012	N	CT SCAN FOR NEEDLE BIOPSY		-	-	Bundled	$0.00			-	-	000	999	
77013	N	CT GUIDE FOR TISSUE ABLATION		-	-	Bundled	$0.00			-	-	000	999	
77014	N	CT SCAN FOR THERAPY GUIDE		-	-	Bundled	$0.00			-	-	000	999	
77021	N	MRI GUIDANCE NDL PLMT RS&I		-	-	Bundled	$0.00			-	-	000	999	
77022	N	MRI GDN PARNCHYMA TISS ABLTJ		-	-	Bundled	$0.00			-	-	000	999	
77046	N	MRI BREAST C- UNILATERAL		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
77047	N	MRI BREAST C- BILATERAL		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
77048	E	MRI BREAST C-+ W/CAD UNI		-	-	Not Allowed	$0.00			-	-	000	999	
77049	E	MRI BREAST C-+ W/CAD BI		-	-	Not Allowed	$0.00			-	-	000	999	
77053	N	X-RAY OF MAMMARY DUCT		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
77054	N	X-RAY OF MAMMARY DUCTS		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
77061	E	BREAST TOMOSYNTHESIS UNI		-	-	Not Allowed	$0.00			-	-	000	999	
77062	E	BREAST TOMOSYNTHESIS BI		-	-	Not Allowed	$0.00			-	-	000	999	
77063	M	BREAST TOMOSYNTHESIS BI		-	-	Fee Schedule	$68.53			-	-	000	999	
77065	M	DX MAMMO INCL CAD UNI		-	-	Fee Schedule	$165.25			-	-	000	999	
77066	M	DX MAMMO INCL CAD BI		-	-	Fee Schedule	$209.16			-	-	000	999	
77067	M	SCR MAMMO BI INCL CAD		-	-	Fee Schedule	$168.76			-	-	000	999	
77071	N	MNL APPL STRS JT RADIOGRAPHY		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
77072	N	BONE AGE STUDIES		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
77073	N	BONE LENGTH STUDIES		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
77074	N	RADEX OSSEOUS SURVEY LMTD		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
77075	N	RADEX OSSEOUS SURVEY COMPL		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
77076	N	RADEX OSSEOUS SURVEY INFANT		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	1	
77077	N	JOINT SURVEY SINGLE VIEW		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
77078	S	CT BONE DENSITY AXIAL		05521	0.9874	APC	$59.95			-	-	000	999	
77080	S	DXA BONE DENSITY AXIAL		05522	1.1926	APC	$72.41			-	-	000	999	
77081	S	DXA BONE DENSITY APPENDICULR		05521	0.9874	APC	$59.95			-	-	000	999	
77084	S	MRI BONE MARROW BLOOD SUPPLY		05523	2.7108	APC	$164.60			-	-	000	999	
77085	N	DXA BONE DENSITY AXL VRT FX		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	

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77086	N	VRT FRACTURE ASSMT VIA DXA		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
77089	E	TBS DXA CAL W/I&R FX RISK		-	-	Not Allowed	$0.00			-	-	000	999	
77090	S	TBS TECHL PREP&TRANSMIS DATA		05521	0.9874	APC	$59.95			-	-	000	999	
77091	S	TBS TECHL CALCULATION ONLY		05521	0.9874	APC	$59.95			-	-	000	999	
77092	E	TBS I&R FX RSK QHP		-	-	Not Allowed	$0.00			-	-	000	999	
77261	E	THER RADIOLOGY TX PLNG SMPL		-	-	Not Allowed	$0.00			-	-	000	999	
77262	E	THER RADIOLOGY TX PLNG INTRM		-	-	Not Allowed	$0.00			-	-	000	999	
77263	E	THER RADIOLOGY TX PLNG CPLX		-	-	Not Allowed	$0.00			-	-	000	999	
77280	S	THER RAD SIMULAJ FIELD SMPL		05611	1.4890	APC	$90.41			-	-	000	999	
77285	S	THER RAD SIMULAJ FIELD INTRM		05612	4.1054	APC	$249.28			-	-	000	999	
77290	S	THER RAD SIMULAJ FIELD CPLX		05612	4.1054	APC	$249.28			-	-	000	999	
77293	N	RESPIRATOR MOTION MGMT SIMUL		-	-	Bundled	$0.00			-	-	000	999	
77295	S	3-D RADIOTHERAPY PLAN		05613	15.3446	APC	$931.72			-	-	000	999	
77299	S	UNLISTED PX THER RAD TX PLNG		05611	1.4890	APC	$90.41			-	-	000	999	
77300	S	RADIATION THERAPY DOSE PLAN		05611	1.4890	APC	$90.41			-	-	000	999	
77301	S	RADIOTHERAPY DOSE PLAN IMRT		05613	15.3446	APC	$931.72			-	-	000	999	
77306	S	TELETHX ISODOSE PLAN SIMPLE		05612	4.1054	APC	$249.28			-	-	000	999	
77307	S	TELETHX ISODOSE PLAN CPLX		05612	4.1054	APC	$249.28			-	-	000	999	
77316	S	BRACHYTX ISODOSE PLAN SIMPLE		05612	4.1054	APC	$249.28			-	-	000	999	
77317	S	BRACHYTX ISODOSE INTERMED		05612	4.1054	APC	$249.28			-	-	000	999	
77318	S	BRACHYTX ISODOSE COMPLEX		05612	4.1054	APC	$249.28			-	-	000	999	
77321	S	SPECIAL TELETX PORT PLAN		05612	4.1054	APC	$249.28			-	-	000	999	
77331	S	SPECIAL RADIATION DOSIMETRY		05611	1.4890	APC	$90.41			-	-	000	999	
77332	S	RADIATION TREATMENT AID(S)		05611	1.4890	APC	$90.41			-	-	000	999	
77333	S	RADIATION TREATMENT AID(S)		05611	1.4890	APC	$90.41			-	-	000	999	
77334	S	RADIATION TREATMENT AID(S)		05612	4.1054	APC	$249.28			-	-	000	999	
77336	S	RADIATION PHYSICS CONSULT		05611	1.4890	APC	$90.41			-	-	000	999	
77338	S	DESIGN MLC DEVICE FOR IMRT		05612	4.1054	APC	$249.28			-	-	000	999	
77370	S	RADIATION PHYSICS CONSULT		05611	1.4890	APC	$90.41			-	-	000	999	
77371	N	SRS MULTISOURCE		05627	85.7304	Bundled, sometimes payable	$5,205.55			-	-	000	999	
77372	N	SRS LINEAR BASED		05627	85.7304	Bundled, sometimes payable	$5,205.55			-	-	000	999	
77373	S	STRTCTC BDY RAD THER TX DLVR		05626	19.6919	APC	$1,195.69			-	-	000	999	
77385	S	NTSTY MODUL RAD TX DLVR SMPL		05623	6.4874	APC	$393.91			-	-	000	999	
77386	S	NTSTY MODUL RAD TX DLVR CPLX		05623	6.4874	APC	$393.91			-	-	000	999	
77387	N	GUIDANCE FOR RADJ TX DLVR		-	-	Bundled	$0.00			-	-	000	999	
77399	S	UNLISTED PX MED RADJ PHYSICS		05611	1.4890	APC	$90.41			-	-	000	999	
77401	S	RADIATION TX DELIVERY SUPFC		05621	1.2280	APC	$74.56			-	-	000	999	
77402	S	RADIATION TX DELIVERY SIMPLE		05621	1.2280	APC	$74.56			-	-	000	999	
77407	S	RADIATION TX DELIVERY INTRM		05622	2.9492	APC	$179.08			-	-	000	999	
77412	S	RADIATION TX DELIVERY COMPLX		05622	2.9492	APC	$179.08			-	-	000	999	
77417	N	THER RADIOLOGY PORT IMAGE(S)		-	-	Bundled	$0.00			-	-	000	999	
77423	S	NEUTRON BEAM TX COMPLEX		05623	6.4874	APC	$393.91			-	Y	000	999	
77424	N	IO RAD TX DELIVERY BY X-RAY		05627	85.7304	Bundled, sometimes payable	$5,205.55			-	-	000	999	
77425	N	IO RAD TX DELIVER BY ELCTRNS		05627	85.7304	Bundled, sometimes payable	$5,205.55			-	-	000	999	
77427	M	RADIATION TX MANAGEMENT X5		-	-	Fee Schedule	$250.31			-	-	000	999	
77431	M	RADIATION THERAPY MANAGEMENT		-	-	Fee Schedule	$141.42			-	-	000	999	
77432	M	STEREOTACTIC RADIATION TRMT		-	-	Fee Schedule	$556.36			-	-	000	999	
77435	N	SBRT MANAGEMENT		-	-	Bundled	$0.00			-	-	000	999	
77469	E	IO RADIATION TX MANAGEMENT		-	-	Not Allowed	$0.00			-	-	000	999	
77470	S	SPECIAL RADIATION TREATMENT		05623	6.4874	APC	$393.91			-	-	000	999	
77499	M	UNLISTED PX THER RAD TX MGMT		-	-	Fee Schedule	$0.00			-	-	000	999	
77520	S	PROTON TRMT SIMPLE W/O COMP		05623	6.4874	APC	$393.91			-	-	000	999	
77522	S	PROTON TRMT SIMPLE W/COMP		05625	14.3044	APC	$868.56			-	-	000	999	
77523	S	PROTON TRMT INTERMEDIATE		05625	14.3044	APC	$868.56			-	-	000	999	
77525	S	PROTON TREATMENT COMPLEX		05625	14.3044	APC	$868.56			-	-	000	999	
77600	S	HYPERTHERMIA EXT GEN SUPFC		05622	2.9492	APC	$179.08			-	-	000	999	

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77605	S	HYPERTHERMIA EXT GEN DEEP		05624	7.7808	APC	$472.45			-	-	000	999	
77610	S	HYPERTHERMIA NTRSTL PRB 5/<		05623	6.4874	APC	$393.91			-	-	000	999	
77615	S	HYPERTHERMIA NTRSTL PRB>5		05623	6.4874	APC	$393.91			-	-	000	999	
77620	S	HYPERTHERMIA GEN INTRCV PRB		05623	6.4874	APC	$393.91			-	-	000	999	
77750	S	INFUSE RADIOACTIVE MATERIALS		05622	2.9492	APC	$179.08			-	-	000	999	
77761	S	APPLY INTRCAV RADIAT SIMPLE		05623	6.4874	APC	$393.91			-	-	000	999	
77762	S	APPLY INTRCAV RADIAT INTERM		05623	6.4874	APC	$393.91			-	-	000	999	
77763	S	APPLY INTRCAV RADIAT COMPL		05624	7.7808	APC	$472.45			-	-	000	999	
77767	S	HDR RDNCL SKN SURF BRACHYTX		05622	2.9492	APC	$179.08			-	-	000	999	
77768	S	HDR RDNCL SKN SURF BRACHYTX		05622	2.9492	APC	$179.08			-	-	000	999	
77770	S	HDR RDNCL NTRSTL/ICAV BRCHTX		05624	7.7808	APC	$472.45			-	-	000	999	
77771	S	HDR RDNCL NTRSTL/ICAV BRCHTX		05624	7.7808	APC	$472.45			-	-	000	999	
77772	S	HDR RDNCL NTRSTL/ICAV BRCHTX		05624	7.7808	APC	$472.45			-	-	000	999	
77778	S	APPLY INTERSTIT RADIAT COMPL		05624	7.7808	APC	$472.45			-	-	000	999	
77789	S	APPLY SURF LDR RADIONUCLIDE		05621	1.2280	APC	$74.56			-	-	000	999	
77790	N	RADIATION HANDLING		-	-	Bundled	$0.00			-	-	000	999	
77799	S	UNLISTED PX CLIN BRACHYTX		05621	1.2280	APC	$74.56			-	-	000	999	
78012	S	THYROID UPTAKE MEASUREMENT		05591	4.5064	APC	$273.63			-	-	000	999	
78013	S	THYROID IMAGING W/BLOOD FLOW		05591	4.5064	APC	$273.63			-	-	000	999	
78014	S	THYROID IMAGING W/BLOOD FLOW		05591	4.5064	APC	$273.63			-	-	000	999	
78015	S	THYROID MET IMAGING		05591	4.5064	APC	$273.63			-	-	000	999	
78016	S	THYROID MET IMAGING/STUDIES		05591	4.5064	APC	$273.63			-	-	000	999	
78018	S	THYROID MET IMAGING BODY		05592	6.0365	APC	$366.54			-	-	000	999	
78020	N	THYROID MET UPTAKE		-	-	Bundled	$0.00			-	-	000	999	
78070	S	PARATHYROID PLANAR IMAGING		05591	4.5064	APC	$273.63			-	-	000	999	
78071	S	PARATHYRD PLANAR W/WO SUBTRJ		05591	4.5064	APC	$273.63			-	-	000	999	
78072	S	PARATHYRD PLANAR W/SPECT&CT		05592	6.0365	APC	$366.54			-	-	000	999	
78075	S	ADRENAL CORTEX & MEDULLA IMG		05593	14.6405	APC	$888.97			-	-	000	999	
78099	S	UNLISTED ENDOCRINE PX DX NUC		05591	4.5064	APC	$273.63			-	-	000	999	
78102	S	BONE MARROW IMAGING LTD		05591	4.5064	APC	$273.63			-	-	000	999	
78103	S	BONE MARROW IMAGING MULT		05591	4.5064	APC	$273.63			-	-	000	999	
78104	S	BONE MARROW IMAGING BODY		05591	4.5064	APC	$273.63			-	-	000	999	
78110	S	PLASMA VOLUME SINGLE		05593	14.6405	APC	$888.97			-	-	000	999	
78111	S	PLASMA VOLUME MULTIPLE		05593	14.6405	APC	$888.97			-	-	000	999	
78120	S	RED CELL MASS SINGLE		05591	4.5064	APC	$273.63			-	-	000	999	
78121	S	RED CELL MASS MULTIPLE		05592	6.0365	APC	$366.54			-	-	000	999	
78122	S	WHL BLD VOLUME DETERMINATION		05592	6.0365	APC	$366.54			-	-	000	999	
78130	S	RED CELL SURVIVAL STUDY		05591	4.5064	APC	$273.63			-	-	000	999	
78140	S	RED CELL SEQUESTRATION		05591	4.5064	APC	$273.63			-	-	000	999	
78185	S	SPLEEN IMAGING		05591	4.5064	APC	$273.63			-	-	000	999	
78191	S	PLATELET SURVIVAL STUDY		05591	4.5064	APC	$273.63			-	-	000	999	
78195	S	LYMPH SYSTEM IMAGING		05592	6.0365	APC	$366.54			-	-	000	999	
78199	S	UNLSTD HEMATOP RET/ENDO LYMP		05591	4.5064	APC	$273.63			-	-	000	999	
78201	S	LIVER IMAGING STATIC ONLY		05592	6.0365	APC	$366.54			-	-	000	999	
78202	S	LIVER IMAGING WITH VASC FLOW		05592	6.0365	APC	$366.54			-	-	000	999	
78215	S	LVR&SPLEEN IMG STATIC ONLY		05591	4.5064	APC	$273.63			-	-	000	999	
78216	S	LVR&SPLEEN IMG W/VASC FLOW		05591	4.5064	APC	$273.63			-	-	000	999	
78226	S	HEPATOBILIARY SYSTEM IMAGING		05591	4.5064	APC	$273.63			-	-	000	999	
78227	S	HEPATOBIL SYST IMAGE W/DRUG		05592	6.0365	APC	$366.54			-	-	000	999	
78230	S	SALIVARY GLAND IMAGING		05591	4.5064	APC	$273.63			-	-	000	999	
78231	S	SALIVARY GLND IMG SERIAL IMG		05591	4.5064	APC	$273.63			-	-	000	999	
78232	S	SALIVARY GLAND FUNCTION STD		05591	4.5064	APC	$273.63			-	-	000	999	
78258	S	ESOPHAGEAL MOTILITY		05591	4.5064	APC	$273.63			-	-	000	999	
78261	S	GASTRIC MUCOSA IMAGING		05591	4.5064	APC	$273.63			-	-	000	999	
78262	S	GASTROESOPHAGEAL REFLUX STD		05591	4.5064	APC	$273.63			-	-	000	999	
78264	S	GASTRIC EMPTYING IMAG STUDY		05591	4.5064	APC	$273.63			-	-	000	999	

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78265	S	GASTRIC EMPTYING IMAG STUDY		05591	4.5064	APC	$273.63			-	-	000	999	
78266	S	GASTRIC EMPTYING IMAG STUDY		05592	6.0365	APC	$366.54			-	-	000	999	
78267	Q	BREATH TST ATTAIN/ANAL C-14		-	-	Medicare	$18.43	$11.43	$11.06	-	-	000	999	
78268	Q	BREATH TEST ANALYSIS C-14		-	-	Medicare	$157.35	$97.56	$94.41	-	-	000	999	
78278	S	ACUTE GI BLOOD LOSS IMAGING		05591	4.5064	APC	$273.63			-	-	000	999	
78282	S	GI PROTEIN LOSS EXAM		05591	4.5064	APC	$273.63			-	-	000	999	
78290	S	MECKELS DIVERT EXAM		05591	4.5064	APC	$273.63			-	-	000	999	
78291	S	LEVEEN/SHUNT PATENCY EXAM		05591	4.5064	APC	$273.63			-	-	000	999	
78299	S	UNLISTED GI PX DX NUC MED		05591	4.5064	APC	$273.63			-	-	000	999	
78300	S	BONE IMAGING LIMITED AREA		05591	4.5064	APC	$273.63			-	-	000	999	
78305	S	BONE IMAGING MULTIPLE AREAS		05591	4.5064	APC	$273.63			-	-	000	999	
78306	S	BONE IMAGING WHOLE BODY		05591	4.5064	APC	$273.63			-	-	000	999	
78315	S	BONE IMAGING 3 PHASE		05591	4.5064	APC	$273.63			-	-	000	999	
78350	E	BONE MINERAL SINGLE PHOTON		-	-	Not Allowed	$0.00			-	-	000	999	
78351	E	BONE MINERAL DUAL PHOTON		-	-	Not Allowed	$0.00			-	-	000	999	
78399	S	UNLISTED MUSCSKEL PX DX NUC		05591	4.5064	APC	$273.63			-	-	000	999	
78414	S	NON-IMAGING HEART FUNCTION		05592	6.0365	APC	$366.54			-	-	000	999	
78428	S	CARDIAC SHUNT IMAGING		05591	4.5064	APC	$273.63			-	-	000	999	
78429	S	MYOCRD IMG PET 1 STD W/CT		05594	16.3576	APC	$1,012.67			-	-	000	999	
78430	S	MYOCRD IMG PET RST/STRS W/CT		05594	16.3576	APC	$1,012.67			-	-	000	999	
78431	S	MYOCRD IMG PET RST&STRS CT		01522	37.0636	APC	$2,250.50			-	-	000	999	
78432	S	MYOCRD IMG PET 2RTRACER		01520	30.4760	APC	$2,750.50			-	-	000	999	
78433	S	MYOCRD IMG PET 2RTRACER CT		01521	32.1229	APC	$2,750.50			-	-	000	999	
78434	N	AQMBF PET REST & RX STRESS		-	-	Bundled	$0.00			-	-	000	999	
78445	S	VASCULAR FLOW IMAGING		05591	4.5064	APC	$273.63			-	-	000	999	
78451	S	HT MUSCLE IMAGE SPECT SING		05593	14.6405	APC	$888.97			-	-	000	999	
78452	S	HT MUSCLE IMAGE SPECT MULT		05593	14.6405	APC	$888.97			-	-	000	999	
78453	S	HT MUSCLE IMAGE PLANAR SING		05593	14.6405	APC	$888.97			-	-	000	999	
78454	S	HT MUSC IMAGE PLANAR MULT		05593	14.6405	APC	$888.97			-	-	000	999	
78456	S	ACUTE VENOUS THROMBUS IMAGE		05593	14.6405	APC	$888.97			-	-	000	999	
78457	S	VENOUS THROMBOSIS IMAGING		05592	6.0365	APC	$366.54			-	-	000	999	
78458	S	VEN THROMBOSIS IMAGES BILAT		05591	4.5064	APC	$273.63			-	-	000	999	
78459	S	MYOCRD IMG PET SINGLE STUDY		05593	14.6405	APC	$888.97			-	-	000	999	
78466	S	HEART INFARCT IMAGE		05591	4.5064	APC	$273.63			-	-	000	999	
78468	S	HEART INFARCT IMAGE (EF)		05592	6.0365	APC	$366.54			-	-	000	999	
78469	S	HEART INFARCT IMAGE (3D)		05592	6.0365	APC	$366.54			-	-	000	999	
78472	S	GATED HEART PLANAR SINGLE		05591	4.5064	APC	$273.63			-	-	000	999	
78473	S	GATED HEART MULTIPLE		05591	4.5064	APC	$273.63			-	-	000	999	
78481	S	HEART FIRST PASS SINGLE		05592	6.0365	APC	$366.54			-	-	000	999	
78483	S	HEART FIRST PASS MULTIPLE		05592	6.0365	APC	$366.54			-	-	000	999	
78491	S	MYOCRD IMG PET 1STD RST/STRS		05594	16.3576	APC	$993.23			-	-	000	999	
78492	S	MYOCRD IMG PET MLT RST&STRS		05594	16.3576	APC	$993.23			-	-	000	999	
78494	S	HEART IMAGE SPECT		05591	4.5064	APC	$273.63			-	-	000	999	
78496	N	HEART FIRST PASS ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
78499	S	UNLISTED CV PX DX NUC MED		05591	4.5064	APC	$273.63			-	-	000	999	
78579	S	LUNG VENTILATION IMAGING		05591	4.5064	APC	$273.63			-	-	000	999	
78580	S	LUNG PERFUSION IMAGING		05591	4.5064	APC	$273.63			-	-	000	999	
78582	S	LUNG VENTILAT&PERFUS IMAGING		05592	6.0365	APC	$366.54			-	-	000	999	
78597	S	LUNG PERFUSION DIFFERENTIAL		05591	4.5064	APC	$273.63			-	-	000	999	
78598	S	LUNG PERF&VENTILAT DIFERENTL		05592	6.0365	APC	$366.54			-	-	000	999	
78599	S	UNLISTED RESP PX DX NUC MED		05591	4.5064	APC	$273.63			-	-	000	999	
78600	S	BRAIN IMAGE < 4 VIEWS		05591	4.5064	APC	$273.63			-	-	000	999	
78601	S	BRAIN IMAGE W/FLOW < 4 VIEWS		05591	4.5064	APC	$273.63			-	-	000	999	
78605	S	BRAIN IMAGE 4+ VIEWS		05592	6.0365	APC	$366.54			-	-	000	999	
78606	S	BRAIN IMAGE W/FLOW 4 + VIEWS		05592	6.0365	APC	$366.54			-	-	000	999	
78608	S	BRAIN IMAGING (PET)		05594	16.3576	APC	$993.23			-	-	000	999	

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78609	E	BRAIN IMAGING (PET)		-	-	Not Allowed	$0.00			-	-	000	999	
78610	S	BRAIN FLOW IMAGING ONLY		05592	6.0365	APC	$366.54			-	-	000	999	
78630	S	CEREBROSPINAL FLUID SCAN		05592	6.0365	APC	$366.54			-	-	000	999	
78635	S	CSF VENTRICULOGRAPHY		05592	6.0365	APC	$366.54			-	-	000	999	
78645	S	CSF SHUNT EVALUATION		05592	6.0365	APC	$366.54			-	-	000	999	
78650	S	CSF LEAKAGE IMAGING		05593	14.6405	APC	$888.97			-	-	000	999	
78660	S	NUCLEAR EXAM OF TEAR FLOW		05591	4.5064	APC	$273.63			-	-	000	999	
78699	S	UNLISTED NRVS SYS PX DX NUC		05591	4.5064	APC	$273.63			-	-	000	999	
78700	S	KIDNEY IMAGING MORPHOL		05591	4.5064	APC	$273.63			-	-	000	999	
78701	S	KIDNEY IMAGING WITH FLOW		05591	4.5064	APC	$273.63			-	-	000	999	
78707	S	K FLOW/FUNCT IMAGE W/O DRUG		05592	6.0365	APC	$366.54			-	-	000	999	
78708	S	K FLOW/FUNCT IMAGE W/DRUG		05592	6.0365	APC	$366.54			-	-	000	999	
78709	S	K FLOW/FUNCT IMAGE MULTIPLE		05592	6.0365	APC	$366.54			-	-	000	999	
78725	S	KIDNEY FUNCTION STUDY		05591	4.5064	APC	$273.63			-	-	000	999	
78730	N	URINARY BLADDER RETENTION		-	-	Bundled	$0.00			-	-	000	999	
78740	S	URETERAL REFLUX STUDY		05591	4.5064	APC	$273.63			-	-	000	999	
78761	S	TESTICULAR IMAGING W/FLOW		05591	4.5064	APC	$273.63			-	-	000	999	
78799	S	UNLISTED GU PX DX NUC MED		05591	4.5064	APC	$273.63			-	-	000	999	
78800	S	RP LOCLZJ TUM 1 AREA 1 D IMG		05591	4.5064	APC	$273.63			-	-	000	999	
78801	S	RP LOCLZJ TUM 2+AREA 1+D IMG		05591	4.5064	APC	$273.63			-	-	000	999	
78802	S	RP LOCLZJ TUM WHBDY 1 D IMG		05593	14.6405	APC	$888.97			-	-	000	999	
78803	S	RP LOCLZJ TUM SPECT 1 AREA		05593	14.6405	APC	$888.97			-	-	000	999	
78804	S	RP LOCLZJ TUM WHBDY 2+D IMG		05593	14.6405	APC	$888.97			-	-	000	999	
78808	N	IV INJ RA DRUG DX STUDY		05591	4.5064	Bundled, sometimes payable	$273.63			-	-	000	999	
78811	S	PET IMAGE LTD AREA		05593	14.6405	APC	$888.97			-	-	000	999	
78812	S	PET IMAGE SKULL-THIGH		05594	16.3576	APC	$993.23			-	-	000	999	
78813	S	PET IMAGE FULL BODY		05594	16.3576	APC	$993.23			-	-	000	999	
78814	S	PET IMAGE W/CT LMTD		05594	16.3576	APC	$993.23			-	-	000	999	
78815	S	PET IMAGE W/CT SKULL-THIGH		05594	16.3576	APC	$993.23			-	-	000	999	
78816	S	PET IMAGE W/CT FULL BODY		05594	16.3576	APC	$993.23			-	-	000	999	
78830	S	RP LOCLZJ TUM SPECT W/CT 1		05593	14.6405	APC	$893.37			-	-	000	999	
78831	S	RP LOCLZJ TUM SPECT 2 AREAS		05593	14.6405	APC	$893.37			-	-	000	999	
78832	S	RP LOCLZJ TUM SPECT W/CT 2		05594	16.3576	APC	$1,012.67			-	-	000	999	
78835	N	RP QUAN MEAS SINGLE AREA		-	-	Bundled	$0.00			-	-	000	999	
78999	S	UNLISTED MISC PX DX NUC MED		05591	4.5064	APC	$273.63			-	-	000	999	
79005	S	NUCLEAR RX ORAL ADMIN		05661	2.5135	APC	$152.62			-	-	000	999	
79101	S	NUCLEAR RX IV ADMIN		05661	2.5135	APC	$152.62			-	-	000	999	
79200	S	NUCLEAR RX INTRACAV ADMIN		05661	2.5135	APC	$152.62			-	-	000	999	
79300	S	NUCLR RX INTERSTIT COLLOID		05661	2.5135	APC	$152.62			-	-	000	999	
79403	S	HEMATOPOIETIC NUCLEAR TX		05661	2.5135	APC	$152.62			-	-	000	999	
79440	S	NUCLEAR RX INTRA-ARTICULAR		05661	2.5135	APC	$152.62			-	-	000	999	
79445	S	NUCLEAR RX INTRA-ARTERIAL		05661	2.5135	APC	$152.62			-	-	000	999	
79999	S	RP THERAPY UNLISTED PX		05661	2.5135	APC	$152.62			-	-	000	999	
80047	Q	METABOLIC PANEL IONIZED CA		-	-	Medicare	$22.88	$14.19	$13.73	-	-	000	999	
80048	Q	METABOLIC PANEL TOTAL CA		-	-	Medicare	$14.10	$8.74	$8.46	-	-	000	999	
80050	M	GENERAL HEALTH PANEL		-	-	Fee Schedule	$64.37			-	-	000	999	
80051	Q	ELECTROLYTE PANEL		-	-	Medicare	$11.68	$7.24	$7.01	-	-	000	999	
80053	Q	COMPREHEN METABOLIC PANEL		-	-	Medicare	$17.60	$10.91	$10.56	-	-	000	999	
80055	Q	OBSTETRIC PANEL		-	-	Medicare	$79.68	$49.40	$47.81	-	-	010	65	
80061	Q	LIPID PANEL		-	-	Medicare	$22.32	$13.84	$13.39	-	-	000	999	
80069	Q	RENAL FUNCTION PANEL		-	-	Medicare	$14.47	$8.97	$8.68	-	-	000	999	
80074	Q	ACUTE HEPATITIS PANEL		-	-	Medicare	$79.38	$49.22	$47.63	-	-	000	999	
80076	Q	HEPATIC FUNCTION PANEL		-	-	Medicare	$13.62	$8.44	$8.17	-	-	000	999	
80081	Q	OBSTETRIC PANEL INC HIV TSTG		-	-	Medicare	$124.77	$77.36	$74.86	-	-	000	999	
80143	Q	DRUG ASSAY ACETAMINOPHEN		-	-	Medicare	$31.07	$19.26	$18.64	-	-	000	999	
80145	Q	DRUG ASSAY ADALIMUMAB		-	-	Medicare	$64.28	$39.85	$38.57	-	-	000	999	

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80150	Q	ASSAY OF AMIKACIN		-	-	Medicare	$25.13	$15.58	$15.08	-	-	000	999	
80151	Q	DRUG ASSAY AMIODARONE		-	-	Medicare	$31.07	$19.26	$18.64	-	-	000	999	
80155	Q	DRUG ASSAY CAFFEINE		-	-	Medicare	$64.28	$39.85	$38.57	-	-	000	999	
80156	Q	ASSAY CARBAMAZEPINE TOTAL		-	-	Medicare	$24.28	$15.05	$14.57	-	-	000	999	
80157	Q	ASSAY CARBAMAZEPINE FREE		-	-	Medicare	$22.08	$13.69	$13.25	-	-	000	999	
80158	Q	DRUG ASSAY CYCLOSPORINE		-	-	Medicare	$30.08	$18.65	$18.05	-	-	000	999	
80159	Q	DRUG ASSAY CLOZAPINE		-	-	Medicare	$33.58	$20.82	$20.15	-	-	000	999	
80161	Q	ASY CARBAMAZEPIN 10,11-EPXID		-	-	Medicare	$31.07	$19.26	$18.64	-	-	000	999	
80162	Q	ASSAY OF DIGOXIN TOTAL		-	-	Medicare	$22.13	$13.72	$13.28	-	-	000	999	
80163	Q	ASSAY OF DIGOXIN FREE		-	-	Medicare	$22.13	$13.72	$13.28	-	-	000	999	
80164	Q	ASSAY DIPROPYLACETIC ACD TOT		-	-	Medicare	$22.57	$13.99	$13.54	-	-	000	999	
80165	Q	DIPROPYLACETIC ACID FREE		-	-	Medicare	$22.57	$13.99	$13.54	-	-	000	999	
80167	Q	DRUG ASSAY FELBAMATE		-	-	Medicare	$31.07	$19.26	$18.64	-	-	000	999	
80168	Q	ASSAY OF ETHOSUXIMIDE		-	-	Medicare	$27.23	$16.88	$16.34	-	-	000	999	
80169	Q	DRUG ASSAY EVEROLIMUS		-	-	Medicare	$22.88	$14.19	$13.73	-	-	000	999	
80170	Q	ASSAY OF GENTAMICIN		-	-	Medicare	$27.30	$16.93	$16.38	-	-	000	999	
80171	Q	DRUG SCREEN QUANT GABAPENTIN		-	-	Medicare	$36.12	$22.39	$21.67	-	-	000	999	
80173	Q	ASSAY OF HALOPERIDOL		-	-	Medicare	$26.30	$16.31	$15.78	-	-	000	999	
80175	Q	DRUG SCREEN QUAN LAMOTRIGINE		-	-	Medicare	$22.08	$13.69	$13.25	-	-	000	999	
80176	Q	ASSAY OF LIDOCAINE		-	-	Medicare	$24.48	$15.18	$14.69	-	-	000	999	
80177	Q	DRUG SCRN QUAN LEVETIRACETAM		-	-	Medicare	$22.08	$13.69	$13.25	-	-	000	999	
80178	Q	ASSAY OF LITHIUM		-	-	Medicare	$11.02	$6.83	$6.61	-	-	000	999	
80179	Q	DRUG ASSAY SALICYLATE		-	-	Medicare	$31.07	$19.26	$18.64	-	-	000	999	
80180	Q	DRUG SCRN QUAN MYCOPHENOLATE		-	-	Medicare	$30.08	$18.65	$18.05	-	-	000	999	
80181	Q	DRUG ASSAY FLECAINIDE		-	-	Medicare	$31.07	$19.26	$18.64	-	-	000	999	
80183	Q	DRUG SCRN QUANT OXCARBAZEPIN		-	-	Medicare	$22.08	$13.69	$13.25	-	-	000	999	
80184	Q	ASSAY OF PHENOBARBITAL		-	-	Medicare	$25.50	$15.81	$15.30	-	-	000	999	
80185	Q	ASSAY OF PHENYTOIN TOTAL		-	-	Medicare	$22.08	$13.69	$13.25	-	-	000	999	
80186	Q	ASSAY OF PHENYTOIN FREE		-	-	Medicare	$22.93	$14.22	$13.76	-	-	000	999	
80187	Q	DRUG ASSAY POSACONAZOLE		-	-	Medicare	$45.18	$28.01	$27.11	-	-	000	999	
80188	Q	ASSAY OF PRIMIDONE		-	-	Medicare	$27.65	$17.14	$16.59	-	-	000	999	
80189	Q	DRUG ASSAY ITRACONAZOLE		-	-	Medicare	$45.18	$28.01	$27.11	-	-	000	999	
80190	Q	ASSAY OF PROCAINAMIDE		-	-	Medicare	$100.00	$62.00	$60.00	-	-	000	999	
80192	Q	ASSAY OF PROCAINAMIDE		-	-	Medicare	$27.92	$17.31	$16.75	-	-	000	999	
80193	Q	DRUG ASSAY LEFLUNOMIDE		-	-	Medicare	$64.28	$39.85	$38.57	-	-	000	999	
80194	Q	ASSAY OF QUINIDINE		-	-	Medicare	$24.33	$15.08	$14.60	-	-	000	999	
80195	Q	ASSAY OF SIROLIMUS		-	-	Medicare	$22.88	$14.19	$13.73	-	-	000	999	
80197	Q	ASSAY OF TACROLIMUS		-	-	Medicare	$22.88	$14.19	$13.73	-	-	000	999	
80198	Q	ASSAY OF THEOPHYLLINE		-	-	Medicare	$23.57	$14.61	$14.14	-	-	000	999	
80199	Q	DRUG SCREEN QUANT TIAGABINE		-	-	Medicare	$45.18	$28.01	$27.11	-	-	000	999	
80200	Q	ASSAY OF TOBRAMYCIN		-	-	Medicare	$26.88	$16.67	$16.13	-	-	000	999	
80201	Q	ASSAY OF TOPIRAMATE		-	-	Medicare	$19.87	$12.32	$11.92	-	-	000	999	
80202	Q	ASSAY OF VANCOMYCIN		-	-	Medicare	$22.57	$13.99	$13.54	-	-	000	999	
80203	Q	DRUG SCREEN QUANT ZONISAMIDE		-	-	Medicare	$22.08	$13.69	$13.25	-	-	000	999	
80204	Q	DRUG ASSAY METHOTREXATE		-	-	Medicare	$64.28	$39.85	$38.57	-	-	000	999	
80210	Q	DRUG ASSAY RUFINAMIDE		-	-	Medicare	$45.18	$28.01	$27.11	-	-	000	999	
80220	Q	DRUG ASY HYDROXYCHLOROQUINE		-	-	Medicare	$31.07	$19.26	$18.64	-	-	000	999	
80230	Q	DRUG ASSAY INFLIXIMAB		-	-	Medicare	$64.28	$39.85	$38.57	-	-	000	999	
80235	Q	DRUG ASSAY LACOSAMIDE		-	-	Medicare	$45.18	$28.01	$27.11	-	-	000	999	
80280	Q	DRUG ASSAY VEDOLIZUMAB		-	-	Medicare	$64.28	$39.85	$38.57	-	-	000	999	
80285	Q	DRUG ASSAY VORICONAZOLE		-	-	Medicare	$45.18	$28.01	$27.11	-	-	000	999	
80299	Q	QUANTITATIVE ASSAY DRUG		-	-	Medicare	$31.07	$19.26	$18.64	-	-	000	999	
80305	Q	DRUG TEST PRSMV DIR OPT OBS		-	-	Medicare	$21.00	$13.02	$12.60	-	-	000	999	
80306	Q	DRUG TEST PRSMV INSTRMNT		-	-	Medicare	$28.57	$17.71	$17.14	-	-	000	999	
80307	Q	DRUG TEST PRSMV CHEM ANLYZR		-	-	Medicare	$103.57	$64.21	$62.14	-	-	000	999	
80320	E	DRUG SCREEN QUANTALCOHOLS		-	-	Not Allowed	$0.00			-	-	000	999	

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80321	E	ALCOHOLS BIOMARKERS 1OR 2		-	-	Not Allowed	$0.00			-	-	000	999	
80322	E	ALCOHOLS BIOMARKERS 3/MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80323	E	ALKALOIDS NOS		-	-	Not Allowed	$0.00			-	-	000	999	
80324	E	DRUG SCREEN AMPHETAMINES 1/2		-	-	Not Allowed	$0.00			-	-	000	999	
80325	E	AMPHETAMINES 3OR 4		-	-	Not Allowed	$0.00			-	-	000	999	
80326	E	AMPHETAMINES 5 OR MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80327	E	ANABOLIC STEROID 1 OR 2		-	-	Not Allowed	$0.00			-	-	000	999	
80328	E	ANABOLIC STEROID 3 OR MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80329	E	ANALGESICS NON-OPIOID 1 OR 2		-	-	Not Allowed	$0.00			-	-	000	999	
80330	E	ANALGESICS NON-OPIOID 3-5		-	-	Not Allowed	$0.00			-	-	000	999	
80331	E	ANALGESICS NON-OPIOID 6/MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80332	E	ANTIDEPRESSANTS CLASS 1 OR 2		-	-	Not Allowed	$0.00			-	-	000	999	
80333	E	ANTIDEPRESSANTS CLASS 3-5		-	-	Not Allowed	$0.00			-	-	000	999	
80334	E	ANTIDEPRESSANTS CLASS 6/MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80335	E	ANTIDEPRESSANT TRICYCLIC 1/2		-	-	Not Allowed	$0.00			-	-	000	999	
80336	E	ANTIDEPRESSANT TRICYCLIC 3-5		-	-	Not Allowed	$0.00			-	-	000	999	
80337	E	TRICYCLIC & CYCLICALS 6/MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80338	E	ANTIDEPRESSANT NOT SPECIFIED		-	-	Not Allowed	$0.00			-	-	000	999	
80339	E	ANTIEPILEPTICS NOS 1-3		-	-	Not Allowed	$0.00			-	-	000	999	
80340	E	ANTIEPILEPTICS NOS 4-6		-	-	Not Allowed	$0.00			-	-	000	999	
80341	E	ANTIEPILEPTICS NOS 7/MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80342	E	ANTIPSYCHOTICS NOS 1-3		-	-	Not Allowed	$0.00			-	-	000	999	
80343	E	ANTIPSYCHOTICS NOS 4-6		-	-	Not Allowed	$0.00			-	-	000	999	
80344	E	ANTIPSYCHOTICS NOS 7/MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80345	E	DRUG SCREENING BARBITURATES		-	-	Not Allowed	$0.00			-	-	000	999	
80346	E	BENZODIAZEPINES1-12		-	-	Not Allowed	$0.00			-	-	000	999	
80347	E	BENZODIAZEPINES 13 OR MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80348	E	DRUG SCREENING BUPRENORPHINE		-	-	Not Allowed	$0.00			-	-	000	999	
80349	E	CANNABINOIDS NATURAL		-	-	Not Allowed	$0.00			-	-	000	999	
80350	E	CANNABINOIDS SYNTHETIC 1-3		-	-	Not Allowed	$0.00			-	-	000	999	
80351	E	CANNABINOIDS SYNTHETIC 4-6		-	-	Not Allowed	$0.00			-	-	000	999	
80352	E	CANNABINOID SYNTHETIC 7/MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80353	E	DRUG SCREENING COCAINE		-	-	Not Allowed	$0.00			-	-	000	999	
80354	E	DRUG SCREENING FENTANYL		-	-	Not Allowed	$0.00			-	-	000	999	
80355	E	GABAPENTIN NON-BLOOD		-	-	Not Allowed	$0.00			-	-	000	999	
80356	E	HEROIN METABOLITE		-	-	Not Allowed	$0.00			-	-	000	999	
80357	E	KETAMINE AND NORKETAMINE		-	-	Not Allowed	$0.00			-	-	000	999	
80358	E	DRUG SCREENING METHADONE		-	-	Not Allowed	$0.00			-	-	000	999	
80359	E	METHYLENEDIOXYAMPHETAMINES		-	-	Not Allowed	$0.00			-	-	000	999	
80360	E	METHYLPHENIDATE		-	-	Not Allowed	$0.00			-	-	000	999	
80361	E	OPIATES 1 OR MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80362	E	OPIOIDS & OPIATE ANALOGS 1/2		-	-	Not Allowed	$0.00			-	-	000	999	
80363	E	OPIOIDS & OPIATE ANALOGS 3/4		-	-	Not Allowed	$0.00			-	-	000	999	
80364	E	OPIOID &OPIATE ANALOG 5/MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80365	E	DRUG SCREENING OXYCODONE		-	-	Not Allowed	$0.00			-	-	000	999	
80366	E	DRUG SCREENING PREGABALIN		-	-	Not Allowed	$0.00			-	-	000	999	
80367	E	DRUG SCREENING PROPOXYPHENE		-	-	Not Allowed	$0.00			-	-	000	999	
80368	E	SEDATIVE HYPNOTICS		-	-	Not Allowed	$0.00			-	-	000	999	
80369	E	SKELETAL MUSCLE RELAXANT 1/2		-	-	Not Allowed	$0.00			-	-	000	999	
80370	E	SKEL MUSC RELAXANT 3 OR MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80371	E	STIMULANTS SYNTHETIC		-	-	Not Allowed	$0.00			-	-	000	999	
80372	E	DRUG SCREENING TAPENTADOL		-	-	Not Allowed	$0.00			-	-	000	999	
80373	E	DRUG SCREENING TRAMADOL		-	-	Not Allowed	$0.00			-	-	000	999	
80374	E	STEREOISOMER ANALYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
80375	E	DRUG/SUBSTANCE NOS 1-3		-	-	Not Allowed	$0.00			-	-	000	999	
80376	E	DRUG/SUBSTANCE NOS 4-6		-	-	Not Allowed	$0.00			-	-	000	999	

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80377	E	DRUG/SUBSTANCE NOS 7/MORE		-	-	Not Allowed	$0.00			-	-	000	999	
80400	Q	ACTH STIMULATION PANEL		-	-	Medicare	$54.37	$33.71	$32.62	-	-	000	999	
80402	Q	ACTH STIMULATION PANEL		-	-	Medicare	$144.93	$89.86	$86.96	-	-	000	999	
80406	Q	ACTH STIMULATION PANEL		-	-	Medicare	$130.43	$80.87	$78.26	-	-	000	999	
80408	Q	ALDOSTERONE SUPPRESSION EVAL		-	-	Medicare	$209.17	$129.69	$125.50	-	-	000	999	
80410	Q	CALCITONIN STIMUL PANEL		-	-	Medicare	$133.95	$83.05	$80.37	-	-	000	999	
80412	Q	CRH STIMULATION PANEL		-	-	Medicare	$1,336.03	$828.34	$801.62	-	-	000	999	
80414	Q	TESTOSTERONE RESPONSE PANEL		-	-	Medicare	$86.07	$53.36	$51.64	-	-	000	999	
80415	Q	TOT ESTRADIOL RESPONSE PANEL		-	-	Medicare	$93.15	$57.75	$55.89	-	-	000	999	
80416	Q	RENIN STIMULATION PANEL		-	-	Medicare	$348.87	$216.30	$209.32	-	-	000	999	
80417	Q	RENIN STIMULATION PANEL		-	-	Medicare	$73.32	$45.46	$43.99	-	-	000	999	
80418	Q	PITUITARY EVALUATION PANEL		-	-	Medicare	$965.80	$598.80	$579.48	-	-	000	999	
80420	Q	DEXAMETHASONE PANEL		-	-	Medicare	$269.80	$167.28	$161.88	-	-	000	999	
80422	Q	GLUCAGON TOLERANCE PANEL		-	-	Medicare	$76.78	$47.60	$46.07	-	-	000	999	
80424	Q	GLUCAGON TOLERANCE PANEL		-	-	Medicare	$84.17	$52.19	$50.50	-	-	000	999	
80426	Q	GONADOTROPIN HORMONE PANEL		-	-	Medicare	$247.35	$153.36	$148.41	-	-	000	999	
80428	Q	GROWTH HORMONE PANEL		-	-	Medicare	$111.17	$68.93	$66.70	-	-	000	999	
80430	Q	GROWTH HORMONE PANEL		-	-	Medicare	$215.55	$133.64	$129.33	-	-	000	999	
80432	Q	INSULIN SUPPRESSION PANEL		-	-	Medicare	$276.02	$171.13	$165.61	-	-	000	999	
80434	Q	INSULIN TOLERANCE PANEL		-	-	Medicare	$475.05	$294.53	$285.03	-	-	000	999	
80435	Q	INSULIN TOLERANCE PANEL		-	-	Medicare	$171.67	$106.44	$103.00	-	-	000	999	
80436	Q	METYRAPONE PANEL		-	-	Medicare	$151.93	$94.20	$91.16	-	-	000	999	
80438	Q	TRH STIMULATION PANEL		-	-	Medicare	$84.02	$52.09	$50.41	-	-	000	999	
80439	Q	TRH STIMULATION PANEL		-	-	Medicare	$112.02	$69.45	$67.21	-	-	000	999	
80503	N	PATH CLIN CONSLTJ SF 5-20		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
80504	N	PATH CLIN CONSLTJ MOD 21-40		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
80505	N	PATH CLIN CONSLTJ HIGH 41-60		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
80506	N	PATH CLIN CONSLTJ PROLNG SVC		-	-	Bundled	$0.00			-	-	000	999	
81000	Q	URINALYSIS NONAUTO W/SCOPE		-	-	Medicare	$6.70	$4.15	$4.02	-	-	000	999	
81001	Q	URINALYSIS AUTO W/SCOPE		-	-	Medicare	$5.28	$3.27	$3.17	-	-	000	999	
81002	Q	URINALYSIS NONAUTO W/O SCOPE		-	-	Medicare	$5.80	$3.60	$3.48	-	-	000	999	
81003	Q	URINALYSIS AUTO W/O SCOPE		-	-	Medicare	$3.75	$2.33	$2.25	-	-	000	999	
81005	Q	URINALYSIS		-	-	Medicare	$3.62	$2.24	$2.17	-	-	000	999	
81007	Q	URINE SCREEN FOR BACTERIA		-	-	Medicare	$49.97	$30.98	$29.98	-	-	000	999	
81015	Q	MICROSCOPIC EXAM OF URINE		-	-	Medicare	$5.08	$3.15	$3.05	-	-	000	999	
81020	Q	URINALYSIS GLASS TEST		-	-	Medicare	$7.83	$4.85	$4.70	-	-	000	999	
81025	Q	URINE PREGNANCY TEST		-	-	Medicare	$14.35	$8.90	$8.61	-	-	000	999	
81050	Q	URINALYSIS VOLUME MEASURE		-	-	Medicare	$6.07	$3.76	$3.64	-	-	000	999	
81099	N	UNLISTED URINALYSIS PX		-	-	Bundled	$0.00			-	-	000	999	
81105	Q	HPA-1 GENOTYPING		-	-	Medicare	$203.70	$126.29	$122.22	-	-	000	999	
81106	Q	HPA-2 GENOTYPING		-	-	Medicare	$203.70	$126.29	$122.22	-	-	000	999	
81107	Q	HPA-3 GENOTYPING		-	-	Medicare	$203.70	$126.29	$122.22	-	-	000	999	
81108	Q	HPA-4 GENOTYPING		-	-	Medicare	$203.70	$126.29	$122.22	-	-	000	999	
81109	Q	HPA-5 GENOTYPING		-	-	Medicare	$203.70	$126.29	$122.22	-	-	000	999	
81110	Q	HPA-6 GENOTYPING		-	-	Medicare	$203.70	$126.29	$122.22	-	-	000	999	
81111	Q	HPA-9 GENOTYPING		-	-	Medicare	$203.70	$126.29	$122.22	-	-	000	999	
81112	Q	HPA-15 GENOTYPING		-	-	Medicare	$203.70	$126.29	$122.22	-	-	000	999	
81120	Q	IDH1 COMMON VARIANTS		-	-	Medicare	$322.08	$199.69	$193.25	-	-	000	999	
81121	Q	IDH2 COMMON VARIANTS		-	-	Medicare	$492.98	$305.65	$295.79	-	-	000	999	
81161	Q	DMD DUP/DELET ANALYSIS		-	-	Medicare	$465.00	$288.30	$279.00	-	-	000	999	
81162	Q	BRCA1&2 GEN FULL SEQ DUP/DEL		-	-	Medicare	$3,041.47	$1,885.71	$1,824.88	Y	-	000	999	
81163	Q	BRCA1&2 GENE FULL SEQ ALYS		-	-	Medicare	$780.00	$483.60	$468.00	Y	-	000	999	
81164	Q	BRCA1&2 GEN FUL DUP/DEL ALYS		-	-	Medicare	$973.72	$603.71	$584.23	Y	-	000	999	
81165	Q	BRCA1 GENE FULL SEQ ALYS		-	-	Medicare	$471.47	$292.31	$282.88	Y	-	000	999	
81166	Q	BRCA1 GENE FULL DUP/DEL ALYS		-	-	Medicare	$502.25	$311.40	$301.35	Y	-	000	999	
81167	Q	BRCA2 GENE FULL DUP/DEL ALYS		-	-	Medicare	$471.47	$292.31	$282.88	Y	-	000	999	

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81168	Q	CCND1/IGH TRANSLOCATION ALYS		-	-	Medicare	$345.52	$214.22	$207.31	-	-	000	999	
81170	Q	ABL1 GENE		-	-	Medicare	$500.00	$310.00	$300.00	-	-	000	999	
81171	Q	AFF2 GEN ALY DETC ABNL ALLEL		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81172	Q	AFF2 GEN ALYS CHARAC ALLELES		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
81173	Q	AR GENE FULL GENE SEQUENCE		-	-	Medicare	$502.25	$311.40	$301.35	-	-	000	999	
81174	Q	AR GENE KNOWN FAMIL VARIANT		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
81175	Q	ASXL1 FULL GENE SEQUENCE		-	-	Medicare	$1,127.50	$699.05	$676.50	-	-	000	999	
81176	Q	ASXL1 GENE TARGET SEQ ALYS		-	-	Medicare	$403.17	$249.97	$241.90	-	-	000	999	
81177	Q	ATN1 GENE DETC ABNOR ALLELES		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81178	Q	ATXN1 GENE DETC ABNOR ALLELE		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81179	Q	ATXN2 GENE DETC ABNOR ALLELE		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81180	Q	ATXN3 GENE DETC ABNOR ALLELE		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81181	Q	ATXN7 GENE DETC ABNOR ALLELE		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81182	Q	ATXN8OS GEN DETC ABNOR ALLEL		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81183	Q	ATXN10 GENE DETC ABNOR ALLEL		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81184	Q	CACNA1A GEN DETC ABNOR ALLEL		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81185	Q	CACNA1A GENE FULL GENE SEQ		-	-	Medicare	$1,410.45	$874.48	$846.27	-	-	000	999	
81186	Q	CACNA1A GEN KNOWN FAMIL VRNT		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
81187	Q	CNBP GENE DETC ABNOR ALLELE		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81188	Q	CSTB GENE DETC ABNOR ALLELE		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81189	Q	CSTB GENE FULL GENE SEQUENCE		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
81190	Q	CSTB GENE KNOWN FAMIL VRNT		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
81191	Q	NTRK1 TRANSLOCATION ANALYSIS		-	-	Medicare	$345.52	$214.22	$207.31	-	-	000	999	
81192	Q	NTRK2 TRANSLOCATION ANALYSIS		-	-	Medicare	$345.52	$214.22	$207.31	-	-	000	999	
81193	Q	NTRK3 TRANSLOCATION ANALYSIS		-	-	Medicare	$345.52	$214.22	$207.31	-	-	000	999	
81194	Q	NTRK TRANSLOCATION ANALYSIS		-	-	Medicare	$863.80	$535.56	$518.28	-	-	000	999	
81195	Q	CYTOG GENOM-WID ALYS HEM MAL		-	-	Medicare	$2,105.88	$1,305.65	$1,263.53	-	-	000	999	
81200	Q	ASPA GENE		-	-	Medicare	$78.75	$48.83	$47.25	-	-	000	999	
81201	Q	APC GENE FULL SEQUENCE		-	-	Medicare	$1,300.00	$806.00	$780.00	-	-	000	999	
81202	Q	APC GENE KNOWN FAM VARIANTS		-	-	Medicare	$466.67	$289.34	$280.00	-	-	000	999	
81203	Q	APC GENE DUP/DELET VARIANTS		-	-	Medicare	$333.33	$206.66	$200.00	-	-	000	999	
81204	Q	AR GENE CHARAC ALLELES		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81205	Q	BCKDHB GENE		-	-	Medicare	$158.32	$98.16	$94.99	-	-	000	999	
81206	Q	BCR/ABL1 GENE MAJOR BP		-	-	Medicare	$273.27	$169.43	$163.96	-	-	000	999	
81207	Q	BCR/ABL1 GENE MINOR BP		-	-	Medicare	$241.40	$149.67	$144.84	-	-	000	999	
81208	Q	BCR/ABL1 GENE OTHER BP		-	-	Medicare	$357.70	$221.77	$214.62	-	-	000	999	
81209	Q	BLM GENE		-	-	Medicare	$65.52	$40.62	$39.31	-	-	000	999	
81210	Q	BRAF GENE		-	-	Medicare	$292.33	$181.24	$175.40	-	-	000	999	
81212	Q	BRCA1&2 185&5385&6174 VRNT		-	-	Medicare	$733.33	$454.66	$440.00	Y	-	000	999	
81215	Q	BRCA1 GENE KNOWN FAMIL VRNT		-	-	Medicare	$625.42	$387.76	$375.25	Y	-	000	999	
81216	Q	BRCA2 GENE FULL SEQ ALYS		-	-	Medicare	$308.53	$191.29	$185.12	Y	-	000	999	
81217	Q	BRCA2 GENE KNOWN FAMIL VRNT		-	-	Medicare	$625.42	$387.76	$375.25	Y	-	000	999	
81218	Q	CEBPA GENE FULL SEQUENCE		-	-	Medicare	$403.17	$249.97	$241.90	-	-	000	999	
81219	Q	CALR GENE COM VARIANTS		-	-	Medicare	$202.72	$125.69	$121.63	-	-	000	999	
81220	Q	CFTR GENE COM VARIANTS		-	-	Medicare	$927.67	$575.16	$556.60	-	-	000	999	
81221	Q	CFTR GENE KNOWN FAM VARIANTS		-	-	Medicare	$162.03	$100.46	$97.22	-	-	000	999	
81222	Q	CFTR GENE DUP/DELET VARIANTS		-	-	Medicare	$725.12	$449.57	$435.07	-	-	000	999	
81223	Q	CFTR GENE FULL SEQUENCE		-	-	Medicare	$831.67	$515.64	$499.00	-	-	000	999	
81224	Q	CFTR GENE INTRON POLY T		-	-	Medicare	$281.25	$174.38	$168.75	-	-	000	999	
81225	Q	CYP2C19 GENE COM VARIANTS		-	-	Medicare	$485.60	$301.07	$291.36	Y	-	000	999	PA applies to under 18 with mental health DX only

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
81226	Q	CYP2D6 GENE COM VARIANTS		-	-	Medicare	$751.52	$465.94	$450.91	Y	-	000	999	PA applies to under 18 with mental health DX only
81227	Q	CYP2C9 GENE COM VARIANTS		-	-	Medicare	$291.35	$180.64	$174.81	-	-	000	999	
81228	Q	CYTOG ALYS CHRML ABNR CGH		-	-	Medicare	$1,500.00	$930.00	$900.00	-	-	000	999	
81229	Q	CYTOG ALYS CHRML ABNR SNPCGH		-	-	Medicare	$1,933.33	$1,198.66	$1,160.00	-	-	000	999	
81230	Q	CYP3A4 GENE COMMON VARIANTS		-	-	Medicare	$291.35	$180.64	$174.81	-	-	000	999	
81231	Q	CYP3A5 GENE COMMON VARIANTS		-	-	Medicare	$291.35	$180.64	$174.81	-	-	000	999	
81232	Q	DPYD GENE COMMON VARIANTS		-	-	Medicare	$291.35	$180.64	$174.81	-	-	000	999	
81233	Q	BTK GENE COMMON VARIANTS		-	-	Medicare	$292.33	$181.24	$175.40	-	-	000	999	
81234	Q	DMPK GENE DETC ABNOR ALLELE		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81235	Q	EGFR GENE COM VARIANTS		-	-	Medicare	$540.97	$335.40	$324.58	-	-	000	999	
81236	Q	EZH2 GENE FULL GENE SEQUENCE		-	-	Medicare	$471.47	$292.31	$282.88	-	-	000	999	
81237	Q	EZH2 GENE COMMON VARIANTS		-	-	Medicare	$292.33	$181.24	$175.40	-	-	000	999	
81238	Q	F9 FULL GENE SEQUENCE		-	-	Medicare	$1,000.00	$620.00	$600.00	-	-	000	999	
81239	Q	DMPK GENE CHARAC ALLELES		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
81240	Q	F2 GENE		-	-	Medicare	$109.48	$67.88	$65.69	-	-	000	999	
81241	Q	F5 GENE		-	-	Medicare	$122.28	$75.81	$73.37	-	-	000	999	
81242	Q	FANCC GENE		-	-	Medicare	$61.03	$37.84	$36.62	-	-	000	999	
81243	Q	FMR1 GEN ALY DETC ABNL ALLEL		-	-	Medicare	$95.07	$58.94	$57.04	-	-	000	999	
81244	Q	FMR1 GEN ALYS CHARAC ALLELES		-	-	Medicare	$74.82	$46.39	$44.89	-	-	000	999	
81245	Q	FLT3 GENE		-	-	Medicare	$275.85	$171.03	$165.51	-	-	000	999	
81246	Q	FLT3 GENE ANALYSIS		-	-	Medicare	$138.33	$85.76	$83.00	-	-	000	999	
81247	Q	G6PD GENE ALYS CMN VARIANT		-	-	Medicare	$291.35	$180.64	$174.81	-	-	000	999	
81248	Q	G6PD KNOWN FAMILIAL VARIANT		-	-	Medicare	$625.42	$387.76	$375.25	-	-	000	999	
81249	Q	G6PD FULL GENE SEQUENCE		-	-	Medicare	$1,000.00	$620.00	$600.00	-	-	000	999	
81250	Q	G6PC GENE		-	-	Medicare	$97.48	$60.44	$58.49	-	-	000	999	
81251	Q	GBA GENE		-	-	Medicare	$78.75	$48.83	$47.25	-	-	000	999	
81252	Q	GJB2 GENE FULL SEQUENCE		-	-	Medicare	$168.53	$104.49	$101.12	-	-	000	999	
81253	Q	GJB2 GENE KNOWN FAM VARIANTS		-	-	Medicare	$102.53	$63.57	$61.52	-	-	000	999	
81254	Q	GJB6 GENE COM VARIANTS		-	-	Medicare	$58.33	$36.16	$35.00	-	-	000	999	
81255	Q	HEXA GENE		-	-	Medicare	$85.75	$53.17	$51.45	-	-	000	999	
81256	Q	HFE GENE		-	-	Medicare	$108.93	$67.54	$65.36	-	-	000	999	
81257	Q	HBA1/HBA2 GENE		-	-	Medicare	$170.43	$105.67	$102.26	-	-	000	999	
81258	Q	HBA1/HBA2 GENE FAM VRNT		-	-	Medicare	$625.42	$387.76	$375.25	-	-	000	999	
81259	Q	HBA1/HBA2 FULL GENE SEQUENCE		-	-	Medicare	$1,000.00	$620.00	$600.00	-	-	000	999	
81260	Q	IKBKAP GENE		-	-	Medicare	$65.52	$40.62	$39.31	-	-	000	999	
81261	Q	IGH GENE REARRANGE AMP METH		-	-	Medicare	$329.98	$204.59	$197.99	-	-	000	999	
81262	Q	IGH GENE REARRANG DIR PROBE		-	-	Medicare	$114.25	$70.84	$68.55	-	-	000	999	
81263	Q	IGH VARI REGIONAL MUTATION		-	-	Medicare	$490.87	$304.34	$294.52	-	-	000	999	
81264	Q	IGK REARRANGEABN CLONAL POP		-	-	Medicare	$287.88	$178.49	$172.73	-	-	000	999	
81265	Q	STR MARKERS SPECIMEN ANAL		-	-	Medicare	$388.45	$240.84	$233.07	-	-	000	999	
81266	Q	STR MARKERS SPEC ANAL ADDL		-	-	Medicare	$508.02	$314.97	$304.81	-	-	000	999	
81267	Q	CHIMERISM ANAL NO CELL SELEC		-	-	Medicare	$345.77	$214.38	$207.46	-	-	000	999	
81268	Q	CHIMERISM ANAL W/CELL SELECT		-	-	Medicare	$434.65	$269.48	$260.79	-	-	000	999	
81269	Q	HBA1/HBA2 GENE DUP/DEL VRNTS		-	-	Medicare	$337.33	$209.14	$202.40	-	-	000	999	
81270	Q	JAK2 GENE		-	-	Medicare	$152.77	$94.72	$91.66	-	-	000	999	
81271	Q	HTT GENE DETC ABNOR ALLELES		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81272	Q	KIT GENE TARGETED SEQ ANALYS		-	-	Medicare	$549.18	$340.49	$329.51	-	-	000	999	
81273	Q	KIT GENE ANALYS D816 VARIANT		-	-	Medicare	$208.12	$129.03	$124.87	-	-	000	999	
81274	Q	HTT GENE CHARAC ALLELES		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
81275	Q	KRAS GENE VARIANTS EXON 2		-	-	Medicare	$322.08	$199.69	$193.25	-	-	000	999	
81276	Q	KRAS GENE ADDL VARIANTS		-	-	Medicare	$322.08	$199.69	$193.25	-	-	000	999	
81277	Q	CYTOGENOMIC NEO MICRORA ALYS		-	-	Medicare	$1,933.33	$1,198.66	$1,160.00	-	-	000	999	
81278	Q	IGH@/BCL2 TRANSLOCATION ALYS		-	-	Medicare	$345.52	$214.22	$207.31	-	-	000	999	

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81279	Q	JAK2 GENE TRGT SEQUENCE ALYS		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
81283	Q	IFNL3 GENE		-	-	Medicare	$122.28	$75.81	$73.37	-	-	000	999	
81284	Q	FXN GENE DETC ABNOR ALLELES		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81285	Q	FXN GENE CHARAC ALLELES		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
81286	Q	FXN GENE FULL GENE SEQUENCE		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
81287	Q	MGMT GENE PRMTR MTHYLTN ALYS		-	-	Medicare	$207.73	$128.79	$124.64	-	-	000	999	
81288	Q	MLH1 GENE		-	-	Medicare	$320.53	$198.73	$192.32	-	-	000	999	
81289	Q	FXN GENE KNOWN FAMIL VARIANT		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
81290	Q	MCOLN1 GENE		-	-	Medicare	$65.52	$40.62	$39.31	-	-	000	999	
81291	Q	MTHFR GENE		-	-	Medicare	$108.90	$67.52	$65.34	Y	-	000	999	PA applies to under 18 with mental health DX only
81292	Q	MLH1 GENE FULL SEQ		-	-	Medicare	$1,125.67	$697.92	$675.40	-	-	000	999	
81293	Q	MLH1 GENE KNOWN VARIANTS		-	-	Medicare	$551.67	$342.04	$331.00	-	-	000	999	
81294	Q	MLH1 GENE DUP/DELETE VARIANT		-	-	Medicare	$337.33	$209.14	$202.40	-	-	000	999	
81295	Q	MSH2 GENE FULL SEQ		-	-	Medicare	$636.17	$394.43	$381.70	-	-	000	999	
81296	Q	MSH2 GENE KNOWN VARIANTS		-	-	Medicare	$562.88	$348.99	$337.73	-	-	000	999	
81297	Q	MSH2 GENE DUP/DELETE VARIANT		-	-	Medicare	$355.50	$220.41	$213.30	-	-	000	999	
81298	Q	MSH6 GENE FULL SEQ		-	-	Medicare	$1,069.75	$663.25	$641.85	-	-	000	999	
81299	Q	MSH6 GENE KNOWN VARIANTS		-	-	Medicare	$513.33	$318.26	$308.00	-	-	000	999	
81300	Q	MSH6 GENE DUP/DELETE VARIANT		-	-	Medicare	$396.67	$245.94	$238.00	-	-	000	999	
81301	Q	MICROSATELLITE INSTABILITY		-	-	Medicare	$580.93	$360.18	$348.56	-	-	000	999	
81302	Q	MECP2 GENE FULL SEQ		-	-	Medicare	$879.78	$545.46	$527.87	-	-	000	999	
81303	Q	MECP2 GENE KNOWN VARIANT		-	-	Medicare	$200.00	$124.00	$120.00	-	-	000	999	
81304	Q	MECP2 GENE DUP/DELET VARIANT		-	-	Medicare	$250.00	$155.00	$150.00	-	-	000	999	
81305	Q	MYD88 GENE P.LEU265PRO VRNT		-	-	Medicare	$292.33	$181.24	$175.40	-	-	000	999	
81306	Q	NUDT15 GENE COMMON VARIANTS		-	-	Medicare	$485.60	$301.07	$291.36	-	-	000	999	
81307	Q	PALB2 GENE FULL GENE SEQ		-	-	Medicare	$1,127.50	$699.05	$676.50	-	-	000	999	
81308	Q	PALB2 GENE KNOWN FAMIL VRNT		-	-	Medicare	$502.25	$311.40	$301.35	-	-	000	999	
81309	Q	PIK3CA GENE TRGT SEQ ALYS		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
81310	Q	NPM1 GENE		-	-	Medicare	$410.87	$254.74	$246.52	-	-	000	999	
81311	Q	NRAS GENE VARIANTS EXON 2&3		-	-	Medicare	$492.98	$305.65	$295.79	-	-	000	999	
81312	Q	PABPN1 GENE DETC ABNOR ALLEL		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81313	Q	PCA3/KLK3 ANTIGEN		-	-	Medicare	$425.08	$263.55	$255.05	-	-	000	999	
81314	Q	PDGFRA GENE		-	-	Medicare	$549.18	$340.49	$329.51	-	-	000	999	
81315	Q	PML/RARALPHA COM BREAKPOINTS		-	-	Medicare	$345.52	$214.22	$207.31	-	-	000	999	
81316	Q	PML/RARALPHA 1 BREAKPOINT		-	-	Medicare	$345.52	$214.22	$207.31	-	-	000	999	
81317	Q	PMS2 GENE FULL SEQ ANALYSIS		-	-	Medicare	$1,127.50	$699.05	$676.50	-	-	000	999	
81318	Q	PMS2 KNOWN FAMILIAL VARIANTS		-	-	Medicare	$551.67	$342.04	$331.00	-	-	000	999	
81319	Q	PMS2 GENE DUP/DELET VARIANTS		-	-	Medicare	$339.17	$210.29	$203.50	-	-	000	999	
81320	Q	PLCG2 GENE COMMON VARIANTS		-	-	Medicare	$485.60	$301.07	$291.36	-	-	000	999	
81321	Q	PTEN GENE FULL SEQUENCE		-	-	Medicare	$1,000.00	$620.00	$600.00	-	-	000	999	
81322	Q	PTEN GENE KNOWN FAM VARIANT		-	-	Medicare	$77.67	$48.16	$46.60	-	-	000	999	
81323	Q	PTEN GENE DUP/DELET VARIANT		-	-	Medicare	$500.00	$310.00	$300.00	-	-	000	999	
81324	Q	PMP22 GENE DUP/DELET		-	-	Medicare	$1,263.93	$783.64	$758.36	-	-	000	999	
81325	Q	PMP22 GENE FULL SEQUENCE		-	-	Medicare	$1,282.63	$795.23	$769.58	-	-	000	999	
81326	Q	PMP22 GENE KNOWN FAM VARIANT		-	-	Medicare	$77.67	$48.16	$46.60	-	-	000	999	
81327	Q	SEPT9 GEN PRMTR MTHYLTN ALYS		-	-	Medicare	$320.00	$198.40	$192.00	-	-	000	999	
81328	Q	SLCO1B1 GENE COM VARIANTS		-	-	Medicare	$291.35	$180.64	$174.81	-	-	000	999	
81329	Q	SMN1 GENE DOS/DELETION ALYS		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81330	Q	SMPD1 GENE COMMON VARIANTS		-	-	Medicare	$78.33	$48.56	$47.00	-	-	000	999	
81331	Q	SNRPN/UBE3A GENE		-	-	Medicare	$85.12	$52.77	$51.07	-	-	000	999	
81332	Q	SERPINA1 GENE		-	-	Medicare	$72.75	$45.11	$43.65	-	-	000	999	
81333	Q	TGFBI GENE COMMON VARIANTS		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81334	Q	RUNX1 GENE TARGETED SEQ ALYS		-	-	Medicare	$549.18	$340.49	$329.51	-	-	000	999	

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81335	Q	TPMT GENE COM VARIANTS		-	-	Medicare	$291.35	$180.64	$174.81	-	-	000	999	
81336	Q	SMN1 GENE FULL GENE SEQUENCE		-	-	Medicare	$502.25	$311.40	$301.35	-	-	000	999	
81337	Q	SMN1 GEN NOWN FAMIL SEQ VRNT		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
81338	Q	MPL GENE COMMON VARIANTS		-	-	Medicare	$250.55	$155.34	$150.33	-	-	000	999	
81339	Q	MPL GENE SEQ ALYS EXON 10		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
81340	Q	TRB@ GENE REARRANGE AMPLIFY		-	-	Medicare	$348.20	$215.88	$208.92	-	-	000	999	
81341	Q	TRB@ GENE REARRANGE DIRPROBE		-	-	Medicare	$82.65	$51.24	$49.59	-	-	000	999	
81342	Q	TRG GENE REARRANGEMENT ANAL		-	-	Medicare	$335.83	$208.21	$201.50	-	-	000	999	
81343	Q	PPP2R2B GEN DETC ABNOR ALLEL		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81344	Q	TBP GENE DETC ABNOR ALLELES		-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	
81345	Q	TERT GENE TARGETED SEQ ALYS		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
81346	Q	TYMS GENE COM VARIANTS		-	-	Medicare	$291.35	$180.64	$174.81	-	-	000	999	
81347	Q	SF3B1 GENE COMMON VARIANTS		-	-	Medicare	$322.08	$199.69	$193.25	-	-	000	999	
81348	Q	SRSF2 GENE COMMON VARIANTS		-	-	Medicare	$292.33	$181.24	$175.40	-	-	000	999	
81349	Q	CYTOG ALYS CHRML ABNR LW-PS		-	-	Medicare	$1,996.57	$1,237.87	$1,197.94	-	-	000	999	
81350	Q	UGT1A1 GENE COMMON VARIANTS		-	-	Medicare	$390.00	$241.80	$234.00	-	-	000	999	
81351	Q	TP53 GENE FULL GENE SEQUENCE		-	-	Medicare	$1,069.75	$663.25	$641.85	-	-	000	999	
81352	Q	TP53 GENE TRGT SEQUENCE ALYS		-	-	Medicare	$549.18	$340.49	$329.51	-	-	000	999	
81353	Q	TP53 GENE KNOWN FAMIL VRNT		-	-	Medicare	$513.33	$318.26	$308.00	-	-	000	999	
81355	Q	VKORC1 GENE		-	-	Medicare	$147.00	$91.14	$88.20	-	-	000	999	
81357	Q	U2AF1 GENE COMMON VARIANTS		-	-	Medicare	$322.08	$199.69	$193.25	-	-	000	999	
81360	Q	ZRSR2 GENE COMMON VARIANTS		-	-	Medicare	$322.08	$199.69	$193.25	-	-	000	999	
81361	Q	HBB GENE COM VARIANTS		-	-	Medicare	$291.35	$180.64	$174.81	-	-	000	999	
81362	Q	HBB GENE KNOWN FAM VARIANT		-	-	Medicare	$625.42	$387.76	$375.25	-	-	000	999	
81363	Q	HBB GENE DUP/DEL VARIANTS		-	-	Medicare	$337.33	$209.14	$202.40	-	-	000	999	
81364	Q	HBB FULL GENE SEQUENCE		-	-	Medicare	$540.97	$335.40	$324.58	-	-	000	999	
81370	Q	HLA I & II TYPING LR		-	-	Medicare	$670.20	$415.52	$402.12	-	-	000	999	
81371	Q	HLA I & II TYPE VERIFY LR		-	-	Medicare	$674.20	$418.00	$404.52	-	-	000	999	
81372	Q	HLA I TYPING COMPLETE LR		-	-	Medicare	$672.65	$417.04	$403.59	-	-	000	999	
81373	Q	HLA I TYPING 1 LOCUS LR		-	-	Medicare	$212.38	$131.68	$127.43	-	-	000	999	
81374	Q	HLA I TYPING 1 ANTIGEN LR		-	-	Medicare	$123.88	$76.81	$74.33	-	-	000	999	
81375	Q	HLA II TYPING AG EQUIV LR		-	-	Medicare	$367.90	$228.10	$220.74	-	-	000	999	
81376	Q	HLA II TYPING 1 LOCUS LR		-	-	Medicare	$203.70	$126.29	$122.22	-	-	000	999	
81377	Q	HLA II TYPE 1 AG EQUIV LR		-	-	Medicare	$157.90	$97.90	$94.74	-	-	000	999	
81378	Q	HLA I & II TYPING HR		-	-	Medicare	$575.95	$357.09	$345.57	-	-	000	999	
81379	Q	HLA I TYPING COMPLETE HR		-	-	Medicare	$558.97	$346.56	$335.38	-	-	000	999	
81380	Q	HLA I TYPING 1 LOCUS HR		-	-	Medicare	$295.42	$183.16	$177.25	-	-	000	999	
81381	Q	HLA I TYPING 1 ALLELE HR		-	-	Medicare	$283.17	$175.57	$169.90	-	-	000	999	
81382	Q	HLA II TYPING 1 LOC HR		-	-	Medicare	$206.13	$127.80	$123.68	-	-	000	999	
81383	Q	HLA II TYPING 1 ALLELE HR		-	-	Medicare	$181.88	$112.77	$109.13	-	-	000	999	
81400	Q	MOPATH PROCEDURE LEVEL 1		-	-	Medicare	$106.60	$66.09	$63.96	-	-	000	999	
81401	Q	MOPATH PROCEDURE LEVEL 2		-	-	Medicare	$228.33	$141.56	$137.00	Y	-	000	999	PA applies to under 18 with mental health DX only
81402	Q	MOPATH PROCEDURE LEVEL 3		-	-	Medicare	$250.55	$155.34	$150.33	-	-	000	999	
81403	Q	MOPATH PROCEDURE LEVEL 4		-	-	Medicare	$308.67	$191.38	$185.20	-	-	000	999	
81404	Q	MOPATH PROCEDURE LEVEL 5		-	-	Medicare	$458.05	$283.99	$274.83	-	-	000	999	
81405	Q	MOPATH PROCEDURE LEVEL 6		-	-	Medicare	$502.25	$311.40	$301.35	-	-	000	999	
81406	Q	MOPATH PROCEDURE LEVEL 7		-	-	Medicare	$471.47	$292.31	$282.88	-	-	000	999	
81407	Q	MOPATH PROCEDURE LEVEL 8		-	-	Medicare	$1,410.45	$874.48	$846.27	-	-	000	999	
81408	Q	MOPATH PROCEDURE LEVEL 9		-	-	Medicare	$3,333.33	$2,066.66	$2,000.00	-	-	000	999	
81410	Q	AORTIC DYSFUNCTION/DILATION		-	-	Medicare	$840.00	$520.80	$504.00	-	-	000	999	
81411	Q	AORTIC DYSFUNCTION/DILATION		-	-	Medicare	$2,250.32	$1,395.20	$1,350.19	-	-	000	999	
81412	Q	ASHKENAZI JEWISH ASSOC DIS		-	-	Medicare	$4,080.93	$2,530.18	$2,448.56	-	-	000	999	
81413	Q	CAR ION CHNNLPATH INC 10 GNS		-	-	Medicare	$974.83	$604.39	$584.90	-	-	000	999	

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81414	Q	CAR ION CHNNLPATH INC 2 GNS		-	-	Medicare	$974.83	$604.39	$584.90	-	-	000	999	
81415	Q	EXOME SEQUENCE ANALYSIS		-	-	Medicare	$7,966.67	$4,939.34	$4,780.00	Y	-	000	999	
81416	Q	EXOME SEQUENCE ANALYSIS		-	-	Medicare	$20,000.00	$12,400.00	$12,000.00	Y	-	000	999	
81417	Q	EXOME RE-EVALUATION		-	-	Medicare	$533.33	$330.66	$320.00	-	-	000	999	
81418	Q	RX METAB GEN SEQ ALYS PNL 6		-	-	Medicare	$1,528.47	$947.65	$917.08	-	-	000	999	
81419	Q	EPILEPSY GEN SEQ ALYS PANEL		-	-	Medicare	$4,080.93	$2,530.18	$2,448.56	-	-	000	999	
81420	Q	FETAL CHRMOML ANEUPLOIDY		-	-	Medicare	$1,265.08	$784.35	$759.05	-	-	010	61	
81422	Q	FETAL CHRMOML MICRODELTJ		-	-	Medicare	$1,265.08	$784.35	$759.05	-	-	000	999	
81425	Q	GENOME SEQUENCE ANALYSIS		-	-	Medicare	$8,385.33	$5,198.90	$5,031.20	-	-	000	999	
81426	Q	GENOME SEQUENCE ANALYSIS		-	-	Medicare	$4,516.58	$2,800.28	$2,709.95	-	-	000	999	
81427	Q	GENOME RE-EVALUATION		-	-	Medicare	$3,896.08	$2,415.57	$2,337.65	-	-	000	999	
81430	Q	HEARING LOSS SEQUENCE ANALYS		-	-	Medicare	$2,708.33	$1,679.16	$1,625.00	-	-	000	999	
81431	Q	HEARING LOSS DUP/DEL ANALYS		-	-	Medicare	$1,132.62	$702.22	$679.57	-	-	000	999	
81432	Q	HRDTRY BRST CA-RLATD DSORDRS		-	-	Medicare	$2,173.25	$1,347.42	$1,303.95	-	-	000	999	
81434	Q	HERED RTA DO GEN SEQ 15		-	-	Medicare	$996.52	$617.84	$597.91	-	-	000	999	
81435	Q	HEREDITARY COLON CA DSORDRS		-	-	Medicare	$2,173.25	$1,347.42	$1,303.95	-	-	000	999	
81437	Q	HEREDTRY NURONDCRN TUM DSRDR		-	-	Medicare	$2,173.25	$1,347.42	$1,303.95	-	-	000	999	
81439	Q	HRDTRY CARDMYPY GENE PANEL		-	-	Medicare	$974.83	$604.39	$584.90	-	-	000	999	
81440	Q	MITOCHONDRIAL GENE		-	-	Medicare	$5,540.00	$3,434.80	$3,324.00	-	-	000	999	
81441	Q	IBMFS SEQ ALYS PNL 30 GENES		-	-	Medicare	$4,080.93	$2,530.18	$2,448.56	-	-	000	999	
81442	Q	NOONAN SPECTRUM DISORDERS		-	-	Medicare	$3,572.67	$2,215.06	$2,143.60	-	-	000	999	
81443	Q	GENETIC TSTG SEVERE INH COND		-	-	Medicare	$4,080.93	$2,530.18	$2,448.56	-	-	000	999	
81445	Q	SO NEO GSAP 5-50DNA/DNA&RNA		-	-	Medicare	$996.52	$617.84	$597.91	-	-	000	999	
81448	Q	HRDTRY PERPH NEURPHY PANEL		-	-	Medicare	$974.83	$604.39	$584.90	-	-	000	999	
81449	Q	SO NEO GSAP 5-50 RNA ALYS		-	-	Medicare	$996.52	$617.84	$597.91	-	-	000	999	
81450	Q	HL NEO GSAP 5-50DNA/DNA&RNA		-	-	Medicare	$1,265.88	$784.85	$759.53	-	-	000	999	
81451	Q	HL NEO GSAP 5-50 RNA ALYS		-	-	Medicare	$1,265.88	$784.85	$759.53	-	-	000	999	
81455	Q	SO/HL 51/>GSAP DNA/DNA&RNA		-	-	Medicare	$4,866.00	$3,016.92	$2,919.60	-	-	000	999	
81456	Q	SO/HL 51/>GSAP RNA ALYS		-	-	Medicare	$4,866.00	$3,016.92	$2,919.60	-	-	000	999	
81457	Q	SO NEO GSAP DNA MCRSTL INS		-	-	Medicare	$1,494.78	$926.76	$896.87	-	-	000	999	
81458	Q	SO GSAP DNA CPY NMBR&MCRSTL		-	-	Medicare	$1,743.92	$1,081.23	$1,046.35	-	-	000	999	
81459	Q	SO NEO GSAP DNA/DNA&RNA		-	-	Medicare	$4,982.58	$3,089.20	$2,989.55	-	-	000	999	
81460	Q	WHOLE MITOCHONDRIAL GENOME		-	-	Medicare	$2,145.00	$1,329.90	$1,287.00	-	-	000	999	
81462	Q	SO GSAP CLL FR DNA/DNA&RNA		-	-	Medicare	$1,993.05	$1,235.69	$1,195.83	-	-	000	999	
81463	Q	SO GSAP CL FR CPY NMBR&MCRST		-	-	Medicare	$2,242.18	$1,390.15	$1,345.31	-	-	000	999	
81464	Q	SO GSAP CLL FR MCRSTL INS		-	-	Medicare	$5,480.85	$3,398.13	$3,288.51	-	-	000	999	
81465	Q	WHOLE MITOCHONDRIAL GENOME		-	-	Medicare	$1,560.00	$967.20	$936.00	-	-	000	999	
81470	Q	X-LINKED INTELLECTUAL DBLT		-	-	Medicare	$1,523.33	$944.46	$914.00	-	-	000	999	
81471	Q	X-LINKED INTELLECTUAL DBLT		-	-	Medicare	$1,523.33	$944.46	$914.00	-	-	000	999	
81479	N	UNLISTED MOLECULAR PATHOLOGY		-	-	Bundled	$0.00			Y	-	000	999	PA applies to under 18 with mental health DX only
81490	Q	AUTOIMMUNE RA ALYS 12 BMRK		-	-	Medicare	$1,401.08	$868.67	$840.65	-	-	000	999	
81493	Q	COR ARTERY DISEASE MRNA		-	-	Medicare	$1,750.00	$1,085.00	$1,050.00	-	-	000	999	
81500	Q	ONCO (OVAR) TWO PROTEINS		-	-	Medicare	$434.17	$269.19	$260.50	-	-	000	999	
81503	Q	ONCO (OVAR) FIVE PROTEINS		-	-	Medicare	$1,495.00	$926.90	$897.00	-	-	000	999	
81504	Q	ONCOLOGY TISSUE OF ORIGIN		-	-	Medicare	$866.67	$537.34	$520.00	-	-	000	999	
81506	E	ENDO ASSAY SEVEN ANAL		-	-	Not Allowed	$0.00			-	-	000	999	
81507	Q	FETAL ANEUPLOIDY TRISOM RISK		-	-	Medicare	$1,325.00	$821.50	$795.00	-	-	010	61	
81508	E	FTL CGEN ABNOR TWO PROTEINS		-	-	Not Allowed	$0.00			-	-	010	61	
81509	E	FTL CGEN ABNOR 3 PROTEINS		-	-	Not Allowed	$0.00			-	-	010	61	
81510	E	FTL CGEN ABNOR THREE ANAL		-	-	Not Allowed	$0.00			-	-	010	61	
81511	E	FTL CGEN ABNOR FOUR ANAL		-	-	Not Allowed	$0.00			-	-	010	61	
81512	E	FTL CGEN ABNOR FIVE ANAL		-	-	Not Allowed	$0.00			-	-	010	61	
81513	Q	NFCT DS BV RNA VAG FLU ALG		-	-	Medicare	$237.72	$147.39	$142.63	-	-	000	999	

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81514	Q	NFCT DS BV&VAGINITIS DNA ALG		-	-	Medicare	$438.32	$271.76	$262.99	-	-	000	999	
81515	Q	NFCT DS BV&VAGINITIS DNA ALG		-	-	Medicare	$438.32	$271.76	$262.99	-	-	000	999	
81517	Q	LIVER DS ALYS 3 BMRK SRM ALG		-	-	Medicare	$293.65	$182.06	$176.19	-	-	000	999	
81518	Q	ONC BRST MRNA 11 GENES		-	-	Medicare	$6,455.00	$4,002.10	$3,873.00	-	-	000	999	
81519	Q	ONCOLOGY BREAST MRNA		-	-	Medicare	$6,455.00	$4,002.10	$3,873.00	-	-	000	999	
81520	Q	ONC BREAST MRNA 58 GENES		-	-	Medicare	$4,183.68	$2,593.88	$2,510.21	-	-	000	999	
81521	Q	ONC BREAST MRNA 70 GENES		-	-	Medicare	$6,455.00	$4,002.10	$3,873.00	-	-	000	999	
81522	Q	ONC BREAST MRNA 12 GENES		-	-	Medicare	$6,455.00	$4,002.10	$3,873.00	-	-	000	999	
81523	Q	ONC BRST MRNA 70 CNT 31 GENE		-	-	Medicare	$6,455.00	$4,002.10	$3,873.00	-	-	000	999	
81525	Q	ONCOLOGY COLON MRNA		-	-	Medicare	$5,193.33	$3,219.86	$3,116.00	-	-	000	999	
81528	Q	ONCOLOGY COLORECTAL SCR		-	-	Medicare	$848.12	$525.83	$508.87	-	-	045	999	
81529	Q	ONC CUTAN MLNMA MRNA 31 GENE		-	-	Medicare	$11,988.33	$7,432.76	$7,193.00	-	-	000	999	
81535	Q	ONCOLOGY GYNECOLOGIC		-	-	Medicare	$965.77	$598.78	$579.46	-	-	000	999	
81536	Q	ONCOLOGY GYNECOLOGIC		-	-	Medicare	$295.93	$183.48	$177.56	-	-	000	999	
81538	Q	ONCOLOGY LUNG		-	-	Medicare	$4,785.00	$2,966.70	$2,871.00	-	-	000	999	
81539	Q	ONCOLOGY PROSTATE PROB SCORE		-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	
81540	Q	ONCOLOGY TUM UNKNOWN ORIGIN		-	-	Medicare	$6,250.00	$3,875.00	$3,750.00	-	-	000	999	
81541	Q	ONC PROSTATE MRNA 46 GENES		-	-	Medicare	$6,455.00	$4,002.10	$3,873.00	-	-	000	999	
81542	Q	ONC PROSTATE MRNA 22 CNT GEN		-	-	Medicare	$6,455.00	$4,002.10	$3,873.00	-	-	000	999	
81546	Q	ONC THYR MRNA 10,196 GEN ALG		-	-	Medicare	$6,000.00	$3,720.00	$3,600.00	-	-	000	999	
81551	Q	ONC PROSTATE 3 GENES		-	-	Medicare	$3,383.33	$2,097.66	$2,030.00	-	-	000	999	
81552	Q	ONC UVEAL MLNMA MRNA 15 GENE		-	-	Medicare	$12,960.00	$8,035.20	$7,776.00	-	-	000	999	
81554	Q	PULM DS IPF MRNA 190 GEN ALG		-	-	Medicare	$9,075.00	$5,626.50	$5,445.00	-	-	000	999	
81558	Q	TRNSPL REJ KDN MRNA QPCR 139		-	-	Medicare	$5,400.00	$3,348.00	$3,240.00	-	-	000	999	
81560	Q	TRNSPLJ PD LVR&BWL CD154+CLL		-	-	Medicare	$1,067.88	$662.09	$640.73	-	-	000	999	
81595	Q	CARDIOLOGY HRT TRNSPL MRNA		-	-	Medicare	$5,400.00	$3,348.00	$3,240.00	-	-	000	999	
81596	Q	NFCT DS CHRNC HCV 6 ASSAYS		-	-	Medicare	$120.32	$74.60	$72.19	-	-	000	999	
81599	E	UNLISTED MAAA		-	-	Not Allowed	$0.00			-	-	000	999	
82009	Q	KETONE BODYS QUAL		-	-	Medicare	$7.53	$4.67	$4.52	-	-	000	999	
82010	Q	KETONE BODYS QUAN		-	-	Medicare	$13.62	$8.44	$8.17	-	-	000	999	
82013	Q	ACETYLCHOLINESTERASE ASSAY		-	-	Medicare	$20.48	$12.70	$12.29	-	-	000	999	
82016	Q	ACYLCARNITINES QUAL		-	-	Medicare	$27.48	$17.04	$16.49	-	-	000	999	
82017	Q	ACYLCARNITINES QUANT		-	-	Medicare	$28.12	$17.43	$16.87	-	-	000	999	
82024	Q	ASSAY OF ACTH		-	-	Medicare	$64.37	$39.91	$38.62	-	-	000	999	
82030	Q	ASSAY OF ADP & AMP		-	-	Medicare	$43.00	$26.66	$25.80	-	-	000	999	
82040	Q	ASSAY OF SERUM ALBUMIN		-	-	Medicare	$8.25	$5.12	$4.95	-	-	000	999	
82042	Q	OTHER SOURCE ALBUMIN QUAN EA		-	-	Medicare	$12.97	$8.04	$7.78	-	-	000	999	
82043	Q	UR ALBUMIN QUANTITATIVE		-	-	Medicare	$9.63	$5.97	$5.78	-	-	000	999	
82044	Q	UR ALBUMIN SEMIQUANTITATIVE		-	-	Medicare	$10.38	$6.44	$6.23	-	-	000	999	
82045	Q	ALBUMIN ISCHEMIA MODIFIED		-	-	Medicare	$56.57	$35.07	$33.94	-	-	000	999	
82075	Q	ASSAY OF BREATH ETHANOL		-	-	Medicare	$50.00	$31.00	$30.00	-	-	000	999	
82077	Q	ASSAY SPEC XCP UR&BREATH IA		-	-	Medicare	$28.78	$17.84	$17.27	-	-	000	999	
82085	Q	ASSAY OF ALDOLASE		-	-	Medicare	$16.18	$10.03	$9.71	-	-	000	999	
82088	Q	ASSAY OF ALDOSTERONE		-	-	Medicare	$67.92	$42.11	$40.75	-	-	000	999	
82103	Q	ALPHA-1-ANTITRYPSIN TOTAL		-	-	Medicare	$22.40	$13.89	$13.44	-	-	000	999	
82104	Q	ALPHA-1-ANTITRYPSIN PHENO		-	-	Medicare	$24.10	$14.94	$14.46	-	-	000	999	
82105	Q	ALPHA-FETOPROTEIN SERUM		-	-	Medicare	$27.95	$17.33	$16.77	-	-	000	999	
82106	Q	ALPHA-FETOPROTEIN AMNIOTIC		-	-	Medicare	$28.33	$17.56	$17.00	-	-	000	999	
82107	Q	ALPHA-FETOPROTEIN L3		-	-	Medicare	$107.35	$66.56	$64.41	-	-	000	999	
82108	Q	ASSAY OF ALUMINUM		-	-	Medicare	$42.47	$26.33	$25.48	-	-	000	999	
82120	Q	AMINES VAGINAL FLUID QUAL		-	-	Medicare	$9.98	$6.19	$5.99	-	-	000	999	
82127	Q	AMINO ACID SINGLE QUAL		-	-	Medicare	$23.63	$14.65	$14.18	-	-	000	999	
82128	Q	AMINO ACIDS MULT QUAL		-	-	Medicare	$23.12	$14.33	$13.87	-	-	000	999	
82131	Q	AMINO ACIDS SINGLE QUANT		-	-	Medicare	$38.30	$23.75	$22.98	-	-	000	999	
82135	Q	ASSAY AMINOLEVULINIC ACID		-	-	Medicare	$27.42	$17.00	$16.45	-	-	000	999	
82136	Q	AMINO ACIDS QUANT 2-5		-	-	Medicare	$32.68	$20.26	$19.61	-	-	000	999	

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82139	Q	AMINO ACIDS QUAN 6 OR MORE		-	-	Medicare	$28.12	$17.43	$16.87	-	-	000	999	
82140	Q	ASSAY OF AMMONIA		-	-	Medicare	$24.28	$15.05	$14.57	-	-	000	999	
82143	Q	AMNIOTIC FLUID SCAN		-	-	Medicare	$15.58	$9.66	$9.35	-	-	000	999	
82150	Q	ASSAY OF AMYLASE		-	-	Medicare	$10.80	$6.70	$6.48	-	-	000	999	
82154	Q	ANDROSTANEDIOL GLUCURONIDE		-	-	Medicare	$48.05	$29.79	$28.83	-	-	000	999	
82157	Q	ASSAY OF ANDROSTENEDIONE		-	-	Medicare	$48.80	$30.26	$29.28	-	-	000	999	
82160	Q	ASSAY OF ANDROSTERONE		-	-	Medicare	$42.58	$26.40	$25.55	-	-	000	999	
82163	Q	ASSAY OF ANGIOTENSIN II		-	-	Medicare	$34.20	$21.20	$20.52	-	-	000	999	
82164	Q	ANGIOTENSIN I ENZYME TEST		-	-	Medicare	$24.33	$15.08	$14.60	-	-	000	999	
82166	Q	ASSAY ANTI-MULLERIAN HORM		-	-	Medicare	$64.37	$39.91	$38.62	-	-	000	999	
82172	Q	ASSAY OF APOLIPOPROTEIN		-	-	Medicare	$35.15	$21.79	$21.09	-	-	000	999	
82175	Q	ASSAY OF ARSENIC		-	-	Medicare	$31.62	$19.60	$18.97	-	-	000	999	
82180	Q	ASSAY OF ASCORBIC ACID		-	-	Medicare	$16.48	$10.22	$9.89	-	-	000	999	
82190	Q	ATOMIC ABSORPTION		-	-	Medicare	$26.50	$16.43	$15.90	-	-	000	999	
82232	Q	ASSAY OF BETA-2 PROTEIN		-	-	Medicare	$26.97	$16.72	$16.18	-	-	000	999	
82233	Q	BETA-AMYLOID 1-40 (ABETA 40)		-	-	Medicare	$0.00	$0.00	$0.00	-	-	000	999	
82234	Q	BETA-AMYLOID 1-42 (ABETA 42)		-	-	Medicare	$0.00	$0.00	$0.00	-	-	000	999	
82239	Q	BILE ACIDS TOTAL		-	-	Medicare	$28.53	$17.69	$17.12	-	-	000	999	
82240	Q	BILE ACIDS CHOLYLGLYCINE		-	-	Medicare	$44.30	$27.47	$26.58	-	-	000	999	
82247	Q	BILIRUBIN TOTAL		-	-	Medicare	$8.37	$5.19	$5.02	-	-	000	999	
82248	Q	BILIRUBIN DIRECT		-	-	Medicare	$8.37	$5.19	$5.02	-	-	000	999	
82252	Q	FECAL BILIRUBIN TEST		-	-	Medicare	$7.60	$4.71	$4.56	-	-	000	999	
82261	Q	ASSAY OF BIOTINIDASE		-	-	Medicare	$28.12	$17.43	$16.87	-	-	000	999	
82270	Q	OCCULT BLOOD FECES		-	-	Medicare	$7.30	$4.53	$4.38	-	-	000	999	
82271	Q	OCCULT BLOOD OTHER SOURCES		-	-	Medicare	$8.87	$5.50	$5.32	-	-	000	999	
82272	Q	OCCULT BLD FECES 1-3 TESTS		-	-	Medicare	$7.05	$4.37	$4.23	-	-	000	999	
82274	Q	ASSAY TEST FOR BLOOD FECAL		-	-	Medicare	$26.53	$16.45	$15.92	-	-	000	999	
82286	Q	ASSAY OF BRADYKININ		-	-	Medicare	$8.60	$5.33	$5.16	-	-	000	999	
82300	Q	ASSAY OF CADMIUM		-	-	Medicare	$39.40	$24.43	$23.64	-	-	000	999	
82306	Q	VITAMIN D 25 HYDROXY		-	-	Medicare	$49.33	$30.58	$29.60	-	-	000	999	
82308	Q	ASSAY OF CALCITONIN		-	-	Medicare	$44.65	$27.68	$26.79	-	-	000	999	
82310	Q	ASSAY OF CALCIUM		-	-	Medicare	$8.60	$5.33	$5.16	-	-	000	999	
82330	Q	ASSAY OF CALCIUM		-	-	Medicare	$22.80	$14.14	$13.68	-	-	000	999	
82331	Q	CALCIUM INFUSION TEST		-	-	Medicare	$22.23	$13.78	$13.34	-	-	000	999	
82340	Q	ASSAY OF CALCIUM IN URINE		-	-	Medicare	$10.05	$6.23	$6.03	-	-	000	999	
82355	Q	CALCULUS ANALYSIS QUAL		-	-	Medicare	$19.30	$11.97	$11.58	-	-	000	999	
82360	Q	CALCULUS ASSAY QUANT		-	-	Medicare	$21.45	$13.30	$12.87	-	-	000	999	
82365	Q	CALCULUS SPECTROSCOPY		-	-	Medicare	$21.50	$13.33	$12.90	-	-	000	999	
82370	Q	X-RAY ASSAY CALCULUS		-	-	Medicare	$20.87	$12.94	$12.52	-	-	000	999	
82373	Q	ASSAY C-D TRANSFER MEASURE		-	-	Medicare	$30.10	$18.66	$18.06	-	-	000	999	
82374	Q	ASSAY BLOOD CARBON DIOXIDE		-	-	Medicare	$8.13	$5.04	$4.88	-	-	000	999	
82375	Q	ASSAY CARBOXYHB QUANT		-	-	Medicare	$20.53	$12.73	$12.32	-	-	000	999	
82376	Q	ASSAY CARBOXYHB QUAL		-	-	Medicare	$23.45	$14.54	$14.07	-	-	000	999	
82378	Q	CARCINOEMBRYONIC ANTIGEN		-	-	Medicare	$31.60	$19.59	$18.96	-	-	000	999	
82379	Q	ASSAY OF CARNITINE		-	-	Medicare	$28.12	$17.43	$16.87	-	-	000	999	
82380	Q	ASSAY OF CAROTENE		-	-	Medicare	$15.37	$9.53	$9.22	-	-	000	999	
82382	Q	ASSAY URINE CATECHOLAMINES		-	-	Medicare	$45.50	$28.21	$27.30	-	-	000	999	
82383	Q	ASSAY BLOOD CATECHOLAMINES		-	-	Medicare	$48.47	$30.05	$29.08	-	-	000	999	
82384	Q	ASSAY THREE CATECHOLAMINES		-	-	Medicare	$42.08	$26.09	$25.25	-	-	000	999	
82387	Q	ASSAY OF CATHEPSIN-D		-	-	Medicare	$30.10	$18.66	$18.06	-	-	000	999	
82390	Q	ASSAY OF CERULOPLASMIN		-	-	Medicare	$17.90	$11.10	$10.74	-	-	000	999	
82397	Q	CHEMILUMINESCENT ASSAY		-	-	Medicare	$23.53	$14.59	$14.12	-	-	000	999	
82415	Q	ASSAY OF CHLORAMPHENICOL		-	-	Medicare	$21.12	$13.09	$12.67	-	-	000	999	
82435	Q	ASSAY OF BLOOD CHLORIDE		-	-	Medicare	$7.67	$4.76	$4.60	-	-	000	999	
82436	Q	ASSAY OF URINE CHLORIDE		-	-	Medicare	$9.58	$5.94	$5.75	-	-	000	999	
82438	Q	ASSAY OTHER FLUID CHLORIDES		-	-	Medicare	$8.33	$5.16	$5.00	-	-	000	999	

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82441	Q	TEST FOR CHLOROHYDROCARBONS		-	-	Medicare	$10.02	$6.21	$6.01	-	-	000	999	
82465	Q	ASSAY BLD/SERUM CHOLESTEROL		-	-	Medicare	$7.25	$4.50	$4.35	-	-	000	999	
82480	Q	ASSAY SERUM CHOLINESTERASE		-	-	Medicare	$13.12	$8.13	$7.87	-	-	000	999	
82482	Q	ASSAY RBC CHOLINESTERASE		-	-	Medicare	$16.35	$10.14	$9.81	-	-	000	999	
82485	Q	ASSAY CHONDROITIN SULFATE		-	-	Medicare	$34.42	$21.34	$20.65	-	-	000	999	
82495	Q	ASSAY OF CHROMIUM		-	-	Medicare	$33.80	$20.96	$20.28	-	-	000	999	
82507	Q	ASSAY OF CITRATE		-	-	Medicare	$46.33	$28.72	$27.80	-	-	000	999	
82523	Q	COLLAGEN CROSSLINKS		-	-	Medicare	$31.13	$19.30	$18.68	-	-	000	999	
82525	Q	ASSAY OF COPPER		-	-	Medicare	$20.68	$12.82	$12.41	-	-	000	999	
82528	Q	ASSAY OF CORTICOSTERONE		-	-	Medicare	$37.53	$23.27	$22.52	-	-	000	999	
82530	Q	CORTISOL FREE		-	-	Medicare	$27.85	$17.27	$16.71	-	-	000	999	
82533	Q	TOTAL CORTISOL		-	-	Medicare	$27.17	$16.85	$16.30	-	-	000	999	
82540	Q	ASSAY OF CREATINE		-	-	Medicare	$7.73	$4.79	$4.64	-	-	000	999	
82542	Q	COL CHROMOTOGRAPHY QUAL/QUAN		-	-	Medicare	$40.15	$24.89	$24.09	-	-	000	999	
82550	Q	ASSAY OF CK (CPK)		-	-	Medicare	$10.85	$6.73	$6.51	-	-	000	999	
82552	Q	ASSAY OF CPK IN BLOOD		-	-	Medicare	$22.32	$13.84	$13.39	-	-	000	999	
82553	Q	CREATINE MB FRACTION		-	-	Medicare	$19.25	$11.94	$11.55	-	-	000	999	
82554	Q	CREATINE ISOFORMS		-	-	Medicare	$19.78	$12.26	$11.87	-	-	000	999	
82565	Q	ASSAY OF CREATININE		-	-	Medicare	$8.53	$5.29	$5.12	-	-	000	999	
82570	Q	ASSAY OF URINE CREATININE		-	-	Medicare	$8.63	$5.35	$5.18	-	-	000	999	
82575	Q	CREATININE CLEARANCE TEST		-	-	Medicare	$15.77	$9.78	$9.46	-	-	000	999	
82585	Q	ASSAY OF CRYOFIBRINOGEN		-	-	Medicare	$23.57	$14.61	$14.14	-	-	000	999	
82595	Q	ASSAY OF CRYOGLOBULIN		-	-	Medicare	$10.78	$6.68	$6.47	-	-	000	999	
82600	Q	ASSAY OF CYANIDE		-	-	Medicare	$32.33	$20.04	$19.40	-	-	000	999	
82607	Q	VITAMIN B-12		-	-	Medicare	$25.13	$15.58	$15.08	-	-	000	999	
82608	Q	B-12 BINDING CAPACITY		-	-	Medicare	$23.87	$14.80	$14.32	-	-	000	999	
82610	Q	CYSTATIN C		-	-	Medicare	$30.87	$19.14	$18.52	-	-	000	999	
82615	Q	TEST FOR URINE CYSTINES		-	-	Medicare	$15.92	$9.87	$9.55	-	-	000	999	
82626	Q	DEHYDROEPIANDROSTERONE		-	-	Medicare	$42.12	$26.11	$25.27	-	-	000	999	
82627	Q	DEHYDROEPIANDROSTERONE		-	-	Medicare	$37.05	$22.97	$22.23	-	-	000	999	
82633	Q	DESOXYCORTICOSTERONE		-	-	Medicare	$51.63	$32.01	$30.98	-	-	000	999	
82634	Q	DEOXYCORTISOL		-	-	Medicare	$48.80	$30.26	$29.28	-	-	000	999	
82638	Q	ASSAY OF DIBUCAINE NUMBER		-	-	Medicare	$20.42	$12.66	$12.25	-	-	000	999	
82642	Q	DIHYDROTESTOSTERONE		-	-	Medicare	$48.80	$30.26	$29.28	-	-	000	999	
82652	Q	VIT D 1 25-DIHYDROXY		-	-	Medicare	$64.17	$39.79	$38.50	-	-	000	999	
82653	Q	EL-1 FECAL QUANTITATIVE		-	-	Medicare	$38.28	$23.73	$22.97	-	-	000	999	
82656	Q	EL-1 FECAL QUAL/SEMIQ		-	-	Medicare	$19.22	$11.92	$11.53	-	-	000	999	
82657	Q	ENZYME CELL ACTIVITY		-	-	Medicare	$36.95	$22.91	$22.17	-	-	000	999	
82658	Q	ENZYME CELL ACTIVITY RA		-	-	Medicare	$73.38	$45.50	$44.03	-	-	000	999	
82664	Q	ELECTROPHORETIC TEST		-	-	Medicare	$102.50	$63.55	$61.50	-	-	000	999	
82668	Q	ASSAY OF ERYTHROPOIETIN		-	-	Medicare	$31.32	$19.42	$18.79	-	-	000	999	
82670	Q	ASSAY OF TOTAL ESTRADIOL		-	-	Medicare	$46.57	$28.87	$27.94	-	-	000	999	
82671	Q	ASSAY OF ESTROGENS		-	-	Medicare	$53.83	$33.37	$32.30	-	-	000	999	
82672	Q	ASSAY OF ESTROGEN		-	-	Medicare	$36.17	$22.43	$21.70	-	-	000	999	
82677	Q	ASSAY OF ESTRIOL		-	-	Medicare	$40.30	$24.99	$24.18	-	-	000	999	
82679	Q	ASSAY OF ESTRONE		-	-	Medicare	$41.58	$25.78	$24.95	-	-	000	999	
82681	Q	ASSAY DIR MEAS FR ESTRADIOL		-	-	Medicare	$46.57	$28.87	$27.94	-	-	000	999	
82693	Q	ASSAY OF ETHYLENE GLYCOL		-	-	Medicare	$24.83	$15.39	$14.90	-	-	000	999	
82696	Q	ASSAY OF ETIOCHOLANOLONE		-	-	Medicare	$43.73	$27.11	$26.24	-	-	000	999	
82705	Q	FATS/LIPIDS FECES QUAL		-	-	Medicare	$8.50	$5.27	$5.10	-	-	000	999	
82710	Q	FATS/LIPIDS FECES QUANT		-	-	Medicare	$28.00	$17.36	$16.80	-	-	000	999	
82715	Q	ASSAY OF FECAL FAT		-	-	Medicare	$38.28	$23.73	$22.97	-	-	000	999	
82725	Q	ASSAY OF BLOOD FATTY ACIDS		-	-	Medicare	$31.28	$19.39	$18.77	-	-	000	999	
82726	Q	LONG CHAIN FATTY ACIDS		-	-	Medicare	$32.92	$20.41	$19.75	-	-	000	999	
82728	Q	ASSAY OF FERRITIN		-	-	Medicare	$22.72	$14.09	$13.63	-	-	000	999	
82731	Q	ASSAY OF FETAL FIBRONECTIN		-	-	Medicare	$107.35	$66.56	$64.41	-	-	010	61	

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82735	Q	ASSAY OF FLUORIDE		-	-	Medicare	$30.90	$19.16	$18.54	-	-	000	999	
82746	Q	ASSAY OF FOLIC ACID SERUM		-	-	Medicare	$24.50	$15.19	$14.70	-	-	000	999	
82747	Q	ASSAY OF FOLIC ACID RBC		-	-	Medicare	$29.42	$18.24	$17.65	-	-	000	999	
82757	Q	ASSAY OF SEMEN FRUCTOSE		-	-	Medicare	$28.90	$17.92	$17.34	-	-	000	999	
82759	Q	ASSAY OF RBC GALACTOKINASE		-	-	Medicare	$35.80	$22.20	$21.48	-	-	000	999	
82760	Q	ASSAY OF GALACTOSE		-	-	Medicare	$18.67	$11.58	$11.20	-	-	000	999	
82775	Q	ASSAY GALACTOSE TRANSFERASE		-	-	Medicare	$35.12	$21.77	$21.07	-	-	000	999	
82776	Q	GALACTOSE TRANSFERASE TEST		-	-	Medicare	$19.57	$12.13	$11.74	-	-	000	999	
82777	Q	GALECTIN-3		-	-	Medicare	$73.75	$45.73	$44.25	-	-	000	999	
82784	Q	ASSAY IGA/IGD/IGG/IGM EACH		-	-	Medicare	$15.50	$9.61	$9.30	-	-	000	999	
82785	Q	ASSAY OF IGE		-	-	Medicare	$27.43	$17.01	$16.46	-	-	000	999	
82787	Q	IGG 1 2 3 OR 4 EACH		-	-	Medicare	$13.37	$8.29	$8.02	-	-	000	999	
82800	Q	BLOOD PH		-	-	Medicare	$18.33	$11.36	$11.00	-	-	000	999	
82803	Q	BLOOD GASES ANY COMBINATION		-	-	Medicare	$43.45	$26.94	$26.07	-	-	000	999	
82805	Q	BLOOD GASES W/O2 SATURATION		-	-	Medicare	$131.28	$81.39	$78.77	-	-	000	999	
82810	Q	BLOOD GASES O2 SAT ONLY		-	-	Medicare	$16.28	$10.09	$9.77	-	-	000	999	
82820	Q	HEMOGLOBIN-OXYGEN AFFINITY		-	-	Medicare	$22.23	$13.78	$13.34	-	-	000	999	
82930	Q	GASTRIC ANALY W/PH EA SPEC		-	-	Medicare	$11.18	$6.93	$6.71	-	-	000	999	
82938	Q	GASTRIN TEST		-	-	Medicare	$29.48	$18.28	$17.69	-	-	000	999	
82941	Q	ASSAY OF GASTRIN		-	-	Medicare	$29.38	$18.22	$17.63	-	-	000	999	
82943	Q	ASSAY OF GLUCAGON		-	-	Medicare	$23.82	$14.77	$14.29	-	-	000	999	
82945	Q	GLUCOSE OTHER FLUID		-	-	Medicare	$6.55	$4.06	$3.93	-	-	000	999	
82946	Q	GLUCAGON TOLERANCE TEST		-	-	Medicare	$29.62	$18.36	$17.77	-	-	000	999	
82947	Q	ASSAY GLUCOSE BLOOD QUANT		-	-	Medicare	$6.55	$4.06	$3.93	-	-	000	999	
82948	Q	REAGENT STRIP/BLOOD GLUCOSE		-	-	Medicare	$8.40	$5.21	$5.04	-	-	000	999	
82950	Q	GLUCOSE TEST		-	-	Medicare	$7.92	$4.91	$4.75	-	-	000	999	
82951	Q	GLUCOSE TOLERANCE TEST (GTT)		-	-	Medicare	$21.45	$13.30	$12.87	-	-	000	999	
82952	Q	GTT-ADDED SAMPLES		-	-	Medicare	$6.53	$4.05	$3.92	-	-	000	999	
82955	Q	ASSAY OF G6PD ENZYME		-	-	Medicare	$16.17	$10.03	$9.70	-	-	000	999	
82960	Q	TEST FOR G6PD ENZYME		-	-	Medicare	$10.08	$6.25	$6.05	-	-	000	999	
82962	Q	GLUCOSE BLOOD TEST		-	-	Medicare	$5.47	$3.39	$3.28	-	-	000	999	
82963	Q	ASSAY OF GLUCOSIDASE		-	-	Medicare	$35.80	$22.20	$21.48	-	-	000	999	
82965	Q	ASSAY OF GDH ENZYME		-	-	Medicare	$21.92	$13.59	$13.15	-	-	000	999	
82977	Q	ASSAY OF GGT		-	-	Medicare	$12.00	$7.44	$7.20	-	-	000	999	
82978	Q	ASSAY OF GLUTATHIONE		-	-	Medicare	$25.75	$15.97	$15.45	-	-	000	999	
82979	Q	ASSAY RBC GLUTATHIONE		-	-	Medicare	$15.73	$9.75	$9.44	-	-	000	999	
82985	Q	ASSAY OF GLYCATED PROTEIN		-	-	Medicare	$27.93	$17.32	$16.76	-	-	000	999	
83001	Q	ASSAY OF GONADOTROPIN (FSH)		-	-	Medicare	$30.97	$19.20	$18.58	-	-	000	999	
83002	Q	ASSAY OF GONADOTROPIN (LH)		-	-	Medicare	$30.87	$19.14	$18.52	-	-	000	999	
83003	Q	ASSAY GROWTH HORMONE (HGH)		-	-	Medicare	$27.78	$17.22	$16.67	-	-	000	999	
83006	Q	GROWTH STIMULATION GENE 2		-	-	Medicare	$126.00	$78.12	$75.60	-	-	000	999	
83009	Q	H PYLORI (C-13) BLOOD		-	-	Medicare	$112.27	$69.61	$67.36	-	-	000	999	
83010	Q	ASSAY OF HAPTOGLOBIN QUANT		-	-	Medicare	$20.97	$13.00	$12.58	-	-	000	999	
83012	Q	ASSAY OF HAPTOGLOBINS		-	-	Medicare	$44.82	$27.79	$26.89	-	-	000	999	
83013	Q	H PYLORI (C-13) BREATH		-	-	Medicare	$112.27	$69.61	$67.36	-	-	000	999	
83014	Q	H PYLORI DRUG ADMIN		-	-	Medicare	$13.10	$8.12	$7.86	-	-	000	999	
83015	Q	HEAVY METAL QUAL ANY ANAL		-	-	Medicare	$34.90	$21.64	$20.94	-	-	000	999	
83018	Q	HEAVY METAL QUANT EACH NES		-	-	Medicare	$36.60	$22.69	$21.96	-	-	000	999	
83020	Q	HEMOGLOBIN ELECTROPHORESIS		-	-	Medicare	$21.45	$13.30	$12.87	-	-	000	999	
83021	Q	HEMOGLOBIN CHROMOTOGRAPHY		-	-	Medicare	$30.10	$18.66	$18.06	-	-	000	999	
83026	Q	HEMOGLOBIN COPPER SULFATE		-	-	Medicare	$6.68	$4.14	$4.01	-	-	000	999	
83030	Q	HEMOGLOBIN F FETAL CHEMICAL		-	-	Medicare	$17.90	$11.10	$10.74	-	-	000	999	
83033	Q	HEMOGLOBIN FTL F ASSAY QUAL		-	-	Medicare	$13.33	$8.26	$8.00	-	-	000	999	
83036	Q	HEMOGLOBIN GLYCOSYLATED A1C		-	-	Medicare	$16.18	$10.03	$9.71	-	-	000	999	
83037	E	HB GLYCOSYLATED A1C HOME DEV		-	-	Not Allowed	$0.00			-	-	000	999	
83045	Q	HGB METHEMOGLOBIN QUAL		-	-	Medicare	$10.82	$6.71	$6.49	-	-	000	999	

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83050	Q	HGB METHEMOGLOBIN QUAN		-	-	Medicare	$13.67	$8.48	$8.20	-	-	000	999	
83051	Q	HEMOGLOBIN PLASMA		-	-	Medicare	$12.18	$7.55	$7.31	-	-	000	999	
83060	Q	HGB SULFHEMOGLOBIN QUAN		-	-	Medicare	$14.67	$9.10	$8.80	-	-	000	999	
83065	Q	HEMOGLOBIN THERMOLABILE		-	-	Medicare	$15.00	$9.30	$9.00	-	-	000	999	
83068	Q	HEMOGLOBIN UNSTABLE SCREEN		-	-	Medicare	$15.78	$9.78	$9.47	-	-	000	999	
83069	Q	HEMOGLOBIN URINE		-	-	Medicare	$6.58	$4.08	$3.95	-	-	000	999	
83070	Q	ASSAY OF HEMOSIDERIN QUAL		-	-	Medicare	$7.92	$4.91	$4.75	-	-	000	999	
83080	Q	ASSAY OF B HEXOSAMINIDASE EA		-	-	Medicare	$28.12	$17.43	$16.87	-	-	000	999	
83088	Q	ASSAY OF HISTAMINE		-	-	Medicare	$49.22	$30.52	$29.53	-	-	000	999	
83090	Q	ASSAY OF HOMOCYSTEINE		-	-	Medicare	$29.87	$18.52	$17.92	-	-	000	999	
83150	Q	ASSAY OF HOMOVANILLIC ACID		-	-	Medicare	$37.35	$23.16	$22.41	-	-	000	999	
83491	Q	ASY HYDROXYCORTICOSTEROIDS17		-	-	Medicare	$29.83	$18.49	$17.90	-	-	000	999	
83497	Q	ASSAY OF 5-HIAA		-	-	Medicare	$21.50	$13.33	$12.90	-	-	000	999	
83498	Q	ASY HYDROXYPROGESTERONE 17-D		-	-	Medicare	$45.28	$28.07	$27.17	-	-	000	999	
83500	Q	ASSAY FREE HYDROXYPROLINE		-	-	Medicare	$37.75	$23.41	$22.65	-	-	000	999	
83505	Q	ASSAY TOTAL HYDROXYPROLINE		-	-	Medicare	$40.50	$25.11	$24.30	-	-	000	999	
83516	Q	IMMUNOASSAY NONANTIBODY		-	-	Medicare	$19.22	$11.92	$11.53	-	-	000	999	
83518	Q	IMMUNOASSAY DIPSTICK		-	-	Medicare	$16.07	$9.96	$9.64	-	-	000	999	
83519	Q	RIA NONANTIBODY		-	-	Medicare	$30.67	$19.02	$18.40	-	-	000	999	
83520	Q	IMMUNOASSAY QUANT NOS NONAB		-	-	Medicare	$28.78	$17.84	$17.27	-	-	000	999	
83521	Q	IG LIGHT CHAINS FREE EACH		-	-	Medicare	$28.78	$17.84	$17.27	-	-	000	999	
83525	Q	ASSAY OF INSULIN		-	-	Medicare	$19.05	$11.81	$11.43	-	-	000	999	
83527	Q	ASSAY OF INSULIN		-	-	Medicare	$21.58	$13.38	$12.95	-	-	000	999	
83528	Q	ASSAY OF INTRINSIC FACTOR		-	-	Medicare	$33.03	$20.48	$19.82	-	-	000	999	
83529	Q	ASAY OF INTERLEUKIN-6 (IL-6)		-	-	Medicare	$28.78	$17.84	$17.27	-	-	000	999	
83540	Q	ASSAY OF IRON		-	-	Medicare	$10.78	$6.68	$6.47	-	-	000	999	
83550	Q	IRON BINDING TEST		-	-	Medicare	$14.57	$9.03	$8.74	-	-	000	999	
83570	Q	ASSAY OF IDH ENZYME		-	-	Medicare	$14.75	$9.15	$8.85	-	-	000	999	
83582	Q	ASSAY OF KETOGENIC STEROIDS		-	-	Medicare	$25.78	$15.98	$15.47	-	-	000	999	
83586	Q	ASSAY 17- KETOSTEROIDS		-	-	Medicare	$21.33	$13.22	$12.80	-	-	000	999	
83593	Q	FRACTIONATION KETOSTEROIDS		-	-	Medicare	$47.50	$29.45	$28.50	-	-	000	999	
83605	Q	ASSAY OF LACTIC ACID		-	-	Medicare	$19.28	$11.95	$11.57	-	-	000	999	
83615	Q	LACTATE (LD) (LDH) ENZYME		-	-	Medicare	$10.07	$6.24	$6.04	-	-	000	999	
83625	Q	ASSAY OF LDH ENZYMES		-	-	Medicare	$21.32	$13.22	$12.79	-	-	000	999	
83630	Q	LACTOFERRIN FECAL (QUAL)		-	-	Medicare	$32.83	$20.35	$19.70	-	-	000	999	
83631	Q	LACTOFERRIN FECAL (QUANT)		-	-	Medicare	$32.72	$20.29	$19.63	-	-	000	999	
83632	Q	PLACENTAL LACTOGEN		-	-	Medicare	$33.70	$20.89	$20.22	-	-	000	999	
83633	Q	TEST URINE FOR LACTOSE		-	-	Medicare	$18.75	$11.63	$11.25	-	-	000	999	
83655	Q	ASSAY OF LEAD		-	-	Medicare	$20.18	$12.51	$12.11	-	-	000	999	
83661	Q	L/S RATIO FETAL LUNG		-	-	Medicare	$36.65	$22.72	$21.99	-	-	000	999	
83662	Q	FOAM STABILITY FETAL LUNG		-	-	Medicare	$31.52	$19.54	$18.91	-	-	000	999	
83663	Q	FLUORO POLARIZE FETAL LUNG		-	-	Medicare	$31.52	$19.54	$18.91	-	-	000	999	
83664	Q	LAMELLAR BDY FETAL LUNG		-	-	Medicare	$32.20	$19.96	$19.32	-	-	000	999	
83670	Q	ASSAY OF LAP ENZYME		-	-	Medicare	$16.35	$10.14	$9.81	-	-	000	999	
83690	Q	ASSAY OF LIPASE		-	-	Medicare	$11.48	$7.12	$6.89	-	-	000	999	
83695	Q	ASSAY OF LIPOPROTEIN(A)		-	-	Medicare	$23.87	$14.80	$14.32	-	-	000	999	
83698	Q	ASSAY LIPOPROTEIN PLA2		-	-	Medicare	$77.18	$47.85	$46.31	-	-	000	999	
83700	Q	LIPOPRO BLD ELECTROPHORETIC		-	-	Medicare	$18.77	$11.64	$11.26	-	-	000	999	
83701	Q	LIPOPROTEIN BLD HR FRACTION		-	-	Medicare	$56.43	$34.99	$33.86	-	-	000	999	
83704	Q	LIPOPROTEIN BLD QUAN PART		-	-	Medicare	$56.98	$35.33	$34.19	-	-	000	999	
83718	Q	ASSAY OF LIPOPROTEIN		-	-	Medicare	$13.65	$8.46	$8.19	-	-	000	999	
83719	Q	ASSAY OF BLOOD LIPOPROTEIN		-	-	Medicare	$21.25	$13.18	$12.75	-	-	000	999	
83721	Q	ASSAY OF BLOOD LIPOPROTEIN		-	-	Medicare	$17.50	$10.85	$10.50	-	-	000	999	
83722	Q	LIPOPRTN DIR MEAS SD LDL CHL		-	-	Medicare	$56.98	$35.33	$34.19	-	-	000	999	
83727	Q	ASSAY OF LRH HORMONE		-	-	Medicare	$28.65	$17.76	$17.19	-	-	000	999	
83735	Q	ASSAY OF MAGNESIUM		-	-	Medicare	$11.17	$6.93	$6.70	-	-	000	999	

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83775	Q	ASSAY MALATE DEHYDROGENASE		-	-	Medicare	$12.28	$7.61	$7.37	-	-	000	999	
83785	Q	ASSAY OF MANGANESE		-	-	Medicare	$44.42	$27.54	$26.65	-	-	000	999	
83789	Q	MASS SPECTROMETRY QUAL/QUAN		-	-	Medicare	$40.18	$24.91	$24.11	-	-	000	999	
83825	Q	ASSAY OF MERCURY		-	-	Medicare	$27.10	$16.80	$16.26	-	-	000	999	
83835	Q	ASSAY OF METANEPHRINES		-	-	Medicare	$28.23	$17.50	$16.94	-	-	000	999	
83857	Q	ASSAY OF METHEMALBUMIN		-	-	Medicare	$17.90	$11.10	$10.74	-	-	000	999	
83861	Q	MICROFLUID ANALY TEARS		-	-	Medicare	$37.47	$23.23	$22.48	-	-	000	999	
83864	Q	MUCOPOLYSACCHARIDES		-	-	Medicare	$47.50	$29.45	$28.50	-	-	000	999	
83872	Q	ASSAY SYNOVIAL FLUID MUCIN		-	-	Medicare	$9.77	$6.06	$5.86	-	-	000	999	
83873	Q	ASSAY OF CSF PROTEIN		-	-	Medicare	$28.67	$17.78	$17.20	-	-	000	999	
83874	Q	ASSAY OF MYOGLOBIN		-	-	Medicare	$21.53	$13.35	$12.92	-	-	000	999	
83876	Q	ASSAY MYELOPEROXIDASE		-	-	Medicare	$84.77	$52.56	$50.86	-	-	000	999	
83880	Q	ASSAY OF NATRIURETIC PEPTIDE		-	-	Medicare	$65.43	$40.57	$39.26	-	-	000	999	
83883	Q	ASSAY NEPHELOMETRY NOT SPEC		-	-	Medicare	$22.67	$14.06	$13.60	-	-	000	999	
83884	Q	ASSAY NEURFLMNT LIGHT CHAIN		-	-	Medicare	$0.00	$0.00	$0.00	-	-	000	999	
83885	Q	ASSAY OF NICKEL		-	-	Medicare	$40.85	$25.33	$24.51	-	-	000	999	
83915	Q	ASSAY OF NUCLEOTIDASE		-	-	Medicare	$18.58	$11.52	$11.15	-	-	000	999	
83916	Q	OLIGOCLONAL BANDS		-	-	Medicare	$45.65	$28.30	$27.39	-	-	000	999	
83918	Q	ORGANIC ACIDS TOTAL QUANT		-	-	Medicare	$39.33	$24.38	$23.60	-	-	000	999	
83919	Q	ORGANIC ACIDS QUAL EACH		-	-	Medicare	$27.42	$17.00	$16.45	-	-	000	999	
83921	Q	ORGANIC ACID SINGLE QUANT		-	-	Medicare	$35.35	$21.92	$21.21	-	-	000	999	
83930	Q	ASSAY OF BLOOD OSMOLALITY		-	-	Medicare	$11.02	$6.83	$6.61	-	-	000	999	
83935	Q	ASSAY OF URINE OSMOLALITY		-	-	Medicare	$11.37	$7.05	$6.82	-	-	000	999	
83937	Q	ASSAY OF OSTEOCALCIN		-	-	Medicare	$49.75	$30.85	$29.85	-	-	000	999	
83945	Q	ASSAY OF OXALATE		-	-	Medicare	$24.08	$14.93	$14.45	-	-	000	999	
83950	Q	ONCOPROTEIN HER-2/NEU		-	-	Medicare	$107.35	$66.56	$64.41	-	-	000	999	
83951	Q	ONCOPROTEIN DCP		-	-	Medicare	$107.35	$66.56	$64.41	-	-	000	999	
83970	Q	ASSAY OF PARATHORMONE		-	-	Medicare	$68.80	$42.66	$41.28	-	-	000	999	
83986	Q	ASSAY PH BODY FLUID NOS		-	-	Medicare	$5.97	$3.70	$3.58	-	-	000	999	
83987	Q	EXHALED BREATH CONDENSATE		-	-	Medicare	$5.97	$3.70	$3.58	-	-	000	999	
83992	E	ASSAY FOR PHENCYCLIDINE		-	-	Not Allowed	$0.00			-	-	000	999	
83993	Q	ASSAY FOR CALPROTECTIN FECAL		-	-	Medicare	$32.72	$20.29	$19.63	-	-	000	999	
84030	Q	ASSAY OF BLOOD PKU		-	-	Medicare	$9.17	$5.69	$5.50	-	-	000	999	
84035	Q	ASSAY OF PHENYLKETONES		-	-	Medicare	$6.63	$4.11	$3.98	-	-	000	999	
84060	Q	ASSAY ACID PHOSPHATASE		-	-	Medicare	$12.73	$7.89	$7.64	-	-	000	999	
84066	Q	ASSAY PROSTATE PHOSPHATASE		-	-	Medicare	$16.10	$9.98	$9.66	-	-	000	999	
84075	Q	ASSAY ALKALINE PHOSPHATASE		-	-	Medicare	$8.63	$5.35	$5.18	-	-	000	999	
84078	Q	ASSAY ALKALINE PHOSPHATASE		-	-	Medicare	$13.77	$8.54	$8.26	-	-	000	999	
84080	Q	ASSAY ALKALINE PHOSPHATASES		-	-	Medicare	$24.63	$15.27	$14.78	-	-	000	999	
84081	Q	ASSAY PHOSPHATIDYLGLYCEROL		-	-	Medicare	$27.53	$17.07	$16.52	-	-	000	999	
84085	Q	ASSAY OF RBC PG6D ENZYME		-	-	Medicare	$15.73	$9.75	$9.44	-	-	000	999	
84087	Q	ASSAY PHOSPHOHEXOSE ENZYMES		-	-	Medicare	$17.88	$11.09	$10.73	-	-	000	999	
84100	Q	ASSAY OF PHOSPHORUS		-	-	Medicare	$7.90	$4.90	$4.74	-	-	000	999	
84105	Q	ASSAY OF URINE PHOSPHORUS		-	-	Medicare	$9.63	$5.97	$5.78	-	-	000	999	
84106	Q	TEST FOR PORPHOBILINOGEN		-	-	Medicare	$9.70	$6.01	$5.82	-	-	000	999	
84110	Q	ASSAY OF PORPHOBILINOGEN		-	-	Medicare	$14.07	$8.72	$8.44	-	-	000	999	
84112	Q	EVAL AMNIOTIC FLUID PROTEIN		-	-	Medicare	$163.52	$101.38	$98.11	-	-	010	61	
84119	Q	TEST URINE FOR PORPHYRINS		-	-	Medicare	$22.27	$13.81	$13.36	-	-	000	999	
84120	Q	ASSAY OF URINE PORPHYRINS		-	-	Medicare	$24.52	$15.20	$14.71	-	-	000	999	
84126	Q	ASSAY OF FECES PORPHYRINS		-	-	Medicare	$65.18	$40.41	$39.11	-	-	000	999	
84132	Q	ASSAY OF SERUM POTASSIUM		-	-	Medicare	$7.93	$4.92	$4.76	-	-	000	999	
84133	Q	ASSAY OF URINE POTASSIUM		-	-	Medicare	$7.88	$4.89	$4.73	-	-	000	999	
84134	Q	ASSAY OF PREALBUMIN		-	-	Medicare	$24.32	$15.08	$14.59	-	-	000	999	
84135	Q	ASSAY OF PREGNANEDIOL		-	-	Medicare	$35.45	$21.98	$21.27	-	-	000	999	
84138	Q	ASSAY OF PREGNANETRIOL		-	-	Medicare	$35.08	$21.75	$21.05	-	-	000	999	
84140	Q	ASSAY OF PREGNENOLONE		-	-	Medicare	$34.45	$21.36	$20.67	-	-	000	999	

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84143	Q	ASSAY OF 17-HYDROXYPREGNENO		-	-	Medicare	$38.02	$23.57	$22.81	-	-	000	999	
84144	Q	ASSAY OF PROGESTERONE		-	-	Medicare	$34.77	$21.56	$20.86	-	-	000	999	
84145	Q	PROCALCITONIN (PCT)		-	-	Medicare	$45.37	$28.13	$27.22	-	-	000	999	
84146	Q	ASSAY OF PROLACTIN		-	-	Medicare	$32.30	$20.03	$19.38	-	-	000	999	
84150	Q	ASSAY OF PROSTAGLANDIN		-	-	Medicare	$69.62	$43.16	$41.77	-	-	000	999	
84152	Q	ASSAY OF PSA COMPLEXED		-	-	Medicare	$30.65	$19.00	$18.39	-	-	000	999	
84153	Q	ASSAY OF PSA TOTAL		-	-	Medicare	$30.65	$19.00	$18.39	-	-	000	999	
84154	Q	ASSAY OF PSA FREE		-	-	Medicare	$30.65	$19.00	$18.39	-	-	000	999	
84155	Q	ASSAY OF PROTEIN SERUM		-	-	Medicare	$6.12	$3.79	$3.67	-	-	000	999	
84156	Q	ASSAY OF PROTEIN URINE		-	-	Medicare	$6.12	$3.79	$3.67	-	-	000	999	
84157	Q	ASSAY OF PROTEIN OTHER		-	-	Medicare	$6.67	$4.14	$4.00	-	-	000	999	
84160	Q	ASSAY OF PROTEIN ANY SOURCE		-	-	Medicare	$9.35	$5.80	$5.61	-	-	000	999	
84163	Q	PAPPA SERUM		-	-	Medicare	$25.08	$15.55	$15.05	-	-	010	61	
84165	Q	PROTEIN E-PHORESIS SERUM		-	-	Medicare	$17.90	$11.10	$10.74	-	-	000	999	
84166	Q	PROTEIN E-PHORESIS/URINE/CSF		-	-	Medicare	$29.72	$18.43	$17.83	-	-	000	999	
84181	Q	WESTERN BLOT TEST		-	-	Medicare	$28.38	$17.60	$17.03	-	-	000	999	
84182	Q	PROTEIN WESTERN BLOT TEST		-	-	Medicare	$48.68	$30.18	$29.21	-	-	000	999	
84202	Q	ASSAY RBC PROTOPORPHYRIN		-	-	Medicare	$23.92	$14.83	$14.35	-	-	000	999	
84203	Q	TEST RBC PROTOPORPHYRIN		-	-	Medicare	$16.23	$10.06	$9.74	-	-	000	999	
84206	Q	ASSAY OF PROINSULIN		-	-	Medicare	$44.48	$27.58	$26.69	-	-	000	999	
84207	Q	ASSAY OF VITAMIN B-6		-	-	Medicare	$46.83	$29.03	$28.10	-	-	000	999	
84210	Q	ASSAY OF PYRUVATE		-	-	Medicare	$24.13	$14.96	$14.48	-	-	000	999	
84220	Q	ASSAY OF PYRUVATE KINASE		-	-	Medicare	$15.73	$9.75	$9.44	-	-	000	999	
84228	Q	ASSAY OF QUININE		-	-	Medicare	$19.38	$12.02	$11.63	-	-	000	999	
84233	Q	ASSAY OF ESTROGEN		-	-	Medicare	$146.47	$90.81	$87.88	-	-	000	999	
84234	Q	ASSAY OF PROGESTERONE		-	-	Medicare	$108.13	$67.04	$64.88	-	-	000	999	
84235	Q	ASSAY OF ENDOCRINE HORMONE		-	-	Medicare	$118.72	$73.61	$71.23	-	-	000	999	
84238	Q	ASSAY NONENDOCRINE RECEPTOR		-	-	Medicare	$60.95	$37.79	$36.57	-	-	000	999	
84244	Q	ASSAY OF RENIN		-	-	Medicare	$36.65	$22.72	$21.99	-	-	000	999	
84252	Q	ASSAY OF VITAMIN B-2		-	-	Medicare	$33.73	$20.91	$20.24	-	-	000	999	
84255	Q	ASSAY OF SELENIUM		-	-	Medicare	$42.55	$26.38	$25.53	-	-	000	999	
84260	Q	ASSAY OF SEROTONIN		-	-	Medicare	$51.63	$32.01	$30.98	-	-	000	999	
84270	Q	ASSAY OF SEX HORMONE GLOBUL		-	-	Medicare	$36.22	$22.46	$21.73	-	-	000	999	
84275	Q	ASSAY OF SIALIC ACID		-	-	Medicare	$22.40	$13.89	$13.44	-	-	000	999	
84285	Q	ASSAY OF SILICA		-	-	Medicare	$42.02	$26.05	$25.21	-	-	000	999	
84295	Q	ASSAY OF SERUM SODIUM		-	-	Medicare	$8.02	$4.97	$4.81	-	-	000	999	
84300	Q	ASSAY OF URINE SODIUM		-	-	Medicare	$8.43	$5.23	$5.06	-	-	000	999	
84302	Q	ASSAY OF SWEAT SODIUM		-	-	Medicare	$8.10	$5.02	$4.86	-	-	000	999	
84305	Q	ASSAY OF SOMATOMEDIN		-	-	Medicare	$35.43	$21.97	$21.26	-	-	000	999	
84307	Q	ASSAY OF SOMATOSTATIN		-	-	Medicare	$30.47	$18.89	$18.28	-	-	000	999	
84311	Q	SPECTROPHOTOMETRY		-	-	Medicare	$13.50	$8.37	$8.10	-	-	000	999	
84315	Q	BODY FLUID SPECIFIC GRAVITY		-	-	Medicare	$5.47	$3.39	$3.28	-	-	000	999	
84375	Q	CHROMATOGRAM ASSAY SUGARS		-	-	Medicare	$65.00	$40.30	$39.00	-	-	000	999	
84376	Q	SUGARS SINGLE QUAL		-	-	Medicare	$9.17	$5.69	$5.50	-	-	000	999	
84377	Q	SUGARS MULTIPLE QUAL		-	-	Medicare	$9.17	$5.69	$5.50	-	-	000	999	
84378	Q	SUGARS SINGLE QUANT		-	-	Medicare	$19.22	$11.92	$11.53	-	-	000	999	
84379	Q	SUGARS MULTIPLE QUANT		-	-	Medicare	$19.22	$11.92	$11.53	-	-	000	999	
84392	Q	ASSAY OF URINE SULFATE		-	-	Medicare	$9.15	$5.67	$5.49	-	-	000	999	
84393	Q	TAU PHOSPHORYLATED EA		-	-	Medicare	$0.00	$0.00	$0.00	-	-	000	999	
84394	Q	TOTAL TAU		-	-	Medicare	$0.00	$0.00	$0.00	-	-	000	999	
84402	Q	ASSAY OF FREE TESTOSTERONE		-	-	Medicare	$42.45	$26.32	$25.47	-	-	000	999	
84403	Q	ASSAY OF TOTAL TESTOSTERONE		-	-	Medicare	$43.02	$26.67	$25.81	-	-	000	999	
84410	Q	TESTOSTERONE BIOAVAILABLE		-	-	Medicare	$85.47	$52.99	$51.28	-	-	000	999	
84425	Q	ASSAY OF VITAMIN B-1		-	-	Medicare	$35.38	$21.94	$21.23	-	-	000	999	
84430	Q	ASSAY OF THIOCYANATE		-	-	Medicare	$19.38	$12.02	$11.63	-	-	000	999	
84431	Q	THROMBOXANE URINE		-	-	Medicare	$58.52	$36.28	$35.11	-	-	000	999	

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Outpatient Prospective Payment System Services
Proposed July 1, 2025

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
84432	Q	ASSAY OF THYROGLOBULIN		-	-	Medicare	$26.77	$16.60	$16.06	-	-	000	999	
84433	Q	ASY THIOPURIN S-MTHYLTRNSFRS		-	-	Medicare	$36.95	$22.91	$22.17	-	-	000	999	
84436	Q	ASSAY OF TOTAL THYROXINE		-	-	Medicare	$11.45	$7.10	$6.87	-	-	000	999	
84437	Q	ASSAY OF NEONATAL THYROXINE		-	-	Medicare	$10.78	$6.68	$6.47	-	-	000	999	
84439	Q	ASSAY OF FREE THYROXINE		-	-	Medicare	$15.03	$9.32	$9.02	-	-	000	999	
84442	Q	ASSAY OF THYROID ACTIVITY		-	-	Medicare	$24.63	$15.27	$14.78	-	-	000	999	
84443	Q	ASSAY THYROID STIM HORMONE		-	-	Medicare	$28.00	$17.36	$16.80	-	-	000	999	
84445	Q	ASSAY OF TSI GLOBULIN		-	-	Medicare	$84.77	$52.56	$50.86	-	-	000	999	
84446	Q	ASSAY OF VITAMIN E		-	-	Medicare	$23.63	$14.65	$14.18	-	-	000	999	
84449	Q	ASSAY OF TRANSCORTIN		-	-	Medicare	$30.00	$18.60	$18.00	-	-	000	999	
84450	Q	TRANSFERASE (AST) (SGOT)		-	-	Medicare	$8.63	$5.35	$5.18	-	-	000	999	
84460	Q	ALANINE AMINO (ALT) (SGPT)		-	-	Medicare	$8.83	$5.47	$5.30	-	-	000	999	
84466	Q	ASSAY OF TRANSFERRIN		-	-	Medicare	$21.27	$13.19	$12.76	-	-	000	999	
84478	Q	ASSAY OF TRIGLYCERIDES		-	-	Medicare	$9.57	$5.93	$5.74	-	-	000	999	
84479	Q	ASSAY OF THYROID (T3 OR T4)		-	-	Medicare	$10.78	$6.68	$6.47	-	-	000	999	
84480	Q	ASSAY TRIIODOTHYRONINE (T3)		-	-	Medicare	$23.63	$14.65	$14.18	-	-	000	999	
84481	Q	FREE ASSAY (FT-3)		-	-	Medicare	$28.23	$17.50	$16.94	-	-	000	999	
84482	Q	T3 REVERSE		-	-	Medicare	$26.27	$16.29	$15.76	-	-	000	999	
84484	Q	ASSAY OF TROPONIN QUANT		-	-	Medicare	$20.78	$12.88	$12.47	-	-	000	999	
84485	Q	ASSAY DUODENAL FLUID TRYPSIN		-	-	Medicare	$12.00	$7.44	$7.20	-	-	000	999	
84488	Q	TEST FECES FOR TRYPSIN		-	-	Medicare	$12.17	$7.55	$7.30	-	-	000	999	
84490	Q	ASSAY OF FECES FOR TRYPSIN		-	-	Medicare	$16.55	$10.26	$9.93	-	-	000	999	
84510	Q	ASSAY OF TYROSINE		-	-	Medicare	$17.72	$10.99	$10.63	-	-	000	999	
84512	Q	ASSAY OF TROPONIN QUAL		-	-	Medicare	$16.82	$10.43	$10.09	-	-	000	999	
84520	Q	ASSAY OF UREA NITROGEN		-	-	Medicare	$6.58	$4.08	$3.95	-	-	000	999	
84525	Q	UREA NITROGEN SEMI-QUANT		-	-	Medicare	$8.55	$5.30	$5.13	-	-	000	999	
84540	Q	ASSAY OF URINE/UREA-N		-	-	Medicare	$9.27	$5.75	$5.56	-	-	000	999	
84545	Q	UREA-N CLEARANCE TEST		-	-	Medicare	$12.00	$7.44	$7.20	-	-	000	999	
84550	Q	ASSAY OF BLOOD/URIC ACID		-	-	Medicare	$7.53	$4.67	$4.52	-	-	000	999	
84560	Q	ASSAY OF URINE/URIC ACID		-	-	Medicare	$8.47	$5.25	$5.08	-	-	000	999	
84577	Q	ASSAY OF FECES/UROBILINOGEN		-	-	Medicare	$28.00	$17.36	$16.80	-	-	000	999	
84578	Q	TEST URINE UROBILINOGEN		-	-	Medicare	$7.45	$4.62	$4.47	-	-	000	999	
84580	Q	ASSAY OF URINE UROBILINOGEN		-	-	Medicare	$15.92	$9.87	$9.55	-	-	000	999	
84583	Q	ASSAY OF URINE UROBILINOGEN		-	-	Medicare	$10.08	$6.25	$6.05	-	-	000	999	
84585	Q	ASSAY OF URINE VMA		-	-	Medicare	$25.83	$16.01	$15.50	-	-	000	999	
84586	Q	ASSAY OF VIP		-	-	Medicare	$58.88	$36.51	$35.33	-	-	000	999	
84588	Q	ASSAY OF VASOPRESSIN		-	-	Medicare	$56.57	$35.07	$33.94	-	-	000	999	
84590	Q	ASSAY OF VITAMIN A		-	-	Medicare	$19.35	$12.00	$11.61	-	-	000	999	
84591	Q	ASSAY OF NOS VITAMIN		-	-	Medicare	$28.43	$17.63	$17.06	-	-	000	999	
84597	Q	ASSAY OF VITAMIN K		-	-	Medicare	$22.87	$14.18	$13.72	-	-	000	999	
84600	Q	ASSAY OF VOLATILES		-	-	Medicare	$28.52	$17.68	$17.11	-	-	000	999	
84620	Q	XYLOSE TOLERANCE TEST		-	-	Medicare	$21.52	$13.34	$12.91	-	-	000	999	
84630	Q	ASSAY OF ZINC		-	-	Medicare	$18.98	$11.77	$11.39	-	-	000	999	
84681	Q	ASSAY OF C-PEPTIDE		-	-	Medicare	$34.68	$21.50	$20.81	-	-	000	999	
84702	Q	CHORIONIC GONADOTROPIN TEST		-	-	Medicare	$25.08	$15.55	$15.05	-	-	000	999	
84703	Q	CHORIONIC GONADOTROPIN ASSAY		-	-	Medicare	$12.53	$7.77	$7.52	-	-	009	999	
84704	Q	HCG FREE BETACHAIN TEST		-	-	Medicare	$25.48	$15.80	$15.29	-	-	000	999	
84830	Q	OVULATION TESTS		-	-	Medicare	$21.17	$13.13	$12.70	-	-	000	999	
84999	N	UNLISTED CHEMISTRY PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
85002	Q	BLEEDING TIME TEST		-	-	Medicare	$8.03	$4.98	$4.82	-	-	000	999	
85004	Q	AUTOMATED DIFF WBC COUNT		-	-	Medicare	$10.78	$6.68	$6.47	-	-	000	999	
85007	Q	BL SMEAR W/DIFF WBC COUNT		-	-	Medicare	$6.33	$3.92	$3.80	-	-	000	999	
85008	Q	BL SMEAR W/O DIFF WBC COUNT		-	-	Medicare	$5.72	$3.55	$3.43	-	-	000	999	
85009	Q	MANUAL DIFF WBC COUNT B-COAT		-	-	Medicare	$8.45	$5.24	$5.07	-	-	000	999	
85013	Q	SPUN MICROHEMATOCRIT		-	-	Medicare	$11.67	$7.24	$7.00	-	-	000	999	
85014	Q	HEMATOCRIT		-	-	Medicare	$3.95	$2.45	$2.37	-	-	000	999	

Montana Healthcare Programs Fee Schedule
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85018	Q	HEMOGLOBIN		-	-	Medicare	$3.95	$2.45	$2.37	-	-	000	999	
85025	Q	COMPLETE CBC W/AUTO DIFF WBC		-	-	Medicare	$12.95	$8.03	$7.77	-	-	000	999	
85027	Q	COMPLETE CBC AUTOMATED		-	-	Medicare	$10.78	$6.68	$6.47	-	-	000	999	
85032	Q	MANUAL CELL COUNT EACH		-	-	Medicare	$7.18	$4.45	$4.31	-	-	000	999	
85041	Q	AUTOMATED RBC COUNT		-	-	Medicare	$5.03	$3.12	$3.02	-	-	000	999	
85044	Q	MANUAL RETICULOCYTE COUNT		-	-	Medicare	$7.18	$4.45	$4.31	-	-	000	999	
85045	Q	AUTOMATED RETICULOCYTE COUNT		-	-	Medicare	$6.65	$4.12	$3.99	-	-	000	999	
85046	Q	RETICYTE/HGB CONCENTRATE		-	-	Medicare	$9.28	$5.75	$5.57	-	-	000	999	
85048	Q	AUTOMATED LEUKOCYTE COUNT		-	-	Medicare	$4.23	$2.62	$2.54	-	-	000	999	
85049	Q	AUTOMATED PLATELET COUNT		-	-	Medicare	$7.47	$4.63	$4.48	-	-	000	999	
85055	Q	RETICULATED PLATELET ASSAY		-	-	Medicare	$59.57	$36.93	$35.74	-	-	000	999	
85060	E	BLOOD SMEAR INTERPRETATION		-	-	Not Allowed	$0.00			-	-	000	999	
85097	N	BONE MARROW INTERPRETATION		05674	9.1613	Bundled, sometimes payable	$556.27			-	-	000	999	
85130	Q	CHROMOGENIC SUBSTRATE ASSAY		-	-	Medicare	$19.82	$12.29	$11.89	-	-	000	999	
85170	Q	BLOOD CLOT RETRACTION		-	-	Medicare	$27.17	$16.85	$16.30	-	-	000	999	
85175	Q	BLOOD CLOT LYSIS TIME		-	-	Medicare	$33.95	$21.05	$20.37	-	-	000	999	
85210	Q	CLOT FACTOR II PROTHROM SPEC		-	-	Medicare	$21.63	$13.41	$12.98	-	-	000	999	
85220	Q	BLOOC CLOT FACTOR V TEST		-	-	Medicare	$29.42	$18.24	$17.65	-	-	000	999	
85230	Q	CLOT FACTOR VII PROCONVERTIN		-	-	Medicare	$29.83	$18.49	$17.90	-	-	000	999	
85240	Q	CLOT FACTOR VIII AHG 1 STAGE		-	-	Medicare	$29.83	$18.49	$17.90	-	-	000	999	
85244	Q	CLOT FACTOR VIII RELTD ANTGN		-	-	Medicare	$34.03	$21.10	$20.42	-	-	000	999	
85245	Q	CLOT FACTOR VIII VW RISTOCTN		-	-	Medicare	$38.23	$23.70	$22.94	-	-	000	999	
85246	Q	CLOT FACTOR VIII VW ANTIGEN		-	-	Medicare	$38.23	$23.70	$22.94	-	-	000	999	
85247	Q	CLOT FACTOR VIII MULTIMETRIC		-	-	Medicare	$38.23	$23.70	$22.94	-	-	000	999	
85250	Q	CLOT FACTOR IX PTC/CHRSTMAS		-	-	Medicare	$31.73	$19.67	$19.04	-	-	000	999	
85260	Q	CLOT FACTOR X STUART-POWER		-	-	Medicare	$29.83	$18.49	$17.90	-	-	000	999	
85270	Q	CLOT FACTOR XI PTA		-	-	Medicare	$29.83	$18.49	$17.90	-	-	000	999	
85280	Q	CLOT FACTOR XII HAGEMAN		-	-	Medicare	$32.25	$20.00	$19.35	-	-	000	999	
85290	Q	CLOT FACTOR XIII FIBRIN STAB		-	-	Medicare	$27.23	$16.88	$16.34	-	-	000	999	
85291	Q	CLOT FACTOR XIII FIBRIN SCRN		-	-	Medicare	$15.18	$9.41	$9.11	-	-	000	999	
85292	Q	CLOT FACTOR FLETCHER FACT		-	-	Medicare	$31.55	$19.56	$18.93	-	-	000	999	
85293	Q	CLOT FACTOR WGHT KININOGEN		-	-	Medicare	$31.55	$19.56	$18.93	-	-	000	999	
85300	Q	ANTITHROMBIN III ACTIVITY		-	-	Medicare	$19.75	$12.25	$11.85	-	-	000	999	
85301	Q	ANTITHROMBIN III ANTIGEN		-	-	Medicare	$18.02	$11.17	$10.81	-	-	000	999	
85302	Q	CLOT INHIBIT PROT C ANTIGEN		-	-	Medicare	$20.02	$12.41	$12.01	-	-	000	999	
85303	Q	CLOT INHIBIT PROT C ACTIVITY		-	-	Medicare	$23.07	$14.30	$13.84	-	-	000	999	
85305	Q	CLOT INHIBIT PROT S TOTAL		-	-	Medicare	$19.35	$12.00	$11.61	-	-	000	999	
85306	Q	CLOT INHIBIT PROT S FREE		-	-	Medicare	$25.53	$15.83	$15.32	-	-	000	999	
85307	Q	ASSAY ACTIVATED PROTEIN C		-	-	Medicare	$25.53	$15.83	$15.32	-	-	000	999	
85335	Q	FACTOR INHIBITOR TEST		-	-	Medicare	$21.45	$13.30	$12.87	-	-	000	999	
85337	Q	THROMBOMODULIN		-	-	Medicare	$28.78	$17.84	$17.27	-	-	000	999	
85345	Q	COAGULATION TIME LEE & WHITE		-	-	Medicare	$7.82	$4.85	$4.69	-	-	000	999	
85347	Q	COAGULATION TIME ACTIVATED		-	-	Medicare	$7.13	$4.42	$4.28	-	-	000	999	
85348	Q	COAGULATION TIME OTR METHOD		-	-	Medicare	$7.48	$4.64	$4.49	-	-	000	999	
85360	Q	EUGLOBULIN LYSIS		-	-	Medicare	$14.02	$8.69	$8.41	-	-	000	999	
85362	Q	FIBRIN DEGRADATION PRODUCTS		-	-	Medicare	$11.48	$7.12	$6.89	-	-	000	999	
85366	Q	FIBRINOGEN TEST		-	-	Medicare	$134.10	$83.14	$80.46	-	-	000	999	
85370	Q	FIBRINOGEN TEST		-	-	Medicare	$20.72	$12.85	$12.43	-	-	000	999	
85378	Q	FIBRIN DEGRADE SEMIQUANT		-	-	Medicare	$16.20	$10.04	$9.72	-	-	000	999	
85379	Q	FIBRIN DEGRADATION QUANT		-	-	Medicare	$16.97	$10.52	$10.18	-	-	000	999	
85380	Q	FIBRIN DEGRADJ D-DIMER		-	-	Medicare	$16.97	$10.52	$10.18	-	-	000	999	
85384	Q	FIBRINOGEN ACTIVITY		-	-	Medicare	$16.20	$10.04	$9.72	-	-	000	999	
85385	Q	FIBRINOGEN ANTIGEN		-	-	Medicare	$24.10	$14.94	$14.46	-	-	000	999	
85390	Q	FIBRINOLYSINS SCREEN I&R		-	-	Medicare	$25.80	$16.00	$15.48	-	-	000	999	
85396	N	CLOTTING ASSAY WHOLE BLOOD		-	-	Bundled	$0.00			-	-	000	999	
85397	Q	CLOTTING FUNCT ACTIVITY		-	-	Medicare	$51.43	$31.89	$30.86	-	-	000	999	

