Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2023

Proc Cd	2023 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
0001A	M	ADM SARSCOV2 30MCG/0.3ML 1ST	-	-	-	Fee Schedule	$40.00	-	-	-	-	000	999	-
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	-
0002A	M	ADM SARSCOV2 30MCG/0.3ML 2ND	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	-
0003A	M	ADM SARSCOV2 30MCG/0.3ML 3RD	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	-
0004A	M	ADM SARSCOV2 30MCG/0.3ML BST	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	-
0011A	M	ADM SARSCOV2 100MCG/0.5ML1ST	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	-
0012A	M	ADM SARSCOV2 100MCG/0.5ML2ND	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	-
0013A	M	ADM SARSCOV2 100MCG/0.5ML3RD	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	-
0014M	Q	LIVER DS ALYS 3 BMRK SRM ALG	-	-	-	Medicare	$293.65	$182.06	$176.19	-	-	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	-

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

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00176	C	ANESTH PHARYNGEAL SURGERY	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
0019U	Q	ONC RNA TISS PREDICT ALG	-	-	-	Medicare	$6,125.00	$3,797.50	$3,675.00	-	-	000	999	-
00210	N	ANESTH CRANIAL SURG NOS	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
00211	C	ANESTH CRAN SURG HEMOTOMA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00212	N	ANESTH SKULL DRAINAGE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
00214	C	ANESTH SKULL DRAINAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00215	C	ANESTH SKULL REPAIR/FRACT	-	-	-	Inpatient 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	$40.00	-	-	-	-	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	$40.00	-	-	-	-	000	999	-
0022U	E	TGSAP NSM LUNG NEO DNA&RNA23	-	-	-	Not Allowed	$0.00	-	-	-	-	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	$142.95	$88.63	$85.77	-	-	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	-
0031A	M	ADM SARSCOV2 VAC AD26 .5ML	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	001	-
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	-
0034A	M	ADM SARSCOV2 VAC AD26 .5ML B	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	-

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0041A	M	ADM SARSCOV2 5MCG/0.5ML 1ST	-	-	-	Fee Schedule	$40.00	-	-	-	-	000	999	-
0041U	Q	B BRGDRFERI ANTB 5 PRTN IGM	-	-	-	Medicare	$28.68	$17.78	$17.21	-	-	000	999	-
0042A	M	ADM SARSCOV2 5MCG/0.5ML 2ND	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	-
0044A	M	ADM SARSCOV2 5MCG/0.5ML BST	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	-
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	-	-	-	Inpatient 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	-
0051A	M	ADM SARSCV2 30MCG TRS-SUCR 1	-	-	-	Fee Schedule	$40.00	-	-	-	-	000	999	-
0051U	Q	RX MNTR LC-MS/MS UR/BLD 31	-	-	-	Medicare	$322.85	$200.17	$193.71	-	-	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	-	-	-	Inpatient 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	-
0052A	M	ADM SARSCV2 30MCG TRS-SUCR 2	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	-
0053A	M	ADM SARSCV2 30MCG TRS-SUCR 3	-	-	-	Fee Schedule	$40.00	-	-	-	-	000	999	-
0053U	Q	ONC PRST8 CA FISH ALYS 4 GEN	-	-	-	Medicare	$3,383.33	$2,097.66	$2,030.00	-	-	000	999	-
00540	C	ANESTH CHEST SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00541	N	ANESTH ONE LUNG VENTILATION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
00542	C	ANESTHESIA REMOVAL PLEURA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00546	C	ANESTH LUNG CHEST WALL SURG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00548	N	ANESTH TRACHEA BRONCHI SURG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
0054A	M	ADM SARSCV2 30MCG TRS-SUCR B	-	-	-	Fee Schedule	$40.00	-	-	-	-	000	999	-
0054T	E	BONE SRGRY CMPTR FLUOR IMAGE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0054U	Q	RX MNTR 14+ DRUGS & SBSTS	-	-	-	Medicare	$248.27	$153.93	$148.96	-	-	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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00561	C	ANESTH HEART SURG <1 YR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	000	-
00562	C	ANESTH HRT SURG W/PMP AGE 1+	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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00580	C	ANESTH HEART/LUNG TRANSPLNT	-	-	-	Inpatient 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	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00635	N	ANESTH LUMBAR PUNCTURE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
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	-
0064A	M	ADM SARSCOV2 50MCG/0.25MLBST	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	-
0066U	Q	PAMG-1 IA CERVICO-VAG FLUID	-	-	-	Medicare	$25.48	$15.80	$15.29	-	-	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	-
0071A	M	ADM SARSCV2 10MCG TRS-SUCR 1	-	-	-	Fee Schedule	$40.00	-	-	-	-	005	017	-
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	-
0072A	M	ADM SARSCV2 10MCG TRS-SUCR 2	-	-	-	Fee Schedule	$40.00	-	-	-	-	005	017	-
0072T	E	US LEIOMYOMATA ABLATE >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	-
0073A	M	ADM SARSCV2 10MCG TRS-SUCR 3	-	-	-	Fee Schedule	$40.00	-	-	-	-	000	999	-
0073U	Q	CYP2D6 GEN CYP2D7-2D6 HYBRID	-	-	-	Medicare	$751.52	$465.94	$450.91	-	-	000	999	-
0074A	M	ADM SARSCV2 10MCG TRS-SUCR B	-	-	-	Fee Schedule	$40.00	-	-	-	-	000	999	-
0074U	Q	CYP2D6 NONDUPLICATED GENE	-	-	-	Medicare	$751.52	$465.94	$450.91	-	-	000	999	-
00750	N	ANESTH REPAIR OF HERNIA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
00752	N	ANESTH REPAIR OF HERNIA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
00754	N	ANESTH REPAIR OF HERNIA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
00756	N	ANESTH REPAIR OF HERNIA	-	-	-	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	ANESTH BLOOD VESSEL REPAIR	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
0077U	Q	IG PARAPROTEIN QUAL BLD/UR	-	-	-	Medicare	$72.38	$44.88	$43.43	-	-	000	999	-
0078U	Q	PAIN MGT OPI USE GNOTYP PNL	-	-	-	Medicare	$751.52	$465.94	$450.91	-	-	000	999	-
00790	N	ANESTH SURG UPPER ABDOMEN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
00792	C	ANESTH HEMORR/EXCISE LIVER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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00794	C	ANESTH PANCREAS REMOVAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00796	C	ANESTH FOR LIVER TRANSPLANT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00797	N	ANESTH SURGERY FOR OBESITY	-	-	-	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	-
0081A	M	ADM SARSCV2 3MCG TRS-SUCR 1	-	-	-	Fee Schedule	$40.00	-	-	-	-	000	004	-
00820	N	ANESTH ABDOMINAL WALL SURG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
0082A	M	ADM SARSCV2 3MCG TRS-SUCR 2	-	-	-	Fee Schedule	$40.00	-	-	-	-	000	004	-
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	001	-
00836	N	ANESTH HERNIA REPAIR PREEMIE	-	-	-	Bundled	$0.00	-	-	-	-	000	001	-
0083A	M	ADM SARSCV2 3MCG TRS-SUCR 3	-	-	-	Fee Schedule	$40.00	-	-	-	-	000	004	-
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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00846	C	ANESTH HYSTERECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00848	C	ANESTH PELVIC ORGAN SURG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
0084A	E	FEE COVID-19 VAC 9 RES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00865	N	ANESTH REMOVAL OF PROSTATE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
00866	C	ANESTH REMOVAL OF ADRENAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00868	C	ANESTH KIDNEY TRANSPLANT	-	-	-	Inpatient 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	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00906	N	ANESTH REMOVAL OF VULVA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
00908	C	ANESTH REMOVAL OF PROSTATE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
0090U	Q	ONC CUTAN MLNMA MRNA 23 GENE	-	-	-	Medicare	$2,925.00	$1,813.50	$1,755.00	-	-	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	-
0091A	M	ADM SARSCOV2 50 MCG/.5 ML1ST	-	-	-	Fee Schedule	$40.00	-	-	-	-	006	011	-
0091U	E	ONC CLRCT SCR WHL BLD ALG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
00920	N	ANESTH GENITALIA SURGERY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-

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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	-
0092A	M	ADM SARSCOV2 50 MCG/.5 ML2ND	-	-	-	Fee Schedule	$40.00	-	-	-	-	006	011	-
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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00934	C	ANESTH PENIS NODES REMOVAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00936	C	ANESTH PENIS NODES REMOVAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
00938	N	ANESTH INSERT PENIS DEVICE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
0093A	M	ADM SARSCOV2 50 MCG/.5 ML3RD	-	-	-	Fee Schedule	$40.00	-	-	-	-	006	011	-
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	-
0094A	M	ADM SARSCOV2 50 MCG/.5 MLBST	-	-	-	Fee Schedule	$40.00	-	-	-	-	018	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&MJ BSC PRTN ELISA EST DEV	-	-	-	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	-
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	E	GI BARRETT ESOPH 9 PRTN BMRK	-	-	-	Not Allowed	$0.00	-	-	-	-	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	-
0111A	M	ADM SARSCOV2 25MCG/0.25ML1ST	-	-	-	Fee Schedule	$40.00	-	-	-	-	000	005	-
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	-
0112A	M	ADM SARSCOV2 25MCG/0.25ML2ND	-	-	-	Fee Schedule	$40.00	-	-	-	-	000	005	-
0112U	Q	IADI 16S&18S RRNA GENES	-	-	-	Medicare	$593.55	$368.00	$356.13	-	-	000	999	-

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01130	N	ANESTH BODY CAST PROCEDURE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
0113A	M	ADM SARSCOV2 25MCG/0.25ML3RD	-	-	-	Fee Schedule	$40.00	-	-	-	-	000	005	-
0113U	Q	ONC PRST8 PCA3&TMPRSS2-ERG	-	-	-	Medicare	$1,266.67	$785.34	$760.00	-	-	000	999	-
01140	C	ANESTH AMPUTATION AT PELVIS	-	-	-	Inpatient 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	-	-	-	Inpatient 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	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
01234	C	ANESTH RADICAL FEMUR SURG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
0123U	Q	MCHNL FRAGILITY RBC PRFLG	-	-	-	Medicare	$596.05	$369.55	$357.63	-	-	000	999	-
0124A	M	ADM SARSCV2 BVL 30MCG/.3ML B	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	-
01270	N	ANESTH THIGH ARTERIES SURG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
01272	C	ANESTH FEMORAL ARTERY SURG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
01274	C	ANESTH FEMORAL EMBOLECTOMY	-	-	-	Inpatient 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	-
0134A	M	ADM SARSCV2 BVL 50MCG/.5ML B	-	-	-	Fee Schedule	$40.00	-	-	-	-	012	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	-

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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	-	-	-	Inpatient 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	-
0143U	Q	DRUG ASSAY 120+ RX/METABLT	-	-	-	Medicare	$190.72	$118.25	$114.43	-	-	000	999	-
01440	N	ANESTH KNEE ARTERIES SURG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
01442	C	ANESTH KNEE ARTERY SURG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
01444	C	ANESTH KNEE ARTERY REPAIR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
0144A	M	ADM SRSCV2 BVL 25MCG/.25ML B	-	-	-	Fee Schedule	$40.00	-	-	-	-	006	011	-
0144U	Q	DRUG ASSAY 160+ RX/METABLT	-	-	-	Medicare	$190.72	$118.25	$114.43	-	-	000	999	-
0145U	Q	DRUG ASSAY 65+ RX/METABLT	-	-	-	Medicare	$190.72	$118.25	$114.43	-	-	000	999	-
01462	N	ANESTH LOWER LEG PROCEDURE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
01464	N	ANESTH ANKLE/FT ARTHROSCOPY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
0146U	Q	DRUG ASSAY 80+ RX/METABLT	-	-	-	Medicare	$190.72	$118.25	$114.43	-	-	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	-
0147U	Q	DRUG ASSAY 85+ RX/METABLT	-	-	-	Medicare	$190.72	$118.25	$114.43	-	-	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	-
0148U	Q	DRUG ASSAY 100+ RX/METABLT	-	-	-	Medicare	$190.72	$118.25	$114.43	-	-	000	999	-
01490	N	ANESTH LOWER LEG CASTING	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
0149U	Q	DRUG ASSAY 60+ RX/METABLT	-	-	-	Medicare	$190.72	$118.25	$114.43	-	-	000	999	-
01500	N	ANESTH LEG ARTERIES SURG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
01502	C	ANESTH LWR LEG EMBOLECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
0150U	Q	DRUG ASSAY 120+ RX/METABLT	-	-	-	Medicare	$190.72	$118.25	$114.43	-	-	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	-
0154A	M	ADM SARSCV2 BVL 10MCG/.2ML B	-	-	-	Fee Schedule	$40.00	-	-	-	-	005	011	-
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	-
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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
01636	C	ANESTH FOREQUARTER AMPUT	-	-	-	Inpatient 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	-

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0164A	M	ADM SRSCV2 BVL 10MCG/0.2ML B	-	-	-	Fee Schedule	$40.00	-	-	-	-	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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
01654	C	ANESTH SHOULDER VESSEL SURG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
01656	C	ANESTH ARM-LEG VESSEL SURG	-	-	-	Inpatient 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	-
0167U	Q	CHORNC GONADOTROPIN HCG IA	-	-	-	Medicare	$12.53	$7.77	$7.52	-	-	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	$2,925.00	$1,813.50	$1,755.00	-	-	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	-	-	-	Inpatient 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	-
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	-

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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	ANESTH BURN LESS 4 PERCENT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
01952	N	ANESTH BURN 4-9 PERCENT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
01953	N	ANESTH BURN EACH 9 PERCENT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
01958	N	ANESTH ANTEPARTUM MANIPUL	-	-	-	Bundled	$0.00	-	-	-	-	010	065	-
0195U	Q	KLF1 TARGETED SEQUENCING	-	-	-	Medicare	$625.42	$387.76	$375.25	-	-	000	999	-
01960	N	ANESTH VAGINAL DELIVERY	-	-	-	Bundled	$0.00	-	-	-	-	010	065	-
01961	N	ANESTH CS DELIVERY	-	-	-	Bundled	$0.00	-	-	-	-	010	065	-
01962	N	ANESTH EMER HYSTERECTOMY	-	-	-	Bundled	$0.00	-	-	-	-	010	065	-
01963	N	ANESTH CS HYSTERECTOMY	-	-	-	Bundled	$0.00	-	-	-	-	010	065	-
01965	N	ANESTH INC/MISSED AB PROC	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
01966	N	ANESTH INDUCED AB PROCEDURE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
01967	N	ANESTH/ANALG VAG DELIVERY	-	-	-	Bundled	$0.00	-	-	-	-	010	065	-
01968	N	ANES/ANALG CS DELIVER ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	010	065	-
01969	N	ANESTH/ANALG CS HYST ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	010	065	-
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	-	-	-	Inpatient 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	-

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01999	N	UNLISTED ANESTH 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	-
0204U	Q	ONC THYR MRNA XPRSN ALYS 593	-	-	-	Medicare	$4,866.00	$3,016.92	$2,919.60	-	-	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	-
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	-

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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	E	ONC THYR MUT ALYS 10 GEN&37	-	-	-	Not Allowed	$0.00	-	-	-	-	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	E	ONC BRN SPHRD CLL 12 RX PNL	-	-	-	Not Allowed	$0.00	-	-	-	-	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	E	FTL ANEUPLOIDY STR ALYS DNA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0253T	E	INSERT AQUEOUS DRAIN DEVICE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0253U	E	RPRDTVE MED RNA GEN PRFL 238	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0254U	E	REPRDTVE MED ALYS 24 CHRMSM	-	-	-	Not Allowed	$0.00	-	-	-	-	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	E	RARE DS ID OPT GENOME MAPG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0261U	Q	ONC CLRCT CA IMG ALYS W/AI	-	-	-	Medicare	$8,250.00	$5,115.00	$4,950.00	-	-	000	999	-
0262U	E	ONC SLD TUM RT-PCR 7 GEN	-	-	-	Not Allowed	$0.00	-	-	-	-	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	E	RARE DS ID OPT GENOME MAPG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0265T	E	IM B1 MRW CEL THER HRVST ONL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0265U	E	RAR DO WHL GN&MTCDRL DNA ALS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0266T	E	IMPLT/RPL CRTD SNS DEV TOTAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0266U	E	UNXPL CNST HRTBL DO GN XPRSN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0267T	E	IMPLT/RPL CRTD SNS DEV LEAD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0267U	E	RARE DO ID OPT GEN MAPG&SEQ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0268T	E	IMPLT/RPL CRTD SNS DEV GEN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0268U	E	HEM AHUS GEN SEQ ALYS 15 GEN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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Proc Cd	2023 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
0269T	E	REV/REMVL CRTD SNS DEV TOTAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0269U	E	HEM AUT DM CGEN TRMBCTPNA 14	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0270T	E	REV/REMVL CRTD SNS DEV LEAD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0270U	E	HEM CGEN COAGJ DO 20 GENES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0271T	E	REV/REMVL CRTD SNS DEV GEN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0271U	E	HEM CGEN NEUTROPENIA 23 GEN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0272T	E	INTERROGATE CRTD SNS DEV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0272U	E	HEM GENETIC BLD DO 51 GENES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0273T	E	INTERROGATE CRTD SNS W/PGRMG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0273U	E	HEM GEN HYPRFIBRNLYSIS 8 GEN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0274T	E	PERQ LAMOT/LAM CRV/THRC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0274U	E	HEM GEN PLTLT DO 43 GENES	-	-	-	Not Allowed	$0.00	-	-	-	-	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	E	HEM INH THROMBOCYTOPENIA 42	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0277T	E	BRONCH THERMOPLASTY LOBES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0277U	E	HEM GEN PLTLT FUNCJ DO 31	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0278T	E	TEMPR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0278U	E	HEM GEN THROMBOSIS 12 GENES	-	-	-	Not Allowed	$0.00	-	-	-	-	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	E	ONC RSPS RADJ CLL FR DNA TOX	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0286T	E	NEAR IFR SPECTRSC OF WOUNDS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0286U	E	CEP72 NUDT15&TPMT GENE ALYS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0287T	E	NEAR IFR GUIDE OF VASC SITE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0287U	E	ONC THYR DNA&MRNA 112 GENES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0288T	E	ANOSCOPY W/RF DELIVERY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0288U	E	ONC LUNG MRNA QUAN PCR 11&3	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0289T	E	LASER INC FOR PKP/LKP DONOR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0289U	E	NEURO ALZHEIMER MRNA 24 GEN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0290U	E	PAIN MGMT MRNA GEN XPRSN 36	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0291T	E	IV OCT FOR PROC INIT VESSEL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0291U	E	PSYC MOOD DO MRNA 144 GENES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0292T	E	IV OCT FOR PROC ADDL VESSEL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0292U	E	PSYC STRS DO MRNA 72 GENES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0293U	E	PSYC SUICIDAL IDEA MRNA 54	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0294U	E	LNGVTY&MRTLTY RSK MRNA 18GEN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0295U	Q	ONC BRST DUX CARC 7 PROTEINS	-	-	-	Medicare	$3,161.67	$1,960.24	$1,897.00	-	-	000	999	-
0296U	E	ONC ORL&/OROP CA 20 MLC FEAT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0297U	E	ONC PAN TUM WHL GEN SEQ DNA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0298U	E	ONC PAN TUM WHL TRNS SEQ RNA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0299U	E	ONC PAN TUM WHL GEN OPT MAPG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0300U	E	ONC PAN TUM WHL GEN SEQ&OPT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0301U	E	IADNA BARTONELLA DDPCR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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0302U	E	IADNA BRTNLA DDPCR FLWG LIQ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0303U	E	HEM RBC ADS WHL BLD HYPOXIC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0304U	E	HEM RBC ADS WHL BLD NORMOXIC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0305U	E	HEM RBC FNCLTY&DFRM SHR STRS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0306U	E	ONC MRD NXT-GNRJ ALYS 1ST	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0307U	E	ONC MRD NXT-GNRJ ALYS SBSQ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0308T	E	INSJ OCULAR TELESCOPE PROSTH	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0308U	Q	CRD CAD ALYS 3 PRTN PLSM ALG	-	-	-	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	019	-
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	E	ONC PNCRS DNA&MRNA SEQ 74	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0314U	E	ONC CUTAN MLNMA MRNA 35 GENE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0315U	E	ONC CUTAN SQ CLL CA MRNA 40	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0316U	Q	B BRGDRFERI LYME DS OSPA EVL	-	-	-	Medicare	$31.10	$19.28	$18.66	-	-	000	999	-
0317U	E	ONC LUNG CA 4-PRB FISH ASSAY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0318U	E	PED WHL GEN MTHYLTN ALYS 50+	-	-	-	Not Allowed	$0.00	-	-	-	-	000	019	-
0319T	E	INSERT SUBQ DEFIB W/ELTRD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0319U	E	NEPH RNA PRETRNSPL PERPH BLD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0320T	E	INSERT SUBQ DEFIB ELECTRODE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0320U	E	NEPH RNA PSTTRNSPL PERPH BLD	-	-	-	Not Allowed	$0.00	-	-	-	-	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	E	TRGT GEN SEQ ALYS PNL 83+	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0327T	E	IMPLT SUBQ DEFIB INTEROGAT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0327U	E	FTL ANEUPLOIDY TRSMY DNA SEQ	-	-	-	Not Allowed	$0.00	-	-	-	-	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	E	ONC NEO XOME&TRNS SEQ ALYS	-	-	-	Not Allowed	$0.00	-	-	-	-	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	E	ONC HL NEO OPT GEN MAPPING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0332T	E	HEART SYMP IMAGE PLNR SPECT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0332U	E	ONC PAN TUM GEN PRFLG 8 DNA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0333T	E	VISUAL EP SCR ACUITY AUTO	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0333U	E	ONC LVR SURVEILANC HCC CFDNA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0334U	E	ONC SLD ORGN TGSA DNA 84/+	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0335T	E	INSJ SINUS TARSI IMPLANT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0335U	E	RARE DS WHL GEN SEQ FETA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0336T	E	LAP ABLAT UTERINE FIBROIDS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0336U	E	RARE DS WHL GEN SEQ BLD/SLV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0337U	E	ONC PLSM CELL DO&MYELOMA ID	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0338T	E	TRNSCTH RENAL SYMP DENRV UNL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0338U	E	ONC SLD TUM CRCG TUM CL SLCT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
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0339T	E	TRNSCTH RENAL SYMP DENRV BIL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0339U	E	ONC PRST8 MRNA HOXC6 & DLX1	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0340U	Q	ONC PAN CA ALYS MRD PLASMA	-	-	-	Medicare	$6,533.33	$4,050.66	$3,920.00	-	-	000	999	-
0341U	E	FTL ANEUP DNA SEQ CMPR ALYS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0342T	E	THXP APHERESIS W/HDL DELIP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0342U	E	ONC PNCRTC CA MULT IA ECLIA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0343U	E	ONC PRST8 XOM ALY 442 SNCRNA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0344U	E	HEP NAFLD SEMIQ EVL 28 LIPID	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0345T	E	TRANSCATH MTRAL VLVE REPAIR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0345U	E	PSYC GENOM ALYS PNL 15 GEN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0346U	E	BETA AMYL AB40&AB42 LC-MS/MS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0347T	E	INS BONE DEVICE FOR RSA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0347U	E	RX METAB/PCX DNA 16 GEN ALYS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0348T	E	RSA SPINE EXAM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0348U	E	RX METAB/PCX DNA 25 GEN ALYS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0349T	E	RSA UPPER EXTR EXAM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0349U	E	RX METAB/PCX DNA 27GEN RX IA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0350T	E	RSA LOWER EXTR EXAM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0350U	E	RX METAB/PCX DNA 27 GEN ALYS	-	-	-	Not Allowed	$0.00	-	-	-	-	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	-
0352U	Q	NFCT DS BV&VAGINITIS AMP PRB	-	-	-	Medicare	$237.72	$147.39	$142.63	-	-	000	999	-
0353T	E	INTRAOP OCT BREAST CAVITY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0353U	Q	IADNA CHLMYD&GONORR AMP PRB	-	-	-	Medicare	$116.97	$72.52	$70.18	-	-	000	999	-
0354T	E	OCT BREAST SURG CAVITY I&R	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0354U	Q	HPV HI RSK QUAL MRNA E6/E7	-	-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	-
0355U	E	APOL1 RISK VARIANTS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0356U	E	ONC OROP 17 DNA DDPCR ALG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0357U	E	ONC MLNMA AI QUAN ALYS 142	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0358T	E	BIA WHOLE BODY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0358U	E	NEURO ALYS B-AMYL 1-42&1-40	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0359U	E	ONC PRST8 CA ALYS ALL PSA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0360U	E	ONC LUNG ELISA 7 AUTOANT ALG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0361U	E	NEURFLMNT LT CHN DIG IA QUAN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0362T	E	BHV ID SUPRT ASSMT EA 15 MIN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0362U	E	ONC PAP THYR CA RNA 82&10	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0363U	E	ONC URTHL MRNA 5 GEN ALG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0364U	E	ONC HL NEO GEN SEQ ALYS ALG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0365U	E	ONC BLDR 10 PRB BLDR CA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0366U	E	ONC BLDR 10 PRB RECR BLDR CA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0367U	E	ONC BLDR 10 FLWG TRURL RESCJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0368U	E	ONC CLRCT CA MUT&MTHYLTN MRK	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0369U	E	IADNA GI PTHGN 31 ORG&21 ARG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0370U	E	IADNA SURG WND PTHGN 34&21	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0371U	E	IADNA GU PTHGN SEMIQ DNA16&1	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0372U	E	NFCT DS GU PTHGN ARG DETCJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0373T	E	ADAPT BHV TX EA 15 MIN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0373U	E	IADNA RSP TR NFCT 17 8 13&16	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0374U	E	IADNA GU PTHGN 21 ORG&21ARG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0375U	E	ONC OVRN BCHM ASY 7 PRTN ALG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0376U	E	ONC PRST8 CA IMG ALYS 128	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0377U	E	CV DS QUAN ADVSRM/PLSM LPRTN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0378T	E	VISUAL FIELD ASSMNT REV/RPRT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0378U	E	RFC1 REPEAT XPNSJ VRNT ALYS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0379T	E	VIS FIELD ASSMNT TECH SUPPT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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0379U	E	TGSAP SL OR NEO DNA523&RNA55	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0380U	E	RX METB ADVRS TRGT SQ ALY 20	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0381U	E	MAPLE SYRUP UR DS MNTR QUAN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0382U	E	HYPRPHENYLALNINMIA MNTR QUAN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0383U	E	TYROSINEMIA TYP I MNTR QUAN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0384U	E	NEPH CKD RSK HI STG KDN DS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0385U	E	NEPH CKD ALG RSK DBTC KDN DS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0386U	E	GI BARRETT ESOPH MTHYLTN ALY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0392T	E	LAP ES SPH AUGMENT DEV PLACE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0393T	E	ES SPH AUGMNT DEVICE REMOVAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0394T	E	HDR ELCTRNC SKN SURF BRCHYTX	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0395T	E	HDR ELCTR NTRST/NTRCV BRCHTX	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0397T	E	ERCP W/OPTICAL ENDOMICROSCPY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0398T	E	MRGFUS STRTCTC LES ABLTJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0402T	E	COLGN CRS-LINK CRN&PACHYMTRY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0403T	M	DIABETES PREV STANDARD CURR	-	-	-	Fee Schedule	$30.50	-	-	-	-	000	999	-
0404T	E	TRNSCRV UTERIN FIBROID ABLTJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0408T	E	INSJ/RPLC CARDIAC MODULJ SYS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0409T	E	INSJ/RPLC CAR MODULJ PLS GN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0410T	E	INSJ/RPLC CAR MODULJ ATR ELT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0411T	E	INSJ/RPLC CAR MODULJ VNT ELT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0412T	E	RMVL CARDIAC MODULJ PLS GEN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0413T	E	RMVL CAR MODULJ TRANVNS ELT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0414T	E	RMVL & RPL CAR MODULJ PLS GN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0415T	E	REPOS CAR MODULJ TRANVNS ELT	-	-	-	Not Allowed	$0.00	-	-	-	-	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	-
0418T	E	INTERRO EVAL CARDIAC MODULJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0419T	E	DSTRJ NEUROFIBROMA XTNSV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0420T	E	DSTRJ NEUROFIBROMA XTNSV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0421T	E	WATERJET PROSTATE ABLTJ CMPL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0422T	E	TACTILE BREAST IMG UNI/BI	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0424T	E	INSJ/RPLC NSTIM APNEA COMPL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0425T	E	INSJ/RPLC NSTIM APNEA SEN LD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0426T	E	INSJ/RPLC NSTIM APNEA STM LD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0427T	E	INSJ/RPLC NSTIM APNEA PLS GN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0428T	E	RMVL NSTIM APNEA PLS GEN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0429T	E	RMVL NSTIM APNEA SEN LD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0430T	E	RMVL NSTIM APNEA STIMJ LD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0431T	E	RMVL/RPLC NSTIM APNEA PLS GN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0432T	E	REPOS NSTIM APNEA STIMJ LD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0433T	E	REPOS NSTIM APNEA SENSING LD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0434T	E	INTERRO EVAL NPGS APNEA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0435T	E	PRGRMG EVAL NPGS APNEA 1 SES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0436T	E	PRGRMG EVAL NPGS APNEA STUDY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0437T	E	IMPLTJ SYNTH RNFCMT ABDL WAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0439T	E	MYOCRD CONTRAST PRFUJ ECHO	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0440T	E	ABLTJ PERC UXTR/PERPH NRV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0441T	E	ABLTJ PERC LXTR/PERPH NRV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0442T	E	ABLTJ PERC PLEX/TRNCL NRV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0443T	E	R-T SPCTRL ALYS PRST8 TISS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0444T	E	1ST PLMT DRUG ELUT OC INS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0445T	E	SBSQT PLMT DRUG ELUT OC INS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0446T	E	INSJ IMPLTBL GLUCOSE SENSOR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0447T	E	RMVL IMPLTBL GLUCOSE SENSOR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0448T	E	REMVL INSJ IMPLTBL GLUC SENS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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0449T	E	INSJ AQUEOUS DRAIN DEV 1ST	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0450T	E	INSJ AQUEOUS DRAIN DEV EACH	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0464T	E	VISUAL EP TEST FOR GLAUCOMA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0465T	E	SUPCHRDL NJX RX W/O SUPPLY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0469T	E	RTA POLARIZE SCAN OC SCR BI	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0472T	E	PRGRMG IO RTA ELTRD RA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0473T	E	REPRGRMG IO RTA ELTRD RA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0474T	E	INSJ AQUEOUS DRG DEV IO RSVR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0479T	E	FXJL ABL LSR 1ST 100 SQ CM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0480T	E	FXJL ABL LSR EA ADDL 100SQCM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0481T	E	NJX AUTOL WBC CONCENTRATE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0483T	E	TMVI PERCUTANEOUS APPROACH	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0484T	E	TMVI TRANSTHORACIC EXPOSURE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0485T	E	OCT MID EAR I&R UNILATERAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0486T	E	OCT MID EAR I&R BILATERAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0488T	E	DIABETES PREV ONLINE/ELEC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0489T	E	REGN CELL TX SCLDR HANDS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0490T	E	REGN CELL TX SCLDR H MLT INJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0494T	E	PREP & CANNULJ CDVR DON LUNG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0495T	E	MNTR CDVR DON LNG 1ST 2 HRS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0496T	E	MNTR CDVR DON LNG EA ADDL HR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0497T	E	XTRNL PT ACT ECG IN-OFF CONN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0498T	E	XTRNL PT ACT ECG R&I PR 30 D	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0499T	E	CYSTO F/URTL STRIX/STENOSIS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0500F	E	INITIAL PRENATAL CARE VISIT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0500T	E	HPV 5+ HI RISK HPV TYPES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0501F	E	PRENATAL FLOW SHEET	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0501T	E	COR FFR DERIVED COR CTA DATA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0502F	E	SUBSEQUENT PRENATAL CARE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0502T	E	COR FFR DATA PREP & TRANSMIS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0503F	E	POSTPARTUM CARE VISIT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0503T	E	COR FFR ALYS GNRJ FFR MDL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0504T	E	COR FFR DATA REVIEW I&R	-	-	-	Not Allowed	$0.00	-	-	-	-	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	-
0506T	E	MAC PGMT OPT DNS MEAS HFP	-	-	-	Not Allowed	$0.00	-	-	-	-	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	-
0508T	E	PLS ECHO US B1 DNS MEAS TIB	-	-	-	Not Allowed	$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	-
0510T	E	RMVL SINUS TARSI IMPLANT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0511T	E	RMVL&RINSJ SINUS TARSI IMPLT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0512T	E	ESW INTEG WND HLG 1ST WND	-	-	-	Not Allowed	$0.00	-	-	-	-	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	-
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	-
0515T	E	INSJ WCS LV COMPL SYS	-	-	-	Not Allowed	$0.00	-	-	-	-	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	-
0517F	E	GLAUCOMA PLAN OF CARE DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0517T	E	INSJ WCS LV PG COMPNT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0518F	E	FALL PLAN OF CARE DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0518T	E	RMVL PG COMPNT WCS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0519F	E	PLAND CHEMO DOCD B/4 TXMNT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
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0519T	E	RMVL & RPLCMT PG COMPNT WCS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0520F	E	RAD DOS LIMTS B/4 3D RAD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0520T	E	RMVL&RPLCMT PG WCS NEW ELTRD	-	-	-	Not Allowed	$0.00	-	-	-	-	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	-
0522T	E	PRGRMG DEV EVAL WCS IP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0523T	E	NTRAPX C FFR W/3D FUNCJL MAP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0524T	E	EV CATH DIR CHEM ABLTJ W/IMG	-	-	-	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	-
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	-
0527T	E	INSJ/RPLCMT IIMS IMPLT MNTR	-	-	-	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	-
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	-
0530T	E	REMOVAL COMPLETE IIMS	-	-	-	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	-
0533T	E	CONT REC MVMT DO 6-10 DAYS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0534T	E	CONT REC MVMT DO SETUP&TRAIN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0535F	E	DYSPNEA MNGMNT PLAN DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0535T	E	CONT REC MVMT DO REPRT CNFIG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0536T	E	CONT REC MVMT DO DL W/I&R	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0537T	E	BLD DRV T LYMPHCYT CAR-T CLL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0538T	E	BLD DRV T LYMPHCYT PREP TRNS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0539T	E	RECEIPT&PREP CAR-T CLL ADMN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0540F	E	GLUCO MNGMNT PLAN DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0540T	E	CAR-T CLL ADMN AUTOLOGOUS	-	-	-	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	-
0553T	E	PERQ TCAT ILIAC ANAST IMPLT	-	-	-	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	-
0564T	E	ONC CHEMO RX CYTOTOX CSC 14	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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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	-
0567T	E	PERM FLP TUBE OCCLS W/IMPLT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0568T	E	INTRO MIX SALINE&AIR F/SSG	-	-	-	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	-
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	-

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0616T	E	INSERTION OF IRIS PROSTHESIS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0617T	E	INSJ IRIS PROSTH W/RMVL&INSJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0618T	E	INSJ IRIS PROSTH SEC IO LENS	-	-	-	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	-
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 NR IFR SPCTRSC WND	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0641T	E	NCNTC NR IFR SPCTRSC WND IMG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0642T	E	NCNTC NR IFR SPCTRSC WND I&R	-	-	-	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	VRT BDY TETHERING ANT <7 SEG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0657T	E	VRT BDY TETHERING ANT 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	-

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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	-
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	TPRNL LSR ABLT B9 PRST8 HYPR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0715T	E	PERQ TRLUML CORONRY LITHOTRP	-	-	-	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	-

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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	-
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 TX 1NRV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0767T	E	TC MAG STIMJ PN 1ST TX EA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0768T	E	TC MAG STIMJ PN SBSQ TX 1NRV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
0769T	E	TC MAG STIMJ PN SBSQ TX EA	-	-	-	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	-
0775T	E	ARTHRD SI JT PRQ IARTIC IMPL	-	-	-	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	-

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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	7.5828	APC	$442.76	-	-	-	-	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	7.5828	APC	$442.76	-	-	-	-	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	7.5828	APC	$442.76	-	-	-	-	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	7.5828	APC	$442.76	-	-	-	-	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	4.359	APC	$254.52	-	-	-	-	000	999	-
1002F	E	ASSESS ANGINAL SYMPTOM/LEVEL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
10030	T	GUIDE CATHET FLUID DRAINAGE	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
10035	T	PERQ DEV SOFT TISS 1ST IMAG	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
10036	N	PERQ DEV SOFT TISS ADD IMAG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
1003F	E	LEVEL OF ACTIVITY ASSESS	-	-	-	Not Allowed	$0.00	-	-	-	Y	000	999	-
10040	N	ACNE SURGERY	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	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	DRAINAGE OF SKIN ABSCESS	-	05051	2.11	APC	$123.20	-	-	-	-	000	999	-
10061	T	DRAINAGE OF SKIN ABSCESS	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
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	DRAINAGE OF PILONIDAL CYST	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
10081	T	DRAINAGE OF PILONIDAL CYST	-	05071	7.5828	APC	$442.76	-	-	-	-	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	REMOVE FOREIGN BODY	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
10121	T	REMOVE FOREIGN BODY	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
1012F	E	ANGINA ABSENT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
10140	T	DRAINAGE OF HEMATOMA/FLUID	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
1015F	E	COPD SYMPTOMS ASSESS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
10160	T	PUNCTURE DRAINAGE OF LESION	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
10180	T	COMPLEX DRAINAGE WOUND	-	05073	30.1835	APC	$1,762.41	-	-	-	-	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 SYMP GE3 HRSB/4	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2023 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
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	DEBRIDE INFECTED SKIN	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
11001	N	DEBRIDE INFECTED SKIN ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
11004	C	DEBRIDE GENITALIA & PERINEUM	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
11005	C	DEBRIDE ABDOM WALL	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
11006	C	DEBRIDE GENIT/PER/ABDOM WALL	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
11008	C	REMOVE MESH FROM ABD WALL	-	-	-	Inpatient 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	7.5828	APC	$442.76	-	-	-	-	000	999	-
11011	T	DEBRIDE SKIN MUSC AT FX SITE	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11012	T	DEB SKIN BONE AT FX SITE	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
1101F	E	PT FALLS ASSESS-DOCD LE1/YR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
11042	T	DEB SUBQ TISSUE 20 SQ CM/<	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
11043	T	DEB MUSC/FASCIA 20 SQ CM/<	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
11044	T	DEB BONE 20 SQ CM/<	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11045	N	DEB SUBQ TISSUE ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
11046	N	DEB MUSC/FASCIA ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
11047	N	DEB BONE ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
11055	N	TRIM SKIN LESION	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
11056	N	TRIM SKIN LESIONS 2 TO 4	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
11057	T	TRIM SKIN LESIONS OVER 4	-	05051	2.11	APC	$123.20	-	-	-	-	000	999	-
11102	T	TANGNTL BX SKIN SINGLE LES	-	05051	2.11	APC	$123.20	-	-	-	-	000	999	-
11103	N	TANGNTL BX SKIN EA SEP/ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
11104	T	PUNCH BX SKIN SINGLE LESION	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
11105	N	PUNCH BX SKIN EA SEP/ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
11106	T	INCAL BX SKN SINGLE LES	-	05053	6.788	APC	$396.35	-	-	-	-	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	REMOVAL OF SKIN TAGS <W/15	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
11201	N	REMOVE SKIN TAGS ADD-ON	-	-	-	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	4.359	Bundled, sometimes payable	$254.52	-	-	-	-	000	999	-
11301	N	SHAVE SKIN LESION 0.6-1.0 CM	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
11302	N	SHAVE SKIN LESION 1.1-2.0 CM	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
11303	N	SHAVE SKIN LESION >2.0 CM	-	05052	4.359	Bundled, sometimes payable	$254.52	-	-	-	-	000	999	-
11305	N	SHAVE SKIN LESION 0.5 CM/<	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
11306	N	SHAVE SKIN LESION 0.6-1.0 CM	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
11307	T	SHAVE SKIN LESION 1.1-2.0 CM	-	05051	2.11	APC	$123.20	-	-	-	-	000	999	-
11308	N	SHAVE SKIN LESION >2.0 CM	-	05052	4.359	Bundled, sometimes payable	$254.52	-	-	-	-	000	999	-
1130F	E	BK PAIN & FXN ASSESSED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
11310	T	SHAVE SKIN LESION 0.5 CM/<	-	05051	2.11	APC	$123.20	-	-	-	-	000	999	-
11311	T	SHAVE SKIN LESION 0.6-1.0 CM	-	05051	2.11	APC	$123.20	-	-	-	-	000	999	-
11312	T	SHAVE SKIN LESION 1.1-2.0 CM	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
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Proc Cd	2023 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
11313	T	SHAVE SKIN LESION >2.0 CM	-	05052	4.359	APC	$254.52	-	-	-	-	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	7.5828	APC	$442.76	-	-	-	-	000	999	-
11401	T	EXC TR-EXT B9+MARG 0.6-1 CM	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
11402	T	EXC TR-EXT B9+MARG 1.1-2 CM	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11403	T	EXC TR-EXT B9+MARG 2.1-3CM	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11404	T	EXC TR-EXT B9+MARG 3.1-4 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11406	T	EXC TR-EXT B9+MARG >4.0 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11420	T	EXC H-F-NK-SP B9+MARG 0.5/<	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11421	T	EXC H-F-NK-SP B9+MARG 0.6-1	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11422	T	EXC H-F-NK-SP B9+MARG 1.1-2	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11423	T	EXC H-F-NK-SP B9+MARG 2.1-3	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11424	T	EXC H-F-NK-SP B9+MARG 3.1-4	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11426	T	EXC H-F-NK-SP B9+MARG >4 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
11440	T	EXC FACE-MM B9+MARG 0.5 CM/<	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11441	T	EXC FACE-MM B9+MARG 0.6-1 CM	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11442	T	EXC FACE-MM B9+MARG 1.1-2 CM	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11443	T	EXC FACE-MM B9+MARG 2.1-3 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11444	T	EXC FACE-MM B9+MARG 3.1-4 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11446	T	EXC FACE-MM B9+MARG >4 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
11450	T	REMOVAL SWEAT GLAND LESION	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
11451	T	REMOVAL SWEAT GLAND LESION	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
11462	T	REMOVAL SWEAT GLAND LESION	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
11463	T	REMOVAL SWEAT GLAND LESION	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
11470	T	REMOVAL SWEAT GLAND LESION	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
11471	T	REMOVAL SWEAT GLAND LESION	-	05073	30.1835	APC	$1,762.41	-	-	-	-	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	7.5828	APC	$442.76	-	-	-	-	000	999	-
11601	T	EXC TR-EXT MAL+MARG 0.6-1 CM	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11602	T	EXC TR-EXT MAL+MARG 1.1-2 CM	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
11603	T	EXC TR-EXT MAL+MARG 2.1-3 CM	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11604	T	EXC TR-EXT MAL+MARG 3.1-4 CM	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11606	T	EXC TR-EXT MAL+MARG >4 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
1160F	E	RVW MEDS BY RX/DR IN RCRD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
11620	T	EXC H-F-NK-SP MAL+MARG 0.5/<	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11621	T	EXC S/N/H/F/G MAL+MRG 0.6-1	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11622	T	EXC S/N/H/F/G MAL+MRG 1.1-2	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11623	T	EXC S/N/H/F/G MAL+MRG 2.1-3	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11624	T	EXC S/N/H/F/G MAL+MRG 3.1-4	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11626	T	EXC S/N/H/F/G MAL+MRG >4 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
11640	T	EXC F/E/E/N/L MAL+MRG 0.5CM<	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11641	T	EXC F/E/E/N/L MAL+MRG 0.6-1	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11642	T	EXC F/E/E/N/L MAL+MRG 1.1-2	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
11643	T	EXC F/E/E/N/L MAL+MRG 2.1-3	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11644	T	EXC F/E/E/N/L MAL+MRG 3.1-4	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
11646	T	EXC F/E/E/N/L MAL+MRG >4 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
1170F	E	FXNL STATUS ASSESSED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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11719	N	TRIM NAIL(S) ANY NUMBER	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
11720	N	DEBRIDE NAIL 1-5	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
11721	N	DEBRIDE NAIL 6 OR MORE	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
11730	N	REMOVAL OF NAIL PLATE	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
11732	N	REMOVE NAIL PLATE ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
11740	N	DRAIN BLOOD FROM UNDER NAIL	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
11750	T	REMOVAL OF NAIL BED	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
11755	T	BIOPSY NAIL UNIT	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
1175F	E	FUNCTION STAT ASSESSED RVWD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
11760	T	REPAIR OF NAIL BED	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
11762	T	RECONSTRUCTION OF NAIL BED	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
11765	N	EXCISION OF NAIL FOLD TOE	-	05052	4.359	Bundled, sometimes payable	$254.52	-	-	-	-	000	999	-
11770	T	REMOVE PILONIDAL CYST SIMPLE	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
11771	T	REMOVE PILONIDAL CYST EXTEN	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
11772	T	REMOVE PILONIDAL CYST COMPL	-	05073	30.1835	APC	$1,762.41	-	-	-	-	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	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
11901	N	INJECT SKIN LESIONS >7	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
11920	T	CORRECT SKIN COLOR 6.0 CM/<	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
11921	T	CORRECT SKN COLOR 6.1-20.0CM	-	05053	6.788	APC	$396.35	-	-	-	-	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	38.0095	APC	$2,219.37	-	-	Y	-	000	999	-
11970	N	RPLCMT TISS XPNDR PERM IMPLT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	Y	-	000	999	-
11971	N	RMVL TIS XPNDR WO INSJ IMPLT	-	05073	30.1835	Bundled, sometimes payable	$1,762.41	-	-	Y	-	000	999	-
11976	N	REMOVE CONTRACEPTIVE CAPSULE	-	05071	7.5828	Bundled, sometimes payable	$442.76	-	-	-	-	010	060	-
11980	N	IMPLANT HORMONE PELLET(S)	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
11981	N	INSERTION DRUG DLVR IMPLANT	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
11982	N	REMOVE DRUG IMPLANT DEVICE	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
11983	N	REMOVE/INSERT DRUG IMPLANT	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
12001	N	RPR S/N/AX/GEN/TRNK 2.5CM/<	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
12002	N	RPR S/N/AX/GEN/TRNK2.6-7.5CM	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
12004	N	RPR S/N/AX/GEN/TRK7.6-12.5CM	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
12005	N	RPR S/N/A/GEN/TRK12.6-20.0CM	-	05052	4.359	Bundled, sometimes payable	$254.52	-	-	-	-	000	999	-
12006	N	RPR S/N/A/GEN/TRK20.1-30.0CM	-	05052	4.359	Bundled, sometimes payable	$254.52	-	-	-	-	000	999	-
12007	T	RPR S/N/AX/GEN/TRNK >30.0 CM	-	05051	2.11	APC	$123.20	-	-	-	-	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	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
12013	N	RPR F/E/E/N/L/M 2.6-5.0 CM	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
12014	N	RPR F/E/E/N/L/M 5.1-7.5 CM	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
12015	N	RPR F/E/E/N/L/M 7.6-12.5 CM	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
12016	N	RPR FE/E/EN/L/M 12.6-20.0 CM	-	05052	4.359	Bundled, sometimes payable	$254.52	-	-	-	-	000	999	-
12017	N	RPR FE/E/EN/L/M 20.1-30.0 CM	-	05052	4.359	Bundled, sometimes payable	$254.52	-	-	-	-	000	999	-
12018	N	RPR F/E/E/N/L/M >30.0 CM	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
12020	T	CLOSURE OF SPLIT WOUND	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
12021	T	CLOSURE OF SPLIT WOUND	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
12031	T	INTMD RPR S/A/T/EXT 2.5 CM/<	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
12032	T	INTMD RPR S/A/T/EXT 2.6-7.5	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
12034	T	INTMD RPR S/TR/EXT 7.6-12.5	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
12035	T	INTMD RPR S/A/T/EXT 12.6-20	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2023 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
12036	T	INTMD RPR S/A/T/EXT 20.1-30	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
12037	T	INTMD RPR S/TR/EXT >30.0 CM	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
12041	N	INTMD RPR N-HF/GENIT 2.5CM/<	-	05052	4.359	Bundled, sometimes payable	$254.52	-	-	-	-	000	999	-
12042	T	INTMD RPR N-HF/GENIT2.6-7.5	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
12044	T	INTMD RPR N-HF/GENIT7.6-12.5	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
12045	T	INTMD RPR N-HF/GENIT12.6-20	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
12046	T	INTMD RPR N-HF/GENIT20.1-30	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
12047	T	INTMD RPR N-HF/GENIT >30.0CM	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
12051	T	INTMD RPR FACE/MM 2.5 CM/<	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
12052	T	INTMD RPR FACE/MM 2.6-5.0 CM	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
12053	T	INTMD RPR FACE/MM 5.1-7.5 CM	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
12054	N	INTMD RPR FACE/MM 7.6-12.5CM	-	05052	4.359	Bundled, sometimes payable	$254.52	-	-	-	-	000	999	-
12055	T	INTMD RPR FACE/MM 12.6-20 CM	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
12056	N	INTMD RPR FACE/MM 20.1-30.0	-	05052	4.359	Bundled, sometimes payable	$254.52	-	-	-	-	000	999	-
12057	T	INTMD RPR FACE/MM >30.0 CM	-	05052	4.359	APC	$254.52	-	-	-	-	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	6.788	APC	$396.35	-	-	-	-	000	999	-
13101	T	CMPLX RPR TRUNK 2.6-7.5 CM	-	05053	6.788	APC	$396.35	-	-	-	-	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	6.788	APC	$396.35	-	-	-	-	000	999	-
13121	T	CMPLX RPR S/A/L 2.6-7.5 CM	-	05053	6.788	APC	$396.35	-	-	-	-	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	4.359	APC	$254.52	-	-	-	-	000	999	-
13132	T	CMPLX RPR F/C/C/M/N/AX/G/H/F	-	05053	6.788	APC	$396.35	-	-	-	-	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	6.788	APC	$396.35	-	-	-	-	000	999	-
13152	T	CMPLX RPR E/N/E/L 2.6-7.5 CM	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
13153	N	CMPLX RPR E/N/E/L ADDL 5CM/<	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
13160	T	LATE CLOSURE OF WOUND	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
14000	T	TIS TRNFR TRUNK 10 SQ CM/<	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
14001	T	TIS TRNFR TRUNK 10.1-30SQCM	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
1400F	E	PRKNS DIAG RVIEWED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
14020	T	TIS TRNFR S/A/L 10 SQ CM/<	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
14021	T	TIS TRNFR S/A/L 10.1-30 SQCM	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
14040	T	TIS TRNFR F/C/C/M/N/A/G/H/F	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
14041	T	TIS TRNFR F/C/C/M/N/A/G/H/F	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
14060	T	TIS TRNFR E/N/E/L 10 SQ CM/<	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
14061	T	TIS TRNFR E/N/E/L10.1-30SQCM	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
14301	T	TIS TRNFR ANY 30.1-60 SQ CM	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
14302	N	TIS TRNFR ADDL 30 SQ CM	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
14350	T	FILLETED FINGER/TOE FLAP	-	05054	20.1655	APC	$1,177.46	-	-	-	-	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	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15003	N	WOUND PREP ADDL 100 CM	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
15004	T	WOUND PREP F/N/HF/G	-	05053	6.788	APC	$396.35	-	-	-	-	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	-
1501F	E	NOT INITIAL EVAL FOR COND	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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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	20.1655	APC	$1,177.46	-	-	-	Y	000	999	-
1504F	E	PT HAS RESP INSUFFICIENCY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
15050	T	SKIN PINCH GRAFT	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
1505F	E	PT HAS NO RESP INSUFFICIENCY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
15100	T	SKIN SPLT GRFT TRNK/ARM/LEG	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15101	N	SKIN SPLT GRFT T/A/L ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
15110	T	EPIDRM AUTOGRFT TRNK/ARM/LEG	-	05054	20.1655	APC	$1,177.46	-	-	-	Y	000	999	-
15111	N	EPIDRM AUTOGRFT T/A/L ADD-ON	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
15115	T	EPIDRM A-GRFT FACE/NCK/HF/G	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15116	N	EPIDRM A-GRFT F/N/HF/G ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
15120	T	SKN SPLT A-GRFT FAC/NCK/HF/G	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15121	N	SKN SPLT A-GRFT F/N/HF/G ADD	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
15130	T	DERM AUTOGRAFT TRNK/ARM/LEG	-	05054	20.1655	APC	$1,177.46	-	-	-	Y	000	999	-
15131	N	DERM AUTOGRAFT T/A/L ADD-ON	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
15135	T	DERM AUTOGRAFT FACE/NCK/HF/G	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15136	N	DERM AUTOGRAFT F/N/HF/G ADD	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
15150	T	CULT SKIN GRFT T/ARM/LEG	-	05054	20.1655	APC	$1,177.46	-	-	-	Y	000	999	-
15151	N	CULT SKIN GRFT T/A/L ADDL	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
15152	N	CULT SKIN GRAFT T/A/L +%	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
15155	T	CULT SKIN GRAFT F/N/HF/G	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15156	N	CULT SKIN GRFT F/N/HFG ADD	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
15157	N	CULT EPIDERM GRFT F/N/HFG +%	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
15200	T	SKIN FULL GRAFT TRUNK	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15201	N	SKIN FULL GRAFT TRUNK ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
15220	T	SKIN FULL GRAFT SCLP/ARM/LEG	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15221	N	SKIN FULL GRAFT ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
15240	T	SKIN FULL GRFT FACE/GENIT/HF	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15241	N	SKIN FULL GRAFT ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
15260	T	SKIN FULL GRAFT EEN & LIPS	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15261	N	SKIN FULL GRAFT ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
15271	T	SKIN SUB GRAFT TRNK/ARM/LEG	-	05054	20.1655	APC	$1,177.46	-	-	-	-	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	38.0095	APC	$2,219.37	-	-	-	-	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	20.1655	APC	$1,177.46	-	-	-	-	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	20.1655	APC	$1,177.46	-	-	-	-	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	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15572	T	SKIN PEDICLE FLAP ARMS/LEGS	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15574	T	PEDCLE FH/CH/CH/M/N/AX/G/H/F	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15576	T	PEDICLE E/N/E/L/NTRORAL	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15600	T	DELAY FLAP TRUNK	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15610	T	DELAY FLAP ARMS/LEGS	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15620	T	DELAY FLAP F/C/C/N/AX/G/H/F	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15630	T	DELAY FLAP EYE/NOS/EAR/LIP	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15650	T	TRANSFER SKIN PEDICLE FLAP	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15730	T	MDFC FLAP W/PRSRV VASC PEDCL	-	05055	38.0095	APC	$2,409.44	-	-	-	-	000	999	-
15731	T	FOREHEAD FLAP W/VASC PEDICLE	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15733	T	MUSC MYOQ/FSCQ FLP H&N PEDCL	-	05055	38.0095	APC	$2,409.44	-	-	-	-	000	999	-
15734	T	MUSCLE-SKIN GRAFT TRUNK	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15736	T	MUSCLE-SKIN GRAFT ARM	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15738	T	MUSCLE-SKIN GRAFT LEG	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15740	T	ISLAND PEDICLE FLAP GRAFT	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-

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15750	T	NEUROVASCULAR PEDICLE FLAP	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15756	C	FREE MYO/SKIN FLAP MICROVASC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
15757	C	FREE SKIN FLAP MICROVASC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
15758	C	FREE FASCIAL FLAP MICROVASC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
15760	T	COMPOSITE SKIN GRAFT	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15769	T	GRFG AUTOL SOFT TISS DIR EXC	-	05055	38.0095	APC	$2,409.44	-	-	-	-	000	999	-
15770	T	DERMA-FAT-FASCIA GRAFT	-	05055	38.0095	APC	$2,219.37	-	-	-	-	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	-
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 FACE EPIDERM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
15789	E	CHEMICAL PEEL FACE DERMAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
15792	E	CHEMICAL PEEL NONFACIAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
15793	E	CHEMICAL PEEL NONFACIAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
15819	E	PLASTIC SURGERY NECK	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
15820	T	REVISION OF LOWER EYELID	-	05054	20.1655	APC	$1,177.46	-	-	Y	-	000	999	-
15821	T	REVISION OF LOWER EYELID	-	05054	20.1655	APC	$1,177.46	-	-	Y	-	000	999	-
15822	T	REVISION OF UPPER EYELID	-	05054	20.1655	APC	$1,177.46	-	-	Y	-	000	999	-
15823	T	REVISION OF UPPER EYELID	-	05054	20.1655	APC	$1,177.46	-	-	Y	-	000	999	-
15824	E	REMOVAL OF FOREHEAD WRINKLES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
15825	E	REMOVAL OF NECK WRINKLES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
15826	E	REMOVAL OF BROW WRINKLES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
15828	E	REMOVAL OF FACE WRINKLES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
15829	E	REMOVAL OF SKIN WRINKLES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
15830	T	EXC SKIN ABD	-	05092	69.4415	APC	$4,054.69	-	-	Y	-	000	999	-
15832	E	EXCISE EXCESSIVE SKIN THIGH	-	-	-	Not Allowed	$0.00	-	-	Y	-	000	999	-
15833	E	EXCISE EXCESSIVE SKIN LEG	-	-	-	Not Allowed	$0.00	-	-	Y	-	000	999	-
15834	E	EXCISE EXCESSIVE SKIN HIP	-	-	-	Not Allowed	$0.00	-	-	Y	-	000	999	-
15835	E	EXCISE EXCESSIVE SKIN BUTTCK	-	-	-	Not Allowed	$0.00	-	-	Y	-	000	999	-
15836	E	EXCISE EXCESSIVE SKIN ARM	-	-	-	Not Allowed	$0.00	-	-	Y	-	000	999	-
15837	E	EXCISE EXCESS SKIN ARM/HAND	-	-	-	Not Allowed	$0.00	-	-	Y	-	000	999	-
15838	E	EXCISE EXCESS SKIN FAT PAD	-	-	-	Not Allowed	$0.00	-	-	Y	-	000	999	-
15839	T	EXCISE EXCESS SKIN & TISSUE	-	05073	30.1835	APC	$1,762.41	-	-	Y	-	000	999	-
15840	T	NERVE PALSY FASCIAL GRAFT	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15841	T	NERVE PALSY MUSCLE GRAFT	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15842	T	NERVE PALSY MICROSURG GRAFT	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15845	T	SKIN AND MUSCLE REPAIR FACE	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15847	N	EXC SKIN ABD ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
15851	T	REMOVAL SUTR/STAPLE REQ ANES	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15852	N	DRESSING CHANGE NOT FOR BURN	-	05053	6.788	Bundled, sometimes payable	$396.35	-	-	-	-	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	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	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	-

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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	T	REMOVAL OF TAIL BONE ULCER	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
15922	T	REMOVAL OF TAIL BONE ULCER	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15931	T	REMOVE SACRUM PRESSURE SORE	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
15933	T	REMOVE SACRUM PRESSURE SORE	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
15934	T	REMOVE SACRUM PRESSURE SORE	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15935	T	REMOVE SACRUM PRESSURE SORE	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15936	T	REMOVE SACRUM PRESSURE SORE	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15937	T	REMOVE SACRUM PRESSURE SORE	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15940	T	REMOVE HIP PRESSURE SORE	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
15941	T	REMOVE HIP PRESSURE SORE	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
15944	T	REMOVE HIP PRESSURE SORE	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15945	T	REMOVE HIP PRESSURE SORE	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15946	T	REMOVE HIP PRESSURE SORE	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15950	T	REMOVE THIGH PRESSURE SORE	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
15951	T	REMOVE THIGH PRESSURE SORE	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
15952	T	REMOVE THIGH PRESSURE SORE	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15953	T	REMOVE THIGH PRESSURE SORE	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15956	T	REMOVE THIGH PRESSURE SORE	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
15958	T	REMOVE THIGH PRESSURE SORE	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
15999	T	UNLISTED PX EXC PRESSURE ULC	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
16000	N	INITIAL TREATMENT OF BURN(S)	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
16020	N	DRESS/DEBRID P-THICK BURN S	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
16025	T	DRESS/DEBRID P-THICK BURN M	-	05051	2.11	APC	$123.20	-	-	-	-	000	999	-
16030	T	DRESS/DEBRID P-THICK BURN L	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
16035	T	INCISION OF BURN SCAB INITI	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
16036	C	ESCHAROTOMY ADDL INCISION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
17000	N	DESTRUCT PREMALG LESION	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
17003	N	DESTRUCT PREMALG LES 2-14	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
17004	T	DESTROY PREMAL LESIONS 15/>	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
17106	T	DESTRUCTION OF SKIN LESIONS	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
17107	T	DESTRUCTION OF SKIN LESIONS	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
17108	T	DESTRUCTION OF SKIN LESIONS	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
17110	N	DESTRUCT B9 LESION 1-14	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
17111	N	DESTRUCT LESION 15 OR MORE	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
17250	N	CHEM CAUT OF GRANLTJ TISSUE	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
17260	N	DESTRUCTION OF SKIN LESIONS	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
17261	N	DESTRUCTION OF SKIN LESIONS	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
17262	N	DESTRUCTION OF SKIN LESIONS	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
17263	N	DESTRUCTION OF SKIN LESIONS	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
17264	T	DESTRUCTION OF SKIN LESIONS	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
17266	T	DESTRUCTION OF SKIN LESIONS	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
17270	T	DESTRUCTION OF SKIN LESIONS	-	05051	2.11	APC	$123.20	-	-	-	-	000	999	-
17271	T	DESTRUCTION OF SKIN LESIONS	-	05051	2.11	APC	$123.20	-	-	-	-	000	999	-
17272	N	DESTRUCTION OF SKIN LESIONS	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
17273	T	DESTRUCTION OF SKIN LESIONS	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
17274	T	DESTRUCTION OF SKIN LESIONS	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
17276	T	DESTRUCTION OF SKIN LESIONS	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
17280	N	DESTRUCTION OF SKIN LESIONS	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
17281	T	DESTRUCTION OF SKIN LESIONS	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
17282	T	DESTRUCTION OF SKIN LESIONS	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
17283	T	DESTRUCTION OF SKIN LESIONS	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
17284	T	DESTRUCTION OF SKIN LESIONS	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
17286	T	DESTRUCTION OF SKIN LESIONS	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
17311	T	MOHS 1 STAGE H/N/HF/G	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-

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17312	N	MOHS ADDL STAGE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
17313	T	MOHS 1 STAGE T/A/L	-	05053	6.788	APC	$396.35	-	-	-	-	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 OF SKIN	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
17360	N	SKIN PEEL THERAPY	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
17380	E	HAIR REMOVAL BY ELECTROLYSIS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
17999	N	UNLISTD PX SKN MUC MEMB SUBQ	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
19000	T	DRAINAGE OF BREAST LESION	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
19001	N	DRAIN BREAST LESION ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
19020	T	INCISION OF BREAST LESION	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
19030	N	INJECTION FOR BREAST X-RAY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
19081	T	BX BREAST 1ST LESION STRTCTC	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
19082	N	BX BREAST ADD LESION STRTCTC	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
19083	T	BX BREAST 1ST LESION US IMAG	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
19084	N	BX BREAST ADD LESION US IMAG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
19085	T	BX BREAST 1ST LESION MR IMAG	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
19086	N	BX BREAST ADD LESION MR IMAG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
19100	T	BX BREAST PERCUT W/O IMAGE	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
19101	T	BIOPSY OF BREAST OPEN	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
19105	T	CRYOSURG ABLATE FA EACH	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
19110	T	NIPPLE EXPLORATION	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
19112	T	EXCISE BREAST DUCT FISTULA	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
19120	T	REMOVAL OF BREAST LESION	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
19125	T	EXCISION BREAST LESION	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
19126	N	EXCISION ADDL BREAST LESION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
19281	N	PERQ DEVICE BREAST 1ST IMAG	-	05072	17.5212	Bundled, sometimes payable	$1,023.06	-	-	-	-	000	999	-
19282	N	PERQ DEVICE BREAST EA IMAG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
19283	N	PERQ DEV BREAST 1ST STRTCTC	-	05071	7.5828	Bundled, sometimes payable	$442.76	-	-	-	-	000	999	-
19284	N	PERQ DEV BREAST ADD STRTCTC	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
19285	N	PERQ DEV BREAST 1ST US IMAG	-	05071	7.5828	Bundled, sometimes payable	$442.76	-	-	-	-	000	999	-
19286	N	PERQ DEV BREAST ADD US IMAG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
19287	N	PERQ DEV BREAST 1ST MR GUIDE	-	05071	7.5828	Bundled, sometimes payable	$442.76	-	-	-	-	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	102.8888	Bundled, sometimes payable	$6,007.68	-	-	-	Y	000	999	-
19297	N	PLACE BREAST CATH FOR RAD	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
19298	N	PLACE BREAST RAD TUBE/CATHS	-	05092	69.4415	Bundled, sometimes payable	$4,054.69	-	-	-	Y	000	999	-
19300	T	REMOVAL OF BREAST TISSUE	-	05091	40.1682	APC	$2,345.42	-	-	Y	-	000	999	-
19301	T	PARTIAL MASTECTOMY	-	05091	40.1682	APC	$2,345.42	-	-	Y	-	000	999	-
19302	T	P-MASTECTOMY W/LN REMOVAL	-	05092	69.4415	APC	$4,054.69	-	-	Y	-	000	999	-
19303	T	MAST SIMPLE COMPLETE	-	05092	69.4415	APC	$4,054.69	-	-	Y	-	000	999	-
19305	C	MAST RADICAL	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
19306	C	MAST RAD URBAN TYPE	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
19307	T	MAST MOD RAD	-	05092	69.4415	APC	$4,054.69	-	-	Y	-	000	999	-
19316	T	SUSPENSION OF BREAST	-	05092	69.4415	APC	$4,054.69	-	-	Y	-	016	999	-
19318	T	BREAST REDUCTION	-	05092	69.4415	APC	$4,054.69	-	-	Y	-	016	999	-
19325	N	BREAST AUGMENTATION W/IMPLT	-	05093	102.8888	Bundled, sometimes payable	$6,007.68	-	-	Y	-	016	999	-
19328	N	RMVL INTACT BREAST IMPLANT	-	05091	40.1682	Bundled, sometimes payable	$2,345.42	-	-	Y	-	016	999	-
19330	N	RMVL RUPTURED BREAST IMPLANT	-	05091	40.1682	Bundled, sometimes payable	$2,345.42	-	-	Y	-	016	999	-
19340	T	INSJ BREAST IMPLT SM D MAST	-	05092	69.4415	APC	$4,054.69	-	-	Y	-	016	999	-
19342	N	INSJ/RPLCMT BRST IMPLT SEP D	-	05093	102.8888	Bundled, sometimes payable	$6,007.68	-	-	Y	-	016	999	-
19350	T	BREAST RECONSTRUCTION	-	05091	40.1682	APC	$2,345.42	-	-	Y	-	016	999	-
19355	E	CORRECT INVERTED NIPPLE(S)	-	-	-	Not Allowed	$0.00	-	-	-	-	016	999	-
19357	N	TISS XPNDR PLMT BRST RCNSTJ	-	05094	194.938	Bundled, sometimes payable	$11,382.43	-	-	Y	-	016	999	-
19361	C	BRST RCNSTJ LATSMS DRSI FLAP	-	-	-	Inpatient Only	$0.00	-	-	Y	-	016	999	-

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19364	C	BRST RCNSTJ FREE FLAP	-	-	-	Inpatient Only	$0.00	-	-	Y	-	016	999	-
19367	C	BRST RCNSTJ 1 PDCL TRAM FLAP	-	-	-	Inpatient Only	$0.00	-	-	Y	-	016	999	-
19368	C	BRST RCNSTJ 1PDCL TRAM ANAST	-	-	-	Inpatient Only	$0.00	-	-	Y	-	016	999	-
19369	C	BRST RCNSTJ 2 PDCL TRAM FLAP	-	-	-	Inpatient Only	$0.00	-	-	Y	-	016	999	-
19370	T	REVJ PERI-IMPLT CAPSULE BRST	-	05091	40.1682	APC	$2,345.42	-	-	Y	-	000	999	-
19371	T	PERI-IMPLT CAPSLC BRST COMPL	-	05091	40.1682	APC	$2,345.42	-	-	Y	-	000	999	-
19380	T	REVJ RECONSTRUCTED BREAST	-	05092	69.4415	APC	$4,054.69	-	-	Y	-	016	999	-
19396	T	DESIGN CUSTOM BREAST IMPLANT	-	05091	40.1682	APC	$2,345.42	-	-	Y	-	000	999	-
19499	T	UNLISTED PROCEDURE BREAST	-	05091	40.1682	APC	$2,345.42	-	-	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	EXPLORE WOUND NECK	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
20101	T	EXPLORE WOUND CHEST	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
20102	T	EXPLORE WOUND ABDOMEN	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
20103	T	EXPLORE WOUND EXTREMITY	-	05072	17.5212	APC	$1,023.06	-	-	-	-	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	T	EXCISE EPIPHYSEAL BAR	-	05113	34.7802	APC	$2,030.82	-	-	-	-	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	T	MUSCLE BIOPSY	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
20205	T	DEEP MUSCLE BIOPSY	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
20206	T	NEEDLE BIOPSY MUSCLE	-	05072	17.5212	APC	$1,023.06	-	-	-	-	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	T	BONE BIOPSY TROCAR/NEEDLE	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
20225	T	BONE BIOPSY TROCAR/NEEDLE	-	05072	17.5212	APC	$1,023.06	-	-	-	-	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	T	BONE BIOPSY OPEN SUPERFICIAL	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
20245	T	BONE BIOPSY OPEN DEEP	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
2024F	E	7 FLD RTA PHOTO EVC RTNOPTHY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
20250	T	OPEN BONE BIOPSY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
20251	T	OPEN BONE BIOPSY	-	05114	77.2872	APC	$4,512.80	-	-	-	-	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	T	INJECTION OF SINUS TRACT	-	05163	16.2194	APC	$947.05	-	-	-	-	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	T	REMOVAL OF FOREIGN BODY	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
20525	T	REMOVAL OF FOREIGN BODY	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
20526	T	THER INJECTION CARP TUNNEL	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
20527	T	INJ DUPUYTREN CORD W/ENZYME	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-

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20550	T	INJ TENDON SHEATH/LIGAMENT	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
20551	T	INJ TENDON ORIGIN/INSERTION	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
20552	T	INJ TRIGGER POINT 1/2 MUSCL	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
20553	T	INJECT TRIGGER POINTS 3/>	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
20555	T	PLACE NDL MUSC/TIS FOR RT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	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	3.1769	APC	$185.50	-	-	-	-	000	999	-
20604	T	DRAIN/INJ JOINT/BURSA W/US	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
20605	T	DRAIN/INJ JOINT/BURSA W/O US	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
20606	T	DRAIN/INJ JOINT/BURSA W/US	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
2060F	E	PT TALK EVAL HLTHWKR RE MDD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
20610	T	DRAIN/INJ JOINT/BURSA W/O US	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
20611	T	DRAIN/INJ JOINT/BURSA W/US	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
20612	T	ASPIRATE/INJ GANGLION CYST	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
20615	T	TREATMENT OF BONE CYST	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
20650	T	INSERT AND REMOVE BONE PIN	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
20660	N	APPLY REM FIXATION DEVICE	-	05112	16.7613	Bundled, sometimes payable	$978.69	-	-	-	-	000	999	-
20661	C	APPLICATION OF HEAD BRACE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20662	T	APPLICATION OF PELVIS BRACE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
20663	T	APPLICATION OF THIGH BRACE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
20664	C	APPLICATION OF HALO	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20665	N	REMOVAL OF FIXATION DEVICE	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
20670	N	REMOVAL OF SUPPORT IMPLANT	-	05072	17.5212	Bundled, sometimes payable	$1,023.06	-	-	-	-	000	999	-
20680	N	REMOVAL OF SUPPORT IMPLANT	-	05073	30.1835	Bundled, sometimes payable	$1,762.41	-	-	-	-	000	999	-
20690	N	APPLY BONE FIXATION DEVICE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
20692	N	APPLY BONE FIXATION DEVICE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
20693	T	ADJUST BONE FIXATION DEVICE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
20694	N	REMOVE BONE FIXATION DEVICE	-	05112	16.7613	Bundled, sometimes payable	$978.69	-	-	-	-	000	999	-
20696	N	COMP MULTIPLANE EXT FIXATION	-	05116	255.8583	Bundled, sometimes payable	$14,939.57	-	-	-	-	000	999	-
20697	T	COMP EXT FIXATE STRUT CHANGE	-	05112	16.7613	APC	$978.69	-	-	-	-	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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20805	C	REPLANT FOREARM COMPLETE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20808	C	REPLANTATION HAND COMPLETE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20816	C	REPLANTATION DIGIT COMPLETE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20822	T	REPLANTATION DIGIT COMPLETE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
20824	C	REPLANTATION THUMB COMPLETE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20827	C	REPLANTATION THUMB COMPLETE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20838	C	REPLANTATION FOOT COMPLETE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20900	T	REMOVAL OF BONE FOR GRAFT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
20902	N	REMOVAL OF BONE FOR GRAFT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
20910	T	REMOVE CARTILAGE FOR GRAFT	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
20912	T	REMOVE CARTILAGE FOR GRAFT	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
20920	T	REMOVAL OF FASCIA FOR GRAFT	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
20922	T	REMOVAL OF FASCIA FOR GRAFT	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
20924	T	REMOVAL OF TENDON FOR GRAFT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	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	-

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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	7.5828	APC	$442.76	-	-	-	-	000	999	-
20955	C	FIBULA BONE GRAFT MICROVASC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20956	C	ILIAC BONE GRAFT MICROVASC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20957	C	MT BONE GRAFT MICROVASC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20962	C	OTHER BONE GRAFT MICROVASC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20969	C	BONE/SKIN GRAFT MICROVASC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20970	C	BONE/SKIN GRAFT ILIAC CREST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
20972	N	BONE/SKIN GRAFT METATARSAL	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
20973	N	BONE/SKIN GRAFT GREAT TOE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
20974	M	ELECTRICAL BONE STIMULATION	-	-	-	Fee Schedule	$61.19	-	-	-	-	000	999	-
20975	N	ELECTRICAL BONE STIMULATION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
20979	N	US BONE STIMULATION	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
20982	T	ABLATE BONE TUMOR(S) PERQ	-	05114	77.2872	APC	$4,512.80	-	-	-	Y	000	999	-
20983	T	ABLATE BONE TUMOR(S) PERQ	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
20985	N	CPTR-ASST DIR MS PX	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
20999	T	UNLISTED PX MUSCSKEL GENERAL	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
21010	N	INCISION OF JAW JOINT	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
21011	T	EXC FACE LES SC <2 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
21012	T	EXC FACE LES SBQ 2 CM/>	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
21013	T	EXC FACE TUM DEEP < 2 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
21014	T	EXC FACE TUM DEEP 2 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
21015	T	RESECT FACE/SCALP TUM < 2 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
21016	T	RESECT FACE/SCALP TUM 2 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
21025	N	EXCISION OF BONE LOWER JAW	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21026	T	EXCISION OF FACIAL BONE(S)	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
21029	T	CONTOUR OF FACE BONE LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
21030	T	EXCISE MAX/ZYGOMA B9 TUMOR	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
21031	T	REMOVE EXOSTOSIS MANDIBLE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
21032	T	REMOVE EXOSTOSIS MAXILLA	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
21034	N	EXCISE MAX/ZYGOMA MAL TUMOR	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21040	T	EXCISE MANDIBLE LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
21044	N	REMOVAL OF JAW BONE LESION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21045	C	EXTENSIVE JAW SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21046	N	REMOVE MANDIBLE CYST COMPLEX	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21047	N	EXCISE LWR JAW CYST W/REPAIR	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21048	N	REMOVE MAXILLA CYST COMPLEX	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21049	N	EXCIS UPPR JAW CYST W/REPAIR	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21050	N	REMOVAL OF JAW JOINT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21060	N	REMOVE JAW JOINT CARTILAGE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21070	N	REMOVE CORONOID PROCESS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21073	T	MNPJ OF TMJ W/ANESTH	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
21076	T	PREPARE FACE/ORAL PROSTHESIS	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
21077	N	PREPARE FACE/ORAL PROSTHESIS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21079	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
21080	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
21081	N	PREPARE FACE/ORAL PROSTHESIS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21082	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
21083	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
21084	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
21085	T	PREPARE FACE/ORAL PROSTHESIS	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
21086	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-

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21087	N	PREPARE FACE/ORAL PROSTHESIS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21088	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
21089	T	UNLISTED MAXLFCL PROSTH PX	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
21100	N	MAXILLOFACIAL FIXATION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21110	N	INTERDENTAL FIXATION	-	05163	16.2194	Bundled, sometimes payable	$947.05	-	-	-	-	000	999	-
21116	N	INJECTION JAW JOINT X-RAY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
21120	N	RECONSTRUCTION OF CHIN	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21121	T	RECONSTRUCTION OF CHIN	-	05164	33.2421	APC	$1,941.01	-	-	Y	-	000	999	-
21122	T	RECONSTRUCTION OF CHIN	-	05165	62.3903	APC	$3,642.97	-	-	Y	-	000	999	-
21123	T	RECONSTRUCTION OF CHIN	-	05164	33.2421	APC	$1,941.01	-	-	Y	-	000	999	-
21125	T	AUGMENTATION LOWER JAW BONE	-	05165	62.3903	APC	$3,642.97	-	-	Y	-	000	999	-
21127	N	AUGMENTATION LOWER JAW BONE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21137	T	REDUCTION OF FOREHEAD	-	05164	33.2421	APC	$1,941.01	-	-	Y	-	000	999	-
21138	N	REDUCTION OF FOREHEAD	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21139	N	REDUCTION OF FOREHEAD	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21141	T	LEFORT I-1 PIECE W/O GRAFT	-	05165	62.3903	APC	$3,642.97	-	-	Y	-	000	999	-
21142	T	LEFORT I-2 PIECE W/O GRAFT	-	05165	62.3903	APC	$3,642.97	-	-	Y	-	000	999	-
21143	T	LEFORT I-3/> PIECE W/O GRAFT	-	05165	62.3903	APC	$3,642.97	-	-	Y	-	000	999	-
21145	C	LEFORT I-1 PIECE W/ GRAFT	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21146	C	LEFORT I-2 PIECE W/ GRAFT	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21147	C	LEFORT I-3/> PIECE W/ GRAFT	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21150	N	LEFORT II ANTERIOR INTRUSION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21151	C	LEFORT II W/BONE GRAFTS	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21154	C	LEFORT III W/O LEFORT I	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21155	C	LEFORT III W/ LEFORT I	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21159	C	LEFORT III W/FHDW/O LEFORT I	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21160	C	LEFORT III W/FHD W/ LEFORT I	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21172	N	RECONSTRUCT ORBIT/FOREHEAD	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21175	N	RECONSTRUCT ORBIT/FOREHEAD	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21179	C	RECONSTRUCT ENTIRE FOREHEAD	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21180	C	RECONSTRUCT ENTIRE FOREHEAD	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21181	N	CONTOUR CRANIAL BONE LESION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21182	C	RECONSTRUCT CRANIAL BONE	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21183	C	RECONSTRUCT CRANIAL BONE	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21184	C	RECONSTRUCT CRANIAL BONE	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21188	C	RECONSTRUCTION OF MIDFACE	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
21193	N	RECONST LWR JAW W/O GRAFT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21194	T	RECONST LWR JAW W/GRAFT	-	05165	62.3903	APC	$3,642.97	-	-	Y	-	000	999	-
21195	N	RECONST LWR JAW W/O FIXATION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21196	T	RECONST LWR JAW W/FIXATION	-	05165	62.3903	APC	$3,642.97	-	-	Y	-	000	999	-
21198	T	RECONSTR LWR JAW SEGMENT	-	05165	62.3903	APC	$3,642.97	-	-	Y	-	000	999	-
21199	N	RECONSTR LWR JAW W/ADVANCE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21206	N	RECONSTRUCT UPPER JAW BONE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21208	N	AUGMENTATION OF FACIAL BONES	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21209	N	REDUCTION OF FACIAL BONES	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21210	N	FACE BONE GRAFT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21215	N	LOWER JAW BONE GRAFT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21230	N	RIB CARTILAGE GRAFT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21235	T	EAR CARTILAGE GRAFT	-	05165	62.3903	APC	$3,642.97	-	-	Y	-	000	999	-
21240	N	RECONSTRUCTION OF JAW JOINT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21242	N	RECONSTRUCTION OF JAW JOINT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21243	N	RECONSTRUCTION OF JAW JOINT	-	05116	255.8583	Bundled, sometimes payable	$14,939.57	-	-	Y	-	000	999	-
21244	N	RECONSTRUCTION OF LOWER JAW	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21245	N	RECONSTRUCTION OF JAW	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21246	N	RECONSTRUCTION OF JAW	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21247	C	RECONSTRUCT LOWER JAW BONE	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-

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21248	N	RECONSTRUCTION OF JAW	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21249	N	RECONSTRUCTION OF JAW	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21255	T	RECONSTRUCT LOWER JAW BONE	-	05165	62.3903	APC	$3,642.97	-	-	Y	-	000	999	-
21256	N	RECONSTRUCTION OF ORBIT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
21260	N	REVISE EYE SOCKETS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21261	N	REVISE EYE SOCKETS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21263	N	REVISE EYE SOCKETS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21267	N	REVISE EYE SOCKETS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21268	C	REVISE EYE SOCKETS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21270	N	AUGMENTATION CHEEK BONE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21275	N	REVISION ORBITOFACIAL BONES	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21280	N	REVISION OF EYELID	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
21282	T	REVISION OF EYELID	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
21295	T	REVISION OF JAW MUSCLE/BONE	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
21296	T	REVISION OF JAW MUSCLE/BONE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
21299	T	UNLISTED CRANFCL&MAXLFCL PX	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
21315	T	CLSD TX NSL FX MNPJ WO STBLJ	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
21320	T	CLSD TX NSL FX W/MNPJ&STABLJ	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
21325	T	OPEN TX NOSE FX UNCOMPLICATD	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
21330	T	OPEN TX NOSE FX W/SKELE FIXJ	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
21335	T	OPEN TX NOSE & SEPTAL FX	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
21336	T	OPEN TX SEPTAL FX W/WO STABJ	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
21337	T	CLOSED TX SEPTAL&NOSE FX	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
21338	N	OPEN NASOETHMOID FX W/O FIXJ	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21339	T	OPEN NASOETHMOID FX W/ FIXJ	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
21340	N	PERQ TX NASOETHMOID FX	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
21343	C	OPEN TX DPRSD FRONT SINUS FX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21344	C	OPEN TX COMPL FRONT SINUS FX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21345	T	CLOSED TX NOSE/JAW FX	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
21346	N	OPN TX NASOMAX FX W/FIXJ	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21347	T	OPN TX NASOMAX FX MULTPLE	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
21348	C	OPN TX NASOMAX FX W/GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21355	N	PERQ TX MALAR FRACTURE	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
21356	T	OPN TX DPRSD ZYGOMATIC ARCH	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
21360	N	OPN TX DPRSD MALAR FRACTURE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21365	N	OPN TX COMPLX MALAR FX	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21366	T	OPN TX COMPLX MALAR W/GRFT	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
21385	N	OPN TX ORBIT FX TRANSANTRAL	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21386	N	OPN TX ORBIT FX PERIORBITAL	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21387	N	OPN TX ORBIT FX COMBINED	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21390	N	OPN TX ORBIT PERIORBTL IMPLT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21395	N	OPN TX ORBIT PERIORBT W/GRFT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21400	T	CLOSED TX ORBIT W/O MANIPULJ	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
21401	T	CLOSED TX ORBIT W/MANIPULJ	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
21406	N	OPN TX ORBIT FX W/O IMPLANT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21407	N	OPN TX ORBIT FX W/IMPLANT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21408	N	OPN TX ORBIT FX W/BONE GRFT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21421	N	TREAT MOUTH ROOF FRACTURE	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
21422	T	TREAT MOUTH ROOF FRACTURE	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
21423	C	TREAT MOUTH ROOF FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21431	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21432	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21433	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21435	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21436	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21440	T	TREAT DENTAL RIDGE FRACTURE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-

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Proc Cd	2023 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
21445	N	TREAT DENTAL RIDGE FRACTURE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21450	T	TREAT LOWER JAW FRACTURE	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
21451	T	TREAT LOWER JAW FRACTURE	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
21452	T	TREAT LOWER JAW FRACTURE	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
21453	N	TREAT LOWER JAW FRACTURE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21454	N	TREAT LOWER JAW FRACTURE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21461	N	TREAT LOWER JAW FRACTURE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21462	N	TREAT LOWER JAW FRACTURE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21465	N	TREAT LOWER JAW FRACTURE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21470	N	TREAT LOWER JAW FRACTURE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
21480	T	RESET DISLOCATED JAW	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
21485	T	RESET DISLOCATED JAW	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
21490	N	REPAIR DISLOCATED JAW	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
21497	T	INTERDENTAL WIRING	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
21499	T	UNLISTED MUSCSKEL PX HEAD	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
21501	T	DRAIN NECK/CHEST LESION	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
21502	T	DRAIN CHEST LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
21510	C	DRAINAGE OF BONE LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21550	T	BIOPSY OF NECK/CHEST	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
21552	T	EXC NECK LES SC 3 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
21554	T	EXC NECK TUM DEEP 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
21555	T	EXC NECK LES SC < 3 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
21556	T	EXC NECK TUM DEEP < 5 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
21557	T	RESECT NECK THORAX TUMOR<5CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
21558	T	RESECT NECK TUMOR 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
21600	T	PARTIAL REMOVAL OF RIB	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
21601	n	EXC CHEST WALL TUMOR W/RIBS	-	05073	30.1835	Bundled, sometimes payable	$1,762.41	-	-	-	-	000	999	-
21602	C	EXC CH WAL TUM W/O LYMPHADEC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21603	C	EXC CH WAL TUM W/LYMPHADEC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21610	T	PARTIAL REMOVAL OF RIB	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
21615	C	REMOVAL OF RIB	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21616	C	REMOVAL OF RIB AND NERVES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21620	C	PARTIAL REMOVAL OF STERNUM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21627	C	STERNAL DEBRIDEMENT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21630	C	EXTENSIVE STERNUM SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21632	C	EXTENSIVE STERNUM SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21685	T	HYOID MYOTOMY & SUSPENSION	-	05165	62.3903	APC	$3,642.97	-	-	-	Y	000	999	-
21700	T	REVISION OF NECK MUSCLE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
21705	C	REVISION OF NECK MUSCLE/RIB	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21720	T	REVISION OF NECK MUSCLE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
21725	T	REVISION OF NECK MUSCLE	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
21740	C	RECONSTRUCTION OF STERNUM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21742	T	REPAIR STERN/NUSS W/O SCOPE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
21743	T	REPAIR STERNUM/NUSS W/SCOPE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
21750	C	REPAIR OF STERNUM SEPARATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21811	T	OPTX OF RIB FX W/FIXJ SCOPE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
21812	T	TREATMENT OF RIB FRACTURE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
21813	T	TREATMENT OF RIB FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
21820	T	TREAT STERNUM FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
21825	C	TREAT STERNUM FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
21899	T	UNLISTED PX NECK/THORAX	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
21920	T	BIOPSY SOFT TISSUE OF BACK	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
21925	T	BIOPSY SOFT TISSUE OF BACK	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
21930	T	EXC BACK LES SC < 3 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
21931	T	EXC BACK LES SC 3 CM/>	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
21932	T	EXC BACK TUM DEEP < 5 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-

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21933	T	EXC BACK TUM DEEP 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
21935	T	RESECT BACK TUM < 5 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
21936	T	RESECT BACK TUM 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
22010	C	I&D P-SPINE C/T/CERV-THOR	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
22015	C	I&D ABSCESS P-SPINE L/S/LS	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
22100	T	REMOVE PART OF NECK VERTEBRA	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
22101	T	REMOVE PART THORAX VERTEBRA	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
22102	T	REMOVE PART LUMBAR VERTEBRA	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
22103	N	REMOVE EXTRA SPINE SEGMENT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
22110	C	REMOVE PART OF NECK VERTEBRA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22112	C	REMOVE PART THORAX VERTEBRA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22114	C	REMOVE PART LUMBAR VERTEBRA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22116	C	REMOVE EXTRA SPINE SEGMENT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22206	C	INCIS SPINE 3 COLUMN THORAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22207	C	INCIS SPINE 3 COLUMN LUMBAR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22208	C	INCIS SPINE 3 COLUMN ADL SEG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22210	C	INCIS 1 VERTEBRAL SEG CERV	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22212	C	INCIS 1 VERTEBRAL SEG THORAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22214	C	INCIS 1 VERTEBRAL SEG LUMBAR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22216	C	INCIS ADDL SPINE SEGMENT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22220	C	OSTEOT DSC ANT 1 VRT SGM CRV	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22222	C	OSTEOT DSC ANT 1VRT SGM THRC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22224	C	OSTEOT DSC ANT 1VRT SGM LMBR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22226	C	OSTEOT DSC ANT 1VRT SGM EA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22310	T	CLOSED TX VERT FX W/O MANJ	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
22315	T	CLOSED TX VERT FX W/MANJ	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
22318	C	TREAT ODONTOID FX W/O GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22319	C	TREAT ODONTOID FX W/GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22325	C	TREAT SPINE FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22326	C	TREAT NECK SPINE FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22327	C	TREAT THORAX SPINE FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22328	C	TREAT EACH ADD SPINE FX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22505	T	MANIPULATION OF SPINE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
22510	T	PERQ CERVICOTHORACIC INJECT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
22511	T	PERQ LUMBOSACRAL INJECTION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
22512	N	VERTEBROPLASTY ADDL INJECT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
22513	N	PERQ VERTEBRAL AUGMENTATION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
22514	N	PERQ VERTEBRAL AUGMENTATION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22533	C	ARTHRD LAT XTRCVTRY TQ LMBR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22534	C	ARTHRD LAT XTRCVTRY TQ EA AD	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22548	C	ARTHRD ANT TORAL/XORAL C1-C2	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22551	N	ARTHRD ANT NTRBDY CERVICAL	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
22552	N	ARTHRD ANT NTRBD CERVICAL EA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
22554	N	ARTHRD ANT NTRBD MIN DSC CRV	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
22556	C	ARTHRD ANT NTRBD MIN DSC THC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22558	C	ARTHRD ANT NTRBD MIN DSC LUM	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
22590	C	ARTHRD PST TQ CRANIOCERVICAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22595	C	ARTHRD PST TQ ATLAS-AXIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22600	C	ARTHRD PST TQ 1NTRSPC CRV	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22610	C	ARTHRD PST TQ 1NTRSPC THRC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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22612	N	ARTHRD PST TQ 1NTRSPC LUMBAR	-	05116	255.8583	Bundled, sometimes payable	$14,939.57	-	-	-	-	000	999	-
22614	N	ARTHRD PST TQ 1NTRSPC EA ADD	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
22630	T	ARTHRD PST TQ 1NTRSPC LUM	-	05116	255.8583	APC	$14,363.88	-	-	-	-	000	999	-
22632	N	ARTHRD PST TQ 1NTRSPC LM EA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
22633	N	ARTHRD CMBN 1NTRSPC LUMBAR	-	05116	255.8583	Bundled, sometimes payable	$14,939.57	-	-	-	-	000	999	-
22634	C	ARTHRD CMBN 1NTRSPC EA ADDL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22800	C	ARTHRD PST DFRM<6 VRT SGM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22802	C	ARTHRD PST DFRM 7-12 VRT SGM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22804	C	ARTHRD PST DFRM 13+ VRT SGM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22808	C	ARTHRD ANT DFRM 2-3 VRT SGM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22810	C	ARTHRD ANT DFRM 4-7 VRT SGM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22812	C	ARTHRD ANT DFRM 8+ VRT SGM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22818	C	KYPHECTOMY 1-2 SEGMENTS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22819	C	KYPHECTOMY 3 OR MORE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22830	C	EXPLORATION OF SPINAL FUSION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22840	N	INSERT SPINE FIXATION DEVICE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
22841	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22842	N	INSERT SPINE FIXATION DEVICE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
22843	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22844	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22845	N	INSERT SPINE FIXATION DEVICE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
22846	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22847	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22848	C	INSERT PELV FIXATION DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22849	C	REINSERT SPINAL FIXATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22850	C	REMOVE SPINE FIXATION DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22852	C	REMOVE SPINE FIXATION DEVICE	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22856	N	TOT DISC ARTHRP 1NTRSPC CRV	-	05116	255.8583	Bundled, sometimes payable	$14,939.57	-	-	Y	-	000	999	-
22857	C	TOT DISC ARTHRP 1NTRSPC LMBR	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22862	C	REV RPLCM RTHRP 1NTRSPC LMBR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
22864	C	RMVL TOT ARTHRP 1NTRSPC CRV	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
22865	C	RMVL TOT ARTHRP 1NTRSPC LMBR	-	-	-	Inpatient Only	$0.00	-	-	Y	-	000	999	-
22867	T	INSJ STABLJ DEV W/DCMPRN	-	05116	255.8583	APC	$14,939.57	-	-	-	-	000	999	-
22868	N	INSJ STABLJ DEV W/DCMPRN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
22869	T	INSJ STABLJ DEV W/O DCMPRN	-	05115	152.4576	APC	$8,902.00	-	-	-	-	000	999	-
22870	N	INSJ STABLJ DEV W/O DCMPRN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
22899	T	UNLISTED PROCEDURE SPINE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
22900	T	EXC ABDL TUM DEEP < 5 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
22901	T	EXC ABDL TUM DEEP 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
22902	T	EXC ABD LES SC < 3 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
22903	T	EXC ABD LES SC 3 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
22904	T	RADICAL RESECT ABD TUMOR<5CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
22905	T	RAD RESECT ABD TUMOR 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
22999	T	UNLISTED PX ABDOMEN MUSCSKEL	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
23000	T	REMOVAL OF CALCIUM DEPOSITS	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
23020	T	RELEASE SHOULDER JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23030	T	DRAIN SHOULDER LESION	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
23031	T	DRAIN SHOULDER BURSA	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
23035	T	DRAIN SHOULDER BONE LESION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-

