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Department of Health and Human Services

Centers for Medicare and Medicaid Services

42 CFR Parts 410, 411, and 419
Medicare Program; Proposed Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2005 Payment Rates; Proposed Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 410, 411, and 419

[CMS–1427–P]

RIN 0938–AM75

Medicare Program; Proposed Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2005 Payment Rates

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Proposed rule.

SUMMARY: This proposed rule would revise the Medicare hospital outpatient prospective payment system to implement applicable statutory requirements and changes arising from our continuing experience with this system and to implement certain related provisions of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. In addition, the proposed rule describes proposed changes to the amounts and factors used to determine the payment rates for Medicare hospital outpatient services paid under the prospective payment system. These changes would be applicable to services furnished on or after January 1, 2005.

DATES: To be ensured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on October 8, 2004.

ADDRESSES: In commenting, please refer to file code CMS–1427–P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of three ways (no duplicates, please):

1. *Electronically:*

You may submit electronic comments to *http://www.cms.hhs.gov/regulations/ecomments* (attachments should be in Microsoft Word, WordPerfect, or Excel; however, we prefer Microsoft Word). You can assist us by referencing the "specific identifier'' that precedes the section on which you choose to comment.

2. *By Mail:*

You may mail written comments (one original and two copies) to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1427–P, P.O. Box 8010, Baltimore, MD 21244–8018.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By hand or courier:*

If you prefer, you may deliver (by hand or courier) your written comments (one original and two copies) before the close of the comment period to one of the following addresses. If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786–7195 in advance to schedule your arrival with one of our staff members.

Room 445–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or 7500 Security Boulevard, Baltimore, MD 21244–1850.

(Because access to the interior of the Hubert H. Humphrey Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

Submitting Comments: We welcome comments from the public on all issues set forth in this rule to assist us in fully considering issues and developing policies. You can assist us by referencing the file code CMS–1427–P and the specific "issue identifier'' that precedes the section on which you choose to comment.

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. After the close of the comment period, CMS posts all electronic comments received before the close of the comment period on its public web site. Written comments received timely will be available for public inspection as they are received, generally beginning approximately 4 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone (410) 786–7195.

Submission of comments on paperwork requirements. For comments that relate to information collection requirements, mail a copy of comments to the following addresses:

Centers for Medicare & Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Security and Standards Group, Office of Regulations Development and Issuances, Room C4–24–02, 7500 Security Boulevard, Baltimore, MD 21244–1850, Attn: John Burke, CMS–1427–P; and

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 3001, New Executive Office Building, Washington, DC 20503, Christopher Martin, CMS Desk Officer.

Comments submitted to OMB may also be emailed to the following address: *Christopher_Martin@omb.eop.gov,* or faxed to OMB at (202) 395–6974.

FOR FURTHER INFORMATION CONTACT: Dana Burley, (410) 786–0378, Outpatient prospective payment issues and Suzanne Asplen, (410) 786–4558, Partial hospitalization and community mental health center issues.

SUPPLEMENTARY INFORMATION: *Copies:* To order copies of the **Federal Register** containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. Specify the date of the issue requested and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1800 (or toll-free at 1–888–293–6498) or by faxing to (202) 512–2250. The cost for each copy is $10. As an alternative, you can view and photocopy the **Federal Register** document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**.

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Alphabetical List of Acronyms Appearing in the Proposed Rule

ACEP American College of Emergency Physicians
AHA American Hospital Association
AHIMA American Health Information Management Association
AMA American Medical Association
APC Ambulatory payment classification
ASP Average sales price
ASC Ambulatory surgical center
AWP Average wholesale price
BBA Balanced Budget Act of 1997, Pub. L. 105–33
BIPA Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, Pub. L. 106–554
BBRA Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999, Pub. L. 106–113
CAH Critical access hospital
CCR (Cost center specific) cost-to-charge ratio
CMHC Community mental health center
CMS Centers for Medicare & Medicaid Services (formerly known as the Health Care Financing Administration)
CORF Comprehensive Outpatient Rehabilitation Facility
CPT [Physicians'] Current Procedural Terminology, Fourth Edition, 2004, copyrighted by the American Medical Association
CRNA Certified Registered Nurse Anesthetist
CY Calendar year
DMEPOS Durable medical equipment, prosthetics, orthotics, and supplies
DMERC Durable Medical Equipment Regional Carrier
DRG Diagnosis-related group
DSH Disproportionate share hospital
EACH Essential Access Community Hospital
E/M Evaluation and management
EPO Erythropoietin
ESRD End-stage renal disease
FACA Federal Advisory Committee Act, Pub. L. 92–463
FDA Food and Drug Administration
FI Fiscal intermediary
FSS Federal Supply Schedule
FY Federal fiscal year
HCPCS Healthcare Common Procedure Coding System
HCRIS Hospital Cost Report Information System
HHA Home health agency
HIPAA Health Insurance Portability and Accountability Act of 1996, Pub. L. 104–191
ICD–9–CM International Classification of Diseases, Ninth Edition, Clinical Modification
IME Indirect medical education
IPPS (Hospital) inpatient prospective payment system
IVIG Intravenous immune globulin
LTC Long-term care
MedPAC Medicare Payment Advisory Commission
MDH Medicare dependent hospital
MMA Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Pub. L. 108–173
MSA Metropolitan Statistical Area
NCD National Coverage Determination
OCE Outpatient code editor
OMB Office of Management and Budget
OPD (Hospital) outpatient department
OPPS (Hospital) outpatient prospective payment system
PET Positron Emission Tomography
PHP Partial hospitalization program
PM Program memorandum
PPI Producer Price Index
PPS Prospective payment system
PPV Pneumococcal pneumonia (virus)
PRA Paperwork Reduction Act
QIO Quality Improvement Organization
RFA Regulatory Flexibility Act
RRC Rural referral center
SBA Small Business Administration
SCH Sole community hospital
SDP Single drug pricer
SI Status indicator
TEFRA Tax Equity and Fiscal Responsibility Act of 1982, Pub. L. 97–248
TOPS Transitional outpatient payments
USPDI United States Pharmacopoeia Drug Information

I. Background

A. Legislative and Regulatory Authority for the Outpatient Prospective Payment System

When the Medicare statute was originally enacted, Medicare payment for hospital outpatient services was based on hospital-specific costs. In an effort to ensure that Medicare and its beneficiaries pay appropriately for services and to encourage more efficient delivery of care, the Congress mandated replacement of the cost-based payment methodology with a prospective payment system (PPS). The Balanced Budget Act of 1997 (BBA) (Pub. L. 105–33), enacted on August 5, 1997, added section 1833(t) to the Social Security Act (the Act) authorizing implementation of a PPS for hospital outpatient services. The Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113), enacted on November 29, 1999, made major changes that affected the hospital outpatient PPS (OPPS). The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106–554), enacted on December 21, 2000, made further changes in the OPPS. Section 1833(t) of the Act was also recently amended by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Pub. L. 108–173, enacted on December 8, 2003 (these amendments are discussed later under section I.E. of this proposed rule). The OPPS was first implemented for services furnished on or after August 1, 2000. Implementing regulations for the OPPS are located at 42 CFR part 419.

Under the OPPS, we pay for hospital outpatient services on a rate-per-service basis that varies according to the ambulatory payment classification (APC) group to which the service is assigned. We use Healthcare Common Procedure Coding System (HCPCS) codes (which include certain Current Procedural Terminology (CPT) codes) and descriptors to identify and group the services within each APC. The OPPS includes payment for most hospital outpatient services, except those identified in section I.B. of this proposed rule and certain inpatient services covered under Medicare Part B for beneficiaries who are entitled to Part B benefits but who have exhausted them or otherwise are not entitled to them. In addition, the OPPS applies to partial hospitalization services furnished by community mental health centers (CMHCs).

The OPPS rate is an unadjusted national payment amount that includes the Medicare payment and the beneficiary copayment. This rate is divided into a labor-related amount and a nonlabor-related amount. The labor-related amount is adjusted for area wage differences using the inpatient hospital wage index value for the locality in which the hospital or CMHC is located.

All services and items within an APC are comparable clinically and with respect to resource use (section 1833(t)(2)(B) of the Act). In accordance with section 1833(t)(2) of the Act, subject to certain exceptions, services and items within an APC group cannot be considered comparable with respect to the use of resources if the highest median (or mean cost, if elected by the Secretary) for an item or service in the APC is more than 2 times greater than the lowest median cost for an item or service with the same APC (referred to as the "2 times rule''). In implementing this provision, we use the median cost of the item or service assigned to an APC.

Special payments under the OPPS may be made for new technology items and services in one of two ways. Section 1833(t)(6) of the Act provides for temporary additional payments or "transitional pass-through payments'' for certain drugs, biological agents, brachytherapy devices used for the treatment of cancer, and categories of medical devices for at least 2 but not more than 3 years. For new technology services that are not eligible for pass-through payments and for which we lack sufficient data to appropriately assign them to a clinical APC, we have established special APC groups based on costs, which we refer to as APC cost bands. These cost bands allow us to price these new procedures more appropriately and consistently. Like the pass-through payments, these special payments for new technology services are also temporary; that is, we retain a service within a new technology APC group until we acquire adequate data to assign it to a clinically appropriate APC.

B. Excluded OPPS Services and Hospitals

Section 1833(t)(1)(B)(i) of the Act authorizes the Secretary to designate the hospital outpatient services that are paid under the OPPS. While most hospital outpatient services are payable under the OPPS, section 1833(t)(1)(B)(iv) of the Act excluded payment for ambulance, physical and occupational therapy, and speech-language pathology services, for which payment is made under a fee schedule. The Secretary exercised the broad authority granted under the statute to exclude from the OPPS those services that are already paid under fee schedules or other payment systems. Such excluded services include, for example, the professional services of physicians and nonphysician practitioners paid under the Medicare physician fee schedule; laboratory services paid under the clinical diagnostic laboratory fee schedule; services for beneficiaries with end-stage renal disease (ESRD) that are paid under the ESRD composite rate; and services and procedures that require an inpatient stay that are paid under the hospital inpatient prospective payment system (IPPS). We set forth the services that are excluded from payment under the OPPS in § 419.22 of the regulations.

Under § 419.20 of the regulations, we specify the types of hospitals and entities that are excluded from payment under the OPPS. These excluded entities include Maryland hospitals, but only for services that are paid under a cost containment waiver in accordance with section 1814(b)(3) of the Act; critical access hospitals (CAHs); hospitals located outside of the 50 States, the District of Columbia, and Puerto Rico; and Indian Health Service hospitals.

C. Prior Rulemaking

On April 7, 2000, we published in the **Federal Register** a final rule with comment period (65 FR 18434) to implement a prospective payment system for hospital outpatient services. The hospital OPPS was first implemented for services furnished on or after August 1, 2000. Section 1833(t)(9) of the Act requires the Secretary to review certain components of the OPPS not less often than annually and to revise the groups, relative payment weights, and other adjustments to take into account changes in medical practice, changes in technology, and the addition of new services, new cost data, and other relevant information and factors. Since implementing the OPPS, we have published final rules in the **Federal Register** annually to implement statutory requirements and changes arising from our experience with this system. For a full discussion of the changes to the OPPS, we refer readers to these **Federal Register** final rules.[1]

On November 7, 2003, we published a final rule with comment period in the **Federal Register** (68 FR 63398) that revised the OPPS to update the payment weights and conversion factor for services payable under the calendar year (CY) 2004 OPPS on the basis of claims data from April 1, 2002 through December 31, 2002. Subsequent to publishing the November 7, 2003 final rule with comment period, we published a correction of the final rule with comment period on December 31, 2003 (68 FR 75442). That document corrected technical errors in the November 7, 2003 rule and included responses to a number of public comments that were inadvertently omitted from that rule.

On January 6, 2004, we published in the **Federal Register** an interim final rule with comment period (69 FR 820) that implemented provisions of Pub. L. 108–173 that affected payments made under the OPPS, effective January 1, 2004. We will finalize this interim final rule and address public comments associated with that rule when we finalize this proposed rule.

D. APC Advisory Panel

1. Authority of the APC Panel

Section 1833(t)(9)(A) of the Act, as amended by section 201(h) of the BBRA of 1999, requires that we consult with an outside panel of experts to review the clinical integrity of the payment groups and weights under the OPPS. The Advisory Panel on APC Groups (the APC Panel), discussed under section I.D.2. of this preamble, fulfills this requirement. The Act further specifies that the Panel will act in an advisory capacity. This expert panel, which is to be composed of 15 representatives of providers subject to the OPPS (currently employed full-time, not consultants, in their respective areas of expertise), reviews and advises us about the clinical integrity of the APC groups and their weights. The APC Panel is not restricted to using our data and may use data collected or developed by organizations outside the Department in conducting its review.

2. Establishment of the APC Panel

On November 21, 2000, the Secretary signed the charter establishing the Advisory Panel on APC Groups. The APC Panel is technical in nature and is governed by the provisions of the Federal Advisory Committee Act (FACA), as amended (Pub. L. 92–463). On November 1, 2002, the Secretary

[1] Interim final rule with comment period, August 3, 2000 (65 FR 47670); interim final rule with comment period, November 13, 2000 (65 FR 67798); final rule and interim final rule with comment period, November 2, 2001 (66 FR 55850 and 55857); final rule, November 30, 2001 (66 FR 59856); final rule, December 31, 2001 (66 FR 67494); final rule, March 1, 2002 (67 FR 9556); final rule, November 1, 2002 (67 FR 66718); interim final rule with comment period, November 7, 2003 (68 FR 63398); and interim final rule with comment period, January 6, 2004 (69 FR 820).

renewed the charter. The renewed charter indicates that the APC Panel continues to be technical in nature, is governed by the provisions of the FACA, may convene up to three meetings per year, and is chaired by a Federal official.

Originally, in establishing the APC Panel, we solicited members in a notice published in the **Federal Register** on December 5, 2000 (65 FR 75943). We received applications from more than 115 individuals nominating either colleagues or themselves. After carefully reviewing the applications, we chose 15 highly qualified individuals to serve on the APC Panel. Because of the loss of four APC Panel members due to the expiration of terms of office on March 31, 2004, we published a **Federal Register** notice on January 23, 2004 (69 FR 3370) that solicited nominations for APC Panel membership. From the 24 nominations that we received, we chose four new members. The entire APC Panel membership is identified on the CMS website at *www.cms.hhs.gov/faca/apc/apcmem.asp*.

3. APC Panel Meetings and Organizational Structure

The APC Panel first met on February 27, February 28, and March 1, 2001. Since that initial meeting, the APC Panel has held four subsequent meetings, with the last meeting taking place on February 18, 19, and 20, 2004. Prior to each of these biennial meetings, we published a notice in the **Federal Register** to announce each meeting and, when necessary, to solicit nominations for APC Panel membership. For a more detailed discussion about these announcements, refer to the following **Federal Register** notices: December 5, 2000 (65 FR 75943), December 14, 2001 (66 FR 64838), December 27, 2002 (67 FR 79107), July 25, 2003 (68 FR 44089), and December 24, 2003 (68 FR 74621).

During these meetings, the APC Panel established its operational structure which, in part, includes the use of three subcommittees to facilitate its required APC review process. Currently, the three subcommittees are the Data Subcommittee, the Observation Subcommittee, and the Packaging Subcommittee. The Data Subcommittee is responsible for studying the data issues confronting the APC Panel and for recommending viable options for resolving them. This subcommittee was initially established on April 23, 2001, as the Research Subcommittee and reestablished as the Data Subcommittee on April 13, 2004. The Observation Subcommittee (established on June 24, 2003, and reestablished with new members on March 8, 2004) reviews and makes recommendations to the APC Panel on all issues pertaining to observation services paid under the OPPS, such as coding and operational issues. The Packaging Subcommittee, which was established on March 8, 2004, studies and makes recommendations on issues pertaining to services that are not separately payable under the OPPS but are bundled or packaged into the APC payment. Each of these subcommittees was established by a majority vote of the APC Panel during a scheduled annual or biennial APC Panel meeting. All subcommittee recommendations are discussed and voted upon by the full APC Panel.

For a detailed discussion of the APC Panel meetings, refer to the hospital OPPS final rules cited in section I.C. of this preamble. A full discussion of the APC Panel's February 2004 meeting and the resulting recommendations is included in sections II., III., IV., V., and VI. of this preamble.

E. Provisions of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003

On December 8, 2003, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Pub. L. 108–173, was enacted. Pub. L. 108–173 made changes to the Act relating to the Medicare OPPS. In a January 6, 2004 interim final rule with comment period, we implemented provisions of Pub. L. 108–173 relating to the OPPS that were effective for CY 2004. In this proposed rule, we are proposing to implement the following sections of Pub. L. 108–173 that are effective for CY 2005:

- Section 611, which provides for Medicare coverage of an initial preventive physical examination under Part B, subject to the applicable deductible and coinsurance, as an outpatient department (OPD) service payable under the OPPS. The provisions of section 611 apply to services furnished on or after January 1, 2005, but only for individuals whose coverage period under Medicare Part B begins on or after that date.
- Section 614, which provides that screening mammography and diagnostic mammography services are excluded from payment under the OPPS. This amendment applies to screening mammography services furnished on or after the date of enactment of Pub. L. 108–173 (that is, December 8, 2003), and in the case of diagnostic mammography, to services furnished on or after January 1, 2005.
- Section 621(a)(1), which requires special classification of certain separately paid radiopharmaceutical agents and drugs or biologicals, and specifies the pass-through payment percentages, effective for services furnished on or after January 1, 2005, for the three categories of "specified covered OPD drugs'' defined in the statute: sole source drug; innovator multiple source drug; and noninnovator multiple source drug. In addition, payment for these drugs for CYs 2004 and 2005 does not have to be made in a budget neutral manner.
- Section 621(a)(2), which specifies the reduced threshold for the establishment of separate APCs with respect to drugs or biologicals from $150 to $50 per administration for drugs and biologicals furnished in CYs 2005 and 2006.
- Section 621(a)(3), which excludes separate drug APCs from outlier payments. Specifically, no additional payment will be made in the case of APC groups established separately for drugs and biologicals.
- Section 621(b), which requires that all devices of brachytherapy consisting of a seed or seeds (or radioactive source) furnished on or after January 1, 2004, and before January 1, 2007, be paid based on the hospital's charges for each device, adjusted to cost. This provision also requires that these brachytherapy services be excluded from outlier payments.

F. Summary of Major Content of This Proposed Rule

In this proposed rule, we are setting forth proposed changes to the Medicare hospital OPPS. These changes would be effective for services furnished on or after January 1, 2005. The following is a summary of the major changes that we are proposing to make:

1. Proposed Changes to the APCs Groups

As required by section 1833(t)(9)(A) of the Act, we are proposing the annual update of the APC groups and the relative payment weights. This section also requires that we consult with an outside panel of experts, the Advisory Panel on APC Groups, to review the clinical integrity of the groups and weights under the OPPS. Based on analyses of Medicare claims data and recommendations of the APC Panel, we are proposing to establish a number of new APCs and to make changes to the assignment of HCPCS codes under a number of existing APCs. Our proposed APC changes for CY 2005 are set forth in section II. of this preamble.

We also discuss the application of the 2 times rule and proposed exceptions to it; coding for stereotactic radiosurgery services; the proposed movement of

procedures from the new technology APCs; the proposed changes to the list of procedures that will be paid as inpatient services; and the proposed additions of new procedure codes to the APCs.

2. Recalibrations of APC Relative Payment Weights

In section III. of this preamble, we discuss the methodology used to recalibrate the proposed APC relative payment weights and set forth the proposed recalibration of the relative weights for CY 2005.

3. Proposed Payment Changes for Devices

In section IV. of this preamble, we discuss proposed changes to the pass-through payment for devices and the methodology used to reduce transitional pass-through payments to offset costs packaged into APC groups.

4. Proposed Payment Changes for Drugs, Biologicals, Radiopharmaceutical Agents, and Blood and Blood Products

In section V. of this preamble, we discuss our proposed payment changes for drugs, biologicals, radiopharmaceutical agents, and blood and blood products.

5. Pro Rata Reduction for Transitional Pass-Through Drugs, Biologicals, and Devices

In section VI. of this preamble, we discuss the proposed methodology for measuring whether there should be an estimated pro rata reduction for transitional pass-through drugs, biologicals, and devices for CY 2005.

6. Other Policy Decisions and Proposed Policy Changes

In section VII. of this preamble, we present our proposals for CY 2005 regarding the following:

- Update of statewide default cost-to-charge ratios.
- A conforming change to the regulation relating to the use of the first available cost reporting period ending after 1996 and before 2001 for determining a provider's payment-to-cost ratio to calculate transitional corridor payments for hospitals paid under the OPPS that did not have a 1996 cost report.
- Proposed changes in the status indicators and comment indicators assigned to APCs for CY 2005.
- Proposed elimination of the diagnostic tests criteria as a requirement for hospitals to qualify for separate payment of observation services under APC 0339 (Observation) and changes to the guidelines to hospitals for counting patients time spent in observation care.
- Proposed payment under the OPPS for certain procedures currently assigned to the inpatient list.
- Proposed strategy for giving the public notice of new implementation guidelines for new evaluation and management codes.
- Proposed addition of three new HCPCS codes and descriptors for brachytherapy sources that would be paid separately, pursuant to Pub. L. 108–173.
- Proposed modification of the HCPCS code descriptors for brachytherapy source descriptors for which units of payment are not already delineated.
- Proposed payment for services furnished emergently to an outpatient who dies before admission to a hospital as an inpatient.

7. Proposed Conversion Factor Update for CY 2005

As required by section 1833(5)(3)(C)(ii) of the Act, under section VIII. of this preamble, we are proposing to update the conversion factor used to determine payment rates under the OPPS for CY 2005.

8. Proposed Wage Index Changes for CY 2005

In section IX. of this preamble, we discuss the proposed retention of our current policy to apply the IPPS wage indices to wage adjust the APC median costs in determining the OPPS payment rate and the copayment standardized amount. These indices reflect proposed major changes for CY 2005 relating to hospital labor market areas as a result of OMB revised definitions of geographical statistical areas; hospital reclassifications and redesignations, including the one-time reclassifications under section 508 of Pub. L. 108–173; and the wage index adjustment based on commuting patterns of hospital employees under section 505 of Pub. L. 108–173.

9. Determination of Payment Rates and Outlier Payments for CY 2005

In section X. of this preamble, we discuss how APC payment rates are calculated and how the payment rates are adjusted to reflect geographic differences in labor-related costs. This section also discusses proposed changes in the way we calculate outlier payments for CY 2005.

10. MedPAC Recommendations

Under section 1805(b) of the Act, the Medicare Payment Advisory Committee (MedPAC) is required to submit a report to Congress, no later than March 1 of each year, that reviews and makes recommendations on Medicare payment policies. This annual report makes recommendations concerning the hospital outpatient prospective payment system. In section XII. of this preamble, we discuss the MedPAC recommendations. For further information relating specifically to the MedPAC March 1, 2004 report or to obtain a copy of the report, visit MedPAC's Web site at: *http://www.medpac.gov*.

11. Regulatory Impact Analysis

In section XV. of this preamble, we set forth our analysis of the impact that the proposed changes contained in this proposed rule would have on affected hospitals and CMHCs.

II. Proposed Changes Related to Ambulatory Payment Classifications (APCs)

[If you choose to comment on issues in this section, please indicate the caption "APC Groups'' at the beginning of your comment.]

Section 1833(t)(2)(A) of the Act requires the Secretary to develop a classification system for covered hospital outpatient services. Section 1833(t)(2)(B) provides that this classification system may be composed of groups of services, so that services within each group are comparable clinically and with respect to the use of resources. In accordance with these provisions, we developed a grouping classification system, referred to as the Ambulatory Payment Classifications Groups or APCs, as set forth in § 419.31 of the regulations. We use Healthcare Common Procedure Coding System (HCPCS) codes and descriptors to identify and group the services within each APC. The APCs are organized such that each group is homogeneous both clinically and in terms of resource use. (However, new technology APCs that are temporary groups for certain approved services are structured based on cost rather clinically homogeneity.) Using this classification system, we have established distinct groups of surgical, diagnostic, and partial hospitalization services, and medical visits. Because of the transitional pass-through provisions, we also have developed separate APC groups for certain medical devices, drugs, biologicals, radiopharmaceuticals, and devices of brachytherapy.

We have packaged into each procedure or service within an APC the cost associated with those items or services that are directly related and integral to performing a procedure or furnishing a service. Therefore, we would not make separate payment for

packaged items or services. For example, packaged items and services include: use of an operating, treatment, or procedure room; use of a recovery room; use of an observation bed; anesthesia; medical/surgical supplies; pharmaceuticals (other than those for which additional payment may be allowed under the transitional pass-through provisions discussed in section V. of this preamble); and incidental services such as venipuncture. Our packaging methodology is discussed in section IV.B.3. of this proposed rule.

A. Proposed APC Changes: General

Under the OPPS, we pay for hospital outpatient services on a rate-per-service basis that varies according to the APC group to which the service is assigned. Each APC weight represents the median hospital cost of the services included in that APC relative to the median hospital cost of the services included in APC 601, Mid-Level Clinic visits. The APC weights are scaled to APC 601 because a mid-level clinic visit is one of the most frequently performed services in the outpatient setting.

Section 1833(t)(9)(A) of the Act requires the Secretary to review the components of the OPPS not less than annually and to revise the groups and relative payment weights and make other adjustments to take into account changes in medical practice, changes in technology, and the addition of new services, new cost data, and other relevant information and factors. Section 1833(t)(9)(A) of the Act, as amended by section 201(h) of the BBRA of 1999, also requires the Secretary, beginning in CY 2001, to consult with an outside panel of experts to review the APC groups and the relative payment weights.

Finally, section 1833(t)(2) of the Act provides that, subject to certain exceptions, the items and services within an APC group cannot be considered comparable with respect to the use of resources if the highest median (or mean cost, if elected by the Secretary) for an item or service in the group is more than 2 times greater than the lowest median cost for an item or service within the same group (referred to as the "2 times rule''). We use the median cost of the item or service in implementing this provision. The statute authorizes the Secretary to make exceptions to the 2 times rule in unusual cases, such as low volume items and services.

Section 419.31 of the regulations sets forth the requirements for the APC system and determination of the payment weights. In this section, we discuss the changes that we are proposing to the APC groups; the APC Panel's review and recommendations and our proposals in response to those recommendations; the application of the 2 times rule and proposed exceptions to it; coding for stereotactic radiosurgery services; the proposed movement of procedures from the new technology APCs; the proposed changes to the inpatient list; and the proposed additions of new procedures codes to the APCs.

B. APC Panel Review and Recommendations

As stated above, the APC Panel met on February 18, 19, and 20, 2004, to discuss the revised APCs for the CY 2005 OPPS. In preparation for that meeting, we published a notice in the **Federal Register** on December 24, 2004 (68 FR 74621), to announce the location, date, and time of the meeting; the agenda items; and the fact that the meeting was open to the public. In that notice, we solicited public comment specifically on the items included on the agenda for that meeting. We also provided information about the APC Panel meeting on the CMS website: *www.cms.hhs.gov/faca/apc/panel.*

Oral presentations and written comments submitted for the February 2004 APC Panel meeting met, at a minimum, the adopted guidelines for presentations set forth in the **Federal Register** document (68 FR 74621). Below is a summary of the APC issues discussed by the APC Panel, its recommendations, and our proposals with respect to those recommendations. The discussion in this section is limited to proposed APC changes regarding APCs other than those that violate the 2 times rule and those that represent drugs, biologicals, and transitional pass-through devices, or those that are new technology APCs. The specific APC Panel review and recommendations applicable to those APCs are discussed in sections II.C., IV., III., and II.F., respectively, of the preamble to this proposed rule. In conducting its APC review, the APC Panel heard testimony and received evidence in support of the testimonies from a number of interested parties. The APC Panel also used hospital outpatient claims data for the period January 1, 2003, through September 30, 2003, that provided, at a minimum, median costs for the APC structure in place in CY 2004 and that was based on cost-to-charge ratios used for setting the CY 2004 payment rates. The data set presented to the APC Panel represented 9 months of the CY 2003 data that we are proposing to use to recalibrate the APC relative weights and to calculate the proposed APC payment rates for CY 2005. For this discussion, we are using the APC titles as published in our November 7, 2003 final rule with comment period, which were the APC titles that existed when the APC Panel met in February 2004. Because we are proposing to retitle some of the APCs, the titles used in this discussion may not be the same as those listed in Addendum A to this proposed rule.

1. APC 0018: Biopsy of Skin/Puncture of Lesion

One presenter requested that the APC Panel recommend moving CPT tracking codes 0046T (Catheter lavage, mammary duct(s)) and 0047T (Each additional duct) from APC 0018 and placing them in an APC that more accurately reflects each of the procedures. The APC Panel recommended that we reassign CPT codes 0046T and 0047T to APC 0021, Level III Excision/Biopsy.

We are proposing to accept the APC Panel's recommendation.

2. Level I and II Arthroscopy

APC 0041: Level I Arthroscopy
APC 0042: Level II Arthroscopy

We testified before the APC Panel regarding a comment that we received in 2003 requesting that we reassign CPT code 29827 (Arthroscopy, shoulder with rotator cuff repair) from APC 0041 to APC 0042, based on its similarity to CPT 29826 (Arthroscopy, shoulder decompression of subacromial space with partial acromioplasty without coracoacromial release). Our clinical staff considered the request and determined that APCs 0041 and 0042 should be reconfigured to improve clinical homogeneity. An APC Panel presenter provided evidence to support moving CPT code 29827 to an APC that would more accurately recognize the complexity of that procedure. We requested the APC Panel's recommendation regarding a total revision of these two APCs.

The APC Panel recommended that we reevaluate the codes in APCs 0041 and 0042 and propose restructuring that would improve the clinical homogeneity in the two APCs.

We are proposing to accept the APC Panel's recommendation and to revise APCs 0041 and 0042 as shown in Tables 1 and 2 below.

BILLING CODE 4120–01–P

Table 1.--Proposed Reconstructed APC 0041: Level I Arthroscopy

CPT/HCPCS Code	Description
29850	Knee arthroscopy/surgery
29870	Knee arthroscopy/diagnostic
29871	Knee arthroscopy/drainage
29873	Knee arthroscopy/surgery
29874	Knee arthroscopy/surgery
29875	Knee arthroscopy/surgery
29876	Knee arthroscopy/surgery
29877	Knee arthroscopy/surgery
29879	Knee arthroscopy/surgery
29880	Knee arthroscopy/surgery
29881	Knee arthroscopy/surgery
29882	Knee arthroscopy/surgery
29883	Knee arthroscopy/surgery
29884	Knee arthroscopy/surgery
29886	Knee arthroscopy/surgery
29805	Shoulder arthroscopy/diagnostic
29819	Shoulder arthroscopy/surgery
29820	Shoulder arthroscopy/surgery
29821	Shoulder arthroscopy/surgery
29822	Shoulder arthroscopy/surgery
29823	Shoulder arthroscopy/surgery
29825	Shoulder arthroscopy/surgery
29834	Elbow arthroscopy/surgery
29835	Elbow arthroscopy/surgery
29836	Elbow arthroscopy/surgery
29837	Elbow arthroscopy/surgery
29838	Elbow arthroscopy/surgery
29840	Wrist arthroscopy
29843	Wrist arthroscopy/surgery
29844	Wrist arthroscopy/surgery
29845	Wrist arthroscopy/surgery
29846	Wrist arthroscopy/surgery
29848	Wrist arthroscopy/surgery
29891	Wrist endoscopy/surgery
29892	Ankle arthroscopy/surgery
29894	Ankle arthroscopy/surgery
29895	Ankle arthroscopy/surgery
29897	Ankle arthroscopy/surgery
29898	Ankle arthroscopy/surgery
29804	Jaw arthroscopy/surgery
29999	Arthroscopy of joint
0012T	Osteochondral knee autograft
0014T	Meniscal transplant, knee
29830	Elbow arthroscopy
29860	Hip arthroscopy, dx
29887	Knee Arthroscopy/surgery

Table 2.--Proposed Reconstructed APC 0042: Level II Arthroscopy

CPT/HCPCS Code	Description
29851	Knee arthroscopy/surgery
29885	Knee arthroscopy/surgery
29888	Knee arthroscopy/surgery
29889	Knee arthroscopy/surgery
29806	Shoulder arthroscopy/surgery
29807	Shoulder arthroscopy/surgery
29824	Shoulder arthroscopy/surgery
29826	Shoulder arthroscopy/surgery
29827	Arthroscopic rotator cuff repair
29847	Wrist arthroscopy/surgery
29855	Tibial arthroscopy/surgery
29856	Tibial arthroscopy/surgery
29899	Ankle arthroscopy/surgery
29800	Jaw arthroscopy/surgery
0013T	Osteochondral knee allograft
29861	Hip arthroscopy/surgery
29862	Hip arthroscopy/surgery
29863	Hip arthroscopy/surgery

3. Angiography and Venography Except Extremity

APC 0279: Level II Angiography and Venography Except Extremity
APC 0280: Level III Angiography and Venography Except Extremity
APC 0668: Level I Angiography and Venography Except Extremity

As requested by the APC Panel, we presented our proposal for reconfiguring APCs 0279, 0280, and 0668 that reflected changes based on prior input with outside clinical experts. The APC Panel had previously reviewed these APCs during its January 2003 meeting and had recommended that we not restructure these three APCs until we received input from clinical experts in the field. When we updated the APC groups in CY 2003, we accepted the APC Panel's recommendation and made no changes to APCs 0279, 0280, and 0668.

A review of these APCs was prompted by a commenter who requested that we move CPT code 75978 (Repair venous blockage) from APC 0668 to APC 0280 and that we move CPT code 75774 (Artery x-ray, each vessel) from APC 0668 to APC 0279. The commenter submitted evidence in support of these requests and testified before the APC Panel regarding the common use of CPT code 75978 for treating dialysis patients and the often required multiple intraoperative attempts to succeed with this procedure for such patients.

After receiving input from the clinical experts, we determined that these three APCs should be revised to improve their clinical homogeneity. We presented our proposed restructuring of APCs 0279, 0280, and 0668 to the APC Panel. The APC Panel concurred with our proposal.

In addition, subsequent to the APC Panel meeting, we discovered several procedures in these APCs that were more appropriately placed in another APC in order to remedy any 2 times rule violations. Tables 3, 4, and 5 reflect those additional APC reassignments as well as those we presented to the APC Panel in February 2004.

Table 3.—Proposed Restructured APC 0668: Level I Angiography and Venography Except Extremity

CPT/HCPCS Code	Description	CY 2004 APC
75660	Artery x-rays, head and neck	0279
75705	Artery x-rays, spine	0279
75733	Artery x-rays, adrenals	0280
75960	Transcatheter introduction, stent	0280
75961	Retrieval, broken catheter	0280
75962	Repair arterial blockage, peripheral artery	0280
75964	Repair artery blockage, each	0280
75966	Repair arterial blockage, renal or other visceral	0280
75968	Repair arterial blockage, each additional visceral	0280
75970	Vascular biopsy	0280
75978	Repair venous blockage	0668

Table 4.—Proposed Restructured APC 0279: Level II Angiography and Venography Except Extremity

CPT/HCPCS Code	Description	CY 2004 APC
75658	Artery x-rays, arm	0280
75741	Artery x-rays, lung	0279
75746	Artery x-rays, lung	0279
75756	Artery x-rays, chest	0279
75774	Artery x-rays, each vessel	0668
75810	Vein x-ray, spleen/liver	0279
75825	Vein x-ray, trunk	0279
75827	Vein x-ray, chest	0279
75833	Vein x-rays, kidneys	0279
75887	Vein x-ray, liver	0280
75891	Vein x-ray, liver	0279
75992	Atherectomy, x-ray exam	0280
75993	Atherectomy, x-ray exam	0280
75994	Atherectomy, x-ray exam	0280
75995	Atherectomy, x-ray exam	0280
75996	Atherectomy, x-ray exam	0280

Table 5. –Proposed Restructured APC 280: Level III Angiography and Venography Except Extremity

CPT/HCPCS Code	Description	CY 2004 APC
75600	Contrast x-ray exam of aorta	0280
75605	Contrast x-ray exam of aorta	0280
75625	Contrast x-ray exam of aorta	0280
75630	X-ray aorta, leg arteries	0280
75650	Artery x-rays, head and neck	0280
75662	Artery x-rays, head and neck	0279
75665	Artery x-rays, head and neck	0280
75671	Artery x-rays, head and neck	0280
75676	Artery x-rays, neck	0280
75680	Artery x-rays, neck	0280
75685	Artery x-rays, spine	0279
75710	Artery x-rays, arm/leg	0280
75716	Artery x-rays, arms/legs	0280
75722	Artery x-rays, kidney	0280
75724	Artery x-rays, kidneys	0280
75726	Artery x-rays, abdomen	0280
75731	Artery x-rays, adrenal gland	0280
75736	Artery x-rays, pelvis	0280
75743	Artery x-rays, lungs	0280
75885	Vein x-ray, liver	0279
75889	Vein x-ray, liver	0279

C. Limits on Variations Within APCs: Proposed Application of the 2 Times Rule

Section 1833(t)(2) of the Act provides that the items and services within an APC group cannot be considered comparable with respect to the use of resources if the median of the highest cost item or service within an APC group is more than 2 times greater than the median of the lowest cost item or service within that same group. However, the statute authorizes the Secretary to make exceptions to this limit on the variation of costs within each APC group in unusual cases such as low volume items and services. No exception may be made in the case of a drug or biological that has been designated as an orphan drug under section 526 of the Federal Food, Drug, and Cosmetic Act. We implemented this statutory provision in § 419.31 of the regulations. Under this regulation, we elected to use the highest median cost and lowest median cost to determine comparability.

During the APC Panel's February 2004 meeting, we presented data and information concerning a number of APCs that violate the 2 times rule and asked the APC Panel for its recommendation. We discuss below the APC Panel's recommendations specific to each of these APCs and our proposals in response to the APC Panel's recommendations.

1. Cardiac and Ambulatory Blood Pressure Monitoring

APC 0097: Cardiac and Ambulatory Blood Pressure Monitoring

We expressed concern to the APC Panel that APC 0097 appears to violate the 2 times rule. We sought the APC Panel's recommendation on revising the APC to address the violation. Based on clinical homogeneity considerations, the APC Panel recommended that we not restructure APC 0097 for CY 2005.

We are proposing to accept the APC Panel's recommendation that we make no changes to APC 0097 for CY 2005.

2. Electrocardiograms

APC 0099: Electrocardiograms

We expressed concern to the APC Panel that APC 0099 appears to violate the 2 times rule. We asked the APC Panel to recommend options for resolving this violation. Based on clinical homogeneity considerations, the APC Panel recommended that we not alter the structure of APC 0099 for CY 2005.

We are proposing to accept the APC Panel's recommendation that we make no changes to APC 0099 for CY 2005.

3. Excision/Biopsy

APC 0019: Level I Excision/Biopsy
APC 0020: Level II Excision/Biopsy
APC 0021: Level III Excision/Biopsy

We expressed concern to the APC Panel that APC 0019 appears to violate the 2 times rule. We advised the APC Panel that this violation was not evident in CY 2004 because the CY 2002 median cost data used in calculating the CY 2004 APC updates supported moving CPT codes 11404 (Removal of skin lesion) and 11623 (Removal of skin lesion) from APC 0020 and APC 0021. However, based on the CY 2003 data reviewed by the APC Panel, APC 0019 would violate the 2 times rule. Therefore, we asked the APC Panel to recommend an approach to resolve the violation. We asked the APC Panel if we should leave this APC as is; divide APC 0019 into two separate APCs; or move some codes in APC 0019 to higher level

excision/biopsy APCs. In making its recommendation, the APC Panel noted that the 2 times violation in APC 0019 was minor, and recommended that we not modify APC 0019.

We are proposing to accept the APC Panel's recommendation to not make any modifications to APC 0019 for CY 2005.

4. Posterior Segment Eye Procedures

APC 0235: Level I Posterior Segment Eye Procedures

We expressed concern to the APC Panel that APC 0235 appears to violate the 2 times rule. At the August 2003 APC Panel meeting, the APC Panel recommended that we monitor the data for APC 0235 for review at its February 2004 meeting. In order to address the apparent violation, we asked the APC Panel to consider moving a few CPT codes from APC 0235 into a higher level posterior segment eye procedure APC. The APC Panel noted that the 2 times violation in APC 0235 was minor, and recommended that we not change APC 0235.

We are proposing to accept the APC Panel's recommendation that we make no changes to the structure of APC 0235 for CY 2005.

5. Laparoscopy

APC 0130: Level I Laparoscopy
APC 0131: Level II Laparoscopy

We expressed concern to the APC Panel that APC 0130 appears to violate the 2 times rule. We suggested moving CPT code 44970 (Laparoscopy, appendectomy) from APC 0130 to APC 0131. The APC Panel recommended that we make this change.

We are proposing to accept the APC Panel's recommendation to move CPT code 44970 from APC 0130 to APC 0131.

6. Anal/Rectal Procedures

APC 0148: Level I Anal/Rectal Procedure
APC 0155: Level II Anal/Rectal Procedure
APC 0149: Level III Anal/Rectal Procedure
APC 0150: Level IV Anal/Rectal Procedure

We expressed concern to the APC Panel that APC 0148 appears to violate the 2 times rule. We suggested moving CPT code 46020 (Placement of seton) from APC 0148 to a higher level anal/rectal procedure APC. The APC Panel reviewed the four anal/rectal APCs (APC 0148, 0149, 0150, and 0155) and recommended moving CPT codes 46020 and 46706 (Repair of anal fistula with glue) from APC 0148 to APC 0150. The APC Panel also recommended moving CPT codes 45005 (Drainage of rectal abscess) and 45020 (Drainage of rectal abscess) from APC 0148 to APC 0155.

We are proposing to accept the APC Panel's recommendations specific to APC 0148. Our proposed movement of CPT codes from APC 0148 to APCs 0150 and 0155 is shown in the Table 6 below.

Table 6.—Proposed Movement of Anal/Rectal Procedures from APC 0148 to APC 0150 and APC 0155

CPT/HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
46020	Placement of seton	0148	0150
46706	Repair anal fistula with glue	0148	0150
45005	Drainage of rectal abscess	0148	0155
45020	Drainage of rectal abscess	0148	0155

7. Nerve Injections

APC 0204: Level I Nerve Injections
APC 0206: Level II Nerve Injections
APC 0207: Level III Nerve Injections
APC 0203: Level IV Nerve Injections

We again expressed concern to the APC Panel that APC 0203 and APC 0207 appear to violate the 2 times rule. We previously discussed this issue at the APC Panel's CY 2003 meeting. During the CY 2003 meeting, the APC Panel recommended that we gather additional data on procedures assigned to APC 0203 and APC 0207 before proposing to reconfigure them to attempt to eliminate the 2 times rule violation. The APC Panel believed then that the structure of these two APCs as proposed in the August 2003 OPPS proposed rule were more clinically cohesive than those set forth in the November 2002 OPPS final rule. During the February 2004 meeting, we presented other information for the APC Panel to review in making its recommendation.

After careful consideration of the new data, the APC Panel recommended moving CPTs 64420 (Nerve block injection, intercostal nerve), 64630 (Injection treatment of nerve), 64640 (Injection treatment of nerve), and 62280 (Treatment of a spinal cord lesion) from APC 0207 to APC 0206. The APC Panel also recommended moving CPT code 62282 (Treatment of a spinal canal lesion) from APC 0207 to APC 0203.

After reviewing more recent, complete calendar year data, we are proposing to accept some of the APC Panel's recommendation (specifically, move CPTs 64630 and 64640 from APC 0207 to APC 0206), and to make some other changes that we believe are appropriate to improve the nerve injection APC's clinical and resource homogeneity. Our proposed nerve injection APC assignments are shown in Tables 7, 8, and 9 below.

Table 7.—Proposed Movement of Level III: Nerve Injections CPT Codes from APC 0207 to APC 0204 and APC 0206

CPT/HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
64420	Nerve block injection, intercostal nerve	0207	0204
64630	Injection treatment of nerve	0207	0206
64640	Injection treatment of nerve	0207	0206
64421	Nerve block injection, intercostals, multiple	0207	0206
64472	Injection paravertebral cervical/thoracic, add-on	0207	0206
64476	Injection paravertebral lumbosacral, add-on	0207	0206
64630	Injection treatment of nerve	0207	0206
64640	Injection treatment of nerve	0207	0206

Table 8.—Proposed Movement of Level I: Nerve Injections CPT Codes from APC 0204 to APC 0206

CPT/HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
G0260	Injection for sacroiliac joint anesthesia	0204	0206
64410	Nerve block injection, phrenic	0204	0206
64412	Nerve block injection, spinal accessory	0204	0206
64446	Nerve block injection, sciatic, continuous infusion	0204	0206
61791	Treatment of a trigeminal tract	0204	0206

Table 9.—Proposed Movement of Level II: Nerve Injections CPT Codes from APC 0206 to APC 0204 and APC 0207

CPT/HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
62270	Spinal fluid tap, diagnostic	0206	0204
62272	Drainage of cerebrospinal fluid	0206	0204
62310	Injection of spine cervical/thoracic	0206	0207
62311	Injection of spine lumbar/sacral (cd)	0206	0207
62318	Injection of spine with catheter, cervical/thoracic	0206	0207
62319	Injection of spine with catheter Lumbar/sacral (cd)	0206	0207

8. Anterior Segment Eye Procedures

APC 0232: Level I Anterior Segment Eye Procedures

APC 0233: Level II Anterior Segment Eye Procedures

We expressed concern to the APC Panel that APC 0233 appears to violate the 2 times rule. We suggested moving CPT codes 65286 (Repair of eye wound), 66030 (Injection treatment of eye), and 66625 (Removal of iris) from APC 0233 to APC 0232. The APC Panel agreed and recommended that we move CPT codes 65286, 66030, and 66625 from APC 0233 to APC 0232.

We are proposing to accept the APC Panel's recommendation and to reassign these three codes as shown in Table 10.

Table 10.—Proposed Reassignment of Anterior Segment Eye Procedures Codes From APC 0233 to APC 0232

CPT/HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
65286	Repair of eye wound	0233	0232
66030	Injection treatment of eye	0233	0232
66625	Removal of iris	0233	0232

9. Pathology

APC 0343: Level II Pathology

APC 0344: Level III Pathology

We expressed concern to the APC Panel that APC 0343 appears to violate the 2 times rule. We suggested moving CPT code 88346 (Immunoflourescent study) from APC 0343 to APC 0344. The APC Panel concurred with our proposal.

We are proposing to accept the APC Panel's recommendation and to move CPT code 88346 from APC 0343 to APC 0344.

10. Immunizations

APC 0355: Level III Immunizations (proposed for CY 2005: Level I Immunizations)

APC 0356: Level IV Immunizations (proposed for CY 2005: Level II Immunizations)

We expressed concern to the APC Panel that APCs 0355 and 0356 appear to violate the 2 times rule. In order to eliminate this violation, we suggested moving CPT 90636 (Hepatitis A/ Hepatitis B vaccine, adult dose, intramuscular use) from APC 0355 to APC 0356. We also suggested moving CPT codes 90375 (Rabies immune globulin, intramuscular or subcutaneous), 90740 (Hepatitis B vaccine, dialysis or immunosuppressed patient, intramuscular), 90723 (Diphtheria-pertussis-tetanus, Hepatitis B, Polio vaccine, intramuscular), and 90693 (Typhoid vaccine, AKD, subcutaneous) from APC 0356 to APC 0355.

The APC Panel recommended moving CPT 90636 from APC 0355 to APC 0356 and CPT codes 90740, 90723, and 90693 from APC 0356 to APC 0355. The APC Panel delayed making a recommendation on CPT 90375 and requested that we collect additional cost data on this procedure for discussion at the next scheduled APC Panel meeting.

We are proposing to accept the APC Panel's recommended changes to move CPT code 90740 from APC 0356 to 0355, and to move CPT code 90636 from 0355 to 0356. However, based on our review of more recent claims data than were available to the APC Panel, we determined that the medians for CPT

codes 90693 and 90375 are below the $50 drug packaging threshold. Therefore, we are also proposing to package both CPT codes 90693 and 90375. We are proposing to change CPT code 90723 to status indicator "e'' because it is not payable by Medicare.

Table 11.—Proposed Movement of Immunization CPT Codes Between APC 0355 and APC 0356

CPT/HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
90636	Hepatitis A/Hepatitis B vaccine, adult dose, intramuscular use	0355	0356
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient	0356	0355

11. Pulmonary Tests

APC 0367: Level I Pulmonary Tests
APC 0368: Level II Pulmonary Tests
APC 0369: Level III Pulmonary Tests

We expressed concern to the APC Panel that APC 0369 appears to violate the 2 times rule. We suggested moving CPT code 94015 (Patient recorded spirometry) from APC 0369 to APC 0367. The APC Panel concurred with our proposal.

We are proposing to accept the APC Panel's recommendation and to move CPT code 94015 from APC 0369 to APC 0367.

In addition, during our analysis of more recent claims data following the APC Panel meeting, we noted that APC 0367 violated the 2 times rules. Therefore, we are proposing to reassign CPT codes 94375, 94750, 94450, 94014, 94690, and 93740 to APC 0368.

Table 12.—Proposed Reassignment of Certain CPT Codes Among APCs 0367, 0368 and 0369

HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
94015	Patient recorded spirometry	0369	0367
94375	Respiratory flow volume loop	0367	0368
94750	Pulmonary compliance study	0367	0368
94450	Hypoxia response curve	0367	0368
94014	Patient recorded spirometry	0367	0368
94690	Exhaled air analysis	0367	0368
93740	Temperature gradient studies	0367	0368

12. Clinic Visits

APC 0600: Low Level Clinic Visits

We expressed concern to the APC Panel that APC 0600 appears to violate the 2 times rule. We suggested moving HCPS code G0264 (Assessment other than CHF, chest pain, asthma) to a higher level clinic visit. The APC Panel recommended that we not make any changes to APC 0600.

We are proposing to accept this recommendation and not make any changes to APC 0600 for CY 2005.

D. Proposed Exceptions to the 2 Times Rule

[If you choose to comment on issues in this section please indicate the caption "2 Times Rule'' at the beginning of your comment.]

As discussed earlier, the Secretary is authorized to make exceptions to the 2 times limit on the variation of costs within each APC group in unusual cases such as low volume items and services.

Taking into account the APC changes that we are proposing for CY 2005 based on the APC Panel recommendations discussed in section II.C. of this preamble and the use of CY 2003 claims data to calculate the median cost of procedures classified in the APCs, we reviewed all the APCs to determine which of them would not meet the 2

times limit. We used the following criteria when deciding whether to propose exceptions to the 2 times rule for affected APCs:

- Resource homogeneity
- Clinical homogeneity
- Hospital concentration
- Frequency of service (volume)
- Opportunity for upcoding and code fragments.

For a detailed discussion of these criteria, refer to the April 7, 2000 OPPS final rule with comment period (65 FR 18457).

Table 13 contains the APCs that we are proposing to exempt from the 2 times rule based on the criteria cited above. In cases in which a recommendation of the APC Panel appeared to result in or allow a violation of the 2 times rule, we generally accepted the APC Panel's recommendation because these recommendations were based on explicit consideration of resource use, clinical homogeneity, hospital specialization, and the quality of the data used to determine the APC payment rates that we are proposing for CY 2005. The median cost for hospital outpatient services for these and all other APCs can be found at web site: *http//www.cms.hhs.gov.*

Table 13.-- Proposed APCs Exceptions to the 2 Times Rule

Proposed Rule APC	Description
0019	Level I Excision/Biopsy
0024	Level I Skin Repair
0032	Insertion of Central Venous/Arterial Catheter
0043	Closed Treatment Fracture Finger/Toe/Trunk
0046	Open/Percutaneous Treatment Fracture or Dislocation
0060	Manipulation Therapy
0080	Diagnostic Cardiac Catheterization
0087	Cardiac Electrophysiologic Recording/Mapping
0093	Vascular Reconstruction/Fistula Repair without Device
0099	Electrocardiograms
0105	Revision/Removal of Pacemakers, AICD, or Vascular
0121	Level I Tube changes and Repositioning
0122	Level II Tube changes and Repositioning
0140	Esophageal Dilation without Endoscopy

Proposed Rule APC	Description
0146	Level I Sigmoidoscopy
0147	Level II Sigmoidoscopy
0148	Level I Anal/Rectal Procedure
0164	Level I Urinary and Anal Procedures
0183	Testes/Epididymis Procedures
0187	Miscellaneous Placement/Repositioning
0204	Level I Nerve Injections
0212	Nervous System Injections
0213	Extended EEG Studies and Sleep Studies, Level I
0214	Electroencephalogram
0230	Level I Eye Tests and Treatments
0235	Level I Posterior Segment Eye Procedures
0236	Level II Posterior Segment
0251	Level I ENT Procedures
0252	Level II ENT Procedures
0262	Plain Film of Teeth
0268	Ultrasound Guidance Procedures
0274	Myelography
0281	Venography of Extremity
0285	Myocardial Positron Emission Tomography
0297	Level II Therapeutic Radiologic Procedures
0303	Treatment Device Construction
0322	Brief Individual Psychotherapy
0335	Magnetic Resonance Imaging, Miscellaneous
0340	Minor Ancillary Procedures
0341	Skin Tests
0344	Level III Pathology
0355	Level I Immunizations
0356	Level II Immunizations
0364	Level I Audiometry
0370	Allergy Tests
0373	Neuropsychological Testing
0397	Vascular Imaging
0407	Radionuclide Therapy
0409	Red Blood Cell Tests
0422	Level II Upper GI Procedures
0600	Low Level Clinic Visits
0688	Revision/Removal Neurostimulator Pulse Generator Receiver
0692	Electronic Analysis of Neurostimulator Pulse Generators
0699	Level IV Eye Tests & Treatments

E. Coding for Stereotactic Radiosurgery Services

[If you choose to comment on issues in this section please indicate the caption "Stereotactic Radiosurgery" at the beginning of your comment.]

1. Background

In the November 7, 2003 final rule with comment period (68 FR 63403), we discussed the APC Panel's consideration

of HCPCS codes G0242 (Cobalt 60-based stereotactic radiosurgery plan) and G0243 (Cobalt 60-based stereotactic radiosurgery delivery). At its August 22, 2003 meeting, the APC Panel discussed combining the coding for these procedures under one code, with the payment for the new code derived by adding the payment for HCPCS codes G0242 and G0243 together. The APC Panel recommended that we solicit additional input from professional societies representing neurosurgeons, radiation oncologists, and other experts in the field before recommending changes to the coding configuration for Cobalt 60-based stereotactic radiosurgery planning and delivery.

In a correction to the November 7, 2003 final rule with comment period, issued on December 31, 2003 (68 FR 75442), we considered a commenter's request to combine HCPCS codes G0242 and G0243 into a single procedure code in order to accurately capture the costs of this treatment in a single procedure claim because the majority of patients receive the planning and delivery of this treatment on the same day. We responded to the commenter's request by explaining that several other commenters stated that HCPCS code G0242 was being misused to code for the planning phase of linear accelerator-based stereotactic radiosurgery planning. Because the claims data for HCPCS code G0242 represent costs for linear accelerator-based stereotactic radiosurgery planning (due to misuse of the code), in addition to Cobalt 60-based stereotactic radiosurgery planning, we were uncertain as to how to combine these data with HCPCS code G0243 to determine an accurate payment rate for a combined code for planning and delivery of Cobalt 60-based stereotactic radiosurgery.

In consideration of the misuse of HCPCS code G0242 and the potential for causing greater confusion by combining codes G0242 and G0243, we created a planning code for linear accelerator-based stereotactic radiosurgery (G0338) to distinguish this procedure from Cobalt 60-based stereotactic radiosurgery planning. We maintained both HCPCS codes G0242 and G0243 for the planning and delivery of Cobalt 60-based stereotactic radiosurgery treatment, consistent with the use of two G codes for planning (G0338) and delivery (G0173, G0251, G0339, G0340, as applicable) of each type of linear accelerator-based treatment. We indicated that we intend to maintain these new codes in their current new technology APCs until the payment rates could be set using medians from this expanded set of codes. We also stated that we would solicit input from the APC Panel at its February 2004 meeting.

During the February 2004 APC Panel meeting, several presenters discussed with the APC Panel their rationale for requesting that HCPCS codes G0242 and G0243 be combined into a single procedure code. One presenter explained that the request to combine the codes was made because certain fiscal intermediaries were rejecting claims in which HCPCS codes G0242 and G0243 were reported with a surgery revenue code. Although we have not issued any national instructions to fiscal intermediaries to deny claims for these services if they are billed with a surgery revenue code, the presenter stated that we may have indirectly led some fiscal intermediaries to believe that Cobalt 60-based stereotactic radiosurgery should be reported with a radiation therapy revenue center because the procedure is separated into a planning code and a delivery code, which reflect the coding pattern of a radiation therapy procedure rather than a single code for a surgical procedure. The presenter stated that because of the way that CMS has coded this procedure, some fiscal intermediaries have established local edits to deny claims in which HCPCS codes G0242 and G0243 are reported on a claim with a surgery revenue code.

The APC Panel recommended that CMS work with the presenters to determine if any fiscal intermediaries have established local edits to reject claims in which HCPCS codes G0242 and G0243 are reported on a claim, and to determine specific reasons for any such local edits. The APC Panel also recommended that CMS take necessary action to ensure that any such claims are not being denied payment due to local edits. The APC Panel did not agree that the solution to ensuring payment was to combine HCPCS codes G0242 and G0243 into a single code, but rather recommended that CMS educate fiscal intermediaries as to the appropriate procedures for submittal of these claims for Medicare payment.

In response to the concern expressed by several presenters that certain fiscal intermediaries were rejecting claims in which HCPCS codes G0242 and G0243 were reported with a surgery revenue code, we have worked together with these presenters to identify specific fiscal intermediaries who may be rejecting these claims. However, to date, we have been unable to identify any fiscal intermediaries who have established local edits that would reject claims in which HCPCS codes G0242 and G0243 are reported with a surgery revenue code. If a provider should experience a rejection of such claims in which HCPCS codes G0242 and G0243 are reported on a claim with a surgery revenue code, they should contact their fiscal intermediary to determine the specific reason for the claim rejection.

2. Proposal for CY 2005

For CY 2005, we are proposing to accept the APC Panel's recommendation to work with the presenters to ensure that claims in which HCPCS codes G0242 and G0243 are reported are not being unjustly denied payment due to local edits established by fiscal intermediaries. In the meantime, for CY 2005, we are proposing to maintain HCPCS code G0242 in new technology APC 1516 at a payment rate of $1,450, and HCPCS code G0243 in new technology APC 1528 at a payment rate of $5,250. These payment rates are the same as those established for CY 2004.

F. Proposed Movement of Procedures From New Technology APCs to Clinically Appropriate APCs

[If you choose to comment on issues in this section, please indicate the caption "New Technology APCs'' at the beginning of your comment.]

1. Background

In the November 30, 2001 final rule (66 FR 59903), we made final our proposal to change the period of time during which a service may be paid under a new technology APC. The April 7, 2000 final rule initially established the timeframe that new technology APCs would be in effect (65 FR 18457). Beginning in CY 2002, we have retained services within new technology APC groups until we have acquired adequate data that allow us to assign the service to a clinically appropriate APC. This policy allows us to move a service from a new technology APC in less than 2 years if sufficient data are available, and it also allows us to retain a service in a new technology APC for more than 3 years if sufficient data upon which to base a decision for reassignment have not been collected.

In the November 7, 2003 final rule with comment period we implemented a comprehensive restructuring of the new technology APCs to make the payment levels more consistent (68 FR 63416). We established payment levels in $50, $100, and $500 intervals and expanded the number of new technology payment levels.

2. APC Panel Review and Recommendation

During the APC Panel's February 2004 meeting, the APC Panel heard testimony from several interested parties who

requested specific modifications to the APCs for radiation oncology APC. They asked the APC Panel to make several recommendations: (1) That we move CPT code 77418 (Intensity-modulated radiation therapy) from APC 0412 back into a new technology APC; (2) that we dampen, or limit, any possible payment reductions to APC 0301 (Level II Radiation Therapy); (3) that we accept more external data to evaluate costs; and (4) that we identify more claims that are useful for ratesetting.

In response to the testimony presented, the APC Panel recommended that we reassign CPT code 77418 to the new technology APC 1510 for CY 2005 and that we explain to providers any steps we take to limit payment reductions to APC 0301 so that they can better plan for future years during which we may decide not to apply a dampening, or payment reduction limitation, to the rates for APC 0301.

We are not proposing to accept the APC Panel's recommendations because we believe that we have ample claims data for use in determining an appropriate APC payment rate for CPT code 77418. Moreover, we believe that the development of median cost for CPT code 77418 based on those data would be representative of hospital bills.

We have over 255,000 claims for this service, and over 95 percent were single claims that we could use for ratesetting. Moreover, the APC medians have been stable for the last 2 years of data. As indicated by our claims data, returning code 77418 to new technology APC 1510 would result in a payment for the service that is significantly higher than the resources utilized to provide it.

3. Proposal for CY 2005

There are 24 procedures currently assigned to new technology APCs for which we have data adequate to support assignment into clinical APCs. We are proposing to reassign these procedures to clinically appropriate APCs. We are proposing to assign 24 of the procedures to clinically appropriate APCs using CY 2003 claims data to set medians on which payments would be based. These APCs and the proposed assignments are displayed below in Table 14.

Based upon our review of the latest claims data available, we are proposing to move the procedures listed in Table 14 from their current new technology APCs to the APCs listed, as we have adequate data on these procedures to enable us to make the necessary APC assignment.

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Table 14.--Proposed APC Reassignment of New Technology Procedures Into Clinical APCs

HCPCS	Descriptor	CY 2004 APC	Proposed CY 2005 APC	CY 2004 Payment Amount	Proposed CY 2005 Payment Amount
15860	Test for blood flow in graft	1501	0359	$25.00	$49.93
96003	Dynamic fine wire EMG	1503	0215	$150.00	$38.00
96000	Motion analyses, video/3D	1503	0216	$150.00	$150.51
96001	Motion test w/ft pressure measure	1503	0216	$150.00	$150.51
96002	Dynamic surface EMG	1503	0218	$150.00	$65.90
91110	GI tract capsule endoscopy	1508	0141	$650.00	$464.52
G0288	Reconstruction, CTA surgical plan	1506	0417	$450.00	$246.99
G0262	Small intestinal image capsule	1508	0141	$650.00	$464.52
77301	Radiotherapy dose plan, IMRT	1510	0310	$850.00	$811.91
77523	Proton treatment, intermediate	1511	0419	$950.00	$678.31
77525	Proton treatment, complex	1511	0419	$950.00	$678.31
95250	Glucose monitoring, continuous	1540	0421	$150.00	$103.89
96567	Photodynamic treatment, skin	1540	0013	$150.00	$66.15
96570	Photodynamic treatment, 30 min.	1541	0015	$250.00	$99.24
96571	Photodynamic treatment, 15 min.	1541	0012	$250.00	$43.16
92973	Perc. Coronary thrombectomy	1541	0676	$250.00	$245.74
36595	Mech remov tunneled CV Cath	1541	0187	$250.00	$219.45
36596	Mech remov tunneled CV Cath	1541	0187	$250.00	$219.45
33224	Insert pacing lead and	1547	0418	$850.00	$4,456.64

HCPCS	Descriptor	CY 2004 APC	Proposed CY 2005 APC	CY 2004 Payment Amount	Proposed CY 2005 Payment Amount
	connect				
33225	L ventricular pacing lead add-on	1550	1525	$1,150.00	$3,750.00
53853	Prostatic water thermometer	1550	0162	$1,150.00	$1,323.06
47382	Perc. ablation liver tumor, rf	1557	0423	$1,850.00	$1,659.71
0009T	Endometrial cryoablation	1557	0202	$1,850.00	$2,281.74
C9703	Bard Endoscopic Suturing Sys	1518	0422	$1650.00	$1274.51
C9701	Stretta System	1520	0422	$1650.00	$1274.51

We believe the payment rates in Table 14 for several of the procedures that we are proposing to move out of new technology APCs and into clinical APCs require further explanation for a fuller understanding.

For CPT code 96567, (Photodynamic therapy of the skin), the impact of the estimated payment decrease between CY 2004 and CY 2005 is actually low as the CY 2004 payment included the topically applied drug required to perform this procedure and the CY 2005 estimated payment does not. We now are proposing to pay separately for the drug billed under code J7308 in CY 2005. We have adequate claims data on which to base payment for that procedure in a clinically appropriate APC. Payment based on those data in addition to removal of the drug for separate payment resulted in a lower median for the APC.

In the case of CPT code 33224, (Insertion of a left ventricular pacing lead and connection), based on a comparison of payment rates for CY 2004 and the estimated rate for CY 2005, it appears that there is a large increase in payment that results from reassigning the code from its new technology APC to a clinical APC. The difference is due to the fact that the estimated CY 2005 APC payment includes the cost of the left ventricular lead that was not included in the CY 2004 new technology APC payment. That left ventricular lead was paid as a pass-through device under code C1900 in CY 2004, but is no longer eligible for pass-through payments in CY 2005, and, as such, is now included in the APC for the procedure.

Similarly, the CY 2005 estimated payment for CPT code 33225, (Left ventricular pacing lead add-on), includes the cost of the ventricular lead. However, for 33225, the data are still somewhat unstable. Therefore, we are proposing to maintain that procedure in a new technology APC, but at a higher payment level, reflecting the additional cost of the lead.

We note that a number of positron emission tomography (PET) scans currently are classified into New Technology APC 1516. We recognize that PET is an important technology in many instances and want to ensure that the technology remains available to Medicare beneficiaries when medically necessary. We believe that we have sufficient data to assign PET scans to a clinically appropriate APC. We have been told, however, that if the effect of doing so is to reduce payment for the procedure, it may hinder access to this technology. Therefore, we are considering three options as the proposed payment for these procedures in CY 2005, based on our review of the 2003 claims data for the PET procedures, and we specifically invite comments on each of these options.

Option 1: Continue in CY 2005 the current assignment of the scans to New Technology APC 1516 prior to assigning to a clinical APC.

Option 2: Assign the PET scans to a clinically appropriate APC priced according to the median cost of the scans based on CY 2003 claims data. Under this option, we would assign PET scans to APC 0420, PET imaging.

Option 3: Transition assignment to a clinical APC in CY 2006 by setting payment in CY 2005 based on a 50–50 blend of the median cost and the CY 2004 New Technology. We would assign the scans to New Technology APC 1513 for a blended transition payment. The rates for these options are in addendum B.

G. Proposed Changes to the Inpatient List

[If you choose to comment on issues in this section, please indicate the caption "Inpatient List" at the beginning of your comment.]

We advised the APC Panel of a request that we had received to move four codes for percutaneous abscess drainage 44901(Drain append. abscess, percutaneous), 49021 (Drain abdominal abscess), 49041 (Drain percutaneous abdominal abscess), 49061(Drain, percutaneous, retroper. abscess)) from the inpatient list and to assign them to appropriate APCs. The APC Panel also recommended that we evaluate other codes on the inpatient list for possible APC assignment and that we consider eliminating the inpatient list.

We are proposing to remove the four above-cited codes and assign them to clinically appropriate APCs, as recommended by the APC Panel. We are proposing to assign code 44901 to APC 0037, code 49021 to APC 0037; code 49041 to APC 0037; and code 49061 to APC 0037. We discuss in section VII.E. of this preamble our response to the APC Panel's recommendation that we either abolish the inpatient list or evaluate it for any appropriate changes.

H. Proposed Assignment of "Unlisted" HCPCS Codes

[If you choose to comment on issues in this section, please indicate the caption

"Unlisted HCPCS Codes'' at the beginning of your comment.]

1. Background

Some HCPCS codes are used to report services that do not have descriptors that define the exact service furnished. They are commonly called "unlisted'' codes. The code descriptors often contain phrases such as: "unlisted procedure'', "not otherwise classified,'' or "not otherwise specified.'' The unlisted codes typically fall within a clinical or procedural category, but they lack the specificity needed to describe the resources used in the service. For example, CPT code 17999 is defined as, "Unlisted procedure, skin, mucous membrane and subcutaneous tissue.'' The unlisted codes provide a way for providers to report services for which there is no HCPCS code that specifically describes the service furnished. However, the lack of specificity in describing the service prevents us from assigning the code to an APC based on clinical homogeneity and median cost.

In most cases, the unlisted codes are assigned to the lowest level, clinically appropriate APC under the Medicare OPPS. This creates an incentive for providers to select the appropriate, specific HCPCS code to describe the service where one is available. In addition, if there is no HCPCS code that accurately describes the service, placing the unlisted code in the lowest level APC provides an incentive for interested parties to secure a code through the AMA's CPT process that will describe the service. Once a code that accurately describes the service is created, we can collect data on the service and place it in the correct APC based on the clinical nature of the service and its median cost.

We do not use the median cost for the unlisted codes in the establishment of the weight for the APC to which the code is assigned because, by definition of the code, we do not know what service or combination of services is reflected in the claims billed using the unlisted code.

Our review of HCPCS code assignments to APCs has revealed that there are a number of unlisted codes that are not assigned to the lowest level APC.

2. Proposal for CY 2005

We are proposing to reassign these unlisted codes for CY 2005 OPPS to the lowest level APC in the clinical grouping in which the unlisted code is located. The list of those codes, the current APC assignment, and the assignment we propose for CY 2005 OPPS are displayed in Table 15.

We continue to believe that assigning unlisted codes to the lowest level of the APC for the clinical or procedural grouping into which the code falls creates an appropriate incentive for providers to pursue assignment of new codes where they are needed. Moreover, payment at the lowest level of APC for the clinical or procedural grouping allows for some payment for the services furnished and also ensures that we do not pay inappropriately for services that are unspecified.

Table 15.--Proposed Reassignments of Unlisted HCPCS Codes

HCPCS Short Description	CY 2004 APC Assignment	Proposed CY 2005 APC
15999	0022	0019
21089	0253	0251
21299	0253	0251
21499	0253	0251
21899	0252	0251
22999	0022	0019
31299	0252	0251
31599	0254	0251
40799	0253	0251
40899	0252	0251
41899	0253	0251
42699	0253	0251
42999	0252	0251
47399	0037	0002
48999	0005	0004
49659	0131	0130
67599	0239	0238
67999	0240	0238
68399	0239	0238
68899	0699	0230
69799	0253	0251
69949	0253	0251

I. Proposed Addition of New Procedure Codes

During the first two quarters of CY 2004, we created 85 HCPCS codes that were not addressed in the November 7, 2003 final rule that updated the CY 2004 OPPS. We have designated the payment status of those codes, which are shown in Table 16 below, and added them to the April and July updates of the 2004 OPPS (Transmittals 3144, 3154, 3322, and 3324). Thirty of the new codes were created to enable providers to bill for brand name drugs and to receive payments at a rate that differs from that for generic equivalents, as mandated in new section 1833(t)(14)(A)(i) of the Act as added by Pub. L. 108–173. In this proposed rule, we are soliciting comment on the APC assignment of these services. Further, consistent with our annual APC updating policy, we are proposing to assign the new HCPCS codes for CY 2005 to the appropriate APCs and would incorporate them into our final rule for CY 2005.

Table 16.--New HCPCS Codes Implemented in April and July 2004

CPT/ HCPCS	Description
C9213	Injection, Pemetrexed
C9214	Injection, Bevacizumab
C9215	Injection, Cetuximab
C9216	Abarelix, Inject Suspension
C9217	Injection, Omalizumab
C9399	Unclassified drugs or biologicals
C9400	Thallous chloride, brand
C9401	Strontium-89 chloride, brand
C9402	Th I131 so iodide cap, brand
C9403	Dx I131 so iodide cap, brand
C9404	Dx I131 so iodide sol, brand
C9405	Th I131 so iodide sol, brand
C9410	Dexrazoxane HCl inj, brand
C9411	Pamidronate disodium, brand
C9412	Ganciclovir implant, brand
C9413	Sodium hyaluronate inj, brand
C9414	Etoposide oral, brand
C9415	Doxorubic hcl chemo, brand
C9417	Bleomycin sulfate inj, brand
C9418	Cisplatin inj, brand
C9419	Inj cladribine, brand
C9420	Cyclophosphamide inj, brand
C9421	Cyclophosphamide lyo, brand
C9422	Cytarabine hcl inj, brand
C9423	Dacarbazine inj, brand
C9424	Daunorubicin, brand
C9425	Etoposide inj, brand
C9426	Floxuridine inj, brand
C9427	Ifosfomide inj, brand
C9428	Mesna injection, brand
C9429	Idarubicin hcl inj, brand
C9430	Leuprolide acetate inj, bran
C9431	Paclitaxel inj, brand
C9432	Mitomycin inj, brand
C9433	Thiotepa inj, brand

CPT/ HCPCS	Description
C9438	Cyclosporine oral, brand
C9712	Insert pH capsule, GERD
C9713	Non-contact laser vap prosta
C9714	Breast inters rad tx, immed
C9715	Breast inters rad tx, delay
C9716	RF Energy to Anus
G0329	Electromagntic tx for ulcers
K0627	Cervical pneum trac equip
K0628	Mult dens insert direct form
K0629	Mult dens insert custom mold
K0630	SIO flex pelvisacral prefab
K0631	SIO flex pelvisacral custom
K0632	SIO panel prefab
K0633	SIO panel custom
K0634	LO flexibl L1 - below L5 pre
K0635	LO sag stays/panels pre-fab
K0636	LO sagitt rigid panel prefab
K0637	LO flex w/o rigid stays pre
K0638	LSO flex w/rigid stays cust
K0639	LSO post rigid panel pre
K0640	LSO sag-coro rigid frame pre
K0641	LSO sag-cor rigid frame cust
K0642	LSO flexion control prefab
K0643	LSO flexion control custom
K0644	LSO sagit rigid panel prefab
K0645	LSO sagittal rigid panel cus
K0646	LSO sag-coronal panel prefab
K0647	LSO sag-coronal panel custom
K0648	LSO s/c shell/panel prefab
K0649	LSO s/c shell/panel custom
K0650	Gen w/c cushion width <22"
K0651	Gen w/c cushion width >=22"
K0652	Skin protect w/c cus wd <22"
K0653	Skin protect w/c cus wd >=22"
K0654	Position w/c cush width <22"
K0655	Position w/c cush width >=22"
K0656	Skin pro/pos w/c cus wd<22"
K0657	Skin pro/pos w/c cus wd >=22"
K0658	Custom fabricate w/c cushion
K0659	Powered w/c cushion
K0660	Gen use back cush width <22"
K0661	Gen use back cush width >=22"
K0662	Position back cush wdth <22"
K0663	Position back cush wdth >=22"
K0664	Pos back post/lat width <22"
K0665	Pos back post/lat width >=22"
K0666	Custom fab w/c back cushion
K0667	Mt hardwre man/light pwr w/c
K0668	Rep ace cover w/c seat cush
K0669	W/c seat/back no CVR SADMERC

J. Proposed OPPS Changes: Provisions of MMA (Pub. L. 108–173)

1. Payment for Initial Preventive Physical Examinations (Section 611 of Pub. L. 108–173)

[If you choose to comment on issues in this section, please indicate the caption "Physical Examinations'' at the beginning of your comment.]

a. Background

Section 611 of Pub. 108–173 provides for coverage under Medicare Part B of an initial preventive physical examination for new beneficiaries, effective for services furnished on or after January 1, 2005. This provision applies to beneficiaries whose coverage period under Medicare Part B begins on or after January 1, 2005, and only for an initial preventive physical examination performed within 6 months of the beneficiary's initial coverage date.

Current Medicare coverage policy does not allow for payment for routine physical examinations (or checkups) that are furnished to beneficiaries. Before the enactment of Pub. L. 108–173, all preventive physical examinations had been excluded from coverage based on section 1862(a)(7) of the Act, which states that routine physical checkups are excluded services. This exclusion is specified in regulations under § 411.15(a). In addition, preventive physical examinations had been excluded from coverage based on section 1862(a)(1)(A) of the Act. This section of the Act provides that items and services must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member (as implemented in regulations under § 411.15(k)).

Coverage of initial preventive physical examinations is provided only under Medicare Part B. As provided in the statute, this new coverage allows payment for one initial preventive physical examination within the first 6 months after the beneficiary's first Part B coverage begins, although that coverage period may not begin before January 1, 2005. We also note that Pub. L. 108–173 did not make any provision for the waiver of the Medicare coinsurance and Part B deductible for the initial preventive physical examination. Payment for this service would be applied to the required Medicare Part B deductible, which is $110 for CY 2005, if the deductible has not been met, and the usual coinsurance provisions would apply.

b. Proposed Amendments to Regulations

We are proposing to amend our regulations to add a new § 410.16 that would provide for coverage of initial preventive physical examinations in various settings, including the hospital outpatient department, as specified in the statute, and specify the condition for coverage and limitation on coverage. In addition, we are proposing to conform our regulations on exclusions from coverage under § 411.15(a)(1) and § 411.15(k) to the provisions of section 611 of Pub. L. 108–173. Specifically, we are proposing to specify an exception to the list of examples of routine physical checkups that are excluded from coverage under § 411.15(a) and to add a new exclusion under § 411.15(k)(11).

We are proposing to amend § 419.21 of the OPPS regulations to add a new paragraph (e) to specify payment for an initial preventive physical examination as a Medicare Part B covered service under the OPPS if the examination is furnished within the first 6 months of the beneficiary's first Medicare Part B coverage.

We note that the initial preventive physical examination is also addressed in detail in our proposed rule to update the Medicare Physician's Fee Schedule for CY 2005. However, because we believe the same elements of the initial physical examination furnished in a physician's office would also apply when the examination is performed in a hospital outpatient clinic, we are proposing to revise the applicable regulations to reflect this requirement.

Section of 611(b) of Pub. L. 1089–173 define an "initial preventive physical examination'' to mean physicians'' services consisting of—

(1) A physical examination (including measurement of height, weight, blood pressure, and an electrocardiogram, but excluding clinical laboratory tests) with the goal of health promotion and disease detection; and

(2) Education, counseling, and referral with respect to screening and other preventive coverage benefits separately authorized under Medicare Part B, excluding clinical lab tests.

Specifically, section 611(b) of Pub. L. 108–173 provides that the education, counseling, and referral services with respect to the screening and other preventive services authorized under Medicare Part B include the following:

(1) Pneumococcal, influenza, and hepatitis B vaccine and their administration;

(2) Screening mammography;

(3) Screening pap smear and screening pap smear and screening pelvic examination;

(4) Prostate cancer screening tests;

(5) Colorectal cancer screening tests;

(6) Diabetes outpatient self-management training services;

(7) Bone mass measurements;

(8) Screening for glaucoma;

(9) Medical nutrition therapy services for individuals with diabetes and renal disease;

(10) Cardiovascular screening blood tests; and

(11) Diabetes screening tests.

Section 611(d)(2) of Pub. L 108–173 amended section 1861(s)(2)(K)(i) and (ii) of the Act to specify the services identified as physicians' services and referred to in the definition of initial preventive physical examination include services furnished by a physician assistant, a nurse practitioner, or a clinical nurse specialist. We refer to these professionals as "qualified nonphysician practitioners.''

Based on the language of the statute, our review of the medical literature, current clinical practice guidelines, and United States Preventive Services Task Force recommendations, we are proposing (under proposed new § 410.16(a), Definitions) to interpret the term "initial preventive physical examination'' for purposes of this new benefit to include all of the following services furnished by a doctor of medicine or osteopathy or a qualified nonphysician practitioner:

(1) Review of the individual's comprehensive medical and social history. We are proposing to define "medical history'' to include, as a minimum, past medical and surgical history, including experience with illnesses, hospital stays, operations, allergies, injuries, and treatments; current medications and supplements, including calcium and vitamins; and family history, including a review of medical events in the patient's family, including diseases that may be hereditary or place the individual at risk. We are proposing to define "social history'' to include, at a minimum, history of alcohol, tobacco, and illicit drug use; work and travel history; diet; social activities; and physical activities.

(2) Review of the individual's potential (risk factors) for depression (including past experiences with depression or other mood disorders) based on the use of an appropriate screening instrument that the physician or other qualified nonphysician practitioner may select from various available standardized screening tests for this purpose, unless the appropriate screening instrument is defined through the national coverage determination (NCD) process.

(3) Review of the individual's functional ability and level of safety (that is, at a minimum, a review of the following areas: hearing impairment, activities of daily living, falls risk, and home safety), based on the use of an appropriate screening instrument, which the physician or other qualified nonphysician practitioner may select from various available standardized screening tests for this purpose, unless the appropriate screening instrument is further defined through the NCD process.

(4) An examination to include measurement of the individual's height, weight, blood pressure, a visual acuity screen, and other factors as deemed appropriate, based on the individual's comprehensive medical and social history and current clinical standards.

(5) Performance of an electrocardiogram and interpretation.

(6) Education, counseling, and referral, as deemed appropriate, based on the results of elements (1) through (5) of the proposed definition of the initial preventive physical examination.

(7) Education, counseling, and referral, including a written plan for obtaining the appropriate screening and other preventive services, which are also covered as separate Medicare Part B benefits; that is, pnuemococcal, influenza, and hepatitis B vaccines and their administration, screening mammography, screening pap smear and screening pelvic exams, prostate cancer screening tests, diabetes outpatient self-management training services, bone mass measurements, screening for glaucoma, medical nutrition therapy services, cardiovascular screening blood tests, and diabetes screening tests.

In view of the possibility that it may be appropriate to include other (or revised) elements in the definition of the term "initial preventive physical examination,'' we are requesting public comments on this issue. For example, we have chosen not to define the term "appropriate screening instrument'' for screening individuals for depression, alcohol, tobacco and illicit drug use, functional ability, and level of safety because we anticipate that the examining physician or qualified nonphysician practitioner would want to use the test of his or her choice, based on current clinical practice guidelines. We believe that any standardized screening test for depression, substance abuse, functional ability, and level of safety recognized by the American Academy of Family Physicians, the American College of Physicians-American Society of Internal Medical, the American College of Preventive Medicine, the American Geriatrics Society, the American Psychiatric Association, and the United States Preventive Services Task Force would be acceptable for purposes of meeting the "appropriate screening instrument'' provision.

To facilitate our future consideration of defining more specifically the type or types of appropriate screening instruments for depression, substance abuse, functional ability, or level of safety, we are proposing to include provisions in paragraphs (2) and (3) under the proposed definition of initial preventive physical examination that would allow us to do this through the NCD process. This proposed approach would allow us to conduct a more timely assessment of new types of screening tests than would be possible under the standard rulemaking process. We intend to use the NCD process, if necessary, for evaluating appropriate new screening tests for depression; alcohol, tobacco and illicit drug use; functional ability; or level of safety. This NCD process includes an opportunity for public comment in order to evaluate the medical and scientific issues related to the coverage of the new tests that may be brought to our attention in the future.

c. Proposed Assignment of New HCPCS Code for Payment of Initial Preventive Physical Examinations

There is no current CPT code that contains the specific elements included in the initial preventive physical examination. Therefore, we are proposing to establish the following new HCPCS code, GXXXX, Initial preventive physical examination, to be used to bill for the new service under both the Medicare physician fee schedule and the OPPS. As required by the statute, this code includes an electrocardiogram, but does not include the other previously mentioned preventive services that are currently separately covered and paid under the Medicare Part B screening benefits. When these other preventive services are performed, they should be identified using the existing appropriate codes.

For payment under the physician fee schedule, relative value units are being proposed for new HCPCS code GXXXX based on equivalent resources and work intensity to those contained in CPT E/M code 99203 (new patient, office or other outpatient visit) and CPT 93000 (electrocardiogram, complete). The "technical component'' is the portion of the physician fee schedule that is most comparable to what Medicare pays under the OPPS, the costs other than the physician professional services that are billed and paid for separately under the fee schedule, not OPPS. The estimated technical component of the physician fee schedule is between $50 and $100.

Given our lack of cost data to guide assignment of the new benefit into a clinically appropriate APC, we are proposing to assign GXXXX to the new technology APC 1539 that has a payment level of $50 to $100. Temporary assignment to a new technology APC allows us to pay for the new benefit provided in the OPD while we accrue claims data and experience on which to base a clinically relevant APC assignment.

d. Handling of Comments Received in Response to This Proposal

We will respond to all comments regarding the proposed elements required for the initial preventive physical examination, whether the examination is performed in a physician's office or clinic or in a hospital clinic, in the final rule implementing the Medicare Physician Fee Schedule for CY 2005. We will respond to comments regarding payment for the examination under the OPPS in the subsequent final rule implementing the OPPS payment rates for CY 2005.

2. Payment for Certain Mammography Services (Section 614 of Pub. L. 108–173)

[If you choose to comment on issues in this section, please indicate the caption "Mammography'' at the beginning of your comment.]

Section 614 of Pub. L. 108–173 amended section 1833(t)(1)(B)(iv) of the Act to provide that screening mammography and diagnostic mammography services are excluded from payment under the OPPS. This amendment applies to screening mammography services furnished on or after December 8, 2003 (the date of the enactment of Pub. L. 108–173), and in the case of diagnostic mammography, to services furnished on or after January 1, 2005. As a result of this amendment, both screening mammography and diagnostic mammography will be paid under the physician fee schedule.

We are proposing to amend § 419.22 of the regulations by adding a new paragraph(s) to specify that both screening mammography and diagnostic mammography will be excluded from payment under the OPPS, in accordance with section 614 of Pub. L. 108–173.

III. Proposed Recalibration of APC Relative Weights for CY 2005

[If you choose to comment on issues in this section, please include the caption

"APC Relative Weights'' at the beginning of your comment.]

A. Database Construction

Section 1833(t)(9)(A) of the Act requires that the Secretary review and revise the relative payment weights for APCs at least annually, beginning in CY 2001 for application in CY 2002. In the April 7, 2000 final rule (65 FR 18482), we explained in detail how we calculated the relative payment weights that were implemented on August 1, 2000 for each APC group. Except for some reweighting due to APC changes, these relative weights continued to be in effect for CY 2001. (See the November 13, 2000 interim final rule (65 FR 67824 through 67827).)

To recalibrate the relative APC weights for services furnished on or after January 1, 2005, and before January 1, 2006, we are proposing to use the same basic methodology that we described in the April 7, 2000 final rule. That is, we would recalibrate the weights based on claims and cost report data for outpatient services. We are proposing to use the most recent available data to construct the database for calculating APC group weights. For the purpose of recalibrating APC relative weights for CY 2005, the most recent available claims data are the approximately 119 million final action claims for hospital OPD services furnished on or after January 1, 2003, and before January 1, 2004.

Of the 119 million final action claims for OPPS services, 96.7 million claims were of the type of bill potentially appropriate for use in setting rates for OPPS services (but did not necessarily contain services payable under OPPS). Of the 96.7 million claims, we were able to use 48.5 million whole claims (from which we created 75 million single procedure claim records) to set OPPS proposed for CY 2005 weights.

The proposed weights and payments in Addenda A and B to this proposed rule were calculated using claims from this period that had been processed before January 1, 2004. We selected claims for services paid under the OPPS and matched these claims to the most recent cost report filed by the individual hospitals represented in our claims data. We are proposing that the APC relative weights for CY 2005 under the OPPS would continue to be based on the median hospital costs for services in the APC groups. For the final rule, we are proposing to base median costs on claims for services furnished in CY 2003 and processed before June 30, 2004.

1. Proposed Treatment of Multiple Procedure Claims

For CY 2005, we are proposing to continue to use single procedure claims to set the medians on which the weights would be based. We have received many requests that we ensure that the data from claims that contain charges for multiple procedures are included in the data from which we calculate the CY 2005 relative payment weights. Requesters believe that relying solely on single procedure claims to recalibrate APC weights fails to take into account data for many frequently performed procedures, particularly those commonly performed in combination with other procedures. They believe that, by depending upon single procedure claims, we base payment weights on the least costly services, thereby introducing downward bias to the medians on which the weights are based.

We agree that, optimally, it is desirable to use the data from as many claims as possible to recalibrate the relative payment weights, including those with multiple procedures. As discussed in the explanation of single procedure claims below, we have used the date of service on the claims and a list of codes to be bypassed to create "pseudo'' single claims from multiple procedure claims. We refer to these newly created single procedure claims as "pseudo'' singles because they were submitted by providers as multiple procedure claims.

2. Proposed Use of Single Procedure Claims

We use single procedure claims to set the median costs for APCs because we are, so far, unable to ensure that packaged costs can be correctly allocated across multiple procedures performed on the same date of service. However, bypassing specified codes that we believe do not have significant packaged costs enables use of more data from multiple procedure claims. For CY 2003, we created "pseudo'' single claims by bypassing HCPCS codes 93005 (Electrocardiogram, tracing), 71010 (Chest x-ray), and 71020 (Chest x-ray) on a submitted claim. However, we did not use claims data for the bypassed codes in the creation of the median costs for the APCs to which these three codes were assigned because the level of packaging that would have remained on the claim after we selected the bypass code was not apparent and therefore, it was difficult to determine if the medians for these codes would be correct.

For CY 2004, we created "pseudo'' single claims by bypassing these three codes and also by bypassing an additional 269 HCPCS codes in APCs. These codes were selected by CMS based on a clinical review of the services and because it was presumed that these codes had only very limited packaging and could appropriately be bypassed for the purpose of creating "pseudo'' single claims. The APCs to which these codes were assigned were varied and included mammography, cardiac rehabilitation, and level I plain film x-rays. To derive more "pseudo'' single claims, we also broke claims apart where there were dates of service for revenue code charges on that claim that could be matched to a single procedure code on the claim on the same date.

As in CY 2003, we did not include the claims data for the bypassed codes in the creation of the APCs to which the 269 codes were assigned because, again, we had not established that such an approach was appropriate and would aid in accurately estimating the median cost for that APC. For CY 2004, from about 16.3 million otherwise unusable claims, we were able to use about 9.5 million multiple procedure claims to create about 27 million "pseudo'' single claims. For CY 2005, from about 21 million otherwise unusable claims, we were able to use about 18 million multiple procedure claims to create about 45.5 million "pseudo'' single claims.

For CY 2005, we are proposing to continue using date of service matching as a tool for creation of "pseudo'' single claims and also to take a more empirical approach to creating the list of codes that we would bypass to create "pseudo'' single claims. The process we are proposing for CY 2005 OPPS results in our being able to use some part of 93 percent of the total claims eligible for use in OPPS ratesetting and modeling. In CY 2004, we were able to use some part of the data from 82 percent of eligible claims. This process enabled us to use 75 million single bills for ratesetting: 45.5 million "pseudo'' singles and 30.5 million "natural'' single bills.

We are proposing to bypass the 383 codes identified in Table 17 to create new single claims and to use the line-item costs associated with the bypass codes on these claims in the creation of the median costs for the APCs into which they are assigned. Of the codes on this list, only 123 (32 percent) were used for bypass in CY 2004.

We developed the proposed bypass list using four criteria:

a. We developed the following empirical standards by reviewing the frequency and magnitude of packaging in the single claims for payable codes other than drugs and biologicals. We assumed that the representation of packaging on the single claims for any given code is comparable to packaging for that code in the multiple claims.

- There were 100 or more single claims for the code. This ensured that observed outcomes were sufficiently representative of packaging that might occur in the multiple claims.
- Five percent or fewer of the single claims for the code had packaged costs on that single claim for the code. This criterion results in limiting the amount of packaging being redistributed to the payable procedure remaining on the claim after the bypass code is removed and ensures that the costs associated with the bypass code represent the cost of the bypassed service. For the remaining payable codes, the average percentage of single claims with any packaged costs was 70 percent, and the chosen threshold of 5 percent fell at roughly the 15th percentile.
- The median cost of packaging observed in the single claim was equal to or less than $50. This limits the amount of error in redistributed costs.
- The code is not a code for an unlisted service.

b. We examined APCs relying on a low volume of single claims, and it became apparent that several radiological supervision and interpretation codes were commonly billed with the procedural codes in the APCs. We then reviewed all radiological supervision and interpretation codes to assess their viability as bypass codes. For the codes included on the list in Table 17, we determined that, generally, the packaging on claims, including these radiological supervision and interpretation codes, should be associated with the procedure performed.

c. We examined radiation planning and related codes provided by a professional organization. In the organization's opinion, the codes could safely be bypassed and used without packaging to set medians for the APCs into which these codes are assigned. Many of the codes the organization recommended met our criterion under item a., and the remaining codes were close. Therefore, after reviewing such codes, we are proposing to adopt as bypass codes all radiation planning and related codes as provided by the organization.

d. We included HCPCS codes 93005 and 71010. These codes have been bypassed for the past 3 years and generate a significant amount of new single claims because they are very commonly done on the same date of surgery. They have low median packaged costs and a low percentage of single claims with any packaged costs, 6 percent and 18 percent, respectively.

We invite public comment on the "pseudo'' single process, including the bypass list and the criteria.

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Table 17.—Proposed HCPCS Bypass Codes for Creating "Pseudo" Single Claims for Calculating Median Costs

HCPCS Code	Short Description
11719	Trim nail(s)
11720	Debride nail, 1-5
11721	Debride nail, 6 or more
31579	Diagnostic laryngoscopy
54240	Penis study
70100	X-ray exam of jaw
70110	X-ray exam of jaw
70130	X-ray exam of mastoids
70140	X-ray exam of facial bones
70150	X-ray exam of facial bones
70160	X-ray exam of nasal bones
70200	X-ray exam of eye sockets
70210	X-ray exam of sinuses
70220	X-ray exam of sinuses
70250	X-ray exam of skull
70260	X-ray exam of skull
70328	X-ray exam of jaw joint
70330	X-ray exam of jaw joints
70355	Panoramic x-ray of jaws
70360	X-ray exam of neck
70371	Speech evaluation, complex
70450	Ct head/brain w/o dye
70480	Ct orbit/ear/fossa w/o dye
70486	Ct maxillofacial w/o dye
70544	Mr angiography head w/o dye
71015	Chest x-ray
71020	Chest x-ray
71021	Chest x-ray
71022	Chest x-ray
71030	Chest x-ray
71034	Chest x-ray and fluoroscopy
71100	X-ray exam of ribs
71101	X-ray exam of ribs/chest
71110	X-ray exam of ribs
71111	X-ray exam of ribs/ chest

HCPCS Code	Short Description
71120	X-ray exam of breastbone
71130	X-ray exam of breastbone
71250	Ct thorax w/o dye
72040	X-ray exam of neck spine
72050	X-ray exam of neck spine
72052	X-ray exam of neck spine
72070	X-ray exam of thoracic spine
72072	X-ray exam of thoracic spine
72074	X-ray exam of thoracic spine
72080	X-ray exam of trunk spine
72090	X-ray exam of trunk spine
72100	X-ray exam of lower spine
72110	X-ray exam of lower spine
72114	X-ray exam of lower spine
72120	X-ray exam of lower spine
72125	Ct neck spine w/o dye
72141	Mri neck spine w/o dye
72146	Mri chest spine w/o dye
72148	Mri lumbar spine w/o dye
72170	X-ray exam of pelvis
72190	X-ray exam of pelvis
72192	Ct pelvis w/o dye
72220	X-ray exam of tailbone
73000	X-ray exam of collar bone
73010	X-ray exam of shoulder blade
73020	X-ray exam of shoulder
73030	X-ray exam of shoulder
73050	X-ray exam of shoulders
73060	X-ray exam of humerus
73070	X-ray exam of elbow
73080	X-ray exam of elbow
73090	X-ray exam of forearm
73100	X-ray exam of wrist
73110	X-ray exam of wrist
73120	X-ray exam of hand
73130	X-ray exam of hand
73140	X-ray exam of finger(s)
73218	Mri upper extremity w/o dye

HCPCS Code	Short Description
73221	Mri joint upr extrem w/o dye
73510	X-ray exam of hip
73520	X-ray exam of hips
73540	X-ray exam of pelvis & hips
73550	X-ray exam of thigh
73560	X-ray exam of knee, 1 or 2
73562	X-ray exam of knee, 3
73564	X-ray exam, knee, 4 or more
73565	X-ray exam of knees
73590	X-ray exam of lower leg
73600	X-ray exam of ankle
73610	X-ray exam of ankle
73620	X-ray exam of foot
73630	X-ray exam of foot
73650	X-ray exam of heel
73660	X-ray exam of toe(s)
73700	Ct lower extremity w/o dye
73721	Mri jnt of lwr extre w/o dye
74000	X-ray exam of abdomen
74210	Contrst x-ray exam of throat
74220	Contrast x-ray, esophagus
74230	Cine/vid x-ray, throat/esoph
74240	X-ray exam, upper gi tract
74245	X-ray exam, upper gi tract
74246	Contrst x-ray uppr gi tract
74247	Contrst x-ray uppr gi tract
74249	Contrst x-ray uppr gi tract
74250	X-ray exam of small bowel
76040	X-rays, bone evaluation
76061	X-rays, bone survey
76062	X-rays, bone survey
76066	Joint survey, single view
76075	Dexa, axial skeleton study
76076	Dexa, peripheral study
76078	Radiographic absorptiometry
76090	Mammogram, one breast
76091	Mammogram, both breasts
76100	X-ray exam of body section

HCPCS Code	Short Description
76101	Complex body section x-ray
76380	CAT scan follow-up study
76511	Echo exam of eye
76512	Echo exam of eye
76516	Echo exam of eye
76519	Echo exam of eye
76536	Us exam of head and neck
76645	Us exam, breast(s)
76700	Us exam, abdom, complete
76705	Echo exam of abdomen
76770	Us exam abdo back wall, comp
76775	Us exam abdo back wall, lim
76830	Transvaginal us, non-ob
76856	Us exam, pelvic, complete
76857	Us exam, pelvic, limited
76870	Us exam, scrotum
76880	Us exam, extremity
76977	Us bone density measure
77280	Set radiation therapy field
77285	Set radiation therapy field
77300	Radiation therapy dose plan
77301	Radiotherapy dose plan, imrt
77315	Teletx isodose plan complex
77326	Brachytx isodose calc simp
77328	Brachytx isodose plan compl
77332	Radiation treatment aid(s)
77334	Radiation treatment aid(s)
77336	Radiation physics consult
77403	Radiation treatment delivery
77409	Radiation treatment delivery
77411	Radiation treatment delivery
77412	Radiation treatment delivery
77413	Radiation treatment delivery
77414	Radiation treatment delivery
77416	Radiation treatment delivery
77417	Radiology port film(s)
77418	Radiation tx delivery, imrt
78350	Bone mineral, single photon

HCPCS Code	Short Description
78351	Bone mineral, dual photon
80502	Lab pathology consultation
85060	Blood smear interpretation
86585	TB tine test
86850	RBC antibody screen
86870	RBC antibody identification
86880	Coombs test, direct
86885	Coombs test, indirect, qual
86886	Coombs test, indirect, titer
86890	Autologous blood process
86900	Blood typing, ABO
86901	Blood typing, Rh (D)
86905	Blood typing, RBC antigens
86906	Blood typing, Rh phenotype
86930	Frozen blood prep
86970	RBC pretreatment
88104	Cytopathology, fluids
88106	Cytopathology, fluids
88107	Cytopathology, fluids
88108	Cytopath, concentrate tech
88160	Cytopath smear, other source
88161	Cytopath smear, other source
88172	Cytopathology eval of fna
88180	Cell marker study
88182	Cell marker study
88300	Surgical path, gross
88304	Tissue exam by pathologist
88305	Tissue exam by pathologist
88311	Decalcify tissue
88312	Special stains
88313	Special stains
88321	Microslide consultation
88323	Microslide consultation
88325	Comprehensive review of data
88331	Path consult intraop, 1 bloc
88342	Immunohistochemistry
88346	Immunofluorescent study
88347	Immunofluorescent study

HCPCS Code	Short Description
90801	Psy dx interview
90805	Psytx, off, 20-30 min w/e&m
90806	Psytx, off, 45-50 min
90807	Psytx, off, 45-50 min w/e&m
90808	Psytx, office, 75-80 min
90809	Psytx, off, 75-80, w/e&m
90810	Intac psytx, off, 20-30 min
90818	Psytx, hosp, 45-50 min
90826	Intac psytx, hosp, 45-50 min
90845	Psychoanalysis
90846	Family psytx w/o patient
90847	Family psytx w/patient
90853	Group psychotherapy
90857	Intac group psytx
90862	Medication management
92002	Eye exam, new patient
92004	Eye exam, new patient
92012	Eye exam established pat
92014	Eye exam & treatment
92082	Visual field examination(s)
92083	Visual field examination(s)
92135	Opthalmic dx imaging
92136	Ophthalmic biometry
92225	Special eye exam, initial
92226	Special eye exam, subsequent
92230	Eye exam with photos
92250	Eye exam with photos
92275	Electroretinography
92285	Eye photography
92286	Internal eye photography
92520	Laryngeal function studies
92546	Sinusoidal rotational test
92548	Posturography
92552	Pure tone audiometry, air
92553	Audiometry, air & bone
92555	Speech threshold audiometry
92556	Speech audiometry, complete
92567	Tympanometry

HCPCS Code	Short Description
92582	Conditioning play audiometry
92585	Auditor evoke potent, compre
93225	ECG monitor/record, 24 hrs
93226	ECG monitor/report, 24 hrs
93231	Ecg monitor/record, 24 hrs
93232	ECG monitor/report, 24 hrs
93236	ECG monitor/report, 24 hrs
93270	ECG recording
93278	ECG/signal-averaged
93303	Echo transthoracic
93307	Echo exam of heart
93320	Doppler echo exam, heart
93731	Analyze pacemaker system
93733	Telephone analy, pacemaker
93734	Analyze pacemaker system
93736	Telephonic analy, pacemaker
93743	Analyze ht pace device dual
93797	Cardiac rehab
93798	Cardiac rehab/monitor
93875	Extracranial study
93880	Extracranial study
93882	Extracranial study
93886	Intracranial study
93888	Intracranial study
93922	Extremity study
93923	Extremity study
93924	Extremity study
93925	Lower extremity study
93926	Lower extremity study
93931	Upper extremity study
93965	Extremity study
93970	Extremity study
93971	Extremity study
93975	Vascular study
93976	Vascular study
93978	Vascular study
93979	Vascular study
93990	Doppler flow testing

HCPCS Code	Short Description
94015	Patient recorded spirometry
95115	Immunotherapy, one injection
95165	Antigen therapy services
95805	Multiple sleep latency test
95807	Sleep study, attended
95812	Eeg, 41-60 minutes
95813	Eeg, over 1 hour
95816	Eeg, awake and drowsy
95819	Eeg, awake and asleep
95822	Eeg, coma or sleep only
95864	Muscle test, 4 limbs
95872	Muscle test, one fiber
95900	Motor nerve conduction test
95921	Autonomic nerv function test
95926	Somatosensory testing
95930	Visual evoked potential test
95937	Neuromuscular junction test
95950	Ambulatory eeg monitoring
95953	EEG monitoring/computer
96000	Motion analysis, video/3d
96100	Psychological testing
96105	Assessment of aphasia
96115	Neurobehavior status exam
96900	Ultraviolet light therapy
96910	Photochemotherapy with UV-B
96912	Photochemotherapy with UV-A
96913	Photochemotherapy, UV-A or B
98940	Chiropractic manipulation
99213	Office/outpatient visit, est
99214	Office/outpatient visit, est
99241	Office consultation
99243	Office consultation
99244	Office consultation
99245	Office consultation
99273	Confirmatory consultation
99274	Confirmatory consultation
99275	Confirmatory consultation
C9708	Preview Tx Planning Software

HCPCS Code	Short Description
D0473	Micro exam, prep & report
G0005	ECG 24 hour recording
G0006	ECG transmission & analysis
G0015	Post symptom ECG tracing
G0101	CA screen;pelvic/breast exam
G0127	Trim nail(s)
G0131	CT scan, bone density study
G0132	CT scan, bone density study
G0166	Extrnl counterpulse, per tx
G0175	OPPS Service,sched team conf
G0195	Clinicalevalswallowingfunct
G0196	Evalofswallowingwithradioopa
G0198	Patientadapation&trainforspe
G0202	Screeningmammographydigital
G0204	Diagnosticmammographydigital
G0206	Diagnosticmammographydigital
G0236	Digital film convert diag ma
Q0091	Obtaining screen pap smear
71090	X-ray & pacemaker insertion
74235	Remove esophagus obstruction
74300	X-ray bile ducts/pancreas
74301	X-rays at surgery add-on
74305	X-ray bile ducts/pancreas
74327	X-ray bile stone removal
74328	X-ray bile duct endoscopy
74329	X-ray for pancreas endoscopy
74330	X-ray bile/panc endoscopy
74340	X-ray guide for GI tube
74350	X-ray guide, stomach tube
74355	X-ray guide, intestinal tube
74360	X-ray guide, GI dilation
74363	X-ray, bile duct dilation
74475	X-ray control, cath insert
74480	X-ray control, cath insert
74485	X-ray guide, GU dilation
74742	X-ray, fallopian tube
75894	X-rays, transcath therapy
75898	Follow-up angiography

HCPCS Code	Short Description
75900	Arterial catheter exchange
75901	Remove cva device obstruct
75902	Remove cva lumen obstruct
75945	Intravascular us
75946	Intravascular us add-on
75952	Endovasc repair abdom aorta
75953	Abdom aneurysm endovas rpr
75954	Iliac aneurysm endovas rpr
75960	Transcatheter intro, stent
75961	Retrieval, broken catheter
75962	Repair arterial blockage
75964	Repair artery blockage, each
75966	Repair arterial blockage
75968	Repair artery blockage, each
75970	Vascular biopsy
75978	Repair venous blockage
75980	Contrast x-ray exam bile duct
75982	Contrast x-ray exam bile duct
75984	X-ray control catheter change
75992	Atherectomy, x-ray exam
75993	Atherectomy, x-ray exam
75994	Atherectomy, x-ray exam
75995	Atherectomy, x-ray exam
75996	Atherectomy, x-ray exam
75998	Fluoroguide for vein device
76012	Percut vertebroplasty fluor
76013	Percut vertebroplasty, ct
76095	Stereotactic breast biopsy
76096	X-ray of needle wire, breast
76360	Ct scan for needle biopsy
76393	Mr guidance for needle place
76941	Echo guide for transfusion
76945	Echo guide, villus sampling
76946	Echo guide for amniocentesis
76948	Echo guide, ova aspiration
93005	Electrocardiogram, tracing
71010	Chest x-ray
77326	Radiation therapy dose plan

HCPCS Code	Short Description
77327	Brachytx isodose calc interm
77331	Special radiation dosimetry
77333	Radiation treatment aid(s)
77370	Radiation physics consult
77399	External radiation dosimetry
77470	Special radiation treatment

However, we note several inherent features of multiple bill claims that prevented us from the further creation of "pseudo'' singles. We discussed these obstacles in detail in the August 9, 2002 proposed rule (67 FR 52092, 52108 through 52111) and the November 1, 2001 final rule (66 FR 66718 and 66743 through 66746).

Notwithstanding the obstacles in creating additional "pseudo'' single claims, we have received a number of suggestions from outside sources providing options to this approach. Some of the suggestions involved complex methodologies driven by lengthy tables of codes and complex logic that focused on creating "pseudo'' singles by packaging specific packaged HCPCS codes with specific payable HCPCS codes. While we appreciate the time and attention spent by various parties interested in this issue, our review of the suggestions and our empirical analysis of the most specific and detailed recommendation using the data used to develop the APC relative weights for the APC Panel's February 2004 meeting indicated that code-specific packaging would add a significant amount of time and complexity to the ratesetting process and would require involved annual maintenance to accurately update the code sets used in the suggested methodology each year. Moreover, we would experience only a modest increase in "pseudo'' single claims.

Further, code-specific packaging does not appear to appreciably increase the volume of single bills available for calculating medians for those APCs that are currently derived from a small volume of total claims. We believe that the observed modest improvements in the "pseudo'' single claims volume from code-specific packaging can be attributed to the number and variety of services billed on multiple procedure claims, which often have complex HCPCS code combinations. These complex claims cannot be reduced to single bills by packaging the costs for a few procedures. In light of these findings, we are not proposing to adopt any code-specific packaging proposals. However, we would review and consider any other specific proposals that we received as comments.

Other suggestions included recommendations that the costs in packaged revenue codes and packaged HCPCS codes be allocated separately to paid HCPCS codes based on the prior year's payment weights or payment rates for the single procedures. Still other suggestions recommended that we allocate the packaged costs in proportion to the charges or to the costs for the major procedures based on the current year's claims. We are concerned that using a prior year's median costs, relative weights or payment rates as the basis to allocate current year's packaged costs to current year costs for payable HCPCS codes may not be appropriate. For example, if two procedures are performed and one uses an expensive device, this methodology would split the costs of the device between the service that uses the device and a service that does not use the device, thus resulting in incorrect allocation of the packaged costs. Therefore, we are not proposing to incorporate these suggestions in our ratesetting methodology but we intend to examine them more thoroughly.

We continue to seek strategies that would enable us to use more multiple procedure claims and continue to explore whether there are techniques that could result in medians that are more representative of the relative cost of the services being furnished. However, at this time, we are not proposing a methodology beyond use of dates of service and the expanded bypass list. We solicit specific proposals provided in comments on how multiple procedure claims can be better used in calculating the relative payment weights.

B. Proposed Calculation of Median Costs for CY 2005

In this section of the preamble, we discuss the use of claims to calculate the proposed OPPS payment rates for CY 2005. (See the hospital outpatient prospective payment page on the CMS website on which this proposed rule is posted for an accounting of claims used in the development of the proposed rates: *www.cms.hhs.gov/hopps.*) The accounting of claims used in the development of the proposed rule is included under supplemental materials for this proposed rule. That accounting provides additional detail regarding the number of claims derived at each stage of the process. In addition, we note that below we discuss the files of claims that comprise the data sets that are available for purchase under a CMS data user contract. See *www.cms.hhs.gov/providers/hopps* for information about purchasing the following two OPPS data files: "OPPS limited data set'' and "OPPS identifiable data set''.

We are proposing to use the following methodology to establish the weights to be used to set payment rates for CY 2005:

We are proposing to use outpatient claims for full CY 2003 to set the weights for CY 2005. To begin the calculation of the weights for this proposed rule for CY 2005, we pulled all claims for outpatient services furnished in CY 2003 from the national claims history file. This is not the population of claims paid under the OPPS, but all outpatient claims (for example, ambulatory surgical center (ASC) claims reported on bill type 83, critical access hospital (CAH) claims, and hospital claims for clinical laboratory services for persons who are neither inpatients nor outpatients of the hospital).

We then excluded claims with condition code 04, 20, 21, 77. These are claims that providers submitted to Medicare knowing that no payment will be made. For example, providers submit claims with a condition code 21 to elicit

an official denial notice from Medicare and document that a service is not covered. We then excluded claims for services furnished in Maryland, Guam, and the U.S. Virgin Islands because hospitals in those geographic areas are not paid under the OPPS.

We divided the remaining claims into three groups shown below. Groups 2 and 3 comprise the 96.7 million claims that contain hospital bill types paid under the OPPS.

1. Claims that were not bill types 12X, 13X, 14X (hospital bill types) or 76X (CMHC bill types). Other bill types, such as ASCs, bill type 83, are not paid under the OPPS and, therefore, these claims were not used to set OPPS payment.

2. Bill types 12X, 13X, or 14X (hospital bill types). These claims are hospital outpatient claims.

3. Bill type 76X (CMHC). (These claims are later combined with any claims in item 2 above with a condition code 41 to set the per diem partial hospitalization rate determined through a separate process.)

In previous years, we have begun the CCR calculation process using the most recent available cost reports for all hospitals irrespective of whether any or all of the hospitals included actually filed hospital outpatient claims for the data period. However, for this proposed rule, we first limited the population of cost reports to only those for hospitals that filed outpatient claims in CY 2003 before determining whether the CCRs for such hospitals were valid. This initial limitation changed the distribution of CCRs used during the trimming process discussed below.

We then calculated the cost-to-charge ratios (CCRs) at a departmental level and overall for each hospital for which we had claims data. We did this using hospital specific data from the Hospital Cost Report Information System (HCRIS). We used the most recent available cost report data, in most cases, cost reports for CY 2001 or CY 2002. We used the most recent available cost report, whether submitted or settled. If the most recent available cost report was submitted but not settled, we looked at the last settled cost report to determine the ratio of submitted to settled cost and we then adjusted the most recent available submitted but not settled cost report using that ratio. We are proposing to use these same CCRs ratios for the final rule.

We then flagged CAHs, which are not paid under the OPPS, and hospitals with invalid CCRs. These included claims from hospitals without a CCR, for hospitals paid an all-inclusive rate, for hospitals with obviously erroneous CCRs (greater than 90 or less than .0001), and for hospitals with CCRs that were identified as outliers (3 standard deviations from the geometric mean after removing error CCRs). In addition, we trimmed the CCRs at the departmental level by removing the CCRs for each cost center as outliers if they exceeded ±3 standard deviations of the geometric mean. We are proposing to use these trimmed CCRs for the final rule. In prior years, we did not trim CCRs at the departmental level. However, for CY 2005, we are proposing to trim at the departmental CCR level to eliminate aberrant CCRs that, if found in high volume hospitals, could skew the medians. We used a four-tiered hierarchy of cost center CCRs to match a cost center to a revenue code with the top tier being the most common cost center and the last tier being the default CCR. If a hospital's departmental CCR was deleted by trimming, we set the departmental CCR for that cost center to "missing," so that another departmental CCR in the revenue center hierarchy could apply. If no other departmental CCR could apply to the revenue code on the claim, we used the hospital's overall CCR for the revenue code in question.

We then converted the charges on the claim by applying the CCR that we believed was best suited to the revenue code indicated on the line with the charge. See Table 18 for the allowed revenue codes. Revenue codes not on this list are those not allowed under the OPPS because their services cannot be paid under the OPPS (for example, inpatient room and board charges) and, thus, charges with those revenue codes were not packaged for creation of the OPPS median costs. If a hospital did not have a CCR that was appropriate to the revenue code reported for a line item charge (for example, a visit reported under the clinic revenue code but the hospital did not have a clinic cost center), we applied the hospital-specific overall CCR, except as discussed in section V.H. of this proposed rule for calculation of costs for blood.

Thus, we applied CCRs as described above to claims with bill types 12X, 13X, or 14X, excluding all claims from CAHs and hospitals in Maryland, Guam, or the U.S. Virgin Islands, and flagged hospitals with invalid CCRs. We excluded claims from all hospitals for which CCRs were flagged as invalid.

We identified claims with condition code 41 as partial hospitalization services of CMHCs and removed them to another file. These claims were combined with the 76X claims identified previously to calculate the partial hospitalization per diem rate.

We then excluded claims without a HCPCS code. We also removed claims for observation services to another file. We removed to another file claims that contain nothing but flu and pneumococcal pneumonia (virus) ("PPV") vaccine. Influenza and PPV vaccines are paid at reasonable cost and, therefore, these claims are not used to set OPPS rates. We note that the two above mentioned separate files containing partial hospitalization claims and the observation services claims are included in the files that are available for purchase as discussed above.

We next copied line item costs for drugs, blood, and devices (the lines stay on the claim but are copied off onto another file) to a separate file. No claims were deleted when we copied these lines onto another file. These line-items are used to calculate the per unit median for drugs, radiopharmaceuticals, and blood and blood products. The line-item costs were also used to calculate the per administration cost of drugs, radiopharmaceuticals, and biologicals (other than blood and blood products) for purposes of determining whether the cost of the item would be packaged or be paid separately. Section 1833(t)(16)(B) of the Act, as added by section 621(a)(2) of Pub. L. 108–173, requires the Secretary to lower to $50 the threshold for separate payment of drugs and biologicals and the per administration cost derived using these line-item cost data would be used to make that decision for CY 2005. As discussed in our November 7, 2003 final rule with comment period (68 FR 63398), we had also applied a $50 threshold for the CY 2004 update to the OPPS.

We then divided the remaining claims into five groups.

1. *Single Major Claims:* Claims with a single separately payable procedure, all of which would be used in median setting.

2. *Multiple Major Claims:* Claims with more than one separately payable procedure or multiple units for one payable procedure. As discussed below, some of these can be used in median setting.

3. *Single Minor Claims:* Claims with a single HCPCS code that is not separately payable. These claims may have a single packaged procedure or a drug code.

4. *Multiple Minor Claims:* Claims with multiple HCPCS codes that are not separately payable without examining dates of service. (For example, pathology codes are packaged unless they appear on a single bill by themselves. The multiple minor file has claims with multiple occurrences of pathology codes, with packaged costs

that cannot be appropriately allocated across the multiple pathology codes. However, by matching dates of service for the code and the reported costs through the "pseudo'' single creation process discussed earlier, a claim with multiple pathology codes may become several "pseudo'' single claims with a unique pathology code and its associated costs on each day. These "pseudo'' singles for the pathology codes would then be considered a separately payable code and would be used like claims in the single major claim file.

5. *Non-OPPS Claims:* Claims that contain no services payable under the OPPS are excluded from the files used for the OPPS. Non-OPPS claims have codes paid under other fee schedules, for example, DME or clinical laboratory.

We note that the claims listed in numbers 1 through 4 above are included in the data files that can be purchased as described above.

We set aside the single minor claims and the non-OPPS claims (numbers 3 and 5 above) because we did not use either in calculating median cost.

We then examined the multiple major and multiple minor claims (numbers 2 and 4 above) to determine if we could convert any of them to single major claims using the process described previously. We first grouped items on the claims by date of service. If each major procedure on the claim had a different date of service and if the line items for packaged HCPCS and packaged revenue codes had dates of service, we broke the claim into multiple "pseudo'' single claims based on the date of service.

After those single claims were created, we used a list of "bypass codes'' to remove separately payable procedures that are thought to contain limited costs or no packaged costs from a multiple procedure bill. A discussion of the creation of the list of bypass codes used for the creation of "pseudo'' single claims is contained in section III.A.2. of this preamble and the list of codes is provided in Table 17.

We excluded those claims that we were not able to convert to singles even after applying both of the techniques for creation of "pseudo'' singles. We then packaged the costs of packaged HCPCS (codes with status indicator "N'' on Addendum B to this proposed rule) and packaged revenue codes (listed in Table 18) into the cost of the single major procedure remaining on the claim.

After removing claims for hospitals with error CCRs, claims without HCPCS codes, claims for immunizations not covered under the OPPS, and claims for services not paid under the OPPS, 52.2 millions claims were left. This subset of claims is roughly one-half of the 96.7 million claims for bill types paid under the OPPS. Of these 52.2 million claims, we were able to use some portion of 48.5 million (93 percent) whole claims to create the 75 million single and "pseudo'' single claims for use in our CY 2005 median payment ratesetting.

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Table 18.--Proposed Packaged Services by Revenue Code

Revenue Code	Description
250	PHARMACY
251	GENERIC
252	NONGENERIC
254	PHARMACY INCIDENT TO OTHER DIAGNOSTIC
255	PHARMACY INCIDENT TO RADIOLOGY
257	NONPRESCRIPTION DRUGS
258	IV SOLUTIONS
259	OTHER PHARMACY
260	IV THERAPY, GENERAL CLASS
262	IV THERAPY/PHARMACY SERVICES
263	SUPPLY/DELIVERY
264	IV THERAPY/SUPPLIES
269	OTHER IV THERAPY
270	M&S SUPPLIES
271	NONSTERILE SUPPLIES
272	STERILE SUPPLIES

Revenue Code	Description
274	PROSTHETIC/ORTHOTIC DEVICES
275	PACEMAKER DRUG
276	INTRAOCULAR LENS SOURCE DRUG
278	OTHER IMPLANTS
279	OTHER M&S SUPPLIES
280	ONCOLOGY
289	OTHER ONCOLOGY
290	DURABLE MEDICAL EQUIPMENT
370	ANESTHESIA
371	ANESTHESIA INCIDENT TO RADIOLOGY
372	ANESTHESIA INCIDENT TO OTHER DIAGNOSTIC
379	OTHER ANESTHESIA
390	BLOOD STORAGE AND PROCESSING
399	OTHER BLOOD STORAGE AND PROCESSING
560	MEDICAL SOCIAL SERVICES
569	OTHER MEDICAL SOCIAL SERVICES
621	SUPPLIES INCIDENT TO RADIOLOGY
622	SUPPLIES INCIDENT TO OTHER DIAGNOSTIC
624	INVESTIGATIONAL DEVICE (IDE)
630	DRUGS REQUIRING SPECIFIC IDENTIFICATION, GENERAL CLASS
631	SINGLE SOURCE
632	MULTIPLE
633	RESTRICTIVE PRESCRIPTION
637	SELF-ADMINISTERED DRUG (INSULIN ADMIN. IN EMERGENCY DIABETIC COMA)
681	TRAUMA RESPONSE, LEVEL I
682	TRAUMA RESPONSE, LEVEL II
683	TRAUMA RESPONSE, LEVEL III
684	TRAUMA RESPONSE, LEVEL IV
689	TRAUMA RESPONSE , OTHER
700	CAST ROOM
709	OTHER CAST ROOM
710	RECOVERY ROOM
719	OTHER RECOVERY ROOM
720	LABOR ROOM
721	LABOR
762	OBSERVATION ROOM
810	ORGAN ACQUISITION
819	OTHER ORGAN ACQUISITION
942	EDUCATION/TRAINING

We also excluded claims that either had zero costs after summing all costs on the claim or for which CMS lacked an appropriate provider wage index. For the remaining claims, we then wage adjusted 60 percent of the cost of the claim (which we determined to be the labor-related portion), as has been our policy since initial implementation of

the OPPS, to adjust for geographic variation in labor-related costs. We made this adjustment by determining the wage index that applied to the hospital that furnished the service and dividing the cost for the separately paid HCPCS code furnished by the hospital by that wage index. We used the pre-reclassified wage index proposed for IPPS published in the hospital IPPS proposed rule on May 18, 2004 (69 FR 28196), and corrected in the IPPS correction notice published on June 25, 2004 (69 FR 35919). These wage indices are reprinted in Addenda L and M to this proposed rule. We are proposing to use the pre-reclassified wage index for standardization because we believe that it better reflects the true costs of items and services in the area in which the hospital is located than the post-reclassification wage index, and would result in the most accurate adjusted median costs.

We then excluded claims that were outside 3 standard deviations from the geometric mean cost for each HCPCS code. We used the remaining claims to calculate median costs for each separately payable HCPCS code; first, to determine the applicability of the "2 times'' rule, and second, to determine APC medians as based on the claims containing the HCPCS codes assigned to each APC. As stated previously, section 1833(t)(2) of the Act provides that, subject to certain exceptions, the items and services within an APC group cannot be considered comparable with respect to the use of resources if the highest median (or mean cost, if elected by the Secretary) for an item or service in the group is more than 2 times greater than the lowest median cost for an item or service within the same group ("the 2 times rule''). Finally, we reviewed the medians and reassigned HCPCS codes to different APCs as deemed appropriate. See section III.B. of this preamble for a discussion of the proposed HCPCS code assignment changes that resulted from examination of the medians and for other reasons. The APC medians were recalculated after we reassigned the affected HCPCS codes.

For discussion of the medians for blood and blood products see V.I of this preamble. For a discussion of the medians for APC 0315 (Level II Implantation of Neurostimulator), APC 0422 (Implantation of the BARD Endoscopic Suturing System), and APC 0651 (Complex Interstitial Radiation Application), see sections III.C.2.a., III.C.2.b., and III.C.2.c., respectively, of this preamble.

For discussion of the medians for APCs that require one or more devices when the service is performed, see section III.C. of this preamble. For a discussion of the median for observation services, see section VII.D. of this preamble and for a discussion of the median for partial hospitalization, see section X.C.

C. Proposed Adjustment of Median Costs for CY 2005

1. Device-Dependent APCs

Table 19 contains a list of APCs consisting of HCPCS codes that cannot be provided without one or more devices. For CY 2002, we used external data in part to establish the median used for weight setting. At that time, many devices were eligible for pass-through payment. For that year, we estimated that the total amount of pass-through payments would far exceed the limit imposed by statute. To reduce the amount of a pro rata adjustment to all pass-through items, we packaged 75 percent of the cost of the devices (using external data furnished by commenters on the August 24, 2001 proposed rule) into the median cost for the APCs associated with these pass-through devices. The remaining 25 percent of the cost was considered to be pass-through payment. (See section VI. of this preamble for discussion of pro rata adjustment.)

For CY 2003 OPPS, which was based on CY 2001 claims data, we found that the median costs for certain device-dependent APCs when all claims were used were substantially less than the median costs used for 2002. We were concerned that using the medians calculated from all claims would result in payments for some APCs that would not compensate the hospital even for the cost of the device. Therefore, we calculated a median cost using only claims from hospitals that had separately billed the pass-through device in CY 2001 (that is, hospitals whose claims contained the "C'' code for the pass-through device). Furthermore, for any APC (whether device dependent or not) where the median cost would have decreased by 15 percent or more from CY 2002 to CY 2003, we limited decreases in median costs by 15 percent plus half of the amount of any reduction beyond 15 percent (see 68 FR 47984). For a few particular device-dependent APCs for which we believed that access to the service was in jeopardy, we blended external data furnished by commenters on the August 9, 2002 proposed rule (see 67 FR 57092) with claims data to establish the median cost used to set the payment rate. For CY 2003, we also eliminated the HCPCS "C'' codes for the devices and returned to providers those claims on which the deleted device codes were used. (See 67 FR 66750, November 1, 2002, and section IV.B. of this preamble for a discussion regarding the required use of C codes for specific categories of devices.)

For CY 2004 OPPS, which was based on CY 2002 claims data, we used only claims on which hospitals had reported devices to establish the median cost for certain APCs. We did this because we found that the median costs calculated when we used all claims for these services were inadequate to cover the cost of the device if the device was not separately coded on the claim. Using only claims containing the code for the device (a "C'' code) provided costs that were closer to those used for CY 2002 and CY 2003 for these services. For a few particular APCs in which we believed that access to the service was in jeopardy, we used external data provided by commenters on the August 12, 2003 proposed rule in a 50-percent blend with claims data to establish the device portion of the median cost used to set the payment rate (68 FR 63423). We also reinstated, but on a voluntary basis, the reporting of "C'' codes for devices.

Thus, in developing the median costs for device-dependent APCs for CYs 2002, 2003, and 2004, we applied certain adjustments to our claims data as provided under the authority of section 1833(t)(9)(A) of the Act to ensure equitable payments to the hospitals for the provision of such services. We have continued to receive comments from interested parties as part of the APC Panel process urging us to determine whether the claims data that would be used in calculating the median costs for device-dependent APCs for payment in CY 2005 would represent valid relative costs for these services. Careful analysis of the CY 2003 data that we are proposing to use in calculating the median costs for the CY 2005 OPPS revealed problems similar to those discussed above in calculating device-dependent APC median costs based solely on claims data. Calculation of the CY 2005 median costs for the device-dependent APCs indicated that some of the medians appeared to appropriately reflect the costs of the services, including the cost of the device, and others did not. Of the 43 device-dependent APCs analyzed , 31 have median costs that are lower than the medians on which the OPPS payments were based in CY 2004. In contrast, 11 device-dependent APCs have median costs that are higher than the medians on which OPPS payments were based in CY 2004.

The differences between the CY 2004 payment medians and the proposed CY 2005 median costs using CY 2003 claims data are attributable to several factors. As discussed above, the CY 2004 payment medians were based on a subset of claims that contained the codes for the devices without which the procedures could not be performed, and several APCs were adjusted using external data. The proposed CY 2005 OPPS median costs were calculated based on all single bills, including "pseudo'' single bills, for the services in the APCs and (not a subset of claims containing device codes) and were not adjusted using external data. In fact, as stated previously, we eliminated device coding requirements for hospitals in CY 2003. Consequently, there were no device codes reported for almost all devices in the CY 2003 claims data. Thus, it was not possible to use only the CY 2003 claims data containing device codes to calculate APC device-dependent medians as was done in CY 2004. Similarly, it was not possible to calculate a percentage of the APC cost attributed to device codes as would be needed to use external data to adjust CY 2003 claims data.

In light of these data issues for CY 2005, we examined several alternatives to using CY 2003 claims data to calculate the proposed median costs for device-dependent APCs. We considered using CY 2004 OPPS medians with an inflation factor, as recommended by the Panel and by several outside organizations. We rejected this option because it would not recognize any changes in relative costs for these APCs and would not direct us towards our goal of using all single claims data as the basis for payment weights for all OPPS services.

We also considered using the medians we calculated from all single bills with no adjustments. However, the results of using this approach without increasing the payments for some important high cost services for CY 2005 could result in the closing of hospital programs that provide these services thus, jeopardizing access to needed care. Therefore, we did not adopt this approach.

In addition, we considered subsetting claims based on the presence of charges in certain revenue codes. Specifically, we reviewed those codes where we require that hospitals report charges for the devices required for these procedures. These revenue codes include: 272, sterile supplies; 275, pacemakers; 278, other implants; 279, other supplies/devices; 280, oncology; 289, other oncology; and 624, investigational devices. We determined that the medians increased for some device-dependent APCs when we used only claims with a charge in at least one of these revenue codes, but our analysis provided no reliable evidence that the charges that would be found in these revenue codes were necessarily for the cost of the device.

Further, we considered using CY 2002 claims to calculate a ratio between the median calculated using all single bills and the median calculated using only claims with HCPCS codes for devices on them, and applying that ratio to the median calculated using all single bills from CY 2003 claims data. We rejected this option because it assumes that the relationship between the costs of the claims with and without codes for devices is a valid relationship not only for CY 2002 but CY 2003 as well. It also assumes no changes in billing behavior. We have no reason to believe either of these assumptions is true and, therefore, we did not choose this option.

In summary, we considered and rejected all of the above options. We have given special treatment to the device-dependent APCs for the past 3 years, recognizing that, in a new payment system, hospitals need time to establish correct coding processes and, considering the need to ensure continued access to these important services. After 3 years of such consideration, we believe that it is time to begin a transition to the use of pure claims data for these services (reflected in these APCs) to ensure the appropriate relativity of the median costs for all payable OPPS services. Our goal is to establish payment rates that provide appropriate relative payment for all services paid under the OPPS without creating payment disincentives that may reduce access to care.

We do not believe that any of the above options considered would help us realize our goal. We believe that the better payment approach for determining median costs for device-dependent APCs in CY 2005 would be to base such medians on the greater of (1) median costs calculated using CY 2003 claims data, or (2) 90 percent of the APC payment median for CY 2004 for such services. We believe that some variation in median costs is to be expected from year to year, and we believe that recognizing up to a 10-percent variation in our proposed payment approach would be a reasonable limit.

We believe that this proposed adjustment methodology provides an appropriate transition to eventual use of all single bill claims data without adjustment and that the methodology moves us towards the goal of using all single bill data without adjustment by CY 2007. It is a simple and easily understood methodology for adjusting median costs. Where reductions occur compared to CY 2004 OPPS, we believe that, under this methodology, the reductions will be sufficiently modest that providers will be able to accommodate them without ceasing to furnish services that Medicare beneficiaries need.

We considered applying the adjustment methodology we used for all APCs, including device-dependent APCs, for CY 2003 OPPS, but we saw no advantage to doing so. We applied that methodology to the identified device-dependent APCs only for 1 year, and we applied it where we had already made an adjustment by calculating the median costs based only on claims containing "C'' codes for the devices. Therefore, for device-dependent APCs, there was a double adjustment intended to soften the effects of the first year of cessation of pass-through payment for devices (that is, we adjusted the higher "C'' code medians, not all single bill medians). Devices have been off pass-through for several years now and for CY 2005 OPPS, we are unable to calculate medians based only on claims containing "C'' codes. Therefore, we do not view the circumstances across the 2 years as comparable.

In addition, beginning in CY 2005, we are proposing to require hospitals to bill device-dependent procedures using the appropriate "C'' codes for the devices. This requirement is limited to only those APCs to which the proposed use of CY 2004 medians would apply. We believe that this proposal would mitigate against the reduction of access to care while encouraging hospitals to bill correctly for the services they furnish. We intend this requirement to be the first step towards use of all available single bill claims data to establish medians for device-dependent APCs. Our goal is to use all single bills for device APCs by the CY 2007 OPPS, which we expect to base on data from claims for services in CY 2005. We further discuss our coding proposal in section III.C.3. of this preamble.

We welcome comments on all aspects of theses issues and particularly on steps that can be taken in the future to transition from the historic payment medians to claims based median costs for OPPS ratesetting for these important services.

Table 19 is sorted by percentage difference between changes in the CY 2004 and CY 2005 APC payment rate CY 2004 to CY 2005. It also contains the CY 2004 OPPS payment medians, the CY 2005 OPPS proposed medians (using

single bill claims from January 1, 2003, through December 31, 2003), and the medians derived from the proposed adjustment processes discussed further below.

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Table 19.--Proposed Median Costs for Device-Dependent APCs

APC	Description	SI	Final 2004 OPPS APC Median*	Proposed Unadjusted 2005 OPPS NPRM APC Median	Percentage change from 2004 to 2005	2005 OPPS total bill frequency	Proposed Adjusted 2005 OPPS Median
0119	Implantation of Infusion Pump	T	$7,765.02	$703.79	-90.94%	440	$6,988.52
0087	Cardiac Electrophysiologic Recording/Mapping	T	$2,294.94	$547.44	-76.15%	10,393	$2,065.45
0106	Insertion/Replacement/Repair of Pacemaker and/or Electrodes	T	$3,399.05	$1,627.90	-52.11%	3,770	$3,059.15
0107	Insertion of Cardioverter-Defibrillator	T	$19,431.68	$12,100.48	-37.73%	6,101	$17,488.51
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads	T	$26,092.91	$17,313.63	-33.65%	4,310	$23,483.62
0032	Insertion of Central Venous/Arterial Catheter	T	$662.31	$456.51	-31.07%	68,110	$596.08
0222	Implantation of Neurological Device (APC0039 was part of APC 0222 in 2003)	T	$13,383.79	$9,477.10	-29.19%	4,865	$12,045.41
0384	GI Procedures with Stents (new for 2004; no prior APC)	T	$1,669.39	$1,223.75	-26.69%	18,096	$1,502.45
0082	Coronary Atherectomy	T	$6,352.89	$4,791.05	-24.58%	541	$5,717.60
0039	Implantation of Neurostimulator (new for 2004 OPPS; codes formerly in APC 0222)	S	$13,555.80	$10,335.53	-23.76%	1,592	$12,200.22
0048	Arthroplasty with Prosthesis (some codes now in APC 415 were in APC 48 in 2003 and 2004)	T	$2,966.13	$2,389.31	-19.45%	2,887	$2,669.52
0081	Non-Coronary Angioplasty or Atherectomy	T	$2,018.99	$1,730.80	-14.27%	112,613	$1,817.09
0083	Coronary Angioplasty and Percutaneous Valvuloplasty	T	$3,412.47	$2,967.94	-13.03%	7,177	$3,071.22
0090	Insertion/Replacement of Pacemaker Pulse Generator	T	$5,581.04	$4,943.36	-11.43%	7,463	$5,022.94
0122	Level II Tube changes and Repositioning	T	$510.80	$468.41	-8.30%	16,589	$468.41
0648	Breast Reconstruction with Prosthesis	T	$3,113.43	$2,872.85	-7.73%	1,103	$2,872.85
0227	Implantation of Drug Infusion Device	T	$9,270.36	$8,558.82	-7.68%	3,013	$8,558.82
0654	Insertion/Replacement of a permanent dual chamber pacemaker	T	$6,495.61	$6,045.29	-6.93%	19,265	$6,045.29
0674	Prostate Cryoablation (device was on pass through in 2003; 2004 median includes device with external data; 2005 median is "C" code median)**	T	$6,915.08	$6,477.78	-6.32%	1,265	$6,477.78
0089	Insertion/Replacement of Permanent Pacemaker and Electrodes	T	$6,754.63	$6,338.69	-6.16%	4,475	$6,338.69

APC	Description	SI	Final 2004 OPPS APC Median*	Proposed Unadjusted 2005 OPPS NPRM APC Median	Percentage change from 2004 to 2005	2005 OPPS total bill frequency	Proposed Adjusted 2005 OPPS Median
0386	Level II Prosthetic Urological Procedures (APCs 385 and 386 were combined in a single, different APC in 2003)	S	$6,699.79	$6,304.06	-5.91%	4,776	$6,304.06
0681	Knee Arthroplasty	T	$5,657.87	$5,348.34	-5.47%	730	$5,348.34
0653	Vascular Reconstruction/Fistula Repair with Device	T	$1,731.08	$1,636.73	-5.45%	26,194	$1,636.73
0040	Level II Implantation of Neurostimulator Electrodes (new for 2004; codes were in APC 225 for 2003)	S	$3,002.98	$2,857.90	-4.83%	9,513	$2,857.90
0655	Insertion/Replacement/Conversion of a permanent dual chamber pacemaker	T	$8,225.23	$7,882.97	-4.16%	13,579	$7,882.97
0167	Level III Urethral Procedures	T	$1,730.23	$1,662.49	-3.92%	9,440	$1,662.49
0229	Transcatherter Placement of Intravascular Shunts	T	$3,572.98	$3,444.24	-3.60%	36,558	$3,444.24
0086	Ablate Heart Dysrhythm Focus	T	$2,590.21	$2,553.76	-1.41%	7,757	$2,553.76
0385	Level I Prosthetic Urological Procedures (APCs 385 and 386 were combined in a single different APC in 2003)	S	$3,870.60	$3,830.79	-1.03%	1,191	$3,830.79
0085	Level II Electrophysiologic Evaluation	T	$2,041.13	$2,034.42	-0.33%	16,844	$2,034.42
0104	Transcatheter Placement of Intracoronary Stents	T	$4,765.05	$4,759.66	-0.11%	18,865	$4,759.66
0115	Cannula/Access Device Procedures	T	$1,478.06	$1,496.14	1.22%	95,354	$1,495.84
0656	Transcatheter Placement of Intracoronary Drug Eluting Stents (medians for 2003 and 2004 were created by adding $1200 to the median for APC 104)	T	$5,965.05	$6,067.71	1.72%	4,008	$6,067.71
0080	Diagnostic Cardiac Catheterization	T	$2,075.91	$2,119.83	2.12%	356,596	$2,119.83
0313	Brachytherapy	S	$795.83	$816.80	2.63%	13,354	$816.80
0680	Insertion of Patient Activated Event Recorders	S	$3,621.15	$3,721.58	2.77%	1,862	$3,721.58
0202	Level X Female Reproductive Proc	T	$2,246.87	$2,320.21	3.26%	12,464	$2,320.21
0652	Insertion of Intraperitoneal Catheters	T	$1,558.34	$1,620.25	3.97%	4,882	$1,620.25
0225	Level I Implementation of Neurostimulator Electrodes (contained codes in APC 040 in 2003 OPPS)	S	$11,873.72	$12,387.73	4.33%	1,315	$12,387.73
0259	Level VI ENT Procedures	T	$22,643.98	$24,086.02	6.37%	795	$24,086.02

APC	Description	SI	Final 2004 OPPS APC Median*	Proposed Unadjusted 2005 OPPS NPRM APC Median	Percentage change from 2004 to 2005	2005 OPPS total bill frequency	Proposed Adjusted 2005 OPPS Median
0670	Intravenous and Intracardiac Ultrasound	S	$1,582.08	$1,727.28	9.18%	5,646	$1,727.28
0425	Level II Arthroplasty with prosthesis (new for 2005; codes were in APC 48; data for 2003 and 2004 is from APC 0048)	T	$2,966.13	$5,792.39	95.28%	688	$5,792.39
0418	Left ventricular lead (code was in new tech APC 1547 at $850 for 2004)	T		$4,531.79		432	$4,531.79

As a result of our data analysis for device-dependent APCs, we are proposing to make the following changes in our methodology for setting the CY 2005 payment rates for device-dependent APC for the reasons specified:

We propose to remove APC 0226, Implantation of drug infusion reservoir, from the list of device-dependent APCs and to use its unadjusted single bill median of $2,793.30 as the basis for the payment weight. CPT code 62360, Implantation or replacement of device for intrathecal or epidural drug infusion, subcutaneous reservoir, is assigned to APC 0226. In 2002, when we packaged 75 percent of the cost of the device into the payment for the procedure with which the device was billed to reduce the pro rata adjustment, we inadvertently packaged the cost of an implantable infusion pump (C1336 and C1337) rather than that of a drug reservoir. Our data indicate that the reservoir used in performing CPT code 62360 cost considerably less than an implantable infusion pump, and we believe that the median cost for APC 0226 appropriately reflects the relative cost of the service and the required device.

In addition, we are proposing to delete APC 0048, Arthroplasty with Prosthesis, from the list of device-dependent APCs and adjust the median costs for this APC because we believe that the proposed CY 2005 median cost for this APC as restructured is reasonable and appropriate. Based on our careful analysis of the CY 2003 claims data for this APC, we believe the difference between the CY 2004 and CY 2005 median cost is attributable to the migration of certain high cost CPT codes (23470, 24361, 24363, 24366, 25441, 25442, 25446) from APC 0048 to new APC 0425, Level II Arthroplasty with Prosthesis and, as such, this change would not adversely limit beneficiary access to this important service. Therefore, we are not proposing to apply a device-dependent adjustment to the median cost for APC 0048.

Further, we are proposing to move HCPCS code 52282 (Cystoscopy, implant stent), from APC 0385, Level I Prosthetic Urological Procedure, and assign it to APC 0163, Level IV Cystourethoscopy and other Genitourinary Procedures, for clinical homogeneity. As titled, APC 0385 was intended for the assignment of certain urological procedures that require the use of prosthetics. However, HCPCS code 52282 requires the use of a stent rather than a urological prosthetic. Therefore, we are proposing to reassign HCPCS code 52282 to APC 0163. Recalculation of the median cost for APC 385 after reassigning HCPCS code 52282 yields a median cost for that APC that is consistent with its CY 2004 median payment. Thus, we are not proposing to apply a device-dependent adjustment to the median cost for APC 0385.

Lastly, we are proposing to remove HCPCS code 49419 (Insert abdom cath for chemo tx), from APC 0119, Implantation of Infusion Pump, and assign it to APC 0115, Cannula/Access Device Procedures, to achieve clinical homogeneity within APC 0115. Unlike all the other codes assigned to APC 0115, HCPCS code 49419 does not require the use of an infusion pump. Rather, this code is used when inserting an intraperitoneal cannula or catheter with a subcutaneous reservoir. Thus, we believe it would be more appropriate clinically to reassign HCPCS code 49419 to APC 0115 that includes procedures which require the use of devices similar to that required for code 49419.

2. Proposed Treatment of Specified APCs

a. APC 0315 Level II Implantation of Neurostimulator

The code, CPT code 61866, (Implant neurostim arrays) was brought to our attention by means of an application for a new device category for transitional pass-through payment for the Kinetra® neurostimulator, a dual channel neurostimulator currently approved and used for Parkinson's disease. We denied approval for a new device category for the Kinetra® neurostimulator because the device is described by a previously existing category, C1767, "Generator, neurostimulator (implantable)''.

The manufacturer of Kinetra® stated that the AMA created CPT 61886 to accommodate implantation of the Kinetra® neurostimulator and that no services other than implantation of the Kinetra® are currently described by that CPT code. Even though, the Kinetra® did not receive full FDA pre-market approval until December 2003, hospital outpatient claims were reported in CYs 2002 and 2003 (289 total claims in 2003) for this device. The manufacturer asserted that these claims must have been miscoded because the Kinetra® could not have been used in performing CPT code 61886 before obtaining FDA approval in December 2003. Therefore, the manufacturer did not believe that the device cost could be included in the median for CPT code 61886, which has been assigned to APC 222.

In examining the CY 2003 claims for CPT code 61866, we noted that many of the claims also contained codes for procedures related to treatment with cranial nerve stimulators, including the placement of electrodes for cranial nerve stimulation. The placement of the cranial neurostimulator electrodes used with the Kinetra® are currently an inpatient rather than outpatient procedure. Therefore, we would not expect patients being prepared for cranial nerve stimulation to also have a Kinetra® neurostimulator for deep brain stimulation for Parkinson's disease placed at the same time. Thus, it seems possible that the CY 2003 claims for CPT code 61886, generally, are incorrectly coded and do not include

the dual chamber neurostimulator in the reported charges.

Prior to the availability of the dual channel neurostimulator Kinetra® for bilateral deep brain stimulation, it is our understanding that patients diagnosed with Parkinson's disease had two single channel neurostimulator generators implanted in the same operative session. According to the Kinetra® manufacturer, this device will now replace the insertion of two single channel neurostimulators and the cost of the Kinetra® is equivalent to the cost of two single channel neurostimulators. Given this information, we examined our CY 2003 claims data and found that 69 single claims were reported for patients with a diagnosis of Parkinson's disease and that 2 single channel neurostimulator pulse generators (CPT code 61885) were implanted on the same day. The median cost for these claims was $20,631. Other than the device costs, we believe the procedural costs for the insertion of two single channel devices or with one dual channel device should be roughly comparable. Therefore, we are proposing to establish a new APC 0315, Level II Implantation of Neurostimulator, for CPT code 61886, and assign it a median cost of $20,631. Because of our concern that hospitals correctly code OPPS claims for CPT code 61886, we are also proposing to require device coding ("C'' code) for APC 0315 to improve the coding on all claims for placement of a dual channel cranial neurostimulator pulse generator or receiver, as we are proposing for APC 0039, Implantation of Neurostimulator, for placement of a single channel cranial neurostimulator, discussed in Section III. C3 of this preamble.

b. APC 0651, Complex Interstitial Radiation Application

For CY 2003 APC 0651, HCPCS code 77778 (Complex interstitial radiation source application) was not to be used for prostate brachytherapy because we created HCPCS codes G0256 (Prostate brachytherapy with palladium sources) and G0261 (Prostate brachytherapy with iodine sources) in which we packaged the cost of placement of needles or catheters and sources into a single APC payment for each G code (*see* 67 FR 66779). When we calculated the median from all single bills for HCPCS code 77778 from CY 2003 data for CY 2005 OPPS, we found that 73 percent of the single bills for this APC were for prostate brachytherapy and, therefore, were miscoded. The median for APC 0651, using all single bills, including those miscoded for prostate brachytherapy, was $2,641.67. When we removed the incorrectly coded claims for prostate brachytherapy, the median is $1,491.39, which is the amount we are proposing for payment for CY 2005 OPPS for APC 0651. This median is considerably higher than the median cost of $589.72 for CY 2004 OPPS (from CY 2002 claims data).

We believe that this adjusted median is appropriate for APC 0651 when used for prostate brachytherapy because the service described by HCPCS code 77778 is only one of several components of the payment for the service in its entirety. When it is used for prostate brachytherapy, hospitals should also bill for the placement of the needles and catheters using HCPCS code 55859 and should also bill the brachytherapy sources separately. Hospitals will be paid for both APCs and for the cost of sources. Under the amounts proposed, the total unadjusted payment would be $3,544.59, plus the hospital's cost for the brachytherapy sources.

Section 621(b)(1) of Pub. L. 108–173 specifically provides separate payment in CY 2005 "* * * for a device of brachytherapy, consisting of a seed or seeds (or radioactive source)'' * * * at the hospital's charge adjusted to cost. We are proposing to package the cost of other services such as the needles or catheters into the payment for the brachytherapy APCs and not to pay on the same basis as the brachytherapy sources because the law does not include needles and catheters in its definition of brachytherapy sources to be paid on charges adjusted to cost.

We also recognize that APC 0651 is used for brachytherapy services other than prostate brachytherapy and that, in some of those cases, there are no other codes for placement of the needles or catheters. In those cases, which are represented in the claims we used to calculate the median (once the miscoded claims for prostate brachytherapy were excluded), we believe that the charges for HCPCS code 77778 may include the placement of the needles or catheters and therefore the median may be somewhat overstated when used as the basis of payment for prostate brachytherapy and the other forms of brachytherapy that have codes for placement of needles and catheters. Similarly, the median may be understated when used to pay for brachytherapy services for which there are no separate HCPCS codes for needle or catheter placement. We considered whether to create new G codes for the placement of catheters and needles for the brachytherapy services for which such codes do not exist, but we were concerned that doing so might create unneeded complexity and that the existing data may not support establishing medians for the new codes. We are requesting comments on how to address those services for which there are currently no HCPCS codes for placement of needles and catheters for brachytherapy applications.

c. APC 0659, Hyperbaric Oxygen Therapy

Over the past year, we have received a number of questions about billing and payment for HCPCS code C1300, Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval. In light of these issues, we have carefully examined the CY 2003 single procedure claims data that we are proposing to use to calculate the CY 2005 proposed median for APC services. Based on our examination of single procedure claims filed for HCPCS code C1300 in CY 2003, we believe that the claims for these services were either miscoded or the therapy was aborted before its completion. The claims that we examined reflected a pattern that is inconsistent with the clinical delivery of this service. Hyperbaric oxygen therapy (HBOT) is prescribed for clinical conditions such as promoting the healing of chronic wounds. It is typically prescribed on average for 90 minutes and therefore, you would expect hospitals to bill multiple units of HBOT to achieve full body hyperbaric oxygen therapy. In addition to the therapeutic time spent at full hyperbaric oxygen pressure, treatment involves additional time for achieving full pressure (descent), providing air breaks to prevent neurological and other complications from occurring during the course of treatment, and returning the patient to atmospheric pressure (ascent). Our examination of the claims data revealed that providers who billed multiple units of C1300 reported a consistent charge for each "30 Minute'' unit. Conversely, providers who billed only a single unit of C1300, suggesting either a miscoded or aborted service, reported a charge that was 3 to 4 times greater than the per "30 minute'' unit reported by providers billing multiple units of HCPCS code C1300. While, it appears that many of the single procedure HBOT claims that we examined, represented billing for a full 90 to 120 minutes of HBOT (including ascent, descent, and air break time), they were improperly billed as 1 unit rather than as 3 or 4 units of HBOT. Consequently, this type of incorrect coding would result in an inappropriately high per 30 minute median cost for HBOT or a median cost for HBOT of $177.96 derived using single service claims and "pseudo''

single service claims. This is a significant issue because HBOT is the only procedure assigned to APC 0659.

Our analysis of the HBOT claims data further revealed that about 40 percent of all HBOT claims included packaged costs. To confirm our belief that these packaged costs were not associated with HBOT, we examined the other major payable procedures billed in conjunction with HBOT. As a result, we identified billed services such as drug administration and wound debridement that we would typically expect to have associated with packaged services. We also looked at the magnitude of packaged costs in our single bills and found the majority of these costs were small, less than $30, and concentrated in revenue codes 25X, Pharmacy, and 27X, Medical/Surgical Supplies.

As a result of these coding anomalies, we are proposing to calculate our proposed "30 minute'' median cost for APC 0659, using a total of 30,736 claims containing multiple units or multiple occurrences of HBOT, about 97 percent of all HBOT claims. Based on our finding, we are proposing to exclude claims with only one unit of HBOT. Using this proposed methodology, the proposed median cost per unit of C1300 is $82.91. Based on hospitals' charges on correctly coded claims, we believe this estimate is much more accurate for 30 minutes of HBOT. Thus, we are proposing a median cost for APC 0659 of $82.91 for CY 2005.

d. APC 0422, Implantation of the BARD Endoscopic Suturing System

For CY 2005, we are proposing to establish APC 0422 for Level II Upper GI Procedures. Code C9703 (the Bard Endoscopic Suturing System) was placed in that APC based on clinical and resource homogeneity as compared with the other services in the APC. Currently, code C9703 is assigned to new technology APC 1555, with a payment of $1,650. Median cost for code C9703 was based on CY 2002 claims and was somewhat lower than the established payment level. However, our examination of CY 2003 claims data for APC 422 revealed that 137 of the 171 single claims for code C9703 were from a single institution with an extremely low and consistent cost per claim. We do not believe that these 137 claims represent the service described by code C9703, which includes an upper gastrointestinal endoscopy along with suturing of the esophagogastric junction. Therefore, in establishing the median for APC 0422, we did not use these 137 claims, which we believe were incorrectly coded.

3. Proposed Required Use of "C'' Codes for Devices

An important ancillary issue in regard to using hospital outpatient claims data to calculate median costs for device-dependent APC is whether to require that hospitals bill the HCPCS codes for the devices that are required to be used to provide the services in these APCs. We deleted these HCPCS codes for devices in CY 2003 because hospitals objected to the complexity of this coding, and we believed that hospitals would charge for the devices in appropriate revenue codes. Our review of the claims data does not support this belief. Hospitals do not appear to routinely include the charges for the devices they use when they bill for the related services in the device-dependent APCs. Therefore, we are also considering requiring hospitals to code devices for APCs to improve the quality of the claims data in support of our transition to the use of all single claims to establish payment rates for these APCs. We make this proposal cautiously, as we realize that it imposes a burden on hospitals to code the devices.

Specifically, for CY 2005 OPPS, we are proposing to require coding of devices required for APCs for which we propose to adjust the median costs for CY 2005 OPPS. The APCs and the devices that are proposed for device coding are displayed in Table 20 below. Specifically, if one device is shown for one APC, that device would have to be billed on the claim for a service in that APC or the claim would be returned to the provider for correction. If more than one device is shown for one APC, the provider would be required to bill one of the device codes shown on the same claim with the service in that APC for the claim to be accepted.

We are also proposing to require coding of C1900 (Left Ventricular lead) required to perform the service described in APC 0418, Left Ventricular Lead, because the service cannot be done without the lead and, because the device has been billed separately for pass-through payment in CYs 2003 and 2004. We believe that continued coding of the device would not impose a burden on hospitals. Similarly, because of our concerns regarding the correct coding of claims for CPT code 61886 (Implant neurostim arrays), assigned to APC 0315 (discussed in greater detail in section III.C.2.a. of the preamble), we are proposing to require device coding for APC 0315, Level II Implantation of Neurostimulator, to improve the coding on claims for placement of a dual channel cranial neurostimulator pulse generator or receiver, just as we are proposing to require device coding for APC 0039, Implantation of Neurostimulator, for placement of a single channel cranial Neurostimulator as noted below.

Table 20 below displays the APCs for which we are proposing to require "C'' codes and the "C'' code edits we are proposing to require for each APC. We welcome comments on the proposed "C'' code requirements.

BILLING CODE 4120–01–P

APC	Description	APC Status Indicator	Proposed Device Code	Device Long Descriptor
0032	Insertion of Central Venous/Arterial Catheter	T	C1751	CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE (OTHER THAN HEMODIALYSIS)
0039	Implantation of Neurostimulator (new for 2004 OPPS; codes formerly in APC 222)	S	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)
0081	Non-Coronary Angioplasty or Atherectomy	T	C1885	CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER
		T	C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL
		T	C1724	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL
		T	C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE, INFUSION/PERFUSION CAPABILITY)
		T	C2628	CATHETER, OCCLUSION

APC	Description	APC Status Indicator	Proposed Device Code	Device Long Descriptor
0082	Coronary Atherectomy	T	C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL
		T	C1724	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL
0083	Coronary Angioplasty and Percutaneous Valvuloplasty	T	C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE, INFUSION/PERFUSION CAPABILITY)
		T	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR
0087	Cardiac Electrophysiologic Recording/Mapping	T	C1730	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (19 OR FEWER ELECTRODES)
		T	C1731	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (20 OR MORE ELECTRODES)
		T	C1732	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTOR MAPPING
		T	C1733	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR MAPPING, OTHER THAN COOL-TIP
		T	C1766	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER THAN PEEL-AWAY
		T	C1892	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, PEEL-AWAY
		T	C1893	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, OTHER THAN PEEL-AWAY
0090	Insertion/Replacement of Pacemaker Pulse Generator	T	C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)
		T	C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABE)
0106	Insertion/Replacement/Repair of Pacemaker and/or Electrodes	T	C1777	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)
		T	C1779	LEAD, PACEMAKER, TRANSVENOUS VDD SINGLE PASS
		T	C1895	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)
		T	C1896	LEAD, CARDIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARDIAL SINGLE OR DUAL COIL (IMPLANTABLE)
		T	C1899	LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR COMBINATION (IMPLANTABLE)
0107	Insertion of Cardioverter-Defibrillator	T	C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)
		T	C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)
		T	C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)

APC	Description	APC Status Indicator	Proposed Device Code	Device Long Descriptor
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads	T	C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)
		T	C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)
		T	C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)
0119	Implantation of Infusion Pump	T	C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)
		T	C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)
0222	Implantation of Neurological Device (APC 0039 was part of APC 0222 in 2003)	T	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)
0315	Implantation of neurostimularo array	T	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)
0384	GI Procedures with Stents (new for 2004; no prior APC)	T	C1874	STENT, COATED/COVERED, WITH DELIVERY SYSTEM
		T	C1875	STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM
		T	C1876	STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM
		T	C1877	STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM
		T	C2617	STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM
		T	C2625	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM
0418	Left ventricular lead (code was in new tech APC 1547 at $850 for 2004)	T	C1900	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM
0674	Prostate Cryoablation (device was on pass through in 2003; 2003 median does not include device; 2004 median includes device with external data)**	T	C2618	PROBE, CRYOABLATION

In addition, we are considering expanding the device coding requirements in the future. We believe that, by requiring device coding for a small subset of device-dependent APCs each year, we would minimize the marginal annual coding burden on hospitals and begin to improve data for these APCs, which have consistently proven to be problematic. We believe coding of devices is essential if we are to improve the accuracy of claims data sufficiently to better calculate the correct relative costs of device-dependent APCs in relation to the other services paid under the OPPS.

We request that the public inform us of the device codes that are essential to the procedures contained in the device-dependent APCs contained in Table 20. The alphanumeric HCPCS codes for devices that were reactivated for CY 2004 OPPS can be found on the CMS website at *www.cms.hhs.gov/providers* under coding. They are in the section of alphanumeric codes that begin with the initial letter "C." Comments regarding the device codes that should be required with the APCs listed in Table 20 should contain the APC and identify all device codes that may be essential to the performance of the procedures identified in the APC. Ideally, the comments will include a narrative that explains how the device is inserted.

4. Submission of External Data

We would consider external data submitted with respect to any APC to the extent that such data enable us to verify or adjust claims data where we are convinced that such an adjustment to the median cost is appropriate. All comments and any data we use would be available for public inspection and commenters should not expect that any data furnished as part of the comment would be withheld from public inspection. Parties who submit external data for devices should also submit a strategy that can be used to determine what part of the median cost represents the device to which the external data applies. External data that are likely to be of optimal use should meet the following criteria:

- Represent a diverse group of hospitals both by location (for example, rural and urban) and by type (for example, community and teaching). We would prefer that commenters identify each hospital, including location with city and State, nonprofit vs. for profit status, teaching vs. nonteaching status, and the percent of Medicare vs. non-Medicare patients receiving the service. A pseudo identifier could be used for the hospital identification. Data should be submitted both "per hospital" and in the aggregate.
- Identify the number of devices billed to Medicare by each hospital as well as any rebates or reductions for bulk purchase or similar discounts and identify the characteristics of providers to which any such price rebates or reductions apply.
- Identify all HCPCS codes with which each item would be used.
- Identify the source of the data.
- Include both the charges and costs for each hospital for CY 2003.

Meeting the criteria would enable us to compare our CY 2003 claims data to the submitted external data and help us determine whether the submitted data

are representative of hospitals that submit claims under the OPPS.

We note that information containing beneficiary-specific information (for example, medical records, and invoices with beneficiary identification on it) must be altered, if necessary, to remove any individually identifiable information, such as information that identifies an individual, diagnoses, addresses, telephone numbers, attending physician, medical record number, and Medicare or other insurance number. Moreover, individually identifiable beneficiary medical records, including progress notes, medical orders, test results, and consultation reports must not be submitted to us. Similarly, photocopies of checks from hospitals or other documents that contain bank routing numbers must not be submitted to us.

D. Proposed Calculation of Scaled OPPS Payment Weights

Using the median APC costs discussed previously, we calculated the proposed relative payment weights for each APC for CY 2005. As in prior years, we scaled all the relative payment weights to APC 0601, Mid-Level Clinic Visit, because it is one of the most frequently performed services in the hospital outpatient setting. We assigned APC 0601 a relative payment weight of 1.00 and divided the median cost for each APC by the median cost for APC 0601 to derive the relative payment weight for each APC. Using CY 2003 data, the proposed median cost for APC 0601 is $57.32 for CY 2005.

Section 1833(t)(9)(B) of the Act requires that APC reclassification and recalibration changes and wage index changes be made in a manner that assures that aggregate payments under the OPPS for CY 2005 are neither greater than nor less than the aggregate payments that would have been made without the changes. To comply with this requirement concerning the APC changes, we compared aggregate payments using the CY 2004 relative weights to aggregate payments using the CY 2005 proposed weights. Based on this comparison, we are proposing to make an adjustment of the weights for purposes of budget neutrality. The weights that we are proposing for CY 2005, which incorporate the recalibration adjustments explained in this section, are listed in Addendum A and Addendum B to this proposed rule.

Section 1833(t)(14)(H) of the Act, as added by section 621(a)(1) of Pub. L. 108–173, states that "Additional expenditures resulting from this paragraph shall not be taken into account in establishing the conversion factor, weighting and other adjustment factors for 2004 and 2005 under paragraph (9) but shall be taken into account for subsequent years.'' Section 1833(t)(14) provides the payment rates for certain specified covered outpatient drugs. Therefore, the incremental cost of those specified covered outpatient drugs (as discussed in section II.J. of this proposed rule) is excluded from the budget neutrality calculations but the base median cost of the drugs continues to be a factor in the calculation of budget neutrality. Accordingly, we calculated median costs for the specified covered outpatient drugs to which this section applies and used those medians and the frequencies in the calculation of the scaler for budget neutrality.

Under section 1833(t)(16)(C) of the Act, as added by section 621(b)(1) of Pub. L. 108–173, payment for devices of brachytherapy consisting of a seed or seeds (or radioactive source) is to be made at charges adjusted to cost for services furnished on or after January 1, 2004 and before January 1, 2006. As we stated in our January 6, 2004 interim final rule, charges for the brachytherapy sources will not be used in determining outlier payments and payments for these items will be excluded from budget neutrality calculations, consistent with our practice under the OPPS for items paid at cost. (*See* section VII.G. of this proposed rule.)

IV. Proposed Payment Changes for Devices

[If you choose to comment on this section, please indicate the caption "Devices'' at the beginning of your comment.]

A. Pass-Through Payments for Devices

1. Expiration of Transitional Pass-Through Payments for Certain Devices

Section 1833(t)(6)(B)(iii) of the Act requires that, under the OPPS, a category of devices be eligible for transitional pass-through payments for at least 2, but not more than 3, years. This period begins with the first date on which a transitional pass-through payment is made for any medical device that is described by the category. In our November 7, 2003 final rule with comment period (68 FR 63437), we specified six device categories currently in effect that would cease to be eligible for pass-through payment effective January 1, 2005.

The device category codes became effective April 1, 2001, under the provisions of the BIPA. Prior to pass-through device categories, we paid for pass-through devices under the OPPS on a brand-specific basis. All of the initial category codes that were established as of April 1, 2001, have expired; 95 categories expired after CY 2002 and 2 categories expired after CY 2003. All of the categories listed in Table 21, along with their expected expiration dates, were created since we published the criteria and process for creating additional device categories for pass-through payment on November 2, 2001 (66 FR 55850 through 55857). We based the expiration dates for the category codes listed in Table 21 on the date on which a category was first eligible for pass-through payment.

There are six categories for devices that would have been eligible for pass-through payments for at least 2 years as of December 31, 2004. In our November 7, 2003 final rule with comment period, we finalized the December 31, 2004 expiration dates for these six categories. (Three other categories listed in Table 21, C1814, C1818, and C1819, would expire on December 31, 2005.) The six categories that would expire as of December 31, 2004, are C1783, C1884, C1888, C1900, C2614, and C2632, as indicated in Table 23. Each category includes devices for which pass-through payment was first made under the OPPS in CY 2002 or CY 2003.

In the November 1, 2002 final rule, we established a policy for payment of devices included in pass-through categories that are due to expire (67 FR 66763). For CY 2003, we packaged the costs of the devices no longer eligible for pass-through payments into the costs of the procedures with which the devices were billed in CY 2001. There were few exceptions to this established policy (brachytherapy sources for other than prostate brachytherapy, which is now also separately paid in accordance with section 621(b)(2) of Pub. L. 108–173). For CY 2004, we continued to apply this policy for categories that expired on January 1, 2004.

2. Proposal for CY 2005

We are proposing to continue to base the expiration date for a device category on the earliest effective date of pass-through payment status of the devices that populate the category. This basis for determining the expiration date of a device category is the same as that used in CY 2003 and CY 2004.

We are also proposing that payment for the devices that populate the six categories that would cease to be eligible for pass-through payment after December 31, 2004, would be made as part of the payment for the APCs with which they are billed. This methodology for packaging device cost is consistent with the packaging methodology that we

describe in section III. of this proposed rule. To accomplish this, we are proposing to package the costs of devices that would no longer be eligible for pass-through payment in CY 2005 into the HCPCS codes with which the devices are billed.

We note that category C1819 (Tissue localization excision device) was added subsequent to our proposed rule for CY 2004. We first announced the start date and the proposed expiration date for this device category in our November 7, 2003 final rule with comment period. Therefore, we are proposing to maintain the category's December 31, 2005 expiration date. We invite comments on the proposed expiration date for category C1819.

Table 21.--List Of Current Pass-Through Device Categories By Expiration Date

HCPCS Codes	Category Long Descriptor	Date(s) Populated	Expiration Date
C1888	Catheter, ablation, non-cardiac, endovascular (implantable)	7/1/02	12/31/04
C1900	Lead, left ventricular coronary venous system	7/1/02	12/31/04
C1783	Ocular implant, aqueous drainage assist device	7/1/02	12/31/04
C1884	Embolization protective system	1/1/03	12/31/04
C2614	Probe, percutaneous lumbar discectomy	1/1/03	12/31/04
C2632	Brachytherapy solution, iodine-125, per mCi	1/1/03	12/31/04
C1814	Retinal tamponade device, silicone oil	4/1/03	12/31/05
C1818	Integrated keratoprosthesis	7/1/03	12/31/05
C1819	Tissue localization excision device	1/1/04	12/31/05

B. Provisions for Reducing Transitional Pass-Through Payments To Offset Costs Packaged Into APC Groups

1. Background

In the November 30, 2001 final rule, we explained the methodology we used to estimate the portion of each APC rate that could reasonably be attributed to the cost of the associated devices that are eligible for pass-through payments (66 FR 59904). Beginning with the implementation of the CY 2002 OPPS update (April 1, 2002), we deducted from the pass-through payments for the identified devices an amount that reflected the portion of the APC payment amount that we determined was associated with the cost of the device, as required by section 1833(t)(6)(D)(ii) of the Act. In the November 1, 2002 final rule, we published the applicable offset amounts for CY 2003 (67 FR 66801).

For the CY 2002 and CY 2003 OPPS updates, to estimate the portion of each APC rate that could reasonably be attributed to the cost of an associated pass-through device eligible for pass-through payment, we used claims data from the period used for recalibration of the APC rates. Using those claims, we calculated a median cost for every APC without packaging the costs of associated "C'' codes for device categories that were billed with the APC. We then calculated a median cost for every APC with the costs of the associated device category "C'' codes that were billed with the APC packaged into the median. Comparing the median APC cost without device packaging to the median APC cost including device packaging enabled us to determine the percentage of the median APC cost that is attributable to the associated pass-through devices. By applying those percentages to the APC payment rates, we determined the applicable amount to be deducted from the pass-through payment, the "offset'' amount. We created an offset list comprised of any APC for which the device cost was at least 1 percent of the APC's cost.

As first discussed in our November 1, 2002 final rule (67 FR 66801) the offset list that we publish each year is a list of offset amounts associated with those APCs with identified offset amounts developed using the methodology described above. As a rule, we do not know in advance which procedures and APCs may be billed with new categories. An offset amount is therefore applied only when a new device category is billed with an APC appearing on the offset list. The list of potential offsets for CY 2004 is currently published on our website *www.cms.hhs.gov,* as "Device Related Portions of Ambulatory Payment Classification Costs for 2004.''

For CY 2004, we modified our policy for applying offsets to device pass-through payments. Specifically, we indicated that we would apply an offset to a new device category only when we could determine that an APC contains costs associated with the device. We continued our existing methodology for determining the offset amount, described above. We were able to use this methodology to establish the device offset amounts for CY 2004 because providers reported device codes (C codes) on the CY 2002 claims used for CY 2004 OPPS. However, for the CY 2005 update to the OPPS, we are proposing to use CY 2003 claims that do not include device coding. (Section III. of this proposed rule contains a fuller discussion of our proposed requirement for use of "C'' codes for CY 2005.)

In the CY 2004 OPPS update, we reviewed the device categories eligible for continuing pass-through payment in CY 2004 to determine whether the costs associated with the device categories are packaged into the existing APCs. Based on our review of the data for the categories existing in CY 2004, we determined that there were no close or identifiable costs associated with the devices relating to the respective APCs that are normally billed with them. Therefore, for those device categories, we set the offset to $0 for CY 2004.

2. Proposal for CY 2005

For CY 2005, we are proposing to continue to review each new device category on a case-by-case basis as we did in CY 2004 to determine whether device costs associated with the new category are packaged into the existing APC structure. We are also proposing to set the offsets to $0 for the currently

established categories that would continue for pass-through payment into CY 2005. If, during CY 2005, we create a new device category and determine that our data contain identifiable costs associated with the devices in any APC, we would adjust the APC payment if the offset is greater than $0. If we determine that device offsets greater than $0 are appropriate for any new category that we create during CY 2005, we are proposing to announce the offset amounts in the program transmittal that announces the new category.

Further, for CY 2005, we are proposing to use the device percentages (portion of the APC median cost attributable to the packaged device) that we developed for potential offsets in CY 2004 and to apply these percentages to the CY 2005 payment amounts to obtain CY 2005 offset amounts, in cases where we determine that an offset is appropriate. We propose to use the device percentage developed for CY 2004 because, as noted above, for the CY 2005 update to the OPPS, we are using CY 2003 claims that do not include device codes. Therefore, we are not easily able to determine the device portions of APCs for CY 2003 claims data. We have posted the list of device-dependent APCs and their respective device portions on the CMS website: *www.cms.hhs.gov*.

V. Proposed Payment Changes for Drugs, Biologicals, Radiopharmaceutical Agents, and Blood and Blood Products

A. Transitional Pass-Through Payment for Additional Costs of Drugs and Biologicals

[If you choose to comment on issues in this section, include the caption "Pass-Through'' at the beginning of your comment.]

1. Background

Section 1833(t)(6) of the Act provides for temporary additional payments or "transitional pass-through payments'' for certain drugs and biological agents. As originally enacted by the BBRA, this provision required the Secretary to make additional payments to hospitals for current orphan drugs, as designated under section 526 of the Federal Food, Drug, and Cosmetic Act (Pub. L. 107–186); current drugs and biological agents and brachytherapy used for the treatment of cancer; and current radiopharmaceutical drugs and biological products. For those drugs and biological agents referred to as "current,'' the transitional pass-through payment began on the first date the hospital OPPS was implemented (before enactment of BIPA (Pub. L. 106–554), on December 21, 2000).

Transitional pass-through payments are also required for certain "new'' drugs, devices and biological agents that were not being paid for as a hospital OPD service as of December 31, 1996, and whose cost is "not insignificant'' in relation to the OPPS payment for the procedures or services associated with the new drug, device, or biological. Under the statute, transitional pass-through payments can be made for at least 2 years but not more than 3 years. Pass-through drugs and biological agents are identified by status indicator "G.''

The process to apply for transitional pass-through payment for eligible drugs and biological agents can be found on pages of our CMS website: *www.cms.hhs.gov.* If we revise the application instructions in any way, we will post the revisions on our website and submit the changes to the Office of Management and Budget (OMB) for approval, as required under the Paperwork Reduction Act (PRA). Notification of new drugs and biological application processes is generally posted on the OPPS website at: *www.cms.hhs.gov/hopps.*

2. Expiration in CY 2004 of Pass-Through Status for Drugs and Biologicals

Section 1833(t)(6)(C)(i) of the Act specifies that the duration of transitional pass-through payments for drugs and biologicals must be no less than 2 years and any longer than 3 years. The drugs whose pass-through status will expire on December 31, 2004, meet that criterion. Table 22 lists the drugs and biologicals for which we are proposing that pass-through status would expire on December 31, 2004.

Table 22.--Proposed List of Drugs and Biologicals for Which Pass-Through Status Expires CY 2004

HCPCS	APC	Long Descriptor	Trade Name
J0583	9111	Injection, Bivalirudin, per 1 mg	Angiomax Inj (single source)
C9112	9112	Injection, Perflutren lipid microsphere, per 2 ml	Definity (single source)
C9113	9113	Injection, Pantoprazole sodium, per vial	Protonix (single source)
J1335	9116	Injection, Ertapenem sodium, per 500 mg	Invanz (single source)
J2505	9119	Injection, Pegfilgrastim, per 6 mg single dose vial	Neulasta (single source)
J9395	9120	Injection, Fulvestrant, per 25 mg	Faslodex (single source)
C9121	9121	Injection, Argotroban, per 5 mg	Acova (single source)
C9200	9200	Orcel, per 36 square centimeters	Orcel (single source)
C9201	9201	Dermagraft, per 37.5 square centimeters	Dermagraft (single source)
J2324	9114	Injection, Nesiritide, per 0.5 mg	Natrecor (single source)
J3315	9122	Injection, Triptorelin pamoate, per 3.75 mg	Trelstar depot Trelstar LA (single source)
J3487	9115	Injection, Zoledronic acid, per 1 mg	Zometa (single source)
Q0137	0734	Injection, Darbepoetin Alfa, 1 mcg (non-ESRD use)	Aranesp (single source)

3. Drugs and Biologicals With Proposed Pass-Through Status in CY 2005

We are proposing to continue pass-through status for CY 2005 for the drugs and biologicals listed in Table 23. The APCs and HCPCS codes for drugs and biologicals that we are proposing to continue with pass-through status in CY 2005 are assigned status indicator "G" in Addendum A and Addendum B, respectively, to this proposed rule.

Section 1833(t)(6)(D)(i) of the Act sets the payment rate for pass-through eligible drugs (assuming that no pro rata reduction in pass-through payment is necessary) as the amount determined under section 1842(o) of the Act. Section 303(c) of Pub. L. 108–173 amends Title XVIII of the Act by adding new section 1847A. This new section establishes the use of the average sales price (ASP) methodology for payment for drugs and biologicals described in section 1842(o)(1)(C) of the Act furnished on or after January 1, 2005. Therefore, in CY 2005, we are proposing to pay under the OPPS for drugs and biologicals with pass-through status consistent with the provisions of section 1842(o) of the Act as amended by Pub. L. 108–173 at a rate that is equivalent to the payment these drugs and biologicals would receive in the physician office setting, and established in accordance with the methodology described in the CY 2005 Physician Fee Schedule proposed rule (69 FR 47488).

We are further proposing to amend § 419.64 of the regulations to conform with these changes. Specifically, we propose to replace paragraphs (d)(1) and (d)(2) with paragraph (d) to provide that, subject to any reduction determined under § 419.62(b), the pass-through payment for a drug or biological equals the amount determined under section 1842(o) of the Act, minus the portion of the APC that we determine is associated with the drug or biological.

Section 1833(t)(6)(D)(i) of the Act also sets the amount of additional payment for pass-through eligible drugs and biologicals (the pass-through payment amount). The pass-through payment amount is the difference between the amount authorized under section 1842(o) of the Act, and the portion of the otherwise applicable fee schedule amount (that is, the APC payment rate) that the Secretary determines is associated with the drug or biological. As we explain in section V.B. of this proposed rule, we are proposing to make separate payment, beginning in CY 2005, for new drugs and biologicals with a HCPCS code consistent with the provisions of section 1842(o) of the Act as amended by Pub. L. 108–173 at a rate that is equivalent to the payment they would receive in a physician office setting, whether or not we have received a pass-through application for the item. Accordingly, beginning in CY 2005, the pass-through payment amount for new drugs and biologicals that we determine have pass-through status equals zero. That is, when we subtract the amount to be paid for pass-through drugs and biologicals under section 1842(o) of the Act, as amended by Pub. L. 108–173, from the portion of the otherwise

applicable fee schedule amount, or the APC payment rate associated with the drug or biological which would be the amount paid for drugs and biologicals under section 1842(o) of the Act as amended by Pub. L. 108–173, the resulting difference is equal to zero. Table 23 lists the drugs and biologicals for which we propose pass-through status continuing in CY 2005. Addendum B to this proposed rule lists the proposed CY 2005 rates for these pass-through drugs and biologicals based on data reported to CMS as of April 30, 2004.