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85400	Q	FIBRINOLYTIC PLASMIN		-	-	Medicare	$12.85	$7.97	$7.71	-	-	000	999	
85410	Q	FIBRINOLYTIC ANTIPLASMIN		-	-	Medicare	$12.85	$7.97	$7.71	-	-	000	999	
85415	Q	FIBRINOLYTIC PLASMINOGEN		-	-	Medicare	$28.65	$17.76	$17.19	-	-	000	999	
85420	Q	FIBRINOLYTIC PLASMINOGEN		-	-	Medicare	$10.88	$6.75	$6.53	-	-	000	999	
85421	Q	FIBRINOLYTIC PLASMINOGEN		-	-	Medicare	$16.97	$10.52	$10.18	-	-	000	999	
85441	Q	HEINZ BODIES DIRECT		-	-	Medicare	$7.00	$4.34	$4.20	-	-	000	999	
85445	Q	HEINZ BODIES INDUCED		-	-	Medicare	$11.37	$7.05	$6.82	-	-	000	999	
85460	Q	HEMOGLOBIN FETAL		-	-	Medicare	$12.88	$7.99	$7.73	-	-	000	999	
85461	Q	HEMOGLOBIN FETAL		-	-	Medicare	$15.60	$9.67	$9.36	-	-	000	999	
85475	Q	HEMOLYSIN ACID		-	-	Medicare	$14.78	$9.16	$8.87	-	-	000	999	
85520	Q	HEPARIN ASSAY		-	-	Medicare	$21.82	$13.53	$13.09	-	-	000	999	
85525	Q	HEPARIN NEUTRALIZATION		-	-	Medicare	$19.73	$12.23	$11.84	-	-	000	999	
85530	Q	HEPARIN-PROTAMINE TOLERANCE		-	-	Medicare	$21.82	$13.53	$13.09	-	-	000	999	
85536	Q	IRON STAIN PERIPHERAL BLOOD		-	-	Medicare	$11.47	$7.11	$6.88	-	-	000	999	
85540	Q	WBC ALKALINE PHOSPHATASE		-	-	Medicare	$14.33	$8.88	$8.60	-	-	000	999	
85547	Q	RBC MECHANICAL FRAGILITY		-	-	Medicare	$14.33	$8.88	$8.60	-	-	000	999	
85549	Q	MURAMIDASE		-	-	Medicare	$31.25	$19.38	$18.75	-	-	000	999	
85555	Q	RBC OSMOTIC FRAGILITY		-	-	Medicare	$12.45	$7.72	$7.47	-	-	000	999	
85557	Q	RBC OSMOTIC FRAGILITY		-	-	Medicare	$22.27	$13.81	$13.36	-	-	000	999	
85576	Q	BLOOD PLATELET AGGREGATION		-	-	Medicare	$41.52	$25.74	$24.91	-	-	000	999	
85597	Q	PHOSPHOLIPID PLTLT NEUTRALIZ		-	-	Medicare	$29.97	$18.58	$17.98	-	-	000	999	
85598	Q	HEXAGNAL PHOSPH PLTLT NEUTRL		-	-	Medicare	$29.97	$18.58	$17.98	-	-	000	999	
85610	Q	PROTHROMBIN TIME		-	-	Medicare	$7.15	$4.43	$4.29	-	-	000	999	
85611	Q	PROTHROMBIN TEST		-	-	Medicare	$6.57	$4.07	$3.94	-	-	000	999	
85612	Q	VIPER VENOM PROTHROMBIN TIME		-	-	Medicare	$29.15	$18.07	$17.49	-	-	000	999	
85613	Q	RUSSELL VIPER VENOM DILUTED		-	-	Medicare	$15.97	$9.90	$9.58	-	-	000	999	
85635	Q	REPTILASE TEST		-	-	Medicare	$16.42	$10.18	$9.85	-	-	000	999	
85651	Q	RBC SED RATE NONAUTOMATED		-	-	Medicare	$7.12	$4.41	$4.27	-	-	000	999	
85652	Q	RBC SED RATE AUTOMATED		-	-	Medicare	$4.50	$2.79	$2.70	-	-	000	999	
85660	Q	RBC SICKLE CELL TEST		-	-	Medicare	$9.18	$5.69	$5.51	-	-	000	999	
85670	Q	THROMBIN TIME PLASMA		-	-	Medicare	$9.62	$5.96	$5.77	-	-	000	999	
85675	Q	THROMBIN TIME TITER		-	-	Medicare	$11.42	$7.08	$6.85	-	-	000	999	
85705	Q	THROMBOPLASTIN INHIBITION		-	-	Medicare	$16.05	$9.95	$9.63	-	-	000	999	
85730	Q	THROMBOPLASTIN TIME PARTIAL		-	-	Medicare	$10.02	$6.21	$6.01	-	-	000	999	
85732	Q	THROMBOPLASTIN TIME PARTIAL		-	-	Medicare	$10.78	$6.68	$6.47	-	-	000	999	
85810	Q	BLOOD VISCOSITY EXAMINATION		-	-	Medicare	$19.45	$12.06	$11.67	-	-	000	999	
85999	N	UNLISTED HEMATOLOGY&COAGJ PX		-	-	Bundled	$0.00			-	-	000	999	
86000	Q	AGGLUTININS FEBRILE ANTIGEN		-	-	Medicare	$11.63	$7.21	$6.98	-	-	000	999	
86001	Q	ALLERGEN SPECIFIC IGG		-	-	Medicare	$13.03	$8.08	$7.82	-	-	000	999	
86003	Q	ALLG SPEC IGE CRUDE XTRC EA		-	-	Medicare	$8.70	$5.39	$5.22	-	-	000	999	
86005	Q	ALLG SPEC IGE MULTIALLG SCR		-	-	Medicare	$13.28	$8.23	$7.97	-	-	000	999	
86008	Q	ALLG SPEC IGE RECOMB EA		-	-	Medicare	$29.88	$18.53	$17.93	-	-	000	999	
86015	Q	ACTIN ANTIBODY EACH		-	-	Medicare	$20.08	$12.45	$12.05	-	-	000	999	
86021	Q	WBC ANTIBODY IDENTIFICATION		-	-	Medicare	$25.08	$15.55	$15.05	-	-	000	999	
86022	Q	PLATELET ANTIBODIES		-	-	Medicare	$30.62	$18.98	$18.37	-	-	000	999	
86023	Q	IMMUNOGLOBULIN ASSAY		-	-	Medicare	$20.77	$12.88	$12.46	-	-	000	999	
86036	Q	ANCA SCREEN EACH ANTIBODY		-	-	Medicare	$20.08	$12.45	$12.05	-	-	000	999	
86037	Q	ANCA TITER EACH ANTIBODY		-	-	Medicare	$20.08	$12.45	$12.05	-	-	000	999	
86038	Q	ANTINUCLEAR ANTIBODIES		-	-	Medicare	$20.15	$12.49	$12.09	-	-	000	999	
86039	Q	ANTINUCLEAR ANTIBODIES (ANA)		-	-	Medicare	$18.60	$11.53	$11.16	-	-	000	999	
86041	Q	ACETYLCHOLN RCPTR BNDNG ANTB		-	-	Medicare	$30.67	$19.02	$18.40	-	-	000	999	
86042	Q	ACETYLCHOLN RCPTR BLCKG ANTB		-	-	Medicare	$30.67	$19.02	$18.40	-	-	000	999	
86043	Q	ACETYLCHOLN RCPTR MODLG ANTB		-	-	Medicare	$20.08	$12.45	$12.05	-	-	000	999	
86051	Q	AQUAPORIN-4 ANTB ELISA		-	-	Medicare	$19.22	$11.92	$11.53	-	-	000	999	
86052	Q	AQUAPORIN-4 ANTB CBA EACH		-	-	Medicare	$20.08	$12.45	$12.05	-	-	000	999	
86053	Q	AQAPRN-4 ANTB FLO CYTMTRY EA		-	-	Medicare	$62.88	$38.99	$37.73	-	-	000	999	

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86060	Q	ANTISTREPTOLYSIN O TITER		-	-	Medicare	$12.17	$7.55	$7.30	-	-	000	999	
86063	Q	ANTISTREPTOLYSIN O SCREEN		-	-	Medicare	$9.62	$5.96	$5.77	-	-	000	999	
86077	N	PHYS BLOOD BANK SERV XMATCH		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
86078	N	PHYS BLOOD BANK SERV REACTJ		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86079	N	PHYS BLOOD BANK SERV AUTHRJ		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
86140	Q	C-REACTIVE PROTEIN		-	-	Medicare	$8.63	$5.35	$5.18	-	-	000	999	
86141	Q	C-REACTIVE PROTEIN HS		-	-	Medicare	$21.58	$13.38	$12.95	-	-	000	999	
86146	Q	BETA-2 GLYCOPROTEIN ANTIBODY		-	-	Medicare	$42.42	$26.30	$25.45	-	-	000	999	
86147	Q	CARDIOLIPIN ANTIBODY EA IG		-	-	Medicare	$42.42	$26.30	$25.45	-	-	000	999	
86148	Q	ANTI-PHOSPHOLIPID ANTIBODY		-	-	Medicare	$26.78	$16.60	$16.07	-	-	000	999	
86152	Q	CELL ENUMERATION & ID		-	-	Medicare	$417.97	$259.14	$250.78	-	-	000	999	
86153	E	CELL ENUMERATION PHYS INTERP		-	-	Not Allowed	$0.00			-	-	000	999	
86155	Q	CHEMOTAXIS ASSAY		-	-	Medicare	$26.65	$16.52	$15.99	-	-	000	999	
86156	Q	COLD AGGLUTININ SCREEN		-	-	Medicare	$13.45	$8.34	$8.07	-	-	000	999	
86157	Q	COLD AGGLUTININ TITER		-	-	Medicare	$13.43	$8.33	$8.06	-	-	000	999	
86160	Q	COMPLEMENT ANTIGEN		-	-	Medicare	$20.00	$12.40	$12.00	-	-	000	999	
86161	Q	COMPLEMENT/FUNCTION ACTIVITY		-	-	Medicare	$20.00	$12.40	$12.00	-	-	000	999	
86162	Q	COMPLEMENT TOTAL (CH50)		-	-	Medicare	$33.87	$21.00	$20.32	-	-	000	999	
86171	Q	COMPLEMENT FIXATION EACH		-	-	Medicare	$16.68	$10.34	$10.01	-	-	000	999	
86200	Q	CCP ANTIBODY		-	-	Medicare	$21.58	$13.38	$12.95	-	-	000	999	
86215	Q	DEOXYRIBONUCLEASE ANTIBODY		-	-	Medicare	$22.08	$13.69	$13.25	-	-	000	999	
86225	Q	DNA ANTIBODY NATIVE		-	-	Medicare	$22.90	$14.20	$13.74	-	-	000	999	
86226	Q	DNA ANTIBODY SINGLE STRAND		-	-	Medicare	$20.18	$12.51	$12.11	-	-	000	999	
86231	Q	EMA EACH IG CLASS		-	-	Medicare	$20.15	$12.49	$12.09	-	-	000	999	
86235	Q	NUCLEAR ANTIGEN ANTIBODY		-	-	Medicare	$29.88	$18.53	$17.93	-	-	000	999	
86255	Q	FLUORESCENT ANTIBODY SCREEN		-	-	Medicare	$20.08	$12.45	$12.05	-	-	000	999	
86256	Q	FLUORESCENT ANTIBODY TITER		-	-	Medicare	$20.08	$12.45	$12.05	-	-	000	999	
86258	Q	DGP ANTIBODY EACH IG CLASS		-	-	Medicare	$20.08	$12.45	$12.05	-	-	000	999	
86277	Q	GROWTH HORMONE ANTIBODY		-	-	Medicare	$26.23	$16.26	$15.74	-	-	000	999	
86280	Q	HEMAGGLUTINATION INHIBITION		-	-	Medicare	$13.65	$8.46	$8.19	-	-	000	999	
86294	Q	IMMUNOASSAY TUMOR QUAL		-	-	Medicare	$42.62	$26.42	$25.57	-	-	000	999	
86300	Q	IMMUNOASSAY TUMOR CA 15-3		-	-	Medicare	$34.68	$21.50	$20.81	-	-	000	999	
86301	Q	IMMUNOASSAY TUMOR CA 19-9		-	-	Medicare	$34.68	$21.50	$20.81	-	-	000	999	
86304	Q	IMMUNOASSAY TUMOR CA 125		-	-	Medicare	$34.68	$21.50	$20.81	-	-	000	999	
86305	Q	HUMAN EPIDIDYMIS PROTEIN 4		-	-	Medicare	$34.68	$21.50	$20.81	-	-	000	999	
86308	Q	HETEROPHILE ANTIBODY SCREEN		-	-	Medicare	$8.63	$5.35	$5.18	-	-	000	999	
86309	Q	HETEROPHILE ANTIBODY TITER		-	-	Medicare	$10.78	$6.68	$6.47	-	-	000	999	
86310	Q	HETEROPHILE ANTIBODY ABSRBJ		-	-	Medicare	$12.28	$7.61	$7.37	-	-	000	999	
86316	Q	IMMUNOASSAY TUMOR OTHER		-	-	Medicare	$34.68	$21.50	$20.81	-	-	000	999	
86317	Q	IMMUNOASSAY INFECTIOUS AGENT		-	-	Medicare	$24.98	$15.49	$14.99	-	-	000	999	
86318	Q	IA INFECTIOUS AGENT ANTIBODY		-	-	Medicare	$30.15	$18.69	$18.09	-	-	000	999	
86320	Q	SERUM IMMUNOELECTROPHORESIS		-	-	Medicare	$49.87	$30.92	$29.92	-	-	000	999	
86325	Q	OTHER IMMUNOELECTROPHORESIS		-	-	Medicare	$38.55	$23.90	$23.13	-	-	000	999	
86328	Q	IA NFCT AB SARSCOV2 COVID19		-	-	Medicare	$75.47	$46.79	$45.28	-	-	000	999	
86329	Q	IMMUNODIFFUSION NES		-	-	Medicare	$23.42	$14.52	$14.05	-	-	000	999	
86331	Q	IMMUNODIFFUSION OUCHTERLONY		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
86332	Q	IMMUNE COMPLEX ASSAY		-	-	Medicare	$40.62	$25.18	$24.37	-	-	000	999	
86334	Q	IMMUNOFIX E-PHORESIS SERUM		-	-	Medicare	$37.23	$23.08	$22.34	-	-	000	999	
86335	Q	IMMUNFIX E-PHORSIS/URINE/CSF		-	-	Medicare	$48.92	$30.33	$29.35	-	-	000	999	
86336	Q	INHIBIN A		-	-	Medicare	$25.98	$16.11	$15.59	-	-	000	999	
86337	Q	INSULIN ANTIBODIES		-	-	Medicare	$35.68	$22.12	$21.41	-	-	000	999	
86340	Q	INTRINSIC FACTOR ANTIBODY		-	-	Medicare	$25.13	$15.58	$15.08	-	-	000	999	
86341	Q	ISLET CELL ANTIBODY		-	-	Medicare	$39.28	$24.35	$23.57	-	-	000	999	
86343	Q	LEUKOCYTE HISTAMINE RELEASE		-	-	Medicare	$20.77	$12.88	$12.46	-	-	000	999	
86344	Q	LEUKOCYTE PHAGOCYTOSIS		-	-	Medicare	$17.32	$10.74	$10.39	-	-	000	999	
86352	Q	CELL FUNCTION ASSAY W/STIM		-	-	Medicare	$226.43	$140.39	$135.86	-	-	000	999	

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86353	Q	LYMPHOCYTE TRANSFORMATION		-	-	Medicare	$81.72	$50.67	$49.03	-	-	000	999	
86355	Q	B CELLS TOTAL COUNT		-	-	Medicare	$62.88	$38.99	$37.73	-	-	000	999	
86356	Q	MONONUCLEAR CELL ANTIGEN		-	-	Medicare	$44.63	$27.67	$26.78	-	-	000	999	
86357	Q	NK CELLS TOTAL COUNT		-	-	Medicare	$62.88	$38.99	$37.73	-	-	000	999	
86359	Q	T CELLS TOTAL COUNT		-	-	Medicare	$62.88	$38.99	$37.73	-	-	000	999	
86360	Q	T CELL ABSOLUTE COUNT/RATIO		-	-	Medicare	$78.30	$48.55	$46.98	-	-	000	999	
86361	Q	T CELL ABSOLUTE COUNT		-	-	Medicare	$44.63	$27.67	$26.78	-	-	000	999	
86362	Q	MOG-IGG1 ANTB CBA EACH		-	-	Medicare	$20.08	$12.45	$12.05	-	-	000	999	
86363	Q	MOG-IGG1 ANTB FLO CYTMTRY EA		-	-	Medicare	$62.88	$38.99	$37.73	-	-	000	999	
86364	Q	TISS TRNSGLTMNASE EA IG CLAS		-	-	Medicare	$19.22	$11.92	$11.53	-	-	000	999	
86366	Q	MUSCLE-SPECIFIC KINASE ANTB		-	-	Medicare	$30.67	$19.02	$18.40	-	-	000	999	
86367	Q	STEM CELLS TOTAL COUNT		-	-	Medicare	$129.63	$80.37	$77.78	-	-	000	999	
86376	Q	MICROSOMAL ANTIBODY EACH		-	-	Medicare	$24.25	$15.04	$14.55	-	-	000	999	
86381	Q	MITOCHONDRIAL ANTIBODY EACH		-	-	Medicare	$42.42	$26.30	$25.45	-	-	000	999	
86382	Q	NEUTRALIZATION TEST VIRAL		-	-	Medicare	$28.18	$17.47	$16.91	-	-	000	999	
86384	Q	NITROBLUE TETRAZOLIUM DYE		-	-	Medicare	$22.68	$14.06	$13.61	-	-	000	999	
86386	Q	NUCLEAR MATRIX PROTEIN 22		-	-	Medicare	$36.30	$22.51	$21.78	-	-	000	999	
86403	Q	PARTICLE AGGLUT ANTBDY SCRN		-	-	Medicare	$19.23	$11.92	$11.54	-	-	000	999	
86406	Q	PARTICLE AGGLUT ANTBDY TITR		-	-	Medicare	$17.73	$10.99	$10.64	-	-	000	999	
86408	Q	NEUTRLZG ANTB SARSCOV2 SCR		-	-	Medicare	$70.22	$43.54	$42.13	-	-	000	999	
86409	Q	NEUTRLZG ANTB SARSCOV2 TITER		-	-	Medicare	$132.68	$82.26	$79.61	-	-	000	999	
86413	Q	SARS-COV-2 ANTB QUANTITATIVE		-	-	Medicare	$85.72	$53.15	$51.43	-	-	000	999	
86430	Q	RHEUMATOID FACTOR TEST QUAL		-	-	Medicare	$10.23	$6.34	$6.14	-	-	000	999	
86431	Q	RHEUMATOID FACTOR QUANT		-	-	Medicare	$9.45	$5.86	$5.67	-	-	000	999	
86480	Q	TB TEST CELL IMMUN MEASURE		-	-	Medicare	$103.30	$64.05	$61.98	-	-	000	999	
86481	Q	TB AG RESPONSE T-CELL SUSP		-	-	Medicare	$166.67	$103.34	$100.00	-	-	000	999	
86485	N	SKIN TEST CANDIDA		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
86486	N	SKIN TEST UNLISTED ANTIGN EA		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
86510	N	HISTOPLASMOSIS SKIN TEST		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
86580	N	TB INTRADERMAL TEST		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
86581	Q	STRPTCS PNEUM ANTB SEROT IA		-	-	Medicare	$0.00	$0.00	$0.00	-	-	000	999	
86590	Q	STREPTOKINASE ANTIBODY		-	-	Medicare	$21.10	$13.08	$12.66	-	-	000	999	
86592	Q	SYPHILIS TEST NON-TREP QUAL		-	-	Medicare	$7.12	$4.41	$4.27	-	-	000	999	
86593	Q	SYPHILIS TEST NON-TREP QUANT		-	-	Medicare	$7.33	$4.54	$4.40	-	-	000	999	
86596	Q	VOLTAGE-GTD CA CHNL ANTB EA		-	-	Medicare	$20.08	$12.45	$12.05	-	-	000	999	
86602	Q	ANTINOMYCES ANTIBODY		-	-	Medicare	$16.97	$10.52	$10.18	-	-	000	999	
86603	Q	ADENOVIRUS ANTIBODY		-	-	Medicare	$21.45	$13.30	$12.87	-	-	000	999	
86606	Q	ASPERGILLUS ANTIBODY		-	-	Medicare	$25.08	$15.55	$15.05	-	-	000	999	
86609	Q	BACTERIUM ANTIBODY		-	-	Medicare	$21.47	$13.31	$12.88	-	-	000	999	
86611	Q	BARTONELLA ANTIBODY		-	-	Medicare	$16.97	$10.52	$10.18	-	-	000	999	
86612	Q	BLASTOMYCES ANTIBODY		-	-	Medicare	$21.50	$13.33	$12.90	-	-	000	999	
86615	Q	BORDETELLA ANTIBODY		-	-	Medicare	$21.98	$13.63	$13.19	-	-	000	999	
86617	Q	LYME DISEASE ANTIBODY		-	-	Medicare	$25.82	$16.01	$15.49	-	-	000	999	
86618	Q	LYME DISEASE ANTIBODY		-	-	Medicare	$28.38	$17.60	$17.03	-	-	000	999	
86619	Q	BORRELIA ANTIBODY		-	-	Medicare	$22.30	$13.83	$13.38	-	-	000	999	
86622	Q	BRUCELLA ANTIBODY		-	-	Medicare	$14.88	$9.23	$8.93	-	-	000	999	
86625	Q	CAMPYLOBACTER ANTIBODY		-	-	Medicare	$21.87	$13.56	$13.12	-	-	000	999	
86628	Q	CANDIDA ANTIBODY		-	-	Medicare	$20.02	$12.41	$12.01	-	-	000	999	
86631	Q	CHLAMYDIA ANTIBODY		-	-	Medicare	$19.70	$12.21	$11.82	-	-	000	999	
86632	Q	CHLAMYDIA IGM ANTIBODY		-	-	Medicare	$21.13	$13.10	$12.68	-	-	000	999	
86635	Q	COCCIDIOIDES ANTIBODY		-	-	Medicare	$19.12	$11.85	$11.47	-	-	000	999	
86638	Q	Q FEVER ANTIBODY		-	-	Medicare	$20.20	$12.52	$12.12	-	-	000	999	
86641	Q	CRYPTOCOCCUS ANTIBODY		-	-	Medicare	$24.02	$14.89	$14.41	-	-	000	999	
86644	Q	CMV ANTIBODY		-	-	Medicare	$23.98	$14.87	$14.39	-	-	000	999	
86645	Q	CMV ANTIBODY IGM		-	-	Medicare	$28.08	$17.41	$16.85	-	-	000	999	
86648	Q	DIPHTHERIA ANTIBODY		-	-	Medicare	$25.35	$15.72	$15.21	-	-	000	999	

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86651	Q	ENCEPHALITIS CALIFORN ANTBDY		-	-	Medicare	$21.98	$13.63	$13.19	-	-	000	999	
86652	Q	ENCEPHALTIS EAST EQNE ANBDY		-	-	Medicare	$21.98	$13.63	$13.19	-	-	000	999	
86653	Q	ENCEPHALTIS ST LOUIS ANTBODY		-	-	Medicare	$21.98	$13.63	$13.19	-	-	000	999	
86654	Q	ENCEPHALTIS WEST EQNE ANTBDY		-	-	Medicare	$21.98	$13.63	$13.19	-	-	000	999	
86658	Q	ENTEROVIRUS ANTIBODY		-	-	Medicare	$21.72	$13.47	$13.03	-	-	000	999	
86663	Q	EPSTEIN-BARR ANTIBODY		-	-	Medicare	$21.87	$13.56	$13.12	-	-	000	999	
86664	Q	EPSTEIN-BARR NUCLEAR ANTIGEN		-	-	Medicare	$25.48	$15.80	$15.29	-	-	000	999	
86665	Q	EPSTEIN-BARR CAPSID VCA		-	-	Medicare	$30.23	$18.74	$18.14	-	-	000	999	
86666	Q	EHRLICHIA ANTIBODY		-	-	Medicare	$16.97	$10.52	$10.18	-	-	000	999	
86668	Q	FRANCISELLA TULARENSIS		-	-	Medicare	$23.60	$14.63	$14.16	-	-	000	999	
86671	Q	FUNGUS NES ANTIBODY		-	-	Medicare	$20.42	$12.66	$12.25	-	-	000	999	
86674	Q	GIARDIA LAMBLIA ANTIBODY		-	-	Medicare	$24.53	$15.21	$14.72	-	-	000	999	
86677	Q	HELICOBACTER PYLORI ANTIBODY		-	-	Medicare	$28.08	$17.41	$16.85	-	-	000	999	
86682	Q	HELMINTH ANTIBODY		-	-	Medicare	$21.68	$13.44	$13.01	-	-	000	999	
86684	Q	HEMOPHILUS INFLUENZA ANTIBDY		-	-	Medicare	$26.40	$16.37	$15.84	-	-	000	999	
86687	Q	HTLV-I ANTIBODY		-	-	Medicare	$15.15	$9.39	$9.09	-	-	000	999	
86688	Q	HTLV-II ANTIBODY		-	-	Medicare	$23.33	$14.46	$14.00	-	-	000	999	
86689	Q	HTLV/HIV CONFIRMJ ANTIBODY		-	-	Medicare	$32.25	$20.00	$19.35	-	-	000	999	
86692	Q	HEPATITIS DELTA AGENT ANTBDY		-	-	Medicare	$28.60	$17.73	$17.16	-	-	000	999	
86694	Q	HERPES SIMPLEX NES ANTBDY		-	-	Medicare	$23.98	$14.87	$14.39	-	-	000	999	
86695	Q	HERPES SIMPLEX TYPE 1 TEST		-	-	Medicare	$21.98	$13.63	$13.19	-	-	000	999	
86696	Q	HERPES SIMPLEX TYPE 2 TEST		-	-	Medicare	$32.25	$20.00	$19.35	-	-	000	999	
86698	Q	HISTOPLASMA ANTIBODY		-	-	Medicare	$22.98	$14.25	$13.79	-	-	000	999	
86701	Q	HIV-1ANTIBODY		-	-	Medicare	$14.82	$9.19	$8.89	-	-	000	999	
86702	Q	HIV-2 ANTIBODY		-	-	Medicare	$22.53	$13.97	$13.52	-	-	000	999	
86703	Q	HIV-1/HIV-2 1 RESULT ANTBDY		-	-	Medicare	$22.85	$14.17	$13.71	-	-	000	999	
86704	Q	HEP B CORE ANTIBODY TOTAL		-	-	Medicare	$20.08	$12.45	$12.05	-	-	000	999	
86705	Q	HEP B CORE ANTIBODY IGM		-	-	Medicare	$19.62	$12.16	$11.77	-	-	000	999	
86706	Q	HEP B SURFACE ANTIBODY		-	-	Medicare	$17.90	$11.10	$10.74	-	-	000	999	
86707	Q	HEPATITIS BE ANTIBODY		-	-	Medicare	$19.28	$11.95	$11.57	-	-	000	999	
86708	Q	HEPATITIS A ANTIBODY		-	-	Medicare	$20.65	$12.80	$12.39	-	-	000	999	
86709	Q	HEPATITIS A IGM ANTIBODY		-	-	Medicare	$18.77	$11.64	$11.26	-	-	000	999	
86710	Q	INFLUENZA VIRUS ANTIBODY		-	-	Medicare	$22.58	$14.00	$13.55	-	-	000	999	
86711	Q	JOHN CUNNINGHAM ANTIBODY		-	-	Medicare	$28.15	$17.45	$16.89	-	-	000	999	
86713	Q	LEGIONELLA ANTIBODY		-	-	Medicare	$25.50	$15.81	$15.30	-	-	000	999	
86717	Q	LEISHMANIA ANTIBODY		-	-	Medicare	$20.42	$12.66	$12.25	-	-	000	999	
86720	Q	LEPTOSPIRA ANTIBODY		-	-	Medicare	$27.00	$16.74	$16.20	-	-	000	999	
86723	Q	LISTERIA MONOCYTOGENES		-	-	Medicare	$21.98	$13.63	$13.19	-	-	000	999	
86727	Q	LYMPH CHORIOMENINGITIS AB		-	-	Medicare	$21.45	$13.30	$12.87	-	-	000	999	
86732	Q	MUCORMYCOSIS ANTIBODY		-	-	Medicare	$25.00	$15.50	$15.00	-	-	000	999	
86735	Q	MUMPS ANTIBODY		-	-	Medicare	$21.75	$13.49	$13.05	-	-	000	999	
86738	Q	MYCOPLASMA ANTIBODY		-	-	Medicare	$22.07	$13.68	$13.24	-	-	000	999	
86741	Q	NEISSERIA MENINGITIDIS		-	-	Medicare	$21.98	$13.63	$13.19	-	-	000	999	
86744	Q	NOCARDIA ANTIBODY		-	-	Medicare	$26.65	$16.52	$15.99	-	-	000	999	
86747	Q	PARVOVIRUS ANTIBODY		-	-	Medicare	$25.05	$15.53	$15.03	-	-	000	999	
86750	Q	MALARIA ANTIBODY		-	-	Medicare	$21.98	$13.63	$13.19	-	-	000	999	
86753	Q	PROTOZOA ANTIBODY NOS		-	-	Medicare	$20.65	$12.80	$12.39	-	-	000	999	
86756	Q	RESPIRATORY VIRUS ANTIBODY		-	-	Medicare	$26.48	$16.42	$15.89	-	-	000	999	
86757	Q	RICKETTSIA ANTIBODY		-	-	Medicare	$32.25	$20.00	$19.35	-	-	000	999	
86759	Q	ROTAVIRUS ANTIBODY		-	-	Medicare	$30.38	$18.84	$18.23	-	-	000	999	
86762	Q	RUBELLA ANTIBODY		-	-	Medicare	$23.98	$14.87	$14.39	-	-	000	999	
86765	Q	RUBEOLA ANTIBODY		-	-	Medicare	$21.47	$13.31	$12.88	-	-	000	999	
86768	Q	SALMONELLA ANTIBODY		-	-	Medicare	$21.98	$13.63	$13.19	-	-	000	999	
86769	Q	SARS-COV-2 COVID-19 ANTIBODY		-	-	Medicare	$70.22	$43.54	$42.13	-	-	000	999	
86771	Q	SHIGELLA ANTIBODY		-	-	Medicare	$40.80	$25.30	$24.48	-	-	000	999	
86774	Q	TETANUS ANTIBODY		-	-	Medicare	$24.67	$15.30	$14.80	-	-	000	999	

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86777	Q	TOXOPLASMA ANTIBODY		-	-	Medicare	$23.98	$14.87	$14.39	-	-	000	999	
86778	Q	TOXOPLASMA ANTIBODY IGM		-	-	Medicare	$24.02	$14.89	$14.41	-	-	000	999	
86780	Q	TREPONEMA PALLIDUM		-	-	Medicare	$22.07	$13.68	$13.24	-	-	000	999	
86784	Q	TRICHINELLA ANTIBODY		-	-	Medicare	$20.93	$12.98	$12.56	-	-	000	999	
86787	Q	VARICELLA-ZOSTER ANTIBODY		-	-	Medicare	$21.47	$13.31	$12.88	-	-	000	999	
86788	Q	WEST NILE VIRUS AB IGM		-	-	Medicare	$28.08	$17.41	$16.85	-	-	000	999	
86789	Q	WEST NILE VIRUS ANTIBODY		-	-	Medicare	$23.98	$14.87	$14.39	-	-	000	999	
86790	Q	VIRUS ANTIBODY NOS		-	-	Medicare	$21.47	$13.31	$12.88	-	-	000	999	
86793	Q	YERSINIA ANTIBODY		-	-	Medicare	$21.98	$13.63	$13.19	-	-	000	999	
86794	Q	ZIKA VIRUS IGM ANTIBODY		-	-	Medicare	$28.08	$17.41	$16.85	-	-	000	999	
86800	Q	THYROGLOBULIN ANTIBODY		-	-	Medicare	$26.52	$16.44	$15.91	-	-	000	999	
86803	Q	HEPATITIS C AB TEST		-	-	Medicare	$23.78	$14.74	$14.27	-	-	000	999	
86804	Q	HEP C AB TEST CONFIRM		-	-	Medicare	$25.82	$16.01	$15.49	-	-	000	999	
86805	Q	LYMPHOCYTOTOXICITY ASSAY		-	-	Medicare	$315.85	$195.83	$189.51	-	-	000	999	
86806	Q	LYMPHOCYTOTOXICITY ASSAY		-	-	Medicare	$79.32	$49.18	$47.59	-	-	000	999	
86807	Q	CYTOTOXIC ANTIBODY SCREENING		-	-	Medicare	$131.08	$81.27	$78.65	-	-	000	999	
86808	Q	CYTOTOXIC ANTIBODY SCREENING		-	-	Medicare	$49.47	$30.67	$29.68	-	-	000	999	
86812	Q	HLA TYPING A B OR C		-	-	Medicare	$43.02	$26.67	$25.81	-	-	000	999	
86813	Q	HLA TYPING A B OR C		-	-	Medicare	$96.67	$59.94	$58.00	-	-	000	999	
86816	Q	HLA TYPING DR/DQ		-	-	Medicare	$50.28	$31.17	$30.17	-	-	000	999	
86817	Q	HLA TYPING DR/DQ		-	-	Medicare	$176.90	$109.68	$106.14	-	-	000	999	
86821	Q	LYMPHOCYTE CULTURE MIXED		-	-	Medicare	$60.93	$37.78	$36.56	-	-	000	999	
86825	Q	HLA X-MATH NON-CYTOTOXIC		-	-	Medicare	$182.48	$113.14	$109.49	-	-	000	999	
86826	Q	HLA X-MATCH NONCYTOTOXC ADDL		-	-	Medicare	$60.88	$37.75	$36.53	-	-	000	999	
86828	Q	HLA CLASS I&II ANTIBODY QUAL		-	-	Medicare	$106.98	$66.33	$64.19	-	-	000	999	
86829	Q	HLA CLASS I/II ANTIBODY QUAL		-	-	Medicare	$106.98	$66.33	$64.19	-	-	000	999	
86830	Q	HLA CLASS I PHENOTYPE QUAL		-	-	Medicare	$159.20	$98.70	$95.52	-	-	000	999	
86831	Q	HLA CLASS II PHENOTYPE QUAL		-	-	Medicare	$136.47	$84.61	$81.88	-	-	000	999	
86832	Q	HLA CLASS I HIGH DEFIN QUAL		-	-	Medicare	$539.58	$334.54	$323.75	-	-	000	999	
86833	Q	HLA CLASS II HIGH DEFIN QUAL		-	-	Medicare	$543.00	$336.66	$325.80	-	-	000	999	
86834	Q	HLA CLASS I SEMIQUANT PANEL		-	-	Medicare	$595.93	$369.48	$357.56	-	-	000	999	
86835	Q	HLA CLASS II SEMIQUANT PANEL		-	-	Medicare	$538.27	$333.73	$322.96	-	-	000	999	
86849	N	IMMUNOLOGY PROCEDURE		-	-	Bundled	$0.00			-	-	000	999	
86850	N	RBC ANTIBODY SCREEN		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
86860	N	RBC ANTIBODY ELUTION		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86870	N	RBC ANTIBODY IDENTIFICATION		05673	4.0341	Bundled, sometimes payable	$244.95			-	-	000	999	
86880	N	COOMBS TEST DIRECT		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
86885	N	COOMBS TEST INDIRECT QUAL		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86886	N	COOMBS TEST INDIRECT TITER		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86890	N	AUTOLOGOUS BLOOD PROCESS		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86891	N	AUTOLOGOUS BLOOD OP SALVAGE		05674	9.1613	Bundled, sometimes payable	$556.27			-	-	000	999	
86900	N	BLOOD TYPING SEROLOGIC ABO		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
86901	N	BLOOD TYPING SEROLOGIC RH(D)		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
86902	N	BLOOD TYPE ANTIGEN DONOR EA		05673	4.0341	Bundled, sometimes payable	$244.95			-	-	000	999	
86904	N	BLOOD TYPING PATIENT SERUM		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
86905	N	BLOOD TYPING RBC ANTIGENS		05673	4.0341	Bundled, sometimes payable	$244.95			-	-	000	999	
86906	N	BLD TYPING SEROLOGIC RH PHNT		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
86910	E	BLOOD TYPING PATERNITY TEST		-	-	Not Allowed	$0.00			-	-	000	999	
86911	E	BLOOD TYPING ANTIGEN SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
86920	N	COMPATIBILITY TEST SPIN		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86921	N	COMPATIBILITY TEST INCUBATE		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86922	N	COMPATIBILITY TEST ANTIGLOB		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86923	N	COMPATIBILITY TEST ELECTRIC		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86927	S	PLASMA FRESH FROZEN		05672	1.9218	APC	$116.69			-	-	000	999	
86930	N	FROZEN BLOOD PREP		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86931	N	FROZEN BLOOD THAW		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	

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86932	N	FROZEN BLOOD FREEZE/THAW		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
86940	Q	HEMOLYSINS/AGGLUTININS AUTO		-	-	Medicare	$14.62	$9.06	$8.77	-	-	000	999	
86941	Q	HEMOLYSINS/AGGLUTININS		-	-	Medicare	$20.18	$12.51	$12.11	-	-	000	999	
86945	N	BLOOD PRODUCT/IRRADIATION		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
86950	N	LEUKACYTE TRANSFUSION		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86960	N	VOL REDUCTION OF BLOOD/PROD		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86965	N	POOLING BLOOD PLATELETS		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86970	N	RBC PRETX INCUBATJ W/CHEMICL		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
86971	N	RBC PRETX INCUBATJ W/ENZYMES		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86972	N	RBC PRETX INCUBATJ W/DENSITY		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86975	N	RBC SERUM PRETX INCUBJ DRUGS		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
86976	N	RBC SERUM PRETX ID DILUTION		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
86977	N	RBC SERUM PRETX INCUBJ/INHIB		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86978	N	RBC PRETREATMENT SERUM		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
86985	N	SPLIT BLOOD OR PRODUCTS		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
86999	N	UNLISTED TRANSFUSION MED PX		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
87003	Q	SMALL ANIMAL INOCULATION		-	-	Medicare	$28.07	$17.40	$16.84	-	-	000	999	
87015	Q	SPECIMEN INFECT AGNT CONCNTJ		-	-	Medicare	$11.13	$6.90	$6.68	-	-	000	999	
87040	Q	BLOOD CULTURE FOR BACTERIA		-	-	Medicare	$17.20	$10.66	$10.32	-	-	000	999	
87045	Q	FECES CULTURE AEROBIC BACT		-	-	Medicare	$15.73	$9.75	$9.44	-	-	000	999	
87046	Q	STOOL CULTR AEROBIC BACT EA		-	-	Medicare	$15.73	$9.75	$9.44	-	-	000	999	
87070	Q	CULTURE OTHR SPECIMN AEROBIC		-	-	Medicare	$14.37	$8.91	$8.62	-	-	000	999	
87071	Q	CULTURE AEROBIC QUANT OTHER		-	-	Medicare	$16.48	$10.22	$9.89	-	-	000	999	
87073	Q	CULTURE BACTERIA ANAEROBIC		-	-	Medicare	$16.10	$9.98	$9.66	-	-	000	999	
87075	Q	CULTR BACTERIA EXCEPT BLOOD		-	-	Medicare	$15.78	$9.78	$9.47	-	-	000	999	
87076	Q	CULTURE ANAEROBE IDENT EACH		-	-	Medicare	$13.47	$8.35	$8.08	-	-	000	999	
87077	Q	CULTURE AEROBIC IDENTIFY		-	-	Medicare	$13.47	$8.35	$8.08	-	-	000	999	
87081	Q	CULTURE SCREEN ONLY		-	-	Medicare	$11.05	$6.85	$6.63	-	-	000	999	
87084	Q	CULTURE OF SPECIMEN BY KIT		-	-	Medicare	$45.12	$27.97	$27.07	-	-	000	999	
87086	Q	URINE CULTURE/COLONY COUNT		-	-	Medicare	$13.45	$8.34	$8.07	-	-	000	999	
87088	Q	URINE BACTERIA CULTURE		-	-	Medicare	$13.48	$8.36	$8.09	-	-	000	999	
87101	Q	SKIN FUNGI CULTURE		-	-	Medicare	$12.85	$7.97	$7.71	-	-	000	999	
87102	Q	FUNGUS ISOLATION CULTURE		-	-	Medicare	$14.02	$8.69	$8.41	-	-	000	999	
87103	Q	BLOOD FUNGUS CULTURE		-	-	Medicare	$34.10	$21.14	$20.46	-	-	000	999	
87106	Q	FUNGI IDENTIFICATION YEAST		-	-	Medicare	$17.20	$10.66	$10.32	-	-	000	999	
87107	Q	FUNGI IDENTIFICATION MOLD		-	-	Medicare	$17.20	$10.66	$10.32	-	-	000	999	
87109	Q	MYCOPLASMA		-	-	Medicare	$25.65	$15.90	$15.39	-	-	000	999	
87110	Q	CHLAMYDIA CULTURE		-	-	Medicare	$32.67	$20.26	$19.60	-	-	000	999	
87116	Q	MYCOBACTERIA CULTURE		-	-	Medicare	$18.00	$11.16	$10.80	-	-	000	999	
87118	Q	MYCOBACTERIC IDENTIFICATION		-	-	Medicare	$24.35	$15.10	$14.61	-	-	000	999	
87140	Q	CULTURE TYPE IMMUNOFLUORESC		-	-	Medicare	$9.28	$5.75	$5.57	-	-	000	999	
87143	Q	CULTURE TYPING GLC/HPLC		-	-	Medicare	$20.87	$12.94	$12.52	-	-	000	999	
87147	Q	CULTURE TYPE IMMUNOLOGIC		-	-	Medicare	$8.63	$5.35	$5.18	-	-	000	999	
87149	Q	DNA/RNA DIRECT PROBE		-	-	Medicare	$33.42	$20.72	$20.05	-	-	000	999	
87150	Q	DNA/RNA AMPLIFIED PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87152	Q	CULTURE TYPE PULSE FIELD GEL		-	-	Medicare	$12.90	$8.00	$7.74	-	-	000	999	
87153	Q	DNA/RNA SEQUENCING		-	-	Medicare	$192.27	$119.21	$115.36	-	-	000	999	
87154	Q	CUL TYP ID BLD PTHGN 6+ TRGT		-	-	Medicare	$363.43	$225.33	$218.06	-	-	000	999	
87158	Q	CULTURE TYPING ADDED METHOD		-	-	Medicare	$12.90	$8.00	$7.74	-	-	000	999	
87164	Q	DARK FIELD EXAM SPEC COLLJ		-	-	Medicare	$17.90	$11.10	$10.74	-	-	000	999	
87166	Q	DARK FIELD EXAM W/O COLLJ		-	-	Medicare	$18.83	$11.67	$11.30	-	-	000	999	
87168	Q	MACROSCOPIC EXAM ARTHROPOD		-	-	Medicare	$7.12	$4.41	$4.27	-	-	000	999	
87169	Q	MACROSCOPIC EXAM PARASITE		-	-	Medicare	$7.18	$4.45	$4.31	-	-	000	999	
87172	Q	PINWORM EXAM		-	-	Medicare	$7.12	$4.41	$4.27	-	-	000	999	
87176	Q	TISSUE HOMOGENIZATION CULTR		-	-	Medicare	$9.80	$6.08	$5.88	-	-	000	999	
87177	Q	OVA AND PARASITES SMEARS		-	-	Medicare	$14.83	$9.19	$8.90	-	-	000	999	

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87181	Q	MICROBE SUSCEPTIBLE DIFFUSE		-	-	Medicare	$7.92	$4.91	$4.75	-	-	000	999	
87184	Q	MICROBE SUSCEPTIBLE DISK		-	-	Medicare	$12.47	$7.73	$7.48	-	-	000	999	
87185	Q	MICROBE SUSCEPTIBLE ENZYME		-	-	Medicare	$7.92	$4.91	$4.75	-	-	000	999	
87186	Q	MICROBE SUSCEPTIBLE MIC		-	-	Medicare	$14.42	$8.94	$8.65	-	-	000	999	
87187	Q	MICROBE SUSCEPTIBLE MLC		-	-	Medicare	$66.95	$41.51	$40.17	-	-	000	999	
87188	Q	MICROBE SUSCEPT MACROBROTH		-	-	Medicare	$11.07	$6.86	$6.64	-	-	000	999	
87190	Q	MICROBE SUSCEPT MYCOBACTERI		-	-	Medicare	$12.18	$7.55	$7.31	-	-	000	999	
87197	Q	BACTERICIDAL LEVEL SERUM		-	-	Medicare	$25.03	$15.52	$15.02	-	-	000	999	
87205	Q	SMEAR GRAM STAIN		-	-	Medicare	$7.12	$4.41	$4.27	-	-	000	999	
87206	Q	SMEAR FLUORESCENT/ACID STAI		-	-	Medicare	$8.98	$5.57	$5.39	-	-	000	999	
87207	Q	SMEAR SPECIAL STAIN		-	-	Medicare	$9.98	$6.19	$5.99	-	-	000	999	
87209	Q	SMEAR COMPLEX STAIN		-	-	Medicare	$29.97	$18.58	$17.98	-	-	000	999	
87210	Q	SMEAR WET MOUNT SALINE/INK		-	-	Medicare	$9.70	$6.01	$5.82	-	-	000	999	
87220	Q	TISSUE EXAM FOR FUNGI		-	-	Medicare	$7.12	$4.41	$4.27	-	-	000	999	
87230	Q	ASSAY TOXIN OR ANTITOXIN		-	-	Medicare	$32.90	$20.40	$19.74	-	-	000	999	
87250	Q	VIRUS INOCULATE EGGS/ANIMAL		-	-	Medicare	$32.60	$20.21	$19.56	-	-	000	999	
87252	Q	VIRUS INOCULATION TISSUE		-	-	Medicare	$43.45	$26.94	$26.07	-	-	000	999	
87253	Q	VIRUS INOCULATE TISSUE ADDL		-	-	Medicare	$33.67	$20.88	$20.20	-	-	000	999	
87254	Q	VIRUS INOCULATION SHELL VIA		-	-	Medicare	$32.60	$20.21	$19.56	-	-	000	999	
87255	Q	GENET VIRUS ISOLATE HSV		-	-	Medicare	$56.43	$34.99	$33.86	-	-	000	999	
87260	Q	ADENOVIRUS AG IF		-	-	Medicare	$24.05	$14.91	$14.43	-	-	000	999	
87265	Q	PERTUSSIS AG IF		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87267	Q	ENTEROVIRUS ANTIBODY DFA		-	-	Medicare	$22.37	$13.87	$13.42	-	-	000	999	
87269	Q	GIARDIA AG IF		-	-	Medicare	$22.68	$14.06	$13.61	-	-	000	999	
87270	Q	CHLAMYDIA TRACHOMATIS AG IF		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87271	Q	CYTOMEGALOVIRUS DFA		-	-	Medicare	$22.37	$13.87	$13.42	-	-	000	999	
87272	Q	CRYPTOSPORIDIUM AG IF		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87273	Q	HERPES SIMPLEX 2 AG IF		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87274	Q	HERPES SIMPLEX 1 AG IF		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87275	Q	INFLUENZA B AG IF		-	-	Medicare	$20.42	$12.66	$12.25	-	-	000	999	
87276	Q	INFLUENZA A AG IF		-	-	Medicare	$26.78	$16.60	$16.07	-	-	000	999	
87278	Q	LEGION PNEUMOPHILIA AG IF		-	-	Medicare	$26.00	$16.12	$15.60	-	-	000	999	
87279	Q	PARAINFLUENZA AG IF		-	-	Medicare	$27.38	$16.98	$16.43	-	-	000	999	
87280	Q	RESPIRATORY SYNCYTIAL AG IF		-	-	Medicare	$22.37	$13.87	$13.42	-	-	000	999	
87281	Q	PNEUMOCYSTIS CARINII AG IF		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87283	Q	RUBEOLA AG IF		-	-	Medicare	$101.33	$62.82	$60.80	-	-	000	999	
87285	Q	TREPONEMA PALLIDUM AG IF		-	-	Medicare	$20.30	$12.59	$12.18	-	-	000	999	
87290	Q	VARICELLA ZOSTER AG IF		-	-	Medicare	$22.37	$13.87	$13.42	-	-	000	999	
87299	Q	ANTIBODY DETECTION NOS IF		-	-	Medicare	$26.83	$16.63	$16.10	-	-	000	999	
87300	Q	AG DETECTION POLYVAL IF		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87301	Q	ADENOVIRUS AG IA		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87305	Q	ASPERGILLUS AG IA		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87320	Q	CHLMYD TRACH AG IA		-	-	Medicare	$25.00	$15.50	$15.00	-	-	000	999	
87324	Q	CLOSTRIDIUM AG IA		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87327	Q	CRYPTOCOCCUS NEOFORM AG IA		-	-	Medicare	$22.37	$13.87	$13.42	-	-	000	999	
87328	Q	CRYPTOSPORIDIUM AG IA		-	-	Medicare	$23.03	$14.28	$13.82	-	-	000	999	
87329	Q	GIARDIA AG IA		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87332	Q	CYTOMEGALOVIRUS AG IA		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87335	Q	E COLI 0157 AG IA		-	-	Medicare	$21.10	$13.08	$12.66	-	-	000	999	
87336	Q	ENTAMOEB HIST DISPR AG IA		-	-	Medicare	$26.67	$16.54	$16.00	-	-	000	999	
87337	Q	ENTAMOEB HIST GROUP AG IA		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87338	Q	HPYLORI STOOL AG IA		-	-	Medicare	$23.97	$14.86	$14.38	-	-	000	999	
87339	Q	H PYLORI AG IA		-	-	Medicare	$26.67	$16.54	$16.00	-	-	000	999	
87340	Q	HEPATITIS B SURFACE AG IA		-	-	Medicare	$17.22	$10.68	$10.33	-	-	000	999	
87341	Q	HEP B SURFACE AG NEUTRLZJ IA		-	-	Medicare	$17.22	$10.68	$10.33	-	-	000	999	
87350	Q	HEPATITIS BE AG IA		-	-	Medicare	$19.22	$11.92	$11.53	-	-	000	999	

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87380	Q	HEPATITIS DELTA AGENT AG IA		-	-	Medicare	$30.60	$18.97	$18.36	-	-	000	999	
87385	Q	HISTOPLASMA CAPSUL AG IA		-	-	Medicare	$22.08	$13.69	$13.25	-	-	000	999	
87389	Q	HIV-1 AG W/HIV-1&-2 AB AG IA		-	-	Medicare	$40.13	$24.88	$24.08	-	-	000	999	
87390	Q	HIV-1 AG IA		-	-	Medicare	$40.10	$24.86	$24.06	-	-	000	999	
87391	Q	HIV-2 AG IA		-	-	Medicare	$36.50	$22.63	$21.90	-	-	000	999	
87400	Q	INFLUENZA A/B EACH AG IA		-	-	Medicare	$23.55	$14.60	$14.13	-	-	000	999	
87420	Q	RESP SYNCYTIAL VIRUS AG IA		-	-	Medicare	$23.18	$14.37	$13.91	-	-	000	999	
87425	Q	ROTAVIRUS AG IA		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87426	Q	SARSCOV CORONAVIRUS AG IA		-	-	Medicare	$58.88	$36.51	$35.33	-	-	000	999	
87427	Q	SHIGA-LIKE TOXIN AG IA		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87428	Q	SARSCOV & INF VIR A&B AG IA		-	-	Medicare	$117.15	$72.63	$70.29	-	-	000	999	
87430	Q	STREP A AG IA		-	-	Medicare	$28.02	$17.37	$16.81	-	-	000	999	
87449	Q	NOS EACH ORGANISM AG IA		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
87451	Q	POLYVALENT MULT ORG EA AG IA		-	-	Medicare	$17.52	$10.86	$10.51	-	-	000	999	
87467	Q	HEPATITIS B SURFACE AG QUAN		-	-	Medicare	$42.20	$26.16	$25.32	-	-	000	999	
87468	Q	ANAPLSMA PHGCYTOPHLM AMP PRB		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87469	Q	BABESIA MICROTI AMP PRB		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87471	Q	BARTONELLA DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87472	Q	BARTONELLA DNA QUANT		-	-	Medicare	$71.40	$44.27	$42.84	-	-	000	999	
87475	Q	LYME DIS DNA DIR PROBE		-	-	Medicare	$33.42	$20.72	$20.05	-	-	000	999	
87476	Q	LYME DIS DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87478	Q	BORRELIA MIYAMOTOI AMP PRB		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87480	Q	CANDIDA DNA DIR PROBE		-	-	Medicare	$33.42	$20.72	$20.05	-	-	000	999	
87481	Q	CANDIDA DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87482	Q	CANDIDA DNA QUANT		-	-	Medicare	$92.90	$57.60	$55.74	-	-	000	999	
87483	Q	CNS DNA AMP PROBE TYPE 12-25		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
87484	Q	EHRLICHA CHAFFEENSIS AMP PRB		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87485	Q	CHLMYD PNEUM DNA DIR PROBE		-	-	Medicare	$33.42	$20.72	$20.05	-	-	000	999	
87486	Q	CHLMYD PNEUM DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87487	Q	CHLMYD PNEUM DNA QUANT		-	-	Medicare	$71.40	$44.27	$42.84	-	-	000	999	
87490	Q	CHLMYD TRACH DNA DIR PROBE		-	-	Medicare	$37.92	$23.51	$22.75	-	-	000	999	
87491	Q	CHLMYD TRACH DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87492	Q	CHLMYD TRACH DNA QUANT		-	-	Medicare	$89.12	$55.25	$53.47	-	-	000	999	
87493	Q	C DIFF AMPLIFIED PROBE		-	-	Medicare	$62.12	$38.51	$37.27	-	-	000	999	
87495	Q	CYTOMEG DNA DIR PROBE		-	-	Medicare	$50.05	$31.03	$30.03	-	-	000	999	
87496	Q	CYTOMEG DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87497	Q	CYTOMEG DNA QUANT		-	-	Medicare	$71.40	$44.27	$42.84	-	-	000	999	
87498	Q	ENTEROVIRUS PROBE&REVRS TRNS		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87500	Q	VANOMYCIN DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87501	Q	INFLUENZA DNA AMP PROB 1+		-	-	Medicare	$85.52	$53.02	$51.31	-	-	000	999	
87502	Q	INFLUENZA DNA AMP PROBE		-	-	Medicare	$159.67	$99.00	$95.80	-	-	000	999	
87503	Q	INFLUENZA DNA AMP PROB ADDL		-	-	Medicare	$48.70	$30.19	$29.22	-	-	000	999	
87505	Q	NFCT AGENT DETECTION GI		-	-	Medicare	$213.82	$132.57	$128.29	-	-	000	999	
87506	Q	IADNA-DNA/RNA PROBE TQ 6-11		-	-	Medicare	$438.32	$271.76	$262.99	-	-	000	999	
87507	Q	IADNA-DNA/RNA PROBE TQ 12-25		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
87510	Q	GARDNER VAG DNA DIR PROBE		-	-	Medicare	$33.42	$20.72	$20.05	-	-	000	999	
87511	Q	GARDNER VAG DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87512	Q	GARDNER VAG DNA QUANT		-	-	Medicare	$69.60	$43.15	$41.76	-	-	000	999	
87513	Q	H PYLRI CLRTHMCN RST AMP PRB		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87516	Q	HEPATITIS B DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87517	Q	HEPATITIS B DNA QUANT		-	-	Medicare	$71.40	$44.27	$42.84	-	-	000	999	
87520	Q	HEPATITIS C RNA DIR PROBE		-	-	Medicare	$52.03	$32.26	$31.22	-	-	000	999	
87521	Q	HEPATITIS C PROBE&RVRS TRNSC		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87522	Q	HEPATITIS C REVRS TRNSCRPJ		-	-	Medicare	$71.40	$44.27	$42.84	-	-	000	999	
87523	Q	HEPATITIS D QUANTIFICATION		-	-	Medicare	$71.40	$44.27	$42.84	-	-	000	999	
87525	Q	HEPATITIS G DNA DIR PROBE		-	-	Medicare	$49.67	$30.80	$29.80	-	-	000	999	

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87526	Q	HEPATITIS G DNA AMP PROBE		-	-	Medicare	$65.43	$40.57	$39.26	-	-	000	999	
87527	Q	HEPATITIS G DNA QUANT		-	-	Medicare	$69.60	$43.15	$41.76	-	-	000	999	
87528	Q	HSV DNA DIR PROBE		-	-	Medicare	$33.42	$20.72	$20.05	-	-	000	999	
87529	Q	HSV DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87530	Q	HSV DNA QUANT		-	-	Medicare	$71.40	$44.27	$42.84	-	-	000	999	
87531	Q	HHV-6 DNA DIR PROBE		-	-	Medicare	$96.67	$59.94	$58.00	-	-	000	999	
87532	Q	HHV-6 DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87533	Q	HHV-6 DNA QUANT		-	-	Medicare	$69.60	$43.15	$41.76	-	-	000	999	
87534	Q	HIV-1 DNA DIR PROBE		-	-	Medicare	$36.53	$22.65	$21.92	-	-	000	999	
87535	Q	HIV-1 PROBE&REVERSE TRNSCRPJ		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87536	Q	HIV-1 QUANT&REVRSE TRNSCRPJ		-	-	Medicare	$141.83	$87.93	$85.10	-	-	000	999	
87537	Q	HIV-2 DNA DIR PROBE		-	-	Medicare	$36.53	$22.65	$21.92	-	-	000	999	
87538	Q	HIV-2 PROBE&REVRSE TRNSCRIPJ		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87539	Q	HIV-2 QUANT&REVRSE TRNSCRIPJ		-	-	Medicare	$97.70	$60.57	$58.62	-	-	000	999	
87540	Q	LEGION PNEUMO DNA DIR PROB		-	-	Medicare	$33.42	$20.72	$20.05	-	-	000	999	
87541	Q	LEGION PNEUMO DNA AMP PROB		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87542	Q	LEGION PNEUMO DNA QUANT		-	-	Medicare	$69.60	$43.15	$41.76	-	-	000	999	
87550	Q	MYCOBACTERIA DNA DIR PROBE		-	-	Medicare	$33.42	$20.72	$20.05	-	-	000	999	
87551	Q	MYCOBACTERIA DNA AMP PROBE		-	-	Medicare	$80.40	$49.85	$48.24	-	-	000	999	
87552	Q	MYCOBACTERIA DNA QUANT		-	-	Medicare	$71.40	$44.27	$42.84	-	-	000	999	
87555	Q	M.TUBERCULO DNA DIR PROBE		-	-	Medicare	$44.80	$27.78	$26.88	-	-	000	999	
87556	Q	M.TUBERCULO DNA AMP PROBE		-	-	Medicare	$69.47	$43.07	$41.68	-	-	000	999	
87557	Q	M.TUBERCULO DNA QUANT		-	-	Medicare	$71.40	$44.27	$42.84	-	-	000	999	
87560	Q	M.AVIUM-INTRA DNA DIR PROB		-	-	Medicare	$45.48	$28.20	$27.29	-	-	000	999	
87561	Q	M.AVIUM-INTRA DNA AMP PROB		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87562	Q	M.AVIUM-INTRA DNA QUANT		-	-	Medicare	$71.40	$44.27	$42.84	-	-	000	999	
87563	Q	M. GENITALIUM AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87564	Q	MTB RIFAMPIN RST AMP PRB TQ		-	-	Medicare	$127.95	$79.33	$76.77	-	-	000	999	
87580	Q	M.PNEUMON DNA DIR PROBE		-	-	Medicare	$33.42	$20.72	$20.05	-	-	000	999	
87581	Q	M.PNEUMON DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87582	Q	M.PNEUMON DNA QUANT		-	-	Medicare	$504.37	$312.71	$302.62	-	-	000	999	
87590	Q	N.GONORRHOEAE DNA DIR PROB		-	-	Medicare	$44.80	$27.78	$26.88	-	-	000	999	
87591	Q	N.GONORRHOEAE DNA AMP PROB		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87592	Q	N.GONORRHOEAE DNA QUANT		-	-	Medicare	$71.40	$44.27	$42.84	-	-	000	999	
87593	Q	ORTHOPOXVIRUS AMP PRB EACH		-	-	Medicare	$85.52	$53.02	$51.31	-	-	000	999	
87594	Q	PNEUMCYSTS JIROVECII AMP PRB		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87623	Q	HPV LOW-RISK TYPES		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87624	Q	HPV HI-RISK TYP POOLED RSLT		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87625	Q	HPV TYPES 16 & 18 ONLY		-	-	Medicare	$67.58	$41.90	$40.55	-	-	000	999	
87626	Q	HPV SEP HI-RSK TYP&POOL RSLT		-	-	Medicare	$117.00	$72.54	$70.20	-	-	000	999	
87631	Q	RESP VIRUS 3-5 TARGETS		-	-	Medicare	$237.72	$147.39	$142.63	-	-	000	999	
87632	Q	RESP VIRUS 6-11 TARGETS		-	-	Medicare	$363.43	$225.33	$218.06	-	-	000	999	
87633	Q	RESP VIRUS 12-25 TARGETS		-	-	Medicare	$694.63	$430.67	$416.78	-	-	000	999	
87634	Q	RSV DNA/RNA AMP PROBE		-	-	Medicare	$117.00	$72.54	$70.20	-	-	000	999	
87635	Q	SARS-COV-2 COVID-19 AMP PRB		-	-	Medicare	$85.52	$53.02	$51.31	-	-	000	999	
87636	Q	SARSCOV2 & INF A&B AMP PRB		-	-	Medicare	$237.72	$147.39	$142.63	-	-	000	999	
87637	Q	SARSCOV2&INF A&B&RSV AMP PRB		-	-	Medicare	$237.72	$147.39	$142.63	-	-	000	999	
87640	Q	STAPH A DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87641	Q	MR-STAPH DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87650	Q	STREP A DNA DIR PROBE		-	-	Medicare	$33.42	$20.72	$20.05	-	-	000	999	
87651	Q	STREP A DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87652	Q	STREP A DNA QUANT		-	-	Medicare	$69.60	$43.15	$41.76	-	-	000	999	
87653	Q	STREP B DNA AMP PROBE		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87660	Q	TRICHOMONAS VAGIN DIR PROBE		-	-	Medicare	$33.42	$20.72	$20.05	-	-	000	999	
87661	Q	TRICHOMONAS VAGINALIS AMPLIF		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87662	Q	ZIKA VIRUS DNA/RNA AMP PROBE		-	-	Medicare	$85.52	$53.02	$51.31	-	-	000	999	

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87797	Q	DETECT AGENT NOS DNA DIR		-	-	Medicare	$50.05	$31.03	$30.03	-	-	000	999	
87798	Q	DETECT AGENT NOS DNA AMP		-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	
87799	Q	DETECT AGENT NOS DNA QUANT		-	-	Medicare	$71.40	$44.27	$42.84	-	-	000	999	
87800	Q	DETECT AGNT MULT DNA DIREC		-	-	Medicare	$72.78	$45.12	$43.67	-	-	000	999	
87801	Q	DETECT AGNT MULT DNA AMPLI		-	-	Medicare	$117.00	$72.54	$70.20	-	-	000	999	
87802	Q	STREP B ASSAY W/OPTIC		-	-	Medicare	$21.22	$13.16	$12.73	-	-	000	999	
87803	Q	CLOSTRIDIUM TOXIN A W/OPTIC		-	-	Medicare	$26.67	$16.54	$16.00	-	-	000	999	
87804	Q	INFLUENZA ASSAY W/OPTIC		-	-	Medicare	$27.58	$17.10	$16.55	-	-	000	999	
87806	Q	HIV AG W/HIV1&2 ANTB W/OPTIC		-	-	Medicare	$54.62	$33.86	$32.77	-	-	000	999	
87807	Q	RSV ASSAY W/OPTIC		-	-	Medicare	$21.83	$13.53	$13.10	-	-	000	999	
87808	Q	TRICHOMONAS ASSAY W/OPTIC		-	-	Medicare	$25.48	$15.80	$15.29	-	-	000	999	
87809	Q	ADENOVIRUS ASSAY W/OPTIC		-	-	Medicare	$36.27	$22.49	$21.76	-	-	000	999	
87810	Q	CHLMYD TRACH ASSAY W/OPTIC		-	-	Medicare	$58.82	$36.47	$35.29	-	-	000	999	
87811	Q	SARS-COV-2 COVID19 W/OPTIC		-	-	Medicare	$68.97	$42.76	$41.38	-	-	000	999	
87850	Q	N. GONORRHOEAE ASSAY W/OPTIC		-	-	Medicare	$40.93	$25.38	$24.56	-	-	000	999	
87880	Q	STREP A ASSAY W/OPTIC		-	-	Medicare	$27.55	$17.08	$16.53	-	-	000	999	
87899	Q	AGENT NOS ASSAY W/OPTIC		-	-	Medicare	$26.78	$16.60	$16.07	-	-	000	999	
87900	Q	PHENOTYPE INFECT AGENT DRUG		-	-	Medicare	$217.25	$134.70	$130.35	-	-	000	999	
87901	Q	NFCT AGT GNTYP ALYS HIV1 REV		-	-	Medicare	$429.08	$266.03	$257.45	-	-	000	999	
87902	Q	NFCT AGT GNTYP ALYS HEP C		-	-	Medicare	$429.08	$266.03	$257.45	-	-	000	999	
87903	Q	PHENOTYPE DNA HIV W/CULTURE		-	-	Medicare	$814.43	$504.95	$488.66	-	-	000	999	
87904	Q	PHENOTYPE DNA HIV W/CLT ADD		-	-	Medicare	$43.45	$26.94	$26.07	-	-	000	999	
87905	Q	SIALIDASE ENZYME ASSAY		-	-	Medicare	$20.37	$12.63	$12.22	-	-	000	999	
87906	Q	NFCT AGT GNTYP ALYS HIV1		-	-	Medicare	$214.55	$133.02	$128.73	-	-	000	999	
87910	Q	NFCT AGT GNTYP ALYS CMV		-	-	Medicare	$429.08	$266.03	$257.45	-	-	000	999	
87912	Q	NFCT AGT GNTYP ALYS HEP B		-	-	Medicare	$429.08	$266.03	$257.45	-	-	000	999	
87913	Q	NFCT AGT GNTYP ALYS SARSCOV2		-	-	Medicare	$429.08	$266.03	$257.45	-	-	000	999	
87999	N	UNLISTED MICROBIOLOGY PX		-	-	Bundled	$0.00			-	-	000	999	
88000	E	AUTOPSY (NECROPSY) GROSS		-	-	Not Allowed	$0.00			-	-	000	999	
88005	E	AUTOPSY (NECROPSY) GROSS		-	-	Not Allowed	$0.00			-	-	000	999	
88007	E	AUTOPSY (NECROPSY) GROSS		-	-	Not Allowed	$0.00			-	-	000	999	
88012	E	AUTOPSY (NECROPSY) GROSS		-	-	Not Allowed	$0.00			-	-	000	999	
88014	E	AUTOPSY (NECROPSY) GROSS		-	-	Not Allowed	$0.00			-	-	000	999	
88016	E	AUTOPSY (NECROPSY) GROSS		-	-	Not Allowed	$0.00			-	-	000	999	
88020	E	AUTOPSY (NECROPSY) COMPLETE		-	-	Not Allowed	$0.00			-	-	000	999	
88025	E	AUTOPSY (NECROPSY) COMPLETE		-	-	Not Allowed	$0.00			-	-	000	999	
88027	E	AUTOPSY (NECROPSY) COMPLETE		-	-	Not Allowed	$0.00			-	-	000	999	
88028	E	AUTOPSY (NECROPSY) COMPLETE		-	-	Not Allowed	$0.00			-	-	000	999	
88029	E	AUTOPSY (NECROPSY) COMPLETE		-	-	Not Allowed	$0.00			-	-	000	999	
88036	E	LIMITED AUTOPSY		-	-	Not Allowed	$0.00			-	-	000	999	
88037	E	LIMITED AUTOPSY		-	-	Not Allowed	$0.00			-	-	000	999	
88040	E	FORENSIC AUTOPSY (NECROPSY)		-	-	Not Allowed	$0.00			-	-	000	999	
88045	E	CORONERS AUTOPSY (NECROPSY)		-	-	Not Allowed	$0.00			-	-	000	999	
88099	E	UNLISTED NECROPSY (AUTOPSY)		-	-	Not Allowed	$0.00			-	-	000	999	
88104	N	CYTOPATH FL NONGYN SMEARS		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
88106	N	CYTOPATH FL NONGYN FILTER		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
88108	N	CYTOPATH CONCENTRATE TECH		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
88112	N	CYTOPATH CELL ENHANCE TECH		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
88120	N	CYTP URNE 3-5 PROBES EA SPEC		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88121	N	CYTP URINE 3-5 PROBES CMPTR		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88125	N	FORENSIC CYTOPATHOLOGY		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
88130	Q	SEX CHROMATIN IDENTIFICATION		-	-	Medicare	$29.97	$18.58	$17.98	-	-	000	999	
88140	Q	SEX CHROMATIN IDENTIFICATION		-	-	Medicare	$13.32	$8.26	$7.99	-	-	000	999	
88141	N	CYTOPATH C/V INTERPRET		-	-	Bundled	$0.00			-	-	000	999	
88142	Q	CYTOPATH C/V THIN LAYER		-	-	Medicare	$33.77	$20.94	$20.26	-	-	000	999	
88143	Q	CYTOPATH C/V THIN LAYER REDO		-	-	Medicare	$38.40	$23.81	$23.04	-	-	000	999	

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88147	Q	CYTOPATH C/V AUTOMATED		-	-	Medicare	$84.27	$52.25	$50.56	-	-	000	999	
88148	Q	CYTOPATH C/V AUTO RESCREEN		-	-	Medicare	$30.32	$18.80	$18.19	-	-	000	999	
88150	Q	CYTOPATH C/V MANUAL		-	-	Medicare	$30.32	$18.80	$18.19	-	-	000	999	
88152	Q	CYTOPATH C/V AUTO REDO		-	-	Medicare	$46.07	$28.56	$27.64	-	-	000	999	
88153	Q	CYTOPATH C/V REDO		-	-	Medicare	$40.05	$24.83	$24.03	-	-	000	999	
88155	Q	CYTOPATH C/V INDEX ADD-ON		-	-	Medicare	$24.42	$15.14	$14.65	-	-	000	999	
88160	N	CYTOPATH SMEAR OTHER SOURCE		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
88161	N	CYTOPATH SMEAR OTHER SOURCE		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
88162	N	CYTOPATH SMEAR OTHER SOURCE		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
88164	Q	CYTOPATH TBS C/V MANUAL		-	-	Medicare	$30.32	$18.80	$18.19	-	-	000	999	
88165	Q	CYTOPATH TBS C/V REDO		-	-	Medicare	$70.37	$43.63	$42.22	-	-	000	999	
88166	Q	CYTOPATH TBS C/V AUTO REDO		-	-	Medicare	$30.32	$18.80	$18.19	-	-	000	999	
88167	Q	CYTOPATH TBS C/V SELECT		-	-	Medicare	$30.32	$18.80	$18.19	-	-	000	999	
88172	N	CYTP DX EVAL FNA 1ST EA SITE		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88173	N	CYTOPATH EVAL FNA REPORT		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
88174	Q	CYTOPATH C/V AUTO IN FLUID		-	-	Medicare	$42.28	$26.21	$25.37	-	-	000	999	
88175	Q	CYTOPATH C/V AUTO FLUID REDO		-	-	Medicare	$44.35	$27.50	$26.61	-	-	000	999	
88177	N	CYTP FNA EVAL EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
88182	N	CELL MARKER STUDY		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
88184	N	FLOWCYTOMETRY/ TC 1 MARKER		05673	4.0341	Bundled, sometimes payable	$244.95			-	-	000	999	
88185	N	FLOWCYTOMETRY/TC ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
88187	E	FLOWCYTOMETRY/READ 2-8		-	-	Not Allowed	$0.00			-	-	000	999	
88188	E	FLOWCYTOMETRY/READ 9-15		-	-	Not Allowed	$0.00			-	-	000	999	
88189	E	FLOWCYTOMETRY/READ 16 & >		-	-	Not Allowed	$0.00			-	-	000	999	
88199	N	UNLISTED CYTOPATHOLOGY PX		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
88230	Q	TISSUE CULTURE LYMPHOCYTE		-	-	Medicare	$194.15	$120.37	$116.49	-	-	000	999	
88233	Q	TISSUE CULTURE SKIN/BIOPSY		-	-	Medicare	$234.55	$145.42	$140.73	-	-	000	999	
88235	Q	TISSUE CULTURE PLACENTA		-	-	Medicare	$250.50	$155.31	$150.30	-	-	000	999	
88237	Q	TISSUE CULTURE BONE MARROW		-	-	Medicare	$239.58	$148.54	$143.75	-	-	000	999	
88239	Q	TISSUE CULTURE TUMOR		-	-	Medicare	$245.87	$152.44	$147.52	-	-	000	999	
88240	Q	CELL CRYOPRESERVE/STORAGE		-	-	Medicare	$21.78	$13.50	$13.07	-	-	000	999	
88241	Q	FROZEN CELL PREPARATION		-	-	Medicare	$20.15	$12.49	$12.09	-	-	000	999	
88245	Q	CHROMOSOME ANALYSIS 20-25		-	-	Medicare	$288.62	$178.94	$173.17	-	-	000	999	
88248	Q	CHROMOSOME ANALYSIS 50-100		-	-	Medicare	$288.62	$178.94	$173.17	-	-	000	999	
88249	Q	CHROMOSOME ANALYSIS 100		-	-	Medicare	$288.62	$178.94	$173.17	-	-	000	999	
88261	Q	CHROMOSOME ANALYSIS 5		-	-	Medicare	$440.57	$273.15	$264.34	-	-	000	999	
88262	Q	CHROMOSOME ANALYSIS 15-20		-	-	Medicare	$209.15	$129.67	$125.49	-	-	000	999	
88263	Q	CHROMOSOME ANALYSIS 45		-	-	Medicare	$250.48	$155.30	$150.29	-	-	000	999	
88264	Q	CHROMOSOME ANALYSIS 20-25		-	-	Medicare	$241.02	$149.43	$144.61	-	-	000	999	
88267	Q	CHROMOSOME ANALYS PLACENTA		-	-	Medicare	$314.28	$194.85	$188.57	-	-	000	999	
88269	Q	CHROMOSOME ANALYS AMNIOTIC		-	-	Medicare	$289.43	$179.45	$173.66	-	-	000	999	
88271	Q	CYTOGENETICS DNA PROBE		-	-	Medicare	$35.70	$22.13	$21.42	-	-	000	999	
88272	Q	CYTOGENETICS 3-5		-	-	Medicare	$67.83	$42.05	$40.70	-	-	000	999	
88273	Q	CYTOGENETICS 10-30		-	-	Medicare	$58.02	$35.97	$34.81	-	-	000	999	
88274	Q	CYTOGENETICS 25-99		-	-	Medicare	$70.63	$43.79	$42.38	-	-	000	999	
88275	Q	CYTOGENETICS 100-300		-	-	Medicare	$85.32	$52.90	$51.19	-	-	000	999	
88280	Q	CHROMOSOME KARYOTYPE STUDY		-	-	Medicare	$55.78	$34.58	$33.47	-	-	000	999	
88283	Q	CHROMOSOME BANDING STUDY		-	-	Medicare	$114.33	$70.88	$68.60	-	-	000	999	
88285	Q	CHROMOSOME COUNT ADDITIONAL		-	-	Medicare	$44.85	$27.81	$26.91	-	-	000	999	
88289	Q	CHROMOSOME STUDY ADDITIONAL		-	-	Medicare	$57.38	$35.58	$34.43	-	-	000	999	
88291	E	CYTO/MOLECULAR REPORT		-	-	Not Allowed	$0.00			-	-	000	999	
88299	N	UNLISTED CYTOGENETIC STUDY		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
88300	N	SURGICAL PATH GROSS		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
88302	N	TISSUE EXAM BY PATHOLOGIST		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
88304	N	TISSUE EXAM BY PATHOLOGIST		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
88305	N	TISSUE EXAM BY PATHOLOGIST		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	

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88307	N	TISSUE EXAM BY PATHOLOGIST		05673	4.0341	Bundled, sometimes payable	$244.95			-	-	000	999	
88309	N	TISSUE EXAM BY PATHOLOGIST		05674	9.1613	Bundled, sometimes payable	$556.27			-	-	000	999	
88311	N	DECALCIFY TISSUE		-	-	Bundled	$0.00			-	-	000	999	
88312	N	SPECIAL STAINS GROUP 1		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
88313	N	SPECIAL STAINS GROUP 2		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
88314	N	HISTOCHEMICAL STAINS ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
88319	N	ENZYME HISTOCHEMISTRY		05674	9.1613	Bundled, sometimes payable	$556.27			-	-	000	999	
88321	N	CONSLTJ&REPRT SLD PREP ELSWR		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
88323	N	CONSLTJ&REPRT MATRL PREP SLD		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
88325	N	CONSLTJ COMPRE RVW REC REPRT		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88329	N	PATH CONSLTJ DRG SURG		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
88331	N	PATH CONSLTJ SURG 1 BLK 1SPC		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88332	N	PATH CONSLTJ SURG EA ADD BLK		-	-	Bundled	$0.00			-	-	000	999	
88333	N	PATH CONSLTJ SURG CYTO XM 1		05674	9.1613	Bundled, sometimes payable	$556.27			-	-	000	999	
88334	N	PATH CONSLTJ SURG CYTO XM EA		-	-	Bundled	$0.00			-	-	000	999	
88341	N	IMHCHEM/IMCYTCHM EA ADD ANTB		-	-	Bundled	$0.00			-	-	000	999	
88342	N	IMHCHEM/IMCYTCHM 1ST ANTB		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88344	N	IMHCHEM/IMCYTCHM EA MLT ANTB		05673	4.0341	Bundled, sometimes payable	$244.95			-	-	000	999	
88346	N	IMFLUOR 1ST 1ANTB STAIN PX		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88348	N	ELECTRON MICROSCOPY DX		05674	9.1613	Bundled, sometimes payable	$556.27			-	-	000	999	
88350	N	IMFLUOR EA ADDL 1ANTB STN PX		-	-	Bundled	$0.00			-	-	000	999	
88355	N	M/PHMTRC ALYS SKELETAL MUSC		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88356	N	ANALYSIS NERVE		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
88358	N	ANALYSIS TUMOR		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88360	N	TUMOR IMMUNOHISTOCHEM/MANUAL		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88361	N	TUMOR IMMUNOHISTOCHEM/COMPUT		05673	4.0341	Bundled, sometimes payable	$244.95			-	-	000	999	
88362	N	NERVE TEASING PREPARATIONS		05674	9.1613	Bundled, sometimes payable	$556.27			-	-	000	999	
88363	N	XM ARCHIVE TISSUE MOLEC ANAL		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
88364	N	INSITU HYBRIDIZATION (FISH)		-	-	Bundled	$0.00			-	-	000	999	
88365	N	INSITU HYBRIDIZATION (FISH)		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88366	N	INSITU HYBRIDIZATION (FISH)		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88367	N	INSITU HYBRIDIZATION AUTO		05673	4.0341	Bundled, sometimes payable	$244.95			-	-	000	999	
88368	N	INSITU HYBRIDIZATION MANUAL		05673	4.0341	Bundled, sometimes payable	$244.95			-	-	000	999	
88369	N	M/PHMTRC ALYSISHQUANT/SEMIQ		-	-	Bundled	$0.00			-	-	000	999	
88371	N	PROTEIN WESTERN BLOT TISSUE		-	-	Bundled	$0.00			-	-	000	999	
88372	N	PROTEIN ANALYSIS W/PROBE		-	-	Bundled	$0.00			-	-	000	999	
88373	N	M/PHMTRC ALYS ISHQUANT/SEMIQ		-	-	Bundled	$0.00			-	-	000	999	
88374	N	M/PHMTRC ALYS ISHQUANT/SEMIQ		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88375	E	OPTICAL ENDOMICROSCPY INTERP		-	-	Not Allowed	$0.00			-	-	000	999	
88377	N	M/PHMTRC ALYS ISHQUANT/SEMIQ		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
88380	N	MICRODISSECTION LASER		-	-	Bundled	$0.00			-	-	000	999	
88381	N	MICRODISSECTION MANUAL		-	-	Bundled	$0.00			-	-	000	999	
88387	N	MACROSCOPIC XM DSJ&PREP TISS		-	-	Bundled	$0.00			-	-	000	999	
88399	N	UNLISTED SURGICAL PATH PX		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
88720	Q	BILIRUBIN TOTAL TRANSCUT		-	-	Medicare	$8.37	$5.19	$5.02	-	-	000	999	
88738	Q	HGB QUANT TRANSCUTANEOUS		-	-	Medicare	$8.37	$5.19	$5.02	-	-	000	999	
88740	Q	TRANSCUTANEOUS CARBOXYHB		-	-	Medicare	$15.62	$9.68	$9.37	-	-	000	999	
88741	Q	TRANSCUTANEOUS METHB		-	-	Medicare	$15.62	$9.68	$9.37	-	-	000	999	
88749	N	UNLISTED IN VIVO LAB SERVICE		-	-	Bundled	$0.00			-	-	000	999	
89049	N	CHCT FOR MAL HYPERTHERMIA		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
89050	Q	BODY FLUID CELL COUNT		-	-	Medicare	$7.87	$4.88	$4.72	-	-	000	999	
89051	Q	BODY FLUID CELL COUNT		-	-	Medicare	$9.33	$5.78	$5.60	-	-	000	999	
89055	Q	LEUKOCYTE ASSESSMENT FECAL		-	-	Medicare	$7.12	$4.41	$4.27	-	-	000	999	
89060	Q	EXAM SYNOVIAL FLUID CRYSTALS		-	-	Medicare	$12.22	$7.58	$7.33	-	-	000	999	
89125	Q	SPECIMEN FAT STAIN		-	-	Medicare	$9.80	$6.08	$5.88	-	-	000	999	
89160	Q	EXAM FECES FOR MEAT FIBERS		-	-	Medicare	$8.08	$5.01	$4.85	-	-	000	999	

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89190	Q	NASAL SMEAR FOR EOSINOPHILS		-	-	Medicare	$9.65	$5.98	$5.79	-	-	000	999	
89220	N	SPUTUM SPECIMEN COLLECTION		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
89230	N	COLLECT SWEAT FOR TEST		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
89240	N	UNLISTED MISC PATH TEST		05671	0.5992	Bundled, sometimes payable	$36.38			-	-	000	999	
89250	E	CULTR OOCYTE/EMBRYO <4 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
89251	E	CULTR OOCYTE/EMBRYO <4 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
89253	E	EMBRYO HATCHING		-	-	Not Allowed	$0.00			-	-	000	999	
89254	E	OOCYTE IDENTIFICATION		-	-	Not Allowed	$0.00			-	-	000	999	
89255	E	PREPARE EMBRYO FOR TRANSFER		-	-	Not Allowed	$0.00			-	-	000	999	
89257	E	SPERM IDENTIFICATION		-	-	Not Allowed	$0.00			-	-	000	999	
89258	E	CRYOPRESERVATION EMBRYO(S)		-	-	Not Allowed	$0.00			-	-	000	999	
89259	E	CRYOPRESERVATION SPERM		-	-	Not Allowed	$0.00			-	-	000	999	
89260	E	SPERM ISOLATION SIMPLE		-	-	Not Allowed	$0.00			-	-	000	999	
89261	E	SPERM ISOLATION COMPLEX		-	-	Not Allowed	$0.00			-	-	000	999	
89264	E	IDENTIFY SPERM TISSUE		-	-	Not Allowed	$0.00			-	-	000	999	
89268	E	INSEMINATION OF OOCYTES		-	-	Not Allowed	$0.00			-	-	000	999	
89272	E	EXTENDED CULTURE OF OOCYTES		-	-	Not Allowed	$0.00			-	-	000	999	
89280	E	ASSIST OOCYTE FERTILIZATION		-	-	Not Allowed	$0.00			-	-	000	999	
89281	E	ASSIST OOCYTE FERTILIZATION		-	-	Not Allowed	$0.00			-	-	000	999	
89290	E	BIOPSY OOCYTE POLAR BODY <=5		-	-	Not Allowed	$0.00			-	-	000	999	
89291	E	BIOPSY OOCYTE POLAR BODY		-	-	Not Allowed	$0.00			-	-	000	999	
89300	E	SEMEN ANALYSIS W/HUHNER		-	-	Not Allowed	$0.00			-	-	000	999	
89310	E	SEMEN ANALYSIS W/COUNT		-	-	Not Allowed	$0.00			-	-	000	999	
89320	E	SEMEN ANAL VOL/COUNT/MOT		-	-	Not Allowed	$0.00			-	-	000	999	
89321	E	SEMEN ANAL SPERM DETECTION		-	-	Not Allowed	$0.00			-	-	000	999	
89322	E	SEMEN ANAL STRICT CRITERIA		-	-	Not Allowed	$0.00			-	-	000	999	
89325	E	SPERM ANTIBODY TEST		-	-	Not Allowed	$0.00			-	-	000	999	
89329	E	SPERM EVALUATION TEST		-	-	Not Allowed	$0.00			-	-	000	999	
89330	E	EVALUATION CERVICAL MUCUS		-	-	Not Allowed	$0.00			-	-	010	61	
89331	E	RETROGRADE EJACULATION ANAL		-	-	Not Allowed	$0.00			-	-	000	999	
89335	E	CRYOPRESERVE TESTICULAR TISS		-	-	Not Allowed	$0.00			-	-	000	999	
89337	N	CRYOPRESERVATION OOCYTE(S)		05672	1.9218	Bundled, sometimes payable	$116.69			-	-	000	999	
89342	E	STORAGE/YEAR EMBRYO(S)		-	-	Not Allowed	$0.00			-	-	000	999	
89343	E	STORAGE/YEAR SPERM/SEMEN		-	-	Not Allowed	$0.00			-	-	000	999	
89344	E	STORAGE/YEAR REPROD TISSUE		-	-	Not Allowed	$0.00			-	-	000	999	
89346	E	STORAGE/YEAR OOCYTE(S)		-	-	Not Allowed	$0.00			-	-	000	999	
89352	E	THAWING CRYOPRESRVED EMBRYO		-	-	Not Allowed	$0.00			-	-	000	999	
89353	E	THAWING CRYOPRESRVED SPERM		-	-	Not Allowed	$0.00			-	-	000	999	
89354	E	THAW CRYOPRSVRD REPROD TISS		-	-	Not Allowed	$0.00			-	-	000	999	
89356	E	THAWING CRYOPRESRVED OOCYTE		-	-	Not Allowed	$0.00			-	-	000	999	
89398	E	UNLISTED REPROD MED LAB PROC		-	-	Not Allowed	$0.00			-	-	000	999	
9001F	E	AORTIC ANEURYSM<5CM DIAM CT		-	-	Not Allowed	$0.00			-	-	000	999	
9002F	E	AORTIC ANEURYSM 5-5.4CM DIAM		-	-	Not Allowed	$0.00			-	-	000	999	
9003F	E	AORTIC ANRYSM5.5-5.9CM DIAM		-	-	Not Allowed	$0.00			-	-	000	999	
9004F	E	AORTIC ANRYSM 6/> CM DIAM		-	-	Not Allowed	$0.00			-	-	000	999	
9005F	E	ASYMPT CAROT/VRTBRBAS STEN		-	-	Not Allowed	$0.00			-	-	000	999	
9006F	E	SYMPT STEN-TIA/STRK<120DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
9007F	E	OTHER CAROT STEN 120 DAYS/>		-	-	Not Allowed	$0.00			-	-	000	999	
90281	E	HUMAN IG IM		-	-	Not Allowed	$0.00			-	-	000	999	
90283	E	HUMAN IG IV		-	-	Not Allowed	$0.00			-	-	000	999	
90284	E	HUMAN IG SC		-	-	Not Allowed	$0.00			-	-	000	999	
90287	E	BOTULINUM ANTITOXIN		-	-	Not Allowed	$0.00			-	-	000	999	
90288	E	BOTULISM IG IV		-	-	Not Allowed	$0.00			-	-	000	999	
90291	E	CMV IG IV		-	-	Not Allowed	$0.00			-	-	000	999	
90296	E	DIPHTHERIA ANTITOXIN		-	-	Not Allowed	$0.00			-	-	000	999	
90371	K	HEP B IG IM		01630	2.4168	APC (blood and non-blood products)	$143.22			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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90375	K	RABIES IG IM/SC		09133	4.8921	APC (blood and non-blood products)	$289.91			-	-	000	999	
90376	K	RABIES IG HEAT TREATED		09134	5.7200	APC (blood and non-blood products)	$347.32			-	-	000	999	
90377	K	RABIES IG HT&SOL HUMAN IM/SC		09201	4.2983	APC (blood and non-blood products)	$241.15			-	-	000	999	
90378	K	RSV MAB IM 50MG		09003	11.8556	APC (blood and non-blood products)	$719.87			-	-	000	3	
90380	M	RSV MONOC ANTB SEASN .5ML IM		-	-	Fee Schedule	$0.00			-	-	000	999	
90381	M	RSV MONOC ANTB SEASN 1 ML IM		-	-	Fee Schedule	$0.00			-	-	000	999	
90384	E	RH IG FULL-DOSE IM		-	-	Not Allowed	$0.00			-	-	000	999	
90385	N	RH IG MINIDOSE IM		-	-	Bundled	$0.00			-	-	000	999	
90386	E	RH IG IV		-	-	Not Allowed	$0.00			-	-	000	999	
90389	E	TETANUS IG IM		-	-	Not Allowed	$0.00			-	-	000	999	
90393	E	VACCINA IG IM		-	-	Not Allowed	$0.00			-	-	000	999	
90396	K	VARICELLA-ZOSTER IG IM		09135	38.6165	APC (blood and non-blood products)	$2,254.25			-	-	000	999	
90399	E	UNLISTED IMMUNE GLOBULIN		-	-	Not Allowed	$0.00			-	-	000	999	
90460	E	IM ADMIN 1ST/ONLY COMPONENT		-	-	Not Allowed	$0.00			-	-	000	18	
90461	E	IM ADMIN EACH ADDL COMPONENT		-	-	Not Allowed	$0.00			-	-	000	18	
90471	E	IMMUNIZATION ADMIN		-	-	Not Allowed	$0.00			-	-	000	999	
90472	E	IMMUNIZATION ADMIN EACH ADD		-	-	Not Allowed	$0.00			-	-	000	999	
90473	E	IMMUNE ADMIN ORAL/NASAL		-	-	Not Allowed	$0.00			-	-	000	999	
90474	E	IMMUNE ADMIN ORAL/NASAL ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
90476	N	ADENOVIRUS VACCINE TYPE 4		-	-	Bundled	$0.00			-	-	000	999	
90477	E	ADENOVIRUS VACCINE TYPE 7		-	-	Not Allowed	$0.00			-	-	000	999	
90480	S	ADMN SARSCOV2 VACC 1 DOSE		09398	0.4656	APC	$28.27			-	-	000	999	
90581	E	ANTHRAX VACCINE SC OR IM		-	-	Not Allowed	$0.00			-	-	000	999	
90584	E	DENGUE VACC QUAD 2 DOSE SUBQ		-	-	Not Allowed	$0.00			-	-	000	999	
90585	E	BCG VACCINE PERCUT		-	-	Not Allowed	$0.00			-	-	000	999	
90586	M	BCG VACCINE INTRAVESICAL		-	-	Fee Schedule	$149.95			-	-	000	999	
90587	E	DENGUE VACC QUAD 3 DOSE SUBQ		-	-	Not Allowed	$0.00			-	-	000	999	
90589	M	CHIKUNGUNYA VACCINE LIVE IM		-	-	Fee Schedule	$0.00			-	-	000	999	
90593	E	CHIKUNGUNYA VACC RECOMB IM		-	-	Not Allowed	$0.00			-	-	000	999	
90611	K	SMALLPOX&MONKEYPOX VAC 0.5ML		09068	0.0002	APC (blood and non-blood products)	$0.01			-	-	000	999	
90619	M	MENACWY-TT VACCINE IM		-	-	Fee Schedule	$0.00			-	-	000	999	
90620	M	MENB-4C VACC 2 DOSE IM		-	-	Fee Schedule	$0.00			-	-	019	999	
90621	M	MENB-FHBP VACC 2/3 DOSE IM		-	-	Fee Schedule	$190.26			-	-	019	999	
90622	K	VACCINIA VRS VAC 0.3 ML PERQ		09101	0.0002	APC (blood and non-blood products)	$0.01			-	-	000	999	
90623	E	MENACWY-TT MENB-FHBP VACC IM		-	-	Not Allowed	$0.00			-	-	000	999	
90624	E	MENB-4C&MENACWY VACC IM		-	-	Not Allowed	$0.00			-	-	000	999	
90625	E	CHOLERA VACCINE LIVE ORAL		-	-	Not Allowed	$0.00			-	-	000	999	
90626	E	TIC-BRN ENCEPH VAC 0.25ML IM		-	-	Not Allowed	$0.00			-	-	000	999	
90627	E	TIC-BRN ENCEPH VAC 0.5ML IM		-	-	Not Allowed	$0.00			-	-	000	999	
90632	N	HEPA VACCINE ADULT IM		-	-	Bundled	$0.00			-	-	019	999	
90633	N	HEPA VACC PED/ADOL 2 DOSE IM		-	-	Bundled	$0.00			-	-	998	999	
90634	E	HEPA VACC PED/ADOL 3 DOSE		-	-	Not Allowed	$0.00			-	-	000	17	
90636	N	HEP A/HEP B VACC ADULT IM		-	-	Bundled	$0.00			-	-	018	999	
90637	E	VACC QIRV MRNA 30MCG/.5ML IM		-	-	Not Allowed	$0.00			-	-	000	999	
90638	E	VACC QIRV MRNA 60MCG/.5ML IM		-	-	Not Allowed	$0.00			-	-	000	999	
90644	E	HIB-MENCY VACC 6WK-18M0 IM		-	-	Not Allowed	$0.00			-	-	000	1	
90647	N	HIB PRP-OMP VACC 3 DOSE IM		-	-	Bundled	$0.00			-	-	998	999	
90648	N	HIB PRP-T VACCINE 4 DOSE IM		-	-	Bundled	$0.00			-	-	998	999	
90649	E	4VHPV VACCINE 3 DOSE IM		-	-	Not Allowed	$0.00			-	-	019	26	
90650	E	2VHPV VACCINE 3 DOSE IM		-	-	Not Allowed	$0.00			-	-	019	26	
90651	M	9VHPV VACCINE 2/3 DOSE IM		-	-	Fee Schedule	$307.61			-	-	019	45	
90653	E	IIV ADJUVANT VACCINE IM		-	-	Not Allowed	$0.00			-	-	000	999	
90655	E	IIV3 VACC NO PRSV 0.25 ML IM		-	-	Not Allowed	$0.00			-	-	998	999	
90656	M	IIV3 VACC NO PRSV 0.5 ML IM		-	-	Fee Schedule	$22.35			-	Y	019	999	
90657	E	IIV3 VACCINE SPLT 0.25 ML IM		-	-	Not Allowed	$0.00			-	-	998	999	
90658	E	IIV3 VACCINE SPLT 0.5 ML IM		-	-	Not Allowed	$0.00			-	-	019	999	

Montana Healthcare Programs Fee Schedule
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90660	M	LAIV3 VACCINE INTRANASAL		-	-	Fee Schedule	$28.87			-	-	019	49	
90661	M	CCIIV3 VAC ABX FR 0.5 ML IM		-	-	Fee Schedule	$36.85			-	-	000	999	
90662	M	IIV NO PRSV INCREASED AG IM		-	-	Fee Schedule	$83.49			-	-	065	999	
90664	E	LAIV VACC PANDEMIC INTRANASL		-	-	Not Allowed	$0.00			-	-	000	999	
90666	E	FLU VAC PANDEM PRSRV FREE IM		-	-	Not Allowed	$0.00			-	-	000	999	
90667	E	IIV VACC PANDEMIC ADJUVT IM		-	-	Not Allowed	$0.00			-	-	000	999	
90668	E	IIV VACCINE PANDEMIC IM		-	-	Not Allowed	$0.00			-	-	000	999	
90670	M	PCV13 VACCINE IM		-	-	Fee Schedule	$257.99			-	-	019	999	
90671	M	PCV15 VACCINE IM		-	-	Fee Schedule	$261.15			-	-	000	999	
90672	M	LAIV4 VACCINE INTRANASAL		-	-	Fee Schedule	$27.79			-	-	019	999	
90673	M	RIV3 VACCINE NO PRESERV IM		-	-	Fee Schedule	$83.49			-	-	000	999	
90674	M	CCIIV4 VAC NO PRSV 0.5 ML IM		-	-	Fee Schedule	$34.17			-	-	019	999	
90675	K	RABIES VACCINE IM		09139	5.5277	APC (blood and non-blood products)	$317.67			-	-	000	999	
90676	K	RABIES VACCINE ID		09140	4.3556	APC (blood and non-blood products)	$264.47			-	-	000	999	
90677	M	PCV20 VACCINE IM		-	-	Fee Schedule	$312.90			-	-	000	999	
90678	E	RSV VACC PREF BIVALENT IM		-	-	Not Allowed	$0.00			-	-	000	999	
90679	E	RSV VACC PREF RECOMB ADJT IM		-	-	Not Allowed	$0.00			-	-	000	999	
90680	M	RV5 VACC 3 DOSE LIVE ORAL		-	-	Fee Schedule	$0.00			-	-	998	999	
90681	E	RV1 VACC 2 DOSE LIVE ORAL		-	-	Not Allowed	$0.00			-	-	998	999	
90682	M	RIV4 VACC RECOMBINANT DNA IM		-	-	Fee Schedule	$73.40			-	-	000	999	
90683	M	RSV VACC MRNA LIPID NANO IM		-	-	Fee Schedule	$0.00			-	-	000	999	
90684	E	PCV21 VACCINE IM		-	-	Not Allowed	$0.00			-	-	000	999	
90685	M	IIV4 VACC NO PRSV 0.25 ML IM		-	-	Fee Schedule	$0.00			-	-	998	999	
90686	M	IIV4 VACC NO PRSV 0.5 ML IM		-	-	Fee Schedule	$22.35			-	-	019	999	
90687	M	IIV4 VACCINE SPLT 0.25 ML IM		-	-	Fee Schedule	$9.95			-	-	998	999	
90688	M	IIV4 VACCINE SPLT 0.5 ML IM		-	-	Fee Schedule	$20.88			-	-	019	999	
90689	E	VACC IIV4 NO PRSRV 0.25ML IM		-	-	Not Allowed	$0.00			-	-	000	999	
90690	N	TYPHOID VACCINE ORAL		-	-	Bundled	$0.00			-	-	006	999	
90691	N	TYPHOID VACCINE IM		-	-	Bundled	$0.00			-	-	002	999	
90694	E	VACC AIIV4 NO PRSRV 0.5ML IM		-	-	Not Allowed	$0.00			-	-	000	999	
90695	E	H5N8 VACC DRV CLL CUL ADJ IM		-	-	Not Allowed	$0.00			-	-	000	999	
90696	N	DTAP-IPV VACCINE 4-6 YRS IM		-	-	Bundled	$0.00			-	-	998	999	
90697	M	DTAP-IPV-HIB-HEPB VACCINE IM		-	-	Fee Schedule	$0.00			-	-	000	999	
90698	N	DTAP-IPV/HIB VACCINE IM		-	-	Bundled	$0.00			-	-	998	999	
90700	N	DTAP VACCINE < 7 YRS IM		-	-	Bundled	$0.00			-	-	998	999	
90702	N	DT VACCINE UNDER 7 YRS IM		-	-	Bundled	$0.00			-	-	000	6	
90707	N	MMR VACCINE SC		-	-	Bundled	$0.00			-	-	019	999	
90710	N	MMRV VACCINE SC		-	-	Bundled	$0.00			-	-	998	999	
90713	N	POLIOVIRUS IPV SC/IM		-	-	Bundled	$0.00			-	-	019	999	
90714	N	TD VACC NO PRESV 7 YRS+ IM		-	-	Bundled	$0.00			-	-	019	999	
90715	N	TDAP VACCINE 7 YRS/> IM		-	-	Bundled	$0.00			-	-	019	999	
90716	E	VAR VACCINE LIVE SUBQ		-	-	Not Allowed	$0.00			-	-	019	999	
90717	N	YELLOW FEVER VACCINE SUBQ		-	-	Bundled	$0.00			-	-	000	999	
90723	E	DTAP-HEP B-IPV VACCINE IM		-	-	Not Allowed	$0.00			-	-	998	999	
90732	M	PPSV23 VACC 2 YRS+ SUBQ/IM		-	-	Fee Schedule	$133.47			-	-	019	999	
90733	E	MPSV4 VACCINE SUBQ		-	-	Not Allowed	$0.00			-	-	000	999	
90734	E	MENACWYD/MENACWYCRM VACC IM		-	-	Not Allowed	$0.00			-	-	019	999	
90736	M	HZV VACCINE LIVE SUBQ		-	-	Fee Schedule	$223.12			-	-	050	999	
90738	E	INACTIVATED JE VACC IM		-	-	Not Allowed	$0.00			-	-	000	999	
90739	M	HEPB VACC 2/4 DOSE ADULT IM		-	-	Fee Schedule	$177.56			-	-	018	999	
90740	M	HEPB VACC 3 DOSE IMMUNSUP IM		-	-	Fee Schedule	$164.42			-	-	000	999	
90743	M	HEPB VACC 2 DOSE ADOLESC IM		-	-	Fee Schedule	$75.15			-	-	998	999	
90744	M	HEPB VACC 3 DOSE PED/ADOL IM		-	-	Fee Schedule	$31.67			-	-	998	999	
90746	M	HEPB VACCINE 3 DOSE ADULT IM		-	-	Fee Schedule	$70.38			-	-	019	999	
90747	M	HEPB VACC 4 DOSE IMMUNSUP IM		-	-	Fee Schedule	$140.75			-	-	000	999	
90748	E	HIB-HEPB VACCINE IM		-	-	Not Allowed	$0.00			-	-	998	999	

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90749	N	UNLISTED VACCINE/TOXOID		-	-	Bundled	$0.00			-	-	000	999	
90750	M	HZV VACC RECOMBINANT IM		-	-	Fee Schedule	$171.57			-	-	000	999	
90756	M	CCIIV4 VACC ABX FREE IM		-	-	Fee Schedule	$32.37			-	-	019	999	
90758	E	ZAIRE EBOLAVIRUS VAC LIVE IM		-	-	Not Allowed	$0.00			-	-	000	999	
90759	M	HEP B VAC 3AG 10MCG 3 DOS IM		-	-	Fee Schedule	$73.82			-	-	000	999	
90785	N	PSYTX COMPLEX INTERACTIVE		-	-	Bundled	$0.00			-	-	000	999	
90791	N	PSYCH DIAGNOSTIC EVALUATION		05823	1.8019	Bundled, sometimes payable	$109.41			-	-	000	999	
90792	N	PSYCH DIAG EVAL W/MED SRVCS		05823	1.8019	Bundled, sometimes payable	$109.41			-	-	000	999	
90832	N	PSYTX W PT 30 MINUTES		05823	1.8019	Bundled, sometimes payable	$109.41			-	-	000	999	
90833	N	PSYTX W PT W E/M 30 MIN		-	-	Bundled	$0.00			-	-	000	999	
90834	N	PSYTX W PT 45 MINUTES		05823	1.8019	Bundled, sometimes payable	$109.41			-	-	000	999	
90836	N	PSYTX W PT W E/M 45 MIN		-	-	Bundled	$0.00			-	-	000	999	
90837	N	PSYTX W PT 60 MINUTES		05823	1.8019	Bundled, sometimes payable	$109.41			-	-	000	999	
90838	N	PSYTX W PT W E/M 60 MIN		-	-	Bundled	$0.00			-	-	000	999	
90839	N	PSYTX CRISIS INITIAL 60 MIN		05823	1.8019	Bundled, sometimes payable	$109.41			-	-	000	999	
90840	N	PSYTX CRISIS EA ADDL 30 MIN		-	-	Bundled	$0.00			-	-	000	999	
90845	N	PSYCHOANALYSIS		05823	1.8019	Bundled, sometimes payable	$109.41			-	-	000	999	
90846	N	FAMILY PSYTX W/O PT 50 MIN		05823	1.8019	Bundled, sometimes payable	$109.41			-	-	000	999	
90847	N	FAMILY PSYTX W/PT 50 MIN		05823	1.8019	Bundled, sometimes payable	$109.41			-	-	000	999	
90849	N	MULTIPLE FAMILY GROUP PSYTX		05823	1.8019	Bundled, sometimes payable	$109.41			-	-	000	999	
90853	N	GROUP PSYCHOTHERAPY		05822	1.0374	Bundled, sometimes payable	$62.99			-	-	000	999	
90863	E	PHARMACOLOGIC MGMT W/PSYTX		-	-	Not Allowed	$0.00			-	-	000	999	
90865	N	NARCOSYNTHESIS		05823	1.8019	Bundled, sometimes payable	$109.41			-	-	000	999	
90867	S	TCRANIAL MAGN STIM TX PLAN		05722	3.4922	APC	$212.05			-	-	000	999	
90868	S	TCRANIAL MAGN STIM TX DELI		05722	3.4922	APC	$212.05			-	-	000	999	
90869	S	TCRAN MAGN STIM REDETEMINE		05722	3.4922	APC	$212.05			-	-	000	999	
90870	S	ELECTROCONVULSIVE THERAPY		05723	5.9505	APC	$361.31			-	-	000	999	
90875	E	PSYCHOPHYSIOLOGICAL THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
90876	E	PSYCHOPHYSIOLOGICAL THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
90880	N	HYPNOTHERAPY		05822	1.0374	Bundled, sometimes payable	$62.99			-	-	000	999	
90882	E	ENVIRONMENTAL MANIPULATION		-	-	Not Allowed	$0.00			-	-	000	999	
90885	N	PSY EVALUATION OF RECORDS		-	-	Bundled	$0.00			-	-	000	999	
90887	N	CONSULTATION WITH FAMILY		-	-	Bundled	$0.00			-	-	000	999	
90889	N	PREPARATION OF REPORT		-	-	Bundled	$0.00			-	-	000	999	
90899	N	UNLISTED PSYC SVC/THERAPY		05821	0.3341	Bundled, sometimes payable	$20.29			-	-	000	999	
90901	M	BIOFEEDBACK TRAIN ANY METH		-	-	Fee Schedule	$25.06			-	-	000	999	
90912	E	BFB TRAINING 1ST 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
90913	E	BFB TRAINING EA ADDL 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
90935	S	HEMODIALYSIS ONE EVALUATION		05401	7.8471	APC	$476.48			-	-	000	999	
90937	M	HEMODIALYSIS REPEATED EVAL		-	-	Fee Schedule	$0.00			-	-	000	999	
90940	N	HEMODIALYSIS ACCESS STUDY		-	-	Bundled	$0.00			-	-	000	999	
90945	V	DIALYSIS ONE EVALUATION		05024	4.7754	APC	$289.96			-	-	000	999	
90947	M	DIALYSIS REPEATED EVAL		-	-	Fee Schedule	$0.00			-	-	000	999	
90951	E	ESRD SERV 4 VISITS P MO <2YR		-	-	Not Allowed	$0.00			-	-	000	1	
90952	E	ESRD SERV 2-3 VSTS P MO <2YR		-	-	Not Allowed	$0.00			-	-	000	1	
90953	E	ESRD SERV 1 VISIT P MO <2YRS		-	-	Not Allowed	$0.00			-	-	000	1	
90954	E	ESRD SERV 4 VSTS P MO 2-11		-	-	Not Allowed	$0.00			-	-	002	11	
90955	E	ESRD SRV 2-3 VSTS P MO 2-11		-	-	Not Allowed	$0.00			-	-	002	11	
90956	E	ESRD SRV 1 VISIT P MO 2-11		-	-	Not Allowed	$0.00			-	-	002	11	
90957	E	ESRD SRV 4 VSTS P MO 12-19		-	-	Not Allowed	$0.00			-	-	012	19	
90958	E	ESRD SRV 2-3 VSTS P MO 12-19		-	-	Not Allowed	$0.00			-	-	012	19	
90959	E	ESRD SERV 1 VST P MO 12-19		-	-	Not Allowed	$0.00			-	-	012	19	
90960	E	ESRD SRV 4 VISITS P MO 20+		-	-	Not Allowed	$0.00			-	-	020	999	
90961	E	ESRD SRV 2-3 VSTS P MO 20+		-	-	Not Allowed	$0.00			-	-	020	999	
90962	E	ESRD SERV 1 VISIT P MO 20+		-	-	Not Allowed	$0.00			-	-	020	999	
90963	E	ESRD HOME PT SERV P MO <2YRS		-	-	Not Allowed	$0.00			-	-	000	1	

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90964	E	ESRD HOME PT SERV P MO 2-11		-	-	Not Allowed	$0.00			-	-	002	11	
90965	E	ESRD HOME PT SERV P MO 12-19		-	-	Not Allowed	$0.00			-	-	012	19	
90966	E	ESRD HOME PT SERV P MO 20+		-	-	Not Allowed	$0.00			-	-	020	999	
90967	E	ESRD SVC PR DAY PT <2		-	-	Not Allowed	$0.00			-	-	000	1	
90968	E	ESRD SVC PR DAY PT 2-11		-	-	Not Allowed	$0.00			-	-	002	11	
90969	E	ESRD SVC PR DAY PT 12-19		-	-	Not Allowed	$0.00			-	-	012	19	
90970	E	ESRD SVC PR DAY PT 20+		-	-	Not Allowed	$0.00			-	-	020	999	
90989	M	DIALYSIS TRAINING COMPLETE		-	-	Fee Schedule	$0.00			-	-	000	999	
90993	M	DIALYSIS TRAINING INCOMPL		-	-	Fee Schedule	$0.00			-	-	000	999	
90997	M	HEMOPERFUSION		-	-	Fee Schedule	$0.00			-	-	000	999	
90999	M	UNLISTED DIALYSIS PROCEDURE		-	-	Fee Schedule	$0.00			-	-	000	999	
91010	S	ESOPHAGUS MOTILITY STUDY		05723	5.9505	APC	$361.31			-	-	000	999	
91013	N	ESOPHGL MOTIL W/STIM/PERFUS		-	-	Bundled	$0.00			-	-	000	999	
91020	S	GASTRIC MOTILITY STUDIES		05723	5.9505	APC	$361.31			-	-	000	999	
91022	S	DUODENAL MOTILITY STUDY		05723	5.9505	APC	$361.31			-	Y	000	999	
91030	S	ACID PERFUSION OF ESOPHAGUS		05723	5.9505	APC	$361.31			-	-	000	999	
91034	S	GASTROESOPHAGEAL REFLUX TEST		05723	5.9505	APC	$361.31			-	Y	000	999	
91035	S	G-ESOPH REFLX TST W/ELECTROD		05723	5.9505	APC	$361.31			-	Y	000	999	
91037	S	ESOPH IMPED FUNCTION TEST		05722	3.4922	APC	$212.05			-	Y	000	999	
91038	S	ESOPH IMPED FUNCT TEST > 1HR		05723	5.9505	APC	$361.31			-	Y	000	999	
91040	S	ESOPH BALLOON DISTENSION TST		05723	5.9505	APC	$361.31			-	Y	000	999	
91065	S	BREATH HYDROGEN/METHANE TEST		05721	1.7546	APC	$106.54			-	-	000	999	
91110	T	GI TRC IMG INTRAL ESOPH-ILE		05301	10.5144	APC	$638.43			-	Y	000	999	
91111	T	GI TRC IMG INTRAL ESOPHAGUS		05301	10.5144	APC	$638.43			-	-	000	999	
91112	T	GI WIRELESS CAPSULE MEASURE		05301	10.5144	APC	$638.43			-	Y	000	999	
91113	T	GI TRC IMG INTRAL COLON I&R		05311	10.2245	APC	$620.83			-	-	000	999	
91117	T	COLON MOTILITY 6 HR STUDY		05722	3.4922	APC	$212.05			-	-	000	999	
91120	S	RECTAL SENSATION TEST		05722	3.4922	APC	$212.05			-	Y	000	999	
91122	T	ANORECTAL MANOMETRY		05722	3.4922	APC	$212.05			-	-	000	999	
91132	S	ELECTROGASTROGRAPHY		05722	3.4922	APC	$212.05			-	-	000	999	
91133	N	ELECTROGASTROGRAPHY W/TEST		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
91200	N	LIVER ELASTOGRAPHY		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
91299	S	UNLISTED DX GI PROCEDURE		05721	1.7546	APC	$106.54			-	-	000	999	
91302	M	SARSCOV2 VAC 5X1010VP/.5MLIM		-	-	Fee Schedule	$0.00			-	-	000	999	
91304	M	SARSCOV2 VAC 5MCG/0.5ML IM		-	-	Fee Schedule	$161.54			-	-	012	999	
91310	E	SARSCOV2 VAC 5MCG/0.5ML AS03		-	-	Not Allowed	$0.00			-	-	000	999	
91318	M	SARSCOV2 VAC 3MCG TRS-SUC IM		-	-	Fee Schedule	$65.55			-	-	000	999	
91319	M	SARSCV2 VAC 10MCG TRS-SUC IM		-	-	Fee Schedule	$87.78			-	-	000	999	
91320	M	SARSCV2 VAC 30MCG TRS-SUC IM		-	-	Fee Schedule	$155.90			-	-	000	999	
91321	M	SARSCOV2 VAC 25 MCG/.25ML IM		-	-	Fee Schedule	$147.06			-	-	000	999	
91322	M	SARSCOV2 VAC 50 MCG/0.5ML IM		-	-	Fee Schedule	$161.65			-	-	000	999	
92002	V	INTRM OPH EXAM NEW PATIENT		05012	0.0000	APC	$0.00			-	-	000	999	
92004	V	COMPRE OPH EXAM NEW PT 1/>		05012	0.0000	APC	$0.00			-	-	000	999	
92012	V	INTRM OPH EXAM EST PATIENT		05012	0.0000	APC	$0.00			-	-	000	999	
92014	V	COMPRE OPH EXAM EST PT 1/>		05012	0.0000	APC	$0.00			-	-	000	999	
92015	E	DETERMINE REFRACTIVE STATE		-	-	Not Allowed	$0.00			-	-	000	999	
92018	N	COMPL OPH EXAM GENERAL ANES		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
92019	N	LMTD OPH EXAM GENERAL ANES		05503	26.1633	Bundled, sometimes payable	$1,588.64			-	-	000	999	
92020	N	GONIOSCOPY		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92025	N	CPTRIZED CORNEAL TOPOGRAPHY		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92060	N	SENSORIMOTOR EXAMINATION		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92065	E	ORTHOP TRAING PFRMD PHYS/QHP		-	-	Not Allowed	$0.00			-	-	000	999	
92066	N	ORTHOP TRAING SUPVJ PHYS/QHP		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92071	N	CONTACT LENS FITTING FOR TX		-	-	Bundled	$0.00			-	-	000	999	
92072	N	FITG C-LENS KERATOCONUS 1ST		-	-	Bundled	$0.00			-	-	000	999	
92081	N	LIMITED VISUAL FIELD XM		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	

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92082	N	INTERMEDIATE VISUAL FIELD XM		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92083	N	EXTENDED VISUAL FIELD XM		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92100	N	SERIAL TONOMETRY		-	-	Bundled	$0.00			-	-	000	999	
92132	N	CPTRZD OPH DX IMG ANT SGM		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92133	N	CPTRZD OPH DX IMG PST SGM ON		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92134	N	CPTRZ OPH DX IMG PST SGM RTA		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92136	N	OPHTHALMIC BIOMETRY		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92137	N	CPTRZ OPH IMG PST SG RTA OCT		05722	3.4922	Bundled, sometimes payable	$212.05			-	-	000	999	
92145	N	CORNEAL HYSTERESIS DETER		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92201	N	OPSCPY EXTND RTA DRAW UNI/BI		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92202	N	OPSCPY EXTND ON/MAC DRAW		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92227	N	IMG RTA DETCJ/MNTR DS STAFF		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92228	N	IMG RTA DETC/MNTR DS PHY/QHP		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
92229	S	IMG RTA DETC/MNTR DS POC ALY		05733	0.6661	APC	$40.45			-	-	000	999	
92230	N	FLUORESCEIN ANGIOSCOPY I&R		05723	5.9505	Bundled, sometimes payable	$361.31			-	-	000	999	
92235	S	FLUORESCEIN ANGRPH MLTIFRAME		05722	3.4922	APC	$212.05			-	-	000	999	
92240	S	ICG ANGIOGRAPHY I&R UNI/BI		05722	3.4922	APC	$212.05			-	-	000	999	
92242	S	FLUORESCEIN&ICG ANGIOGRAPHY		05722	3.4922	APC	$212.05			-	-	000	999	
92250	N	FUNDUS PHOTOGRAPHY W/I&R		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92260	N	OPHTHALMODYNAMOMETRY		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
92265	N	NDL OCULOELECTROMYOGRAPHY 1+		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92270	N	ELECTRO-OCULOGRAPHY W/I&R		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92273	S	FULL FIELD ERG W/I&R		05722	3.4922	APC	$212.05			-	-	000	999	
92274	S	MULTIFOCAL ERG W/I&R		05721	1.7546	APC	$106.54			-	-	000	999	
92283	N	EXTND COLOR VISION XM		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92284	N	DX DARK ADAPTATION EXAM I&R		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
92285	N	EXTERNAL OCULAR PHOTOGRAPHY		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
92286	N	ANT SGM IMG I&R SPECLR MIC		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92287	N	ANT SGM IMG IR FLRSCN ANGRPH		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92310	N	CONTACT LENS FITTING OU		-	-	Bundled	$0.00			-	-	000	999	
92311	N	CONTACT LENS FITG APHAKIA 1		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
92312	N	CONTACT LENS FITG APHAKIA OU		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92313	E	C-LENS FITG CORNEOSCLRL LENS		-	-	Not Allowed	$0.00			-	-	000	999	
92314	E	C-LENS FITG TECH OU		-	-	Not Allowed	$0.00			-	-	000	999	
92315	E	C-LENS FITG TECH APHAKIA 1		-	-	Not Allowed	$0.00			-	-	000	999	
92316	E	C-LENS FITG TECH APHAKIA OU		-	-	Not Allowed	$0.00			-	-	000	999	
92317	E	C-LENS FITG TECH CORNEOSCLRL		-	-	Not Allowed	$0.00			-	-	000	999	
92325	E	MODIFICATION OF CONTACT LENS		-	-	Not Allowed	$0.00			-	-	000	999	
92326	E	REPLACEMENT OF CONTACT LENS		-	-	Not Allowed	$0.00			-	-	000	999	
92352	E	FIT APHAKIA SPECTCL MONOFOCL		-	-	Not Allowed	$0.00			-	-	000	999	
92353	E	FIT APHAKIA SPECTCL MULTIFOC		-	-	Not Allowed	$0.00			-	-	000	999	
92354	E	FITG SPECT LOW VIS 1SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
92355	E	FITG SPECT LW VIS CMPND LENS		-	-	Not Allowed	$0.00			-	-	000	999	
92358	N	APHAKIA PROSTH SERVICE TEMP		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92370	E	RPR&REFITG SPECT XCP APHAKIA		-	-	Not Allowed	$0.00			-	-	000	999	
92371	E	RPR&REFIT SPCT PRSTH APHAKIA		-	-	Not Allowed	$0.00			-	-	000	999	
92499	N	UNLISTED OPH SVC/PROCEDURE		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
92502	T	EAR AND THROAT EXAMINATION		05162	5.7111	APC	$346.78			-	-	000	999	
92504	N	EAR MICROSCOPY EXAMINATION		-	-	Bundled	$0.00			-	-	000	999	
92507	M	TX SP LANG VOICE COMM INDIV		-	-	Fee Schedule	$62.35			-	-	000	999	
92508	Y	TX SP LANG VOICE COMM GROUP		-	-	Fee Schedule	$19.89			-	-	000	999	
92511	T	NASOPHARYNGOSCOPY		05151	2.1772	APC	$132.20			-	-	000	999	
92512	S	NASAL FUNCTION STUDIES		05722	3.4922	APC	$212.05			-	-	000	999	
92516	S	FACIAL NERVE FUNCTION TEST		05722	3.4922	APC	$212.05			-	-	000	999	
92517	S	VEMP TEST I&R CERVICAL		05721	1.7546	APC	$106.54			-	-	000	999	
92518	S	VEMP TEST I&R OCULAR		05721	1.7546	APC	$106.54			-	-	000	999	

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92519	S	VEMP TST I&R CERVICAL&OCULAR		05722	3.4922	APC	$212.05			-	-	000	999	
92520	N	LARYNGEAL FUNCTION STUDIES		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92521	Y	EVALUATION OF SPEECH FLUENCY		-	-	Fee Schedule	$108.66			-	-	000	999	
92522	Y	EVALUATE SPEECH PRODUCTION		-	-	Fee Schedule	$90.93			-	-	000	999	
92523	Y	SPEECH SOUND LANG COMPREHEN		-	-	Fee Schedule	$186.27			-	-	000	999	
92524	Y	BEHAVRAL QUALIT ANALYS VOICE		-	-	Fee Schedule	$89.57			-	-	000	999	
92526	Y	ORAL FUNCTION THERAPY		-	-	Fee Schedule	$69.16			-	-	000	999	
92531	N	SPONTANEOUS NYSTAGMUS STUDY		-	-	Bundled	$0.00			-	-	000	999	
92532	N	POSITIONAL NYSTAGMUS TEST		-	-	Bundled	$0.00			-	-	000	999	
92533	N	CALORIC VESTIBULAR TEST		-	-	Bundled	$0.00			-	-	000	999	
92534	N	OPTOKINETIC NYSTAGMUS TEST		-	-	Bundled	$0.00			-	-	000	999	
92537	S	CALORIC VSTBLR TEST W/REC		05721	1.7546	APC	$106.54			-	-	000	999	
92538	S	CALORIC VSTBLR TEST W/REC		05721	1.7546	APC	$106.54			-	-	000	999	
92540	S	BASIC VESTIBULAR EVALUATION		05721	1.7546	APC	$106.54			-	-	000	999	
92541	N	SPONTANEOUS NYSTAGMUS TEST		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92542	N	POSITIONAL NYSTAGMUS TEST		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92544	S	OPTOKINETIC NYSTAGMUS TEST		05721	1.7546	APC	$106.54			-	-	000	999	
92545	S	OSCILLATING TRACKING TEST		05722	3.4922	APC	$212.05			-	-	000	999	
92546	S	SINUSOIDAL ROTATIONAL TEST		05721	1.7546	APC	$106.54			-	-	000	999	
92547	N	SUPPLEMENTAL ELECTRICAL TEST		-	-	Bundled	$0.00			-	-	000	999	
92548	N	CDP-SOT 6 COND W/I&R		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92549	N	CDP-SOT 6 COND W/I&R MCT&ADT		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92550	N	TYMPANOMETRY & REFLEX THRESH		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
92551	M	PURE TONE HEARING TEST AIR		-	-	Fee Schedule	$16.70			-	-	000	999	
92552	N	PURE TONE AUDIOMETRY AIR		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
92553	N	AUDIOMETRY AIR & BONE		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
92555	N	SPEECH THRESHOLD AUDIOMETRY		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92556	N	SPEECH AUDIOMETRY COMPLETE		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92557	N	COMPREHENSIVE HEARING TEST		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
92558	E	EVOKED AUDITORY TEST QUAL		-	-	Not Allowed	$0.00			-	-	000	999	
92562	N	LOUDNESS BALANCE TEST		05722	3.4922	Bundled, sometimes payable	$212.05			-	-	000	999	
92563	N	TONE DECAY HEARING TEST		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
92565	N	STENGER TEST PURE TONE		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92567	N	TYMPANOMETRY		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
92568	N	ACOUSTIC REFL THRESHOLD TST		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
92570	N	ACOUSTIC IMMITANCE TESTING		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
92571	N	FILTERED SPEECH TEST		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
92572	N	STAGGERED SPONDAIC WORD TEST		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
92575	N	SENSORINEURAL ACUITY LVL TST		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
92576	N	SYNTHETIC SENTENCE ID TEST		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
92577	N	STENGER TEST SPEECH		05723	5.9505	Bundled, sometimes payable	$361.31			-	-	000	999	
92579	N	VISUAL AUDIOMETRY (VRA)		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
92582	N	CONDITIONING PLAY AUDIOMETRY		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
92583	N	SELECT PICTURE AUDIOMETRY		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
92584	S	ELECTROCOCHLEOGRAPHY		05721	1.7546	APC	$106.54			-	-	000	999	
92587	S	EVOKED AUDITORY TEST LIMITED		05722	3.4922	APC	$212.05			-	-	000	999	
92588	S	EVOKED AUDITORY TST COMPLETE		05722	3.4922	APC	$212.05			-	-	000	999	
92590	E	HEARING AID XM&SLCTN MONAURL		-	-	Not Allowed	$0.00			-	-	000	999	
92591	E	HEARING AID XM&SLCTN BINAURL		-	-	Not Allowed	$0.00			-	-	000	999	
92592	M	HEARING AID CHECK MONAURAL		-	-	Fee Schedule	$14.62			-	-	000	999	
92593	M	HEARING AID CHECK BINAURAL		-	-	Fee Schedule	$23.31			-	-	000	999	
92594	E	ELECTRO HEARNG AID TEST ONE		-	-	Not Allowed	$0.00			-	-	000	999	
92595	E	ELECTRO HEARNG AID TST BOTH		-	-	Not Allowed	$0.00			-	-	000	999	
92596	N	EAR PROTECTOR EVALUATION		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
92597	Y	ORAL SPEECH DEVICE EVAL		-	-	Fee Schedule	$59.08			-	Y	000	999	
92601	S	COCHLEAR IMPLT F/UP EXAM <7		05721	1.7546	APC	$106.54			-	-	000	7	

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92602	S	REPROGRAM COCHLEAR IMPLT <7		05721	1.7546	APC	$106.54			-	-	000	7	
92603	S	COCHLEAR IMPLT F/UP EXAM 7/>		05721	1.7546	APC	$106.54			-	-	007	999	
92604	S	REPROGRAM COCHLEAR IMPLT 7/>		05721	1.7546	APC	$106.54			-	-	007	999	
92605	M	EX FOR NONSPEECH DEVICE RX		-	-	Fee Schedule	$0.00			-	-	000	999	
92606	N	NON-SPEECH DEVICE SERVICE		-	-	Bundled	$0.00			-	-	000	999	
92607	Y	EX FOR SPEECH DEVICE RX 1HR		-	-	Fee Schedule	$101.31			-	-	000	999	
92608	Y	EX FOR SPEECH DEVICE RX ADDL		-	-	Fee Schedule	$39.77			-	-	000	999	
92609	Y	USE OF SPEECH DEVICE SERVICE		-	-	Fee Schedule	$84.42			-	-	000	999	
92610	Y	EVALUATE SWALLOWING FUNCTION		-	-	Fee Schedule	$57.18			-	-	000	999	
92611	Y	MOTION FLUOROSCOPY/SWALLOW		-	-	Fee Schedule	$75.13			-	Y	000	999	
92612	M	ENDOSCOPY SWALLOW (FEES) VID		-	-	Fee Schedule	$53.64			-	Y	000	999	
92613	E	ENDOSCOPY SWALLOW (FEES) I&R		-	-	Not Allowed	$0.00			-	Y	000	999	
92614	M	LARYNGOSCOPIC SENSORY VID		-	-	Fee Schedule	$52.79			-	Y	000	999	
92615	E	LARYNGOSCOPIC SENSORY I&R		-	-	Not Allowed	$0.00			-	Y	000	999	
92616	M	FEES W/LARYNGEAL SENSE TEST		-	-	Fee Schedule	$80.30			-	Y	000	999	
92617	E	FEES W/LARYNGEAL SENSE I&R		-	-	Not Allowed	$0.00			-	Y	000	999	
92618	E	EX FOR NONSPEECH DEV RX ADD		-	-	Not Allowed	$0.00			-	-	000	999	
92620	N	AUDITORY FUNCTION 60 MIN		05721	1.7546	Bundled, sometimes payable	$106.54			-	Y	000	999	
92621	N	AUDITORY FUNCTION + 15 MIN		-	-	Bundled	$0.00			-	Y	000	999	
92622	S	DX ALY AUD OI SND PRCSR 1ST		05721	1.7546	APC	$106.54			-	-	000	999	
92623	N	DX ALY AUD OI SND PRCSR EACH		-	-	Bundled	$0.00			-	-	000	999	
92625	N	TINNITUS ASSESSMENT		05721	1.7546	Bundled, sometimes payable	$106.54			-	Y	000	999	
92626	N	EVAL AUD FUNCJ 1ST HOUR		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
92627	N	EVAL AUD FUNCJ EA ADDL 15		-	-	Bundled	$0.00			-	-	000	999	
92630	E	AUD REHAB PRE-LING HEAR LOSS		-	-	Not Allowed	$0.00			-	-	000	999	
92633	E	AUD REHAB POSTLING HEAR LOSS		-	-	Not Allowed	$0.00			-	-	000	999	
92640	S	AUD BRAINSTEM IMPLT PROGRAMG		05721	1.7546	APC	$106.54			-	-	000	999	
92650	E	AEP SCR AUDITORY POTENTIAL		-	-	Not Allowed	$0.00			-	-	000	999	
92651	S	AEP HEARING STATUS DETER I&R		05722	3.4922	APC	$212.05			-	-	000	999	
92652	S	AEP THRSHLD EST MLT FREQ I&R		05722	3.4922	APC	$212.05			-	-	000	999	
92653	S	AEP NEURODIAGNOSTIC I&R		05722	3.4922	APC	$212.05			-	-	000	999	
92700	N	UNLISTED ORL SERVICE/PX		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
92920	N	PRQ CARDIAC ANGIOPLAST 1 ART		05192	63.9406	Bundled, sometimes payable	$3,882.47			-	Y	000	999	
92921	N	PRQ CARDIAC ANGIO ADDL ART		-	-	Bundled	$0.00			-	Y	000	999	
92924	N	PRQ CARD ANGIO/ATHRECT 1 ART		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	Y	000	999	
92925	N	PRQ CARD ANGIO/ATHRECT ADDL		-	-	Bundled	$0.00			-	Y	000	999	
92928	N	PRQ CARD STENT W/ANGIO 1 VSL		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	Y	000	999	
92929	N	PRQ CARD STENT W/ANGIO ADDL		-	-	Bundled	$0.00			-	Y	000	999	
92933	N	PRQ CARD STENT/ATH/ANGIO		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	Y	000	999	
92934	N	PRQ CARD STENT/ATH/ANGIO		-	-	Bundled	$0.00			-	Y	000	999	
92937	N	PRQ REVASC BYP GRAFT 1 VSL		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	Y	000	999	
92938	N	PRQ REVASC BYP GRAFT ADDL		-	-	Bundled	$0.00			-	Y	000	999	
92941	C	PRQ CARD REVASC MI 1 VSL		-	-	IP Only	$0.00			-	Y	000	999	
92943	N	PRQ CARD REVASC CHRONIC 1VSL		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	Y	000	999	
92944	N	PRQ CARD REVASC CHRONIC ADDL		-	-	Bundled	$0.00			-	Y	000	999	
92950	S	HEART/LUNG RESUSCITATION CPR		05722	3.4922	APC	$212.05			-	-	000	999	
92953	N	TEMPORARY EXTERNAL PACING		05781	7.3387	Bundled, sometimes payable	$445.61			-	-	000	999	
92960	S	CARDIOVERSION ELECTRIC EXT		05781	7.3387	APC	$445.61			-	-	000	999	
92961	S	CARDIOVERSION ELECTRIC INT		05781	7.3387	APC	$445.61			-	-	000	999	
92970	C	CARDIOASSIST INTERNAL		-	-	IP Only	$0.00			-	-	000	999	
92971	C	CARDIOASSIST EXTERNAL		-	-	IP Only	$0.00			-	-	000	999	
92972	N	PERQ TRLUML CORONRY LITHOTRP		-	-	Bundled	$0.00			-	-	000	999	
92973	N	PRQ CORONARY MECH THROMBECT		-	-	Bundled	$0.00			-	-	000	999	
92974	N	CATH PLACE CARDIO BRACHYTX		-	-	Bundled	$0.00			-	-	000	999	
92975	C	DISSOLVE CLOT HEART VESSEL		-	-	IP Only	$0.00			-	-	000	999	
92977	T	DISSOLVE CLOT HEART VESSEL		05694	3.7198	APC	$225.87			-	-	000	999	

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92978	N	ENDOLUMINL IVUS OCT C 1ST		-	-	Bundled	$0.00			-	-	000	999	
92979	N	ENDOLUMINL IVUS OCT C EA		-	-	Bundled	$0.00			-	-	000	999	
92986	N	REVISION OF AORTIC VALVE		05192	63.9406	Bundled, sometimes payable	$3,882.47			-	-	000	999	
92987	N	REVISION OF MITRAL VALVE		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
92990	N	REVISION OF PULMONARY VALVE		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
92997	N	PUL ART BALLOON REPR PERCUT		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
92998	N	PUL ART BALLOON REPR PERCUT		-	-	Bundled	$0.00			-	-	000	999	
93000	E	ELECTROCARDIOGRAM COMPLETE		-	-	Not Allowed	$0.00			-	-	000	999	
93005	N	ELECTROCARDIOGRAM TRACING		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
93010	M	ELECTROCARDIOGRAM REPORT		-	-	Fee Schedule	$0.00			-	-	000	999	
93015	M	CARDIOVASCULAR STRESS TEST		-	-	Fee Schedule	$0.00			-	-	000	999	
93016	M	CARDIOVASCULAR STRESS TEST		-	-	Fee Schedule	$0.00			-	-	000	999	
93017	N	CARDIOVASCULAR STRESS TEST		05722	3.4922	Bundled, sometimes payable	$212.05			-	-	000	999	
93018	M	CARDIOVASCULAR STRESS TEST		-	-	Fee Schedule	$0.00			-	-	000	999	
93024	N	ERGONOVINE PROVOCATION TEST		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
93025	S	MICROVOLT T-WAVE ASSESS		05721	1.7546	APC	$106.54			-	-	000	999	
93040	M	RHYTHM ECG WITH REPORT		-	-	Fee Schedule	$0.00			-	-	000	999	
93041	N	RHYTHM ECG TRACING		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
93042	M	RHYTHM ECG REPORT		-	-	Fee Schedule	$0.00			-	-	000	999	
93050	N	ART PRESSURE WAVEFORM ANALYS		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
93150	S	THERAPY ACTIVATION IPNSS		05742	1.0294	APC	$62.51			-	-	000	999	
93151	S	INTERROG&PRGRMG IPNSS		05742	1.0294	APC	$62.51			-	-	000	999	
93152	S	INTERROG&PRGRMG IPNSS POLYSM		05743	3.3634	APC	$204.23			-	-	000	999	
93153	S	INTERROG W/O PRGRMG IPNSS		05742	1.0294	APC	$62.51			-	-	000	999	
93224	E	XTRNL ECG REC UP TO 48 HRS		-	-	Not Allowed	$0.00			-	-	000	999	
93225	N	XTRNL ECG REC<48 HRS REC		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
93226	N	XTRNL ECG REC<48 HR SCAN A/R		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
93227	E	XTRNL ECG REC<48 HR R&I		-	-	Not Allowed	$0.00			-	-	000	999	
93228	E	REMOTE 30 DAY ECG REV/REPORT		-	-	Not Allowed	$0.00			-	-	000	999	
93229	S	REMOTE 30 DAY ECG TECH SUPP		05722	3.4922	APC	$212.05			-	-	000	999	
93241	E	EXT ECG>48HR<7D REC SCAN A/R		-	-	Not Allowed	$0.00			-	-	000	999	
93242	N	EXT ECG>48HR<7D RECORDING		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
93243	N	EXT ECG>48HR<7D SCAN A/R		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
93244	E	EXT ECG>48HR<7D REV&INTERPJ		-	-	Not Allowed	$0.00			-	-	000	999	
93245	E	EXT ECG>7D<15D REC SCAN A/R		-	-	Not Allowed	$0.00			-	-	000	999	
93246	N	EXT ECG>7D<15D RECORDING		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
93247	N	EXT ECG>7D<15D SCAN A/R		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
93248	E	EXT ECG>7D<15D REV&INTERPJ		-	-	Not Allowed	$0.00			-	-	000	999	
93260	N	PRGRMG DEV EVAL IMPLTBL SYS		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93261	N	INTERROGATE SUBQ DEFIB		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93264	N	REM MNTR WRLS P-ART PRS SNR		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93268	E	ECG RECORD/REVIEW		-	-	Not Allowed	$0.00			-	-	000	999	
93270	N	REMOTE 30 DAY ECG REV/REPORT		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93271	S	ECG/MONITORING AND ANALYSIS		05742	1.0294	APC	$62.51			-	-	000	999	
93272	E	ECG/REVIEW INTERPRET ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
93278	N	ECG/SIGNAL-AVERAGED		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
93279	N	PRGRMG DEV EVAL PM/LDLS PM		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93280	N	PM DEVICE PROGR EVAL DUAL		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93281	N	PM DEVICE PROGR EVAL MULTI		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93282	N	PRGRMG EVAL IMPLANTABLE DFB		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93283	N	PRGRMG EVAL IMPLANTABLE DFB		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93284	N	PRGRMG EVAL IMPLANTABLE DFB		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93285	N	PRGRMG DEV EVAL SCRMS IP		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93286	N	PERI-PX EVAL PM/LDLS PM IP		-	-	Bundled	$0.00			-	-	000	999	
93287	N	PERI-PX DEVICE EVAL & PRGR		-	-	Bundled	$0.00			-	-	000	999	
93288	N	INTERROG EVL PM/LDLS PM IP		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	

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93289	N	INTERROG DEVICE EVAL HEART		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93290	N	INTERROG DEV EVAL ICPMS IP		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93291	N	INTERROG DEV EVAL SCRMS IP		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
93292	N	WCD DEVICE INTERROGATE		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93293	N	PM PHONE R-STRIP DEVICE EVAL		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93294	E	REM INTERROG EVL PM/LDLS PM		-	-	Not Allowed	$0.00			-	-	000	999	
93295	E	DEV INTERROG REMOTE 1/2/MLT		-	-	Not Allowed	$0.00			-	-	000	999	
93296	N	REM INTERROG EVL PM/IDS		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
93297	E	REM INTERROG DEV EVAL ICPMS		-	-	Not Allowed	$0.00			-	-	000	999	
93298	E	REM INTERROG DEV EVAL SCRMS		-	-	Not Allowed	$0.00			-	-	000	999	
93303	S	ECHO TRANSTHORACIC		05524	6.1490	APC	$373.37			-	-	000	999	
93304	S	ECHO TRANSTHORACIC		05524	6.1490	APC	$373.37			-	-	000	999	
93306	S	TTE W/DOPPLER COMPLETE		05524	6.1490	APC	$373.37			-	-	000	999	
93307	S	TTE W/O DOPPLER COMPLETE		05523	2.7108	APC	$164.60			-	-	000	999	
93308	S	TTE F-UP OR LMTD		05523	2.7108	APC	$164.60			-	-	000	999	
93312	S	ECHO TRANSESOPHAGEAL		05524	6.1490	APC	$373.37			-	-	000	999	
93313	S	ECHO TRANSESOPHAGEAL		05524	6.1490	APC	$373.37			-	-	000	999	
93314	N	ECHO TRANSESOPHAGEAL		-	-	Bundled	$0.00			-	-	000	999	
93315	S	ECHO TRANSESOPHAGEAL		05524	6.1490	APC	$373.37			-	-	000	999	
93316	S	ECHO TRANSESOPHAGEAL		05524	6.1490	APC	$373.37			-	-	000	999	
93317	N	ECHO TRANSESOPHAGEAL		-	-	Bundled	$0.00			-	-	000	999	
93318	S	ECHO TRANSESOPHAGEAL INTRAOP		05524	6.1490	APC	$373.37			-	-	000	999	
93319	N	3D ECHO IMG CGEN CAR ANOMAL		-	-	Bundled	$0.00			-	-	000	999	
93320	N	DOPPLER ECHO COMPLETE		-	-	Bundled	$0.00			-	-	000	999	
93321	N	DOPPLER ECHO F-UP/LMTD STD		-	-	Bundled	$0.00			-	-	000	999	
93325	N	DOPPLER ECHO COLOR FLOW MAPG		-	-	Bundled	$0.00			-	-	000	999	
93350	S	STRESS TTE ONLY		05524	6.1490	APC	$373.37			-	-	000	999	
93351	S	STRESS TTE COMPLETE		05524	6.1490	APC	$373.37			-	-	000	999	
93352	E	ADMIN ECG CONTRAST AGENT		-	-	Not Allowed	$0.00			-	-	000	999	
93355	N	ECHO TRANSESOPHAGEAL (TEE)		-	-	Bundled	$0.00			-	-	000	999	
93356	N	MYOCRD STRAIN IMG SPCKL TRCK		-	-	Bundled	$0.00			-	-	000	999	
93451	N	RIGHT HEART CATH		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93452	N	LEFT HRT CATH W/VENTRCLGRPHY		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93453	N	R&L HRT CATH W/VENTRICLGRPHY		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93454	N	CORONARY ARTERY ANGIO S&I		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93455	N	CORONARY ART/GRFT ANGIO S&I		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93456	N	R HRT CORONARY ARTERY ANGIO		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93457	N	R HRT ART/GRFT ANGIO		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93458	N	L HRT ARTERY/VENTRICLE ANGIO		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93459	N	L HRT ART/GRFT ANGIO		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93460	N	R&L HRT ART/VENTRICLE ANGIO		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93461	N	R&L HRT ART/VENTRICLE ANGIO		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93462	N	L HRT CATH TRNSPTL PUNCTURE		-	-	Bundled	$0.00			-	-	000	999	
93463	N	DRUG ADMIN & HEMODYNMIC MEAS		-	-	Bundled	$0.00			-	-	000	999	
93464	N	EXERCISE W/HEMODYNAMIC MEAS		-	-	Bundled	$0.00			-	-	000	999	
93503	N	INSERT/PLACE HEART CATHETER		05182	17.4213	Bundled, sometimes payable	$1,057.82			-	-	000	999	
93505	N	ENDOMYOCARDIAL BIOPSY		05183	35.2981	Bundled, sometimes payable	$2,143.30			-	-	000	999	
93563	N	NJX CGEN CAR CTH SLCTV C ANG		-	-	Bundled	$0.00			-	-	000	999	
93564	N	NJX CGEN CAR CATH SLCTV OPAC		-	-	Bundled	$0.00			-	-	000	999	
93565	N	NJX CAR CTH SLCTV LV/LA ANG		-	-	Bundled	$0.00			-	-	000	999	
93566	N	NJX CAR CTH SLCTV RV/RA ANG		-	-	Bundled	$0.00			-	-	000	999	
93567	N	NJX CAR CTH SPRVLV AORTGRPHY		-	-	Bundled	$0.00			-	-	000	999	
93568	N	NJX CAR CTH NSLC P-ART ANGRP		-	-	Bundled	$0.00			-	-	000	999	
93569	N	NJX CTH SLCT P-ART ANGRP UNI		-	-	Bundled	$0.00			-	-	000	999	
93571	N	HEART FLOW RESERVE MEASURE		-	-	Bundled	$0.00			-	Y	000	999	
93572	N	HEART FLOW RESERVE MEASURE		-	-	Bundled	$0.00			-	Y	000	999	

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93573	N	NJX CATH SLCT P-ART ANGRP BI		-	-	Bundled	$0.00			-	-	000	999	
93574	N	NJX CATH SLCT PULM VN ANGRPH		-	-	Bundled	$0.00			-	-	000	999	
93575	N	NJX CATH SLCT P ANGRPH MAPCA		-	-	Bundled	$0.00			-	-	000	999	
93580	N	TRANSCATH CLOSURE OF ASD		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
93581	N	TRANSCATH CLOSURE OF VSD		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
93582	N	PERQ TRANSCATH CLOSURE PDA		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
93583	C	PERQ TRANSCATH SEPTAL REDUXN		-	-	IP Only	$0.00			-	-	000	999	
93584	N	VNGRPH CHD ANOM/PERSIST SVC		-	-	Bundled	$0.00			-	-	000	999	
93585	N	VNGRPH CHD AZYGS/HEMIAZYGS		-	-	Bundled	$0.00			-	-	000	999	
93586	N	VNGRPH CHD CORONARY SINUS		-	-	Bundled	$0.00			-	-	000	999	
93587	N	VNGRPH CHD VNVN CLTRL AT/ABV		-	-	Bundled	$0.00			-	-	000	999	
93588	N	VNGRPH CHD VNVN CLTRL BELOW		-	-	Bundled	$0.00			-	-	000	999	
93590	N	PERQ TRANSCATH CLS MITRAL		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
93591	N	PERQ TRANSCATH CLS AORTIC		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
93592	N	PERQ TRANSCATH CLOSURE EACH		-	-	Bundled	$0.00			-	-	000	999	
93593	N	R HRT CATH CHD NML NT CNJ		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93594	N	R HRT CATH CHD ABNL NT CNJ		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93595	N	L HRT CATH CHD NM/ABN NT CNJ		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93596	N	R&L HRT CATH CHD NML NT CNJ		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93597	N	R&L HRT CATH CHD ABNL NT CNJ		05191	36.0710	Bundled, sometimes payable	$2,190.23			-	-	000	999	
93598	N	CAR OUTP MEAS DRG CATH CHD		-	-	Bundled	$0.00			-	-	000	999	
93600	N	BUNDLE OF HIS RECORDING		05212	85.0980	Bundled, sometimes payable	$5,167.15			-	-	000	999	
93602	N	INTRA-ATRIAL RECORDING		05212	85.0980	Bundled, sometimes payable	$5,167.15			-	-	000	999	
93603	N	RIGHT VENTRICULAR RECORDING		05211	13.6145	Bundled, sometimes payable	$826.67			-	-	000	999	
93609	N	INTRA-VNTR MAPG TCHYCAR SITE		-	-	Bundled	$0.00			-	-	000	999	
93610	N	INTRA-ATRIAL PACING		05212	85.0980	Bundled, sometimes payable	$5,167.15			-	-	000	999	
93612	N	INTRAVENTRICULAR PACING		05212	85.0980	Bundled, sometimes payable	$5,167.15			-	-	000	999	
93613	N	INTRACARDIAC EPHYS 3D MAPG		-	-	Bundled	$0.00			-	-	000	999	
93615	N	ESOPHAGEAL RECORDING		05211	13.6145	Bundled, sometimes payable	$826.67			-	-	000	999	
93616	N	ESOPHAGEAL RECORDING W/PACG		05211	13.6145	Bundled, sometimes payable	$826.67			-	-	000	999	
93618	N	INDCTJ ARRHYTHMIA ELEC PACG		05211	13.6145	Bundled, sometimes payable	$826.67			-	-	000	999	
93619	N	COMPREHENSIVE EP EVALUATION		05212	85.0980	Bundled, sometimes payable	$5,167.15			-	-	000	999	
93620	N	COMP EP EVL R AT VEN PAC&REC		05212	85.0980	Bundled, sometimes payable	$5,167.15			-	-	000	999	
93621	N	COMP EP EVL L PAC&REC C SINS		-	-	Bundled	$0.00			-	-	000	999	
93622	N	COMP EP EVAL L VENTR PAC&REC		-	-	Bundled	$0.00			-	-	000	999	
93623	N	PRGRMD STIMJ&PACG IV RX NFS		-	-	Bundled	$0.00			-	-	000	999	
93624	N	EP F-UP STUDY PACG&REC		05212	85.0980	Bundled, sometimes payable	$5,167.15			-	-	000	999	
93631	N	NTRAOP EPICAR&ENDCAR PAC&MAP		-	-	Bundled	$0.00			-	-	000	999	
93640	N	EP EVAL 1/2CHMBR PACG CVDFB		-	-	Bundled	$0.00			-	-	000	999	
93641	N	EP EVL 1/2CHMB PAC CVDFB TST		-	-	Bundled	$0.00			-	-	000	999	
93642	N	EP EVL 1/2CHMB TRNSVNS CVDFB		05211	13.6145	Bundled, sometimes payable	$826.67			-	-	000	999	
93644	N	EP EVAL SUBQ IMPL DFB		-	-	Bundled	$0.00			-	-	000	999	
93650	N	ICAR CATH ABLTJ AV NODE FUNC		05212	85.0980	Bundled, sometimes payable	$5,167.15			-	-	000	999	
93653	N	COMPRE EP EVAL TX SVT		05213	275.1214	Bundled, sometimes payable	$16,705.37			-	Y	000	999	
93654	N	COMPRE EP EVAL TX VT		05213	275.1214	Bundled, sometimes payable	$16,705.37			-	Y	000	999	
93655	N	ICAR CATH ABLTJ DSCRT ARRHYT		-	-	Bundled	$0.00			-	Y	000	999	
93656	N	COMPRE EP EVAL ABLTJ ATR FIB		05213	275.1214	Bundled, sometimes payable	$16,705.37			-	Y	000	999	
93657	N	TX L/R ATRIAL FIB ADDL		-	-	Bundled	$0.00			-	Y	000	999	
93660	S	TILT TABLE EVALUATION		05723	5.9505	APC	$361.31			-	-	000	999	
93662	N	INTRACARDIAC ECG (ICE)		-	-	Bundled	$0.00			-	-	000	999	
93668	S	PERIPHERAL VASCULAR REHAB		05733	0.6661	APC	$40.45			-	-	000	999	
93701	N	BIOIMPEDANCE CV ANALYSIS		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
93702	S	BIS XTRACELL FLUID ANALYSIS		05721	1.7546	APC	$106.54			-	-	000	999	
93724	S	ELEC ALYS ANTITCHYCAR PM SYS		05743	3.3634	APC	$204.23			-	-	000	999	
93740	N	TEMPERATURE GRADIENT STUDIES		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
93745	S	SET-UP CARDIOVERT-DEFIBRILL		05743	3.3634	APC	$204.23			-	Y	000	999	

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93750	S	INTERROGATION VAD IN PERSON		05742	1.0294	APC	$62.51			-	-	000	999	
93770	N	DETERMINATION VENOUS PRESS		-	-	Bundled	$0.00			-	-	000	999	
93784	M	AMBL BP MNTR W/SOFTWARE		-	-	Fee Schedule	$0.00			-	Y	000	999	
93786	N	AMBL BP MNTR W/SW REC ONLY		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
93788	N	AMBL BP MNTR W/SW A/R		05734	1.4456	Bundled, sometimes payable	$87.78			-	Y	000	999	
93790	E	AMBL BP MNTR W/SW I&R		-	-	Not Allowed	$0.00			-	Y	000	999	
93792	E	PT/CAREGIVER TRAING HOME INR		-	-	Not Allowed	$0.00			-	-	000	999	
93793	E	ANTICOAG MGMT PT WARFARIN		-	-	Not Allowed	$0.00			-	-	000	999	
93797	S	PHYS/QHP OP CAR RHAB WO ECG		05771	1.4120	APC	$85.74			-	Y	000	999	
93798	S	PHYS/QHP OP CAR RHAB W/ECG		05771	1.4120	APC	$85.74			-	Y	000	999	
93799	S	UNLISTED CV SVC/PROCEDURE		05721	1.7546	APC	$106.54			-	-	000	999	
93880	S	EXTRACRANIAL BILAT STUDY		05523	2.7108	APC	$164.60			-	-	000	999	
93882	S	EXTRACRANIAL UNI/LTD STUDY		05522	1.1926	APC	$72.41			-	-	000	999	
93886	S	INTRACRANIAL COMPLETE STUDY		05523	2.7108	APC	$164.60			-	-	000	999	
93888	S	INTRACRANIAL LIMITED STUDY		05522	1.1926	APC	$72.41			-	-	000	999	
93892	N	TCD EMBOLI DETECT W/O INJ		05522	1.1926	Bundled, sometimes payable	$72.41			-	Y	000	999	
93893	N	TCD EMBOLI DETECT W/INJ		05522	1.1926	Bundled, sometimes payable	$72.41			-	Y	000	999	
93895	E	CAROTID INTIMA ATHEROMA EVAL		-	-	Not Allowed	$0.00			-	-	000	999	
93896	N	VSRCTV STD TCD ICR ART COMPL		-	-	Bundled	$0.00			-	-	000	999	
93897	N	EMBOLI DETCJ WO IV MBUBB NJX		-	-	Bundled	$0.00			-	-	000	999	
93898	N	VEN-ARTL SHUNT DET MBUBB NJX		-	-	Bundled	$0.00			-	-	000	999	
93922	N	UPR/L XTREMITY ART 2 LEVELS		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
93923	S	UPR/LXTR ART STDY 3+ LVLS		05721	1.7546	APC	$106.54			-	-	000	999	
93924	S	LWR XTR VASC STDY BILAT		05721	1.7546	APC	$106.54			-	-	000	999	
93925	S	LOWER EXTREMITY STUDY		05523	2.7108	APC	$164.60			-	-	000	999	
93926	S	LOWER EXTREMITY STUDY		05522	1.1926	APC	$72.41			-	-	000	999	
93930	S	UPPER EXTREMITY STUDY		05523	2.7108	APC	$164.60			-	-	000	999	
93931	S	UPPER EXTREMITY STUDY		05522	1.1926	APC	$72.41			-	-	000	999	
93970	S	EXTREMITY STUDY		05523	2.7108	APC	$164.60			-	-	000	999	
93971	S	EXTREMITY STUDY		05522	1.1926	APC	$72.41			-	-	000	999	
93975	S	VASCULAR STUDY		05523	2.7108	APC	$164.60			-	-	000	999	
93976	S	VASCULAR STUDY		05522	1.1926	APC	$72.41			-	-	000	999	
93978	S	VASCULAR STUDY		05523	2.7108	APC	$164.60			-	-	000	999	
93979	N	VASCULAR STUDY		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
93980	S	PENILE VASCULAR STUDY		05522	1.1926	APC	$72.41			-	-	000	999	
93981	S	PENILE VASCULAR STUDY		05522	1.1926	APC	$72.41			-	-	000	999	
93985	S	DUP-SCAN HEMO COMPL BI STD		05523	2.7108	APC	$157.43			-	-	000	999	
93986	S	DUP-SCAN HEMO COMPL UNI STD		05522	1.1926	APC	$74.54			-	-	000	999	
93990	N	DOPPLER FLOW TESTING		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
93998	N	UNLISTD NONINVAS VASC DX STD		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
94002	N	VENT MGMT INPAT INIT DAY		05801	7.4140	Bundled, sometimes payable	$450.18			-	-	000	999	
94003	N	VENT MGMT INPAT SUBQ DAY		05801	7.4140	Bundled, sometimes payable	$450.18			-	-	000	999	
94004	E	VENT MGMT NF PER DAY		-	-	Not Allowed	$0.00			-	-	000	999	
94005	E	HOME VENT MGMT SUPERVISION		-	-	Not Allowed	$0.00			-	-	000	999	
94010	N	BREATHING CAPACITY TEST		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
94011	N	SPIROMETRY UP TO 2 YRS OLD		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	2	
94012	N	SPIRMTRY W/BRNCHDIL INF-2 YR		05722	3.4922	Bundled, sometimes payable	$212.05			-	-	000	2	
94013	S	MEAS LUNG VOL THRU 2 YRS		05723	5.9505	APC	$361.31			-	-	000	2	
94014	N	PATIENT RECORDED SPIROMETRY		05735	4.4751	Bundled, sometimes payable	$271.73			-	Y	000	999	
94015	N	PATIENT RECORDED SPIROMETRY		05722	3.4922	Bundled, sometimes payable	$212.05			-	Y	000	999	
94016	M	REVIEW PATIENT SPIROMETRY		-	-	Fee Schedule	$31.65			-	Y	000	999	
94060	S	EVALUATION OF WHEEZING		05722	3.4922	APC	$212.05			-	-	000	999	
94070	S	EVALUATION OF WHEEZING		05722	3.4922	APC	$212.05			-	-	000	999	
94150	N	VITAL CAPACITY TEST		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
94200	N	LUNG FUNCTION TEST (MBC/MVV)		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
94375	N	RESPIRATORY FLOW VOLUME LOOP		05722	3.4922	Bundled, sometimes payable	$212.05			-	-	000	999	