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Proc Cd	2023 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
23040	T	EXPLORATORY SHOULDER SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23044	T	EXPLORATORY SHOULDER SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23065	T	BIOPSY SHOULDER TISSUES	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
23066	T	BIOPSY SHOULDER TISSUES	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
23071	T	EXC SHOULDER LES SC 3 CM/>	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
23073	T	EXC SHOULDER TUM DEEP 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
23075	T	EXC SHOULDER LES SC < 3 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
23076	T	EXC SHOULDER TUM DEEP < 5 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
23077	T	RESECT SHOULDER TUMOR < 5 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
23078	T	RESECT SHOULDER TUMOR 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
23100	T	BIOPSY OF SHOULDER JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23101	T	SHOULDER JOINT SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23105	T	REMOVE SHOULDER JOINT LINING	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23106	T	INCISION OF COLLARBONE JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23107	T	EXPLORE TREAT SHOULDER JOINT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23120	T	PARTIAL REMOVAL COLLAR BONE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23125	T	REMOVAL OF COLLAR BONE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23130	T	REMOVE SHOULDER BONE PART	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23140	T	REMOVAL OF BONE LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23145	T	REMOVAL OF BONE LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23146	N	REMOVAL OF BONE LESION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23150	T	REMOVAL OF HUMERUS LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23155	T	REMOVAL OF HUMERUS LESION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23156	N	REMOVAL OF HUMERUS LESION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23170	T	REMOVE COLLAR BONE LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23172	T	REMOVE SHOULDER BLADE LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23174	T	REMOVE HUMERUS LESION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23180	T	REMOVE COLLAR BONE LESION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23182	T	REMOVE SHOULDER BLADE LESION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23184	T	REMOVE HUMERUS LESION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23190	T	PARTIAL REMOVAL OF SCAPULA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
23195	N	REMOVAL OF HEAD OF HUMERUS	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23200	C	RESECT CLAVICLE TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
23210	C	RESECT SCAPULA TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
23220	C	RESECT PROX HUMERUS TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
23330	T	REMOVE SHOULDER FOREIGN BODY	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
23333	T	REMOVE SHOULDER FB DEEP	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
23334	T	SHOULDER PROSTHESIS REMOVAL	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
23335	C	SHOULDER PROSTHESIS REMOVAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
23350	N	INJECTION FOR SHOULDER X-RAY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
23395	N	MUSCLE TRANSFER SHOULDER/ARM	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23397	T	MUSCLE TRANSFERS	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23400	N	FIXATION OF SHOULDER BLADE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23405	T	INCISION OF TENDON & MUSCLE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23406	T	INCISE TENDON(S) & MUSCLE(S)	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23410	N	REPAIR ROTATOR CUFF ACUTE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23412	N	REPAIR ROTATOR CUFF CHRONIC	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23415	T	RELEASE OF SHOULDER LIGAMENT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23420	N	REPAIR OF SHOULDER	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23430	N	REPAIR BICEPS TENDON	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23440	T	REMOVE/TRANSPLANT TENDON	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23450	T	REPAIR SHOULDER CAPSULE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23455	N	REPAIR SHOULDER CAPSULE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23460	T	REPAIR SHOULDER CAPSULE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23462	N	REPAIR SHOULDER CAPSULE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23465	N	REPAIR SHOULDER CAPSULE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-

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23466	N	REPAIR SHOULDER CAPSULE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23470	N	RECONSTRUCT SHOULDER JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
23472	T	RECONSTRUCT SHOULDER JOINT	-	05115	152.4576	APC	$8,558.97	-	-	-	-	000	999	-
23473	N	REVIS RECONST SHOULDER JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	Y	000	999	-
23474	C	REVIS RECONST SHOULDER JOINT	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
23480	T	REVISION OF COLLAR BONE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23485	N	REVISION OF COLLAR BONE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
23490	N	REINFORCE CLAVICLE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23491	N	REINFORCE SHOULDER BONES	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
23500	T	CLTX CLAVICULAR FX W/O MNPJ	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
23505	T	CLTX CLAVICULAR FX W/MNPJ	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
23515	N	OPTX CLAVICULAR FX W/INT FIX	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23520	T	CLTX STRNCLAV DISLC W/O MNPJ	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
23525	T	CLTX STRNCLAV DISLC W/MNPJ	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
23530	T	OPTX STRNCLAV DISLC AQT/CHRN	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23532	N	OPTX STRCLV DSLC AQ/CHRN GRF	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23540	T	CLTX ACROMCLAV DISLC WO MNPJ	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
23545	T	CLTX ACROMCLAV DISLC W/MNPJ	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
23550	N	OPTX ACROMCLV DISLC AQT/CHRN	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23552	N	OPTX ACRCLV DSLC AQ/CHRN GRF	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23570	T	CLTX SCAPULAR FX W/O MNPJ	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
23575	T	CLTX SCAP FX W/MNPJ +-TRACTJ	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
23585	N	OPTX SCAPULAR FX W/INT FIXJ	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23600	T	CLTX PROX HUMRL FX W/O MNPJ	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
23605	T	CLTX PRX HMRL FX MNPJ+-TRACT	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
23615	N	OPTX PROX HUMRL FX W/INT FIX	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
23616	N	OPTX PRX HMRL FX FIX RPR RPL	-	05116	255.8583	Bundled, sometimes payable	$14,939.57	-	-	-	-	000	999	-
23620	T	CLTX GR HMRL TBRS FX WO MNPJ	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
23625	T	CLTX GR HMRL TBRS FX W/MNPJ	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
23630	N	OPTX GR HMRL TBRS FX INT FIX	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23650	T	CLTX SHO DSLC W/MNPJ WO ANES	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
23655	T	CLTX SHO DSLC W/MNPJ W/ANES	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
23660	T	OPTX ACUTE SHOULDER DISLC	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
23665	T	CLTX SHO DSLC FX GR HMRL TBR	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
23670	N	OPTX SHO DISLC FX	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23675	T	CLTX SHO DISLC NECK FX MNPJ	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
23680	N	OPTX SHO DISLC NECK FX FIXJ	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
23700	T	MNPJ ANES SHO JT FIXJ APRATS	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
23800	N	ARTHRODESIS GLENOHUMERAL JT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
23802	N	ARTHRD GLENOHUMERAL JT W/GRF	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
23900	C	INTERTHORACOSCPLR AMPUTATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
23920	C	DISARTICULATION SHOULDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
23921	T	DISARTICULATION SHO SEC CLSR	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
23929	T	UNLISTED PROCEDURE SHOULDER	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
23930	T	I&D UPR A/E DP ABSC/HMTMA	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
23931	T	I&D UPR A/E BURSA	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
23935	T	INC DP OPN B1 CRTX HUM/ELBW	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24000	T	ARTHRT ELBW EXPL DRG/RMVL FB	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24006	T	ARTHRT ELBW CAPSL EXC RLS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24065	T	BIOPSY ARM/ELBOW SOFT TISSUE	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
24066	T	BIOPSY ARM/ELBOW SOFT TISSUE	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
24071	T	EXC ARM/ELBOW LES SC 3 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
24073	T	EX ARM/ELBOW TUM DEEP 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
24075	T	EXC ARM/ELBOW LES SC < 3 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
24076	T	EX ARM/ELBOW TUM DEEP < 5 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
24077	T	RAD RESCJ TUM TISS A/E <5CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-

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24079	T	RAD RESCJ TUM TISS A/E 5 CM+	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
24100	T	ARTHRT ELBW SYNOVIAL BX ONLY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24101	T	ARTHRT ELBW JT EXPL BX RMVL	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24102	T	ARTHRT ELBOW W/SYNOVECTOMY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24105	T	EXCISION OLECRANON BURSA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24110	T	EXC/CURTG B1 CST/B9 TUM HUM	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24115	T	EXC/CRTG B1 CST/TUM HUM AGRF	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24116	T	EXC/CRTG B1 CST/TUM HUM ALGR	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24120	T	EXC/CRTG B1 CST/B9 TUM RDS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24125	T	EXC/CRTG B1 CST/TUM RDS AGRF	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24126	T	EXC/CRTG B1 CST/TUM RDS ALGR	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24130	T	EXCISION RADIAL HEAD	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24134	N	SEQUESTRECTOMY SHFT/DSTL HUM	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
24136	T	SEQUESTRECTOMY RADIAL H/N	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24138	T	SEQUESTRECTOMY OLECRN PROCES	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24140	T	PARTIAL EXC BONE HUMERUS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24145	T	PRTL EXC BONE RADIAL H/N	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24147	T	PRTL EXC BONE OLECRN PROCESS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24149	T	RADICAL RESECTION OF ELBOW	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24150	T	RAD RESCJ TUM DSTL/SHFT HUM	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24152	T	RAD RESECTION TUM RADIAL H/N	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24155	T	RESECTION OF ELBOW JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24160	N	RMVL PROSTHHUMRL&ULNAR CMPNT	-	05113	34.7802	Bundled, sometimes payable	$2,030.82	-	-	-	-	000	999	-
24164	N	REMOVAL PROSTH RADIAL HEAD	-	05113	34.7802	Bundled, sometimes payable	$2,030.82	-	-	-	-	000	999	-
24200	T	RMVL FB UPPER ARM/ELBW SUBQ	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
24201	T	RMVL FB UPPER ARM/ELBW DEEP	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
24220	N	INJECTION PX FOR ELBOW ARTHG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
24300	T	MNPJ ELBOW UNDER ANES	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
24301	T	MUSC/TDN TRANSFER UPR A/E 1	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24305	T	TENDON LNGTH UPR A/E EA TDN	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24310	T	TNOT OPN ELBW TO SHO EA TDN	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24320	T	TENOPLASTY ELBOW TO SHO 1	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24330	T	FLEXOR-PLASTY ELBOW	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24331	T	FLEXOR-PLASTY ELBW W/ADVMNT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24332	T	TENOLYSIS TRICEPS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24340	N	TENODESIS BICEPS TDN AT ELBW	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
24341	T	RPR TDN/MUSC UPR A/E EACH	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24342	T	REPAIR OF RUPTURED TENDON	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24343	T	REPR ELBOW LAT LIGMNT W/TISS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24344	N	RECONSTRUCT ELBOW LAT LIGMNT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
24345	T	REPR ELBW MED LIGMNT W/TISSU	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24346	N	RECONSTRUCT ELBOW MED LIGMNT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24357	T	REPAIR ELBOW PERC	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24358	T	REPAIR ELBOW W/DEB OPEN	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24359	T	REPAIR ELBOW DEB/ATTCH OPEN	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24360	N	RECONSTRUCT ELBOW JOINT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
24361	N	RECONSTRUCT ELBOW JOINT	-	05116	255.8583	Bundled, sometimes payable	$14,939.57	-	-	-	-	000	999	-
24362	N	RECONSTRUCT ELBOW JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24363	N	REPLACE ELBOW JOINT	-	05116	255.8583	Bundled, sometimes payable	$14,939.57	-	-	-	-	000	999	-
24365	N	RECONSTRUCT HEAD OF RADIUS	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24366	N	RECONSTRUCT HEAD OF RADIUS	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24370	N	REVISE RECONST ELBOW JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	Y	000	999	-
24371	N	REVISE RECONST ELBOW JOINT	-	05116	255.8583	Bundled, sometimes payable	$14,939.57	-	-	-	Y	000	999	-
24400	N	REVISION OF HUMERUS	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
24410	N	REVISION OF HUMERUS	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24420	T	REVISION OF HUMERUS	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-

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24430	N	REPAIR OF HUMERUS	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24435	N	REPAIR HUMERUS WITH GRAFT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24470	T	REVISION OF ELBOW JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24495	T	DECOMPRESSION OF FOREARM	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24498	N	REINFORCE HUMERUS	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24500	T	TREAT HUMERUS FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
24505	T	TREAT HUMERUS FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
24515	N	TREAT HUMERUS FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24516	N	TREAT HUMERUS FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24530	T	TREAT HUMERUS FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
24535	T	TREAT HUMERUS FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
24538	T	TREAT HUMERUS FRACTURE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24545	N	TREAT HUMERUS FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24546	N	TREAT HUMERUS FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24560	T	TREAT HUMERUS FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
24565	T	TREAT HUMERUS FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
24566	T	TREAT HUMERUS FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
24575	N	TREAT HUMERUS FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24576	T	TREAT HUMERUS FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
24577	T	TREAT HUMERUS FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
24579	N	TREAT HUMERUS FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24582	T	TREAT HUMERUS FRACTURE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
24586	N	TREAT ELBOW FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24587	N	TREAT ELBOW FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24600	T	TREAT ELBOW DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
24605	T	TREAT ELBOW DISLOCATION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
24615	N	TREAT ELBOW DISLOCATION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
24620	T	TREAT ELBOW FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
24635	N	TREAT ELBOW FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
24640	T	TREAT ELBOW DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	017	-
24650	T	TREAT RADIUS FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
24655	T	TREAT RADIUS FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
24665	N	TREAT RADIUS FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
24666	N	TREAT RADIUS FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24670	T	TREAT ULNAR FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
24675	T	TREAT ULNAR FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
24685	N	TREAT ULNAR FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
24800	N	FUSION OF ELBOW JOINT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
24802	N	FUSION/GRAFT OF ELBOW JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
24900	C	AMPUTATION OF UPPER ARM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
24920	C	AMPUTATION OF UPPER ARM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
24925	T	AMPUTATION FOLLOW-UP SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
24930	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
24931	C	AMPUTATE UPPER ARM & IMPLANT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
24935	N	REVISION OF AMPUTATION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
24940	C	REVISION OF UPPER ARM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
24999	T	UNLISTED PX HUMERUS/ELBOW	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
25000	T	INCISION OF TENDON SHEATH	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25001	T	INCISE FLEXOR CARPI RADIALIS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25020	T	DECOMPRESS FOREARM 1 SPACE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25023	T	DECOMPRESS FOREARM 1 SPACE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25024	T	DECOMPRESS FOREARM 2 SPACES	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25025	T	DECOMPRESS FOREARM 2 SPACES	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25028	T	DRAINAGE OF FOREARM LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25031	T	DRAINAGE OF FOREARM BURSA	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25035	T	TREAT FOREARM BONE LESION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-

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25040	T	EXPLORE/TREAT WRIST JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25065	T	BIOPSY FOREARM SOFT TISSUES	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
25066	T	BIOPSY FOREARM SOFT TISSUES	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
25071	T	EXC FOREARM LES SC 3 CM/>	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
25073	T	EXC FOREARM TUM DEEP 3 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
25075	T	EXC FOREARM LES SC < 3 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
25076	T	EXC FOREARM TUM DEEP < 3 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
25077	T	RESECT FOREARM/WRIST TUM<3CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
25078	T	RESECT FORARM/WRIST TUM 3CM>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
25085	T	INCISION OF WRIST CAPSULE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25100	T	BIOPSY OF WRIST JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25101	T	EXPLORE/TREAT WRIST JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25105	T	REMOVE WRIST JOINT LINING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25107	T	REMOVE WRIST JOINT CARTILAGE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25109	T	EXCISE TENDON FOREARM/WRIST	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25110	T	REMOVE WRIST TENDON LESION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25111	T	REMOVE WRIST TENDON LESION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25112	T	REREMOVE WRIST TENDON LESION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25115	T	REMOVE WRIST/FOREARM LESION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25116	T	REMOVE WRIST/FOREARM LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25118	T	EXCISE WRIST TENDON SHEATH	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25119	T	PARTIAL REMOVAL OF ULNA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25120	T	REMOVAL OF FOREARM LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25125	T	REMOVE/GRAFT FOREARM LESION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25126	T	REMOVE/GRAFT FOREARM LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25130	T	REMOVAL OF WRIST LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25135	T	REMOVE & GRAFT WRIST LESION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25136	T	REMOVE & GRAFT WRIST LESION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25145	T	REMOVE FOREARM BONE LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25150	T	PARTIAL REMOVAL OF ULNA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25151	T	PARTIAL REMOVAL OF RADIUS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25170	T	RESECT RADIUS/ULNAR TUMOR	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25210	T	REMOVAL OF WRIST BONE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25215	T	REMOVAL OF WRIST BONES	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25230	T	PARTIAL REMOVAL OF RADIUS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25240	T	PARTIAL REMOVAL OF ULNA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25246	N	INJECTION FOR WRIST X-RAY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
25248	T	REMOVE FOREARM FOREIGN BODY	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25250	N	REMOVAL OF WRIST PROSTHESIS	-	05112	16.7613	Bundled, sometimes payable	$978.69	-	-	-	-	000	999	-
25251	N	REMOVAL OF WRIST PROSTHESIS	-	05113	34.7802	Bundled, sometimes payable	$2,030.82	-	-	-	-	000	999	-
25259	T	MANIPULATE WRIST W/ANESTHES	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25260	T	REPAIR FOREARM TENDON/MUSCLE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25263	T	REPAIR FOREARM TENDON/MUSCLE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25265	T	REPAIR FOREARM TENDON/MUSCLE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25270	T	REPAIR FOREARM TENDON/MUSCLE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25272	T	REPAIR FOREARM TENDON/MUSCLE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25274	T	REPAIR FOREARM TENDON/MUSCLE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25275	T	REPAIR FOREARM TENDON SHEATH	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25280	T	REVISE WRIST/FOREARM TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25290	T	INCISE WRIST/FOREARM TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25295	T	RELEASE WRIST/FOREARM TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25300	T	FUSION OF TENDONS AT WRIST	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25301	T	FUSION OF TENDONS AT WRIST	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25310	T	TRANSPLANT FOREARM TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25312	T	TRANSPLANT FOREARM TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25315	T	REVISE PALSY HAND TENDON(S)	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-

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25316	N	REVISE PALSY HAND TENDON(S)	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25320	T	REPAIR/REVISE WRIST JOINT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25332	T	REVISE WRIST JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25335	T	REALIGNMENT OF HAND	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25337	T	RECONSTRUCT ULNA/RADIOULNAR	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25350	N	REVISION OF RADIUS	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25355	T	REVISION OF RADIUS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25360	N	REVISION OF ULNA	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25365	N	REVISE RADIUS & ULNA	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
25370	T	REVISE RADIUS OR ULNA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25375	T	REVISE RADIUS & ULNA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25390	N	SHORTEN RADIUS OR ULNA	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25391	N	LENGTHEN RADIUS OR ULNA	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
25392	T	SHORTEN RADIUS & ULNA	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25393	T	LENGTHEN RADIUS & ULNA	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25394	T	REPAIR CARPAL BONE SHORTEN	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25400	N	REPAIR RADIUS OR ULNA	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25405	N	REPAIR/GRAFT RADIUS OR ULNA	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25415	N	REPAIR RADIUS & ULNA	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25420	N	REPAIR/GRAFT RADIUS & ULNA	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25425	T	REPAIR/GRAFT RADIUS OR ULNA	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25426	T	REPAIR/GRAFT RADIUS & ULNA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25430	T	VASC GRAFT INTO CARPAL BONE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25431	N	REPAIR NONUNION CARPAL BONE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25440	N	REPAIR/GRAFT WRIST BONE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25441	N	RECONSTRUCT WRIST JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
25442	N	RECONSTRUCT WRIST JOINT	-	05116	255.8583	Bundled, sometimes payable	$14,939.57	-	-	-	-	000	999	-
25443	N	RECONSTRUCT WRIST JOINT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25444	N	RECONSTRUCT WRIST JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
25445	N	RECONSTRUCT WRIST JOINT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25446	N	WRIST REPLACEMENT	-	05116	255.8583	Bundled, sometimes payable	$14,939.57	-	-	-	-	000	999	-
25447	T	REPAIR WRIST JOINTS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25449	N	REMOVE WRIST JOINT IMPLANT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25450	T	REVISION OF WRIST JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25455	T	REVISION OF WRIST JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25490	T	REINFORCE RADIUS	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25491	N	REINFORCE ULNA	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
25492	T	REINFORCE RADIUS AND ULNA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25500	T	TREAT FRACTURE OF RADIUS	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
25505	T	TREAT FRACTURE OF RADIUS	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25515	N	TREAT FRACTURE OF RADIUS	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25520	T	TREAT FRACTURE OF RADIUS	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25525	N	TREAT FRACTURE OF RADIUS	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25526	N	TREAT FRACTURE OF RADIUS	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25530	T	TREAT FRACTURE OF ULNA	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
25535	T	TREAT FRACTURE OF ULNA	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
25545	N	TREAT FRACTURE OF ULNA	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25560	T	TREAT FRACTURE RADIUS & ULNA	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
25565	T	TREAT FRACTURE RADIUS & ULNA	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25574	N	TREAT FRACTURE RADIUS & ULNA	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25575	N	TREAT FRACTURE RADIUS/ULNA	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25600	T	TREAT FRACTURE RADIUS/ULNA	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
25605	T	TREAT FRACTURE RADIUS/ULNA	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25606	T	TREAT FX DISTAL RADIAL	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25607	N	TREAT FX RAD EXTRA-ARTICUL	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25608	N	TREAT FX RAD INTRA-ARTICUL	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-

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25609	N	TREAT FX RADIAL 3+ FRAG	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25622	T	TREAT WRIST BONE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
25624	T	TREAT WRIST BONE FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25628	T	TREAT WRIST BONE FRACTURE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25630	T	TREAT WRIST BONE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
25635	T	TREAT WRIST BONE FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25645	T	TREAT WRIST BONE FRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25650	T	TREAT WRIST BONE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
25651	T	PIN ULNAR STYLOID FRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25652	N	TREAT FRACTURE ULNAR STYLOID	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25660	T	TREAT WRIST DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
25670	T	TREAT WRIST DISLOCATION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25671	T	PIN RADIOULNAR DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25675	T	TREAT WRIST DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
25676	N	TREAT WRIST DISLOCATION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25680	T	TREAT WRIST FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
25685	T	TREAT WRIST FRACTURE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25690	T	TREAT WRIST DISLOCATION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25695	T	TREAT WRIST DISLOCATION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25800	N	FUSION OF WRIST JOINT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25805	N	FUSION/GRAFT OF WRIST JOINT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25810	N	FUSION/GRAFT OF WRIST JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
25820	N	FUSION OF HAND BONES	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25825	N	FUSE HAND BONES WITH GRAFT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25830	N	FUSION RADIOULNAR JNT/ULNA	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
25900	C	AMPUTATION OF FOREARM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
25905	C	AMPUTATION OF FOREARM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
25907	T	AMPUTATION FOLLOW-UP SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25909	T	AMPUTATION FOLLOW-UP SURGERY	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
25915	C	AMPUTATION OF FOREARM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
25920	C	AMPUTATE HAND AT WRIST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
25922	T	AMPUTATE HAND AT WRIST	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
25924	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
25927	C	AMPUTATION OF HAND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
25929	T	AMPUTATION FOLLOW-UP SURGERY	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
25931	T	AMPUTATION FOLLOW-UP SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
25999	T	UNLISTED PX FOREARM/WRIST	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26010	T	DRAINAGE OF FINGER ABSCESS	-	05051	2.11	APC	$123.20	-	-	-	-	000	999	-
26011	T	DRAINAGE OF FINGER ABSCESS	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
26020	T	DRAIN HAND TENDON SHEATH	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26025	T	DRAINAGE OF PALM BURSA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26030	T	DRAINAGE OF PALM BURSAS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26034	T	TREAT HAND BONE LESION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26035	T	DECOMPRESS FINGERS/HAND	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26037	T	DECOMPRESS FINGERS/HAND	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26040	T	RELEASE PALM CONTRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26045	T	RELEASE PALM CONTRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26055	T	INCISE FINGER TENDON SHEATH	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26060	T	INCISION OF FINGER TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26070	T	EXPLORE/TREAT HAND JOINT	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26075	T	EXPLORE/TREAT FINGER JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26080	T	EXPLORE/TREAT FINGER JOINT	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26100	T	BIOPSY HAND JOINT LINING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26105	T	BIOPSY FINGER JOINT LINING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26110	T	BIOPSY FINGER JOINT LINING	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26111	T	EXC HAND LES SC 1.5 CM/>	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-

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26113	T	EXC HAND TUM DEEP 1.5 CM/>	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
26115	T	EXC HAND LES SC < 1.5 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
26116	T	EXC HAND TUM DEEP < 1.5 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
26117	T	RAD RESECT HAND TUMOR < 3 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
26118	T	RAD RESECT HAND TUMOR 3 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
26121	T	RELEASE PALM CONTRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26123	T	RELEASE PALM CONTRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26125	N	RELEASE PALM CONTRACTURE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
26130	T	REMOVE WRIST JOINT LINING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26135	T	REVISE FINGER JOINT EACH	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26140	T	REVISE FINGER JOINT EACH	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26145	T	TENDON EXCISION PALM/FINGER	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26160	T	REMOVE TENDON SHEATH LESION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26170	T	REMOVAL OF PALM TENDON EACH	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26180	T	REMOVAL OF FINGER TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26185	T	REMOVE FINGER BONE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26200	T	REMOVE HAND BONE LESION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26205	T	REMOVE/GRAFT BONE LESION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26210	T	REMOVAL OF FINGER LESION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26215	T	REMOVE/GRAFT FINGER LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26230	T	PARTIAL REMOVAL OF HAND BONE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26235	T	PARTIAL REMOVAL FINGER BONE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26236	T	PARTIAL REMOVAL FINGER BONE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26250	T	EXTENSIVE HAND SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26260	T	RESECT PROX FINGER TUMOR	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26262	T	RESECT DISTAL FINGER TUMOR	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26320	N	REMOVAL OF IMPLANT FROM HAND	-	05072	17.5212	Bundled, sometimes payable	$1,023.06	-	-	-	-	000	999	-
26340	T	MANIPULATE FINGER W/ANESTH	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26341	T	MANIPULAT PALM CORD POST INJ	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26350	T	REPAIR FINGER/HAND TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26352	T	REPAIR/GRAFT HAND TENDON	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26356	T	REPAIR FINGER/HAND TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26357	T	REPAIR FINGER/HAND TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26358	T	REPAIR/GRAFT HAND TENDON	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26370	T	REPAIR FINGER/HAND TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26372	T	REPAIR/GRAFT HAND TENDON	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26373	T	REPAIR FINGER/HAND TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26390	N	REVISE HAND/FINGER TENDON	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
26392	N	REPAIR/GRAFT HAND TENDON	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
26410	T	REPAIR HAND TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26412	T	REPAIR/GRAFT HAND TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26415	T	EXCISION HAND/FINGER TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26416	T	GRAFT HAND OR FINGER TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26418	T	REPAIR FINGER TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26420	T	REPAIR/GRAFT FINGER TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26426	T	REPAIR FINGER/HAND TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26428	T	REPAIR/GRAFT FINGER TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26432	T	REPAIR FINGER TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26433	T	REPAIR FINGER TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26434	T	REPAIR/GRAFT FINGER TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26437	T	REALIGNMENT OF TENDONS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26440	T	RELEASE PALM/FINGER TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26442	T	RELEASE PALM & FINGER TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26445	T	RELEASE HAND/FINGER TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26449	T	RELEASE FOREARM/HAND TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26450	T	INCISION OF PALM TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-

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Proc Cd	2023 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
26455	T	INCISION OF FINGER TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26460	T	INCISE HAND/FINGER TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26471	T	FUSION OF FINGER TENDONS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26474	T	FUSION OF FINGER TENDONS	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26476	T	TENDON LENGTHENING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26477	T	TENDON SHORTENING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26478	T	LENGTHENING OF HAND TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26479	T	SHORTENING OF HAND TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26480	T	TRANSPLANT HAND TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26483	T	TRANSPLANT/GRAFT HAND TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26485	T	TRANSPLANT PALM TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26489	T	TRANSPLANT/GRAFT PALM TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26490	T	REVISE THUMB TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26492	T	TENDON TRANSFER WITH GRAFT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26494	T	HAND TENDON/MUSCLE TRANSFER	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26496	T	REVISE THUMB TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26497	T	FINGER TENDON TRANSFER	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26498	T	FINGER TENDON TRANSFER	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26499	T	REVISION OF FINGER	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26500	T	HAND TENDON RECONSTRUCTION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26502	T	HAND TENDON RECONSTRUCTION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26508	T	RELEASE THUMB CONTRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26510	T	THUMB TENDON TRANSFER	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26516	T	FUSION OF KNUCKLE JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26517	T	FUSION OF KNUCKLE JOINTS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26518	T	FUSION OF KNUCKLE JOINTS	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26520	T	RELEASE KNUCKLE CONTRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26525	T	RELEASE FINGER CONTRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26530	T	REVISE KNUCKLE JOINT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26531	N	REVISE KNUCKLE WITH IMPLANT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
26535	T	REVISE FINGER JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26536	N	REVISE/IMPLANT FINGER JOINT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
26540	T	REPAIR HAND JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26541	T	REPAIR HAND JOINT WITH GRAFT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26542	T	REPAIR HAND JOINT WITH GRAFT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26545	T	RECONSTRUCT FINGER JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26546	T	REPAIR NONUNION HAND	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26548	T	RECONSTRUCT FINGER JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26550	T	CONSTRUCT THUMB REPLACEMENT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26551	C	GREAT TOE-HAND TRANSFER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
26553	C	SINGLE TRANSFER TOE-HAND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
26554	C	DOUBLE TRANSFER TOE-HAND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
26555	T	POSITIONAL CHANGE OF FINGER	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26556	C	TOE JOINT TRANSFER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
26560	T	REPAIR OF WEB FINGER	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26561	T	REPAIR OF WEB FINGER	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26562	T	REPAIR OF WEB FINGER	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26565	T	CORRECT METACARPAL FLAW	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26567	T	CORRECT FINGER DEFORMITY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26568	T	LENGTHEN METACARPAL/FINGER	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26580	T	REPAIR HAND DEFORMITY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26587	T	RECONSTRUCT EXTRA FINGER	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26590	T	REPAIR FINGER DEFORMITY	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26591	T	REPAIR MUSCLES OF HAND	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26593	T	RELEASE MUSCLES OF HAND	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26596	T	EXCISION CONSTRICTING TISSUE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-

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26600	T	TREAT METACARPAL FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26605	T	TREAT METACARPAL FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26607	T	TREAT METACARPAL FRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26608	T	TREAT METACARPAL FRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26615	T	TREAT METACARPAL FRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26641	T	TREAT THUMB DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26645	T	TREAT THUMB FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26650	T	TREAT THUMB FRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26665	T	TREAT THUMB FRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26670	T	TREAT HAND DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26675	T	TREAT HAND DISLOCATION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26676	T	PIN HAND DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26685	T	TREAT HAND DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26686	T	TREAT HAND DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26700	T	TREAT KNUCKLE DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26705	T	TREAT KNUCKLE DISLOCATION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26706	T	PIN KNUCKLE DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26715	T	TREAT KNUCKLE DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26720	T	TREAT FINGER FRACTURE EACH	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26725	T	TREAT FINGER FRACTURE EACH	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26727	T	TREAT FINGER FRACTURE EACH	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26735	T	TREAT FINGER FRACTURE EACH	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26740	T	TREAT FINGER FRACTURE EACH	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26742	T	TREAT FINGER FRACTURE EACH	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26746	T	TREAT FINGER FRACTURE EACH	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26750	T	TREAT FINGER FRACTURE EACH	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26755	T	TREAT FINGER FRACTURE EACH	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26756	T	PIN FINGER FRACTURE EACH	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26765	T	TREAT FINGER FRACTURE EACH	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26770	T	TREAT FINGER DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26775	T	TREAT FINGER DISLOCATION	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
26776	T	PIN FINGER DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26785	T	TREAT FINGER DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26820	T	THUMB FUSION WITH GRAFT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26841	T	FUSION OF THUMB	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26842	N	THUMB FUSION WITH GRAFT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
26843	N	FUSION OF HAND JOINT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
26844	N	FUSION/GRAFT OF HAND JOINT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
26850	T	FUSION OF KNUCKLE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26852	T	FUSION OF KNUCKLE WITH GRAFT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
26860	T	FUSION OF FINGER JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26861	N	FUSION OF FINGER JNT ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
26862	T	FUSION/GRAFT OF FINGER JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26863	N	FUSE/GRAFT ADDED JOINT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
26910	T	AMPUTATE METACARPAL BONE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26951	T	AMPUTATION OF FINGER/THUMB	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26952	T	AMPUTATION OF FINGER/THUMB	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26989	T	UNLISTED PX HANDS/FINGERS	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
26990	T	DRAINAGE OF PELVIS LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
26991	T	DRAINAGE OF PELVIS BURSA	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
26992	C	DRAINAGE OF BONE LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27000	T	INCISION OF HIP TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27001	T	INCISION OF HIP TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27003	T	INCISION OF HIP TENDON	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27005	C	INCISION OF HIP TENDON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27006	T	INCISION OF HIP TENDONS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-

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27025	C	INCISION OF HIP/THIGH FASCIA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27027	T	BUTTOCK FASCIOTOMY	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27030	C	DRAINAGE OF HIP JOINT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27033	T	EXPLORATION OF HIP JOINT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27035	T	DENERVATION OF HIP JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27036	C	EXCISION OF HIP JOINT/MUSCLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27040	T	BIOPSY OF SOFT TISSUES	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
27041	T	BIOPSY OF SOFT TISSUES	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
27043	T	EXC HIP PELVIS LES SC 3 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27045	T	EXC HIP/PELV TUM DEEP 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27047	T	EXC HIP/PELVIS LES SC < 3 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27048	T	EXC HIP/PELV TUM DEEP < 5 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27049	T	RESECT HIP/PELV TUM < 5 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27050	T	BIOPSY OF SACROILIAC JOINT	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27052	T	BIOPSY OF HIP JOINT	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27054	C	REMOVAL OF HIP JOINT LINING	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27057	T	BUTTOCK FASCIOTOMY W/DBRDMT	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27059	T	RESECT HIP/PELV TUM 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27060	T	REMOVAL OF ISCHIAL BURSA	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27062	T	REMOVE FEMUR LESION/BURSA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27065	T	REMOVE HIP BONE LES SUPER	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27066	T	REMOVE HIP BONE LES DEEP	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27067	T	REMOVE/GRAFT HIP BONE LESION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27070	C	PART REMOVE HIP BONE SUPER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27071	C	PART REMOVAL HIP BONE DEEP	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27075	C	RESECT HIP TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27076	C	RESECT HIP TUM INCL ACETABUL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27077	C	RESECT HIP TUM W/INNOM BONE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27078	C	RSECT HIP TUM INCL FEMUR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27080	T	REMOVAL OF TAIL BONE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27086	T	REMOVE HIP FOREIGN BODY	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27087	T	REMOVE HIP FOREIGN BODY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27090	C	REMOVAL OF HIP PROSTHESIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27091	C	REMOVAL OF HIP PROSTHESIS	-	-	-	Inpatient 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	T	REVISION OF HIP TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27098	T	TRANSFER TENDON TO PELVIS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27100	N	TRANSFER OF ABDOMINAL MUSCLE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27105	T	TRANSFER OF SPINAL MUSCLE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27110	T	TRANSFER OF ILIOPSOAS MUSCLE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27111	T	TRANSFER OF ILIOPSOAS MUSCLE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27120	C	RECONSTRUCTION OF HIP SOCKET	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27122	C	RECONSTRUCTION OF HIP SOCKET	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27125	C	PARTIAL HIP REPLACEMENT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27130	N	TOTAL HIP ARTHROPLASTY	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27132	C	TOTAL HIP ARTHROPLASTY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27134	C	REVISE HIP JOINT REPLACEMENT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27137	C	REVISE HIP JOINT REPLACEMENT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27138	C	REVISE HIP JOINT REPLACEMENT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27140	C	TRANSPLANT FEMUR RIDGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27146	C	INCISION OF HIP BONE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27147	C	REVISION OF HIP BONE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27151	C	INCISION OF HIP BONES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27156	C	REVISION OF HIP BONES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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27158	C	REVISION OF PELVIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27161	C	INCISION OF NECK OF FEMUR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27165	C	INCISION/FIXATION OF FEMUR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27170	C	REPAIR/GRAFT FEMUR HEAD/NECK	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27175	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27176	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27177	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27178	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27179	N	REVISE HEAD/NECK OF FEMUR	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27181	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27185	C	REVISION OF FEMUR EPIPHYSIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27187	C	REINFORCE HIP BONES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27197	T	CLSD TX PELVIC RING FX	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27198	T	CLSD TX PELVIC RING FX	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27200	T	TREAT TAIL BONE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27202	T	TREAT TAIL BONE FRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	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	2.4188	APC	$141.23	-	-	-	-	000	999	-
27222	C	TREAT HIP SOCKET FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27226	C	TREAT HIP WALL FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27227	C	TREAT HIP FRACTURE(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27228	C	TREAT HIP FRACTURE(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27230	T	TREAT THIGH FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27232	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27235	N	TREAT THIGH FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27236	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27238	T	TREAT THIGH FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27240	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27244	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27245	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27246	T	TREAT THIGH FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27248	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27250	T	TREAT HIP DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27252	T	TREAT HIP DISLOCATION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27253	C	TREAT HIP DISLOCATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27254	C	TREAT HIP DISLOCATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27256	T	TREAT HIP DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27257	T	TREAT HIP DISLOCATION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27258	C	TREAT HIP DISLOCATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27259	C	TREAT HIP DISLOCATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27265	T	TREAT HIP DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27266	T	TREAT HIP DISLOCATION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27267	T	CLTX THIGH FX	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27268	C	CLTX THIGH FX W/MNPJ	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27269	C	OPTX THIGH FX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27275	T	MANIPULATION OF HIP JOINT	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27279	N	ARTHRD SI JT PERQ/MIN NVAS	-	05116	255.8583	Bundled, sometimes payable	$14,939.57	-	-	-	-	000	999	-
27280	C	ARTHR SI JT OPN B1GRF INSTRM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27282	C	ARTHRODESIS SYMPHYSIS PUBIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27284	C	FUSION OF HIP JOINT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27286	C	FUSION OF HIP JOINT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27290	C	AMPUTATION OF LEG AT HIP	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27295	C	AMPUTATION OF LEG AT HIP	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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27299	T	UNLISTED PX PELVIS/HIP JOINT	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27301	T	DRAIN THIGH/KNEE LESION	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27303	C	DRAINAGE OF BONE LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27305	T	INCISE THIGH TENDON & FASCIA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27306	T	INCISION OF THIGH TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27307	T	INCISION OF THIGH TENDONS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27310	T	EXPLORATION OF KNEE JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27323	T	BIOPSY THIGH SOFT TISSUES	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
27324	T	BIOPSY THIGH SOFT TISSUES	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27325	T	NEURECTOMY HAMSTRING	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
27326	T	NEURECTOMY POPLITEAL	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
27327	T	EXC THIGH/KNEE LES SC < 3 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
27328	T	EXC THIGH/KNEE TUM DEEP <5CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27329	T	RESECT THIGH/KNEE TUM < 5 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27330	T	BIOPSY KNEE JOINT LINING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27331	T	EXPLORE/TREAT KNEE JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27332	T	REMOVAL OF KNEE CARTILAGE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27333	T	REMOVAL OF KNEE CARTILAGE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27334	T	REMOVE KNEE JOINT LINING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27335	N	REMOVE KNEE JOINT LINING	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27337	T	EXC THIGH/KNEE LES SC 3 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27339	T	EXC THIGH/KNEE TUM DEP 5CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27340	T	REMOVAL OF KNEECAP BURSA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27345	T	REMOVAL OF KNEE CYST	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27347	T	REMOVE KNEE CYST	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27350	T	REMOVAL OF KNEECAP	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27355	T	REMOVE FEMUR LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27356	N	REMOVE FEMUR LESION/GRAFT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27357	N	REMOVE FEMUR LESION/GRAFT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27358	N	REMOVE FEMUR LESION/FIXATION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
27360	T	PARTIAL REMOVAL LEG BONE(S)	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27364	T	RESECT THIGH/KNEE TUM 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27365	C	RESECT FEMUR/KNEE TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27369	N	NJX CNTRST KNE ARTHG/CT/MRI	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
27372	T	REMOVAL OF FOREIGN BODY	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27380	T	REPAIR OF KNEECAP TENDON	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27381	N	REPAIR/GRAFT KNEECAP TENDON	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27385	T	REPAIR OF THIGH MUSCLE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27386	N	REPAIR/GRAFT OF THIGH MUSCLE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27390	T	INCISION OF THIGH TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27391	T	INCISION OF THIGH TENDONS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27392	T	INCISION OF THIGH TENDONS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27393	T	LENGTHENING OF THIGH TENDON	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27394	T	LENGTHENING OF THIGH TENDONS	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27395	T	LENGTHENING OF THIGH TENDONS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27396	T	TRANSPLANT OF THIGH TENDON	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27397	T	TRANSPLANTS OF THIGH TENDONS	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27400	T	REVISE THIGH MUSCLES/TENDONS	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27403	T	REPAIR OF KNEE CARTILAGE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27405	T	REPAIR OF KNEE LIGAMENT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27407	N	REPAIR OF KNEE LIGAMENT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27409	T	REPAIR OF KNEE LIGAMENTS	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27412	N	AUTOCHONDROCYTE IMPLANT KNEE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	Y	000	999	-
27415	N	OSTEOCHONDRAL KNEE ALLOGRAFT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	Y	000	999	-
27416	N	OSTEOCHONDRAL KNEE AUTOGRAFT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27418	N	REPAIR DEGENERATED KNEECAP	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-

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27420	N	REVISION OF UNSTABLE KNEECAP	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27422	T	REVISION OF UNSTABLE KNEECAP	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27424	T	REVISION/REMOVAL OF KNEECAP	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27425	T	LAT RETINACULAR RELEASE OPEN	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27427	N	RECONSTRUCTION KNEE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27428	N	RECONSTRUCTION KNEE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27429	N	RECONSTRUCTION KNEE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27430	T	REVISION OF THIGH MUSCLES	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27435	T	INCISION OF KNEE JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27437	N	REVISE KNEECAP	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27438	N	REVISE KNEECAP WITH IMPLANT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27440	N	REVISION OF KNEE JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27441	N	REVISION OF KNEE JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27442	N	REVISION OF KNEE JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27443	N	REVISION OF KNEE JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27445	C	REVISION OF KNEE JOINT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27446	N	REVISION OF KNEE JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27447	T	TOTAL KNEE ARTHROPLASTY	-	05115	152.4576	APC	$8,424.32	-	-	-	-	000	999	-
27448	C	INCISION OF THIGH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27450	C	INCISION OF THIGH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27454	C	REALIGNMENT OF THIGH BONE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27455	C	REALIGNMENT OF KNEE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27457	C	REALIGNMENT OF KNEE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27465	C	SHORTENING OF THIGH BONE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27466	C	LENGTHENING OF THIGH BONE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27468	C	SHORTEN/LENGTHEN THIGHS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27470	C	REPAIR OF THIGH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27472	C	REPAIR/GRAFT OF THIGH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27475	T	SURGERY TO STOP LEG GROWTH	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27477	T	SURGERY TO STOP LEG GROWTH	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27479	T	SURGERY TO STOP LEG GROWTH	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27485	T	SURGERY TO STOP LEG GROWTH	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27486	C	REVISE/REPLACE KNEE JOINT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27487	C	REVISE/REPLACE KNEE JOINT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27488	C	REMOVAL OF KNEE PROSTHESIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27495	C	REINFORCE THIGH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27496	T	DECOMPRESSION OF THIGH/KNEE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27497	T	DECOMPRESSION OF THIGH/KNEE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27498	T	DECOMPRESSION OF THIGH/KNEE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27499	T	DECOMPRESSION OF THIGH/KNEE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27500	T	TREATMENT OF THIGH FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27501	T	TREATMENT OF THIGH FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27502	T	TREATMENT OF THIGH FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27503	T	TREATMENT OF THIGH FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27506	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27507	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27508	T	TREATMENT OF THIGH FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27509	N	TREATMENT OF THIGH FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27510	T	TREATMENT OF THIGH FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27511	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27513	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27514	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27516	T	TREAT THIGH FX GROWTH PLATE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27517	T	TREAT THIGH FX GROWTH PLATE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27519	C	TREAT THIGH FX GROWTH PLATE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27520	T	TREAT KNEECAP FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-

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27524	T	TREAT KNEECAP FRACTURE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27530	T	TREAT KNEE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27532	T	TREAT KNEE FRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27535	C	TREAT KNEE FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27536	C	TREAT KNEE FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27538	T	TREAT KNEE FRACTURE(S)	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27540	C	TREAT KNEE FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27550	T	TREAT KNEE DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27552	T	TREAT KNEE DISLOCATION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27556	C	TREAT KNEE DISLOCATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27557	C	TREAT KNEE DISLOCATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27558	C	TREAT KNEE DISLOCATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27560	T	TREAT KNEECAP DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27562	T	TREAT KNEECAP DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27566	T	TREAT KNEECAP DISLOCATION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27570	T	FIXATION OF KNEE JOINT	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27580	C	FUSION OF KNEE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27590	C	AMPUTATE LEG AT THIGH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27591	C	AMPUTATE LEG AT THIGH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27592	C	AMPUTATE LEG AT THIGH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27594	T	AMPUTATION FOLLOW-UP SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27596	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27598	C	AMPUTATE LOWER LEG AT KNEE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27599	T	UNLISTED PX FEMUR/KNEE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27600	T	DECOMPRESSION OF LOWER LEG	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27601	T	DECOMPRESSION OF LOWER LEG	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27602	T	DECOMPRESSION OF LOWER LEG	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27603	T	DRAIN LOWER LEG LESION	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27604	T	DRAIN LOWER LEG BURSA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27605	T	INCISION OF ACHILLES TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27606	T	INCISION OF ACHILLES TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27607	T	TREAT LOWER LEG BONE LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27610	T	EXPLORE/TREAT ANKLE JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27612	T	EXPLORATION OF ANKLE JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27613	T	BIOPSY LOWER LEG SOFT TISSUE	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
27614	T	BIOPSY LOWER LEG SOFT TISSUE	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27615	T	RESECT LEG/ANKLE TUM < 5 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27616	T	RESECT LEG/ANKLE TUM 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27618	T	EXC LEG/ANKLE TUM < 3 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
27619	T	EXC LEG/ANKLE TUM DEEP <5 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27620	T	EXPLORE/TREAT ANKLE JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27625	T	REMOVE ANKLE JOINT LINING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27626	T	REMOVE ANKLE JOINT LINING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27630	T	REMOVAL OF TENDON LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27632	T	EXC LEG/ANKLE LES SC 3 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27634	T	EXC LEG/ANKLE TUM DEP 5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
27635	T	REMOVE LOWER LEG BONE LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27637	N	REMOVE/GRAFT LEG BONE LESION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27638	N	REMOVE/GRAFT LEG BONE LESION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27640	T	PARTIAL REMOVAL OF TIBIA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27641	T	PARTIAL REMOVAL OF FIBULA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27645	C	RESECT TIBIA TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27646	C	RESECT FIBULA TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27647	T	RESECT TALUS/CALCANEUS TUM	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27648	N	INJECTION FOR ANKLE X-RAY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
27650	T	REPAIR ACHILLES TENDON	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-

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27652	N	REPAIR/GRAFT ACHILLES TENDON	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27654	N	REPAIR OF ACHILLES TENDON	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27656	T	REPAIR LEG FASCIA DEFECT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27658	T	REPAIR OF LEG TENDON EACH	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27659	T	REPAIR OF LEG TENDON EACH	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27664	T	REPAIR OF LEG TENDON EACH	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27665	N	REPAIR OF LEG TENDON EACH	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27675	T	REPAIR LOWER LEG TENDONS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27676	T	REPAIR LOWER LEG TENDONS	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27680	T	RELEASE OF LOWER LEG TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27681	T	RELEASE OF LOWER LEG TENDONS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27685	T	REVISION OF LOWER LEG TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27686	T	REVISE LOWER LEG TENDONS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27687	T	REVISION OF CALF TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27690	T	REVISE LOWER LEG TENDON	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27691	T	REVISE LOWER LEG TENDON	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27692	N	REVISE ADDITIONAL LEG TENDON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
27695	T	REPAIR OF ANKLE LIGAMENT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27696	T	REPAIR OF ANKLE LIGAMENTS	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27698	T	REPAIR OF ANKLE LIGAMENT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27700	N	REVISION OF ANKLE JOINT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27702	T	RECONSTRUCT ANKLE JOINT	-	05116	255.8583	APC	$14,363.88	-	-	-	-	000	999	-
27703	C	RECONSTRUCTION ANKLE JOINT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27704	N	REMOVAL OF ANKLE IMPLANT	-	05113	34.7802	Bundled, sometimes payable	$2,030.82	-	-	-	-	000	999	-
27705	T	INCISION OF TIBIA	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27707	T	INCISION OF FIBULA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27709	N	INCISION OF TIBIA & FIBULA	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27712	C	REALIGNMENT OF LOWER LEG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27715	C	REVISION OF LOWER LEG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27720	N	REPAIR OF TIBIA	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27722	N	REPAIR/GRAFT OF TIBIA	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27724	C	REPAIR/GRAFT OF TIBIA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27725	C	REPAIR OF LOWER LEG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27726	N	REPAIR FIBULA NONUNION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27727	C	REPAIR OF LOWER LEG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27730	T	REPAIR OF TIBIA EPIPHYSIS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27732	T	REPAIR OF FIBULA EPIPHYSIS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27734	T	REPAIR LOWER LEG EPIPHYSES	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27740	T	REPAIR OF LEG EPIPHYSES	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27742	T	REPAIR OF LEG EPIPHYSES	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27745	N	REINFORCE TIBIA	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27750	T	TREATMENT OF TIBIA FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27752	T	TREATMENT OF TIBIA FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27756	N	TREATMENT OF TIBIA FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27758	N	TREATMENT OF TIBIA FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27759	N	TREATMENT OF TIBIA FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27760	T	CLTX MEDIAL ANKLE FX	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27762	T	CLTX MED ANKLE FX W/MNPJ	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27766	T	OPTX MEDIAL ANKLE FX	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27767	T	CLTX POST ANKLE FX	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27768	T	CLTX POST ANKLE FX W/MNPJ	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27769	N	OPTX POST ANKLE FX	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27780	T	TREATMENT OF FIBULA FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27781	T	TREATMENT OF FIBULA FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27784	N	TREATMENT OF FIBULA FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27786	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-

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27788	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27792	N	TREATMENT OF ANKLE FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27808	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27810	T	TREATMENT OF ANKLE FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27814	N	TREATMENT OF ANKLE FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27816	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27818	T	TREATMENT OF ANKLE FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27822	N	TREATMENT OF ANKLE FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27823	N	TREATMENT OF ANKLE FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27824	T	TREAT LOWER LEG FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27825	T	TREAT LOWER LEG FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27826	N	TREAT LOWER LEG FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27827	N	TREAT LOWER LEG FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27828	N	TREAT LOWER LEG FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27829	T	TREAT LOWER LEG JOINT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27830	T	TREAT LOWER LEG DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27831	T	TREAT LOWER LEG DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27832	N	TREAT LOWER LEG DISLOCATION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
27840	T	TREAT ANKLE DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
27842	T	TREAT ANKLE DISLOCATION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
27846	T	TREAT ANKLE DISLOCATION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27848	T	TREAT ANKLE DISLOCATION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27860	T	FIXATION OF ANKLE JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27870	N	FUSION OF ANKLE JOINT OPEN	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27871	N	FUSION OF TIBIOFIBULAR JOINT	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
27880	C	AMPUTATION OF LOWER LEG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27881	C	AMPUTATION OF LOWER LEG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27882	C	AMPUTATION OF LOWER LEG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27884	T	AMPUTATION FOLLOW-UP SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27886	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27888	C	AMPUTATION OF FOOT AT ANKLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
27889	T	AMPUTATION OF FOOT AT ANKLE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27892	T	DECOMPRESSION OF LEG	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27893	T	DECOMPRESSION OF LEG	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
27894	T	DECOMPRESSION OF LEG	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
27899	T	UNLISTED PX LEG/ANKLE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28001	T	DRAINAGE OF BURSA OF FOOT	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
28002	T	TREATMENT OF FOOT INFECTION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28003	T	TREATMENT OF FOOT INFECTION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28005	T	TREAT FOOT BONE LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28008	T	INCISION OF FOOT FASCIA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28010	T	INCISION OF TOE TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28011	T	INCISION OF TOE TENDONS	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28020	T	EXPLORATION OF FOOT JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28022	T	EXPLORATION OF FOOT JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28024	T	EXPLORATION OF TOE JOINT	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28035	T	DECOMPRESSION OF TIBIA NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
28039	T	EXC FOOT/TOE TUM SC 1.5 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
28041	T	EXC FOOT/TOE TUM DEP 1.5CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
28043	T	EXC FOOT/TOE TUM SC < 1.5 CM	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
28045	T	EXC FOOT/TOE TUM DEEP <1.5CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
28046	T	RESECT FOOT/TOE TUMOR < 3 CM	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
28047	T	RESECT FOOT/TOE TUMOR 3 CM/>	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
28050	T	BIOPSY OF FOOT JOINT LINING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28052	T	BIOPSY OF FOOT JOINT LINING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28054	T	BIOPSY OF TOE JOINT LINING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-

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28055	T	NEURECTOMY FOOT	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
28060	T	PARTIAL REMOVAL FOOT FASCIA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28062	T	REMOVAL OF FOOT FASCIA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28070	T	REMOVAL OF FOOT JOINT LINING	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28072	T	REMOVAL OF FOOT JOINT LINING	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28080	T	REMOVAL OF FOOT LESION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28086	T	EXCISE FOOT TENDON SHEATH	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28088	T	EXCISE FOOT TENDON SHEATH	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28090	T	REMOVAL OF FOOT LESION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28092	T	REMOVAL OF TOE LESIONS	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28100	T	REMOVAL OF ANKLE/HEEL LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28102	N	REMOVE/GRAFT FOOT LESION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28103	N	REMOVE/GRAFT FOOT LESION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28104	T	REMOVAL OF FOOT LESION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28106	T	REMOVE/GRAFT FOOT LESION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28107	N	REMOVE/GRAFT FOOT LESION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28108	T	REMOVAL OF TOE LESIONS	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28110	T	PART REMOVAL OF METATARSAL	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28111	T	PART REMOVAL OF METATARSAL	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28112	T	PART REMOVAL OF METATARSAL	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28113	T	PART REMOVAL OF METATARSAL	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28114	T	REMOVAL OF METATARSAL HEADS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28116	T	REVISION OF FOOT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28118	T	REMOVAL OF HEEL BONE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28119	T	REMOVAL OF HEEL SPUR	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28120	T	PART REMOVAL OF ANKLE/HEEL	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28122	T	PARTIAL REMOVAL OF FOOT BONE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28124	T	PARTIAL REMOVAL OF TOE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28126	T	PARTIAL REMOVAL OF TOE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28130	T	REMOVAL OF ANKLE BONE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28140	T	REMOVAL OF METATARSAL	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28150	T	REMOVAL OF TOE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28153	T	PARTIAL REMOVAL OF TOE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28160	T	PARTIAL REMOVAL OF TOE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28171	T	RESECT TARSAL TUMOR	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28173	T	RESECT METATARSAL TUMOR	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28175	T	RESECT PHALANX OF TOE TUMOR	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28190	T	REMOVAL OF FOOT FOREIGN BODY	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
28192	T	REMOVAL OF FOOT FOREIGN BODY	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
28193	T	REMOVAL OF FOOT FOREIGN BODY	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
28200	T	REPAIR OF FOOT TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28202	N	REPAIR/GRAFT OF FOOT TENDON	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28208	T	REPAIR OF FOOT TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28210	N	REPAIR/GRAFT OF FOOT TENDON	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28220	T	RELEASE OF FOOT TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28222	T	RELEASE OF FOOT TENDONS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28225	T	RELEASE OF FOOT TENDON	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28226	T	RELEASE OF FOOT TENDONS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28230	T	INCISION OF FOOT TENDON(S)	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28232	T	INCISION OF TOE TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28234	T	INCISION OF FOOT TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28238	T	REVISION OF FOOT TENDON	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28240	T	RELEASE OF BIG TOE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28250	T	REVISION OF FOOT FASCIA	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28260	T	RELEASE OF MIDFOOT JOINT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28261	T	REVISION OF FOOT TENDON	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-

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28262	N	REVISION OF FOOT AND ANKLE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28264	T	RELEASE OF MIDFOOT JOINT	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28270	T	RELEASE OF FOOT CONTRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28272	T	RELEASE OF TOE JOINT EACH	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28280	T	FUSION OF TOES	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28285	T	REPAIR OF HAMMERTOE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28286	T	REPAIR OF HAMMERTOE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28288	T	PARTIAL REMOVAL OF FOOT BONE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28289	T	CORRJ HALUX RIGDUS W/O IMPLT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28291	T	CORRJ HALUX RIGDUS W/IMPLT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28292	T	CORRECTION HALLUX VALGUS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28295	T	CORRECTION HALLUX VALGUS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28296	T	CORRECTION HALLUX VALGUS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28297	N	CORRECTION HALLUX VALGUS	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28298	T	CORRECTION HALLUX VALGUS	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28299	T	CORRECTION HALLUX VALGUS	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28300	N	INCISION OF HEEL BONE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28302	T	INCISION OF ANKLE BONE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28304	N	INCISION OF MIDFOOT BONES	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28305	N	INCISE/GRAFT MIDFOOT BONES	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28306	T	INCISION OF METATARSAL	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28307	T	INCISION OF METATARSAL	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28308	T	INCISION OF METATARSAL	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28309	N	INCISION OF METATARSALS	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28310	T	REVISION OF BIG TOE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28312	T	REVISION OF TOE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28313	T	REPAIR DEFORMITY OF TOE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28315	T	REMOVAL OF SESAMOID BONE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28320	N	REPAIR OF FOOT BONES	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
28322	N	REPAIR OF METATARSALS	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28340	T	RESECT ENLARGED TOE TISSUE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28341	T	RESECT ENLARGED TOE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28344	T	REPAIR EXTRA TOE(S)	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28345	T	REPAIR WEBBED TOE(S)	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28360	N	RECONSTRUCT CLEFT FOOT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28400	T	TREATMENT OF HEEL FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28405	T	TREATMENT OF HEEL FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28406	T	TREATMENT OF HEEL FRACTURE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28415	N	TREAT HEEL FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28420	N	TREAT/GRAFT HEEL FRACTURE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
28430	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28435	T	TREATMENT OF ANKLE FRACTURE	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28436	T	TREATMENT OF ANKLE FRACTURE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28445	N	TREAT ANKLE FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28446	N	OSTEOCHONDRAL TALUS AUTOGRFT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28450	T	TREAT MIDFOOT FRACTURE EACH	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28455	T	TREAT MIDFOOT FRACTURE EACH	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28456	N	TREAT MIDFOOT FRACTURE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28465	N	TREAT MIDFOOT FRACTURE EACH	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28470	T	TREAT METATARSAL FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28475	T	TREAT METATARSAL FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28476	T	TREAT METATARSAL FRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28485	T	TREAT METATARSAL FRACTURE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28490	T	TREAT BIG TOE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28495	T	TREAT BIG TOE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28496	T	TREAT BIG TOE FRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-

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28505	T	TREAT BIG TOE FRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28510	T	TREATMENT OF TOE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28515	T	TREATMENT OF TOE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28525	T	TREAT TOE FRACTURE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28530	T	TREAT SESAMOID BONE FRACTURE	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28531	T	TREAT SESAMOID BONE FRACTURE	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28540	T	TREAT FOOT DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28545	T	TREAT FOOT DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28546	T	TREAT FOOT DISLOCATION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28555	N	REPAIR FOOT DISLOCATION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28570	T	TREAT FOOT DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28575	T	TREAT FOOT DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28576	T	TREAT FOOT DISLOCATION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28585	T	REPAIR FOOT DISLOCATION	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28600	T	TREAT FOOT DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28605	T	TREAT FOOT DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28606	T	TREAT FOOT DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28615	N	REPAIR FOOT DISLOCATION	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28630	T	TREAT TOE DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28635	T	TREAT TOE DISLOCATION	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
28636	T	TREAT TOE DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28645	T	REPAIR TOE DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28660	T	TREAT TOE DISLOCATION	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
28665	T	TREAT TOE DISLOCATION	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
28666	T	TREAT TOE DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28675	T	REPAIR OF TOE DISLOCATION	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28705	N	FUSION OF FOOT BONES	-	05116	255.8583	Bundled, sometimes payable	$14,939.57	-	-	-	-	000	999	-
28715	N	FUSION OF FOOT BONES	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
28725	N	FUSION OF FOOT BONES	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
28730	N	FUSION OF FOOT BONES	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
28735	N	FUSION OF FOOT BONES	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
28737	N	REVISION OF FOOT BONES	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
28740	N	FUSION OF FOOT BONES	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28750	N	FUSION OF BIG TOE JOINT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28755	T	FUSION OF BIG TOE JOINT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
28760	N	FUSION OF BIG TOE JOINT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
28800	C	AMPUTATION OF MIDFOOT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
28805	T	AMPUTATION THRU METATARSAL	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28810	T	AMPUTATION TOE & METATARSAL	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28820	T	AMPUTATION OF TOE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28825	T	PARTIAL AMPUTATION OF TOE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
28890	T	HI ENRGY ESWT PLANTAR FASCIA	-	05112	16.7613	APC	$978.69	-	-	-	Y	000	999	-
28899	T	UNLISTED PX FOOT/TOES	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
29000	T	APPLICATION OF BODY CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29010	T	APPLICATION OF BODY CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29015	T	APPLICATION OF BODY CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29035	T	APPLICATION OF BODY CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29040	T	APPLICATION OF BODY CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29044	T	APPLICATION OF BODY CAST	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29046	T	APPLICATION OF BODY CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29049	T	APPLICATION OF FIGURE EIGHT	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29055	T	APPLICATION OF SHOULDER CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29058	T	APPLICATION OF SHOULDER CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29065	T	APPLICATION OF LONG ARM CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29075	T	APPLICATION OF FOREARM CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29085	T	APPLY HAND/WRIST CAST	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
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29086	T	APPLY FINGER CAST	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29105	T	APPLY LONG ARM SPLINT	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29125	N	APPLY FOREARM SPLINT	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
29126	N	APPLY FOREARM SPLINT	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
29130	N	APPLICATION OF FINGER SPLINT	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
29131	N	APPLICATION OF FINGER SPLINT	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
29200	T	STRAPPING OF CHEST	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29240	N	STRAPPING OF SHOULDER	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
29260	N	STRAPPING OF ELBOW OR WRIST	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
29280	N	STRAPPING OF HAND OR FINGER	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
29305	T	APPLICATION OF HIP CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29325	T	APPLICATION OF HIP CASTS	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29345	T	APPLICATION OF LONG LEG CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29355	T	APPLICATION OF LONG LEG CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29358	T	APPLY LONG LEG CAST BRACE	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29365	T	APPLICATION OF LONG LEG CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29405	T	APPLY SHORT LEG CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29425	T	APPLY SHORT LEG CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29435	T	APPLY SHORT LEG CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29440	T	ADDITION OF WALKER TO CAST	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29445	T	APPLY RIGID LEG CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29450	T	APPLICATION OF LEG CAST	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29505	T	APPLICATION LONG LEG SPLINT	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29515	T	APPLICATION LOWER LEG SPLINT	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29520	N	STRAPPING OF HIP	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
29530	N	STRAPPING OF KNEE	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
29540	T	STRAPPING OF ANKLE AND/OR FT	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29550	N	STRAPPING OF TOES	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
29580	T	APPLICATION OF PASTE BOOT	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29581	T	APPLY MULTLAY COMPRS LWR LEG	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29584	T	APPL MULTLAY COMPRS ARM/HAND	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29700	T	REMOVAL/REVISION OF CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29705	T	REMOVAL/REVISION OF CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29710	T	REMOVAL/REVISION OF CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29720	T	REPAIR OF BODY CAST	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29730	T	WINDOWING OF CAST	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29740	T	WEDGING OF CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29750	T	WEDGING OF CLUBFOOT CAST	-	05102	2.8032	APC	$163.68	-	-	-	-	000	999	-
29799	T	UNLISTED PX CASTING/STRPG	-	05101	1.7031	APC	$99.44	-	-	-	-	000	999	-
29800	T	JAW ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	Y	-	000	999	-
29804	T	JAW ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	Y	-	000	999	-
29805	T	SHO ARTHRS DX +- SYNOVIAL BX	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29806	N	SHO ARTHRS SRG CAPSULORRAPHY	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
29807	N	SHO ARTHRS SRG RPR SLAP LES	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
29819	T	SHO ARTHRS SRG RMVL LOOSE/FB	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29820	T	SHO ARTHRS SRG PRTL SYNVCT	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
29821	T	SHO ARTHRS SRG COMPL SYNVCT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29822	T	SHO ARTHRS SRG LMTD DBRDMT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29823	T	SHO ARTHRS SRG XTNSV DBRDMT	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29824	T	SHO ARTHRS SRG DSTL CLAVICLC	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29825	T	SHO ARTHRS SRG LSS&RESCJ ADS	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29826	N	SHO ARTHRS SRG DECOMPRESSION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
29827	N	SHO ARTHRS SRG RT8TR CUF RPR	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
29828	N	SHO ARTHRS SRG BICP TENODSIS	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
29830	T	ELBOW ARTHROSCOPY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29834	T	ELBOW ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-

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29835	T	ELBOW ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29836	T	ELBOW ARTHROSCOPY/SURGERY	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
29837	T	ELBOW ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29838	T	ELBOW ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29840	T	WRIST ARTHROSCOPY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29843	T	WRIST ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29844	T	WRIST ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29845	T	WRIST ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29846	T	WRIST ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29847	T	WRIST ARTHROSCOPY/SURGERY	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
29848	T	WRIST ENDOSCOPY/SURGERY	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
29850	T	KNEE ARTHROSCOPY/SURGERY	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
29851	T	KNEE ARTHROSCOPY/SURGERY	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
29855	N	TIBIAL ARTHROSCOPY/SURGERY	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
29856	N	TIBIAL ARTHROSCOPY/SURGERY	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
29860	T	HIP ARTHROSCOPY DX	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
29861	T	HIP ARTHRO W/FB REMOVAL	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
29862	N	HIP ARTHR0 W/DEBRIDEMENT	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
29863	T	HIP ARTHR0 W/SYNOVECTOMY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29866	N	AUTGRFT IMPLNT KNEE W/SCOPE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	Y	000	999	-
29867	N	ALLGRFT IMPLNT KNEE W/SCOPE	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	Y	000	999	-
29868	N	MENISCAL TRNSPL KNEE W/SCPE	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	Y	000	999	-
29870	T	KNEE ARTHROSCOPY DX	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29871	T	KNEE ARTHROSCOPY/DRAINAGE	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29873	T	KNEE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29874	T	KNEE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29875	T	KNEE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29876	T	KNEE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29877	T	KNEE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29879	T	KNEE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29880	T	KNEE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29881	T	KNEE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29882	T	KNEE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29883	T	KNEE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29884	T	KNEE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29885	N	KNEE ARTHROSCOPY/SURGERY	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
29886	T	KNEE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29887	T	KNEE ARTHROSCOPY/SURGERY	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
29888	N	KNEE ARTHROSCOPY/SURGERY	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
29889	N	KNEE ARTHROSCOPY/SURGERY	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
29891	T	ANKLE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29892	T	ANKLE ARTHROSCOPY/SURGERY	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
29893	T	SCOPE PLANTAR FASCIOTOMY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29894	T	ANKLE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29895	T	ANKLE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29897	T	ANKLE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29898	T	ANKLE ARTHROSCOPY/SURGERY	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29899	N	ANKLE ARTHROSCOPY/SURGERY	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
29900	T	MCP JOINT ARTHROSCOPY DX	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29901	T	MCP JOINT ARTHROSCOPY SURG	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29902	T	MCP JOINT ARTHROSCOPY SURG	-	05112	16.7613	APC	$978.69	-	-	-	-	000	999	-
29904	T	SUBTALAR ARTHRO W/FB RMVL	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29905	T	SUBTALAR ARTHRO W/EXC	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
29906	T	SUBTALAR ARTHRO W/DEB	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
29907	N	SUBTALAR ARTHRO W/FUSION	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
29914	N	HIP ARTHRO W/FEMOROPLASTY	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-

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29915	N	HIP ARTHRO ACETABULOPLASTY	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
29916	N	HIP ARTHRO W/LABRAL REPAIR	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
29999	T	UNLISTED PX ARTHROSCOPY	-	05111	2.4188	APC	$141.23	-	-	-	-	000	999	-
30000	T	DRAINAGE OF NOSE LESION	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
30020	T	DRAINAGE OF NOSE LESION	-	05162	5.3376	APC	$311.66	-	-	-	-	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	T	INTRANASAL BIOPSY	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
30110	T	REMOVAL OF NOSE POLYP(S)	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
30115	T	REMOVAL OF NOSE POLYP(S)	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
30117	T	REMOVAL OF INTRANASAL LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
30118	T	REMOVAL OF INTRANASAL LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
3011F	E	LIPID PANEL DOC REV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30120	T	REVISION OF NOSE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
30124	T	REMOVAL OF NOSE LESION	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
30125	N	REMOVAL OF NOSE LESION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
30130	T	EXCISE INFERIOR TURBINATE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
30140	T	RESECT INFERIOR TURBINATE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
3014F	E	SCREEN MAMMO DOC REV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30150	N	PARTIAL REMOVAL OF NOSE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
3015F	E	CERV CANCER SCREEN DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30160	N	REMOVAL OF NOSE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	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	5.3376	APC	$311.66	-	-	-	-	000	999	-
3020F	E	LVF ASSESS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30210	T	NASAL SINUS THERAPY	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
3021F	E	LVEF MOD/SEVER DEPRS SYST	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30220	T	INSERT NASAL SEPTAL BUTTON	-	05163	16.2194	APC	$947.05	-	-	-	-	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	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
30310	T	REMOVE NASAL FOREIGN BODY	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
30320	T	REMOVE NASAL FOREIGN BODY	-	05163	16.2194	APC	$947.05	-	-	-	-	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	T	RECONSTRUCTION OF NOSE	-	05165	62.3903	APC	$3,642.97	-	-	Y	-	000	999	-
3040F	E	FEV <40% PREDICTED VALUE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30410	N	RECONSTRUCTION OF NOSE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
30420	N	RECONSTRUCTION OF NOSE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
3042F	E	FEV >=40% PREDICTED VALUE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30430	T	REVISION OF NOSE	-	05165	62.3903	APC	$3,642.97	-	-	Y	-	000	999	-
30435	N	REVISION OF NOSE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
3044F	E	HG A1C LEVEL LT 7.0%	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30450	N	REVISION OF NOSE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
30460	N	REVISION OF NOSE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
30462	N	REVISION OF NOSE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
30465	N	REPAIR NASAL STENOSIS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	Y	-	000	999	-
30468	T	RPR NSL VLV COLLAPSE W/IMPLT	-	05165	62.3903	APC	$3,502.59	-	-	-	-	000	999	-
30469	T	RPR NSL VLV COLLAPSE W/RMDLG	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-

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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	T	REPAIR OF NASAL SEPTUM	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
3052F	E	HG A1C>EQUAL 8.0%<EQUAL 9.0%	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30540	N	REPAIR NASAL DEFECT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
30545	N	REPAIR NASAL DEFECT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
3055F	E	LVEF LESS THAN/EQUAL TO 35%	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30560	T	RELEASE OF NASAL ADHESIONS	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
3056F	E	LVEF GREATER THAN 35%	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30580	N	REPAIR UPPER JAW FISTULA	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
30600	N	REPAIR MOUTH/NOSE FISTULA	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	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	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
3062F	E	POS MACROALBUMINURIA REV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30630	T	REPAIR NASAL SEPTUM DEFECT	-	05164	33.2421	APC	$1,941.01	-	-	-	-	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	T	ABLATE INF TURBINATE SUPERF	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
30802	T	ABLATE INF TURBINATE SUBMUC	-	05163	16.2194	APC	$947.05	-	-	-	-	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	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
30903	T	CONTROL OF NOSEBLEED	-	05734	1.3567	APC	$79.22	-	-	-	-	000	999	-
30905	T	CONTROL OF NOSEBLEED	-	05734	1.3567	APC	$79.22	-	-	-	-	000	999	-
30906	T	REPEAT CONTROL OF NOSEBLEED	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
3090F	E	MDD SEVERE W/O PSYCH	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30915	T	LIGATION NASAL SINUS ARTERY	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
3091F	E	MDD SEVERE W/PSYCH	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30920	T	LIGATION UPPER JAW ARTERY	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
3092F	E	MDD IN REMISSION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
30930	T	THER FX NASAL INF TURBINATE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	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	2.4283	APC	$141.79	-	-	-	-	000	999	-
31000	T	IRRIGATION MAXILLARY SINUS	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
31002	T	IRRIGATION SPHENOID SINUS	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
3100F	E	IMAGE TEST REF CAROT DIAM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
31020	T	EXPLORATION MAXILLARY SINUS	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
31030	N	EXPLORATION MAXILLARY SINUS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31032	N	EXPLORE SINUS REMOVE POLYPS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-

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31040	T	EXPLORATION BEHIND UPPER JAW	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
31050	N	EXPLORATION SPHENOID SINUS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31051	N	SPHENOID SINUS SURGERY	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31070	N	EXPLORATION OF FRONTAL SINUS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31075	N	EXPLORATION OF FRONTAL SINUS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31080	N	REMOVAL OF FRONTAL SINUS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31081	N	REMOVAL OF FRONTAL SINUS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31084	N	REMOVAL OF FRONTAL SINUS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31085	N	REMOVAL OF FRONTAL SINUS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31086	N	REMOVAL OF FRONTAL SINUS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31087	N	REMOVAL OF FRONTAL SINUS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31090	N	EXPLORATION OF SINUSES	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	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	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31201	T	REMOVAL OF ETHMOID SINUS	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
31205	T	REMOVAL OF ETHMOID SINUS	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
3120F	E	12-LEAD ECG PERFORMED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
31225	C	REMOVAL OF UPPER JAW	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31230	C	REMOVAL OF UPPER JAW	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31231	T	NASAL ENDOSCOPY DX	-	05151	2.0886	APC	$121.95	-	-	-	-	000	999	-
31233	T	NSL/SINS NDSC DX MAX SINUSC	-	05152	4.4066	APC	$257.30	-	-	-	-	000	999	-
31235	T	NSL/SINS NDSC DX SPHN SINUSC	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31237	T	NASAL/SINUS ENDOSCOPY SURG	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31238	T	NASAL/SINUS ENDOSCOPY SURG	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31239	T	NASAL/SINUS ENDOSCOPY SURG	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31240	T	NASAL/SINUS ENDOSCOPY SURG	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31241	T	NSL/SINS NDSC W/ARTERY LIG	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31253	T	NSL/SINS NDSC TOTAL	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31254	T	NSL/SINS NDSC W/PRTL ETHMDCT	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31255	T	NSL/SINS NDSC W/TOT ETHMDCT	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31256	T	EXPLORATION MAXILLARY SINUS	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31257	T	NSL/SINS NDSC TOT W/SPHENDT	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31259	T	NSL/SINS NDSC SPHN TISS RMVL	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31267	T	ENDOSCOPY MAXILLARY SINUS	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
3126F	E	ESOPH BX RPRT W/DYSPL INFO	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
31276	T	NSL/SINS NDSC FRNT TISS RMVL	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31287	T	NASAL/SINUS ENDOSCOPY SURG	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31288	T	NASAL/SINUS ENDOSCOPY SURG	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31290	C	NASAL/SINUS ENDOSCOPY SURG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31291	C	NASAL/SINUS ENDOSCOPY SURG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31292	T	NSL/SINS NDSC MED/INF DCMPRN	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31293	T	NSL/SINS NDSC MED&INF DCMPRN	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31294	T	NSL/SINS NDSC SURG ON DCMPRN	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31295	T	NSL/SINS NDSC SURG MAX SINS	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31296	T	NSL/SINS NDSC SURG FRNT SINS	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31297	T	NSL/SINS NDSC SURG SPHN SINS	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31298	T	NSL/SINS NDSC SURG FRNT&SPHN	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31299	T	UNLISTED PX ACCESSORY SINUS	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
31300	T	REMOVAL OF LARYNX LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
3130F	E	UPPER GI ENDOSCOPY PERFORMED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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Proc Cd	2023 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
3132F	E	DOC REF UPPER GI ENDOSCOPY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
31360	C	REMOVAL OF LARYNX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31365	C	REMOVAL OF LARYNX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31367	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31368	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31370	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31375	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31380	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31382	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31390	C	REMOVAL OF LARYNX & PHARYNX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31395	C	RECONSTRUCT LARYNX & PHARYNX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31400	N	REVISION OF LARYNX	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	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	REMOVAL OF EPIGLOTTIS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
3142F	E	BARIUM SWALLOW TEST ORDERED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
31500	T	INSERT EMERGENCY AIRWAY	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
31502	T	CHANGE OF WINDPIPE AIRWAY	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
31505	T	DIAGNOSTIC LARYNGOSCOPY	-	05151	2.0886	APC	$121.95	-	-	-	-	000	999	-
3150F	E	FORCEPS ESOPH BIOPSY DONE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
31510	T	LARYNGOSCOPY WITH BIOPSY	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31511	T	REMOVE FOREIGN BODY LARYNX	-	05151	2.0886	APC	$121.95	-	-	-	-	000	999	-
31512	T	REMOVAL OF LARYNX LESION	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31513	T	INJECTION INTO VOCAL CORD	-	05152	4.4066	APC	$257.30	-	-	-	-	000	999	-
31515	T	LARYNGOSCOPY FOR ASPIRATION	-	05152	4.4066	APC	$257.30	-	-	-	-	000	999	-
31520	T	DX LARYNGOSCOPY NEWBORN	-	05152	4.4066	APC	$257.30	-	-	-	-	000	999	-
31525	T	DX LARYNGOSCOPY EXCL NB	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31526	T	DX LARYNGOSCOPY W/OPER SCOPE	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31527	T	LARYNGOSCOPY FOR TREATMENT	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31528	T	LARYNGOSCOPY AND DILATION	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31529	T	LARYNGOSCOPY AND DILATION	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31530	T	LARYNGOSCOPY W/FB REMOVAL	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31531	T	LARYNGOSCOPY W/FB & OP SCOPE	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31535	T	LARYNGOSCOPY W/BIOPSY	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31536	T	LARYNGOSCOPY W/BX & OP SCOPE	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31540	T	LARYNGOSCOPY W/EXC OF TUMOR	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31541	T	LARYNSCOP W/TUMR EXC + SCOPE	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31545	T	REMOVE VC LESION W/SCOPE	-	05154	38.9513	APC	$2,274.37	-	-	-	Y	000	999	-
31546	T	REMOVE VC LESION SCOPE/GRAFT	-	05155	72.2916	APC	$4,221.11	-	-	-	Y	000	999	-
31551	T	LARYNGOPLASTY LARYNGEAL STEN	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
31552	T	LARYNGOPLASTY LARYNGEAL STEN	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
31553	T	LARYNGOPLASTY LARYNGEAL STEN	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
31554	T	LARYNGOPLASTY LARYNGEAL STEN	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
3155F	E	CYTOGEN TEST MARROW B/4 TX	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
31560	T	LARYNGOSCOP W/ARYTENOIDECTOM	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31561	T	LARYNSCOP REMVE CART + SCOP	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31570	T	LARYNGOSCOPE W/VC INJ	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31571	T	LARYNGOSCOP W/VC INJ + SCOPE	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31572	T	LARGSC W/LASER DSTRJ LES	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31573	T	LARGSC W/THER INJECTION	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31574	T	LARGSC W/NJX AUGMENTATION	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31575	T	DIAGNOSTIC LARYNGOSCOPY	-	05151	2.0886	APC	$121.95	-	-	-	-	000	999	-
31576	T	LARYNGOSCOPY WITH BIOPSY	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31577	T	LARGSC W/RMVL FOREIGN BDY(S)	-	05152	4.4066	APC	$257.30	-	-	-	-	000	999	-
31578	T	LARGSC W/REMOVAL LESION	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31579	T	LARYNGOSCOPY TELESCOPIC	-	05152	4.4066	APC	$257.30	-	-	-	-	000	999	-

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31580	N	LARYNGOPLASTY LARYNGEAL WEB	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31584	T	LARYNGOPLASTY FX RDCTJ FIXJ	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
31587	T	LARYNGOPLASTY CRICOID SPLIT	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
31590	N	REINNERVATE LARYNX	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31591	T	LARYNGOPLASTY MEDIALIZATION	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
31592	T	CRICOTRACHEAL RESECTION	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
31599	T	UNLISTED PROCEDURE LARYNX	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
31600	T	INCISION OF WINDPIPE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
31601	T	INCISION OF WINDPIPE	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	001	-
31603	T	INCISION OF WINDPIPE	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
31605	T	INCISION OF WINDPIPE	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
3160F	E	DOC FE+ STORES B/4 EPO THX	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
31610	N	INCISION OF WINDPIPE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31611	T	SURGERY/SPEECH PROSTHESIS	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
31612	N	PUNCTURE/CLEAR WINDPIPE	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
31613	T	REPAIR WINDPIPE OPENING	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
31614	N	REPAIR WINDPIPE OPENING	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31615	T	VISUALIZATION OF WINDPIPE	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
31622	T	DX BRONCHOSCOPE/WASH	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31623	T	DX BRONCHOSCOPE/BRUSH	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31624	T	DX BRONCHOSCOPE/LAVAGE	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31625	T	BRONCHOSCOPY W/BIOPSY(S)	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31626	T	BRONCHOSCOPY W/MARKERS	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31627	N	NAVIGATIONAL BRONCHOSCOPY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
31628	T	BRONCHOSCOPY/LUNG BX EACH	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31629	T	BRONCHOSCOPY/NEEDLE BX EACH	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31630	T	BRONCHOSCOPY DILATE/FX REPR	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31631	T	BRONCHOSCOPY DILATE W/STENT	-	05155	72.2916	APC	$4,221.11	-	-	-	-	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	T	BRONCH W/BALLOON OCCLUSION	-	05155	72.2916	APC	$4,221.11	-	-	-	-	000	999	-
31635	T	BRONCHOSCOPY W/FB REMOVAL	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31636	T	BRONCHOSCOPY BRONCH STENTS	-	05155	72.2916	APC	$4,221.11	-	-	-	Y	000	999	-
31637	N	BRONCHOSCOPY STENT ADD-ON	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
31638	T	BRONCHOSCOPY REVISE STENT	-	05155	72.2916	APC	$4,221.11	-	-	-	Y	000	999	-
31640	T	BRONCHOSCOPY W/TUMOR EXCISE	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31641	T	BRONCHOSCOPY TREAT BLOCKAGE	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31643	T	DIAG BRONCHOSCOPE/CATHETER	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31645	T	BRNCHSC W/THER ASPIR 1ST	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31646	T	BRNCHSC W/THER ASPIR SBSQ	-	05152	4.4066	APC	$257.30	-	-	-	-	000	999	-
31647	T	BRONCHIAL VALVE INIT INSERT	-	05155	72.2916	APC	$3,983.25	-	-	-	Y	000	999	-
31648	T	BRONCHIAL VALVE REMOV INIT	-	05154	38.9513	APC	$2,119.30	-	-	-	Y	000	999	-
31649	N	BRONCHIAL VALVE REMOV ADDL	-	05153	18.678	Bundled, sometimes payable	$1,090.61	-	-	-	Y	000	999	-
31651	N	BRONCHIAL VALVE ADDL INSERT	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
31652	T	BRONCH EBUS SAMPLNG 1/2 NODE	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31653	T	BRONCH EBUS SAMPLNG 3/> NODE	-	05154	38.9513	APC	$2,274.37	-	-	-	-	000	999	-
31654	N	BRONCH EBUS IVNTJ PERPH LES	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
31660	T	BRONCH THERMOPLSTY 1 LOBE	-	05155	72.2916	APC	$3,983.25	-	-	-	Y	000	999	-
31661	T	BRONCH THERMOPLSTY 2/> LOBES	-	05155	72.2916	APC	$3,983.25	-	-	-	Y	000	999	-
3170F	E	BASELIN FLO CYTOMETRY B/4 TX	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
31717	T	BRONCHIAL BRUSH BIOPSY	-	05152	4.4066	APC	$257.30	-	-	-	-	000	999	-
31720	N	CLEARANCE OF AIRWAYS	-	05791	2.2375	Bundled, sometimes payable	$130.65	-	-	-	-	000	999	-
31725	C	CLEARANCE OF AIRWAYS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31730	T	INTRO WINDPIPE WIRE/TUBE	-	05153	18.678	APC	$1,090.61	-	-	-	-	000	999	-
31750	N	REPAIR OF WINDPIPE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
31755	N	REPAIR OF WINDPIPE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-

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31760	C	REPAIR OF WINDPIPE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31766	C	RECONSTRUCTION OF WINDPIPE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31770	C	REPAIR/GRAFT OF BRONCHUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31775	C	RECONSTRUCT BRONCHUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31780	C	RECONSTRUCT WINDPIPE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31781	C	RECONSTRUCT WINDPIPE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31785	T	REMOVE WINDPIPE LESION	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
31786	C	REMOVE WINDPIPE LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31800	C	REPAIR OF WINDPIPE INJURY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31805	C	REPAIR OF WINDPIPE INJURY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
31820	T	CLOSURE OF WINDPIPE LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
31825	T	REPAIR OF WINDPIPE DEFECT	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
31830	T	REVISE WINDPIPE SCAR	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
31899	T	UNLISTED PX TRACHEA BRONCHI	-	05151	2.0886	APC	$121.95	-	-	-	-	000	999	-
3200F	E	BARIUM SWALLOW TEST NOT REQ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
32035	C	THORACOSTOMY W/RIB RESECTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32036	C	THORACOSTOMY W/FLAP DRAINAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32096	C	OPEN WEDGE/BX LUNG INFILTR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32097	C	OPEN WEDGE/BX LUNG NODULE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32098	C	OPEN BIOPSY OF LUNG PLEURA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32100	C	EXPLORATION OF CHEST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3210F	E	GRP A STREP TEST PERFORMED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
32110	C	EXPLORE/REPAIR CHEST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32120	C	RE-EXPLORATION OF CHEST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32124	C	EXPLORE CHEST FREE ADHESIONS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32140	C	REMOVAL OF LUNG LESION(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32141	C	REMOVE/TREAT LUNG LESIONS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32150	C	REMOVAL OF LUNG LESION(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32151	C	REMOVE LUNG FOREIGN BODY	-	-	-	Inpatient 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	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3220F	E	HEP C QUANT RNA TSTNG DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
32215	C	TREAT CHEST LINING	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32220	C	RELEASE OF LUNG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32225	C	PARTIAL RELEASE OF LUNG	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32320	C	FREE/REMOVE CHEST LINING	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32400	T	NEEDLE BIOPSY CHEST LINING	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
32408	T	CORE NDL BX LNG/MED PERQ	-	05072	17.5212	APC	$983.64	-	-	-	-	000	999	-
32440	C	REMOVE LUNG PNEUMONECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32442	C	SLEEVE PNEUMONECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32445	C	REMOVAL OF LUNG EXTRAPLEURAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32480	C	PARTIAL REMOVAL OF LUNG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32482	C	BILOBECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32484	C	SEGMENTECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32486	C	SLEEVE LOBECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32488	C	COMPLETION PNEUMONECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32491	C	LUNG VOLUME REDUCTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32501	C	REPAIR BRONCHUS ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32503	C	RESECT APICAL LUNG TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32504	C	RESECT APICAL LUNG TUM/CHEST	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
32505	C	WEDGE RESECT OF LUNG INITIAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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Proc Cd	2023 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
32506	C	WEDGE RESECT OF LUNG ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32507	C	WEDGE RESECT OF LUNG DIAG	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32550	T	INSERT PLEURAL CATH	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
32551	T	INSERTION OF CHEST TUBE	-	05182	17.3845	APC	$1,015.08	-	-	-	-	000	999	-
32552	N	REMOVE LUNG CATHETER	-	05181	6.7594	Bundled, sometimes payable	$394.68	-	-	-	-	000	999	-
32553	S	INS MARK THOR FOR RT PERQ	-	05613	15.6648	APC	$914.67	-	-	-	-	000	999	-
32554	T	ASPIRATE PLEURA W/O IMAGING	-	05181	6.7594	APC	$370.51	-	-	-	Y	000	999	-
32555	T	ASPIRATE PLEURA W/ IMAGING	-	05181	6.7594	APC	$370.51	-	-	-	Y	000	999	-
32556	T	INSERT CATH PLEURA W/O IMAGE	-	05302	20.3492	APC	$1,111.64	-	-	-	Y	000	999	-
32557	T	INSERT CATH PLEURA W/ IMAGE	-	05182	17.3845	APC	$961.92	-	-	-	Y	000	999	-
32560	T	TREAT PLEURODESIS W/AGENT	-	05181	6.7594	APC	$394.68	-	-	-	-	000	999	-
32561	T	LYSE CHEST FIBRIN INIT DAY	-	05181	6.7594	APC	$394.68	-	-	-	-	000	999	-
32562	T	LYSE CHEST FIBRIN SUBQ DAY	-	05181	6.7594	APC	$394.68	-	-	-	-	000	999	-
32601	T	THORACOSCOPY DIAGNOSTIC	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
32604	T	THORACOSCOPY WBX SAC	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
32606	T	THORACOSCOPY W/BX MED SPACE	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
32607	T	THORACOSCOPY W/BX INFILTRATE	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
32608	T	THORACOSCOPY W/BX NODULE	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
32609	T	THORACOSCOPY W/BX PLEURA	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
3260F	E	PT CAT/PN CAT/HIST GRD DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
32650	C	THORACOSCOPY W/PLEURODESIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32651	C	THORACOSCOPY REMOVE CORTEX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32652	C	THORACOSCOPY REM TOTL CORTEX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32653	C	THORACOSCOPY REMOV FB/FIBRIN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32654	C	THORACOSCOPY CONTRL BLEEDING	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32655	C	THORACOSCOPY RESECT BULLAE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32656	C	THORACOSCOPY W/PLEURECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32658	C	THORACOSCOPY W/SAC FB REMOVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32659	C	THORACOSCOPY W/SAC DRAINAGE	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32662	C	THORACOSCOPY W/MEDIAST EXC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32663	C	THORACOSCOPY W/LOBECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32664	C	THORACOSCOPY W/ TH NRV EXC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32665	C	THORACOSCOP W/ESOPH MUSC EXC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32666	C	THORACOSCOPY W/WEDGE RESECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32667	C	THORACOSCOPY W/W RESECT ADDL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32668	C	THORACOSCOPY W/W RESECT DIAG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32669	C	THORACOSCOPY REMOVE SEGMENT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3266F	E	HEPC GN TSTNG DOCD B/4TXMNT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
32670	C	THORACOSCOPY BILOBECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32671	C	THORACOSCOPY PNEUMONECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32672	C	THORACOSCOPY FOR LVRS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32673	C	THORACOSCOPY W/THYMUS RESECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32674	C	THORACOSCOPY LYMPH NODE EXC	-	-	-	Inpatient 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	-