Table 23.--Proposed List of Drugs and Biologicals for Which Pass-Through Status Continues In CY 2005

HCPCS	APC	Long Descriptor	Trade Name
C9123	9123	TransCyte, per 247 sq. cm	TransCyte
C9205	9205	Injection, Oxaliplatin, per 5 mg	Eloxatin
C9203	9203	Injection, Perflexane lipid microspheres, per single use vial	Imagent
J3486	9204	Injection, Ziprasidone mesylate, per 10 mg	Geodon
C9211	9211	Injection, IV, Alefacept, per 7.5 mg	Amevive
C9212	9212	Injection, IM, Alefacept, per 7.5 mg	Amevive
C9207	9207	Injection, IV, Bortezomib, per 3.5 mg	Velcade
C9208	9208	Injection, IV, Agalsidase beta, per 1 mg	Fabrazyme
C9209	9209	Injection, IV Laronidase, per 2.9 mg	Aldurazyme
C9217	9300	Injection, Sub Q, Omalizumab, per 150 mg vial	Xolair
C9210	9210	Injection, IV, Palonosetron HCI per 0.25 mg (250 microgram)	Aloxi
C9124	9124	Injection, daptomycin, per 1 mg	Cubicin
C9125	9125	Injection, risperidone, per 12.5 mg	Risperdal Consta
J2783	0738	Injection, rasburicase, 0.5 mg	Elitek
C9213	9213	Injection, Pemetrexed, per 10 mg	Alimta
C9214	9214	Injection, Bevacizumab, per 10 mg	Avastin
C9215	9215	Injection, Cetuximab, per 10 mg	Erbitux
C9216	9216	Abarelix for Injectable Suspension per 10 mg	Plenaxis
C9217	9300	Injection, Omalizumab, per 5 mg	Xolair

B. Drugs, Biologicals, and Radiopharmaceuticals Without Pass-Through Status

[If you choose to comment on issues in this section, include "Drugs, Biologicals, and Radiopharmaceuticals NonPass-Throughs'' at the beginning of your comment.]

1. Background

Under the OPPS, we currently pay for drugs, biologicals including blood and blood products, and radiopharmaceuticals that do not have pass-through status in one of two ways: packaged payment and separate payment (individual APCs). We explained in the April 7, 2000 final rule (65 FR 18450) that we generally package the cost of drugs and radiopharmaceuticals into the APC payment rate for the procedure or treatment with which the products are usually furnished. Hospitals do not receive separate payment from Medicare for packaged items and supplies, and hospitals may not bill beneficiaries separately for any packaged items and

supplies whose costs are recognized and paid for within the national OPPS payment rate for the associated procedure or service. (Program Memorandum Transmittal A–01–133, issued on November 20, 2001, explains in greater detail the rules regarding separate payment for packaged services.)

Packaging costs into a single aggregate payment for a service, procedure, or episode of care is a fundamental principle that distinguishes a prospective payment system from a fee schedule. In general, packaging the costs of items and services into the payment for the primary procedure or service with which they are associated encourages hospital efficiencies and also enables hospitals to manage their resources with maximum flexibility. Notwithstanding our commitment to package as many costs as possible, we are aware that packaging payments for certain drugs, biologicals, and radiopharmaceuticals, especially those that are particularly expensive or rarely used, might result in insufficient payments to hospitals, which could adversely affect beneficiary access to medically necessary services. As discussed in the November 7, 2003 OPPS final rule with comment period (68 FR 63445), we packaged payment for drugs, biologicals, and radiopharmaceuticals into the APCs with which they were billed if the median cost per day for the drug, biological, or radiopharmaceutical was less than $50. We established a separate APC payment for drugs, biologicals, and radiopharmaceuticals for which the median cost per day exceeded $50. Our rationale for establishing a $50 threshold was also discussed.

2. Proposed Criteria for Packaging Payment for Drugs, Biologicals, and Radiopharmaceuticals

Section 621(a)(2) of Pub. L. 108–173 amended section 1833(t)(16) of the Act by adding a new subparagraph (B) to require that the threshold for establishing separate APCs for drugs and biologicals be set at $50 per administration for CYs 2005 and 2006. For CY 2005, we are proposing to continue our policy of paying separately for drugs, biologicals, and radiopharmaceuticals whose median cost per day exceeds $50 and packaging the cost of drugs, biologicals, and radiopharmaceuticals whose median cost per day is less than $50 into the procedures with which they are billed.

We calculated the median cost per day using claims data from January 1, 2003, to December 31, 2003, for all drugs, biologicals, and radiopharmaceuticals that had a HCPCS code during this time period and were paid (via packaged or separate payment) under the OPPS. Items such as single indication orphans drugs, certain vaccines, and blood and blood products were excluded from these calculations and our treatment of these is discussed separately in sections V.F., E., and I., respectively, of this preamble. In order to calculate the median cost per day for drugs, biologicals, and radiopharmaceuticals to determine their packaging status in CY 2005, we are proposing to use the methodology that was described in detail in the CY 2004 OPPS proposed rule (68 FR 47996 through 47997) and finalized in the CY 2004 final rule with comment period (68 FR 63444 through 63447). We are requesting comments on the methodology we are proposing to continue to use to determine the median cost per day of these items.

We are proposing to apply an exception to our packaging rule to one particular class of drugs, the injectible and oral forms of anti-emetic treatments. The HCPCS codes to which our exception would apply are listed below in Table 24. Our calculation of median cost per day for these products showed that, if we were to apply our packaging rule to these items, two of the injectible products would be packaged and one would be separately payable. In addition, two of the oral products would be separately payable and one would be packaged. Chemotherapy is very difficult for many patients to tolerate as the side effects are often debilitating. In order for beneficiaries to achieve the maximum therapeutic benefit from chemotherapy and other therapies with side effects of nausea and vomiting, anti-emetic use is often an integral part of the treatment regimen. We want to ensure that our payment rules do not impede a beneficiary's access to the particular anti-emetic that is most effective for him or her as determined by the beneficiary and his or her physician. Therefore, we are proposing to pay separately for all six injectible and oral forms of anti-emetic products CY 2005.

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Table 24.--OPPS Anti-Emetic Products To Which We Propose To Apply Packaging Exception In CY 2005

HCPCS	Short Description	Median Cost per Day	CY 2005 Proposed Status Indicator without Exception
J1260	I. INJECTION, DOLASETRON MESYLATE, 10 MG	$42.94	N
Q0180	DOLASETRON MESYLATE, 100 MG, ORAL	$55.68	K
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	$55.06	K
Q0166	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL	$43.91	N
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	$35.34	N
Q0179	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL	$50.22	K

3. Proposed Payment for Drugs, Biologicals, and Radiopharmaceuticals Without Pass-Through Status That Are Not Packaged

a. Payment for Specified Covered Outpatient Drugs

Section 621(a)(1) of Pub. L. 108–173 amended section 1833(t) of the Act by adding a new subparagraph (14) that requires special classification of certain separately paid radiopharmaceutical agents and drugs or biologicals and mandates specific payments for these items. Under section 1833(t)(14)(B)(i), a "specified covered outpatient drug'' is a covered outpatient drug, as defined in section 1927(k)(2) of the Act, for which a separate APC exists and that either is a radiopharmaceutical agent or is a drug or biological for which payment was made on a pass-through basis on or before December 31, 2002.

Under section 1833(t)(14)(B)(ii) of the Act, certain drugs and biologicals are designated as exceptions and are not included in the definition of "specified covered outpatient drugs.'' These exceptions are:

- A drug or biological for which payment is first made on or after January 1, 2003, under the transitional pass-through payment provision in section 1833(t)(6) of the Act.
- A drug or biological for which a temporary HCPCS code has not been assigned.
- During CYs 2004 and 2005, an orphan drug (as designated by the Secretary).

Section 1833(t)(14)(A)(i) of the Act, as added by section 621(a)(1) of Pub. L. 108–173, specifies payment limits for three categories of specified covered outpatient drugs in CY 2004. Section 1833(t)(14)(F) of the Act defines the three categories of specified covered outpatient drugs based on section 1861(t)(1) and sections 1927(k)(7)(A)(ii), (k)(7)(A)(iii), and (k)(7)(A)(iv) of the Act. The categories of drugs are "sole source drugs,'' "innovator multiple source drugs,'' and "noninnovator multiple source drugs.'' The definitions of these specified categories for drugs, biologicals, and radiopharmaceutical agents under Pub. L. 108–173 were discussed in the January 6, 2004 OPPS interim final rule with comment period (69 FR 822), along with our use of the Medicaid average manufacturer price database to determine the appropriate classification of these products. Because of the many comments received on the January 6, 2004 interim final rule with comment period, the classification of many of the drugs, biologicals, and radiopharmaceuticals changed from that initially published. These changes were announced to the public on February 27, 2004, Transmittal 112, Change Request 3144. Additional classification changes were implemented in Transmittals 3154 and 3322. We will finalize the interim final rule and address public comments associated with that rule when we finalize this proposed rule.

Section 1833(t)(14)(A) of the Act, as added by section 621(a)(1) of Pub. L. 108–173, also provides that payment for these specified covered outpatient drugs is to be based on its "reference average wholesale price,'' that is, the AWP for the drug, biological, or radiopharmaceutical as determined under section 1842(o) of the Act as of May 1, 2003 (section 1833(t)(14)(G) of the Act). Section 621(a) of Pub. L. 108–173 also amended the Act by adding section 1833(t)(14)(A)(ii), which requires that:

- A sole source drug must, in CY 2005, be paid no less than 83 percent and no more than 95 percent of the reference AWP.
- An innovator multiple source drug must, in CY 2005, be paid no more than 68 percent of the reference AWP.
- A noninnovator multiple source drug must, in CY 2005, be paid no more than 46 percent of the reference AWP.

Section 1833(t)(14)(G) of the Act defines "reference AWP'' as the AWP determined under section 1842(o) as of May 1, 2003. We interpret this to mean the AWP set under the CMS single drug pricer (SDP) based on prices published in the Red Book on May 1, 2003.

For CY 2005, we are proposing to determine the payment rates for specified covered outpatient drugs under the provisions of Pub. L. 108–173 by comparing the payment amount

calculated under the median cost methodology as done for procedural APCs (described previously in the preamble) to the AWP percentages specified in section 1833(t)(14)(A)(ii) of the Act.

Specifically, for sole source drugs, biologicals, and radiopharmaceuticals, we compared the payments established under the median cost methodology to their reference AWP. We are proposing to determine payment for sole source items as follows: If the payment falls below 83 percent of the reference AWP, we would increase the payment to 83 percent of the reference AWP. If the payment exceeds 95 percent of the reference AWP, we would reduce the payment to 95 percent of the reference AWP. If the payment is no lower than 83 percent and no higher than 95 percent of the reference AWP, we would make no change.

There is one sole source item, Co 57 cobaltous chloride (HCPCS code C9013), for which we cannot find a reference AWP amount. However, we have CY 2003 hospital claims data for C9013, and we are proposing to derive its payment rate using its median cost per unit. Therefore, we are proposing a CY 2005 payment rate for C9013 of $143.96. We request comments on our proposed methodology for determining the payment rate for C9013.

We note that there are three radiopharmaceutical products for which we are proposing a different payment policy in CY 2005. These products are represented by HCPCS codes A9526 (Ammonia N–13, per dose), C1775 (FDG, per dose (4–40 mCi/ml), and Q3000 (Rubidium-Rb-82). Radiopharmaceuticals are classified as a "specified covered outpatient drug" according to section 1833(t)(14)(B)(i)(I) of the Act; and their payment is dependent on their classification as a single source, innovator multiple cource, or noninnovator multiple source product as defined by sections 1927(k)(7)(A)(iv), (ii), and (iii) of the Act. Upon further analysis of these items, we determined that these three products do not meet the statutory definition of a sole source item or a multiple source item. Pub. L. 108–173 requires us to pay for "specified covered outpatient drugs" using specific payment methodologies based on their classification and does not address how payment should be made for items that do not meet the definition of a sole source or multiple source item. Therefore, we are proposing to set the CY 2005 payment rates for these three products based on median costs derived from CY 2003 hospital outpatient claims data, which would reflect hospital costs associated with these products. With regard to HCPCS code A9526, we have no hospital outpatient cost data for this HCPCS code. We received correspondence from an outside source stating that Rubidium-Rb-82 (HCPCS code Q3000) is an alternative product used for procedures for which Ammonia N–13 is also used and these two products are similar in cost. Therefore, we are proposing to establish a payment rate for Ammonia N–13 that is equivalent to the payment rate for Rubdium Rb–82.

We request comments on the proposed CY 2005 payment rates for these three items and invite commenters to submit external data if they believe the proposed CY 2005 payment rates for these items do not adequately represent actual hospital costs. Table 25 below lists the CY 2005 OPPS payment rates that we are proposing for these three radiophmaceutical products.

Table 25.—Proposed CY 2005 APC Payment Rates for Three Radiopharmaceuticals That Do Not Meet the Definition of a Single Source or Multiple Source Item

HCPCS Code	Status Indicator	APC	Short Description	CY 2005 Proposed Payment Rate
A9526	K	0737	Ammonia N-13, per dose	$111.91
C1775	K	1775	FDG, per dose (4-40 mCi/ml)	$220.50
Q3000	K	9025	Rubidium-Rb-82	$111.91

Table 25A lists the proposed payment amounts for sole source drugs, biologicals, and radiopharmaceuticals effective January 1, 2005 to December 31, 2005.

Table 25A.--Proposed OPPS Payment Amounts for Sole Source Drugs, Biologicals, and Radiopharmaceuticals for CY 2005

HCPCS	Status Indicator	APC	Short Description	CY 2005 Proposed Payment Rate
A4642	K	0704	Satumomab pendetide per dose	$1,390.25
A9500	K	1600	Technetium TC 99m sestamibi	$106.32
A9502	K	0705	Technetium TC99M tetrofosmin	$104.58
A9504	K	1602	Technetium tc 99m apcitide	$415.00
A9507	K	1604	Indium/111 capromab pendetid	$1,915.23
A9508	K	1045	Iobenguane sulfate I-131, per 0.5 mCi	$996.00
A9511	K	1095	Technetium TC 99m depreotide	$38.00
A9521	K	1096	Technetiumtc-99m exametazine	$778.13
A9605	K	0702	Samarium sm153 lexidronamm	$916.90
C1079	K	1079	CO 57/58 per 0.5 uCi	$221.78
C1080	K	1080	I-131 tositumomab, dx	$2,241.00
C1081	K	1081	I-131 tositumomab, tx	$19,422.00
C1082	K	9118	In-111 ibritumomab tiuxetan	$2,419.78
C1083	K	9117	Yttrium 90 ibritumomab tiuxetan	$20,948.25
C1091	K	1091	IN111 oxyquinoline,per0.5mCi	$373.50
C1092	K	1092	IN 111 pentetate per 0.5 mCi	$224.10
C1122	K	1122	Tc 99M ARCITUMOMAB PER VIAL	$1,079.00
C1178	K	1178	BUSULFAN IV, 6 Mg	$27.87
C1201	K	1201	TC 99M SUCCIMER, PER Vial	$118.52
C1305	K	1305	Apligraf	$1,130.88
C9003	K	9003	Palivizumab, per 50 mg	$576.51
C9008	K	9008	Baclofen Refill Kit-500mcg	$10.21
C9009	K	9009	Baclofen Refill Kit-2000mcg	$37.64
C9013	K	9013	Co 57 cobaltous chloride	$143.96
C9105	K	9105	Hep B imm glob, per 1 ml	$118.32
C9109	K	9109	Tirofiban hcl, 6.25 mg	$205.92
C9112	K	9112	Perflutren lipid micro, 2ml	$129.69
C9200	K	9200	Orcel, per 36 cm2	$991.85
C9201	K	9201	Dermagraft, per 37.5 sq cm	$529.54
C9202	K	9202	Octafluoropropane	$129.48
J0130	K	1605	Abciximab injection	$448.22
J0207	K	7000	Amifostine	$395.75
J0287	K	9024	Amphotericin b lipid complex	$19.09
J0288	K	0735	Ampho b cholesteryl sulfate	$15.20
J0289	K	0736	Amphotericin b liposome inj	$31.27
J0350	K	1606	Injection anistreplase 30 u	$2,353.53
J0583	K	9111	Bivalirudin	$1.52
J0585	K	0902	Botulinum toxin a per unit	$4.32

HCPCS	Status Indicator	APC	Short Description	CY 2005 Proposed Payment Rate
J0587	K	9018	Botulinum toxin type B	$7.68
J0637	K	9019	Caspofungin acetate	$32.65
J0850	K	0903	Cytomegalovirus imm IV /vial	$622.13
J1260	K	0750	Dolasetron mesylate	$14.38
J1327	K	1607	Eptifibatide injection	$11.21
J1438	K	1608	Etanercept injection	$135.56
J1440	K	0728	Filgrastim 300 mcg injection	$162.41
J1441	K	7049	Filgrastim 480 mcg injection	$274.40
J1563	K	0905	IV immune globulin	$68.48
J1564	K	9021	Immune globulin 10 mg	$0.75
J1565	K	0906	RSV-ivig	$16.55
J1626	K	0764	Granisetron HCl injection	$16.20
J1745	K	7043	Infliximab injection	$57.40
J1830	K	0910	Interferon beta-1b / .25 MG	$58.73
J1950	K	0800	Leuprolide acetate /3.75 MG	$451.98
J2020	K	9001	Linezolid injection	$32.15
J2324	K	9114	Nesiritide	$132.47
J2353	K	1207	Octreotide injection, depot	$71.66
J2354	K	7031	Octreotide inj, non-depot	$3.72
J2405	K	0768	Ondansetron hcl injection	$5.54
J2505	K	9119	Injection, pegfilgrastim 6mg	$2,448.50
J2788	K	9023	Rho d immune globulin 50 mcg	$30.38
J2792	K	1609	Rho(D) immune globulin h, sd	$17.95
J2820	K	0731	Sargramostim injection	$25.39
J2941	K	7034	Somatropin injection	$280.87
J2993	K	9005	Reteplase injection	$1,192.09
J3100	K	9002	Tenecteplase injection	$2,350.98
J3245	K	7041	Tirofiban hydrochloride	$411.85
J3305	K	7045	Inj trimetrexate glucoronate	$142.50
J3395	K	1203	Verteporfin injection	$1,274.05
J3487	K	9115	Zoledronic acid	$197.87
J7190	K	0925	Factor viii	$0.76
J7191	K	0926	Factor VIII (porcine)	$1.78
J7192	K	0927	Factor viii recombinant	$1.10
J7193	K	0931	Factor IX non-recombinant	$0.98
J7194	K	0928	Factor ix complex	$0.32
J7195	K	0932	Factor IX recombinant	$0.98
J7198	K	0929	Anti-inhibitor	$1.25
J7320	K	1611	Hylan G-F 20 injection	$203.70
J7504	K	0890	Lymphocyte immune globulin	$243.50
J7507	K	0891	Tacrolimus oral per 1 MG	$3.05
J7511	K	9104	Antithymocyte globuln rabbit	$312.41
J7517	K	9015	Mycophenolate mofetil oral	$2.46
J7520	K	9020	Sirolimus, oral	$6.23
J8510	K	7015	Oral busulfan	$2.08
J8520	K	7042	Capecitabine, oral, 150 mg	$2.96

HCPCS	Status Indicator	APC	Short Description	CY 2005 Proposed Payment Rate
J8700	K	1086	Temozolomide	$6.42
J9001	K	7046	Doxorubicin hcl liposome inj	$343.78
J9010	K	9110	Alemtuzumab injection	$510.70
J9020	K	0814	Asparaginase injection	$54.71
J9031	K	0809	Bcg live intravesical vac	$139.90
J9045	K	0811	Carboplatin injection	$129.96
J9151	K	0821	Daunorubicin citrate liposom	$64.60
J9170	K	0823	Docetaxel	$312.69
J9178	K	1167	Inj, epirubicin hcl, 2 mg	$24.14
J9185	K	0842	Fludarabine phosphate inj	$311.09
J9201	K	0828	Gemcitabine HCl	$105.73
J9202	K	0810	Goserelin acetate implant	$390.09
J9206	K	0830	Irinotecan injection	$127.33
J9213	K	0834	Interferon alfa-2a inj	$30.48
J9214	K	0836	Interferon alfa-2b inj	$13.00
J9215	K	0865	Interferon alfa-n3 inj	$8.17
J9217	K	9217	Leuprolide acetate suspnsion	$543.72
J9219	K	7051	Leuprolide acetate implant	$4,717.72
J9245	K	0840	Inj melphalan hydrochl 50 MG	$367.03
J9268	K	0844	Pentostatin injection	$1,683.24
J9270	K	0860	Plicamycin (mithramycin) inj	$93.80
J9293	K	0864	Mitoxantrone hydrochl / 5 MG	$313.96
J9310	K	0849	Rituximab cancer treatment	$437.83
J9350	K	0852	Topotecan	$697.76
J9355	K	1613	Trastuzumab	$50.79
J9390	K	0855	Vinorelbine tartrate/10 mg	$95.23
J9600	K	0856	Porfimer sodium	$2,274.78
Q0136	K	0733	Non esrd epoetin alpha inj	$11.09
Q0137	K	0734	Darbepoetin alfa, non esrd	$4.14
Q0166	K	0765	Granisetron HCl 1 mg oral	$39.04
Q0179	K	0769	Ondansetron HCl 8mg oral	$26.12
Q0180	K	0763	Dolasetron mesylate oral	$63.28
Q0187	K	1409	Factor viia recombinant	$1,410.34
Q2002	K	7022	Elliotts b solution per ml	$1.50
Q2003	K	7019	Aprotinin, 10,000 kiu	$12.51
Q2005	K	7024	Corticorelin ovine triflutat	$353.70
Q2006	K	7025	Digoxin immune fab (ovine)	$332.00
Q2007	K	7026	Ethanolamine oleate 100 mg	$63.29
Q2008	K	7027	Fomepizole, 15 mg	$10.04
Q2009	K	7028	Fosphenytoin, 50 mg	$5.31
Q2011	K	7030	Hemin, per 1 mg	$6.47
Q2013	K	7040	Pentastarch 10% solution	$131.99
Q2017	K	7035	Teniposide, 50 mg	$224.94
Q2018	K	7037	Urofollitropin, 75 iu	$56.59
Q2021	K	9057	Lepirudin	$130.30

HCPCS	Status Indicator	APC	Short Description	CY 2005 Proposed Payment Rate
Q2022	K	1618	VonWillebrandFactrCmplxperIU	$0.83
Q3002	K	1619	Gallium ga 67	$27.10
Q3003	K	1620	Technetium tc99m bicisate	$370.60
Q3005	K	1622	Technetium tc99m mertiatide	$31.13
Q3007	K	1624	Sodium phosphate p32	$94.98
Q3008	K	1625	Indium 111-in pentetreotide	$1,079.00
Q3011	K	1628	Chromic phosphate p32	$146.64
Q3012	K	1089	Cyanocobalamin cobalt co57	$85.49
Q3025	K	9022	IM inj interferon beta 1-a	$74.44

In order to determine the payment amounts for innovator multiple source and noninnovator multiple source forms of the drug, biological, or radiopharmaceutical, we compared the payments established under the median cost methodology to their reference AWP. For innovator multiple source items, we are proposing to set payment rates at the lower of the payment rate calculated under our standard median cost methodology or 68 percent of the reference AWP. For noninnovator or multiple source items, we are proposing to set payment rates at the lower of the payment rate calculated under our standard median cost methodology or 46 percent of the reference AWP. We followed this same methodology to set payment amounts for innovator multiple source and noninnovator multiple source specified covered to payment drugs that were implemented by the January 6, 2004 interim final rule with comment period.

Table 26 lists the proposed payment amounts for innovator and noninnovator multiple source drugs, biologicals, and radiopharmaceuticals effective January 1, 2005 to December 31, 2005.

Table 26.--Proposed OPPS Payment Amounts for Innovator and Noninnovator Multiple Source Drugs, Biologicals, and Radiopharmaceuticals for CY 2005

HCPCS	Status Indicator	APC	Short Description	2005 Proposed Payment Rate
A9505	K	1603	Thallous chloride TL 201/mci	$18.29
A9517	K	1064	Th I131 so iodide cap millic	$6.60
A9528	K	1064	Dx I131 so iodide cap millic	$6.60
A9529	K	1065	Dx I131 so iodide sol millic	$9.84
A9530	K	1065	Th I131 so iodide sol millic	$9.84
A9600	K	0701	Strontium-89 chloride	$410.45
C9400	K	9400	Thallous chloride, brand	$20.86
C9401	K	9401	Strontium-89 chloride,brand	$410.45
C9402	K	9402	Th I131 so iodide cap, brand	$6.60
C9403	K	9403	Dx I131 so iodide cap, brand	$6.60
C9404	K	9404	Dx I131 so iodide sol, brand	$9.84
C9405	K	9405	Th I131 so iodide sol, brand	$9.84
C9410	K	9410	Dexrazoxane HCl inj, brand	$125.24
C9411	K	9411	Pamidronate disodium, brand	$162.66
C9413	K	9413	Sodium hyaluronate inj, brand	$54.33
C9414	K	9414	Etoposide oral, brand	$27.72
C9415	K	9415	Doxorubic hcl chemo, brand	$6.94
C9417	K	9417	Bleomycin sulfate inj, brand	$130.56
C9418	K	9418	Cisplatin inj, brand	$11.42
C9419	K	9419	Inj cladribine, brand	$36.72
C9420	K	9420	Cyclophosphamide inj, brand	$4.10
C9421	K	9421	Cyclophosphamide lyo, brand	$3.50
C9422	K	9422	Cytarabine hcl inj, brand	$2.28
C9423	K	9423	Dacarbazine inj, brand	$8.24
C9424	K	9424	Daunorubicin, brand	$53.14
C9425	K	9425	Etoposide inj, brand	$1.22
C9426	K	9426	Floxuridine inj, brand	$97.92
C9427	K	9427	Ifosfomide inj, brand	$101.46
C9428	K	9428	Mesna injection, brand	$25.07
C9429	K	9429	Idarubicin hcl inj, brand	$13.45
C9430	K	9430	Leuprolide acetate inj, bran	$21.41
C9431	K	9431	Paclitaxel inj, brand	$95.84
C9432	K	9432	Mitomycin inj, brand	$45.70
C9433	K	9433	Thiotepa inj, brand	$66.98
C9435	K	9435	Gonadorelin hydroch, brand	$16.08
C9436	K	9436	Azathioprine parenteral,brnd	$44.61
C9438	K	9438	Cyclosporine oral, brand	$1.81
J1190	K	0726	Dexrazoxane HCl injection	$113.28
J1620	K	7005	Gonadorelin hydroch/ 100 mcg	$16.09
J2430	K	0730	Pamidronate disodium /30 MG	$128.74
J7317	K	7316	Sodium hyaluronate injection	$54.33
J7501	K	0887	Azathioprine parenteral	$30.18

HCPCS	Status Indicator	APC	Short Description	2005 Proposed Payment Rate
J7502	K	0888	Cyclosporine oral 100 mg	$1.81
J8560	K	0802	Etoposide oral 50 MG	$21.91
J9000	K	0847	Doxorubic hcl 10 MG vl chemo	$4.69
J9040	K	0857	Bleomycin sulfate injection	$88.32
J9060	K	0813	Cisplatin 10 MG injection	$7.73
J9065	K	0858	Inj cladribine per 1 MG	$24.84
J9070	K	0815	Cyclophosphamide 100 MG inj	$2.77
J9093	K	0816	Cyclophosphamide lyophilized	$2.36
J9100	K	0817	Cytarabine hcl 100 MG inj	$1.55
J9130	K	0819	Dacarbazine 100 mg inj	$6.14
J9150	K	0820	Daunorubicin	$35.94
J9181	K	0824	Etoposide 10 MG inj	$0.83
J9200	K	0827	Floxuridine injection	$66.24
J9208	K	0831	Ifosfomide injection	$72.81
J9209	K	0732	Mesna injection	$17.66
J9211	K	0832	Idarubicin hcl injection	$13.46
J9218	K	0861	Leuprolide acetate injeciton	$14.48
J9265	K	0863	Paclitaxel injection	$79.04
J9280	K	0862	Mitomycin 5 MG inj	$30.91
J9340	K	0851	Thiotepa injection	$45.31

b. Proposal To Treat Three Sunsetting Pass-Through Drugs as Specified Covered Outpatient Drugs

As discussed in section V.A.2 of the preamble, there are 13 drugs and biologicals whose pass-through status will expire on December 31, 2004. Table 22 lists these drugs and biologicals.

Pass-through payment was made for 10 of these 13 items as of December 31, 2002. Therefore, these 10 items now qualify as specified covered outpatient drugs under section 1833(t)(14) of the Act, as added by section 621(a) of Pub. L. 108–173, as described above. However, pass-through status for three of the pass-through drugs and biologicals that will expire on December 31, 2004 (C9121, Injection, argatroban; J9395, Fulvestrant; and J3315, Triptorelin pamoate), was first made effective on January 1, 2003. These items are specifically excluded from the definition of "specified covered outpatient drugs'' in section 1833(t)(14)(B)(ii) of the Act, because they are not drugs or biologicals for which pass-through payment was first made on or before December 31, 2002. Pub. L. 108–173 does not address how to set payment for items whose pass-through status expires in CY 2005, but for which pass-through payment was not made as of December 31, 2002.

Therefore, we are proposing to pay for the three expiring pass-through items for which payment was first made on January 1, 2003 rather than on or before December 31, 2002 using the methodology described under section 1833(t)(14) of the Act for specified covered outpatient drugs. We believe that this methodology would allow us to determine appropriate payment amounts for these products in a manner that is consistent with how we pay for drugs and biologicals whose pass-through status was effective as of December 31, 2002, and that does not penalize those products for receiving pass-through status on or after January 1, 2003. Table 27 below lists the CY 2005 OPPS payment rates that we are proposing for these three drugs and biologicals.

Of the 13 products for which we are proposing that pass-through status expire on December 31, 2004, we are proposing to package two of them (C9113, Inj. Pantoprazole sodium and J1335, Ertapenum sodium) because their median cost per day falls below the $50 packaging threshold. The remaining 11 drugs and biologicals were determined to be sole source items and would be paid separately according to the payment methodology for sole source products described above.

We wish to note that darbepoetin alfa (Q0137) will be considered a specified covered outpatient drug in CY 2005. Payment for these drugs is governed under section 1833(t)(14) of the Act. Specifically, darbepoetin alfa will be paid as a sole-source drug at a rate between 83 and 95 percent of its reference AWP. Given the status required under 1833(t)(14) of the Act, as added by section 621(a)(1) of Pub. L. 108–173, we specifically solicit comment on whether we should again apply an equitable adjustment, made pursuant to 1833(t)(2)(E) of the Act, to the price of this drug.

Table 27—Proposed CY 2005 APC Payment Rates for Three Expiring Pass-Through Drugs and Biologicals That Will Be Treated As Specified Covered Outpatient Drugs

HCPCS	Status Indicator	Short Description	APC	2005 Proposed Payment Rate
J9395	K	Injection, Fulvestrant	9120	$79.65
J3315	K	Triptorelin pamoate	9122	$362.78
C9121	K	Injection, argatroban	9121	$12.45

c. Proposed CY 2005 Payment for New Drugs and Biologicals With HCPCS Codes and Without Pass-Through Application and Reference AWP

Pub. L. 108–173 does not address OPPS payment in CY 2005 for new drugs and biologicals that have assigned HCPCS codes, but that do not have a reference AWP or approval for payment as pass-through drugs or biologicals. Because there is no statutory provision that dictates payment for such drugs and biologicals in CY 2005, and because we have no hospital claims data to use in establishing a payment rate for them, we investigated other possible options to pay for these items in CY 2005. Clearly, one option is to continue packaging payment for these new drugs and biologicals that have their own HCPCS codes until we accumulate sufficient claims data to calculate median costs for these items. Another option is to pay for them separately using a data source other than our claims data. The first option is consistent with the approach we have taken in prior years when claims data for new services and items are not available to calculate median costs. However, because these new drugs and biologicals may be expensive, we are concerned that packaging these new drugs and biologicals may jeopardize beneficiary access to them. In addition, we do not want to delay separate payment for a new drug or biological solely because a pass-through application was not submitted.

Therefore, in CY 2005, we are proposing to pay for these new drugs and biologicals which do not have pass-through status at a rate that is equivalent to the payment they would receive in the physician office setting, which will be established in accordance with the methodology described in the CY 2005 Physician Fee Schedule proposed rule (69 FR 47488, 47520 through 47524). We note that this payment methodology is the same as the methodology that would be used to calculate the OPPS payment amount that pass-through drugs and biologicals would be paid in CY 2005 in accordance with section 1842(o) of the Act, as amended by section 303(b) of Pub. L. 108–173, and section 1847A of the Act. Thus, we would be treating new drugs and biologicals with established HCPCS codes the same, irrespective of whether pass-through status has been determined. We are also proposing to assign status indicator "K" to HCPCS codes for new drugs and biologicals for which we have not received a pass-through application.

In light of this proposal, we understand that manufacturers might be hesitant to apply for pass-through status. However, we do not believe there would be many instances in CY 2005 when we would not receive a pass-through application for a new drug or biological that has a HCPCS code. To avoid delays in setting an appropriate payment amount for new drugs and biologicals and to expedite the processing of claims, we strongly encourage manufacturers to continue submitting pass-through applications for new drugs and biologicals when FDA approval for a new drug or biological is imminent to give us advance notice to begin working to create a HCPCS code and APC. The preliminary application would have to be augmented by FDA approval documents and final package inserts once such materials become available. However, initiating the pass-through application process as early as possible would enable us to expedite coding and pricing for the new drugs and biologicals and accelerate the process for including them in the next available OPPS quarterly release.

We discuss in section V.D. of this preamble how we are proposing to pay in CY 2005 for new drugs and biologicals between their FDA approval date and assignment of a HCPCS code and APC. We share the desire of providers and manufacturers to incorporate payment for new drugs and biological into the OPPS as expeditiously as possible to eliminate potential barriers to beneficiary access and to minimize the number of claims that must be processed manually under the OPPS interim process for claims without established HCPCS codes and APCs, and we solicit public comments on our proposal.

d. Proposed Payment for Separately Payable NonPass-Through Drugs and Biologicals

As discussed in section V.B.2. of this preamble, for CY 2005, we used CY 2003 claims data to calculate the proposed median cost per day for drugs, biologicals, and radiopharmaceuticals that have an assigned HCPCS code and are paid either as a packaged or separately payable item under the OPPS. Section 1833(t)(14) of the Act, as added by section 621(a) of Pub. L. 108–173, specified payment methodologies for most of these drugs, biologicals, and radiopharmaceuticals. However, this provision did not specify how payment was to be made for separately payable drugs and biologicals that never received pass-through status and that are not otherwise addressed in section 1833(t)(14) of the Act. Some of the items for which such payment is not specified are (1) those that have been paid separately since implementation of the OPPS on August 1, 2000, but are not eligible for pass-through status, and (2) those that have historically been packaged with the procedure with which they are billed but, based on the CY 2003 claims data, their median cost per day is above the legislated $50 packaging threshold. Because Pub. L. 108–173 does not address how we are to pay for such drugs and biologicals (any drug or biological that falls into one or the other category and that has a per day cost greater than $50), we are proposing to set payment based on median costs derived from the CY 2003 claims data. Because these products are generally older or low-cost items, or

both, we believe that the proposed payments would allow us to provide adequate payment to hospitals for furnishing these items. Table 28. below lists the drugs and biologicals to which this proposed payment policy would apply.

Table 28.—List of Drugs and Biologicals Not Eligible for Pass-Through Status and Proposed for Separate Nonpass-Through Payment

HCPCS	Status Indicator	APC	Short Description	2005 Proposed Payment Rate
A4643	K	9026	High dose contrast MRI	$26.52
A4647	K	9027	Supp- paramagnetic contr mat	$37.02
J0120	K	9028	Tetracyclin injection	$101.05
J0150	K	0379	Injection adenosine 6 MG	$12.42
J0152	K	0917	Adenosine injection	$20.45
J0282	K	9029	Amiodarone HCl	$12.06
J0285	K	9030	Amphotericin B	$63.80
J0395	K	9031	Arbutamine HCl injection	$68.80
J0475	K	9032	Baclofen 10 MG injection	$8.52
J0740	K	9033	Cidofovir injection	$353.60
J0945	K	9034	Brompheniramine maleate inj	$59.63
J1051	K	9035	Medroxyprogesterone inj	$17.75
J1212	K	9036	Dimethyl sulfoxide 50% 50 ML	$52.29
J1230	K	9037	Methadone injection	$13.46
J1245	K	0380	Dipyridamole injection	$11.85
J1410	K	9038	Inj estrogen conjugate 25 MG	$39.66
J1450	K	9039	Fluconazole	$23.51
J1452	K	9040	Intraocular Fomivirsen na	$949.71
J1460	K	9041	Gamma globulin 1 CC inj	$31.96
J1610	K	9042	Glucagon hydrochloride/1 MG	$46.61
J1730	K	9043	Diazoxide injection	$15.49
J1742	K	9044	Ibutilide fumarate injection	$130.82
J1750	K	9045	Iron dextran	$14.71
J1756	K	9046	Iron sucrose injection	$0.52
J1835	K	9047	Itraconazole injection	$42.56
J2260	K	7007	Inj milrinone lactate / 5 MG	$8.06
J2597	K	9048	Inj desmopressin acetate	$4.71
J2725	K	9049	Inj protirelin per 250 mcg	$41.24
J2916	K	9050	Na ferric gluconate complex	$6.29
J2995	K	0911	Inj streptokinase /250000 IU	$43.87
J2997	K	7048	Alteplase recombinant	$17.86
J3350	K	9051	Urea injection	$70.48
J3365	K	7036	Urokinase 250,000 IU inj	$125.96
J3400	K	9052	Triflupromazine hcl inj	$74.08
J3530	K	9053	Nasal vaccine inhalation	$93.39
J7342	K	9054	Metabolically active tissue	$7.23
J7350	K	9055	Injectable human tissue	$8.14
P9041	K	0961	Albumin (human),5%, 50ml	$19.47
P9045	K	0963	Albumin (human), 5%, 250 ml	$59.30
P9046	K	0964	Albumin (human), 25%, 20 ml	$13.16
P9047	K	0965	Albumin (human), 25%, 50ml	$55.94

e. Proposed CY 2005 Change in Payment Status for HCPCS Code J7308

Since implementation of the OPPS on August 1, 2000, HCPCS code J7308 (Aminolevulinic acid HCI for topical administration, 20 percent single unit dosage form) has been treated as a packaged item and denoted as such using status indicator "N''. Thus, historically we have not allowed separate payment for this drug under the OPPS. In CY 2005, this drug would receive a separate payment under the Medicare physician fee schedule when furnished in a physician's office. Therefore, as we generally intend to establish, wherever possible, consistent payment policies for drugs whether they are furnished in a hospital outpatient setting or in a physician's office or clinic, we are proposing to also pay separately for J7308 when furnished in a hospital outpatient department. Thus, for CY 2005, we are proposing to pay for this drug at 106 percent of ASP, which is equivalent to the payment rate that it would receive under the physician fee schedule. The proposed CY 2005 ASP and payment under the OPPS for J7308 is $88.86. We are soliciting comments on our proposed payment methodology for HCPCS code J7308 for CY 2005.

C. Proposed Coding and Billing for Specified Outpatient Drugs

[If you choose to comment on issues in this section, include the caption "Drug Coding and Billing'' at the beginning of your comment.]

As discussed in the January 6, 2004 interim final rule with comment period (69 FR 826), hospitals were instructed to bill for sole source drugs using the existing HCPCS code, which were priced in accordance with the provisions of newly added section 1833(t)(14)(A)(i) of the Act, as added by Pub. L. 108–173. However, at that time, the existing HCPCS codes did not allow us to differentiate payment amounts for innovator multiple source and noninnovator multiple source forms of the drug. Therefore, effective April 1, 2004, we implemented new HCPCS codes via Program Transmittal 112 (Change Request 3144, February 27, 2004) and Program Transmittal 132 (Change Request 3154, March 30, 2004) that providers were instructed to use to bill for innovator multiple source drugs in order to receive appropriate payment in accordance with section 1833(t)(14)(A)(i)(II) of the Act. Providers were also instructed to continue to use the current HCPCS codes to bill for noninnovator multiple source drugs to receive payment in accordance with section 1833(t)(14)(A)(i)(III). In this manner, drugs, biologicals, and radiopharmaceuticals will be appropriately coded to reflect their classification and be paid accordingly. We are proposing to continue this coding practice in CY 2005 with payment made in accordance with section 1833(t)(14)(A)(ii) of the Act.

D. Proposed Payment for New Drugs, Biologicals and Radiopharmaceuticals Before HCPCS Codes Are Assigned

[If you choose to comment on issues in this section, include the caption "HCPCS Codes'' at the beginning of your comment.]

1. Background

Historically, hospitals have used a code for an unlisted or unclassified drug, biological, or radiopharmaceutical or used an appropriate revenue code to bill for drugs, biologicals, and radiopharmaceuticals furnished in the outpatient department that do not have an assigned HCPCS code. The codes for not otherwise classified drugs, biologicals, and radiopharmaceuticals are assigned packaged status under the OPPS. That is, separate payment is not made for the code, but charges for the code would be eligible for an outlier payment and, in future updates, the charges for the code are packaged with the separately payable service with which the code is reported for the same date of service.

Drugs and biologicals that are newly approved by the FDA and for which a HCPCS code has not yet been assigned by the National HCPCS Alpha-Numeric Workgroup could qualify for pass-through payment under the OPPS. An application must be submitted to CMS in order for a drug or biological to be assigned pass-through status, along with a temporary C-code for billing purposes, and an APC payment amount. Pass-through applications are reviewed on a flow basis, and payment for drugs and biologicals approved for pass-through status is implemented throughout the year as part of the quarterly updates of the OPPS.

In the November 7, 2003 final rule with comment period (68 FR 63440), we explained how CMS generally pays under the OPPS for new drugs and biologicals that are assigned HCPCS codes, but that are not approved for pass-through payment, and for which CMS had no data upon which to base a payment rate. These codes do not receive separate payment, but are assigned packaged status. Hospitals were urged to report charges for the new codes even though separate payment is not provided. Charges reported for the new codes are used to determine hospital costs and payment rates in future updates. For CY 2004, we again noted that drugs that were assigned a HCPCS code effective January 1, 2004, and that were assigned packaged status, remain packaged unless pass-through status is approved for the drug. If pass-through status is approved for these drugs, pass-through payments are implemented prospectively in the next available quarterly release.

2. Provisions of Pub. L. 108–173

Section 621(a)(1) of Pub. L. 108–173 amended section 1833(t) of the Act by adding paragraph (15) to provide for payment for new drugs and biologicals until HCPCS codes are assigned under the OPPS. Under this provision, we are required to make payment for an outpatient drug or biological that is furnished as part of covered OPD services for which a HCPCS code has not been assigned in an amount equal to 95 percent of AWP. This provision applies only to payments under the OPPS, effective January 1, 2004. However, we did not implement this provision in the January 6, 2004 interim final rule with comment period because we had not determined at that time how hospitals would be able to bill Medicare and receive payment for a drug or biological that did not have an identifying HCPCS code.

As stated earlier, at its February 2004 meeting, the APC Panel heard presentations suggesting how to make payment for a drug or biological that did not have a code. The APC Panel recommended that we work swiftly to implement a methodology to enable hospitals to file claims and receive payment for drugs that are newly approved by the FDA. The APC Panel further recommended that we consider using temporary or placeholder codes that could be quickly assigned following FDA approval of a drug or biological to facilitate timely payment for new drugs and biologicals.

We have explored a number of options to make operational the provisions of section 1833(t)(15) of the Act, as added by section 621(a)(1) of Pub. L. 108–173, as soon as possible. One of the approaches that we considered was to establish a set of placeholder codes in the Outpatient Code Editor (OCE) and the PPS pricing software for the hospital OPPS (PRICER) that we would instruct hospitals to use when a new drug was approved. Hospitals would be able to submit claims using the new code but would receive no payment until the next quarterly update. By that time, we would have installed an actual payment amount and descriptor for the code into

the PRICER, and would mass-adjust claims submitted between the date of FDA approval and the date of installation of the quarterly release. A second option that we considered was to implement an APC, a C-code, and a payment amount as part of the first quarterly update following notice of FDA approval of a drug or biological. Hospitals would hold claims for the new drug or biological until the quarterly release was implemented and then submit all claims for the drug or biological for payment using the new C-code to receive payment on a retroactive basis. We also considered instructing hospitals to bill for a new drug or biological using a "not otherwise classified'' code for which they would receive an interim payment based on charges converted to cost. Final payment would then be reconciled at cost report settlement. While each of these approaches might enable hospitals to begin billing for a newly approved drug or biological as soon as it received FDA approval, each approach had significant operational disadvantages, such as increased burden on hospitals or payment delays, or the risk of significant overpayments or underpayments that could not be resolved until cost report settlement.

We adopted an interim approach that we believe balances the need for hospitals to receive timely and accurate payment as soon as a drug or biological is approved by the FDA with minimal disruption of the OPPS claims processing modules that support the payment of claims. On May 28, 2004 (Transmittal 188, Change Request 3287), we instructed hospitals to bill for a drug or biological that is newly approved by the FDA by reporting the National Drug Code (NDC) for the product along with a new HCPCS code C9399, Unclassified drug or biological. When C9399 appears on a claim, the OCE suspends the claim for manual pricing by the fiscal intermediary. The fiscal intermediary prices the claim at 95 percent of its AWP using Red Book or an equivalent recognized compendium, and processes the claim for payment. This approach enables hospitals to bill and receive payment for a new drug or biological concurrent with its approval by the FDA. The hospital does not have to wait for the next quarterly release or for approval of a product-specific HCPCS to receive payment for a newly approved drug or biological or to resubmit claims for adjustment. Hospitals would discontinue billing C9399 and the NDC upon implementation of a HCPCS code, status indicator, and appropriate payment amount with the next quarterly update. In this proposed rule, we are proposing to formalize this methodology for CY 2005 and to expand it to include payment for new radiopharmaceuticals to which a HCPCS code is not assigned (see section V.G. of this preamble). We are soliciting comments on the methodology and are particularly interested in the reaction of hospitals to using this approach to bill and receive timely payment under the OPPS for drugs, biologicals, and radiopharmaceuticals that are newly approved by the FDA, prior to assignment of a product-specific HCPCS code.

E. Proposed Payment for Vaccines

[If you choose to comment on issues in this section, include the caption "Vaccines'' at the beginning of your comment.]

Outpatient hospital departments administer large amounts of the vaccines for influenza (flu) and pneumococcal pneumonia (PPV), typically by participating in immunization programs. In recent years, the availability and cost of some vaccines (particularly the flu vaccine) have fluctuated considerably. As discussed in the November 1, 2002 final rule (67 FR 66718), we were advised by providers that OPPS payment was insufficient to cover the costs of the flu vaccine and that access of Medicare beneficiaries to flu vaccines might be limited. They cited the timing of updates to OPPS rates as a major concern. They indicated that our update methodology, which uses 2-year-old claims data to recalibrate payment rates, would never be able to take into account yearly fluctuations in the cost of the flu vaccine. We agreed with this concern and decided to pay hospitals for influenza and pneumococcal pneumonia vaccines based on a reasonable cost methodology. As a result of this change, hospitals, home health agencies (HHAs), and hospices, which were paid for these vaccines under the OPPS in CY 2002, have been receiving payment at reasonable cost for these vaccines since CY 2003. We are aware that access concerns continue to exist for these vaccines. However, we continue to believe that payment other than on a reasonable cost basis would exacerbate existing access problems. Therefore, we are proposing to continue paying for influenza and pneumococcal pneumonia vaccines under the reasonable cost methodology in CY 2005.

F. Proposed Changes in Payment for Single Indication Orphan Drugs

[If you choose to comment on issues in this section, include the caption "Orphan Drugs'' at the beginning of your comment.]

Section 1833(t)(1)((B)(i) of the Act gives the Secretary the authority to designate the hospital outpatient services to be covered. The Secretary has specified coverage for certain drugs as orphan drugs (section 1833(t)(14)(B)(ii)(III) of the Act as added by section 621(a)(1) of Pub. L. 108–173). Section 1833(t)(14)(C) of the Act as added by section 621(a)(1) of Pub. L. 108–173, gives the Secretary the authority in CYs 2004 and 2005 to specify the amount of payment for an orphan drug that has been designated as such by the Secretary.

We recognize that orphan drugs that are used solely for an orphan condition or conditions are generally expensive and, by definition, are rarely used. We believe that if the cost of these drugs were packaged into the payment for an associated procedure or visit, the payment for the procedure might be insufficient to compensate a hospital for the typically high cost of this special type of drug. Therefore, we are proposing to continue making separate payments for orphan drugs based on their currently assigned APCs.

In the November 1, 2002 final rule (67 FR 66772), we identified 11 single indication orphan drugs that are used solely for orphan conditions by applying the following criteria:

- The drug is designated as an orphan drug by the FDA and approved by the FDA for treatment of only one or more orphan conditions(s).
- The current United States Pharmacopoeia Drug Information (USPDI) shows that the drug has neither an approved use nor an off-label use for other than the orphan condition(s).

Eleven single indication orphan drugs were identified as having met these criteria and payments for these drugs were made outside of the OPPS on a reasonable cost basis.

In the November 7, 2003 final rule with comment period (68 FR 63452), we discontinued payment for orphan drugs on a reasonable cost basis and made separate payments for single indication orphan drugs. Payments for the orphan drugs were made at 88 percent of the AWP listed for these drugs in the April 1, 2003 single drug pricer, unless we were presented with verifiable information that shows that our payment rate does not reflect the price that is widely available to the hospital market. For CY 2004, Ceredase

(alglucerase) and Cerezyme (imiglucerase) were paid at 94 percent of AWP because external data submitted by commenters on the August 12, 2003 proposed rule caused us to believe that payment at 88 percent of AWP would be insufficient to ensure beneficiaries' access to these drugs.

In the December 31, 2003 correction of the November 7, 2003 final rule with comment period (68 FR 75442), we added HCPCS code J9017, arsenic trioxide (per unit) to our list of single indication orphan drugs. To date, the following are the 12 orphan drugs that we have identified as meeting our criteria: J0205 Injection, alglucerase, per 10 units; J0256 Injection, alpha 1-proteinase inhibitor, 10 mg; J9300 Gemtuzumab ozogamicin, 5 mg; J1785 Injection, imiglucerase, per unit; J2355 Injection, oprelvekin, 5 mg; J3240 Injection, thyrotropin alpha, 0.9 mg; J7513 Daclizumab parenteral, 25 mg; J9015 Aldesleukin, per vial; J9017 Arsenic trioxide, per unit; J9160 Denileukin diftitox, 300 mcg; J9216 Interferon, gamma 1-b, 3 million units and Q2019 Injection, basiliximab, 20 mg. We are not proposing any changes to this list of orphan drugs for CY 2005.

If we had not classified these drugs as single indication orphan drugs for payment under the OPPS, they would have met the definition and been paid as single source specified covered outpatient drugs, resulting in lower payments which could impede beneficiary access to these unique drugs dedicated to the treatment of rate diseases. Instead, for CY 2005, under our authority at section 1833(t)(14)(C) of the Act, we are proposing to pay for all 12 single indication orphan drugs, including Ceredase and Cerezyme, at the rate of 88 percent of AWP or 106 percent of the ASP, whichever is higher. However, for drugs where 106 percent of ASP would exceed 95 percent of AWP, payment would be capped at 95 percent of AWP, which is the upper limit allowed for sole source specific covered outpatient drugs. For example, Ceredase and Cerezyme would each be paid at 95 percent of the AWP because payment at 106 percent of the ASP for these two drugs not only exceeds 88 percent of the AWP but also exceeds 95 percent of the AWP. We are proposing to pay the higher of 88 percent of AWP or 106 percent of ASP capped at 95 percent of AWP to ensure that beneficiaries will continue to have access to such important drugs.

G. Proposal To Change Payment Policy for Radiopharmaceuticals

[If you choose to comment on issues in this section, include the caption "Radiopharmaceuticals'' at the beginning of your comment.]

In the November 1, 2002 OPPS final rule (67 FR 66757), we determined that we would classify any product containing a therapeutic radioisotope to be in the category of benefits described under section 1861(s)(4) of the Act. We also determined that the appropriate benefit category for diagnostic radiopharmaceuticals is section 1861(s)(3) of the Act. We stated in the November 1, 2002 final rule that we will consider neither diagnostic nor therapeutic radiopharmaceuticals to be drugs as defined in 1861(t) of the Act (67 FR 66757). Therefore, beginning with the CY 2003 OPPS update, and continuing with the CY 2004 OPPS update, we have not qualified diagnostic or therapeutic radiopharmaceuticals as drugs or biologicals.

When we analyzed the many changes mandated by Pub. L. 108–173 that affect how we would pay for drugs, biologicals, and radiopharmaceuticals under the OPPS in CY 2005, we revisited the decision that we implemented in CY 2003 not to classify diagnostic and therapeutic radiopharmaceuticals as drugs or biologicals. In our analysis, we noted that although we did not consider radiopharmaceuticals for pass-through payment in CYs 2003 and 2004, we did apply to radiopharmaceuticals the same packaging threshold policy that we applied to other drugs and biologicals, and which we are proposing to continue in CY 2005. In addition, for the CY 2004 OPPS update, we applied the same adjustments to median costs for radiopharmaceuticals that we applied to separately payable drugs and biologicals that did not have pass-through status (68 FR 63441).

In our review of this policy, we noted that section 1833(t)(14)(B)(i) of the Act, as amended by section 621(a) of Pub. L. 108–173, does include "radiopharmaceutical'' within the meaning of the term "specified covered outpatient drugs,'' although neither section 621(a)(2) nor section 621(a)(3) of Pub. L. 108–173 includes a reference to radiopharmaceuticals.

In an effort to provide a consistent reading and application of the statute, we are proposing to apply to radiopharmaceuticals certain provisions in section 621 of Pub. L. 108–173 which affect payment for drugs and biologicals billed by hospitals for payment under the OPPS. We believe it is reasonable to include radiopharmaceuticals in the general category of drugs in light of their inclusion as specified covered outpatient drugs in section 1833(t)(14)(B) of the Act, as added by section 621(a)(1) of Pub. L. 108–173.

Section 621(a)(1) of Pub. L. 108–173, which amends section 1833(t) of the Act by adding a new subparagraph (14) affecting payment for radiopharmaceuticals under the OPPS, is unambiguous. This provision clearly requires that separately paid radiopharmaceuticals be classified as "specified covered outpatient drugs.'' Therefore, in CY 2005, we propose to continue to set payment for radiopharmaceuticals in accordance with these requirements, which are discussed in detail in section V.B.3. of this preamble.

Section 1833(t)(16)(B) of the Act, as added by section 621(a)(2) of Pub. L. 108–173, requires us to reduce the threshold for the establishment of separate APCs with respect to drugs and biologicals to $50 per administration for drugs and biologicals furnished in 2005 and 2006. We are proposing to apply the $50 packaging threshold methodology discussed in section V.B.2. of this preamble to radiopharmaceuticals as well as to drugs and biologicals.

Section 1833(t)(15) of the Act, added by section 621(a)(1) of Pub. L. 108–173, requires us to make payment equal to 95 percent of the AWP for an outpatient drug or biological that is covered and furnished as part of covered OPD services for which a HCPCS code has not been assigned. We propose, beginning in CY 2005, to extend to radiopharmaceuticals the same payment methodology proposed in section V.D. of this preamble for new drugs and biologicals before HCPCS codes are assigned. That is, we are proposing to pay for newly approved radiopharmaceuticals, as well as newly approved drugs and biologicals, at 95 percent of AWP prior to assignment of a HCPCS code.

Section 1833(t)(5)(E) of the Act, as added by section 621(a)(3) of Pub. L. 108–173, excludes separate drug and biological APCs from outlier payments. Beginning in CY 2005, we are proposing to apply section 621(a)(3) of Pub. L. 108–173 to APCs for radiopharmaceuticals. That is, beginning in CY 2005, radiopharmaceuticals would be excluded from receiving outlier payments.

Consistent with our proposal to apply to radiopharmaceutical agents payment policies that apply to drugs and biologicals, we further propose, beginning in CY 2005, to accept applications for pass-through status for certain radiopharmaceuticals. That is, we propose on a prospective basis to consider for pass-through status those

radiopharmaceuticals to which a HCPCS code is first assigned on or after January 1, 2005. As we explain in section V.A.3. above, section 1833(t)(6)(D)(i) of the Act sets the payment rate for pass-through eligible drugs and biologicals as the amount determined under section 1842(o) of the Act. We propose in section V.A.3. to pay for drugs and biologicals with pass-through status in CY 2005 consistent with the provisions of section 1842(o) of the Act as amended by Pub. L. 108–173, at a rate that is equivalent to the payment these drugs and biologicals would receive in the physician office setting and set in accordance with the methodology described in the Medicare Physician Fee Schedule Proposed Rule for CY 2005 (69 FR 47488, 47520 through 47524).

We issued an interim final rule with comment period entitled "Medicare Program: Manufacturer Submission of Manufacturer's Average Sales Price (ASP) Data for Medicare Part B Drugs and Biologicals'' in the April 6, 2004 **Federal Register**, related to the calculation and submission of manufacturer's ASP data (69 FR 17935). We need these data in order to determine payment for drugs and biologicals furnished in a physician office setting in accordance with the methodology described in the Medicare Physician Fee Schedule Proposed Rule (69 FR 47488, 47520 through 47524). However, the April 6, 2004 interim final rule with comment period excludes radiopharmaceuticals from the data reporting requirements that apply to Medicare Part B covered drugs and biologicals paid under sections 1842(o)(1)(D), 1847A, or 1881(b)(13)(A)(ii) of the Act (69 FR 17935). As a consequence, we would not have the same type of data available to determine payment for a new radiopharmaceutical approved for pass-through status after January 1, 2005 that would be available to determine payment for a new drug or biological with pass-through status in CY 2005.

Therefore, in order to set payment for a new radiopharmaceutical approved for pass-through status in accordance with 1842(o) and in a manner that is consistent with how we propose to set payment for a pass-through drug or biological, we are proposing a methodology that would apply solely to new radiopharmaceuticals for which payment would be made under the OPPS and for which an application for pass-through status is submitted after January 1, 2005. That is, in order to receive pass-through payment for a new radiopharmaceutical under the OPPS, a manufacturer would be required to submit data and certification for the radiopharmaceutical in accordance with the requirements that apply to drugs and biologicals under section 303 of Pub. L. 108–173 as set forth in the interim final rule with comment period issued in the April 6, 2004 **Federal Register** (66 FR 17935) and described on the CMS website at *cms.hhs.gov.* Payment would be determined in accordance with the methodology applicable to drugs and biologicals that is discussed in the CY 2005 Medicare Physician Fee Schedule proposed rule (69 FR 47488, 47520–47524). In the event the manufacturer seeking pass-through status for a radiopharmaceutical does not submit data in accordance with the requirements specified for new drugs and biologicals, we propose to set payment for the new radiopharmaceutical as a specified covered outpatient drug, under section 1833(t)(14)(A) as added by section 621(a)(1) of Pub. L. 108–173.

H. Proposed Coding and Payment for Drug Administration

[If you choose to comment on issues in this section, include the caption "Drug Administration'' at the beginning of your comment.]

Since implementation of the OPPS, Medicare OPPS payment for administration of cancer chemotherapy drugs and infusion of other drugs has been made using the following HCPCS codes:

- Q0081, Infusion therapy other than chemotherapy, per visit
- Q0083, Administration of chemotherapy by any route other than infusion, per visit
- Q0084, Administration of chemotherapy by infusion only, per visit
- Q0085, Administration of chemotherapy by both infusion and another route, per visit

In the CY 2004 proposed rule, we proposed to change coding and payment for these services to enable us to pay more accurately for the wide range of services and the drugs that we package into these per visit codes. (See August 12, 2003 proposed rule (68 FR 47998) for background discussion on these codes.) Commenters on the CY 2004 proposed rule recommended that we use the CPT codes for drug administration. One commenter provided a crosswalk from the CPT codes for drug administration to the Q codes that we could use in a transition. We did not implement this in the final rule for CY 2004 OPPS but indicated that we would consider it for CY 2005 and would discuss it with the APC Panel at its February 2004 meeting.

Commenters and the APC Panel recommended that we discontinue use of code Q0085 for CY 2004 because codes Q0083 and Q0084 could be used together to report the services described by code Q0085. We did implement this change for CY 2004 and made code Q0085 nonpayable for CY 2004 OPPS.

At the APC Panel meeting, we presented a proposal from an outside organization that matched CPT codes for chemotherapy and nonchemotherapy infusions to the Q codes currently used to pay for these services under the OPPS. We asked the APC Panel for their perspective on the potential benefit of using the proposed coding approach as the basis for billing and determining OPPS payment for administering these drugs. The APC Panel recommended that CMS continue to review the organization's proposed coding crosswalk with the goal of using it to transition from the use of Q codes to that of CPT codes to bill for administration of these drugs.

For CY 2005, we are proposing to use the CPT codes for drug administration but to crosswalk the CPT codes into APCs that reflect how the services would have been paid under the Q codes. Although hospitals would bill the CPT codes and include the charges for each CPT code on the claim, payment would be made on a per visit basis, using the cost data from the per visit Q codes (Q0081, Q0083 and Q0084) to set the payment rate for CY 2005. See Table 29. for the crosswalk of CPT codes into APCs based on the Q codes. The only change from the crosswalk that was submitted by the outside organization is that we are proposing a Q code and APC crosswalk for CPT code 96549 (Unlisted chemotherapy procedure), rather than bundling that service. We believe that Q0083 is the code that would have previously been reported by hospitals to describe the unlisted service. In addition, this would place the unlisted service in our lowest resource utilization APC for chemotherapy, consistent with our policy for other unlisted services.

We are proposing to establish the Q code and APC crosswalk for CPT code 96549 because there is no CPT specific charge or frequency data on which to set payments. The CY 2005 OPPS is based on CY 2003 claims data which used the Q codes. Therefore, the only cost data available to us for establishment of median costs is the data based on the Q codes for drug administration. Moreover, the only frequency data that are available for use in calculating the scaler for budget neutrality of payment weights are the frequency data for the Q

codes. Therefore, the payments set for the CPT codes must use the cost data for the Q codes and must result in the same payments that would have been made had the Q codes been continued.

Under this proposed methodology, hospitals would report the services they furnish with the CPT codes and would show the charges that they assign to the CPT codes on the claim. The Medicare OCE would assign the code to an APC whose payment is based on the per visit Q code that would have been used absent coding under CPT. In most cases, the OCE would collapse multiple codes or multiple units of the same CPT code into a single unit to be paid a single APC amount. This approach is needed because the data for the Q codes is reported on a per visit basis and more than one unit of a CPT code can be provided in a visit.

For example, CPT code 96410 (Chemotherapy administration infusion technique, up to 1 hour) is for infusion of chemotherapy drugs for the first hour, and CPT code 96412 is for chemotherapy infusion up to 8 hours, each additional hour. The claims data used to set the APC payment rate for these codes is for a per visit amount (taken from CY 2003 data for Q0084 a per visit code). The frequency data on the claim are also on a per visit basis. For CY 2005, we are proposing that CPT code 96410 would be paid one unit of APC 0117 (to which CPT code 96410 would be crosswalked) and no separate payment would be made for CPT code 96412, regardless of whether one unit or more than one unit is billed. CPT code 96412 would be a packaged code for CY 2005. Under the Q code data on which the payment weight for APC 0117 is based, the per visit amount would represent a payment that is appropriate for all drug administration services in a visit (that is, one unit of CPT code 96410 and as many units of CPT code 96412 as were furnished in the same visit).

Similarly, when a hospital bills 3 units of 96400 (Chemotherapy administration, subcutaneous or intramuscular, with or without local anesthesia), the OCE would assign one unit of APC 0116 for that code. (APC 0116 is the APC to which CPT code 96400 would be crosswalked.) The payment would be based on Q0083, a per visit code, because, absent the ability to be paid based on CPT codes, the hospital would have billed one unit of Q0083 (for the 3 injections) had we not discontinued the Q codes for CY 2005. The OCE would assume that there was one and only one visit in which there were 3 injections and would pay accordingly (that is, one unit of APC 0116).

If we adopt the CPT codes for drug administration to ensure accurate payment in the future, it would be critical for hospitals to bill the charges for the packaged CPT codes for drug administration for CY 2005 (that is, the CPT codes with SI=N), even though there would be no separate payment for them in CY 2005. For CY 2007 OPPS, CY 2005 claims data would be used as the basis for setting median costs for each CPT code, based on the reported charges reduced to cost, and would determine what APC configuration ensures most appropriate payment for the CPT drug administration codes. If hospitals do not bill charges in CY 2005 for the packaged drug administration CPT codes such as CPT codes 96412, 96423, 96545, or 90781, they would jeopardize our ability to make accurate payments for services billed and paid under these codes in CY 2007 when we use the CY 2005 data to set the payment weights.

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Table 29.--Proposed Crosswalk from CPT Codes for Drug Administration to Drug Administration APCs

CPT Code	Description	Proposed SI	Proposed APC	Corresponding HCPCS code	Maximum units of the APC OCE would assign, regardless of codes billed
96400	Chemotherapy, sc/im	S	116	Q0083	1
96405	Intralesional chemo admin	S	116	Q0083	1
96406	Intralesional chemo admin	S	116	Q0083	1
96408	Chemotherapy, push technique	S	116	Q0083	1
96410	Chemotherapy,infusion method	S	117	Q0084	1
96412	Chemo, infuse method add-on	N	--	--	0
96414	Chemo, infuse method add-on	S	117	Q0084	1
96420	Chemotherapy, push technique	S	116	Q0083	1
96422	Chemotherapy,infusion method	S	117	Q0084	1
96423	Chemo, infuse method add-on	N	--	--	0
96425	Chemotherapy,infusion method	S	117	Q0084	1
96440	Chemotherapy, intracavitary	S	116	Q0083	1
96445	Chemotherapy, intracavitary	S	116	Q0083	1
96450	Chemotherapy, into CNS	S	116	Q0083	1
96542	Chemotherapy injection	S	116	Q0083	1
96545	Provide chemotherapy agent	N	--	--	0
96549	Chemotherapy, unspecified	S	116	Q0083	1
90780	IV infusion therapy, 1 hour	T	120	Q0081	1
90781	IV infusion, additional hour	N	--	--	0

I. Proposed Payment for Blood and Blood Products

[If you choose to comment on issues in this section, include the caption "Blood and Blood Products'' at the beginning of your comments.]

Since the OPPS was first implemented in August 2000, separate payment has been made for blood and blood products in APCs rather than packaging them into payment for the procedures with which they were administered. We recognize that blood is a valuable health care resource used regularly in a broad range of hospital procedures and the availability of safe blood is essential to the delivery of high quality health care services to Medicare beneficiaries.

In CY 2000, payment for blood was established based on external data provided by commenters due to limited Medicare claims data. From CY 2000 to CY 2002, payment rates were updated for inflation. For CY 2003, as described in the November 1, 2002 final rule (67 FR 66773), we applied a special dampening methodology to blood and blood products that had significant reductions in payment rates from CY 2002 to CY 2003. Using the dampening methodology, we limited the decrease in

payment rates for blood and blood products to approximately 15 percent. For CY 2004, as recommended by the APC Panel, we froze payment rates for blood and blood products at CY 2003 levels. This allowed us to undertake further study of the issues raised by past commenters and presenters at the August 2003 and February APC 2004 Panel meetings.

For CY 2005, we are proposing to continue to pay separately for blood and blood products. We also are proposing to establish new APCs that would allow each blood product to be in its own separate APC. In addition, after review, we determined that several of the blood product APCs contained multiple blood products with no clinical homogeneity or whose product-specific median costs may not have been similar. Thus, we are also proposing to reassign some of these HCPCS already contained in certain APCs to new APCs. Table 30 below lists, by HCPCS code, our proposed CY 2005 APC reassignments for such blood and blood products.

Table 30.--Proposed Assignment of Blood and Blood Product Codes to APCs for CY 2005

HCPCS	Expired HCPCS	Status Indicator	Description	APC
P9023		K	Frozen plasma, pooled, sd	0949
P9054	C1016	K	Blood, L/R, Froz/Degly/Washed	1016
P9036		K	Platelet pheresis irradiated	9502
P9039		K	RBC deglycerolized	9504
P9052	C1011	K	Platelets, HLA-m, L/R, unit	1011
P9048		K	Plasmaprotein fract,5%,250ml	0966
P9055	C1017	K	Plt, Aph/Pher, L/R, CMV-Neg	1017
P9060	C9503	K	Fresh frozen plasma, ea unit	9503
P9043		K	Plasma protein fract,5%,50ml	0956
P9050		K	Granulocytes, pheresis unit	9506
P9059	C1022	K	Plasma, frz within 24 hour	0955
P9058	C1021	K	RBC, L/R, CMV neg, irradiated	1022
P9057	C1020	K	RBC, frz/deg/wsh, L/R, irradiated	1021
P9016		K	RBC leukocytes reduced	0954
P9021		K	Red blood cells unit	0959
P9019		K	Platelets, each unit	0957
P9040		K	RBC leukoreduced irradiated	0969
P9017		K	Plasma 1 donor frz w/in 8 hr	9508
P9035		K	Platelet pheres leukoreduced	9501
P9031		K	Platelets leukocytes reduced	1013
P9034		K	Platelets, pheresis	9507
P9037		K	Plate pheres leukoredu irradiated	1019
P9056	C1018	K	Blood, L/R, Irradiated	1018

HCPCS	Expired HCPCS	Status Indicator	Description	APC
P9010		K	Whole blood for transfusion	0950
P9012		K	Cryoprecipitate each unit	0952
P9033		K	Platelets leukoreduced irradiated	0968
P9051	C1010	K	Blood, L/R, CMV-NEG	1010
P9044		K	Cryoprecipitate reduced plasma	1009
P9038		K	RBC irradiated	9505
P9022		K	Washed red blood cells unit	0960
P9020		K	Plaelet rich plasma unit	0958
P9032		K	Platelets, irradiated	9500
P9011		K	Split unit of blood	0967
P9053	C1015	K	Plt, pher, L/R, CMV, irradiadted	1020

Administrative costs for the processing and storage specific to the transfused blood product are included in the APC payment, which is based on hospitals' charges. Payment for the collection, processing, and storage of autologous blood, as described by CPT 86890 and used in transfusion is made through APC 347 (Level III Transfusion Laboratory Procedures).

Other than for autologous blood products, the costs for collection, processing, storage, wastage, and other administrative costs for blood products that are not transfused are reported in the appropriate cost centers on hospitals' cost reports. These reported costs are attributable to overhead and distributed across all hospital services linked to those cost centers through the standard process of converting charges to costs using hospitals' CCRs for each cost center on the cost report.

The DHHS Advisory Committee on Blood Safety and Availability has recommended that CMS establish payment rates for blood and blood products based on current year acquisition costs and actual total costs of providing such blood products. At the February 2004 APC Panel meeting, the APC Panel recommended that CMS use external data to derive costs of blood and blood products in order to establish payment rates.

As with all services, we prefer to rely on our claims data whenever possible. We conducted a thorough analysis of billing for blood in CY 2003 claims data. Comments received for previous rules suggest that current hospital blood costs are not captured because hospitals underreport blood on their claims. Commenters explained that hospitals sometimes found it too costly to bill for blood. However, we found that 81 percent of all hospitals included in our ratesetting and modeling billed at least one blood and blood product in CY 2003. Of these hospitals, only 47 percent reported separate costs and charges in the two cost centers specific to blood on their most recent annual cost report. It may be that those hospitals billing for blood but not reporting costs and charges on their cost report for either of the two blood-specific cost centers report their blood costs and charges under other cost centers, such as operating room.

We have also received comments that the CCRs that we use to adjust claim charges to costs for blood are too low, which results in an underestimation of the true cost of blood and blood products. Our current methodology for matching cost center CCRs to revenue codes includes a default to the overall CCR when any given provider has chosen not to report costs and charges for a specific cost center. After matching the two blood-specific cost centers to the 38X and 39X revenue codes, we observed a significant difference in CCRs for those hospitals with and without blood-specific cost centers. The median CCR for those hospitals with a blood-specific cost center was 0.66 for revenue code 38X and 0.64 for revenue code 39X, and for those defaulting to the overall CCR, the result was a CCR of 0.34 for revenue code 38X and 0.33 for revenue code 39X. The median overall CCR for all hospitals in the 2005 analysis was 0.33.

As noted above, about half of the hospitals (47 percent) reported at least one of the blood-specific cost centers on their most recent cost report. We then looked at the CY 2003 claims being used to set CY 2005 median costs and discovered that about one-quarter relied on a CCR that was based on a blood-specific cost center to adjust charges to costs, and about three-quarters did not. This pattern existed even though almost all hospitals were billing blood in the 38X and 39X revenue codes. The result was the default CCR was used to adjust almost 75 percent of the line-items used to set the median costs for blood and blood products.

In light of this information, we simulated a blood-specific CCR for those hospitals now defaulting to the overall CCR. We assumed that those hospitals not reporting costs and charges in a blood-specific cost center on their annual cost report, in general, face similar costs and engage in comparable charging practices for blood as those reporting a blood-specific cost center. For each hospital reporting costs and charges for the blood cost centers on their cost report, we calculated the ratio of the CCR in the blood-specific cost center to the overall CCR. We then calculated the geometric mean of this ratio. This was 2.2 for revenue code 38X

and 2.1 for revenue code 39X. For each hospital not reporting costs and charges for the blood cost centers on their cost report, we applied this mean ratio to their overall CCR. We believe that this approach better responds to a missing blood-specific CCR than simply using the average blood-specific CCR for each revenue code because it takes into account the unique charging structure of each provider. We then adjusted charges to costs for all hospitals and calculated a median cost for all blood products. Overall, this methodology increased the estimated median costs by 25 percent for CY 2005 relative to the medians used to set CY 2004 rates. For example, the estimated median for P9016 (Red blood cells, leukocytes reduced), the most frequently billed blood product, increased by 32 percent relative to the CY 2004 median.

In reviewing the simulated medians created above relative to those medians used to set CY 2004 payment rates, we noticed that procedures relying on a low volume of blood units (<1,000) demonstrated large decreases. Overall, the simulated median costs for low-volume blood products declined by 14 percent for CY 2005. Because a small sample size can lead to great variability in point estimates, we sought to increase the number of units of blood by combining CY 2002 and CY 2003 claims data for the low-volume products. We used the simulated CCRs to calculate costs from charges. We recognize that not all of the low-volume blood products had claims in CY 2002. Listed in Table 31 are the low volume products for which we combined CY 2002 and 2003 claims. To ensure that we combined comparable costs, we updated the simulated costs on the claims in CY 2002 to the base year of 2003 using the Producer Price Index (PPI) for blood and derivatives for human use (Commodity Code #063711), which is the PPI used to update blood and blood product prices in the market basket (67 FR 50039, August 1, 2002). We estimated the annual PPI from December 2002 to December 2003 to be −12.2 percent. Although a decline in PPI is unusual, we understand that the price of plasma products have recently declined. Further, the majority of the low-volume items are plasma products. After combining the 2 years of claims, we were able to raise the volume of blood units billed for 5 of these products above 1,000. Ultimately, overall estimated median costs continue to increase by 25 percent for all products, but decline by 16 percent for the low-volume products.

Table 31.—Low Volume Proposed Blood and Blood Products Codes for CY 2005 Payments

HCPCS	Description
P9023	Frozen plasma, pooled, sd
P9054	Blood, leukocyte reduced, frozen, deglycerolized, washed
P9036	Platelet pheresis irradiated
P9039	Red blood cells deglycerolized
P9052	Platelets, HLA-m, leukocyte reduced, unit
P9048	Plasmaprotein fractionated, 5 percent, 250 ml
P9055	Platelet, APH/PHER, leukocyte reduced, CMV, irradiated
P9060	Fresh frozen plasma, each unit
P9043	Plasma protein fractionated, 5 percent, 50 ml
P9050	Granulocytes, pheresis unit

After discussions with industry representatives and hospitals and careful consideration of our claims analyses, for CY 2005 we are proposing to set payment rates for all blood and blood products listed in Table 29 based on our CY 2003 claims data, utilizing an actual or simulated hospital blood-specific CCR to convert charges to costs for blood and blood products. For those low-volume products listed in Table 30, we would combine claims data for CYs 2002 and 2003. We are confident that we have claims data from the vast majority of the OPPS hospitals for blood products, and the tight distribution of costs for individual products, including low-volume products, provides no evidence of significant coding problems. In general, as a blood product undergoes increasing levels of processing or selection, our CY 2005 proposed payment for the product would increase commensurate with the additional resources utilized. We believe that the proposed payment methodology described above will enable us to use our historical hospital claims data to assure the adequate payment for blood and blood products essential to continued Medicare beneficiary access to blood and blood products. In addition, we recognize the need to clarify billing regarding a variety of blood-related services under the OPPS in response to numerous questions and comments we have received. We intend to provide further billing guidelines to clarify our original Program Transmittal A–01–50 issued on April 12, 2001 (CR Request 1585) regarding correct billing for blood-related services in the near future.

VI. Estimated Transitional Pass-Through Spending in CY 2005 for Drugs, Biologicals, and Devices

[If you choose to comment on issues in this section, please include the caption "Estimated Transitional Pass-Through Spending" at the beginning of your comment.]

A. Basis for Pro Rata Reduction

Section 1833(t)(6)(E) of the Act limits the total projected amount of transitional pass-through payments for a

given year to an "applicable percentage" of projected total Medicare and beneficiary payments under the hospital OPPS. For a year before CY 2004, the applicable percentage is 2.5 percent; for CY 2004 and subsequent years, we specify the applicable percentage up to 2.0 percent.

If we estimate before the beginning of the calendar year that the total amount of pass-through payments in that year would exceed the applicable percentage, section 1833(t)(6)(E)(iii) of the Act requires a prospective uniform reduction in the amount of each of the transitional pass-through payments made in that year to ensure that the limit is not exceeded. We make an estimate of pass-through spending to determine not only whether payments exceed the applicable percentage but also to determine the appropriate reduction to the conversion factor.

For devices, making an estimate of pass-through spending in CY 2005 entails estimating spending for two groups of items. The first group consists of those items for which we have claims data for procedures that we believe used devices which were eligible for pass-through status in CY 2003 and CY 2004 and that would continue to be eligible for pass-through payment in CY 2005. The second group consists of those items for which we have no direct claims data, that is, items that became, or would become, eligible in CY 2004 and would retain pass-through status in CY 2005, as well as items that would be newly eligible for pass-through payment beginning in CY 2005.

B. Proposed Estimate of Pass-Through Spending for CY 2005

We are proposing to set the applicable percentage cap at 2.0 percent of the total OPPS projected payments for CY 2005. To estimate CY 2005 pass-through spending for device categories in the first group described above, we are proposing to use volume information from CY 2003 claims data for procedures associated with a pass-through device and manufacturer's price information from applications for pass-through status. This information would be projected forward to CY 2005 levels, using inflation and utilization factors based on total growth in Medicare Part B as projected by the CMS Office of the Actuary (OACT).

To estimate CY 2005 pass-through spending for device categories included in the second group, that is, items for which we have no direct claims data, we are proposing to use the following approach: For categories with no claims data in CY 2003 that would be active in CY 2005, we would follow the methodology described in the November 2, 2001 final rule (66 FR 55857). That is, we are proposing to use price information from manufacturers and volume estimates based on claims for procedures that would most likely use the devices in question. This information would be projected forward to CY 2005 using the inflation and utilization factors supplied by the CMS OACT to estimate CY 2005 pass-through spending for this group of device categories. For categories that become eligible in CY 2005, we would use the same methodology. We anticipate that any new categories for January 1, 2005, would be announced after the publication of this proposed rule but before the publication of the final rule. Therefore, the estimate of pass-through spending would incorporate pass-through spending for categories made effective January 1, 2005.

With respect to CY 2005 pass-through spending for drugs and biologicals, as we explain in section V.A.3. of this proposed rule, the pass-through payment amount for new drugs and biologicals that we determine have pass-through status would equal zero. Therefore, our estimate of total pass-through spending for drugs and biologicals with pass-through status in CY 2005 would equal zero.

Table 32.--Estimates for CY 2005 Transitional Pass-Through Spending for Current Pass-through Categories Continuing Into CY 2005

New HCPCS	APC	Existing Pass-Through Devices	CY 2005 Estimated Utilization	CY 2005 Anticipated Pass-through Payments
C1814	1814	Retinal tamponade device, silicone oil	30,576	$11,888,143
C1818	1818	Integrated keratoprosthesis device	4	27,800
C1819	1819	Tissue localization excision device	9,709	1,796,165

In accordance with the methodology described above, we estimate that total pass-through spending in CY 2005 would equal approximately $30.8 million, which represents 0.13 percent of total OPPS projected payments for CY 2005. This figure includes estimates for the current device categories continuing into CY 2005, in addition to projections for categories that first become eligible in CY 2005. This estimate is significantly lower than previous year's estimates because of the method we are proposing in section V.A.3 of this preamble for determining the amount of pass-through payment for drugs and biologicals with pass-through status in CY 2005.

In section V.G., we are proposing to accept pass-through applications for new radiopharmaceuticals that are

assigned a HCPCS code on or after January 1, 2005. The pass-through amount for new radiopharmaceuticals approved for pass-through status in CY 2005 would be the difference between the OPD payment for the radiopharmaceutical, that is, the payment amount determined for the radiopharmaceutical as a sole source specified covered drug, and the payment amount for the radiopharmaceutical under section 1842(o) of the Act. However, we have no information identifying new radiopharmaceuticals to which a HCPCS code might be assigned after January 1, 2005 for which pass-through status would be sought. We also have no data regarding payment for new radiopharmaceuticals with pass-through status under the methodology that we propose in section V.G. However, we do not believe that pass-through spending for new radiopharmaceuticals in CY 2005 would be significant enough to materially affect our estimate of total pass-through spending in CY 2005. Therefore, we are not including radiopharmaceuticals in our estimate of pass-through spending in CY 2005.

Because we estimate pass-through spending in CY 2005 would amount to 0.13 percent of total projected OPPS CY 2005 spending, we are proposing to return 1.87 percent of the pass-through pool to adjust the conversion factor, as we discuss in section VIII of this preamble.

VII. Other Policy Decisions and Proposed Policy Changes

A. Statewide Average Default Cost-to-Charge Ratios

[If you choose to comment on issues in this section, include the caption "Cost-to-Charge Ratios'' at the beginning of your comment.]

CMS uses cost-to-charge ratios (CCRs) to determine outlier payments, payments for pass-through devices, and monthly interim transitional corridor payments under the OPPS. Some hospitals do not have a valid CCR. These hospitals include, but are not limited to, hospitals that are new and have not yet submitted a cost report, hospitals that have a CCR that falls outside predetermined floor and ceiling thresholds for a valid CCR, or hospitals that have recently given up their all-inclusive rate status. When OPPS was first implemented in CY 2000, we used CY 1996 and CY 1997 cost reports to calculate default urban and rural CCRs for each State to use in determining the reasonable cost-based payments for those hospitals without a valid CCR (Program Memorandum A–00–63, CR 1310, issued on September 8, 2000). We are proposing to update the default ratios for CY 2005. Table 33 lists the proposed CY 2005 default urban and rural CCRs by State.

We calculated the proposed statewide default CCRs in Table 33 using the same CCRs that we use to adjust charges to costs on claims data. These CCRs are the ratio of total costs to total charges from each provider's most recently submitted cost report, for those cost centers relevant to outpatient services. We also adjust these ratios to reflect final settled status by applying the differential between settled to submitted costs and charges from the most recent pair of settled to submitted cost reports. The majority of submitted cost reports, 87 percent, were for CY 2002. We only used valid CCRs to calculate these default ratios. That is, we removed the CCRs for all-inclusive hospitals, CAHs, and hospitals in Guam and the U.S. Virgin Islands because these entities are not paid under the OPPS, or in the case of all-inclusive hospitals, because their CCRs are suspect. We further identified and removed any obvious error CCRs and trimmed any outliers. We limited the hospitals used in the calculation of the default CCRs to those hospitals that billed for services under the OPPS during CY 2003.

Finally, we calculated an overall average CCR, weighted by a measure of volume, for each State except Maryland. This measure of volume is the total lines on claims and is the same one that we use in our impact tables. Calculating a rate for Maryland presented a unique challenge. There are only a few providers in Maryland that are eligible to receive payment under the OPPS. However, we had no usable in-house cost report data for these Maryland hospitals. Therefore, we obtained data from the fiscal intermediary for Maryland which we attempted to use in calculating the CCRs for Maryland but which we ultimately determined could not be used to calculate representative CCRs. The cost data for 3 Maryland hospitals with very low volumes of services and cost data were so irregular that we lacked confidence that it would result in a valid statewide CCR. Thus, for Maryland, we used an overall weighted average CCR for all hospitals in the nation to calculate the weighted average CCRs appearing in Table 33. The overall decrease in default statewide CCRs can be attributed to the general decline in the ratio between costs and charges widely observed in the cost report data.

Table 33.--Statewide Average Cost-to-Charge Ratios

State	Urban/Rural	Previous Default CCR	Proposed Default CCR
Alabama	RURAL	0.31552	0.26715
Alabama	URBAN	0.29860	0.24577
Alaska	RURAL	0.59388	0.61859
Alaska	URBAN	0.38555	0.42717
Arizona	RURAL	0.39748	0.32769
Arizona	URBAN	0.30922	0.26980
Arkansas	RURAL	0.35936	0.31754
Arkansas	URBAN	0.38278	0.30471
California	RURAL	0.40335	0.29314
California	URBAN	0.32427	0.24213
Colorado	RURAL	0.51041	0.43069
Colorado	URBAN	0.41863	0.32179
Connecticut	RURAL	0.42702	0.47250
Connecticut	URBAN	0.46592	0.44626
Delaware	RURAL	0.36289	0.36304
Delaware	URBAN	0.45061	0.45948
District of Columbia	URBAN	0.38690	0.37513
Florida	RURAL	0.31782	0.24304
Florida	URBAN	0.28363	0.22401
Georgia	RURAL	0.39829	0.33823
Georgia	URBAN	0.40262	0.32105
Hawaii	RURAL	0.44420	0.41027
Hawaii	URBAN	0.34815	0.34474
Idaho	RURAL	0.49682	0.46454
Idaho	URBAN	0.51942	0.49178
Illinois	RURAL	0.41825	0.34063
Illinois	URBAN	0.36825	0.29964
Indiana	RURAL	0.44596	0.36862
Indiana	URBAN	0.44205	0.37237
Iowa	RURAL	0.50166	0.41996
Iowa	URBAN	0.46963	0.38788
Kansas	RURAL	0.48065	0.38973
Kansas	URBAN	0.34698	0.29271
Kentucky	RURAL	0.36987	0.31089

State	Urban/Rural	Previous Default CCR	Proposed Default CCR
Kentucky	URBAN	0.37381	0.32476
Louisiana	RURAL	0.34317	0.29912
Louisiana	URBAN	0.34357	0.27736
Maine	RURAL	0.47857	0.38801
Maine	URBAN	0.54084	0.44897
Massachusetts	URBAN	0.44439	0.38812
Michigan	RURAL	0.44890	0.39418
Michigan	URBAN	0.41143	0.37428
Minnesota	RURAL	0.48514	0.47136
Minnesota	URBAN	0.45259	0.37416
Mississippi	RURAL	0.34264	0.30290
Mississippi	URBAN	0.37097	0.29322
Missouri	RURAL	0.42187	0.34160
Missouri	URBAN	0.38128	0.31081
Montana	RURAL	0.51173	0.47891
Montana	URBAN	0.49396	0.44817
Nebraska	RURAL	0.49386	0.42378
Nebraska	URBAN	0.42043	0.33875
Nevada	RURAL	0.42878	0.50623
Nevada	URBAN	0.22854	0.22333
New Hampshire	RURAL	0.50083	0.43585
New Hampshire	URBAN	0.39954	0.33224
New Jersey	URBAN	0.49024	0.34038
New Mexico	RURAL	0.44932	0.33899
New Mexico	URBAN	0.50857	0.43311
New York	RURAL	0.52062	0.43944
New York	URBAN	0.54625	0.42556
North Carolina	RURAL	0.37776	0.35416
North Carolina	URBAN	0.42726	0.38114
North Dakota	RURAL	0.52829	0.41175
North Dakota	URBAN	0.47341	0.36740
Ohio	RURAL	0.42562	0.41161
Ohio	URBAN	0.42718	0.32814
Oklahoma	RURAL	0.40628	0.32908
Oklahoma	URBAN	0.36264	0.29193
Oregon	RURAL	0.47915	0.42468
Oregon	URBAN	0.49958	0.43762
Pennsylvania	RURAL	0.40582	0.36015

State	Urban/Rural	Previous Default CCR	Proposed Default CCR
Pennsylvania	URBAN	0.33807	0.28011
Puerto Rico	URBAN	0.42208	0.41376
Rhode Island	URBAN	0.43930	0.35106
South Carolina	RURAL	0.35996	0.29377
South Carolina	URBAN	0.36961	0.29167
South Dakota	RURAL	0.49599	0.39218
South Dakota	URBAN	0.44259	0.33947
Tennessee	RURAL	0.36663	0.30294
Tennessee	URBAN	0.36464	0.28313
Texas	RURAL	0.41763	0.33642
Texas	URBAN	0.33611	0.30306
Utah	RURAL	0.49748	0.47097
Utah	URBAN	0.46733	0.45230
Vermont	RURAL	0.47278	0.46757
Vermont	URBAN	0.54533	0.44259
Virginia	RURAL	0.39408	0.33502
Virginia	URBAN	0.38604	0.32559
Washington	RURAL	0.54246	0.43429
Washington	URBAN	0.54658	0.41362
West Virginia	RURAL	0.42671	0.35073
West Virginia	URBAN	0.45616	0.40700
Wisconsin	RURAL	0.50126	0.42304
Wisconsin	URBAN	0.46268	0.38487
Wyoming	RURAL	0.54596	0.51581
Wyoming	URBAN	0.41265	0.41087

B. Transitional Corridor Payments: Technical Change

[If you choose to comment on issues in this section, include the caption "Transitional Corridor Payments'' at the beginning of your comment.]

When the OPPS was implemented, every provider was eligible to receive an additional payment adjustment (or transitional corridor payment) if the payments it received under the OPPS were less than the payment it would have received for the same services under the prior reasonable cost-based system (section 1833(t)(7) of the Act). Transitional corridor payments were intended to be temporary payments for most providers but permanent payments for cancer and children's hospitals to ease their transition from the prior reasonable cost-based payment system to the prospective payment system. Section 411 of Pub. L. 108–173 amended section 1833(t)(7)(D)(i) to the Act to extend such payments through December 31, 2005, for rural hospitals with 100 or fewer beds and extended such payments for services furnished during the period that begins with the provider's first cost reporting period beginning on or after January 1, 2004 and ends on December 31, 2005, for sole community hospitals located in rural areas. Accordingly, transitional corridor payments are only available to children's hospitals, cancer hospitals, rural hospitals having 100 or fewer beds, and sole community hospitals located in rural areas.

At the time the OPPS was implemented, section 1833(t)(7)(F)(ii) of the Act defined the payment-to-cost ratio (PCR) used to calculate the "pre-BBA amount'' [2] for purposes of calculating the transitional corridor payments to be determined using the payments and reasonable costs of services furnished during the provider's cost reporting period ending in calendar year 1996. The BIPA, Pub. L. 106–554, enacted on December 21, 2000, revised that requirement. Section 403 of BIPA amended section 1833(t)(7)(F)(ii)(I) of the Act to allow transitional corridor payments to hospitals subject to the OPPS that did not have a 1996 cost report by authorizing use of the first available cost reporting period ending after 1996 and before 2001 in calculating a provider's PCR.

Although we discussed the BIPA amendment in the CY 2002 OPPS

[2] Section 1833(t)(7) of the Act defined the "pre-BBA'' amount for a period as the amount equal to the product of (1) the payment-to-cost ratio for the hospital based on its *cost reporting period ending in 1996*, and (2) the reasonable cost of the services for the period. (Emphasis added.) In this context, BBA refers to the Balanced Budget Act of 1997, Pub. L. 105–33, enacted on August 5, 1997.

proposed rule published on August 24, 2001 (66 FR 44674), and implemented the amendment through Program Memorandum No. A–01–51, issued on April 13, 2001, we failed to revise the regulations at § 419.70(f)(2) to reflect the change. In this proposed rule, we are proposing a technical correction to § 419.70(f)(2) to conform it to the provision of section 1833(t)(7)(F)(ii)(I) of the Act.

C. Status Indicators and Comment Indicators Assigned in the Outpatient Code Editor (OCE)

[If you choose to comment on issues in this section, include the caption "Status Indicators and Comment Indicators'' at the beginning of your comment.]

1. Payment Status Indicators

The payment status indicators (SIs) that we assign to HCPCS codes and APCs under the OPPS play an important role in determining payment for services under the OPPS because they indicate whether a service represented by a HCPCS code is payable under the OPPS or another payment system and also whether particular OPPS policies apply to the code. For CY 2005, we are providing our proposed status indicator (SI) assignments for APCs in Addendum A, for the HCPCS codes in Addendum B, and the definitions of the status indicators in Addendum D1 to this proposed rule.

Payment under the OPPS is based on HCPCS codes for medical and other health services. These codes are used for a wide variety of payment systems under Medicare, including, but not limited to, the Medicare fee schedule for physician services, the Medicare fee schedule for durable medical equipment and prosthetic devices, and the Medicare clinical laboratory fee schedule. For purposes of making payment under the OPPS, we must be able to signal the claims processing system through the Outpatient Code Editor (OCE) software, as to HCPCS codes that are paid under the OPPS and those codes to which particular OPPS payment policies apply. We accomplish this identification in the OPPS through the establishment of a system of status indicators with specific meanings. Addendum D1 contains the proposed definitions of each status indicator for purposes of the OPPS for CY 2005.

We assign one and only one status indicator to each APC and to each HCPCS code. Each HCPCS code that is assigned to an APC has the same status indicator as the APC to which it is assigned.

Specifically, for CY 2005, we are proposing to use the following status indicators in the specified manner:

- "A'' to indicate services that are paid under some payment method other than OPPS, such as under the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) fee schedule or the physician fee schedule. Some, but not all, of these other payment systems are identified in Addendum D1 to this proposed rule.
- "B'' to indicate the services that are not payable under the OPPS when submitted on an outpatient hospital Part B bill type, but that may be payable by fiscal intermediaries to other provider types when submitted on an appropriate bill type.
- "C'' to indicate inpatient services that are not payable under the OPPS.
- "D'' to indicate a code that is discontinued, effective January 1, 2005.
- "E'' to indicate items or services that are not covered by Medicare or codes that not recognized by Medicare.
- "F'' to indicate acquisition of corneal tissue, which is paid on a reasonable cost basis and certain CRNA services that are paid on a reasonable cost basis.
- "G'' to indicate drugs, biologicals, and radiopharmaceutical agents that are paid under the OPPS transitional pass-through rules.
- "H'' to indicate devices that are paid under the OPPS transitional pass-through rules and brachtheraphy sources that are paid on a cost basis.
- "K'' to indicate drugs, biologicals (including blood and blood products), and radiopharmaceutical agents that are paid in separate APCs under the OPPS, but that are not paid under the OPPS transitional pass-through rules.
- "L'' to indicate flu and pneumococcal immunizations that are paid at reasonable cost but to which no coinsurance or copayment apply.
- "N'' to indicate services that are paid under the OPPS, but for which payment is packaged into another service or APC group.
- "P'' to indicate services that are paid under the OPPS, but only in partial hospitalization programs.
- "S'' to indicate significant procedures that are paid under the OPPS, but to which the multiple procedure reduction does not apply.
- "T'' to indicate significant services that are paid under the OPPS and to which the multiple procedure payment discount under the OPPS applies.
- "V'' to indicate medical visits (including emergency department or clinic visits) that are paid under the OPPS.
- "X'' to indicate ancillary services that are paid under the OPPS.
- "Y'' to indicate nonimplantable durable medical equipment that must be billed directly to the durable medical equipment regional carrier rather than to the fiscal intermediary.

We are proposing the payment status indicators identified above for each HCPCS code and each APC in Addenda A and B and are requesting comments on the appropriateness of the indicators we have assigned.

2. Comment Indicators

In the November 1, 2002 and the November 7, 2003 final rules with comment period, which implemented changes in the OPPS for CYs 2003 and 2004, respectively, we provided code condition indicators in Addendum B. The code condition indicators and their meaning are as follows:

- "DG''—Deleted code with a grace period; Payment will be made under the deleted code during the 90-day grace period.
- "DNG''—Deleted code with no grace period; Payment will not be made under the deleted code.
- "NF''—New code final APC assignment; Comments were accepted on a proposed APC assignment in the Proposed Rule; APC assignment is no longer open to comment.
- "NI''—New code interim APC assignment; Comments will be accepted on the interim APC assignment for the new code.

Medicare has permitted a 90-day grace period after implementation of an updated medical code set, such as the HCPCS, to give providers time to incorporate new codes in their coding and billing systems and to remove the discontinued codes. HCPCS codes are updated annually every January 1, so the grace period for billing discontinued HCPCS was implemented every January 1 through March 31.

The Health Insurance Portability and Accountability Act (HIPAA) transaction and code set rules require usage of the medical code set that is valid at the time that the service is provided. Therefore, effective January 1, 2005, CMS is eliminating the 90-day grace period for billing discontinued HCPCS codes. Details about elimination of the 90-day grace period for billing discontinued HCPCS codes were issued to our contractors on February 6, 2004, in Transmittal 89, Change Request 3093.

In order to be consistent with the HIPPA rule that results in the elimination of the 90-day grace period for billing discontinued HCPCS codes, we are proposing, effective January 1, 2005, to delete code condition indicators "DNG'' and "DG''. We are proposing to designate codes that are

discontinued effective January 1, 2005 with status indicator "D,'' as described in section VII.C.1. of this preamble.

Further, we are proposing to rename "code condition'' indicators as "comment indicators.'' In Addendum D2 to this proposed rule, we list the following two comment indicators that we are proposing to use to identify HCPCS codes assigned to APCs that are or are not subject to comment:

- "NF''—New code, final APC assignment; Comments were accepted on a proposed APC assignment in the Proposed Rule; APC assignment is no longer open to comment.
- "NI''—New code, interim APC assignment; Comments will be accepted on the interim APC assignment for the new code.

D. Observation Services

[If you choose to comment on issues in this section, include the caption "Observation Services'' at the beginning of your comment.]

Frequently, beneficiaries are placed in "observation status'' in order to receive treatment or to be monitored before making a decision concerning their next placement (that is, admit to the hospital or discharge). This status assignment occurs most frequently after surgery or a visit to the emergency department. For a detailed discussion of the clinical and payment history of observation services, see the November 1, 2002 final rule with comment period (67 FR 66794).

Before the implementation of the OPPS in CY 2000, payment for observation care was made on a reasonable cost basis, which gave hospitals a financial incentive to keep beneficiaries in "observation status'' even though clinically they were being treated as inpatients. With the initiation of the OPPS, observation services were no longer paid separately; that is, they were not assigned to a separate APC. Instead, costs for observation services were packaged into payments for the services with which the observation care was associated.

Beginning in early 2001, the APC Panel began discussing the topic of separate payment for observation services. In its deliberations, the APC Panel asserted that observation services following clinical and emergency room visits should be paid separately, and that observation following surgery should be packaged into the payment for the surgical procedure. For CY 2002, we implemented separate payment for observation services (APC 0339) under the OPPS for three medical conditions: chest pain, congestive heart failure, and asthma. A number of accompanying requirements were established, including the billing of an evaluation and management visit in conjunction with the presence of certain specified diagnosis codes on the claim, hourly billing of observation care for a minimum of 8 hours up to a maximum of 48 hours, timing of observation beginning with the clock time on the nurse's admission note and ending at the clock time on the physician's discharge orders, a medical record documenting that the beneficiary was under the care of a physician who specifically assessed patient risk to determine that the beneficiary would benefit from observation care, and provision of specific diagnostic tests to beneficiaries based on their diagnoses. In developing this policy for separately payable observation services, we balanced issues of access, medical necessity, potential for abuse, and the need to ensure appropriate payment. We selected the three medical conditions, noted previously, and the accompanying diagnosis codes and diagnostic tests to avoid significant morbidity and mortality from inappropriate discharge while, at the same time, avoiding unnecessary inpatient admissions.

Over the past 2 years, we have continued to review observation care claims data for information on utilization and costs, along with additional information provided to us by physicians and hospitals concerning our current policies regarding separately payable observation services. Our primary goal is to ensure that Medicare beneficiaries have access to medically necessary observation care. We also want to ensure that separate payment is made only for beneficiaries actually receiving clinically appropriate observation care.

In January 2003, the APC Panel established an Observation Subcommittee. Over the last year, this subcommittee has held discussions concerning observation care and reviewed data extracted from claims that reported observation services. The subcommittee presented the results of its deliberations to the full APC Panel at the February 2004 meeting. The APC Panel recommendations regarding observation care provided under the OPPS were broad in scope and included elimination of the diagnosis requirement for separate payment for observation services, elimination of the requirement for the concomitant diagnostic tests for patients receiving observation care, unpackaging of observation services beyond the typical expected recovery time from surgical and interventional procedures, and modification of the method for measuring beneficiaries' time in observation to make it more compatible with routine hospital practices and their associated electronic systems.

In response to the APC Panel recommendations, we undertook a number of studies regarding observation services, while acknowledging data limitations from the brief 2-year experience the OPPS has had with separately payable observation services.

To assess the appropriateness of our proposal not to pay separately for observation services following surgical or interventional procedures, we analyzed the claims for these procedures to determine the extent to which the claims reported packaged observation services codes. This analysis revealed that while observation services are being reported on some claims for surgical and interventional procedures, the great majority of claims for these procedures reported no observation services. The packaged status of these observation services codes may result in underreporting their frequency, but the proportion of surgical and interventional procedures reported with the packaged observation services codes was so small that any increase would not change our substantive conclusion. This confirms our belief that, although an occasional surgical case may require a longer recovery period than expected for the procedure, as a rule, surgical outpatients do not require observation care. Given the rapidly changing nature of outpatient surgical and interventional services, it would be difficult to determine an expected typical recovery time for each procedure. We have concerns about overutilization of observation services in the post-procedural setting as partial replacement for recovery room time. However, we note that, to the extent observation care or extended recovery services are provided to surgical or interventional patients, the cost of that care is packaged into the payment for the procedural APC which may result in higher median costs for those procedures.

We also analyzed the possibility of expanding the list of medical conditions for separately payable visit-related observation services, altering the requirements for diagnostic tests while in observation, and modifying the rules for counting time in observation care.

We looked at CY 2003 OPPS claims data for all packaged visit-related observation care for all medical conditions in order to determine whether or not there were other diagnoses that would be candidates for separately payable observation services. Our analysis confirmed that the three

diagnoses that are currently eligible for separate payment for observation services are appropriate, as those diagnoses are frequently reported in our visit-related claims with packaged observation services. In fact, diagnoses related to chest pain were, by far, the diagnosis most frequently reported for observation care, either separately payable or packaged. Other diagnoses that appeared in the claims data with packaged observation services included syncope and collapse, transient cerebral ischemia, and hypovolemia.

The packaged status of those observation stays means that the data are often incomplete and the frequency of services may be underreported. Generally, information about packaged services is not as reliably reported as is that for separately paid services. However, we are not convinced that, for those other conditions (such as hypovolemia, syncope and collapse, among others), there is a well-defined set of hospital services that are distinct from the services provided during a clinic or emergency room visit. Separately payable observation care must include specific, clinically appropriate services, and we are still accumulating data and experience for the three medical conditions for which we are currently making separate payment. Therefore, we believe it is premature to expand the conditions for which we would separately pay for visit-related observation services.

Hospitals have indicated that, even in the cases where the diagnostic tests have been performed, to assure that billing requirements for separately payable observation services under APC 0339 are met, they must manually review the medical records to prepare the claims. If they do not conduct this manual review, they may not be coding appropriately for separately payable observation services.

We have also received comments from the community and the APC Panel asserting that the requirements for diagnostic testing are overly prescriptive and administratively burdensome, and that hospitals may perform tests to comply with the CMS requirements, rather than based on clinical need. For example, a patient admitted directly to observation care with a diagnosis of chest pain may have had an electrocardiogram in a physician's office just prior to admission to observation and may only need one additional electrocardiogram while receiving observation care. Thus, two more electrocardiograms performed in the hospital as required under the current OPPS observation policy might not be medically necessary.

We continue to believe that the diagnostic testing criteria we established for the three medical conditions are the minimally appropriate tests for patients receiving a well-defined set of hospital observation services for those conditions. The previous example, notwithstanding, we also continue to believe that the majority of these tests would be performed in the hospital outpatient setting. We define observation care as an active treatment to determine if a patient's condition is going to require that he or she be admitted as an inpatient or if the condition resolves itself and the patient is discharged. The currently required diagnostic tests reflect that an active assessment of the patient was being undertaken, and we believe they are generally medically necessary to determine whether a beneficiary will benefit from being admitted to observation care and aid in determining the appropriate disposition of the patient following observation care.

After careful consideration, we agree that specifying which diagnostic tests must be performed as a prerequisite for payment of APC 0339 may be imposing an unreasonable reporting burden on hospitals and may, in some cases, result in unnecessary tests being performed. Therefore, beginning in CY 2005, we are proposing to remove the current requirements for specific diagnostic testing, and rely on clinical judgment in combination with internal and external quality review processes to ensure that appropriate diagnostic testing (which we expect would include some of the currently required diagnostic tests) is provided for patients receiving high quality, medically necessary observation care.

Accordingly, we are proposing that, beginning in CY 2005, the following tests would no longer be required to receive payment for APC 0339 (Observation):

- For congestive heart failure, a chest x-ray (71010, 71020, 71030), and electrocardiogram (93005) and pulse oximetry (94760, 94761, 94762)
- For asthma, a breathing capacity test (94010) or pulse oximetry (94760, 94761, 94762)
- For chest pain, two sets of cardiac enzyme tests; either two CPK (82550, 82552, 82553) or two troponins (84484, 84512) and two sequential electrocardiograms (93005)

We believe that this proposed policy change would benefit hospitals because it would reduce administrative burden, allow more flexibility in management of beneficiaries in observation care, provide payment for clinically appropriate care, and remove a requirement that may have resulted in duplicative diagnostic testing.

Hospitals and the APC Panel further suggested that we modify the method for accounting for the beneficiary's time in observation care. Currently, hospitals report the time in observation beginning with the admission of the beneficiary to observation and ending with the physician's order to discharge the patient from observation. There are two problems related to using the time of the physician discharge order to determine the ending time of observation care. First, providers assert that it is not possible to electronically capture the time of the physician's orders for discharge. As a result, manual medical record review is required in order to bill accurately. Second, the hospital may continue to provide specific discharge-related observation care for a short time after the discharge orders are written and, therefore, may not be allowed to account for the full length of the observation care episode. In an effort to reduce hospitals' administrative burden related to accurate billing, we are proposing to modify our instructions for counting time in observation care to end at the time the outpatient is actually discharged from the hospital or admitted as an inpatient. Our expectation is that specific, medically necessary observation services are being provided to the patient up until the time of discharge. However, we do not expect reported observation time to include the time patients remain in the observation area after treatment is finished for reasons that include waiting for transportation home.

Although beneficiaries may be in observation care up to 48 hours or longer, we believe that, in general, 24 hours is adequate for the clinical staff to determine what further care the patient needs. In CY 2005, we would continue to make separate payment for observation care based on claims meeting the requirement for payment of HCPCS code G0244 (Observation care provided by a facility to a patient with CHF, chest pain, or asthma, minimum 8 hours, maximum 48 hours). However, we are proposing not to include claims reporting more than 48 hours of observation care in calculating the final payment rate for APC 0339.

In CY 2005, we expect OPPS payments for observation care to increase over CY 2004 levels for two reasons. First, our proposal to eliminate the requirement that specific diagnostic tests be performed in order to receive separate payment for observation care will result in more observation stays being paid for under APC 0339. We identified a number of CY 2003 claims

with packaged observation services reported for congestive heart failure (CHF), asthma, and chest pains that would have qualified for separate payment absent the requirement that certain diagnostic tests be reported on the same claim. In the CY 2003 claims data we used for our analyses, we identified about 55,000 claims coded with G0244 for separate payment in APC 0339. We also identified approximately 13,500 claims coded for observation care provided to beneficiaries with one of the three eligible medical conditions that did not report HCPCS code G0244 for separate payment. Our analysis revealed that those claims satisfy all of the criteria for separate payment of observation services if we remove the requirements for diagnostic tests. As mentioned above, hospitals report that billing for separately payable observation services requires manual medical record review and the separate payment may not offset the cost of the additional work even if patients' observation stays meet our criteria for separately payable observation services. Therefore, if we adopt our proposed changes, we expect the volume of claims for payment under APC 0339 to increase in CY 2005.

This volume increase, combined with the slightly higher median cost calculated for APC 0339 based on CY 2003 claims, would likely result in higher aggregate Medicare payments to hospitals for observation care in CY 2005 than in previous years. We attribute the increase in payment rate for APC 0339 to an increase in the relative level of charges reported by hospitals for observation services in CY 2003, compared to the relative level of charges reported by hospitals for all other outpatient services furnished during the same period. Our budget neutrality simulations, which we discuss in section XVI. of this preamble take into account both the increased payment for APC 0339 proposed for CY 2005, as well as the increase in the volume of separately payable observation services that we project could result from the changes in criteria that we are proposing for CY 2005.

Moreover, the increase in payments for observation care may be offset by a modest decrease in the number of previously required diagnostic tests performed by hospitals for patients in observation and in the reduction of billing for HCPCS code G0264, which pays for the initial nursing assessment of a patient directly admitted to observation for congestive heart failure, asthma, or chest pain when the stay does not meet all of the criteria for G0244.

In summary, to receive separate payment for medically necessary observation services, G0244 in APC 0339, involving specific goals and a plan of care that are distinct from the goals and plan of care for an emergency department, physician office, or clinic visit, we are proposing the following requirements beginning in CY 2005:

- The beneficiary must have one of three medical conditions: congestive heart failure, chest pain, or asthma. The hospital bill must report as the admitting or principal diagnosis an appropriate ICD–9–CM code to reflect the condition. The eligible ICD–9–CM diagnosis codes for CY 2005 are shown in Table 34 below.
- The hospital must provide and report on the bill an emergency department visit (APC 0610, 0611, or 0612), clinic visit (APC 0600, 0601, or 0602), or critical care (APC 0620) on the same day or the day before the separately payable observation care (G0244) is provided. For direct admissions to observation, in lieu of an emergency department visit, clinic visit, or critical care, G0263 (Adm with CHF, CP, asthma) must be billed on the same day as G0244.
- HCPCS code G0244 must be billed for a minimum of 8 hours.
- No procedures with a T status indicator, except the code for infusion therapy of other than a chemotherapy drug (currently HCPCS code Q0081 or as proposed in this proposed rule, CPT code 90780), can be reported on the same day or day before observation care is provided.
- Observation time must be documented in the medical record and begins with the beneficiary's admission to an observation bed and ends when he or she is discharged from the hospital.
- The beneficiary must be in the care of a physician during the period of observation, as documented in the medical record by admission, discharge, and other appropriate progress notes that are timed, written, and signed by the physician.
- The medical record must include documentation that the physician explicitly assessed patient risk to determine that the beneficiary would benefit from observation care.

BILLING CODE 4120–01–P

Table 34.--CY 2005 Eligible Diagnosis Codes For Billing Observation Services

Required Diagnosis For:	Eligible ICD-9-CM Code	Code Descriptor
Chest Pain	411.0	Postmyocardial infarction syndrome
	411.1	Intermediate coronary syndrome
	411.81	Coronary occlusion without myocardial infarction
	411.89	Other acute ischemic heart disease
	413.0	Angina decubitus
	413.1	Prinzmetal angina
	413.9	Other and unspecified angina pectoris
	786.05	Shortness of breath
	786.50	Chest pain, unspecified
	786.51	Precordial pain
	786.52	Painful respiration
	786.59	Other chest pain
Asthma	493.01	Extrinsic asthma with status asthmaticus
	493.02	Extrinsic asthma with acute exacerbation
	493.11	Intrinsic asthma with status asthmaticus
	493.12	Intrinsic asthma with acute exacerbation
	493.21	Chronic obstructive asthma with status asthmaticus
	493.22	Chronic obstructive asthma with acute exacerbation
	493.91	Asthma, unspecified with status asthmaticus
	493.92	Asthma, unspecified with acute exacerbation
Heart Failure	391.8	Other acute rheumatic heart disease
	398.91	Rheumatic heart failure (congestive)
	402.01	Malignant hypertensive heart disease with congestive heart failure
	402.11	Benign hypertensive heart disease with congestive heart failure
	402.91	Unspecified hypertensive heart disease with congestive heart failure
	404.01	Malignant hypertensive heart and renal disease with congestive heart failure
	404.03	Malignant hypertensive heart and renal disease with congestive heart and renal failure
	404.11	Benign hypertensive heart and renal disease with congestive heart failure
	404.13	Benign hypertensive heart and renal disease with congestive heart and renal failure

Required Diagnosis For:	Eligible ICD-9-CM Code	Code Descriptor
	404.91	Unspecified hypertensive heart and renal disease with congestive heart failure
	404.93	Unspecified hypertensive heart and renal disease with congestive heart and renal failure
	428.0	Congestive heart failure
	428.1	Left heart failure
	428.20	Unspecified systolic heart failure
	428.21	Acute systolic heart failure
	428.22	Chronic systolic heart failure
	428.23	Acute on chronic systolic heart failure
	428.30	Unspecified diastolic heart failure
	428.31	Acute diastolic heart failure
	428.32	Chronic diastolic heart failure
	428.33	Acute on chronic diastolic heart failure
	428.40	Unspecified combined systolic and diastolic heart failure
	428.41	Acute combined systolic and diastolic heart failure
	428.42	Chronic combined systolic and diastolic heart failure
	428.43	Acute on chronic combined systolic and diastolic heart failure
	428.9	Heart failure, unspecified

E. Procedures That Will Be Paid Only as Inpatient Procedures

[If you choose to comment on issues in this section, include the caption "Inpatient Procedures" at the beginning of your comment.]

Before implementation of the OPPS, Medicare paid reasonable costs for services provided in the outpatient department. The claims submitted were subject to medical review by the fiscal intermediaries to determine the appropriateness of providing certain services in the outpatient setting. We

did not specify in regulations those services that were appropriate to provide only in the inpatient setting and that, therefore, should be payable only when provided in that setting.

Section 1833(t)(1)(B)(i) of the Act gives the Secretary broad authority to determine the services to be covered and paid for under the OPPS. In the April 7, 2000 final rule with comment period, we identified procedures that are typically provided only in an inpatient setting and, therefore, would not be paid by Medicare under the OPPS (65 FR 18455). These procedures comprise what is referred to as the "inpatient list.'' The inpatient list specifies those services that are only paid when provided in an inpatient setting. These are services that require inpatient care because of the nature of the procedure, the need for at least 24 hours of postoperative recovery time or monitoring before the patient can be safely discharged, or the underlying physical condition of the patient. As we discussed in the April 7, 2000 final rule with comment period (65 FR 18455) and the November 30, 2001 final rule (66 FR 59856), we use the following criteria when reviewing procedures to determine whether or not they should be moved from the inpatient list and assigned to an APC group for payment under the OPPS:

- Most outpatient departments are equipped to provide the services to the Medicare population.
- The simplest procedure described by the code may be performed in most outpatient departments.
- The procedure is related to codes that we have already removed from the inpatient list.

In the November 1, 2002 final rule (67 FR 66792), we added the following criteria for use in reviewing procedures to determine whether they should be removed from the inpatient list and assigned to an APC group for payment under the OPPS:

- We have determined that the procedure is being performed in multiple hospitals on an outpatient basis; or
- We have determined that the procedure can be appropriately and safely performed in an ASC and is on the list of approved ASC procedures or proposed by us for addition to the ASC list.

At the February 2004 meeting, the APC Panel made the recommendation to remove the following four abscess drainage CPT codes from the inpatient list: 44901, 49021, 49041, and 49061. As discussed in section II.G. of this preamble, we agree with the APC Panel's recommendation and we are proposing to remove these four abscess codes from the inpatient list and to assign them to APC 0037 for OPPS payment in CY 2005.

The APC Panel also made a recommendation to either eliminate the inpatient list from the OPPS or to evaluate the current list of procedures for any other appropriate changes. To determine the codes to be removed from the inpatient list, we have evaluated those codes that are performed in all sites of service other than the hospital inpatient setting approximately 60 percent or more of the time. We have chosen 60 percent as a threshold because, in general, we believe that a procedure should be considered for removal from the inpatient list if there is evidence that it is being performed less than one half of the time in the hospital inpatient setting. For procedures where data have shown that they can be done in a safe and appropriate manner on an outpatient basis in a variety of different hospitals, we believe that it would be reasonable to consider the removal of the procedure from the inpatient list. After careful evaluation of the list of inpatient codes against our criteria, we are proposing to remove the procedures listed in Table 35 from the inpatient list and to place them in APCs for payment under the OPPS. All of these codes would be assigned a status indicator "T'', except for CPT codes 00174 and 00928, which would be assigned a status indicator "N'' because, under the OPPS, anesthesia codes are packaged into the procedures with which they are billed.

Table 35.-- Proposed Procedure Codes to Be Removed From Inpatient List and Proposed APC Assignment

HCPCS	Description	Proposed APC	SI
00174	Anesth, pharyngeal surgery	n/a	N
00928	Anesth, removal of testis	n/a	N
21356	Treat cheek bone fracture	0254	T
21557	Remove tumor, neck/chest	0022	T
22222	Revision of thorax spine	0208	T
24149	Radical resection of elbow	0050	T
31292	Nasal/sinus endoscopy, surg	0075	T
43510	Surgical opening of stomach	0141	T
45541	Correct rectal prolapse	0150	T
50020	Renal abscess, open drain	0162	T
50570	Kidney endoscopy	0160	T
50572	Kidney endoscopy	0160	T
50574	Kidney endoscopy & biopsy	0160	T
50575	Kidney endoscopy	0163	T
50576	Kidney endoscopy & treatment	0161	T
53085	Drainage of urinary leakage	0166	T
58770	Create new tubal opening	0195	T
50578	Renal endoscopy/radiotracer	0161	T
44901	Drain app abscess, precut	0037	T
49021	Drain abdominal abscess	0037	T
49041	Drain, percut, abdom abscess	0037	T
49061	Drain, percut, retroper absc	0037	T

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For the reasons stated above, we are not proposing to accept the APC Panel's recommendation to completely eliminate the inpatient list for CY 2005. However, we are soliciting comments, especially from professional societies and hospitals, on whether these procedures are appropriate for removal from the inpatient list and on whether any other such procedures should be paid under the OPPS. We are also asking commenters who recommend that a procedure that is currently on the inpatient list be reclassified to an APC to include evidence (preferably from peer-reviewed medical literature) that the procedure is being performed on an outpatient basis in a safe and effective manner. We request that commenters suggest an appropriate APC assignment for the procedure, and furnish supporting data, in the event that we determine in the final rule, based on comments, that the procedure would be payable under the OPPS in CY 2005.

F. Hospital Coding for Evaluation and Management Services

[If you choose to comment on issues in this section, include the caption "E/M Services Guidelines'' at the beginning of your comment.]

1. Background

Currently, for claims processing purposes, we direct hospitals to use the CPT codes used by physicians to report clinic and emergency department visits on claims paid under the OPPS. However, we have received comments suggesting that the CPT codes are insufficient to describe the range and mix of services provided to patients in the clinic and emergency department setting because they are defined to reflect only the activities of physicians (for example, ongoing nursing care, and patient preparation for diagnostic tests). For both clinic and emergency department visits, there are currently five levels of care. To facilitate proper coding, we require each hospital to create an internal set of guidelines to determine what level of visit to report for each patient (April 7, 2000, final rule with comment period (65 FR 18434)).

We have continued our efforts to address the situation of proper coding of clinic and emergency department visits to ensure proper Medicare payments to hospitals. Commenters who responded to the August 24, 2001 OPPS proposed rule (66 FR 44672) recommended that we retain the existing evaluation and management coding system until facility-specific evaluation and management codes for emergency department and clinic visits, along with national coding guidelines, were established. Commenters also recommended that we convene a panel of experts to develop codes and guidelines that are simple to understand and to implement, and that are compliant with the HIPAA requirements. We agreed with these commenters, and in our November 1, 2002 OPPS final rule (67 FR 66792), we

stated that we believed the most appropriate forum for development of new code definitions and guidelines would be an independent expert panel that could provide information and data to us. We believed that, in light of the expertise of organizations such as the AHA and the AHIMA, these organizations were particularly well equipped to do so and to provide ongoing education to providers.

The AHA and the AHIMA, on their own initiative, convened an independent expert panel comprised of members of the AHA and AHIMA, as well as representatives of the American College of Emergency Physicians, the Emergency Nurses Association, and the American Organization of Nurse Executives, to develop code descriptions and guidelines for hospital emergency department and clinic visits and to provide us with the information and data. In June 2003, we received the panel's input concerning a set of national coding guidelines for emergency and clinic visits.

We are currently considering the panel's set of coding guidelines and the public comments we have received in response to them. In the November 7, 2003 OPPS final rule with comment period (68 FR 63463), we also indicated that we would implement new evaluation and management codes only when we are also ready to implement guidelines for their use. We further indicated that we would allow ample opportunity for public comment, systems changes, and provider education before implementing such new coding requirements.

2. Proposal for Evaluation and Management Guidelines

In the November 7, 2003 OPPS final rule with comment period (68 FR 63463), we discussed our primary concerns and direction for developing the proposed coding guidelines for emergency department and clinic visits and indicated our plans to make available for public comment the proposed coding guidelines that we are considering through the CMS OPPS website as soon as we have completed them. We will notify the public through our "listserve'' when the proposed guidelines will become available. To subscribe to this listserve, individuals should access the following website: *http://www.cms.hhs.gov/medlearn/listserv.asp* and follow the directions to the OPPS listserve. When we post the proposed guidelines on the website, we will provide ample opportunity for the public to comment.

In addition, we will provide ample time to train clinicians and coders on the use of new codes and guidelines and for hospitals to modify their systems. We anticipate providing at least 6 to 12 months notice prior to implementation of the new evaluation and management codes and guidelines. We will continue working to develop and test the new codes even though we have not yet made plans for their implementation.

G. Brachytherapy Payment Issues

[If you choose to comment on issues in this section, include the caption "Brachytherapy'' at the beginning of your comment.]

Payment for Brachytherapy Sources (Section 621(b) of Pub. L. 108–173, MMA)

Sections 621(b)(1) and (b)(2) of Pub. L. 108–173 amended the Act by adding section 1833(t)(16)(C) and section 1833(t)(2)(H), respectively, to establish separate payment for devices of brachytherapy consisting of a seed or seeds (or radioactive source) based on a hospital's charges for the service, adjusted to cost. Charges for the brachytherapy devices may not be used in determining any outlier payments under the OPPS. In addition, consistent with our practice under the OPPS to exclude items paid at cost from budget neutrality consideration, these items must be excluded from budget neutrality as well. The period of payment under this provision is for brachytherapy sources furnished from January 1, 2004 through December 31, 2006.

In the OPPS interim final rule with comment period published on January 6, 2004 (69 FR 827), we implemented sections 621(b)(1) and 621(b)(2)(C) of Pub. L. 108–173. We stated that we will pay for the brachytherapy sources listed in Table 4 of the interim final rule with comment period (69 FR 828) on a cost basis, as required by the statute. The status indicator for brachytherapy sources was changed to "H.'' The definition of status indicator "H'' was for pass-through payment only for devices, but the brachytherapy sources affected by new sections 1833(t)(16)(C) and 1833(t)(2)(H) of the Act are not pass-through device categories. Therefore, we also changed, for CY 2004, the definition of payment status indicator "H'' to include nonpass-through brachytherapy sources paid on a cost basis. This use of status indicator "H'' is a pragmatic decision that allows us to pay for brachytherapy sources in accordance with new section 1833(t)(16)(C) of the Act, effective January 1, 2004, without having to modify our claims processing systems. We stated in the January 6, 2004 interim final rule with comment period that we would revisit the use and definition of status indicator "H'' for this purpose in the OPPS update for CY 2005. Therefore, in this proposed rule, we are soliciting further comments on this policy.

As we indicated in the January 6, 2004 interim final rule with comment period, we began payment for the brachytherapy source in HCPCS code C1717 (Brachytx source, HCR lr–192) based on the hospital's charge adjusted to cost beginning January 1, 2004. Prior to enactment of Pub. L. 108–173, these sources were paid as packaged services in APC 0313. As a result of the requirement under Pub. L. 108–173 to pay for C1717 separately, we adjusted the payment rate for APC 0313, Brachtherapy, to reflect the unpackaging of the brachytherapy source.

Section 1833(t)(2)(H) of the Act, as added by section 621(b)(2)(C) of Pub. L. 108–173, mandated the creation of separate groups of covered OPD services that classify brachytherapy devices separately from other services or groups of services. The additional groups must be created in a manner that reflects the number, isotope, and radioactive intensity of the devices of brachytherapy furnished, including separate groups for Palladium-103 and Iodine-125 devices.

We invited the public to submit recommendations for new codes to describe brachytherapy sources in a manner that reflects the number, radioisotope, and radioactive intensity of the sources. We requested commenting parties to provide a detailed rationale to support recommended new codes. We stated that we would propose appropriate changes in codes for brachytherapy sources in the CY 2005 OPPS update.

At its meetings of February 18 through 20, 2004, the APC Panel heard from parties that recommended the addition of two new brachytherapy codes and HCPCS codes for high activity Iodine-125 and high activity Palladium-103. The APC Panel, in turn, recommended that CMS establish new HCPCS codes and new APCs, on a per source basis, for these two brachytherapy sources.

We have considered this recommendation and agree with the APC Panel. Therefore, we are proposing to establish the following two new brachytherapy source codes for CY 2005:

- Cxxx1 Brachytherapy source, high activity, Iodine-125, per source
- Cxxx2 Brachytherapy source, high activity, Palladium-103, per source

In addition, we believe the APC Panel's recommendation to establish new HCPCS codes that would distinguish high activity Iodine-125 from high activity Palladium-103 on a per source basis is an approach that should be implemented for other brachytherapy code descriptors, as well. Specifically, that recommendation would require that we include in the HCPCS code descriptor for such brachytherapy sources that the new high activity sources are paid "per source." Therefore, we are proposing to include "per source" in the HCPCS code descriptors for all those brachytherapy source descriptors for which units of payment are not already delineated.

Further, a new linear source Palladium-103 came to our attention in CY 2003 by means of an application for a new device category for pass-through payment. While we declined to create a new category for pass-through payment, we believe that this source falls under the provisions of Pub. L. 108–173 for separate cost-based payment as a brachytherapy source. Accordingly, we are proposing to add, for separate payment, the following code of linear source Palladium-103: Cxxx3 Brachytherapy linear source, Palladium-103, per 1 mm.

Table 36 provides a complete listing of the HCPCS codes, long descriptors, APC assignments and status indicators that we are proposing for brachytherapy sources paid under the OPPS in CY 2005.

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Table 36.—Current and Proposed Separately Payable Brachytherapy Sources

HCPCS	Long Descriptor	APC	APC title	NEW Status Indicator
C1716	Brachytherapy source, Gold 198, per source	1716	Brachytx source, Gold 198	H
C1717	Brachytherapy source, High Dose Rate iridium 192, per source	1717	Brachytx source, HDR Ir-192	H
C1718	Brachytherapy source, Iodine 125, per source	1718	Brachytx source, Iodine 125	H
C1719	Brachytherapy source, Non-High Dose Rate Iridium 192, per source	1719	Brachytx source, Non-HDR Ir-192	H
C1720	Brachytherapy source, Palladium 103, per source	1720	Brachytx source, Paladium 103	H
C2616	Brachytherapy source, Yttrium-90, per source	2616	Brachytx source, Yttrium-90	H
C2632*	Brachytherapy solution, Iodine125, per mCi	2632	Brachytx sol, I-125, per mCi	H
C2633	Brachytherapy source, Cesium-131, per source	2633	Brachytx source, Cesium-131	H
Cxxx1**	Brachytherapy source, High Activity, Iodine-125, per source	TBD	Brachytx source, HA, I-125	H
Cxxx2**	Brachytherapy source, High Activity, Paladium-103, per source	TBD	Brachytx source, HA, P-103	H
Cxxx3**	Brachytherapy linear source, Paladium-103, per 1MM	TBD	Brachytx linear source, P-103	H

*Currently paid as a pass-through device category, scheduled to expire from pass-through payment as of January 1, 2005.
** Newly proposed brachytherapy payment codes beginning January 1, 2005.

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H. Payment for APC 0375, Ancillary Outpatient Services When Patient Expires

In CY 2003, we implemented a new modifier –CA, Procedure payable only in the inpatient setting when performed emergently on an outpatient who dies before admission. The purpose of this modifier is to allow payment, under certain conditions, for outpatient services on a claim that have the same date of service as a HCPCS code with status indicator "C" that is billed with modifier –CA. When a procedure with status indicator "C" (inpatient services not payable under the OPPS) was billed with modifier –CA, we made payment of a fixed amount, under New Technology APC 0977.

In the November 7, 2003 final rule with comment period, we implemented APC 0375 to pay for services furnished in CY 2004 on the same date billed for a procedure code with modifier –CA, (68 FR 63467). We were concerned that

continuing to pay a fixed amount under a new technology APC for otherwise payable outpatient services furnished on the same date of service that a procedure with status indicator "C'' is performed emergently on an outpatient would not result in appropriate payment for these services. That is, continuing to make payment under a new technology APC would not allow us to establish a relative payment weight for the services, subject to recalibration based on actual hospital costs.

We implemented a payment rate of $1,150 for APC 0375, which is the payment amount for the restructured New Technology—Level XIII, APC 1513, that replaced APC 0977, in CY 2004. We also stated that for the CY 2005 update of the OPPS, we would calculate a median cost and relative payment weight for APC 0375 using charge data from CY 2003 claims for line items with a HCPC code and status indicator "V,'' "S,'' "T,'' "X,'' "N,'' "K,'' "G,'' and "H,'' in addition to charges for revenue codes without a HCPCS code, that have the same date of service reported for a procedure billed with modifier –CA. We would then determine whether to set payment for APC 0375 based on our claims data or continue a fixed payment rate for these special services.

In accordance with this methodology, for CY 2005 we reviewed the services on the 18 claims that reported modifier –CA in CY 2003. We calculated a median cost for the aggregated payable services on the 18 claims reporting modifier –CA in the amount of $2,804.18. The mix of outpatient services that were reported appeared reasonable for a patient with an emergent condition requiring immediate medical intervention, and revealed a wide range of costs, which would also be expected. Therefore, we are proposing to set the payment rate for APC 0375 in accordance with the same methodology we have followed to set payment rates for the other procedural APCS in CY 2005, based on the relative payment weight calculated for APC 0375.

VIII. Proposed Conversion Factor Update for CY 2005

[If you choose to comment on issues in this section, please indicate the caption "Conversion Factor'' at the beginning of your comment.]

Section 1833(t)(3)(C)(ii) of the Act requires us to update the conversion factor used to determine payment rates under the OPPS on an annual basis. Section 1833(t)(3)(C)(iv) of the Act provides that, for CY 2005, the update is equal to the hospital inpatient market basket percentage increase applicable to hospital discharges under section 1886(b)(3)(B)(iii) of the Act.

The forecast of the hospital market basket increase for FY 2005 published in the IPPS proposed rule on May 18, 2004, is 3.3 percent (69 FR 28374). To set the proposed OPPS conversion factor for CY 2005, we increased the CY 2004 conversion factor of $54.561, as specified in the November 7, 2003 final rule (68 FR 63459), by 3.3 percent.

In accordance with section 1833(t)(9)(B) of the Act, we further adjusted the proposed conversion factor for CY 2004 to ensure that the revisions we are proposing to update by means of the wage index are made on a budget-neutral basis. We calculated a proposed budget neutrality factor of 1.001 for wage index changes by comparing total payments from our simulation model using the proposed FY 2005 IPPS wage index values to those payments using the current (FY 2004) IPPS wage index values. In addition, for CY 2005, allowed pass-through payments have decreased to 0.13 percent of total OPPS payments, down from 1.3 percent in CY 2004. The proposed conversion factor is also adjusted by the difference in estimated pass-through payments of 1.17 percent.

The proposed market basket increase update factor of 3.3 percent for CY 2005, the required wage index budget neutrality adjustment of approximately 1.001, and the 1.17 percent adjustment to the pass-through estimate result in a proposed conversion factor for CY 2005 of $57.098.

IX. Proposed Wage Index Changes for CY 2005

[If you choose to comment on issues in this section, please include the caption "Wage Index'' at the beginning of your comment.]

Section 1833(t)(2)(D) of the Act requires the Secretary to determine a wage adjustment factor to adjust, for geographic wage differences, the portion of the OPPS payment rate and the copayment standardized amount attributable to labor and labor-related cost. This adjustment must be made in a budget neutral manner.

As discussed in section III.B., of this preamble, we are proposing to standardize 60 percent of estimated costs (labor-related costs) for geographic area wage variation using the IPPS wage indices that are calculated prior to adjustments for reclassification to remove the effects of differences in area wage levels in determining the OPPS payment rate and the copayment standardized amount. The proposed IPPS pre-reclassified urban and rural wage indices for FY 2005 are reprinted in Addenda L and M of this proposed rule.

In accordance with section 1886(d)(3)(E) of the Act, the IPPS wage index is updated annually. In this proposed rule, we are proposing to use the proposed corrected FY 2005 hospital IPPS wage index for urban areas published in the **Federal Register** on June 25, 2004 (69 FR 35919) and the proposed FY 2005 hospital IPPS wage index for rural areas published in the **Federal Register** on May 18, 2004 (69 FR 28580) to determine the wage adjustments for the OPPS payment rate and the copayment standardized amount for CY 2005. We note that the proposed FY 2005 IPPS wage indices reflect a number of proposed changes as a result of the new OMB standards for defining geographic statistical areas, the proposed implementation of a occupational mix adjustment as part of the wage index, and new wage adjustments provided for under Pub. L. 108–173. The following is a brief summary of the proposed changes in the FY 2005 IPPS wage indices and any adjustments that we are proposing to apply to the OPPS for CY 2005. (We refer the reader to the May 18, 2004 IPPS proposed rule (69 FR 28248) for a fuller discussion of the proposed changes to the wage indices.)

A. The proposed use of the new Core Based Statistical Areas (CBSAs) issued by the Office of Management and Budget (OMB) as revised standards for designating geographical statistical areas based on the 2000 Census data, to define labor market areas for hospitals for purposes of the IPPS wage index. The OMB revised standards were published in the **Federal Register** on December 27, 2000 (65 FR 82235), and OMB announced the new CBSAs on June 6, 2003, through an OMB bulletin. In the FY 2005 hospital IPPS proposed rule, for wage index purposes, we proposed to treat hospitals designated as rural under the new CBSA classification system that were previously located in an MSA as if they were located in their old MSA, and further proposed to maintain that MSA designation for determining a wage index for the next 3 years. To be consistent, we are proposing to apply the same criterion to TEFRA hospitals paid under the OPPS but not under the IPPS and to maintain that MSA designation for determining a wage index for the next 3 years. This proposed policy would impact six TEFRA providers for purposes of OPPS payment.

B. The proposed incorporation of a blend of an occupational mix adjusted wage index into the unadjusted wage

index to reflect the effect of hospitals' employment choices of occupational categories to provide specific patient care.

C. The reclassifications of hospitals to geographic areas for purposes of the wage index that were approved under the one-time appeal process for hospitals authorized under section 508 of Pub. L. 108–173 (May 18, 2004 IPPS proposed rule (69 FR 28265 through 28266)).

D. The proposed implementation of an adjustment to the wage index to reflect the "out-migration'' of hospital employees who reside in one county but commute to work in a different county with a higher wage index, in accordance with section 505 of Pub. L. 108–173 (May 18, 2004 IPPS proposed rule (69 FR 28266 through 28269). Hospitals paid under the IPPS located in the qualifying section 505 "out-migration'' counties received a wage index increase. We are proposing to apply the same criterion to TEFRA hospitals paid under the OPPS but not paid under the IPPS. Therefore, TEFRA hospitals located in a qualifying section 505 county would also receive an increase to their wage index under OPPS. These additional hospitals are listed in Addendum K to this proposed rule with all IPPS hospitals receiving a wage index increase because they are located in a qualifying 505 county.

The following proposed FY 2005 IPPS wage indices that were published in the May 18, 2004 **Federal Register** (69 FR 28195) or corrected in the June 25, 2004 **Federal Register** (69 FR 35919) are reprinted as Addenda in this OPPS proposed rule: Addendum H—Wage Index for Urban Areas; Addendum I—Wage Index for Rural Areas; Addendum J—Wage Index for Hospitals That Are Reclassified; Addendum K—Wage Index Adjustment for Commuting Hospital Employees (Out-Migration) in Qualifying Counties; Addendum L—Pre-Reclassified Wage Index for Urban Areas; Addendum M—Pre-Reclassified Wage Index for Rural Areas; Addendum N—Hospital Reclassifications and Redesignations by Individual Hospital under Section 508 of Pub. L. 108–173. We are proposing to use these IPPS indices, as they are finalized by July 30, 2004, to adjust the payment rates and coinsurance amounts that we will publish in the OPPS final rule for CY 2005. Because the reclassification that results from implementation of section 508 of Pub. L. 108–173 is not subject to budget neutrality, we have not taken it into account in developing the OPPS budget neutrality estimates for CY 2005. However, the wage index increases that result from implementation of section 505 of Pub. L. 108–173 are subject to budget neutrality. Therefore, we have included the wage index changes associated with section 505 of Pub. L. 108–173 in calculating the OPPS budget neutrality estimates for CY 2005.

X. Determination of Proposed Payment Rates and Outlier Payments for CY 2005

A. Calculation of the Proposed National Unadjusted Medicare Payment

[If you choose to comment on issues in this section, please indicate the caption "Payment Rate for APCs'' at the beginning of your comment.]

The basic methodology for determining prospective payment rates for OPD services under the OPPS is set forth in existing regulations at §§ 419.31 and 419.32. The payment rate for services and procedures for which payment is made under the OPPS is the product of the conversion factor calculated in accordance with section VIII. of this proposed rule, and the relative weight determined under section III. of this proposed rule. Therefore, the national unadjusted payment rate for APCs contained in Addendum A to this proposed rule and for payable HCPCS codes in Addendum B to this proposed rule (Addendum B is provided as a convenience for readers) was calculated by multiplying the proposed CY 2005 scaled weight for the APC by the proposed CY 2005 conversion factor.

However, to determine the payment that would be made under the OPPS to a specific hospital for an APC for a service other than a drug, in a circumstance in which the multiple procedure discount does not apply, we take the following steps:

Step 1. Calculate 60 percent (the labor-related portion) of the national unadjusted payment rate. Since initial implementation of the OPPS, we have used 60 percent to represent our estimate of that portion of costs attributable, on average, to labor. (See the April 7, 2000 final rule with comment period (65 FR 18496 through 18497), for a detailed discussion of how we derived this percentage.)

Step 2. Determine the wage index area in which the hospital is located and identify the wage index level that applies to the specific hospital. Addenda H, I, J, and L to this proposed rule, which reflect the new proposed geographic statistical areas as a result of revised OMB standards (urban and rural) to which hospitals would be assigned for FY 2005 under the IPPS and the reclassifications of hospitals under the one-time appeals process under section 508 of Pub. L. 108–173, contain the wage index values assigned to each area. The wage index values include the proposed occupational mix adjustment described in section IX. of this proposed rule that was developed for the IPPS.

Step 3. Adjust the wage index of hospitals located in certain qualifying counties that have a relatively high percentage of hospital employees who reside in the county but who work in a different county with a higher wage index, in accordance with section 505 of Pub. L. 108–173. Addendum K contains the qualifying counties and the proposed wage index increase developed for the IPPS.

Step 4. Multiply the applicable wage index determined under Steps 2 and 3 by the amount determined under Step 1 that represents the labor-related portion of the national unadjusted payment rate.

Step 5. Calculate 40 percent (the nonlabor-related portion) of the national unadjusted payment rate and add that amount to the resulting product of Step 4. The result is the wage index adjusted payment rate for the relevant wage index area.

B. Proposed Hospital Outpatient Outlier Payments

[If you choose to comment on issues in this section, please indicate the caption "Outlier Payments'' at the beginning of your comment.]

For OPPS services furnished between August 1, 2000, and April 1, 2002, we calculated outlier payments in the aggregate for all OPPS services that appear on a bill in accordance with section 1833(t)(5)(D) of the Act. In the November 30, 2001 final rule (66 FR 59856 through 59888), we specified that, beginning with CY 2002, we calculate outlier payments based on each individual OPPS service. We revised the aggregate method that we had used to calculate outlier payments and began to determine outlier payments on a service-by-service basis.

As explained in the April 7, 2000 final rule with comment period (65 FR 18498), we set a target for outlier payments at 2.0 percent of total payments. For purposes of simulating payments to calculate outlier thresholds, we set the target for outlier payments at 2.0 percent for CYs 2001, 2002, 2003, and 2004. For reasons discussed in the November 7, 2003 final rule with comment period (68 FR 63469), for CY 2004, we established a separate outlier threshold for CMHCs. For CY 2004, the outlier threshold is met when costs of furnishing a service or procedure by a hospital exceed 2.6 times the APC payment amount or when

the cost of furnishing services by a CMHC exceeds 3.65 times the APC payment amount. The current outlier payment percentage is 50 percent of the amount of costs in excess of the threshold.

For CY 2005, we are proposing to continue to set the target for outlier payments at 2.0 percent of total OPPS payments (a portion of that 2.0 percent, 0.6 percent, would be allocated to CMHCs for partial hospitalization program (PHP) services).

Outlier payments are intended to ensure beneficiary access to services by having the Medicare program share in the financial loss incurred by a provider associated with individual, extraordinarily expensive cases. They are not intended to pay hospitals additional amounts for specific services on a routine basis. In its March 2004 Report, MedPAC found that 50 percent of OPPS outlier payments in CY 2004 were for 21 fairly common services that had relatively low APC payment rates, such as plain film x-rays and pathology services. We are concerned by the MedPAC findings which indicate that a significant portion of outlier payments are being made for high volume, lower cost services rather than for unusually high cost services, contrary to the intent of an outlier policy. (A full discussion of the 2004 MedPAC recommendations related to the OPPS and the CMS response to those recommendations can be found in section XII. of this preamble.)

In light of the MedPAC findings, we are proposing to change the standard we have used to qualify a service for outlier payments since the OPPS was originally implemented. That is, in addition to the outlier threshold we have applied since the beginning of the OPPS, which requires that a hospital's cost for a service exceed the APC payment rate for that service by a specified multiple of the APC payment rate, we are proposing to add a fixed dollar threshold that would have to be met in order for a service to qualify for an outlier payment. Section 1833(t)(5)(A) of the Act gives the Secretary the authority to impose a fixed dollar threshold in addition to an APC multiplier threshold. By imposing a dollar threshold, we expect to redirect outlier payments from lower cost, relatively simple procedures to more complex, expensive procedures for which the costs associated with individual cases could be exceptionally high and for which hospitals have a financial risk would be at greater risk financially.

In this proposed rule, we are proposing to require that, in order to qualify for an outlier payment, the cost of a service must exceed 1.5 times the APC payment rate and the cost must also exceed the sum of the APC rate plus a $625 fixed dollar threshold. Based upon our review of the data, a threshold of $625 better meets our 2.0 percent targets. When the cost of a hospital outpatient service exceeds these thresholds, we would pay 50 percent of the amount by which the cost of furnishing the service exceeds 1.5 times the APC payment rate (the APC multiple) as an outlier payment.

We are proposing to set the dollar threshold at a level that would, for all intents and purposes, exclude outliers for a number of lower cost services. For example, under the CY 2004 methodology a service mapped to an APC with a payment rate of $20 would only have to exceed $52 (2.6 × APC payment amount) in order to qualify for an outlier payment. Our proposed policy for CY 2005 with the additional fixed dollar threshold would require that the service in this example exceed $645 in order to qualify for an outlier payment. That is, the cost of the service would have to exceed both 1.5 times the APC payment rate, or $30, and $645 ($20 + $625).

The proposed dollar threshold would also enable us to lower the APC multiplier portion of the total outlier threshold from 2.6 to 1.5. We have chosen a multiple of 1.5 because this continues to recognize some variability relative to APC payment implicit in the current statute, but limits its impact in determining outlier payments. Under the proposed changes to the outlier methodology, it would also be easier for the higher cost cases of a complex, expensive procedure or service to qualify for outlier payments because the $625 threshold is a small portion of the total payment rate for high cost services. For example, under the CY 2004 methodology, a service mapped to an APC with a payment rate of $20,000 would have to exceed $52,000 in order to qualify for an outlier payment but, as proposed for CY 2005, would have to exceed only $30,000. That is, the cost of the service would have to exceed both 1.5 times the APC payment rate, or $30,000, and $20,625 ($20,000 + $625). Further, outlier payments for unusually expensive cases would be higher because the APC multiplier for outlier payment would decrease from 2.6 to 1.5 times the APC payment rate.

As discussed in the following section pertaining to Proposed Payment for Partial Hospitalization services, we are proposing to set the APC multiplier outlier threshold for CMHCs for CY 2005 at 3.35 times the APC payment amount and the CY 2005 outlier payment percentage applicable to costs in excess of the threshold at 50 percent.

C. Proposed Payment for Partial Hospitalization

[If you choose to comment on issues in this section, please indicate the caption "Partial Hospitalization'' at the beginning of your comment.]

1. Background

Partial hospitalization is an intensive outpatient program of psychiatric services provided to patients as an alternative to inpatient psychiatric care for beneficiaries who have an acute mental illness. A partial hospitalization program (PHP) may be provided by a hospital to its outpatients or by a Medicare-certified CMHC. Section 1833(t)(1)(B)(i) of the Act provides the Secretary with the authority to designate the hospital outpatient services to be covered under the OPPS. Section 419.21(c) of the Medicare regulations that implement this provision specifies that payments under the OPPS will be made for partial hospitalization services furnished by CMHCs. Section 1883(t)(2)(C) of the Act requires that we establish relative payment weights based on median (or mean, at the election of the Secretary) hospital costs determined by 1996 claims data and data from the most recent available cost reports. Payment to providers under the OPPS for PHPs represents the provider's overhead costs associated with the program. Because a day of care is the unit that defines the structure and scheduling of partial hospitalization services, we established a per diem payment methodology for the PHP APC, effective for services furnished on or after August 1, 2000. For a detailed discussion, *see* the April 7, 2000 OPPS final rule (65 FR 18452).

2. Proposed PHP APC Update for CY 2005

For calculation of the proposed CY 2005 per diem payment, we used the same methodology that was used to compute the CY 2004 per diem payment. For CY 2004, the per diem amount was based on three quarters of hospital and CMHC PHP claims data (for services furnished from April 1, 2002, through December 31, 2002). We used data from all hospital bills reporting condition code 41, which identifies the claim as partial hospitalization, and all bills from CMHCs because CMHCs are Medicare providers only for the purpose of providing partial hospitalization services. We used cost-to-charge ratios from the most recently available hospital and CMHC cost reports to

convert each provider's line item charges as reported on bills, to estimate the provider's cost for a day of PHP services. Per diem costs are then computed by summing the line item costs on each bill and dividing by the number of days on the bill.

Unlike hospitals, CMHCs do not file cost reports electronically and the cost report information is not included in the Healthcare Cost Report Information System (HCRIS). The CMHC cost reports are held by the Medicare fiscal intermediaries. In a Program Memorandum issued on January 17, 2003 (Transmittal A–03–004), we directed fiscal intermediaries to recalculate hospital and CMHC cost-to-charge ratios using the most recently settled cost reports by April 30, 2003. Following the initial update of cost-to-charge ratios, fiscal intermediaries were further instructed to continue to update a provider's cost-to-charge ratio and enter revised cost-to-charge ratios into the outpatient provider specific file. Therefore, for CMHCs, we use cost-to-charge ratios from the outpatient provider specific file. For CY 2005, we analyzed 12 months of data for hospital and CMHC PHP claims for services furnished between January 1, 2003, and December 31, 2003. Updated cost-to-charge ratios reduced the median cost per day for CMHCs. The revised medians are $313 for CMHCs and $213 for hospitals. Combining these files results in a median per diem PHP cost of $297. As with all APCs in the OPPS, the median cost for each APC is scaled to be relative to a mid-level office visit and the conversion factor is applied. We are proposing the resulting APC amount for PHP of $292.19 for CY 2005, of which $58.44 is the beneficiary's coinsurance.

3. Separate Threshold for Outlier Payments to CMHCs

In the November 7, 2003 final rule with comment period (68 FR 63469), we indicated that, given the difference in PHP charges between hospitals and CMHCs, we did not believe it was appropriate to make outlier payments to CMHCs using the outlier percentage target amount and threshold established for hospitals. There was a significant difference in the amount of outlier payments made to hospitals and CMHCs for PHP. Further analysis indicated the use of outlier payments was contrary to the intent of the outlier policy as discussed previously in section X.B. above. Therefore, for CY 2004, we established a separate outlier threshold for CMHCs. We designated a portion of the estimated 2.0 percent outlier target amount specifically for CMHCs, consistent with the percentage of projected payments to CMHCs under the OPPS in CY 2004, excluding outlier payments.

As stated in the November 7, 2003 final rule with comment period, CMHCs were projected to receive 0.5 percent of the estimated total OPPS payments in CY 2004. The CY 2004 outlier threshold is met when the cost of furnishing services by a CMHC exceeds 3.65 times the APC payment amount. The current outlier payment percentage is 50 percent of the amount of costs in excess of the threshold.

CMS and the Office of the Inspector General are continuing to monitor the excessive outlier payments to CMHCs. However, we do not yet have CY 2004 claims data that will show the effect of the separate outlier threshold for CMHCs that was effective January 1, 2004. Therefore, for CY 2005, as discussed in section X.B. of this preamble, we are proposing to continue to set the target for hospital outpatient outlier payments at 2.0 percent of total OPPS payments. We are proposing that a portion of that 2.0 percent, 0.6 percent, would be allocated to CMHCs for PHP services. We propose 0.6 percent for CMHCs because the percentage of CMHC's payment to total OPPS payment rose slightly in the CY 2003 claims data. In the absence of CY 2004 claims data, we developed simulations for CY 2005. As discussed in section X.B. of this preamble, we are proposing a dollar threshold in addition to an APC multiplier threshold for hospital OPPS outlier payments. However, because PHP is the only APC for which CMHCs may receive payment under the OPPS, we would not expect to redirect outlier payments by imposing a dollar threshold. Therefore, we are not proposing a dollar threshold for CMHC outliers. We are proposing to set the outlier threshold for CMHCs for CY 2005 at 3.35 percent times the APC payment amount and the CY 2005 outlier payment percentage applicable to costs in excess of the threshold at 50 percent.

XI. Proposed Beneficiary Copayments for CY 2005

[If you choose to comment on issues in this section, please indicate the caption "Copayment'' at the beginning of your comment.]

A. Background

Section 1833(t)(3)(B) of the Act requires the Secretary to set rules for determining copayment amounts to be paid by beneficiaries for covered OPD services. Section 1833(t)(8)(C)(ii) of the Act specifies that the Secretary must reduce the national unadjusted copayment amount for a covered OPD service (or group of such services) furnished in a year in a manner so that the effective copayment rate (determined on a national unadjusted basis) for that service in the year does not exceed specified percentages. For all services paid under the OPPS in CY 2005, the specified percentage is 45 percent of the APC payment rate. Section 1833(t)(3)(B)(ii) of the Act provides that, for a covered OPD service (or group of such services) furnished in a year, the national unadjusted coinsurance amount cannot be less than 20 percent of the OPD fee schedule amount.

B. Proposed Copayment for CY 2005

For CY 2005, we determined copayment amounts for new and revised APCs using the same methodology that we implemented for CY 2004 (see the November 7, 2003 final rule 68 FR 63458). The unadjusted copayment amounts for services payable under the OPPS effective January 1, 2005 are shown in Addendum A and Addendum B.

XII. MedPAC Recommendations

The Medicare Payment Advisory Commission (MedPAC) in its March 2004 Report to the Congress: "Medicare Payment Policy,'' made two recommendations relating to the OPPS. This section provides responses to those recommendations.

Recommendation 3A–2: The Congress should increase payment rates for the OPPS by the projected rate of increase in the hospital market basket index for CY 2005.

Response: Section 1833(t)(3)(C)(ii) of the Act requires the Secretary to update the conversion factor used to determine payment rates under the OPPS on an annual basis. Section 1833(t)(3)(C)(iv) of the Act provides that, for CY 2005, the update is equal to the hospital inpatient market basket percentage applicable under section 1886(b)(3) of the Act to hospital discharges. The forecast of the hospital market basket increase for FY 2005 published in the IPPS proposed rule on May 18, 2004, is 3.3 percent (69 FR 63459). Therefore, in accordance with this statutory requirement, we are proposing to update the OPPS conversation factor for CY 2005 by 3.3 percent as discussed in section VIII. of this preamble.

Recommendation 3A–3: The Congress should eliminate the outlier policy under the outpatient PPS.

Response: We have carefully reviewed the MedPAC report regarding this recommendation and are concerned by

its findings which indicate that a significant portion of outlier payments are being made for high volume, lower cost services rather than for unusually high cost services, contrary to the intent of an outlier policy. While it is evident that the OPPS outlier payments cannot be discontinued by us without a legislative change by Congress, we believe that the MedPAC findings warrant a change in our standard for qualifying a hospital outpatient service for an outlier payment. Therefore, in light of the MedPAC findings we are proposing to change the standard we have used to qualify a service for an outlier payment since initial implementation of the OPPS. As discussed in section X.B. of this preamble, we are proposing to add a fixed dollar threshold requirement to the current threshold, which requires that a hospital's cost for a service exceed the APC payment rate for that service by a specified multiple in order to qualify for an outlier payment. That is, we are proposing to require, that in order to qualify for an outlier payment, the cost of a service must exceed 1.5 times the APC payment rate and the cost must also exceed the sum of the APC rate plus a $625 fixed dollar threshold. By imposing a dollar threshold in addition to an APC multiplier threshold, we expect to redirect outlier payments from lower cost and relatively simple procedures to more complex, expensive procedures for which the costs associated with individual cases could be exceptionally high.

We are not proposing to apply the fixed dollar threshold to CMHCs because partial hospitalization services are the only APC service for which CMHCs can receive payment under the OPPS, and we would not expect to redirect outlier payment by imposing a dollar threshold.

XIII. Addenda Files Available to the Public Via Internet

The data referenced for Addenda C and G to this proposed rule are available on the following CMS Web site via Internet only: *http://www.cms.hhs.gov/providers/hopps/.* We are not republishing the data represented in these two Addenda to this proposed rule because of their volume. For additional assistance, contact Chris Smith-Ritter at (410) 786–0378.

Addendum C—Healthcare Common Procedure Coding System (HCPCS) Codes by Ambulatory Payment Classification (APC.)

This file contains the HCPCS codes sorted by the APCs into which they are assigned for payment under the OPPS. The file also includes the APC status indicators, relative weights, and OPPS payment amounts.

XIV. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995 (PRA), we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to evaluate fairly whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

We are soliciting public comments on each of these issues for the following information collection requirement:

Section 410.16 Initial preventive physical examination.

Proposed new section 410.16 would require, for the furnishing of education, counseling and referral services as part of an initial preventive physical examination, a written plan for obtaining the appropriate screening and other preventive services which are also covered as separate Medicare B Part services.

The burden associated with this requirement is the time required of the physician or practitioner to provide beneficiaries with education, counseling, and referral services and to develop and provide a written plan for obtaining screening and other preventive services.

While these requirements are subject to the PRA, the burden associated with these requirements is currently captured and discussed in the ''Revisions to Payment Policies Under the Physician Fee Schedule for CY 2005'' (CMS–1429–P). This section mirrors that proposed rule for convenience purposes.

We have submitted a copy of this proposed rule to OMB for its review of the information collection requirements described above. These requirements are not effective until they have been approved by OMB.

If you comment on any of these information collection and record keeping requirements, please mail copies directly to the following:

Centers for Medicare & Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Regulations Development and Issuances Group, Attn: John Burke, CMS–1427–P, Room C5–14–03, 7500 Security Boulevard, Baltimore, MD 21244–1850; and

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn: Christopher Martin, CMS Desk Officer

Comments submitted to OMB may also be e-mailed to the following address: e-mail: *Christopher_Martin@omb.eop.gov*, or faxed to OMB at (202) 395–6974.

XV. Response to Public Comments

Because of the large number of items of correspondence we normally receive on a proposed rule, we are not able to acknowledge or respond to them individually. However, in preparing the final rule, we will consider all comments concerning the provisions of this proposed rule that we receive by the date and time specified in the **DATES** section of this preamble, and when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

XVI. Regulatory Impact Analysis

A. OPPS: General

We have examined the impacts of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96–354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), and Executive Order 13132.

Executive Order 12866 (as amended by Executive Order 13258, which merely reassigns responsibility of duties) directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more in any 1 year).

We estimate the effects of the provisions that would be implemented by this proposed rule would result in expenditures exceeding $100 million in any 1 year. We estimate the total increase (from changes in the proposed rule as well as enrollment, utilization,

and case mix changes) in expenditures under the OPPS for CY 2005 compared to CY 2004 to be approximately $1.5 billion. Therefore, this proposed rule is an economically significant rule under Executive Order 12866, and a major rule under 5 U.S.C. 804(2).

The RFA requires agencies to determine whether a rule would have a significant economic impact on a substantial number of small entities. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and government agencies. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of $6 million to $29 million in any 1 year (*see* 65 FR 69432).

For purposes of the RFA, we have determined that approximately 37 percent of hospitals would be considered small entities according to the Small Business Administration (SBA) size standards. We do not have data available to calculate the percentages of entities in the pharmaceutical preparation manufacturing, biological products, or medical instrument industries that would be considered to be small entities according to the SBA size standards. For the pharmaceutical preparation manufacturing industry (NAICS 325412), the size standard is 750 or fewer employees and $67.6 billion in annual sales (1997 business census). For biological products (except diagnostic) (NAICS 325414), with $5.7 billion in annual sales, and medical instruments (NAICS 339112), with $18.5 billion in annual sales, the standard is 50 or fewer employees (see the standards website at *http://www.sba.gov/regulations/siccodes/*). Individuals and States are not included in the definition of a small entity.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. With the exception of hospitals located in certain New England counties, for purposes of section 1102(b) of the Act, we previously defined a small rural hospital as a hospital with fewer than 100 beds that is located outside of a Metropolitan Statistical Area (MSA) (or New England County Metropolitan Area (NECMA)). However, under the new labor market definitions that we are proposing to adopt, we no longer employ NECMAs to define urban areas in New England. Therefore, we now define a small rural hospital as a hospital with fewer than 100 beds that is located outside of an MSA. Section 601(g) of the Social Security Amendments of 1983 (Pub. L. 98–21) designated hospitals in certain New England counties as belonging to the adjacent NECMA. Thus, for purposes of the OPPS, we classify these hospitals as urban hospitals. We believe that the changes in this proposed rule would affect both a substantial number of rural hospitals as well as other classes of hospitals and that the effects on some may be significant. Therefore, we conclude that this proposed rule would have a significant impact on a substantial number of small entities.

Unfunded Mandates

Section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4) also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in an expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of $110 million. This proposed rule would not mandate any requirements for State, local, or tribal governments. This proposed rule would not impose unfunded mandates on the private sector of more than $110 million dollars.

Federalism

Executive Order 13132 establishes certain requirements that an agency must meet when it publishes a proposed rule (and subsequent final rule) that imposes substantial direct costs on State and local governments, preempts State law, or otherwise has Federalism implications.

We have examined this proposed rule in accordance with Executive Order 13132, Federalism, and have determined that it would not have an impact on the rights, roles, and responsibilities of State, local or tribal governments. The impact analysis (*see* Table 37) shows that payments to governmental hospitals (including State, local, and tribal governmental hospitals) would increase by 4.3 percent under the proposed rule.

B. Impact of Proposed Changes in This Proposed Rule

We are proposing several changes to the OPPS that are required by the statute. We are required under section 1833(t)(3)(C)(ii) of the Act to update annually the conversion factor used to determine the APC payment rates. We are also required under section 1833(t)(9)(A) of the Act to revise, not less often than annually, the wage index and other adjustments. In addition, we must review the clinical integrity of payment groups and weights at least annually. Accordingly, in this proposed rule, we are proposing to update the conversion factor and the wage index adjustment for hospital outpatient services furnished beginning January 1, 2005 as we discuss in sections VIII. and IX., respectively, of this proposed rule. We are also proposing to revise the relative APC payment weights using claims data from January 1, 2003 through December 31, 2003. Finally, we are proposing to remove 6 devices and 12 drugs and biological agents from pass-through payment status. In particular, see section V.A.2 with regard to the expiration of pass-through status for devices and see section IV.A.2 with regard to the expiration of pass-through status for drugs and biological agents.

Under this proposed rule, the update change to the conversion factor as provided by statute as well as the additional money for the OPPS payments in CY 2005 as authorized by Pub. L. 108–173, including money for drugs and increases in the wage index adjustment, would increase total OPPS payments by 4.6 percent in CY 2005. The changes to the wage index and to the APC weights (which incorporate the cessation of pass-through payments for several drugs and devices) would not increase OPPS payments because the OPPS is budget neutral. However, the wage index and APC weight changes would change the distribution of payments within the budget neutral system as shown in Table 37 and described in more detail in this section.

C. Alternatives Considered

Alternatives to the changes we are making and the reasons that we have chosen the options we have are discussed throughout this proposed rule. Some of the major issues discussed in this proposed rule and options that affect our policies are discussed below.

Payment for Device-Dependent APCs

We package payment for an implantable device into the APC payment for the procedure performed to insert the device. Because almost all devices lost pass-through status at the end of CY 2002, we discontinued use of separate codes to report devices in CY 2003. We have found that claims that we use to set payment rates for device-dependent APCs frequently have packaged costs that are much lower than the cost of the device. This is attributed, in part, to variations in hospital billing practices. In response, we reestablished device codes for reporting on a voluntary basis in CY 2004.

The APC Panel recommended that we use CY 2004 device-dependent APC

rates updated for inflation as the CY 2005 payments. We considered this option but did not adopt it because it would not recognize changes in relative cost for these APCs and would not advance us towards our goal of using unadjusted claims data as the basis for payment weights for all OPPS services.

In addition to consideration of the APC Panel's recommendation, we considered using CY 2002 claims to calculate a ratio between the median calculated using all single bills and the median calculated using only claims with HCPCS codes for devices on them, and applying that ratio to the median calculated using CY 2003 claims data. We rejected this option because it assumes that the relationship between the costs of the claims with and without codes for devices is a valid relationship not only for CY 2002 but CY 2003 as well. It also assumes no changes in billing behavior. We have no reason to believe either of these assumptions is true and, therefore, we did not choose this option.

We do not believe that any of the above options would help us progress toward reliance on our data. Rather than adoption of any of those approaches, we developed an option to adjust the payment for only those device-dependent APCs that have the most dramatic decreases for CY 2005. We believe that the better payment approach for determining median costs for device-dependent APCs in CY 2005 would be to base these medians on the greater of (1) median costs calculated using CY 2003 claims data, or (2) 90 percent of the APC payment median used in CY 2004 for these services. We believe that this proposed adjustment methodology provides an appropriate transition to eventual use of all single bill claims data without adjustment.

We are also proposing to use "C'' codes to bill for the device-dependent procedures for which we adjusted the medians for CY 2005 as well as for a few APCs that require devices that are coming off pass-through payment in CY 2005 (a continuation of current billing practice). We believe that adoption of our proposal will mitigate barriers to beneficiary access to care while encouraging hospitals to bill correctly for the services they furnish. For a more detailed discussion of this issue, see section III. of the preamble.

Proposed Hospital Outpatient Outlier Payments

In its March 2004 Report, MedPAC made a recommendation to the Congress to eliminate the outlier provision under the OPPS. MedPAC made its recommendation after studying outlier payments on claims for services furnished during CY 2002 and concluding that in 2002, 50 percent of outlier payments were paid for 21 fairly common services that had relatively low APC payment rates, while high cost services accounted for only a small share of outlier payments. However, outlier payments are required under the statute; therefore, we cannot discontinue outlier payments absent a legislative change by the Congress.

In light of the MedPAC findings, we are proposing a change to the threshold we use for qualifying a service for outlier payments to add a fixed dollar threshold in addition to the threshold based on a multiple of the APC amount that we have applied since the beginning of the OPPS. For a more detailed discussion of this issue, see section X. of the preamble.

D. Limitations of Our Analysis

The distributional impacts represent the projected effects of the policy changes, as well as the statutory changes that would be effective for CY 2005 on various hospital groups. We estimate the effects of individual policy changes by estimating payments per service while holding all other payment policies constant. We use the best data available but do not attempt to predict behavioral responses to our policy changes. In addition, we are not proposing to make adjustments for future changes in variables such as service volume, service mix, or number of encounters. As we have done in previous proposed rules, we are soliciting comments and information about the anticipated effects of these proposed changes on hospitals and our methodology for estimating them.

E. Estimated Impacts of This Proposed Rule on Hospitals

The OPPS is a budget neutral payment system under which the increase to the total payments made under OPPS is limited by the increase to the conversion factor set under the methodology in the statute. The enactment of Pub. L. 108–173 on December 8, 2003, provided for the payment of additional dollars in 2005 to providers of OPPS services outside of the budget neutrality requirements for both specified covered outpatient drugs (see section V.A.3.a. of the preamble to this rule) and the wage indexes for specific hospitals through reclassification reform in section 508 of Pub. L. 108–173 (see section IX. of the preamble to this rule). Table 38 shows the estimated redistribution of hospital payments among providers as a result of a new APC structure and wage index, which are budget neutral; the estimated distribution of increased payments in CY 2005 resulting from the combined impact of APC recalibration and wage effects, and market basket update to the conversion factor; and estimated payments considering all proposed changes for CY 2005. In some cases, specific hospitals may receive more total payment in CY 2005 than in CY 2004 while in other cases they may receive less total payment than they received in CY 2004. However, our impact analysis suggests that no class of hospitals would receive less total payments in CY 2005 than in CY 2004. Because updates to the conversion factor, including the market basket and any reintroduction of pass-through dollars, are applied uniformly, the extent to which this proposed rule redistributes money would largely depend on the mix of services furnished by a hospital (for example, how the APCs for the hospital's most frequently furnished services would change) and the impact of the wage index changes on the hospital.

Overall, the proposed OPPS rates for CY 2005 would have a positive effect for every category of hospital. Proposed changes will result in a 4.6 percent increase in Medicare payments, to all hospitals, exclusive of outlier and transitional pass-through payments. As described in the preamble, budget neutrality adjustments are made to the conversion factor and the relative weights to ensure that the revisions in the wage index, APC groups, and relative weights do not affect aggregate payments. The impact of the wage and APC recalibration changes are moderate across hospital groups.

To illustrate the impact of the proposed CY 2005 changes, our analysis begins with a baseline simulation model that uses the final CY 2004 weights, the FY 2004 final post-reclassification wage index without increases resulting from section 508 reclassifications, and the final CY 2004 conversion factor. Columns 2 and 3 in Table 38 reflect the independent effects of the changes in the APC reclassification and recalibration changes and the wage index, respectively. These effects are budget neutral, which is apparent in the overall zero impact in payment for all hospitals. Column 2 shows the independent effect of changes resulting from the reclassification of HCPCS codes among APC groups and the recalibration of APC weights based on a complete year of 2003 hospital OPPS claims data. We modeled the independent effect of APC recalibration by varying only the weights, final CY 2004 weights versus proposed CY 2005

weights, in our baseline model, and calculating the percent difference in payments. Column 3 shows the impact of updating the wage index used to calculate payment by applying the FY 2005 hospital inpatient wage index. In addition to new wage data, the new inpatient hospital wage index uses the Core Based Statistical Area (CBSA) system as the basis for geographic adjustment for wages, rather than the Metropolitan Statistical Areas (MSA) designations used previously. The CY 2005 proposed OPPS wage index also includes the new adjustment for occupational mix, the reclassifications of hospitals to geographic areas by the Medicare Geographic Classification Review Board, and the increased payment authorized by section 505 of Pub. L. 108–173 for out-migration. However, the proposed OPPS wage index does not include wage increases due to reclassification of hospitals through section 508 of Pub. L. 108–173. We modeled the independent effect of introducing a new wage index by varying only the wage index between years, using CY 2004 weights, and a CY 2004 conversion factor that included a budget neutrality adjustment.

Column 4 demonstrates the combined "budget neutral'' impact of APC recalibration and wage index updates on various classes of hospitals, as well as the impact of updating the conversion factor with the market basket. We modeled the independent effect of budget neutrality adjustments and the market basket update by using the weights and wage index for each year, and using a CY 2004 conversion factor that included a budget neutrality adjustment for differences in wages and the market basket increase. Finally, the remaining column depicts the full impact of proposed CY 2005 policy on each hospital group by including the effect of all the changes for CY 2005. Column 5 shows not only the combined budget neutral effects of APC and wage updates, and the market basket update, but it also shows the effects of additional monies added to the OPPS as a result of Pub. L. 108–173 and pass-through money returned to the conversion factor from CY 2004. We modeled the independent effect of all changes using the final weights for CY 2004 and CY 2005 with additional money for drugs authorized by section 621 of Pub. L. 108–173, final wage indexes including wage index increases for hospitals eligible for reclassification under section 508 of Pub. L.108–173 and the CY 2005 proposed conversion factor of $57.098.

Column 1: Total Number of Hospitals

Column 1 in Table 38 shows the total number of hospital providers, 4,821, for which we were able to use CY 2003 hospital outpatient claims to model CY 2004 and CY 2005 payments by category. We excluded all hospitals for which we could not accurately estimate CY 2004 or CY 2005 payment and entities that are not paid under the OPPS. The latter include critical access hospitals, all-inclusive hospitals, and hospitals located in Guam, the U.S. Virgin Islands, and the State of Maryland. This process is discussed in greater detail in section III.B of the preamble. In prior years, we displayed non-TEFRA hospitals paid under PPS separately from TEFRA hospitals in our impact and outlier tables. The distinction between TEFRA and non-TEFRA holds little value for OPPS as all hospitals are treated equally under the OPPS payment system. Therefore, for this proposed rule we did not include TEFRA hospitals as a distinct hospital category in Table 38. Finally, of the hospitals displayed in Table 38 and Table 39, it is important to note that section 1833(t)(7)(D) of the Act holds harmless cancer hospitals, children's hospitals, small rural hospitals with less than 100 beds, and sole community hospitals. These hospitals cannot receive less payment in CY 2005 than they did in the CY 2004.

Column 2: APC Recalibration

The APC reclassification and recalibration changes tend to favor rural hospitals especially those characterized as small, although the overall redistribution impact is modest. Rural hospitals show a 0.9 percent increase. Specifically, rural hospitals with 0 to 49 beds experience an increase of 1 percent, rural hospitals with 50 to 100 beds show a 1.4 percent increase and rural hospitals with 101 to 149 beds show a 0.9 percent increase attributable to the APC recalibration. Rural hospitals also show overall increases by region, with the East North Central and East South Central regions benefiting by 1.3 percent and the Mountain region gaining 2.3 percent. Further, sole community hospitals experience an increase of 0.9 percent.

Urban hospitals show, on an average, a 0.2 percent decrease. This decrease is concentrated in "other'' urban hospitals, which experience a decline of 0.4 percent. Urban hospitals with greater than 300 beds show decreases, and the largest urban hospitals with bed size greater than 500 report a decrease of 2.0 percent. The smallest urban hospitals report a positive 1.1 percent increase, and urban hospitals with 200 to 299 beds show an increase of 0.1 percent. Urban hospitals also demonstrate overall decreases by region, with South Atlantic hospitals losing 1.2 percent and West South Central hospitals losing 0.5 percent attributable to APC recalibration.

The largest observed impacts among other hospital classes resulting from APC recalibration include declines of 2 percent for major teaching hospitals and 2.2 percent for hospitals without a valid low-income indicator, most of which are TEFRA hospitals. Hospitals treating more low-income patients also demonstrate declines as high as 1.3 percent. In these tables, cancer and children's hospitals also demonstrate declines of 2.3 and 2.4 percent, respectively. However, these hospitals are "held harmless'' by section 1833(t)(7)(D)(ii) of the Act.

In general, APC changes effect the distribution of hospital payments by increasing payments to small rural hospitals while decreasing those made to large urban hospitals, including major teaching hospitals and those serving low-income patients.

Column 3: Wage Effect

Changes introduced by the new wage index had a very modest impact, with the majority of these marginal declines located in rural hospitals. Overall, urban hospitals experience no change and rural hospitals experience a decrease of 0.2 percent. This pattern is evident in all of the urban and rural comparisons. Low-volume urban hospitals with fewer than 5000 services and urban hospitals in the West South Central region show the largest percentage increases, 0.7 and 0.8 respectively, attributable to wage index changes.

Specifically, rural hospitals show modest decreases for most bed sizes but show the largest losses for categories with greater than 149 beds where the wage index change results in a 0.4 percent decrease for the largest rural hospitals. Hospitals located in the New England and Middle Atlantic regions show a negative impact due to wage index changes regardless of urban or rural designation. Rural hospitals in the South Atlantic region decrease by 0.6 percent. As noted previously, rural hospitals with 100 or fewer beds and sole community hospitals are "held harmless'' and earn, at least, the same amount as they earned in CY 2004.

Rural hospitals providing a low volume of services, 10,999 or fewer services, are also estimated to experience modest declines, and rural hospitals providing a high volume of services, greater than 42,999 services,

also face a decline of 0.6 percent. This same pattern continues for rural hospitals in half of the regions with the New England region experiencing the largest decline of 1.3 percent.

Looking across other categories of hospitals, major teaching hospitals are estimated to lose 0.3 percent. Hospitals not serving low-income patients lose 0.8 percent, and, among hospitals serving low-income patients, those serving a high percentage of low-income patients also experience a decline. Hospitals for which DSH is not available, mostly TEFRA hospitals, lose 0.3 percent.

Column 4: Budget Neutrality and Market Basket Update

In general, the market basket update lessens the overall impact of the budget neutrality adjustments made in columns 2 and 3. As column 4 demonstrates, with the addition of the market basket update, we do not expect any class of hospital providers to experience an overall negative impact as a result of the proposed changes to OPPS for CY 2005. Further, the redistributions created by APC recalibration tend to offset those observed with the introduction of the new wage index. For example, rural hospitals may gain 0.9 percent from the APC changes but lose 0.2 percent as a result of changes to the wage index. Overall, the budget neutrality adjustments and the introduction of the market basket may result in a projected increase of 4.1 percent for rural hospitals. Urban hospitals show a decrease of 0.2 percent resulting from APC recalibration and no change as a result of the new wage index, leading to an update in column 4 of 3.1 percent.

However, for several classes of hospitals, positive or neutral wage effects do not offset the impact of APC recalibration resulting in lower update amounts. Specifically, major teaching hospitals may only gain 0.9 with the update factor. Urban hospitals with more than 500 beds show a gain of 1.2 percent because the impact of APC recalibration was a 2 percent decline. Hospitals serving a medium level of low-income patients, between 0.16 and 0.23 percent, may experience an update of only 1.9 percent.

A handful of hospital providers may experience much lower and higher update amounts because the combined impact of the budget neutrality adjustments for the APC recalibration and the new wage index are reinforcing. Specifically, low volume rural hospitals show an update of 2.4 percent. Cancer hospitals show an update of only 0.2 percent and children's hospitals, of only 1.3 percent. But as noted earlier, statutory provisions ensure that each of these hospitals is "held harmless'' relative to last year's payments. A handful of hospitals may also gain from the combined positive effect of the APC recalibration and the wage effect. Overall low volume to mid-volume urban hospitals and urban hospitals with a small number of beds, mid-volume rural hospitals, and rural hospitals in the East South Central, Pacific, and Mountain regions have projected updates ranging from 5.0 to 5.2 percent.

Column 5: All Proposed Changes for CY 2005

Column 5 compares all proposed changes for CY 2005 to final simulated payment for CY 2004 and includes all additional dollars resulting from provisions in Pub. L. 108–173 and the difference in pass-through estimates.

In both urban and rural areas, hospitals that provide a lower volume of outpatient services are projected to receive a larger increase in payments than higher volume hospitals. In rural areas, hospitals with service volumes between 5,000 and 42,999 are projected to experience increases larger than 5.5 percent. Urban hospitals that provide low-volume services show similar rates of increases (5.4 to 5.8 percent). Conversely, urban and rural hospitals providing more than 42,999 services are projected to experience a rate of increase in the 4.1 to 4.3 percent range. The overall projected increase in payments for urban hospitals is slightly lower (4.5 percent) than the average increase for all hospitals (4.6 percent) while the increase for rural hospitals is slightly greater (5.3 percent) than the average increase.

Major teaching hospitals are projected to experience a smaller increase in payments (2.9 percent) than the aggregate for all hospitals (4.6 percent) due to negative impacts from both the APC recalibration (−2.0 percent) and wage index (−0.3 percent). Hospitals with less intensive teaching programs are projected to experience an overall increase (4.7 percent). There is some difference in impact among hospitals that serve low-income patients where increases in payments range from 3.9 to 5.0 percent higher than in CY 2004.

F. Projected Distribution of Outlier Payments

As stated in section X.B. of this preamble, we have allocated 2 percent of the estimated CY 2005 expenditures to outlier payments. For 2005, we are proposing to add a fixed dollar threshold to our outlier policy. As discussed in section X.B. of the preamble, we are proposing to change our current policy, which sets the outlier threshold using only a multiple of the APC payment rate, to a policy that includes both a multiple of the APC payment rate and a new fixed dollar threshold. We hope that this policy would better target outlier payments to higher cost cases.