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94450	N	HYPOXIA RESPONSE CURVE		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
94452	N	HAST W/REPORT		05734	1.4456	Bundled, sometimes payable	$87.78			-	Y	000	999	
94453	N	HAST W/OXYGEN TITRATE		05734	1.4456	Bundled, sometimes payable	$87.78			-	Y	000	999	
94610	N	SURFACTANT ADMIN THRU TUBE		05791	2.2810	Bundled, sometimes payable	$138.50			-	-	000	0	
94617	N	EXERCISE TST BRNCSPSM W/ECG		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
94618	N	PULMONARY STRESS TESTING		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
94619	N	EXERCISE TST BRNCSPSM WO ECG		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
94621	S	CARDIOPULM EXERCISE TESTING		05722	3.4922	APC	$212.05			-	Y	000	999	
94625	S	PHY/QHP OP PULM RHB W/O MNTR		05733	0.6661	APC	$40.45			-	-	000	999	
94626	S	PHY/QHP OP PULM RHB W/MNTR		05733	0.6661	APC	$40.45			-	-	000	999	
94640	N	AIRWAY INHALATION TREATMENT		05791	2.2810	Bundled, sometimes payable	$138.50			-	-	000	999	
94642	N	AEROSOL INHALATION TREATMENT		05791	2.2810	Bundled, sometimes payable	$138.50			-	-	000	999	
94644	N	CBT 1ST HOUR		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
94645	N	CBT EACH ADDL HOUR		-	-	Bundled	$0.00			-	-	000	999	
94660	N	POS AIRWAY PRESSURE CPAP		05791	2.2810	Bundled, sometimes payable	$138.50			-	-	000	999	
94662	N	NEG PRESS VENTILATION CNP		05801	7.4140	Bundled, sometimes payable	$450.18			-	-	000	999	
94664	N	EVALUATE PT USE OF INHALER		05791	2.2810	Bundled, sometimes payable	$138.50			-	-	000	999	
94667	N	CHEST WALL MANIPULATION		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
94668	N	CHEST WALL MANIPULATION		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
94669	N	MECHANICAL CHEST WALL OSCILL		05791	2.2810	Bundled, sometimes payable	$138.50			-	-	000	999	
94680	N	EXHALED AIR ANALYSIS O2		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
94681	N	O2 UPTK EXP GAS ALYS W/CO2		05722	3.4922	Bundled, sometimes payable	$212.05			-	-	000	999	
94690	N	O2 UPTK EXP GAS ALYS REST		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
94726	N	PULM FUNCT TST PLETHYSMOGRAP		05722	3.4922	Bundled, sometimes payable	$212.05			-	-	000	999	
94727	N	PULM FUNCTION TEST BY GAS		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
94728	N	AIRWY RESIST BY OSCILLOMETRY		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
94729	N	CO/MEMBANE DIFFUSE CAPACITY		-	-	Bundled	$0.00			-	-	000	999	
94760	N	MEASURE BLOOD OXYGEN LEVEL		-	-	Bundled	$0.00			-	-	000	999	
94761	N	MEASURE BLOOD OXYGEN LEVEL		-	-	Bundled	$0.00			-	-	000	999	
94762	N	MEASURE BLOOD OXYGEN LEVEL		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
94772	S	BREATH RECORDING INFANT		05723	5.9505	APC	$361.31			-	-	000	1	
94774	E	PED HOME APNEA REC COMPL		-	-	Not Allowed	$0.00			-	-	000	19	
94775	S	PED HOME APNEA REC HK-UP		05721	1.7546	APC	$106.54			-	-	000	19	
94776	S	PED HOME APNEA REC DOWNLD		05721	1.7546	APC	$106.54			-	-	000	19	
94777	E	PED HOME APNEA REC REPORT		-	-	Not Allowed	$0.00			-	-	000	19	
94780	N	CARS/BD TST INFT-12MO 60 MIN		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
94781	N	CARS/BD TST INFT-12MO +30MIN		-	-	Bundled	$0.00			-	-	000	999	
94799	N	UNLISTED PULMONARY SVC/PX		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
95004	N	PERQ TESTS W/ALRGNC XTRCS		05724	11.4097	Bundled, sometimes payable	$692.80			-	-	000	999	
95012	N	NITRIC OXIDE EXP GAS DETER		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
95017	N	ALL TSTG PERQ&IQ W/VENOMS		05731	0.2747	Bundled, sometimes payable	$16.68			-	Y	000	999	
95018	N	ALL TSTG PERQ&IQ DRUGS/BIOL		05732	0.4402	Bundled, sometimes payable	$26.73			-	Y	000	999	
95024	N	IQ TESTS W/ALLERGENIC XTRCS		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
95027	N	IQ TSTS SEQL&INCRL AIRBORNE		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
95028	N	IQ TSTS ALLERGY DELAYED RXN		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
95044	N	PATCH/APPLICATION TESTS		05724	11.4097	Bundled, sometimes payable	$692.80			-	-	000	999	
95052	N	PHOTO PATCH TESTS		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
95056	N	PHOTO TESTS		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
95060	N	OPH MUCOUS MEMBRANE TESTS		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
95065	N	DIR NSL MUCOUS MEMBRANE TEST		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
95070	S	INHLJ BRNCL CHALLENGE TSTG		05723	5.9505	APC	$361.31			-	-	000	999	
95076	S	INGEST CHALLENGE INI 120 MIN		05723	5.9505	APC	$361.31			-	Y	000	999	
95079	N	INGEST CHALLENGE ADDL 60 MIN		-	-	Bundled	$0.00			-	Y	000	999	
95115	N	IMMUNOTHERAPY ONE INJECTION		05691	0.5174	Bundled, sometimes payable	$31.42			-	-	000	999	
95117	N	IMMUNOTHERAPY INJECTIONS		05691	0.5174	Bundled, sometimes payable	$31.42			-	-	000	999	
95120	E	IMMUNOTHERAPY ONE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	

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95125	E	IMMUNOTHERAPY 2/> INJECTIONS		-	-	Not Allowed	$0.00			-	-	000	999	
95130	E	IMMNTX 1 STING INSECT		-	-	Not Allowed	$0.00			-	-	000	999	
95131	E	IMMNTX 2 STING INSECTS		-	-	Not Allowed	$0.00			-	-	000	999	
95132	E	IMMNTX 3 STING INSECTS		-	-	Not Allowed	$0.00			-	-	000	999	
95133	E	IMMNTX 4 STING INSECTS		-	-	Not Allowed	$0.00			-	-	000	999	
95134	E	IMMNTX 5 STING INSECTS		-	-	Not Allowed	$0.00			-	-	000	999	
95144	N	ANTIGEN THERAPY SERVICES		05691	0.5174	Bundled, sometimes payable	$31.42			-	-	000	999	
95145	N	ANTIGEN THERAPY SERVICES		05691	0.5174	Bundled, sometimes payable	$31.42			-	-	000	999	
95146	N	ANTIGEN THERAPY SERVICES		05691	0.5174	Bundled, sometimes payable	$31.42			-	-	000	999	
95147	N	ANTIGEN THERAPY SERVICES		05692	0.7982	Bundled, sometimes payable	$48.47			-	-	000	999	
95148	N	ANTIGEN THERAPY SERVICES		05692	0.7982	Bundled, sometimes payable	$48.47			-	-	000	999	
95149	N	ANTIGEN THERAPY SERVICES		05692	0.7982	Bundled, sometimes payable	$48.47			-	-	000	999	
95165	N	ANTIGEN THERAPY SERVICES		05691	0.5174	Bundled, sometimes payable	$31.42			-	-	000	999	
95170	N	ANTIGEN THERAPY SERVICES		05691	0.5174	Bundled, sometimes payable	$31.42			-	-	000	999	
95180	N	RAPID DESENSITIZATION		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
95199	N	UNLISTED ALL/IMMLG SVC/PX		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
95249	S	CONT GLUC MNTR PT PROV EQP		05733	0.6661	APC	$40.45			-	-	000	999	
95250	V	CONT GLUC MNTR PHYS/QHP EQP		05012	0.0000	APC	$0.00			-	-	000	999	
95251	E	CONT GLUC MNTR ANALYSIS I&R		-	-	Not Allowed	$0.00			-	Y	000	999	
95700	S	EEG CONT REC W/VID EEG TECH		05721	1.7546	APC	$180.90			-	-	000	999	
95705	S	EEG W/O VID 2-12 HR UNMNTR		05722	3.4922	APC	$180.90			-	-	000	999	
95706	S	EEG WO VID 2-12HR INTMT MNTR		05722	3.4922	APC	$180.90			-	-	000	999	
95707	S	EEG W/O VID 2-12HR CONT MNTR		05722	3.4922	APC	$180.90			-	-	000	999	
95708	S	EEG WO VID EA 12-26HR UNMNTR		05723	5.9505	APC	$333.68			-	-	000	999	
95709	S	EEG W/O VID EA 12-26HR INTMT		05723	5.9505	APC	$333.68			-	-	000	999	
95710	S	EEG W/O VID EA 12-26HR CONT		05723	5.9505	APC	$333.68			-	-	000	999	
95711	S	VEEG 2-12 HR UNMONITORED		05722	3.4922	APC	$180.90			-	-	000	999	
95712	S	VEEG 2-12 HR INTMT MNTR		05722	3.4922	APC	$180.90			-	-	000	999	
95713	S	VEEG 2-12 HR CONT MNTR		05723	5.9505	APC	$333.68			-	-	000	999	
95714	S	VEEG EA 12-26 HR UNMNTR		05723	5.9505	APC	$333.68			-	-	000	999	
95715	S	VEEG EA 12-26HR INTMT MNTR		05723	5.9505	APC	$333.68			-	-	000	999	
95716	S	VEEG EA 12-26HR CONT MNTR		05724	11.4097	APC	$629.23			-	-	000	999	
95717	E	EEG PHYS/QHP 2-12 HR W/O VID		-	-	Not Allowed	$0.00			-	-	000	999	
95718	E	EEG PHYS/QHP 2-12 HR W/VEEG		-	-	Not Allowed	$0.00			-	-	000	999	
95719	E	EEG PHYS/QHP EA INCR W/O VID		-	-	Not Allowed	$0.00			-	-	000	999	
95720	E	EEG PHY/QHP EA INCR W/VEEG		-	-	Not Allowed	$0.00			-	-	000	999	
95721	E	EEG PHY/QHP>36<60 HR W/O VID		-	-	Not Allowed	$0.00			-	-	000	999	
95722	E	EEG PHY/QHP>36<60 HR W/VEEG		-	-	Not Allowed	$0.00			-	-	000	999	
95723	E	EEG PHY/QHP>60<84 HR W/O VID		-	-	Not Allowed	$0.00			-	-	000	999	
95724	E	EEG PHY/QHP>60<84 HR W/VEEG		-	-	Not Allowed	$0.00			-	-	000	999	
95725	E	EEG PHY/QHP>84 HR W/O VID		-	-	Not Allowed	$0.00			-	-	000	999	
95726	E	EEG PHY/QHP>84 HR W/VEEG		-	-	Not Allowed	$0.00			-	-	000	999	
95782	S	POLYSOM <6 YRS 4/> PARAMTRS		05724	11.4097	APC	$692.80			-	Y	000	6	
95783	S	POLYSOM <6 YRS CPAP/BILVL		05724	11.4097	APC	$692.80			-	Y	000	6	
95800	S	SLP STDY UNATTENDED		05721	1.7546	APC	$106.54			-	-	000	999	
95801	N	SLP STDY UNATND W/ANAL		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
95803	N	ACTIGRAPHY TESTING		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
95805	S	MULTIPLE SLEEP LATENCY TEST		05723	5.9505	APC	$361.31			-	-	000	999	
95806	S	SLEEP STUDY UNATT&RESP EFFT		05721	1.7546	APC	$106.54			-	-	000	999	
95807	S	SLEEP STUDY ATTENDED		05723	5.9505	APC	$361.31			-	-	000	999	
95808	S	POLYSOM ANY AGE 1-3> PARAM		05724	11.4097	APC	$692.80			-	-	000	999	
95810	S	POLYSOM 6/> YRS 4/> PARAM		05724	11.4097	APC	$692.80			-	-	000	999	
95811	S	POLYSOM 6/>YRS CPAP 4/> PARM		05724	11.4097	APC	$692.80			-	-	000	999	
95812	S	EEG 41-60 MINUTES		05722	3.4922	APC	$212.05			-	-	000	999	
95813	S	EEG EXTND MNTR 61-119 MIN		05722	3.4922	APC	$212.05			-	-	000	999	
95816	S	EEG AWAKE AND DROWSY		05722	3.4922	APC	$212.05			-	-	000	999	

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95819	S	EEG AWAKE AND ASLEEP		05722	3.4922	APC	$212.05			-	-	000	999	
95822	S	EEG COMA OR SLEEP ONLY		05722	3.4922	APC	$212.05			-	-	000	999	
95824	S	EEG CEREBRAL DEATH ONLY		05723	5.9505	APC	$361.31			-	-	000	999	
95829	N	SURGERY ELECTROCORTICOGRAM		-	-	Bundled	$0.00			-	-	000	999	
95830	M	INSERT ELECTRODES FOR EEG		-	-	Fee Schedule	$0.00			-	-	000	999	
95836	N	ECOG IMPLTD BRN NPGT <30 D		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
95851	M	RANGE OF MOTION MEASUREMENTS		-	-	Fee Schedule	$10.11			-	-	000	999	
95852	M	RANGE OF MOTION MEASUREMENTS		-	-	Fee Schedule	$7.03			-	-	000	999	
95857	S	CHOLINESTERASE CHALLENGE		05722	3.4922	APC	$212.05			-	-	000	999	
95860	M	NEEDLE EMG 1 EXTREMITY	26	-	-	Fee Schedule	$0.00			-	-	000	999	
95860	N	NEEDLE EMG 1 EXTREMITY		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
95861	M	NEEDLE EMG 2 EXTREMITIES	26	-	-	Fee Schedule	$0.00			-	-	000	999	
95861	N	NEEDLE EMG 2 EXTREMITIES		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
95863	M	NEEDLE EMG 3 EXTREMITIES	26	-	-	Fee Schedule	$0.00			-	-	000	999	
95863	S	NEEDLE EMG 3 EXTREMITIES		05721	1.7546	APC	$106.54			-	-	000	999	
95864	M	NEEDLE EMG 4 EXTREMITIES	26	-	-	Fee Schedule	$0.00			-	-	000	999	
95864	S	NEEDLE EMG 4 EXTREMITIES		05721	1.7546	APC	$106.54			-	-	000	999	
95865	N	NEEDLE EMG LARYNX		05734	1.4456	Bundled, sometimes payable	$87.78			-	Y	000	999	
95866	N	NEEDLE EMG HEMIDIAPHRAGM		05721	1.7546	Bundled, sometimes payable	$106.54			-	Y	000	999	
95867	S	NDL EMG CRANIAL NRV MUSC UNI		05722	3.4922	APC	$212.05			-	-	000	999	
95868	S	NDL EMG CRANIAL NRV MUSC BI		05722	3.4922	APC	$212.05			-	-	000	999	
95869	N	NDL EMG THRC PARASPINAL MUSC		05722	3.4922	Bundled, sometimes payable	$212.05			-	-	000	999	
95870	N	NDL EMG LMTD STD MUSC 1 XTR		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
95872	S	NDL EMG SINGLE FIBER ELTRD		05721	1.7546	APC	$106.54			-	-	000	999	
95873	N	GUIDE NERV DESTR ELEC STIM		-	-	Bundled	$0.00			-	-	000	999	
95874	N	GUIDE NERV DESTR NEEDLE EMG		-	-	Bundled	$0.00			-	-	000	999	
95875	S	LIMB EXERCISE TEST		05721	1.7546	APC	$106.54			-	-	000	999	
95885	N	MUSC TST DONE W/NERV TST LIM		-	-	Bundled	$0.00			-	-	000	999	
95886	N	MUSC TEST DONE W/N TEST COMP		-	-	Bundled	$0.00			-	-	000	999	
95887	N	MUSC TST DONE W/N TST NONEXT		-	-	Bundled	$0.00			-	-	000	999	
95905	N	MOTOR &/ SENS NRVE CNDJ TEST		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
95907	S	NVR CNDJ TST 1-2 STUDIES		05721	1.7546	APC	$106.54			-	Y	000	999	
95908	S	NRV CNDJ TST 3-4 STUDIES		05722	3.4922	APC	$212.05			-	Y	000	999	
95909	S	NRV CNDJ TST 5-6 STUDIES		05722	3.4922	APC	$212.05			-	Y	000	999	
95910	S	NRV CNDJ TEST 7-8 STUDIES		05722	3.4922	APC	$212.05			-	Y	000	999	
95911	S	NRV CNDJ TEST 9-10 STUDIES		05723	5.9505	APC	$361.31			-	Y	000	999	
95912	S	NRV CNDJ TEST 11-12 STUDIES		05723	5.9505	APC	$361.31			-	Y	000	999	
95913	S	NRV CNDJ TEST 13/> STUDIES		05723	5.9505	APC	$361.31			-	Y	000	999	
95919	N	QUAN PUPLMTRY PHY/QHP UNI/BI		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
95921	S	AUTONOMIC NRV PARASYM INERVJ		05721	1.7546	APC	$106.54			-	-	000	999	
95922	N	AUTONOMIC NRV ADRENRG INERVJ		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
95923	N	AUTONOMIC NRV SYST FUNJ TEST		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
95924	S	ANS PARASYMP & SYMP W/TILT		05722	3.4922	APC	$212.05			-	Y	000	999	
95925	S	SOMATOSENSORY TESTING		05722	3.4922	APC	$212.05			-	-	000	999	
95926	S	SOMATOSENSORY TESTING		05722	3.4922	APC	$212.05			-	-	000	999	
95927	S	SOMATOSENSORY TESTING		05722	3.4922	APC	$212.05			-	-	000	999	
95928	S	C MOTOR EVOKED UPPR LIMBS		05724	11.4097	APC	$692.80			-	Y	000	999	
95929	S	C MOTOR EVOKED LWR LIMBS		05723	5.9505	APC	$361.31			-	Y	000	999	
95930	S	VISUAL EP TEST CNS W/I&R		05722	3.4922	APC	$212.05			-	-	000	999	
95933	N	BLINK REFLEX TEST		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
95937	S	NEUROMUSCULAR JUNCTION TEST		05721	1.7546	APC	$106.54			-	-	000	999	
95938	S	SOMATOSENSORY TESTING		05723	5.9505	APC	$361.31			-	-	000	999	
95939	S	C MOTOR EVOKED UPR&LWR LIMBS		05724	11.4097	APC	$692.80			-	-	000	999	
95940	N	IONM IN OPERATNG ROOM 15 MIN		-	-	Bundled	$0.00			-	-	000	999	
95941	N	IONM REMOTE/>1 PT OR PER HR		-	-	Bundled	$0.00			-	-	000	999	
95954	S	EEG MONITORING/GIVING DRUGS		05723	5.9505	APC	$361.31			-	-	000	999	

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95955	N	EEG DURING SURGERY		-	-	Bundled	$0.00			-	-	000	999	
95957	N	EEG DIGITAL ANALYSIS		-	-	Bundled	$0.00			-	-	000	999	
95958	S	EEG MONITORING/FUNCTION TEST		05724	11.4097	APC	$692.80			-	-	000	999	
95961	S	ELECTRODE STIMULATION BRAIN		05724	11.4097	APC	$692.80			-	-	000	999	
95962	N	ELECTRODE STIM BRAIN ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
95965	S	MEG SPONTANEOUS		05724	11.4097	APC	$692.80			-	-	000	999	
95966	S	MEG EVOKED SINGLE		05724	11.4097	APC	$692.80			-	-	000	999	
95967	N	MEG EVOKED EACH ADDL		-	-	Bundled	$0.00			-	-	000	999	
95970	N	ALYS NPGT W/O PRGRMG		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
95971	S	ALYS SMPL SP/PN NPGT W/PRGRM		05742	1.0294	APC	$62.51			-	-	000	999	
95972	S	ALYS CPLX SP/PN NPGT W/PRGRM		05742	1.0294	APC	$62.51			-	-	000	999	
95976	S	ALYS SMPL CN NPGT PRGRMG		05741	0.4182	APC	$25.39			-	-	000	999	
95977	S	ALYS CPLX CN NPGT PRGRMG		05742	1.0294	APC	$62.51			-	-	000	999	
95980	N	IO ANAL GAST N-STIM INIT		-	-	Bundled	$0.00			-	-	000	999	
95981	N	IO ANAL GAST N-STIM SUBSQ		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
95982	N	IO GA N-STIM SUBSQ W/REPROG		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
95983	S	ALYS BRN NPGT PRGRMG 15 MIN		05742	1.0294	APC	$62.51			-	-	000	999	
95984	N	ALYS BRN NPGT PRGRMG ADDL 15		-	-	Bundled	$0.00			-	-	000	999	
95990	S	SPIN/BRAIN PUMP REFIL & MAIN		05694	3.7198	APC	$225.87			-	-	000	999	
95991	T	SPIN/BRAIN PUMP REFIL & MAIN		05441	3.3105	APC	$201.01			-	Y	000	999	
95992	M	CANALITH REPOSITIONING PROC		-	-	Fee Schedule	$28.85			-	-	000	999	
95999	N	UNLISTED NEUROLOGICAL DX PX		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
96000	S	MOTION ANALYSIS VIDEO/3D		05723	5.9505	APC	$361.31			-	-	000	999	
96001	S	MOTION TEST W/FT PRESS MEAS		05724	11.4097	APC	$692.80			-	-	000	999	
96002	S	DYNAMIC SURFACE EMG		05722	3.4922	APC	$212.05			-	-	000	999	
96004	M	PHYS REVIEW OF MOTION TESTS		-	-	Fee Schedule	$0.00			-	Y	000	999	
96020	E	FUNCTIONAL BRAIN MAPPING		-	-	Not Allowed	$0.00			-	-	000	999	
96041	E	GENETIC COUNSELING SVC EA 30		-	-	Not Allowed	$0.00			-	-	000	999	
96105	Y	ASSESSMENT OF APHASIA		-	-	Fee Schedule	$78.40			-	-	000	999	
96110	E	DEVELOPMENTAL SCREEN W/SCORE		-	-	Not Allowed	$0.00			-	-	000	999	
96112	N	DEVEL TST PHYS/QHP 1ST HR		05721	1.7546	Bundled, sometimes payable	$106.54			-	-	000	999	
96113	N	DEVEL TST PHYS/QHP EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
96116	N	NUBHVL XM PHYS/QHP 1ST HR		05722	3.4922	Bundled, sometimes payable	$212.05			-	-	000	999	
96121	N	NUBHVL XM PHY/QHP EA ADDL HR		-	-	Bundled	$0.00			-	-	000	999	
96125	M	COGNITIVE TEST BY HC PRO		-	-	Fee Schedule	$83.60			-	-	000	999	
96127	N	BRIEF EMOTIONAL/BEHAV ASSMT		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
96130	N	PSYCL TST EVAL PHYS/QHP 1ST		05722	3.4922	Bundled, sometimes payable	$212.05			-	-	000	999	
96131	N	PSYCL TST EVAL PHYS/QHP EA		-	-	Bundled	$0.00			-	-	000	999	
96132	N	NRPSYC TST EVAL PHYS/QHP 1ST		05723	5.9505	Bundled, sometimes payable	$361.31			-	-	000	999	
96133	N	NRPSYC TST EVAL PHYS/QHP EA		-	-	Bundled	$0.00			-	-	000	999	
96136	N	PSYCL/NRPSYC TST PHY/QHP 1ST		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
96137	N	PSYCL/NRPSYC TST PHY/QHP EA		-	-	Bundled	$0.00			-	-	000	999	
96138	N	PSYCL/NRPSYC TECH 1ST		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
96139	N	PSYCL/NRPSYC TST TECH EA		-	-	Bundled	$0.00			-	-	000	999	
96146	N	PSYCL/NRPSYC TST AUTO RESULT		05731	0.2747	Bundled, sometimes payable	$16.68			-	-	000	999	
96156	N	HLTH BHV ASSMT/REASSESSMENT		05822	1.0374	Bundled, sometimes payable	$62.99			-	-	000	999	
96158	N	HLTH BHV IVNTJ INDIV 1ST 30		05823	1.8019	Bundled, sometimes payable	$109.41			-	-	000	999	
96159	N	HLTH BHV IVNTJ INDIV EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
96160	S	PT-FOCUSED HLTH RISK ASSMT		05821	0.3341	APC	$20.29			-	-	000	999	
96161	S	CAREGIVER HEALTH RISK ASSMT		05821	0.3341	APC	$20.29			-	-	000	999	
96164	N	HLTH BHV IVNTJ GRP 1ST 30		05821	0.3341	Bundled, sometimes payable	$20.29			-	-	000	999	
96165	N	HLTH BHV IVNTJ GRP EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
96167	N	HLTH BHV IVNTJ FAM 1ST 30		05821	0.3341	Bundled, sometimes payable	$20.29			-	-	000	999	
96168	N	HLTH BHV IVNTJ FAM EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
96170	E	HLTH BHV IVNTJ FAM WO PT 1ST		-	-	Not Allowed	$0.00			-	-	000	999	
96171	E	HLTH BHV IVNTJ FAM W/O PT EA		-	-	Not Allowed	$0.00			-	-	000	999	

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96202	M	MLT FAM GRP BHV TRAIN 1ST 60		-	-	Fee Schedule	$0.00			-	-	000	999	
96203	N	MLT FAM GRP BHV TRAIN EA ADD		-	-	Bundled	$0.00			-	-	000	999	
96360	S	HYDRATION IV INFUSION INIT		05693	2.3628	APC	$143.47			-	-	000	999	
96361	S	HYDRATE IV INFUSION ADD-ON		05691	0.5174	APC	$31.42			-	-	000	999	
96365	S	THER/PROPH/DIAG IV INF INIT		05693	2.3628	APC	$143.47			-	-	000	999	
96366	S	THER/PROPH/DIAG IV INF ADDON		05691	0.5174	APC	$31.42			-	-	000	999	
96367	S	TX/PROPH/DG ADDL SEQ IV INF		05692	0.7982	APC	$48.47			-	-	000	999	
96368	N	THER/DIAG CONCURRENT INF		-	-	Bundled	$0.00			-	-	000	999	
96369	S	SC THER INFUSION UP TO 1 HR		05693	2.3628	APC	$143.47			-	-	000	999	
96370	S	SC THER INFUSION ADDL HR		05691	0.5174	APC	$31.42			-	-	000	999	
96371	N	SC THER INFUSION RESET PUMP		05692	0.7982	Bundled, sometimes payable	$48.47			-	-	000	999	
96372	N	THER/PROPH/DIAG INJ SC/IM		05692	0.7982	Bundled, sometimes payable	$48.47			-	-	000	999	
96373	S	THER/PROPH/DIAG INJ IA		05693	2.3628	APC	$143.47			-	-	000	999	
96374	S	THER/PROPH/DIAG INJ IV PUSH		05693	2.3628	APC	$143.47			-	-	000	999	
96375	S	TX/PRO/DX INJ NEW DRUG ADDON		05691	0.5174	APC	$31.42			-	-	000	999	
96376	N	TX/PRO/DX INJ SAME DRUG ADON		-	-	Bundled	$0.00			-	-	000	999	
96377	N	APPLICATON ON-BODY INJECTOR		05691	0.5174	Bundled, sometimes payable	$31.42			-	-	000	999	
96379	N	UNL THER/PROP/DIAG INJ/INF		05691	0.5174	Bundled, sometimes payable	$31.42			-	-	000	999	
96380	E	ADMN RSV MONOC ANTB IM CNSL		-	-	Not Allowed	$0.00			-	-	000	999	
96381	E	ADMN RSV MONOC ANTB IM NJX		-	-	Not Allowed	$0.00			-	-	000	999	
96401	N	CHEMO ANTI-NEOPL SQ/IM		05692	0.7982	Bundled, sometimes payable	$48.47			-	Y	000	999	
96402	N	CHEMO HORMON ANTINEOPL SQ/IM		05692	0.7982	Bundled, sometimes payable	$48.47			-	Y	000	999	
96405	N	CHEMO INTRALESIONAL UP TO 7		05692	0.7982	Bundled, sometimes payable	$48.47			-	-	000	999	
96406	S	CHEMO INTRALESIONAL OVER 7		05693	2.3628	APC	$143.47			-	-	000	999	
96409	S	CHEMO IV PUSH SNGL DRUG		05694	3.7198	APC	$225.87			-	Y	000	999	
96411	S	CHEMO IV PUSH ADDL DRUG		05692	0.7982	APC	$48.47			-	Y	000	999	
96413	S	CHEMO IV INFUSION 1 HR		05694	3.7198	APC	$225.87			-	Y	000	999	
96415	S	CHEMO IV INFUSION ADDL HR		05692	0.7982	APC	$48.47			-	Y	000	999	
96416	S	CHEMO PROLONG INFUSE W/PUMP		05694	3.7198	APC	$225.87			-	Y	000	999	
96417	S	CHEMO IV INFUS EACH ADDL SEQ		05692	0.7982	APC	$48.47			-	Y	000	999	
96420	S	CHEMO IA PUSH TECNIQUE		05694	3.7198	APC	$225.87			-	-	000	999	
96422	S	CHEMO IA INFUSION UP TO 1 HR		05694	3.7198	APC	$225.87			-	-	000	999	
96423	S	CHEMO IA INFUSE EACH ADDL HR		05691	0.5174	APC	$31.42			-	-	000	999	
96425	S	CHEMOTHERAPY INFUSION METHOD		05694	3.7198	APC	$225.87			-	-	000	999	
96440	S	CHMOTX ADMN PLRL CAV THRCNTS		05694	3.7198	APC	$225.87			-	-	000	999	
96446	S	CHEMOTX ADMN PERTL CAV IMPL		05694	3.7198	APC	$225.87			-	-	000	999	
96450	S	CHEMOTHERAPY INTO CNS		05694	3.7198	APC	$225.87			-	-	000	999	
96521	S	REFILL/MAINT PORTABLE PUMP		05693	2.3628	APC	$143.47			-	Y	000	999	
96522	S	REFILL/MAINT PUMP/RESVR SYST		05693	2.3628	APC	$143.47			-	Y	000	999	
96523	N	IRRIG DRUG DELIVERY DEVICE		05733	0.6661	Bundled, sometimes payable	$40.45			-	Y	000	999	
96542	S	CHEMOTHERAPY INJECTION		05694	3.7198	APC	$225.87			-	-	000	999	
96547	N	INTRAOP HIPEC PX 1ST 60 MIN		-	-	Bundled	$0.00			-	-	000	999	
96548	N	NTRAOP HIPEC PX EA ADD 30MIN		-	-	Bundled	$0.00			-	-	000	999	
96549	N	UNLISTED CHEMOTHERAPY PX		05691	0.5174	Bundled, sometimes payable	$31.42			-	-	000	999	
96567	N	PDT DSTR PRMLG LES SKN		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
96570	N	PHOTODYNMC TX 30 MIN ADD-ON		-	-	Bundled	$0.00			-	-	000	999	
96571	N	PHOTODYNAMIC TX ADDL 15 MIN		-	-	Bundled	$0.00			-	-	000	999	
96573	N	PDT DSTR PRMLG LES PHYS/QHP		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
96574	N	DBRDMT PRMLG LES W/PDT		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
96900	N	ACTINOTHERAPY UV LIGHT		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
96902	N	MCRSCP XM HAIR PLUCK/CLIPPED		-	-	Bundled	$0.00			-	-	000	999	
96904	N	WHOLE BODY PHOTOGRAPHY		-	-	Bundled	$0.00			-	-	000	999	
96910	N	PHOTCHMTX TAR&UVB/PTRLTM&UVB		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
96912	N	PHOTOCHEMOTHERAPY PUVA		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
96913	T	PHOTOCHEMOTX SEV DERMATOSES		05052	4.4806	APC	$272.06			-	-	000	999	
96920	N	EXCIMER LSR PSRIASIS<250SQCM		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	

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96921	N	EXCIMER LSR PSRIASIS 250-500		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
96922	N	EXCIMER LSR PSRIASIS>500SQCM		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
96931	E	RCM CELULR SUBCELULR IMG SKN		-	-	Not Allowed	$0.00			-	-	000	999	
96932	N	RCM CELULR SUBCELULR IMG SKN		-	-	Bundled	$0.00			-	-	000	999	
96933	E	RCM CELULR SUBCELULR IMG SKN		-	-	Not Allowed	$0.00			-	-	000	999	
96934	N	RCM CELULR SUBCELULR IMG SKN		-	-	Bundled	$0.00			-	-	000	999	
96935	N	RCM CELULR SUBCELULR IMG SKN		-	-	Bundled	$0.00			-	-	000	999	
96936	N	RCM CELULR SUBCELULR IMG SKN		-	-	Bundled	$0.00			-	-	000	999	
96999	N	UNLISTED SPEC DERM SVC/PX		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
97010	E	HOT OR COLD PACKS THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
97012	Y	MECHANICAL TRACTION THERAPY		-	-	Fee Schedule	$11.44			-	-	000	999	
97014	E	ELECTRIC STIMULATION THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
97016	Y	VASOPNEUMATIC DEVICE THERAPY		-	-	Fee Schedule	$9.53			-	-	000	999	
97018	Y	PARAFFIN BATH THERAPY		-	-	Fee Schedule	$4.63			-	-	000	999	
97022	Y	WHIRLPOOL THERAPY		-	-	Fee Schedule	$13.89			-	-	000	999	
97024	Y	DIATHERMY EG MICROWAVE		-	-	Fee Schedule	$5.99			-	-	000	999	
97026	Y	INFRARED THERAPY		-	-	Fee Schedule	$5.45			-	-	000	999	
97028	Y	ULTRAVIOLET THERAPY		-	-	Fee Schedule	$6.81			-	-	000	999	
97032	Y	APPL MODALITY 1+ESTIM EA 15		-	-	Fee Schedule	$11.71			-	-	000	999	
97033	Y	APP MDLTY 1+IONTPHRSIS EA 15		-	-	Fee Schedule	$15.80			-	-	000	999	
97034	Y	APP MDLTY 1+CNTRST BTH EA 15		-	-	Fee Schedule	$11.44			-	-	000	999	
97035	Y	APP MDLTY 1+ULTRASOUND EA 15		-	-	Fee Schedule	$11.44			-	-	000	999	
97036	Y	APP MDLTY 1+HUBBRD TNK EA 15		-	-	Fee Schedule	$28.60			-	-	000	999	
97037	N	APPL MODALITY 1+LLLT PO PAIN		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
97039	E	UNLISTED MODALITY		-	-	Not Allowed	$0.00			-	-	000	999	
97110	Y	THERAPEUTIC EXERCISES		-	-	Fee Schedule	$23.97			-	-	000	999	
97112	Y	NEUROMUSCULAR REEDUCATION		-	-	Fee Schedule	$27.51			-	-	000	999	
97113	Y	AQUATIC THERAPY/EXERCISES		-	-	Fee Schedule	$29.96			-	-	000	999	
97116	Y	GAIT TRAINING THERAPY		-	-	Fee Schedule	$23.97			-	-	000	999	
97124	Y	MASSAGE THERAPY		-	-	Fee Schedule	$24.79			-	-	000	999	
97129	M	THER IVNTJ 1ST 15 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
97130	M	THER IVNTJ EA ADDL 15 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
97139	Y	UNLISTED THERAPEUTIC PX		-	-	Charge Ratio	$0.00			-	-	000	999	
97140	Y	MANUAL THERAPY 1/> REGIONS		-	-	Fee Schedule	$22.06			-	-	000	999	
97150	Y	GROUP THERAPEUTIC PROCEDURES		-	-	Fee Schedule	$14.71			-	-	000	999	
97151	N	BHV ID ASSMT BY PHYS/QHP		05822	1.0374	Bundled, sometimes payable	$62.99			-	-	000	999	
97152	N	BHV ID SUPRT ASSMT BY 1 TECH		05822	1.0374	Bundled, sometimes payable	$62.99			-	-	000	999	
97153	N	ADAPTIVE BEHAVIOR TX BY TECH		05822	1.0374	Bundled, sometimes payable	$62.99			-	-	000	999	
97154	N	GRP ADAPT BHV TX BY TECH		05821	0.3341	Bundled, sometimes payable	$20.29			-	-	000	999	
97155	N	ADAPT BEHAVIOR TX PHYS/QHP		05823	1.8019	Bundled, sometimes payable	$109.41			-	-	000	999	
97156	N	FAM ADAPT BHV TX GDN PHY/QHP		05821	0.3341	Bundled, sometimes payable	$20.29			-	-	000	999	
97157	N	MULT FAM ADAPT BHV TX GDN		05821	0.3341	Bundled, sometimes payable	$20.29			-	-	000	999	
97158	N	GRP ADAPT BHV TX BY PHY/QHP		05821	0.3341	Bundled, sometimes payable	$20.29			-	-	000	999	
97161	M	PT EVAL LOW COMPLEX 20 MIN		-	-	Fee Schedule	$81.97			-	-	000	999	
97162	M	PT EVAL MOD COMPLEX 30 MIN		-	-	Fee Schedule	$81.97			-	-	000	999	
97163	M	PT EVAL HIGH COMPLEX 45 MIN		-	-	Fee Schedule	$81.97			-	-	000	999	
97164	M	PT RE-EVAL EST PLAN CARE		-	-	Fee Schedule	$56.90			-	-	000	999	
97165	M	OT EVAL LOW COMPLEX 30 MIN		-	-	Fee Schedule	$82.78			-	-	000	999	
97166	M	OT EVAL MOD COMPLEX 45 MIN		-	-	Fee Schedule	$82.78			-	-	000	999	
97167	M	OT EVAL HIGH COMPLEX 60 MIN		-	-	Fee Schedule	$82.78			-	-	000	999	
97168	M	OT RE-EVAL EST PLAN CARE		-	-	Fee Schedule	$57.18			-	-	000	999	
97169	E	ATHLETIC TRN EVAL LOW CMPLX		-	-	Not Allowed	$0.00			-	-	000	999	
97170	E	ATHLETIC TRN EVAL MOD CMPLX		-	-	Not Allowed	$0.00			-	-	000	999	
97171	E	ATHLETIC TRN EVAL HIGH CMPLX		-	-	Not Allowed	$0.00			-	-	000	999	
97172	E	ATHLETIC TRN RE-EVAL PLAN CR		-	-	Not Allowed	$0.00			-	-	000	999	
97530	Y	THERAPEUTIC ACTIVITIES		-	-	Fee Schedule	$29.96			-	-	000	999	

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97533	Y	SENSORY INTEGRATION		-	-	Fee Schedule	$0.00			-	-	000	999	
97535	Y	SELF CARE MNGMENT TRAINING		-	-	Fee Schedule	$0.00			-	-	000	999	
97537	Y	COMMUNITY/WORK REINTEGRATION		-	-	Fee Schedule	$25.88			-	-	000	999	
97542	Y	WHEELCHAIR MNGMENT TRAINING		-	-	Fee Schedule	$25.88			-	-	000	999	
97545	E	WORK HARDENING		-	-	Not Allowed	$0.00			-	-	000	999	
97546	E	WORK HARDENING ADD-ON		-	-	Not Allowed	$0.00			-	-	000	999	
97550	E	CAREGIVER TRAING 1ST 30 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
97551	E	CAREGIVER TRAING EA ADDL 15		-	-	Not Allowed	$0.00			-	-	000	999	
97552	E	GROUP CAREGIVER TRAINING		-	-	Not Allowed	$0.00			-	-	000	999	
97597	T	DBRDMT OPN WND 1ST 20 CM/<		05051	2.2284	APC	$135.31			-	-	000	999	
97598	N	DBRDMT OPN WND ADDL 20CM/<		-	-	Bundled	$0.00			-	-	000	999	
97602	N	WOUND(S) CARE NON-SELECTIVE		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
97605	N	NEG PRS WND THER DME<=50SQCM		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
97606	N	NEG PRS WND THER DME>50 SQCM		05052	4.4806	Bundled, sometimes payable	$272.06			-	-	000	999	
97607	T	NEG PRS WND THR NDME<=50SQCM		05052	4.4806	APC	$236.59			-	-	000	999	
97608	T	NEG PRS WND THER NDME>50SQCM		05052	4.4806	APC	$236.59			-	-	000	999	
97610	N	LOW FREQUENCY NON-THERMAL US		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
97750	Y	PHYSICAL PERFORMANCE TEST		-	-	Fee Schedule	$27.78			-	-	000	999	
97755	Y	ASSISTIVE TECHNOLOGY ASSESS		-	-	Fee Schedule	$31.33			-	-	000	999	
97760	Y	ORTHOTIC MGMT&TRAING 1ST ENC		-	-	Fee Schedule	$38.95			-	Y	000	999	
97761	M	PROSTHETIC TRAING 1ST ENC		-	-	Fee Schedule	$54.95			-	Y	000	999	
97763	M	ORTHC/PROSTC MGMT SBSQ ENC		-	-	Fee Schedule	$42.77			-	-	000	999	
97799	E	UNLISTED PHYSCL MED/REHAB PX		-	-	Not Allowed	$0.00			-	-	000	999	
97802	M	MEDICAL NUTRITION INDIV IN		-	-	Fee Schedule	$41.76			-	-	000	20	
97803	M	MED NUTRITION INDIV SUBSEQ		-	-	Fee Schedule	$35.61			-	-	000	20	
97804	M	MEDICAL NUTRITION GROUP		-	-	Fee Schedule	$20.22			-	-	000	20	
97810	E	ACUP 1/> WO ESTIM 1ST 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
97811	E	ACUP 1/> W/O ESTIM EA ADD 15		-	-	Not Allowed	$0.00			-	-	000	999	
97813	E	ACUP 1/> W/ESTIM 1ST 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
97814	E	ACUP 1/> W/ESTIM EA ADDL 15		-	-	Not Allowed	$0.00			-	-	000	999	
98000	M	SYNCH AUDIO-VIDEO NEW SF 15		-	-	Fee Schedule	$0.00			-	-	000	999	
98001	M	SYNCH AUDIO-VIDEO NEW LOW 30		-	-	Fee Schedule	$0.00			-	-	000	999	
98002	M	SYNCH AUDIO-VIDEO NEW MOD 45		-	-	Fee Schedule	$0.00			-	-	000	999	
98003	M	SYNCH AUDIO-VIDEO NEW HI 60		-	-	Fee Schedule	$0.00			-	-	000	999	
98004	M	SYNCH AUDIO-VIDEO EST SF 10		-	-	Fee Schedule	$0.00			-	-	000	999	
98005	M	SYNCH AUDIO-VIDEO EST LOW 20		-	-	Fee Schedule	$0.00			-	-	000	999	
98006	M	SYNCH AUDIO-VIDEO EST MOD 30		-	-	Fee Schedule	$0.00			-	-	000	999	
98007	M	SYNCH AUDIO-VIDEO EST HI 40		-	-	Fee Schedule	$0.00			-	-	000	999	
98008	M	SYNCH AUDIO-ONLY NEW SF 15		-	-	Fee Schedule	$0.00			-	-	000	999	
98009	M	SYNCH AUDIO-ONLY NEW LOW 30		-	-	Fee Schedule	$0.00			-	-	000	999	
98010	M	SYNCH AUDIO-ONLY NEW MOD 45		-	-	Fee Schedule	$0.00			-	-	000	999	
98011	M	SYNCH AUDIO-ONLY NEW HIGH 60		-	-	Fee Schedule	$0.00			-	-	000	999	
98012	M	SYNCH AUDIO-ONLY EST SF 10		-	-	Fee Schedule	$0.00			-	-	000	999	
98013	M	SYNCH AUDIO-ONLY EST LOW 20		-	-	Fee Schedule	$0.00			-	-	000	999	
98014	M	SYNCH AUDIO-ONLY EST MOD 30		-	-	Fee Schedule	$0.00			-	-	000	999	
98015	M	SYNCH AUDIO-ONLY EST HIGH 40		-	-	Fee Schedule	$0.00			-	-	000	999	
98016	M	BRIEF COMUNICAJ TECH-BSD SVC		-	-	Fee Schedule	$0.00			-	-	000	999	
98925	N	OSTEOPATH MANJ 1-2 REGIONS		05811	0.2837	Bundled, sometimes payable	$17.23			-	-	000	999	
98926	N	OSTEOPATH MANJ 3-4 REGIONS		05811	0.2837	Bundled, sometimes payable	$17.23			-	-	000	999	
98927	N	OSTEOPATH MANJ 5-6 REGIONS		05811	0.2837	Bundled, sometimes payable	$17.23			-	-	000	999	
98928	N	OSTEOPATH MANJ 7-8 REGIONS		05811	0.2837	Bundled, sometimes payable	$17.23			-	-	000	999	
98929	N	OSTEOPATH MANJ 9-10 REGIONS		05811	0.2837	Bundled, sometimes payable	$17.23			-	-	000	999	
98940	N	CHIROPRACT MANJ 1-2 REGIONS		05811	0.2837	Bundled, sometimes payable	$17.23			-	-	000	999	
98941	N	CHIROPRACT MANJ 3-4 REGIONS		05811	0.2837	Bundled, sometimes payable	$17.23			-	-	000	999	
98942	N	CHIROPRACTIC MANJ 5 REGIONS		05811	0.2837	Bundled, sometimes payable	$17.23			-	-	000	999	
98943	E	CHIROPRACT MANJ XTRSPINL 1/>		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
98960	E	EDU&TRN PT SELF-MGMT NQHP 1		-	-	Not Allowed	$0.00			-	Y	000	999	
98961	E	EDU&TRN PT SLF-MGMT NQHP 2-4		-	-	Not Allowed	$0.00			-	Y	000	999	
98962	E	EDU&TRN PT SLF-MGMT NQHP 5-8		-	-	Not Allowed	$0.00			-	Y	000	999	
98966	M	HC PRO PHONE CALL 5-10 MIN		-	-	Fee Schedule	$9.26			-	-	000	999	
98967	M	HC PRO PHONE CALL 11-20 MIN		-	-	Fee Schedule	$17.98			-	-	000	999	
98968	M	HC PRO PHONE CALL 21-30 MIN		-	-	Fee Schedule	$25.06			-	-	000	999	
98970	N	QNHP OL DIG ASSMT&MGMT 5-10		-	-	Bundled	$0.00			-	-	000	999	
98971	N	QNHP OL DIG ASSMT&MGMT 11-20		-	-	Bundled	$0.00			-	-	000	999	
98972	N	QNHP OL DIG ASSMT&MGMT 21+		-	-	Bundled	$0.00			-	-	000	999	
98975	V	REM THER MNTR 1ST SETUP&EDU		05012	0.0000	APC	$0.00			-	-	000	999	
98976	N	REM THER MNTR DEV SPLY RESP		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
98977	N	REM THER MNTR DV SPLY MSCSKL		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
98978	N	REM THER MNTR DEV SPLY CBT		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
98980	E	REM THER MNTR 1ST 20 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
98981	E	REM THER MNTR EA ADDL 20 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
99000	E	SPECIMEN HANDLING OFFICE-LAB		-	-	Not Allowed	$0.00			-	-	000	999	
99001	E	SPECIMEN HANDLING PT-LAB		-	-	Not Allowed	$0.00			-	-	000	999	
99002	M	DEVICE HANDLING PHYS/QHP		-	-	Fee Schedule	$0.00			-	-	000	999	
99024	M	POSTOP FOLLOW-UP VISIT		-	-	Fee Schedule	$0.00			-	-	000	999	
99026	E	IN-HOSPITAL ON CALL SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
99027	E	OUT-OF-HOSP ON CALL SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
99050	E	MEDICAL SERVICES AFTER HRS		-	-	Not Allowed	$0.00			-	-	000	999	
99051	M	MED SERV EVE/WKEND/HOLIDAY		-	-	Fee Schedule	$0.00			-	-	000	999	
99053	M	MED SERV 10PM-8AM 24 HR FAC		-	-	Fee Schedule	$0.00			-	-	000	999	
99056	E	MED SERVICE OUT OF OFFICE		-	-	Not Allowed	$0.00			-	-	000	999	
99058	E	OFFICE EMERGENCY CARE		-	-	Not Allowed	$0.00			-	-	000	999	
99060	M	OUT OF OFFICE EMERG MED SERV		-	-	Fee Schedule	$0.00			-	-	000	999	
99070	M	SPECIAL SUPPLIES PHYS/QHP		-	-	Fee Schedule	$0.00			-	-	000	999	
99071	M	PATIENT EDUCATION MATERIALS		-	-	Fee Schedule	$0.00			-	-	000	999	
99072	M	ADDL SUPL MATRL&STAF TM PHE		-	-	Fee Schedule	$0.00			-	-	000	999	
99075	E	MEDICAL TESTIMONY		-	-	Not Allowed	$0.00			-	-	000	999	
99078	N	GROUP HEALTH EDUCATION		-	-	Bundled	$0.00			-	-	000	999	
99080	E	SPECIAL REPORTS OR FORMS		-	-	Not Allowed	$0.00			-	-	000	999	
99082	E	UNUSUAL PHYSICIAN TRAVEL		-	-	Not Allowed	$0.00			-	-	000	999	
99091	N	COLLJ & INTERPJ DATA EA 30 D		-	-	Bundled	$0.00			-	-	000	999	
99100	M	ANES PT EXTEME AGE<1 YR&>70		-	-	Fee Schedule	$0.00			-	-	000	999	
99116	M	ANES COMP TOT BDY HYPTHRM		-	-	Fee Schedule	$0.00			-	-	000	999	
99135	M	ANES COMP CTRLD HYPOTENSION		-	-	Fee Schedule	$0.00			-	-	000	999	
99140	M	ANES COMP EMERGENCY COND		-	-	Fee Schedule	$0.00			-	-	000	999	
99151	N	MOD SED SAME PHYS/QHP <5 YRS		-	-	Bundled	$0.00			-	-	000	5	
99152	N	MOD SED SAME PHYS/QHP 5/>YRS		-	-	Bundled	$0.00			-	-	005	999	
99153	N	MOD SED SAME PHYS/QHP EA		-	-	Bundled	$0.00			-	-	000	999	
99155	N	MOD SED OTH PHYS/QHP <5 YRS		-	-	Bundled	$0.00			-	-	000	4	
99156	N	MOD SED OTH PHYS/QHP 5/>YRS		-	-	Bundled	$0.00			-	-	005	999	
99157	N	MOD SED OTHER PHYS/QHP EA		-	-	Bundled	$0.00			-	-	000	999	
99170	T	ANOGENITAL EXAM CHILD W IMAG		05411	2.2561	APC	$136.99			-	-	000	999	
99172	E	OCULAR FUNCTION SCREEN		-	-	Not Allowed	$0.00			-	-	000	999	
99173	E	VISUAL ACUITY SCREEN		-	-	Not Allowed	$0.00			-	-	000	999	
99174	E	OCULAR INSTRUMNT SCREEN BIL		-	-	Not Allowed	$0.00			-	-	000	999	
99175	N	INDUCTION OF VOMITING		-	-	Bundled	$0.00			-	-	000	999	
99177	E	OCULAR INSTRUMNT SCREEN BIL		-	-	Not Allowed	$0.00			-	-	000	999	
99183	E	HYPERBARIC OXYGEN THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
99184	C	HYPOTHERMIA ILL NEONATE		-	-	IP Only	$0.00			-	-	000	999	

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99188	M	APP TOPICAL FLUORIDE VARNISH		-	-	Fee Schedule	$0.00			-	-	000	999	Only allowed for RHC/FQHC not billable as stand-alone visit
99190	C	SPECIAL PUMP SERVICES		-	-	IP Only	$0.00			-	-	000	999	
99191	C	SPECIAL PUMP SERVICES		-	-	IP Only	$0.00			-	-	000	999	
99192	C	SPECIAL PUMP SERVICES		-	-	IP Only	$0.00			-	-	000	999	
99195	N	PHLEBOTOMY		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
99199	E	UNLISTED SPECIAL SVC PX/RPRT		-	-	Not Allowed	$0.00			-	-	000	999	
99202	M	OFFICE O/P NEW SF 15 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99203	M	OFFICE O/P NEW LOW 30 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99204	M	OFFICE O/P NEW MOD 45 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99205	M	OFFICE O/P NEW HI 60 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99211	M	OFF/OP EST MAY X REQ PHY/QHP		-	-	Fee Schedule	$0.00			-	-	000	999	
99212	M	OFFICE O/P EST SF 10 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99213	M	OFFICE O/P EST LOW 20 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99214	M	OFFICE O/P EST MOD 30 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99215	M	OFFICE O/P EST HI 40 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99221	M	1ST HOSP IP/OBS SF/LOW 40		-	-	Fee Schedule	$0.00			-	Y	000	999	
99222	M	1ST HOSP IP/OBS MODERATE 55		-	-	Fee Schedule	$0.00			-	Y	000	999	
99223	M	1ST HOSP IP/OBS HIGH 75		-	-	Fee Schedule	$0.00			-	Y	000	999	
99231	M	SBSQ HOSP IP/OBS SF/LOW 25		-	-	Fee Schedule	$0.00			-	Y	000	999	
99232	M	SBSQ HOSP IP/OBS MODERATE 35		-	-	Fee Schedule	$0.00			-	Y	000	999	
99233	M	SBSQ HOSP IP/OBS HIGH 50		-	-	Fee Schedule	$0.00			-	Y	000	999	
99234	M	HOSP IP/OBS SM DT SF/LOW 45		-	-	Fee Schedule	$0.00			-	-	000	999	
99235	M	HOSP IP/OBS SAME DATE MOD 70		-	-	Fee Schedule	$0.00			-	-	000	999	
99236	M	HOSP IP/OBS SAME DATE HI 85		-	-	Fee Schedule	$0.00			-	-	000	999	
99238	M	HOSP IP/OBS DSCHRG MGMT 30/<		-	-	Fee Schedule	$0.00			-	Y	000	999	
99239	M	HOSP IP/OBS DSCHRG MGMT >30		-	-	Fee Schedule	$0.00			-	Y	000	999	
99242	E	OFF/OP CONSLTJ NEW/EST SF 20		-	-	Not Allowed	$0.00			-	-	000	999	
99243	E	OFF/OP CNSLTJ NEW/EST LOW 30		-	-	Not Allowed	$0.00			-	-	000	999	
99244	E	OFF/OP CNSLTJ NEW/EST MOD 40		-	-	Not Allowed	$0.00			-	-	000	999	
99245	E	OFF/OP CONSLTJ NEW/EST HI 55		-	-	Not Allowed	$0.00			-	-	000	999	
99252	E	IP/OBS CONSLTJ NEW/EST SF 35		-	-	Not Allowed	$0.00			-	-	000	999	
99253	E	IP/OBS CNSLTJ NEW/EST LOW 45		-	-	Not Allowed	$0.00			-	-	000	999	
99254	E	IP/OBS CNSLTJ NEW/EST MOD 60		-	-	Not Allowed	$0.00			-	-	000	999	
99255	E	IP/OBS CONSLTJ NEW/EST HI 80		-	-	Not Allowed	$0.00			-	-	000	999	
99281	N	EMR DPT VST MAYX REQ PHY/QHP		05021	1.4452	Bundled, sometimes payable	$87.75			-	-	000	999	
99282	N	EMERGENCY DEPT VISIT SF MDM		05022	1.4452	Bundled, sometimes payable	$87.75			-	-	000	999	
99283	N	EMERGENCY DEPT VISIT LOW MDM		05023	3.1052	Bundled, sometimes payable	$188.55			-	-	000	999	
99284	N	EMERGENCY DEPT VISIT MOD MDM		05024	4.7754	Bundled, sometimes payable	$289.96			-	-	000	999	
99285	N	EMERGENCY DEPT VISIT HI MDM		05025	6.8757	Bundled, sometimes payable	$417.49			-	-	000	999	
99288	E	DIRECT ADVANCED LIFE SUPPORT		-	-	Not Allowed	$0.00			-	-	000	999	
99291	N	CRITICAL CARE FIRST HOUR		05041	9.4496	Bundled, sometimes payable	$573.78			-	-	000	999	
99292	N	CRITICAL CARE ADDL 30 MIN		-	-	Bundled	$0.00			-	-	000	999	
99304	M	1ST NF CARE SF/LOW MDM 25		-	-	Fee Schedule	$0.00			-	-	000	999	
99305	M	1ST NF CARE MODERATE MDM 35		-	-	Fee Schedule	$0.00			-	-	000	999	
99306	M	1ST NF CARE HIGH MDM 50		-	-	Fee Schedule	$0.00			-	-	000	999	
99307	M	SBSQ NF CARE SF MDM 10		-	-	Fee Schedule	$0.00			-	-	000	999	
99308	M	SBSQ NF CARE LOW MDM 20		-	-	Fee Schedule	$0.00			-	-	000	999	
99309	M	SBSQ NF CARE MODERATE MDM 30		-	-	Fee Schedule	$0.00			-	-	000	999	
99310	M	SBSQ NF CARE HIGH MDM 45		-	-	Fee Schedule	$0.00			-	-	000	999	
99315	M	NF DSCHRG MGMT 30 MIN/LESS		-	-	Fee Schedule	$0.00			-	Y	000	999	
99316	M	NF DSCHRG MGMT 30 MIN+		-	-	Fee Schedule	$0.00			-	Y	000	999	
99341	M	HOME/RES VST NEW SF MDM 15		-	-	Fee Schedule	$0.00			-	Y	000	999	

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99342	M	HOME/RES VST NEW LOW MDM 30		-	-	Fee Schedule	$0.00			-	Y	000	999	
99344	M	HOME/RES VST NEW MOD MDM 60		-	-	Fee Schedule	$0.00			-	Y	000	999	
99345	M	HOME/RES VST NEW HIGH MDM 75		-	-	Fee Schedule	$0.00			-	Y	000	999	
99347	M	HOME/RES VST EST SF MDM 20		-	-	Fee Schedule	$0.00			-	Y	000	999	
99348	M	HOME/RES VST EST LOW MDM 30		-	-	Fee Schedule	$0.00			-	Y	000	999	
99349	M	HOME/RES VST EST MOD MDM 40		-	-	Fee Schedule	$0.00			-	Y	000	999	
99350	M	HOME/RES VST EST HIGH MDM 60		-	-	Fee Schedule	$0.00			-	Y	000	999	
99358	N	PROLONG SERVICE W/O CONTACT		-	-	Bundled	$0.00			-	-	000	999	
99359	N	PROLONG SERV W/O CONTACT ADD		-	-	Bundled	$0.00			-	-	000	999	
99360	E	PHYSICIAN STANDBY SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
99366	E	TEAM CONF W/PAT BY HC PROF		-	-	Not Allowed	$0.00			-	-	000	999	
99367	N	TEAM CONF W/O PAT BY PHYS		-	-	Bundled	$0.00			-	-	000	999	
99368	E	TEAM CONF W/O PAT BY HC PRO		-	-	Not Allowed	$0.00			-	-	000	999	
99374	E	HOME HEALTH CARE SUPERVISION		-	-	Not Allowed	$0.00			-	-	000	999	
99375	E	HOME HEALTH CARE SUPERVISION		-	-	Not Allowed	$0.00			-	-	000	999	
99377	E	HOSPICE CARE SUPERVISION		-	-	Not Allowed	$0.00			-	-	000	999	
99378	E	HOSPICE CARE SUPERVISION		-	-	Not Allowed	$0.00			-	-	000	999	
99379	E	NURSING FAC CARE SUPERVISION		-	-	Not Allowed	$0.00			-	-	000	999	
99380	E	NURSING FAC CARE SUPERVISION		-	-	Not Allowed	$0.00			-	-	000	999	
99381	M	INIT PM E/M NEW PAT INFANT		-	-	Fee Schedule	$0.00			-	-	000	0	
99382	M	INIT PM E/M NEW PAT 1-4 YRS		-	-	Fee Schedule	$0.00			-	-	001	4	
99383	M	PREV VISIT NEW AGE 5-11		-	-	Fee Schedule	$0.00			-	-	005	11	
99384	M	PREV VISIT NEW AGE 12-17		-	-	Fee Schedule	$0.00			-	-	012	17	
99385	M	PREV VISIT NEW AGE 18-39		-	-	Fee Schedule	$0.00			-	-	018	39	
99386	M	PREV VISIT NEW AGE 40-64		-	-	Fee Schedule	$0.00			-	-	040	64	
99387	M	INIT PM E/M NEW PAT 65+ YRS		-	-	Fee Schedule	$0.00			-	-	065	999	
99391	M	PER PM REEVAL EST PAT INFANT		-	-	Fee Schedule	$0.00			-	-	000	0	
99392	M	PREV VISIT EST AGE 1-4		-	-	Fee Schedule	$0.00			-	-	001	4	
99393	M	PREV VISIT EST AGE 5-11		-	-	Fee Schedule	$0.00			-	-	005	11	
99394	M	PREV VISIT EST AGE 12-17		-	-	Fee Schedule	$0.00			-	-	012	17	
99395	M	PREV VISIT EST AGE 18-39		-	-	Fee Schedule	$0.00			-	-	018	39	
99396	M	PREV VISIT EST AGE 40-64		-	-	Fee Schedule	$0.00			-	-	040	64	
99397	M	PER PM REEVAL EST PAT 65+ YR		-	-	Fee Schedule	$0.00			-	-	065	999	
99401	M	PREV MED CNSL INDIV APPRX 15		-	-	Fee Schedule	$0.00			-	-	000	999	
99402	M	PREV MED CNSL INDIV APPRX 30		-	-	Fee Schedule	$0.00			-	-	000	999	
99403	M	PREV MED CNSL INDIV APPRX 45		-	-	Fee Schedule	$0.00			-	-	000	999	
99404	M	PREV MED CNSL INDIV APPRX 60		-	-	Fee Schedule	$0.00			-	-	000	999	
99406	S	BEHAV CHNG SMOKING 3-10 MIN		05821	0.3341	APC	$20.29			-	-	000	999	
99407	S	BEHAV CHNG SMOKING > 10 MIN		05821	0.3341	APC	$20.29			-	-	000	999	
99408	M	AUDIT/DAST 15-30 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99409	M	AUDIT/DAST OVER 30 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99411	M	PREVENTIVE COUNSELING GROUP		-	-	Fee Schedule	$0.00			-	-	000	999	
99412	M	PREVENTIVE COUNSELING GROUP		-	-	Fee Schedule	$0.00			-	-	000	999	
99415	M	PROLNG CLIN STAFF SVC 1ST HR		-	-	Fee Schedule	$0.00			-	-	000	999	
99416	M	PROLNG CLIN STAFF SVC EA ADD		-	-	Fee Schedule	$0.00			-	-	000	999	
99417	M	PROLNG OP E/M EACH 15 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99418	E	PROLNG IP/OBS E/M EA 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
99421	M	OL DIG E/M SVC 5-10 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99422	M	OL DIG E/M SVC 11-20 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99423	M	OL DIG E/M SVC 21+ MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
99424	E	PRIN CARE MGMT PHYS 1ST 30		-	-	Not Allowed	$0.00			-	-	000	999	
99425	E	PRIN CARE MGMT PHYS EA ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
99426	S	PRIN CARE MGMT STAFF 1ST 30		05822	1.0374	APC	$62.99			-	-	000	999	
99427	N	PRIN CARE MGMT STAFF EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
99429	M	UNLISTED PREVENTIVE SERVICE		-	-	Fee Schedule	$0.00			-	-	000	999	
99437	E	CHRNC CARE MGMT PHYS EA ADDL		-	-	Not Allowed	$0.00			-	-	000	999	

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99439	N	CHRNC CARE MGMT STAF EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
99446	E	NTRPROF PH1/NTRNET/EHR 5-10		-	-	Not Allowed	$0.00			-	-	000	999	
99447	E	NTRPROF PH1/NTRNET/EHR 11-20		-	-	Not Allowed	$0.00			-	-	000	999	
99448	E	NTRPROF PH1/NTRNET/EHR 21-30		-	-	Not Allowed	$0.00			-	-	000	999	
99449	E	NTRPROF PH1/NTRNET/EHR 31/>		-	-	Not Allowed	$0.00			-	-	000	999	
99450	E	BASIC LIFE DISABILITY EXAM		-	-	Not Allowed	$0.00			-	-	000	999	
99451	E	NTRPROF PH1/NTRNET/EHR 5/>		-	-	Not Allowed	$0.00			-	-	000	999	
99452	E	NTRPROF PH1/NTRNET/EHR RFRL		-	-	Not Allowed	$0.00			-	-	000	999	
99453	V	REM MNTR PHYSIOL PARAM SETUP		05012	0.0000	APC	$0.00			-	-	000	999	
99454	N	REM MNTR PHYSIOL PARAM DEV		05741	0.4182	Bundled, sometimes payable	$25.39			-	-	000	999	
99455	E	WORK RELATED DISABILITY EXAM		-	-	Not Allowed	$0.00			-	-	000	999	
99456	E	DISABILITY EXAMINATION		-	-	Not Allowed	$0.00			-	-	000	999	
99457	E	REM PHYSIOL MNTR 1ST 20 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
99458	E	REM PHYSIOL MNTR EA ADDL 20		-	-	Not Allowed	$0.00			-	-	000	999	
99459	N	PELVIC EXAMINATION		-	-	Bundled	$0.00			-	-	000	999	
99460	V	INIT NB EM PER DAY HOSP		05012	0.0000	APC	$0.00			-	-	000	0	
99461	E	INIT NB EM PER DAY NON-FAC		-	-	Not Allowed	$0.00			-	-	000	0	
99462	C	SBSQ NB EM PER DAY HOSP		-	-	IP Only	$0.00			-	-	000	0	
99463	V	SAME DAY NB DISCHARGE		05012	0.0000	APC	$0.00			-	-	000	0	
99464	N	ATTENDANCE AT DELIVERY		-	-	Bundled	$0.00			-	-	000	0	
99465	S	NB RESUSCITATION		05781	7.3387	APC	$445.61			-	-	000	0	
99466	N	PED CRIT CARE TRANSPORT		-	-	Bundled	$0.00			-	-	000	1	
99467	N	PED CRIT CARE TRANSPORT ADDL		-	-	Bundled	$0.00			-	-	000	1	
99468	C	NEONATE CRIT CARE INITIAL		-	-	IP Only	$0.00			-	-	000	0	
99469	C	NEONATE CRIT CARE SUBSQ		-	-	IP Only	$0.00			-	-	000	0	
99471	C	PED CRITICAL CARE INITIAL		-	-	IP Only	$0.00			-	-	000	1	
99472	C	PED CRITICAL CARE SUBSQ		-	-	IP Only	$0.00			-	-	000	1	
99473	E	SELF-MEAS BP PT EDUCAJ/TRAIN		-	-	Not Allowed	$0.00			-	-	000	999	
99474	M	SELF-MEAS BP 2 READG BID 30D		-	-	Fee Schedule	$0.00			-	-	000	999	
99475	C	PED CRIT CARE AGE 2-5 INIT		-	-	IP Only	$0.00			-	-	002	5	
99476	C	PED CRIT CARE AGE 2-5 SUBSQ		-	-	IP Only	$0.00			-	-	002	5	
99477	C	INIT DAY HOSP NEONATE CARE		-	-	IP Only	$0.00			-	-	000	999	
99478	C	IC LBW INF < 1500 GM SUBSQ		-	-	IP Only	$0.00			-	-	000	0	
99479	C	IC LBW INF 1500-2500 G SUBSQ		-	-	IP Only	$0.00			-	-	000	0	
99480	C	IC INF PBW 2501-5000 G SUBSQ		-	-	IP Only	$0.00			-	-	000	0	
99483	S	ASSMT & CARE PLN PT COG IMP		05822	1.0374	APC	$62.99			-	-	000	999	
99484	S	CARE MGMT SVC BHVL HLTH COND		05821	0.3341	APC	$20.29			-	-	000	999	
99485	E	SUPRV INTERFACILTY TRANSPORT		-	-	Not Allowed	$0.00			-	-	000	2	
99486	E	SUPRV INTERFAC TRNSPORT ADDL		-	-	Not Allowed	$0.00			-	-	000	2	
99487	S	CPLX CHRNC CARE 1ST 60 MIN		05823	1.8019	APC	$109.41			-	-	000	999	
99489	N	CPLX CHRNC CARE EA ADDL 30		-	-	Bundled	$0.00			-	-	000	999	
99490	S	CHRNC CARE MGMT STAFF 1ST 20		05822	1.0374	APC	$62.99			-	-	000	999	
99491	E	CHRNC CARE MGMT PHYS 1ST 30		-	-	Not Allowed	$0.00			-	-	000	999	
99492	S	1ST PSYC COLLAB CARE MGMT		05822	1.0374	APC	$62.99			-	-	000	999	Not Allowed for RHC/FQHC
99493	S	SBSQ PSYC COLLAB CARE MGMT		05822	1.0374	APC	$62.99			-	-	000	999	Not Allowed for RHC/FQHC
99494	N	1ST/SBSQ PSYC COLLAB CARE		-	-	Bundled	$0.00			-	-	000	999	Not Allowed for RHC/FQHC
99495	V	TRANSJ CARE MGMT MOD F2F 14D		05012	0.0000	APC	$0.00			-	-	000	999	
99496	V	TRANSJ CARE MGMT HIGH F2F 7D		05012	0.0000	APC	$0.00			-	-	000	999	
99497	N	ADVNCD CARE PLAN 30 MIN		05822	1.0374	Bundled, sometimes payable	$62.99			-	-	000	999	
99498	N	ADVNCD CARE PLAN ADDL 30 MIN		-	-	Bundled	$0.00			-	-	000	999	
99499	M	UNLISTED E&M SERVICE		-	-	Fee Schedule	$0.00			-	-	000	999	
99500	M	HOME VISIT PRENATAL		-	-	Fee Schedule	$0.00			-	-	000	999	
99501	M	HOME VISIT POSTNATAL		-	-	Fee Schedule	$0.00			-	-	000	999	

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99502	M	HOME VISIT NB CARE		-	-	Fee Schedule	$0.00			-	-	000	999	
99503	E	HOME VISIT RESP THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
99504	E	HOME VISIT MECH VENTILATOR		-	-	Not Allowed	$0.00			-	-	000	999	
99505	E	HOME VISIT STOMA CARE		-	-	Not Allowed	$0.00			-	-	000	999	
99506	E	HOME VISIT IM INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
99507	E	HOME VISIT CATH MAINTAIN		-	-	Not Allowed	$0.00			-	-	000	999	
99509	E	HOME VISIT DAY LIFE ACTIVITY		-	-	Not Allowed	$0.00			-	-	000	999	
99510	E	HOME VISIT SING/M/FAM COUNS		-	-	Not Allowed	$0.00			-	-	000	999	
99511	E	HOME VISIT FECAL/ENEMA MGMT		-	-	Not Allowed	$0.00			-	-	000	999	
99512	E	HOME VISIT FOR HEMODIALYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
99600	E	UNLISTED HOME VISIT SVC/PX		-	-	Not Allowed	$0.00			-	-	000	999	
99601	E	HOME NFS VISIT <2 HRS		-	-	Not Allowed	$0.00			-	-	000	999	
99602	E	HOME NFS VISIT EACH ADDL HR		-	-	Not Allowed	$0.00			-	-	000	999	
99605	M	MTMS BY PHARM NP 15 MIN		-	-	Fee Schedule	$59.03			-	-	000	999	
99606	M	MTMS BY PHARM EST 15 MIN		-	-	Fee Schedule	$40.15			-	-	000	999	
99607	M	MTMS BY PHARM ADDL 15 MIN		-	-	Fee Schedule	$16.20			-	-	000	999	
A0021	E	OUTSIDE STATE AMBULANCE SERV		-	-	Not Allowed	$0.00			-	-	000	999	
A0080	E	NONINTEREST ESCORT IN NON ER		-	-	Not Allowed	$0.00			-	-	000	999	
A0090	E	INTEREST ESCORT IN NON ER		-	-	Not Allowed	$0.00			-	-	000	999	
A0100	E	NONEMERGENCY TRANSPORT TAXI		-	-	Not Allowed	$0.00			-	-	000	999	
A0110	E	NONEMERGENCY TRANSPORT BUS		-	-	Not Allowed	$0.00			-	-	000	999	
A0120	E	NONER TRANSPORT MINI-BUS		-	-	Not Allowed	$0.00			-	-	000	999	
A0130	E	NONER TRANSPORT WHEELCH VAN		-	-	Not Allowed	$0.00			-	-	000	999	
A0140	E	NONEMERGENCY TRANSPORT AIR		-	-	Not Allowed	$0.00			-	-	000	999	
A0160	E	NONER TRANSPORT CASE WORKER		-	-	Not Allowed	$0.00			-	-	000	999	
A0170	E	TRANSPORT PARKING FEES/TOLLS		-	-	Not Allowed	$0.00			-	-	000	999	
A0180	E	NONER TRANSPORT LODGNG RECIP		-	-	Not Allowed	$0.00			-	-	000	999	
A0190	E	NONER TRANSPORT MEALS RECIP		-	-	Not Allowed	$0.00			-	-	000	999	
A0200	E	NONER TRANSPORT LODGNG ESCRT		-	-	Not Allowed	$0.00			-	-	000	999	
A0210	E	NONER TRANSPORT MEALS ESCORT		-	-	Not Allowed	$0.00			-	-	000	999	
A0225	E	NEONATAL EMERGENCY TRANSPORT		-	-	Not Allowed	$0.00			-	-	000	999	
A0380	E	BASIC LIFE SUPPORT MILEAGE		-	-	Not Allowed	$0.00			-	-	000	999	
A0382	E	BASIC SUPPORT ROUTINE SUPPLS		-	-	Not Allowed	$0.00			-	-	000	999	
A0384	E	BLS DEFIBRILLATION SUPPLIES		-	-	Not Allowed	$0.00			-	-	000	999	
A0390	E	ADVANCED LIFE SUPPORT MILEAG		-	-	Not Allowed	$0.00			-	-	000	999	
A0392	E	ALS DEFIBRILLATION SUPPLIES		-	-	Not Allowed	$0.00			-	-	000	999	
A0394	E	ALS IV DRUG THERAPY SUPPLIES		-	-	Not Allowed	$0.00			-	-	000	999	
A0396	E	ALS ESOPHAGEAL INTUB SUPPLS		-	-	Not Allowed	$0.00			-	-	000	999	
A0398	E	ALS ROUTINE DISPOSBLE SUPPLS		-	-	Not Allowed	$0.00			-	-	000	999	
A0420	E	AMBULANCE WAITING 1/2 HR		-	-	Not Allowed	$0.00			-	-	000	999	
A0422	E	AMBULANCE 02 LIFE SUSTAINING		-	-	Not Allowed	$0.00			-	-	000	999	
A0424	E	EXTRA AMBULANCE ATTENDANT		-	-	Not Allowed	$0.00			-	-	000	999	
A0425	E	GROUND MILEAGE		-	-	Not Allowed	$0.00			-	-	000	999	
A0426	E	ALS 1		-	-	Not Allowed	$0.00			-	-	000	999	
A0427	E	ALS1-EMERGENCY		-	-	Not Allowed	$0.00			-	-	000	999	
A0428	E	BLS		-	-	Not Allowed	$0.00			-	-	000	999	
A0429	E	BLS-EMERGENCY		-	-	Not Allowed	$0.00			-	-	000	999	
A0430	E	FIXED WING AIR TRANSPORT		-	-	Not Allowed	$0.00			-	-	000	999	
A0431	E	ROTARY WING AIR TRANSPORT		-	-	Not Allowed	$0.00			-	-	000	999	
A0432	E	PI VOLUNTEER AMBULANCE CO		-	-	Not Allowed	$0.00			-	-	000	999	
A0433	E	ALS 2		-	-	Not Allowed	$0.00			-	-	000	999	
A0434	E	SPECIALTY CARE TRANSPORT		-	-	Not Allowed	$0.00			-	-	000	999	
A0435	E	FIXED WING AIR MILEAGE		-	-	Not Allowed	$0.00			-	-	000	999	
A0436	E	ROTARY WING AIR MILEAGE		-	-	Not Allowed	$0.00			-	-	000	999	
A0888	E	NONCOVERED AMBULANCE MILEAGE		-	-	Not Allowed	$0.00			-	-	000	999	
A0998	E	AMBULANCE RESPONSE/TREATMENT		-	-	Not Allowed	$0.00			-	-	000	999	

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A0999	E	UNLISTED AMBULANCE SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
A2001	N	INNOVAMATRIX AC, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
A2002	N	MIRRAGEN ADV WND MAT PER SQ		-	-	Bundled	$0.00			-	-	000	999	
A2003	E	BIO-CONNEKT WOUND MATRIX		-	-	Not Allowed	$0.00			-	-	000	999	
A2004	N	XCELLISTEM, 1 MG		-	-	Bundled	$0.00			-	-	000	999	
A2005	N	MICROLYTE MATRIX, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
A2006	N	NOVOSORB SYNPATH PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
A2007	N	RESTRATA, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
A2008	N	THERAGENESIS, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
A2009	N	SYMPHONY, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
A2010	N	APIS, PER SQUARE CENTIMETER		-	-	Bundled	$0.00			-	-	000	999	
A2011	N	SUPRA SDRM, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
A2012	N	SUPRATHEL, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
A2013	N	INNOVAMATRIX FS, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
A2014	E	OMEZA COLLAG PER 100 MG		-	-	Not Allowed	$0.00			-	-	000	999	
A2015	E	PHOENIX WND MTRX, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
A2016	E	PERMEADERM B, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
A2017	E	PERMEADERM GLOVE, EACH		-	-	Not Allowed	$0.00			-	-	000	999	
A2018	E	PERMEADERM C, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
A2019	N	KERECIS MARIGEN SHLD SQ CM		-	-	Bundled	$0.00			-	-	000	999	
A2020	N	AC5 WOUND SYSTEM		-	-	Bundled	$0.00			-	-	000	999	
A2021	N	NEOMATRIX PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
A2022	N	INNOVABRN/INNOVAMATX XL SQCM		-	-	Bundled	$0.00			-	-	000	999	
A2023	N	INNOVAMATRIX PD, 1 MG		-	-	Bundled	$0.00			-	-	000	999	
A2024	N	RESOLVE OR XENOPATCH SQ CM		-	-	Bundled	$0.00			-	-	000	999	
A2025	N	MIRO3D PER CUBIC CM		-	-	Bundled	$0.00			-	-	000	999	
A2026	N	RESTRATA MINIMATRIX, 5 MG		-	-	Bundled	$0.00			-	-	000	999	
A2027	N	MATRIDERM PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
A2028	N	MICROMATRIX FLEX PER MG		-	-	Bundled	$0.00			-	-	000	999	
A2029	N	MIROTRACT MATRIX SHEET		-	-	Bundled	$0.00			-	-	000	999	
A4100	N	SKIN SUB FDA CLRD AS DEV NOS		-	-	Bundled	$0.00			-	-	000	999	
A4206	E	1 CC STERILE SYRINGE&NEEDLE		-	-	Not Allowed	$0.00			-	-	000	999	
A4207	E	2 CC STERILE SYRINGE&NEEDLE		-	-	Not Allowed	$0.00			-	-	000	999	
A4208	E	3 CC STERILE SYRINGE&NEEDLE		-	-	Not Allowed	$0.00			-	-	000	999	
A4209	E	5+ CC STERILE SYRINGE&NEEDLE		-	-	Not Allowed	$0.00			-	-	000	999	
A4210	E	NONNEEDLE INJECTION DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
A4211	E	SUPP FOR SELF-ADM INJECTIONS		-	-	Not Allowed	$0.00			-	-	000	999	
A4212	E	NON CORING NEEDLE OR STYLET		-	-	Not Allowed	$0.00			-	-	000	999	
A4213	E	20+ CC SYRINGE ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
A4215	E	STERILE NEEDLE		-	-	Not Allowed	$0.00			-	-	000	999	
A4216	E	STERILE WATER/SALINE, 10 ML		-	-	Not Allowed	$0.00			-	-	000	999	
A4217	E	STERILE WATER/SALINE, 500 ML		-	-	Not Allowed	$0.00			-	-	000	999	
A4218	N	STERILE SALINE OR WATER		-	-	Bundled	$0.00			-	-	000	999	
A4220	N	INFUSION PUMP REFILL KIT		-	-	Bundled	$0.00			-	-	000	999	
A4221	E	SUPP NON-INSULIN INF CATH/WK		-	-	Not Allowed	$0.00			-	-	000	999	
A4222	E	INFUSION SUPPLIES WITH PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
A4223	E	INFUSION SUPPLIES W/O PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
A4224	N	SUPPLY INSULIN INF CATH/WK		-	-	Bundled	$0.00			-	-	000	999	
A4225	N	SUP/EXT INSULIN INF PUMP SYR		-	-	Bundled	$0.00			-	-	000	999	
A4226	E	WEEKLY SUPPLY MAINT CGS PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
A4230	N	INFUS INSULIN PUMP NON NEEDL		-	-	Bundled	$0.00			-	-	000	999	
A4231	N	INFUSION INSULIN PUMP NEEDLE		-	-	Bundled	$0.00			-	-	000	999	
A4232	E	SYRINGE W/NEEDLE INSULIN 3CC		-	-	Not Allowed	$0.00			-	-	000	999	
A4233	E	ALKALIN BATT FOR GLUCOSE MON		-	-	Not Allowed	$0.00			-	-	000	999	
A4234	E	J-CELL BATT FOR GLUCOSE MON		-	-	Not Allowed	$0.00			-	-	000	999	
A4235	E	LITHIUM BATT FOR GLUCOSE MON		-	-	Not Allowed	$0.00			-	-	000	999	

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A4236	E	SILVR OXIDE BATT GLUCOSE MON		-	-	Not Allowed	$0.00			-	-	000	999	
A4238	E	ADJU CGM SUPPLY ALLOWANCE		-	-	Not Allowed	$0.00			-	-	000	999	
A4239	E	NON-ADJU CGM SUPPLY ALLOW		-	-	Not Allowed	$0.00			-	-	000	999	
A4244	E	ALCOHOL OR PEROXIDE PER PINT		-	-	Not Allowed	$0.00			-	-	000	999	
A4245	E	ALCOHOL WIPES PER BOX		-	-	Not Allowed	$0.00			-	-	000	999	
A4246	E	BETADINE/PHISOHEX SOLUTION		-	-	Not Allowed	$0.00			-	-	000	999	
A4247	E	BETADINE/IODINE SWABS/WIPES		-	-	Not Allowed	$0.00			-	-	000	999	
A4248	N	CHLORHEXIDINE ANTISEPT		-	-	Bundled	$0.00			-	-	000	999	
A4250	E	URINE REAGENT STRIPS/TABLETS		-	-	Not Allowed	$0.00			-	-	000	999	
A4252	E	BLOOD KETONE TEST OR STRIP		-	-	Not Allowed	$0.00			-	-	000	999	
A4253	E	BLOOD GLUCOSE/REAGENT STRIPS		-	-	Not Allowed	$0.00			-	-	000	999	
A4255	E	GLUCOSE MONITOR PLATFORMS		-	-	Not Allowed	$0.00			-	-	000	999	
A4256	E	CALIBRATOR SOLUTION/CHIPS		-	-	Not Allowed	$0.00			-	-	000	999	
A4257	E	REPLACE LENSSHIELD CARTRIDGE		-	-	Not Allowed	$0.00			-	-	000	999	
A4258	E	LANCET DEVICE EACH		-	-	Not Allowed	$0.00			-	-	000	999	
A4259	E	LANCETS PER BOX		-	-	Not Allowed	$0.00			-	-	000	999	
A4261	E	CERVICAL CAP CONTRACEPTIVE		-	-	Not Allowed	$0.00			-	-	011	60	
A4262	N	TEMPORARY TEAR DUCT PLUG		-	-	Bundled	$0.00			-	-	000	999	
A4263	N	PERMANENT TEAR DUCT PLUG		-	-	Bundled	$0.00			-	-	000	999	
A4264	E	INTRATUBAL OCCLUSION DEVICE		-	-	Not Allowed	$0.00			-	-	011	60	
A4265	E	PARAFFIN		-	-	Not Allowed	$0.00			-	-	000	999	
A4266	E	DIAPHRAGM		-	-	Not Allowed	$0.00			-	-	000	999	
A4267	E	MALE CONDOM		-	-	Not Allowed	$0.00			-	-	000	999	
A4268	E	FEMALE CONDOM		-	-	Not Allowed	$0.00			-	-	010	999	
A4269	E	SPERMICIDE		-	-	Not Allowed	$0.00			-	-	010	999	
A4270	N	DISPOSABLE ENDOSCOPE SHEATH		-	-	Bundled	$0.00			-	-	000	999	
A4271	E	HOME LANCING/TEST CARTRIDGES		-	-	Not Allowed	$0.00			-	-	000	999	
A4280	N	BRST PRSTHS ADHSV ATTCHMNT		-	-	Bundled	$0.00			-	-	000	999	
A4281	E	REPLACEMENT BREASTPUMP TUBE		-	-	Not Allowed	$0.00			-	-	000	999	
A4282	E	REPLACEMENT BREASTPUMP ADPT		-	-	Not Allowed	$0.00			-	-	000	999	
A4283	E	REPLACEMENT BREASTPUMP CAP		-	-	Not Allowed	$0.00			-	-	000	999	
A4284	E	REPLCMNT BREAST PUMP SHIELD		-	-	Not Allowed	$0.00			-	-	000	999	
A4285	E	REPLCMNT BREAST PUMP BOTTLE		-	-	Not Allowed	$0.00			-	-	000	999	
A4286	E	REPLCMNT BREASTPUMP LOK RING		-	-	Not Allowed	$0.00			-	-	000	999	
A4287	E	DISP COL STO BAG BREAST MILK		-	-	Not Allowed	$0.00			-	-	000	999	
A4290	E	SACRAL NERVE STIM TEST LEAD		-	-	Not Allowed	$0.00			-	-	000	999	
A4300	N	CATH IMPL VASC ACCESS PORTAL		-	-	Bundled	$0.00			-	-	000	999	
A4301	N	IMPLANTABLE ACCESS SYST PERC		-	-	Bundled	$0.00			-	-	000	999	
A4305	N	DRUG DELIVERY SYSTEM >=50 ML		-	-	Bundled	$0.00			-	-	000	999	
A4306	N	DRUG DELIVERY SYSTEM <=50 ML		-	-	Bundled	$0.00			-	-	000	999	
A4310	N	INSERT TRAY W/O BAG/CATH		-	-	Bundled	$0.00			-	-	000	999	
A4311	N	CATHETER W/O BAG 2-WAY LATEX		-	-	Bundled	$0.00			-	-	000	999	
A4312	N	CATH W/O BAG 2-WAY SILICONE		-	-	Bundled	$0.00			-	-	000	999	
A4313	N	CATHETER W/BAG 3-WAY		-	-	Bundled	$0.00			-	-	000	999	
A4314	N	CATH W/DRAINAGE 2-WAY LATEX		-	-	Bundled	$0.00			-	-	000	999	
A4315	N	CATH W/DRAINAGE 2-WAY SILCNE		-	-	Bundled	$0.00			-	-	000	999	
A4316	N	CATH W/DRAINAGE 3-WAY		-	-	Bundled	$0.00			-	-	000	999	
A4320	N	IRRIGATION TRAY		-	-	Bundled	$0.00			-	-	000	999	
A4321	N	CATH THERAPEUTIC IRRIG AGENT		-	-	Bundled	$0.00			-	-	000	999	
A4322	N	IRRIGATION SYRINGE		-	-	Bundled	$0.00			-	-	000	999	
A4326	N	MALE EXTERNAL CATHETER		-	-	Bundled	$0.00			-	-	000	999	
A4327	N	FEM URINARY COLLECT DEV CUP		-	-	Bundled	$0.00			-	-	000	999	
A4328	N	FEM URINARY COLLECT POUCH		-	-	Bundled	$0.00			-	-	000	999	
A4330	N	STOOL COLLECTION POUCH		-	-	Bundled	$0.00			-	-	000	999	
A4331	N	EXTENSION DRAINAGE TUBING		-	-	Bundled	$0.00			-	-	000	999	
A4332	N	LUBE STERILE PACKET		-	-	Bundled	$0.00			-	-	000	999	

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A4333	N	URINARY CATH ANCHOR DEVICE		-	-	Bundled	$0.00			-	-	000	999	
A4334	N	URINARY CATH LEG STRAP		-	-	Bundled	$0.00			-	-	000	999	
A4335	N	INCONTINENCE SUPPLY		-	-	Bundled	$0.00			-	-	000	999	
A4336	N	URETHRAL INSERT		-	-	Bundled	$0.00			-	-	000	999	
A4337	N	INCONTINENT RECTAL INSERT		-	-	Bundled	$0.00			-	-	000	999	
A4338	N	INDWELLING CATHETER LATEX		-	-	Bundled	$0.00			-	-	000	999	
A4340	N	INDWELLING CATHETER SPECIAL		-	-	Bundled	$0.00			-	-	000	999	
A4341	N	IDUC VALVE PAT INST REPL		-	-	Bundled	$0.00			-	-	000	999	
A4342	N	IDUC VALVE SPLY REPL		-	-	Bundled	$0.00			-	-	000	999	
A4344	N	CATH INDW FOLEY 2 WAY SILICN		-	-	Bundled	$0.00			-	-	000	999	
A4346	N	CATH INDW FOLEY 3 WAY		-	-	Bundled	$0.00			-	-	000	999	
A4349	E	DISPOSABLE MALE EXTERNAL CAT		-	-	Not Allowed	$0.00			-	-	000	999	
A4351	N	STRAIGHT TIP URINE CATHETER		-	-	Bundled	$0.00			-	-	000	999	
A4352	N	COUDE TIP URINARY CATHETER		-	-	Bundled	$0.00			-	-	000	999	
A4353	N	INTERMITTENT URINARY CATH		-	-	Bundled	$0.00			-	-	000	999	
A4354	N	CATH INSERTION TRAY W/BAG		-	-	Bundled	$0.00			-	-	000	999	
A4355	N	BLADDER IRRIGATION TUBING		-	-	Bundled	$0.00			-	-	000	999	
A4356	N	EXT URETH CLMP OR COMPR DVC		-	-	Bundled	$0.00			-	-	000	999	
A4357	N	BEDSIDE DRAINAGE BAG		-	-	Bundled	$0.00			-	-	000	999	
A4358	N	URINARY LEG OR ABDOMEN BAG		-	-	Bundled	$0.00			-	-	000	999	
A4360	N	DISPOSABLE EXT URETHRAL DEV		-	-	Bundled	$0.00			-	-	000	999	
A4361	N	OSTOMY FACE PLATE		-	-	Bundled	$0.00			-	-	000	999	
A4362	N	SOLID SKIN BARRIER		-	-	Bundled	$0.00			-	-	000	999	
A4363	E	OSTOMY CLAMP, REPLACEMENT		-	-	Not Allowed	$0.00			-	-	000	999	
A4364	N	ADHESIVE, LIQUID OR EQUAL		-	-	Bundled	$0.00			-	-	000	999	
A4366	E	OSTOMY VENT		-	-	Not Allowed	$0.00			-	-	000	999	
A4367	N	OSTOMY BELT		-	-	Bundled	$0.00			-	-	000	999	
A4368	N	OSTOMY FILTER		-	-	Bundled	$0.00			-	-	000	999	
A4369	N	SKIN BARRIER LIQUID PER OZ		-	-	Bundled	$0.00			-	-	000	999	
A4371	N	SKIN BARRIER POWDER PER OZ		-	-	Bundled	$0.00			-	-	000	999	
A4372	N	SKIN BARRIER SOLID 4X4 EQUIV		-	-	Bundled	$0.00			-	-	000	999	
A4373	N	SKIN BARRIER WITH FLANGE		-	-	Bundled	$0.00			-	-	000	999	
A4375	N	DRAINABLE PLASTIC PCH W FCPL		-	-	Bundled	$0.00			-	-	000	999	
A4376	N	DRAINABLE RUBBER PCH W FCPLT		-	-	Bundled	$0.00			-	-	000	999	
A4377	N	DRAINABLE PLSTIC PCH W/O FP		-	-	Bundled	$0.00			-	-	000	999	
A4378	N	DRAINABLE RUBBER PCH W/O FP		-	-	Bundled	$0.00			-	-	000	999	
A4379	N	URINARY PLASTIC POUCH W FCPL		-	-	Bundled	$0.00			-	-	000	999	
A4380	N	URINARY RUBBER POUCH W FCPLT		-	-	Bundled	$0.00			-	-	000	999	
A4381	N	URINARY PLASTIC POUCH W/O FP		-	-	Bundled	$0.00			-	-	000	999	
A4382	N	URINARY HVY PLSTC PCH W/O FP		-	-	Bundled	$0.00			-	-	000	999	
A4383	N	URINARY RUBBER POUCH W/O FP		-	-	Bundled	$0.00			-	-	000	999	
A4384	N	OSTOMY FACEPLT/SILICONE RING		-	-	Bundled	$0.00			-	-	000	999	
A4385	N	OST SKN BARRIER SLD EXT WEAR		-	-	Bundled	$0.00			-	-	000	999	
A4387	N	OST CLSD POUCH W ATT ST BARR		-	-	Bundled	$0.00			-	-	000	999	
A4388	N	DRAINABLE PCH W EX WEAR BARR		-	-	Bundled	$0.00			-	-	000	999	
A4389	N	DRAINABLE PCH W ST WEAR BARR		-	-	Bundled	$0.00			-	-	000	999	
A4390	N	DRAINABLE PCH EX WEAR CONVEX		-	-	Bundled	$0.00			-	-	000	999	
A4391	N	URINARY POUCH W EX WEAR BARR		-	-	Bundled	$0.00			-	-	000	999	
A4392	N	URINARY POUCH W ST WEAR BARR		-	-	Bundled	$0.00			-	-	000	999	
A4393	N	URINE PCH W EX WEAR BAR CONV		-	-	Bundled	$0.00			-	-	000	999	
A4394	N	OSTOMY POUCH LIQ DEODORANT		-	-	Bundled	$0.00			-	-	000	999	
A4395	N	OSTOMY POUCH SOLID DEODORANT		-	-	Bundled	$0.00			-	-	000	999	
A4396	N	PERISTOMAL HERNIA SUPPRT BLT		-	-	Bundled	$0.00			-	-	000	999	
A4398	N	OSTOMY IRRIGATION BAG		-	-	Bundled	$0.00			-	-	000	999	
A4399	N	OSTOMY IRRIG CONE/CATH W BRS		-	-	Bundled	$0.00			-	-	000	999	
A4400	N	OSTOMY IRRIGATION SET		-	-	Bundled	$0.00			-	-	000	999	

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A4402	N	LUBRICANT PER OUNCE		-	-	Bundled	$0.00			-	-	000	999	
A4404	N	OSTOMY RING EACH		-	-	Bundled	$0.00			-	-	000	999	
A4405	N	NONPECTIN BASED OSTOMY PASTE		-	-	Bundled	$0.00			-	-	000	999	
A4406	N	PECTIN BASED OSTOMY PASTE		-	-	Bundled	$0.00			-	-	000	999	
A4407	N	EXT WEAR OST SKN BARR <=4SQ"		-	-	Bundled	$0.00			-	-	000	999	
A4408	N	EXT WEAR OST SKN BARR >4SQ"		-	-	Bundled	$0.00			-	-	000	999	
A4409	N	OST SKN BARR CONVEX <=4 SQ I		-	-	Bundled	$0.00			-	-	000	999	
A4410	N	OST SKN BARR EXTND >4 SQ		-	-	Bundled	$0.00			-	-	000	999	
A4411	E	OST SKN BARR EXTND =4SQ		-	-	Not Allowed	$0.00			-	-	000	999	
A4412	E	OST POUCH DRAIN HIGH OUTPUT		-	-	Not Allowed	$0.00			-	-	000	999	
A4413	N	2 PC DRAINABLE OST POUCH		-	-	Bundled	$0.00			-	-	000	999	
A4414	N	OST SKNBAR W/O CONV<=4 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A4415	N	OST SKN BARR W/O CONV >4 SQI		-	-	Bundled	$0.00			-	-	000	999	
A4416	E	OST PCH CLSD W BARRIER/FILTR		-	-	Not Allowed	$0.00			-	-	000	999	
A4417	E	OST PCH W BAR/BLTINCONV/FLTR		-	-	Not Allowed	$0.00			-	-	000	999	
A4418	E	OST PCH CLSD W/O BAR W FILTR		-	-	Not Allowed	$0.00			-	-	000	999	
A4419	E	OST PCH FOR BAR W FLANGE/FLT		-	-	Not Allowed	$0.00			-	-	000	999	
A4420	E	OST PCH CLSD FOR BAR W LK FL		-	-	Not Allowed	$0.00			-	-	000	999	
A4421	E	OSTOMY SUPPLY MISC		-	-	Not Allowed	$0.00			-	-	000	999	
A4422	N	OST POUCH ABSORBENT MATERIAL		-	-	Bundled	$0.00			-	-	000	999	
A4423	E	OST PCH FOR BAR W LK FL/FLTR		-	-	Not Allowed	$0.00			-	-	000	999	
A4424	E	OST PCH DRAIN W BAR & FILTER		-	-	Not Allowed	$0.00			-	-	000	999	
A4425	E	OST PCH DRAIN FOR BARRIER FL		-	-	Not Allowed	$0.00			-	-	000	999	
A4426	E	OST PCH DRAIN 2 PIECE SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
A4427	E	OST PCH DRAIN/BARR LK FLNG/F		-	-	Not Allowed	$0.00			-	-	000	999	
A4428	E	URINE OST POUCH W FAUCET/TAP		-	-	Not Allowed	$0.00			-	-	000	999	
A4429	E	URINE OST POUCH W BLTINCONV		-	-	Not Allowed	$0.00			-	-	000	999	
A4430	E	OST URINE PCH W B/BLTIN CONV		-	-	Not Allowed	$0.00			-	-	000	999	
A4431	E	OST PCH URINE W BARRIER/TAPV		-	-	Not Allowed	$0.00			-	-	000	999	
A4432	E	OS PCH URINE W BAR/FANGE/TAP		-	-	Not Allowed	$0.00			-	-	000	999	
A4433	E	URINE OST PCH BAR W LOCK FLN		-	-	Not Allowed	$0.00			-	-	000	999	
A4434	E	OST PCH URINE W LOCK FLNG/FT		-	-	Not Allowed	$0.00			-	-	000	999	
A4435	E	1PC OST PCH DRAIN HGH OUTPUT		-	-	Not Allowed	$0.00			-	Y	000	999	
A4436	N	IRR SUPPLY SLEEV REUS PER MO		-	-	Bundled	$0.00			-	-	000	999	
A4437	N	IRR SUPPLY SLEEV DISP PER MO		-	-	Bundled	$0.00			-	-	000	999	
A4438	E	ADHESIVE CLIP EXT ENS CONTR		-	-	Not Allowed	$0.00			-	-	000	999	
A4450	N	NON-WATERPROOF TAPE		-	-	Bundled	$0.00			-	-	000	999	
A4452	N	WATERPROOF TAPE		-	-	Bundled	$0.00			-	-	000	999	
A4453	E	REC CATH MAN PUMP ENEMA REPL		-	-	Not Allowed	$0.00			-	-	000	999	
A4455	N	ADHESIVE REMOVER PER OUNCE		-	-	Bundled	$0.00			-	-	000	999	
A4456	N	ADHESIVE REMOVER, WIPES		-	-	Bundled	$0.00			-	-	000	999	
A4457	E	ENEMA TUBE ANY TYPE REPL		-	-	Not Allowed	$0.00			-	-	000	999	
A4458	E	REUSABLE ENEMA BAG		-	-	Not Allowed	$0.00			-	-	000	999	
A4459	N	MANUAL PUMP ENEMA, REUSABLE		-	-	Bundled	$0.00			-	-	000	999	
A4461	E	SURGICL DRESS HOLD NON-REUSE		-	-	Not Allowed	$0.00			-	-	000	999	
A4463	E	SURGICAL DRESS HOLDER REUSE		-	-	Not Allowed	$0.00			-	-	000	999	
A4465	N	NON-ELASTIC EXTREMITY BINDER		-	-	Bundled	$0.00			-	-	000	999	
A4467	E	BELT STRAP SLEEV GRMNT COVER		-	-	Not Allowed	$0.00			-	-	000	999	
A4468	E	EXSUFF BELT INCL ALL SUP ACC		-	-	Not Allowed	$0.00			-	-	000	999	
A4470	N	GRAVLEE JET WASHER		-	-	Bundled	$0.00			-	-	000	999	
A4480	N	VABRA ASPIRATOR		-	-	Bundled	$0.00			-	-	000	999	
A4481	N	TRACHEOSTOMA FILTER		-	-	Bundled	$0.00			-	-	000	999	
A4483	N	MOISTURE EXCHANGER		-	-	Bundled	$0.00			-	-	000	999	
A4490	E	ABOVE KNEE SURGICAL STOCKING		-	-	Not Allowed	$0.00			-	-	000	999	
A4495	E	THIGH LENGTH SURG STOCKING		-	-	Not Allowed	$0.00			-	-	000	999	
A4500	E	BELOW KNEE SURGICAL STOCKING		-	-	Not Allowed	$0.00			-	-	000	999	

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A4510	E	FULL LENGTH SURG STOCKING		-	-	Not Allowed	$0.00			-	-	000	999	
A4520	E	INCONTINENCE GARMENT ANYTYPE		-	-	Not Allowed	$0.00			-	-	000	999	
A4540	E	TRANS ELEC NERV PERIPH NERV		-	-	Not Allowed	$0.00			-	-	000	999	
A4541	E	MONTHLY SUPP USE WITH E0733		-	-	Not Allowed	$0.00			-	-	000	999	
A4542	E	SUPP EXT UP LIMB TREMOR STIM		-	-	Not Allowed	$0.00			-	-	000	999	
A4543	E	SUPPLY TRANS ELEC NERVE STIM		-	-	Not Allowed	$0.00			-	-	000	999	
A4544	E	ELECTRO NERVE STIMULATOR RLS		-	-	Not Allowed	$0.00			-	-	000	999	
A4545	E	SUPPL ACCESSOR TIBIAL STIM		-	-	Not Allowed	$0.00			-	-	000	999	
A4550	E	SURGICAL TRAYS		-	-	Not Allowed	$0.00			-	-	000	999	
A4553	E	NONDISP UNDERPADS, ALL SIZES		-	-	Not Allowed	$0.00			-	-	000	999	
A4554	E	DISPOSABLE UNDERPADS		-	-	Not Allowed	$0.00			-	-	000	999	
A4555	E	CA TX E-STIM ELECTR/TRANSDUC		-	-	Not Allowed	$0.00			-	-	000	999	
A4556	E	ELECTRODES, PAIR		-	-	Not Allowed	$0.00			-	-	000	999	
A4557	E	LEAD WIRES, PAIR		-	-	Not Allowed	$0.00			-	-	000	999	
A4558	E	CONDUCTIVE GEL OR PASTE		-	-	Not Allowed	$0.00			-	-	000	999	
A4559	E	COUPLING GEL OR PASTE		-	-	Not Allowed	$0.00			-	-	000	999	
A4560	E	NMES DISPOSABLE		-	-	Not Allowed	$0.00			-	-	000	999	
A4561	N	PESSARY REUSABLE RUB ANYTYPE		-	-	Bundled	$0.00			-	-	000	999	
A4562	N	PESSARY REUSABLE NONRUBBER		-	-	Bundled	$0.00			-	-	000	999	
A4563	E	VAG INSER RECTAL CONTROL SYS		-	-	Not Allowed	$0.00			-	-	000	999	
A4564	E	PESSARY, DISPOSABLE ANY TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
A4565	N	SLINGS		-	-	Bundled	$0.00			-	-	000	999	
A4566	E	SHOULD SLING/VEST/ABRESTRAIN		-	-	Not Allowed	$0.00			-	-	000	999	
A4570	E	SPLINT		-	-	Not Allowed	$0.00			-	-	000	999	
A4575	E	HYPERBARIC O2 CHAMBER DISPS		-	-	Not Allowed	$0.00			-	-	000	999	
A4580	E	CAST SUPPLIES (PLASTER)		-	-	Not Allowed	$0.00			-	-	000	999	
A4590	E	SPECIAL CASTING MATERIAL		-	-	Not Allowed	$0.00			-	-	000	999	
A4593	E	NEUROMOD STI SYS ADJ REHAB		-	-	Not Allowed	$0.00			-	-	000	999	
A4594	E	NEUROMOD ADJ REHAB MOUTHPIE		-	-	Not Allowed	$0.00			-	-	000	999	
A4595	E	TENS SUPPL 2 LEAD PER MONTH		-	-	Not Allowed	$0.00			-	-	000	999	
A4596	E	CES SYSTEM MONTHLY SUPP		-	-	Not Allowed	$0.00			-	-	000	999	
A4600	E	SLEEVE, INTER LIMB COMP DEV		-	-	Not Allowed	$0.00			-	-	000	999	
A4601	E	LITH ION NON PROSTH RECHARGE		-	-	Not Allowed	$0.00			-	-	000	999	
A4602	N	REPLACE LITHIUM BATTERY 1.5V		-	-	Bundled	$0.00			-	-	000	999	
A4604	E	TUBING WITH HEATING ELEMENT		-	-	Not Allowed	$0.00			-	-	000	999	
A4605	E	TRACH SUCTION CATH CLOSE SYS		-	-	Not Allowed	$0.00			-	-	000	999	
A4606	N	OXYGEN PROBE USED W OXIMETER		-	-	Bundled	$0.00			-	-	000	999	
A4608	E	TRANSTRACHEAL OXYGEN CATH		-	-	Not Allowed	$0.00			-	-	000	999	
A4611	E	HEAVY DUTY BATTERY		-	-	Not Allowed	$0.00			-	-	000	999	
A4612	E	BATTERY CABLES		-	-	Not Allowed	$0.00			-	-	000	999	
A4613	E	BATTERY CHARGER		-	-	Not Allowed	$0.00			-	-	000	999	
A4614	E	HAND-HELD PEFR METER		-	-	Not Allowed	$0.00			-	-	000	999	
A4615	E	CANNULA NASAL		-	-	Not Allowed	$0.00			-	-	000	999	
A4616	E	TUBING (OXYGEN) PER FOOT		-	-	Not Allowed	$0.00			-	-	000	999	
A4617	E	MOUTH PIECE		-	-	Not Allowed	$0.00			-	-	000	999	
A4618	E	BREATHING CIRCUITS		-	-	Not Allowed	$0.00			-	-	000	999	
A4619	E	FACE TENT		-	-	Not Allowed	$0.00			-	-	000	999	
A4620	E	VARIABLE CONCENTRATION MASK		-	-	Not Allowed	$0.00			-	-	000	999	
A4623	N	TRACHEOSTOMY INNER CANNULA		-	-	Bundled	$0.00			-	-	000	999	
A4624	E	TRACHEAL SUCTION TUBE		-	-	Not Allowed	$0.00			-	-	000	999	
A4625	N	TRACH CARE KIT FOR NEW TRACH		-	-	Bundled	$0.00			-	-	000	999	
A4626	N	TRACHEOSTOMY CLEANING BRUSH		-	-	Bundled	$0.00			-	-	000	999	
A4627	E	SPACER BAG/RESERVOIR		-	-	Not Allowed	$0.00			-	-	000	999	
A4628	E	OROPHARYNGEAL SUCTION CATH		-	-	Not Allowed	$0.00			-	-	000	999	
A4629	N	TRACHEOSTOMY CARE KIT		-	-	Bundled	$0.00			-	-	000	999	
A4630	E	REPL BAT T.E.N.S. OWN BY PT		-	-	Not Allowed	$0.00			-	-	000	999	

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A4633	E	UVL REPLACEMENT BULB		-	-	Not Allowed	$0.00			-	-	000	999	
A4634	N	REPLACEMENT BULB TH LIGHTBOX		-	-	Bundled	$0.00			-	-	000	999	
A4635	E	UNDERARM CRUTCH PAD		-	-	Not Allowed	$0.00			-	-	000	999	
A4636	E	HANDGRIP FOR CANE ETC		-	-	Not Allowed	$0.00			-	-	000	999	
A4637	E	REPL TIP CANE/CRUTCH/WALKER		-	-	Not Allowed	$0.00			-	-	000	999	
A4638	E	REPL BATT PULSE GEN SYS		-	-	Not Allowed	$0.00			-	-	000	999	
A4639	E	INFRARED HT SYS REPLCMNT PAD		-	-	Not Allowed	$0.00			-	-	000	999	
A4640	E	ALTERNATING PRESSURE PAD		-	-	Not Allowed	$0.00			-	-	000	999	
A4641	N	RADIOPHARM DX AGENT NOC		-	-	Bundled	$0.00			-	-	000	999	
A4642	N	IN111 SATUMOMAB		-	-	Bundled	$0.00			Y	-	000	999	
A4648	N	IMPLANTABLE TISSUE MARKER		-	-	Bundled	$0.00			-	-	000	999	
A4649	N	SURGICAL SUPPLIES		-	-	Bundled	$0.00			-	-	000	999	
A4650	N	IMPLANT RADIATION DOSIMETER		-	-	Bundled	$0.00			-	-	000	999	
A4651	N	CALIBRATED MICROCAP TUBE		-	-	Bundled	$0.00			-	-	000	999	
A4652	N	MICROCAPILLARY TUBE SEALANT		-	-	Bundled	$0.00			-	-	000	999	
A4653	N	PD CATHETER ANCHOR BELT		-	-	Bundled	$0.00			-	-	000	999	
A4657	N	SYRINGE W/WO NEEDLE		-	-	Bundled	$0.00			-	-	000	999	
A4660	N	SPHYG/BP APP W CUFF AND STET		-	-	Bundled	$0.00			-	-	000	999	
A4663	N	DIALYSIS BLOOD PRESSURE CUFF		-	-	Bundled	$0.00			-	-	000	999	
A4670	E	AUTOMATIC BP MONITOR, DIAL		-	-	Not Allowed	$0.00			-	-	000	999	
A4671	E	DISPOSABLE CYCLER SET		-	-	Not Allowed	$0.00			-	-	000	999	
A4672	E	DRAINAGE EXT LINE, DIALYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
A4673	E	EXT LINE W EASY LOCK CONNECT		-	-	Not Allowed	$0.00			-	-	000	999	
A4674	E	CHEM/ANTISEPT SOLUTION, 8OZ		-	-	Not Allowed	$0.00			-	-	000	999	
A4680	N	ACTIVATED CARBON FILTER, EA		-	-	Bundled	$0.00			-	-	000	999	
A4690	N	DIALYZER, EACH		-	-	Bundled	$0.00			-	-	000	999	
A4706	N	BICARBONATE CONC SOL PER GAL		-	-	Bundled	$0.00			-	-	000	999	
A4707	N	BICARBONATE CONC POW PER PAC		-	-	Bundled	$0.00			-	-	000	999	
A4708	N	ACETATE CONC SOL PER GALLON		-	-	Bundled	$0.00			-	-	000	999	
A4709	N	ACID CONC SOL PER GALLON		-	-	Bundled	$0.00			-	-	000	999	
A4714	N	TREATED WATER PER GALLON		-	-	Bundled	$0.00			-	-	000	999	
A4719	N	"Y SET" TUBING		-	-	Bundled	$0.00			-	-	000	999	
A4720	N	DIALYSAT SOL FLD VOL > 249CC		-	-	Bundled	$0.00			-	-	000	999	
A4721	N	DIALYSAT SOL FLD VOL > 999CC		-	-	Bundled	$0.00			-	-	000	999	
A4722	N	DIALYS SOL FLD VOL > 1999CC		-	-	Bundled	$0.00			-	-	000	999	
A4723	N	DIALYS SOL FLD VOL > 2999CC		-	-	Bundled	$0.00			-	-	000	999	
A4724	N	DIALYS SOL FLD VOL > 3999CC		-	-	Bundled	$0.00			-	-	000	999	
A4725	N	DIALYS SOL FLD VOL > 4999CC		-	-	Bundled	$0.00			-	-	000	999	
A4726	N	DIALYS SOL FLD VOL > 5999CC		-	-	Bundled	$0.00			-	-	000	999	
A4728	E	DIALYSATE SOLUTION, NON-DEX		-	-	Not Allowed	$0.00			-	-	000	999	
A4730	N	FISTULA CANNULATION SET, EA		-	-	Bundled	$0.00			-	-	000	999	
A4736	N	TOPICAL ANESTHETIC, PER GRAM		-	-	Bundled	$0.00			-	-	000	999	
A4737	N	INJ ANESTHETIC PER 10 ML		-	-	Bundled	$0.00			-	-	000	999	
A4740	N	SHUNT ACCESSORY		-	-	Bundled	$0.00			-	-	000	999	
A4750	N	ART OR VENOUS BLOOD TUBING		-	-	Bundled	$0.00			-	-	000	999	
A4755	N	COMB ART/VENOUS BLOOD TUBING		-	-	Bundled	$0.00			-	-	000	999	
A4760	N	DIALYSATE SOL TEST KIT, EACH		-	-	Bundled	$0.00			-	-	000	999	
A4765	N	DIALYSATE CONC POW PER PACK		-	-	Bundled	$0.00			-	-	000	999	
A4766	N	DIALYSATE CONC SOL ADD 10 ML		-	-	Bundled	$0.00			-	-	000	999	
A4770	N	BLOOD COLLECTION TUBE/VACUUM		-	-	Bundled	$0.00			-	-	000	999	
A4771	N	SERUM CLOTTING TIME TUBE		-	-	Bundled	$0.00			-	-	000	999	
A4772	N	BLOOD GLUCOSE TEST STRIPS		-	-	Bundled	$0.00			-	-	000	999	
A4773	N	OCCULT BLOOD TEST STRIPS		-	-	Bundled	$0.00			-	-	000	999	
A4774	N	AMMONIA TEST STRIPS		-	-	Bundled	$0.00			-	-	000	999	
A4802	N	PROTAMINE SULFATE PER 50 MG		-	-	Bundled	$0.00			-	-	000	999	
A4860	N	DISPOSABLE CATHETER TIPS		-	-	Bundled	$0.00			-	-	000	999	

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A4870	N	PLUMB/ELEC WK HM HEMO EQUIP		-	-	Bundled	$0.00			-	-	000	999	
A4890	N	REPAIR/MAINT CONT HEMO EQUIP		-	-	Bundled	$0.00			-	-	000	999	
A4911	N	DRAIN BAG/BOTTLE		-	-	Bundled	$0.00			-	-	000	999	
A4913	N	MISC DIALYSIS SUPPLIES NOC		-	-	Bundled	$0.00			-	-	000	999	
A4918	N	VENOUS PRESSURE CLAMP		-	-	Bundled	$0.00			-	-	000	999	
A4927	N	NON-STERILE GLOVES		-	-	Bundled	$0.00			-	-	000	999	
A4928	N	SURGICAL MASK		-	-	Bundled	$0.00			-	-	000	999	
A4929	N	TOURNIQUET FOR DIALYSIS, EA		-	-	Bundled	$0.00			-	-	000	999	
A4930	N	STERILE, GLOVES PER PAIR		-	-	Bundled	$0.00			-	-	000	999	
A4931	N	REUSABLE ORAL THERMOMETER		-	-	Bundled	$0.00			-	-	000	999	
A4932	E	REUSABLE RECTAL THERMOMETER		-	-	Not Allowed	$0.00			-	-	000	999	
A5051	N	POUCH CLSD W BARR ATTACHED		-	-	Bundled	$0.00			-	-	000	999	
A5052	N	CLSD OSTOMY POUCH W/O BARR		-	-	Bundled	$0.00			-	-	000	999	
A5053	N	CLSD OSTOMY POUCH FACEPLATE		-	-	Bundled	$0.00			-	-	000	999	
A5054	N	CLSD OSTOMY POUCH W/FLANGE		-	-	Bundled	$0.00			-	-	000	999	
A5055	N	STOMA CAP		-	-	Bundled	$0.00			-	-	000	999	
A5056	E	1 PC OST POUCH W FILTER		-	-	Not Allowed	$0.00			-	-	000	999	
A5057	E	1 PC OST POU W BUILT-IN CONV		-	-	Not Allowed	$0.00			-	-	000	999	
A5061	N	POUCH DRAINABLE W BARRIER AT		-	-	Bundled	$0.00			-	-	000	999	
A5062	N	DRNBLE OSTOMY POUCH W/O BARR		-	-	Bundled	$0.00			-	-	000	999	
A5063	N	DRAIN OSTOMY POUCH W/FLANGE		-	-	Bundled	$0.00			-	-	000	999	
A5071	N	URINARY POUCH W/BARRIER		-	-	Bundled	$0.00			-	-	000	999	
A5072	N	URINARY POUCH W/O BARRIER		-	-	Bundled	$0.00			-	-	000	999	
A5073	N	URINARY POUCH ON BARR W/FLNG		-	-	Bundled	$0.00			-	-	000	999	
A5081	N	STOMA PLUG OR SEAL, ANY TYPE		-	-	Bundled	$0.00			-	-	000	999	
A5082	N	CONTINENT STOMA CATHETER		-	-	Bundled	$0.00			-	-	000	999	
A5083	N	STOMA ABSORPTIVE COVER		-	-	Bundled	$0.00			-	-	000	999	
A5093	N	OSTOMY ACCESSORY CONVEX INSE		-	-	Bundled	$0.00			-	-	000	999	
A5102	N	BEDSIDE DRAIN BTL W/WO TUBE		-	-	Bundled	$0.00			-	-	000	999	
A5105	N	URINARY SUSPENSORY		-	-	Bundled	$0.00			-	-	000	999	
A5112	N	URINARY LEG BAG		-	-	Bundled	$0.00			-	-	000	999	
A5113	E	LATEX LEG STRAP		-	-	Not Allowed	$0.00			-	-	000	999	
A5114	E	FOAM/FABRIC LEG STRAP		-	-	Not Allowed	$0.00			-	-	000	999	
A5120	E	SKIN BARRIER, WIPE OR SWAB		-	-	Not Allowed	$0.00			-	-	000	999	
A5121	N	SOLID SKIN BARRIER 6X6		-	-	Bundled	$0.00			-	-	000	999	
A5122	N	SOLID SKIN BARRIER 8X8		-	-	Bundled	$0.00			-	-	000	999	
A5126	N	DISK/FOAM PAD +OR- ADHESIVE		-	-	Bundled	$0.00			-	-	000	999	
A5131	N	APPLIANCE CLEANER		-	-	Bundled	$0.00			-	-	000	999	
A5200	N	PERCUTANEOUS CATHETER ANCHOR		-	-	Bundled	$0.00			-	-	000	999	
A5500	E	DIAB SHOE FOR DENSITY INSERT		-	-	Not Allowed	$0.00			-	-	000	999	
A5501	E	DIABETIC CUSTOM MOLDED SHOE		-	-	Not Allowed	$0.00			-	-	000	999	
A5503	E	DIABETIC SHOE W/ROLLER/ROCKR		-	-	Not Allowed	$0.00			-	-	000	999	
A5504	E	DIABETIC SHOE WITH WEDGE		-	-	Not Allowed	$0.00			-	-	000	999	
A5505	E	DIAB SHOE W/METATARSAL BAR		-	-	Not Allowed	$0.00			-	-	000	999	
A5506	E	DIABETIC SHOE W/OFF SET HEEL		-	-	Not Allowed	$0.00			-	-	000	999	
A5507	E	MODIFICATION DIABETIC SHOE		-	-	Not Allowed	$0.00			-	-	000	999	
A5508	E	DIABETIC DELUXE SHOE		-	-	Not Allowed	$0.00			-	-	000	999	
A5510	E	COMPRESSION FORM SHOE INSERT		-	-	Not Allowed	$0.00			-	-	000	999	
A5512	E	MULTI DEN INSERT DIRECT FORM		-	-	Not Allowed	$0.00			-	-	000	999	
A5513	E	MULTI DEN INSERT CUSTOM MOLD		-	-	Not Allowed	$0.00			-	-	000	999	
A5514	E	MULT DEN INSERT DIR CARV/CAM		-	-	Not Allowed	$0.00			-	-	000	999	
A6000	E	WOUND WARMING WOUND COVER		-	-	Not Allowed	$0.00			-	-	000	999	
A6010	N	COLLAGEN BASED WOUND FILLER		-	-	Bundled	$0.00			-	-	000	999	
A6011	N	COLLAGEN GEL/PASTE WOUND FIL		-	-	Bundled	$0.00			-	-	000	999	
A6021	N	COLLAGEN DRESSING <=16 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6022	N	COLLAGEN DRSG>16<=48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	

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A6023	N	COLLAGEN DRESSING >48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6024	N	COLLAGEN DSG WOUND FILLER		-	-	Bundled	$0.00			-	-	000	999	
A6025	E	SILICONE GEL SHEET, EACH		-	-	Not Allowed	$0.00			-	-	000	999	
A6154	N	WOUND POUCH EACH		-	-	Bundled	$0.00			-	-	000	999	
A6196	N	ALGINATE DRESSING <=16 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6197	N	ALGINATE DRSG >16 <=48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6198	N	ALGINATE DRESSING > 48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6199	N	ALGINATE DRSG WOUND FILLER		-	-	Bundled	$0.00			-	-	000	999	
A6203	N	COMPOSITE DRSG <= 16 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6204	N	COMPOSITE DRSG >16<=48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6205	N	COMPOSITE DRSG > 48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6206	N	CONTACT LAYER <= 16 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6207	N	CONTACT LAYER >16<= 48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6208	N	CONTACT LAYER > 48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6209	N	FOAM DRSG <=16 SQ IN W/O BDR		-	-	Bundled	$0.00			-	-	000	999	
A6210	N	FOAM DRG >16<=48 SQ IN W/O B		-	-	Bundled	$0.00			-	-	000	999	
A6211	N	FOAM DRG > 48 SQ IN W/O BRDR		-	-	Bundled	$0.00			-	-	000	999	
A6212	N	FOAM DRG <=16 SQ IN W/BORDER		-	-	Bundled	$0.00			-	-	000	999	
A6213	N	FOAM DRG >16<=48 SQ IN W/BDR		-	-	Bundled	$0.00			-	-	000	999	
A6214	N	FOAM DRG > 48 SQ IN W/BORDER		-	-	Bundled	$0.00			-	-	000	999	
A6215	N	FOAM DRESSING WOUND FILLER		-	-	Bundled	$0.00			-	-	000	999	
A6216	N	NON-STERILE GAUZE<=16 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6217	N	NON-STERILE GAUZE>16<=48 SQ		-	-	Bundled	$0.00			-	-	000	999	
A6218	N	NON-STERILE GAUZE > 48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6219	N	GAUZE <= 16 SQ IN W/BORDER		-	-	Bundled	$0.00			-	-	000	999	
A6220	N	GAUZE >16 <=48 SQ IN W/BORDR		-	-	Bundled	$0.00			-	-	000	999	
A6221	N	GAUZE > 48 SQ IN W/BORDER		-	-	Bundled	$0.00			-	-	000	999	
A6222	N	GAUZE <=16 IN NO W/SAL W/O B		-	-	Bundled	$0.00			-	-	000	999	
A6223	N	GAUZE >16<=48 NO W/SAL W/O B		-	-	Bundled	$0.00			-	-	000	999	
A6224	N	GAUZE > 48 IN NO W/SAL W/O B		-	-	Bundled	$0.00			-	-	000	999	
A6228	N	GAUZE <= 16 SQ IN WATER/SAL		-	-	Bundled	$0.00			-	-	000	999	
A6229	N	GAUZE >16<=48 SQ IN WATR/SAL		-	-	Bundled	$0.00			-	-	000	999	
A6230	N	GAUZE > 48 SQ IN WATER/SALNE		-	-	Bundled	$0.00			-	-	000	999	
A6231	N	HYDROGEL DSG<=16 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6232	N	HYDROGEL DSG>16<=48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6233	N	HYDROGEL DRESSING >48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6234	N	HYDROCOLLD DRG <=16 W/O BDR		-	-	Bundled	$0.00			-	-	000	999	
A6235	N	HYDROCOLLD DRG >16<=48 W/O B		-	-	Bundled	$0.00			-	-	000	999	
A6236	N	HYDROCOLLD DRG > 48 IN W/O B		-	-	Bundled	$0.00			-	-	000	999	
A6237	N	HYDROCOLLD DRG <=16 IN W/BDR		-	-	Bundled	$0.00			-	-	000	999	
A6238	N	HYDROCOLLD DRG >16<=48 W/BDR		-	-	Bundled	$0.00			-	-	000	999	
A6239	N	HYDROCOLLD DRG > 48 IN W/BDR		-	-	Bundled	$0.00			-	-	000	999	
A6240	N	HYDROCOLLD DRG FILLER PASTE		-	-	Bundled	$0.00			-	-	000	999	
A6241	N	HYDROCOLLOID DRG FILLER DRY		-	-	Bundled	$0.00			-	-	000	999	
A6242	N	HYDROGEL DRG <=16 IN W/O BDR		-	-	Bundled	$0.00			-	-	000	999	
A6243	N	HYDROGEL DRG >16<=48 W/O BDR		-	-	Bundled	$0.00			-	-	000	999	
A6244	N	HYDROGEL DRG >48 IN W/O BDR		-	-	Bundled	$0.00			-	-	000	999	
A6245	N	HYDROGEL DRG <= 16 IN W/BDR		-	-	Bundled	$0.00			-	-	000	999	
A6246	N	HYDROGEL DRG >16<=48 IN W/B		-	-	Bundled	$0.00			-	-	000	999	
A6247	N	HYDROGEL DRG > 48 SQ IN W/B		-	-	Bundled	$0.00			-	-	000	999	
A6248	N	HYDROGEL DRSG GEL FILLER		-	-	Bundled	$0.00			-	-	000	999	
A6250	N	SKIN SEAL PROTECT MOISTURIZR		-	-	Bundled	$0.00			-	-	000	999	
A6251	N	ABSORPT DRG <=16 SQ IN W/O B		-	-	Bundled	$0.00			-	-	000	999	
A6252	N	ABSORPT DRG >16 <=48 W/O BDR		-	-	Bundled	$0.00			-	-	000	999	
A6253	N	ABSORPT DRG > 48 SQ IN W/O B		-	-	Bundled	$0.00			-	-	000	999	
A6254	N	ABSORPT DRG <=16 SQ IN W/BDR		-	-	Bundled	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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A6255	N	ABSORPT DRG >16<=48 IN W/BDR		-	-	Bundled	$0.00			-	-	000	999	
A6256	N	ABSORPT DRG > 48 SQ IN W/BDR		-	-	Bundled	$0.00			-	-	000	999	
A6257	N	TRANSPARENT FILM <= 16 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6258	N	TRANSPARENT FILM >16<=48 IN		-	-	Bundled	$0.00			-	-	000	999	
A6259	N	TRANSPARENT FILM > 48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6260	N	WOUND CLEANSER ANY TYPE/SIZE		-	-	Bundled	$0.00			-	-	000	999	
A6261	N	WOUND FILLER GEL/PASTE /OZ		-	-	Bundled	$0.00			-	-	000	999	
A6262	N	WOUND FILLER DRY FORM / GRAM		-	-	Bundled	$0.00			-	-	000	999	
A6266	N	IMPREG GAUZE NO H20/SAL/YARD		-	-	Bundled	$0.00			-	-	000	999	
A6402	N	STERILE GAUZE <= 16 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6403	N	STERILE GAUZE>16 <= 48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6404	N	STERILE GAUZE > 48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6407	E	PACKING STRIPS, NON-IMPREG		-	-	Not Allowed	$0.00			-	-	000	999	
A6410	N	STERILE EYE PAD		-	-	Bundled	$0.00			-	-	000	999	
A6411	N	NON-STERILE EYE PAD		-	-	Bundled	$0.00			-	-	000	999	
A6412	N	OCCLUSIVE EYE PATCH		-	-	Bundled	$0.00			-	-	000	999	
A6413	E	ADHESIVE BANDAGE, FIRST-AID		-	-	Not Allowed	$0.00			-	-	000	999	
A6441	E	PAD BAND W>=3" <5"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6442	E	CONFORM BAND N/S W<3"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6443	E	CONFORM BAND N/S W>=3"<5"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6444	E	CONFORM BAND N/S W>=5"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6445	E	CONFORM BAND S W <3"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6446	E	CONFORM BAND S W>=3" <5"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6447	E	CONFORM BAND S W >=5"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6448	E	LT COMPRES BAND <3"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6449	E	LT COMPRES BAND >=3" <5"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6450	E	LT COMPRES BAND >=5"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6451	E	MOD COMPRES BAND W>=3"<5"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6452	E	HIGH COMPRES BAND W>=3"<5"YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6453	E	SELF-ADHER BAND W <3"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6454	E	SELF-ADHER BAND W>=3" <5"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6455	E	SELF-ADHER BAND >=5"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6456	E	ZINC PASTE BAND W >=3"<5"/YD		-	-	Not Allowed	$0.00			-	-	000	999	
A6457	E	TUBULAR DRESSING		-	-	Not Allowed	$0.00			-	-	000	999	
A6460	N	SYNTHETIC DRSG <= 16 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6461	N	SYNTHETIC DRSG >16<=48 SQ IN		-	-	Bundled	$0.00			-	-	000	999	
A6501	N	COMPRES BURNGARMENT BODYSUIT		-	-	Bundled	$0.00			-	-	000	999	
A6502	N	COMPRES BURNGARMENT CHINSTRP		-	-	Bundled	$0.00			-	-	000	999	
A6503	N	COMPRES BURNGARMENT FACEHOOD		-	-	Bundled	$0.00			-	-	000	999	
A6504	N	CMPRSBURNGARMENT GLOVE-WRIST		-	-	Bundled	$0.00			-	-	000	999	
A6505	N	CMPRSBURNGARMENT GLOVE-ELBOW		-	-	Bundled	$0.00			-	-	000	999	
A6506	N	CMPRSBURNGRMNT GLOVE-AXILLA		-	-	Bundled	$0.00			-	-	000	999	
A6507	N	CMPRS BURNGARMENT FOOT-KNEE		-	-	Bundled	$0.00			-	-	000	999	
A6508	N	CMPRS BURNGARMENT FOOT-THIGH		-	-	Bundled	$0.00			-	-	000	999	
A6509	N	COMPRES BURN GARMENT JACKET		-	-	Bundled	$0.00			-	-	000	999	
A6510	N	COMPRES BURN GARMENT LEOTARD		-	-	Bundled	$0.00			-	-	000	999	
A6511	N	COMPRES BURN GARMENT PANTY		-	-	Bundled	$0.00			-	-	000	999	
A6512	N	COMPRES BURN GARMENT, NOC		-	-	Bundled	$0.00			-	-	000	999	
A6513	E	COMPRESS BURN MASK FACE/NECK		-	-	Not Allowed	$0.00			-	-	000	999	
A6520	E	G COM GARMNT GLOVE NGHTTIME		-	-	Not Allowed	$0.00			-	-	000	999	
A6521	E	G COM GARMNT GLOVE NGHT CUST		-	-	Not Allowed	$0.00			-	-	000	999	
A6522	E	G COM GARMENT ARM NIGHTTIME		-	-	Not Allowed	$0.00			-	-	000	999	
A6523	E	G COM GARMENT ARM NGHT CUSTM		-	-	Not Allowed	$0.00			-	-	000	999	
A6524	E	G COM GARMNT LWR LEG/FT NGHT		-	-	Not Allowed	$0.00			-	-	000	999	
A6525	E	G COM GARM LWRLEG/FT NGT CUS		-	-	Not Allowed	$0.00			-	-	000	999	
A6526	E	G COM GARMT FULL LEG/FT NGHT		-	-	Not Allowed	$0.00			-	-	000	999	

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A6527	E	G GARMT FULL LEG/FT NGHT CUS		-	-	Not Allowed	$0.00			-	-	000	999	
A6528	E	G COM GARMENT BRA NIGHTTIME		-	-	Not Allowed	$0.00			-	-	000	999	
A6529	E	G COM GARMT BRA NIGHT CUSTM		-	-	Not Allowed	$0.00			-	-	000	999	
A6530	E	COMPRESSION STOCKING BK18-30		-	-	Not Allowed	$0.00			-	-	000	999	
A6531	E	COMPRESS STKING BK30-40 SURG		-	-	Not Allowed	$0.00			-	-	000	999	
A6532	E	COMPRESS STKING BK40-50 SURG		-	-	Not Allowed	$0.00			-	-	000	999	
A6533	E	GC STOCKING THIGHLNGTH 18-30		-	-	Not Allowed	$0.00			-	-	000	999	
A6534	E	GC STOCKING THIGHLNGTH 30-40		-	-	Not Allowed	$0.00			-	-	000	999	
A6535	E	GC STOCKING THIGHLNGTH 40+		-	-	Not Allowed	$0.00			-	-	000	999	
A6536	E	GC STOCKING FULL LNGTH 18-30		-	-	Not Allowed	$0.00			-	-	000	999	
A6537	E	GC STOCKING FULL LNGTH 30-40		-	-	Not Allowed	$0.00			-	-	000	999	
A6538	E	GC STOCKING FULL LNGTH 40+		-	-	Not Allowed	$0.00			-	-	000	999	
A6539	E	GC STOCKING WAISTLNGTH 18-30		-	-	Not Allowed	$0.00			-	-	000	999	
A6540	E	GC STOCKING WAISTLNGTH 30-40		-	-	Not Allowed	$0.00			-	-	000	999	
A6541	E	GC STOCKING WAISTLNGTH 40+		-	-	Not Allowed	$0.00			-	-	000	999	
A6544	E	GC STOCKING GARTER BELT		-	-	Not Allowed	$0.00			-	-	000	999	
A6545	E	GRAD COM NON-ELASTIC BK SURG		-	-	Not Allowed	$0.00			-	-	000	999	
A6549	E	G COMPRESSION GARMENT		-	-	Not Allowed	$0.00			-	-	000	999	
A6550	E	NEG PRES WOUND THER DRSG SET		-	-	Not Allowed	$0.00			-	-	000	999	
A6552	E	GRAD COM STOCKING BK 30-40		-	-	Not Allowed	$0.00			-	-	000	999	
A6553	E	G COM STCKING BK 30-40 CUSTM		-	-	Not Allowed	$0.00			-	-	000	999	
A6554	E	GRAD COM STOCKING BK 40+		-	-	Not Allowed	$0.00			-	-	000	999	
A6555	E	G COM STCKING BK 40+ CUSTM		-	-	Not Allowed	$0.00			-	-	000	999	
A6556	E	G COM STCKING THGH18-30 CUST		-	-	Not Allowed	$0.00			-	-	000	999	
A6557	E	G COM STCKING THGH30-40 CUST		-	-	Not Allowed	$0.00			-	-	000	999	
A6558	E	G COM STCKING THGH 40+ CUST		-	-	Not Allowed	$0.00			-	-	000	999	
A6559	E	G STCKNG FULL/CHAP18-30 CUST		-	-	Not Allowed	$0.00			-	-	000	999	
A6560	E	G STCKNG FULL/CHAP30-40 CUST		-	-	Not Allowed	$0.00			-	-	000	999	
A6561	E	G STOCKNG FULL/CHAP 40+ CUST		-	-	Not Allowed	$0.00			-	-	000	999	
A6562	E	G COM STCKNG WAIST18-30 CUST		-	-	Not Allowed	$0.00			-	-	000	999	
A6563	E	G COM STCKNG WAIST30-40 CUST		-	-	Not Allowed	$0.00			-	-	000	999	
A6564	E	G COM STCKNG WAIST 40+ CUST		-	-	Not Allowed	$0.00			-	-	000	999	
A6565	E	GRAD COMP GAUNTLET CUSTOM		-	-	Not Allowed	$0.00			-	-	000	999	
A6566	E	GRAD COM GARMENT NECK/HEAD		-	-	Not Allowed	$0.00			-	-	000	999	
A6567	E	G COM GARMENT NECK/HEAD CUST		-	-	Not Allowed	$0.00			-	-	000	999	
A6568	E	G COM GARMENT TORSO/SHLDR		-	-	Not Allowed	$0.00			-	-	000	999	
A6569	E	G COM GARMNT TORSO/SHDR CUST		-	-	Not Allowed	$0.00			-	-	000	999	
A6570	E	GRAD COM GARMENT GENITAL		-	-	Not Allowed	$0.00			-	-	000	999	
A6571	E	G COM GARMENT GENITAL CUSTM		-	-	Not Allowed	$0.00			-	-	000	999	
A6572	E	GRAD COM GARMENT TOE CAPS		-	-	Not Allowed	$0.00			-	-	000	999	
A6573	E	GRAD COM GARMNT TOE CAP CUST		-	-	Not Allowed	$0.00			-	-	000	999	
A6574	E	CUSTOM GRADIENT SLEEV/GLOV		-	-	Not Allowed	$0.00			-	-	000	999	
A6575	E	GRADIENT COMP SLEEV/GLOV		-	-	Not Allowed	$0.00			-	-	000	999	
A6576	E	CUSTOM GRAD COM SLEEVE MED		-	-	Not Allowed	$0.00			-	-	000	999	
A6577	E	CUSTOM GRAD CM SLEEVE HEAVY		-	-	Not Allowed	$0.00			-	-	000	999	
A6578	E	GRADIENT COMP SLEEVE		-	-	Not Allowed	$0.00			-	-	000	999	
A6579	E	CUSTOM GRAD COM GLOVE MED		-	-	Not Allowed	$0.00			-	-	000	999	
A6580	E	CUSTOM GRAD COM GLOVE HEAVY		-	-	Not Allowed	$0.00			-	-	000	999	
A6581	E	GRADIENT COMP GLOVE		-	-	Not Allowed	$0.00			-	-	000	999	
A6582	E	GRADIENT COMP GAUNTLET		-	-	Not Allowed	$0.00			-	-	000	999	
A6583	E	GRAD COM WRAP W STRAPS BK		-	-	Not Allowed	$0.00			-	-	000	999	
A6584	E	GRAD COM WRAP W STRAPS		-	-	Not Allowed	$0.00			-	-	000	999	
A6585	E	GRAD COM WRAP W STRAPS AK		-	-	Not Allowed	$0.00			-	-	000	999	
A6586	E	GRAD COM WRAP W STRAPS LEG		-	-	Not Allowed	$0.00			-	-	000	999	
A6587	E	GRAD COM WRAP W STRAPS FOOT		-	-	Not Allowed	$0.00			-	-	000	999	
A6588	E	GRAD COM WRAP W STRAPS ARM		-	-	Not Allowed	$0.00			-	-	000	999	

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A6589	E	GRAD COM WRAP W STRAPS BRA		-	-	Not Allowed	$0.00			-	-	000	999	
A6590	N	URINARY CATH DISP SUC PUMP		-	-	Bundled	$0.00			-	-	000	999	
A6591	N	URINARY CATH SUC PUMP		-	-	Bundled	$0.00			-	-	000	999	
A6593	E	GRAD COM ACCESSORY GMT_WRAP		-	-	Not Allowed	$0.00			-	-	000	999	
A6594	E	G COMP BANDGE LINER LWR EXTR		-	-	Not Allowed	$0.00			-	-	000	999	
A6595	E	G COMP BANDGE LINER UPR EXTR		-	-	Not Allowed	$0.00			-	-	000	999	
A6596	E	G COMP BANDGE CONFORM GAUZE		-	-	Not Allowed	$0.00			-	-	000	999	
A6597	E	G COMP BANDAGE LONG STRETCH		-	-	Not Allowed	$0.00			-	-	000	999	
A6598	E	G COMP BANDAGE MED STRETCH		-	-	Not Allowed	$0.00			-	-	000	999	
A6599	E	G COMP BANDAGE SHORT STRETCH		-	-	Not Allowed	$0.00			-	-	000	999	
A6600	E	G COM BANDGE HGH DN FOAM SHT		-	-	Not Allowed	$0.00			-	-	000	999	
A6601	E	G COM BANDGE HGH DN FOAM PAD		-	-	Not Allowed	$0.00			-	-	000	999	
A6602	E	G COM BANDGE HGH DN FOAMROLL		-	-	Not Allowed	$0.00			-	-	000	999	
A6603	E	G COM BANDGE LOW DN FOAMCHNL		-	-	Not Allowed	$0.00			-	-	000	999	
A6604	E	G COM BANDGE LOW DN FOAM FLT		-	-	Not Allowed	$0.00			-	-	000	999	
A6605	E	G COM BANDAGE PADDED FOAM		-	-	Not Allowed	$0.00			-	-	000	999	
A6606	E	G COM BANDAGE PADDED TEXTILE		-	-	Not Allowed	$0.00			-	-	000	999	
A6607	E	G COM BANDAGE TUB PROTCT LYR		-	-	Not Allowed	$0.00			-	-	000	999	
A6608	E	G COM BANDAGE TUB PROTCT PAD		-	-	Not Allowed	$0.00			-	-	000	999	
A6609	E	G COMPRESSION BANDAGING		-	-	Not Allowed	$0.00			-	-	000	999	
A6610	E	G COM STCKING BK 18-30 CUSTM		-	-	Not Allowed	$0.00			-	-	000	999	
A7000	E	DISPOSABLE CANISTER FOR PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
A7001	E	NONDISPOSABLE PUMP CANISTER		-	-	Not Allowed	$0.00			-	-	000	999	
A7002	E	TUBING USED W SUCTION PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
A7003	E	NEBULIZER ADMINISTRATION SET		-	-	Not Allowed	$0.00			-	-	000	999	
A7004	E	DISPOSABLE NEBULIZER SML VOL		-	-	Not Allowed	$0.00			-	-	000	999	
A7005	E	NONDISPOSABLE NEBULIZER SET		-	-	Not Allowed	$0.00			-	-	000	999	
A7006	E	FILTERED NEBULIZER ADMIN SET		-	-	Not Allowed	$0.00			-	-	000	999	
A7007	E	LG VOL NEBULIZER DISPOSABLE		-	-	Not Allowed	$0.00			-	-	000	999	
A7008	E	DISPOSABLE NEBULIZER PREFILL		-	-	Not Allowed	$0.00			-	-	000	999	
A7009	E	NEBULIZER RESERVOIR BOTTLE		-	-	Not Allowed	$0.00			-	-	000	999	
A7010	E	DISPOSABLE CORRUGATED TUBING		-	-	Not Allowed	$0.00			-	-	000	999	
A7012	E	NEBULIZER WATER COLLEC DEVIC		-	-	Not Allowed	$0.00			-	-	000	999	
A7013	E	DISPOSABLE COMPRESSOR FILTER		-	-	Not Allowed	$0.00			-	-	000	999	
A7014	E	COMPRESSOR NONDISPOS FILTER		-	-	Not Allowed	$0.00			-	-	000	999	
A7015	E	AEROSOL MASK USED W NEBULIZE		-	-	Not Allowed	$0.00			-	-	000	999	
A7016	E	NEBULIZER DOME & MOUTHPIECE		-	-	Not Allowed	$0.00			-	-	000	999	
A7017	E	NEBULIZER NOT USED W OXYGEN		-	-	Not Allowed	$0.00			-	-	000	999	
A7018	E	WATER DISTILLED W/NEBULIZER		-	-	Not Allowed	$0.00			-	-	000	999	
A7020	E	INTERFACE, COUGH STIM DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
A7021	E	SUPPL AND ACCESS LUNG EXPAN		-	-	Not Allowed	$0.00			-	-	000	999	
A7023	E	MECH ALLERGEN PARTI BARRIER		-	-	Not Allowed	$0.00			-	-	000	999	
A7025	E	REPLACE CHEST COMPRESS VEST		-	-	Not Allowed	$0.00			-	-	000	999	
A7026	E	REPLACE CHST CMPRSS SYS HOSE		-	-	Not Allowed	$0.00			-	-	000	999	
A7027	E	COMBINATION ORAL/NASAL MASK		-	-	Not Allowed	$0.00			-	-	000	999	
A7028	E	REPL ORAL CUSHION COMBO MASK		-	-	Not Allowed	$0.00			-	-	000	999	
A7029	E	REPL NASAL PILLOW COMB MASK		-	-	Not Allowed	$0.00			-	-	000	999	
A7030	E	CPAP FULL FACE MASK		-	-	Not Allowed	$0.00			-	-	000	999	
A7031	E	REPLACEMENT FACEMASK INTERFA		-	-	Not Allowed	$0.00			-	-	000	999	
A7032	E	REPLACEMENT NASAL CUSHION		-	-	Not Allowed	$0.00			-	-	000	999	
A7033	E	REPLACEMENT NASAL PILLOWS		-	-	Not Allowed	$0.00			-	-	000	999	
A7034	E	NASAL APPLICATION DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
A7035	E	POS AIRWAY PRESS HEADGEAR		-	-	Not Allowed	$0.00			-	-	000	999	
A7036	E	POS AIRWAY PRESS CHINSTRAP		-	-	Not Allowed	$0.00			-	-	000	999	
A7037	E	POS AIRWAY PRESSURE TUBING		-	-	Not Allowed	$0.00			-	-	000	999	
A7038	E	POS AIRWAY PRESSURE FILTER		-	-	Not Allowed	$0.00			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
A7039	E	FILTER, NON DISPOSABLE W PAP		-	-	Not Allowed	$0.00			-	-	000	999	
A7040	E	ONE WAY CHEST DRAIN VALVE		-	-	Not Allowed	$0.00			-	-	000	999	
A7041	E	WATER SEAL DRAIN CONTAINER		-	-	Not Allowed	$0.00			-	-	000	999	
A7044	E	PAP ORAL INTERFACE		-	-	Not Allowed	$0.00			-	-	000	999	
A7045	E	REPL EXHALATION PORT FOR PAP		-	-	Not Allowed	$0.00			-	-	000	999	
A7046	E	REPL WATER CHAMBER, PAP DEV		-	-	Not Allowed	$0.00			-	-	000	999	
A7047	N	RESP SUCTION ORAL INTERFACE		-	-	Bundled	$0.00			-	-	000	999	
A7048	N	VACUUM DRAIN BOTTLE/TUBE KIT		-	-	Bundled	$0.00			-	-	000	999	
A7049	E	EPAP NASAL VALVE		-	-	Not Allowed	$0.00			-	-	000	999	
A7501	N	TRACHEOSTOMA VALVE W DIAPHRA		-	-	Bundled	$0.00			-	-	000	999	
A7502	N	REPLACEMENT DIAPHRAGM/FPLATE		-	-	Bundled	$0.00			-	-	000	999	
A7503	N	HMES FILTER HOLDER OR CAP		-	-	Bundled	$0.00			-	-	000	999	
A7504	N	TRACHEOSTOMA HMES FILTER		-	-	Bundled	$0.00			-	-	000	999	
A7505	N	HMES OR TRACH VALVE HOUSING		-	-	Bundled	$0.00			-	-	000	999	
A7506	N	HMES/TRACHVALVE ADHESIVEDISK		-	-	Bundled	$0.00			-	-	000	999	
A7507	N	INTEGRATED FILTER & HOLDER		-	-	Bundled	$0.00			-	-	000	999	
A7508	N	HOUSING & INTEGRATED ADHESIV		-	-	Bundled	$0.00			-	-	000	999	
A7509	N	HEAT & MOISTURE EXCHANGE SYS		-	-	Bundled	$0.00			-	-	000	999	
A7520	E	TRACH/LARYN TUBE NON-CUFFED		-	-	Not Allowed	$0.00			-	-	000	999	
A7521	E	TRACH/LARYN TUBE CUFFED		-	-	Not Allowed	$0.00			-	-	000	999	
A7522	E	TRACH/LARYN TUBE STAINLESS		-	-	Not Allowed	$0.00			-	-	000	999	
A7523	E	TRACHEOSTOMY SHOWER PROTECT		-	-	Not Allowed	$0.00			-	-	000	999	
A7524	E	TRACHEOSTOMA STENT/STUD/BTTN		-	-	Not Allowed	$0.00			-	-	000	999	
A7525	E	TRACHEOSTOMY MASK		-	-	Not Allowed	$0.00			-	-	000	999	
A7526	E	TRACHEOSTOMY TUBE COLLAR		-	-	Not Allowed	$0.00			-	-	000	999	
A7527	E	TRACH/LARYN TUBE PLUG/STOP		-	-	Not Allowed	$0.00			-	-	000	999	
A8000	E	SOFT PROTECT HELMET PREFAB		-	-	Not Allowed	$0.00			-	-	000	999	
A8001	E	HARD PROTECT HELMET PREFAB		-	-	Not Allowed	$0.00			-	-	000	999	
A8002	E	SOFT PROTECT HELMET CUSTOM		-	-	Not Allowed	$0.00			-	-	000	999	
A8003	E	HARD PROTECT HELMET CUSTOM		-	-	Not Allowed	$0.00			-	-	000	999	
A8004	E	REPL SOFT INTERFACE, HELMET		-	-	Not Allowed	$0.00			-	-	000	999	
A9150	E	MISC/EXPER NON-PRESCRIPT DRU		-	-	Not Allowed	$0.00			-	-	000	999	
A9152	E	SINGLE VITAMIN NOS		-	-	Not Allowed	$0.00			-	-	000	999	
A9153	E	MULTI-VITAMIN NOS		-	-	Not Allowed	$0.00			-	-	000	999	
A9156	N	ORAL MUCOADHESIVE PER 1 ML		-	-	Bundled	$0.00			-	-	000	999	
A9180	E	LICE TREATMENT, TOPICAL		-	-	Not Allowed	$0.00			-	-	000	999	
A9268	E	PROGRAMMER ORALLY INGEST CAP		-	-	Not Allowed	$0.00			-	-	000	999	
A9269	E	PROGRAMABLE INGEST CAPSULE		-	-	Not Allowed	$0.00			-	-	000	999	
A9270	E	NON-COVERED ITEM OR SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
A9272	E	DISP WOUND SUCT, DRSG/ACCESS		-	-	Not Allowed	$0.00			-	-	000	999	
A9273	E	HOT/COLD BOTLE/CAP/COL/WRAP		-	-	Not Allowed	$0.00			-	-	000	999	
A9274	E	EXT AMB INSULIN DELIVERY SYS		-	-	Not Allowed	$0.00			-	-	000	999	
A9275	E	DISP HOME GLUCOSE MONITOR		-	-	Not Allowed	$0.00			-	-	000	999	
A9276	E	DISPOSABLE SENSOR, CGM SYS		-	-	Not Allowed	$0.00			-	-	000	999	
A9277	E	EXTERNAL TRANSMITTER, CGM		-	-	Not Allowed	$0.00			-	-	000	999	
A9278	E	EXTERNAL RECEIVER, CGM SYS		-	-	Not Allowed	$0.00			-	-	000	999	
A9279	E	MONITORING FEATURE/DEVICENOC		-	-	Not Allowed	$0.00			-	-	000	999	
A9280	E	ALERT DEVICE, NOC		-	-	Not Allowed	$0.00			-	-	000	999	
A9281	E	REACHING/GRABBING DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
A9282	E	WIG ANY TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
A9283	E	FOOT PRESS OFF LOAD SUPP DEV		-	-	Not Allowed	$0.00			-	-	000	999	
A9284	N	NON-ELECTRONIC SPIROMETER		-	-	Bundled	$0.00			-	-	000	999	
A9285	E	INVERSION EVERSION COR DEVIC		-	-	Not Allowed	$0.00			-	-	000	999	
A9286	E	ANY HYGIENIC ITEM, DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
A9291	E	PRES DIG COG BEHAV THERA FDA		-	-	Not Allowed	$0.00			-	-	000	999	
A9292	E	PRES DIG VISUAL THERAPY FDA		-	-	Not Allowed	$0.00			-	-	000	999	

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A9293	E	FERTILITY CYCL TRACKING SOFT		-	-	Not Allowed	$0.00			-	-	000	999	
A9300	E	EXERCISE EQUIPMENT		-	-	Not Allowed	$0.00			-	-	000	999	
A9500	N	TC99M SESTAMIBI		-	-	Bundled	$0.00			-	-	000	999	
A9501	N	TECHNETIUM TC-99M TEBOROXIME		-	-	Bundled	$0.00			-	-	000	999	
A9502	N	TC99M TETROFOSMIN		-	-	Bundled	$0.00			-	-	000	999	
A9503	N	TC99M MEDRONATE		-	-	Bundled	$0.00			-	-	000	999	
A9504	N	TC99M APCITIDE		-	-	Bundled	$0.00			-	-	000	999	
A9505	N	TL201 THALLIUM		-	-	Bundled	$0.00			-	-	000	999	
A9506	G	TC-99M GRAPHITE CRUCIBLE		-	-	APC – pays by fee schedule amount	$328.60			-	-	000	999	
A9507	N	IN111 CAPROMAB		-	-	Bundled	$0.00			-	-	000	999	
A9508	N	I131 IODOBENGUATE, DX		-	-	Bundled	$0.00			-	-	000	999	
A9509	N	IODINE I-123 SOD IODIDE MIL		-	-	Bundled	$0.00			-	-	000	999	
A9510	N	TC99M DISOFENIN		-	-	Bundled	$0.00			-	-	000	999	
A9512	N	TC99M PERTECHNETATE		-	-	Bundled	$0.00			-	-	000	999	
A9513	K	LUTETIUM LU 177 DOTATAT THER		09067	4.8789	APC (blood and non-blood products)	$296.25			-	-	000	999	
A9515	K	CHOLINE C-11		09461	33.9746	APC (blood and non-blood products)	$2,062.94			-	-	000	999	
A9516	N	IODINE I-123 SOD IODIDE MIC		-	-	Bundled	$0.00			-	-	000	999	
A9517	K	I131 IODIDE CAP, RX		01064	0.3809	APC (blood and non-blood products)	$23.13			-	-	000	999	
A9520	N	TC99 TILMANOCEPT DIAG 0.5MCI		-	-	Bundled	$0.00			-	-	000	999	
A9521	K	TC99M EXAMETAZIME		00766	-	APC (blood and non-blood products)	$802.34			-	-	000	999	
A9524	N	I131 SERUM ALBUMIN, DX		-	-	Bundled	$0.00			-	-	000	999	
A9526	N	NITROGEN N-13 AMMONIA		-	-	Bundled	$0.00			-	-	000	999	
A9527	U	IODINE I-125 SODIUM IODIDE		02632	2.3391	APC	$142.03			-	-	000	999	
A9528	N	IODINE I-131 IODIDE CAP, DX		-	-	Bundled	$0.00			-	-	000	999	
A9529	N	I131 IODIDE SOL, DX		-	-	Bundled	$0.00			-	-	000	999	
A9530	K	I131 IODIDE SOL, RX		01150	0.3439	APC (blood and non-blood products)	$20.88			-	-	000	999	
A9531	N	I131 MAX 100UCI		-	-	Bundled	$0.00			-	-	000	999	
A9532	N	I125 SERUM ALBUMIN, DX		-	-	Bundled	$0.00			-	-	000	999	
A9536	N	TC99M DEPREOTIDE		-	-	Bundled	$0.00			-	-	000	999	
A9537	N	TC99M MEBROFENIN		-	-	Bundled	$0.00			-	-	000	999	
A9538	N	TC99M PYROPHOSPHATE		-	-	Bundled	$0.00			-	-	000	999	
A9539	N	TC99M PENTETATE		-	-	Bundled	$0.00			-	-	000	999	
A9540	N	TC99M MAA		-	-	Bundled	$0.00			-	-	000	999	
A9541	N	TC99M SULFUR COLLOID		-	-	Bundled	$0.00			-	-	000	999	
A9542	K	IN111 IBRITUMOMAB, DX		00769	13.1426	APC (blood and non-blood products)	$798.02			-	-	000	999	
A9543	K	Y90 IBRITUMOMAB, RX		01643	935.8457	APC (blood and non-blood products)	$56,824.55			-	-	000	999	
A9546	N	CO57/58		-	-	Bundled	$0.00			-	-	000	999	
A9547	K	IN111 OXYQUINOLINE		00770	12.7246	APC (blood and non-blood products)	$772.64			-	-	000	999	
A9548	K	IN111 PENTETATE		00771	11.7801	APC (blood and non-blood products)	$715.29			-	-	000	999	
A9550	N	TC99M GLUCEPTATE		-	-	Bundled	$0.00			-	-	000	999	
A9551	N	TC99M SUCCIMER		-	-	Bundled	$0.00			-	-	000	999	
A9552	N	F18 FDG		-	-	Bundled	$0.00			-	-	000	999	
A9553	N	CR51 CHROMATE		-	-	Bundled	$0.00			-	-	000	999	
A9554	N	I125 IOTHALAMATE, DX		-	-	Bundled	$0.00			-	-	000	999	
A9555	N	RB82 RUBIDIUM		-	-	Bundled	$0.00			-	-	000	999	
A9556	N	GA67 GALLIUM		-	-	Bundled	$0.00			-	-	000	999	
A9557	K	TC99M BICISATE		00774	11.2615	APC (blood and non-blood products)	$683.80			-	-	000	999	
A9558	N	XE133 XENON 10MCI		-	-	Bundled	$0.00			-	-	000	999	
A9559	N	CO57 CYANO		-	-	Bundled	$0.00			-	-	000	999	
A9560	N	TC99M LABELED RBC		-	-	Bundled	$0.00			-	-	000	999	
A9561	N	TC99M OXIDRONATE		-	-	Bundled	$0.00			-	-	000	999	
A9562	N	TC99M MERTIATIDE		-	-	Bundled	$0.00			-	-	000	999	
A9563	K	P32 NA PHOSPHATE		01675	2.9499	APC (blood and non-blood products)	$179.12			-	-	000	999	
A9564	E	P32 CHROMIC PHOSPHATE		-	-	Not Allowed	$0.00			-	-	000	999	
A9566	N	TC99M FANOLESOMAB		-	-	Bundled	$0.00			-	-	000	999	
A9567	N	TECHNETIUM TC-99M AEROSOL		-	-	Bundled	$0.00			-	-	000	999	