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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	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32815	C	CLOSE BRONCHIAL FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3281F	E	HGB LVL <11 G/DL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
32820	C	RECONSTRUCT INJURED CHEST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3284F	E	IOP DOWN >15% OF PRE-SVC LVL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
32850	C	DONOR PNEUMONECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
32851	C	LUNG TRANSPLANT SINGLE	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
32852	C	LUNG TRANSPLANT WITH BYPASS	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
32853	C	LUNG TRANSPLANT DOUBLE	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
32854	C	LUNG TRANSPLANT WITH BYPASS	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
32855	C	PREPARE DONOR LUNG SINGLE	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
32856	C	PREPARE DONOR LUNG DOUBLE	-	-	-	Inpatient 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)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32905	C	REVISE & REPAIR CHEST WALL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32906	C	REVISE & REPAIR CHEST WALL	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3294F	E	GRP B STREP SCREENING DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
32960	T	THERAPEUTIC PNEUMOTHORAX	-	05181	6.7594	APC	$394.68	-	-	-	-	000	999	-
32994	T	ABLATE PULM TUMOR PERQ CRYBL	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
32997	C	TOTAL LUNG LAVAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
32998	T	ABLATE PULM TUMOR PERQ RF	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
32999	T	UNLISTED PX LUNGS & PLEURA	-	05181	6.7594	APC	$394.68	-	-	-	-	000	999	-
3300F	E	AJCC STAGE DOCD B/4 THXPY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33016	N	PERICARDIOCENTESIS W/IMAGING	-	05182	17.3845	Bundled, sometimes payable	$1,015.08	-	-	-	-	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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33025	C	INCISION OF HEART SAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33030	C	PARTIAL REMOVAL OF HEART SAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33031	C	PARTIAL REMOVAL OF HEART SAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33050	C	RESECT HEART SAC LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33120	C	REMOVAL OF HEART LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33130	C	REMOVAL OF HEART LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33140	C	HEART REVASCULARIZE (TMR)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33141	C	HEART TMR W/OTHER PROCEDURE	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33203	C	INSERT EPICARD ELTRD ENDO	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33206	N	INSERT HEART PM ATRIAL	-	05223	120.6844	Bundled, sometimes payable	$7,046.76	-	-	-	-	000	999	-
33207	N	INSERT HEART PM VENTRICULAR	-	05223	120.6844	Bundled, sometimes payable	$7,046.76	-	-	-	-	000	999	-

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33208	N	INSRT HEART PM ATRIAL & VENT	-	05223	120.6844	Bundled, sometimes payable	$7,046.76	-	-	-	-	000	999	-
3320F	E	NO XRAY/CT/ ET AL ORDD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33210	N	INSERT ELECTRD/PM CATH SNGL	-	05222	95.3762	Bundled, sometimes payable	$5,569.02	-	-	-	-	000	999	-
33211	N	INSERT CARD ELECTRODES DUAL	-	05222	95.3762	Bundled, sometimes payable	$5,569.02	-	-	-	-	000	999	-
33212	N	INSERT PULSE GEN SNGL LEAD	-	05222	95.3762	Bundled, sometimes payable	$5,569.02	-	-	-	-	000	999	-
33213	N	INSERT PULSE GEN DUAL LEADS	-	05223	120.6844	Bundled, sometimes payable	$7,046.76	-	-	-	-	000	999	-
33214	N	UPGRADE OF PACEMAKER SYSTEM	-	05223	120.6844	Bundled, sometimes payable	$7,046.76	-	-	-	-	000	999	-
33215	T	REPOSITION PACING-DEFIB LEAD	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
33216	N	INSERT 1 ELECTRODE PM-DEFIB	-	05222	95.3762	Bundled, sometimes payable	$5,569.02	-	-	-	-	000	999	-
33217	N	INSERT 2 ELECTRODE PM-DEFIB	-	05222	95.3762	Bundled, sometimes payable	$5,569.02	-	-	-	-	000	999	-
33218	T	REPAIR LEAD PACE-DEFIB ONE	-	05221	39.1532	APC	$2,286.16	-	-	-	-	000	999	-
3321F	E	AJCC CNCR 0/IA MELAN DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33220	T	REPAIR LEAD PACE-DEFIB DUAL	-	05221	39.1532	APC	$2,286.16	-	-	-	-	000	999	-
33221	N	INSERT PULSE GEN MULT LEADS	-	05224	218.1692	Bundled, sometimes payable	$12,738.90	-	-	-	-	000	999	-
33222	T	RELOCATION POCKET PACEMAKER	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
33223	T	RELOCATE POCKET FOR DEFIB	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
33224	N	INSERT PACING LEAD & CONNECT	-	05223	120.6844	Bundled, sometimes payable	$7,046.76	-	-	-	-	000	999	-
33225	N	L VENTRIC PACING LEAD ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
33226	T	REPOSITION L VENTRIC LEAD	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
33227	N	REMOVE&REPLACE PM GEN SINGL	-	05222	95.3762	Bundled, sometimes payable	$5,569.02	-	-	-	-	000	999	-
33228	N	REMV&REPLC PM GEN DUAL LEAD	-	05223	120.6844	Bundled, sometimes payable	$7,046.76	-	-	-	-	000	999	-
33229	N	REMV&REPLC PM GEN MULT LEADS	-	05224	218.1692	Bundled, sometimes payable	$12,738.90	-	-	-	-	000	999	-
3322F	E	MELANOMAAJCC STAGE 0 OR IA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33230	N	INSRT PULSE GEN W/DUAL LEADS	-	05231	266.6159	Bundled, sometimes payable	$15,567.70	-	-	-	-	000	999	-
33231	N	INSRT PULSE GEN W/MULT LEADS	-	05232	374.7891	Bundled, sometimes payable	$21,883.94	-	-	-	-	000	999	-
33233	N	REMOVAL OF PM GENERATOR	-	05222	95.3762	Bundled, sometimes payable	$5,569.02	-	-	-	-	000	999	-
33234	N	REMOVAL OF PACEMAKER SYSTEM	-	05221	39.1532	Bundled, sometimes payable	$2,286.16	-	-	-	-	000	999	-
33235	N	REMOVAL PACEMAKER ELECTRODE	-	05221	39.1532	Bundled, sometimes payable	$2,286.16	-	-	-	-	000	999	-
33236	C	REMOVE ELECTRODE/THORACOTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33237	C	REMOVE ELECTRODE/THORACOTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33238	C	REMOVE ELECTRODE/THORACOTOMY	-	-	-	Inpatient 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	266.6159	Bundled, sometimes payable	$15,567.70	-	-	-	-	000	999	-
33241	N	REMOVE PULSE GENERATOR	-	05221	39.1532	Bundled, sometimes payable	$2,286.16	-	-	-	-	000	999	-
33243	C	REMOVE ELTRD/THORACOTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33244	N	REMOVE ELCTRD TRANSVENOUSLY	-	05221	39.1532	Bundled, sometimes payable	$2,286.16	-	-	-	-	000	999	-
33249	N	INSJ/RPLCMT DEFIB W/LEAD(S)	-	05232	374.7891	Bundled, sometimes payable	$21,883.94	-	-	-	-	000	999	-
3324F	E	MRI CT SCAN ORD RVWD RQSTD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33250	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33251	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33254	C	ABLATE ATRIA LMTD	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33255	C	ABLATE ATRIA W/O BYPASS EXT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33256	C	ABLATE ATRIA W/BYPASS EXTEN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33257	C	ABLATE ATRIA LMTD ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33258	C	ABLATE ATRIA X10SV ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33259	C	ABLATE ATRIA W/BYPASS ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3325F	E	PREOP ASSES 4 CATARACT SURG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33261	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33262	N	RMVL& REPLC PULSE GEN 1 LEAD	-	05231	266.6159	Bundled, sometimes payable	$15,567.70	-	-	-	-	000	999	-
33263	N	RMVL & RPLCMT DFB GEN 2 LEAD	-	05231	266.6159	Bundled, sometimes payable	$15,567.70	-	-	-	-	000	999	-
33264	N	RMVL & RPLCMT DFB GEN MLT LD	-	05232	374.7891	Bundled, sometimes payable	$21,883.94	-	-	-	-	000	999	-
33265	C	ABLATE ATRIA LMTD ENDO	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33266	C	ABLATE ATRIA X10SV ENDO	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33267	C	EXCL LAA OPEN ANY METHOD	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33268	C	EXCL LAA OPN OTH PX ANY METH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33269	C	EXCL LAA THRSCP ANY METHOD	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
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Proc Cd	2023 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
33270	N	INS/REP SUBQ DEFIBRILLATOR	-	05232	374.7891	Bundled, sometimes payable	$21,883.94	-	-	-	-	000	999	-
33271	N	INSJ SUBQ IMPLTBL DFB ELCTRD	-	05222	95.3762	Bundled, sometimes payable	$5,569.02	-	-	-	-	000	999	-
33272	N	RMVL OF SUBQ DEFIBRILLATOR	-	05221	39.1532	Bundled, sometimes payable	$2,286.16	-	-	-	-	000	999	-
33273	T	REPOS PREV IMPLTBL SUBQ DFB	-	05221	39.1532	APC	$2,286.16	-	-	-	-	000	999	-
33274	T	TCAT INSJ/RPL PERM LDLS PM	-	05194	200.7081	APC	$11,719.35	-	-	-	-	000	999	-
33275	T	TCAT RMVL PERM LDLS PM W/IMG	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
33285	T	INSJ SUBQ CAR RHYTHM MNTR	-	05222	95.3762	APC	$5,569.02	-	-	-	-	000	999	-
33286	N	RMVL SUBQ CAR RHYTHM MNTR	-	05071	7.5828	Bundled, sometimes payable	$442.76	-	-	-	-	000	999	-
33289	T	TCAT IMPL WRLS P-ART PRS SNR	-	05200	319.0415	APC	$18,628.83	-	-	-	-	000	999	-
3328F	E	PRFRMNC DOCD 2 WKS B/4 SURG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33300	C	REPAIR OF HEART WOUND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33305	C	REPAIR OF HEART WOUND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3330F	E	IMAGING STUDY ORDERED (BKP)	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33310	C	EXPLORATORY HEART SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33315	C	EXPLORATORY HEART SURGERY	-	-	-	Inpatient 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)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33321	C	REPAIR MAJOR VESSEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33322	C	REPAIR MAJOR BLOOD VESSEL(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33330	C	INSERT MAJOR VESSEL GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33335	C	INSERT MAJOR VESSEL GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33340	C	PERQ CLSR TCAT L ATR APNDGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33361	C	REPLACE AORTIC VALVE PERQ	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33362	C	REPLACE AORTIC VALVE OPEN	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33363	C	REPLACE AORTIC VALVE OPEN	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33364	C	REPLACE AORTIC VALVE OPEN	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33365	C	REPLACE AORTIC VALVE OPEN	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33366	C	TRCATH REPLACE AORTIC VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33367	C	REPLACE AORTIC VALVE W/BYP	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33368	C	REPLACE AORTIC VALVE W/BYP	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33369	C	REPLACE AORTIC VALVE W/BYP	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33370	N	TCAT PLMT&RMVL CEPD PERQ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
33390	C	VALVULOPLASTY AORTIC VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33391	C	VALVULOPLASTY AORTIC VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33404	C	PREPARE HEART-AORTA CONDUIT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33405	C	REPLACEMENT AORTIC VALVE OPN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33406	C	REPLACEMENT AORTIC VALVE OPN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3340F	E	MAMMO ASSESS INC XRAY DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33410	C	REPLACEMENT AORTIC VALVE OPN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33411	C	REPLACEMENT OF AORTIC VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33412	C	REPLACEMENT OF AORTIC VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33413	C	REPLACEMENT OF AORTIC VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33414	C	REPAIR OF AORTIC VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33415	C	REVISION SUBVALVULAR TISSUE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33416	C	REVISE VENTRICLE MUSCLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33417	C	REPAIR OF AORTIC VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33418	C	REPAIR TCAT MITRAL VALVE	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33422	C	REVISION OF MITRAL VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33425	C	REPAIR OF MITRAL VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33426	C	REPAIR OF MITRAL VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33427	C	REPAIR OF MITRAL VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3342F	E	MAMMO ASSESS BENGN DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33430	C	REPLACEMENT OF MITRAL VALVE	-	-	-	Inpatient 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	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33463	C	VALVULOPLASTY TRICUSPID	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33464	C	VALVULOPLASTY TRICUSPID	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33465	C	REPLACE TRICUSPID VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33468	C	REVISION OF TRICUSPID VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33471	C	VLVT PV CLSD HRT VIA P-ART	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33474	C	REVISION OF PULMONARY VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33475	C	REPLACEMENT PULMONARY VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33476	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33477	C	IMPLANT TCAT PULM VLV PERQ	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33478	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33496	C	REPAIR PROSTH VALVE CLOT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33500	C	REPAIR HEART VESSEL FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33501	C	REPAIR HEART VESSEL FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33502	C	CORONARY ARTERY CORRECTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33503	C	CORONARY ARTERY GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33504	C	CORONARY ARTERY GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33505	C	REPAIR ARTERY W/TUNNEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33506	C	REPAIR ARTERY TRANSLOCATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33507	C	REPAIR ART INTRAMURAL	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3350F	E	MAMMO BX PROVEN MALIG DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33510	C	CABG VEIN SINGLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33511	C	CABG VEIN TWO	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33512	C	CABG VEIN THREE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33513	C	CABG VEIN FOUR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33514	C	CABG VEIN FIVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33516	C	CABG VEIN SIX OR MORE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33517	C	CABG ARTERY-VEIN SINGLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33518	C	CABG ARTERY-VEIN TWO	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33519	C	CABG ARTERY-VEIN THREE	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33522	C	CABG ARTERY-VEIN FIVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33523	C	CABG ART-VEIN SIX OR MORE	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33533	C	CABG ARTERIAL SINGLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33534	C	CABG ARTERIAL TWO	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33535	C	CABG ARTERIAL THREE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33536	C	CABG ARTERIAL FOUR OR MORE	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33545	C	REPAIR OF HEART DAMAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33548	C	RESTORE/REMODEL VENTRICLE	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33600	C	CLOSURE OF VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33602	C	CLOSURE OF VALVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33606	C	ANASTOMOSIS/ARTERY-AORTA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33608	C	REPAIR ANOMALY W/CONDUIT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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33610	C	REPAIR BY ENLARGEMENT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33611	C	REPAIR DOUBLE VENTRICLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33612	C	REPAIR DOUBLE VENTRICLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33615	C	REPAIR MODIFIED FONTAN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33617	C	REPAIR SINGLE VENTRICLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33619	C	REPAIR SINGLE VENTRICLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33620	C	APPLY R&L PULM ART BANDS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33621	C	TRANSTHOR CATH FOR STENT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33622	C	REDO COMPL CARDIAC ANOMALY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33641	C	REPAIR HEART SEPTUM DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33645	C	REVISION OF HEART VEINS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33647	C	REPAIR HEART SEPTUM DEFECTS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33660	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33665	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33670	C	REPAIR OF HEART CHAMBERS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33675	C	CLOSE MULT VSD	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33676	C	CLOSE MULT VSD W/RESECTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33677	C	CL MULT VSD W/REM PUL BAND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33681	C	REPAIR HEART SEPTUM DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33684	C	REPAIR HEART SEPTUM DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33688	C	REPAIR HEART SEPTUM DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33690	C	REINFORCE PULMONARY ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33692	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33694	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33697	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33702	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33720	C	REPAIR OF HEART DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33724	C	REPAIR VENOUS ANOMALY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33726	C	REPAIR PUL VENOUS STENOSIS	-	-	-	Inpatient 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)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33732	C	REPAIR HEART-VEIN DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33735	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33736	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33737	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient 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	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33755	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33762	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33764	C	MAJOR VESSEL SHUNT & GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33766	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33767	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33768	C	CAVOPULMONARY SHUNTING	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
3376F	E	AJCC BRSTCNCR STAGE 2 DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33770	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33771	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33774	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33775	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33776	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33777	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33778	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
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Proc Cd	2023 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
33779	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33780	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33781	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33782	C	NIKAIDOH PROC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33783	C	NIKAIDOH PROC W/OSTIA IMPLT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33786	C	REPAIR ARTERIAL TRUNK	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33788	C	REVISION OF PULMONARY ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3378F	E	AJCC BRSTCNCR STAGE 3 DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33800	C	AORTIC SUSPENSION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33802	C	REPAIR VESSEL DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33803	C	REPAIR VESSEL DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3380F	E	AJCC BRSTCNCR STAGE 4 DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33813	C	REPAIR SEPTAL DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33814	C	REPAIR SEPTAL DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33820	C	REVISE MAJOR VESSEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33822	C	REVISE MAJOR VESSEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	019	-
33824	C	REVISE MAJOR VESSEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3382F	E	AJCC CLN CNCR STAGE 0 DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33840	C	REMOVE AORTA CONSTRICTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33845	C	REMOVE AORTA CONSTRICTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3384F	E	AJCC CLN CNCR STAGE 1 DOCD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33851	C	REMOVE AORTA CONSTRICTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33852	C	REPAIR SEPTAL DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33853	C	REPAIR SEPTAL DEFECT	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33864	C	ASCENDING AORTIC GRAFT	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33877	C	THORACOABDOMINAL GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33880	C	ENDOVASC TAA REPR INCL SUBCL	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33881	C	ENDOVASC TAA REPR W/O SUBCL	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33883	C	INSERT ENDOVASC PROSTH TAA	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33884	C	ENDOVASC PROSTH TAA ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33886	C	ENDOVASC PROSTH DELAYED	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33889	C	ARTERY TRANSPOSE/ENDOVAS TAA	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33894	C	EVASC ST RPR THRC/AA ACRS BR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33895	C	EVASC ST RPR THRC/AA X CRSG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33897	C	PERQ TRLUML ANGP NT/RECR COA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33900	T	PERQ P-ART REVSC 1 NM NT UNI	-	05193	124.0324	APC	$7,242.25	-	-	-	-	000	999	-
33901	T	PERQ P-ART REVSC 1 NM NT BI	-	05193	124.0324	APC	$7,242.25	-	-	-	-	000	999	-
33902	T	PERQ P-ART REVSC 1 ABNOR UNI	-	05194	200.7081	APC	$11,719.35	-	-	-	-	000	999	-
33903	T	PERQ P-ART REVSC 1 ABNOR BI	-	05193	124.0324	APC	$7,242.25	-	-	-	-	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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33915	C	REMOVE LUNG ARTERY EMBOLI	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33916	C	SURGERY OF GREAT VESSEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33917	C	REPAIR PULMONARY ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33920	C	REPAIR PULMONARY ATRESIA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33922	C	TRANSECT PULMONARY ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
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33924	C	REMOVE PULMONARY SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33925	C	RPR PUL ART UNIFOCAL W/O CPB	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33926	C	REPR PUL ART UNIFOCAL W/CPB	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33927	C	IMPLTJ TOT RPLCMT HRT SYS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33928	C	RMVL & RPLCMT TOT HRT SYS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33929	C	RMVL RPLCMT HRT SYS F/TRNSPL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33930	C	REMOVAL OF DONOR HEART/LUNG	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33933	C	PREPARE DONOR HEART/LUNG	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33935	C	TRANSPLANTATION HEART/LUNG	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33940	C	REMOVAL OF DONOR HEART	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33944	C	PREPARE DONOR HEART	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33945	C	TRANSPLANTATION OF HEART	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
33946	C	ECMO/ECLS INITIATION VENOUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33947	C	ECMO/ECLS INITIATION ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33948	C	ECMO/ECLS DAILY MGMT-VENOUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33949	C	ECMO/ECLS DAILY MGMT ARTERY	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33952	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33953	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33954	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33955	C	ECMO/ECLS INSJ CTR CANNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33956	C	ECMO/ECLS INSJ CTR CANNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33957	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33958	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33959	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33963	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33964	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33965	C	ECMO/ECLS RMVL PERPH CANNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33966	C	ECMO/ECLS RMVL PRPH CANNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33967	C	INSERT I-AORT PERCUT DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33968	C	REMOVE AORTIC ASSIST DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33969	C	ECMO/ECLS RMVL PERPH CANNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33970	C	AORTIC CIRCULATION ASSIST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33971	C	AORTIC CIRCULATION ASSIST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33973	C	INSERT BALLOON DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33974	C	REMOVE INTRA-AORTIC BALLOON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33975	C	IMPLANT VENTRICULAR DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33976	C	IMPLANT VENTRICULAR DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33977	C	REMOVE VENTRICULAR DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33978	C	REMOVE VENTRICULAR DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33979	C	INSERT INTRACORPOREAL DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33980	C	REMOVE INTRACORPOREAL DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33981	C	REPLACE VAD PUMP EXT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33982	C	REPLACE VAD INTRA W/O BP	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33983	C	REPLACE VAD INTRA W/BP	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33984	C	ECMO/ECLS RMVL PRPH CANNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33985	C	ECMO/ECLS RMVL CTR CANNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33986	C	ECMO/ECLS RMVL CTR CANNULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33987	C	ARTERY EXPOS/GRAFT ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33988	C	INSERTION OF LEFT HEART VENT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33989	C	REMOVAL OF LEFT HEART VENT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
33990	C	INSJ PERQ VAD L HRT ARTERIAL	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33991	C	INSJ PERQ VAD L HRT ARTL&VEN	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-

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33992	C	RMVL PERQ LEFT HEART VAD	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33993	C	REPOSG PERQ R/L HRT VAD	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
33995	E	INSJ PERQ VAD R HRT VENOUS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33997	E	RMVL PERQ RIGHT HEART VAD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
33999	T	UNLISTED PX CARDIAC SURGERY	-	05181	6.7594	APC	$394.68	-	-	-	-	000	999	-
34001	C	REMOVAL OF ARTERY CLOT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34051	C	REMOVAL OF ARTERY CLOT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34101	T	REMOVAL OF ARTERY CLOT	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
34111	T	REMOVAL OF ARM ARTERY CLOT	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
34151	C	REMOVAL OF ARTERY CLOT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34201	T	REMOVAL OF ARTERY CLOT	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
34203	T	REMOVAL OF LEG ARTERY CLOT	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
34401	C	REMOVAL OF VEIN CLOT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34421	T	REMOVAL OF VEIN CLOT	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
34451	C	REMOVAL OF VEIN CLOT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34471	T	REMOVAL OF VEIN CLOT	-	05181	6.7594	APC	$394.68	-	-	-	-	000	999	-
34490	T	REMOVAL OF VEIN CLOT	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
34501	T	REPAIR VALVE FEMORAL VEIN	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
34502	C	RECONSTRUCT VENA CAVA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3450F	E	DYSPNEA SCRND NO-MILD DYSP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
34510	T	TRANSPOSITION OF VEIN VALVE	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
3451F	E	DYSPNEA SCRND MOD-HIGH DYSP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
34520	T	CROSS-OVER VEIN GRAFT	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
3452F	E	DYSPNEA NOT SCREENED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
34530	T	LEG VEIN FUSION	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
3455F	E	TB SCRNG DONE-INTERPD 6MON	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
34701	C	EVASC RPR A-AO NDGFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34702	C	EVASC RPR A-AO NDGFT RPT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34703	C	EVASC RPR A-UNILAC NDGFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34704	C	EVASC RPR A-UNILAC NDGFT RPT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34705	C	EVAC RPR A-BIILIAC NDGFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34706	C	EVASC RPR A-BIILIAC RPT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34707	C	EVASC RPR ILIO-ILIAC NDGFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34708	C	EVASC RPR ILIO-ILIAC RPT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34709	C	PLMT XTN PROSTH EVASC RPR	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34711	C	DLYD PLMT XTN PROSTH EA ADDL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34712	C	TCAT DLVR ENHNCD FIXJ DEV	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34812	C	OPN FEM ART EXPOS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34813	C	FEMORAL ENDOVAS GRAFT ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34820	C	OPN ILIAC ART EXPOS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34830	C	OPEN AORTIC TUBE PROSTH REPR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34831	C	OPEN AORTOILIAC PROSTH REPR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34832	C	OPEN AORTOFEMOR PROSTH REPR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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34833	C	OPN ILAC ART EXPOS CNDT CRTJ	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34834	C	OPN BRACH ART EXPOS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34839	E	PLNNING PT SPEC FENEST GRAFT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
34841	C	ENDOVASC VISC AORTA 1 GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34842	C	ENDOVASC VISC AORTA 2 GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34843	C	ENDOVASC VISC AORTA 3 GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34844	C	ENDOVASC VISC AORTA 4 GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34845	C	VISC & INFRAREN ABD 1 PROSTH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34846	C	VISC & INFRAREN ABD 2 PROSTH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34847	C	VISC & INFRAREN ABD 3 PROSTH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
34848	C	VISC & INFRAREN ABD 4+ PROST	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35002	C	REPAIR ARTERY RUPTURE NECK	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35005	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3500F	E	CD4+CELL CNT/% DOCD AS DONE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
35011	T	REPAIR DEFECT OF ARTERY	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35013	C	REPAIR ARTERY RUPTURE ARM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35021	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35022	C	REPAIR ARTERY RUPTURE CHEST	-	-	-	Inpatient 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	T	REPAIR DEFECT OF ARM ARTERY	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35081	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35082	C	REPAIR ARTERY RUPTURE AORTA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35091	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35092	C	REPAIR ARTERY RUPTURE AORTA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35102	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35103	C	REPAIR ARTERY RUPTURE AORTA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3510F	E	DOC TB SCRNG-RSLTS INTERPD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
35111	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35112	C	REPAIR ARTERY RUPTURE SPLEEN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3511F	E	CHLMYD/GONRH TSTS DOCD DONE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
35121	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35122	C	REPAIR ARTERY RUPTURE BELLY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3512F	E	SYPH SCRNG DOCD AS DONE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
35131	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35132	C	REPAIR ARTERY RUPTURE GROIN	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35142	C	REPAIR ARTERY RUPTURE THIGH	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35152	C	REPAIR RUPTD POPLITEAL ART	-	-	-	Inpatient 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	T	REPAIR BLOOD VESSEL LESION	-	05182	17.3845	APC	$1,015.08	-	-	-	-	000	999	-
35182	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
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35184	T	REPAIR BLOOD VESSEL LESION	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
35188	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35189	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35190	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35201	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35206	T	REPAIR BLOOD VESSEL LESION	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
35207	T	REPAIR BLOOD VESSEL LESION	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
3520F	E	CDIFFICILE TESTING PERFORMED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
35211	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35216	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35221	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35226	T	REPAIR BLOOD VESSEL LESION	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
35231	T	REPAIR BLOOD VESSEL LESION	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
35236	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35241	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35246	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35251	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35256	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35261	T	REPAIR BLOOD VESSEL LESION	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
35266	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35271	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35276	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35281	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35286	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35301	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35302	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35303	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35304	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35305	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35306	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35311	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35321	T	RECHANNELING OF ARTERY	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35331	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35341	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35351	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35355	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35361	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35363	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35371	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35372	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35390	C	REOPERATION CAROTID ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35400	C	ANGIOSCOPY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35500	N	HARVEST VEIN FOR BYPASS	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
35501	C	ART BYP GRFT IPSILAT CAROTID	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35506	C	ART BYP GRFT SUBCLAV-CAROTID	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35508	C	ART BYP GRFT CAROTID-VERTBRL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35509	C	ART BYP GRFT CONTRAL CAROTID	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3550F	E	LOW RSK THROMBOEMBOLISM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
35510	C	ART BYP GRFT CAROTID-BRCHIAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35511	C	ART BYP GRFT SUBCLAV-SUBCLAV	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35512	C	ART BYP GRFT SUBCLAV-BRCHIAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35515	C	ART BYP GRFT SUBCLAV-VERTBRL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35516	C	ART BYP GRFT SUBCLAV-AXILARY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35518	C	ART BYP GRFT AXILLARY-AXILRY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3551F	E	INTRMED RSK THROMBOEMBOLISM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
35521	C	ART BYP GRFT AXILL-FEMORAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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35522	C	ART BYP GRFT AXILL-BRACHIAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35523	C	ART BYP GRFT BRCHL-ULNR-RDL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35525	C	ART BYP GRFT BRACHIAL-BRCHL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35526	C	ART BYP GRFT AOR/CAROT/INNOM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3552F	E	HGH RISK FOR THROMBOEMBOLISM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
35531	C	ART BYP GRFT AORCEL/AORMESEN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35533	C	ART BYP GRFT AXILL/FEM/FEM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35535	C	ART BYP GRFT HEPATORENAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35536	C	ART BYP GRFT SPLENORENAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35537	C	ART BYP GRFT AORTOILIAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35538	C	ART BYP GRFT AORTOBI-ILIAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35539	C	ART BYP GRFT AORTOFEMORAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35540	C	ART BYP GRFT AORTBIFEMORAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35556	C	ART BYP GRFT FEM-POPLITEAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35558	C	ART BYP GRFT FEM-FEMORAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
3555F	E	PT INR MEASUREMENT PERFORMED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
35560	C	ART BYP GRFT AORTORENAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35563	C	ART BYP GRFT ILIOILIAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35565	C	ART BYP GRFT ILIOFEMORAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35566	C	ART BYP FEM-ANT-POST TIB/PRL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35570	C	ART BYP TIBIAL-TIB/PERONEAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35571	C	ART BYP POP-TIBL-PRL-OTHER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35572	N	HARVEST FEMOROPOPLITEAL VEIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
35583	C	VEIN BYP GRFT FEM-POPLITEAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35585	C	VEIN BYP FEM-TIBIAL PERONEAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35587	C	VEIN BYP POP-TIBL PERONEAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35600	C	OPEN HRV UXTR ART 1 SGM CAB	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35601	C	ART BYP COMMON IPSI CAROTID	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35606	C	ART BYP CAROTID-SUBCLAVIAN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35612	C	ART BYP SUBCLAV-SUBCLAVIAN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35616	C	ART BYP SUBCLAV-AXILLARY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35621	C	ART BYP AXILLARY-FEMORAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35623	C	ART BYP AXILLARY-POP-TIBIAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35626	C	ART BYP AORSUBCL/CAROT/INNOM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35631	C	ART BYP AOR-CELIAC-MSN-RENAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35632	C	ART BYP ILIO-CELIAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35633	C	ART BYP ILIO-MESENTERIC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35634	C	ART BYP ILIORENAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35636	C	ART BYP SPENORENAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35637	C	ART BYP AORTOILIAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35638	C	ART BYP AORTOBI-ILIAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35642	C	ART BYP CAROTID-VERTEBRAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35645	C	ART BYP SUBCLAV-VERTEBRL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35646	C	ART BYP AORTOBIFEMORAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35647	C	ART BYP AORTOFEMORAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35650	C	ART BYP AXILLARY-AXILLARY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35654	C	ART BYP AXILL-FEM-FEMORAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35656	C	ART BYP FEMORAL-POPLITEAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35661	C	ART BYP FEMORAL-FEMORAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35663	C	ART BYP ILIOILIAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35665	C	ART BYP ILIOFEMORAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35666	C	ART BYP FEM-ANT-POST TIB/PRL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35671	C	ART BYP POP-TIBL-PRL-OTHER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35681	C	COMPOSITE BYP GRFT PROS&VEIN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35682	C	COMPOSITE BYP GRFT 2 VEINS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35683	C	COMPOSITE BYP GRFT 3/> SEGMT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
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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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35693	C	ART TRNSPOSJ SUBCLAVIAN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35694	C	ART TRNSPOSJ SUBCLAV CAROTID	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35695	C	ART TRNSPOSJ CAROTID SUBCLAV	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35697	C	REIMPLANT ARTERY EACH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35700	C	REOPERATION BYPASS GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35701	C	EXPL N/FLWD SURG NECK ART	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35820	C	EXPLORE CHEST VESSELS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35840	C	EXPLORE ABDOMINAL VESSELS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35860	T	EXPLORE LIMB VESSELS	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
35870	C	REPAIR VESSEL GRAFT DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35875	T	REMOVAL OF CLOT IN GRAFT	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35876	T	REMOVAL OF CLOT IN GRAFT	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35879	T	REVISE GRAFT W/VEIN	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35881	T	REVISE GRAFT W/VEIN	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35883	T	REVJ FEM ANAST NONAUTOG GRF	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35884	T	REVJ FEM ANAST AUTOG VN GRF	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
35901	C	EXCISION GRAFT NECK	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35903	T	EXCISION GRAFT EXTREMITY	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
35905	C	EXCISION GRAFT THORAX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
35907	C	EXCISION GRAFT ABDOMEN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
36000	N	PLACE NEEDLE IN VEIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
36002	T	PSEUDOANEURYSM INJECTION TRT	-	05181	6.7594	APC	$394.68	-	-	-	-	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	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	Y	000	999	-
36222	N	PLACE CATH CAROTID/INOM ART	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	Y	000	999	-
36223	N	PLACE CATH CAROTID/INOM ART	-	05184	60.0544	Bundled, sometimes payable	$3,506.58	-	-	-	Y	000	999	-
36224	N	PLACE CATH CAROTD ART	-	05184	60.0544	Bundled, sometimes payable	$3,506.58	-	-	-	Y	000	999	-
36225	N	PLACE CATH SUBCLAVIAN ART	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	Y	000	999	-
36226	N	PLACE CATH VERTEBRAL ART	-	05184	60.0544	Bundled, sometimes payable	$3,506.58	-	-	-	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	-

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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	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
36252	N	INS CATH REN ART 1ST BILAT	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
36253	N	INS CATH REN ART 2ND+ UNILAT	-	05184	60.0544	Bundled, sometimes payable	$3,506.58	-	-	-	-	000	999	-
36254	N	INS CATH REN ART 2ND+ BILAT	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
36260	T	INSERTION OF INFUSION PUMP	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
36261	T	REVISION OF INFUSION PUMP	-	05221	39.1532	APC	$2,286.16	-	-	-	-	000	999	-
36262	N	REMOVAL OF INFUSION PUMP	-	05221	39.1532	Bundled, sometimes payable	$2,286.16	-	-	-	-	000	999	-
36299	N	UNLISTED PX VASCULAR NJX	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
36400	N	BL DRAW < 3 YRS FEM/JUGULAR	-	-	-	Bundled	$0.00	-	-	-	-	000	002	-
36405	N	BL DRAW <3 YRS SCALP VEIN	-	-	-	Bundled	$0.00	-	-	-	-	000	002	-
36406	N	BL DRAW <3 YRS OTHER VEIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
36410	N	NON-ROUTINE BL DRAW 3/> YRS	-	-	-	Bundled	$0.00	-	-	-	-	003	999	-
36415	M	ROUTINE VENIPUNCTURE	-	-	-	Medicare	$8.57	-	-	-	-	000	999	-
36416	N	CAPILLARY BLOOD DRAW	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
36420	N	VEIN ACCESS CUTDOWN < 1 YR	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	001	-
36425	N	VEIN ACCESS CUTDOWN > 1 YR	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	001	099	-
36430	S	BLOOD TRANSFUSION SERVICE	-	05241	4.7643	APC	$278.19	-	-	-	-	000	999	-
36440	S	BL PUSH TRANSFUSE 2 YR/<	-	05241	4.7643	APC	$278.19	-	-	-	-	000	002	-
36450	S	BL EXCHANGE/TRANSFUSE NB	-	05241	4.7643	APC	$278.19	-	-	-	-	000	001	-
36455	S	BL EXCHANGE/TRANSFUSE NON-NB	-	05241	4.7643	APC	$278.19	-	-	-	-	000	999	-
36456	S	PRTL EXCHANGE TRANSFUSE NB	-	05241	4.7643	APC	$278.19	-	-	-	-	000	999	-
36460	S	TRANSFUSION SERVICE FETAL	-	05241	4.7643	APC	$278.19	-	-	-	-	000	999	-
36465	T	NJX NONCMPND SCLRSNT 1 VEIN	-	05054	20.1655	APC	$1,173.45	-	-	-	-	000	999	-
36466	T	NJX NONCMPND SCLRSNT MLT VN	-	05054	20.1655	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	4.359	APC	$254.52	-	-	-	-	000	999	-
36471	T	NJX SCLRSNT MLT INCMPTNT VN	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
36473	T	ENDOVENOUS MCHNCHEM 1ST VEIN	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
36474	N	ENDOVENOUS MCHNCHEM ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
36475	T	ENDOVENOUS RF 1ST VEIN	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
36476	N	ENDOVENOUS RF VEIN ADD-ON	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
36478	T	ENDOVENOUS LASER 1ST VEIN	-	05183	34.8072	APC	$2,032.39	-	-	-	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	T	ENDOVEN THER CHEM ADHES 1ST	-	05184	60.0544	APC	$3,263.33	-	-	-	-	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	001	-
36511	S	APHERESIS WBC	-	05242	15.8888	APC	$927.75	-	-	-	-	000	999	-
36512	S	APHERESIS RBC	-	05242	15.8888	APC	$927.75	-	-	-	-	000	999	-
36513	S	APHERESIS PLATELETS	-	05241	4.7643	APC	$278.19	-	-	-	-	000	999	-
36514	S	APHERESIS PLASMA	-	05242	15.8888	APC	$927.75	-	-	-	-	000	999	-
36516	S	APHERESIS IMMUNOADS SLCTV	-	05243	48.6067	APC	$2,838.15	-	-	-	-	000	999	-
36522	S	PHOTOPHERESIS	-	05243	48.6067	APC	$2,838.15	-	-	-	-	000	999	-
36555	T	INSERT NON-TUNNEL CV CATH	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	004	-
36556	T	INSERT NON-TUNNEL CV CATH	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	005	999	-
36557	T	INSERT TUNNELED CV CATH	-	05184	60.0544	APC	$3,506.58	-	-	-	Y	000	004	-
36558	T	INSERT TUNNELED CV CATH	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	005	999	-
36560	T	INSERT TUNNELED CV CATH	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	004	-
36561	T	INSERT TUNNELED CV CATH	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	005	999	-
36563	T	INSERT TUNNELED CV CATH	-	05184	60.0544	APC	$3,506.58	-	-	-	Y	000	999	-
36565	T	INSERT TUNNELED CV CATH	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-

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Proc Cd	2023 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
36566	T	INSERT TUNNELED CV CATH	-	05184	60.0544	APC	$3,506.58	-	-	-	Y	000	999	-
36568	T	INSJ PICC <5 YR W/O IMAGING	-	05182	17.3845	APC	$1,015.08	-	-	-	Y	000	004	-
36569	T	INSJ PICC 5 YR+ W/O IMAGING	-	05182	17.3845	APC	$1,015.08	-	-	-	Y	005	999	-
36570	T	INSERT PICVAD CATH	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	004	-
36571	T	INSERT PICVAD CATH	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	005	999	-
36572	T	INSJ PICC RS&I <5 YR	-	05181	6.7594	APC	$394.68	-	-	-	-	000	999	-
36573	T	INSJ PICC RS&I 5 YR+	-	05182	17.3845	APC	$1,015.08	-	-	-	-	000	999	-
36575	T	REPAIR TUNNELED CV CATH	-	05181	6.7594	APC	$394.68	-	-	-	Y	000	999	-
36576	T	REPAIR TUNNELED CV CATH	-	05182	17.3845	APC	$1,015.08	-	-	-	Y	000	999	-
36578	T	REPLACE TUNNELED CV CATH	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
36580	T	REPLACE CVAD CATH	-	05182	17.3845	APC	$1,015.08	-	-	-	Y	000	999	-
36581	T	REPLACE TUNNELED CV CATH	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
36582	T	REPLACE TUNNELED CV CATH	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
36583	T	REPLACE TUNNELED CV CATH	-	05184	60.0544	APC	$3,506.58	-	-	-	Y	000	999	-
36584	T	COMPL RPLCMT PICC RS&I	-	05182	17.3845	APC	$1,015.08	-	-	-	Y	000	999	-
36585	T	REPLACE PICVAD CATH	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
36589	N	REMOVAL TUNNELED CV CATH	-	05181	6.7594	Bundled, sometimes payable	$394.68	-	-	-	Y	000	999	-
36590	N	REMOVAL TUNNELED CV CATH	-	05182	17.3845	Bundled, sometimes payable	$1,015.08	-	-	-	Y	000	999	-
36591	N	DRAW BLOOD OFF VENOUS DEVICE	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
36592	N	COLLECT BLOOD FROM PICC	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
36593	T	DECLOT VASCULAR DEVICE	-	05694	3.8864	APC	$226.93	-	-	-	-	000	999	-
36595	T	MECH REMOV TUNNELED CV CATH	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
36596	T	MECH REMOV TUNNELED CV CATH	-	05182	17.3845	APC	$1,015.08	-	-	-	Y	000	999	-
36597	T	REPOSITION VENOUS CATHETER	-	05182	17.3845	APC	$1,015.08	-	-	-	Y	000	999	-
36598	T	INJ W/FLUOR EVAL CV DEVICE	-	05693	2.4136	APC	$140.93	-	-	-	-	000	999	-
36600	N	WITHDRAWAL OF ARTERIAL BLOOD	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	Y	000	999	-
36620	N	INSERTION CATHETER ARTERY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
36625	N	INSERTION CATHETER ARTERY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
36640	T	INSERTION CATHETER ARTERY	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
36660	C	INSERTION CATHETER ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	002	-
36680	N	INSERT NEEDLE BONE CAVITY	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	Y	000	999	-
36800	T	INSERTION OF CANNULA	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
36810	T	INSERTION OF CANNULA	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
36815	T	INSERTION OF CANNULA	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
36818	T	AV FUSE UPPR ARM CEPHALIC	-	05184	60.0544	APC	$3,506.58	-	-	-	Y	000	999	-
36819	T	AV FUSE UPPR ARM BASILIC	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
36820	T	AV FUSION/FOREARM VEIN	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
36821	T	AV FUSION DIRECT ANY SITE	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
36823	C	INSERTION OF CANNULA(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
36825	T	ARTERY-VEIN AUTOGRAFT	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
36830	T	ARTERY-VEIN NONAUTOGRAFT	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
36831	T	OPEN THROMBECT AV FISTULA	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
36832	T	AV FISTULA REVISION OPEN	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
36833	T	AV FISTULA REVISION	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
36835	T	ARTERY TO VEIN SHUNT	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
36836	T	PRQ AV FSTL CRTJ UXTR 1 ACS	-	05194	200.7081	APC	$11,719.35	-	-	-	-	000	999	-
36837	T	PRQ AV FSTL CRT UXTR SEP ACS	-	05194	200.7081	APC	$11,719.35	-	-	-	-	000	999	-
36838	T	DIST REVAS LIGATION HEMO	-	05184	60.0544	APC	$3,506.58	-	-	-	Y	000	999	-
36860	T	EXTERNAL CANNULA DECLOTTING	-	05182	17.3845	APC	$1,015.08	-	-	-	-	000	999	-
36861	T	CANNULA DECLOTTING	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
36901	T	INTRO CATH DIALYSIS CIRCUIT	-	05182	17.3845	APC	$1,015.08	-	-	-	-	000	999	-
36902	T	INTRO CATH DIALYSIS CIRCUIT	-	05192	60.9383	APC	$3,558.19	-	-	-	-	000	999	-
36903	T	INTRO CATH DIALYSIS CIRCUIT	-	05193	124.0324	APC	$7,242.25	-	-	-	-	000	999	-
36904	T	THRMBC/NFS DIALYSIS CIRCUIT	-	05192	60.9383	APC	$3,558.19	-	-	-	-	000	999	-
36905	T	THRMBC/NFS DIALYSIS CIRCUIT	-	05193	124.0324	APC	$7,242.25	-	-	-	-	000	999	-
36906	T	THRMBC/NFS DIALYSIS CIRCUIT	-	05194	200.7081	APC	$11,719.35	-	-	-	-	000	999	-

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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	-
3700F	E	PSYCH DISORDERS ASSESSED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
37140	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
37145	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
37160	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
37180	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
37181	C	SPLICE SPLEEN/KIDNEY VEINS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
37182	C	INSERT HEPATIC SHUNT (TIPS)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
37183	N	REVISION TIPS	-	05192	60.9383	Bundled, sometimes payable	$3,558.19	-	-	-	-	000	999	-
37184	T	PRIM ART M-THRMBC 1ST VSL	-	05193	124.0324	APC	$7,242.25	-	-	-	-	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	T	VENOUS MECH THROMBECTOMY	-	05193	124.0324	APC	$7,242.25	-	-	-	-	000	999	-
37188	T	VEN MECHNL THRMBC REPEAT TX	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37191	T	INS ENDOVAS VENA CAVA FILTR	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
37192	T	REDO ENDOVAS VENA CAVA FILTR	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37193	T	REM ENDOVAS VENA CAVA FILTER	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37195	T	THROMBOLYTIC THERAPY STROKE	-	05694	3.8864	APC	$226.93	-	-	-	-	000	999	-
37197	T	REMOVE INTRVAS FOREIGN BODY	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
37200	T	TRANSCATHETER BIOPSY	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
3720F	E	COGNIT IMPAIRMENT ASSESSED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
37211	T	THROMBOLYTIC ART THERAPY	-	05184	60.0544	APC	$3,506.58	-	-	-	Y	000	999	-
37212	T	THROMBOLYTIC VENOUS THERAPY	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
37213	T	THROMBLYTIC ART/VEN THERAPY	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
37214	T	CESSJ THERAPY CATH REMOVAL	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
37215	C	TRANSCATH STENT CCA W/EPS	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
37218	C	STENT PLACEMT ANTE CAROTID	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
37220	N	ILIAC REVASC	-	05192	60.9383	Bundled, sometimes payable	$3,558.19	-	-	-	-	000	999	-
37221	N	ILIAC REVASC W/STENT	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	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	60.9383	Bundled, sometimes payable	$3,558.19	-	-	-	-	000	999	-
37225	N	FEM/POPL REVAS W/ATHER	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
37226	N	FEM/POPL REVASC W/STENT	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
37227	N	FEM/POPL REVASC STNT & ATHER	-	05194	200.7081	Bundled, sometimes payable	$11,719.35	-	-	-	-	000	999	-
37228	N	TIB/PER REVASC W/TLA	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
37229	N	TIB/PER REVASC W/ATHER	-	05194	200.7081	Bundled, sometimes payable	$11,719.35	-	-	-	-	000	999	-
37230	N	TIB/PER REVASC W/STENT	-	05194	200.7081	Bundled, sometimes payable	$11,719.35	-	-	-	-	000	999	-
37231	N	TIB/PER REVASC STENT & ATHER	-	05194	200.7081	Bundled, sometimes payable	$11,719.35	-	-	-	-	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	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
37237	N	OPEN/PERQ PLACE STENT EA ADD	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
37238	N	OPEN/PERQ PLACE STENT SAME	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
37239	N	OPEN/PERQ PLACE STENT EA ADD	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
37241	N	VASC EMBOLIZE/OCCLUDE VENOUS	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
37242	N	VASC EMBOLIZE/OCCLUDE ARTERY	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
37243	N	VASC EMBOLIZE/OCCLUDE ORGAN	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
37244	N	VASC EMBOLIZE/OCCLUDE BLEED	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
37246	T	TRLUML BALO ANGIOP 1ST ART	-	05192	60.9383	APC	$3,558.19	-	-	-	-	000	999	-

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37247	N	TRLUML BALO ANGIOP ADDL ART	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
37248	T	TRLUML BALO ANGIOP 1ST VEIN	-	05192	60.9383	APC	$3,558.19	-	-	-	-	000	999	-
37249	N	TRLUML BALO ANGIOP ADDL VEIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
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	T	ENDOSCOPY LIGATE PERF VEINS	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
37501	T	UNLISTED VASC ENDOSCOPY PX	-	05181	6.7594	APC	$394.68	-	-	-	-	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	T	LIGATION OF NECK VEIN	-	05183	34.8072	APC	$2,032.39	-	-	-	-	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	T	LIGATION OF NECK ARTERY	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37605	T	LIGATION OF NECK ARTERY	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37606	T	LIGATION OF NECK ARTERY	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37607	T	LIGATION OF A-V FISTULA	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37609	T	TEMPORAL ARTERY PROCEDURE	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
3760F	E	PT W/DYSPHAG/WT LOSS/NUTR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
37615	T	LIGATION OF NECK ARTERY	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37616	C	LIGATION OF CHEST ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
37617	C	LIGATION OF ABDOMEN ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
37618	C	LIGATION OF EXTREMITY ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
37619	T	LIGATION OF INF VENA CAVA	-	05184	60.0544	APC	$3,506.58	-	-	-	-	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	T	REVISION OF MAJOR VEIN	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37660	C	REVISION OF MAJOR VEIN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
37700	T	REVISE LEG VEIN	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37718	T	LIGATE/STRIP SHORT LEG VEIN	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
37722	T	LIGATE/STRIP LONG LEG VEIN	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
37735	T	REMOVAL OF LEG VEINS/LESION	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
3775F	E	ADENOMA DETECTED SCREENING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
37760	T	LIGATE LEG VEINS RADICAL	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37761	T	LIGATE LEG VEINS OPEN	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37765	T	STAB PHLEB VEINS XTR 10-20	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
37766	T	PHLEB VEINS - EXTREM 20+	-	05183	34.8072	APC	$2,032.39	-	-	-	Y	000	999	-
3776F	E	ADENOMA NOT DETECT SCREENING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
37780	T	REVISION OF LEG VEIN	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37785	T	LIGATE/DIVIDE/EXCISE VEIN	-	05183	34.8072	APC	$2,032.39	-	-	-	-	000	999	-
37788	C	REVASCULARIZATION PENIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
37790	T	PENILE VENOUS OCCLUSION	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
37799	T	UNLISTED PX VASCULAR SURGERY	-	05181	6.7594	APC	$394.68	-	-	-	-	000	999	-
38100	C	REMOVAL OF SPLEEN TOTAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38101	C	REMOVAL OF SPLEEN PARTIAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38102	C	REMOVAL OF SPLEEN TOTAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38115	C	REPAIR OF RUPTURED SPLEEN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38120	N	LAPAROSCOPY SPLENECTOMY	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
38129	N	UNLISTED LAPS PX SPLEEN	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-

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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	-
38206	S	HARVEST AUTO STEM CELLS	-	05242	15.8888	APC	$927.75	-	-	Y	-	000	999	-
38207	S	CRYOPRESERVE STEM CELLS	-	05241	4.7643	APC	$271.62	-	-	Y	-	000	999	-
38208	S	THAW PRESERVED STEM CELLS	-	05241	4.7643	APC	$271.62	-	-	Y	-	000	999	-
38209	S	WASH HARVEST STEM CELLS	-	05241	4.7643	APC	$271.62	-	-	Y	-	000	999	-
38210	S	T-CELL DEPLETION OF HARVEST	-	05241	4.7643	APC	$271.62	-	-	Y	-	000	999	-
38211	S	TUMOR CELL DEPLETE OF HARVST	-	05241	4.7643	APC	$271.62	-	-	Y	-	000	999	-
38212	S	RBC DEPLETION OF HARVEST	-	05241	4.7643	APC	$271.62	-	-	Y	-	000	999	-
38213	S	PLATELET DEPLETE OF HARVEST	-	05241	4.7643	APC	$271.62	-	-	Y	-	000	999	-
38214	S	VOLUME DEPLETE OF HARVEST	-	05241	4.7643	APC	$271.62	-	-	Y	-	000	999	-
38215	S	HARVEST STEM CELL CONCENTRTE	-	05241	4.7643	APC	$271.62	-	-	Y	-	000	999	-
38220	T	DX BONE MARROW ASPIRATIONS	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
38221	T	DX BONE MARROW BIOPSIES	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
38222	T	DX BONE MARROW BX & ASPIR	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
38230	S	BONE MARROW HARVEST ALLOGEN	-	05242	15.8888	APC	$927.75	-	-	Y	Y	000	999	-
38232	S	BONE MARROW HARVEST AUTOLOG	-	05243	48.6067	APC	$2,838.15	-	-	-	-	000	999	-
38240	S	TRANSPLT ALLO HCT/DONOR	-	05244	493.4673	APC	$28,813.56	-	-	Y	Y	000	999	-
38241	S	TRANSPLT AUTOL HCT/DONOR	-	05242	15.8888	APC	$927.75	-	-	Y	Y	000	999	-
38242	S	TRANSPLT ALLO LYMPHOCYTES	-	05242	15.8888	APC	$927.75	-	-	Y	Y	000	999	-
38243	S	TRANSPLJ HEMATOPOIETIC BOOST	-	05242	15.8888	APC	$927.75	-	-	-	Y	000	999	-
38300	T	DRAINAGE LYMPH NODE LESION	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
38305	T	DRAINAGE LYMPH NODE LESION	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
38308	T	INCISION OF LYMPH CHANNELS	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
38380	C	THORACIC DUCT PROCEDURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38381	C	THORACIC DUCT PROCEDURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38382	C	THORACIC DUCT PROCEDURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38500	T	BIOPSY/REMOVAL LYMPH NODES	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
38505	T	NEEDLE BIOPSY LYMPH NODES	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
38510	T	BIOPSY/REMOVAL LYMPH NODES	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
38520	T	BIOPSY/REMOVAL LYMPH NODES	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
38525	T	BIOPSY/REMOVAL LYMPH NODES	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
38530	T	BIOPSY/REMOVAL LYMPH NODES	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
38531	T	OPEN BX/EXC INGUINOFEM NODES	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
38542	N	EXPLORE DEEP NODE(S) NECK	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
38550	T	REMOVAL NECK/ARMPIT LESION	-	05091	40.1682	APC	$2,345.42	-	-	-	-	000	999	-
38555	T	REMOVAL NECK/ARMPIT LESION	-	05092	69.4415	APC	$4,054.69	-	-	-	-	000	999	-
38562	C	REMOVAL PELVIC LYMPH NODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38564	C	REMOVAL ABDOMEN LYMPH NODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38570	N	LAPAROSCOPY LYMPH NODE BIOP	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
38571	N	LAPAROSCOPY LYMPHADENECTOMY	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
38572	N	LAPAROSCOPY LYMPHADENECTOMY	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
38573	T	LAPS PELVIC LYMPHADEC	-	05362	106.1787	APC	$6,199.77	-	-	-	-	000	999	-
38589	N	UNLISTED LAPS PX LYMPHTC SYS	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
38700	T	REMOVAL OF LYMPH NODES NECK	-	05092	69.4415	APC	$4,054.69	-	-	-	-	000	999	-
38720	T	REMOVAL OF LYMPH NODES NECK	-	05093	102.8888	APC	$6,007.68	-	-	-	-	000	999	-
38724	C	REMOVAL OF LYMPH NODES NECK	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38740	N	REMOVE ARMPIT LYMPH NODES	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
38745	N	REMOVE ARMPIT LYMPH NODES	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
38746	C	REMOVE THORACIC LYMPH NODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38747	C	REMOVE ABDOMINAL LYMPH NODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38760	T	REMOVE GROIN LYMPH NODES	-	05092	69.4415	APC	$4,054.69	-	-	-	-	000	999	-
38765	C	REMOVE GROIN LYMPH NODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38770	C	REMOVE PELVIS LYMPH NODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
38780	C	REMOVE ABDOMEN LYMPH NODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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38790	N	INJECT FOR LYMPHATIC X-RAY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
38792	N	RA TRACER ID OF SENTINL NODE	-	05591	4.5415	Bundled, sometimes payable	$265.18	-	-	-	-	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	4.7643	APC	$278.19	-	-	-	-	000	999	-
39000	C	EXPLORATION OF CHEST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
39010	C	EXPLORATION OF CHEST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
39200	C	RESECT MEDIASTINAL CYST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
39220	C	RESECT MEDIASTINAL TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
39401	T	MEDIASTINOSCPY W/MEDSTNL BX	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
39402	T	MEDIASTINOSCPY W/LMPH NOD BX	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
39499	C	UNLISTED PX MEDIASTINUM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
39501	C	REPAIR DIAPHRAGM LACERATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
39503	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
39540	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
39541	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
39545	C	REVISION OF DIAPHRAGM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
39560	C	RESECT DIAPHRAGM SIMPLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
39561	C	RESECT DIAPHRAGM COMPLEX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
39599	C	UNLISTED PX DIAPHRAGM	-	-	-	Inpatient 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	2.4283	APC	$141.79	-	-	-	-	000	999	-
4049F	E	DOC ORDER GIVEN STOP ANTIBIO	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
40500	T	PARTIAL EXCISION OF LIP	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
4050F	E	HT CARE PLAN DOC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
40510	T	PARTIAL EXCISION OF LIP	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
4051F	E	REFERRED FOR AN AV FISTULA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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40520	T	PARTIAL EXCISION OF LIP	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
40525	T	RECONSTRUCT LIP WITH FLAP	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
40527	N	RECONSTRUCT LIP WITH FLAP	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
4052F	E	HEMODIALYSIS VIA AV FISTULA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
40530	T	PARTIAL REMOVAL OF LIP	-	05164	33.2421	APC	$1,941.01	-	-	-	-	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	REPAIR LIP	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
40652	T	REPAIR LIP	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
40654	T	REPAIR LIP	-	05163	16.2194	APC	$947.05	-	-	-	-	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	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
40701	N	REPAIR CLEFT LIP/NASAL	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
40702	N	REPAIR CLEFT LIP/NASAL	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
4070F	E	DVT PROPHYLX RECVD DAY 2	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
40720	N	REPAIR CLEFT LIP/NASAL	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	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	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
4077F	E	DOC T-PA ADMIN CONSIDERED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
40799	T	UNLISTED PROCEDURE LIPS	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
4079F	E	DOC REHAB SVCS CONSIDERED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
40800	T	DRAINAGE OF MOUTH LESION	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
40801	T	DRAINAGE OF MOUTH LESION	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
40804	N	REMOVAL FOREIGN BODY MOUTH	-	05301	9.6455	Bundled, sometimes payable	$563.20	-	-	-	-	000	999	-
40805	T	REMOVAL FOREIGN BODY MOUTH	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
40806	T	INCISION OF LIP FOLD	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
40808	T	BIOPSY OF MOUTH LESION	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
40810	T	EXCISION OF MOUTH LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
40812	T	EXCISE/REPAIR MOUTH LESION	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
40814	T	EXCISE/REPAIR MOUTH LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
40816	T	EXCISION OF MOUTH LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
40818	T	EXCISE ORAL MUCOSA FOR GRAFT	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
40819	T	EXCISE LIP OR CHEEK FOLD	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
40820	T	TREATMENT OF MOUTH LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
40830	T	REPAIR MOUTH LACERATION	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
40831	T	REPAIR MOUTH LACERATION	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
40840	T	RECONSTRUCTION OF MOUTH	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
40842	N	RECONSTRUCTION OF MOUTH	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
40843	T	RECONSTRUCTION OF MOUTH	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
40844	N	RECONSTRUCTION OF MOUTH	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
40845	N	RECONSTRUCTION OF MOUTH	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	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	2.4283	APC	$141.79	-	-	-	-	000	999	-
4090F	E	PT RCVNG EPO THXPY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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4095F	E	PT NOT RCVNG EPO THXPY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
41000	T	DRAINAGE OF MOUTH LESION	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
41005	T	DRAINAGE OF MOUTH LESION	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
41006	T	DRAINAGE OF MOUTH LESION	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
41007	T	DRAINAGE OF MOUTH LESION	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
41008	T	DRAINAGE OF MOUTH LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
41009	T	DRAINAGE OF MOUTH LESION	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
4100F	E	BIPHOS THXPY VEIN ORD/RECVD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
41010	T	INCISION OF TONGUE FOLD	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
41015	T	DRAINAGE OF MOUTH LESION	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
41016	T	DRAINAGE OF MOUTH LESION	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
41017	T	DRAINAGE OF MOUTH LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
41018	T	DRAINAGE OF MOUTH LESION	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
41019	T	PLACE NEEDLES H&N FOR RT	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
41100	T	BIOPSY OF TONGUE	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
41105	T	BIOPSY OF TONGUE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
41108	T	BIOPSY OF FLOOR OF MOUTH	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
4110F	E	INT MAM ART USED FOR CABG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
41110	T	EXCISION OF TONGUE LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
41112	T	EXCISION OF TONGUE LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
41113	T	EXCISION OF TONGUE LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
41114	T	EXCISION OF TONGUE LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
41115	T	EXCISION OF TONGUE FOLD	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
41116	T	EXCISION OF MOUTH LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
41120	N	PARTIAL REMOVAL OF TONGUE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
41130	C	PARTIAL REMOVAL OF TONGUE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
41135	C	TONGUE AND NECK SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
41140	C	REMOVAL OF TONGUE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
41145	C	TONGUE REMOVAL NECK SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
41150	C	TONGUE MOUTH JAW SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
41153	C	TONGUE MOUTH NECK SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
41155	C	TONGUE JAW & NECK SURGERY	-	-	-	Inpatient 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	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
41251	T	REPAIR TONGUE LACERATION	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
41252	T	REPAIR TONGUE LACERATION	-	05161	2.4283	APC	$141.79	-	-	-	-	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	T	TONGUE TO LIP SURGERY	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
41512	N	TONGUE SUSPENSION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
4151F	E	PT NOT RECVNG ANTIV HEP C	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
41520	N	RECONSTRUCTION TONGUE FOLD	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-

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41530	T	TONGUE BASE VOL REDUCTION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	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	2.4283	APC	$141.79	-	-	-	-	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	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
41805	T	REMOVAL FOREIGN BODY GUM	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
41806	T	REMOVAL FOREIGN BODY JAWBONE	-	05163	16.2194	APC	$947.05	-	-	-	-	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	T	EXCISION GUM EACH QUADRANT	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
41821	T	EXCISION OF GUM FLAP	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
41822	T	EXCISION OF GUM LESION	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
41823	N	EXCISION OF GUM LESION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
41825	T	EXCISION OF GUM LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
41826	T	EXCISION OF GUM LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
41827	N	EXCISION OF GUM LESION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
41828	T	EXCISION OF GUM LESION	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
4182F	E	NO CONFORMAL RADN THXPY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
41830	T	REMOVAL OF GUM TISSUE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
41850	T	TREATMENT OF GUM LESION	-	05163	16.2194	APC	$947.05	-	-	-	-	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	GUM GRAFT	-	05163	16.2194	Bundled, sometimes payable	$947.05	-	-	-	-	000	999	-
41872	N	REPAIR GUM	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
41874	T	REPAIR TOOTH SOCKET	-	05164	33.2421	APC	$1,941.01	-	-	-	-	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	2.4283	APC	$141.79	-	-	-	-	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	2.4283	APC	$141.79	-	-	-	-	000	999	-
4200F	E	EXTERNAL BEAM TO PROST ONLY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
4201F	E	EXTRNL BEAM OTHER THAN PROST	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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42100	T	BIOPSY ROOF OF MOUTH	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
42104	T	EXCISION LESION MOUTH ROOF	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42106	T	EXCISION LESION MOUTH ROOF	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42107	N	EXCISION LESION MOUTH ROOF	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
4210F	E	ACE/ARB THXPY FOR MOS/>	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
42120	T	REMOVE PALATE/LESION	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
42140	T	EXCISION OF UVULA	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42145	N	REPAIR PALATE PHARYNX/UVULA	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42160	T	TREATMENT MOUTH ROOF LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42180	T	REPAIR PALATE	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
42182	T	REPAIR PALATE	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
42200	N	RECONSTRUCT CLEFT PALATE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42205	N	RECONSTRUCT CLEFT PALATE	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
4220F	E	DIGOXIN THXPY FOR 6 MOS/>	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
42210	N	RECONSTRUCT CLEFT PALATE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42215	N	RECONSTRUCT CLEFT PALATE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
4221F	E	DIURETIC THXPY FOR 6 MOS/>	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
42220	N	RECONSTRUCT CLEFT PALATE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42225	N	RECONSTRUCT CLEFT PALATE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42226	N	LENGTHENING OF PALATE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42227	N	LENGTHENING OF PALATE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42235	N	REPAIR PALATE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42260	T	REPAIR NOSE TO LIP FISTULA	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
42280	T	PREPARATION PALATE MOLD	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
42281	T	INSERTION PALATE PROSTHESIS	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
42299	T	UNLISTED PX PALATE UVULA	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
42300	T	DRAINAGE OF SALIVARY GLAND	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
42305	T	DRAINAGE OF SALIVARY GLAND	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
4230F	E	ANTICONV THXPY FOR 6 MOS/>	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
42310	T	DRAINAGE OF SALIVARY GLAND	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
42320	T	DRAINAGE OF SALIVARY GLAND	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
42330	T	REMOVAL OF SALIVARY STONE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42335	T	REMOVAL OF SALIVARY STONE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42340	T	REMOVAL OF SALIVARY STONE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42400	T	BIOPSY OF SALIVARY GLAND	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
42405	T	BIOPSY OF SALIVARY GLAND	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
42408	T	EXCISION OF SALIVARY CYST	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42409	T	DRAINAGE OF SALIVARY CYST	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
4240F	E	INSTR XRCZ BACK PAIN 12 WKS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
42410	N	EXCISE PAROTID GLAND/LESION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42415	N	EXCISE PAROTID GLAND/LESION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42420	N	EXCISE PAROTID GLAND/LESION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42425	N	EXCISE PAROTID GLAND/LESION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42426	C	EXCISE PAROTID GLAND/LESION	-	-	-	Inpatient 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	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42450	N	EXCISE SUBLINGUAL GLAND	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	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	T	REPAIR SALIVARY DUCT	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
42505	N	REPAIR SALIVARY DUCT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42507	N	PAROTID DUCT DIVERSION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42509	N	PAROTID DUCT DIVERSION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
4250F	E	WRMNG 4 SURG NORMOTHERMIA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
42510	N	PAROTID DUCT DIVERSION	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
42550	N	INJECTION FOR SALIVARY X-RAY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-

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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	T	CLOSURE OF SALIVARY FISTULA	-	05164	33.2421	APC	$1,941.01	-	-	-	-	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	T	DILATION OF SALIVARY DUCT	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
4265F	E	WET-DRY DRESSINGS RX RECMD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
42660	T	DILATION OF SALIVARY DUCT	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
42665	N	LIGATION OF SALIVARY DUCT	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	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	2.4283	APC	$141.79	-	-	-	-	000	999	-
4269F	E	APPROPOS MTHD OFFLOADING RXD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
42700	T	DRAINAGE OF TONSIL ABSCESS	-	05161	2.4283	APC	$141.79	-	-	-	-	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	T	DRAINAGE OF THROAT ABSCESS	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42725	N	DRAINAGE OF THROAT ABSCESS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	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	T	BIOPSY OF THROAT	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
42804	T	BIOPSY OF UPPER NOSE/THROAT	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42806	T	BIOPSY OF UPPER NOSE/THROAT	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42808	T	EXCISE PHARYNX LESION	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42809	N	REMOVE PHARYNX FOREIGN BODY	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
4280F	E	PCP PROPHYLAX RXD 3MON LOW %	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
42810	T	EXCISION OF NECK CYST	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42815	N	EXCISION OF NECK CYST	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42820	T	REMOVE TONSILS AND ADENOIDS	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	011	-
42821	T	REMOVE TONSILS AND ADENOIDS	-	05164	33.2421	APC	$1,941.01	-	-	-	-	012	099	-
42825	N	REMOVAL OF TONSILS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	011	-
42826	T	REMOVAL OF TONSILS	-	05164	33.2421	APC	$1,941.01	-	-	-	-	012	099	-
42830	N	REMOVAL OF ADENOIDS	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	011	-
42831	T	REMOVAL OF ADENOIDS	-	05164	33.2421	APC	$1,941.01	-	-	-	-	012	099	-
42835	T	REMOVAL OF ADENOIDS	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	011	-
42836	T	REMOVAL OF ADENOIDS	-	05164	33.2421	APC	$1,941.01	-	-	-	-	012	099	-
42842	N	EXTENSIVE SURGERY OF THROAT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42844	N	EXTENSIVE SURGERY OF THROAT	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42845	C	EXTENSIVE SURGERY OF THROAT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
42860	N	EXCISION OF TONSIL TAGS	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
42870	T	EXCISION OF LINGUAL TONSIL	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
42890	N	PARTIAL REMOVAL OF PHARYNX	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42892	N	REVISION OF PHARYNGEAL WALLS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42894	C	REVISION OF PHARYNGEAL WALLS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
42900	T	REPAIR THROAT WOUND	-	05163	16.2194	APC	$947.05	-	-	-	-	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	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
42953	C	REPAIR THROAT ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
42955	T	SURGICAL OPENING OF THROAT	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
42960	T	CONTROL THROAT BLEEDING	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
42961	C	CONTROL THROAT BLEEDING	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
42962	T	CONTROL THROAT BLEEDING	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42970	T	CONTROL NOSE/THROAT BLEEDING	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-

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42971	C	CONTROL NOSE/THROAT BLEEDING	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
42972	T	CONTROL NOSE/THROAT BLEEDING	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
42975	T	DISE EVAL SLP DO BRTH FLX DX	-	05151	2.0886	APC	$121.95	-	-	-	-	000	999	-
42999	T	UNLISTED PX PHRNX ADND/TNSL	-	05161	2.4283	APC	$141.79	-	-	-	-	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	T	INCISION OF ESOPHAGUS	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
43030	N	THROAT MUSCLE SURGERY	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
43045	C	INCISION OF ESOPHAGUS	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43101	C	EXCISION OF ESOPHAGUS LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43107	C	REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43108	C	REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43112	C	ESPHG TOT W/THRCM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43113	C	REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43116	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43117	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43118	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43121	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43122	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43123	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43124	C	REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43130	N	REMOVAL OF ESOPHAGUS POUCH	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
43135	C	REMOVAL OF ESOPHAGUS POUCH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43180	T	ESOPHAGOSCOPY RIGID TRNSO	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
43191	T	ESOPHAGOSCOPY RIGID TRNSO DX	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43192	T	ESOPHAGOSCP RIG TRNSO INJECT	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43193	T	ESOPHAGOSCP RIG TRNSO BIOPSY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43194	T	ESOPHAGOSCP RIG TRNSO REM FB	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43195	T	ESOPHAGOSCOPY RIGID BALLOON	-	05303	38.0989	APC	$2,224.59	-	-	-	-	000	999	-
43196	T	ESOPHAGOSCP GUIDE WIRE DILAT	-	05303	38.0989	APC	$2,224.59	-	-	-	-	000	999	-
43197	T	ESOPHAGOSCOPY FLEX DX BRUSH	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
43198	T	ESOPHAGOSC FLEX TRNSN BIOPSY	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
43200	T	ESOPHAGOSCOPY FLEXIBLE BRUSH	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
43201	T	ESOPH SCOPE W/SUBMUCOUS INJ	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43202	T	ESOPHAGOSCOPY FLEX BIOPSY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43204	T	ESOPH SCOPE W/SCLEROSIS INJ	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43205	T	ESOPHAGUS ENDOSCOPY/LIGATION	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43206	T	ESOPH OPTICAL ENDOMICROSCOPY	-	05302	20.3492	APC	$1,188.19	-	-	-	Y	000	999	-
4320F	E	PT TALK PSYCHSOC&RX OH DPND	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
43210	N	EGD ESOPHAGOGASTRC FNDOPLSTY	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
43211	T	ESOPHAGOSCOP MUCOSAL RESECT	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43212	N	ESOPHAGOSCOP STENT PLACEMENT	-	05331	61.2341	Bundled, sometimes payable	$3,575.46	-	-	-	-	000	999	-
43213	T	ESOPHAGOSCOPY RETRO BALLOON	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43214	T	ESOPHAGOSC DILATE BALLOON 30	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43215	T	ESOPHAGOSCOPY FLEX REMOVE FB	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43216	T	ESOPHAGOSCOPY LESION REMOVAL	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43217	T	ESOPHAGOSCOPY SNARE LES REMV	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43220	T	ESOPHAGOSCOPY BALLOON <30MM	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43226	T	ESOPH ENDOSCOPY DILATION	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43227	T	ESOPHAGOSCOPY CONTROL BLEED	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43229	T	ESOPHAGOSCOPY LESION ABLATE	-	05303	38.0989	APC	$2,224.59	-	-	-	-	000	999	-
4322F	E	CRGVR PROV W/ ED ADDL RSRCS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
43231	T	ESOPHAGOSCOP ULTRASOUND EXAM	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-

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43232	T	ESOPHAGOSCOPY W/US NEEDLE BX	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43233	T	EGD BALLOON DIL ESOPH30 MM/>	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43235	T	EGD DIAGNOSTIC BRUSH WASH	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
43236	T	UPPR GI SCOPE W/SUBMUC INJ	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
43237	T	ENDOSCOPIC US EXAM ESOPH	-	05302	20.3492	APC	$1,188.19	-	-	-	Y	000	999	-
43238	T	EGD US FINE NEEDLE BX/ASPIR	-	05302	20.3492	APC	$1,188.19	-	-	-	Y	000	999	-
43239	T	EGD BIOPSY SINGLE/MULTIPLE	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
43240	T	EGD W/TRANSMURAL DRAIN CYST	-	05331	61.2341	APC	$3,575.46	-	-	-	-	000	999	-
43241	T	EGD TUBE/CATH INSERTION	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43242	T	EGD US FINE NEEDLE BX/ASPIR	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43243	T	EGD INJECTION VARICES	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43244	T	EGD VARICES LIGATION	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43245	T	EGD DILATE STRICTURE	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43246	T	EGD PLACE GASTROSTOMY TUBE	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43247	T	EGD REMOVE FOREIGN BODY	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
43248	T	EGD GUIDE WIRE INSERTION	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
43249	T	ESOPH EGD DILATION <30 MM	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
4324F	E	PT QUERIED PRKNS COMPLIC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
43250	T	EGD CAUTERY TUMOR POLYP	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43251	T	EGD REMOVE LESION SNARE	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43252	T	EGD OPTICAL ENDOMICROSCOPY	-	05303	38.0989	APC	$2,224.59	-	-	-	Y	000	999	-
43253	T	EGD US TRANSMURAL INJXN/MARK	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43254	T	EGD ENDO MUCOSAL RESECTION	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43255	T	EGD CONTROL BLEEDING ANY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43257	T	EGD W/THRML TXMNT GERD	-	05303	38.0989	APC	$2,224.59	-	-	-	Y	000	999	-
43259	T	EGD US EXAM DUODENUM/JEJUNUM	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
4325F	E	MED TXMNT OPTIONS RVWD W/PT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
43260	T	ERCP W/SPECIMEN COLLECTION	-	05303	38.0989	APC	$2,224.59	-	-	-	-	000	999	-
43261	T	ENDO CHOLANGIOPANCREATOGRAPH	-	05303	38.0989	APC	$2,224.59	-	-	-	-	000	999	-
43262	T	ENDO CHOLANGIOPANCREATOGRAPH	-	05303	38.0989	APC	$2,224.59	-	-	-	-	000	999	-
43263	T	ERCP SPHINCTER PRESSURE MEAS	-	05303	38.0989	APC	$2,224.59	-	-	-	-	000	999	-
43264	T	ERCP REMOVE DUCT CALCULI	-	05303	38.0989	APC	$2,224.59	-	-	-	-	000	999	-
43265	T	ERCP LITHOTRIPSY CALCULI	-	05331	61.2341	APC	$3,575.46	-	-	-	-	000	999	-
43266	N	EGD ENDOSCOPIC STENT PLACE	-	05331	61.2341	Bundled, sometimes payable	$3,575.46	-	-	-	-	000	999	-
4326F	E	PT ASKED RE SYMP AUTO DYSFXN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
43270	T	EGD LESION ABLATION	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43273	N	ENDOSCOPIC PANCREATOSCOPY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
43274	N	ERCP DUCT STENT PLACEMENT	-	05331	61.2341	Bundled, sometimes payable	$3,575.46	-	-	-	-	000	999	-
43275	T	ERCP REMOVE FORGN BODY DUCT	-	05303	38.0989	APC	$2,224.59	-	-	-	-	000	999	-
43276	N	ERCP STENT EXCHANGE W/DILATE	-	05331	61.2341	Bundled, sometimes payable	$3,575.46	-	-	-	-	000	999	-
43277	T	ERCP EA DUCT/AMPULLA DILATE	-	05303	38.0989	APC	$2,224.59	-	-	-	-	000	999	-
43278	T	ERCP LESION ABLATE W/DILATE	-	05303	38.0989	APC	$2,224.59	-	-	-	-	000	999	-
43279	C	LAP MYOTOMY HELLER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43280	N	LAPAROSCOPY FUNDOPLASTY	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
43281	N	LAP PARAESOPHAG HERN REPAIR	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
43282	T	LAP PARAESOPH HER RPR W/MESH	-	05362	106.1787	APC	$6,093.57	-	-	-	-	000	999	-
43283	C	LAP ESOPH LENGTHENING	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43284	T	LAPS ESOPHGL SPHNCTR AGMNTJ	-	05362	106.1787	APC	$6,199.77	-	-	-	-	000	999	-
43285	N	RMVL ESOPHGL SPHNCTR DEV	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
43286	C	ESPHG TOT W/LAPS MOBLJ	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43287	C	ESPHG DSTL 2/3 W/LAPS MOBLJ	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43288	C	ESPHG THRSC MOBLJ	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43289	N	UNLISTED LAPS PX ESOPH	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
4328F	E	PT ASKED RE SLEEP DISTURB	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
43290	T	EGD FLX TRNSORL DPLMNT BALO	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43291	T	EGD FLX TRNSORL RMVL BALO	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-

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43300	C	REPAIR OF ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43305	C	REPAIR ESOPHAGUS AND FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
4330F	E	CNSLNG EPI SPEC SFTY ISSUES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
43310	C	REPAIR OF ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43312	C	REPAIR ESOPHAGUS AND FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43313	C	ESOPHAGOPLASTY CONGENITAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43314	C	TRACHEO-ESOPHAGOPLASTY CONG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43320	C	FUSE ESOPHAGUS & STOMACH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43325	C	REVISE ESOPHAGUS & STOMACH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43327	C	ESOPH FUNDOPLASTY LAP	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43328	C	ESOPH FUNDOPLASTY THOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43330	C	ESOPHAGOMYOTOMY ABDOMINAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43331	C	ESOPHAGOMYOTOMY THORACIC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43332	C	TRANSAB ESOPH HIAT HERN RPR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43333	C	TRANSAB ESOPH HIAT HERN RPR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43334	C	TRANSTHOR DIAPHRAG HERN RPR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43335	C	TRANSTHOR DIAPHRAG HERN RPR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43336	C	THORABD DIAPHR HERN REPAIR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43337	C	THORABD DIAPHR HERN REPAIR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43338	C	ESOPH LENGTHENING	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43340	C	FUSE ESOPHAGUS & INTESTINE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43341	C	FUSE ESOPHAGUS & INTESTINE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43351	C	SURGICAL OPENING ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43352	C	SURGICAL OPENING ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43360	C	GASTROINTESTINAL REPAIR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43361	C	GASTROINTESTINAL REPAIR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43400	C	LIGATE ESOPHAGUS VEINS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43405	C	LIGATE/STAPLE ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
4340F	E	CNSLNG CHLDBRNG WOMEN EPI	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
43410	C	REPAIR ESOPHAGUS WOUND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43415	C	REPAIR ESOPHAGUS WOUND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43420	T	REPAIR ESOPHAGUS OPENING	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
43425	C	REPAIR ESOPHAGUS OPENING	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43450	T	DILATE ESOPHAGUS 1/MULT PASS	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
43453	T	DILATE ESOPHAGUS	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
43460	C	PRESSURE TREATMENT ESOPHAGUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43496	C	FREE JEJUNUM FLAP MICROVASC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43497	N	TRANSORL LWR ESOPHGL MYOTOMY	-	05303	38.0989	Bundled, sometimes payable	$2,224.59	-	-	-	-	000	999	-
43499	T	UNLISTED PROCEDURE ESOPHAGUS	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
43500	C	SURGICAL OPENING OF STOMACH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43501	C	SURGICAL REPAIR OF STOMACH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43502	C	SURGICAL REPAIR OF STOMACH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
4350F	E	CNSLNG PROVIDED SYMP MNGMNT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
43510	T	SURGICAL OPENING OF STOMACH	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
43520	C	INCISION OF PYLORIC MUSCLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43605	C	BIOPSY OF STOMACH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43610	C	EXCISION OF STOMACH LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43611	C	EXCISION OF STOMACH LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43620	C	REMOVAL OF STOMACH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43621	C	REMOVAL OF STOMACH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43622	C	REMOVAL OF STOMACH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43631	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43632	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43633	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43634	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43635	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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Proc Cd	2023 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
43640	C	VAGOTOMY & PYLORUS REPAIR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43641	C	VAGOTOMY & PYLORUS REPAIR	-	-	-	Inpatient 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	139.6575	Bundled, sometimes payable	$8,154.60	-	-	-	-	000	999	-
43648	N	LAP REVISE/REMV ELTRD ANTRUM	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
43651	N	LAPAROSCOPY VAGUS NERVE	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
43652	N	LAPAROSCOPY VAGUS NERVE	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
43653	N	LAPAROSCOPY GASTROSTOMY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
43659	N	UNLISTED LAPS PX STOMACH	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
43752	N	NASAL/OROGASTRIC W/TUBE PLMT	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
43753	N	TX GASTRO INTUB W/ASP	-	05722	3.2723	Bundled, sometimes payable	$191.07	-	-	-	-	000	999	-
43754	N	DX GASTR INTUB W/ASP SPEC	-	05722	3.2723	Bundled, sometimes payable	$191.07	-	-	-	-	000	999	-
43755	S	DX GASTR INTUB W/ASP SPECS	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
43756	N	DX DUOD INTUB W/ASP SPEC	-	05301	9.6455	Bundled, sometimes payable	$563.20	-	-	-	-	000	999	-
43757	T	DX DUOD INTUB W/ASP SPECS	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
43761	T	REPOSITION GASTROSTOMY TUBE	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
43762	T	RPLC GTUBE NO REVJ TRC	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
43763	T	RPLC GTUBE REVJ GSTRST TRC	-	05371	2.5106	APC	$146.59	-	-	-	-	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	RECONSTRUCTION OF PYLORUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43810	C	FUSION OF STOMACH AND BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43820	C	FUSION OF STOMACH AND BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43825	C	FUSION OF STOMACH AND BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43830	T	PLACE GASTROSTOMY TUBE	-	05302	20.3492	APC	$1,188.19	-	-	-	Y	000	999	-
43831	T	PLACE GASTROSTOMY TUBE	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
43832	C	PLACE GASTROSTOMY TUBE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43840	C	REPAIR OF STOMACH LESION	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43865	C	REVISE STOMACH-BOWEL FUSION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43870	T	REPAIR STOMACH OPENING	-	05303	38.0989	APC	$2,224.59	-	-	-	-	000	999	-
43880	C	REPAIR STOMACH-BOWEL FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43881	C	IMPL/REDO ELECTRD ANTRUM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
43882	C	REVISE/REMOVE ELECTRD ANTRUM	-	-	-	Inpatient 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	9.6455	APC	$563.20	-	-	-	-	000	999	-
44005	C	FREEING OF BOWEL ADHESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
4400F	E	REHAB THXPY OPTIONS W/PT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
44010	C	INCISION OF SMALL BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44015	C	INSERT NEEDLE CATH BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44020	C	EXPLORE SMALL INTESTINE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44021	C	DECOMPRESS SMALL BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44025	C	INCISION OF LARGE BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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44050	C	REDUCE BOWEL OBSTRUCTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44055	C	CORRECT MALROTATION OF BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44100	T	BIOPSY OF BOWEL	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
44110	C	EXCISE INTESTINE LESION(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44111	C	EXCISION OF BOWEL LESION(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44120	C	REMOVAL OF SMALL INTESTINE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44121	C	REMOVAL OF SMALL INTESTINE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44125	C	REMOVAL OF SMALL INTESTINE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44126	C	ENTERECTOMY W/O TAPER CONG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44127	C	ENTERECTOMY W/TAPER CONG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44128	C	ENTERECTOMY CONG ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44130	C	BOWEL TO BOWEL FUSION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44132	C	ENTERECTOMY CADAVER DONOR	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
44133	C	ENTERECTOMY LIVE DONOR	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
44135	C	INTESTINE TRANSPLNT CADAVER	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
44136	C	INTESTINE TRANSPLANT LIVE	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
44137	C	REMOVE INTESTINAL ALLOGRAFT	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
44139	C	MOBILIZATION OF COLON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44140	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44141	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44143	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44144	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44145	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44146	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44147	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44150	C	REMOVAL OF COLON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44151	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44155	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44156	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44157	C	COLECTOMY W/ILEOANAL ANAST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44158	C	COLECTOMY W/NEO-RECTUM POUCH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44160	C	REMOVAL OF COLON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44180	N	LAP ENTEROLYSIS	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	Y	000	999	-
44186	N	LAP JEJUNOSTOMY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	Y	000	999	-
44187	C	LAP ILEO/JEJUNO-STOMY	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
44188	C	LAP COLOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
44202	C	LAP ENTERECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44203	C	LAP RESECT S/INTESTINE ADDL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44204	C	LAPARO PARTIAL COLECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44205	C	LAP COLECTOMY PART W/ILEUM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44206	C	LAP PART COLECTOMY W/STOMA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44207	C	L COLECTOMY/COLOPROCTOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44208	C	L COLECTOMY/COLOPROCTOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44210	C	LAPARO TOTAL PROCTOCOLECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44211	C	LAP COLECTOMY W/PROCTECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44212	C	LAPARO TOTAL PROCTOCOLECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44213	C	LAP MOBIL SPLENIC FL ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
44227	C	LAP CLOSE ENTEROSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
44238	N	UNLISTED LAPS PX INTESTINE	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
44300	C	OPEN BOWEL TO SKIN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44310	C	ILEOSTOMY/JEJUNOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44312	T	REVISION OF ILEOSTOMY	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
44314	C	REVISION OF ILEOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44316	C	DEVISE BOWEL POUCH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44320	C	COLOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44322	C	COLOSTOMY WITH BIOPSIES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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44340	T	REVISION OF COLOSTOMY	-	05055	38.0095	APC	$2,219.37	-	-	-	-	000	999	-
44345	C	REVISION OF COLOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44346	C	REVISION OF COLOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44360	T	SMALL BOWEL ENDOSCOPY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
44361	T	SMALL BOWEL ENDOSCOPY/BIOPSY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
44363	T	SMALL BOWEL ENDOSCOPY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
44364	T	SMALL BOWEL ENDOSCOPY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
44365	T	SMALL BOWEL ENDOSCOPY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
44366	T	SMALL BOWEL ENDOSCOPY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
44369	T	SMALL BOWEL ENDOSCOPY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
44370	N	SMALL BOWEL ENDOSCOPY/STENT	-	05331	61.2341	Bundled, sometimes payable	$3,575.46	-	-	-	-	000	999	-
44372	T	SMALL BOWEL ENDOSCOPY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
44373	T	SMALL BOWEL ENDOSCOPY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
44376	T	SMALL BOWEL ENDOSCOPY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
44377	T	SMALL BOWEL ENDOSCOPY/BIOPSY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
44378	T	SMALL BOWEL ENDOSCOPY	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
44379	N	S BOWEL ENDOSCOPE W/STENT	-	05331	61.2341	Bundled, sometimes payable	$3,575.46	-	-	-	-	000	999	-
44380	T	SMALL BOWEL ENDOSCOPY BR/WA	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
44381	T	SMALL BOWEL ENDOSCOPY BR/WA	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
44382	T	SMALL BOWEL ENDOSCOPY	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
44384	N	SMALL BOWEL ENDOSCOPY	-	05303	38.0989	Bundled, sometimes payable	$2,224.59	-	-	-	-	000	999	-
44385	T	ENDOSCOPY OF BOWEL POUCH	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
44386	T	ENDOSCOPY BOWEL POUCH/BIOP	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
44388	T	COLONOSCOPY THRU STOMA SPX	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
44389	T	COLONOSCOPY WITH BIOPSY	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
44390	T	COLONOSCOPY FOR FOREIGN BODY	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
44391	T	COLONOSCOPY FOR BLEEDING	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
44392	T	COLONOSCOPY & POLYPECTOMY	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
44394	T	COLONOSCOPY W/SNARE	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
44401	T	COLONOSCOPY WITH ABLATION	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
44402	N	COLONOSCOPY W/STENT PLCMT	-	05331	61.2341	Bundled, sometimes payable	$3,575.46	-	-	-	-	000	999	-
44403	T	COLONOSCOPY W/RESECTION	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
44404	T	COLONOSCOPY W/INJECTION	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
44405	T	COLONOSCOPY W/DILATION	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
44406	T	COLONOSCOPY W/ULTRASOUND	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
44407	T	COLONOSCOPY W/NDL ASPIR/BX	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
44408	T	COLONOSCOPY W/DECOMPRESSION	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
44500	T	INTRO GASTROINTESTINAL TUBE	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
4450F	E	SELF-CARE ED PROVIDED TO PT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
44602	C	SUTURE SMALL INTESTINE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44603	C	SUTURE SMALL INTESTINE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44604	C	SUTURE LARGE INTESTINE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44605	C	REPAIR OF BOWEL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44615	C	INTESTINAL STRICTUROPLASTY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44620	C	REPAIR BOWEL OPENING	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44625	C	REPAIR BOWEL OPENING	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44626	C	REPAIR BOWEL OPENING	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44640	C	REPAIR BOWEL-SKIN FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44650	C	REPAIR BOWEL FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44660	C	REPAIR BOWEL-BLADDER FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44661	C	REPAIR BOWEL-BLADDER FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44680	C	SURGICAL REVISION INTESTINE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44700	C	SUSPEND BOWEL W/PROSTHESIS	-	-	-	Inpatient 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	-
4470F	E	ICD COUNSELING PROVIDED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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44715	C	PREPARE DONOR INTESTINE	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
44720	C	PREP DONOR INTESTINE/VENOUS	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
44721	C	PREP DONOR INTESTINE/ARTERY	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
44799	T	UNLISTED PX SMALL INTESTINE	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
44800	C	EXCISION OF BOWEL POUCH	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44850	C	REPAIR OF MESENTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44899	C	UNLISTED PX MECKEL'S DVRTCLM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44900	C	DRAIN APPENDIX ABSCESS OPEN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44950	T	APPENDECTOMY	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
44955	N	APPENDECTOMY ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
44960	C	APPENDECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
44970	N	LAPAROSCOPY APPENDECTOMY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
44979	N	UNLISTED LAPS PX APPENDIX	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
45000	T	DRAINAGE OF PELVIC ABSCESS	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45005	T	DRAINAGE OF RECTAL ABSCESS	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
4500F	E	REF TO OUTPT CARD REHAB PROG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
45020	T	DRAINAGE OF RECTAL ABSCESS	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
45100	T	BIOPSY OF RECTUM	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
45108	T	REMOVAL OF ANORECTAL LESION	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
4510F	E	PREV CARDREHAB QUALCARDEVENT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
45110	C	REMOVAL OF RECTUM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45111	C	PARTIAL REMOVAL OF RECTUM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45112	C	REMOVAL OF RECTUM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45113	C	PARTIAL PROCTECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45114	C	PARTIAL REMOVAL OF RECTUM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45116	C	PARTIAL REMOVAL OF RECTUM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45119	C	REMOVE RECTUM W/RESERVOIR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45120	C	REMOVAL OF RECTUM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45121	C	REMOVAL OF RECTUM AND COLON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45123	C	PARTIAL PROCTECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45126	C	PELVIC EXENTERATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45130	C	EXCISION OF RECTAL PROLAPSE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45135	C	EXCISION OF RECTAL PROLAPSE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45136	C	EXCISE ILEOANAL RESERVIOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45150	T	EXCISION OF RECTAL STRICTURE	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45160	T	EXCISION OF RECTAL LESION	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
45171	T	EXC RECT TUM TRANSANAL PART	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
45172	T	EXC RECT TUM TRANSANAL FULL	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
45190	T	DESTRUCTION RECTAL TUMOR	-	05313	30.0224	APC	$1,753.01	-	-	-	-	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	9.7101	APC	$566.97	-	-	-	-	000	999	-
45303	T	PROCTOSIGMOIDOSCOPY DILATE	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45305	T	PROCTOSIGMOIDOSCOPY W/BX	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45307	T	PROCTOSIGMOIDOSCOPY FB	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
45308	T	PROCTOSIGMOIDOSCOPY REMOVAL	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
45309	T	PROCTOSIGMOIDOSCOPY REMOVAL	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45315	T	PROCTOSIGMOIDOSCOPY REMOVAL	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45317	T	PROCTOSIGMOIDOSCOPY BLEED	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45320	T	PROCTOSIGMOIDOSCOPY ABLATE	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
45321	T	PROCTOSIGMOIDOSCOPY VOLVUL	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
45327	N	PROCTOSIGMOIDOSCOPY W/STENT	-	05331	61.2341	Bundled, sometimes payable	$3,575.46	-	-	-	-	000	999	-
45330	T	DIAGNOSTIC SIGMOIDOSCOPY	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-