For CY 2005, we are specifically proposing to require that, in order to qualify for an outlier payment, the cost of a service must exceed 1.5 times the APC payment rate and the cost must also exceed the sum of the APC rate plus a $625 fixed dollar threshold. The outlier payment under this proposed policy remains at 50 percent of the cost minus the multiple of the APC payment rate.

Table 38 below compares the percentage of outlier payments relative to total projected payments for the simulated CY 2004 and proposed CY 2005 outlier policies. In order to model 2 percent of total estimated payments in outlier payments for the simulated CY 2004 policy option, we had to lower the multiple for this policy from its current level of 2.6 percent to 2.25 percent.

Overall, Table 38 demonstrates that the proposed outlier policy accomplishes the goal of redistributing outlier payments to hospitals performing more expensive procedures and incurring greater financial risk. First, based on the mix of services for the hospitals that would be paid under the OPPS in CY 2005, fewer hospitals would receive outlier payments. This is appropriate as more outlier money is targeted to specific services. We estimate that approximately 88 percent of all hospitals would receive outlier payments under the proposed policy, where 95 percent of all hospitals were estimated to get these types of payments in CY 2004.

We estimate that the redistribution of outlier payments under the proposed policy tends to benefit urban hospitals, especially major teaching hospitals, children's hospitals, and those that serve a smaller percentage of low income patients. The distribution observed here may offset the less than average increases in payment observed for these same classes of hospitals in the overall impact Table 37. Rural hospitals, specifically those that show a small number of beds and report low volume, are eligible for fewer outlier payments when compared to other types of hospital categories. Rural hospitals in the Mid Atlantic, West South Central, Mountain, and Pacific regions, show a smaller percent of outlier payments for CY 2005 when compared to the average. Sole community hospitals; hospitals without a DSH percent, mostly TEFRA

hospitals; and urban hospitals located in the New England area show a small percentage share of their total payments attributable to outlier payments when compared to other types of hospital categories.

G. Estimated Impacts of This Proposed Rule on Beneficiaries

For services for which the beneficiary pays a coinsurance of 20 percent of the payment rate, the beneficiary share of payment will increase for services for which OPPS payments will rise and will decrease for services for which OPPS payments will fall. For example, for a mid-level office visit (APC 0601), the minimum unadjusted co-payment in 2004 was $10.71; under this proposed rule, the minimum unadjusted co-payment for APC 601 would be $11.27 because the OPPS payment for the service will increase under this rule.

However, in all cases, the statute limits beneficiary liability for co-payment for a service to the inpatient hospital deductible for the applicable year. This amount is $912 for CY 2005.

We estimate that the overall impact on the CY 2005 Part B monthly premium rate due to the projected increase in OPPS spending is $0.70. This is the impact due only to the projected increase in spending from 2004 to 2005 and does not reflect any increase in the premium rate in order to put the trust fund asset level within an acceptable range.

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Table 38.--Impact Changes for CY 2005 Hospital Outpatient Prospective Payment System

	(1) Number of Hospitals	(2) APC Changes	(3) New Wage Index	(4) Market Basket and Budget Neutrality	(5) All CY 2005 Effects: includes additional PT and MMA $
ALL HOSPITALS:	4281	0.0	0.0	3.3	4.6
Urban Hospitals:	2959	-0.2	0.0	3.1	4.5
Large Urban (greater than 1 million)	1629	0.0	0.1	3.4	4.5
Other Urban (less than or equal to1 million)	1330	-0.4	0.0	2.8	4.5
Rural Hospitals	1322	0.9	-0.2	4.1	5.3
BEDS (URBAN):					
0 - 99 Beds	910	1.1	0.4	4.9	5.9
100 - 199 Beds	987	0.8	-0.1	4.0	5.1
200 - 299 Beds	508	0.1	0.1	3.5	4.7
300 - 499 Beds	397	-0.3	0.1	3.1	4.2
500 or more Beds	157	-2.0	0.0	1.2	3.6
BEDS (RURAL):					
0 - 49 Beds	585	1.0	0.2	4.5	5.8
50 - 100 Beds	442	1.4	-0.1	4.6	5.6
101 - 149 Beds	183	0.9	-0.2	4.1	5.2
150 - 199 Beds	63	0.3	-0.5	3.1	4.5
200 or more Beds	49	0.2	-0.4	3.0	4.6
VOLUME (URBAN):					
Less than 5,000 Lines	656	0.2	0.7	4.3	5.4
5,000 - 10,999 Lines	314	0.7	0.5	4.6	5.7
11,000 - 20,999 Lines	439	1.0	0.4	4.7	5.8
21,000 - 42,999 Lines	698	0.7	0.1	4.1	5.2

	(1) Number of Hospitals	(2) APC Changes	(3) New Wage Index	(4) Market Basket and Budget Neutrality	(5) All CY 2005 Effects: includes additional PT and MMA $
Greater than 42,999 Lines	852	-0.6	0.0	2.6	4.1
VOLUME (RURAL):					
Less than 5,000 Lines	217	-0.9	0.0	2.4	5.0
5,000 – 10,999 Lines	342	1.5	-0.2	4.6	5.7
11,000 - 20,999 Lines	385	1.4	0.2	4.9	5.9
21,000 - 42,999 Lines	281	1.2	0.0	4.5	5.5
Greater than 42,999 Lines	97	0.2	-0.6	2.8	4.3
REGION (URBAN):					
New England	163	0.2	-1.0	2.5	3.6
Middle Atlantic	395	0.3	-0.5	3.1	3.9
South Atlantic	455	-1.2	0.1	2.2	4.7
East North Central	475	-0.1	0.1	3.3	4.3
East South Central	194	-0.1	0.1	3.4	4.8
West North Central	189	0.1	0.3	3.7	5.1
West South Central	429	-0.5	0.8	3.6	5.0
Mountain	167	0.1	-0.1	3.3	4.4
Pacific	440	0.3	0.3	3.9	5.1
Puerto Rico	52	1.5	-0.3	4.5	5.3
REGION (RURAL):					
New England	44	0.3	-1.3	2.3	3.6
Middle Atlantic	79	0.4	-0.8	2.8	3.9
South Atlantic	192	0.7	-0.6	3.4	4.7
East North Central	189	1.3	-0.3	4.3	5.4
East South Central	205	1.3	0.3	5.0	6.2
West North Central	205	0.8	0.2	4.4	5.8
West South Central	247	0.5	0.5	4.4	5.8
Mountain	99	2.3	-0.4	5.2	5.3
Pacific	62	1.0	0.7	5.0	6.2

	(1) Number of Hospitals	(2) APC Changes	(3) New Wage Index	(4) Market Basket and Budget Neutrality	(5) All CY 2005 Effects: includes additional PT and MMA $
TEACHING STATUS:					
Non-Teaching	3156	0.8	0.0	4.2	5.3
Minor	807	0.0	0.1	3.4	4.7
Major	318	-2.0	-0.3	0.9	2.9
DSH PATIENT PERCENTAGE:					
0	56	1.1	-0.8	3.6	4.9
Greater than 0 - 0.10	1780	0.5	0.1	3.9	5.0
0.10 - 0.16	889	0.2	0.0	3.5	4.7
0.16 - 0.23	540	-1.3	0.0	1.9	4.3
0.23 - 0.35	302	-1.0	-0.3	2.0	3.9
Greater than or equal to 0.35	154	-0.2	-0.1	3.0	3.9
TEFRA: DSH Not Available	560	-2.2	-0.3	0.7	1.4
URBAN TEACHING/DSH:					
Teaching & DSH	953	-0.8	0.0	2.5	4.1
Teaching/No DSH	8	0.4	-0.5	3.2	4.4
No Teaching/DSH	1425	0.8	0.1	4.2	5.3
No Teaching/No DSH	43	1.6	-0.6	4.3	5.5
DSH Not Available	530	-2.2	0.0	1.0	1.6
RURAL HOSPITAL TYPES:					
No Special Status	809	0.9	-0.2	4.1	5.2
SCH	513	0.9	-0.2	4.1	5.4
TYPE OF OWNERSHIP:					
Voluntary	2495	0.1	0.0	3.3	4.6
Proprietary	1020	0.5	0.1	4.0	5.2

	(1) Number of Hospitals	(2) APC Changes	(3) New Wage Index	(4) Market Basket and Budget Neutrality	(5) All CY 2005 Effects: includes additional PT and MMA $
Government	766	-0.7	0.1	2.6	4.3
SPECIALTY HOSPITALS:					
Cancer	11	-2.3	-0.7	0.2	0.7
Children	46	-2.4	0.6	1.3	3.4

(1) Total Hospitals in 2005

(2) This column shows the impact of changes from the reclassification of HCPCS codes among APC groups and the recalibration of APC weights based on 2003 hospital claims data.

(3) This column shows the impact of updating the wage index used to calculate payment by applying the proposed FY 2005 hospital inpatient wage index including impact of new wage data, occupational mix, CBSA system, and geographic reclassification by MCGRB.

(4) This column shows the combined impact of budget neutrality (columns 2 and 3) with the market basket update.

(5) This column shows changes in total payment from CY 2004 to CY 2005, excluding outlier and pass-through payments. It incorporates all of the changes reflected in columns 2, 3, and 4. In addition, it shows the impact of payment for drugs under MMA, 508 and 505 additions to the wage index, and any additional pass through money included in the conversion factor.

1Complete DSH numbers are not available for some hospitals including TEFRA hospitals.

Table 39.--Distribution of Outlier Payments for 2005 Hospital Outpatient Prospective Payment System

	(1) 2004 Policy Adjusted to 2005 Total Outlier Target: 2.25 Multiple and No Threshold			(2) 2005 Policy 1.5 Multiple and Separate $625 Threshold		
	Number of Hospitals	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Percent Change in Total Payments Attributable to Differences in Outlier Policies[2]
ALL HOSPITALS:	4281	4047	2.0	3749	2.0	0.0
Urban Hospitals:	2959	2742	2.0	2514	2.1	0.1
Large Urban (greater than 1 million)	1629	1507	2.2	1386	2.2	0.1
Other Urban (less than or equal to 1 million)	1330	1235	1.8	1128	1.9	0.2
Rural Hospitals	1322	1305	1.6	1235	1.3	-0.3
BEDS (URBAN):						
0 - 99 Beds	910	741	2.0	587	1.8	-0.2
100 - 199 Beds	987	944	1.8	881	1.8	0.0
200 - 299 Beds	508	504	1.8	495	1.9	0.1
300 - 499 Beds	397	396	2.0	394	2.1	0.2
500 or more Beds	157	157	2.5	157	2.8	0.3
BEDS (RURAL)						
0 - 49 Beds	585	576	2.3	520	1.5	-0.7
50 - 100 Beds	442	434	1.6	422	1.2	-0.3
101 - 149 Beds	183	183	1.4	182	1.1	-0.2
150 - 199 Beds	63	63	1.4	62	1.3	-0.1
200 or more Beds	49	49	1.4	49	1.3	0.0
VOLUME (URBAN):						
Less than 5,000 Lines	656	445	2.9	245	2.5	-0.4
5,000 – 10,999 Lines	314	310	2.0	289	2.0	0.0
11,000 - 20,999 Lines	439	437	2.1	432	2.1	0.0

	(1) 2004 Policy Adjusted to 2005 Total Outlier Target: 2.25 Multiple and No Threshold			(2) 2005 Policy 1.5 Multiple and Separate $625 Threshold		
	Number of Hospitals	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Percent Change in Total Payments Attributable to Differences in Outlier Policies[2]
21,000 - 42,999 Lines	698	698	1.9	696	1.9	0.1
Greater than 42,999 Lines	852	852	2.0	852	2.1	0.2
VOLUME (RURAL):						
Less than 5,000 Lines	217	200	3.0	145	1.9	-1.1
5,000 - 10,999 Lines	342	342	2.3	328	1.6	-0.7
11,000 - 20,999 Lines	385	385	1.9	384	1.4	-0.5
21,000 - 42,999 Lines	281	281	1.4	281	1.1	-0.2
Greater than 42,999 Lines	97	97	1.4	97	1.2	-0.1
REGION (URBAN):						
New England	163	150	2.2	135	1.8	-0.3
Middle Atlantic	395	376	2.5	353	2.3	-0.1
South Atlantic	455	419	1.8	390	2.0	0.3
East North Central	475	444	1.9	416	1.9	0.1
East South Central	194	178	1.6	164	1.7	0.2
West North Central	189	183	1.5	168	1.6	0.1
West South Central	429	377	2.4	329	2.4	0.0
Mountain	167	153	2.1	136	2.3	0.2
Pacific	440	414	2.0	390	2.5	0.5
Puerto Rico	52	48	1.3	33	1.7	0.4
REGION (RURAL):						
New England	44	41	1.7	41	1.6	-0.1
Middle Atlantic	79	79	1.6	78	0.9	-0.6
South Atlantic	192	189	1.4	187	1.2	-0.2
East North Central	189	188	1.5	186	1.3	-0.2

	(1) 2004 Policy Adjusted to 2005 Total Outlier Target: 2.25 Multiple and No Threshold			(2) 2005 Policy 1.5 Multiple and Separate $625 Threshold		
	Number of Hospitals	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Percent Change in Total Payments Attributable to Differences in Outlier Policies[2]
East South Central	205	203	1.3	180	0.9	-0.3
West North Central	205	202	1.7	192	1.4	-0.3
West South Central	247	243	1.7	217	1.2	-0.5
Mountain	99	99	2.8	94	2.3	-0.4
Pacific	62	61	2.3	60	1.9	-0.4
TEACHING STATUS:						
Non-Teaching	3156	2935	1.7	2660	1.5	-0.1
Minor	807	794	1.7	775	1.8	0.1
Major	318	318	3.0	314	3.2	0.2
DSH PATIENT PERCENTAGE:						
0	56	53	2.9	44	3.1	0.2
Greater than 0 - 0.10	1780	1777	1.7	1738	1.7	0.0
0.10 - 0.16	889	889	1.8	875	1.8	0.1
0.16 - 0.23	540	540	2.1	530	2.2	0.2
0.23 - 0.35	302	302	3.0	294	3.1	0.1
Greater than or equal to 0.35	154	153	2.6	140	2.5	-0.1
DSH Not Available[1]	560	333	3.0	128	2.1	-0.8
URBAN TEACHING/DSH:						
Teaching & DSH	953	953	2.2	949	2.4	0.2
Teaching/No DSH	8	8	4.5	8	5.6	1.2
No Teaching/DSH	1425	1423	1.7	1401	1.7	0.0
No Teaching/No DSH	43	42	2.5	33	2.4	-0.1

	(1) 2004 Policy Adjusted to 2005 Total Outlier Target: 2.25 Multiple and No Threshold			(2) 2005 Policy 1.5 Multiple and Separate $625 Threshold		
	Number of Hospitals	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Percent Change in Total Payments Attributable to Differences in Outlier Policies[2]
DSH Not Available	530	315	2.9	123	2.1	-0.7
RURAL HOSPITAL TYPES:						
No Special Status	809	794	1.6	745	1.2	-0.3
SCH	513	511	1.8	490	1.4	-0.3
TYPE OF OWNERSHIP:						
Voluntary	2495	2429	1.9	2330	1.9	0.0
Proprietary	1020	864	1.7	728	1.8	0.2
Government	766	753	2.6	691	2.4	-0.1
SPECIALTY HOSPITALS:						
Cancer	11	11	3.5	11	2.5	-0.9
Children	46	45	8.4	37	8.5	0.2

(1) The column shows the impact of the 2004 policy, after adjusting the multiple to pay the 2% of estimated 2005 total payments. The outlier threshold is 2.25 times the APC payment, and the outlier payment is 50% of the observed cost less 2.25 times APC payment.

(2) This column shows the impact of the proposed 2005 policy.

The outlier thresholds are 1.5 times the APC payment and $625 plus the APC payment.

The outlier payment is 50% of the observed cost less 1.5 times the APC payment.

1DSH is not available for some hospitals, including TEFRA.

2Calculated differences may not be exact due to rounding.

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Conclusion

Notwithstanding the statutory "hold harmless'' provisions that prevent negative impacts on small rural, sole community, cancer, and children's hospitals, the changes in this proposed rule would affect all classes of hospitals, and the effects on some may be significant. Table 38 demonstrates the estimated distributional impact of the OPPS budget neutrality requirements and an additional 4.6 percent increase in payments proposed for CY 2005, exclusive of outlier and transitional pass-through payments, across various classes of hospitals. These two tables and the accompanying discussion below, in combination with the rest of this proposed rule, constitute a regulatory impact analysis.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

XVII. Regulation Text

List of Subjects

42 CFR Part 410

Health Facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

42 CFR Part 411

Kidney diseases, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 419

Hospitals, Medicare, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, the Centers for Medicare & Medicaid Services proposes to amend 42 CFR Chapter IV, as set forth below:

A. Part 410 is amended as follows:

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

1. The authority citation of part 410 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. A new § 410.16 is added to read as follows:

§ 410.16 Initial preventive physical examinations: conditions for and limitations on coverage.

(a) *Definitions.* As used in this section, the following definitions apply:

Eligible beneficiary means individuals who receive their initial preventive physical examinations within 6 months after the effective date of their first Medicare Part B coverage period, but only if their first Part B coverage period begins on or after January 1, 2005.

Initial preventive physical examination means all of the following services furnished to an individual by a physician or a qualified nonphysician practitioner with the goal of health promotion and disease detection:

(1) Review of the beneficiary's comprehensive medical and social history.

(2) Review of the beneficiary's potential (risk factors) for depression, including past experiences with depression or other mood disorders, based on the use of an appropriate screening instrument that the physician or qualified nonphysician practitioner may select, unless the appropriate screening instrument is further defined through a national coverage determination.

(3) Review of the beneficiary's functional ability and level of safety, based on the use of an appropriate screening instrument, which the physician or qualified nonphysician practitioner may select, unless the appropriate screening instrument is further defined through a national coverage determination.

(4) An examination to include measurement of the individual's height, weight, blood pressure, a visual acuity screen, and other factors as deemed appropriate, based on the individual's medical and social history and current clinical standards.

(5) Performance of an electrocardiogram and interpretation of an electrocardiogram.

(6) Education, counseling, and referral, as deemed appropriate by the physician or qualified nonphysician practitioner, based on the results of the elements of the review and evaluation services described in this section.

(7) Education, counseling, and referral, including a written plan provided to the individual for obtaining the appropriate screening and other preventive services for the individual that are covered as separate Medicare Part B benefits as described in section 1861(s)(10), section 1861(jj), section 1861(nn), section 1861(oo), section 1861(pp), section 1861(qq)(1), section 1861(rr), section 1861(uu), section 1861(vv), section 1861(xx)(1), and section 1861(yy) of the Social Security Act (the Act).

Medical history is defined to include, at a minimum, the following:

(1) Past medical and surgical history, including experience with illnesses, hospital stays, operations, allergies, injuries, and treatments.

(2) Current medications and supplements, including calcium and vitamins.

(3) Family history, including a review of medical events in the patient's family, including diseases that may be hereditary or place the individual at risk.

Physician for purposes of this provision means a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act).

Qualified nonphysician practitioner for purposes of this provision means a physician assistant, nurse practitioner, or clinical nurse specialist (as authorized under section 1861(s)(2)(K)(i) and section 1861(s)(2)(K)(ii) of the Act and defined in section 1861(aa)(5) of the Act, or in regulations at § 410.74, § 410.75, and § 410.76).

Review of the individual's functional ability and level of safety. Review of the individual's functional ability and level of safety must include, at a minimum, a review of the following areas:

(1) Hearing impairment.
(2) Activities of daily living.
(3) Falls risk.
(4) Home safety.

Social history is defined to include, at a minimum, the following:

(1) History of alcohol, tobacco, and illicit drug use.
(2) Work and travel history.
(3) Diet.
(4) Social activities.
(5) Physical activities.

(b) *Condition for coverage of an initial preventive physical examination.* Medicare Part B pays for an initial preventive physical examination provided to an eligible beneficiary, as described in paragraph (a) of this section, if it is furnished by a physician or other qualified nonphysician practitioner, as defined in paragraph (a) of this section.

(c) *Limitations on coverage of initial preventive physical examinations.* Payment may not be made for an initial preventive physical examination that is performed for an individual who is not an eligible beneficiary as described in paragraph (a) of this section.

B. Part 411 is amended as follows:

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

1. The authority citation for part 411 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. Section 411.15 is amended by—

A. Republishing the introductory text of the section and the introductory text of paragraphs (a) and (k).

B. Revising paragraph (a)(1).

C. Adding a new paragraph (k)(11).

The additions and revisions read as follows:

§ 411.15 Particular services excluded from coverage.

The following services are excluded from coverage:

(a) Routine physical checkups such as:

(1) Examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptom, complaint, or injury, except for screening and diagnostic mammography, colorectal cancer screening tests, screening pelvic examinations, prostate cancer screening tests, glaucoma screening exams, or initial preventive physical examinations that meet the criteria specified in paragraph (k)(11) of this section.

* * * * *

(k) *Any services that are not reasonable and necessary* for one of the following purposes: * * *

(11) In the case of initial preventive physical examinations, with the goal of health promotion and disease prevention, subject to the conditions and limitations specified in § 410.16 of this chapter.

C. Part 419 is amended as follows:

PART 419—PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT DEPARTMENT SERVICES

1. The authority citation for Part 419 continues to read as follows:

Authority: Secs. 1102, 1833(t), and 1871 of the Social Security Act (42 U.S.C. 1302, 1395l(t), and 1395hh).

2. Section 419.21 is amended by adding a new paragraph (e) to read as follows:

§ 419.21 Hospital outpatient services subject to the outpatient prospective payment system.

* * * * *

(e) Effective January 1, 2005, an initial preventive physical examination, as defined in § 410.16, if the examination is performed no later than 6 months after the individual's initial Part B coverage date that begins on or after January 1, 2005.

3. Section 419.22 is amended by adding a new paragraph (s) to read as follows:

§ 419.22 Hospital outpatient services excluded from payment under the hospital outpatient prospective payment system.

* * * * *

(s) Effective December 8, 2003, screening mammography and effective January 1, 2005, diagnostic mammography services.

4. Section 419.64 is amended by revising paragraphs (d)(1) and (d)(2) to read as follows:

§ 419.64 Transitional pass-through payments: Drugs and biologicals.

* * * * *

(d) Amount of pass-through payment subject to any reduction determined under section 419.62(b), the pass-through payment for a drug or biological equals the amount determined under section 1842(o) of the Social Security Act, minus the portion of the APC that CMS determines is associated with the drug or biological.

5. Section 419.70 is amended by revising the section heading and paragraphs (f)(2)(i) and (f)(2)(ii) to read as follows:

§ 419.70 Transitional adjustment to limit decline in payments.

* * * * *

(f) *Pre-BBA amount defined.*

* * * * *

(2) *Base payment-to-cost ratio defined.* * * *

(i) The provider's payment under this part for covered outpatient services furnished during one of the following periods, including any payment for these services through cost-sharing described in paragraph (e) of this section.

(A) The cost reporting period ending in 1996; or

(B) If the provider does not have a cost reporting period ending in 1996, the first cost reporting period ending on or after January 1, 1997, and before January 1, 2001; and

(ii) The reasonable costs of these services for the same cost reporting period.

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: July 27, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

Dated: August 6, 2004.

Tommy G. Thompson,

Secretary.

BILLING CODE 4120–01–P

Addendum A. - List of Ambulatory Payment Classifications (APCs) with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts Calendar Year 2005

APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0001	Level I Photochemotherapy	S	0.4046	$23.10	$7.08	$4.62
0002	Level I Fine Needle Biopsy/Aspiration	T	0.9588	$54.75		$10.95
0003	Bone Marrow Biopsy/Aspiration	T	2.6152	$149.32		$29.86
0004	Level I Needle Biopsy/ Aspiration Except Bone Marrow	T	1.6895	$96.47	$22.36	$19.29
0005	Level II Needle Biopsy/Aspiration Except Bone Marrow	T	3.7810	$215.89	$71.59	$43.18
0006	Level I Incision & Drainage	T	1.6969	$96.89	$23.26	$19.38
0007	Level II Incision & Drainage	T	12.5436	$716.21		$143.24
0008	Level III Incision and Drainage	T	19.5952	$1,118.85		$223.77
0009	Nail Procedures	T	0.6955	$39.71	$8.34	$7.94
0010	Level I Destruction of Lesion	T	0.5982	$34.16	$9.74	$6.83
0011	Level II Destruction of Lesion	T	2.4657	$140.79		$28.16
0012	Level I Debridement & Destruction	T	0.7559	$43.16	$11.18	$8.63
0013	Level II Debridement & Destruction	T	1.1586	$66.15	$14.20	$13.23
0015	Level III Debridement & Destruction	T	1.7381	$99.24	$20.35	$19.85
0016	Level IV Debridement & Destruction	T	2.8562	$163.08	$57.31	$32.62
0017	Level VI Debridement & Destruction	T	17.4667	$997.31	$227.84	$199.46
0018	Biopsy of Skin/Puncture of Lesion	T	0.9747	$55.65	$16.04	$11.13
0019	Level I Excision/ Biopsy	T	4.2663	$243.60	$71.87	$48.72
0020	Level II Excision/ Biopsy	T	7.7453	$442.24	$113.25	$88.45
0021	Level III Excision/ Biopsy	T	14.9964	$856.26	$219.48	$171.25
0022	Level IV Excision/ Biopsy	T	19.4617	$1,111.22	$354.45	$222.24
0023	Exploration Penetrating Wound	T	3.3487	$191.20	$40.37	$38.24
0024	Level I Skin Repair	T	1.7881	$102.10	$33.10	$20.42
0025	Level II Skin Repair	T	4.6906	$267.82	$101.17	$53.56
0027	Level IV Skin Repair	T	16.8576	$962.54	$329.72	$192.51
0028	Level I Breast Surgery	T	18.9346	$1,081.13	$303.74	$216.23
0029	Level II Breast Surgery	T	31.5099	$1,799.15	$632.64	$359.83
0030	Level III Breast Surgery	T	39.5804	$2,259.96	$763.55	$451.99
0032	Insertion of Central Venous/Arterial Catheter	T	10.2664	$586.19		$117.24
0033	Partial Hospitalization	P	5.1174	$292.19		$58.44
0035	Placement of Arterial or Central Venous Catheter	T	0.2931	$16.74		$3.35
0036	Level II Fine Needle Biopsy/Aspiration	T	2.2216	$126.85		$25.37
0037	Level III Needle Biopsy/Aspiration Except Bone Marrow	T	9.5990	$548.08	$237.45	$109.62
0039	Level I Implantation of Neurostimulator	S	210.1285	$11,997.90		$2,399.58
0040	Level II Implantation of Neurostimulator Electrodes	S	49.2226	$2,810.51		$562.10
0041	Level I Arthroscopy	T	28.2366	$1,612.25		$322.45
0042	Level II Arthroscopy	T	43.8002	$2,500.90	$804.74	$500.18
0043	Closed Treatment Fracture Finger/Toe/Trunk	T	1.8350	$104.77		$20.95
0045	Bone/Joint Manipulation Under Anesthesia	T	14.2303	$812.52	$268.47	$162.50
0046	Open/Percutaneous Treatment Fracture or Dislocation	T	34.9274	$1,994.28	$535.76	$398.86
0047	Arthroplasty without Prosthesis	T	31.3840	$1,791.96	$537.03	$358.39
0048	Level I Arthroplasty with Prosthesis	T	41.1519	$2,349.69	$582.12	$469.94
0049	Level I Musculoskeletal Procedures Except Hand and Foot	T	20.3460	$1,161.72		$232.34
0050	Level II Musculoskeletal Procedures Except Hand and Foot	T	24.7044	$1,410.57		$282.11
0051	Level III Musculoskeletal Procedures Except Hand and Foot	T	36.1086	$2,061.73		$412.35
0052	Level IV Musculoskeletal Procedures Except Hand and Foot	T	43.8069	$2,501.29		$500.26
0053	Level I Hand Musculoskeletal Procedures	T	15.6402	$893.02	$253.49	$178.60
0054	Level II Hand Musculoskeletal Procedures	T	25.0921	$1,432.71		$286.54
0055	Level I Foot Musculoskeletal Procedures	T	19.5232	$1,114.74	$355.34	$222.95
0056	Level II Foot Musculoskeletal Procedures	T	26.7017	$1,524.61	$405.81	$304.92
0057	Bunion Procedures	T	27.1422	$1,549.77	$475.91	$309.95
0058	Level I Strapping and Cast Application	S	1.1094	$63.34		$12.67
0060	Manipulation Therapy	S	0.4885	$27.89		$5.58
0068	CPAP Initiation	S	1.1723	$66.94	$29.48	$13.39

Addendum A. - List of Ambulatory Payment Classifications (APCs) with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts Calendar Year 2005

APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0069	Thoracoscopy	T	29.9568	$1,710.47	$591.64	$342.09
0070	Thoracentesis/Lavage Procedures	T	3.3485	$191.19		$38.24
0071	Level I Endoscopy Upper Airway	T	0.7525	$42.97	$11.54	$8.59
0072	Level II Endoscopy Upper Airway	T	1.3868	$79.18	$21.26	$15.84
0073	Level III Endoscopy Upper Airway	T	3.9506	$225.57	$73.38	$45.11
0074	Level IV Endoscopy Upper Airway	T	16.1846	$924.11	$295.70	$184.82
0075	Level V Endoscopy Upper Airway	T	21.1137	$1,205.55	$445.92	$241.11
0076	Level I Endoscopy Lower Airway	T	9.4817	$541.39	$189.82	$108.28
0077	Level I Pulmonary Treatment	S	0.3092	$17.65	$7.74	$3.53
0078	Level II Pulmonary Treatment	S	0.8207	$46.86	$14.55	$9.37
0079	Ventilation Initiation and Management	S	2.0455	$116.79		$23.36
0080	Diagnostic Cardiac Catheterization	T	36.5106	$2,084.68	$838.92	$416.94
0081	Non-Coronary Angioplasty or Atherectomy	T	31.2963	$1,786.96		$357.39
0082	Coronary Atherectomy	T	98.4762	$5,622.79	$1,209.50	$1,124.56
0083	Coronary Angioplasty and Percutaneous Valvuloplasty	T	52.8967	$3,020.30		$604.06
0084	Level I Electrophysiologic Evaluation	S	10.6492	$608.05		$121.61
0085	Level II Electrophysiologic Evaluation	T	35.0395	$2,000.69	$426.25	$400.14
0086	Ablate Heart Dysrhythm Focus	T	43.9843	$2,511.42	$833.33	$502.28
0087	Cardiac Electrophysiologic Recording/Mapping	T	35.5739	$2,031.20		$406.24
0088	Thrombectomy	T	36.2110	$2,067.58	$655.22	$413.52
0089	Insertion/Replacement of Permanent Pacemaker and Electrodes	T	109.1734	$6,233.58	$1,679.38	$1,246.72
0090	Insertion/Replacement of Pacemaker Pulse Generator	T	86.5117	$4,939.65	$1,544.11	$987.93
0091	Level II Vascular Ligation	T	30.1019	$1,718.76	$348.23	$343.75
0092	Level I Vascular Ligation	T	27.2783	$1,557.54	$505.37	$311.51
0093	Vascular Reconstruction/Fistula Repair without Device	T	24.5670	$1,402.73		$280.55
0094	Level I Resuscitation and Cardioversion	S	2.7247	$155.57	$48.58	$31.11
0095	Cardiac Rehabilitation	S	0.6086	$34.75	$15.63	$6.95
0096	Non-Invasive Vascular Studies	S	1.7208	$98.25	$44.21	$19.65
0097	Cardiac and Ambulatory Blood Pressure Monitoring	X	1.0315	$58.90	$23.80	$11.78
0098	Injection of Sclerosing Solution	T	1.3532	$77.27		$15.45
0099	Electrocardiograms	S	0.3835	$21.90		$4.38
0100	Cardiac Stress Tests	X	2.5336	$144.66	$41.44	$28.93
0101	Tilt Table Evaluation	S	4.4294	$252.91	$105.27	$50.58
0103	Miscellaneous Vascular Procedures	T	13.2856	$758.58	$223.63	$151.72
0104	Transcatheter Placement of Intracoronary Stents	T	81.9772	$4,680.73		$936.15
0105	Revision/Removal of Pacemakers, AICD, or Vascular	T	21.1754	$1,209.07	$370.40	$241.81
0106	Insertion/Replacement/Repair of Pacemaker and/or Electrodes	T	52.6887	$3,008.42		$601.68
0107	Insertion of Cardioverter-Defibrillator	T	301.2105	$17,198.50	$3,458.69	$3,439.70
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads	T	404.4663	$23,094.20		$4,618.84
0109	Removal of Implanted Devices	T	7.6069	$434.34	$131.49	$86.87
0110	Transfusion	S	3.7794	$215.80		$43.16
0111	Blood Product Exchange	S	12.9206	$737.74	$200.18	$147.55
0112	Apheresis, Photopheresis, and Plasmapheresis	S	37.7298	$2,154.30	$612.47	$430.86
0113	Excision Lymphatic System	T	21.1249	$1,206.19		$241.24
0114	Thyroid/Lymphadenectomy Procedures	T	40.0004	$2,283.94	$485.91	$456.79
0115	Cannula/Access Device Procedures	T	25.7685	$1,471.33	$459.35	$294.27
0116	Chemotherapy Administration by Other Technique Except Infusion	S	1.0913	$62.31		$12.46
0117	Chemotherapy Administration by Infusion Only	S	2.9002	$165.60	$42.53	$33.12
0119	Implantation of Infusion Pump	T	120.3656	$6,872.64		$1,374.53
0120	Infusion Therapy Except Chemotherapy	T	1.9428	$110.93	$28.21	$22.19
0121	Level I Tube changes and Repositioning	T	2.3062	$131.68	$43.80	$26.34
0122	Level II Tube changes and Repositioning	T	8.0675	$460.64	$94.47	$92.13
0123	Bone Marrow Harvesting and Bone Marrow/Stem Cell Transplant	S	9.9408	$567.60		$113.52
0124	Revision of Implanted Infusion Pump	T	20.1279	$1,149.26		$229.85

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0125	Refilling of Infusion Pump	T	2.0894	$119.30		$23.86
0130	Level I Laparoscopy	T	31.7373	$1,812.14	$659.53	$362.43
0131	Level II Laparoscopy	T	43.0468	$2,457.89	$1,001.89	$491.58
0132	Level III Laparoscopy	T	61.3910	$3,505.30	$1,239.22	$701.06
0140	Esophageal Dilation without Endoscopy	T	6.5633	$374.75	$107.24	$74.95
0141	Level I Upper GI Procedures	T	8.1355	$464.52	$143.38	$92.90
0142	Small Intestine Endoscopy	T	8.8130	$503.20	$152.78	$100.64
0143	Lower GI Endoscopy	T	8.6749	$495.32	$186.06	$99.06
0146	Level I Sigmoidoscopy	T	4.3813	$250.16	$64.40	$50.03
0147	Level II Sigmoidoscopy	T	8.1297	$464.19		$92.84
0148	Level I Anal/Rectal Procedure	T	4.6541	$265.74	$63.38	$53.15
0149	Level III Anal/Rectal Procedure	T	17.9138	$1,022.84	$293.06	$204.57
0150	Level IV Anal/Rectal Procedure	T	23.2962	$1,330.17	$437.12	$266.03
0151	Endoscopic Retrograde Cholangio-Pancreatography (ERCP)	T	18.8390	$1,075.67	$245.46	$215.13
0152	Level I Percutaneous Abdominal and Biliary Procedures	T	12.0879	$690.19		$138.04
0153	Peritoneal and Abdominal Procedures	T	23.9175	$1,365.64	$410.87	$273.13
0154	Hernia/Hydrocele Procedures	T	28.2782	$1,614.63	$464.85	$322.93
0155	Level II Anal/Rectal Procedure	T	13.2526	$756.70	$188.89	$151.34
0156	Level II Urinary and Anal Procedures	T	2.4996	$142.72	$40.52	$28.54
0157	Colorectal Cancer Screening: Barium Enema	S	2.5594	$146.14		$29.23
0158	Colorectal Cancer Screening: Colonoscopy	T	7.7973	$445.21		$111.30
0159	Colorectal Cancer Screening: Flexible Sigmoidoscopy	S	2.8560	$163.07		$40.77
0160	Level I Cystourethroscopy and other Genitourinary Procedures	T	6.8470	$390.95	$105.06	$78.19
0161	Level II Cystourethroscopy and other Genitourinary Procedures	T	17.9404	$1,024.36	$249.36	$204.87
0162	Level III Cystourethroscopy and other Genitourinary Procedures	T	23.1717	$1,323.06		$264.61
0163	Level IV Cystourethroscopy and other Genitourinary Procedures	T	36.3924	$2,077.93		$415.59
0164	Level I Urinary and Anal Procedures	T	1.2651	$72.23	$17.59	$14.45
0165	Level III Urinary and Anal Procedures	T	16.4914	$941.63		$188.33
0166	Level I Urethral Procedures	T	17.9019	$1,022.16	$218.73	$204.43
0167	Level III Urethral Procedures	T	28.6337	$1,634.93	$554.85	$326.99
0168	Level II Urethral Procedures	T	30.4194	$1,736.89	$405.60	$347.38
0169	Lithotripsy	T	45.1513	$2,578.05	$1,115.69	$515.61
0170	Dialysis	S	6.6759	$381.18		$76.24
0180	Circumcision	T	19.8907	$1,135.72	$304.87	$227.14
0181	Penile Procedures	T	31.5878	$1,803.60	$621.82	$360.72
0183	Testes/Epididymis Procedures	T	23.1967	$1,324.49		$264.90
0184	Prostate Biopsy	T	4.2147	$240.65	$96.27	$48.13
0187	Miscellaneous Placement/Repositioning	T	3.8434	$219.45		$43.89
0188	Level II Female Reproductive Proc	T	1.1133	$63.57		$12.71
0189	Level III Female Reproductive Proc	T	2.1850	$124.76		$24.95
0190	Level I Hysteroscopy	T	20.6906	$1,181.39	$424.28	$236.28
0191	Level I Female Reproductive Proc	T	0.1898	$10.84	$2.93	$2.17
0192	Level IV Female Reproductive Proc	T	3.9119	$223.36		$44.67
0193	Level V Female Reproductive Proc	T	13.8912	$793.16	$165.35	$158.63
0194	Level VIII Female Reproductive Proc	T	19.3837	$1,106.77	$397.84	$221.35
0195	Level IX Female Reproductive Proc	T	26.6562	$1,522.02	$483.80	$304.40
0196	Dilation and Curettage	T	17.0819	$975.34	$338.23	$195.07
0197	Infertility Procedures	T	2.0508	$117.10		$23.42
0198	Pregnancy and Neonatal Care Procedures	T	1.3657	$77.98	$32.19	$15.60
0200	Level VII Female Reproductive Proc	T	14.9004	$850.78	$266.79	$170.16
0201	Level VI Female Reproductive Proc	T	18.3567	$1,048.13	$329.65	$209.63
0202	Level X Female Reproductive Proc	T	39.9618	$2,281.74	$1,026.78	$456.35
0203	Level IV Nerve Injections	T	13.8105	$788.55	$276.76	$157.71
0204	Level I Nerve Injections	T	2.1898	$125.03	$40.13	$25.01

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0206	Level II Nerve Injections	T	5.4794	$312.86	$75.55	$62.57
0207	Level III Nerve Injections	T	5.8711	$335.23	$87.79	$67.05
0208	Laminotomies and Laminectomies	T	42.6390	$2,434.60		$486.92
0209	Extended EEG Studies and Sleep Studies, Level II	S	11.7070	$668.45	$280.58	$133.69
0212	Nervous System Injections	T	3.0342	$173.25	$74.67	$34.65
0213	Extended EEG Studies and Sleep Studies, Level I	S	3.4836	$198.91	$65.74	$39.78
0214	Electroencephalogram	S	2.2976	$131.19	$58.12	$26.24
0215	Level I Nerve and Muscle Tests	S	0.6655	$38.00	$15.76	$7.60
0216	Level III Nerve and Muscle Tests	S	2.6360	$150.51		$30.10
0218	Level II Nerve and Muscle Tests	S	1.1542	$65.90		$13.18
0220	Level I Nerve Procedures	T	17.4557	$996.69		$199.34
0221	Level II Nerve Procedures	T	26.1283	$1,491.87	$463.62	$298.37
0222	Implantation of Neurological Device	T	207.4621	$11,845.60		$2,369.13
0223	Implantation or Revision of Pain Management Catheter	T	27.1757	$1,551.68		$310.34
0224	Implantation of Reservoir/Pump/Shunt	T	37.8581	$2,161.62	$453.41	$432.32
0225	Level I Implantation of Neurostimulator Electrodes	S	213.3580	$12,182.30		$2,436.46
0226	Implantation of Drug Infusion Reservoir	T	48.1100	$2,746.98		$549.40
0227	Implantation of Drug Infusion Device	T	147.4115	$8,416.90		$1,683.38
0228	Creation of Lumbar Subarachnoid Shunt	T	42.6965	$2,437.88	$546.07	$487.58
0229	Transcatherter Placement of Intravascular Shunts	T	59.3213	$3,387.13	$771.23	$677.43
0230	Level I Eye Tests & Treatments	S	0.8036	$45.88	$14.97	$9.18
0231	Level III Eye Tests & Treatments	S	2.0475	$116.91	$45.60	$23.38
0232	Level I Anterior Segment Eye Procedures	T	6.9534	$397.03	$103.17	$79.41
0233	Level II Anterior Segment Eye Procedures	T	14.8258	$846.52	$266.33	$169.30
0234	Level III Anterior Segment Eye Procedures	T	22.2939	$1,272.94	$511.31	$254.59
0235	Level I Posterior Segment Eye Procedures	T	5.1522	$294.18	$72.04	$58.84
0236	Level II Posterior Segment Eye Procedures	T	21.3988	$1,221.83		$244.37
0237	Level III Posterior Segment Eye Procedures	T	34.7405	$1,983.61	$818.54	$396.72
0238	Level I Repair and Plastic Eye Procedures	T	2.9161	$166.50		$33.30
0239	Level II Repair and Plastic Eye Procedures	T	6.7303	$384.29		$76.86
0240	Level III Repair and Plastic Eye Procedures	T	18.1670	$1,037.30	$315.31	$207.46
0241	Level IV Repair and Plastic Eye Procedures	T	23.7791	$1,357.74	$384.47	$271.55
0242	Level V Repair and Plastic Eye Procedures	T	30.3970	$1,735.61	$597.36	$347.12
0243	Strabismus/Muscle Procedures	T	22.6568	$1,293.66	$431.39	$258.73
0244	Corneal Transplant	T	39.6410	$2,263.42	$803.26	$452.68
0245	Level I Cataract Procedures without IOL Insert	T	14.0851	$804.23	$222.22	$160.85
0246	Cataract Procedures with IOL Insert	T	23.4763	$1,340.45	$495.96	$268.09
0247	Laser Eye Procedures Except Retinal	T	5.1315	$293.00	$104.31	$58.60
0248	Laser Retinal Procedures	T	4.9612	$283.27	$95.08	$56.65
0249	Level II Cataract Procedures without IOL Insert	T	28.4466	$1,624.24	$524.67	$324.85
0250	Nasal Cauterization/Packing	T	1.3930	$79.54	$27.84	$15.91
0251	Level I ENT Procedures	T	1.9490	$111.28		$22.26
0252	Level II ENT Procedures	T	6.5732	$375.32	$113.41	$75.06
0253	Level III ENT Procedures	T	15.9924	$913.13	$282.29	$182.63
0254	Level IV ENT Procedures	T	23.5464	$1,344.45	$321.35	$268.89
0256	Level V ENT Procedures	T	37.1347	$2,120.32		$424.06
0258	Tonsil and Adenoid Procedures	T	21.5810	$1,232.23	$437.25	$246.45
0259	Level VI ENT Procedures	T	414.8416	$23,686.60	$9,394.83	$4,737.33
0260	Level I Plain Film Except Teeth	X	0.7772	$44.38	$19.97	$8.88
0261	Level II Plain Film Except Teeth Including Bone Density Measurement	X	1.3469	$76.91		$15.38
0262	Plain Film of Teeth	X	1.5454	$88.24		$17.65
0263	Level I Miscellaneous Radiology Procedures	X	1.8603	$106.22	$38.77	$21.24
0264	Level II Miscellaneous Radiology Procedures	X	3.4100	$194.70	$79.41	$38.94
0265	Level I Diagnostic Ultrasound Except Vascular	S	1.0564	$60.32	$27.14	$12.06

Addendum A. - List of Ambulatory Payment Classifications (APCs) with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts Calendar Year 2005

APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0266	Level II Diagnostic Ultrasound Except Vascular	S	1.6405	$93.67	$42.15	$18.73
0267	Level III Diagnostic Ultrasound Except Vascular	S	2.4509	$139.94	$62.97	$27.99
0268	Ultrasound Guidance Procedures	S	1.3041	$74.46		$14.89
0269	Level III Echocardiogram Except Transesophageal	S	3.2844	$187.53	$84.38	$37.51
0270	Transesophageal Echocardiogram	S	6.1563	$351.51	$146.79	$70.30
0272	Level I Fluoroscopy	X	1.3987	$79.86	$35.93	$15.97
0274	Myelography	S	3.3577	$191.72	$86.27	$38.34
0275	Arthrography	S	3.5532	$202.88	$69.09	$40.58
0276	Level I Digestive Radiology	S	1.5930	$90.96	$40.93	$18.19
0277	Level II Digestive Radiology	S	2.4600	$140.46	$60.47	$28.09
0278	Diagnostic Urography	S	2.8759	$164.21	$66.07	$32.84
0279	Level II Angiography and Venography except Extremity	S	9.0059	$514.22	$153.66	$102.84
0280	Level III Angiography and Venography except Extremity	S	20.4714	$1,168.88	$353.85	$233.78
0281	Venography of Extremity	S	7.3009	$416.87	$115.16	$83.37
0282	Miscellaneous Computerized Axial Tomography	S	1.7163	$98.00	$44.10	$19.60
0283	Computerized Axial Tomography with Contrast Material	S	4.7898	$273.49	$123.07	$54.70
0284	Magnetic Resonance Imaging and Magnetic Resonance Angiography with Contras	S	6.8635	$391.89	$176.35	$78.38
0285	Myocardial Positron Emission Tomography (PET)	S	12.0951	$690.61	$299.16	$138.12
0287	Complex Venography	S	8.4411	$481.97	$111.33	$96.39
0288	Bone Density Axial Skeleton	S	1.2814	$73.17		$14.63
0289	Needle Localization for Breast Biopsy	X	1.5759	$89.98	$21.17	$18.00
0296	Level I Therapeutic Radiologic Procedures	S	2.3571	$134.59	$59.61	$26.92
0297	Level II Therapeutic Radiologic Procedures	S	5.1442	$293.72	$120.38	$58.74
0299	Miscellaneous Radiation Treatment	S	5.8011	$331.23		$66.25
0300	Level I Radiation Therapy	S	1.5378	$87.81		$17.56
0301	Level II Radiation Therapy	S	2.1866	$124.85		$24.97
0302	Level III Radiation Therapy	S	5.4746	$312.59	$118.42	$62.52
0303	Treatment Device Construction	X	2.8928	$165.17	$66.95	$33.03
0304	Level I Therapeutic Radiation Treatment Preparation	X	1.7210	$98.27	$41.52	$19.65
0305	Level II Therapeutic Radiation Treatment Preparation	X	3.9600	$226.11	$91.38	$45.22
0310	Level III Therapeutic Radiation Treatment Preparation	X	14.2195	$811.91	$325.27	$162.38
0312	Radioelement Applications	S	4.3901	$250.67		$50.13
0313	Brachytherapy	S	14.0680	$803.25		$160.65
0314	Hyperthermic Therapies	S	4.0235	$229.73	$93.07	$45.95
0315	Level II Implantation of Neurostimulator	T	355.3811	$20,291.50		$4,058.31
0320	Electroconvulsive Therapy	S	5.3551	$305.77	$80.06	$61.15
0321	Biofeedback and Other Training	S	1.4268	$81.47	$21.78	$16.29
0322	Brief Individual Psychotherapy	S	1.2681	$72.41		$14.48
0323	Extended Individual Psychotherapy	S	1.7705	$101.09	$21.08	$20.22
0324	Family Psychotherapy	S	2.9372	$167.71		$33.54
0325	Group Psychotherapy	S	1.4790	$84.45	$18.27	$16.89
0330	Dental Procedures	S	11.7764	$672.41		$134.48
0332	Computerized Axial Tomography and Computerized Angiography without Contras	S	3.4158	$195.04	$87.76	$39.01
0333	Computerized Axial Tomography and Computerized Angio w/o Contrast Material	S	5.6606	$323.21	$145.44	$64.64
0335	Magnetic Resonance Imaging, Miscellaneous	S	6.1474	$351.00	$151.46	$70.20
0336	Magnetic Resonance Imaging and Magnetic Resonance Angiography without Cont	S	6.3742	$363.95	$163.77	$72.79
0337	MRI and Magnetic Resonance Angiography without Contrast Material followed	S	9.2199	$526.44	$236.89	$105.29
0339	Observation	S	7.0750	$403.97		$80.79
0340	Minor Ancillary Procedures	X	0.6454	$36.85		$7.37
0341	Skin Tests	X	0.1128	$6.44	$2.62	$1.29
0342	Level I Pathology	X	0.2077	$11.86	$5.33	$2.37
0343	Level II Pathology	X	0.4339	$24.77	$11.14	$4.95

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0344	Level III Pathology	X	0.6127	$34.98	$15.74	$7.00
0345	Level I Transfusion Laboratory Procedures	X	0.2432	$13.89	$3.10	$2.78
0346	Level II Transfusion Laboratory Procedures	X	0.3615	$20.64	$5.21	$4.13
0347	Level III Transfusion Laboratory Procedures	X	0.9454	$53.98	$13.20	$10.80
0348	Fertility Laboratory Procedures	X	0.7716	$44.06		$8.81
0352	Level I Injections	X	0.1209	$6.90		$1.38
0353	Level II Allergy Injections	X	0.4013	$22.91		$4.58
0355	Level I Immunizations	K	0.3164	$18.07		$3.61
0356	Level II Immunizations	K	0.6483	$37.02		$7.40
0359	Level II Injections	X	0.8744	$49.93		$9.99
0360	Level I Alimentary Tests	X	1.6842	$96.16	$42.45	$19.23
0361	Level II Alimentary Tests	X	3.6851	$210.41	$83.23	$42.08
0362	Contact Lens and Spectacle Services	X	1.1152	$63.68		$12.74
0363	Level I Otorhinolaryngologic Function Tests	X	0.8634	$49.30	$17.44	$9.86
0364	Level I Audiometry	X	0.4828	$27.57	$9.06	$5.51
0365	Level II Audiometry	X	1.2835	$73.29	$18.95	$14.66
0367	Level I Pulmonary Test	X	0.5901	$33.69	$15.16	$6.74
0368	Level II Pulmonary Tests	X	0.9544	$54.49	$24.52	$10.90
0369	Level III Pulmonary Tests	X	2.7466	$156.83	$44.18	$31.37
0370	Allergy Tests	X	1.0088	$57.60	$11.58	$11.52
0371	Level I Allergy Injections	X	0.4238	$24.20		$4.84
0372	Therapeutic Phlebotomy	X	0.5720	$32.66	$10.09	$6.53
0373	Neuropsychological Testing	X	2.3631	$134.93		$26.99
0374	Monitoring Psychiatric Drugs	X	1.1042	$63.05		$12.61
0375	Ancillary Outpatient Services When Patient Expires	T		$2,757.68		$551.54
0376	Level II Cardiac Imaging	S	4.9331	$281.67	$121.42	$56.33
0377	Level III Cardiac Imaging	S	7.0824	$404.39	$181.97	$80.88
0378	Level II Pulmonary Imaging	S	5.6109	$320.37	$144.16	$64.07
0379	Injection adenosine 6 MG	K	0.2175	$12.42		$2.48
0380	Dipyridamole injection	K	0.2075	$11.85		$2.37
0384	GI Procedures with Stents	T	25.8772	$1,477.54	$320.91	$295.51
0385	Level I Prosthetic Urological Procedures	S	65.9789	$3,767.26		$753.45
0386	Level II Prosthetic Urological Procedures	S	108.5769	$6,199.52		$1,239.90
0387	Level II Hysteroscopy	T	30.0907	$1,718.12	$655.55	$343.62
0388	Discography	S	11.8142	$674.57	$303.19	$134.91
0389	Non-imaging Nuclear Medicine	S	1.7968	$102.59	$44.54	$20.52
0390	Level I Endocrine Imaging	S	2.9219	$166.83	$75.07	$33.37
0391	Level II Endocrine Imaging	S	3.3269	$189.96	$85.48	$37.99
0393	Red Cell/Plasma Studies	S	4.6803	$267.24	$120.25	$53.45
0394	Hepatobiliary Imaging	S	4.6217	$263.89	$118.75	$52.78
0395	GI Tract Imaging	S	4.0139	$229.19	$103.13	$45.84
0396	Bone Imaging	S	4.2340	$241.75	$108.78	$48.35
0397	Vascular Imaging	S	2.6037	$148.67	$60.51	$29.73
0398	Level I Cardiac Imaging	S	4.5797	$261.49	$117.67	$52.30
0399	Nuclear Medicine Add-on Imaging	S	1.6064	$91.72	$41.27	$18.34
0400	Hematopoietic Imaging	S	4.1317	$235.91	$104.32	$47.18
0401	Level I Pulmonary Imaging	S	3.3920	$193.68	$87.15	$38.74
0402	Brain Imaging	S	5.2547	$300.03	$135.01	$60.01
0403	CSF Imaging	S	3.6890	$210.63	$94.78	$42.13
0404	Renal and Genitourinary Studies Level I	S	3.9790	$227.19	$101.76	$45.44
0405	Renal and Genitourinary Studies Level II	S	4.4678	$255.10	$114.79	$51.02
0406	Tumor/Infection Imaging	S	4.5474	$259.65	$116.84	$51.93
0407	Radionuclide Therapy	S	4.4917	$256.47	$97.77	$51.29
0409	Red Blood Cell Tests	X	0.1277	$7.29	$2.23	$1.46

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0411	Respiratory Procedures	S	0.4299	$24.55		$4.91
0412	IMRT Treatment Delivery	S	5.3903	$307.78		$61.58
0415	Level II Endoscopy Lower Airway	T	21.2703	$1,214.49	$459.92	$242.90
0416	Level I Intravenous and Intracardiac Ultrasound and Flow Reserve	S	4.4669	$255.05	$92.37	$51.01
0417	Computerized Reconstruction	S	4.3258	$246.99		$49.40
0418	Insertion of Left Ventricular Pacing Elect.	T	78.0525	$4,456.64		$891.33
0419	Proton Beam Radiation Therapy	S	11.8798	$678.31		$135.66
0420	PET Imaging	S	15.7385	$898.64		$179.73
0421	Prolonged Physiologic Monitoring	X	1.8195	$103.88		$20.78
0422	Level II Upper GI Procedures	T	22.3214	$1,274.51		$254.98
0423	Level II Percutaneous Abdominal and Biliary Procedures	T	29.0678	$1,659.71		$331.94
0424	Drug Administration In Clinical Trial	S	3.2393	$184.96		$36.99
0425	Level II Arthroplasty with Prosthesis	T	99.7643	$5,696.34	$1,411.22	$1,139.27
0426	Level II Strapping and Cast Application	S	2.0113	$114.84		$22.97
0600	Low Level Clinic Visits	V	0.9153	$52.26		$10.45
0601	Mid Level Clinic Visits	V	0.9872	$56.37		$11.27
0602	High Level Clinic Visits	V	1.4126	$80.66		$16.13
0610	Low Level Emergency Visits	V	1.3646	$77.92	$19.57	$15.58
0611	Mid Level Emergency Visits	V	2.4057	$137.36	$36.16	$27.47
0612	High Level Emergency Visits	V	4.0940	$233.76	$54.12	$46.75
0620	Critical Care	S	8.8673	$512.01	$142.30	$102.40
0648	Breast Reconstruction with Prosthesis	T	49.4601	$2,825.21		$565.04
0651	Complex Interstitial Radiation Source Application	S	25.6867	$1,466.66		$293.33
0652	Insertion of Intraperitoneal Catheters	T	27.9061	$1,593.38		$318.68
0653	Vascular Reconstruction/Fistula Repair with Device	T	28.1900	$1,609.59		$321.92
0654	Insertion/Replacement of a permanent dual chamber pacemaker	T	104.1200	$5,945.04		$1,189.01
0655	Insertion/Replacement/Conversion of a permanent dual chamber pacemaker	T	135.7710	$7,752.25		$1,550.45
0656	Transcatheter Placement of Intracoronary Drug-Eluting Stents	T	104.5082	$5,967.10		$1,193.42
0657	Placement of Tissue Clips	S	1.8524	$105.77		$21.15
0658	Percutaneous Breast Biopsies	T	6.7367	$384.65		$76.93
0659	Hyperbaric Oxygen	S	1.4279	$81.53		$16.31
0660	Level II Otorhinolaryngologic Function Tests	X	1.6669	$95.18	$30.66	$19.04
0661	Level IV Pathology	X	3.5389	$202.08	$88.87	$40.41
0662	CT Angiography	S	5.6149	$320.60	$144.26	$64.12
0664	Level I Proton Beam Radiation Therapy	S	9.9301	$566.99		$113.40
0665	Bone Density:AppendicularSkeleton	S	0.7777	$44.41		$8.88
0668	Level I Angiography and Venography except Extremity	S	6.7393	$384.80	$114.99	$76.96
0670	Level II Intravenous and Intracardiac Ultrasound and Flow Reserve	S	29.7495	$1,698.64	$542.37	$339.73
0671	Level II Echocardiogram Except Transesophageal	S	1.7247	$98.48	$44.31	$19.70
0672	Level IV Posterior Segment Procedures	T	40.1207	$2,290.81	$986.43	$458.16
0673	Level IV Anterior Segment Eye Procedures	T	29.0716	$1,659.93	$649.56	$331.99
0674	Prostate Cryoablation	T	111.5690	$6,370.37		$1,274.07
0675	Prostatic Thermotherapy	T	46.7737	$2,670.68		$534.14
0676	Level II Thrombolysis and Thrombectomy	T	4.3038	$245.74		$49.15
0677	Level I Thrombolysis and Thrombectomy	T	2.5825	$146.31		$29.26
0678	External Counterpulsation	T	1.8456	$105.38		$21.08
0679	Level II Resuscitation and Cardioversion	S	5.6465	$322.40	$95.30	$64.48
0680	Insertion of Patient Activated Event Recorders	S	64.0980	$3,659.87		$731.97
0681	Knee Arthroplasty	T	92.1163	$5,259.66	$2,093.11	$1,051.93
0682	Level V Debridement & Destruction	T	7.5273	$429.79	$170.21	$85.96
0683	Level II Photochemotherapy	S	2.4306	$138.78	$30.42	$27.76
0685	Level III Needle Biopsy/Aspiration Except Bone Marrow	T	5.8959	$336.64	$115.47	$67.33
0686	Level III Skin Repair	T	6.7412	$384.91	$173.20	$76.98
0687	Revision/Removal of Neurostimulator Electrodes	T	20.2192	$1,154.48	$513.05	$230.90

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0688	Revision/Removal of Neurostimulator Pulse Generator Receiver	T	42.5576	$2,429.95	$1,093.47	$485.99
0689	Electronic Analysis of Cardioverter-defibrillators	S	0.5894	$33.65		$6.73
0690	Electronic Analysis of Pacemakers and other Cardiac Devices	S	0.3994	$22.80	$10.26	$4.56
0691	Electronic Analysis of Programmable Shunts/Pumps	S	2.4955	$142.49	$64.12	$28.50
0692	Electronic Analysis of Neurostimulator Pulse Generators	S	2.0004	$114.22	$30.16	$22.84
0693	Level II Breast Reconstruction	T	41.0228	$2,342.32	$798.17	$468.46
0694	Mohs Surgery	T	4.2372	$241.94	$64.93	$48.39
0695	Level VII Debridement & Destruction	T	20.6606	$1,179.68	$266.59	$235.94
0697	Level I Echocardiogram Except Transesophageal	S	1.5260	$87.13	$39.20	$17.43
0698	Level II Eye Tests & Treatments	S	1.4652	$83.66	$18.72	$16.73
0699	Level IV Eye Tests & Treatments	T	9.8497	$562.40		$112.48
0700	Antepartum Manipulation	T	3.2254	$184.16	$37.13	$36.83
0701	SR 89 chloride, per mCi	K	7.1886	$410.45		$82.09
0702	SM 153 lexidronam, 50 mCi	K	16.0584	$916.90		$183.38
0704	IN 111 Satumomab pendetide per dose	K		$1,390.25		$278.05
0705	Technetium TC99M tetrofosmin	K		$104.58		$20.92
0726	Dexrazoxane hcl injection, 250 mg	K		$113.28		$22.66
0728	Filgrastim 300 mcg injection	K		$162.41		$32.48
0730	Pamidronate disodium , 30 mg	K		$128.74		$25.75
0731	Sargramostim injection	K		$25.39		$5.08
0732	Mesna injection 200 mg	K		$17.66		$3.53
0733	Non esrd epoetin alpha inj, 1000 u	K		$11.09		$2.22
0734	Injection, darbepoetin alfa (for non-ESRD), per 1 mcg	K		$4.14		$0.83
0735	Ampho b cholesteryl sulfate	K		$15.20		$3.04
0736	Amphotericin b liposome inj	K		$31.27		$6.25
0737	Ammonia N-13, per dose	K		$111.91		$22.38
0738	Rasburicase	G		$105.87		
0750	Dolasetron mesylate	K		$14.38		$2.88
0763	Dolasetron mesylate oral	K		$63.28		$12.66
0764	Granisetron HCl injection	K		$16.20		$3.24
0765	Granisetron HCl 1 mg oral	K		$39.04		$7.81
0768	Ondansetron hcl injection	K		$5.54		$1.11
0769	Ondasetron hcl oral	K		$26.12		$5.22
0800	Leuprolide acetate, 3.75 mg	K		$451.98		$90.40
0802	Etoposide oral 50 mg	K		$21.91		$4.38
0807	Aldesleukin/single use vial	K		$680.35		$136.07
0809	Bcg live intravesical vac	K		$139.90		$27.98
0810	Goserelin acetate implant 3.6 mg	K		$390.09		$78.02
0811	Carboplatin injection 50 mg	K		$129.96		$25.99
0813	Cisplatin 10 mg injection	K		$7.73		$1.55
0814	Asparaginase injection	K		$54.71		$10.94
0815	Cyclophosphamide 100 MG inj	K		$2.77		$0.55
0816	Cyclophosphamide lyophilized	K		$2.36		$0.47
0817	Cytarabine hcl 100 MG inj	K		$1.55		$0.31
0819	Dacarbazine 100 mg inj	K		$6.14		$1.23
0820	Daunorubicin 10 mg	K		$35.94		$7.19
0821	Daunorubicin citrate liposom 10 mg	K		$64.60		$12.92
0823	Docetaxel, 20 mg	K		$312.69		$62.54
0824	Etoposide 10 MG inj	K		$0.83		$0.17
0827	Floxuridine injection 500 mg	K		$66.24		$13.25
0828	Gemcitabine HCL 200 mg	K		$105.73		$21.15
0830	Irinotecan injection 20 mg	K		$127.33		$25.47
0831	Ifosfomide injection 1 gm	K		$72.81		$14.56
0832	Idarubicin hcl injection 5 mg	K	0.2357	$13.46		$2.69

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0834	Interferon alfa-2a inj	K		$30.48		$6.10
0836	Interferon alfa-2b inj recombinant, 1 million	K		$13.00		$2.60
0838	Interferon gamma 1-b inj, 3 million u	K	3.3927	$193.80		$38.76
0840	Melphalan hydrochl 50 mg	K		$367.03		$73.41
0842	Fludarabine phosphate inj 50 mg	K		$311.09		$62.22
0844	Pentostatin injection, 10 mg	K		$1,683.24		$336.65
0847	Doxorubic hcl 10 MG vl chemo	K		$4.69		$0.94
0849	Rituximab, 100 mg	K		$437.83		$87.57
0851	Thiotepa injection	K		$45.31		$9.06
0852	Topotecan, 4 mg	K		$697.76		$139.55
0855	Vinorelbine tartrate, 10 mg	K		$95.23		$19.05
0856	Porfimer sodium, 75 mg	K		$2,274.78		$454.96
0857	Bleomycin sulfate injection 15 u	K		$88.32		$17.66
0858	Cladribine, 1mg	K		$24.84		$4.97
0860	Plicamycin (mithramycin) inj	K		$93.80		$18.76
0861	Leuprolide acetate injection 1 mg	K		$14.48		$2.90
0862	Mitomycin 5 mg inj	K		$30.91		$6.18
0863	Paclitaxel injection, 30 mg	K		$79.04		$15.81
0864	Mitoxantrone hcl, 5 mg	K		$313.96		$62.79
0865	Interferon alfa-n3 inj, human leukocyte derived, 2	K		$8.17		$1.63
0887	Azathioprine parenteral	K		$30.18		$6.04
0888	Cyclosporine oral 100 mg	K	0.0317	$1.81		$0.36
0890	Lymphocyte immune globulin 250 mg	K		$243.50		$48.70
0891	Tacrolimus oral per 1 mg	K		$3.05		$0.61
0900	Alglucerase injection	K		$37.53		$7.51
0901	Alpha 1 proteinase inhibitor	K		$2.46		$0.49
0902	Botulinum toxin a, per unit	K		$4.32		$0.86
0903	Cytomegalovirus imm IV/vial	K		$622.13		$124.43
0905	Immune globulin, 1g	K		$68.48		$13.70
0906	RSV-ivig, 50 mg	K		$16.55		$3.31
0910	Interferon beta-1b /0.25 mg	K		$58.73		$11.75
0911	Streptokinase per 250,000 iu	K	0.7864	$43.87		$8.77
0916	Injection imiglucerase /unit	K		$3.75		$0.75
0917	Adenosine injection	K	0.3599	$20.46		$4.11
0925	Factor viii per iu	K		$0.76		$0.15
0926	Factor VIII (porcine) per iu	K		$1.78		$0.36
0927	Factor viii recombinant per iu	K		$1.10		$0.22
0928	Factor ix complex per iu	K		$0.32		$0.06
0929	Anti-inhibitor per iu	K		$1.25		$0.25
0931	Factor IX non-recombinant, per iu	K		$0.98		$0.20
0932	Factor IX recombinant, per iu	K		$0.98		$0.20
0949	Plasma, Pooled Multiple Donor, Solvent/Detergent T	K		$99.44		$19.89
0950	Blood (Whole) For Transfusion	K		$114.05		$22.81
0952	Cryoprecipitate	K		$50.59		$10.12
0954	RBC leukocytes reduced	K		$167.17		$33.43
0955	Plasma, Fresh Frozen	K		$49.19		$9.84
0956	Plasma Protein Fraction	K		$55.38		$11.08
0957	Platelet Concentrate	K		$48.92		$9.78
0958	Platelet Rich Plasma	K		$144.28		$28.86
0959	Red Blood Cells	K		$113.09		$22.62
0960	Washed Red Blood Cells	K		$163.49		$32.70
0961	Infusion, Albumin (Human) 5%, 50 ml	K	0.3410	$19.47		$3.89
0963	Albumin (human), 5%, 250 ml	K	1.0386	$59.30		$11.86
0964	Albumin (human), 25%, 20 ml	K	0.2304	$13.16		$2.63

Addendum A. - List of Ambulatory Payment Classifications (APCs) with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts Calendar Year 2005

APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0965	Albumin (human), 25%, 50ml	K	0.9798	$55.94		$11.19
0966	Plasmaprotein fract,5%,250ml	K		$142.75		$28.55
0967	Split unit of blood	K		$83.58		$16.72
0968	Platelets leukocyte reduced irradiated	K		$155.87		$31.17
0969	Red blood cell leukocyte reduced irradiated	K		$207.17		$41.43
1009	Cryoprecip reduced plasma	K		$56.92		$11.38
1010	Blood, L/R, CMV-neg	K		$169.50		$33.90
1011	Platelets, HLA-m, L/R, unit	K		$599.37		$119.87
1013	Platelet concentrate, L/R, unit	K		$87.30		$17.46
1016	Blood, L/R, froz/deglycerol/washed	K		$130.66		$26.13
1017	Platelets, aph/pher, L/R, CMV-neg, unit	K		$481.35		$96.27
1018	Blood, L/R, irradiated	K		$178.64		$35.73
1019	Platelets, aph/pher, L/R, irradiated, unit	K		$594.05		$118.81
1020	Plt, pher,L/R,CMV,irrad	K		$504.62		$100.92
1021	RBC, frz/deg/wsh, L/R, irrad	K		$232.27		$46.45
1022	RBC, L/R, CMV neg, irrad	K		$276.29		$55.26
1045	Iobenguane sulfate I-131per 0.5 mCi	K		$996.00		$199.20
1064	I-131 sodium iodide capsule	K	0.1156	$6.60		$1.32
1065	I-131 sodium iodide solution	K	0.1723	$9.84		$1.97
1079	CO 57/58 per 0.5 uCi	K		$221.78		$44.36
1080	I-131 tositumomab, dx	K		$2,241.00		$448.20
1081	I-131 tositumomab, tx	K		$19,422.00		$3,884.40
1084	Denileukin diftitox, 300 MCG	K		$1,232.88		$246.58
1086	Temozolomide,oral 5 mg	K		$6.42		$1.28
1089	Cyanocobalamin cobalt co57	K		$85.49		$17.10
1091	IN 111 Oxyquinoline, per .5 mCi	K		$373.50		$74.70
1092	IN 111 Pentetate, per 0.5 mCi	K		$224.10		$44.82
1095	Technetium TC 99M Depreotide	K		$38.00		$7.60
1096	TC 99M Exametazime, per dose	K		$778.13		$155.63
1122	TC 99M arcitumomab, per vial	K		$1,079.00		$215.80
1167	Epirubicin hcl, 2 mg	K		$24.14		$4.83
1178	Busulfan IV, 6 mg	K		$27.87		$5.57
1201	TC 99M SUCCIMER, PER Vial	K		$118.52		$23.70
1203	Verteporfin for injection	K		$1,274.05		$254.81
1207	Octreotide injection, depot	K	1.2552	$71.66		$14.33
1305	Apligraf	K		$1,130.88		$226.18
1409	Factor viia recombinant, per 1.2 mg	K		$1,410.34		$282.07
1501	New Technology - Level I ($0 - $50)	S		$25.00		$5.00
1502	New Technology - Level II ($50 - $100)	S		$75.00		$15.00
1503	New Technology - Level III ($100 - $200)	S		$150.00		$30.00
1504	New Technology - Level IV ($200 - $300)	S		$250.00		$50.00
1505	New Technology - Level V ($300 - $400)	S		$350.00		$70.00
1506	New Technology - Level VI ($400 - $500)	S		$450.00		$90.00
1507	New Technology - Level VII ($500 - $600)	S		$550.00		$110.00
1508	New Technology - Level VIII ($600 - $700)	S		$650.00		$130.00
1509	New Technology - Level IX ($700 - $800)	S		$750.00		$150.00
1510	New Technology - Level X ($800 - $900)	S		$850.00		$170.00
1511	New Technology - Level XI ($900 - $1000)	S		$950.00		$190.00
1512	New Technology - Level XII ($1000 - $1100)	S		$1,050.00		$210.00
1513	New Technology - Level XIII ($1100 - $1200)	S		$1,150.00		$230.00
1514	New Technology-Level XIV ($1200- $1300)	S		$1,250.00		$250.00
1515	New Technology - Level XV ($1300 - $1400)	S		$1,350.00		$270.00
1516	New Technology - Level XVI ($1400 - $1500)	S		$1,450.00		$290.00
1517	New Technology - Level XVII ($1500-$1600)	S		$1,550.00		$310.00

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
1518	New Technology - Level XVIII ($1600-$1700)	S		$1,650.00		$330.00
1519	New Technology - Level IXX ($1700-$1800)	S		$1,750.00		$350.00
1520	New Technology - Level XX ($1800-$1900)	S		$1,850.00		$370.00
1521	New Technology - Level XXI ($1900-$2000)	S		$1,950.00		$390.00
1522	New Technology - Level XXII ($2000-$2500)	S		$2,250.00		$450.00
1523	New Technology - Level XXIII ($2500-$3000)	S		$2,750.00		$550.00
1524	New Technology - Level XIV ($3000-$3500)	S		$3,250.00		$650.00
1525	New Technology - Level XXV ($3500-$4000)	S		$3,750.00		$750.00
1526	New Technology - Level XXVI ($4000-$4500)	S		$4,250.00		$850.00
1527	New Technology - Level XXVII ($4500-$5000)	S		$4,750.00		$950.00
1528	New Technology - Level XXVIII ($5000-$5500)	S		$5,250.00		$1,050.00
1529	New Technology - Level XXIX ($5500-$6000)	S		$5,750.00		$1,150.00
1530	New Technology - Level XXX ($6000-$6500)	S		$6,250.00		$1,250.00
1531	New Technology - Level XXXI ($6500-$7000)	S		$6,750.00		$1,350.00
1532	New Technology - Level XXXII ($7000-$7500)	S		$7,250.00		$1,450.00
1533	New Technology - Level XXXIII ($7500-$8000)	S		$7,750.00		$1,550.00
1534	New Technology - Level XXXIV ($8000-$8500)	S		$8,250.00		$1,650.00
1535	New Technology - Level XXXV ($8500-$9000)	S		$8,750.00		$1,750.00
1536	New Technology - Level XXXVI ($9000-$9500)	S		$9,250.00		$1,850.00
1537	New Technology - Level XXXVII ($9500-$10000)	S		$9,750.00		$1,950.00
1538	New Technology - Level I ($0 - $50)	T		$25.00		$5.00
1539	New Technology - Level II ($50 - $100)	T		$75.00		$15.00
1540	New Technology - Level III ($100 - $200)	T		$150.00		$30.00
1541	New Technology - Level IV ($200 - $300)	T		$250.00		$50.00
1542	New Technology - Level V ($300 - $400)	T		$350.00		$70.00
1543	New Technology - Level VI ($400 - $500)	T		$450.00		$90.00
1544	New Technology - Level VII ($500 - $600)	T		$550.00		$110.00
1545	New Technology - Level VIII ($600 - $700)	T		$650.00		$130.00
1546	New Technology - Level IX ($700 - $800)	T		$750.00		$150.00
1547	New Technology - Level X ($800 - $900)	T		$850.00		$170.00
1548	New Technology - Level XI ($900 - $1000)	T		$950.00		$190.00
1549	New Technology - Level XII ($1000 - $1100)	T		$1,050.00		$210.00
1550	New Technology - Level XIII ($1100 - $1200)	T		$1,150.00		$230.00
1551	New Technology-Level XIV ($1200- $1300)	T		$1,250.00		$250.00
1552	New Technology - Level XV ($1300 - $1400)	T		$1,350.00		$270.00
1553	New Technology - Level XVI ($1400 - $1500)	T		$1,450.00		$290.00
1554	New Technology - Level XVII ($1500-$1600)	T		$1,550.00		$310.00
1555	New Technology - Level XVIII ($1600-$1700)	T		$1,650.00		$330.00
1556	New Technology - Level XIX ($1700-$1800)	T		$1,750.00		$350.00
1557	New Technology - Level XX ($1800-$1900)	T		$1,850.00		$370.00
1558	New Technology - Level XXI ($1900-$2000)	T		$1,950.00		$390.00
1559	New Technology - Level XXII ($2000-$2500)	T		$2,250.00		$450.00
1560	New Technology - Level XXIII ($2500-$3000)	T		$2,750.00		$550.00
1561	New Technology - Level XXIV ($3000-$3500)	T		$3,250.00		$650.00
1562	New Technology - Level XXV ($3500-$4000)	T		$3,750.00		$750.00
1563	New Technology - Level XXVI ($4000-$4500)	T		$4,250.00		$850.00
1564	New Technology - Level XXVII ($4500-$5000)	T		$4,750.00		$950.00
1565	New Technology - Level XXVIII ($5000-$5500)	T		$5,250.00		$1,050.00
1566	New Technology - Level XXIX ($5500-$6000)	T		$5,750.00		$1,150.00
1567	New Technology - Level XXX ($6000-$6500)	T		$6,250.00		$1,250.00
1568	New Technology - Level XXXI ($6500-$7000)	T		$6,750.00		$1,350.00
1569	New Technology - Level XXXII ($7000-$7500)	T		$7,250.00		$1,450.00
1570	New Technology - Level XXXIII ($7500-$8000)	T		$7,750.00		$1,550.00
1571	New Technology - Level XXXIV ($8000-$8500)	T		$8,250.00		$1,650.00

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
1572	New Technology - Level XXXV ($8500-$9000)	T		$8,750.00		$1,750.00
1573	New Technology - Level XXXVI ($9000-$9500)	T		$9,250.00		$1,850.00
1574	New Technology - Level XXXVII ($9500-$10000)	T		$9,750.00		$1,950.00
1600	Technetium TC 99m sestamibi	K	1.8612	$106.32		$21.26
1602	Technetium tc 99m apcitide	K	7.2650	$415.00		$83.00
1603	Thallous chloride TL 201/mci	K		$18.29		$3.66
1604	IN 111 capromab pendetide, per dose	K		$1,915.23		$383.05
1605	Abciximab injection, 10 mg	K		$448.22		$89.64
1606	Anistreplase, 30 u	K		$2,353.53		$470.71
1607	Eptifibatide injection, 5mg	K		$11.21		$2.24
1608	Etanercept injection	K		$135.56		$27.11
1609	Rho(D) immune globulin h, sd, 100 iu	K		$17.95		$3.59
1611	Hylan G-F 20 injection, 16 mg	K		$203.70		$40.74
1612	Daclizumab, parenteral, 25 mg	K		$393.78		$78.76
1613	Trastuzumab, 10 mg	K		$50.79		$10.16
1615	Basiliximab, 20 mg	K		$1,425.06		$285.01
1618	Vonwillebrandfactrcmplx, per iu	K		$0.83		$0.17
1619	Gallium ga 67	K		$27.10		$5.42
1620	Technetium tc99m bicisate	K		$370.60		$74.12
1622	Technetium tc99m mertiatide	K		$31.13		$6.23
1624	Sodium phosphate p32	K		$94.98		$19.00
1625	Indium 111-in pentetreotide	K		$1,079.00		$215.80
1628	Chromic phosphate p32	K		$146.64		$29.33
1716	Brachytx source, Gold 198	H				
1717	Brachytx source, HDR Ir-192	H				
1718	Brachytx source, Iodine 125	H				
1719	Brachytx sour,Non-HDR Ir-192	H				
1720	Brachytx sour, Palladium 103	H				
1775	FDG, per dose (4-40 mCi/ml)	K		$220.50		$44.10
1814	Retinal tamp, silicone oil	H				
1818	Integrated keratoprosthesis	H				
1819	Tissue localization-excision dev	H				
2616	Brachytx source, Yttrium-90	H				
2632	Brachytx sol, I-125, per mCi	H				
2633	Brachytx source, Cesium-131	H				
7000	Amifostine, 500 mg	K		$395.75		$79.15
7005	Gonadorelin hydroch/ 100 mcg	K		$16.09		$3.22
7007	Inj milrinone lactate, per 5 mg	K	0.1411	$8.06		$1.61
7011	Oprelvekin injection, 5 mg	K		$248.16		$49.63
7015	Busulfan, oral, 2 mg	K		$2.08		$0.42
7019	Aprotinin, 10,000 kiu	K		$12.51		$2.50
7022	Elliotts b solution per ml	K		$1.50		$0.30
7024	Corticorelin ovine triflutat	K		$353.70		$70.74
7025	Digoxin immune FAB (ovine)	K		$332.00		$66.40
7026	Ethanolamine oleate 100 mg	K		$63.29		$12.66
7027	Fomepizole, 15mg	K		$10.04		$2.01
7028	Fosphenytoin, 50 mg	K		$5.31		$1.06
7030	Hemin, per 1 mg	K		$6.47		$1.29
7031	Octreotide acetate injection	K		$3.72		$0.74
7034	Somatropin injection	K		$280.87		$56.17
7035	Teniposide, 50 mg	K		$224.94		$44.99
7036	Urokinase 250,000 iu inj	K	2.2060	$125.96		$25.19
7037	Muromonab-CD3, 5 mg	K		$56.59		$11.32
7040	Pentastarch 10% solution	K		$131.99		$26.40

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
7041	Tirofiban hydrochloride 12.5 mg	K		$411.85		$82.37
7042	Capecitabine, oral, 150 mg	K		$2.96		$0.59
7043	Infliximab injection 10 mg	K		$57.40		$11.48
7045	Trimetrexate glucoronate	K		$142.50		$28.50
7046	Doxorubicin hcl liposome inj 10 mg	K		$343.78		$68.76
7048	Alteplase recombinant	K	0.3128	$17.86		$3.57
7049	Filgrastim 480 mcg injection	K		$274.40		$54.88
7051	Leuprolide acetate implant, 65 mg	K		$4,717.72		$943.54
7308	Aminolevulinic acid hcl top	K		$88.86		$17.77
7316	Sodium hyaluronate injection	K		$54.33		$10.87
9001	Linezolid injection	K		$32.15		$6.43
9002	Tenecteplase, 50mg/vial	K		$2,350.98		$470.20
9003	Palivizumab, per 50mg	K		$576.51		$115.30
9004	Gemtuzumab ozogamicin	K		$2,183.81		$436.76
9005	Reteplase injection	K		$1,192.09		$238.42
9008	Baclofen Refill Kit-500mcg	K		$10.21		$2.04
9009	Baclofen refill kit - per 2000 mcg	K		$37.64		$7.53
9012	Arsenic Trioxide	K		$34.32		$6.86
9013	Co 57 cobaltous chloride	K	2.5212	$143.96		$28.79
9015	Mycophenolate mofetil oral 250 mg	K		$2.46		$0.49
9018	Botulinum toxin B, per 100 u	K		$7.68		$1.54
9019	Caspofungin acetate, 5 mg	K	0.5717	$32.65		$6.53
9020	Sirolimus tablet, 1 mg	K		$6.23		$1.25
9021	Immune globulin 10 mg	K		$0.75		$0.15
9022	IM inj interferon beta 1-a	K		$74.44		$14.89
9023	Rho d immune globulin 50 mcg	K		$30.38		$6.08
9024	Amphotericin b lipid complex	K		$19.09		$3.82
9025	Rubidium-Rb-82	K		$111.91		$22.38
9026	High dose contrast MRI	K	0.4645	$26.52		$5.30
9027	Supp-paramagnetic contrast material	K	0.6484	$37.02		$7.40
9028	Tetracyclin injection	K	1.7697	$101.05		$20.21
9029	Amiodarone HCl	K	0.2112	$12.06		$2.41
9030	Amphotericin B	K	1.1173	$63.80		$12.76
9031	Arbutamine HCl injection	K	1.2049	$68.80		$13.76
9032	Baclofen 10 MG injection	K	0.1492	$8.52		$1.70
9033	Cidofovir injection	K	6.1929	$353.60		$70.72
9034	Brompheniramine maleate inj	K	1.0444	$59.63		$11.93
9035	Medroxyprogesterone injection	K	0.3109	$17.75		$3.55
9036	Dimethyl sulfoxide 50% 50 ML	K	0.9158	$52.29		$10.46
9037	Methadone injection	K	0.2357	$13.46		$2.69
9038	Inj estrogen conjugate 25 MG	K	0.6946	$39.66		$7.93
9039	Fluconazole	K	0.4117	$23.51		$4.70
9040	Intraocular Fomivirsen na	K	16.6329	$949.71		$189.94
9041	Gamma globulin 1 CC inj	K	0.5598	$31.96		$6.39
9042	Glucagon hydrochloride/1 MG	K	0.8163	$46.61		$9.32
9043	Diazoxide injection	K	0.2713	$15.49		$3.10
9044	Ibutilide fumarate injection	K	2.2912	$130.82		$26.16
9045	Iron dextran	K	0.2577	$14.71		$2.94
9046	Iron sucrose injection	K	0.0091	$0.52		$0.10
9047	Itraconazole injection	K	0.7453	$42.56		$8.51
9048	Inj desmopressin acetate	K	0.0825	$4.71		$0.94
9049	Inj protirelin per 250 mcg	K	0.7222	$41.24		$8.25
9050	Na ferric gluconate complex	K	0.1101	$6.29		$1.26
9051	Urea injection	K	1.2343	$70.48		$14.10

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
9052	Triflupromazine hcl inj	K	1.2974	$74.08		$14.82
9053	Nasal vaccine inhalation	K	1.6356	$93.39		$18.68
9054	Metabolically active tissue	K	0.1266	$7.23		$1.45
9055	Injectable human tissue	K	0.1425	$8.14		$1.63
9057	Lepirudin	K		$130.30		$26.06
9104	Anti-thymocycte globulin rabbit	K		$312.41		$62.48
9105	Hep B imm glob, per 1 ml	K		$118.32		$23.66
9108	Thyrotropin alfa, per 1.1 mg	K	10.8100	$617.50		$123.50
9109	Tirofiban hcl, per 6.25 mg	K		$205.92		$41.18
9110	Alemtuzumab injection	K		$510.70		$102.14
9111	Inj, bivalirudin	K		$1.52		$0.30
9112	Perflutren lipid micro, per 2ml	K		$129.69		$25.94
9114	Nesiritide, per 0.5 mg vial	K		$132.47		$26.49
9115	Inj, zoledronic acid, per 1 mg	K		$197.87		$39.57
9117	Yttrium 90 ibritumomab tiuxetan	K		$20,948.20		$4,189.65
9118	In-111 ibritumomab tiuxetan	K		$2,419.78		$483.96
9119	Pegfilgrastim, per 6 mg	K		$2,448.50		$489.70
9120	Inj, Fulvestrant	K		$79.65		$15.93
9121	Inj, Argatroban, per 5 mg	K		$12.45		$2.49
9122	Triptorelin pamoate	K		$362.78		$72.56
9123	Transcyte	G		$705.55		
9124	Injection, daptomycin	G		$0.28		
9125	Injection, risperidone	G		$113.63		
9200	Orcel, per 36 cm2	K		$991.85		$198.37
9201	Dermagraft, per 37.5 sq cm	K		$529.54		$105.91
9202	Octafluoropropane	K		$129.48		$25.90
9203	Perflexane lipid micro	G		$153.90		
9204	Ziprasidone mesylate	G		$18.93		
9205	Oxaliplatin	G		$81.98		
9207	Injection, bortezomib	G		$946.57		
9208	Injection, agalsidase beta	G		$115.08		
9209	Injection, laronidase	G		$598.90		
9210	Injection, palonosetron HCL	G		$194.91		
9211	Inj, alefacept, IV	G		$665.00		
9212	Inj, alefacept, IM	G		$405.66		
9213	Injection, Pemetrexed	G		$40.02		
9214	Injection, Bevacizumab	G		$57.13		
9215	Injection, Cetuximab	G		$51.98		
9216	Abarelix, Inject Suspension	G		$66.82		
9217	Leuprolide acetate suspnsion, 7.5 mg	K		$543.72		$108.74
9300	Injection, Omalizumab	G		$15.19		
9400	Thallous chloride, brand	K	0.3654	$20.86		$4.17
9401	Strontium-89 chloride, brand	K	7.1885	$410.45		$82.09
9402	Th I131 so iodide cap, brand	K	0.1155	$6.60		$1.32
9403	Dx I131 so iodide cap, brand	K	0.1155	$6.60		$1.32
9404	Dx I131 so iodide sol, brand	K	0.1723	$9.84		$1.97
9405	Th I131 so iodide sol, brand	K	0.1723	$9.84		$1.97
9410	Dexrazoxane HCl inj, brand	K	2.1935	$125.24		$25.05
9411	Pamidronate disodium, brand	K	2.8488	$162.66		$32.53
9413	Sodium hyaluronate inj, brand	K	0.9516	$54.33		$10.87
9414	Etoposide oral, brand	K	0.4854	$27.72		$5.54
9415	Doxorubic hcl chemo, brand	K		$6.94		$1.39
9417	Bleomycin sulfate inj, brand	K		$130.56		$26.11
9418	Cisplatin inj, brand	K		$11.42		$2.28

Addendum A. - List of Ambulatory Payment Classifications (APCs) with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts Calendar Year 2005

APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
9419	Inj cladribine, brand	K		$36.72		$7.34
9420	Cyclophosphamide inj, brand	K		$4.10		$0.82
9421	Cyclophosphamide lyo, brand	K		$3.50		$0.70
9422	Cytarabine hcl inj, brand	K		$2.28		$0.46
9423	Dacarbazine inj, brand	K	0.1443	$8.24		$1.65
9424	Daunorubicin, brand	K		$53.14		$10.63
9425	Etoposide inj, brand	K		$1.22		$0.24
9426	Floxuridine inj, brand	K		$97.92		$19.58
9427	Ifosfomide inj, brand	K	1.7769	$101.46		$20.29
9428	Mesna injection, brand	K	0.4391	$25.07		$5.01
9429	Idarubicin hcl inj, brand	K	0.2356	$13.45		$2.69
9430	Leuprolide acetate inj, bran	K		$21.41		$4.28
9431	Paclitaxel inj, brand	K	1.6785	$95.84		$19.17
9432	Mitomycin inj, brand	K		$45.70		$9.14
9433	Thiotepa inj, brand	K		$66.98		$13.40
9435	Gonadorelin hydroch, brand	K	0.2817	$16.08		$3.22
9436	Azathioprine parenteral,brand	K		$44.61		$8.92
9438	Cyclosporine oral, brand	K	0.0317	$1.81		$0.36
9500	Platelets, irradiated	K		$89.59		$17.92
9501	Platelets, pheresis, leukocytes reduced	K		$468.65		$93.73
9502	Platelet pheresis irradiated	K		$330.57		$66.11
9503	Fresh frozen plasma, ea unit	K		$70.89		$14.18
9504	RBC deglycerolized	K		$297.71		$59.54
9505	RBC irradiated	K		$124.11		$24.82
9506	Granulocytes, pheresis	K		$790.73		$158.15
9507	Platelets, pheresis	K		$439.35		$87.87
9508	Plasma, frozen w/in 8 hours	K		$63.32		$12.66

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0001F	E		Blood pressure, measured					
0001T	C		Endovas repr abdo ao aneurys					
0002F	E		Tobacco use, smoking, assess					
0003F	E		Tobacco use, non-smoking					
0003T	S		Cervicography	1501		$25.00		$5.00
0004F	E		Tobacco use txmnt counseling					
0005F	E		Tobacco use txmnt, pharmacol					
0005T	C		Perc cath stent/brain cv art					
0006F	E		Statin therapy, prescribed					
0006T	C		Perc cath stent/brain cv art					
0007F	E		Beta-blocker thx prescribed					
0007T	C		Perc cath stent/brain cv art					
0008F	E		Ace inhibitor thx prescribed					
0008T	E		Upper gi endoscopy w/suture					
0009F	E		Assess anginal symptom/level					
0009T	T		Endometrial cryoablation	0202	39.9618	$2,281.74	$1,026.78	$456.35
00100	N		Anesth, salivary gland					
00102	N		Anesth, repair of cleft lip					
00103	N		Anesth, blepharoplasty					
00104	N		Anesth, electroshock					
0010F	E		Assess anginal symptom/level					
0010T	A		Tb test, gamma interferon					
0011F	E		Oral antiplat thx prescribed					
00120	N		Anesth, ear surgery					
00124	N		Anesth, ear exam					
00126	N		Anesth, tympanotomy					
0012T	T		Osteochondral knee autograft	0041	28.2366	$1,612.25		$322.45
0013T	T		Osteochondral knee allograft	0042	43.8002	$2,500.90	$804.74	$500.18
00140	N		Anesth, procedures on eye					
00142	N		Anesth, lens surgery					
00144	N		Anesth, corneal transplant					
00145	N		Anesth, vitreoretinal surg					
00147	N		Anesth, iridectomy					
00148	N		Anesth, eye exam					
0014T	T		Meniscal transplant, knee	0041	28 2366	$1,612.25		$322.45
00160	N		Anesth, nose/sinus surgery					
00162	N		Anesth, nose/sinus surgery					
00164	N		Anesth, biopsy of nose					
0016T	T		Thermotx choroid vasc lesion	0235	5.1522	$294.18	$72.04	$58.84
00170	N		Anesth, procedure on mouth					
00172	N		Anesth, cleft palate repair					
00174	N		Anesth, pharyngeal surgery					
00176	C		Anesth, pharyngeal surgery					
0017T	E		Photocoagulat macular drusen					
0018T	S		Transcranial magnetic stimul	0215	0.6655	$38.00	$15.76	$7.60
00190	N		Anesth, face/skull bone surg					
00192	C		Anesth, facial bone surgery					
0019T	E		Extracorp shock wave tx, ms					
0020T	A		Extracorp shock wave tx, ft					
00210	N		Anesth, open head surgery					

* Refer to preamble for explanation of multiple payment rates.

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00212	N		Anesth, skull drainage					
00214	C		Anesth, skull drainage					
00215	C		Anesth, skull repair/fract					
00216	N		Anesth, head vessel surgery					
00218	N		Anesth, special head surgery					
0021T	C		Fetal oximetry, trnsvag/cerv					
00220	N		Anesth, intrcrn nerve					
00222	N		Anesth, head nerve surgery					
0023T	A		Phenotype drug test, hiv 1					
0024T	C		Transcath cardiac reduction					
0026T	A		Measure remnant lipoproteins					
0027T	T		Endoscopic epidural lysis	1547		$850.00		$170.00
0028T	N		Dexa body composition study					
0029T	A		Magnetic tx for incontinence					
00300	N		Anesth, head/neck/ptrunk					
0030T	A		Antiprothrombin antibody					
0031T	N		Speculoscopy					
00320	N		Anesth, neck organ, 1 & over					
00322	N		Anesth, biopsy of thyroid					
00326	N		Anesth, larynx/trach, < 1 yr					
0032T	N		Speculoscopy w/direct sample					
0033T	C		Endovasc taa repr incl subcl					
0034T	C		Endovasc taa repr w/o subcl					
00350	N		Anesth, neck vessel surgery					
00352	N		Anesth, neck vessel surgery					
0035T	C		Insert endovasc prosth, taa					
0036T	C		Endovasc prosth, taa, add-on					
0037T	C		Artery transpose/endovas taa					
0038T	C		Rad endovasc taa rpr w/cover					
0039T	C		Rad s/i, endovasc taa repair					
00400	N		Anesth, skin, ext/per/atrunk					
00402	N		Anesth, surgery of breast					
00404	C		Anesth, surgery of breast					
00406	C		Anesth, surgery of breast					
0040T	C		Rad s/i, endovasc taa prosth					
00410	N		Anesth, correct heart rhythm					
0041T	A		Detect ur infect agnt w/cpas					
0042T	N		Ct perfusion w/contrast, cbf					
0043T	A		Co expired gas analysis					
0044T	N		Whole body photography					
00450	N		Anesth, surgery of shoulder					
00452	C		Anesth, surgery of shoulder					
00454	N		Anesth, collar bone biopsy					
0045T	N		Whole body photography					
0046T	T		Cath lavage, mammary duct(s)	0021	14.9964	$856.26	$219.48	$171.25
00470	N		Anesth, removal of rib					
00472	N		Anesth, chest wall repair					
00474	C		Anesth, surgery of rib(s)					
0047T	T		Cath lavage, mammary duct(s)	0021	14.9964	$856.26	$219.48	$171.25
0048T	C		Implant ventricular device					

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0049T	C		External circulation assist					
00500	N		Anesth, esophageal surgery					
0050T	C		Removal circulation assist					
0051T	C		Implant total heart system					
00520	N		Anesth, chest procedure					
00522	N		Anesth, chest lining biopsy					
00524	C		Anesth, chest drainage					
00528	N		Anesth, chest partition view					
00529	N		Anesth, chest partition view					
0052T	C		Replace component heart syst					
00530	N		Anesth, pacemaker insertion					
00532	N		Anesth, vascular access					
00534	N		Anesth, cardioverter/defib					
00537	N		Anesth, cardiac electrophys					
00539	N		Anesth, trach-bronch reconst					
0053T	C		Replace component heart syst					
00540	C		Anesth, chest surgery					
00541	N		Anesth, one lung ventilation					
00542	C		Anesth, release of lung					
00546	C		Anesth, lung,chest wall surg					
00548	N		Anesth, trachea,bronchi surg					
0054T	B		Bone surgery using computer					
00550	N		Anesth, sternal debridement					
0055T	B		Bone surgery using computer					
00560	C		Anesth, open heart surgery					
00562	C		Anesth, open heart surgery					
00563	N		Anesth, heart proc w/pump					
00566	N		Anesth, cabg w/o pump					
0056T	B		Bone surgery using computer					
0057T	B		Uppr gi scope w/ thrml txmnt					
00580	C		Anesth, heart/lung transplnt					
0058T	X		Cryopreservation, ovary tiss	0348	0.7716	$44.06		$8.81
0059T	X		Cryopreservation, oocyte	0348	0.7716	$44.06		$8.81
00600	N		Anesth, spine, cord surgery					
00604	C		Anesth, sitting procedure					
0060T	B		Electrical impedance scan					
0061T	B		Destruction of tumor, breast					
00620	N		Anesth, spine, cord surgery					
00622	C		Anesth, removal of nerves					
00630	N		Anesth, spine, cord surgery					
00632	C		Anesth, removal of nerves					
00634	C		Anesth for chemonucleolysis					
00635	N		Anesth, lumbar puncture					
00640	N		Anesth, spine manipulation					
00670	C		Anesth, spine, cord surgery					
00700	N		Anesth, abdominal wall surg					
00702	N		Anesth, for liver biopsy					
00730	N		Anesth, abdominal wall surg					
00740	N		Anesth, upper gi visualize					
00750	N		Anesth, repair of hernia					

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00752	N		Anesth, repair of hernia					
00754	N		Anesth, repair of hernia					
00756	N		Anesth, repair of hernia					
00770	N		Anesth, blood vessel repair					
00790	N		Anesth, surg upper abdomen					
00792	C		Anesth, hemorr/excise liver					
00794	C		Anesth, pancreas removal					
00796	C		Anesth, for liver transplant					
00797	N		Anesth, surgery for obesity					
00800	N		Anesth, abdominal wall surg					
00802	C		Anesth, fat layer removal					
00810	N		Anesth, low intestine scope					
00820	N		Anesth, abdominal wall surg					
00830	N		Anesth, repair of hernia					
00832	N		Anesth, repair of hernia					
00834	N		Anesth, hernia repair< 1 yr					
00836	N		Anesth hernia repair preemie					
00840	N		Anesth, surg lower abdomen					
00842	N		Anesth, amniocentesis					
00844	C		Anesth, pelvis surgery					
00846	C		Anesth, hysterectomy					
00848	C		Anesth, pelvic organ surg					
00851	N		Anesth, tubal ligation					
00860	N		Anesth, surgery of abdomen					
00862	N		Anesth, kidney/ureter surg					
00864	C		Anesth, removal of bladder					
00865	C		Anesth, removal of prostate					
00866	C		Anesth, removal of adrenal					
00868	C		Anesth, kidney transplant					
00870	N		Anesth, bladder stone surg					
00872	N		Anesth kidney stone destruct					
00873	N		Anesth kidney stone destruct					
00880	N		Anesth, abdomen vessel surg					
00882	C		Anesth, major vein ligation					
00902	N		Anesth, anorectal surgery					
00904	C		Anesth, perineal surgery					
00906	N		Anesth, removal of vulva					
00908	C		Anesth, removal of prostate					
00910	N		Anesth, bladder surgery					
00912	N		Anesth, bladder tumor surg					
00914	N		Anesth, removal of prostate					
00916	N		Anesth, bleeding control					
00918	N		Anesth, stone removal					
00920	N		Anesth, genitalia surgery					
00921	N		Anesth, vasectomy					
00922	N		Anesth, sperm duct surgery					
00924	N		Anesth, testis exploration					
00926	N		Anesth, removal of testis					
00928	N		Anesth, removal of testis					
00930	N		Anesth, testis suspension					

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00932	C		Anesth, amputation of penis					
00934	C		Anesth, penis, nodes removal					
00936	C		Anesth, penis, nodes removal					
00938	N		Anesth, insert penis device					
00940	N		Anesth, vaginal procedures					
00942	N		Anesth, surg on vag/urethral					
00944	C		Anesth, vaginal hysterectomy					
00948	N		Anesth, repair of cervix					
00950	N		Anesth, vaginal endoscopy					
00952	N		Anesth, hysteroscope/graph					
01112	N		Anesth, bone aspirate/bx					
01120	N		Anesth, pelvis surgery					
01130	N		Anesth, body cast procedure					
01140	C		Anesth, amputation at pelvis					
01150	C		Anesth, pelvic tumor surgery					
01160	N		Anesth, pelvis procedure					
01170	N		Anesth, pelvis surgery					
01173	N		Anesth, fx repair, pelvis					
01180	N		Anesth, pelvis nerve removal					
01190	C		Anesth, pelvis nerve removal					
01200	N		Anesth, hip joint procedure					
01202	N		Anesth, arthroscopy of hip					
01210	N		Anesth, hip joint surgery					
01212	C		Anesth, hip disarticulation					
01214	C		Anesth, hip arthroplasty					
01215	N		Anesth, revise hip repair					
01220	N		Anesth, procedure on femur					
01230	N		Anesth, surgery of femur					
01232	C		Anesth, amputation of femur					
01234	C		Anesth, radical femur surg					
01250	N		Anesth, upper leg surgery					
01260	N		Anesth, upper leg veins surg					
01270	N		Anesth, thigh arteries surg					
01272	C		Anesth, femoral artery surg					
01274	C		Anesth, femoral embolectomy					
01320	N		Anesth, knee area surgery					
01340	N		Anesth, knee area procedure					
01360	N		Anesth, knee area surgery					
01380	N		Anesth, knee joint procedure					
01382	N		Anesth, dx knee arthroscopy					
01390	N		Anesth, knee area procedure					
01392	N		Anesth, knee area surgery					
01400	N		Anesth, knee joint surgery					
01402	C		Anesth, knee arthroplasty					
01404	C		Anesth, amputation at knee					
01420	N		Anesth, knee joint casting					
01430	N		Anesth, knee veins surgery					
01432	N		Anesth, knee vessel surg					
01440	N		Anesth, knee arteries surg					
01442	C		Anesth, knee artery surg					

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
01444	C		Anesth, knee artery repair					
01462	N		Anesth, lower leg procedure					
01464	N		Anesth, ankle/ft arthroscopy					
01470	N		Anesth, lower leg surgery					
01472	N		Anesth, achilles tendon surg					
01474	N		Anesth, lower leg surgery					
01480	N		Anesth, lower leg bone surg					
01482	N		Anesth, radical leg surgery					
01484	N		Anesth, lower leg revision					
01486	C		Anesth, ankle replacement					
01490	N		Anesth, lower leg casting					
01500	N		Anesth, leg arteries surg					
01502	C		Anesth, lwr leg embolectomy					
01520	N		Anesth, lower leg vein surg					
01522	N		Anesth, lower leg vein surg					
01610	N		Anesth, surgery of shoulder					
01620	N		Anesth, shoulder procedure					
01622	N		Anes dx shoulder arthroscopy					
01630	N		Anesth, surgery of shoulder					
01632	C		Anesth, surgery of shoulder					
01634	C		Anesth, shoulder joint amput					
01636	C		Anesth, forequarter amput					
01638	C		Anesth, shoulder replacement					
01650	N		Anesth, shoulder artery surg					
01652	C		Anesth, shoulder vessel surg					
01654	C		Anesth, shoulder vessel surg					
01656	C		Anesth, arm-leg vessel surg					
01670	N		Anesth, shoulder vein surg					
01680	N		Anesth, shoulder casting					
01682	N		Anesth, airplane cast					
01710	N		Anesth, elbow area surgery					
01712	N		Anesth, uppr arm tendon surg					
01714	N		Anesth, uppr arm tendon surg					
01716	N		Anesth, biceps tendon repair					
01730	N		Anesth, uppr arm procedure					
01732	N		Anesth, dx elbow arthroscopy					
01740	N		Anesth, upper arm surgery					
01742	N		Anesth, humerus surgery					
01744	N		Anesth, humerus repair					
01756	C		Anesth, radical humerus surg					
01758	N		Anesth, humeral lesion surg					
01760	N		Anesth, elbow replacement					
01770	N		Anesth, uppr arm artery surg					
01772	N		Anesth, uppr arm embolectomy					
01780	N		Anesth, upper arm vein surg					
01782	N		Anesth, uppr arm vein repair					
01810	N		Anesth, lower arm surgery					
01820	N		Anesth, lower arm procedure					
01829	N		Anesth, dx wrist arthroscopy					
01830	N		Anesth, lower arm surgery					

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01832	N		Anesth, wrist replacement					
01840	N		Anesth, lwr arm artery surg					
01842	N		Anesth, lwr arm embolectomy					
01844	N		Anesth, vascular shunt surg					
01850	N		Anesth, lower arm vein surg					
01852	N		Anesth, lwr arm vein repair					
01860	N		Anesth, lower arm casting					
01905	N		Anes, spine inject, x-ray/re					
01916	N		Anesth, dx arteriography					
01920	N		Anesth, catheterize heart					
01922	N		Anesth, cat or MRI scan					
01924	N		Anes, ther interven rad, art					
01925	N		Anes, ther interven rad, car					
01926	N		Anes, tx interv rad hrt/cran					
01930	N		Anes, ther interven rad, vei					
01931	N		Anes, ther interven rad, tip					
01932	N		Anes, tx interv rad, th vein					
01933	N		Anes, tx interv rad, cran v					
01951	N		Anesth, burn, less 4 percent					
01952	N		Anesth, burn, 4-9 percent					
01953	N		Anesth, burn, each 9 percent					
01958	N		Anesth, antepartum manipul					
01960	N		Anesth, vaginal delivery					
01961	N		Anesth, cs delivery					
01962	N		Anesth, emer hysterectomy					
01963	N		Anesth, cs hysterectomy					
01964	N		Anesth, abortion procedures					
01967	N		Anesth/analg, vag delivery					
01968	N		Anes/analg cs deliver add-on					
01969	N		Anesth/analg cs hyst add-on					
01990	C		Support for organ donor					
01991	N		Anesth, nerve block/inj					
01992	N		Anesth, n block/inj, prone					
01995	N		Regional anesthesia limb					
01996	N		Hosp manage cont drug admin					
01999	N		Unlisted anesth procedure					
10021	T		Fna w/o image	0002	0.9588	$54.75		$10.95
10022	T		Fna w/image	0036	2.2216	$126.85		$25.37
10040	T		Acne surgery	0010	0.5982	$34.16	$9.74	$6.83
10060	T		Drainage of skin abscess	0006	1.6969	$96.89	$23.26	$19.38
10061	T		Drainage of skin abscess	0006	1.6969	$96.89	$23.26	$19.38
10080	T		Drainage of pilonidal cyst	0006	1.6969	$96.89	$23.26	$19.38
10081	T		Drainage of pilonidal cyst	0007	12.5436	$716.21		$143.24
10120	T		Remove foreign body	0006	1.6969	$96.89	$23.26	$19.38
10121	T		Remove foreign body	0021	14.9964	$856.26	$219.48	$171.25
10140	T		Drainage of hematoma/fluid	0007	12.5436	$716.21		$143.24
10160	T		Puncture drainage of lesion	0018	0.9747	$55.65	$16.04	$11.13
10180	T		Complex drainage, wound	0007	12.5436	$716.21		$143.24
11000	T		Debride infected skin	0015	1.7381	$99.24	$20.35	$19.85
11001	T		Debride infected skin add-on	0012	0.7559	$43.16	$11.18	$8.63

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11010	T		Debride skin, fx	0019	4.2663	$243.60	$71.87	$48.72
11011	T		Debride skin/muscle, fx	0019	4.2663	$243.60	$71.87	$48.72
11012	T		Debride skin/muscle/bone, fx	0019	4.2663	$243.60	$71.87	$48.72
11040	T		Debride skin, partial	0015	1.7381	$99.24	$20.35	$19.85
11041	T		Debride skin, full	0015	1.7381	$99.24	$20.35	$19.85
11042	T		Debride skin/tissue	0016	2.8562	$163.08	$57.31	$32.62
11043	T		Debride tissue/muscle	0016	2.8562	$163.08	$57.31	$32.62
11044	T		Debride tissue/muscle/bone	0682	7.5273	$429.79	$170.21	$85.96
11055	T		Trim skin lesion	0012	0.7559	$43.16	$11.18	$8.63
11056	T		Trim skin lesions, 2 to 4	0012	0.7559	$43.16	$11.18	$8.63
11057	T		Trim skin lesions, over 4	0013	1.1586	$66.15	$14.20	$13.23
11100	T		Biopsy, skin lesion	0018	0.9747	$55.65	$16.04	$11.13
11101	T		Biopsy, skin add-on	0018	0.9747	$55.65	$16.04	$11.13
11200	T		Removal of skin tags	0013	1.1586	$66.15	$14.20	$13.23
11201	T		Remove skin tags add-on	0015	1.7381	$99.24	$20.35	$19.85
11300	T		Shave skin lesion	0012	0.7559	$43.16	$11.18	$8.63
11301	T		Shave skin lesion	0012	0.7559	$43.16	$11.18	$8.63
11302	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11303	T		Shave skin lesion	0015	1.7381	$99.24	$20.35	$19.85
11305	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11306	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11307	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11308	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11310	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11311	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11312	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11313	T		Shave skin lesion	0016	2.8562	$163.08	$57.31	$32.62
11400	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11401	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11402	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11403	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11404	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11406	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11420	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11421	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11422	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11423	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11424	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11426	T		Removal of skin lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11440	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11441	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11442	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11443	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11444	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11446	T		Removal of skin lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11450	T		Removal, sweat gland lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11451	T		Removal, sweat gland lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11462	T		Removal, sweat gland lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11463	T		Removal, sweat gland lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11470	T		Removal, sweat gland lesion	0022	19.4617	$1,111.22	$354.45	$222.24

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11471	T		Removal, sweat gland lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11600	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11601	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11602	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11603	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11604	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11606	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11620	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11621	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11622	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11623	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11624	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11626	T		Removal of skin lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11640	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11641	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11642	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11643	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11644	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11646	T		Removal of skin lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11719	T		Trim nail(s)	0009	0.6955	$39.71	$8.34	$7.94
11720	T		Debride nail, 1-5	0009	0.6955	$39.71	$8.34	$7.94
11721	T		Debride nail, 6 or more	0009	0.6955	$39.71	$8.34	$7.94
11730	T		Removal of nail plate	0013	1.1586	$66.15	$14.20	$13.23
11732	T		Remove nail plate, add-on	0012	0.7559	$43.16	$11.18	$8.63
11740	T		Drain blood from under nail	0009	0.6955	$39.71	$8.34	$7.94
11750	T		Removal of nail bed	0019	4.2663	$243.60	$71.87	$48.72
11752	T		Remove nail bed/finger tip	0022	19.4617	$1,111.22	$354.45	$222.24
11755	T		Biopsy, nail unit	0019	4.2663	$243.60	$71.87	$48.72
11760	T		Repair of nail bed	0024	1.7881	$102.10	$33.10	$20.42
11762	T		Reconstruction of nail bed	0024	1.7881	$102.10	$33.10	$20.42
11765	T		Excision of nail fold, toe	0015	1.7381	$99.24	$20.35	$19.85
11770	T		Removal of pilonidal lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11771	T		Removal of pilonidal lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11772	T		Removal of pilonidal lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11900	T		Injection into skin lesions	0012	0.7559	$43.16	$11.18	$8.63
11901	T		Added skin lesions injection	0012	0.7559	$43.16	$11.18	$8.63
11920	T		Correct skin color defects	0024	1.7881	$102.10	$33.10	$20.42
11921	T		Correct skin color defects	0024	1.7881	$102.10	$33.10	$20.42
11922	T		Correct skin color defects	0024	1.7881	$102.10	$33.10	$20.42
11950	T		Therapy for contour defects	0024	1.7881	$102.10	$33.10	$20.42
11951	T		Therapy for contour defects	0024	1.7881	$102.10	$33.10	$20.42
11952	T		Therapy for contour defects	0024	1.7881	$102.10	$33.10	$20.42
11954	T		Therapy for contour defects	0024	1.7881	$102.10	$33.10	$20.42
11960	T		Insert tissue expander(s)	0027	16.8576	$962.54	$329.72	$192.51
11970	T		Replace tissue expander	0027	16.8576	$962.54	$329.72	$192.51
11971	T		Remove tissue expander(s)	0022	19.4617	$1,111.22	$354.45	$222.24
11975	E		Insert contraceptive cap					
11976	T		Removal of contraceptive cap	0019	4.2663	$243.60	$71.87	$48.72
11977	E		Removal/reinsert contra cap					
11980	X		Implant hormone pellet(s)	0340	0.6454	$36.85		$7.37

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11981	X		Insert drug implant device	0340	0.6454	$36.85		$7.37
11982	X		Remove drug implant device	0340	0.6454	$36.85		$7.37
11983	X		Remove/insert drug implant	0340	0.6454	$36.85		$7.37
12001	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12002	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12004	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12005	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12006	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12007	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12011	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12013	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12014	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12015	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12016	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12017	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12018	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12020	T		Closure of split wound	0024	1.7881	$102.10	$33.10	$20.42
12021	T		Closure of split wound	0024	1.7881	$102.10	$33.10	$20.42
12031	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12032	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12034	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12035	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12036	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12037	T		Layer closure of wound(s)	0025	4.6906	$267.82	$101.17	$53.56
12041	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12042	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12044	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12045	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12046	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12047	T		Layer closure of wound(s)	0025	4.6906	$267.82	$101.17	$53.56
12051	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12052	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12053	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12054	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12055	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12056	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12057	T		Layer closure of wound(s)	0025	4.6906	$267.82	$101.17	$53.56
13100	T		Repair of wound or lesion	0025	4.6906	$267.82	$101.17	$53.56
13101	T		Repair of wound or lesion	0025	4.6906	$267.82	$101.17	$53.56
13102	T		Repair wound/lesion add-on	0024	1.7881	$102.10	$33.10	$20.42
13120	T		Repair of wound or lesion	0024	1.7881	$102.10	$33.10	$20.42
13121	T		Repair of wound or lesion	0024	1.7881	$102.10	$33.10	$20.42
13122	T		Repair wound/lesion add-on	0024	1.7881	$102.10	$33.10	$20.42
13131	T		Repair of wound or lesion	0024	1.7881	$102.10	$33.10	$20.42
13132	T		Repair of wound or lesion	0024	1.7881	$102.10	$33.10	$20.42
13133	T		Repair wound/lesion add-on	0024	1.7881	$102.10	$33.10	$20.42
13150	T		Repair of wound or lesion	0025	4.6906	$267.82	$101.17	$53.56
13151	T		Repair of wound or lesion	0024	1.7881	$102.10	$33.10	$20.42
13152	T		Repair of wound or lesion	0025	4.6906	$267.82	$101.17	$53.56
13153	T		Repair wound/lesion add-on	0024	1.7881	$102.10	$33.10	$20.42

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13160	T		Late closure of wound	0027	16.8576	$962.54	$329.72	$192.51
14000	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14001	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14020	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14021	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14040	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14041	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14060	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14061	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14300	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14350	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
15000	T		Skin graft	0025	4.6906	$267.82	$101.17	$53.56
15001	T		Skin graft add-on	0025	4.6906	$267.82	$101.17	$53.56
15050	T		Skin pinch graft	0025	4.6906	$267.82	$101.17	$53.56
15100	T		Skin split graft	0027	16.8576	$962.54	$329.72	$192.51
15101	T		Skin split graft add-on	0027	16.8576	$962.54	$329.72	$192.51
15120	T		Skin split graft	0027	16.8576	$962.54	$329.72	$192.51
15121	T		Skin split graft add-on	0027	16.8576	$962.54	$329.72	$192.51
15200	T		Skin full graft	0027	16.8576	$962.54	$329.72	$192.51
15201	T		Skin full graft add-on	0025	4.6906	$267.82	$101.17	$53.56
15220	T		Skin full graft	0027	16.8576	$962.54	$329.72	$192.51
15221	T		Skin full graft add-on	0025	4.6906	$267.82	$101.17	$53.56
15240	T		Skin full graft	0027	16.8576	$962.54	$329.72	$192.51
15241	T		Skin full graft add-on	0025	4.6906	$267.82	$101.17	$53.56
15260	T		Skin full graft	0027	16.8576	$962.54	$329.72	$192.51
15261	T		Skin full graft add-on	0025	4.6906	$267.82	$101.17	$53.56
15342	T		Cultured skin graft, 25 cm	0024	1.7881	$102.10	$33.10	$20.42
15343	T		Culture skn graft addl 25 cm	0024	1.7881	$102.10	$33.10	$20.42
15350	T		Skin homograft	0686	6.7412	$384.91	$173.20	$76.98
15351	T		Skin homograft add-on	0027	16.8576	$962.54	$329.72	$192.51
15400	T		Skin heterograft	0025	4.6906	$267.82	$101.17	$53.56
15401	T		Skin heterograft add-on	0025	4.6906	$267.82	$101.17	$53.56
15570	T		Form skin pedicle flap	0027	16.8576	$962.54	$329.72	$192.51
15572	T		Form skin pedicle flap	0027	16.8576	$962.54	$329.72	$192.51
15574	T		Form skin pedicle flap	0027	16.8576	$962.54	$329.72	$192.51
15576	T		Form skin pedicle flap	0027	16.8576	$962.54	$329.72	$192.51
15600	T		Skin graft	0027	16.8576	$962.54	$329.72	$192.51
15610	T		Skin graft	0027	16.8576	$962.54	$329.72	$192.51
15620	T		Skin graft	0027	16.8576	$962.54	$329.72	$192.51
15630	T		Skin graft	0027	16.8576	$962.54	$329.72	$192.51
15650	T		Transfer skin pedicle flap	0027	16.8576	$962.54	$329.72	$192.51
15732	T		Muscle-skin graft, head/neck	0027	16.8576	$962.54	$329.72	$192.51
15734	T		Muscle-skin graft, trunk	0027	16.8576	$962.54	$329.72	$192.51
15736	T		Muscle-skin graft, arm	0027	16.8576	$962.54	$329.72	$192.51
15738	T		Muscle-skin graft, leg	0027	16.8576	$962.54	$329.72	$192.51
15740	T		Island pedicle flap graft	0027	16.8576	$962.54	$329.72	$192.51
15750	T		Neurovascular pedicle graft	0027	16.8576	$962.54	$329.72	$192.51
15756	C		Free muscle flap, microvasc					
15757	C		Free skin flap, microvasc					
15758	C		Free fascial flap, microvasc					

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
15760	T		Composite skin graft	0027	16.8576	$962.54	$329.72	$192.51
15770	T		Derma-fat-fascia graft	0027	16.8576	$962.54	$329.72	$192.51
15775	T		Hair transplant punch grafts	0025	4.6906	$267.82	$101.17	$53.56
15776	T		Hair transplant punch grafts	0025	4.6906	$267.82	$101.17	$53.56
15780	T		Abrasion treatment of skin	0022	19.4617	$1,111.22	$354.45	$222.24
15781	T		Abrasion treatment of skin	0019	4.2663	$243.60	$71.87	$48.72
15782	T		Dressing change not for burn	0019	4.2663	$243.60	$71.87	$48.72
15783	T		Abrasion treatment of skin	0016	2.8562	$163.08	$57.31	$32.62
15786	T		Abrasion, lesion, single	0013	1.1586	$66.15	$14.20	$13.23
15787	T		Abrasion, lesions, add-on	0013	1.1586	$66.15	$14.20	$13.23
15788	T		Chemical peel, face, epiderm	0012	0.7559	$43.16	$11.18	$8.63
15789	T		Chemical peel, face, dermal	0015	1.7381	$99.24	$20.35	$19.85
15792	T		Chemical peel, nonfacial	0013	1.1586	$66.15	$14.20	$13.23
15793	T		Chemical peel, nonfacial	0012	0.7559	$43.16	$11.18	$8.63
15810	T		Salabrasion	0016	2.8562	$163.08	$57.31	$32.62
15811	T		Salabrasion	0016	2.8562	$163.08	$57.31	$32.62
15819	T		Plastic surgery, neck	0025	4.6906	$267.82	$101.17	$53.56
15820	T		Revision of lower eyelid	0027	16.8576	$962.54	$329.72	$192.51
15821	T		Revision of lower eyelid	0027	16.8576	$962.54	$329.72	$192.51
15822	T		Revision of upper eyelid	0027	16.8576	$962.54	$329.72	$192.51
15823	T		Revision of upper eyelid	0027	16.8576	$962.54	$329.72	$192.51
15824	T		Removal of forehead wrinkles	0027	16.8576	$962.54	$329.72	$192.51
15825	T		Removal of neck wrinkles	0027	16.8576	$962.54	$329.72	$192.51
15826	T		Removal of brow wrinkles	0027	16.8576	$962.54	$329.72	$192.51
15828	T		Removal of face wrinkles	0027	16.8576	$962.54	$329.72	$192.51
15829	T		Removal of skin wrinkles	0027	16.8576	$962.54	$329.72	$192.51
15831	T		Excise excessive skin tissue	0022	19.4617	$1,111.22	$354.45	$222.24
15832	T		Excise excessive skin tissue	0022	19.4617	$1,111.22	$354.45	$222.24
15833	T		Excise excessive skin tissue	0022	19.4617	$1,111.22	$354.45	$222.24
15834	T		Excise excessive skin tissue	0022	19.4617	$1,111.22	$354.45	$222.24
15835	T		Excise excessive skin tissue	0025	4.6906	$267.82	$101.17	$53.56
15836	T		Excise excessive skin tissue	0021	14.9964	$856.26	$219.48	$171.25
15837	T		Excise excessive skin tissue	0021	14.9964	$856.26	$219.48	$171.25
15838	T		Excise excessive skin tissue	0021	14.9964	$856.26	$219.48	$171.25
15839	T		Excise excessive skin tissue	0021	14.9964	$856.26	$219.48	$171.25
15840	T		Graft for face nerve palsy	0027	16.8576	$962.54	$329.72	$192.51
15841	T		Graft for face nerve palsy	0027	16.8576	$962.54	$329.72	$192.51
15842	T		Flap for face nerve palsy	0027	16.8576	$962.54	$329.72	$192.51
15845	T		Skin and muscle repair, face	0027	16.8576	$962.54	$329.72	$192.51
15850	T		Removal of sutures	0016	2.8562	$163.08	$57.31	$32.62
15851	T		Removal of sutures	0016	2.8562	$163.08	$57.31	$32.62
15852	X		Dressing change not for burn	0340	0.6454	$36.85		$7.37
15860	X		Test for blood flow in graft	0359	0.8744	$49.93		$9.99
15876	T		Suction assisted lipectomy	0027	16.8576	$962.54	$329.72	$192.51
15877	T		Suction assisted lipectomy	0027	16.8576	$962.54	$329.72	$192.51
15878	T		Suction assisted lipectomy	0027	16.8576	$962.54	$329.72	$192.51
15879	T		Suction assisted lipectomy	0027	16.8576	$962.54	$329.72	$192.51
15920	T		Removal of tail bone ulcer	0019	4.2663	$243.60	$71.87	$48.72
15922	T		Removal of tail bone ulcer	0027	16.8576	$962.54	$329.72	$192.51
15931	T		Remove sacrum pressure sore	0022	19.4617	$1,111.22	$354.45	$222.24

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15933	T		Remove sacrum pressure sore	0022	19.4617	$1,111.22	$354.45	$222.24
15934	T		Remove sacrum pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15935	T		Remove sacrum pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15936	T		Remove sacrum pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15937	T		Remove sacrum pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15940	T		Remove hip pressure sore	0022	19.4617	$1,111.22	$354.45	$222.24
15941	T		Remove hip pressure sore	0022	19.4617	$1,111.22	$354.45	$222.24
15944	T		Remove hip pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15945	T		Remove hip pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15946	T		Remove hip pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15950	T		Remove thigh pressure sore	0022	19.4617	$1,111.22	$354.45	$222.24
15951	T		Remove thigh pressure sore	0022	19.4617	$1,111.22	$354.45	$222.24
15952	T		Remove thigh pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15953	T		Remove thigh pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15956	T		Remove thigh pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15958	T		Remove thigh pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15999	T		Removal of pressure sore	0019	4.2663	$243.60	$71.87	$48.72
16000	T		Initial treatment of burn(s)	0012	0.7559	$43.16	$11.18	$8.63
16010	T		Treatment of burn(s)	0016	2.8562	$163.08	$57.31	$32.62
16015	T		Treatment of burn(s)	0017	17.4667	$997.31	$227.84	$199.46
16020	T		Treatment of burn(s)	0013	1.1586	$66.15	$14.20	$13.23
16025	T		Treatment of burn(s)	0013	1.1586	$66.15	$14.20	$13.23
16030	T		Treatment of burn(s)	0015	1.7381	$99.24	$20.35	$19.85
16035	C		Incision of burn scab, initi					
16036	C		Escharotomy; add'l incision					
17000	T		Destroy benign/premlg lesion	0010	0.5982	$34.16	$9.74	$6.83
17003	T		Destroy lesions, 2-14	0010	0.5982	$34.16	$9.74	$6.83
17004	T		Destroy lesions, 15 or more	0011	2.4657	$140.79		$28.16
17106	T		Destruction of skin lesions	0011	2.4657	$140.79		$28.16
17107	T		Destruction of skin lesions	0011	2.4657	$140.79		$28.16
17108	T		Destruction of skin lesions	0011	2.4657	$140.79		$28.16
17110	T		Destruct lesion, 1-14	0010	0.5982	$34.16	$9.74	$6.83
17111	T		Destruct lesion, 15 or more	0010	0.5982	$34.16	$9.74	$6.83
17250	T		Chemical cautery, tissue	0013	1.1586	$66.15	$14.20	$13.23
17260	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17261	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17262	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17263	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17264	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17266	T		Destruction of skin lesions	0016	2.8562	$163.08	$57.31	$32.62
17270	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17271	T		Destruction of skin lesions	0013	1.1586	$66.15	$14.20	$13.23
17272	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17273	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17274	T		Destruction of skin lesions	0016	2.8562	$163.08	$57.31	$32.62
17276	T		Destruction of skin lesions	0016	2.8562	$163.08	$57.31	$32.62
17280	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17281	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17282	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17283	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85

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17284	T		Destruction of skin lesions	0016	2.8562	$163.08	$57.31	$32.62
17286	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17304	T		Chemosurgery of skin lesion	0694	4.2372	$241.94	$64.93	$48.39
17305	T		2 stage mohs, up to 5 spec	0694	4.2372	$241.94	$64.93	$48.39
17306	T		3 stage mohs, up to 5 spec	0694	4.2372	$241.94	$64.93	$48.39
17307	T		Mohs addl stage up to 5 spec	0694	4.2372	$241.94	$64.93	$48.39
17310	T		Extensive skin chemosurgery	0694	4.2372	$241.94	$64.93	$48.39
17340	T		Cryotherapy of skin	0012	0.7559	$43.16	$11.18	$8.63
17360	T		Skin peel therapy	0013	1.1586	$66.15	$14.20	$13.23
17380	T		Hair removal by electrolysis	0013	1.1586	$66.15	$14.20	$13.23
17999	T		Skin tissue procedure	0006	1.6969	$96.89	$23.26	$19.38
19000	T		Drainage of breast lesion	0004	1.6895	$96.47	$22.36	$19.29
19001	T		Drain breast lesion add-on	0004	1.6895	$96.47	$22.36	$19.29
19020	T		Incision of breast lesion	0007	12.5436	$716.21		$143.24
19030	N		Injection for breast x-ray					
19100	T		Bx breast percut w/o image	0005	3.7810	$215.89	$71.59	$43.18
19101	T		Biopsy of breast, open	0028	18.9346	$1,081.13	$303.74	$216.23
19102	T		Bx breast percut w/image	0005	3.7810	$215.89	$71.59	$43.18
19103	T		Bx breast percut w/device	0658	6.7367	$384.65		$76.93
19110	T		nipple exploration	0028	18.9346	$1,081.13	$303.74	$216.23
19112	T		Excise breast duct fistula	0028	18.9346	$1,081.13	$303.74	$216.23
19120	T		Removal of breast lesion	0028	18.9346	$1,081.13	$303.74	$216.23
19125	T		Excision, breast lesion	0028	18.9346	$1,081.13	$303.74	$216.23
19126	T		Excision, addl breast lesion	0028	18.9346	$1,081.13	$303.74	$216.23
19140	T		Removal of breast tissue	0028	18.9346	$1,081.13	$303.74	$216.23
19160	T		Removal of breast tissue	0028	18.9346	$1,081.13	$303.74	$216.23
19162	T		Remove breast tissue, nodes	0693	41.0228	$2,342.32	$798.17	$468.46
19180	T		Removal of breast	0029	31.5099	$1,799.15	$632.64	$359.83
19182	T		Removal of breast	0029	31.5099	$1,799.15	$632.64	$359.83
19200	C		Removal of breast					
19220	C		Removal of breast					
19240	T		Removal of breast	0030	39.5804	$2,259.96	$763.55	$451.99
19260	T		Removal of chest wall lesion	0021	14.9964	$856.26	$219.48	$171.25
19271	C		Revision of chest wall					
19272	C		Extensive chest wall surgery					
19290	N		Place needle wire, breast					
19291	N		Place needle wire, breast					
19295	S		Place breast clip, percut	0657	1.8524	$[illegible].77		$21.15
19316	T		Suspension of breast	0029	31.5099	$1,799.15	$632.64	$359.83
19318	T		Reduction of large breast	0693	41.0228	$2,342.32	$798.17	$468.46
19324	T		Enlarge breast	0693	41.0228	$2,342.32	$798.17	$468.46
19325	T		Enlarge breast with implant	0648	49.4801	$2,825.21		$565.04
19328	T		Removal of breast implant	0029	31.5099	$1,799.15	$632.64	$359.83
19330	T		Removal of implant material	0029	31.5099	$1,799.15	$632.64	$359.83
19340	T		Immediate breast prosthesis	0030	39.5804	$2,259.96	$763.55	$451.99
19342	T		Delayed breast prosthesis	0648	49.4801	$2,825.21		$565.04
19350	T		Breast reconstruction	0028	18.9346	$1,081.13	$303.74	$216.23
19355	T		Correct inverted nipple(s)	0029	31.5099	$1,799.15	$632.64	$359.83
19357	T		Breast reconstruction	0648	49.4801	$2,825.21		$565.04
19361	C		Breast reconstruction					

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19364	C		Breast reconstruction					
19366	T		Breast reconstruction	0029	31.5099	$1,799.15	$632.64	$359.83
19367	C		Breast reconstruction					
19368	C		Breast reconstruction					
19369	C		Breast reconstruction					
19370	T		Surgery of breast capsule	0029	31.5099	$1,799.15	$632.64	$359.83
19371	T		Removal of breast capsule	0029	31.5099	$1,799.15	$632.64	$359.83
19380	T		Revise breast reconstruction	0030	39.5804	$2,259.96	$763.55	$451.99
19396	T		Design custom breast implant	0029	31.5099	$1,799.15	$632.64	$359.83
19499	T		Breast surgery procedure	0028	18.9346	$1,081.13	$303.74	$216.23
20000	T		Incision of abscess	0006	1.6969	$96.89	$23.26	$19.38
20005	T		Incision of deep abscess	0049	20.3460	$1,161.72		$232.34
20100	T		Explore wound, neck	0023	3.3487	$191.20	$40.37	$38.24
20101	T		Explore wound, chest	0027	16.8576	$962.54	$329.72	$192.51
20102	T		Explore wound, abdomen	0027	16.8576	$962.54	$329.72	$192.51
20103	T		Explore wound, extremity	0023	3.3487	$191.20	$40.37	$38.24
20150	T		Excise epiphyseal bar	0051	36.1086	$2,061.73		$412.35
20200	T		Muscle biopsy	0021	14.9964	$856.26	$219.48	$171.25
20205	T		Deep muscle biopsy	0021	14.9964	$856.26	$219.48	$171.25
20206	T		Needle biopsy, muscle	0005	3.7810	$215.89	$71.59	$43.18
20220	T		Bone biopsy, trocar/needle	0019	4.2663	$243.60	$71.87	$48.72
20225	T		Bone biopsy, trocar/needle	0020	7.7453	$442.24	$113.25	$88.45
20240	T		Bone biopsy, excisional	0022	19.4617	$1,111.22	$354.45	$222.24
20245	T		Bone biopsy, excisional	0022	19.4617	$1,111.22	$354.45	$222.24
20250	T		Open bone biopsy	0049	20.3460	$1,161.72		$232.34
20251	T		Open bone biopsy	0049	20.3460	$1,161.72		$232.34
20500	T		Injection of sinus tract	0251	1.9490	$111.28		$22.26
20501	N		Inject sinus tract for x-ray					
20520	T		Removal of foreign body	0019	4.2663	$243.60	$71.87	$48.72
20525	T		Removal of foreign body	0022	19.4617	$1,111.22	$354.45	$222.24
20526	T		Ther injection, carp tunnel	0204	2.1898	$125.03	$40.13	$25.01
20550	T		Inject tendon/ligament/cyst	0204	2.1898	$125.03	$40.13	$25.01
20551	T		Inj tendon origin/insertion	0204	2.1898	$125.03	$40.13	$25.01
20552	T		Inj trigger point, 1/2 muscl	0204	2.1898	$125.03	$40.13	$25.01
20553	T		Inject trigger points, > 3	0204	2.1898	$125.03	$40.13	$25.01
20600	T		Drain/inject, joint/bursa	0204	2.1898	$125.03	$40.13	$25.01
20605	T		Drain/inject, joint/bursa	0204	2.1898	$125.03	$40.13	$25.01
20610	T		Drain/inject, joint/bursa	0204	2.1898	$125.03	$40.13	$25.01
20612	T		Aspirate/inj ganglion cyst	0204	2.1898	$125.03	$40.13	$25.01
20615	T		Treatment of bone cyst	0004	1.6895	$96.47	$22.36	$19.29
20650	T		Insert and remove bone pin	0049	20.3460	$1,161.72		$232.34
20660	C		Apply, rem fixation device					
20661	C		Application of head brace					
20662	C		Application of pelvis brace					
20663	C		Application of thigh brace					
20664	C		Halo brace application					
20665	X		Removal of fixation device	0340	0.6454	$36.85		$7.37
20670	T		Removal of support implant	0021	14.9964	$856.26	$219.48	$171.25
20680	T		Removal of support implant	0022	19.4617	$1,111.22	$354.45	$222.24
20690	T		Apply bone fixation device	0050	24.7044	$1,410.57		$282.11

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20692	T		Apply bone fixation device	0050	24.7044	$1,410.57		$282.11
20693	T		Adjust bone fixation device	0049	20.3460	$1,161.72		$232.34
20694	T		Remove bone fixation device	0049	20.3460	$1,161.72		$232.34
20802	C		Replantation, arm, complete					
20805	C		Replant forearm, complete					
20808	C		Replantation hand, complete					
20816	C		Replantation digit, complete					
20822	C		Replantation digit, complete					
20824	C		Replantation thumb, complete					
20827	C		Replantation thumb, complete					
20838	C		Replantation foot, complete					
20900	T		Removal of bone for graft	0050	24.7044	$1,410.57		$282.11
20902	T		Removal of bone for graft	0050	24.7044	$1,410.57		$282.11
20910	T		Remove cartilage for graft	0027	16.8576	$962.54	$329.72	$192.51
20912	T		Remove cartilage for graft	0027	16.8576	$962.54	$329.72	$192.51
20920	T		Removal of fascia for graft	0027	16.8576	$962.54	$329.72	$192.51
20922	T		Removal of fascia for graft	0027	16.8576	$962.54	$329.72	$192.51
20924	T		Removal of tendon for graft	0050	24.7044	$1,410.57		$282.11
20926	T		Removal of tissue for graft	0027	16.8576	$962.54	$329.72	$192.51
20930	C		Spinal bone allograft					
20931	C		Spinal bone allograft					
20936	C		Spinal bone autograft					
20937	C		Spinal bone autograft					
20938	C		Spinal bone autograft					
20950	T		Fluid pressure, muscle	0006	1.6969	$96.89	$23.26	$19.38
20955	C		Fibula bone graft, microvasc					
20956	C		Iliac bone graft, microvasc					
20957	C		Mt bone graft, microvasc					
20962	C		Other bone graft, microvasc					
20969	C		Bone/skin graft, microvasc					
20970	C		Bone/skin graft, iliac crest					
20972	C		Bone/skin graft, metatarsal					
20973	C		Bone/skin graft, great toe					
20974	A		Electrical bone stimulation					
20975	X		Electrical bone stimulation	0340	0.6454	$36.85		$7.37
20979	A		Us bone stimulation					
20982	T		Ablate, bone tumor(s) perq	1557		$1,850.00		$370.00
20999	T		Musculoskeletal surgery	0049	20.3460	$1,161.72		$232.34
21010	T		Incision of jaw joint	0254	23.5464	$1,344.45	$321.35	$268.89
21015	T		Resection of facial tumor	0253	15.9924	$913.13	$282.29	$182.63
21025	T		Excision of bone, lower jaw	0256	37.1347	$2,120.32		$424.06
21026	T		Excision of facial bone(s)	0256	37.1347	$2,120.32		$424.06
21029	T		Contour of face bone lesion	0256	37.1347	$2,120.32		$424.06
21030	T		Removal of face bone lesion	0254	23.5464	$1,344.45	$321.35	$268.89
21031	T		Remove exostosis, mandible	0254	23.5464	$1,344.45	$321.35	$268.89
21032	T		Remove exostosis, maxilla	0254	23.5464	$1,344.45	$321.35	$268.89
21034	T		Removal of face bone lesion	0256	37.1347	$2,120.32		$424.06
21040	T		Removal of jaw bone lesion	0254	23.5464	$1,344.45	$321.35	$268.89
21044	T		Removal of jaw bone lesion	0256	37.1347	$2,120.32		$424.06
21045	C		Extensive jaw surgery					

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21046	T		Remove mandible cyst complex	0256	37.1347	$2,120.32		$424.06
21047	T		Excise lwr jaw cyst w/repair	0256	37.1347	$2,120.32		$424.06
21048	T		Remove maxilla cyst complex	0256	37.1347	$2,120.32		$424.06
21049	T		Excis uppr jaw cyst w/repair	0256	37.1347	$2,120.32		$424.06
21050	T		Removal of jaw joint	0256	37.1347	$2,120.32		$424.06
21060	T		Remove jaw joint cartilage	0256	37.1347	$2,120.32		$424.06
21070	T		Remove coronoid process	0256	37.1347	$2,120.32		$424.06
21076	T		Prepare face/oral prosthesis	0254	23.5464	$1,344.45	$321.35	$268.89
21077	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21079	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21080	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21081	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21082	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21083	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21084	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21085	T		Prepare face/oral prosthesis	0253	15.9924	$913.13	$282.29	$182.63
21086	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21087	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21088	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21089	T		Prepare face/oral prosthesis	0251	1.9490	$111.28		$22.26
21100	T		Maxillofacial fixation	0256	37.1347	$2,120.32		$424.06
21110	T		Interdental fixation	0252	6.5732	$375.32	$113.41	$75.06
21116	N		Injection, jaw joint x-ray					
21120	T		Reconstruction of chin	0254	23.5464	$1,344.45	$321.35	$268.89
21121	T		Reconstruction of chin	0254	23.5464	$1,344.45	$321.35	$268.89
21122	T		Reconstruction of chin	0254	23.5464	$1,344.45	$321.35	$268.89
21123	T		Reconstruction of chin	0254	23.5464	$1,344.45	$321.35	$268.89
21125	T		Augmentation, lower jaw bone	0254	23.5464	$1,344.45	$321.35	$268.89
21127	T		Augmentation, lower jaw bone	0256	37.1347	$2,120.32		$424.06
21137	T		Reduction of forehead	0254	23.5464	$1,344.45	$321.35	$268.89
21138	T		Reduction of forehead	0256	37.1347	$2,120.32		$424.06
21139	T		Reduction of forehead	0256	37.1347	$2,120.32		$424.06
21141	C		Reconstruct midface, lefort					
21142	C		Reconstruct midface, lefort					
21143	C		Reconstruct midface, lefort					
21145	C		Reconstruct midface, lefort					
21146	C		Reconstruct midface, lefort					
21147	C		Reconstruct midface, lefort					
21150	C		Reconstruct midface, lefort					
21151	C		Reconstruct midface, lefort					
21154	C		Reconstruct midface, lefort					
21155	C		Reconstruct midface, lefort					
21159	C		Reconstruct midface, lefort					
21160	C		Reconstruct midface, lefort					
21172	C		Reconstruct orbit/forehead					
21175	C		Reconstruct orbit/forehead					
21179	C		Reconstruct entire forehead					
21180	C		Reconstruct entire forehead					
21181	T		Contour cranial bone lesion	0254	23.5464	$1,344.45	$321.35	$268.89
21182	C		Reconstruct cranial bone					

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21183	C		Reconstruct cranial bone					
21184	C		Reconstruct cranial bone					
21188	C		Reconstruction of midface					
21193	C		Reconst lwr jaw w/o graft					
21194	C		Reconst lwr jaw w/graft					
21195	C		Reconst lwr jaw w/o fixation					
21196	C		Reconst lwr jaw w/fixation					
21198	T		Reconstr lwr jaw segment	0256	37.1347	$2,120.32		$424.06
21199	T		Reconstr lwr jaw w/advance	0256	37.1347	$2,120.32		$424.06
21206	T		Reconstruct upper jaw bone	0256	37.1347	$2,120.32		$424.06
21208	T		Augmentation of facial bones	0256	37.1347	$2,120.32		$424.06
21209	T		Reduction of facial bones	0256	37.1347	$2,120.32		$424.06
21210	T		Face bone graft	0256	37.1347	$2,120.32		$424.06
21215	T		Lower jaw bone graft	0256	37.1347	$2,120.32		$424.06
21230	T		Rib cartilage graft	0256	37.1347	$2,120.32		$424.06
21235	T		Ear cartilage graft	0254	23.5464	$1,344.45	$321.35	$268.89
21240	T		Reconstruction of jaw joint	0256	37.1347	$2,120.32		$424.06
21242	T		Reconstruction of jaw joint	0256	37.1347	$2,120.32		$424.06
21243	T		Reconstruction of jaw joint	0256	37.1347	$2,120.32		$424.06
21244	T		Reconstruction of lower jaw	0256	37.1347	$2,120.32		$424.06
21245	T		Reconstruction of jaw	0256	37.1347	$2,120.32		$424.06
21246	T		Reconstruction of jaw	0256	37.1347	$2,120.32		$424.06
21247	C		Reconstruct lower jaw bone					
21248	T		Reconstruction of jaw	0256	37.1347	$2,120.32		$424.06
21249	T		Reconstruction of jaw	0256	37.1347	$2,120.32		$424.06
21255	C		Reconstruct lower jaw bone					
21256	C		Reconstruction of orbit					
21260	T		Revise eye sockets	0256	37.1347	$2,120.32		$424.06
21261	T		Revise eye sockets	0256	37.1347	$2,120.32		$424.06
21263	T		Revise eye sockets	0256	37.1347	$2,120.32		$424.06
21267	T		Revise eye sockets	0256	37.1347	$2,120.32		$424.06
21268	C		Revise eye sockets					
21270	T		Augmentation, cheek bone	0256	37.1347	$2,120.32		$424.06
21275	T		Revision, orbitofacial bones	0256	37.1347	$2,120.32		$424.06
21280	T		Revision of eyelid	0256	37.1347	$2,120.32		$424.06
21282	T		Revision of eyelid	0253	15.9924	$913.13	$282.29	$182.63
21295	T		Revision of jaw muscle/bone	0252	6.5732	$375.32	$113.41	$75.06
21296	T		Revision of jaw muscle/bone	0254	23.5464	$1,344.45	$321.35	$268.89
21299	T		Cranio/maxillofacial surgery	0251	1.9490	$111.28		$22.26
21300	T		Treatment of skull fracture	0253	15.9924	$913.13	$282.29	$182.63
21310	T		Treatment of nose fracture	0251	1.9490	$111.28		$22.26
21315	T		Treatment of nose fracture	0251	1.9490	$111.28		$22.26
21320	T		Treatment of nose fracture	0252	6.5732	$375.32	$113.41	$75.06
21325	T		Treatment of nose fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21330	T		Treatment of nose fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21335	T		Treatment of nose fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21336	T		Treat nasal septal fracture	0046	34.9274	$1,994.28	$535.76	$398.86
21337	T		Treat nasal septal fracture	0253	15.9924	$913.13	$282.29	$182.63
21338	T		Treat nasoethmoid fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21339	T		Treat nasoethmoid fracture	0254	23.5464	$1,344.45	$321.35	$268.89

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21340	T		Treatment of nose fracture	0256	37.1347	$2,120.32		$424.06
21343	C		Treatment of sinus fracture					
21344	C		Treatment of sinus fracture					
21345	T		Treat nose/jaw fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21346	C		Treat nose/jaw fracture					
21347	C		Treat nose/jaw fracture					
21348	C		Treat nose/jaw fracture					
21355	T		Treat cheek bone fracture	0256	37.1347	$2,120.32		$424.06
21356	T		Treat cheek bone fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21360	C		Treat cheek bone fracture					
21365	C		Treat cheek bone fracture					
21366	C		Treat cheek bone fracture					
21385	C		Treat eye socket fracture					
21386	C		Treat eye socket fracture					
21387	C		Treat eye socket fracture					
21390	T		Treat eye socket fracture	0256	37.1347	$2,120.32		$424.06
21395	C		Treat eye socket fracture					
21400	T		Treat eye socket fracture	0252	6.5732	$375.32	$113.41	$75.06
21401	T		Treat eye socket fracture	0253	15.9924	$913.13	$282.29	$182.63
21406	T		Treat eye socket fracture	0256	37.1347	$2,120.32		$424.06
21407	T		Treat eye socket fracture	0256	37.1347	$2,120.32		$424.06
21408	C		Treat eye socket fracture					
21421	T		Treat mouth roof fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21422	C		Treat mouth roof fracture					
21423	C		Treat mouth roof fracture					
21431	C		Treat craniofacial fracture					
21432	C		Treat craniofacial fracture					
21433	C		Treat craniofacial fracture					
21435	C		Treat craniofacial fracture					
21436	C		Treat craniofacial fracture					
21440	T		Treat dental ridge fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21445	T		Treat dental ridge fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21450	T		Treat lower jaw fracture	0251	1.9490	$111.28		$22.26
21451	T		Treat lower jaw fracture	0252	6.5732	$375.32	$113.41	$75.06
21452	T		Treat lower jaw fracture	0253	15.9924	$913.13	$282.29	$182.63
21453	T		Treat lower jaw fracture	0256	37.1347	$2,120.32		$424.06
21454	T		Treat lower jaw fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21461	T		Treat lower jaw fracture	0256	37.1347	$2,120.32		$424.06
21462	T		Treat lower jaw fracture	0256	37.1347	$2,120.32		$424.06
21465	T		Treat lower jaw fracture	0256	37.1347	$2,120.32		$424.06
21470	T		Treat lower jaw fracture	0256	37.1347	$2,120.32		$424.06
21480	T		Reset dislocated jaw	0251	1.9490	$111.28		$22.26
21485	T		Reset dislocated jaw	0253	15.9924	$913.13	$282.29	$182.63
21490	T		Repair dislocated jaw	0256	37.1347	$2,120.32		$424.06
21493	T		Treat hyoid bone fracture	0252	6.5732	$375.32	$113.41	$75.06
21494	T		Treat hyoid bone fracture	0252	6.5732	$375.32	$113.41	$75.06
21495	C		Treat hyoid bone fracture					
21497	T		Interdental wiring	0253	15.9924	$913.13	$282.29	$182.63
21499	T		Head surgery procedure	0251	1.9490	$111.28		$22.26
21501	T		Drain neck/chest lesion	0008	19.5952	$1,118.85		$223.77

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21502	T		Drain chest lesion	0049	20.3460	$1,161.72		$232.34
21510	C		Drainage of bone lesion					
21550	T		Biopsy of neck/chest	0021	14.9964	$856.26	$219.48	$171.25
21555	T		Remove lesion, neck/chest	0022	19.4617	$1,111.22	$354.45	$222.24
21556	T		Remove lesion, neck/chest	0022	19.4617	$1,111.22	$354.45	$222.24
21557	T		Remove tumor, neck/chest	0022	19.4617	$1,111.22	$354.45	$222.24
21600	T		Partial removal of rib	0050	24.7044	$1,410.57		$282.11
21610	T		Partial removal of rib	0050	24.7044	$1,410.57		$282.11
21615	C		Removal of rib					
21616	C		Removal of rib and nerves					
21620	C		Partial removal of sternum					
21627	C		Sternal debridement					
21630	C		Extensive sternum surgery					
21632	C		Extensive sternum surgery					
21685	T		Hyoid myotomy & suspension	0252	6.5732	$375.32	$113.41	$75.06
21700	T		Revision of neck muscle	0049	20.3460	$1,161.72		$232.34
21705	C		Revision of neck muscle/rib					
21720	T		Revision of neck muscle	0049	20.3460	$1,161.72		$232.34
21725	T		Revision of neck muscle	0006	1.6969	$96.89	$23.26	$19.38
21740	C		Reconstruction of sternum					
21742	T		Repair stern/nuss w/o scope	0051	36.1086	$2,061.73		$412.35
21743	T		Repair sternum/nuss w/scope	0051	36.1086	$2,061.73		$412.35
21750	C		Repair of sternum separation					
21800	T		Treatment of rib fracture	0043	1.8350	$104.77		$20.95
21805	T		Treatment of rib fracture	0046	34.9274	$1,994.28	$535.76	$398.86
21810	C		Treatment of rib fracture(s)					
21820	T		Treat sternum fracture	0043	1.8350	$104.77		$20.95
21825	C		Treat sternum fracture					
21899	T		Neck/chest surgery procedure	0251	1.9490	$111.28		$22.26
21920	T		Biopsy soft tissue of back	0020	7.7453	$442.24	$113.25	$88.45
21925	T		Biopsy soft tissue of back	0022	19.4617	$1,111.22	$354.45	$222.24
21930	T		Remove lesion, back or flank	0022	19.4617	$1,111.22	$354.45	$222.24
21935	T		Remove tumor, back	0022	19.4617	$1,111.22	$354.45	$222.24
22100	T		Remove part of neck vertebra	0208	42.6390	$2,434.60		$486.92
22101	T		Remove part, thorax vertebra	0208	42.6390	$2,434.60		$486.92
22102	T		Remove part, lumbar vertebra	0208	42.6390	$2,434.60		$486.92
22103	T		Remove extra spine segment	0208	42.6390	$2,434.60		$486.92
22110	C		Remove part of neck vertebra					
22112	C		Remove part, thorax vertebra					
22114	C		Remove part, lumbar vertebra					
22116	C		Remove extra spine segment					
22210	C		Revision of neck spine					
22212	C		Revision of thorax spine					
22214	C		Revision of lumbar spine					
22216	C		Revise, extra spine segment					
22220	C		Revision of neck spine					
22222	T		Revision of thorax spine	0208	42.6390	$2,434.60		$486.92
22224	C		Revision of lumbar spine					
22226	C		Revise, extra spine segment					
22305	T		Treat spine process fracture	0043	1.8350	$104.77		$20.95

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22310	T		Treat spine fracture	0043	1.8350	$104.77		$20.95
22315	T		Treat spine fracture	0043	1.8350	$104.77		$20.95
22318	C		Treat odontoid fx w/o graft					
22319	C		Treat odontoid fx w/graft					
22325	C		Treat spine fracture					
22326	C		Treat neck spine fracture					
22327	C		Treat thorax spine fracture					
22328	C		Treat each add spine fx					
22505	T		Manipulation of spine	0045	14.2303	$812.52	$268.47	$162.50
22520	T		Percut vertebroplasty thor	0050	24.7044	$1,410.57		$282.11
22521	T		Percut vertebroplasty lumb	0050	24.7044	$1,410.57		$282.11
22522	T		Percut vertebroplasty add'l	0050	24.7044	$1,410.57		$282.11
22532	C		Lat thorax spine fusion					
22533	C		Lat lumbar spine fusion					
22534	C		Lat thor/lumb, add'l seg					
22548	C		Neck spine fusion					
22554	C		Neck spine fusion					
22556	C		Thorax spine fusion					
22558	C		Lumbar spine fusion					
22585	C		Additional spinal fusion					
22590	C		Spine & skull spinal fusion					
22595	C		Neck spinal fusion					
22600	C		Neck spine fusion					
22610	C		Thorax spine fusion					
22612	T		Lumbar spine fusion	0208	42.6390	$2,434.60		$486.92
22614	T		Spine fusion, extra segment	0208	42.6390	$2,434.60		$486.92
22630	C		Lumbar spine fusion					
22632	C		Spine fusion, extra segment					
22800	C		Fusion of spine					
22802	C		Fusion of spine					
22804	C		Fusion of spine					
22808	C		Fusion of spine					
22810	C		Fusion of spine					
22812	C		Fusion of spine					
22818	C		Kyphectomy, 1-2 segments					
22819	C		Kyphectomy, 3 or more					
22830	C		Exploration of spinal fusion					
22840	C		Insert spine fixation device					
22841	C		Insert spine fixation device					
22842	C		Insert spine fixation device					
22843	C		Insert spine fixation device					
22844	C		Insert spine fixation device					
22845	C		Insert spine fixation device					
22846	C		Insert spine fixation device					
22847	C		Insert spine fixation device					
22848	C		Insert pelv fixation device					
22849	C		Reinsert spinal fixation					
22850	C		Remove spine fixation device					
22851	C		Apply spine prosth device					
22852	C		Remove spine fixation device					

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22855	C		Remove spine fixation device					
22899	T		Spine surgery procedure	0043	1.8350	$104.77		$20.95
22900	T		Remove abdominal wall lesion	0022	19.4617	$1,111.22	$354.45	$222.24
22999	T		Abdomen surgery procedure	0019	4.2663	$243.60	$71.87	$48.72
23000	T		Removal of calcium deposits	0021	14.9964	$856.26	$219.48	$171.25
23020	T		Release shoulder joint	0051	36.1086	$2,061.73		$412.35
23030	T		Drain shoulder lesion	0008	19.5952	$1,118.85		$223.77
23031	T		Drain shoulder bursa	0008	19.5952	$1,118.85		$223.77
23035	T		Drain shoulder bone lesion	0049	20.3460	$1,161.72		$232.34
23040	T		Exploratory shoulder surgery	0050	24.7044	$1,410.57		$282.11
23044	T		Exploratory shoulder surgery	0050	24.7044	$1,410.57		$282.11
23065	T		Biopsy shoulder tissues	0021	14.9964	$856.26	$219.48	$171.25
23066	T		Biopsy shoulder tissues	0022	19.4617	$1,111.22	$354.45	$222.24
23075	T		Removal of shoulder lesion	0021	14.9964	$856.26	$219.48	$171.25
23076	T		Removal of shoulder lesion	0022	19.4617	$1,111.22	$354.45	$222.24
23077	T		Remove tumor of shoulder	0022	19.4617	$1,111.22	$354.45	$222.24
23100	T		Biopsy of shoulder joint	0049	20.3460	$1,161.72		$232.34
23101	T		Shoulder joint surgery	0050	24.7044	$1,410.57		$282.11
23105	T		Remove shoulder joint lining	0050	24.7044	$1,410.57		$282.11
23106	T		Incision of collarbone joint	0050	24.7044	$1,410.57		$282.11
23107	T		Explore treat shoulder joint	0050	24.7044	$1,410.57		$282.11
23120	T		Partial removal, collar bone	0051	36.1086	$2,061.73		$412.35
23125	T		Removal of collar bone	0051	36.1086	$2,061.73		$412.35
23130	T		Remove shoulder bone, part	0051	36.1086	$2,061.73		$412.35
23140	T		Removal of bone lesion	0049	20.3460	$1,161.72		$232.34
23145	T		Removal of bone lesion	0050	24.7044	$1,410.57		$282.11
23146	T		Removal of bone lesion	0050	24.7044	$1,410.57		$282.11
23150	T		Removal of humerus lesion	0050	24.7044	$1,410.57		$282.11
23155	T		Removal of humerus lesion	0050	24.7044	$1,410.57		$282.11
23156	T		Removal of humerus lesion	0050	24.7044	$1,410.57		$282.11
23170	T		Remove collar bone lesion	0050	24.7044	$1,410.57		$282.11
23172	T		Remove shoulder blade lesion	0050	24.7044	$1,410.57		$282.11
23174	T		Remove humerus lesion	0050	24.7044	$1,410.57		$282.11
23180	T		Remove collar bone lesion	0050	24.7044	$1,410.57		$282.11
23182	T		Remove shoulder blade lesion	0050	24.7044	$1,410.57		$282.11
23184	T		Remove humerus lesion	0050	24.7044	$1,410.57		$282.11
23190	T		Partial removal of scapula	0050	24.7044	$1,410.57		$282.11
23195	T		Removal of head of humerus	0050	24.7044	$1,410.57		$282.11
23200	C		Removal of collar bone					
23210	C		Removal of shoulder blade					
23220	C		Partial removal of humerus					
23221	C		Partial removal of humerus					
23222	C		Partial removal of humerus					
23330	T		Remove shoulder foreign body	0020	7.7453	$442.24	$113.25	$88.45
23331	T		Remove shoulder foreign body	0022	19.4617	$1,111.22	$354.45	$222.24
23332	C		Remove shoulder foreign body					
23350	N		Injection for shoulder x-ray					
23395	T		Muscle transfer,shoulder/arm	0051	36.1086	$2,061.73		$412.35
23397	T		Muscle transfers	0052	43.8069	$2,501.29		$500.26
23400	T		Fixation of shoulder blade	0050	24.7044	$1,410.57		$282.11

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23405	T		Incision of tendon & muscle	0050	24.7044	$1,410.57		$282.11
23406	T		Incise tendon(s) & muscle(s)	0050	24.7044	$1,410.57		$282.11
23410	T		Repair of tendon(s)	0052	43.8069	$2,501.29		$500.26
23412	T		Repair rotator cuff, chronic	0052	43.8069	$2,501.29		$500.26
23415	T		Release of shoulder ligament	0051	36.1086	$2,061.73		$412.35
23420	T		Repair of shoulder	0052	43.8069	$2,501.29		$500.26
23430	T		Repair biceps tendon	0052	43.8069	$2,501.29		$500.26
23440	T		Remove/transplant tendon	0052	43.8069	$2,501.29		$500.26
23450	T		Repair shoulder capsule	0052	43.8069	$2,501.29		$500.26
23455	T		Repair shoulder capsule	0052	43 8069	$2,501.29		$500.26
23460	T		Repair shoulder capsule	0052	43 8069	$2,501.29		$500.26
23462	T		Repair shoulder capsule	0052	43 8069	$2,501.29		$500.26
23465	T		Repair shoulder capsule	0052	43.8069	$2,501.29		$500.26
23466	T		Repair shoulder capsule	0052	43.8069	$2,501.29		$500.26
23470	T		Reconstruct shoulder joint	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
23472	C		Reconstruct shoulder joint					
23480	T		Revision of collar bone	0051	36.1086	$2,061.73		$412.35
23485	T		Revision of collar bone	0051	36.1086	$2,061.73		$412.35
23490	T		Reinforce clavicle	0051	36.1086	$2,061.73		$412.35
23491	T		Reinforce shoulder bones	0051	36.1086	$2,061.73		$412.35
23500	T		Treat clavicle fracture	0043	1.8350	$104.77		$20.95
23505	T		Treat clavicle fracture	0043	1.8350	$104.77		$20.95
23515	T		Treat clavicle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
23520	T		Treat clavicle dislocation	0043	1.8350	$104.77		$20.95
23525	T		Treat clavicle dislocation	0043	1.8350	$104.77		$20.95
23530	T		Treat clavicle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
23532	T		Treat clavicle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
23540	T		Treat clavicle dislocation	0043	1.8350	$104.77		$20.95
23545	T		Treat clavicle dislocation	0043	1.8350	$104.77		$20.95
23550	T		Treat clavicle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
23552	T		Treat clavicle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
23570	T		Treat shoulder blade fx	0043	1.8350	$104.77		$20.95
23575	T		Treat shoulder blade fx	0043	1.8350	$104.77		$20.95
23585	T		Treat scapula fracture	0046	34.9274	$1,994.28	$535.76	$398.86
23600	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
23605	T		Treat humerus fracture	0043	1 8350	$104.77		$20 95
23615	T		Treat humerus fracture	0046	34 9274	$1,994.28	$535.76	$398 86
23616	T		Treat humerus fracture	0046	34 9274	$1 994.28	$535.76	$398 86
23620	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
23625	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
23630	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
23650	T		Treat shoulder dislocation	0043	1.8350	$104.77		$20.95
23655	T		Treat shoulder dislocation	0045	14.2303	$812.52	$268.47	$162.50
23660	T		Treat shoulder dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
23665	T		Treat dislocation/fracture	0043	1.8350	$104.77		$20.95
23670	T		Treat dislocation/fracture	0046	34.9274	$1,994.28	$535.76	$398.86
23675	T		Treat dislocation/fracture	0043	1.8350	$104.77		$20.95
23680	T		Treat dislocation/fracture	0046	34.9274	$1,994.28	$535.76	$398.86
23700	T		Fixation of shoulder	0045	14.2303	$812.52	$268.47	$162.50
23800	T		Fusion of shoulder joint	0051	36.1086	$2,061.73		$412.35

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23802	T		Fusion of shoulder joint	0051	36.1086	$2,061.73		$412.35
23900	C		Amputation of arm & girdle					
23920	C		Amputation at shoulder joint					
23921	T		Amputation follow-up surgery	0025	4.6906	$267.82	$101.17	$53.56
23929	T		Shoulder surgery procedure	0043	1.8350	$104.77		$20.95
23930	T		Drainage of arm lesion	0008	19.5952	$1,118.85		$223.77
23931	T		Drainage of arm bursa	0007	12.5436	$716.21		$143.24
23935	T		Drain arm/elbow bone lesion	0049	20.3460	$1,161.72		$232.34
24000	T		Exploratory elbow surgery	0050	24.7044	$1,410.57		$282.11
24006	T		Release elbow joint	0050	24.7044	$1,410.57		$282.11
24065	T		Biopsy arm/elbow soft tissue	0021	14.9964	$856.26	$219.48	$171.25
24066	T		Biopsy arm/elbow soft tissue	0021	14.9964	$856.26	$219.48	$171.25
24075	T		Remove arm/elbow lesion	0021	14.9964	$856.26	$219.48	$171.25
24076	T		Remove arm/elbow lesion	0022	19.4617	$1,111.22	$354.45	$222.24
24077	T		Remove tumor of arm/elbow	0022	19.4617	$1,111.22	$354.45	$222.24
24100	T		Biopsy elbow joint lining	0049	20.3460	$1,161.72		$232.34
24101	T		Explore/treat elbow joint	0050	24.7044	$1,410.57		$282.11
24102	T		Remove elbow joint lining	0050	24.7044	$1,410.57		$282.11
24105	T		Removal of elbow bursa	0049	20.3460	$1,161.72		$232.34
24110	T		Remove humerus lesion	0049	20.3460	$1,161.72		$232.34
24115	T		Remove/graft bone lesion	0050	24.7044	$1,410.57		$282.11
24116	T		Remove/graft bone lesion	0050	24.7044	$1,410.57		$282.11
24120	T		Remove elbow lesion	0049	20.3460	$1,161.72		$232.34
24125	T		Remove/graft bone lesion	0050	24.7044	$1,410.57		$282.11
24126	T		Remove/graft bone lesion	0050	24.7044	$1,410.57		$282.11
24130	T		Removal of head of radius	0050	24.7044	$1,410.57		$282.11
24134	T		Removal of arm bone lesion	0050	24.7044	$1,410.57		$282.11
24136	T		Remove radius bone lesion	0050	24.7044	$1,410.57		$282.11
24138	T		Remove elbow bone lesion	0050	24.7044	$1,410.57		$282.11
24140	T		Partial removal of arm bone	0050	24.7044	$1,410.57		$282.11
24145	T		Partial removal of radius	0050	24.7044	$1,410.57		$282.11
24147	T		Partial removal of elbow	0050	24.7044	$1,410.57		$282.11
24149	T		Radical resection of elbow	0050	24.7044	$1,410.57		$282.11
24150	T		Extensive humerus surgery	0052	43.8069	$2,501.29		$500.26
24151	T		Extensive humerus surgery	0052	43.8069	$2,501.29		$500.26
24152	T		Extensive radius surgery	0052	43.8069	$2,501.29		$500.26
24153	T		Extensive radius surgery	0052	43.8069	$2,501.29		$500.26
24155	T		Removal of elbow joint	0051	36.1086	$2,061.73		$412.35
24160	T		Remove elbow joint implant	0050	24.7044	$1,410.57		$282.11
24164	T		Remove radius head implant	0050	24.7044	$1,410.57		$282.11
24200	T		Removal of arm foreign body	0019	4.2663	$243.60	$71.87	$48.72
24201	T		Removal of arm foreign body	0021	14.9964	$856.26	$219.48	$171.25
24220	N		Injection for elbow x-ray					
24300	T		Manipulate elbow w/anesth	0045	14.2303	$812.52	$268.47	$162.50
24301	T		Muscle/tendon transfer	0050	24.7044	$1,410.57		$282.11
24305	T		Arm tendon lengthening	0050	24.7044	$1,410.57		$282.11
24310	T		Revision of arm tendon	0049	20.3460	$1,161.72		$232.34
24320	T		Repair of arm tendon	0051	36.1086	$2,061.73		$412.35
24330	T		Revision of arm muscles	0051	36.1086	$2,061.73		$412.35
24331	T		Revision of arm muscles	0051	36.1086	$2,061.73		$412.35

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24332	T		Tenolysis, triceps	0049	20.3460	$1,161.72		$232.34
24340	T		Repair of biceps tendon	0051	36.1086	$2,061.73		$412.35
24341	T		Repair arm tendon/muscle	0051	36.1086	$2,061.73		$412.35
24342	T		Repair of ruptured tendon	0051	36.1086	$2,061.73		$412.35
24343	T		Repr elbow lat ligmnt w/tiss	0050	24.7044	$1,410.57		$282.11
24344	T		Reconstruct elbow lat ligmnt	0051	36.1086	$2,061.73		$412.35
24345	T		Repr elbw med ligmnt w/tissu	0050	24.7044	$1,410.57		$282.11
24346	T		Reconstruct elbow med ligmnt	0051	36.1086	$2,061.73		$412.35
24350	T		Repair of tennis elbow	0050	24.7044	$1,410.57		$282.11
24351	T		Repair of tennis elbow	0050	24.7044	$1,410.57		$282.11
24352	T		Repair of tennis elbow	0050	24.7044	$1,410.57		$282.11
24354	T		Repair of tennis elbow	0050	24.7044	$1,410.57		$282.11
24356	T		Revision of tennis elbow	0050	24.7044	$1,410.57		$282.11
24360	T		Reconstruct elbow joint	0047	31.3840	$1,791.96	$537.03	$358.39
24361	T		Reconstruct elbow joint	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
24362	T		Reconstruct elbow joint	0048	41.1519	$2,349.69	$582.12	$469.94
24363	T		Replace elbow joint	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
24365	T		Reconstruct head of radius	0047	31.3840	$1,791.96	$537.03	$358.39
24366	T		Reconstruct head of radius	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
24400	T		Revision of humerus	0050	24.7044	$1,410.57		$282.11
24410	T		Revision of humerus	0050	24.7044	$1,410.57		$282.11
24420	T		Revision of humerus	0051	36.1086	$2,061.73		$412.35
24430	T		Repair of humerus	0051	36.1086	$2,061.73		$412.35
24435	T		Repair humerus with graft	0051	36.1086	$2,061.73		$412.35
24470	T		Revision of elbow joint	0051	36.1086	$2,061.73		$412.35
24495	T		Decompression of forearm	0050	24.7044	$1,410.57		$282.11
24498	T		Reinforce humerus	0051	36.1086	$2,061.73		$412.35
24500	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24505	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24515	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24516	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24530	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24535	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24538	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24545	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24546	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24560	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24565	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24566	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24575	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24576	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24577	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24579	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24582	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24586	T		Treat elbow fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24587	T		Treat elbow fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24600	T		Treat elbow dislocation	0043	1.8350	$104.77		$20.95
24605	T		Treat elbow dislocation	0045	14.2303	$812.52	$268.47	$162.50
24615	T		Treat elbow dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
24620	T		Treat elbow fracture	0043	1.8350	$104.77		$20.95

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24635	T		Treat elbow fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24640	T		Treat elbow dislocation	0043	1.8350	$104.77		$20.95
24650	T		Treat radius fracture	0043	1.8350	$104.77		$20.95
24655	T		Treat radius fracture	0043	1.8350	$104.77		$20.95
24665	T		Treat radius fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24666	T		Treat radius fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24670	T		Treat ulnar fracture	0043	1.8350	$104.77		$20.95
24675	T		Treat ulnar fracture	0043	1.8350	$104.77		$20.95
24685	T		Treat ulnar fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24800	T		Fusion of elbow joint	0051	36.1086	$2,061.73		$412.35
24802	T		Fusion/graft of elbow joint	0051	36.1086	$2,061.73		$412.35
24900	C		Amputation of upper arm					
24920	C		Amputation of upper arm					
24925	T		Amputation follow-up surgery	0049	20.3460	$1,161.72		$232.34
24930	C		Amputation follow-up surgery					
24931	C		Amputate upper arm & implant					
24935	T		Revision of amputation	0052	43.8069	$2,501.29		$500.26
24940	C		Revision of upper arm					
24999	T		Upper arm/elbow surgery	0043	1.8350	$104.77		$20.95
25000	T		Incision of tendon sheath	0049	20.3460	$1,161.72		$232.34
25001	T		Incise flexor carpi radialis	0049	20.3460	$1,161.72		$232.34
25020	T		Decompress forearm 1 space	0049	20.3460	$1,161.72		$232.34
25023	T		Decompress forearm 1 space	0050	24.7044	$1,410.57		$282.11
25024	T		Decompress forearm 2 spaces	0050	24.7044	$1,410.57		$282.11
25025	T		Decompress forearm 2 spaces	0050	24.7044	$1,410.57		$282.11
25028	T		Drainage of forearm lesion	0049	20.3460	$1,161.72		$232.34
25031	T		Drainage of forearm bursa	0049	20.3460	$1,161.72		$232.34
25035	T		Treat forearm bone lesion	0049	20.3460	$1,161.72		$232.34
25040	T		Explore/treat wrist joint	0050	24.7044	$1,410.57		$282.11
25065	T		Biopsy forearm soft tissues	0021	14.9964	$856.26	$219.48	$171.25
25066	T		Biopsy forearm soft tissues	0022	19.4617	$1,111.22	$354.45	$222.24
25075	T		Removel forearm lesion subcu	0021	14.9964	$856.26	$219.48	$171.25
25076	T		Removel forearm lesion deep	0022	19.4617	$1,111.22	$354.45	$222.24
25077	T		Remove tumor, forearm/wrist	0022	19.4617	$1,111.22	$354.45	$222.24
25085	T		Incision of wrist capsule	0049	20.3460	$1,161.72		$232.34
25100	T		Biopsy of wrist joint	0049	20.3460	$1,161.72		$232.34
25101	T		Explore/treat wrist joint	0050	24.7044	$1,410.57		$282.11
25105	T		Remove wrist joint lining	0050	24.7044	$1,410.57		$282.11
25107	T		Remove wrist joint cartilage	0050	24.7044	$1,410.57		$282.11
25110	T		Remove wrist tendon lesion	0049	20.3460	$1,161.72		$232.34
25111	T		Remove wrist tendon lesion	0053	15.6402	$893.02	$253.49	$178.60
25112	T		Reremove wrist tendon lesion	0053	15.6402	$893.02	$253.49	$178.60
25115	T		Remove wrist/forearm lesion	0049	20.3460	$1,161.72		$232.34
25116	T		Remove wrist/forearm lesion	0049	20.3460	$1,161.72		$232.34
25118	T		Excise wrist tendon sheath	0050	24.7044	$1,410.57		$282.11
25119	T		Partial removal of ulna	0050	24.7044	$1,410.57		$282.11
25120	T		Removal of forearm lesion	0050	24.7044	$1,410.57		$282.11
25125	T		Remove/graft forearm lesion	0050	24.7044	$1,410.57		$282.11
25126	T		Remove/graft forearm lesion	0050	24.7044	$1,410.57		$282.11
25130	T		Removal of wrist lesion	0050	24.7044	$1,410.57		$282.11

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
25135	T		Remove & graft wrist lesion	0050	24.7044	$1,410.57		$282.11
25136	T		Remove & graft wrist lesion	0050	24.7044	$1,410.57		$282.11
25145	T		Remove forearm bone lesion	0050	24.7044	$1,410.57		$282.11
25150	T		Partial removal of ulna	0050	24.7044	$1,410.57		$282.11
25151	T		Partial removal of radius	0050	24.7044	$1,410.57		$282.11
25170	T		Extensive forearm surgery	0052	43.8069	$2,501.29		$500.26
25210	T		Removal of wrist bone	0054	25.0921	$1,432.71		$286.54
25215	T		Removal of wrist bones	0054	25.0921	$1,432.71		$286.54
25230	T		Partial removal of radius	0050	24.7044	$1,410.57		$282.11
25240	T		Partial removal of ulna	0050	24.7044	$1,410.57		$282.11
25246	N		Injection for wrist x-ray					
25248	T		Remove forearm foreign body	0049	20.3460	$1,161.72		$232.34
25250	T		Removal of wrist prosthesis	0050	24.7044	$1,410.57		$282.11
25251	T		Removal of wrist prosthesis	0050	24.7044	$1,410.57		$282.11
25259	T		Manipulate wrist w/anesthes	0043	1.8350	$104.77		$20.95
25260	T		Repair forearm tendon/muscle	0050	24.7044	$1,410.57		$282.11
25263	T		Repair forearm tendon/muscle	0050	24.7044	$1,410.57		$282.11
25265	T		Repair forearm tendon/muscle	0050	24.7044	$1,410.57		$282.11
25270	T		Repair forearm tendon/muscle	0050	24.7044	$1,410.57		$282.11
25272	T		Repair forearm tendon/muscle	0050	24.7044	$1,410.57		$282.11
25274	T		Repair forearm tendon/muscle	0050	24.7044	$1,410.57		$282.11
25275	T		Repair forearm tendon sheath	0050	24.7044	$1,410.57		$282.11
25280	T		Revise wrist/forearm tendon	0050	24.7044	$1,410.57		$282.11
25290	T		Incise wrist/forearm tendon	0050	24.7044	$1,410.57		$282.11
25295	T		Release wrist/forearm tendon	0049	20.3460	$1,161.72		$232.34
25300	T		Fusion of tendons at wrist	0050	24.7044	$1,410.57		$282.11
25301	T		Fusion of tendons at wrist	0050	24.7044	$1,410.57		$282.11
25310	T		Transplant forearm tendon	0051	36.1086	$2,061.73		$412.35
25312	T		Transplant forearm tendon	0051	36.1086	$2,061.73		$412.35
25315	T		Revise palsy hand tendon(s)	0051	36.1086	$2,061.73		$412.35
25316	T		Revise palsy hand tendon(s)	0051	36.1086	$2,061.73		$412.35
25320	T		Repair/revise wrist joint	0051	36.1086	$2,061.73		$412.35
25332	T		Revise wrist joint	0047	31.3840	$1,791.96	$537.03	$358.39
25335	T		Realignment of hand	0051	36.1086	$2,061.73		$412.35
25337	T		Reconstruct ulna/radioulnar	0051	36.1086	$2,061.73		$412.35
25350	T		Revision of radius	0051	36.1086	$2,061.73		$412.35
25355	T		Revision of radius	0051	36.1086	$2,061.73		$412.35
25360	T		Revision of ulna	0050	24.7044	$1,410.57		$282.11
25365	T		Revise radius & ulna	0050	24.7044	$1,410.57		$282.11
25370	T		Revise radius or ulna	0051	36.1086	$2,061.73		$412.35
25375	T		Revise radius & ulna	0051	36.1086	$2,061.73		$412.35
25390	T		Shorten radius or ulna	0050	24.7044	$1,410.57		$282.11
25391	T		Lengthen radius or ulna	0051	36.1086	$2,061.73		$412.35
25392	T		Shorten radius & ulna	0050	24.7044	$1,410.57		$282.11
25393	T		Lengthen radius & ulna	0051	36.1086	$2,061.73		$412.35
25394	T		Repair carpal bone, shorten	0053	15.6402	$893.02	$253.49	$178.60
25400	T		Repair radius or ulna	0050	24.7044	$1,410.57		$282.11
25405	T		Repair/graft radius or ulna	0050	24.7044	$1,410.57		$282.11
25415	T		Repair radius & ulna	0050	24.7044	$1,410.57		$282.11
25420	T		Repair/graft radius & ulna	0051	36.1086	$2,061.73		$412.35