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A9568	K	TECHNETIUM TC99M ARCITUMOMAB		00775	13.3319	APC (blood and non-blood products)	$809.51			-	-	000	999	
A9569	K	TECHNETIUM TC-99M AUTO WBC		00776	17.1331	APC (blood and non-blood products)	$1,040.32			-	-	000	999	
A9570	K	INDIUM IN-111 AUTO WBC		00777	16.9860	APC (blood and non-blood products)	$1,031.39			-	-	000	999	
A9571	N	INDIUM IN-111 AUTO PLATELET		-	-	Bundled	$0.00			-	-	000	999	
A9572	K	INDIUM IN-111 PENTETREOTIDE		00779	31.5318	APC (blood and non-blood products)	$1,914.61			-	-	000	999	
A9573	N	INJ, GADOPICLENOL, 1 ML		-	-	Bundled	$0.00			-	-	000	999	
A9575	N	INJ GADOTERATE MEGLUMI 0.1ML		-	-	Bundled	$0.00			-	-	000	999	
A9576	N	INJ PROHANCE MULTIPACK		-	-	Bundled	$0.00			-	-	000	999	
A9577	N	INJ MULTIHANCE		-	-	Bundled	$0.00			-	-	000	999	
A9578	N	INJ MULTIHANCE MULTIPACK		-	-	Bundled	$0.00			-	-	000	999	
A9579	N	GAD-BASE MR CONTRAST NOS,1ML		-	-	Bundled	$0.00			-	-	000	999	
A9580	N	SODIUM FLUORIDE F-18		-	-	Bundled	$0.00			-	-	000	999	
A9581	N	GADOXETATE DISODIUM INJ		-	-	Bundled	$0.00			-	-	000	999	
A9582	K	IODINE I-123 IOBENGUANE		00780	72.1474	APC (blood and non-blood products)	$2,074.81			-	-	000	999	
A9583	N	GADOFOSVESET TRISODIUM INJ		-	-	Bundled	$0.00			-	-	000	999	
A9584	K	IODINE I-123 IOFLUPANE		00781	31.6290	APC (blood and non-blood products)	$1,388.02			-	-	018	999	
A9585	N	GADOBUTROL INJECTION		-	-	Bundled	$0.00			-	-	002	999	
A9586	K	FLORBETAPIR F18		01664	49.8821	APC (blood and non-blood products)	$2,194.62			-	Y	000	999	
A9587	K	GALLIUM GA-68		09056	52.3715	APC (blood and non-blood products)	$51.09			-	-	000	999	
A9588	K	FLUCICLOVINE F-18		09052	82.6379	APC (blood and non-blood products)	$268.42			-	-	000	999	
A9589	N	INSTI HEXAMINOLEVULINATE HCL		-	-	Bundled	$0.00			-	-	000	999	
A9590	N	IODINE I-131 IOBENGUANE 1MCI		-	-	Bundled	$0.00			-	-	000	999	
A9591	K	FLUOROESTRADIOL F 18		09370	11.4251	APC (blood and non-blood products)	$498.67			-	-	000	999	
A9592	K	COPPER CU 64 DOTATATE DIAG		09383	15.7999	APC (blood and non-blood products)	$595.10			-	-	000	999	
A9593	K	GALLIUM GA-68 PSMA-11 UCSF		09409	15.1868	APC (blood and non-blood products)	$534.91			-	-	000	999	
A9594	K	GALLIUM GA-68 PSMA-11, UCLA		09410	14.8695	APC (blood and non-blood products)	$372.17			-	-	000	999	
A9595	K	PIFLU F-18, DIA 1 MILLICURIE		09430	10.5346	APC (blood and non-blood products)	$332.44			-	-	000	999	
A9596	G	GALLIUM ILLUCCIX 1 MILLICURE		-	-	APC – pays by fee schedule amount	$1,031.00			-	-	000	999	
A9597	N	PET, DX, FOR TUMOR ID, NOC		-	-	Bundled	$0.00			-	-	000	999	
A9598	N	PET DX FOR NON-TUMOR ID, NOC		-	-	Bundled	$0.00			-	-	000	999	
A9600	K	SR89 STRONTIUM		00701	68.2861	APC (blood and non-blood products)	$4,146.34			-	-	000	999	
A9601	G	FLORTAUCIPIR INJ 1 MILLICURI		-	-	APC – pays by fee schedule amount	$3,710.00			-	-	000	999	
A9602	G	FLUORODOPA F-18 DIAG PER MCI		-	-	APC – pays by fee schedule amount	$498.62			-	-	000	999	
A9603	N	INJ, PAFOLACIANINE, 0.1 MG		-	-	Bundled	$0.00			-	-	000	999	
A9604	K	SM 153 LEXIDRONAM		01295	71.0624	APC (blood and non-blood products)	$4,314.91			-	-	000	999	
A9606	K	RADIUM RA223 DICHLORIDE THER		01745	2.7706	APC (blood and non-blood products)	$169.06			-	-	000	999	
A9607	G	LUTETIUM LU 177 VIPIVOTIDE		-	-	APC – pays by fee schedule amount	$240.20			-	-	000	999	
A9608	G	FLOTUFOLASTAT F18 DIAG 1 MCI		-	-	APC – pays by fee schedule amount	$651.67			-	-	000	999	
A9609	E	F18 FDG, 15 MILLICURIES		-	-	Not Allowed	$0.00			-	-	000	999	
A9610	N	XE129 XENON, DIAGNOSTIC		-	-	Bundled	$0.00			-	-	000	999	
A9615	G	INJ, PEGULICIANINE, 1 MG		-	-	APC – pays by fee schedule amount	$37.51			-	-	000	999	
A9697	G	INJ, MAGTRACE PER STUDY DOSE		-	-	APC – pays by fee schedule amount	$1,137.96			-	-	000	999	
A9698	N	NON-RAD CONTRAST MATERIALNOC		-	-	Bundled	$0.00			-	-	000	999	
A9699	N	RADIOPHARM RX AGENT NOC		-	-	Bundled	$0.00			-	-	000	999	
A9700	N	ECHOCARDIOGRAPHY CONTRAST		-	-	Bundled	$0.00			-	-	000	999	
A9800	G	GALLIUM LOCAMETZ 1 MILLICURI		-	-	APC – pays by fee schedule amount	$871.26			-	-	000	999	
A9900	E	SUPPLY/ACCESSORY/SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
A9901	E	DELIVERY/SET UP/DISPENSING		-	-	Not Allowed	$0.00			-	-	000	999	
A9999	E	DME SUPPLY OR ACCESSORY, NOS		-	-	Not Allowed	$0.00			-	-	000	999	
B4034	E	ENTER FEED SUPKIT SYR BY DAY		-	-	Not Allowed	$0.00			-	-	000	999	
B4035	E	ENTERAL FEED SUPP PUMP PER D		-	-	Not Allowed	$0.00			-	-	000	999	
B4036	E	ENTERAL FEED SUP KIT GRAV BY		-	-	Not Allowed	$0.00			-	-	000	999	
B4081	E	ENTERAL NG TUBING W/ STYLET		-	-	Not Allowed	$0.00			-	-	000	999	
B4082	E	ENTERAL NG TUBING W/O STYLET		-	-	Not Allowed	$0.00			-	-	000	999	
B4083	E	ENTERAL STOMACH TUBE LEVINE		-	-	Not Allowed	$0.00			-	-	000	999	
B4087	E	GASTRO/JEJUNO TUBE, STD		-	-	Not Allowed	$0.00			-	-	000	999	

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B4088	E	GASTRO/JEJUNO TUBE, LOW-PRO		-	-	Not Allowed	$0.00			-	-	000	999	
B4100	E	FOOD THICKENER ORAL		-	-	Not Allowed	$0.00			-	-	000	999	
B4102	E	EF ADULT FLUIDS AND ELECTRO		-	-	Not Allowed	$0.00			-	-	000	999	
B4103	E	EF PED FLUID AND ELECTROLYTE		-	-	Not Allowed	$0.00			-	-	000	999	
B4104	E	ADDITIVE FOR ENTERAL FORMULA		-	-	Not Allowed	$0.00			-	-	000	999	
B4105	E	ENZYME CARTRIDGE ENTERAL NUT		-	-	Not Allowed	$0.00			-	-	000	999	
B4148	E	ENTERAL FEED ELASTOMER DAILY		-	-	Not Allowed	$0.00			-	-	000	999	
B4149	E	EF BLENDERIZED FOODS		-	-	Not Allowed	$0.00			-	-	000	999	
B4150	E	EF COMPLET W/INTACT NUTRIENT		-	-	Not Allowed	$0.00			-	-	000	999	
B4152	E	EF CALORIE DENSE>/=1.5KCAL		-	-	Not Allowed	$0.00			-	-	000	999	
B4153	E	EF HYDROLYZED/AMINO ACIDS		-	-	Not Allowed	$0.00			-	-	000	999	
B4154	E	EF SPEC METABOLIC NONINHERIT		-	-	Not Allowed	$0.00			-	-	000	999	
B4155	E	EF INCOMPLETE/MODULAR		-	-	Not Allowed	$0.00			-	-	000	999	
B4157	E	EF SPECIAL METABOLIC INHERIT		-	-	Not Allowed	$0.00			-	-	000	999	
B4158	E	EF PED COMPLETE INTACT NUT		-	-	Not Allowed	$0.00			-	-	000	999	
B4159	E	EF PED COMPLETE SOY BASED		-	-	Not Allowed	$0.00			-	-	000	999	
B4160	E	EF PED CALORIC DENSE>/=0.7KC		-	-	Not Allowed	$0.00			-	-	000	999	
B4161	E	EF PED HYDROLYZED/AMINO ACID		-	-	Not Allowed	$0.00			-	-	000	999	
B4162	E	EF PED SPECMETABOLIC INHERIT		-	-	Not Allowed	$0.00			-	-	000	999	
B4164	E	PARENTERAL 50% DEXTROSE SOLU		-	-	Not Allowed	$0.00			-	-	000	999	
B4168	E	PARENTERAL SOL AMINO ACID 3.		-	-	Not Allowed	$0.00			-	-	000	999	
B4172	E	PARENTERAL SOL AMINO ACID 5.		-	-	Not Allowed	$0.00			-	-	000	999	
B4176	E	PARENTERAL SOL AMINO ACID 7-		-	-	Not Allowed	$0.00			-	-	000	999	
B4178	E	PARENTERAL SOL AMINO ACID >		-	-	Not Allowed	$0.00			-	-	000	999	
B4180	E	PARENTERAL SOL CARB > 50%		-	-	Not Allowed	$0.00			-	-	000	999	
B4185	E	PN SOLN NOS 10 GRAMS LIPIDS		-	-	Not Allowed	$0.00			-	-	000	999	
B4187	E	OMEGAVEN, 10 GRAMS LIPIDS		-	-	Not Allowed	$0.00			-	-	000	999	
B4189	E	PARENTERAL SOL AMINO ACID &		-	-	Not Allowed	$0.00			-	-	000	999	
B4193	E	PARENTERAL SOL 52-73 GM PROT		-	-	Not Allowed	$0.00			-	-	000	999	
B4197	E	PARENTERAL SOL 74-100 GM PRO		-	-	Not Allowed	$0.00			-	-	000	999	
B4199	E	PARENTERAL SOL > 100GM PROTE		-	-	Not Allowed	$0.00			-	-	000	999	
B4216	E	PARENTERAL NUTRITION ADDITIV		-	-	Not Allowed	$0.00			-	-	000	999	
B4220	E	PARENTERAL SUPPLY KIT PREMIX		-	-	Not Allowed	$0.00			-	-	000	999	
B4222	E	PARENTERAL SUPPLY KIT HOMEMI		-	-	Not Allowed	$0.00			-	-	000	999	
B4224	E	PARENTERAL ADMINISTRATION KI		-	-	Not Allowed	$0.00			-	-	000	999	
B5000	E	PARENTERAL SOL RENAL-AMIROSY		-	-	Not Allowed	$0.00			-	-	000	999	
B5100	E	PARENTERAL SOLUTION HEPATIC		-	-	Not Allowed	$0.00			-	-	000	999	
B5200	E	PARENTERAL SOL HEPATIC FREAM		-	-	Not Allowed	$0.00			-	-	000	999	
B9002	E	ENTER NUTR INF PUMP ANY TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
B9004	E	PARENTERAL INFUS PUMP PORTAB		-	-	Not Allowed	$0.00			-	-	000	999	
B9006	E	PARENTERAL INFUS PUMP STATIO		-	-	Not Allowed	$0.00			-	-	000	999	
B9998	E	ENTERAL SUPP NOT OTHERWISE C		-	-	Not Allowed	$0.00			-	-	000	999	
B9999	E	PARENTERAL SUPP NOT OTHRWS C		-	-	Not Allowed	$0.00			-	-	000	999	
C1052	N	HEMOSTATIC AGENT, GI, TOPIC		-	-	Bundled	$0.00			-	-	000	999	
C1062	N	INTRAVERTEBRAL FX AUG IMPL		-	-	Bundled	$0.00			-	-	000	999	
C1600	H	CATH, BLADED, VASC PREP		-	-	Bundled	$0.00			-	-	000	999	
C1601	H	ENDO, SINGLE, PULMONARY		-	-	Bundled	$0.00			-	-	000	999	
C1602	H	ORTH/MATRX/BN FILL DRUG-ELUT		-	-	Bundled	$0.00			-	-	000	999	
C1603	H	RET DEV, LASER, IVC FILTER		-	-	Bundled	$0.00			-	-	000	999	
C1604	H	GRFT, TRNSMURL/TRNSVENS BYPS		-	-	Bundled	$0.00			-	-	000	999	
C1605	H	PMKR, DUAL, LEADLESS		-	-	Bundled	$0.00			-	-	000	999	
C1606	H	ADAPTER, US TO ENDOSCOPE		-	-	Bundled	$0.00			-	-	000	999	
C1713	N	ANCHOR/SCREW BN/BN,TIS/BN		-	-	Bundled	$0.00			-	-	000	999	
C1714	N	CATH, TRANS ATHERECTOMY, DIR		-	-	Bundled	$0.00			-	-	000	999	
C1715	N	BRACHYTHERAPY NEEDLE		-	-	Bundled	$0.00			-	-	000	999	
C1716	U	BRACHYTX, NON-STR, GOLD-198		02645	9.7380	APC	$591.29			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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C1717	U	BRACHYTX, NON-STR,HDR IR-192		02646	3.8398	APC	$233.15			-	-	000	999	
C1719	U	BRACHYTX, NS, NON-HDRIR-192		02647	6.3307	APC	$384.40			-	-	000	999	
C1721	N	AICD, DUAL CHAMBER		-	-	Bundled	$0.00			-	-	000	999	
C1722	N	AICD, SINGLE CHAMBER		-	-	Bundled	$0.00			-	-	000	999	
C1724	N	CATH, TRANS ATHEREC,ROTATION		-	-	Bundled	$0.00			-	-	000	999	
C1725	N	CATH, TRANSLUMIN NON-LASER		-	-	Bundled	$0.00			-	-	000	999	
C1726	N	CATH, BAL DIL, NON-VASCULAR		-	-	Bundled	$0.00			-	-	000	999	
C1727	N	CATH, BAL TIS DIS, NON-VAS		-	-	Bundled	$0.00			-	-	000	999	
C1728	N	CATH, BRACHYTX SEED ADM		-	-	Bundled	$0.00			-	-	000	999	
C1729	N	CATH, DRAINAGE		-	-	Bundled	$0.00			-	-	000	999	
C1730	N	CATH, EP, 19 OR FEW ELECT		-	-	Bundled	$0.00			-	-	000	999	
C1731	N	CATH, EP, 20 OR MORE ELEC		-	-	Bundled	$0.00			-	-	000	999	
C1732	N	CATH, EP, DIAG/ABL, 3D/VECT		-	-	Bundled	$0.00			-	-	000	999	
C1733	N	CATH, EP, OTHR THAN COOL-TIP		-	-	Bundled	$0.00			-	-	000	999	
C1734	N	ORTH/DEVIC/DRUG BN/BN,TIS/BN		-	-	Bundled	$0.00			-	-	000	999	
C1735	H	CATH RENAL DENERV RADIOFREQ		-	-	Bundled	$0.00			-	-	000	999	
C1736	H	CATH RENAL DENERV ULTRASND		-	-	Bundled	$0.00			-	-	000	999	
C1737	H	SI&PELVIS FUSN&FIXN DEV		-	-	Bundled	$0.00			-	-	000	999	
C1738	H	POWER ENDO US-GUID BX DEV		-	-	Bundled	$0.00			-	-	000	999	
C1739	H	TISSUE MARKER, DETECTABLE		-	-	Bundled	$0.00			-	-	000	999	
C1747	H	ENDO, SINGLE, URINARY TRACT		-	-	Bundled	$0.00			-	-	000	999	
C1748	N	ENDOSCOPE, SINGLE, UGI		-	-	Bundled	$0.00			-	-	000	999	
C1749	N	ENDO, COLON, RETRO IMAGING		-	-	Bundled	$0.00			-	-	000	999	
C1750	N	CATH, HEMODIALYSIS,LONG-TERM		-	-	Bundled	$0.00			-	-	000	999	
C1751	N	CATH, INF, PER/CENT/MIDLINE		-	-	Bundled	$0.00			-	-	000	999	
C1752	N	CATH,HEMODIALYSIS,SHORT-TERM		-	-	Bundled	$0.00			-	-	000	999	
C1753	N	CATH, INTRAVAS ULTRASOUND		-	-	Bundled	$0.00			-	-	000	999	
C1754	N	CATHETER, INTRADISCAL		-	-	Bundled	$0.00			-	-	000	999	
C1755	N	CATHETER, INTRASPINAL		-	-	Bundled	$0.00			-	-	000	999	
C1756	N	CATH, PACING, TRANSESOPH		-	-	Bundled	$0.00			-	-	000	999	
C1757	N	CATH, THROMBECTOMY/EMBOLECT		-	-	Bundled	$0.00			-	-	000	999	
C1758	N	CATHETER, URETERAL		-	-	Bundled	$0.00			-	-	000	999	
C1759	N	CATH, INTRA ECHOCARDIOGRAPHY		-	-	Bundled	$0.00			-	-	000	999	
C1760	N	CLOSURE DEV, VASC		-	-	Bundled	$0.00			-	-	000	999	
C1761	N	CATH, TRANS INTRA LITHO/CORO		-	-	Bundled	$0.00			-	-	000	999	
C1762	N	CONN TISS, HUMAN(INC FASCIA)		-	-	Bundled	$0.00			-	-	000	999	
C1763	N	CONN TISS, NON-HUMAN		-	-	Bundled	$0.00			-	-	000	999	
C1764	N	EVENT RECORDER, CARDIAC		-	-	Bundled	$0.00			-	-	000	999	
C1765	N	ADHESION BARRIER		-	-	Bundled	$0.00			-	-	000	999	
C1766	N	INTRO/SHEATH,STRBLE,NON-PEEL		-	-	Bundled	$0.00			-	-	000	999	
C1767	N	GENERATOR, NEURO NON-RECHARG		-	-	Bundled	$0.00			-	-	000	999	
C1768	N	GRAFT, VASCULAR		-	-	Bundled	$0.00			-	-	000	999	
C1769	N	GUIDE WIRE		-	-	Bundled	$0.00			-	-	000	999	
C1770	N	IMAGING COIL, MR, INSERTABLE		-	-	Bundled	$0.00			-	-	000	999	
C1771	N	REP DEV, URINARY, W/SLING		-	-	Bundled	$0.00			-	-	000	999	
C1772	N	INFUSION PUMP, PROGRAMMABLE		-	-	Bundled	$0.00			-	-	000	999	
C1773	N	RET DEV, INSERTABLE		-	-	Bundled	$0.00			-	-	000	999	
C1776	N	JOINT DEVICE (IMPLANTABLE)		-	-	Bundled	$0.00			-	-	000	999	
C1777	N	LEAD, AICD, ENDO SINGLE COIL		-	-	Bundled	$0.00			-	-	000	999	
C1778	N	LEAD, NEUROSTIMULATOR		-	-	Bundled	$0.00			-	-	000	999	
C1779	N	LEAD, PMKR, TRANSVENOUS VDD		-	-	Bundled	$0.00			-	-	000	999	
C1780	N	LENS, INTRAOCULAR (NEW TECH)		-	-	Bundled	$0.00			-	-	000	999	
C1781	N	MESH (IMPLANTABLE)		-	-	Bundled	$0.00			-	-	000	999	
C1782	N	MORCELLATOR		-	-	Bundled	$0.00			-	-	000	999	
C1783	N	OCULAR IMP, AQUEOUS DRAIN DE		-	-	Bundled	$0.00			-	-	000	999	
C1784	N	OCULAR DEV, INTRAOP, DET RET		-	-	Bundled	$0.00			-	-	000	999	

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C1785	N	PMKR, DUAL, RATE-RESP		-	-	Bundled	$0.00			-	-	000	999	
C1786	N	PMKR, SINGLE, RATE-RESP		-	-	Bundled	$0.00			-	-	000	999	
C1787	N	PATIENT PROGR, NEUROSTIM		-	-	Bundled	$0.00			-	-	000	999	
C1788	N	PORT, INDWELLING, IMP		-	-	Bundled	$0.00			-	-	000	999	
C1789	N	PROSTHESIS, BREAST, IMP		-	-	Bundled	$0.00			-	-	000	999	
C1813	E	PROSTHESIS, PENILE, INFLATAB		-	-	Not Allowed	$0.00			-	-	000	999	
C1814	N	RETINAL TAMP, SILICONE OIL		-	-	Bundled	$0.00			-	-	000	999	
C1815	N	PROS, URINARY SPH, IMP		-	-	Bundled	$0.00			-	-	000	999	
C1816	N	RECEIVER/TRANSMITTER, NEURO		-	-	Bundled	$0.00			-	-	000	999	
C1817	N	SEPTAL DEFECT IMP SYS		-	-	Bundled	$0.00			-	-	000	999	
C1818	N	INTEGRATED KERATOPROSTHESIS		-	-	Bundled	$0.00			-	-	000	999	
C1819	N	TISSUE LOCALIZATION-EXCISION		-	-	Bundled	$0.00			-	-	000	999	
C1820	N	GENERATOR NEURO RECHG BAT SY		-	-	Bundled	$0.00			-	Y	000	999	
C1821	N	INTERSPINOUS IMPLANT		-	-	Bundled	$0.00			-	-	000	999	
C1822	N	GEN, NEURO, HF, RECHG BAT		-	-	Bundled	$0.00			-	-	000	999	
C1823	N	GEN, NEURO, TRANS SEN/STIM		-	-	Bundled	$0.00			-	-	000	999	
C1824	N	GENERATOR, CCM, IMPLANT		-	-	Bundled	$0.00			-	-	000	999	
C1825	N	GEN, NEURO, CAROT SINUS BARO		-	-	Bundled	$0.00			-	-	000	999	
C1826	H	GEN, NEURO, CLO LOOP, RECHG		-	-	Bundled	$0.00			-	-	000	999	
C1827	H	GEN, NEURO, IMP LED, EX CNTR		-	-	Bundled	$0.00			-	-	000	999	
C1830	N	POWER BONE MARROW BX NEEDLE		-	-	Bundled	$0.00			-	-	000	999	
C1831	E	PERSONALIZED INTERBODY CAGE		-	-	Not Allowed	$0.00			-	-	000	999	
C1832	N	AUTO CELL PROCESS SYS		-	-	Bundled	$0.00			-	-	000	999	
C1833	N	CARDIAC MONITOR SYS		-	-	Bundled	$0.00			-	-	000	999	
C1839	N	IRIS PROSTHESIS		-	-	Bundled	$0.00			-	-	000	999	
C1840	N	TELESCOPIC INTRAOCULAR LENS		-	-	Bundled	$0.00			-	-	000	999	
C1874	N	STENT, COATED/COV W/DEL SYS		-	-	Bundled	$0.00			-	-	000	999	
C1875	N	STENT, COATED/COV W/O DEL SY		-	-	Bundled	$0.00			-	-	000	999	
C1876	N	STENT, NON-COA/NON-COV W/DEL		-	-	Bundled	$0.00			-	-	000	999	
C1877	N	STENT, NON-COAT/COV W/O DEL		-	-	Bundled	$0.00			-	-	000	999	
C1878	N	MATRL FOR VOCAL CORD		-	-	Bundled	$0.00			-	-	000	999	
C1880	N	VENA CAVA FILTER		-	-	Bundled	$0.00			-	-	000	999	
C1881	N	DIALYSIS ACCESS SYSTEM		-	-	Bundled	$0.00			-	-	000	999	
C1882	N	AICD, OTHER THAN SING/DUAL		-	-	Bundled	$0.00			-	-	000	999	
C1883	N	ADAPT/EXT, PACING/NEURO LEAD		-	-	Bundled	$0.00			-	-	000	999	
C1884	N	EMBOLIZATION PROTECT SYST		-	-	Bundled	$0.00			-	-	000	999	
C1885	N	CATH, TRANSLUMIN ANGIO LASER		-	-	Bundled	$0.00			-	-	000	999	
C1886	N	CATHETER, ABLATION		-	-	Bundled	$0.00			-	-	000	999	
C1887	N	CATHETER, GUIDING		-	-	Bundled	$0.00			-	-	000	999	
C1888	N	ENDOVAS NON-CARDIAC ABL CATH		-	-	Bundled	$0.00			-	-	000	999	
C1889	N	IMPLANT/INSERT DEVICE, NOC		-	-	Bundled	$0.00			-	-	000	999	
C1890	E	NO DEVICE W/DEV-INTENSIVE PX		-	-	Not Allowed	$0.00			-	-	000	999	
C1891	N	INFUSION PUMP,NON-PROG, PERM		-	-	Bundled	$0.00			-	-	000	999	
C1892	N	INTRO/SHEATH,FIXED,PEEL-AWAY		-	-	Bundled	$0.00			-	-	000	999	
C1893	N	INTRO/SHEATH, FIXED,NON-PEEL		-	-	Bundled	$0.00			-	-	000	999	
C1894	N	INTRO/SHEATH, NON-LASER		-	-	Bundled	$0.00			-	-	000	999	
C1895	N	LEAD, AICD, ENDO DUAL COIL		-	-	Bundled	$0.00			-	-	000	999	
C1896	N	LEAD, AICD, NON SING/DUAL		-	-	Bundled	$0.00			-	-	000	999	
C1897	N	LEAD, NEUROSTIM TEST KIT		-	-	Bundled	$0.00			-	-	000	999	
C1898	N	LEAD, PMKR, OTHER THAN TRANS		-	-	Bundled	$0.00			-	-	000	999	
C1899	N	LEAD, PMKR/AICD COMBINATION		-	-	Bundled	$0.00			-	-	000	999	
C1900	N	LEAD, CORONARY VENOUS		-	-	Bundled	$0.00			-	-	000	999	
C1982	N	CATH, PRESSURE,VALVE-OCCLU		-	-	Bundled	$0.00			-	-	000	999	
C2596	N	PROBE, ROBOTIC, WATER-JET		-	-	Bundled	$0.00			-	-	000	999	
C2613	N	LUNG BX PLUG W/DEL SYS		-	-	Bundled	$0.00			-	-	000	999	
C2614	N	PROBE, PERC LUMB DISC		-	-	Bundled	$0.00			-	-	000	999	

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C2615	N	SEALANT, PULMONARY, LIQUID		-	-	Bundled	$0.00			-	-	000	999	
C2616	U	BRACHYTX, NON-STR,YTTRIUM-90		02616	196.0895	APC	$11,906.55			-	-	000	999	
C2617	N	STENT, NON-COR, TEM W/O DEL		-	-	Bundled	$0.00			-	-	000	999	
C2618	N	PROBE/NEEDLE, CRYO		-	-	Bundled	$0.00			-	-	000	999	
C2619	N	PMKR, DUAL, NON RATE-RESP		-	-	Bundled	$0.00			-	-	000	999	
C2620	N	PMKR, SINGLE, NON RATE-RESP		-	-	Bundled	$0.00			-	-	000	999	
C2621	N	PMKR, OTHER THAN SING/DUAL		-	-	Bundled	$0.00			-	-	000	999	
C2622	E	PROSTHESIS, PENILE, NON-INF		-	-	Not Allowed	$0.00			-	-	000	999	
C2623	N	CATH, TRANSLUMIN, DRUG-COAT		-	-	Bundled	$0.00			-	-	000	999	
C2624	N	WIRELESS PRESSURE SENSOR		-	-	Bundled	$0.00			-	-	000	999	
C2625	N	STENT, NON-COR, TEM W/DEL SY		-	-	Bundled	$0.00			-	-	000	999	
C2626	N	INFUSION PUMP, NON-PROG,TEMP		-	-	Bundled	$0.00			-	-	000	999	
C2627	N	CATH, SUPRAPUBIC/CYSTOSCOPIC		-	-	Bundled	$0.00			-	-	000	999	
C2628	N	CATHETER, OCCLUSION		-	-	Bundled	$0.00			-	-	000	999	
C2629	N	INTRO/SHEATH, LASER		-	-	Bundled	$0.00			-	-	000	999	
C2630	N	CATH, EP, COOL-TIP		-	-	Bundled	$0.00			-	-	000	999	
C2631	N	REP DEV, URINARY, W/O SLING		-	-	Bundled	$0.00			-	-	000	999	
C2634	U	BRACHYTX, NON-STR, HA, I-125		02634	1.8262	APC	$110.89			-	Y	000	999	
C2635	U	BRACHYTX, NON-STR, HA, P-103		02635	0.7781	APC	$47.25			-	Y	000	999	
C2636	U	BRACHY LINEAR, NON-STR,P-103		02636	0.5934	APC	$36.03			-	-	000	999	
C2637	E	BRACHY,NON-STR,YTTERBIUM-169		-	-	Not Allowed	$0.00			-	-	000	999	
C2638	U	BRACHYTX, STRANDED, I-125		02638	0.4154	APC	$25.22			-	-	000	999	
C2639	U	BRACHYTX, NON-STRANDED,I-125		02639	0.3938	APC	$23.91			-	-	000	999	
C2640	U	BRACHYTX, STRANDED, P-103		02640	0.7816	APC	$47.46			-	-	000	999	
C2641	U	BRACHYTX, NON-STRANDED,P-103		02641	0.8946	APC	$54.32			-	-	000	999	
C2642	U	BRACHYTX, STRANDED, C-131		02642	1.2096	APC	$73.45			-	-	000	999	
C2643	U	BRACHYTX, NON-STRANDED,C-131		02643	1.0829	APC	$65.75			-	-	000	999	
C2644	E	BRACHYTX CESIUM-131 CHLORIDE		-	-	Not Allowed	$0.00			-	-	000	999	
C2645	U	BRACHYTX PLANAR, P-103		02648	0.0526	APC	$3.19			-	-	000	999	
C2698	U	BRACHYTX, STRANDED, NOS		02698	0.4154	APC	$25.22			-	-	000	999	
C2699	U	BRACHYTX, NON-STRANDED, NOS		02699	0.3938	APC	$23.91			-	-	000	999	
C5271	T	LOW COST SKIN SUBSTITUTE APP		05053	6.8648	APC	$416.83			-	-	000	999	
C5272	N	LOW COST SKIN SUBSTITUTE APP		-	-	Bundled	$0.00			-	-	000	999	
C5273	T	LOW COST SKIN SUBSTITUTE APP		05054	20.5142	APC	$1,245.62			-	-	000	999	
C5274	N	LOW COST SKIN SUBSTITUTE APP		-	-	Bundled	$0.00			-	-	000	999	
C5275	T	LOW COST SKIN SUBSTITUTE APP		05053	6.8648	APC	$416.83			-	-	000	999	
C5276	N	LOW COST SKIN SUBSTITUTE APP		-	-	Bundled	$0.00			-	-	000	999	
C5277	T	LOW COST SKIN SUBSTITUTE APP		05053	6.8648	APC	$416.83			-	-	000	999	
C5278	N	LOW COST SKIN SUBSTITUTE APP		-	-	Bundled	$0.00			-	-	000	999	
C7500	E	DEB BONE 20 CM2 W/DRUG DEV		-	-	Not Allowed	$0.00			-	-	000	999	
C7501	E	PERC BX BREAST LESIONS STERO		-	-	Not Allowed	$0.00			-	-	000	999	
C7502	E	PERC BX BREAST LESIONS MR		-	-	Not Allowed	$0.00			-	-	000	999	
C7503	E	OPEN EXC CERV NODE(S) W/ ID		-	-	Not Allowed	$0.00			-	-	000	999	
C7504	E	PERQ CVT&LS INJ VERT BODIES		-	-	Not Allowed	$0.00			-	-	000	999	
C7505	E	PERQ LS&CVT INJ VERT BODIES		-	-	Not Allowed	$0.00			-	-	000	999	
C7506	E	FUSION OF FINGER JOINTS		-	-	Not Allowed	$0.00			-	-	000	999	
C7507	E	PERQ THOR&LUMB VERT AUG		-	-	Not Allowed	$0.00			-	-	000	999	
C7508	E	PERQ LUMB&THOR VERT AUG		-	-	Not Allowed	$0.00			-	-	000	999	
C7509	E	DX BRONCH W/ NAVIGATION		-	-	Not Allowed	$0.00			-	-	000	999	
C7510	E	BRONCH/LAVAG W/ NAVIGATION		-	-	Not Allowed	$0.00			-	-	000	999	
C7511	E	BRONCH/BPSY(S) W/ NAVIGATION		-	-	Not Allowed	$0.00			-	-	000	999	
C7512	E	BRONCH/BPSY(S) W/ EBUS		-	-	Not Allowed	$0.00			-	-	000	999	
C7513	E	CATH/ANGIO DIALCIR W/APLASTY		-	-	Not Allowed	$0.00			-	-	000	999	
C7514	E	CATH/ANGIO DIAL CIR W/STENTS		-	-	Not Allowed	$0.00			-	-	000	999	
C7515	E	CATH/ANGIO DIAL CIR W/EMBOL		-	-	Not Allowed	$0.00			-	-	000	999	
C7516	E	COR ANGIO W/ IVUS OR OCT		-	-	Not Allowed	$0.00			-	-	000	999	

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C7517	E	COR ANGIO W/ILIC/FEM ANGIO		-	-	Not Allowed	$0.00			-	-	000	999	
C7518	E	COR/GFT ANGIO W/ IVUS OR OCT		-	-	Not Allowed	$0.00			-	-	000	999	
C7519	E	COR/GFT ANGIO W/ FLOW RESRV		-	-	Not Allowed	$0.00			-	-	000	999	
C7520	E	COR/GFT ANGIO W/ILIC/FEM ANG		-	-	Not Allowed	$0.00			-	-	000	999	
C7521	E	R HRT ANGIO W/ IVUS OR OCT		-	-	Not Allowed	$0.00			-	-	000	999	
C7522	E	R HRT ANGIO W/FLOW RESRV		-	-	Not Allowed	$0.00			-	-	000	999	
C7523	E	L HRT ANGIO W/ IVUS OR OCT		-	-	Not Allowed	$0.00			-	-	000	999	
C7524	E	L HRT ANGIO W/FLOW RESRV		-	-	Not Allowed	$0.00			-	-	000	999	
C7525	E	L HRT GFT ANG W/ IVUS OR OCT		-	-	Not Allowed	$0.00			-	-	000	999	
C7526	E	L HRT GFT ANG W/FLOW RESRV		-	-	Not Allowed	$0.00			-	-	000	999	
C7527	E	R&L HRT ANGIO W/ IVUS OR OCT		-	-	Not Allowed	$0.00			-	-	000	999	
C7528	E	R&L HRT ANGIO W/FLOW RESRV		-	-	Not Allowed	$0.00			-	-	000	999	
C7529	E	R&L HRT GFT ANG W/FLOW RESRV		-	-	Not Allowed	$0.00			-	-	000	999	
C7530	E	CATH/APLASTY DIAL CIR W/STNT		-	-	Not Allowed	$0.00			-	-	000	999	
C7531	E	ANGIO FEM/POP W/ US		-	-	Not Allowed	$0.00			-	-	000	999	
C7532	E	ANGIO W/ US NON-CORONARY		-	-	Not Allowed	$0.00			-	-	000	999	
C7533	E	PTCA W/ PLCMT BRACHYTX DEV		-	-	Not Allowed	$0.00			-	-	000	999	
C7534	E	FEM/POP REVASC W/ARTHR & US		-	-	Not Allowed	$0.00			-	-	000	999	
C7535	E	FEM/POP REVASC W/STENT & US		-	-	Not Allowed	$0.00			-	-	000	999	
C7537	E	INSRT ATRIL PM W/L VENT LEAD		-	-	Not Allowed	$0.00			-	-	000	999	
C7538	E	INSRT VENT PM W/L VENT LEAD		-	-	Not Allowed	$0.00			-	-	000	999	
C7539	E	INSRT A & V PM W/L VENT LEAD		-	-	Not Allowed	$0.00			-	-	000	999	
C7540	E	RMV&RPLC PM DUL W/L VNT LEAD		-	-	Not Allowed	$0.00			-	-	000	999	
C7541	E	ERCP W/ PANCREATOSCOPY		-	-	Not Allowed	$0.00			-	-	000	999	
C7542	E	ERCP W/BX & PANCREATOSCOPY		-	-	Not Allowed	$0.00			-	-	000	999	
C7543	E	ERCP W/OTOMY, PANCREATOSCOPY		-	-	Not Allowed	$0.00			-	-	000	999	
C7544	E	ERCP RMV CALC PANCREATOSCOPY		-	-	Not Allowed	$0.00			-	-	000	999	
C7545	E	EXCH BIL CATH W/ RMV CALCULI		-	-	Not Allowed	$0.00			-	-	000	999	
C7546	E	REP NPH/URT CATH W/DIL STRIC		-	-	Not Allowed	$0.00			-	-	000	999	
C7547	E	CNVRT NEPH CATH W/ DIL STRIC		-	-	Not Allowed	$0.00			-	-	000	999	
C7548	E	EXCH NEPH CATH W/ DIL STRIC		-	-	Not Allowed	$0.00			-	-	000	999	
C7549	E	CHGE URTR STENT W/ DIL STRIC		-	-	Not Allowed	$0.00			-	-	000	999	
C7550	E	CYSTO W/ BX(S) W/ BLUE LIGHT		-	-	Not Allowed	$0.00			-	-	000	999	
C7551	E	EXC NEUROMA W/ IMPLNT NV END		-	-	Not Allowed	$0.00			-	-	000	999	
C7552	E	R HRT ART/GRFT ANG HRT FLOW		-	-	Not Allowed	$0.00			-	-	000	999	
C7553	E	R&I HRT ART/VENT ANG DRG AD		-	-	Not Allowed	$0.00			-	-	000	999	
C7554	E	CYSTURETH BLU LI CYST FL IMG		-	-	Not Allowed	$0.00			-	-	000	999	
C7555	E	RMVL THYRD W/AUTOTRAN PARATH		-	-	Not Allowed	$0.00			-	-	000	999	
C7556	E	BRONCH LAVAGE W/EBUS		-	-	Not Allowed	$0.00			-	-	000	999	
C7557	E	COR ANGIO/VENT W/FFR		-	-	Not Allowed	$0.00			-	-	000	999	
C7560	E	ERCP REMOVE FORGN BODY&ENDO		-	-	Not Allowed	$0.00			-	-	000	999	
C7562	E	R&L HRT ANGIO W/FFR & 3D MAP		-	-	Not Allowed	$0.00			-	-	000	999	
C7563	E	TRLUML BALLO ANGIOP ALL ART		-	-	Not Allowed	$0.00			-	-	000	999	
C7564	E	VEIN MECH THROM W/INTRVAS US		-	-	Not Allowed	$0.00			-	-	000	999	
C7565	E	RPR AA HRN < 3 RDC W/ RMVL		-	-	Not Allowed	$0.00			-	-	000	999	
C7900	S	HOPD MNTL HLT, 15-29 MIN		05821	0.3341	APC	$20.29			-	-	000	999	
C7901	S	HOPD MNTL HLT, 30-60 MIN		05822	1.0374	APC	$62.99			-	-	000	999	
C7902	N	HOPD MNTL HLT, EA ADDL		-	-	Bundled	$0.00			-	-	000	999	
C7903	S	HOPD MNTL HLT, GRP		05821	0.3341	APC	$20.29			-	-	000	999	
C8000	H	SUPRT DEV, A-V FISTULA, IMP		-	-	Bundled	$0.00			-	-	000	999	
C8001	S	3D ANAT SEG IMAGING PREOP		05721	1.7546	APC	$106.54			-	-	000	999	
C8002	S	PREP SKIN CELL SUSP, AUTOMTD		01532	119.4088	APC	$7,250.50			-	-	000	999	
C8003	N	IMP EXTAR KNEE SHCK ABSRB		05116	206.2381	Bundled, sometimes payable	$12,522.78			-	-	000	999	
C8900	N	MRA W/CONT, ABD		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
C8901	N	MRA W/O CONT, ABD		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
C8902	N	MRA W/O FOL W/CONT, ABD		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	

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C8903	N	MRI W/CONT, BREAST, UNI		05571	1.9964	Bundled, sometimes payable	$121.22			-	-	000	999	
C8905	N	MRI W/O FOL W/CONT, BRST, UN		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
C8906	N	MRI W/CONT, BREAST, BI		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
C8908	N	MRI W/O FOL W/CONT, BREAST,		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
C8909	N	MRA W/CONT, CHEST		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
C8910	N	MRA W/O CONT, CHEST		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
C8911	N	MRA W/O FOL W/CONT, CHEST		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
C8912	N	MRA W/CONT, LWR EXT		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
C8913	N	MRA W/O CONT, LWR EXT		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
C8914	N	MRA W/O FOL W/CONT, LWR EXT		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
C8918	N	MRA W/CONT, PELVIS		05572	4.0051	Bundled, sometimes payable	$243.19			-	Y	000	999	
C8919	N	MRA W/O CONT, PELVIS		05523	2.7108	Bundled, sometimes payable	$164.60			-	Y	000	999	
C8920	N	MRA W/O FOL W/CONT, PELVIS		05572	4.0051	Bundled, sometimes payable	$243.19			-	Y	000	999	
C8921	S	TTE W OR W/O FOL W/CONT, COM		05573	8.8602	APC	$537.99			-	-	000	999	
C8922	S	TTE W OR W/O FOL W/CONT, F/U		05573	8.8602	APC	$537.99			-	-	000	999	
C8923	S	2D TTE W OR W/O FOL W/CON,CO		05573	8.8602	APC	$537.99			-	-	000	999	
C8924	S	2D TTE W OR W/O FOL W/CON,FU		05572	4.0051	APC	$243.19			-	-	000	999	
C8925	S	2D TEE W OR W/O FOL W/CON,IN		05573	8.8602	APC	$537.99			-	-	000	999	
C8926	S	TEE W OR W/O FOL W/CONT,CONG		05573	8.8602	APC	$537.99			-	-	000	999	
C8927	S	TEE W OR W/O FOL W/CONT, MON		05573	8.8602	APC	$537.99			-	-	000	999	
C8928	S	TTE W OR W/O FOL W/CON,STRES		05573	8.8602	APC	$537.99			-	-	000	999	
C8929	S	TTE W OR WO FOL WCON,DOPPLER		05573	8.8602	APC	$537.99			-	-	000	999	
C8930	S	TTE W OR W/O CONTR, CONT ECG		05573	8.8602	APC	$537.99			-	-	000	999	
C8931	N	MRA, W/DYE, SPINAL CANAL		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
C8932	N	MRA, W/O DYE, SPINAL CANAL		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
C8933	N	MRA, W/O&W/DYE, SPINAL CANAL		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
C8934	N	MRA, W/DYE, UPPER EXTREMITY		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
C8935	N	MRA, W/O DYE, UPPER EXTR		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
C8936	N	MRA, W/O&W/DYE, UPPER EXTR		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
C8937	N	CAD BREAST MRI		-	-	Bundled	$0.00			-	-	000	999	
C8957	S	PROLONGED IV INF, REQ PUMP		05694	3.7198	APC	$225.87			-	-	000	999	
C9046	N	COCAINE HCL NASAL (GOPRELTO)		-	-	Bundled	$0.00			-	-	000	999	
C9047	N	INJECTION, CAPLACIZUMAB-YHDP		-	-	Bundled	$0.00			-	-	000	999	
C9067	K	GALLIUM GA-68 DOTATOC		09323	0.0667	APC (blood and non-blood products)	$4.05			-	-	000	999	
C9088	K	INSTILL, BUPIVAC AND MELOXIC		09440	0.0127	APC (blood and non-blood products)	$0.77			-	-	000	999	
C9089	K	BUPIVACAINE IMPLANT, 1 MG		00762	0.0141	APC (blood and non-blood products)	$0.86			-	-	000	999	
C9101	G	INJ, OLICERIDINE 0.1 MG		-	-	APC – pays by fee schedule amount	$1.30			-	-	000	999	
C9143	N	COCAINE HCL NASAL (NUMBRINO)		-	-	Bundled	$0.00			-	-	000	999	
C9144	G	INJ, BUPIVACAINE (POSIMIR)		-	-	APC – pays by fee schedule amount	$0.50			-	-	000	999	
C9145	G	INJ, APONVIE, 1 MG		-	-	APC – pays by fee schedule amount	$1.86			-	-	000	999	
C9173	E	INJ, NYPOZI, 1 MCG		-	-	Not Allowed	$0.00			-	-	000	999	
C9248	K	INJ, CLEVIDIPINE BUTYRATE		09087	0.0462	APC (blood and non-blood products)	$2.75			-	-	000	999	
C9250	K	ARTISS FIBRIN SEALANT		01848	2.3229	APC (blood and non-blood products)	$133.14			-	-	000	999	
C9254	N	INJECTION, LACOSAMIDE		-	-	Bundled	$0.00			-	-	000	999	
C9257	K	BEVACIZUMAB INJECTION		01281	0.0318	APC (blood and non-blood products)	$1.82			-	-	000	999	
C9285	N	PATCH, LIDOCAINE/TETRACAINE		-	-	Bundled	$0.00			-	-	003	999	
C9293	E	INJECTION, GLUCARPIDASE		-	-	Not Allowed	$0.00			-	-	000	999	
C9352	N	NEURAGEN NERVE GUIDE, PER CM		-	-	Bundled	$0.00			-	-	000	999	
C9353	N	NEURAWRAP NERVE PROTECTOR,CM		-	-	Bundled	$0.00			-	-	000	999	
C9354	N	VERITAS COLLAGEN MATRIX, CM2		-	-	Bundled	$0.00			-	-	000	999	
C9355	N	NEUROMATRIX NERVE CUFF, CM		-	-	Bundled	$0.00			-	-	000	999	
C9356	N	TENOGLIDE TENDON PROT, CM2		-	-	Bundled	$0.00			-	-	000	999	
C9358	N	SURGIMEND, FETAL		-	-	Bundled	$0.00			-	-	000	999	
C9359	N	IMPLNT,BON VOID FILLER-PUTTY		-	-	Bundled	$0.00			-	-	000	999	
C9360	N	SURGIMEND, NEONATAL		-	-	Bundled	$0.00			-	-	000	999	
C9361	N	NEUROMEND NERVE WRAP		-	-	Bundled	$0.00			-	-	000	999	

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C9362	N	IMPLNT,BON VOID FILLER-STRIP		-	-	Bundled	$0.00			-	-	000	999	
C9363	N	INTEGRA MESHED BIL WOUND MAT		-	-	Bundled	$0.00			-	-	000	999	
C9364	N	PORCINE IMPLANT, PERMACOL		-	-	Bundled	$0.00			-	-	000	999	
C9399	M	UNCLASSIFIED DRUGS OR BIOLOG		-	-	Charge Ratio	$0.00			-	-	000	999	
C9460	K	INJECTION, CANGRELOR		09460	0.3021	APC (blood and non-blood products)	$18.71			-	-	000	999	
C9462	E	INJECTION, DELAFLOXACIN		-	-	Not Allowed	$0.00			-	-	000	999	
C9482	K	SOTALOL HYDROCHLORIDE IV		09482	0.3752	APC (blood and non-blood products)	$22.78			-	-	000	999	
C9488	N	CONIVAPTAN HCL		-	-	Bundled	$0.00			-	-	000	999	
C9507	R	COVID-19 CONVALESCENT PLASMA		09540	4.7732	APC	$289.83			-	-	000	999	
C9600	N	PERC DRUG-EL COR STENT SING		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
C9601	N	PERC DRUG-EL COR STENT BRAN		-	-	Bundled	$0.00			-	-	000	999	
C9602	N	PERC D-E COR STENT ATHER S		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
C9603	N	PERC D-E COR STENT ATHER BR		-	-	Bundled	$0.00			-	-	000	999	
C9604	N	PERC D-E COR REVASC T CABG S		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
C9605	N	PERC D-E COR REVASC T CABG B		-	-	Bundled	$0.00			-	-	000	999	
C9606	C	PERC D-E COR REVASC W AMI S		-	-	IP Only	$0.00			-	-	000	999	
C9607	N	PERC D-E COR REVASC CHRO SIN		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
C9608	N	PERC D-E COR REVASC CHRO ADD		-	-	Bundled	$0.00			-	-	000	999	
C9610	H	CATH CORONARY DRUG-DELIVERY		-	-	Bundled	$0.00			-	-	000	999	
C9725	T	PLACE ENDORECTAL APP		05311	10.2245	APC	$620.83			-	-	000	999	
C9726	N	RXT BREAST APPL PLACE/REMOV		-	-	Bundled	$0.00			-	Y	000	999	
C9727	N	INSERT PALATE IMPLANTS		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
C9728	S	PLACE DEVICE/MARKER, NON PRO		05613	15.3446	APC	$931.72			-	-	000	999	
C9733	N	NON-OPHTHALMIC FVA		05572	4.0051	Bundled, sometimes payable	$243.19			-	-	000	999	
C9734	N	U/S TRTMT, NOT LEIOMYOMATA		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
C9738	N	BLUE LIGHT CYSTO IMAG AGENT		-	-	Bundled	$0.00			-	-	000	999	
C9739	N	CYSTOSCOPY PROSTATIC IMP 1-3		05375	57.0111	Bundled, sometimes payable	$3,461.71			-	-	000	999	
C9740	N	CYSTO IMPL 4 OR MORE		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
C9751	T	MICROWAVE BRONCH, 3D, EBUS		01562	61.7671	APC	$3,750.50			-	-	000	999	
C9756	N	FLUORESCENCE LYMPH MAP W/ICG		-	-	Bundled	$0.00			-	-	000	999	
C9757	N	SPINE DEVICE IMPLANT SURGERY		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
C9758	T	BLIND INTERATRIAL SHUNT IDE		01590	288.2164	APC	$17,500.50			-	-	000	999	
C9759	N	TRANSCATH INTRAOP MICROINF		-	-	Bundled	$0.00			-	-	000	999	
C9760	T	NON-BLIND INTERATRIAL SHUNT		01592	452.9068	APC	$27,500.50			-	-	000	999	
C9761	N	CYSTO, LITHO, VACUUM KIDNEY		05376	103.7036	Bundled, sometimes payable	$6,296.88			-	-	000	999	
C9762	N	CARDIAC MRI SEG DYS STRAIN		05524	6.1490	Bundled, sometimes payable	$373.37			-	-	000	999	
C9763	N	CARDIAC MRI SEG DYS STRESS		05524	6.1490	Bundled, sometimes payable	$373.37			-	-	000	999	
C9764	N	REVASC INTRAVASC LITHOTRIPSY		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
C9765	N	REVASC INTRA LITHOTRIP-STENT		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
C9766	N	REVASC INTRA LITHOTRIP-ATHER		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
C9767	N	REVASC LITHOTRIP-STENT-ATHER		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
C9768	N	ENDO US-GUIDE HEP PORTO GRAD		-	-	Bundled	$0.00			-	-	000	999	
C9772	N	REVASC LITHOTRIP TIBI/PERONE		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
C9773	N	REVASC LITHOTR-STENT TIB/PER		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
C9774	N	REVASC LITHOTR-ATHER TIB/PER		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
C9775	N	REVASC LITH-STEN-ATH TIB/PER		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
C9776	N	FLUO BILE DUCT IMAGING W/ICG		-	-	Bundled	$0.00			-	-	000	999	
C9777	N	ESOPHAG MUC INTEG W/ESO EGD		05303	42.6665	Bundled, sometimes payable	$2,590.71			-	-	000	999	
C9778	N	COLPOPEXY, MIN/INV, EX-PERIT		05415	55.3606	Bundled, sometimes payable	$3,361.50			-	-	000	999	
C9779	N	ESD ENDOSCOPY OR COLONOSCOPY		05303	42.6665	Bundled, sometimes payable	$2,590.71			-	-	000	999	
C9780	E	INSERT CV CATH INF & SUP APP		-	-	Not Allowed	$0.00			-	-	000	999	
C9781	N	ARTHRO/SHOUL SURG; W/SPACER		05115	144.2970	Bundled, sometimes payable	$8,761.71			-	-	000	999	
C9782	E	BLIND MYOCAR TRPL BON MARROW		-	-	Not Allowed	$0.00			-	-	000	999	
C9783	N	BLIND COR SINUS REDUCER IMPL		05193	127.1806	Bundled, sometimes payable	$7,722.41			-	-	000	999	
C9784	N	ENDO SLEEVE GASTRO W/TUBE		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	
C9785	N	ENDO OUTLET RESTRICT W/TUBE		05362	116.7583	Bundled, sometimes payable	$7,089.56			-	-	000	999	

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C9789	T	INSTILL PHARM RENAL PELVIS		01559	37.0636	APC	$2,250.50			-	-	000	999	
C9791	T	MRI HYPERPOLARIZED XENON129		01551	20.5945	APC	$1,250.50			-	-	000	999	
C9792	S	BLIND/NONBLIND TRANS ATRIAL		01537	160.5814	APC	$9,750.50			-	-	000	999	
C9793	S	PRE-PLAN 3D MODEL W/CCTA		05724	11.4097	APC	$692.80			-	-	000	999	
C9796	N	RPR INTST EXCL ANRECT FIST		05313	30.7550	Bundled, sometimes payable	$1,867.44			-	-	000	999	
C9797	N	VASC EMB/OCC W/PRS CATH		05194	201.3785	Bundled, sometimes payable	$12,227.70			-	-	000	999	
C9804	H	PUMP ELASTOMC NON-OPIOID DEV		-	-	Bundled	$0.00			-	-	000	999	
C9806	H	PUMP PERIST NON-OPIOID DEV		-	-	Bundled	$0.00			-	-	000	999	
C9807	H	NERVE STIM NON-OPIOID DEV		-	-	Bundled	$0.00			-	-	000	999	
C9808	H	CRYO PROBE NON-OPIOID DEV		-	-	Bundled	$0.00			-	-	000	999	
C9809	H	CRYO NEEDLE NON-OPIOID DEV		-	-	Bundled	$0.00			-	-	000	999	
C9898	N	INPNT STAY RADIOLABELED ITEM		-	-	Bundled	$0.00			-	-	000	999	
C9899	E	INPT IMPLANT PROS DEV,NO COV		-	-	Not Allowed	$0.00			-	-	000	999	
C9901	N	ENDO DEFECT CLOSURE GI TRACT		05362	116.7583	Bundled, sometimes payable	$6,553.70			-	-	000	999	
D0120	N	PERIODIC ORAL EVALUATION		05012	0.0000	Bundled, sometimes payable	$0.00			-	-	000	999	
D0140	N	LIMIT ORAL EVAL PROBLM FOCUS		05012	0.0000	Bundled, sometimes payable	$0.00			-	-	000	999	
D0145	M	ORAL EVALUATION, PT < 3YRS		-	-	Fee Schedule	$68.64			-	-	000	2	
D0150	N	COMPREHENSVE ORAL EVALUATION		05012	0.0000	Bundled, sometimes payable	$0.00			-	-	000	999	
D0160	E	EXTENSV ORAL EVAL PROB FOCUS		-	-	Not Allowed	$0.00			-	-	000	999	
D0170	N	RE-EVAL,EST PT,PROBLEM FOCUS		05012	0.0000	Bundled, sometimes payable	$0.00			-	-	000	999	
D0171	N	RE-EVAL POST-OP VISIT		05012	0.0000	Bundled, sometimes payable	$0.00			-	-	000	999	
D0180	E	COMP PERIODONTAL EVALUATION		-	-	Not Allowed	$0.00			-	-	000	20	
D0190	M	SCREENING OF A PATIENT		-	-	Fee Schedule	$0.00			-	-	000	999	
D0191	N	ASSESSMENT OF A PATIENT		05012	0.0000	Bundled, sometimes payable	$0.00			-	-	000	999	
D0210	N	INTRAOR COMPREHENSIVE SERIES		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
D0220	N	INTRAORAL PERIAPICAL FIRST		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
D0230	N	INTRAORAL PERIAPICAL EA ADD		-	-	Bundled	$0.00			-	-	000	999	
D0240	N	INTRAORAL OCCLUSAL FILM		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
D0250	N	EXTRAORAL 2D PROJECT IMAGE		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
D0251	N	EXTRAORAL POSTERIOR IMAGE		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
D0270	N	DENTAL BITEWING SINGLE IMAGE		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
D0272	N	DENTAL BITEWINGS TWO IMAGES		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
D0273	N	BITEWINGS - THREE IMAGES		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
D0274	N	BITEWINGS FOUR IMAGES		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
D0277	N	VERT BITEWINGS 7 TO 8 IMAGES		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
D0310	E	DENTAL SALIOGRAPHY		-	-	Not Allowed	$0.00			-	-	000	999	
D0320	E	DENTAL TMJ ARTHROGRAM INCL I		-	-	Not Allowed	$0.00			-	-	000	999	
D0321	E	OTHER TMJ IMAGES BY REPORT		-	-	Not Allowed	$0.00			-	-	000	999	
D0322	E	DENTAL TOMOGRAPHIC SURVEY		-	-	Not Allowed	$0.00			-	-	000	999	
D0330	N	PANORAMIC IMAGE		05523	2.7108	Bundled, sometimes payable	$164.60			-	-	000	999	
D0340	N	2D CEPHALOMETRIC IMAGE		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	999	
D0350	N	ORAL/FACIAL PHOTO IMAGES		05521	0.9874	Bundled, sometimes payable	$59.95			-	-	000	20	
D0360	E	CONE BEAM CT		-	-	Not Allowed	$0.00			-	-	000	999	
D0362	E	CONE BEAM, TWO DIMENSIONAL		-	-	Not Allowed	$0.00			-	-	000	999	
D0364	E	CONE BEAM CT CAPT & INTERP		-	-	Not Allowed	$0.00			-	-	000	999	
D0365	E	CONE BEAM CT INTERPRETE MAN		-	-	Not Allowed	$0.00			-	-	000	999	
D0366	E	CONE BEAM CT INTERPRETE MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D0367	N	CONE BEAM CT INTERP BOTH JAW		05522	1.1926	Bundled, sometimes payable	$72.41			-	-	000	999	
D0368	E	CONE BEAM CT INTERPRETE TMJ		-	-	Not Allowed	$0.00			-	-	000	999	
D0369	E	MAX MRI CAPTURE & INTERPRETE		-	-	Not Allowed	$0.00			-	-	000	999	
D0370	E	MAX ULTRASOUND CAPT & INTERP		-	-	Not Allowed	$0.00			-	-	000	999	
D0371	E	SIALOENDOSCOPY CAPT & INTERP		-	-	Not Allowed	$0.00			-	-	000	999	
D0372	E	TOMO COMP SERIES IMAGES		-	-	Not Allowed	$0.00			-	-	000	999	
D0373	E	TOMO BITEWING IMAGE		-	-	Not Allowed	$0.00			-	-	000	999	
D0374	E	TOMO PERIAPICAL IMAGE		-	-	Not Allowed	$0.00			-	-	000	999	
D0380	E	CONE BEAM CT CAPTURE LIMITED		-	-	Not Allowed	$0.00			-	-	000	999	

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D0381	E	CONE BEAM CT CAPT MANDIBLE		-	-	Not Allowed	$0.00			-	-	000	999	
D0382	E	CONE BEAM CT CAPT MAXILLA		-	-	Not Allowed	$0.00			-	-	000	999	
D0383	E	CONE BEAM CT BOTH JAWS		-	-	Not Allowed	$0.00			-	-	000	999	
D0384	E	CONE BEAM CT CAPTURE TMJ		-	-	Not Allowed	$0.00			-	-	000	999	
D0385	E	MAX MRI IMAGE CAPTURE		-	-	Not Allowed	$0.00			-	-	000	999	
D0386	E	MAX ULTRASOUND IMAGE CAPTURE		-	-	Not Allowed	$0.00			-	-	000	999	
D0387	E	COMP IMAGE CAPTURE ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
D0388	E	BITEWING IMAGE CAPTURE ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
D0389	E	PERIOPIC IMAGE CAPTURE ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
D0391	E	IMTERPRETE DIAGNOSTIC IMAGE		-	-	Not Allowed	$0.00			-	-	000	999	
D0393	E	TRTMNT SIMULATION 3D IMAGE		-	-	Not Allowed	$0.00			-	-	000	999	
D0394	E	DIGITAL SUB 2 OR MORE IMAGES		-	-	Not Allowed	$0.00			-	-	000	999	
D0395	E	FUSION 2 OR MORE 3D IMAGES		-	-	Not Allowed	$0.00			-	-	000	999	
D0396	E	3D PRINT OF 3D SURFACE SCAN		-	-	Not Allowed	$0.00			-	-	000	999	
D0411	E	HBA1C IN OFFICE TESTING		-	-	Not Allowed	$0.00			-	-	000	999	
D0412	E	BLOOD GLUCOSE LEVEL TEST		-	-	Not Allowed	$0.00			-	-	000	999	
D0414	E	LAB PROCESS MICROBIAL SPEC		-	-	Not Allowed	$0.00			-	-	000	999	
D0415	E	COLLECTION OF MICROORGANISMS		-	-	Not Allowed	$0.00			-	-	000	999	
D0416	E	VIRAL CULTURE		-	-	Not Allowed	$0.00			-	-	000	999	
D0417	E	COLLECT & PREP SALIVA SAMPLE		-	-	Not Allowed	$0.00			-	-	000	999	
D0418	E	ANALYSIS OF SALIVA SAMPLE		-	-	Not Allowed	$0.00			-	-	000	999	
D0419	E	ASSESS OF SALIVARY FLOW		-	-	Not Allowed	$0.00			-	-	000	999	
D0422	E	COLLECT & PREP GENETIC SAMP		-	-	Not Allowed	$0.00			-	-	000	999	
D0423	E	GENETIC TEST SPEC ANALYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
D0425	M	CARIES SUSCEPTIBILITY TEST		-	-	Fee Schedule	$68.64			-	-	000	2	
D0431	E	DIAG TST DETECT MUCOS ABNORM		-	-	Not Allowed	$0.00			-	-	000	999	
D0460	T	PULP VITALITY TEST		05871	18.6458	APC	$1,132.17			-	-	000	20	
D0470	M	DIAGNOSTIC CASTS		-	-	Fee Schedule	$68.64			-	-	000	20	
D0472	E	GROSS EXAM, PREP & REPORT		-	-	Not Allowed	$0.00			-	-	000	999	
D0473	E	MICRO EXAM, PREP & REPORT		-	-	Not Allowed	$0.00			-	-	000	999	
D0474	E	MICRO W EXAM OF SURG MARGINS		-	-	Not Allowed	$0.00			-	-	000	999	
D0475	E	DECALCIFICATION PROCEDURE		-	-	Not Allowed	$0.00			-	-	000	999	
D0476	E	SPEC STAINS FOR MICROORGANIS		-	-	Not Allowed	$0.00			-	-	000	999	
D0477	E	SPEC STAINS NOT FOR MICROORG		-	-	Not Allowed	$0.00			-	-	000	999	
D0478	E	IMMUNOHISTOCHEMICAL STAINS		-	-	Not Allowed	$0.00			-	-	000	999	
D0479	E	TISSUE IN-SITU HYBRIDIZATION		-	-	Not Allowed	$0.00			-	-	000	999	
D0480	E	CYTOPATH SMEAR PREP & REPORT		-	-	Not Allowed	$0.00			-	-	000	999	
D0481	E	ELECTRON MICROSCOPY		-	-	Not Allowed	$0.00			-	-	000	999	
D0482	E	DIRECT IMMUNOFLUORESCENCE		-	-	Not Allowed	$0.00			-	-	000	999	
D0483	E	INDIRECT IMMUNOFLUORESCENCE		-	-	Not Allowed	$0.00			-	-	000	999	
D0484	E	CONSULT SLIDES PREP ELSEWHER		-	-	Not Allowed	$0.00			-	-	000	999	
D0485	E	CONSULT INC PREP OF SLIDES		-	-	Not Allowed	$0.00			-	-	000	999	
D0486	M	ACCESS OF TRANSEP CYTOL SAMP		-	-	Fee Schedule	$68.64			-	-	000	20	
D0502	E	OTHER ORAL PATHOLOGY PROCEDU		-	-	Not Allowed	$0.00			-	-	000	999	
D0600	T	NON-IONIZING DIAG PROC		05871	18.6458	APC	$1,132.17			-	-	000	999	
D0601	M	CARIES RISK ASSESS LOW RISK		-	-	Fee Schedule	$68.64			-	-	000	999	
D0602	M	CARIES RISK ASSESS MOD RISK		-	-	Fee Schedule	$68.64			-	-	000	999	
D0603	M	CARIES RISK ASSESS HIGH RISK		-	-	Fee Schedule	$68.64			-	-	000	999	
D0604	E	ANTIGEN TEST PUB HLTH PATHOG		-	-	Not Allowed	$0.00			-	-	000	999	
D0605	E	ANTIBODY TEST PUB HLTH PATH		-	-	Not Allowed	$0.00			-	-	000	999	
D0606	E	MOLECULAR TEST PUB HLTH PATH		-	-	Not Allowed	$0.00			-	-	000	999	
D0701	E	PANO RADIO IMAGE		-	-	Not Allowed	$0.00			-	-	000	999	
D0702	E	2D CEPHAL RADIO IMAGE		-	-	Not Allowed	$0.00			-	-	000	999	
D0703	E	2D ORAL/FACIAL PHOTO IMAGE		-	-	Not Allowed	$0.00			-	-	000	999	
D0705	E	EXTRA ORAL POST RADIO IMAGE		-	-	Not Allowed	$0.00			-	-	000	999	
D0706	E	INTRAORAL OCCLUS RADIO IMAGE		-	-	Not Allowed	$0.00			-	-	000	999	

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D0707	E	INTRAORAL PERIAP RADIO IMAGE		-	-	Not Allowed	$0.00			-	-	000	999	
D0708	E	INTRAORAL BITE RADIO IMAGE		-	-	Not Allowed	$0.00			-	-	000	999	
D0709	E	INTRAORAL COMP IMAGE CAPTURE		-	-	Not Allowed	$0.00			-	-	000	999	
D0801	E	3D DENTAL SCAN DIRECT		-	-	Not Allowed	$0.00			-	-	000	999	
D0802	E	3D DENTAL SCAN INDIRECT		-	-	Not Allowed	$0.00			-	-	000	999	
D0803	E	3D FACIAL SCAN DIRECT		-	-	Not Allowed	$0.00			-	-	000	999	
D0804	E	3D FACIAL SCAN INDIRECT		-	-	Not Allowed	$0.00			-	-	000	999	
D0999	E	UNSPECIFIED DIAGNOSTIC PROCE		-	-	Not Allowed	$0.00			-	-	000	999	
D1110	N	DENTAL PROPHYLAXIS ADULT		05012	0.0000	Bundled, sometimes payable	$0.00			-	-	000	999	
D1120	M	DENTAL PROPHYLAXIS CHILD		-	-	Fee Schedule	$0.00			-	-	000	17	
D1206	M	TOPICAL FLUORIDE VARNISH		-	-	Fee Schedule	$68.64			-	-	000	999	
D1208	M	TOPICAL APP FLUORID EX VRNSH		-	-	Fee Schedule	$0.00			-	-	000	999	
D1301	E	IMMUNIZATION COUNSELING		-	-	Not Allowed	$0.00			-	-	000	999	
D1310	M	NUTRI COUNSEL-CONTROL CARIES		-	-	Fee Schedule	$68.64			-	-	000	5	
D1320	M	TOBACCO COUNSELING		-	-	Fee Schedule	$0.00			-	-	000	999	
D1321	E	COUNS FOR HIGH RISK SUB USE		-	-	Not Allowed	$0.00			-	-	000	999	
D1330	M	ORAL HYGIENE INSTRUCTION		-	-	Fee Schedule	$68.64			-	-	000	5	
D1351	M	DENTAL SEALANT PER TOOTH		-	-	Fee Schedule	$0.00			-	-	000	999	
D1352	M	PREV RESIN REST, PERM TOOTH		-	-	Fee Schedule	$0.00			-	-	000	20	
D1353	M	SEALANT REPAIR PER TOOTH		-	-	Fee Schedule	$0.00			-	-	000	999	
D1354	N	INT CARIES MED APP PER TOOTH		-	-	Bundled	$0.00			-	-	000	999	
D1355	E	CARIES MED APP PER TOOTH		-	-	Not Allowed	$0.00			-	-	000	999	
D1510	T	SPACE MAINTAINER FXD UNILAT		05871	18.6458	APC	$1,132.17			-	-	000	20	
D1516	T	FIXED BILAT SPACE MAINT, MAX		05871	18.6458	APC	$1,132.17			-	-	000	20	
D1517	T	FIXED BILAT SPACE MAINT, MAN		05871	18.6458	APC	$1,132.17			-	-	000	20	
D1520	E	REMOVE UNILAT SPACE MAINTAIN		-	-	Not Allowed	$0.00			-	-	000	999	
D1526	E	REMOVE BILAT SPACE MAIN, MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D1527	E	REMOVE BILAT SPACE MAIN, MAN		-	-	Not Allowed	$0.00			-	-	000	999	
D1551	T	RECEMENT SPACE MAINT - MAX		05871	18.6458	APC	$1,132.17			-	-	000	999	
D1552	T	RECEMENT SPACE MAINT - MAN		05871	18.6458	APC	$1,132.17			-	-	000	999	
D1553	T	RECEMENT UNILAT SPACE MAINT		05871	18.6458	APC	$1,132.17			-	-	000	999	
D1556	E	REM FIXED UNILAT SPACE MAINT		-	-	Not Allowed	$0.00			-	-	000	999	
D1557	E	REMOVE FIXED BILAT MAINT MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D1558	E	REMOVE FIXED BILAT MAN		-	-	Not Allowed	$0.00			-	-	000	999	
D1575	T	DIST SPACE MAINT, FIXED UNIL		05871	18.6458	APC	$1,132.17			-	-	000	999	
D1701	E	PFIZER VACC ADMIN 1ST DOSE		-	-	Not Allowed	$0.00			-	-	000	999	
D1702	E	PFIZER VACC ADMIN 2ND DOSE		-	-	Not Allowed	$0.00			-	-	000	999	
D1703	E	MODERNA VACC ADMIN 1ST DOSE		-	-	Not Allowed	$0.00			-	-	000	999	
D1704	E	MODERNA VACC ADMIN 2ND DOSE		-	-	Not Allowed	$0.00			-	-	000	999	
D1705	E	ASTRAZENECA VACC ADM 1ST DOS		-	-	Not Allowed	$0.00			-	-	000	999	
D1706	E	ASTRAZENECA VACC ADM 2ND DOS		-	-	Not Allowed	$0.00			-	-	000	999	
D1707	E	JANSSEN VACCINE ADMIN		-	-	Not Allowed	$0.00			-	-	000	999	
D1708	E	PFIZER VACC ADMIN 3RD DOSE		-	-	Not Allowed	$0.00			-	-	000	999	
D1709	E	PFIZER VACCINE ADMIN BOOSTER		-	-	Not Allowed	$0.00			-	-	000	999	
D1710	E	MODERNA VACC ADMIN 3RD DOSE		-	-	Not Allowed	$0.00			-	-	000	999	
D1711	E	MODERNA VACC ADMIN BOOSTER		-	-	Not Allowed	$0.00			-	-	000	999	
D1712	E	JANSSEN VACC ADMIN BOOSTER		-	-	Not Allowed	$0.00			-	-	000	999	
D1713	E	PFIZER VACC ADM PED 1ST DOSE		-	-	Not Allowed	$0.00			-	-	000	999	
D1714	E	PFIZER VACC ADM PED 2ND DOSE		-	-	Not Allowed	$0.00			-	-	000	999	
D1781	E	VAC ADMIN HUMAN PAP DOSE 1		-	-	Not Allowed	$0.00			-	-	000	999	
D1782	E	VAC ADMIN HUMAN PAP DOSE 2		-	-	Not Allowed	$0.00			-	-	000	999	
D1783	E	VAC ADMIN HUMAN PAP DOSE 3		-	-	Not Allowed	$0.00			-	-	000	999	
D1999	E	UNSPECIFIED PREVENTIVE PROC		-	-	Not Allowed	$0.00			-	-	000	999	
D2140	T	AMALGAM ONE SURFACE PERMANEN		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2150	T	AMALGAM TWO SURFACES PERMANE		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2160	T	AMALGAM THREE SURFACES PERMA		05871	18.6458	APC	$1,132.17			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
D2161	T	AMALGAM 4 OR > SURFACES PERM		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2330	T	RESIN ONE SURFACE-ANTERIOR		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2331	T	RESIN TWO SURFACES-ANTERIOR		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2332	T	RESIN THREE SURFACES-ANTERIO		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2335	T	RESIN 4/> SURF OR W INCIS AN		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2390	T	ANT RESIN-BASED CMPST CROWN		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2391	T	POST 1 SRFC RESINBASED CMPST		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2392	T	POST 2 SRFC RESINBASED CMPST		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2393	T	POST 3 SRFC RESINBASED CMPST		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2394	T	POST >=4SRFC RESINBASE CMPST		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2410	E	DENTAL GOLD FOIL ONE SURFACE		-	-	Not Allowed	$0.00			-	-	000	999	
D2420	E	DENTAL GOLD FOIL TWO SURFACE		-	-	Not Allowed	$0.00			-	-	000	999	
D2430	E	DENTAL GOLD FOIL THREE SURFA		-	-	Not Allowed	$0.00			-	-	000	999	
D2510	E	DENTAL INLAY METALIC 1 SURF		-	-	Not Allowed	$0.00			-	-	000	999	
D2520	E	DENTAL INLAY METALLIC 2 SURF		-	-	Not Allowed	$0.00			-	-	000	999	
D2530	E	DENTAL INLAY METL 3/MORE SUR		-	-	Not Allowed	$0.00			-	-	000	999	
D2542	E	DENTAL ONLAY METALLIC 2 SURF		-	-	Not Allowed	$0.00			-	-	000	999	
D2543	E	DENTAL ONLAY METALLIC 3 SURF		-	-	Not Allowed	$0.00			-	-	000	999	
D2544	E	DENTAL ONLAY METL 4/MORE SUR		-	-	Not Allowed	$0.00			-	-	000	999	
D2610	E	INLAY PORCELAIN/CERAMIC 1 SU		-	-	Not Allowed	$0.00			-	-	000	999	
D2620	E	INLAY PORCELAIN/CERAMIC 2 SU		-	-	Not Allowed	$0.00			-	-	000	999	
D2630	E	DENTAL ONLAY PORC 3/MORE SUR		-	-	Not Allowed	$0.00			-	-	000	999	
D2642	E	DENTAL ONLAY PORCELIN 2 SURF		-	-	Not Allowed	$0.00			-	-	000	999	
D2643	E	DENTAL ONLAY PORCELIN 3 SURF		-	-	Not Allowed	$0.00			-	-	000	999	
D2644	E	DENTAL ONLAY PORC 4/MORE SUR		-	-	Not Allowed	$0.00			-	-	000	999	
D2650	E	INLAY COMPOSITE/RESIN ONE SU		-	-	Not Allowed	$0.00			-	-	000	999	
D2651	E	INLAY COMPOSITE/RESIN TWO SU		-	-	Not Allowed	$0.00			-	-	000	999	
D2652	E	DENTAL INLAY RESIN 3/MRE SUR		-	-	Not Allowed	$0.00			-	-	000	999	
D2662	E	DENTAL ONLAY RESIN 2 SURFACE		-	-	Not Allowed	$0.00			-	-	000	999	
D2663	E	DENTAL ONLAY RESIN 3 SURFACE		-	-	Not Allowed	$0.00			-	-	000	999	
D2664	E	DENTAL ONLAY RESIN 4/MRE SUR		-	-	Not Allowed	$0.00			-	-	000	999	
D2710	T	CROWN RESIN-BASED INDIRECT		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2712	T	CROWN 3/4 RESIN-BASED COMPOS		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2720	T	CROWN RESIN W/ HIGH NOBLE ME		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2721	T	CROWN RESIN W/ BASE METAL		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2722	T	CROWN RESIN W/ NOBLE METAL		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2740	T	CROWN PORCELAIN/CERAMIC		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2750	T	CROWN PORCELAIN W/ H NOBLE M		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2751	T	CROWN PORCELAIN FUSED BASE M		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2752	T	CROWN PORCELAIN W/ NOBLE MET		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2753	E	CROWN PORC FUSED TO TITANIUM		-	-	Not Allowed	$0.00			-	-	000	999	
D2780	T	CROWN 3/4 CAST HI NOBLE MET		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2781	T	CROWN 3/4 CAST BASE METAL		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2782	T	CROWN 3/4 CAST NOBLE METAL		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2783	T	CROWN 3/4 PORCELAIN/CERAMIC		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2790	T	CROWN FULL CAST HIGH NOBLE M		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2791	T	CROWN FULL CAST BASE METAL		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2792	T	CROWN FULL CAST NOBLE METAL		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2794	T	CROWN-TITANIUM		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2799	T	INTERIM CROWN		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2910	T	RECEMENT INLAY ONLAY OR PART		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2915	E	RECEMENT CAST OR PREFAB POST		-	-	Not Allowed	$0.00			-	-	000	999	
D2920	T	RE-CEMENT OR RE-BOND CROWN		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2921	T	REATTACH TOOTH FRAGMENT		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2928	E	PREFAB PORC/CER CROWN PERM		-	-	Not Allowed	$0.00			-	-	000	999	
D2929	T	PREFAB PORC/CERAM CROWN PRI		05871	18.6458	APC	$1,132.17			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
D2930	T	PREFAB STNLSS STEEL CRWN PRI		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2931	T	PREFAB STNLSS STEEL CROWN PE		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2932	T	PREFABRICATED RESIN CROWN		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2933	T	PREFAB STAINLESS STEEL CROWN		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2934	E	PREFAB STEEL CROWN PRIMARY		-	-	Not Allowed	$0.00			-	-	000	999	
D2940	T	PROTECTIVE RESTORATION		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2949	E	RESTORATIVE FOUNDATION		-	-	Not Allowed	$0.00			-	-	000	999	
D2950	T	CORE BUILD-UP INCL ANY PINS		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2951	T	TOOTH PIN RETENTION		05871	18.6458	APC	$1,132.17			-	-	000	20	
D2952	T	POST AND CORE CAST + CROWN		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2953	N	EACH ADDTNL CAST POST		-	-	Bundled	$0.00			-	-	000	999	
D2954	T	PREFAB POST/CORE + CROWN		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2955	E	POST REMOVAL		-	-	Not Allowed	$0.00			-	-	000	999	
D2956	E	INDIRECT REST REMOV		-	-	Not Allowed	$0.00			-	-	000	999	
D2957	T	EACH ADDTNL PREFAB POST		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2960	T	LABIAL VENEER RESIN DIRECT		05871	18.6458	APC	$1,132.17			Y	-	000	20	
D2961	T	LABIAL VENEER RESIN INDIRECT		05871	18.6458	APC	$1,132.17			Y	-	000	20	
D2962	T	LABIAL VENEER PORC INDIRECT		05871	18.6458	APC	$1,132.17			Y	-	000	20	
D2971	E	ADD PROC CONSTRUCT NEW CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D2975	E	COPING		-	-	Not Allowed	$0.00			-	-	000	999	
D2976	E	BAND STABILIZATION PER TOOTH		-	-	Not Allowed	$0.00			-	-	000	999	
D2980	T	CROWN REPAIR		05871	18.6458	APC	$1,132.17			-	-	000	999	
D2981	E	INLAY REPAIR		-	-	Not Allowed	$0.00			-	-	000	999	
D2982	E	ONLAY REPAIR		-	-	Not Allowed	$0.00			-	-	000	999	
D2983	E	VENEER REPAIR		-	-	Not Allowed	$0.00			-	-	000	999	
D2989	E	EXCAVATE TOOTH NON-RESTORABL		-	-	Not Allowed	$0.00			-	-	000	999	
D2990	E	RESIN INFILTRATION OF LESION		-	-	Not Allowed	$0.00			-	-	000	999	
D2991	E	APP OF HYDROXYAPATITE		-	-	Not Allowed	$0.00			-	-	000	999	
D2999	E	DENTAL UNSPEC RESTORATIVE PR		-	-	Not Allowed	$0.00			-	-	000	999	
D3110	N	PULP CAP DIRECT		05871	18.6458	Bundled, sometimes payable	$1,132.17			-	-	000	999	
D3120	N	PULP CAP INDIRECT		05871	18.6458	Bundled, sometimes payable	$1,132.17			-	-	000	999	
D3220	T	THERAPEUTIC PULPOTOMY		05871	18.6458	APC	$1,132.17			-	-	000	20	
D3221	T	GROSS PULPAL DEBRIDEMENT		05871	18.6458	APC	$1,132.17			-	-	000	999	
D3222	E	PART PULP FOR APEXOGENESIS		-	-	Not Allowed	$0.00			-	-	000	20	
D3230	T	PULPAL THERAPY ANTERIOR PRIM		05871	18.6458	APC	$1,132.17			-	-	000	20	
D3240	T	PULPAL THERAPY POSTERIOR PRI		05871	18.6458	APC	$1,132.17			-	-	000	20	
D3310	T	END THXPY, ANTERIOR TOOTH		05871	18.6458	APC	$1,132.17			-	-	000	999	
D3320	T	END THXPY, PREMOLAR TOOTH		05871	18.6458	APC	$1,132.17			-	-	000	999	
D3330	T	END THXPY, MOLAR TOOTH		05871	18.6458	APC	$1,132.17			-	-	000	999	
D3331	T	NON-SURG TX ROOT CANAL OBS		05871	18.6458	APC	$1,132.17			-	-	000	999	
D3332	E	INCOMPLETE ENDODONTIC TX		-	-	Not Allowed	$0.00			-	-	000	999	
D3333	E	INTERNAL ROOT REPAIR		-	-	Not Allowed	$0.00			-	-	000	999	
D3346	T	RETREAT ROOT CANAL ANTERIOR		05871	18.6458	APC	$1,132.17			-	-	000	999	
D3347	T	RETREAT ROOT CANAL PREMOLAR		05871	18.6458	APC	$1,132.17			-	-	000	999	
D3348	T	RETREAT ROOT CANAL MOLAR		05871	18.6458	APC	$1,132.17			-	-	000	999	
D3351	E	APEXIFICATION/RECALC INITIAL		-	-	Not Allowed	$0.00			-	-	000	999	
D3352	E	APEXIFICATION/RECALC INTERIM		-	-	Not Allowed	$0.00			-	-	000	999	
D3353	E	APEXIFICATION/RECALC FINAL		-	-	Not Allowed	$0.00			-	-	000	999	
D3355	E	PULPAL REGENERATION INITIAL		-	-	Not Allowed	$0.00			-	-	000	999	
D3356	E	PULPAL REGENERATION INTERIM		-	-	Not Allowed	$0.00			-	-	000	999	
D3357	E	PULPAL REGENERATION COMPLETE		-	-	Not Allowed	$0.00			-	-	000	999	
D3410	T	APICOECTOMY - ANTERIOR		05871	18.6458	APC	$1,132.17			-	-	000	20	
D3421	T	ROOT SURGERY PREMOLAR		05871	18.6458	APC	$1,132.17			-	-	000	20	
D3425	T	ROOT SURGERY MOLAR		05871	18.6458	APC	$1,132.17			-	-	000	20	
D3426	N	ROOT SURGERY EA ADD ROOT		-	-	Bundled	$0.00			-	-	000	20	
D3428	E	BONE GRAFT PERI PER TOOTH		-	-	Not Allowed	$0.00			-	-	000	999	

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D3429	E	BONE GRAFT PERI EACH ADDL		-	-	Not Allowed	$0.00			-	-	000	999	
D3430	T	RETROGRADE FILLING		05871	18.6458	APC	$1,132.17			-	-	000	999	
D3431	E	BIOLOGICAL MATERIALS		-	-	Not Allowed	$0.00			-	-	000	999	
D3432	E	GUIDED TISSUE REGENERATION		-	-	Not Allowed	$0.00			-	-	000	999	
D3450	E	ROOT AMPUTATION		-	-	Not Allowed	$0.00			-	-	000	999	
D3460	E	ENDODONTIC ENDOSSEOUS IMPLAN		-	-	Not Allowed	$0.00			-	-	000	999	
D3470	E	INTENTIONAL REPLANTATION		-	-	Not Allowed	$0.00			-	-	000	999	
D3471	E	SURG REP ROOT RES ANTERIOR		-	-	Not Allowed	$0.00			-	-	000	999	
D3472	E	SURG REP ROOT RES PREMOLAR		-	-	Not Allowed	$0.00			-	-	000	999	
D3473	E	SURG REP ROOT RES MOLAR		-	-	Not Allowed	$0.00			-	-	000	999	
D3501	E	SURG EXP ROOT SURF ANTERIOR		-	-	Not Allowed	$0.00			-	-	000	999	
D3502	E	SURG EXP ROOT SURF PREMOLAR		-	-	Not Allowed	$0.00			-	-	000	999	
D3503	E	SURG EXP ROOT SURF MOLAR		-	-	Not Allowed	$0.00			-	-	000	999	
D3910	E	ISOLATION- TOOTH W RUBB DAM		-	-	Not Allowed	$0.00			-	-	000	999	
D3911	E	INTRAORIFICE BARRIER		-	-	Not Allowed	$0.00			-	-	000	999	
D3920	E	TOOTH SPLITTING		-	-	Not Allowed	$0.00			-	-	000	999	
D3921	E	DECOR OR SUBMERG ERUPT TOOTH		-	-	Not Allowed	$0.00			-	-	000	999	
D3950	E	CANAL PREP/FITTING OF DOWEL		-	-	Not Allowed	$0.00			-	-	000	999	
D3999	E	ENDODONTIC PROCEDURE		-	-	Not Allowed	$0.00			-	-	000	999	
D4210	N	GINGIVECTOMY/PLASTY 4 OR MOR		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	20	
D4211	N	GINGIVECTOMY/PLASTY 1 TO 3		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	20	
D4212	N	GINGIVECTOMY/PLASTY REST		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
D4230	N	ANA CROWN EXP 4 OR> PER QUAD		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	20	
D4231	N	ANA CROWN EXP 1-3 PER QUAD		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	20	
D4240	N	GINGIVAL FLAP PROC W/ PLANIN		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	20	
D4241	N	GNGVL FLAP W ROOTPLAN 1-3 TH		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	20	
D4245	E	APICALLY POSITIONED FLAP		-	-	Not Allowed	$0.00			-	-	000	999	
D4249	E	CROWN LENGTHEN HARD TISSUE		-	-	Not Allowed	$0.00			-	-	000	999	
D4260	N	OSSEOUS SURGERY 4 OR MORE		05165	66.3421	Bundled, sometimes payable	$4,028.29			-	-	000	999	
D4261	N	OSSEOUS SURG 1 TO 3 TEETH		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	
D4263	E	BONE REPLCE GRAFT FIRST SITE		-	-	Not Allowed	$0.00			-	-	000	999	
D4264	E	BONE REPLCE GRAFT EACH ADD		-	-	Not Allowed	$0.00			-	-	000	999	
D4265	E	BIO MTRLS TO AID SOFT/OS REG		-	-	Not Allowed	$0.00			-	-	000	999	
D4266	E	GUIDED TISS REGEN RESORBLE		-	-	Not Allowed	$0.00			-	-	000	999	
D4267	E	GUIDED TISS REGEN NONRESORB		-	-	Not Allowed	$0.00			-	-	000	999	
D4268	E	SURGICAL REVISION PROCEDURE		-	-	Not Allowed	$0.00			-	-	000	999	
D4270	N	PEDICLE SOFT TISSUE GRAFT PR		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
D4273	N	AUTO TISSUE GRAFT 1ST TOOTH		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
D4274	E	MESIAL/DISTAL WEDGE PROC		-	-	Not Allowed	$0.00			-	-	000	999	
D4275	N	NON-AUTO GRAFT 1ST TOOTH		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
D4276	E	CON TISSUE W PEDICLE GRAFT		-	-	Not Allowed	$0.00			-	-	000	999	
D4277	N	SOFT TISSUE GRAFT FIRSTTOOTH		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
D4278	N	SOFT TISSUE GRAFT ADDL TOOTH		-	-	Bundled	$0.00			-	-	000	999	
D4283	E	AUTO TISSUE GRAFT ADDL TOOTH		-	-	Not Allowed	$0.00			-	-	000	999	
D4285	E	NON-AUTO GRAFT ADDL TOOTH		-	-	Not Allowed	$0.00			-	-	000	999	
D4286	E	REMOVE NON-RESORB BARRIER		-	-	Not Allowed	$0.00			-	-	000	999	
D4322	E	SPLINT INTRA-CORONAL		-	-	Not Allowed	$0.00			-	-	000	999	
D4323	E	SPLINT EXTRA-CORONAL		-	-	Not Allowed	$0.00			-	-	000	999	
D4341	T	PERIODONTAL SCALING & ROOT		05871	18.6458	APC	$1,132.17			-	-	000	999	
D4342	T	PERIODONTAL SCALING 1-3TEETH		05871	18.6458	APC	$1,132.17			-	-	000	999	
D4346	T	SCALING GINGIV INFLAMMATION		05871	18.6458	APC	$1,132.17			-	-	000	999	
D4355	T	FULL MOUTH DEBRIDEMENT		05871	18.6458	APC	$1,132.17			-	-	000	999	
D4381	E	LOCALIZED DELIVERY ANTIMICRO		-	-	Not Allowed	$0.00			-	-	000	999	
D4910	T	PERIODONTAL MAINT PROCEDURES		05871	18.6458	APC	$1,132.17			-	-	000	999	
D4920	N	UNSCHEDULED DRESSING CHANGE		05871	18.6458	Bundled, sometimes payable	$1,132.17			-	-	000	999	
D4921	E	GINGIVAL IRRIGATION PER QUAD		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
D4999	E	UNSPECIFIED PERIODONTAL PROC		-	-	Not Allowed	$0.00			-	-	000	999	
D5110	M	DENTURES COMPLETE MAXILLARY		-	-	Fee Schedule	$68.64			-	-	000	999	
D5120	M	DENTURES COMPLETE MANDIBLE		-	-	Fee Schedule	$68.64			-	-	000	999	
D5130	M	DENTURES IMMEDIAT MAXILLARY		-	-	Fee Schedule	$68.64			-	-	000	999	
D5140	M	DENTURES IMMEDIAT MANDIBLE		-	-	Fee Schedule	$68.64			-	-	000	999	
D5211	M	DENTURES MAXILL PART RESIN		-	-	Fee Schedule	$68.64			-	-	000	999	
D5212	M	DENTURES MAND PART RESIN		-	-	Fee Schedule	$68.64			-	-	000	999	
D5213	M	DENTURES MAXILL PART METAL		-	-	Fee Schedule	$68.64			-	-	000	999	
D5214	M	DENTURES MANDIBL PART METAL		-	-	Fee Schedule	$68.64			-	-	000	999	
D5221	E	IMMED MAX PART DENTURE RESIN		-	-	Not Allowed	$0.00			-	-	000	999	
D5222	E	IMMED MAN PART DENTURE RESIN		-	-	Not Allowed	$0.00			-	-	000	999	
D5223	E	IMMED MAX PART DENT METAL		-	-	Not Allowed	$0.00			-	-	000	999	
D5224	E	IMMED MAND PART DENT METAL		-	-	Not Allowed	$0.00			-	-	000	999	
D5225	M	MAXILLARY PART DENTURE FLEX		-	-	Fee Schedule	$68.64			-	-	000	999	
D5226	M	MANDIBULAR PART DENTURE FLEX		-	-	Fee Schedule	$68.64			-	-	000	999	
D5227	E	IMMED MAX PART DENTURE		-	-	Not Allowed	$0.00			-	-	000	999	
D5228	E	IMMED MAND PART DENTURE		-	-	Not Allowed	$0.00			-	-	000	999	
D5282	E	REMOVE UNIL PART DENTURE,MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D5283	E	REMOVE UNIL PART DENTURE,MAN		-	-	Not Allowed	$0.00			-	-	000	999	
D5284	E	REM UNILAT DENT FLEX BASE		-	-	Not Allowed	$0.00			-	-	000	999	
D5286	E	REM UNILAT DENT 1 PC RESIN		-	-	Not Allowed	$0.00			-	-	000	999	
D5410	M	DENTURES ADJUST CMPLT MAXIL		-	-	Fee Schedule	$68.64			-	-	000	999	
D5411	M	DENTURES ADJUST CMPLT MAND		-	-	Fee Schedule	$68.64			-	-	000	999	
D5421	M	DENTURES ADJUST PART MAXILL		-	-	Fee Schedule	$68.64			-	-	000	999	
D5422	M	DENTURES ADJUST PART MANDBL		-	-	Fee Schedule	$68.64			-	-	000	999	
D5511	M	REP BROKE COMP DENT BASE MAN		-	-	Fee Schedule	$68.64			-	-	000	999	
D5512	M	REP BROKE COMP DENT BASE MAX		-	-	Fee Schedule	$68.64			-	-	000	999	
D5520	M	REPLACE DENTURE TEETH COMPLT		-	-	Fee Schedule	$68.64			-	-	000	999	
D5611	M	REP RESIN PART DENT BASE MAN		-	-	Fee Schedule	$68.64			-	-	000	999	
D5612	M	REP RESIN PART DENT BASE MAX		-	-	Fee Schedule	$68.64			-	-	000	999	
D5621	M	REP CAST PART FRAME MAN		-	-	Fee Schedule	$68.64			-	-	000	999	
D5622	M	REP CAST PART FRAME MAX		-	-	Fee Schedule	$68.64			-	-	000	999	
D5630	M	REP PARTIAL DENTURE CLASP		-	-	Fee Schedule	$68.64			-	-	000	999	
D5640	M	REPLACE PART DENTURE TEETH		-	-	Fee Schedule	$68.64			-	-	000	999	
D5650	M	ADD TOOTH TO PARTIAL DENTURE		-	-	Fee Schedule	$68.64			-	-	000	999	
D5660	M	ADD CLASP TO PARTIAL DENTURE		-	-	Fee Schedule	$68.64			-	-	000	999	
D5670	E	REPLC TTH&ACRLC ON MTL FRMWK		-	-	Not Allowed	$0.00			-	-	000	999	
D5671	E	REPLC TTH&ACRLC MANDIBULAR		-	-	Not Allowed	$0.00			-	-	000	999	
D5710	M	DENTURES REBASE CMPLT MAXIL		-	-	Fee Schedule	$68.64			-	-	000	999	
D5711	M	DENTURES REBASE CMPLT MAND		-	-	Fee Schedule	$68.64			-	-	000	999	
D5720	M	DENTURES REBASE PART MAXILL		-	-	Fee Schedule	$68.64			-	-	000	999	
D5721	M	DENTURES REBASE PART MANDBL		-	-	Fee Schedule	$68.64			-	-	000	999	
D5725	E	REBASE HYBRID PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5730	M	DENTURE RELN CMPLT MAX DIR		-	-	Fee Schedule	$68.64			-	-	000	999	
D5731	M	DENTURE RELN CMPLT MAND DIR		-	-	Fee Schedule	$68.64			-	-	000	999	
D5740	M	DENTURE RELN PART MAX DIR		-	-	Fee Schedule	$68.64			-	-	000	999	
D5741	M	DENTURE RELN PART MAND DIR		-	-	Fee Schedule	$68.64			-	-	000	999	
D5750	M	DENTURE RELN CMPLT MAX INDIR		-	-	Fee Schedule	$68.64			-	-	000	999	
D5751	M	DENTURE RELN CMPLT MAND IND		-	-	Fee Schedule	$68.64			-	-	000	999	
D5760	M	DENTURE RELN PART MAX INDIR		-	-	Fee Schedule	$68.64			-	-	000	999	
D5761	M	DENTURE RELN PART MAND INDIR		-	-	Fee Schedule	$68.64			-	-	000	999	
D5765	E	LINER COMPL/PARTIAL REM DENT		-	-	Not Allowed	$0.00			-	-	000	999	
D5810	M	DENTURE INTERM CMPLT MAXILL		-	-	Fee Schedule	$68.64			-	-	000	999	
D5811	E	DENTURE INTERM CMPLT MANDBL		-	-	Not Allowed	$0.00			-	-	000	999	
D5820	M	DENTURE INTERM PART MAXILL		-	-	Fee Schedule	$68.64			-	-	000	999	
D5821	M	DENTURE INTERM PART MANDBL		-	-	Fee Schedule	$68.64			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
D5850	M	DENTURE TISS CONDITN MAXILL		-	-	Fee Schedule	$68.64			-	-	000	999	
D5851	M	DENTURE TISS CONDTIN MANDBL		-	-	Fee Schedule	$68.64			-	-	000	999	
D5862	E	PRECISION ATTACHMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D5863	E	OVERDENTURE COMPLETE MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D5864	E	OVERDENTURE PARTIAL MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D5865	E	OVERDENTURE COMPLETE MANDIB		-	-	Not Allowed	$0.00			-	-	000	999	
D5866	E	OVERDENTURE PARTIAL MANDIB		-	-	Not Allowed	$0.00			-	-	000	999	
D5867	E	REPLACEMENT OF PRECISION ATT		-	-	Not Allowed	$0.00			-	-	000	999	
D5875	E	PROSTHESIS MODIFICATION		-	-	Not Allowed	$0.00			-	-	000	999	
D5876	E	ADD METAL SUB TO ACRYLC DENT		-	-	Not Allowed	$0.00			-	-	000	999	
D5899	E	REMOVABLE PROSTHODONTIC PROC		-	-	Not Allowed	$0.00			-	-	000	999	
D5911	E	FACIAL MOULAGE SECTIONAL		-	-	Not Allowed	$0.00			-	-	000	999	
D5912	E	FACIAL MOULAGE COMPLETE		-	-	Not Allowed	$0.00			-	-	000	999	
D5913	E	NASAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5914	E	AURICULAR PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5915	E	ORBITAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5916	E	OCULAR PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5919	E	FACIAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5922	E	NASAL SEPTAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5923	E	OCULAR PROSTHESIS INTERIM		-	-	Not Allowed	$0.00			-	-	000	999	
D5924	E	CRANIAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5925	E	FACIAL AUGMENTATION IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
D5926	E	REPLACEMENT NASAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5927	E	AURICULAR REPLACEMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D5928	E	ORBITAL REPLACEMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D5929	E	FACIAL REPLACEMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D5931	E	SURGICAL OBTURATOR		-	-	Not Allowed	$0.00			-	-	000	999	
D5932	E	POSTSURGICAL OBTURATOR		-	-	Not Allowed	$0.00			-	-	000	999	
D5933	E	REFITTING OF OBTURATOR		-	-	Not Allowed	$0.00			-	-	000	999	
D5934	E	MANDIBULAR FLANGE PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5935	E	MANDIBULAR DENTURE PROSTH		-	-	Not Allowed	$0.00			-	-	000	999	
D5936	E	TEMP OBTURATOR PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5937	E	TRISMUS APPLIANCE		-	-	Not Allowed	$0.00			-	-	000	999	
D5951	E	FEEDING AID		-	-	Not Allowed	$0.00			-	-	000	999	
D5952	E	PEDIATRIC SPEECH AID		-	-	Not Allowed	$0.00			-	-	000	999	
D5953	E	ADULT SPEECH AID		-	-	Not Allowed	$0.00			-	-	000	999	
D5954	E	SUPERIMPOSED PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5955	E	PALATAL LIFT PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5958	E	INTRAORAL CON DEF INTER PLT		-	-	Not Allowed	$0.00			-	-	000	999	
D5959	E	INTRAORAL CON DEF MOD PALAT		-	-	Not Allowed	$0.00			-	-	000	999	
D5960	E	MODIFY SPEECH AID PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D5982	E	SURGICAL STENT		-	-	Not Allowed	$0.00			-	-	000	999	
D5983	E	RADIATION APPLICATOR		-	-	Not Allowed	$0.00			-	-	000	999	
D5984	E	RADIATION SHIELD		-	-	Not Allowed	$0.00			-	-	000	999	
D5985	E	RADIATION CONE LOCATOR		-	-	Not Allowed	$0.00			-	-	000	999	
D5986	E	FLUORIDE APPLICATOR		-	-	Not Allowed	$0.00			-	-	000	999	
D5987	E	COMMISSURE SPLINT		-	-	Not Allowed	$0.00			-	-	000	999	
D5988	E	SURGICAL SPLINT		-	-	Not Allowed	$0.00			-	-	000	999	
D5991	E	VESICULOBULLOUS DISEASE CARR		-	-	Not Allowed	$0.00			-	-	000	999	
D5992	E	ADJUST MAX PROST APPLIANCE		-	-	Not Allowed	$0.00			-	-	018	999	
D5993	E	MAIN/CLEAN MAX PROSTHESIS		-	-	Not Allowed	$0.00			-	-	018	999	
D5995	E	PERI MEDICAMENT W/SEAL, MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D5996	E	PERI MEDICAMENT W/SEAL, MAND		-	-	Not Allowed	$0.00			-	-	000	999	
D5999	E	MAXILLOFACIAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D6010	E	ODONTICS ENDOSTEAL IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
D6011	E	SECOND STAGE IMPLANT SURGERY		-	-	Not Allowed	$0.00			-	-	000	999	

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D6012	E	ENDOSTEAL IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
D6013	E	SURGICAL PLACE MINI IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
D6040	E	ODONTICS EPOSTEAL IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
D6050	E	ODONTICS TRANSOSTEAL IMPLNT		-	-	Not Allowed	$0.00			-	-	000	999	
D6051	E	INTERIM IMPLANT ABUTMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D6053	E	IMPLNT/ABTMNT SPPRT REMV DNT		-	-	Not Allowed	$0.00			-	-	000	999	
D6054	E	IMPLNT/ABTMNT SPPRT REMVPRTL		-	-	Not Allowed	$0.00			-	-	000	999	
D6055	E	IMPLANT CONNECTING BAR		-	-	Not Allowed	$0.00			-	-	000	999	
D6056	E	PREFABRICATED ABUTMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D6057	E	CUSTOM ABUTMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D6058	E	ABUTMENT SUPPORTED CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D6059	E	ABUTMENT SUPPORTED MTL CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D6060	E	ABUTMENT SUPPORTED MTL CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D6061	E	ABUTMENT SUPPORTED MTL CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D6062	E	ABUTMENT SUPPORTED MTL CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D6063	E	ABUTMENT SUPPORTED MTL CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D6064	E	ABUTMENT SUPPORTED MTL CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D6065	E	IMPLANT SUPPORTED CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D6066	E	IMPLANT SUPPORTED MTL CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D6067	E	IMPLANT SUPPORTED MTL CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D6068	E	ABUTMENT SUPPORTED RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6069	E	ABUTMENT SUPPORTED RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6070	E	ABUTMENT SUPPORTED RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6071	E	ABUTMENT SUPPORTED RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6072	E	ABUTMENT SUPPORTED RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6073	E	ABUTMENT SUPPORTED RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6074	E	ABUTMENT SUPPORTED RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6075	E	IMPLANT SUPPORTED RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6076	E	IMPLANT SUPPORTED RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6077	E	IMPLANT SUPPORTED RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6078	E	IMPLNT/ABUT SUPRTD FIXD DENT		-	-	Not Allowed	$0.00			-	-	000	999	
D6079	E	IMPLNT/ABUT SUPRTD FIXD DENT		-	-	Not Allowed	$0.00			-	-	000	999	
D6080	E	IMPLANT MAINTENANCE		-	-	Not Allowed	$0.00			-	-	000	999	
D6081	E	SCALE & DEBRIDE, SINGLE IMP		-	-	Not Allowed	$0.00			-	-	000	999	
D6082	E	IMP CROWN PORC TO BASE ALLOY		-	-	Not Allowed	$0.00			-	-	000	999	
D6083	E	IMP CROWN PORC TO NOBLE ALLO		-	-	Not Allowed	$0.00			-	-	000	999	
D6084	E	IMP CROWN PORC TO TITANIUM		-	-	Not Allowed	$0.00			-	-	000	999	
D6085	E	INTERIM IMPLANT CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D6086	E	IMP CROWN BASE ALLOYS		-	-	Not Allowed	$0.00			-	-	000	999	
D6087	E	IMPLANT CROWN NOBLE ALLOYS		-	-	Not Allowed	$0.00			-	-	000	999	
D6088	E	IMP CROWN TITANIUM ALLOYS		-	-	Not Allowed	$0.00			-	-	000	999	
D6089	E	ACCESS/RETORQ IMPLANT SCREW		-	-	Not Allowed	$0.00			-	-	000	999	
D6090	E	REPAIR IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
D6091	E	REPL SEMI/PRECISION ATTACH		-	-	Not Allowed	$0.00			-	-	000	999	
D6092	E	RECEMENT SUPP CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D6093	E	RECEMENT SUPP PART DENTURE		-	-	Not Allowed	$0.00			-	-	000	999	
D6094	E	ABUT SUPPORT CROWN TITANIUM		-	-	Not Allowed	$0.00			-	-	000	999	
D6096	E	REMOVE BROKEN IMP RET SCREW		-	-	Not Allowed	$0.00			-	-	000	999	
D6097	E	ABUT CROWN PORC TO TITANIUM		-	-	Not Allowed	$0.00			-	-	000	999	
D6098	E	IMP RETAIN PORC TO BASE ALLO		-	-	Not Allowed	$0.00			-	-	000	999	
D6099	E	IMP RETAINER FOR FPD		-	-	Not Allowed	$0.00			-	-	000	999	
D6100	E	SURG REMOVAL OF IMPLANT BODY		-	-	Not Allowed	$0.00			-	-	018	999	
D6101	E	DEBRIDEMENT OF A PERIIMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
D6102	E	DEBRIDEMENT & CONTOURING		-	-	Not Allowed	$0.00			-	-	000	999	
D6103	E	BONE GRAFT REPAIR PERIMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
D6104	E	BONE GRAFT TIME OF IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
D6105	E	REMOVE IMPLANT BODY		-	-	Not Allowed	$0.00			-	-	000	999	
D6106	E	TISSUE REGEN RESORBABLE		-	-	Not Allowed	$0.00			-	-	000	999	
D6107	E	TISSUE REGEN NON-RESORBABLE		-	-	Not Allowed	$0.00			-	-	000	999	
D6110	E	IMPLNT/ABUT REMOV DENT MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D6111	E	IMPLNT/ABUT REMOV DENT MAND		-	-	Not Allowed	$0.00			-	-	000	999	
D6112	E	IMP/ABUT REM DENT PART MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D6113	E	IMP/ABUT REM DENT PART MAND		-	-	Not Allowed	$0.00			-	-	000	999	
D6114	E	IMPLNT/ABUT FIXED DENT MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D6115	E	IMPLNT/ABUT FIXED DENT MAND		-	-	Not Allowed	$0.00			-	-	000	999	
D6116	E	IMP/ABUT FIXED DENT PART MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D6117	E	IMP/ABUT FIXED DENT PART MAN		-	-	Not Allowed	$0.00			-	-	000	999	
D6118	E	IMP/ABUT INT FIXED DENT MAN		-	-	Not Allowed	$0.00			-	-	000	999	
D6119	E	INT/ABUT INT FIXED DENT MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D6120	E	IMP RETAIN PORC TO TITANIUM		-	-	Not Allowed	$0.00			-	-	000	999	
D6121	E	RETAIN METAL FPD BASE ALLOYS		-	-	Not Allowed	$0.00			-	-	000	999	
D6122	E	RETAIN METAL FPD NOBLE ALLOY		-	-	Not Allowed	$0.00			-	-	000	999	
D6123	E	RETAIN METAL FPD TITANIUM		-	-	Not Allowed	$0.00			-	-	000	999	
D6180	E	IMPLNT MAINT PROCED		-	-	Not Allowed	$0.00			-	-	000	999	
D6190	E	RADIO/SURGICAL IMPLANT INDEX		-	-	Not Allowed	$0.00			-	-	000	999	
D6191	E	SEMI PRECISION ABUTMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D6192	E	SEMI PRECISION ATTACHMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D6193	E	REPLACE IMPLNT SCREW		-	-	Not Allowed	$0.00			-	-	000	999	
D6194	E	ABUT SUPPORT RETAINER TITANI		-	-	Not Allowed	$0.00			-	-	000	999	
D6195	E	ABUT RETAIN PORC TO TITANIUM		-	-	Not Allowed	$0.00			-	-	000	999	
D6197	E	REPLACE MATERIAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
D6198	E	REMOVE INTERIM IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
D6199	E	IMPLANT PROCEDURE		-	-	Not Allowed	$0.00			-	-	000	999	
D6205	M	PONTIC-INDIRECT RESIN BASED		-	-	Fee Schedule	$68.64			-	-	000	20	
D6210	M	PROSTHODONT HIGH NOBLE METAL		-	-	Fee Schedule	$68.64			-	-	000	20	
D6211	M	BRIDGE BASE METAL CAST		-	-	Fee Schedule	$68.64			-	-	000	20	
D6212	M	BRIDGE NOBLE METAL CAST		-	-	Fee Schedule	$68.64			-	-	000	20	
D6214	M	PONTIC TITANIUM		-	-	Fee Schedule	$68.64			-	-	000	20	
D6240	M	BRIDGE PORCELAIN HIGH NOBLE		-	-	Fee Schedule	$68.64			-	-	000	20	
D6241	M	BRIDGE PORCELAIN BASE METAL		-	-	Fee Schedule	$68.64			-	-	000	20	
D6242	M	BRIDGE PORCELAIN NOBEL METAL		-	-	Fee Schedule	$68.64			-	-	000	20	
D6243	E	PONTIC PORCELAIN TO TITANIUM		-	-	Not Allowed	$0.00			-	-	000	999	
D6245	M	BRIDGE PORCELAIN/CERAMIC		-	-	Fee Schedule	$68.64			-	-	000	20	
D6250	M	BRIDGE RESIN W/HIGH NOBLE		-	-	Fee Schedule	$68.64			-	-	000	20	
D6251	M	BRIDGE RESIN BASE METAL		-	-	Fee Schedule	$68.64			-	-	000	20	
D6252	M	BRIDGE RESIN W/NOBLE METAL		-	-	Fee Schedule	$68.64			-	-	000	20	
D6253	E	INTERIM PONTIC		-	-	Not Allowed	$0.00			-	-	000	999	
D6254	E	INTERIM PONTIC		-	-	Not Allowed	$0.00			-	-	018	20	
D6545	E	DENTAL RETAINR CAST METL		-	-	Not Allowed	$0.00			-	-	000	999	
D6548	E	PORCELAIN/CERAMIC RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6549	E	RESIN RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6600	E	PORCELAIN/CERAMIC INLAY 2SRF		-	-	Not Allowed	$0.00			-	-	000	999	
D6601	E	PORC/CERAM INLAY >= 3 SURFAC		-	-	Not Allowed	$0.00			-	-	000	999	
D6602	E	CST HGH NBLE MTL INLAY 2 SRF		-	-	Not Allowed	$0.00			-	-	000	999	
D6603	E	CST HGH NBLE MTL INLAY >=3SR		-	-	Not Allowed	$0.00			-	-	000	999	
D6604	E	CST BSE MTL INLAY 2 SURFACES		-	-	Not Allowed	$0.00			-	-	000	999	
D6605	E	CST BSE MTL INLAY >= 3 SURFA		-	-	Not Allowed	$0.00			-	-	000	999	
D6606	E	CAST NOBLE METAL INLAY 2 SUR		-	-	Not Allowed	$0.00			-	-	000	999	
D6607	E	CST NOBLE MTL INLAY >=3 SURF		-	-	Not Allowed	$0.00			-	-	000	999	
D6608	E	ONLAY PORC/CRMC 2 SURFACES		-	-	Not Allowed	$0.00			-	-	000	999	
D6609	E	ONLAY PORC/CRMC >=3 SURFACES		-	-	Not Allowed	$0.00			-	-	000	999	
D6610	E	ONLAY CST HGH NBL MTL 2 SRFC		-	-	Not Allowed	$0.00			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
D6611	E	ONLAY CST HGH NBL MTL >=3SRF		-	-	Not Allowed	$0.00			-	-	000	999	
D6612	E	ONLAY CST BASE MTL 2 SURFACE		-	-	Not Allowed	$0.00			-	-	000	999	
D6613	E	ONLAY CST BASE MTL >=3 SURFA		-	-	Not Allowed	$0.00			-	-	000	999	
D6614	E	ONLAY CST NBL MTL 2 SURFACES		-	-	Not Allowed	$0.00			-	-	000	999	
D6615	E	ONLAY CST NBL MTL >=3 SURFAC		-	-	Not Allowed	$0.00			-	-	000	999	
D6624	E	INLAY TITANIUM		-	-	Not Allowed	$0.00			-	-	000	999	
D6634	E	ONLAY TITANIUM		-	-	Not Allowed	$0.00			-	-	000	999	
D6710	M	CROWN-INDIRECT RESIN BASED		-	-	Fee Schedule	$68.64			-	-	000	20	
D6720	M	RETAIN CROWN RESIN W HI NBLE		-	-	Fee Schedule	$68.64			-	-	000	20	
D6721	M	CROWN RESIN W/BASE METAL		-	-	Fee Schedule	$68.64			-	-	000	20	
D6722	M	CROWN RESIN W/NOBLE METAL		-	-	Fee Schedule	$68.64			-	-	000	20	
D6740	M	CROWN PORCELAIN/CERAMIC		-	-	Fee Schedule	$68.64			-	-	000	20	
D6750	M	CROWN PORCELAIN HIGH NOBLE		-	-	Fee Schedule	$68.64			-	-	000	20	
D6751	M	CROWN PORCELAIN BASE METAL		-	-	Fee Schedule	$68.64			-	-	000	20	
D6752	M	CROWN PORCELAIN NOBLE METAL		-	-	Fee Schedule	$68.64			-	-	000	20	
D6753	E	RETAIN CROWN PORC TO TITANIU		-	-	Not Allowed	$0.00			-	-	000	999	
D6780	M	CROWN 3/4 HIGH NOBLE METAL		-	-	Fee Schedule	$68.64			-	-	000	20	
D6781	M	CROWN 3/4 CAST BASED METAL		-	-	Fee Schedule	$68.64			-	-	000	20	
D6782	M	CROWN 3/4 CAST NOBLE METAL		-	-	Fee Schedule	$68.64			-	-	000	20	
D6783	M	CROWN 3/4 PORCELAIN/CERAMIC		-	-	Fee Schedule	$68.64			-	-	000	20	
D6784	E	RETAINER CROWN 3/4 TITANIUM		-	-	Not Allowed	$0.00			-	-	000	999	
D6790	M	CROWN FULL HIGH NOBLE METAL		-	-	Fee Schedule	$68.64			-	-	000	20	
D6791	M	CROWN FULL BASE METAL CAST		-	-	Fee Schedule	$68.64			-	-	000	20	
D6792	M	CROWN FULL NOBLE METAL CAST		-	-	Fee Schedule	$68.64			-	-	000	20	
D6793	E	INTERIM RETAINER CROWN		-	-	Not Allowed	$0.00			-	-	000	999	
D6794	M	CROWN TITANIUM		-	-	Fee Schedule	$68.64			-	-	000	20	
D6795	E	INTERIM RETAINER CROWN		-	-	Not Allowed	$0.00			-	-	018	20	
D6920	E	DENTAL CONNECTOR BAR		-	-	Not Allowed	$0.00			-	-	000	999	
D6930	M	RECEMENT/BOND PART DENTURE		-	-	Fee Schedule	$68.64			-	-	000	20	
D6940	E	STRESS BREAKER		-	-	Not Allowed	$0.00			-	-	000	999	
D6950	M	PRECISION ATTACHMENT		-	-	Fee Schedule	$68.64			-	-	000	999	
D6970	E	POST & CORE PLUS RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6972	E	PREFAB POST & CORE PLUS RETA		-	-	Not Allowed	$0.00			-	-	000	999	
D6973	E	CORE BUILD UP FOR RETAINER		-	-	Not Allowed	$0.00			-	-	000	999	
D6975	E	COPING		-	-	Not Allowed	$0.00			-	-	000	999	
D6976	E	EACH ADDTNL CAST POST		-	-	Not Allowed	$0.00			-	-	000	999	
D6977	E	EACH ADDTL PREFAB POST		-	-	Not Allowed	$0.00			-	-	000	999	
D6980	M	FIXED PARTIAL REPAIR		-	-	Fee Schedule	$189.39			-	-	000	20	
D6985	E	PEDIATRIC PARTIAL DENTURE FX		-	-	Not Allowed	$0.00			-	-	000	999	
D6999	E	FIXED PROSTHODONTIC PROC		-	-	Not Allowed	$0.00			-	-	000	999	
D7111	T	EXTRACTION CORONAL REMNANTS		05871	18.6458	APC	$1,132.17			-	-	000	999	
D7140	T	EXTRACTION ERUPTED TOOTH/EXR		05871	18.6458	APC	$1,132.17			-	-	000	999	
D7210	N	REM IMP TOOTH W MUCOPER FLP		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
D7220	T	IMPACT TOOTH REMOV SOFT TISS		05871	18.6458	APC	$1,132.17			-	-	000	999	
D7230	T	IMPACT TOOTH REMOV PART BONY		05871	18.6458	APC	$1,132.17			-	-	000	999	
D7240	T	IMPACT TOOTH REMOV COMP BONY		05871	18.6458	APC	$1,132.17			-	-	000	999	
D7241	T	IMPACT TOOTH REM BONY W/COMP		05871	18.6458	APC	$1,132.17			-	-	000	999	
D7250	T	TOOTH ROOT REMOVAL		05871	18.6458	APC	$1,132.17			-	-	000	999	
D7251	E	CORONECTOMY		-	-	Not Allowed	$0.00			-	-	018	999	
D7252	E	PART EXTRACT FOR IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
D7259	E	NERVE DISSECTION		-	-	Not Allowed	$0.00			-	-	000	999	
D7260	E	ORAL ANTRAL FISTULA CLOSURE		-	-	Not Allowed	$0.00			-	-	000	999	
D7261	E	PRIMARY CLOSURE SINUS PERF		-	-	Not Allowed	$0.00			-	-	000	999	
D7270	T	TOOTH REIMPLANTATION		05871	18.6458	APC	$1,132.17			-	-	000	999	
D7272	E	TOOTH TRANSPLANTATION		-	-	Not Allowed	$0.00			-	-	000	999	
D7280	T	EXPOSURE OF UNERUPTED TOOTH		05871	18.6458	APC	$1,132.17			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
D7282	M	MOBILIZE ERUPTED/MALPOS TOOT		-	-	Fee Schedule	$68.64			-	-	000	999	
D7283	M	PLACE DEVICE IMPACTED TOOTH		-	-	Fee Schedule	$68.64			-	-	000	20	
D7284	E	EXC BIOPSY OF SALIV GLANDS		-	-	Not Allowed	$0.00			-	-	000	999	
D7285	E	BIOPSY OF ORAL TISSUE HARD		-	-	Not Allowed	$0.00			-	-	000	999	
D7286	E	BIOPSY OF ORAL TISSUE SOFT		-	-	Not Allowed	$0.00			-	-	000	999	
D7287	E	EXFOLIATIVE CYTOLOG COLLECT		-	-	Not Allowed	$0.00			-	-	000	999	
D7288	E	BRUSH BIOPSY		-	-	Not Allowed	$0.00			-	-	000	999	
D7290	E	REPOSITIONING OF TEETH		-	-	Not Allowed	$0.00			-	-	000	999	
D7291	E	TRANSSEPTAL FIBEROTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
D7292	E	SCREW RETAINED PLATE		-	-	Not Allowed	$0.00			-	-	000	999	
D7293	E	TEMP ANCHORAGE DEV W FLAP		-	-	Not Allowed	$0.00			-	-	000	999	
D7294	E	TEMP ANCHORAGE DEV W/O FLAP		-	-	Not Allowed	$0.00			-	-	000	999	
D7295	E	BONE HARVEST,AUTO GRAFT PROC		-	-	Not Allowed	$0.00			-	-	018	999	
D7296	E	CORTICOTOMY, 1-3 TEETH		-	-	Not Allowed	$0.00			-	-	000	999	
D7297	E	CORTICOTOMY, 4 OR MORE TEETH		-	-	Not Allowed	$0.00			-	-	000	999	
D7298	E	REMOVE SCREW RETAINED PLATE		-	-	Not Allowed	$0.00			-	-	000	999	
D7299	E	REM ANCHORAGE DEVICE W/FLAP		-	-	Not Allowed	$0.00			-	-	000	999	
D7300	E	REM ANCHORAGE DEV W/O FLAP		-	-	Not Allowed	$0.00			-	-	000	999	
D7310	N	ALVEOPLASTY W/ EXTRACTION		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
D7311	N	ALVEOLOPLASTY W/EXTRACT 1-3		05163	16.6121	Bundled, sometimes payable	$1,008.69			-	-	000	999	
D7320	E	ALVEOPLASTY W/O EXTRACTION		-	-	Not Allowed	$0.00			-	-	000	999	
D7321	E	ALVEOLOPLASTY NOT W/EXTRACTS		-	-	Not Allowed	$0.00			-	-	000	999	
D7340	E	VESTIBULOPLASTY RIDGE EXTENS		-	-	Not Allowed	$0.00			-	-	000	20	
D7350	E	VESTIBULOPLASTY EXTEN GRAFT		-	-	Not Allowed	$0.00			-	-	000	20	
D7410	E	RAD EXC LESION UP TO 1.25 CM		-	-	Not Allowed	$0.00			-	-	000	999	
D7411	E	EXCISION BENIGN LESION>1.25C		-	-	Not Allowed	$0.00			-	-	000	999	
D7412	E	EXCISION BENIGN LESION COMPL		-	-	Not Allowed	$0.00			-	-	000	999	
D7413	E	EXCISION MALIG LESION<=1.25C		-	-	Not Allowed	$0.00			-	-	000	999	
D7414	E	EXCISION MALIG LESION>1.25CM		-	-	Not Allowed	$0.00			-	-	000	999	
D7415	E	EXCISION MALIG LES COMPLICAT		-	-	Not Allowed	$0.00			-	-	000	999	
D7440	E	MALIG TUMOR EXC TO 1.25 CM		-	-	Not Allowed	$0.00			-	-	000	999	
D7441	E	MALIG TUMOR > 1.25 CM		-	-	Not Allowed	$0.00			-	-	000	999	
D7450	E	REM ODONTOGEN CYST TO 1.25CM		-	-	Not Allowed	$0.00			-	-	000	999	
D7451	E	REM ODONTOGEN CYST > 1.25 CM		-	-	Not Allowed	$0.00			-	-	000	999	
D7460	E	REM NONODONTO CYST TO 1.25CM		-	-	Not Allowed	$0.00			-	-	000	999	
D7461	E	REM NONODONTO CYST > 1.25 CM		-	-	Not Allowed	$0.00			-	-	000	999	
D7465	E	LESION DESTRUCTION		-	-	Not Allowed	$0.00			-	-	000	999	
D7471	E	REM EXOSTOSIS ANY SITE		-	-	Not Allowed	$0.00			-	-	000	999	
D7472	E	REMOVAL OF TORUS PALATINUS		-	-	Not Allowed	$0.00			-	-	000	999	
D7473	E	REMOVE TORUS MANDIBULARIS		-	-	Not Allowed	$0.00			-	-	000	999	
D7485	E	SURG REDUCT OSSEOUSTUBEROSIT		-	-	Not Allowed	$0.00			-	-	000	999	
D7490	E	MAXILLA OR MANDIBLE RESECTIO		-	-	Not Allowed	$0.00			-	-	000	999	
D7509	E	MARSUPIALIZATION ODON CYST		-	-	Not Allowed	$0.00			-	-	000	999	
D7510	T	I&D ABSC INTRAORAL SOFT TISS		05071	7.8905	APC	$479.11			-	-	000	999	
D7511	T	INCISION/DRAIN ABSCESS INTRA		05071	7.8905	APC	$479.11			-	Y	000	999	
D7520	T	I&D ABSCESS EXTRAORAL		05071	7.8905	APC	$479.11			-	-	000	999	
D7521	T	INCISION/DRAIN ABSCESS EXTRA		05071	7.8905	APC	$479.11			-	Y	000	999	
D7530	E	REMOVAL FB SKIN/AREOLAR TISS		-	-	Not Allowed	$0.00			-	-	000	999	
D7540	T	REMOVAL OF FB REACTION		05871	18.6458	APC	$1,132.17			-	-	000	999	
D7550	T	REMOVAL OF SLOUGHED OFF BONE		05871	18.6458	APC	$1,132.17			-	-	000	999	
D7560	M	MAXILLARY SINUSOTOMY		-	-	Fee Schedule	$68.64			-	-	000	999	
D7610	E	MAXILLA OPEN REDUCT SIMPLE		-	-	Not Allowed	$0.00			-	-	000	999	
D7620	E	CLSD REDUCT SIMPL MAXILLA FX		-	-	Not Allowed	$0.00			-	-	000	999	
D7630	E	OPEN RED SIMPL MANDIBLE FX		-	-	Not Allowed	$0.00			-	-	000	999	
D7640	E	CLSD RED SIMPL MANDIBLE FX		-	-	Not Allowed	$0.00			-	-	000	999	
D7650	E	OPEN RED SIMP MALAR/ZYGOM FX		-	-	Not Allowed	$0.00			-	-	000	999	

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D7660	E	CLSD RED SIMP MALAR/ZYGOM FX		-	-	Not Allowed	$0.00			-	-	000	999	
D7670	E	CLOSD RDUCTN SPLINT ALVEOLUS		-	-	Not Allowed	$0.00			-	-	000	999	
D7671	E	ALVEOLUS OPEN REDUCTION		-	-	Not Allowed	$0.00			-	-	000	999	
D7680	E	REDUCT SIMPLE FACIAL BONE FX		-	-	Not Allowed	$0.00			-	-	000	999	
D7710	E	MAXILLA OPEN REDUCT COMPOUND		-	-	Not Allowed	$0.00			-	-	000	999	
D7720	E	CLSD REDUCT COMPD MAXILLA FX		-	-	Not Allowed	$0.00			-	-	000	999	
D7730	E	OPEN REDUCT COMPD MANDBLE FX		-	-	Not Allowed	$0.00			-	-	000	999	
D7740	E	CLSD REDUCT COMPD MANDBLE FX		-	-	Not Allowed	$0.00			-	-	000	999	
D7750	E	OPEN RED COMP MALAR/ZYGMA FX		-	-	Not Allowed	$0.00			-	-	000	999	
D7760	E	CLSD RED COMP MALAR/ZYGMA FX		-	-	Not Allowed	$0.00			-	-	000	999	
D7770	E	OPEN REDUC COMPD ALVEOLUS FX		-	-	Not Allowed	$0.00			-	-	000	999	
D7771	E	ALVEOLUS CLSD REDUC STBLZ TE		-	-	Not Allowed	$0.00			-	-	000	999	
D7780	E	REDUCT COMPND FACIAL BONE FX		-	-	Not Allowed	$0.00			-	-	000	999	
D7810	E	TMJ OPEN REDUCT-DISLOCATION		-	-	Not Allowed	$0.00			-	-	000	999	
D7820	E	CLOSED TMP MANIPULATION		-	-	Not Allowed	$0.00			-	-	000	999	
D7830	E	TMJ MANIPULATION UNDER ANEST		-	-	Not Allowed	$0.00			-	-	000	999	
D7840	E	REMOVAL OF TMJ CONDYLE		-	-	Not Allowed	$0.00			-	-	000	999	
D7850	E	TMJ MENISCECTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
D7852	E	TMJ REPAIR OF JOINT DISC		-	-	Not Allowed	$0.00			-	-	000	999	
D7854	E	TMJ EXCISN OF JOINT MEMBRANE		-	-	Not Allowed	$0.00			-	-	000	999	
D7856	E	TMJ CUTTING OF A MUSCLE		-	-	Not Allowed	$0.00			-	-	000	999	
D7858	E	TMJ RECONSTRUCTION		-	-	Not Allowed	$0.00			-	-	000	999	
D7860	E	TMJ CUTTING INTO JOINT		-	-	Not Allowed	$0.00			-	-	000	999	
D7865	E	TMJ RESHAPING COMPONENTS		-	-	Not Allowed	$0.00			-	-	000	999	
D7870	E	TMJ ASPIRATION JOINT FLUID		-	-	Not Allowed	$0.00			-	-	000	999	
D7871	E	LYSIS + LAVAGE W CATHETERS		-	-	Not Allowed	$0.00			-	-	000	999	
D7872	E	TMJ DIAGNOSTIC ARTHROSCOPY		-	-	Not Allowed	$0.00			-	-	000	999	
D7873	E	TMJ ARTHROSCOPY LYSIS ADHESN		-	-	Not Allowed	$0.00			-	-	000	999	
D7874	E	TMJ ARTHROSCOPY DISC REPOSIT		-	-	Not Allowed	$0.00			-	-	000	999	
D7875	E	TMJ ARTHROSCOPY SYNOVECTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
D7876	E	TMJ ARTHROSCOPY DISCECTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
D7877	E	TMJ ARTHROSCOPY DEBRIDEMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D7880	E	OCCLUSAL ORTHOTIC APPLIANCE		-	-	Not Allowed	$0.00			-	-	000	999	
D7881	E	OCC ORTHOTIC DEVICE ADJUST		-	-	Not Allowed	$0.00			-	-	000	999	
D7899	E	TMJ UNSPECIFIED THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
D7910	M	DENT SUTUR RECENT WND TO 5CM		-	-	Fee Schedule	$68.64			-	-	000	999	
D7911	M	DENTAL SUTURE WOUND TO 5 CM		-	-	Fee Schedule	$68.64			-	-	000	999	
D7912	M	SUTURE COMPLICATE WND > 5 CM		-	-	Fee Schedule	$68.64			-	-	000	999	
D7920	E	DENTAL SKIN GRAFT		-	-	Not Allowed	$0.00			-	-	000	20	
D7921	E	COLLECT & APPL BLOOD PRODUCT		-	-	Not Allowed	$0.00			-	-	000	999	
D7922	E	PLACE INTRA-SOCKET BIO DRESS		-	-	Not Allowed	$0.00			-	-	000	999	
D7939	E	INDEXING FOR OSTEOTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
D7940	E	RESHAPING BONE ORTHOGNATHIC		-	-	Not Allowed	$0.00			-	-	000	999	
D7941	E	BONE CUTTING RAMUS CLOSED		-	-	Not Allowed	$0.00			-	-	000	999	
D7943	E	CUTTING RAMUS OPEN W/GRAFT		-	-	Not Allowed	$0.00			-	-	000	999	
D7944	E	BONE CUTTING SEGMENTED		-	-	Not Allowed	$0.00			-	-	000	999	
D7945	E	BONE CUTTING BODY MANDIBLE		-	-	Not Allowed	$0.00			-	-	000	999	
D7946	E	RECONSTRUCTION MAXILLA TOTAL		-	-	Not Allowed	$0.00			-	-	000	999	
D7947	E	RECONSTRUCT MAXILLA SEGMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D7948	E	RECONSTRUCT MIDFACE NO GRAFT		-	-	Not Allowed	$0.00			-	-	000	999	
D7949	E	RECONSTRUCT MIDFACE W/GRAFT		-	-	Not Allowed	$0.00			-	-	000	999	
D7950	E	MANDIBLE GRAFT		-	-	Not Allowed	$0.00			-	-	000	999	
D7951	M	SINUS AUG W BONE OR BONE SUB		-	-	Fee Schedule	$68.64			-	-	000	20	
D7952	E	SINUS AUGMENTATION VERTICAL		-	-	Not Allowed	$0.00			-	-	000	999	
D7953	E	BONE REPLACEMENT GRAFT		-	-	Not Allowed	$0.00			-	-	000	999	
D7955	E	REPAIR MAXILLOFACIAL DEFECTS		-	-	Not Allowed	$0.00			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
D7956	E	TISS REGEN EDENT RESORB		-	-	Not Allowed	$0.00			-	-	000	999	
D7957	E	TISS REGEN EDENT NONRESORB		-	-	Not Allowed	$0.00			-	-	000	999	
D7961	M	BUCCAL/LABIAL FRENECTOMY		-	-	Fee Schedule	$0.00			-	-	000	999	
D7962	M	LINGUAL FRENECTOMY		-	-	Fee Schedule	$0.00			-	-	000	999	
D7963	E	FRENULOPLASTY		-	-	Not Allowed	$0.00			-	-	000	999	
D7970	M	EXCISION HYPERPLASTIC TISSUE		-	-	Fee Schedule	$68.64			-	-	000	20	
D7971	E	EXCISION PERICORONAL GINGIVA		-	-	Not Allowed	$0.00			-	-	000	999	
D7972	E	SURG REDCT FIBROUS TUBEROSIT		-	-	Not Allowed	$0.00			-	-	000	999	
D7979	E	NON-SURGICAL SIALOLITHOTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
D7980	E	SURGICAL SIALOLITHOTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
D7981	E	EXCISION OF SALIVARY GLAND		-	-	Not Allowed	$0.00			-	-	000	999	
D7982	E	SIALODOCHOPLASTY		-	-	Not Allowed	$0.00			-	-	000	999	
D7983	E	CLOSURE OF SALIVARY FISTULA		-	-	Not Allowed	$0.00			-	-	000	999	
D7990	E	EMERGENCY TRACHEOTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
D7991	E	DENTAL CORONOIDECTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
D7993	E	SURG PLACE CRANIOFACIAL IMPL		-	-	Not Allowed	$0.00			-	-	000	999	
D7994	E	SURG PLACE ZYGOMATIC IMPL		-	-	Not Allowed	$0.00			-	-	000	999	
D7995	E	SYNTHETIC GRAFT FACIAL BONES		-	-	Not Allowed	$0.00			-	-	000	999	
D7996	E	IMPLANT MANDIBLE FOR AUGMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D7997	E	APPLIANCE REMOVAL		-	-	Not Allowed	$0.00			-	-	000	999	
D7998	M	INTRAORAL PLACE OF FIX DEV		-	-	Fee Schedule	$68.64			-	-	000	20	
D7999	E	ORAL SURGERY PROCEDURE		-	-	Not Allowed	$0.00			-	-	000	20	
D8010	E	LIMITED DENTAL TX PRIMARY		-	-	Not Allowed	$0.00			-	-	000	999	
D8020	E	LIMITED DENTAL TX TRANSITION		-	-	Not Allowed	$0.00			-	-	000	999	
D8030	E	LIMITED DENTAL TX ADOLESCENT		-	-	Not Allowed	$0.00			-	-	000	999	
D8040	E	LIMITED DENTAL TX ADULT		-	-	Not Allowed	$0.00			-	-	000	999	
D8070	M	COMPRE DENTAL TX TRANSITION		-	-	Fee Schedule	$68.64			Y	-	000	20	
D8080	M	COMPRE DENTAL TX ADOLESCENT		-	-	Fee Schedule	$68.64			Y	-	000	20	
D8090	M	COMPRE DENTAL TX ADULT		-	-	Fee Schedule	$68.64			Y	-	000	20	
D8091	E	COMPRE ORTHO TREAT W SURG		-	-	Not Allowed	$0.00			-	-	000	999	
D8210	E	ORTHODONTIC REM APPLIANCE TX		-	-	Not Allowed	$0.00			-	-	000	999	
D8220	M	FIXED APPLIANCE THERAPY HABT		-	-	Fee Schedule	$68.64			-	-	000	999	
D8660	E	PREORTHODONTIC TX VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
D8670	M	PERIODIC ORTHODONTC TX VISIT		-	-	Fee Schedule	$68.64			Y	-	000	20	
D8671	E	PERIODIC ORTH TREAT W SURG		-	-	Not Allowed	$0.00			-	-	000	999	
D8680	M	ORTHODONTIC RETENTION		-	-	Fee Schedule	$68.64			Y	-	000	20	
D8681	E	REMOVABLE RETAINER ADJUST		-	-	Not Allowed	$0.00			-	-	000	999	
D8695	E	REMOVE FIXED ORTHO APPLIANCE		-	-	Not Allowed	$0.00			-	-	000	999	
D8696	E	REP OF ORTHO APPLIANCE MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D8697	E	REP OF ORTHO APPLIANCE MAN		-	-	Not Allowed	$0.00			-	-	000	999	
D8698	E	RECEMENT FIXED RETAINER MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D8699	E	RECEMENT FIXED RETAINER MAN		-	-	Not Allowed	$0.00			-	-	000	999	
D8701	E	REPAIR FIXED RETAINER MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D8702	E	REPAIR OF FIXED RETAINER MAN		-	-	Not Allowed	$0.00			-	-	000	999	
D8703	E	REPLACE BROKEN RETAINER MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D8704	E	REPLACE BROKEN RETAINER MAN		-	-	Not Allowed	$0.00			-	-	000	999	
D8999	E	ORTHODONTIC PROCEDURE		-	-	Not Allowed	$0.00			-	-	000	999	
D9110	N	PALLIATIVE TX DENTAL PAIN		-	-	Bundled	$0.00			-	-	000	999	
D9120	E	FIX PARTIAL DENTURE SECTION		-	-	Not Allowed	$0.00			-	-	000	999	
D9130	E	TEMPOROMANDIBULAR JOINT DYSF		-	-	Not Allowed	$0.00			-	-	000	999	
D9210	E	DENT ANESTHESIA W/O SURGERY		-	-	Not Allowed	$0.00			-	-	000	999	
D9211	E	REGIONAL BLOCK ANESTHESIA		-	-	Not Allowed	$0.00			-	-	000	999	
D9212	E	TRIGEMINAL BLOCK ANESTHESIA		-	-	Not Allowed	$0.00			-	-	000	999	
D9215	E	LOCAL ANESTHESIA		-	-	Not Allowed	$0.00			-	-	000	999	
D9219	E	EVAL MOD/DEEP SED/GEN ANEST		-	-	Not Allowed	$0.00			-	-	000	999	
D9222	M	DEEP ANEST, 1ST 15 MIN		-	-	Fee Schedule	$68.64			-	-	000	999	

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D9223	M	GENERAL ANESTH EA ADDL 15 MI		-	-	Fee Schedule	$68.64			-	-	000	999	
D9230	N	ANALGESIA		-	-	Bundled	$0.00			-	-	000	12	
D9239	M	IV MOD SEDATION, 1ST 15 MIN		-	-	Fee Schedule	$68.64			-	-	000	999	
D9243	M	IV SEDATION EA ADDL 15M		-	-	Fee Schedule	$68.64			-	-	000	999	
D9248	N	SEDATION (NON-IV)		-	-	Bundled	$0.00			-	-	000	999	
D9310	M	DENTAL CONSULTATION		-	-	Fee Schedule	$68.64			-	-	000	999	
D9311	E	CONSULT W/MED HLTH CARE PROF		-	-	Not Allowed	$0.00			-	-	000	999	
D9410	M	DENTAL HOUSE CALL		-	-	Fee Schedule	$68.64			-	-	000	999	
D9420	M	HOSPITAL/ASC CALL		-	-	Fee Schedule	$68.64			-	-	000	999	
D9430	E	OFFICE VISIT DURING HOURS		-	-	Not Allowed	$0.00			-	-	000	20	
D9440	M	OFFICE VISIT AFTER HOURS		-	-	Fee Schedule	$68.64			-	-	000	999	
D9450	E	CASE PRESENTATION TX PLAN		-	-	Not Allowed	$0.00			-	-	000	999	
D9610	E	DENT THERAPEUTIC DRUG INJECT		-	-	Not Allowed	$0.00			-	-	000	999	
D9612	M	THERA PAR DRUGS 2 OR > ADMIN		-	-	Fee Schedule	$0.00			-	-	000	999	
D9613	E	INFILTRATION THERA DRUG		-	-	Not Allowed	$0.00			-	-	000	999	
D9630	M	DRUGS/MEDS DISP FOR HOME USE		-	-	Fee Schedule	$68.64			-	-	000	999	
D9910	E	DENT APPL DESENSITIZING MED		-	-	Not Allowed	$0.00			-	-	000	999	
D9911	E	APPL DESENSITIZING RESIN		-	-	Not Allowed	$0.00			-	-	000	999	
D9912	E	PRE-VISIT PATIENT SCREENING		-	-	Not Allowed	$0.00			-	-	000	999	
D9913	E	ADMIN OF NEUROMOD		-	-	Not Allowed	$0.00			-	-	000	999	
D9914	E	ADMIN OF DERMAL FILL		-	-	Not Allowed	$0.00			-	-	000	999	
D9920	M	BEHAVIOR MANAGEMENT		-	-	Fee Schedule	$68.64			-	-	000	999	
D9930	E	TREATMENT OF COMPLICATIONS		-	-	Not Allowed	$0.00			-	-	000	999	
D9932	E	CLEAN & INSPECT REM DENT MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D9933	E	CLEAN & INSPECT REM DENT MAN		-	-	Not Allowed	$0.00			-	-	000	999	
D9934	E	CLEAN REM PART DENTURE MAX		-	-	Not Allowed	$0.00			-	-	000	999	
D9935	E	CLEAN REM PART DENTURE MAND		-	-	Not Allowed	$0.00			-	-	000	999	
D9938	E	FAB REMOVABLE APPLIANCE		-	-	Not Allowed	$0.00			-	-	000	999	
D9939	E	PLACEMNT REMOVABLE APPLIANCE		-	-	Not Allowed	$0.00			-	-	000	999	
D9941	E	FABRICATION ATHLETIC GUARD		-	-	Not Allowed	$0.00			-	-	000	999	
D9942	E	REPAIR/RELINE OCCLUSAL GUARD		-	-	Not Allowed	$0.00			-	-	000	999	
D9943	E	OCCLUSAL GUARD ADJUSTMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D9944	T	OCC GUARD, HARD, FULL ARCH		05871	18.6458	APC	$1,132.17			-	-	000	20	
D9945	T	OCC GUARD, SOFT, FULL ARCH		05871	18.6458	APC	$1,132.17			-	-	000	20	
D9946	T	OCC GUARD, HARD, PART ARCH		05871	18.6458	APC	$1,132.17			-	-	000	20	
D9947	E	SLEEP APNEA APPLIANCE		-	-	Not Allowed	$0.00			-	-	000	999	
D9948	E	ADJUST SLEEP APNEA APPLIANCE		-	-	Not Allowed	$0.00			-	-	000	999	
D9949	E	REPAIR SLEEP APNEA APPLIANCE		-	-	Not Allowed	$0.00			-	-	000	999	
D9950	E	OCCLUSION ANALYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
D9951	E	LIMITED OCCLUSAL ADJUSTMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D9952	E	COMPLETE OCCLUSAL ADJUSTMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D9953	E	RELINE SLEEP APNEA APPLIANCE		-	-	Not Allowed	$0.00			-	-	000	999	
D9954	E	FAB/DEL ORAL APPLIANCE THXPY		-	-	Not Allowed	$0.00			-	-	000	999	
D9955	E	ORAL APP THXPY TITRATION VIS		-	-	Not Allowed	$0.00			-	-	000	999	
D9956	E	ADMIN HOME SLEEP APNEA TEST		-	-	Not Allowed	$0.00			-	-	000	999	
D9957	E	SCREENING SLEEP DISORDERS		-	-	Not Allowed	$0.00			-	-	000	999	
D9959	E	UNSPEC SLEEP AP PROC		-	-	Not Allowed	$0.00			-	-	000	999	
D9961	E	DUP/COPY PATIENT'S RECORDS		-	-	Not Allowed	$0.00			-	-	000	999	
D9970	E	ENAMEL MICROABRASION		-	-	Not Allowed	$0.00			-	-	000	999	
D9971	E	ODONTOPLASTY PER TOOTH		-	-	Not Allowed	$0.00			-	-	000	999	
D9972	E	EXTRNL BLEACHING PER ARCH		-	-	Not Allowed	$0.00			-	-	000	999	
D9973	E	EXTRNL BLEACHING PER TOOTH		-	-	Not Allowed	$0.00			-	-	000	999	
D9974	E	INTRNL BLEACHING PER TOOTH		-	-	Not Allowed	$0.00			-	-	000	999	
D9975	E	EXTERNAL BLEACHING HOME APP		-	-	Not Allowed	$0.00			-	-	000	999	
D9985	E	SALES TAX		-	-	Not Allowed	$0.00			-	-	000	999	
D9986	E	MISSED APPOINTMENT		-	-	Not Allowed	$0.00			-	-	000	999	

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D9987	E	CANCELLED APPOINTMENT		-	-	Not Allowed	$0.00			-	-	000	999	
D9990	E	TRANS OR SIGN LANGUAGE SVCS		-	-	Not Allowed	$0.00			-	-	000	999	
D9991	E	CASE MGMT, APPT BARRIERS		-	-	Not Allowed	$0.00			-	-	000	999	
D9992	M	CASE MGMT, CARE COORDINATION		-	-	Fee Schedule	$0.00			-	-	000	999	
D9993	E	CASE MGMT, INTERVIEWING		-	-	Not Allowed	$0.00			-	-	000	999	
D9994	E	CASE MGMT, PT EDUCATION		-	-	Not Allowed	$0.00			-	-	000	999	
D9995	M	TELEDENTISTRY REAL-TIME		-	-	Fee Schedule	$26.65			-	-	000	999	
D9996	M	TELEDENTISTRY DENT REVIEW		-	-	Fee Schedule	$26.65			-	-	000	999	
D9997	E	DENT CASE MGMT SPECIAL NEEDS		-	-	Not Allowed	$0.00			-	-	000	999	
D9999	M	ADJUNCTIVE PROCEDURE		-	-	Fee Schedule	$68.64			-	-	000	999	
E0100	E	CANE ADJUST/FIXED WITH TIP		-	-	Not Allowed	$0.00			-	-	000	999	
E0105	E	CANE ADJUST/FIXED QUAD/3 PRO		-	-	Not Allowed	$0.00			-	Y	000	999	
E0110	E	CRUTCH FOREARM PAIR		-	-	Not Allowed	$0.00			-	Y	000	999	
E0111	E	CRUTCH FOREARM EACH		-	-	Not Allowed	$0.00			-	Y	000	999	
E0112	E	CRUTCH UNDERARM PAIR WOOD		-	-	Not Allowed	$0.00			-	Y	000	999	
E0113	E	CRUTCH UNDERARM EACH WOOD		-	-	Not Allowed	$0.00			-	Y	000	999	
E0114	E	CRUTCH UNDERARM PAIR NO WOOD		-	-	Not Allowed	$0.00			-	Y	000	999	
E0116	E	CRUTCH UNDERARM EACH NO WOOD		-	-	Not Allowed	$0.00			-	Y	000	999	
E0117	E	UNDERARM SPRINGASSIST CRUTCH		-	-	Not Allowed	$0.00			-	Y	000	999	
E0118	E	CRUTCH SUBSTITUTE		-	-	Not Allowed	$0.00			-	-	000	999	
E0130	E	WALKER RIGID ADJUST/FIXED HT		-	-	Not Allowed	$0.00			-	-	000	999	
E0135	E	WALKER FOLDING ADJUST/FIXED		-	-	Not Allowed	$0.00			-	-	000	999	
E0140	E	WALKER W TRUNK SUPPORT		-	-	Not Allowed	$0.00			-	-	000	999	
E0141	E	RIGID WHEELED WALKER ADJ/FIX		-	-	Not Allowed	$0.00			-	-	000	999	
E0143	E	WALKER FOLDING WHEELED W/O S		-	-	Not Allowed	$0.00			-	-	000	999	
E0144	E	ENCLOSED WALKER W REAR SEAT		-	-	Not Allowed	$0.00			-	-	000	999	
E0147	E	WALKER VARIABLE WHEEL RESIST		-	-	Not Allowed	$0.00			-	-	000	999	
E0148	E	HEAVYDUTY WALKER NO WHEELS		-	-	Not Allowed	$0.00			-	-	000	999	
E0149	E	HEAVY DUTY WHEELED WALKER		-	-	Not Allowed	$0.00			-	-	000	999	
E0152	E	WALKER, BATTERY POWER WHEELS		-	-	Not Allowed	$0.00			-	-	000	999	
E0153	E	FOREARM CRUTCH PLATFORM ATTA		-	-	Not Allowed	$0.00			-	-	000	999	
E0154	E	WALKER PLATFORM ATTACHMENT		-	-	Not Allowed	$0.00			-	-	000	999	
E0155	E	WALKER WHEEL ATTACHMENT,PAIR		-	-	Not Allowed	$0.00			-	-	000	999	
E0156	E	WALKER SEAT ATTACHMENT		-	-	Not Allowed	$0.00			-	-	000	999	
E0157	E	WALKER CRUTCH ATTACHMENT		-	-	Not Allowed	$0.00			-	-	000	999	
E0158	E	WALKER LEG EXTENDERS SET OF4		-	-	Not Allowed	$0.00			-	-	000	999	
E0159	E	BRAKE FOR WHEELED WALKER		-	-	Not Allowed	$0.00			-	-	000	999	
E0160	E	SITZ TYPE BATH OR EQUIPMENT		-	-	Not Allowed	$0.00			-	-	000	999	
E0161	E	SITZ BATH/EQUIPMENT W/FAUCET		-	-	Not Allowed	$0.00			-	-	000	999	
E0162	E	SITZ BATH CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
E0163	E	COMMODE CHAIR WITH FIXED ARM		-	-	Not Allowed	$0.00			-	-	000	999	
E0165	E	COMMODE CHAIR WITH DETACHARM		-	-	Not Allowed	$0.00			-	-	000	999	
E0167	E	COMMODE CHAIR PAIL OR PAN		-	-	Not Allowed	$0.00			-	-	000	999	
E0168	E	HEAVYDUTY/WIDE COMMODE CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
E0170	E	COMMODE CHAIR ELECTRIC		-	-	Not Allowed	$0.00			-	-	000	999	
E0171	E	COMMODE CHAIR NON-ELECTRIC		-	-	Not Allowed	$0.00			-	-	000	999	
E0172	E	SEAT LIFT MECHANISM TOILET		-	-	Not Allowed	$0.00			-	-	000	999	
E0175	E	COMMODE CHAIR FOOT REST		-	-	Not Allowed	$0.00			-	-	000	999	
E0181	E	PRESS PAD ALTERNATING W/ PUM		-	-	Not Allowed	$0.00			-	-	000	999	
E0182	E	REPLACE PUMP, ALT PRESS PAD		-	-	Not Allowed	$0.00			-	-	000	999	
E0183	E	PRESS UNDERLAY ALTER W/PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
E0184	E	DRY PRESSURE MATTRESS		-	-	Not Allowed	$0.00			-	-	000	999	
E0185	E	GEL PRESSURE MATTRESS PAD		-	-	Not Allowed	$0.00			-	-	000	999	
E0186	E	AIR PRESSURE MATTRESS		-	-	Not Allowed	$0.00			-	-	000	999	
E0187	E	WATER PRESSURE MATTRESS		-	-	Not Allowed	$0.00			-	-	000	999	
E0188	E	SYNTHETIC SHEEPSKIN PAD		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
E0189	E	LAMBSWOOL SHEEPSKIN PAD		-	-	Not Allowed	$0.00			-	-	000	999	
E0190	E	POSITIONING CUSHION		-	-	Not Allowed	$0.00			-	-	000	999	
E0191	E	PROTECTOR HEEL OR ELBOW		-	-	Not Allowed	$0.00			-	-	000	999	
E0193	E	POWERED AIR FLOTATION BED		-	-	Not Allowed	$0.00			-	-	000	999	
E0194	E	AIR FLUIDIZED BED		-	-	Not Allowed	$0.00			-	-	000	999	
E0196	E	GEL PRESSURE MATTRESS		-	-	Not Allowed	$0.00			-	-	000	999	
E0197	E	AIR PRESSURE PAD FOR MATTRES		-	-	Not Allowed	$0.00			-	-	000	999	
E0198	E	WATER PRESSURE PAD FOR MATTR		-	-	Not Allowed	$0.00			-	-	000	999	
E0199	E	DRY PRESSURE PAD FOR MATTRES		-	-	Not Allowed	$0.00			-	-	000	999	
E0200	E	HEAT LAMP WITHOUT STAND		-	-	Not Allowed	$0.00			-	-	000	999	
E0202	E	PHOTOTHERAPY LIGHT W/ PHOTOM		-	-	Not Allowed	$0.00			-	-	000	999	
E0203	E	THERAPEUTIC LIGHTBOX TABLETP		-	-	Not Allowed	$0.00			-	-	000	999	
E0205	E	HEAT LAMP WITH STAND		-	-	Not Allowed	$0.00			-	-	000	999	
E0210	E	ELECTRIC HEAT PAD STANDARD		-	-	Not Allowed	$0.00			-	-	000	999	
E0215	E	ELECTRIC HEAT PAD MOIST		-	-	Not Allowed	$0.00			-	-	000	999	
E0217	E	WATER CIRC HEAT PAD W PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
E0218	E	FLUID CIRC COLD PAD W PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
E0221	E	INFRARED HEATING PAD SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
E0225	E	HYDROCOLLATOR UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
E0231	E	WOUND WARMING DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E0232	E	WARMING CARD FOR NWT		-	-	Not Allowed	$0.00			-	-	000	999	
E0235	E	PARAFFIN BATH UNIT PORTABLE		-	-	Not Allowed	$0.00			-	-	000	999	
E0236	E	PUMP FOR WATER CIRCULATING P		-	-	Not Allowed	$0.00			-	-	000	999	
E0239	E	HYDROCOLLATOR UNIT PORTABLE		-	-	Not Allowed	$0.00			-	-	000	999	
E0240	E	BATH/SHOWER CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
E0241	E	BATH TUB WALL RAIL		-	-	Not Allowed	$0.00			-	-	000	999	
E0242	E	BATH TUB RAIL FLOOR		-	-	Not Allowed	$0.00			-	-	000	999	
E0243	E	TOILET RAIL		-	-	Not Allowed	$0.00			-	-	000	999	
E0244	E	TOILET SEAT RAISED		-	-	Not Allowed	$0.00			-	-	000	999	
E0245	E	TUB STOOL OR BENCH		-	-	Not Allowed	$0.00			-	-	000	999	
E0246	E	TRANSFER TUB RAIL ATTACHMENT		-	-	Not Allowed	$0.00			-	-	000	999	
E0247	E	TRANS BENCH W/WO COMM OPEN		-	-	Not Allowed	$0.00			-	-	000	999	
E0248	E	HDTRANS BENCH W/WO COMM OPEN		-	-	Not Allowed	$0.00			-	-	000	999	
E0249	E	PAD WATER CIRCULATING HEAT U		-	-	Not Allowed	$0.00			-	-	000	999	
E0250	E	HOSP BED FIXED HT W/ MATTRES		-	-	Not Allowed	$0.00			-	-	000	999	
E0251	E	HOSP BED FIXD HT W/O MATTRES		-	-	Not Allowed	$0.00			-	-	000	999	
E0255	E	HOSPITAL BED VAR HT W/ MATTR		-	-	Not Allowed	$0.00			-	-	000	999	
E0256	E	HOSPITAL BED VAR HT W/O MATT		-	-	Not Allowed	$0.00			-	-	000	999	
E0260	E	HOSP BED SEMI-ELECTR W/ MATT		-	-	Not Allowed	$0.00			-	-	000	999	
E0261	E	HOSP BED SEMI-ELECTR W/O MAT		-	-	Not Allowed	$0.00			-	-	000	999	
E0265	E	HOSP BED TOTAL ELECTR W/ MAT		-	-	Not Allowed	$0.00			-	-	000	999	
E0266	E	HOSP BED TOTAL ELEC W/O MATT		-	-	Not Allowed	$0.00			-	-	000	999	
E0270	E	HOSPITAL BED INSTITUTIONAL T		-	-	Not Allowed	$0.00			-	-	000	999	
E0271	E	MATTRESS INNERSPRING		-	-	Not Allowed	$0.00			-	-	000	999	
E0272	E	MATTRESS FOAM RUBBER		-	-	Not Allowed	$0.00			-	-	000	999	
E0273	E	BED BOARD		-	-	Not Allowed	$0.00			-	-	000	999	
E0274	E	OVER-BED TABLE		-	-	Not Allowed	$0.00			-	-	000	999	
E0275	E	BED PAN STANDARD		-	-	Not Allowed	$0.00			-	-	000	999	
E0276	E	BED PAN FRACTURE		-	-	Not Allowed	$0.00			-	-	000	999	
E0277	E	POWERED PRES-REDU AIR MATTRS		-	-	Not Allowed	$0.00			-	-	000	999	
E0280	E	BED CRADLE		-	-	Not Allowed	$0.00			-	-	000	999	
E0290	E	HOSP BED FX HT W/O RAILS W/M		-	-	Not Allowed	$0.00			-	-	000	999	
E0291	E	HOSP BED FX HT W/O RAIL W/O		-	-	Not Allowed	$0.00			-	-	000	999	
E0292	E	HOSP BED VAR HT NO SR W/MATT		-	-	Not Allowed	$0.00			-	-	000	999	
E0293	E	HOSP BED VAR HT NO SR NO MAT		-	-	Not Allowed	$0.00			-	-	000	999	
E0294	E	HOSP BED SEMI-ELECT W/ MATTR		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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E0295	E	HOSP BED SEMI-ELECT W/O MATT		-	-	Not Allowed	$0.00			-	-	000	999	
E0296	E	HOSP BED TOTAL ELECT W/ MATT		-	-	Not Allowed	$0.00			-	-	000	999	
E0297	E	HOSP BED TOTAL ELECT W/O MAT		-	-	Not Allowed	$0.00			-	-	000	999	
E0300	E	ENCLOSED PED CRIB HOSP GRADE		-	-	Not Allowed	$0.00			-	-	000	999	
E0301	E	HD HOSP BED, 350-600 LBS		-	-	Not Allowed	$0.00			-	-	000	999	
E0302	E	EX HD HOSP BED > 600 LBS		-	-	Not Allowed	$0.00			-	-	000	999	
E0303	E	HOSP BED HVY DTY XTRA WIDE		-	-	Not Allowed	$0.00			-	-	000	999	
E0304	E	HOSP BED XTRA HVY DTY X WIDE		-	-	Not Allowed	$0.00			-	-	000	999	
E0305	E	RAILS BED SIDE HALF LENGTH		-	-	Not Allowed	$0.00			-	-	000	999	
E0310	E	RAILS BED SIDE FULL LENGTH		-	-	Not Allowed	$0.00			-	-	000	999	
E0315	E	BED ACCESSORY BRD/TBL/SUPPRT		-	-	Not Allowed	$0.00			-	-	000	999	
E0316	E	BED SAFETY ENCLOSURE		-	-	Not Allowed	$0.00			-	-	000	999	
E0325	E	URINAL MALE JUG-TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
E0326	E	URINAL FEMALE JUG-TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
E0328	E	PED HOSPITAL BED, MANUAL		-	-	Not Allowed	$0.00			-	-	000	999	
E0329	E	PED HOSPITAL BED SEMI/ELECT		-	-	Not Allowed	$0.00			-	-	000	999	
E0350	E	CONTROL UNIT BOWEL SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
E0352	E	DISPOSABLE PACK W/BOWEL SYST		-	-	Not Allowed	$0.00			-	-	000	999	
E0370	E	AIR ELEVATOR FOR HEEL		-	-	Not Allowed	$0.00			-	-	000	999	
E0371	E	NONPOWER MATTRESS OVERLAY		-	-	Not Allowed	$0.00			-	-	000	999	
E0372	E	POWERED AIR MATTRESS OVERLAY		-	-	Not Allowed	$0.00			-	-	000	999	
E0373	E	NONPOWERED PRESSURE MATTRESS		-	-	Not Allowed	$0.00			-	-	000	999	
E0424	E	STATIONARY COMPRESSED GAS 02		-	-	Not Allowed	$0.00			-	-	000	999	
E0425	E	GAS SYSTEM STATIONARY COMPRE		-	-	Not Allowed	$0.00			-	-	000	999	
E0430	E	OXYGEN SYSTEM GAS PORTABLE		-	-	Not Allowed	$0.00			-	-	000	999	
E0431	E	PORTABLE GASEOUS 02		-	-	Not Allowed	$0.00			-	-	000	999	
E0433	E	PORTABLE LIQUID OXYGEN SYS		-	-	Not Allowed	$0.00			-	-	000	999	
E0434	E	PORTABLE LIQUID 02		-	-	Not Allowed	$0.00			-	-	000	999	
E0435	E	OXYGEN SYSTEM LIQUID PORTABL		-	-	Not Allowed	$0.00			-	-	000	999	
E0439	E	STATIONARY LIQUID 02		-	-	Not Allowed	$0.00			-	-	000	999	
E0440	E	OXYGEN SYSTEM LIQUID STATION		-	-	Not Allowed	$0.00			-	-	000	999	
E0441	E	STATIONARY O2 CONTENTS, GAS		-	-	Not Allowed	$0.00			-	-	000	999	
E0442	E	STATIONARY O2 CONTENTS, LIQ		-	-	Not Allowed	$0.00			-	-	000	999	
E0443	E	PORTABLE 02 CONTENTS, GAS		-	-	Not Allowed	$0.00			-	-	000	999	
E0444	E	PORTABLE 02 CONTENTS, LIQUID		-	-	Not Allowed	$0.00			-	-	000	999	
E0445	E	OXIMETER NON-INVASIVE		-	-	Not Allowed	$0.00			-	-	000	999	
E0446	E	TOPICAL OX DELIVER SYS, NOS		-	-	Not Allowed	$0.00			-	-	000	999	
E0447	E	PORT O2 CONT, LIQ OVER 4 LPM		-	-	Not Allowed	$0.00			-	-	000	999	
E0455	E	OXYGEN TENT EXCL CROUP/PED T		-	-	Not Allowed	$0.00			-	-	000	999	
E0457	E	CHEST SHELL		-	-	Not Allowed	$0.00			-	-	000	999	
E0459	E	CHEST WRAP		-	-	Not Allowed	$0.00			-	-	000	999	
E0462	E	ROCKING BED W/ OR W/O SIDE R		-	-	Not Allowed	$0.00			-	-	000	999	
E0465	E	HOME VENT INVASIVE INTERFACE		-	-	Not Allowed	$0.00			-	-	000	999	
E0466	E	HOME VENT NON-INVASIVE INTER		-	-	Not Allowed	$0.00			-	-	000	999	
E0467	E	HOME VENT MULTI-FUNCTION		-	-	Not Allowed	$0.00			-	-	000	999	
E0468	E	HOME VENT DUAL FNCT INCL ALL		-	-	Not Allowed	$0.00			-	-	000	999	
E0469	E	LUNG EXPANS HIGH OSCIL NEB		-	-	Not Allowed	$0.00			-	-	000	999	
E0470	E	RAD W/O BACKUP NON-INV INTFC		-	-	Not Allowed	$0.00			-	-	000	999	
E0471	E	RAD W/BACKUP NON INV INTRFC		-	-	Not Allowed	$0.00			-	-	000	999	
E0472	E	RAD W BACKUP INVASIVE INTRFC		-	-	Not Allowed	$0.00			-	-	000	999	
E0480	E	PERCUSSOR ELECT/PNEUM HOME M		-	-	Not Allowed	$0.00			-	-	000	999	
E0481	E	INTRPULMNRY PERCUSS VENT SYS		-	-	Not Allowed	$0.00			-	-	000	999	
E0482	E	COUGH STIMULATING DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E0483	E	HI FREQ CHEST WALL OSCIL SYS		-	-	Not Allowed	$0.00			-	-	000	999	
E0484	E	NON-ELEC OSCILLATORY PEP DVC		-	-	Not Allowed	$0.00			-	-	000	999	
E0485	E	ORAL DEVICE/APPLIANCE PREFAB		-	-	Not Allowed	$0.00			-	-	000	999	