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45331	T	SIGMOIDOSCOPY AND BIOPSY	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
45332	T	SIGMOIDOSCOPY W/FB REMOVAL	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45333	T	SIGMOIDOSCOPY & POLYPECTOMY	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
45334	T	SIGMOIDOSCOPY FOR BLEEDING	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45335	T	SIGMOIDOSCOPY W/SUBMUC INJ	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
45337	T	SIGMOIDOSCOPY & DECOMPRESS	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
45338	T	SIGMOIDOSCOPY W/TUMR REMOVE	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45340	T	SIG W/TNDSC BALLOON DILATION	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45341	T	SIGMOIDOSCOPY W/ULTRASOUND	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
45342	T	SIGMOIDOSCOPY W/US GUIDE BX	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45346	T	SIGMOIDOSCOPY W/ABLATION	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45347	N	SIGMOIDOSCOPY W/PLCMT STENT	-	05331	61.2341	Bundled, sometimes payable	$3,575.46	-	-	-	-	000	999	-
45349	T	SIGMOIDOSCOPY W/RESECTION	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
45350	T	SGMDSC W/BAND LIGATION	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45378	T	DIAGNOSTIC COLONOSCOPY	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
45379	T	COLONOSCOPY W/FB REMOVAL	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45380	T	COLONOSCOPY AND BIOPSY	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45381	T	COLONOSCOPY SUBMUCOUS NJX	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45382	T	COLONOSCOPY W/CONTROL BLEED	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45384	T	COLONOSCOPY W/LESION REMOVAL	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45385	T	COLONOSCOPY W/LESION REMOVAL	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45386	T	COLONOSCOPY W/BALLOON DILAT	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45388	T	COLONOSCOPY W/ABLATION	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45389	N	COLONOSCOPY W/STENT PLCMT	-	05331	61.2341	Bundled, sometimes payable	$3,575.46	-	-	-	-	000	999	-
45390	T	COLONOSCOPY W/RESECTION	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
45391	T	COLONOSCOPY W/ENDOSCOPE US	-	05312	12.653	APC	$738.81	-	-	-	Y	000	999	-
45392	T	COLONOSCOPY W/ENDOSCOPIC FNB	-	05312	12.653	APC	$738.81	-	-	-	Y	000	999	-
45393	T	COLONOSCOPY W/DECOMPRESSION	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45395	C	LAP REMOVAL OF RECTUM	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
45397	C	LAP REMOVE RECTUM W/POUCH	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
45398	T	COLONOSCOPY W/BAND LIGATION	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45399	T	UNLISTED PROCEDURE COLON	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
45400	C	LAPAROSCOPIC PROC	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
45402	C	LAP PROCTOPEXY W/SIG RESECT	-	-	-	Inpatient 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	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	Y	000	999	-
45500	T	REPAIR OF RECTUM	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
45505	T	REPAIR OF RECTUM	-	05313	30.0224	APC	$1,753.01	-	-	-	-	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	9.7101	Bundled, sometimes payable	$566.97	-	-	-	-	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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45541	T	CORRECT RECTAL PROLAPSE	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
4554F	E	PT RECVD INHAL ANESTHETIC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
45550	C	REPAIR RECTUM/REMOVE SIGMOID	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
4555F	E	PT RECVD NO INHAL ANESTHIC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
45560	T	REPAIR OF RECTOCELE	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
45562	C	EXPLORATION/REPAIR OF RECTUM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45563	C	EXPLORATION/REPAIR OF RECTUM	-	-	-	Inpatient 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	-
4559F	E	1 BODYTEMP >=35.5CW/IN 30MIN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45805	C	REPAIR FISTULA W/COLOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45820	C	REPAIR RECTOURETHRAL FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45825	C	REPAIR FISTULA W/COLOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
45900	T	REDUCTION OF RECTAL PROLAPSE	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
45905	T	DILATION OF ANAL SPHINCTER	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45910	T	DILATION OF RECTAL NARROWING	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45915	T	REMOVE RECTAL OBSTRUCTION	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
45990	T	SURG DX EXAM ANORECTAL	-	05313	30.0224	APC	$1,753.01	-	-	-	Y	000	999	-
45999	T	UNLISTED PROCEDURE RECTUM	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
46020	T	PLACEMENT OF SETON	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46030	T	REMOVAL OF RECTAL MARKER	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
46040	T	INCISION OF RECTAL ABSCESS	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
46045	T	INCISION OF RECTAL ABSCESS	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46050	T	INCISION OF ANAL ABSCESS	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
46060	T	INCISION OF RECTAL ABSCESS	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46070	T	INCISION OF ANAL SEPTUM	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	001	-
46080	T	INCISION OF ANAL SPHINCTER	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46083	T	INCISE EXTERNAL HEMORRHOID	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
46200	T	REMOVAL OF ANAL FISSURE	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46220	T	EXCISE ANAL EXT TAG/PAPILLA	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
46221	T	LIGATION OF HEMORRHOID(S)	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
46230	T	REMOVAL OF ANAL TAGS	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46250	T	REMOVE EXT HEM GROUPS 2+	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46255	T	REMOVE INT/EXT HEM 1 GROUP	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46257	T	REMOVE IN/EX HEM GRP & FISS	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46258	T	REMOVE IN/EX HEM GRP W/FISTU	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46260	T	REMOVE IN/EX HEM GROUPS 2+	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46261	T	REMOVE IN/EX HEM GRPS & FISS	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46262	T	REMOVE IN/EX HEM GRPS W/FIST	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46270	T	REMOVE ANAL FIST SUBQ	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46275	T	REMOVE ANAL FIST INTER	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46280	T	REMOVE ANAL FIST COMPLEX	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46285	T	REMOVE ANAL FIST 2 STAGE	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46288	T	REPAIR ANAL FISTULA	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46320	T	REMOVAL OF HEMORRHOID CLOT	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
46500	T	INJECTION INTO HEMORRHOID(S)	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
46505	T	CHEMODENERVATION ANAL MUSC	-	05312	12.653	APC	$738.81	-	-	-	Y	000	999	-
46600	N	DIAGNOSTIC ANOSCOPY SPX	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
46601	N	DIAGNOSTIC ANOSCOPY	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
46604	T	ANOSCOPY AND DILATION	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
46606	T	ANOSCOPY AND BIOPSY	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
46607	T	DIAGNOSTIC ANOSCOPY & BIOPSY	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
46608	T	ANOSCOPY REMOVE FOR BODY	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
46610	T	ANOSCOPY REMOVE LESION	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46611	T	ANOSCOPY	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
46612	T	ANOSCOPY REMOVE LESIONS	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46614	T	ANOSCOPY CONTROL BLEEDING	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
46615	T	ANOSCOPY	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46700	T	REPAIR OF ANAL STRICTURE	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46705	C	REPAIR OF ANAL STRICTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	001	-
46706	T	REPR OF ANAL FISTULA W/GLUE	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-

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46707	T	REPAIR ANORECTAL FIST W/PLUG	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46710	C	REPR PER/VAG POUCH SNGL PROC	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
46712	C	REPR PER/VAG POUCH DBL PROC	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
46715	C	REP PERF ANOPER FISTU	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
46716	C	REP PERF ANOPER/VESTIB FISTU	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
46730	C	CONSTRUCTION OF ABSENT ANUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
46735	C	CONSTRUCTION OF ABSENT ANUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
46740	C	CONSTRUCTION OF ABSENT ANUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
46742	C	REPAIR OF IMPERFORATED ANUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
46744	C	REPAIR OF CLOACAL ANOMALY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
46746	C	REPAIR OF CLOACAL ANOMALY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
46748	C	REPAIR OF CLOACAL ANOMALY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
46750	T	REPAIR OF ANAL SPHINCTER	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46751	C	REPAIR OF ANAL SPHINCTER	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	020	-
46753	T	RECONSTRUCTION OF ANUS	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46754	T	REMOVAL OF SUTURE FROM ANUS	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46760	T	REPAIR OF ANAL SPHINCTER	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46761	T	REPAIR OF ANAL SPHINCTER	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46900	T	DESTRUCTION ANAL LESION(S)	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
46910	T	DESTRUCTION ANAL LESION(S)	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
46916	T	CRYOSURGERY ANAL LESION(S)	-	05051	2.11	APC	$123.20	-	-	-	-	000	999	-
46917	T	LASER SURGERY ANAL LESIONS	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46922	T	EXCISION OF ANAL LESION(S)	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46924	T	DESTRUCTION ANAL LESION(S)	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46930	T	DESTROY INTERNAL HEMORRHOIDS	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
46940	T	TREATMENT OF ANAL FISSURE	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46942	T	TREATMENT OF ANAL FISSURE	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
46945	T	INT HRHC LIG 1 HROID W/O IMG	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46946	T	INT HRHC LIG 2+HROID W/O IMG	-	05313	30.0224	APC	$1,753.01	-	-	-	-	000	999	-
46947	T	HEMORRHOIDOPEXY BY STAPLING	-	05313	30.0224	APC	$1,753.01	-	-	-	Y	000	999	-
46948	N	INT HRHC TRANAL DARTLZJ 2+	-	05313	30.0224	Bundled, sometimes payable	$1,753.01	-	-	-	-	000	999	-
46999	T	UNLISTED PROCEDURE ANUS	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
47000	T	NEEDLE BIOPSY OF LIVER	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
47001	N	NEEDLE BIOPSY LIVER ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
47010	C	OPEN DRAINAGE LIVER LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47015	C	INJECT/ASPIRATE LIVER CYST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47100	C	WEDGE BIOPSY OF LIVER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47120	C	PARTIAL REMOVAL OF LIVER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47122	C	EXTENSIVE REMOVAL OF LIVER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47125	C	PARTIAL REMOVAL OF LIVER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47130	C	PARTIAL REMOVAL OF LIVER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47133	C	REMOVAL OF DONOR LIVER	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
47135	C	TRANSPLANTATION OF LIVER	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
47140	C	PARTIAL REMOVAL DONOR LIVER	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
47141	C	PARTIAL REMOVAL DONOR LIVER	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
47142	C	PARTIAL REMOVAL DONOR LIVER	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
47143	C	PREP DONOR LIVER WHOLE	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
47144	C	PREP DONOR LIVER 3-SEGMENT	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
47145	C	PREP DONOR LIVER LOBE SPLIT	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
47146	C	PREP DONOR LIVER/VENOUS	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
47147	C	PREP DONOR LIVER/ARTERIAL	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
47300	C	SURGERY FOR LIVER LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47350	C	REPAIR LIVER WOUND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47360	C	REPAIR LIVER WOUND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47361	C	REPAIR LIVER WOUND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47362	C	REPAIR LIVER WOUND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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47370	N	LAPARO ABLATE LIVER TUMOR RF	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
47371	N	LAPARO ABLATE LIVER CRYOSURG	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
47379	N	UNLISTED LAPS PX LIVER	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
47380	C	OPEN ABLATE LIVER TUMOR RF	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47381	C	OPEN ABLATE LIVER TUMOR CRYO	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47382	T	PERCUT ABLATE LIVER RF	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
47383	T	PERQ ABLTJ LVR CRYOABLATION	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
47399	T	UNLISTED PROCEDURE LIVER	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
47400	C	INCISION OF LIVER DUCT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47420	C	INCISION OF BILE DUCT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47425	C	INCISION OF BILE DUCT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47460	C	INCISE BILE DUCT SPHINCTER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47480	C	INCISION OF GALLBLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47490	T	INCISION OF GALLBLADDER	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
47531	N	INJECTION FOR CHOLANGIOGRAM	-	05341	41.3849	Bundled, sometimes payable	$2,416.46	-	-	-	-	000	999	-
47532	N	INJECTION FOR CHOLANGIOGRAM	-	05341	41.3849	Bundled, sometimes payable	$2,416.46	-	-	-	-	000	999	-
47533	T	PLMT BILIARY DRAINAGE CATH	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
47534	T	PLMT BILIARY DRAINAGE CATH	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
47535	T	CONVERSION EXT BIL DRG CATH	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
47536	T	EXCHANGE BILIARY DRG CATH	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
47537	N	REMOVAL BILIARY DRG CATH	-	05301	9.6455	Bundled, sometimes payable	$563.20	-	-	-	-	000	999	-
47538	T	PERQ PLMT BILE DUCT STENT	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
47539	T	PERQ PLMT BILE DUCT STENT	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
47540	T	PERQ PLMT BILE DUCT STENT	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
47541	T	PLMT ACCESS BIL TREE SM BWL	-	05341	41.3849	APC	$2,416.46	-	-	-	-	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	T	BILIARY ENDO PERQ DX W/SPECI	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
47553	T	BILIARY ENDOSCOPY THRU SKIN	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
47554	T	BILIARY ENDOSCOPY THRU SKIN	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
47555	T	BILIARY ENDOSCOPY THRU SKIN	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
47556	T	BILIARY ENDOSCOPY THRU SKIN	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
47562	N	LAPAROSCOPIC CHOLECYSTECTOMY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
47563	N	LAPARO CHOLECYSTECTOMY/GRAPH	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
47564	N	LAPARO CHOLECYSTECTOMY/EXPLR	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
47570	C	LAPARO CHOLECYSTOENTEROSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47579	N	UNLISTED LAPS PX BILIARY TRC	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
47600	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47605	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47610	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47612	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47620	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47700	C	EXPLORATION OF BILE DUCTS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47701	C	BILE DUCT REVISION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47711	C	EXCISION OF BILE DUCT TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47712	C	EXCISION OF BILE DUCT TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47715	C	EXCISION OF BILE DUCT CYST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47720	C	FUSE GALLBLADDER & BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47721	C	FUSE UPPER GI STRUCTURES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47740	C	FUSE GALLBLADDER & BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47741	C	FUSE GALLBLADDER & BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47760	C	FUSE BILE DUCTS AND BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47765	C	FUSE LIVER DUCTS & BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47780	C	FUSE BILE DUCTS AND BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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47785	C	FUSE BILE DUCTS AND BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47800	C	RECONSTRUCTION OF BILE DUCTS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47801	C	PLACEMENT BILE DUCT SUPPORT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47802	C	FUSE LIVER DUCT & INTESTINE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47900	C	SUTURE BILE DUCT INJURY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
47999	T	UNLISTED PX BILIARY TRACT	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
48000	C	DRAINAGE OF ABDOMEN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48001	C	PLACEMENT OF DRAIN PANCREAS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48020	C	REMOVAL OF PANCREATIC STONE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48100	C	BIOPSY OF PANCREAS OPEN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48102	T	NEEDLE BIOPSY PANCREAS	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
48105	C	RESECT/DEBRIDE PANCREAS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48120	C	REMOVAL OF PANCREAS LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48140	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48145	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48146	C	PANCREATECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48148	C	REMOVAL OF PANCREATIC DUCT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48150	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48152	C	PANCREATECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48153	C	PANCREATECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48154	C	PANCREATECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48155	C	REMOVAL OF PANCREAS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48160	E	PANCREAS REMOVAL/TRANSPLANT	-	-	-	Not Allowed	$0.00	-	-	-	Y	000	999	-
48400	C	INJECTION INTRAOP ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48500	C	SURGERY OF PANCREATIC CYST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48510	C	DRAIN PANCREATIC PSEUDOCYST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48520	C	FUSE PANCREAS CYST AND BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48540	C	FUSE PANCREAS CYST AND BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48545	C	PANCREATORRHAPHY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48547	C	DUODENAL EXCLUSION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48548	C	FUSE PANCREAS AND BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
48550	E	DONOR PANCREATECTOMY	-	-	-	Not Allowed	$0.00	-	-	-	Y	000	999	-
48551	C	PREP DONOR PANCREAS	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
48552	C	PREP DONOR PANCREAS/VENOUS	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
48554	C	TRANSPL ALLOGRAFT PANCREAS	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
48556	C	REMOVAL ALLOGRAFT PANCREAS	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
48999	T	UNLISTED PROCEDURE PANCREAS	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
49000	C	EXPLORATION OF ABDOMEN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49002	C	REOPENING OF ABDOMEN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49010	C	EXPLORATION BEHIND ABDOMEN	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49040	C	DRAIN OPEN ABDOM ABSCESS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49060	C	DRAIN OPEN RETROPERI ABSCESS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49062	C	DRAIN TO PERITONEAL CAVITY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49082	T	ABD PARACENTESIS	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
49083	T	ABD PARACENTESIS W/IMAGING	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
49084	T	PERITONEAL LAVAGE	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
49180	T	BIOPSY ABDOMINAL MASS	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
49185	T	SCLEROTX FLUID COLLECTION	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
49203	C	EXC ABD TUM 5 CM OR LESS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49204	C	EXC ABD TUM OVER 5 CM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49205	C	EXC ABD TUM OVER 10 CM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49215	C	EXCISE SACRAL SPINE TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49250	T	EXCISION OF UMBILICUS	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-

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49255	C	REMOVAL OF OMENTUM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49320	N	DIAG LAPARO SEPARATE PROC	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
49321	N	LAPAROSCOPY BIOPSY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
49322	N	LAPAROSCOPY ASPIRATION	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
49323	N	LAPARO DRAIN LYMPHOCELE	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
49324	N	LAP INSERT TUNNEL IP CATH	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
49325	N	LAP REVISION PERM IP CATH	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	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	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
49400	N	AIR INJECTION INTO ABDOMEN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
49402	T	REMOVE FOREIGN BODY ADBOMEN	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49405	T	IMAGE CATH FLUID COLXN VISC	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
49406	T	IMAGE CATH FLUID PERI/RETRO	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
49407	T	IMAGE CATH FLUID TRNS/VGNL	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
49411	S	INS MARK ABD/PEL FOR RT PERQ	-	05613	15.6648	APC	$914.67	-	-	-	-	000	999	-
49412	C	INS DEVICE FOR RT GUIDE OPEN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49418	T	INSERT TUN IP CATH PERC	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49419	T	INSERT TUN IP CATH W/PORT	-	05184	60.0544	APC	$3,506.58	-	-	-	-	000	999	-
49421	T	INS TUN IP CATH FOR DIAL OPN	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49422	N	REMOVE TUNNELED IP CATH	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
49423	T	EXCHANGE DRAINAGE CATHETER	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
49424	N	ASSESS CYST CONTRAST INJECT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
49425	C	INSERT ABDOMEN-VENOUS DRAIN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49426	T	REVISE ABDOMEN-VENOUS SHUNT	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49427	N	INJECTION ABDOMINAL SHUNT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
49428	C	LIGATION OF SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49429	N	REMOVAL OF SHUNT	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
49435	N	INSERT SUBQ EXTEN TO IP CATH	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
49436	T	EMBEDDED IP CATH EXIT-SITE	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
49440	T	PLACE GASTROSTOMY TUBE PERC	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
49441	T	PLACE DUOD/JEJ TUBE PERC	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
49442	T	PLACE CECOSTOMY TUBE PERC	-	05312	12.653	APC	$738.81	-	-	-	-	000	999	-
49446	T	CHANGE G-TUBE TO G-J PERC	-	05302	20.3492	APC	$1,188.19	-	-	-	-	000	999	-
49450	T	REPLACE G/C TUBE PERC	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
49451	T	REPLACE DUOD/JEJ TUBE PERC	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
49452	T	REPLACE G-J TUBE PERC	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
49460	T	FIX G/COLON TUBE W/DEVICE	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
49465	N	FLUORO EXAM OF G/COLON TUBE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
49491	T	RPR HERN PREEMIE REDUC	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	001	-
49492	T	RPR ING HERN PREMIE BLOCKED	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	001	-
49495	T	RPR ING HERNIA BABY REDUC	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	001	-
49496	T	RPR ING HERNIA BABY BLOCKED	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	001	-
49500	T	RPR ING HERNIA INIT REDUCE	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	004	-
49501	T	RPR ING HERNIA INIT BLOCKED	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	004	-
49505	T	PRP I/HERN INIT REDUC >5 YR	-	05341	41.3849	APC	$2,416.46	-	-	-	-	005	999	-
49507	T	PRP I/HERN INIT BLOCK >5 YR	-	05341	41.3849	APC	$2,416.46	-	-	-	-	005	999	-
49520	T	REREPAIR ING HERNIA REDUCE	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49521	T	REREPAIR ING HERNIA BLOCKED	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49525	T	REPAIR ING HERNIA SLIDING	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49540	T	REPAIR LUMBAR HERNIA	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
49550	T	RPR REM HERNIA INIT REDUCE	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49553	T	RPR FEM HERNIA INIT BLOCKED	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49555	T	REREPAIR FEM HERNIA REDUCE	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49557	T	REREPAIR FEM HERNIA BLOCKED	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49591	T	RPR AA HRN 1ST < 3 CM RDC	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-

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49592	T	RPR AA HRN 1ST < 3 NCR/STRN	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
49593	T	RPR AA HRN 1ST 3-10 RDC	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49594	T	RPR AA HRN 1ST 3-10 NCR/STRN	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
49595	T	RPR AA HRN 1ST > 10 RDC	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49596	E	RPR AA HRN 1ST > 10 NCR/STRN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
49600	T	REPAIR UMBILICAL LESION	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49605	C	REPAIR UMBILICAL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49606	C	REPAIR UMBILICAL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49610	C	REPAIR UMBILICAL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49611	C	REPAIR UMBILICAL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49613	T	RPR AA HRN RCR < 3 RDC	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
49614	T	RPR AA HRN RCR < 3 NCR/STRN	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
49615	T	RPR AA HRN RCR 3-10 RDC	-	05341	41.3849	APC	$2,416.46	-	-	-	-	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	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
49651	N	LAP ING HERNIA REPAIR RECUR	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
49659	N	UNLSTD LAPS PX HRNAP HRNRPHY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
49900	C	REPAIR OF ABDOMINAL WALL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49904	C	OMENTAL FLAP EXTRA-ABDOM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49905	C	OMENTAL FLAP INTRA-ABDOM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49906	C	FREE OMENTAL FLAP MICROVASC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
49999	T	UNLISTED PX ABD PERTM&OMN	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
50010	C	EXPLORATION OF KIDNEY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50020	T	RENAL ABSCESS OPEN DRAIN	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
50040	C	NFROS NFROT W/DRG	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50045	C	NEPHROTOMY W/EXPLORATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
5005F	E	PT COUNSLD ON EXAM FOR MOLES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
50060	C	NL REMOVAL CALCULUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50065	C	NL SEC SURG OPERJ CALCULUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50070	C	NL COMP CGEN KDN ABNORMALITY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50075	C	NL RMVL LG STAGHORN CALCULUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50080	N	PERQ NL/PL LITHOTRP SMPL<2CM	-	05376	99.9887	Bundled, sometimes payable	$5,838.34	-	-	-	-	000	999	-
50081	N	PERQ NL/PL LITHOTRP CPLX>2CM	-	05376	99.9887	Bundled, sometimes payable	$5,838.34	-	-	-	-	000	999	-
50100	C	TRNSXJ/REPOS ABRRNT RNL VSLS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
5010F	E	MACUL RESULT PHY/QHP MNG DM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
50120	C	PYELOTOMY W/EXPLORATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50125	C	PYELOTOMY W/DRG PYELOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50130	C	PYELOTOMY W/REMOVAL CALCULUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50135	C	PYELOTOMY COMPLICATED	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
5015F	E	DOC FX & TEST/TXMNT FOR OP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
50200	T	RENAL BIOPSY PERQ	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
50205	C	RENAL BX SURG EXPOSURE KDN	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50225	C	REMOVAL KIDNEY OPEN COMPLEX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50230	C	REMOVAL KIDNEY OPEN RADICAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50234	C	REMOVAL OF KIDNEY & URETER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50236	C	REMOVAL OF KIDNEY & URETER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50240	C	PARTIAL REMOVAL OF KIDNEY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50250	C	CRYOABLATE RENAL MASS OPEN	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
50280	C	REMOVAL OF KIDNEY LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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50290	C	REMOVAL OF KIDNEY LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50300	C	REMOVE CADAVER DONOR KIDNEY	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
50320	C	REMOVE KIDNEY LIVING DONOR	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
50323	C	PREP CADAVER RENAL ALLOGRAFT	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
50325	C	PREP DONOR RENAL GRAFT	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
50327	C	PREP RENAL GRAFT/VENOUS	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
50328	C	PREP RENAL GRAFT/ARTERIAL	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
50329	C	PREP RENAL GRAFT/URETERAL	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
50340	C	REMOVAL OF KIDNEY	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
50360	C	TRANSPLANTATION OF KIDNEY	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
50365	C	TRANSPLANTATION OF KIDNEY	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
50370	C	REMOVE TRANSPLANTED KIDNEY	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
50380	C	REIMPLANTATION OF KIDNEY	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
50382	T	CHANGE URETER STENT PERCUT	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
50384	N	REMOVE URETER STENT PERCUT	-	05373	21.6729	Bundled, sometimes payable	$1,265.48	-	-	-	-	000	999	-
50385	T	CHANGE STENT VIA TRANSURETH	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
50386	N	REMOVE STENT VIA TRANSURETH	-	05373	21.6729	Bundled, sometimes payable	$1,265.48	-	-	-	-	000	999	-
50387	T	CHANGE NEPHROURETERAL CATH	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
50389	N	REMOVE RENAL TUBE W/FLUORO	-	05372	7.3066	Bundled, sometimes payable	$426.63	-	-	-	Y	000	999	-
50390	T	DRAINAGE OF KIDNEY LESION	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
50391	T	INSTLL RX AGNT INTO RNAL TUB	-	05371	2.5106	APC	$146.59	-	-	-	Y	000	999	-
50396	T	MEASURE KIDNEY PRESSURE	-	05372	7.3066	APC	$426.63	-	-	-	-	000	999	-
50400	C	REVISION OF KIDNEY/URETER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50405	C	REVISION OF KIDNEY/URETER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50430	N	NJX PX NFROSGRM &/URTRGRM	-	05372	7.3066	Bundled, sometimes payable	$426.63	-	-	-	-	000	999	-
50431	N	NJX PX NFROSGRM &/URTRGRM	-	05372	7.3066	Bundled, sometimes payable	$426.63	-	-	-	-	000	999	-
50432	T	PLMT NEPHROSTOMY CATHETER	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
50433	T	PLMT NEPHROURETERAL CATHETER	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
50434	T	CONVERT NEPHROSTOMY CATHETER	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
50435	T	EXCHANGE NEPHROSTOMY CATH	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
50436	T	DILAT XST TRC NDURLGC PX	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
50437	T	DILAT XST TRC NEW ACCESS RCS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
50500	C	REPAIR OF KIDNEY WOUND	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50525	C	CLOSE NEPHROVISCERAL FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50526	C	CLOSE NEPHROVISCERAL FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50540	C	REVISION OF HORSESHOE KIDNEY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50541	N	LAPARO ABLATE RENAL CYST	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
50542	N	LAPARO ABLATE RENAL MASS	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
50543	N	LAPARO PARTIAL NEPHRECTOMY	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
50544	N	LAPAROSCOPY PYELOPLASTY	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
50545	C	LAPARO RADICAL NEPHRECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50546	C	LAPAROSCOPIC NEPHRECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50547	C	LAPARO REMOVAL DONOR KIDNEY	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	999	-
50548	C	LAPARO REMOVE W/URETER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50549	N	UNLISTED LAPS PX RENAL	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
50551	T	KIDNEY ENDOSCOPY	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
50553	N	KIDNEY ENDOSCOPY	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
50555	T	KIDNEY ENDOSCOPY & BIOPSY	-	05376	99.9887	APC	$5,838.34	-	-	-	-	000	999	-
50557	N	KIDNEY ENDOSCOPY & TREATMENT	-	05376	99.9887	Bundled, sometimes payable	$5,838.34	-	-	-	-	000	999	-
50561	N	KIDNEY ENDOSCOPY & TREATMENT	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
50562	T	RENAL SCOPE W/TUMOR RESECT	-	05376	99.9887	APC	$5,838.34	-	-	-	-	000	999	-
50570	T	KIDNEY ENDOSCOPY	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
50572	T	KIDNEY ENDOSCOPY	-	05372	7.3066	APC	$426.63	-	-	-	-	000	999	-
50574	T	KIDNEY ENDOSCOPY & BIOPSY	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-

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50575	N	KIDNEY ENDOSCOPY	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
50576	T	KIDNEY ENDOSCOPY & TREATMENT	-	05376	99.9887	APC	$5,838.34	-	-	-	-	000	999	-
50580	T	KIDNEY ENDOSCOPY & TREATMENT	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
50590	N	FRAGMENTING OF KIDNEY STONE	-	05374	37.4496	Bundled, sometimes payable	$2,186.68	-	-	-	-	000	999	-
50592	T	PERC RF ABLATE RENAL TUMOR	-	05361	60.9003	APC	$3,555.97	-	-	-	Y	000	999	-
50593	T	PERC CRYO ABLATE RENAL TUM	-	05362	106.1787	APC	$6,199.77	-	-	-	-	000	999	-
50600	C	EXPLORATION OF URETER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50605	C	INSERT URETERAL SUPPORT	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50620	C	REMOVAL OF URETER STONE	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50650	C	REMOVAL OF URETER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50660	C	REMOVAL OF URETER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50684	N	INJECTION FOR URETER X-RAY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
50686	S	MEASURE URETER PRESSURE	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
50688	T	CHANGE OF URETER TUBE/STENT	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
50690	N	INJECTION FOR URETER X-RAY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
50693	T	PLMT URETERAL STENT PRQ	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
50694	T	PLMT URETERAL STENT PRQ	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
50695	T	PLMT URETERAL STENT PRQ	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
50700	C	REVISION OF URETER	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50722	C	RELEASE OF URETER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50725	C	RELEASE/REVISE URETER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50727	T	REVISE URETER	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
50728	C	REVISE URETER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50740	C	FUSION OF URETER & KIDNEY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50750	C	FUSION OF URETER & KIDNEY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50760	C	FUSION OF URETERS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50770	C	SPLICING OF URETERS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50780	C	REIMPLANT URETER IN BLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50782	C	REIMPLANT URETER IN BLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50783	C	REIMPLANT URETER IN BLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50785	C	REIMPLANT URETER IN BLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50800	C	IMPLANT URETER IN BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50810	C	FUSION OF URETER & BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50815	C	URINE SHUNT TO INTESTINE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50820	C	CONSTRUCT BOWEL BLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50825	C	CONSTRUCT BOWEL BLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50830	C	REVISE URINE FLOW	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50840	C	REPLACE URETER BY BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50845	C	APPENDICO-VESICOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50860	C	TRANSPLANT URETER TO SKIN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50900	C	REPAIR OF URETER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50920	C	CLOSURE URETER/SKIN FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50930	C	CLOSURE URETER/BOWEL FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50940	C	RELEASE OF URETER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
50945	N	LAPAROSCOPY URETEROLITHOTOMY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
50947	N	LAPARO NEW URETER/BLADDER	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
50948	N	LAPARO NEW URETER/BLADDER	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
50949	N	UNLISTED LAPS PX URETER	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-

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Proc Cd	2023 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
50951	T	ENDOSCOPY OF URETER	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
50953	T	ENDOSCOPY OF URETER	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
50955	T	URETER ENDOSCOPY & BIOPSY	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
50957	N	URETER ENDOSCOPY & TREATMENT	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
50961	T	URETER ENDOSCOPY & TREATMENT	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
50970	T	URETER ENDOSCOPY	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
50972	T	URETER ENDOSCOPY & CATHETER	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
50974	N	URETER ENDOSCOPY & BIOPSY	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
50976	N	URETER ENDOSCOPY & TREATMENT	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
50980	T	URETER ENDOSCOPY & TREATMENT	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
5100F	E	RSK FX REF W/N 24 HRS XRAY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
51020	T	INCISE & TREAT BLADDER	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
51030	T	INCISE & TREAT BLADDER	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
51040	T	INCISE & DRAIN BLADDER	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
51045	T	INCISE BLADDER/DRAIN URETER	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
51050	N	REMOVAL OF BLADDER STONE	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
51060	T	REMOVAL OF URETER STONE	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
51065	N	REMOVE URETER CALCULUS	-	05374	37.4496	Bundled, sometimes payable	$2,186.68	-	-	-	-	000	999	-
51080	T	DRAINAGE OF BLADDER ABSCESS	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
51100	T	DRAIN BLADDER BY NEEDLE	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
51101	S	DRAIN BLADDER BY TROCAR/CATH	-	05724	10.9176	APC	$637.48	-	-	-	-	000	999	-
51102	T	DRAIN BL W/CATH INSERTION	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
51500	T	REMOVAL OF BLADDER CYST	-	05361	60.9003	APC	$3,555.97	-	-	-	-	000	999	-
51520	T	REMOVAL OF BLADDER LESION	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
51525	C	REMOVAL OF BLADDER LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51530	C	REMOVAL OF BLADDER LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51535	T	REPAIR OF URETER LESION	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
51550	C	PARTIAL REMOVAL OF BLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51555	C	PARTIAL REMOVAL OF BLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51565	C	REVISE BLADDER & URETER(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51570	C	REMOVAL OF BLADDER	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51575	C	REMOVAL OF BLADDER & NODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51580	C	REMOVE BLADDER/REVISE TRACT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51585	C	REMOVAL OF BLADDER & NODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51590	C	REMOVE BLADDER/REVISE TRACT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51595	C	REMOVE BLADDER/REVISE TRACT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51596	C	REMOVE BLADDER/CREATE POUCH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51597	C	REMOVAL OF PELVIC STRUCTURES	-	-	-	Inpatient 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	2.5106	APC	$146.59	-	-	-	-	000	999	-
51701	N	INSERT BLADDER CATHETER	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
51702	N	INSERT TEMP BLADDER CATH	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
51703	S	INSERT BLADDER CATH COMPLEX	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
51705	T	CHANGE OF BLADDER TUBE	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
51710	T	CHANGE OF BLADDER TUBE	-	05372	7.3066	APC	$426.63	-	-	-	-	000	999	-
51715	T	ENDOSCOPIC INJECTION/IMPLANT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
51720	T	TREATMENT OF BLADDER LESION	-	05372	7.3066	APC	$426.63	-	-	-	-	000	999	-
51725	T	SIMPLE CYSTOMETROGRAM	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
51726	T	COMPLEX CYSTOMETROGRAM	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
51727	T	CYSTOMETROGRAM W/UP	-	05372	7.3066	APC	$426.63	-	-	-	-	000	999	-
51728	T	CYSTOMETROGRAM W/VP	-	05372	7.3066	APC	$426.63	-	-	-	-	000	999	-
51729	T	CYSTOMETROGRAM W/VP&UP	-	05372	7.3066	APC	$426.63	-	-	-	-	000	999	-
51736	N	URINE FLOW MEASUREMENT	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
51741	N	ELECTRO-UROFLOWMETRY FIRST	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-

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51784	S	ANAL/URINARY MUSCLE STUDY	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
51785	T	ANAL/URINARY MUSCLE STUDY	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
51792	N	URINARY REFLEX STUDY	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
51797	N	INTRAABDOMINAL PRESSURE TEST	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
51798	N	US URINE CAPACITY MEASURE	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
51800	C	REVISION OF BLADDER/URETHRA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51820	C	REVISION OF URINARY TRACT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51840	C	ATTACH BLADDER/URETHRA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51841	C	ATTACH BLADDER/URETHRA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51845	N	REPAIR BLADDER NECK	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
51860	N	REPAIR OF BLADDER WOUND	-	05376	99.9887	Bundled, sometimes payable	$5,838.34	-	-	-	-	000	999	-
51865	C	REPAIR OF BLADDER WOUND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51880	T	REPAIR OF BLADDER OPENING	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
51900	C	REPAIR BLADDER/VAGINA LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51920	C	CLOSE BLADDER-UTERUS FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51925	C	HYSTERECTOMY/BLADDER REPAIR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51940	C	CORRECTION OF BLADDER DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51960	C	REVISION OF BLADDER & BOWEL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51980	C	CONSTRUCT BLADDER OPENING	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
51990	N	LAPARO URETHRAL SUSPENSION	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
51992	N	LAPARO SLING OPERATION	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
51999	N	UNLISTED LAPS PX BLADDER	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	Y	000	999	-
52000	T	CYSTOSCOPY	-	05372	7.3066	APC	$426.63	-	-	-	-	000	999	-
52001	T	CYSTOSCOPY REMOVAL OF CLOTS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52005	T	CYSTOSCOPY & URETER CATHETER	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
52007	T	CYSTOSCOPY AND BIOPSY	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
5200F	E	EVAL APPROS SURG THXPY EPI	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
52010	T	CYSTOSCOPY & DUCT CATHETER	-	05372	7.3066	APC	$426.63	-	-	-	-	000	999	-
52204	T	CYSTOSCOPY W/BIOPSY(S)	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
52214	T	CYSTOSCOPY AND TREATMENT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52224	T	CYSTOSCOPY AND TREATMENT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52234	T	CYSTOSCOPY AND TREATMENT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52235	T	CYSTOSCOPY AND TREATMENT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52240	T	CYSTOSCOPY AND TREATMENT	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
52250	T	CYSTOSCOPY AND RADIOTRACER	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52260	T	CYSTOSCOPY AND TREATMENT	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
52265	T	CYSTOSCOPY AND TREATMENT	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
52270	T	CYSTOSCOPY & REVISE URETHRA	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
52275	T	CYSTOSCOPY & REVISE URETHRA	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
52276	T	CYSTOSCOPY AND TREATMENT	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
52277	T	CYSTOSCOPY AND TREATMENT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52281	T	CYSTOSCOPY AND TREATMENT	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
52282	T	CYSTOSCOPY IMPLANT STENT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52283	T	CYSTOSCOPY AND TREATMENT	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
52285	T	CYSTOSCOPY AND TREATMENT	-	05372	7.3066	APC	$426.63	-	-	-	-	000	999	-
52287	T	CYSTOSCOPY CHEMODENERVATION	-	05373	21.6729	APC	$1,265.48	-	-	-	Y	000	999	-
52290	T	CYSTOSCOPY AND TREATMENT	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
52300	T	CYSTOSCOPY AND TREATMENT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52301	T	CYSTOSCOPY AND TREATMENT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52305	N	CYSTOSCOPY AND TREATMENT	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
52310	T	CYSTOSCOPY AND TREATMENT	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
52315	T	CYSTOSCOPY AND TREATMENT	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
52317	T	REMOVE BLADDER STONE	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52318	N	REMOVE BLADDER STONE	-	05374	37.4496	Bundled, sometimes payable	$2,186.68	-	-	-	-	000	999	-
52320	T	CYSTOSCOPY AND TREATMENT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52325	T	CYSTOSCOPY STONE REMOVAL	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-

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52327	T	CYSTOSCOPY INJECT MATERIAL	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
52330	T	CYSTOSCOPY AND TREATMENT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52332	T	CYSTOSCOPY AND TREATMENT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52334	T	CREATE PASSAGE TO KIDNEY	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52341	T	CYSTO W/URETER STRICTURE TX	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52342	T	CYSTO W/UP STRICTURE TX	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52343	T	CYSTO W/RENAL STRICTURE TX	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52344	T	CYSTO/URETERO STRICTURE TX	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52345	T	CYSTO/URETERO W/UP STRICTURE	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52346	N	CYSTOURETERO W/RENAL STRICT	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
52351	T	CYSTOURETERO & OR PYELOSCOPE	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52352	T	CYSTOURETERO W/STONE REMOVE	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52353	N	CYSTOURETERO W/LITHOTRIPSY	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
52354	T	CYSTOURETERO W/BIOPSY	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
52355	N	CYSTOURETERO W/EXCISE TUMOR	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
52356	N	CYSTO/URETERO W/LITHOTRIPSY	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
52400	T	CYSTOURETERO W/CONGEN REPR	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52402	T	CYSTOURETHRO CUT EJACUL DUCT	-	05374	37.4496	APC	$2,186.68	-	-	-	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	T	INCISION OF PROSTATE	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52500	T	REVISION OF BLADDER NECK	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
5250F	E	ASTHMA DISCHARGE PLAN PRESNT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
52601	N	PROSTATECTOMY (TURP)	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
52630	N	REMOVE PROSTATE REGROWTH	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
52640	T	RELIEVE BLADDER CONTRACTURE	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
52647	N	LASER SURGERY OF PROSTATE	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
52648	N	LASER SURGERY OF PROSTATE	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
52649	N	PROSTATE LASER ENUCLEATION	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
52700	T	DRAINAGE OF PROSTATE ABSCESS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
53000	T	INCISION OF URETHRA	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
53010	N	INCISION OF URETHRA	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53020	T	INCISION OF URETHRA	-	05373	21.6729	APC	$1,265.48	-	-	-	-	002	099	-
53025	T	INCISION OF URETHRA	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	002	-
53040	T	DRAINAGE OF URETHRA ABSCESS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
53060	T	DRAINAGE OF URETHRA ABSCESS	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
53080	T	DRAINAGE OF URINARY LEAKAGE	-	05372	7.3066	APC	$426.63	-	-	-	-	000	999	-
53085	T	DRAINAGE OF URINARY LEAKAGE	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
53200	T	BIOPSY OF URETHRA	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
53210	N	REMOVAL OF URETHRA	-	05374	37.4496	Bundled, sometimes payable	$2,186.68	-	-	-	-	000	999	-
53215	N	REMOVAL OF URETHRA	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53220	T	TREATMENT OF URETHRA LESION	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
53230	T	REMOVAL OF URETHRA LESION	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
53235	N	REMOVAL OF URETHRA LESION	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53240	N	SURGERY FOR URETHRA POUCH	-	05374	37.4496	Bundled, sometimes payable	$2,186.68	-	-	-	-	000	999	-
53250	T	REMOVAL OF URETHRA GLAND	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
53260	T	TREATMENT OF URETHRA LESION	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
53265	T	TREATMENT OF URETHRA LESION	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
53270	T	REMOVAL OF URETHRA GLAND	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
53275	T	REPAIR OF URETHRA DEFECT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
53400	N	REVISE URETHRA STAGE 1	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53405	N	REVISE URETHRA STAGE 2	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53410	N	RECONSTRUCTION OF URETHRA	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53415	C	RECONSTRUCTION OF URETHRA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
53420	N	RECONSTRUCT URETHRA STAGE 1	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53425	N	RECONSTRUCT URETHRA STAGE 2	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-

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53430	T	RECONSTRUCTION OF URETHRA	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
53431	N	RECONSTRUCT URETHRA/BLADDER	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53440	N	MALE SLING PROCEDURE	-	05377	140.5395	Bundled, sometimes payable	$8,206.10	-	-	-	-	000	999	-
53442	N	REMOVE/REVISE MALE SLING	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53444	N	INSERT TANDEM CUFF	-	05378	225.2931	Bundled, sometimes payable	$13,154.86	-	-	-	-	000	999	-
53445	N	INSERT URO/VES NCK SPHINCTER	-	05378	225.2931	Bundled, sometimes payable	$13,154.86	-	-	-	-	000	999	-
53446	N	REMOVE URO SPHINCTER	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53447	N	REMOVE/REPLACE UR SPHINCTER	-	05378	225.2931	Bundled, sometimes payable	$13,154.86	-	-	-	-	000	999	-
53448	C	REMOV/REPLC UR SPHINCTR COMP	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
53449	N	REPAIR URO SPHINCTER	-	05376	99.9887	Bundled, sometimes payable	$5,838.34	-	-	-	-	000	999	-
53450	T	REVISION OF URETHRA	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
53451	N	TPRNL BALO CNTNC DEV BI	-	05377	140.5395	Bundled, sometimes payable	$8,206.10	-	-	-	-	000	999	-
53452	N	TPRNL BALO CNTNC DEV UNI	-	05376	99.9887	Bundled, sometimes payable	$5,838.34	-	-	-	-	000	999	-
53453	N	TPRNL BALO CNTNC DEV RMVL EA	-	05374	37.4496	Bundled, sometimes payable	$2,186.68	-	-	-	-	000	999	-
53454	T	TPRNL BALO CNTNC DEV ADJMT	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
53460	T	REVISION OF URETHRA	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
53500	T	URETHRLYS TRANSVAG W/ SCOPE	-	05374	37.4496	APC	$2,186.68	-	-	-	Y	000	999	-
53502	T	REPAIR OF URETHRA INJURY	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
53505	N	REPAIR OF URETHRA INJURY	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53510	N	REPAIR OF URETHRA INJURY	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53515	N	REPAIR OF URETHRA INJURY	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53520	N	REPAIR OF URETHRA DEFECT	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
53600	T	DILATE URETHRA STRICTURE	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
53601	N	DILATE URETHRA STRICTURE	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
53605	T	DILATE URETHRA STRICTURE	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
53620	T	DILATE URETHRA STRICTURE	-	05372	7.3066	APC	$426.63	-	-	-	-	000	999	-
53621	T	DILATE URETHRA STRICTURE	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
53660	S	DILATION OF URETHRA	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
53661	N	DILATION OF URETHRA	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
53665	T	DILATION OF URETHRA	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
53850	T	PROSTATIC MICROWAVE THERMOTX	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
53852	N	PROSTATIC RF THERMOTX	-	05374	37.4496	Bundled, sometimes payable	$2,186.68	-	-	-	-	000	999	-
53854	T	TRURL DSTRJ PRST8 TISS RF WV	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
53855	T	INSERT PROST URETHRAL STENT	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
53860	T	TRANSURETHRAL RF TREATMENT	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
53899	T	UNLISTED PX URINARY SYSTEM	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
54000	T	SLITTING OF PREPUCE	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54001	T	SLITTING OF PREPUCE	-	05373	21.6729	APC	$1,265.48	-	-	-	-	001	099	-
54015	T	DRAIN PENIS LESION	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
54050	N	DESTRUCTION PENIS LESION(S)	-	05052	4.359	Bundled, sometimes payable	$254.52	-	-	-	-	000	999	-
54055	T	DESTRUCTION PENIS LESION(S)	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
54056	N	CRYOSURGERY PENIS LESION(S)	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
54057	T	LASER SURG PENIS LESION(S)	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
54060	T	EXCISION OF PENIS LESION(S)	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
54065	T	DESTRUCTION PENIS LESION(S)	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
54100	T	BIOPSY OF PENIS	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
54105	T	BIOPSY OF PENIS	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
54110	T	TREATMENT OF PENIS LESION	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54111	N	TREAT PENIS LESION GRAFT	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
54112	N	TREAT PENIS LESION GRAFT	-	05376	99.9887	Bundled, sometimes payable	$5,838.34	-	-	-	-	000	999	-
54115	T	TREATMENT OF PENIS LESION	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
54120	T	PARTIAL REMOVAL OF PENIS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54125	C	REMOVAL OF PENIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
54130	C	REMOVE PENIS & NODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
54135	C	REMOVE PENIS & NODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
54150	T	CIRCUMCISION W/REGIONL BLOCK	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-

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54160	T	CIRCUMCISION NEONATE	-	05372	7.3066	APC	$426.63	-	-	-	-	000	000	-
54161	T	CIRCUM 28 DAYS OR OLDER	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	099	-
54162	T	LYSIS PENIL CIRCUMIC LESION	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
54163	T	REPAIR OF CIRCUMCISION	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
54164	T	FRENULOTOMY OF PENIS	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
54200	T	TREATMENT OF PENIS LESION	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
54205	N	TREATMENT OF PENIS LESION	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
54220	T	TREATMENT OF PENIS LESION	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
54230	E	PREPARE PENIS STUDY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
54231	E	DYNAMIC CAVERNOSOMETRY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
54235	E	PENILE INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
54240	E	PENIS STUDY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
54250	E	PENIS STUDY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
54300	T	REVISION OF PENIS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54304	T	REVISION OF PENIS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54308	N	RECONSTRUCTION OF URETHRA	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
54312	T	RECONSTRUCTION OF URETHRA	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54316	N	RECONSTRUCTION OF URETHRA	-	05376	99.9887	Bundled, sometimes payable	$5,838.34	-	-	-	-	000	999	-
54318	T	RECONSTRUCTION OF URETHRA	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54322	T	RECONSTRUCTION OF URETHRA	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54324	T	RECONSTRUCTION OF URETHRA	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54326	N	RECONSTRUCTION OF URETHRA	-	05374	37.4496	Bundled, sometimes payable	$2,186.68	-	-	-	-	000	999	-
54328	T	REVISE PENIS/URETHRA	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54332	T	REVISE PENIS/URETHRA	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	018	-
54336	T	REVISE PENIS/URETHRA	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54340	T	RPR HYPSPAD COMP SIMPLE	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54344	N	RRP HYPSPAD COMP MOBLJ&URTP	-	05376	99.9887	Bundled, sometimes payable	$5,838.34	-	-	-	-	000	999	-
54348	T	RPR HYPSPAD COMP DSJ & URTP	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
54352	N	REVJ PRIOR HYPSPAD REPAIR	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
54360	E	PENIS PLASTIC SURGERY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
54380	T	REPAIR PENIS	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
54385	T	REPAIR PENIS	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
54390	C	REPAIR PENIS AND BLADDER	-	-	-	Inpatient 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	T	REVISION OF PENIS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54430	C	REVISION OF PENIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
54435	T	REVISION OF PENIS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54437	T	REPAIR CORPOREAL TEAR	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54438	C	REPLANTATION OF PENIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
54440	T	REPAIR OF PENIS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54450	T	PREPUTIAL STRETCHING	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
54500	T	BIOPSY OF TESTIS	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
54505	T	BIOPSY OF TESTIS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54512	T	EXCISE LESION TESTIS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54520	T	REMOVAL OF TESTIS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54522	T	ORCHIECTOMY PARTIAL	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54530	T	REMOVAL OF TESTIS	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-

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Proc Cd	2023 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
54535	T	EXTENSIVE TESTIS SURGERY	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54550	T	EXPLORATION FOR TESTIS	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
54560	T	EXPLORATION FOR TESTIS	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
54600	T	REDUCE TESTIS TORSION	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54620	T	SUSPENSION OF TESTIS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54640	T	ORCHIOPEXY INGUN/SCROT APPR	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
54650	T	ORCHIOPEXY (FOWLER-STEPHENS)	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
54660	N	REVISION OF TESTIS	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
54670	T	REPAIR TESTIS INJURY	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54680	T	RELOCATION OF TESTIS(ES)	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54690	N	LAPAROSCOPY ORCHIECTOMY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
54692	N	LAPAROSCOPY ORCHIOPEXY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
54699	N	UNLISTED LAPS PX TESTIS	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
54700	T	DRAINAGE OF SCROTUM	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
54800	T	BIOPSY OF EPIDIDYMIS	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
54830	T	REMOVE EPIDIDYMIS LESION	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54840	T	REMOVE EPIDIDYMIS LESION	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
54860	T	REMOVAL OF EPIDIDYMIS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54861	T	REMOVAL OF EPIDIDYMIS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54865	T	EXPLORE EPIDIDYMIS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
54900	T	FUSION OF SPERMATIC DUCTS	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
54901	T	FUSION OF SPERMATIC DUCTS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55000	T	DRAINAGE OF HYDROCELE	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
55040	T	REMOVAL OF HYDROCELE	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
55041	T	REMOVAL OF HYDROCELES	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
55060	T	REPAIR OF HYDROCELE	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55100	T	DRAINAGE OF SCROTUM ABSCESS	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
55110	T	EXPLORE SCROTUM	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55120	T	REMOVAL OF SCROTUM LESION	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
55150	T	REMOVAL OF SCROTUM	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55175	T	REVISION OF SCROTUM	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55180	N	REVISION OF SCROTUM	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
55200	T	INCISION OF SPERM DUCT	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55250	T	REMOVAL OF SPERM DUCT(S)	-	05373	21.6729	APC	$1,265.48	-	-	-	-	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	T	REMOVAL OF HYDROCELE	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55520	T	REMOVAL OF SPERM CORD LESION	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55530	T	REVISE SPERMATIC CORD VEINS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55535	T	REVISE SPERMATIC CORD VEINS	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
55540	T	REVISE HERNIA & SPERM VEINS	-	05341	41.3849	APC	$2,416.46	-	-	-	-	000	999	-
55550	N	LAPARO LIGATE SPERMATIC VEIN	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
55559	N	UNLSTD LAPS PX SPRMATIC CORD	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
55600	T	INCISE SPERM DUCT POUCH	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
55605	C	INCISE SPERM DUCT POUCH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
55650	C	REMOVE SPERM DUCT POUCH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
55680	T	REMOVE SPERM POUCH LESION	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55700	T	BIOPSY OF PROSTATE	-	05373	21.6729	APC	$1,265.48	-	-	-	-	000	999	-
55705	T	BIOPSY OF PROSTATE	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55706	T	PROSTATE SATURATION SAMPLING	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55720	T	DRAINAGE OF PROSTATE ABSCESS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55725	T	DRAINAGE OF PROSTATE ABSCESS	-	05374	37.4496	APC	$2,186.68	-	-	-	-	000	999	-
55801	C	REMOVAL OF PROSTATE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
55810	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
55812	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
55815	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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55821	C	REMOVAL OF PROSTATE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
55831	C	REMOVAL OF PROSTATE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
55840	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
55842	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
55845	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
55860	T	SURGICAL EXPOSURE PROSTATE	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
55862	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
55865	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
55866	T	LAPS SURG PRST8ECT RPBIC RAD	-	05362	106.1787	APC	$6,093.57	-	-	-	-	000	999	-
55867	T	LAPS SURG PRST8ECT SMPL STOT	-	05362	106.1787	APC	$6,199.77	-	-	-	-	000	999	-
55870	E	ELECTROEJACULATION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
55873	N	CRYOABLATE PROSTATE	-	05376	99.9887	Bundled, sometimes payable	$5,838.34	-	-	-	-	000	999	-
55874	T	TPRNL PLMT BIODEGRDABL MATRL	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
55875	T	TRANSPERI NEEDLE PLACE PROS	-	05375	54.9416	APC	$3,208.04	-	-	-	-	000	999	-
55876	S	PLACE RT DEVICE/MARKER PROS	-	05613	15.6648	APC	$914.67	-	-	-	-	000	999	-
55880	T	ABLTJ MAL PRST8 TISS HIFU	-	05376	99.9887	APC	$5,613.37	-	-	-	-	000	999	-
55899	T	UNLISTED PX MALE GENITAL SYS	-	05371	2.5106	APC	$146.59	-	-	-	-	000	999	-
55920	T	PLACE NEEDLES PELVIC FOR RT	-	05415	54.158	APC	$3,162.29	-	-	-	-	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	3.4113	APC	$199.19	-	-	-	-	000	999	-
56420	T	DRAINAGE OF GLAND ABSCESS	-	05411	2.0813	APC	$121.53	-	-	-	-	000	999	-
56440	T	SURGERY FOR VULVA LESION	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
56441	T	LYSIS OF LABIAL LESION(S)	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
56442	T	HYMENOTOMY	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
56501	T	DESTROY VULVA LESIONS SIM	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
56515	T	DESTROY VULVA LESION/S COMPL	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
56605	T	BIOPSY OF VULVA/PERINEUM	-	05413	8.2196	APC	$479.94	-	-	-	-	000	999	-
56606	N	BIOPSY OF VULVA/PERINEUM	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
56620	T	PARTIAL REMOVAL OF VULVA	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
56625	T	COMPLETE REMOVAL OF VULVA	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
56630	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
56631	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
56632	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
56633	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
56634	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
56637	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
56640	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
56700	T	PARTIAL REMOVAL OF HYMEN	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
56740	T	REMOVE VAGINA GLAND LESION	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
56800	T	REPAIR OF VAGINA	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
56805	T	REPAIR CLITORIS	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	020	-
56810	T	REPAIR OF PERINEUM	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
56820	T	EXAM OF VULVA W/SCOPE	-	05411	2.0813	APC	$121.53	-	-	-	-	000	999	-
56821	T	EXAM/BIOPSY OF VULVA W/SCOPE	-	05412	3.4113	APC	$199.19	-	-	-	-	000	999	-
57000	T	EXPLORATION OF VAGINA	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57010	T	DRAINAGE OF PELVIC ABSCESS	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57020	T	DRAINAGE OF PELVIC FLUID	-	05415	54.158	APC	$3,162.29	-	-	-	-	000	999	-
57022	T	I & D VAGINAL HEMATOMA PP	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
57023	T	I & D VAG HEMATOMA NON-OB	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
57061	T	DESTROY VAG LESIONS SIMPLE	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57065	T	DESTROY VAG LESIONS COMPLEX	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57100	T	BIOPSY OF VAGINA	-	05413	8.2196	APC	$479.94	-	-	-	-	000	999	-
57105	T	BIOPSY OF VAGINA	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57106	T	REMOVE VAGINA WALL PARTIAL	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57107	T	REMOVE VAGINA TISSUE PART	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-

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57109	T	VAGINECTOMY PARTIAL W/NODES	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57110	C	REMOVE VAGINA WALL COMPLETE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
57111	C	REMOVE VAGINA TISSUE COMPL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
57120	N	CLOSURE OF VAGINA	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
57130	T	REMOVE VAGINA LESION	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57135	T	REMOVE VAGINA LESION	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57150	N	TREAT VAGINA INFECTION	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
57155	T	INSERT UTERI TANDEM/OVOIDS	-	05415	54.158	APC	$3,162.29	-	-	-	-	000	999	-
57156	T	INS VAG BRACHYTX DEVICE	-	05412	3.4113	APC	$199.19	-	-	-	-	000	999	-
57160	T	INSERT PESSARY/OTHER DEVICE	-	05411	2.0813	APC	$121.53	-	-	-	-	000	999	-
57170	T	FITTING OF DIAPHRAGM/CAP	-	05411	2.0813	APC	$121.53	-	-	-	-	000	999	-
57180	T	TREAT VAGINAL BLEEDING	-	05411	2.0813	APC	$121.53	-	-	-	-	000	999	-
57200	T	REPAIR OF VAGINA	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57210	T	REPAIR VAGINA/PERINEUM	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57220	N	REVISION OF URETHRA	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
57230	T	REPAIR OF URETHRAL LESION	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57240	N	ANTERIOR COLPORRHAPHY	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
57250	N	REPAIR RECTUM & VAGINA	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
57260	N	CMBN ANT PST COLPRHY	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
57265	N	CMBN AP COLPRHY W/NTRCL RPR	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
57267	N	INSERT MESH/PELVIC FLR ADDON	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
57268	T	REPAIR OF BOWEL BULGE	-	05415	54.158	APC	$3,162.29	-	-	-	-	000	999	-
57270	C	REPAIR OF BOWEL POUCH	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
57280	C	SUSPENSION OF VAGINA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
57282	N	COLPOPEXY EXTRAPERITONEAL	-	05416	80.9202	Bundled, sometimes payable	$4,724.93	-	-	-	-	000	999	-
57283	N	COLPOPEXY INTRAPERITONEAL	-	05416	80.9202	Bundled, sometimes payable	$4,724.93	-	-	-	Y	000	999	-
57284	N	REPAIR PARAVAG DEFECT OPEN	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
57285	N	REPAIR PARAVAG DEFECT VAG	-	05416	80.9202	Bundled, sometimes payable	$4,724.93	-	-	-	-	000	999	-
57287	N	REVISE/REMOVE SLING REPAIR	-	05414	33.0366	Bundled, sometimes payable	$1,929.01	-	-	-	-	000	999	-
57288	N	REPAIR BLADDER DEFECT	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
57289	N	REPAIR BLADDER & VAGINA	-	05416	80.9202	Bundled, sometimes payable	$4,724.93	-	-	-	-	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	T	REVISE VAG GRAFT VIA VAGINA	-	05414	33.0366	APC	$1,929.01	-	-	-	Y	000	999	-
57296	C	REVISE VAG GRAFT OPEN ABD	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
57300	T	REPAIR RECTUM-VAGINA FISTULA	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57305	C	REPAIR RECTUM-VAGINA FISTULA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
57307	C	FISTULA REPAIR & COLOSTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
57308	C	FISTULA REPAIR TRANSPERINE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
57310	N	REPAIR URETHROVAGINAL LESION	-	05416	80.9202	Bundled, sometimes payable	$4,724.93	-	-	-	-	000	999	-
57311	C	REPAIR URETHROVAGINAL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
57320	N	REPAIR BLADDER-VAGINA LESION	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
57330	N	REPAIR BLADDER-VAGINA LESION	-	05416	80.9202	Bundled, sometimes payable	$4,724.93	-	-	-	-	000	999	-
57335	T	REPAIR VAGINA	-	05415	54.158	APC	$3,162.29	-	-	-	-	000	020	-
57400	T	DILATION OF VAGINA	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57410	T	PELVIC EXAMINATION	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57415	T	REMOVE VAGINAL FOREIGN BODY	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57420	T	EXAM OF VAGINA W/SCOPE	-	05412	3.4113	APC	$199.19	-	-	-	-	000	999	-
57421	T	EXAM/BIOPSY OF VAG W/SCOPE	-	05413	8.2196	APC	$479.94	-	-	-	-	000	999	-
57423	N	REPAIR PARAVAG DEFECT LAP	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
57425	N	LAPAROSCOPY SURG COLPOPEXY	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	Y	000	999	-
57426	N	REVISE PROSTH VAG GRAFT LAP	-	05416	80.9202	Bundled, sometimes payable	$4,724.93	-	-	-	-	000	999	-
57452	T	EXAM OF CERVIX W/SCOPE	-	05411	2.0813	APC	$121.53	-	-	-	-	000	999	-
57454	T	BX/CURETT OF CERVIX W/SCOPE	-	05412	3.4113	APC	$199.19	-	-	-	-	000	999	-
57455	T	BIOPSY OF CERVIX W/SCOPE	-	05412	3.4113	APC	$199.19	-	-	-	-	000	999	-
57456	T	ENDOCERV CURETTAGE W/SCOPE	-	05412	3.4113	APC	$199.19	-	-	-	-	000	999	-

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57460	T	BX OF CERVIX W/SCOPE LEEP	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57461	T	CONZ OF CERVIX W/SCOPE LEEP	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57465	N	CAM CERVIX UTERI DRG COLP	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
57500	T	BIOPSY OF CERVIX	-	05413	8.2196	APC	$479.94	-	-	-	-	000	999	-
57505	T	ENDOCERVICAL CURETTAGE	-	05413	8.2196	APC	$479.94	-	-	-	-	000	999	-
57510	T	CAUTERIZATION OF CERVIX	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57511	T	CRYOCAUTERY OF CERVIX	-	05412	3.4113	APC	$199.19	-	-	-	-	000	999	-
57513	T	LASER SURGERY OF CERVIX	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57520	T	CONIZATION OF CERVIX	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57522	T	CONIZATION OF CERVIX	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57530	T	REMOVAL OF CERVIX	-	05415	54.158	APC	$3,162.29	-	-	-	-	000	999	-
57531	C	REMOVAL OF CERVIX RADICAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
57540	C	REMOVAL OF RESIDUAL CERVIX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
57545	C	REMOVE CERVIX/REPAIR PELVIS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
57550	T	REMOVAL OF RESIDUAL CERVIX	-	05415	54.158	APC	$3,162.29	-	-	-	-	000	999	-
57555	N	REMOVE CERVIX/REPAIR VAGINA	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
57556	N	REMOVE CERVIX REPAIR BOWEL	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
57558	T	D&C OF CERVICAL STUMP	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57700	T	REVISION OF CERVIX	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57720	T	REVISION OF CERVIX	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
57800	T	DILATION OF CERVICAL CANAL	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
58100	T	BIOPSY OF UTERUS LINING	-	05411	2.0813	APC	$121.53	-	-	-	-	000	999	-
58110	N	BX DONE W/COLPOSCOPY ADD-ON	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
58120	T	DILATION AND CURETTAGE	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
58140	C	MYOMECTOMY ABDOM METHOD	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58145	T	MYOMECTOMY VAG METHOD	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
58146	C	MYOMECTOMY ABDOM COMPLEX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58150	C	TOTAL HYSTERECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58152	C	TOTAL HYSTERECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58180	C	PARTIAL HYSTERECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58200	C	EXTENSIVE HYSTERECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58210	C	EXTENSIVE HYSTERECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58240	C	REMOVAL OF PELVIS CONTENTS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58260	N	VAGINAL HYSTERECTOMY	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
58262	N	VAG HYST INCLUDING T/O	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
58263	N	VAG HYST W/T/O & VAG REPAIR	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
58267	C	VAG HYST W/URINARY REPAIR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58270	N	VAG HYST W/ENTEROCELE REPAIR	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
58275	C	HYSTERECTOMY/REVISE VAGINA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58280	C	HYSTERECTOMY/REVISE VAGINA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58285	C	EXTENSIVE HYSTERECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58290	N	VAG HYST COMPLEX	-	05416	80.9202	Bundled, sometimes payable	$4,724.93	-	-	-	-	000	999	-
58291	N	VAG HYST INCL T/O COMPLEX	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
58292	N	VAG HYST T/O & REPAIR COMPL	-	05416	80.9202	Bundled, sometimes payable	$4,724.93	-	-	-	-	000	999	-
58294	N	VAG HYST W/ENTEROCELE COMPL	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
58300	M	INSERT INTRAUTERINE DEVICE	-	-	-	Fee Schedule	$66.08	-	-	-	-	010	065	-
58301	N	REMOVE INTRAUTERINE DEVICE	-	05412	3.4113	Bundled, sometimes payable	$199.19	-	-	-	-	000	999	-
58321	E	ARTIFICIAL INSEMINATION	-	-	-	Not Allowed	$0.00	-	-	-	-	010	065	-
58322	E	ARTIFICIAL INSEMINATION	-	-	-	Not Allowed	$0.00	-	-	-	-	010	065	-
58323	E	SPERM WASHING	-	-	-	Not Allowed	$0.00	-	-	-	-	010	065	-
58340	N	CATHETER FOR HYSTEROGRAPHY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
58345	E	REOPEN FALLOPIAN TUBE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
58346	T	INSERT HEYMAN UTERI CAPSULE	-	05415	54.158	APC	$3,162.29	-	-	-	-	000	999	-
58350	N	REOPEN FALLOPIAN TUBE	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	Y	-	000	999	-
58353	N	ENDOMETR ABLATE THERMAL	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
58356	N	ENDOMETRIAL CRYOABLATION	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	Y	000	999	-

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58400	C	SUSPENSION OF UTERUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58410	C	SUSPENSION OF UTERUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58520	C	REPAIR OF RUPTURED UTERUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58540	C	REVISION OF UTERUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58541	N	LSH UTERUS 250 G OR LESS	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
58542	N	LSH W/T/O UT 250 G OR LESS	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
58543	N	LSH UTERUS ABOVE 250 G	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
58544	N	LSH W/T/O UTERUS ABOVE 250 G	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
58545	N	LAPAROSCOPIC MYOMECTOMY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
58546	N	LAPARO-MYOMECTOMY COMPLEX	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
58548	C	LAP RADICAL HYST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58550	N	LAPARO-ASST VAG HYSTERECTOMY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
58552	N	LAPARO-VAG HYST INCL T/O	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
58553	N	LAPARO-VAG HYST COMPLEX	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
58554	N	LAPARO-VAG HYST W/T/O COMPL	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
58555	T	HYSTEROSCOPY DX SEP PROC	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
58558	T	HYSTEROSCOPY BIOPSY	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
58559	N	HYSTEROSCOPY LYSIS	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
58560	N	HYSTEROSCOPY RESECT SEPTUM	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
58561	N	HYSTEROSCOPY REMOVE MYOMA	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
58562	T	HYSTEROSCOPY REMOVE FB	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
58563	N	HYSTEROSCOPY ABLATION	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
58565	N	HYSTEROSCOPY STERILIZATION	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	021	065	-
58570	N	TLH UTERUS 250 G OR LESS	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
58571	N	TLH W/T/O 250 G OR LESS	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
58572	N	TLH UTERUS OVER 250 G	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
58573	N	TLH W/T/O UTERUS OVER 250 G	-	05362	106.1787	Bundled, sometimes payable	$6,199.77	-	-	-	-	000	999	-
58575	C	LAPS TOT HYST RESJ MAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58578	N	UNLISTED LAPS PX UTERUS	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
58579	T	UNLISTED HYSTSC PX UTERUS	-	05411	2.0813	APC	$121.53	-	-	-	-	000	999	-
58600	T	DIVISION OF FALLOPIAN TUBE	-	05414	33.0366	APC	$1,929.01	-	-	-	-	021	065	-
58605	C	DIVISION OF FALLOPIAN TUBE	-	-	-	Inpatient Only	$0.00	-	-	-	-	021	065	-
58611	C	LIGATE OVIDUCT(S) ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	021	065	-
58615	T	OCCLUDE FALLOPIAN TUBE(S)	-	05414	33.0366	APC	$1,929.01	-	-	-	-	021	065	-
58660	N	LAPAROSCOPY LYSIS	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
58661	N	LAPAROSCOPY REMOVE ADNEXA	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
58662	N	LAPAROSCOPY EXCISE LESIONS	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
58670	N	LAPAROSCOPY TUBAL CAUTERY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	021	999	-
58671	N	LAPAROSCOPY TUBAL BLOCK	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	021	999	-
58672	N	LAPAROSCOPY FIMBRIOPLASTY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
58673	N	LAPAROSCOPY SALPINGOSTOMY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
58674	T	LAPS ABLTJ UTERINE FIBROIDS	-	05362	106.1787	APC	$6,199.77	-	-	-	-	000	999	-
58679	N	UNLISTED LAPS PX OVIDCT OVRY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
58700	C	REMOVAL OF FALLOPIAN TUBE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58720	C	REMOVAL OF OVARY/TUBE(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58740	C	ADHESIOLYSIS TUBE OVARY	-	-	-	Inpatient 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	-
58800	T	DRAINAGE OF OVARIAN CYST(S)	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
58805	T	DRAINAGE OF OVARIAN CYST(S)	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
58820	T	DRAIN OVARY ABSCESS OPEN	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-
58822	C	DRAIN OVARY ABSCESS PERCUT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58825	C	TRANSPOSITION OVARY(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58900	T	BIOPSY OF OVARY(S)	-	05414	33.0366	APC	$1,929.01	-	-	-	-	000	999	-

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58920	N	PARTIAL REMOVAL OF OVARY(S)	-	05416	80.9202	Bundled, sometimes payable	$4,724.93	-	-	-	-	000	999	-
58925	N	REMOVAL OF OVARIAN CYST(S)	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
58940	C	REMOVAL OF OVARY(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58943	C	REMOVAL OF OVARY(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58950	C	RESECT OVARIAN MALIGNANCY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58951	C	RESECT OVARIAN MALIGNANCY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58952	C	RESECT OVARIAN MALIGNANCY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58953	C	TAH RAD DISSECT FOR DEBULK	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58954	C	TAH RAD DEBULK/LYMPH REMOVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	012	999	-
58956	C	BSO OMENTECTOMY W/TAH	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
58957	C	RESECT RECURRENT GYN MAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58958	C	RESECT RECUR GYN MAL W/LYM	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58960	C	EXPLORATION OF ABDOMEN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
58970	E	RETRIEVAL OF OOCYTE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
58974	E	TRANSFER OF EMBRYO	-	-	-	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	2.0813	APC	$121.53	-	-	-	-	000	999	-
59000	T	AMNIOCENTESIS DIAGNOSTIC	-	05413	8.2196	APC	$479.94	-	-	-	-	010	065	-
59001	T	AMNIOCENTESIS THERAPEUTIC	-	05412	3.4113	APC	$199.19	-	-	-	-	010	065	-
59012	T	FETAL CORD PUNCTURE PRENATAL	-	05412	3.4113	APC	$199.19	-	-	-	-	010	065	-
59015	T	CHORION BIOPSY	-	05413	8.2196	APC	$479.94	-	-	-	-	010	065	-
59020	T	FETAL CONTRACT STRESS TEST	-	05411	2.0813	APC	$121.53	-	-	-	-	010	065	-
59025	T	FETAL NON-STRESS TEST	-	05411	2.0813	APC	$121.53	-	-	-	-	010	065	-
59030	T	FETAL SCALP BLOOD SAMPLE	-	05412	3.4113	APC	$199.19	-	-	-	-	010	065	-
59050	M	FETAL MONITOR W/REPORT	-	-	-	Charge Ratio	$0.00	-	-	-	-	010	065	-
59051	E	FETAL MONITOR/INTERPRET ONLY	-	-	-	Not Allowed	$0.00	-	-	-	-	010	065	-
59070	T	TRANSABDOM AMNIOINFUS W/US	-	05412	3.4113	APC	$199.19	-	-	-	Y	010	065	-
59072	T	UMBILICAL CORD OCCLUD W/US	-	05412	3.4113	APC	$199.19	-	-	-	Y	010	065	-
59074	T	FETAL FLUID DRAINAGE W/US	-	05412	3.4113	APC	$199.19	-	-	-	Y	010	065	-
59076	T	FETAL SHUNT PLACEMENT W/US	-	05412	3.4113	APC	$199.19	-	-	-	Y	010	065	-
59100	T	REMOVE UTERUS LESION	-	05415	54.158	APC	$3,162.29	-	-	-	-	010	065	-
59120	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59121	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59130	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59136	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59140	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59150	N	TREAT ECTOPIC PREGNANCY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	010	065	-
59151	N	TREAT ECTOPIC PREGNANCY	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	010	065	-
59160	T	D & C AFTER DELIVERY	-	05414	33.0366	APC	$1,929.01	-	-	-	-	010	065	-
59200	T	INSERT CERVICAL DILATOR	-	05412	3.4113	APC	$199.19	-	-	-	-	010	065	-
59300	T	EPISIOTOMY OR VAGINAL REPAIR	-	05414	33.0366	APC	$1,929.01	-	-	-	-	010	065	-
59320	T	REVISION OF CERVIX	-	05414	33.0366	APC	$1,929.01	-	-	-	-	010	065	-
59325	C	REVISION OF CERVIX	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59350	C	REPAIR OF UTERUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59400	E	OBSTETRICAL CARE	-	-	-	Not Allowed	$0.00	-	-	-	-	010	065	-
59409	T	OBSTETRICAL CARE	-	05414	33.0366	APC	$1,929.01	-	-	-	-	010	065	-
59410	E	OBSTETRICAL CARE	-	-	-	Not Allowed	$0.00	-	-	-	-	010	065	-
59412	T	ANTEPARTUM MANIPULATION	-	05414	33.0366	APC	$1,929.01	-	-	-	-	010	065	-
59414	T	DELIVER PLACENTA	-	05414	33.0366	APC	$1,929.01	-	-	-	-	010	065	-
59425	M	ANTEPARTUM CARE ONLY	-	-	-	Fee Schedule	$0.00	-	-	-	-	010	065	-
59426	M	ANTEPARTUM CARE ONLY	-	-	-	Fee Schedule	$0.00	-	-	-	-	010	065	-
59430	M	CARE AFTER DELIVERY	-	-	-	Fee Schedule	$0.00	-	-	-	-	010	065	-
59510	E	CESAREAN DELIVERY	-	-	-	Not Allowed	$0.00	-	-	-	-	010	065	-
59514	C	CESAREAN DELIVERY ONLY	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59515	E	CESAREAN DELIVERY	-	-	-	Not Allowed	$0.00	-	-	-	-	010	065	-
59525	C	REMOVE UTERUS AFTER CESAREAN	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-

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59610	E	VBAC DELIVERY	-	-	-	Not Allowed	$0.00	-	-	-	-	010	065	-
59612	T	VBAC DELIVERY ONLY	-	05414	33.0366	APC	$1,929.01	-	-	-	-	010	065	-
59614	E	VBAC CARE AFTER DELIVERY	-	-	-	Not Allowed	$0.00	-	-	-	-	010	065	-
59618	E	ATTEMPTED VBAC DELIVERY	-	-	-	Not Allowed	$0.00	-	-	-	-	010	065	-
59620	C	ATTEMPTED VBAC DELIVERY ONLY	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59622	E	ATTEMPTED VBAC AFTER CARE	-	-	-	Not Allowed	$0.00	-	-	-	-	010	065	-
59812	T	TREATMENT OF MISCARRIAGE	-	05414	33.0366	APC	$1,929.01	-	-	-	-	010	065	-
59820	T	CARE OF MISCARRIAGE	-	05414	33.0366	APC	$1,929.01	-	-	-	-	010	065	-
59821	T	TREATMENT OF MISCARRIAGE	-	05414	33.0366	APC	$1,929.01	-	-	-	-	010	065	-
59830	C	TREAT UTERUS INFECTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59840	T	ABORTION	-	05414	33.0366	APC	$1,929.01	-	-	-	-	010	065	-
59841	T	ABORTION	-	05414	33.0366	APC	$1,929.01	-	-	-	-	010	065	-
59850	C	ABORTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59851	C	ABORTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59852	C	ABORTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59855	C	ABORTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59856	C	ABORTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59857	C	ABORTION	-	-	-	Inpatient Only	$0.00	-	-	-	-	010	065	-
59866	T	ABORTION (MPR)	-	05412	3.4113	APC	$199.19	-	-	-	-	012	055	-
59870	T	EVACUATE MOLE OF UTERUS	-	05414	33.0366	APC	$1,929.01	-	-	-	-	010	065	-
59871	N	REMOVE CERCLAGE SUTURE	-	05414	33.0366	Bundled, sometimes payable	$1,929.01	-	-	-	-	000	999	-
59897	T	UNLISTED FETAL INVAS PX W/US	-	05411	2.0813	APC	$121.53	-	-	-	Y	010	065	-
59898	N	UNLSTD LAPS PX MAT CARE&DLVR	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	010	065	-
59899	T	UNLISTED PX MAT CARE&DLVR	-	05411	2.0813	APC	$121.53	-	-	-	-	010	065	-
60000	T	DRAIN THYROID/TONGUE CYST	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
6005F	E	CARE LEVEL RATIONALE DOC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
60100	T	BIOPSY OF THYROID	-	05071	7.5828	APC	$442.76	-	-	-	-	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	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
6020F	E	NPO (NOTHING-MOUTH) ORDERED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
60210	N	PARTIAL THYROID EXCISION	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
60212	N	PARTIAL THYROID EXCISION	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
60220	N	PARTIAL REMOVAL OF THYROID	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
60225	N	PARTIAL REMOVAL OF THYROID	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
60240	N	REMOVAL OF THYROID	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
60252	N	REMOVAL OF THYROID	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
60254	C	EXTENSIVE THYROID SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
60260	N	REPEAT THYROID SURGERY	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
60270	C	REMOVAL OF THYROID	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
60271	N	REMOVAL OF THYROID	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
60280	N	REMOVE THYROID DUCT LESION	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
60281	N	REMOVE THYROID DUCT LESION	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
60300	T	ASPIR/INJ THYROID CYST	-	05071	7.5828	APC	$442.76	-	-	-	-	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	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
60502	N	RE-EXPLORE PARATHYROIDS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
60505	C	EXPLORE PARATHYROID GLANDS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
60512	N	AUTOTRANSPLANT PARATHYROID	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
60520	N	REMOVAL OF THYMUS GLAND	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
60521	C	REMOVAL OF THYMUS GLAND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
60522	C	REMOVAL OF THYMUS GLAND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
60540	C	EXPLORE ADRENAL GLAND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
60545	C	EXPLORE ADRENAL GLAND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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60600	C	REMOVE CAROTID BODY LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
60605	C	REMOVE CAROTID BODY LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
60650	C	LAPAROSCOPY ADRENALECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
60659	N	UNLISTED LAPS PX ENDOC SYS	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	000	999	-
60699	N	UNLISTED PX ENDOCRINE SYSTEM	-	05361	60.9003	Bundled, sometimes payable	$3,555.97	-	-	-	-	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	7.5286	APC	$439.59	-	-	-	-	000	002	-
61001	T	REMOVE CRANIAL CAVITY FLUID	-	05442	7.5286	APC	$439.59	-	-	-	-	000	002	-
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	9.9571	APC	$581.40	-	-	-	-	000	999	-
61026	T	INJECTION INTO BRAIN CANAL	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
6102F	E	SAFETY COUNSELING DEM ORDER	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
61050	T	REMOVE BRAIN CANAL FLUID	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
61055	T	INJECTION INTO BRAIN CANAL	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
61070	T	BRAIN CANAL SHUNT PROCEDURE	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
61105	C	TWIST DRILL HOLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61107	C	DRILL SKULL FOR IMPLANTATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61108	C	DRILL SKULL FOR DRAINAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
6110F	E	COUNSEL PROV DRIVING RISKS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
61120	C	BURR HOLE FOR PUNCTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61140	C	PIERCE SKULL FOR BIOPSY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61150	C	PIERCE SKULL FOR DRAINAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61151	C	PIERCE SKULL FOR DRAINAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61154	C	PIERCE SKULL & REMOVE CLOT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61156	C	PIERCE SKULL FOR DRAINAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61210	C	PIERCE SKULL IMPLANT DEVICE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61215	T	INSERT BRAIN-FLUID DEVICE	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
61250	C	PIERCE SKULL & EXPLORE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61253	C	PIERCE SKULL & EXPLORE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61304	C	OPEN SKULL FOR EXPLORATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61305	C	OPEN SKULL FOR EXPLORATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61312	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61313	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61314	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61315	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61316	C	IMPLT CRAN BONE FLAP TO ABDO	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61320	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61321	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61322	C	DECOMPRESSIVE CRANIOTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61323	C	DECOMPRESSIVE LOBECTOMY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61330	N	DECOMPRESS EYE SOCKET	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
61333	C	EXPLORE ORBIT/REMOVE LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61340	C	SUBTEMPORAL DECOMPRESSION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61343	C	INCISE SKULL (PRESS RELIEF)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61345	C	RELIEVE CRANIAL PRESSURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61450	C	INCISE SKULL FOR SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61458	C	INCISE SKULL FOR BRAIN WOUND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61460	C	INCISE SKULL FOR SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61500	C	REMOVAL OF SKULL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61501	C	REMOVE INFECTED SKULL BONE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
6150F	E	PT NOTRCVNG1ST ANTITNF TXMNT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
61510	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61512	C	REMOVE BRAIN LINING LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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61514	C	REMOVAL OF BRAIN ABSCESS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61516	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61517	C	IMPLT BRAIN CHEMOTX ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61518	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61519	C	REMOVE BRAIN LINING LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61520	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61521	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61522	C	REMOVAL OF BRAIN ABSCESS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61524	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61526	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61530	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61531	C	IMPLANT BRAIN ELECTRODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61533	C	IMPLANT BRAIN ELECTRODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61534	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61535	C	REMOVE BRAIN ELECTRODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61536	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61537	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61538	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61539	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61540	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61541	C	INCISION OF BRAIN TISSUE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61543	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61544	C	REMOVE & TREAT BRAIN LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61545	C	EXCISION OF BRAIN TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61546	C	REMOVAL OF PITUITARY GLAND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61548	C	REMOVAL OF PITUITARY GLAND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61550	C	RELEASE OF SKULL SEAMS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61552	C	RELEASE OF SKULL SEAMS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61556	C	INCISE SKULL/SUTURES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61557	C	INCISE SKULL/SUTURES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61558	C	EXCISION OF SKULL/SUTURES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61559	C	EXCISION OF SKULL/SUTURES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61563	C	EXCISION OF SKULL TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61564	C	EXCISION OF SKULL TUMOR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61566	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61567	C	INCISION OF BRAIN TISSUE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61570	C	REMOVE FOREIGN BODY BRAIN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61571	C	INCISE SKULL FOR BRAIN WOUND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61575	C	SKULL BASE/BRAINSTEM SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61576	C	SKULL BASE/BRAINSTEM SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61580	C	CRANIOFACIAL APPROACH SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61581	C	CRANIOFACIAL APPROACH SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61582	C	CRANIOFACIAL APPROACH SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61583	C	CRANIOFACIAL APPROACH SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61584	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61585	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61586	C	RESECT NASOPHARYNX SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61590	C	INFRATEMPORAL APPROACH/SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61591	C	INFRATEMPORAL APPROACH/SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61592	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61595	C	TRANSTEMPORAL APPROACH/SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61596	C	TRANSCOCHLEAR APPROACH/SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61597	C	TRANSCONDYLAR APPROACH/SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61598	C	TRANSPETROSAL APPROACH/SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61600	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61601	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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61605	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61606	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61607	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61608	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61611	C	TRANSECT ARTERY SINUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61613	C	REMOVE ANEURYSM SINUS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61615	C	RESECT/EXCISE LESION SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61616	C	RESECT/EXCISE LESION SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61618	C	REPAIR DURA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61619	C	REPAIR DURA	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61623	N	ENDOVASC TEMPORY VESSEL OCCL	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
61624	C	TRANSCATH OCCLUSION CNS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61626	N	TRANSCATH OCCLUSION NON-CNS	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
61630	C	INTRACRANIAL ANGIOPLASTY	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
61635	C	INTRACRAN ANGIOPLSTY W/STENT	-	-	-	Inpatient 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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61650	C	EVASC PRLNG ADMN RX AGNT 1ST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61651	C	EVASC PRLNG ADMN RX AGNT ADD	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61680	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61682	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61684	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61686	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61690	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61692	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61697	C	BRAIN ANEURYSM REPR COMPLX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61698	C	BRAIN ANEURYSM REPR COMPLX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61700	C	BRAIN ANEURYSM REPR SIMPLE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61702	C	INNER SKULL VESSEL SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61703	C	CLAMP NECK ARTERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61705	C	REVISE CIRCULATION TO HEAD	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61708	C	REVISE CIRCULATION TO HEAD	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61710	C	REVISE CIRCULATION TO HEAD	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61711	C	FUSION OF SKULL ARTERIES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61720	T	INCISE SKULL/BRAIN SURGERY	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
61735	C	INCISE SKULL/BRAIN SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61736	C	LITT ICR 1 TRAJ 1 SMPL LES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61737	C	LITT ICR MLT TRJ MLT/CPLX LS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61750	C	INCISE SKULL/BRAIN BIOPSY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61751	C	BRAIN BIOPSY W/CT/MR GUIDE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61760	C	IMPLANT BRAIN ELECTRODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61770	T	INCISE SKULL FOR TREATMENT	-	05432	72.1931	APC	$4,215.36	-	-	-	-	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	T	TREAT TRIGEMINAL NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
61791	T	TREAT TRIGEMINAL TRACT	-	05431	21.0028	APC	$1,226.35	-	-	-	-	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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61860	C	IMPLANT NEUROELECTRODES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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61863	C	IMPLANT NEUROELECTRODE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61864	C	IMPLANT NEUROELECTRDE ADDL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61867	C	IMPLANT NEUROELECTRODE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61868	C	IMPLANT NEUROELECTRDE ADDL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
61880	N	REVISE/REMOVE NEUROELECTRODE	-	05461	37.9468	Bundled, sometimes payable	$2,215.71	-	-	-	-	000	999	-
61885	N	INSRT/REDO NEUROSTIM 1 ARRAY	-	05464	251.3917	Bundled, sometimes payable	$14,678.76	-	-	-	-	000	999	-
61886	N	IMPLANT NEUROSTIM ARRAYS	-	05465	343.033	Bundled, sometimes payable	$20,029.70	-	-	-	-	000	999	-
61888	N	REVISE/REMOVE NEURORECEIVER	-	05463	139.6575	Bundled, sometimes payable	$8,154.60	-	-	-	-	000	999	-
62000	N	TREAT SKULL FRACTURE	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
62005	C	TREAT SKULL FRACTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62010	C	TREATMENT OF HEAD INJURY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62100	C	REPAIR BRAIN FLUID LEAKAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62115	C	REDUCTION OF SKULL DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62117	C	REDUCTION OF SKULL DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62120	C	REPAIR SKULL CAVITY LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62121	C	INCISE SKULL REPAIR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62140	C	REPAIR OF SKULL DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62141	C	REPAIR OF SKULL DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62142	C	REMOVE SKULL PLATE/FLAP	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62143	C	REPLACE SKULL PLATE/FLAP	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62145	C	REPAIR OF SKULL & BRAIN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62146	C	REPAIR OF SKULL WITH GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62147	C	REPAIR OF SKULL WITH GRAFT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62148	C	RETR BONE FLAP TO FIX SKULL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62160	N	NEUROENDOSCOPY ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
62161	C	DISSECT BRAIN W/SCOPE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62162	C	REMOVE COLLOID CYST W/SCOPE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62164	C	REMOVE BRAIN TUMOR W/SCOPE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62165	C	REMOVE PITUIT TUMOR W/SCOPE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62180	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62190	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62192	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62194	T	REPLACE/IRRIGATE CATHETER	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
62200	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62201	C	BRAIN CAVITY SHUNT W/SCOPE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62220	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62223	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62225	T	REPLACE/IRRIGATE CATHETER	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
62230	T	REPLACE/REVISE BRAIN SHUNT	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
62252	S	CSF SHUNT REPROGRAM	-	05743	3.2325	APC	$188.75	-	-	-	-	000	999	-
62256	C	REMOVE BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62258	C	REPLACE BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
62263	T	EPIDURAL LYSIS MULT SESSIONS	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
62264	T	EPIDURAL LYSIS ON SINGLE DAY	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
62267	T	INTERDISCAL PERQ ASPIR DX	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
62268	T	DRAIN SPINAL CORD CYST	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
62269	T	NEEDLE BIOPSY SPINAL CORD	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
62270	T	DX LMBR SPI PNXR	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
62272	T	THER SPI PNXR DRG CSF	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
62273	T	INJECT EPIDURAL PATCH	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
62280	T	TREAT SPINAL CORD LESION	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
62281	T	TREAT SPINAL CORD LESION	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
62282	T	TREAT SPINAL CANAL LESION	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
62284	N	INJECTION FOR MYELOGRAM	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
62287	T	DCMPRN PX PERQ 1/MLT LUMBAR	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
62290	N	NJX PX DISCOGRAPHY LUMBAR	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-