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25425	T		Repair/graft radius or ulna	0051	36.1086	$2,061.73		$412.35
25426	T		Repair/graft radius & ulna	0051	36.1086	$2,061.73		$412.35
25430	T		Vasc graft into carpal bone	0054	25.0921	$1,432.71		$286 54
25431	T		Repair nonunion carpal bone	0054	25.0921	$1,432.71		$286 54
25440	T		Repair/graft wrist bone	0051	36.1086	$2,061.73		$412.35
25441	T		Reconstruct wrist joint	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
25442	T		Reconstruct wrist joint	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
25443	T		Reconstruct wrist joint	0048	41.1519	$2,349.69	$582.12	$469.94
25444	T		Reconstruct wrist joint	0048	41.1519	$2,349.69	$582.12	$469.94
25445	T		Reconstruct wrist joint	0048	41.1519	$2,349.69	$582.12	$469.94
25446	T		Wrist replacement	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
25447	T		Repair wrist joint(s)	0047	31.3840	$1,791 96	$537.03	$358.39
25449	T		Remove wrist joint implant	0047	31.3840	$1,791 96	$537.03	$358.39
25450	T		Revision of wrist joint	0051	36.1086	$2,061 73		$412.35
25455	T		Revision of wrist joint	0051	36.1086	$2,061.73		$412.35
25490	T		Reinforce radius	0051	36.1086	$2,061.73		$412.35
25491	T		Reinforce ulna	0051	36.1086	$2,061.73		$412.35
25492	T		Reinforce radius and ulna	0051	36.1086	$2,061.73		$412.35
25500	T		Treat fracture of radius	0043	1.8350	$104.77		$20.95
25505	T		Treat fracture of radius	0043	1.8350	$104.77		$20.95
25515	T		Treat fracture of radius	0046	34.9274	$1,994.28	$535.76	$398.86
25520	T		Treat fracture of radius	0043	1.8350	$104.77		$20.95
25525	T		Treat fracture of radius	0046	34.9274	$1,994.28	$535.76	$398.86
25526	T		Treat fracture of radius	0046	34.9274	$1,994.28	$535.76	$398.86
25530	T		Treat fracture of ulna	0043	1.8350	$104.77		$20.95
25535	T		Treat fracture of ulna	0043	1.8350	$104.77		$20.95
25545	T		Treat fracture of ulna	0046	34.9274	$1,994.28	$535.76	$398.86
25560	T		Treat fracture radius & ulna	0043	1.8350	$104.77		$20.95
25565	T		Treat fracture radius & ulna	0043	1.8350	$104.77		$20.95
25574	T		Treat fracture radius & ulna	0046	34.9274	$1,994.28	$535.76	$398.86
25575	T		Treat fracture radius/ulna	0046	34.9274	$1,994.28	$535.76	$398.86
25600	T		Treat fracture radius/ulna	0043	1.8350	$104.77		$20.95
25605	T		Treat fracture radius/ulna	0043	1.8350	$104.77		$20.95
25611	T		Treat fracture radius/ulna	0046	34.9274	$1,994.28	$535.76	$398.86
25620	T		Treat fracture radius/ulna	0046	34.9274	$1,994.28	$535.76	$398.86
25622	T		Treat wrist bone fracture	0043	1.8350	$104.77		$20.95
25624	T		Treat wrist bone fracture	0043	1 8350	$104 77		$20.95
25628	T		Treat wrist bone fracture	0046	34 9274	$1,994 28	$535.76	$398.86
25630	T		Treat wrist bone fracture	0043	1.8350	$104.77		$20.95
25635	T		Treat wrist bone fracture	0043	1.8350	$104.77		$20.95
25645	T		Treat wrist bone fracture	0046	34.9274	$1,994.28	$535.76	$398.86
25650	T		Treat wrist bone fracture	0043	1.8350	$104.77		$20.95
25651	T		Pin ulnar styloid fracture	0046	34.9274	$1,994.28	$535.76	$398.86
25652	T		Treat fracture ulnar styloid	0046	34.9274	$1,994.28	$535.76	$398.86
25660	T		Treat wrist dislocation	0043	1.8350	$104.77		$20.95
25670	T		Treat wrist dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
25671	T		Pin radioulnar dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
25675	T		Treat wrist dislocation	0043	1.8350	$104.77		$20.95
25676	T		Treat wrist dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
25680	T		Treat wrist fracture	0043	1.8350	$104.77		$20.95

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25685	T		Treat wrist fracture	0046	34.9274	$1,994.28	$535.76	$398.86
25690	T		Treat wrist dislocation	0043	1.8350	$104.77		$20.95
25695	T		Treat wrist dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
25800	T		Fusion of wrist joint	0051	36.1086	$2,061.73		$412.35
25805	T		Fusion/graft of wrist joint	0051	36.1086	$2,061.73		$412.35
25810	T		Fusion/graft of wrist joint	0051	36.1086	$2,061.73		$412.35
25820	T		Fusion of hand bones	0053	15.6402	$893.02	$253.49	$178.60
25825	T		Fuse hand bones with graft	0054	25.0921	$1,432.71		$286.54
25830	T		Fusion, radioulnar jnt/ulna	0051	36.1086	$2,061.73		$412.35
25900	C		Amputation of forearm					
25905	C		Amputation of forearm					
25907	T		Amputation follow-up surgery	0049	20.3460	$1,161.72		$232 34
25909	C		Amputation follow-up surgery					
25915	C		Amputation of forearm					
25920	C		Amputate hand at wrist					
25922	T		Amputate hand at wrist	0049	20.3460	$1,161.72		$232.34
25924	C		Amputation follow-up surgery					
25927	C		Amputation of hand					
25929	T		Amputation follow-up surgery	0027	16.8576	$962.54	$329.72	$192.51
25931	C		Amputation follow-up surgery					
25999	T		Forearm or wrist surgery	0043	1.8350	$104.77		$20.95
26010	T		Drainage of finger abscess	0006	1.6969	$96.89	$23.26	$19.38
26011	T		Drainage of finger abscess	0007	12.5436	$716.21		$143.24
26020	T		Drain hand tendon sheath	0053	15.6402	$893.02	$253.49	$178.60
26025	T		Drainage of palm bursa	0053	15.6402	$893.02	$253.49	$178.60
26030	T		Drainage of palm bursa(s)	0053	15.6402	$893.02	$253.49	$178.60
26034	T		Treat hand bone lesion	0053	15.6402	$893.02	$253.49	$178.60
26035	T		Decompress fingers/hand	0053	15.6402	$893.02	$253.49	$178.60
26037	T		Decompress fingers/hand	0053	15.6402	$893.02	$253.49	$178.60
26040	T		Release palm contracture	0054	25.0921	$1,432.71		$286.54
26045	T		Release palm contracture	0054	25.0921	$1,432.71		$286.54
26055	T		Incise finger tendon sheath	0053	15.6402	$893.02	$253.49	$178.60
26060	T		Incision of finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26070	T		Explore/treat hand joint	0053	15.6402	$893.02	$253.49	$178.60
26075	T		Explore/treat finger joint	0053	15 6402	$893.02	$253.49	$178.60
26080	T		Explore/treat finger joint	0053	15 6402	$893.02	$253.49	$178.60
26100	T		Biopsy hand joint lining	0053	15 6402	$893.02	$253.49	$178.60
26105	T		Biopsy finger joint lining	0053	15 6402	$893.02	$253.49	$178.60
26110	T		Biopsy finger joint lining	0053	15.6402	$893.02	$253.49	$178.60
26115	T		Removel hand lesion subcut	0022	19.4617	$1,111.22	$354.45	$222.24
26116	T		Removel hand lesion, deep	0022	19.4617	$1,111.22	$354.45	$222.24
26117	T		Remove tumor, hand/finger	0022	19.4617	$1,111.22	$354.45	$222.24
26121	T		Release palm contracture	0054	25.0921	$1,432.71		$286.54
26123	T		Release palm contracture	0054	25.0921	$1,432.71		$286.54
26125	T		Release palm contracture	0054	25.0921	$1,432.71		$286.54
26130	T		Remove wrist joint lining	0053	15.6402	$893.02	$253.49	$178.60
26135	T		Revise finger joint, each	0054	25.0921	$1,432.71		$286.54
26140	T		Revise finger joint, each	0053	15.6402	$893.02	$253.49	$178.60
26145	T		Tendon excision, palm/finger	0053	15.6402	$893.02	$253.49	$178.60
26160	T		Remove tendon sheath lesion	0053	15.6402	$893.02	$253.49	$178.60

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26170	T		Removal of palm tendon, each	0053	15.6402	$893.02	$253.49	$178.60
26180	T		Removal of finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26185	T		Remove finger bone	0053	15.6402	$893.02	$253.49	$178.60
26200	T		Remove hand bone lesion	0053	15.6402	$893.02	$253.49	$178.60
26205	T		Remove/graft bone lesion	0054	25.0921	$1,432.71		$286.54
26210	T		Removal of finger lesion	0053	15.6402	$893.02	$253.49	$178.60
26215	T		Remove/graft finger lesion	0053	15.6402	$893.02	$253.49	$178.60
26230	T		Partial removal of hand bone	0053	15.6402	$893.02	$253.49	$178.60
26235	T		Partial removal, finger bone	0053	15.6402	$893.02	$253.49	$178.60
26236	T		Partial removal, finger bone	0053	15.6402	$893.02	$253.49	$178.60
26250	T		Extensive hand surgery	0053	15.6402	$893.02	$253.49	$178.60
26255	T		Extensive hand surgery	0054	25.0921	$1,432.71		$286.54
26260	T		Extensive finger surgery	0053	15.6402	$893.02	$253.49	$178.60
26261	T		Extensive finger surgery	0053	15.6402	$893.02	$253.49	$178.60
26262	T		Partial removal of finger	0053	15.6402	$893.02	$253.49	$178.60
26320	T		Removal of implant from hand	0021	14.9964	$856.26	$219.48	$171.25
26340	T		Manipulate finger w/anesth	0043	1.8350	$104.77		$20.95
26350	T		Repair finger/hand tendon	0054	25.0921	$1,432.71		$286.54
26352	T		Repair/graft hand tendon	0054	25.0921	$1,432.71		$286.54
26356	T		Repair finger/hand tendon	0054	25.0921	$1,432.71		$286.54
26357	T		Repair finger/hand tendon	0054	25.0921	$1,432.71		$286.54
26358	T		Repair/graft hand tendon	0054	25.0921	$1,432.71		$286.54
26370	T		Repair finger/hand tendon	0054	25.0921	$1,432.71		$286.54
26372	T		Repair/graft hand tendon	0054	25.0921	$1,432.71		$286.54
26373	T		Repair finger/hand tendon	0054	25.0921	$1,432.71		$286.54
26390	T		Revise hand/finger tendon	0054	25.0921	$1,432.71		$286.54
26392	T		Repair/graft hand tendon	0054	25.0921	$1,432.71		$286.54
26410	T		Repair hand tendon	0053	15.6402	$893.02	$253.49	$178.60
26412	T		Repair/graft hand tendon	0054	25.0921	$1,432.71		$286.54
26415	T		Excision, hand/finger tendon	0054	25.0921	$1,432.71		$286.54
26416	T		Graft hand or finger tendon	0054	25.0921	$1,432.71		$286.54
26418	T		Repair finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26420	T		Repair/graft finger tendon	0054	25.0921	$1,432.71		$286.54
26426	T		Repair finger/hand tendon	0054	25.0921	$1,432.71		$286.54
26428	T		Repair/graft finger tendon	0054	25.0921	$1,432.71		$286.54
26432	T		Repair finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26433	T		Repair finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26434	T		Repair/graft finger tendon	0054	25.0921	$1,432.71		$286.54
26437	T		Realignment of tendons	0053	15.6402	$893.02	$253.49	$178.60
26440	T		Release palm/finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26442	T		Release palm & finger tendon	0054	25.0921	$1,432.71		$286.54
26445	T		Release hand/finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26449	T		Release forearm/hand tendon	0054	25.0921	$1,432.71		$286.54
26450	T		Incision of palm tendon	0053	15.6402	$893.02	$253.49	$178.60
26455	T		Incision of finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26460	T		Incise hand/finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26471	T		Fusion of finger tendons	0053	15.6402	$893.02	$253.49	$178.60
26474	T		Fusion of finger tendons	0053	15.6402	$893.02	$253.49	$178.60
26476	T		Tendon lengthening	0053	15.6402	$893.02	$253.49	$178.60
26477	T		Tendon shortening	0053	15.6402	$893.02	$253.49	$178.60

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26478	T		Lengthening of hand tendon	0053	15.6402	$893.02	$253.49	$178.60
26479	T		Shortening of hand tendon	0053	15.6402	$893.02	$253.49	$178.60
26480	T		Transplant hand tendon	0054	25.0921	$1,432.71		$286.54
26483	T		Transplant/graft hand tendon	0054	25.0921	$1,432.71		$286.54
26485	T		Transplant palm tendon	0054	25.0921	$1,432.71		$286.54
26489	T		Transplant/graft palm tendon	0054	25.0921	$1,432.71		$286.54
26490	T		Revise thumb tendon	0054	25.0921	$1,432.71		$286.54
26492	T		Tendon transfer with graft	0054	25.0921	$1,432.71		$286.54
26494	T		Hand tendon/muscle transfer	0054	25.0921	$1,432.71		$286.54
26496	T		Revise thumb tendon	0054	25.0921	$1,432.71		$286.54
26497	T		Finger tendon transfer	0054	25.0921	$1,432.71		$286.54
26498	T		Finger tendon transfer	0054	25.0921	$1,432.71		$286.54
26499	T		Revision of finger	0054	25.0921	$1,432.71		$286.54
26500	T		Hand tendon reconstruction	0053	15.6402	$893.02	$253.49	$178.60
26502	T		Hand tendon reconstruction	0054	25.0921	$1,432.71		$286.54
26504	T		Hand tendon reconstruction	0054	25.0921	$1,432.71		$286.54
26508	T		Release thumb contracture	0053	15.6402	$893.02	$253.49	$178.60
26510	T		Thumb tendon transfer	0054	25.0921	$1,432.71		$286.54
26516	T		Fusion of knuckle joint	0054	25.0921	$1,432.71		$286.54
26517	T		Fusion of knuckle joints	0054	25.0921	$1,432.71		$286.54
26518	T		Fusion of knuckle joints	0054	25.0921	$1,432.71		$286.54
26520	T		Release knuckle contracture	0053	15.6402	$893.02	$253.49	$178.60
26525	T		Release finger contracture	0053	15.6402	$893.02	$253.49	$178.60
26530	T		Revise knuckle joint	0047	31.3840	$1,791.96	$537.03	$358.39
26531	T		Revise knuckle with implant	0048	41.1519	$2,349.69	$582.12	$469.94
26535	T		Revise finger joint	0047	31.3840	$1,791.96	$537.03	$358.39
26536	T		Revise/implant finger joint	0048	41.1519	$2,349.69	$582.12	$469.94
26540	T		Repair hand joint	0053	15.6402	$893.02	$253.49	$178.60
26541	T		Repair hand joint with graft	0054	25.0921	$1,432.71		$286.54
26542	T		Repair hand joint with graft	0053	15.6402	$893.02	$253.49	$178.60
26545	T		Reconstruct finger joint	0054	25.0921	$1,432.71		$286.54
26546	T		Repair nonunion hand	0054	25.0921	$1,432.71		$286.54
26548	T		Reconstruct finger joint	0054	25.0921	$1,432.71		$286.54
26550	T		Construct thumb replacement	0054	25.0921	$1,432.71		$286.54
26551	C		Great toe-hand transfer					
26553	C		Single transfer, toe-hand					
26554	C		Double transfer, toe-hand					
26555	T		Positional change of finger	0054	25.0921	$1,432.71		$286.54
26556	C		Toe joint transfer					
26560	T		Repair of web finger	0053	15.6402	$893.02	$253.49	$178.60
26561	T		Repair of web finger	0054	25.0921	$1,432.71		$286.54
26562	T		Repair of web finger	0054	25.0921	$1,432.71		$286.54
26565	T		Correct metacarpal flaw	0054	25.0921	$1,432.71		$286.54
26567	T		Correct finger deformity	0054	25.0921	$1,432.71		$286.54
26568	T		Lengthen metacarpal/finger	0054	25.0921	$1,432.71		$286.54
26580	T		Repair hand deformity	0054	25.0921	$1,432.71		$286.54
26587	T		Reconstruct extra finger	0053	15.6402	$893.02	$253.49	$178.60
26590	T		Repair finger deformity	0054	25.0921	$1,432.71		$286.54
26591	T		Repair muscles of hand	0054	25.0921	$1,432.71		$286.54
26593	T		Release muscles of hand	0053	15.6402	$893.02	$253.49	$178.60

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26596	T		Excision constricting tissue	0054	25.0921	$1,432.71		$286.54
26600	T		Treat metacarpal fracture	0043	1.8350	$104.77		$20.95
26605	T		Treat metacarpal fracture	0043	1.8350	$104.77		$20.95
26607	T		Treat metacarpal fracture	0043	1.8350	$104.77		$20.95
26608	T		Treat metacarpal fracture	0046	34.9274	$1,994.28	$535.76	$398.86
26615	T		Treat metacarpal fracture	0046	34.9274	$1,994.28	$535.76	$398.86
26641	T		Treat thumb dislocation	0043	1.8350	$104.77		$20.95
26645	T		Treat thumb fracture	0043	1.8350	$104.77		$20.95
26650	T		Treat thumb fracture	0046	34.9274	$1,994.28	$535.76	$398.86
26665	T		Treat thumb fracture	0046	34.9274	$1,994.28	$535.76	$398.86
26670	T		Treat hand dislocation	0043	1.8350	$104.77		$20.95
26675	T		Treat hand dislocation	0043	1.8350	$104.77		$20.95
26676	T		Pin hand dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
26685	T		Treat hand dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
26686	T		Treat hand dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
26700	T		Treat knuckle dislocation	0043	1.8350	$104.77		$20.95
26705	T		Treat knuckle dislocation	0043	1.8350	$104.77		$20.95
26706	T		Pin knuckle dislocation	0043	1.8350	$104.77		$20.95
26715	T		Treat knuckle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
26720	T		Treat finger fracture, each	0043	1.8350	$104.77		$20.95
26725	T		Treat finger fracture, each	0043	1.8350	$104.77		$20.95
26727	T		Treat finger fracture, each	0046	34.9274	$1,994.28	$535.76	$398.86
26735	T		Treat finger fracture, each	0046	34.9274	$1,994.28	$535.76	$398.86
26740	T		Treat finger fracture, each	0043	1.8350	$104.77		$20.95
26742	T		Treat finger fracture, each	0043	1.8350	$104.77		$20.95
26746	T		Treat finger fracture, each	0046	34.9274	$1,994.28	$535.76	$398.86
26750	T		Treat finger fracture, each	0043	1.8350	$104.77		$20.95
26755	T		Treat finger fracture, each	0043	1.8350	$104.77		$20.95
26756	T		Pin finger fracture, each	0046	34.9274	$1,994.28	$535.76	$398.86
26765	T		Treat finger fracture, each	0046	34.9274	$1,994.28	$535.76	$398.86
26770	T		Treat finger dislocation	0043	1.8350	$104.77		$20.95
26775	T		Treat finger dislocation	0045	14.2303	$812.52	$268.47	$162.50
26776	T		Pin finger dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
26785	T		Treat finger dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
26820	T		Thumb fusion with graft	0054	25.0921	$1,432.71		$286.54
26841	T		Fusion of thumb	0054	25.0921	$1,432.71		$286.54
26842	T		Thumb fusion with graft	0054	25.0921	$1,432.71		$286.54
26843	T		Fusion of hand joint	0054	25.0921	$1,432.71		$286.54
26844	T		Fusion/graft of hand joint	0054	25.0921	$1,432.71		$286.54
26850	T		Fusion of knuckle	0054	25.0921	$1,432.71		$286.54
26852	T		Fusion of knuckle with graft	0054	25.0921	$1,432.71		$286.54
26860	T		Fusion of finger joint	0054	25.0921	$1,432.71		$286.54
26861	T		Fusion of finger jnt, add-on	0054	25.0921	$1,432.71		$286.54
26862	T		Fusion/graft of finger joint	0054	25.0921	$1,432.71		$286.54
26863	T		Fuse/graft added joint	0054	25.0921	$1,432.71		$286.54
26910	T		Amputate metacarpal bone	0054	25.0921	$1,432.71		$286.54
26951	T		Amputation of finger/thumb	0053	15.6402	$893.02	$253.49	$178.60
26952	T		Amputation of finger/thumb	0053	15.6402	$893.02	$253.49	$178.60
26989	T		Hand/finger surgery	0043	1.8350	$104.77		$20.95
26990	T		Drainage of pelvis lesion	0049	20.3460	$1,161.72		$232.34

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26991	T		Drainage of pelvis bursa	0049	20.3460	$1,161.72		$232.34
26992	C		Drainage of bone lesion					
27000	T		Incision of hip tendon	0049	20.3460	$1,161.72		$232.34
27001	T		Incision of hip tendon	0050	24.7044	$1,410.57		$282.11
27003	T		Incision of hip tendon	0050	24.7044	$1,410.57		$282.11
27005	C		Incision of hip tendon					
27006	C		Incision of hip tendons					
27025	C		Incision of hip/thigh fascia					
27030	C		Drainage of hip joint					
27033	T		Exploration of hip joint	0051	36.1086	$2,061.73		$412.35
27035	T		Denervation of hip joint	0052	43.8069	$2,501.29		$500.26
27036	C		Excision of hip joint/muscle					
27040	T		Biopsy of soft tissues	0020	7.7453	$442.24	$113.25	$88.45
27041	T		Biopsy of soft tissues	0020	7.7453	$442.24	$113.25	$88.45
27047	T		Remove hip/pelvis lesion	0022	19.4617	$1,111.22	$354.45	$222.24
27048	T		Remove hip/pelvis lesion	0022	19.4617	$1,111.22	$354.45	$222.24
27049	T		Remove tumor, hip/pelvis	0022	19.4617	$1,111.22	$354.45	$222.24
27050	T		Biopsy of sacroiliac joint	0049	20.3460	$1,161.72		$232.34
27052	T		Biopsy of hip joint	0049	20.3460	$1,161.72		$232.34
27054	C		Removal of hip joint lining					
27060	T		Removal of ischial bursa	0049	20.3460	$1,161.72		$232.34
27062	T		Remove femur lesion/bursa	0049	20.3460	$1,161.72		$232.34
27065	T		Removal of hip bone lesion	0049	20.3460	$1,161.72		$232.34
27066	T		Removal of hip bone lesion	0050	24.7044	$1,410.57		$282.11
27067	T		Remove/graft hip bone lesion	0050	24.7044	$1,410.57		$282.11
27070	C		Partial removal of hip bone					
27071	C		Partial removal of hip bone					
27075	C		Extensive hip surgery					
27076	C		Extensive hip surgery					
27077	C		Extensive hip surgery					
27078	C		Extensive hip surgery					
27079	C		Extensive hip surgery					
27080	T		Removal of tail bone	0050	24.7044	$1,410.57		$282.11
27086	T		Remove hip foreign body	0020	7.7453	$442.24	$113.25	$88.45
27087	T		Remove hip foreign body	0049	20.3460	$1,161.72		$232.34
27090	C		Removal of hip prosthesis					
27091	C		Removal of hip prosthesis					
27093	N		Injection for hip x-ray					
27095	N		Injection for hip x-ray					
27096	B		Inject sacroiliac joint					
27097	T		Revision of hip tendon	0050	24.7044	$1,410.57		$282.11
27098	T		Transfer tendon to pelvis	0050	24.7044	$1,410.57		$282.11
27100	T		Transfer of abdominal muscle	0051	36.1086	$2,061.73		$412.35
27105	T		Transfer of spinal muscle	0051	36.1086	$2,061.73		$412.35
27110	T		Transfer of iliopsoas muscle	0051	36.1086	$2,061.73		$412.35
27111	T		Transfer of iliopsoas muscle	0051	36.1086	$2,061.73		$412.35
27120	C		Reconstruction of hip socket					
27122	C		Reconstruction of hip socket					
27125	C		Partial hip replacement					
27130	C		Total hip arthroplasty					

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27132	C		Total hip arthroplasty					
27134	C		Revise hip joint replacement					
27137	C		Revise hip joint replacement					
27138	C		Revise hip joint replacement					
27140	C		Transplant femur ridge					
27146	C		Incision of hip bone					
27147	C		Revision of hip bone					
27151	C		Incision of hip bones					
27156	C		Revision of hip bones					
27158	C		Revision of pelvis					
27161	C		Incision of neck of femur					
27165	C		Incision/fixation of femur					
27170	C		Repair/graft femur head/neck					
27175	C		Treat slipped epiphysis					
27176	C		Treat slipped epiphysis					
27177	C		Treat slipped epiphysis					
27178	C		Treat slipped epiphysis					
27179	C		Revise head/neck of femur					
27181	C		Treat slipped epiphysis					
27185	C		Revision of femur epiphysis					
27187	C		Reinforce hip bones					
27193	T		Treat pelvic ring fracture	0043	1.8350	$104.77		$20.95
27194	T		Treat pelvic ring fracture	0045	14.2303	$812.52	$268.47	$162.50
27200	T		Treat tail bone fracture	0043	1.8350	$104.77		$20.95
27202	T		Treat tail bone fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27215	C		Treat pelvic fracture(s)					
27216	T		Treat pelvic ring fracture	0050	24.7044	$1,410.57		$282.11
27217	C		Treat pelvic ring fracture					
27218	C		Treat pelvic ring fracture					
27220	T		Treat hip socket fracture	0043	1.8350	$104.77		$20.95
27222	C		Treat hip socket fracture					
27226	C		Treat hip wall fracture					
27227	C		Treat hip fracture(s)					
27228	C		Treat hip fracture(s)					
27230	T		Treat thigh fracture	0043	1.8350	$104.77		$20.95
27232	C		Treat thigh fracture					
27235	T		Treat thigh fracture	0050	24 7044	$1,410.57		$282.11
27236	C		Treat thigh fracture					
27238	T		Treat thigh fracture	0043	1.8350	$104.77		$20.95
27240	C		Treat thigh fracture					
27244	C		Treat thigh fracture					
27245	C		Treat thigh fracture					
27246	T		Treat thigh fracture	0043	1.8350	$104.77		$20.95
27248	C		Treat thigh fracture					
27250	T		Treat hip dislocation	0043	1.8350	$104.77		$20.95
27252	T		Treat hip dislocation	0045	14.2303	$812.52	$268.47	$162.50
27253	C		Treat hip dislocation					
27254	C		Treat hip dislocation					
27256	T		Treat hip dislocation	0043	1.8350	$104.77		$20.95
27257	T		Treat hip dislocation	0045	14.2303	$812.52	$268.47	$162.50

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27258	C		Treat hip dislocation					
27259	C		Treat hip dislocation					
27265	T		Treat hip dislocation	0043	1.8350	$104.77		$20.95
27266	T		Treat hip dislocation	0045	14.2303	$812.52	$268.47	$162.50
27275	T		Manipulation of hip joint	0045	14.2303	$812.52	$268.47	$162.50
27280	C		Fusion of sacroiliac joint					
27282	C		Fusion of pubic bones					
27284	C		Fusion of hip joint					
27286	C		Fusion of hip joint					
27290	C		Amputation of leg at hip					
27295	C		Amputation of leg at hip					
27299	T		Pelvis/hip joint surgery	0043	1.8350	$104.77		$20.95
27301	T		Drain thigh/knee lesion	0008	19.5952	$1,118.85		$223.77
27303	C		Drainage of bone lesion					
27305	T		Incise thigh tendon & fascia	0049	20.3460	$1,161.72		$232.34
27306	T		Incision of thigh tendon	0049	20.3460	$1,161.72		$232.34
27307	T		Incision of thigh tendons	0049	20.3460	$1,161.72		$232.34
27310	T		Exploration of knee joint	0050	24.7044	$1,410.57		$282.11
27315	T		Partial removal, thigh nerve	0220	17.4557	$996.69		$199.34
27320	T		Partial removal, thigh nerve	0220	17.4557	$996.69		$199.34
27323	T		Biopsy, thigh soft tissues	0021	14.9964	$856.26	$219.48	$171.25
27324	T		Biopsy, thigh soft tissues	0022	19.4617	$1,111.22	$354.45	$222.24
27327	T		Removal of thigh lesion	0022	19.4617	$1,111.22	$354.45	$222.24
27328	T		Removal of thigh lesion	0022	19.4617	$1,111.22	$354.45	$222.24
27329	T		Remove tumor, thigh/knee	0022	19.4617	$1,111.22	$354.45	$222.24
27330	T		Biopsy, knee joint lining	0050	24.7044	$1,410.57		$282.11
27331	T		Explore/treat knee joint	0050	24.7044	$1,410.57		$282.11
27332	T		Removal of knee cartilage	0050	24.7044	$1,410.57		$282.11
27333	T		Removal of knee cartilage	0050	24.7044	$1,410.57		$282.11
27334	T		Remove knee joint lining	0050	24.7044	$1,410.57		$282.11
27335	T		Remove knee joint lining	0050	24.7044	$1,410.57		$282.11
27340	T		Removal of kneecap bursa	0049	20.3460	$1,161.72		$232.34
27345	T		Removal of knee cyst	0049	20.3460	$1,161.72		$232.34
27347	T		Remove knee cyst	0049	20.3460	$1,161.72		$232.34
27350	T		Removal of kneecap	0050	24.7044	$1,410.57		$282.11
27355	T		Remove femur lesion	0050	24.7044	$1,410.57		$282.11
27356	T		Remove femur lesion/graft	0050	24.7044	$1,410.57		$282.11
27357	T		Remove femur lesion/graft	0050	24.7044	$1,410.57		$282.11
27358	T		Remove femur lesion/fixation	0050	24.7044	$1,410.57		$282.11
27360	T		Partial removal, leg bone(s)	0050	24.7044	$1,410.57		$282.11
27365	C		Extensive leg surgery					
27370	N		Injection for knee x-ray					
27372	T		Removal of foreign body	0022	19.4617	$1,111.22	$354.45	$222.24
27380	T		Repair of kneecap tendon	0049	20.3460	$1,161.72		$232.34
27381	T		Repair/graft kneecap tendon	0049	20.3460	$1,161.72		$232.34
27385	T		Repair of thigh muscle	0049	20.3460	$1,161.72		$232.34
27386	T		Repair/graft of thigh muscle	0049	20.3460	$1,161.72		$232.34
27390	T		Incision of thigh tendon	0049	20.3460	$1,161.72		$232.34
27391	T		Incision of thigh tendons	0049	20.3460	$1,161.72		$232.34
27392	T		Incision of thigh tendons	0049	20.3460	$1,161.72		$232.34

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27393	T		Lengthening of thigh tendon	0050	24.7044	$1,410.57		$282.11
27394	T		Lengthening of thigh tendons	0050	24.7044	$1,410.57		$282.11
27395	T		Lengthening of thigh tendons	0051	36.1086	$2,061.73		$412.35
27396	T		Transplant of thigh tendon	0050	24.7044	$1,410.57		$282.11
27397	T		Transplants of thigh tendons	0051	36.1086	$2,061.73		$412.35
27400	T		Revise thigh muscles/tendons	0051	36.1086	$2,061.73		$412.35
27403	T		Repair of knee cartilage	0050	24.7044	$1,410.57		$282.11
27405	T		Repair of knee ligament	0051	36.1086	$2,061.73		$412.35
27407	T		Repair of knee ligament	0051	36.1086	$2,061.73		$412.35
27409	T		Repair of knee ligaments	0051	36.1086	$2,061.73		$412.35
27418	T		Repair degenerated kneecap	0051	36.1086	$2,061.73		$412.35
27420	T		Revision of unstable kneecap	0051	36.1086	$2,061.73		$412.35
27422	T		Revision of unstable kneecap	0051	36.1086	$2,061.73		$412.35
27424	T		Revision/removal of kneecap	0051	36.1086	$2,061.73		$412.35
27425	T		Lateral retinacular release	0050	24.7044	$1,410.57		$282.11
27427	T		Reconstruction, knee	0052	43.8069	$2,501.29		$500.26
27428	T		Reconstruction, knee	0052	43.8069	$2,501.29		$500.26
27429	T		Reconstruction, knee	0052	43.8069	$2,501.29		$500.26
27430	T		Revision of thigh muscles	0051	36.1086	$2,061.73		$412.35
27435	T		Incision of knee joint	0051	36.1086	$2,061.73		$412.35
27437	T		Revise kneecap	0047	31.3840	$1,791.96	$537.03	$358.39
27438	T		Revise kneecap with implant	0048	41.1519	$2,349.69	$582.12	$469.94
27440	T		Revision of knee joint	0047	31.3840	$1,791.96	$537.03	$358.39
27441	T		Revision of knee joint	0047	31.3840	$1,791.96	$537.03	$358.39
27442	T		Revision of knee joint	0047	31.3840	$1,791.96	$537.03	$358.39
27443	T		Revision of knee joint	0047	31.3840	$1,791.96	$537.03	$358.39
27445	C		Revision of knee joint					
27446	T		Revision of knee joint	0681	92.1163	$5,259.66	$2,093.11	$1,051.93
27447	C		Total knee arthroplasty					
27448	C		Incision of thigh					
27450	C		Incision of thigh					
27454	C		Realignment of thigh bone					
27455	C		Realignment of knee					
27457	C		Realignment of knee					
27465	C		Shortening of thigh bone					
27466	C		Lengthening of thigh bone					
27468	C		Shorten/lengthen thighs					
27470	C		Repair of thigh					
27472	C		Repair/graft of thigh					
27475	C		Surgery to stop leg growth					
27477	C		Surgery to stop leg growth					
27479	C		Surgery to stop leg growth					
27485	C		Surgery to stop leg growth					
27486	C		Revise/replace knee joint					
27487	C		Revise/replace knee joint					
27488	C		Removal of knee prosthesis					
27495	C		Reinforce thigh					
27496	T		Decompression of thigh/knee	0049	20.3460	$1,161.72		$232.34
27497	T		Decompression of thigh/knee	0049	20.3460	$1,161.72		$232.34
27498	T		Decompression of thigh/knee	0049	20.3460	$1,161.72		$232.34

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27499	T		Decompression of thigh/knee	0049	20.3460	$1,161.72		$232.34
27500	T		Treatment of thigh fracture	0043	1.8350	$104.77		$20.95
27501	T		Treatment of thigh fracture	0043	1.8350	$104.77		$20.95
27502	T		Treatment of thigh fracture	0043	1.8350	$104.77		$20.95
27503	T		Treatment of thigh fracture	0043	1.8350	$104.77		$20.95
27506	C		Treatment of thigh fracture					
27507	C		Treatment of thigh fracture					
27508	T		Treatment of thigh fracture	0043	1.8350	$104.77		$20.95
27509	T		Treatment of thigh fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27510	T		Treatment of thigh fracture	0043	1.8350	$104.77		$20.95
27511	C		Treatment of thigh fracture					
27513	C		Treatment of thigh fracture					
27514	C		Treatment of thigh fracture					
27516	T		Treat thigh fx growth plate	0043	1.8350	$104.77		$20.95
27517	T		Treat thigh fx growth plate	0043	1.8350	$104.77		$20.95
27519	C		Treat thigh fx growth plate					
27520	T		Treat kneecap fracture	0043	1.8350	$104.77		$20.95
27524	T		Treat kneecap fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27530	T		Treat knee fracture	0043	1.8350	$104.77		$20.95
27532	T		Treat knee fracture	0043	1.8350	$104.77		$20.95
27535	C		Treat knee fracture					
27536	C		Treat knee fracture					
27538	T		Treat knee fracture(s)	0043	1.8350	$104.77		$20.95
27540	C		Treat knee fracture					
27550	T		Treat knee dislocation	0043	1.8350	$104.77		$20.95
27552	T		Treat knee dislocation	0045	14.2303	$812.52	$268.47	$162.50
27556	C		Treat knee dislocation					
27557	C		Treat knee dislocation					
27558	C		Treat knee dislocation					
27560	T		Treat kneecap dislocation	0043	1.8350	$104.77		$20.95
27562	T		Treat kneecap dislocation	0045	14.2303	$812.52	$268.47	$162.50
27566	T		Treat kneecap dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
27570	T		Fixation of knee joint	0045	14.2303	$812.52	$268.47	$162.50
27580	C		Fusion of knee					
27590	C		Amputate leg at thigh					
27591	C		Amputate leg at thigh					
27592	C		Amputate leg at thigh					
27594	T		Amputation follow-up surgery	0049	20.3460	$1,161.72		$232.34
27596	C		Amputation follow-up surgery					
27598	C		Amputate lower leg at knee					
27599	T		Leg surgery procedure	0043	1.8350	$104.77		$20.95
27600	T		Decompression of lower leg	0049	20.3460	$1,161.72		$232.34
27601	T		Decompression of lower leg	0049	20.3460	$1,161.72		$232.34
27602	T		Decompression of lower leg	0049	20.3460	$1,161.72		$232.34
27603	T		Drain lower leg lesion	0007	12.5436	$716.21		$143.24
27604	T		Drain lower leg bursa	0049	20.3460	$1,161.72		$232.34
27605	T		Incision of achilles tendon	0055	19.5232	$1,114.74	$355.34	$222.95
27606	T		Incision of achilles tendon	0049	20.3460	$1,161.72		$232.34
27607	T		Treat lower leg bone lesion	0049	20.3460	$1,161.72		$232.34
27610	T		Explore/treat ankle joint	0050	24.7044	$1,410.57		$282.11

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27612	T		Exploration of ankle joint	0050	24.7044	$1,410.57		$282.11
27613	T		Biopsy lower leg soft tissue	0020	7.7453	$442.24	$113.25	$88.45
27614	T		Biopsy lower leg soft tissue	0022	19.4617	$1,111.22	$354.45	$222.24
27615	T		Remove tumor, lower leg	0046	34.9274	$1,994.28	$535.76	$398.86
27618	T		Remove lower leg lesion	0021	14.9964	$856.26	$219.48	$171.25
27619	T		Remove lower leg lesion	0022	19.4617	$1,111.22	$354.45	$222.24
27620	T		Explore/treat ankle joint	0050	24.7044	$1,410.57		$282.11
27625	T		Remove ankle joint lining	0050	24.7044	$1,410.57		$282.11
27626	T		Remove ankle joint lining	0050	24.7044	$1,410.57		$282.11
27630	T		Removal of tendon lesion	0049	20.3460	$1,161.72		$232.34
27635	T		Remove lower leg bone lesion	0050	24.7044	$1,410.57		$282.11
27637	T		Remove/graft leg bone lesion	0050	24.7044	$1,410.57		$282.11
27638	T		Remove/graft leg bone lesion	0050	24.7044	$1,410.57		$282.11
27640	T		Partial removal of tibia	0051	36.1086	$2,061.73		$412.35
27641	T		Partial removal of fibula	0050	24.7044	$1,410.57		$282.11
27645	C		Extensive lower leg surgery					
27646	C		Extensive lower leg surgery					
27647	T		Extensive ankle/heel surgery	0051	36.1086	$2,061.73		$412.35
27648	N		Injection for ankle x-ray					
27650	T		Repair achilles tendon	0051	36.1086	$2,061.73		$412.35
27652	T		Repair/graft achilles tendon	0051	36.1086	$2,061.73		$412.35
27654	T		Repair of achilles tendon	0051	36.1086	$2,061.73		$412.35
27656	T		Repair leg fascia defect	0049	20.3460	$1,161.72		$232.34
27658	T		Repair of leg tendon, each	0049	20.3460	$1,161.72		$232.34
27659	T		Repair of leg tendon, each	0049	20.3460	$1,161.72		$232.34
27664	T		Repair of leg tendon, each	0049	20.3460	$1,161.72		$232.34
27665	T		Repair of leg tendon, each	0050	24.7044	$1,410.57		$282.11
27675	T		Repair lower leg tendons	0049	20.3460	$1,161.72		$232.34
27676	T		Repair lower leg tendons	0050	24.7044	$1,410.57		$282.11
27680	T		Release of lower leg tendon	0050	24.7044	$1,410.57		$282.11
27681	T		Release of lower leg tendons	0050	24.7044	$1,410.57		$282.11
27685	T		Revision of lower leg tendon	0050	24.7044	$1,410.57		$282.11
27686	T		Revise lower leg tendons	0050	24.7044	$1,410.57		$282.11
27687	T		Revision of calf tendon	0050	24.7044	$1,410.57		$282.11
27690	T		Revise lower leg tendon	0051	36.1086	$2,061.73		$412.35
27691	T		Revise lower leg tendon	0051	36.1086	$2,061.73		$412.35
27692	T		Revise additional leg tendon	0051	36.1086	$2,061.73		$412.35
27695	T		Repair of ankle ligament	0050	24.7044	$1,410.57		$282.11
27696	T		Repair of ankle ligaments	0050	24.7044	$1,410.57		$282.11
27698	T		Repair of ankle ligament	0050	24.7044	$1,410.57		$282.11
27700	T		Revision of ankle joint	0047	31.3840	$1,791.96	$537.03	$358.39
27702	C		Reconstruct ankle joint					
27703	C		Reconstruction, ankle joint					
27704	T		Removal of ankle implant	0049	20.3460	$1,161.72		$232.34
27705	T		Incision of tibia	0051	36.1086	$2,061.73		$412.35
27707	T		Incision of fibula	0049	20.3460	$1,161.72		$232.34
27709	T		Incision of tibia & fibula	0050	24.7044	$1,410.57		$282.11
27712	C		Realignment of lower leg					
27715	C		Revision of lower leg					
27720	C		Repair of tibia					

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27722	C		Repair/graft of tibia					
27724	C		Repair/graft of tibia					
27725	C		Repair of lower leg					
27727	C		Repair of lower leg					
27730	T		Repair of tibia epiphysis	0050	24.7044	$1,410.57		$282.11
27732	T		Repair of fibula epiphysis	0050	24.7044	$1,410.57		$282.11
27734	T		Repair lower leg epiphyses	0050	24.7044	$1,410.57		$282.11
27740	T		Repair of leg epiphyses	0050	24.7044	$1,410.57		$282.11
27742	T		Repair of leg epiphyses	0051	36.1086	$2,061.73		$412.35
27745	T		Reinforce tibia	0051	36.1086	$2,061.73		$412.35
27750	T		Treatment of tibia fracture	0043	1.8350	$104.77		$20.95
27752	T		Treatment of tibia fracture	0043	1.8350	$104.77		$20.95
27756	T		Treatment of tibia fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27758	T		Treatment of tibia fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27759	T		Treatment of tibia fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27760	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27762	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27766	T		Treatment of ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27780	T		Treatment of fibula fracture	0043	1.8350	$104.77		$20.95
27781	T		Treatment of fibula fracture	0043	1.8350	$104.77		$20.95
27784	T		Treatment of fibula fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27786	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27788	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27792	T		Treatment of ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27808	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27810	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27814	T		Treatment of ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27816	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27818	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27822	T		Treatment of ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27823	T		Treatment of ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27824	T		Treat lower leg fracture	0043	1.8350	$104.77		$20.95
27825	T		Treat lower leg fracture	0043	1.8350	$104.77		$20.95
27826	T		Treat lower leg fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27827	T		Treat lower leg fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27828	T		Treat lower leg fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27829	T		Treat lower leg joint	0046	34.9274	$1,994.28	$535.76	$398.86
27830	T		Treat lower leg dislocation	0043	1.8350	$104.77		$20.95
27831	T		Treat lower leg dislocation	0043	1.8350	$104.77		$20.95
27832	T		Treat lower leg dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
27840	T		Treat ankle dislocation	0043	1.8350	$104.77		$20.95
27842	T		Treat ankle dislocation	0045	14.2303	$812.52	$268.47	$162.50
27846	T		Treat ankle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
27848	T		Treat ankle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
27860	T		Fixation of ankle joint	0045	14.2303	$812.52	$268.47	$162.50
27870	T		Fusion of ankle joint	0051	36.1086	$2,061.73		$412.35
27871	T		Fusion of tibiofibular joint	0051	36.1086	$2,061.73		$412.35
27880	C		Amputation of lower leg					
27881	C		Amputation of lower leg					
27882	C		Amputation of lower leg					

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27884	T		Amputation follow-up surgery	0049	20.3460	$1,161.72		$232.34
27886	C		Amputation follow-up surgery					
27888	C		Amputation of foot at ankle					
27889	T		Amputation of foot at ankle	0050	24.7044	$1,410.57		$282.11
27892	T		Decompression of leg	0049	20.3460	$1,161.72		$232.34
27893	T		Decompression of leg	0049	20.3460	$1,161.72		$232.34
27894	T		Decompression of leg	0049	20.3460	$1,161.72		$232.34
27899	T		Leg/ankle surgery procedure	0043	1.8350	$104.77		$20.95
28001	T		Drainage of bursa of foot	0007	12.5436	$716.21		$143.24
28002	T		Treatment of foot infection	0049	20.3460	$1,161.72		$232.34
28003	T		Treatment of foot infection	0049	20.3460	$1,161.72		$232.34
28005	T		Treat foot bone lesion	0055	19.5232	$1,114.74	$355.34	$222.95
28008	T		Incision of foot fascia	0055	19.5232	$1,114.74	$355.34	$222.95
28010	T		Incision of toe tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28011	T		Incision of toe tendons	0055	19.5232	$1,114.74	$355.34	$222.95
28020	T		Exploration of foot joint	0055	19.5232	$1,114.74	$355.34	$222.95
28022	T		Exploration of foot joint	0055	19.5232	$1,114.74	$355.34	$222.95
28024	T		Exploration of toe joint	0055	19.5232	$1,114.74	$355.34	$222.95
28030	T		Removal of foot nerve	0220	17.4557	$996.69		$199.34
28035	T		Decompression of tibia nerve	0220	17.4557	$996.69		$199.34
28043	T		Excision of foot lesion	0021	14.9964	$856.26	$219.48	$171.25
28045	T		Excision of foot lesion	0055	19.5232	$1,114.74	$355.34	$222.95
28046	T		Resection of tumor, foot	0055	19.5232	$1,114.74	$355.34	$222.95
28050	T		Biopsy of foot joint lining	0055	19.5232	$1,114.74	$355.34	$222.95
28052	T		Biopsy of foot joint lining	0055	19.5232	$1,114.74	$355.34	$222.95
28054	T		Biopsy of toe joint lining	0055	19.5232	$1,114.74	$355.34	$222.95
28060	T		Partial removal, foot fascia	0056	26.7017	$1,524.61	$405.81	$304.92
28062	T		Removal of foot fascia	0056	26.7017	$1,524.61	$405.81	$304.92
28070	T		Removal of foot joint lining	0056	26.7017	$1,524.61	$405.81	$304.92
28072	T		Removal of foot joint lining	0056	26.7017	$1,524.61	$405.81	$304.92
28080	T		Removal of foot lesion	0055	19.5232	$1,114.74	$355.34	$222.95
28086	T		Excise foot tendon sheath	0055	19.5232	$1,114.74	$355.34	$222.95
28088	T		Excise foot tendon sheath	0055	19.5232	$1,114.74	$355.34	$222.95
28090	T		Removal of foot lesion	0055	19.5232	$1,114.74	$355.34	$222.95
28092	T		Removal of toe lesions	0055	19.5232	$1,114.74	$355.34	$222.95
28100	T		Removal of ankle/heel lesion	0055	19.5232	$1,114.74	$355.34	$222.95
28102	T		Remove/graft foot lesion	0056	26.7017	$1,524.61	$405.81	$304.92
28103	T		Remove/graft foot lesion	0056	26.7017	$1,524.61	$405.81	$304.92
28104	T		Removal of foot lesion	0055	19.5232	$1,114.74	$355.34	$222.95
28106	T		Remove/graft foot lesion	0056	26.7017	$1,524.61	$405.81	$304.92
28107	T		Remove/graft foot lesion	0056	26.7017	$1,524.61	$405.81	$304.92
28108	T		Removal of toe lesions	0055	19.5232	$1,114.74	$355.34	$222.95
28110	T		Part removal of metatarsal	0056	26.7017	$1,524.61	$405.81	$304.92
28111	T		Part removal of metatarsal	0055	19.5232	$1,114.74	$355.34	$222.95
28112	T		Part removal of metatarsal	0055	19.5232	$1,114.74	$355.34	$222.95
28113	T		Part removal of metatarsal	0055	19.5232	$1,114.74	$355.34	$222.95
28114	T		Removal of metatarsal heads	0055	19.5232	$1,114.74	$355.34	$222.95
28116	T		Revision of foot	0055	19.5232	$1,114.74	$355.34	$222.95
28118	T		Removal of heel bone	0055	19.5232	$1,114.74	$355.34	$222.95
28119	T		Removal of heel spur	0055	19.5232	$1,114.74	$355.34	$222.95

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28120	T		Part removal of ankle/heel	0055	19.5232	$1,114.74	$355.34	$222.95
28122	T		Partial removal of foot bone	0055	19.5232	$1,114.74	$355.34	$222.95
28124	T		Partial removal of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28126	T		Partial removal of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28130	T		Removal of ankle bone	0055	19.5232	$1,114.74	$355.34	$222.95
28140	T		Removal of metatarsal	0055	19.5232	$1,114.74	$355.34	$222.95
28150	T		Removal of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28153	T		Partial removal of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28160	T		Partial removal of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28171	T		Extensive foot surgery	0055	19.5232	$1,114.74	$355.34	$222.95
28173	T		Extensive foot surgery	0055	19.5232	$1,114.74	$355.34	$222.95
28175	T		Extensive foot surgery	0055	19.5232	$1,114.74	$355.34	$222.95
28190	T		Removal of foot foreign body	0019	4.2663	$243.60	$71.87	$48.72
28192	T		Removal of foot foreign body	0021	14.9964	$856.26	$219.48	$171.25
28193	T		Removal of foot foreign body	0020	7.7453	$442.24	$113.25	$88.45
28200	T		Repair of foot tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28202	T		Repair/graft of foot tendon	0056	26.7017	$1,524.61	$405.81	$304.92
28208	T		Repair of foot tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28210	T		Repair/graft of foot tendon	0056	26.7017	$1,524.61	$405.81	$304.92
28220	T		Release of foot tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28222	T		Release of foot tendons	0055	19.5232	$1,114.74	$355.34	$222.95
28225	T		Release of foot tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28226	T		Release of foot tendons	0055	19.5232	$1,114.74	$355.34	$222.95
28230	T		Incision of foot tendon(s)	0055	19.5232	$1,114.74	$355.34	$222.95
28232	T		Incision of toe tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28234	T		Incision of foot tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28238	T		Revision of foot tendon	0056	26.7017	$1,524.61	$405.81	$304.92
28240	T		Release of big toe	0055	19.5232	$1,114.74	$355.34	$222.95
28250	T		Revision of foot fascia	0056	26.7017	$1,524.61	$405.81	$304.92
28260	T		Release of midfoot joint	0056	26.7017	$1,524.61	$405.81	$304.92
28261	T		Revision of foot tendon	0056	26.7017	$1,524.61	$405.81	$304.92
28262	T		Revision of foot and ankle	0056	26.7017	$1,524.61	$405.81	$304.92
28264	T		Release of midfoot joint	0056	26.7017	$1,524.61	$405.81	$304.92
28270	T		Release of foot contracture	0055	19.5232	$1,114.74	$355.34	$222.95
28272	T		Release of toe joint, each	0055	19.5232	$1,114.74	$355.34	$222.95
28280	T		Fusion of toes	0055	19.5232	$1,114.74	$355.34	$222.95
28285	T		Repair of hammertoe	0055	19.5232	$1,114.74	$355.34	$222.95
28286	T		Repair of hammertoe	0055	19.5232	$1,114.74	$355.34	$222.95
28288	T		Partial removal of foot bone	0056	26.7017	$1,524.61	$405.81	$304.92
28289	T		Repair hallux rigidus	0056	26.7017	$1,524.61	$405.81	$304.92
28290	T		Correction of bunion	0056	26.7017	$1,524.61	$405.81	$304.92
28292	T		Correction of bunion	0057	27.1422	$1,549.77	$475.91	$309.95
28293	T		Correction of bunion	0057	27.1422	$1,549.77	$475.91	$309.95
28294	T		Correction of bunion	0056	26.7017	$1,524.61	$405.81	$304.92
28296	T		Correction of bunion	0056	26.7017	$1,524.61	$405.81	$304.92
28297	T		Correction of bunion	0057	27.1422	$1,549.77	$475.91	$309.95
28298	T		Correction of bunion	0056	26.7017	$1,524.61	$405.81	$304.92
28299	T		Correction of bunion	0057	27.1422	$1,549.77	$475.91	$309.95
28300	T		Incision of heel bone	0056	26.7017	$1,524.61	$405.81	$304.92
28302	T		Incision of ankle bone	0056	26.7017	$1,524.61	$405.81	$304.92

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28304	T		Incision of midfoot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28305	T		Incise/graft midfoot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28306	T		Incision of metatarsal	0056	26.7017	$1,524.61	$405.81	$304.92
28307	T		Incision of metatarsal	0056	26.7017	$1,524.61	$405.81	$304.92
28308	T		Incision of metatarsal	0056	26.7017	$1,524.61	$405.81	$304.92
28309	T		Incision of metatarsals	0056	26.7017	$1,524.61	$405.81	$304.92
28310	T		Revision of big toe	0055	19.5232	$1,114.74	$355.34	$222.95
28312	T		Revision of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28313	T		Repair deformity of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28315	T		Removal of sesamoid bone	0055	19.5232	$1,114.74	$355.34	$222.95
28320	T		Repair of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28322	T		Repair of metatarsals	0056	26.7017	$1,524.61	$405.81	$304.92
28340	T		Resect enlarged toe tissue	0055	19.5232	$1,114.74	$355.34	$222.95
28341	T		Resect enlarged toe	0055	19.5232	$1,114.74	$355.34	$222.95
28344	T		Repair extra toe(s)	0056	26.7017	$1,524.61	$405.81	$304.92
28345	T		Repair webbed toe(s)	0056	26.7017	$1,524.61	$405.81	$304.92
28360	T		Reconstruct cleft foot	0056	26.7017	$1,524.61	$405.81	$304.92
28400	T		Treatment of heel fracture	0043	1.8350	$104.77		$20.95
28405	T		Treatment of heel fracture	0043	1.8350	$104.77		$20.95
28406	T		Treatment of heel fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28415	T		Treat heel fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28420	T		Treat/graft heel fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28430	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
28435	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
28436	T		Treatment of ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28445	T		Treat ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28450	T		Treat midfoot fracture, each	0043	1.8350	$104.77		$20.95
28455	T		Treat midfoot fracture, each	0043	1.8350	$104.77		$20.95
28456	T		Treat midfoot fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28465	T		Treat midfoot fracture, each	0046	34.9274	$1,994.28	$535.76	$398.86
28470	T		Treat metatarsal fracture	0043	1.8350	$104.77		$20.95
28475	T		Treat metatarsal fracture	0043	1.8350	$104.77		$20.95
28476	T		Treat metatarsal fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28485	T		Treat metatarsal fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28490	T		Treat big toe fracture	0043	1.8350	$104.77		$20.95
28495	T		Treat big toe fracture	0043	1.8350	$104.77		$20.95
28496	T		Treat big toe fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28505	T		Treat big toe fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28510	T		Treatment of toe fracture	0043	1.8350	$104.77		$20.95
28515	T		Treatment of toe fracture	0043	1.8350	$104.77		$20.95
28525	T		Treat toe fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28530	T		Treat sesamoid bone fracture	0043	1.8350	$104.77		$20.95
28531	T		Treat sesamoid bone fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28540	T		Treat foot dislocation	0043	1.8350	$104.77		$20.95
28545	T		Treat foot dislocation	0045	14.2303	$812.52	$268.47	$162.50
28546	T		Treat foot dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28555	T		Repair foot dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28570	T		Treat foot dislocation	0043	1.8350	$104.77		$20.95
28575	T		Treat foot dislocation	0043	1.8350	$104.77		$20.95
28576	T		Treat foot dislocation	0046	34.9274	$1,994.28	$535.76	$398.86

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28585	T		Repair foot dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28600	T		Treat foot dislocation	0043	1.8350	$104.77		$20.95
28605	T		Treat foot dislocation	0043	1.8350	$104.77		$20.95
28606	T		Treat foot dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28615	T		Repair foot dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28630	T		Treat toe dislocation	0043	1.8350	$104.77		$20.95
28635	T		Treat toe dislocation	0045	14.2303	$812.52	$268.47	$162.50
28636	T		Treat toe dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28645	T		Repair toe dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28660	T		Treat toe dislocation	0043	1.8350	$104.77		$20.95
28665	T		Treat toe dislocation	0045	14.2303	$812.52	$268.47	$162.50
28666	T		Treat toe dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28675	T		Repair of toe dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28705	T		Fusion of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28715	T		Fusion of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28725	T		Fusion of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28730	T		Fusion of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28735	T		Fusion of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28737	T		Revision of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28740	T		Fusion of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28750	T		Fusion of big toe joint	0056	26.7017	$1,524.61	$405.81	$304.92
28755	T		Fusion of big toe joint	0055	19.5232	$1,114.74	$355.34	$222.95
28760	T		Fusion of big toe joint	0056	26.7017	$1,524.61	$405.81	$304.92
28800	C		Amputation of midfoot					
28805	C		Amputation thru metatarsal					
28810	T		Amputation toe & metatarsal	0055	19.5232	$1,114.74	$355.34	$222.95
28820	T		Amputation of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28825	T		Partial amputation of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28899	T		Foot/toes surgery procedure	0043	1.8350	$104.77		$20.95
29000	S		Application of body cast	0426	2.0113	$114.84		$22.97
29010	S		Application of body cast	0426	2.0113	$114.84		$22.97
29015	S		Application of body cast	0426	2.0113	$114.84		$22.97
29020	S		Application of body cast	0058	1.1094	$63.34		$12.67
29025	S		Application of body cast	0426	2.0113	$114.84		$22.97
29035	S		Application of body cast	0426	2.0113	$114.84		$22.97
29040	S		Application of body cast	0058	1.1094	$63.34		$12.67
29044	S		Application of body cast	0426	2.0113	$114.84		$22.97
29046	S		Application of body cast	0426	2.0113	$114.84		$22.97
29049	S		Application of figure eight	0058	1.1094	$63.34		$12.67
29055	S		Application of shoulder cast	0426	2.0113	$114.84		$22.97
29058	S		Application of shoulder cast	0058	1.1094	$63.34		$12.67
29065	S		Application of long arm cast	0426	2.0113	$114.84		$22.97
29075	S		Application of forearm cast	0426	2.0113	$114.84		$22.97
29085	S		Apply hand/wrist cast	0426	2.0113	$114.84		$22.97
29086	S		Apply finger cast	0426	2.0113	$114.84		$22.97
29105	S		Apply long arm splint	0058	1.1094	$63.34		$12.67
29125	S		Apply forearm splint	0058	1.1094	$63.34		$12.67
29126	S		Apply forearm splint	0058	1.1094	$63.34		$12.67
29130	S		Application of finger splint	0058	1.1094	$63.34		$12.67
29131	S		Application of finger splint	0058	1.1094	$63.34		$12.67

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29200	S		Strapping of chest	0058	1.1094	$63.34		$12.67
29220	S		Strapping of low back	0058	1.1094	$63.34		$12.67
29240	S		Strapping of shoulder	0058	1.1094	$63.34		$12.67
29260	S		Strapping of elbow or wrist	0058	1.1094	$63.34		$12.67
29280	S		Strapping of hand or finger	0058	1.1094	$63.34		$12.67
29305	S		Application of hip cast	0426	2.0113	$114.84		$22.97
29325	S		Application of hip casts	0426	2.0113	$114.84		$22.97
29345	S		Application of long leg cast	0426	2.0113	$114.84		$22.97
29355	S		Application of long leg cast	0426	2.0113	$114.84		$22.97
29358	S		Apply long leg cast brace	0426	2.0113	$114.84		$22.97
29365	S		Application of long leg cast	0426	2.0113	$114.84		$22.97
29405	S		Apply short leg cast	0426	2.0113	$114.84		$22.97
29425	S		Apply short leg cast	0426	2.0113	$114.84		$22.97
29435	S		Apply short leg cast	0426	2.0113	$114.84		$22.97
29440	S		Addition of walker to cast	0426	2.0113	$114.84		$22.97
29445	S		Apply rigid leg cast	0426	2.0113	$114.84		$22.97
29450	S		Application of leg cast	0058	1.1094	$63.34		$12.67
29505	S		Application, long leg splint	0058	1.1094	$63.34		$12.67
29515	S		Application lower leg splint	0058	1.1094	$63.34		$12.67
29520	S		Strapping of hip	0058	1.1094	$63.34		$12.67
29530	S		Strapping of knee	0058	1.1094	$63.34		$12.67
29540	S		Strapping of ankle	0058	1.1094	$63.34		$12.67
29550	S		Strapping of toes	0058	1.1094	$63.34		$12.67
29580	S		Application of paste boot	0058	1.1094	$63.34		$12.67
29590	S		Application of foot splint	0058	1.1094	$63.34		$12.67
29700	S		Removal/revision of cast	0058	1.1094	$63.34		$12.67
29705	S		Removal/revision of cast	0058	1.1094	$63.34		$12.67
29710	S		Removal/revision of cast	0426	2.0113	$114.84		$22.97
29715	S		Removal/revision of cast	0058	1.1094	$63.34		$12.67
29720	S		Repair of body cast	0058	1.1094	$63.34		$12.67
29730	S		Windowing of cast	0058	1.1094	$63.34		$12.67
29740	S		Wedging of cast	0058	1.1094	$63.34		$12.67
29750	S		Wedging of clubfoot cast	0058	1.1094	$63.34		$12.67
29799	S		Casting/strapping procedure	0058	1 1094	$63.34		$12.67
29800	T		Jaw arthroscopy/surgery	0042	43 8002	$2,500.90	$804.74	$500.18
29804	T		Jaw arthroscopy/surgery	0041	28 2366	$1,612.25		$322.45
29805	T		Shoulder arthroscopy, dx	0041	28 2366	$1,612.25		$322.45
29806	T		Shoulder arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500 18
29807	T		Shoulder arthroscopy/surgery	0042	43 8002	$2,500.90	$804.74	$500 18
29819	T		Shoulder arthroscopy/surgery	0041	28 2366	$1,612.25		$322 45
29820	T		Shoulder arthroscopy/surgery	0041	28 2366	$1,612.25		$322.45
29821	T		Shoulder arthroscopy/surgery	0041	28 2366	$1,612.25		$322.45
29822	T		Shoulder arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29823	T		Shoulder arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29824	T		Shoulder arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29825	T		Shoulder arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29826	T		Shoulder arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29827	T		Arthroscop rotator cuff repr	0042	43.8002	$2,500.90	$804.74	$500.18
29830	T		Elbow arthroscopy	0041	28.2366	$1,612.25		$322.45
29834	T		Elbow arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45

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29835	T		Elbow arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29836	T		Elbow arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29837	T		Elbow arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29838	T		Elbow arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29840	T		Wrist arthroscopy	0041	28.2366	$1,612.25		$322.45
29843	T		Wrist arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29844	T		Wrist arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29845	T		Wrist arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29846	T		Wrist arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29847	T		Wrist arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29848	T		Wrist endoscopy/surgery	0041	28.2366	$1,612.25		$322.45
29850	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29851	T		Knee arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29855	T		Tibial arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29856	T		Tibial arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29860	T		Hip arthroscopy, dx	0041	28.2366	$1,612.25		$322.45
29861	T		Hip arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29862	T		Hip arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29863	T		Hip arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29870	T		Knee arthroscopy, dx	0041	28.2366	$1,612.25		$322.45
29871	T		Knee arthroscopy/drainage	0041	28.2366	$1,612.25		$322.45
29873	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29874	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29875	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29876	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29877	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29879	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29880	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29881	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29882	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29883	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29884	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29885	T		Knee arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29886	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29887	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29888	T		Knee arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29889	T		Knee arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29891	T		Ankle arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29892	T		Ankle arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29893	T		Scope, plantar fasciotomy	0055	19.5232	$1,114.74	$355.34	$222.95
29894	T		Ankle arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29895	T		Ankle arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29897	T		Ankle arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29898	T		Ankle arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29899	T		Ankle arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29900	T		Mcp joint arthroscopy, dx	0053	15.6402	$893.02	$253.49	$178.60
29901	T		Mcp joint arthroscopy, surg	0053	15.6402	$893.02	$253.49	$178.60
29902	T		Mcp joint arthroscopy, surg	0053	15.6402	$893.02	$253.49	$178.60
29999	T		Arthroscopy of joint	0041	28.2366	$1,612.25		$322.45
30000	T		Drainage of nose lesion	0251	1.9490	$111.28		$22.26

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
30020	T		Drainage of nose lesion	0251	1.9490	$111.28		$22.26
30100	T		Intranasal biopsy	0252	6.5732	$375.32	$113.41	$75.06
30110	T		Removal of nose polyp(s)	0253	15.9924	$913.13	$282.29	$182.63
30115	T		Removal of nose polyp(s)	0253	15.9924	$913.13	$282.29	$182.63
30117	T		Removal of intranasal lesion	0253	15.9924	$913.13	$282.29	$182.63
30118	T		Removal of intranasal lesion	0254	23.5464	$1,344.45	$321.35	$268.89
30120	T		Revision of nose	0253	15.9924	$913.13	$282.29	$182.63
30124	T		Removal of nose lesion	0252	6.5732	$375.32	$113.41	$75.06
30125	T		Removal of nose lesion	0256	37.1347	$2,120.32		$424.06
30130	T		Removal of turbinate bones	0253	15.9924	$913.13	$282.29	$182.63
30140	T		Removal of turbinate bones	0254	23.5464	$1,344.45	$321.35	$268.89
30150	T		Partial removal of nose	0256	37.1347	$2,120.32		$424.06
30160	T		Removal of nose	0256	37.1347	$2,120.32		$424.06
30200	T		Injection treatment of nose	0253	15.9924	$913.13	$282.29	$182.63
30210	T		Nasal sinus therapy	0252	6.5732	$375.32	$113.41	$75.06
30220	T		Insert nasal septal button	0252	6.5732	$375.32	$113.41	$75.06
30300	X		Remove nasal foreign body	0340	0.6454	$36.85		$7.37
30310	T		Remove nasal foreign body	0253	15.9924	$913.13	$282.29	$182.63
30320	T		Remove nasal foreign body	0253	15.9924	$913.13	$282.29	$182.63
30400	T		Reconstruction of nose	0256	37.1347	$2,120.32		$424.06
30410	T		Reconstruction of nose	0256	37.1347	$2,120.32		$424.06
30420	T		Reconstruction of nose	0256	37.1347	$2,120.32		$424.06
30430	T		Revision of nose	0254	23.5464	$1,344.45	$321.35	$268.89
30435	T		Revision of nose	0256	37.1347	$2,120.32		$424.06
30450	T		Revision of nose	0256	37.1347	$2,120.32		$424.06
30460	T		Revision of nose	0256	37.1347	$2,120.32		$424.06
30462	T		Revision of nose	0256	37.1347	$2,120.32		$424.06
30465	T		Repair nasal stenosis	0256	37.1347	$2,120.32		$424.06
30520	T		Repair of nasal septum	0254	23.5464	$1,344.45	$321.35	$268.89
30540	T		Repair nasal defect	0256	37.1347	$2,120.32		$424.06
30545	T		Repair nasal defect	0256	37.1347	$2,120.32		$424.06
30560	T		Release of nasal adhesions	0251	1.9490	$111.28		$22.26
30580	T		Repair upper jaw fistula	0256	37.1347	$2,120.32		$424.06
30600	T		Repair mouth/nose fistula	0256	37.1347	$2,120.32		$424.06
30620	T		Intranasal reconstruction	0256	37.1347	$2,120.32		$424.06
30630	T		Repair nasal septum defect	0254	23.5464	$1,344.45	$321.35	$268.89
30801	T		Cauterization, inner nose	0252	6.5732	$375.32	$113.41	$75.06
30802	T		Cauterization, inner nose	0253	15.9924	$913.13	$282.29	$182.63
30901	T		Control of nosebleed	0250	1.3930	$79.54	$27.84	$15.91
30903	T		Control of nosebleed	0250	1.3930	$79.54	$27.84	$15.91
30905	T		Control of nosebleed	0250	1.3930	$79.54	$27.84	$15.91
30906	T		Repeat control of nosebleed	0250	1.3930	$79.54	$27.84	$15.91
30915	T		Ligation, nasal sinus artery	0091	30.1019	$1,718.76	$348.23	$343.75
30920	T		Ligation, upper jaw artery	0092	27.2783	$1,557.54	$505.37	$311.51
30930	T		Therapy, fracture of nose	0253	15.9924	$913.13	$282.29	$182.63
30999	T		Nasal surgery procedure	0251	1.9490	$111.28		$22.26
31000	T		Irrigation, maxillary sinus	0251	1.9490	$111.28		$22.26
31002	T		Irrigation, sphenoid sinus	0252	6.5732	$375.32	$113.41	$75.06
31020	T		Exploration, maxillary sinus	0254	23.5464	$1,344.45	$321.35	$268.89
31030	T		Exploration, maxillary sinus	0256	37.1347	$2,120.32		$424.06

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31032	T		Explore sinus, remove polyps	0256	37.1347	$2,120.32		$424.06
31040	T		Exploration behind upper jaw	0254	23.5464	$1,344.45	$321.35	$268.89
31050	T		Exploration, sphenoid sinus	0256	37.1347	$2,120.32		$424.06
31051	T		Sphenoid sinus surgery	0256	37.1347	$2,120.32		$424.06
31070	T		Exploration of frontal sinus	0254	23.5464	$1,344.45	$321.35	$268.89
31075	T		Exploration of frontal sinus	0256	37.1347	$2,120.32		$424.06
31080	T		Removal of frontal sinus	0256	37.1347	$2,120.32		$424.06
31081	T		Removal of frontal sinus	0256	37.1347	$2,120.32		$424.06
31084	T		Removal of frontal sinus	0256	37.1347	$2,120.32		$424.06
31085	T		Removal of frontal sinus	0256	37.1347	$2,120.32		$424.06
31086	T		Removal of frontal sinus	0256	37.1347	$2,120.32		$424.06
31087	T		Removal of frontal sinus	0256	37.1347	$2,120.32		$424.06
31090	T		Exploration of sinuses	0256	37.1347	$2,120.32		$424.06
31200	T		Removal of ethmoid sinus	0256	37.1347	$2,120.32		$424.06
31201	T		Removal of ethmoid sinus	0256	37.1347	$2,120.32		$424.06
31205	T		Removal of ethmoid sinus	0256	37.1347	$2,120.32		$424.06
31225	C		Removal of upper jaw					
31230	C		Removal of upper jaw					
31231	T		Nasal endoscopy, dx	0072	1.3868	$79.18	$21.26	$15.84
31233	T		Nasal/sinus endoscopy, dx	0072	1.3868	$79.18	$21.26	$15.84
31235	T		Nasal/sinus endoscopy, dx	0074	16.1846	$924.11	$295.70	$184.82
31237	T		Nasal/sinus endoscopy, surg	0075	21.1137	$1,205.55	$445.92	$241.11
31238	T		Nasal/sinus endoscopy, surg	0074	16.1846	$924.11	$295.70	$184.82
31239	T		Nasal/sinus endoscopy, surg	0075	21.1137	$1,205.55	$445.92	$241.11
31240	T		Nasal/sinus endoscopy, surg	0074	16.1846	$924.11	$295.70	$184.82
31254	T		Revision of ethmoid sinus	0075	21.1137	$1,205.55	$445.92	$241.11
31255	T		Removal of ethmoid sinus	0075	21.1137	$1,205.55	$445.92	$241.11
31256	T		Exploration maxillary sinus	0075	21.1137	$1,205.55	$445.92	$241.11
31267	T		Endoscopy, maxillary sinus	0075	21.1137	$1,205.55	$445.92	$241.11
31276	T		Sinus endoscopy, surgical	0075	21.1137	$1,205.55	$445.92	$241.11
31287	T		Nasal/sinus endoscopy, surg	0075	21.1137	$1,205.55	$445.92	$241.11
31288	T		Nasal/sinus endoscopy, surg	0075	21.1137	$1,205.55	$445.92	$241.11
31290	C		Nasal/sinus endoscopy, surg					
31291	C		Nasal/sinus endoscopy, surg					
31292	T		Nasal/sinus endoscopy, surg	0075	21.1137	$1,205.55	$445.92	$241.11
31293	C		Nasal/sinus endoscopy, surg					
31294	C		Nasal/sinus endoscopy, surg					
31299	T		Sinus surgery procedure	0251	1.9490	$111.28		$22.26
31300	T		Removal of larynx lesion	0254	23.5464	$1,344.45	$321.35	$268.89
31320	T		Diagnostic incision, larynx	0256	37.1347	$2,120.32		$424.06
31360	C		Removal of larynx					
31365	C		Removal of larynx					
31367	C		Partial removal of larynx					
31368	C		Partial removal of larynx					
31370	C		Partial removal of larynx					
31375	C		Partial removal of larynx					
31380	C		Partial removal of larynx					
31382	C		Partial removal of larynx					
31390	C		Removal of larynx & pharynx					
31395	C		Reconstruct larynx & pharynx					

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31400	T		Revision of larynx	0256	37.1347	$2,120.32		$424.06
31420	T		Removal of epiglottis	0256	37.1347	$2,120.32		$424.06
31500	S		Insert emergency airway	0094	2.7247	$155.57	$48.58	$31.11
31502	T		Change of windpipe airway	0121	2.3062	$131.68	$43.80	$26.34
31505	T		Diagnostic laryngoscopy	0071	0.7525	$42.97	$11.54	$8.59
31510	T		Laryngoscopy with biopsy	0074	16.1846	$924.11	$295.70	$184.82
31511	T		Remove foreign body, larynx	0072	1.3868	$79.18	$21.26	$15.84
31512	T		Removal of larynx lesion	0074	16.1846	$924.11	$295.70	$184.82
31513	T		Injection into vocal cord	0072	1.3868	$79.18	$21.26	$15.84
31515	T		Laryngoscopy for aspiration	0074	16.1846	$924.11	$295.70	$184.82
31520	T		Diagnostic laryngoscopy	0072	1.3868	$79.18	$21.26	$15.84
31525	T		Diagnostic laryngoscopy	0074	16.1846	$924.11	$295.70	$184.82
31526	T		Diagnostic laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31527	T		Laryngoscopy for treatment	0075	21.1137	$1,205.55	$445.92	$241.11
31528	T		Laryngoscopy and dilation	0074	16.1846	$924.11	$295.70	$184.82
31529	T		Laryngoscopy and dilation	0074	16.1846	$924.11	$295.70	$184.82
31530	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31531	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31535	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31536	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31540	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31541	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31560	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31561	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31570	T		Laryngoscopy with injection	0074	16.1846	$924.11	$295.70	$184.82
31571	T		Laryngoscopy with injection	0075	21.1137	$1,205.55	$445.92	$241.11
31575	T		Diagnostic laryngoscopy	0072	1.3868	$79.18	$21.26	$15.84
31576	T		Laryngoscopy with biopsy	0075	21.1137	$1,205.55	$445.92	$241.11
31577	T		Remove foreign body, larynx	0073	3.9506	$225.57	$73.38	$45.11
31578	T		Removal of larynx lesion	0075	21.1137	$1,205.55	$445.92	$241.11
31579	T		Diagnostic laryngoscopy	0073	3.9506	$225.57	$73.38	$45.11
31580	T		Revision of larynx	0256	37.1347	$2,120.32		$424.06
31582	T		Revision of larynx	0256	37.1347	$2,120.32		$424.06
31584	C		Treat larynx fracture					
31585	T		Treat larynx fracture	0253	15.9924	$913.13	$282.29	$182.63
31586	T		Treat larynx fracture	0256	37.1347	$2,120.32		$424.06
31587	C		Revision of larynx					
31588	T		Revision of larynx	0256	37.1347	$2,120.32		$424.06
31590	T		Reinnervate larynx	0256	37.1347	$2,120.32		$424.06
31595	T		Larynx nerve surgery	0256	37.1347	$2,120.32		$424.06
31599	T		Larynx surgery procedure	0251	1.9490	$111.28		$22.26
31600	T		Incision of windpipe	0254	23.5464	$1,344.45	$321.35	$268.89
31601	T		Incision of windpipe	0254	23.5464	$1,344.45	$321.35	$268.89
31603	T		Incision of windpipe	0252	6.5732	$375.32	$113.41	$75.06
31605	T		Incision of windpipe	0253	15.9924	$913.13	$282.29	$182.63
31610	T		Incision of windpipe	0254	23.5464	$1,344.45	$321.35	$268.89
31611	T		Surgery/speech prosthesis	0254	23.5464	$1,344.45	$321.35	$268.89
31612	T		Puncture/clear windpipe	0254	23.5464	$1,344.45	$321.35	$268.89
31613	T		Repair windpipe opening	0254	23.5464	$1,344.45	$321.35	$268.89
31614	T		Repair windpipe opening	0256	37.1347	$2,120.32		$424.06

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31615	T		Visualization of windpipe	0076	9.4817	$541.39	$189.82	$108.28
31622	T		Dx bronchoscope/wash	0076	9.4817	$541.39	$189.82	$108.28
31623	T		Dx bronchoscope/brush	0076	9.4817	$541.39	$189.82	$108.28
31624	T		Dx bronchoscope/lavage	0076	9.4817	$541.39	$189.82	$108.28
31625	T		Bronchoscopy w/biopsy(s)	0076	9.4817	$541.39	$189.82	$108.28
31628	T		Bronchoscopy/lung bx, each	0076	9.4817	$541.39	$189.82	$108.28
31629	T		Bronchoscopy/needle bx, each	0076	9.4817	$541.39	$189.82	$108.28
31630	T		Bronchoscopy dilate/fx repr	0415	21.2703	$1,214.49	$459.92	$242.90
31631	T		Bronchoscopy, dilate w/stent	0415	21.2703	$1,214.49	$459.92	$242.90
31632	T		Bronchoscopy/lung bx, add'l	0076	9.4817	$541.39	$189.82	$108.28
31633	T		Bronchoscopy/needle bx add'l	0076	9.4817	$541.39	$189.82	$108.28
31635	T		Bronchoscopy w/fb removal	0076	9.4817	$541.39	$189.82	$108.28
31640	T		Bronchoscopy w/tumor excise	0415	21.2703	$1,214.49	$459.92	$242.90
31641	T		Bronchoscopy, treat blockage	0415	21.2703	$1,214.49	$459.92	$242.90
31643	T		Diag bronchoscope/catheter	0076	9.4817	$541.39	$189.82	$108.28
31645	T		Bronchoscopy, clear airways	0076	9.4817	$541.39	$189.82	$108.28
31646	T		Bronchoscopy, reclear airway	0076	9.4817	$541.39	$189.82	$108.28
31656	T		Bronchoscopy, inj for x-ray	0076	9.4817	$541.39	$189.82	$108.28
31700	T		Insertion of airway catheter	0072	1.3868	$79.18	$21.26	$15.84
31708	N		Instill airway contrast dye					
31710	N		Insertion of airway catheter					
31715	N		Injection for bronchus x-ray					
31717	T		Bronchial brush biopsy	0073	3.9506	$225.57	$73.38	$45.11
31720	T		Clearance of airways	0071	0.7525	$42.97	$11.54	$8.59
31725	C		Clearance of airways					
31730	T		Intro, windpipe wire/tube	0073	3.9506	$225.57	$73.38	$45.11
31750	T		Repair of windpipe	0256	37.1347	$2,120.32		$424.06
31755	T		Repair of windpipe	0256	37.1347	$2,120.32		$424.06
31760	C		Repair of windpipe					
31766	C		Reconstruction of windpipe					
31770	C		Repair/graft of bronchus					
31775	C		Reconstruct bronchus					
31780	C		Reconstruct windpipe					
31781	C		Reconstruct windpipe					
31785	T		Remove windpipe lesion	0254	23 5464	$1,344.45	$321.35	$268.89
31786	C		Remove windpipe lesion					
31800	C		Repair of windpipe injury					
31805	C		Repair of windpipe injury					
31820	T		Closure of windpipe lesion	0253	15.9924	$913.13	$282.29	$182.63
31825	T		Repair of windpipe defect	0254	23.5464	$1,344.45	$321.35	$268.89
31830	T		Revise windpipe scar	0254	23.5464	$1,344.45	$321.35	$268.89
31899	T		Airways surgical procedure	0076	9.4817	$541.39	$189.82	$108.28
32000	T		Drainage of chest	0070	3.3485	$191.19		$38.24
32002	T		Treatment of collapsed lung	0070	3.3485	$191.19		$38.24
32005	T		Treat lung lining chemically	0070	3.3485	$191.19		$38.24
32020	T		Insertion of chest tube	0070	3.3485	$191.19		$38.24
32035	C		Exploration of chest					
32036	C		Exploration of chest					
32095	C		Biopsy through chest wall					
32100	C		Exploration/biopsy of chest					

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32110	C		Explore/repair chest					
32120	C		Re-exploration of chest					
32124	C		Explore chest free adhesions					
32140	C		Removal of lung lesion(s)					
32141	C		Remove/treat lung lesions					
32150	C		Removal of lung lesion(s)					
32151	C		Remove lung foreign body					
32160	C		Open chest heart massage					
32200	C		Drain, open, lung lesion					
32201	T		Drain, percut, lung lesion	0070	3.3485	$191.19		$38.24
32215	C		Treat chest lining					
32220	C		Release of lung					
32225	C		Partial release of lung					
32310	C		Removal of chest lining					
32320	C		Free/remove chest lining					
32400	T		Needle biopsy chest lining	0685	5.8959	$336.64	$115.47	$67.33
32402	C		Open biopsy chest lining					
32405	T		Biopsy, lung or mediastinum	0685	5.8959	$336.64	$115.47	$67.33
32420	T		Puncture/clear lung	0070	3.3485	$191.19		$38.24
32440	C		Removal of lung					
32442	C		Sleeve pneumonectomy					
32445	C		Removal of lung					
32480	C		Partial removal of lung					
32482	C		Bilobectomy					
32484	C		Segmentectomy					
32486	C		Sleeve lobectomy					
32488	C		Completion pneumonectomy					
32491	C		Lung volume reduction					
32500	C		Partial removal of lung					
32501	C		Repair bronchus add-on					
32520	C		Remove lung & revise chest					
32522	C		Remove lung & revise chest					
32525	C		Remove lung & revise chest					
32540	C		Removal of lung lesion					
32601	T		Thoracoscopy, diagnostic	0069	29 9568	$1,710.47	$591.64	$342.09
32602	T		Thoracoscopy, diagnostic	0069	29 9568	$1,710.47	$591.64	$342.09
32603	T		Thoracoscopy, diagnostic	0069	29 9568	$1,710.47	$591.64	$342.09
32604	T		Thoracoscopy, diagnostic	0069	29.9568	$1,710.47	$591.64	$342.09
32605	T		Thoracoscopy, diagnostic	0069	29 9568	$1,710.47	$591.64	$342.09
32606	T		Thoracoscopy, diagnostic	0069	29.9568	$1,710.47	$591.64	$342.09
32650	C		Thoracoscopy, surgical					
32651	C		Thoracoscopy, surgical					
32652	C		Thoracoscopy, surgical					
32653	C		Thoracoscopy, surgical					
32654	C		Thoracoscopy, surgical					
32655	C		Thoracoscopy, surgical					
32656	C		Thoracoscopy, surgical					
32657	C		Thoracoscopy, surgical					
32658	C		Thoracoscopy, surgical					
32659	C		Thoracoscopy, surgical					

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32660	C		Thoracoscopy, surgical					
32661	C		Thoracoscopy, surgical					
32662	C		Thoracoscopy, surgical					
32663	C		Thoracoscopy, surgical					
32664	C		Thoracoscopy, surgical					
32665	C		Thoracoscopy, surgical					
32800	C		Repair lung hernia					
32810	C		Close chest after drainage					
32815	C		Close bronchial fistula					
32820	C		Reconstruct injured chest					
32850	C		Donor pneumonectomy					
32851	C		Lung transplant, single					
32852	C		Lung transplant with bypass					
32853	C		Lung transplant, double					
32854	C		Lung transplant with bypass					
32900	C		Removal of rib(s)					
32905	C		Revise & repair chest wall					
32906	C		Revise & repair chest wall					
32940	C		Revision of lung					
32960	T		Therapeutic pneumothorax	0070	3.3485	$191.19		$38.24
32997	C		Total lung lavage					
32999	T		Chest surgery procedure	0070	3.3485	$191.19		$38.24
33010	T		Drainage of heart sac	0070	3.3485	$191.19		$38.24
33011	T		Repeat drainage of heart sac	0070	3.3485	$191.19		$38.24
33015	C		Incision of heart sac					
33020	C		Incision of heart sac					
33025	C		Incision of heart sac					
33030	C		Partial removal of heart sac					
33031	C		Partial removal of heart sac					
33050	C		Removal of heart sac lesion					
33120	C		Removal of heart lesion					
33130	C		Removal of heart lesion					
33140	C		Heart revascularize (tmr)					
33141	C		Heart tmr w/other procedure					
33200	C		Insertion of heart pacemaker					
33201	C		Insertion of heart pacemaker					
33206	T		Insertion of heart pacemaker	0089	109 1734	$6,233.58	$1,679.38	$1,246.72
33207	T		Insertion of heart pacemaker	0089	109 1734	$6,233.58	$1,679.38	$1,246.72
33208	T		Insertion of heart pacemaker	0655	135.7710	$7,752.25		$1,550.45
33210	T		Insertion of heart electrode	0106	52.6887	$3,008.42		$601.68
33211	T		Insertion of heart electrode	0106	52.6887	$3,008.42		$601.68
33212	T		Insertion of pulse generator	0090	86.5117	$4,939.65	$1,544.11	$987.93
33213	T		Insertion of pulse generator	0654	104.1200	$5,945.04		$1,189.01
33214	T		Upgrade of pacemaker system	0655	135.7710	$7,752.25		$1,550.45
33215	T		Reposition pacing-defib lead	0105	21.1754	$1,209.07	$370.40	$241.81
33216	T		Revise eltrd pacing-defib	0106	52.6887	$3,008.42		$601.68
33217	T		Insert lead pace-defib, dual	0106	52.6887	$3,008.42		$601.68
33218	T		Repair lead pace-defib, one	0106	52.6887	$3,008.42		$601.68
33220	T		Repair lead pace-defib, dual	0106	52.6887	$3,008.42		$601.68
33222	T		Revise pocket, pacemaker	0027	16.8576	$962.54	$329.72	$192.51

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33223	T		Revise pocket, pacing-defib	0027	16.8576	$962.54	$329.72	$192.51
33224	T		Insert pacing lead & connect	0418	78.0525	$4,456.64		$891.33
33225	S		L ventric pacing lead add-on	1525		$3,750.00		$750.00
33226	T		Reposition l ventric lead	0105	21.1754	$1,209.07	$370.40	$241.81
33233	T		Removal of pacemaker system	0105	21.1754	$1,209.07	$370.40	$241.81
33234	T		Removal of pacemaker system	0105	21.1754	$1,209.07	$370.40	$241.81
33235	T		Removal pacemaker electrode	0105	21.1754	$1,209.07	$370.40	$241.81
33236	C		Remove electrode/thoracotomy					
33237	C		Remove electrode/thoracotomy					
33238	C		Remove electrode/thoracotomy					
33240	B		Insert pulse generator					
33241	T		Remove pulse generator	0105	21.1754	$1,209.07	$370.40	$241.81
33243	C		Remove eltrd/thoracotomy					
33244	T		Remove eltrd, transven	0105	21.1754	$1,209.07	$370.40	$241.81
33245	C		Insert epic eltrd pace-defib					
33246	C		Insert epic eltrd/generator					
33249	B		Eltrd/insert pace-defib					
33250	C		Ablate heart dysrhythm focus					
33251	C		Ablate heart dysrhythm focus					
33253	C		Reconstruct atria					
33261	C		Ablate heart dysrhythm focus					
33282	S		Implant pat-active ht record	0680	64.0980	$3,659.87		$731.97
33284	T		Remove pat-active ht record	0109	7.6069	$434.34	$131.49	$86.87
33300	C		Repair of heart wound					
33305	C		Repair of heart wound					
33310	C		Exploratory heart surgery					
33315	C		Exploratory heart surgery					
33320	C		Repair major blood vessel(s)					
33321	C		Repair major vessel					
33322	C		Repair major blood vessel(s)					
33330	C		Insert major vessel graft					
33332	C		Insert major vessel graft					
33335	C		Insert major vessel graft					
33400	C		Repair of aortic valve					
33401	C		Valvuloplasty, open					
33403	C		Valvuloplasty, w/cp bypass					
33404	C		Prepare heart-aorta conduit					
33405	C		Replacement of aortic valve					
33406	C		Replacement of aortic valve					
33410	C		Replacement of aortic valve					
33411	C		Replacement of aortic valve					
33412	C		Replacement of aortic valve					
33413	C		Replacement of aortic valve					
33414	C		Repair of aortic valve					
33415	C		Revision, subvalvular tissue					
33416	C		Revise ventricle muscle					
33417	C		Repair of aortic valve					
33420	C		Revision of mitral valve					
33422	C		Revision of mitral valve					
33425	C		Repair of mitral valve					

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33426	C		Repair of mitral valve					
33427	C		Repair of mitral valve					
33430	C		Replacement of mitral valve					
33460	C		Revision of tricuspid valve					
33463	C		Valvuloplasty, tricuspid					
33464	C		Valvuloplasty, tricuspid					
33465	C		Replace tricuspid valve					
33468	C		Revision of tricuspid valve					
33470	C		Revision of pulmonary valve					
33471	C		Valvotomy, pulmonary valve					
33472	C		Revision of pulmonary valve					
33474	C		Revision of pulmonary valve					
33475	C		Replacement, pulmonary valve					
33476	C		Revision of heart chamber					
33478	C		Revision of heart chamber					
33496	C		Repair, prosth valve clot					
33500	C		Repair heart vessel fistula					
33501	C		Repair heart vessel fistula					
33502	C		Coronary artery correction					
33503	C		Coronary artery graft					
33504	C		Coronary artery graft					
33505	C		Repair artery w/tunnel					
33506	C		Repair artery, translocation					
33508	N		Endoscopic vein harvest					
33510	C		CABG, vein, single					
33511	C		CABG, vein, two					
33512	C		CABG, vein, three					
33513	C		CABG, vein, four					
33514	C		CABG, vein, five					
33516	C		Cabg, vein, six or more					
33517	C		CABG, artery-vein, single					
33518	C		CABG, artery-vein, two					
33519	C		CABG, artery-vein, three					
33521	C		CABG, artery-vein, four					
33522	C		CABG, artery-vein, five					
33523	C		Cabg, art-vein, six or more					
33530	C		Coronary artery, bypass/reop					
33533	C		CABG, arterial, single					
33534	C		CABG, arterial, two					
33535	C		CABG, arterial, three					
33536	C		Cabg, arterial, four or more					
33542	C		Removal of heart lesion					
33545	C		Repair of heart damage					
33572	C		Open coronary endarterectomy					
33600	C		Closure of valve					
33602	C		Closure of valve					
33606	C		Anastomosis/artery-aorta					
33608	C		Repair anomaly w/conduit					
33610	C		Repair by enlargement					
33611	C		Repair double ventricle					

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33612	C		Repair double ventricle					
33615	C		Repair, modified fontan					
33617	C		Repair single ventricle					
33619	C		Repair single ventricle					
33641	C		Repair heart septum defect					
33645	C		Revision of heart veins					
33647	C		Repair heart septum defects					
33660	C		Repair of heart defects					
33665	C		Repair of heart defects					
33670	C		Repair of heart chambers					
33681	C		Repair heart septum defect					
33684	C		Repair heart septum defect					
33688	C		Repair heart septum defect					
33690	C		Reinforce pulmonary artery					
33692	C		Repair of heart defects					
33694	C		Repair of heart defects					
33697	C		Repair of heart defects					
33702	C		Repair of heart defects					
33710	C		Repair of heart defects					
33720	C		Repair of heart defect					
33722	C		Repair of heart defect					
33730	C		Repair heart-vein defect(s)					
33732	C		Repair heart-vein defect					
33735	C		Revision of heart chamber					
33736	C		Revision of heart chamber					
33737	C		Revision of heart chamber					
33750	C		Major vessel shunt					
33755	C		Major vessel shunt					
33762	C		Major vessel shunt					
33764	C		Major vessel shunt & graft					
33766	C		Major vessel shunt					
33767	C		Major vessel shunt					
33770	C		Repair great vessels defect					
33771	C		Repair great vessels defect					
33774	C		Repair great vessels defect					
33775	C		Repair great vessels defect					
33776	C		Repair great vessels defect					
33777	C		Repair great vessels defect					
33778	C		Repair great vessels defect					
33779	C		Repair great vessels defect					
33780	C		Repair great vessels defect					
33781	C		Repair great vessels defect					
33786	C		Repair arterial trunk					
33788	C		Revision of pulmonary artery					
33800	C		Aortic suspension					
33802	C		Repair vessel defect					
33803	C		Repair vessel defect					
33813	C		Repair septal defect					
33814	C		Repair septal defect					
33820	C		Revise major vessel					

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33822	C		Revise major vessel					
33824	C		Revise major vessel					
33840	C		Remove aorta constriction					
33845	C		Remove aorta constriction					
33851	C		Remove aorta constriction					
33852	C		Repair septal defect					
33853	C		Repair septal defect					
33860	C		Ascending aortic graft					
33861	C		Ascending aortic graft					
33863	C		Ascending aortic graft					
33870	C		Transverse aortic arch graft					
33875	C		Thoracic aortic graft					
33877	C		Thoracoabdominal graft					
33910	C		Remove lung artery emboli					
33915	C		Remove lung artery emboli					
33916	C		Surgery of great vessel					
33917	C		Repair pulmonary artery					
33918	C		Repair pulmonary atresia					
33919	C		Repair pulmonary atresia					
33920	C		Repair pulmonary atresia					
33922	C		Transect pulmonary artery					
33924	C		Remove pulmonary shunt					
33930	C		Removal of donor heart/lung					
33935	C		Transplantation, heart/lung					
33940	C		Removal of donor heart					
33945	C		Transplantation of heart					
33960	C		External circulation assist					
33961	C		External circulation assist					
33967	C		Insert ia percut device					
33968	C		Remove aortic assist device					
33970	C		Aortic circulation assist					
33971	C		Aortic circulation assist					
33973	C		Insert balloon device					
33974	C		Remove intra-aortic balloon					
33975	C		Implant ventricular device					
33976	C		Implant ventricular device					
33977	C		Remove ventricular device					
33978	C		Remove ventricular device					
33979	C		Insert intracorporeal device					
33980	C		Remove intracorporeal device					
33999	T		Cardiac surgery procedure	0070	3.3485	$191.19		$38.24
34001	C		Removal of artery clot					
34051	C		Removal of artery clot					
34101	T		Removal of artery clot	0088	36.2110	$2,067.58	$655.22	$413.52
34111	T		Removal of arm artery clot	0088	36.2110	$2,067.58	$655.22	$413.52
34151	C		Removal of artery clot					
34201	T		Removal of artery clot	0088	36.2110	$2,067.58	$655.22	$413.52
34203	T		Removal of leg artery clot	0088	36.2110	$2,067.58	$655.22	$413.52
34401	C		Removal of vein clot					
34421	T		Removal of vein clot	0088	36.2110	$2,067.58	$655.22	$413.52

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34451	C		Removal of vein clot					
34471	T		Removal of vein clot	0088	36.2110	$2,067.58	$655.22	$413.52
34490	T		Removal of vein clot	0088	36.2110	$2,067.58	$655.22	$413.52
34501	T		Repair valve, femoral vein	0088	36.2110	$2,067.58	$655.22	$413.52
34502	C		Reconstruct vena cava					
34510	T		Transposition of vein valve	0088	36.2110	$2,067.58	$655.22	$413.52
34520	T		Cross-over vein graft	0088	36.2110	$2,067.58	$655.22	$413.52
34530	T		Leg vein fusion	0088	36.2110	$2,067.58	$655.22	$413.52
34800	C		Endovasc abdo repair w/tube					
34802	C		Endovasc abdo repr w/device					
34804	C		Endovasc abdo repr w/device					
34805	C		Endovasc abdo repair w/pros					
34808	C		Endovasc abdo occlud device					
34812	C		Xpose for endoprosth, aortic					
34813	C		Femoral endovas graft add-on					
34820	C		Xpose for endoprosth, iliac					
34825	C		Endovasc extend prosth, init					
34826	C		Endovasc exten prosth, add'l					
34830	C		Open aortic tube prosth repr					
34831	C		Open aortoiliac prosth repr					
34832	C		Open aortofemor prosth repr					
34833	C		Xpose for endoprosth, iliac					
34834	C		Xpose, endoprosth, brachial					
34900	C		Endovasc iliac repr w/graft					
35001	C		Repair defect of artery					
35002	C		Repair artery rupture, neck					
35005	C		Repair defect of artery					
35011	T		Repair defect of artery	0653	28.1900	$1,609.59		$321.92
35013	C		Repair artery rupture, arm					
35021	C		Repair defect of artery					
35022	C		Repair artery rupture, chest					
35045	C		Repair defect of arm artery					
35081	C		Repair defect of artery					
35082	C		Repair artery rupture, aorta					
35091	C		Repair defect of artery					
35092	C		Repair artery rupture, aorta					
35102	C		Repair defect of artery					
35103	C		Repair artery rupture, groin					
35111	C		Repair defect of artery					
35112	C		Repair artery rupture,spleen					
35121	C		Repair defect of artery					
35122	C		Repair artery rupture, belly					
35131	C		Repair defect of artery					
35132	C		Repair artery rupture, groin					
35141	C		Repair defect of artery					
35142	C		Repair artery rupture, thigh					
35151	C		Repair defect of artery					
35152	C		Repair artery rupture, knee					
35161	C		Repair defect of artery					
35162	C		Repair artery rupture					

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35180	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35182	C		Repair blood vessel lesion					
35184	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35188	T		Repair blood vessel lesion	0088	36.2110	$2,067.58	$655.22	$413.52
35189	C		Repair blood vessel lesion					
35190	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35201	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35206	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35207	T		Repair blood vessel lesion	0088	36.2110	$2,067.58	$655.22	$413.52
35211	C		Repair blood vessel lesion					
35216	C		Repair blood vessel lesion					
35221	C		Repair blood vessel lesion					
35226	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35231	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35236	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35241	C		Repair blood vessel lesion					
35246	C		Repair blood vessel lesion					
35251	C		Repair blood vessel lesion					
35256	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35261	T		Repair blood vessel lesion	0653	28.1900	$1,609.59		$321.92
35266	T		Repair blood vessel lesion	0653	28.1900	$1,609.59		$321.92
35271	C		Repair blood vessel lesion					
35276	C		Repair blood vessel lesion					
35281	C		Repair blood vessel lesion					
35286	T		Repair blood vessel lesion	0653	28.1900	$1,609.59		$321.92
35301	C		Rechanneling of artery					
35311	C		Rechanneling of artery					
35321	T		Rechanneling of artery	0093	24.5670	$1,402.73		$280.55
35331	C		Rechanneling of artery					
35341	C		Rechanneling of artery					
35351	C		Rechanneling of artery					
35355	C		Rechanneling of artery					
35361	C		Rechanneling of artery					
35363	C		Rechanneling of artery					
35371	C		Rechanneling of artery					
35372	C		Rechanneling of artery					
35381	C		Rechanneling of artery					
35390	C		Reoperation, carotid add-on					
35400	C		Angioscopy					
35450	C		Repair arterial blockage					
35452	C		Repair arterial blockage					
35454	C		Repair arterial blockage					
35456	C		Repair arterial blockage					
35458	T		Repair arterial blockage	0081	31.2963	$1,786.96		$357.39
35459	T		Repair arterial blockage	0081	31.2963	$1,786.96		$357.39
35460	T		Repair venous blockage	0081	31.2963	$1,786.96		$357.39
35470	T		Repair arterial blockage	0081	31.2963	$1,786.96		$357.39
35471	T		Repair arterial blockage	0081	31.2963	$1,786.96		$357.39
35472	T		Repair arterial blockage	0081	31.2963	$1,786 96		$357.39
35473	T		Repair arterial blockage	0081	31.2963	$1,786 96		$357.39

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35474	T		Repair arterial blockage	0081	31.2963	$1,786.96		$357.39
35475	T		Repair arterial blockage	0081	31.2963	$1,786.96		$357.39
35476	T		Repair venous blockage	0081	31.2963	$1,786.96		$357.39
35480	C		Atherectomy, open					
35481	C		Atherectomy, open					
35482	C		Atherectomy, open					
35483	C		Atherectomy, open					
35484	T		Atherectomy, open	0081	31.2963	$1,786.96		$357.39
35485	T		Atherectomy, open	0081	31.2963	$1,786.96		$357.39
35490	T		Atherectomy, percutaneous	0081	31.2963	$1,786.96		$357.39
35491	T		Atherectomy, percutaneous	0081	31.2963	$1,786.96		$357.39
35492	T		Atherectomy, percutaneous	0081	31.2963	$1,786.96		$357.39
35493	T		Atherectomy, percutaneous	0081	31.2963	$1,786.96		$357.39
35494	T		Atherectomy, percutaneous	0081	31.2963	$1,786.96		$357.39
35495	T		Atherectomy, percutaneous	0081	31.2963	$1,786.96		$357.39
35500	N		Harvest vein for bypass					
35501	C		Artery bypass graft					
35506	C		Artery bypass graft					
35507	C		Artery bypass graft					
35508	C		Artery bypass graft					
35509	C		Artery bypass graft					
35510	C		Artery bypass graft					
35511	C		Artery bypass graft					
35512	C		Artery bypass graft					
35515	C		Artery bypass graft					
35516	C		Artery bypass graft					
35518	C		Artery bypass graft					
35521	C		Artery bypass graft					
35522	C		Artery bypass graft					
35525	C		Artery bypass graft					
35526	C		Artery bypass graft					
35531	C		Artery bypass graft					
35533	C		Artery bypass graft					
35536	C		Artery bypass graft					
35541	C		Artery bypass graft					
35546	C		Artery bypass graft					
35548	C		Artery bypass graft					
35549	C		Artery bypass graft					
35551	C		Artery bypass graft					
35556	C		Artery bypass graft					
35558	C		Artery bypass graft					
35560	C		Artery bypass graft					
35563	C		Artery bypass graft					
35565	C		Artery bypass graft					
35566	C		Artery bypass graft					
35571	C		Artery bypass graft					
35572	N		Harvest femoropopliteal vein					
35582	C		Vein bypass graft					
35583	C		Vein bypass graft					
35585	C		Vein bypass graft					

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35587	C		Vein bypass graft					
35600	C		Harvest artery for cabg					
35601	C		Artery bypass graft					
35606	C		Artery bypass graft					
35612	C		Artery bypass graft					
35616	C		Artery bypass graft					
35621	C		Artery bypass graft					
35623	C		Bypass graft, not vein					
35626	C		Artery bypass graft					
35631	C		Artery bypass graft					
35636	C		Artery bypass graft					
35641	C		Artery bypass graft					
35642	C		Artery bypass graft					
35645	C		Artery bypass graft					
35646	C		Artery bypass graft					
35647	C		Artery bypass graft					
35650	C		Artery bypass graft					
35651	C		Artery bypass graft					
35654	C		Artery bypass graft					
35656	C		Artery bypass graft					
35661	C		Artery bypass graft					
35663	C		Artery bypass graft					
35665	C		Artery bypass graft					
35666	C		Artery bypass graft					
35671	C		Artery bypass graft					
35681	C		Composite bypass graft					
35682	C		Composite bypass graft					
35683	C		Composite bypass graft					
35685	T		Bypass graft patency/patch	0093	24.5670	$1,402.73		$280.55
35686	T		Bypass graft/av fist patency	0093	24.5670	$1,402.73		$280.55
35691	C		Arterial transposition					
35693	C		Arterial transposition					
35694	C		Arterial transposition					
35695	C		Arterial transposition					
35697	C		Reimplant artery each					
35700	C		Reoperation, bypass graft					
35701	C		Exploration, carotid artery					
35721	C		Exploration, femoral artery					
35741	C		Exploration popliteal artery					
35761	T		Exploration of artery/vein	0115	25.7685	$1,471.33	$459.35	$294.27
35800	C		Explore neck vessels					
35820	C		Explore chest vessels					
35840	C		Explore abdominal vessels					
35860	T		Explore limb vessels	0093	24.5670	$1,402.73		$280.55
35870	C		Repair vessel graft defect					
35875	T		Removal of clot in graft	0088	36.2110	$2,067.58	$655.22	$413.52
35876	T		Removal of clot in graft	0088	36.2110	$2,067.58	$655.22	$413.52
35879	T		Revise graft w/vein	0088	36.2110	$2,067.58	$655.22	$413.52
35881	T		Revise graft w/vein	0088	36.2110	$2,067.58	$655.22	$413.52
35901	C		Excision, graft, neck					

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35903	T		Excision, graft, extremity	0115	25.7685	$1,471.33	$459.35	$294.27
35905	C		Excision, graft, thorax					
35907	C		Excision, graft, abdomen					
36000	N		Place needle in vein					
36002	S		Pseudoaneurysm injection trt	0267	2.4509	$139.94	$62.97	$27.99
36005	N		Injection ext venography					
36010	N		Place catheter in vein					
36011	N		Place catheter in vein					
36012	N		Place catheter in vein					
36013	N		Place catheter in artery					
36014	N		Place catheter in artery					
36015	N		Place catheter in artery					
36100	N		Establish access to artery					
36120	N		Establish access to artery					
36140	N		Establish access to artery					
36145	N		Artery to vein shunt					
36160	N		Establish access to aorta					
36200	N		Place catheter in aorta					
36215	N		Place catheter in artery					
36216	N		Place catheter in artery					
36217	N		Place catheter in artery					
36218	N		Place catheter in artery					
36245	N		Place catheter in artery					
36246	N		Place catheter in artery					
36247	N		Place catheter in artery					
36248	N		Place catheter in artery					
36260	T		Insertion of infusion pump	0119	120.3656	$6,872.64		$1,374.53
36261	T		Revision of infusion pump	0124	20.1279	$1,149.26		$229.85
36262	T		Removal of infusion pump	0124	20.1279	$1,149.26		$229.85
36299	N		Vessel injection procedure					
36400	N		Bl draw < 3 yrs fem/jugular					
36405	N		Bl draw < 3 yrs scalp vein					
36406	N		Bl draw < 3 yrs other vein					
36410	N		Non-routine bl draw > 3 yrs					
36415	E		Drawing blood					
36416	E		Capillary blood draw					
36420	T		Vein access cutdown < 1 yr	0035	0.2931	$16.74		$3.35
36425	T		Vein access cutdown > 1 yr	0035	0.2931	$16.74		$3.35
36430	S		Blood transfusion service	0110	3.7794	$215.80		$43.16
36440	S		Bl push transfuse, 2 yr or <	0110	3.7794	$215.80		$43.16
36450	S		Bl exchange/transfuse, nb	0110	3.7794	$215.80		$43.16
36455	S		Bl exchange/transfuse non-nb	0110	3.7794	$215.80		$43.16
36460	S		Transfusion service, fetal	0110	3.7794	$215.80		$43.16
36468	T		Injection(s), spider veins	0098	1.3532	$77.27		$15.45
36469	T		Injection(s), spider veins	0098	1.3532	$77.27		$15.45
36470	T		Injection therapy of vein	0098	1.3532	$77.27		$15.45
36471	T		Injection therapy of veins	0098	1.3532	$77.27		$15.45
36481	N		Insertion of catheter, vein					
36500	N		Insertion of catheter, vein					
36510	C		Insertion of catheter, vein					

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36511	S		Apheresis wbc	0111	12.9206	$737.74	$200.18	$147.55
36512	S		Apheresis rbc	0111	12.9206	$737.74	$200.18	$147.55
36513	S		Apheresis platelets	0111	12.9206	$737.74	$200.18	$147.55
36514	S		Apheresis plasma	0111	12.9206	$737.74	$200.18	$147.55
36515	S		Apheresis, adsorp/reinfuse	0111	12.9206	$737.74	$200.18	$147.55
36516	S		Apheresis, selective	0112	37.7298	$2,154.30	$612.47	$430.86
36522	S		Photopheresis	0112	37.7298	$2,154.30	$612.47	$430.86
36540	N		Collect blood venous device					
36550	T		Declot vascular device	0677	2.5625	$146.31		$29.26
36555	T		Insert non-tunnel cv cath	0187	3.8434	$219.45		$43.89
36556	T		Insert non-tunnel cv cath	0187	3.8434	$219.45		$43.89
36557	T		Insert tunneled cv cath	0032	10.2664	$586.19		$117.24
36558	T		Insert tunneled cv cath	0032	10.2664	$586.19		$117.24
36560	T		Insert tunneled cv cath	0115	25.7685	$1,471.33	$459.35	$294.27
36561	T		Insert tunneled cv cath	0115	25.7685	$1,471.33	$459.35	$294.27
36563	T		Insert tunneled cv cath	0119	120.3656	$6,872.64		$1,374.53
36565	T		Insert tunneled cv cath	0115	25.7685	$1,471.33	$459.35	$294.27
36566	T		Insert tunneled cv cath	1564		$4,750.00		$950.00
36568	T		Insert tunneled cv cath	0187	3.8434	$219.45		$43.89
36569	T		Insert tunneled cv cath	0187	3.8434	$219.45		$43.89
36570	T		Insert tunneled cv cath	0032	10.2664	$586.19		$117.24
36571	T		Insert tunneled cv cath	0032	10.2664	$586.19		$117.24
36575	T		Repair tunneled cv cath	0187	3.8434	$219.45		$43.89
36576	T		Repair tunneled cv cath	0187	3.8434	$219.45		$43.89
36578	T		Replace tunneled cv cath	0187	3.8434	$219.45		$43.89
36580	T		Replace tunneled cv cath	0187	3.8434	$219.45		$43.89
36581	T		Replace tunneled cv cath	0032	10.2664	$586.19		$117.24
36582	T		Replace tunneled cv cath	0115	25.7685	$1,471.33	$459.35	$294.27
36583	T		Replace tunneled cv cath	0115	25.7685	$1,471.33	$459.35	$294.27
36584	T		Replace tunneled cv cath	0187	3.8434	$219.45		$43.89
36585	T		Replace tunneled cv cath	0032	10.2664	$586.19		$117.24
36589	T		Removal tunneled cv cath	0109	7.6069	$434.34	$131.49	$86.87
36590	T		Removal tunneled cv cath	0187	3.8434	$219.45		$43.89
36595	T		Mech remov tunneled cv cath	0187	3.8434	$219.45		$43.89
36596	T		Mech remov tunneled cv cath	0187	3.8434	$219.45		$43.89
36597	T		Reposition venous catheter	0187	3.8434	$219.45		$43.89
36600	N		Withdrawal of arterial blood					
36620	N		Insertion catheter, artery					
36625	N		Insertion catheter, artery					
36640	T		Insertion catheter, artery	0032	10.2664	$586.19		$117.24
36660	C		Insertion catheter, artery					
36680	T		Insert needle, bone cavity	0120	1.9428	$110.93	$28.21	$22.19
36800	T		Insertion of cannula	0115	25.7685	$1,471.33	$459.35	$294.27
36810	T		Insertion of cannula	0115	25.7685	$1,471.33	$459.35	$294.27
36815	T		Insertion of cannula	0115	25.7685	$1,471.33	$459.35	$294.27
36819	T		Av fusion/uppr arm vein	0088	36.2110	$2,067.58	$655.22	$413.52
36820	T		Av fusion/forearm vein	0088	36.2110	$2,067.58	$655.22	$413.52
36821	T		Av fusion direct any site	0088	36.2110	$2,067.58	$655.22	$413.52
36822	C		Insertion of cannula(s)					
36823	C		Insertion of cannula(s)					

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36825	T		Artery-vein autograft	0088	36.2110	$2,067 58	$655.22	$413.52
36830	T		Artery-vein graft	0088	36.2110	$2,067 58	$655.22	$413 52
36831	T		Open thrombect av fistula	0088	36.2110	$2,067.58	$655.22	$413.52
36832	T		Av fistula revision, open	0088	36.2110	$2,067.58	$655.22	$413.52
36833	T		Av fistula revision	0088	36.2110	$2,067.58	$655.22	$413.52
36834	T		Repair A-V aneurysm	0088	36.2110	$2,067.58	$655.22	$413.52
36835	T		Artery to vein shunt	0115	25.7685	$1,471.33	$459.35	$294.27
36838	T		Dist revas ligation, hemo	0088	36.2110	$2,067.58	$655.22	$413.52
36860	T		External cannula declotting	0677	2.5625	$146.31		$29.26
36861	T		Cannula declotting	0115	25.7685	$1,471.33	$459.35	$294.27
36870	T		Percut thrombect av fistula	0653	28.1900	$1,609.59		$321.92
37140	C		Revision of circulation					
37145	C		Revision of circulation					
37160	C		Revision of circulation					
37180	C		Revision of circulation					
37181	C		Splice spleen/kidney veins					
37182	C		Insert hepatic shunt (tips)					
37183	C		Remove hepatic shunt (tips)					
37195	C		Thrombolytic therapy, stroke					
37200	T		Transcatheter biopsy	0685	5.8959	$336.64	$115.47	$67 33
37201	T		Transcatheter therapy infuse	0676	4 3038	$245.74		$49 15
37202	T		Transcatheter therapy infuse	0677	2 5625	$146.31		$29.26
37203	T		Transcatheter retrieval	0103	13 2856	$758.58	$223.63	$151.72
37204	T		Transcatheter occlusion	0115	25.7685	$1,471.33	$459.35	$294.27
37205	T		Transcatheter stent	0229	59.3213	$3,387.13	$771.23	$677.43
37206	T		Transcatheter stent add-on	0229	59.3213	$3,387.13	$771.23	$677.43
37207	T		Transcatheter stent	0229	59.3213	$3,387.13	$771.23	$677.43
37208	T		Transcatheter stent add-on	0229	59.3213	$3,387.13	$771.23	$677.43
37209	T		Exchange arterial catheter	0103	13.2856	$758.58	$223.63	$151.72
37250	S		Iv us first vessel add-on	0416	4.4669	$255.05	$92.37	$51.01
37251	S		Iv us each add vessel add-on	0416	4.4669	$255.05	$92.37	$51.01
37500	T		Endoscopy ligate perf veins	0092	27.2783	$1,557.54	$505.37	$311.51
37501	T		Vascular endoscopy procedure	0092	27.2783	$1,557.54	$505.37	$311.51
37565	T		Ligation of neck vein	0093	24.5670	$1,402.73		$280.55
37600	T		Ligation of neck artery	0093	24 5670	$1,402.73		$280.55
37605	T		Ligation of neck artery	0091	30 1019	$1,718.76	$348.23	$343.75
37606	T		Ligation of neck artery	0091	30 1019	$1,718.76	$348.23	$343.75
37607	T		Ligation of a-v fistula	0092	27 2783	$1,557.54	$505.37	$311.51
37609	T		Temporal artery procedure	0021	14.9964	$856.26	$219.48	$171.25
37615	T		Ligation of neck artery	0091	30.1019	$1,718.76	$348.23	$343.75
37616	C		Ligation of chest artery					
37617	C		Ligation of abdomen artery					
37618	C		Ligation of extremity artery					
37620	T		Revision of major vein	0091	30.1019	$1,718.76	$348.23	$343.75
37650	T		Revision of major vein	0091	30.1019	$1,718.76	$348.23	$343.75
37660	C		Revision of major vein					
37700	T		Revise leg vein	0091	30.1019	$1,718.76	$348.23	$343.75
37720	T		Removal of leg vein	0092	27.2783	$1,557.54	$505.37	$311.51
37730	T		Removal of leg veins	0092	27.2783	$1,557.54	$505.37	$311.51
37735	T		Removal of leg veins/lesion	0092	27.2783	$1,557.54	$505.37	$311.51

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37760	T		Revision of leg veins	0091	30.1019	$1,718.76	$348.23	$343.75
37765	T		Phleb veins - extrem - to 20	0091	30.1019	$1,718.76	$348.23	$343.75
37766	T		Phleb veins - extrem 20+	0091	30.1019	$1,718.76	$348.23	$343.75
37780	T		Revision of leg vein	0091	30.1019	$1,718.76	$348.23	$343.75
37785	T		Ligate/divide/excise vein	0091	30.1019	$1,718.76	$348.23	$343.75
37788	C		Revascularization, penis					
37790	T		Penile venous occlusion	0181	31.5878	$1,803.60	$621.82	$360.72
37799	T		Vascular surgery procedure	0035	0.2931	$16.74		$3.35
38100	C		Removal of spleen, total					
38101	C		Removal of spleen, partial					
38102	C		Removal of spleen, total					
38115	C		Repair of ruptured spleen					
38120	T		Laparoscopy, splenectomy	0131	43.0468	$2,457.89	$1,001.89	$491 58
38129	T		Laparoscope proc, spleen	0130	31.7373	$1,812.14	$659.53	$362 43
38200	N		Injection for spleen x-ray					
38204	E		BI donor search management					
38205	S		Harvest allogenic stem cells	0111	12.9206	$737.74	$200.18	$147.55
38206	S		Harvest auto stem cells	0111	12.9206	$737.74	$200.18	$147.55
38207	E		Cryopreserve stem cells					
38208	E		Thaw preserved stem cells					
38209	E		Wash harvest stem cells					
38210	E		T-cell depletion of harvest					
38211	E		Tumor cell deplete of harvst					
38212	E		Rbc depletion of harvest					
38213	E		Platelet deplete of harvest					
38214	E		Volume deplete of harvest					
38215	E		Harvest stem cell concentrte					
38220	T		Bone marrow aspiration	0003	2.6152	$149.32		$29.86
38221	T		Bone marrow biopsy	0003	2.6152	$149.32		$29.86
38230	S		Bone marrow collection	0111	12.9206	$737.74	$200.18	$147.55
38240	S		Bone marrow/stem transplant	0123	9.9408	$567.60		$113.52
38241	S		Bone marrow/stem transplant	0123	9.9408	$567.60		$113.52
38242	S		Lymphocyte infuse transplant	0111	12.9206	$737.74	$200.18	$147.55
38300	T		Drainage, lymph node lesion	0008	19.5952	$1,118.85		$223.77
38305	T		Drainage, lymph node lesion	0008	19 5952	$1,118.85		$223.77
38308	T		Incision of lymph channels	0113	21 1249	$1,206.19		$241.24
38380	C		Thoracic duct procedure					
38381	C		Thoracic duct procedure					
38382	C		Thoracic duct procedure					
38500	T		Biopsy/removal, lymph nodes	0113	21.1249	$1,206.19		$241.24
38505	T		Needle biopsy, lymph nodes	0005	3.7810	$215.89	$71.59	$43.18
38510	T		Biopsy/removal, lymph nodes	0113	21.1249	$1,206.19		$241.24
38520	T		Biopsy/removal, lymph nodes	0113	21.1249	$1,206.19		$241.24
38525	T		Biopsy/removal, lymph nodes	0113	21.1249	$1,206.19		$241.24
38530	T		Biopsy/removal, lymph nodes	0113	21.1249	$1,206.19		$241.24
38542	T		Explore deep node(s), neck	0114	40.0004	$2,283 94	$485.91	$456.79
38550	T		Removal, neck/armpit lesion	0113	21.1249	$1,206 19		$241.24
38555	T		Removal, neck/armpit lesion	0113	21.1249	$1,206 19		$241.24
38562	C		Removal, pelvic lymph nodes					
38564	C		Removal, abdomen lymph nodes					

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38570	T		Laparoscopy, lymph node biop	0131	43.0468	$2,457.89	$1,001.89	$491.58
38571	T		Laparoscopy, lymphadenectomy	0132	61.3910	$3,505.30	$1,239.22	$701.06
38572	T		Laparoscopy, lymphadenectomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
38589	T		Laparoscope proc, lymphatic	0130	31.7373	$1,812.14	$659.53	$362.43
38700	T		Removal of lymph nodes, neck	0113	21.1249	$1,206.19		$241.24
38720	T		Removal of lymph nodes, neck	0113	21.1249	$1,206.19		$241.24
38724	C		Removal of lymph nodes, neck					
38740	T		Remove armpit lymph nodes	0114	40.0004	$2,283.94	$485.91	$456.79
38745	T		Remove armpit lymph nodes	0114	40.0004	$2,283.94	$485.91	$456.79
38746	C		Remove thoracic lymph nodes					
38747	C		Remove abdominal lymph nodes					
38760	T		Remove groin lymph nodes	0113	21.1249	$1,206.19		$241.24
38765	C		Remove groin lymph nodes					
38770	C		Remove pelvis lymph nodes					
38780	C		Remove abdomen lymph nodes					
38790	N		Inject for lymphatic x-ray					
38792	N		Identify sentinel node					
38794	N		Access thoracic lymph duct					
38999	S		Blood/lymph system procedure	0110	3.7794	$215.80		$43.16
39000	C		Exploration of chest					
39010	C		Exploration of chest					
39200	C		Removal chest lesion					
39220	C		Removal chest lesion					
39400	T		Visualization of chest	0069	29.9568	$1,710.47	$591.64	$342.09
39499	C		Chest procedure					
39501	C		Repair diaphragm laceration					
39502	C		Repair paraesophageal hernia					
39503	C		Repair of diaphragm hernia					
39520	C		Repair of diaphragm hernia					
39530	C		Repair of diaphragm hernia					
39531	C		Repair of diaphragm hernia					
39540	C		Repair of diaphragm hernia					
39541	C		Repair of diaphragm hernia					
39545	C		Revision of diaphragm					
39560	C		Resect diaphragm, simple					
39561	C		Resect diaphragm, complex					
39599	C		Diaphragm surgery procedure					
40490	T		Biopsy of lip	0251	1.9490	$111.28		$22.26
40500	T		Partial excision of lip	0253	15.9924	$913.13	$282.29	$182.63
40510	T		Partial excision of lip	0254	23.5464	$1,344.45	$321.35	$268.89
40520	T		Partial excision of lip	0253	15.9924	$913.13	$282.29	$182.63
40525	T		Reconstruct lip with flap	0254	23.5464	$1,344.45	$321.35	$268.89
40527	T		Reconstruct lip with flap	0254	23.5464	$1,344.45	$321.35	$268.89
40530	T		Partial removal of lip	0254	23.5464	$1,344.45	$321.35	$268.89
40650	T		Repair lip	0252	6.5732	$375.32	$113.41	$75.06
40652	T		Repair lip	0252	6.5732	$375.32	$113.41	$75.06
40654	T		Repair lip	0252	6.5732	$375.32	$113.41	$75.06
40700	T		Repair cleft lip/nasal	0256	37.1347	$2,120.32		$424.06
40701	T		Repair cleft lip/nasal	0256	37.1347	$2,120.32		$424.06
40702	T		Repair cleft lip/nasal	0256	37.1347	$2,120.32		$424.06

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40720	T		Repair cleft lip/nasal	0256	37.1347	$2,120.32		$424.06
40761	T		Repair cleft lip/nasal	0256	37.1347	$2,120.32		$424.06
40799	T		Lip surgery procedure	0251	1.9490	$111.28		$22.26
40800	T		Drainage of mouth lesion	0251	1.9490	$111.28		$22.26
40801	T		Drainage of mouth lesion	0252	6.5732	$375.32	$113.41	$75.06
40804	X		Removal, foreign body, mouth	0340	0.6454	$36.85		$7.37
40805	T		Removal, foreign body, mouth	0252	6.5732	$375.32	$113.41	$75.06
40806	T		Incision of lip fold	0251	1.9490	$111.28		$22.26
40808	T		Biopsy of mouth lesion	0251	1.9490	$111.28		$22.26
40810	T		Excision of mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
40812	T		Excise/repair mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
40814	T		Excise/repair mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
40816	T		Excision of mouth lesion	0254	23.5464	$1,344.45	$321.35	$268.89
40818	T		Excise oral mucosa for graft	0251	1.9490	$111.28		$22.26
40819	T		Excise lip or cheek fold	0252	6.5732	$375.32	$113.41	$75.06
40820	T		Treatment of mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
40830	T		Repair mouth laceration	0251	1.9490	$111.28		$22.26
40831	T		Repair mouth laceration	0252	6.5732	$375.32	$113.41	$75.06
40840	T		Reconstruction of mouth	0254	23.5464	$1,344.45	$321.35	$268.89
40842	T		Reconstruction of mouth	0254	23.5464	$1,344.45	$321.35	$268.89
40843	T		Reconstruction of mouth	0254	23.5464	$1,344.45	$321.35	$268.89
40844	T		Reconstruction of mouth	0256	37.1347	$2,120.32		$424.06
40845	T		Reconstruction of mouth	0256	37.1347	$2,120.32		$424.06
40899	T		Mouth surgery procedure	0251	1.9490	$111.28		$22.26
41000	T		Drainage of mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
41005	T		Drainage of mouth lesion	0251	1.9490	$111.28		$22.26
41006	T		Drainage of mouth lesion	0254	23.5464	$1,344.45	$321.35	$268.89
41007	T		Drainage of mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
41008	T		Drainage of mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
41009	T		Drainage of mouth lesion	0251	1.9490	$111.28		$22.26
41010	T		Incision of tongue fold	0253	15.9924	$913.13	$282.29	$182.63
41015	T		Drainage of mouth lesion	0251	1.9490	$111.28		$22.26
41016	T		Drainage of mouth lesion	0252	6.5732	$375.32	$113.41	$75.06
41017	T		Drainage of mouth lesion	0252	6.5732	$375.32	$113.41	$75.06
41018	T		Drainage of mouth lesion	0252	6 5732	$375.32	$113.41	$75.06
41100	T		Biopsy of tongue	0252	6 5732	$375.32	$113.41	$75.06
41105	T		Biopsy of tongue	0253	15.9924	$913.13	$282.29	$182.63
41108	T		Biopsy of floor of mouth	0252	6 5732	$375.32	$113.41	$75.06
41110	T		Excision of tongue lesion	0253	15 9924	$913.13	$282.29	$182.63
41112	T		Excision of tongue lesion	0253	15.9924	$913.13	$282.29	$182.63
41113	T		Excision of tongue lesion	0253	15.9924	$913.13	$282.29	$182.63
41114	T		Excision of tongue lesion	0254	23.5464	$1,344.45	$321.35	$268.89
41115	T		Excision of tongue fold	0252	6.5732	$375.32	$113.41	$75.06
41116	T		Excision of mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
41120	T		Partial removal of tongue	0254	23.5464	$1,344.45	$321.35	$268.89
41130	C		Partial removal of tongue					
41135	C		Tongue and neck surgery					
41140	C		Removal of tongue					
41145	C		Tongue removal, neck surgery					
41150	C		Tongue, mouth, jaw surgery					

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41153	C		Tongue, mouth, neck surgery					
41155	C		Tongue, jaw, & neck surgery					
41250	T		Repair tongue laceration	0251	1.9490	$111.28		$22.26
41251	T		Repair tongue laceration	0251	1.9490	$111.28		$22.26
41252	T		Repair tongue laceration	0252	6.5732	$375.32	$113.41	$75.06
41500	T		Fixation of tongue	0254	23.5464	$1,344.45	$321.35	$268.89
41510	T		Tongue to lip surgery	0253	15.9924	$913.13	$282.29	$182.63
41520	T		Reconstruction, tongue fold	0252	6.5732	$375.32	$113.41	$75.06
41599	T		Tongue and mouth surgery	0251	1.9490	$111.28		$22.26
41800	T		Drainage of gum lesion	0251	1.9490	$111.28		$22.26
41805	T		Removal foreign body, gum	0254	23.5464	$1,344.45	$321.35	$268.89
41806	T		Removal foreign body,jawbone	0253	15.9924	$913.13	$282.29	$182.63
41820	T		Excision, gum, each quadrant	0252	6.5732	$375.32	$113.41	$75.06
41821	T		Excision of gum flap	0252	6.5732	$375.32	$113.41	$75.06
41822	T		Excision of gum lesion	0253	15.9924	$913.13	$282.29	$182.63
41823	T		Excision of gum lesion	0254	23.5464	$1,344.45	$321.35	$268.89
41825	T		Excision of gum lesion	0253	15.9924	$913.13	$282.29	$182.63
41826	T		Excision of gum lesion	0253	15.9924	$913.13	$282.29	$182.63
41827	T		Excision of gum lesion	0254	23.5464	$1,344.45	$321.35	$268.89
41828	T		Excision of gum lesion	0253	15.9924	$913.13	$282.29	$182.63
41830	T		Removal of gum tissue	0253	15.9924	$913.13	$282.29	$182.63
41850	T		Treatment of gum lesion	0253	15.9924	$913.13	$282.29	$182.63
41870	T		Gum graft	0254	23.5464	$1,344.45	$321.35	$268.89
41872	T		Repair gum	0253	15.9924	$913.13	$282.29	$182.63
41874	T		Repair tooth socket	0254	23.5464	$1,344.45	$321.35	$268.89
41899	T		Dental surgery procedure	0251	1.9490	$111.28		$22.26
42000	T		Drainage mouth roof lesion	0251	1.9490	$111.28		$22.26
42100	T		Biopsy roof of mouth	0252	6.5732	$375.32	$113.41	$75.06
42104	T		Excision lesion, mouth roof	0253	15.9924	$913.13	$282.29	$182.63
42106	T		Excision lesion, mouth roof	0253	15.9924	$913.13	$282.29	$182.63
42107	T		Excision lesion, mouth roof	0254	23.5464	$1,344.45	$321.35	$268.89
42120	T		Remove palate/lesion	0256	37.1347	$2,120.32		$424.06
42140	T		Excision of uvula	0252	6.5732	$375.32	$113.41	$75.06
42145	T		Repair palate, pharynx/uvula	0254	23.5464	$1,344.45	$321.35	$268.89
42160	T		Treatment mouth roof lesion	0253	15.9924	$913.13	$282.29	$182.63
42180	T		Repair palate	0251	1.9490	$111.28		$22.26
42182	T		Repair palate	0256	37.1347	$2,120.32		$424.06
42200	T		Reconstruct cleft palate	0256	37.1347	$2,120.32		$424.06
42205	T		Reconstruct cleft palate	0256	37.1347	$2,120.32		$424.06
42210	T		Reconstruct cleft palate	0256	37.1347	$2,120.32		$424.06
42215	T		Reconstruct cleft palate	0256	37.1347	$2,120.32		$424.06
42220	T		Reconstruct cleft palate	0256	37.1347	$2,120.32		$424.06
42225	T		Reconstruct cleft palate	0256	37.1347	$2,120.32		$424.06
42226	T		Lengthening of palate	0256	37.1347	$2,120.32		$424.06
42227	T		Lengthening of palate	0256	37.1347	$2,120.32		$424.06
42235	T		Repair palate	0253	15.9924	$913.13	$282.29	$182.63
42260	T		Repair nose to lip fistula	0254	23.5464	$1,344.45	$321.35	$268.89
42280	T		Preparation, palate mold	0251	1.9490	$111.28		$22.26
42281	T		Insertion, palate prosthesis	0253	15.9924	$913.13	$282.29	$182.63
42299	T		Palate/uvula surgery	0251	1.9490	$111.28		$22.26

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42300	T		Drainage of salivary gland	0253	15.9924	$913.13	$282.29	$182.63
42305	T		Drainage of salivary gland	0253	15.9924	$913.13	$282.29	$182.63
42310	T		Drainage of salivary gland	0251	1.9490	$111.28		$22.26
42320	T		Drainage of salivary gland	0251	1.9490	$111.28		$22.26
42325	T		Create salivary cyst drain	0251	1.9490	$111.28		$22.26
42326	T		Create salivary cyst drain	0252	6.5732	$375.32	$113.41	$75.06
42330	T		Removal of salivary stone	0253	15.9924	$913.13	$282.29	$182.63
42335	T		Removal of salivary stone	0253	15.9924	$913.13	$282.29	$182.63
42340	T		Removal of salivary stone	0253	15.9924	$913.13	$282.29	$182.63
42400	T		Biopsy of salivary gland	0005	3.7810	$215.89	$71.59	$43.18
42405	T		Biopsy of salivary gland	0253	15.9924	$913.13	$282.29	$182.63
42408	T		Excision of salivary cyst	0253	15.9924	$913.13	$282.29	$182.63
42409	T		Drainage of salivary cyst	0253	15.9924	$913.13	$282.29	$182.63
42410	T		Excise parotid gland/lesion	0256	37.1347	$2,120.32		$424.06
42415	T		Excise parotid gland/lesion	0256	37.1347	$2,120.32		$424.06
42420	T		Excise parotid gland/lesion	0256	37.1347	$2,120.32		$424.06
42425	T		Excise parotid gland/lesion	0256	37.1347	$2,120.32		$424.06
42426	C		Excise parotid gland/lesion					
42440	T		Excise submaxillary gland	0256	37.1347	$2,120.32		$424.06
42450	T		Excise sublingual gland	0254	23.5464	$1,344.45	$321.35	$268.89
42500	T		Repair salivary duct	0254	23.5464	$1,344.45	$321.35	$268.89
42505	T		Repair salivary duct	0256	37.1347	$2,120.32		$424.06
42507	T		Parotid duct diversion	0256	37.1347	$2,120.32		$424.06
42508	T		Parotid duct diversion	0256	37.1347	$2,120.32		$424.06
42509	T		Parotid duct diversion	0256	37.1347	$2,120.32		$424.06
42510	T		Parotid duct diversion	0256	37.1347	$2,120.32		$424.06
42550	N		Injection for salivary x-ray					
42600	T		Closure of salivary fistula	0253	15.9924	$913.13	$282.29	$182.63
42650	T		Dilation of salivary duct	0252	6.5732	$375.32	$113.41	$75.06
42660	T		Dilation of salivary duct	0251	1.9490	$111.28		$22.26
42665	T		Ligation of salivary duct	0254	23.5464	$1,344.45	$321.35	$268.89
42699	T		Salivary surgery procedure	0251	1.9490	$111.28		$22.26
42700	T		Drainage of tonsil abscess	0251	1.9490	$111.28		$22.26
42720	T		Drainage of throat abscess	0253	15.9924	$913.13	$282.29	$182.63
42725	T		Drainage of throat abscess	0256	37.1347	$2,120.32		$424.06
42800	T		Biopsy of throat	0253	15.9924	$913.13	$282.29	$182.63
42802	T		Biopsy of throat	0253	15.9924	$913.13	$282.29	$182.63
42804	T		Biopsy of upper nose/throat	0253	15.9924	$913.13	$282.29	$182.63
42806	T		Biopsy of upper nose/throat	0254	23.5464	$1,344.45	$321.35	$268.89
42808	T		Excise pharynx lesion	0253	15.9924	$913.13	$282.29	$182.63
42809	X		Remove pharynx foreign body	0340	0.6454	$36.85		$7.37
42810	T		Excision of neck cyst	0254	23.5464	$1,344.45	$321.35	$268.89
42815	T		Excision of neck cyst	0256	37.1347	$2,120.32		$424.06
42820	T		Remove tonsils and adenoids	0258	21.5810	$1,232.23	$437.25	$246.45
42821	T		Remove tonsils and adenoids	0258	21.5810	$1,232.23	$437.25	$246.45
42825	T		Removal of tonsils	0258	21.5810	$1,232.23	$437.25	$246.45
42826	T		Removal of tonsils	0258	21.5810	$1,232.23	$437.25	$246.45
42830	T		Removal of adenoids	0258	21.5810	$1,232.23	$437.25	$246.45
42831	T		Removal of adenoids	0258	21.5810	$1,232.23	$437.25	$246.45
42835	T		Removal of adenoids	0258	21.5810	$1,232.23	$437.25	$246.45

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42836	T		Removal of adenoids	0258	21.5810	$1,232.23	$437.25	$246.45
42842	T		Extensive surgery of throat	0254	23.5464	$1,344.45	$321.35	$268.89
42844	T		Extensive surgery of throat	0256	37.1347	$2,120.32		$424.06
42845	C		Extensive surgery of throat					
42860	T		Excision of tonsil tags	0258	21.5810	$1,232.23	$437.25	$246.45
42870	T		Excision of lingual tonsil	0258	21.5810	$1,232.23	$437.25	$246.45
42890	T		Partial removal of pharynx	0256	37.1347	$2,120.32		$424.06
42892	T		Revision of pharyngeal walls	0256	37.1347	$2,120.32		$424.06
42894	C		Revision of pharyngeal walls					
42900	T		Repair throat wound	0252	6.5732	$375.32	$113.41	$75.06
42950	T		Reconstruction of throat	0254	23.5464	$1,344.45	$321.35	$268.89
42953	C		Repair throat, esophagus					
42955	T		Surgical opening of throat	0254	23.5464	$1,344.45	$321.35	$268.89
42960	T		Control throat bleeding	0250	1.3930	$79.54	$27.84	$15.91
42961	C		Control throat bleeding					
42962	T		Control throat bleeding	0256	37.1347	$2,120.32		$424.06
42970	T		Control nose/throat bleeding	0250	1.3930	$79.54	$27.84	$15.91
42971	C		Control nose/throat bleeding					
42972	T		Control nose/throat bleeding	0253	15.9924	$913.13	$282.29	$182.63
42999	T		Throat surgery procedure	0251	1.9490	$111.28		$22.26
43020	T		Incision of esophagus	0252	6.5732	$375.32	$113.41	$75.06
43030	T		Throat muscle surgery	0253	15.9924	$913.13	$282.29	$182.63
43045	C		Incision of esophagus					
43100	C		Excision of esophagus lesion					
43101	C		Excision of esophagus lesion					
43107	C		Removal of esophagus					
43108	C		Removal of esophagus					
43112	C		Removal of esophagus					
43113	C		Removal of esophagus					
43116	C		Partial removal of esophagus					
43117	C		Partial removal of esophagus					
43118	C		Partial removal of esophagus					
43121	C		Partial removal of esophagus					
43122	C		Partial removal of esophagus					
43123	C		Partial removal of esophagus					
43124	C		Removal of esophagus					
43130	T		Removal of esophagus pouch	0254	23.5464	$1,344.45	$321.35	$268.89
43135	C		Removal of esophagus pouch					
43200	T		Esophagus endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43201	T		Esoph scope w/submucous inj	0141	8.1355	$464.52	$143.38	$92.90
43202	T		Esophagus endoscopy, biopsy	0141	8.1355	$464.52	$143.38	$92.90
43204	T		Esoph scope w/sclerosis inj	0141	8.1355	$464.52	$143.38	$92.90
43205	T		Esophagus endoscopy/ligation	0141	8.1355	$464.52	$143.38	$92.90
43215	T		Esophagus endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43216	T		Esophagus endoscopy/lesion	0141	8.1355	$464.52	$143.38	$92.90
43217	T		Esophagus endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43219	T		Esophagus endoscopy	0384	25.8772	$1,477.54	$320.91	$295.51
43220	T		Esoph endoscopy, dilation	0141	8.1355	$464.52	$143.38	$92.90
43226	T		Esoph endoscopy, dilation	0141	8.1355	$464.52	$143.38	$92.90
43227	T		Esoph endoscopy, repair	0141	8.1355	$464.52	$143.38	$92.90

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43228	T		Esoph endoscopy, ablation	0422	22.3214	$1,274.51		$254.98
43231	T		Esoph endoscopy w/us exam	0141	8.1355	$464.52	$143.38	$92.90
43232	T		Esoph endoscopy w/us fn bx	0141	8.1355	$464.52	$143.38	$92.90
43234	T		Upper GI endoscopy, exam	0141	8.1355	$464.52	$143.38	$92.90
43235	T		Uppr gi endoscopy, diagnosis	0141	8.1355	$484.52	$143.38	$92.90
43236	T		Uppr gi scope w/submuc inj	0141	8.1355	$464.52	$143.38	$92.90
43237	T		Endoscopic us exam, esoph	0141	8.1355	$464.52	$143.38	$92.90
43238	T		Uppr gi endoscopy w/us fn bx	0141	8.1355	$464.52	$143.38	$92.90
43239	T		Upper GI endoscopy, biopsy	0141	8.1355	$464.52	$143.38	$92.90
43240	T		Esoph endoscope w/drain cyst	0141	8.1355	$464.52	$143.38	$92.90
43241	T		Upper GI endoscopy with tube	0141	8.1355	$464.52	$143.38	$92.90
43242	T		Uppr gi endoscopy w/us fn bx	0141	8.1355	$464.52	$143.38	$92.90
43243	T		Upper gi endoscopy & inject	0141	8.1355	$464.52	$143.38	$92.90
43244	T		Upper GI endoscopy/ligation	0141	8.1355	$464.52	$143.38	$92.90
43245	T		Uppr gi scope dilate strictr	0141	8.1355	$464.52	$143.38	$92.90
43246	T		Place gastrostomy tube	0141	8.1355	$464.52	$143.38	$92.90
43247	T		Operative upper GI endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43248	T		Uppr gi endoscopy/guide wire	0141	8.1355	$464.52	$143.38	$92.90
43249	T		Esoph endoscopy, dilation	0141	8.1355	$464.52	$143.38	$92.90
43250	T		Upper GI endoscopy/tumor	0141	8.1355	$464.52	$143.38	$92.90
43251	T		Operative upper GI endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43255	T		Operative upper GI endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43256	T		Uppr gi endoscopy w stent	0384	25.8772	$1,477.54	$320.91	$295.51
43258	T		Operative upper GI endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43259	T		Endoscopic ultrasound exam	0141	8.1355	$464.52	$143.38	$92.90
43260	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43261	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43262	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43263	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43264	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43265	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43267	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43268	T		Endo cholangiopancreatograph	0384	25.8772	$1,477.54	$320.91	$295.51
43269	T		Endo cholangiopancreatograph	0384	25.8772	$1,477.54	$320.91	$295.51
43271	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43272	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43280	T		Laparoscopy, fundoplasty	0132	61.3910	$3,505.30	$1,239.22	$701.06
43289	T		Laparoscope proc, esoph	0130	31.7373	$1,812.14	$659.53	$362.43
43300	C		Repair of esophagus					
43305	C		Repair esophagus and fistula					
43310	C		Repair of esophagus					
43312	C		Repair esophagus and fistula					
43313	C		Esophagoplasty congenital					
43314	C		Tracheo-esophagoplasty cong					
43320	C		Fuse esophagus & stomach					
43324	C		Revise esophagus & stomach					
43325	C		Revise esophagus & stomach					
43326	C		Revise esophagus & stomach					
43330	C		Repair of esophagus					
43331	C		Repair of esophagus					

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43340	C		Fuse esophagus & intestine					
43341	C		Fuse esophagus & intestine					
43350	C		Surgical opening, esophagus					
43351	C		Surgical opening, esophagus					
43352	C		Surgical opening, esophagus					
43360	C		Gastrointestinal repair					
43361	C		Gastrointestinal repair					
43400	C		Ligate esophagus veins					
43401	C		Esophagus surgery for veins					
43405	C		Ligate/staple esophagus					
43410	C		Repair esophagus wound					
43415	C		Repair esophagus wound					
43420	C		Repair esophagus opening					
43425	C		Repair esophagus opening					
43450	T		Dilate esophagus	0140	6.5633	$374.75	$107.24	$74.95
43453	T		Dilate esophagus	0140	6.5633	$374.75	$107.24	$74.95
43456	T		Dilate esophagus	0140	6.5633	$374.75	$107.24	$74.95
43458	T		Dilate esophagus	0140	6.5633	$374.75	$107.24	$74.95
43460	C		Pressure treatment esophagus					
43496	C		Free jejunum flap, microvasc					
43499	T		Esophagus surgery procedure	0141	8.1355	$464.52	$143.38	$92.90
43500	C		Surgical opening of stomach					
43501	C		Surgical repair of stomach					
43502	C		Surgical repair of stomach					
43510	T		Surgical opening of stomach	0141	8.1355	$464.52	$143.38	$92.90
43520	C		Incision of pyloric muscle					
43600	T		Biopsy of stomach	0141	8.1355	$464.52	$143.38	$92.90
43605	C		Biopsy of stomach					
43610	C		Excision of stomach lesion					
43611	C		Excision of stomach lesion					
43620	C		Removal of stomach					
43621	C		Removal of stomach					
43622	C		Removal of stomach					
43631	C		Removal of stomach, partial					
43632	C		Removal of stomach, partial					
43633	C		Removal of stomach, partial					
43634	C		Removal of stomach, partial					
43635	C		Removal of stomach, partial					
43638	C		Removal of stomach, partial					
43639	C		Removal of stomach, partial					
43640	C		Vagotomy & pylorus repair					
43641	C		Vagotomy & pylorus repair					
43651	T		Laparoscopy, vagus nerve	0132	61.3910	$3,505.30	$1,239.22	$701.06
43652	T		Laparoscopy, vagus nerve	0132	61.3910	$3,505.30	$1,239.22	$701.06
43653	T		Laparoscopy, gastrostomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
43659	T		Laparoscope proc. stom	0130	31.7373	$1,812.14	$659.53	$362.43
43750	T		Place gastrostomy tube	0141	8.1355	$464.52	$143.38	$92.90
43752	X		Nasal/orogastric w/stent	0272	1.3987	$79.86	$35.93	$15.97
43760	T		Change gastrostomy tube	0121	2.3062	$131.68	$43.80	$26.34
43761	T		Reposition gastrostomy tube	0121	2.3062	$131.68	$43.80	$26.34

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43800	C		Reconstruction of pylorus					
43810	C		Fusion of stomach and bowel					
43820	C		Fusion of stomach and bowel					
43825	C		Fusion of stomach and bowel					
43830	T		Place gastrostomy tube	0422	22.3214	$1,274.51		$254.98
43831	T		Place gastrostomy tube	0141	8.1355	$464.52	$143.38	$92.90
43832	C		Place gastrostomy tube					
43840	C		Repair of stomach lesion					
43842	C		Gastroplasty for obesity					
43843	C		Gastroplasty for obesity					
43846	C		Gastric bypass for obesity					
43847	C		Gastric bypass for obesity					
43848	C		Revision gastroplasty					
43850	C		Revise stomach-bowel fusion					
43855	C		Revise stomach-bowel fusion					
43860	C		Revise stomach-bowel fusion					
43865	C		Revise stomach-bowel fusion					
43870	T		Repair stomach opening	0141	8.1355	$464.52	$143.38	$92.90
43880	C		Repair stomach-bowel fistula					
43999	T		Stomach surgery procedure	0141	8.1355	$464.52	$143.38	$92.90
44005	C		Freeing of bowel adhesion					
44010	C		Incision of small bowel					
44015	C		Insert needle cath bowel					
44020	C		Explore small intestine					
44021	C		Decompress small bowel					
44025	C		Incision of large bowel					
44050	C		Reduce bowel obstruction					
44055	C		Correct malrotation of bowel					
44100	T		Biopsy of bowel	0141	8.1355	$464.52	$143.38	$92.90
44110	C		Excise intestine lesion(s)					
44111	C		Excision of bowel lesion(s)					
44120	C		Removal of small intestine					
44121	C		Removal of small intestine					
44125	C		Removal of small intestine					
44126	C		Enterectomy w/o taper, cong					
44127	C		Enterectomy w/taper, cong					
44128	C		Enterectomy cong, add-on					
44130	C		Bowel to bowel fusion					
44132	C		Enterectomy, cadaver donor					
44133	C		Enterectomy, live donor					
44135	C		Intestine transplnt, cadaver					
44136	C		Intestine transplant, live					
44139	C		Mobilization of colon					
44140	C		Partial removal of colon					
44141	C		Partial removal of colon					
44143	C		Partial removal of colon					
44144	C		Partial removal of colon					
44145	C		Partial removal of colon					
44146	C		Partial removal of colon					
44147	C		Partial removal of colon					

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44150	C		Removal of colon					
44151	C		Removal of colon/ileostomy					
44152	C		Removal of colon/ileostomy					
44153	C		Removal of colon/ileostomy					
44155	C		Removal of colon/ileostomy					
44156	C		Removal of colon/ileostomy					
44160	C		Removal of colon					
44200	T		Laparoscopy, enterolysis	0131	43.0468	$2,457.89	$1,001.89	$491.58
44201	T		Laparoscopy, jejunostomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
44202	C		Lap resect s/intestine singl					
44203	C		Lap resect s/intestine, addl					
44204	C		Laparo partial colectomy					
44205	C		Lap colectomy part w/ileum					
44206	T		Lap part colectomy w/stoma	0132	61.3910	$3,505.30	$1,239.22	$701.06
44207	T		L colectomy/coloproctostomy	0132	61.3910	$3,505.30	$1,239.22	$701.06
44208	T		L colectomy/coloproctostomy	0132	61.3910	$3,505.30	$1,239.22	$701.06
44210	C		Laparo total proctocolectomy					
44211	C		Laparo total proctocolectomy					
44212	C		Laparo total proctocolectomy					
44238	T		Laparoscope proc, intestine	0130	31.7373	$1,812.14	$659.53	$362.43
44239	T		Laparoscope proc, rectum	0130	31.7373	$1,812.14	$659.53	$362.43
44300	C		Open bowel to skin					
44310	C		Ileostomy/jejunostomy					
44312	T		Revision of ileostomy	0027	16.8576	$962.54	$329.72	$192.51
44314	C		Revision of ileostomy					
44316	C		Devise bowel pouch					
44320	C		Colostomy					
44322	C		Colostomy with biopsies					
44340	T		Revision of colostomy	0027	16.8576	$962.54	$329.72	$192.51
44345	C		Revision of colostomy					
44346	C		Revision of colostomy					
44360	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44361	T		Small bowel endoscopy/biopsy	0142	8.8130	$503.20	$152.78	$100.64
44363	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44364	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44365	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44366	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44369	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44370	T		Small bowel endoscopy/stent	0384	25.8772	$1,477.54	$320.91	$295.51
44372	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44373	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44376	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44377	T		Small bowel endoscopy/biopsy	0142	8.8130	$503.20	$152.78	$100.64
44378	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44379	T		S bowel endoscope w/stent	0384	25.8772	$1,477.54	$320.91	$295.51
44380	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44382	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44383	T		Ileoscopy w/stent	0384	25.8772	$1,477.54	$320.91	$295.51
44385	T		Endoscopy of bowel pouch	0143	8.6749	$495.32	$186.06	$99.06
44386	T		Endoscopy, bowel pouch/biop	0143	8.6749	$495.32	$186.06	$99.06

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44388	T		Colonoscopy	0143	8 6749	$495.32	$186.06	$99 06
44389	T		Colonoscopy with biopsy	0143	8.6749	$495.32	$186.06	$99.06
44390	T		Colonoscopy for foreign body	0143	8.6749	$495.32	$186.06	$99.06
44391	T		Colonoscopy for bleeding	0143	8.6749	$495.32	$186.06	$99.06
44392	T		Colonoscopy & polypectomy	0143	8.6749	$495.32	$186.06	$99.06
44393	T		Colonoscopy, lesion removal	0143	8.6749	$495.32	$186.06	$99.06
44394	T		Colonoscopy w/snare	0143	8.6749	$495.32	$186.06	$99.06
44397	T		Colonoscopy w/stent	0384	25.8772	$1,477.54	$320.91	$295.51
44500	T		Intro, gastrointestinal tube	0121	2.3062	$131.68	$43.80	$26.34
44602	C		Suture, small intestine					
44603	C		Suture, small intestine					
44604	C		Suture, large intestine					
44605	C		Repair of bowel lesion					
44615	C		Intestinal stricturoplasty					
44620	C		Repair bowel opening					
44625	C		Repair bowel opening					
44626	C		Repair bowel opening					
44640	C		Repair bowel-skin fistula					
44650	C		Repair bowel fistula					
44660	C		Repair bowel-bladder fistula					
44661	C		Repair bowel-bladder fistula					
44680	C		Surgical revision, intestine					
44700	C		Suspend bowel w/prosthesis					
44701	N		Intraop colon lavage add-on					
44799	T		Unlisted procedure intestine	0142	8.8130	$503.20	$152.78	$100.64
44800	C		Excision of bowel pouch					
44820	C		Excision of mesentery lesion					
44850	C		Repair of mesentery					
44899	C		Bowel surgery procedure					
44900	C		Drain app abscess, open					
44901	T		Drain app abscess, percut	0037	9.5990	$548.08	$237.45	$109.62
44950	C		Appendectomy					
44955	C		Appendectomy add-on					
44960	C		Appendectomy					
44970	T		Laparoscopy, appendectomy	0131	43 0468	$2,457.89	$1,001.89	$491.58
44979	T		Laparoscope proc, app	0130	31 7373	$1,812.14	$659.53	$362.43
45000	T		Drainage of pelvic abscess	0148	4 6541	$265.74	$63.38	$53.15
45005	T		Drainage of rectal abscess	0155	13 2526	$756.70	$188.89	$151.34
45020	T		Drainage of rectal abscess	0155	13 2526	$756.70	$188.89	$151.34
45100	T		Biopsy of rectum	0149	17.9138	$1,022.84	$293.06	$204.57
45108	T		Removal of anorectal lesion	0150	23.2962	$1,330.17	$437.12	$266.03
45110	C		Removal of rectum					
45111	C		Partial removal of rectum					
45112	C		Removal of rectum					
45113	C		Partial proctectomy					
45114	C		Partial removal of rectum					
45116	C		Partial removal of rectum					
45119	C		Remove rectum w/reservoir					
45120	C		Removal of rectum					
45121	C		Removal of rectum and colon					

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45123	C		Partial proctectomy					
45126	C		Pelvic exenteration					
45130	C		Excision of rectal prolapse					
45135	C		Excision of rectal prolapse					
45136	C		Excise ileoanal reservior					
45150	T		Excision of rectal stricture	0149	17.9138	$1,022.84	$293.06	$204.57
45160	T		Excision of rectal lesion	0150	23.2962	$1,330.17	$437.12	$266.03
45170	T		Excision of rectal lesion	0150	23.2962	$1,330.17	$437.12	$266.03
45190	T		Destruction, rectal tumor	0150	23.2962	$1,330.17	$437.12	$266.03
45300	T		Proctosigmoidoscopy dx	0146	4.3813	$250.16	$64.40	$50.03
45303	T		Proctosigmoidoscopy dilate	0146	4.3813	$250.16	$64.40	$50.03
45305	T		Proctosigmoidoscopy w/bx	0146	4.3813	$250.16	$64.40	$50.03
45307	T		Proctosigmoidoscopy fb	0146	4.3813	$250.16	$64.40	$50.03
45308	T		Proctosigmoidoscopy removal	0147	8.1297	$464.19		$92.84
45309	T		Proctosigmoidoscopy removal	0147	8.1297	$464.19		$92.84
45315	T		Proctosigmoidoscopy removal	0147	8.1297	$464.19		$92.84
45317	T		Proctosigmoidoscopy bleed	0147	8.1297	$464.19		$92.84
45320	T		Proctosigmoidoscopy ablate	0147	8.1297	$464.19		$92.84
45321	T		Proctosigmoidoscopy volvul	0147	8.1297	$464.19		$92.84
45327	T		Proctosigmoidoscopy w/stent	0384	25.8772	$1,477.54	$320.91	$295.51
45330	T		Diagnostic sigmoidoscopy	0146	4.3813	$250.16	$64.40	$50.03
45331	T		Sigmoidoscopy and biopsy	0146	4.3813	$250.16	$64.40	$50.03
45332	T		Sigmoidoscopy w/fb removal	0146	4.3813	$250.16	$64.40	$50.03
45333	T		Sigmoidoscopy & polypectomy	0147	8.1297	$464.19		$92.84
45334	T		Sigmoidoscopy for bleeding	0147	8.1297	$464.19		$92.84
45335	T		Sigmoidoscopy w/submuc inj	0147	8.1297	$464.19		$92.84
45337	T		Sigmoidoscopy & decompress	0147	8.1297	$464.19		$92.84
45338	T		Sigmoidoscopy w/tumr remove	0147	8.1297	$464.19		$92.84
45339	T		Sigmoidoscopy w/ablate tumr	0147	8.1297	$464.19		$92.84
45340	T		Sig w/balloon dilation	0147	8.1297	$464.19		$92.84
45341	T		Sigmoidoscopy w/ultrasound	0147	8.1297	$464.19		$92.84
45342	T		Sigmoidoscopy w/us guide bx	0147	8.1297	$464.19		$92.84
45345	T		Sigmoidoscopy w/stent	0384	25.8772	$1,477.54	$320.91	$295.51
45355	T		Surgical colonoscopy	0143	8.6749	$495.32	$186.06	$99.06
45378	T		Diagnostic colonoscopy	0143	8.6749	$495.32	$186.06	$99.06
45379	T		Colonoscopy w/fb removal	0143	8.6749	$495.32	$186.06	$99.06
45380	T		Colonoscopy and biopsy	0143	8.6749	$495.32	$186.06	$99.06
45381	T		Colonoscopy, submucous inj	0143	8.6749	$495.32	$186.06	$99.06
45382	T		Colonoscopy/control bleeding	0143	8.6749	$495.32	$186.06	$99.06
45383	T		Lesion removal colonoscopy	0143	8.6749	$495.32	$186.06	$99.06
45384	T		Lesion remove colonoscopy	0143	8.6749	$495.32	$186.06	$99.06
45385	T		Lesion removal colonoscopy	0143	8.6749	$495.32	$186.06	$99.06
45386	T		Colonoscopy dilate stricture	0143	8.6749	$495.32	$186.06	$99.06
45387	T		Colonoscopy w/stent	0384	25.8772	$1,477.54	$320.91	$295.51
45500	T		Repair of rectum	0149	17.9138	$1,022.84	$293.06	$204.57
45505	T		Repair of rectum	0150	23.2962	$1,330.17	$437.12	$266.03
45520	T		Treatment of rectal prolapse	0098	1.3532	$77.27		$15.45
45540	C		Correct rectal prolapse					
45541	T		Correct rectal prolapse	0150	23.2962	$1,330.17	$437.12	$266.03
45550	C		Repair rectum/remove sigmoid					

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45560	T		Repair of rectocele	0150	23.2962	$1,330.17	$437.12	$266.03
45562	C		Exploration/repair of rectum					
45563	C		Exploration/repair of rectum					
45800	C		Repair rect/bladder fistula					
45805	C		Repair fistula w/colostomy					
45820	C		Repair rectourethral fistula					
45825	C		Repair fistula w/colostomy					
45900	T		Reduction of rectal prolapse	0148	4.6541	$265.74	$63.38	$53.15
45905	T		Dilation of anal sphincter	0149	17.9138	$1,022.84	$293.06	$204.57
45910	T		Dilation of rectal narrowing	0149	17.9138	$1,022.84	$293.06	$204.57
45915	T		Remove rectal obstruction	0148	4.6541	$265.74	$63.38	$53.15
45999	T		Rectum surgery procedure	0148	4.6541	$265.74	$63.38	$53.15
46020	T		Placement of seton	0150	23.2962	$1,330.17	$437.12	$266.03
46030	T		Removal of rectal marker	0148	4.6541	$265.74	$63.38	$53.15
46040	T		Incision of rectal abscess	0149	17.9138	$1,022.84	$293.06	$204.57
46045	T		Incision of rectal abscess	0150	23.2962	$1,330.17	$437.12	$266.03
46050	T		Incision of anal abscess	0148	4.6541	$265.74	$63.38	$53.15
46060	T		Incision of rectal abscess	0150	23.2962	$1,330.17	$437.12	$266.03
46070	T		Incision of anal septum	0155	13.2526	$756.70	$188.89	$151.34
46080	T		Incision of anal sphincter	0149	17.9138	$1,022.84	$293.06	$204.57
46083	T		Incise external hemorrhoid	0148	4.6541	$265.74	$63.38	$53.15
46200	T		Removal of anal fissure	0150	23.2962	$1,330.17	$437.12	$266.03
46210	T		Removal of anal crypt	0149	17.9138	$1,022.84	$293.06	$204.57
46211	T		Removal of anal crypts	0150	23.2962	$1,330.17	$437.12	$266.03
46220	T		Removal of anal tag	0149	17.9138	$1,022.84	$293.06	$204.57
46221	T		Ligation of hemorrhoid(s)	0148	4.6541	$265.74	$63.38	$53.15
46230	T		Removal of anal tags	0149	17.9138	$1,022.84	$293.06	$204.57
46250	T		Hemorrhoidectomy	0150	23.2962	$1,330.17	$437.12	$266.03
46255	T		Hemorrhoidectomy	0150	23.2962	$1,330.17	$437.12	$266.03
46257	T		Remove hemorrhoids & fissure	0150	23.2962	$1,330.17	$437.12	$266.03
46258	T		Remove hemorrhoids & fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46260	T		Hemorrhoidectomy	0150	23.2962	$1,330.17	$437.12	$266.03
46261	T		Remove hemorrhoids & fissure	0150	23.2962	$1,330.17	$437.12	$266.03
46262	T		Remove hemorrhoids & fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46270	T		Removal of anal fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46275	T		Removal of anal fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46280	T		Removal of anal fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46285	T		Removal of anal fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46288	T		Repair anal fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46320	T		Removal of hemorrhoid clot	0148	4.6541	$265.74	$63.38	$53.15
46500	T		Injection into hemorrhoid(s)	0155	13.2526	$756.70	$188.89	$151.34
46600	X		Diagnostic anoscopy	0340	0.6454	$36.85		$7.37
46604	T		Anoscopy and dilation	0147	8.1297	$464.19		$92.84
46606	T		Anoscopy and biopsy	0147	8.1297	$464.19		$92.84
46608	T		Anoscopy, remove for body	0147	8.1297	$464.19		$92.84
46610	T		Anoscopy, remove lesion	0147	8.1297	$464.19		$92.84
46611	T		Anoscopy	0147	8.1297	$464.19		$92.84
46612	T		Anoscopy, remove lesions	0147	8.1297	$464.19		$92.84
46614	T		Anoscopy, control bleeding	0147	8.1297	$464.19		$92.84
46615	T		Anoscopy	0147	8.1297	$464.19		$92.84

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46700	T		Repair of anal stricture	0150	23.2962	$1,330.17	$437.12	$266.03
46705	C		Repair of anal stricture					
46706	T		Repr of anal fistula w/glue	0150	23.2962	$1,330.17	$437.12	$266.03
46715	C		Repair of anovaginal fistula					
46716	C		Repair of anovaginal fistula					
46730	C		Construction of absent anus					
46735	C		Construction of absent anus					
46740	C		Construction of absent anus					
46742	C		Repair of imperforated anus					
46744	C		Repair of cloacal anomaly					
46746	C		Repair of cloacal anomaly					
46748	C		Repair of cloacal anomaly					
46750	T		Repair of anal sphincter	0150	23.2962	$1,330.17	$437.12	$266.03
46751	C		Repair of anal sphincter					
46753	T		Reconstruction of anus	0150	23.2962	$1,330.17	$437.12	$266.03
46754	T		Removal of suture from anus	0149	17.9138	$1,022.84	$293.06	$204.57
46760	T		Repair of anal sphincter	0150	23.2962	$1,330.17	$437.12	$266.03
46761	T		Repair of anal sphincter	0150	23.2962	$1,330.17	$437.12	$266.03
46762	T		Implant artificial sphincter	0150	23.2962	$1,330.17	$437.12	$266.03
46900	T		Destruction, anal lesion(s)	0016	2.8562	$163.08	$57.31	$32.62
46910	T		Destruction, anal lesion(s)	0017	17.4667	$997.31	$227.84	$199.46
46916	T		Cryosurgery, anal lesion(s)	0013	1.1586	$66.15	$14.20	$13.23
46917	T		Laser surgery, anal lesions	0695	20.6606	$1,179.68	$266.59	$235.94
46922	T		Excision of anal lesion(s)	0695	20.6606	$1,179.68	$266.59	$235.94
46924	T		Destruction, anal lesion(s)	0695	20.6606	$1,179.68	$266.59	$235.94
46934	T		Destruction of hemorrhoids	0155	13.2526	$756.70	$188.89	$151.34
46935	T		Destruction of hemorrhoids	0155	13.2526	$756.70	$188.89	$151.34
46936	T		Destruction of hemorrhoids	0149	17.9138	$1,022.84	$293.06	$204.57
46937	T		Cryotherapy of rectal lesion	0149	17.9138	$1,022.84	$293.06	$204.57
46938	T		Cryotherapy of rectal lesion	0150	23.2962	$1,330.17	$437.12	$266.03
46940	T		Treatment of anal fissure	0149	17.9138	$1,022.84	$293.06	$204.57
46942	T		Treatment of anal fissure	0148	4.6541	$265.74	$63.38	$53.15
46945	T		Ligation of hemorrhoids	0155	13.2526	$756.70	$188.89	$151.34
46946	T		Ligation of hemorrhoids	0155	13.2526	$756.70	$188.89	$151.34
46999	T		Anus surgery procedure	0148	4.6541	$265.74	$63.38	$53.15
47000	T		Needle biopsy of liver	0685	5.8959	$336.64	$115.47	$67.33
47001	N		Needle biopsy, liver add-on					
47010	C		Open drainage, liver lesion					
47011	T		Percut drain, liver lesion	0037	9.5990	$548.08	$237.45	$109.62
47015	C		Inject/aspirate liver cyst					
47100	C		Wedge biopsy of liver					
47120	C		Partial removal of liver					
47122	C		Extensive removal of liver					
47125	C		Partial removal of liver					
47130	C		Partial removal of liver					
47133	C		Removal of donor liver					
47135	C		Transplantation of liver					
47136	C		Transplantation of liver					
47140	C		Partial removal, donor liver					
47141	C		Partial removal, donor liver					

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47142	C		Partial removal, donor liver					
47300	C		Surgery for liver lesion					
47350	C		Repair liver wound					
47360	C		Repair liver wound					
47361	C		Repair liver wound					
47362	C		Repair liver wound					
47370	T		Laparo ablate liver tumor rf	0131	43.0468	$2,457.89	$1,001.89	$491.58
47371	T		Laparo ablate liver cryosurg	0131	43.0468	$2,457.89	$1,001.89	$491.58
47379	T		Laparoscope procedure, liver	0130	31.7373	$1,812.14	$659.53	$362.43
47380	C		Open ablate liver tumor rf					
47381	C		Open ablate liver tumor cryo					
47382	T		Percut ablate liver rf	0423	29.0678	$1,659.71		$331.94
47399	T		Liver surgery procedure	0002	0.9588	$54.75		$10.95
47400	C		Incision of liver duct					
47420	C		Incision of bile duct					
47425	C		Incision of bile duct					
47460	C		Incise bile duct sphincter					
47480	C		Incision of gallbladder					
47490	T		Incision of gallbladder	0152	12.0879	$690.19		$138.04
47500	N		Injection for liver x-rays					
47505	N		Injection for liver x-rays					
47510	T		Insert catheter, bile duct	0152	12.0879	$690.19		$138.04
47511	T		Insert bile duct drain	0152	12.0879	$690.19		$138.04
47525	T		Change bile duct catheter	0122	8.0675	$460.64	$94.47	$92.13
47530	T		Revise/reinsert bile tube	0122	8.0675	$460.64	$94.47	$92.13
47550	C		Bile duct endoscopy add-on					
47552	T		Biliary endoscopy thru skin	0152	12.0879	$690.19		$138.04
47553	T		Biliary endoscopy thru skin	0152	12.0879	$690.19		$138.04
47554	T		Biliary endoscopy thru skin	0152	12.0879	$690.19		$138.04
47555	T		Biliary endoscopy thru skin	0152	12.0879	$690.19		$138.04
47556	T		Biliary endoscopy thru skin	0152	12.0879	$690.19		$138.04
47560	T		Laparoscopy w/cholangio	0130	31.7373	$1,812.14	$659.53	$362.43
47561	T		Laparo w/cholangio/biopsy	0130	31.7373	$1,812.14	$659.53	$362.43
47562	T		Laparoscopic cholecystectomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
47563	T		Laparo cholecystectomy/graph	0131	43.0468	$2,457.89	$1,001.89	$491.58
47564	T		Laparo cholecystectomy/explr	0131	43.0468	$2,457.89	$1,001.89	$491.58
47570	C		Laparo cholecystoenterostomy					
47579	T		Laparoscope proc, biliary	0130	31.7373	$1,812.14	$659.53	$362.43
47600	C		Removal of gallbladder					
47605	C		Removal of gallbladder					
47610	C		Removal of gallbladder					
47612	C		Removal of gallbladder					
47620	C		Removal of gallbladder					
47630	T		Remove bile duct stone	0152	12.0879	$690.19		$138.04
47700	C		Exploration of bile ducts					
47701	C		Bile duct revision					
47711	C		Excision of bile duct tumor					
47712	C		Excision of bile duct tumor					
47715	C		Excision of bile duct cyst					
47716	C		Fusion of bile duct cyst					

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47720	C		Fuse gallbladder & bowel					
47721	C		Fuse upper gi structures					
47740	C		Fuse gallbladder & bowel					
47741	C		Fuse gallbladder & bowel					
47760	C		Fuse bile ducts and bowel					
47765	C		Fuse liver ducts & bowel					
47780	C		Fuse bile ducts and bowel					
47785	C		Fuse bile ducts and bowel					
47800	C		Reconstruction of bile ducts					
47801	C		Placement, bile duct support					
47802	C		Fuse liver duct & intestine					
47900	C		Suture bile duct injury					
47999	T		Bile tract surgery procedure	0152	12.0879	$690.19		$138.04
48000	C		Drainage of abdomen					
48001	C		Placement of drain, pancreas					
48005	C		Resect/debride pancreas					
48020	C		Removal of pancreatic stone					
48100	C		Biopsy of pancreas, open					
48102	T		Needle biopsy, pancreas	0685	5.8959	$336.64	$115.47	$67.33
48120	C		Removal of pancreas lesion					
48140	C		Partial removal of pancreas					
48145	C		Partial removal of pancreas					
48146	C		Pancreatectomy					
48148	C		Removal of pancreatic duct					
48150	C		Partial removal of pancreas					
48152	C		Pancreatectomy					
48153	C		Pancreatectomy					
48154	C		Pancreatectomy					
48155	C		Removal of pancreas					
48160	E		Pancreas removal/transplant					
48180	C		Fuse pancreas and bowel					
48400	C		Injection, intraop add-on					
48500	C		Surgery of pancreatic cyst					
48510	C		Drain pancreatic pseudocyst					
48511	T		Drain pancreatic pseudocyst	0037	9.5990	$548.08	$237.45	$109.62
48520	C		Fuse pancreas cyst and bowel					
48540	C		Fuse pancreas cyst and bowel					
48545	C		Pancreatorrhaphy					
48547	C		Duodenal exclusion					
48550	E		Donor pancreatectomy					
48554	E		Transpl allograft pancreas					
48556	C		Removal, allograft pancreas					
48999	T		Pancreas surgery procedure	0004	1.6895	$96.47	$22.36	$19.29
49000	C		Exploration of abdomen					
49002	C		Reopening of abdomen					
49010	C		Exploration behind abdomen					
49020	C		Drain abdominal abscess					
49021	T		Drain abdominal abscess	0037	9.5990	$548.08	$237.45	$109.62
49040	C		Drain, open, abdom abscess					
49041	T		Drain, percut, abdom abscess	0037	9.5990	$548.08	$237.45	$109.62

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49060	C		Drain, open, retrop abscess					
49061	T		Drain, percut, retroper absc	0037	9.5990	$548.08	$237.45	$109.62
49062	C		Drain to peritoneal cavity					
49080	T		Puncture, peritoneal cavity	0070	3.3485	$191.19		$38.24
49081	T		Removal of abdominal fluid	0070	3.3485	$191 19		$38.24
49085	T		Remove abdomen foreign body	0153	23.9175	$1,365 64	$410.87	$273.13
49180	T		Biopsy, abdominal mass	0685	5.8959	$336.64	$115.47	$67 33
49200	T		Removal of abdominal lesion	0130	31.7373	$1,812.14	$659.53	$362 43
49201	C		Remove abdom lesion, complex					
49215	C		Excise sacral spine tumor					
49220	C		Multiple surgery, abdomen					
49250	T		Excision of umbilicus	0153	23.9175	$1,365.64	$410.87	$273.13
49255	C		Removal of omentum					
49320	T		Diag laparo separate proc	0130	31.7373	$1,812.14	$659.53	$362.43
49321	T		Laparoscopy, biopsy	0130	31.7373	$1,812.14	$659.53	$362.43
49322	T		Laparoscopy, aspiration	0130	31.7373	$1,812.14	$659.53	$362.43
49323	T		Laparo drain lymphocele	0130	31.7373	$1,812.14	$659.53	$362.43
49329	T		Laparo proc, abdm/per/oment	0130	31.7373	$1,812.14	$659.53	$362.43
49400	N		Air injection into abdomen					
49419	T		Insrt abdom cath for chemotx	0115	25.7685	$1,471.33	$459.35	$294.27
49420	T		Insert abdom drain, temp	0652	27.9061	$1,593.38		$318.68
49421	T		Insert abdom drain, perm	0652	27.9061	$1,593.38		$318.68
49422	T		Remove perm cannula/catheter	0105	21.1754	$1,209.07	$370.40	$241.81
49423	T		Exchange drainage catheter	0152	12.0879	$690.19		$138.04
49424	N		Assess cyst, contrast inject					
49425	C		Insert abdomen-venous drain					
49426	T		Revise abdomen-venous shunt	0153	23.9175	$1,365.64	$410.87	$273.13
49427	N		Injection, abdominal shunt					
49428	C		Ligation of shunt					
49429	T		Removal of shunt	0105	21.1754	$1,209.07	$370.40	$241.81
49491	T		Rpr hern preemie reduc	0154	28.2782	$1,614.63	$464.85	$322.93
49492	T		Rpr ing hern premie, blocked	0154	28.2782	$1,614.63	$464.85	$322.93
49495	T		Rpr ing hernia baby, reduc	0154	28.2782	$1,614.63	$464.85	$322.93
49496	T		Rpr ing hernia baby, blocked	0154	28 2782	$1,614.63	$464.85	$322.93
49500	T		Rpr ing hernia, init, reduce	0154	28 2782	$1,614.63	$464.85	$322.93
49501	T		Rpr ing hernia, init blocked	0154	28 2782	$1,614.63	$464.85	$322.93
49505	T		Prp i/hern init reduc>5 yr	0154	28 2782	$1,614.63	$464.85	$322.93
49507	T		Prp i/hern init block>5 yr	0154	28 2782	$1,614.63	$464.85	$322 93
49520	T		Rerepair ing hernia, reduce	0154	28 2782	$1,614.63	$464.85	$322.93
49521	T		Rerepair ing hernia, blocked	0154	28.2782	$1,614.63	$464.85	$322.93
49525	T		Repair ing hernia, sliding	0154	28.2782	$1,614.63	$464.85	$322.93
49540	T		Repair lumbar hernia	0154	28 2782	$1,614.63	$464.85	$322.93
49550	T		Rpr rem hernia, init, reduce	0154	28 2782	$1,614.63	$464.85	$322.93
49553	T		Rpr fem hernia, init blocked	0154	28.2782	$1,614.63	$464.85	$322.93
49555	T		Rerepair fem hernia, reduce	0154	28.2782	$1,614.63	$464.85	$322.93
49557	T		Rerepair fem hernia, blocked	0154	28.2782	$1,614.63	$464.85	$322.93
49560	T		Rpr ventral hern init, reduc	0154	28.2782	$1,614.63	$464.85	$322.93
49561	T		Rpr ventral hern init, block	0154	28.2782	$1,614.63	$464.85	$322.93
49565	T		Rerepair ventrl hern, reduce	0154	28.2782	$1,614.63	$464.85	$322.93
49566	T		Rerepair ventrl hern, block	0154	28.2782	$1,614.63	$464.85	$322.93

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49568	T		Hernia repair w/mesh	0154	28.2782	$1,614.63	$464.85	$322.93
49570	T		Rpr epigastric hern, reduce	0154	28.2782	$1,614.63	$464.85	$322.93
49572	T		Rpr epigastric hern, blocked	0154	28.2782	$1,614.63	$464.85	$322.93
49580	T		Rpr umbil hern, reduc < 5 yr	0154	28.2782	$1,614.63	$464.85	$322.93
49582	T		Rpr umbil hern, block < 5 yr	0154	28.2782	$1,614.63	$464.85	$322.93
49585	T		Rpr umbil hern, reduc > 5 yr	0154	28.2782	$1,614.63	$464.85	$322.93
49587	T		Rpr umbil hern, block > 5 yr	0154	28.2782	$1,614.63	$464.85	$322.93
49590	T		Repair spigilian hernia	0154	28.2782	$1,614.63	$464.85	$322.93
49600	T		Repair umbilical lesion	0154	28.2782	$1,614.63	$464.85	$322.93
49605	C		Repair umbilical lesion					
49606	C		Repair umbilical lesion					
49610	C		Repair umbilical lesion					
49611	C		Repair umbilical lesion					
49650	T		Laparo hernia repair initial	0131	43.0468	$2,457.89	$1,001.89	$491.58
49651	T		Laparo hernia repair recur	0131	43.0468	$2,457 89	$1,001.89	$491.58
49659	T		Laparo proc, hernia repair	0130	31.7373	$1,812 14	$659.53	$362.43
49900	C		Repair of abdominal wall					
49904	C		Omental flap, extra-abdom					
49905	C		Omental flap					
49906	C		Free omental flap, microvasc					
49999	T		Abdomen surgery procedure	0153	23.9175	$1,365.64	$410.87	$273.13
50010	C		Exploration of kidney					
50020	T		Renal abscess, open drain	0162	23.1717	$1,323.06		$264.61
50021	T		Renal abscess, percut drain	0037	9.5990	$548.08	$237.45	$109.62
50040	C		Drainage of kidney					
50045	C		Exploration of kidney					
50060	C		Removal of kidney stone					
50065	C		Incision of kidney					
50070	C		Incision of kidney					
50075	C		Removal of kidney stone					
50080	T		Removal of kidney stone	0163	36.3924	$2,077.93		$415.59
50081	T		Removal of kidney stone	0163	36.3924	$2,077.93		$415.59
50100	C		Revise kidney blood vessels					
50120	C		Exploration of kidney					
50125	C		Explore and drain kidney					
50130	C		Removal of kidney stone					
50135	C		Exploration of kidney					
50200	T		Biopsy of kidney	0685	5.8959	$336.64	$115.47	$67.33
50205	C		Biopsy of kidney					
50220	C		Remove kidney, open					
50225	C		Removal kidney open, complex					
50230	C		Removal kidney open, radical					
50234	C		Removal of kidney & ureter					
50236	C		Removal of kidney & ureter					
50240	C		Partial removal of kidney					
50280	C		Removal of kidney lesion					
50290	C		Removal of kidney lesion					
50300	C		Removal of donor kidney					
50320	C		Removal of donor kidney					
50340	C		Removal of kidney					