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E0486	E	ORAL DEVICE/APPLIANCE CUSFAB		-	-	Not Allowed	$0.00			-	-	000	999	
E0487	N	ELECTRONIC SPIROMETER		-	-	Bundled	$0.00			-	-	000	999	
E0490	E	CONTROL UNIT NM HW REMOTE		-	-	Not Allowed	$0.00			-	-	000	999	
E0491	E	ORAL DV NM MOUTHPC HW REMOTE		-	-	Not Allowed	$0.00			-	-	000	999	
E0492	E	CONTROL UNIT NM STIM W PHONE		-	-	Not Allowed	$0.00			-	-	000	999	
E0493	E	ORAL DV/APP NEUROMUS MOUTHPI		-	-	Not Allowed	$0.00			-	-	000	999	
E0500	E	IPPB ALL TYPES		-	-	Not Allowed	$0.00			-	-	000	999	
E0530	E	ELECTRONIC POSA TREATMENT		-	-	Not Allowed	$0.00			-	-	000	999	
E0550	E	HUMIDIF EXTENS SUPPLE W IPPB		-	-	Not Allowed	$0.00			-	-	000	999	
E0555	E	HUMIDIFIER FOR USE W/ REGULA		-	-	Not Allowed	$0.00			-	-	000	999	
E0560	E	HUMIDIFIER SUPPLEMENTAL W/ I		-	-	Not Allowed	$0.00			-	-	000	999	
E0561	E	HUMIDIFIER NONHEATED W PAP		-	-	Not Allowed	$0.00			-	-	000	999	
E0562	E	HUMIDIFIER HEATED USED W PAP		-	-	Not Allowed	$0.00			-	-	000	999	
E0565	E	COMPRESSOR AIR POWER SOURCE		-	-	Not Allowed	$0.00			-	-	000	999	
E0570	E	NEBULIZER WITH COMPRESSION		-	-	Not Allowed	$0.00			-	-	000	999	
E0572	E	AEROSOL COMPRESSOR ADJUST PR		-	-	Not Allowed	$0.00			-	-	000	999	
E0574	E	ULTRASONIC GENERATOR W SVNEB		-	-	Not Allowed	$0.00			-	-	000	999	
E0575	E	NEBULIZER ULTRASONIC		-	-	Not Allowed	$0.00			-	-	000	999	
E0580	E	NEBULIZER FOR USE W/ REGULAT		-	-	Not Allowed	$0.00			-	-	000	999	
E0585	E	NEBULIZER W/ COMPRESSOR & HE		-	-	Not Allowed	$0.00			-	-	000	999	
E0600	E	SUCTION PUMP PORTAB HOM MODL		-	-	Not Allowed	$0.00			-	-	000	999	
E0601	E	CONT AIRWAY PRESSURE DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E0602	E	MANUAL BREAST PUMP		-	-	Not Allowed	$0.00			-	-	009	999	
E0603	E	ELECTRIC BREAST PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
E0604	E	HOSP GRADE ELEC BREAST PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
E0605	E	VAPORIZER ROOM TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
E0606	E	DRAINAGE BOARD POSTURAL		-	-	Not Allowed	$0.00			-	-	000	999	
E0607	E	BLOOD GLUCOSE MONITOR HOME		-	-	Not Allowed	$0.00			-	-	000	999	
E0610	E	PACEMAKER MONITR AUDIBLE/VIS		-	-	Not Allowed	$0.00			-	-	000	999	
E0615	E	PACEMAKER MONITR DIGITAL/VIS		-	-	Not Allowed	$0.00			-	-	000	999	
E0616	N	CARDIAC EVENT RECORDER		-	-	Bundled	$0.00			-	-	000	999	
E0617	E	AUTOMATIC EXT DEFIBRILLATOR		-	-	Not Allowed	$0.00			-	-	000	999	
E0618	E	APNEA MONITOR		-	-	Not Allowed	$0.00			-	-	000	999	
E0619	E	APNEA MONITOR W RECORDER		-	-	Not Allowed	$0.00			-	-	000	999	
E0620	E	CAP BLD SKIN PIERCING LASER		-	-	Not Allowed	$0.00			-	-	000	999	
E0621	E	PATIENT LIFT SLING OR SEAT		-	-	Not Allowed	$0.00			-	-	000	999	
E0625	E	PATIENT LIFT BATHROOM OR TOI		-	-	Not Allowed	$0.00			-	-	000	999	
E0627	E	SEAT LIFT MECH, ELECTRIC ANY		-	-	Not Allowed	$0.00			-	-	000	999	
E0629	E	SEAT LIFT MECH, NON-ELECTRIC		-	-	Not Allowed	$0.00			-	-	000	999	
E0630	E	PATIENT LIFT HYDRAULIC		-	-	Not Allowed	$0.00			-	-	000	999	
E0635	E	PATIENT LIFT ELECTRIC		-	-	Not Allowed	$0.00			-	-	000	999	
E0636	E	PT SUPPORT & POSITIONING SYS		-	-	Not Allowed	$0.00			-	-	000	999	
E0637	E	COMBINATION SIT TO STAND SYS		-	-	Not Allowed	$0.00			-	-	000	999	
E0638	E	STANDING FRAME SYS		-	-	Not Allowed	$0.00			-	-	000	999	
E0639	E	MOVEABLE PATIENT LIFT SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
E0640	E	FIXED PATIENT LIFT SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
E0641	E	MULTI-POSITION STND FRAM SYS		-	-	Not Allowed	$0.00			-	-	000	999	
E0642	E	DYNAMIC STANDING FRAME		-	-	Not Allowed	$0.00			-	-	000	999	
E0650	E	PNEUMA COMPRESOR NON-SEGMENT		-	-	Not Allowed	$0.00			-	-	000	999	
E0651	E	PNEUM COMPRESSOR SEGMENTAL		-	-	Not Allowed	$0.00			-	-	000	999	
E0652	E	PNEUM COMPRES W/CAL PRESSURE		-	-	Not Allowed	$0.00			-	-	000	999	
E0655	E	PNEUMATIC APPLIANCE HALF ARM		-	-	Not Allowed	$0.00			-	-	000	999	
E0656	E	SEGMENTAL PNEUMATIC TRUNK		-	-	Not Allowed	$0.00			-	-	000	999	
E0657	E	SEGMENTAL PNEUMATIC CHEST		-	-	Not Allowed	$0.00			-	-	000	999	
E0660	E	PNEUMATIC APPLIANCE FULL LEG		-	-	Not Allowed	$0.00			-	-	000	999	
E0665	E	PNEUMATIC APPLIANCE FULL ARM		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
E0666	E	PNEUMATIC APPLIANCE HALF LEG		-	-	Not Allowed	$0.00			-	-	000	999	
E0667	E	SEG PNEUMATIC APPL FULL LEG		-	-	Not Allowed	$0.00			-	-	000	999	
E0668	E	SEG PNEUMATIC APPL FULL ARM		-	-	Not Allowed	$0.00			-	-	000	999	
E0669	E	SEG PNEUMATIC APPLI HALF LEG		-	-	Not Allowed	$0.00			-	-	000	999	
E0670	E	SEG PNEUM INT LEGS/TRUNK		-	-	Not Allowed	$0.00			-	-	000	999	
E0671	E	PRESSURE PNEUM APPL FULL LEG		-	-	Not Allowed	$0.00			-	-	000	999	
E0672	E	PRESSURE PNEUM APPL FULL ARM		-	-	Not Allowed	$0.00			-	-	000	999	
E0673	E	PRESSURE PNEUM APPL HALF LEG		-	-	Not Allowed	$0.00			-	-	000	999	
E0675	E	PNEUMATIC COMPRESSION DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E0676	E	INTER LIMB COMPRESS DEV NOS		-	-	Not Allowed	$0.00			-	-	000	999	
E0677	E	NON PNEUM SEQ COMP TRUNK		-	-	Not Allowed	$0.00			-	-	000	999	
E0678	E	NON PNEUM SEQ COMP FULL LEG		-	-	Not Allowed	$0.00			-	-	000	999	
E0679	E	NON PNEUM SEQ COMP HALF LEG		-	-	Not Allowed	$0.00			-	-	000	999	
E0680	E	NON PNEUM COMP CONTROL CAL		-	-	Not Allowed	$0.00			-	-	000	999	
E0681	E	NON PNEU COMP CONTROL W/O CA		-	-	Not Allowed	$0.00			-	-	000	999	
E0682	E	NON PNEUM COMPRESS FULL ARM		-	-	Not Allowed	$0.00			-	-	000	999	
E0683	E	NON PNEU PERISTALIC COMP PMP		-	-	Not Allowed	$0.00			-	-	000	999	
E0691	E	UVL PNL 2 SQ FT OR LESS		-	-	Not Allowed	$0.00			-	-	000	999	
E0692	E	UVL SYS PANEL 4 FT		-	-	Not Allowed	$0.00			-	-	000	999	
E0693	E	UVL SYS PANEL 6 FT		-	-	Not Allowed	$0.00			-	-	000	999	
E0694	E	UVL MD CABINET SYS 6 FT		-	-	Not Allowed	$0.00			-	-	000	999	
E0700	E	SAFETY EQUIPMENT		-	-	Not Allowed	$0.00			-	-	000	999	
E0705	E	TRANSFER DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E0710	E	RESTRAINTS ANY TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
E0711	E	UE ENCLOSURE RESTR ROM		-	-	Not Allowed	$0.00			-	-	000	999	
E0715	E	INTRAVAG PELVIC FLOOR KEGEL		-	-	Not Allowed	$0.00			-	-	000	999	
E0716	E	SUPP AND ACCES INTRAVAG PELV		-	-	Not Allowed	$0.00			-	-	000	999	
E0720	E	TENS TWO LEAD		-	-	Not Allowed	$0.00			-	-	000	999	
E0721	E	TRANS ELEC STIM AURICULAR		-	-	Not Allowed	$0.00			-	-	000	999	
E0730	E	TENS FOUR LEAD		-	-	Not Allowed	$0.00			-	-	000	999	
E0731	E	CONDUCTIVE GARMENT FOR TENS/		-	-	Not Allowed	$0.00			-	-	000	999	
E0732	E	CES SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
E0733	E	TRANS ELEC NERV FOR TRIGEMIN		-	-	Not Allowed	$0.00			-	-	000	999	
E0734	E	EXT UP LIMB TREMOR STIM WRIS		-	-	Not Allowed	$0.00			-	-	000	999	
E0735	E	NON-INVASIVE VAGUS NERV STIM		-	-	Not Allowed	$0.00			-	-	000	999	
E0736	E	TRANSCUT TIBIAL NERV STIMULA		-	-	Not Allowed	$0.00			-	-	000	999	
E0737	E	TRANSCUT TIBIAL STIM BY APP		-	-	Not Allowed	$0.00			-	-	000	999	
E0738	E	UPPER EXTREMITY REHAB		-	-	Not Allowed	$0.00			-	-	000	999	
E0739	E	REHAB SYS ACTIVE ASSIST RT		-	-	Not Allowed	$0.00			-	-	000	999	
E0740	E	NON-IMPLANT PELV FLR E-STIM		-	-	Not Allowed	$0.00			-	-	000	999	
E0743	E	EXT LOW EXT NERVE STIMU RLS		-	-	Not Allowed	$0.00			-	-	000	999	
E0744	E	NEUROMUSCULAR STIM FOR SCOLI		-	-	Not Allowed	$0.00			-	-	000	999	
E0745	E	NEUROMUSCULAR STIM FOR SHOCK		-	-	Not Allowed	$0.00			-	-	000	999	
E0746	E	ELECTROMYOGRAPH BIOFEEDBACK		-	-	Not Allowed	$0.00			-	-	000	999	
E0747	E	ELEC OSTEOGEN STIM NOT SPINE		-	-	Not Allowed	$0.00			-	-	000	999	
E0748	E	ELEC OSTEOGEN STIM SPINAL		-	-	Not Allowed	$0.00			-	-	000	999	
E0749	N	ELEC OSTEOGEN STIM IMPLANTED		-	-	Bundled	$0.00			Y	-	000	999	
E0755	E	ELECTRONIC SALIVARY REFLEX S		-	-	Not Allowed	$0.00			-	-	000	999	
E0760	E	OSTEOGEN ULTRASOUND STIMLTOR		-	-	Not Allowed	$0.00			-	-	000	999	
E0761	E	NONTHERM ELECTROMGNTC DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E0762	E	TRANS ELEC JT STIM DEV SYS		-	-	Not Allowed	$0.00			-	-	000	999	
E0764	E	FUNCTIONAL NEUROMUSCULARSTIM		-	-	Not Allowed	$0.00			-	-	000	999	
E0765	E	NERVE STIMULATOR FOR TX N&V		-	-	Not Allowed	$0.00			-	-	000	999	
E0766	E	ELEC STIM CANCER TREATMENT		-	-	Not Allowed	$0.00			-	-	000	999	
E0767	E	INTRABUC AM RF EMF CANCER TX		-	-	Not Allowed	$0.00			-	-	000	999	
E0769	E	ELECTRIC WOUND TREATMENT DEV		-	-	Not Allowed	$0.00			-	-	000	999	

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E0770	E	FUNCTIONAL ELECTRIC STIM NOS		-	-	Not Allowed	$0.00			-	-	000	999	
E0776	E	IV POLE		-	-	Not Allowed	$0.00			-	-	000	999	
E0779	E	AMB INFUSION PUMP MECHANICAL		-	-	Not Allowed	$0.00			-	-	000	999	
E0780	E	MECH AMB INFUSION PUMP <8HRS		-	-	Not Allowed	$0.00			-	-	000	999	
E0781	E	EXTERNAL AMBULATORY INFUS PU		-	-	Not Allowed	$0.00			-	-	000	999	
E0782	N	NON-PROGRAMBLE INFUSION PUMP		-	-	Bundled	$0.00			Y	-	000	999	
E0783	N	PROGRAMMABLE INFUSION PUMP		-	-	Bundled	$0.00			-	-	000	999	
E0784	E	EXT AMB INFUSN PUMP INSULIN		-	-	Not Allowed	$0.00			-	-	000	999	
E0785	N	REPLACEMENT IMPL PUMP CATHET		-	-	Bundled	$0.00			-	-	000	999	
E0786	N	IMPLANTABLE PUMP REPLACEMENT		-	-	Bundled	$0.00			-	-	000	999	
E0787	E	CGS DOSE ADJ INSULIN INF PMP		-	-	Not Allowed	$0.00			-	-	000	999	
E0791	E	PARENTERAL INFUSION PUMP STA		-	-	Not Allowed	$0.00			-	-	000	999	
E0830	N	AMBULATORY TRACTION DEVICE		-	-	Bundled	$0.00			-	-	000	999	
E0840	E	TRACT FRAME ATTACH HEADBOARD		-	-	Not Allowed	$0.00			-	-	000	999	
E0849	E	CERVICAL PNEUM TRAC EQUIP		-	-	Not Allowed	$0.00			-	-	000	999	
E0850	E	TRACTION STAND FREE STANDING		-	-	Not Allowed	$0.00			-	-	000	999	
E0855	E	CERVICAL TRACTION EQUIPMENT		-	-	Not Allowed	$0.00			-	-	000	999	
E0856	E	CERVIC COLLAR W AIR BLADDERS		-	-	Not Allowed	$0.00			-	-	000	999	
E0860	E	TRACT EQUIP CERVICAL TRACT		-	-	Not Allowed	$0.00			-	-	000	999	
E0870	E	TRACT FRAME ATTACH FOOTBOARD		-	-	Not Allowed	$0.00			-	-	000	999	
E0880	E	TRAC STAND FREE STAND EXTREM		-	-	Not Allowed	$0.00			-	-	000	999	
E0890	E	TRACTION FRAME ATTACH PELVIC		-	-	Not Allowed	$0.00			-	-	000	999	
E0900	E	TRAC STAND FREE STAND PELVIC		-	-	Not Allowed	$0.00			-	-	000	999	
E0910	E	TRAPEZE BAR ATTACHED TO BED		-	-	Not Allowed	$0.00			-	-	000	999	
E0911	E	HD TRAPEZE BAR ATTACH TO BED		-	-	Not Allowed	$0.00			-	-	000	999	
E0912	E	HD TRAPEZE BAR FREE STANDING		-	-	Not Allowed	$0.00			-	-	000	999	
E0920	E	FRACTURE FRAME ATTACHED TO B		-	-	Not Allowed	$0.00			-	-	000	999	
E0930	E	FRACTURE FRAME FREE STANDING		-	-	Not Allowed	$0.00			-	-	000	999	
E0935	E	CONT PAS MOTION EXERCISE DEV		-	-	Not Allowed	$0.00			-	-	000	999	
E0936	E	CPM DEVICE, OTHER THAN KNEE		-	-	Not Allowed	$0.00			-	-	000	999	
E0940	E	TRAPEZE BAR FREE STANDING		-	-	Not Allowed	$0.00			-	-	000	999	
E0941	E	GRAVITY ASSISTED TRACTION DE		-	-	Not Allowed	$0.00			-	-	000	999	
E0942	E	CERVICAL HEAD HARNESS/HALTER		-	-	Not Allowed	$0.00			-	-	000	999	
E0944	E	PELVIC BELT/HARNESS/BOOT		-	-	Not Allowed	$0.00			-	-	000	999	
E0945	E	BELT/HARNESS EXTREMITY		-	-	Not Allowed	$0.00			-	-	000	999	
E0946	E	FRACTURE FRAME DUAL W CROSS		-	-	Not Allowed	$0.00			-	-	000	999	
E0947	E	FRACTURE FRAME ATTACHMNTS PE		-	-	Not Allowed	$0.00			-	-	000	999	
E0948	E	FRACTURE FRAME ATTACHMNTS CE		-	-	Not Allowed	$0.00			-	-	000	999	
E0950	E	TRAY		-	-	Not Allowed	$0.00			-	-	000	999	
E0951	E	LOOP HEEL		-	-	Not Allowed	$0.00			-	-	000	999	
E0952	E	TOE LOOP/HOLDER, EACH		-	-	Not Allowed	$0.00			-	-	000	999	
E0953	E	W/C LATERAL THIGH/KNEE SUP		-	-	Not Allowed	$0.00			-	-	000	999	
E0954	E	FOOT BOX, ANY TYPE EACH FOOT		-	-	Not Allowed	$0.00			-	-	000	999	
E0955	E	CUSHIONED HEADREST		-	-	Not Allowed	$0.00			-	-	000	999	
E0956	E	W/C LATERAL TRUNK/HIP SUPPOR		-	-	Not Allowed	$0.00			-	-	000	999	
E0957	E	W/C MEDIAL THIGH SUPPORT		-	-	Not Allowed	$0.00			-	-	000	999	
E0958	E	WHLCHR ATT- CONV 1 ARM DRIVE		-	-	Not Allowed	$0.00			-	-	000	999	
E0959	E	AMPUTEE ADAPTER		-	-	Not Allowed	$0.00			-	-	000	999	
E0960	E	W/C SHOULDER HARNESS/STRAPS		-	-	Not Allowed	$0.00			-	-	000	999	
E0961	E	WHEELCHAIR BRAKE EXTENSION		-	-	Not Allowed	$0.00			-	-	000	999	
E0966	E	WHEELCHAIR HEAD REST EXTENSI		-	-	Not Allowed	$0.00			-	-	000	999	
E0967	E	MAN WC RIM/PROJECTION REP EA		-	-	Not Allowed	$0.00			-	-	000	999	
E0968	E	WHEELCHAIR COMMODE SEAT		-	-	Not Allowed	$0.00			-	-	000	999	
E0969	E	WHEELCHAIR NARROWING DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E0970	E	WHEELCHAIR NO. 2 FOOTPLATES		-	-	Not Allowed	$0.00			-	-	000	999	
E0971	E	WHEELCHAIR ANTI-TIPPING DEVI		-	-	Not Allowed	$0.00			-	-	000	999	

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E0973	E	W/CH ACCESS DET ADJ ARMREST		-	-	Not Allowed	$0.00			-	-	000	999	
E0974	E	W/CH ACCESS ANTI-ROLLBACK		-	-	Not Allowed	$0.00			-	-	000	999	
E0978	E	W/C ACC,SAF BELT PELV STRAP		-	-	Not Allowed	$0.00			-	-	000	999	
E0980	E	WHEELCHAIR SAFETY VEST		-	-	Not Allowed	$0.00			-	-	000	999	
E0981	E	SEAT UPHOLSTERY, REPLACEMENT		-	-	Not Allowed	$0.00			-	-	000	999	
E0982	E	BACK UPHOLSTERY, REPLACEMENT		-	-	Not Allowed	$0.00			-	-	000	999	
E0983	E	ADD PWR JOYSTICK		-	-	Not Allowed	$0.00			-	-	000	999	
E0984	E	ADD PWR TILLER		-	-	Not Allowed	$0.00			-	-	000	999	
E0985	E	W/C SEAT LIFT MECHANISM		-	-	Not Allowed	$0.00			-	-	000	999	
E0986	E	MAN W/C PUSH-RIM POWR SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
E0988	E	LEVER-ACTIVATED WHEEL DRIVE		-	-	Not Allowed	$0.00			-	-	000	999	
E0990	E	WHEELCHAIR ELEVATING LEG RES		-	-	Not Allowed	$0.00			-	-	000	999	
E0992	E	WHEELCHAIR SOLID SEAT INSERT		-	-	Not Allowed	$0.00			-	-	100	999	
E0994	E	WHEELCHAIR ARM REST		-	-	Not Allowed	$0.00			-	-	000	999	
E0995	E	WC CALF REST, PAD REPLACEMNT		-	-	Not Allowed	$0.00			-	-	000	999	
E1002	E	PWR SEAT TILT		-	-	Not Allowed	$0.00			-	-	000	999	
E1003	E	PWR SEAT RECLINE		-	-	Not Allowed	$0.00			-	-	000	999	
E1004	E	PWR SEAT RECLINE MECH		-	-	Not Allowed	$0.00			-	-	000	999	
E1005	E	PWR SEAT RECLINE PWR		-	-	Not Allowed	$0.00			-	-	000	999	
E1006	E	PWR SEAT COMBO W/O SHEAR		-	-	Not Allowed	$0.00			-	-	000	999	
E1007	E	PWR SEAT COMBO W/SHEAR		-	-	Not Allowed	$0.00			-	-	000	999	
E1008	E	PWR SEAT COMBO PWR SHEAR		-	-	Not Allowed	$0.00			-	-	000	999	
E1009	E	ADD MECH LEG ELEVATION		-	-	Not Allowed	$0.00			-	-	000	999	
E1010	E	ADD PWR LEG ELEVATION		-	-	Not Allowed	$0.00			-	-	000	999	
E1011	E	PED WC MODIFY WIDTH ADJUSTM		-	-	Not Allowed	$0.00			-	-	000	999	
E1012	E	CTR MOUNT PWR ELEV LEG REST		-	-	Not Allowed	$0.00			-	-	000	999	
E1014	E	RECLINING BACK ADD PED W/C		-	-	Not Allowed	$0.00			-	-	000	999	
E1015	E	SHOCK ABSORBER FOR MAN W/C		-	-	Not Allowed	$0.00			-	-	000	999	
E1016	E	SHOCK ABSORBER FOR POWER W/C		-	-	Not Allowed	$0.00			-	-	000	999	
E1017	E	HD SHCK ABSRBR FOR HD MAN WC		-	-	Not Allowed	$0.00			-	-	000	999	
E1018	E	HD SHCK ABSRBER FOR HD POWWC		-	-	Not Allowed	$0.00			-	-	000	999	
E1020	E	RESIDUAL LIMB SUPPORT SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
E1028	E	W/C MANUAL SWINGAWAY		-	-	Not Allowed	$0.00			-	-	000	999	
E1029	E	W/C VENT TRAY FIXED		-	-	Not Allowed	$0.00			-	-	000	999	
E1030	E	W/C VENT TRAY GIMBALED		-	-	Not Allowed	$0.00			-	-	000	999	
E1031	E	ROLLABOUT CHAIR WITH CASTERS		-	-	Not Allowed	$0.00			-	-	000	999	
E1035	E	PATIENT TRANSFER SYSTEM <300		-	-	Not Allowed	$0.00			-	-	000	999	
E1036	E	PATIENT TRANSFER SYSTEM >300		-	-	Not Allowed	$0.00			-	-	000	999	
E1037	E	TRANSPORT CHAIR, PED SIZE		-	-	Not Allowed	$0.00			-	-	000	999	
E1038	E	TRANSPORT CHAIR PT WT<=300LB		-	-	Not Allowed	$0.00			-	-	000	999	
E1039	E	TRANSPORT CHAIR PT WT >300LB		-	-	Not Allowed	$0.00			-	-	000	999	
E1050	E	WHELCHR FXD FULL LENGTH ARMS		-	-	Not Allowed	$0.00			-	-	000	999	
E1060	E	WHEELCHAIR DETACHABLE ARMS		-	-	Not Allowed	$0.00			-	-	000	999	
E1070	E	WHEELCHAIR DETACHABLE FOOT R		-	-	Not Allowed	$0.00			-	-	000	999	
E1083	E	HEMI-WHEELCHAIR FIXED ARMS		-	-	Not Allowed	$0.00			-	-	000	999	
E1084	E	HEMI-WHEELCHAIR DETACHABLE A		-	-	Not Allowed	$0.00			-	-	000	999	
E1085	E	HEMI-WHEELCHAIR FIXED ARMS		-	-	Not Allowed	$0.00			-	-	000	999	
E1086	E	HEMI-WHEELCHAIR DETACHABLE A		-	-	Not Allowed	$0.00			-	-	000	999	
E1087	E	WHEELCHAIR LIGHTWT FIXED ARM		-	-	Not Allowed	$0.00			-	-	000	999	
E1088	E	WHEELCHAIR LIGHTWEIGHT DET A		-	-	Not Allowed	$0.00			-	-	000	999	
E1089	E	WHEELCHAIR LIGHTWT FIXED ARM		-	-	Not Allowed	$0.00			-	-	000	999	
E1090	E	WHEELCHAIR LIGHTWEIGHT DET A		-	-	Not Allowed	$0.00			-	-	000	999	
E1092	E	WHEELCHAIR WIDE W/ LEG RESTS		-	-	Not Allowed	$0.00			-	-	000	999	
E1093	E	WHEELCHAIR WIDE W/ FOOT REST		-	-	Not Allowed	$0.00			-	-	000	999	
E1100	E	WHCHR S-RECL FXD ARM LEG RES		-	-	Not Allowed	$0.00			-	-	000	999	
E1110	E	WHEELCHAIR SEMI-RECL DETACH		-	-	Not Allowed	$0.00			-	-	000	999	

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E1130	E	WHLCHR STAND FXD ARM FT REST		-	-	Not Allowed	$0.00			-	-	000	999	
E1140	E	WHEELCHAIR STANDARD DETACH A		-	-	Not Allowed	$0.00			-	-	000	999	
E1150	E	WHEELCHAIR STANDARD W/ LEG R		-	-	Not Allowed	$0.00			-	-	000	999	
E1160	E	WHEELCHAIR FIXED ARMS		-	-	Not Allowed	$0.00			-	-	000	999	
E1161	E	MANUAL ADULT WC W TILTINSPAC		-	-	Not Allowed	$0.00			-	-	000	999	
E1170	E	WHLCHR AMPU FXD ARM LEG REST		-	-	Not Allowed	$0.00			-	-	000	999	
E1171	E	WHEELCHAIR AMPUTEE W/O LEG R		-	-	Not Allowed	$0.00			-	-	000	999	
E1172	E	WHEELCHAIR AMPUTEE DETACH AR		-	-	Not Allowed	$0.00			-	-	000	999	
E1180	E	WHEELCHAIR AMPUTEE W/ FOOT R		-	-	Not Allowed	$0.00			-	-	000	999	
E1190	E	WHEELCHAIR AMPUTEE W/ LEG RE		-	-	Not Allowed	$0.00			-	-	000	999	
E1195	E	WHEELCHAIR AMPUTEE HEAVY DUT		-	-	Not Allowed	$0.00			-	-	000	999	
E1200	E	WHEELCHAIR AMPUTEE FIXED ARM		-	-	Not Allowed	$0.00			-	-	000	999	
E1220	E	WHLCHR SPECIAL SIZE/CONSTRC		-	-	Not Allowed	$0.00			-	-	000	999	
E1221	E	WHEELCHAIR SPEC SIZE W FOOT		-	-	Not Allowed	$0.00			-	-	000	999	
E1222	E	WHEELCHAIR SPEC SIZE W/ LEG		-	-	Not Allowed	$0.00			-	-	000	999	
E1223	E	WHEELCHAIR SPEC SIZE W FOOT		-	-	Not Allowed	$0.00			-	-	000	999	
E1224	E	WHEELCHAIR SPEC SIZE W/ LEG		-	-	Not Allowed	$0.00			-	-	000	999	
E1225	E	MANUAL SEMI-RECLINING BACK		-	-	Not Allowed	$0.00			-	-	000	999	
E1226	E	MANUAL FULLY RECLINING BACK		-	-	Not Allowed	$0.00			-	-	000	999	
E1227	E	WHEELCHAIR SPEC SZ SPEC HT A		-	-	Not Allowed	$0.00			-	-	000	999	
E1228	E	WHEELCHAIR SPEC SZ SPEC HT B		-	-	Not Allowed	$0.00			-	-	000	999	
E1229	E	PEDIATRIC WHEELCHAIR NOS		-	-	Not Allowed	$0.00			-	-	000	999	
E1230	E	POWER OPERATED VEHICLE		-	-	Not Allowed	$0.00			-	-	000	999	
E1231	E	RIGID PED W/C TILT-IN-SPACE		-	-	Not Allowed	$0.00			-	-	000	999	
E1232	E	FOLDING PED WC TILT-IN-SPACE		-	-	Not Allowed	$0.00			-	-	000	999	
E1233	E	RIG PED WC TLTNSPC W/O SEAT		-	-	Not Allowed	$0.00			-	-	000	999	
E1234	E	FLD PED WC TLTNSPC W/O SEAT		-	-	Not Allowed	$0.00			-	-	000	999	
E1235	E	RIGID PED WC ADJUSTABLE		-	-	Not Allowed	$0.00			-	-	000	999	
E1236	E	FOLDING PED WC ADJUSTABLE		-	-	Not Allowed	$0.00			-	-	000	999	
E1237	E	RGD PED WC ADJSTABL W/O SEAT		-	-	Not Allowed	$0.00			-	-	000	999	
E1238	E	FLD PED WC ADJSTABL W/O SEAT		-	-	Not Allowed	$0.00			-	-	000	999	
E1239	E	PED POWER WHEELCHAIR NOS		-	-	Not Allowed	$0.00			-	-	000	999	
E1240	E	WHCHR LITWT DET ARM LEG REST		-	-	Not Allowed	$0.00			-	-	000	999	
E1250	E	WHEELCHAIR LIGHTWT FIXED ARM		-	-	Not Allowed	$0.00			-	-	000	999	
E1260	E	WHEELCHAIR LIGHTWT FOOT REST		-	-	Not Allowed	$0.00			-	-	000	999	
E1270	E	WHEELCHAIR LIGHTWEIGHT LEG R		-	-	Not Allowed	$0.00			-	-	000	999	
E1280	E	WHCHR H-DUTY DET ARM LEG RES		-	-	Not Allowed	$0.00			-	-	000	999	
E1285	E	WHEELCHAIR HEAVY DUTY FIXED		-	-	Not Allowed	$0.00			-	-	000	999	
E1290	E	WHEELCHAIR HVY DUTY DETACH A		-	-	Not Allowed	$0.00			-	-	000	999	
E1295	E	WHEELCHAIR HEAVY DUTY FIXED		-	-	Not Allowed	$0.00			-	-	000	999	
E1296	E	WHEELCHAIR SPECIAL SEAT HEIG		-	-	Not Allowed	$0.00			-	-	000	999	
E1297	E	WHEELCHAIR SPECIAL SEAT DEPT		-	-	Not Allowed	$0.00			-	-	000	999	
E1298	E	WHEELCHAIR SPEC SEAT DEPTH/W		-	-	Not Allowed	$0.00			-	-	000	999	
E1300	E	WHIRLPOOL PORTABLE		-	-	Not Allowed	$0.00			-	-	000	999	
E1301	E	WHIRLPOOL TUB WALKIN PORTABL		-	-	Not Allowed	$0.00			-	-	000	999	
E1310	E	WHIRLPOOL NON-PORTABLE		-	-	Not Allowed	$0.00			-	-	000	999	
E1352	E	O2 FLOW REG POS INSPIR PRESS		-	-	Not Allowed	$0.00			-	-	000	999	
E1353	E	OXYGEN SUPPLIES REGULATOR		-	-	Not Allowed	$0.00			-	-	000	999	
E1354	E	WHEELED CART, PORT CYL/CONC		-	-	Not Allowed	$0.00			-	-	000	999	
E1355	E	OXYGEN SUPPLIES STAND/RACK		-	-	Not Allowed	$0.00			-	-	000	999	
E1356	E	BATT PACK/CART, PORT CONC		-	-	Not Allowed	$0.00			-	-	000	999	
E1357	E	BATTERY CHARGER, PORT CONC		-	-	Not Allowed	$0.00			-	-	000	999	
E1358	E	DC POWER ADAPTER, PORT CONC		-	-	Not Allowed	$0.00			-	-	000	999	
E1372	E	OXY SUPPL HEATER FOR NEBULIZ		-	-	Not Allowed	$0.00			-	-	000	999	
E1390	E	OXYGEN CONCENTRATOR		-	-	Not Allowed	$0.00			-	-	000	999	
E1391	E	OXYGEN CONCENTRATOR, DUAL		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
E1392	E	PORTABLE OXYGEN CONCENTRATOR		-	-	Not Allowed	$0.00			-	-	000	999	
E1399	E	DURABLE MEDICAL EQUIPMENT MI		-	-	Not Allowed	$0.00			-	-	000	999	
E1405	E	O2/WATER VAPOR ENRICH W/HEAT		-	-	Not Allowed	$0.00			-	-	000	999	
E1406	E	O2/WATER VAPOR ENRICH W/O HE		-	-	Not Allowed	$0.00			-	-	000	999	
E1500	E	CENTRIFUGE		-	-	Not Allowed	$0.00			-	-	000	999	
E1510	E	KIDNEY DIALYSATE DELIVRY SYS		-	-	Not Allowed	$0.00			-	-	000	999	
E1520	E	HEPARIN INFUSION PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
E1530	E	REPLACEMENT AIR BUBBLE DETEC		-	-	Not Allowed	$0.00			-	-	000	999	
E1540	E	REPLACEMENT PRESSURE ALARM		-	-	Not Allowed	$0.00			-	-	000	999	
E1550	E	BATH CONDUCTIVITY METER		-	-	Not Allowed	$0.00			-	-	000	999	
E1560	E	REPLACE BLOOD LEAK DETECTOR		-	-	Not Allowed	$0.00			-	-	000	999	
E1570	E	ADJUSTABLE CHAIR FOR ESRD PT		-	-	Not Allowed	$0.00			-	-	000	999	
E1575	E	TRANSDUCER PROTECT/FLD BAR		-	-	Not Allowed	$0.00			-	-	000	999	
E1580	E	UNIPUNCTURE CONTROL SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
E1590	E	HEMODIALYSIS MACHINE		-	-	Not Allowed	$0.00			-	-	000	999	
E1592	E	AUTO INTERM PERITONEAL DIALY		-	-	Not Allowed	$0.00			-	-	000	999	
E1594	E	CYCLER DIALYSIS MACHINE		-	-	Not Allowed	$0.00			-	-	000	999	
E1600	E	DELI/INSTALL CHRG HEMO EQUIP		-	-	Not Allowed	$0.00			-	-	000	999	
E1610	E	REVERSE OSMOSIS H2O PURI SYS		-	-	Not Allowed	$0.00			-	-	000	999	
E1615	E	DEIONIZER H2O PURI SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
E1620	E	REPLACEMENT BLOOD PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
E1625	E	WATER SOFTENING SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
E1629	E	TABLO FOR DIALYSIS SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1630	E	RECIPROCATING PERITONEAL DIA		-	-	Not Allowed	$0.00			-	-	000	999	
E1632	E	WEARABLE ARTIFICIAL KIDNEY		-	-	Not Allowed	$0.00			-	-	000	999	
E1634	E	PERITONEAL DIALYSIS CLAMP		-	-	Not Allowed	$0.00			-	-	000	999	
E1635	E	COMPACT TRAVEL HEMODIALYZER		-	-	Not Allowed	$0.00			-	-	000	999	
E1636	E	SORBENT CARTRIDGES PER 10		-	-	Not Allowed	$0.00			-	-	000	999	
E1637	E	HEMOSTATS FOR DIALYSIS, EACH		-	-	Not Allowed	$0.00			-	-	000	999	
E1639	E	SCALE, EACH		-	-	Not Allowed	$0.00			-	-	000	999	
E1699	E	DIALYSIS EQUIPMENT NOC		-	-	Not Allowed	$0.00			-	-	000	999	
E1700	E	JAW MOTION REHAB SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
E1701	E	REPL CUSHIONS FOR JAW MOTION		-	-	Not Allowed	$0.00			-	-	000	999	
E1702	E	REPL MEASR SCALES JAW MOTION		-	-	Not Allowed	$0.00			-	-	000	999	
E1800	E	ADJUST ELBOW EXT/FLEX DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1801	E	SPS ELBOW DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1802	E	ADJST FOREARM PRO/SUP DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1803	E	ADJUST ELBOW EXTENSION DEV		-	-	Not Allowed	$0.00			-	-	000	999	
E1804	E	ADJUST ELBOW FLEXION DEV		-	-	Not Allowed	$0.00			-	-	000	999	
E1805	E	ADJUST WRIST EXT/FLEX DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1806	E	SPS WRIST DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1807	E	ADJUST WRIST EXTENSION DEV		-	-	Not Allowed	$0.00			-	-	000	999	
E1808	E	ADJUST WRIST FLEXION DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1810	E	ADJUST KNEE EXT/FLEX DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1811	E	SPS KNEE DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1812	E	KNEE EXT/FLEX W ACT RES CTRL		-	-	Not Allowed	$0.00			-	-	000	999	
E1813	E	ADJUST KNEE EXTENSION DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1814	E	ADJUST KNEE FLEXION DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1815	E	ADJUST ANKLE EXT/FLEX DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1816	E	SPS ANKLE DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1818	E	SPS FOREARM DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1820	E	SOFT INTERFACE MATERIAL		-	-	Not Allowed	$0.00			-	-	000	999	
E1821	E	REPLACEMENT INTERFACE SPSD		-	-	Not Allowed	$0.00			-	-	000	999	
E1822	E	ADJUST ANKLE EXTENSION DEV		-	-	Not Allowed	$0.00			-	-	000	999	
E1823	E	ADJUST ANKLE FLEXION DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1825	E	ADJUST FINGER EXT/FLEX DEVC		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
E1826	E	ADJUST FINGER EXTENSION DEV		-	-	Not Allowed	$0.00			-	-	000	999	
E1827	E	ADJUST FINGER FLEXION DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1828	E	ADJUST TOE EXTENSION DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1829	E	ADJUST TOE FLEXION DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1830	E	ADJUST TOE EXT/FLEX DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1831	E	STATIC STR TOE DEV EXT/FLEX		-	-	Not Allowed	$0.00			-	-	000	999	
E1840	E	ADJ SHOULDER EXT/FLEX DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
E1841	E	STATIC STR SHLDR DEV ROM ADJ		-	-	Not Allowed	$0.00			-	-	000	999	
E1902	E	AAC NON-ELECTRONIC BOARD		-	-	Not Allowed	$0.00			-	-	000	999	
E1905	E	VR CBT THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
E2000	E	GASTRIC SUCTION PUMP HME MDL		-	-	Not Allowed	$0.00			-	-	000	999	
E2001	E	SUCT PUM EXT MGMT SYS		-	-	Not Allowed	$0.00			-	-	000	999	
E2100	E	BLD GLUCOSE MONITOR W VOICE		-	-	Not Allowed	$0.00			-	-	000	999	
E2101	E	BLD GLUCOSE MONITOR W LANCE		-	-	Not Allowed	$0.00			-	-	000	999	
E2102	E	ADJU CGM RECEIVER/MONITOR		-	-	Not Allowed	$0.00			-	-	000	999	
E2103	E	NON-ADJU CGM RECEIVER/MON		-	-	Not Allowed	$0.00			-	-	000	999	
E2104	E	GLUCOSE MONITOR W CARTRIDGE		-	-	Not Allowed	$0.00			-	-	000	999	
E2120	E	PULSE GEN SYS TX ENDOLYMP FL		-	-	Not Allowed	$0.00			-	-	000	999	
E2201	E	MAN W/CH ACC SEAT W>=20"<24"		-	-	Not Allowed	$0.00			-	-	000	999	
E2202	E	SEAT WIDTH 24-27 IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2203	E	FRAME DEPTH LESS THAN 22 IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2204	E	FRAME DEPTH 22 TO 25 IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2205	E	MANUAL WC ACCESSORY, HANDRIM		-	-	Not Allowed	$0.00			-	-	000	999	
E2206	E	MAN WC WHL LOCK COMP REPL EA		-	-	Not Allowed	$0.00			-	-	000	999	
E2207	E	CRUTCH AND CANE HOLDER		-	-	Not Allowed	$0.00			-	-	000	999	
E2208	E	CYLINDER TANK CARRIER		-	-	Not Allowed	$0.00			-	-	000	999	
E2209	E	ARM TROUGH EACH		-	-	Not Allowed	$0.00			-	-	000	999	
E2210	E	WHEELCHAIR BEARINGS		-	-	Not Allowed	$0.00			-	-	000	999	
E2211	E	PNEUMATIC PROPULSION TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2212	E	PNEUMATIC PROP TIRE TUBE		-	-	Not Allowed	$0.00			-	-	000	999	
E2213	E	PNEUMATIC PROP TIRE INSERT		-	-	Not Allowed	$0.00			-	-	000	999	
E2214	E	PNEUMATIC CASTER TIRE EACH		-	-	Not Allowed	$0.00			-	-	000	999	
E2215	E	PNEUMATIC CASTER TIRE TUBE		-	-	Not Allowed	$0.00			-	-	000	999	
E2216	E	FOAM FILLED PROPULSION TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2217	E	FOAM FILLED CASTER TIRE EACH		-	-	Not Allowed	$0.00			-	-	000	999	
E2218	E	FOAM PROPULSION TIRE EACH		-	-	Not Allowed	$0.00			-	-	000	999	
E2219	E	FOAM CASTER TIRE ANY SIZE EA		-	-	Not Allowed	$0.00			-	-	000	999	
E2220	E	SOLID PROPULS TIRE, REPL, EA		-	-	Not Allowed	$0.00			-	-	000	999	
E2221	E	SOLID CASTER TIRE REPL, EACH		-	-	Not Allowed	$0.00			-	-	000	999	
E2222	E	SOLID CASTER INTEG WHL, REPL		-	-	Not Allowed	$0.00			-	-	000	999	
E2224	E	PROPULSION WHL EXCL TIRE REP		-	-	Not Allowed	$0.00			-	-	000	999	
E2225	E	CASTER WHEEL EXCLUDES TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2226	E	CASTER FORK REPLACEMENT ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
E2227	E	GEAR REDUCTION DRIVE WHEEL		-	-	Not Allowed	$0.00			-	-	000	999	
E2228	E	MWC ACC, WHEELCHAIR BRAKE		-	-	Not Allowed	$0.00			-	-	000	999	
E2230	E	MANUAL STANDING SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
E2231	E	SOLID SEAT SUPPORT BASE		-	-	Not Allowed	$0.00			-	-	000	999	
E2291	E	PLANAR BACK FOR PED SIZE WC		-	-	Not Allowed	$0.00			-	-	000	999	
E2292	E	PLANAR SEAT FOR PED SIZE WC		-	-	Not Allowed	$0.00			-	-	000	999	
E2293	E	CONTOUR BACK FOR PED SIZE WC		-	-	Not Allowed	$0.00			-	-	000	999	
E2294	E	CONTOUR SEAT FOR PED SIZE WC		-	-	Not Allowed	$0.00			-	-	000	999	
E2295	E	PED DYNAMIC SEATING FRAME		-	-	Not Allowed	$0.00			-	-	000	999	
E2298	E	PWR SEAT ELEV SYS FOR CRT		-	-	Not Allowed	$0.00			-	-	000	999	
E2301	E	PWR STANDING		-	-	Not Allowed	$0.00			-	-	000	999	
E2310	E	ELECTRO CONNECT BTW CONTROL		-	-	Not Allowed	$0.00			-	-	000	999	
E2311	E	ELECTRO CONNECT BTW 2 SYS		-	-	Not Allowed	$0.00			-	-	000	999	

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E2312	E	MINI-PROP REMOTE JOYSTICK		-	-	Not Allowed	$0.00			-	-	000	999	
E2313	E	PWC HARNESS, EXPAND CONTROL		-	-	Not Allowed	$0.00			-	-	000	999	
E2321	E	HAND INTERFACE JOYSTICK		-	-	Not Allowed	$0.00			-	-	000	999	
E2322	E	MULT MECH SWITCHES		-	-	Not Allowed	$0.00			-	-	000	999	
E2323	E	SPECIAL JOYSTICK HANDLE		-	-	Not Allowed	$0.00			-	-	000	999	
E2324	E	CHIN CUP INTERFACE		-	-	Not Allowed	$0.00			-	-	000	999	
E2325	E	SIP AND PUFF INTERFACE		-	-	Not Allowed	$0.00			-	-	000	999	
E2326	E	BREATH TUBE KIT		-	-	Not Allowed	$0.00			-	-	000	999	
E2327	E	HEAD CONTROL INTERFACE MECH		-	-	Not Allowed	$0.00			-	-	000	999	
E2328	E	HEAD/EXTREMITY CONTROL INTER		-	-	Not Allowed	$0.00			-	-	000	999	
E2329	E	HEAD CONTROL NONPROPORTIONAL		-	-	Not Allowed	$0.00			-	-	000	999	
E2330	E	HEAD CONTROL PROXIMITY SWITC		-	-	Not Allowed	$0.00			-	-	000	999	
E2331	E	ATTENDANT CONTROL		-	-	Not Allowed	$0.00			-	-	000	999	
E2340	E	W/C WDTH 20-23 IN SEAT FRAME		-	-	Not Allowed	$0.00			-	-	000	999	
E2341	E	W/C WDTH 24-27 IN SEAT FRAME		-	-	Not Allowed	$0.00			-	-	000	999	
E2342	E	W/C DPTH 20-21 IN SEAT FRAME		-	-	Not Allowed	$0.00			-	-	000	999	
E2343	E	W/C DPTH 22-25 IN SEAT FRAME		-	-	Not Allowed	$0.00			-	-	000	999	
E2351	E	ELECTRONIC SGD INTERFACE		-	-	Not Allowed	$0.00			-	-	000	999	
E2358	E	GR 34 NONSEALED LEADACID		-	-	Not Allowed	$0.00			-	-	000	999	
E2359	E	GR34 SEALED LEADACID BATTERY		-	-	Not Allowed	$0.00			-	-	000	999	
E2360	E	22NF NONSEALED LEADACID		-	-	Not Allowed	$0.00			-	-	000	999	
E2361	E	22NF SEALED LEADACID BATTERY		-	-	Not Allowed	$0.00			-	-	000	999	
E2362	E	GR24 NONSEALED LEADACID		-	-	Not Allowed	$0.00			-	-	000	999	
E2363	E	GR24 SEALED LEADACID BATTERY		-	-	Not Allowed	$0.00			-	-	000	999	
E2364	E	U1NONSEALED LEADACID BATTERY		-	-	Not Allowed	$0.00			-	-	000	999	
E2365	E	U1 SEALED LEADACID BATTERY		-	-	Not Allowed	$0.00			-	-	000	999	
E2366	E	BATTERY CHARGER, SINGLE MODE		-	-	Not Allowed	$0.00			-	-	000	999	
E2367	E	BATTERY CHARGER, DUAL MODE		-	-	Not Allowed	$0.00			-	-	000	999	
E2368	E	PWR WC DRIVEWHEEL MOTOR REPL		-	-	Not Allowed	$0.00			-	-	000	999	
E2369	E	PWR WC DRIVEWHEEL GEAR REPL		-	-	Not Allowed	$0.00			-	-	000	999	
E2370	E	PWR WC DR WH MOTOR/GEAR COMB		-	-	Not Allowed	$0.00			-	-	000	999	
E2371	E	GR27 SEALED LEADACID BATTERY		-	-	Not Allowed	$0.00			-	-	000	999	
E2372	E	GR27 NON-SEALED LEADACID		-	-	Not Allowed	$0.00			-	-	000	999	
E2373	E	HAND/CHIN CTRL SPEC JOYSTICK		-	-	Not Allowed	$0.00			-	-	000	999	
E2374	E	HAND/CHIN CTRL STD JOYSTICK		-	-	Not Allowed	$0.00			-	-	000	999	
E2375	E	NON-EXPANDABLE CONTROLLER		-	-	Not Allowed	$0.00			-	-	000	999	
E2376	E	EXPANDABLE CONTROLLER, REPL		-	-	Not Allowed	$0.00			-	-	000	999	
E2377	E	EXPANDABLE CONTROLLER, INITL		-	-	Not Allowed	$0.00			-	-	000	999	
E2378	E	PW ACTUATOR REPLACEMENT		-	-	Not Allowed	$0.00			-	-	000	999	
E2381	E	PNEUM DRIVE WHEEL TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2382	E	TUBE, PNEUM WHEEL DRIVE TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2383	E	INSERT, PNEUM WHEEL DRIVE		-	-	Not Allowed	$0.00			-	-	000	999	
E2384	E	PNEUMATIC CASTER TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2385	E	TUBE, PNEUMATIC CASTER TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2386	E	FOAM FILLED DRIVE WHEEL TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2387	E	FOAM FILLED CASTER TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2388	E	FOAM DRIVE WHEEL TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2389	E	FOAM CASTER TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2390	E	SOLID DRIVE WHEEL TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2391	E	SOLID CASTER TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2392	E	SOLID CASTER TIRE, INTEGRATE		-	-	Not Allowed	$0.00			-	-	000	999	
E2394	E	DRIVE WHEEL EXCLUDES TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2395	E	CASTER WHEEL EXCLUDES TIRE		-	-	Not Allowed	$0.00			-	-	000	999	
E2396	E	CASTER FORK		-	-	Not Allowed	$0.00			-	-	000	999	
E2397	E	PWC ACC, LITH-BASED BATTERY		-	-	Not Allowed	$0.00			-	-	000	999	
E2398	E	WC DYNAMIC POS BACK HARDWARE		-	-	Not Allowed	$0.00			-	-	000	999	

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E2402	E	NEG PRESS WOUND THERAPY PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
E2500	E	SGD DIGITIZED PRE-REC <=8MIN		-	-	Not Allowed	$0.00			-	-	000	999	
E2502	E	SGD PREREC MSG >8MIN <=20MIN		-	-	Not Allowed	$0.00			-	-	000	999	
E2504	E	SGD PREREC MSG>20MIN <=40MIN		-	-	Not Allowed	$0.00			-	-	000	999	
E2506	E	SGD PREREC MSG > 40 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
E2508	E	SGD SPELLING PHYS CONTACT		-	-	Not Allowed	$0.00			-	-	000	999	
E2510	E	SGD W MULTI METHODS MSG/ACCS		-	-	Not Allowed	$0.00			-	-	000	999	
E2511	E	SGD SFTWRE PRGRM FOR PC/PDA		-	-	Not Allowed	$0.00			-	-	000	999	
E2512	E	SGD ACCESSORY, MOUNTING SYS		-	-	Not Allowed	$0.00			-	-	000	999	
E2513	E	SGD ACCESSORY, EMG SENSOR		-	-	Not Allowed	$0.00			-	-	000	999	
E2599	E	SGD ACCESSORY NOC		-	-	Not Allowed	$0.00			-	-	000	999	
E2601	E	GEN W/C CUSHION WDTH < 22 IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2602	E	GEN W/C CUSHION WDTH >=22 IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2603	E	SKIN PROTECT WC CUS WD <22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2604	E	SKIN PROTECT WC CUS WD>=22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2605	E	POSITION WC CUSH WDTH <22 IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2606	E	POSITION WC CUSH WDTH>=22 IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2607	E	SKIN PRO/POS WC CUS WD <22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2608	E	SKIN PRO/POS WC CUS WD>=22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2609	E	CUSTOM FABRICATE W/C CUSHION		-	-	Not Allowed	$0.00			-	-	000	999	
E2610	E	POWERED W/C CUSHION		-	-	Not Allowed	$0.00			-	-	000	999	
E2611	E	GEN USE BACK CUSH WDTH <22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2612	E	GEN USE BACK CUSH WDTH>=22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2613	E	POSITION BACK CUSH WD <22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2614	E	POSITION BACK CUSH WD>=22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2615	E	POS BACK POST/LAT WDTH <22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2616	E	POS BACK POST/LAT WDTH>=22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2617	E	CUSTOM FAB W/C BACK CUSHION		-	-	Not Allowed	$0.00			-	-	000	999	
E2619	E	REPLACE COVER W/C SEAT CUSH		-	-	Not Allowed	$0.00			-	-	000	999	
E2620	E	WC PLANAR BACK CUSH WD <22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2621	E	WC PLANAR BACK CUSH WD>=22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2622	E	ADJ SKIN PRO W/C CUS WD<22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2623	E	ADJ SKIN PRO WC CUS WD>=22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2624	E	ADJ SKIN PRO/POS CUS<22IN		-	-	Not Allowed	$0.00			-	-	000	999	
E2625	E	ADJ SKIN PRO/POS WC CUS>=22		-	-	Not Allowed	$0.00			-	-	000	999	
E2626	E	SEO MOBILE ARM SUP ATT TO WC		-	-	Not Allowed	$0.00			-	-	000	999	
E2627	E	ARM SUPP ATT TO WC RANCHO TY		-	-	Not Allowed	$0.00			-	-	000	999	
E2628	E	MOBILE ARM SUPPORTS RECLININ		-	-	Not Allowed	$0.00			-	-	000	999	
E2629	E	FRICTION DAMPENING ARM SUPP		-	-	Not Allowed	$0.00			-	-	000	999	
E2630	E	MONOSUSPENSION ARM/HAND SUPP		-	-	Not Allowed	$0.00			-	-	000	999	
E2631	E	ELEVAT PROXIMAL ARM SUPPORT		-	-	Not Allowed	$0.00			-	-	000	999	
E2632	E	OFFSET/LAT ROCKER ARM W/ELA		-	-	Not Allowed	$0.00			-	-	000	999	
E2633	E	MOBILE ARM SUPPORT SUPINATOR		-	-	Not Allowed	$0.00			-	-	000	999	
E3000	E	SPEECH VOLUME MODULATION SYS		-	-	Not Allowed	$0.00			-	-	000	999	
E3200	E	GAIT MOD SYSTM RHYM AUDITORY		-	-	Not Allowed	$0.00			-	-	000	999	
E8000	E	POSTERIOR GAIT TRAINER		-	-	Not Allowed	$0.00			-	-	000	999	
E8001	E	UPRIGHT GAIT TRAINER		-	-	Not Allowed	$0.00			-	-	000	999	
E8002	E	ANTERIOR GAIT TRAINER		-	-	Not Allowed	$0.00			-	-	000	999	
G0008	E	ADMIN INFLUENZA VIRUS VAC		-	-	Not Allowed	$0.00			-	-	000	999	
G0009	E	ADMIN PNEUMOCOCCAL VACCINE		-	-	Not Allowed	$0.00			-	-	000	999	
G0010	E	ADMIN HEPATITIS B VACCINE		-	-	Not Allowed	$0.00			-	-	000	999	
G0011	E	HIV PREP COUNSEL, MD 15-30M		-	-	Not Allowed	$0.00			-	-	000	999	
G0012	S	INJECTION OF HIV PREP DRUG		05692	0.7982	APC	$48.47			-	-	000	999	
G0013	S	HIV PREP COUNSEL, CLIN STAFF		05821	0.3341	APC	$20.29			-	-	000	999	
G0017	E	CRISIS PSYCHOTHERAPY 60M		-	-	Not Allowed	$0.00			-	-	000	999	
G0018	E	CRISIS PSYCHOTHERAPY ADD 30M		-	-	Not Allowed	$0.00			-	-	000	999	

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G0019	S	COMM HLTH INTG SVS SDOH 60MN		05822	1.0374	APC	$62.99			-	-	000	999	
G0022	E	COMM HLTH INTG SVS ADD 30 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0023	S	PIN SERVICE 60M PER MONTH		05822	1.0374	APC	$62.99			-	-	000	999	
G0024	E	PIN SRV ADD 30 MIN PR M		-	-	Not Allowed	$0.00			-	-	000	999	
G0027	E	SEMEN ANALYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
G0029	E	NO TOB SCR/CESS INT		-	-	Not Allowed	$0.00			-	-	000	999	
G0030	E	PT SCR TOB & CESS INT		-	-	Not Allowed	$0.00			-	-	000	999	
G0031	E	PALL SERV DURING MEAS		-	-	Not Allowed	$0.00			-	-	000	999	
G0032	E	2+ ANTIPSY SCHIZ		-	-	Not Allowed	$0.00			-	-	000	999	
G0033	E	2+ BENZO SEIZ		-	-	Not Allowed	$0.00			-	-	000	999	
G0034	E	PALL SERV DURING MEAS		-	-	Not Allowed	$0.00			-	-	000	999	
G0035	E	PT ED POS 23		-	-	Not Allowed	$0.00			-	-	000	999	
G0036	E	PT/PTN DECLN ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
G0037	E	PT NOT ABLE TO PARTICIPATE		-	-	Not Allowed	$0.00			-	-	000	999	
G0038	E	CLIN PT NO REF		-	-	Not Allowed	$0.00			-	-	000	999	
G0039	E	PT NO REF, RN SPEC		-	-	Not Allowed	$0.00			-	-	000	999	
G0040	E	PT PHYS/OCC THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
G0041	E	PT/PTN DECLN REFERRAL		-	-	Not Allowed	$0.00			-	-	000	999	
G0042	E	REF TO THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
G0043	E	PT MECH PROS HT VALV		-	-	Not Allowed	$0.00			-	-	000	999	
G0044	E	PT MITRAL STENOSIS		-	-	Not Allowed	$0.00			-	-	000	999	
G0045	E	MRS 90 DAYS POST STK		-	-	Not Allowed	$0.00			-	-	000	999	
G0046	E	NO MRS 90 DAYS POST STK		-	-	Not Allowed	$0.00			-	-	000	999	
G0047	E	PED BLUNT HD TRAUM		-	-	Not Allowed	$0.00			-	-	000	999	
G0048	E	PALL SERV DURING MEAS		-	-	Not Allowed	$0.00			-	-	000	999	
G0049	E	MAIN HEMO IN-CNTR		-	-	Not Allowed	$0.00			-	-	000	999	
G0050	E	PT W/ LMTED LIFE EXPEC		-	-	Not Allowed	$0.00			-	-	000	999	
G0051	E	PT HOSPICE MNTH		-	-	Not Allowed	$0.00			-	-	000	999	
G0052	E	PT PERI DIALYSIS DUR MO		-	-	Not Allowed	$0.00			-	-	000	999	
G0053	E	ADV RHEUM PT CARE MVP		-	-	Not Allowed	$0.00			-	-	000	999	
G0054	E	STRK CR PREV POS OUTCME MVP		-	-	Not Allowed	$0.00			-	-	000	999	
G0055	E	ADV CARE HEART DX MVP		-	-	Not Allowed	$0.00			-	-	000	999	
G0057	E	BEST PCT PT SAFETY EM MVP		-	-	Not Allowed	$0.00			-	-	000	999	
G0058	E	IMPRV CARE LE JNT REPR MVP		-	-	Not Allowed	$0.00			-	-	000	999	
G0059	E	PT SFTY POS EXP W ANETH MVP		-	-	Not Allowed	$0.00			-	-	000	999	
G0060	E	ALLERGY/IMMUNOLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G0061	E	ANESTHESIOLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G0062	E	AUDIOLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G0063	E	CARDIOLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G0064	E	CERT NURSE MIDWIFE SS		-	-	Not Allowed	$0.00			-	-	000	999	
G0065	E	CHIROPRACTIC SS		-	-	Not Allowed	$0.00			-	-	000	999	
G0066	E	CLINICAL SOCIAL WORK SS		-	-	Not Allowed	$0.00			-	-	000	999	
G0067	E	DENTISTRY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G0068	E	ADM IV INFUSION DRUG IN HOME		-	-	Not Allowed	$0.00			-	-	000	999	
G0069	E	ADM SQ INFUSION DRUG IN HOME		-	-	Not Allowed	$0.00			-	-	000	999	
G0070	E	ADM OF CHEMO DRUG IN HOME		-	-	Not Allowed	$0.00			-	-	000	999	
G0071	E	COMM SVCS BY RHC/FQHC 5 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
G0076	E	CARE MANAG H VST NEW PT 20 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0077	E	CARE MANAG H VST NEW PT 30 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0078	E	CARE MANAG H VST NEW PT 45 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0079	E	CARE MANAG H VST NEW PT 60 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0080	E	CARE MANAG H VST NEW PT 75 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0081	E	CARE MAN H V EXT PT 20 MI		-	-	Not Allowed	$0.00			-	-	000	999	
G0082	E	CARE MAN H V EXT PT 30 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0083	E	CARE MAN H V EXT PT 45 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0084	E	CARE MAN H V EXT PT 60 M		-	-	Not Allowed	$0.00			-	-	000	999	

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G0085	E	CARE MAN H V EXT PT 75 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0086	E	CARE MAN HOME CARE PLAN 30 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0087	E	CARE MAN HOME CARE PLAN 60 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0088	E	ADM IV DRUG 1ST HOME VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
G0089	E	ADM SUBQ DRUG 1ST HOME VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
G0090	E	ADM IV CHEMO 1ST HOME VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
G0101	S	CA SCREEN;PELVIC/BREAST EXAM		05822	1.0374	APC	$62.99			-	-	000	999	
G0102	N	PROSTATE CA SCREENING; DRE		-	-	Bundled	$0.00			-	-	000	999	
G0103	Q	PSA SCREENING		-	-	Medicare	$32.18	$19.95	$19.31	-	-	000	999	
G0104	T	CA SCREEN;FLEXI SIGMOIDSCOPE		05311	10.2245	APC	$620.83			-	-	000	999	
G0105	T	COLORECTAL SCRN; HI RISK IND		05311	10.2245	APC	$620.83			-	-	000	999	
G0108	M	DIAB MANAGE TRN PER INDIV		-	-	Fee Schedule	$71.61			-	Y	000	999	
G0109	M	DIAB MANAGE TRN IND/GROUP		-	-	Fee Schedule	$20.66			-	Y	000	999	
G0117	S	GLAUCOMA SCRN HGH RISK DIREC		05731	0.2747	APC	$16.68			-	-	000	999	
G0118	S	GLAUCOMA SCRN HGH RISK DIREC		05732	0.4402	APC	$26.73			-	-	000	999	
G0121	T	COLON CA SCRN NOT HI RSK IND		05311	10.2245	APC	$620.83			-	-	000	999	
G0123	Q	SCREEN CERV/VAG THIN LAYER		-	-	Medicare	$33.77	$20.94	$20.26	-	-	000	999	
G0124	E	SCREEN C/V THIN LAYER BY MD		-	-	Not Allowed	$0.00			-	-	000	999	
G0127	N	TRIM NAIL(S)		05733	0.6661	Bundled, sometimes payable	$40.45			-	-	000	999	
G0128	E	CORF SKILLED NURSING SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
G0129	E	PHP/IOP OT SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
G0130	S	SINGLE ENERGY X-RAY STUDY		05522	1.1926	APC	$72.41			-	-	000	999	
G0136	S	ADM OF SOC DTR ASSESS 5-15 M		05821	0.3341	APC	$20.29			-	-	000	999	
G0137	E	INTEN OUTPT SVS,MIN 9 PR 7 D		-	-	Not Allowed	$0.00			-	-	000	999	
G0138	S	IV CIPAGLUCOSIDASE ALFA-ATGA		01508	10.7131	APC	$650.50			-	-	000	999	
G0140	S	NAV SRV PEER SUP 60 MIN PR M		05822	1.0374	APC	$62.99			-	-	000	999	
G0141	E	SCR C/V CYTO,AUTOSYS AND MD		-	-	Not Allowed	$0.00			-	-	000	999	
G0143	Q	SCR C/V CYTO,THINLAYER,RESCR		-	-	Medicare	$45.08	$27.95	$27.05	-	-	000	999	
G0144	Q	SCR C/V CYTO,THINLAYER,RESCR		-	-	Medicare	$73.28	$45.43	$43.97	-	-	000	999	
G0145	Q	SCR C/V CYTO,THINLAYER,RESCR		-	-	Medicare	$44.15	$27.37	$26.49	-	-	000	999	
G0146	E	NAV SRV PEER SUP ADD 30 PR M		-	-	Not Allowed	$0.00			-	-	000	999	
G0147	Q	SCR C/V CYTO, AUTOMATED SYS		-	-	Medicare	$30.32	$18.80	$18.19	-	-	000	999	
G0148	Q	SCR C/V CYTO, AUTOSYS, RESCR		-	-	Medicare	$53.23	$33.00	$31.94	-	-	000	999	
G0151	M	HHCP-SERV OF PT,EA 15 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
G0152	M	HHCP-SERV OF OT,EA 15 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
G0153	M	HHCP-SVS OF S/L PATH,EA 15MN		-	-	Fee Schedule	$0.00			-	-	000	999	
G0155	M	HHCP-SVS OF CSW,EA 15 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
G0156	M	HHCP-SVS OF AIDE,EA 15 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
G0157	E	HHC PT ASSISTANT EA 15		-	-	Not Allowed	$0.00			-	-	000	999	
G0158	E	HHC OT ASSISTANT EA 15		-	-	Not Allowed	$0.00			-	-	000	999	
G0159	E	HHC PT MAINT EA 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
G0160	E	HHC OCCUP THERAPY EA 15		-	-	Not Allowed	$0.00			-	-	000	999	
G0161	E	HHC SLP EA 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
G0162	E	HHC RN E&M PLAN SVS, 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
G0166	N	EXTRNL COUNTERPULSE, PER TX		05734	1.4456	Bundled, sometimes payable	$87.78			-	-	000	999	
G0168	E	WOUND CLOSURE BY ADHESIVE		-	-	Not Allowed	$0.00			-	-	000	999	
G0175	V	OPPS SERVICE,SCHED TEAM CONF		05024	4.7754	APC	$289.96			-	-	000	999	
G0176	E	OPPS/PHP/IOP; ACTIVITY THRPY		-	-	Not Allowed	$0.00			-	-	000	999	
G0177	E	OPPS/PHP/IOP; TRAIN & EDUC		-	-	Not Allowed	$0.00			-	-	000	999	
G0179	E	MD RECERTIFICATION HHA PT		-	-	Not Allowed	$0.00			-	-	000	999	
G0180	E	MD CERTIFICATION HHA PATIENT		-	-	Not Allowed	$0.00			-	-	000	999	
G0181	E	HOME HEALTH CARE SUPERVISION		-	-	Not Allowed	$0.00			-	-	000	999	
G0182	E	HOSPICE CARE SUPERVISION		-	-	Not Allowed	$0.00			-	-	000	999	
G0186	T	DSTRY EYE LESN,FDR VSSL TECH		05481	6.1524	APC	$373.57			-	-	000	999	
G0219	E	PET IMG WHOLBOD MELANO NONCO		-	-	Not Allowed	$0.00			-	-	000	999	
G0235	E	PET NOT OTHERWISE SPECIFIED		-	-	Not Allowed	$0.00			-	-	000	999	

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G0237	S	THERAPEUTIC PROCD STRG ENDUR		05731	0.2747	APC	$16.68			-	Y	000	999	
G0238	S	OTH RESP PROC, INDIV		05731	0.2747	APC	$16.68			-	Y	000	999	
G0239	S	OTH RESP PROC, GROUP		05732	0.4402	APC	$26.73			-	Y	000	999	
G0245	V	INITIAL FOOT EXAM PT LOPS		05012	0.0000	APC	$0.00			-	-	000	999	
G0246	V	FOLLOWUP EVAL OF FOOT PT LOP		05012	0.0000	APC	$0.00			-	-	000	999	
G0247	N	ROUTINE FOOTCARE PT W LOPS		05051	2.2284	Bundled, sometimes payable	$135.31			-	-	000	999	
G0248	V	DEMONSTRATE USE HOME INR MON		05012	0.0000	APC	$0.00			-	-	000	999	
G0249	V	PROVIDE INR TEST MATER/EQUIP		05012	0.0000	APC	$0.00			-	-	000	999	
G0250	E	MD INR TEST REVIE INTER MGMT		-	-	Not Allowed	$0.00			-	-	000	999	
G0252	E	PET IMAGING INITIAL DX		-	-	Not Allowed	$0.00			-	-	000	999	
G0255	E	CURRENT PERCEP THRESHOLD TST		-	-	Not Allowed	$0.00			-	Y	000	999	
G0257	S	UNSCHED DIALYSIS ESRD PT HOS		05401	7.8471	APC	$476.48			-	-	000	999	
G0259	N	INJECT FOR SACROILIAC JOINT		-	-	Bundled	$0.00			-	-	000	999	
G0260	T	INJ FOR SACROILIAC JT ANESTH		05442	7.7664	APC	$471.58			-	-	000	999	
G0268	N	REMOVAL OF IMPACTED WAX MD		-	-	Bundled	$0.00			-	-	000	999	
G0269	N	OCCLUSIVE DEVICE IN VEIN ART		-	-	Bundled	$0.00			-	-	000	999	
G0270	M	MNT SUBS TX FOR CHANGE DX		-	-	Fee Schedule	$35.61			-	-	000	20	
G0271	M	GROUP MNT 2 OR MORE 30 MINS		-	-	Fee Schedule	$20.22			-	-	000	20	
G0276	N	PILD/PLACEBO CONTROL CLIN TR		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	-	000	999	
G0277	S	HBOT, FULL BODY CHAMBER, 30M		05061	1.5465	APC	$93.90			-	-	000	999	
G0278	N	ILIAC ART ANGIO,CARDIAC CATH		-	-	Bundled	$0.00			-	-	000	999	
G0279	M	TOMOSYNTHESIS, MAMMO		-	-	Fee Schedule	$62.38			-	-	000	999	
G0281	E	ELEC STIM UNATTEND FOR PRESS		-	-	Not Allowed	$0.00			-	-	000	999	
G0282	E	ELECT STIM WOUND CARE NOT PD		-	-	Not Allowed	$0.00			-	-	000	999	
G0283	Y	ELEC STIM OTHER THAN WOUND		-	-	Fee Schedule	$15.39			-	-	000	999	
G0288	N	RECON, CTA FOR SURG PLAN		-	-	Bundled	$0.00			-	-	000	999	
G0289	N	ARTHRO, LOOSE BODY + CHONDRO		-	-	Bundled	$0.00			-	-	000	999	
G0293	N	NON-COV SURG PROC,CLIN TRIAL		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
G0294	N	NON-COV PROC, CLINICAL TRIAL		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
G0295	E	ELECTROMAGNETIC THERAPY ONC		-	-	Not Allowed	$0.00			-	-	000	999	
G0296	S	VISIT TO DETERM LDCT ELIG		05822	1.0374	APC	$62.99			-	-	000	999	
G0299	M	HHS/HOSPICE OF RN EA 15 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
G0300	M	HHS/HOSPICE OF LPN EA 15 MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
G0302	S	PRE-OP SERVICE LVRS COMPLETE		05723	5.9505	APC	$361.31			-	Y	000	999	
G0303	S	PRE-OP SERVICE LVRS 10-15DOS		05722	3.4922	APC	$212.05			-	Y	000	999	
G0304	S	PRE-OP SERVICE LVRS 1-9 DOS		05723	5.9505	APC	$361.31			-	Y	000	999	
G0305	S	POST OP SERVICE LVRS MIN 6		05723	5.9505	APC	$361.31			-	Y	000	999	
G0306	Q	CBC/DIFFWBC W/O PLATELET		-	-	Medicare	$12.95	$8.03	$7.77	-	-	000	999	
G0307	Q	CBC WITHOUT PLATELET		-	-	Medicare	$10.78	$6.68	$6.47	-	-	000	999	
G0310	E	IMMUNIZE COUNSEL 5-15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
G0311	E	IMMUNIZE COUNSEL 16-30 MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G0312	E	IMMUNIZE COUNS < 21YR 5-15 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0313	E	IMMUNIZE COUNS < 21YR 6-30 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0314	E	COUNSEL IMMUNE <21 16-30 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0315	E	COUNSEL IMMUNE <21 5-15 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0316	N	PROLONG INPT EVAL ADD15 M		-	-	Bundled	$0.00			-	-	000	999	
G0317	E	PROLONG NURSIN FAC EVAL 15M		-	-	Not Allowed	$0.00			-	-	000	999	
G0318	E	PROLONG HOME EVAL ADD 15M		-	-	Not Allowed	$0.00			-	-	000	999	
G0320	E	TWO-WAY AUDIO AND VIDEO HHS		-	-	Not Allowed	$0.00			-	-	000	999	
G0321	E	AUDIO-ONLY HHS		-	-	Not Allowed	$0.00			-	-	000	999	
G0322	E	HOME H PHYSIO DATA COLLEC TR		-	-	Not Allowed	$0.00			-	-	000	999	
G0323	S	CARE MANAGE BEH SVS 20MINS		05821	0.3341	APC	$20.29			-	-	000	999	
G0327	E	COLON CA SCRN;BLD-BSD BIOMRK		-	-	Not Allowed	$0.00			-	-	000	999	
G0328	Q	FECAL BLOOD SCRN IMMUNOASSAY		-	-	Medicare	$30.08	$18.65	$18.05	-	-	000	999	
G0329	M	ELECTROMAGNTIC TX FOR ULCERS		-	-	Fee Schedule	$0.00			-	-	000	999	
G0330	N	FACILITY SVS DENTAL REHAB		05164	36.3699	Bundled, sometimes payable	$2,208.38			-	-	000	999	

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G0333	E	DISPENSE FEE INITIAL 30 DAY		-	-	Not Allowed	$0.00			-	-	000	999	
G0337	M	HOSPICE EVALUATION PREELECTI		-	-	Fee Schedule	$68.57			-	-	000	999	
G0339	E	ROBOT LIN-RADSURG COM, FIRST		-	-	Not Allowed	$0.00			-	Y	000	999	
G0340	E	ROBT LIN-RADSURG FRACTX 2-5		-	-	Not Allowed	$0.00			-	Y	000	999	
G0341	C	PERCUTANEOUS ISLET CELLTRANS		-	-	IP Only	$0.00			Y	Y	000	20	
G0342	C	LAPAROSCOPY ISLET CELL TRANS		-	-	IP Only	$0.00			Y	Y	000	20	
G0343	C	LAPAROTOMY ISLET CELL TRANSP		-	-	IP Only	$0.00			Y	Y	000	20	
G0372	E	MD SERVICE REQUIRED FOR PMD		-	-	Not Allowed	$0.00			-	-	000	999	
G0378	N	HOSPITAL OBSERVATION PER HR		-	-	Bundled	$0.00			-	Y	000	999	
G0379	N	DIRECT REFER HOSPITAL OBSERV		05025	6.8757	Bundled, sometimes payable	$417.49			-	Y	000	999	
G0380	E	LEV 1 HOSP TYPE B ED VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
G0381	E	LEV 2 HOSP TYPE B ED VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
G0382	E	LEV 3 HOSP TYPE B ED VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
G0383	E	LEV 4 HOSP TYPE B ED VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
G0384	E	LEV 5 HOSP TYPE B ED VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
G0390	S	TRAUMA RESPONS W/HOSP CRITI		05045	14.8389	APC	$901.02			-	-	000	999	
G0396	S	ALCOHOL/SUBS INTERV 15-30MN		05821	0.3341	APC	$20.29			-	-	000	999	
G0397	S	ALCOHOL/SUBS INTERV >30 MIN		05823	1.8019	APC	$109.41			-	-	000	999	
G0398	S	HOME SLEEP TEST/TYPE 2 PORTA		05721	1.7546	APC	$106.54			-	-	000	999	
G0399	S	HOME SLEEP TEST/TYPE 3 PORTA		05721	1.7546	APC	$106.54			-	-	000	999	
G0400	S	HOME SLEEP TEST/TYPE 4 PORTA		05722	3.4922	APC	$212.05			-	-	000	999	
G0402	V	INITIAL PREVENTIVE EXAM		05012	0.0000	APC	$0.00			-	-	000	999	
G0403	E	EKG FOR INITIAL PREVENT EXAM		-	-	Not Allowed	$0.00			-	-	000	999	
G0404	S	EKG TRACING FOR INITIAL PREV		05731	0.2747	APC	$16.68			-	-	000	999	
G0405	E	EKG INTERPRET & REPORT PREVE		-	-	Not Allowed	$0.00			-	-	000	999	
G0406	E	INPT/TELE FOLLOW UP 15		-	-	Not Allowed	$0.00			-	-	000	999	
G0407	E	INPT/TELE FOLLOW UP 25		-	-	Not Allowed	$0.00			-	-	000	999	
G0408	E	INPT/TELE FOLLOW UP 35		-	-	Not Allowed	$0.00			-	-	000	999	
G0409	E	CORF RELATED SERV 15 MINS EA		-	-	Not Allowed	$0.00			-	-	000	999	
G0410	E	GRP PSYCH PHP/IOP 45-50		-	-	Not Allowed	$0.00			-	-	000	999	
G0411	E	INTERACTIVE GRP PSYC PHP/IOP		-	-	Not Allowed	$0.00			-	-	000	12	
G0412	C	OPEN TX ILIAC SPINE UNI/BIL		-	-	IP Only	$0.00			-	-	000	999	
G0413	N	PELVIC RING FRACTURE UNI/BIL		05114	80.1145	Bundled, sometimes payable	$4,864.55			-	Y	000	999	
G0414	C	PELVIC RING FX TREAT INT FIX		-	-	IP Only	$0.00			-	-	000	999	
G0415	C	OPEN TX POST PELVIC FXCTURE		-	-	IP Only	$0.00			-	-	000	999	
G0416	N	PROSTATE BIOPSY, ANY MTHD		05673	4.0341	Bundled, sometimes payable	$244.95			-	-	000	999	
G0420	E	ED SVC CKD IND PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
G0421	E	ED SVC CKD GRP PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
G0422	S	INTENS CARDIAC REHAB W/EXERC		05771	1.4120	APC	$85.74			Y	Y	000	999	
G0423	S	INTENS CARDIAC REHAB NO EXER		05771	1.4120	APC	$85.74			Y	Y	000	999	
G0425	E	INPT/ED TELECONSULT30		-	-	Not Allowed	$0.00			-	-	000	999	
G0426	E	INPT/ED TELECONSULT50		-	-	Not Allowed	$0.00			-	-	000	999	
G0427	E	INPT/ED TELECONSULT70		-	-	Not Allowed	$0.00			-	-	000	999	
G0428	E	COLLAGEN MENISCUS IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
G0429	T	DERMAL FILLER INJECTION(S)		05054	20.5142	APC	$1,245.62			-	-	000	999	
G0432	Q	EIA HIV-1/HIV-2 SCREEN		-	-	Medicare	$32.62	$20.22	$19.57	-	-	000	999	
G0433	Q	ELISA HIV-1/HIV-2 SCREEN		-	-	Medicare	$30.48	$18.90	$18.29	-	-	000	999	
G0435	Q	ORAL HIV-1/HIV-2 SCREEN		-	-	Medicare	$19.97	$12.38	$11.98	-	-	000	999	
G0438	M	PPPS, INITIAL VISIT		-	-	Fee Schedule	$0.00			-	-	000	999	
G0439	M	PPPS, SUBSEQ VISIT		-	-	Fee Schedule	$0.00			-	-	000	999	
G0442	S	ANNUAL ALCOHOL SCREEN 15 MIN		05821	0.3341	APC	$20.29			-	-	000	999	
G0443	S	BRIEF ALCOHOL MISUSE COUNSEL		05822	1.0374	APC	$62.99			-	-	000	999	
G0444	S	DEPRESSION SCREEN ANNUAL		05821	0.3341	APC	$20.29			-	-	000	999	
G0445	S	HIGH INTEN BEH COUNS STD 30M		05822	1.0374	APC	$62.99			-	-	000	999	
G0446	S	INTENS BEHAVE THER CARDIO DX		05821	0.3341	APC	$20.29			-	-	000	999	
G0447	S	BEHAVIOR COUNSEL OBESITY 15M		05822	1.0374	APC	$62.99			-	-	000	999	

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G0448	E	PLACE PERM PACING CARDIOVERT		-	-	Not Allowed	$0.00			-	-	000	999	
G0451	N	DEVLOPMENT TEST INTERPT&REP		05822	1.0374	Bundled, sometimes payable	$62.99			-	-	000	999	
G0452	E	MOLECULAR PATHOLOGY INTERPR		-	-	Not Allowed	$0.00			-	-	000	999	
G0453	N	CONT INTRAOP NEURO MONITOR		-	-	Bundled	$0.00			-	-	000	999	
G0454	E	MD DOCUMENT VISIT BY NPP		-	-	Not Allowed	$0.00			-	-	000	999	
G0455	T	FECAL MICROBIOTA PREP INSTIL		05311	10.2245	APC	$620.83			-	-	000	999	
G0458	E	LDR PROSTATE BRACHY COMP RAT		-	-	Not Allowed	$0.00			-	-	000	999	
G0459	E	TELEHEALTH INPT PHARM MGMT		-	-	Not Allowed	$0.00			-	-	000	999	
G0460	T	AUTOLOG PRP NOT DIAB ULCER		05054	20.5142	APC	$1,245.62			-	-	000	999	
G0463	N	HOSPITAL OUTPT CLINIC VISIT		05012	0.0000	Bundled, sometimes payable	$0.00			-	-	000	999	
G0465	T	AUTOLOG PRP DIAB WOUND ULCER		05054	20.5142	APC	$1,207.37			-	-	000	999	
G0466	M	FQHC VISIT NEW PATIENT		-	-	Fee Schedule	$0.00			-	-	000	999	
G0467	M	FQHC VISIT, ESTAB PT		-	-	Fee Schedule	$0.00			-	-	000	999	
G0468	M	FQHC VISIT, IPPE OR AWV		-	-	Fee Schedule	$0.00			-	-	000	999	
G0469	M	FQHC VISIT, MH NEW PT		-	-	Fee Schedule	$0.00			-	-	000	999	
G0470	M	FQHC VISIT, MH ESTAB PT		-	-	Fee Schedule	$0.00			-	-	000	999	
G0471	Q	VEN BLOOD COLL SNF/HHA		-	-	Medicare	$18.48	$11.46	$11.09	-	-	000	999	
G0472	Q	HEP C SCREEN HIGH RISK/OTHER		-	-	Medicare	$77.25	$47.90	$46.35	-	-	000	999	
G0473	S	GROUP BEHAVE COUNS 2-10		05821	0.3341	APC	$20.29			-	-	000	999	
G0475	E	HIV COMBINATION ASSAY		-	-	Not Allowed	$0.00			-	-	000	999	
G0476	E	HPV COMBO ASSAY CA SCREEN		-	-	Not Allowed	$0.00			-	-	000	999	
G0480	Q	DRUG TEST DEF 1-7 CLASSES		-	-	Medicare	$190.72	$118.25	$114.43	-	-	000	999	
G0481	Q	DRUG TEST DEF 8-14 CLASSES		-	-	Medicare	$260.98	$161.81	$156.59	-	-	000	999	
G0482	Q	DRUG TEST DEF 15-21 CLASSES		-	-	Medicare	$331.23	$205.36	$198.74	-	-	000	999	
G0483	Q	DRUG TEST DEF 22+ CLASSES		-	-	Medicare	$411.53	$255.15	$246.92	-	-	000	999	
G0490	M	HOME VISIT RN, LPN BY RHC/FQ		-	-	Fee Schedule	$0.00			-	-	000	999	
G0491	E	DIALYSIS ACU KIDNEY NO ESRD		-	-	Not Allowed	$0.00			-	-	000	999	
G0492	E	MD/OTH EVAL ACUT KID NO ESRD		-	-	Not Allowed	$0.00			-	-	000	999	
G0493	E	RN CARE EA 15 MIN HH/HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
G0494	E	LPN CARE EA 15MIN HH/HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
G0495	E	RN CARE TRAIN/EDU IN HH		-	-	Not Allowed	$0.00			-	-	000	999	
G0496	E	LPN CARE TRAIN/EDU IN HH		-	-	Not Allowed	$0.00			-	-	000	999	
G0498	S	CHEMO EXTEND IV INFUS W/PUMP		05694	3.7198	APC	$225.87			-	-	000	999	
G0499	E	HEPB SCREEN HIGH RISK INDIV		-	-	Not Allowed	$0.00			-	-	000	999	
G0500	N	MOD SEDAT ENDO SERVICE >5YRS		-	-	Bundled	$0.00			-	-	000	999	
G0501	N	RESOURCE-INTEN SVC DURING OV		-	-	Bundled	$0.00			-	-	000	999	
G0506	N	COMP ASSES CARE PLAN CCM SVC		-	-	Bundled	$0.00			-	-	000	999	
G0508	E	CRIT CARE TELEHEA CONSULT 60		-	-	Not Allowed	$0.00			-	-	000	999	
G0509	E	CRIT CARE TELEHEA CONSULT 50		-	-	Not Allowed	$0.00			-	-	000	999	
G0511	E	CCM/BHI BY RHC/FQHC 20MIN MO		-	-	Not Allowed	$0.00			-	-	000	999	
G0512	E	COCM BY RHC/FQHC 60 MIN MO		-	-	Not Allowed	$0.00			-	-	000	999	
G0513	N	PROLONG PREV SVCS, FIRST 30M		-	-	Bundled	$0.00			-	-	000	999	
G0514	N	PROLONG PREV SVCS, ADDL 30M		-	-	Bundled	$0.00			-	-	000	999	
G0516	N	INSERT DRUG DEL IMPLANT, >=4		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
G0517	N	REMOVE DRUG IMPLANT		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
G0518	N	REMOVE W INSERT DRUG IMPLANT		05735	4.4751	Bundled, sometimes payable	$271.73			-	-	000	999	
G0519	E	NEW PT-CG DYAD DEM LOW CMPLX		-	-	Not Allowed	$0.00			-	-	000	999	
G0520	E	NEW PT-CG DYAD DEM MOD CMPLX		-	-	Not Allowed	$0.00			-	-	000	999	
G0521	E	NEW PT-CG DYAD DEM HIG CMPLX		-	-	Not Allowed	$0.00			-	-	000	999	
G0522	E	MGT NW PT DEMENTIA LOW CMPLX		-	-	Not Allowed	$0.00			-	-	000	999	
G0523	E	MGT NW PT DEM MOD-HIGH CMPLX		-	-	Not Allowed	$0.00			-	-	000	999	
G0524	E	EST PT-CG DYAD DEM LOW CMPLX		-	-	Not Allowed	$0.00			-	-	000	999	
G0525	E	EST PT-CG DYAD DEM MOD CMPLX		-	-	Not Allowed	$0.00			-	-	000	999	
G0526	E	EST PT-CG DYAD DEM HIG CMPLX		-	-	Not Allowed	$0.00			-	-	000	999	
G0527	E	MGT EST PT DMENTIA LOW CMPLX		-	-	Not Allowed	$0.00			-	-	000	999	
G0528	E	MGT EST PT DEM MOD-HI CMPLX		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
G0529	E	IN HOME RESPITE CARE, 4 HR U		-	-	Not Allowed	$0.00			-	-	000	999	
G0530	E	ADULT DAYCARE CENTER, 8 HR U		-	-	Not Allowed	$0.00			-	-	000	999	
G0531	E	FCLTY-BASED RESPITE, 24 HR U		-	-	Not Allowed	$0.00			-	-	000	999	
G0532	E	TAKE HOME SUPP NASAL SPRAY		-	-	Not Allowed	$0.00			-	-	000	999	
G0533	E	BUPRENORPHONE INJ WEEKLY		-	-	Not Allowed	$0.00			-	-	000	999	
G0534	E	COORDINATED CARE/OR REFERRAL		-	-	Not Allowed	$0.00			-	-	000	999	
G0535	E	PT NAVIGAT SVS DIRECT/REF		-	-	Not Allowed	$0.00			-	-	000	999	
G0536	E	PEER RECOVER SUPPORT SVS		-	-	Not Allowed	$0.00			-	-	000	999	
G0537	S	RISK ASCVD TST ONCE PR 12 MO		05821	0.3341	APC	$20.29			-	-	000	999	
G0538	S	ASCVD RSK MNG CLIN STF PR MO		05822	1.0374	APC	$62.99			-	-	000	999	
G0539	E	INITIAL CARE TRAINING 30 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0540	E	TRAIN FOR CAREGIVER ADD 15		-	-	Not Allowed	$0.00			-	-	000	999	
G0541	E	NO PT PRSNT TRAIN INITIAL 30		-	-	Not Allowed	$0.00			-	-	000	999	
G0542	E	NO PT PRSNT TRAIN ADD 15		-	-	Not Allowed	$0.00			-	-	000	999	
G0543	E	GROUP TRAIN W/O PATIENT		-	-	Not Allowed	$0.00			-	-	000	999	
G0544	S	POST D/C PHONE FOLLOW UP		05822	1.0374	APC	$62.99			-	-	000	999	
G0545	E	INHERENT VISIT TO INPT		-	-	Not Allowed	$0.00			-	-	000	999	
G0546	E	PHONE/INTERNET EHR ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
G0547	E	PHONE/INTERNET SVS 11-20 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0548	E	PHONE/INTER SVS 21-30 M		-	-	Not Allowed	$0.00			-	-	000	999	
G0549	E	PHONE/INTER FOR TREAT>31M		-	-	Not Allowed	$0.00			-	-	000	999	
G0550	E	PHONE/INTER FOR DX/TREAT >5M		-	-	Not Allowed	$0.00			-	-	000	999	
G0551	E	PHN/INTR SVS FR DX TREAT 30M		-	-	Not Allowed	$0.00			-	-	000	999	
G0552	V	SUPPLY OF DIGITAL DEVICE		05012	0.0000	APC	$0.00			-	-	000	999	
G0553	V	MONTHLY TX FOR DMHT 20MINS		05012	0.0000	APC	$0.00			-	-	000	999	
G0554	N	ADD 20 M OF MONTHLY TX		-	-	Bundled	$0.00			-	-	000	999	
G0555	S	REPLACMENT PT ELECTRONIC SYS		05724	11.4097	APC	$692.80			-	-	000	999	
G0556	S	ADV PRIM CARE MGMT LVL 1		05821	0.3341	APC	$20.29			-	-	000	999	
G0557	S	ADV PRIM CARE MGMT LVL 2		05821	0.3341	APC	$20.29			-	-	000	999	
G0558	S	ADV PRIM CARE MGMT LVL 3		05822	1.0374	APC	$62.99			-	-	000	999	
G0559	E	UNRELAT PRAC FOLLOW UP VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
G0560	E	SAFETY PLAN INTERVEN		-	-	Not Allowed	$0.00			-	-	000	999	
G0561	N	TEMP TUBE DELIVERY, UNIL		-	-	Bundled	$0.00			-	-	000	999	
G0562	S	COMPLEX SIMULATION W/PET-CT		01521	32.1229	APC	$1,950.50			-	-	000	999	
G0563	S	SBRT W/POSITRON EMISSION DEL		01525	61.7671	APC	$3,750.50			-	-	000	999	
G0659	Q	DRUG TEST DEF SIMPLE ALL CL		-	-	Medicare	$103.57	$64.21	$62.14	-	-	000	999	
G0911	E	ASSESS ACTIVITY SYMPTOMS		-	-	Not Allowed	$0.00			-	-	000	999	
G0912	E	NO ASSESS ACTIVITY SYMPTOMS		-	-	Not Allowed	$0.00			-	-	000	999	
G0913	E	IMPROVE VISUAL FUNCT		-	-	Not Allowed	$0.00			-	-	000	999	
G0914	E	SURVEY NOT COMPLETE		-	-	Not Allowed	$0.00			-	-	000	999	
G0915	E	NO IMPROVE VISUAL FUNCT		-	-	Not Allowed	$0.00			-	-	000	999	
G0916	E	SATISFY WITH CARE		-	-	Not Allowed	$0.00			-	-	000	999	
G0917	E	CARE SURVEY NOT COMPLETE		-	-	Not Allowed	$0.00			-	-	000	999	
G0918	E	NO SATISFY WITH CARE		-	-	Not Allowed	$0.00			-	-	000	999	
G1001	E	CDSM EVICORE		-	-	Not Allowed	$0.00			-	-	000	999	
G1002	E	CDSM MEDCURRENT		-	-	Not Allowed	$0.00			-	-	000	999	
G1003	E	CDSM MEDICALIS		-	-	Not Allowed	$0.00			-	-	000	999	
G1004	E	CDSM NDSC		-	-	Not Allowed	$0.00			-	-	000	999	
G1007	E	CDSM AIM		-	-	Not Allowed	$0.00			-	-	000	999	
G1008	E	CDSM CRANBERRY PK		-	-	Not Allowed	$0.00			-	-	000	999	
G1010	E	CDSM STANSON		-	-	Not Allowed	$0.00			-	-	000	999	
G1011	E	CDSM QUALIFIED NOS		-	-	Not Allowed	$0.00			-	-	000	999	
G1012	E	CDSM AGILEMD		-	-	Not Allowed	$0.00			-	-	000	999	
G1013	E	CDSM EVIDENCECARE		-	-	Not Allowed	$0.00			-	-	000	999	
G1014	E	CDSM INVENIQA		-	-	Not Allowed	$0.00			-	-	000	999	
G1015	E	CDSM RELIANT		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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G1016	E	CDSM SPEED OF CARE		-	-	Not Allowed	$0.00			-	-	000	999	
G1017	E	CDSM HEALTHHELP		-	-	Not Allowed	$0.00			-	-	000	999	
G1018	E	CDSM INFINX		-	-	Not Allowed	$0.00			-	-	000	999	
G1019	E	CDSM LOGICNETS		-	-	Not Allowed	$0.00			-	-	000	999	
G1020	E	CDSM CURBSIDE		-	-	Not Allowed	$0.00			-	-	000	999	
G1021	E	CDSM EHEALTHLINE		-	-	Not Allowed	$0.00			-	-	000	999	
G1022	E	CDSM INTERMOUNTAIN		-	-	Not Allowed	$0.00			-	-	000	999	
G1023	E	CDSM PERSIVIA		-	-	Not Allowed	$0.00			-	-	000	999	
G1024	E	CDSM RADRITE		-	-	Not Allowed	$0.00			-	-	000	999	
G1025	E	PT MNTH 1 MCP PROV		-	-	Not Allowed	$0.00			-	-	000	999	
G1026	E	PT HEMO > 3MO		-	-	Not Allowed	$0.00			-	-	000	999	
G1027	E	PT HEMO < 3MO		-	-	Not Allowed	$0.00			-	-	000	999	
G1028	E	TAKE HOME SUPPLY 8MG PER 0.1		-	-	Not Allowed	$0.00			-	-	000	999	
G2000	E	BLINDED CONV. TX MDD CLIN TR		-	-	Not Allowed	$0.00			-	-	000	999	
G2001	E	POST D/C H VST NEW PT 20 M		-	-	Not Allowed	$0.00			-	-	000	999	
G2002	E	POST-D/C H VST NEW PT 30 M		-	-	Not Allowed	$0.00			-	-	000	999	
G2003	E	POST-D/C H VST NEW PT 45 M		-	-	Not Allowed	$0.00			-	-	000	999	
G2004	E	POST-D/C H VST NEW PT 60 M		-	-	Not Allowed	$0.00			-	-	000	999	
G2005	E	POST-D/C H VST NEW PT 75 M		-	-	Not Allowed	$0.00			-	-	000	999	
G2006	E	POST-D/C H VST EXT PT 20 M		-	-	Not Allowed	$0.00			-	-	000	999	
G2007	E	POST-D/C H VST EXT PT 30 M		-	-	Not Allowed	$0.00			-	-	000	999	
G2008	E	POST-D/C H VST EXT PT 45 M		-	-	Not Allowed	$0.00			-	-	000	999	
G2009	E	POST-D/C H VST EXT PT 60 M		-	-	Not Allowed	$0.00			-	-	000	999	
G2010	E	REMOT IMAGE SUBMIT BY PT		-	-	Not Allowed	$0.00			-	-	000	999	
G2011	S	ALCOHOL/SUB MISUSE ASSESS		05731	0.2747	APC	$16.68			-	-	000	999	
G2013	E	POST-D/C H VST EXT PT 75 M		-	-	Not Allowed	$0.00			-	-	000	999	
G2014	E	POST-D/C CARE PLAN OVERS 30M		-	-	Not Allowed	$0.00			-	-	000	999	
G2015	E	POST-D/C CARE PLAN OVERS 60M		-	-	Not Allowed	$0.00			-	-	000	999	
G2020	E	HI INTEN SERV FOR SIP MODEL		-	-	Not Allowed	$0.00			-	-	000	999	
G2021	E	HEA CARE PRACT TX IN PLACE		-	-	Not Allowed	$0.00			-	-	000	999	
G2022	E	BENEF REFUSES SERVICE, MOD		-	-	Not Allowed	$0.00			-	-	000	999	
G2025	M	DIS SITE TELE SVCS RHC/FQHC		-	-	Fee Schedule	$0.00			-	-	000	999	
G2061	M	QUAL NONMD EST PT 5-10M		-	-	Fee Schedule	$0.00			-	-	000	999	
G2062	M	QUAL NONMD EST PT 11-20M		-	-	Fee Schedule	$0.00			-	-	000	999	
G2063	M	QUAL NONMD EST PT 21>MIN		-	-	Fee Schedule	$0.00			-	-	000	999	
G2067	E	MED ASSIST TX METH WK		-	-	Not Allowed	$0.00			-	-	000	999	
G2068	E	MED ASSIST TX BUPRE ORAL		-	-	Not Allowed	$0.00			-	-	000	999	
G2069	E	MED ASSIST TX INJECT		-	-	Not Allowed	$0.00			-	-	000	999	
G2073	E	MED TX NALTREXONE		-	-	Not Allowed	$0.00			-	-	000	999	
G2074	E	MED ASSIST TX NO DRUG		-	-	Not Allowed	$0.00			-	-	000	999	
G2075	E	MED TX MEDS NOS		-	-	Not Allowed	$0.00			-	-	000	999	
G2076	E	INTAKE ACT W/MED EXAM		-	-	Not Allowed	$0.00			-	-	000	999	
G2077	E	PERIODIC ASSESSMENT		-	-	Not Allowed	$0.00			-	-	000	999	
G2078	E	TAKE-HOME METH		-	-	Not Allowed	$0.00			-	-	000	999	
G2079	E	TAKE-HOM BUPRENORPHINE		-	-	Not Allowed	$0.00			-	-	000	999	
G2080	E	ADD 30 MINS COUNSEL		-	-	Not Allowed	$0.00			-	-	000	999	
G2081	E	PT 66+ SNP OR LTC POS > 90D		-	-	Not Allowed	$0.00			-	-	000	999	
G2082	S	VISIT ESKETAMINE 56M OR LESS		01513	18.9476	APC	$650.50			Y	-	000	999	
G2083	S	VISIT ESKETAMINE, > 56M		01516	23.8883	APC	$950.50			Y	-	000	999	
G2086	S	OFF BASE OPIOID TX 70MIN		05823	1.8019	APC	$91.41			-	-	000	999	
G2087	S	OFF BASE OPIOID TX, 60 M		05823	1.8019	APC	$91.41			-	-	000	999	
G2088	N	OFF BASE OPIOID TX, ADD30		-	-	Bundled	$0.00			-	-	000	999	
G2090	E	PT 66+ FRAILTY AND MED DEM		-	-	Not Allowed	$0.00			-	-	000	999	
G2091	E	PT 66+ FRAILTY AND ADV ILL		-	-	Not Allowed	$0.00			-	-	000	999	
G2092	E	ACE ARB ARNI		-	-	Not Allowed	$0.00			-	-	000	999	
G2093	E	MED DOC RSN NO ACE ARN ARNI		-	-	Not Allowed	$0.00			-	-	000	999	

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G2094	E	PT RSN NO ACE ARN ARNI		-	-	Not Allowed	$0.00			-	-	000	999	
G2096	E	NO RSN ACE ARB ARNI		-	-	Not Allowed	$0.00			-	-	000	999	
G2097	E	DX URI 3D AFTER OTHER DX		-	-	Not Allowed	$0.00			-	-	000	999	
G2098	E	PT 66+ FRAILTY AND MED DEM		-	-	Not Allowed	$0.00			-	-	000	999	
G2099	E	PT 66+ FRAILTY AND ADV ILL		-	-	Not Allowed	$0.00			-	-	000	999	
G2100	E	PT 66+ FRAILTY AND MED DEM		-	-	Not Allowed	$0.00			-	-	000	999	
G2101	E	PT 66+ FRAILTY AND ADV ILL		-	-	Not Allowed	$0.00			-	-	000	999	
G2105	E	PT 66+ SNP OR LTC POS > 90D		-	-	Not Allowed	$0.00			-	-	000	999	
G2106	E	PT 66+ FRAILTY AND MED DEM		-	-	Not Allowed	$0.00			-	-	000	999	
G2107	E	PT 66+ FRAILTY AND ADV ILL		-	-	Not Allowed	$0.00			-	-	000	999	
G2112	E	PRED<=5 MG RA GLU <6M		-	-	Not Allowed	$0.00			-	-	000	999	
G2113	E	PRED>5 MG >6M, NO CHG DA		-	-	Not Allowed	$0.00			-	-	000	999	
G2115	E	PT 66-80 FRAILTY AND MED DEM		-	-	Not Allowed	$0.00			-	-	000	999	
G2116	E	PT 66-80 FRAILTY AND ADV ILL		-	-	Not Allowed	$0.00			-	-	000	999	
G2118	E	PT 81+ FRAILTY		-	-	Not Allowed	$0.00			-	-	000	999	
G2121	E	PSY DEP ANX AP AND ICD ASSE		-	-	Not Allowed	$0.00			-	-	000	999	
G2122	E	PSY/DEP/ANX/APANDICD NOASSE		-	-	Not Allowed	$0.00			-	-	000	999	
G2125	E	PT 81+ FRAILTY		-	-	Not Allowed	$0.00			-	-	000	999	
G2126	E	PT 66-80 FRAILTY AND ADV ILL		-	-	Not Allowed	$0.00			-	-	000	999	
G2127	E	PT 66-80 FRAILTY AND MED DEM		-	-	Not Allowed	$0.00			-	-	000	999	
G2128	E	NO ASPIRIN MED RSN		-	-	Not Allowed	$0.00			-	-	000	999	
G2129	E	NO BP OUTPT		-	-	Not Allowed	$0.00			-	-	000	999	
G2136	E	BK PAIN VAS 6-20WK <= 3		-	-	Not Allowed	$0.00			-	-	000	999	
G2137	E	BK PAIN VAS 6-20WK > 3		-	-	Not Allowed	$0.00			-	-	000	999	
G2138	E	BK PAIN VAS 9-15MO <= 3		-	-	Not Allowed	$0.00			-	-	000	999	
G2139	E	BK PAIN VAS 9-15MO > 3		-	-	Not Allowed	$0.00			-	-	000	999	
G2140	E	LEG PAIN VAS 6-20WK <= 3		-	-	Not Allowed	$0.00			-	-	000	999	
G2141	E	LEG PAIN VAS 6-20WK > 3		-	-	Not Allowed	$0.00			-	-	000	999	
G2142	E	FS ODI 9-15MO POSTOP<= 22		-	-	Not Allowed	$0.00			-	-	000	999	
G2143	E	FS ODI 9-15MO > 22		-	-	Not Allowed	$0.00			-	-	000	999	
G2144	E	FS ODI 6-20WK POSTOP <= 22		-	-	Not Allowed	$0.00			-	-	000	999	
G2145	E	FSODI 6-20WK >22 OR CHG 30PT		-	-	Not Allowed	$0.00			-	-	000	999	
G2146	E	LEG PAIN VAS 9-15MO <= 3		-	-	Not Allowed	$0.00			-	-	000	999	
G2147	E	LEG PAIN VAS 9-15MO > 3		-	-	Not Allowed	$0.00			-	-	000	999	
G2148	E	MPM USED		-	-	Not Allowed	$0.00			-	-	000	999	
G2149	E	NO MPM MED RSN		-	-	Not Allowed	$0.00			-	-	000	999	
G2150	E	NO MPM		-	-	Not Allowed	$0.00			-	-	000	999	
G2151	E	DX DEGEN NEURO		-	-	Not Allowed	$0.00			-	-	000	999	
G2152	E	RES CHANGE SC >=0		-	-	Not Allowed	$0.00			-	-	000	999	
G2167	E	RES CHANGE SC < 0		-	-	Not Allowed	$0.00			-	-	000	999	
G2168	E	SVS BY PT IN HOME HEALTH		-	-	Not Allowed	$0.00			-	-	000	999	
G2169	E	SVS BY OT IN HOME HEALTH		-	-	Not Allowed	$0.00			-	-	000	999	
G2172	E	TX FOR OPIOID USE DEMO PROJ		-	-	Not Allowed	$0.00			-	-	000	999	
G2173	E	URI W COMORB 12M OTH DX		-	-	Not Allowed	$0.00			-	-	000	999	
G2174	E	URI NEW RX ANTIBIOTIC 30D		-	-	Not Allowed	$0.00			-	-	000	999	
G2175	E	PT COMORB DX 12M OF EPI		-	-	Not Allowed	$0.00			-	-	000	999	
G2176	E	OUTPT ED OBS W INPT ADMIT		-	-	Not Allowed	$0.00			-	-	000	999	
G2177	E	BRONCH W RX ANTIBX 30D		-	-	Not Allowed	$0.00			-	-	000	999	
G2178	E	PT NOT ELIG LOW NEURO EX		-	-	Not Allowed	$0.00			-	-	000	999	
G2179	E	MED DOC RSN NO LOW EX		-	-	Not Allowed	$0.00			-	-	000	999	
G2180	E	INELIG FOOTWR EVAL		-	-	Not Allowed	$0.00			-	-	000	999	
G2181	E	BMI NOT DOC MEDRSN PTREF		-	-	Not Allowed	$0.00			-	-	000	999	
G2182	E	PT 1ST BIOLOG ANTIRHEUM		-	-	Not Allowed	$0.00			-	-	000	999	
G2183	E	DOC PT UNABLE COMM		-	-	Not Allowed	$0.00			-	-	000	999	
G2184	E	NO CAREGIVER		-	-	Not Allowed	$0.00			-	-	000	999	
G2185	E	CAREGIVER DEM TRAINED		-	-	Not Allowed	$0.00			-	-	000	999	

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Outpatient Prospective Payment System Services
Proposed July 1, 2025

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
G2186	E	PT REF APP RSRCS		-	-	Not Allowed	$0.00			-	-	000	999	
G2187	E	CLIN IND IMG HD TRAUMA		-	-	Not Allowed	$0.00			-	-	000	999	
G2188	E	PT 50 YRS W/CLIN IND HD		-	-	Not Allowed	$0.00			-	-	050	999	
G2189	E	IMG HD ABNML NEURO EXAM		-	-	Not Allowed	$0.00			-	-	000	999	
G2190	E	IND IMG HD RAD NECK		-	-	Not Allowed	$0.00			-	-	000	999	
G2191	E	IND IMG HD POS HD ACHE		-	-	Not Allowed	$0.00			-	-	000	999	
G2192	E	>55 YRS TEMP HD ACHE		-	-	Not Allowed	$0.00			-	-	055	999	
G2193	E	<6YR NEW ONSET HD ACHE		-	-	Not Allowed	$0.00			-	-	000	6	
G2194	E	NEW HDACHE PED PT DIS		-	-	Not Allowed	$0.00			-	-	000	999	
G2195	E	OCCIP HDACHE CHILD		-	-	Not Allowed	$0.00			-	-	000	999	
G2196	E	SCREEN UNHLTHY ETOH USE		-	-	Not Allowed	$0.00			-	-	000	999	
G2197	E	SCREEN HLTHY ETOH USE		-	-	Not Allowed	$0.00			-	-	000	999	
G2199	E	NOT SCRN ETOH NO RSN		-	-	Not Allowed	$0.00			-	-	000	999	
G2200	E	UNHLTHY ETOH RCVD COUNS		-	-	Not Allowed	$0.00			-	-	000	999	
G2202	E	NO RSN NO BRIEF COUNS		-	-	Not Allowed	$0.00			-	-	000	999	
G2204	E	PT 45-85 W/ SCOPE		-	-	Not Allowed	$0.00			-	-	050	85	
G2205	E	PREG DRNG ADJV TRTMT		-	-	Not Allowed	$0.00			-	-	000	999	
G2206	E	ADJV TRTMT CHEMO HER2		-	-	Not Allowed	$0.00			-	-	000	999	
G2207	E	RSN NO TRTMT CHEM HER2		-	-	Not Allowed	$0.00			-	-	000	999	
G2208	E	NO TRTMT CHEMO AND HER2		-	-	Not Allowed	$0.00			-	-	000	999	
G2209	E	REFUSED TO PARTICIPATE		-	-	Not Allowed	$0.00			-	-	000	999	
G2210	E	NO NECK FS PROM NO RSN		-	-	Not Allowed	$0.00			-	-	000	999	
G2211	E	COMPLEX E/M VISIT ADD ON		-	-	Not Allowed	$0.00			-	-	000	999	
G2212	E	PROLONG OUTPT/OFFICE VIS		-	-	Not Allowed	$0.00			-	-	000	999	
G2213	E	INITIAT MED ASSIST TX IN ER		-	-	Not Allowed	$0.00			-	-	000	999	
G2214	E	INIT/SUB PSYCH CARE M 1ST 30		-	-	Not Allowed	$0.00			-	-	000	999	
G2215	E	HOME SUPPLY NASAL NALOXONE		-	-	Not Allowed	$0.00			-	-	000	999	
G2216	E	HOME SUPPLY INJECT NALOXON		-	-	Not Allowed	$0.00			-	-	000	999	
G2250	E	REMOT IMG SUB BY PT, NON E/M		-	-	Not Allowed	$0.00			-	-	000	999	
G2251	E	BRIEF CHKIN, 5-10, NON-E/M		-	-	Not Allowed	$0.00			-	-	000	999	
G2252	E	BRIEF CHKIN BY MD/QHP, 11-20		-	-	Not Allowed	$0.00			-	-	000	999	
G3002	E	CHRONIC PAIN MGMT 30 MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G3003	E	CHRONIC PAIN MGMT ADDL 15M		-	-	Not Allowed	$0.00			-	-	000	999	
G4000	E	DERMATOLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4001	E	DIAGNOSTIC RAD SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4002	E	EP CARDIO SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4003	E	EMERGENCY MED SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4004	E	ENDOCRINOLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4005	E	FAMILY MEDICINE SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4006	E	GASTROENTEROLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4007	E	GENERAL SURGERY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4008	E	GERIATRICS SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4009	E	HOSPITALISTS SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4010	E	INFECTIOUS DISEASE SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4011	E	INTERNAL MEDICINE SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4012	E	INTERVENTIONAL RAD SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4013	E	MNTAL/BEHAV/PSYCH HLTH SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4014	E	NEPHROLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4015	E	NEUROLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4016	E	NEUROSURGICAL SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4017	E	NUTRITION/DIETICIAN SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4018	E	OB/GYN SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4019	E	ONCOLOGY/HEMA SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4020	E	OPHTHALMOLOGY/OPTOMETRY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4021	E	ORTHOPEDIC SURGERY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4022	E	OTOLARYNGOLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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G4023	E	PATHOLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4024	E	PEDIATRICS SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4025	E	PHYSICAL MEDICINE SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4026	E	PHYS/OCC THERAPY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4027	E	PLASTIC SURGERY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4028	E	PODIATRY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4029	E	PREVENTIVE MEDICINE SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4030	E	PULMONOLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4031	E	RADIATION ONCOLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4032	E	RHEUMATOLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4033	E	SKILLED NURSING FACILITY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4034	E	SPEECH LANGUAGE PATH SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4035	E	THORACIC SURGERY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4036	E	URGENT CARE SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4037	E	UROLOGY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G4038	E	VASCULAR SURGERY SS		-	-	Not Allowed	$0.00			-	-	000	999	
G6001	E	ECHO GUIDANCE RADIOTHERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
G6002	E	STEREOSCOPIC X-RAY GUIDANCE		-	-	Not Allowed	$0.00			-	-	000	999	
G6003	E	RADIATION TREATMENT DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G6004	E	RADIATION TREATMENT DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G6005	E	RADIATION TREATMENT DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G6006	E	RADIATION TREATMENT DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G6007	E	RADIATION TREATMENT DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G6008	E	RADIATION TREATMENT DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G6009	E	RADIATION TREATMENT DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G6010	E	RADIATION TREATMENT DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G6011	E	RADIATION TREATMENT DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G6012	E	RADIATION TREATMENT DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G6013	E	RADIATION TREATMENT DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G6014	E	RADIATION TREATMENT DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G6015	E	RADIATION TX DELIVERY IMRT		-	-	Not Allowed	$0.00			-	-	000	999	
G6016	E	DELIVERY COMP IMRT		-	-	Not Allowed	$0.00			-	-	000	999	
G6017	E	INTRAFRACTION TRACK MOTION		-	-	Not Allowed	$0.00			-	-	000	999	
G8126	E	PT TREAT W/ANTIDEPRESS12WKS		-	-	Not Allowed	$0.00			-	-	000	999	
G8127	E	PT NOT TREAT W/ANTIDEPRES12W		-	-	Not Allowed	$0.00			-	-	000	999	
G8128	E	PT INELIG FOR ANTIDEPRES MED		-	-	Not Allowed	$0.00			-	-	000	999	
G8395	E	LVEF>=40% DOC NORMAL OR MILD		-	-	Not Allowed	$0.00			-	-	000	999	
G8396	E	LVEF NOT PERFORMED		-	-	Not Allowed	$0.00			-	-	000	999	
G8397	E	DIL MACULA/FUNDUS EXAM/W DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G8399	E	PT W/DXA RESULTS DOCUMENT		-	-	Not Allowed	$0.00			-	-	000	999	
G8400	E	PT W/DXA NO RESULTS DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G8404	E	LOW EXTEMITY NEUR EXAM DOCUM		-	-	Not Allowed	$0.00			-	-	000	999	
G8405	E	LOW EXTEMITY NEUR NOT PERFOR		-	-	Not Allowed	$0.00			-	-	000	999	
G8410	E	EVAL ON FOOT DOCUMENTED		-	-	Not Allowed	$0.00			-	-	000	999	
G8415	E	EVAL ON FOOT NOT PERFORMED		-	-	Not Allowed	$0.00			-	-	000	999	
G8416	E	PT INELIG FOOTWEAR EVALUATIO		-	-	Not Allowed	$0.00			-	-	000	999	
G8417	E	CALC BMI ABV UP PARAM F/U		-	-	Not Allowed	$0.00			-	-	000	999	
G8418	E	CALC BMI BLW LOW PARAM F/U		-	-	Not Allowed	$0.00			-	-	000	999	
G8419	E	CALC BMI OUT NRM PARAM NOF/U		-	-	Not Allowed	$0.00			-	-	000	999	
G8420	E	CALC BMI NORM PARAMETERS		-	-	Not Allowed	$0.00			-	-	000	999	
G8421	E	BMI NOT CALCULATED		-	-	Not Allowed	$0.00			-	-	000	999	
G8427	E	DOCREV CUR MEDS BY ELIG CLIN		-	-	Not Allowed	$0.00			-	-	000	999	
G8428	E	CUR MEDS NOT DOCUMENT		-	-	Not Allowed	$0.00			-	-	000	999	
G8430	E	DOC MED RSN NO MEDREC		-	-	Not Allowed	$0.00			-	-	000	999	
G8431	E	POS CLIN DEPRES SCRN F/U DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G8432	E	DEP SCR NOT DOC, RNG		-	-	Not Allowed	$0.00			-	-	000	999	

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G8433	E	SCR FOR DEP NOT CPT DOC RSN		-	-	Not Allowed	$0.00			-	-	000	999	
G8447	E	PT VIS DOC USE EHR CER ATCB		-	-	Not Allowed	$0.00			-	-	000	999	
G8448	E	PT VIS DOC W/PQRI QUAL EHR		-	-	Not Allowed	$0.00			-	-	000	999	
G8450	E	BETA-BLOC RX PT W/ABN LVEF		-	-	Not Allowed	$0.00			-	-	000	999	
G8451	E	PT W/ABN LVEF INELIG B-BLOC		-	-	Not Allowed	$0.00			-	-	000	999	
G8452	E	PT W/ABN LVEF B-BLOC NO RX		-	-	Not Allowed	$0.00			-	-	000	999	
G8465	E	HIGH RISK RECURRENCE PRO CA		-	-	Not Allowed	$0.00			-	-	000	999	
G8468	E	ACE/ARB RX PT W/ABN LVEF		-	-	Not Allowed	$0.00			-	-	000	999	
G8469	E	PT W/ABN LVEF INELIG ACE/ARB		-	-	Not Allowed	$0.00			-	-	000	999	
G8470	E	PT W/ NORMAL LVEF		-	-	Not Allowed	$0.00			-	-	000	999	
G8471	E	LVEF NOT PERFORMED/DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G8472	E	ACE/ARB NO RX PT W/ABN LVEF		-	-	Not Allowed	$0.00			-	-	000	999	
G8473	E	ACE/ARB THXPY RX'D		-	-	Not Allowed	$0.00			-	-	000	999	
G8474	E	ACE/ARB NOT RX'D; DOC REAS		-	-	Not Allowed	$0.00			-	-	000	999	
G8475	E	ACE/ARB THXPY NOT RX'D		-	-	Not Allowed	$0.00			-	-	000	999	
G8476	E	BP SYS <140 AND DIAS <90		-	-	Not Allowed	$0.00			-	-	000	999	
G8477	E	BP SYS>=140 AND/OR DIAS >=90		-	-	Not Allowed	$0.00			-	-	000	999	
G8478	E	BP NOT PERFORMED/DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G8510	E	SCR DEP NEG, NO PLAN REQD		-	-	Not Allowed	$0.00			-	-	000	999	
G8511	E	SCR DEP POS, NO PLAN DOC RNG		-	-	Not Allowed	$0.00			-	-	000	999	
G8524	E	PATCH CLOSURE CONV CEA		-	-	Not Allowed	$0.00			-	-	000	999	
G8525	E	NO PATCH CLOSURE CEA		-	-	Not Allowed	$0.00			-	-	000	999	
G8526	E	NO PATCH CLOSURE CONV CEA		-	-	Not Allowed	$0.00			-	-	000	999	
G8535	E	ELD MALTREATMENT NOT DOC		-	-	Not Allowed	$0.00			-	-	060	999	
G8536	E	NO DOC ELDER MAL SCRN		-	-	Not Allowed	$0.00			-	-	000	999	
G8539	E	DOC FUNCT AND CARE PLAN		-	-	Not Allowed	$0.00			-	-	000	999	
G8540	E	FOA NOT DOC AS BEING PERF		-	-	Not Allowed	$0.00			-	-	000	999	
G8541	E	NO DOC CUR FUNCT ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
G8542	E	DOC FUNCT NO DEFICIENCIES		-	-	Not Allowed	$0.00			-	-	000	999	
G8543	E	CUR FUNCT ASSES; NO CARE PLN		-	-	Not Allowed	$0.00			-	-	000	999	
G8546	E	CAP MEASURES GRP		-	-	Not Allowed	$0.00			-	-	000	999	
G8550	E	CAP MG QUAL ACT PERFORM		-	-	Not Allowed	$0.00			-	-	000	999	
G8559	E	PT REF DOC OTO EVAL		-	-	Not Allowed	$0.00			-	-	000	999	
G8560	E	PT HX ACT DRAIN PREV 90 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
G8561	E	PT INELIG FOR REF OTO EVAL		-	-	Not Allowed	$0.00			-	-	000	999	
G8562	E	PT NO HX ACT DRAIN 90 D		-	-	Not Allowed	$0.00			-	-	000	999	
G8563	E	PT NO REF OTO REAS NO SPEC		-	-	Not Allowed	$0.00			-	-	000	999	
G8564	E	PT REF OTO EVAL		-	-	Not Allowed	$0.00			-	-	000	999	
G8565	E	VER DOC HEAR LOSS		-	-	Not Allowed	$0.00			-	-	000	999	
G8566	E	PT INELIG REF OTO EVAL		-	-	Not Allowed	$0.00			-	-	000	999	
G8567	E	PT NO DOC HEAR LOSS		-	-	Not Allowed	$0.00			-	-	000	999	
G8568	E	PT NO REF OTOLO NO SPEC		-	-	Not Allowed	$0.00			-	-	000	999	
G8569	E	PROL INTUBATION REQ		-	-	Not Allowed	$0.00			-	-	000	999	
G8570	E	NO PROL INTUB REQ		-	-	Not Allowed	$0.00			-	-	000	999	
G8575	E	POSTOP REN FAIL		-	-	Not Allowed	$0.00			-	-	000	999	
G8576	E	NO POSTOP REN FAIL		-	-	Not Allowed	$0.00			-	-	000	999	
G8577	E	REOP REQ BLD GRFT OTH		-	-	Not Allowed	$0.00			-	-	000	999	
G8578	E	NO REOP REQ BLD GRFT OTH		-	-	Not Allowed	$0.00			-	-	000	999	
G8598	E	ASA/ANTIPLAT THER USED		-	-	Not Allowed	$0.00			-	-	000	999	
G8599	E	NO ASA/ANTIPLAT THER USE RNG		-	-	Not Allowed	$0.00			-	-	000	999	
G8600	E	TPA INITI W/IN 4.5 HR		-	-	Not Allowed	$0.00			-	-	000	999	
G8601	E	NO ELIG TPA INIT W/IN 4.5 HR		-	-	Not Allowed	$0.00			-	-	000	999	
G8602	E	NO TPA INIT W/IN 4.5 HR		-	-	Not Allowed	$0.00			-	-	000	999	
G8633	E	PHARM THER OSTEO RX		-	-	Not Allowed	$0.00			-	-	000	999	
G8635	E	NO PHARM THER OSTEO RX		-	-	Not Allowed	$0.00			-	-	000	999	
G8647	E	RAFSCRS KI SCOR >= 0		-	-	Not Allowed	$0.00			-	-	000	999	

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G8648	E	RAFSCRS KI SCOR < 0		-	-	Not Allowed	$0.00			-	-	000	999	
G8650	E	RAFS CRS KI NO SCOR NO RSN		-	-	Not Allowed	$0.00			-	-	000	999	
G8651	E	RAFSCRS HI SCOR >=0		-	-	Not Allowed	$0.00			-	-	000	999	
G8652	E	RAFSCRS HI SCOR < 0		-	-	Not Allowed	$0.00			-	-	000	999	
G8654	E	RAFS CRS HI NO SCOR NO SURV		-	-	Not Allowed	$0.00			-	-	000	999	
G8655	E	RAFSCRS LLFAI SCOR >= 0		-	-	Not Allowed	$0.00			-	-	000	999	
G8656	E	RAFSCRS LLFAI SCOR < 0		-	-	Not Allowed	$0.00			-	-	000	999	
G8658	E	RAFSCRS LLFAI NO SCOR + SURV		-	-	Not Allowed	$0.00			-	-	000	999	
G8659	E	RAFSCRS LBI SCOR >= 0		-	-	Not Allowed	$0.00			-	-	000	999	
G8660	E	RAFSCRS LBI SCOR < 0		-	-	Not Allowed	$0.00			-	-	000	999	
G8661	E	RAFSCRS LBI NO SCOR		-	-	Not Allowed	$0.00			-	-	000	999	
G8662	E	RAFS CRS LBI NO SCOR NO SURV		-	-	Not Allowed	$0.00			-	-	000	999	
G8663	E	RAFSCRS SI SCOR >= 0		-	-	Not Allowed	$0.00			-	-	000	999	
G8664	E	RAFSCRS SI SCOR < 0		-	-	Not Allowed	$0.00			-	-	000	999	
G8666	E	RAFS CRS SI NO SCOR NO SURV		-	-	Not Allowed	$0.00			-	-	000	999	
G8667	E	RAFSCRS EWH SCOR >= 0		-	-	Not Allowed	$0.00			-	-	000	999	
G8668	E	RAFSCRS EWH SCOR < 0		-	-	Not Allowed	$0.00			-	-	000	999	
G8670	E	RAFS CRS EWH NO SCOR NO SURV		-	-	Not Allowed	$0.00			-	-	000	999	
G8675	E	BP SYST >= 140 MMHG		-	-	Not Allowed	$0.00			-	-	000	999	
G8676	E	BP DIAST >= 90 MMHG		-	-	Not Allowed	$0.00			-	-	000	999	
G8677	E	BP SYST < 130 MMHG		-	-	Not Allowed	$0.00			-	-	000	999	
G8678	E	BP SYST >=130 - 139 MMHG		-	-	Not Allowed	$0.00			-	-	000	999	
G8679	E	BP DIAST < 80 MMHG		-	-	Not Allowed	$0.00			-	-	000	999	
G8680	E	BP DIAST 80-89 MMHG		-	-	Not Allowed	$0.00			-	-	000	999	
G8694	E	LVEF <=40%		-	-	Not Allowed	$0.00			-	-	000	999	
G8695	E	LVEF >=40%		-	-	Not Allowed	$0.00			-	-	000	999	
G8708	E	ANTIBIOTIC NOT PRES		-	-	Not Allowed	$0.00			-	-	000	999	
G8709	E	URI EP COMPETE DIAG		-	-	Not Allowed	$0.00			-	-	000	999	
G8710	E	PT PRES ANTIBIOTIC		-	-	Not Allowed	$0.00			-	-	000	999	
G8711	E	PRES ANTIBX ON/WITHIN 3 DAY		-	-	Not Allowed	$0.00			-	-	000	999	
G8712	E	NOT PRES ANTIBIOTIC		-	-	Not Allowed	$0.00			-	-	000	999	
G8715	E	HEMODIALYSIS NOT 3 TIMES WK		-	-	Not Allowed	$0.00			-	-	000	999	
G8716	E	PT REAS NOT GREAT 1.2KT/V		-	-	Not Allowed	$0.00			-	-	000	999	
G8721	E	PT, PN, HIST GRADE DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G8722	E	MED REAS PT, PN, NOT DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G8723	E	SPEC SIT NOT PRIM TUMOR		-	-	Not Allowed	$0.00			-	-	000	999	
G8724	E	PT, PN, HIST GRADE NOT DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G8727	E	HEMO, PERIT, OR KIDNEY TRANS		-	-	Not Allowed	$0.00			-	-	000	999	
G8733	E	DOC POS ELDER MAL SCRN PLAN		-	-	Not Allowed	$0.00			-	-	060	999	
G8734	E	DOC NEG ELD REQ		-	-	Not Allowed	$0.00			-	-	060	999	
G8735	E	ELD MAL SCRN POS NO PLAN		-	-	Not Allowed	$0.00			-	-	060	999	
G8749	E	NO SIGNS MELANOMA		-	-	Not Allowed	$0.00			-	-	000	999	
G8750	E	SIGNS OF MELANOMA PRESENT		-	-	Not Allowed	$0.00			-	-	000	999	
G8752	E	SYS BP LESS 140		-	-	Not Allowed	$0.00			-	-	000	999	
G8753	E	SYS BP > OR = 140		-	-	Not Allowed	$0.00			-	-	000	999	
G8754	E	DIAS BP LESS 90		-	-	Not Allowed	$0.00			-	-	000	999	
G8755	E	DIAS BP > OR = 90		-	-	Not Allowed	$0.00			-	-	000	999	
G8756	E	NO BP MEASURE DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G8760	E	EPILEPSY MG QUAL ACT PERFORM		-	-	Not Allowed	$0.00			-	-	000	999	
G8783	E	BP SCRN PERF REC INTERVAL		-	-	Not Allowed	$0.00			-	-	000	999	
G8785	E	BP SCRN NO PERF AT INTERVAL		-	-	Not Allowed	$0.00			-	-	000	999	
G8786	E	SEVERITY OF ANGINA ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
G8787	E	ANGINA PRESENT		-	-	Not Allowed	$0.00			-	-	000	999	
G8788	E	ANGINA ABSENT		-	-	Not Allowed	$0.00			-	-	000	999	
G8789	E	SEVERITY ANGINA NOT ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
G8797	E	SPECIMEN SITE NOT ESOPHAGUS		-	-	Not Allowed	$0.00			-	-	000	999	

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G8798	E	SPECIMEN SITE NOT PROSTATE		-	-	Not Allowed	$0.00			-	-	000	999	
G8802	E	PREGNANCY TEST ORDER		-	-	Not Allowed	$0.00			-	-	000	999	
G8803	E	DOC REAS NO PREGNANCY TEST		-	-	Not Allowed	$0.00			-	-	000	999	
G8805	E	PREGNANCY TEST NOT ORDER		-	-	Not Allowed	$0.00			-	-	000	999	
G8806	E	PERF ULTRSND TO LCT PREG DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G8807	E	NO TA TV ULTRASND		-	-	Not Allowed	$0.00			-	-	000	999	
G8808	E	ULTRASOUND NOT PERF, RNG		-	-	Not Allowed	$0.00			-	-	000	999	
G8815	E	DOC REAS NO STATIN THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
G8816	E	STATIN MED PRES AT DISCH		-	-	Not Allowed	$0.00			-	-	000	999	
G8817	E	DOC REAS NO STATIN MED DISCH		-	-	Not Allowed	$0.00			-	-	000	999	
G8819	E	ANEURYSM <= 5.5 CM		-	-	Not Allowed	$0.00			-	-	000	999	
G8820	E	ANEURYSM 5.6-6.0 CM		-	-	Not Allowed	$0.00			-	-	000	999	
G8821	E	ANEURYSM NOT INFARENAL		-	-	Not Allowed	$0.00			-	-	000	999	
G8822	E	MALE ANEURYSMS >6CM		-	-	Not Allowed	$0.00			-	-	000	999	
G8823	E	FEMALE ANEURYSM >6CM		-	-	Not Allowed	$0.00			-	-	000	999	
G8824	E	FEMALE ANEURYSM 5.6-6.0 CM		-	-	Not Allowed	$0.00			-	-	000	999	
G8826	E	PT DISCH HOME DAY #2 EVAR		-	-	Not Allowed	$0.00			-	-	000	999	
G8828	E	ANEURYSM <= 5.5CM FOR MEN		-	-	Not Allowed	$0.00			-	-	000	999	
G8829	E	ANEURYSM 5.6-6.0 CM FOR MEN		-	-	Not Allowed	$0.00			-	-	000	999	
G8830	E	ANEURYSM >6CM FOR MEN		-	-	Not Allowed	$0.00			-	-	000	999	
G8831	E	ANEURYSM >-6CM FOR WOMEN		-	-	Not Allowed	$0.00			-	-	000	999	
G8832	E	ANEURYSM 5.6-6.0 WOMEN		-	-	Not Allowed	$0.00			-	-	000	999	
G8833	E	PT NOT DISCH HOME DAY#2 EVAR		-	-	Not Allowed	$0.00			-	-	000	999	
G8834	E	PT DISCH HOME DAY #2 CEA		-	-	Not Allowed	$0.00			-	-	000	999	
G8836	E	STROKE OR TIA <120 DAYS CEA		-	-	Not Allowed	$0.00			-	-	000	999	
G8837	E	STROKE OR TIA >120 DAYS CEA		-	-	Not Allowed	$0.00			-	-	000	999	
G8838	E	NOT DISCH HOME BY DAY #2		-	-	Not Allowed	$0.00			-	-	000	999	
G8839	E	SLEEP APNEA ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
G8840	E	DOC REAS NO SLEEP APNEA		-	-	Not Allowed	$0.00			-	-	000	999	
G8841	E	NO SLEEP APNEA ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
G8842	E	AHI OR RDI INITIAL DX		-	-	Not Allowed	$0.00			-	-	000	999	
G8843	E	DOC REAS NO AHI OR RDI		-	-	Not Allowed	$0.00			-	-	000	999	
G8844	E	NO AHI OR RDI INITIAL DX		-	-	Not Allowed	$0.00			-	-	000	999	
G8845	E	POS AIRWAY PRESS PRESCRIBED		-	-	Not Allowed	$0.00			-	-	000	999	
G8846	E	MOD OR SEVERE OSA		-	-	Not Allowed	$0.00			-	-	000	999	
G8847	E	POS AIR PRESS NOT PRESCRIBED		-	-	Not Allowed	$0.00			-	-	000	999	
G8849	E	DOC REAS NO POS AIR PRESS		-	-	Not Allowed	$0.00			-	-	000	999	
G8850	E	NO PAP PRESCRIBED		-	-	Not Allowed	$0.00			-	-	000	999	
G8851	E	ADHERE TX ASSESS AT LST ANN		-	-	Not Allowed	$0.00			-	-	000	999	
G8854	E	REAS NO ADHERE THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
G8855	E	THER NOT ASSESSED ANNUALLY		-	-	Not Allowed	$0.00			-	-	000	999	
G8856	E	REF FOR OTO EVAL		-	-	Not Allowed	$0.00			-	-	000	999	
G8857	E	NO ELIG REF FOR OTO EVAL		-	-	Not Allowed	$0.00			-	-	000	999	
G8858	E	NOT REF FOR OTO EVAL		-	-	Not Allowed	$0.00			-	-	000	999	
G8860	E	CORTICOSTEROID 10 MG 60 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
G8863	E	NO ASSESS BONE LOSS		-	-	Not Allowed	$0.00			-	-	000	999	
G8864	E	PNEUMOCOCCAL VACCINE ADMIN		-	-	Not Allowed	$0.00			-	-	000	999	
G8865	E	DOC MED REAS NO PNEUMOCOCCAL		-	-	Not Allowed	$0.00			-	-	000	999	
G8866	E	DOC PT REAS NO PNEUMOCOCCAL		-	-	Not Allowed	$0.00			-	-	000	999	
G8867	E	NO PNEUMOCOCCAL ADMIN		-	-	Not Allowed	$0.00			-	-	000	999	
G8869	E	DOC IMMUNE HEP B ANTITNF		-	-	Not Allowed	$0.00			-	-	000	999	
G8875	E	BREAST CANCER DX MIN INVSIVE		-	-	Not Allowed	$0.00			-	-	000	999	
G8876	E	DOC REAS NO MIN INV DX		-	-	Not Allowed	$0.00			-	-	000	999	
G8877	E	NO BRST CNCR DX MIN INVASIVE		-	-	Not Allowed	$0.00			-	-	000	999	
G8878	E	SENT LYMPH NODE BIOPSY		-	-	Not Allowed	$0.00			-	-	000	999	
G8880	E	SEN LYM P NODE BIOP NOT PERF		-	-	Not Allowed	$0.00			-	-	000	999	

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G8881	E	BRST CNCR STAGE > T1N0M0		-	-	Not Allowed	$0.00			-	-	000	999	
G8882	E	NO SENT LYMPH NODE BIOPSY		-	-	Not Allowed	$0.00			-	-	000	999	
G8901	E	EPILEPSY MEASURES GROUP		-	-	Not Allowed	$0.00			-	-	000	999	
G8907	E	PT DOC NO EVENTS ON DISCHARG		-	-	Not Allowed	$0.00			-	-	000	999	
G8908	E	PT DOC W BURN PRIOR TO D/C		-	-	Not Allowed	$0.00			-	-	000	999	
G8909	E	PT DOC NO BURN PRIOR TO D/C		-	-	Not Allowed	$0.00			-	-	000	999	
G8910	E	PT DOC TO HAVE FALL IN ASC		-	-	Not Allowed	$0.00			-	-	000	999	
G8911	E	PT DOC NO FALL IN ASC		-	-	Not Allowed	$0.00			-	-	000	999	
G8912	E	PT DOC WITH WRONG EVENT		-	-	Not Allowed	$0.00			-	-	000	999	
G8913	E	PT DOC NO WRONG EVENT		-	-	Not Allowed	$0.00			-	-	000	999	
G8914	E	PT TRANS TO HOSP POST D/C		-	-	Not Allowed	$0.00			-	-	000	999	
G8915	E	PT NOT TRANS TO HOSP AT D/C		-	-	Not Allowed	$0.00			-	-	000	999	
G8916	E	PT W IV AB GIVEN ON TIME		-	-	Not Allowed	$0.00			-	-	000	999	
G8917	E	PT W IV AB NOT GIVEN ON TIME		-	-	Not Allowed	$0.00			-	-	000	999	
G8918	E	PT W/O PREOP ORDER IV AB PRO		-	-	Not Allowed	$0.00			-	-	000	999	
G8923	E	LVEF <= 40% OR LVSD		-	-	Not Allowed	$0.00			-	-	000	999	
G8924	E	SPIR RES DOC FEV1/FVC<70%		-	-	Not Allowed	$0.00			-	-	000	999	
G8934	E	LVEF <=40% OR DEP LV SYS FCN		-	-	Not Allowed	$0.00			-	-	000	999	
G8935	E	RX ACE OR ARB THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
G8936	E	PT NOT ELIGIBLE ACE/ARB		-	-	Not Allowed	$0.00			-	-	000	999	
G8937	E	NO RX ACE/ARB THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
G8942	E	DOC FCN/CARE PLAN W/30 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
G8944	E	AJCC MEL CNR STG 0 - IIC		-	-	Not Allowed	$0.00			-	-	000	999	
G8946	E	MIBM BUT NO DX OF BREAST CA		-	-	Not Allowed	$0.00			-	-	000	999	
G8950	E	PRE-HTN OR HTN DOC, F/U INDC		-	-	Not Allowed	$0.00			-	-	000	999	
G8952	E	PRE-HTN/HTN, NO F/U, NOT GVN		-	-	Not Allowed	$0.00			-	-	000	999	
G8955	E	MOST RECENT ASSESS VOL MGMT		-	-	Not Allowed	$0.00			-	-	000	999	
G8956	E	PT RCV HEDIA OUTPT DYLS FAC		-	-	Not Allowed	$0.00			-	-	000	999	
G8958	E	ASSESS VOL MGMT NOT DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G8961	E	CSIT LOWRISK SURG PTS PREOP		-	-	Not Allowed	$0.00			-	-	000	999	
G8962	E	CSIT ON PT ANY REAS 30 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
G8967	E	WARF OR OTHER FDA DRUG PRESC		-	-	Not Allowed	$0.00			-	-	000	999	
G8968	E	DOC MED NOT PRESB		-	-	Not Allowed	$0.00			-	-	000	999	
G8969	E	DOC PT RSN NO PRESC WARF/FDA		-	-	Not Allowed	$0.00			-	-	000	999	
G8970	E	NO RSK FAC OR 1 MOD RISK TE		-	-	Not Allowed	$0.00			-	-	000	999	
G9001	E	MCCD, INITIAL RATE		-	-	Not Allowed	$0.00			-	-	000	999	
G9002	E	MCCD,MAINTENANCE RATE		-	-	Not Allowed	$0.00			-	-	000	999	
G9003	E	MCCD, RISK ADJ HI, INITIAL		-	-	Not Allowed	$0.00			-	-	000	999	
G9004	E	MCCD, RISK ADJ LO, INITIAL		-	-	Not Allowed	$0.00			-	-	000	999	
G9005	E	MCCD, RISK ADJ, MAINTENANCE		-	-	Not Allowed	$0.00			-	-	000	999	
G9006	E	MCCD, HOME MONITORING		-	-	Not Allowed	$0.00			-	-	000	999	
G9007	E	MCCD, SCH TEAM CONF		-	-	Not Allowed	$0.00			-	-	000	999	
G9008	E	MCCD,PHYS COOR-CARE OVRSGHT		-	-	Not Allowed	$0.00			-	-	000	999	
G9009	E	MCCD, RISK ADJ, LEVEL 3		-	-	Not Allowed	$0.00			-	-	000	999	
G9010	E	MCCD, RISK ADJ, LEVEL 4		-	-	Not Allowed	$0.00			-	-	000	999	
G9011	E	MCCD, RISK ADJ, LEVEL 5		-	-	Not Allowed	$0.00			-	-	000	999	
G9012	E	OTHER SPECIFIED CASE MGMT		-	-	Not Allowed	$0.00			-	-	000	999	
G9013	E	ESRD DEMO BUNDLE LEVEL I		-	-	Not Allowed	$0.00			-	-	000	999	
G9014	E	ESRD DEMO BUNDLE-LEVEL II		-	-	Not Allowed	$0.00			-	-	000	999	
G9016	E	DEMO-SMOKING CESSATION COUN		-	-	Not Allowed	$0.00			-	-	000	999	
G9037	E	INTRPRO REQ FR REC PHYS/QHCP		-	-	Not Allowed	$0.00			-	-	000	999	
G9038	E	CO-MANAGEMENT SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
G9050	E	ONCOLOGY WORK-UP EVALUATION		-	-	Not Allowed	$0.00			-	-	000	999	
G9051	E	ONCOLOGY TX DECISION-MGMT		-	-	Not Allowed	$0.00			-	-	000	999	
G9052	E	ONC SURVEILLANCE FOR DISEASE		-	-	Not Allowed	$0.00			-	-	000	999	
G9053	E	ONC EXPECTANT MANAGEMENT PT		-	-	Not Allowed	$0.00			-	-	000	999	

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G9054	E	ONC SUPERVISION PALLIATIVE		-	-	Not Allowed	$0.00			-	-	000	999	
G9055	E	ONC VISIT UNSPECIFIED NOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9056	E	ONC PRAC MGMT ADHERES GUIDE		-	-	Not Allowed	$0.00			-	-	000	999	
G9057	E	ONC PRACT MGMT DIFFERS TRIAL		-	-	Not Allowed	$0.00			-	-	000	999	
G9058	E	ONC PRAC MGMT DISAGREE W/GUI		-	-	Not Allowed	$0.00			-	-	000	999	
G9059	E	ONC PRAC MGMT PT OPT ALTERNA		-	-	Not Allowed	$0.00			-	-	000	999	
G9060	E	ONC PRAC MGMT DIF PT COMORB		-	-	Not Allowed	$0.00			-	-	000	999	
G9061	E	ONC PRAC COND NOADD BY GUIDE		-	-	Not Allowed	$0.00			-	-	000	999	
G9062	E	ONC PRAC GUIDE DIFFERS NOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9063	E	ONC DX NSCLC STGI NO PROGRES		-	-	Not Allowed	$0.00			-	-	000	999	
G9064	E	ONC DX NSCLC STG2 NO PROGRES		-	-	Not Allowed	$0.00			-	-	000	999	
G9065	E	ONC DX NSCLC STG3A NO PROGRE		-	-	Not Allowed	$0.00			-	-	000	999	
G9066	E	ONC DX NSCLC STG3B-4 METASTA		-	-	Not Allowed	$0.00			-	-	000	999	
G9067	E	ONC DX NSCLC DX UNKNOWN NOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9068	E	ONC DX SCLC/NSCLC LIMITED		-	-	Not Allowed	$0.00			-	-	000	999	
G9069	E	ONC DX SCLC/NSCLC EXT AT DX		-	-	Not Allowed	$0.00			-	-	000	999	
G9070	E	ONC DX SCLC/NSCLC EXT UNKNWN		-	-	Not Allowed	$0.00			-	-	000	999	
G9071	E	ONC DX BRST STG1-2B HR,NOPRO		-	-	Not Allowed	$0.00			-	-	000	999	
G9072	E	ONC DX BRST STG1-2 NOPROGRES		-	-	Not Allowed	$0.00			-	-	000	999	
G9073	E	ONC DX BRST STG3-HR, NO PRO		-	-	Not Allowed	$0.00			-	-	000	999	
G9074	E	ONC DX BRST STG3-NOPROGRESS		-	-	Not Allowed	$0.00			-	-	000	999	
G9075	E	ONC DX BRST METASTIC/ RECUR		-	-	Not Allowed	$0.00			-	-	000	999	
G9077	E	ONC DX PROSTATE T1NO PROGRES		-	-	Not Allowed	$0.00			-	-	000	999	
G9078	E	ONC DX PROSTATE T2NO PROGRES		-	-	Not Allowed	$0.00			-	-	000	999	
G9079	E	ONC DX PROSTATE T3B-T4NOPROG		-	-	Not Allowed	$0.00			-	-	000	999	
G9080	E	ONC DX PROSTATE W/RISE PSA		-	-	Not Allowed	$0.00			-	-	000	999	
G9083	E	ONC DX PROSTATE UNKNWN NOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9084	E	ONC DX COLON T1-3,N1-2,NO PR		-	-	Not Allowed	$0.00			-	-	000	999	
G9085	E	ONC DX COLON T4, N0 W/O PROG		-	-	Not Allowed	$0.00			-	-	000	999	
G9086	E	ONC DX COLON T1-4 NO DX PROG		-	-	Not Allowed	$0.00			-	-	000	999	
G9087	E	ONC DX COLON METAS EVID DX		-	-	Not Allowed	$0.00			-	-	000	999	
G9088	E	ONC DX COLON METAS NOEVID DX		-	-	Not Allowed	$0.00			-	-	000	999	
G9089	E	ONC DX COLON EXTENT UNKNOWN		-	-	Not Allowed	$0.00			-	-	000	999	
G9090	E	ONC DX RECTAL T1-2 NO PROGR		-	-	Not Allowed	$0.00			-	-	000	999	
G9091	E	ONC DX RECTAL T3 N0 NO PROG		-	-	Not Allowed	$0.00			-	-	000	999	
G9092	E	ONC DX RECTAL T1-3,N1-2NOPRG		-	-	Not Allowed	$0.00			-	-	000	999	
G9093	E	ONC DX RECTAL T4,N,M0 NO PRG		-	-	Not Allowed	$0.00			-	-	000	999	
G9094	E	ONC DX RECTAL M1 W/METS PROG		-	-	Not Allowed	$0.00			-	-	000	999	
G9095	E	ONC DX RECTAL EXTENT UNKNWN		-	-	Not Allowed	$0.00			-	-	000	999	
G9096	E	ONC DX ESOPHAG T1-T3 NOPROG		-	-	Not Allowed	$0.00			-	-	000	999	
G9097	E	ONC DX ESOPHAGEAL T4 NO PROG		-	-	Not Allowed	$0.00			-	-	000	999	
G9098	E	ONC DX ESOPHAGEAL METS RECUR		-	-	Not Allowed	$0.00			-	-	000	999	
G9099	E	ONC DX ESOPHAGEAL UNKNOWN		-	-	Not Allowed	$0.00			-	-	000	999	
G9100	E	ONC DX GASTRIC NO RECURRENCE		-	-	Not Allowed	$0.00			-	-	000	999	
G9101	E	ONC DX GASTRIC P R1-R2NOPROG		-	-	Not Allowed	$0.00			-	-	000	999	
G9102	E	ONC DX GASTRIC UNRESECTABLE		-	-	Not Allowed	$0.00			-	-	000	999	
G9103	E	ONC DX GASTRIC RECURRENT		-	-	Not Allowed	$0.00			-	-	000	999	
G9104	E	ONC DX GASTRIC UNKNOWN NOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9105	E	ONC DX PANCREATC P R0 RES NO		-	-	Not Allowed	$0.00			-	-	000	999	
G9106	E	ONC DX PANCREATC P R1/R2 NO		-	-	Not Allowed	$0.00			-	-	000	999	
G9107	E	ONC DX PANCREATIC UNRESECTAB		-	-	Not Allowed	$0.00			-	-	000	999	
G9108	E	ONC DX PANCREATIC UNKNWN NOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9109	E	ONC DX HEAD/NECK T1-T2NO PRG		-	-	Not Allowed	$0.00			-	-	000	999	
G9110	E	ONC DX HEAD/NECK T3-4 NOPROG		-	-	Not Allowed	$0.00			-	-	000	999	
G9111	E	ONC DX HEAD/NECK M1 METS REC		-	-	Not Allowed	$0.00			-	-	000	999	
G9112	E	ONC DX HEAD/NECK EXT UNKNOWN		-	-	Not Allowed	$0.00			-	-	000	999	