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62291	N	NJX PX DISCOGRAPHY CRV/THRC	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
62292	T	NJX CHEMONUCLEOLYSIS LMBR	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
62294	T	INJECTION INTO SPINAL ARTERY	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
62302	N	MYELOGRAPHY LUMBAR INJECTION	-	05573	8.6551	Bundled, sometimes payable	$505.37	-	-	-	-	000	999	-
62303	N	MYELOGRAPHY LUMBAR INJECTION	-	05573	8.6551	Bundled, sometimes payable	$505.37	-	-	-	-	000	999	-
62304	N	MYELOGRAPHY LUMBAR INJECTION	-	05573	8.6551	Bundled, sometimes payable	$505.37	-	-	-	-	000	999	-
62305	N	MYELOGRAPHY LUMBAR INJECTION	-	05573	8.6551	Bundled, sometimes payable	$505.37	-	-	-	-	000	999	-
62320	T	NJX INTERLAMINAR CRV/THRC	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
62321	T	NJX INTERLAMINAR CRV/THRC	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
62322	T	NJX INTERLAMINAR LMBR/SAC	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
62323	T	NJX INTERLAMINAR LMBR/SAC	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
62324	T	NJX INTERLAMINAR CRV/THRC	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
62325	T	NJX INTERLAMINAR CRV/THRC	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
62326	T	NJX INTERLAMINAR LMBR/SAC	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
62327	T	NJX INTERLAMINAR LMBR/SAC	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
62328	T	DX LMBR SPI PNXR W/FLUOR/CT	-	05442	7.5286	APC	$434.11	-	-	-	-	000	999	-
62329	T	THER SPI PNXR CSF FLUOR/CT	-	05442	7.5286	APC	$434.11	-	-	-	-	000	999	-
62350	T	IMPLANT SPINAL CANAL CATH	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
62351	N	IMPLANT SPINAL CANAL CATH	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
62355	N	REMOVE SPINAL CANAL CATHETER	-	05431	21.0028	Bundled, sometimes payable	$1,226.35	-	-	-	-	000	999	-
62360	N	INSERT SPINE INFUSION DEVICE	-	05471	197.9139	Bundled, sometimes payable	$11,556.19	-	-	-	-	000	999	-
62361	N	IMPLANT SPINE INFUSION PUMP	-	05471	197.9139	Bundled, sometimes payable	$11,556.19	-	-	-	-	000	999	-
62362	N	IMPLANT SPINE INFUSION PUMP	-	05471	197.9139	Bundled, sometimes payable	$11,556.19	-	-	-	-	000	999	-
62365	N	REMOVE SPINE INFUSION DEVICE	-	05432	72.1931	Bundled, sometimes payable	$4,215.36	-	-	-	-	000	999	-
62367	S	ANALYZE SPINE INFUS PUMP	-	05743	3.2325	APC	$188.75	-	-	-	-	000	999	-
62368	S	ANALYZE SP INF PUMP W/REPROG	-	05743	3.2325	APC	$188.75	-	-	-	-	000	999	-
62369	S	ANAL SP INF PMP W/REPRG&FILL	-	05743	3.2325	APC	$188.75	-	-	-	-	000	999	-
62370	S	ANL SP INF PMP W/MDREPRG&FIL	-	05743	3.2325	APC	$188.75	-	-	-	-	000	999	-
62380	T	NDSC DCMPRN 1 NTRSPC LUMBAR	-	05114	77.2872	APC	$4,512.80	-	-	-	-	000	999	-
63001	N	REMOVE SPINE LAMINA 1/2 CRVL	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63003	N	REMOVE SPINE LAMINA 1/2 THRC	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63005	N	REMOVE SPINE LAMINA 1/2 LMBR	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63011	N	REMOVE SPINE LAMINA 1/2 SCRL	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63012	N	REMOVE LAMINA/FACETS LUMBAR	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63015	N	REMOVE SPINE LAMINA >2 CRVCL	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63016	N	REMOVE SPINE LAMINA >2 THRC	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63017	N	REMOVE SPINE LAMINA >2 LMBR	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63020	N	NECK SPINE DISK SURGERY	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63030	N	LOW BACK DISK SURGERY	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63035	N	SPINAL DISK SURGERY ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
63040	N	LAMINOTOMY SINGLE CERVICAL	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63042	N	LAMINOTOMY SINGLE LUMBAR	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	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	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63046	N	LAM FACETEC & FORAMOT THRC	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63047	N	LAM FACETEC & FORAMOT LUMBAR	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63048	N	LAM FACETEC &FORAMOT EA ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
63050	C	CERVICAL LAMINOPLSTY 2/> SEG	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
63051	C	C-LAMINOPLASTY W/GRAFT/PLATE	-	-	-	Inpatient 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	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63056	N	DECOMPRESS SPINAL CORD LMBR	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63057	N	DECOMPRESS SPINE CORD ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
63064	N	DECOMPRESS SPINAL CORD THRC	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-

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63066	N	DECOMPRESS SPINE CORD ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
63075	N	NECK SPINE DISK SURGERY	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63076	N	NECK SPINE DISK SURGERY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
63077	C	SPINE DISK SURGERY THORAX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63078	C	SPINE DISK SURGERY THORAX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63081	C	REMOVE VERT BODY DCMPRN CRVL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63082	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63085	C	REMOVE VERT BODY DCMPRN THRC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63086	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63087	C	REMOV VERTBR DCMPRN THRCLMBR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63088	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63090	C	REMOVE VERT BODY DCMPRN LMBR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63091	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63101	C	REMOVE VERT BODY DCMPRN THRC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63102	C	REMOVE VERT BODY DCMPRN LMBR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63103	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63170	C	INCISE SPINAL CORD TRACT(S)	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63172	C	DRAINAGE OF SPINAL CYST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63173	C	DRAINAGE OF SPINAL CYST	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63185	C	INCISE SPINE NRV HALF SEGMNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63190	C	INCISE SPINE NRV >2 SEGMNTS	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63191	C	INCISE SPINE ACCESSORY NERVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63197	C	LAM W/CORDOTOMY 1STG THRC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63200	C	RELEASE SPINAL CORD LUMBAR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63250	C	REVISE SPINAL CORD VSLS CRVL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63251	C	REVISE SPINAL CORD VSLS THRC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63252	C	REVISE SPINE CORD VSL THRLMB	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63265	N	EXCISE INTRASPINL LESION CRV	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63266	N	EXCISE INTRSPINL LESION THRC	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63267	N	EXCISE INTRSPINL LESION LMBR	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63268	N	EXCISE INTRSPINL LESION SCRL	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
63270	C	EXCISE INTRSPINL LESION CRVL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63271	C	EXCISE INTRSPINL LESION THRC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63272	C	EXCISE INTRSPINL LESION LMBR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63273	C	EXCISE INTRSPINL LESION SCRL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63275	C	BX/EXC XDRL SPINE LESN CRVL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63276	C	BX/EXC XDRL SPINE LESN THRC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63277	C	BX/EXC XDRL SPINE LESN LMBR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63278	C	BX/EXC XDRL SPINE LESN SCRL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63280	C	BX/EXC IDRL SPINE LESN CRVL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63281	C	BX/EXC IDRL SPINE LESN THRC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63282	C	BX/EXC IDRL SPINE LESN LMBR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63283	C	BX/EXC IDRL SPINE LESN SCRL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63285	C	BX/EXC IDRL IMED LESN CERVL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63286	C	BX/EXC IDRL IMED LESN THRC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63287	C	BX/EXC IDRL IMED LESN THRLMB	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63290	C	BX/EXC XDRL/IDRL LSN ANY LVL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63295	C	REPAIR LAMINECTOMY DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
63300	C	REMOVE VERT XDRL BODY CRVCL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63301	C	REMOVE VERT XDRL BODY THRC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63302	C	REMOVE VERT XDRL BODY THRLMB	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63303	C	REMOV VERT XDRL BDY LMBR/SAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63304	C	REMOVE VERT IDRL BODY CRVCL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63305	C	REMOVE VERT IDRL BODY THRC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63306	C	REMOV VERT IDRL BDY THRCLMBR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63307	C	REMOV VERT IDRL BDY LMBR/SAC	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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63308	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63600	T	REMOVE SPINAL CORD LESION	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
63610	T	STIMULATION OF SPINAL CORD	-	05431	21.0028	APC	$1,226.35	-	-	-	-	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	77.1613	Bundled, sometimes payable	$4,505.45	-	-	-	-	000	999	-
63655	N	IMPLANT NEUROELECTRODES	-	05464	251.3917	Bundled, sometimes payable	$14,678.76	-	-	-	-	000	999	-
63661	N	REMOVE SPINE ELTRD PERQ ARAY	-	05431	21.0028	Bundled, sometimes payable	$1,226.35	-	-	-	-	000	999	-
63662	N	REMOVE SPINE ELTRD PLATE	-	05461	37.9468	Bundled, sometimes payable	$2,215.71	-	-	-	-	000	999	-
63663	N	REVISE SPINE ELTRD PERQ ARAY	-	05462	77.1613	Bundled, sometimes payable	$4,505.45	-	-	-	-	000	999	-
63664	N	REVISE SPINE ELTRD PLATE	-	05463	139.6575	Bundled, sometimes payable	$8,154.60	-	-	-	-	000	999	-
63685	N	INSRT/REDO SPINE N GENERATOR	-	05465	343.033	Bundled, sometimes payable	$20,029.70	-	-	-	-	000	999	-
63688	N	REVISE/REMOVE NEURORECEIVER	-	05461	37.9468	Bundled, sometimes payable	$2,215.71	-	-	-	-	000	999	-
63700	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63702	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63704	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63706	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63707	C	REPAIR SPINAL FLUID LEAKAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63709	C	REPAIR SPINAL FLUID LEAKAGE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63710	C	GRAFT REPAIR OF SPINE DEFECT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63740	C	INSTALL SPINAL SHUNT	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
63741	T	INSTALL SPINAL SHUNT	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
63744	T	REVISION OF SPINAL SHUNT	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
63746	N	REMOVAL OF SPINAL SHUNT	-	05431	21.0028	Bundled, sometimes payable	$1,226.35	-	-	-	-	000	999	-
64400	T	NJX AA&/STRD TRIGEMINAL NRV	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
64405	T	NJX AA&/STRD GR OCPL NRV	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
64408	T	NJX AA&/STRD VAGUS NRV	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
64415	T	NJX AA&/STRD BRCH PLXS IMG	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64416	T	NJX AA&/STRD BRCH PL NFS IMG	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64417	T	NJX AA&/STRD AX NERVE IMG	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64418	T	NJX AA&/STRD SPRSCAP NRV	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64420	T	NJX AA&/STRD NTRCOST NRV 1	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64421	T	NJX AA&/STRD NTRCOST NRV EA	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64425	T	NJX AA&/STRD II IH NERVES	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64430	T	NJX AA&/STRD PUDENDAL NERVE	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64435	T	NJX AA&/STRD PARACRV NRV	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64445	T	NJX AA&/STRD SCIATIC NRV IMG	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64446	T	NJX AA&/STRD SC NRV NFS IMG	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64447	T	NJX AA&/STRD FEMORAL NRV IMG	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64448	T	NJX AA&/STRD FEM NRV NFS IMG	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64449	T	NJX AA&/STRD LMBR PLEX NFS	-	05443	9.9571	APC	$581.40	-	-	-	Y	000	999	-
64450	T	NJX AA&/STRD OTHER PN/BRANCH	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64451	T	NJX AA&/STRD NRV NRVTG SI JT	-	05442	7.5286	APC	$434.11	-	-	-	-	000	999	-
64454	T	NJX AA&/STRD GNCLR NRV BRNCH	-	05442	7.5286	APC	$434.11	-	-	-	-	000	999	-
64455	T	NJX AA&/STRD PLTR COM DG NRV	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
64461	T	PVB THORACIC SINGLE INJ SITE	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64462	N	PVB THORACIC 2ND+ INJ SITE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64463	T	PVB THORACIC CONT INFUSION	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64479	T	NJX AA&/STRD TFRM EPI C/T 1	-	05443	9.9571	APC	$581.40	-	-	-	-	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	9.9571	APC	$581.40	-	-	-	-	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	-

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64490	T	INJ PARAVERT F JNT C/T 1 LEV	-	05443	9.9571	APC	$581.40	-	-	-	-	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	9.9571	APC	$581.40	-	-	-	-	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	3.1769	APC	$185.50	-	-	-	-	000	999	-
64510	T	N BLOCK STELLATE GANGLION	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64517	T	N BLOCK INJ HYPOGAS PLXS	-	05443	9.9571	APC	$581.40	-	-	-	Y	000	999	-
64520	T	N BLOCK LUMBAR/THORACIC	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64530	T	N BLOCK INJ CELIAC PELUS	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64553	N	IMPLANT NEUROELECTRODES	-	05463	139.6575	Bundled, sometimes payable	$8,154.60	-	-	-	-	000	999	-
64555	N	IMPLANT NEUROELECTRODES	-	05462	77.1613	Bundled, sometimes payable	$4,505.45	-	-	-	-	000	999	-
64561	N	IMPLANT NEUROELECTRODES	-	05462	77.1613	Bundled, sometimes payable	$4,505.45	-	-	-	-	000	999	-
64566	T	NEUROELTRD STIM POST TIBIAL	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
64568	N	OPN IMPLTJ CRNL NRV NEA&PG	-	05465	343.033	Bundled, sometimes payable	$20,029.70	-	-	-	-	000	999	-
64569	N	REVISE/REPL VAGUS N ELTRD	-	05463	139.6575	Bundled, sometimes payable	$8,154.60	-	-	-	-	000	999	-
64570	N	REMOVE VAGUS N ELTRD	-	05432	72.1931	Bundled, sometimes payable	$4,215.36	-	-	-	-	000	999	-
64575	N	OPN IMPLTJ NEA PERPH NERVE	-	05463	139.6575	Bundled, sometimes payable	$8,154.60	-	-	-	-	000	999	-
64580	N	OPN IMPLTJ NEA NEUROMUSCULAR	-	05464	251.3917	Bundled, sometimes payable	$14,678.76	-	-	-	-	000	999	-
64581	N	OPN IMPLTJ NEA SACRAL NERVE	-	05462	77.1613	Bundled, sometimes payable	$4,505.45	-	-	-	-	000	999	-
64582	N	OPN MPLTJ HPGLSL NSTM ARY PG	-	05465	343.033	Bundled, sometimes payable	$20,029.70	-	-	-	-	000	999	-
64583	N	REV/RPLCT HPGLSL NSTM ARY PG	-	05463	139.6575	Bundled, sometimes payable	$8,154.60	-	-	-	-	000	999	-
64584	N	RMVL HPGLSL NSTIM ARY PG	-	05432	72.1931	Bundled, sometimes payable	$4,215.36	-	-	-	-	000	999	-
64585	N	REVISE/REMOVE NEUROELECTRODE	-	05461	37.9468	Bundled, sometimes payable	$2,215.71	-	-	-	-	000	999	-
64590	N	INSRT/REDO PN/GASTR STIMUL	-	05464	251.3917	Bundled, sometimes payable	$14,678.76	-	-	-	-	000	999	-
64595	N	REVISE/RMV PN/GASTR STIMUL	-	05461	37.9468	Bundled, sometimes payable	$2,215.71	-	-	-	-	000	999	-
64600	T	INJECTION TREATMENT OF NERVE	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64605	T	INJECTION TREATMENT OF NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64610	T	INJECTION TREATMENT OF NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64611	T	CHEMODENERV SALIV GLANDS	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
64612	T	DESTROY NERVE FACE MUSCLE	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
64615	T	CHEMODENERV MUSC MIGRAINE	-	05441	3.1769	APC	$185.50	-	-	-	Y	000	999	-
64616	T	CHEMODENERV MUSC NECK DYSTON	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
64617	T	CHEMODENER MUSCLE LARYNX EMG	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64620	T	INJECTION TREATMENT OF NERVE	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64624	N	DSTRJ NULYT AGT GNCLR NRV	-	05431	21.0028	Bundled, sometimes payable	$1,226.35	-	-	-	-	000	999	-
64625	N	RF ABLTJ NRV NRVTG SI JT	-	05431	21.0028	Bundled, sometimes payable	$1,226.35	-	-	-	-	000	999	-
64628	N	TRML DSTRJ IOS BVN 1ST 2 L/S	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
64629	N	TRML DSTRJ IOS BVN EA ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64630	T	INJECTION TREATMENT OF NERVE	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64632	T	N BLOCK INJ COMMON DIGIT	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
64633	T	DESTROY CERV/THOR FACET JNT	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64634	N	DESTROY C/TH FACET JNT ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64635	T	DESTROY LUMB/SAC FACET JNT	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64636	N	DESTROY L/S FACET JNT ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64640	T	INJECTION TREATMENT OF NERVE	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-
64642	T	CHEMODENERV 1 EXTREMITY 1-4	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64643	N	CHEMODENERV 1 EXTREM 1-4 EA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64644	T	CHEMODENERV 1 EXTREM 5/> MUS	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64645	N	CHEMODENERV 1 EXTREM 5/> EA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64646	T	CHEMODENERV TRUNK MUSC 1-5	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64647	T	CHEMODENERV TRUNK MUSC 6/>	-	05442	7.5286	APC	$439.59	-	-	-	-	000	999	-
64650	T	CHEMODENERV ECCRINE GLANDS	-	05441	3.1769	APC	$185.50	-	-	-	Y	000	999	-
64653	T	CHEMODENERV ECCRINE GLANDS	-	05441	3.1769	APC	$185.50	-	-	-	Y	000	999	-
64680	T	INJECTION TREATMENT OF NERVE	-	05443	9.9571	APC	$581.40	-	-	-	-	000	999	-

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64681	T	INJECTION TREATMENT OF NERVE	-	05443	9.9571	APC	$581.40	-	-	-	Y	000	999	-
64702	T	REVISE FINGER/TOE NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64704	T	REVISE HAND/FOOT NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64708	T	REVISE ARM/LEG NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64712	T	REVISION OF SCIATIC NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64713	T	REVISION OF ARM NERVE(S)	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64714	T	REVISE LOW BACK NERVE(S)	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64716	T	REVISION OF CRANIAL NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64718	T	REVISE ULNAR NERVE AT ELBOW	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64719	T	REVISE ULNAR NERVE AT WRIST	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64721	T	CARPAL TUNNEL SURGERY	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64722	T	RELIEVE PRESSURE ON NERVE(S)	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64726	T	RELEASE FOOT/TOE NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64727	N	INTERNAL NERVE REVISION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64732	T	INCISION OF BROW NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64734	T	INCISION OF CHEEK NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64736	T	INCISION OF CHIN NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64738	T	INCISION OF JAW NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64740	T	INCISION OF TONGUE NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64742	T	INCISION OF FACIAL NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64744	T	INCISE NERVE BACK OF HEAD	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64746	T	INCISE DIAPHRAGM NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64755	C	INCISION OF STOMACH NERVES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
64760	C	INCISION OF VAGUS NERVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
64763	T	INCISE HIP/THIGH NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64766	T	INCISE HIP/THIGH NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64771	T	SEVER CRANIAL NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64772	T	INCISION OF SPINAL NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64774	T	REMOVE SKIN NERVE LESION	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64776	T	REMOVE DIGIT NERVE LESION	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64778	N	DIGIT NERVE SURGERY ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64782	T	REMOVE LIMB NERVE LESION	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64783	N	LIMB NERVE SURGERY ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64784	T	REMOVE NERVE LESION	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64786	T	REMOVE SCIATIC NERVE LESION	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64787	N	IMPLANT NERVE END	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64788	T	REMOVE SKIN NERVE LESION	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64790	T	REMOVAL OF NERVE LESION	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64792	T	REMOVAL OF NERVE LESION	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64795	T	BIOPSY OF NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64802	T	SYMPATHECTOMY CERVICAL	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64804	T	REMOVE SYMPATHETIC NERVES	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64809	C	REMOVE SYMPATHETIC NERVES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
64818	C	REMOVE SYMPATHETIC NERVES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
64820	T	SYMPATHECTOMY DIGITAL ARTERY	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64821	T	REMOVE SYMPATHETIC NERVES	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
64822	T	REMOVE SYMPATHETIC NERVES	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
64823	T	SYMPATHECTOMY SUPFC PALMAR	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
64831	T	REPAIR OF DIGIT NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64832	N	REPAIR NERVE ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64834	T	REPAIR OF HAND OR FOOT NERVE	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64835	T	REPAIR OF HAND OR FOOT NERVE	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64836	T	REPAIR OF HAND OR FOOT NERVE	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64837	N	REPAIR NERVE ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64840	T	REPAIR OF LEG NERVE	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64856	T	REPAIR/TRANSPOSE NERVE	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-

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64857	T	REPAIR ARM/LEG NERVE	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64858	T	REPAIR SCIATIC NERVE	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64859	N	NERVE SURGERY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64861	T	REPAIR OF ARM NERVES	-	05431	21.0028	APC	$1,226.35	-	-	-	-	000	999	-
64862	T	REPAIR OF LOW BACK NERVES	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64864	T	REPAIR OF FACIAL NERVE	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64865	T	REPAIR OF FACIAL NERVE	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64866	C	FUSION OF FACIAL/OTHER NERVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
64868	C	FUSION OF FACIAL/OTHER NERVE	-	-	-	Inpatient 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	T	NERVE GRAFT HEAD/NECK </4 CM	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64886	T	NERVE GRAFT HEAD/NECK >4 CM	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64890	T	NERVE GRAFT HAND/FOOT </4 CM	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64891	T	NERVE GRAFT HAND/FOOT >4 CM	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64892	T	NERVE GRAFT ARM/LEG <4 CM	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64893	T	NERVE GRAFT ARM/LEG >4 CM	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64895	T	NERVE GRAFT HAND/FOOT </4 CM	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64896	T	NERVE GRAFT HAND/FOOT >4 CM	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64897	T	NERVE GRAFT ARM/LEG </4 CM	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64898	T	NERVE GRAFT ARM/LEG >4 CM	-	05432	72.1931	APC	$4,215.36	-	-	-	-	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	T	NERVE PEDICLE TRANSFER	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64907	T	NERVE PEDICLE TRANSFER	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64910	T	NERVE REPAIR W/ALLOGRAFT	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64911	T	NEURORRAPHY W/VEIN AUTOGRAFT	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64912	T	NRV RPR W/NRV ALGRFT 1ST	-	05432	72.1931	APC	$4,215.36	-	-	-	-	000	999	-
64913	N	NRV RPR W/NRV ALGRFT EA ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
64999	T	UNLISTED PX NERVOUS SYSTEM	-	05441	3.1769	APC	$185.50	-	-	-	-	000	999	-
65091	T	REVISE EYE	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65093	T	REVISE EYE WITH IMPLANT	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65101	T	REMOVAL OF EYE	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65103	T	REMOVE EYE/INSERT IMPLANT	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65105	T	REMOVE EYE/ATTACH IMPLANT	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65110	T	REMOVAL OF EYE	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65112	T	REMOVE EYE/REVISE SOCKET	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65114	T	REMOVE EYE/REVISE SOCKET	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65125	T	REVISE OCULAR IMPLANT	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
65130	T	INSERT OCULAR IMPLANT	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65135	T	INSERT OCULAR IMPLANT	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65140	T	ATTACH OCULAR IMPLANT	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65150	T	REVISE OCULAR IMPLANT	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65155	T	REINSERT OCULAR IMPLANT	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65175	T	REMOVAL OF OCULAR IMPLANT	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65205	N	REMOVE FOREIGN BODY FROM EYE	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
65210	N	REMOVE FOREIGN BODY FROM EYE	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
65220	N	REMOVE FOREIGN BODY FROM EYE	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
65222	N	REMOVE FOREIGN BODY FROM EYE	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
65235	T	REMOVE FOREIGN BODY FROM EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
65260	T	REMOVE FOREIGN BODY FROM EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
65265	T	REMOVE FOREIGN BODY FROM EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
65270	T	REPAIR OF EYE WOUND	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
65272	T	REPAIR OF EYE WOUND	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
65273	C	REPAIR OF EYE WOUND	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-

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65275	T	REPAIR OF EYE WOUND	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65280	N	REPAIR OF EYE WOUND	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
65285	N	REPAIR OF EYE WOUND	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
65286	T	REPAIR OF EYE WOUND	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
65290	T	REPAIR OF EYE SOCKET WOUND	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65400	T	REMOVAL OF EYE LESION	-	05502	10.1962	APC	$595.36	-	-	-	-	000	999	-
65410	T	BIOPSY OF CORNEA	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
65420	T	REMOVAL OF EYE LESION	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
65426	T	REMOVAL OF EYE LESION	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
65430	N	CORNEAL SMEAR	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
65435	T	CURETTE/TREAT CORNEA	-	05502	10.1962	APC	$595.36	-	-	-	-	000	999	-
65436	T	CURETTE/TREAT CORNEA	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
65450	T	TREATMENT OF CORNEAL LESION	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
65600	T	REVISION OF CORNEA	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
65710	N	CORNEAL TRANSPLANT	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
65730	N	CORNEAL TRANSPLANT	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
65750	N	CORNEAL TRANSPLANT	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
65755	N	CORNEAL TRANSPLANT	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
65756	N	CORNEAL TRNSPL ENDOTHELIAL	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
65757	N	PREP CORNEAL ENDO ALLOGRAFT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
65760	E	REVISION OF CORNEA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
65765	E	REVISION OF CORNEA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
65767	E	CORNEAL TISSUE TRANSPLANT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
65770	N	REVISE CORNEA WITH IMPLANT	-	05493	84.3318	Bundled, sometimes payable	$4,924.13	-	-	-	-	000	999	-
65771	E	RADIAL KERATOTOMY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
65772	T	CORRECTION OF ASTIGMATISM	-	05502	10.1962	APC	$595.36	-	-	-	-	000	999	-
65775	T	CORRECTION OF ASTIGMATISM	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
65778	N	COVER EYE W/MEMBRANE	-	05502	10.1962	Bundled, sometimes payable	$595.36	-	-	-	-	000	999	-
65779	N	COVER EYE W/MEMBRANE SUTURE	-	05504	40.8424	Bundled, sometimes payable	$2,384.79	-	-	-	-	000	999	-
65780	T	OCULAR RECONST TRANSPLANT	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65781	N	OCULAR RECONST TRANSPLANT	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
65782	T	OCULAR RECONST TRANSPLANT	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
65785	N	IMPLTJ NTRSTRML CRNL RNG SEG	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
65800	T	DRAINAGE OF EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
65810	T	DRAINAGE OF EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
65815	T	DRAINAGE OF EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
65820	N	RELIEVE INNER EYE PRESSURE	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
65850	T	INCISION OF EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
65855	T	TRABECULOPLASTY LASER SURG	-	05481	6.2017	APC	$362.12	-	-	-	-	000	999	-
65860	T	INCISE INNER EYE ADHESIONS	-	05481	6.2017	APC	$362.12	-	-	-	-	000	999	-
65865	T	INCISE INNER EYE ADHESIONS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
65870	T	INCISE INNER EYE ADHESIONS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
65875	T	INCISE INNER EYE ADHESIONS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
65880	T	INCISE INNER EYE ADHESIONS	-	05492	46.6855	APC	$2,725.97	-	-	-	-	000	999	-
65900	T	REMOVE EYE LESION	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
65920	T	REMOVE IMPLANT OF EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
65930	T	REMOVE BLOOD CLOT FROM EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66020	T	INJECTION TREATMENT OF EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66030	T	INJECTION TREATMENT OF EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66130	T	REMOVE EYE LESION	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
66150	N	GLAUCOMA SURGERY	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
66155	T	GLAUCOMA SURGERY	-	05492	46.6855	APC	$2,725.97	-	-	-	-	000	999	-
66160	T	GLAUCOMA SURGERY	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66170	T	GLAUCOMA SURGERY	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66172	T	INCISION OF EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66174	T	TRLUML DIL AQ O/F CAN W/O ST	-	05492	46.6855	APC	$2,725.97	-	-	-	-	000	999	-

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66175	N	TRLUML DIL AQ O/F CAN W/ST	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
66179	N	AQUEOUS SHUNT EYE W/O GRAFT	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
66180	N	AQUEOUS SHUNT EYE W/GRAFT	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
66183	N	INSERT ANT DRAINAGE DEVICE	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
66184	T	REVISION OF AQUEOUS SHUNT	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66185	T	REVISE AQUEOUS SHUNT EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66225	T	REPAIR/GRAFT EYE LESION	-	05492	46.6855	APC	$2,725.97	-	-	-	-	000	999	-
66250	T	FOLLOW-UP SURGERY OF EYE	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
66500	T	INCISION OF IRIS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66505	T	INCISION OF IRIS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66600	T	REMOVE IRIS AND LESION	-	05492	46.6855	APC	$2,725.97	-	-	-	-	000	999	-
66605	T	REMOVAL OF IRIS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66625	T	REMOVAL OF IRIS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66630	T	REMOVAL OF IRIS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66635	T	REMOVAL OF IRIS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66680	T	REPAIR IRIS & CILIARY BODY	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66682	T	REPAIR IRIS & CILIARY BODY	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66700	T	DESTRUCTION CILIARY BODY	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66710	T	CILIARY TRANSSLERAL THERAPY	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
66711	T	ECP CILIARY BODY DESTRUCTION	-	05491	25.2315	APC	$1,473.27	-	-	-	Y	000	999	-
66720	T	DESTRUCTION CILIARY BODY	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
66740	T	DESTRUCTION CILIARY BODY	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
66761	T	REVISION OF IRIS	-	05481	6.2017	APC	$362.12	-	-	-	-	000	999	-
66762	T	REVISION OF IRIS	-	05481	6.2017	APC	$362.12	-	-	-	-	000	999	-
66770	T	REMOVAL OF INNER EYE LESION	-	05481	6.2017	APC	$362.12	-	-	-	-	000	999	-
66820	T	INCISION SECONDARY CATARACT	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66821	T	AFTER CATARACT LASER SURGERY	-	05481	6.2017	APC	$362.12	-	-	-	-	000	999	-
66825	T	REPOSITION INTRAOCULAR LENS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66830	T	REMOVAL OF LENS LESION	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66840	T	REMOVAL OF LENS MATERIAL	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66850	T	REMOVAL OF LENS MATERIAL	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66852	N	REMOVAL OF LENS MATERIAL	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
66920	T	EXTRACTION OF LENS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66930	N	EXTRACTION OF LENS	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
66940	T	EXTRACTION OF LENS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66982	T	XCAPSL CTRC RMVL CPLX WO ECP	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66983	T	CATARACT SURG W/IOL 1 STAGE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66984	T	XCAPSL CTRC RMVL W/O ECP	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66985	T	INSERT LENS PROSTHESIS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66986	T	EXCHANGE LENS PROSTHESIS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
66987	N	XCAPSL CTRC RMVL CPLX W/ECP	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
66988	N	XCAPSL CTRC RMVL W/ECP	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
66989	T	XCPSL CTRC RMVL CPLX INSJ 1+	-	01563	75.7125	APC	$4,420.85	-	-	-	-	000	999	-
66990	N	OPHTHALMIC ENDOSCOPE ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
66991	T	XCAPSL CTRC RMVL INSJ 1+	-	01563	75.7125	APC	$4,420.85	-	-	-	-	000	999	-
66999	T	UNLISTED PX ANT SEGMENT EYE	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
67005	T	PARTIAL REMOVAL OF EYE FLUID	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
67010	T	PARTIAL REMOVAL OF EYE FLUID	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
67015	T	RELEASE OF EYE FLUID	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
67025	T	REPLACE EYE FLUID	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
67027	N	IMPLANT EYE DRUG SYSTEM	-	05494	187.1847	Bundled, sometimes payable	$10,929.71	-	-	-	-	000	999	-
67028	S	INJECTION EYE DRUG	-	05694	3.8864	APC	$226.93	-	-	-	-	000	999	-
67030	T	INCISE INNER EYE STRANDS	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
67031	T	LASER SURGERY EYE STRANDS	-	05481	6.2017	APC	$362.12	-	-	-	-	000	999	-
67036	T	REMOVAL OF INNER EYE FLUID	-	05492	46.6855	APC	$2,725.97	-	-	-	-	000	999	-
67039	N	LASER TREATMENT OF RETINA	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-

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67040	N	LASER TREATMENT OF RETINA	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
67041	T	VIT FOR MACULAR PUCKER	-	05492	46.6855	APC	$2,725.97	-	-	-	-	000	999	-
67042	N	VIT FOR MACULAR HOLE	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
67043	N	VIT FOR MEMBRANE DISSECT	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
67101	T	REPAIR DETACHED RETINA CRTX	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
67105	T	REPAIR DETACHED RETINA PC	-	05481	6.2017	APC	$362.12	-	-	-	-	000	999	-
67107	N	REPAIR DETACHED RETINA	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
67108	N	REPAIR DETACHED RETINA	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
67110	T	REPAIR DETACHED RETINA	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
67113	N	REPAIR RETINAL DETACH CPLX	-	05492	46.6855	Bundled, sometimes payable	$2,725.97	-	-	-	-	000	999	-
67115	T	RELEASE ENCIRCLING MATERIAL	-	05492	46.6855	APC	$2,725.97	-	-	-	-	000	999	-
67120	T	REMOVE EYE IMPLANT MATERIAL	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
67121	T	REMOVE EYE IMPLANT MATERIAL	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
67141	T	PROPH RTA DTCHMNT CRTX DTHRM	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
67145	T	PROPH RTA DTCHMNT PC	-	05481	6.2017	APC	$362.12	-	-	-	-	000	999	-
67208	T	TREATMENT OF RETINAL LESION	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
67210	T	TREATMENT OF RETINAL LESION	-	05481	6.2017	APC	$362.12	-	-	-	-	000	999	-
67218	T	TREATMENT OF RETINAL LESION	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67220	T	TREATMENT OF CHOROID LESION	-	05481	6.2017	APC	$362.12	-	-	-	-	000	999	-
67221	T	OCULAR PHOTODYNAMIC THER	-	05481	6.2017	APC	$362.12	-	-	-	-	000	999	-
67225	N	EYE PHOTODYNAMIC THER ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
67227	T	DSTRJ EXTENSIVE RETINOPATHY	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67228	T	TREATMENT X10SV RETINOPATHY	-	05481	6.2017	APC	$362.12	-	-	-	-	000	999	-
67229	T	TR RETINAL LES PRETERM INF	-	05481	6.2017	APC	$362.12	-	-	-	-	000	001	-
67250	T	REINFORCE EYE WALL	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67255	T	REINFORCE/GRAFT EYE WALL	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
67299	T	UNLISTED PX POSTERIOR SEGMNT	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
67311	T	REVISE EYE MUSCLE	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67312	T	REVISE TWO EYE MUSCLES	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67314	T	REVISE EYE MUSCLE	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67316	T	REVISE TWO EYE MUSCLES	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67318	T	REVISE EYE MUSCLE(S)	-	05503	24.7032	APC	$1,442.42	-	-	-	-	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	-
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	T	RELEASE EYE TISSUE	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67345	T	DESTROY NERVE OF EYE MUSCLE	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
67346	T	BIOPSY EYE MUSCLE	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67399	T	UNLISTED PX EXTRAOCULAR MUSC	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
67400	T	EXPLORE/BIOPSY EYE SOCKET	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67405	T	EXPLORE/DRAIN EYE SOCKET	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67412	T	EXPLORE/TREAT EYE SOCKET	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67413	T	EXPLORE/TREAT EYE SOCKET	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67414	T	EXPLR/DECOMPRESS EYE SOCKET	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67415	T	ASPIRATION ORBITAL CONTENTS	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67420	T	EXPLORE/TREAT EYE SOCKET	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67430	T	EXPLORE/TREAT EYE SOCKET	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67440	T	EXPLORE/DRAIN EYE SOCKET	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67445	T	EXPLR/DECOMPRESS EYE SOCKET	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67450	T	EXPLORE/BIOPSY EYE SOCKET	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67500	T	INJECT/TREAT EYE SOCKET	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
67505	T	INJECT/TREAT EYE SOCKET	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
67515	T	INJECT/TREAT EYE SOCKET	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-

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67550	T	INSERT EYE SOCKET IMPLANT	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67560	T	REVISE EYE SOCKET IMPLANT	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67570	T	DECOMPRESS OPTIC NERVE	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67599	T	UNLISTED PROCEDURE ORBIT	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
67700	T	DRAINAGE OF EYELID ABSCESS	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
67710	T	INCISION OF EYELID	-	05502	10.1962	APC	$595.36	-	-	-	-	000	999	-
67715	T	INCISION OF EYELID FOLD	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67800	T	REMOVE EYELID LESION	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
67801	T	REMOVE EYELID LESIONS	-	05502	10.1962	APC	$595.36	-	-	-	-	000	999	-
67805	T	REMOVE EYELID LESIONS	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
67808	T	REMOVE EYELID LESION(S)	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67810	T	BIOPSY EYELID & LID MARGIN	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
67820	N	REVISE EYELASHES	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
67825	T	REVISE EYELASHES	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
67830	T	REVISE EYELASHES	-	05502	10.1962	APC	$595.36	-	-	-	-	000	999	-
67835	T	REVISE EYELASHES	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67840	T	REMOVE EYELID LESION	-	05502	10.1962	APC	$595.36	-	-	-	-	000	999	-
67850	T	TREAT EYELID LESION	-	05502	10.1962	APC	$595.36	-	-	-	-	000	999	-
67875	T	CLOSURE OF EYELID BY SUTURE	-	05502	10.1962	APC	$595.36	-	-	-	-	000	999	-
67880	T	REVISION OF EYELID	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67882	T	REVISION OF EYELID	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67900	T	REPAIR BROW DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67901	T	REPAIR EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67902	T	REPAIR EYELID DEFECT	-	05504	40.8424	APC	$2,384.79	-	-	Y	-	000	999	-
67903	T	REPAIR EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67904	T	REPAIR EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67906	T	REPAIR EYELID DEFECT	-	05504	40.8424	APC	$2,384.79	-	-	Y	-	000	999	-
67908	T	REPAIR EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67909	T	REVISE EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67911	T	REVISE EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67912	T	CORRECTION EYELID W/IMPLANT	-	05503	24.7032	APC	$1,442.42	-	-	-	Y	000	999	-
67914	T	REPAIR EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67915	T	REPAIR EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67916	T	REPAIR EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67917	T	REPAIR EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67921	T	REPAIR EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67922	T	REPAIR EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67923	T	REPAIR EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67924	T	REPAIR EYELID DEFECT	-	05503	24.7032	APC	$1,442.42	-	-	Y	-	000	999	-
67930	T	REPAIR EYELID WOUND	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67935	T	REPAIR EYELID WOUND	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67938	T	REMOVE EYELID FOREIGN BODY	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
67950	T	REVISION OF EYELID	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67961	T	REVISION OF EYELID	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67966	T	REVISION OF EYELID	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67971	T	RECONSTRUCTION OF EYELID	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67973	T	RECONSTRUCTION OF EYELID	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67974	T	RECONSTRUCTION OF EYELID	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
67975	T	RECONSTRUCTION OF EYELID	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
67999	T	UNLISTED PROCEDURE EYELIDS	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
68020	T	INCISE/DRAIN EYELID LINING	-	05502	10.1962	APC	$595.36	-	-	-	-	000	999	-
68040	T	TREATMENT OF EYELID LESIONS	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
68100	T	BIOPSY OF EYELID LINING	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68110	T	REMOVE EYELID LINING LESION	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68115	T	REMOVE EYELID LINING LESION	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68130	T	REMOVE EYELID LINING LESION	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-

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68135	T	REMOVE EYELID LINING LESION	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68200	N	TREAT EYELID BY INJECTION	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
68320	T	REVISE/GRAFT EYELID LINING	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68325	T	REVISE/GRAFT EYELID LINING	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
68326	T	REVISE/GRAFT EYELID LINING	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
68328	T	REVISE/GRAFT EYELID LINING	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68330	T	REVISE EYELID LINING	-	05491	25.2315	APC	$1,473.27	-	-	-	-	000	999	-
68335	T	REVISE/GRAFT EYELID LINING	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
68340	T	SEPARATE EYELID ADHESIONS	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68360	T	REVISE EYELID LINING	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
68362	T	REVISE EYELID LINING	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68371	T	HARVEST EYE TISSUE ALOGRAFT	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68399	T	UNLISTED PX CONJUNCTIVA	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
68400	T	INCISE/DRAIN TEAR GLAND	-	05502	10.1962	APC	$595.36	-	-	-	-	000	999	-
68420	T	INCISE/DRAIN TEAR SAC	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68440	T	INCISE TEAR DUCT OPENING	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
68500	T	REMOVAL OF TEAR GLAND	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
68505	T	PARTIAL REMOVAL TEAR GLAND	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
68510	T	BIOPSY OF TEAR GLAND	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68520	T	REMOVAL OF TEAR SAC	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
68525	T	BIOPSY OF TEAR SAC	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68530	T	CLEARANCE OF TEAR DUCT	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
68540	T	REMOVE TEAR GLAND LESION	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68550	T	REMOVE TEAR GLAND LESION	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
68700	T	REPAIR TEAR DUCTS	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68705	T	REVISE TEAR DUCT OPENING	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
68720	T	CREATE TEAR SAC DRAIN	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
68745	T	CREATE TEAR DUCT DRAIN	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
68750	T	CREATE TEAR DUCT DRAIN	-	05504	40.8424	APC	$2,384.79	-	-	-	-	000	999	-
68760	T	CLOSE TEAR DUCT OPENING	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
68761	T	CLOSE TEAR DUCT OPENING	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
68770	T	CLOSE TEAR SYSTEM FISTULA	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68801	N	DILATE TEAR DUCT OPENING	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
68810	T	PROBE NASOLACRIMAL DUCT	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
68811	T	PROBE NASOLACRIMAL DUCT	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68815	T	PROBE NASOLACRIMAL DUCT	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68816	T	PROBE NL DUCT W/BALLOON	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
68840	T	EXPLORE/IRRIGATE TEAR DUCTS	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
68841	N	INSJ RX ELUT IMPLT LAC CANAL	-	05503	24.7032	Bundled, sometimes payable	$1,442.42	-	-	-	-	000	999	-
68850	N	INJECTION FOR TEAR SAC X-RAY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
68899	T	UNLISTED PX LACRIMAL SYSTEM	-	05501	3.093	APC	$180.60	-	-	-	-	000	999	-
69000	T	DRAIN EXTERNAL EAR LESION	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
69005	T	DRAIN EXTERNAL EAR LESION	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
69020	T	DRAIN OUTER EAR CANAL LESION	-	05071	7.5828	APC	$442.76	-	-	-	-	000	999	-
69090	E	PIERCE EARLOBES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
69100	T	BIOPSY OF EXTERNAL EAR	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
69105	T	BIOPSY OF EXTERNAL EAR CANAL	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
69110	T	REMOVE EXTERNAL EAR PARTIAL	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
69120	T	REMOVAL OF EXTERNAL EAR	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
69140	N	REMOVE EAR CANAL LESION(S)	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69145	T	REMOVE EAR CANAL LESION(S)	-	05073	30.1835	APC	$1,762.41	-	-	-	-	000	999	-
69150	T	EXTENSIVE EAR CANAL SURGERY	-	05165	62.3903	APC	$3,642.97	-	-	-	-	000	999	-
69155	C	EXTENSIVE EAR/NECK SURGERY	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
69200	N	CLEAR OUTER EAR CANAL	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
69205	T	CLEAR OUTER EAR CANAL	-	05072	17.5212	APC	$1,023.06	-	-	-	-	000	999	-
69209	N	REMOVE IMPACTED EAR WAX UNI	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-

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69210	N	REMOVE IMPACTED EAR WAX UNI	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
69220	N	CLEAN OUT MASTOID CAVITY	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
69222	T	CLEAN OUT MASTOID CAVITY	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
69300	E	REVISE EXTERNAL EAR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
69310	N	REBUILD OUTER EAR CANAL	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69320	N	REBUILD OUTER EAR CANAL	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69399	T	UNLISTED PX EXTERNAL EAR	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
69420	T	INCISION OF EARDRUM	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
69421	T	INCISION OF EARDRUM	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
69424	N	REMOVE VENTILATING TUBE	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
69433	T	CREATE EARDRUM OPENING	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
69436	T	CREATE EARDRUM OPENING	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
69440	N	EXPLORATION OF MIDDLE EAR	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
69450	N	EARDRUM REVISION	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
69501	N	MASTOIDECTOMY	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69502	N	MASTOIDECTOMY	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69505	N	REMOVE MASTOID STRUCTURES	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69511	N	EXTENSIVE MASTOID SURGERY	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69530	N	EXTENSIVE MASTOID SURGERY	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69535	C	REMOVE PART OF TEMPORAL BONE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
69540	T	REMOVE EAR LESION	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
69550	N	REMOVE EAR LESION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69552	N	REMOVE EAR LESION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69554	C	REMOVE EAR LESION	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
69601	N	MASTOID SURGERY REVISION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69602	N	MASTOID SURGERY REVISION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69603	N	MASTOID SURGERY REVISION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69604	N	MASTOID SURGERY REVISION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69610	T	REPAIR OF EARDRUM	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
69620	T	REPAIR OF EARDRUM	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
69631	N	REPAIR EARDRUM STRUCTURES	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69632	N	REBUILD EARDRUM STRUCTURES	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69633	N	REBUILD EARDRUM STRUCTURES	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69635	N	REPAIR EARDRUM STRUCTURES	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69636	N	REBUILD EARDRUM STRUCTURES	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69637	N	REBUILD EARDRUM STRUCTURES	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69641	N	REVISE MIDDLE EAR & MASTOID	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69642	N	REVISE MIDDLE EAR & MASTOID	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69643	N	REVISE MIDDLE EAR & MASTOID	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69644	N	REVISE MIDDLE EAR & MASTOID	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69645	N	REVISE MIDDLE EAR & MASTOID	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69646	N	REVISE MIDDLE EAR & MASTOID	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69650	N	RELEASE MIDDLE EAR BONE	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
69660	N	REVISE MIDDLE EAR BONE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69661	N	REVISE MIDDLE EAR BONE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69662	N	REVISE MIDDLE EAR BONE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69666	T	REPAIR MIDDLE EAR STRUCTURES	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
69667	T	REPAIR MIDDLE EAR STRUCTURES	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
69670	N	REMOVE MASTOID AIR CELLS	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69676	T	REMOVE MIDDLE EAR NERVE	-	05164	33.2421	APC	$1,941.01	-	-	-	-	000	999	-
69700	T	CLOSE MASTOID FISTULA	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
69705	T	NPS SURG DILAT EUST TUBE UNI	-	05165	62.3903	APC	$3,502.59	-	-	-	-	000	999	-
69706	T	NPS SURG DILAT EUST TUBE BI	-	05165	62.3903	APC	$3,502.59	-	-	-	-	000	999	-
69710	E	IMPLANT/REPLACE HEARING AID	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
69711	N	REMOVE/REPAIR HEARING AID	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
69714	N	IMPL OI IMPLT SKULL PERQ ESP	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-

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69716	N	IMPL OI IMPLT SK TC ESP<100	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
69717	N	RPLCMT OI IMPLT SKL PRQ ESP	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
69719	N	RPLCM OI IMPLT SK TC ESP<100	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
69720	N	RELEASE FACIAL NERVE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69725	N	RELEASE FACIAL NERVE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69726	N	RMV NTR OI IMPLT SKL PRQ ESP	-	05113	34.7802	Bundled, sometimes payable	$2,030.82	-	-	-	-	000	999	-
69727	N	RMV NTR OI IMP SK TC ESP<100	-	05113	34.7802	Bundled, sometimes payable	$2,030.82	-	-	-	-	000	999	-
69728	T	RMV NTR OI IMP SKTC ESP>=100	-	05113	34.7802	APC	$2,030.82	-	-	-	-	000	999	-
69729	T	IMPL OI IMPLT SK TC ESP>=100	-	05115	152.4576	APC	$8,902.00	-	-	-	-	000	999	-
69730	T	RPLC OI IMPLT SK TC ESP>=100	-	05115	152.4576	APC	$8,902.00	-	-	-	-	000	999	-
69740	N	REPAIR FACIAL NERVE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69745	N	REPAIR FACIAL NERVE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69799	T	UNLISTED PX MIDDLE EAR	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
69801	T	INCISE INNER EAR	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
69805	N	EXPLORE INNER EAR	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69806	N	EXPLORE INNER EAR	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69905	N	REMOVE INNER EAR	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69910	N	REMOVE INNER EAR & MASTOID	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69915	N	INCISE INNER EAR NERVE	-	05164	33.2421	Bundled, sometimes payable	$1,941.01	-	-	-	-	000	999	-
69930	N	IMPLANT COCHLEAR DEVICE	-	05166	389.5196	Bundled, sometimes payable	$22,744.05	-	-	Y	-	000	999	-
69949	T	UNLISTED PX INNER EAR	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
69950	C	INCISE INNER EAR NERVE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
69955	N	RELEASE FACIAL NERVE	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69960	N	RELEASE INNER EAR CANAL	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69970	N	REMOVE INNER EAR LESION	-	05165	62.3903	Bundled, sometimes payable	$3,642.97	-	-	-	-	000	999	-
69979	T	UNLISTED PX TEMPORAL BONE	-	05161	2.4283	APC	$141.79	-	-	-	-	000	999	-
69990	N	MICROSURGERY ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
70010	N	CONTRAST X-RAY OF BRAIN	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
70015	N	CONTRAST X-RAY OF BRAIN	-	05573	8.6551	Bundled, sometimes payable	$505.37	-	-	-	-	000	999	-
70030	N	X-RAY EYE FOR FOREIGN BODY	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70100	N	X-RAY EXAM OF JAW <4VIEWS	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	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	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
70120	N	X-RAY EXAM OF MASTOIDS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
70130	N	X-RAY EXAM OF MASTOIDS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
70134	N	X-RAY EXAM OF MIDDLE EAR	-	05524	5.8787	Bundled, sometimes payable	$343.26	-	-	-	-	000	999	-
70140	N	X-RAY EXAM OF FACIAL BONES	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70150	N	X-RAY EXAM OF FACIAL BONES	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
70160	N	X-RAY EXAM OF NASAL BONES	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70170	N	X-RAY EXAM OF TEAR DUCT	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
70190	N	X-RAY EXAM OF EYE SOCKETS	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70200	N	X-RAY EXAM OF EYE SOCKETS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
7020F	E	MAMMO ASSESS CAT IN DBASE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
70210	N	X-RAY EXAM OF SINUSES	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70220	N	X-RAY EXAM OF SINUSES	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70240	N	X-RAY EXAM PITUITARY SADDLE	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70250	N	X-RAY EXAM OF SKULL	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
7025F	E	PT INFOSYS ALARM 4 NXT MAMMO	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
70260	N	X-RAY EXAM OF SKULL	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
70300	N	X-RAY EXAM OF TEETH	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70310	N	X-RAY EXAM OF TEETH	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
70320	N	FULL MOUTH X-RAY OF TEETH	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
70328	N	X-RAY EXAM OF JAW JOINT	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70330	N	X-RAY EXAM OF JAW JOINTS	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70332	N	X-RAY EXAM OF JAW JOINT	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
70336	N	MAGNETIC IMAGE JAW JOINT	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-

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70350	N	X-RAY HEAD FOR ORTHODONTIA	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70355	N	PANORAMIC X-RAY OF JAWS	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70360	N	X-RAY EXAM OF NECK	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70370	N	THROAT X-RAY & FLUOROSCOPY	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70371	N	SPEECH EVALUATION COMPLEX	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
70380	N	X-RAY EXAM OF SALIVARY GLAND	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
70390	N	X-RAY EXAM OF SALIVARY DUCT	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
70450	N	CT HEAD/BRAIN W/O DYE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
70460	N	CT HEAD/BRAIN W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
70470	N	CT HEAD/BRAIN W/O & W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
70480	N	CT ORBIT/EAR/FOSSA W/O DYE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
70481	N	CT ORBIT/EAR/FOSSA W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
70482	N	CT ORBIT/EAR/FOSSA W/O&W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
70486	N	CT MAXILLOFACIAL W/O DYE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
70487	N	CT MAXILLOFACIAL W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
70488	N	CT MAXILLOFACIAL W/O & W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
70490	N	CT SOFT TISSUE NECK W/O DYE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
70491	N	CT SOFT TISSUE NECK W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
70492	N	CT SFT TSUE NCK W/O & W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
70496	N	CT ANGIOGRAPHY HEAD	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
70498	N	CT ANGIOGRAPHY NECK	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
70540	N	MRI ORBIT/FACE/NECK W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
70542	N	MRI ORBIT/FACE/NECK W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
70543	N	MRI ORBT/FAC/NCK W/O &W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
70544	N	MR ANGIOGRAPHY HEAD W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
70545	N	MR ANGIOGRAPHY HEAD W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
70546	N	MR ANGIOGRAPH HEAD W/O&W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
70547	N	MR ANGIOGRAPHY NECK W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
70548	N	MR ANGIOGRAPHY NECK W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
70549	N	MR ANGIOGRAPH NECK W/O&W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
70551	N	MRI BRAIN STEM W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
70552	N	MRI BRAIN STEM W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
70553	N	MRI BRAIN STEM W/O & W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
70554	N	FMRI BRAIN BY TECH	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
70555	S	FMRI BRAIN BY PHYS/PSYCH	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
70557	S	MRI BRAIN W/O DYE	-	05524	5.8787	APC	$343.26	-	-	-	Y	000	999	-
70558	S	MRI BRAIN W/DYE	-	05571	2.1071	APC	$123.03	-	-	-	Y	000	999	-
70559	S	MRI BRAIN W/O & W/DYE	-	05571	2.1071	APC	$123.03	-	-	-	Y	000	999	-
71045	N	X-RAY EXAM CHEST 1 VIEW	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
71046	N	X-RAY EXAM CHEST 2 VIEWS	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
71047	N	X-RAY EXAM CHEST 3 VIEWS	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
71048	N	X-RAY EXAM CHEST 4+ VIEWS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
71100	N	X-RAY EXAM RIBS UNI 2 VIEWS	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
71101	M	X-RAY EXAM UNILAT RIBS/CHEST	-	-	-	Fee Schedule	$70.11	-	-	-	-	000	999	-
71110	N	X-RAY EXAM RIBS BIL 3 VIEWS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
71111	N	X-RAY EXAM RIBS/CHEST4/> VWS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
71120	N	X-RAY EXAM BREASTBONE 2/>VWS	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
71130	N	X-RAY STRENOCLAVIC JT 3/>VWS	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
71250	N	CT THORAX DX C-	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
71260	N	CT THORAX DX C+	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
71270	N	CT THORAX DX C-/C+	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
71271	S	CT THORAX LUNG CANCER SCR C-	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
71275	N	CT ANGIOGRAPHY CHEST	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
71550	N	MRI CHEST W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
71551	N	MRI CHEST W/DYE	-	05573	8.6551	Bundled, sometimes payable	$505.37	-	-	-	-	000	999	-
71552	N	MRI CHEST W/O & W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-

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71555	M	MRI ANGIO CHEST W OR W/O DYE	-	-	-	Fee Schedule	$445.61	-	-	-	-	000	999	-
72020	N	X-RAY EXAM OF SPINE 1 VIEW	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
72040	M	X-RAY EXAM NECK SPINE 2-3 VW	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
72050	M	X-RAY EXAM NECK SPINE 4/5VWS	-	-	-	Fee Schedule	$70.11	-	-	-	-	000	999	-
72052	N	X-RAY EXAM NECK SPINE 6/>VWS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
72070	M	X-RAY EXAM THORAC SPINE 2VWS	-	-	-	Fee Schedule	$70.11	-	-	-	-	000	999	-
72072	M	X-RAY EXAM THORAC SPINE 3VWS	-	-	-	Fee Schedule	$70.11	-	-	-	-	000	999	-
72074	M	X-RAY EXAM THORAC SPINE4/>VW	-	-	-	Fee Schedule	$70.11	-	-	-	-	000	999	-
72080	M	X-RAY EXAM THORACOLMB 2/> VW	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
72081	N	X-RAY EXAM ENTIRE SPI 1 VW	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
72082	N	X-RAY EXAM ENTIRE SPI 2/3 VW	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
72083	S	X-RAY EXAM ENTIRE SPI 4/5 VW	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
72084	S	X-RAY EXAM ENTIRE SPI 6/> VW	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
72100	M	X-RAY EXAM L-S SPINE 2/3 VWS	-	-	-	Fee Schedule	$70.11	-	-	-	-	000	999	-
72110	M	X-RAY EXAM L-2 SPINE 4/>VWS	-	-	-	Fee Schedule	$70.11	-	-	-	-	000	999	-
72114	N	X-RAY EXAM L-S SPINE BENDING	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
72120	N	X-RAY BEND ONLY L-S SPINE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
72125	N	CT NECK SPINE W/O DYE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
72126	N	CT NECK SPINE W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
72127	N	CT NECK SPINE W/O & W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
72128	N	CT CHEST SPINE W/O DYE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
72129	N	CT CHEST SPINE W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
72130	N	CT CHEST SPINE W/O & W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
72131	N	CT LUMBAR SPINE W/O DYE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
72132	N	CT LUMBAR SPINE W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
72133	N	CT LUMBAR SPINE W/O & W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
72141	N	MRI NECK SPINE W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
72142	N	MRI NECK SPINE W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
72146	N	MRI CHEST SPINE W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
72147	N	MRI CHEST SPINE W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
72148	N	MRI LUMBAR SPINE W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
72149	N	MRI LUMBAR SPINE W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
72156	N	MRI NECK SPINE W/O & W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
72157	N	MRI CHEST SPINE W/O & W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
72158	N	MRI LUMBAR SPINE W/O & W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
72159	E	MR ANGIO SPINE W/O&W/DYE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
72170	M	X-RAY EXAM OF PELVIS	-	-	-	Fee Schedule	$70.11	-	-	-	-	000	999	-
72190	N	X-RAY EXAM OF PELVIS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
72191	N	CT ANGIOGRAPH PELV W/O&W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
72192	N	CT PELVIS W/O DYE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
72193	N	CT PELVIS W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
72194	N	CT PELVIS W/O & W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
72195	N	MRI PELVIS W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
72196	N	MRI PELVIS W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
72197	N	MRI PELVIS W/O & W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	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	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
72202	M	X-RAY EXAM SI JOINTS 3/> VWS	-	-	-	Fee Schedule	$70.11	-	-	-	-	000	999	-
72220	M	X-RAY EXAM SACRUM TAILBONE	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
72240	N	MYELOGRAPHY NECK SPINE	-	05573	8.6551	Bundled, sometimes payable	$505.37	-	-	-	-	000	999	-
72255	N	MYELOGRAPHY THORACIC SPINE	-	05573	8.6551	Bundled, sometimes payable	$505.37	-	-	-	-	000	999	-
72265	N	MYELOGRAPHY L-S SPINE	-	05573	8.6551	Bundled, sometimes payable	$505.37	-	-	-	-	000	999	-
72270	N	MYELOGPHY 2/> SPINE REGIONS	-	05573	8.6551	Bundled, sometimes payable	$505.37	-	-	-	-	000	999	-
72285	N	DISCOGRAPHY CERV/THOR SPINE	-	05431	21.0028	Bundled, sometimes payable	$1,226.35	-	-	-	-	000	999	-
72295	N	X-RAY OF LOWER SPINE DISK	-	05431	21.0028	Bundled, sometimes payable	$1,226.35	-	-	-	-	000	999	-
73000	N	X-RAY EXAM OF COLLAR BONE	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-

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73010	M	X-RAY EXAM OF SHOULDER BLADE	-	-	-	Fee Schedule	$70.11	-	-	-	-	000	999	-
73020	N	X-RAY EXAM OF SHOULDER	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
73030	M	X-RAY EXAM OF SHOULDER	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73040	N	CONTRAST X-RAY OF SHOULDER	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
73050	M	X-RAY EXAM OF SHOULDERS	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73060	M	X-RAY EXAM OF HUMERUS	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73070	M	X-RAY EXAM OF ELBOW	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73080	M	X-RAY EXAM OF ELBOW	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73085	N	CONTRAST X-RAY OF ELBOW	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
73090	M	X-RAY EXAM OF FOREARM	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73092	N	X-RAY EXAM OF ARM INFANT	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
73100	M	X-RAY EXAM OF WRIST	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73110	M	X-RAY EXAM OF WRIST	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73115	N	CONTRAST X-RAY OF WRIST	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
73120	M	X-RAY EXAM OF HAND	-	-	-	Fee Schedule	$70.11	-	-	-	-	000	999	-
73130	M	X-RAY EXAM OF HAND	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73140	M	X-RAY EXAM OF FINGER(S)	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73200	N	CT UPPER EXTREMITY W/O DYE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
73201	N	CT UPPER EXTREMITY W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
73202	N	CT UPPR EXTREMITY W/O&W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
73206	N	CT ANGIO UPR EXTRM W/O&W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
73218	N	MRI UPPER EXTREMITY W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
73219	N	MRI UPPER EXTREMITY W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
73220	N	MRI UPPR EXTREMITY W/O&W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
73221	N	MRI JOINT UPR EXTREM W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
73222	N	MRI JOINT UPR EXTREM W/DYE	-	05573	8.6551	Bundled, sometimes payable	$505.37	-	-	-	-	000	999	-
73223	N	MRI JOINT UPR EXTR W/O&W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	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	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
73502	N	X-RAY EXAM HIP UNI 2-3 VIEWS	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
73503	N	X-RAY EXAM HIP UNI 4/> VIEWS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
73521	N	X-RAY EXAM HIPS BI 2 VIEWS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
73522	N	X-RAY EXAM HIPS BI 3-4 VIEWS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
73523	S	X-RAY EXAM HIPS BI 5/> VIEWS	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
73525	N	CONTRAST X-RAY OF HIP	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
73551	N	X-RAY EXAM OF FEMUR 1	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
73552	N	X-RAY EXAM OF FEMUR 2/>	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
73560	M	X-RAY EXAM OF KNEE 1 OR 2	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73562	M	X-RAY EXAM OF KNEE 3	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73564	M	X-RAY EXAM KNEE 4 OR MORE	-	-	-	Fee Schedule	$70.11	-	-	-	-	000	999	-
73565	M	X-RAY EXAM OF KNEES	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73580	N	CONTRAST X-RAY OF KNEE JOINT	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
73590	M	X-RAY EXAM OF LOWER LEG	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73592	N	X-RAY EXAM OF LEG INFANT	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	002	-
73600	M	X-RAY EXAM OF ANKLE	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73610	M	X-RAY EXAM OF ANKLE	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73615	N	CONTRAST X-RAY OF ANKLE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
73620	M	X-RAY EXAM OF FOOT	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73630	M	X-RAY EXAM OF FOOT	-	-	-	Fee Schedule	$56.99	-	-	-	-	000	999	-
73650	N	X-RAY EXAM OF HEEL	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
73660	N	X-RAY EXAM OF TOE(S)	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
73700	N	CT LOWER EXTREMITY W/O DYE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
73701	N	CT LOWER EXTREMITY W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
73702	N	CT LWR EXTREMITY W/O&W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
73706	N	CT ANGIO LWR EXTR W/O&W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
73718	N	MRI LOWER EXTREMITY W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-

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73719	N	MRI LOWER EXTREMITY W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
73720	N	MRI LWR EXTREMITY W/O&W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
73721	N	MRI JNT OF LWR EXTRE W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
73722	N	MRI JOINT OF LWR EXTR W/DYE	-	05573	8.6551	Bundled, sometimes payable	$505.37	-	-	-	-	000	999	-
73723	N	MRI JOINT LWR EXTR W/O&W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
73725	M	MR ANG LWR EXT W OR W/O DYE	-	-	-	Fee Schedule	$446.03	-	-	-	-	000	999	-
74018	N	X-RAY EXAM ABDOMEN 1 VIEW	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
74019	N	X-RAY EXAM ABDOMEN 2 VIEWS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
74021	N	X-RAY EXAM ABDOMEN 3+ VIEWS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
74022	M	X-RAY EXAM COMPLETE ABDOMEN	-	-	-	Fee Schedule	$70.11	-	-	-	-	000	999	-
74150	N	CT ABDOMEN W/O DYE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
74160	N	CT ABDOMEN W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
74170	N	CT ABDOMEN W/O & W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
74174	S	CT ANGIO ABD&PELV W/O&W/DYE	-	05572	4.3048	APC	$251.36	-	-	-	-	000	999	-
74175	N	CT ANGIO ABDOM W/O & W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
74176	N	CT ABD & PELVIS W/O CONTRAST	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
74177	N	CT ABD & PELV W/CONTRAST	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
74178	N	CT ABD & PELV 1/> REGNS	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
74181	N	MRI ABDOMEN W/O DYE	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
74182	N	MRI ABDOMEN W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
74183	N	MRI ABDOMEN W/O & W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
74185	M	MRI ANGIO ABDOM W ORW/O DYE	-	-	-	Fee Schedule	$448.57	-	-	-	-	000	999	-
74190	N	X-RAY EXAM OF PERITONEUM	-	05524	5.8787	Bundled, sometimes payable	$343.26	-	-	-	-	000	999	-
74210	N	X-RAY XM PHRNX&/CRV ESOPH C+	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
74220	N	X-RAY XM ESOPHAGUS 1CNTRST	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
74221	N	X-RAY XM ESOPHAGUS 2CNTRST	-	05571	2.1071	Bundled, sometimes payable	$118.29	-	-	-	-	000	999	-
74230	N	X-RAY XM SWLNG FUNCJ C+	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
74235	N	REMOVE ESOPHAGUS OBSTRUCTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
74240	N	X-RAY XM UPR GI TRC 1CNTRST	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
74246	N	X-RAY XM UPR GI TRC 2CNTRST	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	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	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
74251	S	X-RAY XM SM INT 2CNTRST STD	-	05571	2.1071	APC	$123.03	-	-	-	-	000	999	-
74261	N	CT COLONOGRAPHY DX	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
74262	N	CT COLONOGRAPHY DX W/DYE	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
74263	E	CT COLONOGRAPHY SCREENING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
74270	N	X-RAY XM COLON 1CNTRST STD	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
74280	S	X-RAY XM COLON 2CNTRST STD	-	05571	2.1071	APC	$123.03	-	-	-	-	000	999	-
74283	S	THER NMA RDCTJ INTUS/OBSTRCJ	-	05571	2.1071	APC	$123.03	-	-	-	-	000	999	-
74290	N	CONTRAST X-RAY GALLBLADDER	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	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	2.1071	APC	$123.03	-	-	-	-	000	999	-
74410	S	UROGRAPHY NFS DRIP&/BOLUS	-	05571	2.1071	APC	$123.03	-	-	-	-	000	999	-
74415	S	UROGRAPHY NFS DRIP&/BLS W/NF	-	05571	2.1071	APC	$123.03	-	-	-	-	000	999	-
74420	S	UROGRAPHY RTRGR +-KUB	-	05572	4.3048	APC	$251.36	-	-	-	-	000	999	-
74425	N	UROGRAPHY ANTEGRADE RS&I	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
74430	N	CONTRAST X-RAY BLADDER	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
74440	N	X-RAY MALE GENITAL TRACT	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-

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74445	N	X-RAY EXAM OF PENIS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
74450	N	X-RAY URETHRA/BLADDER	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
74455	N	X-RAY URETHRA/BLADDER	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
74470	N	X-RAY EXAM OF KIDNEY LESION	-	05524	5.8787	Bundled, sometimes payable	$343.26	-	-	-	-	000	999	-
74485	N	DILATION URTR/URT RS&I	-	05373	21.6729	Bundled, sometimes payable	$1,265.48	-	-	-	-	000	999	-
74710	N	X-RAY MEASUREMENT OF PELVIS	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
74712	S	MRI FETAL SNGL/1ST GESTATION	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
74713	N	MRI FETAL EA ADDL GESTATION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
74740	N	X-RAY FEMALE GENITAL TRACT	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
74742	N	X-RAY FALLOPIAN TUBE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
74775	S	X-RAY EXAM OF PERINEUM	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
75557	N	CARDIAC MRI FOR MORPH	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
75559	N	CARDIAC MRI W/STRESS IMG	-	05524	5.8787	Bundled, sometimes payable	$343.26	-	-	-	-	000	999	-
75561	N	CARDIAC MRI FOR MORPH W/DYE	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
75563	N	CARD MRI W/STRESS IMG & DYE	-	05573	8.6551	Bundled, sometimes payable	$505.37	-	-	-	-	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	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
75572	S	CT HRT W/3D IMAGE	-	05571	2.1071	APC	$123.03	-	-	-	-	000	999	-
75573	S	CT HRT C+ STRUX CGEN HRT DS	-	05571	2.1071	APC	$123.03	-	-	-	-	000	999	-
75574	S	CT ANGIO HRT W/3D IMAGE	-	05571	2.1071	APC	$123.03	-	-	-	-	000	999	-
75600	N	CONTRAST EXAM THORACIC AORTA	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75605	N	CONTRAST EXAM THORACIC AORTA	-	05184	60.0544	Bundled, sometimes payable	$3,506.58	-	-	-	-	000	999	-
75625	N	CONTRAST EXAM ABDOMINL AORTA	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75630	N	X-RAY AORTA LEG ARTERIES	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75635	N	CT ANGIO ABDOMINAL ARTERIES	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
75705	N	ARTERY X-RAYS SPINE	-	05184	60.0544	Bundled, sometimes payable	$3,506.58	-	-	-	-	000	999	-
75710	N	ARTERY X-RAYS ARM/LEG	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75716	N	ARTERY X-RAYS ARMS/LEGS	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75726	N	ARTERY X-RAYS ABDOMEN	-	05184	60.0544	Bundled, sometimes payable	$3,506.58	-	-	-	-	000	999	-
75731	N	ARTERY X-RAYS ADRENAL GLAND	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75733	N	ARTERY X-RAYS ADRENALS	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75736	N	ARTERY X-RAYS PELVIS	-	05184	60.0544	Bundled, sometimes payable	$3,506.58	-	-	-	-	000	999	-
75741	N	ARTERY X-RAYS LUNG	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75743	N	ARTERY X-RAYS LUNGS	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75746	N	ARTERY X-RAYS LUNG	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75756	N	ARTERY X-RAYS CHEST	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75774	N	ARTERY X-RAY EACH VESSEL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
75801	N	LYMPH VESSEL X-RAY ARM/LEG	-	05181	6.7594	Bundled, sometimes payable	$394.68	-	-	-	-	000	999	-
75803	N	LYMPH VESSEL X-RAY ARMS/LEGS	-	05182	17.3845	Bundled, sometimes payable	$1,015.08	-	-	-	-	000	999	-
75805	N	LYMPH VESSEL X-RAY TRUNK	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75807	N	LYMPH VESSEL X-RAY TRUNK	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75809	N	NONVASCULAR SHUNT X-RAY	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
75810	N	VEIN X-RAY SPLEEN/LIVER	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75820	N	VEIN X-RAY ARM/LEG	-	05182	17.3845	Bundled, sometimes payable	$1,015.08	-	-	-	-	000	999	-
75822	N	VEIN X-RAY ARMS/LEGS	-	05182	17.3845	Bundled, sometimes payable	$1,015.08	-	-	-	-	000	999	-
75825	N	VEIN X-RAY TRUNK	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75827	N	VEIN X-RAY CHEST	-	05182	17.3845	Bundled, sometimes payable	$1,015.08	-	-	-	-	000	999	-
75831	N	VEIN X-RAY KIDNEY	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75833	N	VEIN X-RAY KIDNEYS	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75840	N	VEIN X-RAY ADRENAL GLAND	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75842	N	VEIN X-RAY ADRENAL GLANDS	-	05184	60.0544	Bundled, sometimes payable	$3,506.58	-	-	-	-	000	999	-
75860	N	VEIN X-RAY NECK	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75870	N	VEIN X-RAY SKULL	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75872	N	VEIN X-RAY SKULL EPIDURAL	-	05181	6.7594	Bundled, sometimes payable	$394.68	-	-	-	-	000	999	-
75880	N	VEIN X-RAY EYE SOCKET	-	05181	6.7594	Bundled, sometimes payable	$394.68	-	-	-	-	000	999	-
75885	N	VEIN X-RAY LIVER W/HEMODYNAM	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-

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75887	N	VEIN X-RAY LIVER W/O HEMODYN	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75889	N	VEIN X-RAY LIVER W/HEMODYNAM	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75891	N	VEIN X-RAY LIVER	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	000	999	-
75893	N	VENOUS SAMPLING BY CATHETER	-	05184	60.0544	Bundled, sometimes payable	$3,506.58	-	-	-	-	000	999	-
75894	N	X-RAYS TRANSCATH THERAPY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
75898	N	FOLLOW-UP ANGIOGRAPHY	-	05183	34.8072	Bundled, sometimes payable	$2,032.39	-	-	-	-	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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
75957	C	XRAY ENDOVASC THOR AO REPR	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
75958	C	XRAY PLACE PROX EXT THOR AO	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
75959	C	XRAY PLACE DIST EXT THOR AO	-	-	-	Inpatient 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	2.7285	APC	$159.32	-	-	-	-	000	999	-
76010	N	X-RAY NOSE TO RECTUM	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
76080	N	X-RAY EXAM OF FISTULA	-	05524	5.8787	Bundled, sometimes payable	$343.26	-	-	-	-	000	999	-
76098	N	X-RAY EXAM SURGICAL SPECIMEN	-	05524	5.8787	Bundled, sometimes payable	$343.26	-	-	-	-	000	999	-
76100	N	X-RAY EXAM OF BODY SECTION	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76120	N	CINE/VIDEO X-RAYS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	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	5.6485	APC	$329.82	-	-	-	-	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	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
76390	E	MR SPECTROSCOPY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
76391	N	MR ELASTOGRAPHY	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
76496	N	UNLISTED FLUOROSCOPIC PX	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
76497	N	UNLISTED CT PROCEDURE	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
76498	S	UNLISTED MR PROCEDURE	-	05521	1.0151	APC	$59.27	-	-	-	-	000	999	-
76499	N	UNLISTED DX RADIOGRAPHIC PX	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
76506	N	ECHO EXAM OF HEAD	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76510	N	OPH US DX B-SCAN&QUAN A-SCAN	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
76511	N	OPH US DX QUAN A-SCAN ONLY	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76512	N	OPH US DX B-SCAN	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76513	N	OPH US DX ANT SGM US UNI/BI	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76514	N	ECHO EXAM OF EYE THICKNESS	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
76516	N	ECHO EXAM OF EYE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76519	N	ECHO EXAM OF EYE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76529	N	ECHO EXAM OF EYE	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
76536	N	US EXAM OF HEAD AND NECK	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76604	N	US EXAM CHEST	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76641	N	ULTRASOUND BREAST COMPLETE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76642	N	ULTRASOUND BREAST LIMITED	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
76700	N	US EXAM ABDOM COMPLETE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76705	N	ECHO EXAM OF ABDOMEN	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76706	S	US ABDL AORTA SCREEN AAA	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
76770	N	US EXAM ABDO BACK WALL COMP	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76775	N	US EXAM ABDO BACK WALL LIM	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76776	N	US EXAM K TRANSPL W/DOPPLER	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76800	N	US EXAM SPINAL CANAL	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76801	S	OB US < 14 WKS SINGLE FETUS	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
76802	N	OB US < 14 WKS ADDL FETUS	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
76805	S	OB US >= 14 WKS SNGL FETUS	-	05522	1.2488	APC	$72.92	-	-	-	-	010	065	-

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76810	N	OB US >= 14 WKS ADDL FETUS	-	-	-	Bundled	$0.00	-	-	-	-	010	065	-
76811	S	OB US DETAILED SNGL FETUS	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
76812	N	OB US DETAILED ADDL FETUS	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
76813	N	OB US NUCHAL MEAS 1 GEST	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76814	N	OB US NUCHAL MEAS ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
76815	N	OB US LIMITED FETUS(S)	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	010	065	-
76816	N	OB US FOLLOW-UP PER FETUS	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	010	065	-
76817	N	TRANSVAGINAL US OBSTETRIC	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76818	S	FETAL BIOPHYS PROFILE W/NST	-	05522	1.2488	APC	$72.92	-	-	-	-	010	065	-
76819	S	FETAL BIOPHYS PROFIL W/O NST	-	05522	1.2488	APC	$72.92	-	-	-	-	010	065	-
76820	N	UMBILICAL ARTERY ECHO	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76821	N	MIDDLE CEREBRAL ARTERY ECHO	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76825	S	ECHO EXAM OF FETAL HEART	-	05524	5.8787	APC	$343.26	-	-	-	-	010	065	-
76826	S	ECHO EXAM OF FETAL HEART	-	05523	2.7285	APC	$159.32	-	-	-	-	010	065	-
76827	N	ECHO EXAM OF FETAL HEART	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	010	065	-
76828	N	ECHO EXAM OF FETAL HEART	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	010	065	-
76830	S	TRANSVAGINAL US NON-OB	-	05522	1.2488	APC	$72.92	-	-	-	-	010	999	-
76831	N	ECHO EXAM UTERUS	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
76856	N	US EXAM PELVIC COMPLETE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76857	N	US EXAM PELVIC LIMITED	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76870	N	US EXAM SCROTUM	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76872	S	US TRANSRECTAL	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
76873	S	ECHOGRAP TRANS R PROS STUDY	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
76881	S	US COMPL JOINT R-T W/IMG	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
76882	N	US LMTD JT/FCL EVL NVASC XTR	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76883	N	US NRV&ACC STRUX 1XTR COMPRE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76885	N	US EXAM INFANT HIPS DYNAMIC	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	000	-
76886	N	US EXAM INFANT HIPS STATIC	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	000	-
76932	N	ECHO GUIDE FOR HEART BIOPSY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
76936	S	ECHO GUIDE FOR ARTERY REPAIR	-	05722	3.2723	APC	$191.07	-	-	-	-	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	065	-
76942	N	ECHO GUIDE FOR BIOPSY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
76945	N	ECHO GUIDE VILLUS SAMPLING	-	-	-	Bundled	$0.00	-	-	-	-	010	065	-
76946	N	ECHO GUIDE FOR AMNIOCENTESIS	-	-	-	Bundled	$0.00	-	-	-	-	010	065	-
76948	N	ECHO GUIDE OVA ASPIRATION	-	-	-	Bundled	$0.00	-	-	-	-	010	065	-
76965	N	ECHO GUIDANCE RADIOTHERAPY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
76975	N	GI ENDOSCOPIC ULTRASOUND	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
76977	S	US BONE DENSITY MEASURE	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
76978	S	US TRGT DYN MBUBB 1ST LES	-	05571	2.1071	APC	$123.03	-	-	-	-	000	999	-
76979	N	US TRGT DYN MBUBB EA ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
76981	N	USE PARENCHYMA	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76982	N	USE 1ST TARGET LESION	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
76983	N	USE EA ADDL TARGET LESION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
76998	N	US GUIDE INTRAOP	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
76999	N	ECHO EXAMINATION PROCEDURE	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	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	-

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77046	N	MRI BREAST C- UNILATERAL	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
77047	N	MRI BREAST C- BILATERAL	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	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	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
77054	N	X-RAY OF MAMMARY DUCTS	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	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	$65.93	-	-	-	-	000	999	-
77065	M	DX MAMMO INCL CAD UNI	-	-	-	Fee Schedule	$158.97	-	-	-	-	000	999	-
77066	M	DX MAMMO INCL CAD BI	-	-	-	Fee Schedule	$200.84	-	-	-	-	000	999	-
77067	M	SCR MAMMO BI INCL CAD	-	-	-	Fee Schedule	$161.93	-	-	-	-	000	999	-
77071	N	X-RAY STRESS VIEW	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
77072	N	X-RAYS FOR BONE AGE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
77073	N	X-RAYS BONE LENGTH STUDIES	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
77074	N	X-RAYS BONE SURVEY LIMITED	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
77075	N	X-RAYS BONE SURVEY COMPLETE	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
77076	N	X-RAYS BONE SURVEY INFANT	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	001	-
77077	N	JOINT SURVEY SINGLE VIEW	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
77078	S	CT BONE DENSITY AXIAL	-	05521	1.0151	APC	$59.27	-	-	-	-	000	999	-
77080	S	DXA BONE DENSITY AXIAL	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
77081	S	DXA BONE DENSITY/PERIPHERAL	-	05521	1.0151	APC	$59.27	-	-	-	-	000	999	-
77084	S	MAGNETIC IMAGE BONE MARROW	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
77085	N	DXA BONE DENSITY STUDY	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
77086	N	FRACTURE ASSESSMENT VIA DXA	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	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	1.0151	APC	$59.27	-	-	-	-	000	999	-
77091	S	TBS TECHL CALCULATION ONLY	-	05521	1.0151	APC	$59.27	-	-	-	-	000	999	-
77092	E	TBS I&R FX RSK QHP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
77261	E	RADIATION THERAPY PLANNING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
77262	E	RADIATION THERAPY PLANNING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
77263	E	RADIATION THERAPY PLANNING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
77280	S	SET RADIATION THERAPY FIELD	-	05611	1.5584	APC	$90.99	-	-	-	-	000	999	-
77285	S	SET RADIATION THERAPY FIELD	-	05612	4.1914	APC	$244.74	-	-	-	-	000	999	-
77290	S	SET RADIATION THERAPY FIELD	-	05612	4.1914	APC	$244.74	-	-	-	-	000	999	-
77293	N	RESPIRATOR MOTION MGMT SIMUL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
77295	S	3-D RADIOTHERAPY PLAN	-	05613	15.6648	APC	$914.67	-	-	-	-	000	999	-
77299	S	UNLISTED PX THER RAD TX PLNG	-	05611	1.5584	APC	$90.99	-	-	-	-	000	999	-
77300	S	RADIATION THERAPY DOSE PLAN	-	05611	1.5584	APC	$90.99	-	-	-	-	000	999	-
77301	S	RADIOTHERAPY DOSE PLAN IMRT	-	05613	15.6648	APC	$914.67	-	-	-	-	000	999	-
77306	S	TELETHX ISODOSE PLAN SIMPLE	-	05612	4.1914	APC	$244.74	-	-	-	-	000	999	-
77307	S	TELETHX ISODOSE PLAN CPLX	-	05612	4.1914	APC	$244.74	-	-	-	-	000	999	-
77316	S	BRACHYTX ISODOSE PLAN SIMPLE	-	05612	4.1914	APC	$244.74	-	-	-	-	000	999	-
77317	S	BRACHYTX ISODOSE INTERMED	-	05612	4.1914	APC	$244.74	-	-	-	-	000	999	-
77318	S	BRACHYTX ISODOSE COMPLEX	-	05612	4.1914	APC	$244.74	-	-	-	-	000	999	-
77321	S	SPECIAL TELETX PORT PLAN	-	05612	4.1914	APC	$244.74	-	-	-	-	000	999	-
77331	S	SPECIAL RADIATION DOSIMETRY	-	05611	1.5584	APC	$90.99	-	-	-	-	000	999	-
77332	S	RADIATION TREATMENT AID(S)	-	05611	1.5584	APC	$90.99	-	-	-	-	000	999	-
77333	S	RADIATION TREATMENT AID(S)	-	05611	1.5584	APC	$90.99	-	-	-	-	000	999	-
77334	S	RADIATION TREATMENT AID(S)	-	05612	4.1914	APC	$244.74	-	-	-	-	000	999	-
77336	S	RADIATION PHYSICS CONSULT	-	05611	1.5584	APC	$90.99	-	-	-	-	000	999	-
77338	S	DESIGN MLC DEVICE FOR IMRT	-	05612	4.1914	APC	$244.74	-	-	-	-	000	999	-
77370	S	RADIATION PHYSICS CONSULT	-	05611	1.5584	APC	$90.99	-	-	-	-	000	999	-
77371	N	SRS MULTISOURCE	-	05627	89.8589	Bundled, sometimes payable	$5,246.86	-	-	-	-	000	999	-
77372	N	SRS LINEAR BASED	-	05627	89.8589	Bundled, sometimes payable	$5,246.86	-	-	-	-	000	999	-
77373	S	SBRT DELIVERY	-	05626	20.6514	APC	$1,205.84	-	-	-	-	000	999	-

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77385	S	NTSTY MODUL RAD TX DLVR SMPL	-	05623	6.6889	APC	$390.56	-	-	-	-	000	999	-
77386	S	NTSTY MODUL RAD TX DLVR CPLX	-	05623	6.6889	APC	$390.56	-	-	-	-	000	999	-
77387	N	GUIDANCE FOR RADJ TX DLVR	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
77399	S	UNLISTED PX MED RADJ PHYSICS	-	05611	1.5584	APC	$90.99	-	-	-	-	000	999	-
77401	S	RADIATION TREATMENT DELIVERY	-	05621	1.43	APC	$83.50	-	-	-	-	000	999	-
77402	S	RADIATION TREATMENT DELIVERY	-	05621	1.43	APC	$83.50	-	-	-	-	000	999	-
77407	S	RADIATION TREATMENT DELIVERY	-	05622	3.0722	APC	$179.39	-	-	-	-	000	999	-
77412	S	RADIATION TREATMENT DELIVERY	-	05622	3.0722	APC	$179.39	-	-	-	-	000	999	-
77417	N	RADIOLOGY PORT IMAGES(S)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
77423	S	NEUTRON BEAM TX COMPLEX	-	05623	6.6889	APC	$390.56	-	-	-	Y	000	999	-
77424	N	IO RAD TX DELIVERY BY X-RAY	-	05627	89.8589	Bundled, sometimes payable	$5,246.86	-	-	-	-	000	999	-
77425	N	IO RAD TX DELIVER BY ELCTRNS	-	05627	89.8589	Bundled, sometimes payable	$5,246.86	-	-	-	-	000	999	-
77427	M	RADIATION TX MANAGEMENT X5	-	-	-	Fee Schedule	$235.30	-	-	-	-	000	999	-
77431	M	RADIATION THERAPY MANAGEMENT	-	-	-	Fee Schedule	$131.82	-	-	-	-	000	999	-
77432	M	STEREOTACTIC RADIATION TRMT	-	-	-	Fee Schedule	$525.07	-	-	-	-	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	6.6889	APC	$390.56	-	-	-	-	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	6.6889	APC	$390.56	-	-	-	-	000	999	-
77522	S	PROTON TRMT SIMPLE W/COMP	-	05625	15.4609	APC	$902.76	-	-	-	-	000	999	-
77523	S	PROTON TRMT INTERMEDIATE	-	05625	15.4609	APC	$902.76	-	-	-	-	000	999	-
77525	S	PROTON TREATMENT COMPLEX	-	05625	15.4609	APC	$902.76	-	-	-	-	000	999	-
77600	S	HYPERTHERMIA TREATMENT	-	05622	3.0722	APC	$179.39	-	-	-	-	000	999	-
77605	S	HYPERTHERMIA TREATMENT	-	05624	8.4328	APC	$492.39	-	-	-	-	000	999	-
77610	S	HYPERTHERMIA TREATMENT	-	05623	6.6889	APC	$390.56	-	-	-	-	000	999	-
77615	S	HYPERTHERMIA TREATMENT	-	05623	6.6889	APC	$390.56	-	-	-	-	000	999	-
77620	S	HYPERTHERMIA TREATMENT	-	05623	6.6889	APC	$390.56	-	-	-	-	000	999	-
77750	S	INFUSE RADIOACTIVE MATERIALS	-	05622	3.0722	APC	$179.39	-	-	-	-	000	999	-
77761	S	APPLY INTRCAV RADIAT SIMPLE	-	05623	6.6889	APC	$390.56	-	-	-	-	000	999	-
77762	S	APPLY INTRCAV RADIAT INTERM	-	05623	6.6889	APC	$390.56	-	-	-	-	000	999	-
77763	S	APPLY INTRCAV RADIAT COMPL	-	05624	8.4328	APC	$492.39	-	-	-	-	000	999	-
77767	S	HDR RDNCL SKN SURF BRACHYTX	-	05622	3.0722	APC	$179.39	-	-	-	-	000	999	-
77768	S	HDR RDNCL SKN SURF BRACHYTX	-	05622	3.0722	APC	$179.39	-	-	-	-	000	999	-
77770	S	HDR RDNCL NTRSTL/ICAV BRCHTX	-	05624	8.4328	APC	$492.39	-	-	-	-	000	999	-
77771	S	HDR RDNCL NTRSTL/ICAV BRCHTX	-	05624	8.4328	APC	$492.39	-	-	-	-	000	999	-
77772	S	HDR RDNCL NTRSTL/ICAV BRCHTX	-	05624	8.4328	APC	$492.39	-	-	-	-	000	999	-
77778	S	APPLY INTERSTIT RADIAT COMPL	-	05624	8.4328	APC	$492.39	-	-	-	-	000	999	-
77789	S	APPLY SURF LDR RADIONUCLIDE	-	05621	1.43	APC	$83.50	-	-	-	-	000	999	-
77790	N	RADIATION HANDLING	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
77799	S	UNLISTED PX CLIN BRACHYTX	-	05621	1.43	APC	$83.50	-	-	-	-	000	999	-
78012	S	THYROID UPTAKE MEASUREMENT	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78013	S	THYROID IMAGING W/BLOOD FLOW	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78014	S	THYROID IMAGING W/BLOOD FLOW	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78015	S	THYROID MET IMAGING	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78016	S	THYROID MET IMAGING/STUDIES	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78018	S	THYROID MET IMAGING BODY	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78020	N	THYROID MET UPTAKE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
78070	S	PARATHYROID PLANAR IMAGING	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78071	S	PARATHYRD PLANAR W/WO SUBTRJ	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78072	S	PARATHYRD PLANAR W/SPECT&CT	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78075	S	ADRENAL CORTEX & MEDULLA IMG	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78099	S	UNLISTED ENDOCRINE PX DX NUC	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78102	S	BONE MARROW IMAGING LTD	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78103	S	BONE MARROW IMAGING MULT	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78104	S	BONE MARROW IMAGING BODY	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-

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78110	S	PLASMA VOLUME SINGLE	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78111	S	PLASMA VOLUME MULTIPLE	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78120	S	RED CELL MASS SINGLE	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78121	S	RED CELL MASS MULTIPLE	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78122	S	BLOOD VOLUME	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78130	S	RED CELL SURVIVAL STUDY	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78140	S	RED CELL SEQUESTRATION	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78185	S	SPLEEN IMAGING	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78191	S	PLATELET SURVIVAL	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78195	S	LYMPH SYSTEM IMAGING	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78199	S	UNLSTD HEMATOP RET/ENDO LYMP	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78201	S	LIVER IMAGING	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78202	S	LIVER IMAGING WITH FLOW	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78215	S	LIVER AND SPLEEN IMAGING	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78216	S	LIVER & SPLEEN IMAGE/FLOW	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78226	S	HEPATOBILIARY SYSTEM IMAGING	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78227	S	HEPATOBIL SYST IMAGE W/DRUG	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78230	S	SALIVARY GLAND IMAGING	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78231	S	SERIAL SALIVARY IMAGING	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78232	S	SALIVARY GLAND FUNCTION EXAM	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78258	S	ESOPHAGEAL MOTILITY STUDY	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78261	S	GASTRIC MUCOSA IMAGING	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78262	S	GASTROESOPHAGEAL REFLUX EXAM	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78264	S	GASTRIC EMPTYING IMAG STUDY	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78265	S	GASTRIC EMPTYING IMAG STUDY	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78266	S	GASTRIC EMPTYING IMAG STUDY	-	05592	5.8947	APC	$344.19	-	-	-	-	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	4.5415	APC	$265.18	-	-	-	-	000	999	-
78282	S	GI PROTEIN LOSS EXAM	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78290	S	MECKELS DIVERT EXAM	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78291	S	LEVEEN/SHUNT PATENCY EXAM	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78299	S	UNLISTED GI PX DX NUC MED	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78300	S	BONE IMAGING LIMITED AREA	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78305	S	BONE IMAGING MULTIPLE AREAS	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78306	S	BONE IMAGING WHOLE BODY	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78315	S	BONE IMAGING 3 PHASE	-	05591	4.5415	APC	$265.18	-	-	-	-	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	4.5415	APC	$265.18	-	-	-	-	000	999	-
78414	S	NON-IMAGING HEART FUNCTION	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78428	S	CARDIAC SHUNT IMAGING	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78429	S	MYOCRD IMG PET 1 STD W/CT	-	05594	17.402	APC	$1,012.67	-	-	-	-	000	999	-
78430	S	MYOCRD IMG PET RST/STRS W/CT	-	05594	17.402	APC	$1,012.67	-	-	-	-	000	999	-
78431	S	MYOCRD IMG PET RST&STRS CT	-	01523	48.9936	APC	$2,250.50	-	-	-	-	000	999	-
78432	S	MYOCRD IMG PET 2RTRACER	-	01520	32.9622	APC	$2,750.50	-	-	-	-	000	999	-
78433	S	MYOCRD IMG PET 2RTRACER CT	-	01521	34.7435	APC	$2,750.50	-	-	-	-	000	999	-
78434	N	AQMBF PET REST & RX STRESS	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
78445	S	VASCULAR FLOW IMAGING	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78451	S	HT MUSCLE IMAGE SPECT SING	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78452	S	HT MUSCLE IMAGE SPECT MULT	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78453	S	HT MUSCLE IMAGE PLANAR SING	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78454	S	HT MUSC IMAGE PLANAR MULT	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78456	S	ACUTE VENOUS THROMBUS IMAGE	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78457	S	VENOUS THROMBOSIS IMAGING	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78458	S	VEN THROMBOSIS IMAGES BILAT	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-