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50360	C		Transplantation of kidney					
50365	C		Transplantation of kidney					
50370	C		Remove transplanted kidney					
50380	C		Reimplantation of kidney					
50390	T		Drainage of kidney lesion	0685	5.8959	$336.64	$115.47	$67.33
50392	T		Insert kidney drain	0161	17.9404	$1,024.36	$249.36	$204.87
50393	T		Insert ureteral tube	0161	17.9404	$1,024.36	$249.36	$204.87
50394	N		Injection for kidney x-ray					
50395	T		Create passage to kidney	0161	17.9404	$1,024.36	$249.36	$204.87
50396	T		Measure kidney pressure	0164	1.2651	$72.23	$17.59	$14.45
50398	T		Change kidney tube	0122	8.0675	$460.64	$94.47	$92.13
50400	C		Revision of kidney/ureter					
50405	C		Revision of kidney/ureter					
50500	C		Repair of kidney wound					
50520	C		Close kidney-skin fistula					
50525	C		Repair renal-abdomen fistula					
50526	C		Repair renal-abdomen fistula					
50540	C		Revision of horseshoe kidney					
50541	T		Laparo ablate renal cyst	0130	31.7373	$1,812.14	$659.53	$362.43
50542	T		Laparo ablate renal mass	0131	43.0468	$2,457.89	$1,001.89	$491.58
50543	T		Laparo partial nephrectomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
50544	T		Laparoscopy, pyeloplasty	0130	31.7373	$1,812.14	$659.53	$362.43
50545	C		Laparo radical nephrectomy					
50546	C		Laparoscopic nephrectomy					
50547	C		Laparo removal donor kidney					
50548	C		Laparo remove w/ ureter					
50549	T		Laparoscope proc, renal	0130	31.7373	$1,812.14	$659.53	$362.43
50551	T		Kidney endoscopy	0160	6.8470	$390.95	$105.06	$78.19
50553	T		Kidney endoscopy	0161	17.9404	$1,024.36	$249.36	$204.87
50555	T		Kidney endoscopy & biopsy	0160	6.8470	$390.95	$105.06	$78.19
50557	T		Kidney endoscopy & treatment	0162	23.1717	$1,323.06		$264.61
50559	T		Renal endoscopy/radiotracer	0160	6.8470	$390.95	$105.06	$78.19
50561	T		Kidney endoscopy & treatment	0161	17.9404	$1,024.36	$249.36	$204.87
50562	T		Renal scope w/tumor resect	0160	6.8470	$390.95	$105.06	$78.19
50570	T		Kidney endoscopy	0160	6.8470	$390.95	$105.06	$78.19
50572	T		Kidney endoscopy	0160	6.8470	$390.95	$105.06	$78.19
50574	T		Kidney endoscopy & biopsy	0160	6.8470	$390.95	$105.06	$78.19
50575	T		Kidney endoscopy	0163	36.3924	$2,077.93		$415.59
50576	T		Kidney endoscopy & treatment	0161	17.9404	$1,024.36	$249.36	$204.87
50578	T		Renal endoscopy/radiotracer	0161	17.9404	$1,024.36	$249.36	$204.87
50580	C		Kidney endoscopy & treatment					
50590	T		Fragmenting of kidney stone	0169	45.1513	$2,578.05	$1,115.69	$515.61
50600	C		Exploration of ureter					
50605	C		Insert ureteral support					
50610	C		Removal of ureter stone					
50620	C		Removal of ureter stone					
50630	C		Removal of ureter stone					
50650	C		Removal of ureter					
50660	C		Removal of ureter					
50684	N		Injection for ureter x-ray					

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50686	T		Measure ureter pressure	0164	1.2651	$72.23	$17.59	$14.45
50688	T		Change of ureter tube	0122	8.0675	$460.64	$94.47	$92.13
50690	N		Injection for ureter x-ray					
50700	C		Revision of ureter					
50715	C		Release of ureter					
50722	C		Release of ureter					
50725	C		Release/revise ureter					
50727	C		Revise ureter					
50728	C		Revise ureter					
50740	C		Fusion of ureter & kidney					
50750	C		Fusion of ureter & kidney					
50760	C		Fusion of ureters					
50770	C		Splicing of ureters					
50780	C		Reimplant ureter in bladder					
50782	C		Reimplant ureter in bladder					
50783	C		Reimplant ureter in bladder					
50785	C		Reimplant ureter in bladder					
50800	C		Implant ureter in bowel					
50810	C		Fusion of ureter & bowel					
50815	C		Urine shunt to intestine					
50820	C		Construct bowel bladder					
50825	C		Construct bowel bladder					
50830	C		Revise urine flow					
50840	C		Replace ureter by bowel					
50845	C		Appendico-vesicostomy					
50860	C		Transplant ureter to skin					
50900	C		Repair of ureter					
50920	C		Closure ureter/skin fistula					
50930	C		Closure ureter/bowel fistula					
50940	C		Release of ureter					
50945	T		Laparoscopy ureterolithotomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
50947	T		Laparo new ureter/bladder	0131	43.0468	$2,457.89	$1,001.89	$491.58
50948	T		Laparo new ureter/bladder	0131	43.0468	$2,457.89	$1,001.89	$491.58
50949	T		Laparoscope proc, ureter	0130	31.7373	$1,812.14	$659.53	$362.43
50951	T		Endoscopy of ureter	0160	6.8470	$390.95	$105.06	$78.19
50953	T		Endoscopy of ureter	0160	6.8470	$390.95	$105.06	$78.19
50955	T		Ureter endoscopy & biopsy	0161	17.9404	$1,024.36	$249.36	$204.87
50957	T		Ureter endoscopy & treatment	0161	17.9404	$1,024.36	$249.36	$204.87
50959	T		Ureter endoscopy & tracer	0161	17.9404	$1,024.36	$249.36	$204.87
50961	T		Ureter endoscopy & treatment	0161	17.9404	$1,024.36	$249.36	$204.87
50970	T		Ureter endoscopy	0160	6.8470	$390.95	$105.06	$78.19
50972	T		Ureter endoscopy & catheter	0160	6.8470	$390.95	$105.06	$78.19
50974	T		Ureter endoscopy & biopsy	0161	17.9404	$1,024.36	$249.36	$204.87
50976	T		Ureter endoscopy & treatment	0161	17.9404	$1,024.36	$249.36	$204.87
50978	T		Ureter endoscopy & tracer	0161	17.9404	$1,024.36	$249.36	$204.87
50980	T		Ureter endoscopy & treatment	0161	17.9404	$1,024.36	$249.36	$204.87
51000	T		Drainage of bladder	0164	1.2651	$72.23	$17.59	$14.45
51005	T		Drainage of bladder	0164	1.2651	$72.23	$17.59	$14.45
51010	T		Drainage of bladder	0165	16.4914	$941.63		$188.33
51020	T		Incise & treat bladder	0162	23.1717	$1,323.06		$264.61

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51030	T		Incise & treat bladder	0162	23.1717	$1,323.06		$264.61
51040	T		Incise & drain bladder	0162	23.1717	$1,323.06		$264.61
51045	T		Incise bladder/drain ureter	0160	6.8470	$390.95	$105.06	$78.19
51050	T		Removal of bladder stone	0162	23.1717	$1,323.06		$264.61
51060	C		Removal of ureter stone					
51065	T		Remove ureter calculus	0162	23.1717	$1,323.06		$264.61
51080	T		Drainage of bladder abscess	0007	12.5436	$716.21		$143.24
51500	T		Removal of bladder cyst	0154	28.2782	$1,614.63	$464.85	$322.93
51520	T		Removal of bladder lesion	0162	23.1717	$1,323.06		$264.61
51525	C		Removal of bladder lesion					
51530	C		Removal of bladder lesion					
51535	C		Repair of ureter lesion					
51550	C		Partial removal of bladder					
51555	C		Partial removal of bladder					
51565	C		Revise bladder & ureter(s)					
51570	C		Removal of bladder					
51575	C		Removal of bladder & nodes					
51580	C		Remove bladder/revise tract					
51585	C		Removal of bladder & nodes					
51590	C		Remove bladder/revise tract					
51595	C		Remove bladder/revise tract					
51596	C		Remove bladder/create pouch					
51597	C		Removal of pelvic structures					
51600	N		Injection for bladder x-ray					
51605	N		Preparation for bladder xray					
51610	N		Injection for bladder x-ray					
51700	T		Irrigation of bladder	0164	1.2651	$72.23	$17.59	$14.45
51701	N		Insert bladder catheter					
51702	N		Insert temp bladder cath					
51703	N		Insert bladder cath, complex					
51705	T		Change of bladder tube	0121	2.3062	$131.68	$43.80	$26.34
51710	T		Change of bladder tube	0122	8.0675	$460.64	$94.47	$92.13
51715	T		Endoscopic injection/implant	0167	28.6337	$1,634.93	$554.85	$326.99
51720	T		Treatment of bladder lesion	0156	2.4996	$142.72	$40.52	$28.54
51725	T		Simple cystometrogram	0156	2.4996	$142.72	$40.52	$28.54
51726	T		Complex cystometrogram	0156	2.4996	$142.72	$40.52	$28.54
51736	T		Urine flow measurement	0164	1.2651	$72.23	$17.59	$14.45
51741	T		Electro-uroflowmetry, first	0164	1.2651	$72.23	$17.59	$14.45
51772	T		Urethra pressure profile	0164	1.2651	$72.23	$17.59	$14.45
51784	T		Anal/urinary muscle study	0164	1.2651	$72.23	$17.59	$14.45
51785	T		Anal/urinary muscle study	0164	1.2651	$72.23	$17.59	$14.45
51792	T		Urinary reflex study	0164	1.2651	$72.23	$17.59	$14.45
51795	T		Urine voiding pressure study	0164	1.2651	$72.23	$17.59	$14.45
51797	T		Intraabdominal pressure test	0164	1.2651	$72.23	$17.59	$14.45
51798	X		Us urine capacity measure	0340	0.6454	$36.85		$7.37
51800	C		Revision of bladder/urethra					
51820	C		Revision of urinary tract					
51840	C		Attach bladder/urethra					
51841	C		Attach bladder/urethra					
51845	C		Repair bladder neck					

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51860	C		Repair of bladder wound					
51865	C		Repair of bladder wound					
51880	T		Repair of bladder opening	0162	23.1717	$1,323.06		$264.61
51900	C		Repair bladder/vagina lesion					
51920	C		Close bladder-uterus fistula					
51925	C		Hysterectomy/bladder repair					
51940	C		Correction of bladder defect					
51960	C		Revision of bladder & bowel					
51980	C		Construct bladder opening					
51990	T		Laparo urethral suspension	0131	43.0468	$2,457.89	$1,001.89	$491.58
51992	T		Laparo sling operation	0132	61.3910	$3,505.30	$1,239.22	$701.06
52000	T		Cystoscopy	0160	6.8470	$390.95	$105.06	$78.19
52001	T		Cystoscopy, removal of clots	0160	6.8470	$390.95	$105.06	$78.19
52005	T		Cystoscopy & ureter catheter	0161	17.9404	$1,024.36	$249.36	$204.87
52007	T		Cystoscopy and biopsy	0161	17.9404	$1,024.36	$249.36	$204.87
52010	T		Cystoscopy & duct catheter	0160	6.8470	$390.95	$105.06	$78.19
52204	T		Cystoscopy	0161	17.9404	$1,024.36	$249.36	$204.87
52214	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52224	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52234	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52235	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52240	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52250	T		Cystoscopy and radiotracer	0162	23.1717	$1,323.06		$264.61
52260	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52265	T		Cystoscopy and treatment	0160	6.8470	$390.95	$105.06	$78.19
52270	T		Cystoscopy & revise urethra	0161	17.9404	$1,024.36	$249.36	$204.87
52275	T		Cystoscopy & revise urethra	0161	17.9404	$1,024.36	$249.36	$204.87
52276	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52277	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52281	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52282	T		Cystoscopy, implant stent	0163	36.3924	$2,077.93		$415.59
52283	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52285	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52290	T		Cystoscopy and treatment	0161	17 9404	$1,024.36	$249.36	$204.87
52300	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52301	T		Cystoscopy and treatment	0161	17 9404	$1,024.36	$249.36	$204.87
52305	T		Cystoscopy and treatment	0161	17 9404	$1,024.36	$249.36	$204.87
52310	T		Cystoscopy and treatment	0160	6.8470	$390.95	$105.06	$78.19
52315	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52317	T		Remove bladder stone	0162	23.1717	$1,323.06		$264.61
52318	T		Remove bladder stone	0162	23.1717	$1,323.06		$264.61
52320	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52325	T		Cystoscopy, stone removal	0162	23.1717	$1,323.06		$264.61
52327	T		Cystoscopy, inject material	0162	23.1717	$1,323.06		$264.61
52330	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52332	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52334	T		Create passage to kidney	0162	23.1717	$1,323.06		$264.61
52341	T		Cysto w/ureter stricture tx	0162	23.1717	$1,323.06		$264.61
52342	T		Cysto w/up stricture tx	0162	23.1717	$1,323.06		$264.61
52343	T		Cysto w/renal stricture tx	0162	23.1717	$1,323.06		$264.61

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52344	T		Cysto/uretero, stone remove	0162	23.1717	$1,323.06		$264.61
52345	T		Cysto/uretero w/up stricture	0162	23.1717	$1,323.06		$264.61
52346	T		Cystouretero w/renal strict	0162	23.1717	$1,323.06		$264.61
52347	T		Cystoscopy, resect ducts	0161	17.9404	$1,024.36	$249.36	$204.87
52351	T		Cystouretero & or pyeloscope	0161	17.9404	$1,024.36	$249.36	$204.87
52352	T		Cystouretero w/stone remove	0162	23.1717	$1,323.06		$264.61
52353	T		Cystouretero w/lithotripsy	0163	36.3924	$2,077.93		$415.59
52354	T		Cystouretero w/biopsy	0162	23.1717	$1,323.06		$264.61
52355	T		Cystouretero w/excise tumor	0162	23.1717	$1,323.06		$264.61
52400	T		Cystouretero w/congen repr	0162	23.1717	$1,323.06		$264.61
52450	T		Incision of prostate	0162	23.1717	$1,323.06		$264.61
52500	T		Revision of bladder neck	0162	23.1717	$1,323.06		$264.61
52510	T		Dilation prostatic urethra	0161	17.9404	$1,024.36	$249.36	$204.87
52601	T		Prostatectomy (TURP)	0163	36.3924	$2,077.93		$415.59
52606	T		Control postop bleeding	0162	23.1717	$1,323.06		$264.61
52612	T		Prostatectomy, first stage	0163	36.3924	$2,077.93		$415.59
52614	T		Prostatectomy, second stage	0163	36.3924	$2,077.93		$415.59
52620	T		Remove residual prostate	0163	36.3924	$2,077.93		$415.59
52630	T		Remove prostate regrowth	0163	36.3924	$2,077.93		$415.59
52640	T		Relieve bladder contracture	0162	23.1717	$1,323.06		$264.61
52647	T		Laser surgery of prostate	0163	36.3924	$2,077.93		$415.59
52648	T		Laser surgery of prostate	0163	36.3924	$2,077.93		$415.59
52700	T		Drainage of prostate abscess	0162	23.1717	$1,323.06		$264.61
53000	T		Incision of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53010	T		Incision of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53020	T		Incision of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53025	T		Incision of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53040	T		Drainage of urethra abscess	0167	28.6337	$1,634.93	$554.85	$326.99
53060	T		Drainage of urethra abscess	0166	17.9019	$1,022.16	$218.73	$204.43
53080	T		Drainage of urinary leakage	0166	17.9019	$1,022.16	$218.73	$204.43
53085	T		Drainage of urinary leakage	0166	17.9019	$1,022.16	$218.73	$204.43
53200	T		Biopsy of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53210	T		Removal of urethra	0168	30.4194	$1,736.89	$405.60	$347.38
53215	T		Removal of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53220	T		Treatment of urethra lesion	0168	30.4194	$1,736.89	$405.60	$347.38
53230	T		Removal of urethra lesion	0168	30.4194	$1,736.89	$405.60	$347.38
53235	T		Removal of urethra lesion	0166	17.9019	$1,022.16	$218.73	$204.43
53240	T		Surgery for urethra pouch	0168	30.4194	$1,736.89	$405.60	$347.38
53250	T		Removal of urethra gland	0166	17.9019	$1,022.16	$218.73	$204.43
53260	T		Treatment of urethra lesion	0166	17.9019	$1,022.16	$218.73	$204.43
53265	T		Treatment of urethra lesion	0166	17.9019	$1,022.16	$218.73	$204.43
53270	T		Removal of urethra gland	0167	28.6337	$1,634.93	$554.85	$326.99
53275	T		Repair of urethra defect	0166	17.9019	$1,022.16	$218.73	$204.43
53400	T		Revise urethra, stage 1	0168	30.4194	$1,736.89	$405.60	$347.38
53405	T		Revise urethra, stage 2	0168	30.4194	$1,736.89	$405.60	$347.38
53410	T		Reconstruction of urethra	0168	30.4194	$1,736.89	$405.60	$347.38
53415	C		Reconstruction of urethra					
53420	T		Reconstruct urethra, stage 1	0168	30.4194	$1,736.89	$405.60	$347.38
53425	T		Reconstruct urethra, stage 2	0168	30.4194	$1,736.89	$405.60	$347.38
53430	T		Reconstruction of urethra	0168	30.4194	$1,736.89	$405.60	$347.38

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53431	T		Reconstruct urethra/bladder	0168	30.4194	$1,736.89	$405.60	$347.38
53440	S		Correct bladder function	0386	108.5769	$6,199.52		$1,239.90
53442	T		Remove perineal prosthesis	0167	28.6337	$1,634.93	$554.85	$326.99
53444	S		Insert tandem cuff	0386	108.5769	$6,199.52		$1,239.90
53445	S		Insert uro/ves nck sphincter	0386	108.5769	$6,199.52		$1,239.90
53446	T		Remove uro sphincter	0168	30.4194	$1,736.89	$405.60	$347.38
53447	S		Remove/replace ur sphincter	0386	108.5769	$6,199.52		$1,239.90
53448	C		Remov/replc ur sphinctr comp					
53449	T		Repair uro sphincter	0168	30.4194	$1,736.89	$405.60	$347.38
53450	T		Revision of urethra	0168	30.4194	$1,736.89	$405.60	$347.38
53460	T		Revision of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53500	T		Urethrlys, transvag w/ scope	0168	30.4194	$1,736.89	$405.60	$347.38
53502	T		Repair of urethra injury	0166	17.9019	$1,022.16	$218.73	$204.43
53505	T		Repair of urethra injury	0167	28.6337	$1,634.93	$554.85	$326.99
53510	T		Repair of urethra injury	0166	17.9019	$1,022.16	$218.73	$204.43
53515	T		Repair of urethra injury	0168	30.4194	$1,736.89	$405.60	$347.38
53520	T		Repair of urethra defect	0168	30.4194	$1,736.89	$405.60	$347.38
53600	T		Dilate urethra stricture	0156	2.4996	$142.72	$40.52	$28.54
53601	T		Dilate urethra stricture	0164	1.2651	$72.23	$17.59	$14.45
53605	T		Dilate urethra stricture	0161	17.9404	$1,024.36	$249.36	$204.87
53620	T		Dilate urethra stricture	0165	16.4914	$941.63		$188.33
53621	T		Dilate urethra stricture	0164	1.2651	$72.23	$17.59	$14.45
53660	T		Dilation of urethra	0164	1.2651	$72.23	$17.59	$14.45
53661	T		Dilation of urethra	0164	1.2651	$72.23	$17.59	$14.45
53665	T		Dilation of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53850	T		Prostatic microwave thermotx	0675	46.7737	$2,670.68		$534.14
53852	T		Prostatic rf thermotx	0675	46.7737	$2,670.68		$534.14
53853	T		Prostatic water thermother	0162	23.1717	$1,323.06		$264.61
53899	T		Urology surgery procedure	0164	1.2651	$72.23	$17.59	$14.45
54000	T		Slitting of prepuce	0166	17.9019	$1,022.16	$218.73	$204.43
54001	T		Slitting of prepuce	0166	17.9019	$1,022.16	$218.73	$204.43
54015	T		Drain penis lesion	0007	12.5436	$716.21		$143.24
54050	T		Destruction, penis lesion(s)	0013	1.1586	$66.15	$14.20	$13.23
54055	T		Destruction, penis lesion(s)	0017	17.4667	$997.31	$227.84	$199.46
54056	T		Cryosurgery, penis lesion(s)	0012	0.7559	$43.16	$11.18	$8.63
54057	T		Laser surg, penis lesion(s)	0017	17.4667	$997.31	$227.84	$199.46
54060	T		Excision of penis lesion(s)	0017	17.4667	$997.31	$227.84	$199.46
54065	T		Destruction, penis lesion(s)	0695	20.6606	$1,179.68	$266.59	$235.94
54100	T		Biopsy of penis	0021	14.9964	$856.26	$219.48	$171.25
54105	T		Biopsy of penis	0022	19.4617	$1,111.22	$354.45	$222.24
54110	T		Treatment of penis lesion	0181	31.5878	$1,803.60	$621.82	$360.72
54111	T		Treat penis lesion, graft	0181	31.5878	$1,803.60	$621.82	$360.72
54112	T		Treat penis lesion, graft	0181	31.5878	$1,803.60	$621.82	$360.72
54115	T		Treatment of penis lesion	0008	19.5952	$1,118.85		$223.77
54120	T		Partial removal of penis	0181	31.5878	$1,803.60	$621.82	$360.72
54125	C		Removal of penis					
54130	C		Remove penis & nodes					
54135	C		Remove penis & nodes					
54150	T		Circumcision	0180	19.8907	$1,135.72	$304.87	$227.14
54152	T		Circumcision	0180	19.8907	$1,135.72	$304.87	$227.14

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54160	T		Circumcision	0180	19.8907	$1,135.72	$304.87	$227.14
54161	T		Circumcision	0180	19.8907	$1,135.72	$304.87	$227.14
54162	T		Lysis penil circumic lesion	0180	19.8907	$1,135.72	$304.87	$227.14
54163	T		Repair of circumcision	0180	19.8907	$1,135.72	$304.87	$227.14
54164	T		Frenulotomy of penis	0180	19.8907	$1,135.72	$304.87	$227.14
54200	T		Treatment of penis lesion	0156	2.4996	$142.72	$40.52	$28.54
54205	T		Treatment of penis lesion	0181	31.5878	$1,803.60	$621.82	$360.72
54220	T		Treatment of penis lesion	0156	2.4996	$142.72	$40.52	$28.54
54230	N		Prepare penis study					
54231	T		Dynamic cavernosometry	0165	16.4914	$941.63		$188.33
54235	T		Penile injection	0164	1.2651	$72.23	$17.59	$14.45
54240	T		Penis study	0164	1.2651	$72.23	$17.59	$14.45
54250	T		Penis study	0164	1.2651	$72.23	$17.59	$14.45
54300	T		Revision of penis	0181	31.5878	$1,803.60	$621.82	$360.72
54304	T		Revision of penis	0181	31.5878	$1,803.60	$621.82	$360.72
54308	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54312	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54316	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54318	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54322	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54324	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54326	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54328	T		Revise penis/urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54332	C		Revise penis/urethra					
54336	C		Revise penis/urethra					
54340	T		Secondary urethral surgery	0181	31.5878	$1,803.60	$621.82	$360.72
54344	T		Secondary urethral surgery	0181	31.5878	$1,803.60	$621.82	$360.72
54348	T		Secondary urethral surgery	0181	31.5878	$1,803.60	$621.82	$360.72
54352	T		Reconstruct urethra/penis	0181	31.5878	$1,803.60	$621.82	$360.72
54360	T		Penis plastic surgery	0181	31.5878	$1,803.60	$621.82	$360.72
54380	T		Repair penis	0181	31.5878	$1,803.60	$621.82	$360.72
54385	T		Repair penis	0181	31.5878	$1,803.60	$621.82	$360.72
54390	C		Repair penis and bladder					
54400	S		Insert semi-rigid prosthesis	0385	65.9789	$3,767.26		$753.45
54401	S		Insert self-contd prosthesis	0386	108.5769	$6,199.52		$1,239.90
54405	S		Insert multi-comp penis pros	0386	108.5769	$6,199.52		$1,239.90
54406	T		Remove muti-comp penis pros	0181	31.5878	$1,803.60	$621.82	$360.72
54408	T		Repair multi-comp penis pros	0181	31.5878	$1,803.60	$621.82	$360.72
54410	S		Remove/replace penis prosth	0386	108.5769	$6,199.52		$1,239.90
54411	C		Remov/replc penis pros, comp					
54415	T		Remove self-contd penis pros	0181	31.5878	$1,803.60	$621.82	$360.72
54416	S		Remv/repl penis contain pros	0386	108.5769	$6,199.52		$1,239.90
54417	C		Remv/replc penis pros, compl					
54420	T		Revision of penis	0181	31.5878	$1,803.60	$621.82	$360.72
54430	C		Revision of penis					
54435	T		Revision of penis	0181	31.5878	$1,803.60	$621.82	$360.72
54440	T		Repair of penis	0181	31.5878	$1,803.60	$621.82	$360.72
54450	T		Preputial stretching	0156	2.4996	$142.72	$40.52	$28.54
54500	T		Biopsy of testis	0037	9.5990	$548.08	$237.45	$109.62
54505	T		Biopsy of testis	0183	23.1967	$1,324.49		$264.90

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54512	T		Excise lesion testis	0183	23.1967	$1,324.49		$264.90
54520	T		Removal of testis	0183	23.1967	$1,324.49		$264.90
54522	T		Orchiectomy, partial	0183	23.1967	$1,324.49		$264.90
54530	T		Removal of testis	0154	28.2782	$1,614.63	$464.85	$322.93
54535	C		Extensive testis surgery					
54550	T		Exploration for testis	0154	28.2782	$1,614.63	$464.85	$322.93
54560	C		Exploration for testis					
54600	T		Reduce testis torsion	0183	23.1967	$1,324.49		$264.90
54620	T		Suspension of testis	0183	23.1967	$1,324.49		$264.90
54640	T		Suspension of testis	0154	28.2782	$1,614.63	$464.85	$322.93
54650	C		Orchiopexy (Fowler-Stephens)					
54660	T		Revision of testis	0183	23.1967	$1,324.49		$264.90
54670	T		Repair testis injury	0183	23.1967	$1,324.49		$264.90
54680	T		Relocation of testis(es)	0183	23.1967	$1,324.49		$264.90
54690	T		Laparoscopy, orchiectomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
54692	T		Laparoscopy, orchiopexy	0132	61.3910	$3,505.30	$1,239.22	$701.06
54699	T		Laparoscope proc, testis	0130	31.7373	$1,812.14	$659.53	$362.43
54700	T		Drainage of scrotum	0183	23.1967	$1,324.49		$264.90
54800	T		Biopsy of epididymis	0004	1.6895	$96.47	$22.36	$19.29
54820	T		Exploration of epididymis	0183	23.1967	$1,324.49		$264.90
54830	T		Remove epididymis lesion	0183	23.1967	$1,324.49		$264.90
54840	T		Remove epididymis lesion	0183	23.1967	$1,324.49		$264.90
54860	T		Removal of epididymis	0183	23.1967	$1,324.49		$264.90
54861	T		Removal of epididymis	0183	23.1967	$1,324.49		$264.90
54900	T		Fusion of spermatic ducts	0183	23.1967	$1,324.49		$264.90
54901	T		Fusion of spermatic ducts	0183	23.1967	$1,324.49		$264.90
55000	T		Drainage of hydrocele	0004	1.6895	$96.47	$22.36	$19.29
55040	T		Removal of hydrocele	0154	28.2782	$1,614.63	$464.85	$322.93
55041	T		Removal of hydroceles	0154	28.2782	$1,614.63	$464.85	$322.93
55060	T		Repair of hydrocele	0183	23.1967	$1,324.49		$264.90
55100	T		Drainage of scrotum abscess	0007	12.5436	$716.21		$143.24
55110	T		Explore scrotum	0183	23.1967	$1,324.49		$264.90
55120	T		Removal of scrotum lesion	0183	23.1967	$1,324.49		$264.90
55150	T		Removal of scrotum	0183	23.1967	$1,324.49		$264.90
55175	T		Revision of scrotum	0183	23.1967	$1,324.49		$264.90
55180	T		Revision of scrotum	0183	23.1967	$1,324.49		$264.90
55200	T		Incision of sperm duct	0183	23.1967	$1,324.49		$264.90
55250	T		Removal of sperm duct(s)	0183	23.1967	$1,324.49		$264.90
55300	N		Prepare, sperm duct x-ray					
55400	T		Repair of sperm duct	0183	23.1967	$1,324.49		$264.90
55450	T		Ligation of sperm duct	0183	23.1967	$1,324.49		$264.90
55500	T		Removal of hydrocele	0183	23.1967	$1,324.49		$264.90
55520	T		Removal of sperm cord lesion	0183	23.1967	$1,324.49		$264.90
55530	T		Revise spermatic cord veins	0183	23.1967	$1,324.49		$264.90
55535	T		Revise spermatic cord veins	0154	28.2782	$1,614.63	$464.85	$322.93
55540	T		Revise hernia & sperm veins	0154	28.2782	$1,614.63	$464.85	$322.93
55550	T		Laparo ligate spermatic vein	0131	43.0468	$2,457.89	$1,001.89	$491.58
55559	T		Laparo proc, spermatic cord	0130	31.7373	$1,812.14	$659.53	$362.43
55600	C		Incise sperm duct pouch					
55605	C		Incise sperm duct pouch					

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55650	C		Remove sperm duct pouch					
55680	T		Remove sperm pouch lesion	0183	23.1967	$1,324.49		$264.90
55700	T		Biopsy of prostate	0184	4.2147	$240.65	$96.27	$48.13
55705	T		Biopsy of prostate	0184	4.2147	$240.65	$96.27	$48.13
55720	T		Drainage of prostate abscess	0162	23.1717	$1,323.06		$264.61
55725	T		Drainage of prostate abscess	0162	23.1717	$1,323.06		$264.61
55801	C		Removal of prostate					
55810	C		Extensive prostate surgery					
55812	C		Extensive prostate surgery					
55815	C		Extensive prostate surgery					
55821	C		Removal of prostate					
55831	C		Removal of prostate					
55840	C		Extensive prostate surgery					
55842	C		Extensive prostate surgery					
55845	C		Extensive prostate surgery					
55859	T		Percut/needle insert, pros	0163	36.3924	$2,077.93		$415.59
55860	T		Surgical exposure, prostate	0165	16.4914	$941.63		$188.33
55862	C		Extensive prostate surgery					
55865	C		Extensive prostate surgery					
55866	C		Laparo radical prostatectomy					
55870	T		Electroejaculation	0197	2.0508	$117.10		$23.42
55873	T		Cryoablate prostate	0674	111.5690	$6,370.37		$1,274.07
55899	T		Genital surgery procedure	0164	1.2651	$72.23	$17.59	$14.45
55970	E		Sex transformation, M to F					
55980	E		Sex transformation, F to M					
56405	T		I & D of vulva/perineum	0192	3.9119	$223.36		$44.67
56420	T		Drainage of gland abscess	0189	2.1850	$124.76		$24.95
56440	T		Surgery for vulva lesion	0194	19.3837	$1,106.77	$397.84	$221.35
56441	T		Lysis of labial lesion(s)	0193	13.8912	$793.16	$165.35	$158.63
56501	T		Destroy, vulva lesions, sim	0017	17.4667	$997.31	$227.84	$199.46
56515	T		Destroy vulva lesion/s compl	0695	20.6606	$1,179.68	$266.59	$235.94
56605	T		Biopsy of vulva/perineum	0019	4.2663	$243.60	$71.87	$48.72
56606	T		Biopsy of vulva/perineum	0019	4.2663	$243.60	$71.87	$48.72
56620	T		Partial removal of vulva	0195	26.6562	$1,522.02	$483.80	$304.40
56625	T		Complete removal of vulva	0195	26.6562	$1,522.02	$483.80	$304.40
56630	C		Extensive vulva surgery					
56631	C		Extensive vulva surgery					
56632	C		Extensive vulva surgery					
56633	C		Extensive vulva surgery					
56634	C		Extensive vulva surgery					
56637	C		Extensive vulva surgery					
56640	C		Extensive vulva surgery					
56700	T		Partial removal of hymen	0194	19.3837	$1,106.77	$397.84	$221.35
56720	T		Incision of hymen	0193	13.8912	$793.16	$165.35	$158.63
56740	T		Remove vagina gland lesion	0194	19.3837	$1,106.77	$397.84	$221.35
56800	T		Repair of vagina	0194	19.3837	$1,106.77	$397.84	$221.35
56805	T		Repair clitoris	0194	19.3837	$1,106.77	$397.84	$221.35
56810	T		Repair of perineum	0194	19.3837	$1,106.77	$397.84	$221.35
56820	T		Exam of vulva w/scope	0188	1.1133	$63.57		$12.71
56821	T		Exam/biopsy of vulva w/scope	0189	2.1850	$124.76		$24.95

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57000	T		Exploration of vagina	0194	19.3837	$1,106.77	$397.84	$221.35
57010	T		Drainage of pelvic abscess	0194	19.3837	$1,106.77	$397.84	$221.35
57020	T		Drainage of pelvic fluid	0192	3.9119	$223.36		$44.67
57022	T		I & d vaginal hematoma, pp	0007	12.5436	$716.21		$143.24
57023	T		I & d vag hematoma, non-ob	0007	12.5436	$716 21		$143.24
57061	T		Destroy vag lesions, simple	0194	19.3837	$1,106 77	$397.84	$221.35
57065	T		Destroy vag lesions, complex	0194	19.3837	$1,106 77	$397.84	$221.35
57100	T		Biopsy of vagina	0192	3.9119	$223.36		$44.67
57105	T		Biopsy of vagina	0194	19.3837	$1,106.77	$397.84	$221.35
57106	T		Remove vagina wall, partial	0194	19.3837	$1,106.77	$397.84	$221.35
57107	T		Remove vagina tissue, part	0195	26.6562	$1,522.02	$483.80	$304.40
57109	T		Vaginectomy partial w/nodes	0195	26.6562	$1,522.02	$483.80	$304.40
57110	C		Remove vagina wall, complete					
57111	C		Remove vagina tissue, compl					
57112	C		Vaginectomy w/nodes, compl					
57120	T		Closure of vagina	0195	26.6562	$1,522.02	$483.80	$304.40
57130	T		Remove vagina lesion	0194	19.3837	$1,106.77	$397.84	$221.35
57135	T		Remove vagina lesion	0194	19.3837	$1,106.77	$397 84	$221.35
57150	T		Treat vagina infection	0191	0.1898	$10.84	$2.93	$2.17
57155	T		Insert uteri tandems/ovoids	0193	13.8912	$793.16	$165.35	$158.63
57160	T		Insert pessary/other device	0188	1.1133	$63.57		$12.71
57170	T		Fitting of diaphragm/cap	0191	0.1898	$10.84	$2.93	$2 17
57180	T		Treat vaginal bleeding	0189	2.1850	$124.76		$24 95
57200	T		Repair of vagina	0194	19.3837	$1,106.77	$397.84	$221 35
57210	T		Repair vagina/perineum	0194	19.3837	$1,106.77	$397.84	$221.35
57220	T		Revision of urethra	0202	39.9618	$2,281.74	$1,026.78	$456.35
57230	T		Repair of urethral lesion	0195	26.6562	$1,522.02	$483.80	$304.40
57240	T		Repair bladder & vagina	0195	26.6562	$1,522.02	$483.80	$304.40
57250	T		Repair rectum & vagina	0195	26 6562	$1,522.02	$483.80	$304.40
57260	T		Repair of vagina	0195	26 6562	$1,522.02	$483.80	$304.40
57265	T		Extensive repair of vagina	0202	39.9618	$2,281.74	$1,026.78	$456.35
57268	T		Repair of bowel bulge	0195	26.6562	$1,522.02	$483.80	$304.40
57270	C		Repair of bowel pouch					
57280	C		Suspension of vagina					
57282	C		Repair of vaginal prolapse					
57284	T		Repair paravaginal defect	0202	39 9618	$2,281.74	$1,026.78	$456.35
57287	T		Revise/remove sling repair	0202	39 9618	$2,281.74	$1,026.78	$456.35
57288	T		Repair bladder defect	0202	39 9618	$2,281.74	$1,026.78	$456.35
57289	T		Repair bladder & vagina	0195	26.6562	$1,522.02	$483.80	$304.40
57291	T		Construction of vagina	0195	26.6562	$1,522.02	$483.80	$304.40
57292	C		Construct vagina with graft					
57300	T		Repair rectum-vagina fistula	0195	26.6562	$1,522.02	$483.80	$304.40
57305	C		Repair rectum-vagina fistula					
57307	C		Fistula repair & colostomy					
57308	C		Fistula repair, transperine					
57310	T		Repair urethrovaginal lesion	0202	39.9618	$2,281.74	$1,026.78	$456.35
57311	C		Repair urethrovaginal lesion					
57320	T		Repair bladder-vagina lesion	0195	26.6562	$1,522.02	$483.80	$304.40
57330	T		Repair bladder-vagina lesion	0195	26.6562	$1,522.02	$483.80	$304.40
57335	C		Repair vagina					

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57400	T		Dilation of vagina	0194	19.3837	$1,106.77	$397.84	$221.35
57410	T		Pelvic examination	0194	19.3837	$1,106.77	$397.84	$221.35
57415	T		Remove vaginal foreign body	0194	19.3837	$1,106.77	$397.84	$221.35
57420	T		Exam of vagina w/scope	0189	2.1850	$124.76		$24.95
57421	T		Exam/biopsy of vag w/scope	0189	2.1850	$124.76		$24.95
57425	T		Laparoscopy, surg, colpopexy	0130	31.7373	$1,812.14	$659.53	$362.43
57452	T		Examination of vagina	0189	2.1850	$124.76		$24.95
57454	T		Vagina examination & biopsy	0189	2.1850	$124.76		$24.95
57455	T		Biopsy of cervix w/scope	0189	2.1850	$124.76		$24.95
57456	T		Endocerv curettage w/scope	0189	2.1850	$124.76		$24.95
57460	T		Cervix excision	0193	13.8912	$793.16	$165.35	$158.63
57461	T		Conz of cervix w/scope, leep	0194	19.3837	$1,106.77	$397.84	$221.35
57500	T		Biopsy of cervix	0192	3.9119	$223.36		$44.67
57505	T		Endocervical curettage	0189	2.1850	$124.76		$24.95
57510	T		Cauterization of cervix	0193	13.8912	$793.16	$165.35	$158.63
57511	T		Cryocautery of cervix	0189	2.1850	$124.76		$24.95
57513	T		Laser surgery of cervix	0193	13.8912	$793.16	$165.35	$158.63
57520	T		Conization of cervix	0194	19.3837	$1,106.77	$397.84	$221.35
57522	T		Conization of cervix	0195	26.6562	$1,522.02	$483.80	$304.40
57530	T		Removal of cervix	0195	26.6562	$1,522.02	$483.80	$304.40
57531	C		Removal of cervix, radical					
57540	C		Removal of residual cervix					
57545	C		Remove cervix/repair pelvis					
57550	T		Removal of residual cervix	0195	26.6562	$1,522.02	$483.80	$304.40
57555	T		Remove cervix/repair vagina	0195	26.6562	$1,522.02	$483.80	$304.40
57556	T		Remove cervix, repair bowel	0202	39.9618	$2,281.74	$1,026.78	$456.35
57700	T		Revision of cervix	0194	19.3837	$1,106.77	$397.84	$221.35
57720	T		Revision of cervix	0194	19.3837	$1,106.77	$397.84	$221.35
57800	T		Dilation of cervical canal	0193	13.8912	$793.16	$165.35	$158.63
57820	T		D & c of residual cervix	0196	17.0819	$975.34	$338.23	$195.07
58100	T		Biopsy of uterus lining	0188	1.1133	$63.57		$12.71
58120	T		Dilation and curettage	0196	17.0819	$975.34	$338.23	$195.07
58140	C		Removal of uterus lesion					
58145	T		Myomectomy vag method	0195	26.6562	$1,522.02	$483.80	$304.40
58146	C		Myomectomy abdom complex					
58150	C		Total hysterectomy					
58152	C		Total hysterectomy					
58180	C		Partial hysterectomy					
58200	C		Extensive hysterectomy					
58210	C		Extensive hysterectomy					
58240	C		Removal of pelvis contents					
58260	C		Vaginal hysterectomy					
58262	C		Vag hyst including t/o					
58263	C		Vag hyst w/t/o & vag repair					
58267	C		Vag hyst w/urinary repair					
58270	C		Vag hyst w/enterocele repair					
58275	C		Hysterectomy/revise vagina					
58280	C		Hysterectomy/revise vagina					
58285	C		Extensive hysterectomy					
58290	C		Vag hyst complex					

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58291	C		Vag hyst incl t/o, complex					
58292	C		Vag hyst t/o & repair, compl					
58293	C		Vag hyst w/uro repair, compl					
58294	C		Vag hyst w/enterocele, compl					
58300	E		Insert intrauterine device					
58301	T		Remove intrauterine device	0189	2.1850	$124.76		$24.95
58321	T		Artificial insemination	0197	2.0508	$117.10		$23.42
58322	T		Artificial insemination	0197	2.0508	$117.10		$23.42
58323	T		Sperm washing	0197	2.0508	$117.10		$23.42
58340	N		Catheter for hysterography					
58345	T		Reopen fallopian tube	0194	19.3837	$1,106.77	$397.84	$221.35
58346	T		Insert heyman uteri capsule	0193	13.8912	$793.16	$165.35	$158.63
58350	T		Reopen fallopian tube	0195	26.6562	$1,522.02	$483.80	$304.40
58353	T		Endometr ablate, thermal	0195	26.6562	$1,522.02	$483.80	$304.40
58400	C		Suspension of uterus					
58410	C		Suspension of uterus					
58520	C		Repair of ruptured uterus					
58540	C		Revision of uterus					
58545	T		Laparoscopic myomectomy	0130	31.7373	$1,812.14	$659.53	$362.43
58546	T		Laparo-myomectomy, complex	0131	43.0468	$2,457.89	$1,001.89	$491.58
58550	T		Laparo-asst vag hysterectomy	0132	61.3910	$3,505.30	$1,239.22	$701.06
58552	T		Laparo-vag hyst incl t/o	0131	43.0468	$2,457.89	$1,001.89	$491.58
58553	T		Laparo-vag hyst, complex	0131	43.0468	$2,457.89	$1,001.89	$491.58
58554	T		Laparo-vag hyst w/t/o, compl	0131	43.0468	$2,457.89	$1,001.89	$491.58
58555	T		Hysteroscopy, dx, sep proc	0190	20.6906	$1,181.39	$424.28	$236.28
58558	T		Hysteroscopy, biopsy	0190	20.6906	$1,181.39	$424.28	$236.28
58559	T		Hysteroscopy, lysis	0190	20.6906	$1,181.39	$424.28	$236.28
58560	T		Hysteroscopy, resect septum	0387	30.0907	$1,718.12	$655.55	$343.62
58561	T		Hysteroscopy, remove myoma	0387	30.0907	$1,718.12	$655.55	$343.62
58562	T		Hysteroscopy, remove fb	0190	20.6906	$1,181.39	$424.28	$236.28
58563	T		Hysteroscopy, ablation	0387	30.0907	$1,718.12	$655.55	$343.62
58578	T		Laparo proc, uterus	0130	31.7373	$1,812.14	$659.53	$362.43
58579	T		Hysteroscope procedure	0190	20.6906	$1,181.39	$424.28	$236.28
58600	T		Division of fallopian tube	0195	26.6562	$1,522.02	$483.80	$304.40
58605	C		Division of fallopian tube					
58611	C		Ligate oviduct(s) add-on					
58615	T		Occlude fallopian tube(s)	0194	19.3837	$1,106.77	$397.84	$221.35
58660	T		Laparoscopy, lysis	0131	43.0468	$2,457.89	$1,001.89	$491.58
58661	T		Laparoscopy, remove adnexa	0131	43.0468	$2,457.89	$1,001.89	$491.58
58662	T		Laparoscopy, excise lesions	0131	43.0468	$2,457.89	$1,001.89	$491.58
58670	T		Laparoscopy, tubal cautery	0131	43.0468	$2,457.89	$1,001.89	$491.58
58671	T		Laparoscopy, tubal block	0131	43.0468	$2,457.89	$1,001.89	$491.58
58672	T		Laparoscopy, fimbrioplasty	0131	43.0468	$2,457.89	$1,001.89	$491.58
58673	T		Laparoscopy, salpingostomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
58679	T		Laparo proc, oviduct-ovary	0130	31.7373	$1,812.14	$659.53	$362.43
58700	C		Removal of fallopian tube					
58720	C		Removal of ovary/tube(s)					
58740	C		Revise fallopian tube(s)					
58750	C		Repair oviduct					
58752	C		Revise ovarian tube(s)					

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58760	C		Remove tubal obstruction					
58770	T		Create new tubal opening	0195	26.6562	$1,522.02	$483.80	$304.40
58800	T		Drainage of ovarian cyst(s)	0193	13.8912	$793.16	$165.35	$158.63
58805	C		Drainage of ovarian cyst(s)					
58820	T		Drain ovary abscess, open	0195	26.6562	$1,522.02	$483.80	$304.40
58822	C		Drain ovary abscess, percut					
58823	T		Drain pelvic abscess, percut	0193	13.8912	$793.16	$165.35	$158.63
58825	C		Transposition, ovary(s)					
58900	T		Biopsy of ovary(s)	0193	13.8912	$793.16	$165.35	$158.63
58920	T		Partial removal of ovary(s)	0195	26.6562	$1,522.02	$483.80	$304.40
58925	T		Removal of ovarian cyst(s)	0195	26.6562	$1,522.02	$483.80	$304.40
58940	C		Removal of ovary(s)					
58943	C		Removal of ovary(s)					
58950	C		Resect ovarian malignancy					
58951	C		Resect ovarian malignancy					
58952	C		Resect ovarian malignancy					
58953	C		Tah, rad dissect for debulk					
58954	C		Tah rad debulk/lymph remove					
58960	C		Exploration of abdomen					
58970	T		Retrieval of oocyte	0194	19.3837	$1,106.77	$397.84	$221.35
58974	T		Transfer of embryo	0197	2.0508	$117.10		$23.42
58976	T		Transfer of embryo	0197	2.0508	$117.10		$23.42
58999	T		Genital surgery procedure	0191	0.1898	$10.84	$2.93	$2.17
59000	T		Amniocentesis, diagnostic	0198	1.3657	$77.98	$32.19	$15.60
59001	T		Amniocentesis, therapeutic	0198	1.3657	$77.98	$32.19	$15.60
59012	T		Fetal cord puncture,prenatal	0198	1.3657	$77.98	$32.19	$15.60
59015	T		Chorion biopsy	0198	1.3657	$77.98	$32.19	$15.60
59020	T		Fetal contract stress test	0198	1.3657	$77.98	$32.19	$15.60
59025	T		Fetal non-stress test	0198	1.3657	$77.98	$32.19	$15.60
59030	T		Fetal scalp blood sample	0198	1.3657	$77.98	$32.19	$15.60
59050	E		Fetal monitor w/report					
59051	B		Fetal monitor/interpret only					
59070	T		Transabdom amnioinfus w/ us	0198	1.3657	$77.98	$32.19	$15.60
59072	T		Umbilical cord occlud w/ us	0198	1.3657	$77.98	$32.19	$15.60
59074	T		Fetal fluid drainage w/ us	0198	1.3657	$77.98	$32.19	$15.60
59076	T		Fetal shunt placement, w/ us	0198	1.3657	$77.98	$32.19	$15.60
59100	C		Remove uterus lesion					
59120	C		Treat ectopic pregnancy					
59121	C		Treat ectopic pregnancy					
59130	C		Treat ectopic pregnancy					
59135	C		Treat ectopic pregnancy					
59136	C		Treat ectopic pregnancy					
59140	C		Treat ectopic pregnancy					
59150	T		Treat ectopic pregnancy	0131	43.0468	$2,457.89	$1,001.89	$491.58
59151	T		Treat ectopic pregnancy	0131	43.0468	$2,457.89	$1,001.89	$491.58
59160	T		D & c after delivery	0196	17.0819	$975.34	$338.23	$195.07
59200	T		Insert cervical dilator	0189	2.1850	$124.76		$24.95
59300	T		Episiotomy or vaginal repair	0193	13.8912	$793.16	$165.35	$158.63
59320	T		Revision of cervix	0194	19.3837	$1,106.77	$397.84	$221.35
59325	C		Revision of cervix					

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59350	C		Repair of uterus					
59400	B		Obstetrical care					
59409	T		Obstetrical care	0194	19.3837	$1,106.77	$397 84	$221.35
59410	B		Obstetrical care					
59412	T		Antepartum manipulation	0700	3.2254	$184.16	$37.13	$36.83
59414	T		Deliver placenta	0194	19.3837	$1,106.77	$397.84	$221.35
59425	B		Antepartum care only					
59426	B		Antepartum care only					
59430	B		Care after delivery					
59510	E		Cesarean delivery					
59514	C		Cesarean delivery only					
59515	E		Cesarean delivery					
59525	C		Remove uterus after cesarean					
59610	E		Vbac delivery					
59612	T		Vbac delivery only	0194	19.3837	$1,106.77	$397.84	$221.35
59614	E		Vbac care after delivery					
59618	E		Attempted vbac delivery					
59620	C		Attempted vbac delivery only					
59622	E		Attempted vbac after care					
59812	T		Treatment of miscarriage	0201	18.3567	$1,048.13	$329.65	$209.63
59820	T		Care of miscarriage	0201	18.3567	$1,048.13	$329.65	$209.63
59821	T		Treatment of miscarriage	0201	18.3567	$1,048.13	$329.65	$209.63
59830	C		Treat uterus infection					
59840	T		Abortion	0200	14.9004	$850.78	$266.79	$170.16
59841	T		Abortion	0200	14.9004	$850.78	$266.79	$170.16
59850	C		Abortion					
59851	C		Abortion					
59852	C		Abortion					
59855	C		Abortion					
59856	C		Abortion					
59857	C		Abortion					
59866	T		Abortion (mpr)	0198	1.3657	$77.98	$32.19	$15.60
59870	T		Evacuate mole of uterus	0201	18.3567	$1,048.13	$329.65	$209.63
59871	T		Remove cerclage suture	0194	19 3837	$1,106.77	$397.84	$221.35
59897	T		Fetal invas px w/ us	0198	1 3657	$77.98	$32.19	$15.60
59898	T		Laparo proc, ob care/deliver	0130	31 7373	$1,812.14	$659.53	$362.43
59899	T		Maternity care procedure	0198	1 3657	$77.98	$32.19	$15.60
60000	T		Drain thyroid/tongue cyst	0252	6 5732	$375.32	$113.41	$75.06
60001	T		Aspirate/inject thyriod cyst	0004	1 6895	$96.47	$22.36	$19.29
60100	T		Biopsy of thyroid	0004	1.6895	$96.47	$22.36	$19.29
60200	T		Remove thyroid lesion	0114	40.0004	$2,283.94	$485.91	$456.79
60210	T		Partial thyroid excision	0114	40.0004	$2,283.94	$485.91	$456.79
60212	T		Partial thyroid excision	0114	40.0004	$2,283.94	$485.91	$456.79
60220	T		Partial removal of thyroid	0114	40.0004	$2,283.94	$485.91	$456.79
60225	T		Partial removal of thyroid	0114	40.0004	$2,283.94	$485.91	$456.79
60240	T		Removal of thyroid	0114	40.0004	$2,283.94	$485.91	$456.79
60252	T		Removal of thyroid	0256	37.1347	$2,120.32		$424.06
60254	C		Extensive thyroid surgery					
60260	T		Repeat thyroid surgery	0256	37.1347	$2,120.32		$424.06
60270	C		Removal of thyroid					

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60271	C		Removal of thyroid					
60280	T		Remove thyroid duct lesion	0114	40.0004	$2,283.94	$485.91	$456.79
60281	T		Remove thyroid duct lesion	0114	40.0004	$2,283.94	$485.91	$456.79
60500	T		Explore parathyroid glands	0256	37.1347	$2,120.32		$424.06
60502	C		Re-explore parathyroids					
60505	C		Explore parathyroid glands					
60512	T		Autotransplant parathyroid	0022	19.4617	$1,111.22	$354.45	$222.24
60520	C		Removal of thymus gland					
60521	C		Removal of thymus gland					
60522	C		Removal of thymus gland					
60540	C		Explore adrenal gland					
60545	C		Explore adrenal gland					
60600	C		Remove carotid body lesion					
60605	C		Remove carotid body lesion					
60650	C		Laparoscopy adrenalectomy					
60659	T		Laparo proc. endocrine	0130	31.7373	$1,812.14	$659.53	$362.43
60699	T		Endocrine surgery procedure	0114	40.0004	$2,283.94	$485.91	$456.79
61000	T		Remove cranial cavity fluid	0212	3.0342	$173.25	$74.67	$34.65
61001	T		Remove cranial cavity fluid	0212	3.0342	$173.25	$74.67	$34.65
61020	T		Remove brain cavity fluid	0212	3.0342	$173.25	$74.67	$34.65
61026	T		Injection into brain canal	0212	3.0342	$173.25	$74.67	$34.65
61050	T		Remove brain canal fluid	0212	3.0342	$173.25	$74.67	$34.65
61055	T		Injection into brain canal	0212	3.0342	$173.25	$74.67	$34.65
61070	T		Brain canal shunt procedure	0212	3.0342	$173.25	$74.67	$34.65
61105	C		Twist drill hole					
61107	C		Drill skull for implantation					
61108	C		Drill skull for drainage					
61120	C		Burr hole for puncture					
61140	C		Pierce skull for biopsy					
61150	C		Pierce skull for drainage					
61151	C		Pierce skull for drainage					
61154	C		Pierce skull & remove clot					
61156	C		Pierce skull for drainage					
61210	C		Pierce skull, implant device					
61215	T		Insert brain-fluid device	0224	37 8581	$2,161.62	$453.41	$432.32
61250	C		Pierce skull & explore					
61253	C		Pierce skull & explore					
61304	C		Open skull for exploration					
61305	C		Open skull for exploration					
61312	C		Open skull for drainage					
61313	C		Open skull for drainage					
61314	C		Open skull for drainage					
61315	C		Open skull for drainage					
61316	C		Implt cran bone flap to abdo					
61320	C		Open skull for drainage					
61321	C		Open skull for drainage					
61322	C		Decompressive craniotomy					
61323	C		Decompressive lobectomy					
61330	T		Decompress eye socket	0256	37.1347	$2,120.32		$424.06
61332	C		Explore/biopsy eye socket					

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61333	C		Explore orbit/remove lesion					
61334	C		Explore orbit/remove object					
61340	C		Relieve cranial pressure					
61343	C		Incise skull (press relief)					
61345	C		Relieve cranial pressure					
61440	C		Incise skull for surgery					
61450	C		Incise skull for surgery					
61458	C		Incise skull for brain wound					
61460	C		Incise skull for surgery					
61470	C		Incise skull for surgery					
61480	C		Incise skull for surgery					
61490	C		Incise skull for surgery					
61500	C		Removal of skull lesion					
61501	C		Remove infected skull bone					
61510	C		Removal of brain lesion					
61512	C		Remove brain lining lesion					
61514	C		Removal of brain abscess					
61516	C		Removal of brain lesion					
61517	C		Implt brain chemotx add-on					
61518	C		Removal of brain lesion					
61519	C		Remove brain lining lesion					
61520	C		Removal of brain lesion					
61521	C		Removal of brain lesion					
61522	C		Removal of brain abscess					
61524	C		Removal of brain lesion					
61526	C		Removal of brain lesion					
61530	C		Removal of brain lesion					
61531	C		Implant brain electrodes					
61533	C		Implant brain electrodes					
61534	C		Removal of brain lesion					
61535	C		Remove brain electrodes					
61536	C		Removal of brain lesion					
61537	C		Removal of brain tissue					
61538	C		Removal of brain tissue					
61539	C		Removal of brain tissue					
61540	C		Removal of brain tissue					
61541	C		Incision of brain tissue					
61542	C		Removal of brain tissue					
61543	C		Removal of brain tissue					
61544	C		Remove & treat brain lesion					
61545	C		Excision of brain tumor					
61546	C		Removal of pituitary gland					
61548	C		Removal of pituitary gland					
61550	C		Release of skull seams					
61552	C		Release of skull seams					
61556	C		Incise skull/sutures					
61557	C		Incise skull/sutures					
61558	C		Excision of skull/sutures					
61559	C		Excision of skull/sutures					
61563	C		Excision of skull tumor					

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61564	C		Excision of skull tumor					
61566	C		Removal of brain tissue					
61567	C		Incision of brain tissue					
61570	C		Remove foreign body, brain					
61571	C		Incise skull for brain wound					
61575	C		Skull base/brainstem surgery					
61576	C		Skull base/brainstem surgery					
61580	C		Craniofacial approach, skull					
61581	C		Craniofacial approach, skull					
61582	C		Craniofacial approach, skull					
61583	C		Craniofacial approach, skull					
61584	C		Orbitocranial approach/skull					
61585	C		Orbitocranial approach/skull					
61586	C		Resect nasopharynx, skull					
61590	C		Infratemporal approach/skull					
61591	C		Infratemporal approach/skull					
61592	C		Orbitocranial approach/skull					
61595	C		Transtemporal approach/skull					
61596	C		Transcochlear approach/skull					
61597	C		Transcondylar approach/skull					
61598	C		Transpetrosal approach/skull					
61600	C		Resect/excise cranial lesion					
61601	C		Resect/excise cranial lesion					
61605	C		Resect/excise cranial lesion					
61606	C		Resect/excise cranial lesion					
61607	C		Resect/excise cranial lesion					
61608	C		Resect/excise cranial lesion					
61609	C		Transect artery, sinus					
61610	C		Transect artery, sinus					
61611	C		Transect artery, sinus					
61612	C		Transect artery, sinus					
61613	C		Remove aneurysm, sinus					
61615	C		Resect/excise lesion, skull					
61616	C		Resect/excise lesion, skull					
61618	C		Repair dura					
61619	C		Repair dura					
61623	T		Endovasc tempory vessel occl	1555		$1,650.00		$330.00
61624	C		Occlusion/embolization cath					
61626	T		Transcath occlusion, non-cns	0081	31 2963	$1,786.96		$357.39
61680	C		Intracranial vessel surgery					
61682	C		Intracranial vessel surgery					
61684	C		Intracranial vessel surgery					
61686	C		Intracranial vessel surgery					
61690	C		Intracranial vessel surgery					
61692	C		Intracranial vessel surgery					
61697	C		Brain aneurysm repr, complx					
61698	C		Brain aneurysm repr, complx					
61700	C		Brain aneurysm repr, simple					
61702	C		Inner skull vessel surgery					
61703	C		Clamp neck artery					

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61705	C		Revise circulation to head					
61708	C		Revise circulation to head					
61710	C		Revise circulation to head					
61711	C		Fusion of skull arteries					
61720	C		Incise skull/brain surgery					
61735	C		Incise skull/brain surgery					
61750	C		Incise skull/brain biopsy					
61751	C		Brain biopsy w/ ct/mr guide					
61760	C		Implant brain electrodes					
61770	C		Incise skull for treatment					
61790	T		Treat trigeminal nerve	0220	17.4557	$996.69		$199.34
61791	T		Treat trigeminal tract	0206	5.4794	$312.86	$75.55	$62.57
61793	E		Focus radiation beam					
61795	S		Brain surgery using computer	0302	5.4746	$312.59	$118.42	$62.52
61850	C		Implant neuroelectrodes					
61860	C		Implant neuroelectrodes					
61863	C		Implant neuroelectrode					
61864	C		Implant neuroelectrde, add'l					
61867	C		Implant neuroelectrode					
61868	C		Implant neuroelectrde, add'l					
61870	C		Implant neuroelectrodes					
61875	C		Implant neuroelectrodes					
61880	T		Revise/remove neuroelectrode	0687	20.2192	$1,154.48	$513.05	$230.90
61885	S		Implant neurostim one array	0039	210.1285	$11,997.90		$2,399.58
61886	T		Implant neurostim arrays	0315	355.3811	$20,291.50		$4,058.31
61888	T		Revise/remove neuroreceiver	0688	42.5576	$2,429.95	$1,093.47	$485.99
62000	C		Treat skull fracture					
62005	C		Treat skull fracture					
62010	C		Treatment of head injury					
62100	C		Repair brain fluid leakage					
62115	C		Reduction of skull defect					
62116	C		Reduction of skull defect					
62117	C		Reduction of skull defect					
62120	C		Repair skull cavity lesion					
62121	C		Incise skull repair					
62140	C		Repair of skull defect					
62141	C		Repair of skull defect					
62142	C		Remove skull plate/flap					
62143	C		Replace skull plate/flap					
62145	C		Repair of skull & brain					
62146	C		Repair of skull with graft					
62147	C		Repair of skull with graft					
62148	C		Retr bone flap to fix skull					
62160	C		Neuroendoscopy add-on					
62161	C		Dissect brain w/scope					
62162	C		Remove colloid cyst w/scope					
62163	C		Neuroendoscopy w/fb removal					
62164	C		Remove brain tumor w/scope					
62165	C		Remove pituit tumor w/scope					
62180	C		Establish brain cavity shunt					

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62190	C		Establish brain cavity shunt					
62192	C		Establish brain cavity shunt					
62194	T		Replace/irrigate catheter	0121	2.3062	$131.68	$43.80	$26.34
62200	C		Establish brain cavity shunt					
62201	C		Establish brain cavity shunt					
62220	C		Establish brain cavity shunt					
62223	C		Establish brain cavity shunt					
62225	T		Replace/irrigate catheter	0122	8.0675	$460.64	$94.47	$92.13
62230	T		Replace/revise brain shunt	0224	37.8581	$2,161.62	$453.41	$432.32
62252	S		Csf shunt reprogram	0691	2.4955	$142.49	$64.12	$28.50
62256	C		Remove brain cavity shunt					
62258	C		Replace brain cavity shunt					
62263	T		Lysis epidural adhesions	0207	5.8711	$335.23	$87.79	$67.05
62264	T		Epidural lysis on single day	0207	5.8711	$335.23	$87.79	$67.05
62268	T		Drain spinal cord cyst	0212	3.0342	$173.25	$74.67	$34.65
62269	T		Needle biopsy, spinal cord	0685	5.8959	$336.64	$115.47	$67.33
62270	T		Spinal fluid tap, diagnostic	0204	2.1898	$125.03	$40.13	$25.01
62272	T		Drain cerebro spinal fluid	0204	2.1898	$125.03	$40.13	$25.01
62273	T		Treat epidural spine lesion	0206	5.4794	$312.86	$75.55	$62.57
62280	T		Treat spinal cord lesion	0207	5.8711	$335.23	$87.79	$67.05
62281	T		Treat spinal cord lesion	0207	5.8711	$335.23	$87.79	$67.05
62282	T		Treat spinal canal lesion	0207	5.8711	$335.23	$87.79	$67.05
62284	N		Injection for myelogram					
62287	T		Percutaneous diskectomy	0220	17.4557	$996.69		$199.34
62290	N		Inject for spine disk x-ray					
62291	N		Inject for spine disk x-ray					
62292	T		Injection into disk lesion	0212	3.0342	$173.25	$74.67	$34.65
62294	T		Injection into spinal artery	0212	3.0342	$173.25	$74.67	$34.65
62310	T		Inject spine c/t	0207	5.8711	$335.23	$87.79	$67.05
62311	T		Inject spine l/s (cd)	0207	5.8711	$335.23	$87.79	$67.05
62318	T		Inject spine w/cath, c/t	0207	5.8711	$335.23	$87.79	$67.05
62319	T		Inject spine w/cath l/s (cd)	0207	5.8711	$335.23	$87.79	$67.05
62350	T		Implant spinal canal cath	0223	27.1757	$1,551.68		$310.34
62351	T		Implant spinal canal cath	0208	42.6390	$2,434.60		$486.92
62355	T		Remove spinal canal catheter	0203	13.8105	$788.55	$276.76	$157.71
62360	T		Insert spine infusion device	0226	48.1100	$2,746.98		$549.40
62361	T		Implant spine infusion pump	0227	147.4115	$8,416.90		$1,683.38
62362	T		Implant spine infusion pump	0227	147.4115	$8,416.90		$1,683.38
62365	T		Remove spine infusion device	0221	26.1283	$1,491.87	$463.62	$298.37
62367	S		Analyze spine infusion pump	0691	2.4955	$142.49	$64.12	$28.50
62368	S		Analyze spine infusion pump	0691	2.4955	$142.49	$64.12	$28.50
63001	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63003	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63005	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63011	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63012	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63015	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63016	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63017	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63020	T		Neck spine disk surgery	0208	42.6390	$2,434.60		$486.92

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63030	T		Low back disk surgery	0208	42.6390	$2,434.60		$486.92
63035	T		Spinal disk surgery add-on	0208	42.6390	$2,434.60		$486.92
63040	T		Laminotomy, single cervical	0208	42.6390	$2,434.60		$486.92
63042	T		Laminotomy, single lumbar	0208	42.6390	$2,434.60		$486.92
63043	C		Laminotomy, add'l cervical					
63044	C		Laminotomy, add'l lumbar					
63045	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63046	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63047	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63048	T		Remove spinal lamina add-on	0208	42.6390	$2,434.60		$486.92
63055	T		Decompress spinal cord	0208	42.6390	$2,434.60		$486.92
63056	T		Decompress spinal cord	0208	42.6390	$2,434.60		$486.92
63057	T		Decompress spine cord add-on	0208	42.6390	$2,434.60		$486.92
63064	T		Decompress spinal cord	0208	42.6390	$2,434.60		$486.92
63066	T		Decompress spine cord add-on	0208	42.6390	$2,434.60		$486.92
63075	C		Neck spine disk surgery					
63076	C		Neck spine disk surgery					
63077	C		Spine disk surgery, thorax					
63078	C		Spine disk surgery, thorax					
63081	C		Removal of vertebral body					
63082	C		Remove vertebral body add-on					
63085	C		Removal of vertebral body					
63086	C		Remove vertebral body add-on					
63087	C		Removal of vertebral body					
63088	C		Remove vertebral body add-on					
63090	C		Removal of vertebral body					
63091	C		Remove vertebral body add-on					
63101	C		Removal of vertebral body					
63102	C		Removal of vertebral body					
63103	C		Remove vertebral body add-on					
63170	C		Incise spinal cord tract(s)					
63172	C		Drainage of spinal cyst					
63173	C		Drainage of spinal cyst					
63180	C		Revise spinal cord ligaments					
63182	C		Revise spinal cord ligaments					
63185	C		Incise spinal column/nerves					
63190	C		Incise spinal column/nerves					
63191	C		Incise spinal column/nerves					
63194	C		Incise spinal column & cord					
63195	C		Incise spinal column & cord					
63196	C		Incise spinal column & cord					
63197	C		Incise spinal column & cord					
63198	C		Incise spinal column & cord					
63199	C		Incise spinal column & cord					
63200	C		Release of spinal cord					
63250	C		Revise spinal cord vessels					
63251	C		Revise spinal cord vessels					
63252	C		Revise spinal cord vessels					
63265	C		Excise intraspinal lesion					
63266	C		Excise intraspinal lesion					

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63267	C		Excise intraspinal lesion					
63268	C		Excise intraspinal lesion					
63270	C		Excise intraspinal lesion					
63271	C		Excise intraspinal lesion					
63272	C		Excise intraspinal lesion					
63273	C		Excise intraspinal lesion					
63275	C		Biopsy/excise spinal tumor					
63276	C		Biopsy/excise spinal tumor					
63277	C		Biopsy/excise spinal tumor					
63278	C		Biopsy/excise spinal tumor					
63280	C		Biopsy/excise spinal tumor					
63281	C		Biopsy/excise spinal tumor					
63282	C		Biopsy/excise spinal tumor					
63283	C		Biopsy/excise spinal tumor					
63285	C		Biopsy/excise spinal tumor					
63286	C		Biopsy/excise spinal tumor					
63287	C		Biopsy/excise spinal tumor					
63290	C		Biopsy/excise spinal tumor					
63300	C		Removal of vertebral body					
63301	C		Removal of vertebral body					
63302	C		Removal of vertebral body					
63303	C		Removal of vertebral body					
63304	C		Removal of vertebral body					
63305	C		Removal of vertebral body					
63306	C		Removal of vertebral body					
63307	C		Removal of vertebral body					
63308	C		Remove vertebral body add-on					
63600	T		Remove spinal cord lesion	0220	17.4557	$996.69		$199.34
63610	T		Stimulation of spinal cord	0220	17.4557	$996.69		$199.34
63615	T		Remove lesion of spinal cord	0220	17.4557	$996.69		$199.34
63650	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
63655	S		Implant neuroelectrodes	0225	213.3580	$12,182.30		$2,436.46
63660	T		Revise/remove neuroelectrode	0687	20.2192	$1,154.48	$513.05	$230.90
63685	T		Implant neuroreceiver	0222	207.4621	$11,845.60		$2,369.13
63688	T		Revise/remove neuroreceiver	0688	42 5576	$2,429.95	$1,093.47	$485.99
63700	C		Repair of spinal herniation					
63702	C		Repair of spinal herniation					
63704	C		Repair of spinal herniation					
63706	C		Repair of spinal herniation					
63707	C		Repair spinal fluid leakage					
63709	C		Repair spinal fluid leakage					
63710	C		Graft repair of spine defect					
63740	C		Install spinal shunt					
63741	T		Install spinal shunt	0228	42.6965	$2,437.88	$546.07	$487.58
63744	T		Revision of spinal shunt	0228	42.6965	$2,437.88	$546.07	$487.58
63746	T		Removal of spinal shunt	0109	7.6069	$434.34	$131.49	$86.87
64400	T		N block inj, trigeminal	0204	2.1898	$125.03	$40.13	$25.01
64402	T		N block inj, facial	0204	2.1898	$125.03	$40.13	$25.01
64405	T		N block inj, occipital	0204	2.1898	$125.03	$40.13	$25.01
64408	T		N block inj, vagus	0204	2.1898	$125.03	$40.13	$25.01

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64410	T		N block inj, phrenic	0206	5.4794	$312.86	$75.55	$62.57
64412	T		N block inj, spinal accessor	0206	5.4794	$312.86	$75.55	$62.57
64413	T		N block inj, cervical plexus	0204	2.1898	$125.03	$40.13	$25.01
64415	T		Injection for nerve block	0204	2.1898	$125.03	$40.13	$25.01
64416	T		N block cont infuse, b plex	0204	2.1898	$125.03	$40.13	$25.01
64417	T		N block inj, axillary	0204	2.1898	$125.03	$40.13	$25.01
64418	T		N block inj, suprascapular	0204	2.1898	$125.03	$40.13	$25.01
64420	T		N block inj, intercost, sng	0204	2.1898	$125.03	$40.13	$25.01
64421	T		N block inj, intercost, mlt	0206	5.4794	$312.86	$75.55	$62.57
64425	T		N block inj ilio-ing/hypogi	0204	2.1898	$125.03	$40.13	$25.01
64430	T		N block inj, pudendal	0204	2.1898	$125.03	$40.13	$25.01
64435	T		N block inj, paracervical	0204	2.1898	$125.03	$40.13	$25.01
64445	T		Injection for nerve block	0204	2.1898	$125.03	$40.13	$25.01
64446	T		N blk inj, sciatic, cont inf	0206	5.4794	$312.86	$75.55	$62.57
64447	T		N block inj fem, single	0204	2.1898	$125.03	$40.13	$25.01
64448	T		N block inj fem, cont inf	0204	2.1898	$125.03	$40.13	$25.01
64449	T		N block inj, lumbar plexus	0204	2.1898	$125.03	$40.13	$25.01
64450	T		N block, other peripheral	0204	2.1898	$125.03	$40.13	$25.01
64470	T		Inj paravertebral c/t	0207	5.8711	$335.23	$87.79	$67.05
64472	T		Inj paravertebral c/t add-on	0206	5.4794	$312.86	$75.55	$62.57
64475	T		Inj paravertebral l/s	0207	5.8711	$335.23	$87.79	$67.05
64476	T		Inj paravertebral l/s add-on	0206	5.4794	$312.86	$75.55	$62.57
64479	T		Inj foramen epidural c/t	0207	5.8711	$335.23	$87.79	$67.05
64480	T		Inj foramen epidural add-on	0207	5.8711	$335.23	$87.79	$67.05
64483	T		Inj foramen epidural l/s	0207	5.8711	$335.23	$87.79	$67.05
64484	T		Inj foramen epidural add-on	0207	5.8711	$335.23	$87.79	$67.05
64505	T		N block, spenopalatine gangl	0204	2.1898	$125.03	$40.13	$25.01
64508	T		N block, carotid sinus s/p	0204	2.1898	$125.03	$40.13	$25.01
64510	T		N block, stellate ganglion	0207	5.8711	$335.23	$87.79	$67.05
64517	T		N block inj, hypogas plxs	0204	2.1898	$125.03	$40.13	$25.01
64520	T		N block, lumbar/thoracic	0207	5.8711	$335.23	$87.79	$67.05
64530	T		N block inj, celiac pelus	0207	5.8711	$335.23	$87.79	$67.05
64550	A		Apply neurostimulator					
64553	S		Implant neuroelectrodes	0225	213.3580	$12,182.30		$2,436.46
64555	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
64560	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
64561	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
64565	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
64573	S		Implant neuroelectrodes	0225	213.3580	$12,182.30		$2,436.46
64575	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
64577	S		Implant neuroelectrodes	0225	213.3580	$12,182.30		$2,436.46
64580	S		Implant neuroelectrodes	0225	213.3580	$12,182.30		$2,436.46
64581	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
64585	T		Revise/remove neuroelectrode	0687	20.2192	$1,154.48	$513.05	$230.90
64590	T		Implant neuroreceiver	0222	207.4621	$11,845.60		$2,369.13
64595	T		Revise/remove neuroreceiver	0688	42.5576	$2,429.95	$1,093.47	$485.99
64600	T		Injection treatment of nerve	0203	13.8105	$788.55	$276.76	$157.71
64605	T		Injection treatment of nerve	0203	13.8105	$788.55	$276.76	$157.71
64610	T		Injection treatment of nerve	0203	13.8105	$788.55	$276.76	$157.71
64612	T		Destroy nerve, face muscle	0204	2.1898	$125.03	$40.13	$25.01

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64613	T		Destroy nerve, spine muscle	0204	2.1898	$125.03	$40.13	$25.01
64614	T		Destroy nerve, extrem musc	0204	2.1898	$125.03	$40.13	$25.01
64620	T		Injection treatment of nerve	0207	5.8711	$335.23	$87.79	$67.05
64622	T		Destr paravertebrl nerve l/s	0203	13.8105	$788.55	$276.76	$157.71
64623	T		Destr paravertebral n add-on	0207	5.8711	$335.23	$87.79	$67.05
64626	T		Destr paravertebrl nerve c/t	0203	13.8105	$788.55	$276.76	$157.71
64627	T		Destr paravertebral n add-on	0207	5.8711	$335.23	$87.79	$67.05
64630	T		Injection treatment of nerve	0206	5.4794	$312.86	$75.55	$62.57
64640	T		Injection treatment of nerve	0206	5.4794	$312.86	$75.55	$62.57
64680	T		Injection treatment of nerve	0207	5.8711	$335.23	$87.79	$67.05
64681	T		Injection treatment of nerve	0203	13.8105	$788.55	$276.76	$157.71
64702	T		Revise finger/toe nerve	0220	17.4557	$996.69		$199.34
64704	T		Revise hand/foot nerve	0220	17.4557	$996.69		$199.34
64708	T		Revise arm/leg nerve	0220	17.4557	$996.69		$199.34
64712	T		Revision of sciatic nerve	0220	17.4557	$996.69		$199.34
64713	T		Revision of arm nerve(s)	0220	17.4557	$996.69		$199.34
64714	T		Revise low back nerve(s)	0220	17.4557	$996.69		$199.34
64716	T		Revision of cranial nerve	0220	17.4557	$996.69		$199.34
64718	T		Revise ulnar nerve at elbow	0220	17.4557	$996.69		$199.34
64719	T		Revise ulnar nerve at wrist	0220	17.4557	$996.69		$199.34
64721	T		Carpal tunnel surgery	0220	17.4557	$996.69		$199.34
64722	T		Relieve pressure on nerve(s)	0220	17.4557	$996.69		$199.34
64726	T		Release foot/toe nerve	0220	17.4557	$996.69		$199.34
64727	T		Internal nerve revision	0220	17.4557	$996.69		$199.34
64732	T		Incision of brow nerve	0220	17.4557	$996.69		$199.34
64734	T		Incision of cheek nerve	0220	17.4557	$996.69		$199.34
64736	T		Incision of chin nerve	0220	17.4557	$996.69		$199.34
64738	T		Incision of jaw nerve	0220	17.4557	$996.69		$199.34
64740	T		Incision of tongue nerve	0220	17.4557	$996.69		$199.34
64742	T		Incision of facial nerve	0220	17.4557	$996.69		$199.34
64744	T		Incise nerve, back of head	0220	17.4557	$996.69		$199.34
64746	T		Incise diaphragm nerve	0220	17.4557	$996.69		$199.34
64752	C		Incision of vagus nerve					
64755	C		Incision of stomach nerves					
64760	C		Incision of vagus nerve					
64761	T		Incision of pelvis nerve	0220	17.4557	$996.69		$199.34
64763	C		Incise hip/thigh nerve					
64766	C		Incise hip/thigh nerve					
64771	T		Sever cranial nerve	0220	17.4557	$996.69		$199.34
64772	T		Incision of spinal nerve	0220	17.4557	$996.69		$199.34
64774	T		Remove skin nerve lesion	0220	17.4557	$996.69		$199.34
64776	T		Remove digit nerve lesion	0220	17.4557	$996.69		$199.34
64778	T		Digit nerve surgery add-on	0220	17.4557	$996.69		$199.34
64782	T		Remove limb nerve lesion	0220	17.4557	$996.69		$199.34
64783	T		Limb nerve surgery add-on	0220	17.4557	$996.69		$199.34
64784	T		Remove nerve lesion	0220	17.4557	$996.69		$199.34
64786	T		Remove sciatic nerve lesion	0221	26.1283	$1,491.87	$463.62	$298.37
64787	T		Implant nerve end	0220	17.4557	$996.69		$199.34
64788	T		Remove skin nerve lesion	0220	17.4557	$996.69		$199.34
64790	T		Removal of nerve lesion	0220	17.4557	$996.69		$199.34

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64792	T		Removal of nerve lesion	0221	26.1283	$1,491.87	$463.62	$298.37
64795	T		Biopsy of nerve	0220	17.4557	$996.69		$199.34
64802	T		Remove sympathetic nerves	0220	17.4557	$996.69		$199.34
64804	C		Remove sympathetic nerves					
64809	C		Remove sympathetic nerves					
64818	C		Remove sympathetic nerves					
64820	T		Remove sympathetic nerves	0220	17.4557	$996.69		$199.34
64821	T		Remove sympathetic nerves	0054	25.0921	$1,432.71		$286.54
64822	T		Remove sympathetic nerves	0054	25.0921	$1,432.71		$286.54
64823	T		Remove sympathetic nerves	0054	25.0921	$1,432.71		$286.54
64831	T		Repair of digit nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64832	T		Repair nerve add-on	0221	26.1283	$1,491.87	$463.62	$298.37
64834	T		Repair of hand or foot nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64835	T		Repair of hand or foot nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64836	T		Repair of hand or foot nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64837	T		Repair nerve add-on	0221	26.1283	$1,491.87	$463.62	$298.37
64840	T		Repair of leg nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64856	T		Repair/transpose nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64857	T		Repair arm/leg nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64858	T		Repair sciatic nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64859	T		Nerve surgery	0221	26.1283	$1,491.87	$463.62	$298.37
64861	T		Repair of arm nerves	0221	26.1283	$1,491.87	$463.62	$298.37
64862	T		Repair of low back nerves	0221	26.1283	$1,491.87	$463.62	$298.37
64864	T		Repair of facial nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64865	T		Repair of facial nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64866	C		Fusion of facial/other nerve					
64868	C		Fusion of facial/other nerve					
64870	T		Fusion of facial/other nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64872	T		Subsequent repair of nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64874	T		Repair & revise nerve add-on	0221	26.1283	$1,491.87	$463.62	$298.37
64876	T		Repair nerve/shorten bone	0221	26.1283	$1,491.87	$463.62	$298.37
64885	T		Nerve graft, head or neck	0221	26.1283	$1,491.87	$463.62	$298.37
64886	T		Nerve graft, head or neck	0221	26.1283	$1,491.87	$463.62	$298.37
64890	T		Nerve graft, hand or foot	0221	26.1283	$1,491.87	$463.62	$298.37
64891	T		Nerve graft, hand or foot	0221	26.1283	$1,491.87	$463.62	$298.37
64892	T		Nerve graft, arm or leg	0221	26.1283	$1,491.87	$463.62	$298.37
64893	T		Nerve graft, arm or leg	0221	26.1283	$1,491.87	$463.62	$298.37
64895	T		Nerve graft, hand or foot	0221	26.1283	$1,491.87	$463.62	$298.37
64896	T		Nerve graft, hand or foot	0221	26.1283	$1,491.87	$463.62	$298.37
64897	T		Nerve graft, arm or leg	0221	26.1283	$1,491.87	$463.62	$298.37
64898	T		Nerve graft, arm or leg	0221	26.1283	$1,491.87	$463.62	$298.37
64901	T		Nerve graft add-on	0221	26.1283	$1,491.87	$463.62	$298.37
64902	T		Nerve graft add-on	0221	26.1283	$1,491.87	$463.62	$298.37
64905	T		Nerve pedicle transfer	0221	26.1283	$1,491.87	$463.62	$298.37
64907	T		Nerve pedicle transfer	0221	26.1283	$1,491.87	$463.62	$298.37
64999	T		Nervous system surgery	0204	2.1898	$125.03	$40.13	$25.01
65091	T		Revise eye	0242	30.3970	$1,735.61	$597.36	$347.12
65093	T		Revise eye with implant	0241	23.7791	$1,357.74	$384.47	$271.55
65101	T		Removal of eye	0242	30.3970	$1,735.61	$597.36	$347.12
65103	T		Remove eye/insert implant	0242	30.3970	$1,735.61	$597.36	$347.12

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65105	T		Remove eye/attach implant	0242	30.3970	$1,735.61	$597.36	$347.12
65110	T		Removal of eye	0242	30.3970	$1,735.61	$597.36	$347.12
65112	T		Remove eye/revise socket	0242	30.3970	$1,735.61	$597.36	$347.12
65114	T		Remove eye/revise socket	0242	30.3970	$1,735.61	$597.36	$347.12
65125	T		Revise ocular implant	0240	18.1670	$1,037.30	$315.31	$207.46
65130	T		Insert ocular implant	0241	23.7791	$1,357.74	$384.47	$271.55
65135	T		Insert ocular implant	0241	23.7791	$1,357.74	$384.47	$271.55
65140	T		Attach ocular implant	0242	30.3970	$1,735.61	$597.36	$347.12
65150	T		Revise ocular implant	0241	23.7791	$1,357.74	$384.47	$271.55
65155	T		Reinsert ocular implant	0242	30.3970	$1,735.61	$597.36	$347.12
65175	T		Removal of ocular implant	0240	18.1670	$1,037.30	$315.31	$207 46
65205	S		Remove foreign body from eye	0698	1.4652	$83.66	$18.72	$16 73
65210	S		Remove foreign body from eye	0698	1.4652	$83.66	$18.72	$16 73
65220	S		Remove foreign body from eye	0698	1.4652	$83.66	$18.72	$16.73
65222	S		Remove foreign body from eye	0698	1.4652	$83.66	$18.72	$16.73
65235	T		Remove foreign body from eye	0233	14.8258	$846.52	$266.33	$169.30
65260	T		Remove foreign body from eye	0236	21.3988	$1,221.83		$244.37
65265	T		Remove foreign body from eye	0236	21.3988	$1,221.83		$244.37
65270	T		Repair of eye wound	0240	18.1670	$1,037.30	$315.31	$207.46
65272	T		Repair of eye wound	0234	22.2939	$1,272.94	$511.31	$254.59
65273	C		Repair of eye wound					
65275	T		Repair of eye wound	0234	22.2939	$1,272.94	$511.31	$254.59
65280	T		Repair of eye wound	0236	21.3988	$1 221 83		$244.37
65285	T		Repair of eye wound	0236	21.3988	$1,221 83		$244.37
65286	T		Repair of eye wound	0232	6.9534	$397.03	$103.17	$79.41
65290	T		Repair of eye socket wound	0243	22.6568	$1,293.66	$431.39	$258.73
65400	T		Removal of eye lesion	0233	14.8258	$846.52	$266.33	$169.30
65410	T		Biopsy of cornea	0233	14.8258	$846.52	$266.33	$169.30
65420	T		Removal of eye lesion	0233	14.8258	$846.52	$266.33	$169.30
65426	T		Removal of eye lesion	0234	22.2939	$1,272.94	$511.31	$254.59
65430	S		Corneal smear	0230	0.8036	$45.88	$14.97	$9.18
65435	T		Curette/treat cornea	0239	6.7303	$384.29		$76.86
65436	T		Curette/treat cornea	0233	14.8258	$846.52	$266.33	$169.30
65450	S		Treatment of corneal lesion	0231	2.0475	$116.91	$45.60	$23.38
65600	T		Revision of cornea	0240	18 1670	$1,037.30	$315.31	$207.46
65710	T		Corneal transplant	0244	39 6410	$2,263.42	$803.26	$452.68
65730	T		Corneal transplant	0244	39 6410	$2,263.42	$803.26	$452.68
65750	T		Corneal transplant	0244	39.6410	$2,263.42	$803.26	$452.68
65755	T		Corneal transplant	0244	39.6410	$2,263.42	$803.26	$452.68
65760	E		Revision of cornea					
65765	E		Revision of cornea					
65767	E		Corneal tissue transplant					
65770	T		Revise cornea with implant	0244	39.6410	$2,263.42	$803.26	$452.68
65771	E		Radial keratotomy					
65772	T		Correction of astigmatism	0233	14.8258	$846.52	$266.33	$169.30
65775	T		Correction of astigmatism	0233	14.8258	$846.52	$266.33	$169.30
65780	T		Ocular reconst, transplant	0244	39.6410	$2,263.42	$803.26	$452.68
65781	T		Ocular reconst, transplant	0244	39.6410	$2,263.42	$803.26	$452.68
65782	T		Ocular reconst, transplant	0244	39.6410	$2,263.42	$803.26	$452.68
65800	T		Drainage of eye	0233	14.8258	$846.52	$266.33	$169.30

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65805	T		Drainage of eye	0233	14.8258	$846.52	$266.33	$169.30
65810	T		Drainage of eye	0234	22.2939	$1,272.94	$511.31	$254.59
65815	T		Drainage of eye	0234	22.2939	$1,272.94	$511.31	$254.59
65820	T		Relieve inner eye pressure	0232	6.9534	$397.03	$103.17	$79.41
65850	T		Incision of eye	0234	22.2939	$1,272.94	$511.31	$254.59
65855	T		Laser surgery of eye	0247	5.1315	$293.00	$104.31	$58.60
65860	T		Incise inner eye adhesions	0247	5.1315	$293.00	$104.31	$58.60
65865	T		Incise inner eye adhesions	0233	14.8258	$846.52	$266.33	$169.30
65870	T		Incise inner eye adhesions	0234	22.2939	$1,272.94	$511.31	$254.59
65875	T		Incise inner eye adhesions	0234	22.2939	$1,272.94	$511.31	$254.59
65880	T		Incise inner eye adhesions	0233	14.8258	$846.52	$266.33	$169.30
65900	T		Remove eye lesion	0233	14.8258	$846.52	$266.33	$169.30
65920	T		Remove implant of eye	0234	22.2939	$1,272.94	$511.31	$254.59
65930	T		Remove blood clot from eye	0234	22.2939	$1,272.94	$511.31	$254.59
66020	T		Injection treatment of eye	0233	14.8258	$846.52	$266.33	$169.30
66030	T		Injection treatment of eye	0232	6.9534	$397.03	$103.17	$79.41
66130	T		Remove eye lesion	0234	22.2939	$1,272.94	$511.31	$254.59
66150	T		Glaucoma surgery	0234	22.2939	$1,272.94	$511.31	$254.59
66155	T		Glaucoma surgery	0234	22.2939	$1,272.94	$511.31	$254.59
66160	T		Glaucoma surgery	0234	22.2939	$1,272.94	$511.31	$254.59
66165	T		Glaucoma surgery	0234	22.2939	$1,272.94	$511.31	$254.59
66170	T		Glaucoma surgery	0234	22.2939	$1,272.94	$511.31	$254.59
66172	T		Incision of eye	0673	29.0716	$1,659.93	$649.56	$331.99
66180	T		Implant eye shunt	0673	29.0716	$1,659.93	$649.56	$331.99
66185	T		Revise eye shunt	0673	29.0716	$1,659.93	$649.56	$331.99
66220	T		Repair eye lesion	0236	21.3988	$1,221.83		$244.37
66225	T		Repair/graft eye lesion	0673	29.0716	$1,659.93	$649.56	$331.99
66250	T		Follow-up surgery of eye	0233	14.8258	$846.52	$266.33	$169.30
66500	T		Incision of iris	0232	6.9534	$397.03	$103.17	$79.41
66505	T		Incision of iris	0232	6.9534	$397.03	$103.17	$79.41
66600	T		Remove iris and lesion	0234	22.2939	$1,272.94	$511.31	$254.59
66605	T		Removal of iris	0234	22.2939	$1,272.94	$511.31	$254.59
66625	T		Removal of iris	0232	6.9534	$397.03	$103.17	$79.41
66630	T		Removal of iris	0234	22 2939	$1,272.94	$511.31	$254.59
66635	T		Removal of iris	0234	22 2939	$1,272.94	$511.31	$254.59
66680	T		Repair iris & ciliary body	0234	22 2939	$1,272.94	$511.31	$254.59
66682	T		Repair iris & ciliary body	0234	22 2939	$1,272.94	$511.31	$254.59
66700	T		Destruction, ciliary body	0233	14 8258	$846.52	$266.33	$169.30
66710	T		Destruction, ciliary body	0233	14.8258	$846.52	$266.33	$169.30
66720	T		Destruction, ciliary body	0233	14.8258	$846.52	$266.33	$169.30
66740	T		Destruction, ciliary body	0234	22.2939	$1,272.94	$511.31	$254.59
66761	T		Revision of iris	0247	5.1315	$293.00	$104.31	$58.60
66762	T		Revision of iris	0247	5.1315	$293.00	$104.31	$58.60
66770	T		Removal of inner eye lesion	0247	5.1315	$293.00	$104.31	$58.60
66820	T		Incision, secondary cataract	0232	6.9534	$397.03	$103.17	$79.41
66821	T		After cataract laser surgery	0247	5.1315	$293.00	$104.31	$58.60
66825	T		Reposition intraocular lens	0234	22.2939	$1,272.94	$511.31	$254.59
66830	T		Removal of lens lesion	0232	6.9534	$397.03	$103.17	$79.41
66840	T		Removal of lens material	0245	14.0851	$804.23	$222.22	$160.85
66850	T		Removal of lens material	0249	28.4466	$1,624.24	$524.67	$324.85

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66852	T		Removal of lens material	0249	28 4466	$1,624.24	$524.67	$324.85
66920	T		Extraction of lens	0249	28 4466	$1,624.24	$524.67	$324.85
66930	T		Extraction of lens	0249	28.4466	$1,624.24	$524.67	$324.85
66940	T		Extraction of lens	0245	14.0851	$804.23	$222.22	$160.85
66982	T		Cataract surgery, complex	0246	23.4763	$1,340.45	$495.96	$268.09
66983	T		Cataract surg w/iol, 1 stage	0246	23.4763	$1,340.45	$495.96	$268.09
66984	T		Cataract surg w/iol, 1 stage	0246	23.4763	$1,340.45	$495.96	$268.09
66985	T		Insert lens prosthesis	0246	23.4763	$1,340.45	$495 96	$268.09
66986	T		Exchange lens prosthesis	0246	23.4763	$1,340.45	$495 96	$268.09
66990	N		Ophthalmic endoscope add-on					
66999	T		Eye surgery procedure	0232	6.9534	$397.03	$103.17	$79.41
67005	T		Partial removal of eye fluid	0237	34.7405	$1,983.61	$818.54	$396.72
67010	T		Partial removal of eye fluid	0237	34.7405	$1,983.61	$818.54	$396.72
67015	T		Release of eye fluid	0237	34.7405	$1,983.61	$818.54	$396.72
67025	T		Replace eye fluid	0236	21.3988	$1,221.83		$244.37
67027	T		Implant eye drug system	0237	34.7405	$1,983.61	$818.54	$396.72
67028	T		Injection eye drug	0235	5.1522	$294.18	$72.04	$58.84
67030	T		Incise inner eye strands	0236	21.3988	$1,221.83		$244.37
67031	T		Laser surgery, eye strands	0247	5.1315	$293.00	$104 31	$58.60
67036	T		Removal of inner eye fluid	0237	34.7405	$1,983.61	$818 54	$396.72
67038	T		Strip retinal membrane	0237	34.7405	$1,983.61	$818 54	$396.72
67039	T		Laser treatment of retina	0237	34.7405	$1,983.61	$818.54	$396.72
67040	T		Laser treatment of retina	0672	40.1207	$2,290.81	$988.43	$458.16
67101	T		Repair detached retina	0235	5 1522	$294.18	$72.04	$58.84
67105	T		Repair detached retina	0248	4 9612	$283.27	$95.08	$56.65
67107	T		Repair detached retina	0672	40.1207	$2,290.81	$988.43	$458.16
67108	T		Repair detached retina	0672	40.1207	$2,290.81	$988.43	$458.16
67110	T		Repair detached retina	0236	21.3988	$1,221.83		$244.37
67112	T		Rerepair detached retina	0672	40.1207	$2,290.81	$988.43	$458.16
67115	T		Release encircling material	0236	21.3988	$1,221.83		$244.37
67120	T		Remove eye implant material	0236	21.3988	$1,221.83		$244.37
67121	T		Remove eye implant material	0236	21.3988	$1,221.83		$244.37
67141	T		Treatment of retina	0235	5.1522	$294.18	$72.04	$58.84
67145	T		Treatment of retina	0248	4.9612	$283.27	$95.08	$56.65
67208	T		Treatment of retinal lesion	0235	5 1522	$294.18	$72.04	$58.84
67210	T		Treatment of retinal lesion	0248	4 9612	$283.27	$95.08	$56.65
67218	T		Treatment of retinal lesion	0236	21 3988	$1,221.83		$244.37
67220	T		Treatment of choroid lesion	0235	5 1522	$294.18	$72.04	$58.84
67221	T		Ocular photodynamic ther	0235	5 1522	$294.18	$72.04	$58.84
67225	T		Eye photodynamic ther add-on	0235	5.1522	$294.18	$72.04	$58.84
67227	T		Treatment of retinal lesion	0235	5.1522	$294.18	$72.04	$58.84
67228	T		Treatment of retinal lesion	0248	4.9612	$283.27	$95.08	$56.65
67250	T		Reinforce eye wall	0240	18.1670	$1,037.30	$315.31	$207.46
67255	T		Reinforce/graft eye wall	0237	34.7405	$1,983.61	$818.54	$396.72
67299	T		Eye surgery procedure	0235	5.1522	$294.18	$72.04	$58.84
67311	T		Revise eye muscle	0243	22.6568	$1,293.66	$431.39	$258.73
67312	T		Revise two eye muscles	0243	22.6568	$1,293.66	$431.39	$258.73
67314	T		Revise eye muscle	0243	22.6568	$1,293.66	$431.39	$258.73
67316	T		Revise two eye muscles	0243	22.6568	$1,293.66	$431.39	$258.73
67318	T		Revise eye muscle(s)	0243	22.6568	$1,293.66	$431.39	$258.73

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67320	T		Revise eye muscle(s) add-on	0243	22.6568	$1,293.66	$431.39	$258.73
67331	T		Eye surgery follow-up add-on	0243	22.6568	$1,293.66	$431.39	$258.73
67332	T		Rerevise eye muscles add-on	0243	22.6568	$1,293.66	$431.39	$258.73
67334	T		Revise eye muscle w/suture	0243	22.6568	$1,293.66	$431.39	$258.73
67335	T		Eye suture during surgery	0243	22.6568	$1,293.66	$431.39	$258.73
67340	T		Revise eye muscle add-on	0243	22.6568	$1,293.66	$431.39	$258.73
67343	T		Release eye tissue	0243	22.6568	$1,293.66	$431.39	$258.73
67345	T		Destroy nerve of eye muscle	0238	2.9161	$166.50		$33.30
67350	T		Biopsy eye muscle	0699	9.8497	$562.40		$112.48
67399	T		Eye muscle surgery procedure	0243	22.6568	$1,293.66	$431.39	$258.73
67400	T		Explore/biopsy eye socket	0241	23.7791	$1,357.74	$384.47	$271.55
67405	T		Explore/drain eye socket	0241	23.7791	$1,357.74	$384.47	$271.55
67412	T		Explore/treat eye socket	0241	23.7791	$1,357.74	$384.47	$271.55
67413	T		Explore/treat eye socket	0241	23.7791	$1,357.74	$384.47	$271.55
67414	T		Explr/decompress eye socket	0242	30.3970	$1,735.61	$597.36	$347.12
67415	T		Aspiration, orbital contents	0240	18.1670	$1,037.30	$315.31	$207.46
67420	T		Explore/treat eye socket	0242	30.3970	$1,735.61	$597.36	$347.12
67430	T		Explore/treat eye socket	0242	30.3970	$1,735.61	$597.36	$347.12
67440	T		Explore/drain eye socket	0242	30.3970	$1,735.61	$597.36	$347.12
67445	T		Explr/decompress eye socket	0242	30.3970	$1,735.61	$597.36	$347.12
67450	T		Explore/biopsy eye socket	0242	30.3970	$1,735.61	$597.36	$347.12
67500	S		Inject/treat eye socket	0231	2.0475	$116.91	$45.60	$23.38
67505	T		Inject/treat eye socket	0238	2.9161	$166.50		$33.30
67515	T		Inject/treat eye socket	0238	2.9161	$166.50		$33.30
67550	T		Insert eye socket implant	0242	30.3970	$1,735.61	$597 36	$347.12
67560	T		Revise eye socket implant	0241	23.7791	$1,357.74	$384 47	$271.55
67570	T		Decompress optic nerve	0242	30.3970	$1,735.61	$597 36	$347.12
67599	T		Orbit surgery procedure	0238	2.9161	$166.50		$33.30
67700	T		Drainage of eyelid abscess	0238	2.9161	$166.50		$33.30
67710	T		Incision of eyelid	0239	6.7303	$384.29		$76.86
67715	T		Incision of eyelid fold	0240	18.1670	$1,037.30	$315.31	$207.46
67800	T		Remove eyelid lesion	0238	2.9161	$166.50		$33.30
67801	T		Remove eyelid lesions	0239	6.7303	$384.29		$76.86
67805	T		Remove eyelid lesions	0238	2 9161	$166.50		$33.30
67808	T		Remove eyelid lesion(s)	0240	18 1670	$1,037.30	$315.31	$207.46
67810	T		Biopsy of eyelid	0238	2 9161	$166.50		$33.30
67820	S		Revise eyelashes	0698	1.4652	$83.66	$18.72	$16.73
67825	T		Revise eyelashes	0238	2.9161	$166.50		$33.30
67830	T		Revise eyelashes	0239	6 7303	$384.29		$76.86
67835	T		Revise eyelashes	0240	18.1670	$1,037.30	$315.31	$207.46
67840	T		Remove eyelid lesion	0239	6.7303	$384.29		$76.86
67850	T		Treat eyelid lesion	0239	6.7303	$384.29		$76.86
67875	T		Closure of eyelid by suture	0239	6.7303	$384.29		$76.86
67880	T		Revision of eyelid	0233	14.8258	$846.52	$266.33	$169.30
67882	T		Revision of eyelid	0240	18.1670	$1,037.30	$315.31	$207.46
67900	T		Repair brow defect	0240	18.1670	$1,037.30	$315.31	$207.46
67901	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67902	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67903	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67904	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46

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67906	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67908	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67909	T		Revise eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67911	T		Revise eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67912	T		Correction eyelid w/ implant	0239	6.7303	$384.29		$76.86
67914	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67915	T		Repair eyelid defect	0239	6.7303	$384.29		$76.86
67916	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67917	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67921	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67922	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67923	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67924	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67930	T		Repair eyelid wound	0240	18.1670	$1,037.30	$315.31	$207.46
67935	T		Repair eyelid wound	0240	18.1670	$1,037.30	$315.31	$207.46
67938	S		Remove eyelid foreign body	0698	1.4652	$83.66	$18.72	$16.73
67950	T		Revision of eyelid	0240	18.1670	$1,037.30	$315.31	$207.46
67961	T		Revision of eyelid	0240	18.1670	$1,037.30	$315.31	$207.46
67966	T		Revision of eyelid	0240	18.1670	$1,037.30	$315.31	$207.46
67971	T		Reconstruction of eyelid	0241	23.7791	$1,357.74	$384.47	$271.55
67973	T		Reconstruction of eyelid	0241	23.7791	$1,357.74	$384 47	$271.55
67974	T		Reconstruction of eyelid	0241	23.7791	$1,357.74	$384 47	$271.55
67975	T		Reconstruction of eyelid	0240	18.1670	$1,037.30	$315 31	$207.46
67999	T		Revision of eyelid	0238	2.9161	$166.50		$33.30
68020	T		Incise/drain eyelid lining	0240	18.1670	$1,037.30	$315.31	$207.46
68040	S		Treatment of eyelid lesions	0698	1.4652	$83.66	$18.72	$16.73
68100	T		Biopsy of eyelid lining	0232	6.9534	$397.03	$103.17	$79.41
68110	T		Remove eyelid lining lesion	0699	9.8497	$562.40		$112.48
68115	T		Remove eyelid lining lesion	0240	18.1670	$1,037.30	$315.31	$207.46
68130	T		Remove eyelid lining lesion	0233	14.8258	$846.52	$266.33	$169.30
68135	T		Remove eyelid lining lesion	0239	6.7303	$384.29		$76.86
68200	S		Treat eyelid by injection	0230	0.8036	$45.88	$14.97	$9.18
68320	T		Revise/graft eyelid lining	0240	18.1670	$1,037.30	$315.31	$207.46
68325	T		Revise/graft eyelid lining	0242	30.3970	$1,735.61	$597 36	$347.12
68326	T		Revise/graft eyelid lining	0241	23 7791	$1,357.74	$384 47	$271.55
68328	T		Revise/graft eyelid lining	0241	23 7791	$1,357.74	$384 47	$271.55
68330	T		Revise eyelid lining	0234	22 2939	$1,272.94	$511.31	$254.59
68335	T		Revise/graft eyelid lining	0241	23 7791	$1,357.74	$384.47	$271.55
68340	T		Separate eyelid adhesions	0240	18 1670	$1,037.30	$315.31	$207.46
68360	T		Revise eyelid lining	0234	22.2939	$1,272.94	$511.31	$254.59
68362	T		Revise eyelid lining	0234	22.2939	$1,272.94	$511.31	$254.59
68371	T		Harvest eye tissue, alograft	0233	14.8258	$846.52	$266.33	$169.30
68399	T		Eyelid lining surgery	0238	2.9161	$166.50		$33.30
68400	T		Incise/drain tear gland	0238	2.9161	$166.50		$33.30
68420	T		Incise/drain tear sac	0240	18.1670	$1,037.30	$315.31	$207.46
68440	T		Incise tear duct opening	0238	2.9161	$166.50		$33.30
68500	T		Removal of tear gland	0241	23.7791	$1,357.74	$384.47	$271.55
68505	T		Partial removal, tear gland	0241	23.7791	$1,357.74	$384.47	$271.55
68510	T		Biopsy of tear gland	0240	18.1670	$1,037.30	$315.31	$207.46
68520	T		Removal of tear sac	0241	23.7791	$1,357.74	$384.47	$271.55

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68525	T		Biopsy of tear sac	0240	18.1670	$1,037.30	$315.31	$207.46
68530	T		Clearance of tear duct	0240	18.1670	$1,037.30	$315.31	$207.46
68540	T		Remove tear gland lesion	0241	23.7791	$1,357.74	$384.47	$271.55
68550	T		Remove tear gland lesion	0242	30.3970	$1,735.61	$597.36	$347.12
68700	T		Repair tear ducts	0241	23.7791	$1,357.74	$384.47	$271.55
68705	T		Revise tear duct opening	0238	2.9161	$166.50		$33.30
68720	T		Create tear sac drain	0242	30.3970	$1,735.61	$597.36	$347.12
68745	T		Create tear duct drain	0241	23.7791	$1,357.74	$384.47	$271.55
68750	T		Create tear duct drain	0242	30.3970	$1,735.61	$597.36	$347.12
68760	S		Close tear duct opening	0698	1.4652	$83.66	$18.72	$16.73
68761	S		Close tear duct opening	0231	2.0475	$116.91	$45.60	$23.38
68770	T		Close tear system fistula	0240	18.1670	$1,037.30	$315.31	$207.46
68801	S		Dilate tear duct opening	0698	1.4652	$83.66	$18.72	$16.73
68810	T		Probe nasolacrimal duct	0699	9.8497	$562.40		$112.48
68811	T		Probe nasolacrimal duct	0240	18.1670	$1,037.30	$315.31	$207.46
68815	T		Probe nasolacrimal duct	0240	18.1670	$1,037.30	$315.31	$207.46
68840	S		Explore/irrigate tear ducts	0231	2.0475	$116.91	$45.60	$23.38
68850	N		Injection for tear sac x-ray					
68899	S		Tear duct system surgery	0230	0.8036	$45.88	$14.97	$9.18
69000	T		Drain external ear lesion	0006	1.6969	$96.89	$23.26	$19.38
69005	T		Drain external ear lesion	0007	12.5436	$716.21		$143.24
69020	T		Drain outer ear canal lesion	0006	1.6969	$96.89	$23.26	$19.38
69090	E		Pierce earlobes					
69100	T		Biopsy of external ear	0019	4.2663	$243.60	$71.87	$48.72
69105	T		Biopsy of external ear canal	0253	15.9924	$913.13	$282.29	$182.63
69110	T		Remove external ear, partial	0021	14.9964	$856.26	$219.48	$171.25
69120	T		Removal of external ear	0254	23.5464	$1,344.45	$321.35	$268.89
69140	T		Remove ear canal lesion(s)	0254	23.5464	$1,344.45	$321.35	$268.89
69145	T		Remove ear canal lesion(s)	0021	14.9964	$856.26	$219.48	$171.25
69150	T		Extensive ear canal surgery	0252	6.5732	$375.32	$113.41	$75.06
69155	C		Extensive ear/neck surgery					
69200	X		Clear outer ear canal	0340	0.6454	$36.85		$7.37
69205	T		Clear outer ear canal	0022	19.4617	$1,111.22	$354.45	$222.24
69210	X		Remove impacted ear wax	0340	0.6454	$36.85		$7.37
69220	T		Clean out mastoid cavity	0012	0.7559	$43.16	$11.18	$8.63
69222	T		Clean out mastoid cavity	0253	15.9924	$913.13	$282.29	$182.63
69300	T		Revise external ear	0254	23.5464	$1,344.45	$321.35	$268.89
69310	T		Rebuild outer ear canal	0256	37.1347	$2,120.32		$424.06
69320	T		Rebuild outer ear canal	0256	37.1347	$2,120.32		$424.06
69399	T		Outer ear surgery procedure	0251	1.9490	$111.28		$22.26
69400	T		Inflate middle ear canal	0251	1.9490	$111.28		$22.26
69401	T		Inflate middle ear canal	0251	1.9490	$111.28		$22.26
69405	T		Catheterize middle ear canal	0252	6.5732	$375.32	$113.41	$75.06
69410	T		Inset middle ear (baffle)	0251	1.9490	$111.28		$22.26
69420	T		Incision of eardrum	0252	6.5732	$375.32	$113.41	$75.06
69421	T		Incision of eardrum	0253	15.9924	$913.13	$282.29	$182.63
69424	T		Remove ventilating tube	0252	6.5732	$375.32	$113.41	$75.06
69433	T		Create eardrum opening	0252	6.5732	$375.32	$113.41	$75.06
69436	T		Create eardrum opening	0253	15.9924	$913.13	$282.29	$182.63
69440	T		Exploration of middle ear	0254	23.5464	$1,344.45	$321.35	$268.89

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69450	T		Eardrum revision	0256	37.1347	$2,120.32		$424.06
69501	T		Mastoidectomy	0256	37.1347	$2,120.32		$424.06
69502	T		Mastoidectomy	0254	23.5464	$1,344.45	$321.35	$268.89
69505	T		Remove mastoid structures	0256	37.1347	$2,120.32		$424.06
69511	T		Extensive mastoid surgery	0256	37.1347	$2,120.32		$424.06
69530	T		Extensive mastoid surgery	0256	37.1347	$2,120.32		$424.06
69535	C		Remove part of temporal bone					
69540	T		Remove ear lesion	0253	15.9924	$913.13	$282.29	$182.63
69550	T		Remove ear lesion	0256	37.1347	$2,120.32		$424.06
69552	T		Remove ear lesion	0256	37.1347	$2,120.32		$424.06
69554	C		Remove ear lesion					
69601	T		Mastoid surgery revision	0256	37.1347	$2,120.32		$424.06
69602	T		Mastoid surgery revision	0256	37.1347	$2,120.32		$424.06
69603	T		Mastoid surgery revision	0256	37.1347	$2,120.32		$424.06
69604	T		Mastoid surgery revision	0256	37.1347	$2,120.32		$424.06
69605	T		Mastoid surgery revision	0256	37.1347	$2,120.32		$424.06
69610	T		Repair of eardrum	0254	23.5464	$1,344.45	$321.35	$268.89
69620	T		Repair of eardrum	0254	23.5464	$1,344.45	$321.35	$268.89
69631	T		Repair eardrum structures	0256	37.1347	$2,120.32		$424.06
69632	T		Rebuild eardrum structures	0256	37.1347	$2,120.32		$424.06
69633	T		Rebuild eardrum structures	0256	37.1347	$2,120.32		$424.06
69635	T		Repair eardrum structures	0256	37.1347	$2,120.32		$424.06
69636	T		Rebuild eardrum structures	0256	37.1347	$2,120.32		$424.06
69637	T		Rebuild eardrum structures	0256	37.1347	$2,120.32		$424.06
69641	T		Revise middle ear & mastoid	0256	37.1347	$2,120.32		$424.06
69642	T		Revise middle ear & mastoid	0256	37.1347	$2,120.32		$424.06
69643	T		Revise middle ear & mastoid	0256	37.1347	$2,120.32		$424.06
69644	T		Revise middle ear & mastoid	0256	37.1347	$2,120.32		$424.06
69645	T		Revise middle ear & mastoid	0256	37.1347	$2,120.32		$424.06
69646	T		Revise middle ear & mastoid	0256	37.1347	$2,120.32		$424.06
69650	T		Release middle ear bone	0254	23.5464	$1,344.45	$321.35	$268.89
69660	T		Revise middle ear bone	0256	37.1347	$2,120.32		$424.06
69661	T		Revise middle ear bone	0256	37.1347	$2,120.32		$424.06
69662	T		Revise middle ear bone	0256	37.1347	$2,120.32		$424.06
69666	T		Repair middle ear structures	0256	37.1347	$2,120.32		$424.06
69667	T		Repair middle ear structures	0256	37.1347	$2,120.32		$424.06
69670	T		Remove mastoid air cells	0256	37.1347	$2,120.32		$424.06
69676	T		Remove middle ear nerve	0256	37.1347	$2,120.32		$424.06
69700	T		Close mastoid fistula	0256	37.1347	$2,120.32		$424.06
69710	E		Implant/replace hearing aid					
69711	T		Remove/repair hearing aid	0256	37.1347	$2,120.32		$424.06
69714	T		Implant temple bone w/stimul	0256	37.1347	$2,120.32		$424.06
69715	T		Temple bne implnt w/stimulat	0256	37.1347	$2,120.32		$424.06
69717	T		Temple bone implant revision	0256	37.1347	$2,120.32		$424.06
69718	T		Revise temple bone implant	0256	37.1347	$2,120.32		$424.06
69720	T		Release facial nerve	0256	37.1347	$2,120.32		$424.06
69725	T		Release facial nerve	0256	37.1347	$2,120.32		$424.06
69740	T		Repair facial nerve	0256	37.1347	$2,120.32		$424.06
69745	T		Repair facial nerve	0256	37.1347	$2,120.32		$424.06
69799	T		Middle ear surgery procedure	0251	1.9490	$111.28		$22.26

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69801	T		Incise inner ear	0256	37.1347	$2,120.32		$424.06
69802	T		Incise inner ear	0256	37.1347	$2,120.32		$424.06
69805	T		Explore inner ear	0256	37.1347	$2,120.32		$424.06
69806	T		Explore inner ear	0256	37.1347	$2,120.32		$424.06
69820	T		Establish inner ear window	0256	37.1347	$2,120.32		$424.06
69840	T		Revise inner ear window	0256	37.1347	$2,120.32		$424.06
69905	T		Remove inner ear	0256	37.1347	$2,120.32		$424.06
69910	T		Remove inner ear & mastoid	0256	37.1347	$2,120.32		$424.06
69915	T		Incise inner ear nerve	0256	37.1347	$2,120.32		$424.06
69930	T		Implant cochlear device	0259	414.8416	$23,686.60	$9,394.83	$4,737.33
69949	T		Inner ear surgery procedure	0251	1.9490	$111.28		$22.26
69950	C		Incise inner ear nerve					
69955	T		Release facial nerve	0256	37.1347	$2,120.32		$424.06
69960	T		Release inner ear canal	0256	37.1347	$2,120.32		$424.06
69970	C		Remove inner ear lesion					
69979	T		Temporal bone surgery	0251	1.9490	$111.28		$22.26
69990	N		Microsurgery add-on					
70010	S		Contrast x-ray of brain	0274	3.3577	$191.72	$86.27	$38.34
70015	S		Contrast x-ray of brain	0274	3.3577	$191.72	$86.27	$38.34
70030	X		X-ray eye for foreign body	0260	0.7772	$44.38	$19.97	$8.88
70100	X		X-ray exam of jaw	0260	0.7772	$44.38	$19.97	$8.88
70110	X		X-ray exam of jaw	0260	0.7772	$44.38	$19.97	$8.88
70120	X		X-ray exam of mastoids	0260	0.7772	$44.38	$19.97	$8.88
70130	X		X-ray exam of mastoids	0260	0.7772	$44.38	$19.97	$8.88
70134	X		X-ray exam of middle ear	0261	1.3469	$76.91		$15.38
70140	X		X-ray exam of facial bones	0260	0.7772	$44.38	$19.97	$8.88
70150	X		X-ray exam of facial bones	0260	0.7772	$44.38	$19.97	$8.88
70160	X		X-ray exam of nasal bones	0260	0.7772	$44.38	$19.97	$8.88
70170	X		X-ray exam of tear duct	0264	3.4100	$194.70	$79.41	$38.94
70190	X		X-ray exam of eye sockets	0260	0.7772	$44.38	$19.97	$8.88
70200	X		X-ray exam of eye sockets	0260	0.7772	$44.38	$19.97	$8.88
70210	X		X-ray exam of sinuses	0260	0.7772	$44.38	$19.97	$8.88
70220	X		X-ray exam of sinuses	0260	0.7772	$44.38	$19.97	$8.88
70240	X		X-ray exam, pituitary saddle	0260	0.7772	$44.38	$19.97	$8.88
70250	X		X-ray exam of skull	0260	0.7772	$44.38	$19.97	$8.88
70260	X		X-ray exam of skull	0261	1.3469	$76.91		$15.38
70300	X		X-ray exam of teeth	0262	1.5454	$88.24		$17.65
70310	X		X-ray exam of teeth	0262	1.5454	$88.24		$17.65
70320	X		Full mouth x-ray of teeth	0262	1.5454	$88.24		$17.65
70328	X		X-ray exam of jaw joint	0260	0.7772	$44.38	$19.97	$8.88
70330	X		X-ray exam of jaw joints	0260	0.7772	$44.38	$19.97	$8.88
70332	S		X-ray exam of jaw joint	0275	3.5532	$202.88	$69.09	$40.58
70336	S		Magnetic image, jaw joint	0335	6.1474	$351.00	$151.46	$70.20
70350	X		X-ray head for orthodontia	0260	0.7772	$44.38	$19.97	$8.88
70355	X		Panoramic x-ray of jaws	0260	0.7772	$44.38	$19.97	$8.88
70360	X		X-ray exam of neck	0260	0.7772	$44.38	$19.97	$8.88
70370	X		Throat x-ray & fluoroscopy	0272	1.3987	$79.86	$35.93	$15.97
70371	X		Speech evaluation, complex	0272	1.3987	$79.86	$35.93	$15.97
70373	X		Contrast x-ray of larynx	0263	1.8603	$106.22	$38.77	$21.24
70380	X		X-ray exam of salivary gland	0260	0.7772	$44.38	$19.97	$8.88

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70390	X		X-ray exam of salivary duct	0263	1.8603	$106.22	$38.77	$21.24
70450	S		Ct head/brain w/o dye	0332	3.4158	$195.04	$87.76	$39.01
70460	S		Ct head/brain w/dye	0283	4.7898	$273.49	$123.07	$54.70
70470	S		Ct head/brain w/o & w/ dye	0333	5.6606	$323.21	$145.44	$64.64
70480	S		Ct orbit/ear/fossa w/o dye	0332	3.4158	$195.04	$87.76	$39.01
70481	S		Ct orbit/ear/fossa w/dye	0283	4.7898	$273.49	$123.07	$54.70
70482	S		Ct orbit/ear/fossa w/o&w dye	0333	5.6606	$323.21	$145.44	$64.64
70486	S		Ct maxillofacial w/o dye	0332	3.4158	$195.04	$87.76	$39.01
70487	S		Ct maxillofacial w/dye	0283	4.7898	$273.49	$123.07	$54.70
70488	S		Ct maxillofacial w/o & w dye	0333	5.6606	$323.21	$145.44	$64.64
70490	S		Ct soft tissue neck w/o dye	0332	3.4158	$195.04	$87.76	$39.01
70491	S		Ct soft tissue neck w/dye	0283	4.7898	$273.49	$123.07	$54.70
70492	S		Ct sft tsue nck w/o & w/dye	0333	5.6606	$323.21	$145.44	$64.64
70496	S		Ct angiography, head	0662	5.6149	$320.60	$144.26	$64.12
70498	S		Ct angiography, neck	0662	5.6149	$320.60	$144.26	$64.12
70540	S		Mri orbit/face/neck w/o dye	0336	6.3742	$363.95	$163.77	$72.79
70542	S		Mri orbit/face/neck w/dye	0284	6.8635	$391.89	$176.35	$78.38
70543	S		Mri orbt/fac/nck w/o & w dye	0337	9.2199	$526.44	$236.89	$105.29
70544	S		Mr angiography head w/o dye	0336	6.3742	$363.95	$163.77	$72.79
70545	S		Mr angiography head w/dye	0284	6.8635	$391.89	$176.35	$78.38
70546	S		Mr angiograph head w/o&w dye	0337	9.2199	$526.44	$236.89	$105.29
70547	S		Mr angiography neck w/o dye	0336	6.3742	$363.95	$163.77	$72.79
70548	S		Mr angiography neck w/dye	0284	6.8635	$391.89	$176.35	$78.38
70549	S		Mr angiograph neck w/o&w dye	0337	9.2199	$526.44	$236.89	$105.29
70551	S		Mri brain w/o dye	0336	6.3742	$363.95	$163.77	$72.79
70552	S		Mri brain w/ dye	0284	6.8635	$391.89	$176.35	$78.38
70553	S		Mri brain w/o & w/ dye	0337	9.2199	$526.44	$236.89	$105.29
70557	S		Mri brain w/o dye	0336	6.3742	$363.95	$163.77	$72.79
70558	S		Mri brain w/ dye	0284	6.8635	$391.89	$176.35	$78.38
70559	S		Mri brain w/o & w/ dye	0337	9.2199	$526.44	$236.89	$105.29
71010	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71015	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71020	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71021	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71022	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71023	X		Chest x-ray and fluoroscopy	0272	1.3987	$79.86	$35.93	$15.97
71030	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71034	X		Chest x-ray and fluoroscopy	0272	1.3987	$79.86	$35.93	$15.97
71035	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71040	X		Contrast x-ray of bronchi	0263	1.8603	$106.22	$38.77	$21.24
71060	X		Contrast x-ray of bronchi	0263	1.8603	$106.22	$38.77	$21.24
71090	X		X-ray & pacemaker insertion	0272	1.3987	$79.86	$35.93	$15.97
71100	X		X-ray exam of ribs	0260	0.7772	$44.38	$19.97	$8.88
71101	X		X-ray exam of ribs/chest	0260	0.7772	$44.38	$19.97	$8.88
71110	X		X-ray exam of ribs	0260	0.7772	$44.38	$19.97	$8.88
71111	X		X-ray exam of ribs/ chest	0261	1.3469	$76.91		$15.38
71120	X		X-ray exam of breastbone	0260	0.7772	$44.38	$19.97	$8.88
71130	X		X-ray exam of breastbone	0260	0.7772	$44.38	$19.97	$8.88
71250	S		Ct thorax w/o dye	0332	3.4158	$195.04	$87.76	$39.01
71260	S		Ct thorax w/dye	0283	4.7898	$273.49	$123.07	$54.70

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71270	S		Ct thorax w/o & w/ dye	0333	5.6606	$323.21	$145.44	$64.64
71275	S		Ct angiography, chest	0662	5.6149	$320.60	$144.26	$64.12
71550	S		Mri chest w/o dye	0336	6.3742	$363.95	$163.77	$72.79
71551	S		Mri chest w/dye	0284	6.8635	$391.89	$176.35	$78.38
71552	S		Mri chest w/o & w/dye	0337	9.2199	$526.44	$236.89	$105.29
71555	B		Mri angio chest w or w/o dye					
72010	X		X-ray exam of spine	0261	1.3469	$76.91		$15.38
72020	X		X-ray exam of spine	0260	0.7772	$44.38	$19.97	$8.88
72040	X		X-ray exam of neck spine	0260	0.7772	$44.38	$19.97	$8.88
72050	X		X-ray exam of neck spine	0261	1.3469	$76.91		$15.38
72052	X		X-ray exam of neck spine	0261	1.3469	$76.91		$15.38
72069	X		X-ray exam of trunk spine	0260	0.7772	$44.38	$19.97	$8.88
72070	X		X-ray exam of thoracic spine	0260	0.7772	$44.38	$19.97	$8.88
72072	X		X-ray exam of thoracic spine	0260	0.7772	$44.38	$19.97	$8.88
72074	X		X-ray exam of thoracic spine	0260	0.7772	$44.38	$19.97	$8.88
72080	X		X-ray exam of trunk spine	0260	0.7772	$44.38	$19.97	$8.88
72090	X		X-ray exam of trunk spine	0261	1.3469	$76.91		$15.38
72100	X		X-ray exam of lower spine	0260	0.7772	$44.38	$19.97	$8.88
72110	X		X-ray exam of lower spine	0261	1.3469	$76.91		$15.38
72114	X		X-ray exam of lower spine	0261	1.3469	$76.91		$15.38
72120	X		X-ray exam of lower spine	0260	0.7772	$44.38	$19.97	$8.88
72125	S		Ct neck spine w/o dye	0332	3.4158	$195.04	$87.76	$39.01
72126	S		Ct neck spine w/dye	0283	4.7898	$273.49	$123.07	$54.70
72127	S		Ct neck spine w/o & w/dye	0333	5.6606	$323.21	$145.44	$64.64
72128	S		Ct chest spine w/o dye	0332	3.4158	$195.04	$87.76	$39.01
72129	S		Ct chest spine w/dye	0283	4.7898	$273.49	$123.07	$54.70
72130	S		Ct chest spine w/o & w/dye	0333	5.6606	$323.21	$145.44	$64.64
72131	S		Ct lumbar spine w/o dye	0332	3.4158	$195.04	$87.76	$39.01
72132	S		Ct lumbar spine w/dye	0283	4.7898	$273.49	$123.07	$54.70
72133	S		Ct lumbar spine w/o & w/dye	0333	5.6606	$323.21	$145.44	$64.64
72141	S		Mri neck spine w/o dye	0336	6.3742	$363.95	$163.77	$72.79
72142	S		Mri neck spine w/dye	0284	6.8635	$391.89	$176.35	$78.38
72146	S		Mri chest spine w/o dye	0336	6.3742	$363.95	$163.77	$72.79
72147	S		Mri chest spine w/dye	0284	6 8635	$391.89	$176.35	$78.38
72148	S		Mri lumbar spine w/o dye	0336	6 3742	$363.95	$163.77	$72.79
72149	S		Mri lumbar spine w/dye	0284	6 8635	$391.89	$176.35	$78.38
72156	S		Mri neck spine w/o & w/dye	0337	9 2199	$526.44	$236 89	$105.29
72157	S		Mri chest spine w/o & w/dye	0337	9 2199	$526.44	$236 89	$105.29
72158	S		Mri lumbar spine w/o & w/dye	0337	9.2199	$526.44	$236.89	$105.29
72159	E		Mr angio spine w/o&w/dye					
72170	X		X-ray exam of pelvis	0260	0.7772	$44.38	$19.97	$8.88
72190	X		X-ray exam of pelvis	0260	0.7772	$44.38	$19.97	$8.88
72191	S		Ct angiograph pelv w/o&w/dye	0662	5.6149	$320.60	$144.26	$64.12
72192	S		Ct pelvis w/o dye	0332	3.4158	$195.04	$87.76	$39.01
72193	S		Ct pelvis w/dye	0283	4.7898	$273.49	$123.07	$54.70
72194	S		Ct pelvis w/o & w/dye	0333	5.6606	$323.21	$145.44	$64.64
72195	S		Mri pelvis w/o dye	0336	6.3742	$363 95	$163.77	$72.79
72196	S		Mri pelvis w/dye	0284	6.8635	$391 89	$176.35	$78.38
72197	S		Mri pelvis w/o & w/dye	0337	9.2199	$526.44	$236.89	$105.29
72198	B		Mr angio pelvis w/o & w/dye					

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72200	X		X-ray exam sacroiliac joints	0260	0.7772	$44.38	$19.97	$8.88
72202	X		X-ray exam sacroiliac joints	0260	0.7772	$44.38	$19.97	$8.88
72220	X		X-ray exam of tailbone	0260	0.7772	$44.38	$19.97	$8.88
72240	S		Contrast x-ray of neck spine	0274	3.3577	$191.72	$86.27	$38.34
72255	S		Contrast x-ray, thorax spine	0274	3.3577	$191.72	$86.27	$38.34
72265	S		Contrast x-ray, lower spine	0274	3.3577	$191.72	$86.27	$38.34
72270	S		Contrast x-ray, spine	0274	3.3577	$191.72	$86.27	$38.34
72275	S		Epidurography	0274	3.3577	$191.72	$86.27	$38.34
72285	S		X-ray c/t spine disk	0388	11.8142	$674.57	$303.19	$134.91
72295	S		X-ray of lower spine disk	0388	11.8142	$674.57	$303.19	$134.91
73000	X		X-ray exam of collar bone	0260	0.7772	$44.38	$19.97	$8.88
73010	X		X-ray exam of shoulder blade	0260	0.7772	$44.38	$19.97	$8.88
73020	X		X-ray exam of shoulder	0260	0.7772	$44.38	$19.97	$8.88
73030	X		X-ray exam of shoulder	0260	0.7772	$44.38	$19.97	$8.88
73040	S		Contrast x-ray of shoulder	0275	3.5532	$202.88	$69.09	$40.58
73050	X		X-ray exam of shoulders	0260	0.7772	$44.38	$19.97	$8.88
73060	X		X-ray exam of humerus	0260	0.7772	$44.38	$19.97	$8.88
73070	X		X-ray exam of elbow	0260	0.7772	$44.38	$19.97	$8.88
73080	X		X-ray exam of elbow	0260	0.7772	$44.38	$19.97	$8.88
73085	S		Contrast x-ray of elbow	0275	3.5532	$202.88	$69.09	$40.58
73090	X		X-ray exam of forearm	0260	0.7772	$44.38	$19.97	$8.88
73092	X		X-ray exam of arm, infant	0260	0.7772	$44.38	$19.97	$8.88
73100	X		X-ray exam of wrist	0260	0.7772	$44.38	$19.97	$8.88
73110	X		X-ray exam of wrist	0260	0.7772	$44.38	$19.97	$8.88
73115	S		Contrast x-ray of wrist	0275	3.5532	$202.88	$69.09	$40.58
73120	X		X-ray exam of hand	0260	0.7772	$44.38	$19.97	$8.88
73130	X		X-ray exam of hand	0260	0.7772	$44.38	$19.97	$8.88
73140	X		X-ray exam of finger(s)	0260	0.7772	$44.38	$19.97	$8.88
73200	S		Ct upper extremity w/o dye	0332	3.4158	$195.04	$87.76	$39.01
73201	S		Ct upper extremity w/dye	0283	4.7898	$273.49	$123.07	$54.70
73202	S		Ct uppr extremity w/o&w/dye	0333	5.6606	$323.21	$145.44	$64.64
73206	S		Ct angio upr extrm w/o&w/dye	0662	5.6149	$320.60	$144.26	$64.12
73218	S		Mri upper extremity w/o dye	0336	6.3742	$363.95	$163.77	$72.79
73219	S		Mri upper extremity w/dye	0284	6.8635	$391.89	$176.35	$78.38
73220	S		Mri uppr extremity w/o&w/dye	0337	9.2199	$526.44	$236.89	$105.29
73221	S		Mri joint upr extrem w/o dye	0336	6.3742	$363.95	$163.77	$72.79
73222	S		Mri joint upr extrem w/dye	0284	6.8635	$391.89	$176.35	$78.38
73223	S		Mri joint upr extr w/o&w/dye	0337	9.2199	$526.44	$236.89	$105.29
73225	E		Mr angio upr extr w/o&w/dye					
73500	X		X-ray exam of hip	0260	0.7772	$44.38	$19.97	$8.88
73510	X		X-ray exam of hip	0260	0.7772	$44.38	$19.97	$8.88
73520	X		X-ray exam of hips	0260	0.7772	$44.38	$19.97	$8.88
73525	S		Contrast x-ray of hip	0275	3.5532	$202.88	$69.09	$40.58
73530	X		X-ray exam of hip	0261	1.3469	$76.91		$15.38
73540	X		X-ray exam of pelvis & hips	0260	0.7772	$44.38	$19.97	$8.88
73542	S		X-ray exam, sacroiliac joint	0275	3.5532	$202.88	$69.09	$40.58
73550	X		X-ray exam of thigh	0260	0.7772	$44.38	$19.97	$8.88
73560	X		X-ray exam of knee, 1 or 2	0260	0.7772	$44.38	$19.97	$8.88
73562	X		X-ray exam of knee, 3	0260	0.7772	$44.38	$19.97	$8.88
73564	X		X-ray exam, knee, 4 or more	0260	0.7772	$44.38	$19.97	$8.88

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73565	X		X-ray exam of knees	0260	0.7772	$44.38	$19.97	$8.88
73580	S		Contrast x-ray of knee joint	0275	3.5532	$202.88	$69.09	$40 58
73590	X		X-ray exam of lower leg	0260	0.7772	$44.38	$19.97	$8 88
73592	X		X-ray exam of leg, infant	0260	0.7772	$44.38	$19.97	$8.88
73600	X		X-ray exam of ankle	0260	0.7772	$44.38	$19.97	$8.88
73610	X		X-ray exam of ankle	0260	0.7772	$44.38	$19.97	$8.88
73615	S		Contrast x-ray of ankle	0275	3.5532	$202.88	$69.09	$40.58
73620	X		X-ray exam of foot	0260	0.7772	$44.38	$19.97	$8.88
73630	X		X-ray exam of foot	0260	0.7772	$44.38	$19.97	$8.88
73650	X		X-ray exam of heel	0260	0.7772	$44.38	$19.97	$8.88
73660	X		X-ray exam of toe(s)	0260	0.7772	$44.38	$19.97	$8.88
73700	S		Ct lower extremity w/o dye	0332	3.4158	$195.04	$87.76	$39.01
73701	S		Ct lower extremity w/dye	0283	4.7898	$273.49	$123.07	$54.70
73702	S		Ct lwr extremity w/o&w/dye	0333	5.6606	$323.21	$145.44	$64.64
73706	S		Ct angio lwr extr w/o&w/dye	0662	5.6149	$320 60	$144.26	$64.12
73718	S		Mri lower extremity w/o dye	0336	6.3742	$363 95	$163.77	$72.79
73719	S		Mri lower extremity w/dye	0284	6.8635	$391 89	$176.35	$78.38
73720	S		Mri lwr extremity w/o&w/dye	0337	9.2199	$526.44	$236.89	$105.29
73721	S		Mri jnt of lwr extre w/o dye	0336	6.3742	$363.95	$163.77	$72.79
73722	S		Mri joint of lwr extr w/dye	0284	6.8635	$391.89	$176.35	$78.38
73723	S		Mri joint lwr extr w/o&w/dye	0337	9.2199	$526.44	$236.89	$105.29
73725	B		Mr ang lwr ext w or w/o dye					
74000	X		X-ray exam of abdomen	0260	0.7772	$44.38	$19.97	$8.88
74010	X		X-ray exam of abdomen	0260	0.7772	$44.38	$19.97	$8.88
74020	X		X-ray exam of abdomen	0260	0.7772	$44.38	$19.97	$8.88
74022	X		X-ray exam series, abdomen	0261	1.3469	$76.91		$15.38
74150	S		Ct abdomen w/o dye	0332	3.4158	$195.04	$87.76	$39.01
74160	S		Ct abdomen w/dye	0283	4.7898	$273.49	$123.07	$54.70
74170	S		Ct abdomen w/o &w /dye	0333	5.6606	$323.21	$145.44	$64.64
74175	S		Ct angio abdom w/o & w/dye	0662	5.6149	$320.60	$144.26	$64.12
74181	S		Mri abdomen w/o dye	0336	6.3742	$363.95	$163.77	$72.79
74182	S		Mri abdomen w/dye	0284	6.8635	$391.89	$176.35	$78.38
74183	S		Mri abdomen w/o & w/dye	0337	9.2199	$526.44	$236.89	$105.29
74185	B		Mri angio, abdom w orw/o dye					
74190	X		X-ray exam of peritoneum	0264	3 4100	$194.70	$79.41	$38.94
74210	S		Contrst x-ray exam of throat	0276	1 5930	$90.96	$40.93	$18.19
74220	S		Contrast x-ray, esophagus	0276	1.5930	$90.96	$40.93	$18.19
74230	S		Cine/vid x-ray, throat/esoph	0276	1.5930	$90.96	$40.93	$18.19
74235	S		Remove esophagus obstruction	0296	2.3571	$134.59	$59.61	$26.92
74240	S		X-ray exam, upper gi tract	0276	1 5930	$90.96	$40.93	$18.19
74241	S		X-ray exam, upper gi tract	0276	1 5930	$90.96	$40.93	$18.19
74245	S		X-ray exam, upper gi tract	0277	2.4600	$140.46	$60.47	$28.09
74246	S		Contrst x-ray uppr gi tract	0276	1.5930	$90.96	$40.93	$18.19
74247	S		Contrst x-ray uppr gi tract	0276	1.5930	$90.96	$40.93	$18.19
74249	S		Contrst x-ray uppr gi tract	0277	2.4600	$140.46	$60.47	$28.09
74250	S		X-ray exam of small bowel	0276	1.5930	$90.96	$40.93	$18.19
74251	S		X-ray exam of small bowel	0277	2.4600	$140.46	$60.47	$28.09
74260	S		X-ray exam of small bowel	0277	2.4600	$140.46	$60.47	$28.09
74270	S		Contrast x-ray exam of colon	0276	1.5930	$90.96	$40.93	$18.19
74280	S		Contrast x-ray exam of colon	0277	2.4600	$140.46	$60.47	$28.09

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74283	S		Contrast x-ray exam of colon	0276	1.5930	$90.96	$40.93	$18.19
74290	S		Contrast x-ray, gallbladder	0276	1.5930	$90.96	$40.93	$18.19
74291	S		Contrast x-rays, gallbladder	0276	1.5930	$90.96	$40.93	$18.19
74300	X		X-ray bile ducts/pancreas	0263	1.8603	$106.22	$38.77	$21.24
74301	X		X-rays at surgery add-on	0263	1.8603	$106.22	$38.77	$21.24
74305	X		X-ray bile ducts/pancreas	0263	1.8603	$106.22	$38.77	$21.24
74320	X		Contrast x-ray of bile ducts	0264	3.4100	$194.70	$79.41	$38.94
74327	S		X-ray bile stone removal	0296	2.3571	$134.59	$59.61	$26.92
74328	N		X-ray bile duct endoscopy					
74329	N		X-ray for pancreas endoscopy					
74330	N		X-ray bile/panc endoscopy					
74340	X		X-ray guide for GI tube	0272	1.3987	$79.86	$35.93	$15.97
74350	X		X-ray guide, stomach tube	0263	1.8603	$106.22	$38.77	$21.24
74355	X		X-ray guide, intestinal tube	0263	1.8603	$106.22	$38.77	$21.24
74360	S		X-ray guide, GI dilation	0296	2.3571	$134.59	$59.61	$26.92
74363	S		X-ray, bile duct dilation	0297	5.1442	$293.72	$120.38	$58.74
74400	S		Contrst x-ray, urinary tract	0278	2.8759	$164.21	$66.07	$32.84
74410	S		Contrst x-ray, urinary tract	0278	2.8759	$164.21	$66.07	$32.84
74415	S		Contrst x-ray, urinary tract	0278	2.8759	$164.21	$66.07	$32.84
74420	S		Contrst x-ray, urinary tract	0278	2.8759	$164.21	$66.07	$32.84
74425	S		Contrst x-ray, urinary tract	0278	2.8759	$164.21	$66.07	$32.84
74430	S		Contrast x-ray, bladder	0278	2.8759	$164.21	$66.07	$32.84
74440	S		X-ray, male genital tract	0278	2.8759	$164.21	$66.07	$32.84
74445	S		X-ray exam of penis	0278	2.8759	$164.21	$66.07	$32.84
74450	S		X-ray, urethra/bladder	0278	2.8759	$164.21	$66.07	$32.84
74455	S		X-ray, urethra/bladder	0278	2.8759	$164.21	$66.07	$32.84
74470	X		X-ray exam of kidney lesion	0263	1.8603	$106.22	$38.77	$21.24
74475	S		X-ray control, cath insert	0297	5.1442	$293.72	$120.38	$58.74
74480	S		X-ray control, cath insert	0296	2.3571	$134.59	$59.61	$26.92
74485	S		X-ray guide, GU dilation	0296	2.3571	$134.59	$59.61	$26.92
74710	X		X-ray measurement of pelvis	0260	0.7772	$44.38	$19.97	$8.88
74740	X		X-ray, female genital tract	0264	3.4100	$194.70	$79.41	$38.94
74742	X		X-ray, fallopian tube	0264	3.4100	$194.70	$79.41	$38.94
74775	S		X-ray exam of perineum	0278	2.8759	$164.21	$66.07	$32.84
75552	S		Heart mri for morph w/o dye	0336	6.3742	$363.95	$163.77	$72.79
75553	S		Heart mri for morph w/dye	0284	6.8635	$391.89	$176.35	$78.38
75554	S		Cardiac MRI/function	0335	6.1474	$351.00	$151.46	$70.20
75555	S		Cardiac MRI/limited study	0335	6.1474	$351.00	$151.46	$70.20
75556	E		Cardiac MRI/flow mapping					
75600	S		Contrast x-ray exam of aorta	0280	20.4714	$1,168.88	$353.85	$233.78
75605	S		Contrast x-ray exam of aorta	0280	20.4714	$1,168.88	$353.85	$233.78
75625	S		Contrast x-ray exam of aorta	0280	20.4714	$1,168.88	$353.85	$233.78
75630	S		X-ray aorta, leg arteries	0280	20.4714	$1,168.88	$353.85	$233.78
75635	S		Ct angio abdominal arteries	0662	5.6149	$320.60	$144.26	$64.12
75650	S		Artery x-rays, head & neck	0280	20.4714	$1,168.88	$353.85	$233.78
75658	S		Artery x-rays, arm	0279	9.0059	$514.22	$153.66	$102.84
75660	S		Artery x-rays, head & neck	0668	6.7393	$384.80	$114.99	$76.96
75662	S		Artery x-rays, head & neck	0280	20.4714	$1,168.88	$353.85	$233.78
75665	S		Artery x-rays, head & neck	0280	20.4714	$1,168.88	$353.85	$233.78
75671	S		Artery x-rays, head & neck	0280	20.4714	$1,168.88	$353.85	$233.78

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75676	S		Artery x-rays, neck	0280	20.4714	$1,168.88	$353.85	$233.78
75680	S		Artery x-rays, neck	0280	20.4714	$1,168.88	$353.85	$233.78
75685	S		Artery x-rays, spine	0280	20.4714	$1,168.88	$353.85	$233.78
75705	S		Artery x-rays, spine	0668	6.7393	$384.80	$114.99	$76.96
75710	S		Artery x-rays, arm/leg	0280	20.4714	$1,168.88	$353.85	$233.78
75716	S		Artery x-rays, arms/legs	0280	20.4714	$1,168.88	$353.85	$233.78
75722	S		Artery x-rays, kidney	0280	20.4714	$1,168.88	$353.85	$233.78
75724	S		Artery x-rays, kidneys	0280	20.4714	$1,168.88	$353.85	$233.78
75726	S		Artery x-rays, abdomen	0280	20.4714	$1,168.88	$353.85	$233.78
75731	S		Artery x-rays, adrenal gland	0280	20.4714	$1,168.88	$353.85	$233.78
75733	S		Artery x-rays, adrenals	0668	6.7393	$384.80	$114.99	$76.96
75736	S		Artery x-rays, pelvis	0280	20.4714	$1,168.88	$353.85	$233.78
75741	S		Artery x-rays, lung	0279	9.0059	$514.22	$153.66	$102.84
75743	S		Artery x-rays, lungs	0280	20.4714	$1,168.88	$353.85	$233.78
75746	S		Artery x-rays, lung	0279	9.0059	$514.22	$153.66	$102.84
75756	S		Artery x-rays, chest	0279	9.0059	$514.22	$153.66	$102.84
75774	S		Artery x-ray, each vessel	0279	9.0059	$514.22	$153.66	$102.84
75790	S		Visualize A-V shunt	0281	7.3009	$416.87	$115.16	$83.37
75801	X		Lymph vessel x-ray, arm/leg	0264	3.4100	$194.70	$79.41	$38.94
75803	X		Lymph vessel x-ray,arms/legs	0264	3.4100	$194.70	$79.41	$38.94
75805	X		Lymph vessel x-ray, trunk	0264	3.4100	$194.70	$79.41	$38.94
75807	X		Lymph vessel x-ray, trunk	0264	3.4100	$194.70	$79.41	$38.94
75809	X		Nonvascular shunt, x-ray	0263	1.8603	$106.22	$38.77	$21.24
75810	S		Vein x-ray, spleen/liver	0279	9.0059	$514.22	$153.66	$102.84
75820	S		Vein x-ray, arm/leg	0281	7.3009	$416.87	$115.16	$83.37
75822	S		Vein x-ray, arms/legs	0281	7.3009	$416.87	$115.16	$83.37
75825	S		Vein x-ray, trunk	0279	9.0059	$514.22	$153.66	$102.84
75827	S		Vein x-ray, chest	0279	9.0059	$514.22	$153.66	$102.84
75831	S		Vein x-ray, kidney	0287	8.4411	$481.97	$111.33	$96.39
75833	S		Vein x-ray, kidneys	0279	9.0059	$514.22	$153.66	$102.84
75840	S		Vein x-ray, adrenal gland	0287	8.4411	$481.97	$111.33	$96.39
75842	S		Vein x-ray, adrenal glands	0287	8.4411	$481.97	$111.33	$96.39
75860	S		Vein x-ray, neck	0287	8.4411	$481.97	$111.33	$96.39
75870	S		Vein x-ray, skull	0287	8.4411	$481.97	$111.33	$96.39
75872	S		Vein x-ray, skull	0287	8.4411	$481.97	$111.33	$96.39
75880	S		Vein x-ray, eye socket	0287	8.4411	$481.97	$111.33	$96.39
75885	S		Vein x-ray, liver	0280	20.4714	$1,168.88	$353.85	$233.78
75887	S		Vein x-ray, liver	0279	9.0059	$514.22	$153.66	$102.84
75889	S		Vein x-ray, liver	0280	20.4714	$1,168.88	$353.85	$233.78
75891	S		Vein x-ray, liver	0279	9.0059	$514.22	$153.66	$102.84
75893	N		Venous sampling by catheter					
75894	S		X-rays, transcath therapy	0297	5.1442	$293.72	$120.38	$58.74
75896	S		X-rays, transcath therapy	0297	5.1442	$293.72	$120.38	$58.74
75898	X		Follow-up angiography	0263	1.8603	$106.22	$38.77	$21.24
75900	C		Arterial catheter exchange					
75901	X		Remove cva device obstruct	0263	1.8603	$106.22	$38.77	$21.24
75902	X		Remove cva lumen obstruct	0263	1.8603	$106.22	$38.77	$21.24
75940	T		X-ray placement, vein filter	0187	3.8434	$219.45		$43.89
75945	S		Intravascular us	0267	2.4509	$139.94	$62.97	$27.99
75946	S		Intravascular us add-on	0267	2.4509	$139.94	$62.97	$27.99

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75952	C		Endovasc repair abdom aorta					
75953	C		Abdom aneurysm endovas rpr					
75954	C		Iliac aneurysm endovas rpr					
75960	S		Transcatheter intro, stent	0668	6.7393	$384.80	$114.99	$76.96
75961	S		Retrieval, broken catheter	0668	6.7393	$384.80	$114.99	$76.96
75962	S		Repair arterial blockage	0668	6.7393	$384.80	$114.99	$76.96
75964	S		Repair artery blockage, each	0668	6.7393	$384.80	$114.99	$76.96
75966	S		Repair arterial blockage	0668	6.7393	$384.80	$114.99	$76.96
75968	S		Repair artery blockage, each	0668	6.7393	$384.80	$114.99	$76.96
75970	S		Vascular biopsy	0668	6.7393	$384.80	$114.99	$76.96
75978	S		Repair venous blockage	0668	6.7393	$384.80	$114.99	$76.96
75980	S		Contrast xray exam bile duct	0297	5.1442	$293.72	$120.38	$58.74
75982	S		Contrast xray exam bile duct	0297	5.1442	$293.72	$120.38	$58.74
75984	X		Xray control catheter change	0263	1.8603	$106.22	$38.77	$21.24
75989	N		Abscess drainage under x-ray					
75992	S		Atherectomy, x-ray exam	0279	9.0059	$514.22	$153.66	$102.84
75993	S		Atherectomy, x-ray exam	0279	9.0059	$514.22	$153.66	$102.84
75994	S		Atherectomy, x-ray exam	0279	9.0059	$514.22	$153.66	$102.84
75995	S		Atherectomy, x-ray exam	0279	9.0059	$514.22	$153.66	$102.84
75996	S		Atherectomy, x-ray exam	0279	9.0059	$514.22	$153.66	$102.84
75998	N		Fluoroguide for vein device					
76000	X		Fluoroscope examination	0272	1.3987	$79.86	$35.93	$15.97
76001	N		Fluoroscope exam, extensive					
76003	N		Needle localization by x-ray					
76005	N		Fluoroguide for spine inject					
76006	X		X-ray stress view	0260	0.7772	$44.38	$19.97	$8.88
76010	X		X-ray, nose to rectum	0260	0.7772	$44.38	$19.97	$8.88
76012	S		Percut vertebroplasty fluor	0274	3.3577	$191.72	$86.27	$38.34
76013	S		Percut vertebroplasty, ct	0274	3.3577	$191.72	$86.27	$38.34
76020	X		X-rays for bone age	0260	0.7772	$44.38	$19.97	$8.88
76040	X		X-rays, bone evaluation	0260	0.7772	$44.38	$19.97	$8.88
76061	X		X-rays, bone survey	0261	1.3469	$76.91		$15.38
76062	X		X-rays, bone survey	0261	1.3469	$76.91		$15.38
76065	X		X-rays, bone evaluation	0261	1.3469	$76.91		$15.38
76066	X		Joint survey, single view	0260	0.7772	$44.38	$19.97	$8.88
76070	S		CT scan, bone density study	0288	1.2814	$73.17		$14.63
76071	S		Ct bone density, peripheral	0282	1.7163	$98.00	$44.10	$19.60
76075	S		Dexa, axial skeleton study	0288	1.2814	$73.17		$14.63
76076	S		Dexa, peripheral study	0665	0.7777	$44.41		$8.88
76078	X		Radiographic absorptiometry	0261	1.3469	$76.91		$15.38
76080	X		X-ray exam of fistula	0263	1.8603	$106.22	$38.77	$21.24
76082	A		Computer mammogram add-on					
76083	A		Computer mammogram add-on					
76086	X		X-ray of mammary duct	0263	1.8603	$106.22	$38.77	$21.24
76088	X		X-ray of mammary ducts	0263	1.8603	$106.22	$38.77	$21.24
76090	A		Mammogram, one breast					
76091	A		Mammogram, both breasts					
76092	A		Mammogram, screening					
76093	E		Magnetic image, breast					
76094	E		Magnetic image, both breasts					

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76095	T		Stereotactic breast biopsy	0187	3.8434	$219.45		$43.89
76096	X		X-ray of needle wire, breast	0289	1.5759	$89.98	$21.17	$18.00
76098	X		X-ray exam, breast specimen	0260	0.7772	$44.38	$19.97	$8.88
76100	X		X-ray exam of body section	0261	1.3469	$76.91		$15.38
76101	X		Complex body section x-ray	0263	1.8603	$106.22	$38.77	$21.24
76102	X		Complex body section x-rays	0264	3.4100	$194.70	$79.41	$38.94
76120	X		Cine/video x-rays	0272	1.3987	$79.86	$35.93	$15.97
76125	X		Cine/video x-rays add-on	0260	0.7772	$44.38	$19.97	$8.88
76140	E		X-ray consultation					
76150	X		X-ray exam, dry process	0260	0.7772	$44.38	$19.97	$8.88
76350	N		Special x-ray contrast study					
76355	S		Ct scan for localization	0283	4 7898	$273.49	$123.07	$54.70
76360	S		Ct scan for needle biopsy	0283	4 7898	$273.49	$123.07	$54.70
76362	S		Ct guide for tissue ablation	0332	3 4158	$195.04	$87.76	$39.01
76370	S		Ct scan for therapy guide	0282	1.7163	$98.00	$44.10	$19.60
76375	S		3d/holograph reconstr add-on	0282	1.7163	$98.00	$44.10	$19.60
76380	S		CAT scan follow-up study	0282	1.7163	$98.00	$44.10	$19.60
76390	E		Mr spectroscopy					
76393	S		Mr guidance for needle place	0335	6.1474	$351.00	$151.46	$70.20
76394	S		Mri for tissue ablation	0335	6.1474	$351.00	$151.46	$70.20
76400	S		Magnetic image, bone marrow	0335	6.1474	$351.00	$151.46	$70.20
76496	X		Fluoroscopic procedure	0272	1.3987	$79.86	$35.93	$15.97
76497	S		Ct procedure	0282	1.7163	$98.00	$44.10	$19.60
76498	S		Mri procedure	0335	6.1474	$351.00	$151.46	$70.20
76499	X		Radiographic procedure	0260	0.7772	$44.38	$19.97	$8.88
76506	S		Echo exam of head	0266	1.6405	$93.67	$42.15	$18.73
76511	S		Echo exam of eye	0266	1.6405	$93.67	$42.15	$18.73
76512	S		Echo exam of eye	0266	1.6405	$93.67	$42.15	$18.73
76513	S		Echo exam of eye, water bath	0265	1.0564	$60.32	$27.14	$12.06
76514	X		Echo exam of eye, thickness	0340	0.6454	$36.85		$7.37
76516	S		Echo exam of eye	0266	1.6405	$93.67	$42.15	$18.73
76519	S		Echo exam of eye	0266	1.6405	$93.67	$42.15	$18.73
76529	S		Echo exam of eye	0266	1.6405	$93.67	$42.15	$18.73
76536	S		Us exam of head and neck	0266	1.6405	$93.67	$42.15	$18.73
76604	S		Us exam, chest, b-scan	0266	1.6405	$93.67	$42.15	$18.73
76645	S		Us exam, breast(s)	0265	1.0564	$60.32	$27.14	$12.06
76700	S		Us exam, abdom, complete	0266	1 6405	$93.67	$42.15	$18.73
76705	S		Echo exam of abdomen	0266	1 6405	$93.67	$42.15	$18.73
76770	S		Us exam abdo back wall, comp	0266	1.6405	$93.67	$42.15	$18.73
76775	S		Us exam abdo back wall, lim	0266	1.6405	$93.67	$42.15	$18.73
76778	S		Us exam kidney transplant	0266	1.6405	$93.67	$42.15	$18.73
76800	S		Us exam, spinal canal	0266	1.6405	$93.67	$42.15	$18.73
76801	S		Ob us < 14 wks, single fetus	0265	1.0564	$60.32	$27.14	$12.06
76802	S		Ob us < 14 wks, add'l fetus	0265	1.0564	$60.32	$27.14	$12.06
76805	S		Us exam, pg uterus, compl	0266	1.6405	$93.67	$42.15	$18.73
76810	S		Us exam, pg uterus, mult	0266	1.6405	$93.67	$42.15	$18.73
76811	S		Ob us, detailed, sngl fetus	0267	2.4509	$139.94	$62.97	$27.99
76812	S		Ob us, detailed, addl fetus	0266	1.6405	$93.67	$42.15	$18.73
76815	S		Us exam, pg uterus limit	0265	1.0564	$60.32	$27.14	$12.06
76816	S		Us exam pg uterus repeat	0265	1.0564	$60.32	$27.14	$12.06

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76817	S		Transvaginal us, obstetric	0265	1.0564	$60.32	$27.14	$12.06
76818	S		Fetal biophys profile w/nst	0266	1.6405	$93.67	$42.15	$18.73
76819	S		Fetal biophys profil w/o nst	0266	1.6405	$93.67	$42.15	$18.73
76825	S		Echo exam of fetal heart	0671	1.7247	$98.48	$44.31	$19.70
76826	S		Echo exam of fetal heart	0697	1.5260	$87.13	$39.20	$17.43
76827	S		Echo exam of fetal heart	0671	1.7247	$98 48	$44.31	$19.70
76828	S		Echo exam of fetal heart	0697	1.5260	$87 13	$39.20	$17.43
76830	S		Transvaginal us, non-ob	0266	1.6405	$93.67	$42.15	$18.73
76831	S		Echo exam, uterus	0266	1.6405	$93.67	$42.15	$18.73
76856	S		Us exam, pelvic, complete	0266	1.6405	$93.67	$42.15	$18.73
76857	S		Us exam, pelvic, limited	0265	1.0564	$60.32	$27.14	$12.06
76870	S		Us exam, scrotum	0266	1.6405	$93.67	$42.15	$18.73
76872	S		Us, transrectal	0266	1.6405	$93.67	$42.15	$18.73
76873	S		Echograp trans r, pros study	0266	1.6405	$93.67	$42.15	$18.73
76880	S		Us exam, extremity	0266	1.6405	$93.67	$42.15	$18.73
76885	S		Us exam infant hips, dynamic	0266	1.6405	$93.67	$42.15	$18.73
76886	S		Us exam infant hips, static	0266	1.6405	$93.67	$42.15	$18.73
76930	S		Echo guide, cardiocentesis	0268	1.3041	$74.46		$14.89
76932	S		Echo guide for heart biopsy	0268	1.3041	$74.46		$14.89
76936	S		Echo guide for artery repair	0268	1.3041	$74.46		$14.89
76937	N		Us guide, vascular access					
76940	S		Us guide, tissue ablation	0268	1.3041	$74.46		$14.89
76941	S		Echo guide for transfusion	0268	1.3041	$74.46		$14.89
76942	S		Echo guide for biopsy	0268	1.3041	$74.46		$14.89
76945	S		Echo guide, villus sampling	0268	1.3041	$74.46		$14.89
76946	S		Echo guide for amniocentesis	0268	1.3041	$74.46		$14.89
76948	S		Echo guide, ova aspiration	0268	1.3041	$74.46		$14.89
76950	S		Echo guidance radiotherapy	0268	1.3041	$74.46		$14.89
76965	S		Echo guidance radiotherapy	0268	1.3041	$74.46		$14.89
76970	S		Ultrasound exam follow-up	0265	1.0564	$60.32	$27.14	$12.06
76975	S		GI endoscopic ultrasound	0266	1.6405	$93.67	$42.15	$18.73
76977	X		Us bone density measure	0340	0.6454	$36.85		$7.37
76986	S		Ultrasound guide intraoper	0266	1.6405	$93.67	$42.15	$18.73
76999	S		Echo examination procedure	0265	1 0564	$60.32	$27.14	$12.06
77261	E		Radiation therapy planning					
77262	E		Radiation therapy planning					
77263	E		Radiation therapy planning					
77280	X		Set radiation therapy field	0304	1.7210	$98.27	$41.52	$19.65
77285	X		Set radiation therapy field	0305	3.9600	$226.11	$91.38	$45.22
77290	X		Set radiation therapy field	0305	3.9600	$226.11	$91.38	$45.22
77295	X		Set radiation therapy field	0310	14.2195	$811.91	$325.27	$162.38
77299	E		Radiation therapy planning					
77300	X		Radiation therapy dose plan	0304	1.7210	$98 27	$41.52	$19.65
77301	X		Radiotherapy dose plan, imrt	0310	14.2195	$811 91	$325.27	$162.38
77305	X		Teletx isodose plan simple	0304	1.7210	$98.27	$41.52	$19.65
77310	X		Teletx isodose plan intermed	0304	1.7210	$98.27	$41.52	$19.65
77315	X		Teletx isodose plan complex	0305	3.9600	$226.11	$91.38	$45.22
77321	X		Special teletx port plan	0305	3.9600	$226.11	$91.38	$45.22
77326	X		Radiation therapy dose plan	0304	1.7210	$98.27	$41.52	$19.65
77327	X		Brachytx isodose calc interm	0305	3.9600	$226.11	$91.38	$45.22

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77328	X		Brachytx isodose plan compl	0305	3.9600	$226.11	$91.38	$45.22
77331	X		Special radiation dosimetry	0304	1.7210	$98.27	$41 52	$19.65
77332	X		Radiation treatment aid(s)	0303	2 8928	$165.17	$66 95	$33.03
77333	X		Radiation treatment aid(s)	0303	2 8928	$165.17	$66.95	$33.03
77334	X		Radiation treatment aid(s)	0303	2 8928	$165.17	$66.95	$33.03
77336	X		Radiation physics consult	0304	1.7210	$98.27	$41.52	$19.65
77370	X		Radiation physics consult	0304	1.7210	$98.27	$41.52	$19.65
77399	X		External radiation dosimetry	0304	1.7210	$98.27	$41.52	$19.65
77401	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77402	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77403	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77404	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77406	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77407	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77408	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77409	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77411	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77412	S		Radiation treatment delivery	0301	2.1866	$124.85		$24.97
77413	S		Radiation treatment delivery	0301	2.1866	$124.85		$24.97
77414	S		Radiation treatment delivery	0301	2.1866	$124.85		$24.97
77416	S		Radiation treatment delivery	0301	2.1866	$124.85		$24.97
77417	X		Radiology port film(s)	0260	0.7772	$44.38	$19.97	$8.88
77418	S		Radiation tx delivery, imrt	0412	5.3903	$307.78		$61.56
77427	E		Radiation tx management, x5					
77431	E		Radiation therapy management					
77432	E		Stereotactic radiation trmt					
77470	S		Special radiation treatment	0299	5.8011	$331.23		$66 25
77499	E		Radiation therapy management					
77520	S		Proton trmt, simple w/o comp	0664	9.9301	$566 99		$113.40
77522	S		Proton trmt, simple w/comp	0664	9.9301	$566.99		$113.40
77523	S		Proton trmt, intermediate	0419	11.8798	$678.31		$135.66
77525	S		Proton treatment, complex	0419	11.8798	$678.31		$135.66
77600	S		Hyperthermia treatment	0314	4.0235	$229.73	$93.07	$45.95
77605	S		Hyperthermia treatment	0314	4 0235	$229.73	$93.07	$45.95
77610	S		Hyperthermia treatment	0314	4 0235	$229.73	$93.07	$45.95
77615	S		Hyperthermia treatment	0314	4 0235	$229.73	$93.07	$45.95
77620	S		Hyperthermia treatment	0314	4 0235	$229.73	$93.07	$45.95
77750	S		Infuse radioactive materials	0300	1 5378	$87.81		$17.56
77761	S		Apply intrcav radiat simple	0312	4.3901	$250.67		$50.13
77762	S		Apply intrcav radiat interm	0312	4.3901	$250.67		$50.13
77763	S		Apply intrcav radiat compl	0312	4 3901	$250.67		$50.13
77776	S		Apply interstit radiat simpl	0312	4 3901	$250.67		$50.13
77777	S		Apply interstit radiat inter	0312	4 3901	$250.67		$50.13
77778	S		Apply interstit radiat compl	0651	25.6867	$1,466.66		$293.33
77781	S		High intensity brachytherapy	0313	14.0680	$803.25		$160.65
77782	S		High intensity brachytherapy	0313	14.0680	$803.25		$160.65
77783	S		High intensity brachytherapy	0313	14.0680	$803.25		$160.65
77784	S		High intensity brachytherapy	0313	14.0680	$803.25		$160.65
77789	S		Apply surface radiation	0300	1.5378	$87.81		$17.56
77790	N		Radiation handling					

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77799	S		Radium/radioisotope therapy	0313	14.0680	$803.25		$160.65
78000	S		Thyroid, single uptake	0389	1.7968	$102.59	$44.54	$20.52
78001	S		Thyroid, multiple uptakes	0389	1.7968	$102.59	$44.54	$20.52
78003	S		Thyroid suppress/stimul	0389	1.7968	$102.59	$44.54	$20.52
78006	S		Thyroid imaging with uptake	0390	2.9219	$166.83	$75.07	$33.37
78007	S		Thyroid image, mult uptakes	0391	3.3269	$189.96	$85.48	$37.99
78010	S		Thyroid imaging	0390	2.9219	$166.83	$75.07	$33.37
78011	S		Thyroid imaging with flow	0390	2.9219	$166.83	$75.07	$33.37
78015	S		Thyroid met imaging	0406	4.5474	$259.65	$116.84	$51.93
78016	S		Thyroid met imaging/studies	0406	4.5474	$259.65	$116.84	$51.93
78018	S		Thyroid met imaging, body	0406	4.5474	$259.65	$116.84	$51.93
78020	S		Thyroid met uptake	0399	1.6064	$91.72	$41.27	$18.34
78070	S		Parathyroid nuclear imaging	0391	3.3269	$189.96	$85.48	$37.99
78075	S		Adrenal nuclear imaging	0391	3.3269	$189.96	$85.48	$37.99
78099	S		Endocrine nuclear procedure	0390	2.9219	$166.83	$75.07	$33.37
78102	S		Bone marrow imaging, ltd	0400	4.1317	$235.91	$104.32	$47.18
78103	S		Bone marrow imaging, mult	0400	4.1317	$235.91	$104.32	$47.18
78104	S		Bone marrow imaging, body	0400	4.1317	$235.91	$104.32	$47.18
78110	S		Plasma volume, single	0393	4.6803	$267.24	$120.25	$53.45
78111	S		Plasma volume, multiple	0393	4.6803	$267.24	$120.25	$53.45
78120	S		Red cell mass, single	0393	4.6803	$267.24	$120.25	$53.45
78121	S		Red cell mass, multiple	0393	4.6803	$267.24	$120.25	$53.45
78122	S		Blood volume	0393	4.6803	$267.24	$120.25	$53.45
78130	S		Red cell survival study	0393	4.6803	$267.24	$120.25	$53.45
78135	S		Red cell survival kinetics	0393	4.6803	$267.24	$120.25	$53.45
78140	S		Red cell sequestration	0393	4.6803	$267.24	$120.25	$53.45
78160	S		Plasma iron turnover	0393	4.6803	$267.24	$120.25	$53.45
78162	S		Radioiron absorption exam	0393	4.6803	$267.24	$120.25	$53.45
78170	S		Red cell iron utilization	0393	4.6803	$267.24	$120.25	$53.45
78172	S		Total body iron estimation	0393	4.6803	$267.24	$120.25	$53.45
78185	S		Spleen imaging	0400	4.1317	$235.91	$104.32	$47.18
78190	S		Platelet survival, kinetics	0389	1.7968	$102.59	$44.54	$20.52
78191	S		Platelet survival	0389	1.7968	$102.59	$44.54	$20.52
78195	S		Lymph system imaging	0400	4.1317	$235.91	$104.32	$47.18
78199	S		Blood/lymph nuclear exam	0400	4.1317	$235.91	$104.32	$47.18
78201	S		Liver imaging	0394	4.6217	$263.89	$118.75	$52.78
78202	S		Liver imaging with flow	0394	4.6217	$263.89	$118.75	$52.78
78205	S		Liver imaging (3D)	0394	4.6217	$263.89	$118.75	$52.78
78206	S		Liver image (3d) with flow	0394	4.6217	$263.89	$118.75	$52.78
78215	S		Liver and spleen imaging	0394	4.6217	$263.89	$118.75	$52.78
78216	S		Liver & spleen image/flow	0394	4.6217	$263.89	$118.75	$52.78
78220	S		Liver function study	0394	4.6217	$263.89	$118.75	$52.78
78223	S		Hepatobiliary imaging	0394	4.6217	$263.89	$118.75	$52.78
78230	S		Salivary gland imaging	0395	4.0139	$229.19	$103.13	$45.84
78231	S		Serial salivary imaging	0395	4.0139	$229.19	$103.13	$45.84
78232	S		Salivary gland function exam	0395	4.0139	$229.19	$103.13	$45.84
78258	S		Esophageal motility study	0395	4.0139	$229.19	$103.13	$45.84
78261	S		Gastric mucosa imaging	0395	4.0139	$229.19	$103.13	$45.84
78262	S		Gastroesophageal reflux exam	0395	4.0139	$229.19	$103.13	$45.84
78264	S		Gastric emptying study	0395	4.0139	$229.19	$103.13	$45.84

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78267	A		Breath tst attain/anal c-14					
78268	A		Breath test analysis, c-14					
78270	S		Vit B-12 absorption exam	0389	1.7968	$102.59	$44.54	$20.52
78271	S		Vit b-12 absrp exam, int fac	0389	1.7968	$102.59	$44.54	$20.52
78272	S		Vit B-12 absorp. combined	0389	1.7968	$102.59	$44.54	$20.52
78278	S		Acute GI blood loss imaging	0395	4.0139	$229.19	$103.13	$45.84
78282	S		GI protein loss exam	0395	4.0139	$229.19	$103.13	$45.84
78290	S		Meckel's divert exam	0395	4.0139	$229.19	$103.13	$45.84
78291	S		Leveen/shunt patency exam	0395	4.0139	$229.19	$103.13	$45.84
78299	S		GI nuclear procedure	0395	4.0139	$229.19	$103.13	$45.84
78300	S		Bone imaging, limited area	0396	4.2340	$241.75	$108.78	$48.35
78305	S		Bone imaging, multiple areas	0396	4.2340	$241.75	$108.78	$48.35
78306	S		Bone imaging, whole body	0396	4.2340	$241.75	$108.78	$48.35
78315	S		Bone imaging, 3 phase	0396	4.2340	$241.75	$108.78	$48.35
78320	S		Bone imaging (3D)	0396	4.2340	$241.75	$108.78	$48.35
78350	X		Bone mineral, single photon	0261	1.3469	$76.91		$15.38
78351	E		Bone mineral, dual photon					
78399	S		Musculoskeletal nuclear exam	0396	4.2340	$241.75	$108.78	$48.35
78414	S		Non-imaging heart function	0398	4.5797	$261.49	$117.67	$52.30
78428	S		Cardiac shunt imaging	0398	4.5797	$261.49	$117.67	$52.30
78445	S		Vascular flow imaging	0397	2.6037	$148.67	$60.51	$29.73
78455	S		Venous thrombosis study	0397	2.6037	$148.67	$60.51	$29.73
78456	S		Acute venous thrombus image	0397	2.6037	$148.67	$60.51	$29.73
78457	S		Venous thrombosis imaging	0397	2.6037	$148.67	$60.51	$29.73
78458	S		Ven thrombosis images, bilat	0397	2.6037	$148.67	$60.51	$29.73
78459	S		Heart muscle imaging (PET)	0285	12.0951	$690.61	$299.16	$138.12
78460	S		Heart muscle blood, single	0398	4.5797	$261.49	$117.67	$52.30
78461	S		Heart muscle blood, multiple	0377	7.0824	$404.39	$181.97	$80.88
78464	S		Heart image (3d), single	0398	4.5797	$261.49	$117.67	$52.30
78465	S		Heart image (3d), multiple	0377	7.0824	$404.39	$181.97	$80.88
78466	S		Heart infarct image	0398	4.5797	$261.49	$117.67	$52.30
78468	S		Heart infarct image (ef)	0398	4.5797	$261.49	$117.67	$52.30
78469	S		Heart infarct image (3D)	0398	4.5797	$261.49	$117.67	$52.30
78472	S		Gated heart, planar, single	0398	4.5797	$261.49	$117.67	$52.30
78473	S		Gated heart, multiple	0376	4.9331	$281.67	$121.42	$56.33
78478	S		Heart wall motion add-on	0399	1.6064	$91.72	$41.27	$18.34
78480	S		Heart function add-on	0399	1.6064	$91.72	$41.27	$18.34
78481	S		Heart first pass, single	0398	4.5797	$261.49	$117.67	$52.30
78483	S		Heart first pass, multiple	0376	4.9331	$281.67	$121.42	$56.33
78491	E		Heart image (pet), single					
78492	E		Heart image (pet), multiple					
78494	S		Heart image, spect	0398	4.5797	$261.49	$117.67	$52.30
78496	S		Heart first pass add-on	0399	1.6064	$91.72	$41.27	$18.34
78499	S		Cardiovascular nuclear exam	0398	4.5797	$261.49	$117.67	$52.30
78580	S		Lung perfusion imaging	0401	3.3920	$193.68	$87.15	$38.74
78584	S		Lung V/Q image single breath	0378	5.6109	$320.37	$144.16	$64.07
78585	S		Lung V/Q imaging	0378	5.6109	$320.37	$144.16	$64.07
78586	S		Aerosol lung image, single	0401	3.3920	$193.68	$87.15	$38.74
78587	S		Aerosol lung image, multiple	0401	3.3920	$193.68	$87.15	$38.74
78588	S		Perfusion lung image	0378	5.6109	$320.37	$144.16	$64.07

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78591	S		Vent image, 1 breath, 1 proj	0401	3.3920	$193.68	$87.15	$38.74
78593	S		Vent image, 1 proj, gas	0401	3.3920	$193.68	$87.15	$38.74
78594	S		Vent image, mult proj, gas	0401	3.3920	$193.68	$87.15	$38.74
78596	S		Lung differential function	0378	5.6109	$320.37	$144.16	$64.07
78599	S		Respiratory nuclear exam	0401	3.3920	$193.68	$87.15	$38.74
78600	S		Brain imaging, ltd static	0402	5.2547	$300.03	$135.01	$60.01
78601	S		Brain imaging, ltd w/flow	0402	5.2547	$300.03	$135.01	$60.01
78605	S		Brain imaging, complete	0402	5.2547	$300.03	$135.01	$60.01
78606	S		Brain imaging, compl w/flow	0402	5.2547	$300.03	$135.01	$60.01
78607	S		Brain imaging (3D)	0402	5.2547	$300.03	$135.01	$60.01
78608	E		Brain imaging (PET)					
78609	E		Brain imaging (PET)					
78610	S		Brain flow imaging only	0402	5.2547	$300.03	$135.01	$60.01
78615	S		Cerebral vascular flow image	0402	5.2547	$300.03	$135.01	$60.01
78630	S		Cerebrospinal fluid scan	0403	3.6890	$210.63	$94.78	$42.13
78635	S		CSF ventriculography	0403	3.6890	$210.63	$94.78	$42.13
78645	S		CSF shunt evaluation	0403	3.6890	$210.63	$94.78	$42.13
78647	S		Cerebrospinal fluid scan	0403	3.6890	$210.63	$94.78	$42.13
78650	S		CSF leakage imaging	0403	3.6890	$210.63	$94.78	$42.13
78660	S		Nuclear exam of tear flow	0403	3.6890	$210.63	$94.78	$42.13
78699	S		Nervous system nuclear exam	0402	5.2547	$300.03	$135.01	$60.01
78700	S		Kidney imaging, static	0404	3.9790	$227.19	$101.76	$45.44
78701	S		Kidney imaging with flow	0404	3.9790	$227.19	$101.76	$45.44
78704	S		Imaging renogram	0404	3.9790	$227.19	$101.76	$45.44
78707	S		Kidney flow/function image	0404	3.9790	$227.19	$101.76	$45.44
78708	S		Kidney flow/function image	0405	4.4678	$255.10	$114.79	$51.02
78709	S		Kidney flow/function image	0405	4.4678	$255.10	$114.79	$51.02
78710	S		Kidney imaging (3D)	0404	3.9790	$227.19	$101.76	$45.44
78715	S		Renal vascular flow exam	0404	3.9790	$227.19	$101.76	$45.44
78725	S		Kidney function study	0389	1.7968	$102.59	$44.54	$20.52
78730	X		Urinary bladder retention	0340	0.6454	$36.85		$7.37
78740	S		Ureteral reflux study	0404	3.9790	$227.19	$101.76	$45.44
78760	S		Testicular imaging	0404	3.9790	$227.19	$101.76	$45.44
78761	S		Testicular imaging/flow	0404	3.9790	$227.19	$101.76	$45.44
78799	S		Genitourinary nuclear exam	0404	3.9790	$227.19	$101.76	$45.44
78800	S		Tumor imaging, limited area	0406	4.5474	$259.65	$116.84	$51.93
78801	S		Tumor imaging, mult areas	0406	4.5474	$259.65	$116.84	$51.93
78802	S		Tumor imaging, whole body	0406	4.5474	$259.65	$116.84	$51.93
78803	S		Tumor imaging (3D)	0406	4.5474	$259.65	$116.84	$51.93
78804	S		Tumor imaging, whole body	1508		$650.00		$130.00
78805	S		Abscess imaging, ltd area	0406	4.5474	$259.65	$116.84	$51.93
78806	S		Abscess imaging, whole body	0406	4.5474	$259.65	$116.84	$51.93
78807	S		Nuclear localization/abscess	0406	4.5474	$259.65	$116.84	$51.93
78810	E		Tumor imaging (PET)					
78890	N		Nuclear medicine data proc					
78891	N		Nuclear med data proc					
78990	E		Provide diag radionuclide(s)					
78999	S		Nuclear diagnostic exam	0389	1.7968	$102.59	$44.54	$20.52
79000	S		Init hyperthyroid therapy	0407	4.4917	$256.47	$97.77	$51.29
79001	S		Repeat hyperthyroid therapy	0407	4.4917	$256.47	$97.77	$51.29