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G9113	E	ONC DX OVARIAN STG1A-B NO PR		-	-	Not Allowed	$0.00			-	-	000	999	
G9114	E	ONC DX OVARIAN STG1A-B OR 2		-	-	Not Allowed	$0.00			-	-	000	999	
G9115	E	ONC DX OVARIAN STG3/4 NOPROG		-	-	Not Allowed	$0.00			-	-	000	999	
G9116	E	ONC DX OVARIAN RECURRENCE		-	-	Not Allowed	$0.00			-	-	000	999	
G9117	E	ONC DX OVARIAN UNKNOWN NOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9123	E	ONC DX CML CHRONIC PHASE		-	-	Not Allowed	$0.00			-	-	000	999	
G9124	E	ONC DX CML ACCELER PHASE		-	-	Not Allowed	$0.00			-	-	000	999	
G9125	E	ONC DX CML BLAST PHASE		-	-	Not Allowed	$0.00			-	-	000	999	
G9126	E	ONC DX CML REMISSION		-	-	Not Allowed	$0.00			-	-	000	999	
G9128	E	ONC DX MULTI MYELOMA STAGE I		-	-	Not Allowed	$0.00			-	-	000	999	
G9129	E	ONC DX MULT MYELOMA STG2 HIG		-	-	Not Allowed	$0.00			-	-	000	999	
G9130	E	ONC DX MULTI MYELOMA UNKNOWN		-	-	Not Allowed	$0.00			-	-	000	999	
G9131	E	ONC DX BRST UNKNOWN NOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9132	E	ONC DX PROSTATE METS NO CAST		-	-	Not Allowed	$0.00			-	-	000	999	
G9133	E	ONC DX PROSTATE CLINICAL MET		-	-	Not Allowed	$0.00			-	-	000	999	
G9134	E	ONC NHLSTG 1-2 NO RELAP NO		-	-	Not Allowed	$0.00			-	-	000	999	
G9135	E	ONC DX NHL STG 3-4 NOT RELAP		-	-	Not Allowed	$0.00			-	-	000	999	
G9136	E	ONC DX NHL TRANS TO LG BCELL		-	-	Not Allowed	$0.00			-	-	000	999	
G9137	E	ONC DX NHL RELAPSE/REFRACTOR		-	-	Not Allowed	$0.00			-	-	000	999	
G9138	E	ONC DX NHL STG UNKNOWN		-	-	Not Allowed	$0.00			-	-	000	999	
G9139	E	ONC DX CML DX STATUS UNKNOWN		-	-	Not Allowed	$0.00			-	-	000	999	
G9140	E	FRONTIER EXTENDED STAY DEMO		-	-	Not Allowed	$0.00			-	-	000	999	
G9141	E	INFLUENZA A H1N1,ADMIN W COU		-	-	Not Allowed	$0.00			-	-	000	999	
G9142	E	INFLUENZA A H1N1, VACCINE		-	-	Not Allowed	$0.00			-	-	000	999	
G9143	N	WARFARIN RESPON GENETIC TEST		-	-	Bundled	$0.00			-	-	000	999	
G9147	E	OUTPT IV INSULIN TX ANY MEA		-	-	Not Allowed	$0.00			-	-	000	999	
G9148	E	MEDICAL HOME LEVEL 1		-	-	Not Allowed	$0.00			-	-	000	999	
G9149	E	MEDICAL HOME LEVEL II		-	-	Not Allowed	$0.00			-	-	000	999	
G9150	E	MEDICAL HOME LEVEL III		-	-	Not Allowed	$0.00			-	-	000	999	
G9151	E	MAPCP DEMO STATE		-	-	Not Allowed	$0.00			-	-	000	999	
G9152	E	MAPCP DEMO COMMUNITY		-	-	Not Allowed	$0.00			-	-	000	999	
G9153	E	MAPCP DEMO PHYSICIAN		-	-	Not Allowed	$0.00			-	-	000	999	
G9156	E	EVALUATION FOR WHEELCHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
G9157	E	TRANSESOPH DOPPL CARDIAC MON		-	-	Not Allowed	$0.00			-	-	000	999	
G9187	E	BPCI HOME VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
G9188	E	BETA NOT GIVEN NO REASON		-	-	Not Allowed	$0.00			-	-	000	999	
G9189	E	BETA PRES OR ALREADY TAKING		-	-	Not Allowed	$0.00			-	-	000	999	
G9190	E	MEDICAL REASON FOR NO BETA		-	-	Not Allowed	$0.00			-	-	000	999	
G9191	E	PT REASON FOR NO BETA		-	-	Not Allowed	$0.00			-	-	000	999	
G9212	E	DOC OF DSM-IV INIT EVAL		-	-	Not Allowed	$0.00			-	-	000	999	
G9213	E	NO DOC OF DSM-IV		-	-	Not Allowed	$0.00			-	-	000	999	
G9223	E	PJP PROPH ORDERED CD4 LOW		-	-	Not Allowed	$0.00			-	-	000	999	
G9225	E	NORSN NO FOOT EXAM		-	-	Not Allowed	$0.00			-	-	000	999	
G9226	E	3 COMP FOOT EXAM COMPLETED		-	-	Not Allowed	$0.00			-	-	000	999	
G9227	E	FOA DOC, CARE PLAN NOT DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G9228	E	GC CHL SYP DOCUMENTED		-	-	Not Allowed	$0.00			-	-	000	999	
G9230	E	NORSN FOR GC CHL SYP TEST		-	-	Not Allowed	$0.00			-	-	000	999	
G9231	E	DOC ESRD DIA TRANS PREG		-	-	Not Allowed	$0.00			-	-	000	999	
G9242	E	DOC VIRAL LOAD >=200		-	-	Not Allowed	$0.00			-	-	000	999	
G9243	E	DOC VIRAL LOAD <200		-	-	Not Allowed	$0.00			-	-	000	999	
G9246	E	NO MED VISIT IN 24MO		-	-	Not Allowed	$0.00			-	-	000	999	
G9247	E	1 MED VISIT IN 24MO		-	-	Not Allowed	$0.00			-	-	000	999	
G9254	E	DOC PT DISCHG >2D		-	-	Not Allowed	$0.00			-	-	000	999	
G9255	E	DOC PT DISCHG <=2D		-	-	Not Allowed	$0.00			-	-	000	999	
G9273	E	SYS<140 AND DIA<90		-	-	Not Allowed	$0.00			-	-	000	999	
G9274	E	BP OUT OF NRML LIMITS		-	-	Not Allowed	$0.00			-	-	000	999	

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G9275	E	DOC OF NON TOBACCO USER		-	-	Not Allowed	$0.00			-	-	000	999	
G9276	E	DOC OF TOBACCO USER		-	-	Not Allowed	$0.00			-	-	000	999	
G9277	E	DOC DAILY ASPIRIN OR CONTRA		-	-	Not Allowed	$0.00			-	-	000	999	
G9278	E	DOC NO DAILY ASPIRIN		-	-	Not Allowed	$0.00			-	-	000	999	
G9279	E	PNE SCRN DONE DOC VAC DONE		-	-	Not Allowed	$0.00			-	-	000	999	
G9280	E	PNE NOT GIVEN NORSN		-	-	Not Allowed	$0.00			-	-	000	999	
G9281	E	PNE SCRN DONE DOC NOT IND		-	-	Not Allowed	$0.00			-	-	000	999	
G9282	E	DOC MEDRSN NO HISTO TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
G9283	E	HIST TYPE DOC ON REPORT		-	-	Not Allowed	$0.00			-	-	000	999	
G9284	E	NO HIST TYPE DOC ON REPORT		-	-	Not Allowed	$0.00			-	-	000	999	
G9285	E	SITE NOT SMALL CELL LUNG CA		-	-	Not Allowed	$0.00			-	-	000	999	
G9286	E	ANTIBIO RX W IN 10D OF SYMPT		-	-	Not Allowed	$0.00			-	-	000	999	
G9287	E	NO ANTIBIO W IN 10D OF SYMPT		-	-	Not Allowed	$0.00			-	-	000	999	
G9288	E	DOC MEDRSN NO HIST TYPE RPT		-	-	Not Allowed	$0.00			-	-	000	999	
G9289	E	DOC TYPE NSM LUNG CA		-	-	Not Allowed	$0.00			-	-	000	999	
G9290	E	NO DOC TYPE NSM LUNG CA		-	-	Not Allowed	$0.00			-	-	000	999	
G9291	E	NOT NSM LUNG CA		-	-	Not Allowed	$0.00			-	-	000	999	
G9292	E	MEDRSN NO PT CATEGORY		-	-	Not Allowed	$0.00			-	-	000	999	
G9293	E	NO PT CATEGORY ON REPORT		-	-	Not Allowed	$0.00			-	-	000	999	
G9294	E	PT CAT AND THCK ON REPORT		-	-	Not Allowed	$0.00			-	-	000	999	
G9295	E	NON CUTANEOUS LOC		-	-	Not Allowed	$0.00			-	-	000	999	
G9296	E	DOC SHARE DEC PRIOR PROC		-	-	Not Allowed	$0.00			-	-	000	999	
G9297	E	NO DOC SHARE DEC PRIOR PROC		-	-	Not Allowed	$0.00			-	-	000	999	
G9298	E	EVAL RISK VTE CARD 30D PRIOR		-	-	Not Allowed	$0.00			-	-	000	999	
G9299	E	NO EVAL RISK VTE CARD PRIOR		-	-	Not Allowed	$0.00			-	-	000	999	
G9305	E	NO INTERV REQ FOR LEAK		-	-	Not Allowed	$0.00			-	-	000	999	
G9306	E	INTERV REQ FOR LEAK		-	-	Not Allowed	$0.00			-	-	000	999	
G9307	E	NO RET FOR SURG W IN 30D		-	-	Not Allowed	$0.00			-	-	000	999	
G9308	E	UNPL RET OR W/COMPL W/IN 30D		-	-	Not Allowed	$0.00			-	-	000	999	
G9309	E	NO UNPLND HOSP READM IN 30D		-	-	Not Allowed	$0.00			-	-	000	999	
G9310	E	UNPLND HOSP READM IN 30D		-	-	Not Allowed	$0.00			-	-	000	999	
G9311	E	NO SURG SITE INFECTION		-	-	Not Allowed	$0.00			-	-	000	999	
G9312	E	SURGICAL SITE INFECTION		-	-	Not Allowed	$0.00			-	-	000	999	
G9313	E	AMOXIC NOT PRESC AS 1ST LINE		-	-	Not Allowed	$0.00			-	-	000	999	
G9314	E	NORSN NOT FIRST LINE AMOX		-	-	Not Allowed	$0.00			-	-	000	999	
G9315	E	AMOX W/WO CLAV RX		-	-	Not Allowed	$0.00			-	-	000	999	
G9316	E	DOC COMM RISK CALC		-	-	Not Allowed	$0.00			-	-	000	999	
G9317	E	NO DOC COMM RISK CALC		-	-	Not Allowed	$0.00			-	-	000	999	
G9318	E	IMAGE STD NOMENCLATURE		-	-	Not Allowed	$0.00			-	-	000	999	
G9319	E	IMAGE NOT STD NOMENCLATURE		-	-	Not Allowed	$0.00			-	-	000	999	
G9321	E	DOC COUNT OF CT IN 12MO		-	-	Not Allowed	$0.00			-	-	000	999	
G9322	E	NO DOC COUNT OF CT IN 12MO		-	-	Not Allowed	$0.00			-	-	000	999	
G9341	E	SRCH FOR CT W IN 12 MOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9342	E	NO SRCH FOR CT IN 12MO NORSN		-	-	Not Allowed	$0.00			-	-	000	999	
G9344	E	SYSRSN NO DICOM SRCH		-	-	Not Allowed	$0.00			-	-	000	999	
G9345	E	FOLLOW UP PULM NOD		-	-	Not Allowed	$0.00			-	-	000	999	
G9347	E	NO FOLLOW UP PULM NOD NORSN		-	-	Not Allowed	$0.00			-	-	000	999	
G9351	E	DOC >1 SINUS CT W 90D DX		-	-	Not Allowed	$0.00			-	-	000	999	
G9352	E	NOT >1 SINUS CT W 90D DX		-	-	Not Allowed	$0.00			-	-	000	999	
G9353	E	MEDRSN >1 SINUS CT W 90D DX		-	-	Not Allowed	$0.00			-	-	000	999	
G9354	E	1 OR NO CT SINUS W/IN 90D DX		-	-	Not Allowed	$0.00			-	-	000	999	
G9355	E	NO EARLY IND/DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G9356	E	EARLY IND/DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
G9357	E	PP EVAL/EDU PERF		-	-	Not Allowed	$0.00			-	-	000	999	
G9358	E	PP EVAL/EDU NOT PERF		-	-	Not Allowed	$0.00			-	-	000	999	
G9361	E	DOC RSN ELECT C-SEC/INDUCT		-	-	Not Allowed	$0.00			-	-	000	999	

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G9364	E	SINUS CAUS BAC INX		-	-	Not Allowed	$0.00			-	-	000	999	
G9367	E	>= 2 SAME HI-RSK MED ORD		-	-	Not Allowed	$0.00			-	-	000	999	
G9368	E	>= 2 SAME HI-RSK MED NOT ORD		-	-	Not Allowed	$0.00			-	-	000	999	
G9380	E	OFF ASSIS EOL ISS		-	-	Not Allowed	$0.00			-	-	000	999	
G9382	E	NO OFF ASSIS EOL		-	-	Not Allowed	$0.00			-	-	000	999	
G9383	E	RECD SCRN HCV INFEC		-	-	Not Allowed	$0.00			-	-	000	999	
G9384	E	DOC MED RSN NO HCV SCRN		-	-	Not Allowed	$0.00			-	-	000	999	
G9385	E	DOC PT REAS NOT REC HCV SRN		-	-	Not Allowed	$0.00			-	-	000	999	
G9386	E	SCRN HCV INFEC NOT RECD		-	-	Not Allowed	$0.00			-	-	000	999	
G9393	E	INI PHQ9 >9 REMISS <5		-	-	Not Allowed	$0.00			-	-	000	999	
G9394	E	DX BIPOL, DEATH, NHRES, HOSP		-	-	Not Allowed	$0.00			-	-	000	999	
G9395	E	INI PHQ9 >9 NO REMISS >=5		-	-	Not Allowed	$0.00			-	-	000	999	
G9396	E	INI PHQ9 >9 NOT ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
G9408	E	CARD TAMP W/IN 30D		-	-	Not Allowed	$0.00			-	-	000	999	
G9409	E	NO CARD TAMP E/IN 30D		-	-	Not Allowed	$0.00			-	-	000	999	
G9410	E	ADMIT W/IN 180D REQ REMOV		-	-	Not Allowed	$0.00			-	-	000	999	
G9411	E	NO ADMIT W/IN 180D REQ REMOV		-	-	Not Allowed	$0.00			-	-	000	999	
G9412	E	ADMIT W/IN 180D REQ SURG REV		-	-	Not Allowed	$0.00			-	-	000	999	
G9413	E	NO ADMIT REQ SURG REV		-	-	Not Allowed	$0.00			-	-	000	999	
G9414	E	1DOSE MENIG VAC BTWN 11 & 13		-	-	Not Allowed	$0.00			-	-	000	999	
G9415	E	NO 1DOSE MENI VAC BTWN 11&13		-	-	Not Allowed	$0.00			-	-	000	999	
G9416	E	PT 1 TDAP BETW 10-13 YRS		-	-	Not Allowed	$0.00			-	-	000	999	
G9417	E	PT NOT 1 TDAP BETW 10-13 YRS		-	-	Not Allowed	$0.00			-	-	000	999	
G9418	E	LUNGCX BX RPT DOCS CLASS		-	-	Not Allowed	$0.00			-	-	000	999	
G9419	E	MED REAS NOT INCL HISTO TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
G9420	E	SPEC SITE NO LUNG		-	-	Not Allowed	$0.00			-	-	000	999	
G9421	E	LUNG CX BX RPT NO DOC CLASS		-	-	Not Allowed	$0.00			-	-	000	999	
G9422	E	RPT DOC CLASS HISTO TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
G9423	E	MED REAS RPT NO HISTO TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
G9424	E	SITE NO LUNG OR LUNG CX		-	-	Not Allowed	$0.00			-	-	000	999	
G9425	E	SPEC RPT NO DOC CLASS HISTO		-	-	Not Allowed	$0.00			-	-	000	999	
G9426	E	IMPR MED TIME EDARR PAIN MED		-	-	Not Allowed	$0.00			-	-	000	999	
G9427	E	NO IMPRO MED TIME PAIN MED		-	-	Not Allowed	$0.00			-	-	000	999	
G9428	E	PATHO RPT INCL PT CTG		-	-	Not Allowed	$0.00			-	-	000	999	
G9429	E	DOC MED RSN NO PT CAT		-	-	Not Allowed	$0.00			-	-	000	999	
G9430	E	SPEC SITE NO CUTANEOUS		-	-	Not Allowed	$0.00			-	-	000	999	
G9431	E	PATHO RPT NO PT CTG		-	-	Not Allowed	$0.00			-	-	000	999	
G9432	E	ASTH CONTROLLED		-	-	Not Allowed	$0.00			-	-	000	999	
G9434	E	ASTH NOT CONTROLLED		-	-	Not Allowed	$0.00			-	-	000	999	
G9452	E	DOC MED REAS NO HCV TEST		-	-	Not Allowed	$0.00			-	-	000	999	
G9455	E	ABD IMAG W/US, CT OR MRI		-	-	Not Allowed	$0.00			-	-	000	999	
G9456	E	DOC MED PT REAS NO HCC SCRN		-	-	Not Allowed	$0.00			-	-	000	999	
G9457	E	PT NO ABD IMG NO DOC RSN		-	-	Not Allowed	$0.00			-	-	000	999	
G9468	E	NO RECD CORTICO>=10MG/D >60D		-	-	Not Allowed	$0.00			-	-	000	999	
G9470	E	NO REC CORTICO>60D 1RX 600MG		-	-	Not Allowed	$0.00			-	-	000	999	
G9471	E	W/IN 2YR DXA NOT ORDER		-	-	Not Allowed	$0.00			-	-	000	999	
G9473	E	CHAP SERVICES AT HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
G9474	E	DIET COUNSEL AT HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
G9475	E	OTHER COUNSELOR AT HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
G9476	E	VOLUN SERVICE AT HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
G9477	E	CARE COORD AT HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
G9478	E	OTHE THERAPIST AT HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
G9479	E	PHARMACIST AT HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
G9480	E	ADMISSION TO MCCM		-	-	Not Allowed	$0.00			-	-	000	999	
G9481	E	REMOTE E/M NEW PT 10MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9482	E	REMOTE E/M NEW PT 20MINS		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
G9483	E	REMOTE E/M NEW PT 30MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9484	E	REMOTE E/M NEW PT 45MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9485	E	REMOTE E/M NEW PT 60MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9486	E	REMOTE E/M EST. PT 10MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9487	E	REMOTE E/M EST. PT 15MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9488	E	REMOTE E/M EST. PT 25MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9489	E	REMOTE E/M EST. PT 40MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9490	E	CMMI MOD HOME VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
G9497	E	REC INST NO SMOKE DAY SURG		-	-	Not Allowed	$0.00			-	-	000	999	
G9498	E	ABX REG PRESCRIBED		-	-	Not Allowed	$0.00			-	-	000	999	
G9500	E	RAD EXPOS IND/EXP TM DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G9501	E	RAD EXPOS IND/EXP TM NO DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G9502	E	MED REAS NO PERF FOOT EXAM		-	-	Not Allowed	$0.00			-	-	000	999	
G9504	E	DOC RSN HEP B STAT NOT ASSES		-	-	Not Allowed	$0.00			-	-	000	999	
G9505	E	ABX PRES W/IN 10 DYS OF SYMP		-	-	Not Allowed	$0.00			-	-	000	999	
G9507	E	DOC REAS ON STATIN OR CONTRA		-	-	Not Allowed	$0.00			-	-	000	999	
G9508	E	DOC PT NOT ON STATIN		-	-	Not Allowed	$0.00			-	-	000	999	
G9509	E	ADIT MDD DYS REM 12 MNTHS		-	-	Not Allowed	$0.00			-	-	000	999	
G9510	E	REMIS12M NOT PHQ-9 SCORE <5		-	-	Not Allowed	$0.00			-	-	000	999	
G9511	E	IDX EVT DTE PHQ>9 DOC 12 MO		-	-	Not Allowed	$0.00			-	-	000	999	
G9512	E	INDIV PDC > 0.8		-	-	Not Allowed	$0.00			-	-	000	999	
G9513	E	INDIV PDC NOT > 0.8		-	-	Not Allowed	$0.00			-	-	000	999	
G9514	E	REQ RET OR W/IN 90D OF SURG		-	-	Not Allowed	$0.00			-	-	000	999	
G9515	E	NO REAS, NO RET OR W/IN 90D		-	-	Not Allowed	$0.00			-	-	000	999	
G9516	E	IMPR VIS ACUIT W/IN 90D		-	-	Not Allowed	$0.00			-	-	000	999	
G9517	E	NO IMPR VIS ACUIT W/IN 90D		-	-	Not Allowed	$0.00			-	-	000	999	
G9518	E	DOC ACTIVE INJ DRUG USE		-	-	Not Allowed	$0.00			-	-	000	999	
G9519	E	FINAL REF +/- 1.0 W/IN 90D		-	-	Not Allowed	$0.00			-	-	000	999	
G9520	E	REFRACT NOT +/- 1.0 W/IN 90D		-	-	Not Allowed	$0.00			-	-	000	999	
G9521	E	ER AND IP HOSP <2 IN 12 MOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9522	E	ER/IP HOSP =/>2 IN 12 MOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9529	E	MINOR BLUNT TRAUMA W/HEAD CT		-	-	Not Allowed	$0.00			-	-	000	999	
G9530	E	PT MBHT HD CT ORD EC PROV		-	-	Not Allowed	$0.00			-	-	000	999	
G9531	E	PT DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G9533	E	INDIC FOR HEAD CT NOT VALID		-	-	Not Allowed	$0.00			-	-	000	999	
G9537	E	IMG HD CLIN TRIAL		-	-	Not Allowed	$0.00			-	-	000	999	
G9539	E	INTENT POT REMV TIME PLACEMT		-	-	Not Allowed	$0.00			-	-	000	999	
G9540	E	PT ALIVE 3 MOS POST PROC		-	-	Not Allowed	$0.00			-	-	000	999	
G9541	E	FILTER REM 3 MON PLMT		-	-	Not Allowed	$0.00			-	-	000	999	
G9542	E	DOC REASS APPR REMO FILT 3MS		-	-	Not Allowed	$0.00			-	-	000	999	
G9543	E	DOC 2X RE-ASSESS FILT REMOV		-	-	Not Allowed	$0.00			-	-	000	999	
G9544	E	NO FILT REMOV W/IN 3MOS PLCM		-	-	Not Allowed	$0.00			-	-	000	999	
G9547	E	CYS REN LES OR ADREN		-	-	Not Allowed	$0.00			-	-	000	999	
G9548	E	NO F/U REC IMAGE STUDY		-	-	Not Allowed	$0.00			-	-	000	999	
G9549	E	DOC MED RSN FOR F/U IMAG		-	-	Not Allowed	$0.00			-	-	000	999	
G9550	E	IMAG REC		-	-	Not Allowed	$0.00			-	-	000	999	
G9551	E	IMAG NO LES		-	-	Not Allowed	$0.00			-	-	000	999	
G9552	E	INC THYR NODE <1.0 IN RPT		-	-	Not Allowed	$0.00			-	-	000	999	
G9553	E	PRIOR THYROID DISE DX		-	-	Not Allowed	$0.00			-	-	000	999	
G9554	E	CT/CTA/MRI/A CHST FOLL REC		-	-	Not Allowed	$0.00			-	-	000	999	
G9555	E	DOC MED RSN FOR FOLLUP IMAGE		-	-	Not Allowed	$0.00			-	-	000	999	
G9556	E	CT/CTA/MRI/A NO FOLLUP IMAG		-	-	Not Allowed	$0.00			-	-	000	999	
G9557	E	CT/CTA/MRI/A NO THYR <1.0CM		-	-	Not Allowed	$0.00			-	-	000	999	
G9580	E	DOOR TO PUNC TIME <2HRS		-	-	Not Allowed	$0.00			-	-	000	999	
G9582	E	DOOR TO PUNC TIME >2HR, NRG		-	-	Not Allowed	$0.00			-	-	000	999	
G9593	E	LOW PECARN PED HEAD TRAUMA		-	-	Not Allowed	$0.00			-	-	000	999	

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G9594	E	PT MBHT HD CT ORD EC PROV		-	-	Not Allowed	$0.00			-	-	000	999	
G9595	E	DOC SHNT/TUM/COAG		-	-	Not Allowed	$0.00			-	-	000	999	
G9597	E	NO LOW PECARN PED HEAD TRAUM		-	-	Not Allowed	$0.00			-	-	000	999	
G9598	E	AOR ANE 5.5-5.9 CM MAX DIAM		-	-	Not Allowed	$0.00			-	-	000	999	
G9599	E	AOR ANE >=6.0 CM MAX DIAM		-	-	Not Allowed	$0.00			-	-	000	999	
G9603	E	PT SURV IMPROV BSLINE TX		-	-	Not Allowed	$0.00			-	-	000	999	
G9604	E	PT SURV RESULTS NOT AVAIL		-	-	Not Allowed	$0.00			-	-	000	999	
G9605	E	SURV SCORE NO IMPROV W/TX		-	-	Not Allowed	$0.00			-	-	000	999	
G9606	E	INTRAOP CYST EVAL TRAC INJ		-	-	Not Allowed	$0.00			-	-	000	999	
G9607	E	DOC MED RSN NOT PERF CYSTOSC		-	-	Not Allowed	$0.00			-	-	000	999	
G9608	E	INTRAOP CYST EVAL NOT DONE		-	-	Not Allowed	$0.00			-	-	000	999	
G9609	E	DOC ORDER ANTI-PLAT		-	-	Not Allowed	$0.00			-	-	000	999	
G9610	E	DOC MD RSN NO ANTIPLA		-	-	Not Allowed	$0.00			-	-	000	999	
G9611	E	NO DOC ORDER ANTI-PLAT RNG		-	-	Not Allowed	$0.00			-	-	000	999	
G9621	E	SCR UNHEAL ETOH W/COUNSEL		-	-	Not Allowed	$0.00			-	-	000	999	
G9622	E	NO UNHEAL ETOH USER		-	-	Not Allowed	$0.00			-	-	000	999	
G9624	E	PT NOT SCRN OR NO COUNSELING		-	-	Not Allowed	$0.00			-	-	000	999	
G9625	E	PT BL SRG 30 DAY PST SRG		-	-	Not Allowed	$0.00			-	-	000	999	
G9626	E	MED RSN NO RPT BLADDER INJ		-	-	Not Allowed	$0.00			-	-	000	999	
G9627	E	PT NO BL SRG 30 DAY PST SRG		-	-	Not Allowed	$0.00			-	-	000	999	
G9628	E	PT BWLI SRG 30 DAY PST SRG		-	-	Not Allowed	$0.00			-	-	000	999	
G9629	E	MED RSN NO RPT BOWEL INJ		-	-	Not Allowed	$0.00			-	-	000	999	
G9630	E	PT NO BWLI SRG 30 DAY SRG		-	-	Not Allowed	$0.00			-	-	000	999	
G9637	E	DOC >1 DOSE REDUC TECH		-	-	Not Allowed	$0.00			-	-	000	999	
G9638	E	NO DOC >1 DOSE REDUC TECH		-	-	Not Allowed	$0.00			-	-	000	999	
G9642	E	CURRENT SMOKER		-	-	Not Allowed	$0.00			-	-	000	999	
G9643	E	ELECTIVE SURGERY		-	-	Not Allowed	$0.00			-	-	000	999	
G9644	E	NO SMOK B/4 ANES DAY OF SURG		-	-	Not Allowed	$0.00			-	-	000	999	
G9645	E	HAD SMOKE B/4 ANES DAY SURG		-	-	Not Allowed	$0.00			-	-	000	999	
G9646	E	PT W/90D MRS 0-2		-	-	Not Allowed	$0.00			-	-	000	999	
G9648	E	PT W/90D MRS >2		-	-	Not Allowed	$0.00			-	-	000	999	
G9649	E	PSOR AS DOC SPC BM		-	-	Not Allowed	$0.00			-	-	000	999	
G9651	E	PSOR AS DOC NO SPC BM		-	-	Not Allowed	$0.00			-	-	000	999	
G9654	E	MON ANESTH CARE		-	-	Not Allowed	$0.00			-	-	000	999	
G9655	E	TOC TOOL INCL KEY ELEM		-	-	Not Allowed	$0.00			-	-	000	999	
G9656	E	PT TRANS FROM ANEST TO PACU		-	-	Not Allowed	$0.00			-	-	000	999	
G9658	E	TOC TOOL INCL ELEM NOT USED		-	-	Not Allowed	$0.00			-	-	000	999	
G9659	E	>=86Y NO HX COLO CA/RSN SCOP		-	-	Not Allowed	$0.00			-	-	000	999	
G9660	E	DOC MED RSN SCOPE PT >= 86Y		-	-	Not Allowed	$0.00			-	-	000	999	
G9661	E	PT >= 86 W/ HI RISK		-	-	Not Allowed	$0.00			-	-	000	999	
G9662	E	PRIOR DX/ACTIVE CLIN ASCVD		-	-	Not Allowed	$0.00			-	-	000	999	
G9663	E	FAST/DIR LDL >= 190 MG/DL		-	-	Not Allowed	$0.00			-	-	000	999	
G9664	E	TAKING STATIN OR REC'D ORDER		-	-	Not Allowed	$0.00			-	-	000	999	
G9665	E	NO STATIN/NO ORDER STATIN		-	-	Not Allowed	$0.00			-	-	000	999	
G9674	E	PT W/CLIN ASCVD DX		-	-	Not Allowed	$0.00			-	-	000	999	
G9675	E	PT W/FAST/DIR LAB LDL-C >190		-	-	Not Allowed	$0.00			-	-	000	999	
G9676	E	40-75Y W/TYPE 1/2 W/LDL-C RS		-	-	Not Allowed	$0.00			-	-	000	999	
G9679	E	ACUTE CARE PNEUMONIA		-	-	Not Allowed	$0.00			-	-	000	999	
G9680	E	ACUTE CARE CONGESTIVE HEART		-	-	Not Allowed	$0.00			-	-	000	999	
G9681	E	ACUTE CARE CHRONIC OBSTRUCT		-	-	Not Allowed	$0.00			-	-	000	999	
G9682	E	ACUTE CARE SKIN INFECTION		-	-	Not Allowed	$0.00			-	-	000	999	
G9683	E	ACUTE FLUID/ELECTRO DISORDER		-	-	Not Allowed	$0.00			-	-	000	999	
G9684	E	ACUTE CARE URINARY TRACT INF		-	-	Not Allowed	$0.00			-	-	000	999	
G9685	E	ACUTE NURSING FACILITY CARE		-	-	Not Allowed	$0.00			-	-	000	999	
G9687	E	HOSPICE ANYTIME MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9688	E	PT W/HOSP ANYTIME MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
G9689	E	INPT ELECT CAROTID INTERVENT		-	-	Not Allowed	$0.00			-	-	000	999	
G9690	E	PT IN HOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9691	E	PT HOSP DUR MSMT PERIOD		-	-	Not Allowed	$0.00			-	-	000	999	
G9692	E	HOSP RECD BY PT DUR MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9693	E	PT USE HOSP DURING MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9694	E	HOSP SRV USED PT IN MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9695	E	LONG ACT INHAL BRONCHDIL PRE		-	-	Not Allowed	$0.00			-	-	000	999	
G9696	E	MED RSN NO PRESC BRONCHDIL		-	-	Not Allowed	$0.00			-	-	000	999	
G9698	E	SYS RSN NO PRESC BRONCHDIL		-	-	Not Allowed	$0.00			-	-	000	999	
G9699	E	LONG INHAL BRONCHDIL NO PRES		-	-	Not Allowed	$0.00			-	-	000	999	
G9700	E	PT IS W/HOSP DURING MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9702	E	PT USE HOSP DURING MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9703	E	ANBX 30 PRIOR TO EPISODE		-	-	Not Allowed	$0.00			-	-	000	999	
G9704	E	AJCC BR CA STG I: T1 MIC/T1A		-	-	Not Allowed	$0.00			-	-	000	999	
G9705	E	AJCC BR CA STG IB		-	-	Not Allowed	$0.00			-	-	000	999	
G9706	E	LOW RECUR PROST CA		-	-	Not Allowed	$0.00			-	-	000	999	
G9708	E	BILAT MAST/HX BI /UNILAT MAS		-	-	Not Allowed	$0.00			-	-	000	999	
G9709	E	HOSP SRV USED PT IN MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9710	E	PT PROV HOSP SRV MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9711	E	PT HX TOT COL OR COLON CA		-	-	Not Allowed	$0.00			-	-	000	999	
G9712	E	DOC MED RSN PRESC ANBX		-	-	Not Allowed	$0.00			-	-	000	999	
G9713	E	PT USE HOSP DURING MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9714	E	PT IS W/HOSP DURING MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9716	E	BMI DOC ONL FUP NOT CMPLTD		-	-	Not Allowed	$0.00			-	-	000	999	
G9717	E	DOC PT DX BIPOL		-	-	Not Allowed	$0.00			-	-	000	999	
G9719	E	PT NOT AMBUL/IMMOB/WC		-	-	Not Allowed	$0.00			-	-	000	999	
G9720	E	HOSPICE ANYTIME MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9721	E	PT NOT AMBUL/IMMOB/WC		-	-	Not Allowed	$0.00			-	-	000	999	
G9722	E	DOC HX RENAL FAIL OR CR+ >=4		-	-	Not Allowed	$0.00			-	-	000	999	
G9723	E	HOSP RECD BY PT DUR MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9724	E	PT W/DOC USE ANTICOAG MST YR		-	-	Not Allowed	$0.00			-	-	000	999	
G9726	E	REFUSED TO PARTICIPATE		-	-	Not Allowed	$0.00			-	-	000	999	
G9727	E	PT UNABLE CMPLT LEPF PROM		-	-	Not Allowed	$0.00			-	-	000	999	
G9728	E	REFUSED TO PARTICIPATE		-	-	Not Allowed	$0.00			-	-	000	999	
G9729	E	PT UNBL CMPLT LEPF PROM		-	-	Not Allowed	$0.00			-	-	000	999	
G9730	E	REFUSED TO PARTICIPATE		-	-	Not Allowed	$0.00			-	-	000	999	
G9731	E	PT UNBL CMPLT LEPF PROM		-	-	Not Allowed	$0.00			-	-	000	999	
G9732	E	REFUSED TO PARTICIPATE		-	-	Not Allowed	$0.00			-	-	000	999	
G9733	E	PT UNBL CMPLT LB FS PROM		-	-	Not Allowed	$0.00			-	-	000	999	
G9734	E	REFUSED TO PARTICIPATE		-	-	Not Allowed	$0.00			-	-	000	999	
G9735	E	PT UNBL CMPLT SHLD FS PROM		-	-	Not Allowed	$0.00			-	-	000	999	
G9736	E	REFUSED TO PARTICIPATE		-	-	Not Allowed	$0.00			-	-	000	999	
G9737	E	PT UNBL CMPLT EWH FS PROM		-	-	Not Allowed	$0.00			-	-	000	999	
G9740	E	HOSP SRV TO PT DUR MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9741	E	PT W/HOSP ANYTIME MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9744	E	PT NOT ELI D/T ACT DIG HTN		-	-	Not Allowed	$0.00			-	-	000	999	
G9745	E	DOC RSN NO HBP SCRN OR F/U		-	-	Not Allowed	$0.00			-	-	000	999	
G9746	E	MIT STEN, VALVE OR TRANS AF		-	-	Not Allowed	$0.00			-	-	000	999	
G9752	E	URGENT SURGERY		-	-	Not Allowed	$0.00			-	-	000	999	
G9753	E	DOC NO DICOM, CT OTHER FAC		-	-	Not Allowed	$0.00			-	-	000	999	
G9754	E	INCID PULM NODULE		-	-	Not Allowed	$0.00			-	-	000	999	
G9755	E	DOC MED RSN NO FLLW UP		-	-	Not Allowed	$0.00			-	-	000	999	
G9756	E	SURG PROC W/SILICONE OIL		-	-	Not Allowed	$0.00			-	-	000	999	
G9757	E	SURG PROC W/SILICONE OIL		-	-	Not Allowed	$0.00			-	-	000	999	
G9758	E	PT IN HOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9761	E	PT W/HOSP ANYTIME MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	

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G9762	E	PT HAD >= 2-3 HPV VACCINES		-	-	Not Allowed	$0.00			-	-	000	999	
G9763	E	PT NOT HAVE 2-3 HPV VACCINES		-	-	Not Allowed	$0.00			-	-	000	999	
G9764	E	PT TREATD W/ORAL SYST OR BIO		-	-	Not Allowed	$0.00			-	-	000	999	
G9765	E	DOC PAT DECLINED THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
G9766	E	CVA STROKE DX TX TRANSF FAC		-	-	Not Allowed	$0.00			-	-	000	999	
G9767	E	HOSP NEW DX CVA CONSID EVST		-	-	Not Allowed	$0.00			-	-	000	999	
G9768	E	PT W/HOSP ANYTIME MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9769	E	BN DEN 2YR/GOT OST MED/THER		-	-	Not Allowed	$0.00			-	-	000	999	
G9770	E	PERIP NERVE BLOCK		-	-	Not Allowed	$0.00			-	-	000	999	
G9771	E	ANES END, 1 TEMP >35.5(95.9)		-	-	Not Allowed	$0.00			-	-	000	999	
G9772	E	DOC MED RSN NO TEMP >= 35.5		-	-	Not Allowed	$0.00			-	-	000	999	
G9773	E	1 BOD TEMP >=35.5		-	-	Not Allowed	$0.00			-	-	000	999	
G9775	E	RECD 2 ANTI-EMET PRE/INTRAOP		-	-	Not Allowed	$0.00			-	-	000	999	
G9776	E	DOC MED RSN NO PROPH ANTIEM		-	-	Not Allowed	$0.00			-	-	000	999	
G9777	E	PT NO ANTIEMET PRE/INTRAOP		-	-	Not Allowed	$0.00			-	-	000	999	
G9779	E	PTS BREASTFEEDING		-	-	Not Allowed	$0.00			-	-	000	999	
G9780	E	PTS DX W/RHABDOMYOLYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
G9781	E	DOC RSN NO STATIN		-	-	Not Allowed	$0.00			-	-	000	999	
G9782	E	HX DX FAM/PURE HYPERCHOLES		-	-	Not Allowed	$0.00			-	-	000	999	
G9784	E	PATH/DERM PROV 2ND BIOP OPIN		-	-	Not Allowed	$0.00			-	-	000	999	
G9785	E	PATH REPORT SENT		-	-	Not Allowed	$0.00			-	-	000	999	
G9786	E	PATH REPORT NOT SENT		-	-	Not Allowed	$0.00			-	-	000	999	
G9787	E	PT ALIVE		-	-	Not Allowed	$0.00			-	-	000	999	
G9788	E	MOST RCT BP </= 140/90		-	-	Not Allowed	$0.00			-	-	000	999	
G9789	E	RECORD BP IP, ER, URG/SELF		-	-	Not Allowed	$0.00			-	-	000	999	
G9790	E	MOST RCT BP >/= 140/90		-	-	Not Allowed	$0.00			-	-	000	999	
G9791	E	MOST RCT TOB STAT FREE		-	-	Not Allowed	$0.00			-	-	000	999	
G9792	E	MOST RCT TOB STAT NOT FREE		-	-	Not Allowed	$0.00			-	-	000	999	
G9793	E	PT ON DAILY ASA/ANTIPLAT		-	-	Not Allowed	$0.00			-	-	000	999	
G9794	E	DOC MED RSN NO DAILY ASPIRIN		-	-	Not Allowed	$0.00			-	-	000	999	
G9795	E	PT NO DAILY ASA/ANTIPLAT		-	-	Not Allowed	$0.00			-	-	000	999	
G9796	E	PT NOT CURRENTLY ON STATIN		-	-	Not Allowed	$0.00			-	-	000	999	
G9797	E	PT CURRENTLY ON STATIN		-	-	Not Allowed	$0.00			-	-	000	999	
G9805	E	PT W/HOSP ANYTIME MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9806	E	PT RECD CERV CYTO/HPV		-	-	Not Allowed	$0.00			-	-	000	999	
G9807	E	PT NO RECD CERV CYTO/HPV		-	-	Not Allowed	$0.00			-	-	000	999	
G9812	E	PT DIED DURING INPT/30D AFT		-	-	Not Allowed	$0.00			-	-	000	999	
G9813	E	PT NOT DIED W/IN 30D OF PROC		-	-	Not Allowed	$0.00			-	-	000	999	
G9818	E	DOC SEX ACTIVITY		-	-	Not Allowed	$0.00			-	-	000	999	
G9819	E	PT W/HOSP ANYTIME MSMT PER		-	-	Not Allowed	$0.00			-	-	000	999	
G9820	E	DOC CHLAM SCR TEST W/FOLLOW		-	-	Not Allowed	$0.00			-	-	000	999	
G9821	E	NO DOC CHLAM SCR TS W/FOLLOW		-	-	Not Allowed	$0.00			-	-	000	999	
G9822	E	ENDO ABL PROC YR PREV IND DT		-	-	Not Allowed	$0.00			-	-	000	999	
G9823	E	ENDO SMPL/HYST BX RES DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G9824	E	ENDO SMPL/HYST BX RES NO DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G9830	E	HER-2 POS		-	-	Not Allowed	$0.00			-	-	000	999	
G9831	E	AJCC STG BRT CA DX II OR III		-	-	Not Allowed	$0.00			-	-	000	999	
G9832	E	BRT CA DX I, NO T1/T1A/T1B		-	-	Not Allowed	$0.00			-	-	000	999	
G9838	E	PT MET DIS AT DX		-	-	Not Allowed	$0.00			-	-	000	999	
G9839	E	ANTI-EGFR MON ANTI THER		-	-	Not Allowed	$0.00			-	-	000	999	
G9840	E	GENE TESTING PERFORMED		-	-	Not Allowed	$0.00			-	-	000	999	
G9841	E	GENE TESTING NOT PERFORMED		-	-	Not Allowed	$0.00			-	-	000	999	
G9842	E	PT MET DIS AT DX		-	-	Not Allowed	$0.00			-	-	000	999	
G9843	E	KRAS OR NRAS GENE MUTATION		-	-	Not Allowed	$0.00			-	-	000	999	
G9844	E	PT NO RECD ANTI-EGFR THER		-	-	Not Allowed	$0.00			-	-	000	999	
G9845	E	PT RECD ANTI-EGFR THER		-	-	Not Allowed	$0.00			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
G9846	E	PT DIED FROM CANCER		-	-	Not Allowed	$0.00			-	-	000	999	
G9847	E	PT RECD CHEMO LAST 14D LIFE		-	-	Not Allowed	$0.00			-	-	000	999	
G9848	E	PT NO CHEMO LAST 14D LIFE		-	-	Not Allowed	$0.00			-	-	000	999	
G9858	E	PT ENROLL HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
G9859	E	PT DIED FROM CANCER		-	-	Not Allowed	$0.00			-	-	000	999	
G9860	E	PT LESS 3D HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
G9861	E	PT MORE THAN 3D HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
G9862	E	DOC RSN NO 10 YR FOLLOW		-	-	Not Allowed	$0.00			-	-	000	999	
G9868	E	CMMI ASYNTELEHEALTH <10MIN		-	-	Not Allowed	$0.00			-	-	000	999	
G9869	E	CMMI ASYNTELEHEALTH 10-20MIN		-	-	Not Allowed	$0.00			-	-	000	999	
G9870	E	CMMI ASYNTELEHEALTH >20MIN		-	-	Not Allowed	$0.00			-	-	000	999	
G9873	E	1 EM CORE SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
G9874	E	4 EM CORE SESSIONS		-	-	Not Allowed	$0.00			-	-	000	999	
G9875	E	9 EM CORE SESSIONS		-	-	Not Allowed	$0.00			-	-	000	999	
G9876	E	2 EM CORE MS MO 7-9 NO WL		-	-	Not Allowed	$0.00			-	-	000	999	
G9877	E	2 EM CORE MS MO 10-12 NO WL		-	-	Not Allowed	$0.00			-	-	000	999	
G9878	E	2 EM CORE MS MO 7-9 WL		-	-	Not Allowed	$0.00			-	-	000	999	
G9879	E	2 EM CORE MS MO 10-12 WL		-	-	Not Allowed	$0.00			-	-	000	999	
G9880	E	EM 5 PERCENT WL		-	-	Not Allowed	$0.00			-	-	000	999	
G9881	E	EM 9 PERCENT WL		-	-	Not Allowed	$0.00			-	-	000	999	
G9882	E	2 EM ONGOING MS MO 13-15 WL		-	-	Not Allowed	$0.00			-	-	000	999	
G9883	E	2 EM ONGOING MS MO 16-18 WL		-	-	Not Allowed	$0.00			-	-	000	999	
G9884	E	2 EM ONGOING MS MO 19-21 WL		-	-	Not Allowed	$0.00			-	-	000	999	
G9885	E	2 EM ONGOING MS MO 22-24 WL		-	-	Not Allowed	$0.00			-	-	000	999	
G9886	E	IN-PERSON ATTENDANCE G CODE		-	-	Not Allowed	$0.00			-	-	000	999	
G9887	E	DISTANCE LEARNING ATTENDANCE		-	-	Not Allowed	$0.00			-	-	000	999	
G9888	E	5% WL MAINTND FROM BSLINE WT		-	-	Not Allowed	$0.00			-	-	000	999	
G9890	E	EM BRIDGE PAYMENT		-	-	Not Allowed	$0.00			-	-	000	999	
G9891	E	EM SESSION REPORTING		-	-	Not Allowed	$0.00			-	-	000	999	
G9894	E	ADR DEP THRPY PRESCRIBED		-	-	Not Allowed	$0.00			-	-	000	999	
G9895	E	DOC MED RSN NO ADR DEP THRPY		-	-	Not Allowed	$0.00			-	-	000	999	
G9896	E	DOC PT RSN NO ADR DEP THRPY		-	-	Not Allowed	$0.00			-	-	000	999	
G9897	E	PT NT PRSC ADR DEP THRPY RNG		-	-	Not Allowed	$0.00			-	-	000	999	
G9898	E	PT 66+ SNP OR LTC POS > 90D		-	-	Not Allowed	$0.00			-	-	000	999	
G9899	E	SCRN MAM PERF RSLTS DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G9900	E	SCRN MAM PERF RSLTS NOT DOC		-	-	Not Allowed	$0.00			-	-	000	999	
G9901	E	PT 66+ SNP OR LTC POS > 90D		-	-	Not Allowed	$0.00			-	-	000	999	
G9902	E	PT SCRN TBCO AND ID AS USER		-	-	Not Allowed	$0.00			-	-	000	999	
G9903	E	PT SCRN TBCO ID AS NON USER		-	-	Not Allowed	$0.00			-	-	000	999	
G9905	E	NO PT TBCO SCRN RNG		-	-	Not Allowed	$0.00			-	-	000	999	
G9906	E	PT RECV TBCO CESS INTERV		-	-	Not Allowed	$0.00			-	-	000	999	
G9908	E	NO PT TBCO CESS INTERV RNG		-	-	Not Allowed	$0.00			-	-	000	999	
G9910	E	PT 66+ SNP OR LTC POS > 90D		-	-	Not Allowed	$0.00			-	-	000	999	
G9911	E	NODE NEG PRE/POST SYST THER		-	-	Not Allowed	$0.00			-	-	000	999	
G9912	E	HBV STATUS ASSESED AND INT		-	-	Not Allowed	$0.00			-	-	000	999	
G9913	E	NO HBV STATUS ASSESD AND INT		-	-	Not Allowed	$0.00			-	-	000	999	
G9914	E	PT INITIATED ANTI-TNF AGENT		-	-	Not Allowed	$0.00			-	-	000	999	
G9915	E	NO DOCUMNTD HBV RESULTS RCD		-	-	Not Allowed	$0.00			-	-	000	999	
G9916	E	FUNCT STATUS PAST 12 MONTHS		-	-	Not Allowed	$0.00			-	-	000	999	
G9917	E	ADV DEM CRGVR LIMITED		-	-	Not Allowed	$0.00			-	-	000	999	
G9918	E	NO FUNCT STAT PERF, RSN NOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9922	E	SFTY CNCRNS SCRN ND MIT RECS		-	-	Not Allowed	$0.00			-	-	000	999	
G9923	E	SAFTY CNCRNS SCRN AND NEG		-	-	Not Allowed	$0.00			-	-	000	999	
G9925	E	NO SCRN PROV RSN NOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9926	E	SFTY CNCRNS SCRN BUT NO RECS		-	-	Not Allowed	$0.00			-	-	000	999	
G9928	E	NO WARF OR FDA DRUG PRESC		-	-	Not Allowed	$0.00			-	-	000	999	

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G9929	E	TRS/REV AF		-	-	Not Allowed	$0.00			-	-	000	999	
G9930	E	COM CARE		-	-	Not Allowed	$0.00			-	-	000	999	
G9931	E	NO CHAD OR CHAD SCR 0 OR 1		-	-	Not Allowed	$0.00			-	-	000	999	
G9938	E	PT 66+ SNP OR LTC POS > 90D		-	-	Not Allowed	$0.00			-	-	000	999	
G9939	E	SAME PATH/DERM PERF BIOPSY		-	-	Not Allowed	$0.00			-	-	000	999	
G9940	E	DOC REAS NO STATIN THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
G9943	E	BK PN NT MSR VAS SCL PRE/PST		-	-	Not Allowed	$0.00			-	-	000	999	
G9945	E	PT W/CANCER SCOLIOSIS		-	-	Not Allowed	$0.00			-	-	000	999	
G9946	E	BK PAIN NO VAS		-	-	Not Allowed	$0.00			-	-	000	999	
G9949	E	LEG PAIN NO VAS		-	-	Not Allowed	$0.00			-	-	000	999	
G9954	E	PT >2 RSK FAC POST-OP VOMIT		-	-	Not Allowed	$0.00			-	-	000	999	
G9955	E	INHLNT ANESTH ONLY FOR INDUC		-	-	Not Allowed	$0.00			-	-	000	999	
G9956	E	COMBO THRPY OF >= 2 PROPHLY		-	-	Not Allowed	$0.00			-	-	000	999	
G9957	E	DOC MED RSN NO COMBO THRPY		-	-	Not Allowed	$0.00			-	-	000	999	
G9958	E	NO COMBO PROHPYL THRP FOR PT		-	-	Not Allowed	$0.00			-	-	000	999	
G9959	E	SYSTEMIC ANTIMICRO NOT PRESC		-	-	Not Allowed	$0.00			-	-	000	999	
G9960	E	MED RSN SYS ANTIMI NT RX		-	-	Not Allowed	$0.00			-	-	000	999	
G9961	E	SYSTEMIC ANTIMICRO PRESC		-	-	Not Allowed	$0.00			-	-	000	999	
G9962	E	EMBOLIZATION DOC SEPARATLY		-	-	Not Allowed	$0.00			-	-	000	999	
G9963	E	EMBOLIZATION NOT DOC SEPARAT		-	-	Not Allowed	$0.00			-	-	000	999	
G9964	E	PT RECV >=1 WELL-CHLD VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
G9965	E	NO WELL-CHLD VIST RECV BY PT		-	-	Not Allowed	$0.00			-	-	000	999	
G9968	E	PT REFRD 2 PVDR/SPCLST IN PP		-	-	Not Allowed	$0.00			-	-	000	999	
G9969	E	PVDR RFRD PT RPRT RCVD		-	-	Not Allowed	$0.00			-	-	000	999	
G9970	E	PVDR RFRD PT NO RPRT RCVD		-	-	Not Allowed	$0.00			-	-	000	999	
G9976	E	DOC PAT RSN NO MAC EXM PERF		-	-	Not Allowed	$0.00			-	-	000	999	
G9977	E	DIL MAC EXAM NO PERF RSN NOS		-	-	Not Allowed	$0.00			-	-	000	999	
G9978	E	REMOTE E/M NEW PT 10MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9979	E	REMOTE E/M NEW PT 20MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9980	E	REMOTE E/M NEW PT 30 MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9981	E	REMOTE E/M NEW PT 45MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9982	E	REMOTE E/M NEW PT 60MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9983	E	REMOTE E/M EST. PT 10MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9984	E	REMOTE E/M EST. PT 15MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9985	E	REMOTE E/M EST. PT 25MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9986	E	REMOTE E/M EST. PT 40MINS		-	-	Not Allowed	$0.00			-	-	000	999	
G9987	E	BPCI ADVANCED IN HOME VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
G9988	E	PALL SERV DURING MEAS		-	-	Not Allowed	$0.00			-	-	000	999	
G9992	E	PALL SERV DURING MEAS		-	-	Not Allowed	$0.00			-	-	000	999	
G9993	E	PALL SERV DURING MEAS		-	-	Not Allowed	$0.00			-	-	000	999	
G9994	E	PALL SERV DURING MEAS		-	-	Not Allowed	$0.00			-	-	000	999	
G9996	E	DOC PT PAL OR HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
G9997	E	DOC PT PREG DUR MSRMT PD		-	-	Not Allowed	$0.00			-	-	000	999	
G9998	E	DOC MED RSN <3 COLON		-	-	Not Allowed	$0.00			-	-	000	999	
G9999	E	DOC SYS RSN <3 COLON		-	-	Not Allowed	$0.00			-	-	000	999	
H0001	E	ALCOHOL AND/OR DRUG ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
H0002	E	ALCOHOL AND/OR DRUG SCREENIN		-	-	Not Allowed	$0.00			-	-	000	999	
H0003	E	ALCOHOL AND/OR DRUG SCREENIN		-	-	Not Allowed	$0.00			-	-	000	999	
H0004	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0005	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0006	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0007	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0008	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0009	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0010	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0011	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	

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H0012	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0013	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0014	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0015	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0016	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0017	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0018	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0019	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0020	E	ALCOHOL AND/OR DRUG SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
H0021	E	ALCOHOL AND/OR DRUG TRAINING		-	-	Not Allowed	$0.00			-	-	000	999	
H0022	E	ALCOHOL AND/OR DRUG INTERVEN		-	-	Not Allowed	$0.00			-	-	000	999	
H0023	E	ALCOHOL AND/OR DRUG OUTREACH		-	-	Not Allowed	$0.00			-	-	000	999	
H0024	E	ALCOHOL AND/OR DRUG PREVENTI		-	-	Not Allowed	$0.00			-	-	000	999	
H0025	E	ALCOHOL AND/OR DRUG PREVENTI		-	-	Not Allowed	$0.00			-	-	000	999	
H0026	E	ALCOHOL AND/OR DRUG PREVENTI		-	-	Not Allowed	$0.00			-	-	000	999	
H0027	E	ALCOHOL AND/OR DRUG PREVENTI		-	-	Not Allowed	$0.00			-	-	000	999	
H0028	E	ALCOHOL AND/OR DRUG PREVENTI		-	-	Not Allowed	$0.00			-	-	000	999	
H0029	E	ALCOHOL AND/OR DRUG PREVENTI		-	-	Not Allowed	$0.00			-	-	000	999	
H0030	E	ALCOHOL AND/OR DRUG HOTLINE		-	-	Not Allowed	$0.00			-	-	000	999	
H0031	E	MH HEALTH ASSESS BY NON-MD		-	-	Not Allowed	$0.00			-	-	000	999	
H0032	E	MH SVC PLAN DEV BY NON-MD		-	-	Not Allowed	$0.00			-	-	000	999	
H0033	E	ORAL MED ADM DIRECT OBSERVE		-	-	Not Allowed	$0.00			-	-	000	999	
H0034	E	MED TRNG & SUPPORT PER 15MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H0035	M	MH PARTIAL HOSP TX UNDER 24H		-	-	Fee Schedule	$90.60			-	-	000	999	
H0036	E	COMM PSY FACE-FACE PER 15MIN		-	-	Not Allowed	$0.00			-	-	000	20	
H0037	E	COMM PSY SUP TX PGM PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H0038	M	SELF-HELP/PEER SVC PER 15MIN		-	-	Fee Schedule	$14.01			-	-	018	999	
H0039	E	ASSER COM TX FACE-FACE/15MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H0040	E	ASSERT COMM TX PGM PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H0041	E	FOS C CHLD NON-THER PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H0042	E	FOS C CHLD NON-THER PER MON		-	-	Not Allowed	$0.00			-	-	000	999	
H0043	E	SUPPORTED HOUSING PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H0044	E	SUPPORTED HOUSING PER MONTH		-	-	Not Allowed	$0.00			-	-	000	999	
H0045	E	RESPITE NOT-IN-HOME PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H0046	E	MENTAL HEALTH SERVICE NOS		-	-	Not Allowed	$0.00			-	-	000	999	
H0047	E	ALCOHOL/DRUG ABUSE SVC NOS		-	-	Not Allowed	$0.00			-	-	000	999	
H0048	E	SPEC COLL NON-BLOOD:A/D TEST		-	-	Not Allowed	$0.00			-	-	000	999	
H0049	E	ALCOHOL/DRUG SCREENING		-	-	Not Allowed	$0.00			-	-	000	999	
H1000	E	PRENATAL CARE ATRISK ASSESSM		-	-	Not Allowed	$0.00			-	-	000	999	
H1001	E	ANTEPARTUM MANAGEMENT		-	-	Not Allowed	$0.00			-	-	000	999	
H1002	E	CARECOORDINATION PRENATAL		-	-	Not Allowed	$0.00			-	-	000	999	
H1003	E	PRENATAL AT RISK EDUCATION		-	-	Not Allowed	$0.00			-	-	000	999	
H1004	E	FOLLOW UP HOME VISIT/PRENTAL		-	-	Not Allowed	$0.00			-	-	000	999	
H1005	E	PRENATALCARE ENHANCED SRV PK		-	-	Not Allowed	$0.00			-	-	000	999	
H1010	E	NONMED FAMILY PLANNING ED		-	-	Not Allowed	$0.00			-	-	000	999	
H1011	E	FAMILY ASSESSMENT		-	-	Not Allowed	$0.00			-	-	000	999	
H2000	E	COMP MULTIDISIPLN EVALUATION		-	-	Not Allowed	$0.00			-	-	000	999	
H2001	E	REHABILITATION PROGRAM 1/2 D		-	-	Not Allowed	$0.00			-	-	000	999	
H2010	E	COMPREHENSIVE MED SVC 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H2011	M	CRISIS INTERVEN SVC, 15 MIN		-	-	Fee Schedule	$12.24			-	-	018	999	
H2012	E	BEHAV HLTH DAY TREAT, PER HR		-	-	Not Allowed	$0.00			-	-	000	999	
H2013	E	PSYCH HLTH FAC SVC, PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H2014	E	SKILLS TRAIN AND DEV, 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H2015	E	COMP COMM SUPP SVC, 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H2016	E	COMP COMM SUPP SVC, PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H2017	E	PSYSOC REHAB SVC, PER 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	

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H2018	E	PSYSOC REHAB SVC, PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H2019	E	THER BEHAV SVC, PER 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H2020	E	THER BEHAV SVC, PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H2021	E	COM WRAP-AROUND SV, 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H2022	E	COM WRAP-AROUND SV, PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H2023	E	SUPPORTED EMPLOY, PER 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H2024	E	SUPPORTED EMPLOY, PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H2025	E	SUPP MAINT EMPLOY, 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H2026	E	SUPP MAINT EMPLOY, PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H2027	E	PSYCHOED SVC, PER 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H2028	E	SEX OFFEND TX SVC, 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H2029	E	SEX OFFEND TX SVC, PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H2030	E	MH CLUBHOUSE SVC, PER 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H2031	E	MH CLUBHOUSE SVC, PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H2032	E	ACTIVITY THERAPY, PER 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H2033	E	MULTISYS THER/JUVENILE 15MIN		-	-	Not Allowed	$0.00			-	-	000	999	
H2034	E	A/D HALFWAY HOUSE, PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H2035	E	A/D TX PROGRAM, PER HOUR		-	-	Not Allowed	$0.00			-	-	000	999	
H2036	E	A/D TX PROGRAM, PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
H2037	E	DEV DELAY PREV DP CH, 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
J0120	N	TETRACYCLIN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0121	K	INJ., OMADACYCLINE, 1 MG		09311	0.0642	APC (blood and non-blood products)	$3.87			-	-	000	999	
J0122	N	INJ., ERAVACYCLINE, 1 MG		-	-	Bundled	$0.00			-	-	000	999	
J0129	K	ABATACEPT INJECTION		09230	0.7337	APC (blood and non-blood products)	$43.38			-	-	000	999	
J0130	N	ABCIXIMAB INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0131	N	INJ, ACETAMINOPHEN (NOS)		-	-	Bundled	$0.00			-	-	002	999	
J0132	N	ACETYLCYSTEINE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0133	N	ACYCLOVIR INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0134	N	INJ ACETAMINOPHEN -FRESENIUS		-	-	Bundled	$0.00			-	-	000	999	
J0136	N	INJ, ACETAMINOPHEN (B BRAUN)		-	-	Bundled	$0.00			-	-	000	999	
J0137	N	INJ, ACETAMINOPHEN (HIKMA)		-	-	Bundled	$0.00			-	-	000	999	
J0138	G	INJ ACETAMINOPH 10MG/IBU 3MG		-	-	APC – pays by fee schedule amount	$0.22			-	-	000	999	
J0139	K	INJ, ADALIMUMAB, 1 MG		00817	1.5106	APC (blood and non-blood products)	$91.73			-	-	000	999	
J0153	N	ADENOSINE INJ 1MG		-	-	Bundled	$0.00			-	-	000	999	
J0171	N	ADRENALIN EPINEPHRINE INJECT		-	-	Bundled	$0.00			-	-	000	999	
J0172	K	INJ, ADUCANUMAB-AVWA, 2 MG		09438	0.0985	APC (blood and non-blood products)	$5.98			Y	-	000	999	
J0173	N	INJ, EPINEPHRINE (BELCHER)		-	-	Bundled	$0.00			-	-	000	999	
J0174	G	INJ, LECANEMAB-IRMB, 1 MG		-	-	APC – pays by fee schedule amount	$1.33			Y	-	000	999	
J0175	G	INJ, DONANEMAB-AZBT, 2 MG		-	-	APC – pays by fee schedule amount	$4.18			-	-	000	999	
J0177	G	INJ, AFLIBERCEPT HD, 1 MG		-	-	APC – pays by fee schedule amount	$321.18			-	-	000	999	
J0178	K	AFLIBERCEPT INJECTION		01420	14.4053	APC (blood and non-blood products)	$795.86			-	-	000	999	
J0179	K	INJ, BROLUCIZUMAB-DBLL, 1 MG		09340	5.5777	APC (blood and non-blood products)	$339.99			-	-	000	999	
J0180	K	AGALSIDASE BETA INJECTION		09208	3.7382	APC (blood and non-blood products)	$222.84			-	Y	000	999	
J0184	G	INJ, AMISULPRIDE, 1 MG		-	-	APC – pays by fee schedule amount	$9.11			-	-	000	999	
J0185	K	INJ., APREPITANT, 1 MG		09463	0.0285	APC (blood and non-blood products)	$1.71			-	-	000	999	
J0190	E	INJ BIPERIDEN LACTATE/5 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J0200	E	ALATROFLOXACIN MESYLATE		-	-	Not Allowed	$0.00			-	-	000	999	
J0202	K	INJECTION, ALEMTUZUMAB		01809	40.2052	APC (blood and non-blood products)	$2,441.49			Y	-	000	999	
J0205	E	ALGLUCERASE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J0206	K	INJ ALLOPURINOL SODIUM 1 MG		09285	0.0930	APC (blood and non-blood products)	$4.45			-	-	000	999	
J0207	E	AMIFOSTINE		-	-	Not Allowed	$0.00			-	-	000	999	
J0208	G	INJ, PEDMARK, 100 MG		-	-	APC – pays by fee schedule amount	$95.40			-	-	000	999	
J0209	N	INJ, SOD THIOSULFATE (HOPE)		-	-	Bundled	$0.00			-	-	000	999	
J0210	E	METHYLDOPATE HCL INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J0211	K	INJ, NITHIODOTE, 3MG / 125MG		00750	0.0357	APC (blood and non-blood products)	$2.17			-	-	000	999	
J0215	E	ALEFACEPT		-	-	Not Allowed	$0.00			-	-	000	999	

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J0216	N	INJ, ALFENTANIL HCL, 500MCG		-	-	Bundled	$0.00			-	-	000	999	
J0217	G	INJ VELMANASE ALFA-TYCV 1 MG		-	-	APC – pays by fee schedule amount	$444.98			-	-	000	999	
J0218	G	INJ OLIPUDASE ALFA-RPCP 1MG		-	-	APC – pays by fee schedule amount	$381.24			-	-	000	999	
J0219	K	INJ AVAL ALFA-NQPT 4MG		09433	1.3015	APC (blood and non-blood products)	$77.82			-	-	000	999	
J0220	N	ALGLUCOSIDASE ALFA INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0221	K	LUMIZYME INJECTION		01413	3.3791	APC (blood and non-blood products)	$201.57			-	-	000	999	
J0222	K	INJ., PATISIRAN, 0.1 MG		09180	1.6990	APC (blood and non-blood products)	$99.04			-	-	000	999	
J0223	K	INJ GIVOSIRAN 0.5 MG		09343	1.9185	APC (blood and non-blood products)	$116.47			-	-	000	999	
J0224	K	INJ. LUMASIRAN, 0.5 MG		09407	5.4479	APC (blood and non-blood products)	$318.85			-	-	000	999	
J0225	G	INJ, VUTRISIRAN, 1 MG		-	-	APC – pays by fee schedule amount	$4,956.31			-	-	000	999	
J0248	K	INJ, REMDESIVIR, 1 MG		09200	0.1046	APC (blood and non-blood products)	$6.35			-	-	000	999	
J0256	K	ALPHA 1 PROTEINASE INHIBITOR		00901	0.0841	APC (blood and non-blood products)	$5.16			-	-	000	999	
J0257	K	GLASSIA INJECTION		01415	0.0924	APC (blood and non-blood products)	$5.45			-	-	018	999	
J0270	E	ALPROSTADIL FOR INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J0275	E	ALPROSTADIL URETHRAL SUPPOS		-	-	Not Allowed	$0.00			-	-	000	999	
J0278	N	AMIKACIN SULFATE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0280	N	AMINOPHYLLIN 250 MG INJ		-	-	Bundled	$0.00			-	-	000	999	
J0282	N	AMIODARONE HCL		-	-	Bundled	$0.00			-	-	000	999	
J0283	E	INJ, AMIODARONE (NEXTERONE)		-	-	Not Allowed	$0.00			-	-	000	999	
J0285	N	AMPHOTERICIN B		-	-	Bundled	$0.00			-	-	000	999	
J0287	K	AMPHOTERICIN B LIPID COMPLEX		09024	0.1696	APC (blood and non-blood products)	$10.30			-	-	000	999	
J0288	E	AMPHO B CHOLESTERYL SULFATE		-	-	Not Allowed	$0.00			-	-	000	999	
J0289	K	AMPHOTERICIN B LIPOSOME INJ		00736	0.4741	APC (blood and non-blood products)	$23.31			-	-	000	999	
J0290	N	AMPICILLIN 500 MG INJ		-	-	Bundled	$0.00			-	-	000	999	
J0291	K	INJ., PLAZOMICIN, 5 MG		09183	0.0589	APC (blood and non-blood products)	$3.57			-	-	000	999	
J0295	N	AMPICILLIN SULBACTAM 1.5 GM		-	-	Bundled	$0.00			-	-	000	999	
J0300	N	AMOBARBITAL 125 MG INJ		-	-	Bundled	$0.00			-	-	000	999	
J0330	N	SUCCINYCHOLINE CHLORIDE INJ		-	-	Bundled	$0.00			-	-	000	999	
J0348	N	ANIDULAFUNGIN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0349	G	INJ, REZAFUNGIN, 1 MG		-	-	APC – pays by fee schedule amount	$10.42			-	-	000	999	
J0350	E	INJECTION ANISTREPLASE 30 U		-	-	Not Allowed	$0.00			-	-	000	999	
J0360	N	HYDRALAZINE HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0364	E	APOMORPHINE HYDROCHLORIDE		-	-	Not Allowed	$0.00			-	-	000	999	
J0365	E	APROTONIN, 10,000 KIU		-	-	Not Allowed	$0.00			-	-	000	999	
J0380	E	INJ METARAMINOL BITARTRATE		-	-	Not Allowed	$0.00			-	-	000	999	
J0390	N	CHLOROQUINE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0391	K	INJ, ARTESUNATE, 1MG		00711	0.8193	APC (blood and non-blood products)	$51.83			-	-	000	999	
J0395	E	ARBUTAMINE HCL INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J0400	N	ARIPIPRAZOLE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0401	K	INJ, ABILIFY MAINTENA, 1 MG		01468	0.1167	APC (blood and non-blood products)	$7.03			-	-	000	999	
J0402	G	INJ, ABILIFY ASIMTUFII, 1 MG		-	-	APC – pays by fee schedule amount	$5.87			-	-	000	999	
J0456	N	AZITHROMYCIN		-	-	Bundled	$0.00			-	-	000	999	
J0457	N	INJECTION, AZTREONAM, 100 MG		-	-	Bundled	$0.00			-	-	000	999	
J0461	N	ATROPINE SULFATE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0470	N	DIMECAPROL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0475	K	BACLOFEN 10 MG INJECTION		09032	3.0463	APC (blood and non-blood products)	$174.80			-	-	000	999	
J0476	N	BACLOFEN INTRATHECAL TRIAL		-	-	Bundled	$0.00			-	-	000	999	
J0480	K	BASILIXIMAB		01683	76.8454	APC (blood and non-blood products)	$4,687.66			-	-	000	999	
J0485	K	BELATACEPT INJECTION		09286	0.0648	APC (blood and non-blood products)	$3.89			-	-	000	999	
J0490	K	BELIMUMAB INJECTION		01353	0.9266	APC (blood and non-blood products)	$54.97			-	-	005	999	
J0491	K	INJ ANIFROLUMAB-FNIA 1MG		09434	0.2935	APC (blood and non-blood products)	$17.78			-	-	000	999	
J0500	N	DICYCLOMINE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0515	N	INJ BENZTROPINE MESYLATE		-	-	Bundled	$0.00			-	-	000	999	
J0517	K	INJ., BENRALIZUMAB, 1 MG		09466	2.8301	APC (blood and non-blood products)	$163.30			Y	-	000	999	
J0520	E	BETHANECHOL CHLORIDE INJECT		-	-	Not Allowed	$0.00			-	-	000	999	
J0558	K	PENG BENZATHINE/PROCAINE INJ		09088	0.2974	APC (blood and non-blood products)	$17.37			-	-	000	999	

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J0561	K	PENICILLIN G BENZATHINE INJ		01829	0.3767	APC (blood and non-blood products)	$26.98			-	-	000	999	
J0565	K	INJ, BEZLOTOXUMAB, 10 MG		09490	0.6829	APC (blood and non-blood products)	$39.87			-	-	000	999	
J0567	E	INJ., CERLIPONASE ALFA 1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J0571	E	BUPRENORPHINE ORAL 1MG		-	-	Not Allowed	$0.00			-	-	000	999	
J0572	E	BUPREN/NAL UP TO 3MG BUPRENO		-	-	Not Allowed	$0.00			-	-	000	999	
J0573	E	BUPREN/NAL 3.1 TO 6MG BUPREN		-	-	Not Allowed	$0.00			-	-	000	999	
J0574	E	BUPREN/NAL 6.1 TO 10MG BUPRE		-	-	Not Allowed	$0.00			-	-	000	999	
J0575	E	BUPREN/NAL OVER 10MG BUPRENO		-	-	Not Allowed	$0.00			-	-	000	999	
J0577	G	INJ, BRIXADI, 7 DAYS OR LESS		-	-	APC – pays by fee schedule amount	$425.40			Y	-	000	999	
J0578	G	INJ BRIXADI, MORE THAN 7 DAY		-	-	APC – pays by fee schedule amount	$1,701.62			Y	-	000	999	
J0583	N	BIVALIRUDIN		-	-	Bundled	$0.00			-	-	000	999	
J0584	K	INJECTION, BUROSUMAB-TWZA 1M		09187	7.6702	APC (blood and non-blood products)	$469.74			-	-	000	999	
J0585	K	INJECTION,ONABOTULINUMTOXINA		00902	0.1082	APC (blood and non-blood products)	$6.48			-	-	000	999	
J0586	K	ABOBOTULINUMTOXINA		01289	0.1852	APC (blood and non-blood products)	$9.04			-	-	000	999	
J0587	K	INJ, RIMABOTULINUMTOXINB		09018	0.2232	APC (blood and non-blood products)	$13.00			-	-	000	999	
J0588	K	INCOBOTULINUMTOXIN A		09278	0.0890	APC (blood and non-blood products)	$5.33			-	-	018	999	
J0589	G	INJ DAXIBOTULINUMTOXINA-LANM		-	-	APC – pays by fee schedule amount	$2.99			-	-	000	999	
J0591	E	INJ DEOXYCHOLIC ACID, 1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J0592	N	BUPRENORPHINE HYDROCHLORIDE		-	-	Bundled	$0.00			-	-	000	999	
J0593	E	INJ., LANADELUMAB-FLYO, 1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J0594	K	BUSULFAN INJECTION		01178	0.0178	APC (blood and non-blood products)	$1.46			-	-	000	999	
J0595	N	BUTORPHANOL TARTRATE 1 MG		-	-	Bundled	$0.00			-	-	000	999	
J0596	K	INJECTION, RUCONEST		09445	0.5720	APC (blood and non-blood products)	$34.75			-	-	000	999	
J0597	K	C-1 ESTERASE, BERINERT		09269	1.1034	APC (blood and non-blood products)	$72.27			-	-	000	999	
J0598	K	C-1 ESTERASE, CINRYZE		09251	1.0715	APC (blood and non-blood products)	$63.88			-	-	000	999	
J0599	E	INJ., HAEGARDA 10 UNITS		-	-	Not Allowed	$0.00			-	-	000	999	
J0600	K	EDETATE CALCIUM DISODIUM INJ		01274	108.8044	APC (blood and non-blood products)	$6,460.03			-	-	000	999	
J0601	E	SEVELAMER CARBONATE 20 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J0602	E	SEVELAMER CARBONATE PDR 20MG		-	-	Not Allowed	$0.00			-	-	000	999	
J0603	E	SEVELAMER HYDROCHLORIDE 20MG		-	-	Not Allowed	$0.00			-	-	000	999	
J0604	M	CINACALCET, ESRD ON DIALYSIS		-	-	Fee Schedule	$1.01			-	-	000	999	
J0605	E	SUCROFERRIC OXYHYDROXIDE 5MG		-	-	Not Allowed	$0.00			-	-	000	999	
J0606	N	INJ, ETELCALCETIDE, 0.1 MG		-	-	Bundled	$0.00			-	-	000	999	
J0607	E	LANTHANUM CARBONATE ORAL 5MG		-	-	Not Allowed	$0.00			-	-	000	999	
J0608	E	LANTHANUM CARBONATE PWDR 5MG		-	-	Not Allowed	$0.00			-	-	000	999	
J0609	E	FERRIC CITRATE ORL 3 MG IRON		-	-	Not Allowed	$0.00			-	-	000	999	
J0612	N	INJ, CALCIUM GLUCONATE, NOS		-	-	Bundled	$0.00			-	-	000	999	
J0613	N	CALCIUM GLUCON (WG CRITICAL)		-	-	Bundled	$0.00			-	-	000	999	
J0615	E	CALCIUM ACETATE, ORAL, 23 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J0620	N	CALCIUM GLYCER & LACT/10 ML		-	-	Bundled	$0.00			-	-	000	999	
J0630	K	CALCITONIN SALMON INJECTION		01433	18.8686	APC (blood and non-blood products)	$899.21			-	-	000	999	
J0636	N	INJ CALCITRIOL PER 0.1 MCG		-	-	Bundled	$0.00			-	-	000	999	
J0637	N	CASPOFUNGIN ACETATE		-	-	Bundled	$0.00			-	-	000	999	
J0638	K	CANAKINUMAB INJECTION		01311	2.1319	APC (blood and non-blood products)	$136.56			-	-	000	999	
J0640	N	LEUCOVORIN CALCIUM INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0641	N	INJ LEVOLEUCOVORIN NOS 0.5MG		-	-	Bundled	$0.00			-	-	000	999	
J0642	N	INJECTION, KHAPZORY, 0.5 MG		-	-	Bundled	$0.00			-	-	000	999	
J0650	N	INJ, LEVOTHYROXINE NOS 10MCG		-	-	Bundled	$0.00			-	-	000	999	
J0651	K	INJ, LEVOTHYROXINE, FRESKABI		00734	0.0629	APC (blood and non-blood products)	$6.40			-	-	000	999	
J0652	K	INJ, LEVOTHYROXINE, HIKMA		00735	0.0846	APC (blood and non-blood products)	$5.14			-	-	000	999	
J0665	N	INJ, BUPIVACAINE, NOS, 0.5MG		-	-	Bundled	$0.00			-	-	000	999	
J0666	K	INJ, BUPIVACAINE LIPOSOME		00763	0.0238	APC (blood and non-blood products)	$1.42			-	-	000	999	
J0670	N	INJ MEPIVACAINE HCL/10 ML		-	-	Bundled	$0.00			-	-	000	999	
J0687	K	INJ CEFAZOLIN (WG CRIT CARE)		00753	0.0183	APC (blood and non-blood products)	$0.97			-	-	000	999	
J0688	K	INJ CEFAZOLIN SODIUM, HIKMA		00788	0.0165	APC (blood and non-blood products)	$0.98			-	-	000	999	
J0689	N	INJ CEFAZOLIN SODIUM, BAXTER		-	-	Bundled	$0.00			-	-	000	999	

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J0690	N	CEFAZOLIN SODIUM INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0691	N	INJ LEFAMULIN 1 MG		-	-	Bundled	$0.00			-	-	000	999	
J0692	N	CEFEPIME HCL FOR INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0694	N	CEFOXITIN SODIUM INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0695	K	INJ CEFTOLOZANE TAZOBACTAM		09452	0.1248	APC (blood and non-blood products)	$8.04			-	-	000	999	
J0696	N	CEFTRIAXONE SODIUM INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0697	N	STERILE CEFUROXIME INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0698	N	CEFOTAXIME SODIUM INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0699	K	INJ, CEFIDEROCOL, 10 MG		09426	0.0376	APC (blood and non-blood products)	$2.28			-	-	000	999	
J0701	N	INJ. CEFEPIME HCL (BAXTER)		-	-	Bundled	$0.00			-	-	000	999	
J0702	N	BETAMETHASONE ACET&SOD PHOSP		-	-	Bundled	$0.00			-	-	000	999	
J0703	N	INJ, CEFEPIME HCL (B BRAUN)		-	-	Bundled	$0.00			-	-	000	999	
J0706	N	CAFFEINE CITRATE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0710	E	CEPHAPIRIN SODIUM INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J0712	K	CEFTAROLINE FOSAMIL INJ		01824	0.0661	APC (blood and non-blood products)	$3.99			-	-	018	999	
J0713	N	INJ CEFTAZIDIME PER 500 MG		-	-	Bundled	$0.00			-	-	000	999	
J0714	K	CEFTAZIDIME AND AVIBACTAM		01825	1.6345	APC (blood and non-blood products)	$100.50			-	-	000	999	
J0715	E	CEFTIZOXIME SODIUM / 500 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J0716	K	CENTRUROIDES IMMUNE F(AB)		01431	81.8218	APC (blood and non-blood products)	$4,855.30			-	-	000	999	
J0717	K	CERTOLIZUMAB PEGOL INJ 1MG		01474	0.0792	APC (blood and non-blood products)	$3.98			-	-	000	999	
J0720	N	CHLORAMPHENICOL SODIUM INJEC		-	-	Bundled	$0.00			-	-	000	999	
J0725	E	CHORIONIC GONADOTROPIN/1000U		-	-	Not Allowed	$0.00			-	-	000	999	
J0735	N	CLONIDINE HYDROCHLORIDE		-	-	Bundled	$0.00			-	-	000	999	
J0736	N	INJ, CLINDAMYCIN PHOSP 300MG		-	-	Bundled	$0.00			-	-	000	999	
J0737	N	INJ, CLINDAMYCIN (BAXTER)		-	-	Bundled	$0.00			-	-	000	999	
J0739	K	HIV PREP, INJ, CABOTEGRAVIR		00805	0.1135	APC (blood and non-blood products)	$6.89			-	-	000	999	
J0740	K	CIDOFOVIR INJECTION		09033	9.9513	APC (blood and non-blood products)	$521.83			-	-	000	999	
J0741	K	INJ, CABOTE RILPIVIR 2MG 3MG		09414	0.3873	APC (blood and non-blood products)	$23.13			-	-	000	999	
J0742	K	INJ IMIP 4 CILAS 4 RELEB 2MG		09362	0.0419	APC (blood and non-blood products)	$2.50			-	-	000	999	
J0743	N	CILASTATIN SODIUM INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0744	N	CIPROFLOXACIN IV		-	-	Bundled	$0.00			-	-	000	999	
J0745	N	INJ CODEINE PHOSPHATE /30 MG		-	-	Bundled	$0.00			-	-	000	999	
J0750	K	HIV PREP, FTC/TDF 200/300MG		00806	0.0299	APC (blood and non-blood products)	$1.28			-	-	000	999	
J0751	K	HIV PREP, FTC/TAF 200/25MG		00808	1.1741	APC (blood and non-blood products)	$71.27			-	-	000	999	
J0770	N	COLISTIMETHATE SODIUM INJ		-	-	Bundled	$0.00			-	-	000	999	
J0775	K	COLLAGENASE, CLOST HIST INJ		01340	1.1812	APC (blood and non-blood products)	$73.38			-	-	000	999	
J0780	N	PROCHLORPERAZINE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0791	K	INJ CRIZANLIZUMAB-TMCA 5MG		09359	2.1810	APC (blood and non-blood products)	$129.50			-	-	000	999	
J0795	E	CORTICORELIN OVINE TRIFLUTAL		-	-	Not Allowed	$0.00			-	-	000	999	
J0799	E	HIV PREP, FDA APPROVED, NOC		-	-	Not Allowed	$0.00			-	-	000	999	
J0801	N	INJ. ACTHAR GEL TO 40 UNITS		-	-	Bundled	$0.00			-	-	000	999	
J0802	N	INJ. (ANI), UP TO 40 UNITS		-	-	Bundled	$0.00			-	-	000	999	
J0834	N	INJ., COSYNTROPIN, 0.25 MG		-	-	Bundled	$0.00			-	-	000	999	
J0840	K	CROTALIDAE POLY IMMUNE FAB		09274	33.9077	APC (blood and non-blood products)	$1,755.81			-	-	000	999	
J0841	K	INJ CROTALIDAE IM F(AB')2 EQ		09188	17.9362	APC (blood and non-blood products)	$1,043.55			-	-	000	999	
J0850	K	CYTOMEGALOVIRUS IMM IV /VIAL		00903	30.9680	APC (blood and non-blood products)	$1,812.01			-	-	000	999	
J0870	G	INJECTION, IMETELSTAT, 1 MG		-	-	APC – pays by fee schedule amount	$55.51			-	-	000	999	
J0872	K	DAPTOMYCIN (XELLIA) UNREFRIG		00754	0.0007	APC (blood and non-blood products)	$0.05			-	-	000	999	
J0873	K	INJ DAPTOMYCIN (XELLIA)		00789	0.0006	APC (blood and non-blood products)	$0.03			-	-	000	999	
J0874	E	INJ, DAPTOMYCIN (BAXTER)		-	-	Not Allowed	$0.00			-	-	000	999	
J0875	K	INJECTION, DALBAVANCIN		01823	0.2590	APC (blood and non-blood products)	$15.57			-	-	000	999	
J0877	N	INJ, DAPTOMYCIN (HOSPIRA)		-	-	Bundled	$0.00			-	-	000	999	
J0878	N	DAPTOMYCIN INJECTION		-	-	Bundled	$0.00			-	Y	000	999	
J0879	K	DIFELIKEFALIN, ESRD ON DIALY		09202	0.0021	APC (blood and non-blood products)	$0.09			-	-	000	999	
J0881	K	DARBEPOETIN ALFA, NON-ESRD		01685	0.0497	APC (blood and non-blood products)	$2.92			-	-	000	999	
J0882	K	DARBEPOETIN ALFA, ESRD USE		01482	0.0497	APC (blood and non-blood products)	$2.92			-	-	000	999	

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J0883	K	ARGATROBAN NONESRD USE 1MG		01859	0.0153	APC (blood and non-blood products)	$0.95			-	-	000	999	
J0884	N	ARGATROBAN ESRD DIALYSIS 1MG		-	-	Bundled	$0.00			-	-	000	999	
J0885	K	EPOETIN ALFA, NON-ESRD		01686	0.1417	APC (blood and non-blood products)	$7.08			-	-	000	999	
J0887	N	EPOETIN BETA ESRD USE		-	-	Bundled	$0.00			-	-	000	999	
J0888	K	EPOETIN BETA NON ESRD		09077	0.0237	APC (blood and non-blood products)	$1.26			-	-	000	999	
J0889	E	DAPRODUSTAT ORAL 1MG ESRD		-	-	Not Allowed	$0.00			-	-	000	999	
J0890	E	PEGINESATIDE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J0891	K	ARGATROBAN NONESRD (ACCORD)		09020	0.0311	APC (blood and non-blood products)	$1.82			-	-	000	999	
J0892	N	ARGATROBAN DIALYSIS (ACCORD)		-	-	Bundled	$0.00			-	-	000	999	
J0893	N	INJ, DECITABINE (SUN PHARMA)		-	-	Bundled	$0.00			-	-	000	999	
J0894	N	DECITABINE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J0895	N	DEFEROXAMINE MESYLATE INJ		-	-	Bundled	$0.00			-	-	000	999	
J0896	K	INJ LUSPATERCEPT-AAMT 0.25MG		09347	0.6848	APC (blood and non-blood products)	$41.24			-	-	000	999	
J0897	K	DENOSUMAB INJECTION		09272	0.4314	APC (blood and non-blood products)	$27.81			Y	-	018	999	
J0898	K	ARGATROBAN NONESRD (AUROMED)		09022	0.0234	APC (blood and non-blood products)	$1.34			-	-	000	999	
J0899	N	ARGATROBAN DIALYSIS, AUROMED		-	-	Bundled	$0.00			-	-	000	999	
J0901	E	VADADUSTAT ORAL 1MG FOR ESRD		-	-	Not Allowed	$0.00			-	-	000	999	
J0911	G	INST TAURO 1.35MG/HEP 100U		-	-	APC – pays by fee schedule amount	$8.59			-	-	000	999	
J0945	E	BROMPHENIRAMINE MALEATE INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J1000	N	DEPO-ESTRADIOL CYPIONATE INJ		-	-	Bundled	$0.00			-	-	000	999	
J1010	K	INJ, METHYLPRED ACETATE 1 MG		00790	0.0019	APC (blood and non-blood products)	$0.11			-	-	000	999	
J1050	N	MEDROXYPROGESTERONE ACETATE		-	-	Bundled	$0.00			-	-	000	999	
J1071	N	INJ TESTOSTERONE CYPIONATE		-	-	Bundled	$0.00			-	-	000	999	
J1095	N	INJECTION, DEXAMETHASONE 9%		-	-	Bundled	$0.00			-	-	000	999	
J1096	K	DEXAMETHA OPTH INSERT 0.1 MG		09308	1.8601	APC (blood and non-blood products)	$110.68			-	-	000	999	
J1097	K	PHENYLEP KETOROLAC OPTH SOLN		09324	1.5949	APC (blood and non-blood products)	$98.07			-	-	000	999	
J1100	N	DEXAMETHASONE SODIUM PHOS		-	-	Bundled	$0.00			-	-	000	999	
J1105	K	DEXMEDETOMIDINE FILM, 1 MCG		00722	0.0129	APC (blood and non-blood products)	$0.64			-	-	000	999	
J1110	N	INJ DIHYDROERGOTAMINE MESYLT		-	-	Bundled	$0.00			-	-	000	999	
J1120	N	ACETAZOLAMID SODIUM INJECTIO		-	-	Bundled	$0.00			-	-	000	999	
J1130	N	INJ DICLOFENAC SODIUM 0.5MG		-	-	Bundled	$0.00			-	-	000	999	
J1160	N	DIGOXIN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1162	K	DIGOXIN IMMUNE FAB (OVINE)		01687	83.4977	APC (blood and non-blood products)	$4,968.58			-	-	000	999	
J1165	N	PHENYTOIN SODIUM INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1171	N	INJ, HYDROMORPHONE, 0.1 MG		-	-	Bundled	$0.00			-	-	000	999	
J1180	E	DYPHYLLINE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J1190	K	DEXRAZOXANE HCL INJECTION		00726	1.5600	APC (blood and non-blood products)	$80.96			-	-	000	999	
J1200	N	DIPHENHYDRAMINE HCL INJECTIO		-	-	Bundled	$0.00			-	-	000	999	
J1201	K	INJ. CETIRIZINE HCL 0.5MG		09361	0.2564	APC (blood and non-blood products)	$15.62			-	-	000	999	
J1202	E	MIGLUSTAT ORAL 65 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J1203	G	INJ, CIPAGLUCOSIDASE, 5 MG		-	-	APC – pays by fee schedule amount	$89.85			-	-	000	999	
J1205	N	CHLOROTHIAZIDE SODIUM INJ		-	-	Bundled	$0.00			-	-	000	999	
J1212	K	DIMETHYL SULFOXIDE 50% 50 ML		01832	11.6486	APC (blood and non-blood products)	$714.72			-	-	000	999	
J1230	N	METHADONE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1240	N	DIMENHYDRINATE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1245	N	DIPYRIDAMOLE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1250	N	INJ DOBUTAMINE HCL/250 MG		-	-	Bundled	$0.00			-	-	000	999	
J1260	N	DOLASETRON MESYLATE		-	-	Bundled	$0.00			-	-	000	999	
J1265	N	DOPAMINE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1267	E	DORIPENEM INJECTION		-	-	Not Allowed	$0.00			-	-	018	999	
J1270	N	INJECTION, DOXERCALCIFEROL		-	-	Bundled	$0.00			-	-	000	999	
J1290	K	ECALLANTIDE INJECTION		09263	9.3444	APC (blood and non-blood products)	$564.64			-	-	000	999	
J1301	K	INJECTION, EDARAVONE, 1 MG		09493	0.3739	APC (blood and non-blood products)	$20.41			-	-	000	999	
J1302	G	INJ, SUTIMLIMAB-JOME, 10 MG		-	-	APC – pays by fee schedule amount	$18.13			-	-	000	999	
J1303	K	INJ., RAVULIZUMAB-CWVZ 10 MG		09312	3.7977	APC (blood and non-blood products)	$220.32			-	-	000	999	
J1304	G	INJ TOFERSEN INTRATHEC 1 MG		-	-	APC – pays by fee schedule amount	$155.34			-	-	000	999	

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J1305	K	INJ, EVINACUMAB-DGNB, 5MG		09416	3.0683	APC (blood and non-blood products)	$186.31			Y	-	000	999	
J1306	G	INJECTION, INCLISIRAN, 1 MG		-	-	APC – pays by fee schedule amount	$12.27			Y	-	000	999	
J1307	K	INJ, CROVALIMAB-AKKZ, 10 MG		00818	8.8258	APC (blood and non-blood products)	$551.51			-	-	000	999	
J1320	N	AMITRIPTYLINE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1322	K	ELOSULFASE ALFA, INJECTION		01480	4.8506	APC (blood and non-blood products)	$293.94			-	-	000	999	
J1323	G	INJ, ELRANATAMAB-BCMM, 1 MG		-	-	APC – pays by fee schedule amount	$182.98			-	-	000	999	
J1324	E	ENFUVIRTIDE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J1325	N	EPOPROSTENOL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1327	N	EPTIFIBATIDE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1330	E	ERGONOVINE MALEATE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J1335	N	ERTAPENEM INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1364	N	ERYTHRO LACTOBIONATE /500 MG		-	-	Bundled	$0.00			-	-	000	999	
J1380	N	ESTRADIOL VALERATE 10 MG INJ		-	-	Bundled	$0.00			-	-	000	999	
J1410	K	INJ ESTROGEN CONJUGATE 25 MG		09038	6.3772	APC (blood and non-blood products)	$382.89			-	-	000	999	
J1411	G	INJ, HEMGENIX, PER TX DOSE		-	-	APC – pays by fee schedule amount	$3,685,266.67			-	-	000	999	
J1412	G	INJ ROCTAVIAN ML 2X10?13VC G		-	-	APC – pays by fee schedule amount	$12,007.81			-	-	000	999	
J1413	G	INJ DELANDISTROGENE MOX ROKL		-	-	APC – pays by fee schedule amount	$3,322,473.30			-	-	000	999	
J1414	G	INJ, BEQVEZ, PER TX DOSE		-	-	APC – pays by fee schedule amount	$3,710,000.00			-	-	000	999	
J1426	E	INJECTION, CASIMERSEN, 10 MG		-	-	Not Allowed	$0.00			Y	-	000	999	
J1427	N	INJ. VILTOLARSEN		-	-	Bundled	$0.00			Y	-	000	999	
J1428	E	INJ, ETEPLIRSEN, 10 MG		-	-	Not Allowed	$0.00			Y	-	000	999	
J1429	N	INJ GOLODIRSEN 10 MG		-	-	Bundled	$0.00			Y	-	000	999	
J1430	K	ETHANOLAMINE OLEATE 100 MG		01688	8.1254	APC (blood and non-blood products)	$497.70			-	-	000	999	
J1434	G	INJ, FOCINVEZ, 1MG		-	-	APC – pays by fee schedule amount	$3.02			-	-	000	999	
J1435	E	INJECTION ESTRONE PER 1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J1436	E	ETIDRONATE DISODIUM INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J1437	K	INJ. FE DERISOMALTOSE 10 MG		09388	0.3414	APC (blood and non-blood products)	$20.83			-	-	000	999	
J1438	K	ETANERCEPT INJECTION		01608	13.0234	APC (blood and non-blood products)	$790.78			-	-	000	999	
J1439	K	INJ FERRIC CARBOXYMALTOS 1MG		09441	0.0187	APC (blood and non-blood products)	$1.13			-	-	000	999	
J1440	G	FECAL MICROBIOTA JSLM 1 ML		-	-	APC – pays by fee schedule amount	$63.93			-	-	000	999	
J1442	K	INJ FILGRASTIM EXCL BIOSIMIL		01469	0.0170	APC (blood and non-blood products)	$0.98			-	-	000	999	
J1443	E	INJ FERRIC PYROPHOSPHATE CIT		-	-	Not Allowed	$0.00			-	-	000	999	
J1444	E	FE PYRO CIT POW 0.1 MG IRON		-	-	Not Allowed	$0.00			-	-	000	999	
J1445	E	INJ TRIFERIC AVNU 0.1MG IRON		-	-	Not Allowed	$0.00			-	-	000	999	
J1447	K	INJ TBO FILGRASTIM 1 MICROG		01748	0.0070	APC (blood and non-blood products)	$0.37			-	-	000	999	
J1448	K	INJECTION, TRILACICLIB, 1MG		09415	0.0905	APC (blood and non-blood products)	$5.39			-	-	000	999	
J1449	G	INJ EFLAPEGRASTIM-XNST 0.1MG		-	-	APC – pays by fee schedule amount	$22.61			-	-	000	999	
J1450	N	FLUCONAZOLE		-	-	Bundled	$0.00			-	-	000	999	
J1451	K	FOMEPIZOLE, 15 MG		01689	0.1126	APC (blood and non-blood products)	$6.16			-	-	000	999	
J1452	E	INTRAOCULAR FOMIVIRSEN NA		-	-	Not Allowed	$0.00			-	-	000	999	
J1453	N	FOSAPREPITANT INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1454	K	INJ FOSNETUPITANT, PALONOSET		09099	12.1313	APC (blood and non-blood products)	$632.88			-	-	000	999	
J1455	K	FOSCARNET SODIUM INJECTION		01849	1.0448	APC (blood and non-blood products)	$21.63			-	-	000	999	
J1456	K	INJ, FOSAPREPITANT (TEVA)		09166	0.0350	APC (blood and non-blood products)	$1.21			-	-	000	999	
J1457	E	GALLIUM NITRATE INJECTION		-	-	Not Allowed	$0.00			-	Y	000	999	
J1458	N	GALSULFASE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1459	K	INJ IVIG PRIVIGEN 500 MG		01214	0.8196	APC (blood and non-blood products)	$49.18			-	-	000	999	
J1460	K	GAMMA GLOBULIN 1 CC INJ		01850	0.8402	APC (blood and non-blood products)	$48.89			-	-	000	999	
J1551	N	INJ CUTAQUIG 100 MG		-	-	Bundled	$0.00			-	-	000	999	
J1552	K	INJ, ALYGLO, 500 MG		00819	2.4191	APC (blood and non-blood products)	$138.11			-	-	000	999	
J1554	K	INJ. ASCENIV		09392	8.1517	APC (blood and non-blood products)	$496.68			-	-	000	999	
J1555	K	INJ CUVITRU, 100 MG		09034	0.2711	APC (blood and non-blood products)	$16.68			-	-	000	999	
J1556	N	INJ, IMM GLOB BIVIGAM, 500MG		-	-	Bundled	$0.00			-	-	000	999	
J1557	K	GAMMAPLEX INJECTION		09270	0.9421	APC (blood and non-blood products)	$57.48			-	-	000	999	
J1558	K	INJ. XEMBIFY, 100 MG		09372	0.2420	APC (blood and non-blood products)	$14.28			-	-	000	999	
J1559	K	HIZENTRA INJECTION		01312	0.2210	APC (blood and non-blood products)	$13.64			-	-	000	999	

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J1560	K	GAMMA GLOBULIN > 10 CC INJ		01851	8.4024	APC (blood and non-blood products)	$488.85			-	-	000	999	
J1561	K	GAMUNEX-C/GAMMAKED		00948	0.8372	APC (blood and non-blood products)	$48.35			-	-	000	999	
J1562	E	VIVAGLOBIN, INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J1566	K	IMMUNE GLOBULIN, POWDER		02731	1.3438	APC (blood and non-blood products)	$81.01			-	-	000	999	
J1568	K	OCTAGAM INJECTION		00943	0.8046	APC (blood and non-blood products)	$48.06			-	-	000	999	
J1569	K	GAMMAGARD LIQUID INJECTION		00944	0.7402	APC (blood and non-blood products)	$45.13			-	-	000	999	
J1570	N	GANCICLOVIR SODIUM INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1571	K	HEPAGAM B IM INJECTION		00946	1.0407	APC (blood and non-blood products)	$65.15			-	-	000	999	
J1572	K	FLEBOGAMMA INJECTION		00947	0.7335	APC (blood and non-blood products)	$55.76			-	-	000	999	
J1573	K	HEPAGAM B INTRAVENOUS, INJ		01138	1.0407	APC (blood and non-blood products)	$65.15			-	-	000	999	
J1574	E	INJ, GANCICLOVIR (EXELA)		-	-	Not Allowed	$0.00			-	-	000	999	
J1575	K	HYQVIA 100MG IMMUNEGLOBULIN		01826	0.2901	APC (blood and non-blood products)	$17.57			-	-	000	999	
J1576	K	INJ, PANZYGA, 500 MG		09144	1.1123	APC (blood and non-blood products)	$70.43			-	-	000	999	
J1580	N	GARAMYCIN GENTAMICIN INJ		-	-	Bundled	$0.00			-	-	000	999	
J1595	K	INJECTION GLATIRAMER ACETATE		01015	2.8183	APC (blood and non-blood products)	$162.18			-	-	000	999	
J1596	K	INJ, GLYCOPYRROLATE, 0.1 MG		00792	0.0095	APC (blood and non-blood products)	$0.51			-	-	000	999	
J1597	N	INJ GLYCOPYRROLATE, GLYRX-PF		-	-	Bundled	$0.00			-	-	000	999	
J1598	K	INJ GLYCOPYRROLATE FRES KABI		00793	0.0333	APC (blood and non-blood products)	$1.66			-	-	000	999	
J1599	N	IVIG NON-LYOPHILIZED, NOS		-	-	Bundled	$0.00			-	-	000	999	
J1600	E	GOLD SODIUM THIOMALEATE INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J1602	K	GOLIMUMAB FOR IV USE 1MG		01475	0.2021	APC (blood and non-blood products)	$10.77			Y	-	000	999	
J1610	K	GLUCAGON HYDROCHLORIDE/1 MG		09042	3.2800	APC (blood and non-blood products)	$190.76			-	-	000	999	
J1611	K	INJ GLUCAGON HCL, FRESENIUS		09025	2.2073	APC (blood and non-blood products)	$150.44			-	-	000	999	
J1620	E	GONADORELIN HYDROCH/ 100 MCG		-	-	Not Allowed	$0.00			-	-	000	999	
J1626	N	GRANISETRON HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1627	K	INJ, GRANISETRON, XR, 0.1 MG		09421	0.0929	APC (blood and non-blood products)	$5.29			-	-	000	999	
J1628	K	INJ., GUSELKUMAB, 1 MG		09029	1.2125	APC (blood and non-blood products)	$70.43			Y	-	000	999	
J1630	N	HALOPERIDOL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1631	N	HALOPERIDOL DECANOATE INJ		-	-	Bundled	$0.00			-	-	000	999	
J1632	N	INJ., BREXANOLONE, 1 MG		-	-	Bundled	$0.00			Y	-	000	999	
J1640	K	HEMIN, 1 MG		01690	0.5370	APC (blood and non-blood products)	$33.07			-	-	000	999	
J1642	N	INJ HEPARIN SODIUM PER 10 U		-	-	Bundled	$0.00			-	-	000	999	
J1643	N	INJ HEPARIN, PFIZER, 1000U		-	-	Bundled	$0.00			-	-	000	999	
J1644	N	INJ HEPARIN SODIUM PER 1000U		-	-	Bundled	$0.00			-	-	000	999	
J1645	N	DALTEPARIN SODIUM		-	-	Bundled	$0.00			-	-	000	999	
J1650	N	INJ ENOXAPARIN SODIUM		-	-	Bundled	$0.00			-	-	000	999	
J1652	N	FONDAPARINUX SODIUM		-	-	Bundled	$0.00			-	-	000	999	
J1655	E	TINZAPARIN SODIUM INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J1670	K	TETANUS IMMUNE GLOBULIN INJ		01670	9.9123	APC (blood and non-blood products)	$575.76			-	-	000	999	
J1675	M	HISTRELIN ACETATE		-	-	Fee Schedule	$0.00			Y	-	000	999	
J1680	E	HUMAN FIBRINOGEN CONC INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J1700	N	HYDROCORTISONE ACETATE INJ		-	-	Bundled	$0.00			-	-	000	999	
J1710	E	HYDROCORTISONE SODIUM PH INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J1720	N	HYDROCORTISONE SODIUM SUCC I		-	-	Bundled	$0.00			-	-	000	999	
J1726	K	MAKENA, 10 MG		09074	0.2276	APC (blood and non-blood products)	$13.82			-	-	000	999	
J1729	N	INJ HYDROXYPROGST CAPOAT NOS		-	-	Bundled	$0.00			-	-	000	999	
J1730	E	DIAZOXIDE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J1738	N	INJ. MELOXICAM 1 MG		-	-	Bundled	$0.00			-	-	000	999	
J1740	N	IBANDRONATE SODIUM INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1741	N	IBUPROFEN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1742	K	IBUTILIDE FUMARATE INJECTION		09044	1.2057	APC (blood and non-blood products)	$186.77			-	-	000	999	
J1743	K	IDURSULFASE INJECTION		09045	9.2977	APC (blood and non-blood products)	$542.57			-	-	000	999	
J1744	K	ICATIBANT INJECTION		01443	2.1727	APC (blood and non-blood products)	$125.32			-	-	000	999	
J1745	K	INFLIXIMAB NOT BIOSIMIL 10MG		07043	0.5424	APC (blood and non-blood products)	$30.52			-	-	000	999	
J1746	K	INJ., IBALIZUMAB-UIYK, 10 MG		09189	1.2784	APC (blood and non-blood products)	$76.95			-	-	000	999	
J1747	G	INJ, SPESOLIMAB-SBZO, 1 MG		-	-	APC – pays by fee schedule amount	$61.43			-	-	000	999	

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J1748	N	INJ, ZYMFENTRA, 10 MG		-	-	Bundled	$0.00			-	-	000	999	
J1749	E	INJ, ILOPROST, 0.1 MCG		-	-	Not Allowed	$0.00			-	-	000	999	
J1750	K	INJ IRON DEXTRAN		01237	0.2965	APC (blood and non-blood products)	$17.23			-	-	000	999	
J1756	N	IRON SUCROSE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1786	K	IMUGLUCERASE INJECTION		01327	0.7526	APC (blood and non-blood products)	$43.14			-	-	000	999	
J1790	N	DROPERIDOL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1800	N	PROPRANOLOL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1805	N	INJ, ESMOLOL HCL, 10MG		-	-	Bundled	$0.00			-	-	000	999	
J1806	N	INJ ESMOLOL HCL WG CRIT CARE		-	-	Bundled	$0.00			-	-	000	999	
J1811	K	FIASP FOR INSULIN PUMP USE		09366	0.1271	APC (blood and non-blood products)	$6.67			-	-	000	999	
J1812	N	INJ. INSULIN (FIASP)		-	-	Bundled	$0.00			-	-	000	999	
J1813	N	LYUMJEV FOR INSULIN PUMP USE		-	-	Bundled	$0.00			-	-	000	999	
J1814	E	INJ. INSULIN (LYUMJEV)		-	-	Not Allowed	$0.00			-	-	000	999	
J1815	N	INSULIN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1817	N	INSULIN FOR INSULIN PUMP USE		-	-	Bundled	$0.00			-	-	000	999	
J1823	K	INJ. INEBILIZUMAB-CDON, 1 MG		09394	7.9777	APC (blood and non-blood products)	$484.40			-	-	000	999	
J1826	K	INTERFERON BETA-1A INJ		01852	36.2836	APC (blood and non-blood products)	$2,203.14			-	-	000	999	
J1830	E	INTERFERON BETA-1B / .25 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J1833	K	INJECTION, ISAVUCONAZONIUM		09456	0.0162	APC (blood and non-blood products)	$0.99			-	-	000	999	
J1835	E	ITRACONAZOLE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J1836	N	INJ, METRONIDAZOLE, 10 MG		-	-	Bundled	$0.00			-	-	000	999	
J1885	K	KETOROLAC TROMETHAMINE INJ		00764	0.0124	APC (blood and non-blood products)	$0.50			-	-	000	999	
J1920	N	INJ, LABETALOL HCL, 5MG		-	-	Bundled	$0.00			-	-	000	999	
J1921	N	INJ LABETALOL HCL HIKMA, 5MG		-	-	Bundled	$0.00			-	-	000	999	
J1930	K	LANREOTIDE INJECTION		09237	0.9642	APC (blood and non-blood products)	$39.55			-	-	000	999	
J1931	K	LARONIDASE INJECTION		09209	0.6360	APC (blood and non-blood products)	$38.61			-	Y	000	999	
J1932	G	INJ, LANREOTIDE, (CIPLA) 1MG		-	-	APC – pays by fee schedule amount	$25.42			-	-	000	999	
J1939	K	INJ, BUMETANIDE, 0.5 MG		00794	0.0095	APC (blood and non-blood products)	$0.57			-	-	000	999	
J1941	E	INJ, FUROSCIX, 20 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J1943	K	INJ., ARISTADA INITIO, 1 MG		09179	0.0528	APC (blood and non-blood products)	$3.14			-	-	000	999	
J1944	K	ARIPIPRAZOLE LAUROXIL 1 MG		09470	0.0535	APC (blood and non-blood products)	$3.26			-	-	000	999	
J1945	E	LEPIRUDIN		-	-	Not Allowed	$0.00			-	-	000	999	
J1950	K	LEUPROLIDE ACETATE /3.75 MG		00800	26.9930	APC (blood and non-blood products)	$1,670.30			-	-	000	999	
J1951	K	INJ FENSOLVI 0.25 MG		09419	2.2556	APC (blood and non-blood products)	$134.26			-	-	000	999	
J1952	G	LEUPROLIDE INJ, CAMCEVI, 1MG		-	-	APC – pays by fee schedule amount	$52.38			-	-	000	999	
J1953	N	LEVETIRACETAM INJECTION		-	-	Bundled	$0.00			-	-	000	99	
J1954	G	LEUPROLIDE DEPOT CIPLA 7.5MG		-	-	APC – pays by fee schedule amount	$220.74			-	-	000	999	
J1955	M	INJ LEVOCARNITINE PER 1 GM		-	-	Fee Schedule	$25.56			-	-	000	999	
J1956	N	LEVOFLOXACIN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J1960	E	LEVORPHANOL TARTRATE INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J1961	G	INJ, LENACAPAVIR, 1 MG		-	-	APC – pays by fee schedule amount	$22.03			-	-	000	999	
J1980	N	HYOSCYAMINE SULFATE INJ		-	-	Bundled	$0.00			-	-	000	999	
J1990	E	CHLORDIAZEPOXIDE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J2002	K	INJ, LIDOCAINE IN D5W, 1 MG		00795	0.0000	APC (blood and non-blood products)	$0.00			-	-	000	999	
J2003	N	INJ, LIDOCAINE HCL, 1 MG		-	-	Bundled	$0.00			-	-	000	999	
J2004	N	INJ, LIDOCAINE W EPINEPHRINE		-	-	Bundled	$0.00			-	-	000	999	
J2010	N	LINCOMYCIN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2020	N	LINEZOLID INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2021	N	INJ, LINEZOLID (HOSPIRA)		-	-	Bundled	$0.00			-	-	000	999	
J2060	N	LORAZEPAM INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2062	E	LOXAPINE FOR INHALATION 1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J2150	N	MANNITOL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2170	N	MECASERMIN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2175	N	MEPERIDINE HYDROCHL /100 MG		-	-	Bundled	$0.00			-	-	000	999	
J2180	N	MEPERIDINE/PROMETHAZINE INJ		-	-	Bundled	$0.00			-	-	000	999	
J2182	K	INJECTION, MEPOLIZUMAB, 1MG		09473	0.5220	APC (blood and non-blood products)	$30.54			Y	-	000	999	

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J2183	K	INJ MEROPENEM (WG CRIT CARE)		00796	0.0272	APC (blood and non-blood products)	$1.60			-	-	000	999	
J2184	N	INJ, MEROPENEM (B. BRAUN)		-	-	Bundled	$0.00			-	-	000	999	
J2185	N	MEROPENEM		-	-	Bundled	$0.00			-	-	000	999	
J2186	K	INJ., MEROPENEM, VABORBACTAM		09178	0.0346	APC (blood and non-blood products)	$2.11			-	-	000	999	
J2210	N	METHYLERGONOVIN MALEATE INJ		-	-	Bundled	$0.00			-	-	000	999	
J2212	N	METHYLNALTREXONE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2246	E	INJ, MICAFUNGIN (BAXTER)		-	-	Not Allowed	$0.00			-	-	000	999	
J2247	N	INJ, MICAFUNGIN (PAR PHARM)		-	-	Bundled	$0.00			-	-	000	999	
J2248	N	MICAFUNGIN SODIUM INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2249	N	INJ, REMIMAZOLAM, 1 MG		-	-	Bundled	$0.00			-	-	000	999	
J2250	N	INJ MIDAZOLAM HYDROCHLORIDE		-	-	Bundled	$0.00			-	-	000	999	
J2251	N	INJ MIDAZOLAM IN 0.9% NACL		-	-	Bundled	$0.00			-	-	000	999	
J2252	N	INJ MIDAZOLAM IN 0.8% NACL		-	-	Bundled	$0.00			-	-	000	999	
J2253	N	INJ MIDAZOLAM (SEIZALAM)		-	-	Bundled	$0.00			-	-	000	999	
J2260	N	INJ MILRINONE LACTATE / 5 MG		-	-	Bundled	$0.00			-	-	000	999	
J2265	K	MINOCYCLINE HYDROCHLORIDE		01853	0.0427	APC (blood and non-blood products)	$2.59			-	-	008	999	
J2267	G	INJ, MIRIKIZUMAB-MRKZ, 1 MG		-	-	APC – pays by fee schedule amount	$47.57			-	-	000	999	
J2270	N	MORPHINE SULFATE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2272	N	INJ, MORPHINE (FRESENIUS)		-	-	Bundled	$0.00			-	-	000	999	
J2274	N	INJ MORPHINE PF EPID ITHC		-	-	Bundled	$0.00			-	-	000	999	
J2277	G	INJ, MOTIXAFORTIDE, 0.25 MG		-	-	APC – pays by fee schedule amount	$25.22			-	-	000	999	
J2278	K	ZICONOTIDE INJECTION		01694	0.1610	APC (blood and non-blood products)	$9.70			-	-	000	999	
J2280	N	INJ, MOXIFLOXACIN 100 MG		-	-	Bundled	$0.00			-	-	000	999	
J2281	N	INJ MOXIFLOXACIN (FRES KABI)		-	-	Bundled	$0.00			-	-	000	999	
J2290	N	INJ, NAFCILLIN SODIUM, 20 MG		-	-	Bundled	$0.00			-	-	000	999	
J2300	N	INJ NALBUPHINE HYDROCHLORIDE		-	-	Bundled	$0.00			-	-	000	999	
J2305	N	INJ, NITROGLYCERIN, 5 MG		-	-	Bundled	$0.00			-	-	000	999	
J2310	N	INJ NALOXONE HYDROCHLORIDE		-	-	Bundled	$0.00			-	-	000	999	
J2311	N	INJ, NALOXONE HCL (ZIMHI)		-	-	Bundled	$0.00			-	-	000	999	
J2315	K	NALTREXONE, DEPOT FORM		00759	0.0679	APC (blood and non-blood products)	$4.12			Y	-	000	999	
J2320	N	NANDROLONE DECANOATE 50 MG		-	-	Bundled	$0.00			-	-	000	999	
J2323	K	NATALIZUMAB INJECTION		09126	0.4149	APC (blood and non-blood products)	$24.37			-	-	000	999	
J2325	E	NESIRITIDE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J2326	K	INJ, NUSINERSEN, 0.1MG		09489	20.7244	APC (blood and non-blood products)	$1,248.60			Y	-	000	999	
J2327	G	INJ RISANKIZUMAB-RZAA 1 MG		-	-	APC – pays by fee schedule amount	$14.86			Y	-	000	999	
J2329	G	INJ UBLITUXIMAB-XIIY, 1 MG		-	-	APC – pays by fee schedule amount	$68.66			-	-	000	999	
J2350	K	INJECTION, OCRELIZUMAB, 1 MG		09494	1.0063	APC (blood and non-blood products)	$57.81			-	-	000	999	
J2353	K	OCTREOTIDE INJECTION, DEPOT		01207	3.6061	APC (blood and non-blood products)	$204.59			-	-	000	999	
J2354	N	OCTREOTIDE INJ, NON-DEPOT		-	-	Bundled	$0.00			-	-	000	999	
J2355	E	OPRELVEKIN INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J2356	G	INJ TEZEPELUMAB-EKKO, 1MG		-	-	APC – pays by fee schedule amount	$17.77			Y	-	000	999	
J2357	K	OMALIZUMAB INJECTION		09300	0.6303	APC (blood and non-blood products)	$40.12			Y	Y	000	999	
J2358	K	OLANZAPINE LONG-ACTING INJ		01331	0.0480	APC (blood and non-blood products)	$2.92			-	-	000	999	
J2359	N	INJ. OLANZAPINE, 0.5MG		-	-	Bundled	$0.00			-	-	000	999	
J2360	N	ORPHENADRINE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2371	N	INJ PHENYLEPHRINE HCL 20 MCG		-	-	Bundled	$0.00			-	-	000	999	
J2372	N	INJ, BIORPHEN, 20 MICROGRAMS		-	-	Bundled	$0.00			-	-	000	999	
J2373	K	INJ, IMMPHENTIV, 20 MCG		00797	0.0023	APC (blood and non-blood products)	$0.14			-	-	000	999	
J2401	N	CHLOROPROCAINE HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2402	E	CHLOROPROCAINE (CLOROTEKAL)		-	-	Not Allowed	$0.00			-	-	000	999	
J2403	G	CHLOROPROCAINE OPHT GEL, 1MG		-	-	APC – pays by fee schedule amount	$0.60			-	-	000	999	
J2404	E	INJ, NICARDIPINE 0.1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J2405	N	ONDANSETRON HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2406	K	INJECTION, ORITAVANCIN 10 MG		09427	0.7004	APC (blood and non-blood products)	$42.77			-	-	000	999	
J2407	K	INJECTION, ORITAVANCIN		01660	0.4608	APC (blood and non-blood products)	$28.53			-	-	000	999	
J2410	E	OXYMORPHONE HCL INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	

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J2425	K	PALIFERMIN INJECTION		01696	0.5821	APC (blood and non-blood products)	$33.99			-	-	000	999	
J2426	K	INJ, INVEGA SUSTENNA, 1 MG		09255	0.2445	APC (blood and non-blood products)	$14.74			-	-	000	999	
J2427	K	INJ, INVEGA HAFYERA/TRINZA		09145	0.2087	APC (blood and non-blood products)	$12.67			-	-	000	999	
J2430	N	PAMIDRONATE DISODIUM /30 MG		-	-	Bundled	$0.00			-	-	000	999	
J2440	N	PAPAVERIN HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2460	E	OXYTETRACYCLINE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J2468	G	INJ, PALONOSETRON (AVYXA)		-	-	APC – pays by fee schedule amount	$59.91			-	-	000	999	
J2469	N	PALONOSETRON HCL		-	-	Bundled	$0.00			-	Y	000	999	
J2470	N	INJ PANTOPRAZOLE SODIUM 40MG		-	-	Bundled	$0.00			-	-	000	999	
J2471	N	INJ PANTOPRAZOLE(HIKMA) 40MG		-	-	Bundled	$0.00			-	-	000	999	
J2472	N	INJ, PANTOPRAZOLE SODIUM CHL		-	-	Bundled	$0.00			-	-	000	999	
J2501	N	PARICALCITOL		-	-	Bundled	$0.00			-	-	000	999	
J2502	K	INJ, PASIREOTIDE LONG ACTING		09454	7.9328	APC (blood and non-blood products)	$526.94			-	-	000	999	
J2503	E	PEGAPTANIB SODIUM INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J2504	E	PEGADEMASE BOVINE, 25 IU		-	-	Not Allowed	$0.00			-	-	000	999	
J2506	K	INJ PEGFILGRAST EX BIO 0.5MG		09436	1.8797	APC (blood and non-blood products)	$19.98			-	-	000	999	
J2507	K	PEGLOTICASE INJECTION		09281	58.0907	APC (blood and non-blood products)	$3,565.32			Y	-	018	999	
J2508	G	PEGUNIGALSIDASE ALFA-IWXJ		-	-	APC – pays by fee schedule amount	$226.93			-	-	000	999	
J2510	K	PENICILLIN G PROCAINE INJ		01836	0.7772	APC (blood and non-blood products)	$47.19			-	-	000	999	
J2513	E	PENTASTARCH 10% SOLUTION		-	-	Not Allowed	$0.00			-	-	000	999	
J2515	N	PENTOBARBITAL SODIUM INJ		-	-	Bundled	$0.00			-	-	000	999	
J2540	N	PENICILLIN G POTASSIUM INJ		-	-	Bundled	$0.00			-	-	000	999	
J2543	N	PIPERACILLIN/TAZOBACTAM		-	-	Bundled	$0.00			-	-	000	999	
J2545	M	PENTAMIDINE NON-COMP UNIT		-	-	Fee Schedule	$79.39			-	-	000	999	
J2547	K	INJECTION, PERAMIVIR		09451	0.0276	APC (blood and non-blood products)	$1.68			-	-	000	999	
J2550	N	PROMETHAZINE HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2560	N	PHENOBARBITAL SODIUM INJ		-	-	Bundled	$0.00			-	-	000	999	
J2561	K	INJ, SEZABY, 1 MG		00798	0.0107	APC (blood and non-blood products)	$1.06			-	-	000	999	
J2562	K	PLERIXAFOR INJECTION		09252	2.1164	APC (blood and non-blood products)	$24.98			-	-	000	999	
J2590	N	OXYTOCIN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2597	K	INJ DESMOPRESSIN ACETATE		01440	0.1074	APC (blood and non-blood products)	$4.49			-	-	000	999	
J2598	N	INJ, VASOPRESSIN, 1 UNIT		-	-	Bundled	$0.00			-	-	000	999	
J2599	N	INJ VASOPRESSIN (AM REG) 1 U		-	-	Bundled	$0.00			-	-	000	999	
J2601	G	INJ, VASOPRESSIN (BAXTER)		-	-	APC – pays by fee schedule amount	$3.50			-	-	000	999	
J2650	E	PREDNISOLONE ACETATE INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J2670	E	TOTAZOLINE HCL INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J2675	N	INJ PROGESTERONE PER 50 MG		-	-	Bundled	$0.00			-	-	000	999	
J2679	K	INJ FLUPHENAZINE HCL 1.25 MG		00799	0.1267	APC (blood and non-blood products)	$7.15			-	-	000	999	
J2680	N	FLUPHENAZINE DECANOATE 25 MG		-	-	Bundled	$0.00			-	-	000	999	
J2690	K	PROCAINAMIDE HCL INJECTION		09219	3.2061	APC (blood and non-blood products)	$284.34			-	-	000	999	
J2700	N	OXACILLIN SODIUM INJECITON		-	-	Bundled	$0.00			-	-	000	999	
J2704	N	INJ, PROPOFOL, 10 MG		-	-	Bundled	$0.00			-	-	000	999	
J2710	N	NEOSTIGMINE METHYLSLFTE INJ		-	-	Bundled	$0.00			-	-	000	999	
J2720	N	INJ PROTAMINE SULFATE/10 MG		-	-	Bundled	$0.00			-	-	000	999	
J2724	K	PROTEIN C CONCENTRATE		01139	0.2573	APC (blood and non-blood products)	$15.02			-	-	000	999	
J2725	E	INJ PROTIRELIN PER 250 MCG		-	-	Not Allowed	$0.00			-	-	000	999	
J2730	N	PRALIDOXIME CHLORIDE INJ		-	-	Bundled	$0.00			-	-	000	999	
J2760	K	PHENTOLAINE MESYLATE INJ		01458	7.6095	APC (blood and non-blood products)	$449.30			-	-	000	999	
J2765	N	METOCLOPRAMIDE HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2770	K	QUINUPRISTIN/DALFOPRISTIN		02770	0.0702	APC (blood and non-blood products)	$4.26			-	-	000	999	
J2777	G	INJ, FARICIMAB-SVOA, 0.1MG		-	-	APC – pays by fee schedule amount	$34.72			-	-	000	999	
J2778	K	RANIBIZUMAB INJECTION		09233	2.9693	APC (blood and non-blood products)	$90.41			-	-	000	999	
J2779	K	INJ, SUSVIMO 0.1 MG		09439	1.3765	APC (blood and non-blood products)	$79.74			-	-	000	999	
J2781	G	INJ, PEGCETACOPLAN, 1MG		-	-	APC – pays by fee schedule amount	$143.99			-	-	000	999	
J2782	G	INJ AVACINCAPTAD PEGOL 0.1MG		-	-	APC – pays by fee schedule amount	$107.44			-	-	000	999	
J2783	K	RASBURICASE		00738	6.2936	APC (blood and non-blood products)	$370.46			-	-	000	999	

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J2785	N	REGADENOSON INJECTION		-	-	Bundled	$0.00			-	-	018	999	
J2786	K	INJECTION, RESLIZUMAB, 1MG		09481	0.1751	APC (blood and non-blood products)	$10.49			Y	-	000	999	
J2787	N	RIBOFLAVIN 5'PHOS OPTH<=3ML		-	-	Bundled	$0.00			-	-	000	999	
J2788	N	RHO D IMMUNE GLOBULIN 50 MCG		-	-	Bundled	$0.00			-	-	000	999	
J2790	N	RHO D IMMUNE GLOBULIN INJ		-	-	Bundled	$0.00			-	-	000	999	
J2791	N	RHOPHYLAC INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2792	K	RHO(D) IMMUNE GLOBULIN H, SD		01609	0.5248	APC (blood and non-blood products)	$32.51			-	-	000	999	
J2793	E	RILONACEPT INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J2794	K	INJ RISPERDAL CONSTA, 0.5 MG		09125	0.2086	APC (blood and non-blood products)	$10.50			-	Y	000	999	
J2795	N	ROPIVACAINE HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2797	E	INJ., ROLAPITANT, 0.5 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J2798	K	INJ., PERSERIS, 0.5 MG		09181	0.1992	APC (blood and non-blood products)	$12.15			-	-	000	999	
J2799	G	INJ, UZEDY, 1 MG		-	-	APC – pays by fee schedule amount	$24.62			-	-	000	999	
J2800	N	METHOCARBAMOL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2801	K	INJ, RYKINDO, 0.5 MG		00739	0.2146	APC (blood and non-blood products)	$13.03			-	-	000	999	
J2802	K	INJ, ROMIPLOSTIM 1 MICROGRAM		00822	0.1736	APC (blood and non-blood products)	$10.52			-	-	000	999	
J2805	N	SINCALIDE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2810	E	INJ THEOPHYLLINE PER 40 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J2820	K	SARGRAMOSTIM INJECTION		00731	1.0182	APC (blood and non-blood products)	$59.88			-	-	000	999	
J2840	K	INJ SEBELIPASE ALFA 1 MG		09478	9.2215	APC (blood and non-blood products)	$538.70			-	-	000	999	
J2850	K	INJ SECRETIN SYNTHETIC HUMAN		01700	0.7011	APC (blood and non-blood products)	$42.57			-	-	000	999	
J2860	K	INJECTION, SILTUXIMAB		09455	2.5913	APC (blood and non-blood products)	$163.37			-	-	000	999	
J2910	E	AUROTHIOGLUCOSE INJECITON		-	-	Not Allowed	$0.00			-	-	000	999	
J2916	N	NA FERRIC GLUCONATE COMPLEX		-	-	Bundled	$0.00			-	-	000	999	
J2919	K	INJ, METHYLPRED SOD SUCC 5MG		00801	0.0044	APC (blood and non-blood products)	$0.25			-	-	000	999	
J2940	E	SOMATREM INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J2941	K	SOMATROPIN INJECTION		09319	0.8057	APC (blood and non-blood products)	$48.92			-	-	000	999	
J2950	N	PROMAZINE HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J2993	K	RETEPLASE INJECTION		09005	49.4884	APC (blood and non-blood products)	$2,777.14			-	-	000	999	
J2995	E	INJ STREPTOKINASE /250000 IU		-	-	Not Allowed	$0.00			-	-	000	999	
J2997	K	ALTEPLASE RECOMBINANT		07048	1.5212	APC (blood and non-blood products)	$91.46			-	-	000	999	
J2998	K	INJ PLASMINOGEN TVMH 1MG		09206	0.5355	APC (blood and non-blood products)	$32.38			-	-	000	999	
J3000	N	STREPTOMYCIN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J3010	N	FENTANYL CITRATE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J3030	N	SUMATRIPTAN SUCCINATE / 6 MG		-	-	Bundled	$0.00			-	-	000	999	
J3031	N	INJ., FREMANEZUMAB-VFRM 1 MG		-	-	Bundled	$0.00			-	-	000	999	
J3032	K	INJ. EPTINEZUMAB-JJMR 1 MG		09357	0.3091	APC (blood and non-blood products)	$19.32			Y	-	000	999	
J3055	G	INJ TALQUETAMAB-TGVS 0.25 MG		-	-	APC – pays by fee schedule amount	$70.00			-	-	000	999	
J3060	K	INJ, TALIGLUCERASE ALFA 10 U		09294	0.7707	APC (blood and non-blood products)	$40.64			-	-	000	999	
J3070	N	PENTAZOCINE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J3090	K	INJ TEDIZOLID PHOSPHATE		01662	0.0311	APC (blood and non-blood products)	$1.80			-	-	000	999	
J3095	K	TELAVANCIN INJECTION		09258	0.1221	APC (blood and non-blood products)	$7.09			-	-	000	999	
J3101	K	TENECTEPLASE INJECTION		09002	2.6222	APC (blood and non-blood products)	$162.46			-	-	018	999	
J3105	N	TERBUTALINE SULFATE INJ		-	-	Bundled	$0.00			-	-	000	999	
J3110	E	TERIPARATIDE INJECTION		-	-	Not Allowed	$0.00			-	Y	000	999	
J3111	K	INJ. ROMOSOZUMAB-AQQG 1 MG		09327	0.1831	APC (blood and non-blood products)	$11.49			Y	-	000	999	
J3121	N	INJ TESTOSTERO ENANTHATE 1MG		-	-	Bundled	$0.00			-	-	000	999	
J3145	K	TESTOSTERONE UNDECANOATE 1MG		09078	0.0330	APC (blood and non-blood products)	$2.02			-	-	000	999	
J3230	N	CHLORPROMAZINE HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J3240	K	THYROTROPIN INJECTION		09108	34.6355	APC (blood and non-blood products)	$2,078.71			-	-	000	999	
J3241	K	INJ. TEPROTUMUMAB-TRBW 10 MG		09355	5.7099	APC (blood and non-blood products)	$346.71			-	-	000	999	
J3243	N	TIGECYCLINE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J3244	N	INJ. TIGECYCLINE (ACCORD)		-	-	Bundled	$0.00			-	-	000	999	
J3245	K	INJ., TILDRAKIZUMAB, 1 MG		09306	2.4016	APC (blood and non-blood products)	$131.46			Y	-	000	999	
J3246	N	TIROFIBAN HCL		-	-	Bundled	$0.00			-	Y	000	999	
J3247	G	INJ SECUKINUMAB INTRAV 1MG		-	-	APC – pays by fee schedule amount	$17.73			-	-	000	999	

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J3250	N	TRIMETHOBENZAMIDE HCL INJ		-	-	Bundled	$0.00			-	-	000	999	
J3260	N	TOBRAMYCIN SULFATE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J3262	K	TOCILIZUMAB INJECTION		09264	0.1035	APC (blood and non-blood products)	$5.88			-	-	000	999	
J3263	G	INJ, TORIPALIMAB-TPZI, 1 MG		-	-	APC – pays by fee schedule amount	$39.10			-	-	000	999	
J3265	E	INJECTION TORSEMIDE 10 MG/ML		-	-	Not Allowed	$0.00			-	-	000	999	
J3280	E	THIETHYLPERAZINE MALEATE INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J3285	K	TREPROSTINIL INJECTION		01701	0.9342	APC (blood and non-blood products)	$56.83			-	-	000	999	
J3299	K	INJ XIPERE 1 MG		09358	0.7975	APC (blood and non-blood products)	$48.23			-	-	000	999	
J3300	G	TRIAMCINOLONE A INJ PRS-FREE		-	-	APC – pays by fee schedule amount	$25.02			-	-	000	999	
J3301	N	TRIAMCINOLONE ACET INJ NOS		-	-	Bundled	$0.00			-	-	000	999	
J3302	N	TRIAMCINOLONE DIACETATE INJ		-	-	Bundled	$0.00			-	-	000	999	
J3303	N	TRIAMCINOLONE HEXACETONL INJ		-	-	Bundled	$0.00			-	-	000	999	
J3304	K	INJ TRIAMCINOLONE ACE XR 1MG		09469	0.2996	APC (blood and non-blood products)	$18.01			-	-	000	999	
J3305	E	INJ TRIMETREXATE GLUCORONATE		-	-	Not Allowed	$0.00			-	-	000	999	
J3310	E	PERPHENAZINE INJECITON		-	-	Not Allowed	$0.00			-	-	000	999	
J3315	K	TRIPTORELIN PAMOATE		09122	7.1363	APC (blood and non-blood products)	$471.63			-	-	000	999	
J3316	K	INJ., TRIPTORELIN XR 3.75 MG		09016	55.3861	APC (blood and non-blood products)	$3,506.04			-	-	000	999	
J3320	E	SPECTINOMYCN DI-HCL INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J3350	E	UREA INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J3355	E	UROFOLLITROPIN, 75 IU		-	-	Not Allowed	$0.00			-	-	000	999	
J3357	K	USTEKINUMAB SUB CU INJ, 1 MG		09261	2.6129	APC (blood and non-blood products)	$152.39			Y	-	000	999	
J3358	K	USTEKINUMAB, IV INJECT, 1 MG		09487	0.2140	APC (blood and non-blood products)	$12.81			Y	-	000	999	
J3360	N	DIAZEPAM INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J3364	E	UROKINASE 5000 IU INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J3365	E	UROKINASE 250,000 IU INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J3370	N	VANCOMYCIN HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J3371	N	INJ, VANCOMYCIN HCL (MYLAN)		-	-	Bundled	$0.00			-	-	000	999	
J3372	N	INJ, VANCOMYCIN HCL (XELLIA)		-	-	Bundled	$0.00			-	-	000	999	
J3380	K	INJ VEDOLIZUMAB IV 1 MG		01489	0.3743	APC (blood and non-blood products)	$21.16			Y	-	000	999	
J3385	K	VELAGLUCERASE ALFA		09271	6.2997	APC (blood and non-blood products)	$374.36			-	-	000	999	
J3392	K	INJ, EXAGAMGLOGENE AUTOTEM		00824	38405.7971	APC (blood and non-blood products)	$2,332,000.00			-	-	000	999	
J3393	G	INJ, BETIBEGLOGENE AUTOTEMCE		-	-	APC – pays by fee schedule amount	$2,948,213.33			-	-	000	999	
J3394	G	INJ, LOVOTIBEGLOGENE AUTOTEM		-	-	APC – pays by fee schedule amount	$3,286,000.00			-	-	000	999	
J3396	K	VERTEPORFIN INJECTION		01203	0.1959	APC (blood and non-blood products)	$11.52			-	Y	000	999	
J3397	E	INJ., VESTRONIDASE ALFA-VJBK		-	-	Not Allowed	$0.00			-	-	000	999	
J3398	K	INJ LUXTURNA 1 BILLION VEC G		09070	50.0905	APC (blood and non-blood products)	$3,146.26			-	-	000	999	
J3399	K	INJ ONASE ABEPAR-XIOI TREAT		09141	38921.0893	APC (blood and non-blood products)	$2,363,288.54			Y	-	000	999	
J3400	E	TRIFLUPROMAZINE HCL INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J3401	G	VYJUVEK 5X10?9PFU/ML, 0.1 ML		-	-	APC – pays by fee schedule amount	$1,016.67			-	-	000	999	
J3410	N	HYDROXYZINE HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J3411	N	THIAMINE HCL 100 MG		-	-	Bundled	$0.00			-	-	000	999	
J3415	N	PYRIDOXINE HCL 100 MG		-	-	Bundled	$0.00			-	-	000	999	
J3420	N	VITAMIN B12 INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J3424	K	INJ HYDROXOCOBALAMIN IV 25MG		00740	0.0854	APC (blood and non-blood products)	$5.18			-	-	000	999	
J3425	K	HYDROXOCOBALAMIN IM 10MCG		00803	0.0001	APC (blood and non-blood products)	$0.01			-	-	000	999	
J3430	N	VITAMIN K PHYTONADIONE INJ		-	-	Bundled	$0.00			-	-	000	999	
J3465	N	INJECTION, VORICONAZOLE		-	-	Bundled	$0.00			-	-	000	999	
J3470	N	HYALURONIDASE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J3471	N	OVINE, UP TO 999 USP UNITS		-	-	Bundled	$0.00			-	-	000	999	
J3472	N	OVINE, 1000 USP UNITS		-	-	Bundled	$0.00			-	-	000	999	
J3473	N	HYALURONIDASE RECOMBINANT		-	-	Bundled	$0.00			-	-	000	999	
J3475	N	INJ MAGNESIUM SULFATE		-	-	Bundled	$0.00			-	-	000	999	
J3480	N	INJ POTASSIUM CHLORIDE		-	-	Bundled	$0.00			-	-	000	999	
J3485	N	ZIDOVUDINE		-	-	Bundled	$0.00			-	-	000	999	
J3486	N	ZIPRASIDONE MESYLATE		-	-	Bundled	$0.00			-	-	000	999	
J3489	N	ZOLEDRONIC ACID 1MG		-	-	Bundled	$0.00			-	-	000	999	

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J3490	N	DRUGS UNCLASSIFIED INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J3520	E	EDETATE DISODIUM PER 150 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J3530	N	NASAL VACCINE INHALATION		-	-	Bundled	$0.00			-	-	000	999	
J3535	E	METERED DOSE INHALER DRUG		-	-	Not Allowed	$0.00			-	-	000	999	
J3570	E	LAETRILE AMYGDALIN VIT B17		-	-	Not Allowed	$0.00			-	-	000	999	
J3590	N	UNCLASSIFIED BIOLOGICS		-	-	Bundled	$0.00			-	-	000	999	
J3591	M	ESRD ON DIALYSI DRUG/BIO NOC		-	-	Fee Schedule	$0.00			-	-	000	999	
J7030	N	NORMAL SALINE SOLUTION INFUS		-	-	Bundled	$0.00			-	-	000	999	
J7040	N	NORMAL SALINE SOLUTION INFUS		-	-	Bundled	$0.00			-	-	000	999	
J7042	N	5% DEXTROSE/NORMAL SALINE		-	-	Bundled	$0.00			-	-	000	999	
J7050	N	NORMAL SALINE SOLUTION INFUS		-	-	Bundled	$0.00			-	-	000	999	
J7060	N	5% DEXTROSE/WATER		-	-	Bundled	$0.00			-	-	000	999	
J7070	N	D5W INFUSION		-	-	Bundled	$0.00			-	-	000	999	
J7100	N	DEXTRAN 40 INFUSION		-	-	Bundled	$0.00			-	-	000	999	
J7110	N	DEXTRAN 75 INFUSION		-	-	Bundled	$0.00			-	-	000	999	
J7120	N	RINGERS LACTATE INFUSION		-	-	Bundled	$0.00			-	-	000	999	
J7121	N	5% DEXTROSE IN LAC RINGERS		-	-	Bundled	$0.00			-	-	000	999	
J7131	N	HYPERTONIC SALINE SOL		-	-	Bundled	$0.00			-	-	000	999	
J7165	G	INJ, HUMAN-LANS, PER I.U		-	-	APC – pays by fee schedule amount	$1.55			-	-	000	999	
J7168	K	PROTHROMBIN COMPLEX KCENTRA		09132	0.0364	APC (blood and non-blood products)	$2.18			-	-	000	999	
J7169	K	INJ ANDEXXA, 10 MG		09198	2.2638	APC (blood and non-blood products)	$131.74			-	-	000	999	
J7170	K	INJ., EMICIZUMAB-KXWH 0.5 MG		09257	0.8707	APC (blood and non-blood products)	$51.98			-	-	000	999	
J7171	G	INJ, ADZYNMA, 10 IU		-	-	APC – pays by fee schedule amount	$34.52			-	-	000	999	
J7175	K	INJ, FACTOR X, (HUMAN), 1IU		01857	0.1570	APC (blood and non-blood products)	$9.53			-	-	000	999	
J7177	K	INJ., FIBRYGA, 1 MG		09046	0.0243	APC (blood and non-blood products)	$1.10			-	-	000	999	
J7178	K	INJ HUMAN FIBRINOGEN CON NOS		01478	0.0247	APC (blood and non-blood products)	$1.48			-	-	000	999	
J7179	K	VONVENDI INJ 1 IU VWF:RCO		09059	0.0320	APC (blood and non-blood products)	$1.83			-	-	000	999	
J7180	K	FACTOR XIII ANTI-HEM FACTOR		01416	0.1739	APC (blood and non-blood products)	$10.48			-	-	000	999	
J7181	K	FACTOR XIII RECOMB A-SUBUNIT		01746	0.2929	APC (blood and non-blood products)	$17.34			-	-	000	999	
J7182	K	FACTOR VIII RECOMB NOVOEIGHT		01856	0.0236	APC (blood and non-blood products)	$1.40			-	-	000	999	
J7183	K	WILATE INJECTION		01352	0.0215	APC (blood and non-blood products)	$1.28			-	-	000	999	
J7185	K	XYNTHA INJ		01268	0.0235	APC (blood and non-blood products)	$1.49			-	-	000	999	
J7186	K	ANTIHEMOPHILIC VIII/VWF COMP		01213	0.0203	APC (blood and non-blood products)	$1.20			-	-	000	999	
J7187	K	HUMATE-P, INJ		01704	0.0239	APC (blood and non-blood products)	$1.45			-	-	000	999	
J7188	K	FACTOR VIII RECOMB OBIZUR		01827	0.0532	APC (blood and non-blood products)	$3.23			-	-	000	999	
J7189	K	FACTOR VIIA RECOMB NOVOSEVEN		01705	0.0420	APC (blood and non-blood products)	$2.53			-	-	000	999	
J7190	K	FACTOR VIII		00925	0.0190	APC (blood and non-blood products)	$1.12			-	-	000	999	
J7191	E	FACTOR VIII (PORCINE)		-	-	Not Allowed	$0.00			-	-	000	999	
J7192	K	FACTOR VIII RECOMBINANT NOS		00927	0.0254	APC (blood and non-blood products)	$1.56			-	-	000	999	
J7193	K	FACTOR IX NON-RECOMBINANT		00931	0.0227	APC (blood and non-blood products)	$1.38			-	-	000	999	
J7194	K	FACTOR IX COMPLEX		00928	0.0276	APC (blood and non-blood products)	$1.66			-	-	000	999	
J7195	K	FACTOR IX RECOMBINANT NOS		00932	0.0303	APC (blood and non-blood products)	$1.85			-	-	000	999	
J7196	E	ANTITHROMBIN RECOMBINANT		-	-	Not Allowed	$0.00			-	-	000	999	
J7197	K	ANTITHROMBIN III INJECTION		01263	0.0640	APC (blood and non-blood products)	$3.94			-	-	000	999	
J7198	K	ANTI-INHIBITOR		00929	0.0392	APC (blood and non-blood products)	$2.40			-	-	000	999	
J7199	M	HEMOPHILIA CLOT FACTOR NOC		-	-	Fee Schedule	$0.00			-	-	000	999	
J7200	N	FACTOR IX RECOMBINAN RIXUBIS		-	-	Bundled	$0.00			-	-	000	999	
J7201	K	FACTOR IX ALPROLIX RECOMB		01486	0.0589	APC (blood and non-blood products)	$3.55			-	-	000	999	
J7202	K	FACTOR IX IDELVION INJ		09171	0.0872	APC (blood and non-blood products)	$5.18			-	-	000	999	
J7203	K	FACTOR IX RECOMB GLY REBINYN		09468	0.0766	APC (blood and non-blood products)	$4.32			-	-	000	999	
J7204	K	INJ RECOMBIN ESPEROCT PER IU		09354	0.0362	APC (blood and non-blood products)	$2.14			-	-	000	999	
J7205	K	FACTOR VIII FC FUSION RECOMB		01656	0.0378	APC (blood and non-blood products)	$2.32			-	-	000	999	
J7207	K	FACTOR VIII PEGYLATED RECOMB		01844	0.0352	APC (blood and non-blood products)	$2.10			-	-	000	999	
J7208	K	INJ. JIVI 1 IU		09299	0.0400	APC (blood and non-blood products)	$2.45			-	-	000	999	
J7209	K	FACTOR VIII NUWIQ RECOMB 1IU		01846	0.0215	APC (blood and non-blood products)	$1.19			-	-	000	999	
J7210	K	INJ, AFSTYLA, 1 I.U.		09043	0.0249	APC (blood and non-blood products)	$1.51			-	-	000	999	

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J7211	K	INJ, KOVALTRY, 1 I.U.		09075	0.0244	APC (blood and non-blood products)	$1.49			-	-	000	999	
J7212	N	FACTOR VIIA RECOMB SEVENFACT		-	-	Bundled	$0.00			-	-	000	999	
J7213	K	INJ, IXINITY, 1 I.U.		09146	0.0315	APC (blood and non-blood products)	$1.92			-	-	000	999	
J7214	G	ALTUVIIIO PER FACTOR VIII IU		-	-	APC – pays by fee schedule amount	$4.60			-	-	000	999	
J7294	E	SEG ACET AND ETH ESTR YEARLY		-	-	Not Allowed	$0.00			-	-	000	999	
J7295	E	ETH ESTR AND ETON MONTHLY		-	-	Not Allowed	$0.00			-	-	000	999	
J7296	M	KYLEENA, 19.5 MG		-	-	Fee Schedule	$1,214.63			-	-	000	999	
J7297	M	LILETTA, 52 MG		-	-	Fee Schedule	$931.73			-	-	000	999	
J7298	M	MIRENA, 52 MG		-	-	Fee Schedule	$1,214.63			-	-	000	999	
J7300	M	INTRAUT COPPER CONTRACEPTIVE		-	-	Fee Schedule	$1,139.00			-	-	010	65	
J7301	M	SKYLA, 13.5 MG		-	-	Fee Schedule	$1,011.38			-	-	000	999	
J7302	E	LEVONORGESTREL IU 52 MG		-	-	Not Allowed	$0.00			-	-	010	65	
J7304	M	CONTRACEPTIVE HORMONE PATCH		-	-	Fee Schedule	$40.72			-	Y	010	65	
J7306	E	LEVONORGESTREL IMPLANT SYS		-	-	Not Allowed	$0.00			-	-	000	999	
J7307	M	ETONOGESTREL IMPLANT SYSTEM		-	-	Fee Schedule	$1,214.63			-	-	000	999	
J7308	K	AMINOLEVULINIC ACID HCL TOP		07308	6.7911	APC (blood and non-blood products)	$394.41			-	-	000	999	
J7309	E	METHYL AMINOLEVULINATE, TOP		-	-	Not Allowed	$0.00			-	-	000	999	
J7310	E	GANCICLOVIR LONG ACT IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
J7311	K	INJ., RETISERT, 0.01 MG		09225	0.5077	APC (blood and non-blood products)	$340.04			Y	-	000	999	
J7312	K	DEXAMETHASONE INTRA IMPLANT		09256	3.5211	APC (blood and non-blood products)	$205.24			-	-	000	999	
J7313	K	INJ., ILUVIEN, 0.01 MG		09450	8.3497	APC (blood and non-blood products)	$490.77			-	-	000	999	
J7314	K	INJ., YUTIQ, 0.01 MG		09328	9.0270	APC (blood and non-blood products)	$524.57			-	-	000	999	
J7315	N	OPHTHALMIC MITOMYCIN		-	-	Bundled	$0.00			-	-	000	999	
J7316	N	INJ, OCRIPLASMIN, 0.125 MG		-	-	Bundled	$0.00			-	-	000	999	
J7318	K	INJ, DUROLANE 1 MG		09174	0.1122	APC (blood and non-blood products)	$6.93			-	-	000	999	
J7320	K	GENVISC 850, INJ, 1MG		09079	0.0884	APC (blood and non-blood products)	$6.31			-	-	000	999	
J7321	N	HYALGAN SUPARTZ VISCO-3 DOSE		-	-	Bundled	$0.00			-	-	000	999	
J7322	K	HYMOVIS INJECTION 1 MG		09471	0.2999	APC (blood and non-blood products)	$17.50			-	-	000	999	
J7323	K	EUFLEXXA INJ PER DOSE		00875	1.9793	APC (blood and non-blood products)	$128.71			-	-	000	999	
J7324	K	ORTHOVISC INJ PER DOSE		00877	2.2531	APC (blood and non-blood products)	$125.30			-	-	000	999	
J7325	K	SYNVISC OR SYNVISC-ONE		00874	0.1520	APC (blood and non-blood products)	$9.25			-	-	000	999	
J7326	K	GEL-ONE		01417	8.9462	APC (blood and non-blood products)	$538.48			-	-	000	999	
J7327	K	MONOVISC INJ PER DOSE		01747	12.1860	APC (blood and non-blood products)	$663.64			-	-	000	999	
J7328	N	GELSYN-3 INJECTION 0.1 MG		-	-	Bundled	$0.00			-	-	000	999	
J7329	K	INJ, TRIVISC 1 MG		09196	0.1271	APC (blood and non-blood products)	$5.59			-	-	000	999	
J7330	E	CULTURED CHONDROCYTES IMPLNT		-	-	Not Allowed	$0.00			-	-	000	999	
J7331	N	SYNOJOYNT, INJ., 1 MG		-	-	Bundled	$0.00			-	-	000	999	
J7332	K	INJ., TRILURON, 1 MG		09338	0.1796	APC (blood and non-blood products)	$10.28			-	-	000	999	
J7336	K	CAPSAICIN 8% PATCH		09071	0.0569	APC (blood and non-blood products)	$3.38			-	-	000	999	
J7340	K	CARBIDOPA LEVODOPA ENT 100ML		09320	3.9049	APC (blood and non-blood products)	$235.77			-	-	000	999	
J7342	N	CIPROFLOXACIN OTIC SUSP 6 MG		-	-	Bundled	$0.00			-	-	000	999	
J7345	K	AMINOLEVULINIC ACID, 10% GEL		09301	0.0291	APC (blood and non-blood products)	$1.78			-	-	000	999	
J7351	K	INJ BIMATOPROST ITC IMP1MCG		09351	3.5313	APC (blood and non-blood products)	$209.91			-	-	000	999	
J7352	K	AFAMELANOTIDE IMPLANT, 1 MG		09396	47.3210	APC (blood and non-blood products)	$2,873.33			-	-	000	999	
J7353	G	ANACAULASE-BCDB 8.8% GEL 1 G		-	-	APC – pays by fee schedule amount	$58.31			-	-	000	999	
J7354	G	CANTHARIDIN TOP, APPLICATOR		-	-	APC – pays by fee schedule amount	$682.26			-	-	000	999	
J7355	G	INJ TRAVOPROST INTRA IMPL		-	-	APC – pays by fee schedule amount	$194.41			-	-	000	999	
J7402	K	MOMETASONE SINUS SINUVA		09346	0.1868	APC (blood and non-blood products)	$11.35			-	-	000	999	
J7500	N	AZATHIOPRINE ORAL 50MG		-	-	Bundled	$0.00			-	-	000	999	
J7501	K	AZATHIOPRINE PARENTERAL		00887	4.1364	APC (blood and non-blood products)	$224.97			-	-	000	999	
J7502	N	CYCLOSPORINE ORAL 100 MG		-	-	Bundled	$0.00			-	-	000	999	
J7503	N	TACROL ENVARSUS EX REL ORAL		-	-	Bundled	$0.00			-	-	000	999	
J7504	K	LYMPHOCYTE IMMUNE GLOBULIN		00890	61.9079	APC (blood and non-blood products)	$4,376.29			-	-	000	999	
J7505	E	MONOCLONAL ANTIBODIES		-	-	Not Allowed	$0.00			-	-	000	999	
J7507	N	TACROLIMUS IMME REL ORAL 1MG		-	-	Bundled	$0.00			-	-	000	999	
J7508	N	TACROL ASTAGRAF EX REL ORAL		-	-	Bundled	$0.00			-	-	000	999	

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J7509	N	METHYLPREDNISOLONE ORAL		-	-	Bundled	$0.00			-	-	000	999	
J7510	N	PREDNISOLONE ORAL PER 5 MG		-	-	Bundled	$0.00			-	-	000	999	
J7511	K	ANTITHYMOCYTE GLOBULN RABBIT		09104	15.8922	APC (blood and non-blood products)	$939.35			-	-	000	999	
J7512	N	PREDNISONE IR OR DR ORAL 1MG		-	-	Bundled	$0.00			-	-	000	999	
J7513	E	DACLIZUMAB, PARENTERAL		-	-	Not Allowed	$0.00			-	-	000	999	
J7514	N	MYCOPHENOL (MYHIBBIN) 100 MG		-	-	Bundled	$0.00			-	-	000	999	
J7515	N	CYCLOSPORINE ORAL 25 MG		-	-	Bundled	$0.00			-	-	000	999	
J7516	N	INJ, CYCLOSPORINE, 250MG		-	-	Bundled	$0.00			-	-	000	999	
J7517	N	MYCOPHENOLATE MOFETIL ORAL		-	-	Bundled	$0.00			-	-	000	999	
J7518	N	MYCOPHENOLIC ACID		-	-	Bundled	$0.00			-	Y	000	999	
J7519	N	INJ. MYCOPHENOLATE MOFETIL		-	-	Bundled	$0.00			-	-	000	999	
J7520	N	SIROLIMUS, ORAL		-	-	Bundled	$0.00			-	-	000	999	
J7525	K	TACROLIMUS INJECTION		09006	4.2605	APC (blood and non-blood products)	$255.06			-	-	000	999	
J7527	N	ORAL EVEROLIMUS		-	-	Bundled	$0.00			-	-	000	999	
J7599	N	IMMUNOSUPPRESSIVE DRUG NOC		-	-	Bundled	$0.00			-	-	000	999	
J7601	E	ENSIFENTRINE INH 3 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J7604	E	ACETYLCYSTEINE COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7605	E	ARFORMOTEROL NON-COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7606	E	FORMOTEROL FUMARATE, INH		-	-	Not Allowed	$0.00			-	-	000	999	
J7607	E	LEVALBUTEROL COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7608	E	ACETYLCYSTEINE NON-COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7609	E	ALBUTEROL COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7610	E	ALBUTEROL COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7611	E	ALBUTEROL NON-COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7612	E	LEVALBUTEROL NON-COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7613	E	ALBUTEROL NON-COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7614	E	LEVALBUTEROL NON-COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7615	E	LEVALBUTEROL COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7620	E	ALBUTEROL IPRATROP NON-COMP		-	-	Not Allowed	$0.00			-	-	000	999	
J7622	E	BECLOMETHASONE COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7624	E	BETAMETHASONE COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7626	E	BUDESONIDE NON-COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7627	E	BUDESONIDE COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7628	E	BITOLTEROL MESYLATE COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7629	E	BITOLTEROL MESYLATE COMP UNT		-	-	Not Allowed	$0.00			-	-	000	999	
J7631	E	CROMOLYN SODIUM NONCOMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7632	E	CROMOLYN SODIUM COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7633	E	BUDESONIDE NON-COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7634	E	BUDESONIDE COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7635	E	ATROPINE COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7636	E	ATROPINE COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7637	E	DEXAMETHASONE COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7638	E	DEXAMETHASONE COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7639	E	DORNASE ALFA NON-COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7640	E	FORMOTEROL COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7641	E	FLUNISOLIDE COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7642	E	GLYCOPYRROLATE COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7643	E	GLYCOPYRROLATE COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7644	E	IPRATROPIUM BROMIDE NON-COMP		-	-	Not Allowed	$0.00			-	-	000	999	
J7645	E	IPRATROPIUM BROMIDE COMP		-	-	Not Allowed	$0.00			-	-	000	999	
J7647	E	ISOETHARINE COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7648	E	ISOETHARINE NON-COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7649	E	ISOETHARINE NON-COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7650	E	ISOETHARINE COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7657	E	ISOPROTERENOL COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7658	E	ISOPROTERENOL NON-COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	