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78459	S	MYOCRD IMG PET SINGLE STUDY	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78466	S	HEART INFARCT IMAGE	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78468	S	HEART INFARCT IMAGE (EF)	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78469	S	HEART INFARCT IMAGE (3D)	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78472	S	GATED HEART PLANAR SINGLE	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78473	S	GATED HEART MULTIPLE	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78481	S	HEART FIRST PASS SINGLE	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78483	S	HEART FIRST PASS MULTIPLE	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78491	S	MYOCRD IMG PET 1STD RST/STRS	-	05594	17.402	APC	$1,016.10	-	-	-	-	000	999	-
78492	S	MYOCRD IMG PET MLT RST&STRS	-	05594	17.402	APC	$1,016.10	-	-	-	-	000	999	-
78494	S	HEART IMAGE SPECT	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78496	N	HEART FIRST PASS ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
78499	S	UNLISTED CV PX DX NUC MED	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78579	S	LUNG VENTILATION IMAGING	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78580	S	LUNG PERFUSION IMAGING	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78582	S	LUNG VENTILAT&PERFUS IMAGING	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78597	S	LUNG PERFUSION DIFFERENTIAL	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78598	S	LUNG PERF&VENTILAT DIFERENTL	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78599	S	UNLISTED RESP PX DX NUC MED	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78600	S	BRAIN IMAGE < 4 VIEWS	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78601	S	BRAIN IMAGE W/FLOW < 4 VIEWS	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78605	S	BRAIN IMAGE 4+ VIEWS	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78606	S	BRAIN IMAGE W/FLOW 4 + VIEWS	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78608	S	BRAIN IMAGING (PET)	-	05594	17.402	APC	$1,016.10	-	-	-	-	000	999	-
78609	E	BRAIN IMAGING (PET)	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
78610	S	BRAIN FLOW IMAGING ONLY	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78630	S	CEREBROSPINAL FLUID SCAN	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78635	S	CSF VENTRICULOGRAPHY	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78645	S	CSF SHUNT EVALUATION	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78650	S	CSF LEAKAGE IMAGING	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78660	S	NUCLEAR EXAM OF TEAR FLOW	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78699	S	UNLISTED NRVS SYS PX DX NUC	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78700	S	KIDNEY IMAGING MORPHOL	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78701	S	KIDNEY IMAGING WITH FLOW	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78707	S	K FLOW/FUNCT IMAGE W/O DRUG	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78708	S	K FLOW/FUNCT IMAGE W/DRUG	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78709	S	K FLOW/FUNCT IMAGE MULTIPLE	-	05592	5.8947	APC	$344.19	-	-	-	-	000	999	-
78725	S	KIDNEY FUNCTION STUDY	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78730	N	URINARY BLADDER RETENTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
78740	S	URETERAL REFLUX STUDY	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78761	S	TESTICULAR IMAGING W/FLOW	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78799	S	UNLISTED GU PX DX NUC MED	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78800	S	RP LOCLZJ TUM 1 AREA 1 D IMG	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78801	S	RP LOCLZJ TUM 2+AREA 1+D IMG	-	05591	4.5415	APC	$265.18	-	-	-	-	000	999	-
78802	S	RP LOCLZJ TUM WHBDY 1 D IMG	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78803	S	RP LOCLZJ TUM SPECT 1 AREA	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78804	S	RP LOCLZJ TUM WHBDY 2+D IMG	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78808	N	IV INJ RA DRUG DX STUDY	-	05591	4.5415	Bundled, sometimes payable	$265.18	-	-	-	-	000	999	-
78811	S	PET IMAGE LTD AREA	-	05593	15.5082	APC	$905.52	-	-	-	-	000	999	-
78812	S	PET IMAGE SKULL-THIGH	-	05594	17.402	APC	$1,016.10	-	-	-	-	000	999	-
78813	S	PET IMAGE FULL BODY	-	05594	17.402	APC	$1,016.10	-	-	-	-	000	999	-
78814	S	PET IMAGE W/CT LMTD	-	05594	17.402	APC	$1,016.10	-	-	-	-	000	999	-
78815	S	PET IMAGE W/CT SKULL-THIGH	-	05594	17.402	APC	$1,016.10	-	-	-	-	000	999	-
78816	S	PET IMAGE W/CT FULL BODY	-	05594	17.402	APC	$1,016.10	-	-	-	-	000	999	-
78830	S	RP LOCLZJ TUM SPECT W/CT 1	-	05593	15.5082	APC	$893.37	-	-	-	-	000	999	-
78831	S	RP LOCLZJ TUM SPECT 2 AREAS	-	05593	15.5082	APC	$893.37	-	-	-	-	000	999	-

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78832	S	RP LOCLZJ TUM SPECT W/CT 2	-	05594	17.402	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	4.5415	APC	$265.18	-	-	-	-	000	999	-
79005	S	NUCLEAR RX ORAL ADMIN	-	05661	2.9179	APC	$170.38	-	-	-	-	000	999	-
79101	S	NUCLEAR RX IV ADMIN	-	05661	2.9179	APC	$170.38	-	-	-	-	000	999	-
79200	S	NUCLEAR RX INTRACAV ADMIN	-	05661	2.9179	APC	$170.38	-	-	-	-	000	999	-
79300	S	NUCLR RX INTERSTIT COLLOID	-	05661	2.9179	APC	$170.38	-	-	-	-	000	999	-
79403	S	HEMATOPOIETIC NUCLEAR TX	-	05661	2.9179	APC	$170.38	-	-	-	-	000	999	-
79440	S	NUCLEAR RX INTRA-ARTICULAR	-	05661	2.9179	APC	$170.38	-	-	-	-	000	999	-
79445	S	NUCLEAR RX INTRA-ARTERIAL	-	05661	2.9179	APC	$170.38	-	-	-	-	000	999	-
79999	S	RP THERAPY UNLISTED PX	-	05661	2.9179	APC	$170.38	-	-	-	-	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	Q	GENERAL HEALTH PANEL	-	-	-	Fee Schedule	$59.51	-	-	-	-	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	065	-
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	-	-	-	Medicare	$124.77	$77.36	$74.86	-	-	000	999	-
80143	Q	DRUG ASSAY ACETAMINOPHEN	-	-	-	Medicare	$31.07	$19.26	$18.64	-	-	000	999	-
80145	N	DRUG ASSAY ADALIMUMAB	-	-	-	Bundled, sometimes payable	$64.28	-	-	-	-	000	999	-
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	-

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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	N	DRUG ASY HYDROXYCHLOROQUINE	-	-	-	Bundled, sometimes payable	$31.07	-	-	-	-	000	999	-
80230	N	DRUG ASSAY INFLIXIMAB	-	-	-	Bundled, sometimes payable	$64.28	-	-	-	-	000	999	-
80235	Q	DRUG ASSAY LACOSAMIDE	-	-	-	Medicare	$45.18	$28.01	$27.11	-	-	000	999	-
80280	N	DRUG ASSAY VEDOLIZUMAB	-	-	-	Bundled, sometimes payable	$64.28	-	-	-	-	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	-
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	-

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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	-
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	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	000	999	-
80504	N	PATH CLIN CONSLTJ MOD 21-40	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
80505	N	PATH CLIN CONSLTJ HIGH 41-60	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	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	-

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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	-
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 GENE DETC ABNOR ALLELES	-	-	-	Medicare	$228.33	$141.56	$137.00	-	-	000	999	-
81172	Q	AFF2 GENE 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	-
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	-

Montana Healthcare Programs Fee Schedule
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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
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 GENE DETECTION	-	-	-	Medicare	$95.07	$58.94	$57.04	-	-	000	999	-
81244	Q	FMR1 GENE 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	-

Montana Healthcare Programs Fee Schedule
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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	-
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	-

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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	-
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	E	CYTOG ALYS CHRML ABNR LW-PS	-	-	-	Not Allowed	$0.00	-	-	-	-	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	-

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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	-
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	-	-	000	999	-
81416	Q	EXOME SEQUENCE ANALYSIS	-	-	-	Medicare	$20,000.00	$12,400.00	$12,000.00	-	-	000	999	-
81417	Q	EXOME RE-EVALUATION	-	-	-	Medicare	$533.33	$330.66	$320.00	-	-	000	999	-
81418	E	RX METAB GEN SEQ ALYS PNL 6	-	-	-	Not Allowed	$0.00	-	-	-	-	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	061	-
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	$1,131.75	$701.69	$679.05	-	-	000	999	-
81433	Q	HRDTRY BRST CA-RLATD DSORDRS	-	-	-	Medicare	$731.55	$453.56	$438.93	-	-	000	999	-
81434	Q	HEREDITARY RETINAL DISORDERS	-	-	-	Medicare	$996.52	$617.84	$597.91	-	-	000	999	-
81435	Q	HEREDITARY COLON CA DSORDRS	-	-	-	Medicare	$974.83	$604.39	$584.90	-	-	000	999	-
81436	Q	HEREDITARY COLON CA DSORDRS	-	-	-	Medicare	$974.83	$604.39	$584.90	-	-	000	999	-
81437	Q	HEREDTRY NURONDCRN TUM DSRDR	-	-	-	Medicare	$731.55	$453.56	$438.93	-	-	000	999	-
81438	Q	HEREDTRY NURONDCRN TUM DSRDR	-	-	-	Medicare	$731.55	$453.56	$438.93	-	-	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	E	IBMFS SEQ ALYS PNL 30 GENES	-	-	-	Not Allowed	$0.00	-	-	-	-	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	TGSAP SO NEO 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	E	TGSAP SO NEO 5-50 RNA ALYS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
81450	Q	TGSAP HL NEO 5-50DNA/DNA&RNA	-	-	-	Medicare	$1,265.88	$784.85	$759.53	-	-	000	999	-
81451	E	TGSAP HL NEO 5-50 RNA ALYS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
81455	Q	TGSAP SO/HL 51/> DNA/DNA&RNA	-	-	-	Medicare	$4,866.00	$3,016.92	$2,919.60	-	-	000	999	-
81456	E	TGSAP SO/HL 51/> RNA ALYS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
81460	Q	WHOLE MITOCHONDRIAL GENOME	-	-	-	Medicare	$2,145.00	$1,329.90	$1,287.00	-	-	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	-

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81479	N	UNLISTED MOLECULAR PATHOLOGY	-	-	-	Bundled	$0.00	-	-	Y	-	000	999	PA applies to under 18 with mental health DX only
81490	Q	AUTOIMMUNE RHEUMATOID ARTHR	-	-	-	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	061	-
81508	E	FTL CGEN ABNOR TWO PROTEINS	-	-	-	Not Allowed	$0.00	-	-	-	-	010	061	-
81509	E	FTL CGEN ABNOR 3 PROTEINS	-	-	-	Not Allowed	$0.00	-	-	-	-	010	061	-
81510	E	FTL CGEN ABNOR THREE ANAL	-	-	-	Not Allowed	$0.00	-	-	-	-	010	061	-
81511	E	FTL CGEN ABNOR FOUR ANAL	-	-	-	Not Allowed	$0.00	-	-	-	-	010	061	-
81512	E	FTL CGEN ABNOR FIVE ANAL	-	-	-	Not Allowed	$0.00	-	-	-	-	010	061	-
81513	Q	NFCT DS BV RNA VAG FLU ALG	-	-	-	Medicare	$237.72	$147.39	$142.63	-	-	000	999	-
81514	Q	NFCT DS BV&VAGINITIS DNA ALG	-	-	-	Medicare	$438.32	$271.76	$262.99	-	-	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	$9,200.00	$5,704.00	$5,520.00	-	-	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	TEST FOR ACETONE/KETONES	-	-	-	Medicare	$7.53	$4.67	$4.52	-	-	000	999	-
82010	Q	ACETONE ASSAY	-	-	-	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	-

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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	-
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	-
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	-
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	-

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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	-
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	N	EL-1 FECAL QUANTITATIVE	-	-	-	Bundled, sometimes payable	$38.28	-	-	-	-	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	-

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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	061	-
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	-

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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	-
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	N	IG LIGHT CHAINS FREE EACH	-	-	-	Bundled, sometimes payable	$28.78	-	-	-	-	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	N	ASAY OF INTERLEUKIN-6 (IL-6)	-	-	-	Bundled, sometimes payable	$28.78	-	-	-	-	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	-

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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	-
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	-
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	-

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84112	Q	EVAL AMNIOTIC FLUID PROTEIN	-	-	-	Medicare	$163.52	$101.38	$98.11	-	-	010	061	-
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	-
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	061	-
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	-

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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	-
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	-
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	-

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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	-
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	9.073	Bundled, sometimes payable	$529.77	-	-	-	-	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	-

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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	-
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	N	ACTIN ANTIBODY EACH	-	-	-	Bundled, sometimes payable	$20.08	-	-	-	-	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	N	ANCA SCREEN EACH ANTIBODY	-	-	-	Bundled, sometimes payable	$20.08	-	-	-	-	000	999	-
86037	N	ANCA TITER EACH ANTIBODY	-	-	-	Bundled, sometimes payable	$20.08	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
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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	-
86051	N	AQUAPORIN-4 ANTB ELISA	-	-	-	Bundled, sometimes payable	$19.22	-	-	-	-	000	999	-
86052	N	AQUAPORIN-4 ANTB CBA EACH	-	-	-	Bundled, sometimes payable	$20.08	-	-	-	-	000	999	-
86053	N	AQAPRN-4 ANTB FLO CYTMTRY EA	-	-	-	Bundled, sometimes payable	$62.88	-	-	-	-	000	999	-
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	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
86078	N	PHYS BLOOD BANK SERV REACTJ	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86079	N	PHYS BLOOD BANK SERV AUTHRJ	-	05671	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	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	N	EMA EACH IG CLASS	-	-	-	Bundled, sometimes payable	$20.15	-	-	-	-	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	N	DGP ANTIBODY EACH IG CLASS	-	-	-	Bundled, sometimes payable	$20.08	-	-	-	-	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	-
86327	Q	IMMUNOELECTROPHORESIS ASSAY	-	-	-	Medicare	$49.87	$30.92	$29.92	-	-	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	-

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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	-
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	N	MOG-IGG1 ANTB CBA EACH	-	-	-	Bundled, sometimes payable	$20.08	-	-	-	-	000	999	-
86363	N	MOG-IGG1 ANTB FLO CYTMTRY EA	-	-	-	Bundled, sometimes payable	$62.88	-	-	-	-	000	999	-
86364	N	TISS TRNSGLTMNASE EA IG CLAS	-	-	-	Bundled, sometimes payable	$19.22	-	-	-	-	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	N	MITOCHONDRIAL ANTIBODY EACH	-	-	-	Bundled, sometimes payable	$42.42	-	-	-	-	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	M	NEUTRLZG ANTB SARSCOV2 TITER	-	-	-	Charge Ratio	$0.00	-	-	-	-	000	999	-
86413	M	SARS-COV-2 ANTB QUANTITATIVE	-	-	-	Charge Ratio	$0.00	-	-	-	-	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	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
86486	N	SKIN TEST UNLISTED ANTIGN EA	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
86490	N	COCCIDIOIDOMYCOSIS SKIN TEST	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
86510	N	HISTOPLASMOSIS SKIN TEST	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
86580	N	TB INTRADERMAL TEST	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	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	N	VOLTAGE-GTD CA CHNL ANTB EA	-	-	-	Bundled, sometimes payable	$20.08	-	-	-	-	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	-

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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	-
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	-

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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	-
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	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	000	999	-
86860	N	RBC ANTIBODY ELUTION	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86870	N	RBC ANTIBODY IDENTIFICATION	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	000	999	-
86880	N	COOMBS TEST DIRECT	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
86885	N	COOMBS TEST INDIRECT QUAL	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86886	N	COOMBS TEST INDIRECT TITER	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86890	N	AUTOLOGOUS BLOOD PROCESS	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86891	N	AUTOLOGOUS BLOOD OP SALVAGE	-	05674	9.073	Bundled, sometimes payable	$529.77	-	-	-	-	000	999	-
86900	N	BLOOD TYPING SEROLOGIC ABO	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
86901	N	BLOOD TYPING SEROLOGIC RH(D)	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
86902	N	BLOOD TYPE ANTIGEN DONOR EA	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	000	999	-
86904	N	BLOOD TYPING PATIENT SERUM	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
86905	N	BLOOD TYPING RBC ANTIGENS	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	000	999	-
86906	N	BLD TYPING SEROLOGIC RH PHNT	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	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	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86921	N	COMPATIBILITY TEST INCUBATE	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-

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86922	N	COMPATIBILITY TEST ANTIGLOB	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86923	N	COMPATIBILITY TEST ELECTRIC	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86927	S	PLASMA FRESH FROZEN	-	05672	1.8374	APC	$107.29	-	-	-	-	000	999	-
86930	N	FROZEN BLOOD PREP	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	000	999	-
86931	N	FROZEN BLOOD THAW	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	000	999	-
86932	N	FROZEN BLOOD FREEZE/THAW	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	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	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
86950	N	LEUKACYTE TRANSFUSION	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86960	N	VOL REDUCTION OF BLOOD/PROD	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86965	N	POOLING BLOOD PLATELETS	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86970	N	RBC PRETX INCUBATJ W/CHEMICL	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
86971	N	RBC PRETX INCUBATJ W/ENZYMES	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	000	999	-
86972	N	RBC PRETX INCUBATJ W/DENSITY	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86975	N	RBC SERUM PRETX INCUBJ DRUGS	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
86976	N	RBC SERUM PRETX ID DILUTION	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
86977	N	RBC SERUM PRETX INCUBJ/INHIB	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86978	N	RBC PRETREATMENT SERUM	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
86985	N	SPLIT BLOOD OR PRODUCTS	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
86999	N	UNLISTED TRANSFUSION MED PX	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	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	N	CUL TYP ID BLD PTHGN 6+ TRGT	-	-	-	Bundled, sometimes payable	$363.43	-	-	-	-	000	999	-
87158	Q	CULTURE TYPING ADDED METHOD	-	-	-	Medicare	$12.90	$8.00	$7.74	-	-	000	999	-
87164	Q	DARK FIELD EXAMINATION	-	-	-	Medicare	$17.90	$11.10	$10.74	-	-	000	999	-
87166	Q	DARK FIELD EXAMINATION	-	-	-	Medicare	$18.83	$11.67	$11.30	-	-	000	999	-

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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	-
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	-

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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	-
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	E	SARSCOV & INF VIR A&B AG IA	-	-	-	Not Allowed	$0.00	-	-	-	-	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	$25.08	$15.55	$15.05	-	-	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	-
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	-

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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	-
87525	Q	HEPATITIS G DNA DIR PROBE	-	-	-	Medicare	$49.67	$30.80	$29.80	-	-	000	999	-
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	N	M. GENITALIUM AMP PROBE	-	-	-	Bundled, sometimes payable	$58.48	-	-	-	-	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	E	ORTHOPOXVIRUS AMP PRB EACH	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
87623	Q	HPV LOW-RISK TYPES	-	-	-	Medicare	$58.48	$36.26	$35.09	-	-	000	999	-
87624	Q	HPV HIGH-RISK TYPES	-	-	-	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	-
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	-

Montana Healthcare Programs Fee Schedule
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Proc Cd	2023 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
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	E	NFCT AGT GNTYP ALYS SARSCOV2	-	-	-	Not Allowed	$0.00	-	-	-	-	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	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
88106	N	CYTOPATH FL NONGYN FILTER	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
88108	N	CYTOPATH CONCENTRATE TECH	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
88112	N	CYTOPATH CELL ENHANCE TECH	-	05671	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	000	999	-
88120	N	CYTP URNE 3-5 PROBES EA SPEC	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
88121	N	CYTP URINE 3-5 PROBES CMPTR	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
88125	N	FORENSIC CYTOPATHOLOGY	-	05671	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	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	-

Montana Healthcare Programs Fee Schedule
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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	$28.85	$17.89	$17.31	-	-	000	999	-
88150	Q	CYTOPATH C/V MANUAL	-	-	-	Medicare	$28.85	$17.89	$17.31	-	-	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	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
88161	N	CYTOPATH SMEAR OTHER SOURCE	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
88162	N	CYTOPATH SMEAR OTHER SOURCE	-	05671	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	000	999	-
88164	Q	CYTOPATH TBS C/V MANUAL	-	-	-	Medicare	$28.85	$17.89	$17.31	-	-	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	$28.85	$17.89	$17.31	-	-	000	999	-
88167	Q	CYTOPATH TBS C/V SELECT	-	-	-	Medicare	$28.85	$17.89	$17.31	-	-	000	999	-
88172	N	CYTP DX EVAL FNA 1ST EA SITE	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
88173	N	CYTOPATH EVAL FNA REPORT	-	05671	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	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	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	000	999	-
88184	N	FLOWCYTOMETRY/ TC 1 MARKER	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	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	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	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	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	000	999	-
88300	N	SURGICAL PATH GROSS	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
88302	N	TISSUE EXAM BY PATHOLOGIST	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
88304	N	TISSUE EXAM BY PATHOLOGIST	-	05671	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	000	999	-
88305	N	TISSUE EXAM BY PATHOLOGIST	-	05671	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	000	999	-

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88307	N	TISSUE EXAM BY PATHOLOGIST	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	000	999	-
88309	N	TISSUE EXAM BY PATHOLOGIST	-	05674	9.073	Bundled, sometimes payable	$529.77	-	-	-	-	000	999	-
88311	N	DECALCIFY TISSUE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
88312	N	SPECIAL STAINS GROUP 1	-	05671	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	000	999	-
88313	N	SPECIAL STAINS GROUP 2	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
88314	N	HISTOCHEMICAL STAINS ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
88319	N	ENZYME HISTOCHEMISTRY	-	05674	9.073	Bundled, sometimes payable	$529.77	-	-	-	-	000	999	-
88321	N	MICROSLIDE CONSULTATION	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
88323	N	MICROSLIDE CONSULTATION	-	05671	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	000	999	-
88325	N	COMPREHENSIVE REVIEW OF DATA	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
88329	N	PATH CONSULT INTROP	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
88331	N	PATH CONSULT INTRAOP 1 BLOC	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
88332	N	PATH CONSULT INTRAOP ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
88333	N	INTRAOP CYTO PATH CONSULT 1	-	05674	9.073	Bundled, sometimes payable	$529.77	-	-	-	-	000	999	-
88334	N	INTRAOP CYTO PATH CONSULT 2	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
88341	N	IMMUNOHISTO ANTB ADDL SLIDE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
88342	N	IMMUNOHISTO ANTB 1ST STAIN	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
88344	N	IMMUNOHISTO ANTIBODY SLIDE	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	000	999	-
88346	N	IMMUNOFLUOR ANTB 1ST STAIN	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	000	999	-
88348	N	ELECTRON MICROSCOPY	-	05674	9.073	Bundled, sometimes payable	$529.77	-	-	-	-	000	999	-
88350	N	IMMUNOFLUOR ANTB ADDL STAIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
88355	N	ANALYSIS SKELETAL MUSCLE	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
88356	N	ANALYSIS NERVE	-	05671	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	000	999	-
88358	N	ANALYSIS TUMOR	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
88360	N	TUMOR IMMUNOHISTOCHEM/MANUAL	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
88361	N	TUMOR IMMUNOHISTOCHEM/COMPUT	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	000	999	-
88362	N	NERVE TEASING PREPARATIONS	-	05674	9.073	Bundled, sometimes payable	$529.77	-	-	-	-	000	999	-
88363	N	XM ARCHIVE TISSUE MOLEC ANAL	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
88364	N	INSITU HYBRIDIZATION (FISH)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
88365	N	INSITU HYBRIDIZATION (FISH)	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
88366	N	INSITU HYBRIDIZATION (FISH)	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	000	999	-
88367	N	INSITU HYBRIDIZATION AUTO	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	000	999	-
88368	N	INSITU HYBRIDIZATION MANUAL	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	000	999	-
88369	N	M/PHMTRC ALYSISHQUANT/SEMIQ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
88371	N	PROTEIN WESTERN BLOT TISSUE	-	-	-	Bundled, sometimes payable	$37.05	-	-	-	-	000	999	-
88372	N	PROTEIN ANALYSIS W/PROBE	-	-	-	Bundled, sometimes payable	$43.70	-	-	-	-	000	999	-
88373	N	M/PHMTRC ALYS ISHQUANT/SEMIQ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
88374	N	M/PHMTRC ALYS ISHQUANT/SEMIQ	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
88375	E	OPTICAL ENDOMICROSCPY INTERP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
88377	N	M/PHMTRC ALYS ISHQUANT/SEMIQ	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
88380	N	MICRODISSECTION LASER	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
88381	N	MICRODISSECTION MANUAL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
88387	N	TISS EXAM MOLECULAR STUDY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
88388	N	TISS EX MOLECUL STUDY ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
88399	N	UNLISTED SURGICAL PATH PX	-	05671	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	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	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	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	-

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89160	Q	EXAM FECES FOR MEAT FIBERS	-	-	-	Medicare	$8.08	$5.01	$4.85	-	-	000	999	-
89190	Q	NASAL SMEAR FOR EOSINOPHILS	-	-	-	Medicare	$9.65	$5.98	$5.79	-	-	000	999	-
89220	N	SPUTUM SPECIMEN COLLECTION	-	05672	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	000	999	-
89230	N	COLLECT SWEAT FOR TEST	-	05671	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	000	999	-
89240	N	UNLISTED MISC PATH TEST	-	05671	0.5858	Bundled, sometimes payable	$34.20	-	-	-	-	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	-	-	-	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	061	-
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	1.8374	Bundled, sometimes payable	$107.29	-	-	-	-	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	-

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90371	K	HEP B IG IM	-	01630	2.347	APC (blood and non-blood products)	$131.76	-	-	-	-	000	999	-
90375	K	RABIES IG IM/SC	-	09133	5.9886	APC (blood and non-blood products)	$336.20	-	-	-	-	000	999	-
90376	K	RABIES IG HEAT TREATED	-	09134	5.2858	APC (blood and non-blood products)	$296.74	-	-	-	-	000	999	-
90377	K	RABIES IG HT&SOL HUMAN IM/SC	-	09201	4.133	APC (blood and non-blood products)	$232.03	-	-	-	-	000	999	-
90378	E	RSV MAB IM 50MG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	003	-
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	40.1357	APC (blood and non-blood products)	$2,253.22	-	-	-	-	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	018	-
90461	E	IM ADMIN EACH ADDL COMPONENT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	018	-
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	K	ADENOVIRUS VACCINE TYPE 4	-	09499	6.3766	APC (blood and non-blood products)	$357.98	-	-	-	-	000	999	-
90477	E	ADENOVIRUS VACCINE TYPE 7	-	-	-	Not Allowed	$0.00	-	-	-	-	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	$143.21	-	-	-	-	000	999	-
90587	E	DENGUE VACC QUAD 3 DOSE SUBQ	-	-	-	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	E	MENACWY-TT VACCINE IM	-	-	-	Not Allowed	$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	$168.15	-	-	-	-	019	999	-
90622	M	VACCINIA VRS VAC 0.3 ML PERQ	-	-	-	Fee Schedule	$0.01	-	-	-	-	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	-
90630	M	FLU VACC IIV4 NO PRESERV ID	-	-	-	Fee Schedule	$18.63	-	-	-	-	018	064	-
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	017	-
90636	N	HEP A/HEP B VACC ADULT IM	-	-	-	Bundled	$0.00	-	-	-	-	018	999	-
90644	M	HIB-MENCY VACC 6WK-18M0 IM	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	001	-
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	026	-
90650	E	2VHPV VACCINE 3 DOSE IM	-	-	-	Not Allowed	$0.00	-	-	-	-	019	026	-
90651	M	9VHPV VACCINE 2/3 DOSE IM	-	-	-	Fee Schedule	$268.78	-	-	-	-	019	045	-
90653	E	IIV ADJUVANT VACCINE IM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
90654	M	FLU VACC IIV3 NO PRESERV ID	-	-	-	Fee Schedule	$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	$20.33	-	-	-	Y	019	999	-
90657	E	IIV3 VACCINE SPLT 0.25 ML IM	-	-	-	Not Allowed	$0.00	-	-	-	-	998	999	-
90658	M	IIV3 VACCINE SPLT 0.5 ML IM	-	-	-	Fee Schedule	$0.00	-	-	-	-	019	999	-
90660	M	LAIV3 VACCINE INTRANASAL	-	-	-	Fee Schedule	$0.00	-	-	-	-	019	049	-
90661	M	CCIIV3 VAC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
90662	M	IIV NO PRSV INCREASED AG IM	-	-	-	Fee Schedule	$69.94	-	-	-	-	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	-

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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	$246.20	-	-	-	-	000	999	-
90672	E	LAIV4 VACCINE INTRANASAL	-	-	-	Not Allowed	$0.00	-	-	-	-	019	999	-
90673	M	RIV3 VACCINE NO PRESERV IM	-	-	-	Fee Schedule	$36.34	-	-	-	-	000	999	-
90674	M	CCIIV4 VAC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	$32.28	-	-	-	-	019	999	-
90675	K	RABIES VACCINE IM	-	09139	6.0959	APC (blood and non-blood products)	$342.22	-	-	-	-	000	999	-
90676	K	RABIES VACCINE ID	-	09140	4.5447	APC (blood and non-blood products)	$255.14	-	-	-	-	000	999	-
90677	M	PCV20 VACCINE IM	-	-	-	Fee Schedule	$283.72	-	-	-	-	000	999	-
90678	E	RSV VACC PREF BIVALENT IM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
90680	M	RV5 VACC 3 DOSE LIVE ORAL	-	-	-	Fee Schedule	$0.00	-	-	-	-	998	999	-
90681	M	RV1 VACC 2 DOSE LIVE ORAL	-	-	-	Fee Schedule	$0.00	-	-	-	-	998	999	-
90682	M	RIV4 VACC RECOMBINANT DNA IM	-	-	-	Fee Schedule	$69.94	-	-	-	-	000	999	-
90685	E	IIV4 VACC NO PRSV 0.25 ML IM	-	-	-	Not Allowed	$0.00	-	-	-	-	998	999	-
90686	M	IIV4 VACC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	$21.52	-	-	-	-	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	$20.48	-	-	-	-	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	-
90696	N	DTAP-IPV VACCINE 4-6 YRS IM	-	-	-	Bundled	$0.00	-	-	-	-	998	999	-
90697	E	DTAP-IPV-HIB-HEPB VACCINE IM	-	-	-	Not Allowed	$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	006	-
90707	N	MMR VACCINE SC	-	-	-	Bundled	$0.00	-	-	-	-	019	999	-
90710	K	MMRV VACCINE SC	-	09011	2.85	APC (blood and non-blood products)	$160.00	-	-	-	-	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	M	VAR VACCINE LIVE SUBQ	-	-	-	Fee Schedule	$0.00	-	-	-	-	019	999	-
90717	N	YELLOW FEVER VACCINE SUBQ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
90723	M	DTAP-HEP B-IPV VACCINE IM	-	-	-	Fee Schedule	$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	M	MENACWYD/MENACWYCRM VACC IM	-	-	-	Fee Schedule	$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	$152.08	-	-	-	-	018	999	-
90740	M	HEPB VACC 3 DOSE IMMUNSUP IM	-	-	-	Fee Schedule	$146.33	-	-	-	-	000	999	-
90743	M	HEPB VACC 2 DOSE ADOLESC IM	-	-	-	Fee Schedule	$73.85	-	-	-	-	998	999	-
90744	M	HEPB VACC 3 DOSE PED/ADOL IM	-	-	-	Fee Schedule	$29.89	-	-	-	-	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	M	HIB-HEPB VACCINE IM	-	-	-	Fee Schedule	$0.00	-	-	-	-	998	999	-
90749	N	UNLISTED VACCINE/TOXOID	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
90750	M	HZV VACC RECOMBINANT IM	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
90756	M	CCIIV4 VACC ABX FREE IM	-	-	-	Fee Schedule	$30.58	-	-	-	-	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	1.7024	Bundled, sometimes payable	$99.40	-	-	-	-	000	999	-
90792	N	PSYCH DIAG EVAL W/MED SRVCS	-	05823	1.7024	Bundled, sometimes payable	$99.40	-	-	-	-	000	999	-
90832	N	PSYTX W PT 30 MINUTES	-	05823	1.7024	Bundled, sometimes payable	$99.40	-	-	-	-	000	999	-
90833	N	PSYTX W PT W E/M 30 MIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-

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90834	N	PSYTX W PT 45 MINUTES	-	05823	1.7024	Bundled, sometimes payable	$99.40	-	-	-	-	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	1.7024	Bundled, sometimes payable	$99.40	-	-	-	-	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	1.7024	Bundled, sometimes payable	$99.40	-	-	-	-	000	999	-
90840	N	PSYTX CRISIS EA ADDL 30 MIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
90845	N	PSYCHOANALYSIS	-	05823	1.7024	Bundled, sometimes payable	$99.40	-	-	-	-	000	999	-
90846	N	FAMILY PSYTX W/O PT 50 MIN	-	05823	1.7024	Bundled, sometimes payable	$99.40	-	-	-	-	000	999	-
90847	N	FAMILY PSYTX W/PT 50 MIN	-	05823	1.7024	Bundled, sometimes payable	$99.40	-	-	-	-	000	999	-
90849	N	MULTIPLE FAMILY GROUP PSYTX	-	05823	1.7024	Bundled, sometimes payable	$99.40	-	-	-	-	000	999	-
90853	N	GROUP PSYCHOTHERAPY	-	05822	0.8863	Bundled, sometimes payable	$51.75	-	-	-	-	000	999	-
90863	E	PHARMACOLOGIC MGMT W/PSYTX	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
90865	N	NARCOSYNTHESIS	-	05823	1.7024	Bundled, sometimes payable	$99.40	-	-	-	-	000	999	-
90867	S	TCRANIAL MAGN STIM TX PLAN	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
90868	S	TCRANIAL MAGN STIM TX DELI	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
90869	S	TCRAN MAGN STIM REDETEMINE	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
90870	S	ELECTROCONVULSIVE THERAPY	-	05723	5.6485	APC	$329.82	-	-	-	-	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	0.8863	Bundled, sometimes payable	$51.75	-	-	-	-	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	0.3468	Bundled, sometimes payable	$20.25	-	-	-	-	000	999	-
90901	M	BIOFEEDBACK TRAIN ANY METH	-	-	-	Fee Schedule	$23.68	-	-	-	-	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	7.3672	APC	$430.17	-	-	-	-	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	4.4589	APC	$260.36	-	-	-	-	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	001	-
90952	E	ESRD SERV 2-3 VSTS P MO <2YR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	001	-
90953	E	ESRD SERV 1 VISIT P MO <2YRS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	001	-
90954	E	ESRD SERV 4 VSTS P MO 2-11	-	-	-	Not Allowed	$0.00	-	-	-	-	002	011	-
90955	E	ESRD SRV 2-3 VSTS P MO 2-11	-	-	-	Not Allowed	$0.00	-	-	-	-	002	011	-
90956	E	ESRD SRV 1 VISIT P MO 2-11	-	-	-	Not Allowed	$0.00	-	-	-	-	002	011	-
90957	E	ESRD SRV 4 VSTS P MO 12-19	-	-	-	Not Allowed	$0.00	-	-	-	-	012	019	-
90958	E	ESRD SRV 2-3 VSTS P MO 12-19	-	-	-	Not Allowed	$0.00	-	-	-	-	012	019	-
90959	E	ESRD SERV 1 VST P MO 12-19	-	-	-	Not Allowed	$0.00	-	-	-	-	012	019	-
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	001	-
90964	E	ESRD HOME PT SERV P MO 2-11	-	-	-	Not Allowed	$0.00	-	-	-	-	002	011	-
90965	E	ESRD HOME PT SERV P MO 12-19	-	-	-	Not Allowed	$0.00	-	-	-	-	012	019	-
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	001	-
90968	E	ESRD SVC PR DAY PT 2-11	-	-	-	Not Allowed	$0.00	-	-	-	-	002	011	-
90969	E	ESRD SVC PR DAY PT 12-19	-	-	-	Not Allowed	$0.00	-	-	-	-	012	019	-
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	-

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90999	M	UNLISTED DIALYSIS PROCEDURE	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
91010	S	ESOPHAGUS MOTILITY STUDY	-	05723	5.6485	APC	$329.82	-	-	-	-	000	999	-
91013	N	ESOPHGL MOTIL W/STIM/PERFUS	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
91020	S	GASTRIC MOTILITY STUDIES	-	05723	5.6485	APC	$329.82	-	-	-	-	000	999	-
91022	S	DUODENAL MOTILITY STUDY	-	05723	5.6485	APC	$329.82	-	-	-	Y	000	999	-
91030	S	ACID PERFUSION OF ESOPHAGUS	-	05723	5.6485	APC	$329.82	-	-	-	-	000	999	-
91034	S	GASTROESOPHAGEAL REFLUX TEST	-	05723	5.6485	APC	$329.82	-	-	-	Y	000	999	-
91035	S	G-ESOPH REFLX TST W/ELECTROD	-	05723	5.6485	APC	$329.82	-	-	-	Y	000	999	-
91037	S	ESOPH IMPED FUNCTION TEST	-	05722	3.2723	APC	$191.07	-	-	-	Y	000	999	-
91038	S	ESOPH IMPED FUNCT TEST > 1HR	-	05723	5.6485	APC	$329.82	-	-	-	Y	000	999	-
91040	S	ESOPH BALLOON DISTENSION TST	-	05723	5.6485	APC	$329.82	-	-	-	Y	000	999	-
91065	S	BREATH HYDROGEN/METHANE TEST	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
91110	T	GI TRC IMG INTRAL ESOPH-ILE	-	05301	9.6455	APC	$563.20	-	-	-	Y	000	999	-
91111	T	GI TRC IMG INTRAL ESOPHAGUS	-	05301	9.6455	APC	$563.20	-	-	-	-	000	999	-
91112	T	GI WIRELESS CAPSULE MEASURE	-	05301	9.6455	APC	$563.20	-	-	-	Y	000	999	-
91113	T	GI TRC IMG INTRAL COLON I&R	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
91117	T	COLON MOTILITY 6 HR STUDY	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
91120	S	RECTAL SENSATION TEST	-	05722	3.2723	APC	$191.07	-	-	-	Y	000	999	-
91122	T	ANAL PRESSURE RECORD	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
91132	S	ELECTROGASTROGRAPHY	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
91133	N	ELECTROGASTROGRAPHY W/TEST	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
91200	S	LIVER ELASTOGRAPHY	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
91299	S	UNLISTED DX GI PROCEDURE	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
91300	M	SARSCOV2 VAC 30MCG/0.3ML IM	-	-	-	Fee Schedule	$0.01	-	-	-	-	012	999	-
91301	M	SARSCOV2 VAC 100MCG/0.5ML IM	-	-	-	Fee Schedule	$0.01	-	-	-	-	012	999	-
91302	M	SARSCOV2 VAC 5X1010VP/.5MLIM	-	-	-	Fee Schedule	$0.01	-	-	-	-	000	999	-
91303	M	SARSCOV2 VAC AD26 .5ML IM	-	-	-	Fee Schedule	$0.01	-	-	-	-	018	999	-
91304	M	SARSCOV2 VAC 5MCG/0.5ML IM	-	-	-	Fee Schedule	$0.01	-	-	-	-	012	999	-
91305	M	SARSCOV2 VAC 30 MCG TRS-SUCR	-	-	-	Fee Schedule	$0.01	-	-	-	-	012	999	-
91306	M	SARSCOV2 VAC 50MCG/0.25ML IM	-	-	-	Fee Schedule	$0.01	-	-	-	-	018	999	-
91307	M	SARSCOV2 VAC 10 MCG TRS-SUCR	-	-	-	Fee Schedule	$0.01	-	-	-	-	005	011	-
91308	M	SARSCOV2 VAC 3 MCG TRS-SUCR	-	-	-	Fee Schedule	$0.01	-	-	-	-	000	004	-
91309	M	SARSCOV2 VAC 50MCG/0.5ML IM	-	-	-	Fee Schedule	$0.01	-	-	-	-	006	999	-
91310	E	SARSCOV2 VAC 5MCG/0.5ML AS03	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
91311	M	SARSCOV2 VAC 25MCG/0.25ML IM	-	-	-	Fee Schedule	$0.01	-	-	-	-	000	005	-
91312	M	SARSCOV2 VAC BVL 30MCG/0.3ML	-	-	-	Fee Schedule	$0.01	-	-	-	-	012	999	-
91313	M	SARSCOV2 VAC BVL 50MCG/0.5ML	-	-	-	Fee Schedule	$0.01	-	-	-	-	012	999	-
91314	M	SARSCOV2 VAC BVL 25MCG/.25ML	-	-	-	Fee Schedule	$0.01	-	-	-	-	006	011	-
91315	M	SARSCOV2 VAC BVL 10MCG/0.2ML	-	-	-	Fee Schedule	$0.01	-	-	-	-	005	011	-
91316	M	SARSCOV2 VAC BVL 10MCG/0.2ML	-	-	-	Fee Schedule	$0.01	-	-	-	-	000	999	-
92002	M	EYE EXAM NEW PATIENT	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
92004	M	EYE EXAM NEW PATIENT	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
92012	M	EYE EXAM ESTABLISH PATIENT	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
92014	M	EYE EXAM&TX ESTAB PT 1/>VST	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
92015	E	DETERMINE REFRACTIVE STATE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92018	T	NEW EYE EXAM & TREATMENT	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
92019	T	EYE EXAM & TREATMENT	-	05503	24.7032	APC	$1,442.42	-	-	-	-	000	999	-
92020	N	SPECIAL EYE EVALUATION	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
92025	N	CORNEAL TOPOGRAPHY	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
92060	N	SPECIAL EYE EVALUATION	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
92065	E	ORTHOP TRAING PFRMD PHYS/QHP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92066	N	ORTHOP TRAING SUPVJ PHYS/QHP	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
92071	N	CONTACT LENS FITTING FOR TX	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
92072	N	FIT CONTAC LENS FOR MANAGMNT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
92081	N	VISUAL FIELD EXAMINATION(S)	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
92082	N	VISUAL FIELD EXAMINATION(S)	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-

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92083	N	VISUAL FIELD EXAMINATION(S)	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
92100	N	SERIAL TONOMETRY EXAM(S)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
92132	N	CMPTR OPHTH DX IMG ANT SEGMT	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
92133	N	CMPTR OPHTH IMG OPTIC NERVE	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
92134	N	CPTR OPHTH DX IMG POST SEGMT	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
92136	N	OPHTHALMIC BIOMETRY	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
92145	N	CORNEAL HYSTERESIS DETER	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
92201	N	OPSCPY EXTND RTA DRAW UNI/BI	-	05733	0.6716	Bundled, sometimes payable	$37.70	-	-	-	-	000	999	-
92202	N	OPSCPY EXTND ON/MAC DRAW	-	05733	0.6716	Bundled, sometimes payable	$37.70	-	-	-	-	000	999	-
92227	N	IMG RTA DETCJ/MNTR DS STAFF	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
92228	N	IMG RTA DETC/MNTR DS PHY/QHP	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
92229	S	IMG RTA DETC/MNTR DS POC ALY	-	05733	0.6716	APC	$39.21	-	-	-	-	000	999	-
92230	N	EYE EXAM WITH PHOTOS	-	05723	5.6485	Bundled, sometimes payable	$329.82	-	-	-	-	000	999	-
92235	S	FLUORESCEIN ANGRPH UNI/BI	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
92240	S	ICG ANGIOGRAPHY UNI/BI	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
92242	S	FLUORESCEIN ICG ANGIOGRAPHY	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
92250	N	EYE EXAM WITH PHOTOS	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
92260	N	OPHTHALMOSCOPY/DYNAMOMETRY	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
92265	N	EYE MUSCLE EVALUATION	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
92270	N	ELECTRO-OCULOGRAPHY	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
92273	S	FULL FIELD ERG W/I&R	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
92274	S	MULTIFOCAL ERG W/I&R	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
92283	N	COLOR VISION EXAMINATION	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
92284	N	DX DARK ADAPTATION EXAM I&R	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
92285	N	EYE PHOTOGRAPHY	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
92286	N	INTERNAL EYE PHOTOGRAPHY	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
92287	N	INTERNAL EYE PHOTOGRAPHY	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
92310	E	CONTACT LENS FITTING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92311	E	CONTACT LENS FITTING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92312	E	CONTACT LENS FITTING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92313	E	CONTACT LENS FITTING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92314	E	PRESCRIPTION OF CONTACT LENS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92315	E	RX CNTACT LENS APHAKIA 1 EYE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92316	E	RX CNTACT LENS APHAKIA 2 EYE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92317	E	RX CORNEOSCLERAL CNTACT LENS	-	-	-	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	-
92340	M	FIT SPECTACLES MONOFOCAL	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
92341	M	FIT SPECTACLES BIFOCAL	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
92342	M	FIT SPECTACLES MULTIFOCAL	-	-	-	Fee Schedule	$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	FIT SPECTACLES SINGLE SYSTEM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92355	E	FIT SPECTACLES COMPOUND LENS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92358	N	APHAKIA PROSTH SERVICE TEMP	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
92370	E	REPAIR & ADJUST SPECTACLES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92371	E	REPAIR & ADJUST SPECTACLES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92499	N	UNLISTED OPH SVC/PROCEDURE	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
92502	T	EAR AND THROAT EXAMINATION	-	05162	5.3376	APC	$311.66	-	-	-	-	000	999	-
92504	N	EAR MICROSCOPY EXAMINATION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
92507	Y	SPEECH/HEARING THERAPY	-	-	-	Fee Schedule	$57.24	-	-	-	-	000	999	-
92508	Y	SPEECH/HEARING THERAPY	-	-	-	Fee Schedule	$17.74	-	-	-	-	000	999	-
92511	T	NASOPHARYNGOSCOPY	-	05151	2.0886	APC	$121.95	-	-	-	-	000	999	-
92512	S	NASAL FUNCTION STUDIES	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
92516	S	FACIAL NERVE FUNCTION TEST	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
92517	S	VEMP TEST I&R CERVICAL	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-

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92518	S	VEMP TEST I&R OCULAR	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
92519	S	VEMP TST I&R CERVICAL&OCULAR	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
92520	N	LARYNGEAL FUNCTION STUDIES	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
92521	Y	EVALUATION OF SPEECH FLUENCY	-	-	-	Fee Schedule	$99.28	-	-	-	-	000	999	-
92522	Y	EVALUATE SPEECH PRODUCTION	-	-	-	Fee Schedule	$83.32	-	-	-	-	000	999	-
92523	Y	SPEECH SOUND LANG COMPREHEN	-	-	-	Fee Schedule	$169.45	-	-	-	-	000	999	-
92524	Y	BEHAVRAL QUALIT ANALYS VOICE	-	-	-	Fee Schedule	$82.05	-	-	-	-	000	999	-
92526	Y	ORAL FUNCTION THERAPY	-	-	-	Fee Schedule	$63.58	-	-	-	-	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	1.6992	APC	$99.22	-	-	-	-	000	999	-
92538	S	CALORIC VSTBLR TEST W/REC	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
92540	S	BASIC VESTIBULAR EVALUATION	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
92541	N	SPONTANEOUS NYSTAGMUS TEST	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
92542	N	POSITIONAL NYSTAGMUS TEST	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
92544	S	OPTOKINETIC NYSTAGMUS TEST	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
92545	S	OSCILLATING TRACKING TEST	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
92546	S	SINUSOIDAL ROTATIONAL TEST	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
92547	N	SUPPLEMENTAL ELECTRICAL TEST	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
92548	N	CDP-SOT 6 COND W/I&R	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
92549	N	CDP-SOT 6 COND W/I&R MCT&ADT	-	05734	1.3567	Bundled, sometimes payable	$76.17	-	-	-	-	000	999	-
92550	N	TYMPANOMETRY & REFLEX THRESH	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
92551	M	PURE TONE HEARING TEST AIR	-	-	-	Fee Schedule	$14.38	-	-	-	-	000	999	-
92552	N	PURE TONE AUDIOMETRY AIR	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
92553	N	AUDIOMETRY AIR & BONE	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
92555	N	SPEECH THRESHOLD AUDIOMETRY	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
92556	N	SPEECH AUDIOMETRY COMPLETE	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
92557	N	COMPREHENSIVE HEARING TEST	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
92558	E	EVOKED AUDITORY TEST QUAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92562	N	LOUDNESS BALANCE TEST	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
92563	N	TONE DECAY HEARING TEST	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
92565	N	STENGER TEST PURE TONE	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
92567	N	TYMPANOMETRY	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
92568	N	ACOUSTIC REFL THRESHOLD TST	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
92570	N	ACOUSTIC IMMITANCE TESTING	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
92571	N	FILTERED SPEECH HEARING TEST	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
92572	N	STAGGERED SPONDAIC WORD TEST	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
92575	N	SENSORINEURAL ACUITY TEST	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
92576	N	SYNTHETIC SENTENCE TEST	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
92577	N	STENGER TEST SPEECH	-	05723	5.6485	Bundled, sometimes payable	$329.82	-	-	-	-	000	999	-
92579	N	VISUAL AUDIOMETRY (VRA)	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
92582	N	CONDITIONING PLAY AUDIOMETRY	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
92583	N	SELECT PICTURE AUDIOMETRY	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
92584	S	ELECTROCOCHLEOGRAPHY	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
92587	S	EVOKED AUDITORY TEST LIMITED	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
92588	S	EVOKED AUDITORY TST COMPLETE	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
92590	E	HEARING AID EXAM ONE EAR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92591	E	HEARING AID EXAM BOTH EARS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92592	M	HEARING AID CHECK ONE EAR	-	-	-	Fee Schedule	$13.52	-	-	-	-	000	999	-
92593	M	HEARING AID CHECK BOTH EARS	-	-	-	Fee Schedule	$21.55	-	-	-	-	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	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
92597	Y	ORAL SPEECH DEVICE EVAL	-	-	-	Fee Schedule	$53.92	-	-	-	Y	000	999	-

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92601	S	COCHLEAR IMPLT F/UP EXAM <7	-	05721	1.6992	APC	$99.22	-	-	-	-	000	007	-
92602	S	REPROGRAM COCHLEAR IMPLT <7	-	05721	1.6992	APC	$99.22	-	-	-	-	000	007	-
92603	S	COCHLEAR IMPLT F/UP EXAM 7/>	-	05721	1.6992	APC	$99.22	-	-	-	-	007	999	-
92604	S	REPROGRAM COCHLEAR IMPLT 7/>	-	05721	1.6992	APC	$99.22	-	-	-	-	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	$92.69	-	-	-	-	000	999	-
92608	Y	EX FOR SPEECH DEVICE RX ADDL	-	-	-	Fee Schedule	$36.72	-	-	-	-	000	999	-
92609	Y	USE OF SPEECH DEVICE SERVICE	-	-	-	Fee Schedule	$77.74	-	-	-	-	000	999	-
92610	Y	EVALUATE SWALLOWING FUNCTION	-	-	-	Fee Schedule	$52.15	-	-	-	-	000	999	-
92611	Y	MOTION FLUOROSCOPY/SWALLOW	-	-	-	Fee Schedule	$68.62	-	-	-	Y	000	999	-
92612	M	ENDOSCOPY SWALLOW (FEES) VID	-	-	-	Fee Schedule	$49.62	-	-	-	Y	000	999	-
92613	E	ENDOSCOPY SWALLOW (FEES) I&R	-	-	-	Not Allowed	$0.00	-	-	-	Y	000	999	-
92614	M	LARYNGOSCOPIC SENSORY VID	-	-	-	Fee Schedule	$49.11	-	-	-	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	$73.16	-	-	-	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	1.6992	Bundled, sometimes payable	$99.22	-	-	-	Y	000	999	-
92621	N	AUDITORY FUNCTION + 15 MIN	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
92625	N	TINNITUS ASSESSMENT	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	Y	000	999	-
92626	N	EVAL AUD FUNCJ 1ST HOUR	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	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	1.6992	APC	$99.22	-	-	-	-	000	999	-
92650	E	AEP SCR AUDITORY POTENTIAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
92651	S	AEP HEARING STATUS DETER I&R	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
92652	S	AEP THRSHLD EST MLT FREQ I&R	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
92653	S	AEP NEURODIAGNOSTIC I&R	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
92700	N	UNLISTED ORL SERVICE/PX	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
92920	N	PRQ CARDIAC ANGIOPLAST 1 ART	-	05192	60.9383	Bundled, sometimes payable	$3,558.19	-	-	-	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	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	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	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	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	200.7081	Bundled, sometimes payable	$11,719.35	-	-	-	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	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	Y	000	999	-
92938	N	PRQ REVASC BYP GRAFT ADDL	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
92941	C	PRQ CARD REVASC MI 1 VSL	-	-	-	Inpatient Only	$0.00	-	-	-	Y	000	999	-
92943	N	PRQ CARD REVASC CHRONIC 1VSL	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	Y	000	999	-
92944	N	PRQ CARD REVASC CHRONIC ADDL	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
92950	S	HEART/LUNG RESUSCITATION CPR	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
92953	N	TEMPORARY EXTERNAL PACING	-	05781	6.872	Bundled, sometimes payable	$401.26	-	-	-	-	000	999	-
92960	S	CARDIOVERSION ELECTRIC EXT	-	05781	6.872	APC	$401.26	-	-	-	-	000	999	-
92961	S	CARDIOVERSION ELECTRIC INT	-	05781	6.872	APC	$401.26	-	-	-	-	000	999	-
92970	C	CARDIOASSIST INTERNAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
92971	C	CARDIOASSIST EXTERNAL	-	-	-	Inpatient Only	$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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
92977	T	DISSOLVE CLOT HEART VESSEL	-	05694	3.8864	APC	$226.93	-	-	-	-	000	999	-
92978	N	ENDOLUMINL IVUS OCT C 1ST	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
92979	N	ENDOLUMINL IVUS OCT C EA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-

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92986	N	REVISION OF AORTIC VALVE	-	05192	60.9383	Bundled, sometimes payable	$3,558.19	-	-	-	-	000	999	-
92987	N	REVISION OF MITRAL VALVE	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
92990	N	REVISION OF PULMONARY VALVE	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
92997	N	PUL ART BALLOON REPR PERCUT	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
92998	N	PUL ART BALLOON REPR PERCUT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93000	M	ELECTROCARDIOGRAM COMPLETE	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
93005	N	ELECTROCARDIOGRAM TRACING	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	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	3.2723	Bundled, sometimes payable	$191.07	-	-	-	-	000	999	-
93018	M	CARDIOVASCULAR STRESS TEST	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
93024	N	CARDIAC DRUG STRESS TEST	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
93025	S	MICROVOLT T-WAVE ASSESS	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
93040	M	RHYTHM ECG WITH REPORT	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
93041	N	RHYTHM ECG TRACING	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
93042	M	RHYTHM ECG REPORT	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
93050	N	ART PRESSURE WAVEFORM ANALYS	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
93224	E	ECG MONIT/REPRT UP TO 48 HRS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
93225	N	ECG MONIT/REPRT UP TO 48 HRS	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
93226	N	ECG MONIT/REPRT UP TO 48 HRS	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
93227	E	ECG MONIT/REPRT UP TO 48 HRS	-	-	-	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	-	05721	1.6992	APC	$99.22	-	-	-	-	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	0.3968	Bundled, sometimes payable	$22.28	-	-	-	-	000	999	-
93243	N	EXT ECG>48HR<7D SCAN A/R	-	05734	1.3567	Bundled, sometimes payable	$76.17	-	-	-	-	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	-	05733	0.6716	Bundled, sometimes payable	$37.70	-	-	-	-	000	999	-
93247	N	EXT ECG>7D<15D SCAN A/R	-	05734	1.3567	Bundled, sometimes payable	$76.17	-	-	-	-	000	999	-
93248	E	EXT ECG>7D<15D REV&INTERPJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
93260	N	PRGRMG DEV EVAL IMPLTBL SYS	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93261	N	INTERROGATE SUBQ DEFIB	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93264	E	REM MNTR WRLS P-ART PRS SNR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
93268	E	ECG RECORD/REVIEW	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
93270	N	REMOTE 30 DAY ECG REV/REPORT	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93271	S	ECG/MONITORING AND ANALYSIS	-	05742	1.1662	APC	$68.09	-	-	-	-	000	999	-
93272	E	ECG/REVIEW INTERPRET ONLY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
93278	N	ECG/SIGNAL-AVERAGED	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
93279	N	PRGRMG DEV EVAL PM/LDLS PM	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93280	N	PM DEVICE PROGR EVAL DUAL	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93281	N	PM DEVICE PROGR EVAL MULTI	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93282	N	PRGRMG EVAL IMPLANTABLE DFB	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93283	N	PRGRMG EVAL IMPLANTABLE DFB	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93284	N	PRGRMG EVAL IMPLANTABLE DFB	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93285	N	PRGRMG DEV EVAL SCRMS IP	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	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	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93289	N	INTERROG DEVICE EVAL HEART	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93290	N	INTERROG DEV EVAL ICPMS IP	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93291	N	INTERROG DEV EVAL SCRMS IP	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
93292	N	WCD DEVICE INTERROGATE	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93293	N	PM PHONE R-STRIP DEVICE EVAL	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
93294	E	REM INTERROG EVL PM/LDLS PM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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93295	E	DEV INTERROG REMOTE 1/2/MLT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
93296	N	REM INTERROG EVL PM/IDS	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	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	5.8787	APC	$343.26	-	-	-	-	000	999	-
93304	S	ECHO TRANSTHORACIC	-	05524	5.8787	APC	$343.26	-	-	-	-	000	999	-
93306	S	TTE W/DOPPLER COMPLETE	-	05524	5.8787	APC	$343.26	-	-	-	-	000	999	-
93307	S	TTE W/O DOPPLER COMPLETE	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
93308	S	TTE F-UP OR LMTD	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
93312	S	ECHO TRANSESOPHAGEAL	-	05524	5.8787	APC	$343.26	-	-	-	-	000	999	-
93313	S	ECHO TRANSESOPHAGEAL	-	05524	5.8787	APC	$343.26	-	-	-	-	000	999	-
93314	N	ECHO TRANSESOPHAGEAL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93315	S	ECHO TRANSESOPHAGEAL	-	05524	5.8787	APC	$343.26	-	-	-	-	000	999	-
93316	S	ECHO TRANSESOPHAGEAL	-	05524	5.8787	APC	$343.26	-	-	-	-	000	999	-
93317	N	ECHO TRANSESOPHAGEAL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93318	S	ECHO TRANSESOPHAGEAL INTRAOP	-	05524	5.8787	APC	$343.26	-	-	-	-	000	999	-
93319	N	3D ECHO IMG CGEN CAR ANOMAL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93320	N	DOPPLER ECHO EXAM HEART	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93321	N	DOPPLER ECHO EXAM HEART	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93325	N	DOPPLER COLOR FLOW ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93350	S	STRESS TTE ONLY	-	05524	5.8787	APC	$343.26	-	-	-	-	000	999	-
93351	S	STRESS TTE COMPLETE	-	05524	5.8787	APC	$343.26	-	-	-	-	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	T	RIGHT HEART CATH	-	05191	34.5675	APC	$2,018.40	-	-	-	-	000	999	-
93452	T	LEFT HRT CATH W/VENTRCLGRPHY	-	05191	34.5675	APC	$2,018.40	-	-	-	-	000	999	-
93453	T	R&L HRT CATH W/VENTRICLGRPHY	-	05191	34.5675	APC	$2,018.40	-	-	-	-	000	999	-
93454	T	CORONARY ARTERY ANGIO S&I	-	05191	34.5675	APC	$2,018.40	-	-	-	-	000	999	-
93455	T	CORONARY ART/GRFT ANGIO S&I	-	05191	34.5675	APC	$2,018.40	-	-	-	-	000	999	-
93456	T	R HRT CORONARY ARTERY ANGIO	-	05191	34.5675	APC	$2,018.40	-	-	-	-	000	999	-
93457	T	R HRT ART/GRFT ANGIO	-	05191	34.5675	APC	$2,018.40	-	-	-	-	000	999	-
93458	T	L HRT ARTERY/VENTRICLE ANGIO	-	05191	34.5675	APC	$2,018.40	-	-	-	-	000	999	-
93459	T	L HRT ART/GRFT ANGIO	-	05191	34.5675	APC	$2,018.40	-	-	-	-	000	999	-
93460	T	R&L HRT ART/VENTRICLE ANGIO	-	05191	34.5675	APC	$2,018.40	-	-	-	-	000	999	-
93461	T	R&L HRT ART/VENTRICLE ANGIO	-	05191	34.5675	APC	$2,018.40	-	-	-	-	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	T	INSERT/PLACE HEART CATHETER	-	05182	17.3845	APC	$1,015.08	-	-	-	-	000	999	-
93505	T	BIOPSY OF HEART LINING	-	05183	34.8072	APC	$2,032.39	-	-	-	-	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	-
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	200.7081	Bundled, sometimes payable	$11,719.35	-	-	-	-	000	999	-
93581	N	TRANSCATH CLOSURE OF VSD	-	05194	200.7081	Bundled, sometimes payable	$11,719.35	-	-	-	-	000	999	-
93582	N	PERQ TRANSCATH CLOSURE PDA	-	05194	200.7081	Bundled, sometimes payable	$11,719.35	-	-	-	-	000	999	-

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93583	C	PERQ TRANSCATH SEPTAL REDUXN	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
93590	T	PERQ TRANSCATH CLS MITRAL	-	05194	200.7081	APC	$11,719.35	-	-	-	-	000	999	-
93591	T	PERQ TRANSCATH CLS AORTIC	-	05194	200.7081	APC	$11,719.35	-	-	-	-	000	999	-
93592	N	PERQ TRANSCATH CLOSURE EACH	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93593	N	R HRT CATH CHD NML NT CNJ	-	05191	34.5675	Bundled, sometimes payable	$2,018.40	-	-	-	-	000	999	-
93594	N	R HRT CATH CHD ABNL NT CNJ	-	05191	34.5675	Bundled, sometimes payable	$2,018.40	-	-	-	-	000	999	-
93595	N	L HRT CATH CHD NM/ABN NT CNJ	-	05191	34.5675	Bundled, sometimes payable	$2,018.40	-	-	-	-	000	999	-
93596	N	R&L HRT CATH CHD NML NT CNJ	-	05191	34.5675	Bundled, sometimes payable	$2,018.40	-	-	-	-	000	999	-
93597	N	R&L HRT CATH CHD ABNL NT CNJ	-	05191	34.5675	Bundled, sometimes payable	$2,018.40	-	-	-	-	000	999	-
93598	N	CAR OUTP MEAS DRG CATH CHD	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93600	N	BUNDLE OF HIS RECORDING	-	05212	78.6674	Bundled, sometimes payable	$4,593.39	-	-	-	-	000	999	-
93602	N	INTRA-ATRIAL RECORDING	-	05212	78.6674	Bundled, sometimes payable	$4,593.39	-	-	-	-	000	999	-
93603	N	RIGHT VENTRICULAR RECORDING	-	05211	13.0521	Bundled, sometimes payable	$762.11	-	-	-	-	000	999	-
93609	N	MAP TACHYCARDIA ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93610	N	INTRA-ATRIAL PACING	-	05212	78.6674	Bundled, sometimes payable	$4,593.39	-	-	-	-	000	999	-
93612	N	INTRAVENTRICULAR PACING	-	05212	78.6674	Bundled, sometimes payable	$4,593.39	-	-	-	-	000	999	-
93613	N	ELECTROPHYS MAP 3D ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93615	N	ESOPHAGEAL RECORDING	-	05211	13.0521	Bundled, sometimes payable	$762.11	-	-	-	-	000	999	-
93616	N	ESOPHAGEAL RECORDING	-	05211	13.0521	Bundled, sometimes payable	$762.11	-	-	-	-	000	999	-
93618	N	HEART RHYTHM PACING	-	05211	13.0521	Bundled, sometimes payable	$762.11	-	-	-	-	000	999	-
93619	N	ELECTROPHYSIOLOGY EVALUATION	-	05212	78.6674	Bundled, sometimes payable	$4,593.39	-	-	-	-	000	999	-
93620	N	ELECTROPHYSIOLOGY EVALUATION	-	05212	78.6674	Bundled, sometimes payable	$4,593.39	-	-	-	-	000	999	-
93621	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93622	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93623	N	STIMULATION PACING HEART	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93624	N	ELECTROPHYSIOLOGIC STUDY	-	05212	78.6674	Bundled, sometimes payable	$4,593.39	-	-	-	-	000	999	-
93631	N	HEART PACING MAPPING	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93640	N	EVALUATION HEART DEVICE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93641	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93642	N	ELECTROPHYSIOLOGY EVALUATION	-	05211	13.0521	Bundled, sometimes payable	$762.11	-	-	-	-	000	999	-
93644	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93650	N	ABLATE HEART DYSRHYTHM FOCUS	-	05212	78.6674	Bundled, sometimes payable	$4,593.39	-	-	-	-	000	999	-
93653	N	COMPRE EP EVAL TX SVT	-	05213	274.3622	Bundled, sometimes payable	$16,020.01	-	-	-	Y	000	999	-
93654	N	COMPRE EP EVAL TX VT	-	05213	274.3622	Bundled, sometimes payable	$16,020.01	-	-	-	Y	000	999	-
93655	N	ABLATE ARRHYTHMIA ADD ON	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
93656	N	COMPRE EP EVAL ABLTJ ATR FIB	-	05213	274.3622	Bundled, sometimes payable	$16,020.01	-	-	-	Y	000	999	-
93657	N	TX L/R ATRIAL FIB ADDL	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
93660	S	TILT TABLE EVALUATION	-	05723	5.6485	APC	$329.82	-	-	-	-	000	999	-
93662	N	INTRACARDIAC ECG (ICE)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
93668	S	PERIPHERAL VASCULAR REHAB	-	05733	0.6716	APC	$39.21	-	-	-	-	000	999	-
93701	N	BIOIMPEDANCE CV ANALYSIS	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
93702	S	BIS XTRACELL FLUID ANALYSIS	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
93724	S	ANALYZE PACEMAKER SYSTEM	-	05743	3.2325	APC	$188.75	-	-	-	-	000	999	-
93740	N	TEMPERATURE GRADIENT STUDIES	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
93745	S	SET-UP CARDIOVERT-DEFIBRILL	-	05743	3.2325	APC	$188.75	-	-	-	Y	000	999	-
93750	S	INTERROGATION VAD IN PERSON	-	05742	1.1662	APC	$68.09	-	-	-	-	000	999	-
93770	N	MEASURE VENOUS PRESSURE	-	-	-	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	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
93788	N	AMBL BP MNTR W/SW A/R	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	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	CARDIAC REHAB	-	05771	1.4029	APC	$81.92	-	-	-	Y	000	999	-
93798	S	CARDIAC REHAB/MONITOR	-	05771	1.4029	APC	$81.92	-	-	-	Y	000	999	-
93799	S	UNLISTED CV SVC/PROCEDURE	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-

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93880	S	EXTRACRANIAL BILAT STUDY	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
93882	S	EXTRACRANIAL UNI/LTD STUDY	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
93886	S	INTRACRANIAL COMPLETE STUDY	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
93888	S	INTRACRANIAL LIMITED STUDY	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
93890	N	TCD VASOREACTIVITY STUDY	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	Y	000	999	-
93892	N	TCD EMBOLI DETECT W/O INJ	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	Y	000	999	-
93893	N	TCD EMBOLI DETECT W/INJ	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	Y	000	999	-
93895	E	CAROTID INTIMA ATHEROMA EVAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
93922	N	UPR/L XTREMITY ART 2 LEVELS	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
93923	S	UPR/LXTR ART STDY 3+ LVLS	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
93924	S	LWR XTR VASC STDY BILAT	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
93925	S	LOWER EXTREMITY STUDY	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
93926	S	LOWER EXTREMITY STUDY	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
93930	S	UPPER EXTREMITY STUDY	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
93931	S	UPPER EXTREMITY STUDY	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
93970	S	EXTREMITY STUDY	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
93971	S	EXTREMITY STUDY	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
93975	S	VASCULAR STUDY	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
93976	S	VASCULAR STUDY	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
93978	S	VASCULAR STUDY	-	05523	2.7285	APC	$159.32	-	-	-	-	000	999	-
93979	N	VASCULAR STUDY	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
93980	S	PENILE VASCULAR STUDY	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
93981	S	PENILE VASCULAR STUDY	-	05522	1.2488	APC	$72.92	-	-	-	-	000	999	-
93985	S	DUP-SCAN HEMO COMPL BI STD	-	05523	2.7285	APC	$157.43	-	-	-	-	000	999	-
93986	S	DUP-SCAN HEMO COMPL UNI STD	-	05522	1.2488	APC	$74.54	-	-	-	-	000	999	-
93990	N	DOPPLER FLOW TESTING	-	05522	1.2488	Bundled, sometimes payable	$72.92	-	-	-	-	000	999	-
93998	N	UNLISTD NONINVAS VASC DX STD	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
94002	N	VENT MGMT INPAT INIT DAY	-	05801	6.5049	Bundled, sometimes payable	$379.82	-	-	-	-	000	999	-
94003	N	VENT MGMT INPAT SUBQ DAY	-	05801	6.5049	Bundled, sometimes payable	$379.82	-	-	-	-	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	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
94011	N	SPIROMETRY UP TO 2 YRS OLD	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	002	-
94012	N	SPIRMTRY W/BRNCHDIL INF-2 YR	-	05722	3.2723	Bundled, sometimes payable	$191.07	-	-	-	-	000	002	-
94013	S	MEAS LUNG VOL THRU 2 YRS	-	05723	5.6485	APC	$329.82	-	-	-	-	000	002	-
94014	N	PATIENT RECORDED SPIROMETRY	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	Y	000	999	-
94015	N	PATIENT RECORDED SPIROMETRY	-	05722	3.2723	Bundled, sometimes payable	$191.07	-	-	-	Y	000	999	-
94016	M	REVIEW PATIENT SPIROMETRY	-	-	-	Fee Schedule	$30.45	-	-	-	Y	000	999	-
94060	S	EVALUATION OF WHEEZING	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
94070	S	EVALUATION OF WHEEZING	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
94150	N	VITAL CAPACITY TEST	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
94200	N	LUNG FUNCTION TEST (MBC/MVV)	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
94375	N	RESPIRATORY FLOW VOLUME LOOP	-	05722	3.2723	Bundled, sometimes payable	$191.07	-	-	-	-	000	999	-
94450	N	HYPOXIA RESPONSE CURVE	-	05722	3.2723	Bundled, sometimes payable	$191.07	-	-	-	-	000	999	-
94452	N	HAST W/REPORT	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	Y	000	999	-
94453	N	HAST W/OXYGEN TITRATE	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	Y	000	999	-
94610	N	SURFACTANT ADMIN THRU TUBE	-	05791	2.2375	Bundled, sometimes payable	$130.65	-	-	-	-	000	000	-
94617	N	EXERCISE TST BRNCSPSM W/ECG	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
94618	N	PULMONARY STRESS TESTING	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
94619	N	EXERCISE TST BRNCSPSM WO ECG	-	05733	0.6716	Bundled, sometimes payable	$37.70	-	-	-	-	000	999	-
94621	S	CARDIOPULM EXERCISE TESTING	-	05722	3.2723	APC	$191.07	-	-	-	Y	000	999	-
94625	S	PHY/QHP OP PULM RHB W/O MNTR	-	05733	0.6716	APC	$39.21	-	-	-	-	000	999	-
94626	S	PHY/QHP OP PULM RHB W/MNTR	-	05733	0.6716	APC	$39.21	-	-	-	-	000	999	-
94640	N	AIRWAY INHALATION TREATMENT	-	05791	2.2375	Bundled, sometimes payable	$130.65	-	-	-	-	000	999	-
94642	N	AEROSOL INHALATION TREATMENT	-	05791	2.2375	Bundled, sometimes payable	$130.65	-	-	-	-	000	999	-
94644	N	CBT 1ST HOUR	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-

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94645	N	CBT EACH ADDL HOUR	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
94660	N	POS AIRWAY PRESSURE CPAP	-	05791	2.2375	Bundled, sometimes payable	$130.65	-	-	-	-	000	999	-
94662	N	NEG PRESS VENTILATION CNP	-	05801	6.5049	Bundled, sometimes payable	$379.82	-	-	-	-	000	999	-
94664	N	EVALUATE PT USE OF INHALER	-	05791	2.2375	Bundled, sometimes payable	$130.65	-	-	-	-	000	999	-
94667	N	CHEST WALL MANIPULATION	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
94668	N	CHEST WALL MANIPULATION	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
94669	N	MECHANICAL CHEST WALL OSCILL	-	05791	2.2375	Bundled, sometimes payable	$130.65	-	-	-	-	000	999	-
94680	N	EXHALED AIR ANALYSIS O2	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
94681	N	EXHALED AIR ANALYSIS O2/CO2	-	05722	3.2723	Bundled, sometimes payable	$191.07	-	-	-	-	000	999	-
94690	N	EXHALED AIR ANALYSIS	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
94726	N	PULM FUNCT TST PLETHYSMOGRAP	-	05722	3.2723	Bundled, sometimes payable	$191.07	-	-	-	-	000	999	-
94727	N	PULM FUNCTION TEST BY GAS	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
94728	N	AIRWY RESIST BY OSCILLOMETRY	-	05722	3.2723	Bundled, sometimes payable	$191.07	-	-	-	-	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	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
94772	S	BREATH RECORDING INFANT	-	05723	5.6485	APC	$329.82	-	-	-	-	000	001	-
94774	E	PED HOME APNEA REC COMPL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	019	-
94775	S	PED HOME APNEA REC HK-UP	-	05721	1.6992	APC	$99.22	-	-	-	-	000	019	-
94776	S	PED HOME APNEA REC DOWNLD	-	05721	1.6992	APC	$99.22	-	-	-	-	000	019	-
94777	E	PED HOME APNEA REC REPORT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	019	-
94780	N	CARS/BD TST INFT-12MO 60 MIN	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
94781	N	CARS/BD TST INFT-12MO +30MIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
94799	N	UNLISTED PULMONARY SVC/PX	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
95004	N	PERCUT ALLERGY SKIN TESTS	-	05724	10.9176	Bundled, sometimes payable	$637.48	-	-	-	-	000	999	-
95012	N	EXHALED NITRIC OXIDE MEAS	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
95017	N	PERQ & ICUT ALLG TEST VENOMS	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	Y	000	999	-
95018	N	PERQ&IC ALLG TEST DRUGS/BIOL	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	Y	000	999	-
95024	N	ICUT ALLERGY TEST DRUG/BUG	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
95027	N	ICUT ALLERGY TITRATE-AIRBORN	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
95028	N	ICUT ALLERGY TEST-DELAYED	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
95044	N	ALLERGY PATCH TESTS	-	05724	10.9176	Bundled, sometimes payable	$637.48	-	-	-	-	000	999	-
95052	N	PHOTO PATCH TEST	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
95056	N	PHOTOSENSITIVITY TESTS	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
95060	N	EYE ALLERGY TESTS	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
95065	N	NOSE ALLERGY TEST	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
95070	S	BRONCHIAL ALLERGY TESTS	-	05723	5.6485	APC	$329.82	-	-	-	-	000	999	-
95076	S	INGEST CHALLENGE INI 120 MIN	-	05723	5.6485	APC	$329.82	-	-	-	Y	000	999	-
95079	N	INGEST CHALLENGE ADDL 60 MIN	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
95115	N	IMMUNOTHERAPY ONE INJECTION	-	05691	0.4951	Bundled, sometimes payable	$28.91	-	-	-	-	000	999	-
95117	N	IMMUNOTHERAPY INJECTIONS	-	05691	0.4951	Bundled, sometimes payable	$28.91	-	-	-	-	000	999	-
95120	E	IMMUNOTHERAPY ONE INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
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	0.4951	Bundled, sometimes payable	$28.91	-	-	-	-	000	999	-
95145	N	ANTIGEN THERAPY SERVICES	-	05691	0.4951	Bundled, sometimes payable	$28.91	-	-	-	-	000	999	-
95146	N	ANTIGEN THERAPY SERVICES	-	05691	0.4951	Bundled, sometimes payable	$28.91	-	-	-	-	000	999	-
95147	N	ANTIGEN THERAPY SERVICES	-	05692	0.7883	Bundled, sometimes payable	$46.03	-	-	-	-	000	999	-
95148	N	ANTIGEN THERAPY SERVICES	-	05692	0.7883	Bundled, sometimes payable	$46.03	-	-	-	-	000	999	-
95149	N	ANTIGEN THERAPY SERVICES	-	05692	0.7883	Bundled, sometimes payable	$46.03	-	-	-	-	000	999	-
95165	N	ANTIGEN THERAPY SERVICES	-	05691	0.4951	Bundled, sometimes payable	$28.91	-	-	-	-	000	999	-

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95170	N	ANTIGEN THERAPY SERVICES	-	05691	0.4951	Bundled, sometimes payable	$28.91	-	-	-	-	000	999	-
95180	N	RAPID DESENSITIZATION	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
95199	N	UNLISTED ALL/IMMLG SVC/PX	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
95249	S	CONT GLUC MNTR PT PROV EQP	-	05733	0.6716	APC	$39.21	-	-	-	-	000	999	-
95250	M	CONT GLUC MNTR PHYS/QHP EQP	-	-	-	Fee Schedule	$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	1.6992	APC	$180.90	-	-	-	-	000	999	-
95705	S	EEG W/O VID 2-12 HR UNMNTR	-	05721	1.6992	APC	$180.90	-	-	-	-	000	999	-
95706	S	EEG WO VID 2-12HR INTMT MNTR	-	05722	3.2723	APC	$180.90	-	-	-	-	000	999	-
95707	S	EEG W/O VID 2-12HR CONT MNTR	-	05722	3.2723	APC	$180.90	-	-	-	-	000	999	-
95708	S	EEG WO VID EA 12-26HR UNMNTR	-	05723	5.6485	APC	$333.68	-	-	-	-	000	999	-
95709	S	EEG W/O VID EA 12-26HR INTMT	-	05723	5.6485	APC	$333.68	-	-	-	-	000	999	-
95710	S	EEG W/O VID EA 12-26HR CONT	-	05723	5.6485	APC	$333.68	-	-	-	-	000	999	-
95711	S	VEEG 2-12 HR UNMONITORED	-	05722	3.2723	APC	$180.90	-	-	-	-	000	999	-
95712	S	VEEG 2-12 HR INTMT MNTR	-	05722	3.2723	APC	$180.90	-	-	-	-	000	999	-
95713	S	VEEG 2-12 HR CONT MNTR	-	05723	5.6485	APC	$333.68	-	-	-	-	000	999	-
95714	S	VEEG EA 12-26 HR UNMNTR	-	05723	5.6485	APC	$333.68	-	-	-	-	000	999	-
95715	S	VEEG EA 12-26HR INTMT MNTR	-	05723	5.6485	APC	$333.68	-	-	-	-	000	999	-
95716	S	VEEG EA 12-26HR CONT MNTR	-	05724	10.9176	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	10.9176	APC	$637.48	-	-	-	Y	000	006	-
95783	S	POLYSOM <6 YRS CPAP/BILVL	-	05724	10.9176	APC	$637.48	-	-	-	Y	000	006	-
95800	S	SLP STDY UNATTENDED	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
95801	N	SLP STDY UNATND W/ANAL	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
95803	N	ACTIGRAPHY TESTING	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
95805	S	MULTIPLE SLEEP LATENCY TEST	-	05723	5.6485	APC	$329.82	-	-	-	-	000	999	-
95806	S	SLEEP STUDY UNATT&RESP EFFT	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
95807	S	SLEEP STUDY ATTENDED	-	05723	5.6485	APC	$329.82	-	-	-	-	000	999	-
95808	S	POLYSOM ANY AGE 1-3> PARAM	-	05724	10.9176	APC	$637.48	-	-	-	-	000	999	-
95810	S	POLYSOM 6/> YRS 4/> PARAM	-	05724	10.9176	APC	$637.48	-	-	-	-	000	999	-
95811	S	POLYSOM 6/>YRS CPAP 4/> PARM	-	05724	10.9176	APC	$637.48	-	-	-	-	000	999	-
95812	S	EEG 41-60 MINUTES	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
95813	S	EEG EXTND MNTR 61-119 MIN	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
95816	S	EEG AWAKE AND DROWSY	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
95819	S	EEG AWAKE AND ASLEEP	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
95822	S	EEG COMA OR SLEEP ONLY	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
95824	S	EEG CEREBRAL DEATH ONLY	-	05723	5.6485	APC	$329.82	-	-	-	-	000	999	-
95829	N	SURGERY ELECTROCORTICOGRAM	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
95830	M	INSERT ELECTRODES FOR EEG	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
95836	S	ECOG IMPLTD BRN NPGT <30 D	-	05741	0.409	APC	$23.88	-	-	-	-	000	999	-
95851	M	RANGE OF MOTION MEASUREMENTS	-	-	-	Fee Schedule	$9.73	-	-	-	-	000	999	-
95852	M	RANGE OF MOTION MEASUREMENTS	-	-	-	Fee Schedule	$6.77	-	-	-	-	000	999	-
95857	S	CHOLINESTERASE CHALLENGE	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
95860	M	MUSCLE TEST ONE LIMB	-	-	-	Fee Schedule	$76.17	-	-	-	-	000	999	-
95860	M	MUSCLE TEST ONE LIMB	26	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
95861	M	MUSCLE TEST 2 LIMBS	-	-	-	Fee Schedule	$76.17	-	-	-	-	000	999	-
95861	M	MUSCLE TEST 2 LIMBS	26	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-

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95863	M	MUSCLE TEST 3 LIMBS	-	-	-	Fee Schedule	$95.39	-	-	-	-	000	999	-
95863	M	MUSCLE TEST 3 LIMBS	26	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
95864	M	MUSCLE TEST 4 LIMBS	-	-	-	Fee Schedule	$95.39	-	-	-	-	000	999	-
95864	M	MUSCLE TEST 4 LIMBS	26	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
95865	N	MUSCLE TEST LARYNX	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	Y	000	999	-
95866	N	MUSCLE TEST HEMIDIAPHRAGM	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	Y	000	999	-
95867	S	MUSCLE TEST CRAN NERV UNILAT	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
95868	S	MUSCLE TEST CRAN NERVE BILAT	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
95869	N	MUSCLE TEST THOR PARASPINAL	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
95870	N	MUSCLE TEST NONPARASPINAL	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
95872	S	MUSCLE TEST ONE FIBER	-	05721	1.6992	APC	$99.22	-	-	-	-	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	1.6992	APC	$99.22	-	-	-	-	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	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
95907	S	NVR CNDJ TST 1-2 STUDIES	-	05721	1.6992	APC	$99.22	-	-	-	Y	000	999	-
95908	S	NRV CNDJ TST 3-4 STUDIES	-	05722	3.2723	APC	$191.07	-	-	-	Y	000	999	-
95909	S	NRV CNDJ TST 5-6 STUDIES	-	05722	3.2723	APC	$191.07	-	-	-	Y	000	999	-
95910	S	NRV CNDJ TEST 7-8 STUDIES	-	05722	3.2723	APC	$191.07	-	-	-	Y	000	999	-
95911	S	NRV CNDJ TEST 9-10 STUDIES	-	05723	5.6485	APC	$329.82	-	-	-	Y	000	999	-
95912	S	NRV CNDJ TEST 11-12 STUDIES	-	05723	5.6485	APC	$329.82	-	-	-	Y	000	999	-
95913	S	NRV CNDJ TEST 13/> STUDIES	-	05723	5.6485	APC	$329.82	-	-	-	Y	000	999	-
95919	N	QUAN PUPLMTRY PHY/QHP UNI/BI	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
95921	S	AUTONOMIC NRV PARASYM INERVJ	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
95922	N	AUTONOMIC NRV ADRENRG INERVJ	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
95923	N	AUTONOMIC NRV SYST FUNJ TEST	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
95924	S	ANS PARASYMP & SYMP W/TILT	-	05722	3.2723	APC	$191.07	-	-	-	Y	000	999	-
95925	S	SOMATOSENSORY TESTING	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
95926	S	SOMATOSENSORY TESTING	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
95927	S	SOMATOSENSORY TESTING	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
95928	S	C MOTOR EVOKED UPPR LIMBS	-	05724	10.9176	APC	$637.48	-	-	-	Y	000	999	-
95929	S	C MOTOR EVOKED LWR LIMBS	-	05723	5.6485	APC	$329.82	-	-	-	Y	000	999	-
95930	S	VISUAL EP TEST CNS W/I&R	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
95933	N	BLINK REFLEX TEST	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
95937	S	NEUROMUSCULAR JUNCTION TEST	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
95938	S	SOMATOSENSORY TESTING	-	05723	5.6485	APC	$329.82	-	-	-	-	000	999	-
95939	S	C MOTOR EVOKED UPR&LWR LIMBS	-	05724	10.9176	APC	$637.48	-	-	-	-	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	5.6485	APC	$329.82	-	-	-	-	000	999	-
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	10.9176	APC	$637.48	-	-	-	-	000	999	-
95961	S	ELECTRODE STIMULATION BRAIN	-	05724	10.9176	APC	$637.48	-	-	-	-	000	999	-
95962	N	ELECTRODE STIM BRAIN ADD-ON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
95965	S	MEG SPONTANEOUS	-	05724	10.9176	APC	$637.48	-	-	-	-	000	999	-
95966	S	MEG EVOKED SINGLE	-	05724	10.9176	APC	$637.48	-	-	-	-	000	999	-
95967	N	MEG EVOKED EACH ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
95970	N	ALYS NPGT W/O PRGRMG	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
95971	S	ALYS SMPL SP/PN NPGT W/PRGRM	-	05742	1.1662	APC	$68.09	-	-	-	-	000	999	-
95972	S	ALYS CPLX SP/PN NPGT W/PRGRM	-	05742	1.1662	APC	$68.09	-	-	-	-	000	999	-
95976	S	ALYS SMPL CN NPGT PRGRMG	-	05741	0.409	APC	$23.88	-	-	-	-	000	999	-
95977	S	ALYS CPLX CN NPGT PRGRMG	-	05742	1.1662	APC	$68.09	-	-	-	-	000	999	-

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95980	N	IO ANAL GAST N-STIM INIT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
95981	N	IO ANAL GAST N-STIM SUBSQ	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
95982	N	IO GA N-STIM SUBSQ W/REPROG	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
95983	S	ALYS BRN NPGT PRGRMG 15 MIN	-	05742	1.1662	APC	$68.09	-	-	-	-	000	999	-
95984	N	ALYS BRN NPGT PRGRMG ADDL 15	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
95990	S	SPIN/BRAIN PUMP REFIL & MAIN	-	05694	3.8864	APC	$226.93	-	-	-	-	000	999	-
95991	T	SPIN/BRAIN PUMP REFIL & MAIN	-	05441	3.1769	APC	$185.50	-	-	-	Y	000	999	-
95992	M	CANALITH REPOSITIONING PROC	-	-	-	Fee Schedule	$27.09	-	-	-	-	000	999	-
95999	N	UNLISTED NEUROLOGICAL DX PX	-	05721	1.6992	Bundled, sometimes payable	$99.22	-	-	-	-	000	999	-
96000	S	MOTION ANALYSIS VIDEO/3D	-	05723	5.6485	APC	$329.82	-	-	-	-	000	999	-
96001	S	MOTION TEST W/FT PRESS MEAS	-	05724	10.9176	APC	$637.48	-	-	-	-	000	999	-
96002	S	DYNAMIC SURFACE EMG	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
96003	N	DYNAMIC FINE WIRE EMG	-	05722	3.2723	Bundled, sometimes payable	$191.07	-	-	-	-	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	-
96040	E	GENETIC COUNSELING 30 MIN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
96105	Y	ASSESSMENT OF APHASIA	-	-	-	Fee Schedule	$73.18	-	-	-	-	000	999	-
96110	E	DEVELOPMENTAL SCREEN W/SCORE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
96112	N	DEVEL TST PHYS/QHP 1ST HR	-	05722	3.2723	Bundled, sometimes payable	$191.07	-	-	-	-	000	999	-
96113	N	DEVEL TST PHYS/QHP EA ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
96116	N	NUBHVL XM PHYS/QHP 1ST HR	-	05722	3.2723	Bundled, sometimes payable	$191.07	-	-	-	-	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	$77.49	-	-	-	-	000	999	-
96127	N	BRIEF EMOTIONAL/BEHAV ASSMT	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
96130	N	PSYCL TST EVAL PHYS/QHP 1ST	-	05722	3.2723	Bundled, sometimes payable	$191.07	-	-	-	-	000	999	-
96131	N	PSYCL TST EVAL PHYS/QHP EA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
96132	N	NRPSYC TST EVAL PHYS/QHP 1ST	-	05723	5.6485	Bundled, sometimes payable	$329.82	-	-	-	-	000	999	-
96133	N	NRPSYC TST EVAL PHYS/QHP EA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
96136	N	PSYCL/NRPSYC TST PHY/QHP 1ST	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
96137	N	PSYCL/NRPSYC TST PHY/QHP EA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
96138	N	PSYCL/NRPSYC TECH 1ST	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
96139	N	PSYCL/NRPSYC TST TECH EA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
96146	N	PSYCL/NRPSYC TST AUTO RESULT	-	05731	0.2916	Bundled, sometimes payable	$17.03	-	-	-	-	000	999	-
96156	N	HLTH BHV ASSMT/REASSESSMENT	-	05822	0.8863	Bundled, sometimes payable	$49.76	-	-	-	-	000	999	-
96158	N	HLTH BHV IVNTJ INDIV 1ST 30	-	05822	0.8863	Bundled, sometimes payable	$49.76	-	-	-	-	000	999	-
96159	N	HLTH BHV IVNTJ INDIV EA ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
96160	S	PT-FOCUSED HLTH RISK ASSMT	-	05821	0.3468	APC	$20.25	-	-	-	-	000	999	-
96161	S	CAREGIVER HEALTH RISK ASSMT	-	05821	0.3468	APC	$20.25	-	-	-	-	000	999	-
96164	N	HLTH BHV IVNTJ GRP 1ST 30	-	05821	0.3468	Bundled, sometimes payable	$19.47	-	-	-	-	000	999	-
96165	N	HLTH BHV IVNTJ GRP EA ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
96167	N	HLTH BHV IVNTJ FAM 1ST 30	-	05821	0.3468	Bundled, sometimes payable	$19.47	-	-	-	-	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	-
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	2.4136	APC	$140.93	-	-	-	-	000	999	-
96361	S	HYDRATE IV INFUSION ADD-ON	-	05691	0.4951	APC	$28.91	-	-	-	-	000	999	-
96365	S	THER/PROPH/DIAG IV INF INIT	-	05693	2.4136	APC	$140.93	-	-	-	-	000	999	-
96366	S	THER/PROPH/DIAG IV INF ADDON	-	05691	0.4951	APC	$28.91	-	-	-	-	000	999	-
96367	S	TX/PROPH/DG ADDL SEQ IV INF	-	05692	0.7883	APC	$46.03	-	-	-	-	000	999	-
96368	N	THER/DIAG CONCURRENT INF	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
96369	S	SC THER INFUSION UP TO 1 HR	-	05693	2.4136	APC	$140.93	-	-	-	-	000	999	-
96370	S	SC THER INFUSION ADDL HR	-	05691	0.4951	APC	$28.91	-	-	-	-	000	999	-
96371	N	SC THER INFUSION RESET PUMP	-	05692	0.7883	Bundled, sometimes payable	$46.03	-	-	-	-	000	999	-
96372	N	THER/PROPH/DIAG INJ SC/IM	-	05692	0.7883	Bundled, sometimes payable	$44.26	-	-	-	-	000	999	-