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79020	S		Thyroid ablation	0407	4.4917	$256.47	$97.77	$51.29
79030	S		Thyroid ablation, carcinoma	0407	4.4917	$256.47	$97.77	$51.29
79035	S		Thyroid metastatic therapy	0407	4.4917	$256.47	$97.77	$51.29
79100	S		Hematopoetic nuclear therapy	0407	4.4917	$256.47	$97.77	$51.29
79200	S		Intracavitary nuclear trmt	0407	4.4917	$256.47	$97.77	$51.29
79300	S		Interstitial nuclear therapy	0407	4.4917	$256.47	$97.77	$51.29
79400	S		Nonhemato nuclear therapy	0407	4.4917	$256.47	$97.77	$51.29
79403	S		Hematopoetic nuclear therapy	1507		$550.00		$110.00
79420	S		Intravascular nuclear ther	0407	4.4917	$256.47	$97.77	$51.29
79440	S		Nuclear joint therapy	0407	4.4917	$256.47	$97.77	$51.29
79900	N		Provide ther radiopharm(s)					
79999	S		Nuclear medicine therapy	0407	4.4917	$256.47	$97.77	$51.29
80048	A		Basic metabolic panel					
80050	E		General health panel					
80051	A		Electrolyte panel					
80053	A		Comprehen metabolic panel					
80055	E		Obstetric panel					
80061	A		Lipid panel					
80069	A		Renal function panel					
80074	A		Acute hepatitis panel					
80076	A		Hepatic function panel					
80100	A		Drug screen, qualitate/multi					
80101	A		Drug screen, single					
80102	A		Drug confirmation					
80103	N		Drug analysis, tissue prep					
80150	A		Assay of amikacin					
80152	A		Assay of amitriptyline					
80154	A		Assay of benzodiazepines					
80156	A		Assay, carbamazepine, total					
80157	A		Assay, carbamazepine, free					
80158	A		Assay of cyclosporine					
80160	A		Assay of desipramine					
80162	A		Assay of digoxin					
80164	A		Assay, dipropylacetic acid					
80166	A		Assay of doxepin					
80168	A		Assay of ethosuximide					
80170	A		Assay of gentamicin					
80172	A		Assay of gold					
80173	A		Assay of haloperidol					
80174	A		Assay of imipramine					
80176	A		Assay of lidocaine					
80178	A		Assay of lithium					
80182	A		Assay of nortriptyline					
80184	A		Assay of phenobarbital					
80185	A		Assay of phenytoin, total					
80186	A		Assay of phenytoin, free					
80188	A		Assay of primidone					
80190	A		Assay of procainamide					
80192	A		Assay of procainamide					
80194	A		Assay of quinidine					

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80196	A		Assay of salicylate					
80197	A		Assay of tacrolimus					
80198	A		Assay of theophylline					
80200	A		Assay of tobramycin					
80201	A		Assay of topiramate					
80202	A		Assay of vancomycin					
80299	A		Quantitative assay, drug					
80400	A		Acth stimulation panel					
80402	A		Acth stimulation panel					
80406	A		Acth stimulation panel					
80408	A		Aldosterone suppression eval					
80410	A		Calcitonin stimul panel					
80412	A		CRH stimulation panel					
80414	A		Testosterone response					
80415	A		Estradiol response panel					
80416	A		Renin stimulation panel					
80417	A		Renin stimulation panel					
80418	A		Pituitary evaluation panel					
80420	A		Dexamethasone panel					
80422	A		Glucagon tolerance panel					
80424	A		Glucagon tolerance panel					
80426	A		Gonadotropin hormone panel					
80428	A		Growth hormone panel					
80430	A		Growth hormone panel					
80432	A		Insulin suppression panel					
80434	A		Insulin tolerance panel					
80435	A		Insulin tolerance panel					
80436	A		Metyrapone panel					
80438	A		TRH stimulation panel					
80439	A		TRH stimulation panel					
80440	A		TRH stimulation panel					
80500	X		Lab pathology consultation	0342	0.2077	$11.86	$5.33	$2.37
80502	X		Lab pathology consultation	0342	0.2077	$11.86	$5.33	$2.37
81000	A		Urinalysis, nonauto w/scope					
81001	A		Urinalysis, auto w/scope					
81002	A		Urinalysis nonauto w/o scope					
81003	A		Urinalysis, auto, w/o scope					
81005	A		Urinalysis					
81007	A		Urine screen for bacteria					
81015	A		Microscopic exam of urine					
81020	A		Urinalysis, glass test					
81025	A		Urine pregnancy test					
81050	A		Urinalysis, volume measure					
81099	A		Urinalysis test procedure					
82000	A		Assay of blood acetaldehyde					
82003	A		Assay of acetaminophen					
82009	A		Test for acetone/ketones					
82010	A		Acetone assay					
82013	A		Acetylcholinesterase assay					
82016	A		Acylcarnitines, qual					

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82017	A		Acylcarnitines, quant					
82024	A		Assay of acth					
82030	A		Assay of adp & amp					
82040	A		Assay of serum albumin					
82042	A		Assay of urine albumin					
82043	A		Microalbumin, quantitative					
82044	A		Microalbumin, semiquant					
82055	A		Assay of ethanol					
82075	A		Assay of breath ethanol					
82085	A		Assay of aldolase					
82088	A		Assay of aldosterone					
82101	A		Assay of urine alkaloids					
82103	A		Alpha-1-antitrypsin, total					
82104	A		Alpha-1-antitrypsin, pheno					
82105	A		Alpha-fetoprotein, serum					
82106	A		Alpha-fetoprotein, amniotic					
82108	A		Assay of aluminum					
82120	A		Amines, vaginal fluid qual					
82127	A		Amino acid, single qual					
82128	A		Amino acids, mult qual					
82131	A		Amino acids, single quant					
82135	A		Assay, aminolevulinic acid					
82136	A		Amino acids, quant, 2-5					
82139	A		Amino acids, quan, 6 or more					
82140	A		Assay of ammonia					
82143	A		Amniotic fluid scan					
82145	A		Assay of amphetamines					
82150	A		Assay of amylase					
82154	A		Androstanediol glucuronide					
82157	A		Assay of androstenedione					
82160	A		Assay of androsterone					
82163	A		Assay of angiotensin II					
82164	A		Angiotensin I enzyme test					
82172	A		Assay of apolipoprotein					
82175	A		Assay of arsenic					
82180	A		Assay of ascorbic acid					
82190	A		Atomic absorption					
82205	A		Assay of barbiturates					
82232	A		Assay of beta-2 protein					
82239	A		Bile acids, total					
82240	A		Bile acids, cholylglycine					
82247	A		Bilirubin, total					
82248	A		Bilirubin, direct					
82252	A		Fecal bilirubin test					
82261	A		Assay of biotinidase					
82270	A		Test for blood, feces					
82273	A		Test for blood, other source					
82274	A		Assay test for blood, fecal					
82286	A		Assay of bradykinin					
82300	A		Assay of cadmium					

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82306	A		Assay of vitamin D					
82307	A		Assay of vitamin D					
82308	A		Assay of calcitonin					
82310	A		Assay of calcium					
82330	A		Assay of calcium					
82331	A		Calcium infusion test					
82340	A		Assay of calcium in urine					
82355	A		Calculus analysis, qual					
82360	A		Calculus assay, quant					
82365	A		Calculus spectroscopy					
82370	A		X-ray assay, calculus					
82373	A		Assay, c-d transfer measure					
82374	A		Assay, blood carbon dioxide					
82375	A		Assay, blood carbon monoxide					
82376	A		Test for carbon monoxide					
82378	A		Carcinoembryonic antigen					
82379	A		Assay of carnitine					
82380	A		Assay of carotene					
82382	A		Assay, urine catecholamines					
82383	A		Assay, blood catecholamines					
82384	A		Assay, three catecholamines					
82387	A		Assay of cathepsin-d					
82390	A		Assay of ceruloplasmin					
82397	A		Chemiluminescent assay					
82415	A		Assay of chloramphenicol					
82435	A		Assay of blood chloride					
82436	A		Assay of urine chloride					
82438	A		Assay, other fluid chlorides					
82441	A		Test for chlorohydrocarbons					
82465	A		Assay, bld/serum cholesterol					
82480	A		Assay, serum cholinesterase					
82482	A		Assay, rbc cholinesterase					
82485	A		Assay, chondroitin sulfate					
82486	A		Gas/liquid chromatography					
82487	A		Paper chromatography					
82488	A		Paper chromatography					
82489	A		Thin layer chromatography					
82491	A		Chromotography, quant, sing					
82492	A		Chromotography, quant, mult					
82495	A		Assay of chromium					
82507	A		Assay of citrate					
82520	A		Assay of cocaine					
82523	A		Collagen crosslinks					
82525	A		Assay of copper					
82528	A		Assay of corticosterone					
82530	A		Cortisol, free					
82533	A		Total cortisol					
82540	A		Assay of creatine					
82541	A		Column chromotography, qual					
82542	A		Column chromotography, quant					

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82543	A		Column chromotograph/isotope					
82544	A		Column chromotograph/isotope					
82550	A		Assay of ck (cpk)					
82552	A		Assay of cpk in blood					
82553	A		Creatine, MB fraction					
82554	A		Creatine, isoforms					
82565	A		Assay of creatinine					
82570	A		Assay of urine creatinine					
82575	A		Creatinine clearance test					
82585	A		Assay of cryofibrinogen					
82595	A		Assay of cryoglobulin					
82600	A		Assay of cyanide					
82607	A		Vitamin B-12					
82608	A		B-12 binding capacity					
82615	A		Test for urine cystines					
82626	A		Dehydroepiandrosterone					
82627	A		Dehydroepiandrosterone					
82633	A		Desoxycorticosterone					
82634	A		Deoxycortisol					
82638	A		Assay of dibucaine number					
82646	A		Assay of dihydrocodeinone					
82649	A		Assay of dihydromorphinone					
82651	A		Assay of dihydrotestosterone					
82652	A		Assay of dihydroxyvitamin d					
82654	A		Assay of dimethadione					
82657	A		Enzyme cell activity					
82658	A		Enzyme cell activity, ra					
82664	A		Electrophoretic test					
82666	A		Assay of epiandrosterone					
82668	A		Assay of erythropoietin					
82670	A		Assay of estradiol					
82671	A		Assay of estrogens					
82672	A		Assay of estrogen					
82677	A		Assay of estriol					
82679	A		Assay of estrone					
82690	A		Assay of ethchlorvynol					
82693	A		Assay of ethylene glycol					
82696	A		Assay of etiocholanolone					
82705	A		Fats/lipids, feces, qual					
82710	A		Fats/lipids, feces, quant					
82715	A		Assay of fecal fat					
82725	A		Assay of blood fatty acids					
82726	A		Long chain fatty acids					
82728	A		Assay of ferritin					
82731	A		Assay of fetal fibronectin					
82735	A		Assay of fluoride					
82742	A		Assay of flurazepam					
82746	A		Blood folic acid serum					
82747	A		Assay of folic acid, rbc					
82757	A		Assay of semen fructose					

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82759	A		Assay of rbc galactokinase					
82760	A		Assay of galactose					
82775	A		Assay galactose transferase					
82776	A		Galactose transferase test					
82784	A		Assay of gammaglobulin igm					
82785	A		Assay of gammaglobulin ige					
82787	A		Igg 1, 2, 3 or 4, each					
82800	A		Blood pH					
82803	A		Blood gases: pH, pO2 & pCO2					
82805	A		Blood gases W/02 saturation					
82810	A		Blood gases, O2 sat only					
82820	A		Hemoglobin-oxygen affinity					
82926	A		Assay of gastric acid					
82928	A		Assay of gastric acid					
82938	A		Gastrin test					
82941	A		Assay of gastrin					
82943	A		Assay of glucagon					
82945	A		Glucose other fluid					
82946	A		Glucagon tolerance test					
82947	A		Assay, glucose, blood quant					
82948	A		Reagent strip/blood glucose					
82950	A		Glucose test					
82951	A		Glucose tolerance test (GTT)					
82952	A		GTT-added samples					
82953	A		Glucose-tolbutamide test					
82955	A		Assay of g6pd enzyme					
82960	A		Test for G6PD enzyme					
82962	A		Glucose blood test					
82963	A		Assay of glucosidase					
82965	A		Assay of gdh enzyme					
82975	A		Assay of glutamine					
82977	A		Assay of GGT					
82978	A		Assay of glutathione					
82979	A		Assay, rbc glutathione					
82980	A		Assay of glutethimide					
82985	A		Glycated protein					
83001	A		Gonadotropin (FSH)					
83002	A		Gonadotropin (LH)					
83003	A		Assay, growth hormone (hgh)					
83008	A		Assay of guanosine					
83010	A		Assay of haptoglobin, quant					
83012	A		Assay of haptoglobins					
83013	A		H pylori analysis					
83014	A		H pylori drug admin/collect					
83015	A		Heavy metal screen					
83018	A		Quantitative screen, metals					
83020	A		Hemoglobin electrophoresis					
83021	A		Hemoglobin chromotography					
83026	A		Hemoglobin, copper sulfate					
83030	A		Fetal hemoglobin, chemical					

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83033	A		Fetal hemoglobin assay, qual					
83036	A		Glycated hemoglobin test					
83045	A		Blood methemoglobin test					
83050	A		Blood methemoglobin assay					
83051	A		Assay of plasma hemoglobin					
83055	A		Blood sulfhemoglobin test					
83060	A		Blood sulfhemoglobin assay					
83065	A		Assay of hemoglobin heat					
83068	A		Hemoglobin stability screen					
83069	A		Assay of urine hemoglobin					
83070	A		Assay of hemosiderin, qual					
83071	A		Assay of hemosiderin, quant					
83080	A		Assay of b hexosaminidase					
83088	A		Assay of histamine					
83090	A		Assay of homocystine					
83150	A		Assay of for hva					
83491	A		Assay of corticosteroids					
83497	A		Assay of 5-hiaa					
83498	A		Assay of progesterone					
83499	A		Assay of progesterone					
83500	A		Assay, free hydroxyproline					
83505	A		Assay, total hydroxyproline					
83516	A		Immunoassay, nonantibody					
83518	A		Immunoassay, dipstick					
83519	A		Immunoassay, nonantibody					
83520	A		Immunoassay, RIA					
83525	A		Assay of insulin					
83527	A		Assay of insulin					
83528	A		Assay of intrinsic factor					
83540	A		Assay of iron					
83550	A		Iron binding test					
83570	A		Assay of idh enzyme					
83582	A		Assay of ketogenic steroids					
83586	A		Assay 17- ketosteroids					
83593	A		Fractionation, ketosteroids					
83605	A		Assay of lactic acid					
83615	A		Lactate (LD) (LDH) enzyme					
83625	A		Assay of ldh enzymes					
83632	A		Placental lactogen					
83633	A		Test urine for lactose					
83634	A		Assay of urine for lactose					
83655	A		Assay of lead					
83661	A		L/s ratio, fetal lung					
83662	A		Foam stability, fetal lung					
83663	A		Fluoro polarize, fetal lung					
83664	A		Lamellar bdy, fetal lung					
83670	A		Assay of lap enzyme					
83690	A		Assay of lipase					
83715	A		Assay of blood lipoproteins					
83716	A		Assay of blood lipoproteins					

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83718	A		Assay of lipoprotein					
83719	A		Assay of blood lipoprotein					
83721	A		Assay of blood lipoprotein					
83727	A		Assay of lrh hormone					
83735	A		Assay of magnesium					
83775	A		Assay of md enzyme					
83785	A		Assay of manganese					
83788	A		Mass spectrometry qual					
83789	A		Mass spectrometry quant					
83805	A		Assay of meprobamate					
83825	A		Assay of mercury					
83835	A		Assay of metanephrines					
83840	A		Assay of methadone					
83857	A		Assay of methemalbumin					
83858	A		Assay of methsuximide					
83864	A		Mucopolysaccharides					
83866	A		Mucopolysaccharides screen					
83872	A		Assay synovial fluid mucin					
83873	A		Assay of csf protein					
83874	A		Assay of myoglobin					
83880	A		Natriuretic peptide					
83883	A		Assay, nephelometry not spec					
83885	A		Assay of nickel					
83887	A		Assay of nicotine					
83890	A		Molecule isolate					
83891	A		Molecule isolate nucleic					
83892	A		Molecular diagnostics					
83893	A		Molecule dot/slot/blot					
83894	A		Molecule gel electrophor					
83896	A		Molecular diagnostics					
83897	A		Molecule nucleic transfer					
83898	A		Molecule nucleic ampli					
83901	A		Molecule nucleic ampli					
83902	A		Molecular diagnostics					
83903	A		Molecule mutation scan					
83904	A		Molecule mutation identify					
83905	A		Molecule mutation identify					
83906	A		Molecule mutation identify					
83912	A		Genetic examination					
83915	A		Assay of nucleotidase					
83916	A		Oligoclonal bands					
83918	A		Organic acids, total, quant					
83919	A		Organic acids, qual, each					
83921	A		Organic acid, singl					
83925	A		Assay of opiates					
83930	A		Assay of blood osmolality					
83935	A		Assay of urine osmolality					
83937	A		Assay of osteocalcin					
83945	A		Assay of oxalate					
83950	A		Oncoprotein, her-2/neu					

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83970	A		Assay of parathormone					
83986	A		Assay of body fluid acidity					
83992	A		Assay for phencyclidine					
84022	A		Assay of phenothiazine					
84030	A		Assay of blood pku					
84035	A		Assay of phenylketones					
84060	A		Assay acid phosphatase					
84061	A		Phosphatase, forensic exam					
84066	A		Assay prostate phosphatase					
84075	A		Assay alkaline phosphatase					
84078	A		Assay alkaline phosphatase					
84080	A		Assay alkaline phosphatases					
84081	A		Amniotic fluid enzyme test					
84085	A		Assay of rbc pg6d enzyme					
84087	A		Assay phosphohexose enzymes					
84100	A		Assay of phosphorus					
84105	A		Assay of urine phosphorus					
84106	A		Test for porphobilinogen					
84110	A		Assay of porphobilinogen					
84119	A		Test urine for porphyrins					
84120	A		Assay of urine porphyrins					
84126	A		Assay of feces porphyrins					
84127	A		Assay of feces porphyrins					
84132	A		Assay of serum potassium					
84133	A		Assay of urine potassium					
84134	A		Assay of prealbumin					
84135	A		Assay of pregnanediol					
84138	A		Assay of pregnanetriol					
84140	A		Assay of pregnenolone					
84143	A		Assay of 17-hydroxypregneno					
84144	A		Assay of progesterone					
84146	A		Assay of prolactin					
84150	A		Assay of prostaglandin					
84152	A		Assay of psa, complexed					
84153	A		Assay of psa, total					
84154	A		Assay of psa, free					
84155	A		Assay of protein, serum					
84156	A		Assay of protein, urine					
84157	A		Assay of protein, other					
84160	A		Assay of protein, any source					
84165	A		Electrophoreisis of proteins					
84181	A		Western blot test					
84182	A		Protein, western blot test					
84202	A		Assay RBC protoporphyrin					
84203	A		Test RBC protoporphyrin					
84206	A		Assay of proinsulin					
84207	A		Assay of vitamin b-6					
84210	A		Assay of pyruvate					
84220	A		Assay of pyruvate kinase					
84228	A		Assay of quinine					

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84233	A		Assay of estrogen					
84234	A		Assay of progesterone					
84235	A		Assay of endocrine hormone					
84238	A		Assay, nonendocrine receptor					
84244	A		Assay of renin					
84252	A		Assay of vitamin b-2					
84255	A		Assay of selenium					
84260	A		Assay of serotonin					
84270	A		Assay of sex hormone globul					
84275	A		Assay of sialic acid					
84285	A		Assay of silica					
84295	A		Assay of serum sodium					
84300	A		Assay of urine sodium					
84302	A		Assay of sweat sodium					
84305	A		Assay of somatomedin					
84307	A		Assay of somatostatin					
84311	A		Spectrophotometry					
84315	A		Body fluid specific gravity					
84375	A		Chromatogram assay, sugars					
84376	A		Sugars, single, qual					
84377	A		Sugars, multiple, qual					
84378	A		Sugars, single, quant					
84379	A		Sugars multiple quant					
84392	A		Assay of urine sulfate					
84402	A		Assay of testosterone					
84403	A		Assay of total testosterone					
84425	A		Assay of vitamin b-1					
84430	A		Assay of thiocyanate					
84432	A		Assay of thyroglobulin					
84436	A		Assay of total thyroxine					
84437	A		Assay of neonatal thyroxine					
84439	A		Assay of free thyroxine					
84442	A		Assay of thyroid activity					
84443	A		Assay thyroid stim hormone					
84445	A		Assay of tsi					
84446	A		Assay of vitamin e					
84449	A		Assay of transcortin					
84450	A		Transferase (AST) (SGOT)					
84460	A		Alanine amino (ALT) (SGPT)					
84466	A		Assay of transferrin					
84478	A		Assay of triglycerides					
84479	A		Assay of thyroid (t3 or t4)					
84480	A		Assay, triiodothyronine (t3)					
84481	A		Free assay (FT-3)					
84482	A		T3 reverse					
84484	A		Assay of troponin, quant					
84485	A		Assay duodenal fluid trypsin					
84488	A		Test feces for trypsin					
84490	A		Assay of feces for trypsin					
84510	A		Assay of tyrosine					

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84512	A		Assay of troponin, qual					
84520	A		Assay of urea nitrogen					
84525	A		Urea nitrogen semi-quant					
84540	A		Assay of urine/urea-n					
84545	A		Urea-N clearance test					
84550	A		Assay of blood/uric acid					
84560	A		Assay of urine/uric acid					
84577	A		Assay of feces/urobilinogen					
84578	A		Test urine urobilinogen					
84580	A		Assay of urine urobilinogen					
84583	A		Assay of urine urobilinogen					
84585	A		Assay of urine vma					
84586	A		Assay of vip					
84588	A		Assay of vasopressin					
84590	A		Assay of vitamin a					
84591	A		Assay of nos vitamin					
84597	A		Assay of vitamin k					
84600	A		Assay of volatiles					
84620	A		Xylose tolerance test					
84630	A		Assay of zinc					
84681	A		Assay of c-peptide					
84702	A		Chorionic gonadotropin test					
84703	A		Chorionic gonadotropin assay					
84830	A		Ovulation tests					
84999	A		Clinical chemistry test					
85002	A		Bleeding time test					
85004	A		Automated diff wbc count					
85007	A		Differential WBC count					
85008	A		Nondifferential WBC count					
85009	A		Differential WBC count					
85013	A		Spun microhematocrit					
85014	A		Hematocrit					
85018	A		Hemoglobin					
85025	A		Automated hemogram					
85027	A		Automated hemogram					
85032	A		Manual cell count, each					
85041	A		Red blood cell (RBC) count					
85044	A		Reticulocyte count					
85045	A		Reticulocyte count					
85046	A		Reticyte/hgb concentrate					
85048	A		White blood cell (WBC) count					
85049	A		Automated platelet count					
85055	A		Reticulated platelet assay					
85060	X		Blood smear interpretation	0342	0.2077	$11.86	$5.33	$2.37
85097	X		Bone marrow interpretation	0343	0.4339	$24.77	$11.14	$4.95
85130	A		Chromogenic substrate assay					
85170	A		Blood clot retraction					
85175	A		Blood clot lysis time					
85210	A		Blood clot factor II test					
85220	A		Blood clot factor V test					

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85230	A		Blood clot factor VII test					
85240	A		Blood clot factor VIII test					
85244	A		Blood clot factor VIII test					
85245	A		Blood clot factor VIII test					
85246	A		Blood clot factor VIII test					
85247	A		Blood clot factor VIII test					
85250	A		Blood clot factor IX test					
85260	A		Blood clot factor X test					
85270	A		Blood clot factor XI test					
85280	A		Blood clot factor XII test					
85290	A		Blood clot factor XIII test					
85291	A		Blood clot factor XIII test					
85292	A		Blood clot factor assay					
85293	A		Blood clot factor assay					
85300	A		Antithrombin III test					
85301	A		Antithrombin III test					
85302	A		Blood clot inhibitor antigen					
85303	A		Blood clot inhibitor test					
85305	A		Blood clot inhibitor assay					
85306	A		Blood clot inhibitor test					
85307	A		Assay activated protein c					
85335	A		Factor inhibitor test					
85337	A		Thrombomodulin					
85345	A		Coagulation time					
85347	A		Coagulation time					
85348	A		Coagulation time					
85360	A		Euglobulin lysis					
85362	A		Fibrin degradation products					
85366	A		Fibrinogen test					
85370	A		Fibrinogen test					
85378	A		Fibrin degradation					
85379	A		Fibrin degradation, quant					
85380	A		Fibrin degradation, vte					
85384	A		Fibrinogen					
85385	A		Fibrinogen					
85390	A		Fibrinolysins screen					
85396	N		Clotting assay, whole blood					
85400	A		Fibrinolytic plasmin					
85410	A		Fibrinolytic antiplasmin					
85415	A		Fibrinolytic plasminogen					
85420	A		Fibrinolytic plasminogen					
85421	A		Fibrinolytic plasminogen					
85441	A		Heinz bodies, direct					
85445	A		Heinz bodies, induced					
85460	A		Hemoglobin, fetal					
85461	A		Hemoglobin, fetal					
85475	A		Hemolysin					
85520	A		Heparin assay					
85525	A		Heparin neutralization					
85530	A		Heparin-protamine tolerance					

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85536	A		Iron stain peripheral blood					
85540	A		Wbc alkaline phosphatase					
85547	A		RBC mechanical fragility					
85549	A		Muramidase					
85555	A		RBC osmotic fragility					
85557	A		RBC osmotic fragility					
85576	A		Blood platelet aggregation					
85597	A		Platelet neutralization					
85610	A		Prothrombin time					
85611	A		Prothrombin test					
85612	A		Viper venom prothrombin time					
85613	A		Russell viper venom, diluted					
85635	A		Reptilase test					
85651	A		Rbc sed rate, nonautomated					
85652	A		Rbc sed rate, automated					
85660	A		RBC sickle cell test					
85670	A		Thrombin time, plasma					
85675	A		Thrombin time, titer					
85705	A		Thromboplastin inhibition					
85730	A		Thromboplastin time, partial					
85732	A		Thromboplastin time, partial					
85810	A		Blood viscosity examination					
85999	A		Hematology procedure					
86000	A		Agglutinins, febrile					
86001	A		Allergen specific igg					
86003	A		Allergen specific IgE					
86005	A		Allergen specific IgE					
86021	A		WBC antibody identification					
86022	A		Platelet antibodies					
86023	A		Immunoglobulin assay					
86038	A		Antinuclear antibodies					
86039	A		Antinuclear antibodies (ANA)					
86060	A		Antistreptolysin o, titer					
86063	A		Antistreptolysin o, screen					
86077	A		Physician blood bank service					
86078	A		Physician blood bank service					
86079	A		Physician blood bank service					
86140	A		C-reactive protein					
86141	A		C-reactive protein, hs					
86146	A		Glycoprotein antibody					
86147	A		Cardiolipin antibody					
86148	A		Phospholipid antibody					
86155	A		Chemotaxis assay					
86156	A		Cold agglutinin, screen					
86157	A		Cold agglutinin, titer					
86160	A		Complement, antigen					
86161	A		Complement/function activity					
86162	A		Complement, total (CH50)					
86171	A		Complement fixation, each					
86185	A		Counterimmunoelectrophoresis					

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86215	A		Deoxyribonuclease, antibody					
86225	A		DNA antibody					
86226	A		DNA antibody, single strand					
86235	A		Nuclear antigen antibody					
86243	A		Fc receptor					
86255	A		Fluorescent antibody, screen					
86256	A		Fluorescent antibody, titer					
86277	A		Growth hormone antibody					
86280	A		Hemagglutination inhibition					
86294	A		Immunoassay, tumor, qual					
86300	A		Immunoassay, tumor, ca 15-3					
36301	A		Immunoassay, tumor, ca 19-9					
86304	A		Immunoassay, tumor, ca 125					
86308	A		Heterophile antibodies					
86309	A		Heterophile antibodies					
86310	A		Heterophile antibodies					
86316	A		Immunoassay, tumor other					
86317	A		Immunoassay,infectious agent					
86318	A		Immunoassay,infectious agent					
86320	A		Serum immunoelectrophoresis					
86325	A		Other immunoelectrophoresis					
86327	A		Immunoelectrophoresis assay					
86329	A		Immunodiffusion					
86331	A		Immunodiffusion ouchterlony					
86332	A		Immune complex assay					
86334	A		Immunofixation procedure					
86336	A		Inhibin A					
86337	A		Insulin antibodies					
86340	A		Intrinsic factor antibody					
86341	A		Islet cell antibody					
86343	A		Leukocyte histamine release					
86344	A		Leukocyte phagocytosis					
86353	A		Lymphocyte transformation					
86359	A		T cells, total count					
86360	A		T cell, absolute count/ratio					
86361	A		T cell, absolute count					
86376	A		Microsomal antibody					
86378	A		Migration inhibitory factor					
86382	A		Neutralization test, viral					
86384	A		nitroblue tetrazolium dye					
86403	A		Particle agglutination test					
86406	A		Particle agglutination test					
86430	A		Rheumatoid factor test					
86431	A		Rheumatoid factor, quant					
86485	X		Skin test, candida	0341	0.1128	$6.44	$2.62	$1.29
86490	X		Coccidioidomycosis skin test	0341	0.1128	$6.44	$2.62	$1.29
86510	X		Histoplasmosis skin test	0341	0.1128	$6.44	$2.62	$1.29
86580	X		TB intradermal test	0341	0.1128	$6.44	$2.62	$1.29
86585	X		TB tine test	0341	0.1128	$6.44	$2.62	$1.29
86586	X		Skin test, unlisted	0341	0.1128	$6.44	$2.62	$1.29

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86590	A		Streptokinase, antibody					
86592	A		Blood serology, qualitative					
86593	A		Blood serology, quantitative					
86602	A		Antinomyces antibody					
86603	A		Adenovirus antibody					
86606	A		Aspergillus antibody					
86609	A		Bacterium antibody					
86611	A		Bartonella antibody					
86612	A		Blastomyces antibody					
86615	A		Bordetella antibody					
86617	A		Lyme disease antibody					
86618	A		Lyme disease antibody					
86619	A		Borrelia antibody					
86622	A		Brucella antibody					
86625	A		Campylobacter antibody					
86628	A		Candida antibody					
86631	A		Chlamydia antibody					
86632	A		Chlamydia igm antibody					
86635	A		Coccidioides antibody					
86638	A		Q fever antibody					
86641	A		Cryptococcus antibody					
86644	A		CMV antibody					
86645	A		CMV antibody, igM					
86648	A		Diphtheria antibody					
86651	A		Encephalitis antibody					
86652	A		Encephalitis antibody					
86653	A		Encephalitis antibody					
86654	A		Encephalitis antibody					
86658	A		Enterovirus antibody					
86663	A		Epstein-barr antibody					
86664	A		Epstein-barr antibody					
86665	A		Epstein-barr antibody					
86666	A		Ehrlichia antibody					
86668	A		Francisella tularensis					
86671	A		Fungus antibody					
86674	A		Giardia lamblia antibody					
86677	A		Helicobacter pylori					
86682	A		Helminth antibody					
86684	A		Hemophilus influenza					
86687	A		Htlv-i antibody					
86688	A		Htlv-ii antibody					
86689	A		HTLV/HIV confirmatory test					
86692	A		Hepatitis, delta agent					
86694	A		Herpes simplex test					
86695	A		Herpes simplex test					
86696	A		Herpes simplex type 2					
86698	A		Histoplasma					
86701	A		HIV-1					
86702	A		HIV-2					
86703	A		HIV-1/HIV-2, single assay					

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86704	A		Hep b core antibody, total					
86705	A		Hep b core antibody, igm					
86706	A		Hep b surface antibody					
86707	A		Hep be antibody					
86708	A		Hep a antibody, total					
86709	A		Hep a antibody, igm					
86710	A		Influenza virus antibody					
86713	A		Legionella antibody					
86717	A		Leishmania antibody					
86720	A		Leptospira antibody					
86723	A		Listeria monocytogenes ab					
86727	A		Lymph choriomeningitis ab					
86729	A		Lympho venereum antibody					
86732	A		Mucormycosis antibody					
86735	A		Mumps antibody					
86738	A		Mycoplasma antibody					
86741	A		Neisseria meningitidis					
86744	A		Nocardia antibody					
86747	A		Parvovirus antibody					
86750	A		Malaria antibody					
86753	A		Protozoa antibody nos					
86756	A		Respiratory virus antibody					
86757	A		Rickettsia antibody					
86759	A		Rotavirus antibody					
86762	A		Rubella antibody					
86765	A		Rubeola antibody					
86768	A		Salmonella antibody					
86771	A		Shigella antibody					
86774	A		Tetanus antibody					
86777	A		Toxoplasma antibody					
86778	A		Toxoplasma antibody, igm					
86781	A		Treponema pallidum, confirm					
86784	A		Trichinella antibody					
86787	A		Varicella-zoster antibody					
86790	A		Virus antibody nos					
86793	A		Yersinia antibody					
86800	A		Thyroglobulin antibody					
86803	A		Hepatitis c ab test					
86804	A		Hep c ab test, confirm					
86805	A		Lymphocytotoxicity assay					
86806	A		Lymphocytotoxicity assay					
86807	A		Cytotoxic antibody screening					
86808	A		Cytotoxic antibody screening					
86812	A		HLA typing, A, B, or C					
86813	A		HLA typing, A, B, or C					
86816	A		HLA typing, DR/DQ					
86817	A		HLA typing, DR/DQ					
86821	A		Lymphocyte culture, mixed					
86822	A		Lymphocyte culture, primed					
86849	A		Immunology procedure					

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86850	X		RBC antibody screen	0345	0.2432	$13.89	$3.10	$2.78
86860	X		RBC antibody elution	0346	0.3615	$20.64	$5.21	$4.13
86870	X		RBC antibody identification	0346	0.3615	$20.64	$5.21	$4.13
86880	X		Coombs test, direct	0409	0.1277	$7.29	$2.23	$1.46
86885	X		Coombs test, indirect, qual	0409	0.1277	$7.29	$2.23	$1.46
86886	X		Coombs test, indirect, titer	0409	0.1277	$7.29	$2.23	$1.46
86890	X		Autologous blood process	0347	0.9454	$53 98	$13.20	$10.80
86891	X		Autologous blood, op salvage	0345	0.2432	$13 89	$3.10	$2.78
86900	X		Blood typing, ABO	0409	0.1277	$7.29	$2.23	$1.46
86901	X		Blood typing, Rh (D)	0409	0.1277	$7.29	$2.23	$1.46
86903	X		Blood typing, antigen screen	0345	0.2432	$13.89	$3.10	$2.78
86904	X		Blood typing, patient serum	0345	0.2432	$13.89	$3.10	$2.78
86905	X		Blood typing, RBC antigens	0345	0.2432	$13.89	$3.10	$2.78
86906	X		Blood typing, Rh phenotype	0345	0.2432	$13.89	$3.10	$2.78
86910	E		Blood typing, paternity test					
86911	E		Blood typing, antigen system					
86920	X		Compatibility test	0346	0.3615	$20.64	$5.21	$4.13
86921	X		Compatibility test	0345	0.2432	$13.89	$3.10	$2.78
86922	X		Compatibility test	0346	0.3615	$20.64	$5.21	$4.13
86927	X		Plasma, fresh frozen	0346	0.3615	$20.64	$5.21	$4.13
86930	X		Frozen blood prep	0347	0.9454	$53.98	$13.20	$10.80
86931	X		Frozen blood thaw	0347	0.9454	$53.98	$13.20	$10.80
86932	X		Frozen blood freeze/thaw	0347	0.9454	$53.98	$13.20	$10.80
86940	A		Hemolysins/agglutinins, auto					
86941	A		Hemolysins/agglutinins					
86945	X		Blood product/irradiation	0346	0.3615	$20.64	$5.21	$4.13
86950	X		Leukacyte transfusion	0347	0.9454	$53.98	$13.20	$10.80
86965	X		Pooling blood platelets	0346	0.3615	$20.64	$5.21	$4.13
86970	X		RBC pretreatment	0345	0.2432	$13.89	$3.10	$2.78
86971	X		RBC pretreatment	0345	0.2432	$13.89	$3.10	$2.78
86972	X		RBC pretreatment	0345	0.2432	$13.89	$3.10	$2.78
86975	X		RBC pretreatment, serum	0345	0.2432	$13.89	$3.10	$2.78
86976	X		RBC pretreatment, serum	0345	0.2432	$13.89	$3 10	$2.78
86977	X		RBC pretreatment, serum	0345	0.2432	$13.89	$3 10	$2.78
86978	X		RBC pretreatment, serum	0345	0 2432	$13.89	$3 10	$2.78
86985	X		Split blood or products	0347	0 9454	$53.98	$13.20	$10.80
86999	X		Transfusion procedure	0345	0 2432	$13.89	$3.10	$2.78
87001	A		Small animal inoculation					
87003	A		Small animal inoculation					
87015	A		Specimen concentration					
87040	A		Blood culture for bacteria					
87045	A		Feces culture, bacteria					
87046	A		Stool cultr, bacteria, each					
87070	A		Culture, bacteria, other					
87071	A		Culture bacteri aerobic othr					
87073	A		Culture bacteria anaerobic					
87075	A		Cultr bacteria, except blood					
87076	A		Culture anaerobe ident, each					
87077	A		Culture aerobic identify					
87081	A		Culture screen only					

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87084	A		Culture of specimen by kit					
87086	A		Urine culture/colony count					
87088	A		Urine bacteria culture					
87101	A		Skin fungi culture					
87102	A		Fungus isolation culture					
87103	A		Blood fungus culture					
87106	A		Fungi identification, yeast					
87107	A		Fungi identification, mold					
87109	A		Mycoplasma					
87110	A		Chlamydia culture					
87116	A		Mycobacteria culture					
87118	A		Mycobacteric identification					
87140	A		Culture type immunofluoresc					
87143	A		Culture typing, glc/hplc					
87147	A		Culture type, immunologic					
87149	A		Culture type, nucleic acid					
87152	A		Culture type pulse field gel					
87158	A		Culture typing, added method					
87164	A		Dark field examination					
87166	A		Dark field examination					
87168	A		Macroscopic exam arthropod					
87169	A		Macroscopic exam parasite					
87172	A		Pinworm exam					
87176	A		Tissue homogenization, cultr					
87177	A		Ova and parasites smears					
87181	A		Microbe susceptible, diffuse					
87184	A		Microbe susceptible, disk					
87185	A		Microbe susceptible, enzyme					
87186	A		Microbe susceptible, mic					
87187	A		Microbe susceptible, mlc					
87188	A		Microbe suscept, macrobroth					
87190	A		Microbe suscept, mycobacteri					
87197	A		Bactericidal level, serum					
87205	A		Smear, gram stain					
87206	A		Smear, fluorescent/acid stai					
87207	A		Smear, special stain					
87210	A		Smear, wet mount, saline/ink					
87220	A		Tissue exam for fungi					
87230	A		Assay, toxin or antitoxin					
87250	A		Virus inoculate, eggs/animal					
87252	A		Virus inoculation, tissue					
87253	A		Virus inoculate tissue, addl					
87254	A		Virus inoculation, shell via					
87255	A		Genet virus isolate, hsv					
87260	A		Adenovirus ag, if					
87265	A		Pertussis ag, if					
87267	A		Enterovirus antibody, dfa					
87269	A		Giardia ag, if					
87270	A		Chlamydia trachomatis ag, if					
87271	A		Cryptosporidum/gardia ag, if					

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87272	A		Cryptosporidium ag, if					
87273	A		Herpes simplex 2, ag, if					
87274	A		Herpes simplex 1, ag, if					
87275	A		Influenza b, ag, if					
87276	A		Influenza a, ag, if					
87277	A		Legionella micdadei, ag, if					
87278	A		Legion pneumophilia ag, if					
87279	A		Parainfluenza, ag, if					
87280	A		Respiratory syncytial ag, if					
87281	A		Pneumocystis carinii, ag, if					
87283	A		Rubeola, ag, if					
87285	A		Treponema pallidum, ag, if					
87290	A		Varicella zoster, ag, if					
87299	A		Antibody detection, nos, if					
87300	A		Ag detection, polyval, if					
87301	A		Adenovirus ag, eia					
87320	A		Chylmd trach ag, eia					
87324	A		Clostridium ag, eia					
87327	A		Cryptococcus neoform ag, eia					
87328	A		Cryptosporidium ag, eia					
87329	A		Giardia ag, eia					
87332	A		Cytomegalovirus ag, eia					
87335	A		E coli 0157 ag, eia					
87336	A		Entamoeb hist dispr, ag, eia					
87337	A		Entamoeb hist group, ag, eia					
87338	A		Hpylori, stool, eia					
87339	A		H pylori ag, eia					
87340	A		Hepatitis b surface ag, eia					
87341	A		Hepatitis b surface, ag, eia					
87350	A		Hepatitis be ag, eia					
87380	A		Hepatitis delta ag, eia					
87385	A		Histoplasma capsul ag, eia					
87390	A		Hiv-1 ag, eia					
87391	A		Hiv-2 ag, eia					
87400	A		Influenza a/b, ag, eia					
87420	A		Resp syncytial ag, eia					
87425	A		Rotavirus ag, eia					
87427	A		Shiga-like toxin ag, eia					
87430	A		Strep a ag, eia					
87449	A		Ag detect nos, eia, mult					
87450	A		Ag detect nos, eia, single					
87451	A		Ag detect polyval, eia, mult					
87470	A		Bartonella, dna, dir probe					
87471	A		Bartonella, dna, amp probe					
87472	A		Bartonella, dna, quant					
87475	A		Lyme dis, dna, dir probe					
87476	A		Lyme dis, dna, amp probe					
87477	A		Lyme dis, dna, quant					
87480	A		Candida, dna, dir probe					
87481	A		Candida, dna, amp probe					

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87482	A		Candida, dna, quant					
87485	A		Chylmd pneum, dna, dir probe					
87486	A		Chylmd pneum, dna, amp probe					
87487	A		Chylmd pneum, dna, quant					
87490	A		Chylmd trach, dna, dir probe					
87491	A		Chylmd trach, dna, amp probe					
87492	A		Chylmd trach, dna, quant					
87495	A		Cytomeg, dna, dir probe					
87496	A		Cytomeg, dna, amp probe					
87497	A		Cytomeg, dna, quant					
87510	A		Gardner vag, dna, dir probe					
87511	A		Gardner vag, dna, amp probe					
87512	A		Gardner vag, dna, quant					
87515	A		Hepatitis b, dna, dir probe					
87516	A		Hepatitis b, dna, amp probe					
87517	A		Hepatitis b, dna, quant					
87520	A		Hepatitis c, rna, dir probe					
87521	A		Hepatitis c, rna, amp probe					
87522	A		Hepatitis c, rna, quant					
87525	A		Hepatitis g, dna, dir probe					
87526	A		Hepatitis g, dna, amp probe					
87527	A		Hepatitis g, dna, quant					
87528	A		Hsv, dna, dir probe					
87529	A		Hsv, dna, amp probe					
87530	A		Hsv, dna, quant					
87531	A		Hhv-6, dna, dir probe					
87532	A		Hhv-6, dna, amp probe					
87533	A		Hhv-6, dna, quant					
87534	A		Hiv-1, dna, dir probe					
87535	A		Hiv-1, dna, amp probe					
87536	A		Hiv-1, dna, quant					
87537	A		Hiv-2, dna, dir probe					
87538	A		Hiv-2, dna, amp probe					
87539	A		Hiv-2, dna, quant					
87540	A		Legion pneumo, dna, dir prob					
87541	A		Legion pneumo, dna, amp prob					
87542	A		Legion pneumo, dna, quant					
87550	A		Mycobacteria, dna, dir probe					
87551	A		Mycobacteria, dna, amp probe					
87552	A		Mycobacteria, dna, quant					
87555	A		M.tuberculo, dna, dir probe					
87556	A		M.tuberculo, dna, amp probe					
87557	A		M.tuberculo, dna, quant					
87560	A		M.avium-intra, dna, dir prob					
87561	A		M.avium-intra, dna, amp prob					
87562	A		M.avium-intra, dna, quant					
87580	A		M.pneumon, dna, dir probe					
87581	A		M.pneumon, dna, amp probe					
87582	A		M.pneumon, dna, quant					
87590	A		N.gonorrhoeae, dna, dir prob					

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87591	A		N.gonorrhoeae, dna, amp prob					
87592	A		N.gonorrhoeae, dna, quant					
87620	A		Hpv, dna, dir probe					
87621	A		Hpv, dna, amp probe					
87622	A		Hpv, dna, quant					
87650	A		Strep a, dna, dir probe					
87651	A		Strep a, dna, amp probe					
87652	A		Strep a, dna, quant					
87660	A		Trichomonas vagin, dir probe					
87797	A		Detect agent nos, dna, dir					
87798	A		Detect agent nos, dna, amp					
87799	A		Detect agent nos, dna, quant					
87800	A		Detect agnt mult, dna, direc					
87801	A		Detect agnt mult, dna, ampli					
87802	A		Strep b assay w/optic					
87803	A		Clostridium toxin a w/optic					
87804	A		Influenza assay w/optic					
87810	A		Chylmd trach assay w/optic					
87850	A		N. gonorrhoeae assay w/optic					
87880	A		Strep a assay w/optic					
87899	A		Agent nos assay w/optic					
87901	A		Genotype, dna, hiv reverse t					
87902	A		Genotype, dna, hepatitis C					
87903	A		Phenotype, dna hiv w/culture					
87904	A		Phenotype, dna hiv w/clt add					
87999	A		Microbiology procedure					
88000	E		Autopsy (necropsy), gross					
88005	E		Autopsy (necropsy), gross					
88007	E		Autopsy (necropsy), gross					
88012	E		Autopsy (necropsy), gross					
88014	E		Autopsy (necropsy), gross					
88016	E		Autopsy (necropsy), gross					
88020	E		Autopsy (necropsy), complete					
88025	E		Autopsy (necropsy), complete					
88027	E		Autopsy (necropsy), complete					
88028	E		Autopsy (necropsy), complete					
88029	E		Autopsy (necropsy), complete					
88036	E		Limited autopsy					
88037	E		Limited autopsy					
88040	E		Forensic autopsy (necropsy)					
88045	E		Coroner's autopsy (necropsy)					
88099	E		Necropsy (autopsy) procedure					
88104	X		Cytopathology, fluids	0343	0.4339	$24 77	$11.14	$4.95
88106	X		Cytopathology, fluids	0343	0.4339	$24 77	$11.14	$4.95
88107	X		Cytopathology, fluids	0343	0.4339	$24.77	$11.14	$4.95
88108	X		Cytopath, concentrate tech	0343	0.4339	$24.77	$11.14	$4.95
88112	X		Cytopath, cell enhance tech	0343	0.4339	$24.77	$11.14	$4.95
88125	X		Forensic cytopathology	0342	0.2077	$11.86	$5.33	$2.37
88130	A		Sex chromatin identification					
88140	A		Sex chromatin identification					

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88141	N		Cytopath, c/v, interpret					
88142	A		Cytopath, c/v, thin layer					
88143	A		Cytopath c/v thin layer redo					
88147	A		Cytopath, c/v, automated					
88148	A		Cytopath, c/v, auto rescreen					
88150	A		Cytopath, c/v, manual					
88152	A		Cytopath, c/v, auto redo					
88153	A		Cytopath, c/v, redo					
88154	A		Cytopath, c/v, select					
88155	A		Cytopath, c/v, index add-on					
88160	X		Cytopath smear, other source	0342	0.2077	$11.86	$5.33	$2.37
88161	X		Cytopath smear, other source	0343	0.4339	$24.77	$11.14	$4.95
88162	X		Cytopath smear, other source	0342	0.2077	$11.86	$5.33	$2.37
88164	A		Cytopath tbs, c/v, manual					
88165	A		Cytopath tbs, c/v, redo					
88166	A		Cytopath tbs, c/v, auto redo					
88167	A		Cytopath tbs, c/v, select					
88172	X		Cytopathology eval of fna	0343	0.4339	$24.77	$11.14	$4.95
88173	X		Cytopath eval, fna, report	0343	0.4339	$24.77	$11.14	$4.95
88174	A		Cytopath, c/v auto, in fluid					
88175	A		Cytopath c/v auto fluid redo					
88180	X		Cell marker study	0343	0.4339	$24.77	$11.14	$4.95
88182	X		Cell marker study	0344	0.6127	$34.98	$15.74	$7.00
88199	A		Cytopathology procedure					
88230	A		Tissue culture, lymphocyte					
88233	A		Tissue culture, skin/biopsy					
88235	A		Tissue culture, placenta					
88237	A		Tissue culture, bone marrow					
88239	A		Tissue culture, tumor					
88240	A		Cell cryopreserve/storage					
88241	A		Frozen cell preparation					
88245	A		Chromosome analysis, 20-25					
88248	A		Chromosome analysis, 50-100					
88249	A		Chromosome analysis, 100					
88261	A		Chromosome analysis, 5					
88262	A		Chromosome analysis, 15-20					
88263	A		Chromosome analysis, 45					
88264	A		Chromosome analysis, 20-25					
88267	A		Chromosome analys, placenta					
88269	A		Chromosome analys, amniotic					
88271	A		Cytogenetics, dna probe					
88272	A		Cytogenetics, 3-5					
88273	A		Cytogenetics, 10-30					
88274	A		Cytogenetics, 25-99					
88275	A		Cytogenetics, 100-300					
88280	A		Chromosome karyotype study					
88283	A		Chromosome banding study					
88285	A		Chromosome count, additional					
88289	A		Chromosome study, additional					
88291	A		Cyto/molecular report					

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88299	X		Cytogenetic study	0342	0.2077	$11.86	$5.33	$2.37
88300	X		Surgical path, gross	0342	0.2077	$11.86	$5.33	$2.37
88302	X		Tissue exam by pathologist	0342	0.2077	$11.86	$5.33	$2.37
88304	X		Tissue exam by pathologist	0343	0.4339	$24.77	$11.14	$4.95
88305	X		Tissue exam by pathologist	0343	0.4339	$24.77	$11.14	$4.95
88307	X		Tissue exam by pathologist	0344	0.6127	$34.98	$15.74	$7.00
88309	X		Tissue exam by pathologist	0344	0.6127	$34.98	$15.74	$7.00
88311	X		Decalcify tissue	0342	0.2077	$11.86	$5.33	$2.37
88312	X		Special stains	0342	0.2077	$11.86	$5.33	$2.37
88313	X		Special stains	0342	0.2077	$11.86	$5.33	$2.37
88314	X		Histochemical stain	0342	0.2077	$11.86	$5.33	$2.37
88318	X		Chemical histochemistry	0342	0.2077	$11.86	$5.33	$2.37
88319	X		Enzyme histochemistry	0342	0.2077	$11.86	$5.33	$2.37
88321	X		Microslide consultation	0342	0.2077	$11.86	$5.33	$2.37
88323	X		Microslide consultation	0344	0.6127	$34.98	$15.74	$7.00
88325	X		Comprehensive review of data	0344	0.6127	$34.98	$15.74	$7.00
88329	X		Path consult introp	0342	0.2077	$11.86	$5.33	$2.37
88331	X		Path consult intraop, 1 bloc	0343	0.4339	$24.77	$11.14	$4.95
88332	X		Path consult intraop, add'l	0342	0.2077	$11.86	$5.33	$2.37
88342	X		Immunohistochemistry	0344	0.6127	$34.98	$15.74	$7.00
88346	X		Immunofluorescent study	0344	0.6127	$34.98	$15.74	$7.00
88347	X		Immunofluorescent study	0344	0.6127	$34.98	$15.74	$7.00
88348	X		Electron microscopy	0661	3.5389	$202.06	$88.87	$40.41
88349	X		Scanning electron microscopy	0661	3.5389	$202.06	$88.87	$40.41
88355	X		Analysis, skeletal muscle	0344	0.6127	$34.98	$15.74	$7.00
88356	X		Analysis, nerve	0344	0.6127	$34.98	$15.74	$7.00
88358	X		Analysis, tumor	0344	0.6127	$34.98	$15.74	$7.00
88361	X		Immunohistochemistry, tumor	0344	0.6127	$34.98	$15.74	$7.00
88362	X		Nerve teasing preparations	0344	0.6127	$34.98	$15.74	$7.00
88365	X		Tissue hybridization	0344	0.6127	$34.98	$15.74	$7.00
88371	A		Protein, western blot tissue					
88372	A		Protein analysis w/probe					
88380	A		Microdissection					
88399	A		Surgical pathology procedure					
88400	A		Bilirubin total transcut					
89050	A		Body fluid cell count					
89051	A		Body fluid cell count					
89055	A		Leukocyte assessment, fecal					
89060	A		Exam,synovial fluid crystals					
89100	X		Sample intestinal contents	0360	1.6842	$96.16	$42.45	$19.23
89105	X		Sample intestinal contents	0360	1.6842	$96.16	$42.45	$19.23
89125	A		Specimen fat stain					
89130	X		Sample stomach contents	0360	1.6842	$96.16	$42.45	$19.23
89132	X		Sample stomach contents	0360	1.6842	$96.16	$42.45	$19.23
89135	X		Sample stomach contents	0360	1.6842	$96.16	$42.45	$19.23
89136	X		Sample stomach contents	0360	1.6842	$96.16	$42.45	$19.23
89140	X		Sample stomach contents	0360	1.6842	$96.16	$42.45	$19.23
89141	X		Sample stomach contents	0360	1.6842	$96.16	$42.45	$19.23
89160	A		Exam feces for meat fibers					
89190	A		Nasal smear for eosinophils					

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89220	X		Sputum specimen collection	0343	0.4339	$24.77	$11.14	$4.95
89225	A		Starch granules, feces					
89230	X		Collect sweat for test	0343	0.4339	$24.77	$11.14	$4.95
89235	A		Water load test					
89240	A		Pathology lab procedure					
89250	X		Cultr oocyte/embryo <4 days	0348	0.7716	$44.06		$8.81
89251	X		Cultr oocyte/embryo <4 days	0348	0.7716	$44.06		$8.81
89253	X		Embryo hatching	0348	0.7716	$44.06		$8.81
89254	X		Oocyte identification	0348	0.7716	$44.06		$8.81
89255	X		Prepare embryo for transfer	0348	0.7716	$44.06		$8.81
89257	X		Sperm identification	0348	0.7716	$44.06		$8.81
89258	X		Cryopreservation; embryo(s)	0348	0.7716	$44.06		$8.81
89259	X		Cryopreservation, sperm	0348	0.7716	$44.06		$8.81
89260	X		Sperm isolation, simple	0348	0.7716	$44.06		$8.81
89261	X		Sperm isolation, complex	0348	0.7716	$44.06		$8.81
89264	X		Identify sperm tissue	0348	0.7716	$44.06		$8.81
89268	X		Insemination of oocytes	0348	0.7716	$44.06		$8.81
89272	X		Extended culture of oocytes	0348	0.7716	$44.06		$8.81
89280	X		Assist oocyte fertilization	0348	0.7716	$44.06		$8.81
89281	X		Assist oocyte fertilization	0348	0.7716	$44.06		$8.81
89290	X		Biopsy, oocyte polar body	0348	0.7716	$44.06		$8.81
89291	X		Biopsy, oocyte polar body	0348	0.7716	$44.06		$8.81
89300	A		Semen analysis w/huhner					
89310	A		Semen analysis					
89320	A		Semen analysis, complete					
89321	A		Semen analysis & motility					
89325	A		Sperm antibody test					
89329	A		Sperm evaluation test					
89330	A		Evaluation, cervical mucus					
89335	X		Cryopreserve testicular tiss	0348	0.7716	$44.06		$8.81
89342	X		Storage/year, embryo(s)	0348	0.7716	$44.06		$8.81
89343	X		Storage/year; sperm/semen	0348	0.7716	$44.06		$8.81
89344	X		Storage/year; reprod tissue	0348	0.7716	$44.06		$8.81
89346	X		Storage/year; oocyte	0348	0.7716	$44.06		$8.81
89352	X		Thawing cryopresrved; embryo	0348	0.7716	$44.06		$8.81
89353	X		Thawing cryopresrved; sperm	0348	0.7716	$44.06		$8.81
89354	X		Thaw cryoprsvrd; reprod tiss	0348	0.7716	$44.06		$8.81
89356	X		Thawing cryopresrved; oocyte	0348	0.7716	$44.06		$8.81
90281	E		Human ig, im					
90283	E		Human ig, iv					
90287	E		Botulinum antitoxin					
90288	E		Botulism ig, iv					
90291	E		Cmv ig, iv					
90296	N		Diphtheria antitoxin					
90371	E		Hep b ig, im					
90375	N		Rabies ig, im/sc					
90376	K		Rabies ig, heat treated	0356	0.6483	$37.02		$7.40
90378	E		Rsv ig, im, 50mg					
90379	E		Rsv ig, iv					
90384	E		Rh ig, full-dose, im					

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90385	N		Rh ig, minidose, im					
90386	E		Rh ig, iv					
90389	E		Tetanus ig, im					
90393	K		Vaccina ig, im	0356	0.6483	$37.02		$7.40
90396	K		Varicella-zoster ig, im	0356	0.6483	$37.02		$7.40
90399	E		Immune globulin					
90471	N		Immunization admin					
90472	N		Immunization admin, each add					
90473	E		Immune admin oral/nasal					
90474	E		Immune admin oral/nasal addl					
90476	K		Adenovirus vaccine, type 4	0356	0.6483	$37.02		$7.40
90477	N		Adenovirus vaccine, type 7					
90581	N		Anthrax vaccine, sc					
90585	N		Bcg vaccine, percut					
90586	K		Bcg vaccine, intravesical	0356	0.6483	$37.02		$7.40
90632	N		Hep a vaccine, adult im					
90633	N		Hep a vacc, ped/adol, 2 dose					
90634	N		Hep a vacc, ped/adol, 3 dose					
90636	K		Hep a/hep b vacc, adult im	0356	0.6483	$37.02		$7.40
90645	N		Hib vaccine, hboc, im					
90646	N		Hib vaccine, prp-d, im					
90647	N		Hib vaccine, prp-omp, im					
90648	N		Hib vaccine, prp-t, im					
90655	L		Flu vaccine, 6-35 mo, im					
90657	L		Flu vaccine, 6-35 mo, im					
90658	L		Flu vaccine, 3 yrs, im					
90660	E		Flu vaccine, nasal					
90665	K		Lyme disease vaccine, im	0356	0.6483	$37.02		$7.40
90669	E		Pneumococcal vacc, ped <5					
90675	K		Rabies vaccine, im	0356	0.6483	$37.02		$7.40
90676	K		Rabies vaccine, id	0356	0.6483	$37.02		$7.40
90680	N		Rotovirus vaccine, oral					
90690	N		Typhoid vaccine, oral					
90691	N		Typhoid vaccine, im					
90692	N		Typhoid vaccine, h-p, sc/id					
90693	N		Typhoid vaccine, akd, sc					
90698	N		Dtap-hib-ip vaccine, im					
90700	N		Dtap vaccine, im					
90701	N		Dtp vaccine, im					
90702	N		Dt vaccine < 7, im					
90703	N		Tetanus vaccine, im					
90704	N		Mumps vaccine, sc					
90705	N		Measles vaccine, sc					
90706	N		Rubella vaccine, sc					
90707	N		Mmr vaccine, sc					
90708	N		Measles-rubella vaccine, sc					
90710	K		Mmrv vaccine, sc	0355	0.3164	$18.07		$3.61
90712	N		Oral poliovirus vaccine					
90713	N		Poliovirus, ipv, sc					
90715	N		Tdap vaccine >7 im					

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90716	N		Chicken pox vaccine, sc					
90717	N		Yellow fever vaccine, sc					
90718	N		Td vaccine > 7, im					
90719	N		Diphtheria vaccine, im					
90720	N		Dtp/hib vaccine, im					
90721	N		Dtap/hib vaccine, im					
90723	E		Dtap-hep b-ipv vaccine, im					
90725	K		Cholera vaccine, injectable	0356	0.6483	$37.02		$7.40
90727	N		Plague vaccine, im					
90732	L		Pneumococcal vaccine					
90733	N		Meningococcal vaccine, sc					
90734	N		Meningococcal vaccine, im					
90735	K		Encephalitis vaccine, sc	0356	0.6483	$37.02		$7.40
90740	K		Hepb vacc, ill pat 3 dose im	0355	0.3164	$18.07		$3.61
90743	K		Hep b vacc, adol, 2 dose, im	0355	0.3164	$18.07		$3.61
90744	K		Hepb vacc ped/adol 3 dose im	0355	0.3164	$18.07		$3.61
90746	K		Hep b vaccine, adult, im	0355	0.3164	$18.07		$3.61
90747	K		Hepb vacc, ill pat 4 dose im	0356	0.6483	$37.02		$7.40
90748	E		Hep b/hib vaccine, im					
90749	N		Vaccine toxoid					
90780	B		IV infusion therapy, 1 hour					
90781	B		IV infusion, additional hour					
90782	X		Injection, sc/im	0353	0.4013	$22.91		$4.58
90783	X		Injection, ia	0359	0.8744	$49.93		$9.99
90784	X		Injection, iv	0359	0.8744	$49.93		$9.99
90788	X		Injection of antibiotic	0359	0.8744	$49.93		$9.99
90799	X		Ther/prophylactic/dx inject	0352	0.1209	$6.90		$1.38
90801	S		Psy dx interview	0323	1.7705	$101.09	$21.08	$20.22
90802	S		Intac psy dx interview	0323	1.7705	$101.09	$21.08	$20.22
90804	S		Psytx, office, 20-30 min	0322	1.2681	$72.41		$14.48
90805	S		Psytx, off, 20-30 min w/e&m	0322	1.2681	$72.41		$14.48
90806	S		Psytx, off, 45-50 min	0323	1.7705	$101.09	$21.08	$20.22
90807	S		Psytx, off, 45-50 min w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90808	S		Psytx, office, 75-80 min	0323	1.7705	$101.09	$21.08	$20.22
90809	S		Psytx, off, 75-80, w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90810	S		Intac psytx, off, 20-30 min	0322	1.2681	$72.41		$14.48
90811	S		Intac psytx, 20-30, w/e&m	0322	1.2681	$72.41		$14.48
90812	S		Intac psytx, off, 45-50 min	0323	1.7705	$101.09	$21.08	$20.22
90813	S		Intac psytx, 45-50 min w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90814	S		Intac psytx, off, 75-80 min	0323	1.7705	$101.09	$21.08	$20.22
90815	S		Intac psytx, 75-80 w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90816	S		Psytx, hosp, 20-30 min	0322	1.2681	$72.41		$14.48
90817	S		Psytx, hosp, 20-30 min w/e&m	0322	1.2681	$72.41		$14.48
90818	S		Psytx, hosp, 45-50 min	0323	1.7705	$101.09	$21.08	$20.22
90819	S		Psytx, hosp, 45-50 min w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90821	S		Psytx, hosp, 75-80 min	0323	1.7705	$101.09	$21.08	$20.22
90822	S		Psytx, hosp, 75-80 min w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90823	S		Intac psytx, hosp, 20-30 min	0322	1.2681	$72.41		$14.48
90824	S		Intac psytx, hsp 20-30 w/e&m	0322	1.2681	$72.41		$14.48
90826	S		Intac psytx, hosp, 45-50 min	0323	1.7705	$101.09	$21.08	$20.22

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90827	S		Intac psytx, hsp 45-50 w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90828	S		Intac psytx, hosp, 75-80 min	0323	1.7705	$101.09	$21.08	$20.22
90829	S		Intac psytx, hsp 75-80 w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90845	S		Psychoanalysis	0323	1.7705	$101.09	$21.08	$20.22
90846	S		Family psytx w/o patient	0324	2.9372	$167.71		$33.54
90847	S		Family psytx w/patient	0324	2.9372	$167.71		$33.54
90849	S		Multiple family group psytx	0325	1.4790	$84.45	$18.27	$16.89
90853	S		Group psychotherapy	0325	1.4790	$84.45	$18.27	$16.89
90857	S		Intac group psytx	0325	1.4790	$84.45	$18.27	$16.89
90862	X		Medication management	0374	1.1042	$63.05		$12.61
90865	S		Narcosynthesis	0323	1.7705	$101.09	$21.08	$20.22
90870	S		Electroconvulsive therapy	0320	5.3551	$305.77	$80.06	$61.15
90871	E		Electroconvulsive therapy					
90875	E		Psychophysiological therapy					
90876	E		Psychophysiological therapy					
90880	S		Hypnotherapy	0323	1.7705	$101.09	$21.08	$20.22
90882	E		Environmental manipulation					
90885	N		Psy evaluation of records					
90887	N		Consultation with family					
90889	N		Preparation of report					
90899	S		Psychiatric service/therapy	0322	1.2681	$72.41		$14.48
90901	A		Biofeedback train, any meth					
90911	S		Biofeedback peri/uro/rectal	0321	1.4268	$81.47	$21.78	$16.29
90918	E		ESRD related services, month					
90919	E		ESRD related services, month					
90920	E		ESRD related services, month					
90921	E		ESRD related services, month					
90922	E		ESRD related services, day					
90923	E		Esrd related services, day					
90924	E		Esrd related services, day					
90925	E		Esrd related services, day					
90935	S		Hemodialysis, one evaluation	0170	6.6759	$381.18		$76.24
90937	E		Hemodialysis, repeated eval					
90939	N		Hemodialysis study, transcut					
90940	N		Hemodialysis access study					
90945	S		Dialysis, one evaluation	0170	6.6759	$381.18		$76.24
90947	E		Dialysis, repeated eval					
90989	B		Dialysis training, complete					
90993	B		Dialysis training, incompl					
90997	E		Hemoperfusion					
90999	B		Dialysis procedure					
91000	X		Esophageal intubation	0361	3.6851	$210.41	$83.23	$42.08
91010	X		Esophagus motility study	0361	3.6851	$210.41	$83.23	$42.08
91011	X		Esophagus motility study	0361	3.6851	$210.41	$83.23	$42.08
91012	X		Esophagus motility study	0361	3.6851	$210.41	$83.23	$42.08
91020	X		Gastric motility	0361	3.6851	$210.41	$83.23	$42.08
91030	X		Acid perfusion of esophagus	0361	3.6851	$210.41	$83.23	$42.08
91032	X		Esophagus, acid reflux test	0361	3.6851	$210.41	$83.23	$42.08
91033	X		Prolonged acid reflux test	0361	3.6851	$210.41	$83.23	$42.08
91052	X		Gastric analysis test	0361	3.6851	$210.41	$83.23	$42.08

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91055	X		Gastric intubation for smear	0360	1.6842	$96 16	$42.45	$19.23
91060	X		Gastric saline load test	0360	1.6842	$96 16	$42.45	$19.23
91065	X		Breath hydrogen test	0360	1.6842	$96 16	$42.45	$19.23
91100	X		Pass intestine bleeding tube	0360	1.6842	$96.16	$42.45	$19.23
91105	X		Gastric intubation treatment	0360	1.6842	$96.16	$42.45	$19.23
91110	T		Gi tract capsule endoscopy	0141	8.1355	$464.52	$143.38	$92.90
91122	T		Anal pressure record	0156	2.4996	$142.72	$40.52	$28.54
91123	N		Irrigate fecal impaction					
91132	X		Electrogastrography	0360	1.6842	$96.16	$42.45	$19.23
91133	X		Electrogastrography w/test	0360	1.6842	$96.16	$42.45	$19.23
91299	X		Gastroenterology procedure	0360	1.6842	$96.16	$42.45	$19.23
92002	V		Eye exam, new patient	0601	0.9872	$56.37		$11.27
92004	V		Eye exam, new patient	0602	1.4126	$80.66		$16.13
92012	V		Eye exam established pat	0600	0.9153	$52.26		$10.45
92014	V		Eye exam & treatment	0602	1.4126	$80.66		$16.13
92015	E		Refraction					
92018	T		New eye exam & treatment	0699	9.8497	$562.40		$112.48
92019	T		Eye exam & treatment	0699	9.8497	$562.40		$112.48
92020	S		Special eye evaluation	0230	0.8036	$45.88	$14.97	$9.18
92060	S		Special eye evaluation	0230	0.8036	$45.88	$14.97	$9.18
92065	S		Orthoptic/pleoptic training	0230	0.8036	$45.88	$14.97	$9.18
92070	N		Fitting of contact lens					
92081	S		Visual field examination(s)	0230	0.8036	$45.88	$14.97	$9.18
92082	S		Visual field examination(s)	0230	0.8036	$45.88	$14.97	$9.18
92083	S		Visual field examination(s)	0230	0.8036	$45.88	$14.97	$9.18
92100	N		Serial tonometry exam(s)					
92120	S		Tonography & eye evaluation	0230	0.8036	$45 88	$14.97	$9.18
92130	S		Water provocation tonography	0230	0.8036	$45 88	$14.97	$9.18
92135	S		Opthalmic dx imaging	0230	0.8036	$45.88	$14.97	$9.18
92136	S		Ophthalmic biometry	0230	0.8036	$45.88	$14.97	$9.18
92140	S		Glaucoma provocative tests	0698	1.4652	$83.66	$18.72	$16.73
92225	S		Special eye exam, initial	0230	0.8036	$45.88	$14.97	$9.18
92226	S		Special eye exam, subsequent	0230	0.8036	$45.88	$14.97	$9.18
92230	T		Eye exam with photos	0699	9.8497	$562.40		$112.48
92235	S		Eye exam with photos	0231	2 0475	$116.91	$45.60	$23.38
92240	S		Icg angiography	0231	2 0475	$116.91	$45.60	$23.38
92250	S		Eye exam with photos	0230	0 8036	$45.88	$14.97	$9.18
92260	S		Ophthalmoscopy/dynamometry	0230	0 8036	$45.88	$14.97	$9.18
92265	S		Eye muscle evaluation	0230	0 8036	$45.88	$14.97	$9.18
92270	S		Electro-oculography	0230	0.8036	$45.88	$14.97	$9.18
92275	S		Electroretinography	0231	2.0475	$116.91	$45.60	$23.38
92283	S		Color vision examination	0230	0.8036	$45.88	$14.97	$9.18
92284	S		Dark adaptation eye exam	0698	1.4652	$83.66	$18.72	$16.73
92285	S		Eye photography	0230	0.8036	$45.88	$14.97	$9.18
92286	S		Internal eye photography	0698	1.4652	$83.66	$18.72	$16.73
92287	S		Internal eye photography	0698	1.4652	$83.66	$18.72	$16.73
92310	E		Contact lens fitting					
92311	X		Contact lens fitting	0362	1.1152	$63.68		$12.74
92312	X		Contact lens fitting	0362	1.1152	$63.68		$12.74
92313	X		Contact lens fitting	0362	1.1152	$63.68		$12.74

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92314	E		Prescription of contact lens					
92315	X		Prescription of contact lens	0362	1.1152	$63.68		$12.74
92316	X		Prescription of contact lens	0362	1.1152	$63.68		$12.74
92317	X		Prescription of contact lens	0362	1.1152	$63.68		$12.74
92325	X		Modification of contact lens	0362	1.1152	$63.68		$12.74
92326	X		Replacement of contact lens	0362	1.1152	$63.68		$12.74
92330	S		Fitting of artificial eye	0230	0.8036	$45.88	$14.97	$9.18
92335	N		Fitting of artificial eye					
92340	E		Fitting of spectacles					
92341	E		Fitting of spectacles					
92342	E		Fitting of spectacles					
92352	X		Special spectacles fitting	0362	1.1152	$63.68		$12.74
92353	X		Special spectacles fitting	0362	1.1152	$63.68		$12.74
92354	X		Special spectacles fitting	0362	1.1152	$63.68		$12.74
92355	X		Special spectacles fitting	0362	1.1152	$63.68		$12.74
92358	X		Eye prosthesis service	0362	1.1152	$63.68		$12.74
92370	E		Repair & adjust spectacles					
92371	X		Repair & adjust spectacles	0362	1.1152	$63.68		$12.74
92390	E		Supply of spectacles					
92391	E		Supply of contact lenses					
92392	E		Supply of low vision aids					
92393	E		Supply of artificial eye					
92395	E		Supply of spectacles					
92396	E		Supply of contact lenses					
92499	S		Eye service or procedure	0230	0.8036	$45 88	$14.97	$9.18
92502	T		Ear and throat examination	0251	1.9490	$111.28		$22.26
92504	N		Ear microscopy examination					
92506	A		Speech/hearing evaluation					
92507	A		Speech/hearing therapy					
92508	A		Speech/hearing therapy					
92510	E		Rehab for ear implant					
92511	T		Nasopharyngoscopy	0071	0.7525	$42.97	$11.54	$8.59
92512	X		Nasal function studies	0363	0.8634	$49.30	$17.44	$9.86
92516	X		Facial nerve function test	0660	1 6669	$95.18	$30.66	$19.04
92520	X		Laryngeal function studies	0660	1 6669	$95.18	$30.66	$19.04
92526	A		Oral function therapy					
92531	N		Spontaneous nystagmus study					
92532	N		Positional nystagmus test					
92533	N		Caloric vestibular test					
92534	N		Optokinetic nystagmus test					
92541	X		Spontaneous nystagmus test	0363	0.8634	$49.30	$17.44	$9.86
92542	X		Positional nystagmus test	0363	0.8634	$49.30	$17.44	$9.86
92543	X		Caloric vestibular test	0660	1.6669	$95.18	$30.66	$19.04
92544	X		Optokinetic nystagmus test	0363	0.8634	$49.30	$17.44	$9.86
92545	X		Oscillating tracking test	0363	0.8634	$49.30	$17.44	$9.86
92546	X		Sinusoidal rotational test	0660	1.6669	$95.18	$30.66	$19.04
92547	X		Supplemental electrical test	0363	0.8634	$49.30	$17.44	$9.86
92548	X		Posturography	0660	1.6669	$95.18	$30.66	$19.04
92551	E		Pure tone hearing test, air					
92552	X		Pure tone audiometry, air	0364	0.4828	$27.57	$9.06	$5.51

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92553	X		Audiometry, air & bone	0364	0.4828	$27.57	$9.06	$5.51
92555	X		Speech threshold audiometry	0364	0.4828	$27.57	$9.06	$5.51
92556	X		Speech audiometry, complete	0364	0.4828	$27.57	$9.06	$5.51
92557	X		Comprehensive hearing test	0365	1.2835	$73.29	$18.95	$14.66
92559	E		Group audiometric testing					
92560	E		Bekesy audiometry, screen					
92561	X		Bekesy audiometry, diagnosis	0365	1.2835	$73.29	$18.95	$14.66
92562	X		Loudness balance test	0364	0.4828	$27.57	$9.06	$5.51
92563	X		Tone decay hearing test	0364	0.4828	$27.57	$9.06	$5.51
92564	X		Sisi hearing test	0364	0.4828	$27.57	$9.06	$5.51
92565	X		Stenger test, pure tone	0364	0.4828	$27.57	$9.06	$5.51
92567	X		Tympanometry	0364	0.4828	$27.57	$9.06	$5.51
92568	X		Acoustic reflex testing	0364	0.4828	$27.57	$9.06	$5.51
92569	X		Acoustic reflex decay test	0364	0.4828	$27.57	$9.06	$5.51
92571	X		Filtered speech hearing test	0364	0.4828	$27.57	$9.06	$5.51
92572	X		Staggered spondaic word test	0364	0.4828	$27.57	$9.06	$5.51
92573	X		Lombard test	0364	0.4828	$27.57	$9.06	$5.51
92575	X		Sensorineural acuity test	0364	0.4828	$27.57	$9.06	$5.51
92576	X		Synthetic sentence test	0364	0.4828	$27.57	$9.06	$5.51
92577	X		Stenger test, speech	0365	1.2835	$73.29	$18.95	$14.66
92579	X		Visual audiometry (vra)	0365	1.2835	$73.29	$18.95	$14.66
92582	X		Conditioning play audiometry	0365	1.2835	$73.29	$18.95	$14.66
92583	X		Select picture audiometry	0364	0.4828	$27.57	$9.06	$5.51
92584	X		Electrocochleography	0660	1.6669	$95.18	$30.66	$19.04
92585	S		Auditor evoke potent, compre	0216	2.6360	$150.51		$30.10
92586	S		Auditor evoke potent, limit	0218	1.1542	$65.90		$13.18
92587	X		Evoked auditory test	0363	0.8634	$49.30	$17.44	$9.86
92588	X		Evoked auditory test	0363	0.8634	$49.30	$17.44	$9.86
92589	X		Auditory function test(s)	0364	0.4828	$27.57	$9.06	$5.51
92590	E		Hearing aid exam, one ear					
92591	E		Hearing aid exam, both ears					
92592	E		Hearing aid check, one ear					
92593	E		Hearing aid check, both ears					
92594	E		Electro hearng aid test, one					
92595	E		Electro hearng aid tst, both					
92596	X		Ear protector evaluation	0364	0 4828	$27.57	$9.06	$5.51
92597	A		Voice Prosthetic Evaluation					
92601	X		Cochlear implt f/up exam < 7	0365	1.2835	$73.29	$18.95	$14.66
92602	X		Reprogram cochlear implt < 7	0365	1.2835	$73.29	$18.95	$14.66
92603	X		Cochlear implt f/up exam 7 >	0365	1.2835	$73.29	$18.95	$14.66
92604	X		Reprogram cochlear implt 7 >	0365	1.2835	$73.29	$18.95	$14.66
92605	A		Eval for nonspeech device rx					
92606	A		Non-speech device service					
92607	A		Ex for speech device rx, 1hr					
92608	A		Ex for speech device rx addl					
92609	A		Use of speech device service					
92610	A		Evaluate swallowing function					
92611	A		Motion fluoroscopy/swallow					
92612	A		Endoscopy swallow tst (fees)					
92613	E		Endoscopy swallow tst (fees)					

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92614	A		Laryngoscopic sensory test					
92615	E		Eval laryngoscopy sense tst					
92616	A		Fees w/laryngeal sense test					
92617	E		Interprt fees/laryngeal test					
92700	X		Ent procedure/service	0364	0.4828	$27.57	$9.06	$5.51
92950	S		Heart/lung resuscitation cpr	0094	2.7247	$155.57	$48.58	$31.11
92953	S		Temporary external pacing	0094	2.7247	$155.57	$48.58	$31.11
92960	S		Cardioversion electric, ext	0679	5.6465	$322.40	$95.30	$64.48
92961	S		Cardioversion, electric, int	0679	5.6465	$322.40	$95.30	$64.48
92970	C		Cardioassist, internal					
92971	C		Cardioassist, external					
92973	T		Percut coronary thrombectomy	0676	4.3038	$245.74		$49.15
92974	T		Cath place, cardio brachytx	1559		$2,250.00		$450.00
92975	C		Dissolve clot, heart vessel					
92977	T		Dissolve clot, heart vessel	0677	2.5625	$146.31		$29.26
92978	S		Intravasc us, heart add-on	0670	29.7495	$1,698.64	$542.37	$339.73
92979	S		Intravasc us, heart add-on	0416	4.4669	$255.05	$92.37	$51.01
92980	T		Insert intracoronary stent	0104	81.9772	$4,680.73		$936.15
92981	T		Insert intracoronary stent	0104	81.9772	$4,680.73		$936.15
92982	T		Coronary artery dilation	0083	52.8967	$3,020.30		$604.06
92984	T		Coronary artery dilation	0083	52.8967	$3,020.30		$604.06
92986	T		Revision of aortic valve	0083	52.8967	$3,020.30		$604.06
92987	T		Revision of mitral valve	0083	52.8967	$3,020.30		$604.06
92990	T		Revision of pulmonary valve	0083	52.8967	$3,020.30		$604.06
92992	C		Revision of heart chamber					
92993	C		Revision of heart chamber					
92995	T		Coronary atherectomy	0082	98.4762	$5,622.79	$1,209.50	$1,124.56
92996	T		Coronary atherectomy add-on	0082	98.4762	$5,622.79	$1,209.50	$1,124.56
92997	T		Pul art balloon repr, percut	0081	31.2963	$1,786.96		$357.39
92998	T		Pul art balloon repr, percut	0081	31.2963	$1,786.96		$357.39
93000	B		Electrocardiogram, complete					
93005	S		Electrocardiogram, tracing	0099	0.3835	$21.90		$4.38
93010	A		Electrocardiogram report					
93012	N		Transmission of ecg					
93014	B		Report on transmitted ecg					
93015	B		Cardiovascular stress test					
93016	B		Cardiovascular stress test					
93017	X		Cardiovascular stress test	0100	2.5336	$144.66	$41.44	$28.93
93018	B		Cardiovascular stress test					
93024	X		Cardiac drug stress test	0100	2.5336	$144.66	$41.44	$28.93
93025	X		Microvolt t-wave assess	0100	2.5336	$144.66	$41.44	$28.93
93040	B		Rhythm ECG with report					
93041	S		Rhythm ECG, tracing	0099	0.3835	$21.90		$4.38
93042	B		Rhythm ECG, report					
93224	B		ECG monitor/report, 24 hrs					
93225	X		ECG monitor/record, 24 hrs	0097	1.0315	$58.90	$23.80	$11.78
93226	X		ECG monitor/report, 24 hrs	0097	1.0315	$58.90	$23.80	$11.78
93227	B		ECG monitor/review, 24 hrs					
93230	B		ECG monitor/report, 24 hrs					
93231	X		Ecg monitor/record, 24 hrs	0097	1.0315	$58.90	$23.80	$11.78

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93232	X		ECG monitor/report, 24 hrs	0097	1.0315	$58.90	$23.80	$11.78
93233	B		ECG monitor/review, 24 hrs					
93235	B		ECG monitor/report, 24 hrs					
93236	X		ECG monitor/report, 24 hrs	0097	1.0315	$58.90	$23.80	$11.78
93237	B		ECG monitor/review, 24 hrs					
93268	B		ECG record/review					
93270	X		ECG recording	0097	1.0315	$58.90	$23.80	$11.78
93271	X		Ecg/monitoring and analysis	0097	1.0315	$58.90	$23.80	$11.78
93272	B		Ecg/review, interpret only					
93278	S		ECG/signal-averaged	0099	0.3835	$21.90		$4.38
93303	S		Echo transthoracic	0269	3.2844	$187.53	$84.38	$37.51
93304	S		Echo transthoracic	0697	1.5260	$87.13	$39.20	$17.43
93307	S		Echo exam of heart	0269	3.2844	$187.53	$84.38	$37.51
93308	S		Echo exam of heart	0697	1.5260	$87.13	$39.20	$17.43
93312	S		Echo transesophageal	0270	6.1563	$351.51	$146.79	$70.30
93313	S		Echo transesophageal	0270	6.1563	$351.51	$146.79	$70.30
93314	N		Echo transesophageal					
93315	S		Echo transesophageal	0270	6.1563	$351.51	$146.79	$70.30
93316	S		Echo transesophageal	0270	6.1563	$351.51	$146.79	$70.30
93317	N		Echo transesophageal					
93318	S		Echo transesophageal intraop	0270	6.1563	$351.51	$146.79	$70.30
93320	S		Doppler echo exam, heart	0671	1.7247	$98.48	$44.31	$19.70
93321	S		Doppler echo exam, heart	0697	1.5260	$87.13	$39.20	$17.43
93325	S		Doppler color flow add-on	0697	1.5260	$87.13	$39.20	$17.43
93350	S		Echo transthoracic	0269	3.2844	$187.53	$84.38	$37.51
93501	T		Right heart catheterization	0080	36.5106	$2,084.68	$838.92	$416.94
93503	T		Insert/place heart catheter	0103	13.2856	$758.58	$223.63	$151.72
93505	T		Biopsy of heart lining	0103	13 2856	$758.58	$223.63	$151.72
93508	T		Cath placement, angiography	0080	36 5106	$2,084.68	$838.92	$416.94
93510	T		Left heart catheterization	0080	36.5106	$2,084.68	$838.92	$416.94
93511	T		Left heart catheterization	0080	36.5106	$2,084 68	$838.92	$416.94
93514	T		Left heart catheterization	0080	36.5106	$2,084 68	$838.92	$416.94
93524	T		Left heart catheterization	0080	36.5106	$2,084.68	$838.92	$416.94
93526	T		Rt & Lt heart catheters	0080	36 5106	$2,084.68	$838.92	$416.94
93527	T		Rt & Lt heart catheters	0080	36 5106	$2,084.68	$838.92	$416.94
93528	T		Rt & Lt heart catheters	0080	36 5106	$2,084.68	$838.92	$416.94
93529	T		Rt, lt heart catheterization	0080	36 5106	$2,084.68	$838.92	$416.94
93530	T		Rt heart cath, congenital	0080	36 5106	$2,084.68	$838.92	$416.94
93531	T		R & l heart cath, congenital	0080	36 5106	$2,084.68	$838.92	$416.94
93532	T		R & l heart cath, congenital	0080	36 5106	$2,084.68	$838.92	$416.94
93533	T		R & l heart cath, congenital	0080	36 5106	$2,084.68	$838.92	$416.94
93539	N		Injection, cardiac cath					
93540	N		Injection, cardiac cath					
93541	N		Injection for lung angiogram					
93542	N		Injection for heart x-rays					
93543	N		Injection for heart x-rays					
93544	N		Injection for aortography					
93545	N		Inject for coronary x-rays					
93555	N		Imaging, cardiac cath					
93556	N		Imaging, cardiac cath					

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93561	N		Cardiac output measurement					
93562	N		Cardiac output measurement					
93571	S		Heart flow reserve measure	0670	29.7495	$1,698.64	$542.37	$339.73
93572	S		Heart flow reserve measure	0416	4.4669	$255.05	$92.37	$51.01
93580	T		Transcath closure of asd	1559		$2,250.00		$450.00
93581	T		Transcath closure of vsd	1559		$2,250.00		$450.00
93600	T		Bundle of His recording	0087	35.5739	$2,031.20		$406.24
93602	T		Intra-atrial recording	0087	35.5739	$2,031.20		$406.24
93603	T		Right ventricular recording	0087	35.5739	$2,031.20		$406.24
93609	T		Map tachycardia, add-on	0087	35.5739	$2,031.20		$406.24
93610	T		Intra-atrial pacing	0087	35.5739	$2,031.20		$406.24
93612	T		Intraventricular pacing	0087	35.5739	$2,031.20		$406.24
93613	T		Electrophys map 3d, add-on	0087	35.5739	$2,031.20		$406.24
93615	T		Esophageal recording	0087	35.5739	$2,031.20		$406.24
93616	T		Esophageal recording	0087	35.5739	$2,031.20		$406.24
93618	T		Heart rhythm pacing	0087	35.5739	$2,031.20		$406.24
93619	T		Electrophysiology evaluation	0085	35.0395	$2,000.69	$426.25	$400.14
93620	T		Electrophysiology evaluation	0085	35.0395	$2,000.69	$426.25	$400.14
93621	T		Electrophysiology evaluation	0085	35.0395	$2,000.69	$426.25	$400.14
93622	T		Electrophysiology evaluation	0085	35.0395	$2,000.69	$426.25	$400.14
93623	T		Stimulation, pacing heart	0087	35.5739	$2,031.20		$406.24
93624	S		Electrophysiologic study	0084	10.6492	$608.05		$121.61
93631	T		Heart pacing, mapping	0087	35.5739	$2,031.20		$406.24
93640	S		Evaluation heart device	0084	10.6492	$608.05		$121.61
93641	S		Electrophysiology evaluation	0084	10.6492	$608.05		$121.61
93642	S		Electrophysiology evaluation	0084	10.6492	$608.05		$121.61
93650	T		Ablate heart dysrhythm focus	0086	43.9843	$2,511.42	$833.33	$502.28
93651	T		Ablate heart dysrhythm focus	0086	43.9843	$2,511.42	$833.33	$502.28
93652	T		Ablate heart dysrhythm focus	0086	43.9843	$2,511.42	$833.33	$502.28
93660	S		Tilt table evaluation	0101	4.4294	$252.91	$105.27	$50.58
93662	S		Intracardiac ecg (ice)	0670	29.7495	$1,698.64	$542.37	$339.73
93668	E		Peripheral vascular rehab					
93701	S		Bioimpedance, thoracic	0099	0.3835	$21.90		$4.38
93720	B		Total body plethysmography					
93721	X		Plethysmography tracing	0368	0.9544	$54.49	$24.52	$10.90
93722	B		Plethysmography report					
93724	S		Analyze pacemaker system	0690	0.3994	$22.80	$10.26	$4.56
93727	S		Analyze ilr system	0690	0.3994	$22.80	$10.26	$4.56
93731	S		Analyze pacemaker system	0690	0.3994	$22.80	$10.26	$4.56
93732	S		Analyze pacemaker system	0690	0.3994	$22.80	$10.26	$4.56
93733	S		Telephone analy, pacemaker	0690	0.3994	$22.80	$10.26	$4.56
93734	S		Analyze pacemaker system	0690	0.3994	$22.80	$10.26	$4.56
93735	S		Analyze pacemaker system	0690	0.3994	$22.80	$10.26	$4.56
93736	S		Telephonic analy, pacemaker	0690	0.3994	$22.80	$10.26	$4.56
93740	X		Temperature gradient studies	0368	0.9544	$54.49	$24.52	$10.90
93741	S		Analyze ht pace device sngl	0689	0.5894	$33.65		$6.73
93742	S		Analyze ht pace device sngl	0689	0.5894	$33.65		$6.73
93743	S		Analyze ht pace device dual	0689	0.5894	$33.65		$6.73
93744	S		Analyze ht pace device dual	0689	0.5894	$33.65		$6.73
93760	E		Cephalic thermogram					

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93762	E		Peripheral thermogram					
93770	N		Measure venous pressure					
93784	E		Ambulatory BP monitoring					
93786	X		Ambulatory BP recording	0097	1.0315	$58.90	$23.80	$11.78
93788	X		Ambulatory BP analysis	0097	1.0315	$58.90	$23.80	$11.78
93790	B		Review/report BP recording					
93797	S		Cardiac rehab	0095	0.6086	$34.75	$15.63	$6.95
93798	S		Cardiac rehab/monitor	0095	0.6086	$34.75	$15.63	$6.95
93799	S		Cardiovascular procedure	0096	1.7208	$98.25	$44.21	$19.65
93875	S		Extracranial study	0096	1.7208	$98.25	$44.21	$19.65
93880	S		Extracranial study	0267	2.4509	$139.94	$62.97	$27.99
93882	S		Extracranial study	0267	2.4509	$139.94	$62.97	$27.99
93886	S		Intracranial study	0267	2.4509	$139.94	$62.97	$27.99
93888	S		Intracranial study	0266	1.6405	$93.67	$42.15	$18.73
93922	S		Extremity study	0096	1.7208	$98 25	$44.21	$19.65
93923	S		Extremity study	0096	1.7208	$98 25	$44.21	$19.65
93924	S		Extremity study	0096	1 7208	$98 25	$44.21	$19.65
93925	S		Lower extremity study	0267	2 4509	$139.94	$62.97	$27.99
93926	S		Lower extremity study	0267	2.4509	$139.94	$62.97	$27.99
93930	S		Upper extremity study	0267	2.4509	$139.94	$62.97	$27.99
93931	S		Upper extremity study	0266	1.6405	$93.67	$42.15	$18.73
93965	S		Extremity study	0096	1.7208	$98.25	$44.21	$19.65
93970	S		Extremity study	0267	2.4509	$139.94	$62.97	$27.99
93971	S		Extremity study	0267	2.4509	$139.94	$62.97	$27.99
93975	S		Vascular study	0267	2.4509	$139.94	$62.97	$27.99
93976	S		Vascular study	0267	2.4509	$139.94	$62.97	$27.99
93978	S		Vascular study	0267	2.4509	$139.94	$62.97	$27.99
93979	S		Vascular study	0267	2.4509	$139.94	$62.97	$27.99
93980	S		Penile vascular study	0267	2.4509	$139.94	$62.97	$27.99
93981	S		Penile vascular study	0267	2.4509	$139.94	$62.97	$27.99
93990	S		Doppler flow testing	0267	2.4509	$139.94	$62.97	$27.99
94010	X		Breathing capacity test	0368	0.9544	$54.49	$24.52	$10.90
94014	X		Patient recorded spirometry	0368	0.9544	$54.49	$24.52	$10.90
94015	X		Patient recorded spirometry	0367	0.5901	$33.69	$15.16	$6.74
94016	A		Review patient spirometry					
94060	X		Evaluation of wheezing	0368	0 9544	$54.49	$24.52	$10.90
94070	X		Evaluation of wheezing	0369	2 7466	$156.83	$44.18	$31.37
94150	X		Vital capacity test	0367	0 5901	$33.69	$15.16	$6.74
94200	X		Lung function test (MBC/MVV)	0367	0 5901	$33.69	$15.16	$6.74
94240	X		Residual lung capacity	0368	0.9544	$54.49	$24.52	$10.90
94250	X		Expired gas collection	0367	0.5901	$33.69	$15.16	$6 74
94260	X		Thoracic gas volume	0368	0.9544	$54.49	$24.52	$10 90
94350	X		Lung nitrogen washout curve	0368	0.9544	$54.49	$24.52	$10.90
94360	X		Measure airflow resistance	0367	0.5901	$33.69	$15.16	$6.74
94370	X		Breath airway closing volume	0367	0.5901	$33.69	$15.16	$6.74
94375	X		Respiratory flow volume loop	0368	0.9544	$54.49	$24.52	$10.90
94400	X		CO2 breathing response curve	0367	0.5901	$33.69	$15.16	$6.74
94450	X		Hypoxia response curve	0368	0.9544	$54.49	$24.52	$10.90
94620	X		Pulmonary stress test/simple	0368	0.9544	$54.49	$24.52	$10.90
94621	X		Pulm stress test/complex	0369	2.7466	$156.83	$44.18	$31.37

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94640	S		Airway inhalation treatment	0077	0.3092	$17.65	$7.74	$3.53
94642	S		Aerosol inhalation treatment	0078	0.8207	$46.86	$14.55	$9.37
94656	S		Initial ventilator mgmt	0079	2.0455	$116.79		$23.36
94657	S		Continued ventilator mgmt	0079	2.0455	$116.79		$23.36
94660	S		Pos airway pressure, CPAP	0068	1.1723	$66.94	$29.48	$13.39
94662	S		Neg press ventilation, cnp	0079	2.0455	$116.79		$23.36
94664	S		Aerosol or vapor inhalations	0077	0.3092	$17.65	$7.74	$3.53
94667	S		Chest wall manipulation	0077	0.3092	$17.65	$7.74	$3.53
94668	S		Chest wall manipulation	0077	0.3092	$17.65	$7.74	$3.53
94680	X		Exhaled air analysis, o2	0367	0.5901	$33.69	$15.16	$6.74
94681	X		Exhaled air analysis, o2/co2	0368	0.9544	$54.49	$24.52	$10.90
94690	X		Exhaled air analysis	0368	0.9544	$54.49	$24.52	$10.90
94720	X		Monoxide diffusing capacity	0368	0.9544	$54.49	$24.52	$10.90
94725	X		Membrane diffusion capacity	0368	0.9544	$54.49	$24.52	$10.90
94750	X		Pulmonary compliance study	0368	0.9544	$54.49	$24.52	$10.90
94760	N		Measure blood oxygen level					
94761	N		Measure blood oxygen level					
94762	N		Measure blood oxygen level					
94770	X		Exhaled carbon dioxide test	0367	0.5901	$33.69	$15.16	$6.74
94772	X		Breath recording, infant	0369	2.7466	$156.83	$44.18	$31.37
94799	X		Pulmonary service/procedure	0367	0.5901	$33.69	$15.16	$6.74
95004	X		Percut allergy skin tests	0370	1.0088	$57.60	$11.58	$11.52
95010	X		Percut allergy titrate test	0370	1.0088	$57.60	$11.58	$11.52
95015	X		Id allergy titrate-drug/bug	0370	1.0088	$57.60	$11.58	$11.52
95024	X		Id allergy test, drug/bug	0370	1.0088	$57.60	$11.58	$11.52
95027	X		Skin end point titration	0370	1.0088	$57.60	$11.58	$11.52
95028	X		Id allergy test-delayed type	0370	1.0088	$57.60	$11.58	$11.52
95044	X		Allergy patch tests	0370	1.0088	$57.60	$11.58	$11.52
95052	X		Photo patch test	0370	1.0088	$57.60	$11.58	$11.52
95056	X		Photosensitivity tests	0370	1.0088	$57.60	$11.58	$11.52
95060	X		Eye allergy tests	0370	1.0088	$57.60	$11.58	$11.52
95065	X		Nose allergy test	0370	1.0088	$57.60	$11.58	$11.52
95070	X		Bronchial allergy tests	0369	2.7466	$156.83	$44.18	$31.37
95071	X		Bronchial allergy tests	0369	2.7466	$156.83	$44.18	$31.37
95075	X		Ingestion challenge test	0361	3.6851	$210.41	$83.23	$42.08
95078	X		Provocative testing	0370	1.0088	$57.60	$11.58	$11.52
95115	X		Immunotherapy, one injection	0352	0.1209	$6.90		$1.38
95117	X		Immunotherapy injections	0353	0.4013	$22.91		$4.58
95120	B		Immunotherapy, one injection					
95125	B		Immunotherapy, many antigens					
95130	B		Immunotherapy, insect venom					
95131	B		Immunotherapy, insect venoms					
95132	B		Immunotherapy, insect venoms					
95133	B		Immunotherapy, insect venoms					
95134	B		Immunotherapy, insect venoms					
95144	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95145	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95146	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95147	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95148	X		Antigen therapy services	0371	0.4238	$24.20		$4.84

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95149	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95165	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95170	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95180	X		Rapid desensitization	0370	1.0088	$57.60	$11.58	$11.52
95199	X		Allergy immunology services	0370	1.0088	$57.60	$11.58	$11.52
95250	X		Glucose monitoring, cont	0421	1.8195	$103.89		$20.78
95805	S		Multiple sleep latency test	0209	11.7070	$668.45	$280.58	$133.69
95806	S		Sleep study, unattended	0213	3.4836	$198.91	$65.74	$39.78
95807	S		Sleep study, attended	0209	11.7070	$668.45	$280.58	$133.69
95808	S		Polysomnography, 1-3	0209	11.7070	$668.45	$280.58	$133.69
95810	S		Polysomnography, 4 or more	0209	11.7070	$668.45	$280.58	$133.69
95811	S		Polysomnography w/cpap	0209	11.7070	$668.45	$280.58	$133.69
95812	S		Electroencephalogram (EEG)	0213	3.4836	$198.91	$65.74	$39.78
95813	S		Eeg, over 1 hour	0213	3.4836	$198.91	$65.74	$39.78
95816	S		Electroencephalogram (EEG)	0214	2.2976	$131.19	$58.12	$26.24
95819	S		Electroencephalogram (EEG)	0214	2.2976	$131.19	$58.12	$26.24
95822	S		Sleep electroencephalogram	0214	2.2976	$131.19	$58.12	$26.24
95824	S		Eeg, cerebral death only	0214	2.2976	$131.19	$58.12	$26.24
95827	S		night electroencephalogram	0213	3.4836	$198.91	$65.74	$39.78
95829	S		Surgery electrocorticogram	0214	2.2976	$131.19	$58.12	$26.24
95830	B		Insert electrodes for EEG					
95831	A		Limb muscle testing, manual					
95832	A		Hand muscle testing, manual					
95833	A		Body muscle testing, manual					
95834	A		Body muscle testing, manual					
95851	A		Range of motion measurements					
95852	A		Range of motion measurements					
95857	S		Tensilon test	0218	1.1542	$65.90		$13.18
95858	S		Tensilon test & myogram	0215	0.6655	$38.00	$15.76	$7.60
95860	S		Muscle test, one limb	0218	1.1542	$65.90		$13.18
95861	S		Muscle test, 2 limbs	0218	1.1542	$65.90		$13.18
95863	S		Muscle test, 3 limbs	0218	1.1542	$65.90		$13.18
95864	S		Muscle test, 4 limbs	0218	1.1542	$65.90		$13.18
95867	S		Muscle test, head or neck	0218	1.1542	$65.90		$13.18
95868	S		Muscle test cran nerve bilat	0218	1.1542	$65.90		$13.18
95869	S		Muscle test, thor paraspinal	0215	0.6655	$38.00	$15.76	$7.60
95870	S		Muscle test, nonparaspinal	0215	0.6655	$38.00	$15.76	$7.60
95872	S		Muscle test, one fiber	0218	1.1542	$65.90		$13.18
95875	S		Limb exercise test	0215	0.6655	$38.00	$15.76	$7.60
95900	S		Motor nerve conduction test	0215	0.6655	$38.00	$15.76	$7.60
95903	S		Motor nerve conduction test	0215	0.6655	$38.00	$15.76	$7.60
95904	S		Sense nerve conduction test	0215	0.6655	$38.00	$15.76	$7.60
95920	S		Intraop nerve test add-on	0216	2.6360	$150.51		$30.10
95921	S		Autonomic nerv function test	0218	1.1542	$65.90		$13.18
95922	S		Autonomic nerv function test	0218	1.1542	$65.90		$13.18
95923	S		Autonomic nerv function test	0215	0.6655	$38.00	$15.76	$7.60
95925	S		Somatosensory testing	0216	2.6360	$150.51		$30.10
95926	S		Somatosensory testing	0216	2.6360	$150.51		$30.10
95927	S		Somatosensory testing	0216	2.6360	$150.51		$30.10
95930	S		Visual evoked potential test	0216	2.6360	$150.51		$30.10

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95933	S		Blink reflex test	0215	0.6655	$38.00	$15.76	$7.60
95934	S		H-reflex test	0215	0.6655	$38.00	$15.76	$7.60
95936	S		H-reflex test	0215	0.6655	$38.00	$15.76	$7.60
95937	S		Neuromuscular junction test	0218	1.1542	$65.90		$13.18
95950	S		Ambulatory eeg monitoring	0213	3.4836	$198.91	$65.74	$39.78
95951	S		EEG monitoring/videorecord	0209	11.7070	$668.45	$280.58	$133.69
95953	S		EEG monitoring/computer	0213	3.4836	$198.91	$65.74	$39.78
95954	S		EEG monitoring/giving drugs	0214	2.2976	$131.19	$58.12	$26.24
95955	S		EEG during surgery	0213	3.4836	$198.91	$65.74	$39.78
95956	S		Eeg monitoring, cable/radio	0214	2.2976	$131.19	$58.12	$26.24
95957	S		EEG digital analysis	0214	2.2976	$131.19	$58.12	$26.24
95958	S		EEG monitoring/function test	0213	3.4836	$198.91	$65.74	$39.78
95961	S		Electrode stimulation, brain	0216	2.6360	$150.51		$30.10
95962	S		Electrode stim, brain add-on	0216	2.6360	$150.51		$30.10
95965	S		Meg, spontaneous	1528		$5,250.00		$1,050.00
95966	S		Meg, evoked, single	1516		$1,450.00		$290.00
95967	S		Meg, evoked, each add'l	1511		$950.00		$190.00
95970	S		Analyze neurostim, no prog	0692	2.0004	$114.22	$30.16	$22.84
95971	S		Analyze neurostim, simple	0692	2.0004	$114.22	$30.16	$22.84
95972	S		Analyze neurostim, complex	0692	2.0004	$114.22	$30.16	$22.84
95973	S		Analyze neurostim, complex	0692	2.0004	$114.22	$30.16	$22.84
95974	S		Cranial neurostim, complex	0692	2.0004	$114.22	$30.16	$22.84
95975	S		Cranial neurostim, complex	0692	2.0004	$114.22	$30.16	$22.84
95990	T		Spin/brain pump refil & main	0125	2.0894	$119.30		$23.86
95991	T		Spin/brain pump refil & main	0125	2.0894	$119.30		$23.86
95999	S		Neurological procedure	0215	0.6655	$38.00	$15.76	$7.60
96000	S		Motion analysis, video/3d	0216	2.6360	$150.51		$30.10
96001	S		Motion test w/ft press meas	0216	2.6360	$150.51		$30.10
96002	S		Dynamic surface emg	0218	1.1542	$65.90		$13.18
96003	S		Dynamic fine wire emg	0215	0.6655	$38.00	$15.76	$7.60
96004	E		Phys review of motion tests					
96100	X		Psychological testing	0373	2.3631	$134.93		$26.99
96105	A		Assessment of aphasia					
96110	X		Developmental test, lim	0373	2 3631	$134.93		$26.99
96111	X		Developmental test, extend	0373	2 3631	$134.93		$26.99
96115	X		Neurobehavior status exam	0373	2 3631	$134.93		$26.99
96117	X		Neuropsych test battery	0373	2 3631	$134.93		$26.99
96150	S		Assess lth/behave, init	0322	1 2681	$72.41		$14.48
96151	S		Assess hlth/behave, subseq	0322	1.2681	$72.41		$14.48
96152	S		Intervene hlth/behave, indiv	0322	1.2681	$72.41		$14.48
96153	S		Intervene hlth/behave, group	0322	1.2681	$72.41		$14.48
96154	S		Interv hlth/behav, fam w/pt	0322	1.2681	$72.41		$14.48
96155	E		Interv hlth/behav fam no pt					
96400	B		Chemotherapy, sc/im					
96405	B		Intralesional chemo admin					
96406	B		Intralesional chemo admin					
96408	B		Chemotherapy, push technique					
96410	B		Chemotherapy,infusion method					
96412	B		Chemo, infuse method add-on					
96414	B		Chemo, infuse method add-on					

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96420	B		Chemotherapy, push technique					
96422	B		Chemotherapy,infusion method					
96423	B		Chemo, infuse method add-on					
96425	B		Chemotherapy,infusion method					
96440	B		Chemotherapy, intracavitary					
96445	B		Chemotherapy, intracavitary					
96450	B		Chemotherapy, into CNS					
96520	T		Port pump refill & main	0125	2.0894	$119.30		$23.86
96530	T		Pump refilling, maintenance	0125	2.0894	$119.30		$23.86
96542	B		Chemotherapy injection					
96545	B		Provide chemotherapy agent					
96549	B		Chemotherapy, unspecified					
96567	T		Photodynamic tx, skin	0013	1.1586	$66 15	$14.20	$13.23
96570	T		Photodynamic tx, 30 min	0015	1.7381	$99 24	$20.35	$19.85
96571	T		Photodynamic tx, addl 15 min	0012	0.7559	$43.16	$11.18	$8.63
96900	S		Ultraviolet light therapy	0001	0.4046	$23.10	$7.08	$4.62
96902	N		Trichogram					
96910	S		Photochemotherapy with UV-B	0001	0.4046	$23.10	$7.08	$4.62
96912	S		Photochemotherapy with UV-A	0001	0.4046	$23.10	$7.08	$4.62
96913	S		Photochemotherapy, UV-A or B	0683	2.4306	$138.78	$30.42	$27.76
96920	T		Laser tx, skin < 250 sq cm	0013	1.1586	$66.15	$14.20	$13.23
96921	T		Laser tx, skin 250-500 sq cm	0013	1.1586	$66.15	$14.20	$13.23
96922	T		Laser tx, skin > 500 sq cm	0013	1.1586	$66.15	$14.20	$13.23
96999	T		Dermatological procedure	0010	0.5982	$34.16	$9.74	$6.83
97001	A		Pt evaluation					
97002	A		Pt re-evaluation					
97003	A		Ot evaluation					
97004	A		Ot re-evaluation					
97005	E		Athletic train eval					
97006	E		Athletic train reeval					
97010	A		Hot or cold packs therapy					
97012	A		Mechanical traction therapy					
97014	E		Electric stimulation therapy					
97016	A		Vasopneumatic device therapy					
97018	A		Paraffin bath therapy					
97020	A		Microwave therapy					
97022	A		Whirlpool therapy					
97024	A		Diathermy treatment					
97026	A		Infrared therapy					
97028	A		Ultraviolet therapy					
97032	A		Electrical stimulation					
97033	A		Electric current therapy					
97034	A		Contrast bath therapy					
97035	A		Ultrasound therapy					
97036	A		Hydrotherapy					
97039	A		Physical therapy treatment					
97110	A		Therapeutic exercises					
97112	A		Neuromuscular reeducation					
97113	A		Aquatic therapy/exercises					
97116	A		Gait training therapy					

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97124	A		Massage therapy					
97139	A		Physical medicine procedure					
97140	A		Manual therapy					
97150	A		Group therapeutic procedures					
97504	A		Orthotic training					
97520	A		Prosthetic training					
97530	A		Therapeutic activities					
97532	A		Cognitive skills development					
97533	A		Sensory integration					
97535	A		Self care mngment training					
97537	A		Community/work reintegration					
97542	A		Wheelchair mngment training					
97545	A		Work hardening					
97546	A		Work hardening add-on					
97601	A		Wound(s) care, selective					
97602	N		Wound(s) care non-selective					
97703	A		Prosthetic checkout					
97750	A		Physical performance test					
97755	A		Assistive technology assess					
97780	E		Acupuncture w/o stimul					
97781	E		Acupuncture w/stimul					
97799	A		Physical medicine procedure					
97802	A		Medical nutrition, indiv, in					
97803	A		Med nutrition, indiv, subseq					
97804	A		Medical nutrition, group					
98925	S		Osteopathic manipulation	0060	0.4885	$27.89		$5.58
98926	S		Osteopathic manipulation	0060	0.4885	$27.89		$5.58
98927	S		Osteopathic manipulation	0060	0.4885	$27.89		$5.58
98928	S		Osteopathic manipulation	0060	0.4885	$27.89		$5.58
98929	S		Osteopathic manipulation	0060	0.4885	$27.89		$5.58
98940	S		Chiropractic manipulation	0060	0.4885	$27.89		$5.58
98941	S		Chiropractic manipulation	0060	0.4885	$27.89		$5.58
98942	S		Chiropractic manipulation	0060	0.4885	$27.89		$5.58
98943	E		Chiropractic manipulation					
99000	B		Specimen handling					
99001	B		Specimen handling					
99002	B		Device handling					
99024	B		Postop follow-up visit					
99026	E		In-hospital on call service					
99027	E		Out-of-hosp on call service					
99050	B		Medical services after hrs					
99052	B		Medical services at night					
99054	B		Medical servcs, unusual hrs					
99056	B		Non-office medical services					
99058	B		Office emergency care					
99070	B		Special supplies					
99071	B		Patient education materials					
99075	E		Medical testimony					
99078	N		Group health education					
99080	B		Special reports or forms					

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99082	B		Unusual physician travel					
99090	B		Computer data analysis					
99091	E		Collect/review data from pt					
99100	B		Special anesthesia service					
99116	B		Anesthesia with hypothermia					
99135	B		Special anesthesia procedure					
99140	B		Emergency anesthesia					
99141	N		Sedation, iv/im or inhalant					
99142	N		Sedation, oral/rectal/nasal					
99170	T		Anogenital exam, child	0191	0.1898	$10.84	$2.93	$2.17
99172	E		Ocular function screen					
99173	E		Visual acuity screen					
99175	N		Induction of vomiting					
99183	B		Hyperbaric oxygen therapy					
99185	N		Regional hypothermia					
99186	N		Total body hypothermia					
99190	C		Special pump services					
99191	C		Special pump services					
99192	C		Special pump services					
99195	X		Phlebotomy	0372	0.5720	$32.66	$10.09	$6.53
99199	B		Special service/proc/report					
99201	V		Office/outpatient visit, new	0600	0.9153	$52.26		$10.45
99202	V		Office/outpatient visit, new	0600	0.9153	$52.26		$10.45
99203	V		Office/outpatient visit, new	0601	0.9872	$56.37		$11.27
99204	V		Office/outpatient visit, new	0602	1.4126	$80.66		$16.13
99205	V		Office/outpatient visit, new	0602	1.4126	$80.66		$16.13
99211	V		Office/outpatient visit, est	0600	0.9153	$52.26		$10.45
99212	V		Office/outpatient visit, est	0600	0.9153	$52.26		$10.45
99213	V		Office/outpatient visit, est	0601	0.9872	$56.37		$11.27
99214	V		Office/outpatient visit, est	0602	1.4126	$80.66		$16.13
99215	V		Office/outpatient visit, est	0602	1.4126	$80.66		$16.13
99217	N		Observation care discharge					
99218	N		Observation care					
99219	N		Observation care					
99220	N		Observation care					
99221	E		Initial hospital care					
99222	E		Initial hospital care					
99223	E		Initial hospital care					
99231	E		Subsequent hospital care					
99232	E		Subsequent hospital care					
99233	E		Subsequent hospital care					
99234	N		Observ/hosp same date					
99235	N		Observ/hosp same date					
99236	N		Observ/hosp same date					
99238	E		Hospital discharge day					
99239	E		Hospital discharge day					
99241	V		Office consultation	0600	0.9153	$52.26		$10.45
99242	V		Office consultation	0600	0.9153	$52.26		$10.45
99243	V		Office consultation	0601	0.9872	$56.37		$11.27
99244	V		Office consultation	0602	1.4126	$80.66		$16.13

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99245	V		Office consultation	0602	1.4126	$80.66		$16.13
99251	C		Initial inpatient consult					
99252	C		Initial inpatient consult					
99253	C		Initial inpatient consult					
99254	C		Initial inpatient consult					
99255	C		Initial inpatient consult					
99261	C		Follow-up inpatient consult					
99262	C		Follow-up inpatient consult					
99263	C		Follow-up inpatient consult					
99271	V		Confirmatory consultation	0600	0.9153	$52.26		$10.45
99272	V		Confirmatory consultation	0600	0.9153	$52.26		$10.45
99273	V		Confirmatory consultation	0601	0.9872	$56.37		$11.27
99274	V		Confirmatory consultation	0602	1.4126	$80.66		$16.13
99275	V		Confirmatory consultation	0602	1.4126	$80.66		$16.13
99281	V		Emergency dept visit	0610	1.3646	$77.92	$19.57	$15.58
99282	V		Emergency dept visit	0610	1.3646	$77.92	$19.57	$15.58
99283	V		Emergency dept visit	0611	2.4057	$137.36	$36.16	$27.47
99284	V		Emergency dept visit	0612	4.0940	$233.76	$54.12	$46.75
99285	V		Emergency dept visit	0612	4.0940	$233.76	$54.12	$46.75
99288	B		Direct advanced life support					
99289	N		Pt transport, 30-74 min					
99290	N		Pt transport, addl 30 min					
99291	S		Critical care, first hour	0620	8.9673	$512.01	$142.30	$102.40
99292	N		Critical care, add'l 30 min					
99293	C		Ped critical care, initial					
99294	C		Ped critical care, subseq					
99295	C		Neonatal critical care					
99296	C		Neonatal critical care					
99298	C		Neonatal critical care					
99299	C		Ic, lbw infant 1500-2500 gm					
99301	B		Nursing facility care					
99302	B		Nursing facility care					
99303	B		Nursing facility care					
99311	B		Nursing fac care, subseq					
99312	B		Nursing fac care, subseq					
99313	B		Nursing fac care, subseq					
99315	B		Nursing fac discharge day					
99316	B		Nursing fac discharge day					
99321	B		Rest home visit, new patient					
99322	B		Rest home visit, new patient					
99323	B		Rest home visit, new patient					
99331	B		Rest home visit, est pat					
99332	B		Rest home visit, est pat					
99333	B		Rest home visit, est pat					
99341	B		Home visit, new patient					
99342	B		Home visit, new patient					
99343	B		Home visit, new patient					
99344	B		Home visit, new patient					
99345	B		Home visit, new patient					
99347	B		Home visit, est patient					

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99348	B		Home visit, est patient					
99349	B		Home visit, est patient					
99350	B		Home visit, est patient					
99354	N		Prolonged service, office					
99355	N		Prolonged service, office					
99356	C		Prolonged service, inpatient					
99357	C		Prolonged service, inpatient					
99358	N		Prolonged serv, w/o contact					
99359	N		Prolonged serv, w/o contact					
99360	B		Physician standby services					
99361	E		Physician/team conference					
99362	E		Physician/team conference					
99371	B		Physician phone consultation					
99372	B		Physician phone consultation					
99373	B		Physician phone consultation					
99374	B		Home health care supervision					
99375	E		Home health care supervision					
99377	B		Hospice care supervision					
99378	E		Hospice care supervision					
99379	B		Nursing fac care supervision					
99380	B		Nursing fac care supervision					
99381	E		Prev visit, new, infant					
99382	E		Prev visit, new, age 1-4					
99383	E		Prev visit, new, age 5-11					
99384	E		Prev visit, new, age 12-17					
99385	E		Prev visit, new, age 18-39					
99386	E		Prev visit, new, age 40-64					
99387	E		Prev visit, new, 65 & over					
99391	E		Prev visit, est, infant					
99392	E		Prev visit, est, age 1-4					
99393	E		Prev visit, est, age 5-11					
99394	E		Prev visit, est, age 12-17					
99395	E		Prev visit, est, age 18-39					
99396	E		Prev visit, est, age 40-64					
99397	E		Prev visit, est, 65 & over					
99401	E		Preventive counseling, indiv					
99402	E		Preventive counseling, indiv					
99403	E		Preventive counseling, indiv					
99404	E		Preventive counseling, indiv					
99411	E		Preventive counseling, group					
99412	E		Preventive counseling, group					
99420	E		Health risk assessment test					
99429	E		Unlisted preventive service					
99431	V		Initial care, normal newborn	0600	0.9153	$52.26		$10.45
99432	N		Newborn care, not in hosp					
99433	C		Normal newborn care/hospital					
99435	E		Newborn discharge day hosp					
99436	N		Attendance, birth					
99440	S		Newborn resuscitation	0094	2.7247	$155.57	$48.58	$31.11
99450	E		Life/disability evaluation					

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99455	B		Disability examination					
99456	B		Disability examination					
99499	B		Unlisted e&m service					
99500	E		Home visit, prenatal					
99501	E		Home visit, postnatal					
99502	E		Home visit, nb care					
99503	E		Home visit, resp therapy					
99504	E		Home visit mech ventilator					
99505	E		Home visit, stoma care					
99506	E		Home visit, im injection					
99507	E		Home visit, cath maintain					
99509	E		Home visit day life activity					
99510	E		Home visit, sing/m/fam couns					
99511	E		Home visit, fecal/enema mgmt					
99512	E		Home visit for hemodialysis					
99600	E		Home visit nos					
99601	E		Home infusion/visit, 2 hrs					
99602	E		Home infusion, each addtl hr					
A0021	E		Outside state ambulance serv					
A0080	E		Noninterest escort in non er					
A0090	E		Interest escort in non er					
A0100	E		Nonemergency transport taxi					
A0110	E		Nonemergency transport bus					
A0120	E		Noner transport mini-bus					
A0130	E		Noner transport wheelchi van					
A0140	E		Nonemergency transport air					
A0160	E		Noner transport case worker					
A0170	E		Noner transport parking fees					
A0180	E		Noner transport lodgng recip					
A0190	E		Noner transport meals recip					
A0200	E		Noner transport lodgng escrt					
A0210	E		Noner transport meals escort					
A0225	A		Neonatal emergency transport					
A0380	A		Basic life support mileage					
A0382	A		Basic support routine suppls					
A0384	A		Bls defibrillation supplies					
A0390	A		Advanced life support mileag					
A0392	A		Als defibrillation supplies					
A0394	A		Als IV drug therapy supplies					
A0396	A		Als esophageal intub suppls					
A0398	A		Als routine disposble suppls					
A0420	A		Ambulance waiting 1/2 hr					
A0422	A		Ambulance 02 life sustaining					
A0424	A		Extra ambulance attendant					
A0425	A		Ground mileage					
A0426	A		Als 1					
A0427	A		ALS1-emergency					
A0428	A		bls					
A0429	A		BLS-emergency					
A0430	A		Fixed wing air transport					

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A0431	A		Rotary wing air transport					
A0432	A		PI volunteer ambulance co					
A0433	A		als 2					
A0434	A		Specialty care transport					
A0435	A		Fixed wing air mileage					
A0436	A		Rotary wing air mileage					
A0800	E		Amb trans 7pm-7am					
A0888	E		Noncovered ambulance mileage					
A0999	A		Unlisted ambulance service					
A4206	E		1 CC sterile syringe&needle					
A4207	E		2 CC sterile syringe&needle					
A4208	E		3 CC sterile syringe&needle					
A4209	E		5+ CC sterile syringe&needle					
A4210	E		Nonneedle injection device					
A4211	B		Supp for self-adm injections					
A4212	B		Non coring needle or stylet					
A4213	E		20+ CC syringe only					
A4215	E		Sterile needle					
A4216	A		Sterile water/saline, 10 ml					
A4217	A		Sterile water/saline, 500 ml					
A4220	N		Infusion pump refill kit					
A4221	Y		Maint drug infus cath per wk					
A4222	Y		Drug infusion pump supplies					
A4230	Y		Infus insulin pump non needl					
A4231	Y		Infusion insulin pump needle					
A4232	Y		Syringe w/needle insulin 3cc					
A4244	E		Alcohol or peroxide per pint					
A4245	E		Alcohol wipes per box					
A4246	E		Betadine/phisohex solution					
A4247	E		Betadine/iodine swabs/wipes					
A4248	N		Chlorhexidine antisept					
A4250	E		Urine reagent strips/tablets					
A4253	Y		Blood glucose/reagent strips					
A4254	Y		Battery for glucose monitor					
A4255	Y		Glucose monitor platforms					
A4256	Y		Calibrator solution/chips					
A4257	Y		Replace Lensshield Cartridge					
A4258	Y		Lancet device each					
A4259	Y		Lancets per box					
A4260	E		Levonorgestrel implant					
A4261	E		Cervical cap contraceptive					
A4262	N		Temporary tear duct plug					
A4263	N		Permanent tear duct plug					
A4265	Y		Paraffin					
A4266	E		Diaphragm					
A4267	E		Male condom					
A4268	E		Female condom					
A4269	E		Spermicide					
A4270	A		Disposable endoscope sheath					
A4280	A		Brst prsths adhsv attchmnt					

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A4281	E		Replacement breastpump tube					
A4282	E		Replacement breastpump adpt					
A4283	E		Replacement breastpump cap					
A4284	E		Replcmnt breast pump shield					
A4285	E		Replcmnt breast pump bottle					
A4286	E		Replcmnt breastpump lok ring					
A4290	E		Sacral nerve stim test lead					
A4300	N		Cath impl vasc access portal					
A4301	N		Implantable access syst perc					
A4305	A		Drug delivery system >=50 ML					
A4306	A		Drug delivery system <=5 ML					
A4310	A		Insert tray w/o bag/cath					
A4311	A		Catheter w/o bag 2-way latex					
A4312	A		Cath w/o bag 2-way silicone					
A4313	A		Catheter w/bag 3-way					
A4314	A		Cath w/drainage 2-way latex					
A4315	A		Cath w/drainage 2-way silcne					
A4316	A		Cath w/drainage 3-way					
A4320	A		Irrigation tray					
A4321	A		Cath therapeutic irrig agent					
A4322	A		Irrigation syringe					
A4324	A		Male ext cath w/adh coating					
A4325	A		Male ext cath w/adh strip					
A4326	A		Male external catheter					
A4327	A		Fem urinary collect dev cup					
A4328	A		Fem urinary collect pouch					
A4330	A		Stool collection pouch					
A4331	A		Extension drainage tubing					
A4332	A		Lubricant for cath insertion					
A4333	A		Urinary cath anchor device					
A4334	A		Urinary cath leg strap					
A4335	A		Incontinence supply					
A4338	A		Indwelling catheter latex					
A4340	A		Indwelling catheter special					
A4344	A		Cath indw foley 2 way silicn					
A4346	A		Cath indw foley 3 way					
A4347	A		Male external catheter					
A4348	A		Male ext cath extended wear					
A4351	A		Straight tip urine catheter					
A4352	A		Coude tip urinary catheter					
A4353	A		Intermittent urinary cath					
A4354	A		Cath insertion tray w/bag					
A4355	A		Bladder irrigation tubing					
A4356	A		Ext ureth clmp or compr dvc					
A4357	A		Bedside drainage bag					
A4358	A		Urinary leg or abdomen bag					
A4359	A		Urinary suspensory w/o leg b					
A4361	A		Ostomy face plate					
A4362	A		Solid skin barrier					
A4364	A		Adhesive, liquid or equal					

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A4365	A		Adhesive remover wipes					
A4366	A		Ostomy vent					
A4367	A		Ostomy belt					
A4368	A		Ostomy filter					
A4369	A		Skin barrier liquid per oz					
A4371	A		Skin barrier powder per oz					
A4372	A		Skin barrier solid 4x4 equiv					
A4373	A		Skin barrier with flange					
A4375	A		Drainable plastic pch w fcpl					
A4376	A		Drainable rubber pch w fcplt					
A4377	A		Drainable plstic pch w/o fp					
A4378	A		Drainable rubber pch w/o fp					
A4379	A		Urinary plastic pouch w fcpl					
A4380	A		Urinary rubber pouch w fcplt					
A4381	A		Urinary plastic pouch w/o fp					
A4382	A		Urinary hvy plstc pch w/o fp					
A4383	A		Urinary rubber pouch w/o fp					
A4384	A		Ostomy faceplt/silicone ring					
A4385	A		Ost skn barrier sld ext wear					
A4387	A		Ost clsd pouch w att st barr					
A4388	A		Drainable pch w ex wear barr					
A4389	A		Drainable pch w st wear barr					
A4390	A		Drainable pch ex wear convex					
A4391	A		Urinary pouch w ex wear barr					
A4392	A		Urinary pouch w st wear barr					
A4393	A		Urine pch w ex wear bar conv					
A4394	A		Ostomy pouch liq deodorant					
A4395	A		Ostomy pouch solid deodorant					
A4396	A		Peristomal hernia supprt blt					
A4397	A		Irrigation supply sleeve					
A4398	A		Ostomy irrigation bag					
A4399	A		Ostomy irrig cone/cath w brs					
A4400	A		Ostomy irrigation set					
A4402	A		Lubricant per ounce					
A4404	A		Ostomy ring each					
A4405	A		Nonpectin based ostomy paste					
A4406	A		Pectin based ostomy paste					
A4407	A		Ext wear ost skn barr <=4sq"					
A4408	A		Ext wear ost skn barr >4sq"					
A4409	A		Ost skn barr w flng <=4 sq"					
A4410	A		Ost skn barr w flng >4sq"					
A4413	A		2 pc drainable ost pouch					
A4414	A		Ostomy sknbarr w flng <=4sq"					
A4415	A		Ostomy skn barr w flng >4sq"					
A4416	A		Ost pch clsd w barrier/filtr					
A4417	A		Ost pch w bar/bltinconv/fltr					
A4418	A		Ost pch clsd w/o bar w filtr					
A4419	A		Ost pch for bar w flange/flt					
A4420	A		Ost pch clsd for bar w lk fl					
A4421	E		Ostomy supply misc					

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A4422	A		Ost pouch absorbent material					
A4423	A		Ost pch for bar w lk fl/fltr					
A4424	A		Ost pch drain w bar & filter					
A4425	A		Ost pch drain for barrier fl					
A4426	A		Ost pch drain 2 piece system					
A4427	A		Ost pch drain/barr lk flng/f					
A4428	A		Urine ost pouch w faucet/tap					
A4429	A		Urine ost pch bar w lock fln					
A4430	A		Ost pch urine w lock flng/ft					
A4431	A		Urine ost pch bar w lock fln					
A4432	A		Ost pch urine w lock flng/ft					
A4433	A		Urine ost pch bar w lock fln					
A4434	A		Ost pch urine w lock flng/ft					
A4450	A		Non-waterproof tape					
A4452	A		Waterproof tape					
A4455	A		Adhesive remover per ounce					
A4458	E		Reusable enema bag					
A4462	A		Abdmnl drssng holder/binder					
A4465	A		Non-elastic extremity binder					
A4470	A		Gravlee jet washer					
A4480	A		Vabra aspirator					
A4481	A		Tracheostoma filter					
A4483	A		Moisture exchanger					
A4490	E		Above knee surgical stocking					
A4495	E		Thigh length surg stocking					
A4500	E		Below knee surgical stocking					
A4510	E		Full length surg stocking					
A4521	E		Adult size diaper sm each					
A4522	E		Adult size diaper med each					
A4523	E		Adult size diaper lg each					
A4524	E		Adult size diaper xl each					
A4525	E		Adult size brief sm each					
A4526	E		Adult size brief med each					
A4527	E		Adult size brief lg each					
A4528	E		Adult size brief xl each					
A4529	E		Child size diaper sm/med ea					
A4530	E		Child size diaper lg each					
A4531	E		Child size brief sm/med each					
A4532	E		Child size brief lg each					
A4533	E		Youth size diaper each					
A4534	E		Youth size brief each					
A4535	E		Disp incont liner/shield ea					
A4536	E		Prot underwr wshbl any sz ea					
A4537	E		Under pad reusable any sz ea					
A4538	E		Reusable diaper from dpr svc					
A4550	B		Surgical trays					
A4554	E		Disposable underpads					
A4556	Y		Electrodes, pair					
A4557	Y		Lead wires, pair					
A4558	Y		Conductive paste or gel					

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A4561	N		Pessary rubber, any type					
A4562	N		Pessary, non rubber,any type					
A4565	A		Slings					
A4570	E		Splint					
A4575	E		Hyperbaric o2 chamber disps					
A4580	E		Cast supplies (plaster)					
A4590	E		Special casting material					
A4595	Y		TENS suppl 2 lead per month					
A4606	A		Oxygen probe used w oximeter					
A4608	Y		Transtracheal oxygen cath					
A4609	Y		Trach suction cath clsed sys					
A4610	Y		Trach sctn cath 72h clsedsys					
A4611	Y		Heavy duty battery					
A4612	Y		Battery cables					
A4613	Y		Battery charger					
A4614	A		Hand-held PEFR meter					
A4615	Y		Cannula nasal					
A4616	Y		Tubing (oxygen) per foot					
A4617	Y		Mouth piece					
A4618	Y		Breathing circuits					
A4619	Y		Face tent					
A4620	Y		Variable concentration mask					
A4623	A		Tracheostomy inner cannula					
A4624	Y		Tracheal suction tube					
A4625	A		Trach care kit for new trach					
A4626	A		Tracheostomy cleaning brush					
A4627	E		Spacer bag/reservoir					
A4628	Y		Oropharyngeal suction cath					
A4629	A		Tracheostomy care kit					
A4630	Y		Repl bat t.e.n.s. own by pt					
A4632	Y		Infus pump rplcemnt battery					
A4633	Y		Uvl replacement bulb					
A4634	A		Replacement bulb th lightbox					
A4635	Y		Underarm crutch pad					
A4636	Y		Handgrip for cane etc					
A4637	Y		Repl tip cane/crutch/walker					
A4638	Y		Repl batt pulse gen sys					
A4639	Y		Infrared ht sys replcmnt pad					
A4640	Y		Alternating pressure pad					
A4641	N		Diagnostic imaging agent					
A4642	K		Satumomab pendetide per dose	0704		$1,390.25		$278.05
A4643	K		High dose contrast MRI	9026	0.4645	$26.52		$5.30
A4644	N		Contrast 100-199 MGs iodine					
A4645	N		Contrast 200-299 MGs iodine					
A4646	N		Contrast 300-399 MGs iodine					
A4647	K		Supp- paramagnetic contr mat	9027	0.6484	$37.02		$7.40
A4649	A		Surgical supplies					
A4651	A		Calibrated microcap tube					
A4652	A		Microcapillary tube sealant					
A4653	A		PD catheter anchor belt					

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A4656	A		Dialysis needle					
A4657	A		Dialysis syringe w/wo needle					
A4660	A		Sphyg/bp app w cuff and stet					
A4663	A		Dialysis blood pressure cuff					
A4670	E		Automatic bp monitor, dial					
A4671	B		Disposable cycler set					
A4672	B		Drainage ext line, dialysis					
A4673	B		Ext line w easy lock connect					
A4674	B		Chem/antisept solution, 8oz					
A4680	A		Activated carbon filter, ea					
A4690	A		Dialyzer, each					
A4706	A		Bicarbonate conc sol per gal					
A4707	A		Bicarbonate conc pow per pac					
A4708	A		Acetate conc sol per gallon					
A4709	A		Acid conc sol per gallon					
A4714	A		Treated water per gallon					
A4719	A		"Y set" tubing					
A4720	A		Dialysat sol fld vol > 249cc					
A4721	A		Dialysat sol fld vol > 999cc					
A4722	A		Dialys sol fld vol > 1999cc					
A4723	A		Dialys sol fld vol > 2999cc					
A4724	A		Dialys sol fld vol > 3999cc					
A4725	A		Dialys sol fld vol > 4999cc					
A4726	A		Dialys sol fld vol > 5999cc					
A4728	B		Dialysate solution, non-dex					
A4730	A		Fistula cannulation set, ea					
A4736	A		Topical anesthetic, per gram					
A4737	A		Inj anesthetic per 10 ml					
A4740	A		Shunt accessory					
A4750	A		Art or venous blood tubing					
A4755	A		Comb art/venous blood tubing					
A4760	A		Dialysate sol test kit, each					
A4765	A		Dialysate conc pow per pack					
A4766	A		Dialysate conc sol add 10 ml					
A4770	A		Blood collection tube/vacuum					
A4771	A		Serum clotting time tube					
A4772	A		Blood glucose test strips					
A4773	A		Occult blood test strips					
A4774	A		Ammonia test strips					
A4802	A		Protamine sulfate per 50 mg					
A4860	A		Disposable catheter tips					
A4870	A		Plumb/elec wk hm hemo equip					
A4890	A		Repair/maint cont hemo equip					
A4911	A		Drain bag/bottle					
A4913	A		Misc dialysis supplies noc					
A4918	A		Venous pressure clamp					
A4927	A		Non-sterile gloves					
A4928	A		Surgical mask					
A4929	A		Tourniquet for dialysis, ea					
A4930	A		Sterile, gloves per pair					

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A4931	A		Reusable oral thermometer					
A4932	E		Reusable rectal thermometer					
A5051	A		Pouch clsd w barr attached					
A5052	A		Clsd ostomy pouch w/o barr					
A5053	A		Clsd ostomy pouch faceplate					
A5054	A		Clsd ostomy pouch w/flange					
A5055	A		Stoma cap					
A5061	A		Pouch drainable w barrier at					
A5062	A		Drnble ostomy pouch w/o barr					
A5063	A		Drain ostomy pouch w/flange					
A5071	A		Urinary pouch w/barrier					
A5072	A		Urinary pouch w/o barrier					
A5073	A		Urinary pouch on barr w/flng					
A5081	A		Continent stoma plug					
A5082	A		Continent stoma catheter					
A5093	A		Ostomy accessory convex inse					
A5102	A		Bedside drain btl w/wo tube					
A5105	A		Urinary suspensory					
A5112	A		Urinary leg bag					
A5113	A		Latex leg strap					
A5114	A		Foam/fabric leg strap					
A5119	A		Skin barrier wipes box pr 50					
A5121	A		Solid skin barrier 6x6					
A5122	A		Solid skin barrier 8x8					
A5126	A		Disk/foam pad +or- adhesive					
A5131	A		Appliance cleaner					
A5200	A		Percutaneous catheter anchor					
A5500	Y		Diab shoe for density insert					
A5501	Y		Diabetic custom molded shoe					
A5503	Y		Diabetic shoe w/roller/rockr					
A5504	Y		Diabetic shoe with wedge					
A5505	Y		Diab shoe w/metatarsal bar					
A5506	Y		Diabetic shoe w/off set heel					
A5507	Y		Modification diabetic shoe					
A5508	Y		Diabetic deluxe shoe					
A5509	E		Direct heat form shoe insert					
A5510	E		Compression form shoe insert					
A5511	E		Custom fab molded shoe inser					
A6000	E		Wound warming wound cover					
A6010	A		Collagen based wound filler					
A6011	A		Collagen gel/paste wound fil					
A6021	A		Collagen dressing <=16 sq in					
A6022	A		Collagen drsg>6<=48 sq in					
A6023	A		Collagen dressing >48 sq in					
A6024	A		Collagen dsg wound filler					
A6025	E		Silicone gel sheet, each					
A6154	A		Wound pouch each					
A6196	A		Alginate dressing <=16 sq in					
A6197	A		Alginate drsg >16 <=48 sq in					
A6198	A		alginate dressing > 48 sq in					

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A6199	A		Alginate drsg wound filler					
A6200	A		Compos drsg <=16 no border					
A6201	A		Compos drsg >16<=48 no bdr					
A6202	A		Compos drsg >48 no border					
A6203	A		Composite drsg <= 16 sq in					
A6204	A		Composite drsg >16<=48 sq in					
A6205	A		Composite drsg > 48 sq in					
A6206	A		Contact layer <= 16 sq in					
A6207	A		Contact layer >16<= 48 sq in					
A6208	A		Contact layer > 48 sq in					
A6209	A		Foam drsg <=16 sq in w/o bdr					
A6210	A		Foam drg >16<=48 sq in w/o b					
A6211	A		Foam drg > 48 sq in w/o brdr					
A6212	A		Foam drg <=16 sq in w/border					
A6213	A		Foam drg >16<=48 sq in w/bdr					
A6214	A		Foam drg > 48 sq in w/border					
A6215	A		Foam dressing wound filler					
A6216	A		Non-sterile gauze<=16 sq in					
A6217	A		Non-sterile gauze>16<=48 sq					
A6218	A		Non-sterile gauze > 48 sq in					
A6219	A		Gauze <= 16 sq in w/border					
A6220	A		Gauze >16 <=48 sq in w/bordr					
A6221	A		Gauze > 48 sq in w/border					
A6222	A		Gauze <=16 in no w/sal w/o b					
A6223	A		Gauze >16<=48 no w/sal w/o b					
A6224	A		Gauze > 48 in no w/sal w/o b					
A6228	A		Gauze <= 16 sq in water/sal					
A6229	A		Gauze >16<=48 sq in watr/sal					
A6230	A		Gauze > 48 sq in water/salne					
A6231	A		Hydrogel dsg<=16 sq in					
A6232	A		Hydrogel dsg>16<=48 sq in					
A6233	A		Hydrogel dressing >48 sq in					
A6234	A		Hydrocolld drg <=16 w/o bdr					
A6235	A		Hydrocolld drg >16<=48 w/o b					
A6236	A		Hydrocolld drg > 48 in w/o b					
A6237	A		Hydrocolld drg <=16 in w/bdr					
A6238	A		Hydrocolld drg >16<=48 w/bdr					
A6239	A		Hydrocolld drg > 48 in w/bdr					
A6240	A		Hydrocolld drg filler paste					
A6241	A		Hydrocolloid drg filler dry					
A6242	A		Hydrogel drg <=16 in w/o bdr					
A6243	A		Hydrogel drg >16<=48 w/o bdr					
A6244	A		Hydrogel drg >48 in w/o bdr					
A6245	A		Hydrogel drg <= 16 in w/bdr					
A6246	A		Hydrogel drg >16<=48 in w/b					
A6247	A		Hydrogel drg > 48 sq in w/b					
A6248	A		Hydrogel drsg gel filler					
A6250	A		Skin seal protect moisturizr					
A6251	A		Absorpt drg <=16 sq in w/o b					
A6252	A		Absorpt drg >16 <=48 w/o bdr					

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A6253	A		Absorpt drg > 48 sq in w/o b					
A6254	A		Absorpt drg <=16 sq in w/bdr					
A6255	A		Absorpt drg >16<=48 in w/bdr					
A6256	A		Absorpt drg > 48 sq in w/bdr					
A6257	A		Transparent film <= 16 sq in					
A6258	A		Transparent film >16<=48 in					
A6259	A		Transparent film > 48 sq in					
A6260	A		Wound cleanser any type/size					
A6261	A		Wound filler gel/paste /oz					
A6262	A		Wound filler dry form / gram					
A6266	A		Impreg gauze no h20/sal/yard					
A6402	A		Sterile gauze <= 16 sq in					
A6403	A		Sterile gauze>16 <= 48 sq in					
A6404	A		Sterile gauze > 48 sq in					
A6407	A		Packing strips, non-impreg					
A6410	A		Sterile eye pad					
A6411	A		Non-sterile eye pad					
A6412	E		Occlusive eye patch					
A6441	A		Pad band w>=3" <5"/yd					
A6442	A		Conform band n/s w<3"/yd					
A6443	A		Conform band n/s w>=3"<5"/yd					
A6444	A		Conform band n/s w>=5"/yd					
A6445	A		Conform band s w <3"/yd					
A6446	A		Conform band s w>=3" <5"/yd					
A6447	A		Conform band s w >=5"/yd					
A6448	A		Lt compres band <3"/yd					
A6449	A		Lt compres band >=3" <5"/yd					
A6450	A		Lt compres band >=5"/yd					
A6451	A		Mod compres band w>=3"<5"/yd					
A6452	A		High compres band w>=3"<5"yd					
A6453	A		Self-adher band w <3"/yd					
A6454	A		Self-adher band w>=3" <5"/yd					
A6455	A		Self-adher band >=5"/yd					
A6456	A		Zinc paste band w >=3"<5"/yd					
A6501	A		Compres burngarment bodysuit					
A6502	A		Compres burngarment chinstrp					
A6503	A		Compres burngarment facehood					
A6504	A		Cmprsburngarment glove-wrist					
A6505	A		Cmprsburngarment glove-elbow					
A6506	A		Cmprsburngrmnt glove-axilla					
A6507	A		Cmprs burngarment foot-knee					
A6508	A		Cmprs burngarment foot-thigh					
A6509	A		Compres burn garment jacket					
A6510	A		Compres burn garment leotard					
A6511	A		Compres burn garment panty					
A6512	A		Compres burn garment, noc					
A6550	Y		Neg pres wound ther drsg set					
A6551	Y		Neg press wound ther canistr					
A7000	Y		Disposable canister for pump					
A7001	Y		Nondisposable pump canister					

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A7002	Y		Tubing used w suction pump					
A7003	Y		Nebulizer administration set					
A7004	Y		Disposable nebulizer sml vol					
A7005	Y		Nondisposable nebulizer set					
A7006	Y		Filtered nebulizer admin set					
A7007	Y		Lg vol nebulizer disposable					
A7008	Y		Disposable nebulizer prefill					
A7009	Y		Nebulizer reservoir bottle					
A7010	Y		Disposable corrugated tubing					
A7011	Y		Nondispos corrugated tubing					
A7012	Y		Nebulizer water collec devic					
A7013	Y		Disposable compressor filter					
A7014	Y		Compressor nondispos filter					
A7015	Y		Aerosol mask used w nebulize					
A7016	Y		Nebulizer dome & mouthpiece					
A7017	Y		Nebulizer not used w oxygen					
A7018	Y		Water distilled w/nebulizer					
A7025	Y		Replace chest compress vest					
A7026	Y		Replace chst cmprss sys hose					
A7030	Y		CPAP full face mask					
A7031	Y		Replacement facemask interfa					
A7032	Y		Replacement nasal cushion					
A7033	Y		Replacement nasal pillows					
A7034	Y		Nasal application device					
A7035	Y		Pos airway press headgear					
A7036	Y		Pos airway press chinstrap					
A7037	Y		Pos airway pressure tubing					
A7038	Y		Pos airway pressure filter					
A7039	Y		Filter, non disposable w pap					
A7042	A		Implanted pleural catheter					
A7043	A		Vacuum drainagebottle/tubing					
A7044	Y		PAP oral interface					
A7046	Y		Repl water chamber, PAP dev					
A7501	A		Tracheostoma valve w diaphra					
A7502	A		Replacement diaphragm/fplate					
A7503	A		HMES filter holder or cap					
A7504	A		Tracheostoma HMES filter					
A7505	A		HMES or trach valve housing					
A7506	A		HMES/trachvalve adhesivedisk					
A7507	A		Integrated filter & holder					
A7508	A		Housing & Integrated Adhesiv					
A7509	A		Heat & moisture exchange sys					
A7520	A		Trach/laryn tube non-cuffed					
A7521	A		Trach/laryn tube cuffed					
A7522	A		Trach/laryn tube stainless					
A7523	A		Tracheostomy shower protect					
A7524	A		Tracheostoma stent/stud/bttn					
A7525	A		Tracheostomy mask					
A7526	A		Tracheostomy tube collar					
A9150	B		Misc/exper non-prescript dru					

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A9270	E		Non-covered item or service					
A9280	E		Alert device, noc					
A9300	E		Exercise equipment					
A9500	K		Technetium TC 99m sestamibi	1600	1.8612	$106.32		$21.26
A9502	K		Technetium TC99M tetrofosmin	0705		$104.58		$20.92
A9503	N		Technetium TC 99m medronate					
A9504	K		Technetium tc 99m apcitide	1602	7.2650	$415.00		$83.00
A9505	K		Thallous chloride TL 201/mci	1603		$18.29		$3.66
A9507	K		Indium/111 capromab pendetid	1604		$1,915.23		$383.05
A9508	K		Iobenguane sulfate I-131, pe	1045		$996.00		$199.20
A9510	N		Technetium TC99m Disofenin					
A9511	K		Technetium TC 99m depreotide	1095		$38.00		$7.60
A9512	N		Technetiumtc99mpertechnetate					
A9513	N		Technetium tc-99m mebrofenin					
A9514	N		Technetiumtc99mpyrophosphate					
A9515	N		Technetium tc-99m pentetate					
A9516	N		I-123 sodium iodide capsule					
A9517	K		Th I131 so iodide cap millic	1064	0.1156	$6.60		$1.32
A9519	N		Technetiumtc-99mmacroag albu					
A9520	N		Technetiumtc-99m sulfur clld					
A9521	K		Technetiumtc-99m exametazine	1096		$778.13		$155.63
A9522	B		Indium111ibritumomabtiuxetan					
A9523	B		Yttrium90ibritumomabtiuxetan					
A9524	N		Iodinated I-131 serumalbumin					
A9525	E		Low/iso-osmolar contrast mat					
A9526	K		Ammonia N-13, per dose	0737		$111.91		$22.38
A9528	K		Dx I131 so iodide cap millic	1064	0.1156	$6.60		$1.32
A9529	K		Dx I131 so iodide sol millic	1065	0.1723	$9.84		$1.97
A9530	K		Th I131 so iodide sol millic	1065	0.1723	$9.84		$1.97
A9531	N		Dx I131 so iodide microcurie					
A9532	N		I-125 serum albumin micro					
A9533	B		I-131 tositumomab diagnostic					
A9534	B		I-131 tositumomab therapeut					
A9600	K		Strontium-89 chloride	0701	7.1886	$410.45		$82.09
A9605	K		Samarium sm153 lexidronamm	0702	16.0584	$916.90		$183.38
A9699	N		Noc therapeutic radiopharm					
A9700	E		Echocardiography Contrast					
A9900	A		Supply/accessory/service					
A9901	A		Delivery/set up/dispensing					
A9999	Y		DME supply or accessory, nos					
B4034	A		Enter feed supkit syr by day					
B4035	A		Enteral feed supp pump per d					
B4036	A		Enteral feed sup kit grav by					
B4081	A		Enteral ng tubing w/ stylet					
B4082	A		Enteral ng tubing w/o stylet					
B4083	A		Enteral stomach tube levine					
B4086	A		Gastrostomy/jejunostomy tube					
B4100	E		Food thickener oral					
B4150	A		Enteral formulae category i					
B4151	A		Enteral formulae cat1natural					

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B4152	A		Enteral formulae category ii					
B4153	A		Enteral formulae categoryIII					
B4154	A		Enteral formulae category IV					
B4155	A		Enteral formulae category v					
B4156	A		Enteral formulae category vi					
B4164	A		Parenteral 50% dextrose solu					
B4168	A		Parenteral sol amino acid 3.					
B4172	A		Parenteral sol amino acid 5.					
B4176	A		Parenteral sol amino acid 7-					
B4178	A		Parenteral sol amino acid >					
B4180	A		Parenteral sol carb > 50%					
B4184	A		Parenteral sol lipids 10%					
B4186	A		Parenteral sol lipids 20%					
B4189	A		Parenteral sol amino acid &					
B4193	A		Parenteral sol 52-73 gm prot					
B4197	A		Parenteral sol 74-100 gm pro					
B4199	A		Parenteral sol > 100gm prote					
B4216	A		Parenteral nutrition additiv					
B4220	A		Parenteral supply kit premix					
B4222	A		Parenteral supply kit homemi					
B4224	A		Parenteral administration ki					
B5000	A		Parenteral sol renal-amirosy					
B5100	A		Parenteral sol hepatic-fream					
B5200	A		Parenteral sol stres-brnch c					
B9000	A		Enter infusion pump w/o alrm					
B9002	A		Enteral infusion pump w/ ala					
B9004	A		Parenteral infus pump portab					
B9006	A		Parenteral infus pump statio					
B9998	A		Enteral supp not otherwise c					
B9999	A		Parenteral supp not othrws c					
C1079	K		CO 57/58 per 0.5 uCi	1079		$221.78		$44.36
C1080	K		I-131 tositumomab, dx	1080		$2,241.00		$448.20
C1081	K		I-131 tositumomab, tx	1081		$19,422.00		$3,884.40
C1082	K		In-111 ibritumomab tiuxetan	9118		$2,419.78		$483.96
C1083	K		Yttrium 90 ibritumomab tiuxe	9117		$20,948.20		$4,189.65
C1091	K		IN111 oxyquinoline,per0.5mCi	1091		$373.50		$74.70
C1092	K		IN 111 pentetate per 0.5 mCi	1092		$224.10		$44.82
C1122	K		Tc 99M ARCITUMOMAB PER VIAL	1122		$1,079.00		$215.80
C1178	K		BUSULFAN IV, 6 Mg	1178		$27.87		$5.57
C1200	N		TC 99M Sodium Glucoheptonat					
C1201	K		TC 99M SUCCIMER, PER Vial	1201		$118.52		$23.70
C1300	S		HYPERBARIC Oxygen	0659	1.4279	$81.53		$16.31
C1305	K		Apligraf	1305		$1,130.88		$226.18
C1713	N		Anchor/screw bn/bn,tis/bn					
C1714	N		Cath, trans atherectomy, dir					
C1715	N		Brachytherapy needle					
C1716	H		Brachytx source, Gold 198	1716				
C1717	H		Brachytx source, HDR Ir-192	1717				
C1718	H		Brachytx source, Iodine 125	1718				
C1719	H		Brachytx sour,Non-HDR Ir-192	1719				

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C1720	H		Brachytx sour, Palladium 103	1720				
C1721	N		AICD, dual chamber					
C1722	N		AICD, single chamber					
C1724	N		Cath, trans atherec,rotation					
C1725	N		Cath, translumin non-laser					
C1726	N		Cath, bal dil, non-vascular					
C1727	N		Cath, bal tis dis, non-vas					
C1728	N		Cath, brachytx seed adm					
C1729	N		Cath, drainage					
C1730	N		Cath, EP, 19 or few elect					
C1731	N		Cath, EP, 20 or more elec					
C1732	N		Cath, EP, diag/abl, 3D/vect					
C1733	N		Cath, EP, othr than cool-tip					
C1750	N		Cath, hemodialysis,long-term					
C1751	N		Cath, inf, per/cent/midline					
C1752	N		Cath,hemodialysis,short-term					
C1753	N		Cath, intravas ultrasound					
C1754	N		Catheter, intradiscal					
C1755	N		Catheter, intraspinal					
C1756	N		Cath, pacing, transesoph					
C1757	N		Cath, thrombectomy/embolect					
C1758	N		Catheter, ureteral					
C1759	N		Cath, intra echocardiography					
C1760	N		Closure dev, vasc					
C1762	N		Conn tiss, human(inc fascia)					
C1763	N		Conn tiss, non-human					
C1764	N		Event recorder, cardiac					
C1765	N		Adhesion barrier					
C1766	N		Intro/sheath,strble,non-peel					
C1767	N		Generator, neurostim, imp					
C1768	N		Graft, vascular					
C1769	N		Guide wire					
C1770	N		Imaging coil, MR, insertable					
C1771	N		Rep dev, urinary, w/sling					
C1772	N		Infusion pump, programmable					
C1773	N		Ret dev, insertable					
C1775	K		FDG, per dose (4-40 mCi/ml)	1775		$220.50		$44.10
C1776	N		Joint device (implantable)					
C1777	N		Lead, AICD, endo single coil					
C1778	N		Lead, neurostimulator					
C1779	N		Lead, pmkr, transvenous VDD					
C1780	N		Lens, intraocular (new tech)					
C1781	N		Mesh (implantable)					
C1782	N		Morcellator					
C1783	N		Ocular imp, aqueous drain de					
C1784	N		Ocular dev, intraop, det ret					
C1785	N		Pmkr, dual, rate-resp					
C1786	N		Pmkr, single, rate-resp					
C1787	N		Patient progr, neurostim					
C1788	N		Port, indwelling, imp					

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C1789	N		Prosthesis, breast, imp					
C1813	N		Prosthesis, penile, inflatab					
C1814	H		Retinal tamp, silicone oil	1814				
C1815	N		Pros, urinary sph, imp					
C1816	N		Receiver/transmitter, neuro					
C1817	N		Septal defect imp sys					
C1818	H		Integrated keratoprosthesis	1818				
C1819	H		Tissue localization-excision	1819				
C1874	N		Stent, coated/cov w/del sys					
C1875	N		Stent, coated/cov w/o del sy					
C1876	N		Stent, non-coa/non-cov w/del					
C1877	N		Stent, non-coat/cov w/o del					
C1878	N		Matrl for vocal cord					
C1879	N		Tissue marker, implantable					
C1880	N		Vena cava filter					
C1881	N		Dialysis access system					
C1882	N		AICD, other than sing/dual					
C1883	N		Adapt/ext, pacing/neuro lead					
C1884	N		Embolization Protect syst					
C1885	N		Cath, translumin angio laser					
C1887	N		Catheter, guiding					
C1888	N		Catheter, ablation, non-card					
C1891	N		Infusion pump,non-prog, perm					
C1892	N		Intro/sheath,fixed,peel-away					
C1893	N		Intro/sheath, fixed,non-peel					
C1894	N		Intro/sheath, non-laser					
C1895	N		Lead, AICD, endo dual coil					
C1896	N		Lead, AICD, non sing/dual					
C1897	N		Lead, neurostim test kit					
C1898	N		Lead, pmkr, other than trans					
C1899	N		Lead, pmkr/AICD combination					
C1900	N		Lead coronary venous					
C2614	N		Probe, perc lumb disc					
C2615	N		Sealant, pulmonary, liquid					
C2616	H		Brachytx source, Yttrium-90	2616				
C2617	N		Stent, non-cor, tem w/o del					
C2618	N		Probe, cryoablation					
C2619	N		Pmkr, dual, non rate-resp					
C2620	N		Pmkr, single, non rate-resp					
C2621	N		Pmkr, other than sing/dual					
C2622	N		Prosthesis, penile, non-inf					
C2625	N		Stent, non-cor, tem w/del sy					
C2626	N		Infusion pump, non-prog,temp					
C2627	N		Cath, suprapubic/cystoscopic					
C2628	N		Catheter, occlusion					
C2629	N		Intro/sheath, laser					
C2630	N		Cath, EP, cool-tip					
C2631	N		Rep dev, urinary, w/o sling					
C2632	H		Brachytx sol, I-125, per mCi	2632				
C2633	H		Brachytx source, Cesium-131	2633				

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C8900	S		MRA w/cont, abd	0284	6.8635	$391.89	$176.35	$78.38
C8901	S		MRA w/o cont, abd	0336	6.3742	$363.95	$163.77	$72.79
C8902	S		MRA w/o fol w/cont, abd	0337	9.2199	$526.44	$236.89	$105.29
C8903	S		MRI w/cont, breast,	0284	6.8635	$391.89	$176.35	$78.38
C8904	S		MRI w/o cont, breast, uni	0336	6.3742	$363.95	$163.77	$72.79
C8905	S		MRI w/o fol w/cont, brst, un	0337	9.2199	$526.44	$236.89	$105.29
C8906	S		MRI w/cont, breast,	0284	6.8635	$391.89	$176.35	$78.38
C8907	S		MRI w/o cont, breast, bi	0336	6.3742	$363.95	$163.77	$72.79
C8908	S		MRI w/o fol w/cont, breast,	0337	9.2199	$526.44	$236.89	$105.29
C8909	S		MRA w/cont, chest	0284	6.8635	$391.89	$176.35	$78.38
C8910	S		MRA w/o cont, chest	0336	6.3742	$363.95	$163.77	$72.79
C8911	S		MRA w/o fol w/cont, chest	0337	9.2199	$526.44	$236.89	$105.29
C8912	S		MRA w/cont, lwr ext	0284	6.8635	$391.89	$176.35	$78.38
C8913	S		MRA w/o cont, lwr ext	0336	6.3742	$363.95	$163.77	$72.79
C8914	S		MRA w/o fol w/cont, lwr ext	0337	9.2199	$526.44	$236.89	$105.29
C8918	S		MRA w/cont, pelvis	0284	6.8635	$391.89	$176.35	$78.38
C8919	S		MRA w/o cont, pelvis	0336	6.3742	$363.95	$163.77	$72.79
C8920	S		MRA w/o fol w/cont, pelvis	0337	9.2199	$526.44	$236.89	$105.29
C9000	N		Na chromateCr51, per 0.25mCi					
C9003	K		Palivizumab, per 50 mg	9003		$576.51		$115.30
C9007	N		Baclofen Intrathecal kit-1am					
C9008	K		Baclofen Refill Kit-500mcg	9008		$10.21		$2.04
C9009	K		Baclofen Refill Kit-2000mcg	9009		$37.64		$7.53
C9013	K		Co 57 cobaltous chloride	9013	2.5212	$143.96		$28.79
C9102	N		51 Na Chromate, 50mCi					
C9103	N		Na Iothalamate I-125, 10 uCi					
C9105	K		Hep B imm glob, per 1 ml	9105		$118.32		$23.66
C9109	K		Tirofiban hcl, 6.25 mg	9109		$205.92		$41.18
C9112	K		Perflutren lipid micro, 2ml	9112		$129.69		$25.94
C9113	N		Inj pantoprazole sodium, via					
C9121	K		Injection, argatroban	9121		$12.45		$2.49
C9123	G		Transcyte, per 247 sq cm	9123		$705.55		
C9124	G		Injection, daptomycin	9124		$0.28		
C9125	G		Injection, risperidone	9125		$113.63		
C9200	K		Orcel, per 36 cm2	9200		$991.85		$198.37
C9201	K		Dermagraft, per 37.5 sq cm	9201		$529.54		$105.91
C9202	K		Octafluoropropane	9202		$129.48		$25.90
C9203	G		Perflexane lipid micro	9203		$153.90		
C9205	G		Oxaliplatin	9205		$81.98		
C9207	G		Injection, bortezomib	9207		$946.57		
C9208	G		Injection, agalsidase beta	9208		$115.08		
C9209	G		Injection, laronidase	9209		$598.90		
C9210	G		Injection, palonosetron HCL	9210		$194.91		
C9211	G		Inj, alefacept, IV	9211		$665.00		
C9212	G		Inj, alefacept, IM	9212		$405.66		
C9213	G		Injection, Pemetrexed	9213		$40.02		
C9214	G		Injection, Bevacizumab	9214		$57.13		
C9215	G		Injection, Cetuximab	9215		$51.98		
C9216	G		Abarelix, Inject Suspension	9216		$66.82		
C9217	G		Injection, Omalizumab	9300		$15.19		

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C9399	A		Unclassified drugs or biolog					
C9400	K		Thallous chloride, brand	9400	0.3654	$20.86		$4.17
C9401	K		Strontium-89 chloride, brand	9401	7.1885	$410.45		$82.09
C9402	K		Th I131 so iodide cap, brand	9402	0.1155	$6.60		$1.32
C9403	K		Dx I131 so iodide cap, brand	9403	0.1155	$6.60		$1.32
C9404	K		Dx I131 so iodide sol, brand	9404	0.1723	$9.84		$1.97
C9405	K		Th I131 so iodide sol, brand	9405	0.1723	$9.84		$1.97
C9410	K		Dexrazoxane HCl inj, brand	9410	2.1935	$125.24		$25.05
C9411	K		Pamidronate disodium, brand	9411	2.8488	$162.66		$32.53
C9412	N		Ganciclovir implant, brand					
C9413	K		Sodium hyaluronate inj, bran	9413	0.9516	$54.33		$10.87
C9414	K		Etoposide oral, brand	9414	0.4854	$27.72		$5.54
C9415	K		Doxorubic hcl chemo, brand	9415		$6.94		$1.39
C9417	K		Bleomycin sulfate inj, brand	9417		$130.56		$26.11
C9418	K		Cisplatin inj, brand	9418		$11.42		$2.28
C9419	K		Inj cladribine, brand	9419		$36.72		$7.34
C9420	K		Cyclophosphamide inj, brand	9420		$4.10		$0.82
C9421	K		Cyclophosphamide lyo, brand	9421		$3.50		$0.70
C9422	K		Cytarabine hcl inj, brand	9422		$2.28		$0.46
C9423	K		Dacarbazine inj, brand	9423	0.1443	$8.24		$1.65
C9424	K		Daunorubicin, brand	9424		$53.14		$10.63
C9425	K		Etoposide inj, brand	9425		$1.22		$0.24
C9426	K		Floxuridine inj, brand	9426		$97.92		$19.58
C9427	K		Ifosfomide inj, brand	9427	1.7769	$101.46		$20.29
C9428	K		Mesna injection, brand	9428	0.4391	$25.07		$5.01
C9429	K		Idarubicin hcl inj, brand	9429	0.2356	$13.45		$2.69
C9430	K		Leuprolide acetate inj, bran	9430		$21.41		$4.28
C9431	K		Paclitaxel inj, brand	9431	1.6785	$95.84		$19.17
C9432	K		Mitomycin inj, brand	9432		$45.70		$9.14
C9433	K		Thiotepa inj, brand	9433		$66.96		$13.40
C9435	K		Gonadorelin hydroch, brand	9435	0.2817	$16.08		$3.22
C9436	K		Azathioprine parenteral,bmd	9436		$44.61		$8.92
C9438	K		Cyclosporine oral, brand	9438	0.0317	$1.81		$0.36
C9701	T		Stretta System	0422	22.3214	$1,274.51		$254.98
C9703	T		Bard Endoscopic Suturing Sys	0422	22.3214	$1,274.51		$254.98
C9704	T		Inj inert subs upper GI	1556		$1,750.00		$350.00
C9712	S		Insert pH capsule, GERD	1506		$450.00		$90.00
C9713	S		Non-contact laser vap prosta	1525		$3,750.00		$750.00
C9714	S		Breast inters rad tx, immed	1523		$2,750.00		$550.00
C9715	S		Breast inters rad tx, delay	1524		$3,250.00		$650.00
C9716	S		RF Energy to Anus	1519		$1,750.00		$350.00
D0120	E		Periodic oral evaluation					
D0140	E		Limit oral eval problm focus					
D0150	S		Comprehensve oral evaluation	0330	11.7764	$672.41		$134.48
D0160	E		Extensv oral eval prob focus					
D0170	E		Re-eval,est pt.problem focus					
D0180	E		Comp periodontal evaluation					
D0210	E		Intraor complete film series					
D0220	E		Intraoral periapical first f					
D0230	E		Intraoral periapical ea add					

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D0240	S		Intraoral occlusal film	0330	11.7764	$672.41		$134.48
D0250	S		Extraoral first film	0330	11.7764	$672.41		$134.48
D0260	S		Extraoral ea additional film	0330	11.7764	$672.41		$134.48
D0270	S		Dental bitewing single film	0330	11.7764	$672.41		$134.48
D0272	S		Dental bitewings two films	0330	11.7764	$672.41		$134.48
D0274	S		Dental bitewings four films	0330	11.7764	$672.41		$134.48
D0277	S		Vert bitewings-sev to eight	0330	11.7764	$672.41		$134.48
D0290	E		Dental film skull/facial bon					
D0310	E		Dental saliography					
D0320	E		Dental tmj arthrogram incl i					
D0321	E		Dental other tmj films					
D0322	E		Dental tomographic survey					
D0330	E		Dental panoramic film					
D0340	E		Dental cephalometric film					
D0350	E		Oral/facial images					
D0415	E		Bacteriologic study					
D0425	E		Caries susceptibility test					
D0460	S		Pulp vitality test	0330	11.7764	$672.41		$134.48
D0470	E		Diagnostic casts					
D0472	S		Gross exam, prep & report	0330	11.7764	$672.41		$134.48
D0473	S		Micro exam, prep & report	0330	11.7764	$672.41		$134.48
D0474	S		Micro w exam of surg margins	0330	11.7764	$672.41		$134.48
D0480	S		Cytopath smear prep & report	0330	11.7764	$672.41		$134.48
D0502	S		Other oral pathology procedu	0330	11.7764	$672.41		$134.48
D0999	S		Unspecified diagnostic proce	0330	11.7764	$672.41		$134.48
D1110	E		Dental prophylaxis adult					
D1120	E		Dental prophylaxis child					
D1201	E		Topical fluor w prophy child					
D1203	E		Topical fluor w/o prophy chi					
D1204	E		Topical fluor w/o prophy adu					
D1205	E		Topical fluoride w/ prophy a					
D1310	E		Nutri counsel-control caries					
D1320	E		Tobacco counseling					
D1330	E		Oral hygiene instruction					
D1351	E		Dental sealant per tooth					
D1510	S		Space maintainer fxd unilat	0330	11.7764	$672.41		$134.48
D1515	S		Fixed bilat space maintainer	0330	11.7764	$672.41		$134.48
D1520	S		Remove unilat space maintain	0330	11.7764	$672.41		$134.48
D1525	S		Remove bilat space maintain	0330	11.7764	$672.41		$134.48
D1550	S		Recement space maintainer	0330	11.7764	$672.41		$134.48
D2140	E		Amalgam one surface permanen					
D2150	E		Amalgam two surfaces permane					
D2160	E		Amalgam three surfaces perma					
D2161	E		Amalgam 4 or > surfaces perm					
D2330	E		Resin one surface-anterior					
D2331	E		Resin two surfaces-anterior					
D2332	E		Resin three surfaces-anterio					
D2335	E		Resin 4/> surf or w incis an					
D2390	E		Ant resin-based cmpst crown					
D2391	E		Post 1 srfc resinbased cmpst					

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D2392	E		Post 2 srfc resinbased cmpst					
D2393	E		Post 3 srfc resinbased cmpst					
D2394	E		Post >=4srfc resinbase cmpst					
D2410	E		Dental gold foil one surface					
D2420	E		Dental gold foil two surface					
D2430	E		Dental gold foil three surfa					
D2510	E		Dental inlay metalic 1 surf					
D2520	E		Dental inlay metallic 2 surf					
D2530	E		Dental inlay metl 3/more sur					
D2542	E		Dental onlay metallic 2 surf					
D2543	E		Dental onlay metallic 3 surf					
D2544	E		Dental onlay metl 4/more sur					
D2610	E		Inlay porcelain/ceramic 1 su					
D2620	E		Inlay porcelain/ceramic 2 su					
D2630	E		Dental onlay porc 3/more sur					
D2642	E		Dental onlay porcelin 2 surf					
D2643	E		Dental onlay porcelin 3 surf					
D2644	E		Dental onlay porc 4/more sur					
D2650	E		Inlay composite/resin one su					
D2651	E		Inlay composite/resin two su					
D2652	E		Dental inlay resin 3/mre sur					
D2662	E		Dental onlay resin 2 surface					
D2663	E		Dental onlay resin 3 surface					
D2664	E		Dental onlay resin 4/mre sur					
D2710	E		Crown resin laboratory					
D2720	E		Crown resin w/ high noble me					
D2721	E		Crown resin w/ base metal					
D2722	E		Crown resin w/ noble metal					
D2740	E		Crown porcelain/ceramic subs					
D2750	E		Crown porcelain w/ h noble m					
D2751	E		Crown porcelain fused base m					
D2752	E		Crown porcelain w/ noble met					
D2780	E		Crown 3/4 cast hi noble met					
D2781	E		Crown 3/4 cast base metal					
D2782	E		Crown 3/4 cast noble metal					
D2783	E		Crown 3/4 porcelain/ceramic					
D2790	E		Crown full cast high noble m					
D2791	E		Crown full cast base metal					
D2792	E		Crown full cast noble metal					
D2799	E		Provisional crown					
D2910	E		Dental recement inlay					
D2920	E		Dental recement crown					
D2930	E		Prefab stnlss steel crwn pri					
D2931	E		Prefab stnlss steel crown pe					
D2932	E		Prefabricated resin crown					
D2933	E		Prefab stainless steel crown					
D2940	E		Dental sedative filling					
D2950	E		Core build-up incl any pins					
D2951	E		Tooth pin retention					
D2952	E		Post and core cast + crown					

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D2953	E		Each addtnl cast post					
D2954	E		Prefab post/core + crown					
D2955	E		Post removal					
D2957	E		Each addtnl prefab post					
D2960	E		Laminate labial veneer					
D2961	E		Lab labial veneer resin					
D2962	E		Lab labial veneer porcelain					
D2970	S		Temporary- fractured tooth	0330	11.7764	$672.41		$134.48
D2980	E		Crown repair					
D2999	S		Dental unspec restorative pr	0330	11.7764	$672.41		$134.48
D3110	E		Pulp cap direct					
D3120	E		Pulp cap indirect					
D3220	E		Therapeutic pulpotomy					
D3221	E		Gross pulpal debridement					
D3230	E		Pulpal therapy anterior prim					
D3240	E		Pulpal therapy posterior pri					
D3310	E		Anterior					
D3320	E		Root canal therapy 2 canals					
D3330	E		Root canal therapy 3 canals					
D3331	E		Non-surg tx root canal obs					
D3332	E		Incomplete endodontic tx					
D3333	E		Internal root repair					
D3346	E		Retreat root canal anterior					
D3347	E		Retreat root canal bicuspid					
D3348	E		Retreat root canal molar					
D3351	E		Apexification/recalc initial					
D3352	E		Apexification/recalc interim					
D3353	E		Apexification/recalc final					
D3410	E		Apicoect/perirad surg anter					
D3421	E		Root surgery bicuspid					
D3425	E		Root surgery molar					
D3426	E		Root surgery ea add root					
D3430	E		Retrograde filling					
D3450	E		Root amputation					
D3460	S		Endodontic endosseous implan	0330	11.7764	$672.41		$134.48
D3470	E		Intentional replantation					
D3910	E		Isolation- tooth w rubb dam					
D3920	E		Tooth splitting					
D3950	E		Canal prep/fitting of dowel					
D3999	S		Endodontic procedure	0330	11.7764	$672.41		$134.48
D4210	E		Gingivectomy/plasty per quad					
D4211	E		Gingivectomy/plasty per toot					
D4240	E		Gingival flap proc w/ planin					
D4241	E		Gngvl flap w rootplan 1-3 th					
D4245	E		Apically positioned flap					
D4249	E		Crown lengthen hard tissue					
D4260	S		Osseous surgery per quadrant	0330	11.7764	$672.41		$134.48
D4261	E		Osseous surgl-3teethperquad					
D4263	S		Bone replce graft first site	0330	11.7764	$672.41		$134.48
D4264	S		Bone replce graft each add	0330	11.7764	$672.41		$134.48

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D4265	E		Bio mtrls to aid soft/os reg					
D4266	E		Guided tiss regen resorble					
D4267	E		Guided tiss regen nonresorb					
D4268	S		Surgical revision procedure	0330	11.7764	$672.41		$134.48
D4270	S		Pedicle soft tissue graft pr	0330	11.7764	$672.41		$134.48
D4271	S		Free soft tissue graft proc	0330	11.7764	$672.41		$134.48
D4273	S		Subepithelial tissue graft	0330	11.7764	$672.41		$134.48
D4274	E		Distal/proximal wedge proc					
D4275	E		Soft tissue allograft					
D4276	E		Con tissue w dble ped graft					
D4320	E		Provision splnt intracoronal					
D4321	E		Provisional splint extracoro					
D4341	E		Periodontal scaling & root					
D4342	E		Periodontal scaling 1-3teeth					
D4355	S		Full mouth debridement	0330	11.7764	$672.41		$134.48
D4381	S		Localized chemo delivery	0330	11.7764	$672.41		$134.48
D4910	E		Periodontal maint procedures					
D4920	E		Unscheduled dressing change					
D4999	E		Unspecified periodontal proc					
D5110	E		Dentures complete maxillary					
D5120	E		Dentures complete mandible					
D5130	E		Dentures immediat maxillary					
D5140	E		Dentures immediat mandible					
D5211	E		Dentures maxill part resin					
D5212	E		Dentures mand part resin					
D5213	E		Dentures maxill part metal					
D5214	E		Dentures mandibl part metal					
D5281	E		Removable partial denture					
D5410	E		Dentures adjust cmplt maxil					
D5411	E		Dentures adjust cmplt mand					
D5421	E		Dentures adjust part maxill					
D5422	E		Dentures adjust part mandbl					
D5510	E		Dentur repr broken compl bas					
D5520	E		Replace denture teeth complt					
D5610	E		Dentures repair resin base					
D5620	E		Rep part denture cast frame					
D5630	E		Rep partial denture clasp					
D5640	E		Replace part denture teeth					
D5650	E		Add tooth to partial denture					
D5660	E		Add clasp to partial denture					
D5670	E		Replc tth&acrlc on mtl frmwk					
D5671	E		Replc tth&acrlc mandibular					
D5710	E		Dentures rebase cmplt maxil					
D5711	E		Dentures rebase cmplt mand					
D5720	E		Dentures rebase part maxill					
D5721	E		Dentures rebase part mandbl					
D5730	E		Denture reln cmplt maxil ch					
D5731	E		Denture reln cmplt mand chr					
D5740	E		Denture reln part maxil chr					
D5741	E		Denture reln part mand chr					

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D5750	E		Denture reln cmplt max lab					
D5751	E		Denture reln cmplt mand lab					
D5760	E		Denture reln part maxil lab					
D5761	E		Denture reln part mand lab					
D5810	E		Denture interm cmplt maxill					
D5811	E		Denture interm cmplt mandbl					
D5820	E		Denture interm part maxill					
D5821	E		Denture interm part mandbl					
D5850	E		Denture tiss conditn maxill					
D5851	E		Denture tiss condtin mandbl					
D5860	E		Overdenture complete					
D5861	E		Overdenture partial					
D5862	E		Precision attachment					
D5867	E		Replacement of precision att					
D5875	E		Prosthesis modification					
D5899	E		Removable prosthodontic proc					
D5911	S		Facial moulage sectional	0330	11.7764	$672.41		$134.48
D5912	S		Facial moulage complete	0330	11.7764	$672.41		$134.48
D5913	E		Nasal prosthesis					
D5914	E		Auricular prosthesis					
D5915	E		Orbital prosthesis					
D5916	E		Ocular prosthesis					
D5919	E		Facial prosthesis					
D5922	E		Nasal septal prosthesis					
D5923	E		Ocular prosthesis interim					
D5924	E		Cranial prosthesis					
D5925	E		Facial augmentation implant					
D5926	E		Replacement nasal prosthesis					
D5927	E		Auricular replacement					
D5928	E		Orbital replacement					
D5929	E		Facial replacement					
D5931	E		Surgical obturator					
D5932	E		Postsurgical obturator					
D5933	E		Refitting of obturator					
D5934	E		Mandibular flange prosthesis					
D5935	E		Mandibular denture prosth					
D5936	E		Temp obturator prosthesis					
D5937	E		Trismus appliance					
D5951	E		Feeding aid					
D5952	E		Pediatric speech aid					
D5953	E		Adult speech aid					
D5954	E		Superimposed prosthesis					
D5955	E		Palatal lift prosthesis					
D5958	E		Intraoral con def inter plt					
D5959	E		Intraoral con def mod palat					
D5960	E		Modify speech aid prosthesis					
D5982	E		Surgical stent					
D5983	S		Radiation applicator	0330	11.7764	$672.41		$134.48
D5984	S		Radiation shield	0330	11.7764	$672.41		$134.48
D5985	S		Radiation cone locator	0330	11.7764	$672.41		$134.48

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D5986	E		Fluoride applicator					
D5987	S		Commissure splint	0330	11.7764	$672.41		$134.48
D5988	E		Surgical splint					
D5999	E		Maxillofacial prosthesis					
D6010	E		Odontics endosteal implant					
D6020	E		Odontics abutment placement					
D6040	E		Odontics eposteal implant					
D6050	E		Odontics transosteal implnt					
D6053	E		Implnt/abtmnt spprt remv dnt					
D6054	E		Implnt/abtmnt spprt remvprtl					
D6055	E		Implant connecting bar					
D6056	E		Prefabricated abutment					
D6057	E		Custom abutment					
D6058	E		Abutment supported crown					
D6059	E		Abutment supported mtl crown					
D6060	E		Abutment supported mtl crown					
D6061	E		Abutment supported mtl crown					
D6062	E		Abutment supported mtl crown					
D6063	E		Abutment supported mtl crown					
D6064	E		Abutment supported mtl crown					
D6065	E		Implant supported crown					
D6066	E		Implant supported mtl crown					
D6067	E		Implant supported mtl crown					
D6068	E		Abutment supported retainer					
D6069	E		Abutment supported retainer					
D6070	E		Abutment supported retainer					
D6071	E		Abutment supported retainer					
D6072	E		Abutment supported retainer					
D6073	E		Abutment supported retainer					
D6074	E		Abutment supported retainer					
D6075	E		Implant supported retainer					
D6076	E		Implant supported retainer					
D6077	E		Implant supported retainer					
D6078	E		Implnt/abut suprtd fixd dent					
D6079	E		Implnt/abut suprtd fixd dent					
D6080	E		Implant maintenance					
D6090	E		Repair implant					
D6095	E		Odontics repr abutment					
D6100	E		Removal of implant					
D6199	E		Implant procedure					
D6210	E		Prosthodont high noble metal					
D6211	E		Bridge base metal cast					
D6212	E		Bridge noble metal cast					
D6240	E		Bridge porcelain high noble					
D6241	E		Bridge porcelain base metal					
D6242	E		Bridge porcelain nobel metal					
D6245	E		Bridge porcelain/ceramic					
D6250	E		Bridge resin w/high noble					
D6251	E		Bridge resin base metal					
D6252	E		Bridge resin w/noble metal					