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J7659	E	ISOPROTERENOL NON-COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7660	E	ISOPROTERENOL COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7665	N	MANNITOL FOR INHALER		-	-	Bundled	$0.00			-	-	006	999	
J7667	E	METAPROTERENOL COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7668	E	METAPROTERENOL NON-COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7669	E	METAPROTERENOL NON-COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7670	E	METAPROTERENOL COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7674	N	METHACHOLINE CHLORIDE, NEB		-	-	Bundled	$0.00			-	Y	000	999	
J7676	E	PENTAMIDINE COMP UNIT DOSE		-	-	Not Allowed	$0.00			-	-	000	999	
J7677	E	REVEFENACIN INH NON-COM 1MCG		-	-	Not Allowed	$0.00			-	-	000	999	
J7680	E	TERBUTALINE SULF COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7681	E	TERBUTALINE SULF COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7682	E	TOBRAMYCIN NON-COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7683	E	TRIAMCINOLONE COMP CON		-	-	Not Allowed	$0.00			-	-	000	999	
J7684	E	TRIAMCINOLONE COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7685	E	TOBRAMYCIN COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7686	E	TREPROSTINIL, NON-COMP UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
J7699	E	INHALATION SOLUTION FOR DME		-	-	Not Allowed	$0.00			-	-	000	999	
J7799	N	NON-INHALATION DRUG FOR DME		-	-	Bundled	$0.00			-	-	000	999	
J7999	N	COMPOUNDED DRUG, NOC		-	-	Bundled	$0.00			-	-	000	999	
J8498	E	ANTIEMETIC RECTAL/SUPP NOS		-	-	Not Allowed	$0.00			-	-	000	999	
J8499	E	ORAL PRESCRIP DRUG NON CHEMO		-	-	Not Allowed	$0.00			-	-	000	999	
J8501	N	ORAL APREPITANT		-	-	Bundled	$0.00			-	-	000	999	
J8510	K	ORAL BUSULFAN		09335	1.3869	APC (blood and non-blood products)	$84.21			-	-	000	999	
J8515	E	CABERGOLINE, ORAL 0.25MG		-	-	Not Allowed	$0.00			-	-	000	999	
J8522	K	CAPECITABINE, ORAL, 50 MG		00804	0.0007	APC (blood and non-blood products)	$0.07			-	-	000	999	
J8530	N	CYCLOPHOSPHAMIDE ORAL 25 MG		-	-	Bundled	$0.00			-	-	000	999	
J8540	N	ORAL DEXAMETHASONE		-	-	Bundled	$0.00			-	-	000	999	
J8541	N	ORAL, HEMADY, 0.25 MG		-	-	Bundled	$0.00			-	-	000	999	
J8560	N	ETOPOSIDE ORAL 50 MG		-	-	Bundled	$0.00			-	-	000	999	
J8562	E	ORAL FLUDARABINE PHOSPHATE		-	-	Not Allowed	$0.00			-	-	000	999	
J8565	E	GEFITINIB ORAL		-	-	Not Allowed	$0.00			-	-	000	999	
J8597	N	ANTIEMETIC DRUG ORAL NOS		-	-	Bundled	$0.00			-	-	000	999	
J8600	E	MELPHALAN ORAL 2 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J8610	N	METHOTREXATE ORAL 2.5 MG		-	-	Bundled	$0.00			-	-	000	999	
J8611	K	ORAL METHOTREXATE (JYLAMVO)		00755	0.3124	APC (blood and non-blood products)	$18.97			-	-	000	999	
J8612	K	ORAL METHOTREXATE (XATMEP)		00756	0.3411	APC (blood and non-blood products)	$20.71			-	-	000	999	
J8650	E	NABILONE ORAL		-	-	Not Allowed	$0.00			-	-	000	999	
J8655	K	ORAL NETUPITANT, PALONOSETRO		09448	7.0054	APC (blood and non-blood products)	$409.01			-	-	000	999	
J8670	K	ROLAPITANT, ORAL, 1MG		01761	0.0279	APC (blood and non-blood products)	$1.79			-	-	000	999	
J8700	N	TEMOZOLOMIDE		-	-	Bundled	$0.00			-	-	000	999	
J8705	N	TOPOTECAN ORAL		-	-	Bundled	$0.00			-	-	005	999	
J8999	E	ORAL PRESCRIPTION DRUG CHEMO		-	-	Not Allowed	$0.00			-	-	000	999	
J9000	N	DOXORUBICIN HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9001	E	DOXORUBICIN HCL LIPOSOME INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J9015	K	ALDESLEUKIN INJECTION		00807	87.3067	APC (blood and non-blood products)	$5,301.26			-	-	000	999	
J9017	K	ARSENIC TRIOXIDE INJECTION		09012	0.2038	APC (blood and non-blood products)	$4.79			-	-	000	999	
J9019	E	ERWINAZE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J9020	E	ASPARAGINASE, NOS		-	-	Not Allowed	$0.00			-	-	000	999	
J9021	K	INJ, ASPARA, RYLAZE, 0.1 MG		09437	0.8768	APC (blood and non-blood products)	$54.38			-	-	000	999	
J9022	K	INJ, ATEZOLIZUMAB,10 MG		09483	1.4375	APC (blood and non-blood products)	$89.39			-	-	000	999	
J9023	K	INJECTION, AVELUMAB, 10 MG		09491	1.5848	APC (blood and non-blood products)	$97.14			-	-	000	999	
J9025	N	AZACITIDINE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9026	G	INJ, TARLATAMAB-DLLE, 1 MG		-	-	APC – pays by fee schedule amount	$1,570.77			-	-	000	999	
J9027	K	CLOFARABINE INJECTION		01710	0.3090	APC (blood and non-blood products)	$16.01			-	-	000	999	
J9028	G	INJ, NOGAPENDEKIN PMLN, 1MCG		-	-	APC – pays by fee schedule amount	$94.58			-	-	000	999	

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J9029	G	INSTILL ADSTILADRIN, TX DOSE		-	-	APC – pays by fee schedule amount	$63,235.61			-	-	000	999	
J9030	N	BCG LIVE INTRAVESICAL 1MG		-	-	Bundled	$0.00			-	-	000	999	
J9032	K	INJECTION, BELINOSTAT, 10MG		01658	0.8364	APC (blood and non-blood products)	$50.92			-	-	000	999	
J9033	K	INJ., TREANDA 1 MG		09243	0.1431	APC (blood and non-blood products)	$1.24			-	-	018	999	
J9034	K	INJ., BENDEKA 1 MG		01861	0.2369	APC (blood and non-blood products)	$13.58			-	-	000	999	
J9035	K	BEVACIZUMAB INJECTION		09214	1.2700	APC (blood and non-blood products)	$72.73			-	Y	000	999	
J9036	K	INJ. BELRAPZO/BENDAMUSTINE		09313	0.1520	APC (blood and non-blood products)	$14.20			-	-	000	999	
J9039	K	INJECTION, BLINATUMOMAB		09449	2.4894	APC (blood and non-blood products)	$152.28			-	-	000	999	
J9040	N	BLEOMYCIN SULFATE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9041	N	INJECTION, BORTEZOMIB, 0.1MG		-	-	Bundled	$0.00			-	Y	000	999	
J9042	K	BRENTUXIMAB VEDOTIN INJ		09287	3.9517	APC (blood and non-blood products)	$248.93			-	-	000	999	
J9043	K	CABAZITAXEL INJECTION		09276	3.6266	APC (blood and non-blood products)	$221.71			-	-	018	999	
J9045	N	CARBOPLATIN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9046	K	INJ, BORTEZOMIB, DR. REDDY'S		09026	0.0809	APC (blood and non-blood products)	$4.91			-	-	000	999	
J9047	K	INJECTION, CARFILZOMIB, 1 MG		09295	0.8080	APC (blood and non-blood products)	$51.85			-	-	000	999	
J9048	K	INJ, BORTEZOMIB FRESENIUSKAB		09027	0.2717	APC (blood and non-blood products)	$16.50			-	-	000	999	
J9049	N	INJ, BORTEZOMIB, HOSPIRA		-	-	Bundled	$0.00			-	-	000	999	
J9050	K	CARMUSTINE INJECTION		00812	4.8111	APC (blood and non-blood products)	$145.60			-	-	000	999	
J9051	E	INJ, BORTEZOMIB (MAIA)		-	-	Not Allowed	$0.00			-	-	000	999	
J9052	K	INJ, CARMUSTINE (ACCORD)		00718	0.0009	APC (blood and non-blood products)	$259.70			-	-	000	999	
J9055	K	CETUXIMAB INJECTION		09215	1.2586	APC (blood and non-blood products)	$77.52			-	Y	000	999	
J9056	G	INJ, VIVIMUSTA, 1 MG		-	-	APC – pays by fee schedule amount	$27.24			-	-	000	999	
J9057	K	INJ., COPANLISIB, 1 MG		09030	1.5012	APC (blood and non-blood products)	$89.16			-	-	000	999	
J9060	N	CISPLATIN 10 MG INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9061	K	INJ, AMIVANTAMAB-VMJW		09432	0.3423	APC (blood and non-blood products)	$21.51			-	-	000	999	
J9063	G	INJ, ELAHERE, 1 MG		-	-	APC – pays by fee schedule amount	$68.07			-	-	000	999	
J9064	E	INJ, CABAZITAXEL (SANDOZ)		-	-	Not Allowed	$0.00			-	-	000	999	
J9065	K	INJ CLADRIBINE PER 1 MG		00858	0.2842	APC (blood and non-blood products)	$10.20			-	-	000	999	
J9071	K	INJ CYCLOPHOSPHAMD AUROMEDIC		09203	0.0301	APC (blood and non-blood products)	$0.87			-	-	000	999	
J9072	G	INJ CYCLOPHOS DR.REDDY'S 5MG		-	-	APC – pays by fee schedule amount	$9.05			-	-	000	999	
J9073	K	INJ CYCLOPHOSPHAMD (INGENUS)		00741	0.0360	APC (blood and non-blood products)	$1.76			-	-	000	999	
J9074	K	INJ, CYCLOPHOSPHAMD, SANDOZ		00785	0.0717	APC (blood and non-blood products)	$4.34			-	-	000	999	
J9075	K	INJ, CYCLOPHOSPHAMIDE, NOS		00743	0.0144	APC (blood and non-blood products)	$0.80			-	-	000	999	
J9076	E	INJ, CYCLOPHOS (BAXTER) 5MG		-	-	Not Allowed	$0.00			-	-	000	999	
J9098	E	CYTARABINE LIPOSOME INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J9100	N	CYTARABINE HCL 100 MG INJ		-	-	Bundled	$0.00			-	-	000	999	
J9118	M	INJ. CALASPARGASE PEGOL-MKNL		-	-	Fee Schedule	$76.53			-	-	000	999	
J9119	K	INJ., CEMIPLIMAB-RWLC, 1 MG		09304	0.4723	APC (blood and non-blood products)	$28.92			-	-	000	999	
J9120	K	DACTINOMYCIN INJECTION		00752	9.3817	APC (blood and non-blood products)	$288.80			-	-	000	999	
J9130	N	DACARBAZINE 100 MG INJ		-	-	Bundled	$0.00			-	-	000	999	
J9144	K	DARATUMUMAB, HYALURONIDASE		09378	0.8357	APC (blood and non-blood products)	$52.99			-	-	000	999	
J9145	K	INJECTION, DARATUMUMAB 10 MG		09476	1.0470	APC (blood and non-blood products)	$67.63			-	-	000	999	
J9150	K	DAUNORUBICIN INJECTION		00820	0.5395	APC (blood and non-blood products)	$26.40			-	-	000	999	
J9151	E	DAUNORUBICIN CITRATE INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J9153	K	INJ DAUNORUBICIN, CYTARABINE		09302	3.9870	APC (blood and non-blood products)	$249.02			-	-	000	999	
J9155	K	DEGARELIX INJECTION		01296	0.0746	APC (blood and non-blood products)	$4.36			-	-	000	999	
J9165	E	DIETHYLSTILBESTROL INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
J9171	N	DOCETAXEL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9172	G	DOCETAXEL (DOCIVYX), 1 MG		-	-	APC – pays by fee schedule amount	$51.62			-	-	000	999	
J9173	K	INJ., DURVALUMAB, 10 MG		09492	1.3789	APC (blood and non-blood products)	$83.87			-	-	000	999	
J9175	N	ELLIOTTS B SOLUTION PER ML		-	-	Bundled	$0.00			-	-	000	999	
J9176	K	INJECTION, ELOTUZUMAB, 1MG		09477	0.1268	APC (blood and non-blood products)	$7.73			-	-	000	999	
J9177	K	INJ ENFORT VEDO-EJFV 0.25MG		09364	0.6200	APC (blood and non-blood products)	$36.64			-	-	000	999	
J9178	N	INJ, EPIRUBICIN HCL, 2 MG		-	-	Bundled	$0.00			-	-	000	999	
J9179	K	ERIBULIN MESYLATE INJECTION		01426	2.3577	APC (blood and non-blood products)	$118.75			-	-	018	999	
J9181	N	ETOPOSIDE INJECTION		-	-	Bundled	$0.00			-	-	000	999	

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J9185	K	FLUDARABINE PHOSPHATE INJ		09080	3.2693	APC (blood and non-blood products)	$59.53			-	-	000	999	
J9190	N	FLUOROURACIL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9196	N	INJ GEMCITABINE HCL (ACCORD)		-	-	Bundled	$0.00			-	-	000	999	
J9198	E	INJ. INFUGEM, 100 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J9200	K	FLOXURIDINE INJECTION		00827	63.8560	APC (blood and non-blood products)	$3,988.33			-	-	000	999	
J9201	N	IN GEMCITABINE HCL NOS 200MG		-	-	Bundled	$0.00			-	-	000	999	
J9202	K	GOSERELIN ACETATE IMPLANT		00810	10.2644	APC (blood and non-blood products)	$705.14			-	-	000	999	
J9203	K	GEMTUZUMAB OZOGAMICIN 0.1 MG		09495	3.8392	APC (blood and non-blood products)	$233.12			-	-	000	999	
J9204	K	INJ MOGAMULIZUMAB-KPKC, 1 MG		09182	4.0072	APC (blood and non-blood products)	$243.63			-	-	000	999	
J9205	K	INJ IRINOTECAN LIPOSOME 1 MG		09474	1.0865	APC (blood and non-blood products)	$65.28			-	-	000	999	
J9206	N	IRINOTECAN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9207	K	IXABEPILONE INJECTION		09240	2.1835	APC (blood and non-blood products)	$136.21			-	-	018	999	
J9208	N	IFOSFAMIDE INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9209	N	MESNA INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9210	K	INJ., EMAPALUMAB-LZSG, 1 MG		09310	6.2489	APC (blood and non-blood products)	$381.50			-	-	000	999	
J9211	N	IDARUBICIN HCL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9212	E	INTERFERON ALFACON-1 INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J9213	E	INTERFERON ALFA-2A INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J9214	N	INTERFERON ALFA-2B INJ		-	-	Bundled	$0.00			-	-	000	999	
J9215	E	INTERFERON ALFA-N3 INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J9216	E	INTERFERON GAMMA 1-B INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J9217	K	LEUPROLIDE ACETATE SUSPNSION		09217	3.1797	APC (blood and non-blood products)	$172.29			-	-	000	999	
J9218	N	LEUPROLIDE ACETATE INJECITON		-	-	Bundled	$0.00			-	-	000	999	
J9219	E	LEUPROLIDE ACETATE IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
J9223	K	INJ. LURBINECTEDIN, 0.1 MG		09389	3.4171	APC (blood and non-blood products)	$205.04			-	-	000	999	
J9225	N	VANTAS IMPLANT		-	-	Bundled	$0.00			-	-	000	999	
J9226	K	SUPPRELIN LA IMPLANT		01142	763.4655	APC (blood and non-blood products)	$45,212.04			Y	-	000	999	
J9227	K	INJ. ISATUXIMAB-IRFC 10 MG		09377	1.3088	APC (blood and non-blood products)	$78.86			-	-	000	999	
J9228	K	IPILIMUMAB INJECTION		09284	2.9579	APC (blood and non-blood products)	$180.22			-	-	018	999	
J9229	K	INJ INOTUZUMAB OZOGAM 0.1 MG		09028	43.7768	APC (blood and non-blood products)	$2,658.13			-	-	000	999	
J9230	N	MECHLORETHAMINE HCL INJ		-	-	Bundled	$0.00			-	-	000	999	
J9245	K	INJ MELPHA HYDROCH NOS 50 MG		00840	2.8731	APC (blood and non-blood products)	$157.10			-	-	000	999	
J9246	K	INJ., EVOMELA, 1 MG		09375	0.2892	APC (blood and non-blood products)	$18.50			-	-	000	999	
J9248	G	INJ MELPHALAN (HEPZATO) 1 MG		-	-	APC – pays by fee schedule amount	$773.80			-	-	000	999	
J9249	E	INJ, MELPHALAN (APOTEX) 1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J9255	E	INJ, METHOTREXATE (ACCORD)		-	-	Not Allowed	$0.00			-	-	000	999	
J9260	N	INJ METHOTREXATE SODIUM 50MG		-	-	Bundled	$0.00			-	-	000	999	
J9261	K	NELARABINE INJECTION		00825	1.7456	APC (blood and non-blood products)	$63.18			-	-	000	999	
J9262	K	INJ, OMACETAXINE MEP, 0.01MG		09297	0.0677	APC (blood and non-blood products)	$7.49			-	-	000	999	
J9263	N	OXALIPLATIN		-	-	Bundled	$0.00			-	-	000	999	
J9264	K	PACLITAXEL PROTEIN BOUND		01712	0.2349	APC (blood and non-blood products)	$13.06			-	-	000	999	
J9266	K	PEGASPARGASE INJECTION		00843	445.8257	APC (blood and non-blood products)	$27,070.53			-	-	000	999	
J9267	N	PACLITAXEL INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9268	K	PENTOSTATIN INJECTION		00844	40.0021	APC (blood and non-blood products)	$2,673.43			-	-	000	999	
J9269	K	INJ. TAGRAXOFUSP-ERZS 10 MCG		09309	5.5943	APC (blood and non-blood products)	$338.53			-	-	000	999	
J9270	E	PLICAMYCIN (MITHRAMYCIN) INJ		-	-	Not Allowed	$0.00			-	-	000	999	
J9271	K	INJ PEMBROLIZUMAB		01490	0.9815	APC (blood and non-blood products)	$59.35			-	-	000	999	
J9272	K	INJ, DOSTARLIMAB-GXLY, 10 MG		09431	3.9828	APC (blood and non-blood products)	$240.14			-	-	000	999	
J9273	K	INJ TISOTU VEDOTIN-TFTV, 1MG		09204	2.9936	APC (blood and non-blood products)	$188.65			-	-	000	999	
J9274	G	INJ, TEBENTAFUSP-TEBN, 1 MCG		-	-	APC – pays by fee schedule amount	$214.76			-	-	000	999	
J9280	K	MITOMYCIN INJECTION		01232	1.1480	APC (blood and non-blood products)	$25.60			-	-	000	999	
J9281	K	MITOMYCIN INSTILLATION		09374	5.1480	APC (blood and non-blood products)	$313.00			-	-	000	999	
J9285	E	INJ, OLARATUMAB, 10 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J9286	G	INJ GLOFITAMAB GXBM, 2.5 MG		-	-	APC – pays by fee schedule amount	$2,772.80			-	-	000	999	
J9292	G	INJ, PEMETREXED (AVYXA) 10MG		-	-	APC – pays by fee schedule amount	$81.37			-	-	000	999	
J9293	K	MITOXANTRONE HYDROCHL / 5 MG		00864	0.7308	APC (blood and non-blood products)	$27.69			-	-	000	999	

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J9294	K	INJ PEMETREXED, HOSPIRA 10MG		09123	0.0619	APC (blood and non-blood products)	$3.86			-	-	000	999	
J9295	K	INJECTION, NECITUMUMAB, 1 MG		09475	0.0944	APC (blood and non-blood products)	$5.73			-	-	000	999	
J9296	K	INJ PEMETREXED (ACCORD) 10MG		09127	0.1603	APC (blood and non-blood products)	$9.74			-	-	000	999	
J9297	N	INJ PEMETREXED (SANDOZ) 10MG		-	-	Bundled	$0.00			-	-	000	999	
J9298	G	INJ NIVOL RELATLIMAB 3MG/1MG		-	-	APC – pays by fee schedule amount	$194.08			-	-	000	999	
J9299	K	INJECTION, NIVOLUMAB		09453	0.5325	APC (blood and non-blood products)	$32.35			-	-	000	999	
J9301	K	OBINUTUZUMAB INJ		01476	1.2025	APC (blood and non-blood products)	$75.21			-	-	000	999	
J9302	K	OFATUMUMAB INJECTION		09260	1.0249	APC (blood and non-blood products)	$62.23			-	-	000	999	
J9303	K	PANITUMUMAB INJECTION		09235	2.5901	APC (blood and non-blood products)	$164.92			-	-	000	999	
J9304	K	INJ. PEMETREXED, 10 MG		09442	1.0803	APC (blood and non-blood products)	$46.35			-	-	000	999	
J9305	K	INJ. PEMETREXED NOS 10MG		09213	0.0680	APC (blood and non-blood products)	$3.77			-	Y	000	999	
J9306	K	INJECTION, PERTUZUMAB, 1 MG		01471	0.2641	APC (blood and non-blood products)	$16.23			-	-	000	999	
J9307	K	PRALATREXATE INJECTION		09259	5.1255	APC (blood and non-blood products)	$373.77			-	-	000	999	
J9308	K	INJECTION, RAMUCIRUMAB		01488	1.1929	APC (blood and non-blood products)	$73.37			-	-	000	999	
J9309	K	INJ, POLATUZUMAB VEDOTIN 1MG		09331	2.1242	APC (blood and non-blood products)	$132.73			-	-	000	999	
J9311	K	INJ RITUXIMAB, HYALURONIDASE		09467	0.6378	APC (blood and non-blood products)	$37.53			-	-	000	999	
J9312	K	INJ., RITUXIMAB, 10 MG		09186	1.3508	APC (blood and non-blood products)	$76.43			-	-	000	999	
J9313	K	INJ., LUMOXITI, 0.01 MG		09305	0.3853	APC (blood and non-blood products)	$23.39			-	-	000	999	
J9314	K	INJ PEMETREXED (TEVA) 10MG		09105	0.1706	APC (blood and non-blood products)	$8.37			-	-	000	999	
J9316	K	PERTUZU, TRASTUZU, 10 MG		09390	1.1188	APC (blood and non-blood products)	$62.99			-	-	000	999	
J9317	K	SACITUZUMAB GOVITECAN-HZIY		09376	0.5841	APC (blood and non-blood products)	$35.80			-	-	000	999	
J9318	K	INJ ROMIDEPSIN NON-LYO 0.1MG		09428	0.4696	APC (blood and non-blood products)	$28.52			-	-	000	999	
J9319	K	INJ ROMIDEPSIN LYOPHIL 0.1MG		09429	0.5232	APC (blood and non-blood products)	$31.54			-	-	000	999	
J9320	N	STREPTOZOCIN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9321	G	INJ EPCORITAMAB-BYSP 0.16 MG		-	-	APC – pays by fee schedule amount	$54.86			-	-	000	999	
J9322	E	INJ PEMETREXED (BLUEPOINT)		-	-	Not Allowed	$0.00			-	-	000	999	
J9323	K	INJ PEMETREXED DITROMETHAMIN		09156	0.1771	APC (blood and non-blood products)	$10.34			-	-	000	999	
J9324	G	INJ, PEMRYDI RTU, 10 MG		-	-	APC – pays by fee schedule amount	$81.06			-	-	000	999	
J9325	K	INJ TALIMOGENE LAHERPAREPVEC		09472	1.1441	APC (blood and non-blood products)	$70.38			-	-	000	999	
J9328	K	TEMOZOLOMIDE INJECTION		09253	0.1781	APC (blood and non-blood products)	$10.41			-	-	000	999	
J9329	G	INJ, TISLELIZUMAB-JSGR		-	-	APC – pays by fee schedule amount	$562.79			-	-	000	999	
J9330	K	TEMSIROLIMUS INJECTION		01168	0.4943	APC (blood and non-blood products)	$30.32			-	-	018	999	
J9331	K	INJ SIROLIMUS PROT PART 1 MG		09241	1.9343	APC (blood and non-blood products)	$117.63			-	-	000	999	
J9332	G	INJ EFGARTIGIMOD 2MG		-	-	APC – pays by fee schedule amount	$32.38			-	-	000	999	
J9333	G	INJ RONZANOLIXIZUM-NOLI 1 MG		-	-	APC – pays by fee schedule amount	$22.84			-	-	000	999	
J9334	K	INJ EFGART-ALFA 2MG HYA-QVFC		00723	0.5680	APC (blood and non-blood products)	$33.37			-	-	000	999	
J9340	K	THIOTEPA INJECTION		00851	3.9110	APC (blood and non-blood products)	$245.05			-	-	000	999	
J9345	G	INJ, RETIFANLIMAB-DLWR, 1 MG		-	-	APC – pays by fee schedule amount	$29.74			-	-	000	999	
J9347	G	INJ, TREMELIMUMAB-ACTL, 1 MG		-	-	APC – pays by fee schedule amount	$138.24			-	-	000	999	
J9348	K	INJ. NAXITAMAB-GQGK, 1 MG		09408	10.4475	APC (blood and non-blood products)	$641.83			-	-	000	999	
J9349	K	INJ., TAFASITAMAB-CXIX		09385	0.2325	APC (blood and non-blood products)	$13.93			-	-	000	999	
J9350	G	INJ MOSUNETUZUMAB-AXGB, 1 MG		-	-	APC – pays by fee schedule amount	$640.96			-	-	000	999	
J9351	N	TOPOTECAN INJECTION		-	-	Bundled	$0.00			-	-	000	999	
J9352	K	INJECTION TRABECTEDIN 0.1MG		09480	5.7953	APC (blood and non-blood products)	$363.83			-	-	000	999	
J9353	K	INJ. MARGETUXIMAB-CMKB, 5 MG		09418	0.8055	APC (blood and non-blood products)	$48.53			-	-	000	999	
J9354	K	INJ, ADO-TRASTUZUMAB EMT 1MG		09131	0.6583	APC (blood and non-blood products)	$41.11			-	-	000	999	
J9355	K	INJ TRASTUZUMAB EXCL BIOSIMI		01613	1.3709	APC (blood and non-blood products)	$75.69			-	-	000	999	
J9356	K	INJ. HERCEPTIN HYLECTA, 10MG		09314	1.1291	APC (blood and non-blood products)	$62.92			-	-	000	999	
J9357	K	VALRUBICIN INJECTION		01235	23.0808	APC (blood and non-blood products)	$1,444.55			-	-	000	999	
J9358	K	INJ FAM-TRASTU DERU-NXKI 1MG		09353	0.4670	APC (blood and non-blood products)	$28.90			-	-	000	999	
J9359	K	INJ LON TESIRIN-LPYL 0.075MG		09205	3.4337	APC (blood and non-blood products)	$212.00			-	-	000	999	
J9360	N	VINBLASTINE SULFATE INJ		-	-	Bundled	$0.00			-	-	000	999	
J9361	E	INJ, EFBEMALENOGRASTIM ALFA-		-	-	Not Allowed	$0.00			-	-	000	999	
J9370	N	VINCRISTINE SULFATE 1 MG INJ		-	-	Bundled	$0.00			-	-	000	999	
J9376	E	INJ POZELIMAB-BBFG, 1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
J9380	G	INJ TECLISTAMAB CQYV 0.5 MG		-	-	APC – pays by fee schedule amount	$32.42			-	-	000	999	

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J9381	G	INJ TEPLIZUMAB MZWV 5 MCG		-	-	APC – pays by fee schedule amount	$37.31			Y	-	000	999	
J9390	N	VINORELBINE TARTRATE INJ		-	-	Bundled	$0.00			-	-	000	999	
J9393	K	INJ, FULVESTRANT (TEVA)		09102	0.3491	APC (blood and non-blood products)	$46.21			-	-	000	999	
J9394	K	INJ, FULVESTRANT (FRESENIUS)		09103	0.0905	APC (blood and non-blood products)	$3.32			-	-	000	999	
J9395	K	INJECTION, FULVESTRANT		09120	0.1399	APC (blood and non-blood products)	$6.90			-	-	000	999	
J9400	K	INJ, ZIV-AFLIBERCEPT, 1MG		09296	0.1144	APC (blood and non-blood products)	$8.30			-	-	000	999	
J9600	K	PORFIMER SODIUM INJECTION		00856	396.8238	APC (blood and non-blood products)	$24,228.42			-	-	000	999	
J9999	N	CHEMOTHERAPY DRUG		-	-	Bundled	$0.00			-	-	000	999	
K0001	E	STANDARD WHEELCHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0002	E	STND HEMI (LOW SEAT) WHLCHR		-	-	Not Allowed	$0.00			-	-	000	999	
K0003	E	LIGHTWEIGHT WHEELCHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0004	E	HIGH STRENGTH LTWT WHLCHR		-	-	Not Allowed	$0.00			-	-	000	999	
K0005	E	ULTRALIGHTWEIGHT WHEELCHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0006	E	HEAVY DUTY WHEELCHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0007	E	EXTRA HEAVY DUTY WHEELCHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0008	E	CSTM MANUAL WHEELCHAIR/BASE		-	-	Not Allowed	$0.00			-	-	000	999	
K0009	E	OTHER MANUAL WHEELCHAIR/BASE		-	-	Not Allowed	$0.00			-	-	000	999	
K0010	E	STND WT FRAME POWER WHLCHR		-	-	Not Allowed	$0.00			-	-	000	999	
K0011	E	STND WT PWR WHLCHR W CONTROL		-	-	Not Allowed	$0.00			-	-	000	999	
K0012	E	LTWT PORTBL POWER WHLCHR		-	-	Not Allowed	$0.00			-	-	000	999	
K0013	E	CUSTOM POWER WHLCHR BASE		-	-	Not Allowed	$0.00			-	-	000	999	
K0014	E	OTHER POWER WHLCHR BASE		-	-	Not Allowed	$0.00			-	-	000	999	
K0015	E	DETACH NON-ADJ HT ARMRST REP		-	-	Not Allowed	$0.00			-	-	000	999	
K0017	E	DETACH ADJUST ARMREST BASE		-	-	Not Allowed	$0.00			-	-	000	999	
K0018	E	DETACH ADJUST ARMRST UPPER		-	-	Not Allowed	$0.00			-	-	000	999	
K0019	E	ARM PAD REPL, EACH		-	-	Not Allowed	$0.00			-	-	000	999	
K0020	E	FIXED ADJUST ARMREST PAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0037	E	HI MOUNT FLIP-UP FOOTREST EA		-	-	Not Allowed	$0.00			-	-	000	999	
K0038	E	LEG STRAP EACH		-	-	Not Allowed	$0.00			-	-	000	999	
K0039	E	LEG STRAP H STYLE EACH		-	-	Not Allowed	$0.00			-	-	000	999	
K0040	E	ADJUSTABLE ANGLE FOOTPLATE		-	-	Not Allowed	$0.00			-	-	000	999	
K0041	E	LARGE SIZE FOOTPLATE EACH		-	-	Not Allowed	$0.00			-	-	000	999	
K0042	E	STANDARD SIZE FTPLATE REP EA		-	-	Not Allowed	$0.00			-	-	000	999	
K0043	E	FTRST LOWR EXTEN TUBE REP EA		-	-	Not Allowed	$0.00			-	-	000	999	
K0044	E	FTRST UPR HANGER BRAC REP EA		-	-	Not Allowed	$0.00			-	-	000	999	
K0045	E	FTRST COMPL ASSEMBLY REPL EA		-	-	Not Allowed	$0.00			-	-	000	999	
K0046	E	ELEV LGRST LWR EXTEN REPL EA		-	-	Not Allowed	$0.00			-	-	000	999	
K0047	E	ELEV LEGRST UPR HANGR REP EA		-	-	Not Allowed	$0.00			-	-	000	999	
K0050	E	RATCHET ASSEMBLY REPLACEMENT		-	-	Not Allowed	$0.00			-	-	000	999	
K0051	E	CAM REL ASM FT/LEGRST REP EA		-	-	Not Allowed	$0.00			-	-	000	999	
K0052	E	SWINGAWAY DETACH FTREST REPL		-	-	Not Allowed	$0.00			-	-	000	999	
K0053	E	ELEVATE FOOTREST ARTICULATE		-	-	Not Allowed	$0.00			-	-	000	999	
K0056	E	SEAT HT <17 OR >=21 LTWT WC		-	-	Not Allowed	$0.00			-	-	000	999	
K0065	E	SPOKE PROTECTORS		-	-	Not Allowed	$0.00			-	-	000	999	
K0069	E	RR WHL COMPL SOL TIRE REP EA		-	-	Not Allowed	$0.00			-	-	000	999	
K0070	E	RR WHL COMPL PNE TIRE REP EA		-	-	Not Allowed	$0.00			-	-	000	999	
K0071	E	FR CSTR COMP PNE TIRE REP EA		-	-	Not Allowed	$0.00			-	-	000	999	
K0072	E	FR CSTR SEMI-PNE TIRE REP EA		-	-	Not Allowed	$0.00			-	-	000	999	
K0073	E	CASTER PIN LOCK EACH		-	-	Not Allowed	$0.00			-	-	000	999	
K0077	E	FR CSTR ASMB SOL TIRE REP EA		-	-	Not Allowed	$0.00			-	-	000	999	
K0098	E	DRIVE BELT FOR PWC, REPL		-	-	Not Allowed	$0.00			-	-	000	999	
K0105	E	IV HANGER		-	-	Not Allowed	$0.00			-	-	000	999	
K0108	E	W/C COMPONENT-ACCESSORY NOS		-	-	Not Allowed	$0.00			-	-	000	999	
K0195	E	ELEVATING WHLCHAIR LEG RESTS		-	-	Not Allowed	$0.00			-	-	000	999	
K0455	E	PUMP UNINTERRUPTED INFUSION		-	-	Not Allowed	$0.00			-	-	000	999	
K0462	E	TEMPORARY REPLACEMENT EQPMNT		-	-	Not Allowed	$0.00			-	-	000	999	

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K0552	E	SUP/EXT NON-INS INF PUMP SYR		-	-	Not Allowed	$0.00			-	-	000	999	
K0601	E	REPL BATT SILVER OXIDE 1.5 V		-	-	Not Allowed	$0.00			-	-	000	999	
K0602	E	REPL BATT SILVER OXIDE 3 V		-	-	Not Allowed	$0.00			-	-	000	999	
K0603	E	REPL BATT ALKALINE 1.5 V		-	-	Not Allowed	$0.00			-	-	000	999	
K0604	E	REPL BATT LITHIUM 3.6 V		-	-	Not Allowed	$0.00			-	-	000	999	
K0605	E	REPL BATT LITHIUM 4.5 V		-	-	Not Allowed	$0.00			-	-	000	999	
K0606	E	AED GARMENT W ELEC ANALYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
K0607	E	REPL BATT FOR AED		-	-	Not Allowed	$0.00			-	-	000	999	
K0608	E	REPL GARMENT FOR AED		-	-	Not Allowed	$0.00			-	-	000	999	
K0609	E	REPL ELECTRODE FOR AED		-	-	Not Allowed	$0.00			-	-	000	999	
K0669	E	SEAT/BACK CUS NO DMEPDAC VER		-	-	Not Allowed	$0.00			-	-	000	999	
K0672	E	REMOVABLE SOFT INTERFACE LE		-	-	Not Allowed	$0.00			-	-	000	999	
K0730	E	CTRL DOSE INH DRUG DELIV SYS		-	-	Not Allowed	$0.00			-	-	000	999	
K0733	E	12-24HR SEALED LEAD ACID		-	-	Not Allowed	$0.00			-	-	000	999	
K0738	E	PORTABLE GAS OXYGEN SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
K0739	E	REPAIR/SVC DME NON-OXYGEN EQ		-	-	Not Allowed	$0.00			-	-	000	999	
K0740	E	REPAIR/SVC OXYGEN EQUIPMENT		-	-	Not Allowed	$0.00			-	-	000	999	
K0741	E	PORTABLE GASEOUS OXYGEN SYS		-	-	Not Allowed	$0.00			-	-	000	999	
K0742	E	PORTABLE GASEOUS OXYGEN		-	-	Not Allowed	$0.00			-	-	000	999	
K0743	E	PORTABLE HOME SUCTION PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
K0744	E	ABSORP DRG <= 16 SUC PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
K0745	E	ABSORP DRG >16<=48 SUC PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
K0746	E	ABSORP DRG >48 SUC PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
K0800	E	POV GROUP 1 STD UP TO 300LBS		-	-	Not Allowed	$0.00			-	-	000	999	
K0801	E	POV GROUP 1 HD 301-450 LBS		-	-	Not Allowed	$0.00			-	-	000	999	
K0802	E	POV GROUP 1 VHD 451-600 LBS		-	-	Not Allowed	$0.00			-	-	000	999	
K0806	E	POV GROUP 2 STD UP TO 300LBS		-	-	Not Allowed	$0.00			-	-	000	999	
K0807	E	POV GROUP 2 HD 301-450 LBS		-	-	Not Allowed	$0.00			-	-	000	999	
K0808	E	POV GROUP 2 VHD 451-600 LBS		-	-	Not Allowed	$0.00			-	-	000	999	
K0812	E	POWER OPERATED VEHICLE NOC		-	-	Not Allowed	$0.00			-	-	000	999	
K0813	E	PWC GP 1 STD PORT SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	
K0814	E	PWC GP 1 STD PORT CAP CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0815	E	PWC GP 1 STD SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	
K0816	E	PWC GP 1 STD CAP CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0820	E	PWC GP 2 STD PORT SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	
K0821	E	PWC GP 2 STD PORT CAP CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0822	E	PWC GP 2 STD SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	
K0823	E	PWC GP 2 STD CAP CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0824	E	PWC GP 2 HD SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	
K0825	E	PWC GP 2 HD CAP CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0826	E	PWC GP 2 VHD SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	
K0827	E	PWC GP VHD CAP CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0828	E	PWC GP 2 XTRA HD SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	
K0829	E	PWC GP 2 XTRA HD CAP CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0830	E	PWC GP2 STD SEAT ELEVATE S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0831	E	PWC GP2 STD SEAT ELEVATE CAP		-	-	Not Allowed	$0.00			-	-	000	999	
K0835	E	PWC GP2 STD SING POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0836	E	PWC GP2 STD SING POW OPT CAP		-	-	Not Allowed	$0.00			-	-	000	999	
K0837	E	PWC GP 2 HD SING POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0838	E	PWC GP 2 HD SING POW OPT CAP		-	-	Not Allowed	$0.00			-	-	000	999	
K0839	E	PWC GP2 VHD SING POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0840	E	PWC GP2 XHD SING POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0841	E	PWC GP2 STD MULT POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0842	E	PWC GP2 STD MULT POW OPT CAP		-	-	Not Allowed	$0.00			-	-	000	999	
K0843	E	PWC GP2 HD MULT POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0848	E	PWC GP 3 STD SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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K0849	E	PWC GP 3 STD CAP CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0850	E	PWC GP 3 HD SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	
K0851	E	PWC GP 3 HD CAP CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0852	E	PWC GP 3 VHD SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	
K0853	E	PWC GP 3 VHD CAP CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0854	E	PWC GP 3 XHD SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	
K0855	E	PWC GP 3 XHD CAP CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0856	E	PWC GP3 STD SING POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0857	E	PWC GP3 STD SING POW OPT CAP		-	-	Not Allowed	$0.00			-	-	000	999	
K0858	E	PWC GP3 HD SING POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0859	E	PWC GP3 HD SING POW OPT CAP		-	-	Not Allowed	$0.00			-	-	000	999	
K0860	E	PWC GP3 VHD SING POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0861	E	PWC GP3 STD MULT POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0862	E	PWC GP3 HD MULT POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0863	E	PWC GP3 VHD MULT POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0864	E	PWC GP3 XHD MULT POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0868	E	PWC GP 4 STD SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	
K0869	E	PWC GP 4 STD CAP CHAIR		-	-	Not Allowed	$0.00			-	-	000	999	
K0870	E	PWC GP 4 HD SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	
K0871	E	PWC GP 4 VHD SEAT/BACK		-	-	Not Allowed	$0.00			-	-	000	999	
K0877	E	PWC GP4 STD SING POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0878	E	PWC GP4 STD SING POW OPT CAP		-	-	Not Allowed	$0.00			-	-	000	999	
K0879	E	PWC GP4 HD SING POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0880	E	PWC GP4 VHD SING POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0884	E	PWC GP4 STD MULT POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0885	E	PWC GP4 STD MULT POW OPT CAP		-	-	Not Allowed	$0.00			-	-	000	999	
K0886	E	PWC GP4 HD MULT POW S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0890	E	PWC GP5 PED SING POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0891	E	PWC GP5 PED MULT POW OPT S/B		-	-	Not Allowed	$0.00			-	-	000	999	
K0898	E	POWER WHEELCHAIR NOC		-	-	Not Allowed	$0.00			-	-	000	999	
K0899	E	POW MOBIL DEV NO DMEPDAC		-	-	Not Allowed	$0.00			-	-	000	999	
K0900	E	CSTM DME OTHER THAN WHEELCHR		-	-	Not Allowed	$0.00			-	-	000	999	
K1004	E	LO FREQ US DIATHERMY DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
K1007	E	BIL HKAF PC S/D MICRO SENSOR		-	-	Not Allowed	$0.00			-	-	000	999	
K1027	E	ORAL DEV WITHOUT FIX MECH		-	-	Not Allowed	$0.00			-	-	000	999	
K1030	E	EXT RECHARGE BAT REPLACEMENT		-	-	Not Allowed	$0.00			-	-	000	999	
K1034	E	COVID TEST SELF-ADMN/COLLECT		-	-	Not Allowed	$0.00			-	-	000	999	
K1035	E	MOL DIAG READER SELF-ADMN		-	-	Not Allowed	$0.00			-	-	000	999	
K1036	E	SUPPLIES FOR ULTRA DIATHERM		-	-	Not Allowed	$0.00			-	-	000	999	
K1037	E	DOCKING STATION FOR ORAL DEV		-	-	Not Allowed	$0.00			-	-	000	999	
L0112	E	CRANIAL CERVICAL ORTHOSIS		-	-	Not Allowed	$0.00			-	-	000	999	
L0113	E	CRANIAL CERVICAL TORTICOLLIS		-	-	Not Allowed	$0.00			-	-	018	999	
L0120	E	CERV FLEX N/ADJ FOAM PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0130	E	FLEX THERMOPLASTIC COLLAR MO		-	-	Not Allowed	$0.00			-	-	000	999	
L0140	E	CERVICAL SEMI-RIGID ADJUSTAB		-	-	Not Allowed	$0.00			-	-	000	999	
L0150	E	CERV SEMI-RIG ADJ MOLDED CHN		-	-	Not Allowed	$0.00			-	-	000	999	
L0160	E	CERV SR WIRE OCC/MAN PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0170	E	CERVICAL COLLAR MOLDED TO PT		-	-	Not Allowed	$0.00			-	-	000	999	
L0172	E	CERV COL SR FOAM 2PC PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0174	E	CERV SR 2PC THOR EXT PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0180	E	CER POST COL OCC/MAN SUP ADJ		-	-	Not Allowed	$0.00			-	-	000	999	
L0190	E	CERV COLLAR SUPP ADJ CERV BA		-	-	Not Allowed	$0.00			-	-	000	999	
L0200	E	CERV COL SUPP ADJ BAR & THOR		-	-	Not Allowed	$0.00			-	-	000	999	
L0220	E	THOR RIB BELT CUSTOM FABRICA		-	-	Not Allowed	$0.00			-	-	000	999	
L0450	E	TLSO FLEX TRUNK/THOR PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0452	E	TLSO FLEX CUSTOM FAB THORACI		-	-	Not Allowed	$0.00			-	-	000	999	

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L0454	E	TLSO TRNK SJ-T9 PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L0455	E	TLSO FLEX TRNK SJ-T9 PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0456	E	TLSO FLEX TRNK SJ-SS PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L0457	E	TLSO FLEX TRNK SJ-SS PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0458	E	TLSO 2MOD SYMPHIS-XIPHO PRE		-	-	Not Allowed	$0.00			-	-	000	999	
L0460	E	TLSO 2 SHL SYMPHYS-STERN CST		-	-	Not Allowed	$0.00			-	-	000	999	
L0462	E	TLSO 3MOD SACRO-SCAP PRE		-	-	Not Allowed	$0.00			-	-	000	999	
L0464	E	TLSO 4MOD SACRO-SCAP PRE		-	-	Not Allowed	$0.00			-	-	000	999	
L0466	E	TLSO R FRAM SOFT ANT PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L0467	E	TLSO R FRAM SOFT PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0468	E	TLSO RIG FRAM PELVIC PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L0469	E	TLSO RIG FRAM PELVIC PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0470	E	TLSO RIGID FRAME PRE SUBCLAV		-	-	Not Allowed	$0.00			-	-	000	999	
L0472	E	TLSO RIGID FRAME HYPEREX PRE		-	-	Not Allowed	$0.00			-	-	000	999	
L0480	E	TLSO RIGID PLASTIC CUSTOM FA		-	-	Not Allowed	$0.00			-	-	000	999	
L0482	E	TLSO RIGID LINED CUSTOM FAB		-	-	Not Allowed	$0.00			-	-	000	999	
L0484	E	TLSO RIGID PLASTIC CUST FAB		-	-	Not Allowed	$0.00			-	-	000	999	
L0486	E	TLSO RIGIDLINED CUST FAB TWO		-	-	Not Allowed	$0.00			-	-	000	999	
L0488	E	TLSO RIGID LINED PRE ONE PIE		-	-	Not Allowed	$0.00			-	-	000	999	
L0490	E	TLSO RIGID PLASTIC PRE ONE		-	-	Not Allowed	$0.00			-	-	000	999	
L0491	E	TLSO 2 PIECE RIGID SHELL		-	-	Not Allowed	$0.00			-	-	000	999	
L0492	E	TLSO 3 PIECE RIGID SHELL		-	-	Not Allowed	$0.00			-	-	000	999	
L0621	E	SIO FLEX PELVIC/SACR PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0622	E	SIO FLEX PELVISACRAL CUSTOM		-	-	Not Allowed	$0.00			-	-	000	999	
L0623	E	SIO RIG PNL PELV/SAC PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0624	E	SIO PANEL CUSTOM		-	-	Not Allowed	$0.00			-	-	000	999	
L0625	E	LO FLEX L1-BELOW L5 PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0626	E	LO SAG RIG PNL STAYS PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L0627	E	LO SAG RI AN/POS PNL PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L0628	E	LSO FLEX NO RI STAYS PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0629	E	LSO FLEX W/RIGID STAYS CUST		-	-	Not Allowed	$0.00			-	-	000	999	
L0630	E	LSO R POST PNL SJ-T9 PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L0631	E	LSO SAG R AN/POS PNL PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L0632	E	LSO SAG RIGID FRAME CUST		-	-	Not Allowed	$0.00			-	-	000	999	
L0633	E	LSO SC R POS/LAT PNL PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L0634	E	LSO FLEXION CONTROL CUSTOM		-	-	Not Allowed	$0.00			-	-	000	999	
L0635	E	LSO SAGIT RIGID PANEL PREFAB		-	-	Not Allowed	$0.00			-	-	000	999	
L0636	E	LSO SAGITTAL RIGID PANEL CUS		-	-	Not Allowed	$0.00			-	-	000	999	
L0637	E	LSO SC R ANT/POS PNL PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L0638	E	LSO SAG-CORONAL PANEL CUSTOM		-	-	Not Allowed	$0.00			-	-	000	999	
L0639	E	LSO S/C SHELL/PANEL PREFAB		-	-	Not Allowed	$0.00			-	-	000	999	
L0640	E	LSO S/C SHELL/PANEL CUSTOM		-	-	Not Allowed	$0.00			-	-	000	999	
L0641	E	LO RIG POS PNL L1-L5 PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0642	E	LO SAG RI AN/POS PNL PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0643	E	LSO SAG CTR RIGI POS PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0648	E	LSO SAG R AN/POS PNL PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0649	E	LSO SC R POS/LAT PNL PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0650	E	LSO SC R ANT/POS PNL PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0651	E	LSO SAG-CO SHELL PNL PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0700	E	CTLSO A-P-L CONTROL MOLDED		-	-	Not Allowed	$0.00			-	-	000	999	
L0710	E	CTLSO A-P-L CONTROL W/ INTER		-	-	Not Allowed	$0.00			-	-	000	999	
L0810	E	HALO CERVICAL INTO JCKT VEST		-	-	Not Allowed	$0.00			-	-	000	999	
L0820	E	HALO CERVICAL INTO BODY JACK		-	-	Not Allowed	$0.00			-	-	000	999	
L0830	E	HALO CERV INTO MILWAUKEE TYP		-	-	Not Allowed	$0.00			-	-	000	999	
L0859	E	MRI COMPATIBLE SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
L0861	E	HALO REPL LINER/INTERFACE		-	-	Not Allowed	$0.00			-	-	000	999	

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L0970	E	TLSO CORSET FRONT		-	-	Not Allowed	$0.00			-	-	000	999	
L0972	E	LSO CORSET FRONT		-	-	Not Allowed	$0.00			-	-	000	999	
L0974	E	TLSO FULL CORSET		-	-	Not Allowed	$0.00			-	-	000	999	
L0976	E	LSO FULL CORSET		-	-	Not Allowed	$0.00			-	-	000	999	
L0978	E	AXILLARY CRUTCH EXTENSION		-	-	Not Allowed	$0.00			-	-	000	999	
L0980	E	PERONEAL STRAPS PAIR PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0982	E	STOCKING SUP GRIPS 4 PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0984	E	PROTECT BODY SOCK EA PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L0999	E	ADD TO SPINAL ORTHOSIS NOS		-	-	Not Allowed	$0.00			-	-	000	999	
L1000	E	CTLSO MILWAUKE INITIAL MODEL		-	-	Not Allowed	$0.00			-	-	000	999	
L1001	E	CTLSO INFANT IMMOBILIZER		-	-	Not Allowed	$0.00			-	-	000	1	
L1005	E	TENSION BASED SCOLIOSIS ORTH		-	-	Not Allowed	$0.00			-	-	000	999	
L1006	E	SCOLIOSIS ORTH SAG/ COR		-	-	Not Allowed	$0.00			-	-	000	999	
L1010	E	CTLSO AXILLA SLING		-	-	Not Allowed	$0.00			-	-	000	999	
L1020	E	KYPHOSIS PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L1025	E	KYPHOSIS PAD FLOATING		-	-	Not Allowed	$0.00			-	-	000	999	
L1030	E	LUMBAR BOLSTER PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L1040	E	LUMBAR OR LUMBAR RIB PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L1050	E	STERNAL PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L1060	E	THORACIC PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L1070	E	TRAPEZIUS SLING		-	-	Not Allowed	$0.00			-	-	000	999	
L1080	E	OUTRIGGER		-	-	Not Allowed	$0.00			-	-	000	999	
L1085	E	OUTRIGGER BIL W/ VERT EXTENS		-	-	Not Allowed	$0.00			-	-	000	999	
L1090	E	LUMBAR SLING		-	-	Not Allowed	$0.00			-	-	000	999	
L1100	E	RING FLANGE PLASTIC/LEATHER		-	-	Not Allowed	$0.00			-	-	000	999	
L1110	E	RING FLANGE PLAS/LEATHER MOL		-	-	Not Allowed	$0.00			-	-	000	999	
L1120	E	COVERS FOR UPRIGHT EACH		-	-	Not Allowed	$0.00			-	-	000	999	
L1200	E	FURNSH INITIAL ORTHOSIS ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
L1210	E	LATERAL THORACIC EXTENSION		-	-	Not Allowed	$0.00			-	-	000	999	
L1220	E	ANTERIOR THORACIC EXTENSION		-	-	Not Allowed	$0.00			-	-	000	999	
L1230	E	MILWAUKEE TYPE SUPERSTRUCTUR		-	-	Not Allowed	$0.00			-	-	000	999	
L1240	E	LUMBAR DEROTATION PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L1250	E	ANTERIOR ASIS PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L1260	E	ANTERIOR THORACIC DEROTATION		-	-	Not Allowed	$0.00			-	-	000	999	
L1270	E	ABDOMINAL PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L1280	E	RIB GUSSET (ELASTIC) EACH		-	-	Not Allowed	$0.00			-	-	000	999	
L1290	E	LATERAL TROCHANTERIC PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L1300	E	BODY JACKET MOLD TO PATIENT		-	-	Not Allowed	$0.00			-	-	000	999	
L1310	E	POST-OPERATIVE BODY JACKET		-	-	Not Allowed	$0.00			-	-	000	999	
L1320	E	PECTUS CARINATUM ORTHO CUST		-	-	Not Allowed	$0.00			-	-	000	999	
L1499	E	SPINAL ORTHOSIS NOS		-	-	Not Allowed	$0.00			-	-	000	999	
L1600	E	HO FLEX FREJKA W/COV PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L1610	E	HO FREJKA COV ONLY PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L1620	E	HO FLEX PAVLIK HARNS PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L1630	E	ABDUCT CONTROL HIP SEMI-FLEX		-	-	Not Allowed	$0.00			-	-	000	999	
L1640	E	PELV BAND/SPREAD BAR THIGH C		-	-	Not Allowed	$0.00			-	-	000	999	
L1650	E	HO ABDUCTION HIP ADJUSTABLE		-	-	Not Allowed	$0.00			-	-	000	999	
L1652	E	HO BI THIGHCUFFS W SPRDR BAR		-	-	Not Allowed	$0.00			-	-	000	999	
L1653	E	HO ABDUCTION STATIC OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L1660	E	HO ABDUCTION STATIC PLASTIC		-	-	Not Allowed	$0.00			-	-	000	999	
L1680	E	PELVIC & HIP CONTROL THIGH C		-	-	Not Allowed	$0.00			-	-	000	999	
L1681	E	HO BILATERAL HIP ABDUCTION		-	-	Not Allowed	$0.00			-	-	000	999	
L1685	E	POST-OP HIP ABDUCT CUSTOM FA		-	-	Not Allowed	$0.00			-	-	000	999	
L1686	E	HO POST-OP HIP ABDUCTION		-	-	Not Allowed	$0.00			-	-	000	999	
L1690	E	COMBINATION BILATERAL HO		-	-	Not Allowed	$0.00			-	-	000	999	
L1700	E	LEG PERTHES ORTH TORONTO TYP		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L1710	E	LEGG PERTHES ORTH NEWINGTON		-	-	Not Allowed	$0.00			-	-	000	999	
L1720	E	LEGG PERTHES ORTHOSIS TRILAT		-	-	Not Allowed	$0.00			-	-	000	999	
L1730	E	LEGG PERTHES ORTH SCOTTISH R		-	-	Not Allowed	$0.00			-	-	000	999	
L1755	E	LEGG PERTHES PATTEN BOTTOM T		-	-	Not Allowed	$0.00			-	-	000	999	
L1810	E	KO ELASTIC WITH JOINTS		-	-	Not Allowed	$0.00			-	-	000	999	
L1812	E	KO ELASTIC W/JOINTS PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L1820	E	KO ELAS W/ CONDYLE PADS & JO		-	-	Not Allowed	$0.00			-	-	000	999	
L1821	E	KO ELAS W/ CONDYLE PADS OTF		-	-	Not Allowed	$0.00			-	-	000	999	
L1830	E	KO IMMOB CANVAS LONG PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L1831	E	KNEE ORTH POS LOCKING JOINT		-	-	Not Allowed	$0.00			-	-	000	999	
L1832	E	KO ADJ JNT POS R SUP PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L1833	E	KO ADJ JNT POS R SUP PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L1834	E	KO W/0 JOINT RIGID MOLDED TO		-	-	Not Allowed	$0.00			-	-	000	999	
L1836	E	KO RIGID W/O JOINTS PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L1840	E	KO DEROT ANT CRUCIATE CUSTOM		-	-	Not Allowed	$0.00			-	-	000	999	
L1843	E	KO SINGLE UPRIGHT PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L1844	E	KO W/ADJ JT ROT CNTRL MOLDED		-	-	Not Allowed	$0.00			-	-	000	999	
L1845	E	KO DOUBLE UPRIGHT PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L1846	E	KO W ADJ FLEX/EXT ROTAT MOLD		-	-	Not Allowed	$0.00			-	-	000	999	
L1847	E	KO DBL UPRIGHT W/AIR PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L1848	E	KO DBL UPRIGHT W/AIR PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L1850	E	KO SWEDISH TYPE PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L1851	E	KO SINGLE UPRIGHT PREFAB OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L1852	E	KO DOUBLE UPRIGHT PREFAB OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L1860	E	KO SUPRACONDYLAR SOCKET MOLD		-	-	Not Allowed	$0.00			-	-	000	999	
L1900	E	AFO SPRNG WIR DRSFLX CALF BD		-	-	Not Allowed	$0.00			-	-	000	999	
L1902	E	AFO ANKLE GAUNTLET PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L1904	E	AFO MOLDED ANKLE GAUNTLET		-	-	Not Allowed	$0.00			-	-	000	999	
L1906	E	AFO MULTILIG ANK SUP PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L1907	E	AFO SUPRAMALLEOLAR CUSTOM		-	-	Not Allowed	$0.00			-	-	000	999	
L1910	E	AFO SING BAR CLASP ATTACH SH		-	-	Not Allowed	$0.00			-	-	000	999	
L1920	E	AFO SING UPRIGHT W/ ADJUST S		-	-	Not Allowed	$0.00			-	-	000	999	
L1930	E	AFO PLASTIC		-	-	Not Allowed	$0.00			-	-	000	999	
L1932	E	AFO RIG ANT TIB PREFAB TCF/=		-	-	Not Allowed	$0.00			-	-	000	999	
L1940	E	AFO MOLDED TO PATIENT PLASTI		-	-	Not Allowed	$0.00			-	-	000	999	
L1945	E	AFO MOLDED PLAS RIG ANT TIB		-	-	Not Allowed	$0.00			-	-	000	999	
L1950	E	AFO SPIRAL MOLDED TO PT PLAS		-	-	Not Allowed	$0.00			-	-	000	999	
L1951	E	AFO SPIRAL PREFABRICATED		-	-	Not Allowed	$0.00			-	-	000	999	
L1960	E	AFO POS SOLID ANK PLASTIC MO		-	-	Not Allowed	$0.00			-	-	000	999	
L1970	E	AFO PLASTIC MOLDED W/ANKLE J		-	-	Not Allowed	$0.00			-	-	000	999	
L1971	E	AFO W/ANKLE JOINT, PREFAB		-	-	Not Allowed	$0.00			-	-	000	999	
L1980	E	AFO SING SOLID STIRRUP CALF		-	-	Not Allowed	$0.00			-	-	000	999	
L1990	E	AFO DOUB SOLID STIRRUP CALF		-	-	Not Allowed	$0.00			-	-	000	999	
L2000	E	KAFO SING FRE STIRR THI/CALF		-	-	Not Allowed	$0.00			-	-	000	999	
L2005	E	KAFO SNG/DBL MECHANICAL ACT		-	-	Not Allowed	$0.00			-	-	000	999	
L2006	E	KAF SNG/DBL SWG/STN MCPR CUS		-	-	Not Allowed	$0.00			-	-	000	999	
L2010	E	KAFO SNG SOLID STIRRUP W/O J		-	-	Not Allowed	$0.00			-	-	000	999	
L2020	E	KAFO DBL SOLID STIRRUP BAND/		-	-	Not Allowed	$0.00			-	-	000	999	
L2030	E	KAFO DBL SOLID STIRRUP W/O J		-	-	Not Allowed	$0.00			-	-	000	999	
L2034	E	KAFO PLA SIN UP W/WO K/A CUS		-	-	Not Allowed	$0.00			-	-	000	999	
L2035	E	KAFO PLASTIC PEDIATRIC SIZE		-	-	Not Allowed	$0.00			-	-	000	999	
L2036	E	KAFO PLAS DOUB FREE KNEE MOL		-	-	Not Allowed	$0.00			-	-	000	999	
L2037	E	KAFO PLAS SING FREE KNEE MOL		-	-	Not Allowed	$0.00			-	-	000	999	
L2038	E	KAFO W/O JOINT MULTI-AXIS AN		-	-	Not Allowed	$0.00			-	-	000	999	
L2040	E	HKAFO TORSION BIL ROT STRAPS		-	-	Not Allowed	$0.00			-	-	000	999	
L2050	E	HKAFO TORSION CABLE HIP PELV		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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L2060	E	HKAFO TORSION BALL BEARING J		-	-	Not Allowed	$0.00			-	-	000	999	
L2070	E	HKAFO TORSION UNILAT ROT STR		-	-	Not Allowed	$0.00			-	-	000	999	
L2080	E	HKAFO UNILAT TORSION CABLE		-	-	Not Allowed	$0.00			-	-	000	999	
L2090	E	HKAFO UNILAT TORSION BALL BR		-	-	Not Allowed	$0.00			-	-	000	999	
L2106	E	AFO TIB FX CAST PLASTER MOLD		-	-	Not Allowed	$0.00			-	-	000	999	
L2108	E	AFO TIB FX CAST MOLDED TO PT		-	-	Not Allowed	$0.00			-	-	000	999	
L2112	E	AFO TIBIAL FRACTURE SOFT		-	-	Not Allowed	$0.00			-	-	000	999	
L2114	E	AFO TIB FX SEMI-RIGID		-	-	Not Allowed	$0.00			-	-	000	999	
L2116	E	AFO TIBIAL FRACTURE RIGID		-	-	Not Allowed	$0.00			-	-	000	999	
L2126	E	KAFO FEM FX CAST THERMOPLAS		-	-	Not Allowed	$0.00			-	-	000	999	
L2128	E	KAFO FEM FX CAST MOLDED TO P		-	-	Not Allowed	$0.00			-	-	000	999	
L2132	E	KAFO FEMORAL FX CAST SOFT		-	-	Not Allowed	$0.00			-	-	000	999	
L2134	E	KAFO FEM FX CAST SEMI-RIGID		-	-	Not Allowed	$0.00			-	-	000	999	
L2136	E	KAFO FEMORAL FX CAST RIGID		-	-	Not Allowed	$0.00			-	-	000	999	
L2180	E	PLAS SHOE INSERT W ANK JOINT		-	-	Not Allowed	$0.00			-	-	000	999	
L2182	E	DROP LOCK KNEE		-	-	Not Allowed	$0.00			-	-	000	999	
L2184	E	LIMITED MOTION KNEE JOINT		-	-	Not Allowed	$0.00			-	-	000	999	
L2186	E	ADJ MOTION KNEE JNT LERMAN T		-	-	Not Allowed	$0.00			-	-	000	999	
L2188	E	QUADRILATERAL BRIM		-	-	Not Allowed	$0.00			-	-	000	999	
L2190	E	WAIST BELT		-	-	Not Allowed	$0.00			-	-	000	999	
L2192	E	PELVIC BAND & BELT THIGH FLA		-	-	Not Allowed	$0.00			-	-	000	999	
L2200	E	LIMITED ANKLE MOTION EA JNT		-	-	Not Allowed	$0.00			-	-	000	999	
L2210	E	DORSIFLEXION ASSIST EACH JOI		-	-	Not Allowed	$0.00			-	-	000	999	
L2220	E	DORSI & PLANTAR FLEX ASS/RES		-	-	Not Allowed	$0.00			-	-	000	999	
L2230	E	SPLIT FLAT CALIPER STIRR & P		-	-	Not Allowed	$0.00			-	-	000	999	
L2232	E	ROCKER BOTTOM, CONTACT AFO		-	-	Not Allowed	$0.00			-	-	000	999	
L2240	E	ROUND CALIPER AND PLATE ATTA		-	-	Not Allowed	$0.00			-	-	000	999	
L2250	E	FOOT PLATE MOLDED STIRRUP AT		-	-	Not Allowed	$0.00			-	-	000	999	
L2260	E	REINFORCED SOLID STIRRUP		-	-	Not Allowed	$0.00			-	-	000	999	
L2265	E	LONG TONGUE STIRRUP		-	-	Not Allowed	$0.00			-	-	000	999	
L2270	E	VARUS/VALGUS STRAP PADDED/LI		-	-	Not Allowed	$0.00			-	-	000	999	
L2275	E	PLASTIC MOD LOW EXT PAD/LINE		-	-	Not Allowed	$0.00			-	-	000	999	
L2280	E	MOLDED INNER BOOT		-	-	Not Allowed	$0.00			-	-	000	999	
L2300	E	ABDUCTION BAR JOINTED ADJUST		-	-	Not Allowed	$0.00			-	-	000	999	
L2310	E	ABDUCTION BAR-STRAIGHT		-	-	Not Allowed	$0.00			-	-	000	999	
L2320	E	NON-MOLDED LACER		-	-	Not Allowed	$0.00			-	-	000	999	
L2330	E	LACER MOLDED TO PATIENT MODE		-	-	Not Allowed	$0.00			-	-	000	999	
L2335	E	ANTERIOR SWING BAND		-	-	Not Allowed	$0.00			-	-	000	999	
L2340	E	PRE-TIBIAL SHELL MOLDED TO P		-	-	Not Allowed	$0.00			-	-	000	999	
L2350	E	PROSTHETIC TYPE SOCKET MOLDE		-	-	Not Allowed	$0.00			-	-	000	999	
L2360	E	EXTENDED STEEL SHANK		-	-	Not Allowed	$0.00			-	-	000	999	
L2370	E	PATTEN BOTTOM		-	-	Not Allowed	$0.00			-	-	000	999	
L2375	E	TORSION ANK & HALF SOLID STI		-	-	Not Allowed	$0.00			-	-	000	999	
L2380	E	TORSION STRAIGHT KNEE JOINT		-	-	Not Allowed	$0.00			-	-	000	999	
L2385	E	STRAIGHT KNEE JOINT HEAVY DU		-	-	Not Allowed	$0.00			-	-	000	999	
L2387	E	ADD LE POLY KNEE CUSTOM KAFO		-	-	Not Allowed	$0.00			-	-	000	999	
L2390	E	OFFSET KNEE JOINT EACH		-	-	Not Allowed	$0.00			-	-	000	999	
L2395	E	OFFSET KNEE JOINT HEAVY DUTY		-	-	Not Allowed	$0.00			-	-	000	999	
L2397	E	SUSPENSION SLEEVE LOWER EXT		-	-	Not Allowed	$0.00			-	-	000	999	
L2405	E	KNEE JOINT DROP LOCK EA JNT		-	-	Not Allowed	$0.00			-	-	000	999	
L2415	E	KNEE JOINT CAM LOCK EACH JOI		-	-	Not Allowed	$0.00			-	-	000	999	
L2425	E	KNEE DISC/DIAL LOCK/ADJ FLEX		-	-	Not Allowed	$0.00			-	-	000	999	
L2430	E	KNEE JNT RATCHET LOCK EA JNT		-	-	Not Allowed	$0.00			-	-	000	999	
L2492	E	KNEE LIFT LOOP DROP LOCK RIN		-	-	Not Allowed	$0.00			-	-	000	999	
L2500	E	THI/GLUT/ISCHIA WGT BEARING		-	-	Not Allowed	$0.00			-	-	000	999	
L2510	E	TH/WGHT BEAR QUAD-LAT BRIM M		-	-	Not Allowed	$0.00			-	-	000	999	

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L2520	E	TH/WGHT BEAR QUAD-LAT BRIM C		-	-	Not Allowed	$0.00			-	-	000	999	
L2525	E	TH/WGHT BEAR NAR M-L BRIM MO		-	-	Not Allowed	$0.00			-	-	000	999	
L2526	E	TH/WGHT BEAR NAR M-L BRIM CU		-	-	Not Allowed	$0.00			-	-	000	999	
L2530	E	THIGH/WGHT BEAR LACER NON-MO		-	-	Not Allowed	$0.00			-	-	000	999	
L2540	E	THIGH/WGHT BEAR LACER MOLDED		-	-	Not Allowed	$0.00			-	-	000	999	
L2550	E	THIGH/WGHT BEAR HIGH ROLL CU		-	-	Not Allowed	$0.00			-	-	000	999	
L2570	E	HIP CLEVIS TYPE 2 POSIT JNT		-	-	Not Allowed	$0.00			-	-	000	999	
L2580	E	PELVIC CONTROL PELVIC SLING		-	-	Not Allowed	$0.00			-	-	000	999	
L2600	E	HIP CLEVIS/THRUST BEARING FR		-	-	Not Allowed	$0.00			-	-	000	999	
L2610	E	HIP CLEVIS/THRUST BEARING LO		-	-	Not Allowed	$0.00			-	-	000	999	
L2620	E	PELVIC CONTROL HIP HEAVY DUT		-	-	Not Allowed	$0.00			-	-	000	999	
L2622	E	HIP JOINT ADJUSTABLE FLEXION		-	-	Not Allowed	$0.00			-	-	000	999	
L2624	E	HIP ADJ FLEX EXT ABDUCT CONT		-	-	Not Allowed	$0.00			-	-	000	999	
L2627	E	PLASTIC MOLD RECIPRO HIP & C		-	-	Not Allowed	$0.00			-	-	000	999	
L2628	E	METAL FRAME RECIPRO HIP & CA		-	-	Not Allowed	$0.00			-	-	000	999	
L2630	E	PELVIC CONTROL BAND & BELT U		-	-	Not Allowed	$0.00			-	-	000	999	
L2640	E	PELVIC CONTROL BAND & BELT B		-	-	Not Allowed	$0.00			-	-	000	999	
L2650	E	PELV & THOR CONTROL GLUTEAL		-	-	Not Allowed	$0.00			-	-	000	999	
L2660	E	THORACIC CONTROL THORACIC BA		-	-	Not Allowed	$0.00			-	-	000	999	
L2670	E	THORAC CONT PARASPINAL UPRIG		-	-	Not Allowed	$0.00			-	-	000	999	
L2680	E	THORAC CONT LAT SUPPORT UPRI		-	-	Not Allowed	$0.00			-	-	000	999	
L2750	E	PLATING CHROME/NICKEL PR BAR		-	-	Not Allowed	$0.00			-	-	000	999	
L2755	E	CARBON GRAPHITE LAMINATION		-	-	Not Allowed	$0.00			-	-	000	999	
L2760	E	EXTENSION PER EXTENSION PER		-	-	Not Allowed	$0.00			-	-	000	999	
L2768	E	ORTHO SIDEBAR DISCONNECT		-	-	Not Allowed	$0.00			-	-	000	999	
L2780	E	NON-CORROSIVE FINISH		-	-	Not Allowed	$0.00			-	-	000	999	
L2785	E	DROP LOCK RETAINER EACH		-	-	Not Allowed	$0.00			-	-	000	999	
L2795	E	KNEE CONTROL FULL KNEECAP		-	-	Not Allowed	$0.00			-	-	000	999	
L2800	E	KNEE CAP MEDIAL OR LATERAL P		-	-	Not Allowed	$0.00			-	-	000	999	
L2810	E	KNEE CONTROL CONDYLAR PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L2820	E	SOFT INTERFACE BELOW KNEE SE		-	-	Not Allowed	$0.00			-	-	000	999	
L2830	E	SOFT INTERFACE ABOVE KNEE SE		-	-	Not Allowed	$0.00			-	-	000	999	
L2840	E	TIBIAL LENGTH SOCK FX OR EQU		-	-	Not Allowed	$0.00			-	-	000	999	
L2850	E	FEMORAL LGTH SOCK FX OR EQUA		-	-	Not Allowed	$0.00			-	-	000	999	
L2861	E	TORSION MECHANISM KNEE/ANKLE		-	-	Not Allowed	$0.00			-	-	000	999	
L2999	E	LOWER EXTREMITY ORTHOSIS NOS		-	-	Not Allowed	$0.00			-	-	000	999	
L3000	E	FT INSERT UCB BERKELEY SHELL		-	-	Not Allowed	$0.00			-	-	000	999	
L3001	E	FOOT INSERT REMOV MOLDED SPE		-	-	Not Allowed	$0.00			-	-	000	999	
L3002	E	FOOT INSERT PLASTAZOTE OR EQ		-	-	Not Allowed	$0.00			-	-	000	999	
L3003	E	FOOT INSERT SILICONE GEL EAC		-	-	Not Allowed	$0.00			-	-	000	999	
L3010	E	FOOT LONGITUDINAL ARCH SUPPO		-	-	Not Allowed	$0.00			-	-	000	999	
L3020	E	FOOT LONGITUD/METATARSAL SUP		-	-	Not Allowed	$0.00			-	-	000	999	
L3030	E	FOOT ARCH SUPPORT REMOV PREM		-	-	Not Allowed	$0.00			-	-	000	999	
L3031	E	FOOT LAMIN/PREPREG COMPOSITE		-	-	Not Allowed	$0.00			-	-	000	999	
L3040	E	FT ARCH SUPRT PREMOLD LONGIT		-	-	Not Allowed	$0.00			-	-	000	999	
L3050	E	FOOT ARCH SUPP PREMOLD METAT		-	-	Not Allowed	$0.00			-	-	000	999	
L3060	E	FOOT ARCH SUPP LONGITUD/META		-	-	Not Allowed	$0.00			-	-	000	999	
L3070	E	ARCH SUPRT ATT TO SHO LONGIT		-	-	Not Allowed	$0.00			-	-	000	999	
L3080	E	ARCH SUPP ATT TO SHOE METATA		-	-	Not Allowed	$0.00			-	-	000	999	
L3090	E	ARCH SUPP ATT TO SHOE LONG/M		-	-	Not Allowed	$0.00			-	-	000	999	
L3100	E	HALLUS-VALGUS NT DYN PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3140	E	ABDUCTION ROTATION BAR SHOE		-	-	Not Allowed	$0.00			-	-	000	999	
L3150	E	ABDUCT ROTATION BAR W/O SHOE		-	-	Not Allowed	$0.00			-	-	000	999	
L3160	E	SHOE STYLED POSITIONING DEV		-	-	Not Allowed	$0.00			-	-	000	999	
L3161	E	FOOT, ADDUCTUS POSITION, ADJ		-	-	Not Allowed	$0.00			-	-	000	999	
L3170	E	FOOT PLAS HEEL STABI PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L3201	E	OXFORD W SUPINAT/PRONAT INF		-	-	Not Allowed	$0.00			-	-	000	999	
L3202	E	OXFORD W/ SUPINAT/PRONATOR C		-	-	Not Allowed	$0.00			-	-	000	999	
L3203	E	OXFORD W/ SUPINATOR/PRONATOR		-	-	Not Allowed	$0.00			-	-	000	999	
L3204	E	HIGHTOP W/ SUPP/PRONATOR INF		-	-	Not Allowed	$0.00			-	-	000	1	
L3206	E	HIGHTOP W/ SUPP/PRONATOR CHI		-	-	Not Allowed	$0.00			-	-	000	5	
L3207	E	HIGHTOP W/ SUPP/PRONATOR JUN		-	-	Not Allowed	$0.00			-	-	000	19	
L3208	E	SURGICAL BOOT EACH INFANT		-	-	Not Allowed	$0.00			-	-	000	1	
L3209	E	SURGICAL BOOT EACH CHILD		-	-	Not Allowed	$0.00			-	-	000	5	
L3211	E	SURGICAL BOOT EACH JUNIOR		-	-	Not Allowed	$0.00			-	-	000	999	
L3212	E	BENESCH BOOT PAIR INFANT		-	-	Not Allowed	$0.00			-	-	000	1	
L3213	E	BENESCH BOOT PAIR CHILD		-	-	Not Allowed	$0.00			-	-	000	5	
L3214	E	BENESCH BOOT PAIR JUNIOR		-	-	Not Allowed	$0.00			-	-	000	19	
L3215	E	ORTHOPEDIC FTWEAR LADIES OXF		-	-	Not Allowed	$0.00			-	-	000	999	
L3216	E	ORTHOPED LADIES SHOES DPTH I		-	-	Not Allowed	$0.00			-	-	000	999	
L3217	E	LADIES SHOES HIGHTOP DEPTH I		-	-	Not Allowed	$0.00			-	-	000	999	
L3219	E	ORTHOPEDIC MENS SHOES OXFORD		-	-	Not Allowed	$0.00			-	-	000	999	
L3221	E	ORTHOPEDIC MENS SHOES DPTH I		-	-	Not Allowed	$0.00			-	-	000	999	
L3222	E	MENS SHOES HIGHTOP DEPTH INL		-	-	Not Allowed	$0.00			-	-	000	999	
L3224	E	WOMAN'S SHOE OXFORD BRACE		-	-	Not Allowed	$0.00			-	-	000	999	
L3225	E	MAN'S SHOE OXFORD BRACE		-	-	Not Allowed	$0.00			-	-	000	999	
L3230	E	CUSTOM SHOES DEPTH INLAY		-	-	Not Allowed	$0.00			-	-	000	999	
L3250	E	CUSTOM MOLD SHOE REMOV PROST		-	-	Not Allowed	$0.00			-	-	000	999	
L3251	E	SHOE MOLDED TO PT SILICONE S		-	-	Not Allowed	$0.00			-	-	000	999	
L3252	E	SHOE MOLDED PLASTAZOTE CUST		-	-	Not Allowed	$0.00			-	-	000	999	
L3253	E	SHOE MOLDED PLASTAZOTE CUST		-	-	Not Allowed	$0.00			-	-	000	999	
L3254	E	ORTH FOOT NON-STNDARD SIZE/W		-	-	Not Allowed	$0.00			-	-	000	999	
L3255	E	ORTH FOOT NON-STANDARD SIZE/		-	-	Not Allowed	$0.00			-	-	000	999	
L3257	E	ORTH FOOT ADD CHARGE SPLIT S		-	-	Not Allowed	$0.00			-	-	000	999	
L3260	E	AMBULATORY SURGICAL BOOT EAC		-	-	Not Allowed	$0.00			-	-	000	999	
L3265	E	PLASTAZOTE SANDAL EACH		-	-	Not Allowed	$0.00			-	-	000	999	
L3300	E	SHO LIFT TAPER TO METATARSAL		-	-	Not Allowed	$0.00			-	-	000	999	
L3310	E	SHOE LIFT ELEV HEEL/SOLE NEO		-	-	Not Allowed	$0.00			-	-	000	999	
L3320	E	SHOE LIFT ELEV HEEL/SOLE COR		-	-	Not Allowed	$0.00			-	-	000	999	
L3330	E	LIFTS ELEVATION METAL EXTENS		-	-	Not Allowed	$0.00			-	-	000	999	
L3332	E	SHOE LIFTS TAPERED TO ONE-HA		-	-	Not Allowed	$0.00			-	-	000	999	
L3334	E	SHOE LIFTS ELEVATION HEEL /I		-	-	Not Allowed	$0.00			-	-	000	999	
L3340	E	SHOE WEDGE SACH		-	-	Not Allowed	$0.00			-	-	000	999	
L3350	E	SHOE HEEL WEDGE		-	-	Not Allowed	$0.00			-	-	000	999	
L3360	E	SHOE SOLE WEDGE OUTSIDE SOLE		-	-	Not Allowed	$0.00			-	-	000	999	
L3370	E	SHOE SOLE WEDGE BETWEEN SOLE		-	-	Not Allowed	$0.00			-	-	000	999	
L3380	E	SHOE CLUBFOOT WEDGE		-	-	Not Allowed	$0.00			-	-	000	999	
L3390	E	SHOE OUTFLARE WEDGE		-	-	Not Allowed	$0.00			-	-	000	999	
L3400	E	SHOE METATARSAL BAR WEDGE RO		-	-	Not Allowed	$0.00			-	-	000	999	
L3410	E	SHOE METATARSAL BAR BETWEEN		-	-	Not Allowed	$0.00			-	-	000	999	
L3420	E	FULL SOLE/HEEL WEDGE BTWEEN		-	-	Not Allowed	$0.00			-	-	000	999	
L3430	E	SHO HEEL COUNT PLAST REINFOR		-	-	Not Allowed	$0.00			-	-	000	999	
L3440	E	HEEL LEATHER REINFORCED		-	-	Not Allowed	$0.00			-	-	000	999	
L3450	E	SHOE HEEL SACH CUSHION TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
L3455	E	SHOE HEEL NEW LEATHER STANDA		-	-	Not Allowed	$0.00			-	-	000	999	
L3460	E	SHOE HEEL NEW RUBBER STANDAR		-	-	Not Allowed	$0.00			-	-	000	999	
L3465	E	SHOE HEEL THOMAS WITH WEDGE		-	-	Not Allowed	$0.00			-	-	000	999	
L3470	E	SHOE HEEL THOMAS EXTEND TO B		-	-	Not Allowed	$0.00			-	-	000	999	
L3480	E	SHOE HEEL PAD & DEPRESS FOR		-	-	Not Allowed	$0.00			-	-	000	999	
L3485	E	SHOE HEEL PAD REMOVABLE FOR		-	-	Not Allowed	$0.00			-	-	000	999	
L3500	E	ORTHO SHOE ADD LEATHER INSOL		-	-	Not Allowed	$0.00			-	-	000	999	
L3510	E	ORTHOPEDIC SHOE ADD RUB INSL		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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L3520	E	O SHOE ADD FELT W LEATH INSL		-	-	Not Allowed	$0.00			-	-	000	999	
L3530	E	ORTHO SHOE ADD HALF SOLE		-	-	Not Allowed	$0.00			-	-	000	999	
L3540	E	ORTHO SHOE ADD FULL SOLE		-	-	Not Allowed	$0.00			-	-	000	999	
L3550	E	O SHOE ADD STANDARD TOE TAP		-	-	Not Allowed	$0.00			-	-	000	999	
L3560	E	O SHOE ADD HORSESHOE TOE TAP		-	-	Not Allowed	$0.00			-	-	000	999	
L3570	E	O SHOE ADD INSTEP EXTENSION		-	-	Not Allowed	$0.00			-	-	000	999	
L3580	E	O SHOE ADD INSTEP VELCRO CLO		-	-	Not Allowed	$0.00			-	-	000	999	
L3590	E	O SHOE CONVERT TO SOF COUNTE		-	-	Not Allowed	$0.00			-	-	000	999	
L3595	E	ORTHO SHOE ADD MARCH BAR		-	-	Not Allowed	$0.00			-	-	000	999	
L3600	E	TRANS SHOE CALIP PLATE EXIST		-	-	Not Allowed	$0.00			-	-	000	999	
L3610	E	TRANS SHOE CALIPER PLATE NEW		-	-	Not Allowed	$0.00			-	-	000	999	
L3620	E	TRANS SHOE SOLID STIRRUP EXI		-	-	Not Allowed	$0.00			-	-	000	999	
L3630	E	TRANS SHOE SOLID STIRRUP NEW		-	-	Not Allowed	$0.00			-	-	000	999	
L3640	E	SHOE DENNIS BROWNE SPLINT BO		-	-	Not Allowed	$0.00			-	-	000	999	
L3649	E	ORTHOPEDIC SHOE MODIFICA NOS		-	-	Not Allowed	$0.00			-	-	000	999	
L3650	E	SO 8 ABD RESTRAINT PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3660	E	SO 8 AB RSTR CAN/WEB PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3670	E	SO ACRO/CLAV CAN WEB PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3671	E	SO CAP DESIGN W/O JNTS CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3674	E	SO AIRPLANE W/WO JOINT CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3675	E	SO VEST CANVAS/WEB PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3677	E	SO HARD PLAS STABILI PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L3678	E	SO HARD PLAS STABILI PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3702	E	EO W/O JOINTS CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3710	E	EO ELAS W/METAL JNTS PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3720	E	FOREARM/ARM CUFFS FREE MOTIO		-	-	Not Allowed	$0.00			-	-	000	999	
L3730	E	FOREARM/ARM CUFFS EXT/FLEX A		-	-	Not Allowed	$0.00			-	-	000	999	
L3740	E	CUFFS ADJ LOCK W/ ACTIVE CON		-	-	Not Allowed	$0.00			-	-	000	999	
L3760	E	EO ADJ JT PREFAB CUSTOM FIT		-	-	Not Allowed	$0.00			-	-	000	999	
L3761	E	EO, ADJ LOCK JOINT PREFAB OT		-	-	Not Allowed	$0.00			-	-	000	999	
L3762	E	EO RIGID W/O JOINTS PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3763	E	EWHO RIGID W/O JNTS CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3764	E	EWHO W/JOINT(S) CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3765	E	EWHFO RIGID W/O JNTS CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3766	E	EWHFO W/JOINT(S) CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3806	E	WHFO W/JOINT(S) CUSTOM FAB		-	-	Not Allowed	$0.00			-	-	000	999	
L3807	E	WHFO W/O JOINTS PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L3808	E	WHFO, RIGID W/O JOINTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3809	E	WHFO W/O JOINTS PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3891	E	TORSION MECHANISM WRIST/ELBO		-	-	Not Allowed	$0.00			-	-	000	999	
L3900	E	HINGE EXTENSION/FLEX WRIST/F		-	-	Not Allowed	$0.00			-	-	000	999	
L3901	E	HINGE EXT/FLEX WRIST FINGER		-	-	Not Allowed	$0.00			-	-	000	999	
L3904	E	WHFO ELECTRIC CUSTOM FITTED		-	-	Not Allowed	$0.00			-	-	000	999	
L3905	E	WHO W/NONTORSION JNT(S) CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3906	E	WHO W/O JOINTS CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3908	E	WHO COCK-UP NONMOLDE PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3912	E	HFO FLEXION GLOVE PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3913	E	HFO W/O JOINTS CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3915	E	WHO NONTORSION JNTS PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L3916	E	WHO NONTORSION JNTS PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3917	E	METACARP FX ORTHOSIS PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L3918	E	METACARP FX ORTHOSIS PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3919	E	HO W/O JOINTS CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3921	E	HFO W/JOINT(S) CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3923	E	HFO WITHOUT JOINTS PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L3924	E	HFO WITHOUT JOINTS PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	

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L3925	E	FO PIP DIP JNT/SPRNG PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3927	E	FO PIP DIP NO JT SPR PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3929	E	HFO NONTORSION JNTS PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L3930	E	HFO NONTORSION JNTS PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L3931	E	WHFO NONTORSION JOINT PREFAB		-	-	Not Allowed	$0.00			-	-	000	999	
L3933	E	FO W/O JOINTS CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3935	E	FO NONTORSION JOINT CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3956	E	ADD JOINT UPPER EXT ORTHOSIS		-	-	Not Allowed	$0.00			-	-	000	999	
L3960	E	SEWHO AIRPLAN DESIG ABDU POS		-	-	Not Allowed	$0.00			-	-	000	999	
L3961	E	SEWHO CAP DESIGN W/O JNTS CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3962	E	SEWHO ERBS PALSEY DESIGN ABD		-	-	Not Allowed	$0.00			-	-	000	999	
L3967	E	SEWHO AIRPLANE W/O JNTS CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3971	E	SEWHO CAP DESIGN W/JNT(S) CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3973	E	SEWHO AIRPLANE W/JNT(S) CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3975	E	SEWHFO CAP DESIGN W/O JNT CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3976	E	SEWHFO AIRPLANE W/O JNTS CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3977	E	SEWHFO CAP DESGN W/JNT(S) CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3978	E	SEWHFO AIRPLANE W/JNT(S) CF		-	-	Not Allowed	$0.00			-	-	000	999	
L3980	E	UP EXT FX ORTHOS HUMERAL NOS		-	-	Not Allowed	$0.00			-	-	000	999	
L3981	E	UE FX ORTH SHOUL CAP FOREARM		-	-	Not Allowed	$0.00			-	-	000	999	
L3982	E	UPPER EXT FX ORTHOSIS RAD/UL		-	-	Not Allowed	$0.00			-	-	000	999	
L3984	E	UPPER EXT FX ORTHOSIS WRIST		-	-	Not Allowed	$0.00			-	-	000	999	
L3995	E	SOCK FRACTURE OR EQUAL EACH		-	-	Not Allowed	$0.00			-	-	000	999	
L3999	E	UPPER LIMB ORTHOSIS NOS		-	-	Not Allowed	$0.00			-	-	000	999	
L4000	E	REPL GIRDLE MILWAUKEE ORTH		-	-	Not Allowed	$0.00			-	-	000	999	
L4002	E	REPLACE STRAP, ANY ORTHOSIS		-	-	Not Allowed	$0.00			-	-	000	999	
L4010	E	REPLACE TRILATERAL SOCKET BR		-	-	Not Allowed	$0.00			-	-	000	999	
L4020	E	REPLACE QUADLAT SOCKET BRIM		-	-	Not Allowed	$0.00			-	-	000	999	
L4030	E	REPLACE SOCKET BRIM CUST FIT		-	-	Not Allowed	$0.00			-	-	000	999	
L4040	E	REPLACE MOLDED THIGH LACER		-	-	Not Allowed	$0.00			-	-	000	999	
L4045	E	REPLACE NON-MOLDED THIGH LAC		-	-	Not Allowed	$0.00			-	-	000	999	
L4050	E	REPLACE MOLDED CALF LACER		-	-	Not Allowed	$0.00			-	-	000	999	
L4055	E	REPLACE NON-MOLDED CALF LACE		-	-	Not Allowed	$0.00			-	-	000	999	
L4060	E	REPLACE HIGH ROLL CUFF		-	-	Not Allowed	$0.00			-	-	000	999	
L4070	E	REPLACE PROX & DIST UPRIGHT		-	-	Not Allowed	$0.00			-	-	000	999	
L4080	E	REPL MET BAND KAFO-AFO PROX		-	-	Not Allowed	$0.00			-	-	000	999	
L4090	E	REPL MET BAND KAFO-AFO CALF/		-	-	Not Allowed	$0.00			-	-	000	999	
L4100	E	REPL LEATH CUFF KAFO PROX TH		-	-	Not Allowed	$0.00			-	-	000	999	
L4110	E	REPL LEATH CUFF KAFO-AFO CAL		-	-	Not Allowed	$0.00			-	-	000	999	
L4130	E	REPLACE PRETIBIAL SHELL		-	-	Not Allowed	$0.00			-	-	000	999	
L4205	E	ORTHO DVC REPAIR PER 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
L4210	E	ORTH DEV REPAIR/REPL MINOR P		-	-	Not Allowed	$0.00			-	-	000	999	
L4350	E	ANKLE CONTROL ORTHO PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L4360	E	PNEUMAT WALKING BOOT PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L4361	E	PNEUMA/VAC WALK BOOT PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L4370	E	PNEUM FULL LEG SPLNT PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L4386	E	NON-PNEUM WALK BOOT PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L4387	E	NON-PNEUM WALK BOOT PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L4392	E	REPLACE AFO SOFT INTERFACE		-	-	Not Allowed	$0.00			-	-	000	999	
L4394	E	REPLACE FOOT DROP SPINT		-	-	Not Allowed	$0.00			-	-	000	999	
L4396	E	STATIC OR DYNAMI AFO PRE CST		-	-	Not Allowed	$0.00			-	-	000	999	
L4397	E	STATIC OR DYNAMI AFO PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L4398	E	FOOT DROP SPLINT PRE OTS		-	-	Not Allowed	$0.00			-	-	000	999	
L4631	E	AFO, WALK BOOT TYPE, CUS FAB		-	-	Not Allowed	$0.00			-	-	000	999	
L5000	E	SHO INSERT W ARCH TOE FILLER		-	-	Not Allowed	$0.00			-	-	000	999	
L5010	E	MOLD SOCKET ANK HGT W/ TOE F		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2025

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L5020	E	TIBIAL TUBERCLE HGT W/ TOE F		-	-	Not Allowed	$0.00			-	-	000	999	
L5050	E	ANK SYMES MOLD SCKT SACH FT		-	-	Not Allowed	$0.00			-	-	000	999	
L5060	E	SYMES MET FR LEATH SOCKET AR		-	-	Not Allowed	$0.00			-	-	000	999	
L5100	E	MOLDED SOCKET SHIN SACH FOOT		-	-	Not Allowed	$0.00			-	-	000	999	
L5105	E	PLAST SOCKET JTS/THGH LACER		-	-	Not Allowed	$0.00			-	-	000	999	
L5150	E	MOLD SCKT EXT KNEE SHIN SACH		-	-	Not Allowed	$0.00			-	-	000	999	
L5160	E	MOLD SOCKET BENT KNEE SHIN S		-	-	Not Allowed	$0.00			-	-	000	999	
L5200	E	KNE SING AXIS FRIC SHIN SACH		-	-	Not Allowed	$0.00			-	-	000	999	
L5210	E	NO KNEE/ANKLE JOINTS W/ FT B		-	-	Not Allowed	$0.00			-	-	000	999	
L5220	E	NO KNEE JOINT WITH ARTIC ALI		-	-	Not Allowed	$0.00			-	-	000	999	
L5230	E	FEM FOCAL DEFIC CONSTANT FRI		-	-	Not Allowed	$0.00			-	-	000	999	
L5250	E	HIP CANAD SING AXI CONS FRIC		-	-	Not Allowed	$0.00			-	-	000	999	
L5270	E	TILT TABLE LOCKING HIP SING		-	-	Not Allowed	$0.00			-	-	000	999	
L5280	E	HEMIPELVECT CANAD SING AXIS		-	-	Not Allowed	$0.00			-	-	000	999	
L5301	E	BK MOLD SOCKET SACH FT ENDO		-	-	Not Allowed	$0.00			-	-	000	999	
L5312	E	KNEE DISART, SACH FT, ENDO		-	-	Not Allowed	$0.00			-	-	000	999	
L5321	E	AK OPEN END SACH		-	-	Not Allowed	$0.00			-	-	000	999	
L5331	E	HIP DISART CANADIAN SACH FT		-	-	Not Allowed	$0.00			-	-	000	999	
L5341	E	HEMIPELVECTOMY CANADIAN SACH		-	-	Not Allowed	$0.00			-	-	000	999	
L5400	E	POSTOP DRESS & 1 CAST CHG BK		-	-	Not Allowed	$0.00			-	-	000	999	
L5410	E	POSTOP DSG BK EA ADD CAST CH		-	-	Not Allowed	$0.00			-	-	000	999	
L5420	E	POSTOP DSG & 1 CAST CHG AK/D		-	-	Not Allowed	$0.00			-	-	000	999	
L5430	E	POSTOP DSG AK EA ADD CAST CH		-	-	Not Allowed	$0.00			-	-	000	999	
L5450	E	POSTOP APP NON-WGT BEAR DSG		-	-	Not Allowed	$0.00			-	-	000	999	
L5460	E	POSTOP APP NON-WGT BEAR DSG		-	-	Not Allowed	$0.00			-	-	000	999	
L5500	E	INIT BK PTB PLASTER DIRECT		-	-	Not Allowed	$0.00			-	-	000	999	
L5505	E	INIT AK ISCHAL PLSTR DIRECT		-	-	Not Allowed	$0.00			-	-	000	999	
L5510	E	PREP BK PTB PLASTER MOLDED		-	-	Not Allowed	$0.00			-	-	000	999	
L5520	E	PERP BK PTB THERMOPLS DIRECT		-	-	Not Allowed	$0.00			-	-	000	999	
L5530	E	PREP BK PTB THERMOPLS MOLDED		-	-	Not Allowed	$0.00			-	-	000	999	
L5535	E	PREP BK PTB OPEN END SOCKET		-	-	Not Allowed	$0.00			-	-	000	999	
L5540	E	PREP BK PTB LAMINATED SOCKET		-	-	Not Allowed	$0.00			-	-	000	999	
L5560	E	PREP AK ISCHIAL PLAST MOLDED		-	-	Not Allowed	$0.00			-	-	000	999	
L5570	E	PREP AK ISCHIAL DIRECT FORM		-	-	Not Allowed	$0.00			-	-	000	999	
L5580	E	PREP AK ISCHIAL THERMO MOLD		-	-	Not Allowed	$0.00			-	-	000	999	
L5585	E	PREP AK ISCHIAL OPEN END		-	-	Not Allowed	$0.00			-	-	000	999	
L5590	E	PREP AK ISCHIAL LAMINATED		-	-	Not Allowed	$0.00			-	-	000	999	
L5595	E	HIP DISARTIC SACH THERMOPLS		-	-	Not Allowed	$0.00			-	-	000	999	
L5600	E	HIP DISART SACH LAMINAT MOLD		-	-	Not Allowed	$0.00			-	-	000	999	
L5610	E	ABOVE KNEE HYDRACADENCE		-	-	Not Allowed	$0.00			-	-	000	999	
L5611	E	AK 4 BAR LINK W/FRIC SWING		-	-	Not Allowed	$0.00			-	-	000	999	
L5613	E	AK 4 BAR LING W/HYDRAUL SWIG		-	-	Not Allowed	$0.00			-	-	000	999	
L5614	E	4-BAR LINK ABOVE KNEE W/SWNG		-	-	Not Allowed	$0.00			-	-	000	999	
L5615	E	AK 4 BAR LINK HYDL SWG/STANC		-	-	Not Allowed	$0.00			-	-	000	999	
L5616	E	AK UNIV MULTIPLEX SYS FRICT		-	-	Not Allowed	$0.00			-	-	000	999	
L5617	E	AK/BK SELF-ALIGNING UNIT EA		-	-	Not Allowed	$0.00			-	-	000	999	
L5618	E	TEST SOCKET SYMES		-	-	Not Allowed	$0.00			-	-	000	999	
L5620	E	TEST SOCKET BELOW KNEE		-	-	Not Allowed	$0.00			-	-	000	999	
L5622	E	TEST SOCKET KNEE DISARTICULA		-	-	Not Allowed	$0.00			-	-	000	999	
L5624	E	TEST SOCKET ABOVE KNEE		-	-	Not Allowed	$0.00			-	-	000	999	
L5626	E	TEST SOCKET HIP DISARTICULAT		-	-	Not Allowed	$0.00			-	-	000	999	
L5628	E	TEST SOCKET HEMIPELVECTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
L5629	E	BELOW KNEE ACRYLIC SOCKET		-	-	Not Allowed	$0.00			-	-	000	999	
L5630	E	SYME TYP EXPANDABL WALL SCKT		-	-	Not Allowed	$0.00			-	-	000	999	
L5631	E	AK/KNEE DISARTIC ACRYLIC SOC		-	-	Not Allowed	$0.00			-	-	000	999	
L5632	E	SYMES TYPE PTB BRIM DESIGN S		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2025

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L5634	E	SYMES TYPE POSTER OPENING SO		-	-	Not Allowed	$0.00			-	-	000	999	
L5636	E	SYMES TYPE MEDIAL OPENING SO		-	-	Not Allowed	$0.00			-	-	000	999	
L5637	E	BELOW KNEE TOTAL CONTACT		-	-	Not Allowed	$0.00			-	-	000	999	
L5638	E	BELOW KNEE LEATHER SOCKET		-	-	Not Allowed	$0.00			-	-	000	999	
L5639	E	BELOW KNEE WOOD SOCKET		-	-	Not Allowed	$0.00			-	-	000	999	
L5640	E	KNEE DISARTICULAT LEATHER SO		-	-	Not Allowed	$0.00			-	-	000	999	
L5642	E	ABOVE KNEE LEATHER SOCKET		-	-	Not Allowed	$0.00			-	-	000	999	
L5643	E	HIP FLEX INNER SOCKET EXT FR		-	-	Not Allowed	$0.00			-	-	000	999	
L5644	E	ABOVE KNEE WOOD SOCKET		-	-	Not Allowed	$0.00			-	-	000	999	
L5645	E	BK FLEX INNER SOCKET EXT FRA		-	-	Not Allowed	$0.00			-	-	000	999	
L5646	E	BELOW KNEE CUSHION SOCKET		-	-	Not Allowed	$0.00			-	-	000	999	
L5647	E	BELOW KNEE SUCTION SOCKET		-	-	Not Allowed	$0.00			-	-	000	999	
L5648	E	ABOVE KNEE CUSHION SOCKET		-	-	Not Allowed	$0.00			-	-	000	999	
L5649	E	ISCH CONTAINMT/NARROW M-L SO		-	-	Not Allowed	$0.00			-	-	000	999	
L5650	E	TOT CONTACT AK/KNEE DISART S		-	-	Not Allowed	$0.00			-	-	000	999	
L5651	E	AK FLEX INNER SOCKET EXT FRA		-	-	Not Allowed	$0.00			-	-	000	999	
L5652	E	SUCTION SUSP AK/KNEE DISART		-	-	Not Allowed	$0.00			-	-	000	999	
L5653	E	KNEE DISART EXPAND WALL SOCK		-	-	Not Allowed	$0.00			-	-	000	999	
L5654	E	SOCKET INSERT SYMES		-	-	Not Allowed	$0.00			-	-	000	999	
L5655	E	SOCKET INSERT BELOW KNEE		-	-	Not Allowed	$0.00			-	-	000	999	
L5656	E	SOCKET INSERT KNEE ARTICULAT		-	-	Not Allowed	$0.00			-	-	000	999	
L5658	E	SOCKET INSERT ABOVE KNEE		-	-	Not Allowed	$0.00			-	-	000	999	
L5661	E	MULTI-DUROMETER SYMES		-	-	Not Allowed	$0.00			-	-	000	999	
L5665	E	MULTI-DUROMETER BELOW KNEE		-	-	Not Allowed	$0.00			-	-	000	999	
L5666	E	BELOW KNEE CUFF SUSPENSION		-	-	Not Allowed	$0.00			-	-	000	999	
L5668	E	BK MOLDED DISTAL CUSHION		-	-	Not Allowed	$0.00			-	-	000	999	
L5670	E	BK MOLDED SUPRACONDYLAR SUSP		-	-	Not Allowed	$0.00			-	-	000	999	
L5671	E	BK/AK LOCKING MECHANISM		-	-	Not Allowed	$0.00			-	-	000	999	
L5672	E	BK REMOVABLE MEDIAL BRIM SUS		-	-	Not Allowed	$0.00			-	-	000	999	
L5673	E	SOCKET INSERT W LOCK MECH		-	-	Not Allowed	$0.00			-	-	000	999	
L5676	E	BK KNEE JOINTS SINGLE AXIS P		-	-	Not Allowed	$0.00			-	-	000	999	
L5677	E	BK KNEE JOINTS POLYCENTRIC P		-	-	Not Allowed	$0.00			-	-	000	999	
L5678	E	BK JOINT COVERS PAIR		-	-	Not Allowed	$0.00			-	-	000	999	
L5679	E	SOCKET INSERT W/O LOCK MECH		-	-	Not Allowed	$0.00			-	-	000	999	
L5680	E	BK THIGH LACER NON-MOLDED		-	-	Not Allowed	$0.00			-	-	000	999	
L5681	E	INTL CUSTM CONG/LATYP INSERT		-	-	Not Allowed	$0.00			-	-	000	999	
L5682	E	BK THIGH LACER GLUT/ISCHIA M		-	-	Not Allowed	$0.00			-	-	000	999	
L5683	E	INITIAL CUSTOM SOCKET INSERT		-	-	Not Allowed	$0.00			-	-	000	999	
L5684	E	BK FORK STRAP		-	-	Not Allowed	$0.00			-	-	000	999	
L5685	E	BELOW KNEE SUS/SEAL SLEEVE		-	-	Not Allowed	$0.00			-	-	000	999	
L5686	E	BK BACK CHECK		-	-	Not Allowed	$0.00			-	-	000	999	
L5688	E	BK WAIST BELT WEBBING		-	-	Not Allowed	$0.00			-	-	000	999	
L5690	E	BK WAIST BELT PADDED AND LIN		-	-	Not Allowed	$0.00			-	-	000	999	
L5692	E	AK PELVIC CONTROL BELT LIGHT		-	-	Not Allowed	$0.00			-	-	000	999	
L5694	E	AK PELVIC CONTROL BELT PAD/L		-	-	Not Allowed	$0.00			-	-	000	999	
L5695	E	AK SLEEVE SUSP NEOPRENE/EQUA		-	-	Not Allowed	$0.00			-	-	000	999	
L5696	E	AK/KNEE DISARTIC PELVIC JOIN		-	-	Not Allowed	$0.00			-	-	000	999	
L5697	E	AK/KNEE DISARTIC PELVIC BAND		-	-	Not Allowed	$0.00			-	-	000	999	
L5698	E	AK/KNEE DISARTIC SILESIAN BA		-	-	Not Allowed	$0.00			-	-	000	999	
L5699	E	SHOULDER HARNESS		-	-	Not Allowed	$0.00			-	-	000	999	
L5700	E	REPLACE SOCKET BELOW KNEE		-	-	Not Allowed	$0.00			-	-	000	999	
L5701	E	REPLACE SOCKET ABOVE KNEE		-	-	Not Allowed	$0.00			-	-	000	999	
L5702	E	REPLACE SOCKET HIP		-	-	Not Allowed	$0.00			-	-	000	999	
L5703	E	SYMES ANKLE W/O (SACH) FOOT		-	-	Not Allowed	$0.00			-	-	000	999	
L5704	E	CUSTOM SHAPE COVER BK		-	-	Not Allowed	$0.00			-	-	000	999	
L5705	E	CUSTOM SHAPE COVER AK		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2025

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L5706	E	CUSTOM SHAPE CVR KNEE DISART		-	-	Not Allowed	$0.00			-	-	000	999	
L5707	E	CUSTOM SHAPE CVR HIP DISART		-	-	Not Allowed	$0.00			-	-	000	999	
L5710	E	KNE-SHIN EXO SNG AXI MNL LOC		-	-	Not Allowed	$0.00			-	-	000	999	
L5711	E	KNEE-SHIN EXO MNL LOCK ULTRA		-	-	Not Allowed	$0.00			-	-	000	999	
L5712	E	KNEE-SHIN EXO FRICT SWG & ST		-	-	Not Allowed	$0.00			-	-	000	999	
L5714	E	KNEE-SHIN EXO VARIABLE FRICT		-	-	Not Allowed	$0.00			-	-	000	999	
L5716	E	KNEE-SHIN EXO MECH STANCE PH		-	-	Not Allowed	$0.00			-	-	000	999	
L5718	E	KNEE-SHIN EXO FRCT SWG & STA		-	-	Not Allowed	$0.00			-	-	000	999	
L5722	E	KNEE-SHIN PNEUM SWG FRCT EXO		-	-	Not Allowed	$0.00			-	-	000	999	
L5724	E	KNEE-SHIN EXO FLUID SWING PH		-	-	Not Allowed	$0.00			-	-	000	999	
L5726	E	KNEE-SHIN EXT JNTS FLD SWG E		-	-	Not Allowed	$0.00			-	-	000	999	
L5728	E	KNEE-SHIN FLUID SWG & STANCE		-	-	Not Allowed	$0.00			-	-	000	999	
L5780	E	KNEE-SHIN PNEUM/HYDRA PNEUM		-	-	Not Allowed	$0.00			-	-	000	999	
L5781	E	LOWER LIMB PROS VACUUM PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
L5782	E	HD LOW LIMB PROS VACUUM PUMP		-	-	Not Allowed	$0.00			-	-	000	999	
L5783	E	ADD LOW EXT MEC LIMB VOL SYS		-	-	Not Allowed	$0.00			-	-	000	999	
L5785	E	EXOSKELETAL BK ULTRALT MATER		-	-	Not Allowed	$0.00			-	-	000	999	
L5790	E	EXOSKELETAL AK ULTRA-LIGHT M		-	-	Not Allowed	$0.00			-	-	000	999	
L5795	E	EXOSKEL HIP ULTRA-LIGHT MATE		-	-	Not Allowed	$0.00			-	-	000	999	
L5810	E	ENDOSKEL KNEE-SHIN MNL LOCK		-	-	Not Allowed	$0.00			-	-	000	999	
L5811	E	ENDO KNEE-SHIN MNL LCK ULTRA		-	-	Not Allowed	$0.00			-	-	000	999	
L5812	E	ENDO KNEE-SHIN FRCT SWG & ST		-	-	Not Allowed	$0.00			-	-	000	999	
L5814	E	ENDO KNEE-SHIN HYDRAL SWG PH		-	-	Not Allowed	$0.00			-	-	000	999	
L5816	E	ENDO KNEE-SHIN POLYC MCH STA		-	-	Not Allowed	$0.00			-	-	000	999	
L5818	E	ENDO KNEE-SHIN FRCT SWG & ST		-	-	Not Allowed	$0.00			-	-	000	999	
L5822	E	ENDO KNEE-SHIN PNEUM SWG FRC		-	-	Not Allowed	$0.00			-	-	000	999	
L5824	E	ENDO KNEE-SHIN FLUID SWING P		-	-	Not Allowed	$0.00			-	-	000	999	
L5826	E	MINIATURE KNEE JOINT		-	-	Not Allowed	$0.00			-	-	000	999	
L5828	E	ENDO KNEE-SHIN FLUID SWG/STA		-	-	Not Allowed	$0.00			-	-	000	999	
L5830	E	ENDO KNEE-SHIN PNEUM/SWG PHA		-	-	Not Allowed	$0.00			-	-	000	999	
L5840	E	MULTI-AXIAL KNEE/SHIN SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
L5841	E	ADDITION ENDOSKLETL KNEE-SHI		-	-	Not Allowed	$0.00			-	-	000	999	
L5845	E	KNEE-SHIN SYS STANCE FLEXION		-	-	Not Allowed	$0.00			-	-	000	999	
L5848	E	KNEE-SHIN SYS HYDRAUL STANCE		-	-	Not Allowed	$0.00			-	-	000	999	
L5850	E	ENDO AK/HIP KNEE EXTENS ASSI		-	-	Not Allowed	$0.00			-	-	000	999	
L5855	E	MECH HIP EXTENSION ASSIST		-	-	Not Allowed	$0.00			-	-	000	999	
L5856	E	ELEC KNEE-SHIN SWING/STANCE		-	-	Not Allowed	$0.00			-	-	000	999	
L5857	E	ELEC KNEE-SHIN SWING ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
L5858	E	STANCE PHASE ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
L5859	E	KNEE-SHIN PRO FLEX/EXT CONT		-	-	Not Allowed	$0.00			-	-	000	999	
L5910	E	ENDO BELOW KNEE ALIGNABLE SY		-	-	Not Allowed	$0.00			-	-	000	999	
L5920	E	ENDO AK/HIP ALIGNABLE SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
L5925	E	ABOVE KNEE MANUAL LOCK		-	-	Not Allowed	$0.00			-	-	000	999	
L5926	E	ENDOSKEL POSIT ROTAT UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
L5930	E	HIGH ACTIVITY KNEE FRAME		-	-	Not Allowed	$0.00			-	-	000	999	
L5940	E	ENDO BK ULTRA-LIGHT MATERIAL		-	-	Not Allowed	$0.00			-	-	000	999	
L5950	E	ENDO AK ULTRA-LIGHT MATERIAL		-	-	Not Allowed	$0.00			-	-	000	999	
L5960	E	ENDO HIP ULTRA-LIGHT MATERIA		-	-	Not Allowed	$0.00			-	-	000	999	
L5961	E	ENDO POLY HIP, PNEU/HYD/ROT		-	-	Not Allowed	$0.00			-	-	000	999	
L5962	E	BELOW KNEE FLEX COVER SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
L5964	E	ABOVE KNEE FLEX COVER SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
L5966	E	HIP FLEXIBLE COVER SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
L5968	E	MULTIAXIAL ANKLE W DORSIFLEX		-	-	Not Allowed	$0.00			-	-	000	999	
L5969	E	AK/FT POWER ASST INCL MOTORS		-	-	Not Allowed	$0.00			-	-	000	999	
L5970	E	FOOT EXTERNAL KEEL SACH FOOT		-	-	Not Allowed	$0.00			-	-	000	999	
L5971	E	SACH FOOT, REPLACEMENT		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2025

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L5972	E	FLEXIBLE KEEL FOOT		-	-	Not Allowed	$0.00			-	-	000	999	
L5973	E	ANK-FOOT SYS DORS-PLANT FLEX		-	-	Not Allowed	$0.00			-	-	000	999	
L5974	E	FOOT SINGLE AXIS ANKLE/FOOT		-	-	Not Allowed	$0.00			-	-	000	999	
L5975	E	COMBO ANKLE/FOOT PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
L5976	E	ENERGY STORING FOOT		-	-	Not Allowed	$0.00			-	-	000	999	
L5978	E	FT PROSTH MULTIAXIAL ANKL/FT		-	-	Not Allowed	$0.00			-	-	000	999	
L5979	E	MULTI-AXIAL ANKLE/FT PROSTH		-	-	Not Allowed	$0.00			-	-	000	999	
L5980	E	FLEX FOOT SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
L5981	E	FLEX-WALK SYS LOW EXT PROSTH		-	-	Not Allowed	$0.00			-	-	000	999	
L5982	E	EXOSKELETAL AXIAL ROTATION U		-	-	Not Allowed	$0.00			-	-	000	999	
L5984	E	ENDOSKELETAL AXIAL ROTATION		-	-	Not Allowed	$0.00			-	-	000	999	
L5985	E	LWR EXT DYNAMIC PROSTH PYLON		-	-	Not Allowed	$0.00			-	-	000	999	
L5986	E	MULTI-AXIAL ROTATION UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
L5987	E	SHANK FT W VERT LOAD PYLON		-	-	Not Allowed	$0.00			-	-	000	999	
L5988	E	VERTICAL SHOCK REDUCING PYLO		-	-	Not Allowed	$0.00			-	-	000	999	
L5990	E	USER ADJUSTABLE HEEL HEIGHT		-	-	Not Allowed	$0.00			-	-	000	999	
L5991	E	LOW PROS EXT OSSEO CONNECTOR		-	-	Not Allowed	$0.00			-	-	000	999	
L5999	E	LOWR EXTREMITY PROSTHES NOS		-	-	Not Allowed	$0.00			-	-	000	999	
L6000	E	PART HAND THUMB REM		-	-	Not Allowed	$0.00			-	-	000	999	
L6010	E	PART HAND LITTLE/RING		-	-	Not Allowed	$0.00			-	-	000	999	
L6020	E	PART HAND NO FINGERS		-	-	Not Allowed	$0.00			-	-	000	999	
L6025	E	PART HAND DISART MYOELECTRIC		-	-	Not Allowed	$0.00			-	-	000	999	
L6026	E	PART HAND MYO EXCLU TERM DEV		-	-	Not Allowed	$0.00			-	-	000	999	
L6050	E	WRST MLD SCK FLX HNG TRI PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L6055	E	WRST MOLD SOCK W/EXP INTERFA		-	-	Not Allowed	$0.00			-	-	000	999	
L6100	E	ELB MOLD SOCK FLEX HINGE PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L6110	E	ELBOW MOLD SOCK SUSPENSION T		-	-	Not Allowed	$0.00			-	-	000	999	
L6120	E	ELBOW MOLD DOUB SPLT SOC STE		-	-	Not Allowed	$0.00			-	-	000	999	
L6130	E	ELBOW STUMP ACTIVATED LOCK H		-	-	Not Allowed	$0.00			-	-	000	999	
L6200	E	ELBOW MOLD OUTSID LOCK HINGE		-	-	Not Allowed	$0.00			-	-	000	999	
L6205	E	ELBOW MOLDED W/ EXPAND INTER		-	-	Not Allowed	$0.00			-	-	000	999	
L6250	E	ELBOW INTER LOC ELBOW FORARM		-	-	Not Allowed	$0.00			-	-	000	999	
L6300	E	SHLDER DISART INT LOCK ELBOW		-	-	Not Allowed	$0.00			-	-	000	999	
L6310	E	SHOULDER PASSIVE RESTOR COMP		-	-	Not Allowed	$0.00			-	-	000	999	
L6320	E	SHOULDER PASSIVE RESTOR CAP		-	-	Not Allowed	$0.00			-	-	000	999	
L6350	E	THORACIC INTERN LOCK ELBOW		-	-	Not Allowed	$0.00			-	-	000	999	
L6360	E	THORACIC PASSIVE RESTOR COMP		-	-	Not Allowed	$0.00			-	-	000	999	
L6370	E	THORACIC PASSIVE RESTOR CAP		-	-	Not Allowed	$0.00			-	-	000	999	
L6380	E	POSTOP DSG CAST CHG WRST/ELB		-	-	Not Allowed	$0.00			-	-	000	999	
L6382	E	POSTOP DSG CAST CHG ELB DIS/		-	-	Not Allowed	$0.00			-	-	000	999	
L6384	E	POSTOP DSG CAST CHG SHLDER/T		-	-	Not Allowed	$0.00			-	-	000	999	
L6386	E	POSTOP EA CAST CHG & REALIGN		-	-	Not Allowed	$0.00			-	-	000	999	
L6388	E	POSTOP APPLICAT RIGID DSG ON		-	-	Not Allowed	$0.00			-	-	000	999	
L6400	E	BELOW ELBOW PROSTH TISS SHAP		-	-	Not Allowed	$0.00			-	-	000	999	
L6450	E	ELB DISART PROSTH TISS SHAP		-	-	Not Allowed	$0.00			-	-	000	999	
L6500	E	ABOVE ELBOW PROSTH TISS SHAP		-	-	Not Allowed	$0.00			-	-	000	999	
L6550	E	SHLDR DISAR PROSTH TISS SHAP		-	-	Not Allowed	$0.00			-	-	000	999	
L6570	E	SCAP THORAC PROSTH TISS SHAP		-	-	Not Allowed	$0.00			-	-	000	999	
L6580	E	WRIST/ELBOW BOWDEN CABLE MOL		-	-	Not Allowed	$0.00			-	-	000	999	
L6582	E	WRIST/ELBOW BOWDEN CBL DIR F		-	-	Not Allowed	$0.00			-	-	000	999	
L6584	E	ELBOW FAIR LEAD CABLE MOLDED		-	-	Not Allowed	$0.00			-	-	000	999	
L6586	E	ELBOW FAIR LEAD CABLE DIR FO		-	-	Not Allowed	$0.00			-	-	000	999	
L6588	E	SHDR FAIR LEAD CABLE MOLDED		-	-	Not Allowed	$0.00			-	-	000	999	
L6590	E	SHDR FAIR LEAD CABLE DIRECT		-	-	Not Allowed	$0.00			-	-	000	999	
L6600	E	POLYCENTRIC HINGE PAIR		-	-	Not Allowed	$0.00			-	-	000	999	
L6605	E	SINGLE PIVOT HINGE PAIR		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2025

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L6610	E	FLEXIBLE METAL HINGE PAIR		-	-	Not Allowed	$0.00			-	-	000	999	
L6611	E	ADDITIONAL SWITCH, EXT POWER		-	-	Not Allowed	$0.00			-	-	000	999	
L6615	E	DISCONNECT LOCKING WRIST UNI		-	-	Not Allowed	$0.00			-	-	000	999	
L6616	E	DISCONNECT INSERT LOCKING WR		-	-	Not Allowed	$0.00			-	-	000	999	
L6620	E	FLEXION/EXTENSION WRIST UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
L6621	E	FLEX/EXT WRIST W/WO FRICTION		-	-	Not Allowed	$0.00			-	-	000	999	
L6623	E	SPRING-ASS ROT WRST W/ LATCH		-	-	Not Allowed	$0.00			-	-	000	999	
L6624	E	FLEX/EXT/ROTATION WRIST UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
L6625	E	ROTATION WRST W/ CABLE LOCK		-	-	Not Allowed	$0.00			-	-	000	999	
L6628	E	QUICK DISCONN HOOK ADAPTER O		-	-	Not Allowed	$0.00			-	-	000	999	
L6629	E	LAMINATION COLLAR W/ COUPLIN		-	-	Not Allowed	$0.00			-	-	000	999	
L6630	E	STAINLESS STEEL ANY WRIST		-	-	Not Allowed	$0.00			-	-	000	999	
L6632	E	LATEX SUSPENSION SLEEVE EACH		-	-	Not Allowed	$0.00			-	-	000	999	
L6635	E	LIFT ASSIST FOR ELBOW		-	-	Not Allowed	$0.00			-	-	000	999	
L6637	E	NUDGE CONTROL ELBOW LOCK		-	-	Not Allowed	$0.00			-	-	000	999	
L6638	E	ELEC LOCK ON MANUAL PW ELBOW		-	-	Not Allowed	$0.00			-	-	000	999	
L6640	E	SHOULDER ABDUCTION JOINT PAI		-	-	Not Allowed	$0.00			-	-	000	999	
L6641	E	EXCURSION AMPLIFIER PULLEY T		-	-	Not Allowed	$0.00			-	-	000	999	
L6642	E	EXCURSION AMPLIFIER LEVER TY		-	-	Not Allowed	$0.00			-	-	000	999	
L6645	E	SHOULDER FLEXION-ABDUCTION J		-	-	Not Allowed	$0.00			-	-	000	999	
L6646	E	MULTIPO LOCKING SHOULDER JNT		-	-	Not Allowed	$0.00			-	-	000	999	
L6647	E	SHOULDER LOCK ACTUATOR		-	-	Not Allowed	$0.00			-	-	000	999	
L6648	E	EXT PWRD SHLDER LOCK/UNLOCK		-	-	Not Allowed	$0.00			-	-	000	999	
L6650	E	SHOULDER UNIVERSAL JOINT		-	-	Not Allowed	$0.00			-	-	000	999	
L6655	E	STANDARD CONTROL CABLE EXTRA		-	-	Not Allowed	$0.00			-	-	000	999	
L6660	E	HEAVY DUTY CONTROL CABLE		-	-	Not Allowed	$0.00			-	-	000	999	
L6665	E	TEFLON OR EQUAL CABLE LINING		-	-	Not Allowed	$0.00			-	-	000	999	
L6670	E	HOOK TO HAND CABLE ADAPTER		-	-	Not Allowed	$0.00			-	-	000	999	
L6672	E	HARNESS CHEST/SHLDER SADDLE		-	-	Not Allowed	$0.00			-	-	000	999	
L6675	E	HARNESS FIGURE OF 8 SING CON		-	-	Not Allowed	$0.00			-	-	000	999	
L6676	E	HARNESS FIGURE OF 8 DUAL CON		-	-	Not Allowed	$0.00			-	-	000	999	
L6677	E	UE TRIPLE CONTROL HARNESS		-	-	Not Allowed	$0.00			-	-	000	999	
L6680	E	TEST SOCK WRIST DISART/BEL E		-	-	Not Allowed	$0.00			-	-	000	999	
L6682	E	TEST SOCK ELBW DISART/ABOVE		-	-	Not Allowed	$0.00			-	-	000	999	
L6684	E	TEST SOCKET SHLDR DISART/THO		-	-	Not Allowed	$0.00			-	-	000	999	
L6686	E	SUCTION SOCKET		-	-	Not Allowed	$0.00			-	-	000	999	
L6687	E	FRAME TYP SOCKET BEL ELBOW/W		-	-	Not Allowed	$0.00			-	-	000	999	
L6688	E	FRAME TYP SOCK ABOVE ELB/DIS		-	-	Not Allowed	$0.00			-	-	000	999	
L6689	E	FRAME TYP SOCKET SHOULDER DI		-	-	Not Allowed	$0.00			-	-	000	999	
L6690	E	FRAME TYP SOCK INTERSCAP-THO		-	-	Not Allowed	$0.00			-	-	000	999	
L6691	E	REMOVABLE INSERT EACH		-	-	Not Allowed	$0.00			-	-	000	999	
L6692	E	SILICONE GEL INSERT OR EQUAL		-	-	Not Allowed	$0.00			-	-	000	999	
L6693	E	LOCKINGELBOW FOREARM CNTRBAL		-	-	Not Allowed	$0.00			-	-	000	999	
L6694	E	ELBOW SOCKET INS USE W/LOCK		-	-	Not Allowed	$0.00			-	-	000	999	
L6695	E	ELBOW SOCKET INS USE W/O LCK		-	-	Not Allowed	$0.00			-	-	000	999	
L6696	E	CUS ELBO SKT IN FOR CON/ATYP		-	-	Not Allowed	$0.00			-	-	000	999	
L6697	E	CUS ELBO SKT IN NOT CON/ATYP		-	-	Not Allowed	$0.00			-	-	000	999	
L6698	E	BELOW/ABOVE ELBOW LOCK MECH		-	-	Not Allowed	$0.00			-	-	000	999	
L6703	E	TERM DEV, PASSIVE HAND MITT		-	-	Not Allowed	$0.00			-	-	000	999	
L6704	E	TERM DEV, SPORT/REC/WORK ATT		-	-	Not Allowed	$0.00			-	-	000	999	
L6706	E	TERM DEV MECH HOOK VOL OPEN		-	-	Not Allowed	$0.00			-	-	000	999	
L6707	E	TERM DEV MECH HOOK VOL CLOSE		-	-	Not Allowed	$0.00			-	-	000	999	
L6708	E	TERM DEV MECH HAND VOL OPEN		-	-	Not Allowed	$0.00			-	-	000	999	
L6709	E	TERM DEV MECH HAND VOL CLOSE		-	-	Not Allowed	$0.00			-	-	000	999	
L6711	E	PED TERM DEV, HOOK, VOL OPEN		-	-	Not Allowed	$0.00			-	-	000	999	
L6712	E	PED TERM DEV, HOOK, VOL CLOS		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L6713	E	PED TERM DEV, HAND, VOL OPEN		-	-	Not Allowed	$0.00			-	-	000	999	
L6714	E	PED TERM DEV, HAND, VOL CLOS		-	-	Not Allowed	$0.00			-	-	000	999	
L6715	E	TERM DEVICE, MULTI ART DIGIT		-	-	Not Allowed	$0.00			-	-	000	999	
L6721	E	HOOK/HAND, HVY DTY, VOL OPEN		-	-	Not Allowed	$0.00			-	-	000	999	
L6722	E	HOOK/HAND, HVY DTY, VOL CLOS		-	-	Not Allowed	$0.00			-	-	000	999	
L6805	E	TERM DEV MODIFIER WRIST UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
L6810	E	TERM DEV PRECISION PINCH DEV		-	-	Not Allowed	$0.00			-	-	000	999	
L6880	E	ELEC HAND IND ART DIGITS		-	-	Not Allowed	$0.00			-	-	000	999	
L6881	E	TERM DEV AUTO GRASP FEATURE		-	-	Not Allowed	$0.00			-	-	000	999	
L6882	E	MICROPROCESSOR CONTROL UPLMB		-	-	Not Allowed	$0.00			-	-	000	999	
L6883	E	REPLC SOCKT BELOW E/W DISA		-	-	Not Allowed	$0.00			-	-	000	999	
L6884	E	REPLC SOCKT ABOVE ELBOW DISA		-	-	Not Allowed	$0.00			-	-	000	999	
L6885	E	REPLC SOCKT SHLDR DIS/INTERC		-	-	Not Allowed	$0.00			-	-	000	999	
L6890	E	PREFAB GLOVE FOR TERM DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
L6895	E	CUSTOM GLOVE FOR TERM DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
L6900	E	HAND RESTORAT THUMB/1 FINGER		-	-	Not Allowed	$0.00			-	-	000	999	
L6905	E	HAND RESTORATION MULTIPLE FI		-	-	Not Allowed	$0.00			-	-	000	999	
L6910	E	HAND RESTORATION NO FINGERS		-	-	Not Allowed	$0.00			-	-	000	999	
L6915	E	HAND RESTORATION REPLACMNT G		-	-	Not Allowed	$0.00			-	-	000	999	
L6920	E	WRIST DISARTICUL SWITCH CTRL		-	-	Not Allowed	$0.00			-	-	000	999	
L6925	E	WRIST DISART MYOELECTRONIC C		-	-	Not Allowed	$0.00			-	-	000	999	
L6930	E	BELOW ELBOW SWITCH CONTROL		-	-	Not Allowed	$0.00			-	-	000	999	
L6935	E	BELOW ELBOW MYOELECTRONIC CT		-	-	Not Allowed	$0.00			-	-	000	999	
L6940	E	ELBOW DISARTICULATION SWITCH		-	-	Not Allowed	$0.00			-	-	000	999	
L6945	E	ELBOW DISART MYOELECTRONIC C		-	-	Not Allowed	$0.00			-	-	000	999	
L6950	E	ABOVE ELBOW SWITCH CONTROL		-	-	Not Allowed	$0.00			-	-	000	999	
L6955	E	ABOVE ELBOW MYOELECTRONIC CT		-	-	Not Allowed	$0.00			-	-	000	999	
L6960	E	SHLDR DISARTIC SWITCH CONTRO		-	-	Not Allowed	$0.00			-	-	000	999	
L6965	E	SHLDR DISARTIC MYOELECTRONIC		-	-	Not Allowed	$0.00			-	-	000	999	
L6970	E	INTERSCAPULAR-THOR SWITCH CT		-	-	Not Allowed	$0.00			-	-	000	999	
L6975	E	INTERSCAP-THOR MYOELECTRONIC		-	-	Not Allowed	$0.00			-	-	000	999	
L7007	E	ADULT ELECTRIC HAND		-	-	Not Allowed	$0.00			-	-	000	999	
L7008	E	PEDIATRIC ELECTRIC HAND		-	-	Not Allowed	$0.00			-	-	000	19	
L7009	E	ADULT ELECTRIC HOOK		-	-	Not Allowed	$0.00			-	-	000	999	
L7040	E	PREHENSILE ACTUATOR		-	-	Not Allowed	$0.00			-	-	000	999	
L7045	E	PEDIATRIC ELECTRIC HOOK		-	-	Not Allowed	$0.00			-	-	000	999	
L7170	E	ELECTRONIC ELBOW HOSMER SWIT		-	-	Not Allowed	$0.00			-	-	000	999	
L7180	E	ELECTRONIC ELBOW SEQUENTIAL		-	-	Not Allowed	$0.00			-	-	000	999	
L7181	E	ELECTRONIC ELBO SIMULTANEOUS		-	-	Not Allowed	$0.00			-	-	000	999	
L7185	E	ELECTRON ELBOW ADOLESCENT SW		-	-	Not Allowed	$0.00			-	-	000	999	
L7186	E	ELECTRON ELBOW CHILD SWITCH		-	-	Not Allowed	$0.00			-	-	000	999	
L7190	E	ELBOW ADOLESCENT MYOELECTRON		-	-	Not Allowed	$0.00			-	-	000	999	
L7191	E	ELBOW CHILD MYOELECTRONIC CT		-	-	Not Allowed	$0.00			-	-	000	999	
L7259	E	ELECTRONIC WRIST ROTATOR ANY		-	-	Not Allowed	$0.00			-	-	000	999	
L7260	E	ELECTRON WRIST ROTATOR OTTO		-	-	Not Allowed	$0.00			-	-	000	999	
L7261	E	ELECTRON WRIST ROTATOR UTAH		-	-	Not Allowed	$0.00			-	-	000	999	
L7360	E	SIX VOLT BAT OTTO BOCK/EQ EA		-	-	Not Allowed	$0.00			-	-	000	999	
L7362	E	BATTERY CHRGR SIX VOLT OTTO		-	-	Not Allowed	$0.00			-	-	000	999	
L7364	E	TWELVE VOLT BATTERY UTAH/EQU		-	-	Not Allowed	$0.00			-	-	000	999	
L7366	E	BATTERY CHRGR 12 VOLT UTAH/E		-	-	Not Allowed	$0.00			-	-	000	999	
L7367	E	REPLACEMNT LITHIUM IONBATTER		-	-	Not Allowed	$0.00			-	-	000	999	
L7368	E	LITHIUM ION BATTERY CHARGER		-	-	Not Allowed	$0.00			-	-	000	999	
L7400	E	ADD UE PROST BE/WD, ULTLITE		-	-	Not Allowed	$0.00			-	-	000	999	
L7401	E	ADD UE PROST A/E ULTLITE MAT		-	-	Not Allowed	$0.00			-	-	000	999	
L7402	E	ADD UE PROST S/D ULTLITE MAT		-	-	Not Allowed	$0.00			-	-	000	999	
L7403	E	ADD UE PROST B/E ACRYLIC		-	-	Not Allowed	$0.00			-	-	000	999	

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L7404	E	ADD UE PROST A/E ACRYLIC		-	-	Not Allowed	$0.00			-	-	000	999	
L7405	E	ADD UE PROST S/D ACRYLIC		-	-	Not Allowed	$0.00			-	-	000	999	
L7499	E	UPPER EXTREMITY PROSTHES NOS		-	-	Not Allowed	$0.00			-	-	000	999	
L7510	E	PROSTHETIC DEVICE REPAIR REP		-	-	Not Allowed	$0.00			-	-	000	999	
L7520	E	REPAIR PROSTHESIS PER 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
L7600	E	PROSTHETIC DONNING SLEEVE		-	-	Not Allowed	$0.00			-	-	000	999	
L7700	E	PROS SOC INSERT GASKET/SEAL		-	-	Not Allowed	$0.00			-	-	000	999	
L7900	E	MALE VACUUM ERECTION SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
L7902	E	TENSION RING, VAC ERECT DEV		-	-	Not Allowed	$0.00			-	-	000	999	
L8000	E	MASTECTOMY BRA		-	-	Not Allowed	$0.00			-	-	000	999	
L8001	E	BREAST PROSTHESIS BRA & FORM		-	-	Not Allowed	$0.00			-	-	000	999	
L8002	E	BRST PRSTH BRA & BILAT FORM		-	-	Not Allowed	$0.00			-	-	000	999	
L8015	E	EXT BREASTPROSTHESIS GARMENT		-	-	Not Allowed	$0.00			-	-	000	999	
L8020	E	MASTECTOMY FORM		-	-	Not Allowed	$0.00			-	-	000	999	
L8030	E	BREAST PROSTHES W/O ADHESIVE		-	-	Not Allowed	$0.00			-	-	000	999	
L8031	E	BREAST PROSTHESIS W ADHESIVE		-	-	Not Allowed	$0.00			-	-	000	999	
L8032	E	REUSABLE NIPPLE PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
L8033	E	NIPPLE PROSTHESIS CUSTOM, EA		-	-	Not Allowed	$0.00			Y	-	000	999	
L8035	E	CUSTOM BREAST PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
L8039	E	BREAST PROSTHESIS NOS		-	-	Not Allowed	$0.00			-	-	000	999	
L8040	E	NASAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
L8041	E	MIDFACIAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
L8042	E	ORBITAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
L8043	E	UPPER FACIAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
L8044	E	HEMI-FACIAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
L8045	E	AURICULAR PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
L8046	E	PARTIAL FACIAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
L8047	E	NASAL SEPTAL PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
L8048	E	UNSPEC MAXILLOFACIAL PROSTH		-	-	Not Allowed	$0.00			-	-	000	999	
L8049	E	REPAIR MAXILLOFACIAL PROSTH		-	-	Not Allowed	$0.00			-	-	000	999	
L8300	E	TRUSS SINGLE W/ STANDARD PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L8310	E	TRUSS DOUBLE W/ STANDARD PAD		-	-	Not Allowed	$0.00			-	-	000	999	
L8320	E	TRUSS ADDITION TO STD PAD WA		-	-	Not Allowed	$0.00			-	-	000	999	
L8330	E	TRUSS ADD TO STD PAD SCROTAL		-	-	Not Allowed	$0.00			-	-	000	999	
L8400	E	SHEATH BELOW KNEE		-	-	Not Allowed	$0.00			-	-	000	999	
L8410	E	SHEATH ABOVE KNEE		-	-	Not Allowed	$0.00			-	-	000	999	
L8415	E	SHEATH UPPER LIMB		-	-	Not Allowed	$0.00			-	-	000	999	
L8417	E	PROS SHEATH/SOCK W GEL CUSHN		-	-	Not Allowed	$0.00			-	-	000	999	
L8420	E	PROSTHETIC SOCK MULTI PLY BK		-	-	Not Allowed	$0.00			-	-	000	999	
L8430	E	PROSTHETIC SOCK MULTI PLY AK		-	-	Not Allowed	$0.00			-	-	000	999	
L8435	E	PROS SOCK MULTI PLY UPPER LM		-	-	Not Allowed	$0.00			-	-	000	999	
L8440	E	SHRINKER BELOW KNEE		-	-	Not Allowed	$0.00			-	-	000	999	
L8460	E	SHRINKER ABOVE KNEE		-	-	Not Allowed	$0.00			-	-	000	999	
L8465	E	SHRINKER UPPER LIMB		-	-	Not Allowed	$0.00			-	-	000	999	
L8470	E	PROS SOCK SINGLE PLY BK		-	-	Not Allowed	$0.00			-	-	000	999	
L8480	E	PROS SOCK SINGLE PLY AK		-	-	Not Allowed	$0.00			-	-	000	999	
L8485	E	PROS SOCK SINGLE PLY UPPER L		-	-	Not Allowed	$0.00			-	-	000	999	
L8499	E	UNLISTED MISC PROSTHETIC SER		-	-	Not Allowed	$0.00			-	-	000	999	
L8500	E	ARTIFICIAL LARYNX		-	-	Not Allowed	$0.00			-	-	000	999	
L8501	E	TRACHEOSTOMY SPEAKING VALVE		-	-	Not Allowed	$0.00			-	-	000	999	
L8505	E	ARTIFICIAL LARYNX, ACCESSORY		-	-	Not Allowed	$0.00			-	-	000	999	
L8507	E	TRACH-ESOPH VOICE PROS PT IN		-	-	Not Allowed	$0.00			-	-	000	999	
L8509	E	TRACH-ESOPH VOICE PROS MD IN		-	-	Not Allowed	$0.00			-	-	000	999	
L8510	E	VOICE AMPLIFIER		-	-	Not Allowed	$0.00			-	-	000	999	
L8511	E	INDWELLING TRACH INSERT		-	-	Not Allowed	$0.00			-	-	000	999	
L8512	E	GEL CAP FOR TRACH VOICE PROS		-	-	Not Allowed	$0.00			-	-	000	999	

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L8513	E	TRACH PROS CLEANING DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
L8514	E	REPL TRACH PUNCTURE DILATOR		-	-	Not Allowed	$0.00			-	-	000	999	
L8515	E	GEL CAP APP DEVICE FOR TRACH		-	-	Not Allowed	$0.00			-	-	000	999	
L8600	N	IMPLANT BREAST SILICONE/EQ		-	-	Bundled	$0.00			Y	-	000	999	
L8603	N	COLLAGEN IMP URINARY 2.5 ML		-	-	Bundled	$0.00			-	-	000	999	
L8604	N	DEXTRANOMER/HYALURONIC ACID		-	-	Bundled	$0.00			-	-	000	999	
L8605	N	INJ BULKING AGENT ANAL CANAL		-	-	Bundled	$0.00			-	-	000	999	
L8606	N	SYNTHETIC IMPLNT URINARY 1ML		-	-	Bundled	$0.00			-	-	000	999	
L8607	N	INJ VOCAL CORD BULKING AGENT		-	-	Bundled	$0.00			-	-	000	999	
L8608	N	ARG II EXT COM/SUP/ACC MISC		-	-	Bundled	$0.00			-	-	000	999	
L8609	N	ARTIFICIAL CORNEA		-	-	Bundled	$0.00			-	-	000	999	
L8610	N	OCULAR IMPLANT		-	-	Bundled	$0.00			Y	-	000	999	
L8612	N	AQUEOUS SHUNT PROSTHESIS		-	-	Bundled	$0.00			Y	-	000	999	
L8613	N	OSSICULAR IMPLANT		-	-	Bundled	$0.00			-	-	000	999	
L8614	N	COCHLEAR DEVICE		-	-	Bundled	$0.00			-	-	000	999	
L8615	E	COCH IMPLANT HEADSET REPLACE		-	-	Not Allowed	$0.00			-	-	000	999	
L8616	E	COCH IMPLANT MICROPHONE REPL		-	-	Not Allowed	$0.00			-	-	000	999	
L8617	E	COCH IMPLANT TRANS COIL REPL		-	-	Not Allowed	$0.00			-	-	000	999	
L8618	E	COCH IMPLANT TRAN CABLE REPL		-	-	Not Allowed	$0.00			-	-	000	999	
L8619	E	COCH IMP EXT PROC/CONTR RPLC		-	-	Not Allowed	$0.00			-	-	000	999	
L8621	E	REPL ZINC AIR BATTERY		-	-	Not Allowed	$0.00			-	-	000	999	
L8622	E	REPL ALKALINE BATTERY		-	-	Not Allowed	$0.00			-	-	000	999	
L8623	E	LITH ION BATT CID,NON-EARLVL		-	-	Not Allowed	$0.00			-	-	000	999	
L8624	E	LITH ION BATT CID, EAR LEVEL		-	-	Not Allowed	$0.00			-	-	000	999	
L8625	E	CHARGER COCH IMPL/AOI BATTRY		-	-	Not Allowed	$0.00			-	-	000	999	
L8627	E	CID EXT SPEECH PROCESS REPL		-	-	Not Allowed	$0.00			-	-	000	999	
L8628	E	CID EXT CONTROLLER REPL		-	-	Not Allowed	$0.00			-	-	000	999	
L8629	E	CID TRANSMIT COIL AND CABLE		-	-	Not Allowed	$0.00			-	-	000	999	
L8630	N	METACARPOPHALANGEAL IMPLANT		-	-	Bundled	$0.00			-	-	000	999	
L8631	N	MCP JOINT REPL 2 PC OR MORE		-	-	Bundled	$0.00			-	-	000	999	
L8641	N	METATARSAL JOINT IMPLANT		-	-	Bundled	$0.00			-	-	000	999	
L8642	N	HALLUX IMPLANT		-	-	Bundled	$0.00			-	-	000	999	
L8658	N	INTERPHALANGEAL JOINT SPACER		-	-	Bundled	$0.00			-	-	000	999	
L8659	N	INTERPHALANGEAL JOINT REPL		-	-	Bundled	$0.00			-	-	000	999	
L8670	N	VASCULAR GRAFT, SYNTHETIC		-	-	Bundled	$0.00			-	-	000	999	
L8678	N	EXT SPLY IMPLT NEUROSTIM		-	-	Bundled	$0.00			-	-	000	999	
L8679	E	IMP NEUROSTI PLS GN ANY TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
L8680	E	IMPLT NEUROSTIM ELCTR EACH		-	-	Not Allowed	$0.00			-	-	000	999	
L8681	E	PT PRGRM FOR IMPLT NEUROSTIM		-	-	Not Allowed	$0.00			-	-	000	999	
L8682	E	IMPLT NEUROSTIM RADIOFQ REC		-	-	Not Allowed	$0.00			-	-	000	999	
L8683	E	RADIOFQ TRSMTR FOR IMPLT NEU		-	-	Not Allowed	$0.00			-	-	000	999	
L8684	E	RADIOF TRSMTR IMPLT SCRL NEU		-	-	Not Allowed	$0.00			-	-	000	999	
L8685	E	IMPLT NROSTM PLS GEN SNG REC		-	-	Not Allowed	$0.00			-	-	000	999	
L8686	E	IMPLT NROSTM PLS GEN SNG NON		-	-	Not Allowed	$0.00			-	-	000	999	
L8687	E	IMPLT NROSTM PLS GEN DUA REC		-	-	Not Allowed	$0.00			-	-	000	999	
L8688	E	IMPLT NROSTM PLS GEN DUA NON		-	-	Not Allowed	$0.00			-	-	000	999	
L8689	E	EXTERNAL RECHARG SYS INTERN		-	-	Not Allowed	$0.00			-	-	000	999	
L8690	N	AUD OSSEO DEV, INT/EXT COMP		-	-	Bundled	$0.00			-	-	000	999	
L8691	E	AOI SND PROC REPL EXCL ACTUA		-	-	Not Allowed	$0.00			-	-	000	999	
L8692	E	NON-OSSEOINTEGRATED SND PROC		-	-	Not Allowed	$0.00			-	-	000	999	
L8693	E	AUD OSSEO DEV, ABUTMENT		-	-	Not Allowed	$0.00			-	-	000	999	
L8694	E	AOI TRANSDUCER/ACTUATOR REPL		-	-	Not Allowed	$0.00			-	-	000	999	
L8695	E	EXTERNAL RECHARG SYS EXTERN		-	-	Not Allowed	$0.00			-	-	000	999	
L8696	E	EXT ANTENNA PHREN NERVE STIM		-	-	Not Allowed	$0.00			-	-	000	999	
L8698	E	MISC USED WITH TOT ART HEART		-	-	Not Allowed	$0.00			-	-	000	999	
L8699	N	PROSTHETIC IMPLANT NOS		-	-	Bundled	$0.00			-	-	000	999	

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L8701	E	EWH S/D UPRT MICRO SENSOR		-	-	Not Allowed	$0.00			-	-	000	999	
L8702	E	EWHF S/D UPRT MICRO SENSOR		-	-	Not Allowed	$0.00			-	-	000	999	
L8720	E	EXT LOW EXT SENS PROSTHE MEC		-	-	Not Allowed	$0.00			-	-	000	999	
L8721	E	RECEPTOR SOLE L8720 REPLACE		-	-	Not Allowed	$0.00			-	-	000	999	
L9900	E	O&P SUPPLY/ACCESSORY/SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
M0001	E	ADVANCING CANCER CARE MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M0002	E	OPT CARE KIDNEY HLTH MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M0004	E	SUPPORT CARE NEUR COND MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M0005	E	VALUE IN PRIMARY CARE MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M0010	E	EOM MEOS PAYMENT		-	-	Not Allowed	$0.00			-	-	000	999	
M0075	E	CELLULAR THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
M0076	E	PROLOTHERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
M0100	E	INTRAGASTRIC HYPOTHERMIA		-	-	Not Allowed	$0.00			-	-	000	999	
M0201	S	PNE FLU HEPB COV HOME ADMIN		09399	0.4133	APC	$25.10			-	-	000	999	
M0224	S	PEMIVIBART INFUSION		01506	7.4193	APC	$450.50			-	-	000	999	
M0239	E	BAMLANIVIMAB-XXXX INFUSION		-	-	Not Allowed	$0.00			-	-	000	999	
M0248	S	SOTROVIMAB INF, HOME ADMIN		01509	12.3600	APC	$750.50			-	-	000	999	
M0249	S	ADM TOCILIZU COVID-19 1ST		01506	7.4193	APC	$450.50			-	-	000	999	
M0250	S	ADM TOCILIZU COVID-19 2ND		01506	7.4193	APC	$450.50			-	-	000	999	
M0300	E	IV CHELATIONTHERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
M0301	E	FABRIC WRAPPING OF ANEURYSM		-	-	Not Allowed	$0.00			-	-	000	999	
M1003	E	TB SCR 12 MO PRI FST BIO DZ		-	-	Not Allowed	$0.00			-	-	000	999	
M1004	E	DOC MED RSN NO SRN TB		-	-	Not Allowed	$0.00			-	-	000	999	
M1005	E	TB SCR NO PERF		-	-	Not Allowed	$0.00			-	-	000	999	
M1006	E	DZ NOT ASES, NO RSN		-	-	Not Allowed	$0.00			-	-	000	999	
M1007	E	>=50% TOTAL PT OUTPT RA ENCT		-	-	Not Allowed	$0.00			-	-	000	999	
M1008	E	<50% TOTAL PT OUTPT RA ENCTS		-	-	Not Allowed	$0.00			-	-	000	999	
M1009	E	DC EOC DOC MED REC		-	-	Not Allowed	$0.00			-	-	000	999	
M1010	E	DC EOC DOC MED REC		-	-	Not Allowed	$0.00			-	-	000	999	
M1011	E	DC EOC DOC MED REC		-	-	Not Allowed	$0.00			-	-	000	999	
M1012	E	DC EOC DOC MED REC		-	-	Not Allowed	$0.00			-	-	000	999	
M1013	E	DC EOC DOC MED REC		-	-	Not Allowed	$0.00			-	-	000	999	
M1014	E	DC EPI CARE DOC MEDREC		-	-	Not Allowed	$0.00			-	-	000	999	
M1016	E	PT DX MEOP OR SUR STERI		-	-	Not Allowed	$0.00			-	-	000	999	
M1018	E	PT DX HST CR PT SK LG CR SCR		-	-	Not Allowed	$0.00			-	-	000	999	
M1019	E	ADL PT MJ DEP DS RS 12 PHQ<5		-	-	Not Allowed	$0.00			-	-	000	999	
M1020	E	ADL PT MJ DEP DS NO RS 12 MO		-	-	Not Allowed	$0.00			-	-	000	999	
M1021	E	PT UC IN PP		-	-	Not Allowed	$0.00			-	-	000	999	
M1027	E	IMG HEAD (CT OR MRI) OBTND		-	-	Not Allowed	$0.00			-	-	000	999	
M1028	E	DOC OF PT PRM HDA DX AND OTR		-	-	Not Allowed	$0.00			-	-	000	999	
M1029	E	DOC SYSM RSN IMG HD		-	-	Not Allowed	$0.00			-	-	000	999	
M1032	E	ADT TKNG PHARMTHRY FOR OUD		-	-	Not Allowed	$0.00			-	-	000	999	
M1034	E	ADT 180 DYS PHARMTHRY OUD		-	-	Not Allowed	$0.00			-	-	000	999	
M1035	E	ADT PD OUT MAT PR 180 DYS TX		-	-	Not Allowed	$0.00			-	-	000	999	
M1036	E	ADT NO 180 DYS PHARMTHRY OUD		-	-	Not Allowed	$0.00			-	-	000	999	
M1037	E	PT DX LUM SP REG CACR		-	-	Not Allowed	$0.00			-	-	000	999	
M1038	E	PT DX LUM SP REG FRACT		-	-	Not Allowed	$0.00			-	-	000	999	
M1039	E	PT DX LUM SP REG INF		-	-	Not Allowed	$0.00			-	-	000	999	
M1040	E	PT DX LUM IDI OR CONG SCOL		-	-	Not Allowed	$0.00			-	-	000	999	
M1041	E	PT CR FT INF LM OR PT ID SL		-	-	Not Allowed	$0.00			-	-	000	999	
M1043	E	FS NO ODI 9-15MO		-	-	Not Allowed	$0.00			-	-	000	999	
M1045	E	FS OKS 9-15MO >= 37 >= 71		-	-	Not Allowed	$0.00			-	-	000	999	
M1046	E	FS OKS 9-15MO < 37 < 71		-	-	Not Allowed	$0.00			-	-	000	999	
M1049	E	FS WTH SCR NO ODI PRE AND P		-	-	Not Allowed	$0.00			-	-	000	999	
M1051	E	PT W/CANCER SCOLIOSIS		-	-	Not Allowed	$0.00			-	-	000	999	
M1052	E	LG PN NOT MEAS W/ VAS 1YR PO		-	-	Not Allowed	$0.00			-	-	000	999	

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M1054	E	PT UC IN PP		-	-	Not Allowed	$0.00			-	-	000	999	
M1055	E	ASPIRIN USED		-	-	Not Allowed	$0.00			-	-	000	999	
M1056	E	PRESC ANTICO MED IN PP		-	-	Not Allowed	$0.00			-	-	000	999	
M1057	E	ASPIRIN NOT USED, NO RSN		-	-	Not Allowed	$0.00			-	-	000	999	
M1058	E	PT PRM NURS HM RES IN PP		-	-	Not Allowed	$0.00			-	-	000	999	
M1059	E	PT NO PRM NURS HM RES IN PP		-	-	Not Allowed	$0.00			-	-	000	999	
M1060	E	PT DIED IN PP		-	-	Not Allowed	$0.00			-	-	000	999	
M1067	E	HSPC PT PRV TIME MEAM PER		-	-	Not Allowed	$0.00			-	-	000	999	
M1068	E	PT NOT AMBULATORY		-	-	Not Allowed	$0.00			-	-	000	999	
M1069	E	PT SCR FT FALL RSK		-	-	Not Allowed	$0.00			-	-	000	999	
M1070	E	PT NOT SCRN FUT FALL NO RSN		-	-	Not Allowed	$0.00			-	-	000	999	
M1106	E	START EOC DOC MED REC		-	-	Not Allowed	$0.00			-	-	000	999	
M1107	E	DOCU DX DEGEN NEURO		-	-	Not Allowed	$0.00			-	-	000	999	
M1108	E	OC NI PT HOME PROG		-	-	Not Allowed	$0.00			-	-	000	999	
M1109	E	OC NI PT DC		-	-	Not Allowed	$0.00			-	-	000	999	
M1110	E	OC NOT P PT SELFDC		-	-	Not Allowed	$0.00			-	-	000	999	
M1111	E	START EOC DOC MED REC		-	-	Not Allowed	$0.00			-	-	000	999	
M1112	E	DOCU DX DEGEN NEURO		-	-	Not Allowed	$0.00			-	-	000	999	
M1113	E	OC NI PT HOME PROG		-	-	Not Allowed	$0.00			-	-	000	999	
M1114	E	OC NI PT DC		-	-	Not Allowed	$0.00			-	-	000	999	
M1115	E	OC NI PT SELFDC		-	-	Not Allowed	$0.00			-	-	000	999	
M1116	E	START EOC DOC MED REC		-	-	Not Allowed	$0.00			-	-	000	999	
M1117	E	DOCU DX DEGEN NEURO		-	-	Not Allowed	$0.00			-	-	000	999	
M1118	E	OC NI PT HOME PROG		-	-	Not Allowed	$0.00			-	-	000	999	
M1119	E	OC NI PT DC		-	-	Not Allowed	$0.00			-	-	000	999	
M1120	E	OC NI PT SELFDC		-	-	Not Allowed	$0.00			-	-	000	999	
M1121	E	START EOC DOC MED REC		-	-	Not Allowed	$0.00			-	-	000	999	
M1122	E	DOCU DX DEGEN NEURO		-	-	Not Allowed	$0.00			-	-	000	999	
M1123	E	OC NI PT HOME PROG		-	-	Not Allowed	$0.00			-	-	000	999	
M1124	E	OC NI PT DC 1-2 VIS		-	-	Not Allowed	$0.00			-	-	000	999	
M1125	E	OC NI PT SELFDC 1-2 VIS		-	-	Not Allowed	$0.00			-	-	000	999	
M1126	E	START EOC DOC MED REC		-	-	Not Allowed	$0.00			-	-	000	999	
M1127	E	DOCU DX DEGEN NEURO		-	-	Not Allowed	$0.00			-	-	000	999	
M1128	E	OC NI PT HOME PROG		-	-	Not Allowed	$0.00			-	-	000	999	
M1129	E	OC NI PT DC		-	-	Not Allowed	$0.00			-	-	000	999	
M1130	E	OC NI PT SELFDC		-	-	Not Allowed	$0.00			-	-	000	999	
M1131	E	DOCU DX DEGEN NEURO		-	-	Not Allowed	$0.00			-	-	000	999	
M1132	E	OC NI PT HOME PROG		-	-	Not Allowed	$0.00			-	-	000	999	
M1133	E	OC NI PT DC		-	-	Not Allowed	$0.00			-	-	000	999	
M1134	E	OC NI PT SELFDC		-	-	Not Allowed	$0.00			-	-	000	999	
M1135	E	START EOC DOC MED REC		-	-	Not Allowed	$0.00			-	-	000	999	
M1141	E	FS NO OKS		-	-	Not Allowed	$0.00			-	-	000	999	
M1142	E	EMERGE CASES		-	-	Not Allowed	$0.00			-	-	000	999	
M1143	E	NI REHAB MED CHIRO		-	-	Not Allowed	$0.00			-	-	000	999	
M1146	E	ONGOING CARE NOT IND		-	-	Not Allowed	$0.00			-	-	000	999	
M1147	E	CARE NOT POSS MED RSN		-	-	Not Allowed	$0.00			-	-	000	999	
M1148	E	PT SELF DSCHG		-	-	Not Allowed	$0.00			-	-	000	999	
M1149	E	NO NECK FS PROM INCAP		-	-	Not Allowed	$0.00			-	-	000	999	
M1150	E	LVEF <=40% OR MOD/SEV L VSF		-	-	Not Allowed	$0.00			-	-	000	999	
M1151	E	PT W/ HX TRNSPLT OR LVAD		-	-	Not Allowed	$0.00			-	-	000	999	
M1152	E	PT W/ HX TRNSPLT OR LVAD		-	-	Not Allowed	$0.00			-	-	000	999	
M1153	E	PT W/ DX OSTEO DOE		-	-	Not Allowed	$0.00			-	-	000	999	
M1159	E	HOSPC SERV DUR MEAS PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1160	E	PT ANPHX DUE TO MENGB BEF 13		-	-	Not Allowed	$0.00			-	-	000	999	
M1161	E	PT ANPHX DUE TO DTP BEF 13		-	-	Not Allowed	$0.00			-	-	000	999	
M1162	E	PT ENCEPH DUE TO DTP BEF 13		-	-	Not Allowed	$0.00			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
M1163	E	PT ANPHX DUE TO HPV BEF 13		-	-	Not Allowed	$0.00			-	-	000	999	
M1164	E	PT W/ DEMENTIA ANY TIME		-	-	Not Allowed	$0.00			-	-	000	999	
M1165	E	PT USE HSPC DUR MEAS PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1166	E	PATH RPT TIS SPEC WLE/REEXC		-	-	Not Allowed	$0.00			-	-	000	999	
M1167	E	HSPC DUR MEAS PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1168	E	PT RECD FLU VAX 7/1-6/30		-	-	Not Allowed	$0.00			-	-	000	999	
M1169	E	DOC MED RSN NO FLU VAX		-	-	Not Allowed	$0.00			-	-	000	999	
M1170	E	PT W/O FLU VAX 7/1-6/30		-	-	Not Allowed	$0.00			-	-	000	999	
M1171	E	PT RECD 1 TD/TDAP 9YRS PRIOR		-	-	Not Allowed	$0.00			-	-	000	999	
M1172	E	DOC MED RSN NO TD/TDAP		-	-	Not Allowed	$0.00			-	-	000	999	
M1173	E	PT NO REC TD/TDAP 9YRS PRIOR		-	-	Not Allowed	$0.00			-	-	000	999	
M1174	E	PT W 2 HZV ON/AFT 50		-	-	Not Allowed	$0.00			-	-	000	999	
M1175	E	DOC MED RSN NO HZV		-	-	Not Allowed	$0.00			-	-	000	999	
M1176	E	PT W/O HZV ON/AFT AGE 50		-	-	Not Allowed	$0.00			-	-	000	999	
M1177	E	PT RECD PCV ON/AFT 60		-	-	Not Allowed	$0.00			-	-	000	999	
M1178	E	DOC MED RSN NO PCV		-	-	Not Allowed	$0.00			-	-	000	999	
M1179	E	NO PCV RECD		-	-	Not Allowed	$0.00			-	-	000	999	
M1180	E	PT IMM CKPT INHIB THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
M1181	E	GR 2 OR> DIA OR GR2 OR> COL		-	-	Not Allowed	$0.00			-	-	000	999	
M1182	E	NOT ELG PRE EX IBD/UC/CROHN		-	-	Not Allowed	$0.00			-	-	000	999	
M1183	E	DOC IMM CKPT INHIB HLD		-	-	Not Allowed	$0.00			-	-	000	999	
M1184	E	DOC MED RSN NO CST/IST RX		-	-	Not Allowed	$0.00			-	-	000	999	
M1185	E	IMM CKPT INHIB NOT HLD NO RX		-	-	Not Allowed	$0.00			-	-	000	999	
M1186	E	PT W/ RX FOR HSPC/PLLTV CARE		-	-	Not Allowed	$0.00			-	-	000	999	
M1187	E	PT W/ ESRD		-	-	Not Allowed	$0.00			-	-	000	999	
M1188	E	PT W/ CKD STG 5		-	-	Not Allowed	$0.00			-	-	000	999	
M1189	E	DOC KHE PEF W/EFGR/UACR		-	-	Not Allowed	$0.00			-	-	000	999	
M1190	E	DOC KHE NOT PEF W/EFGR/UACR		-	-	Not Allowed	$0.00			-	-	000	999	
M1191	E	HSPC SVC ANY TIME IN MEAS PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1192	E	PT W/ DX SQ CELL CA OF ESOPH		-	-	Not Allowed	$0.00			-	-	000	999	
M1193	E	RPTS W/ IMP/CON MMR/MSI		-	-	Not Allowed	$0.00			-	-	000	999	
M1194	E	MED RSN NO IMP/CON MMR/MSI		-	-	Not Allowed	$0.00			-	-	000	999	
M1195	E	RPT WO IMP/CON MMR/MSI		-	-	Not Allowed	$0.00			-	-	000	999	
M1196	E	IXV NRS VRS IQA >=4		-	-	Not Allowed	$0.00			-	-	000	999	
M1197	E	ISA REDUCED >=3 FR IXV		-	-	Not Allowed	$0.00			-	-	000	999	
M1198	E	ISA NOT RED 3PTS /NO ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
M1199	E	PT REC'G RRT		-	-	Not Allowed	$0.00			-	-	000	999	
M1200	E	ACE-I/ARB RX		-	-	Not Allowed	$0.00			-	-	000	999	
M1201	E	MED RSN NO ACE-I/ARB RX		-	-	Not Allowed	$0.00			-	-	000	999	
M1202	E	PT RSN NO ACE-I/ARB RX		-	-	Not Allowed	$0.00			-	-	000	999	
M1203	E	NO RSN ACE-I/ARB RX		-	-	Not Allowed	$0.00			-	-	000	999	
M1204	E	IXV NRS VRS IQA >=4		-	-	Not Allowed	$0.00			-	-	000	999	
M1205	E	ISA REDUCED >=3		-	-	Not Allowed	$0.00			-	-	000	999	
M1206	E	ISA NOT RED 3PTS/NO ASSESS		-	-	Not Allowed	$0.00			-	-	000	999	
M1207	E	PT SCRN SDOH		-	-	Not Allowed	$0.00			-	-	000	999	
M1208	E	PT NO SCRN SDOH		-	-	Not Allowed	$0.00			-	-	000	999	
M1209	E	>=2 SAME HI-RSK MED W/O DIAG		-	-	Not Allowed	$0.00			-	-	000	999	
M1210	E	>=2 SAME MEDS TBL4 NOT ORD		-	-	Not Allowed	$0.00			-	-	000	999	
M1211	E	HEMOGLOBIN A1C LEVEL >9.0%		-	-	Not Allowed	$0.00			-	-	000	999	
M1212	E	MISSING HB A1C LEVEL		-	-	Not Allowed	$0.00			-	-	000	999	
M1213	E	NO HX SPIRO PRS SPIRO>=70%		-	-	Not Allowed	$0.00			-	-	000	999	
M1214	E	SPIRO RESULTS WTH OBS DOC		-	-	Not Allowed	$0.00			-	-	000	999	
M1215	E	MED RSN FOR NO DOC SPIRO		-	-	Not Allowed	$0.00			-	-	000	999	
M1216	E	NO SPIRO DOC NO RES DOC		-	-	Not Allowed	$0.00			-	-	000	999	
M1217	E	SYS RSN NO DOC SPIRO		-	-	Not Allowed	$0.00			-	-	000	999	
M1218	E	PT COPD SYMPTOMS		-	-	Not Allowed	$0.00			-	-	000	999	