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96373	S	THER/PROPH/DIAG INJ IA	-	05693	2.4136	APC	$140.93	-	-	-	-	000	999	-
96374	S	THER/PROPH/DIAG INJ IV PUSH	-	05693	2.4136	APC	$140.93	-	-	-	-	000	999	-
96375	S	TX/PRO/DX INJ NEW DRUG ADDON	-	05691	0.4951	APC	$28.91	-	-	-	-	000	999	-
96376	N	TX/PRO/DX INJ SAME DRUG ADON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
96377	N	APPLICATON ON-BODY INJECTOR	-	05691	0.4951	Bundled, sometimes payable	$28.91	-	-	-	-	000	999	-
96379	N	UNL THER/PROP/DIAG INJ/INF	-	05691	0.4951	Bundled, sometimes payable	$28.91	-	-	-	-	000	999	-
96401	N	CHEMO ANTI-NEOPL SQ/IM	-	05692	0.7883	Bundled, sometimes payable	$46.03	-	-	-	Y	000	999	-
96402	N	CHEMO HORMON ANTINEOPL SQ/IM	-	05692	0.7883	Bundled, sometimes payable	$46.03	-	-	-	Y	000	999	-
96405	N	CHEMO INTRALESIONAL UP TO 7	-	05692	0.7883	Bundled, sometimes payable	$46.03	-	-	-	-	000	999	-
96406	S	CHEMO INTRALESIONAL OVER 7	-	05693	2.4136	APC	$140.93	-	-	-	-	000	999	-
96409	S	CHEMO IV PUSH SNGL DRUG	-	05693	2.4136	APC	$140.93	-	-	-	Y	000	999	-
96411	S	CHEMO IV PUSH ADDL DRUG	-	05692	0.7883	APC	$46.03	-	-	-	Y	000	999	-
96413	S	CHEMO IV INFUSION 1 HR	-	05694	3.8864	APC	$226.93	-	-	-	Y	000	999	-
96415	S	CHEMO IV INFUSION ADDL HR	-	05692	0.7883	APC	$46.03	-	-	-	Y	000	999	-
96416	S	CHEMO PROLONG INFUSE W/PUMP	-	05694	3.8864	APC	$226.93	-	-	-	Y	000	999	-
96417	S	CHEMO IV INFUS EACH ADDL SEQ	-	05692	0.7883	APC	$46.03	-	-	-	Y	000	999	-
96420	S	CHEMO IA PUSH TECNIQUE	-	05694	3.8864	APC	$226.93	-	-	-	-	000	999	-
96422	S	CHEMO IA INFUSION UP TO 1 HR	-	05693	2.4136	APC	$140.93	-	-	-	-	000	999	-
96423	S	CHEMO IA INFUSE EACH ADDL HR	-	05691	0.4951	APC	$28.91	-	-	-	-	000	999	-
96425	S	CHEMOTHERAPY INFUSION METHOD	-	05694	3.8864	APC	$226.93	-	-	-	-	000	999	-
96440	S	CHEMOTHERAPY INTRACAVITARY	-	05694	3.8864	APC	$226.93	-	-	-	-	000	999	-
96446	S	CHEMOTX ADMN PRTL CAVITY	-	05694	3.8864	APC	$226.93	-	-	-	-	000	999	-
96450	S	CHEMOTHERAPY INTO CNS	-	05694	3.8864	APC	$226.93	-	-	-	-	000	999	-
96521	S	REFILL/MAINT PORTABLE PUMP	-	05693	2.4136	APC	$140.93	-	-	-	Y	000	999	-
96522	S	REFILL/MAINT PUMP/RESVR SYST	-	05693	2.4136	APC	$140.93	-	-	-	Y	000	999	-
96523	N	IRRIG DRUG DELIVERY DEVICE	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	Y	000	999	-
96542	S	CHEMOTHERAPY INJECTION	-	05693	2.4136	APC	$140.93	-	-	-	-	000	999	-
96549	N	UNLISTED CHEMOTHERAPY PX	-	05691	0.4951	Bundled, sometimes payable	$28.91	-	-	-	-	000	999	-
96567	N	PDT DSTR PRMLG LES SKN	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	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	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
96574	N	DBRDMT PRMLG LES W/PDT	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
96900	N	ULTRAVIOLET LIGHT THERAPY	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
96902	N	TRICHOGRAM	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
96904	N	WHOLE BODY PHOTOGRAPHY	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
96910	N	PHOTOCHEMOTHERAPY WITH UV-B	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
96912	N	PHOTOCHEMOTHERAPY WITH UV-A	-	05733	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
96913	T	PHOTOCHEMOTHERAPY UV-A OR B	-	05052	4.359	APC	$254.52	-	-	-	-	000	999	-
96920	N	LASER TX SKIN < 250 SQ CM	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
96921	N	LASER TX SKIN 250-500 SQ CM	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
96922	N	LASER TX SKIN >500 SQ CM	-	05052	4.359	Bundled, sometimes payable	$254.52	-	-	-	-	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	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
97010	E	HOT OR COLD PACKS THERAPY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
97012	Y	MECHANICAL TRACTION THERAPY	-	-	-	Fee Schedule	$10.64	-	-	-	-	000	999	-
97014	E	ELECTRIC STIMULATION THERAPY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
97016	Y	VASOPNEUMATIC DEVICE THERAPY	-	-	-	Fee Schedule	$8.87	-	-	-	-	000	999	-
97018	Y	PARAFFIN BATH THERAPY	-	-	-	Fee Schedule	$4.31	-	-	-	-	000	999	-
97022	Y	WHIRLPOOL THERAPY	-	-	-	Fee Schedule	$12.92	-	-	-	-	000	999	-
97024	Y	DIATHERMY EG MICROWAVE	-	-	-	Fee Schedule	$5.32	-	-	-	-	000	999	-

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97026	Y	INFRARED THERAPY	-	-	-	Fee Schedule	$4.81	-	-	-	-	000	999	-
97028	Y	ULTRAVIOLET THERAPY	-	-	-	Fee Schedule	$6.08	-	-	-	-	000	999	-
97032	Y	ELECTRICAL STIMULATION	-	-	-	Fee Schedule	$10.90	-	-	-	-	000	999	-
97033	Y	ELECTRIC CURRENT THERAPY	-	-	-	Fee Schedule	$14.70	-	-	-	-	000	999	-
97034	Y	CONTRAST BATH THERAPY	-	-	-	Fee Schedule	$10.90	-	-	-	-	000	999	-
97035	Y	ULTRASOUND THERAPY	-	-	-	Fee Schedule	$10.64	-	-	-	-	000	999	-
97036	Y	HYDROTHERAPY	-	-	-	Fee Schedule	$25.59	-	-	-	-	000	999	-
97039	E	UNLISTED MODALITY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
97110	Y	THERAPEUTIC EXERCISES	-	-	-	Fee Schedule	$22.05	-	-	-	-	000	999	-
97112	Y	NEUROMUSCULAR REEDUCATION	-	-	-	Fee Schedule	$25.59	-	-	-	-	000	999	-
97113	Y	AQUATIC THERAPY/EXERCISES	-	-	-	Fee Schedule	$27.62	-	-	-	-	000	999	-
97116	Y	GAIT TRAINING THERAPY	-	-	-	Fee Schedule	$22.05	-	-	-	-	000	999	-
97124	Y	MASSAGE THERAPY	-	-	-	Fee Schedule	$22.30	-	-	-	-	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	$20.27	-	-	-	-	000	999	-
97150	Y	GROUP THERAPEUTIC PROCEDURES	-	-	-	Fee Schedule	$13.18	-	-	-	-	000	999	-
97151	N	BHV ID ASSMT BY PHYS/QHP	-	05822	0.8863	Bundled, sometimes payable	$51.75	-	-	-	-	000	999	-
97152	N	BHV ID SUPRT ASSMT BY 1 TECH	-	05822	0.8863	Bundled, sometimes payable	$51.75	-	-	-	-	000	999	-
97153	N	ADAPTIVE BEHAVIOR TX BY TECH	-	05822	0.8863	Bundled, sometimes payable	$51.75	-	-	-	-	000	999	-
97154	N	GRP ADAPT BHV TX BY TECH	-	05821	0.3468	Bundled, sometimes payable	$20.25	-	-	-	-	000	999	-
97155	N	ADAPT BEHAVIOR TX PHYS/QHP	-	05822	0.8863	Bundled, sometimes payable	$51.75	-	-	-	-	000	999	-
97156	N	FAM ADAPT BHV TX GDN PHY/QHP	-	05821	0.3468	Bundled, sometimes payable	$20.25	-	-	-	-	000	999	-
97157	N	MULT FAM ADAPT BHV TX GDN	-	05821	0.3468	Bundled, sometimes payable	$20.25	-	-	-	-	000	999	-
97158	N	GRP ADAPT BHV TX BY PHY/QHP	-	05821	0.3468	Bundled, sometimes payable	$20.25	-	-	-	-	000	999	-
97161	M	PT EVAL LOW COMPLEX 20 MIN	-	-	-	Fee Schedule	$74.96	-	-	-	-	000	999	-
97162	M	PT EVAL MOD COMPLEX 30 MIN	-	-	-	Fee Schedule	$74.96	-	-	-	-	000	999	-
97163	M	PT EVAL HIGH COMPLEX 45 MIN	-	-	-	Fee Schedule	$74.96	-	-	-	-	000	999	-
97164	M	PT RE-EVAL EST PLAN CARE	-	-	-	Fee Schedule	$51.67	-	-	-	-	000	999	-
97165	M	OT EVAL LOW COMPLEX 30 MIN	-	-	-	Fee Schedule	$75.46	-	-	-	-	000	999	-
97166	M	OT EVAL MOD COMPLEX 45 MIN	-	-	-	Fee Schedule	$75.46	-	-	-	-	000	999	-
97167	M	OT EVAL HIGH COMPLEX 60 MIN	-	-	-	Fee Schedule	$75.46	-	-	-	-	000	999	-
97168	M	OT RE-EVAL EST PLAN CARE	-	-	-	Fee Schedule	$51.92	-	-	-	-	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	$27.87	-	-	-	-	000	999	-
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	$23.82	-	-	-	-	000	999	-
97542	Y	WHEELCHAIR MNGMENT TRAINING	-	-	-	Fee Schedule	$23.82	-	-	-	-	000	999	-
97545	E	WORK HARDENING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
97546	E	WORK HARDENING ADD-ON	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
97597	T	RMVL DEVITAL TIS 20 CM/<	-	05051	2.11	APC	$118.46	-	-	-	-	000	999	-
97598	N	RMVL DEVITAL TIS ADDL 20CM/<	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
97602	M	WOUND(S) CARE NON-SELECTIVE	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
97605	M	NEG PRESS WOUND TX <=50 CM	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
97606	M	NEG PRESS WOUND TX >50 CM	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
97607	T	NEG PRESS WND TX <=50 SQ CM	-	05052	4.359	APC	$236.59	-	-	-	-	000	999	-
97608	T	NEG PRESS WOUND TX >50 CM	-	05052	4.359	APC	$236.59	-	-	-	-	000	999	-
97610	M	LOW FREQUENCY NON-THERMAL US	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
97750	Y	PHYSICAL PERFORMANCE TEST	-	-	-	Fee Schedule	$25.09	-	-	-	-	000	999	-
97755	Y	ASSISTIVE TECHNOLOGY ASSESS	-	-	-	Fee Schedule	$28.38	-	-	-	-	000	999	-
97760	Y	ORTHOTIC MGMT&TRAING 1ST ENC	-	-	-	Fee Schedule	$36.49	-	-	-	Y	000	999	-

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97761	M	PROSTHETIC TRAING 1ST ENC	-	-	-	Fee Schedule	$52.02	-	-	-	Y	000	999	-
97763	M	ORTHC/PROSTC MGMT SBSQ ENC	-	-	-	Fee Schedule	$40.54	-	-	-	-	000	999	-
97799	E	UNLISTED PHYSCL MED/REHAB PX	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
97802	M	MEDICAL NUTRITION INDIV IN	-	-	-	Fee Schedule	$40.18	-	-	-	-	000	020	-
97803	M	MED NUTRITION INDIV SUBSEQ	-	-	-	Fee Schedule	$34.25	-	-	-	-	000	020	-
97804	M	MEDICAL NUTRITION GROUP	-	-	-	Fee Schedule	$19.03	-	-	-	-	000	020	-
97810	E	ACUPUNCT W/O STIMUL 15 MIN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
97811	E	ACUPUNCT W/O STIMUL ADDL 15M	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
97813	E	ACUPUNCT W/STIMUL 15 MIN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
97814	E	ACUPUNCT W/STIMUL ADDL 15M	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
98925	N	OSTEOPATH MANJ 1-2 REGIONS	-	05811	0.2919	Bundled, sometimes payable	$17.04	-	-	-	-	000	999	-
98926	N	OSTEOPATH MANJ 3-4 REGIONS	-	05811	0.2919	Bundled, sometimes payable	$17.04	-	-	-	-	000	999	-
98927	N	OSTEOPATH MANJ 5-6 REGIONS	-	05811	0.2919	Bundled, sometimes payable	$17.04	-	-	-	-	000	999	-
98928	N	OSTEOPATH MANJ 7-8 REGIONS	-	05811	0.2919	Bundled, sometimes payable	$17.04	-	-	-	-	000	999	-
98929	N	OSTEOPATH MANJ 9-10 REGIONS	-	05811	0.2919	Bundled, sometimes payable	$17.04	-	-	-	-	000	999	-
98940	N	CHIROPRACT MANJ 1-2 REGIONS	-	05811	0.2919	Bundled, sometimes payable	$17.04	-	-	-	-	000	999	-
98941	N	CHIROPRACT MANJ 3-4 REGIONS	-	05811	0.2919	Bundled, sometimes payable	$17.04	-	-	-	-	000	999	-
98942	N	CHIROPRACTIC MANJ 5 REGIONS	-	05811	0.2919	Bundled, sometimes payable	$17.04	-	-	-	-	000	999	-
98943	E	CHIROPRACT MANJ XTRSPINL 1/>	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
98960	E	SELF-MGMT EDUC & TRAIN 1 PT	-	-	-	Not Allowed	$0.00	-	-	-	Y	000	999	-
98961	E	SELF-MGMT EDUC/TRAIN 2-4 PT	-	-	-	Not Allowed	$0.00	-	-	-	Y	000	999	-
98962	E	SELF-MGMT EDUC/TRAIN 5-8 PT	-	-	-	Not Allowed	$0.00	-	-	-	Y	000	999	-
98966	M	HC PRO PHONE CALL 5-10 MIN	-	-	-	Fee Schedule	$8.36	-	-	-	-	000	999	-
98967	M	HC PRO PHONE CALL 11-20 MIN	-	-	-	Fee Schedule	$16.22	-	-	-	-	000	999	-
98968	M	HC PRO PHONE CALL 21-30 MIN	-	-	-	Fee Schedule	$23.54	-	-	-	-	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	M	REM THER MNTR 1ST SETUP&EDU	-	-	-	Fee Schedule	$79.28	-	-	-	-	000	999	-
98976	N	REM THER MNTR DEV SPLY RESP	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
98977	N	REM THER MNTR DV SPLY MSCSKL	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	000	999	-
98978	N	REM THER MNTR DEV SPLY CBT	-	05741	0.409	Bundled, sometimes payable	$23.88	-	-	-	-	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	-	-	-	Charge Ratio	$0.00	-	-	-	-	000	999	-
99075	E	MEDICAL TESTIMONY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
99078	M	GROUP HEALTH EDUCATION	-	-	-	Fee Schedule	$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	M	COLLJ & INTERPJ DATA EA 30 D	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99100	M	SPECIAL ANESTHESIA SERVICE	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99116	M	ANESTHESIA WITH HYPOTHERMIA	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-

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99135	M	SPECIAL ANESTHESIA PROCEDURE	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99140	M	EMERGENCY ANESTHESIA	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99151	N	MOD SED SAME PHYS/QHP <5 YRS	-	-	-	Bundled	$0.00	-	-	-	-	000	005	-
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	004	-
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	2.0813	APC	$121.53	-	-	-	-	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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
99188	E	APP TOPICAL FLUORIDE VARNISH	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
99190	C	SPECIAL PUMP SERVICES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
99191	C	SPECIAL PUMP SERVICES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
99192	C	SPECIAL PUMP SERVICES	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
99195	N	PHLEBOTOMY	-	05734	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
99199	E	UNLISTED SPECIAL SVC PX/RPRT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
99202	M	OFFICE O/P NEW SF 15-29 MIN	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99203	M	OFFICE O/P NEW LOW 30-44 MIN	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99204	M	OFFICE O/P NEW MOD 45-59 MIN	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99205	M	OFFICE O/P NEW HI 60-74 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 10-19 MIN	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99213	M	OFFICE O/P EST LOW 20-29 MIN	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99214	M	OFFICE O/P EST MOD 30-39 MIN	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99215	M	OFFICE O/P EST HI 40-54 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	1.4122	Bundled, sometimes payable	$82.46	-	-	-	-	000	999	-
99282	N	EMERGENCY DEPT VISIT SF MDM	-	05022	1.4122	Bundled, sometimes payable	$82.46	-	-	-	-	000	999	-
99283	N	EMERGENCY DEPT VISIT LOW MDM	-	05023	2.863	Bundled, sometimes payable	$167.17	-	-	-	-	000	999	-
99284	N	EMERGENCY DEPT VISIT MOD MDM	-	05024	4.4589	Bundled, sometimes payable	$260.36	-	-	-	-	000	999	-
99285	N	EMERGENCY DEPT VISIT HI MDM	-	05025	6.4043	Bundled, sometimes payable	$373.95	-	-	-	-	000	999	-
99288	E	DIRECT ADVANCED LIFE SUPPORT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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99291	N	CRITICAL CARE FIRST HOUR	-	05041	8.9703	Bundled, sometimes payable	$523.78	-	-	-	-	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 45	-	-	-	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 15	-	-	-	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/<	-	-	-	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	-
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	000	-
99382	M	INIT PM E/M NEW PAT 1-4 YRS	-	-	-	Fee Schedule	$0.00	-	-	-	-	001	004	-
99383	M	PREV VISIT NEW AGE 5-11	-	-	-	Fee Schedule	$0.00	-	-	-	-	005	011	-
99384	M	PREV VISIT NEW AGE 12-17	-	-	-	Fee Schedule	$0.00	-	-	-	-	012	017	-
99385	M	PREV VISIT NEW AGE 18-39	-	-	-	Fee Schedule	$0.00	-	-	-	-	018	039	-
99386	M	PREV VISIT NEW AGE 40-64	-	-	-	Fee Schedule	$0.00	-	-	-	-	040	064	-
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	000	-
99392	M	PREV VISIT EST AGE 1-4	-	-	-	Fee Schedule	$0.00	-	-	-	-	001	004	-
99393	M	PREV VISIT EST AGE 5-11	-	-	-	Fee Schedule	$0.00	-	-	-	-	005	011	-
99394	M	PREV VISIT EST AGE 12-17	-	-	-	Fee Schedule	$0.00	-	-	-	-	012	017	-
99395	M	PREV VISIT EST AGE 18-39	-	-	-	Fee Schedule	$0.00	-	-	-	-	018	039	-
99396	M	PREV VISIT EST AGE 40-64	-	-	-	Fee Schedule	$0.00	-	-	-	-	040	064	-
99397	M	PER PM REEVAL EST PAT 65+ YR	-	-	-	Fee Schedule	$0.00	-	-	-	-	065	999	-
99401	M	PREVENTIVE COUNSELING INDIV	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99402	M	PREVENTIVE COUNSELING INDIV	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99403	M	PREVENTIVE COUNSELING INDIV	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99404	M	PREVENTIVE COUNSELING INDIV	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99406	S	BEHAV CHNG SMOKING 3-10 MIN	-	05821	0.3468	APC	$20.25	-	-	-	-	000	999	-
99407	S	BEHAV CHNG SMOKING > 10 MIN	-	05821	0.3468	APC	$20.25	-	-	-	-	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	N	PROLNG CLIN STAFF SVC 1ST HR	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-

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99416	N	PROLNG CLIN STAFF SVC EA ADD	-	-	-	Bundled	$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	N	OL DIG E/M SVC 5-10 MIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
99422	N	OL DIG E/M SVC 11-20 MIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
99423	N	OL DIG E/M SVC 21+ MIN	-	-	-	Bundled	$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	0.8863	APC	$51.75	-	-	-	-	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	-
99439	N	CHRNC CARE MGMT STAF EA ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
99441	M	PHONE E/M PHYS/QHP 5-10 MIN	-	-	-	Fee Schedule	$26.33	-	-	-	-	000	999	-
99442	M	PHONE E/M PHYS/QHP 11-20 MIN	-	-	-	Fee Schedule	$49.11	-	-	-	-	000	999	-
99443	M	PHONE E/M PHYS/QHP 21-30 MIN	-	-	-	Fee Schedule	$72.40	-	-	-	-	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	E	REM MNTR PHYSIOL PARAM SETUP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
99454	S	REM MNTR PHYSIOL PARAM DEV	-	05741	0.409	APC	$23.88	-	-	-	-	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	-
99460	M	INIT NB EM PER DAY HOSP	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	000	-
99461	E	INIT NB EM PER DAY NON-FAC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	000	-
99462	C	SBSQ NB EM PER DAY HOSP	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	000	-
99463	M	SAME DAY NB DISCHARGE	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	000	-
99464	N	ATTENDANCE AT DELIVERY	-	-	-	Bundled	$0.00	-	-	-	-	000	000	-
99465	S	NB RESUSCITATION	-	05781	6.872	APC	$401.26	-	-	-	-	000	000	-
99466	N	PED CRIT CARE TRANSPORT	-	-	-	Bundled	$0.00	-	-	-	-	000	001	-
99467	N	PED CRIT CARE TRANSPORT ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	001	-
99468	C	NEONATE CRIT CARE INITIAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	000	-
99469	C	NEONATE CRIT CARE SUBSQ	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	000	-
99471	C	PED CRITICAL CARE INITIAL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	001	-
99472	C	PED CRITICAL CARE SUBSQ	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	001	-
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	-	-	-	Inpatient Only	$0.00	-	-	-	-	002	005	-
99476	C	PED CRIT CARE AGE 2-5 SUBSQ	-	-	-	Inpatient Only	$0.00	-	-	-	-	002	005	-
99477	C	INIT DAY HOSP NEONATE CARE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
99478	C	IC LBW INF < 1500 GM SUBSQ	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	000	-
99479	C	IC LBW INF 1500-2500 G SUBSQ	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	000	-
99480	C	IC INF PBW 2501-5000 G SUBSQ	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	000	-
99483	S	ASSMT & CARE PLN PT COG IMP	-	05822	0.8863	APC	$51.75	-	-	-	-	000	999	-
99484	S	CARE MGMT SVC BHVL HLTH COND	-	05821	0.3468	APC	$20.25	-	-	-	-	000	999	-
99485	E	SUPRV INTERFACILTY TRANSPORT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	002	-
99486	E	SUPRV INTERFAC TRNSPORT ADDL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	002	-
99487	S	CPLX CHRNC CARE 1ST 60 MIN	-	05823	1.7024	APC	$99.40	-	-	-	-	000	999	-
99489	N	CPLX CHRNC CARE EA ADDL 30	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
99490	S	CHRNC CARE MGMT STAFF 1ST 20	-	05822	0.8863	APC	$51.75	-	-	-	-	000	999	-

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99491	M	CHRNC CARE MGMT PHYS 1ST 30	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99492	S	1ST PSYC COLLAB CARE MGMT	-	05822	0.8863	APC	$51.75	-	-	-	-	000	999	-
99493	S	SBSQ PSYC COLLAB CARE MGMT	-	05822	0.8863	APC	$51.75	-	-	-	-	000	999	-
99494	N	1ST/SBSQ PSYC COLLAB CARE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
99495	M	TRANSJ CARE MGMT MOD F2F 14D	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99496	M	TRANSJ CARE MGMT HIGH F2F 7D	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
99497	M	ADVNCD CARE PLAN 30 MIN	-	-	-	Fee Schedule	$49.76	-	-	-	-	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	-
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 INFUSION/VISIT 2 HRS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
99602	E	HOME INFUSION EACH ADDTL 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	-

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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	-
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	-
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	-

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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	-
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	060	-
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	060	-
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	N	FEMALE CONDOM	-	-	-	Bundled	$0.00	-	-	-	-	010	999	-
A4269	N	SPERMICIDE	-	-	-	Bundled	$0.00	-	-	-	-	010	999	-
A4270	N	DISPOSABLE ENDOSCOPE SHEATH	-	-	-	Bundled	$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	-
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	-

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A4332	N	LUBE STERILE PACKET	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
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	-

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A4400	N	OSTOMY IRRIGATION SET	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
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	-
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	-
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	-
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	-
A4510	E	FULL LENGTH SURG STOCKING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
A4520	E	INCONTINENCE GARMENT ANYTYPE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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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 RUBBER, ANY TYPE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A4562	N	PESSARY, NON RUBBER,ANY TYPE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A4563	E	VAG INSER RECTAL CONTROL SYS	-	-	-	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	-
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	-
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	-

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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	-
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	-

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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	-
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	-

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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	-
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	-

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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	-
A6530	E	COMPRESSION STOCKING BK18-30	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
A6531	E	COMPRESSION STOCKING BK30-40	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
A6532	E	COMPRESSION STOCKING BK40-50	-	-	-	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 40-50	-	-	-	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 40-50	-	-	-	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 40-50	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
A6544	E	GC STOCKING GARTER BELT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
A6545	E	GRAD COMP NON-ELASTIC BK	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
A6549	E	G COMPRESSION STOCKING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
A6550	E	NEG PRES WOUND THER DRSG SET	-	-	-	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	-

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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	-
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	-
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	-

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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	-
A9155	E	ARTIFICIAL SALIVA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
A9180	E	LICE TREATMENT, TOPICAL	-	-	-	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	-
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	-
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	5.0281	APC (blood and non-blood products)	$282.28	-	-	-	-	000	999	-
A9515	N	CHOLINE C-11	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9516	N	IODINE I-123 SOD IODIDE MIC	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9517	K	I131 IODIDE CAP, RX	-	01064	0.4227	APC (blood and non-blood products)	$23.73	-	-	-	-	000	999	-
A9520	N	TC99 TILMANOCEPT DIAG 0.5MCI	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9521	N	TC99M EXAMETAZIME	-	-	-	Bundled	$0.00	-	-	-	-	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	0.5039	APC	$29.42	-	-	-	-	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	0.4045	APC (blood and non-blood products)	$22.71	-	-	-	-	000	999	-
A9531	N	I131 MAX 100UCI	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9532	N	I125 SERUM ALBUMIN, DX	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-

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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	N	IN111 IBRITUMOMAB, DX	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9543	K	Y90 IBRITUMOMAB, RX	-	01643	1166.3089	APC (blood and non-blood products)	$65,476.58	-	-	-	-	000	999	-
A9546	N	CO57/58	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9547	N	IN111 OXYQUINOLINE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9548	N	IN111 PENTETATE	-	-	-	Bundled	$0.00	-	-	-	-	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	N	TC99M BICISATE	-	-	-	Bundled	$0.00	-	-	-	-	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	0.658	APC (blood and non-blood products)	$36.94	-	-	-	-	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	-
A9568	N	TECHNETIUM TC99M ARCITUMOMAB	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9569	N	TECHNETIUM TC-99M AUTO WBC	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9570	N	INDIUM IN-111 AUTO WBC	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9571	N	INDIUM IN-111 AUTO PLATELET	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9572	N	INDIUM IN-111 PENTETREOTIDE	-	-	-	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	N	IODINE I-123 IOBENGUANE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9583	N	GADOFOSVESET TRISODIUM INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9584	N	IODINE I-123 IOFLUPANE	-	-	-	Bundled	$0.00	-	-	-	-	018	999	-
A9585	N	GADOBUTROL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	002	999	-
A9586	N	FLORBETAPIR F18	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
A9587	N	GALLIUM GA-68	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9588	N	FLUCICLOVINE F-18	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9589	N	INSTI HEXAMINOLEVULINATE HCL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9590	K	IODINE I-131 IOBENGUANE 1MCI	-	09339	5.8732	APC (blood and non-blood products)	$329.72	-	-	-	-	000	999	-
A9591	G	FLUOROESTRADIOL F 18	-	09370	-	APC – pays by fee schedule amount	$709.32	-	-	-	-	000	999	-
A9592	G	COPPER CU 64 DOTATATE DIAG	-	09383	-	APC – pays by fee schedule amount	$970.62	-	-	-	-	000	999	-
A9593	G	GALLIUM GA-68 PSMA-11 UCSF	-	09409	-	APC – pays by fee schedule amount	$806.14	-	-	-	-	000	999	-
A9594	G	GALLIUM GA-68 PSMA-11, UCLA	-	09410	-	APC – pays by fee schedule amount	$789.30	-	-	-	-	000	999	-
A9595	G	PIFLU F-18, DIA 1 MILLICURIE	-	09430	-	APC – pays by fee schedule amount	$580.35	-	-	-	-	000	999	-
A9596	G	GALLIUM ILLUCCIX 1 MILLICURE	-	09443	-	APC – pays by fee schedule amount	$996.40	-	-	-	-	000	999	-
A9597	N	PET, DX, FOR TUMOR ID, NOC	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-

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A9598	N	PET DX FOR NON-TUMOR ID, NOC	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
A9600	K	SR89 STRONTIUM	-	00701	73.8571	APC (blood and non-blood products)	$4,146.34	-	-	-	-	000	999	-
A9601	E	FLORTAUCIPIR INJ 1 MILLICURI	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
A9602	G	FLUORODOPA F-18 DIAG PER MCI	-	09053	-	APC – pays by fee schedule amount	$415.52	-	-	-	-	000	999	-
A9604	K	SM 153 LEXIDRONAM	-	01295	307.4431	APC (blood and non-blood products)	$17,259.85	-	-	-	-	000	999	-
A9606	K	RADIUM RA223 DICHLORIDE THER	-	01745	2.7499	APC (blood and non-blood products)	$154.38	-	-	-	-	000	999	-
A9607	G	LUTETIUM LU 177 VIPIVOTIDE	-	09054	-	APC – pays by fee schedule amount	$225.25	-	-	-	-	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	-	09055	-	APC – pays by fee schedule amount	$873.44	-	-	-	-	000	999	-
A9900	N	SUPPLY/ACCESSORY/SERVICE	-	-	-	Bundled	$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	M	GASTRO/JEJUNO TUBE, STD	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
B4088	M	GASTRO/JEJUNO TUBE, LOW-PRO	-	-	-	Fee Schedule	$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	-
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	-

Montana Healthcare Programs Fee Schedule
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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	H	HEMOSTATIC AGENT, GI, TOPIC	-	02031	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
C1062	H	INTRAVERTEBRAL FX AUG IMPL	-	02032	-	Fee Schedule	$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	2.6962	APC	$157.43	-	-	-	-	000	999	-
C1717	U	BRACHYTX, NON-STR,HDR IR-192	-	02646	3.9225	APC	$229.03	-	-	-	-	000	999	-
C1719	U	BRACHYTX, NS, NON-HDRIR-192	-	02647	4.0409	APC	$235.95	-	-	-	-	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	H	ORTH/DEVIC/DRUG BN/BN,TIS/BN	-	02026	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
C1747	H	ENDO, SINGLE, URINARY TRACT	-	02040	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
C1748	M	ENDOSCOPE, SINGLE, UGI	-	-	-	Charge Ratio	$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	M	CATH, TRANS INTRA LITHO/CORO	-	-	-	Charge Ratio	$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	-

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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	-
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	H	GENERATOR, CCM, IMPLANT	-	02024	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
C1825	H	GEN, NEURO, CAROT SINUS BARO	-	02030	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
C1826	H	GEN, NEURO, CLO LOOP, RECHG	-	02038	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
C1827	H	GEN, NEURO, IMP LED, EX CNTR	-	02039	-	Fee Schedule	$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	M	AUTO CELL PROCESS SYS	-	-	-	Charge Ratio	$0.00	-	-	-	-	000	999	-
C1833	H	CARDIAC MONITOR SYS	-	02036	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
C1839	H	IRIS PROSTHESIS	-	02028	-	Fee Schedule	$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	-

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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	H	CATH, PRESSURE,VALVE-OCCLU	-	02025	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
C2596	H	PROBE, ROBOTIC, WATER-JET	-	02027	-	Fee Schedule	$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	-
C2615	N	SEALANT, PULMONARY, LIQUID	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C2616	U	BRACHYTX, NON-STR,YTTRIUM-90	-	02616	205.7575	APC	$12,014.18	-	-	-	-	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	2.1265	APC	$124.17	-	-	-	Y	000	999	-
C2635	U	BRACHYTX, NON-STR, HA, P-103	-	02635	0.5919	APC	$34.56	-	-	-	Y	000	999	-
C2636	U	BRACHY LINEAR, NON-STR,P-103	-	02636	0.6065	APC	$35.41	-	-	-	-	000	999	-
C2637	E	BRACHY,NON-STR,YTTERBIUM-169	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
C2638	U	BRACHYTX, STRANDED, I-125	-	02638	0.4457	APC	$26.02	-	-	-	-	000	999	-
C2639	U	BRACHYTX, NON-STRANDED,I-125	-	02639	0.4126	APC	$24.09	-	-	-	-	000	999	-
C2640	U	BRACHYTX, STRANDED, P-103	-	02640	1.0356	APC	$60.47	-	-	-	-	000	999	-
C2641	U	BRACHYTX, NON-STRANDED,P-103	-	02641	0.9463	APC	$55.25	-	-	-	-	000	999	-
C2642	U	BRACHYTX, STRANDED, C-131	-	02642	1.0601	APC	$61.90	-	-	-	-	000	999	-
C2643	U	BRACHYTX, NON-STRANDED,C-131	-	02643	0.9525	APC	$55.62	-	-	-	-	000	999	-
C2644	E	BRACHYTX CESIUM-131 CHLORIDE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
C2645	U	BRACHYTX PLANAR, P-103	-	02648	0.0548	APC	$3.20	-	-	-	-	000	999	-
C2698	U	BRACHYTX, STRANDED, NOS	-	02698	0.4457	APC	$26.02	-	-	-	-	000	999	-
C2699	U	BRACHYTX, NON-STRANDED, NOS	-	02699	0.4126	APC	$24.09	-	-	-	-	000	999	-
C5271	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
C5272	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C5273	T	LOW COST SKIN SUBSTITUTE APP	-	05054	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
C5274	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C5275	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.788	APC	$396.35	-	-	-	-	000	999	-
C5276	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C5277	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.788	APC	$396.35	-	-	-	-	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	-

Montana Healthcare Programs Fee Schedule
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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	-
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&L 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	-
C7900	S	HOPD MNTL HLT, 15-29 MIN	-	05821	0.3468	APC	$20.25	-	-	-	-	000	999	-
C7901	S	HOPD MNTL HLT, 30-60 MIN	-	05822	0.8863	APC	$51.75	-	-	-	-	000	999	-
C7902	N	HOPD MNTL HLT, EA ADDL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C8900	N	MRA W/CONT, ABD	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
C8901	N	MRA W/O CONT, ABD	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
C8902	N	MRA W/O FOL W/CONT, ABD	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
C8903	N	MRI W/CONT, BREAST, UNI	-	05571	2.1071	Bundled, sometimes payable	$123.03	-	-	-	-	000	999	-
C8905	N	MRI W/O FOL W/CONT, BRST, UN	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
C8906	N	MRI W/CONT, BREAST, BI	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
C8908	N	MRI W/O FOL W/CONT, BREAST,	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-

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C8909	N	MRA W/CONT, CHEST	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
C8910	N	MRA W/O CONT, CHEST	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
C8911	N	MRA W/O FOL W/CONT, CHEST	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
C8912	N	MRA W/CONT, LWR EXT	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
C8913	N	MRA W/O CONT, LWR EXT	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
C8914	N	MRA W/O FOL W/CONT, LWR EXT	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
C8918	N	MRA W/CONT, PELVIS	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	Y	000	999	-
C8919	N	MRA W/O CONT, PELVIS	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	Y	000	999	-
C8920	N	MRA W/O FOL W/CONT, PELVIS	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	Y	000	999	-
C8921	S	TTE W OR W/O FOL W/CONT, COM	-	05573	8.6551	APC	$505.37	-	-	-	-	000	999	-
C8922	S	TTE W OR W/O FOL W/CONT, F/U	-	05573	8.6551	APC	$505.37	-	-	-	-	000	999	-
C8923	S	2D TTE W OR W/O FOL W/CON,CO	-	05573	8.6551	APC	$505.37	-	-	-	-	000	999	-
C8924	S	2D TTE W OR W/O FOL W/CON,FU	-	05572	4.3048	APC	$251.36	-	-	-	-	000	999	-
C8925	S	2D TEE W OR W/O FOL W/CON,IN	-	05573	8.6551	APC	$505.37	-	-	-	-	000	999	-
C8926	S	TEE W OR W/O FOL W/CONT,CONG	-	05573	8.6551	APC	$505.37	-	-	-	-	000	999	-
C8927	S	TEE W OR W/O FOL W/CONT, MON	-	05573	8.6551	APC	$505.37	-	-	-	-	000	999	-
C8928	S	TTE W OR W/O FOL W/CON,STRES	-	05573	8.6551	APC	$505.37	-	-	-	-	000	999	-
C8929	S	TTE W OR WO FOL WCON,DOPPLER	-	05573	8.6551	APC	$505.37	-	-	-	-	000	999	-
C8930	S	TTE W OR W/O CONTR, CONT ECG	-	05573	8.6551	APC	$505.37	-	-	-	-	000	999	-
C8931	N	MRA, W/DYE, SPINAL CANAL	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
C8932	N	MRA, W/O DYE, SPINAL CANAL	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
C8933	N	MRA, W/O&W/DYE, SPINAL CANAL	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
C8934	N	MRA, W/DYE, UPPER EXTREMITY	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
C8935	N	MRA, W/O DYE, UPPER EXTR	-	05523	2.7285	Bundled, sometimes payable	$159.32	-	-	-	-	000	999	-
C8936	N	MRA, W/O&W/DYE, UPPER EXTR	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
C8937	N	CAD BREAST MRI	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C8957	S	PROLONGED IV INF, REQ PUMP	-	05694	3.8864	APC	$226.93	-	-	-	-	000	999	-
C9046	N	COCAINE HCL NASAL (GOPRELTO)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C9047	K	INJECTION, CAPLACIZUMAB-YHDP	-	09199	12.8199	APC (blood and non-blood products)	$719.71	-	-	-	-	000	999	-
C9067	G	GALLIUM GA-68 DOTATOC	-	09323	-	APC – pays by fee schedule amount	$8.64	-	-	-	-	000	999	-
C9088	G	INSTILL, BUPIVAC AND MELOXIC	-	09440	-	APC – pays by fee schedule amount	$0.69	-	-	-	-	000	999	-
C9089	N	BUPIVACAINE IMPLANT, 1 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C9101	G	INJ, OLICERIDINE 0.1 MG	-	09049	-	APC – pays by fee schedule amount	$0.39	-	-	-	-	000	999	-
C9113	N	INJ PANTOPRAZOLE SODIUM, VIA	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C9143	N	COCAINE HCL NASAL (NUMBRINO)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C9144	G	INJ, BUPIVACAINE (POSIMIR)	-	09106	-	APC – pays by fee schedule amount	$0.51	-	-	-	-	000	999	-
C9145	G	INJ, APONVIE, 1 MG	-	09107	-	APC – pays by fee schedule amount	$1.87	-	-	-	-	000	999	-
C9146	G	INJ, ELAHERE, 1 MG	-	09109	-	APC – pays by fee schedule amount	$64.07	-	-	-	-	000	999	-
C9147	G	INJ, TREMELIMUMAB-ACTL, 1 MG	-	09110	-	APC – pays by fee schedule amount	$199.36	-	-	-	-	000	999	-
C9148	G	INJ, TECLISTAMAB-CQYV, 0.5MG	-	09111	-	APC – pays by fee schedule amount	$30.39	-	-	-	-	000	999	-
C9149	G	INJ, TEPLIZUMAB-MZWV, 5 MCG	-	09112	-	APC – pays by fee schedule amount	$35.66	-	-	-	-	000	999	-
C9248	K	INJ, CLEVIDIPINE BUTYRATE	-	09087	0.0523	APC (blood and non-blood products)	$2.94	-	-	-	-	000	999	-
C9250	K	ARTISS FIBRIN SEALANT	-	01848	3.2159	APC (blood and non-blood products)	$180.54	-	-	-	-	000	999	-
C9254	N	INJECTION, LACOSAMIDE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C9257	K	BEVACIZUMAB INJECTION	-	01281	0.0318	APC (blood and non-blood products)	$1.78	-	-	-	-	000	999	-
C9285	N	PATCH, LIDOCAINE/TETRACAINE	-	-	-	Bundled	$0.00	-	-	-	-	003	999	-
C9290	N	INJ, BUPIVACAINE LIPOSOME	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C9293	N	INJECTION, GLUCARPIDASE	-	-	-	Bundled	$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	-

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C9361	N	NEUROMEND NERVE WRAP	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
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	-	-	Y	-	000	999	-
C9460	K	INJECTION, CANGRELOR	-	09460	0.3062	APC (blood and non-blood products)	$17.19	-	-	-	-	000	999	-
C9462	E	INJECTION, DELAFLOXACIN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
C9482	K	SOTALOL HYDROCHLORIDE IV	-	09482	0.337	APC (blood and non-blood products)	$18.92	-	-	-	-	000	999	-
C9488	K	CONIVAPTAN HCL	-	09488	0.8415	APC (blood and non-blood products)	$47.24	-	-	-	-	000	999	-
C9507	E	COVID-19 CONVALESCENT PLASMA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
C9600	N	PERC DRUG-EL COR STENT SING	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	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	200.7081	Bundled, sometimes payable	$11,719.35	-	-	-	-	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	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	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	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
C9607	N	PERC D-E COR REVASC CHRO SIN	-	05194	200.7081	Bundled, sometimes payable	$11,719.35	-	-	-	-	000	999	-
C9608	N	PERC D-E COR REVASC CHRO ADD	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C9725	T	PLACE ENDORECTAL APP	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
C9726	N	RXT BREAST APPL PLACE/REMOV	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
C9727	T	INSERT PALATE IMPLANTS	-	05163	16.2194	APC	$947.05	-	-	-	-	000	999	-
C9728	S	PLACE DEVICE/MARKER, NON PRO	-	05613	15.6648	APC	$914.67	-	-	-	-	000	999	-
C9733	N	NON-OPHTHALMIC FVA	-	05572	4.3048	Bundled, sometimes payable	$251.36	-	-	-	-	000	999	-
C9734	T	U/S TRTMT, NOT LEIOMYOMATA	-	05115	152.4576	APC	$8,902.00	-	-	-	-	000	999	-
C9738	N	BLUE LIGHT CYSTO IMAG AGENT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C9739	N	CYSTOSCOPY PROSTATIC IMP 1-3	-	05375	54.9416	Bundled, sometimes payable	$3,208.04	-	-	-	-	000	999	-
C9740	T	CYSTO IMPL 4 OR MORE	-	05376	99.9887	APC	$5,838.34	-	-	-	-	000	999	-
C9751	T	MICROWAVE BRONCH, 3D, EBUS	-	01562	66.8062	APC	$3,900.81	-	-	-	-	000	999	-
C9756	N	FLUORESCENCE LYMPH MAP W/ICG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C9757	N	SPINE/LUMBAR DISK SURGERY	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
C9758	T	BLIND INTERATRIAL SHUNT IDE	-	01590	311.7296	APC	$17,500.50	-	-	-	-	000	999	-
C9759	N	TRANSCATH INTRAOP MICROINF	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C9760	T	NON-BLIND INTERATRIAL SHUNT	-	01592	489.8557	APC	$27,500.50	-	-	-	-	000	999	-
C9761	N	CYSTO, LITHO, VACUUM KIDNEY	-	05376	99.9887	Bundled, sometimes payable	$5,838.34	-	-	-	-	000	999	-
C9762	N	CARDIAC MRI SEG DYS STRAIN	-	05524	5.8787	Bundled, sometimes payable	$330.03	-	-	-	-	000	999	-
C9763	N	CARDIAC MRI SEG DYS STRESS	-	05524	5.8787	Bundled, sometimes payable	$330.03	-	-	-	-	000	999	-
C9764	N	REVASC INTRAVASC LITHOTRIPSY	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
C9765	N	REVASC INTRA LITHOTRIP-STENT	-	05194	200.7081	Bundled, sometimes payable	$11,719.35	-	-	-	-	000	999	-
C9766	N	REVASC INTRA LITHOTRIP-ATHER	-	05194	200.7081	Bundled, sometimes payable	$11,719.35	-	-	-	-	000	999	-
C9767	N	REVASC LITHOTRIP-STENT-ATHER	-	05194	200.7081	Bundled, sometimes payable	$11,719.35	-	-	-	-	000	999	-
C9768	N	ENDO US-GUIDE HEP PORTO GRAD	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C9769	N	CYSTO W/TEMP PROS IMPLANT	-	05376	99.9887	Bundled, sometimes payable	$5,838.34	-	-	-	-	000	999	-
C9770	T	VITREC/MECH PARS, SUBRET INJ	-	01562	66.8062	APC	$3,900.81	-	-	-	-	000	999	-
C9771	T	NSL/SINS CRYO POST NASAL TIS	-	05165	62.3903	APC	$3,502.59	-	-	-	-	000	999	-
C9772	T	REVASC LITHOTRIP TIBI/PERONE	-	05193	124.0324	APC	$6,963.18	-	-	-	-	000	999	-
C9773	T	REVASC LITHOTR-STENT TIB/PER	-	05194	200.7081	APC	$11,267.75	-	-	-	-	000	999	-
C9774	T	REVASC LITHOTR-ATHER TIB/PER	-	05194	200.7081	APC	$11,267.75	-	-	-	-	000	999	-
C9775	T	REVASC LITH-STEN-ATH TIB/PER	-	05194	200.7081	APC	$11,267.75	-	-	-	-	000	999	-
C9776	N	FLUO BILE DUCT IMAGING W/ICG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
C9777	N	ESOPHAG MUC INTEG W/ESO EGD	-	05303	38.0989	Bundled, sometimes payable	$2,224.59	-	-	-	-	000	999	-
C9778	N	COLPOPEXY, MIN/INV, EX-PERIT	-	05415	54.158	Bundled, sometimes payable	$3,162.29	-	-	-	-	000	999	-
C9779	N	ESD ENDOSCOPY OR COLONOSCOPY	-	05303	38.0989	Bundled, sometimes payable	$2,224.59	-	-	-	-	000	999	-
C9780	E	INSERT CV CATH INF & SUP APP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
C9781	N	ARTHRO/SHOUL SURG; W/SPACER	-	05115	152.4576	Bundled, sometimes payable	$8,902.00	-	-	-	-	000	999	-
C9782	E	BLIND MYOCAR TRPL BON MARROW	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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C9783	N	BLIND COR SINUS REDUCER IMPL	-	05193	124.0324	Bundled, sometimes payable	$7,242.25	-	-	-	-	000	999	-
C9803	N	HOPD COVID-19 SPEC COLLECT	-	05731	0.2916	Bundled, sometimes payable	$16.37	-	-	-	-	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	-
D0120	M	PERIODIC ORAL EVALUATION	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D0140	M	LIMIT ORAL EVAL PROBLM FOCUS	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D0145	M	ORAL EVALUATION, PT < 3YRS	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	002	-
D0150	S	COMPREHENSVE ORAL EVALUATION	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D0160	E	EXTENSV ORAL EVAL PROB FOCUS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D0170	M	RE-EVAL,EST PT,PROBLEM FOCUS	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D0171	M	RE-EVAL POST-OP VISIT	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D0180	E	COMP PERIODONTAL EVALUATION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	020	-
D0190	M	SCREENING OF A PATIENT	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D0191	M	ASSESSMENT OF A PATIENT	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D0210	M	INTRAOR COMPREHENSIVE SERIES	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D0220	M	INTRAORAL PERIAPICAL FIRST	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D0230	M	INTRAORAL PERIAPICAL EA ADD	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D0240	M	INTRAORAL OCCLUSAL FILM	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D0250	S	EXTRAORAL 2D PROJECT IMAGE	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D0251	N	EXTRAORAL POSTERIOR IMAGE	-	05521	1.0151	Bundled, sometimes payable	$59.27	-	-	-	-	000	999	-
D0270	M	DENTAL BITEWING SINGLE IMAGE	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D0272	M	DENTAL BITEWINGS TWO IMAGES	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D0273	M	BITEWINGS - THREE IMAGES	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D0274	M	BITEWINGS FOUR IMAGES	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D0277	S	VERT BITEWINGS 7 TO 8 IMAGES	-	05871	20.1254	APC	$1,175.12	-	-	-	-	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	M	PANORAMIC IMAGE	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D0340	M	2D CEPHALOMETRIC IMAGE	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D0350	M	ORAL/FACIAL PHOTO IMAGES	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
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	M	CONE BEAM CT INTERP BOTH JAW	-	-	-	Fee Schedule	$68.64	-	-	-	-	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	-
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	-

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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	-
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	002	-
D0431	E	DIAG TST DETECT MUCOS ABNORM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D0460	S	PULP VITALITY TEST	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	020	-
D0470	M	DIAGNOSTIC CASTS	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
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	020	-
D0502	E	OTHER ORAL PATHOLOGY PROCEDU	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D0600	S	NON-IONIZING DIAG PROC	-	05871	20.1254	APC	$1,175.12	-	-	-	-	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	-
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	M	DENTAL PROPHYLAXIS ADULT	-	-	-	Fee Schedule	$0.00	-	-	-	-	012	999	-
D1120	M	DENTAL PROPHYLAXIS CHILD	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	017	-
D1206	M	TOPICAL FLUORIDE VARNISH	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-

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D1208	M	TOPICAL APP FLUORID EX VRNSH	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D1310	M	NUTRI COUNSEL-CONTROL CARIES	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	005	-
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	005	-
D1351	M	DENTAL SEALANT PER TOOTH	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D1352	M	PREV RESIN REST, PERM TOOTH	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	020	-
D1353	M	SEALANT REPAIR PER TOOTH	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D1354	M	INT CARIES MED APP PER TOOTH	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D1355	E	CARIES MED APP PER TOOTH	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D1510	S	SPACE MAINTAINER FXD UNILAT	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	020	-
D1516	S	FIXED BILAT SPACE MAINT, MAX	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	020	-
D1517	S	FIXED BILAT SPACE MAINT, MAN	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	020	-
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	S	RECEMENT SPACE MAINT - MAX	-	05871	20.1254	APC	$953.29	-	-	-	-	000	999	-
D1552	S	RECEMENT SPACE MAINT - MAN	-	05871	20.1254	APC	$953.29	-	-	-	-	000	999	-
D1553	S	RECEMENT UNILAT SPACE MAINT	-	05871	20.1254	APC	$953.29	-	-	-	-	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	S	DIST SPACE MAINT, FIXED UNIL	-	05871	20.1254	APC	$1,175.12	-	-	-	-	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	M	AMALGAM ONE SURFACE PERMANEN	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2150	M	AMALGAM TWO SURFACES PERMANE	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2160	M	AMALGAM THREE SURFACES PERMA	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2161	M	AMALGAM 4 OR > SURFACES PERM	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2330	M	RESIN ONE SURFACE-ANTERIOR	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2331	M	RESIN TWO SURFACES-ANTERIOR	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2332	M	RESIN THREE SURFACES-ANTERIO	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2335	M	RESIN 4/> SURF OR W INCIS AN	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2390	M	ANT RESIN-BASED CMPST CROWN	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2391	M	POST 1 SRFC RESINBASED CMPST	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2392	M	POST 2 SRFC RESINBASED CMPST	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2393	M	POST 3 SRFC RESINBASED CMPST	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2394	M	POST >=4SRFC RESINBASE CMPST	-	-	-	Fee Schedule	$68.64	-	-	-	-	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	-

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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	M	CROWN RESIN-BASED INDIRECT	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2712	M	CROWN 3/4 RESIN-BASED COMPOS	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2720	M	CROWN RESIN W/ HIGH NOBLE ME	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2721	M	CROWN RESIN W/ BASE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2722	M	CROWN RESIN W/ NOBLE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2740	M	CROWN PORCELAIN/CERAMIC	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2750	M	CROWN PORCELAIN W/ H NOBLE M	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2751	M	CROWN PORCELAIN FUSED BASE M	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2752	M	CROWN PORCELAIN W/ NOBLE MET	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2753	E	CROWN PORC FUSED TO TITANIUM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D2780	M	CROWN 3/4 CAST HI NOBLE MET	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2781	M	CROWN 3/4 CAST BASE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2782	M	CROWN 3/4 CAST NOBLE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2783	M	CROWN 3/4 PORCELAIN/CERAMIC	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2790	M	CROWN FULL CAST HIGH NOBLE M	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2791	M	CROWN FULL CAST BASE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2792	M	CROWN FULL CAST NOBLE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2794	M	CROWN-TITANIUM	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2799	M	INTERIM CROWN	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2910	M	RECEMENT INLAY ONLAY OR PART	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2915	E	RECEMENT CAST OR PREFAB POST	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D2920	M	RE-CEMENT OR RE-BOND CROWN	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2921	M	REATTACH TOOTH FRAGMENT	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2928	E	PREFAB PORC/CER CROWN PERM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D2929	M	PREFAB PORC/CERAM CROWN PRI	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2930	M	PREFAB STNLSS STEEL CRWN PRI	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2931	M	PREFAB STNLSS STEEL CROWN PE	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2932	M	PREFABRICATED RESIN CROWN	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2933	M	PREFAB STAINLESS STEEL CROWN	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2934	E	PREFAB STEEL CROWN PRIMARY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D2940	M	PROTECTIVE RESTORATION	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2941	E	INT THERAPEUTIC RESTORATION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D2949	E	RESTORATIVE FOUNDATION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D2950	M	CORE BUILD-UP INCL ANY PINS	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2951	M	TOOTH PIN RETENTION	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D2952	M	POST AND CORE CAST + CROWN	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2953	M	EACH ADDTNL CAST POST	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-

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D2954	M	PREFAB POST/CORE + CROWN	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2955	E	POST REMOVAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D2957	M	EACH ADDTNL PREFAB POST	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D2960	M	LABIAL VENEER RESIN DIRECT	-	-	-	Fee Schedule	$68.64	-	-	Y	-	000	020	-
D2961	M	LABIAL VENEER RESIN INDIRECT	-	-	-	Fee Schedule	$68.64	-	-	Y	-	000	020	-
D2962	M	LABIAL VENEER PORC INDIRECT	-	-	-	Fee Schedule	$68.64	-	-	Y	-	000	020	-
D2971	E	ADD PROC CONSTRUCT NEW CROWN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D2975	E	COPING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D2980	M	CROWN REPAIR	-	-	-	Fee Schedule	$68.64	-	-	-	-	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	-
D2990	E	RESIN INFILTRATION OF LESION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D2999	E	DENTAL UNSPEC RESTORATIVE PR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D3110	M	PULP CAP DIRECT	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D3120	M	PULP CAP INDIRECT	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D3220	M	THERAPEUTIC PULPOTOMY	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D3221	M	GROSS PULPAL DEBRIDEMENT	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D3222	E	PART PULP FOR APEXOGENESIS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	020	-
D3230	M	PULPAL THERAPY ANTERIOR PRIM	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D3240	M	PULPAL THERAPY POSTERIOR PRI	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D3310	M	END THXPY, ANTERIOR TOOTH	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D3320	M	END THXPY, PREMOLAR TOOTH	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D3330	M	END THXPY, MOLAR TOOTH	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D3331	M	NON-SURG TX ROOT CANAL OBS	-	-	-	Fee Schedule	$68.64	-	-	-	-	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	M	RETREAT ROOT CANAL ANTERIOR	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D3347	M	RETREAT ROOT CANAL PREMOLAR	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D3348	M	RETREAT ROOT CANAL MOLAR	-	-	-	Fee Schedule	$68.64	-	-	-	-	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	M	APICOECTOMY - ANTERIOR	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D3421	M	ROOT SURGERY PREMOLAR	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D3425	M	ROOT SURGERY MOLAR	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D3426	M	ROOT SURGERY EA ADD ROOT	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D3428	E	BONE GRAFT PERI PER TOOTH	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D3429	E	BONE GRAFT PERI EACH ADDL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D3430	M	RETROGRADE FILLING	-	-	-	Fee Schedule	$68.64	-	-	-	-	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	-

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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	M	GINGIVECTOMY/PLASTY 4 OR MOR	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D4211	M	GINGIVECTOMY/PLASTY 1 TO 3	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D4212	M	GINGIVECTOMY/PLASTY REST	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D4230	M	ANA CROWN EXP 4 OR> PER QUAD	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D4231	M	ANA CROWN EXP 1-3 PER QUAD	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D4240	M	GINGIVAL FLAP PROC W/ PLANIN	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D4241	M	GNGVL FLAP W ROOTPLAN 1-3 TH	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D4245	E	APICALLY POSITIONED FLAP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D4249	E	CROWN LENGTHEN HARD TISSUE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D4260	S	OSSEOUS SURGERY 4 OR MORE	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D4261	M	OSSEOUS SURG 1 TO 3 TEETH	-	-	-	Fee Schedule	$68.64	-	-	-	-	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	S	PEDICLE SOFT TISSUE GRAFT PR	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D4273	S	AUTO TISSUE GRAFT 1ST TOOTH	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D4274	E	MESIAL/DISTAL WEDGE PROC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D4275	M	NON-AUTO GRAFT 1ST TOOTH	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D4276	E	CON TISSUE W PEDICLE GRAFT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D4277	M	SOFT TISSUE GRAFT FIRSTTOOTH	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D4278	M	SOFT TISSUE GRAFT ADDL TOOTH	-	-	-	Fee Schedule	$68.64	-	-	-	-	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	M	PERIODONTAL SCALING & ROOT	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D4342	M	PERIODONTAL SCALING 1-3TEETH	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
D4346	E	SCALING GINGIV INFLAMMATION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D4355	S	FULL MOUTH DEBRIDEMENT	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D4381	E	LOCALIZED DELIVERY ANTIMICRO	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D4910	M	PERIODONTAL MAINT PROCEDURES	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D4920	M	UNSCHEDULED DRESSING CHANGE	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D4921	E	GINGIVAL IRRIGATION PER QUAD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
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	-

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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	-
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	-

Montana Healthcare Programs Fee Schedule
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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	-
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	-

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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	-
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	-
D6095	E	ODONTICS REPR ABUTMENT	-	-	-	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	-
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	-

Montana Healthcare Programs Fee Schedule
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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	-
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	-
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	020	-
D6210	M	PROSTHODONT HIGH NOBLE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6211	M	BRIDGE BASE METAL CAST	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6212	M	BRIDGE NOBLE METAL CAST	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6214	M	PONTIC TITANIUM	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6240	M	BRIDGE PORCELAIN HIGH NOBLE	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6241	M	BRIDGE PORCELAIN BASE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6242	M	BRIDGE PORCELAIN NOBEL METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6243	E	PONTIC PORCELAIN TO TITANIUM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D6245	M	BRIDGE PORCELAIN/CERAMIC	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6250	M	BRIDGE RESIN W/HIGH NOBLE	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6251	M	BRIDGE RESIN BASE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6252	M	BRIDGE RESIN W/NOBLE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6253	E	INTERIM PONTIC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D6254	E	INTERIM PONTIC	-	-	-	Not Allowed	$0.00	-	-	-	-	018	020	-
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	-
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	020	-
D6720	M	RETAIN CROWN RESIN W HI NBLE	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6721	M	CROWN RESIN W/BASE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6722	M	CROWN RESIN W/NOBLE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6740	M	CROWN PORCELAIN/CERAMIC	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6750	M	CROWN PORCELAIN HIGH NOBLE	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6751	M	CROWN PORCELAIN BASE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6752	M	CROWN PORCELAIN NOBLE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
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	020	-

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D6781	M	CROWN 3/4 CAST BASED METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6782	M	CROWN 3/4 CAST NOBLE METAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6783	M	CROWN 3/4 PORCELAIN/CERAMIC	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
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	020	-
D6791	M	CROWN FULL BASE METAL CAST	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6792	M	CROWN FULL NOBLE METAL CAST	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6793	E	INTERIM RETAINER CROWN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D6794	M	CROWN TITANIUM	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
D6795	E	INTERIM RETAINER CROWN	-	-	-	Not Allowed	$0.00	-	-	-	-	018	020	-
D6920	E	DENTAL CONNECTOR BAR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D6930	M	RECEMENT/BOND PART DENTURE	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
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	020	-
D6985	E	PEDIATRIC PARTIAL DENTURE FX	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D6999	E	FIXED PROSTHODONTIC PROC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D7111	S	EXTRACTION CORONAL REMNANTS	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D7140	S	EXTRACTION ERUPTED TOOTH/EXR	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D7210	S	REM IMP TOOTH W MUCOPER FLP	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D7220	S	IMPACT TOOTH REMOV SOFT TISS	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D7230	S	IMPACT TOOTH REMOV PART BONY	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D7240	S	IMPACT TOOTH REMOV COMP BONY	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D7241	S	IMPACT TOOTH REM BONY W/COMP	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D7250	S	TOOTH ROOT REMOVAL	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
D7251	E	CORONECTOMY	-	-	-	Not Allowed	$0.00	-	-	-	-	018	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	M	TOOTH REIMPLANTATION	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D7272	E	TOOTH TRANSPLANTATION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D7280	M	EXPOSURE OF UNERUPTED TOOTH	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D7282	M	MOBILIZE ERUPTED/MALPOS TOOT	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D7283	M	PLACE DEVICE IMPACTED TOOTH	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	020	-
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	M	ALVEOPLASTY W/ EXTRACTION	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D7311	M	ALVEOLOPLASTY W/EXTRACT 1-3	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-

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D7320	M	ALVEOPLASTY W/O EXTRACTION	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D7321	M	ALVEOLOPLASTY NOT W/EXTRACTS	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D7340	E	VESTIBULOPLASTY RIDGE EXTENS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	020	-
D7350	E	VESTIBULOPLASTY EXTEN GRAFT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	020	-
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	M	I&D ABSC INTRAORAL SOFT TISS	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D7511	M	INCISION/DRAIN ABSCESS INTRA	-	-	-	Fee Schedule	$68.64	-	-	-	Y	000	999	-
D7520	M	I&D ABSCESS EXTRAORAL	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D7521	M	INCISION/DRAIN ABSCESS EXTRA	-	-	-	Fee Schedule	$68.64	-	-	-	Y	000	999	-
D7530	E	REMOVAL FB SKIN/AREOLAR TISS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
D7540	M	REMOVAL OF FB REACTION	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D7550	M	REMOVAL OF SLOUGHED OFF BONE	-	-	-	Fee Schedule	$68.64	-	-	-	-	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	-
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	-

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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	020	-
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	-
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	020	-
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	-
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	020	-
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	020	-

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D7999	E	ORAL SURGERY PROCEDURE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	020	-
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	020	-
D8080	M	COMPRE DENTAL TX ADOLESCENT	-	-	-	Fee Schedule	$68.64	-	-	Y	-	000	020	-
D8090	M	COMPRE DENTAL TX ADULT	-	-	-	Fee Schedule	$68.64	-	-	Y	-	000	020	-
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	020	-
D8680	M	ORTHODONTIC RETENTION	-	-	-	Fee Schedule	$68.64	-	-	Y	-	000	020	-
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	-
D9223	M	GENERAL ANESTH EA ADDL 15 MI	-	-	-	Fee Schedule	$68.64	-	-	-	-	000	999	-
D9230	M	ANALGESIA	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	012	-
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	M	SEDATION (NON-IV)	-	-	-	Fee Schedule	$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	020	-
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	-
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	-

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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	-
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	S	OCC GUARD, HARD, FULL ARCH	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	020	-
D9945	S	OCC GUARD, SOFT, FULL ARCH	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	020	-
D9946	S	OCC GUARD, HARD, PART ARCH	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	020	-
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	-
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	-
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	-
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	-

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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	-
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	-

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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	-
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	-

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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	-
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	-
E0486	E	ORAL DEVICE/APPLIANCE CUSFAB	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
E0487	N	ELECTRONIC SPIROMETER	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
E0500	E	IPPB ALL TYPES	-	-	-	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	-

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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	-
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	-
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	-
E0720	E	TENS TWO LEAD	-	-	-	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	-
E0740	E	NON-IMPLANT PELV FLR E-STIM	-	-	-	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	-
E0769	E	ELECTRIC WOUND TREATMENT DEV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
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	-

Montana Healthcare Programs Fee Schedule
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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	-
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	-

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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	-
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	-

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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	-
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	-
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	-

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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	-
E1805	E	ADJUST WRIST EXT/FLEX DEVICE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
E1806	E	SPS WRIST 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	-
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	-
E1825	E	ADJUST FINGER EXT/FLEX DEVC	-	-	-	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	-
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	-
E2120	E	PULSE GEN SYS TX ENDOLYMP FL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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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	-
E2300	E	PWR SEAT ELEVATION SYS	-	-	-	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	-
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	-

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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	-
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	-
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	-

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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	-
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	-
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	-

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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	-
G0056	E	OPT CHRONIC DX MANG 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	-
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	0.8863	APC	$51.75	-	-	-	-	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	9.7101	APC	$566.97	-	-	-	-	000	999	-
G0105	T	COLORECTAL SCRN; HI RISK IND	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
G0106	S	COLON CA SCREEN;BARIUM ENEMA	-	05571	2.1071	APC	$123.03	-	-	-	-	000	999	-
G0108	M	DIAB MANAGE TRN PER INDIV	-	-	-	Fee Schedule	$68.47	-	-	-	Y	000	999	-
G0109	M	DIAB MANAGE TRN IND/GROUP	-	-	-	Fee Schedule	$19.45	-	-	-	Y	000	999	-
G0117	S	GLAUCOMA SCRN HGH RISK DIREC	-	05731	0.2916	APC	$17.03	-	-	-	-	000	999	-
G0118	S	GLAUCOMA SCRN HGH RISK DIREC	-	05732	0.3968	APC	$23.17	-	-	-	-	000	999	-
G0120	S	COLON CA SCRN; BARIUM ENEMA	-	05572	4.3048	APC	$251.36	-	-	-	-	000	999	-
G0121	T	COLON CA SCRN NOT HI RSK IND	-	05311	9.7101	APC	$566.97	-	-	-	-	000	999	-
G0122	E	COLON CA SCRN; BARIUM ENEMA	-	-	-	Not Allowed	$0.00	-	-	-	-	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	0.6716	Bundled, sometimes payable	$39.21	-	-	-	-	000	999	-
G0128	E	CORF SKILLED NURSING SERVICE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G0129	E	PARTIAL HOSP PROG SERVICE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G0130	S	SINGLE ENERGY X-RAY STUDY	-	05522	1.2488	APC	$72.92	-	-	-	-	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	-

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G0147	Q	SCR C/V CYTO, AUTOMATED SYS	-	-	-	Medicare	$28.85	$17.89	$17.31	-	-	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	1.3567	Bundled, sometimes payable	$79.22	-	-	-	-	000	999	-
G0168	E	WOUND CLOSURE BY ADHESIVE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G0175	V	OPPS SERVICE,SCHED TEAM CONF	-	05024	4.4589	APC	$260.36	-	-	-	-	000	999	-
G0176	E	OPPS/PHP;ACTIVITY THERAPY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G0177	E	OPPS/PHP; TRAIN & EDUC SERV	-	-	-	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	6.2017	APC	$362.12	-	-	-	-	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	-
G0237	S	THERAPEUTIC PROCD STRG ENDUR	-	05731	0.2916	APC	$17.03	-	-	-	Y	000	999	-
G0238	S	OTH RESP PROC, INDIV	-	05731	0.2916	APC	$17.03	-	-	-	Y	000	999	-
G0239	S	OTH RESP PROC, GROUP	-	05732	0.3968	APC	$23.17	-	-	-	Y	000	999	-
G0245	M	INITIAL FOOT EXAM PT LOPS	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
G0246	M	FOLLOWUP EVAL OF FOOT PT LOP	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
G0247	N	ROUTINE FOOTCARE PT W LOPS	-	05051	2.11	Bundled, sometimes payable	$123.20	-	-	-	-	000	999	-
G0248	M	DEMONSTRATE USE HOME INR MON	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
G0249	M	PROVIDE INR TEST MATER/EQUIP	-	-	-	Fee Schedule	$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	7.3672	APC	$430.17	-	-	-	-	000	999	-
G0259	N	INJECT FOR SACROILIAC JOINT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
G0260	T	INJ FOR SACROILIAC JT ANESTH	-	05442	7.5286	APC	$439.59	-	-	-	-	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	$34.25	-	-	-	-	000	020	-
G0271	M	GROUP MNT 2 OR MORE 30 MINS	-	-	-	Fee Schedule	$19.03	-	-	-	-	000	020	-
G0276	N	PILD/PLACEBO CONTROL CLIN TR	-	05114	77.2872	Bundled, sometimes payable	$4,512.80	-	-	-	-	000	999	-
G0277	S	HBOT, FULL BODY CHAMBER, 30M	-	05061	1.4613	APC	$85.33	-	-	-	-	000	999	-
G0278	N	ILIAC ART ANGIO,CARDIAC CATH	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
G0279	M	TOMOSYNTHESIS, MAMMO	-	-	-	Fee Schedule	$65.93	-	-	-	-	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	$15.22	-	-	-	-	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	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
G0294	N	NON-COV PROC, CLINICAL TRIAL	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	000	999	-
G0295	E	ELECTROMAGNETIC THERAPY ONC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G0296	S	VISIT TO DETERM LDCT ELIG	-	05822	0.8863	APC	$51.75	-	-	-	-	000	999	-

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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	5.6485	APC	$329.82	-	-	-	Y	000	999	-
G0303	S	PRE-OP SERVICE LVRS 10-15DOS	-	05722	3.2723	APC	$191.07	-	-	-	Y	000	999	-
G0304	S	PRE-OP SERVICE LVRS 1-9 DOS	-	05723	5.6485	APC	$329.82	-	-	-	Y	000	999	-
G0305	S	POST OP SERVICE LVRS MIN 6	-	05723	5.6485	APC	$329.82	-	-	-	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	0.3468	APC	$20.25	-	-	-	-	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	S	FACILITY SVS DENTAL REHAB	-	05871	20.1254	APC	$1,175.12	-	-	-	-	000	999	-
G0333	E	DISPENSE FEE INITIAL 30 DAY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G0337	M	HOSPICE EVALUATION PREELECTI	-	-	-	Fee Schedule	$87.82	-	-	-	-	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	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	020	-
G0342	C	LAPAROSCOPY ISLET CELL TRANS	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	020	-
G0343	C	LAPAROTOMY ISLET CELL TRANSP	-	-	-	Inpatient Only	$0.00	-	-	Y	Y	000	020	-
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	6.4043	Bundled, sometimes payable	$373.95	-	-	-	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	13.4549	APC	$785.63	-	-	-	-	000	999	-
G0396	S	ALCOHOL/SUBS INTERV 15-30MN	-	05821	0.3468	APC	$20.25	-	-	-	-	000	999	-
G0397	S	ALCOHOL/SUBS INTERV >30 MIN	-	05823	1.7024	APC	$99.40	-	-	-	-	000	999	-
G0398	S	HOME SLEEP TEST/TYPE 2 PORTA	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
G0399	S	HOME SLEEP TEST/TYPE 3 PORTA	-	05721	1.6992	APC	$99.22	-	-	-	-	000	999	-
G0400	S	HOME SLEEP TEST/TYPE 4 PORTA	-	05722	3.2723	APC	$191.07	-	-	-	-	000	999	-
G0402	M	INITIAL PREVENTIVE EXAM	-	-	-	Fee Schedule	$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	0.2916	APC	$17.03	-	-	-	-	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 PARTIAL HOSP 45-50	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G0411	E	INTER ACTIVE GRP PSYCH PARTI	-	-	-	Not Allowed	$0.00	-	-	-	-	000	012	-

Montana Healthcare Programs Fee Schedule
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G0412	C	OPEN TX ILIAC SPINE UNI/BIL	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
G0413	T	PELVIC RING FRACTURE UNI/BIL	-	05114	77.2872	APC	$4,512.80	-	-	-	Y	000	999	-
G0414	C	PELVIC RING FX TREAT INT FIX	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
G0415	C	OPEN TX POST PELVIC FXCTURE	-	-	-	Inpatient Only	$0.00	-	-	-	-	000	999	-
G0416	N	PROSTATE BIOPSY, ANY MTHD	-	05673	3.787	Bundled, sometimes payable	$221.12	-	-	-	-	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	1.4029	APC	$81.92	-	-	Y	Y	000	999	-
G0423	S	INTENS CARDIAC REHAB NO EXER	-	05771	1.4029	APC	$81.92	-	-	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	20.1655	APC	$1,177.46	-	-	-	-	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	0.3468	APC	$20.25	-	-	-	-	000	999	-
G0443	S	BRIEF ALCOHOL MISUSE COUNSEL	-	05822	0.8863	APC	$51.75	-	-	-	-	000	999	-
G0444	S	DEPRESSION SCREEN ANNUAL	-	05821	0.3468	APC	$20.25	-	-	-	-	000	999	-
G0445	S	HIGH INTEN BEH COUNS STD 30M	-	05822	0.8863	APC	$51.75	-	-	-	-	000	999	-
G0446	S	INTENS BEHAVE THER CARDIO DX	-	05821	0.3468	APC	$20.25	-	-	-	-	000	999	-
G0447	S	BEHAVIOR COUNSEL OBESITY 15M	-	05822	0.8863	APC	$51.75	-	-	-	-	000	999	-
G0448	E	PLACE PERM PACING CARDIOVERT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G0451	N	DEVLOPMENT TEST INTERPT&REP	-	05822	0.8863	Bundled, sometimes payable	$51.75	-	-	-	-	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	N	FECAL MICROBIOTA PREP INSTIL	-	05301	9.6455	Bundled, sometimes payable	$563.20	-	-	-	-	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	20.1655	APC	$1,177.46	-	-	-	-	000	999	-
G0463	M	HOSPITAL OUTPT CLINIC VISIT	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
G0465	T	AUTOLOG PRP DIAB WOUND ULCER	-	-	-	APC	#VALUE!	-	-	-	-	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	$17.62	$10.92	$10.57	-	-	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	0.3468	APC	$20.25	-	-	-	-	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	-

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G0496	E	LPN CARE TRAIN/EDU IN HH	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G0498	S	CHEMO EXTEND IV INFUS W/PUMP	-	05694	3.8864	APC	$226.93	-	-	-	-	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	M	COMP ASSES CARE PLAN CCM SVC	-	-	-	Fee Schedule	$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	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
G0517	N	REMOVE DRUG IMPLANT	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	000	999	-
G0518	N	REMOVE W INSERT DRUG IMPLANT	-	05735	4.4116	Bundled, sometimes payable	$257.59	-	-	-	-	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	-
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	-

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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	0.2916	APC	$17.03	-	-	-	-	000	999	-
G2012	E	BRIEF CHECK IN BY MD/QHP	-	-	-	Not Allowed	$0.00	-	-	-	-	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	-
G2066	N	INTER DEVC REMOTE 30D	-	05741	0.409	Bundled, sometimes payable	$22.96	-	-	-	-	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	-
G2070	E	MED ASSIST TX IMPLANT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G2071	E	MED TX REMOVE IMPLANT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G2072	E	MED TX INSERT/REMOVE IMP	-	-	-	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	-	01512	18.7121	APC	$650.50	-	-	Y	-	000	999	-
G2083	S	VISIT ESKETAMINE, > 56M	-	01516	25.8372	APC	$950.50	-	-	Y	-	000	999	-
G2086	S	OFF BASE OPIOID TX 70MIN	-	05823	1.7024	APC	$91.41	-	-	-	-	000	999	-
G2087	S	OFF BASE OPIOID TX, 60 M	-	05823	1.7024	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	-
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	-
G2108	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G2109	E	PT 66+ FRAILTY AND MED DEM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G2110	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	-

Montana Healthcare Programs Fee Schedule
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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 9-20MO > 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	-
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	006	-
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	-

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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	085	-
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	-
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	-

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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	-
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	-

Montana Healthcare Programs Fee Schedule
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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	-
G8482	E	FLU IMMUNIZE ORDER/ADMIN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G8483	E	FLU IMM NO ADMIN DOC REA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G8484	E	FLU IMMUNIZE NO ADMIN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G8506	E	PT REC ACE/ARB	-	-	-	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	-
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	-

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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	-
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	-

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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	-
G8818	E	PT DISCH TO HOME BY DAY#7	-	-	-	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	-
G8825	E	PT NOT DISCH TO HOME DAY#7	-	-	-	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 POS AIR PRESS THERAPY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G8852	E	POS AIR PRESS PRESCRIBE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G8854	E	REAS NO ADHERE POS AIR PRES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G8855	E	POS AIR PRESS ADHERE NO PERF	-	-	-	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	-
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	-
G8883	E	REV, COMM, TRACK, DOC BIOPSY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G8884	E	DOC REAS BIOPSY NOT REVIEW	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G8885	E	NO REV, COMM, TRACK BIOPSY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
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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 FEV1/FVC<70%,FEV<60%	-	-	-	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	-
G8941	E	ELD MALTREATMENT DOC AS POS	-	-	-	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	-
G8963	E	CSI PER ASX PT W/PCI 2 YRS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G8964	E	CSI ANY OTHER THAN PCI 2 YR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G8965	E	CSIT PERF ON LOW CHD RSK	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G8966	E	CSIT PERF SX OR HIGH CHD RSK	-	-	-	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	-
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	-

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G9053	E	ONC EXPECTANT MANAGEMENT PT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
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	-

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G9112	E	ONC DX HEAD/NECK EXT UNKNOWN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
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, sometimes payable	$201.20	-	-	-	-	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	-
G9192	E	SYSTEM 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	-
G9229	E	PTRSN NO GC CHL SYP TEST	-	-	-	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	-

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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	-
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	-

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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	-
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	-
G9402	E	RECD F/U W/IN 30D DISCH	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9403	E	DOC REAS NO 30 DAY F/U	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9404	E	NO 30 DAY F/U	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9405	E	RECD F/U W/IN 7D DC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9406	E	DOC REAS NO 7D F/U	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9407	E	NO 7D F/U	-	-	-	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	-
G9451	E	1X SCRN HCV INFECT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9452	E	DOC MED REAS NO SCRN HCV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9453	E	PT REAS NO HCV INFECT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9454	E	NO SCR HCV INF 12 MTH RP	-	-	-	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	-
G9458	E	TOB USER RECD CESS INTERV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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G9459	E	TOB NON-USER	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9460	E	NO TOB ASSESS OR CESS INTER	-	-	-	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	-
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	-

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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	-
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	-
G9596	E	PED PT HD CT ORD	-	-	-	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	-
G9612	E	PHODOC 2 MR CEC LNDMK	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9613	E	DOC POST SURG ANATOMY	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9614	E	PHOTODOC < 2 CEC LNDMK	-	-	-	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	-

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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	-
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	-
G9697	E	PT 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	-
G9707	E	PT HAD HOSP DUR MSMT PER	-	-	-	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	-
G9715	E	PT W/HOSP ANYTIME 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 DEP/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	-
G9725	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	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	-

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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	-
G9751	E	PT DIED W/IN 24 MOS RPT TIME	-	-	-	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	-
G9760	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9761	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
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	-

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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	-
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	-
G9852	E	PT DIED FROM CANCER	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9853	E	ICU STAY LAST 30D LIFE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9854	E	NO ICU STAY LAST 30D 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	-
G9890	E	EM BRIDGE PAYMENT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9891	E	EM SESSION REPORTING	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9892	E	DOC PT RSN NO DIL MAC EXAM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9893	E	NO MAC EXAM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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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 RECEIVING 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	-
G9919	E	SCRN ND POS ND PROV OF REC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9920	E	SCRNING PERF AND NEGATIVE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9921	E	NO OR PART SCRN ND RNG OR OS	-	-	-	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	-
G9927	E	DOC NO WARF /FDA PT TRIAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9928	E	NO WARF OR FDA DRUG PRESC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
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	-

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G9974	E	MAC EXAM PERF	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9975	E	DOC MED RSN NO DIL MAC EXAM	-	-	-	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	-
G9990	E	NO PNEUM VAX ADMIN 60+	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
G9991	E	PNEUM VAX ADMIN 60+	-	-	-	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	-
G9995	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	-
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	-

Montana Healthcare Programs Fee Schedule
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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	$83.77	-	-	-	-	000	999	-
H0036	E	COMM PSY FACE-FACE PER 15MIN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	020	-
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	-
H0050	M	ALCOHOL/DRUG SERVICE 15 MIN	-	-	-	Fee Schedule	$1.25	-	-	-	-	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	-
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	-

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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	0.0646	APC (blood and non-blood products)	$3.62	-	-	-	-	000	999	-
J0122	N	INJ., ERAVACYCLINE, 1 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0129	K	ABATACEPT INJECTION	-	09230	0.7617	APC (blood and non-blood products)	$42.76	-	-	-	-	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	-
J0135	K	ADALIMUMAB INJECTION	-	01083	32.6771	APC (blood and non-blood products)	$1,834.49	-	-	-	Y	000	999	-
J0136	N	INJ, ACETAMINOPHEN (B BRAUN)	-	-	-	Bundled	$0.00	-	-	-	-	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	0.1065	APC (blood and non-blood products)	$5.98	-	-	Y	-	000	999	-
J0173	N	INJ, EPINEPHRINE (BELCHER)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0178	K	AFLIBERCEPT INJECTION	-	01420	15.9165	APC (blood and non-blood products)	$893.55	-	-	-	-	000	999	-
J0179	K	INJ, BROLUCIZUMAB-DBLL, 1 MG	-	09340	5.6084	APC (blood and non-blood products)	$314.86	-	-	-	-	000	999	-
J0180	K	AGALSIDASE BETA INJECTION	-	09208	3.708	APC (blood and non-blood products)	$208.17	-	-	-	Y	000	999	-
J0185	K	INJ., APREPITANT, 1 MG	-	09463	0.0322	APC (blood and non-blood products)	$1.81	-	-	-	-	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	39.818	APC (blood and non-blood products)	$2,235.38	-	-	Y	-	000	999	-
J0205	E	ALGLUCERASE INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J0207	N	AMIFOSTINE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0208	K	INJ SODIUM THIOSULFATE 100MG	-	09119	1.6758	APC (blood and non-blood products)	$94.08	-	-	-	-	000	999	-
J0210	N	METHYLDOPATE HCL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0215	E	ALEFACEPT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J0218	G	INJ OLIPUDASE ALFA-RPCP 1MG	-	09113	-	APC – pays by fee schedule amount	$378.53	-	-	-	-	000	999	-
J0219	G	INJ AVAL ALFA-NQPT 4MG	-	09433	-	APC – pays by fee schedule amount	$72.45	-	-	-	-	000	999	-
J0220	K	ALGLUCOSIDASE ALFA INJECTION	-	09234	2.1831	APC (blood and non-blood products)	$122.56	-	-	-	-	000	999	-
J0221	K	LUMIZYME INJECTION	-	01413	3.3532	APC (blood and non-blood products)	$188.25	-	-	-	-	000	999	-
J0222	K	INJ., PATISIRAN, 0.1 MG	-	09180	1.7945	APC (blood and non-blood products)	$100.75	-	-	-	-	000	999	-
J0223	K	INJ GIVOSIRAN 0.5 MG	-	09343	1.9546	APC (blood and non-blood products)	$109.73	-	-	-	-	000	999	-
J0224	G	INJ. LUMASIRAN, 0.5 MG	-	09407	-	APC – pays by fee schedule amount	$310.77	-	-	-	-	000	999	-
J0225	G	INJ, VUTRISIRAN, 1 MG	-	09009	-	APC – pays by fee schedule amount	$4,875.85	-	-	-	-	000	999	-
J0248	G	INJ, REMDESIVIR, 1 MG	-	09200	-	APC – pays by fee schedule amount	$5.51	-	-	-	-	000	999	-
J0256	K	ALPHA 1 PROTEINASE INHIBITOR	-	00901	0.0851	APC (blood and non-blood products)	$4.78	-	-	-	-	000	999	-
J0257	K	GLASSIA INJECTION	-	01415	0.0918	APC (blood and non-blood products)	$5.15	-	-	-	-	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	N	INJ, AMIODARONE (NEXTERONE)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0285	N	AMPHOTERICIN B	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0287	K	AMPHOTERICIN B LIPID COMPLEX	-	09024	0.1983	APC (blood and non-blood products)	$11.13	-	-	-	-	000	999	-
J0288	E	AMPHO B CHOLESTERYL SULFATE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J0289	K	AMPHOTERICIN B LIPOSOME INJ	-	00736	0.4783	APC (blood and non-blood products)	$26.85	-	-	-	-	000	999	-
J0290	N	AMPICILLIN 500 MG INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0291	K	INJ., PLAZOMICIN, 5 MG	-	09183	0.0603	APC (blood and non-blood products)	$3.38	-	-	-	-	000	999	-
J0295	N	AMPICILLIN SULBACTAM 1.5 GM	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0300	K	AMOBARBITAL 125 MG INJ	-	01341	3.049	APC (blood and non-blood products)	$171.17	-	-	-	-	000	999	-
J0330	N	SUCCINYCHOLINE CHLORIDE INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0348	N	ANIDULAFUNGIN INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0350	E	INJECTION ANISTREPLASE 30 U	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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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	N	INJ METARAMINOL BITARTRATE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0390	K	CHLOROQUINE INJECTION	-	09352	0.0126	APC (blood and non-blood products)	$0.71	-	-	-	-	000	999	-
J0395	E	ARBUTAMINE HCL INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J0400	K	ARIPIPRAZOLE INJECTION	-	09037	0.0935	APC (blood and non-blood products)	$5.25	-	-	-	-	000	999	-
J0401	K	INJ ARIPIPRAZOLE EXT REL 1MG	-	01468	0.1143	APC (blood and non-blood products)	$6.42	-	-	-	-	000	999	-
J0456	N	AZITHROMYCIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0461	N	ATROPINE SULFATE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0470	K	DIMECAPROL INJECTION	-	09039	1.0654	APC (blood and non-blood products)	$59.81	-	-	-	-	000	999	-
J0475	K	BACLOFEN 10 MG INJECTION	-	09032	3.1786	APC (blood and non-blood products)	$178.45	-	-	-	-	000	999	-
J0476	N	BACLOFEN INTRATHECAL TRIAL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0480	K	BASILIXIMAB	-	01683	76.7896	APC (blood and non-blood products)	$4,310.97	-	-	-	-	000	999	-
J0485	K	BELATACEPT INJECTION	-	09286	0.0676	APC (blood and non-blood products)	$3.79	-	-	-	-	000	999	-
J0490	K	BELIMUMAB INJECTION	-	01353	0.8943	APC (blood and non-blood products)	$50.21	-	-	-	-	005	999	-
J0491	G	INJ ANIFROLUMAB-FNIA 1MG	-	09434	-	APC – pays by fee schedule amount	$16.23	-	-	-	-	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	2.9768	APC (blood and non-blood products)	$167.12	-	-	Y	-	000	999	-
J0520	N	BETHANECHOL CHLORIDE INJECT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0558	K	PENG BENZATHINE/PROCAINE INJ	-	09088	0.2568	APC (blood and non-blood products)	$14.42	-	-	-	-	000	999	-
J0561	K	PENICILLIN G BENZATHINE INJ	-	01829	0.3311	APC (blood and non-blood products)	$18.59	-	-	-	-	000	999	-
J0565	K	INJ, BEZLOTOXUMAB, 10 MG	-	09490	0.71	APC (blood and non-blood products)	$39.86	-	-	Y	-	000	999	-
J0567	E	INJ., CERLIPONASE ALFA 1 MG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J0570	K	BUPRENORPHINE IMPLANT 74.2MG	-	09058	23.3657	APC (blood and non-blood products)	$1,311.75	-	-	-	-	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	-
J0583	N	BIVALIRUDIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0584	K	INJECTION, BUROSUMAB-TWZA 1M	-	09187	7.3871	APC (blood and non-blood products)	$414.71	-	-	-	-	000	999	-
J0585	K	INJECTION,ONABOTULINUMTOXINA	-	00902	0.1125	APC (blood and non-blood products)	$6.32	-	-	-	-	000	999	-
J0586	K	ABOBOTULINUMTOXINA	-	01289	0.155	APC (blood and non-blood products)	$8.70	-	-	-	-	000	999	-
J0587	K	INJ, RIMABOTULINUMTOXINB	-	09018	0.2262	APC (blood and non-blood products)	$12.70	-	-	-	-	000	999	-
J0588	K	INCOBOTULINUMTOXIN A	-	09278	0.0926	APC (blood and non-blood products)	$5.20	-	-	-	-	018	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	0.0333	APC (blood and non-blood products)	$1.87	-	-	-	-	000	999	-
J0595	N	BUTORPHANOL TARTRATE 1 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0596	K	INJECTION, RUCONEST	-	09445	0.563	APC (blood and non-blood products)	$31.61	-	-	-	-	000	999	-
J0597	K	C-1 ESTERASE, BERINERT	-	09269	1.0818	APC (blood and non-blood products)	$60.73	-	-	-	-	000	999	-
J0598	K	C-1 ESTERASE, CINRYZE	-	09251	1.0819	APC (blood and non-blood products)	$60.74	-	-	-	-	000	999	-
J0599	E	INJ., HAEGARDA 10 UNITS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J0600	K	EDETATE CALCIUM DISODIUM INJ	-	01274	101.685	APC (blood and non-blood products)	$5,708.59	-	-	-	-	000	999	-
J0604	M	CINACALCET, ESRD ON DIALYSIS	-	-	-	Fee Schedule	$0.93	-	-	-	-	000	999	-
J0606	N	INJ, ETELCALCETIDE, 0.1 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0612	N	CALCIUM GLUCON (FRESENIUS)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0613	N	CALCIUM GLUCON (WG CRITICAL)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0620	N	CALCIUM GLYCER & LACT/10 ML	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0630	K	CALCITONIN SALMON INJECTION	-	01433	23.6551	APC (blood and non-blood products)	$1,328.00	-	-	-	-	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	2.1343	APC (blood and non-blood products)	$119.82	-	-	-	-	000	999	-

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J0640	N	LEUCOVORIN CALCIUM INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0641	K	INJ LEVOLEUCOVORIN NOS 0.5MG	-	01236	0.0063	APC (blood and non-blood products)	$0.35	-	-	-	-	000	999	-
J0642	N	INJECTION, KHAPZORY, 0.5 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0670	N	INJ MEPIVACAINE HCL/10 ML	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0689	N	INJ CEFAZOLIN SODIUM, BAXTER	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
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	0.1196	APC (blood and non-blood products)	$6.71	-	-	-	-	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	G	INJ, CEFIDEROCOL, 10 MG	-	09426	-	APC – pays by fee schedule amount	$2.22	-	-	-	-	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	0.0671	APC (blood and non-blood products)	$3.77	-	-	-	-	018	999	-
J0713	N	INJ CEFTAZIDIME PER 500 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0714	K	CEFTAZIDIME AND AVIBACTAM	-	01825	1.6181	APC (blood and non-blood products)	$90.84	-	-	-	-	000	999	-
J0715	N	CEFTIZOXIME SODIUM / 500 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0716	K	CENTRUROIDES IMMUNE F(AB)	-	01431	80.087	APC (blood and non-blood products)	$4,496.08	-	-	-	-	000	999	-
J0717	K	CERTOLIZUMAB PEGOL INJ 1MG	-	01474	0.0885	APC (blood and non-blood products)	$4.97	-	-	-	-	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	-
J0739	E	INJECTION, CABOTEGRAVIR 1 MG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J0740	K	CIDOFOVIR INJECTION	-	09033	10.8359	APC (blood and non-blood products)	$608.33	-	-	-	-	000	999	-
J0741	G	INJ, CABOTE RILPIVIR 2MG 3MG	-	09414	-	APC – pays by fee schedule amount	$21.56	-	-	-	-	000	999	-
J0742	G	INJ IMIP 4 CILAS 4 RELEB 2MG	-	09362	-	APC – pays by fee schedule amount	$2.38	-	-	-	-	000	999	-
J0743	N	CILASTATIN SODIUM INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0744	N	CIPROFLOXACIN IV	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0745	K	INJ CODEINE PHOSPHATE /30 MG	-	09393	0.5638	APC (blood and non-blood products)	$31.65	-	-	-	-	000	999	-
J0770	N	COLISTIMETHATE SODIUM INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0775	K	COLLAGENASE, CLOST HIST INJ	-	01340	1.1578	APC (blood and non-blood products)	$65.00	-	-	-	-	000	999	-
J0780	N	PROCHLORPERAZINE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0791	K	INJ CRIZANLIZUMAB-TMCA 5MG	-	09359	2.2316	APC (blood and non-blood products)	$125.28	-	-	-	-	000	999	-
J0795	N	CORTICORELIN OVINE TRIFLUTAL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0800	K	CORTICOTROPIN INJECTION	-	09040	69.3695	APC (blood and non-blood products)	$3,894.40	-	-	-	-	000	999	-
J0834	N	INJ., COSYNTROPIN, 0.25 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J0840	K	CROTALIDAE POLY IMMUNE FAB	-	09274	37.0109	APC (blood and non-blood products)	$2,077.79	-	-	-	-	000	999	-
J0841	K	INJ CROTALIDAE IM F(AB')2 EQ	-	09188	7.7162	APC (blood and non-blood products)	$433.19	-	-	-	-	000	999	-
J0850	K	CYTOMEGALOVIRUS IMM IV /VIAL	-	00903	32.3231	APC (blood and non-blood products)	$1,814.62	-	-	-	-	000	999	-
J0875	K	INJECTION, DALBAVANCIN	-	01823	0.2728	APC (blood and non-blood products)	$15.32	-	-	-	-	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	0.0044	APC (blood and non-blood products)	$0.25	-	-	-	-	000	999	-
J0881	K	DARBEPOETIN ALFA, NON-ESRD	-	01685	0.055	APC (blood and non-blood products)	$3.09	-	-	-	-	000	999	-
J0882	K	DARBEPOETIN ALFA, ESRD USE	-	01482	0.055	APC (blood and non-blood products)	$3.09	-	-	-	-	000	999	-
J0883	K	ARGATROBAN NONESRD USE 1MG	-	01859	0.0248	APC (blood and non-blood products)	$1.39	-	-	-	-	000	999	-
J0884	K	ARGATROBAN ESRD DIALYSIS 1MG	-	09065	0.0248	APC (blood and non-blood products)	$1.39	-	-	-	-	000	999	-
J0885	K	EPOETIN ALFA, NON-ESRD	-	01686	0.1412	APC (blood and non-blood products)	$7.93	-	-	-	-	000	999	-
J0887	K	EPOETIN BETA ESRD USE	-	09041	0.0351	APC (blood and non-blood products)	$1.97	-	-	-	-	000	999	-
J0888	N	EPOETIN BETA NON ESRD	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-