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D6253	E		Provisional pontic					
D6545	E		Dental retainr cast metl					
D6548	E		Porcelain/ceramic retainer					
D6600	E		Porcelain/ceramic inlay 2srf					
D6601	E		Porc/ceram inlay >= 3 surfac					
D6602	E		Cst hgh nble mtl inlay 2 srf					
D6603	E		Cst hgh nble mtl inlay >=3sr					
D6604	E		Cst bse mtl inlay 2 surfaces					
D6605	E		Cst bse mtl inlay >= 3 surfa					
D6606	E		Cast noble metal inlay 2 sur					
D6607	E		Cst noble mtl inlay >=3 surf					
D6608	E		Onlay porc/crmc 2 surfaces					
D6609	E		Onlay porc/crmc >=3 surfaces					
D6610	E		Onlay cst hgh nbl mtl 2 srfc					
D6611	E		Onlay cst hgh nbl mtl >=3srf					
D6612	E		Onlay cst base mtl 2 surface					
D6613	E		Onlay cst base mtl >=3 surfa					
D6614	E		Onlay cst nbl mtl 2 surfaces					
D6615	E		Onlay cst nbl mtl >=3 surfac					
D6720	E		Retain crown resin w hi nble					
D6721	E		Crown resin w/base metal					
D6722	E		Crown resin w/noble metal					
D6740	E		Crown porcelain/ceramic					
D6750	E		Crown porcelain high noble					
D6751	E		Crown porcelain base metal					
D6752	E		Crown porcelain noble metal					
D6780	E		Crown 3/4 high noble metal					
D6781	E		Crown 3/4 cast based metal					
D6782	E		Crown 3/4 cast noble metal					
D6783	E		Crown 3/4 porcelain/ceramic					
D6790	E		Crown full high noble metal					
D6791	E		Crown full base metal cast					
D6792	E		Crown full noble metal cast					
D6793	E		Provisional retainer crown					
D6920	S		Dental connector bar	0330	11.7764	$672.41		$134.48
D6930	E		Dental recement bridge					
D6940	E		Stress breaker					
D6950	E		Precision attachment					
D6970	E		Post & core plus retainer					
D6971	E		Cast post bridge retainer					
D6972	E		Prefab post & core plus reta					
D6973	E		Core build up for retainer					
D6975	E		Coping metal					
D6976	E		Each addtnl cast post					
D6977	E		Each addtl prefab post					
D6980	E		Bridge repair					
D6985	E		Pediatric partial denture fx					
D6999	E		Fixed prosthodontic proc					
D7111	S		Coronal remnants deciduous t	0330	11.7764	$672.41		$134.48
D7140	S		Extraction erupted tooth/exr	0330	11.7764	$672.41		$134.48

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D7210	S		Rem imp tooth w mucoper flp	0330	11.7764	$672.41		$134.48
D7220	S		Impact tooth remov soft tiss	0330	11.7764	$672.41		$134.48
D7230	S		Impact tooth remov part bony	0330	11.7764	$672.41		$134.48
D7240	S		Impact tooth remov comp bony	0330	11.7764	$672.41		$134.48
D7241	S		Impact tooth rem bony w/comp	0330	11.7764	$672.41		$134.48
D7250	S		Tooth root removal	0330	11.7764	$672.41		$134.48
D7260	S		Oral antral fistula closure	0330	11.7764	$672.41		$134.48
D7261	S		Primary closure sinus perf	0330	11.7764	$672.41		$134.48
D7270	E		Tooth reimplantation					
D7272	E		Tooth transplantation					
D7280	E		Exposure impact tooth orthod					
D7281	E		Exposure tooth aid eruption					
D7282	E		Mobilize erupted/malpos toot					
D7285	E		Biopsy of oral tissue hard					
D7286	E		Biopsy of oral tissue soft					
D7287	E		Cytology sample collection					
D7290	E		Repositioning of teeth					
D7291	S		Transseptal fiberotomy	0330	11.7764	$672.41		$134.48
D7310	E		Alveoplasty w/ extraction					
D7320	E		Alveoplasty w/o extraction					
D7340	E		Vestibuloplasty ridge extens					
D7350	E		Vestibuloplasty exten graft					
D7410	E		Rad exc lesion up to 1.25 cm					
D7411	E		Excision benign lesion>1.25c					
D7412	E		Excision benign lesion compl					
D7413	E		Excision malig lesion<=1.25c					
D7414	E		Excision malig lesion>1.25cm					
D7415	E		Excision malig les complicat					
D7440	E		Malig tumor exc to 1.25 cm					
D7441	E		Malig tumor > 1.25 cm					
D7450	E		Rem odontogen cyst to 1.25cm					
D7451	E		Rem odontogen cyst > 1.25 cm					
D7460	E		Rem nonodonto cyst to 1.25cm					
D7461	E		Rem nonodonto cyst > 1.25 cm					
D7465	E		Lesion destruction					
D7471	E		Rem exostosis any site					
D7472	E		Removal of torus palatinus					
D7473	E		Remove torus mandibularis					
D7485	E		Surg reduct osseoustuberosit					
D7490	E		Mandible resection					
D7510	E		I&d absc intraoral soft tiss					
D7520	E		I&d abscess extraoral					
D7530	E		Removal fb skin/areolar tiss					
D7540	E		Removal of fb reaction					
D7550	E		Removal of sloughed off bone					
D7560	E		Maxillary sinusotomy					
D7610	E		Maxilla open reduct simple					
D7620	E		Clsd reduct simpl maxilla fx					
D7630	E		Open red simpl mandible fx					
D7640	E		Clsd red simpl mandible fx					

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D7650	E		Open red simp malar/zygom fx					
D7660	E		Clsd red simp malar/zygom fx					
D7670	E		Closd rductn splint alveolus					
D7671	E		Alveolus open reduction					
D7680	E		Reduct simple facial bone fx					
D7710	E		Maxilla open reduct compound					
D7720	E		Clsd reduct compd maxilla fx					
D7730	E		Open reduct compd mandble fx					
D7740	E		Clsd reduct compd mandble fx					
D7750	E		Open red comp malar/zygma fx					
D7760	E		Clsd red comp malar/zygma fx					
D7770	E		Open reduc compd alveolus fx					
D7771	E		Alveolus clsd reduc stblz te					
D7780	E		Reduct compnd facial bone fx					
D7810	E		Tmj open reduct-dislocation					
D7820	E		Closed tmp manipulation					
D7830	E		Tmj manipulation under anest					
D7840	E		Removal of tmj condyle					
D7850	E		Tmj meniscectomy					
D7852	E		Tmj repair of joint disc					
D7854	E		Tmj excisn of joint membrane					
D7856	E		Tmj cutting of a muscle					
D7858	E		Tmj reconstruction					
D7860	E		Tmj cutting into joint					
D7865	E		Tmj reshaping components					
D7870	E		Tmj aspiration joint fluid					
D7871	E		Lysis + lavage w catheters					
D7872	E		Tmj diagnostic arthroscopy					
D7873	E		Tmj arthroscopy lysis adhesn					
D7874	E		Tmj arthroscopy disc reposit					
D7875	E		Tmj arthroscopy synovectomy					
D7876	E		Tmj arthroscopy discectomy					
D7877	E		Tmj arthroscopy debridement					
D7880	E		Occlusal orthotic appliance					
D7899	E		Tmj unspecified therapy					
D7910	E		Dent sutur recent wnd to 5cm					
D7911	E		Dental suture wound to 5 cm					
D7912	E		Suture complicate wnd > 5 cm					
D7920	E		Dental skin graft					
D7940	S		Reshaping bone orthognathic	0330	11.7764	$672.41		$134.48
D7941	E		Bone cutting ramus closed					
D7943	E		Cutting ramus open w/graft					
D7944	E		Bone cutting segmented					
D7945	E		Bone cutting body mandible					
D7946	E		Reconstruction maxilla total					
D7947	E		Reconstruct maxilla segment					
D7948	E		Reconstruct midface no graft					
D7949	E		Reconstruct midface w/graft					
D7950	E		Mandible graft					
D7955	E		Repair maxillofacial defects					

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D7960	E		Frenulectomy/frenulotomy					
D7970	E		Excision hyperplastic tissue					
D7971	E		Excision pericoronal gingiva					
D7972	E		Surg redct fibrous tuberosit					
D7980	E		Sialolithotomy					
D7981	E		Excision of salivary gland					
D7982	E		Sialodochoplasty					
D7983	E		Closure of salivary fistula					
D7990	E		Emergency tracheotomy					
D7991	E		Dental coronoidectomy					
D7995	E		Synthetic graft facial bones					
D7996	E		Implant mandible for augment					
D7997	E		Appliance removal					
D7999	E		Oral surgery procedure					
D8010	E		Limited dental tx primary					
D8020	E		Limited dental tx transition					
D8030	E		Limited dental tx adolescent					
D8040	E		Limited dental tx adult					
D8050	E		Intercep dental tx primary					
D8060	E		Intercep dental tx transitn					
D8070	E		Compre dental tx transition					
D8080	E		Compre dental tx adolescent					
D8090	E		Compre dental tx adult					
D8210	E		Orthodontic rem appliance tx					
D8220	E		Fixed appliance therapy habt					
D8660	E		Preorthodontic tx visit					
D8670	E		Periodic orthodontc tx visit					
D8680	E		Orthodontic retention					
D8690	E		Orthodontic treatment					
D8691	E		Repair ortho appliance					
D8692	E		Replacement retainer					
D8999	E		Orthodontic procedure					
D9110	N		Tx dental pain minor proc					
D9210	E		Dent anesthesia w/o surgery					
D9211	E		Regional block anesthesia					
D9212	E		Trigeminal block anesthesia					
D9215	E		Local anesthesia					
D9220	E		General anesthesia					
D9221	E		General anesthesia ea ad 15m					
D9230	N		Analgesia					
D9241	E		Intravenous sedation					
D9242	E		IV sedation ea ad 30 m					
D9248	N		Sedation (non-iv)					
D9310	E		Dental consultation					
D9410	E		Dental house call					
D9420	E		Hospital call					
D9430	E		Office visit during hours					
D9440	E		Office visit after hours					
D9450	E		Case presentation tx plan					
D9610	E		Dent therapeutic drug inject					

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D9630	S		Other drugs/medicaments	0330	11.7764	$672.41		$134.48
D9910	E		Dent appl desensitizing med					
D9911	E		Appl desensitizing resin					
D9920	E		Behavior management					
D9930	S		Treatment of complications	0330	11.7764	$672.41		$134.48
D9940	S		Dental occlusal guard	0330	11.7764	$672.41		$134.48
D9941	E		Fabrication athletic guard					
D9950	S		Occlusion analysis	0330	11.7764	$672.41		$134.48
D9951	S		Limited occlusal adjustment	0330	11.7764	$672.41		$134.48
D9952	S		Complete occlusal adjustment	0330	11.7764	$672.41		$134.48
D9970	E		Enamel microabrasion					
D9971	E		Odontoplasty 1-2 teeth					
D9972	E		Extrnl bleaching per arch					
D9973	E		Extrnl bleaching per tooth					
D9974	E		Intrnl bleaching per tooth					
D9999	E		Adjunctive procedure					
E0100	Y		Cane adjust/fixed with tip					
E0105	Y		Cane adjust/fixed quad/3 pro					
E0110	Y		Crutch forearm pair					
E0111	Y		Crutch forearm each					
E0112	Y		Crutch underarm pair wood					
E0113	Y		Crutch underarm each wood					
E0114	Y		Crutch underarm pair no wood					
E0116	Y		Crutch underarm each no wood					
E0117	Y		Underarm springassist crutch					
E0118	E		Crutch substitute					
E0130	Y		Walker rigid adjust/fixed ht					
E0135	Y		Walker folding adjust/fixed					
E0140	Y		Walker w trunk support					
E0141	Y		Rigid wheeled walker adj/fix					
E0143	Y		Walker folding wheeled w/o s					
E0144	Y		Enclosed walker w rear seat					
E0147	Y		Walker variable wheel resist					
E0148	Y		Heavyduty walker no wheels					
E0149	Y		Heavy duty wheeled walker					
E0153	Y		Forearm crutch platform atta					
E0154	Y		Walker platform attachment					
E0155	Y		Walker wheel attachment,pair					
E0156	Y		Walker seat attachment					
E0157	Y		Walker crutch attachment					
E0158	Y		Walker leg extenders set of4					
E0159	Y		Brake for wheeled walker					
E0160	Y		Sitz type bath or equipment					
E0161	Y		Sitz bath/equipment w/faucet					
E0162	Y		Sitz bath chair					
E0163	Y		Commode chair stationry fxd					
E0164	Y		Commode chair mobile fixed a					
E0166	Y		Commode chair mobile detach					
E0167	Y		Commode chair pail or pan					
E0168	Y		Heavyduty/wide commode chair					

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E0169	Y		Seatlift incorp commodechair					
E0175	Y		Commode chair foot rest					
E0176	E		Air pressre pad/cushion nonp					
E0177	E		Water press pad/cushion nonp					
E0178	E		Gel pressre pad/cushion nonp					
E0179	E		Dry pressre pad/cushion nonp					
E0180	Y		Press pad alternating w pump					
E0181	Y		Press pad alternating w/ pum					
E0182	Y		Pressure pad alternating pum					
E0184	Y		Dry pressure mattress					
E0185	Y		Gel pressure mattress pad					
E0186	Y		Air pressure mattress					
E0187	Y		Water pressure mattress					
E0188	Y		Synthetic sheepskin pad					
E0189	Y		Lambswool sheepskin pad					
E0190	E		Positioning cushion					
E0191	Y		Protector heel or elbow					
E0192	E		Pad wheelchr low press/posit					
E0193	Y		Powered air flotation bed					
E0194	Y		Air fluidized bed					
E0196	Y		Gel pressure mattress					
E0197	Y		Air pressure pad for mattres					
E0198	Y		Water pressure pad for mattr					
E0199	Y		Dry pressure pad for mattres					
E0200	Y		Heat lamp without stand					
E0202	Y		Phototherapy light w/ photom					
E0203	A		Therapeutic lightbox tabletp					
E0205	Y		Heat lamp with stand					
E0210	Y		Electric heat pad standard					
E0215	Y		Electric heat pad moist					
E0217	Y		Water circ heat pad w pump					
E0218	Y		Water circ cold pad w pump					
E0220	Y		Hot water bottle					
E0221	Y		Infrared heating pad system					
E0225	Y		Hydrocollator unit					
E0230	Y		Ice cap or collar					
E0231	E		Wound warming device					
E0232	E		Warming card for NWT					
E0235	Y		Paraffin bath unit portable					
E0236	Y		Pump for water circulating p					
E0238	Y		Heat pad non-electric moist					
E0239	Y		Hydrocollator unit portable					
E0240	E		Bath/shower chair					
E0241	E		Bath tub wall rail					
E0242	E		Bath tub rail floor					
E0243	E		Toilet rail					
E0244	E		Toilet seat raised					
E0245	E		Tub stool or bench					
E0246	E		Transfer tub rail attachment					
E0247	E		Trans bench w/wo comm open					

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E0248	E		HDtrans bench w/wo comm open					
E0249	Y		Pad water circulating heat u					
E0250	Y		Hosp bed fixed ht w/ mattres					
E0251	Y		Hosp bed fixd ht w/o mattres					
E0255	Y		Hospital bed var ht w/ mattr					
E0256	Y		Hospital bed var ht w/o matt					
E0260	Y		Hosp bed semi-electr w/ matt					
E0261	Y		Hosp bed semi-electr w/o mat					
E0265	Y		Hosp bed total electr w/ mat					
E0266	Y		Hosp bed total elec w/o matt					
E0270	E		Hospital bed institutional t					
E0271	Y		Mattress innerspring					
E0272	Y		Mattress foam rubber					
E0273	E		Bed board					
E0274	E		Over-bed table					
E0275	Y		Bed pan standard					
E0276	Y		Bed pan fracture					
E0277	Y		Powered pres-redu air mattrs					
E0280	Y		Bed cradle					
E0290	Y		Hosp bed fx ht w/o rails w/m					
E0291	Y		Hosp bed fx ht w/o rail w/o					
E0292	Y		Hosp bed var ht w/o rail w/o					
E0293	Y		Hosp bed var ht w/o rail w/					
E0294	Y		Hosp bed semi-elect w/ mattr					
E0295	Y		Hosp bed semi-elect w/o matt					
E0296	Y		Hosp bed total elect w/ matt					
E0297	Y		Hosp bed total elect w/o mat					
E0300	Y		Enclosed ped crib hosp grade					
E0301	Y		HD hosp bed, 350-600 lbs					
E0302	Y		Ex hd hosp bed > 600 lbs					
E0303	Y		Hosp bed hvy dty xtra wide					
E0304	Y		Hosp bed xtra hvy dty x wide					
E0305	Y		Rails bed side half length					
E0310	Y		Rails bed side full length					
E0315	E		Bed accessory brd/tbl/supprt					
E0316	Y		Bed safety enclosure					
E0325	Y		Urinal male jug-type					
E0326	Y		Urinal female jug-type					
E0350	E		Control unit bowel system					
E0352	E		Disposable pack w/bowel syst					
E0370	E		Air elevator for heel					
E0371	Y		Nonpower mattress overlay					
E0372	Y		Powered air mattress overlay					
E0373	Y		Nonpowered pressure mattress					
E0424	Y		Stationary compressed gas 02					
E0425	E		Gas system stationary compre					
E0430	E		Oxygen system gas portable					
E0431	Y		Portable gaseous 02					
E0434	Y		Portable liquid 02					
E0435	E		Oxygen system liquid portabl					

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E0439	Y		Stationary liquid 02					
E0440	E		Oxygen system liquid station					
E0441	Y		Oxygen contents, gaseous					
E0442	Y		Oxygen contents, liquid					
E0443	Y		Portable 02 contents, gas					
E0444	Y		Portable 02 contents, liquid					
E0445	A		Oximeter non-invasive					
E0450	Y		Volume vent stationary/porta					
E0454	Y		Pressure ventilator					
E0455	Y		Oxygen tent excl croup/ped t					
E0457	Y		Chest shell					
E0459	Y		Chest wrap					
E0460	Y		Neg press vent portabl/statn					
E0461	Y		Vol vent noninvasive interfa					
E0462	Y		Rocking bed w/ or w/o side r					
E0470	Y		RAD w/o backup non-inv intfc					
E0471	Y		RAD w/backup non inv intrfc					
E0472	Y		RAD w backup invasive intrfc					
E0480	Y		Percussor elect/pneum home m					
E0481	E		Intrpulmnry percuss vent sys					
E0482	Y		Cough stimulating device					
E0483	Y		Chest compression gen system					
E0484	Y		Non-elec oscillatory pep dvc					
E0500	Y		Ippb all types					
E0550	Y		Humidif extens supple w ippb					
E0555	Y		Humidifier for use w/ regula					
E0560	Y		Humidifier supplemental w/ i					
E0561	Y		Humidifier nonheated w PAP					
E0562	Y		Humidifier heated used w PAP					
E0565	Y		Compressor air power source					
E0570	Y		Nebulizer with compression					
E0571	Y		Aerosol compressor for svneb					
E0572	Y		Aerosol compressor adjust pr					
E0574	Y		Ultrasonic generator w svneb					
E0575	Y		Nebulizer ultrasonic					
E0580	Y		Nebulizer for use w/ regulat					
E0585	Y		Nebulizer w/ compressor & he					
E0590	Y		Dispensing fee dme neb drug					
E0600	Y		Suction pump portab hom modl					
E0601	Y		Cont airway pressure device					
E0602	Y		Manual breast pump					
E0603	A		Electric breast pump					
E0604	A		Hosp grade elec breast pump					
E0605	Y		Vaporizer room type					
E0606	Y		Drainage board postural					
E0607	Y		Blood glucose monitor home					
E0610	Y		Pacemaker monitr audible/vis					
E0615	Y		Pacemaker monitr digital/vis					
E0616	N		Cardiac event recorder					
E0617	Y		Automatic ext defibrillator					

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E0618	A		Apnea monitor					
E0619	A		Apnea monitor w recorder					
E0620	Y		Cap bld skin piercing laser					
E0621	Y		Patient lift sling or seat					
E0625	E		Patient lift bathroom or toi					
E0627	Y		Seat lift incorp lift-chair					
E0628	Y		Seat lift for pt furn-electr					
E0629	Y		Seat lift for pt furn-non-el					
E0630	Y		Patient lift hydraulic					
E0635	Y		Patient lift electric					
E0636	Y		PT support & positioning sys					
E0637	Y		Sit-stand w seatlift wheeled					
E0638	Y		Standing frame sys wheeled					
E0650	Y		Pneuma compresor non-segment					
E0651	Y		Pneum compressor segmental					
E0652	Y		Pneum compres w/cal pressure					
E0655	Y		Pneumatic appliance half arm					
E0660	Y		Pneumatic appliance full leg					
E0665	Y		Pneumatic appliance full arm					
E0666	Y		Pneumatic appliance half leg					
E0667	Y		Seg pneumatic appl full leg					
E0668	Y		Seg pneumatic appl full arm					
E0669	Y		Seg pneumatic appli half leg					
E0671	Y		Pressure pneum appl full leg					
E0672	Y		Pressure pneum appl full arm					
E0673	Y		Pressure pneum appl half leg					
E0675	Y		Pneumatic compression device					
E0691	Y		Uvl pnl 2 sq ft or less					
E0692	Y		Uvl sys panel 4 ft					
E0693	Y		Uvl sys panel 6 ft					
E0694	Y		Uvl md cabinet sys 6 ft					
E0700	E		Safety equipment					
E0701	Y		Helmet w face guard prefab					
E0710	E		Restraints any type					
E0720	Y		Tens two lead					
E0730	Y		Tens four lead					
E0731	Y		Conductive garment for tens/					
E0740	Y		Incontinence treatment systm					
E0744	Y		Neuromuscular stim for scoli					
E0745	Y		Neuromuscular stim for shock					
E0746	E		Electromyograph biofeedback					
E0747	Y		Elec osteogen stim not spine					
E0748	Y		Elec osteogen stim spinal					
E0749	N		Elec osteogen stim implanted					
E0752	N		Neurostimulator electrode					
E0754	A		Pulsegenerator pt programmer					
E0755	E		Electronic salivary reflex s					
E0756	N		Implantable pulse generator					
E0757	N		Implantable RF receiver					
E0758	A		External RF transmitter					

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E0759	A		Replace rdfrquncy transmittr					
E0760	Y		Osteogen ultrasound stimltor					
E0761	E		Nontherm electromgntc device					
E0765	Y		Nerve stimulator for tx n&v					
E0776	Y		Iv pole					
E0779	Y		Amb infusion pump mechanical					
E0780	Y		Mech amb infusion pump <8hrs					
E0781	Y		External ambulatory infus pu					
E0782	N		Non-programble infusion pump					
E0783	N		Programmable infusion pump					
E0784	Y		Ext amb infusn pump insulin					
E0785	N		Replacement impl pump cathet					
E0786	N		Implantable pump replacement					
E0791	Y		Parenteral infusion pump sta					
E0830	N		Ambulatory traction device					
E0840	Y		Tract frame attach headboard					
E0850	Y		Traction stand free standing					
E0855	Y		Cervical traction equipment					
E0860	Y		Tract equip cervical tract					
E0870	Y		Tract frame attach footboard					
E0880	Y		Trac stand free stand extrem					
E0890	Y		Traction frame attach pelvic					
E0900	Y		Trac stand free stand pelvic					
E0910	Y		Trapeze bar attached to bed					
E0920	Y		Fracture frame attached to b					
E0930	Y		Fracture frame free standing					
E0935	Y		Exercise device passive moti					
E0940	Y		Trapeze bar free standing					
E0941	Y		Gravity assisted traction de					
E0942	Y		Cervical head harness/halter					
E0944	Y		Pelvic belt/harness/boot					
E0945	Y		Belt/harness extremity					
E0946	Y		Fracture frame dual w cross					
E0947	Y		Fracture frame attachmnts pe					
E0948	Y		Fracture frame attachmnts ce					
E0950	E		Tray					
E0951	E		Loop heel					
E0952	E		Toe loop/holder, each					
E0953	E		Pneumatic tire					
E0954	E		Wheelchair semi-pneumatic ca					
E0955	Y		Cushioned headrest					
E0956	Y		W/c lateral trunk/hip suppor					
E0957	Y		W/c medial thigh support					
E0958	A		Whlchr att- conv 1 arm drive					
E0959	B		Amputee adapter					
E0960	Y		W/c shoulder harness/straps					
E0961	B		Wheelchair brake extension					
E0962	E		Wheelchair 1 inch cushion					
E0963	E		Wheelchair 2 inch cushion					
E0964	E		Wheelchair 3 inch cushion					

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E0965	E		Wheelchair 4 inch cushion					
E0966	B		Wheelchair head rest extensi					
E0967	Y		Wheelchair hand rims					
E0968	Y		Wheelchair commode seat					
E0969	Y		Wheelchair narrowing device					
E0970	B		Wheelchair no. 2 footplates					
E0971	B		Wheelchair anti-tipping devi					
E0972	A		Transfer board or device					
E0973	B		W/Ch access det adj armrest					
E0974	B		W/Ch access anti-rollback					
E0977	Y		Wheelchair wedge cushion					
E0978	B		W/C acc,saf belt pelv strap					
E0980	Y		Wheelchair safety vest					
E0981	Y		Seat upholstery, replacement					
E0982	Y		Back upholstery, replacement					
E0983	Y		Add pwr joystick					
E0984	Y		Add pwr tiller					
E0985	Y		W/c seat lift mechanism					
E0986	Y		Man w/c push-rim pow assist					
E0990	B		Whellchair elevating leg res					
E0992	B		Wheelchair solid seat insert					
E0994	Y		Wheelchair arm rest					
E0995	B		Wheelchair calf rest					
E0996	B		Wheelchair tire solid					
E0997	Y		Wheelchair caster w/ a fork					
E0998	Y		Wheelchair caster w/o a fork					
E0999	Y		Wheelchr pneumatic tire w/wh					
E1000	B		Wheelchair tire pneumatic ca					
E1001	Y		Wheelchair wheel					
E1002	Y		Pwr seat tilt					
E1003	Y		Pwr seat recline					
E1004	Y		Pwr seat recline mech					
E1005	Y		Pwr seat recline pwr					
E1006	Y		Pwr seat combo w/o shear					
E1007	Y		Pwr seat combo w/shear					
E1008	Y		Pwr seat combo pwr shear					
E1009	Y		Add mech leg elevation					
E1010	Y		Add pwr leg elevation					
E1011	Y		Ped wc modify width adjustm					
E1012	E		Int seat sys planar ped w/c					
E1013	E		Int seat sys contour ped w/c					
E1014	Y		Reclining back add ped w/c					
E1015	Y		Shock absorber for man w/c					
E1016	Y		Shock absorber for power w/c					
E1017	Y		HD shck absrbr for hd man wc					
E1018	Y		HD shck absrber for hd powwc					
E1019	Y		HD feature power seat					
E1020	Y		Residual limb support system					
E1021	Y		Ex hd feature power seat					
E1025	Y		Pedwc lat/thor sup nocontour					

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E1026	Y		Pedwc contoured lat/thor sup					
E1027	Y		Ped wc lat/ant support					
E1028	Y		W/c manual swingaway					
E1029	Y		W/c vent tray fixed					
E1030	Y		W/c vent tray gimbaled					
E1031	Y		Rollabout chair with casters					
E1035	Y		Patient transfer system					
E1037	Y		Transport chair, ped size					
E1038	Y		Transport chair, adult size					
E1050	A		Whelchr fxd full length arms					
E1060	A		Wheelchair detachable arms					
E1070	A		Wheelchair detachable foot r					
E1083	A		Hemi-wheelchair fixed arms					
E1084	A		Hemi-wheelchair detachable a					
E1085	A		Hemi-wheelchair fixed arms					
E1086	A		Hemi-wheelchair detachable a					
E1087	A		Wheelchair lightwt fixed arm					
E1088	A		Wheelchair lightweight det a					
E1089	A		Wheelchair lightwt fixed arm					
E1090	A		Wheelchair lightweight det a					
E1092	A		Wheelchair wide w/ leg rests					
E1093	A		Wheelchair wide w/ foot rest					
E1100	A		Whchr s-recl fxd arm leg res					
E1110	A		Wheelchair semi-recl detach					
E1130	A		Whlchr stand fxd arm ft rest					
E1140	A		Wheelchair standard detach a					
E1150	Y		Wheelchair standard w/ leg r					
E1160	A		Wheelchair fixed arms					
E1161	A		Manual adult wc w tiltinspac					
E1170	A		Whlchr ampu fxd arm leg rest					
E1171	A		Wheelchair amputee w/o leg r					
E1172	A		Wheelchair amputee detach ar					
E1180	A		Wheelchair amputee w/ foot r					
E1190	A		Wheelchair amputee w/ leg re					
E1195	A		Wheelchair amputee heavy dut					
E1200	A		Wheelchair amputee fixed arm					
E1210	Y		Whlchr moto ful arm leg rest					
E1211	Y		Wheelchair motorized w/ det					
E1212	A		Wheelchair motorized w full					
E1213	A		Wheelchair motorized w/ det					
E1220	A		Whlchr special size/constrc					
E1221	A		Wheelchair spec size w foot					
E1222	A		Wheelchair spec size w/ leg					
E1223	A		Wheelchair spec size w foot					
E1224	A		Wheelchair spec size w/ leg					
E1225	Y		Wheelchair spec sz semi-recl					
E1226	B		W/C access fully reclineback					
E1227	Y		Wheelchair spec sz spec ht a					
E1228	Y		Wheelchair spec sz spec ht b					
E1230	Y		Power operated vehicle					

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E1231	Y		Rigid ped w/c tilt-in-space					
E1232	Y		Folding ped wc tilt-in-space					
E1233	Y		Rig ped wc tltnspc w/o seat					
E1234	Y		Fld ped wc tltnspc w/o seat					
E1235	Y		Rigid ped wc adjustable					
E1236	Y		Folding ped wc adjustable					
E1237	Y		Rgd ped wc adjstabl w/o seat					
E1238	Y		Fld ped wc adjstabl w/o seat					
E1240	A		Whchr litwt det arm leg rest					
E1250	A		Wheelchair lightwt fixed arm					
E1260	A		Wheelchair lightwt foot rest					
E1270	A		Wheelchair lightweight leg r					
E1280	A		Whchr h-duty det arm leg res					
E1285	A		Wheelchair heavy duty fixed					
E1290	A		Wheelchair hvy duty detach a					
E1295	A		Wheelchair heavy duty fixed					
E1296	Y		Wheelchair special seat heig					
E1297	Y		Wheelchair special seat dept					
E1298	Y		Wheelchair spec seat depth/w					
E1300	E		Whirlpool portable					
E1310	Y		Whirlpool non-portable					
E1340	Y		Repair for DME, per 15 min					
E1353	Y		Oxygen supplies regulator					
E1355	Y		Oxygen supplies stand/rack					
E1372	Y		Oxy suppl heater for nebuliz					
E1390	Y		Oxygen concentrator					
E1391	Y		Oxygen concentrator, dual					
E1399	N		Durable medical equipment mi					
E1405	Y		O2/water vapor enrich w/heat					
E1406	Y		O2/water vapor enrich w/o he					
E1500	A		Centrifuge					
E1510	A		Kidney dialysate delivry sys					
E1520	A		Heparin infusion pump					
E1530	A		Replacement air bubble detec					
E1540	A		Replacement pressure alarm					
E1550	A		Bath conductivity meter					
E1560	A		Replace blood leak detector					
E1570	A		Adjustable chair for esrd pt					
E1575	A		Transducer protect/fld bar					
E1580	A		Unipuncture control system					
E1590	A		Hemodialysis machine					
E1592	A		Auto interm peritoneal dialy					
E1594	A		Cycler dialysis machine					
E1600	A		Deli/install chrg hemo equip					
E1610	A		Reverse osmosis h2o puri sys					
E1615	A		Deionizer H2O puri system					
E1620	A		Replacement blood pump					
E1625	A		Water softening system					
E1630	A		Reciprocating peritoneal dia					
E1632	A		Wearable artificial kidney					

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E1634	B		Peritoneal dialysis clamp					
E1635	A		Compact travel hemodialyzer					
E1636	A		Sorbent cartridges per 10					
E1637	A		Hemostats for dialysis, each					
E1639	A		Dialysis scale					
E1699	A		Dialysis equipment noc					
E1700	Y		Jaw motion rehab system					
E1701	Y		Repl cushions for jaw motion					
E1702	Y		Repl measr scales jaw motion					
E1800	Y		Adjust elbow ext/flex device					
E1801	Y		SPS elbow device					
E1802	Y		Adjst forearm pro/sup device					
E1805	Y		Adjust wrist ext/flex device					
E1806	Y		SPS wrist device					
E1810	Y		Adjust knee ext/flex device					
E1811	Y		SPS knee device					
E1815	Y		Adjust ankle ext/flex device					
E1816	Y		SPS ankle device					
E1818	Y		SPS forearm device					
E1820	Y		Soft interface material					
E1821	Y		Replacement interface SPSD					
E1825	Y		Adjust finger ext/flex devc					
E1830	Y		Adjust toe ext/flex device					
E1840	Y		Adj shoulder ext/flex device					
E1902	A		AAC non-electronic board					
E2000	Y		Gastric suction pump hme mdl					
E2100	Y		Bld glucose monitor w voice					
E2101	Y		Bld glucose monitor w lance					
E2120	Y		Pulse gen sys tx endolymp fl					
E2201	Y		Man w/ch acc seat w>=20"<24"					
E2202	Y		Seat width 24-27 in					
E2203	Y		Frame depth less than 22 in					
E2204	Y		Frame depth 22 to 25 in					
E2300	Y		Pwr seat elevation sys					
E2301	Y		Pwr standing					
E2310	Y		Electro connect btw control					
E2311	Y		Electro connect btw 2 sys					
E2320	Y		Hand chin control					
E2321	Y		Hand interface joystick					
E2322	Y		Mult mech switches					
E2323	Y		Special joystick handle					
E2324	Y		Chin cup interface					
E2325	Y		Sip and puff interface					
E2326	Y		Breath tube kit					
E2327	Y		Head control interface mech					
E2328	Y		Head/extremity control inter					
E2329	Y		Head control nonproportional					
E2330	Y		Head control proximity switc					
E2331	Y		Attendant control					
E2340	Y		W/c wdth 20-23 in seat frame					

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E2341	Y		W/c wdth 24-27 in seat frame					
E2342	Y		W/c dpth 20-21 in seat frame					
E2343	Y		W/c dpth 22-25 in seat frame					
E2351	Y		Electronic SGD interface					
E2360	Y		22nf nonsealed leadacid					
E2361	Y		22nf sealed leadacid battery					
E2362	Y		Gr24 nonsealed leadacid					
E2363	Y		Gr24 sealed leadacid battery					
E2364	Y		U1nonsealed leadacid battery					
E2365	Y		U1 sealed leadacid battery					
E2366	Y		Battery charger, single mode					
E2367	Y		Battery charger, dual mode					
E2399	Y		Noc interface					
E2402	Y		Neg press wound therapy pump					
E2500	Y		SGD digitized pre-rec <=8min					
E2502	Y		SGD prerec msg >8min <=20min					
E2504	Y		SGD prerec msg>20min <=40min					
E2506	Y		SGD prerec msg > 40 min					
E2508	Y		SGD spelling phys contact					
E2510	Y		SGD w multi methods msg/accs					
E2511	Y		SGD sftwre prgrm for PC/PDA					
E2512	Y		SGD accessory, mounting sys					
E2599	Y		SGD accessory noc					
G0001	A		Drawing blood for specimen					
G0008	L		Admin influenza virus vac					
G0009	L		Admin pneumococcal vaccine					
G0010	K		Admin hepatitis b vaccine	0355	0.3164	$18.07		$3.61
G0027	A		Semen analysis					
G0030	S		PET imaging prev PET single	0285	12.0951	$690.61	$299.16	$138.12
G0031	S		PET imaging prev PET multple	0285	12.0951	$690.61	$299.16	$138.12
G0032	S		PET follow SPECT 78464 singl	0285	12.0951	$690.61	$299.16	$138.12
G0033	S		PET follow SPECT 78464 mult	0285	12.0951	$690.61	$299.16	$138.12
G0034	S		PET follow SPECT 76865 singl	0285	12.0951	$690.61	$299.16	$138.12
G0035	S		PET follow SPECT 78465 mult	0285	12.0951	$690.61	$299.16	$138.12
G0036	S		PET follow cornry angio sing	0285	12.0951	$690.61	$299.16	$138.12
G0037	S		PET follow cornry angio mult	0285	12.0951	$690.61	$299.16	$138.12
G0038	S		PET follow myocard perf sing	0285	12.0951	$690.61	$299.16	$138.12
G0039	S		PET follow myocard perf mult	0285	12.0951	$690.61	$299.16	$138.12
G0040	S		PET follow stress echo singl	0285	12.0951	$690.61	$299.16	$138.12
G0041	S		PET follow stress echo mult	0285	12.0951	$690.61	$299.16	$138.12
G0042	S		PET follow ventriculogm sing	0285	12.0951	$690.61	$299.16	$138.12
G0043	S		PET follow ventriculogm mult	0285	12.0951	$690.61	$299.16	$138.12
G0044	S		PET following rest ECG singl	0285	12.0951	$690.61	$299.16	$138.12
G0045	S		PET following rest ECG mult	0285	12.0951	$690.61	$299.16	$138.12
G0046	S		PET follow stress ECG singl	0285	12.0951	$690.61	$299.16	$138.12
G0047	S		PET follow stress ECG mult	0285	12.0951	$690.61	$299.16	$138.12
G0101	V		CA screen;pelvic/breast exam	0600	0.9153	$52.26		$10.45
G0102	N		Prostate ca screening; dre					
G0103	A		Psa, total screening					
G0104	S		CA screen;flexi sigmoidscope	0159	2.8560	$163.07		$40.77

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G0105	T		Colorectal scrn; hi risk ind	0158	7.7973	$445.21		$111.30
G0106	S		Colon CA screen;barium enema	0157	2.5594	$146.14		$29.23
G0107	A		CA screen; fecal blood test					
G0108	A		Diab manage trn per					
G0109	A		Diab manage trn ind/group					
G0110	A		Nett pulm-rehab educ; ind					
G0111	A		Nett pulm-rehab educ; group					
G0112	A		Nett;nutrition guid, initial					
G0113	A		Nett;nutrition guid,subseqnt					
G0114	A		Nett; psychosocial consult					
G0115	A		Nett; psychological testing					
G0116	A		Nett; psychosocial counsel					
G0117	S		Glaucoma scrn hgh risk direc	0230	0.8036	$45.88	$14.97	$9.18
G0118	S		Glaucoma scrn hgh risk direc	0230	0.8036	$45.88	$14.97	$9.18
G0120	S		Colon ca scrn; barium enema	0157	2.5594	$146.14		$29.23
G0121	T		Colon ca scrn not hi rsk ind	0158	7.7973	$445.21		$111.30
G0122	E		Colon ca scrn; barium enema					
G0123	A		Screen cerv/vag thin layer					
G0124	A		Screen c/v thin layer by MD					
G0125	S		PET img WhBD sgl pulm ring	1513		$1,150.00		$230.00
G0127	T		Trim nail(s)	0009	0.6955	$39.71	$8.34	$7.94
G0128	B		CORF skilled nursing service					
G0129	P		Partial hosp prog service	0033	5.1174	$292.19		$58.44
G0130	X		Single energy x-ray study	0260	0.7772	$44.38	$19.97	$8.88
G0141	E		Scr c/v cyto,autosys and md					
G0143	A		Scr c/v cyto,thinlayer,rescr					
G0144	A		Scr c/v cyto,thinlayer,rescr					
G0145	A		Scr c/v cyto,thinlayer,rescr					
G0147	A		Scr c/v cyto, automated sys					
G0148	A		Scr c/v cyto, autosys, rescr					
G0151	B		HHCP-serv of pt,ea 15 min					
G0152	B		HHCP-serv of ot,ea 15 min					
G0153	B		HHCP-svs of s/l path,ea 15mn					
G0154	B		HHCP-svs of rn,ea 15 min					
G0155	B		HHCP-svs of csw,ea 15 min					
G0156	B		HHCP-svs of aide,ea 15 min					
G0166	T		Extrnl counterpulse, per tx	0678	1.8456	$105.38		$21.08
G0168	N		Wound closure by adhesive					
G0173	S		Stereo radoisurgery,complete	1528		$5,250.00		$1,050.00
G0175	V		OPPS Service,sched team conf	0602	1.4126	$80.66		$16.13
G0176	P		OPPS/PHP;activity therapy	0033	5.1174	$292.19		$58.44
G0177	P		OPPS/PHP; train & educ serv	0033	5.1174	$292.19		$58.44
G0179	E		MD recertification HHA PT					
G0180	E		MD certification HHA patient					
G0181	E		Home health care supervision					
G0182	E		Hospice care supervision					
G0186	T		Dstry eye lesn,fdr vssl tech	0235	5.1522	$294.18	$72.04	$58.84
G0202	A		Screeningmammographydigital					
G0204	A		Diagnosticmammographydigital					
G0206	A		Diagnosticmammographydigital					

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G0210*	S		PET img wholebody dxlung	1516		$1,450.00		$290.00
G0210*	S		PET img wholebody dxlung	0420	15.7385	$898.64		$179.73
G0210*	S		PET img wholebody dxlung	1513		$1,150.00		$230.00
G0211*	S		PET img whbd ring init lung	1516		$1,450.00		$290.00
G0211*	S		PET img whbd ring init lung	0420	15.7385	$898.64		$179.73
G0211*	S		PET img whbd ring init lung	1513		$1,150.00		$230.00
G0212*	S		PET img whbd ring restag lun	1516		$1,450.00		$290.00
G0212*	S		PET img whbd ring restag lun	0420	15.7385	$898.64		$179.73
G0212*	S		PET img whbd ring restag lun	1513		$1,150.00		$230.00
G0213*	S		PET img wholbody dx	1516		$1,450.00		$290.00
G0213*	S		PET img wholbody dx	0420	15.7385	$898.64		$179.73
G0213*	S		PET img wholbody dx	1513		$1,150.00		$230.00
G0214*	S		PET img wholebod init	1516		$1,450.00		$290.00
G0214*	S		PET img wholebod init	1513		$1,150.00		$230.00
G0214*	S		PET img wholebod init	0420	15.7385	$898.64		$179.73
G0215*	S		PETimg wholebod restag	1516		$1,450.00		$290.00
G0215*	S		PETimg wholebod restag	0420	15.7385	$898.64		$179.73
G0215*	S		PETimg wholebod restag	1513		$1,150.00		$230.00
G0216*	S		PET img whbd ring dx melanom	1513		$1,150.00		$230.00
G0216*	S		PET img whbd ring dx melanom	1516		$1,450.00		$290.00
G0216*	S		PET img whbd ring dx melanom	0420	15.7385	$898.64		$179.73
G0217*	S		PET img whbd ring init melan	1513		$1,150.00		$230.00
G0217*	S		PET img whbd ring init melan	1516		$1,450.00		$290.00
G0217*	S		PET img whbd ring init melan	0420	15.7385	$898.64		$179.73
G0218*	S		PET img whbd ring restag mel	1516		$1,450.00		$290.00
G0218*	S		PET img whbd ring restag mel	0420	15.7385	$898.64		$179.73
G0218*	S		PET img whbd ring restag mel	1513		$1,150.00		$230.00
G0219	E		PET img whbd ring noncov ind					
G0220*	S		PET img whbd ring dx lymphom	1513		$1,150.00		$230.00
G0220*	S		PET img whbd ring dx lymphom	0420	15.7385	$898.64		$179.73
G0220*	S		PET img whbd ring dx lymphom	1516		$1,450.00		$290.00
G0221*	S		PET img whbd ring init lymph	0420	15.7385	$898.64		$179.73
G0221*	S		PET img whbd ring init lymph	1513		$1,150.00		$230.00
G0221*	S		PET img whbd ring init lymph	1516		$1,450.00		$290.00
G0222*	S		PET img whbd ring resta lymp	1516		$1,450.00		$290.00
G0222*	S		PET img whbd ring resta lymp	0420	15.7385	$898.64		$179.73
G0222*	S		PET img whbd ring resta lymp	1513		$1,150.00		$230.00
G0223*	S		PET img whbd reg ring dx hea	0420	15.7385	$898.64		$179.73
G0223*	S		PET img whbd reg ring dx hea	1513		$1,150.00		$230.00
G0223*	S		PET img whbd reg ring dx hea	1516		$1,450.00		$290.00
G0224*	S		PETimg whbd reg ring ini hea	0420	15.7385	$898.64		$179.73
G0224*	S		PETimg whbd reg ring ini hea	1513		$1,150.00		$230.00
G0224*	S		PETimg whbd reg ring ini hea	1516		$1,450.00		$290.00
G0225*	S		PET img whbd ring restag hea	1516		$1,450.00		$290.00
G0225*	S		PET img whbd ring restag hea	0420	15.7385	$898.64		$179.73
G0225*	S		PET img whbd ring restag hea	1513		$1,150.00		$230.00
G0226*	S		PET img whbd dx esophag	0420	15.7385	$898.64		$179.73
G0226*	S		PET img whbd dx esophag	1513		$1,150.00		$230.00
G0226*	S		PET img whbd dx esophag	1516		$1,450.00		$290.00
G0227*	S		PET img whbd ring ini esopha	1516		$1,450.00		$290.00

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G0227*	S		PET img whbd ring ini esopha	0420	15.7385	$898.64		$179.73
G0227*	S		PET img whbd ring ini esopha	1513		$1,150.00		$230.00
G0228*	S		PET img whbd ring restg esop	1516		$1,450.00		$290.00
G0228*	S		PET img whbd ring restg esop	0420	15.7385	$898.64		$179.73
G0228*	S		PET img whbd ring restg esop	1513		$1,150.00		$230.00
G0229*	S		PET img metabolic brain ring	0420	15.7385	$898.64		$179.73
G0229*	S		PET img metabolic brain ring	1513		$1,150.00		$230.00
G0229*	S		PET img metabolic brain ring	1516		$1,450.00		$290.00
G0230*	S		PET myocard viability post	0420	15.7385	$898.64		$179.73
G0230*	S		PET myocard viability post	1513		$1,150.00		$230.00
G0230*	S		PET myocard viability post	1516		$1,450.00		$290.00
G0231*	S		PET WhBD colorec; gamma cam	1516		$1,450.00		$290.00
G0231*	S		PET WhBD colorec; gamma cam	0420	15.7385	$898.64		$179.73
G0231*	S		PET WhBD colorec; gamma cam	1513		$1,150.00		$230.00
G0232*	S		PET whbd lymphoma; gamma cam	0420	15.7385	$898.64		$179.73
G0232*	S		PET whbd lymphoma; gamma cam	1513		$1,150.00		$230.00
G0232*	S		PET whbd lymphoma; gamma cam	1516		$1,450.00		$290.00
G0233*	S		PET whbd melanoma; gamma cam	1516		$1,450.00		$290.00
G0233*	S		PET whbd melanoma; gamma cam	0420	15.7385	$898.64		$179.73
G0233*	S		PET whbd melanoma; gamma cam	1513		$1,150.00		$230.00
G0234*	S		PET WhBD pulm nod; gamma cam	1516		$1,450.00		$290.00
G0234*	S		PET WhBD pulm nod; gamma cam	0420	15.7385	$898.64		$179.73
G0234*	S		PET WhBD pulm nod; gamma cam	1513		$1,150.00		$230.00
G0237	S		Therapeutic procd strg endur	0411	0.4299	$24.55		$4.91
G0238	S		Oth resp proc, indiv	0411	0.4299	$24.55		$4.91
G0239	S		Oth resp proc, group	0411	0.4299	$24.55		$4.91
G0242	S		Multisource photon ster plan	1516		$1,450.00		$290.00
G0243	S		Multisour photon stero treat	1528		$5,250.00		$1,050.00
G0244	S		Observ care by facility topt	0339	7.0750	$403.97		$80.79
G0245	V		Initial Foot Exam PTLOPS	0600	0.9153	$52.26		$10.45
G0246	V		Followup eval of foot pt lop	0600	0.9153	$52.26		$10.45
G0247	T		Routine footcare pt w lops	0009	0.6955	$39.71	$8.34	$7.94
G0248	S		Demonstrate use home inr mon	1503		$150.00		$30.00
G0249	S		Provide test material,equipm	1503		$150.00		$30.00
G0250	E		MD review interpret of test					
G0251	S		Linear acc based stero radio	1513		$1,150.00		$230.00
G0252	E		PET imaging initial dx					
G0253	S		PET image brst dection recur	1516		$1,450.00		$290.00
G0254	S		PET image brst eval to tx	1516		$1,450.00		$290.00
G0255	E		Current percep threshold tst					
G0257	S		Unsched dialysis ESRD pt hos	0170	6.6759	$381.18		$76.24
G0259	N		Inject for sacroiliac joint					
G0260	T		Inj for sacroiliac jt anesth	0206	5.4794	$312.86	$75.55	$62.57
G0263	N		Adm with CHF, CP, asthma					
G0264	V		Assmt otr CHF, CP, asthma	0600	0.9153	$52.26		$10.45
G0265	A		Cryopresevation Freeze+stora					
G0266	A		Thawing + expansion froz cel					
G0267	S		Bone marrow or psc harvest	0110	3.7794	$215.80		$43.16
G0268	X		Removal of impacted wax md	0340	0.6454	$36.85		$7.37
G0269	N		Occlusive device in vein art					

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G0270	A		MNT subs tx for change dx					
G0271	A		Group MNT 2 or more 30 mins					
G0275	N		Renal angio, cardiac cath					
G0278	N		Iliac art angio,cardiac cath					
G0279	A		Excorp shock tx, elbow epi					
G0280	A		Excorp shock tx other than					
G0281	A		Elec stim unattend for press					
G0282	E		Elect stim wound care not pd					
G0283	A		Elec stim other than wound					
G0288	S		Recon, CTA for pre & post su	0417	4.3258	$246.99		$49.40
G0289	N		Arthro, loose body + chondro					
G0290	T		Drug-eluting stents, single	0656	104.5062	$5,967.10		$1,193.42
G0291	T		Drug-eluting stents,each add	0656	104.5062	$5,967.10		$1,193.42
G0292	S		Adm exp drugs,clinical trial	0424	3.2393	$184.96		$36.99
G0293	S		Non-cov surg proc,clin trial	1505		$350.00		$70.00
G0294	S		Non-cov proc, clinical trial	1502		$75.00		$15.00
G0295	E		Electromagnetic therapy onc					
G0296*	S		PET imge restag thyrod cance	1513		$1,150.00		$230.00
G0296*	S		PET imge restag thyrod cance	0420	15.7385	$898.64		$179.73
G0296*	S		PET imge restag thyrod cance	1516		$1,450.00		$290.00
G0297	T		Insert single chamber/cd	0107	301.2105	$17,198.50	$3,458.69	$3,439.70
G0298	T		Insert dual chamber/cd	0107	301.2105	$17,198.50	$3,458.69	$3,439.70
G0299	T		Inser/repos single icd+leads	0108	404.4663	$23,094.20		$4,618.84
G0300	T		Insert reposit lead dual+gen	0108	404.4663	$23,094.20		$4,618.84
G0302	S		Pre-op service LVRS complete	1509		$750.00		$150.00
G0303	S		Pre-op service LVRS 10-15dos	1507		$550.00		$110.00
G0304	S		Pre-op service LVRS 1-9 dos	1504		$250.00		$50.00
G0305	S		Post op service LVRS min 6	1504		$250.00		$50.00
G0306	A		CBC/diffwbc w/o platelet					
G0307	A		CBC without platelet					
G0308	A		ESRD related svc 4+mo<2yrs					
G0309	A		ESRD related svc 2-3mo<2yrs					
G0310	A		ESRD related svc 1vst<2yr					
G0311	A		ESRD related svs 4+mo 2-11 y					
G0312	A		ESRD relate svs 2-3 mo 2-11					
G0313	A		ESRD related svs 1 mon 2-11					
G0314	A		ESRD related svs 4+mo 12-19					
G0315	A		ESRD related svs 2-3 mo 12-1					
G0316	A		ESRD related svs 1 vst 12-19					
G0317	A		ESRD related svs 4+mo 20+yrs					
G0318	A		ESRD related svs 2-3 mo 20+y					
G0319	A		ESRD related svs 1 visit 20+					
G0320	A		ESRD related svs home under					
G0321	A		ESRDrelatedsvs home mo 2-11y					
G0322	A		ESRD related svs home mo12-1					
G0323	A		ESRD related svs home mo 20+					
G0324	A		ESRD related svs home/dy/2y					
G0325	A		ESRD relate home/dy 2-11yr					
G0326	A		ESRD relate home/dy 12-19y					
G0327	A		ESRD relate home/dy 20+yrs					

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G0328	A		Fecal blood scrn immunoassay					
G0329	A		Electromagntic tx for ulcers					
G0338	S		Linear accelerator stero pln	1516		$1,450.00		$290.00
G0339	S		Robot lin-radsurg com, first	1528		$5,250.00		$1,050.00
G0340	S		Robt lin-radsurg fractx 2-5	1525		$3,750.00		$750.00
G3001	S		Admin + supply, tositumomab	1522		$2,250.00		$450.00
G9001	B		MCCD, initial rate					
G9002	B		MCCD,maintenance rate					
G9003	B		MCCD, risk adj hi, initial					
G9004	B		MCCD, risk adj lo, initial					
G9005	B		MCCD, risk adj, maintenance					
G9006	B		MCCD, Home monitoring					
G9007	B		MCCD, sch team conf					
G9008	B		Mccd,phys coor-care ovrsght					
G9009	E		MCCD, risk adj, level 3					
G9010	E		MCCD, risk adj, level 4					
G9011	E		MCCD, risk adj, level 5					
G9012	E		Other Specified Case Mgmt					
G9016	E		Demo-smoking cessation coun					
J0120	K		Tetracyclin injection	9028	1.7697	$101.05		$20.21
J0130	K		Abciximab injection	1605		$448.22		$89.64
J0150	K		Injection adenosine 6 MG	0379	0.2175	$12.42		$2.48
J0152	K		Adenosine injection	0917	0.3599	$20.46		$4.11
J0170	N		Adrenalin epinephrin inject					
J0190	N		Inj biperiden lactate/5 mg					
J0200	N		Alatrofloxacin mesylate					
J0205	K		Alglucerase injection	0900		$37.53		$7.51
J0207	K		Amifostine	7000		$395.75		$79.15
J0210	N		Methyldopate hcl injection					
J0215	B		Alefacept					
J0256	K		Alpha 1 proteinase inhibitor	0901		$2.46		$0.49
J0270	B		Alprostadil for injection					
J0275	B		Alprostadil urethral suppos					
J0280	N		Aminophyllin 250 MG inj					
J0282	K		Amiodarone HCl	9029	0.2112	$12.06		$2.41
J0285	K		Amphotericin B	9030	1.1173	$63.80		$12.76
J0287	K		Amphotericin b lipid complex	9024		$19.09		$3.82
J0288	K		Ampho b cholesteryl sulfate	0735		$15.20		$3.04
J0289	K		Amphotericin b liposome inj	0736		$31.27		$6.25
J0290	N		Ampicillin 500 MG inj					
J0295	N		Ampicillin sodium per 1.5 gm					
J0300	N		Amobarbital 125 MG inj					
J0330	N		Succinycholine chloride inj					
J0350	K		Injection anistreplase 30 u	1606		$2,353.53		$470.71
J0360	N		Hydralazine hcl injection					
J0380	N		Inj metaraminol bitartrate					
J0390	N		Chloroquine injection					
J0395	K		Arbutamine HCl injection	9031	1.2049	$68.80		$13.76
J0456	N		Azithromycin					
J0460	N		Atropine sulfate injection					

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J0470	N		Dimecaprol injection					
J0475	K		Baclofen 10 MG injection	9032	0.1492	$8.52		$1.70
J0476	B		Baclofen intrathecal trial					
J0500	N		Dicyclomine injection					
J0515	N		Inj benztropine mesylate					
J0520	N		Bethanechol chloride inject					
J0530	N		Penicillin g benzathine inj					
J0540	N		Penicillin g benzathine inj					
J0550	N		Penicillin g benzathine inj					
J0560	N		Penicillin g benzathine inj					
J0570	N		Penicillin g benzathine inj					
J0580	N		Penicillin g benzathine inj					
J0583	K		Bivalirudin	9111		$1.52		$0.30
J0585	K		Botulinum toxin a per unit	0902		$4.32		$0.86
J0587	K		Botulinum toxin type B	9018		$7.68		$1.54
J0592	N		Buprenorphine hydrochloride					
J0595	N		Butorphanol tartrate 1 mg					
J0600	N		Edetate calcium disodium inj					
J0610	N		Calcium gluconate injection					
J0620	N		Calcium glycer & lact/10 ML					
J0630	N		Calcitonin salmon injection					
J0636	N		Inj calcitriol per 0.1 mcg					
J0637	K		Caspofungin acetate	9019	0.5717	$32.65		$6.53
J0640	N		Leucovorin calcium injection					
J0670	N		Inj mepivacaine HCL/10 ml					
J0690	N		Cefazolin sodium injection					
J0692	N		Cefepime HCl for injection					
J0694	N		Cefoxitin sodium injection					
J0696	N		Ceftriaxone sodium injection					
J0697	N		Sterile cefuroxime injection					
J0698	N		Cefotaxime sodium injection					
J0702	N		Betamethasone acet&sod phosp					
J0704	N		Betamethasone sod phosp/4 MG					
J0706	N		Caffeine citrate injection					
J0710	N		Cephapirin sodium injection					
J0713	N		Inj ceftazidime per 500 mg					
J0715	N		Ceftizoxime sodium / 500 MG					
J0720	N		Chloramphenicol sodium injec					
J0725	N		Chorionic gonadotropin/1000u					
J0735	N		Clonidine hydrochloride					
J0740	K		Cidofovir injection	9033	6.1929	$353.60		$70.72
J0743	N		Cilastatin sodium injection					
J0744	N		Ciprofloxacin iv					
J0745	N		Inj codeine phosphate /30 MG					
J0760	N		Colchicine injection					
J0770	N		Colistimethate sodium inj					
J0780	N		Prochlorperazine injection					
J0800	N		Corticotropin injection					
J0835	N		Inj cosyntropin per 0.25 MG					
J0850	K		Cytomegalovirus imm IV /vial	0903		$622.13		$124.43

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J0880	E		Darbepoetin alfa injection					
J0895	N		Deferoxamine mesylate inj					
J0900	N		Testosterone enanthate inj					
J0945	K		Brompheniramine maleate inj	9034	1.0444	$59.63		$11.93
J0970	N		Estradiol valerate injection					
J1000	N		Depo-estradiol cypionate inj					
J1020	N		Methylprednisolone 20 MG inj					
J1030	N		Methylprednisolone 40 MG inj					
J1040	N		Methylprednisolone 80 MG inj					
J1051	K		Medroxyprogesterone inj	9035	0.3109	$17.75		$3.55
J1055	E		Medrxyprogester acetate inj					
J1056	E		MA/EC contraceptiveinjection					
J1060	N		Testosterone cypionate 1 ML					
J1070	N		Testosterone cypionat 100 MG					
J1080	N		Testosterone cypionat 200 MG					
J1094	N		Inj dexamethasone acetate					
J1100	N		Dexamethasone sodium phos					
J1110	N		Inj dihydroergotamine mesylt					
J1120	N		Acetazolamid sodium injectio					
J1160	N		Digoxin injection					
J1165	N		Phenytoin sodium injection					
J1170	N		Hydromorphone injection					
J1180	N		Dyphylline injection					
J1190	K		Dexrazoxane HCl injection	0726		$113.28		$22.66
J1200	N		Diphenhydramine hcl injectio					
J1205	N		Chlorothiazide sodium inj					
J1212	K		Dimethyl sulfoxide 50% 50 ML	9036	0.9158	$52.29		$10.46
J1230	K		Methadone injection	9037	0.2357	$13.46		$2.69
J1240	N		Dimenhydrinate injection					
J1245	K		Dipyridamole injection	0380	0.2075	$11.85		$2.37
J1250	N		Inj dobutamine HCL/250 mg					
J1260	K		Dolasetron mesylate	0750		$14.38		$2.88
J1270	N		Injection, doxercalciferol					
J1320	N		Amitriptyline injection					
J1325	N		Epoprostenol injection					
J1327	K		Eptifibatide injection	1607		$11.21		$2.24
J1330	N		Ergonovine maleate injection					
J1335	N		Ertapenem injection					
J1364	N		Erythro lactobionate /500 MG					
J1380	N		Estradiol valerate 10 MG inj					
J1390	N		Estradiol valerate 20 MG inj					
J1410	K		Inj estrogen conjugate 25 MG	9038	0.6946	$39.66		$7.93
J1435	N		Injection estrone per 1 MG					
J1436	N		Etidronate disodium inj					
J1438	K		Etanercept injection	1608		$135.56		$27.11
J1440	K		Filgrastim 300 mcg injection	0728		$162.41		$32.48
J1441	K		Filgrastim 480 mcg injection	7049		$274.40		$54.88
J1450	K		Fluconazole	9039	0.4117	$23.51		$4.70
J1452	K		Intraocular Fomivirsen na	9040	16.6329	$949.71		$189.94
J1455	N		Foscarnet sodium injection					

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J1460	K		Gamma globulin 1 CC inj	9041	0.5598	$31.96		$6.39
J1470	B		Gamma globulin 2 CC inj					
J1480	B		Gamma globulin 3 CC inj					
J1490	B		Gamma globulin 4 CC inj					
J1500	B		Gamma globulin 5 CC inj					
J1510	B		Gamma globulin 6 CC inj					
J1520	B		Gamma globulin 7 CC inj					
J1530	B		Gamma globulin 8 CC inj					
J1540	B		Gamma globulin 9 CC inj					
J1550	B		Gamma globulin 10 CC inj					
J1560	B		Gamma globulin > 10 CC inj					
J1563	K		IV immune globulin	0905		$68.48		$13.70
J1564	K		Immune globulin 10 mg	9021		$0.75		$0.15
J1565	K		RSV-ivig	0906		$16.55		$3.31
J1570	N		Ganciclovir sodium injection					
J1580	N		Garamycin gentamicin inj					
J1590	N		Gatifloxacin injection					
J1595	N		Injection glatiramer acetate					
J1600	N		Gold sodium thiomaleate inj					
J1610	K		Glucagon hydrochloride/1 MG	9042	0.8163	$46.61		$9.32
J1620	K		Gonadorelin hydroch/ 100 mcg	7005		$16.09		$3.22
J1626	K		Granisetron HCl injection	0764		$16.20		$3.24
J1630	N		Haloperidol injection					
J1631	N		Haloperidol decanoate inj					
J1642	N		Inj heparin sodium per 10 u					
J1644	N		Inj heparin sodium per 1000u					
J1645	N		Dalteparin sodium					
J1650	N		Inj enoxaparin sodium					
J1652	N		Fondaparinux sodium					
J1655	N		Tinzaparin sodium injection					
J1670	N		Tetanus immune globulin inj					
J1700	N		Hydrocortisone acetate inj					
J1710	N		Hydrocortisone sodium ph inj					
J1720	N		Hydrocortisone sodium succ i					
J1730	K		Diazoxide injection	9043	0.2713	$15.49		$3.10
J1742	K		Ibutilide fumarate injection	9044	2.2912	$130.82		$26.16
J1745	K		Infliximab injection	7043		$57.40		$11.48
J1750	K		Iron dextran	9045	0.2577	$14.71		$2.94
J1756	K		Iron sucrose injection	9046	0.0091	$0.52		$0.10
J1785	K		Injection imiglucerase /unit	0916		$3.75		$0.75
J1790	N		Droperidol injection					
J1800	N		Propranolol injection					
J1810	E		Droperidol/fentanyl inj					
J1815	N		Insulin injection					
J1817	N		Insulin for insulin pump use					
J1825	E		Interferon beta-1a					
J1830	K		Interferon beta-1b / .25 MG	0910		$58.73		$11.75
J1835	K		Itraconazole injection	9047	0.7453	$42.56		$8.51
J1840	N		Kanamycin sulfate 500 MG inj					
J1850	N		Kanamycin sulfate 75 MG inj					

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J1885	N		Ketorolac tromethamine inj					
J1890	N		Cephalothin sodium injection					
J1940	N		Furosemide injection					
J1950	K		Leuprolide acetate /3.75 MG	0800		$451.98		$90.40
J1955	B		Inj levocarnitine per 1 gm					
J1956	N		Levofloxacin injection					
J1960	N		Levorphanol tartrate inj					
J1980	N		Hyoscyamine sulfate inj					
J1990	N		Chlordiazepoxide injection					
J2001	N		Lidocaine injection					
J2010	N		Lincomycin injection					
J2020	K		Linezolid injection	9001		$32.15		$6.43
J2060	N		Lorazepam injection					
J2150	N		Mannitol injection					
J2175	N		Meperidine hydrochl /100 MG					
J2180	N		Meperidine/promethazine inj					
J2185	N		Meropenem					
J2210	N		Methylergonovin maleate inj					
J2250	N		Inj midazolam hydrochloride					
J2260	K		Inj milrinone lactate / 5 MG	7007	0.1411	$8.06		$1.61
J2270	N		Morphine sulfate injection					
J2271	N		Morphine so4 injection 100mg					
J2275	N		Morphine sulfate injection					
J2280	N		Inj, moxifloxacin 100 mg					
J2300	N		Inj nalbuphine hydrochloride					
J2310	N		Inj naloxone hydrochloride					
J2320	N		Nandrolone decanoate 50 MG					
J2321	N		Nandrolone decanoate 100 MG					
J2322	N		Nandrolone decanoate 200 MG					
J2324	K		Nesiritide	9114		$132.47		$26.49
J2353	K		Octreotide injection, depot	1207	1.2552	$71.66		$14.33
J2354	K		Octreotide inj, non-depot	7031		$3.72		$0.74
J2355	K		Oprelvekin injection	7011		$248.16		$49.63
J2360	N		Orphenadrine injection					
J2370	N		Phenylephrine hcl injection					
J2400	N		Chloroprocaine hcl injection					
J2405	K		Ondansetron hcl injection	0768		$5.54		$1.11
J2410	N		Oxymorphone hcl injection					
J2430	K		Pamidronate disodium /30 MG	0730		$128.74		$25.75
J2440	N		Papaverin hcl injection					
J2460	N		Oxytetracycline injection					
J2501	N		Paricalcitol					
J2505	K		Injection, pegfilgrastim 6mg	9119		$2,448.50		$489.70
J2510	N		Penicillin g procaine inj					
J2515	N		Pentobarbital sodium inj					
J2540	N		Penicillin g potassium inj					
J2543	N		Piperacillin/tazobactam					
J2545	Y		Pentamidine isethionte/300mg					
J2550	N		Promethazine hcl injection					
J2560	N		Phenobarbital sodium inj					

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J2590	N		Oxytocin injection					
J2597	K		Inj desmopressin acetate	9048	0.0825	$4.71		$0.94
J2650	N		Prednisolone acetate inj					
J2670	N		Totazoline hcl injection					
J2675	N		Inj progesterone per 50 MG					
J2680	N		Fluphenazine decanoate 25 MG					
J2690	N		Procainamide hcl injection					
J2700	N		Oxacillin sodium injeciton					
J2710	N		Neostigmine methylslfte inj					
J2720	N		Inj protamine sulfate/10 MG					
J2725	K		Inj protirelin per 250 mcg	9049	0.7222	$41.24		$8.25
J2730	N		Pralidoxime chloride inj					
J2760	N		Phentolaine mesylate inj					
J2765	N		Metoclopramide hcl injection					
J2770	N		Quinupristin/dalfopristin					
J2780	N		Ranitidine hydrochloride inj					
J2783	G		Rasburicase	0738		$105.87		
J2788	K		Rho d immune globulin 50 mcg	9023		$30.38		$6.08
J2790	N		Rho d immune globulin inj					
J2792	K		Rho(D) immune globulin h, sd	1609		$17.95		$3.59
J2795	N		Ropivacaine HCl injection					
J2800	N		Methocarbamol injection					
J2810	N		Inj theophylline per 40 MG					
J2820	K		Sargramostim injection	0731		$25.39		$5.08
J2910	N		Aurothioglucose injeciton					
J2912	N		Sodium chloride injection					
J2916	K		Na ferric gluconate complex	9050	0.1101	$6.29		$1.26
J2920	N		Methylprednisolone injection					
J2930	N		Methylprednisolone injection					
J2940	N		Somatrem injection					
J2941	K		Somatropin injection	7034		$280.87		$56.17
J2950	N		Promazine hcl injection					
J2993	K		Reteplase injection	9005		$1,192.09		$238.42
J2995	K		Inj streptokinase /250000 IU	0911	0.7864	$43.87		$8.77
J2997	K		Alteplase recombinant	7048	0.3128	$17.86		$3.57
J3000	N		Streptomycin injection					
J3010	N		Fentanyl citrate injeciton					
J3030	N		Sumatriptan succinate / 6 MG					
J3070	N		Pentazocine hcl injection					
J3100	K		Tenecteplase injection	9002		$2,350.98		$470.20
J3105	N		Terbutaline sulfate inj					
J3120	N		Testosterone enanthate inj					
J3130	N		Testosterone enanthate inj					
J3140	N		Testosterone suspension inj					
J3150	N		Testosteron propionate inj					
J3230	N		Chlorpromazine hcl injection					
J3240	K		Thyrotropin injection	9108	10.8100	$617.50		$123.50
J3245	K		Tirofiban hydrochloride	7041		$411.85		$82.37
J3250	N		Trimethobenzamide hcl inj					
J3260	N		Tobramycin sulfate injection					

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J3265	N		Injection torsemide 10 mg/ml					
J3280	N		Thiethylperazine maleate inj					
J3301	N		Triamcinolone acetonide inj					
J3302	N		Triamcinolone diacetate inj					
J3303	N		Triamcinolone hexacetonl inj					
J3305	K		Inj trimetrexate glucoronate	7045		$142.50		$28.50
J3310	N		Perphenazine injeciton					
J3315	K		Triptorelin pamoate	9122		$362.78		$72.56
J3320	N		Spectinomycn di-hcl inj					
J3350	K		Urea injection	9051	1.2343	$70.48		$14.10
J3360	N		Diazepam injection					
J3364	N		Urokinase 5000 IU injection					
J3365	K		Urokinase 250,000 IU inj	7036	2.2060	$125.96		$25.19
J3370	N		Vancomycin hcl injection					
J3395	K		Verteporfin injection	1203		$1,274.05		$254.81
J3400	K		Triflupromazine hcl inj	9052	1.2974	$74.08		$14.82
J3410	N		Hydroxyzine hcl injection					
J3411	N		Thiamine hcl 100 mg					
J3415	N		Pyridoxine hcl 100 mg					
J3420	N		Vitamin b12 injection					
J3430	N		Vitamin k phytonadione inj					
J3465	N		Injection, voriconazole					
J3470	N		Hyaluronidase injection					
J3475	N		Inj magnesium sulfate					
J3480	N		Inj potassium chloride					
J3485	N		Zidovudine					
J3486	G		Ziprasidone mesylate	9204		$18.93		
J3487	K		Zoledronic acid	9115		$197.87		$39.57
J3490	N		Drugs unclassified injection					
J3520	E		Edetate disodium per 150 mg					
J3530	K		Nasal vaccine inhalation	9053	1.6356	$93.39		$18.68
J3535	E		Metered dose inhaler drug					
J3570	E		Laetrile amygdalin vit B17					
J3590	N		Unclassified biologics					
J7030	N		Normal saline solution infus					
J7040	N		Normal saline solution infus					
J7042	N		5% dextrose/normal saline					
J7050	N		Normal saline solution infus					
J7051	N		Sterile saline/water					
J7060	N		5% dextrose/water					
J7070	N		D5w infusion					
J7100	N		Dextran 40 infusion					
J7110	N		Dextran 75 infusion					
J7120	N		Ringers lactate infusion					
J7130	N		Hypertonic saline solution					
J7190	K		Factor viii	0925		$0.76		$0.15
J7191	K		Factor VIII (porcine)	0926		$1.78		$0.36
J7192	K		Factor viii recombinant	0927		$1.10		$0.22
J7193	K		Factor IX non-recombinant	0931		$0.98		$0.20
J7194	K		Factor ix complex	0928		$0.32		$0.06

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J7195	K		Factor IX recombinant	0932		$0.98		$0.20
J7197	N		Antithrombin iii injection					
J7198	K		Anti-inhibitor	0929		$1.25		$0.25
J7199	B		Hemophilia clot factor noc					
J7300	E		Intraut copper contraceptive					
J7302	E		Levonorgestrel iu contracept					
J7303	E		Contraceptive vaginal ring					
J7308	K		Aminolevulinic acid hcl top	7308		$88.86		$17.77
J7310	N		Ganciclovir long act implant					
J7317	K		Sodium hyaluronate injection	7316		$54.33		$10.87
J7320	K		Hylan G-F 20 injection	1611		$203.70		$40.74
J7330	B		Cultured chondrocytes implnt					
J7340	E		Metabolic active D/E tissue					
J7342	K		Metabolically active tissue	9054	0.1266	$7.23		$1.45
J7350	K		Injectable human tissue	9055	0.1425	$8.14		$1.63
J7500	N		Azathioprine oral 50mg					
J7501	K		Azathioprine parenteral	0887		$30.18		$6.04
J7502	K		Cyclosporine oral 100 mg	0888	0.0317	$1.81		$0.36
J7504	K		Lymphocyte immune globulin	0890		$243.50		$48.70
J7505	N		Monoclonal antibodies					
J7506	N		Prednisone oral					
J7507	K		Tacrolimus oral per 1 MG	0891		$3.05		$0.61
J7509	N		Methylprednisolone oral					
J7510	N		Prednisolone oral per 5 mg					
J7511	K		Antithymocyte globuln rabbit	9104		$312.41		$62.48
J7513	K		Daclizumab, parenteral	1612		$393.78		$78.76
J7515	N		Cyclosporine oral 25 mg					
J7516	N		Cyclosporin parenteral 250mg					
J7517	K		Mycophenolate mofetil oral	9015		$2.46		$0.49
J7520	K		Sirolimus, oral	9020		$6.23		$1.25
J7525	N		Tacrolimus injection					
J7599	N		Immunosuppressive drug noc					
J7608	Y		Acetylcysteine inh sol u d					
J7618	Y		Albuterol inh sol con					
J7619	Y		Albuterol inh sol u d					
J7621	Y		(Levo)albuterol/Ipra-bromide					
J7622	A		Beclomethasone inhalatn sol					
J7624	A		Betamethasone inhalation sol					
J7626	A		Budesonide inhalation sol					
J7628	Y		Bitolterol mes inhal sol con					
J7629	Y		Bitolterol mes inh sol u d					
J7631	Y		Cromolyn sodium inh sol u d					
J7633	N		Budesonide concentrated sol					
J7635	Y		Atropine inhal sol con					
J7636	Y		Atropine inhal sol unit dose					
J7637	Y		Dexamethasone inhal sol con					
J7638	Y		Dexamethasone inhal sol u d					
J7639	Y		Dornase alpha inhal sol u d					
J7641	A		Flunisolide, inhalation sol					
J7642	Y		Glycopyrrolate inhal sol con					

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J7643	Y		Glycopyrrolate inhal sol u d					
J7644	Y		Ipratropium brom inh sol u d					
J7648	Y		Isoetharine hcl inh sol con					
J7649	Y		Isoetharine hcl inh sol u d					
J7658	Y		Isoproterenolhcl inh sol con					
J7659	Y		Isoproterenol hcl inh sol ud					
J7668	Y		Metaproterenol inh sol con					
J7669	Y		Metaproterenol inh sol u d					
J7680	Y		Terbutaline so4 inh sol con					
J7681	Y		Terbutaline so4 inh sol u d					
J7682	Y		Tobramycin inhalation sol					
J7683	Y		Triamcinolone inh sol con					
J7684	Y		Triamcinolone inh sol u d					
J7699	Y		Inhalation solution for DME					
J7799	Y		Non-inhalation drug for DME					
J8499	E		Oral prescrip drug non chemo					
J8510	K		Oral busulfan	7015		$2.08		$0.42
J8520	K		Capecitabine, oral, 150 mg	7042		$2.96		$0.59
J8521	E		Capecitabine, oral, 500 mg					
J8530	N		Cyclophosphamide oral 25 MG					
J8560	K		Etoposide oral 50 MG	0802		$21.91		$4.38
J8600	N		Melphalan oral 2 MG					
J8610	N		Methotrexate oral 2.5 MG					
J8700	K		Temozolomide	1086		$6.42		$1.28
J8999	B		Oral prescription drug chemo					
J9000	K		Doxorubic hcl 10 MG vl chemo	0847		$4.69		$0.94
J9001	K		Doxorubicin hcl liposome inj	7046		$343.78		$68.76
J9010	K		Alemtuzumab injection	9110		$510.70		$102.14
J9015	K		Aldesleukin/single use vial	0807		$680.35		$136.07
J9017	K		Arsenic trioxide	9012		$34.32		$6.86
J9020	K		Asparaginase injection	0814		$54.71		$10.94
J9031	K		Bcg live intravesical vac	0809		$139.90		$27.98
J9040	K		Bleomycin sulfate injection	0857		$88.32		$17.66
J9045	K		Carboplatin injection	0811		$129.96		$25.99
J9050	N		Carmus bischl nitro inj					
J9060	K		Cisplatin 10 MG injection	0813		$7.73		$1.55
J9062	B		Cisplatin 50 MG injection					
J9065	K		Inj cladribine per 1 MG	0858		$24.84		$4.97
J9070	K		Cyclophosphamide 100 MG inj	0815		$2.77		$0.55
J9080	B		Cyclophosphamide 200 MG inj					
J9090	B		Cyclophosphamide 500 MG inj					
J9091	B		Cyclophosphamide 1.0 grm inj					
J9092	B		Cyclophosphamide 2.0 grm inj					
J9093	K		Cyclophosphamide lyophilized	0816		$2.36		$0.47
J9094	B		Cyclophosphamide lyophilized					
J9095	B		Cyclophosphamide lyophilized					
J9096	B		Cyclophosphamide lyophilized					
J9097	B		Cyclophosphamide lyophilized					
J9098	N		Cytarabine liposome					
J9100	K		Cytarabine hcl 100 MG inj	0817		$1.55		$0.31

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J9110	B		Cytarabine hcl 500 MG inj					
J9120	N		Dactinomycin actinomycin d					
J9130	K		Dacarbazine 100 mg inj	0819		$6.14		$1.23
J9140	B		Dacarbazine 200 MG inj					
J9150	K		Daunorubicin	0820		$35.94		$7.19
J9151	K		Daunorubicin citrate liposom	0821		$64.60		$12.92
J9160	K		Denileukin diftitox, 300 mcg	1084		$1,232.88		$246.58
J9165	N		Diethylstilbestrol injection					
J9170	K		Docetaxel	0823		$312.69		$62.54
J9178	K		Inj, epirubicin hcl, 2 mg	1167		$24.14		$4.83
J9181	K		Etoposide 10 MG inj	0824		$0.83		$0.17
J9182	B		Etoposide 100 MG inj					
J9185	K		Fludarabine phosphate inj	0842		$311.09		$62.22
J9190	N		Fluorouracil injection					
J9200	K		Floxuridine injection	0827		$66.24		$13.25
J9201	K		Gemcitabine HCl	0828		$105.73		$21.15
J9202	K		Goserelin acetate implant	0810		$390.09		$78.02
J9206	K		Irinotecan injection	0830		$127.33		$25.47
J9208	K		Ifosfomide injection	0831		$72.81		$14.56
J9209	K		Mesna injection	0732		$17.66		$3.53
J9211	K		Idarubicin hcl injection	0832	0.2357	$13.46		$2.69
J9212	N		Interferon alfacon-1					
J9213	K		Interferon alfa-2a inj	0834		$30.48		$6.10
J9214	K		Interferon alfa-2b inj	0836		$13.00		$2.60
J9215	K		Interferon alfa-n3 inj	0865		$8.17		$1.63
J9216	K		Interferon gamma 1-b inj	0838	3 3927	$193.80		$38.76
J9217	K		Leuprolide acetate suspnsion	9217		$543.72		$108.74
J9218	K		Leuprolide acetate injeciton	0861		$14.48		$2.90
J9219	K		Leuprolide acetate implant	7051		$4,717.72		$943.54
J9230	N		Mechlorethamine hcl inj					
J9245	K		Inj melphalan hydrochl 50 MG	0840		$367.03		$73.41
J9250	N		Methotrexate sodium inj					
J9260	B		Methotrexate sodium inj					
J9263	B		Oxaliplatin					
J9265	K		Paclitaxel injection	0863		$79.04		$15.81
J9266	N		Pegaspargase/singl dose vial					
J9268	K		Pentostatin injection	0844		$1,683.24		$336.65
J9270	K		Plicamycin (mithramycin) inj	0860		$93.80		$18.76
J9280	K		Mitomycin 5 MG inj	0862		$30.91		$6.18
J9290	B		Mitomycin 20 MG inj					
J9291	B		Mitomycin 40 MG inj					
J9293	K		Mitoxantrone hydrochl / 5 MG	0864		$313.96		$62.79
J9300	K		Gemtuzumab ozogamicin	9004		$2,183.81		$436.76
J9310	K		Rituximab cancer treatment	0849		$437.83		$87.57
J9320	N		Streptozocin injection					
J9340	K		Thiotepa injection	0851		$45.31		$9.06
J9350	K		Topotecan	0852		$697.76		$139.55
J9355	K		Trastuzumab	1613		$50.79		$10.16
J9357	N		Valrubicin, 200 mg					
J9360	N		Vinblastine sulfate inj					

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J9370	N		Vincristine sulfate 1 MG inj					
J9375	B		Vincristine sulfate 2 MG inj					
J9380	B		Vincristine sulfate 5 MG inj					
J9390	K		Vinorelbine tartrate/10 mg	0855		$95.23		$19.05
J9395	K		Injection, Fulvestrant	9120		$79.65		$15.93
J9600	K		Porfimer sodium	0856		$2,274.78		$454.96
J9999	N		Chemotherapy drug					
K0001	Y		Standard wheelchair					
K0002	Y		Stnd hemi (low seat) whlchr					
K0003	Y		Lightweight wheelchair					
K0004	Y		High strength ltwt whlchr					
K0005	Y		Ultralightweight wheelchair					
K0006	Y		Heavy duty wheelchair					
K0007	Y		Extra heavy duty wheelchair					
K0009	Y		Other manual wheelchair/base					
K0010	Y		Stnd wt frame power whlchr					
K0011	Y		Stnd wt pwr whlchr w control					
K0012	Y		Ltwt portbl power whlchr					
K0014	Y		Other power whlchr base					
K0015	Y		Detach non-adjus hght armrst					
K0017	Y		Detach adjust armrest base					
K0018	Y		Detach adjust armrst upper					
K0019	Y		Arm pad each					
K0020	Y		Fixed adjust armrest pair					
K0023	Y		Planr back insrt foam w/strp					
K0024	Y		Plnr back insrt foam w/hrdwr					
K0037	Y		High mount flip-up footrest					
K0038	Y		Leg strap each					
K0039	Y		Leg strap h style each					
K0040	Y		Adjustable angle footplate					
K0041	Y		Large size footplate each					
K0042	Y		Standard size footplate each					
K0043	Y		Ftrst lower extension tube					
K0044	Y		Ftrst upper hanger bracket					
K0045	Y		Footrest complete assembly					
K0046	Y		Elevat legrst low extension					
K0047	Y		Elevat legrst up hangr brack					
K0050	Y		Ratchet assembly					
K0051	Y		Cam relese assem ftrst/lgrst					
K0052	Y		Swingaway detach footrest					
K0053	Y		Elevate footrest articulate					
K0056	Y		Seat ht <17 or >=21 ltwt wc					
K0059	Y		Plastic coated handrim each					
K0060	Y		Steel handrim each					
K0061	Y		Aluminum handrim each					
K0064	Y		Zero pressure tube flat free					
K0065	Y		Spoke protectors					
K0066	Y		Solid tire any size each					
K0067	Y		Pneumatic tire any size each					
K0068	Y		Pneumatic tire tube each					

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K0069	Y		Rear whl complete solid tire					
K0070	Y		Rear whl compl pneum tire					
K0071	Y		Front castr compl pneum tire					
K0072	Y		Frnt cstr cmpl sem-pneum tir					
K0073	Y		Caster pin lock each					
K0074	Y		Pneumatic caster tire each					
K0075	Y		Semi-pneumatic caster tire					
K0076	Y		Solid caster tire each					
K0077	Y		Front caster assem complete					
K0078	Y		Pneumatic caster tire tube					
K0081	Y		Wheel lock assembly complete					
K0090	Y		Rear tire power wheelchair					
K0091	Y		Rear tire tube power whlchr					
K0092	Y		Rear assem cmplt powr whlchr					
K0093	Y		Rear zero pressure tire tube					
K0094	Y		Wheel tire for power base					
K0095	Y		Wheel tire tube each base					
K0096	Y		Wheel assem powr base complt					
K0097	Y		Wheel zero presure tire tube					
K0098	Y		Drive belt power wheelchair					
K0099	Y		Pwr wheelchair front					
K0102	Y		Crutch and cane holder					
K0104	Y		Cylinder tank carrier					
K0105	Y		Iv hanger					
K0106	Y		Arm trough each					
K0108	Y		W/c component-accessory NOS					
K0114	Y		Whlchr back suprt inr frame					
K0115	Y		Back module orthotic system					
K0116	Y		Back & seat modul orthot sys					
K0195	Y		Elevating whlchair leg rests					
K0415	B		RX antiemetic drg, oral NOS					
K0416	B		Rx antiemetic drg,rectal NOS					
K0452	Y		Wheelchair bearings					
K0455	Y		Pump uninterrupted infusion					
K0462	Y		Temporary replacement eqpmnt					
K0552	Y		Supply/Ext inf pump syr type					
K0600	Y		Functional neuromuscularstim					
K0601	Y		Repl batt silver oxide 1.5 v					
K0602	Y		Repl batt silver oxide 3 v					
K0603	Y		Repl batt alkaline 1.5 v					
K0604	Y		Repl batt lithium 3.6 v					
K0605	Y		Repl batt lithium 4.5 v					
K0606	Y		AED garment w/elec analysis					
K0607	Y		Repl batt for AED					
K0608	Y		Repl garment for AED					
K0609	Y		Repl electrode for AED					
K0618	A		TLSO 2 piece rigid shell					
K0619	A		TLSO 3 piece rigid shell					
K0620	A		Tubular elastic dressing					
K0627	A		Cervical pneum trac equip					

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K0628	A		Mult dens insert direct form					
K0629	A		Mult dens insert custom mold					
K0630	A		SIO flex pelvisacral prefab					
K0631	A		SIO flex pelvisacral custom					
K0632	A		SIO panel prefab					
K0633	A		SIO panel custom					
K0634	A		LO flexibl L1 - below L5 pre					
K0635	A		LO sag stays/panels pre-fab					
K0636	A		LO sagitt rigid panel prefab					
K0637	A		LO flex w/o rigid stays pre					
K0638	A		LSO flex w/rigid stays cust					
K0639	A		LSO post rigid panel pre					
K0640	A		LSO sag-coro rigid frame pre					
K0641	A		LSO sag-cor rigid frame cust					
K0642	A		LSO flexion control prefab					
K0643	A		LSO flexion control custom					
K0644	A		LSO sagit rigid panel prefab					
K0645	A		LSO sagittal rigid panel cus					
K0646	A		LSO sag-coronal panel prefab					
K0647	A		LSO sag-coronal panel custom					
K0648	A		LSO s/c shell/panel prefab					
K0649	A		LSO s/c shell/panel custom					
K0650	Y		Gen w/c cushion width <22					
K0651	Y		Gen w/c cushion width >=22					
K0652	Y		Skin protect w/c cus wd <22					
K0653	Y		Skin protect w/c cus wd >=22					
K0654	Y		Position w/c cush width <22"					
K0655	Y		Position w/c cush width >=22					
K0656	Y		Skin pro/pos w/c cus wd<22"					
K0657	Y		Skin pro/pos w/c cus wd >=22					
K0658	Y		Custom fabricate w/c cushion					
K0659	Y		Powered w/c cushion					
K0660	Y		Gen use back cush width <22"					
K0661	Y		Gen use back cush width >=22					
K0662	Y		Position back cush wdth <22"					
K0663	Y		Position back cush wdth >=22					
K0664	Y		Pos back post/lat width <22"					
K0665	Y		Pos back post/lat width >=22					
K0666	Y		Custom fab w/c back cushion					
K0667	Y		Mt hardwre man/light pwr w/c					
K0668	Y		Rep ace cover w/c seat cush					
K0669	Y		W/c seat/back no CVR SADMERC					
L0100	A		Cranial orthosis/helmet mold					
L0110	A		Cranial orthosis/helmet nonm					
L0112	A		Cranial cervical orthosis					
L0120	A		Cerv flexible non-adjustable					
L0130	A		Flex thermoplastic collar mo					
L0140	A		Cervical semi-rigid adjustab					
L0150	A		Cerv semi-rig adj molded chn					
L0160	A		Cerv semi-rig wire occ/mand					

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L0170	A		Cervical collar molded to pt					
L0172	A		Cerv col thermplas foam 2 pi					
L0174	A		Cerv col foam 2 piece w thor					
L0180	A		Cer post col occ/man sup adj					
L0190	A		Cerv collar supp adj cerv ba					
L0200	A		Cerv col supp adj bar & thor					
L0210	A		Thoracic rib belt					
L0220	A		Thor rib belt custom fabrica					
L0450	A		TLSO flex prefab thoracic					
L0452	A		tlso flex custom fab thoraci					
L0454	A		TLSO flex prefab sacrococ-T9					
L0456	A		TLSO flex prefab					
L0458	A		TLSO 2Mod symphis-xipho pre					
L0460	A		TLSO2Mod symphysis-stern pre					
L0462	A		TLSO 3Mod sacro-scap pre					
L0464	A		TLSO 4Mod sacro-scap pre					
L0466	A		TLSO rigid frame pre soft ap					
L0468	A		TLSO rigid frame prefab pelv					
L0470	A		TLSO rigid frame pre subclav					
L0472	A		TLSO rigid frame hyperex pre					
L0476	E		TLSO flexion compres jac pre					
L0478	E		TLSO flexion compres jac cus					
L0480	A		TLSO rigid plastic custom fa					
L0482	A		TLSO rigid lined custom fab					
L0484	A		TLSO rigid plastic cust fab					
L0486	A		TLSO rigidlined cust fab two					
L0488	A		TLSO rigid lined pre one pie					
L0490	A		TLSO rigid plastic pre one					
L0500	E		Lso flex surgical support					
L0510	E		Lso flexible custom fabricat					
L0515	A		Lso flex elas w/ rig post pa					
L0520	E		Lso a-p-l control with apron					
L0530	E		Lso ant-pos control w apron					
L0540	E		Lso lumbar flexion a-p-l					
L0550	E		Lso a-p-l control molded					
L0560	E		Lso a-p-l w interface					
L0561	E		Prefab lso					
L0565	E		Lso a-p-l control custom					
L0600	E		Sacroiliac flex surg support					
L0610	E		Sacroiliac flexible custm fa					
L0620	E		Sacroiliac semi-rig w apron					
L0700	A		Ctlso a-p-l control molded					
L0710	A		Ctlso a-p-l control w/ inter					
L0810	A		Halo cervical into jckt vest					
L0820	A		Halo cervical into body jack					
L0830	A		Halo cerv into milwaukee typ					
L0860	A		Magnetic resonanc image comp					
L0861	A		Halo repl liner/interface					
L0960	E		Post surgical support pads					
L0970	A		Tlso corset front					

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L0972	A		Lso corset front					
L0974	A		Tlso full corset					
L0976	A		Lso full corset					
L0978	A		Axillary crutch extension					
L0980	A		Peroneal straps pair					
L0982	A		Stocking supp grips set of f					
L0984	A		Protective body sock each					
L0999	A		Add to spinal orthosis NOS					
L1000	A		Ctlso milwauke initial model					
L1005	A		Tension based scoliosis orth					
L1010	A		Ctlso axilla sling					
L1020	A		Kyphosis pad					
L1025	A		Kyphosis pad floating					
L1030	A		Lumbar bolster pad					
L1040	A		Lumbar or lumbar rib pad					
L1050	A		Sternal pad					
L1060	A		Thoracic pad					
L1070	A		Trapezius sling					
L1080	A		Outrigger					
L1085	A		Outrigger bil w/ vert extens					
L1090	A		Lumbar sling					
L1100	A		Ring flange plastic/leather					
L1110	A		Ring flange plas/leather mol					
L1120	A		Covers for upright each					
L1200	A		Furnsh initial orthosis only					
L1210	A		Lateral thoracic extension					
L1220	A		Anterior thoracic extension					
L1230	A		Milwaukee type superstructur					
L1240	A		Lumbar derotation pad					
L1250	A		Anterior asis pad					
L1260	A		Anterior thoracic derotation					
L1270	A		Abdominal pad					
L1280	A		Rib gusset (elastic) each					
L1290	A		Lateral trochanteric pad					
L1300	A		Body jacket mold to patient					
L1310	A		Post-operative body jacket					
L1499	A		Spinal orthosis NOS					
L1500	A		Thkao mobility frame					
L1510	A		Thkao standing frame					
L1520	A		Thkao swivel walker					
L1600	A		Abduct hip flex frejka w cvr					
L1610	A		Abduct hip flex frejka covr					
L1620	A		Abduct hip flex pavlik harne					
L1630	A		Abduct control hip semi-flex					
L1640	A		Pelv band/spread bar thigh c					
L1650	A		HO abduction hip adjustable					
L1652	A		HO bi thighcuffs w sprdr bar					
L1660	A		HO abduction static plastic					
L1680	A		Pelvic & hip control thigh c					
L1685	A		Post-op hip abduct custom fa					

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L1686	A		HO post-op hip abduction					
L1690	A		Combination bilateral HO					
L1700	A		Leg perthes orth toronto typ					
L1710	A		Legg perthes orth newington					
L1720	A		Legg perthes orthosis trilat					
L1730	A		Legg perthes orth scottish r					
L1750	A		Legg perthes sling					
L1755	A		Legg perthes patten bottom t					
L1800	A		Knee orthoses elas w stays					
L1810	A		Ko elastic with joints					
L1815	A		Elastic with condylar pads					
L1820	A		Ko elas w/ condyle pads & jo					
L1825	A		Ko elastic knee cap					
L1830	A		Ko immobilizer canvas longit					
L1831	A		Knee orth pos locking joint					
L1832	A		KO adj jnt pos rigid support					
L1834	A		Ko w/0 joint rigid molded to					
L1836	A		Rigid KO wo joints					
L1840	A		Ko derot ant cruciate custom					
L1843	A		KO single upright custom fit					
L1844	A		Ko w/adj jt rot cntrl molded					
L1845	A		Ko w/ adj flex/ext rotat cus					
L1846	A		Ko w adj flex/ext rotat mold					
L1847	A		KO adjustable w air chambers					
L1850	A		Ko swedish type					
L1855	A		Ko plas doub upright jnt mol					
L1858	A		Ko polycentric pneumatic pad					
L1860	A		Ko supracondylar socket mold					
L1870	A		Ko doub upright lacers molde					
L1880	A		Ko doub upright cuffs/lacers					
L1900	A		Afo sprng wir drsflx calf bd					
L1901	A		Prefab ankle orthosis					
L1902	A		Afo ankle gauntlet					
L1904	A		Afo molded ankle gauntlet					
L1906	A		Afo multiligamentus ankle su					
L1907	A		AFO supramalleolar custom					
L1910	A		Afo sing bar clasp attach sh					
L1920	A		Afo sing upright w/ adjust s					
L1930	A		Afo plastic					
L1940	A		Afo molded to patient plasti					
L1945	A		Afo molded plas rig ant tib					
L1950	A		Afo spiral molded to pt plas					
L1951	A		AFO spiral prefabricated					
L1960	A		Afo pos solid ank plastic mo					
L1970	A		Afo plastic molded w/ankle j					
L1971	A		AFO w/ankle joint, prefab					
L1980	A		Afo sing solid stirrup calf					
L1990	A		Afo doub solid stirrup calf					
L2000	A		Kafo sing fre stirr thi/calf					
L2010	A		Kafo sng solid stirrup w/o j					

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L2020	A		Kafo dbl solid stirrup band/					
L2030	A		Kafo dbl solid stirrup w/o j					
L2035	A		KAFO plastic pediatric size					
L2036	A		Kafo plas doub free knee mol					
L2037	A		Kafo plas sing free knee mol					
L2038	A		Kafo w/o joint multi-axis an					
L2039	A		KAFO,plstic,medlat rotat con					
L2040	A		Hkafo torsion bil rot straps					
L2050	A		Hkafo torsion cable hip pelv					
L2060	A		Hkafo torsion ball bearing j					
L2070	A		Hkafo torsion unilat rot str					
L2080	A		Hkafo unilat torsion cable					
L2090	A		Hkafo unilat torsion ball br					
L2106	A		Afo tib fx cast plaster mold					
L2108	A		Afo tib fx cast molded to pt					
L2112	A		Afo tibial fracture soft					
L2114	A		Afo tib fx semi-rigid					
L2116	A		Afo tibial fracture rigid					
L2126	A		Kafo fem fx cast thermoplas					
L2128	A		Kafo fem fx cast molded to p					
L2132	A		Kafo femoral fx cast soft					
L2134	A		Kafo fem fx cast semi-rigid					
L2136	A		Kafo femoral fx cast rigid					
L2180	A		Plas shoe insert w ank joint					
L2182	A		Drop lock knee					
L2184	A		Limited motion knee joint					
L2186	A		Adj motion knee jnt lerman t					
L2188	A		Quadrilateral brim					
L2190	A		Waist belt					
L2192	A		Pelvic band & belt thigh fla					
L2200	A		Limited ankle motion ea jnt					
L2210	A		Dorsiflexion assist each joi					
L2220	A		Dorsi & plantar flex ass/res					
L2230	A		Split flat caliper stirr & p					
L2240	A		Round caliper and plate atta					
L2250	A		Foot plate molded stirrup at					
L2260	A		Reinforced solid stirrup					
L2265	A		Long tongue stirrup					
L2270	A		Varus/valgus strap padded/li					
L2275	A		Plastic mod low ext pad/line					
L2280	A		Molded inner boot					
L2300	A		Abduction bar jointed adjust					
L2310	A		Abduction bar-straight					
L2320	A		Non-molded lacer					
L2330	A		Lacer molded to patient mode					
L2335	A		Anterior swing band					
L2340	A		Pre-tibial shell molded to p					
L2350	A		Prosthetic type socket molde					
L2360	A		Extended steel shank					
L2370	A		Patten bottom					

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L2375	A		Torsion ank & half solid sti					
L2380	A		Torsion straight knee joint					
L2385	A		Straight knee joint heavy du					
L2390	A		Offset knee joint each					
L2395	A		Offset knee joint heavy duty					
L2397	A		Suspension sleeve lower ext					
L2405	A		Knee joint drop lock ea jnt					
L2415	A		Knee joint cam lock each joi					
L2425	A		Knee disc/dial lock/adj flex					
L2430	A		Knee jnt ratchet lock ea jnt					
L2435	A		Knee joint polycentric joint					
L2492	A		Knee lift loop drop lock rin					
L2500	A		Thi/glut/ischia wgt bearing					
L2510	A		Th/wght bear quad-lat brim m					
L2520	A		Th/wght bear quad-lat brim c					
L2525	A		Th/wght bear nar m-l brim mo					
L2526	A		Th/wght bear nar m-l brim cu					
L2530	A		Thigh/wght bear lacer non-mo					
L2540	A		Thigh/wght bear lacer molded					
L2550	A		Thigh/wght bear high roll cu					
L2570	A		Hip clevis type 2 posit jnt					
L2580	A		Pelvic control pelvic sling					
L2600	A		Hip clevis/thrust bearing fr					
L2610	A		Hip clevis/thrust bearing lo					
L2620	A		Pelvic control hip heavy dut					
L2622	A		Hip joint adjustable flexion					
L2624	A		Hip adj flex ext abduct cont					
L2627	A		Plastic mold recipro hip & c					
L2628	A		Metal frame recipro hip & ca					
L2630	A		Pelvic control band & belt u					
L2640	A		Pelvic control band & belt b					
L2650	A		Pelv & thor control gluteal					
L2660	A		Thoracic control thoracic ba					
L2670	A		Thorac cont paraspinal uprig					
L2680	A		Thorac cont lat support upri					
L2750	A		Plating chrome/nickel pr bar					
L2755	A		Carbon graphite lamination					
L2760	A		Extension per extension per					
L2768	A		Ortho sidebar disconnect					
L2770	A		Low ext orthosis per bar/jnt					
L2780	A		Non-corrosive finish					
L2785	A		Drop lock retainer each					
L2795	A		Knee control full kneecap					
L2800	A		Knee cap medial or lateral p					
L2810	A		Knee control condylar pad					
L2820	A		Soft interface below knee se					
L2830	A		Soft interface above knee se					
L2840	A		Tibial length sock fx or equ					
L2850	A		Femoral lgth sock fx or equa					
L2860	A		Torsion mechanism knee/ankle					

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L2999	A		Lower extremity orthosis NOS					
L3000	B		Ft insert ucb berkeley shell					
L3001	B		Foot insert remov molded spe					
L3002	B		Foot insert plastazote or eq					
L3003	B		Foot insert silicone gel eac					
L3010	B		Foot longitudinal arch suppo					
L3020	B		Foot longitud/metatarsal sup					
L3030	B		Foot arch support remov prem					
L3031	E		Foot lamin/prepreg composite					
L3040	B		Ft arch suprt premold longit					
L3050	B		Foot arch supp premold metat					
L3060	B		Foot arch supp longitud/meta					
L3070	B		Arch suprt att to sho longit					
L3080	B		Arch supp att to shoe metata					
L3090	B		Arch supp att to shoe long/m					
L3100	B		Hallus-valgus nght dynamic s					
L3140	B		Abduction rotation bar shoe					
L3150	B		Abduct rotation bar w/o shoe					
L3160	B		Shoe styled positioning dev					
L3170	B		Foot plastic heel stabilizer					
L3201	B		Oxford w supinat/pronat inf					
L3202	B		Oxford w/ supinat/pronator c					
L3203	B		Oxford w/ supinator/pronator					
L3204	B		Hightop w/ supp/pronator inf					
L3206	B		Hightop w/ supp/pronator chi					
L3207	B		Hightop w/ supp/pronator jun					
L3208	B		Surgical boot each infant					
L3209	B		Surgical boot each child					
L3211	B		Surgical boot each junior					
L3212	B		Benesch boot pair infant					
L3213	B		Benesch boot pair child					
L3214	B		Benesch boot pair junior					
L3215	B		Orthopedic ftwear ladies oxf					
L3216	B		Orthoped ladies shoes dpth i					
L3217	B		Ladies shoes hightop depth i					
L3219	B		Orthopedic mens shoes oxford					
L3221	B		Orthopedic mens shoes dpth i					
L3222	B		Mens shoes hightop depth inl					
L3224	A		Womans shoe oxford brace					
L3225	A		UNKNOWN					
L3230	B		Custom shoes depth inlay					
L3250	B		Custom mold shoe remov prost					
L3251	B		Shoe molded to pt silicone s					
L3252	B		Shoe molded plastazote cust					
L3253	B		Shoe molded plastazote cust					
L3254	B		Orth foot non-stndard size/w					
L3255	B		Orth foot non-standard size/					
L3257	B		Orth foot add charge split s					
L3260	B		Ambulatory surgical boot eac					
L3265	B		Plastazote sandal each					

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L3300	B		Sho lift taper to metatarsal					
L3310	B		Shoe lift elev heel/sole neo					
L3320	B		Shoe lift elev heel/sole cor					
L3330	B		Lifts elevation metal extens					
L3332	B		Shoe lifts tapered to one-ha					
L3334	B		Shoe lifts elevation heel /i					
L3340	B		Shoe wedge sach					
L3350	B		Shoe heel wedge					
L3360	B		Shoe sole wedge outside sole					
L3370	B		Shoe sole wedge between sole					
L3380	B		Shoe clubfoot wedge					
L3390	B		Shoe outflare wedge					
L3400	B		Shoe metatarsal bar wedge ro					
L3410	B		Shoe metatarsal bar between					
L3420	B		Full sole/heel wedge btween					
L3430	B		Sho heel count plast reinfor					
L3440	B		Heel leather reinforced					
L3450	B		Shoe heel sach cushion type					
L3455	B		Shoe heel new leather standa					
L3460	B		Shoe heel new rubber standar					
L3465	B		Shoe heel thomas with wedge					
L3470	B		Shoe heel thomas extend to b					
L3480	B		Shoe heel pad & depress for					
L3485	B		Shoe heel pad removable for					
L3500	B		Ortho shoe add leather insol					
L3510	B		Orthopedic shoe add rub insl					
L3520	B		O shoe add felt w leath insl					
L3530	B		Ortho shoe add half sole					
L3540	B		Ortho shoe add full sole					
L3550	B		O shoe add standard toe tap					
L3560	B		O shoe add horseshoe toe tap					
L3570	B		O shoe add instep extension					
L3580	B		O shoe add instep velcro clo					
L3590	B		O shoe convert to sof counte					
L3595	B		Ortho shoe add march bar					
L3600	B		Trans shoe calip plate exist					
L3610	B		Trans shoe caliper plate new					
L3620	B		Trans shoe solid stirrup exi					
L3630	B		Trans shoe solid stirrup new					
L3640	B		Shoe dennis browne splint bo					
L3649	B		Orthopedic shoe modifica NOS					
L3650	A		Shlder fig 8 abduct restrain					
L3651	A		Prefab shoulder orthosis					
L3652	A		Prefab dbl shoulder orthosis					
L3660	A		Abduct restrainer canvas&web					
L3670	A		Acromio/clavicular canvas&we					
L3675	A		Canvas vest SO					
L3677	E		SO hard plastic stabilizer					
L3700	A		Elbow orthoses elas w stays					
L3701	A		Prefab elbow orthosis					

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L3710	A		Elbow elastic with metal joi					
L3720	A		Forearm/arm cuffs free motio					
L3730	A		Forearm/arm cuffs ext/flex a					
L3740	A		Cuffs adj lock w/ active con					
L3760	A		EO withjoint, Prefabricated					
L3762	A		Rigid EO wo joints					
L3800	A		Whfo short opponen no attach					
L3805	A		Whfo long opponens no attach					
L3807	A		WHFO,no joint, prefabricated					
L3810	A		Whfo thumb abduction bar					
L3815	A		Whfo second m.p. abduction a					
L3820	A		Whfo ip ext asst w/ mp ext s					
L3825	A		Whfo m.p. extension stop					
L3830	A		Whfo m.p. extension assist					
L3835	A		Whfo m.p. spring extension a					
L3840	A		Whfo spring swivel thumb					
L3845	A		Whfo thumb ip ext ass w/ mp					
L3850	A		Action wrist w/ dorsiflex as*					
L3855	A		Whfo adj m.p. flexion contro					
L3860	A		Whfo adj m.p. flex ctrl & i.					
L3890	B		Torsion mechanism wrist/elbo					
L3900	A		Hinge extension/flex wrist/f					
L3901	A		Hinge ext/flex wrist finger					
L3902	E		Whfo ext power compress gas					
L3904	A		Whfo electric custom fitted					
L3906	A		Wrist gauntlet molded to pt					
L3907	A		Whfo wrst gauntlt thmb spica					
L3908	A		Wrist cock-up non-molded					
L3909	A		Prefab wrist orthosis					
L3910	A		Whfo swanson design					
L3911	A		Prefab hand finger orthosis					
L3912	A		Flex glove w/elastic finger					
L3914	A		WHO wrist extension cock-up					
L3916	A		Whfo wrist extens w/ outrigg					
L3917	A		Prefab metacarpl fx orthosis					
L3918	A		HFO knuckle bender					
L3920	A		Knuckle bender with outrigge					
L3922	A		Knuckle bend 2 seg to flex j					
L3923	A		HFO, no joint, prefabricated					
L3924	A		Oppenheimer					
L3926	A		Thomas suspension					
L3928	A		Finger extension w/ clock sp					
L3930	A		Finger extension with wrist					
L3932	A		Safety pin spring wire					
L3934	A		Safety pin modified					
L3936	A		Palmer					
L3938	A		Dorsal wrist					
L3940	A		Dorsal wrist w/ outrigger at					
L3942	A		Reverse knuckle bender					
L3944	A		Reverse knuckle bend w/ outr					

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L3946	A		HFO composite elastic					
L3948	A		Finger knuckle bender					
L3950	A		Oppenheimer w/ knuckle bend					
L3952	A		Oppenheimer w/ rev knuckle 2					
L3954	A		Spreading hand					
L3956	A		Add joint upper ext orthosis					
L3960	A		Sewho airplan desig abdu pos					
L3962	A		Sewho erbs palsey design abd					
L3963	A		Molded w/ articulating elbow					
L3964	Y		Seo mobile arm sup att to wc					
L3965	Y		Arm supp att to wc rancho ty					
L3966	Y		Mobile arm supports reclinin					
L3968	Y		Friction dampening arm supp					
L3969	Y		Monosuspension arm/hand supp					
L3970	Y		Elevat proximal arm support					
L3972	Y		Offset/lat rocker arm w/ ela					
L3974	Y		Mobile arm support supinator					
L3980	A		Upp ext fx orthosis humeral					
L3982	A		Upper ext fx orthosis rad/ul					
L3984	A		Upper ext fx orthosis wrist					
L3985	A		Forearm hand fx orth w/ wr h					
L3986	A		Humeral rad/ulna wrist fx or					
L3995	A		Sock fracture or equal each					
L3999	A		Upper limb orthosis NOS					
L4000	A		Repl girdle milwaukee orth					
L4010	A		Replace trilateral socket br					
L4020	A		Replace quadlat socket brim					
L4030	A		Replace socket brim cust fit					
L4040	A		Replace molded thigh lacer					
L4045	A		Replace non-molded thigh lac					
L4050	A		Replace molded calf lacer					
L4055	A		Replace non-molded calf lace					
L4060	A		Replace high roll cuff					
L4070	A		Replace prox & dist upright					
L4080	A		Repl met band kafo-afo prox					
L4090	A		Repl met band kafo-afo calf/					
L4100	A		Repl leath cuff kafo prox th					
L4110	A		Repl leath cuff kafo-afo cal					
L4130	A		Replace pretibial shell					
L4205	A		Ortho dvc repair per 15 min					
L4210	A		Orth dev repair/repl minor p					
L4350	A		Ankle control orthosi prefab					
L4360	A		Pneumati walking boot prefab					
L4370	A		Pneumatic full leg splint					
L4380	A		Pneumatic knee splint					
L4386	A		Non-pneum walk boot prefab					
L4392	A		Replace AFO soft interface					
L4394	A		Replace foot drop spint					
L4396	A		Static AFO					
L4398	A		Foot drop splint recumbent					

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L5000	A		Sho insert w arch toe filler					
L5010	A		Mold socket ank hgt w/ toe f					
L5020	A		Tibial tubercle hgt w/ toe f					
L5050	A		Ank symes mold sckt sach ft					
L5060	A		Symes met fr leath socket ar					
L5100	A		Molded socket shin sach foot					
L5105	A		Plast socket jts/thgh lacer					
L5150	A		Mold sckt ext knee shin sach					
L5160	A		Mold socket bent knee shin s					
L5200	A		Kne sing axis fric shin sach					
L5210	A		No knee/ankle joints w/ ft b					
L5220	A		No knee joint with artic ali					
L5230	A		Fem focal defic constant fri					
L5250	A		Hip canad sing axi cons fric					
L5270	A		Tilt table locking hip sing					
L5280	A		Hemipelvect canad sing axis					
L5301	A		BK mold socket SACH ft endo					
L5311	A		Knee disart, SACH ft, endo					
L5321	A		AK open end SACH					
L5331	A		Hip disart canadian SACH ft					
L5341	A		Hemipelvectomy canadian SACH					
L5400	A		Postop dress & 1 cast chg bk					
L5410	A		Postop dsg bk ea add cast ch					
L5420	A		Postop dsg & 1 cast chg ak/d					
L5430	A		Postop dsg ak ea add cast ch					
L5450	A		Postop app non-wgt bear dsg					
L5460	A		Postop app non-wgt bear dsg					
L5500	A		Init bk ptb plaster direct					
L5505	A		Init ak ischal plstr direct					
L5510	A		Prep BK ptb plaster molded					
L5520	A		Perp BK ptb thermopls direct					
L5530	A		Prep BK ptb thermopls molded					
L5535	A		Prep BK ptb open end socket					
L5540	A		Prep BK ptb laminated socket					
L5560	A		Prep AK ischial plast molded					
L5570	A		Prep AK ischial direct form					
L5580	A		Prep AK ischial thermo mold					
L5585	A		Prep AK ischial open end					
L5590	A		Prep AK ischial laminated					
L5595	A		Hip disartic sach thermopls					
L5600	A		Hip disart sach laminat mold					
L5610	A		Above knee hydracadence					
L5611	A		Ak 4 bar link w/fric swing					
L5613	A		Ak 4 bar ling w/hydraul swig					
L5614	A		4-bar link above knee w/swng					
L5616	A		Ak univ multiplex sys frict					
L5617	A		AK/BK self-aligning unit ea					
L5618	A		Test socket symes					
L5620	A		Test socket below knee					
L5622	A		Test socket knee disarticula					

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L5624	A		Test socket above knee					
L5626	A		Test socket hip disarticulat					
L5628	A		Test socket hemipelvectomy					
L5629	A		Below knee acrylic socket					
L5630	A		Syme typ expandabl wall sckt					
L5631	A		Ak/knee disartic acrylic soc					
L5632	A		Symes type ptb brim design s					
L5634	A		Symes type poster opening so					
L5636	A		Symes type medial opening so					
L5637	A		Below knee total contact					
L5638	A		Below knee leather socket					
L5639	A		Below knee wood socket					
L5640	A		Knee disarticulat leather so					
L5642	A		Above knee leather socket					
L5643	A		Hip flex inner socket ext fr					
L5644	A		Above knee wood socket					
L5645	A		Bk flex inner socket ext fra					
L5646	A		Below knee cushion socket					
L5647	A		Below knee suction socket					
L5648	A		Above knee cushion socket					
L5649	A		Isch containmt/narrow m-l so					
L5650	A		Tot contact ak/knee disart s					
L5651	A		Ak flex inner socket ext fra					
L5652	A		Suction susp ak/knee disart					
L5653	A		Knee disart expand wall sock					
L5654	A		Socket insert symes					
L5655	A		Socket insert below knee					
L5656	A		Socket insert knee articulat					
L5658	A		Socket insert above knee					
L5661	A		Multi-durometer symes					
L5665	A		Multi-durometer below knee					
L5666	A		Below knee cuff suspension					
L5668	A		Socket insert w/o lock lower					
L5670	A		Bk molded supracondylar susp					
L5671	A		BK/AK locking mechanism					
L5672	A		Bk removable medial brim sus					
L5673	A		Socket insert w lock mech					
L5674	A		Bk suspension sleeve					
L5675	A		Bk heavy duty susp sleeve					
L5676	A		Bk knee joints single axis p					
L5677	A		Bk knee joints polycentric p					
L5678	A		Bk joint covers pair					
L5679	A		Socket insert w/o lock mech					
L5680	A		Bk thigh lacer non-molded					
L5681	A		Intl custm cong/latyp insert					
L5682	A		Bk thigh lacer glut/ischia m					
L5683	A		Initial custom socket insert					
L5684	A		Bk fork strap					
L5686	A		Bk back check					
L5688	A		Bk waist belt webbing					

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L5690	A		Bk waist belt padded and lin					
L5692	A		Ak pelvic control belt light					
L5694	A		Ak pelvic control belt pad/l					
L5695	A		Ak sleeve susp neoprene/equa					
L5696	A		Ak/knee disartic pelvic join					
L5697	A		Ak/knee disartic pelvic band					
L5698	A		Ak/knee disartic silesian ba					
L5699	A		Shoulder harness					
L5700	A		Replace socket below knee					
L5701	A		Replace socket above knee					
L5702	A		Replace socket hip					
L5704	A		Custom shape cover BK					
L5705	A		Custom shape cover AK					
L5706	A		Custom shape cvr knee disart					
L5707	A		Custom shape cvr hip disart					
L5710	A		Kne-shin exo sng axi mnl loc					
L5711	A		Knee-shin exo mnl lock ultra					
L5712	A		Knee-shin exo frict swg & st					
L5714	A		Knee-shin exo variable frict					
L5716	A		Knee-shin exo mech stance ph					
L5718	A		Knee-shin exo frct swg & sta					
L5722	A		Knee-shin pneum swg frct exo					
L5724	A		Knee-shin exo fluid swing ph					
L5726	A		Knee-shin ext jnts fld swg e					
L5728	A		Knee-shin fluid swg & stance					
L5780	A		Knee-shin pneum/hydra pneum					
L5781	A		Lower limb pros vacuum pump					
L5782	A		HD low limb pros vacuum pump					
L5785	A		Exoskeletal bk ultralt mater					
L5790	A		Exoskeletal ak ultra-light m					
L5795	A		Exoskel hip ultra-light mate					
L5810	A		Endoskel knee-shin mnl lock					
L5811	A		Endo knee-shin mnl lck ultra					
L5812	A		Endo knee-shin frct swg & st					
L5814	A		Endo knee-shin hydral swg ph					
L5816	A		Endo knee-shin polyc mch sta					
L5818	A		Endo knee-shin frct swg & st					
L5822	A		Endo knee-shin pneum swg frc					
L5824	A		Endo knee-shin fluid swing p					
L5826	A		Miniature knee joint					
L5828	A		Endo knee-shin fluid swg/sta					
L5830	A		Endo knee-shin pneum/swg pha					
L5840	A		Multi-axial knee/shin system					
L5845	A		Knee-shin sys stance flexion					
L5846	A		Knee-shin sys microprocessor					
L5847	A		Microprocessor cntrl feature					
L5848	A		Knee-shin sys hydraul stance					
L5850	A		Endo ak/hip knee extens assi					
L5855	A		Mech hip extension assist					
L5910	A		Endo below knee alignable sy					

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L5920	A		Endo ak/hip alignable system					
L5925	A		Above knee manual lock					
L5930	A		High activity knee frame					
L5940	A		Endo bk ultra-light material					
L5950	A		Endo ak ultra-light material					
L5960	A		Endo hip ultra-light materia					
L5962	A		Below knee flex cover system					
L5964	A		Above knee flex cover system					
L5966	A		Hip flexible cover system					
L5968	A		Multiaxial ankle w dorsiflex					
L5970	A		Foot external keel sach foot					
L5972	A		Flexible keel foot					
L5974	A		Foot single axis ankle/foot					
L5975	A		Combo ankle/foot prosthesis					
L5976	A		Energy storing foot					
L5978	A		Ft prosth multiaxial ankl/ft					
L5979	A		Multi-axial ankle/ft prosth					
L5980	A		Flex foot system					
L5981	A		Flex-walk sys low ext prosth					
L5982	A		Exoskeletal axial rotation u					
L5984	A		Endoskeletal axial rotation					
L5985	A		Lwr ext dynamic prosth pylon					
L5986	A		Multi-axial rotation unit					
L5987	A		Shank ft w vert load pylon					
L5988	A		Vertical shock reducing pylo					
L5989	A		Pylon w elctrnc force sensor					
L5990	A		User adjustable heel height					
L5995	A		Lower ext pros heavyduty fea					
L5999	A		Lowr extremity prosthes NOS					
L6000	A		Par hand robin-aids thum rem					
L6010	A		Hand robin-aids little/ring					
L6020	A		Part hand robin-aids no fing					
L6025	A		Part hand disart myoelectric					
L6050	A		Wrst MLd sck flx hng tri pad					
L6055	A		Wrst mold sock w/exp interfa					
L6100	A		Elb mold sock flex hinge pad					
L6110	A		Elbow mold sock suspension t					
L6120	A		Elbow mold doub splt soc ste					
L6130	A		Elbow stump activated lock h					
L6200	A		Elbow mold outsid lock hinge					
L6205	A		Elbow molded w/ expand inter					
L6250	A		Elbow inter loc elbow forarm					
L6300	A		Shlder disart int lock elbow					
L6310	A		Shoulder passive restor comp					
L6320	A		Shoulder passive restor cap					
L6350	A		Thoracic intern lock elbow					
L6360	A		Thoracic passive restor comp					
L6370	A		Thoracic passive restor cap					
L6380	A		Postop dsg cast chg wrst/elb					
L6382	A		Postop dsg cast chg elb dis/					

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L6384	A		Postop dsg cast chg shlder/t					
L6386	A		Postop ea cast chg & realign					
L6388	A		Postop applicat rigid dsg on					
L6400	A		Below elbow prosth tiss shap					
L6450	A		Elb disart prosth tiss shap					
L6500	A		Above elbow prosth tiss shap					
L6550	A		Shldr disar prosth tiss shap					
L6570	A		Scap thorac prosth tiss shap					
L6580	A		Wrist/elbow bowden cable mol					
L6582	A		Wrist/elbow bowden cbl dir f					
L6584	A		Elbow fair lead cable molded					
L6586	A		Elbow fair lead cable dir fo					
L6588	A		Shdr fair lead cable molded					
L6590	A		Shdr fair lead cable direct					
L6600	A		Polycentric hinge pair					
L6605	A		Single pivot hinge pair					
L6610	A		Flexible metal hinge pair					
L6615	A		Disconnect locking wrist uni					
L6616	A		Disconnect insert locking wr					
L6620	A		Flexion/extension wrist unit					
L6623	A		Spring-ass rot wrst w/ latch					
L6625	A		Rotation wrst w/ cable lock					
L6628	A		Quick disconn hook adapter o					
L6629	A		Lamination collar w/ couplin					
L6630	A		Stainless steel any wrist					
L6632	A		Latex suspension sleeve each					
L6635	A		Lift assist for elbow					
L6637	A		Nudge control elbow lock					
L6638	A		Elec lock on manual pw elbow					
L6640	A		Shoulder abduction joint pai					
L6641	A		Excursion amplifier pulley t					
L6642	A		Excursion amplifier lever ty					
L6645	A		Shoulder flexion-abduction j					
L6646	A		Multipo locking shoulder jnt					
L6647	A		Shoulder lock actuator					
L6648	A		Ext pwrd shlder lock/unlock					
L6650	A		Shoulder universal joint					
L6655	A		Standard control cable extra					
L6660	A		Heavy duty control cable					
L6665	A		Teflon or equal cable lining					
L6670	A		Hook to hand cable adapter					
L6672	A		Harness chest/shlder saddle					
L6675	A		Harness figure of 8 sing con					
L6676	A		Harness figure of 8 dual con					
L6680	A		Test sock wrist disart/bel e					
L6682	A		Test sock elbw disart/above					
L6684	A		Test socket shldr disart/tho					
L6686	A		Suction socket					
L6687	A		Frame typ socket bel elbow/w					
L6688	A		Frame typ sock above elb/dis					

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L6689	A		Frame typ socket shoulder di					
L6690	A		Frame typ sock interscap-tho					
L6691	A		Removable insert each					
L6692	A		Silicone gel insert or equal					
L6693	A		Lockingelbow forearm cntrbal					
L6700	A		Terminal device model #3					
L6705	A		Terminal device model #5					
L6710	A		Terminal device model #5x					
L6715	A		Terminal device model #5xa					
L6720	A		Terminal device model #6					
L6725	A		Terminal device model #7					
L6730	A		Terminal device model #7lo					
L6735	A		Terminal device model #8					
L6740	A		Terminal device model #8x					
L6745	A		Terminal device model #88x					
L6750	A		Terminal device model #10p					
L6755	A		Terminal device model #10x					
L6765	A		Terminal device model #12p					
L6770	A		Terminal device model #99x					
L6775	A		Terminal device model#555					
L6780	A		Terminal device model #ss555					
L6790	A		Hooks-accu hook or equal					
L6795	A		Hooks-2 load or equal					
L6800	A		Hooks-aprl vc or equal					
L6805	A		Modifier wrist flexion unit					
L6806	A		Trs grip vc or equal					
L6807	A		Term device grip1/2 or equal					
L6808	A		Term device infant or child					
L6809	A		Trs super sport passive					
L6810	A		Pincher tool otto bock or eq					
L6825	A		Hands dorrance vo					
L6830	A		Hand aprl vc					
L6835	A		Hand sierra vo					
L6840	A		Hand becker imperial					
L6845	A		Hand becker lock grip					
L6850	A		Term dvc-hand becker plylite					
L6855	A		Hand robin-aids vo					
L6860	A		Hand robin-aids vo soft					
L6865	A		Hand passive hand					
L6867	A		Hand detroit infant hand					
L6868	A		Passive inf hand steeper/hos					
L6870	A		Hand child mitt					
L6872	A		Hand nyu child hand					
L6873	A		Hand mech inf steeper or equ					
L6875	A		Hand bock vc					
L6880	A		Hand bock vo					
L6881	A		Autograsp feature ul term dv					
L6882	A		Microprocessor control uplmb					
L6890	A		Production glove					
L6895	A		Custom glove					

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L6900	A		Hand restorat thumb/1 finger					
L6905	A		Hand restoration multiple fi					
L6910	A		Hand restoration no fingers					
L6915	A		Hand restoration replacmnt g					
L6920	A		Wrist disarticul switch ctrl					
L6925	A		Wrist disart myoelectronic c					
L6930	A		Below elbow switch control					
L6935	A		Below elbow myoelectronic ct					
L6940	A		Elbow disarticulation switch					
L6945	A		Elbow disart myoelectronic c					
L6950	A		Above elbow switch control					
L6955	A		Above elbow myoelectronic ct					
L6960	A		Shldr disartic switch contro					
L6965	A		Shldr disartic myoelectronic					
L6970	A		Interscapular-thor switch ct					
L6975	A		Interscap-thor myoelectronic					
L7010	A		Hand otto back steeper/eq sw					
L7015	A		Hand sys teknik village swit					
L7020	A		Electronic greifer switch ct					
L7025	A		Electron hand myoelectronic					
L7030	A		Hand sys teknik vill myoelec					
L7035	A		Electron greifer myoelectro					
L7040	A		Prehensile actuator hosmer s					
L7045	A		Electron hook child michigan					
L7170	A		Electronic elbow hosmer swit					
L7180	A		Electronic elbow utah myoele					
L7185	A		Electron elbow adolescent sw					
L7186	A		Electron elbow child switch					
L7190	A		Elbow adolescent myoelectron					
L7191	A		Elbow child myoelectronic ct					
L7260	A		Electron wrist rotator otto					
L7261	A		Electron wrist rotator utah					
L7266	A		Servo control steeper or equ					
L7272	A		Analogue control unb or equa					
L7274	A		Proportional ctl 12 volt uta					
L7360	A		Six volt bat otto bock/eq ea					
L7362	A		Battery chrgr six volt otto					
L7364	A		Twelve volt battery utah/equ					
L7366	A		Battery chrgr 12 volt utah/e					
L7367	A		Replacemnt lithium ionbatter					
L7368	A		Lithium ion battery charger					
L7499	A		Upper extremity prosthes NOS					
L7500	A		Prosthetic dvc repair hourly					
L7510	A		Prosthetic device repair rep					
L7520	A		Repair prosthesis per 15 min					
L7900	A		Male vacuum erection system					
L8000	A		Mastectomy bra					
L8001	A		Breast prosthesis bra & form					
L8002	A		Brst prsth bra & bilat form					
L8010	A		Mastectomy sleeve					

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L8015	A		Ext breastprosthesis garment					
L8020	A		Mastectomy form					
L8030	A		Breast prosthesis silicone/e					
L8035	A		Custom breast prosthesis					
L8039	A		Breast prosthesis NOS					
L8040	A		Nasal prosthesis					
L8041	A		Midfacial prosthesis					
L8042	A		Orbital prosthesis					
L8043	A		Upper facial prosthesis					
L8044	A		Hemi-facial prosthesis					
L8045	A		Auricular prosthesis					
L8046	A		Partial facial prosthesis					
L8047	A		Nasal septal prosthesis					
L8048	A		Unspec maxillofacial prosth					
L8049	A		Repair maxillofacial prosth					
L8100	E		Compression stocking BK18-30					
L8110	A		Compression stocking BK30-40					
L8120	A		Compression stocking BK40-50					
L8130	E		Gc stocking thighlngth 18-30					
L8140	E		Gc stocking thighlngth 30-40					
L8150	E		Gc stocking thighlngth 40-50					
L8160	E		Gc stocking full lngth 18-30					
L8170	E		Gc stocking full lngth 30-40					
L8180	E		Gc stocking full lngth 40-50					
L8190	E		Gc stocking waistlngth 18-30					
L8195	E		Gc stocking waistlngth 30-40					
L8200	E		Gc stocking waistlngth 40-50					
L8210	E		Gc stocking custom made					
L8220	E		Gc stocking lymphedema					
L8230	E		Gc stocking garter belt					
L8239	E		G compression stocking					
L8300	A		Truss single w/ standard pad					
L8310	A		Truss double w/ standard pad					
L8320	A		Truss addition to std pad wa					
L8330	A		Truss add to std pad scrotal					
L8400	A		Sheath below knee					
L8410	A		Sheath above knee					
L8415	A		Sheath upper limb					
L8417	A		Pros sheath/sock w gel cushn					
L8420	A		Prosthetic sock multi ply BK					
L8430	A		Prosthetic sock multi ply AK					
L8435	A		Pros sock multi ply upper lm					
L8440	A		Shrinker below knee					
L8460	A		Shrinker above knee					
L8465	A		Shrinker upper limb					
L8470	A		Pros sock single ply BK					
L8480	A		Pros sock single ply AK					
L8485	A		Pros sock single ply upper l					
L8490	A		Air seal suction reten systm					
L8499	A		Unlisted misc prosthetic ser					

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L8500	A		Artificial larynx					
L8501	A		Tracheostomy speaking valve					
L8505	A		Artificial larynx, accessory					
L8507	A		Trach-esoph voice pros pt in					
L8509	A		Trach-esoph voice pros md in					
L8510	A		Voice amplifier					
L8511	A		Indwelling trach insert					
L8512	A		Gel cap for trach voice pros					
L8513	A		Trach pros cleaning device					
L8514	A		Repl trach puncture dilator					
L8600	N		Implant breast silicone/eq					
L8603	N		Collagen imp urinary 2.5 ml					
L8606	N		Synthetic implnt urinary 1ml					
L8610	N		Ocular implant					
L8612	N		Aqueous shunt prosthesis					
L8613	N		Ossicular implant					
L8614	N		Cochlear device/system					
L8619	A		Replace cochlear processor					
L8630	N		Metacarpophalangeal implant					
L8631	A		MCP joint repl 2 pc or more					
L8641	N		Metatarsal joint implant					
L8642	N		Hallux implant					
L8658	N		Interphalangeal joint spacer					
L8659	A		Interphalangeal joint repl					
L8670	N		Vascular graft, synthetic					
L8699	N		Prosthetic implant NOS					
L9900	A		O&P supply/accessory/service					
M0064	X		Visit for drug monitoring	0374	1.1042	$63.05		$12.61
M0075	E		Cellular therapy					
M0076	E		Prolotherapy					
M0100	E		Intragastric hypothermia					
M0300	E		IV chelationtherapy					
M0301	E		Fabric wrapping of aneurysm					
P2028	A		Cephalin floculation test					
P2029	A		Congo red blood test					
P2031	E		Hair analysis					
P2033	A		Blood thymol turbidity					
P2038	A		Blood mucoprotein					
P3000	A		Screen pap by tech w md supv					
P3001	B		Screening pap smear by phys					
P7001	E		Culture bacterial urine					
P9010	K		Whole blood for transfusion	0950		$114.05		$22.81
P9011	K		Blood split unit	0967		$83.58		$16.72
P9012	K		Cryoprecipitate each unit	0952		$50.59		$10.12
P9016	K		RBC leukocytes reduced	0954		$167.17		$33.43
P9017	K		Plasma 1 donor frz w/in 8 hr	9508		$63.32		$12.66
P9019	K		Platelets, each unit	0957		$48.92		$9.78
P9020	K		Plaelet rich plasma unit	0958		$144.28		$28.86
P9021	K		Red blood cells unit	0959		$113.09		$22.62
P9022	K		Washed red blood cells unit	0960		$163.49		$32.70

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P9023	K		Frozen plasma, pooled, sd	0949		$99.44		$19.89
P9031	K		Platelets leukocytes reduced	1013		$87.30		$17.46
P9032	K		Platelets, irradiated	9500		$89.59		$17.92
P9033	K		Platelets leukoreduced irrad	0968		$155.87		$31.17
P9034	K		Platelets, pheresis	9507		$439.35		$87.87
P9035	K		Platelet pheres leukoreduced	9501		$468.65		$93.73
P9036	K		Platelet pheresis irradiated	9502		$330.57		$66.11
P9037	K		Plate pheres leukoredu irrad	1019		$594.05		$118.81
P9038	K		RBC irradiated	9505		$124.11		$24.82
P9039	K		RBC deglycerolized	9504		$297.71		$59.54
P9040	K		RBC leukoreduced irradiated	0969		$207.17		$41.43
P9041	K		Albumin (human),5%, 50ml	0961	0.3410	$19.47		$3.89
P9043	K		Plasma protein fract,5%,50ml	0956		$55.38		$11.08
P9044	K		Cryoprecipitatereducedplasma	1009		$56.92		$11.38
P9045	K		Albumin (human), 5%, 250 ml	0963	1.0386	$59.30		$11.86
P9046	K		Albumin (human), 25%, 20 ml	0964	0.2304	$13.16		$2.63
P9047	K		Albumin (human), 25%, 50ml	0965	0.9798	$55.94		$11.19
P9048	K		Plasmaprotein fract,5%,250ml	0966		$142.75		$28.55
P9050	K		Granulocytes, pheresis unit	9506		$790.73		$158.15
P9051	K		Blood, l/r, cmv-neg	1010		$169.50		$33.90
P9052	K		Platelets, hla-m, l/r, unit	1011		$599.37		$119.87
P9053	K		Plt, pher, l/r cmv-neg, irr	1020		$504.62		$100.92
P9054	K		Blood, l/r, froz/degly/wash	1016		$130.66		$26.13
P9055	K		Plt, aph/pher, l/r, cmv-neg	1017		$481.35		$96.27
P9056	K		Blood, l/r, irradiated	1018		$178.64		$35.73
P9057	K		RBC, frz/deg/wsh, l/r, irrad	1021		$232.27		$46.45
P9058	K		RBC, l/r, cmv-neg, irrad	1022		$276.29		$55.26
P9059	K		Plasma, frz between 8-24hour	0955		$49.19		$9.84
P9060	K		Fr frz plasma donor retested	9503		$70.89		$14.18
P9603	A		One-way allow prorated miles					
P9604	A		One-way allow prorated trip					
P9612	N		Catheterize for urine spec					
P9615	N		Urine specimen collect mult					
Q0035	X		Cardiokymography	0100	2.5336	$144.66	$41.44	$28.93
Q0081	T		Infusion ther other than che	0120	1.9428	$110.93	$28.21	$22.19
Q0083	S		Chemo by other than infusion	0116	1.0913	$62.31		$12.46
Q0084	S		Chemotherapy by infusion	0117	2.9002	$165.60	$42.53	$33.12
Q0085	E		Chemo by both infusion and o					
Q0091	T		Obtaining screen pap smear	0191	0.1898	$10.84	$2.93	$2.17
Q0092	N		Set up port xray equipment					
Q0111	A		Wet mounts/ w preparations					
Q0112	A		Potassium hydroxide preps					
Q0113	A		Pinworm examinations					
Q0114	A		Fern test					
Q0115	A		Post-coital mucous exam					
Q0136	K		Non esrd epoetin alpha inj	0733		$11.09		$2.22
Q0137	K		Darbepoetin alfa, non esrd	0734		$4.14		$0.83
Q0144	E		Azithromycin dihydrate, oral					
Q0163	N		Diphenhydramine HCl 50mg					
Q0164	N		Prochlorperazine maleate 5mg					

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Q0165	B		Prochlorperazine maleate10mg					
Q0166	K		Granisetron HCl 1 mg oral	0765		$39.04		$7.81
Q0167	N		Dronabinol 2.5mg oral					
Q0168	B		Dronabinol 5mg oral					
Q0169	N		Promethazine HCl 12.5mg oral					
Q0170	B		Promethazine HCl 25 mg oral					
Q0171	N		Chlorpromazine HCl 10mg oral					
Q0172	B		Chlorpromazine HCl 25mg oral					
Q0173	N		Trimethobenzamide HCl 250mg					
Q0174	N		Thiethylperazine maleate10mg					
Q0175	N		Perphenazine 4mg oral					
Q0176	B		Perphenazine 8mg oral					
Q0177	N		Hydroxyzine pamoate 25mg					
Q0178	B		Hydroxyzine pamoate 50mg					
Q0179	K		Ondansetron HCl 8mg oral	0769		$26.12		$5.22
Q0180	K		Dolasetron mesylate oral	0763		$63.28		$12.66
Q0181	E		Unspecified oral anti-emetic					
Q0182	B		Nonmetabolic act d/e tissue					
Q0183	N		Nonmetabolic active tissue					
Q0187	K		Factor viia recombinant	1409		$1,410.34		$282.07
Q1001	N		Ntiol category 1					
Q1002	N		Ntiol category 2					
Q1003	N		Ntiol category 3					
Q1004	N		Ntiol category 4					
Q1005	N		Ntiol category 5					
Q2001	E		Oral cabergoline 0.5 mg					
Q2002	K		Elliotts b solution per ml	7022		$1.50		$0.30
Q2003	K		Aprotinin, 10,000 kiu	7019		$12.51		$2.50
Q2004	N		Bladder calculi irrig sol					
Q2005	K		Corticorelin ovine triflutat	7024		$353.70		$70.74
Q2006	K		Digoxin immune fab (ovine)	7025		$332.00		$66.40
Q2007	K		Ethanolamine oleate 100 mg	7026		$63.29		$12.66
Q2008	K		Fomepizole, 15 mg	7027		$10.04		$2.01
Q2009	K		Fosphenytoin, 50 mg	7028		$5.31		$1.06
Q2011	K		Hemin, per 1 mg	7030		$6.47		$1.29
Q2012	N		Pegademase bovine, 25 iu					
Q2013	K		Pentastarch 10% solution	7040		$131.99		$26.40
Q2014	N		Sermorelin acetate, 0.5 mg					
Q2017	K		Teniposide, 50 mg	7035		$224.94		$44.99
Q2018	K		Urofollitropin, 75 iu	7037		$56.59		$11.32
Q2019	K		Basiliximab	1615		$1,425.06		$285.01
Q2020	E		Histrelin acetate					
Q2021	K		Lepirudin	9057		$130.30		$26.06
Q2022	K		VonWillebrandFactrCmplxperIU	1618		$0.83		$0.17
Q3000	K		Rubidium-Rb-82	9025		$111.91		$22.38
Q3001	N		Brachytherapy Radioelements					
Q3002	K		Gallium ga 67	1619		$27.10		$5.42
Q3003	K		Technetium tc99m bicisate	1620		$370.60		$74.12
Q3004	N		Xenon xe 133					
Q3005	K		Technetium tc99m mertiatide	1622		$31.13		$6.23

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Q3006	N		Technetium tc99m glucepatate					
Q3007	K		Sodium phosphate p32	1624		$94.98		$19.00
Q3008	K		Indium 111-in pentetreotide	1625		$1,079.00		$215.80
Q3009	N		Technetium tc99m oxidronate					
Q3010	N		Technetium tc99mlabeledrbcs					
Q3011	K		Chromic phosphate p32	1628		$146.64		$29.33
Q3012	K		Cyanocobalamin cobalt co57	1089		$85.49		$17.10
Q3014	A		Telehealth facility fee					
Q3019	A		ALS emer trans no ALS serv					
Q3020	A		ALS nonemer trans no ALS se					
Q3025	K		IM inj interferon beta 1-a	9022		$74.44		$14.89
Q3026	E		Subc inj interferon beta-1a					
Q3031	N		Collagen skin test					
Q4001	B		Cast sup body cast plaster					
Q4002	B		Cast sup body cast fiberglas					
Q4003	B		Cast sup shoulder cast plstr					
Q4004	B		Cast sup shoulder cast fbrgl					
Q4005	B		Cast sup long arm adult plst					
Q4006	B		Cast sup long arm adult fbrg					
Q4007	B		Cast sup long arm ped plster					
Q4008	B		Cast sup long arm ped fbrgls					
Q4009	B		Cast sup sht arm adult plstr					
Q4010	B		Cast sup sht arm adult fbrgl					
Q4011	B		Cast sup sht arm ped plaster					
Q4012	B		Cast sup sht arm ped fbrglas					
Q4013	B		Cast sup gauntlet plaster					
Q4014	B		Cast sup gauntlet fiberglass					
Q4015	B		Cast sup gauntlet ped plster					
Q4016	B		Cast sup gauntlet ped fbrgls					
Q4017	B		Cast sup lng arm splint plst					
Q4018	B		Cast sup lng arm splint fbrg					
Q4019	B		Cast sup lng arm splnt ped p					
Q4020	B		Cast sup lng arm splnt ped f					
Q4021	B		Cast sup sht arm splint plst					
Q4022	B		Cast sup sht arm splint fbrg					
Q4023	B		Cast sup sht arm splnt ped p					
Q4024	B		Cast sup sht arm splnt ped f					
Q4025	B		Cast sup hip spica plaster					
Q4026	B		Cast sup hip spica fiberglas					
Q4027	B		Cast sup hip spica ped plstr					
Q4028	B		Cast sup hip spica ped fbrgl					
Q4029	B		Cast sup long leg plaster					
Q4030	B		Cast sup long leg fiberglass					
Q4031	B		Cast sup lng leg ped plaster					
Q4032	B		Cast sup lng leg ped fbrgls					
Q4033	B		Cast sup lng leg cylinder pl					
Q4034	B		Cast sup lng leg cylinder fb					
Q4035	B		Cast sup lngleg cylndr ped p					
Q4036	B		Cast sup lngleg cylndr ped f					
Q4037	B		Cast sup shrt leg plaster					

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Q4038	B		Cast sup shrt leg fiberglass					
Q4039	B		Cast sup shrt leg ped plster					
Q4040	B		Cast sup shrt leg ped fbrgls					
Q4041	B		Cast sup lng leg splnt plstr					
Q4042	B		Cast sup lng leg splnt fbrgl					
Q4043	B		Cast sup lng leg splnt ped p					
Q4044	B		Cast sup lng leg splnt ped f					
Q4045	B		Cast sup sht leg splnt plstr					
Q4046	B		Cast sup sht leg splnt fbrgl					
Q4047	B		Cast sup sht leg splnt ped p					
Q4048	B		Cast sup sht leg splnt ped f					
Q4049	B		Finger splint, static					
Q4050	B		Cast supplies unlisted					
Q4051	B		Splint supplies misc					
Q4054	A		Darbepoetin alfa, esrd use					
Q4055	A		Epoetin alfa, esrd use					
Q4075	N		Acyclovir, 5 mg					
Q4076	N		Dopamine hcl, 40 mg					
Q4077	N		Treprostinil, 1 mg					
R0070	N		Transport portable x-ray					
R0075	N		Transport port x-ray multipl					
R0076	N		Transport portable EKG					
V2020	A		Vision svcs frames purchases					
V2025	E		Eyeglasses delux frames					
V2100	A		Lens spher single plano 4.00					
V2101	A		Single visn sphere 4.12-7.00					
V2102	A		Singl visn sphere 7.12-20.00					
V2103	A		Spherocylindr 4.00d/12-2.00d					
V2104	A		Spherocylindr 4.00d/2.12-4d					
V2105	A		Spherocylinder 4.00d/4.25-6d					
V2106	A		Spherocylinder 4.00d/>6.00d					
V2107	A		Spherocylinder 4.25d/12-2d					
V2108	A		Spherocylinder 4.25d/2.12-4d					
V2109	A		Spherocylinder 4.25d/4.25-6d					
V2110	A		Spherocylinder 4.25d/over 6d					
V2111	A		Spherocylindr 7.25d/.25-2.25					
V2112	A		Spherocylindr 7.25d/2.25-4d					
V2113	A		Spherocylindr 7.25d/4.25-6d					
V2114	A		Spherocylinder over 12.00d					
V2115	A		Lens lenticular bifocal					
V2118	A		Lens aniseikonic single					
V2121	A		Lenticular lens, single					
V2199	A		Lens single vision not oth c					
V2200	A		Lens spher bifoc plano 4.00d					
V2201	A		Lens sphere bifocal 4.12-7.0					
V2202	A		Lens sphere bifocal 7.12-20.					
V2203	A		Lens sphcyl bifocal 4.00d/.1					
V2204	A		Lens sphcy bifocal 4.00d/2.1					
V2205	A		Lens sphcy bifocal 4.00d/4.2					
V2206	A		Lens sphcy bifocal 4.00d/ove					

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V2207	A		Lens sphcy bifocal 4.25-7d/.					
V2208	A		Lens sphcy bifocal 4.25-7/2.					
V2209	A		Lens sphcy bifocal 4.25-7/4.					
V2210	A		Lens sphcy bifocal 4.25-7/ov					
V2211	A		Lens sphcy bifo 7.25-12/.25-					
V2212	A		Lens sphcyl bifo 7.25-12/2.2					
V2213	A		Lens sphcyl bifo 7.25-12/4.2					
V2214	A		Lens sphcyl bifocal over 12.					
V2215	A		Lens lenticular bifocal					
V2218	A		Lens aniseikonic bifocal					
V2219	A		Lens bifocal seg width over					
V2220	A		Lens bifocal add over 3.25d					
V2221	A		Lenticular lens, bifocal					
V2299	A		Lens bifocal speciality					
V2300	A		Lens sphere trifocal 4.00d					
V2301	A		Lens sphere trifocal 4.12-7.					
V2302	A		Lens sphere trifocal 7.12-20					
V2303	A		Lens sphcy trifocal 4.0/.12-					
V2304	A		Lens sphcy trifocal 4.0/2.25					
V2305	A		Lens sphcy trifocal 4.0/4.25					
V2306	A		Lens sphcyl trifocal 4.00/>6					
V2307	A		Lens sphcy trifocal 4.25-7/.					
V2308	A		Lens sphc trifocal 4.25-7/2.					
V2309	A		Lens sphc trifocal 4.25-7/4.					
V2310	A		Lens sphc trifocal 4.25-7/>6					
V2311	A		Lens sphc trifo 7.25-12/.25-					
V2312	A		Lens sphc trifo 7.25-12/2.25					
V2313	A		Lens sphc trifo 7.25-12/4.25					
V2314	A		Lens sphcyl trifocal over 12					
V2315	A		Lens lenticular trifocal					
V2318	A		Lens aniseikonic trifocal					
V2319	A		Lens trifocal seg width > 28					
V2320	A		Lens trifocal add over 3.25d					
V2321	A		Lenticular lens, trifocal					
V2399	A		Lens trifocal speciality					
V2410	A		Lens variab asphericity sing					
V2430	A		Lens variable asphericity bi					
V2499	A		Variable asphericity lens					
V2500	A		Contact lens pmma spherical					
V2501	A		Cntct lens pmma-toric/prism					
V2502	A		Contact lens pmma bifocal					
V2503	A		Cntct lens pmma color vision					
V2510	A		Cntct gas permeable sphericl					
V2511	A		Cntct toric prism ballast					
V2512	A		Cntct lens gas permbl bifocl					
V2513	A		Contact lens extended wear					
V2520	A		Contact lens hydrophilic					
V2521	A		Cntct lens hydrophilic toric					
V2522	A		Cntct lens hydrophil bifocl					
V2523	A		Cntct lens hydrophil extend					

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
V2530	A		Contact lens gas impermeable					
V2531	A		Contact lens gas permeable					
V2599	A		Contact lens/es other type					
V2600	A		Hand held low vision aids					
V2610	A		Single lens spectacle mount					
V2615	A		Telescop/othr compound lens					
V2623	A		Plastic eye prosth custom					
V2624	A		Polishing artifical eye					
V2625	A		Enlargemnt of eye prosthesis					
V2626	A		Reduction of eye prosthesis					
V2627	A		Scleral cover shell					
V2628	A		Fabrication & fitting					
V2629	A		Prosthetic eye other type					
V2630	N		Anter chamber intraocul lens					
V2631	N		Iris support intraoclr lens					
V2632	N		Post chmbr intraocular lens					
V2700	A		Balance lens					
V2710	A		Glass/plastic slab off prism					
V2715	A		Prism lens/es					
V2718	A		Fresnell prism press-on lens					
V2730	A		Special base curve					
V2744	A		Tint photochromatic lens/es					
V2745	A		Tint, any color/solid/grad					
V2750	A		Anti-reflective coating					
V2755	A		UV lens/es					
V2756	E		Eye glass case					
V2760	A		Scratch resistant coating					
V2761	B		Mirror coating					
V2762	A		Polarization, any lens					
V2770	A		Occluder lens/es					
V2780	A		Oversize lens/es					
V2781	B		Progressive lens per lens					
V2782	A		Lens, 1.54-1.65 p/1.60-1.79g					
V2783	A		Lens, >= 1.66 p/>=1.80 g					
V2784	A		Lens polycarb or equal					
V2785	F		Corneal tissue processing					
V2786	A		Occupational multifocal lens					
V2790	N		Amniotic membrane					
V2797	A		Vis item/svc in other code					
V2799	A		Miscellaneous vision service					
V5008	E		Hearing screening					
V5010	E		Assessment for hearing aid					
V5011	E		Hearing aid fitting/checking					
V5014	E		Hearing aid repair/modifying					
V5020	E		Conformity evaluation					
V5030	E		Body-worn hearing aid air					
V5040	E		Body-worn hearing aid bone					
V5050	E		Hearing aid monaural in ear					
V5060	E		Behind ear hearing aid					
V5070	E		Glasses air conduction					

* Refer to preamble for explanation of multiple payment rates.

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Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005

CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
V5080	E		Glasses bone conduction					
V5090	E		Hearing aid dispensing fee					
V5095	E		Implant mid ear hearing pros					
V5100	E		Body-worn bilat hearing aid					
V5110	E		Hearing aid dispensing fee					
V5120	E		Body-worn binaur hearing aid					
V5130	E		In ear binaural hearing aid					
V5140	E		Behind ear binaur hearing ai					
V5150	E		Glasses binaural hearing aid					
V5160	E		Dispensing fee binaural					
V5170	E		Within ear cros hearing aid					
V5180	E		Behind ear cros hearing aid					
V5190	E		Glasses cros hearing aid					
V5200	E		Cros hearing aid dispens fee					
V5210	E		In ear bicros hearing aid					
V5220	E		Behind ear bicros hearing ai					
V5230	E		Glasses bicros hearing aid					
V5240	E		Dispensing fee bicros					
V5241	E		Dispensing fee, monaural					
V5242	E		Hearing aid, monaural, cic					
V5243	E		Hearing aid, monaural, itc					
V5244	E		Hearing aid, prog, mon, cic					
V5245	E		Hearing aid, prog, mon, itc					
V5246	E		Hearing aid, prog, mon, ite					
V5247	E		Hearing aid, prog, mon, bte					
V5248	E		Hearing aid, binaural, cic					
V5249	E		Hearing aid, binaural, itc					
V5250	E		Hearing aid, prog, bin, cic					
V5251	E		Hearing aid, prog, bin, itc					
V5252	E		Hearing aid, prog, bin, ite					
V5253	E		Hearing aid, prog, bin, bte					
V5254	E		Hearing id, digit, mon, cic					
V5255	E		Hearing aid, digit, mon, itc					
V5256	E		Hearing aid, digit, mon, ite					
V5257	E		Hearing aid, digit, mon, bte					
V5258	E		Hearing aid, digit, bin, cic					
V5259	E		Hearing aid, digit, bin, itc					
V5260	E		Hearing aid, digit, bin, ite					
V5261	E		Hearing aid, digit, bin, bte					
V5262	E		Hearing aid, disp, monaural					
V5263	E		Hearing aid, disp, binaural					
V5264	E		Ear mold/insert					
V5265	E		Ear mold/insert, disp					
V5266	E		Battery for hearing device					
V5267	E		Hearing aid supply/accessory					
V5268	E		ALD Telephone Amplifier					
V5269	E		Alerting device, any type					
V5270	E		ALD, TV amplifier, any type					
V5271	E		ALD, TV caption decoder					
V5272	E		Tdd					

* Refer to preamble for explanation of multiple payment rates.

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Addendum B. - Payment Status by HCPCS Code and Related Information
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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
V5273	E		ALD for cochlear implant					
V5274	E		ALD unspecified					
V5275	E		Ear impression					
V5298	E		Hearing aid noc					
V5299	B		Hearing service					
V5336	E		Repair communication device					
V5362	E		Speech screening					
V5363	E		Language screening					
V5364	E		Dysphagia screening					

* Refer to preamble for explanation of multiple payment rates.

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ADDENDUM D1.--PAYMENT STATUS INDICATORS FOR HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

Indicator	Item/code/service	Status
A	Services furnished to a Hospital Outpatient that are paid under a Fee Schedule/Payment System other than OPPS, e.g.: • Ambulance Services • Clinical Diagnostic Laboratory Services • Non-Implantable Prosthetic and Orthotic Devices • EPO for ESRD Patients • Physical, Occupational, and Speech Therapy • Routine Dialysis Services for ESRD Patients Provided in a Certified Dialysis Unit of a Hospital. • Diagnostic Mammography • Screening Mammography	Not paid under OPPS. Paid by Intermediaries under a Fee Schedule/Payment System other than OPPS.
B	Codes that are not recognized by OPPS when submitted on an Outpatient Hospital Part B bill type (12x,13x, and 14x).	Not paid under OPPS. • May be paid by Intermediaries when submitted on a different bill type, e.g., 75x (CORF), but not paid under OPPS. • An alternate code that is recognized by OPPS when submitted on an Outpatient Hospital Part B bill type (12x, 13x, and 14x) may be available.
C	Inpatient Procedures	Not Paid under OPPS. Admit patient; Bill as inpatient.
D	Discontinued Codes	Not paid under OPPS. Not paid under Medicare.
E	Items, Codes, and Services: • That are not covered by Medicare based on Statutory Exclusion. • That are not recognized by Medicare but for which an alternate code for the same item or service may be available. • For which separate payment is not provided by Medicare.	Not Covered under OPPS.

Indicator	Item/code/service	Status
F	Corneal Tissue Acquisition; Certain CRNA Services	Not paid under OPPS. Paid at reasonable cost.
G	Pass-through Drugs, Biologicals, and Radiopharmaceutical Agents	Paid under OPPS; Separate APC payment includes Pass-Through amount.
H	Pass-through Device Category; Brachytherapy Sources Paid at Cost	Paid under OPPS; (a) Separate cost-based Pass-Through payment; (b) Separate cost-based NonPass-Through payment.
K	NonPass-Through Drugs, Biologicals, and Radiopharmaceuticals Agents	Paid under OPPS; Separate APC payment.
L	Influenza Vaccine; Pneumococcal Pneumonia Vaccine	Not paid under OPPS. Paid at reasonable cost; Not subject to deductible or coinsurance.
N	Items and Services packaged into APC Rates	Paid under OPPS. However, payment is packaged into payment for other services, including Outliers. Therefore, there is no separate APC payment.
P	Partial Hospitalization	Paid under OPPS; Per diem APC payment.
S	Significant Procedure, Not Discounted when Multiple	Paid under OPPS; Separate APC payment.
T	Significant Procedure, Multiple Reduction Applies	Paid under OPPS; Separate APC payment.
V	Clinic or Emergency Department Visit	Paid under OPPS; Separate APC payment.
Y	Non-Implantable Durable Medical Equipment	Not paid under OPPS. All institutional providers other than Home Health Agencies bill to DMERC.
X	Ancillary Service	Paid under OPPS; Separate APC payment.

ADDENDUM D2.--COMMENT INDICATORS

Comment Indicator	Descriptor
NF	New code, final APC assignment; Comments were accepted on a proposed APC assignment in the Proposed Rule; APC assignment is no longer open to comment.
NI	New code, 7/12/2004 interim APC assignment; Comments will be accepted on the interim APC assignment for the new code.