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M1220	E	DRE WTH INTERP RTNOPTHY		-	-	Not Allowed	$0.00			-	-	000	999	
M1221	E	DRE W/O RTNOPTHY		-	-	Not Allowed	$0.00			-	-	000	999	
M1222	E	GLAUCOMA PLN OF CARE NOT DOC		-	-	Not Allowed	$0.00			-	-	000	999	
M1223	E	GLAUCOMA PLAN OF CARE DOC		-	-	Not Allowed	$0.00			-	-	000	999	
M1224	E	IOP DEC <20% FROM BASE		-	-	Not Allowed	$0.00			-	-	000	999	
M1225	E	IOP DEC>=20% FROM BASE		-	-	Not Allowed	$0.00			-	-	000	999	
M1226	E	IOP NOT DOC		-	-	Not Allowed	$0.00			-	-	000	999	
M1227	E	EB THERAPY PRESCRIBED		-	-	Not Allowed	$0.00			-	-	000	999	
M1228	E	PT + HCV ABY +VIR W/ RX 3 MO		-	-	Not Allowed	$0.00			-	-	000	999	
M1229	E	PT W/ +HCV +VIR REF WIN 1 MO		-	-	Not Allowed	$0.00			-	-	000	999	
M1230	E	PT HCV RCTV ABY NO F/U TST		-	-	Not Allowed	$0.00			-	-	000	999	
M1231	E	PT HCV TST NO REACTIVE RES		-	-	Not Allowed	$0.00			-	-	000	999	
M1232	E	PT HCV TST REACTIVE RESULT		-	-	Not Allowed	$0.00			-	-	000	999	
M1233	E	PT NO HCV ABY OR RESULT		-	-	Not Allowed	$0.00			-	-	000	999	
M1234	E	PT HCV RCTV ABY F/U NEG		-	-	Not Allowed	$0.00			-	-	000	999	
M1235	E	DOC PT HCV ABY RNA TST		-	-	Not Allowed	$0.00			-	-	000	999	
M1236	E	BASELINE MRS > 2		-	-	Not Allowed	$0.00			-	-	000	999	
M1237	E	PT RSN NO SCRN		-	-	Not Allowed	$0.00			-	-	000	999	
M1238	E	DOC 2ND RECOM HZV 2-6 MO INT		-	-	Not Allowed	$0.00			-	-	000	999	
M1239	E	PT NO RESP HEARD		-	-	Not Allowed	$0.00			-	-	000	999	
M1240	E	PT NO RESP BEST INT		-	-	Not Allowed	$0.00			-	-	000	999	
M1241	E	PT NO RESP SEEN AS PERSON		-	-	Not Allowed	$0.00			-	-	000	999	
M1242	E	PT NO RESP IMPRT TO ME		-	-	Not Allowed	$0.00			-	-	000	999	
M1243	E	PT OTHR THN TRUE HEARD		-	-	Not Allowed	$0.00			-	-	000	999	
M1244	E	PT OTHR THN TRUE BEST INT		-	-	Not Allowed	$0.00			-	-	000	999	
M1245	E	PT OTHR THN TRUE PERSON		-	-	Not Allowed	$0.00			-	-	000	999	
M1246	E	PT OTHR THN TRUE IMPRT TO ME		-	-	Not Allowed	$0.00			-	-	000	999	
M1247	E	PT RESP TRUE BEST INT		-	-	Not Allowed	$0.00			-	-	000	999	
M1248	E	PT RESP TRUE SEEN AS PERSON		-	-	Not Allowed	$0.00			-	-	000	999	
M1249	E	PT RESP TRUE IMPRT TO ME		-	-	Not Allowed	$0.00			-	-	000	999	
M1250	E	PT RESP TRUE HEARD		-	-	Not Allowed	$0.00			-	-	000	999	
M1251	E	PTS PROXY CMPLT HU SURV		-	-	Not Allowed	$0.00			-	-	000	999	
M1252	E	PTS NO CMPLT HU SURVEY		-	-	Not Allowed	$0.00			-	-	000	999	
M1253	E	PTS HU SURV NO AMB PLLTV		-	-	Not Allowed	$0.00			-	-	000	999	
M1254	E	PTS DECEASED PRIOR HU SURV		-	-	Not Allowed	$0.00			-	-	000	999	
M1255	E	PTS W/ OTHR RSN VST,+PRG TST		-	-	Not Allowed	$0.00			-	-	000	999	
M1256	E	PRIOR HISTORY OF KNOWN CVD		-	-	Not Allowed	$0.00			-	-	000	999	
M1257	E	CVD RISK ASSESS NOT PERF		-	-	Not Allowed	$0.00			-	-	000	999	
M1258	E	CVD RISK ASSESS PERF		-	-	Not Allowed	$0.00			-	-	000	999	
M1259	E	PT KID TRANSPLT WTLST LV DON		-	-	Not Allowed	$0.00			-	-	000	999	
M1260	E	PT NO KD TRNSPLT WTLST LV DO		-	-	Not Allowed	$0.00			-	-	000	999	
M1261	E	PTS ON WTLIST BEF DIALYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
M1262	E	PTS TRANSPLT BEF DIALYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
M1263	E	PTS HOSP DIALYSIS DT		-	-	Not Allowed	$0.00			-	-	000	999	
M1265	E	CMS 2728 COMPLETED		-	-	Not Allowed	$0.00			-	-	000	999	
M1266	E	PTS ADMIT SNF		-	-	Not Allowed	$0.00			-	-	000	999	
M1267	E	PT NO ACT KID TRANSPLT WTLST		-	-	Not Allowed	$0.00			-	-	000	999	
M1268	E	PT AC STAT KID TRNSPLT WTLST		-	-	Not Allowed	$0.00			-	-	000	999	
M1269	E	REC'D ESRD MCP LST DAY OF MO		-	-	Not Allowed	$0.00			-	-	000	999	
M1270	E	PTS NO KID TRANSPLT WTLST		-	-	Not Allowed	$0.00			-	-	000	999	
M1271	E	PTS DEM ANY TIME/DUR MO		-	-	Not Allowed	$0.00			-	-	000	999	
M1272	E	PTS KID TRANSPLT WTLST		-	-	Not Allowed	$0.00			-	-	000	999	
M1273	E	PTS SNF 1 YR DIALYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
M1274	E	PTS SNF EXL MO		-	-	Not Allowed	$0.00			-	-	000	999	
M1275	E	PTS HOSP EXL		-	-	Not Allowed	$0.00			-	-	000	999	
M1276	E	CALC BMI OUT NRM PARAM NOF/U		-	-	Not Allowed	$0.00			-	-	000	999	

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M1277	E	COLORECTAL CA SCREEN DOC REV		-	-	Not Allowed	$0.00			-	-	000	999	
M1278	E	PRE-HTN OR HTN DOC, F/U INDC		-	-	Not Allowed	$0.00			-	-	000	999	
M1279	E	PRE-HTN/HTN, NO F/U, NOT GVN		-	-	Not Allowed	$0.00			-	-	000	999	
M1280	E	BILAT MAST/HX BI /UNILAT MAS		-	-	Not Allowed	$0.00			-	-	000	999	
M1281	E	BP SCRN NO PERF AT INTERVAL		-	-	Not Allowed	$0.00			-	-	000	999	
M1282	E	PT SCRN TBCO ID AS NON USER		-	-	Not Allowed	$0.00			-	-	000	999	
M1283	E	PT SCRN TBCO AND ID AS USER		-	-	Not Allowed	$0.00			-	-	000	999	
M1284	E	PT 66+ SNP OR LTC POS > 90D		-	-	Not Allowed	$0.00			-	-	000	999	
M1285	E	SCRN MAM PERF RSLTS NOT DOC		-	-	Not Allowed	$0.00			-	-	000	999	
M1286	E	BMI DOC ONL FUP NOT CMPLTD		-	-	Not Allowed	$0.00			-	-	000	999	
M1287	E	CALC BMI BLW LOW PARAM F/U		-	-	Not Allowed	$0.00			-	-	000	999	
M1288	E	DOC RSN NO HBP SCRN OR F/U		-	-	Not Allowed	$0.00			-	-	000	999	
M1289	E	NO PT TBCO CESS INTERV RNG		-	-	Not Allowed	$0.00			-	-	000	999	
M1290	E	PT NOT ELI D/T ACT DIG HTN		-	-	Not Allowed	$0.00			-	-	000	999	
M1291	E	PT 66+ FRAILTY AND MED DEM		-	-	Not Allowed	$0.00			-	-	000	999	
M1292	E	PT 66+ FRAIL INPT ADV ILL		-	-	Not Allowed	$0.00			-	-	000	999	
M1293	E	CALC BMI ABV UP PARAM F/U		-	-	Not Allowed	$0.00			-	-	000	999	
M1294	E	BP SCRN PERF REC INTERVAL		-	-	Not Allowed	$0.00			-	-	000	999	
M1295	E	PT HX TOT COL OR COLON CA		-	-	Not Allowed	$0.00			-	-	000	999	
M1296	E	CALC BMI NORM PARAMETERS		-	-	Not Allowed	$0.00			-	-	000	999	
M1297	E	BMI NOT DOC MEDRSN PTREF		-	-	Not Allowed	$0.00			-	-	000	999	
M1298	E	DOC PT PREG DUR MSRMT PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1299	E	FLU IMMUNIZE ORDER/ADMIN		-	-	Not Allowed	$0.00			-	-	000	999	
M1300	E	FLU IMM NO ADMIN DOC REA		-	-	Not Allowed	$0.00			-	-	000	999	
M1301	E	PT RECV TBCO CESS INTERV		-	-	Not Allowed	$0.00			-	-	000	999	
M1302	E	SCRN MAM PERF RSLTS DOC		-	-	Not Allowed	$0.00			-	-	000	999	
M1303	E	HOSPC SERV DUR MEAS PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1304	E	NO PNEUM VAX ADMIN 19+		-	-	Not Allowed	$0.00			-	-	000	999	
M1305	E	PNEUM VAX ADMIN 19+		-	-	Not Allowed	$0.00			-	-	000	999	
M1306	E	PT ANPHX DUE TO PNEUM		-	-	Not Allowed	$0.00			-	-	000	999	
M1307	E	DOC PT PAL OR HOSPICE		-	-	Not Allowed	$0.00			-	-	000	999	
M1308	E	FLU IMMUNIZE NO ADMIN		-	-	Not Allowed	$0.00			-	-	000	999	
M1309	E	PALL SERV DURING MEAS		-	-	Not Allowed	$0.00			-	-	000	999	
M1310	E	PT SCR TOB & CESS INT		-	-	Not Allowed	$0.00			-	-	000	999	
M1311	E	APHLX TO VAX BEF ENC		-	-	Not Allowed	$0.00			-	-	000	999	
M1312	E	NO PT TBCO SCRN RNG		-	-	Not Allowed	$0.00			-	-	000	999	
M1313	E	NO TOB SCR/CESS INT		-	-	Not Allowed	$0.00			-	-	000	999	
M1314	E	BMI NOT CALCULATED		-	-	Not Allowed	$0.00			-	-	000	999	
M1315	E	CRC NO DOC NO RSN		-	-	Not Allowed	$0.00			-	-	000	999	
M1316	E	TOBACCO NON-USER		-	-	Not Allowed	$0.00			-	-	000	999	
M1317	E	PTS COUNSL CPT OPT OUT		-	-	Not Allowed	$0.00			-	-	000	999	
M1318	E	PTS NO CSP DOC CONTACT		-	-	Not Allowed	$0.00			-	-	000	999	
M1319	E	PTS CSP DOC CONTACT		-	-	Not Allowed	$0.00			-	-	000	999	
M1320	E	PTS SCRN + HRSN		-	-	Not Allowed	$0.00			-	-	000	999	
M1321	E	PTS NO 7WK INJ,NO IOP,IOP>25		-	-	Not Allowed	$0.00			-	-	000	999	
M1322	E	PTS 7WK INJ, SCRN IOP =<25		-	-	Not Allowed	$0.00			-	-	000	999	
M1323	E	PTS 7WK INJ, SCRN IOP >25		-	-	Not Allowed	$0.00			-	-	000	999	
M1324	E	PTS INTRAVITREAL/PCI		-	-	Not Allowed	$0.00			-	-	000	999	
M1325	E	DOC MED RSN NOT SEEN		-	-	Not Allowed	$0.00			-	-	000	999	
M1326	E	PTS DX HYPOTONY		-	-	Not Allowed	$0.00			-	-	000	999	
M1327	E	PTS NO EVAL INI XM NO 8 WKS		-	-	Not Allowed	$0.00			-	-	000	999	
M1328	E	PTS DX ACUTE VITREOUS HEM		-	-	Not Allowed	$0.00			-	-	000	999	
M1329	E	PTS ACT PVD 2 WKS 8 WKS		-	-	Not Allowed	$0.00			-	-	000	999	
M1330	E	DOC PTS RSN NO F/U XM		-	-	Not Allowed	$0.00			-	-	000	999	
M1331	E	PTS EVAL INI XM 8 WKS		-	-	Not Allowed	$0.00			-	-	000	999	
M1332	E	PTS NO EVAL INI XM NO 2 WKS		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
M1333	E	ACUTE VITREOUS HEMORRHAGE		-	-	Not Allowed	$0.00			-	-	000	999	
M1334	E	PTS ACT PVD 2 WKS 2 WKS		-	-	Not Allowed	$0.00			-	-	000	999	
M1335	E	DOC PTS RSN NO F/U XM		-	-	Not Allowed	$0.00			-	-	000	999	
M1336	E	PTS EVAL INI XM 2 WKS		-	-	Not Allowed	$0.00			-	-	000	999	
M1337	E	ACUTE PVD		-	-	Not Allowed	$0.00			-	-	000	999	
M1338	E	PT F/U 30-180 DYS NO + IMPRV		-	-	Not Allowed	$0.00			-	-	000	999	
M1339	E	PTS F/U 30-180 DYS + IMPROV		-	-	Not Allowed	$0.00			-	-	000	999	
M1340	E	INDX WHODAS 2.0 OR SDS		-	-	Not Allowed	$0.00			-	-	000	999	
M1341	E	PT NO F/U 30-180 DYS		-	-	Not Allowed	$0.00			-	-	000	999	
M1342	E	PTS DIED PERF PER		-	-	Not Allowed	$0.00			-	-	000	999	
M1343	E	PT PAM LVL 4 BASE OR SRT LIN		-	-	Not Allowed	$0.00			-	-	000	999	
M1344	E	PTS NO BSLN OR 2ND PAM SCORE		-	-	Not Allowed	$0.00			-	-	000	999	
M1345	E	PT BSLN PAM, 2ND SCR 6-12 MO		-	-	Not Allowed	$0.00			-	-	000	999	
M1346	E	PTS NO PAM 6 PTS 6-12 MO		-	-	Not Allowed	$0.00			-	-	000	999	
M1347	E	PT PAM INCR 3 PT 6-12 MO		-	-	Not Allowed	$0.00			-	-	000	999	
M1348	E	PT PAM INCR 6 PT 6-12 MO		-	-	Not Allowed	$0.00			-	-	000	999	
M1349	E	PT NO PAM 3 PTS 6-12 MO		-	-	Not Allowed	$0.00			-	-	000	999	
M1350	E	PT W/ SUIC SAF PLN INIT REV		-	-	Not Allowed	$0.00			-	-	000	999	
M1351	E	PT CMPLT SUICD SAF PLN 120DY		-	-	Not Allowed	$0.00			-	-	000	999	
M1352	E	SUICD C-SSRS ASSESSMENT, EQU		-	-	Not Allowed	$0.00			-	-	000	999	
M1353	E	PTS NO CMPLT SUICD SAF PLN		-	-	Not Allowed	$0.00			-	-	000	999	
M1354	E	PT NO SUICD SAF PLN 120DY		-	-	Not Allowed	$0.00			-	-	000	999	
M1355	E	SUICD BASED CLN EVAL		-	-	Not Allowed	$0.00			-	-	000	999	
M1356	E	PT DIED DUR MEAS PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1357	E	PT W/RED SUIC IDEA 120 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
M1358	E	PTS NO <SUICD IDEA 120 DYS		-	-	Not Allowed	$0.00			-	-	000	999	
M1359	E	INDX SUICD IDEA, NO 0 SCR		-	-	Not Allowed	$0.00			-	-	000	999	
M1360	E	SUICD C-SSRS ASSESSMENT		-	-	Not Allowed	$0.00			-	-	000	999	
M1361	E	SUICD BASED CLN EVAL		-	-	Not Allowed	$0.00			-	-	000	999	
M1362	E	PT DIED DUR MEAS PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1363	E	PTS NO F/U 120 DYS		-	-	Not Allowed	$0.00			-	-	000	999	
M1364	E	ASCVD RISK >=20PCT		-	-	Not Allowed	$0.00			-	-	000	999	
M1365	E	HOSP+PALL CARE SPEC CODE 17		-	-	Not Allowed	$0.00			-	-	000	999	
M1366	E	FOCUS ON WOMEN'S HEALTH MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M1367	E	QUAL CARE ENT DISORDER MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M1368	E	PREV TRT INF D/O HIV/HEP MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M1369	E	QUALCARE MENTAL HLTH/SUD MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M1370	E	REHAB SUPPORT MSK CARE MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M1371	E	MST REC GSA<7		-	-	Not Allowed	$0.00			-	-	000	999	
M1372	E	MST REC GSA >=7 AND<8		-	-	Not Allowed	$0.00			-	-	000	999	
M1373	E	MST REC GSA >=8 AND <=9		-	-	Not Allowed	$0.00			-	-	000	999	
M1374	E	RA DX ENC 90 DAYS DUR PER PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1375	E	RA DX ENC 90 DAYS DUR PER PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1376	E	RA DX ENC 90 DAYS DUR PER PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1377	E	FU COLSCOP 10 YR DOC W/ DISC		-	-	Not Allowed	$0.00			-	-	000	999	
M1378	E	MED RSN NO 10 YR FU COLSCOPE		-	-	Not Allowed	$0.00			-	-	000	999	
M1379	E	10 YR FU NO REC RSN NOT GIV		-	-	Not Allowed	$0.00			-	-	000	999	
M1380	E	2 RX IN PERF PD ANY COM MEDS		-	-	Not Allowed	$0.00			-	-	000	999	
M1381	E	PT SEC STRK WTHIN 5 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
M1382	E	ENC DUR PERF PD POS 11		-	-	Not Allowed	$0.00			-	-	000	999	
M1383	E	ACUTE PVD		-	-	Not Allowed	$0.00			-	-	000	999	
M1384	E	PT DIED DUR PERF PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1385	E	PT RSN NOT SEEN 2ND PAM		-	-	Not Allowed	$0.00			-	-	000	999	
M1386	E	EXC SX MELMN OR MLNM IS		-	-	Not Allowed	$0.00			-	-	000	999	
M1387	E	PT DIED DUR PERF PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1388	E	PT DOC EXM REC MELMN		-	-	Not Allowed	$0.00			-	-	000	999	

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M1390	E	PT NO DOC EXM FOR REC		-	-	Not Allowed	$0.00			-	-	000	999	
M1391	E	ALL PT DX W/ REC MLNM		-	-	Not Allowed	$0.00			-	-	000	999	
M1392	E	PT RSN NO EXM OR LST TO FU		-	-	Not Allowed	$0.00			-	-	000	999	
M1393	E	PR NO DX REC MLNM		-	-	Not Allowed	$0.00			-	-	000	999	
M1394	E	STG I-III BR CA		-	-	Not Allowed	$0.00			-	-	000	999	
M1395	E	INIT CHEMO W/DEF DUR EC GRP		-	-	Not Allowed	$0.00			-	-	000	999	
M1396	E	PT THER CLIN TRIAL		-	-	Not Allowed	$0.00			-	-	000	999	
M1397	E	PT W/ RECUR/PROG		-	-	Not Allowed	$0.00			-	-	000	999	
M1398	E	BSLNE AND FU PROMIS DOC		-	-	Not Allowed	$0.00			-	-	000	999	
M1399	E	PT LVE PRAC		-	-	Not Allowed	$0.00			-	-	000	999	
M1400	E	PT DIED DUR PERF PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1401	E	STG I-III BR CA		-	-	Not Allowed	$0.00			-	-	000	999	
M1402	E	INIT CHEMO W/DEF DUR EC GRP		-	-	Not Allowed	$0.00			-	-	000	999	
M1403	E	BSLNE AND FU PROMIS DOC		-	-	Not Allowed	$0.00			-	-	000	999	
M1404	E	PT THER CLIN TRIAL		-	-	Not Allowed	$0.00			-	-	000	999	
M1405	E	PT W/ RECUR/PROG		-	-	Not Allowed	$0.00			-	-	000	999	
M1406	E	PT LVE PRAC		-	-	Not Allowed	$0.00			-	-	000	999	
M1407	E	PT DIED DUR PERF PD		-	-	Not Allowed	$0.00			-	-	000	999	
M1408	E	GMLN BRCA BEF DX CA		-	-	Not Allowed	$0.00			-	-	000	999	
M1409	E	RECD GMLN BRCA1/BRCA2 COUNS		-	-	Not Allowed	$0.00			-	-	000	999	
M1410	E	NO GMLN BRCA1/BRCA2 COUNS		-	-	Not Allowed	$0.00			-	-	000	999	
M1411	E	1ST LN ICI NO CHEMO		-	-	Not Allowed	$0.00			-	-	000	999	
M1412	E	MET NSCLC W/ EGFR ALK OTH AB		-	-	Not Allowed	$0.00			-	-	000	999	
M1413	E	POS PDL1 BEF INIT ICI TX		-	-	Not Allowed	$0.00			-	-	000	999	
M1414	E	MED RSN NO PDL1 BEF 1ST THER		-	-	Not Allowed	$0.00			-	-	000	999	
M1415	E	NO POS PDL1 BEF ICI THER		-	-	Not Allowed	$0.00			-	-	000	999	
M1416	E	PT REC HOSP		-	-	Not Allowed	$0.00			-	-	000	999	
M1417	E	PT UP TO DATE COV		-	-	Not Allowed	$0.00			-	-	000	999	
M1418	E	MED RSN NOT UP TO DATE COV		-	-	Not Allowed	$0.00			-	-	000	999	
M1419	E	PT NOT UP TO DATE COV		-	-	Not Allowed	$0.00			-	-	000	999	
M1420	E	COMPLETE OPHTHALMOLOGIC MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M1421	E	DERMATOLOGICAL CARE MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M1422	E	GASTROENTEROLOGY CARE MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M1423	E	OPT CARE UROLOGIC CND MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M1424	E	PULMONOLOGY CARE MVP		-	-	Not Allowed	$0.00			-	-	000	999	
M1425	E	SURGICAL CARE MVP		-	-	Not Allowed	$0.00			-	-	000	999	
P2028	Q	CEPHALIN FLOCULATION TEST		-	-	Medicare	$8.25	$5.12	$4.95	-	-	000	999	
P2029	Q	CONGO RED BLOOD TEST		-	-	Medicare	$8.25	$5.12	$4.95	-	-	000	999	
P2031	E	HAIR ANALYSIS		-	-	Not Allowed	$0.00			-	-	000	999	
P2033	Q	BLOOD THYMOL TURBIDITY		-	-	Medicare	$8.25	$5.12	$4.95	-	-	000	999	
P2038	Q	BLOOD MUCOPROTEIN		-	-	Medicare	$8.25	$5.12	$4.95	-	-	000	999	
P3000	Q	SCREEN PAP BY TECH W MD SUPV		-	-	Medicare	$30.32	$18.80	$18.19	-	-	000	999	
P3001	E	SCREENING PAP SMEAR BY PHYS		-	-	Not Allowed	$0.00			-	-	000	999	
P7001	E	CULTURE BACTERIAL URINE		-	-	Not Allowed	$0.00			-	-	000	999	
P9010	R	WHOLE BLOOD FOR TRANSFUSION		09510	2.5246	APC	$153.29			-	-	000	999	
P9011	R	BLOOD SPLIT UNIT		09520	1.5902	APC	$96.56			-	-	000	999	
P9012	R	CRYOPRECIPITATE EACH UNIT		09511	0.7129	APC	$43.29			-	-	000	999	
P9016	R	RBC LEUKOCYTES REDUCED		09512	2.0411	APC	$123.94			-	-	000	999	
P9017	R	PLASMA 1 DONOR FRZ W/IN 8 HR		09508	0.9453	APC	$57.40			-	-	000	999	
P9019	R	PLATELETS, EACH UNIT		09515	0.8519	APC	$51.73			-	-	000	999	
P9020	R	PLAELET RICH PLASMA UNIT		09516	6.2502	APC	$379.51			-	-	000	999	
P9021	R	RED BLOOD CELLS UNIT		09517	1.6185	APC	$98.28			-	-	000	999	
P9022	R	WASHED RED BLOOD CELLS UNIT		09518	4.4508	APC	$270.25			-	-	000	999	
P9023	R	FROZEN PLASMA, POOLED, SD		09509	0.6988	APC	$42.43			-	-	000	999	
P9025	R	PLASMA CRYO REDU PATH EACH		09538	1.5157	APC	$92.03			-	-	000	999	
P9026	R	CRYO FIB COMP PATH REDU EACH		09539	3.5188	APC	$213.66			-	-	000	999	

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P9027	R	RBC O2 CO2 REDUCED		09541	5.4627	APC	$331.70			-	-	000	999	
P9031	R	PLATELETS LEUKOCYTES REDUCED		09526	1.4105	APC	$85.65			-	-	000	999	
P9032	R	PLATELETS, IRRADIATED		09500	1.5227	APC	$92.46			-	-	000	999	
P9033	R	PLATELETS LEUKOREDUCED IRRAD		09521	2.3034	APC	$139.86			-	-	000	999	
P9034	R	PLATELETS, PHERESIS		09507	4.4537	APC	$270.43			-	-	000	999	
P9035	R	PLATELET PHERES LEUKOREDUCED		09501	5.4627	APC	$331.70			-	-	000	999	
P9036	R	PLATELET PHERESIS IRRADIATED		09502	6.5903	APC	$400.16			-	-	000	999	
P9037	R	PLATE PHERES LEUKOREDU IRRAD		09530	7.5773	APC	$460.09			-	-	000	999	
P9038	R	RBC IRRADIATED		09505	1.6734	APC	$101.61			-	-	000	999	
P9039	R	RBC DEGLYCEROLIZED		09504	7.3315	APC	$445.17			-	-	000	999	
P9040	R	RBC LEUKOREDUCED IRRADIATED		09522	2.8687	APC	$174.19			-	-	000	999	
P9041	N	ALBUMIN (HUMAN),5%, 50ML		-	-	Bundled	$0.00			-	-	000	999	
P9043	R	PLASMA PROTEIN FRACT,5%,50ML		09514	0.0905	APC	$5.50			-	-	000	999	
P9044	R	CRYOPRECIPITATEREDUCEDPLASMA		09523	1.6519	APC	$100.30			-	-	000	999	
P9045	K	ALBUMIN (HUMAN), 5%, 250 ML		00963	0.8741	APC (blood and non-blood products)	$53.08			-	-	000	999	
P9046	K	ALBUMIN (HUMAN), 25%, 20 ML		00964	0.3497	APC (blood and non-blood products)	$21.23			-	-	000	999	
P9047	N	ALBUMIN (HUMAN), 25%, 50ML		-	-	Bundled	$0.00			-	-	000	999	
P9048	R	PLASMAPROTEIN FRACT,5%,250ML		09519	0.8267	APC	$50.20			-	-	000	999	
P9050	E	GRANULOCYTES, PHERESIS UNIT		-	-	Not Allowed	$0.00			-	-	000	999	
P9051	R	BLOOD, L/R, CMV-NEG		09524	1.9312	APC	$117.26			-	-	000	999	
P9052	R	PLATELETS, HLA-M, L/R, UNIT		09525	8.7193	APC	$529.44			-	-	000	999	
P9053	R	PLT, PHER, L/R CMV-NEG, IRR		09531	5.1501	APC	$312.71			-	-	000	999	
P9054	R	BLOOD, L/R, FROZ/DEGLY/WASH		09527	2.7189	APC	$165.09			-	-	000	999	
P9055	R	PLT, APH/PHER, L/R, CMV-NEG		09528	2.5485	APC	$154.74			-	-	000	999	
P9056	R	BLOOD, L/R, IRRADIATED		09529	0.9439	APC	$57.31			-	-	000	999	
P9057	R	RBC, FRZ/DEG/WSH, L/R, IRRAD		09532	5.4433	APC	$330.52			-	-	000	999	
P9058	R	RBC, L/R, CMV-NEG, IRRAD		09533	2.4993	APC	$151.76			-	-	000	999	
P9059	R	PLASMA, FRZ BETWEEN 8-24HOUR		09513	0.7973	APC	$48.41			-	-	000	999	
P9060	R	FR FRZ PLASMA DONOR RETESTED		09503	0.5487	APC	$33.32			-	-	000	999	
P9070	R	PATHOGEN REDUCED PLASMA POOL		09534	0.6292	APC	$38.21			-	-	000	999	
P9071	R	PATHOGEN REDUCED PLASMA SING		09535	3.2806	APC	$199.20			-	-	000	999	
P9073	R	PLATELETS PHERESIS PATH REDU		09536	6.5861	APC	$399.91			-	-	000	999	
P9099	R	BLOOD COMPONENT/PRODUCT NOC		09537	0.5487	APC	$33.32			-	-	000	999	
P9100	S	PATHOGEN TEST FOR PLATELETS		05733	0.6661	APC	$40.45			-	-	000	999	
P9603	E	ONE-WAY ALLOW PRORATED MILES		-	-	Not Allowed	$0.00			-	-	000	999	
P9604	E	ONE-WAY ALLOW PRORATED TRIP		-	-	Not Allowed	$0.00			-	-	000	999	
P9612	M	CATHETERIZE FOR URINE SPEC		-	-	Medicare	$0.00			-	-	000	999	
P9615	N	URINE SPECIMEN COLLECT MULT		-	-	Bundled	$0.00			-	-	000	999	
Q0035	N	CARDIOKYMOGRAPHY		05732	0.4402	Bundled, sometimes payable	$26.73			-	-	000	999	
Q0081	E	INFUSION THER OTHER THAN CHE		-	-	Not Allowed	$0.00			-	-	000	999	
Q0083	E	CHEMO BY OTHER THAN INFUSION		-	-	Not Allowed	$0.00			-	-	000	999	
Q0084	E	CHEMOTHERAPY BY INFUSION		-	-	Not Allowed	$0.00			-	-	000	999	
Q0085	E	CHEMO BY BOTH INFUSION AND O		-	-	Not Allowed	$0.00			-	-	000	999	
Q0091	S	OBTAINING SCREEN PAP SMEAR		05731	0.2747	APC	$16.68			-	-	000	999	
Q0092	N	SET UP PORT XRAY EQUIPMENT		-	-	Bundled	$0.00			-	-	000	999	
Q0111	Q	WET MOUNTS/ W PREPARATIONS		-	-	Medicare	$30.32	$18.80	$18.19	-	-	000	999	
Q0112	Q	POTASSIUM HYDROXIDE PREPS		-	-	Medicare	$9.72	$6.03	$5.83	-	-	000	999	
Q0113	Q	PINWORM EXAMINATIONS		-	-	Medicare	$7.12	$4.41	$4.27	-	-	000	999	
Q0114	Q	FERN TEST		-	-	Medicare	$16.23	$10.06	$9.74	-	-	000	999	
Q0115	E	POST-COITAL MUCOUS EXAM		-	-	Not Allowed	$0.00			-	-	000	999	
Q0138	K	FERUMOXYTOL, NON-ESRD		01297	0.0067	APC (blood and non-blood products)	$0.33			-	-	000	999	
Q0139	K	FERUMOXYTOL, ESRD USE		01485	0.0067	APC (blood and non-blood products)	$0.33			-	-	000	999	
Q0144	E	AZITHROMYCIN DIHYDRATE, ORAL		-	-	Not Allowed	$0.00			-	-	000	999	
Q0155	N	DRONABINOL (SYNDROS) 0.1 MG		-	-	Bundled	$0.00			-	-	000	999	
Q0161	N	CHLORPROMAZINE HCL 5MG ORAL		-	-	Bundled	$0.00			-	-	000	999	
Q0162	N	ONDANSETRON ORAL		-	-	Bundled	$0.00			-	-	000	999	

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Q0163	N	DIPHENHYDRAMINE HCL 50MG		-	-	Bundled	$0.00			-	-	000	999	
Q0164	N	PROCHLORPERAZINE MALEATE 5MG		-	-	Bundled	$0.00			-	-	000	999	
Q0166	N	GRANISETRON HCL 1 MG ORAL		-	-	Bundled	$0.00			-	-	000	999	
Q0167	N	DRONABINOL 2.5MG ORAL		-	-	Bundled	$0.00			-	-	000	999	
Q0169	N	PROMETHAZINE HCL 12.5MG ORAL		-	-	Bundled	$0.00			-	-	000	999	
Q0173	E	TRIMETHOBENZAMIDE HCL 250MG		-	-	Not Allowed	$0.00			-	-	000	999	
Q0174	E	THIETHYLPERAZINE MALEATE10MG		-	-	Not Allowed	$0.00			-	-	000	999	
Q0175	N	PERPHENAZINE 4MG ORAL		-	-	Bundled	$0.00			-	-	000	999	
Q0177	N	HYDROXYZINE PAMOATE 25MG		-	-	Bundled	$0.00			-	-	000	999	
Q0180	N	DOLASETRON MESYLATE ORAL		-	-	Bundled	$0.00			-	-	000	999	
Q0181	N	UNSPECIFIED ORAL ANTI-EMETIC		-	-	Bundled	$0.00			-	-	000	999	
Q0224	M	INJ, PEMIVIBART, 4500 MG		-	-	Fee Schedule	$0.00			-	-	000	999	
Q0239	E	BAMLANIVIMAB-XXXX		-	-	Not Allowed	$0.00			-	-	000	999	
Q0249	M	TOCILIZUMAB FOR COVID-19		-	-	Fee Schedule	$0.00			-	-	000	999	
Q0477	E	PWR MODULE PT CABLE LVAD RPL		-	-	Not Allowed	$0.00			-	-	000	999	
Q0478	E	POWER ADAPTER, COMBO VAD		-	-	Not Allowed	$0.00			-	-	000	999	
Q0479	E	POWER MODULE COMBO VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0480	E	DRIVER PNEUMATIC VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0481	E	MICROPRCSR CU ELEC VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0482	E	MICROPRCSR CU COMBO VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0483	E	MONITOR ELEC VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0484	E	MONITOR ELEC OR COMB VAD REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0485	E	MONITOR CABLE ELEC VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0486	E	MON CABLE ELEC/PNEUM VAD REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0487	E	LEADS ANY TYPE VAD, REP ONLY		-	-	Not Allowed	$0.00			-	-	000	999	
Q0488	E	PWR PACK BASE ELEC VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0489	E	PWR PCK BASE COMBO VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0490	E	EMR PWR SOURCE ELEC VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0491	E	EMR PWR SOURCE COMBO VAD REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0492	E	EMR PWR CBL ELEC VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0493	E	EMR PWR CBL COMBO VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0494	E	EMR HD PMP ELEC/COMBO, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0495	E	CHARGER ELEC/COMBO VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0496	E	BATTERY ELEC/COMBO VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0497	E	BAT CLPS ELEC/COMB VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0498	E	HOLSTER ELEC/COMBO VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0499	E	BELT/VEST ELEC/COMBO VAD REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0500	E	FILTERS ELEC/COMBO VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0501	E	SHWR COV ELEC/COMBO VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0502	E	MOBILITY CART PNEUM VAD, REP		-	-	Not Allowed	$0.00			-	-	000	999	
Q0503	E	BATTERY PNEUM VAD REPLACEMNT		-	-	Not Allowed	$0.00			-	-	000	999	
Q0504	E	PWR ADPT PNEUM VAD, REP VEH		-	-	Not Allowed	$0.00			-	-	000	999	
Q0506	E	LITH-ION BATT ELEC/PNEUM VAD		-	-	Not Allowed	$0.00			-	-	000	999	
Q0507	E	MISC SUP/ACC EXT VAD		-	-	Not Allowed	$0.00			-	-	000	999	
Q0508	E	MIS SUP/ACC IMP VAD		-	-	Not Allowed	$0.00			-	-	000	999	
Q0509	E	MIS SUP/AC IMP VAD NOPAY MED		-	-	Not Allowed	$0.00			-	-	000	999	
Q0510	E	DISPENS FEE IMMUNOSUPRESSIVE		-	-	Not Allowed	$0.00			-	-	000	999	
Q0511	E	SUP FEE ANTIEM,ANTICA,IMMUNO		-	-	Not Allowed	$0.00			-	-	000	999	
Q0512	E	PX SUP FEE ANTI-CAN SUB PRES		-	-	Not Allowed	$0.00			-	-	000	999	
Q0513	E	DISP FEE INHAL DRUGS/30 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
Q0514	E	DISP FEE INHAL DRUGS/90 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
Q0515	E	SERMORELIN ACETATE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
Q0521	E	SUPPLY FEE HIV PREP FDA APPR		-	-	Not Allowed	$0.00			-	-	000	999	
Q1004	E	NTIOL CATEGORY 4		-	-	Not Allowed	$0.00			-	-	000	999	
Q1005	E	NTIOL CATEGORY 5		-	-	Not Allowed	$0.00			-	-	000	999	
Q2004	N	BLADDER CALCULI IRRIG SOL		-	-	Bundled	$0.00			-	-	000	999	

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Q2009	N	FOSPHENYTOIN INJ PE		-	-	Bundled	$0.00			-	-	000	999	
Q2017	E	TENIPOSIDE, 50 MG		-	-	Not Allowed	$0.00			-	-	000	999	
Q2026	K	RADIESSE INJECTION		09094	5.4911	APC (blood and non-blood products)	$333.42			-	-	000	999	
Q2028	K	INJ, SCULPTRA, 0.5MG		09095	0.0165	APC (blood and non-blood products)	$1.00			-	-	000	999	
Q2033	E	INFLUENZA VACCINE, (FLUBLOK)		-	-	Not Allowed	$0.00			-	-	018	49	
Q2034	E	AGRIFLU VACCINE		-	-	Not Allowed	$0.00			-	-	018	999	
Q2035	M	AFLURIA VACC, 3 YRS & >, IM		-	-	Fee Schedule	$18.76			-	-	019	999	
Q2036	M	FLULAVAL VACC, 3 YRS & >, IM		-	-	Fee Schedule	$19.00			-	-	019	999	
Q2037	M	FLUVIRIN VACC, 3 YRS & >, IM		-	-	Fee Schedule	$20.03			-	-	019	999	
Q2038	M	FLUZONE VACC, 3 YRS & >, IM		-	-	Fee Schedule	$18.63			-	-	019	999	
Q2039	E	INFLUENZA VIRUS VACCINE, NOS		-	-	Not Allowed	$0.00			-	-	019	999	
Q2041	K	AXICABTAGENE CILOLEUCEL CAR+		09035	7867.4678	APC (blood and non-blood products)	$477,712.64			-	-	000	999	
Q2042	K	TISAGENLECLEUCEL CAR-POS T		09194	8875.5040	APC (blood and non-blood products)	$538,920.60			Y	-	000	999	
Q2043	K	SIPULEUCEL-T AUTO CD54+		09273	949.7100	APC (blood and non-blood products)	$57,017.10			-	-	000	999	
Q2047	E	PEGINESATIDE INJECTION		-	-	Not Allowed	$0.00			-	-	000	999	
Q2049	K	IMPORTED LIPODOX INJ		01421	8.7098	APC (blood and non-blood products)	$528.86			-	-	000	999	
Q2050	K	DOXORUBICIN INJ 10MG		07046	1.9684	APC (blood and non-blood products)	$150.41			-	-	000	999	
Q2052	E	HOME IVIG, SERVICES/SUPPLIES		-	-	Not Allowed	$0.00			-	-	000	999	
Q2053	K	BREXUCABTAGENE CAR POS T		09391	8037.7390	APC (blood and non-blood products)	$488,051.51			-	-	000	999	
Q2054	G	LISOCABTAGENE MARA CAR POS T		-	-	APC – pays by fee schedule amount	$516,442.29			-	-	000	999	
Q2055	K	IDECABTAGENE VICLEUCEL CAR		09422	8700.7975	APC (blood and non-blood products)	$528,312.42			-	-	000	999	
Q2056	G	CILTACABTAGENE CAR-POS T		-	-	APC – pays by fee schedule amount	$553,169.30			-	-	000	999	
Q3001	E	BRACHYTHERAPY RADIOELEMENTS		-	-	Not Allowed	$0.00			-	-	000	999	
Q3014	M	TELEHEALTH FACILITY FEE		-	-	Fee Schedule	$31.01			-	-	000	999	
Q3027	K	INJ BETA INTERFERON IM 1 MCG		01472	0.9296	APC (blood and non-blood products)	$54.67			-	-	000	999	
Q3028	E	INJ BETA INTERFERON SQ 1 MCG		-	-	Not Allowed	$0.00			-	-	000	999	
Q3031	N	COLLAGEN SKIN TEST		-	-	Bundled	$0.00			-	-	000	999	
Q4001	E	CAST SUP BODY CAST PLASTER		-	-	Not Allowed	$0.00			-	-	000	999	
Q4002	E	CAST SUP BODY CAST FIBERGLAS		-	-	Not Allowed	$0.00			-	-	000	999	
Q4003	E	CAST SUP SHOULDER CAST PLSTR		-	-	Not Allowed	$0.00			-	-	011	999	
Q4004	E	CAST SUP SHOULDER CAST FBRGL		-	-	Not Allowed	$0.00			-	-	011	999	
Q4005	E	CAST SUP LONG ARM ADULT PLST		-	-	Not Allowed	$0.00			-	-	011	999	
Q4006	E	CAST SUP LONG ARM ADULT FBRG		-	-	Not Allowed	$0.00			-	-	011	999	
Q4007	E	CAST SUP LONG ARM PED PLSTER		-	-	Not Allowed	$0.00			-	-	000	10	
Q4008	E	CAST SUP LONG ARM PED FBRGLS		-	-	Not Allowed	$0.00			-	-	000	10	
Q4009	E	CAST SUP SHT ARM ADULT PLSTR		-	-	Not Allowed	$0.00			-	-	011	999	
Q4010	E	CAST SUP SHT ARM ADULT FBRGL		-	-	Not Allowed	$0.00			-	-	011	999	
Q4011	E	CAST SUP SHT ARM PED PLASTER		-	-	Not Allowed	$0.00			-	-	000	10	
Q4012	E	CAST SUP SHT ARM PED FBRGLAS		-	-	Not Allowed	$0.00			-	-	000	10	
Q4013	E	CAST SUP GAUNTLET PLASTER		-	-	Not Allowed	$0.00			-	-	011	999	
Q4014	E	CAST SUP GAUNTLET FIBERGLASS		-	-	Not Allowed	$0.00			-	-	011	999	
Q4015	E	CAST SUP GAUNTLET PED PLSTER		-	-	Not Allowed	$0.00			-	-	000	10	
Q4016	E	CAST SUP GAUNTLET PED FBRGLS		-	-	Not Allowed	$0.00			-	-	000	10	
Q4017	E	CAST SUP LNG ARM SPLINT PLST		-	-	Not Allowed	$0.00			-	-	011	999	
Q4018	E	CAST SUP LNG ARM SPLINT FBRG		-	-	Not Allowed	$0.00			-	-	011	999	
Q4019	E	CAST SUP LNG ARM SPLNT PED P		-	-	Not Allowed	$0.00			-	-	000	10	
Q4020	E	CAST SUP LNG ARM SPLNT PED F		-	-	Not Allowed	$0.00			-	-	000	10	
Q4021	E	CAST SUP SHT ARM SPLINT PLST		-	-	Not Allowed	$0.00			-	-	011	999	
Q4022	E	CAST SUP SHT ARM SPLINT FBRG		-	-	Not Allowed	$0.00			-	-	011	999	
Q4023	E	CAST SUP SHT ARM SPLNT PED P		-	-	Not Allowed	$0.00			-	-	000	10	
Q4024	E	CAST SUP SHT ARM SPLNT PED F		-	-	Not Allowed	$0.00			-	-	000	10	
Q4025	E	CAST SUP HIP SPICA PLASTER		-	-	Not Allowed	$0.00			-	-	011	999	
Q4026	E	CAST SUP HIP SPICA FIBERGLAS		-	-	Not Allowed	$0.00			-	-	011	999	
Q4027	E	CAST SUP HIP SPICA PED PLSTR		-	-	Not Allowed	$0.00			-	-	000	10	
Q4028	E	CAST SUP HIP SPICA PED FBRGL		-	-	Not Allowed	$0.00			-	-	000	10	
Q4029	E	CAST SUP LONG LEG PLASTER		-	-	Not Allowed	$0.00			-	-	011	999	

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Q4030	E	CAST SUP LONG LEG FIBERGLASS		-	-	Not Allowed	$0.00			-	-	011	999	
Q4031	E	CAST SUP LNG LEG PED PLASTER		-	-	Not Allowed	$0.00			-	-	000	10	
Q4032	E	CAST SUP LNG LEG PED FBRGLS		-	-	Not Allowed	$0.00			-	-	000	10	
Q4033	E	CAST SUP LNG LEG CYLINDER PL		-	-	Not Allowed	$0.00			-	-	011	999	
Q4034	E	CAST SUP LNG LEG CYLINDER FB		-	-	Not Allowed	$0.00			-	-	011	999	
Q4035	E	CAST SUP LNGLEG CYLNDR PED P		-	-	Not Allowed	$0.00			-	-	000	10	
Q4036	E	CAST SUP LNGLEG CYLNDR PED F		-	-	Not Allowed	$0.00			-	-	000	10	
Q4037	E	CAST SUP SHRT LEG PLASTER		-	-	Not Allowed	$0.00			-	-	011	999	
Q4038	E	CAST SUP SHRT LEG FIBERGLASS		-	-	Not Allowed	$0.00			-	-	011	999	
Q4039	E	CAST SUP SHRT LEG PED PLSTER		-	-	Not Allowed	$0.00			-	-	000	10	
Q4040	E	CAST SUP SHRT LEG PED FBRGLS		-	-	Not Allowed	$0.00			-	-	000	10	
Q4041	E	CAST SUP LNG LEG SPLNT PLSTR		-	-	Not Allowed	$0.00			-	-	011	999	
Q4042	E	CAST SUP LNG LEG SPLNT FBRGL		-	-	Not Allowed	$0.00			-	-	011	999	
Q4043	E	CAST SUP LNG LEG SPLNT PED P		-	-	Not Allowed	$0.00			-	-	000	10	
Q4044	E	CAST SUP LNG LEG SPLNT PED F		-	-	Not Allowed	$0.00			-	-	000	10	
Q4045	E	CAST SUP SHT LEG SPLNT PLSTR		-	-	Not Allowed	$0.00			-	-	011	999	
Q4046	E	CAST SUP SHT LEG SPLNT FBRGL		-	-	Not Allowed	$0.00			-	-	011	999	
Q4047	E	CAST SUP SHT LEG SPLNT PED P		-	-	Not Allowed	$0.00			-	-	000	10	
Q4048	E	CAST SUP SHT LEG SPLNT PED F		-	-	Not Allowed	$0.00			-	-	000	10	
Q4049	E	FINGER SPLINT, STATIC		-	-	Not Allowed	$0.00			-	-	000	999	
Q4050	E	CAST SUPPLIES UNLISTED		-	-	Not Allowed	$0.00			-	-	000	999	
Q4051	E	SPLINT SUPPLIES MISC		-	-	Not Allowed	$0.00			-	-	000	999	
Q4074	E	ILOPROST NON-COMP UNIT DOSE		-	-	Not Allowed	$0.00			-	-	000	999	
Q4081	E	EPOETIN ALFA, 100 UNITS ESRD		-	-	Not Allowed	$0.00			-	-	000	999	
Q4082	E	DRUG/BIO NOC PART B DRUG CAP		-	-	Not Allowed	$0.00			-	-	000	999	
Q4100	N	SKIN SUBSTITUTE, NOS		-	-	Bundled	$0.00			-	-	000	999	
Q4101	N	APLIGRAF		-	-	Bundled	$0.00			-	-	000	999	
Q4102	N	OASIS WOUND MATRIX		-	-	Bundled	$0.00			-	-	000	999	
Q4103	N	OASIS BURN MATRIX		-	-	Bundled	$0.00			-	-	000	999	
Q4104	N	INTEGRA BMWD		-	-	Bundled	$0.00			-	-	000	999	
Q4105	N	INTEGRA DRT OR OMNIGRAFT		-	-	Bundled	$0.00			-	-	000	999	
Q4106	N	DERMAGRAFT		-	-	Bundled	$0.00			-	-	000	999	
Q4107	N	GRAFTJACKET		-	-	Bundled	$0.00			-	-	000	999	
Q4108	N	INTEGRA MATRIX		-	-	Bundled	$0.00			-	-	000	999	
Q4110	N	PRIMATRIX		-	-	Bundled	$0.00			-	-	000	999	
Q4111	N	GAMMAGRAFT		-	-	Bundled	$0.00			-	-	000	999	
Q4112	N	CYMETRA INJECTABLE		-	-	Bundled	$0.00			-	-	000	999	
Q4113	N	GRAFTJACKET XPRESS		-	-	Bundled	$0.00			-	-	000	999	
Q4114	N	INTEGRA FLOWABLE WOUND MATRI		-	-	Bundled	$0.00			-	-	000	999	
Q4115	N	ALLOSKIN		-	-	Bundled	$0.00			-	-	000	999	
Q4116	N	ALLODERM		-	-	Bundled	$0.00			-	-	000	999	
Q4117	N	HYALOMATRIX		-	-	Bundled	$0.00			-	-	000	999	
Q4118	N	MATRISTEM MICROMATRIX		-	-	Bundled	$0.00			-	-	000	999	
Q4121	N	THERASKIN		-	-	Bundled	$0.00			-	-	000	999	
Q4122	N	DERMACELL, AWM, POROUS SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4123	N	ALLOSKIN		-	-	Bundled	$0.00			-	-	000	999	
Q4124	N	OASIS TRI-LAYER WOUND MATRIX		-	-	Bundled	$0.00			-	-	000	999	
Q4125	N	ARTHROFLEX		-	-	Bundled	$0.00			-	-	000	999	
Q4126	N	MEMODERM/DERMA/TRANZ/INTEGUP		-	-	Bundled	$0.00			-	-	000	999	
Q4127	N	TALYMED		-	-	Bundled	$0.00			-	-	000	999	
Q4128	N	FLEXHD/ALLOPATCHHD/SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4130	N	STRATTICE TM		-	-	Bundled	$0.00			-	-	000	999	
Q4132	N	GRAFIX CORE, GRAFIXPL CORE		-	-	Bundled	$0.00			-	-	000	999	
Q4133	N	GRAFIX STRAVIX PRIME PL SQCM		-	-	Bundled	$0.00			-	-	000	999	
Q4134	N	HMATRIX		-	-	Bundled	$0.00			-	-	000	999	
Q4135	N	MEDISKIN		-	-	Bundled	$0.00			-	-	000	999	

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Q4136	N	EZDERM		-	-	Bundled	$0.00			-	-	000	999	
Q4137	N	AMNIOEXCEL BIODEXCEL 1SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4138	N	BIODFENCE DRYFLEX, 1CM		-	-	Bundled	$0.00			-	-	000	999	
Q4139	N	AMNIO OR BIODMATRIX, INJ 1CC		-	-	Bundled	$0.00			-	-	000	999	
Q4140	N	BIODFENCE 1CM		-	-	Bundled	$0.00			-	-	000	999	
Q4141	N	ALLOSKIN AC, 1 CM		-	-	Bundled	$0.00			-	-	000	999	
Q4142	N	XCM BIOLOGIC TISS MATRIX 1CM		-	-	Bundled	$0.00			-	-	000	999	
Q4143	N	REPRIZA, 1CM		-	-	Bundled	$0.00			-	-	000	999	
Q4145	N	EPIFIX, INJ, 1MG		-	-	Bundled	$0.00			-	-	000	999	
Q4146	N	TENSIX, 1CM		-	-	Bundled	$0.00			-	-	000	999	
Q4147	N	ARCHITECT ECM PX FX 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4148	N	NEOX NEOX RT OR CLARIX CORD		-	-	Bundled	$0.00			-	-	000	999	
Q4149	N	EXCELLAGEN, 0.1 CC		-	-	Bundled	$0.00			-	-	000	999	
Q4150	N	ALLOWRAP DS OR DRY 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4151	N	AMNIOBAND, GUARDIAN 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4152	N	DERMAPURE 1 SQUARE CM		-	-	Bundled	$0.00			-	-	000	999	
Q4153	N	DERMAVEST, PLURIVEST SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4154	N	BIOVANCE 1 SQUARE CM		-	-	Bundled	$0.00			-	-	000	999	
Q4155	N	NEOXFLO OR CLARIXFLO 1 MG		-	-	Bundled	$0.00			-	-	000	999	
Q4156	N	NEOX 100 OR CLARIX 100		-	-	Bundled	$0.00			-	-	000	999	
Q4157	N	REVITALON 1 SQUARE CM		-	-	Bundled	$0.00			-	-	000	999	
Q4158	N	KERECIS OMEGA3, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4159	N	AFFINITY1 SQUARE CM		-	-	Bundled	$0.00			-	-	000	999	
Q4160	N	NUSHIELD 1 SQUARE CM		-	-	Bundled	$0.00			-	-	000	999	
Q4161	N	BIO-CONNEKT PER SQUARE CM		-	-	Bundled	$0.00			-	-	000	999	
Q4162	N	WNDEX FLW, BIOSKN FLW, 0.5CC		-	-	Bundled	$0.00			-	-	000	999	
Q4163	N	WOUNDEX, BIOSKIN, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4164	N	HELICOLL, PER SQUARE CM		-	-	Bundled	$0.00			-	-	000	999	
Q4165	N	KERAMATRIX, KERASORB SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4166	N	CYTAL, PER SQUARE CENTIMETER		-	-	Bundled	$0.00			-	-	000	999	
Q4167	N	TRUSKIN, PER SQ CENTIMETER		-	-	Bundled	$0.00			-	-	000	999	
Q4168	N	AMNIOBAND, 1 MG		-	-	Bundled	$0.00			-	-	000	999	
Q4169	N	ARTACENT WOUND, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4170	N	CYGNUS, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4171	N	INTERFYL, 1 MG		-	-	Bundled	$0.00			-	-	000	999	
Q4173	N	PALINGEN OR PALINGEN XPLUS		-	-	Bundled	$0.00			-	-	000	999	
Q4174	N	PALINGEN OR PROMATRX		-	-	Bundled	$0.00			-	-	000	999	
Q4175	N	MIRODERM		-	-	Bundled	$0.00			-	-	000	999	
Q4176	N	NEOPATCH OR THERION, 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4177	N	FLOWERAMNIOFLO, 0.1 CC		-	-	Bundled	$0.00			-	-	000	999	
Q4178	N	FLOWERAMNIOPATCH, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4179	N	FLOWERDERM, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4180	N	REVITA, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4181	N	AMNIO WOUND, PER SQUARE CM		-	-	Bundled	$0.00			-	-	000	999	
Q4182	N	TRANSCYTE, PER SQ CENTIMETER		-	-	Bundled	$0.00			-	-	000	999	
Q4183	N	SURGIGRAFT, 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4184	N	CELLESTA OR DUO PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4185	N	CELLESTA FLOWAB AMNION 0.5CC		-	-	Bundled	$0.00			-	-	000	999	
Q4186	N	EPIFIX 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4187	N	EPICORD 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4188	N	AMNIOARMOR 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4189	N	ARTACENT AC, 1 MG		-	-	Bundled	$0.00			-	-	000	999	
Q4190	N	ARTACENT AC 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4191	N	RESTORIGIN 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4192	N	RESTORIGIN, 1 CC		-	-	Bundled	$0.00			-	-	000	999	
Q4193	N	COLL-E-DERM 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	

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Q4194	N	NOVACHOR 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4195	N	PURAPLY 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4196	N	PURAPLY AM 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4197	N	PURAPLY XT 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4198	N	GENESIS AMNIO MEMBRANE 1SQCM		-	-	Bundled	$0.00			-	-	000	999	
Q4199	N	CYGNUS MATRIX, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4200	N	SKIN TE 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4201	N	MATRION 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4202	N	KEROXX (2.5G/CC), 1CC		-	-	Bundled	$0.00			-	-	000	999	
Q4203	N	DERMA-GIDE, 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4204	N	XWRAP 1 SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4205	E	MEMBRANE GRAFT OR WRAP SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4206	E	FLUID FLOW OR FLUID GF 1 CC		-	-	Not Allowed	$0.00			-	-	000	999	
Q4208	E	NOVAFIX PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4209	E	SURGRAFT PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4211	E	AMNION BIO OR AXOBIO SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4212	E	ALLOGEN, PER CC		-	-	Not Allowed	$0.00			-	-	000	999	
Q4213	E	ASCENT, 0.5 MG		-	-	Not Allowed	$0.00			-	-	000	999	
Q4214	E	CELLESTA CORD PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4215	E	AXOLOTL AMBIENT, CRYO 0.1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
Q4216	E	ARTACENT CORD PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4217	E	WOUNDFIX BIOWOUND PLUS XPLUS		-	-	Not Allowed	$0.00			-	-	000	999	
Q4218	E	SURGICORD PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4219	E	SURGIGRAFT DUAL PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4220	E	BELLACELL HD, SUREDERM SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4221	E	AMNIOWRAP2 PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4222	E	PROGENAMATRIX, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4224	N	HHF10-P PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4225	N	AMNIO OR DERMA TL, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4226	E	MYOWN HARV PREP PROC SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4227	N	AMNIOCORE PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4229	N	COGENEX AMNIO MEMB PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4230	N	COGENEX FLOW AMNION 0.5 CC		-	-	Bundled	$0.00			-	-	000	999	
Q4232	N	CORPLEX, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4233	N	SURFACTOR /NUDYN PER 0.5 CC		-	-	Bundled	$0.00			-	-	000	999	
Q4234	N	XCELLERATE, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4235	N	AMNIOREPAIR OR ALTIPLY SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4236	N	CAREPATCH PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4237	N	CRYO-CORD, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4238	N	DERM-MAXX, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4239	N	AMNIO-MAXX OR LITE PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4240	N	CORECYTE TOPICAL ONLY 0.5 CC		-	-	Bundled	$0.00			-	-	000	999	
Q4241	N	POLYCYTE, TOPICAL ONLY 0.5CC		-	-	Bundled	$0.00			-	-	000	999	
Q4242	N	AMNIOCYTE PLUS, PER 0.5 CC		-	-	Bundled	$0.00			-	-	000	999	
Q4245	N	AMNIOTEXT, PER CC		-	-	Bundled	$0.00			-	-	000	999	
Q4246	N	CORETEXT OR PROTEXT, PER CC		-	-	Bundled	$0.00			-	-	000	999	
Q4247	N	AMNIOTEXT PATCH, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4248	N	DERMACYTE AMN MEM ALLO SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4249	N	AMNIPLY, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4250	N	AMNIOAMP-MP PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4251	E	VIM, PER SQUARE CENTIMETER		-	-	Not Allowed	$0.00			-	-	000	999	
Q4252	E	VENDAJE, PER SQUARE CENTIMET		-	-	Not Allowed	$0.00			-	-	000	999	
Q4253	E	ZENITH AMNIOTIC MEMBRANE PSC		-	-	Not Allowed	$0.00			-	-	000	999	
Q4254	N	NOVAFIX DL PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4255	N	REGUARD, TOPICAL USE PER SQ		-	-	Bundled	$0.00			-	-	000	999	
Q4256	N	MLG COMPLET, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	

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Q4257	N	RELESE, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4258	N	ENVERSE, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4259	N	CELERA PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4260	N	SIGNATURE APATCH, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4261	N	TAG, PER SQUARE CENTIMETER		-	-	Bundled	$0.00			-	-	000	999	
Q4262	N	DUAL LAYER IMPAX, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4263	N	SURGRAFT TL, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4264	N	COCOON MEMBRANE, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4265	N	NEOSTIM TL PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4266	N	NEOSTIM PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4267	N	NEOSTIM DL PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4268	N	SURGRAFT FT PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4269	N	SURGRAFT XT PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4270	N	COMPLETE SL PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4271	N	COMPLETE FT PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4272	N	ESANO A, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4273	N	ESANO AAA, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4274	N	ESANO AC, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4275	N	ESANO ACA, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4276	N	ORION, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4278	N	EPIEFFECT, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4279	E	VENDAJE AC, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4280	N	XCELL AMNIO MATRIX PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4281	N	BARRERA SLOR DL PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4282	N	CYGNUS DUAL PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4283	N	BIOVANCE TRI OR 3L, SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4284	N	DERMABIND SL, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4285	N	NUDYN DL OR DL MESH PR SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4286	N	NUDYN SL OR SLW, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4287	E	DERMABIND DL, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4288	E	DERMABIND CH, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4289	E	REVOSHIELD+ AMNIO, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4290	E	MEMBRANE WRAP HYDR PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4291	E	LAMELLAS XT, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4292	E	LAMELLAS, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4293	E	ACESSO DL, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4294	E	AMNIO QUAD-CORE, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4295	E	AMNIO TRI-CORE, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4296	E	REBOUND MATRIX, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4297	E	EMERGE MATRIX, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4298	E	AMNICORE PRO, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4299	E	AMNICORE PRO+, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4300	E	ACESSO TL, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4301	E	ACTIVATE MATRIX, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4302	E	COMPLETE ACA, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4303	E	COMPLETE AA, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4304	E	GRAFIX PLUS, PER SQ CM		-	-	Not Allowed	$0.00			-	-	000	999	
Q4305	N	AMER AM AC TRI-LAY PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4306	N	AMERIC AMNION AC PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4307	N	AMERICAN AMNION, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4308	N	SANOPELLIS, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4309	N	VIA MATRIX, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4310	N	PROCENTA, PER 100 MG		-	-	Bundled	$0.00			-	-	000	999	
Q4311	N	ACESSO, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4312	N	ACESSO AC, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4313	N	DERMABIND FM, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	

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Q4314	N	REEVA, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4315	N	REGENELINK AMNIOTIC MEM ALLO		-	-	Bundled	$0.00			-	-	000	999	
Q4316	N	AMCHOPLAST, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4317	N	VITOGRAFT, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4318	N	E-GRAFT, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4319	N	SANOGRAFT, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4320	N	PELLOGRAFT, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4321	N	RENOGRAFT, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4322	N	CAREGRAFT, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4323	N	ALLOPLY, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4324	N	AMNIOTX, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4325	N	ACAPATCH, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4326	N	WOUNDPLUS, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4327	N	DUOAMNION, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4328	N	MOST, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4329	N	SINGLAY, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4330	N	TOTAL, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4331	N	AXOLOTL GRAFT, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4332	N	AXOLOTL DUALGRAFT, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4333	N	ARDEOGRAFT, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4334	N	AMNIOPLAST 1, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4335	N	AMNIOPLAST 2, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4336	N	ARTECENT C, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4337	N	ARTECENT TRIDENT, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4338	N	ARTACENT VELOS, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4339	N	ARTACENT VERICLEN, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4340	N	SIMPLIGRAFT, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4341	N	SIMPLIMAX, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4342	N	THERAMEND, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4343	N	DERMACYTE AC MATRX PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4344	N	TRI MEMBRANE WRAP, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4345	N	MATRIX HD ALLOGRFT PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4346	N	SHELTER DM MATRIX PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4347	N	RAMPART DL MATRIX PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4348	N	SENTRY SL MATRIX PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4349	N	MANTLE DL MATRIX PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4350	N	PALISADE DM MATRIX PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4351	N	ENCLOSE TL MATRIX, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4352	N	OVERLAY SL MATRIX, PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q4353	N	XCEED TL MATRIX PER SQ CM		-	-	Bundled	$0.00			-	-	000	999	
Q5001	M	HOSPICE OR HOME HLTH IN HOME		-	-	Fee Schedule	$0.00			-	-	000	999	
Q5002	M	HOSPICE/HOME HLTH IN ASST LV		-	-	Fee Schedule	$0.00			-	-	000	999	
Q5003	M	HOSPICE IN LT/NON-SKILLED NF		-	-	Fee Schedule	$0.00			-	-	000	999	
Q5004	M	HOSPICE IN SNF		-	-	Fee Schedule	$0.00			-	-	000	999	
Q5005	M	HOSPICE, INPATIENT HOSPITAL		-	-	Fee Schedule	$0.00			-	-	000	999	
Q5006	M	HOSPICE IN HOSPICE FACILITY		-	-	Fee Schedule	$0.00			-	-	000	999	
Q5007	M	HOSPICE IN LTCH		-	-	Fee Schedule	$0.00			-	-	000	999	
Q5008	M	HOSPICE IN INPATIENT PSYCH		-	-	Fee Schedule	$0.00			-	-	000	999	
Q5009	M	HOSPICE/HOME HLTH, PLACE NOS		-	-	Fee Schedule	$0.00			-	-	000	999	
Q5010	M	HOSPICE HOME CARE IN HOSPICE		-	-	Fee Schedule	$0.00			-	-	000	999	
Q5101	K	INJECTION, ZARXIO		01822	0.0072	APC (blood and non-blood products)	$0.33			-	-	000	999	
Q5103	K	INJECTION, INFLECTRA		01847	0.1900	APC (blood and non-blood products)	$15.91			-	-	000	999	
Q5104	K	INJECTION, RENFLEXIS		09036	0.5237	APC (blood and non-blood products)	$27.85			-	-	000	999	
Q5105	K	INJ RETACRIT ESRD ON DIALYSI		09096	0.0129	APC (blood and non-blood products)	$0.71			-	-	000	999	
Q5106	K	INJ RETACRIT NON-ESRD USE		09097	0.1286	APC (blood and non-blood products)	$7.07			-	-	000	999	
Q5107	K	INJ MVASI 10 MG		09329	0.4581	APC (blood and non-blood products)	$29.82			-	-	000	999	

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Q5108	K	INJECTION, FULPHILA		09173	2.8093	APC (blood and non-blood products)	$112.90			-	-	000	999	
Q5109	E	INJECTION, IXIFI, 10 MG		-	-	Not Allowed	$0.00			-	-	000	999	
Q5110	K	NIVESTYM		09193	0.0049	APC (blood and non-blood products)	$0.29			-	-	000	999	
Q5111	K	INJECTION, UDENYCA 0.5 MG		09195	2.3204	APC (blood and non-blood products)	$163.60			-	-	000	999	
Q5112	K	INJ ONTRUZANT 10 MG		09382	0.5833	APC (blood and non-blood products)	$28.74			-	-	000	999	
Q5113	K	INJ HERZUMA 10 MG		09349	0.9556	APC (blood and non-blood products)	$73.91			-	-	000	999	
Q5114	K	INJ OGIVRI 10 MG		09341	1.0724	APC (blood and non-blood products)	$46.82			-	-	000	999	
Q5115	K	INJ TRUXIMA 10 MG		09336	0.5306	APC (blood and non-blood products)	$34.76			-	-	000	999	
Q5116	K	INJ., TRAZIMERA, 10 MG		09350	0.2186	APC (blood and non-blood products)	$24.93			-	-	000	999	
Q5117	K	INJ., KANJINTI, 10 MG		09330	0.3028	APC (blood and non-blood products)	$27.91			-	-	000	999	
Q5118	K	INJ., ZIRABEV, 10 MG		09348	0.3555	APC (blood and non-blood products)	$26.94			-	-	000	999	
Q5119	K	INJ RUXIENCE, 10 MG		09367	0.3472	APC (blood and non-blood products)	$24.94			-	-	000	999	
Q5120	K	INJ PEGFILGRASTIM-BMEZ 0.5MG		09345	0.4070	APC (blood and non-blood products)	$24.71			-	-	000	999	
Q5121	K	INJ. AVSOLA, 10 MG		09381	0.4174	APC (blood and non-blood products)	$19.75			-	-	000	999	
Q5122	K	INJ, NYVEPRIA		09406	1.1219	APC (blood and non-blood products)	$134.25			-	-	000	999	
Q5123	K	INJ. RIABNI, 10 MG		09411	0.7093	APC (blood and non-blood products)	$33.09			-	-	000	999	
Q5124	G	INJ. BYOOVIZ, 0.1 MG		-	-	APC – pays by fee schedule amount	$85.57			-	-	000	999	
Q5125	G	INJ, RELEUKO 1 MCG		-	-	APC – pays by fee schedule amount	$0.43			-	-	000	999	
Q5126	G	INJ ALYMSYS 10 MG		-	-	APC – pays by fee schedule amount	$46.05			-	-	000	999	
Q5127	K	INJ, STIMUFEND, 0.5 MG		09129	5.8931	APC (blood and non-blood products)	$251.25			-	-	000	999	
Q5128	G	INJ, CIMERLI, 0.1 MG		-	-	APC – pays by fee schedule amount	$146.76			-	-	000	999	
Q5129	G	INJ, VEGZELMA, 10 MG		-	-	APC – pays by fee schedule amount	$48.08			-	-	000	999	
Q5130	G	INJ, FYLNETRA, 0.5 MG		-	-	APC – pays by fee schedule amount	$164.15			-	-	000	999	
Q5133	G	INJ, TOFIDENCE, 1 MG		-	-	APC – pays by fee schedule amount	$5.97			-	-	000	999	
Q5134	E	INJ, TYRUKO, 1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
Q5135	G	INJ, TYENNE, 1 MG		-	-	APC – pays by fee schedule amount	$4.07			-	-	000	999	
Q5136	E	INJ. DENOSUMAB-BBDZ, 1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
Q5137	E	INJ, WEZLANA, SUB CU, 1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
Q5138	E	INJ, WEZLANA, IV, 1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
Q5140	K	INJ ADALIMUMAB-FKJP, 1 MG		00826	1.4351	APC (blood and non-blood products)	$87.14			-	-	000	999	
Q5141	K	INJ ADALIMUMAB-AATY, 1 MG		00828	0.7175	APC (blood and non-blood products)	$43.57			-	-	000	999	
Q5142	K	INJ ADALIMUMAB-RYVK, 1 MG		00829	0.1735	APC (blood and non-blood products)	$10.51			-	-	000	999	
Q5143	K	INJ ADALIMUMAB-ADBM, 1 MG		00830	0.1718	APC (blood and non-blood products)	$10.43			-	-	000	999	
Q5144	K	INJ, IDACIO, 1 MG		00833	0.2473	APC (blood and non-blood products)	$9.67			-	-	000	999	
Q5145	K	INJ, ABRILADA, 1 MG		00834	2.1092	APC (blood and non-blood products)	$75.44			-	-	000	999	
Q5146	E	INJ, HERCESSI, 10 MG		-	-	Not Allowed	$0.00			-	-	000	999	
Q9001	E	CHAPLAIN ASSESSMENT		-	-	Not Allowed	$0.00			-	-	000	999	
Q9002	E	CHAPLAIN COUNSEL INDIVIDU		-	-	Not Allowed	$0.00			-	-	000	999	
Q9003	E	CHAPLAIN COUNSEL GROUP		-	-	Not Allowed	$0.00			-	-	000	999	
Q9004	E	VA WHOLE HEALTH PARTNER SERV		-	-	Not Allowed	$0.00			-	-	000	999	
Q9950	N	INJ SULF HEXA LIPID MICROSPH		-	-	Bundled	$0.00			-	-	000	999	
Q9951	N	LOCM >= 400 MG/ML IODINE,1ML		-	-	Bundled	$0.00			-	-	000	999	
Q9953	N	INJ FE-BASED MR CONTRAST,1ML		-	-	Bundled	$0.00			-	-	000	999	
Q9954	N	ORAL MR CONTRAST, 100 ML		-	-	Bundled	$0.00			-	-	000	999	
Q9955	N	INJ PERFLEXANE LIP MICROS,ML		-	-	Bundled	$0.00			-	-	000	999	
Q9956	N	INJ OCTAFLUOROPROPANE MIC,ML		-	-	Bundled	$0.00			-	-	000	999	
Q9957	N	INJ PERFLUTREN LIP MICROS,ML		-	-	Bundled	$0.00			-	-	000	999	
Q9958	N	HOCM <=149 MG/ML IODINE, 1ML		-	-	Bundled	$0.00			-	-	000	999	
Q9959	N	HOCM 150-199MG/ML IODINE,1ML		-	-	Bundled	$0.00			-	-	000	999	
Q9960	N	HOCM 200-249MG/ML IODINE,1ML		-	-	Bundled	$0.00			-	-	000	999	
Q9961	N	HOCM 250-299MG/ML IODINE,1ML		-	-	Bundled	$0.00			-	-	000	999	
Q9962	N	HOCM 300-349MG/ML IODINE,1ML		-	-	Bundled	$0.00			-	-	000	999	
Q9963	N	HOCM 350-399MG/ML IODINE,1ML		-	-	Bundled	$0.00			-	-	000	999	
Q9964	N	HOCM>= 400MG/ML IODINE, 1ML		-	-	Bundled	$0.00			-	-	000	999	
Q9965	N	LOCM 100-199MG/ML IODINE,1ML		-	-	Bundled	$0.00			-	-	000	999	
Q9966	N	LOCM 200-299MG/ML IODINE,1ML		-	-	Bundled	$0.00			-	-	000	999	

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Q9967	N	LOCM 300-399MG/ML IODINE,1ML		-	-	Bundled	$0.00			-	-	000	999	
Q9968	K	VISUALIZATION ADJUNCT		01446	0.1323	APC (blood and non-blood products)	$7.58			-	-	000	999	
Q9969	K	NON-HEU TC-99M ADD-ON/DOSE		01442	0.1647	APC (blood and non-blood products)	$6.00			-	Y	000	999	
Q9982	K	FLUTEMETAMOL F18 DIAGNOSTIC		09459	49.3306	APC (blood and non-blood products)	$1,866.58			-	-	000	999	
Q9983	K	FLORBETABEN F18 DIAGNOSTIC		09458	20.9776	APC (blood and non-blood products)	$1,273.76			-	-	000	999	
Q9991	K	BUPRENORPH XR 100 MG OR LESS		09073	32.1100	APC (blood and non-blood products)	$1,925.23			Y	-	000	999	
Q9991	K	BUPRENORPH XR 100 MG OR LESS	HG	09073	32.1100	APC (blood and non-blood products)	$1,931.81			Y	-	000	999	
Q9992	K	BUPRENORPHINE XR OVER 100 MG		09239	32.1100	APC (blood and non-blood products)	$1,925.23			Y	-	000	999	
Q9992	K	BUPRENORPH XR OVER 100 MG	HG	09239	32.1100	APC (blood and non-blood products)	$1,931.81			Y	-	000	999	
Q9996	E	USTEKINUMAB- TTWE SUB CU INJ		-	-	Not Allowed	$0.00			-	-	000	999	
Q9997	E	USTEKINUMAB-TTWE IV INJ 1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
Q9998	E	USTEKINUMAB-AEKN INJ		-	-	Not Allowed	$0.00			-	-	000	999	
R0070	E	TRANSPORT PORTABLE X-RAY		-	-	Not Allowed	$0.00			-	-	000	999	
R0075	E	TRANSPORT PORT X-RAY MULTIPL		-	-	Not Allowed	$0.00			-	-	000	999	
R0076	E	TRANSPORT PORTABLE EKG		-	-	Not Allowed	$0.00			-	-	000	999	
S0074	E	INJECTION, CEFOTETAN DISODIU		-	-	Not Allowed	$0.00			-	-	000	999	
S0078	E	INJECTION, FOSPHENYTOIN SODI		-	-	Not Allowed	$0.00			-	-	000	999	
S0080	E	INJECTION, PENTAMIDINE ISETH		-	-	Not Allowed	$0.00			-	-	000	999	
S0081	E	INJECTION, PIPERACILLIN SODI		-	-	Not Allowed	$0.00			-	-	000	999	
S0086	E	INJECTION, VERTEPORFIN, 15MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0088	E	IMATINIB 100 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0090	E	SILDENAFIL CITRATE, 25 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0106	E	BUPROPION HCL SR 60 TABLETS		-	-	Not Allowed	$0.00			-	-	000	999	
S0108	E	MERCAPTOPURINE ORAL 50 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0117	E	TRETINOIN TOPICAL 5 G		-	-	Not Allowed	$0.00			-	-	000	999	
S0122	E	INJECTION MENOTROPINS 75 IU		-	-	Not Allowed	$0.00			-	-	000	999	
S0126	E	INJECTION FOLLITROPIN ALFA 75 IU		-	-	Not Allowed	$0.00			-	-	000	999	
S0128	E	INJECTION FOLLITROPIN BETA 75 IU		-	-	Not Allowed	$0.00			-	-	000	999	
S0132	E	INJECTION GANIRELIX ACETATE 250 MCG		-	-	Not Allowed	$0.00			-	-	000	999	
S0145	E	PEG INTERFERON ALFA-2A/180		-	-	Not Allowed	$0.00			-	-	000	999	
S0155	E	EPOPROSTENOL DILUTANT		-	-	Not Allowed	$0.00			-	-	000	999	
S0156	E	EXEMESTANE, 25 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0157	E	BECAPLERMIN GEL 1%, 0.5 GM		-	-	Not Allowed	$0.00			-	-	000	999	
S0160	E	DEXTROAMPHETAMINE		-	-	Not Allowed	$0.00			-	-	000	999	
S0170	E	ANASTROZOLE 1 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0172	E	CHLORAMBUCIL 2 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0174	E	DOLASETRON 50 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0175	E	FLUTAMIDE 125 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0176	E	HYDROXYUREA 500 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0177	E	LEVAMISOLE 50 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0178	E	LOMUSTINE 10 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0179	E	MEGESTROL 20 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0182	E	PROCARBAZINE 5 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0183	E	PROCHLORPERAZINE 5 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0187	E	TAMOXIFEN 10 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0189	E	TESTOSTERONE PELLET 75 MG		-	-	Not Allowed	$0.00			-	-	000	999	
S0190	M	MITEPRISTONE, ORAL, 200MG		-	-	Fee Schedule	$76.50			-	-	010	999	
S0191	M	MISOPROSTOL, ORAL, 200 MCG		-	-	Fee Schedule	$1.02			-	-	010	999	
S0194	E	VITAMIN SUPPL 100 CAPS		-	-	Not Allowed	$0.00			-	-	000	999	
S0208	E	PARAMED INTRCEPT NONVOL		-	-	Not Allowed	$0.00			-	-	000	999	
S0209	E	WC VAN MILEAGE PER MI		-	-	Not Allowed	$0.00			-	-	000	999	
S0215	E	NONEMERG TRANSP MILEAGE		-	-	Not Allowed	$0.00			-	-	000	999	
S0220	E	MEDICAL CONFERENCE BY PHYSIC		-	-	Not Allowed	$0.00			-	-	000	999	
S0221	E	MEDICAL CONFERENCE, 60 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
S0250	E	COMP GERIATR ASSMT TEAM		-	-	Not Allowed	$0.00			-	-	000	999	
S0255	E	HOSPICE REFER VISIT NONMD		-	-	Not Allowed	$0.00			-	-	000	999	

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S0257	E	END OF LIFE COUNSELING		-	-	Not Allowed	$0.00			-	-	000	999	
S0260	E	H&P FOR SURGERY		-	-	Not Allowed	$0.00			-	-	000	999	
S0265	E	GENETIC COUNSEL 15 MINS		-	-	Not Allowed	$0.00			-	-	000	999	
S0280	E	MEDICAL HOME, INITIAL PLAN		-	-	Not Allowed	$0.00			-	-	000	999	
S0302	E	COMPLETED EPSDT		-	-	Not Allowed	$0.00			-	-	000	999	
S0310	E	HOSPITALIST VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
S0340	E	LIFESTYLE MOD 1ST STAGE		-	-	Not Allowed	$0.00			-	-	000	999	
S0341	E	LIFESTYLE MOD 2 OR 3 STAGE		-	-	Not Allowed	$0.00			-	-	000	999	
S0342	E	LIFESTYLE MOD 4TH STAGE		-	-	Not Allowed	$0.00			-	-	000	999	
S0353	E	CANCER TREATMENT PLAN INITIAL		-	-	Not Allowed	$0.00			-	-	000	999	
S0354	E	CANCER TREATMENT PLAN CHANGE		-	-	Not Allowed	$0.00			-	-	000	999	
S0390	E	ROUTINE FOOT CARE PER VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
S0395	E	IMPRESSION CASTING FT		-	-	Not Allowed	$0.00			-	-	000	999	
S0400	E	GLOBAL ESWL KIDNEY		-	-	Not Allowed	$0.00			-	-	000	999	
S0500	E	DISPOS CONT LENS		-	-	Not Allowed	$0.00			-	-	000	999	
S0504	E	SINGL PRSCRP LENS		-	-	Not Allowed	$0.00			-	-	000	999	
S0506	E	BIFOC PRSCP LENS		-	-	Not Allowed	$0.00			-	-	000	999	
S0508	E	TRIFOC PRSCRP LENS		-	-	Not Allowed	$0.00			-	-	000	999	
S0510	E	NON-PRSCRP LENS		-	-	Not Allowed	$0.00			-	-	000	999	
S0512	E	DAILY CONT LENS		-	-	Not Allowed	$0.00			-	-	000	999	
S0514	E	COLOR CONT LENS		-	-	Not Allowed	$0.00			-	-	000	999	
S0516	E	SAFETY FRAMES		-	-	Not Allowed	$0.00			-	-	000	999	
S0518	E	SUNGLASS FRAMES		-	-	Not Allowed	$0.00			-	-	000	999	
S0580	E	POLYCARB LENS		-	-	Not Allowed	$0.00			-	-	000	999	
S0581	E	NONSTND LENS		-	-	Not Allowed	$0.00			-	-	000	999	
S0590	E	MISC INTEGRAL LENS SERV		-	-	Not Allowed	$0.00			-	-	000	999	
S0592	E	COMP CONT LENS EVAL		-	-	Not Allowed	$0.00			-	-	000	999	
S0596	E	PHAKIC IOL REFRACTIVE ERROR		-	-	Not Allowed	$0.00			-	-	000	999	
S0601	E	SCREENING PROCTOSCOPY		-	-	Not Allowed	$0.00			-	-	000	999	
S0610	E	ANNUAL GYNECOLOGICAL EXAMINA		-	-	Not Allowed	$0.00			-	-	000	999	
S0612	E	ANNUAL GYNECOLOGICAL EXAMINA		-	-	Not Allowed	$0.00			-	-	000	999	
S0613	M	ANN BREAST EXAM		-	-	Charge Ratio	$0.00			-	-	010	65	
S0618	E	AUDIOMETRY FOR HEARING AID		-	-	Not Allowed	$0.00			-	-	000	999	
S0620	E	ROUTINE OPHTHALMOLOGICAL EXA		-	-	Not Allowed	$0.00			-	-	000	999	
S0621	E	ROUTINE OPHTHALMOLOGICAL EXA		-	-	Not Allowed	$0.00			-	-	000	999	
S0622	E	PHYS EXAM FOR COLLEGE		-	-	Not Allowed	$0.00			-	-	000	999	
S0630	E	REMOVAL OF SUTURES		-	-	Not Allowed	$0.00			-	-	000	999	
S0800	E	LASER IN SITU KERATOMILEUSIS		-	-	Not Allowed	$0.00			-	-	000	999	
S0810	E	PHOTOREFRACTIVE KERATECTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
S0812	E	PHOTOTHERAP KERATECT		-	-	Not Allowed	$0.00			-	-	000	999	
S1001	E	DELUXE ITEM		-	-	Not Allowed	$0.00			-	-	000	999	
S1002	E	CUSTOM ITEM		-	-	Not Allowed	$0.00			-	-	000	999	
S1015	E	IV TUBING EXTENSION SET		-	-	Not Allowed	$0.00			-	-	000	999	
S1016	E	NON-PVC INTRAVENOUS ADMINIST		-	-	Not Allowed	$0.00			-	-	000	999	
S1030	E	GLUC MONITOR PURCHASE		-	-	Not Allowed	$0.00			-	-	000	999	
S1031	E	GLUC MONITOR RENTAL		-	-	Not Allowed	$0.00			-	-	000	999	
S2053	E	TRANSPLANTATION OF SMALL INT		-	-	Not Allowed	$0.00			-	-	000	999	
S2054	E	TRANSPLANTATION OF MULTIVISC		-	-	Not Allowed	$0.00			-	-	000	999	
S2055	E	HARVESTING OF DONOR MULTIVIS		-	-	Not Allowed	$0.00			-	-	000	999	
S2060	E	LOBAR LUNG TRANSPLANTATION		-	-	Not Allowed	$0.00			-	-	000	999	
S2061	E	DONOR LOBECTOMY (LUNG)		-	-	Not Allowed	$0.00			-	-	000	999	
S2065	E	SIMULT PANC KIDN TRANS		-	-	Not Allowed	$0.00			-	-	000	999	
S2068	E	BREAST DIEP FLAP RECONSTRUCT		-	-	Not Allowed	$0.00			-	-	000	999	
S2070	E	CYSTO LASER TX URETERAL CALC		-	-	Not Allowed	$0.00			-	-	000	999	
S2079	E	LAP ESOPHAGOMYOTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
S2080	E	LAUP		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
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S2083	E	ADJUSTMENT GASTRIC BAND		-	-	Not Allowed	$0.00			-	-	000	999	
S2095	E	TRANSCATH EMBOLIZ MICROSPHER		-	-	Not Allowed	$0.00			-	-	000	999	
S2102	E	ISLET CELL TISSUE TRANSPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
S2103	E	ADRENAL TISSUE TRANSPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
S2107	E	ADOPTIVE IMMUNOTHERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
S2109	E	AUTOLOGOUS CHONDROCYTE TRANSPLANTATION		-	-	Not Allowed	$0.00			-	-	000	999	
S2112	E	KNEE ARTHROSCP HARV		-	-	Not Allowed	$0.00			-	-	000	999	
S2115	E	PERIACETABULAR OSTEOTOMY		-	-	Not Allowed	$0.00			-	-	000	999	
S2120	E	LOW DENSITY LIPOPROTEIN(LDL)		-	-	Not Allowed	$0.00			-	-	000	999	
S2140	E	CORD BLOOD HARVESTING		-	-	Not Allowed	$0.00			-	-	000	999	
S2142	E	CORD BLOOD-DERIVED STEM-CELL		-	-	Not Allowed	$0.00			-	-	000	999	
S2150	E	BMT HARV/TRANSPL 28D PKG		-	-	Not Allowed	$0.00			-	-	000	999	
S2152	E	SOLID ORGAN TRANSPL PKG		-	-	Not Allowed	$0.00			-	-	000	999	
S2202	E	ECHOSCLEROTHERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
S2205	E	MINIMALLY INVASIVE DIRECT CO		-	-	Not Allowed	$0.00			-	-	000	999	
S2206	E	MINIMALLY INVASIVE DIRECT CO		-	-	Not Allowed	$0.00			-	-	000	999	
S2207	E	MINIMALLY INVASIVE DIRECT CO		-	-	Not Allowed	$0.00			-	-	000	999	
S2208	E	MINIMALLY INVASIVE DIRECT CO		-	-	Not Allowed	$0.00			-	-	000	999	
S2209	E	MINIMALLY INVASIVE DIRECT CO		-	-	Not Allowed	$0.00			-	-	000	999	
S2225	E	MYRINGOTOMY LASER-ASSIST		-	-	Not Allowed	$0.00			-	-	000	999	
S2230	E	IMPLANT SEMI-IMP HEAR		-	-	Not Allowed	$0.00			-	-	000	999	
S2235	E	IMPLANT AUDITORY BRAIN IMP		-	-	Not Allowed	$0.00			-	-	000	999	
S2260	E	INDUCED ABORTION 17-24 WEEKS		-	-	Not Allowed	$0.00			-	-	000	999	
S2300	E	ARTHROSCOPY, SHOULDER, SURGI		-	-	Not Allowed	$0.00			-	-	000	999	
S2340	E	CHEMODENERVATION OF ABDUCTOR		-	-	Not Allowed	$0.00			-	-	000	999	
S2341	E	CHEMODENERV ADDUCT VOCAL		-	-	Not Allowed	$0.00			-	-	000	999	
S2342	E	NASAL ENDOSCOP PO DEBRID		-	-	Not Allowed	$0.00			-	-	000	999	
S2348	E	DECOMPRESS DISC RF LUMBAR		-	-	Not Allowed	$0.00			-	-	000	999	
S2350	E	DISKECTOMY, ANTERIOR, WITH D		-	-	Not Allowed	$0.00			-	-	000	999	
S2351	E	DISKECTOMY, ANTERIOR, WITH D		-	-	Not Allowed	$0.00			-	-	000	999	
S2400	E	FETAL SURG CONGEN HERNIA		-	-	Not Allowed	$0.00			-	-	000	999	
S2401	E	FETAL SURG URIN TRAC OBSTR		-	-	Not Allowed	$0.00			-	-	000	999	
S2402	E	FETAL SURG CONG CYST MALF		-	-	Not Allowed	$0.00			-	-	000	999	
S2403	E	FETAL SURG PULMON SEQUEST		-	-	Not Allowed	$0.00			-	-	000	999	
S2404	E	FETAL SURG MYELOMENINGO		-	-	Not Allowed	$0.00			-	-	000	999	
S2405	E	FETAL SURG SACROCOC TERATOMA		-	-	Not Allowed	$0.00			-	-	000	999	
S2409	E	FETAL SURG NOC		-	-	Not Allowed	$0.00			-	-	000	999	
S2411	E	FETOSCOP LASER THER TTTS		-	-	Not Allowed	$0.00			-	-	000	999	
S2900	E	ROBOTIC SURGICAL SYSTEM		-	-	Not Allowed	$0.00			-	-	000	999	
S3600	E	STAT LAB		-	-	Not Allowed	$0.00			-	-	000	999	
S3601	E	STAT LAB HOME/NF		-	-	Not Allowed	$0.00			-	-	000	999	
S3620	E	NEWBORN METABOLIC SCREENING		-	-	Not Allowed	$0.00			-	-	000	1	
S3630	E	EOSINOPHIL BLOOD COUNT		-	-	Not Allowed	$0.00			-	-	000	999	
S3645	E	HIV-1 ANTIBODY TESTING OF OR		-	-	Not Allowed	$0.00			-	-	000	999	
S3650	E	SALIVA TEST, HORMONE LEVEL;		-	-	Not Allowed	$0.00			-	-	000	999	
S3652	E	SALIVA TEST, HORMONE LEVEL;		-	-	Not Allowed	$0.00			-	-	000	999	
S3708	E	GASTROINTESTINAL FAT ABSORPT		-	-	Not Allowed	$0.00			-	-	000	999	
S3853	E	GENE TEST MYO MUSCLR DYST		-	-	Not Allowed	$0.00			-	-	000	999	
S3900	E	SURFACE EMG		-	-	Not Allowed	$0.00			-	-	000	999	
S3902	E	BALLISTOCARDIOGRAM		-	-	Not Allowed	$0.00			-	-	000	999	
S3904	E	MASTERS TWO STEP		-	-	Not Allowed	$0.00			-	-	000	999	
S4005	E	INTERIM LABOR FACILITY GLOBAL		-	-	Not Allowed	$0.00			-	-	000	999	
S4011	E	IVF PACKAGE		-	-	Not Allowed	$0.00			-	-	000	999	
S4013	E	COMPLETE GIFT CASE RATE		-	-	Not Allowed	$0.00			-	-	000	999	
S4014	E	COMPLETE ZIFT CASE RATE		-	-	Not Allowed	$0.00			-	-	000	999	
S4015	E	COMPLETE IVF NOS CASE RATE		-	-	Not Allowed	$0.00			-	-	000	999	

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S4016	E	FROZEN IVF CASE RATE		-	-	Not Allowed	$0.00			-	-	000	999	
S4017	E	IVF CANC A STIM CASE RATE		-	-	Not Allowed	$0.00			-	-	000	999	
S4018	E	F EMB TRNS CANC CASE RATE		-	-	Not Allowed	$0.00			-	-	000	999	
S4020	E	IVF CANC B4 ASPIR CASE RATE		-	-	Not Allowed	$0.00			-	-	000	999	
S4021	E	IVF CANC AFTR ASPR CASE RATE		-	-	Not Allowed	$0.00			-	-	000	999	
S4022	E	ASST OOCYTE FERT CASE RATE		-	-	Not Allowed	$0.00			-	-	000	999	
S4023	E	DONOR EGG CYCLE INCOMPLETE CASE RATE		-	-	Not Allowed	$0.00			-	-	000	999	
S4025	E	DONOR SERV IVF CASE RATE		-	-	Not Allowed	$0.00			-	-	000	999	
S4026	E	PROCURE DONOR SPERM		-	-	Not Allowed	$0.00			-	-	000	999	
S4027	E	STORE PREV FROZ EMBRYOS		-	-	Not Allowed	$0.00			-	-	000	999	
S4028	E	MICROSURG EPI SPERM ASP		-	-	Not Allowed	$0.00			-	-	000	999	
S4030	E	SPERM PROCURE INIT VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
S4031	E	SPERM PROCURE SUBS VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
S4035	E	STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE		-	-	Not Allowed	$0.00			-	-	000	999	
S4037	E	CRYOPRESERVED EMBRYO TRANSFER CASE RATE		-	-	Not Allowed	$0.00			-	-	000	999	
S4040	E	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS PER 30 DAYS		-	-	Not Allowed	$0.00			-	-	000	999	
S4042	E	OVULATION MGMT PER CYCLE		-	-	Not Allowed	$0.00			-	-	000	999	
S4980	E	LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EACH		-	-	Not Allowed	$0.00			-	-	000	999	
S4981	E	INSERT LEVONORGESTREL IUS		-	-	Not Allowed	$0.00			-	-	000	999	
S4989	E	CONTRACEPT IUD		-	-	Not Allowed	$0.00			-	-	000	999	
S4990	E	NICOTINE PATCH LEGEND		-	-	Not Allowed	$0.00			-	-	000	999	
S4991	E	NICOTINE PATCH NONLEGEND		-	-	Not Allowed	$0.00			-	-	000	999	
S4993	N	CONTRACEPTIVE PILLS FOR BIRTH CONTROL		-	-	Bundled	$0.00			-	-	010	999	
S4995	E	SMOKING CESSATION GUM		-	-	Not Allowed	$0.00			-	-	000	999	
S5000	E	PRESCRIPTION DRUG, GENERIC		-	-	Not Allowed	$0.00			-	-	000	999	
S5001	E	PRESCRIPTION DRUG,BRAND NAME		-	-	Not Allowed	$0.00			-	-	000	999	
S5010	E	5% DEXTROSE AND 0.45% SALINE		-	-	Not Allowed	$0.00			-	-	000	999	
S5012	E	5% DEXTROSE WITH POTASSIUM		-	-	Not Allowed	$0.00			-	-	000	999	
S5014	E	D5W/0.45NS W KCL AND MGS04		-	-	Not Allowed	$0.00			-	-	000	999	
S5016	E	ANTIBIOTIC ADMIN SUPPLIES W/		-	-	Not Allowed	$0.00			-	-	000	999	
S5017	E	ANTIBIOTIC ADMINSUPPLIES W/O		-	-	Not Allowed	$0.00			-	-	000	999	
S5018	E	PAIN THERAPY ADMIN SUPPLIES		-	-	Not Allowed	$0.00			-	-	000	999	
S5020	E	CHEMOTHERAPY ADMIN SUPPLIES		-	-	Not Allowed	$0.00			-	-	000	999	
S5021	E	HYDRATION THERAPY ADMIN SUPP		-	-	Not Allowed	$0.00			-	-	000	999	
S5022	E	GROWTH HORMONE THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
S5025	E	INFUSION PUMP RENTAL,PERDIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S5035	E	HIT ROUTINE DEVICE MAINT		-	-	Not Allowed	$0.00			-	-	000	999	
S5497	E	HIT CATH CARE NOC		-	-	Not Allowed	$0.00			-	-	000	999	
S5498	E	HIT SIMPLE CATH CARE		-	-	Not Allowed	$0.00			-	-	000	999	
S5501	E	HIT COMPLEX CATH CARE		-	-	Not Allowed	$0.00			-	-	000	999	
S5502	E	HIT INTERIM CATH CARE		-	-	Not Allowed	$0.00			-	-	000	999	
S5517	E	HIT DECLOTTING KIT		-	-	Not Allowed	$0.00			-	-	000	999	
S5518	E	HIT CATH REPAIR KIT		-	-	Not Allowed	$0.00			-	-	000	999	
S5520	E	HIT PICC INSERT KIT		-	-	Not Allowed	$0.00			-	-	000	999	
S5521	E	HIT MIDLINE CATH INSERT KIT		-	-	Not Allowed	$0.00			-	-	000	999	
S5522	E	HIT PICC INSERT NO SUPP		-	-	Not Allowed	$0.00			-	-	000	999	
S5523	E	HIP MIDLINE CATH INSERT KIT		-	-	Not Allowed	$0.00			-	-	000	999	
S5550	E	INSULIN RAPID 5 U		-	-	Not Allowed	$0.00			-	-	000	999	
S5551	E	INSULIN MOST RAPID 5 U		-	-	Not Allowed	$0.00			-	-	000	999	
S5552	E	INSULIN INTERMED 5 U		-	-	Not Allowed	$0.00			-	-	000	999	
S5553	E	INSULIN LONG ACTING 5 U		-	-	Not Allowed	$0.00			-	-	000	999	
S5560	E	INSULIN REUSE PEN 1.5 ML		-	-	Not Allowed	$0.00			-	-	000	999	
S5561	E	INSULIN REUSE PEN 3 ML		-	-	Not Allowed	$0.00			-	-	000	999	
S5565	E	INSULIN CARTRIDGE 150 U		-	-	Not Allowed	$0.00			-	-	000	999	
S5566	E	INSULIN CARTRIDGE 300 U		-	-	Not Allowed	$0.00			-	-	000	999	
S5570	E	INSULIN DISPOS PEN 1.5 ML		-	-	Not Allowed	$0.00			-	-	000	999	

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S5571	E	INSULIN DISPOS PEN 3 ML		-	-	Not Allowed	$0.00			-	-	000	999	
S8030	E	TANTALUM RING APPLICATION		-	-	Not Allowed	$0.00			-	-	000	999	
S8035	E	MAGNETIC SOURCE IMAGING		-	-	Not Allowed	$0.00			-	-	000	999	
S8037	E	MRCP		-	-	Not Allowed	$0.00			-	-	000	999	
S8040	E	TOPOGRAPHIC BRAIN MAPPING		-	-	Not Allowed	$0.00			-	-	000	999	
S8042	E	MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD		-	-	Not Allowed	$0.00			-	-	000	999	
S8055	E	US GUIDANCE FETAL REDUCT		-	-	Not Allowed	$0.00			-	-	000	999	
S8080	E	SCINTIMAMMOGRAPHY		-	-	Not Allowed	$0.00			-	-	000	999	
S8085	E	FLUORINE-18 FLUORODEOXYGLUCO		-	-	Not Allowed	$0.00			-	-	000	999	
S8092	E	ELECTRON BEAM COMPUTED TOMOG		-	-	Not Allowed	$0.00			-	-	000	999	
S8096	E	PORTABLE PEAK FLOW METER		-	-	Not Allowed	$0.00			-	-	000	999	
S8097	E	ASTHMA KIT		-	-	Not Allowed	$0.00			-	-	000	999	
S8100	E	SPACER WITHOUT MASK		-	-	Not Allowed	$0.00			-	-	000	999	
S8101	E	SPACER WITH MASK		-	-	Not Allowed	$0.00			-	-	000	999	
S8110	E	PEAK EXPIRATORY FLOW RATE (P		-	-	Not Allowed	$0.00			-	-	000	999	
S8120	E	O2 CONTENTS GAS CUBIC FT		-	-	Not Allowed	$0.00			-	-	000	999	
S8121	E	O2 CONTENTS LIQUID LB		-	-	Not Allowed	$0.00			-	-	000	999	
S8185	E	FLUTTER DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
S8186	E	SWIVEL ADAPTOR		-	-	Not Allowed	$0.00			-	-	000	999	
S8189	E	TRACH SUPPLY NOC		-	-	Not Allowed	$0.00			-	-	000	999	
S8205	E	CHEST COMPRESSION SYSTEM GEN		-	-	Not Allowed	$0.00			-	-	000	999	
S8210	E	MUCUS TRAP		-	-	Not Allowed	$0.00			-	-	000	999	
S8265	E	HABERMAN FEEDER FOR CLEFT LIP/PALATE		-	-	Not Allowed	$0.00			-	-	000	999	
S8270	E	ENURESIS ALARM		-	-	Not Allowed	$0.00			-	-	000	999	
S8300	E	SACRAL NERVE STIMULATION TEST LEAD KIT		-	-	Not Allowed	$0.00			-	-	000	999	
S8301	E	INFECT CONTROL SUPPLIES NOS		-	-	Not Allowed	$0.00			-	-	000	999	
S8400	E	INCONTINENCE PANTS, EACH		-	-	Not Allowed	$0.00			-	-	000	999	
S8402	E	DIAPERS, EACH		-	-	Not Allowed	$0.00			-	-	000	999	
S8415	E	SUPPLIES FOR HOME DELIVERY		-	-	Not Allowed	$0.00			-	-	000	999	
S8420	E	CUSTOM GRADIENT SLEEV/GLOV		-	-	Not Allowed	$0.00			-	-	000	999	
S8421	E	READY GRADIENT SLEEV/GLOV		-	-	Not Allowed	$0.00			-	-	000	999	
S8422	E	CUSTOM GRAD SLEEVE MED		-	-	Not Allowed	$0.00			-	-	000	999	
S8423	E	CUSTOM GRAD SLEEVE HEAVY		-	-	Not Allowed	$0.00			-	-	000	999	
S8424	E	READY GRADIENT SLEEVE		-	-	Not Allowed	$0.00			-	-	000	999	
S8425	E	CUSTOM GRAD GLOVE MED		-	-	Not Allowed	$0.00			-	-	000	999	
S8426	E	CUSTOM GRAD GLOVE HEAVY		-	-	Not Allowed	$0.00			-	-	000	999	
S8427	E	READY GRADIENT GLOVE		-	-	Not Allowed	$0.00			-	-	000	999	
S8428	E	READY GRADIENT GAUNTLET		-	-	Not Allowed	$0.00			-	-	000	999	
S8429	E	GRADIENT PRESSURE WRAP		-	-	Not Allowed	$0.00			-	-	000	999	
S8430	E	PADDING FOR COMPRSSN BDG		-	-	Not Allowed	$0.00			-	-	000	999	
S8431	E	COMPRESSION BANDAGE		-	-	Not Allowed	$0.00			-	-	000	999	
S8450	E	SPLINT DIGIT		-	-	Not Allowed	$0.00			-	-	000	999	
S8451	E	SPLINT WRIST OR ANKLE		-	-	Not Allowed	$0.00			-	-	000	999	
S8452	E	SPLINT ELBOW		-	-	Not Allowed	$0.00			-	-	000	999	
S8490	E	100 INSULIN SYRINGES		-	-	Not Allowed	$0.00			-	-	000	999	
S8930	E	AURICULAR ELECTROSTIMULATION		-	-	Not Allowed	$0.00			-	-	000	999	
S8948	E	LOW-LEVEL LASER TRMT 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
S8950	E	COMPLEX LYMPHEDEMA THERAPY,		-	-	Not Allowed	$0.00			-	-	000	999	
S8999	E	RESUSCITATION BAG		-	-	Not Allowed	$0.00			-	-	000	999	
S9001	E	HOME UTERINE MONITOR WITH OR		-	-	Not Allowed	$0.00			-	-	000	999	
S9007	E	ULTRAFILTRATION MONITOR		-	-	Not Allowed	$0.00			-	-	000	999	
S9024	E	PARANASAL SINUS ULTRASOUND		-	-	Not Allowed	$0.00			-	-	000	999	
S9025	E	OMNICARDIOGRAM/CARDIOINTEGRA		-	-	Not Allowed	$0.00			-	-	000	999	
S9034	E	ESWL FOR GALLSTONES		-	-	Not Allowed	$0.00			-	-	000	999	
S9055	E	PROCUREN OR OTHER GROWTH FAC		-	-	Not Allowed	$0.00			-	-	000	999	
S9056	E	COMA STIMULATION PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
S9061	E	MEDICAL SUPPLIES AND EQUIPME		-	-	Not Allowed	$0.00			-	-	000	999	
S9083	E	URGENT CARE CENTER GLOBAL		-	-	Not Allowed	$0.00			-	-	000	999	
S9088	E	SERVICES PROVIDED IN URGENT		-	-	Not Allowed	$0.00			-	-	000	999	
S9090	E	VERTEBRAL AXIAL DECOMPRESSIO		-	-	Not Allowed	$0.00			-	-	000	999	
S9097	E	HOME VISIT FOR WOUND CARE		-	-	Not Allowed	$0.00			-	-	000	999	
S9098	E	HOME PHOTOTHERAPY VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
S9109	E	CHF TELEMONITORING MONTH		-	-	Not Allowed	$0.00			-	-	000	999	
S9117	E	BACK SCHOOL VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
S9122	E	HOME HEALTH AIDE OR CERTIFIE		-	-	Not Allowed	$0.00			-	-	000	999	
S9123	E	NURSING CARE IN HOME RN		-	-	Not Allowed	$0.00			-	-	000	999	
S9124	E	NURSING CARE, IN THE HOME; B		-	-	Not Allowed	$0.00			-	-	000	999	
S9125	E	RESPITE CARE, IN THE HOME, P		-	-	Not Allowed	$0.00			-	-	000	999	
S9126	E	HOSPICE CARE, IN THE HOME, P		-	-	Not Allowed	$0.00			-	-	000	999	
S9127	E	SOCIAL WORK VISIT, IN THE HO		-	-	Not Allowed	$0.00			-	-	000	999	
S9128	E	SPEECH THERAPY, IN THE HOME,		-	-	Not Allowed	$0.00			-	-	000	999	
S9129	E	OCCUPATIONAL THERAPY, IN THE		-	-	Not Allowed	$0.00			-	-	000	999	
S9131	E	PT IN THE HOME PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9140	E	DIABETIC MANAGEMENT PROGRAM,		-	-	Not Allowed	$0.00			-	-	000	999	
S9141	E	DIABETIC MANAGEMENT PROGRAM,		-	-	Not Allowed	$0.00			-	-	000	999	
S9145	E	INSULIN PUMP INITIATION		-	-	Not Allowed	$0.00			-	-	000	999	
S9208	E	HOME MGMT PRETERM LABOR		-	-	Not Allowed	$0.00			-	-	000	999	
S9209	E	HOME MGMT PPROM		-	-	Not Allowed	$0.00			-	-	000	999	
S9211	E	HOME MGMT GEST HYPERTENSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9212	E	HM POSTPAR HYPER PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9213	E	HM PREECLAMP PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9214	E	HM GEST DM PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9325	E	HIT PAIN MGMT PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9326	E	HIT CONT PAIN PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9327	E	HIT INT PAIN PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9328	E	HIT PAIN IMP PUMP DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9329	E	HIT CHEMO PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9330	E	HIT CONT CHEM DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9331	E	HIT INTERMIT CHEMO DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9336	E	HIT CONT ANTICOAG DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9338	E	HIT IMMUNOTHERAPY DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9339	E	HIT PERITON DIALYSIS DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9340	E	HIT ENTERAL PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9341	E	HIT ENTERAL GRAV DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9342	E	HIT ENTERAL PUMP DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9343	E	HIT ENTERAL BOLUS NURS		-	-	Not Allowed	$0.00			-	-	000	999	
S9345	E	HIT ANTI-HEMOPHIL DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9346	E	HIT ALPHA-1-PROTEINAS DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9347	E	HIT LONGTERM INFUSION DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9348	E	HIT SYMPATHOMIM DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9349	E	HIT TOCOLYSIS DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9351	E	HIT CONT ANTIEMETIC DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9353	E	HIT CONT INSULIN DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9355	E	HIT CHELATION DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9357	E	HIT ENZYME REPLACE DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9359	E	HIT ANTI-TNF PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9361	E	HIT DIURETIC INFUS DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9363	E	HIT ANTI-SPASMOTIC DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9364	E	HIT TPN TOTAL DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9365	E	HIT TPN 1 LITER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9366	E	HIT TPN 2 LITER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9367	E	HIT TPN 3 LITER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	

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S9368	E	HIT TPN OVER 3L DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9370	E	HT INJ ANTIEMETIC DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9372	E	HT INJ ANTICOAG DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9373	E	HIT HYDRA TOTAL DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9374	E	HIT HYDRA 1 LITER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9375	E	HIT HYDRA 2 LITER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9376	E	HIT HYDRA 3 LITER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9377	E	HIT HYDRA OVER 3L DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9379	E	HIT NOC PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9381	E	HIT HIGH RISK/ESCORT		-	-	Not Allowed	$0.00			-	-	000	999	
S9401	E	ANTICOAGULATION CLINIC PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9430	E	PHARMACY COMPOUNDING AND DISPENSING SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
S9435	E	MEDICAL FOODS FOR INBORN ERR		-	-	Not Allowed	$0.00			-	-	000	999	
S9436	E	LAMAZE CLASS PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9437	E	CHILDBIRTH REFRESHER CLASSES PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9438	E	CESAREAN BIRTH CLASS PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9439	E	VBAC CLASS PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9441	E	ASTHMA EDUCATION		-	-	Not Allowed	$0.00			-	-	000	999	
S9442	E	BIRTHING CLASS		-	-	Not Allowed	$0.00			-	-	000	999	
S9443	M	LACTATION CLASS		-	-	Fee Schedule	$15.00			-	-	000	999	
S9444	E	PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9445	M	PT EDUCATION NOC INDIVID		-	-	Fee Schedule	$30.00			-	-	000	999	
S9446	E	PT EDUCATION NOC GROUP		-	-	Not Allowed	$0.00			-	-	000	999	
S9447	E	INFANT SAFETY CLASS PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9449	E	WEIGHT MANAGEMENT CLASSES PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9451	E	EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9452	E	NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9453	E	SMOKING CESSATION CLASS PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9454	E	STRESS MANAGEMENT CLASS PER SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9455	E	DIABETIC MANAGEMENT PROGRAM, GROUP SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
S9460	E	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
S9465	E	DIABETIC MANAGEMENT PROGRAM, DIETICIAN VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
S9470	E	NUTRITIONAL COUNSELING, DIET		-	-	Not Allowed	$0.00			-	-	000	999	
S9472	E	CARDIAC REHABILITATION PROGR		-	-	Not Allowed	$0.00			-	-	000	999	
S9473	E	PULMONARY REHABILITATION PRO		-	-	Not Allowed	$0.00			-	-	000	999	
S9474	E	ENTEROSTOMAL THERAPY BY A RE		-	-	Not Allowed	$0.00			-	-	000	999	
S9475	E	AMBULATORY SETTING SUBSTANCE		-	-	Not Allowed	$0.00			-	-	000	999	
S9476	E	VESTIBULAR REHAB PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9480	E	INTENSIVE OUTPATIENT PSYCHIA		-	-	Not Allowed	$0.00			-	-	000	999	
S9482	E	FAMILY STABILIZATION 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
S9484	M	CRISIS INTERVENTION MH PER HOUR	U2	-	-	Fee Schedule	$14.04			-	-	018	999	
S9484	M	CRISIS INTERVENTION MH SERVICES PER HOUR	U3	-	-	Fee Schedule	$9.36			-	-	018	999	
S9484	M	CRISIS INTERVENTION MH SRVS PER HOUR	U1	-	-	Fee Schedule	$28.09			-	-	018	999	
S9485	E	CRISIS INTERVENTION PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9494	E	HIT ANTIBIOTIC TOTAL DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9497	E	HIT ANTIBIOTIC Q3H DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9500	E	HIT ANTIBIOTIC Q24H DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9501	E	HIT ANTIBIOTIC Q12H DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9502	E	HIT ANTIBIOTIC Q8H DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9503	E	HIT ANTIBIOTIC Q6H DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9504	E	HIT ANTIBIOTIC Q4H DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9529	E	VENIPUNCTURE HOME/SNF		-	-	Not Allowed	$0.00			-	-	000	999	
S9537	E	HT HEM HORM INJ DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9538	E	HIT BLOOD PRODUCTS DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9542	E	HT INJ NOC PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9558	E	HT INJ GROWTH HORM DIEM		-	-	Not Allowed	$0.00			-	-	000	999	

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S9559	E	HIT INJ INTERFERON DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9560	E	HT INJ HORMONE DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9562	E	PALIVIZUMAB HOME INJ PERDIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9590	E	IN HOME IRRIGATION THERAPY		-	-	Not Allowed	$0.00			-	-	000	999	
S9810	E	HT PHARM PER HOUR		-	-	Not Allowed	$0.00			-	-	000	999	
S9970	E	HEALTH CLUB MEMBERSHIP ANNUAL		-	-	Not Allowed	$0.00			-	-	000	999	
S9975	E	TRANSPLANT RELATED PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9976	E	LODGING PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9977	E	MEALS PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
S9981	E	MED RECORD COPY ADMIN		-	-	Not Allowed	$0.00			-	-	000	999	
S9982	E	MED RECORD COPY PER PAGE		-	-	Not Allowed	$0.00			-	-	000	999	
S9986	E	NOT MEDICALLY NECESSARY SVC		-	-	Not Allowed	$0.00			-	-	000	999	
S9988	E	SERV PART OF PHASE I TRIAL		-	-	Not Allowed	$0.00			-	-	000	999	
S9989	E	SERVICES OUTSIDE US		-	-	Not Allowed	$0.00			-	-	000	999	
S9990	E	SERVICES PROVIDED AS PART OF		-	-	Not Allowed	$0.00			-	-	000	999	
S9991	E	SERVICES PROVIDED AS PART OF		-	-	Not Allowed	$0.00			-	-	000	999	
S9992	E	TRANSPORTATION COSTS TO AND		-	-	Not Allowed	$0.00			-	-	000	999	
T1000	E	PRIVATE DUTY/INDEPENDENT NSG		-	-	Not Allowed	$0.00			-	-	000	999	
T1001	E	NURSING ASSESSMENT/EVALUATN		-	-	Not Allowed	$0.00			-	-	000	999	
T1002	E	RN SERVICES UP TO 15 MINUTES		-	-	Not Allowed	$0.00			-	-	000	999	
T1003	E	LPN/LVN SERVICES UP TO 15MIN		-	-	Not Allowed	$0.00			-	-	000	999	
T1004	E	NSG AIDE SERVICE UP TO 15MIN		-	-	Not Allowed	$0.00			-	-	000	999	
T1005	E	RESPITE CARE SERVICE 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
T1006	E	FAMILY/COUPLE COUNSELING		-	-	Not Allowed	$0.00			-	-	000	999	
T1007	E	TREATMENT PLAN DEVELOPMENT		-	-	Not Allowed	$0.00			-	-	000	999	
T1009	E	CHILD SITTING SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
T1010	E	MEALS WHEN RECEIVE SERVICES		-	-	Not Allowed	$0.00			-	-	000	999	
T1012	E	ALCOHOL/SUBSTANCE ABUSE SKIL		-	-	Not Allowed	$0.00			-	-	000	999	
T1013	E	SIGN LANG/ORAL INTERPRETER		-	-	Not Allowed	$0.00			-	-	000	999	
T1014	E	TELEHEALTH TRANSMIT, PER MIN		-	-	Not Allowed	$0.00			-	-	000	999	
T1015	E	CLINIC SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
T1016	M	CASE MANAGEMENT, EACH 15 MINUTES	HD	-	-	Fee Schedule	$0.00			-	-	009	65	
T1018	E	SCHOOL-BASED IEP SER BUNDLED		-	-	Not Allowed	$0.00			-	-	000	20	
T1019	E	PERSONAL CARE SER PER 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
T1020	E	EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE		-	-	Not Allowed	$0.00			-	-	000	999	
T1021	E	HH AIDE OR CN AIDE PER VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
T1022	E	CONTRACTED SERVICES PER DAY		-	-	Not Allowed	$0.00			-	-	000	999	
T1023	E	PROGRAM INTAKE ASSESSMENT		-	-	Not Allowed	$0.00			-	-	000	999	
T1024	M	TEAM EVALUATION & MANAGEMENT		-	-	Fee Schedule	$100.00			-	-	000	20	
T1025	M	PED COMPR CARE PKG PER DIEM		-	-	Fee Schedule	$1,000.00			-	-	000	20	
T1026	E	PED COMPR CARE PKG PER HOUR		-	-	Not Allowed	$0.00			-	-	000	999	
T1027	E	FAMILY TRAINING & COUNSELING		-	-	Not Allowed	$0.00			-	-	000	999	
T1028	E	HOME ENVIRONMENT ASSESSMENT		-	-	Not Allowed	$0.00			-	-	000	999	
T1029	E	NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOLAR TISS		-	-	Not Allowed	$0.00			-	-	000	999	
T1030	E	REMOVAL OF SUTURES BY ANOTHER PHYSICIAN		-	-	Not Allowed	$0.00			-	-	000	999	
T1031	E	LPN HOME CARE PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
T1502	E	MEDICATION ADMIN VISIT		-	-	Not Allowed	$0.00			-	-	000	999	
T1505	E	ELEC MED COMP DEV, NOC		-	-	Not Allowed	$0.00			-	-	000	999	
T1999	E	NOC RETAIL ITEMS AND SUPPLIES		-	-	Not Allowed	$0.00			-	-	000	999	
T2001	E	N-ET; PATIENT ATTEND/ESCORT		-	-	Not Allowed	$0.00			-	-	000	999	
T2002	E	N-ET; PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
T2003	E	N-ET; ENCOUNTER/TRIP		-	-	Not Allowed	$0.00			-	-	000	999	
T2004	E	N-ET; COMMERC CARRIER PASS		-	-	Not Allowed	$0.00			-	-	000	999	
T2005	E	N-ET; STRETCHER VAN		-	-	Not Allowed	$0.00			-	-	000	999	
T2007	E	NON-EMER TRANSPORT WAIT TIME		-	-	Not Allowed	$0.00			-	-	000	999	
T2010	E	PASRR LEVEL I		-	-	Not Allowed	$0.00			-	-	000	999	

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T2011	E	PASRR LEVEL II		-	-	Not Allowed	$0.00			-	-	000	999	
T2012	E	HABIL ED WAIVER, PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
T2013	E	HABIL ED WAIVER PER HOUR		-	-	Not Allowed	$0.00			-	-	000	999	
T2014	E	HABIL PREVOC WAIVER, PER D		-	-	Not Allowed	$0.00			-	-	000	999	
T2015	E	HABIL PREVOC WAIVER PER HR		-	-	Not Allowed	$0.00			-	-	000	999	
T2016	E	HABIL RES WAIVER PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
T2017	E	HABIL RES WAIVER 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
T2018	E	HABIL SUP EMPL WAIVER/DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
T2019	E	HABIL SUP EMPL WAIVER 15MIN		-	-	Not Allowed	$0.00			-	-	000	999	
T2020	E	DAY HABIL WAIVER PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
T2021	E	DAY HABIL WAIVER PER 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
T2022	E	CASE MANAGEMENT, PER MONTH		-	-	Not Allowed	$0.00			-	-	000	999	
T2023	E	TARGETED CASE MGMT PER MONTH		-	-	Not Allowed	$0.00			-	-	000	999	
T2024	E	SERV ASMNT/CARE PLAN WAIVER		-	-	Not Allowed	$0.00			-	-	000	999	
T2025	E	WAIVER SERVICE, NOS		-	-	Not Allowed	$0.00			-	-	000	999	
T2026	E	SPECIAL CHILDCARE WAIVER/D		-	-	Not Allowed	$0.00			-	-	000	999	
T2027	E	SPEC CHILDCARE WAIVER 15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
T2028	E	SPECIAL SUPPLY, NOS WAIVER		-	-	Not Allowed	$0.00			-	-	000	999	
T2029	E	SPECIAL MED EQUIP, NOSWAIVER		-	-	Not Allowed	$0.00			-	-	000	999	
T2030	E	ASSIST LIVING WAIVER/MONTH		-	-	Not Allowed	$0.00			-	-	000	999	
T2031	E	ASSIST LIVING WAIVER/DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
T2032	E	RES CARE, NOS WAIVER/MONTH		-	-	Not Allowed	$0.00			-	-	000	999	
T2033	E	RES, NOS WAIVER PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
T2034	E	CRISIS INTERVEN WAIVER/DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
T2035	E	UTILITY SERVICES WAIVER		-	-	Not Allowed	$0.00			-	-	000	999	
T2036	E	CAMP OVERNITE WAIVER/SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
T2037	E	CAMP DAY WAIVER/SESSION		-	-	Not Allowed	$0.00			-	-	000	999	
T2038	E	COMM TRANS WAIVER/SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
T2039	E	VEHICLE MOD WAIVER/SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
T2040	E	FINANCIAL MGT WAIVER/15MIN		-	-	Not Allowed	$0.00			-	-	000	999	
T2041	E	SUPPORT BROKER WAIVER/15 MIN		-	-	Not Allowed	$0.00			-	-	000	999	
T2042	E	HOSPICE ROUTINE HOME CARE		-	-	Not Allowed	$0.00			-	-	000	999	
T2043	E	HOSPICE CONTINUOUS HOME CARE		-	-	Not Allowed	$0.00			-	-	000	999	
T2044	E	HOSPICE RESPITE CARE		-	-	Not Allowed	$0.00			-	-	000	999	
T2045	E	HOSPICE GENERAL CARE		-	-	Not Allowed	$0.00			-	-	000	999	
T2046	E	HOSPICE LONG TERM CARE R&B		-	-	Not Allowed	$0.00			-	-	000	999	
T2048	E	BH LTC RES R&B, PER DIEM		-	-	Not Allowed	$0.00			-	-	000	999	
T2049	E	N-ET; STRETCHER VAN MILEAGE		-	-	Not Allowed	$0.00			-	-	000	999	
T2101	E	BREAST MILK PROC/STORE/DIST		-	-	Not Allowed	$0.00			-	-	000	999	
T4521	E	ADULT SIZE BRIEF/DIAPER SM		-	-	Not Allowed	$0.00			-	-	000	999	
T4522	E	ADULT SIZE BRIEF/DIAPER MED		-	-	Not Allowed	$0.00			-	-	000	999	
T4523	E	ADULT SIZE BRIEF/DIAPER LG		-	-	Not Allowed	$0.00			-	-	000	999	
T4524	E	ADULT SIZE BRIEF/DIAPER XL		-	-	Not Allowed	$0.00			-	-	000	999	
T4525	E	ADULT SIZE PULL-ON SM		-	-	Not Allowed	$0.00			-	-	000	999	
T4526	E	ADULT SIZE PULL-ON MED		-	-	Not Allowed	$0.00			-	-	000	999	
T4527	E	ADULT SIZE PULL-ON LG		-	-	Not Allowed	$0.00			-	-	000	999	
T4528	E	ADULT SIZE PULL-ON XL		-	-	Not Allowed	$0.00			-	-	000	999	
T4529	E	PED SIZE BRIEF/DIAPER SM/MED		-	-	Not Allowed	$0.00			-	-	000	999	
T4530	E	PED SIZE BRIEF/DIAPER LG		-	-	Not Allowed	$0.00			-	-	000	999	
T4531	E	PED SIZE PULL-ON SM/MED		-	-	Not Allowed	$0.00			-	-	000	999	
T4532	E	PED SIZE PULL-ON LG		-	-	Not Allowed	$0.00			-	-	000	999	
T4533	E	YOUTH SIZE BRIEF/DIAPER		-	-	Not Allowed	$0.00			-	-	000	999	
T4534	E	YOUTH SIZE PULL-ON		-	-	Not Allowed	$0.00			-	-	000	999	
T4535	E	DISPOSABLE LINER/SHIELD/PAD		-	-	Not Allowed	$0.00			-	-	000	999	
T4536	E	REUSABLE PULL-ON ANY SIZE		-	-	Not Allowed	$0.00			-	-	000	999	
T4537	E	REUSABLE UNDERPAD BED SIZE		-	-	Not Allowed	$0.00			-	-	000	999	

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T4538	E	DIAPER SERV REUSABLE DIAPER		-	-	Not Allowed	$0.00			-	-	000	999	
T4539	E	REUSE DIAPER/BRIEF ANY SIZE		-	-	Not Allowed	$0.00			-	-	000	999	
T4540	E	REUSABLE UNDERPAD CHAIR SIZE		-	-	Not Allowed	$0.00			-	-	000	999	
T4541	E	LARGE DISPOSABLE UNDERPAD		-	-	Not Allowed	$0.00			-	-	000	999	
T4542	E	SMALL DISPOSABLE UNDERPAD		-	-	Not Allowed	$0.00			-	-	000	999	
T5001	E	SPECIAL POSITION SEAT/VEHICL		-	-	Not Allowed	$0.00			-	-	000	999	
T5999	E	SUPPLY, NOS		-	-	Not Allowed	$0.00			-	-	000	999	
U0001	Q	2019-NCOV DIAGNOSTIC P		-	-	Fee Schedule	$0.00			-	-	000	999	
U0002	Q	COVID-19 LAB TEST NON-CDC		-	-	Fee Schedule	$0.00			-	-	000	999	
V2020	E	VISION SVCS FRAMES PURCHASES		-	-	Not Allowed	$0.00			-	-	000	999	
V2025	E	EYEGLASSES DELUX FRAMES		-	-	Not Allowed	$0.00			-	-	000	999	
V2100	E	LENS SPHER SINGLE PLANO 4.00		-	-	Not Allowed	$0.00			-	-	000	999	
V2101	E	SINGLE VISN SPHERE 4.12-7.00		-	-	Not Allowed	$0.00			-	-	000	999	
V2102	E	SINGL VISN SPHERE 7.12-20.00		-	-	Not Allowed	$0.00			-	-	000	999	
V2103	E	SPHEROCYLINDR 4.00D/12-2.00D		-	-	Not Allowed	$0.00			-	-	000	999	
V2104	E	SPHEROCYLINDR 4.00D/2.12-4D		-	-	Not Allowed	$0.00			-	-	000	999	
V2105	E	SPHEROCYLINDER 4.00D/4.25-6D		-	-	Not Allowed	$0.00			-	-	000	999	
V2106	E	SPHEROCYLINDER 4.00D/>6.00D		-	-	Not Allowed	$0.00			-	-	000	999	
V2107	E	SPHEROCYLINDER 4.25D/12-2D		-	-	Not Allowed	$0.00			-	-	000	999	
V2108	E	SPHEROCYLINDER 4.25D/2.12-4D		-	-	Not Allowed	$0.00			-	-	000	999	
V2109	E	SPHEROCYLINDER 4.25D/4.25-6D		-	-	Not Allowed	$0.00			-	-	000	999	
V2110	E	SPHEROCYLINDER 4.25D/OVER 6D		-	-	Not Allowed	$0.00			-	-	000	999	
V2111	E	SPHEROCYLINDR 7.25D/.25-2.25		-	-	Not Allowed	$0.00			-	-	000	999	
V2112	E	SPHEROCYLINDR 7.25D/2.25-4D		-	-	Not Allowed	$0.00			-	-	000	999	
V2113	E	SPHEROCYLINDR 7.25D/4.25-6D		-	-	Not Allowed	$0.00			-	-	000	999	
V2114	E	SPHEROCYLINDER OVER 12.00D		-	-	Not Allowed	$0.00			-	-	000	999	
V2115	E	LENS LENTICULAR BIFOCAL		-	-	Not Allowed	$0.00			-	-	000	999	
V2118	E	LENS ANISEIKONIC SINGLE		-	-	Not Allowed	$0.00			-	-	000	999	
V2121	E	LENTICULAR LENS, SINGLE		-	-	Not Allowed	$0.00			-	-	000	999	
V2199	E	LENS SINGLE VISION NOT OTH C		-	-	Not Allowed	$0.00			-	-	000	999	
V2200	E	LENS SPHER BIFOC PLANO 4.00D		-	-	Not Allowed	$0.00			-	-	000	999	
V2201	E	LENS SPHERE BIFOCAL 4.12-7.0		-	-	Not Allowed	$0.00			-	-	000	999	
V2202	E	LENS SPHERE BIFOCAL 7.12-20.		-	-	Not Allowed	$0.00			-	-	000	999	
V2203	E	LENS SPHCYL BIFOCAL 4.00D/.1		-	-	Not Allowed	$0.00			-	-	000	999	
V2204	E	LENS SPHCY BIFOCAL 4.00D/2.1		-	-	Not Allowed	$0.00			-	-	000	999	
V2205	E	LENS SPHCY BIFOCAL 4.00D/4.2		-	-	Not Allowed	$0.00			-	-	000	999	
V2206	E	LENS SPHCY BIFOCAL 4.00D/OVE		-	-	Not Allowed	$0.00			-	-	000	999	
V2207	E	LENS SPHCY BIFOCAL 4.25-7D/.		-	-	Not Allowed	$0.00			-	-	000	999	
V2208	E	LENS SPHCY BIFOCAL 4.25-7/2.		-	-	Not Allowed	$0.00			-	-	000	999	
V2209	E	LENS SPHCY BIFOCAL 4.25-7/4.		-	-	Not Allowed	$0.00			-	-	000	999	
V2210	E	LENS SPHCY BIFOCAL 4.25-7/OV		-	-	Not Allowed	$0.00			-	-	000	999	
V2211	E	LENS SPHCY BIFO 7.25-12/.25-		-	-	Not Allowed	$0.00			-	-	000	999	
V2212	E	LENS SPHCYL BIFO 7.25-12/2.2		-	-	Not Allowed	$0.00			-	-	000	999	
V2213	E	LENS SPHCYL BIFO 7.25-12/4.2		-	-	Not Allowed	$0.00			-	-	000	999	
V2214	E	LENS SPHCYL BIFOCAL OVER 12.		-	-	Not Allowed	$0.00			-	-	000	999	
V2215	E	LENS LENTICULAR BIFOCAL		-	-	Not Allowed	$0.00			-	-	000	999	
V2218	E	LENS ANISEIKONIC BIFOCAL		-	-	Not Allowed	$0.00			-	-	000	999	
V2219	E	LENS BIFOCAL SEG WIDTH OVER		-	-	Not Allowed	$0.00			-	-	000	999	
V2220	E	LENS BIFOCAL ADD OVER 3.25D		-	-	Not Allowed	$0.00			-	-	000	999	
V2221	E	LENTICULAR LENS, BIFOCAL		-	-	Not Allowed	$0.00			-	-	000	999	
V2299	E	LENS BIFOCAL SPECIALITY		-	-	Not Allowed	$0.00			-	-	000	999	
V2300	E	LENS SPHERE TRIFOCAL 4.00D		-	-	Not Allowed	$0.00			-	-	000	999	
V2301	E	LENS SPHERE TRIFOCAL 4.12-7.		-	-	Not Allowed	$0.00			-	-	000	999	
V2302	E	LENS SPHERE TRIFOCAL 7.12-20		-	-	Not Allowed	$0.00			-	-	000	999	
V2303	E	LENS SPHCY TRIFOCAL 4.0/.12-		-	-	Not Allowed	$0.00			-	-	000	999	
V2304	E	LENS SPHCY TRIFOCAL 4.0/2.25		-	-	Not Allowed	$0.00			-	-	000	999	

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V2305	E	LENS SPHCY TRIFOCAL 4.0/4.25		-	-	Not Allowed	$0.00			-	-	000	999	
V2306	E	LENS SPHCYL TRIFOCAL 4.00/>6		-	-	Not Allowed	$0.00			-	-	000	999	
V2307	E	LENS SPHCY TRIFOCAL 4.25-7/.		-	-	Not Allowed	$0.00			-	-	000	999	
V2308	E	LENS SPHC TRIFOCAL 4.25-7/2.		-	-	Not Allowed	$0.00			-	-	000	999	
V2309	E	LENS SPHC TRIFOCAL 4.25-7/4.		-	-	Not Allowed	$0.00			-	-	000	999	
V2310	E	LENS SPHC TRIFOCAL 4.25-7/>6		-	-	Not Allowed	$0.00			-	-	000	999	
V2311	E	LENS SPHC TRIFO 7.25-12/.25-		-	-	Not Allowed	$0.00			-	-	000	999	
V2312	E	LENS SPHC TRIFO 7.25-12/2.25		-	-	Not Allowed	$0.00			-	-	000	999	
V2313	E	LENS SPHC TRIFO 7.25-12/4.25		-	-	Not Allowed	$0.00			-	-	000	999	
V2314	E	LENS SPHCYL TRIFOCAL OVER 12		-	-	Not Allowed	$0.00			-	-	000	999	
V2315	E	LENS LENTICULAR TRIFOCAL		-	-	Not Allowed	$0.00			-	-	000	999	
V2318	E	LENS ANISEIKONIC TRIFOCAL		-	-	Not Allowed	$0.00			-	-	000	999	
V2319	E	LENS TRIFOCAL SEG WIDTH > 28		-	-	Not Allowed	$0.00			-	-	000	999	
V2320	E	LENS TRIFOCAL ADD OVER 3.25D		-	-	Not Allowed	$0.00			-	-	000	999	
V2321	E	LENTICULAR LENS, TRIFOCAL		-	-	Not Allowed	$0.00			-	-	000	999	
V2399	E	LENS TRIFOCAL SPECIALITY		-	-	Not Allowed	$0.00			-	-	000	999	
V2410	E	LENS VARIAB ASPHERICITY SING		-	-	Not Allowed	$0.00			-	-	000	999	
V2430	E	LENS VARIABLE ASPHERICITY BI		-	-	Not Allowed	$0.00			-	-	000	999	
V2499	E	VARIABLE ASPHERICITY LENS		-	-	Not Allowed	$0.00			-	-	000	999	
V2500	E	CONTACT LENS PMMA SPHERICAL		-	-	Not Allowed	$0.00			-	-	000	999	
V2501	E	CNTCT LENS PMMA-TORIC/PRISM		-	-	Not Allowed	$0.00			-	-	000	999	
V2502	E	CONTACT LENS PMMA BIFOCAL		-	-	Not Allowed	$0.00			-	-	000	999	
V2503	E	CNTCT LENS PMMA COLOR VISION		-	-	Not Allowed	$0.00			-	-	000	999	
V2510	E	CNTCT GAS PERMEABLE SPHERICL		-	-	Not Allowed	$0.00			-	-	000	999	
V2511	E	CNTCT TORIC PRISM BALLAST		-	-	Not Allowed	$0.00			-	-	000	999	
V2512	E	CNTCT LENS GAS PERMBL BIFOCL		-	-	Not Allowed	$0.00			-	-	000	999	
V2513	E	CONTACT LENS EXTENDED WEAR		-	-	Not Allowed	$0.00			-	-	000	999	
V2520	E	CONTACT LENS HYDROPHILIC		-	-	Not Allowed	$0.00			-	-	000	999	
V2521	E	CNTCT LENS HYDROPHILIC TORIC		-	-	Not Allowed	$0.00			-	-	000	999	
V2522	E	CNTCT LENS HYDROPHIL BIFOCL		-	-	Not Allowed	$0.00			-	-	000	999	
V2523	E	CNTCT LENS HYDROPHIL EXTEND		-	-	Not Allowed	$0.00			-	-	000	999	
V2524	E	CNTCT LENS HYDROPHIL PHOTOCH		-	-	Not Allowed	$0.00			-	-	000	999	
V2525	E	CL, HYDROPHILIC, DUAL FOCUS		-	-	Not Allowed	$0.00			-	-	000	999	
V2526	E	CNTCT LENS BLUE VIOLET		-	-	Not Allowed	$0.00			-	-	000	999	
V2530	E	CONTACT LENS GAS IMPERMEABLE		-	-	Not Allowed	$0.00			-	-	000	999	
V2531	E	CONTACT LENS GAS PERMEABLE		-	-	Not Allowed	$0.00			-	-	000	999	
V2599	E	CONTACT LENS/ES OTHER TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
V2600	E	HAND HELD LOW VISION AIDS		-	-	Not Allowed	$0.00			-	-	000	999	
V2610	E	SINGLE LENS SPECTACLE MOUNT		-	-	Not Allowed	$0.00			-	-	000	999	
V2615	E	TELESCOP/OTHR COMPOUND LENS		-	-	Not Allowed	$0.00			-	-	000	999	
V2623	E	PLASTIC EYE PROSTH CUSTOM		-	-	Not Allowed	$0.00			-	-	000	999	
V2624	E	POLISHING ARTIFICAL EYE		-	-	Not Allowed	$0.00			-	-	000	999	
V2625	E	ENLARGEMNT OF EYE PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
V2626	E	REDUCTION OF EYE PROSTHESIS		-	-	Not Allowed	$0.00			-	-	000	999	
V2627	E	SCLERAL COVER SHELL		-	-	Not Allowed	$0.00			-	-	000	999	
V2628	E	FABRICATION & FITTING		-	-	Not Allowed	$0.00			-	-	000	999	
V2629	E	PROSTHETIC EYE OTHER TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
V2630	N	ANTER CHAMBER INTRAOCUL LENS		-	-	Bundled	$0.00			-	-	000	999	
V2631	N	IRIS SUPPORT INTRAOCLR LENS		-	-	Bundled	$0.00			-	-	000	999	
V2632	N	POST CHMBR INTRAOCULAR LENS		-	-	Bundled	$0.00			-	-	000	999	
V2700	E	BALANCE LENS		-	-	Not Allowed	$0.00			-	-	000	999	
V2702	E	DELUXE LENS FEATURE		-	-	Not Allowed	$0.00			-	-	000	999	
V2710	E	GLASS/PLASTIC SLAB OFF PRISM		-	-	Not Allowed	$0.00			-	-	000	999	
V2715	E	PRISM LENS/ES		-	-	Not Allowed	$0.00			-	-	000	999	
V2718	E	FRESNELL PRISM PRESS-ON LENS		-	-	Not Allowed	$0.00			-	-	000	999	
V2730	E	SPECIAL BASE CURVE		-	-	Not Allowed	$0.00			-	-	000	999	

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V2744	E	TINT PHOTOCHROMATIC LENS/ES		-	-	Not Allowed	$0.00			-	-	000	999	
V2745	E	TINT, ANY COLOR/SOLID/GRAD		-	-	Not Allowed	$0.00			-	-	000	999	
V2750	E	ANTI-REFLECTIVE COATING		-	-	Not Allowed	$0.00			-	-	000	999	
V2755	E	UV LENS/ES		-	-	Not Allowed	$0.00			-	-	000	999	
V2756	E	EYE GLASS CASE		-	-	Not Allowed	$0.00			-	-	000	999	
V2760	E	SCRATCH RESISTANT COATING		-	-	Not Allowed	$0.00			-	-	000	999	
V2761	E	MIRROR COATING		-	-	Not Allowed	$0.00			-	-	000	999	
V2762	E	POLARIZATION, ANY LENS		-	-	Not Allowed	$0.00			-	-	000	999	
V2770	E	OCCLUDER LENS/ES		-	-	Not Allowed	$0.00			-	-	000	999	
V2780	E	OVERSIZE LENS/ES		-	-	Not Allowed	$0.00			-	-	000	999	
V2781	E	PROGRESSIVE LENS PER LENS		-	-	Not Allowed	$0.00			-	-	000	999	
V2782	E	LENS, 1.54-1.65 P/1.60-1.79G		-	-	Not Allowed	$0.00			-	-	000	999	
V2783	E	LENS, >= 1.66 P/>=1.80 G		-	-	Not Allowed	$0.00			-	-	000	999	
V2784	E	LENS POLYCARB OR EQUAL		-	-	Not Allowed	$0.00			-	-	000	999	
V2785	M	CORNEAL TISSUE PROCESSING		-	-	Fee Schedule	$1,100.00			-	-	000	999	
V2786	E	OCCUPATIONAL MULTIFOCAL LENS		-	-	Not Allowed	$0.00			-	-	000	999	
V2787	E	ASTIGMATISM-CORRECT FUNCTION		-	-	Not Allowed	$0.00			-	-	000	999	
V2788	E	PRESBYOPIA-CORRECT FUNCTION		-	-	Not Allowed	$0.00			-	-	000	999	
V2790	N	AMNIOTIC MEMBRANE		-	-	Bundled	$0.00			-	-	000	999	
V2797	E	VIS ITEM/SVC IN OTHER CODE		-	-	Not Allowed	$0.00			-	-	000	999	
V2799	E	MISC VISION ITEM OR SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
V5008	E	HEARING SCREENING		-	-	Not Allowed	$0.00			-	-	000	999	
V5010	E	ASSESSMENT FOR HEARING AID		-	-	Not Allowed	$0.00			-	-	000	999	
V5011	E	HEARING AID FITTING/CHECKING		-	-	Not Allowed	$0.00			-	-	000	999	
V5014	E	HEARING AID REPAIR/MODIFYING		-	-	Not Allowed	$0.00			-	-	000	999	
V5020	E	CONFORMITY EVALUATION		-	-	Not Allowed	$0.00			-	-	000	999	
V5030	E	BODY-WORN HEARING AID AIR		-	-	Not Allowed	$0.00			-	-	000	999	
V5040	E	BODY-WORN HEARING AID BONE		-	-	Not Allowed	$0.00			-	-	000	999	
V5050	E	HEARING AID MONAURAL IN EAR		-	-	Not Allowed	$0.00			-	-	000	999	
V5060	E	BEHIND EAR HEARING AID		-	-	Not Allowed	$0.00			-	-	000	999	
V5070	E	GLASSES AIR CONDUCTION		-	-	Not Allowed	$0.00			-	-	000	999	
V5080	E	GLASSES BONE CONDUCTION		-	-	Not Allowed	$0.00			-	-	000	999	
V5090	E	HEARING AID DISPENSING FEE		-	-	Not Allowed	$0.00			-	-	000	999	
V5095	E	IMPLANT MID EAR HEARING PROS		-	-	Not Allowed	$0.00			-	-	000	999	
V5100	E	BODY-WORN BILAT HEARING AID		-	-	Not Allowed	$0.00			-	-	000	999	
V5110	E	HEARING AID DISPENSING FEE		-	-	Not Allowed	$0.00			-	-	000	999	
V5120	E	BODY-WORN BINAUR HEARING AID		-	-	Not Allowed	$0.00			-	-	000	999	
V5130	E	IN EAR BINAURAL HEARING AID		-	-	Not Allowed	$0.00			-	-	000	999	
V5140	E	BEHIND EAR BINAUR HEARING AI		-	-	Not Allowed	$0.00			-	-	000	999	
V5150	E	GLASSES BINAURAL HEARING AID		-	-	Not Allowed	$0.00			-	-	000	999	
V5160	E	DISPENSING FEE BINAURAL		-	-	Not Allowed	$0.00			-	-	000	999	
V5171	E	HEARING AID MONAURAL ITE		-	-	Not Allowed	$0.00			-	-	000	999	
V5172	E	HEARING AID MONAURAL ITC		-	-	Not Allowed	$0.00			-	-	000	999	
V5181	E	HEARING AID MONAURAL BTE		-	-	Not Allowed	$0.00			-	-	000	999	
V5190	E	HEARING AID MONAURAL GLASSES		-	-	Not Allowed	$0.00			-	-	000	999	
V5200	E	DISP FEE CONTRALATERAL MONAU		-	-	Not Allowed	$0.00			-	-	000	999	
V5211	E	HEARING AID BINAURAL ITE/ITE		-	-	Not Allowed	$0.00			-	-	000	999	
V5212	E	HEARING AID BINAURAL ITE/ITC		-	-	Not Allowed	$0.00			-	-	000	999	
V5213	E	HEARING AID BINAURAL ITE/BTE		-	-	Not Allowed	$0.00			-	-	000	999	
V5214	E	HEARING AID BINAURAL ITC/ITC		-	-	Not Allowed	$0.00			-	-	000	999	
V5215	E	HEARING AID BINAURAL ITC/BTE		-	-	Not Allowed	$0.00			-	-	000	999	
V5221	E	HEARING AID BINAURAL BTE/BTE		-	-	Not Allowed	$0.00			-	-	000	999	
V5230	E	HEARING AID BINAURAL GLASSES		-	-	Not Allowed	$0.00			-	-	000	999	
V5240	E	DISP FEE CONTRALATERAL BINAU		-	-	Not Allowed	$0.00			-	-	000	999	
V5241	E	DISPENSING FEE, MONAURAL		-	-	Not Allowed	$0.00			-	-	000	999	
V5242	E	HEARING AID, MONAURAL, CIC		-	-	Not Allowed	$0.00			-	-	000	999	

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2025

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
V5243	E	HEARING AID, MONAURAL, ITC		-	-	Not Allowed	$0.00			-	-	000	999	
V5244	E	HEARING AID, PROG, MON, CIC		-	-	Not Allowed	$0.00			-	-	000	999	
V5245	E	HEARING AID, PROG, MON, ITC		-	-	Not Allowed	$0.00			-	-	000	999	
V5246	E	HEARING AID, PROG, MON, ITE		-	-	Not Allowed	$0.00			-	-	000	999	
V5247	E	HEARING AID, PROG, MON, BTE		-	-	Not Allowed	$0.00			-	-	000	999	
V5248	E	HEARING AID, BINAURAL, CIC		-	-	Not Allowed	$0.00			-	-	000	999	
V5249	E	HEARING AID, BINAURAL, ITC		-	-	Not Allowed	$0.00			-	-	000	999	
V5250	E	HEARING AID, PROG, BIN, CIC		-	-	Not Allowed	$0.00			-	-	000	999	
V5251	E	HEARING AID, PROG, BIN, ITC		-	-	Not Allowed	$0.00			-	-	000	999	
V5252	E	HEARING AID, PROG, BIN, ITE		-	-	Not Allowed	$0.00			-	-	000	999	
V5253	E	HEARING AID, PROG, BIN, BTE		-	-	Not Allowed	$0.00			-	-	000	999	
V5254	E	HEARING ID, DIGIT, MON, CIC		-	-	Not Allowed	$0.00			-	-	000	999	
V5255	E	HEARING AID, DIGIT, MON, ITC		-	-	Not Allowed	$0.00			-	-	000	999	
V5256	E	HEARING AID, DIGIT, MON, ITE		-	-	Not Allowed	$0.00			-	-	000	999	
V5257	E	HEARING AID, DIGIT, MON, BTE		-	-	Not Allowed	$0.00			-	-	000	999	
V5258	E	HEARING AID, DIGIT, BIN, CIC		-	-	Not Allowed	$0.00			-	-	000	999	
V5259	E	HEARING AID, DIGIT, BIN, ITC		-	-	Not Allowed	$0.00			-	-	000	999	
V5260	E	HEARING AID, DIGIT, BIN, ITE		-	-	Not Allowed	$0.00			-	-	000	999	
V5261	E	HEARING AID, DIGIT, BIN, BTE		-	-	Not Allowed	$0.00			-	-	000	999	
V5262	E	HEARING AID, DISP, MONAURAL		-	-	Not Allowed	$0.00			-	-	000	999	
V5263	E	HEARING AID, DISP, BINAURAL		-	-	Not Allowed	$0.00			-	-	000	999	
V5264	E	EAR MOLD/INSERT		-	-	Not Allowed	$0.00			-	-	000	999	
V5265	E	EAR MOLD/INSERT, DISP		-	-	Not Allowed	$0.00			-	-	000	999	
V5266	E	BATTERY FOR HEARING DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
V5267	E	HEARING AID SUP/ACCESS/DEV		-	-	Not Allowed	$0.00			-	-	000	999	
V5268	E	ALD TELEPHONE AMPLIFIER		-	-	Not Allowed	$0.00			-	-	000	999	
V5269	E	ALERTING DEVICE, ANY TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
V5270	E	ALD, TV AMPLIFIER, ANY TYPE		-	-	Not Allowed	$0.00			-	-	000	999	
V5271	E	ALD, TV CAPTION DECODER		-	-	Not Allowed	$0.00			-	-	000	999	
V5272	E	TDD		-	-	Not Allowed	$0.00			-	-	000	999	
V5273	E	ALD FOR COCHLEAR IMPLANT		-	-	Not Allowed	$0.00			-	-	000	999	
V5274	E	ALD UNSPECIFIED		-	-	Not Allowed	$0.00			-	-	000	999	
V5275	E	EAR IMPRESSION		-	-	Not Allowed	$0.00			-	-	000	999	
V5281	E	ALD FM/DM SYSTEM, MONAURAL		-	-	Not Allowed	$0.00			-	-	000	999	
V5282	E	ALD FM/DM SYSTEM BINAURAL		-	-	Not Allowed	$0.00			-	-	000	999	
V5283	E	ALD NECK, LOOP IND RECEIVER		-	-	Not Allowed	$0.00			-	-	000	999	
V5284	E	ALD FM/DM EAR LEVEL RECEIVER		-	-	Not Allowed	$0.00			-	-	000	999	
V5285	E	ALD FM/DM AUD INPUT RECEIVER		-	-	Not Allowed	$0.00			-	-	000	999	
V5286	E	ALD BLU TOOTH FM/DM RECEIVER		-	-	Not Allowed	$0.00			-	-	000	999	
V5287	E	ALD FM/DM RECEIVER, NOS		-	-	Not Allowed	$0.00			-	-	000	999	
V5288	E	ALD FM/DM TRANSMITTER ALD		-	-	Not Allowed	$0.00			-	-	000	999	
V5289	E	ALD FM/DM ADAPT/BOOT COUPLIN		-	-	Not Allowed	$0.00			-	-	000	999	
V5290	E	ALD TRANSMITTER MICROPHONE		-	-	Not Allowed	$0.00			-	-	000	999	
V5298	E	HEARING AID NOC		-	-	Not Allowed	$0.00			-	-	000	999	
V5299	E	HEARING SERVICE		-	-	Not Allowed	$0.00			-	-	000	999	
V5336	E	REPAIR COMMUNICATION DEVICE		-	-	Not Allowed	$0.00			-	-	000	999	
V5362	E	SPEECH SCREENING		-	-	Not Allowed	$0.00			-	-	000	999	
V5363	E	LANGUAGE SCREENING		-	-	Not Allowed	$0.00			-	-	000	999	
V5364	E	DYSPHAGIA SCREENING		-	-	Not Allowed	$0.00			-	-	000	999	