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J0890	M	PEGINESATIDE INJECTION	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
J0891	K	ARGATROBAN NONESRD (ACCORD)	-	09020	0.0074	APC (blood and non-blood products)	$0.42	-	-	-	-	000	999	-
J0892	K	ARGATROBAN DIALYSIS (ACCORD)	-	09021	0.0074	APC (blood and non-blood products)	$0.42	-	-	-	-	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	G	INJ LUSPATERCEPT-AAMT 0.25MG	-	09347	-	APC – pays by fee schedule amount	$38.46	-	-	-	-	000	999	-
J0897	K	DENOSUMAB INJECTION	-	09272	0.41	APC (blood and non-blood products)	$23.02	-	-	Y	-	018	999	-
J0898	K	ARGATROBAN NONESRD (AUROMED)	-	09022	0.0361	APC (blood and non-blood products)	$2.03	-	-	-	-	000	999	-
J0899	K	ARGATROBAN DIALYSIS, AUROMED	-	09023	0.0361	APC (blood and non-blood products)	$2.03	-	-	-	-	000	999	-
J0945	E	BROMPHENIRAMINE MALEATE INJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J1000	N	DEPO-ESTRADIOL CYPIONATE INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1020	N	METHYLPREDNISOLONE 20 MG INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1030	N	METHYLPREDNISOLONE 40 MG INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1040	N	METHYLPREDNISOLONE 80 MG INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1050	N	MEDROXYPROGESTERONE ACETATE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1071	N	INJ TESTOSTERONE CYPIONATE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1094	N	INJ DEXAMETHASONE ACETATE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1095	N	INJECTION, DEXAMETHASONE 9%	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1096	N	DEXAMETHA OPTH INSERT 0.1 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1097	N	PHENYLEP KETOROLAC OPTH SOLN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1100	N	DEXAMETHASONE SODIUM PHOS	-	-	-	Bundled	$0.00	-	-	-	-	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	81.8235	APC (blood and non-blood products)	$4,593.57	-	-	-	-	000	999	-
J1165	N	PHENYTOIN SODIUM INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1170	N	HYDROMORPHONE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1180	E	DYPHYLLINE INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J1190	K	DEXRAZOXANE HCL INJECTION	-	00726	2.9732	APC (blood and non-blood products)	$166.92	-	-	-	-	000	999	-
J1200	N	DIPHENHYDRAMINE HCL INJECTIO	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1201	K	INJ. CETIRIZINE HCL 0.5MG	-	09361	0.2689	APC (blood and non-blood products)	$15.10	-	-	-	-	000	999	-
J1205	N	CHLOROTHIAZIDE SODIUM INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1212	K	DIMETHYL SULFOXIDE 50% 50 ML	-	01832	11.3769	APC (blood and non-blood products)	$638.70	-	-	-	-	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	9.2714	APC (blood and non-blood products)	$520.50	-	-	-	-	000	999	-
J1300	K	ECULIZUMAB INJECTION	-	09236	4.0294	APC (blood and non-blood products)	$226.21	-	-	-	-	000	999	-
J1301	K	INJECTION, EDARAVONE, 1 MG	-	09493	0.3813	APC (blood and non-blood products)	$21.41	-	-	-	-	000	999	-
J1302	G	INJ, SUTIMLIMAB-JOME, 10 MG	-	09444	-	APC – pays by fee schedule amount	$17.01	-	-	-	-	000	999	-
J1303	K	INJ., RAVULIZUMAB-CWVZ 10 MG	-	09312	3.9602	APC (blood and non-blood products)	$222.32	-	-	-	-	000	999	-
J1305	G	INJ, EVINACUMAB-DGNB, 5MG	-	09416	-	APC – pays by fee schedule amount	$172.25	-	-	Y	-	000	999	-
J1306	G	INJECTION, INCLISIRAN, 1 MG	-	09004	-	APC – pays by fee schedule amount	$11.94	-	-	-	-	000	999	-
J1320	N	AMITRIPTYLINE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1322	K	ELOSULFASE ALFA, INJECTION	-	01480	4.6795	APC (blood and non-blood products)	$262.71	-	-	-	-	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	M	ERGONOVINE MALEATE INJECTION	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-

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J1335	N	ERTAPENEM INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1364	K	ERYTHRO LACTOBIONATE /500 MG	-	01669	1.5237	APC (blood and non-blood products)	$85.54	-	-	-	-	000	999	-
J1380	N	ESTRADIOL VALERATE 10 MG INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1410	K	INJ ESTROGEN CONJUGATE 25 MG	-	09038	6.3374	APC (blood and non-blood products)	$355.78	-	-	-	-	000	999	-
J1411	G	INJ, HEMGENIX, PER TX DOSE	-	09138	-	APC – pays by fee schedule amount	$0.00	-	-	-	-	000	999	-
J1426	G	INJECTION, CASIMERSEN, 10 MG	-	09412	-	APC – pays by fee schedule amount	$166.24	-	-	Y	-	000	999	-
J1427	G	INJ. VILTOLARSEN	-	09386	-	APC – pays by fee schedule amount	$58.81	-	-	Y	-	000	999	-
J1428	E	INJ, ETEPLIRSEN, 10 MG	-	-	-	Not Allowed	$0.00	-	-	Y	-	000	999	-
J1429	G	INJ GOLODIRSEN 10 MG	-	09356	-	APC – pays by fee schedule amount	$166.24	-	-	Y	-	000	999	-
J1430	K	ETHANOLAMINE OLEATE 100 MG	-	01688	8.1755	APC (blood and non-blood products)	$458.97	-	-	-	-	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	G	INJ. FE DERISOMALTOSE 10 MG	-	09388	-	APC – pays by fee schedule amount	$21.70	-	-	-	-	000	999	-
J1438	K	ETANERCEPT INJECTION	-	01608	14.0859	APC (blood and non-blood products)	$790.78	-	-	-	-	000	999	-
J1439	K	INJ FERRIC CARBOXYMALTOS 1MG	-	09441	0.0202	APC (blood and non-blood products)	$1.13	-	-	-	-	000	999	-
J1442	K	INJ FILGRASTIM EXCL BIOSIMIL	-	01469	0.0175	APC (blood and non-blood products)	$0.98	-	-	-	-	000	999	-
J1443	M	INJ FERRIC PYROPHOSPHATE CIT	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
J1444	N	FE PYRO CIT POW 0.1 MG IRON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1445	M	INJ TRIFERIC AVNU 0.1MG IRON	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
J1447	K	INJ TBO FILGRASTIM 1 MICROG	-	01748	0.0069	APC (blood and non-blood products)	$0.39	-	-	-	-	000	999	-
J1448	G	INJECTION, TRILACICLIB, 1MG	-	09415	-	APC – pays by fee schedule amount	$5.11	-	-	-	-	000	999	-
J1449	G	INJ EFLAPEGRASTIM-XNST 0.1MG	-	09114	-	APC – pays by fee schedule amount	$35.11	-	-	-	-	000	999	-
J1450	N	FLUCONAZOLE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1451	K	FOMEPIZOLE, 15 MG	-	01689	0.1291	APC (blood and non-blood products)	$7.25	-	-	-	-	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	6.9944	APC (blood and non-blood products)	$392.66	-	-	-	-	000	999	-
J1455	K	FOSCARNET SODIUM INJECTION	-	01849	0.9369	APC (blood and non-blood products)	$52.60	-	-	-	-	000	999	-
J1456	N	INJ, FOSAPREPITANT (TEVA)	-	-	-	Bundled	$0.00	-	-	-	-	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	0.8406	APC (blood and non-blood products)	$47.19	-	-	-	-	000	999	-
J1460	K	GAMMA GLOBULIN 1 CC INJ	-	01850	0.8607	APC (blood and non-blood products)	$48.32	-	-	-	-	000	999	-
J1551	K	INJ CUTAQUIG 100 MG	-	09007	0.252	APC (blood and non-blood products)	$14.15	-	-	-	-	000	999	-
J1554	G	INJ. ASCENIV	-	09392	-	APC – pays by fee schedule amount	$482.27	-	-	-	-	000	999	-
J1555	K	INJ CUVITRU, 100 MG	-	09034	0.2656	APC (blood and non-blood products)	$14.91	-	-	-	-	000	999	-
J1556	K	INJ, IMM GLOB BIVIGAM, 500MG	-	09130	1.2638	APC (blood and non-blood products)	$70.95	-	-	-	-	000	999	-
J1557	K	GAMMAPLEX INJECTION	-	09270	0.962	APC (blood and non-blood products)	$54.01	-	-	-	-	000	999	-
J1558	K	INJ. XEMBIFY, 100 MG	-	09372	0.2427	APC (blood and non-blood products)	$13.62	-	-	-	-	000	999	-
J1559	K	HIZENTRA INJECTION	-	01312	0.2248	APC (blood and non-blood products)	$12.62	-	-	-	-	000	999	-
J1560	K	GAMMA GLOBULIN > 10 CC INJ	-	01851	8.607	APC (blood and non-blood products)	$483.20	-	-	-	-	000	999	-
J1561	K	GAMUNEX-C/GAMMAKED	-	00948	0.8497	APC (blood and non-blood products)	$47.70	-	-	-	-	000	999	-
J1562	E	VIVAGLOBIN, INJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J1566	K	IMMUNE GLOBULIN, POWDER	-	02731	1.3034	APC (blood and non-blood products)	$73.17	-	-	-	-	000	999	-
J1568	K	OCTAGAM INJECTION	-	00943	0.7449	APC (blood and non-blood products)	$41.82	-	-	-	-	000	999	-
J1569	K	GAMMAGARD LIQUID INJECTION	-	00944	0.8283	APC (blood and non-blood products)	$46.50	-	-	-	-	000	999	-
J1570	N	GANCICLOVIR SODIUM INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1571	K	HEPAGAM B IM INJECTION	-	00946	1.1995	APC (blood and non-blood products)	$67.34	-	-	-	-	000	999	-
J1572	K	FLEBOGAMMA INJECTION	-	00947	0.7934	APC (blood and non-blood products)	$44.54	-	-	-	-	000	999	-
J1573	K	HEPAGAM B INTRAVENOUS, INJ	-	01138	1.1995	APC (blood and non-blood products)	$67.34	-	-	-	-	000	999	-
J1574	N	INJ, GANCICLOVIR (EXELA)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1575	K	HYQVIA 100MG IMMUNEGLOBULIN	-	01826	0.2827	APC (blood and non-blood products)	$15.87	-	-	-	-	000	999	-
J1580	N	GARAMYCIN GENTAMICIN INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1595	K	INJECTION GLATIRAMER ACETATE	-	01015	2.5102	APC (blood and non-blood products)	$140.93	-	-	-	-	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	-

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J1602	K	GOLIMUMAB FOR IV USE 1MG	-	01475	0.2467	APC (blood and non-blood products)	$13.85	-	-	Y	-	000	999	-
J1610	K	GLUCAGON HYDROCHLORIDE/1 MG	-	09042	3.389	APC (blood and non-blood products)	$190.26	-	-	-	-	000	999	-
J1611	K	INJ GLUCAGON HCL, FRESENIUS	-	09025	2.6548	APC (blood and non-blood products)	$149.04	-	-	-	-	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	0.1051	APC (blood and non-blood products)	$5.90	-	-	-	-	000	999	-
J1628	K	INJ., GUSELKUMAB, 1 MG	-	09029	1.3795	APC (blood and non-blood products)	$77.44	-	-	-	-	000	999	-
J1630	N	HALOPERIDOL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1631	N	HALOPERIDOL DECANOATE INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1632	K	INJ., BREXANOLONE, 1 MG	-	09333	1.2939	APC (blood and non-blood products)	$72.64	-	-	Y	-	000	999	-
J1640	K	HEMIN, 1 MG	-	01690	0.517	APC (blood and non-blood products)	$29.03	-	-	-	-	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	9.7189	APC (blood and non-blood products)	$545.62	-	-	-	-	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	N	HYDROCORTISONE SODIUM PH INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1720	N	HYDROCORTISONE SODIUM SUCC I	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1730	E	DIAZOXIDE INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J1738	G	INJ. MELOXICAM 1 MG	-	09371	-	APC – pays by fee schedule amount	$3.13	-	-	-	-	000	999	-
J1740	K	IBANDRONATE SODIUM INJECTION	-	09229	0.5494	APC (blood and non-blood products)	$30.85	-	-	-	-	000	999	-
J1741	N	IBUPROFEN INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1742	K	IBUTILIDE FUMARATE INJECTION	-	09044	4.9766	APC (blood and non-blood products)	$279.39	-	-	-	-	000	999	-
J1743	K	IDURSULFASE INJECTION	-	09045	9.6713	APC (blood and non-blood products)	$542.95	-	-	-	-	000	999	-
J1744	K	ICATIBANT INJECTION	-	01443	3.4528	APC (blood and non-blood products)	$193.84	-	-	-	-	000	999	-
J1745	K	INFLIXIMAB NOT BIOSIMIL 10MG	-	07043	0.6064	APC (blood and non-blood products)	$34.04	-	-	-	-	000	999	-
J1746	K	INJ., IBALIZUMAB-UIYK, 10 MG	-	09189	1.24	APC (blood and non-blood products)	$69.61	-	-	-	-	000	999	-
J1747	G	INJ, SPESOLIMAB-SBZO, 1 MG	-	09115	-	APC – pays by fee schedule amount	$60.22	-	-	-	-	000	999	-
J1750	K	INJ IRON DEXTRAN	-	01237	0.2952	APC (blood and non-blood products)	$16.57	-	-	-	-	000	999	-
J1756	N	IRON SUCROSE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1786	K	IMUGLUCERASE INJECTION	-	01327	0.7896	APC (blood and non-blood products)	$44.33	-	-	-	-	000	999	-
J1790	N	DROPERIDOL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1800	N	PROPRANOLOL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1810	E	DROPERIDOL/FENTANYL INJ	-	-	-	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	G	INJ. INEBILIZUMAB-CDON, 1 MG	-	09394	-	APC – pays by fee schedule amount	$462.87	-	-	-	-	000	999	-
J1826	K	INTERFERON BETA-1A INJ	-	01852	32.4138	APC (blood and non-blood products)	$1,819.71	-	-	-	-	000	999	-
J1830	N	INTERFERON BETA-1B / .25 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1833	K	INJECTION, ISAVUCONAZONIUM	-	09456	0.0153	APC (blood and non-blood products)	$0.86	-	-	-	-	000	999	-
J1835	E	ITRACONAZOLE INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J1840	N	KANAMYCIN SULFATE 500 MG INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1850	N	KANAMYCIN SULFATE 75 MG INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1885	N	KETOROLAC TROMETHAMINE INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1890	E	CEPHALOTHIN SODIUM INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J1930	K	LANREOTIDE INJECTION	-	09237	1.0228	APC (blood and non-blood products)	$57.42	-	-	-	-	000	999	-
J1931	K	LARONIDASE INJECTION	-	09209	0.6421	APC (blood and non-blood products)	$36.05	-	-	-	Y	000	999	-
J1932	G	INJ, LANREOTIDE, (CIPLA) 1MG	-	09051	-	APC – pays by fee schedule amount	$60.49	-	-	-	-	000	999	-
J1940	N	FUROSEMIDE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1943	K	INJ., ARISTADA INITIO, 1 MG	-	09179	0.0526	APC (blood and non-blood products)	$2.95	-	-	-	-	000	999	-

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J1944	K	ARIPIPRAZOLE LAUROXIL 1 MG	-	09470	0.053	APC (blood and non-blood products)	$2.98	-	-	-	-	000	999	-
J1945	E	LEPIRUDIN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J1950	K	LEUPROLIDE ACETATE /3.75 MG	-	00800	26.3784	APC (blood and non-blood products)	$1,480.89	-	-	-	-	000	999	-
J1951	K	INJ FENSOLVI 0.25 MG	-	09419	2.3513	APC (blood and non-blood products)	$132.00	-	-	-	-	000	999	-
J1952	G	LEUPROLIDE INJ, CAMCEVI, 1MG	-	09050	-	APC – pays by fee schedule amount	$98.43	-	-	-	-	000	999	-
J1953	N	LEVETIRACETAM INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	099	-
J1954	G	LEUPROLIDE DEPOT CIPLA 7.5MG	-	09136	-	APC – pays by fee schedule amount	$465.24	-	-	-	-	000	999	-
J1955	M	INJ LEVOCARNITINE PER 1 GM	-	-	-	Fee Schedule	$30.22	-	-	-	-	000	999	-
J1956	N	LEVOFLOXACIN INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1960	N	LEVORPHANOL TARTRATE INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1980	N	HYOSCYAMINE SULFATE INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J1990	E	CHLORDIAZEPOXIDE INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J2001	N	LIDOCAINE INJECTION	-	-	-	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	N	LOXAPINE FOR INHALATION 1 MG	-	-	-	Bundled	$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	0.5232	APC (blood and non-blood products)	$29.37	-	-	Y	-	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	0.0353	APC (blood and non-blood products)	$1.98	-	-	-	-	000	999	-
J2210	N	METHYLERGONOVIN MALEATE INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2212	N	METHYLNALTREXONE INJECTION	-	-	-	Bundled	$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	-
J2250	N	INJ MIDAZOLAM HYDROCHLORIDE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2251	N	INJ MIDAZOLAM (WG CRIT CARE)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2260	N	INJ MILRINONE LACTATE / 5 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2265	K	MINOCYCLINE HYDROCHLORIDE	-	01853	0.0419	APC (blood and non-blood products)	$2.35	-	-	-	-	008	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	-
J2278	K	ZICONOTIDE INJECTION	-	01694	0.1616	APC (blood and non-blood products)	$9.07	-	-	-	-	000	999	-
J2280	N	INJ, MOXIFLOXACIN 100 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2281	N	INJ MOXIFLOXACIN (FRES KABI)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2300	N	INJ NALBUPHINE HYDROCHLORIDE	-	-	-	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	0.0664	APC (blood and non-blood products)	$3.73	-	-	Y	-	000	999	-
J2320	N	NANDROLONE DECANOATE 50 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2323	K	NATALIZUMAB INJECTION	-	09126	0.4273	APC (blood and non-blood products)	$23.99	-	-	-	-	000	999	-
J2325	E	NESIRITIDE INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J2326	K	INJ, NUSINERSEN, 0.1MG	-	09489	20.855	APC (blood and non-blood products)	$1,170.80	-	-	Y	-	000	999	-
J2327	G	INJ RISANKIZUMAB-RZAA 1 MG	-	09013	-	APC – pays by fee schedule amount	$15.73	-	-	-	-	000	999	-
J2350	K	INJECTION, OCRELIZUMAB, 1 MG	-	09494	1.0504	APC (blood and non-blood products)	$58.97	-	-	-	-	000	999	-
J2353	K	OCTREOTIDE INJECTION, DEPOT	-	01207	3.6433	APC (blood and non-blood products)	$204.54	-	-	-	-	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	-	09008	-	APC – pays by fee schedule amount	$17.80	-	-	-	-	000	999	-
J2357	K	OMALIZUMAB INJECTION	-	09300	0.6754	APC (blood and non-blood products)	$37.92	-	-	Y	Y	000	999	-
J2358	N	OLANZAPINE LONG-ACTING INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-

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J2360	N	ORPHENADRINE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2370	N	PHENYLEPHRINE HCL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2401	N	CHLOROPROCAINE HCL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2402	N	CHLOROPROCAINE (CLOROTEKAL)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2403	G	CHLOROPROCAINE OPHT GEL, 1MG	-	09116	-	APC – pays by fee schedule amount	$0.72	-	-	-	-	000	999	-
J2405	N	ONDANSETRON HCL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2406	G	INJECTION, ORITAVANCIN 10 MG	-	09427	-	APC – pays by fee schedule amount	$42.13	-	-	-	-	000	999	-
J2407	K	INJECTION, ORITAVANCIN	-	01660	0.475	APC (blood and non-blood products)	$26.67	-	-	-	-	000	999	-
J2410	E	OXYMORPHONE HCL INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J2425	K	PALIFERMIN INJECTION	-	01696	0.4475	APC (blood and non-blood products)	$25.13	-	-	-	-	000	999	-
J2426	K	PALIPERIDONE PALMITATE INJ	-	09255	0.2431	APC (blood and non-blood products)	$13.65	-	-	-	-	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	-
J2469	N	PALONOSETRON HCL	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
J2501	N	PARICALCITOL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2502	K	INJ, PASIREOTIDE LONG ACTING	-	09454	7.7035	APC (blood and non-blood products)	$432.48	-	-	-	-	000	999	-
J2503	E	PEGAPTANIB SODIUM INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J2504	N	PEGADEMASE BOVINE, 25 IU	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2506	K	INJ PEGFILGRAST EX BIO 0.5MG	-	09436	1.9538	APC (blood and non-blood products)	$109.69	-	-	-	-	000	999	-
J2507	K	PEGLOTICASE INJECTION	-	09281	57.0335	APC (blood and non-blood products)	$3,201.86	-	-	Y	-	018	999	-
J2510	K	PENICILLIN G PROCAINE INJ	-	01836	0.7007	APC (blood and non-blood products)	$39.34	-	-	-	-	000	999	-
J2513	E	PENTASTARCH 10% SOLUTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J2515	K	PENTOBARBITAL SODIUM INJ	-	01854	0.535	APC (blood and non-blood products)	$30.03	-	-	-	-	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	$99.77	-	-	-	-	000	999	-
J2547	K	INJECTION, PERAMIVIR	-	09451	0.0299	APC (blood and non-blood products)	$1.68	-	-	-	-	000	999	-
J2550	N	PROMETHAZINE HCL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2560	K	PHENOBARBITAL SODIUM INJ	-	09069	0.6953	APC (blood and non-blood products)	$39.03	-	-	-	-	000	999	-
J2562	K	PLERIXAFOR INJECTION	-	09252	7.1531	APC (blood and non-blood products)	$401.58	-	-	-	-	000	999	-
J2590	N	OXYTOCIN INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2597	K	INJ DESMOPRESSIN ACETATE	-	01440	0.126	APC (blood and non-blood products)	$7.08	-	-	-	-	000	999	-
J2650	N	PREDNISOLONE ACETATE INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2670	M	TOTAZOLINE HCL INJECTION	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
J2675	N	INJ PROGESTERONE PER 50 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2680	N	FLUPHENAZINE DECANOATE 25 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2690	N	PROCAINAMIDE HCL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	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	0.2688	APC (blood and non-blood products)	$15.09	-	-	-	-	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	8.0587	APC (blood and non-blood products)	$452.42	-	-	-	-	000	999	-
J2765	N	METOCLOPRAMIDE HCL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2770	K	QUINUPRISTIN/DALFOPRISTIN	-	02770	8.7989	APC (blood and non-blood products)	$493.97	-	-	-	-	000	999	-
J2777	G	INJ, FARICIMAB-SVOA, 0.1MG	-	09496	-	APC – pays by fee schedule amount	$37.42	-	-	-	-	000	999	-
J2778	K	RANIBIZUMAB INJECTION	-	09233	4.4113	APC (blood and non-blood products)	$247.65	-	-	-	-	000	999	-
J2779	G	INJ, SUSVIMO 0.1 MG	-	09439	-	APC – pays by fee schedule amount	$81.93	-	-	-	-	000	999	-
J2780	N	RANITIDINE HYDROCHLORIDE INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2783	K	RASBURICASE	-	00738	6.1074	APC (blood and non-blood products)	$342.87	-	-	-	-	000	999	-
J2785	N	REGADENOSON INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	018	999	-
J2786	K	INJECTION, RESLIZUMAB, 1MG	-	09481	0.1809	APC (blood and non-blood products)	$10.16	-	-	Y	-	000	999	-
J2787	N	RIBOFLAVIN 5'PHOS OPTH<=3ML	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-

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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	0.6095	APC (blood and non-blood products)	$34.22	-	-	-	-	000	999	-
J2793	N	RILONACEPT INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2794	K	INJ RISPERDAL CONSTA, 0.5 MG	-	09125	0.2064	APC (blood and non-blood products)	$11.59	-	-	-	Y	000	999	-
J2795	N	ROPIVACAINE HCL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2796	K	ROMIPLOSTIM INJECTION	-	09245	1.6141	APC (blood and non-blood products)	$90.61	-	-	-	-	000	999	-
J2797	E	INJ., ROLAPITANT, 0.5 MG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J2798	K	INJ., PERSERIS, 0.5 MG	-	09181	0.1993	APC (blood and non-blood products)	$11.19	-	-	-	-	000	999	-
J2800	N	METHOCARBAMOL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2805	N	SINCALIDE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2810	N	INJ THEOPHYLLINE PER 40 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2820	K	SARGRAMOSTIM INJECTION	-	00731	1.0168	APC (blood and non-blood products)	$57.08	-	-	-	-	000	999	-
J2840	K	INJ SEBELIPASE ALFA 1 MG	-	09478	9.6078	APC (blood and non-blood products)	$539.38	-	-	-	-	000	999	-
J2850	K	INJ SECRETIN SYNTHETIC HUMAN	-	01700	0.6786	APC (blood and non-blood products)	$38.09	-	-	-	-	000	999	-
J2860	K	INJECTION, SILTUXIMAB	-	09455	2.48	APC (blood and non-blood products)	$139.23	-	-	-	-	000	999	-
J2910	N	AUROTHIOGLUCOSE INJECITON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2916	N	NA FERRIC GLUCONATE COMPLEX	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2920	N	METHYLPREDNISOLONE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2930	N	METHYLPREDNISOLONE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2940	E	SOMATREM INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J2941	K	SOMATROPIN INJECTION	-	09319	3.0205	APC (blood and non-blood products)	$169.57	-	-	-	-	000	999	-
J2950	N	PROMAZINE HCL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J2993	K	RETEPLASE INJECTION	-	09005	48.7342	APC (blood and non-blood products)	$2,735.94	-	-	-	-	000	999	-
J2995	M	INJ STREPTOKINASE /250000 IU	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
J2997	K	ALTEPLASE RECOMBINANT	-	07048	1.5598	APC (blood and non-blood products)	$87.57	-	-	-	-	000	999	-
J2998	G	INJ PLASMINOGEN TVMH 1MG	-	09206	-	APC – pays by fee schedule amount	$30.32	-	-	-	-	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	K	INJ., FREMANEZUMAB-VFRM 1 MG	-	09197	0.0362	APC (blood and non-blood products)	$2.04	-	-	-	-	000	999	-
J3032	G	INJ. EPTINEZUMAB-JJMR 1 MG	-	09357	-	APC – pays by fee schedule amount	$17.01	-	-	Y	-	000	999	-
J3060	K	INJ, TALIGLUCERASE ALFA 10 U	-	09294	0.7644	APC (blood and non-blood products)	$42.92	-	-	-	-	000	999	-
J3070	N	PENTAZOCINE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J3090	K	INJ TEDIZOLID PHOSPHATE	-	01662	0.0295	APC (blood and non-blood products)	$1.66	-	-	-	-	000	999	-
J3095	K	TELAVANCIN INJECTION	-	09258	0.1239	APC (blood and non-blood products)	$6.95	-	-	-	-	000	999	-
J3101	K	TENECTEPLASE INJECTION	-	09002	2.5595	APC (blood and non-blood products)	$143.69	-	-	-	-	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	0.1763	APC (blood and non-blood products)	$9.90	-	-	Y	-	000	999	-
J3121	N	INJ TESTOSTERO ENANTHATE 1MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J3145	K	TESTOSTERONE UNDECANOATE 1MG	-	09078	0.0329	APC (blood and non-blood products)	$1.85	-	-	-	-	000	999	-
J3230	N	CHLORPROMAZINE HCL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J3240	K	THYROTROPIN INJECTION	-	09108	34.3203	APC (blood and non-blood products)	$1,926.74	-	-	-	-	000	999	-
J3241	G	INJ. TEPROTUMUMAB-TRBW 10 MG	-	09355	-	APC – pays by fee schedule amount	$328.00	-	-	-	-	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	2.4551	APC (blood and non-blood products)	$137.83	-	-	-	-	000	999	-
J3246	N	TIROFIBAN HCL	-	-	-	Bundled	$0.00	-	-	-	Y	000	999	-
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	0.1044	APC (blood and non-blood products)	$5.86	-	-	-	-	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	0.9853	APC (blood and non-blood products)	$55.31	-	-	-	-	000	999	-

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J3299	G	INJ XIPERE 1 MG	-	09358	-	APC – pays by fee schedule amount	$47.61	-	-	-	-	000	999	-
J3300	N	TRIAMCINOLONE A INJ PRS-FREE	-	-	-	Bundled	$0.00	-	-	-	-	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	0.3004	APC (blood and non-blood products)	$16.86	-	-	-	-	000	999	-
J3305	E	INJ TRIMETREXATE GLUCORONATE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J3310	N	PERPHENAZINE INJECITON	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J3315	K	TRIPTORELIN PAMOATE	-	09122	6.4952	APC (blood and non-blood products)	$364.64	-	-	-	-	000	999	-
J3316	K	INJ., TRIPTORELIN XR 3.75 MG	-	09016	55.9212	APC (blood and non-blood products)	$3,139.42	-	-	-	-	000	999	-
J3320	E	SPECTINOMYCN DI-HCL INJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J3350	N	UREA INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J3355	E	UROFOLLITROPIN, 75 IU	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J3357	K	USTEKINUMAB SUB CU INJ, 1 MG	-	09261	2.739	APC (blood and non-blood products)	$153.77	-	-	-	-	000	999	-
J3358	K	USTEKINUMAB, IV INJECT, 1 MG	-	09487	0.2181	APC (blood and non-blood products)	$12.25	-	-	-	-	000	999	-
J3360	N	DIAZEPAM INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J3364	N	UROKINASE 5000 IU INJECTION	-	-	-	Bundled	$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	INJECTION, VEDOLIZUMAB	-	01489	0.389	APC (blood and non-blood products)	$21.84	-	-	Y	-	000	999	-
J3385	K	VELAGLUCERASE ALFA	-	09271	6.3653	APC (blood and non-blood products)	$357.35	-	-	-	-	000	999	-
J3396	K	VERTEPORFIN INJECTION	-	01203	0.2026	APC (blood and non-blood products)	$11.38	-	-	-	Y	000	999	-
J3397	E	INJ., VESTRONIDASE ALFA-VJBK	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J3398	K	INJ LUXTURNA 1 BILLION VEC G	-	09070	52.1152	APC (blood and non-blood products)	$2,925.75	-	-	-	-	000	999	-
J3399	M	INJ ONASE ABEPAR-XIOI TREAT	-	-	-	AAC	$0.00	-	-	Y	-	000	999	-
J3400	E	TRIFLUPROMAZINE HCL INJ	-	-	-	Not Allowed	$0.00	-	-	-	-	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	-
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	-
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	-	-	-	Charge Ratio	$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	-

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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	-
J7168	K	PROTHROMBIN COMPLEX KCENTRA	-	09132	0.0389	APC (blood and non-blood products)	$2.18	-	-	-	-	000	999	-
J7169	K	INJ ANDEXXA, 10 MG	-	09198	1.6165	APC (blood and non-blood products)	$90.75	-	-	-	-	000	999	-
J7170	K	INJ., EMICIZUMAB-KXWH 0.5 MG	-	09257	0.8897	APC (blood and non-blood products)	$49.95	-	-	-	-	000	999	-
J7175	K	INJ, FACTOR X, (HUMAN), 1IU	-	01857	0.1534	APC (blood and non-blood products)	$8.61	-	-	-	-	000	999	-
J7177	K	INJ., FIBRYGA, 1 MG	-	09046	0.0197	APC (blood and non-blood products)	$1.10	-	-	-	-	000	999	-
J7178	K	INJ HUMAN FIBRINOGEN CON NOS	-	01478	0.0246	APC (blood and non-blood products)	$1.38	-	-	-	-	000	999	-
J7179	K	VONVENDI INJ 1 IU VWF:RCO	-	09059	0.0332	APC (blood and non-blood products)	$1.87	-	-	-	-	000	999	-
J7180	N	FACTOR XIII ANTI-HEM FACTOR	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J7181	N	FACTOR XIII RECOMB A-SUBUNIT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J7182	K	FACTOR VIII RECOMB NOVOEIGHT	-	01856	0.0223	APC (blood and non-blood products)	$1.25	-	-	-	-	000	999	-
J7183	K	WILATE INJECTION	-	01352	0.0224	APC (blood and non-blood products)	$1.26	-	-	-	-	000	999	-
J7185	K	XYNTHA INJ	-	01268	0.0232	APC (blood and non-blood products)	$1.30	-	-	-	-	000	999	-
J7186	K	ANTIHEMOPHILIC VIII/VWF COMP	-	01213	0.0209	APC (blood and non-blood products)	$1.17	-	-	-	-	000	999	-
J7187	K	HUMATE-P, INJ	-	01704	0.024	APC (blood and non-blood products)	$1.35	-	-	-	-	000	999	-
J7188	K	FACTOR VIII RECOMB OBIZUR	-	01827	0.0573	APC (blood and non-blood products)	$3.22	-	-	-	-	000	999	-
J7189	K	FACTOR VIIA RECOMB NOVOSEVEN	-	01705	0.0417	APC (blood and non-blood products)	$2.34	-	-	-	-	000	999	-
J7190	K	FACTOR VIII	-	00925	0.0201	APC (blood and non-blood products)	$1.13	-	-	-	-	000	999	-
J7191	E	FACTOR VIII (PORCINE)	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J7192	K	FACTOR VIII RECOMBINANT NOS	-	00927	0.0257	APC (blood and non-blood products)	$1.45	-	-	-	-	000	999	-
J7193	K	FACTOR IX NON-RECOMBINANT	-	00931	0.022	APC (blood and non-blood products)	$1.23	-	-	-	-	000	999	-
J7194	K	FACTOR IX COMPLEX	-	00928	0.0281	APC (blood and non-blood products)	$1.58	-	-	-	-	000	999	-
J7195	K	FACTOR IX RECOMBINANT NOS	-	00932	0.0293	APC (blood and non-blood products)	$1.65	-	-	-	-	000	999	-
J7196	E	ANTITHROMBIN RECOMBINANT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J7197	K	ANTITHROMBIN III INJECTION	-	01263	0.0662	APC (blood and non-blood products)	$3.72	-	-	-	-	000	999	-
J7198	K	ANTI-INHIBITOR	-	00929	0.0398	APC (blood and non-blood products)	$2.24	-	-	-	-	000	999	-
J7199	M	HEMOPHILIA CLOT FACTOR NOC	-	-	-	Charge Ratio	$0.00	-	-	-	-	000	999	-
J7200	K	FACTOR IX RECOMBINAN RIXUBIS	-	01467	0.028	APC (blood and non-blood products)	$1.57	-	-	-	-	000	999	-
J7201	K	FACTOR IX ALPROLIX RECOMB	-	01486	0.0601	APC (blood and non-blood products)	$3.37	-	-	-	-	000	999	-
J7202	K	FACTOR IX IDELVION INJ	-	09171	0.0881	APC (blood and non-blood products)	$4.95	-	-	-	-	000	999	-
J7203	K	FACTOR IX RECOMB GLY REBINYN	-	09468	0.0771	APC (blood and non-blood products)	$4.33	-	-	-	-	000	999	-
J7204	G	INJ RECOMBIN ESPEROCT PER IU	-	09354	-	APC – pays by fee schedule amount	$2.07	-	-	-	-	000	999	-
J7205	K	FACTOR VIII FC FUSION RECOMB	-	01656	0.0388	APC (blood and non-blood products)	$2.18	-	-	-	-	000	999	-
J7207	K	FACTOR VIII PEGYLATED RECOMB	-	01844	0.0344	APC (blood and non-blood products)	$1.93	-	-	-	-	000	999	-
J7208	K	INJ. JIVI 1 IU	-	09299	0.0388	APC (blood and non-blood products)	$2.18	-	-	-	-	000	999	-
J7209	K	FACTOR VIII NUWIQ RECOMB 1IU	-	01846	0.0241	APC (blood and non-blood products)	$1.35	-	-	-	-	000	999	-
J7210	K	INJ, AFSTYLA, 1 I.U.	-	09043	0.0256	APC (blood and non-blood products)	$1.44	-	-	-	-	000	999	-
J7211	K	INJ, KOVALTRY, 1 I.U.	-	09075	0.0239	APC (blood and non-blood products)	$1.34	-	-	-	-	000	999	-
J7212	G	FACTOR VIIA RECOMB SEVENFACT	-	09395	-	APC – pays by fee schedule amount	$1.91	-	-	-	-	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	$1,049.24	-	-	-	-	000	999	-
J7297	M	LILETTA, 52 MG	-	-	-	Fee Schedule	$845.10	-	-	-	-	000	999	-
J7298	M	MIRENA, 52 MG	-	-	-	Fee Schedule	$1,049.24	-	-	-	-	000	999	-
J7300	M	INTRAUT COPPER CONTRACEPTIVE	-	-	-	Fee Schedule	$937.00	-	-	-	-	010	065	-
J7301	M	SKYLA, 13.5 MG	-	-	-	Fee Schedule	$873.67	-	-	-	-	000	999	-
J7302	E	LEVONORGESTREL IU 52 MG	-	-	-	Not Allowed	$0.00	-	-	-	-	010	065	-
J7304	M	CONTRACEPTIVE HORMONE PATCH	-	-	-	Fee Schedule	$40.72	-	-	-	Y	010	065	-
J7306	E	LEVONORGESTREL IMPLANT SYS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J7307	M	ETONOGESTREL IMPLANT SYSTEM	-	-	-	Fee Schedule	$1,092.48	-	-	-	-	000	999	-
J7308	K	AMINOLEVULINIC ACID HCL TOP	-	07308	6.9771	APC (blood and non-blood products)	$391.70	-	-	-	-	000	999	-
J7309	M	METHYL AMINOLEVULINATE, TOP	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-

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J7310	E	GANCICLOVIR LONG ACT IMPLANT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J7311	K	INJ., RETISERT, 0.01 MG	-	09225	6.015	APC (blood and non-blood products)	$337.68	-	-	Y	-	000	999	-
J7312	K	DEXAMETHASONE INTRA IMPLANT	-	09256	3.5596	APC (blood and non-blood products)	$199.84	-	-	-	-	000	999	-
J7313	K	INJ., ILUVIEN, 0.01 MG	-	09450	8.745	APC (blood and non-blood products)	$490.95	-	-	-	-	000	999	-
J7314	K	INJ., YUTIQ, 0.01 MG	-	09328	9.3299	APC (blood and non-blood products)	$523.78	-	-	-	-	000	999	-
J7315	N	OPHTHALMIC MITOMYCIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J7316	K	INJ, OCRIPLASMIN, 0.125 MG	-	09298	1.6569	APC (blood and non-blood products)	$93.02	-	-	-	-	000	999	-
J7318	K	INJ, DUROLANE 1 MG	-	09174	0.1206	APC (blood and non-blood products)	$6.77	-	-	-	-	000	999	-
J7320	K	GENVISC 850, INJ, 1MG	-	09079	0.1328	APC (blood and non-blood products)	$7.46	-	-	-	-	000	999	-
J7321	N	HYALGAN SUPARTZ VISCO-3 DOSE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J7322	K	HYMOVIS INJECTION 1 MG	-	09471	0.2968	APC (blood and non-blood products)	$16.66	-	-	-	-	000	999	-
J7323	K	EUFLEXXA INJ PER DOSE	-	00875	2.3061	APC (blood and non-blood products)	$129.47	-	-	-	-	000	999	-
J7324	K	ORTHOVISC INJ PER DOSE	-	00877	2.3951	APC (blood and non-blood products)	$134.46	-	-	-	-	000	999	-
J7325	K	SYNVISC OR SYNVISC-ONE	-	00874	0.1719	APC (blood and non-blood products)	$9.65	-	-	-	-	000	999	-
J7326	K	GEL-ONE	-	01417	9.3066	APC (blood and non-blood products)	$522.47	-	-	-	-	000	999	-
J7327	K	MONOVISC INJ PER DOSE	-	01747	12.8131	APC (blood and non-blood products)	$719.33	-	-	-	-	000	999	-
J7328	K	GELSYN-3 INJECTION 0.1 MG	-	01862	0.0134	APC (blood and non-blood products)	$0.75	-	-	-	-	000	999	-
J7329	K	INJ, TRIVISC 1 MG	-	09196	0.1722	APC (blood and non-blood products)	$9.67	-	-	-	-	000	999	-
J7330	E	CULTURED CHONDROCYTES IMPLNT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J7331	K	SYNOJOYNT, INJ., 1 MG	-	09337	0.236	APC (blood and non-blood products)	$13.25	-	-	-	-	000	999	-
J7332	N	INJ., TRILURON, 1 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J7336	K	CAPSAICIN 8% PATCH	-	09071	0.0584	APC (blood and non-blood products)	$3.28	-	-	-	-	000	999	-
J7340	K	CARBIDOPA LEVODOPA ENT 100ML	-	09320	3.9145	APC (blood and non-blood products)	$219.76	-	-	-	-	000	999	-
J7342	K	CIPROFLOXACIN OTIC SUSP 6 MG	-	09479	0.5345	APC (blood and non-blood products)	$30.01	-	-	-	-	000	999	-
J7345	K	AMINOLEVULINIC ACID, 10% GEL	-	09301	0.0294	APC (blood and non-blood products)	$1.65	-	-	-	-	000	999	-
J7351	G	INJ BIMATOPROST ITC IMP1MCG	-	09351	-	APC – pays by fee schedule amount	$206.28	-	-	-	-	000	999	-
J7352	K	AFAMELANOTIDE IMPLANT, 1 MG	-	09396	51.1815	APC (blood and non-blood products)	$2,873.33	-	-	-	-	000	999	-
J7402	G	MOMETASONE SINUS SINUVA	-	09346	-	APC – pays by fee schedule amount	$11.35	-	-	-	-	000	999	-
J7500	N	AZATHIOPRINE ORAL 50MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J7501	K	AZATHIOPRINE PARENTERAL	-	00887	4.2362	APC (blood and non-blood products)	$237.82	-	-	-	-	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	53.4608	APC (blood and non-blood products)	$3,001.29	-	-	-	-	000	999	-
J7505	N	MONOCLONAL ANTIBODIES	-	-	-	Bundled	$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	-
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	15.7887	APC (blood and non-blood products)	$886.38	-	-	-	-	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	-
J7515	N	CYCLOSPORINE ORAL 25 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J7516	N	CYCLOSPORIN PARENTERAL 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	-
J7520	N	SIROLIMUS, ORAL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J7525	K	TACROLIMUS INJECTION	-	09006	4.1667	APC (blood and non-blood products)	$233.92	-	-	-	-	000	999	-
J7527	N	ORAL EVEROLIMUS	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J7599	N	IMMUNOSUPPRESSIVE DRUG NOC	-	-	-	Bundled	$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	-

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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	-
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	-

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J8510	N	ORAL BUSULFAN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J8515	E	CABERGOLINE, ORAL 0.25MG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J8520	N	CAPECITABINE, ORAL, 150 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J8521	N	CAPECITABINE, ORAL, 500 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J8530	N	CYCLOPHOSPHAMIDE ORAL 25 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J8540	N	ORAL DEXAMETHASONE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J8560	K	ETOPOSIDE ORAL 50 MG	-	00802	1.3637	APC (blood and non-blood products)	$76.56	-	-	-	-	000	999	-
J8562	N	ORAL FLUDARABINE PHOSPHATE	-	-	-	Bundled	$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	-
J8650	E	NABILONE ORAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J8655	K	ORAL NETUPITANT, PALONOSETRO	-	09448	7.8751	APC (blood and non-blood products)	$442.11	-	-	-	-	000	999	-
J8670	K	ROLAPITANT, ORAL, 1MG	-	01761	0.0321	APC (blood and non-blood products)	$1.80	-	-	-	-	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	64.6288	APC (blood and non-blood products)	$3,628.26	-	-	-	-	000	999	-
J9017	K	ARSENIC TRIOXIDE INJECTION	-	09012	0.244	APC (blood and non-blood products)	$13.70	-	-	-	-	000	999	-
J9019	K	ERWINAZE INJECTION	-	09289	7.6108	APC (blood and non-blood products)	$427.27	-	-	-	-	000	999	-
J9020	M	ASPARAGINASE, NOS	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
J9021	G	INJ, ASPARA, RYLAZE, 0.1 MG	-	09437	-	APC – pays by fee schedule amount	$48.23	-	-	-	-	000	999	-
J9022	K	INJ, ATEZOLIZUMAB,10 MG	-	09483	1.4439	APC (blood and non-blood products)	$81.06	-	-	-	-	000	999	-
J9023	K	INJECTION, AVELUMAB, 10 MG	-	09491	1.5885	APC (blood and non-blood products)	$89.18	-	-	-	-	000	999	-
J9025	N	AZACITIDINE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9027	K	CLOFARABINE INJECTION	-	01710	0.574	APC (blood and non-blood products)	$32.23	-	-	-	-	000	999	-
J9030	N	BCG LIVE INTRAVESICAL 1MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9032	K	INJECTION, BELINOSTAT, 10MG	-	01658	0.8393	APC (blood and non-blood products)	$47.12	-	-	-	-	000	999	-
J9033	K	INJ., TREANDA 1 MG	-	09243	0.256	APC (blood and non-blood products)	$14.37	-	-	-	-	018	999	-
J9034	K	INJ., BENDEKA 1 MG	-	01861	0.3011	APC (blood and non-blood products)	$16.91	-	-	-	-	000	999	-
J9035	K	BEVACIZUMAB INJECTION	-	09214	1.271	APC (blood and non-blood products)	$71.35	-	-	-	Y	000	999	-
J9036	K	INJ. BELRAPZO/BENDAMUSTINE	-	09313	0.2682	APC (blood and non-blood products)	$15.06	-	-	-	-	000	999	-
J9037	G	INJ BELANTAMAB MAFODOT BLMF	-	09384	-	APC – pays by fee schedule amount	$45.31	-	-	-	-	000	999	-
J9039	K	INJECTION, BLINATUMOMAB	-	09449	2.4237	APC (blood and non-blood products)	$136.07	-	-	-	-	000	999	-
J9040	N	BLEOMYCIN SULFATE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9041	K	INJECTION, BORTEZOMIB, 0.1MG	-	09207	0.1107	APC (blood and non-blood products)	$6.22	-	-	-	Y	000	999	-
J9042	K	BRENTUXIMAB VEDOTIN INJ	-	09287	3.8083	APC (blood and non-blood products)	$213.80	-	-	-	-	000	999	-
J9043	K	CABAZITAXEL INJECTION	-	09276	3.5551	APC (blood and non-blood products)	$199.58	-	-	-	-	018	999	-
J9045	N	CARBOPLATIN INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9046	K	INJ, BORTEZOMIB, DR. REDDY'S	-	09026	0.1541	APC (blood and non-blood products)	$8.65	-	-	-	-	000	999	-
J9047	K	INJECTION, CARFILZOMIB, 1 MG	-	09295	0.7974	APC (blood and non-blood products)	$44.76	-	-	-	-	000	999	-
J9048	K	INJ, BORTEZOMIB FRESENIUSKAB	-	09027	0.8647	APC (blood and non-blood products)	$48.55	-	-	-	-	000	999	-
J9049	K	INJ, BORTEZOMIB, HOSPIRA	-	09100	0.101	APC (blood and non-blood products)	$5.67	-	-	-	-	000	999	-
J9050	K	CARMUSTINE INJECTION	-	00812	5.4261	APC (blood and non-blood products)	$304.62	-	-	-	-	000	999	-
J9055	K	CETUXIMAB INJECTION	-	09215	1.2494	APC (blood and non-blood products)	$70.14	-	-	-	Y	000	999	-
J9057	K	INJ., COPANLISIB, 1 MG	-	09030	1.497	APC (blood and non-blood products)	$84.04	-	-	-	-	000	999	-
J9060	N	CISPLATIN 10 MG INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9061	G	INJ, AMIVANTAMAB-VMJW	-	09432	-	APC – pays by fee schedule amount	$19.68	-	-	-	-	000	999	-
J9065	K	INJ CLADRIBINE PER 1 MG	-	00858	0.3362	APC (blood and non-blood products)	$18.88	-	-	-	-	000	999	-
J9070	K	CYCLOPHOSPHAMIDE 100 MG INJ	-	01408	0.3854	APC (blood and non-blood products)	$21.64	-	-	-	-	000	999	-
J9071	G	INJ CYCLOPHOSPHAMD AUROMEDIC	-	09203	-	APC – pays by fee schedule amount	$3.87	-	-	-	-	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	-

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J9118	E	INJ. CALASPARGASE PEGOL-MKNL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J9119	K	INJ., CEMIPLIMAB-RWLC, 1 MG	-	09304	0.4835	APC (blood and non-blood products)	$27.15	-	-	-	-	000	999	-
J9120	K	DACTINOMYCIN INJECTION	-	00752	9.7366	APC (blood and non-blood products)	$546.61	-	-	-	-	000	999	-
J9130	N	DACARBAZINE 100 MG INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9144	G	DARATUMUMAB, HYALURONIDASE	-	09378	-	APC – pays by fee schedule amount	$48.21	-	-	-	-	000	999	-
J9145	K	INJECTION, DARATUMUMAB 10 MG	-	09476	1.0825	APC (blood and non-blood products)	$60.77	-	-	-	-	000	999	-
J9150	K	DAUNORUBICIN INJECTION	-	00820	0.662	APC (blood and non-blood products)	$37.16	-	-	-	-	000	999	-
J9151	N	DAUNORUBICIN CITRATE INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9153	K	INJ DAUNORUBICIN, CYTARABINE	-	09302	3.9035	APC (blood and non-blood products)	$219.14	-	-	-	-	000	999	-
J9155	K	DEGARELIX INJECTION	-	01296	0.0724	APC (blood and non-blood products)	$4.06	-	-	-	-	000	999	-
J9160	E	DENILEUKIN DIFTITOX INJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J9165	E	DIETHYLSTILBESTROL INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J9171	N	DOCETAXEL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9173	K	INJ., DURVALUMAB, 10 MG	-	09492	1.3996	APC (blood and non-blood products)	$78.57	-	-	-	-	000	999	-
J9175	N	ELLIOTTS B SOLUTION PER ML	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9176	K	INJECTION, ELOTUZUMAB, 1MG	-	09477	0.1258	APC (blood and non-blood products)	$7.06	-	-	-	-	000	999	-
J9177	G	INJ ENFORT VEDO-EJFV 0.25MG	-	09364	-	APC – pays by fee schedule amount	$33.81	-	-	-	-	000	999	-
J9178	N	INJ, EPIRUBICIN HCL, 2 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9179	K	ERIBULIN MESYLATE INJECTION	-	01426	2.2608	APC (blood and non-blood products)	$126.92	-	-	-	-	018	999	-
J9181	N	ETOPOSIDE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9185	K	FLUDARABINE PHOSPHATE INJ	-	09080	2.8811	APC (blood and non-blood products)	$161.75	-	-	-	-	000	999	-
J9190	N	FLUOROURACIL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9196	N	INJ GEMCITABINE HCL (ACCORD)	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9198	G	INJ. INFUGEM, 100 MG	-	09387	-	APC – pays by fee schedule amount	$24.67	-	-	-	-	000	999	-
J9200	N	FLOXURIDINE INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9201	N	IN GEMCITABINE HCL NOS 200MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9202	K	GOSERELIN ACETATE IMPLANT	-	00810	10.0033	APC (blood and non-blood products)	$561.59	-	-	-	-	000	999	-
J9203	K	GEMTUZUMAB OZOGAMICIN 0.1 MG	-	09495	3.8741	APC (blood and non-blood products)	$217.49	-	-	-	-	000	999	-
J9204	K	INJ MOGAMULIZUMAB-KPKC, 1 MG	-	09182	3.8522	APC (blood and non-blood products)	$216.26	-	-	-	-	000	999	-
J9205	K	INJ IRINOTECAN LIPOSOME 1 MG	-	09474	1.0679	APC (blood and non-blood products)	$59.95	-	-	-	-	000	999	-
J9206	N	IRINOTECAN INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9207	K	IXABEPILONE INJECTION	-	09240	2.171	APC (blood and non-blood products)	$121.88	-	-	-	-	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	6.7352	APC (blood and non-blood products)	$378.12	-	-	-	-	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	K	INTERFERON ALFA-2B INJ	-	00836	0.5802	APC (blood and non-blood products)	$32.57	-	-	-	-	000	999	-
J9215	N	INTERFERON ALFA-N3 INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9216	E	INTERFERON GAMMA 1-B INJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J9217	K	LEUPROLIDE ACETATE SUSPNSION	-	09217	3.0738	APC (blood and non-blood products)	$172.56	-	-	-	-	000	999	-
J9218	K	LEUPROLIDE ACETATE INJECITON	-	09047	0.1427	APC (blood and non-blood products)	$8.01	-	-	-	-	000	999	-
J9219	E	LEUPROLIDE ACETATE IMPLANT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J9223	G	INJ. LURBINECTEDIN, 0.1 MG	-	09389	-	APC – pays by fee schedule amount	$188.30	-	-	-	-	000	999	-
J9225	K	VANTAS IMPLANT	-	01711	92.0252	APC (blood and non-blood products)	$5,166.29	-	-	-	-	000	999	-
J9226	N	SUPPRELIN LA IMPLANT	-	-	-	Bundled	$0.00	-	-	Y	-	000	999	-
J9227	G	INJ. ISATUXIMAB-IRFC 10 MG	-	09377	-	APC – pays by fee schedule amount	$71.70	-	-	-	-	000	999	-
J9228	K	IPILIMUMAB INJECTION	-	09284	2.9471	APC (blood and non-blood products)	$165.45	-	-	-	-	018	999	-
J9229	K	INJ INOTUZUMAB OZOGAM 0.1 MG	-	09028	44.1745	APC (blood and non-blood products)	$2,479.96	-	-	-	-	000	999	-
J9230	N	MECHLORETHAMINE HCL INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9245	K	INJ MELPHA HYDROCH NOS 50 MG	-	00840	3.3223	APC (blood and non-blood products)	$186.51	-	-	-	-	000	999	-
J9246	K	INJ., EVOMELA, 1 MG	-	09375	0.2992	APC (blood and non-blood products)	$16.80	-	-	-	-	000	999	-
J9247	G	INJ, MELPHALAN FLUFENAMI 1MG	-	09417	-	APC – pays by fee schedule amount	$503.50	-	-	-	-	000	999	-
J9250	N	METHOTREXATE SODIUM INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9260	N	METHOTREXATE SODIUM INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-

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J9261	K	NELARABINE INJECTION	-	00825	2.3127	APC (blood and non-blood products)	$129.84	-	-	-	-	000	999	-
J9262	K	INJ, OMACETAXINE MEP, 0.01MG	-	09297	0.0652	APC (blood and non-blood products)	$3.66	-	-	-	-	000	999	-
J9263	N	OXALIPLATIN	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9264	K	PACLITAXEL PROTEIN BOUND	-	01712	0.2099	APC (blood and non-blood products)	$11.78	-	-	-	-	000	999	-
J9266	K	PEGASPARGASE INJECTION	-	00843	419.9681	APC (blood and non-blood products)	$23,577.01	-	-	-	-	000	999	-
J9267	N	PACLITAXEL INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9268	K	PENTOSTATIN INJECTION	-	00844	46.053	APC (blood and non-blood products)	$2,585.41	-	-	-	-	000	999	-
J9269	K	INJ. TAGRAXOFUSP-ERZS 10 MCG	-	09309	5.7389	APC (blood and non-blood products)	$322.18	-	-	-	-	000	999	-
J9270	N	PLICAMYCIN (MITHRAMYCIN) INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9271	K	INJ PEMBROLIZUMAB	-	01490	0.9871	APC (blood and non-blood products)	$55.42	-	-	-	-	000	999	-
J9272	G	INJ, DOSTARLIMAB-GXLY, 10 MG	-	09431	-	APC – pays by fee schedule amount	$223.92	-	-	-	-	000	999	-
J9273	G	INJ TISOTU VEDOTIN-TFTV, 1MG	-	09204	-	APC – pays by fee schedule amount	$161.96	-	-	-	-	000	999	-
J9274	G	INJ, TEBENTAFUSP-TEBN, 1 MCG	-	09446	-	APC – pays by fee schedule amount	$198.86	-	-	-	-	000	999	-
J9280	K	MITOMYCIN INJECTION	-	01232	0.4279	APC (blood and non-blood products)	$24.02	-	-	-	-	000	999	-
J9281	G	MITOMYCIN INSTILLATION	-	09374	-	APC – pays by fee schedule amount	$289.51	-	-	-	-	000	999	-
J9285	N	INJ, OLARATUMAB, 10 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9293	K	MITOXANTRONE HYDROCHL / 5 MG	-	00864	0.8786	APC (blood and non-blood products)	$49.33	-	-	-	-	000	999	-
J9294	K	INJ PEMETREXED, HOSPIRA 10MG	-	09123	0.1863	APC (blood and non-blood products)	$10.46	-	-	-	-	000	999	-
J9295	K	INJECTION, NECITUMUMAB, 1 MG	-	09475	0.1022	APC (blood and non-blood products)	$5.74	-	-	-	-	000	999	-
J9296	K	INJ PEMETREXED (ACCORD) 10MG	-	09127	0.1734	APC (blood and non-blood products)	$9.74	-	-	-	-	000	999	-
J9297	K	INJ PEMETREXED (SANDOZ) 10MG	-	09128	0.1631	APC (blood and non-blood products)	$9.16	-	-	-	-	000	999	-
J9298	G	INJ NIVOL RELATLIMAB 3MG/1MG	-	09057	-	APC – pays by fee schedule amount	$180.34	-	-	-	-	000	999	-
J9299	K	INJECTION, NIVOLUMAB	-	09453	0.5328	APC (blood and non-blood products)	$29.91	-	-	-	-	000	999	-
J9301	K	OBINUTUZUMAB INJ	-	01476	1.1919	APC (blood and non-blood products)	$66.91	-	-	-	-	000	999	-
J9302	K	OFATUMUMAB INJECTION	-	09260	1.1392	APC (blood and non-blood products)	$63.96	-	-	-	-	000	999	-
J9303	K	PANITUMUMAB INJECTION	-	09235	2.5369	APC (blood and non-blood products)	$142.42	-	-	-	-	000	999	-
J9304	G	INJ. PEMETREXED, 10 MG	-	09442	-	APC – pays by fee schedule amount	$77.55	-	-	-	-	000	999	-
J9305	K	INJ. PEMETREXED NOS 10MG	-	09213	0.3053	APC (blood and non-blood products)	$17.14	-	-	-	Y	000	999	-
J9306	K	INJECTION, PERTUZUMAB, 1 MG	-	01471	0.257	APC (blood and non-blood products)	$14.43	-	-	-	-	000	999	-
J9307	K	PRALATREXATE INJECTION	-	09259	6.2692	APC (blood and non-blood products)	$351.95	-	-	-	-	000	999	-
J9308	K	INJECTION, RAMUCIRUMAB	-	01488	1.1908	APC (blood and non-blood products)	$66.85	-	-	-	-	000	999	-
J9309	K	INJ, POLATUZUMAB VEDOTIN 1MG	-	09331	2.1039	APC (blood and non-blood products)	$118.11	-	-	-	-	000	999	-
J9311	K	INJ RITUXIMAB, HYALURONIDASE	-	09467	0.6678	APC (blood and non-blood products)	$37.49	-	-	-	-	000	999	-
J9312	K	INJ., RITUXIMAB, 10 MG	-	09186	1.4462	APC (blood and non-blood products)	$81.19	-	-	-	-	000	999	-
J9313	K	INJ., LUMOXITI, 0.01 MG	-	09305	0.4167	APC (blood and non-blood products)	$23.39	-	-	-	-	000	999	-
J9314	K	INJ PEMETREXED (TEVA) 10MG	-	09105	0.2387	APC (blood and non-blood products)	$13.40	-	-	-	-	000	999	-
J9316	G	PERTUZU, TRASTUZU, 10 MG	-	09390	-	APC – pays by fee schedule amount	$68.44	-	-	-	-	000	999	-
J9317	G	SACITUZUMAB GOVITECAN-HZIY	-	09376	-	APC – pays by fee schedule amount	$32.55	-	-	-	-	000	999	-
J9318	G	INJ ROMIDEPSIN NON-LYO 0.1MG	-	09428	-	APC – pays by fee schedule amount	$33.91	-	-	-	-	000	999	-
J9319	E	INJ ROMIDEPSIN LYOPHIL 0.1MG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
J9320	K	STREPTOZOCIN INJECTION	-	00850	6.5939	APC (blood and non-blood products)	$370.18	-	-	-	-	000	999	-
J9325	K	INJ TALIMOGENE LAHERPAREPVEC	-	09472	1.1107	APC (blood and non-blood products)	$62.36	-	-	-	-	000	999	-
J9328	K	TEMOZOLOMIDE INJECTION	-	09253	0.1855	APC (blood and non-blood products)	$10.42	-	-	-	-	000	999	-
J9330	K	TEMSIROLIMUS INJECTION	-	01168	0.573	APC (blood and non-blood products)	$32.17	-	-	-	-	018	999	-
J9331	G	INJ SIROLIMUS PROT PART 1 MG	-	09241	-	APC – pays by fee schedule amount	$104.54	-	-	-	-	000	999	-
J9332	G	INJ EFGARTIGIMOD 2MG	-	09010	-	APC – pays by fee schedule amount	$31.52	-	-	-	-	000	999	-
J9340	K	THIOTEPA INJECTION	-	00851	5.295	APC (blood and non-blood products)	$297.26	-	-	-	-	000	999	-
J9348	G	INJ. NAXITAMAB-GQGK, 1 MG	-	09408	-	APC – pays by fee schedule amount	$578.77	-	-	-	-	000	999	-
J9349	G	INJ., TAFASITAMAB-CXIX	-	09385	-	APC – pays by fee schedule amount	$13.15	-	-	-	-	000	999	-
J9351	N	TOPOTECAN INJECTION	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9352	K	INJECTION TRABECTEDIN 0.1MG	-	09480	5.9108	APC (blood and non-blood products)	$331.83	-	-	-	-	000	999	-
J9353	G	INJ. MARGETUXIMAB-CMKB, 5 MG	-	09418	-	APC – pays by fee schedule amount	$45.04	-	-	-	-	000	999	-
J9354	K	INJ, ADO-TRASTUZUMAB EMT 1MG	-	09131	0.6456	APC (blood and non-blood products)	$36.25	-	-	-	-	000	999	-
J9355	K	INJ TRASTUZUMAB EXCL BIOSIMI	-	01613	1.4294	APC (blood and non-blood products)	$80.25	-	-	-	-	000	999	-
J9356	K	INJ. HERCEPTIN HYLECTA, 10MG	-	09314	1.1592	APC (blood and non-blood products)	$65.08	-	-	-	-	000	999	-
J9357	K	VALRUBICIN INJECTION	-	01235	25.6953	APC (blood and non-blood products)	$1,442.53	-	-	-	-	000	999	-

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J9358	G	INJ FAM-TRASTU DERU-NXKI 1MG	-	09353	-	APC – pays by fee schedule amount	$25.63	-	-	-	-	000	999	-
J9359	G	INJ LON TESIRIN-LPYL 0.075MG	-	09205	-	APC – pays by fee schedule amount	$191.42	-	-	-	-	000	999	-
J9360	N	VINBLASTINE SULFATE INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9370	N	VINCRISTINE SULFATE 1 MG INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9371	K	INJ, VINCRISTINE SUL LIP 1MG	-	01466	60.933	APC (blood and non-blood products)	$3,420.78	-	-	-	-	000	999	-
J9390	N	VINORELBINE TARTRATE INJ	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
J9393	K	INJ, FULVESTRANT (TEVA)	-	09102	0.0547	APC (blood and non-blood products)	$3.07	-	-	-	-	000	999	-
J9394	K	INJ, FULVESTRANT (FRESENIUS)	-	09103	0.0697	APC (blood and non-blood products)	$3.92	-	-	-	-	000	999	-
J9395	K	INJECTION, FULVESTRANT	-	09120	0.2153	APC (blood and non-blood products)	$12.09	-	-	-	-	000	999	-
J9400	K	INJ, ZIV-AFLIBERCEPT, 1MG	-	09296	0.1316	APC (blood and non-blood products)	$7.39	-	-	-	-	000	999	-
J9600	K	PORFIMER SODIUM INJECTION	-	00856	400.606	APC (blood and non-blood products)	$22,490.02	-	-	-	-	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	-

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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	-
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	-

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2023

Proc Cd	2023 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
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	-
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	-
K1001	E	ELECTRONIC POSA TREATMENT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1002	E	CES SYSTEM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1003	E	WHIRLPOOL TUB WALKIN PORTABL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1004	E	LO FREQ US DIATHERMY DEVICE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1005	E	DISP COL STO BAG BREAST MILK	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1006	E	SUCT PUM EXT URINE MGMT SYS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1007	E	BIL HKAF PC S/D MICRO SENSOR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1009	E	SPEECH VOLUME MODULATION SYS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1013	E	ENEMA TUBE ANY TYPE REPL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1014	E	AK 4 BAR LINK HYDL SWG/STANC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1015	E	FOOT, ADDUCTUS POSITION, ADJ	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1016	E	TRANS ELEC NERV FOR TRIGEMIN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1017	E	MONTHLY SUPP USE WITH K1016	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1018	E	EXT UP LIMB TREMOR STIM WRIS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1019	E	SUPP EXT UP LIMB TREMOR STIM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1020	E	NON-INVASIVE VAGUS NERV STIM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1021	E	EXSUFF BELT INCL ALL SUP ACC	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1022	E	ENDOSKEL POSIT ROTAT UNIT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1023	E	TRANS ELEC NERV PERIPH NERV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1024	E	NON PNEUM COMP CONTROL CAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
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K1025	E	NON PNEUM COMPRESS FULL ARM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1026	E	MECH ALLERGEN PARTI BARRIER	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1027	E	ORAL DEV WITHOUT FIX MECH	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1028	E	CONTROL UNIT NEUROMUSCUL OSA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1029	E	ORAL DV/APP NEUROMUS MOUTHPI	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1030	E	EXT RECHARGE BAT REPLACEMENT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1031	E	NON PNEU COMP CONTROL W/O CA	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1032	E	NON PNEUM SEQ COMP FULL LEG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
K1033	E	NON PNEUM SEQ COMP HALF LEG	-	-	-	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	-
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	-
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	-

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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	-
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	001	-
L1005	E	TENSION BASED SCOLIOSIS ORTH	-	-	-	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	-

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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	-
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	-
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	-
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	-
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	-
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	-

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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	-
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	-

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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	-
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	-

Montana Healthcare Programs Fee Schedule
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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	-
L3170	E	FOOT PLAS HEEL STABI PRE OTS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
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	001	-
L3206	E	HIGHTOP W/ SUPP/PRONATOR CHI	-	-	-	Not Allowed	$0.00	-	-	-	-	000	005	-
L3207	E	HIGHTOP W/ SUPP/PRONATOR JUN	-	-	-	Not Allowed	$0.00	-	-	-	-	000	019	-
L3208	E	SURGICAL BOOT EACH INFANT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	001	-
L3209	E	SURGICAL BOOT EACH CHILD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	005	-
L3211	E	SURGICAL BOOT EACH JUNIOR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
L3212	E	BENESCH BOOT PAIR INFANT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	001	-
L3213	E	BENESCH BOOT PAIR CHILD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	005	-
L3214	E	BENESCH BOOT PAIR JUNIOR	-	-	-	Not Allowed	$0.00	-	-	-	-	000	019	-
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	-

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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	-
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	-

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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	-
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	-

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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	-
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	-

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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	-
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	-
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	-

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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	-
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	-
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	-
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	-

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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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	-
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	-
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	-
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	-

Montana Healthcare Programs Fee Schedule
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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	-
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	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2023

Proc Cd	2023 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
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	-
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	019	-
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	-

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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	-
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	-
L8010	E	MASTECTOMY SLEEVE	-	-	-	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	-

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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	-
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	-	-	Y	-	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	-

Montana Healthcare Programs Fee Schedule
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Proc Cd	2023 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
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	-
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	-
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	-
M0003	E	OPT CARE EPISOD NEURO MVP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
M0004	E	SUPPORT CARE NEUR COND MVP	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
M0005	E	PROMOT WELLNESS 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	M	COVID-19 VACCINE HOME ADMIN	-	-	-	Fee Schedule	$35.50	-	-	-	-	000	999	-
M0220	S	TIXAGEV AND CILGAV INJ	-	01503	2.6808	APC	$156.53	-	-	-	-	012	999	-
M0221	M	TIXAGEV AND CILGAV INJ HM	-	-	-	Fee Schedule	$250.50	-	-	-	-	012	999	-
M0222	M	BEBTELOVIMAB INJECTION	-	-	-	Fee Schedule	$350.50	-	-	-	-	000	999	-
M0223	M	BEBTELOVIMAB INJECTION HOME	-	-	-	Fee Schedule	$550.50	-	-	-	-	000	999	-
M0239	E	BAMLANIVIMAB-XXXX INFUSION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
M0240	M	CASIRI AND IMDEV REPEAT	-	-	-	Fee Schedule	$450.00	-	-	-	-	000	999	-
M0241	M	CASIRI AND IMDEV REPEAT HM	-	-	-	Fee Schedule	$750.00	-	-	-	-	000	999	-
M0243	M	CASIRIVI AND IMDEVI INJ	-	-	-	Fee Schedule	$450.00	-	-	-	-	000	999	-
M0244	M	CASIRIVI AND IMDEVI INJ HM	-	-	-	Fee Schedule	$750.00	-	-	-	-	000	999	-
M0245	M	BAMLAN AND ETESEV INFUSION	-	-	-	Fee Schedule	$450.00	-	-	-	-	000	999	-
M0246	M	BAMLAN AND ETESEV INFUS HOME	-	-	-	Fee Schedule	$750.00	-	-	-	-	000	999	-
M0247	M	SOTROVIMAB INFUSION	-	-	-	Fee Schedule	$450.00	-	-	-	-	000	999	-
M0248	M	SOTROVIMAB INF, HOME ADMIN	-	-	-	Fee Schedule	$750.00	-	-	-	-	000	999	-
M0249	M	ADM TOCILIZU COVID-19 1ST	-	-	-	Fee Schedule	$450.00	-	-	-	-	000	999	-
M0250	M	ADM TOCILIZU COVID-19 2ND	-	-	-	Fee Schedule	$450.00	-	-	-	-	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	-

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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	-
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	-

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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	-
M1154	E	HOSPC SERV DUR MEAS PD	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
M1155	E	PT ANPHX DUE TO PNEUM	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
M1156	E	PT RECD ACTV CHEMO ANY TIME	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
M1157	E	PT RECD BONE MAR TRNSPLT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
M1158	E	PT HX IMMCOMP PRIOR/DUR PD	-	-	-	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	-
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/ 1 HZV LV OR 2 HZV RECM	-	-	-	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	-

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2023 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
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 RED >=2 FR IXV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
M1198	E	ISA NOT RED 2PTS FR IXV	-	-	-	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 RED >=2 FR IXV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
M1206	E	ISA NOT RED 2PTS FR IXV	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
M1207	E	#PTS SCRN SDOH	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
M1208	E	#PTS 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	-
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	$28.85	$17.89	$17.31	-	-	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	2.6595	APC	$155.29	-	-	-	-	000	999	-
P9011	R	BLOOD SPLIT UNIT	-	09520	1.6247	APC	$94.87	-	-	-	-	000	999	-
P9012	R	CRYOPRECIPITATE EACH UNIT	-	09511	0.8692	APC	$50.75	-	-	-	-	000	999	-
P9016	R	RBC LEUKOCYTES REDUCED	-	09512	2.2108	APC	$129.09	-	-	-	-	000	999	-
P9017	R	PLASMA 1 DONOR FRZ W/IN 8 HR	-	09508	0.9986	APC	$58.31	-	-	-	-	000	999	-
P9019	R	PLATELETS, EACH UNIT	-	09515	0.9024	APC	$52.69	-	-	-	-	000	999	-
P9020	R	PLAELET RICH PLASMA UNIT	-	09516	5.2027	APC	$303.79	-	-	-	-	000	999	-
P9021	R	RED BLOOD CELLS UNIT	-	09517	1.5835	APC	$92.46	-	-	-	-	000	999	-
P9022	R	WASHED RED BLOOD CELLS UNIT	-	09518	4.6244	APC	$270.02	-	-	-	-	000	999	-
P9023	R	FROZEN PLASMA, POOLED, SD	-	09509	1.087	APC	$63.47	-	-	-	-	000	999	-
P9025	R	PLASMA CRYO REDU PATH EACH	-	09538	0.7622	APC	$44.50	-	-	-	-	000	999	-
P9026	R	CRYO FIB COMP PATH REDU EACH	-	09539	0.9264	APC	$54.09	-	-	-	-	000	999	-
P9031	R	PLATELETS LEUKOCYTES REDUCED	-	09526	1.5294	APC	$89.30	-	-	-	-	000	999	-
P9032	R	PLATELETS, IRRADIATED	-	09500	1.6802	APC	$98.11	-	-	-	-	000	999	-
P9033	R	PLATELETS LEUKOREDUCED IRRAD	-	09521	3.1356	APC	$183.09	-	-	-	-	000	999	-
P9034	R	PLATELETS, PHERESIS	-	09507	3.9022	APC	$227.85	-	-	-	-	000	999	-
P9035	R	PLATELET PHERES LEUKOREDUCED	-	09501	5.6746	APC	$331.34	-	-	-	-	000	999	-
P9036	R	PLATELET PHERESIS IRRADIATED	-	09502	7.2055	APC	$420.73	-	-	-	-	000	999	-
P9037	R	PLATE PHERES LEUKOREDU IRRAD	-	09530	7.4568	APC	$435.40	-	-	-	-	000	999	-
P9038	R	RBC IRRADIATED	-	09505	2.2924	APC	$133.85	-	-	-	-	000	999	-
P9039	R	RBC DEGLYCEROLIZED	-	09504	4.8283	APC	$281.92	-	-	-	-	000	999	-
P9040	R	RBC LEUKOREDUCED IRRADIATED	-	09522	3.0276	APC	$176.78	-	-	-	-	000	999	-
P9041	K	ALBUMIN (HUMAN),5%, 50ML	-	00961	0.1891	APC (blood and non-blood products)	$10.62	-	-	-	-	000	999	-
P9043	R	PLASMA PROTEIN FRACT,5%,50ML	-	09514	0.0928	APC	$5.47	-	-	-	-	000	999	-
P9044	R	CRYOPRECIPITATEREDUCEDPLASMA	-	09523	0.805	APC	$47.00	-	-	-	-	000	999	-

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P9045	K	ALBUMIN (HUMAN), 5%, 250 ML	-	00963	0.9454	APC (blood and non-blood products)	$53.08	-	-	-	-	000	999	-
P9046	K	ALBUMIN (HUMAN), 25%, 20 ML	-	00964	0.3782	APC (blood and non-blood products)	$21.23	-	-	-	-	000	999	-
P9047	K	ALBUMIN (HUMAN), 25%, 50ML	-	00965	0.9454	APC (blood and non-blood products)	$53.08	-	-	-	-	000	999	-
P9048	R	PLASMAPROTEIN FRACT,5%,250ML	-	09519	1.8503	APC	$109.69	-	-	-	-	000	999	-
P9050	E	GRANULOCYTES, PHERESIS UNIT	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
P9051	R	BLOOD, L/R, CMV-NEG	-	09524	2.2951	APC	$134.01	-	-	-	-	000	999	-
P9052	R	PLATELETS, HLA-M, L/R, UNIT	-	09525	9.6811	APC	$565.28	-	-	-	-	000	999	-
P9053	R	PLT, PHER, L/R CMV-NEG, IRR	-	09531	6.2213	APC	$363.26	-	-	-	-	000	999	-
P9054	R	BLOOD, L/R, FROZ/DEGLY/WASH	-	09527	3.4688	APC	$202.54	-	-	-	-	000	999	-
P9055	R	PLT, APH/PHER, L/R, CMV-NEG	-	09528	3.8981	APC	$227.61	-	-	-	-	000	999	-
P9056	R	BLOOD, L/R, IRRADIATED	-	09529	1.2703	APC	$74.17	-	-	-	-	000	999	-
P9057	R	RBC, FRZ/DEG/WSH, L/R, IRRAD	-	09532	4.6017	APC	$268.69	-	-	-	-	000	999	-
P9058	R	RBC, L/R, CMV-NEG, IRRAD	-	09533	2.9326	APC	$171.23	-	-	-	-	000	999	-
P9059	R	PLASMA, FRZ BETWEEN 8-24HOUR	-	09513	0.8903	APC	$51.98	-	-	-	-	000	999	-
P9060	R	FR FRZ PLASMA DONOR RETESTED	-	09503	0.6396	APC	$37.35	-	-	-	-	000	999	-
P9070	R	PATHOGEN REDUCED PLASMA POOL	-	09534	0.8531	APC	$49.81	-	-	-	-	000	999	-
P9071	R	PATHOGEN REDUCED PLASMA SING	-	09535	1.0388	APC	$60.66	-	-	-	-	000	999	-
P9073	R	PLATELETS PHERESIS PATH REDU	-	09536	6.7522	APC	$394.26	-	-	-	-	000	999	-
P9099	R	BLOOD COMPONENT/PRODUCT NOC	-	09537	0.6396	APC	$37.35	-	-	-	-	000	999	-
P9100	S	PATHOGEN TEST FOR PLATELETS	-	05733	0.6716	APC	$39.21	-	-	-	-	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	$14.28	-	-	-	-	000	999	-
P9615	N	URINE SPECIMEN COLLECT MULT	-	-	-	Bundled, sometimes payable	$14.28	-	-	-	-	000	999	-
Q0035	N	CARDIOKYMOGRAPHY	-	05732	0.3968	Bundled, sometimes payable	$23.17	-	-	-	-	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	0.2916	APC	$17.03	-	-	-	-	000	999	-
Q0092	N	SET UP PORT XRAY EQUIPMENT	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
Q0111	Q	WET MOUNTS/ W PREPARATIONS	-	-	-	Medicare	$28.85	$17.89	$17.31	-	-	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	0.0085	APC (blood and non-blood products)	$0.48	-	-	-	-	000	999	-
Q0139	K	FERUMOXYTOL, ESRD USE	-	01485	0.0085	APC (blood and non-blood products)	$0.48	-	-	-	-	000	999	-
Q0144	E	AZITHROMYCIN DIHYDRATE, ORAL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
Q0161	N	CHLORPROMAZINE HCL 5MG ORAL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
Q0162	N	ONDANSETRON ORAL	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
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	N	TRIMETHOBENZAMIDE HCL 250MG	-	-	-	Bundled	$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	-
Q0220	M	TIXAGEV AND CILGAV, 300MG	-	-	-	Fee Schedule	$0.01	-	-	-	-	012	999	-
Q0221	M	TIXAGEV AND CILGAV, 600MG	-	-	-	Fee Schedule	$0.01	-	-	-	-	000	999	-
Q0222	M	BEBTELOVIMAB 175 MG	-	-	-	Fee Schedule	$2,394.00	-	-	-	-	000	999	-
Q0239	E	BAMLANIVIMAB-XXXX	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-

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Q0240	M	CASIRIVI AND IMDEVI 600 MG	-	-	-	Fee Schedule	$0.01	-	-	-	-	000	999	-
Q0243	M	CASIRIVIMAB AND IMDEVIMAB	-	-	-	Fee Schedule	$0.01	-	-	-	-	000	999	-
Q0244	M	CASIRIVI AND IMDEVI 1200 MG	-	-	-	Fee Schedule	$0.01	-	-	-	-	000	999	-
Q0245	M	BAMLANIVIMAB AND ETESEVIMA	-	-	-	Fee Schedule	$0.01	-	-	-	-	000	999	-
Q0247	M	SOTROVIMAB	-	-	-	Fee Schedule	$2,394.00	-	-	-	-	000	999	-
Q0249	M	TOCILIZUMAB FOR COVID-19	-	-	-	Fee Schedule	$6.57	-	-	-	-	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	-
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	-
Q2009	N	FOSPHENYTOIN INJ PE	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
Q2017	N	TENIPOSIDE, 50 MG	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
Q2026	K	RADIESSE INJECTION	-	09094	2.9811	APC (blood and non-blood products)	$167.36	-	-	-	-	000	999	-
Q2028	K	INJ, SCULPTRA, 0.5MG	-	09095	0.0182	APC (blood and non-blood products)	$1.02	-	-	-	-	000	999	-
Q2033	E	INFLUENZA VACCINE, (FLUBLOK)	-	-	-	Not Allowed	$0.00	-	-	-	-	018	049	-
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	-

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Q2038	M	FLUZONE VACC, 3 YRS & >, IM	-	-	-	Fee Schedule	$18.63	-	-	-	-	019	999	-
Q2039	M	INFLUENZA VIRUS VACCINE, NOS	-	-	-	Charge Ratio	$0.00	-	-	-	-	019	999	-
Q2041	K	AXICABTAGENE CILOLEUCEL CAR+	-	09035	8002.2419	APC (blood and non-blood products)	$0.00	-	-	-	-	000	999	-
Q2042	K	TISAGENLECLEUCEL CAR-POS T	-	09194	8344.1664	APC (blood and non-blood products)	$0.00	-	-	Y	-	000	999	-
Q2043	K	SIPULEUCEL-T AUTO CD54+	-	09273	955.2969	APC (blood and non-blood products)	$53,630.37	-	-	-	-	000	999	-
Q2047	E	PEGINESATIDE INJECTION	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
Q2049	K	IMPORTED LIPODOX INJ	-	01421	7.5543	APC (blood and non-blood products)	$424.10	-	-	-	-	000	999	-
Q2050	K	DOXORUBICIN INJ 10MG	-	07046	1.3905	APC (blood and non-blood products)	$78.06	-	-	-	-	000	999	-
Q2052	E	IVIG DEMO, SERVICES/SUPPLIES	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
Q2053	G	BREXUCABTAGENE CAR POS T	-	09391	-	APC – pays by fee schedule amount	$448,752.40	-	-	-	-	000	999	-
Q2054	G	LISOCABTAGENE MARA CAR POS T	-	09413	-	APC – pays by fee schedule amount	$434,918.00	-	-	-	-	000	999	-
Q2055	G	IDECABTAGENE VICLEUCEL CAR	-	09422	-	APC – pays by fee schedule amount	$444,670.00	-	-	-	-	000	999	-
Q2056	G	CILTACABTAGENE CAR-POS T	-	09498	-	APC – pays by fee schedule amount	$492,900.00	-	-	-	-	000	999	-
Q3001	E	BRACHYTHERAPY RADIOELEMENTS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
Q3014	M	TELEHEALTH FACILITY FEE	-	-	-	Fee Schedule	$28.64	-	-	-	-	000	999	-
Q3027	K	INJ BETA INTERFERON IM 1 MCG	-	01472	0.9455	APC (blood and non-blood products)	$53.08	-	-	-	-	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	010	-
Q4008	E	CAST SUP LONG ARM PED FBRGLS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	010	-
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	010	-
Q4012	E	CAST SUP SHT ARM PED FBRGLAS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	010	-
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	010	-
Q4016	E	CAST SUP GAUNTLET PED FBRGLS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	010	-
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	010	-
Q4020	E	CAST SUP LNG ARM SPLNT PED F	-	-	-	Not Allowed	$0.00	-	-	-	-	000	010	-
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	010	-
Q4024	E	CAST SUP SHT ARM SPLNT PED F	-	-	-	Not Allowed	$0.00	-	-	-	-	000	010	-
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	010	-
Q4028	E	CAST SUP HIP SPICA PED FBRGL	-	-	-	Not Allowed	$0.00	-	-	-	-	000	010	-
Q4029	E	CAST SUP LONG LEG PLASTER	-	-	-	Not Allowed	$0.00	-	-	-	-	011	999	-
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	010	-
Q4032	E	CAST SUP LNG LEG PED FBRGLS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	010	-
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	010	-
Q4036	E	CAST SUP LNGLEG CYLNDR PED F	-	-	-	Not Allowed	$0.00	-	-	-	-	000	010	-
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	-

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Q4039	E	CAST SUP SHRT LEG PED PLSTER	-	-	-	Not Allowed	$0.00	-	-	-	-	000	010	-
Q4040	E	CAST SUP SHRT LEG PED FBRGLS	-	-	-	Not Allowed	$0.00	-	-	-	-	000	010	-
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	010	-
Q4044	E	CAST SUP LNG LEG SPLNT PED F	-	-	-	Not Allowed	$0.00	-	-	-	-	000	010	-
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	010	-
Q4048	E	CAST SUP SHT LEG SPLNT PED F	-	-	-	Not Allowed	$0.00	-	-	-	-	000	010	-
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	-
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	-

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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	-
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	-

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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	-
Q4210	E	AXOLOTL GRAF DUALGRAF 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	AMNIOBIND, 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	-
Q4231	N	CORPLEX P, PER 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	-
Q4244	N	PROCENTA, PER 200 MG	-	-	-	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	-
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	-

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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	-
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	N	INJECTION, ZARXIO	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
Q5103	K	INJECTION, INFLECTRA	-	01847	0.3668	APC (blood and non-blood products)	$20.59	-	-	-	-	000	999	-
Q5104	K	INJECTION, RENFLEXIS	-	09036	0.6489	APC (blood and non-blood products)	$36.43	-	-	-	-	000	999	-
Q5105	N	INJ RETACRIT ESRD ON DIALYSI	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
Q5106	K	INJ RETACRIT NON-ESRD USE	-	09097	0.1517	APC (blood and non-blood products)	$8.51	-	-	-	-	000	999	-
Q5107	K	INJ MVASI 10 MG	-	09329	0.5089	APC (blood and non-blood products)	$28.57	-	-	-	-	000	999	-
Q5108	K	INJECTION, FULPHILA	-	09173	2.3604	APC (blood and non-blood products)	$132.52	-	-	-	-	000	999	-
Q5109	E	INJECTION, IXIFI, 10 MG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
Q5110	K	NIVESTYM	-	09193	0.0059	APC (blood and non-blood products)	$0.33	-	-	-	-	000	999	-
Q5111	K	INJECTION, UDENYCA 0.5 MG	-	09195	2.5145	APC (blood and non-blood products)	$141.17	-	-	-	-	000	999	-
Q5112	G	INJ ONTRUZANT 10 MG	-	09382	-	APC – pays by fee schedule amount	$49.85	-	-	-	-	000	999	-
Q5113	G	INJ HERZUMA 10 MG	-	09349	-	APC – pays by fee schedule amount	$29.53	-	-	-	-	000	999	-
Q5114	K	INJ OGIVRI 10 MG	-	09341	0.8395	APC (blood and non-blood products)	$47.13	-	-	-	-	000	999	-
Q5115	K	INJ TRUXIMA 10 MG	-	09336	0.8515	APC (blood and non-blood products)	$47.80	-	-	-	-	000	999	-
Q5116	G	INJ., TRAZIMERA, 10 MG	-	09350	-	APC – pays by fee schedule amount	$27.24	-	-	-	-	000	999	-
Q5117	K	INJ., KANJINTI, 10 MG	-	09330	0.4618	APC (blood and non-blood products)	$25.93	-	-	-	-	000	999	-
Q5118	G	INJ., ZIRABEV, 10 MG	-	09348	-	APC – pays by fee schedule amount	$31.07	-	-	-	-	000	999	-
Q5119	G	INJ RUXIENCE, 10 MG	-	09367	-	APC – pays by fee schedule amount	$29.97	-	-	-	-	000	999	-
Q5120	K	INJ PEGFILGRASTIM-BMEZ 0.5MG	-	09345	1.4261	APC (blood and non-blood products)	$80.06	-	-	-	-	000	999	-
Q5121	G	INJ. AVSOLA, 10 MG	-	09381	-	APC – pays by fee schedule amount	$28.46	-	-	-	-	000	999	-
Q5122	G	INJ, NYVEPRIA	-	09406	-	APC – pays by fee schedule amount	$125.31	-	-	-	-	000	999	-
Q5123	G	INJ. RIABNI, 10 MG	-	09411	-	APC – pays by fee schedule amount	$45.21	-	-	-	-	000	999	-
Q5124	G	INJ. BYOOVIZ, 0.1 MG	-	09017	-	APC – pays by fee schedule amount	$223.17	-	-	-	-	000	999	-
Q5125	G	INJ, RELEUKO 1 MCG	-	09447	-	APC – pays by fee schedule amount	$0.59	-	-	-	-	000	999	-
Q5126	G	INJ ALYMSYS 10 MG	-	09048	-	APC – pays by fee schedule amount	$73.71	-	-	-	-	000	999	-
Q5127	K	INJ, STIMUFEND, 0.5 MG	-	09129	6.3832	APC (blood and non-blood products)	$358.35	-	-	-	-	000	999	-
Q5128	G	INJ, CIMERLI, 0.1 MG	-	09117	-	APC – pays by fee schedule amount	$280.16	-	-	-	-	000	999	-
Q5129	E	INJ, VEGZELMA, 10 MG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
Q5130	G	INJ, FYLNETRA, 0.5 MG	-	09118	-	APC – pays by fee schedule amount	$214.58	-	-	-	-	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	-

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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	-
Q9967	N	LOCM 300-399MG/ML IODINE,1ML	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
Q9968	K	VISUALIZATION ADJUNCT	-	01446	0.1318	APC (blood and non-blood products)	$7.40	-	-	-	-	000	999	-
Q9969	K	NON-HEU TC-99M ADD-ON/DOSE	-	01442	0.1781	APC (blood and non-blood products)	$10.00	-	-	-	Y	000	999	-
Q9982	N	FLUTEMETAMOL F18 DIAGNOSTIC	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
Q9983	N	FLORBETABEN F18 DIAGNOSTIC	-	-	-	Bundled	$0.00	-	-	-	-	000	999	-
Q9991	K	BUPRENORPH XR 100 MG OR LESS	-	09073	31.9531	APC (blood and non-blood products)	$1,793.85	-	-	Y	-	000	999	-
Q9991	K	BUPRENORPH XR 100 MG OR LESS	HG	09073	31.9531	APC (blood and non-blood products)	$1,793.85	-	-	Y	-	000	999	-
Q9992	K	BUPRENORPHINE XR OVER 100 MG	-	09239	31.9531	APC (blood and non-blood products)	$1,793.85	-	-	Y	-	000	999	-
Q9992	K	BUPRENORPH XR OVER 100 MG	HG	09239	31.9531	APC (blood and non-blood products)	$1,793.85	-	-	Y	-	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	-
S0073	E	INJECTION, AZTREONAM, 500 MG	-	-	-	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	-
S0164	E	INJECTION PANTROPRAZOLE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
S0170	E	ANASTROZOLE 1 MG	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
S0171	E	BUMETANIDE 0.5 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	-

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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	-
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	065	-
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	-

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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	-
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	001	-
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	-

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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	-
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 A ASPIR CASE RATE	-	-	-	Not Allowed	$0.00	-	-	-	-	000	999	-
S4021	E	IVF CANC P ASPIR 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	-

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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	-
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	-

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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	-
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	-

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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	-
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	-

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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	-
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	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
T1016	M	CASE MANAGEMENT, EACH 15 MINUTES	HD	-	-	Fee Schedule	$0.00	-	-	-	-	009	065	-
T1017	M	TARGETED CASE MANAGEMENT	-	-	-	Fee Schedule	$0.00	-	-	-	-	000	999	-
T1018	E	SCHOOL-BASED IEP SER BUNDLED	-	-	-	Not Allowed	$0.00	-	-	-	-	000	020	-
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	020	-
T1025	M	PED COMPR CARE PKG PER DIEM	-	-	-	Fee Schedule	$1,000.00	-	-	-	-	000	020	-
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	-

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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	-
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	-

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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	-
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	$59.87	-	-	-	-	000	999	-
U0002	Q	COVID-19 LAB TEST NON-CDC	-	-	-	Fee Schedule	$85.52	-	-	-	-	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	-

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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	-
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	-
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	-

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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	-
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	-

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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	-
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	-

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2023

Proc Cd	2023 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
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	-