Addendum E.--CPT Codes that Are Only Paid as Inpatient Procedures

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
0001T	C	Endovas repr abdo ao aneurys
0005T	C	Perc cath stent/brain cv art
0006T	C	Perc cath stent/brain cv art
0007T	C	Perc cath stent/brain cv art
00176	C	Anesth, pharyngeal surgery
00192	C	Anesth, facial bone surgery
00214	C	Anesth, skull drainage
00215	C	Anesth, skull repair/fract
0021T	C	Fetal oximetry, trnsvag/cerv
0024T	C	Transcath cardiac reduction
0033T	C	Endovasc taa repr incl subcl
0034T	C	Endovasc taa repr w/o subcl
0035T	C	Insert endovasc prosth, taa
0036T	C	Endovasc prosth, taa, add-on
0037T	C	Artery transpose/endovas taa
0038T	C	Rad endovasc taa rpr w/cover
0039T	C	Rad s/i, endovasc taa repair
00404	C	Anesth, surgery of breast
00406	C	Anesth, surgery of breast
0040T	C	Rad s/i, endovasc taa prosth
00452	C	Anesth, surgery of shoulder
00474	C	Anesth, surgery of rib(s)
0048T	C	Implant ventricular device
0049T	C	External circulation assist
0050T	C	Removal circulation assist
0051T	C	Implant total heart system
00524	C	Anesth, chest drainage
0052T	C	Replace component heart syst
0053T	C	Replace component heart syst
00540	C	Anesth, chest surgery
00542	C	Anesth, release of lung
00546	C	Anesth, lung,chest wall surg
00560	C	Anesth, open heart surgery
00562	C	Anesth, open heart surgery
00580	C	Anesth, heart/lung transplnt
00604	C	Anesth, sitting procedure
00622	C	Anesth, removal of nerves
00632	C	Anesth, removal of nerves
00634	C	Anesth for chemonucleolysis
00670	C	Anesth, spine, cord surgery

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
00792	C	Anesth, hemorr/excise liver
00794	C	Anesth, pancreas removal
00796	C	Anesth, for liver transplant
00802	C	Anesth, fat layer removal
00844	C	Anesth, pelvis surgery
00846	C	Anesth, hysterectomy
00848	C	Anesth, pelvic organ surg
00864	C	Anesth, removal of bladder
00865	C	Anesth, removal of prostate
00866	C	Anesth, removal of adrenal
00868	C	Anesth, kidney transplant
00882	C	Anesth, major vein ligation
00904	C	Anesth, perineal surgery
00908	C	Anesth, removal of prostate
00932	C	Anesth, amputation of penis
00934	C	Anesth, penis, nodes removal
00936	C	Anesth, penis, nodes removal
00944	C	Anesth, vaginal hysterectomy
01140	C	Anesth, amputation at pelvis
01150	C	Anesth, pelvic tumor surgery
01190	C	Anesth, pelvis nerve removal
01212	C	Anesth, hip disarticulation
01214	C	Anesth, hip arthroplasty
01232	C	Anesth, amputation of femur
01234	C	Anesth, radical femur surg
01272	C	Anesth, femoral artery surg
01274	C	Anesth, femoral embolectomy
01402	C	Anesth, knee arthroplasty
01404	C	Anesth, amputation at knee
01442	C	Anesth, knee artery surg
01444	C	Anesth, knee artery repair
01486	C	Anesth, ankle replacement
01502	C	Anesth, lwr leg embolectomy
01632	C	Anesth, surgery of shoulder
01634	C	Anesth, shoulder joint amput
01636	C	Anesth, forequarter amput
01638	C	Anesth, shoulder replacement
01652	C	Anesth, shoulder vessel surg
01654	C	Anesth, shoulder vessel surg
01656	C	Anesth, arm-leg vessel surg
01756	C	Anesth, radical humerus surg
01990	C	Support for organ donor

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
15756	C	Free muscle flap, microvasc
15757	C	Free skin flap, microvasc
15758	C	Free fascial flap, microvasc
16035	C	Incision of burn scab, initi
16036	C	Escharotomy; add'l incision
19200	C	Removal of breast
19220	C	Removal of breast
19271	C	Revision of chest wall
19272	C	Extensive chest wall surgery
19361	C	Breast reconstruction
19364	C	Breast reconstruction
19367	C	Breast reconstruction
19368	C	Breast reconstruction
19369	C	Breast reconstruction
20660	C	Apply, rem fixation device
20661	C	Application of head brace
20662	C	Application of pelvis brace
20663	C	Application of thigh brace
20664	C	Halo brace application
20802	C	Replantation, arm, complete
20805	C	Replant forearm, complete
20808	C	Replantation hand, complete
20816	C	Replantation digit, complete
20822	C	Replantation digit, complete
20824	C	Replantation thumb, complete
20827	C	Replantation thumb, complete
20838	C	Replantation foot, complete
20930	C	Spinal bone allograft
20931	C	Spinal bone allograft
20936	C	Spinal bone autograft
20937	C	Spinal bone autograft
20938	C	Spinal bone autograft
20955	C	Fibula bone graft, microvasc
20956	C	Iliac bone graft, microvasc
20957	C	Mt bone graft, microvasc
20962	C	Other bone graft, microvasc
20969	C	Bone/skin graft, microvasc
20970	C	Bone/skin graft, iliac crest
20972	C	Bone/skin graft, metatarsal
20973	C	Bone/skin graft, great toe
21045	C	Extensive jaw surgery
21141	C	Reconstruct midface, lefort

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
21142	C	Reconstruct midface, lefort
21143	C	Reconstruct midface, lefort
21145	C	Reconstruct midface, lefort
21146	C	Reconstruct midface, lefort
21147	C	Reconstruct midface, lefort
21150	C	Reconstruct midface, lefort
21151	C	Reconstruct midface, lefort
21154	C	Reconstruct midface, lefort
21155	C	Reconstruct midface, lefort
21159	C	Reconstruct midface, lefort
21160	C	Reconstruct midface, lefort
21172	C	Reconstruct orbit/forehead
21175	C	Reconstruct orbit/forehead
21179	C	Reconstruct entire forehead
21180	C	Reconstruct entire forehead
21182	C	Reconstruct cranial bone
21183	C	Reconstruct cranial bone
21184	C	Reconstruct cranial bone
21188	C	Reconstruction of midface
21193	C	Reconst lwr jaw w/o graft
21194	C	Reconst lwr jaw w/graft
21195	C	Reconst lwr jaw w/o fixation
21196	C	Reconst lwr jaw w/fixation
21247	C	Reconstruct lower jaw bone
21255	C	Reconstruct lower jaw bone
21256	C	Reconstruction of orbit
21268	C	Revise eye sockets
21343	C	Treatment of sinus fracture
21344	C	Treatment of sinus fracture
21346	C	Treat nose/jaw fracture
21347	C	Treat nose/jaw fracture
21348	C	Treat nose/jaw fracture
21360	C	Treat cheek bone fracture
21365	C	Treat cheek bone fracture
21366	C	Treat cheek bone fracture
21385	C	Treat eye socket fracture
21386	C	Treat eye socket fracture
21387	C	Treat eye socket fracture
21395	C	Treat eye socket fracture
21408	C	Treat eye socket fracture
21422	C	Treat mouth roof fracture
21423	C	Treat mouth roof fracture

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
21431	C	Treat craniofacial fracture
21432	C	Treat craniofacial fracture
21433	C	Treat craniofacial fracture
21435	C	Treat craniofacial fracture
21436	C	Treat craniofacial fracture
21495	C	Treat hyoid bone fracture
21510	C	Drainage of bone lesion
21615	C	Removal of rib
21616	C	Removal of rib and nerves
21620	C	Partial removal of sternum
21627	C	Sternal debridement
21630	C	Extensive sternum surgery
21632	C	Extensive sternum surgery
21705	C	Revision of neck muscle/rib
21740	C	Reconstruction of sternum
21750	C	Repair of sternum separation
21810	C	Treatment of rib fracture(s)
21825	C	Treat sternum fracture
22110	C	Remove part of neck vertebra
22112	C	Remove part, thorax vertebra
22114	C	Remove part, lumbar vertebra
22116	C	Remove extra spine segment
22210	C	Revision of neck spine
22212	C	Revision of thorax spine
22214	C	Revision of lumbar spine
22216	C	Revise, extra spine segment
22220	C	Revision of neck spine
22224	C	Revision of lumbar spine
22226	C	Revise, extra spine segment
22318	C	Treat odontoid fx w/o graft
22319	C	Treat odontoid fx w/graft
22325	C	Treat spine fracture
22326	C	Treat neck spine fracture
22327	C	Treat thorax spine fracture
22328	C	Treat each add spine fx
22532	C	Lat thorax spine fusion
22533	C	Lat lumbar spine fusion
22534	C	Lat thor/lumb, add'l seg
22548	C	Neck spine fusion
22554	C	Neck spine fusion
22556	C	Thorax spine fusion
22558	C	Lumbar spine fusion

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
22585	C	Additional spinal fusion
22590	C	Spine & skull spinal fusion
22595	C	Neck spinal fusion
22600	C	Neck spine fusion
22610	C	Thorax spine fusion
22630	C	Lumbar spine fusion
22632	C	Spine fusion, extra segment
22800	C	Fusion of spine
22802	C	Fusion of spine
22804	C	Fusion of spine
22808	C	Fusion of spine
22810	C	Fusion of spine
22812	C	Fusion of spine
22818	C	Kyphectomy, 1-2 segments
22819	C	Kyphectomy, 3 or more
22830	C	Exploration of spinal fusion
22840	C	Insert spine fixation device
22841	C	Insert spine fixation device
22842	C	Insert spine fixation device
22843	C	Insert spine fixation device
22844	C	Insert spine fixation device
22845	C	Insert spine fixation device
22846	C	Insert spine fixation device
22847	C	Insert spine fixation device
22848	C	Insert pelv fixation device
22849	C	Reinsert spinal fixation
22850	C	Remove spine fixation device
22851	C	Apply spine prosth device
22852	C	Remove spine fixation device
22855	C	Remove spine fixation device
23200	C	Removal of collar bone
23210	C	Removal of shoulder blade
23220	C	Partial removal of humerus
23221	C	Partial removal of humerus
23222	C	Partial removal of humerus
23332	C	Remove shoulder foreign body
23472	C	Reconstruct shoulder joint
23900	C	Amputation of arm & girdle
23920	C	Amputation at shoulder joint
24900	C	Amputation of upper arm
24920	C	Amputation of upper arm
24930	C	Amputation follow-up surgery

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
24931	C	Amputate upper arm & implant
24940	C	Revision of upper arm
25900	C	Amputation of forearm
25905	C	Amputation of forearm
25909	C	Amputation follow-up surgery
25915	C	Amputation of forearm
25920	C	Amputate hand at wrist
25924	C	Amputation follow-up surgery
25927	C	Amputation of hand
25931	C	Amputation follow-up surgery
26551	C	Great toe-hand transfer
26553	C	Single transfer, toe-hand
26554	C	Double transfer, toe-hand
26556	C	Toe joint transfer
26992	C	Drainage of bone lesion
27005	C	Incision of hip tendon
27006	C	Incision of hip tendons
27025	C	Incision of hip/thigh fascia
27030	C	Drainage of hip joint
27036	C	Excision of hip joint/muscle
27054	C	Removal of hip joint lining
27070	C	Partial removal of hip bone
27071	C	Partial removal of hip bone
27075	C	Extensive hip surgery
27076	C	Extensive hip surgery
27077	C	Extensive hip surgery
27078	C	Extensive hip surgery
27079	C	Extensive hip surgery
27090	C	Removal of hip prosthesis
27091	C	Removal of hip prosthesis
27120	C	Reconstruction of hip socket
27122	C	Reconstruction of hip socket
27125	C	Partial hip replacement
27130	C	Total hip arthroplasty
27132	C	Total hip arthroplasty
27134	C	Revise hip joint replacement
27137	C	Revise hip joint replacement
27138	C	Revise hip joint replacement
27140	C	Transplant femur ridge
27146	C	Incision of hip bone
27147	C	Revision of hip bone
27151	C	Incision of hip bones

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
27156	C	Revision of hip bones
27158	C	Revision of pelvis
27161	C	Incision of neck of femur
27165	C	Incision/fixation of femur
27170	C	Repair/graft femur head/neck
27175	C	Treat slipped epiphysis
27176	C	Treat slipped epiphysis
27177	C	Treat slipped epiphysis
27178	C	Treat slipped epiphysis
27179	C	Revise head/neck of femur
27181	C	Treat slipped epiphysis
27185	C	Revision of femur epiphysis
27187	C	Reinforce hip bones
27215	C	Treat pelvic fracture(s)
27217	C	Treat pelvic ring fracture
27218	C	Treat pelvic ring fracture
27222	C	Treat hip socket fracture
27226	C	Treat hip wall fracture
27227	C	Treat hip fracture(s)
27228	C	Treat hip fracture(s)
27232	C	Treat thigh fracture
27236	C	Treat thigh fracture
27240	C	Treat thigh fracture
27244	C	Treat thigh fracture
27245	C	Treat thigh fracture
27248	C	Treat thigh fracture
27253	C	Treat hip dislocation
27254	C	Treat hip dislocation
27258	C	Treat hip dislocation
27259	C	Treat hip dislocation
27280	C	Fusion of sacroiliac joint
27282	C	Fusion of pubic bones
27284	C	Fusion of hip joint
27286	C	Fusion of hip joint
27290	C	Amputation of leg at hip
27295	C	Amputation of leg at hip
27303	C	Drainage of bone lesion
27365	C	Extensive leg surgery
27445	C	Revision of knee joint
27447	C	Total knee arthroplasty
27448	C	Incision of thigh
27450	C	Incision of thigh

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
27454	C	Realignment of thigh bone
27455	C	Realignment of knee
27457	C	Realignment of knee
27465	C	Shortening of thigh bone
27466	C	Lengthening of thigh bone
27468	C	Shorten/lengthen thighs
27470	C	Repair of thigh
27472	C	Repair/graft of thigh
27475	C	Surgery to stop leg growth
27477	C	Surgery to stop leg growth
27479	C	Surgery to stop leg growth
27485	C	Surgery to stop leg growth
27486	C	Revise/replace knee joint
27487	C	Revise/replace knee joint
27488	C	Removal of knee prosthesis
27495	C	Reinforce thigh
27506	C	Treatment of thigh fracture
27507	C	Treatment of thigh fracture
27511	C	Treatment of thigh fracture
27513	C	Treatment of thigh fracture
27514	C	Treatment of thigh fracture
27519	C	Treat thigh fx growth plate
27535	C	Treat knee fracture
27536	C	Treat knee fracture
27540	C	Treat knee fracture
27556	C	Treat knee dislocation
27557	C	Treat knee dislocation
27558	C	Treat knee dislocation
27580	C	Fusion of knee
27590	C	Amputate leg at thigh
27591	C	Amputate leg at thigh
27592	C	Amputate leg at thigh
27596	C	Amputation follow-up surgery
27598	C	Amputate lower leg at knee
27645	C	Extensive lower leg surgery
27646	C	Extensive lower leg surgery
27702	C	Reconstruct ankle joint
27703	C	Reconstruction, ankle joint
27712	C	Realignment of lower leg
27715	C	Revision of lower leg
27720	C	Repair of tibia
27722	C	Repair/graft of tibia

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
27724	C	Repair/graft of tibia
27725	C	Repair of lower leg
27727	C	Repair of lower leg
27880	C	Amputation of lower leg
27881	C	Amputation of lower leg
27882	C	Amputation of lower leg
27886	C	Amputation follow-up surgery
27888	C	Amputation of foot at ankle
28800	C	Amputation of midfoot
28805	C	Amputation thru metatarsal
31225	C	Removal of upper jaw
31230	C	Removal of upper jaw
31290	C	Nasal/sinus endoscopy, surg
31291	C	Nasal/sinus endoscopy, surg
31293	C	Nasal/sinus endoscopy, surg
31294	C	Nasal/sinus endoscopy, surg
31360	C	Removal of larynx
31365	C	Removal of larynx
31367	C	Partial removal of larynx
31368	C	Partial removal of larynx
31370	C	Partial removal of larynx
31375	C	Partial removal of larynx
31380	C	Partial removal of larynx
31382	C	Partial removal of larynx
31390	C	Removal of larynx & pharynx
31395	C	Reconstruct larynx & pharynx
31584	C	Treat larynx fracture
31587	C	Revision of larynx
31725	C	Clearance of airways
31760	C	Repair of windpipe
31766	C	Reconstruction of windpipe
31770	C	Repair/graft of bronchus
31775	C	Reconstruct bronchus
31780	C	Reconstruct windpipe
31781	C	Reconstruct windpipe
31786	C	Remove windpipe lesion
31800	C	Repair of windpipe injury
31805	C	Repair of windpipe injury
32035	C	Exploration of chest
32036	C	Exploration of chest
32095	C	Biopsy through chest wall
32100	C	Exploration/biopsy of chest

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
32110	C	Explore/repair chest
32120	C	Re-exploration of chest
32124	C	Explore chest free adhesions
32140	C	Removal of lung lesion(s)
32141	C	Remove/treat lung lesions
32150	C	Removal of lung lesion(s)
32151	C	Remove lung foreign body
32160	C	Open chest heart massage
32200	C	Drain, open, lung lesion
32215	C	Treat chest lining
32220	C	Release of lung
32225	C	Partial release of lung
32310	C	Removal of chest lining
32320	C	Free/remove chest lining
32402	C	Open biopsy chest lining
32440	C	Removal of lung
32442	C	Sleeve pneumonectomy
32445	C	Removal of lung
32480	C	Partial removal of lung
32482	C	Bilobectomy
32484	C	Segmentectomy
32486	C	Sleeve lobectomy
32488	C	Completion pneumonectomy
32491	C	Lung volume reduction
32500	C	Partial removal of lung
32501	C	Repair bronchus add-on
32520	C	Remove lung & revise chest
32522	C	Remove lung & revise chest
32525	C	Remove lung & revise chest
32540	C	Removal of lung lesion
32650	C	Thoracoscopy, surgical
32651	C	Thoracoscopy, surgical
32652	C	Thoracoscopy, surgical
32653	C	Thoracoscopy, surgical
32654	C	Thoracoscopy, surgical
32655	C	Thoracoscopy, surgical
32656	C	Thoracoscopy, surgical
32657	C	Thoracoscopy, surgical
32658	C	Thoracoscopy, surgical
32659	C	Thoracoscopy, surgical
32660	C	Thoracoscopy, surgical
32661	C	Thoracoscopy, surgical

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
32662	C	Thoracoscopy, surgical
32663	C	Thoracoscopy, surgical
32664	C	Thoracoscopy, surgical
32665	C	Thoracoscopy, surgical
32800	C	Repair lung hernia
32810	C	Close chest after drainage
32815	C	Close bronchial fistula
32820	C	Reconstruct injured chest
32850	C	Donor pneumonectomy
32851	C	Lung transplant, single
32852	C	Lung transplant with bypass
32853	C	Lung transplant, double
32854	C	Lung transplant with bypass
32900	C	Removal of rib(s)
32905	C	Revise & repair chest wall
32906	C	Revise & repair chest wall
32940	C	Revision of lung
32997	C	Total lung lavage
33015	C	Incision of heart sac
33020	C	Incision of heart sac
33025	C	Incision of heart sac
33030	C	Partial removal of heart sac
33031	C	Partial removal of heart sac
33050	C	Removal of heart sac lesion
33120	C	Removal of heart lesion
33130	C	Removal of heart lesion
33140	C	Heart revascularize (tmr)
33141	C	Heart tmr w/other procedure
33200	C	Insertion of heart pacemaker
33201	C	Insertion of heart pacemaker
33236	C	Remove electrode/thoracotomy
33237	C	Remove electrode/thoracotomy
33238	C	Remove electrode/thoracotomy
33243	C	Remove eltrd/thoracotomy
33245	C	Insert epic eltrd pace-defib
33246	C	Insert epic eltrd/generator
33250	C	Ablate heart dysrhythm focus
33251	C	Ablate heart dysrhythm focus
33253	C	Reconstruct atria
33261	C	Ablate heart dysrhythm focus
33300	C	Repair of heart wound
33305	C	Repair of heart wound

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
33310	C	Exploratory heart surgery
33315	C	Exploratory heart surgery
33320	C	Repair major blood vessel(s)
33321	C	Repair major vessel
33322	C	Repair major blood vessel(s)
33330	C	Insert major vessel graft
33332	C	Insert major vessel graft
33335	C	Insert major vessel graft
33400	C	Repair of aortic valve
33401	C	Valvuloplasty, open
33403	C	Valvuloplasty, w/cp bypass
33404	C	Prepare heart-aorta conduit
33405	C	Replacement of aortic valve
33406	C	Replacement of aortic valve
33410	C	Replacement of aortic valve
33411	C	Replacement of aortic valve
33412	C	Replacement of aortic valve
33413	C	Replacement of aortic valve
33414	C	Repair of aortic valve
33415	C	Revision, subvalvular tissue
33416	C	Revise ventricle muscle
33417	C	Repair of aortic valve
33420	C	Revision of mitral valve
33422	C	Revision of mitral valve
33425	C	Repair of mitral valve
33426	C	Repair of mitral valve
33427	C	Repair of mitral valve
33430	C	Replacement of mitral valve
33460	C	Revision of tricuspid valve
33463	C	Valvuloplasty, tricuspid
33464	C	Valvuloplasty, tricuspid
33465	C	Replace tricuspid valve
33468	C	Revision of tricuspid valve
33470	C	Revision of pulmonary valve
33471	C	Valvotomy, pulmonary valve
33472	C	Revision of pulmonary valve
33474	C	Revision of pulmonary valve
33475	C	Replacement, pulmonary valve
33476	C	Revision of heart chamber
33478	C	Revision of heart chamber
33496	C	Repair, prosth valve clot
33500	C	Repair heart vessel fistula

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
33501	C	Repair heart vessel fistula
33502	C	Coronary artery correction
33503	C	Coronary artery graft
33504	C	Coronary artery graft
33505	C	Repair artery w/tunnel
33506	C	Repair artery, translocation
33510	C	CABG, vein, single
33511	C	CABG, vein, two
33512	C	CABG, vein, three
33513	C	CABG, vein, four
33514	C	CABG, vein, five
33516	C	Cabg, vein, six or more
33517	C	CABG, artery-vein, single
33518	C	CABG, artery-vein, two
33519	C	CABG, artery-vein, three
33521	C	CABG, artery-vein, four
33522	C	CABG, artery-vein, five
33523	C	Cabg, art-vein, six or more
33530	C	Coronary artery, bypass/reop
33533	C	CABG, arterial, single
33534	C	CABG, arterial, two
33535	C	CABG, arterial, three
33536	C	Cabg, arterial, four or more
33542	C	Removal of heart lesion
33545	C	Repair of heart damage
33572	C	Open coronary endarterectomy
33600	C	Closure of valve
33602	C	Closure of valve
33606	C	Anastomosis/artery-aorta
33608	C	Repair anomaly w/conduit
33610	C	Repair by enlargement
33611	C	Repair double ventricle
33612	C	Repair double ventricle
33615	C	Repair, modified fontan
33617	C	Repair single ventricle
33619	C	Repair single ventricle
33641	C	Repair heart septum defect
33645	C	Revision of heart veins
33647	C	Repair heart septum defects
33660	C	Repair of heart defects
33665	C	Repair of heart defects
33670	C	Repair of heart chambers

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
33681	C	Repair heart septum defect
33684	C	Repair heart septum defect
33688	C	Repair heart septum defect
33690	C	Reinforce pulmonary artery
33692	C	Repair of heart defects
33694	C	Repair of heart defects
33697	C	Repair of heart defects
33702	C	Repair of heart defects
33710	C	Repair of heart defects
33720	C	Repair of heart defect
33722	C	Repair of heart defect
33730	C	Repair heart-vein defect(s)
33732	C	Repair heart-vein defect
33735	C	Revision of heart chamber
33736	C	Revision of heart chamber
33737	C	Revision of heart chamber
33750	C	Major vessel shunt
33755	C	Major vessel shunt
33762	C	Major vessel shunt
33764	C	Major vessel shunt & graft
33766	C	Major vessel shunt
33767	C	Major vessel shunt
33770	C	Repair great vessels defect
33771	C	Repair great vessels defect
33774	C	Repair great vessels defect
33775	C	Repair great vessels defect
33776	C	Repair great vessels defect
33777	C	Repair great vessels defect
33778	C	Repair great vessels defect
33779	C	Repair great vessels defect
33780	C	Repair great vessels defect
33781	C	Repair great vessels defect
33786	C	Repair arterial trunk
33788	C	Revision of pulmonary artery
33800	C	Aortic suspension
33802	C	Repair vessel defect
33803	C	Repair vessel defect
33813	C	Repair septal defect
33814	C	Repair septal defect
33820	C	Revise major vessel
33822	C	Revise major vessel
33824	C	Revise major vessel

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
33840	C	Remove aorta constriction
33845	C	Remove aorta constriction
33851	C	Remove aorta constriction
33852	C	Repair septal defect
33853	C	Repair septal defect
33860	C	Ascending aortic graft
33861	C	Ascending aortic graft
33863	C	Ascending aortic graft
33870	C	Transverse aortic arch graft
33875	C	Thoracic aortic graft
33877	C	Thoracoabdominal graft
33910	C	Remove lung artery emboli
33915	C	Remove lung artery emboli
33916	C	Surgery of great vessel
33917	C	Repair pulmonary artery
33918	C	Repair pulmonary atresia
33919	C	Repair pulmonary atresia
33920	C	Repair pulmonary atresia
33922	C	Transect pulmonary artery
33924	C	Remove pulmonary shunt
33930	C	Removal of donor heart/lung
33935	C	Transplantation, heart/lung
33940	C	Removal of donor heart
33945	C	Transplantation of heart
33960	C	External circulation assist
33961	C	External circulation assist
33967	C	Insert ia percut device
33968	C	Remove aortic assist device
33970	C	Aortic circulation assist
33971	C	Aortic circulation assist
33973	C	Insert balloon device
33974	C	Remove intra-aortic balloon
33975	C	Implant ventricular device
33976	C	Implant ventricular device
33977	C	Remove ventricular device
33978	C	Remove ventricular device
33979	C	Insert intracorporeal device
33980	C	Remove intracorporeal device
34001	C	Removal of artery clot
34051	C	Removal of artery clot
34151	C	Removal of artery clot
34401	C	Removal of vein clot

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
34451	C	Removal of vein clot
34502	C	Reconstruct vena cava
34800	C	Endovasc abdo repair w/tube
34802	C	Endovasc abdo repr w/device
34804	C	Endovasc abdo repr w/device
34805	C	Endovasc abdo repair w/pros
34808	C	Endovasc abdo occlud device
34812	C	Xpose for endoprosth, aortic
34813	C	Femoral endovas graft add-on
34820	C	Xpose for endoprosth, iliac
34825	C	Endovasc extend prosth, init
34826	C	Endovasc exten prosth, add'l
34830	C	Open aortic tube prosth repr
34831	C	Open aortoiliac prosth repr
34832	C	Open aortofemor prosth repr
34833	C	Xpose for endoprosth, iliac
34834	C	Xpose, endoprosth, brachial
34900	C	Endovasc iliac repr w/graft
35001	C	Repair defect of artery
35002	C	Repair artery rupture, neck
35005	C	Repair defect of artery
35013	C	Repair artery rupture, arm
35021	C	Repair defect of artery
35022	C	Repair artery rupture, chest
35045	C	Repair defect of arm artery
35081	C	Repair defect of artery
35082	C	Repair artery rupture, aorta
35091	C	Repair defect of artery
35092	C	Repair artery rupture, aorta
35102	C	Repair defect of artery
35103	C	Repair artery rupture, groin
35111	C	Repair defect of artery
35112	C	Repair artery rupture,spleen
35121	C	Repair defect of artery
35122	C	Repair artery rupture, belly
35131	C	Repair defect of artery
35132	C	Repair artery rupture, groin
35141	C	Repair defect of artery
35142	C	Repair artery rupture, thigh
35151	C	Repair defect of artery
35152	C	Repair artery rupture, knee
35161	C	Repair defect of artery

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
35162	C	Repair artery rupture
35182	C	Repair blood vessel lesion
35189	C	Repair blood vessel lesion
35211	C	Repair blood vessel lesion
35216	C	Repair blood vessel lesion
35221	C	Repair blood vessel lesion
35241	C	Repair blood vessel lesion
35246	C	Repair blood vessel lesion
35251	C	Repair blood vessel lesion
35271	C	Repair blood vessel lesion
35276	C	Repair blood vessel lesion
35281	C	Repair blood vessel lesion
35301	C	Rechanneling of artery
35311	C	Rechanneling of artery
35331	C	Rechanneling of artery
35341	C	Rechanneling of artery
35351	C	Rechanneling of artery
35355	C	Rechanneling of artery
35361	C	Rechanneling of artery
35363	C	Rechanneling of artery
35371	C	Rechanneling of artery
35372	C	Rechanneling of artery
35381	C	Rechanneling of artery
35390	C	Reoperation, carotid add-on
35400	C	Angioscopy
35450	C	Repair arterial blockage
35452	C	Repair arterial blockage
35454	C	Repair arterial blockage
35456	C	Repair arterial blockage
35480	C	Atherectomy, open
35481	C	Atherectomy, open
35482	C	Atherectomy, open
35483	C	Atherectomy, open
35501	C	Artery bypass graft
35506	C	Artery bypass graft
35507	C	Artery bypass graft
35508	C	Artery bypass graft
35509	C	Artery bypass graft
35510	C	Artery bypass graft
35511	C	Artery bypass graft
35512	C	Artery bypass graft
35515	C	Artery bypass graft

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
35516	C	Artery bypass graft
35518	C	Artery bypass graft
35521	C	Artery bypass graft
35522	C	Artery bypass graft
35525	C	Artery bypass graft
35526	C	Artery bypass graft
35531	C	Artery bypass graft
35533	C	Artery bypass graft
35536	C	Artery bypass graft
35541	C	Artery bypass graft
35546	C	Artery bypass graft
35548	C	Artery bypass graft
35549	C	Artery bypass graft
35551	C	Artery bypass graft
35556	C	Artery bypass graft
35558	C	Artery bypass graft
35560	C	Artery bypass graft
35563	C	Artery bypass graft
35565	C	Artery bypass graft
35566	C	Artery bypass graft
35571	C	Artery bypass graft
35582	C	Vein bypass graft
35583	C	Vein bypass graft
35585	C	Vein bypass graft
35587	C	Vein bypass graft
35600	C	Harvest artery for cabg
35601	C	Artery bypass graft
35606	C	Artery bypass graft
35612	C	Artery bypass graft
35616	C	Artery bypass graft
35621	C	Artery bypass graft
35623	C	Bypass graft, not vein
35626	C	Artery bypass graft
35631	C	Artery bypass graft
35636	C	Artery bypass graft
35641	C	Artery bypass graft
35642	C	Artery bypass graft
35645	C	Artery bypass graft
35646	C	Artery bypass graft
35647	C	Artery bypass graft
35650	C	Artery bypass graft
35651	C	Artery bypass graft

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
35654	C	Artery bypass graft
35656	C	Artery bypass graft
35661	C	Artery bypass graft
35663	C	Artery bypass graft
35665	C	Artery bypass graft
35666	C	Artery bypass graft
35671	C	Artery bypass graft
35681	C	Composite bypass graft
35682	C	Composite bypass graft
35683	C	Composite bypass graft
35691	C	Arterial transposition
35693	C	Arterial transposition
35694	C	Arterial transposition
35695	C	Arterial transposition
35697	C	Reimplant artery each
35700	C	Reoperation, bypass graft
35701	C	Exploration, carotid artery
35721	C	Exploration, femoral artery
35741	C	Exploration popliteal artery
35800	C	Explore neck vessels
35820	C	Explore chest vessels
35840	C	Explore abdominal vessels
35870	C	Repair vessel graft defect
35901	C	Excision, graft, neck
35905	C	Excision, graft, thorax
35907	C	Excision, graft, abdomen
36510	C	Insertion of catheter, vein
36660	C	Insertion catheter, artery
36822	C	Insertion of cannula(s)
36823	C	Insertion of cannula(s)
37140	C	Revision of circulation
37145	C	Revision of circulation
37160	C	Revision of circulation
37180	C	Revision of circulation
37181	C	Splice spleen/kidney veins
37182	C	Insert hepatic shunt (tips)
37183	C	Remove hepatic shunt (tips)
37195	C	Thrombolytic therapy, stroke
37616	C	Ligation of chest artery
37617	C	Ligation of abdomen artery
37618	C	Ligation of extremity artery
37660	C	Revision of major vein

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
37788	C	Revascularization, penis
38100	C	Removal of spleen, total
38101	C	Removal of spleen, partial
38102	C	Removal of spleen, total
38115	C	Repair of ruptured spleen
38380	C	Thoracic duct procedure
38381	C	Thoracic duct procedure
38382	C	Thoracic duct procedure
38562	C	Removal, pelvic lymph nodes
38564	C	Removal, abdomen lymph nodes
38724	C	Removal of lymph nodes, neck
38746	C	Remove thoracic lymph nodes
38747	C	Remove abdominal lymph nodes
38765	C	Remove groin lymph nodes
38770	C	Remove pelvis lymph nodes
38780	C	Remove abdomen lymph nodes
39000	C	Exploration of chest
39010	C	Exploration of chest
39200	C	Removal chest lesion
39220	C	Removal chest lesion
39499	C	Chest procedure
39501	C	Repair diaphragm laceration
39502	C	Repair paraesophageal hernia
39503	C	Repair of diaphragm hernia
39520	C	Repair of diaphragm hernia
39530	C	Repair of diaphragm hernia
39531	C	Repair of diaphragm hernia
39540	C	Repair of diaphragm hernia
39541	C	Repair of diaphragm hernia
39545	C	Revision of diaphragm
39560	C	Resect diaphragm, simple
39561	C	Resect diaphragm, complex
39599	C	Diaphragm surgery procedure
41130	C	Partial removal of tongue
41135	C	Tongue and neck surgery
41140	C	Removal of tongue
41145	C	Tongue removal, neck surgery
41150	C	Tongue, mouth, jaw surgery
41153	C	Tongue, mouth, neck surgery
41155	C	Tongue, jaw, & neck surgery
42426	C	Excise parotid gland/lesion
42845	C	Extensive surgery of throat

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
42894	C	Revision of pharyngeal walls
42953	C	Repair throat, esophagus
42961	C	Control throat bleeding
42971	C	Control nose/throat bleeding
43045	C	Incision of esophagus
43100	C	Excision of esophagus lesion
43101	C	Excision of esophagus lesion
43107	C	Removal of esophagus
43108	C	Removal of esophagus
43112	C	Removal of esophagus
43113	C	Removal of esophagus
43116	C	Partial removal of esophagus
43117	C	Partial removal of esophagus
43118	C	Partial removal of esophagus
43121	C	Partial removal of esophagus
43122	C	Partial removal of esophagus
43123	C	Partial removal of esophagus
43124	C	Removal of esophagus
43135	C	Removal of esophagus pouch
43300	C	Repair of esophagus
43305	C	Repair esophagus and fistula
43310	C	Repair of esophagus
43312	C	Repair esophagus and fistula
43313	C	Esophagoplasty congenital
43314	C	Tracheo-esophagoplasty cong
43320	C	Fuse esophagus & stomach
43324	C	Revise esophagus & stomach
43325	C	Revise esophagus & stomach
43326	C	Revise esophagus & stomach
43330	C	Repair of esophagus
43331	C	Repair of esophagus
43340	C	Fuse esophagus & intestine
43341	C	Fuse esophagus & intestine
43350	C	Surgical opening, esophagus
43351	C	Surgical opening, esophagus
43352	C	Surgical opening, esophagus
43360	C	Gastrointestinal repair
43361	C	Gastrointestinal repair
43400	C	Ligate esophagus veins
43401	C	Esophagus surgery for veins
43405	C	Ligate/staple esophagus
43410	C	Repair esophagus wound

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
43415	C	Repair esophagus wound
43420	C	Repair esophagus opening
43425	C	Repair esophagus opening
43460	C	Pressure treatment esophagus
43496	C	Free jejunum flap, microvasc
43500	C	Surgical opening of stomach
43501	C	Surgical repair of stomach
43502	C	Surgical repair of stomach
43520	C	Incision of pyloric muscle
43605	C	Biopsy of stomach
43610	C	Excision of stomach lesion
43611	C	Excision of stomach lesion
43620	C	Removal of stomach
43621	C	Removal of stomach
43622	C	Removal of stomach
43631	C	Removal of stomach, partial
43632	C	Removal of stomach, partial
43633	C	Removal of stomach, partial
43634	C	Removal of stomach, partial
43635	C	Removal of stomach, partial
43638	C	Removal of stomach, partial
43639	C	Removal of stomach, partial
43640	C	Vagotomy & pylorus repair
43641	C	Vagotomy & pylorus repair
43800	C	Reconstruction of pylorus
43810	C	Fusion of stomach and bowel
43820	C	Fusion of stomach and bowel
43825	C	Fusion of stomach and bowel
43832	C	Place gastrostomy tube
43840	C	Repair of stomach lesion
43842	C	Gastroplasty for obesity
43843	C	Gastroplasty for obesity
43846	C	Gastric bypass for obesity
43847	C	Gastric bypass for obesity
43848	C	Revision gastroplasty
43850	C	Revise stomach-bowel fusion
43855	C	Revise stomach-bowel fusion
43860	C	Revise stomach-bowel fusion
43865	C	Revise stomach-bowel fusion
43880	C	Repair stomach-bowel fistula
44005	C	Freeing of bowel adhesion
44010	C	Incision of small bowel

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
44015	C	Insert needle cath bowel
44020	C	Explore small intestine
44021	C	Decompress small bowel
44025	C	Incision of large bowel
44050	C	Reduce bowel obstruction
44055	C	Correct malrotation of bowel
44110	C	Excise intestine lesion(s)
44111	C	Excision of bowel lesion(s)
44120	C	Removal of small intestine
44121	C	Removal of small intestine
44125	C	Removal of small intestine
44126	C	Enterectomy w/o taper, cong
44127	C	Enterectomy w/taper, cong
44128	C	Enterectomy cong, add-on
44130	C	Bowel to bowel fusion
44132	C	Enterectomy, cadaver donor
44133	C	Enterectomy, live donor
44135	C	Intestine transplnt, cadaver
44136	C	Intestine transplant, live
44139	C	Mobilization of colon
44140	C	Partial removal of colon
44141	C	Partial removal of colon
44143	C	Partial removal of colon
44144	C	Partial removal of colon
44145	C	Partial removal of colon
44146	C	Partial removal of colon
44147	C	Partial removal of colon
44150	C	Removal of colon
44151	C	Removal of colon/ileostomy
44152	C	Removal of colon/ileostomy
44153	C	Removal of colon/ileostomy
44155	C	Removal of colon/ileostomy
44156	C	Removal of colon/ileostomy
44160	C	Removal of colon
44202	C	Lap resect s/intestine singl
44203	C	Lap resect s/intestine, addl
44204	C	Laparo partial colectomy
44205	C	Lap colectomy part w/ileum
44210	C	Laparo total proctocolectomy
44211	C	Laparo total proctocolectomy
44212	C	Laparo total proctocolectomy
44300	C	Open bowel to skin

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
44310	C	Ileostomy/jejunostomy
44314	C	Revision of ileostomy
44316	C	Devise bowel pouch
44320	C	Colostomy
44322	C	Colostomy with biopsies
44345	C	Revision of colostomy
44346	C	Revision of colostomy
44602	C	Suture, small intestine
44603	C	Suture, small intestine
44604	C	Suture, large intestine
44605	C	Repair of bowel lesion
44615	C	Intestinal stricturoplasty
44620	C	Repair bowel opening
44625	C	Repair bowel opening
44626	C	Repair bowel opening
44640	C	Repair bowel-skin fistula
44650	C	Repair bowel fistula
44660	C	Repair bowel-bladder fistula
44661	C	Repair bowel-bladder fistula
44680	C	Surgical revision, intestine
44700	C	Suspend bowel w/prosthesis
44800	C	Excision of bowel pouch
44820	C	Excision of mesentery lesion
44850	C	Repair of mesentery
44899	C	Bowel surgery procedure
44900	C	Drain app abscess, open
44950	C	Appendectomy
44955	C	Appendectomy add-on
44960	C	Appendectomy
45110	C	Removal of rectum
45111	C	Partial removal of rectum
45112	C	Removal of rectum
45113	C	Partial proctectomy
45114	C	Partial removal of rectum
45116	C	Partial removal of rectum
45119	C	Remove rectum w/reservoir
45120	C	Removal of rectum
45121	C	Removal of rectum and colon
45123	C	Partial proctectomy
45126	C	Pelvic exenteration
45130	C	Excision of rectal prolapse
45135	C	Excision of rectal prolapse

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
45136	C	Excise ileoanal reservior
45540	C	Correct rectal prolapse
45550	C	Repair rectum/remove sigmoid
45562	C	Exploration/repair of rectum
45563	C	Exploration/repair of rectum
45800	C	Repair rect/bladder fistula
45805	C	Repair fistula w/colostomy
45820	C	Repair rectourethral fistula
45825	C	Repair fistula w/colostomy
46705	C	Repair of anal stricture
46715	C	Repair of anovaginal fistula
46716	C	Repair of anovaginal fistula
46730	C	Construction of absent anus
46735	C	Construction of absent anus
46740	C	Construction of absent anus
46742	C	Repair of imperforated anus
46744	C	Repair of cloacal anomaly
46746	C	Repair of cloacal anomaly
46748	C	Repair of cloacal anomaly
46751	C	Repair of anal sphincter
47010	C	Open drainage, liver lesion
47015	C	Inject/aspirate liver cyst
47100	C	Wedge biopsy of liver
47120	C	Partial removal of liver
47122	C	Extensive removal of liver
47125	C	Partial removal of liver
47130	C	Partial removal of liver
47133	C	Removal of donor liver
47135	C	Transplantation of liver
47136	C	Transplantation of liver
47140	C	Partial removal, donor liver
47141	C	Partial removal, donor liver
47142	C	Partial removal, donor liver
47300	C	Surgery for liver lesion
47350	C	Repair liver wound
47360	C	Repair liver wound
47361	C	Repair liver wound
47362	C	Repair liver wound
47380	C	Open ablate liver tumor rf
47381	C	Open ablate liver tumor cryo
47400	C	Incision of liver duct
47420	C	Incision of bile duct

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
47425	C	Incision of bile duct
47460	C	Incise bile duct sphincter
47480	C	Incision of gallbladder
47550	C	Bile duct endoscopy add-on
47570	C	Laparo cholecystoenterostomy
47600	C	Removal of gallbladder
47605	C	Removal of gallbladder
47610	C	Removal of gallbladder
47612	C	Removal of gallbladder
47620	C	Removal of gallbladder
47700	C	Exploration of bile ducts
47701	C	Bile duct revision
47711	C	Excision of bile duct tumor
47712	C	Excision of bile duct tumor
47715	C	Excision of bile duct cyst
47716	C	Fusion of bile duct cyst
47720	C	Fuse gallbladder & bowel
47721	C	Fuse upper gi structures
47740	C	Fuse gallbladder & bowel
47741	C	Fuse gallbladder & bowel
47760	C	Fuse bile ducts and bowel
47765	C	Fuse liver ducts & bowel
47780	C	Fuse bile ducts and bowel
47785	C	Fuse bile ducts and bowel
47800	C	Reconstruction of bile ducts
47801	C	Placement, bile duct support
47802	C	Fuse liver duct & intestine
47900	C	Suture bile duct injury
48000	C	Drainage of abdomen
48001	C	Placement of drain, pancreas
48005	C	Resect/debride pancreas
48020	C	Removal of pancreatic stone
48100	C	Biopsy of pancreas, open
48120	C	Removal of pancreas lesion
48140	C	Partial removal of pancreas
48145	C	Partial removal of pancreas
48146	C	Pancreatectomy
48148	C	Removal of pancreatic duct
48150	C	Partial removal of pancreas
48152	C	Pancreatectomy
48153	C	Pancreatectomy
48154	C	Pancreatectomy

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
48155	C	Removal of pancreas
48180	C	Fuse pancreas and bowel
48400	C	Injection, intraop add-on
48500	C	Surgery of pancreatic cyst
48510	C	Drain pancreatic pseudocyst
48520	C	Fuse pancreas cyst and bowel
48540	C	Fuse pancreas cyst and bowel
48545	C	Pancreatorrhaphy
48547	C	Duodenal exclusion
48556	C	Removal, allograft pancreas
49000	C	Exploration of abdomen
49002	C	Reopening of abdomen
49010	C	Exploration behind abdomen
49020	C	Drain abdominal abscess
49040	C	Drain, open, abdom abscess
49060	C	Drain, open, retrop abscess
49062	C	Drain to peritoneal cavity
49201	C	Remove abdom lesion, complex
49215	C	Excise sacral spine tumor
49220	C	Multiple surgery, abdomen
49255	C	Removal of omentum
49425	C	Insert abdomen-venous drain
49428	C	Ligation of shunt
49605	C	Repair umbilical lesion
49606	C	Repair umbilical lesion
49610	C	Repair umbilical lesion
49611	C	Repair umbilical lesion
49900	C	Repair of abdominal wall
49904	C	Omental flap, extra-abdom
49905	C	Omental flap
49906	C	Free omental flap, microvasc
50010	C	Exploration of kidney
50040	C	Drainage of kidney
50045	C	Exploration of kidney
50060	C	Removal of kidney stone
50065	C	Incision of kidney
50070	C	Incision of kidney
50075	C	Removal of kidney stone
50100	C	Revise kidney blood vessels
50120	C	Exploration of kidney
50125	C	Explore and drain kidney
50130	C	Removal of kidney stone

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
50135	C	Exploration of kidney
50205	C	Biopsy of kidney
50220	C	Remove kidney, open
50225	C	Removal kidney open, complex
50230	C	Removal kidney open, radical
50234	C	Removal of kidney & ureter
50236	C	Removal of kidney & ureter
50240	C	Partial removal of kidney
50280	C	Removal of kidney lesion
50290	C	Removal of kidney lesion
50300	C	Removal of donor kidney
50320	C	Removal of donor kidney
50340	C	Removal of kidney
50360	C	Transplantation of kidney
50365	C	Transplantation of kidney
50370	C	Remove transplanted kidney
50380	C	Reimplantation of kidney
50400	C	Revision of kidney/ureter
50405	C	Revision of kidney/ureter
50500	C	Repair of kidney wound
50520	C	Close kidney-skin fistula
50525	C	Repair renal-abdomen fistula
50526	C	Repair renal-abdomen fistula
50540	C	Revision of horseshoe kidney
50545	C	Laparo radical nephrectomy
50546	C	Laparoscopic nephrectomy
50547	C	Laparo removal donor kidney
50548	C	Laparo remove w/ ureter
50580	C	Kidney endoscopy & treatment
50600	C	Exploration of ureter
50605	C	Insert ureteral support
50610	C	Removal of ureter stone
50620	C	Removal of ureter stone
50630	C	Removal of ureter stone
50650	C	Removal of ureter
50660	C	Removal of ureter
50700	C	Revision of ureter
50715	C	Release of ureter
50722	C	Release of ureter
50725	C	Release/revise ureter
50727	C	Revise ureter
50728	C	Revise ureter

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
50740	C	Fusion of ureter & kidney
50750	C	Fusion of ureter & kidney
50760	C	Fusion of ureters
50770	C	Splicing of ureters
50780	C	Reimplant ureter in bladder
50782	C	Reimplant ureter in bladder
50783	C	Reimplant ureter in bladder
50785	C	Reimplant ureter in bladder
50800	C	Implant ureter in bowel
50810	C	Fusion of ureter & bowel
50815	C	Urine shunt to intestine
50820	C	Construct bowel bladder
50825	C	Construct bowel bladder
50830	C	Revise urine flow
50840	C	Replace ureter by bowel
50845	C	Appendico-vesicostomy
50860	C	Transplant ureter to skin
50900	C	Repair of ureter
50920	C	Closure ureter/skin fistula
50930	C	Closure ureter/bowel fistula
50940	C	Release of ureter
51060	C	Removal of ureter stone
51525	C	Removal of bladder lesion
51530	C	Removal of bladder lesion
51535	C	Repair of ureter lesion
51550	C	Partial removal of bladder
51555	C	Partial removal of bladder
51565	C	Revise bladder & ureter(s)
51570	C	Removal of bladder
51575	C	Removal of bladder & nodes
51580	C	Remove bladder/revise tract
51585	C	Removal of bladder & nodes
51590	C	Remove bladder/revise tract
51595	C	Remove bladder/revise tract
51596	C	Remove bladder/create pouch
51597	C	Removal of pelvic structures
51800	C	Revision of bladder/urethra
51820	C	Revision of urinary tract
51840	C	Attach bladder/urethra
51841	C	Attach bladder/urethra
51845	C	Repair bladder neck
51860	C	Repair of bladder wound

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
51865	C	Repair of bladder wound
51900	C	Repair bladder/vagina lesion
51920	C	Close bladder-uterus fistula
51925	C	Hysterectomy/bladder repair
51940	C	Correction of bladder defect
51960	C	Revision of bladder & bowel
51980	C	Construct bladder opening
53415	C	Reconstruction of urethra
53448	C	Remov/replc ur sphinctr comp
54125	C	Removal of penis
54130	C	Remove penis & nodes
54135	C	Remove penis & nodes
54332	C	Revise penis/urethra
54336	C	Revise penis/urethra
54390	C	Repair penis and bladder
54411	C	Remov/replc penis pros, comp
54417	C	Remv/replc penis pros, compl
54430	C	Revision of penis
54535	C	Extensive testis surgery
54560	C	Exploration for testis
54650	C	Orchiopexy (Fowler-Stephens)
55600	C	Incise sperm duct pouch
55605	C	Incise sperm duct pouch
55650	C	Remove sperm duct pouch
55801	C	Removal of prostate
55810	C	Extensive prostate surgery
55812	C	Extensive prostate surgery
55815	C	Extensive prostate surgery
55821	C	Removal of prostate
55831	C	Removal of prostate
55840	C	Extensive prostate surgery
55842	C	Extensive prostate surgery
55845	C	Extensive prostate surgery
55862	C	Extensive prostate surgery
55865	C	Extensive prostate surgery
55866	C	Laparo radical prostatectomy
56630	C	Extensive vulva surgery
56631	C	Extensive vulva surgery
56632	C	Extensive vulva surgery
56633	C	Extensive vulva surgery
56634	C	Extensive vulva surgery
56637	C	Extensive vulva surgery

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
56640	C	Extensive vulva surgery
57110	C	Remove vagina wall, complete
57111	C	Remove vagina tissue, compl
57112	C	Vaginectomy w/nodes, compl
57270	C	Repair of bowel pouch
57280	C	Suspension of vagina
57282	C	Repair of vaginal prolapse
57292	C	Construct vagina with graft
57305	C	Repair rectum-vagina fistula
57307	C	Fistula repair & colostomy
57308	C	Fistula repair, transperine
57311	C	Repair urethrovaginal lesion
57335	C	Repair vagina
57531	C	Removal of cervix, radical
57540	C	Removal of residual cervix
57545	C	Remove cervix/repair pelvis
58140	C	Removal of uterus lesion
58146	C	Myomectomy abdom complex
58150	C	Total hysterectomy
58152	C	Total hysterectomy
58180	C	Partial hysterectomy
58200	C	Extensive hysterectomy
58210	C	Extensive hysterectomy
58240	C	Removal of pelvis contents
58260	C	Vaginal hysterectomy
58262	C	Vag hyst including t/o
58263	C	Vag hyst w/t/o & vag repair
58267	C	Vag hyst w/urinary repair
58270	C	Vag hyst w/enterocele repair
58275	C	Hysterectomy/revise vagina
58280	C	Hysterectomy/revise vagina
58285	C	Extensive hysterectomy
58290	C	Vag hyst complex
58291	C	Vag hyst incl t/o, complex
58292	C	Vag hyst t/o & repair, compl
58293	C	Vag hyst w/uro repair, compl
58294	C	Vag hyst w/enterocele, compl
58400	C	Suspension of uterus
58410	C	Suspension of uterus
58520	C	Repair of ruptured uterus
58540	C	Revision of uterus
58605	C	Division of fallopian tube

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
58611	C	Ligate oviduct(s) add-on
58700	C	Removal of fallopian tube
58720	C	Removal of ovary/tube(s)
58740	C	Revise fallopian tube(s)
58750	C	Repair oviduct
58752	C	Revise ovarian tube(s)
58760	C	Remove tubal obstruction
58805	C	Drainage of ovarian cyst(s)
58822	C	Drain ovary abscess, percut
58825	C	Transposition, ovary(s)
58940	C	Removal of ovary(s)
58943	C	Removal of ovary(s)
58950	C	Resect ovarian malignancy
58951	C	Resect ovarian malignancy
58952	C	Resect ovarian malignancy
58953	C	Tah, rad dissect for debulk
58954	C	Tah rad debulk/lymph remove
58960	C	Exploration of abdomen
59100	C	Remove uterus lesion
59120	C	Treat ectopic pregnancy
59121	C	Treat ectopic pregnancy
59130	C	Treat ectopic pregnancy
59135	C	Treat ectopic pregnancy
59136	C	Treat ectopic pregnancy
59140	C	Treat ectopic pregnancy
59325	C	Revision of cervix
59350	C	Repair of uterus
59514	C	Cesarean delivery only
59525	C	Remove uterus after cesarean
59620	C	Attempted vbac delivery only
59830	C	Treat uterus infection
59850	C	Abortion
59851	C	Abortion
59852	C	Abortion
59855	C	Abortion
59856	C	Abortion
59857	C	Abortion
60254	C	Extensive thyroid surgery
60270	C	Removal of thyroid
60271	C	Removal of thyroid
60502	C	Re-explore parathyroids
60505	C	Explore parathyroid glands

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
60520	C	Removal of thymus gland
60521	C	Removal of thymus gland
60522	C	Removal of thymus gland
60540	C	Explore adrenal gland
60545	C	Explore adrenal gland
60600	C	Remove carotid body lesion
60605	C	Remove carotid body lesion
60650	C	Laparoscopy adrenalectomy
61105	C	Twist drill hole
61107	C	Drill skull for implantation
61108	C	Drill skull for drainage
61120	C	Burr hole for puncture
61140	C	Pierce skull for biopsy
61150	C	Pierce skull for drainage
61151	C	Pierce skull for drainage
61154	C	Pierce skull & remove clot
61156	C	Pierce skull for drainage
61210	C	Pierce skull, implant device
61250	C	Pierce skull & explore
61253	C	Pierce skull & explore
61304	C	Open skull for exploration
61305	C	Open skull for exploration
61312	C	Open skull for drainage
61313	C	Open skull for drainage
61314	C	Open skull for drainage
61315	C	Open skull for drainage
61316	C	Implt cran bone flap to abdo
61320	C	Open skull for drainage
61321	C	Open skull for drainage
61322	C	Decompressive craniotomy
61323	C	Decompressive lobectomy
61332	C	Explore/biopsy eye socket
61333	C	Explore orbit/remove lesion
61334	C	Explore orbit/remove object
61340	C	Relieve cranial pressure
61343	C	Incise skull (press relief)
61345	C	Relieve cranial pressure
61440	C	Incise skull for surgery
61450	C	Incise skull for surgery
61458	C	Incise skull for brain wound
61460	C	Incise skull for surgery
61470	C	Incise skull for surgery

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
61480	C	Incise skull for surgery
61490	C	Incise skull for surgery
61500	C	Removal of skull lesion
61501	C	Remove infected skull bone
61510	C	Removal of brain lesion
61512	C	Remove brain lining lesion
61514	C	Removal of brain abscess
61516	C	Removal of brain lesion
61517	C	Implt brain chemotx add-on
61518	C	Removal of brain lesion
61519	C	Remove brain lining lesion
61520	C	Removal of brain lesion
61521	C	Removal of brain lesion
61522	C	Removal of brain abscess
61524	C	Removal of brain lesion
61526	C	Removal of brain lesion
61530	C	Removal of brain lesion
61531	C	Implant brain electrodes
61533	C	Implant brain electrodes
61534	C	Removal of brain lesion
61535	C	Remove brain electrodes
61536	C	Removal of brain lesion
61537	C	Removal of brain tissue
61538	C	Removal of brain tissue
61539	C	Removal of brain tissue
61540	C	Removal of brain tissue
61541	C	Incision of brain tissue
61542	C	Removal of brain tissue
61543	C	Removal of brain tissue
61544	C	Remove & treat brain lesion
61545	C	Excision of brain tumor
61546	C	Removal of pituitary gland
61548	C	Removal of pituitary gland
61550	C	Release of skull seams
61552	C	Release of skull seams
61556	C	Incise skull/sutures
61557	C	Incise skull/sutures
61558	C	Excision of skull/sutures
61559	C	Excision of skull/sutures
61563	C	Excision of skull tumor
61564	C	Excision of skull tumor
61566	C	Removal of brain tissue

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
61567	C	Incision of brain tissue
61570	C	Remove foreign body, brain
61571	C	Incise skull for brain wound
61575	C	Skull base/brainstem surgery
61576	C	Skull base/brainstem surgery
61580	C	Craniofacial approach, skull
61581	C	Craniofacial approach, skull
61582	C	Craniofacial approach, skull
61583	C	Craniofacial approach, skull
61584	C	Orbitocranial approach/skull
61585	C	Orbitocranial approach/skull
61586	C	Resect nasopharynx, skull
61590	C	Infratemporal approach/skull
61591	C	Infratemporal approach/skull
61592	C	Orbitocranial approach/skull
61595	C	Transtemporal approach/skull
61596	C	Transcochlear approach/skull
61597	C	Transcondylar approach/skull
61598	C	Transpetrosal approach/skull
61600	C	Resect/excise cranial lesion
61601	C	Resect/excise cranial lesion
61605	C	Resect/excise cranial lesion
61606	C	Resect/excise cranial lesion
61607	C	Resect/excise cranial lesion
61608	C	Resect/excise cranial lesion
61609	C	Transect artery, sinus
61610	C	Transect artery, sinus
61611	C	Transect artery, sinus
61612	C	Transect artery, sinus
61613	C	Remove aneurysm, sinus
61615	C	Resect/excise lesion, skull
61616	C	Resect/excise lesion, skull
61618	C	Repair dura
61619	C	Repair dura
61624	C	Occlusion/embolization cath
61680	C	Intracranial vessel surgery
61682	C	Intracranial vessel surgery
61684	C	Intracranial vessel surgery
61686	C	Intracranial vessel surgery
61690	C	Intracranial vessel surgery
61692	C	Intracranial vessel surgery
61697	C	Brain aneurysm repr, complx

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
61698	C	Brain aneurysm repr, complx
61700	C	Brain aneurysm repr, simple
61702	C	Inner skull vessel surgery
61703	C	Clamp neck artery
61705	C	Revise circulation to head
61708	C	Revise circulation to head
61710	C	Revise circulation to head
61711	C	Fusion of skull arteries
61720	C	Incise skull/brain surgery
61735	C	Incise skull/brain surgery
61750	C	Incise skull/brain biopsy
61751	C	Brain biopsy w/ ct/mr guide
61760	C	Implant brain electrodes
61770	C	Incise skull for treatment
61850	C	Implant neuroelectrodes
61860	C	Implant neuroelectrodes
61863	C	Implant neuroelectrode
61864	C	Implant neuroelectrde, add'l
61867	C	Implant neuroelectrode
61868	C	Implant neuroelectrde, add'l
61870	C	Implant neuroelectrodes
61875	C	Implant neuroelectrodes
62000	C	Treat skull fracture
62005	C	Treat skull fracture
62010	C	Treatment of head injury
62100	C	Repair brain fluid leakage
62115	C	Reduction of skull defect
62116	C	Reduction of skull defect
62117	C	Reduction of skull defect
62120	C	Repair skull cavity lesion
62121	C	Incise skull repair
62140	C	Repair of skull defect
62141	C	Repair of skull defect
62142	C	Remove skull plate/flap
62143	C	Replace skull plate/flap
62145	C	Repair of skull & brain
62146	C	Repair of skull with graft
62147	C	Repair of skull with graft
62148	C	Retr bone flap to fix skull
62160	C	Neuroendoscopy add-on
62161	C	Dissect brain w/scope
62162	C	Remove colloid cyst w/scope

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
62163	C	Neuroendoscopy w/fb removal
62164	C	Remove brain tumor w/scope
62165	C	Remove pituit tumor w/scope
62180	C	Establish brain cavity shunt
62190	C	Establish brain cavity shunt
62192	C	Establish brain cavity shunt
62200	C	Establish brain cavity shunt
62201	C	Establish brain cavity shunt
62220	C	Establish brain cavity shunt
62223	C	Establish brain cavity shunt
62256	C	Remove brain cavity shunt
62258	C	Replace brain cavity shunt
63043	C	Laminotomy, add'l cervical
63044	C	Laminotomy, add'l lumbar
63075	C	Neck spine disk surgery
63076	C	Neck spine disk surgery
63077	C	Spine disk surgery, thorax
63078	C	Spine disk surgery, thorax
63081	C	Removal of vertebral body
63082	C	Remove vertebral body add-on
63085	C	Removal of vertebral body
63086	C	Remove vertebral body add-on
63087	C	Removal of vertebral body
63088	C	Remove vertebral body add-on
63090	C	Removal of vertebral body
63091	C	Remove vertebral body add-on
63101	C	Removal of vertebral body
63102	C	Removal of vertebral body
63103	C	Remove vertebral body add-on
63170	C	Incise spinal cord tract(s)
63172	C	Drainage of spinal cyst
63173	C	Drainage of spinal cyst
63180	C	Revise spinal cord ligaments
63182	C	Revise spinal cord ligaments
63185	C	Incise spinal column/nerves
63190	C	Incise spinal column/nerves
63191	C	Incise spinal column/nerves
63194	C	Incise spinal column & cord
63195	C	Incise spinal column & cord
63196	C	Incise spinal column & cord
63197	C	Incise spinal column & cord
63198	C	Incise spinal column & cord

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
63199	C	Incise spinal column & cord
63200	C	Release of spinal cord
63250	C	Revise spinal cord vessels
63251	C	Revise spinal cord vessels
63252	C	Revise spinal cord vessels
63265	C	Excise intraspinal lesion
63266	C	Excise intraspinal lesion
63267	C	Excise intraspinal lesion
63268	C	Excise intraspinal lesion
63270	C	Excise intraspinal lesion
63271	C	Excise intraspinal lesion
63272	C	Excise intraspinal lesion
63273	C	Excise intraspinal lesion
63275	C	Biopsy/excise spinal tumor
63276	C	Biopsy/excise spinal tumor
63277	C	Biopsy/excise spinal tumor
63278	C	Biopsy/excise spinal tumor
63280	C	Biopsy/excise spinal tumor
63281	C	Biopsy/excise spinal tumor
63282	C	Biopsy/excise spinal tumor
63283	C	Biopsy/excise spinal tumor
63285	C	Biopsy/excise spinal tumor
63286	C	Biopsy/excise spinal tumor
63287	C	Biopsy/excise spinal tumor
63290	C	Biopsy/excise spinal tumor
63300	C	Removal of vertebral body
63301	C	Removal of vertebral body
63302	C	Removal of vertebral body
63303	C	Removal of vertebral body
63304	C	Removal of vertebral body
63305	C	Removal of vertebral body
63306	C	Removal of vertebral body
63307	C	Removal of vertebral body
63308	C	Remove vertebral body add-on
63700	C	Repair of spinal herniation
63702	C	Repair of spinal herniation
63704	C	Repair of spinal herniation
63706	C	Repair of spinal herniation
63707	C	Repair spinal fluid leakage
63709	C	Repair spinal fluid leakage
63710	C	Graft repair of spine defect
63740	C	Install spinal shunt

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
64752	C	Incision of vagus nerve
64755	C	Incision of stomach nerves
64760	C	Incision of vagus nerve
64763	C	Incise hip/thigh nerve
64766	C	Incise hip/thigh nerve
64804	C	Remove sympathetic nerves
64809	C	Remove sympathetic nerves
64818	C	Remove sympathetic nerves
64866	C	Fusion of facial/other nerve
64868	C	Fusion of facial/other nerve
65273	C	Repair of eye wound
69155	C	Extensive ear/neck surgery
69535	C	Remove part of temporal bone
69554	C	Remove ear lesion
69950	C	Incise inner ear nerve
69970	C	Remove inner ear lesion
75900	C	Arterial catheter exchange
75952	C	Endovasc repair abdom aorta
75953	C	Abdom aneurysm endovas rpr
75954	C	Iliac aneurysm endovas rpr
92970	C	Cardioassist, internal
92971	C	Cardioassist, external
92975	C	Dissolve clot, heart vessel
92992	C	Revision of heart chamber
92993	C	Revision of heart chamber
99190	C	Special pump services
99191	C	Special pump services
99192	C	Special pump services
99251	C	Initial inpatient consult
99252	C	Initial inpatient consult
99253	C	Initial inpatient consult
99254	C	Initial inpatient consult
99255	C	Initial inpatient consult
99261	C	Follow-up inpatient consult
99262	C	Follow-up inpatient consult
99263	C	Follow-up inpatient consult
99293	C	Ped critical care, initial
99294	C	Ped critical care, subseq
99295	C	Neonatal critical care
99296	C	Neonatal critical care
99298	C	Neonatal critical care
99299	C	Ic, lbw infant 1500-2500 gm

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
99356	C	Prolonged service, inpatient
99357	C	Prolonged service, inpatient
99433	C	Normal newborn care/hospital

ADDENDUM H.—WAGE INDEX FOR URBAN AREAS

CBSA code	Urban area (Constituent counties)	Wage index
10180	[2]Abilene, TX Callahan County, TX Jones County, TX Taylor County, TX	0.8011
10380	Aguadilla-Isabela-San Sebastián, PR Aguada Municipio, PR Aguadilla Municipio, PR Añasco Municipio, PR Isabela Municipio, PR Lares Municipio, PR Moca Municipio, PR Rincón Municipio, PR San Sebastián Municipio, PR	0.4285
10420	Akron, OH Portage County, OH Summit County, OH	0.9065
10500	Albany, GA Baker County, GA Dougherty County, GA Lee County, GA Terrell County, GA Worth County, GA	1.1306
10580	Albany-Schenectady-Troy, NY Albany County, NY Rensselaer County, NY Saratoga County, NY Schenectady County, NY Schoharie County, NY	0.8685
10740	Albuquerque, NM Bernalillo County, NM Sandoval County, NM Torrance County, NM Valencia County, NM	1.0167
10780	Alexandria, LA Grant Parish, LA Rapides Parish, LA	0.8198

CBSA code	Urban area (Constituent counties)	Wage index
10900	Allentown-Bethlehem-Easton, PA-NJ Warren County, NJ Carbon County, PA Lehigh County, PA Northampton County, PA	0.9539
11020	Altoona, PA Blair County, PA	0.8472
11100	Amarillo, TX Armstrong County, TX Carson County, TX Potter County, TX Randall County, TX	0.9209
11180	Ames, IA Story County, IA	0.9503
11260	Anchorage, AK Anchorage Municipality, AK Matanuska-Susitna Borough, AK	1.2195
11300	Anderson, IN Madison County, IN	0.8790
11340	Anderson, SC Anderson County, SC	0.8689
11460	Ann Arbor, MI Washtenaw County, MI	1.1065
11500	Anniston-Oxford, AL Calhoun County, AL	0.7967
11540	[2]Appleton, WI Calumet County, WI Outagamie County, WI	0.9485
11700	Asheville, NC Buncombe County, NC Haywood County, NC Henderson County, NC Madison County, NC	0.9217
12020	Athens-Clarke County, GA Clarke County, GA Madison County, GA Oconee County, GA Oglethorpe County, GA	1.0010

CBSA code	Urban area (Constituent counties)	Wage index
12060	[1]Atlanta-Sandy Springs-Marietta, GA	
	Barrow County, GA	
	Bartow County, GA	
	Butts County, GA	
	Carroll County, GA	
	Cherokee County, GA	
	Clayton County, GA	
	Cobb County, GA	
	Coweta County, GA	
	Dawson County, GA	
	DeKalb County, GA	
	Douglas County, GA	
	Fayette County, GA	
	Forsyth County, GA	
	Fulton County, GA	
	Gwinnett County, GA	
	Haralson County, GA	
	Heard County, GA	
	Henry County, GA	
	Jasper County, GA	
	Lamar County, GA	
	Meriwether County, GA	
	Newton County, GA	
	Paulding County, GA	
	Pickens County, GA	
	Pike County, GA	
	Rockdale County, GA	
	Spalding County, GA	
	Walton County, GA	0.9926
12100	Atlantic City, NJ	
	Atlantic County, NJ	1.0723
12220	Auburn-Opelika, AL	
	Lee County, AL	0.8231
12260	Augusta-Richmond County, GA-SC	
	Burke County, GA	
	Columbia County, GA	
	McDuffie County, GA	
	Richmond County, GA	
	Aiken County, SC	
	Edgefield County, SC	0.9169

CBSA code	Urban area (Constituent counties)	Wage index
12420	[1]Austin-Round Rock, TX Bastrop County, TX Caldwell County, TX Hays County, TX Travis County, TX Williamson County, TX	0.9619
12540	[2]Bakersfield, CA Kern County, CA	1.0440
12580	[1]Baltimore-Towson, MD Anne Arundel County, MD Baltimore County, MD Carroll County, MD Harford County, MD Howard County, MD Queen Anne's County, MD Baltimore City, MD	0.9904
12620	Bangor, ME Penobscot County, ME	0.9960
12700	Barnstable Town, MA Barnstable County, MA	1.1965
12940	Baton Rouge, LA Ascension Parish, LA East Baton Rouge Parish, LA East Feliciana Parish, LA Iberville Parish, LA Livingston Parish, LA Pointe Coupee Parish, LA St. Helena Parish, LA West Baton Rouge Parish, LA West Feliciana Parish, LA	0.8344
12980	Battle Creek, MI Calhoun County, MI	0.9132
13020	Bay City, MI Bay County, MI	0.9601
13140	Beaumont-Port Arthur, TX Hardin County, TX Jefferson County, TX Orange County, TX	0.8564
13380	Bellingham, WA Whatcom County, WA	1.1695
13460	Bend, OR Deschutes County, OR	1.0623

CBSA code	Urban area (Constituent counties)	Wage index
13644	[1]Bethesda-Frederick-Gaithersburg, MD Frederick County, MD Montgomery County, MD	1.0993
13740	Billings, MT Carbon County, MT Yellowstone County, MT	0.8993
13780	Binghamton, NY Broome County, NY Tioga County, NY	0.8484
13820	[1]Birmingham-Hoover, AL Bibb County, AL Blount County, AL Chilton County, AL Jefferson County, AL St. Clair County, AL Shelby County, AL Walker County, AL	0.9111
13900	[2]Bismarck, ND Burleigh County, ND Morton County, ND	0.7741
13980	[2]Blacksburg-Christiansburg-Radford, VA Giles County, VA Montgomery County, VA Pulaski County, VA Radford City, VA	0.8065
14020	[2]Bloomington, IN Greene County, IN Monroe County, IN Owen County, IN	0.8675
14060	Bloomington-Normal, IL McLean County, IL	0.9099
14260	Boise City-Nampa, ID Ada County, ID Boise County, ID Canyon County, ID Gem County, ID Owyhee County, ID	0.9360
14484	[1]Boston-Quincy, MA Norfolk County, MA Plymouth County, MA Suffolk County, MA	1.1649

CBSA code	Urban area (Constituent counties)	Wage index
14500	Boulder, CO Boulder County, CO	1.0072
14540	Bowling Green, KY Edmonson County, KY Warren County, KY	0.8162
14740	Bremerton-Silverdale, WA Kitsap County, WA	1.0636
14860	Bridgeport-Stamford-Norwalk, CT Fairfield County, CT	1.2876
14980	[2]Bristol, VA Washington County, VA Bristol City, VA	0.8065
15180	Brownsville-Harlingen, TX Cameron County, TX	1.0178
15260	Brunswick, GA Brantley County, GA Glynn County, GA McIntosh County, GA	1.1988
15380	[1]Buffalo-Niagara Falls, NY Erie County, NY Niagara County, NY	0.9351
15500	Burlington, NC Alamance County, NC	0.8881
15540	[2]Burlington-South Burlington, VT Chittenden County, VT Franklin County, VT Grand Isle County, VT	0.9469
15764	[1]Cambridge-Newton-Framingham, MA Middlesex County, MA	1.1199
15804	[1]Camden, NJ Burlington County, NJ Camden County, NJ Gloucester County, NJ	1.0683
15940	Canton-Massillon, OH Carroll County, OH Stark County, OH	0.8917
15980	Cape Coral-Fort Myers, FL Lee County, FL	0.9380
16180	Carson City, NV Carson City, NV	1.0362

CBSA code	Urban area (Constituent counties)	Wage index
16220	Casper, WY Natrona County, WY	0.9367
16300	Cedar Rapids, IA Benton County, IA Jones County, IA Linn County, IA	0.8987
16580	Champaign-Urbana, IL Champaign County, IL Ford County, IL Piatt County, IL	0.9597
16620	Charleston, WV Boone County, WV Clay County, WV Kanawha County, WV Lincoln County, WV Putnam County, WV	0.8875
16700	Charleston-North Charleston, SC Berkeley County, SC Charleston County, SC Dorchester County, SC	0.9379
16740	[1]Charlotte-Gastonia-Concord, NC-SC Anson County, NC Cabarrus County, NC Gaston County, NC Mecklenburg County, NC Union County, NC York County, SC	0.9750
16820	Charlottesville, VA Albemarle County, VA Fluvanna County, VA Greene County, VA Nelson County, VA Charlottesville City, VA	1.0317
16860	Chattanooga, TN-GA Catoosa County, GA Dade County, GA Walker County, GA Hamilton County, TN Marion County, TN Sequatchie County, TN	0.9233
16940	[2]Cheyenne, WY Laramie County, WY	0.9190

CBSA code	Urban area (Constituent counties)	Wage index
16974	[1]Chicago-Naperville-Joliet, IL	
	Cook County, IL	
	DeKalb County, IL	
	DuPage County, IL	
	Grundy County, IL	
	Kane County, IL	
	Kendall County, IL	
	McHenry County, IL	
	Will County, IL	1.0819
17020	Chico, CA	
	Butte County, CA	1.0575
17140	[1]Cincinnati-Middletown, OH-KY-IN	
	Dearborn County, IN	
	Franklin County, IN	
	Ohio County, IN	
	Boone County, KY	
	Bracken County, KY	
	Campbell County, KY	
	Gallatin County, KY	
	Grant County, KY	
	Kenton County, KY	
	Pendleton County, KY	
	Brown County, OH	
	Butler County, OH	
	Clermont County, OH	
	Hamilton County, OH	
	Warren County, OH	0.9533
17300	Clarksville, TN-KY	
	Christian County, KY	
	Trigg County, KY	
	Montgomery County, TN	
	Stewart County, TN	0.8131
17420	[2]Cleveland, TN	
	Bradley County, TN	
	Polk County, TN	0.7911
17460	[1]Cleveland-Elyria-Mentor, OH	
	Cuyahoga County, OH	
	Geauga County, OH	
	Lake County, OH	
	Lorain County, OH	
	Medina County, OH	0.9667

CBSA code	Urban area (Constituent counties)	Wage index
17660	Coeur d'Alene, ID	
	Kootenai County, ID	0.9346
17780	College Station-Bryan, TX	
	Brazos County, TX	
	Burleson County, TX	
	Robertson County, TX	0.8505
17820	Colorado Springs, CO	
	El Paso County, CO	
	Teller County, CO	0.9799
17860	Columbia, MO	
	Boone County, MO	
	Howard County, MO	0.8352
17900	Columbia, SC	
	Calhoun County, SC	
	Fairfield County, SC	
	Kershaw County, SC	
	Lexington County, SC	
	Richland County, SC	
	Saluda County, SC	0.9071
17980	Columbus, GA-AL	
	Russell County, AL	
	Chattahoochee County, GA	
	Harris County, GA	
	Marion County, GA	
	Muscogee County, GA	0.8711
18020	Columbus, IN	
	Bartholomew County, IN	0.9472
18140	[1]Columbus, OH	
	Delaware County, OH	
	Fairfield County, OH	
	Franklin County, OH	
	Licking County, OH	
	Madison County, OH	
	Morrow County, OH	
	Pickaway County, OH	
	Union County, OH	0.9757
18580	Corpus Christi, TX	
	Aransas County, TX	
	Nueces County, TX	
	San Patricio County, TX	0.8665
18700	Corvallis, OR	
	Benton County, OR	1.0547

CBSA code	Urban area (Constituent counties)	Wage index
19060	[2]Cumberland, MD-WV (MD Hospitals) Allegany County, MD Mineral County, WV	0.9248
19060	Cumberland, MD-WV (WV Hospitals) Allegany County, MD Mineral County, WV	0.8668
19124	Dallas-Plano-Irving, TX Collin County, TX Dallas County, TX Delta County, TX Denton County, TX Ellis County, TX Hunt County, TX Kaufman County, TX Rockwall County, TX	1.0092
19140	Dalton, GA Murray County, GA Whitfield County, GA	0.9320
19180	Danville, IL Vermilion County, IL	0.8418
19260	Danville, VA Pittsylvania County, VA Danville City, VA	0.8792
19340	Davenport-Moline-Rock Island, IA-IL Henry County, IL Mercer County, IL Rock Island County, IL Scott County, IA	0.8776
19380	Dayton, OH Greene County, OH Miami County, OH Montgomery County, OH Preble County, OH	0.9322
19460	Decatur, AL Lawrence County, AL Morgan County, AL	0.8915
19500	[2]Decatur, IL Macon County, IL	0.8364
19660	Deltona-Daytona Beach-Ormond Beach, FL Volusia County, FL	0.8685

CBSA code	Urban area (Constituent counties)	Wage index
19740	[1]Denver-Aurora, CO Adams County, CO Arapahoe County, CO Broomfield County, CO Clear Creek County, CO Denver County, CO Douglas County, CO Elbert County, CO Gilpin County, CO Jefferson County, CO Park County, CO	1.0911
19780	Des Moines, IA Dallas County, IA Guthrie County, IA Madison County, IA Polk County, IA Warren County, IA	0.9288
19804	[1]Detroit-Livonia-Dearborn, MI Wayne County, MI	1.0379
20020	[2]Dothan, AL Geneva County, AL Henry County, AL Houston County, AL	0.7675
20100	[2]Dover, DE Kent County, DE	0.9651
20220	Dubuque, IA Dubuque County, IA	0.8748
20260	Duluth, MN-WI Carlton County, MN St. Louis County, MN Douglas County, WI	1.0449
20500	Durham, NC Chatham County, NC Durham County, NC Orange County, NC Person County, NC	1.0312
20740	[2]Eau Claire, WI Chippewa County, WI Eau Claire County, WI	0.9485

CBSA code	Urban area (Constituent counties)	Wage index
20764	[1]Edison, NJ Middlesex County, NJ Monmouth County, NJ Ocean County, NJ Somerset County, NJ	1.1160
20940	[2]El Centro, CA Imperial County, CA	1.0440
21060	Elizabethtown, KY Hardin County, KY Larue County, KY	0.8713
21140	Elkhart-Goshen, IN Elkhart County, IN	0.9286
21300	Elmira, NY Chemung County, NY	0.8488
21340	El Paso, TX El Paso County, TX	0.9210
21420	Enid, OK Garfield County, OK	0.9034
21500	Erie, PA Erie County, PA	0.8708
21604	Essex County, MA Essex County, MA	1.0666
21660	Eugene-Springfield, OR Lane County, OR	1.0951
21780	[2]Evansville, IN-KY (IN Hospitals) Gibson County, IN Posey County, IN Vanderburgh County, IN Warrick County, IN Henderson County, KY Webster County, KY	0.8675
21780	Evansville, IN-KY (KY Hospitals) Gibson County, IN Posey County, IN Vanderburgh County, IN Warrick County, IN Henderson County, KY Webster County, KY	0.8406
21820	[2]Fairbanks, AK Fairbanks North Star Borough, AK	1.1761

CBSA code	Urban area (Constituent counties)	Wage index
21940	Fajardo, PR Ceiba Municipio, PR Fajardo Municipio, PR Luquillo Municipio, PR	0.4014
22020	[2]Fargo, ND-MN Clay County, MN Cass County, ND	0.9340
22140	[2]Farmington, NM San Juan County, NM	0.8592
22180	Fayetteville, NC Cumberland County, NC Hoke County, NC	0.9387
22220	Fayetteville-Springdale-Rogers, AR-MO Benton County, AR Madison County, AR Washington County, AR McDonald County, MO	0.8687
22380	Flagstaff, AZ Coconino County, AZ	1.0804
22420	Flint, MI Genesee County, MI	1.1187
22460	Florence-Muscle Shoals, AL Colbert County, AL Lauderdale County, AL	0.7917
22500	Florence, SC Darlington County, SC Florence County, SC	0.8540
22540	Fond du Lac, WI Fond du Lac County, WI	0.9921
22660	Fort Collins-Loveland, CO Larimer County, CO	1.0214
22744	[1]Fort Lauderdale-Pompano Beach-Deerfield Beach, FL Broward County, FL	1.0408
22900	Fort Smith, AR-OK Crawford County, AR Franklin County, AR Sebastian County, AR Le Flore County, OK Sequoyah County, OK	0.8311
23020	Fort Walton Beach-Crestview-Destin, FL Okaloosa County, FL	0.8805

CBSA code	Urban area (Constituent counties)	Wage index
23060	Fort Wayne, IN Allen County, IN Wells County, IN Whitley County, IN	0.9825
23104	[1]Fort Worth-Arlington, TX Johnson County, TX Parker County, TX Tarrant County, TX Wise County, TX	0.9515
23420	Fresno, CA Fresno County, CA	1.0656
23460	Gadsden, AL Etowah County, AL	0.8182
23540	[2]Gainesville, FL Alachua County, FL Gilchrist County, FL	0.8581
23580	Gainesville, GA Hall County, GA	0.9584
23844	Gary, IN Jasper County, IN Lake County, IN Newton County, IN Porter County, IN	0.9328
24020	Glens Falls, NY Warren County, NY Washington County, NY	0.8508
24140	Goldsboro, NC Wayne County, NC	0.8796
24220	[2]Grand Forks, ND-MN (MN Hospitals) Polk County, MN Grand Forks County, ND	0.9340
24220	Grand Forks, ND-MN (ND Hospitals) Polk County, MN Grand Forks County, ND	0.9169
24300	Grand Junction, CO Mesa County, CO	0.9949
24340	Grand Rapids-Wyoming, MI Barry County, MI Ionia County, MI Kent County, MI Newaygo County, MI	0.9457

CBSA code	Urban area (Constituent counties)	Wage index
24500	Great Falls, MT Cascade County, MT	0.8908
24540	Greeley, CO Weld County, CO	0.9758
24580	Green Bay, WI Brown County, WI Kewaunee County, WI Oconto County, WI	0.9602
24660	Greensboro-High Point, NC Guilford County, NC Randolph County, NC Rockingham County, NC	0.9228
24780	Greenville, NC Greene County, NC Pitt County, NC	0.9200
24860	Greenville, SC Greenville County, SC Laurens County, SC Pickens County, SC	0.9287
25020	Guayama, PR Arroyo Municipio, PR Guayama Municipio, PR Patillas Municipio, PR	0.4015
25060	Gulfport-Biloxi, MS Hancock County, MS Harrison County, MS Stone County, MS	0.8954
25180	Hagerstown-Martinsburg, MD-WV Washington County, MD Berkeley County, WV Morgan County, WV	0.9765
25260	[2]Hanford-Corcoran, CA Kings County, CA	1.0440
25420	Harrisburg-Carlisle, PA Cumberland County, PA Dauphin County, PA Perry County, PA	0.9377
25500	Harrisonburg, VA Rockingham County, VA Harrisonburg City, VA	0.9300

CBSA code	Urban area (Constituent counties)	Wage index
25620	[2]Hattiesburg, MS Forrest County, MS Lamar County, MS Perry County, MS	0.7665
25860	Hickory-Lenoir-Morganton, NC Alexander County, NC Burke County, NC Caldwell County, NC Catawba County, NC	0.9508
25980	[2]Hinesville-Fort Stewart, GA Liberty County, GA Long County, GA	0.7774
26100	Holland-Grand Haven, MI Ottawa County, MI	0.9482
26180	Honolulu, HI Honolulu County, HI	1.1018
26300	Hot Springs, AR Garland County, AR	0.9286
26380	Houma-Bayou Cane-Thibodaux, LA Lafourche Parish, LA Terrebonne Parish, LA	0.7779
26420	[1]Houston-Baytown-Sugar Land, TX Austin County, TX Brazoria County, TX Chambers County, TX Fort Bend County, TX Galveston County, TX Harris County, TX Liberty County, TX Montgomery County, TX San Jacinto County, TX Waller County, TX	0.9995
26580	Huntington-Ashland, WV-KY-OH Boyd County, KY Greenup County, KY Lawrence County, OH Cabell County, WV Wayne County, WV	0.9585
26620	Huntsville, AL Limestone County, AL Madison County, AL	0.8861

CBSA code	Urban area (Constituent counties)	Wage index
26820	Idaho Falls, ID Bonneville County, ID Jefferson County, ID	0.9062
26900	[1]Indianapolis, IN Boone County, IN Brown County, IN Hamilton County, IN Hancock County, IN Hendricks County, IN Johnson County, IN Marion County, IN Morgan County, IN Putnam County, IN Shelby County, IN	1.0102
26980	Iowa City, IA Johnson County, IA Washington County, IA	0.9663
27060	Ithaca, NY Tompkins County, NY	0.9795
27100	Jackson, MI Jackson County, MI	0.9152
27140	Jackson, MS Copiah County, MS Hinds County, MS Madison County, MS Rankin County, MS Simpson County, MS	0.8305
27180	Jackson, TN Chester County, TN Madison County, TN	0.8912
27260	[1]Jacksonville, FL Baker County, FL Clay County, FL Duval County, FL Nassau County, FL St. Johns County, FL	0.9574
27340	[2]Jacksonville, NC Onslow County, NC	0.8587
27460	Jamestown, NY Chautauqua County, NY	0.8180
27500	Janesville, WI Rock County, WI	0.9618

CBSA code	Urban area (Constituent counties)	Wage index
27620	Jefferson City, MO Callaway County, MO Cole County, MO Moniteau County, MO Osage County, MO	0.8352
27740	Johnson City, TN Carter County, TN Unicoi County, TN Washington County, TN	0.7991
27780	Johnstown, PA Cambria County, PA	0.8397
27860	Jonesboro, AR Craighead County, AR Poinsett County, AR	0.8078
27900	Joplin, MO Jasper County, MO Newton County, MO	0.8746
28020	Kalamazoo-Portage, MI Kalamazoo County, MI Van Buren County, MI	1.0714
28100	Kankakee-Bradley, IL Kankakee County, IL	1.0551
28140	[1]Kansas City, MO-KS Franklin County, KS Johnson County, KS Leavenworth County, KS Linn County, KS Miami County, KS Wyandotte County, KS Bates County, MO Caldwell County, MO Cass County, MO Clay County, MO Clinton County, MO Jackson County, MO Lafayette County, MO Platte County, MO Ray County, MO	0.9625
28420	Kennewick-Richland-Pasco, WA Benton County, WA Franklin County, WA	1.0530

CBSA code	Urban area (Constituent counties)	Wage index
28660	Killeen-Temple-Fort Hood, TX Bell County, TX Coryell County, TX Lampasas County, TX	0.9301
28700	Kingsport-Bristol-Bristol, TN-VA Hawkins County, TN Sullivan County, TN Scott County, VA	0.8257
28740	Kingston, NY Ulster County, NY	0.8874
28940	Knoxville, TN Anderson County, TN Blount County, TN Knox County, TN Loudon County, TN Union County, TN	0.8585
29020	Kokomo, IN Howard County, IN Tipton County, IN	0.9038
29100	[2]La Crosse, WI-MN (MN Hospitals) Houston County, MN La Crosse County, WI	0.9340
29100	[2]La Crosse, WI-MN (WI Hospitals) Houston County, MN La Crosse County, WI	0.9485
29140	Lafayette, IN Benton County, IN Carroll County, IN Tippecanoe County, IN	0.9073
29180	Lafayette, LA Lafayette Parish, LA St. Martin Parish, LA	0.8319
29340	Lake Charles, LA Calcasieu Parish, LA Cameron Parish, LA	0.7921
29404	Lake County-Kenosha County, IL-WI Lake County, IL Kenosha County, WI	1.0342

CBSA code	Urban area (Constituent counties)	Wage index
29460	Lakeland, FL Polk County, FL	0.8964
29540	Lancaster, PA Lancaster County, PA	0.9919
29620	Lansing-East Lansing, MI Clinton County, MI Eaton County, MI Ingham County, MI	0.9675
29700	Laredo, TX Webb County, TX	0.8293
29740	Las Cruces, NM Dona Ana County, NM	0.8783
29820	[1]Las Vegas-Paradise, NV Clark County, NV	1.1380
29940	[2]Lawrence, KS Douglas County, KS	0.8132
30020	Lawton, OK Comanche County, OK	0.8264
30140	Lebanon, PA Lebanon County, PA	0.8592
30300	[2]Lewiston, ID-WA (ID Hospitals) Nez Perce County, ID Asotin County, WA	0.9325
30300	Lewiston, ID-WA (WA Hospitals) Nez Perce County, ID Asotin County, WA	1.0340
30340	Lewiston-Auburn, ME Androscoggin County, ME	0.9613
30460	Lexington-Fayette, KY Bourbon County, KY Clark County, KY Fayette County, KY Jessamine County, KY Scott County, KY Woodford County, KY	0.9074
30620	Lima, OH Allen County, OH	0.9330
30700	Lincoln, NE Lancaster County, NE Seward County, NE	1.0206

CBSA code	Urban area (Constituent counties)	Wage index
30780	Little Rock-North Little Rock, AR	
	Faulkner County, AR	
	Grant County, AR	
	Lonoke County, AR	
	Perry County, AR	
	Pulaski County, AR	
	Saline County, AR	0.9032
30860	Logan, UT-ID	
	Franklin County, ID	
	Cache County, UT	0.9102
30980	Longview, TX	
	Gregg County, TX	
	Rusk County, TX	
	Upshur County, TX	0.8823
31020	[2]Longview, WA	
	Cowlitz County, WA	1.0340
31084	[1]Los Angeles-Long Beach-Glendale, CA	
	Los Angeles County, CA	1.1730
31140	[1]Louisville, KY-IN	
	Clark County, IN	
	Floyd County, IN	
	Harrison County, IN	
	Washington County, IN	
	Bullitt County, KY	
	Henry County, KY	
	Jefferson County, KY	
	Meade County, KY	
	Nelson County, KY	
	Oldham County, KY	
	Shelby County, KY	
	Spencer County, KY	
	Trimble County, KY	0.9146
31180	Lubbock, TX	
	Crosby County, TX	
	Lubbock County, TX	0.8798
31340	Lynchburg, VA	
	Amherst County, VA	
	Appomattox County, VA	
	Bedford County, VA	
	Campbell County, VA	
	Bedford City, VA	
	Lynchburg City, VA	0.9048

CBSA code	Urban area (Constituent counties)	Wage index
31420	Macon, GA Bibb County, GA Crawford County, GA Jones County, GA Monroe County, GA Twiggs County, GA	0.9934
31460	[2]Madera, CA Madera County, CA	1.0440
31540	Madison, WI Columbia County, WI Dane County, WI Iowa County, WI	1.0325
31700	Manchester-Nashua, NH Hillsborough County, NH	1.0573
31900	Mansfield, OH Richland County, OH	0.9224
32420	Mayagüez, PR Hormigueros Municipio, PR Mayagüez Municipio, PR	0.4453
32580	McAllen-Edinburg-Pharr, TX Hidalgo County, TX	0.8624
32780	Medford, OR Jackson County, OR	1.0561
32820	[1]Memphis, TN-MS-AR Crittenden County, AR DeSoto County, MS Marshall County, MS Tate County, MS Tunica County, MS Fayette County, TN Shelby County, TN Tipton County, TN	0.9250
32900	[2]Merced, CA Merced County, CA	1.0440
33124	[1]Miami-Miami Beach-Kendall, FL Miami-Dade County, FL	1.0045
33140	Michigan City-La Porte, IN LaPorte County, IN	0.9351
33260	Midland, TX Midland County, TX	0.9408

CBSA code	Urban area (Constituent counties)	Wage index
33340	[1]Milwaukee-Waukesha-West Allis, WI Milwaukee County, WI Ozaukee County, WI Washington County, WI Waukesha County, WI	1.0106
33460	[1]Minneapolis-St. Paul-Bloomington, MN-WI Anoka County, MN Carver County, MN Chisago County, MN Dakota County, MN Hennepin County, MN Isanti County, MN Ramsey County, MN Scott County, MN Sherburne County, MN Washington County, MN Wright County, MN Pierce County, WI St. Croix County, WI	1.1074
33540	Missoula, MT Missoula County, MT	0.9657
33660	Mobile, AL Mobile County, AL	0.8017
33700	Modesto, CA Stanislaus County, CA	1.2007
33740	Monroe, LA Ouachita Parish, LA Union Parish, LA	0.7928
33780	Monroe, MI Monroe County, MI	0.9517
33860	Montgomery, AL Autauga County, AL Elmore County, AL Lowndes County, AL Montgomery County, AL	0.8312
34060	Morgantown, WV Monongalia County, WV Preston County, WV	0.8720
34100	[2]Morristown, TN Grainger County, TN Hamblen County, TN Jefferson County, TN	0.7911

CBSA code	Urban area (Constituent counties)	Wage index
34580	Mount Vernon-Anacortes, WA Skagit County, WA	1.0581
34620	[2]Muncie, IN Delaware County, IN	0.8675
34740	Muskegon-Norton Shores, MI Muskegon County, MI	0.9770
34820	Myrtle Beach-Conway-North Myrtle Beach, SC Horry County, SC	0.8592
34900	Napa, CA Napa County, CA	1.3537
34940	Naples-Marco Island, FL Collier County, FL	1.0593
34980	Nashville-Davidson--Murfreesboro, TN Cannon County, TN Cheatham County, TN Davidson County, TN Dickson County, TN Hickman County, TN Macon County, TN Robertson County, TN Rutherford County, TN Smith County, TN Sumner County, TN Trousdale County, TN Williamson County, TN Wilson County, TN	1.0115
35084	[1]Newark-Union, NJ-PA Essex County, NJ Hunterdon County, NJ Morris County, NJ Sussex County, NJ Union County, NJ Pike County, PA	1.1708
35300	New Haven-Milford, CT New Haven County, CT	1.1828

CBSA code	Urban area (Constituent counties)	Wage index
35380	[1]New Orleans-Metairie-Kenner, LA	
	Jefferson Parish, LA	
	Orleans Parish, LA	
	Plaquemines Parish, LA	
	St. Bernard Parish, LA	
	St. Charles Parish, LA	
	St. John the Baptist Parish, LA	
	St. Tammany Parish, LA	0.9118
35644	[1]New York-Wayne-White Plains, NY-NJ	
	Bergen County, NJ	
	Hudson County, NJ	
	Passaic County, NJ	
	Bronx County, NY	
	Kings County, NY	
	New York County, NY	
	Putnam County, NY	
	Queens County, NY	
	Richmond County, NY	
	Rockland County, NY	
	Westchester County, NY	1.3324
35660	Niles-Benton Harbor, MI	
	Berrien County, MI	0.8922
35980	Norwich-New London, CT	
	New London County, CT	1.1625
36084	[1]Oakland-Fremont-Hayward, CA	
	Alameda County, CA	
	Contra Costa County, CA	1.5387
36100	Ocala, FL	
	Marion County, FL	0.9194
36140	Ocean City, NJ	
	Cape May County, NJ	1.0841
36220	Odessa, TX	
	Ector County, TX	0.9822
36260	Ogden-Clearfield, UT	
	Davis County, UT	
	Morgan County, UT	
	Weber County, UT	0.9303

CBSA code	Urban area (Constituent counties)	Wage index
36420	[1]Oklahoma City, OK	
	Canadian County, OK	
	Cleveland County, OK	
	Grady County, OK	
	Lincoln County, OK	
	Logan County, OK	
	McClain County, OK	
	Oklahoma County, OK	0.9005
36500	Olympia, WA	
	Thurston County, WA	1.1034
36540	Omaha-Council Bluffs, NE-IA	
	Harrison County, IA	
	Mills County, IA	
	Pottawattamie County, IA	
	Cass County, NE	
	Douglas County, NE	
	Sarpy County, NE	
	Saunders County, NE	
	Washington County, NE	0.9765
36740	[1]Orlando, FL	
	Lake County, FL	
	Orange County, FL	
	Osceola County, FL	
	Seminole County, FL	0.9779
36780	[2]Oshkosh-Neenah, WI	
	Winnebago County, WI	0.9485
36980	Owensboro, KY	
	Daviess County, KY	
	Hancock County, KY	
	McLean County, KY	0.8470
37100	Oxnard-Thousand Oaks-Ventura, CA	
	Ventura County, CA	1.1130
37340	Palm Bay-Melbourne-Titusville, FL	
	Brevard County, FL	0.9630
37460	[2]Panama City-Lynn Haven, FL	
	Bay County, FL	0.8581
37620	[2]Parkersburg-Marietta, WV-OH (OH Hospitals)	
	Washington County, OH	
	Pleasants County, WV	
	Wirt County, WV	
	Wood County, WV	0.8708

CBSA code	Urban area (Constituent counties)	Wage index
37620	Parkersburg-Marietta, WV-OH (WV Hospitals)	
	Washington County, OH	
	Pleasants County, WV	
	Wirt County, WV	
	Wood County, WV	0.8388
37700	Pascagoula, MS	
	George County, MS	
	Jackson County, MS	0.7993
37860	[2]Pensacola-Ferry Pass-Brent, FL	
	Escambia County, FL	
	Santa Rosa County, FL	0.8581
37900	Peoria, IL	
	Marshall County, IL	
	Peoria County, IL	
	Stark County, IL	
	Tazewell County, IL	
	Woodford County, IL	0.8853
37964	[1]Philadelphia, PA	
	Bucks County, PA	
	Chester County, PA	
	Delaware County, PA	
	Montgomery County, PA	
	Philadelphia County, PA	1.0880
38060	[1]Phoenix-Mesa-Scottsdale, AZ	
	Maricopa County, AZ	
	Pinal County, AZ	1.0009
38220	Pine Bluff, AR	
	Cleveland County, AR	
	Jefferson County, AR	
	Lincoln County, AR	0.8724
38300	[1]Pittsburgh, PA	
	Allegheny County, PA	
	Armstrong County, PA	
	Beaver County, PA	
	Butler County, PA	
	Fayette County, PA	
	Washington County, PA	
	Westmoreland County, PA	0.8743
38340	Pittsfield, MA	
	Berkshire County, MA	1.0756

CBSA code	Urban area (Constituent counties)	Wage index
38540	Pocatello, ID Bannock County, ID Power County, ID	0.9615
38660	Ponce, PR Juana Díaz Municipio, PR Ponce Municipio, PR Villalba Municipio, PR	0.5019
38860	Portland-South Portland-Biddeford, ME Cumberland County, ME Sagadahoc County, ME York County, ME	1.0127
38900	[1]Portland-Vancouver-Beaverton, OR-WA Clackamas County, OR Columbia County, OR Multnomah County, OR Washington County, OR Yamhill County, OR Clark County, WA Skamania County, WA	1.1384
38940	Port St. Lucie-Fort Pierce, FL Martin County, FL St. Lucie County, FL	1.0117
39100	Poughkeepsie-Newburgh-Middletown, NY Dutchess County, NY Orange County, NY	1.1395
39140	Prescott, AZ Yavapai County, AZ	0.9922
39300	[1]Providence-New Bedford-Fall River, RI-MA Bristol County, MA Bristol County, RI Kent County, RI Newport County, RI Providence County, RI Washington County, RI	1.0941
39340	Provo-Orem, UT Juab County, UT Utah County, UT	0.9762
39380	[2]Pueblo, CO Pueblo County, CO	0.9374
39460	Punta Gorda, FL Charlotte County, FL	0.9473

CBSA code	Urban area (Constituent counties)	Wage index
39540	[2]Racine, WI	
	Racine County, WI	0.9485
39580	Raleigh-Cary, NC	
	Franklin County, NC	
	Johnston County, NC	
	Wake County, NC	1.0060
39660	Rapid City, SD	
	Meade County, SD	
	Pennington County, SD	0.8947
39740	Reading, PA	
	Berks County, PA	0.9173
39820	Redding, CA	
	Shasta County, CA	1.1856
39900	Reno-Sparks, NV	
	Storey County, NV	
	Washoe County, NV	1.0474
40060	[1]Richmond, VA	
	Amelia County, VA	
	Caroline County, VA	
	Charles City County, VA	
	Chesterfield County, VA	
	Cumberland County, VA	
	Dinwiddie County, VA	
	Goochland County, VA	
	Hanover County, VA	
	Henrico County, VA	
	King and Queen County, VA	
	King William County, VA	
	Louisa County, VA	
	New Kent County, VA	
	Powhatan County, VA	
	Prince George County, VA	
	Sussex County, VA	
	Colonial Heights City, VA	
	Hopewell City, VA	
	Petersburg City, VA	
	Richmond City, VA	0.9422
40140	[1]Riverside-San Bernardino-Ontario, CA	
	Riverside County, CA	
	San Bernardino County, CA	1.0997

CBSA code	Urban area (Constituent counties)	Wage index
40220	Roanoke, VA Botetourt County, VA Craig County, VA Franklin County, VA Roanoke County, VA Roanoke City, VA Salem City, VA	0.8390
40340	Rochester, MN Dodge County, MN Olmsted County, MN Wabasha County, MN	1.1511
40380	[1]Rochester, NY Livingston County, NY Monroe County, NY Ontario County, NY Orleans County, NY Wayne County, NY	0.9307
40420	Rockford, IL Boone County, IL Winnebago County, IL	0.9623
40484	Rockingham County-Strafford County, NH Rockingham County, NH Strafford County, NH	1.0232
40580	Rocky Mount, NC Edgecombe County, NC Nash County, NC	0.9016
40660	Rome, GA Floyd County, GA	0.8877
40900	[1]Sacramento--Arden-Arcade--Roseville, CA El Dorado County, CA Placer County, CA Sacramento County, CA Yolo County, CA	1.1709
40980	Saginaw-Saginaw Township North, MI Saginaw County, MI	0.9879
41060	St. Cloud, MN Benton County, MN Stearns County, MN	1.0193
41100	St. George, UT Washington County, UT	0.9495

CBSA code	Urban area (Constituent counties)	Wage index
41140	[2]St. Joseph, MO-KS (MO Hospitals) Doniphan County, KS Andrew County, MO Buchanan County, MO DeKalb County, MO	0.8011
41140	[2]St. Joseph, MO-KS (KS Hospitals) Doniphan County, KS Andrew County, MO Buchanan County, MO DeKalb County, MO	0.8132
41180	St. Louis, MO-IL Bond County, IL Calhoun County, IL Clinton County, IL Jersey County, IL Macoupin County, IL Madison County, IL Monroe County, IL St. Clair County, IL Crawford County, MO Franklin County, MO Jefferson County, MO Lincoln County, MO St. Charles County, MO St. Louis County, MO Warren County, MO Washington County, MO St. Louis City, MO	0.9067
41420	Salem, OR Marion County, OR Polk County, OR	1.0572
41500	Salinas, CA Monterey County, CA	1.3946
41540	[2]Salisbury, MD Somerset County, MD Wicomico County, MD	0.9248
41620	Salt Lake City, UT Salt Lake County, UT Summit County, UT Tooele County, UT	0.9588

CBSA code	Urban area (Constituent counties)	Wage index
41660	San Angelo, TX Irion County, TX Tom Green County, TX	0.8194
41700	[1]San Antonio, TX Atascosa County, TX Bandera County, TX Bexar County, TX Comal County, TX Guadalupe County, TX Kendall County, TX Medina County, TX Wilson County, TX	0.9021
41740	[1]San Diego-Carlsbad-San Marcos, CA San Diego County, CA	1.1265
41780	Sandusky, OH Erie County, OH	0.9045
41884	[1]San Francisco-San Mateo-Redwood City, CA Marin County, CA San Francisco County, CA San Mateo County, CA	1.4403
41900	San Germán-Cabo Rojo, PR Cabo Rojo Municipio, PR Lajas Municipio, PR Sabana Grande Municipio, PR San Germán Municipio, PR	0.5254
41940	[1]San Jose-Sunnyvale-Santa Clara, CA San Benito County, CA Santa Clara County, CA	1.4543

CBSA code	Urban area (Constituent counties)	Wage index
41980	[1]San Juan-Caguas-Guaynabo, PR	
	Aguas Buenas Municipio, PR	
	Aibonito Municipio, PR	
	Arecibo Municipio, PR	
	Barceloneta Municipio, PR	
	Barranquitas Municipio, PR	
	Bayamón Municipio, PR	
	Caguas Municipio, PR	
	Camuy Municipio, PR	
	Canóvanas Municipio, PR	
	Carolina Municipio, PR	
	Cataño Municipio, PR	
	Cayey Municipio, PR	
	Ciales Municipio, PR	
	Cidra Municipio, PR	
	Comerío Municipio, PR	
	Corozal Municipio, PR	
	Dorado Municipio, PR	
	Florida Municipio, PR	
	Guaynabo Municipio, PR	
	Gurabo Municipio, PR	
	Hatillo Municipio, PR	
	Humacao Municipio, PR	
	Juncos Municipio, PR	
	Las Piedras Municipio, PR	
	Loíza Municipio, PR	
	Manatí Municipio, PR	
	Maunabo Municipio, PR	
	Morovis Municipio, PR	
	Naguabo Municipio, PR	
	Naranjito Municipio, PR	
	Orocovis Municipio, PR	
	Quebradillas Municipio, PR	
	Río Grande Municipio, PR	
	San Juan Municipio, PR	
	San Lorenzo Municipio, PR	
	Toa Alta Municipio, PR	
	Toa Baja Municipio, PR	
	Trujillo Alto Municipio, PR	
	Vega Alta Municipio, PR	
	Vega Baja Municipio, PR	
	Yabucoa Municipio, PR	
		0.4646

CBSA code	Urban area (Constituent counties)	Wage index
42020	San Luis Obispo-Paso Robles, CA San Luis Obispo County, CA	1.1140
42044	[1]Santa Ana-Anaheim-Irvine, CA Orange County, CA	1.1728
42060	Santa Barbara-Santa Maria-Goleta, CA Santa Barbara County, CA	1.0731
42100	Santa Cruz-Watsonville, CA Santa Cruz County, CA	1.4786
42140	Santa Fe, NM Santa Fe County, NM	1.0913
42220	Santa Rosa-Petaluma, CA Sonoma County, CA	1.2958
42260	Sarasota-Bradenton-Venice, FL Manatee County, FL Sarasota County, FL	0.9635
42340	Savannah, GA Bryan County, GA Chatham County, GA Effingham County, GA	0.9470
42540	Scranton--Wilkes-Barre, PA Lackawanna County, PA Luzerne County, PA Wyoming County, PA	0.8529
42644	[1]Seattle-Bellevue-Everett, WA King County, WA Snohomish County, WA	1.1497
43100	[2]Sheboygan, WI Sheboygan County, WI	0.9485
43300	Sherman-Denison, TX Grayson County, TX	0.9645
43340	Shreveport-Bossier City, LA Bossier Parish, LA Caddo Parish, LA De Soto Parish, LA	0.9153
43580	Sioux City, IA-NE-SD Woodbury County, IA Dakota County, NE Dixon County, NE Union County, SD	0.9077

CBSA code	Urban area (Constituent counties)	Wage index
43620	Sioux Falls, SD Lincoln County, SD McCook County, SD Minnehaha County, SD Turner County, SD	0.9438
43780	South Bend-Mishawaka, IN-MI St. Joseph County, IN Cass County, MI	0.9458
43900	Spartanburg, SC Spartanburg County, SC	0.9035
44060	Spokane, WA Spokane County, WA	1.0674
44100	Springfield, IL Menard County, IL Sangamon County, IL	0.8754
44140	[2]Springfield, MA Franklin County, MA Hampden County, MA Hampshire County, MA	1.0432
44180	Springfield, MO Christian County, MO Dallas County, MO Greene County, MO Polk County, MO Webster County, MO	0.8458
44220	Springfield, OH Clark County, OH	0.8763
44300	State College, PA Centre County, PA	0.8486
44700	Stockton, CA San Joaquin County, CA	1.0605
44844	[1]Suffolk-Nassau, NY Nassau County, NY Suffolk County, NY	1.2966
44940	[2]Sumter, SC Sumter County, SC	0.8449
45060	Syracuse, NY Madison County, NY Onondaga County, NY Oswego County, NY	0.9504

CBSA code	Urban area (Constituent counties)	Wage index
45104	Tacoma, WA Pierce County, WA	1.1105
45220	Tallahassee, FL Gadsden County, FL Jefferson County, FL Leon County, FL Wakulla County, FL	0.8690
45300	[1]Tampa-St. Petersburg-Clearwater, FL Hernando County, FL Hillsborough County, FL Pasco County, FL Pinellas County, FL	0.9087
45460	[2]Terre Haute, IN Clay County, IN Sullivan County, IN Vermillion County, IN Vigo County, IN	0.8675
45500	Texarkana, TX-Texarkana, AR Miller County, AR Bowie County, TX	0.8457
45780	Toledo, OH Fulton County, OH Lucas County, OH Ottawa County, OH Wood County, OH	0.9536
45820	Topeka, KS Jackson County, KS Jefferson County, KS Osage County, KS Shawnee County, KS Wabaunsee County, KS	0.8915
45940	Trenton-Ewing, NJ Mercer County, NJ	1.0294
46060	Tucson, AZ Pima County, AZ	0.8971

CBSA code	Urban area (Constituent counties)	Wage index
46140	Tulsa, OK	
	Creek County, OK	
	Okmulgee County, OK	
	Osage County, OK	
	Pawnee County, OK	
	Rogers County, OK	
	Tulsa County, OK	
	Wagoner County, OK	0.8709
46220	Tuscaloosa, AL	
	Greene County, AL	
	Hale County, AL	
	Tuscaloosa County, AL	0.8358
46340	Tyler, TX	
	Smith County, TX	0.9534
46540	Utica-Rome, NY	
	Herkimer County, NY	
	Oneida County, NY	0.8339
46660	Valdosta, GA	
	Brooks County, GA	
	Echols County, GA	
	Lanier County, GA	
	Lowndes County, GA	0.8355
46700	Vallejo-Fairfield, CA	
	Solano County, CA	1.4275
46940	Vero Beach, FL	
	Indian River County, FL	0.9513
47020	Victoria, TX	
	Calhoun County, TX	
	Goliad County, TX	
	Victoria County, TX	0.8491
47220	Vineland-Millville-Bridgeton, NJ	
	Cumberland County, NJ	1.0604

CBSA code	Urban area (Constituent counties)	Wage index
47260	[1]Virginia Beach-Norfolk-Newport News, VA-NC	
	Currituck County, NC	
	Gloucester County, VA	
	Isle of Wight County, VA	
	James City County, VA	
	Mathews County, VA	
	Surry County, VA	
	York County, VA	
	Chesapeake City, VA	
	Hampton City, VA	
	Newport News City, VA	
	Norfolk City, VA	
	Poquoson City, VA	
	Portsmouth City, VA	
	Suffolk City, VA	
	Virginia Beach City, VA	
	Williamsburg City, VA	0.8941
47300	[2]Visalia-Porterville, CA	
	Tulare County, CA	1.0440
47380	Waco, TX	
	McLennan County, TX	0.8167
47580	Warner Robins, GA	
	Houston County, GA	0.8513
47644	[1]Warren-Farmington Hills-Troy, MI	
	Lapeer County, MI	
	Livingston County, MI	
	Macomb County, MI	
	Oakland County, MI	
	St. Clair County, MI	1.0131

CBSA code	Urban area (Constituent counties)	Wage index
47894	[1]Washington-Arlington-Alexandria, DC-VA-MD-WV District of Columbia, DC Calvert County, MD Charles County, MD Prince George's County, MD Arlington County, VA Clarke County, VA Fairfax County, VA Fauquier County, VA Loudoun County, VA Prince William County, VA Spotsylvania County, VA Stafford County, VA Warren County, VA Alexandria City, VA Fairfax City, VA Falls Church City, VA Fredericksburg City, VA Manassas City, VA Manassas Park City, VA Jefferson County, WV	1.1063
47940	Waterloo-Cedar Falls, IA Black Hawk County, IA Bremer County, IA Grundy County, IA	0.8652
48140	Wausau, WI Marathon County, WI	1.0121
48260	[2]Weirton-Steubenville, WV-OH (OH Hospitals) Jefferson County, OH Brooke County, WV Hancock County, WV	0.8708
48260	Weirton-Steubenville, WV-OH (WV Hospitals) Jefferson County, OH Brooke County, WV Hancock County, WV	0.8292
48300	[2]Wenatchee, WA Chelan County, WA Douglas County, WA	1.0340
48424	[1]West Palm Beach-Boca Raton-Boynton Beach, FL Palm Beach County, FL	1.0074

CBSA code	Urban area (Constituent counties)	Wage index
48540	[2]Wheeling, WV-OH (OH Hospitals) Belmont County, OH Marshall County, WV Ohio County, WV	0.8708
48540	[2]Wheeling, WV-OH (WV Hospitals) Belmont County, OH Marshall County, WV Ohio County, WV	0.7903
48620	Wichita, KS Butler County, KS Harvey County, KS Sedgwick County, KS Sumner County, KS	0.9476
48660	Wichita Falls, TX Archer County, TX Clay County, TX Wichita County, TX	0.8379
48700	Williamsport, PA Lycoming County, PA	0.8432
48864	Wilmington, DE-MD-NJ New Castle County, DE Cecil County, MD Salem County, NJ	1.1110
48900	Wilmington, NC Brunswick County, NC New Hanover County, NC Pender County, NC	0.9248
49020	Winchester, VA-WV Frederick County, VA Winchester City, VA Hampshire County, WV	1.0513
49180	Winston-Salem, NC Davie County, NC Forsyth County, NC Stokes County, NC Yadkin County, NC	0.9430
49340	Worcester, MA Worcester County, MA	1.1034
49420	Yakima, WA Yakima County, WA	1.0343

CBSA code	Urban area (Constituent counties)	Wage index
49500	Yauco, PR Guánica Municipio, PR Guayanilla Municipio, PR Peñuelas Municipio, PR Yauco Municipio, PR	0.4505
49620	York-Hanover, PA York County, PA	0.8916
49660	Youngstown-Warren-Boardman, OH-PA Mahoning County, OH Trumbull County, OH Mercer County, PA	0.9257
49700	[2]Yuba City, CA Sutter County, CA Yuba County, CA	1.0440
49740	[2]Yuma, AZ Yuma County, AZ	0.8967

[1]Large urban area

[2] Hospitals geographically located in the area are assigned the statewide rural wage index for FY 2005.

ADDENDUM I.--WAGE INDEX FOR RURAL AREAS

Nonurban Area	Wage index
Alabama	0.7675
Alaska	1.1761
Arizona	0.8967
Arkansas	0.7453
California	1.0440
Colorado	0.9374
Connecticut	1.1312
Delaware	0.9651
Florida	0.8581
Georgia	0.7774
Hawaii	1.0549
Idaho	0.8249
Illinois	0.8364
Indiana	0.8675
Iowa	0.8496
Kansas	0.8132
Kentucky	0.7806
Louisiana	0.7399
Maine	0.9058
Maryland	0.9248
Massachusetts[1]	1.0432
Michigan	0.8792
Minnesota	0.9340
Mississippi	0.7665
Missouri	0.8011
Montana	0.8778

Nonurban Area	Wage index
Nebraska	0.9058
Nevada	0.9311
New Hampshire	1.0116
New Jersey[1]	-------
New Mexico	0.8592
New York	0.8192
North Carolina	0.8587
North Dakota	0.7741
Ohio	0.8708
Oklahoma	0.7721
Oregon	1.0182
Pennsylvania	0.8335
Puerto Rico[1]	-------
Rhode Island[1]	-------
South Carolina	0.8449
South Dakota	0.8409
Tennessee	0.7911
Texas	0.8011
Utah	0.8314
Vermont	0.9469
Virginia	0.8065
Washington	1.0340
West Virginia	0.7903
Wisconsin	0.9485
Wyoming	0.9190

[1]All counties within the State are classified as urban.

ADDENDUM J.--WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED

Area	Wage Index
Abilene, TX	0.8011
Akron, OH	0.9065
Albany-Schenectady-Troy, NY	0.8685
Albuquerque, NM	0.9936
Alexandria, LA	0.8198
Allentown-Bethlehem-Easton, PA	0.9539
Altoona, PA	0.8472
Amarillo, TX	0.9209
Anchorage, AK	1.2195
Anderson, IN	0.8790
Ann Arbor, MI	1.0777
Anniston-Oxford, AL	0.7967
Asheville, NC	0.9217
Athens-Clarke County, GA	0.9835
Atlanta-Sandy Springs-Marietta, GA	0.9819
Auburn-Opelika, AL	0.8080
Augusta-Richmond County, GA-SC	0.8977
Austin-Round Rock, TX	0.9619
Bangor, ME	0.9960
Barnstable Town, MA	1.1965
Baton Rouge, LA	0.8344
Bay City, MI	0.9601
Bethesda-Frederick-Gaithersburg, MD	1.0613
Binghamton, NY	0.8484
Birmingham-Hoover, AL	0.9111
Bloomington-Normal, IL	0.9099
Bowling Green, KY	0.8162
Buffalo-Niagra Falls, NY	0.9351
Burlington, NC	0.9124
Cambridge-Newton-Framingham, MA	1.1199
Carson City, NV	0.9927
Casper, WY	0.9367
Champaign-Urbana, IL	0.9597
Charleston, WV (OH Hospitals)	0.8708
Charleston, WV (WV Hospitals)	0.8581
Charleston-North Charleston, S	0.9379
Charlotte-Gastonia-Concord, NC-SC	0.9620
Charlottesville, VA	0.9955

Area	Wage Index
Chattanooga, TN-GA	0.9233
Chicago-Naperville-Joliet, IL	1.0688
Cincinnati-Middletown, OH-KY-IN	0.9533
Clarksville, TN-KY	0.8131
Cleveland-Elyria-Mentor, OH	0.9667
College Station-Bryan, TX	0.8505
Columbia, MO	0.8352
Columbia, SC	0.8952
Columbus, GA-AL	0.8373
Columbus, OH	0.9627
Corvallis, OR	1.0360
Dallas-Plano-Irving, TX	1.0092
Davenport-Moline-Rock Island, IA-IL	0.8624
Dayton, OH	0.9322
Decatur, AL	0.8915
Deltona-Daytona Beach-Ormond Beach, FL	0.8685
Denver-Aurora, CO	1.0709
Des Moines, IA	0.9160
Duluth, MN-WI	1.0449
Durham, NC	1.0204
Elkhart-Goshen, IN	0.9161
Erie, PA	0.8512
Eugene-Springfield, OR	1.0565
Evansville, IN-KY	0.8229
Fargo, ND-MN (MN Hospitals)	0.9340
Fargo, ND-MN (ND, SD Hospitals)	0.9217
Fayetteville, NC	0.9025
Fayetteville-Springdale-Rogers, AR-MO	0.8687
Flagstaff, AZ	1.0591
Fond du Lac, WI	0.9485
Fort Collins-Loveland, CO	1.0214
Fort Lauderdale-Pompano Beach-Deerfield Beach, FL	1.0408
Fort Smith, AR-OK	0.8076
Fort Walton Beach-Crestview-Destin, FL	0.8621
Fort Worth-Arlington, TX	0.9515
Gadsden, AL	0.8182
Gainesville, FL	0.8581
Grand Rapids-Wyoming, MI	0.9457
Great Falls, MT	0.8908
Greeley, CO	0.9758
Green Bay, WI	0.9602

Area	Wage Index
Greenville, NC	0.9200
Greenville, SC	0.9287
Gulfport-Biloxi, MS	0.8783
Harrisburg-Carlisle, PA	0.9221
Hartford-West Hartford-East Hartford, CT (CT Hospitals)	1.1312
Hartford-West Hartford-East Hartford, CT (MA Hospitals)	1.0981
Hickory-Morganton-Lenoir, NC	0.9346
Holland-Grand Haven, MI	0.9482
Honolulu, HI	1.1018
Houston-Baytown-Sugar Land, TX	0.9995
Huntington-Ashland, WV-KY-OH	0.9032
Huntsville, AL	0.8861
Idaho Falls, ID	0.9062
Indianapolis, IN	1.0102
Iowa City, IA	0.9492
Ithaca, NY	0.9383
Jackson, MS	0.8305
Jackson, TN	0.8727
Jacksonville, FL	0.9574
Jonesboro, AR	0.8078
Joplin, MO	0.8571
Kalamazoo-Portage, MI	1.0714
Kankakee-Bradley, IL	1.0075
Kansas City, MO-KS	0.9625
Kennewick-Richland-Pasco, WA (OR Hospitals)	1.0276
Kennewick-Richland-Pasco, WA (WA Hospitals)	1.0340
Kingsport-Bristol-Bristol, TN-VA	0.8257
Knoxville, TN	0.8585
Lafayette, IN	0.9073
Lafayette, LA	0.8319
Lakeland, FL	0.8964
Lansing-East Lansing, MI	0.9675
Las Vegas-Paradise, NV	1.1227
Lexington-Fayette, KY	0.8755
Lima, OH	0.9330
Lincoln, NE	0.9743
Little Rock-North Little Rock, AR	0.9032
Longview, TX	0.8589
Los Angeles-Long Beach-Glendale, CA	1.1730
Louisville, KY-IN	0.9146
Lubbock, TX	0.8798

Area	Wage Index
Lynchburg, VA	0.8906
Macon, GA	0.9826
Madison, WI	1.0217
Manchester-Nashua, NH	1.0573
Medford, OR	1.0274
Memphis, TN-MS-AR	0.8895
Miami-Miami Beach-Kendall, FL	1.0045
Midland, TX	0.9225
Milwaukee-Waukesha-West Allis, WI	0.9976
Minneapolis-St. Paul-Bloomington, MN-WI	1.1074
Missoula, MT	0.9657
Mobile, AL	0.8017
Modesto, CA	1.2007
Montgomery, AL	0.8312
Muskegon-Norton Shores, MI	0.9770
Napa, CA	1.3537
Nashville-Davidson--Murfreesboro, TN	0.9823
Newark-Union, NJ-PA	1.1708
New Orleans-Metairie-Kenner, LA	0.9118
New York-Wayne-White Plains, NY-NJ	1.3324
San Francisco-Oakland-Fremont,	1.5387
Ocala, FL	0.8981
Ocean City, NJ	1.0049
Odessa, TX	0.9322
Ogden-Clearfield, UT	0.9303
Oklahoma City, OK	0.9005
Olympia, WA	1.1034
Omaha-Council Bluffs, NE-IA	0.9765
Orlando, FL	0.9779
Peoria, IL	0.8853
Phoenix-Mesa-Scottsdale, AZ	1.0009
Pine Bluff, AR	0.8402
Pittsburgh, PA	0.8743
Pittsfield, MA	1.0231
Pocatello, ID	0.9235
Portland-South Portland-Biddeford, ME	0.9842
Portland-Vancouver-Beaverton, OR-WA)	1.1384
Port St. Lucie-Fort Pierce, FL	1.0117
Poughkeepsie-Newburgh-Middleton, NY	1.1063
Provo-Orem, UT	0.9762
Raleigh-Cary, NC	0.9690

Area	Wage Index
Reading, PA	0.9036
Redding, CA	1.1719
Reno-Sparks, NV	1.0474
Roanoke, VA	0.8390
Rochester, MN	1.1511
Rochester, NY	0.9307
Rockford, IL	0.9500
Rockingham County-Strafford County, NH	1.0232
Sacramento--Arden-Arcade--Roseville, CA	1.1709
Saginaw-Saginaw Township North, MI	0.9403
St. Cloud, MN	1.0060
St. Louis, MO-IL	0.8965
San Antonio, TX	0.9021
Santa Ana-Anaheim-Irvine, CA	1.1728
Santa Fe, NM	1.0090
Santa Rosa-Petaluma, CA	1.2958
Savannah, GA	0.9470
Seattle-Bellevue-Everett, WA	1.1497
Sherman-Denison, TX	0.9129
Shreveport-Bossier City, LA	0.8977
Sioux City, IA-NE-SD	0.9058
Sioux Falls, SD	0.9438
South Bend-Mishawaka, IN-MI	0.9458
Spartanburg, SC	0.9035
Spokane, WA	1.0489
Springfield, IL	0.8754
Springfield, MO	0.8188
Springfield, OH	0.8763
State College, PA	0.8335
Sumter, SC	0.8449
Syracuse, NY	0.9290
Texarkana, TX-Texarkana, AR	0.8457
Toledo, OH	0.9536
Topeka, KS	0.8915
Tulsa, OK	0.8709
Tuscaloosa, AL	0.8358
Tyler, TX	0.9349
Virginia Beach-Norfolk-Newport News, VA-NC	0.8941
Waco, TX	0.8167
Warren-Farmington Hills-Troy, MI	1.0131
Washington-Arlington-Alexandria, DC-VA-MD-WV	1.1063

Area	Wage Index
Waterloo-Cedar Falls, IA	0.8652
Wausau, WI	1.0121
Wichita, KS	0.9189
Williamsport, PA	0.8432
Wilmington, DE	1.0817
Wilmington, NC	0.9092
Winchester, VA-WV	1.0034
Winston-Salem, NC	0.9271
Worcester, MA	1.1034
Youngstown-Warren-Boardman, OH	0.9088
Rural Florida	0.8449
Rural Illinois	0.8364
Rural Indiana	0.8675
Rural Massachusetts	0.8921
Rural Minnesota	0.9340
Rural Missouri	0.8011
Rural Nebraska	0.9058
Rural Nevada	0.8801
Rural New Hampshire	1.0116
Rural New York	0.8192
Rural Texas	0.8011
Rural Washington	1.0233
Rural Wyoming	0.9190

ADDENDUM K.--WAGE INDEX ADJUSTMENT FOR COMMUTING HOSPITAL EMPLOYEES

The following hospitals are located in qualifying counties and thus are eligible to have their wage indices adjusted by the increases listed in this table. Hospitals that have not been reclassified will automatically receive this adjustment unless they choose to waive the application of this adjustment. Reclassified hospitals will not automatically receive this adjustment, unless they terminate their reclassification status with the MGCRB.

Provider Number	Wage Index Increase	Qualifying County Name
010005	0.0258	MARSHALL
010008	0.0203	CRENSHAW
010010	0.0258	MARSHALL
010012	0.0204	DE KALB
010022	0.0700	CHEROKEE
010025	0.0196	CHAMBERS
010029	0.0143	LEE
010035	0.0364	CULLMAN
010045	0.0158	FAYETTE
010072	0.0295	TALLADEGA
010101	0.0295	TALLADEGA
010143	0.0364	CULLMAN
040014	0.0178	WHITE
040019	0.0700	ST. FRANCIS
040047	0.0065	RANDOLPH
040066	0.0382	CLARK
040069	0.0130	MISSISSIPPI
040070	0.0130	MISSISSIPPI
040071	0.0057	JEFFERSON
040076	0.1127	HOT SPRING
040100	0.0178	WHITE
050008	0.0058	SAN FRANCISCO
050014	0.0137	AMADOR
050042	0.0228	TEHAMA
050047	0.0058	SAN FRANCISCO
050055	0.0058	SAN FRANCISCO
050065	0.0022	ORANGE
050069	0.0022	ORANGE
050076	0.0058	SAN FRANCISCO
050084	0.0553	SAN JOAQUIN
050090	0.0264	SONOMA
050117	0.0472	MERCED

Provider Number	Wage Index Increase	Qualifying County Name
050118	0.0553	SAN JOAQUIN
050122	0.0553	SAN JOAQUIN
050133	0.0177	YUBA
050136	0.0264	SONOMA
050150	0.0328	NEVADA
050152	0.0058	SAN FRANCISCO
050167	0.0553	SAN JOAQUIN
050168	0.0022	ORANGE
050173	0.0022	ORANGE
050174	0.0264	SONOMA
050193	0.0022	ORANGE
050224	0.0022	ORANGE
050226	0.0022	ORANGE
050228	0.0058	SAN FRANCISCO
050230	0.0022	ORANGE
050253	0.0022	ORANGE
050291	0.0264	SONOMA
050313	0.0553	SAN JOAQUIN
050325	0.0179	TUOLUMNE
050331	0.0264	SONOMA
050335	0.0179	TUOLUMNE
050336	0.0553	SAN JOAQUIN
050348	0.0022	ORANGE
050377	0.00669	MADERA
050385	0.0264	SONOMA
050407	0.0058	SAN FRANCISCO
050426	0.0022	ORANGE
050444	0.0472	MERCED
050454	0.0058	SAN FRANCISCO
050457	0.0058	SAN FRANCISCO
050476	0.0262	LAKE
050491	0.0022	ORANGE
050494	0.0328	NEVADA
050497	0.0472	MERCED
050526	0.0022	ORANGE
050528	0.0472	MERCED
050535	0.0022	ORANGE
050539	0.0262	LAKE
050543	0.0022	ORANGE
050547	0.0264	SONOMA
050548	0.0022	ORANGE

Provider Number	Wage Index Increase	Qualifying County Name
050550	0.0022	ORANGE
050551	0.0022	ORANGE
050567	0.0022	ORANGE
050568	0.0067	MADERA
050570	0.0022	ORANGE
050580	0.0022	ORANGE
050585	0.0022	ORANGE
050589	0.0022	ORANGE
050592	0.0022	ORANGE
050594	0.0022	ORANGE
050603	0.0022	ORANGE
050609	0.0022	ORANGE
050668	0.0058	SAN FRANCISCO
050678	0.0022	ORANGE
050690	0.0264	SONOMA
050693	0.0022	ORANGE
050695	0.0553	SAN JOAQUIN
050720	0.0022	ORANGE
050728	0.0264	SONOMA
052035	0.00215	ORANGE
052039	0.00215	ORANGE
053034	0.00215	ORANGE
053304	0.00215	ORANGE
054123	0.05534	SAN JOAQUIN
060001	0.0288	WELD
060003	0.0203	BOULDER
060027	0.0203	BOULDER
060103	0.0203	BOULDER
070003	0.0055	WINDHAM
070006	0.0045	FAIRFIELD
070010	0.0045	FAIRFIELD
070018	0.0045	FAIRFIELD
070020	0.0150	MIDDLESEX
070021	0.0055	WINDHAM
070028	0.0045	FAIRFIELD
070033	0.0045	FAIRFIELD
070034	0.0045	FAIRFIELD
074000	0.00446	FAIRFIELD
074007	0.01505	MIDDLESEX
074008	0.00546	WINDHAM
074014	0.00446	FAIRFIELD

Provider Number	Wage Index Increase	Qualifying County Name
100014	0.0157	VOLUSIA
100017	0.0157	VOLUSIA
100045	0.0157	VOLUSIA
100047	0.0021	CHARLOTTE
100068	0.0157	VOLUSIA
100072	0.0157	VOLUSIA
100077	0.0021	CHARLOTTE
100118	0.0251	FLAGLER
100232	0.0131	PUTNAM
100236	0.0021	CHARLOTTE
100252	0.0210	OKEECHOBEE
110023	0.0464	GORDON
110027	0.0357	FRANKLIN
110029	0.0054	HALL
110041	0.0772	HABERSHAM
110063	0.0287	LIBERTY
110069	0.0472	HOUSTON
110124	0.0429	WAYNE
110136	0.0260	BALDWIN
110150	0.0260	BALDWIN
110153	0.0472	HOUSTON
110187	0.1157	LUMPKIN
110189	0.0029	FANNIN
110190	0.0181	MACON
110205	0.0743	GILMER
130003	0.0179	NEZ PERCE
130011	0.0334	LATAH
130024	0.0527	BONNER
130049	0.0352	KOOTENAI
140012	0.0215	LEE
140026	0.0337	LA SALLE
140033	0.0136	LAKE
140043	0.0046	WHITESIDE
140084	0.0136	LAKE
140100	0.0136	LAKE
140110	0.0337	LA SALLE
140130	0.0136	LAKE
140160	0.0284	STEPHENSON
140161	0.0142	LIVINGSTON
140173	0.0046	WHITESIDE
140202	0.0136	LAKE

Provider Number	Wage Index Increase	Qualifying County Name
140234	0.0337	LA SALLE
140291	0.0136	LAKE
150002	0.0242	LAKE
150004	0.0242	LAKE
150008	0.0242	LAKE
150030	0.0198	HENRY
150034	0.0242	LAKE
150035	0.0079	PORTER
150062	0.0160	DECATUR
150065	0.0156	JACKSON
150076	0.0191	MARSHALL
150090	0.0242	LAKE
150122	0.0203	RIPLEY
150125	0.0242	LAKE
150126	0.0242	LAKE
150132	0.0242	LAKE
150147	0.0242	LAKE
152012	0.02423	LAKE
160013	0.0218	MUSCATINE
160026	0.0499	BOONE
160080	0.0049	CLINTON
160140	0.0367	PLYMOUTH
170137	0.0560	DOUGLAS
180012	0.0083	HARDIN
180066	0.0562	LOGAN
180127	0.0285	FRANKLIN
180128	0.0280	LAWRENCE
183028	0.00827	HARDIN
190001	0.0641	WASHINGTON
190003	0.0106	IBERIA
190010	0.0398	TANGIPAHOA
190015	0.0398	TANGIPAHOA
190049	0.0641	WASHINGTON
190054	0.0106	IBERIA
190095	0.0641	WASHINGTON
190099	0.0448	AVOYELLES
190147	0.0398	TANGIPAHOA
190148	0.0448	AVOYELLES
193044	0.03984	TANGIPAHOA
200002	0.0128	LINCOLN
200013	0.0185	WALDO

Provider Number	Wage Index Increase	Qualifying County Name
200016	0.0341	OXFORD
200024	0.0066	ANDROSCOGGIN
200032	0.0341	OXFORD
200034	0.0066	ANDROSCOGGIN
200050	0.0139	HANCOCK
210001	0.0133	WASHINGTON
210004	0.0031	MONTGOMERY
210016	0.0031	MONTGOMERY
210018	0.0031	MONTGOMERY
210022	0.0031	MONTGOMERY
210023	0.0214	ANNE ARUNDEL
210043	0.0214	ANNE ARUNDEL
210048	0.0296	HOWARD
210057	0.0031	MONTGOMERY
230003	0.0031	OTTAWA
230015	0.0359	ST. JOSEPH
230037	0.0371	HILLSDALE
230041	0.0125	BAY
230072	0.0031	OTTAWA
230093	0.0083	MECOSTA
230096	0.0359	ST. JOSEPH
230099	0.0360	MONROE
230106	0.0029	NEWAYGO
230121	0.0697	SHIAWASSEE
230174	0.0031	OTTAWA
240011	0.0512	MC LEOD
240013	0.0205	MORRISON
240014	0.0459	RICE
240018	0.1212	GOODHUE
240064	0.0154	ITASCA
240069	0.0422	STEELE
240071	0.0459	RICE
240089	0.1212	GOODHUE
240133	0.0306	MEEKER
240152	0.0743	KANABEC
240154	0.0154	ITASCA
240187	0.0512	MC LEOD
240205	0.0154	ITASCA
240211	0.0742	PINE
250040	0.0294	JACKSON
250045	0.0041	HANCOCK

Provider Number	Wage Index Increase	Qualifying County Name
260074	0.0143	RANDOLPH
260097	0.0427	JOHNSON
260127	0.0156	PIKE
280054	0.0137	GAGE
280077	0.0090	DODGE
280123	0.0137	GAGE
290019	0.0026	CARSON CITY
293029	0.00263	CARSON CITY
300017	0.0327	ROCKINGHAM
300023	0.0327	ROCKINGHAM
300029	0.0327	ROCKINGHAM
303026	0.03272	ROCKINGHAM
310010	0.0278	MERCER
310014	0.0070	CAMDEN
310021	0.0278	MERCER
310022	0.0070	CAMDEN
310029	0.0070	CAMDEN
310032	0.0078	CUMBERLAND
310038	0.0396	MIDDLESEX
310039	0.0396	MIDDLESEX
310044	0.0278	MERCER
310070	0.0396	MIDDLESEX
310086	0.0070	CAMDEN
310092	0.0278	MERCER
310108	0.0396	MIDDLESEX
310110	0.0278	MERCER
313027	0.02784	MERCER
314011	0.03957	MIDDLESEX
314018	0.00701	CAMDEN
320018	0.0059	DONA ANA
320085	0.0059	DONA ANA
330004	0.1014	ULSTER
330008	0.1161	WYOMING
330094	0.0795	COLUMBIA
330191	0.0025	WARREN
330224	0.1014	ULSTER
330276	0.0226	FULTON
330386	0.1140	SULLIVAN
330402	0.1014	ULSTER
340020	0.0240	LEE
340039	0.0175	IREDELL

Provider Number	Wage Index Increase	Qualifying County Name
340069	0.0047	WAKE
340070	0.0475	ALAMANCE
340073	0.0047	WAKE
340088	0.0114	TRANSYLVANIA
340114	0.0047	WAKE
340126	0.0162	WILSON
340127	0.0948	GRANVILLE
340129	0.0175	IREDELL
340138	0.0047	WAKE
340144	0.0175	IREDELL
340173	0.0047	WAKE
344014	0.00470	WAKE
360013	0.0202	SHELBY
360019	0.0107	SUMMIT
360020	0.0107	SUMMIT
360024	0.0087	ERIE
360025	0.0087	ERIE
360027	0.0107	SUMMIT
360034	0.0265	WAYNE
360036	0.0265	WAYNE
360063	0.0142	HURON
360065	0.0142	HURON
360078	0.0159	PORTAGE
360086	0.0167	CLARK
360093	0.0142	DEFIANCE
360095	0.0087	HANCOCK
360099	0.0087	HANCOCK
360107	0.0215	SANDUSKY
360150	0.0107	SUMMIT
360156	0.0215	SANDUSKY
360175	0.0162	CLINTON
360187	0.0167	CLARK
360197	0.0093	LOGAN
360241	0.0107	SUMMIT
360260	0.0107	SUMMIT
362007	0.02146	SANDUSKY
362016	0.01074	SUMMIT
363303	0.01074	SUMMIT
370004	0.0195	OTTAWA
370014	0.0838	BRYAN
370015	0.0455	MAYES

Provider Number	Wage Index Increase	Qualifying County Name
370023	0.0084	STEPHENS
370043	0.0296	MARSHALL
370065	0.0119	CRAIG
370113	0.0205	DELAWARE
370179	0.0446	OKFUSKEE
380002	0.0137	JOSEPHINE
380008	0.0211	LINN
380022	0.0211	LINN
390044	0.0213	BERKS
390052	0.0031	CLEARFIELD
390065	0.0426	ADAMS
390066	0.0339	LEBANON
390086	0.0031	CLEARFIELD
390096	0.0213	BERKS
390138	0.0324	FRANKLIN
390146	0.0051	WARREN
390150	0.0188	GREENE
390151	0.0324	FRANKLIN
390201	0.1056	MONROE
393026	0.02125	BERKS
394020	0.03391	LEBANON
420007	0.0028	SPARTANBURG
420020	0.0017	GEORGETOWN
420027	0.0151	ANDERSON
420030	0.0135	COLLETON
420054	0.0027	MARLBORO
420068	0.0097	ORANGEBURG
420070	0.0089	SUMTER
420083	0.0028	SPARTANBURG
420093	0.0028	SPARTANBURG
440008	0.0667	HENDERSON
440024	0.0389	BRADLEY
440025	0.0026	GREENE
440030	0.0077	HAMBLEN
440035	0.0445	MONTGOMERY
440047	0.0502	GIBSON
440050	0.0026	GREENE
440056	0.0350	JEFFERSON
440060	0.0502	GIBSON
440063	0.0040	WASHINGTON
440067	0.0077	HAMBLEN

Provider Number	Wage Index Increase	Qualifying County Name
440073	0.0520	MAURY
440105	0.0040	WASHINGTON
440114	0.0527	LAUDERDALE
440115	0.0502	GIBSON
440143	0.0454	MARSHALL
440148	0.0575	DE KALB
440174	0.0375	HAYWOOD
440181	0.0411	HARDEMAN
440184	0.0040	WASHINGTON
440185	0.0389	BRADLEY
450039	0.0094	TARRANT
450050	0.0755	WARD
450059	0.0074	COMAL
450064	0.0094	TARRANT
450087	0.0094	TARRANT
450099	0.0182	GRAY
450113	0.0329	ANDERSON
450121	0.0094	TARRANT
450135	0.0094	TARRANT
450137	0.0094	TARRANT
450144	0.0576	ANDREWS
450163	0.0136	KLEBERG
450187	0.0265	WASHINGTON
450194	0.0329	CHEROKEE
450214	0.0370	WHARTON
450224	0.0413	WOOD
450246	0.0436	MATAGORDA
450347	0.0428	WALKER
450362	0.0488	BURNET
450370	0.0259	COLORADO
450395	0.0486	POLK
450419	0.0094	TARRANT
450438	0.0259	COLORADO
450447	0.0359	NAVARRO
450451	0.0624	SOMERVELL
450465	0.0436	MATAGORDA
450547	0.0413	WOOD
450563	0.0094	TARRANT
450597	0.0080	DE WITT
450623	0.0495	FANNIN
450626	0.0307	JACKSON

Provider Number	Wage Index Increase	Qualifying County Name
450639	0.0094	TARRANT
450672	0.0094	TARRANT
450675	0.0094	TARRANT
450677	0.0094	TARRANT
450694	0.0370	WHARTON
450747	0.0329	ANDERSON
450763	0.0240	HUTCHINSON
450779	0.0094	TARRANT
450813	0.0329	ANDERSON
450840	0.0094	TARRANT
452018	0.00941	TARRANT
452019	0.00941	TARRANT
452028	0.00941	TARRANT
453040	0.00941	TARRANT
453041	0.00941	TARRANT
453042	0.00941	TARRANT
453300	0.00941	TARRANT
454012	0.00941	TARRANT
460017	0.0391	BOX ELDER
460036	0.0704	WASATCH
460039	0.0391	BOX ELDER
470015	0.0368	WINDSOR
470018	0.0368	WINDSOR
470023	0.0151	CALEDONIA
490047	0.0201	PAGE
490053	0.0050	WASHINGTON
490084	0.0173	ESSEX
490110	0.0064	MONTGOMERY
500039	0.0173	KITSAP
500041	0.0106	COWLITZ
500118	0.0289	MASON
510018	0.0207	JACKSON
510028	0.0138	FAYETTE
510047	0.0262	MARION
510088	0.0138	FAYETTE
520028	0.0164	GREEN
520059	0.0206	RACINE
520071	0.0250	JEFFERSON
520094	0.0206	RACINE
520096	0.0206	RACINE
520102	0.0302	WALWORTH

Provider Number	Wage Index Increase	Qualifying County Name
520116	0.0250	JEFFERSON
522005	0.02061	RACINE

ADDENDUM L.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS

CBSA code	Urban area (Constituent counties)	Wage index
10180	Abilene, TX	
	Callahan County, TX	
	Jones County, TX	
	Taylor County, TX	0.8011
10380	Aguadilla-Isabela-San Sebastián, PR	
	Aguada Municipio, PR	
	Aguadilla Municipio, PR	
	Añasco Municipio, PR	
	Isabela Municipio, PR	
	Lares Municipio, PR	
	Moca Municipio, PR	
	Rincón Municipio, PR	
	San Sebastián Municipio, PR	0.4285
10420	Akron, OH	
	Portage County, OH	
	Summit County, OH	0.9065
10500	Albany, GA	
	Baker County, GA	
	Dougherty County, GA	
	Lee County, GA	
	Terrell County, GA	
	Worth County, GA	1.1306
10580	Albany-Schenectady-Troy, NY	
	Albany County, NY	
	Rensselaer County, NY	
	Saratoga County, NY	
	Schenectady County, NY	
	Schoharie County, NY	0.8685
10740	Albuquerque, NM	
	Bernalillo County, NM	
	Sandoval County, NM	
	Torrance County, NM	
	Valencia County, NM	1.0167
10780	Alexandria, LA	
	Grant Parish, LA	
	Rapides Parish, LA	0.8198

CBSA code	Urban area (Constituent counties)	Wage index
10900	Allentown-Bethlehem-Easton, PA-NJ Warren County, NJ Carbon County, PA Lehigh County, PA Northampton County, PA	0.9539
11020	Altoona, PA Blair County, PA	0.8472
11100	Amarillo, TX Armstrong County, TX Carson County, TX Potter County, TX Randall County, TX	0.9209
11180	Ames, IA Story County, IA	0.9503
11260	Anchorage, AK Anchorage Municipality, AK Matanuska-Susitna Borough, AK	1.2195
11300	Anderson, IN Madison County, IN	0.8769
11340	Anderson, SC Anderson County, SC	0.8689
11460	Ann Arbor, MI Washtenaw County, MI	1.1065
11500	Anniston-Oxford, AL Calhoun County, AL	0.7916
11540	Appleton, WI Calumet County, WI Outagamie County, WI	0.9485
11700	Asheville, NC Buncombe County, NC Haywood County, NC Henderson County, NC Madison County, NC	0.9217
12020	Athens-Clarke County, GA Clarke County, GA Madison County, GA Oconee County, GA Oglethorpe County, GA	1.0010

CBSA code	Urban area (Constituent counties)	Wage index
12060	Atlanta-Sandy Springs-Marietta, GA	
	Barrow County, GA	
	Bartow County, GA	
	Butts County, GA	
	Carroll County, GA	
	Cherokee County, GA	
	Clayton County, GA	
	Cobb County, GA	
	Coweta County, GA	
	Dawson County, GA	
	DeKalb County, GA	
	Douglas County, GA	
	Fayette County, GA	
	Forsyth County, GA	
	Fulton County, GA	
	Gwinnett County, GA	
	Haralson County, GA	
	Heard County, GA	
	Henry County, GA	
	Jasper County, GA	
	Lamar County, GA	
	Meriwether County, GA	
	Newton County, GA	
	Paulding County, GA	
	Pickens County, GA	
	Pike County, GA	
	Rockdale County, GA	
	Spalding County, GA	
	Walton County, GA	0.9926
12100	Atlantic City, NJ	
	Atlantic County, NJ	1.0723
12220	Auburn-Opelika, AL	
	Lee County, AL	0.8231
12260	Augusta-Richmond County, GA-SC	
	Burke County, GA	
	Columbia County, GA	
	McDuffie County, GA	
	Richmond County, GA	
	Aiken County, SC	
	Edgefield County, SC	0.9169

CBSA code	Urban area (Constituent counties)	Wage index
12420	Austin-Round Rock, TX Bastrop County, TX Caldwell County, TX Hays County, TX Travis County, TX Williamson County, TX	0.9619
12540	Bakersfield, CA Kern County, CA	1.0440
12580	Baltimore-Towson, MD Anne Arundel County, MD Baltimore County, MD Carroll County, MD Harford County, MD Howard County, MD Queen Anne's County, MD Baltimore City, MD	0.9904
12620	Bangor, ME Penobscot County, ME	0.9960
12700	Barnstable Town, MA Barnstable County, MA	1.1965
12940	Baton Rouge, LA Ascension Parish, LA East Baton Rouge Parish, LA East Feliciana Parish, LA Iberville Parish, LA Livingston Parish, LA Pointe Coupee Parish, LA St. Helena Parish, LA West Baton Rouge Parish, LA West Feliciana Parish, LA	0.8344
12980	Battle Creek, MI Calhoun County, MI	0.9132
13020	Bay City, MI Bay County, MI	0.9601
13140	Beaumont-Port Arthur, TX Hardin County, TX Jefferson County, TX Orange County, TX	0.8564
13380	Bellingham, WA Whatcom County, WA	1.1695
13460	Bend, OR Deschutes County, OR	1.0623

CBSA code	Urban area (Constituent counties)	Wage index
13644	Bethesda-Frederick-Gaithersburg, MD Frederick County, MD Montgomery County, MD	1.0993
13740	Billings, MT Carbon County, MT Yellowstone County, MT	0.8993
13780	Binghamton, NY Broome County, NY Tioga County, NY	0.8484
13820	Birmingham-Hoover, AL Bibb County, AL Blount County, AL Chilton County, AL Jefferson County, AL St. Clair County, AL Shelby County, AL Walker County, AL	0.9111
13900	Bismarck, ND Burleigh County, ND Morton County, ND	0.7741
13980	Blacksburg-Christiansburg-Radford, VA Giles County, VA Montgomery County, VA Pulaski County, VA Radford City, VA	0.8065
14020	Bloomington, IN Greene County, IN Monroe County, IN Owen County, IN	0.8675
14060	Bloomington-Normal, IL McLean County, IL	0.9099
14260	Boise City-Nampa, ID Ada County, ID Boise County, ID Canyon County, ID Gem County, ID Owyhee County, ID	0.9360
14484	Boston-Quincy, MA Norfolk County, MA Plymouth County, MA Suffolk County, MA	1.1649

CBSA code	Urban area (Constituent counties)	Wage index
14500	Boulder, CO Boulder County, CO	1.0072
14540	Bowling Green, KY Edmonson County, KY Warren County, KY	0.8162
14740	Bremerton-Silverdale, WA Kitsap County, WA	1.0636
14860	Bridgeport-Stamford-Norwalk, CT Fairfield County, CT	1.2876
14980	Bristol, VA Washington County, VA Bristol City, VA	0.8065
15180	Brownsville-Harlingen, TX Cameron County, TX	1.0178
15260	Brunswick, GA Brantley County, GA Glynn County, GA McIntosh County, GA	1.1988
15380	Buffalo-Niagara Falls, NY Erie County, NY Niagara County, NY	0.9351
15500	Burlington, NC Alamance County, NC	0.8881
15540	Burlington-South Burlington, VT Chittenden County, VT Franklin County, VT Grand Isle County, VT	0.9378
15764	Cambridge-Newton-Framingham, MA Middlesex County, MA	1.1199
15804	Camden, NJ Burlington County, NJ Camden County, NJ Gloucester County, NJ	1.0683
15940	Canton-Massillon, OH Carroll County, OH Stark County, OH	0.8917
15980	Cape Coral-Fort Myers, FL Lee County, FL	0.9380
16180	Carson City, NV Carson City, NV	1.0362

CBSA code	Urban area (Constituent counties)	Wage index
16220	Casper, WY Natrona County, WY	0.9301
16300	Cedar Rapids, IA Benton County, IA Jones County, IA Linn County, IA	0.8987
16580	Champaign-Urbana, IL Champaign County, IL Ford County, IL Piatt County, IL	0.9539
16620	Charleston, WV Boone County, WV Clay County, WV Kanawha County, WV Lincoln County, WV Putnam County, WV	0.8875
16700	Charleston-North Charleston, SC Berkeley County, SC Charleston County, SC Dorchester County, SC	0.9379
16740	[1]Charlotte-Gastonia-Concord, NC-SC Anson County, NC Cabarrus County, NC Gaston County, NC Mecklenburg County, NC Union County, NC York County, SC	0.9750
16820	Charlottesville, VA Albemarle County, VA Fluvanna County, VA Greene County, VA Nelson County, VA Charlottesville City, VA	1.0317
16860	Chattanooga, TN-GA Catoosa County, GA Dade County, GA Walker County, GA Hamilton County, TN Marion County, TN Sequatchie County, TN	0.9233
16940	Cheyenne, WY Laramie County, WY	0.9190

CBSA code	Urban area (Constituent counties)	Wage index
16974	Chicago-Naperville-Joliet, IL	
	Cook County, IL	
	DeKalb County, IL	
	DuPage County, IL	
	Grundy County, IL	
	Kane County, IL	
	Kendall County, IL	
	McHenry County, IL	
	Will County, IL	1.0819
17020	Chico, CA	
	Butte County, CA	1.0575
17140	Cincinnati-Middletown, OH-KY-IN	
	Dearborn County, IN	
	Franklin County, IN	
	Ohio County, IN	
	Boone County, KY	
	Bracken County, KY	
	Campbell County, KY	
	Gallatin County, KY	
	Grant County, KY	
	Kenton County, KY	
	Pendleton County, KY	
	Brown County, OH	
	Butler County, OH	
	Clermont County, OH	
	Hamilton County, OH	
	Warren County, OH	0.9532
17300	Clarksville, TN-KY	
	Christian County, KY	
	Trigg County, KY	
	Montgomery County, TN	
	Stewart County, TN	0.8027
17420	Cleveland, TN	
	Bradley County, TN	
	Polk County, TN	0.7911
17460	Cleveland-Elyria-Mentor, OH	
	Cuyahoga County, OH	
	Geauga County, OH	
	Lake County, OH	
	Lorain County, OH	
	Medina County, OH	0.9667

CBSA code	Urban area (Constituent counties)	Wage index
17660	Coeur d'Alene, ID	
	Kootenai County, ID	0.9346
17780	College Station-Bryan, TX	
	Brazos County, TX	
	Burleson County, TX	
	Robertson County, TX	0.8505
17820	Colorado Springs, CO	
	El Paso County, CO	
	Teller County, CO	0.9799
17860	Columbia, MO	
	Boone County, MO	
	Howard County, MO	0.8352
17900	Columbia, SC	
	Calhoun County, SC	
	Fairfield County, SC	
	Kershaw County, SC	
	Lexington County, SC	
	Richland County, SC	
	Saluda County, SC	0.9071
17980	Columbus, GA-AL	
	Russell County, AL	
	Chattahoochee County, GA	
	Harris County, GA	
	Marion County, GA	
	Muscogee County, GA	0.8711
18020	Columbus, IN	
	Bartholomew County, IN	0.9472
18140	Columbus, OH	
	Delaware County, OH	
	Fairfield County, OH	
	Franklin County, OH	
	Licking County, OH	
	Madison County, OH	
	Morrow County, OH	
	Pickaway County, OH	
	Union County, OH	0.9757
18580	Corpus Christi, TX	
	Aransas County, TX	
	Nueces County, TX	
	San Patricio County, TX	0.8665
18700	Corvallis, OR	
	Benton County, OR	1.0547

CBSA code	Urban area (Constituent counties)	Wage index
19060	Cumberland, MD-WV Allegany County, MD Mineral County, WV	0.9248
19124	Dallas-Plano-Irving, TX Collin County, TX Dallas County, TX Delta County, TX Denton County, TX Ellis County, TX Hunt County, TX Kaufman County, TX Rockwall County, TX	1.0092
19140	Dalton, GA Murray County, GA Whitfield County, GA	0.9320
19180	Danville, IL Vermilion County, IL	0.8418
19260	Danville, VA Pittsylvania County, VA Danville City, VA	0.8792
19340	Davenport-Moline-Rock Island, IA-IL Henry County, IL Mercer County, IL Rock Island County, IL Scott County, IA	0.8776
19380	Dayton, OH Greene County, OH Miami County, OH Montgomery County, OH Preble County, OH	0.9320
19460	Decatur, AL Lawrence County, AL Morgan County, AL	0.8915
19500	Decatur, IL Macon County, IL	0.8364
19660	Deltona-Daytona Beach-Ormond Beach, FL Volusia County, FL	0.8668

CBSA code	Urban area (Constituent counties)	Wage index
19740	Denver-Aurora, CO	
	Adams County, CO	
	Arapahoe County, CO	
	Broomfield County, CO	
	Clear Creek County, CO	
	Denver County, CO	
	Douglas County, CO	
	Elbert County, CO	
	Gilpin County, CO	
	Jefferson County, CO	
	Park County, CO	1.0911
19780	Des Moines, IA	
	Dallas County, IA	
	Guthrie County, IA	
	Madison County, IA	
	Polk County, IA	
	Warren County, IA	0.9288
19804	Detroit-Livonia-Dearborn, MI	
	Wayne County, MI	1.0379
20020	Dothan, AL	
	Geneva County, AL	
	Henry County, AL	
	Houston County, AL	0.7675
20100	Dover, DE	
	Kent County, DE	0.9579
20220	Dubuque, IA	
	Dubuque County, IA	0.8748
20260	Duluth, MN-WI	
	Carlton County, MN	
	St. Louis County, MN	
	Douglas County, WI	1.0449
20500	Durham, NC	
	Chatham County, NC	
	Durham County, NC	
	Orange County, NC	
	Person County, NC	1.0312
20740	Eau Claire, WI	
	Chippewa County, WI	
	Eau Claire County, WI	0.9485

CBSA code	Urban area (Constituent counties)	Wage index
20764	Edison, NJ Middlesex County, NJ Monmouth County, NJ Ocean County, NJ Somerset County, NJ	1.1160
20940	El Centro, CA Imperial County, CA	1.0440
21060	Elizabethtown, KY Hardin County, KY Larue County, KY	0.8713
21140	Elkhart-Goshen, IN Elkhart County, IN	0.9286
21300	Elmira, NY Chemung County, NY	0.8488
21340	El Paso, TX El Paso County, TX	0.9210
21420	Enid, OK Garfield County, OK	0.9034
21500	Erie, PA Erie County, PA	0.8708
21604	Essex County, MA Essex County, MA	1.0666
21660	Eugene-Springfield, OR Lane County, OR	1.0951
21780	Evansville, IN-KY Gibson County, IN Posey County, IN Vanderburgh County, IN Warrick County, IN Henderson County, KY Webster County, KY	0.8675
21820	Fairbanks, AK Fairbanks North Star Borough, AK	1.1761
21940	Fajardo, PR Ceiba Municipio, PR Fajardo Municipio, PR Luquillo Municipio, PR	0.4014

CBSA code	Urban area (Constituent counties)	Wage index
22020	Fargo, ND-MN Clay County, MN Cass County, ND	0.9340
22140	Farmington, NM San Juan County, NM	0.8592
22180	Fayetteville, NC Cumberland County, NC Hoke County, NC	0.9387
22220	Fayetteville-Springdale-Rogers, AR-MO Benton County, AR Madison County, AR Washington County, AR McDonald County, MO	0.8674
22380	Flagstaff, AZ Coconino County, AZ	1.0804
22420	Flint, MI Genesee County, MI	1.1187
22460	Florence-Muscle Shoals, AL Colbert County, AL Lauderdale County, AL	0.7917
22500	Florence, SC Darlington County, SC Florence County, SC	0.8540
22540	Fond du Lac, WI Fond du Lac County, WI	0.9921
22660	Fort Collins-Loveland, CO Larimer County, CO	1.0142
22744	Fort Lauderdale-Pompano Beach-Deerfield Beach, FL Broward County, FL	1.0180
22900	Fort Smith, AR-OK Crawford County, AR Franklin County, AR Sebastian County, AR Le Flore County, OK Sequoyah County, OK	0.8311
23020	Fort Walton Beach-Crestview-Destin, FL Okaloosa County, FL	0.8805

CBSA code	Urban area (Constituent counties)	Wage index
23060	Fort Wayne, IN Allen County, IN Wells County, IN Whitley County, IN	0.9825
23104	Fort Worth-Arlington, TX Johnson County, TX Parker County, TX Tarrant County, TX Wise County, TX	0.9515
23420	Fresno, CA Fresno County, CA	1.0656
23460	Gadsden, AL Etowah County, AL	0.8090
23540	Gainesville, FL Alachua County, FL Gilchrist County, FL	0.8581
23580	Gainesville, GA Hall County, GA	0.9584
23844	Gary, IN Jasper County, IN Lake County, IN Newton County, IN Porter County, IN	0.9328
24020	Glens Falls, NY Warren County, NY Washington County, NY	0.8508
24140	Goldsboro, NC Wayne County, NC	0.8796
24220	Grand Forks, ND-MN Polk County, MN Grand Forks County, ND	0.9340
24300	Grand Junction, CO Mesa County, CO	0.9949
24340	Grand Rapids-Wyoming, MI Barry County, MI Ionia County, MI Kent County, MI Newaygo County, MI	0.9457
24500	Great Falls, MT Cascade County, MT	0.8894

CBSA code	Urban area (Constituent counties)	Wage index
24540	Greeley, CO Weld County, CO	0.9486
24580	Green Bay, WI Brown County, WI Kewaunee County, WI Oconto County, WI	0.9602
24660	Greensboro-High Point, NC Guilford County, NC Randolph County, NC Rockingham County, NC	0.9228
24780	Greenville, NC Greene County, NC Pitt County, NC	0.9183
24860	Greenville, SC Greenville County, SC Laurens County, SC Pickens County, SC	0.9287
25020	Guayama, PR Arroyo Municipio, PR Guayama Municipio, PR Patillas Municipio, PR	0.4015
25060	Gulfport-Biloxi, MS Hancock County, MS Harrison County, MS Stone County, MS	0.8954
25180	Hagerstown-Martinsburg, MD-WV Washington County, MD Berkeley County, WV Morgan County, WV	0.9765
25260	Hanford-Corcoran, CA Kings County, CA	1.0440
25420	Harrisburg-Carlisle, PA Cumberland County, PA Dauphin County, PA Perry County, PA	0.9377
25500	Harrisonburg, VA Rockingham County, VA Harrisonburg City, VA	0.9300

CBSA code	Urban area (Constituent counties)	Wage index
25540	Hartford-West Hartford-East Hartford, CT Hartford County, CT Middlesex County, CT Tolland County, CT	1.1312
25620	Hattiesburg, MS Forrest County, MS Lamar County, MS Perry County, MS	0.7665
25860	Hickory-Lenoir-Morganton, NC Alexander County, NC Burke County, NC Caldwell County, NC Catawba County, NC	0.9508
25980	Hinesville-Fort Stewart, GA Liberty County, GA Long County, GA	0.7774
26100	Holland-Grand Haven, MI Ottawa County, MI	0.9482
26180	Honolulu, HI Honolulu County, HI	1.0997
26300	Hot Springs, AR Garland County, AR	0.9286
26380	Houma-Bayou Cane-Thibodaux, LA Lafourche Parish, LA Terrebonne Parish, LA	0.7779
26420	Houston-Baytown-Sugar Land, TX Austin County, TX Brazoria County, TX Chambers County, TX Fort Bend County, TX Galveston County, TX Harris County, TX Liberty County, TX Montgomery County, TX San Jacinto County, TX Waller County, TX	0.9995

CBSA code	Urban area (Constituent counties)	Wage index
26580	Huntington-Ashland, WV-KY-OH	
	Boyd County, KY	
	Greenup County, KY	
	Lawrence County, OH	
	Cabell County, WV	
	Wayne County, WV	0.9585
26620	Huntsville, AL	
	Limestone County, AL	
	Madison County, AL	0.8850
26820	Idaho Falls, ID	
	Bonneville County, ID	
	Jefferson County, ID	0.9062
26900	Indianapolis, IN	
	Boone County, IN	
	Brown County, IN	
	Hamilton County, IN	
	Hancock County, IN	
	Hendricks County, IN	
	Johnson County, IN	
	Marion County, IN	
	Morgan County, IN	
	Putnam County, IN	
	Shelby County, IN	1.0102
26980	Iowa City, IA	
	Johnson County, IA	
	Washington County, IA	0.9663
27060	Ithaca, NY	
	Tompkins County, NY	0.9795
27100	Jackson, MI	
	Jackson County, MI	0.9152
27140	Jackson, MS	
	Copiah County, MS	
	Hinds County, MS	
	Madison County, MS	
	Rankin County, MS	
	Simpson County, MS	0.8305
27180	Jackson, TN	
	Chester County, TN	
	Madison County, TN	0.8912

CBSA code	Urban area (Constituent counties)	Wage index
27260	Jacksonville, FL Baker County, FL Clay County, FL Duval County, FL Nassau County, FL St. Johns County, FL	0.9561
27340	Jacksonville, NC Onslow County, NC	0.8587
27460	Jamestown-Dunkirk-Fredonia, NY Chautauqua County, NY	0.8180
27500	Janesville, WI Rock County, WI	0.9618
27620	Jefferson City, MO Callaway County, MO Cole County, MO Moniteau County, MO Osage County, MO	0.8352
27740	Johnson City, TN Carter County, TN Unicoi County, TN Washington County, TN	0.7991
27780	Johnstown, PA Cambria County, PA	0.8397
27860	Jonesboro, AR Craighead County, AR Poinsett County, AR	0.8000
27900	Joplin, MO Jasper County, MO Newton County, MO	0.8746
28020	Kalamazoo-Portage, MI Kalamazoo County, MI Van Buren County, MI	1.0714
28100	Kankakee-Bradley, IL Kankakee County, IL	1.0551

CBSA code	Urban area (Constituent counties)	Wage index
28140	Kansas City, MO-KS	
	Franklin County, KS	
	Johnson County, KS	
	Leavenworth County, KS	
	Linn County, KS	
	Miami County, KS	
	Wyandotte County, KS	
	Bates County, MO	
	Caldwell County, MO	
	Cass County, MO	
	Clay County, MO	
	Clinton County, MO	
	Jackson County, MO	
	Lafayette County, MO	
	Platte County, MO	
	Ray County, MO	0.9625
28420	Kennewick-Richland-Pasco, WA	
	Benton County, WA	
	Franklin County, WA	1.0530
28660	Killeen-Temple-Fort Hood, TX	
	Bell County, TX	
	Coryell County, TX	
	Lampasas County, TX	0.9301
28700	Kingsport-Bristol-Bristol, TN-VA	
	Hawkins County, TN	
	Sullivan County, TN	
	Scott County, VA	0.8257
28740	Kingston, NY	
	Ulster County, NY	0.8874
28940	Knoxville, TN	
	Anderson County, TN	
	Blount County, TN	
	Knox County, TN	
	Loudon County, TN	
	Union County, TN	0.8585
29020	Kokomo, IN	
	Howard County, IN	
	Tipton County, IN	0.9038

CBSA code	Urban area (Constituent counties)	Wage index
29100	La Crosse, WI-MN Houston County, MN La Crosse County, WI	0.9340
29140	Lafayette, IN Benton County, IN Carroll County, IN Tippecanoe County, IN	0.9073
29180	Lafayette, LA Lafayette Parish, LA St. Martin Parish, LA	0.8319
29340	Lake Charles, LA Calcasieu Parish, LA Cameron Parish, LA	0.7921
29404	Lake County-Kenosha County, IL-WI Lake County, IL Kenosha County, WI	1.0342
29460	Lakeland, FL Polk County, FL	0.8964
29540	Lancaster, PA Lancaster County, PA	0.9919
29620	Lansing-East Lansing, MI Clinton County, MI Eaton County, MI Ingham County, MI	0.9675
29700	Laredo, TX Webb County, TX	0.8293
29740	Las Cruces, NM Dona Ana County, NM	0.8783
29820	Las Vegas-Paradise, NV Clark County, NV	1.1380
29940	Lawrence, KS Douglas County, KS	0.8132
30020	Lawton, OK Comanche County, OK	0.8264
30140	Lebanon, PA Lebanon County, PA	0.8592
30300	Lewiston, ID-WA Nez Perce County, ID Asotin County, WA	0.9325

CBSA code	Urban area (Constituent counties)	Wage index
30340	Lewiston-Auburn, ME	
	Androscoggin County, ME	0.9613
30460	Lexington-Fayette, KY	
	Bourbon County, KY	
	Clark County, KY	
	Fayette County, KY	
	Jessamine County, KY	
	Scott County, KY	
	Woodford County, KY	0.9074
30620	Lima, OH	
	Allen County, OH	0.9330
30700	Lincoln, NE	
	Lancaster County, NE	
	Seward County, NE	1.0206
30780	Little Rock-North Little Rock, AR	
	Faulkner County, AR	
	Grant County, AR	
	Lonoke County, AR	
	Perry County, AR	
	Pulaski County, AR	
	Saline County, AR	0.9032
30860	Logan, UT-ID	
	Franklin County, ID	
	Cache County, UT	0.9102
30980	Longview, TX	
	Gregg County, TX	
	Rusk County, TX	
	Upshur County, TX	0.8823
31020	Longview, WA	
	Cowlitz County, WA	1.0340
31084	Los Angeles-Long Beach-Glendale, CA	
	Los Angeles County, CA	1.1730

CBSA code	Urban area (Constituent counties)	Wage index
31140	Louisville, KY-IN	
	Clark County, IN	
	Floyd County, IN	
	Harrison County, IN	
	Washington County, IN	
	Bullitt County, KY	
	Henry County, KY	
	Jefferson County, KY	
	Meade County, KY	
	Nelson County, KY	
	Oldham County, KY	
	Shelby County, KY	
	Spencer County, KY	
	Trimble County, KY	0.9146
31180	Lubbock, TX	
	Crosby County, TX	
	Lubbock County, TX	0.8798
31340	Lynchburg, VA	
	Amherst County, VA	
	Appomattox County, VA	
	Bedford County, VA	
	Campbell County, VA	
	Bedford City, VA	
	Lynchburg City, VA	0.9048
31420	Macon, GA	
	Bibb County, GA	
	Crawford County, GA	
	Jones County, GA	
	Monroe County, GA	
	Twiggs County, GA	0.9934
31460	Madera, CA	
	Madera County, CA	1.0440
31540	Madison, WI	
	Columbia County, WI	
	Dane County, WI	
	Iowa County, WI	1.0325
31700	Manchester-Nashua, NH	
	Hillsborough County, NH	1.0573
31900	Mansfield, OH	
	Richland County, OH	0.9224

CBSA code	Urban area (Constituent counties)	Wage index
32420	Mayagüez, PR Hormigueros Municipio, PR Mayagüez Municipio, PR	0.4453
32580	McAllen-Edinburg-Pharr, TX Hidalgo County, TX	0.8624
32780	Medford, OR Jackson County, OR	1.0561
32820	Memphis, TN-MS-AR Crittenden County, AR DeSoto County, MS Marshall County, MS Tate County, MS Tunica County, MS Fayette County, TN Shelby County, TN Tipton County, TN	0.9250
32900	Merced, CA Merced County, CA	1.0440
33124	Miami-Miami Beach-Kendall, FL Miami-Dade County, FL	1.0045
33140	Michigan City-La Porte, IN LaPorte County, IN	0.9351
33260	Midland, TX Midland County, TX	0.9408
33340	Milwaukee-Waukesha-West Allis, WI Milwaukee County, WI Ozaukee County, WI Washington County, WI Waukesha County, WI	1.0106

CBSA code	Urban area (Constituent counties)	Wage index
33460	Minneapolis-St. Paul-Bloomington, MN-WI	
	Anoka County, MN	
	Carver County, MN	
	Chisago County, MN	
	Dakota County, MN	
	Hennepin County, MN	
	Isanti County, MN	
	Ramsey County, MN	
	Scott County, MN	
	Sherburne County, MN	
	Washington County, MN	
	Wright County, MN	
	Pierce County, WI	
	St. Croix County, WI	1.1074
33540	Missoula, MT	
	Missoula County, MT	0.9610
33660	Mobile, AL	
	Mobile County, AL	0.8017
33700	Modesto, CA	
	Stanislaus County, CA	1.2007
33740	Monroe, LA	
	Ouachita Parish, LA	
	Union Parish, LA	0.7928
33780	Monroe, MI	
	Monroe County, MI	0.9517
33860	Montgomery, AL	
	Autauga County, AL	
	Elmore County, AL	
	Lowndes County, AL	
	Montgomery County, AL	0.8312
34060	Morgantown, WV	
	Monongalia County, WV	
	Preston County, WV	0.8720
34100	Morristown, TN	
	Grainger County, TN	
	Hamblen County, TN	
	Jefferson County, TN	0.7911
34580	Mount Vernon-Anacortes, WA	
	Skagit County, WA	1.0581

CBSA code	Urban area (Constituent counties)	Wage index
34620	Muncie, IN	
	Delaware County, IN	0.8675
34740	Muskegon-Norton Shores, MI	
	Muskegon County, MI	0.9770
34820	Myrtle Beach-Conway-North Myrtle Beach, SC	
	Horry County, SC	0.8592
34900	Napa, CA	
	Napa County, CA	1.2550
34940	Naples-Marco Island, FL	
	Collier County, FL	1.0593
34980	Nashville-Davidson--Murfreesboro, TN	
	Cannon County, TN	
	Cheatham County, TN	
	Davidson County, TN	
	Dickson County, TN	
	Hickman County, TN	
	Macon County, TN	
	Robertson County, TN	
	Rutherford County, TN	
	Smith County, TN	
	Sumner County, TN	
	Trousdale County, TN	
	Williamson County, TN	
	Wilson County, TN	1.0115
35084	Newark-Union, NJ-PA	
	Essex County, NJ	
	Hunterdon County, NJ	
	Morris County, NJ	
	Sussex County, NJ	
	Union County, NJ	
	Pike County, PA	1.1708
35300	New Haven-Milford, CT	
	New Haven County, CT	1.1828

CBSA code	Urban area (Constituent counties)	Wage index
35380	New Orleans-Metairie-Kenner, LA Jefferson Parish, LA Orleans Parish, LA Plaquemines Parish, LA St. Bernard Parish, LA St. Charles Parish, LA St. John the Baptist Parish, LA St. Tammany Parish, LA	0.9118
35644	New York-Wayne-White Plains, NY-NJ Bergen County, NJ Hudson County, NJ Passaic County, NJ Bronx County, NY Kings County, NY New York County, NY Putnam County, NY Queens County, NY Richmond County, NY Rockland County, NY Westchester County, NY	1.3324
35660	Niles-Benton Harbor, MI Berrien County, MI	0.8922
35980	Norwich-New London, CT New London County, CT	1.1625
36084	Oakland-Fremont-Hayward, CA Alameda County, CA Contra Costa County, CA	1.5251
36100	Ocala, FL Marion County, FL	0.9194
36140	Ocean City, NJ Cape May County, NJ	1.0841
36220	Odessa, TX Ector County, TX	0.9822
36260	Ogden-Clearfield, UT Davis County, UT Morgan County, UT Weber County, UT	0.9235

CBSA code	Urban area (Constituent counties)	Wage index
36420	Oklahoma City, OK	
	Canadian County, OK	
	Cleveland County, OK	
	Grady County, OK	
	Lincoln County, OK	
	Logan County, OK	
	McClain County, OK	
	Oklahoma County, OK	0.9005
36500	Olympia, WA	
	Thurston County, WA	1.1034
36540	Omaha-Council Bluffs, NE-IA	
	Harrison County, IA	
	Mills County, IA	
	Pottawattamie County, IA	
	Cass County, NE	
	Douglas County, NE	
	Sarpy County, NE	
	Saunders County, NE	
	Washington County, NE	0.9765
36740	Orlando, FL	
	Lake County, FL	
	Orange County, FL	
	Osceola County, FL	
	Seminole County, FL	0.9779
36780	Oshkosh-Neenah, WI	
	Winnebago County, WI	0.9485
36980	Owensboro, KY	
	Daviess County, KY	
	Hancock County, KY	
	McLean County, KY	0.8470
37100	Oxnard-Thousand Oaks-Ventura, CA	
	Ventura County, CA	1.1130
37340	Palm Bay-Melbourne-Titusville, FL	
	Brevard County, FL	0.9630
37460	Panama City-Lynn Haven, FL	
	Bay County, FL	0.8581

CBSA code	Urban area (Constituent counties)	Wage index
37620	Parkersburg-Marietta, WV-OH Washington County, OH Pleasants County, WV Wirt County, WV Wood County, WV	0.8708
37700	Pascagoula, MS George County, MS Jackson County, MS	0.7993
37860	Pensacola-Ferry Pass-Brent, FL Escambia County, FL Santa Rosa County, FL	0.8581
37900	Peoria, IL Marshall County, IL Peoria County, IL Stark County, IL Tazewell County, IL Woodford County, IL	0.8792
37964	Philadelphia, PA Bucks County, PA Chester County, PA Delaware County, PA Montgomery County, PA Philadelphia County, PA	1.0880
38060	Phoenix-Mesa-Scottsdale, AZ Maricopa County, AZ Pinal County, AZ	1.0009
38220	Pine Bluff, AR Cleveland County, AR Jefferson County, AR Lincoln County, AR	0.8724
38300	Pittsburgh, PA Allegheny County, PA Armstrong County, PA Beaver County, PA Butler County, PA Fayette County, PA Washington County, PA Westmoreland County, PA	0.8743
38340	Pittsfield, MA Berkshire County, MA	1.0756

CBSA code	Urban area (Constituent counties)	Wage index
38540	Pocatello, ID Bannock County, ID Power County, ID	0.9615
38660	Ponce, PR Juana Díaz Municipio, PR Ponce Municipio, PR Villalba Municipio, PR	0.5019
38860	Portland-South Portland-Biddeford, ME Cumberland County, ME Sagadahoc County, ME York County, ME	1.0127
38900	Portland-Vancouver-Beaverton, OR-WA Clackamas County, OR Columbia County, OR Multnomah County, OR Washington County, OR Yamhill County, OR Clark County, WA Skamania County, WA	1.1384
38940	Port St. Lucie-Fort Pierce, FL Martin County, FL St. Lucie County, FL	1.0077
39100	Poughkeepsie-Newburgh-Middletown, NY Dutchess County, NY Orange County, NY	1.1395
39140	Prescott, AZ Yavapai County, AZ	0.9922
39300	Providence-New Bedford-Fall River, RI-MA Bristol County, MA Bristol County, RI Kent County, RI Newport County, RI Providence County, RI Washington County, RI	1.0941
39340	Provo-Orem, UT Juab County, UT Utah County, UT	0.9596
39380	Pueblo, CO Pueblo County, CO	0.9374

CBSA code	Urban area (Constituent counties)	Wage index
39460	Punta Gorda, FL Charlotte County, FL	0.9473
39540	Racine, WI Racine County, WI	0.9485
39580	Raleigh-Cary, NC Franklin County, NC Johnston County, NC Wake County, NC	1.0060
39660	Rapid City, SD Meade County, SD Pennington County, SD	0.8947
39740	Reading, PA Berks County, PA	0.9173
39820	Redding, CA Shasta County, CA	1.1856
39900	Reno-Sparks, NV Storey County, NV Washoe County, NV	1.0474
40060	Richmond, VA Amelia County, VA Caroline County, VA Charles City County, VA Chesterfield County, VA Cumberland County, VA Dinwiddie County, VA Goochland County, VA Hanover County, VA Henrico County, VA King and Queen County, VA King William County, VA Louisa County, VA New Kent County, VA Powhatan County, VA Prince George County, VA Sussex County, VA Colonial Heights City, VA Hopewell City, VA Petersburg City, VA Richmond City, VA	0.9422

CBSA code	Urban area (Constituent counties)	Wage index
40140	Riverside-San Bernardino-Ontario, CA	
	Riverside County, CA	
	San Bernardino County, CA	1.0997
40220	Roanoke, VA	
	Botetourt County, VA	
	Craig County, VA	
	Franklin County, VA	
	Roanoke County, VA	
	Roanoke City, VA	
	Salem City, VA	0.8352
40340	Rochester, MN	
	Dodge County, MN	
	Olmsted County, MN	
	Wabasha County, MN	1.1511
40380	Rochester, NY	
	Livingston County, NY	
	Monroe County, NY	
	Ontario County, NY	
	Orleans County, NY	
	Wayne County, NY	0.9307
40420	Rockford, IL	
	Boone County, IL	
	Winnebago County, IL	0.9623
40484	Rockingham County-Strafford County, NH	
	Rockingham County, NH	
	Strafford County, NH	1.0232
40580	Rocky Mount, NC	
	Edgecombe County, NC	
	Nash County, NC	0.9016
40660	Rome, GA	
	Floyd County, GA	0.8877
40900	Sacramento--Arden-Arcade--Roseville, CA	
	El Dorado County, CA	
	Placer County, CA	
	Sacramento County, CA	
	Yolo County, CA	1.1707
40980	Saginaw-Saginaw Township North, MI	
	Saginaw County, MI	0.9879

CBSA code	Urban area (Constituent counties)	Wage index
41060	St. Cloud, MN	
	Benton County, MN	
	Stearns County, MN	1.0193
41100	St. George, UT	
	Washington County, UT	0.9495
41140	St. Joseph, MO-KS	
	Doniphan County, KS	
	Andrew County, MO	
	Buchanan County, MO	
	DeKalb County, MO	
	Hospitals located in Missouri	0.8010
	Hospitals located in Kansas	0.8132
41180	St. Louis, MO-IL	
	Bond County, IL	
	Calhoun County, IL	
	Clinton County, IL	
	Jersey County, IL	
	Macoupin County, IL	
	Madison County, IL	
	Monroe County, IL	
	St. Clair County, IL	
	Crawford County, MO	
	Franklin County, MO	
	Jefferson County, MO	
	Lincoln County, MO	
	St. Charles County, MO	
	St. Louis County, MO	
	Warren County, MO	
	Washington County, MO	
	St. Louis City, MO	0.9067
41420	Salem, OR	
	Marion County, OR	
	Polk County, OR	1.0572
41500	Salinas, CA	
	Monterey County, CA	1.3946
41540	Salisbury, MD	
	Somerset County, MD	
	Wicomico County, MD	0.9248

CBSA code	Urban area (Constituent counties)	Wage index
41620	Salt Lake City, UT Salt Lake County, UT Summit County, UT Tooele County, UT	0.9588
41660	San Angelo, TX Irion County, TX Tom Green County, TX	0.8194
41700	San Antonio, TX Atascosa County, TX Bandera County, TX Bexar County, TX Comal County, TX Guadalupe County, TX Kendall County, TX Medina County, TX Wilson County, TX	0.9021
41740	San Diego-Carlsbad-San Marcos, CA San Diego County, CA	1.1265
41780	Sandusky, OH Erie County, OH	0.9045
41884	San Francisco-San Mateo-Redwood City, CA Marin County, CA San Francisco County, CA San Mateo County, CA	1.4403
41900	San Germán-Cabo Rojo, PR Cabo Rojo Municipio, PR Lajas Municipio, PR Sabana Grande Municipio, PR San Germán Municipio, PR	0.5254
41940	San Jose-Sunnyvale-Santa Clara, CA San Benito County, CA Santa Clara County, CA	1.4543

CBSA code	Urban area (Constituent counties)	Wage index
41980	San Juan-Caguas-Guaynabo, PR Aguas Buenas Municipio, PR Aibonito Municipio, PR Arecibo Municipio, PR Barceloneta Municipio, PR Barranquitas Municipio, PR Bayamón Municipio, PR Caguas Municipio, PR Camuy Municipio, PR Canóvanas Municipio, PR Carolina Municipio, PR Cataño Municipio, PR Cayey Municipio, PR Ciales Municipio, PR Cidra Municipio, PR Comerío Municipio, PR Corozal Municipio, PR Dorado Municipio, PR Florida Municipio, PR Guaynabo Municipio, PR Gurabo Municipio, PR Hatillo Municipio, PR Humacao Municipio, PR Juncos Municipio, PR Las Piedras Municipio, PR Loíza Municipio, PR Manatí Municipio, PR Maunabo Municipio, PR Morovis Municipio, PR Naguabo Municipio, PR Naranjito Municipio, PR Orocovis Municipio, PR Quebradillas Municipio, PR Río Grande Municipio, PR San Juan Municipio, PR San Lorenzo Municipio, PR Toa Alta Municipio, PR Toa Baja Municipio, PR Trujillo Alto Municipio, PR Vega Alta Municipio, PR Vega Baja Municipio, PR Yabucoa Municipio, PR	0.4646

CBSA code	Urban area (Constituent counties)	Wage index
42020	San Luis Obispo-Paso Robles, CA San Luis Obispo County, CA	1.1140
42044	Santa Ana-Anaheim-Irvine, CA Orange County, CA	1.1628
42060	Santa Barbara-Santa Maria-Goleta, CA Santa Barbara County, CA	1.0731
42100	Santa Cruz-Watsonville, CA Santa Cruz County, CA	1.4786
42140	Santa Fe, NM Santa Fe County, NM	1.0913
42220	Santa Rosa-Petaluma, CA Sonoma County, CA	1.2958
42260	Sarasota-Bradenton-Venice, FL Manatee County, FL Sarasota County, FL	0.9635
42340	Savannah, GA Bryan County, GA Chatham County, GA Effingham County, GA	0.9470
42540	Scranton--Wilkes-Barre, PA Lackawanna County, PA Luzerne County, PA Wyoming County, PA	0.8529
42644	Seattle-Bellevue-Everett, WA King County, WA Snohomish County, WA	1.1497
43100	Sheboygan, WI Sheboygan County, WI	0.9485
43300	Sherman-Denison, TX Grayson County, TX	0.9645
43340	Shreveport-Bossier City, LA Bossier Parish, LA Caddo Parish, LA De Soto Parish, LA	0.9153
43580	Sioux City, IA-NE-SD Woodbury County, IA Dakota County, NE Dixon County, NE Union County, SD	0.9077

CBSA code	Urban area (Constituent counties)	Wage index
43620	Sioux Falls, SD Lincoln County, SD McCook County, SD Minnehaha County, SD Turner County, SD	0.9438
43780	South Bend-Mishawaka, IN-MI St. Joseph County, IN Cass County, MI	0.9458
43900	Spartanburg, SC Spartanburg County, SC	0.9035
44060	Spokane, WA Spokane County, WA	1.0674
44100	Springfield, IL Menard County, IL Sangamon County, IL	0.8754
44140	Springfield, MA Franklin County, MA Hampden County, MA Hampshire County, MA	1.0432
44180	Springfield, MO Christian County, MO Dallas County, MO Greene County, MO Polk County, MO Webster County, MO	0.8458
44220	Springfield, OH Clark County, OH	0.8763
44300	State College, PA Centre County, PA	0.8486
44700	Stockton, CA San Joaquin County, CA	1.0605
44844	Suffolk-Nassau, NY Nassau County, NY Suffolk County, NY	1.2966
44940	Sumter, SC Sumter County, SC	0.8449
45060	Syracuse, NY Madison County, NY Onondaga County, NY Oswego County, NY	0.9504

CBSA code	Urban area (Constituent counties)	Wage index
45104	Tacoma, WA Pierce County, WA	1.1105
45220	Tallahassee, FL Gadsden County, FL Jefferson County, FL Leon County, FL Wakulla County, FL	0.8690
45300	Tampa-St. Petersburg-Clearwater, FL Hernando County, FL Hillsborough County, FL Pasco County, FL Pinellas County, FL	0.9087
45460	Terre Haute, IN Clay County, IN Sullivan County, IN Vermillion County, IN Vigo County, IN	0.8675
45500	Texarkana, TX-Texarkana, AR Miller County, AR Bowie County, TX	0.8432
45780	Toledo, OH Fulton County, OH Lucas County, OH Ottawa County, OH Wood County, OH	0.9536
45820	Topeka, KS Jackson County, KS Jefferson County, KS Osage County, KS Shawnee County, KS Wabaunsee County, KS	0.8915
45940	Trenton-Ewing, NJ Mercer County, NJ	1.0294
46060	Tucson, AZ Pima County, AZ	0.8971

CBSA code	Urban area (Constituent counties)	Wage index
46140	Tulsa, OK Creek County, OK Okmulgee County, OK Osage County, OK Pawnee County, OK Rogers County, OK Tulsa County, OK Wagoner County, OK	0.8709
46220	Tuscaloosa, AL Greene County, AL Hale County, AL Tuscaloosa County, AL	0.8358
46340	Tyler, TX Smith County, TX	0.9534
46540	Utica-Rome, NY Herkimer County, NY Oneida County, NY	0.8339
46660	Valdosta, GA Brooks County, GA Echols County, GA Lanier County, GA Lowndes County, GA	0.8355
46700	Vallejo-Fairfield, CA Solano County, CA	1.4275
46940	Vero Beach, FL Indian River County, FL	0.9513
47020	Victoria, TX Calhoun County, TX Goliad County, TX Victoria County, TX	0.8491
47220	Vineland-Millville-Bridgeton, NJ Cumberland County, NJ	1.0604

CBSA code	Urban area (Constituent counties)	Wage index
47260	Virginia Beach-Norfolk-Newport News, VA-NC	
	Currituck County, NC	
	Gloucester County, VA	
	Isle of Wight County, VA	
	James City County, VA	
	Mathews County, VA	
	Surry County, VA	
	York County, VA	
	Chesapeake City, VA	
	Hampton City, VA	
	Newport News City, VA	
	Norfolk City, VA	
	Poquoson City, VA	
	Portsmouth City, VA	
	Suffolk City, VA	
	Virginia Beach City, VA	
	Williamsburg City, VA	0.8941
47300	Visalia-Porterville, CA	
	Tulare County, CA	1.0440
47380	Waco, TX	
	McLennan County, TX	0.8167
47580	Warner Robins, GA	
	Houston County, GA	0.8513
47644	Warren-Farmington Hills-Troy, MI	
	Lapeer County, MI	
	Livingston County, MI	
	Macomb County, MI	
	Oakland County, MI	
	St. Clair County, MI	1.0131

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CBSA code	Urban area (Constituent counties)	Wage index
47894	Washington-Arlington-Alexandria, DC-VA-MD-WV	
	District of Columbia, DC	
	Calvert County, MD	
	Charles County, MD	
	Prince George's County, MD	
	Arlington County, VA	
	Clarke County, VA	
	Fairfax County, VA	
	Fauquier County, VA	
	Loudoun County, VA	
	Prince William County, VA	
	Spotsylvania County, VA	
	Stafford County, VA	
	Warren County, VA	
	Alexandria City, VA	
	Fairfax City, VA	
	Falls Church City, VA	
	Fredericksburg City, VA	
	Manassas City, VA	
	Manassas Park City, VA	
	Jefferson County, WV	1.1063
47940	Waterloo-Cedar Falls, IA	
	Black Hawk County, IA	
	Bremer County, IA	
	Grundy County, IA	0.8652
48140	Wausau, WI	
	Marathon County, WI	0.9645
48260	Weirton-Steubenville, WV-OH	
	Jefferson County, OH	
	Brooke County, WV	
	Hancock County, WV	0.8708
48300	Wenatchee, WA	
	Chelan County, WA	
	Douglas County, WA	1.0340
48424	West Palm Beach-Boca Raton-Boynton Beach, FL	
	Palm Beach County, FL	1.0074
48540	Wheeling, WV-OH	
	Belmont County, OH	
	Marshall County, WV	
	Ohio County, WV	0.8708

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CBSA code	Urban area (Constituent counties)	Wage index
48620	Wichita, KS Butler County, KS Harvey County, KS Sedgwick County, KS Sumner County, KS	0.9476
48660	Wichita Falls, TX Archer County, TX Clay County, TX Wichita County, TX	0.8379
48700	Williamsport, PA Lycoming County, PA	0.8432
48864	Wilmington, DE-MD-NJ New Castle County, DE Cecil County, MD Salem County, NJ	1.1110
48900	Wilmington, NC Brunswick County, NC New Hanover County, NC Pender County, NC	0.9248
49020	Winchester, VA-WV Frederick County, VA Winchester City, VA Hampshire County, WV	1.0513
49180	Winston-Salem, NC Davie County, NC Forsyth County, NC Stokes County, NC Yadkin County, NC	0.9430
49340	Worcester, MA Worcester County, MA	1.1034
49420	Yakima, WA Yakima County, WA	1.0343
49500	Yauco, PR Guánica Municipio, PR Guayanilla Municipio, PR Peñuelas Municipio, PR Yauco Municipio, PR	0.4505
49620	York-Hanover, PA York County, PA	0.8916

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CBSA code	Urban area (Constituent counties)	Wage index
49660	Youngstown-Warren-Boardman, OH-PA Mahoning County, OH Trumbull County, OH Mercer County, PA	0.9257
49700	Yuba City, CA Sutter County, CA Yuba County, CA	1.0440
49740	Yuma, AZ Yuma County, AZ	0.8967

CMS-1427-P (Addendum M) HCDI

ADDENDUM M.—PRE-RECLASSIFIED WAGE INDEX FOR RURAL AREAS

Nonurban Area	Wage Index
Alabama	0.7675
Alaska	1.1761
Arizona	0.8967
Arkansas	0.7453
California	1.0440
Colorado	0.9374
Connecticut	1.1312
Delaware	0.9524
Florida	0.8581
Georgia	0.7774
Hawaii	1.0549
Idaho	0.8249
Illinois	0.8364
Indiana	0.8675
Iowa	0.8496
Kansas	0.8132
Kentucky	0.7806
Louisiana	0.7399
Maine	0.9058
Maryland	0.9248
Massachusetts	1.0432
Michigan	0.8792
Minnesota	0.9340
Mississippi	0.7665
Missouri	0.8010
Montana	0.8778

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Nonurban Area	Wage Index
Nebraska	0.9058
Nevada	0.9311
New Hampshire	1.0116
New Jersey[1]	-------
New Mexico	0.8592
New York	0.8180
North Carolina	0.8587
North Dakota	0.7741
Ohio	0.8708
Oklahoma	0.7721
Oregon	0.9926
Pennsylvania	0.8335
Puerto Rico[1]	-------
Rhode Island[1]	-------
South Carolina	0.8449
South Dakota	0.8409
Tennessee	0.7911
Texas	0.8011
Utah	0.8314
Vermont	0.9378
Virginia	0.8065
Washington	1.0340
West Virginia	0.7903
Wisconsin	0.9485
Wyoming	0.9190

[1]All counties within the State are classified as urban.

CMS-1427-P (Addendum N) HCDI

ADDENDUM N.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL UNDER SECTION 508 of PUB. L. 108-173

Provider Number	Actual MSA or rural area	Wage index MSA 508 Reclassification	Actual CBSA or rural area	Wage index CBSA 508 Reclassification	Nearest County	Own Wage Index
020008			02			1.3157
060075			06			1.1681
070036			25540			1.2954
160064			16			1.0504
330106			44844			1.5152
380090			38			1.2808
410010			39300			1.1702
530015			53			1.0064
010150	01	1800	01	17980		
050494	05	7500	05	42220		
050549	8735	7500	37100	42220		
060057	06	2080	06	19740		
070001	5483	5380	35300	44844		
070005	5483	5380	35300	44844		
070010	5483	5600	14860	35644		
070016	5483	5380	35300	44844		
070017	5483	5380	35300	44844		
070019	5483	5380	35300	44844		
070022	5483	5380	35300	44844		
070028	5483	5600	14860	35644		
070031	5483	5380	35300	44844		
070039	5483	5380	35300	44844		
120025	12	3320	12	26180		
150034	2960	1600	23844	16974	Cook	
160040	8920	1360	47940	16300		
160067	8920	1360	47940	16300		
160110	8920	1360	47940	16300		
190218	19	7680	19	43340	Caddo	
220046	6323	1123	38340	49340	Worcester	
230003	3000	3720	26100	28020	Van Buren	
230004	3000	3720	34740	28020	Van Buren	
230013	2160	2640	47644	22420		
230019	2160	2640	47644	22420		
230020	2160	0440	19804	11460	Washtenaw	
230024	2160	0440	19804	11460	Washtenaw	
230029	2160	2640	47644	22420		
230036	23	2640	23	22420		

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Provider Number	Actual MSA or rural area	Wage index MSA 508 Reclassification	Actual CBSA or rural area	Wage index CBSA 508 Reclassification	Nearest County	Own Wage Index
230038	3000	3720	24340	28020	Kalamazoo	
230053	2160	0440	19804	11460	Washtenaw	
230059	3000	3720	24340	28020	Kalamazoo	
230066	3000	3720	34740	28020	Van Buren	
230071	2160	2640	47644	22420		
230072	3000	3720	26100	28020	Van Buren	
230089	2160	0440	19804	11460	Washtenaw	
230092	3520	3000	27100	24340	Kent	
230097	23	3720	23	28020	Kalamazoo	
230104	2160	0440	19804	11460	Washtenaw	
230106	23	3720	24340	28020	Van Buren	
230119	2160	0440	19804	11460	Washtenaw	
230130	2160	2640	47644	22420		
230135	2160	0440	19804	11460	Washtenaw	
230146	2160	0440	19804	11460	Washtenaw	
230151	2160	2640	47644	22420		
230165	2160	0440	19804	11460	Washtenaw	
230174	3000	3720	26100	28020	Van Buren	
230176	2160	0440	19804	11460	Washtenaw	
230207	2160	2640	47644	22420		
230223	2160	2640	47644	22420		
230236	3000	3720	24340	28020	Kalamazoo	
230254	2160	2640	47644	22420		
230269	2160	2640	47644	22420		
230270	2160	0440	19804	11460	Washtenaw	
230273	2160	0440	19804	11460	Washtenaw	
230277	2160	2640	47644	22420		
250002	25	0920	25	37700	Jackson	
250122	25	0920	25	25060	Hancock	
270014	27	0880	33540	13740		
270021	27	0880	27	13740		
270023	5140	0880	33540	13740		
270032	27	0880	27	13740		
270050	27	0880	27	13740		
270057	27	0880	27	13740		
310021	8480	0875	45940	35644		
310028	5640	5600	35084	35644		
310050	5640	5600	35084	35644		
310051	5640	5600	35084	35644		
310060	5640	5600	10900	35644		
310115	5640	5600	10900	35644		
310120	5640	5600	35084	35644		

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Provider Number	Actual MSA or rural area	Wage index MSA 508 Reclassification	Actual CBSA or rural area	Wage index CBSA 508 Reclassification	Nearest County	Own Wage Index
330049	2281	5600	39100	35644		
330067	2281	5600	39100	35644		
330126	5660	5600	39100	35644		
330135	5660	5600	39100	35644		
330205	5660	5600	39100	35644		
330264	5660	5380	39100	44844		
340002	0480	1520	11700	16740	Gaston	
350002	1010	2520	13900	22020		
350003	1010	2520	35	22020		
350006	1010	2520	35	22020		
350010	1010	2520	35	22020		
350014	1010	2520	35	22020		
350015	1010	2520	13900	22020		
350017	1010	2520	35	22020		
350030	1010	2520	35	22020		
350061	1010	2520	35	22020		
390001	7560	0240	42540	10900		
390003	7560	0240	39	10900		
390054	7560	4000	42540	29540		
390072	7560	0240	39	10900		
390095	7560	0240	42540	10900		
390109	7560	0240	42540	10900		
390119	7560	0240	42540	10900		
390137	7560	0240	42540	10900		
390169	7560	0240	42540	10900		
390185	7560	0240	42540	10900		
390192	7560	0240	42540	10900		
390237	7560	0240	42540	10900		
390270	7560	4000	42540	29540		
430003	43	6660		39660		
430015	43	7760	43	43620		
430048	43	7760	43	43620		
430060	43	7760	43	43620		
430064	43	7760	43	43620		
430077	6660	7760	39660	43620		
430091	6660	7760	39660	43620		
450010	9080	4880	48660	32580		
450072	1145	3360	26420	26420		
450591	1145	3360	26420	26420		
470003	1303	1123	15540	40484	Strafford	
490001	49	4640	49	31340		
490024	6800	1950	40220	19260		

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