Reimbursement is in Effect as of 01/01/2011

Procedure Code	Modifier	Procedure Code Description	Price Eff Date	Allowed Amount ($0.00 indicates a Manual Priced Code)	PA Ind	HC Rev	Technical Component Amount	Professional Component Amount
01996		DAILY MGT OF EPIDURAL OR SUBARCHNOID DRUG ADM.	1/1/2008	$46.13	N			
01999		ANESTHESIA-UNLISTED ANESTHESIA		$0.00	N			
10021		FINE NEEDLE APSIRATIONS; WITHOUT IMAGING GUIDANCE	7/1/2008	$116.96	N	Referral Required		
10022		FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE	7/1/2008	$122.59	N	Referral Required		
10040		OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES	7/1/2008	$79.98	N	Referral Required		
10060		INCISION AND DRAINAGE OF ABSCESS (SIMPLE OR SINGLE)	7/1/2008	$87.65	N	Referral Required		
10061		INCISION AND DRAINAGE OF ABSCESS (COMPLICATED OR MULTIPLE)	7/1/2008	$151.14	N	Referral Required		
10080		(OF PILONIDAL CYST) SIMPLE	7/1/2008	$138.51	N	Referral Required		
10081		(OF PILONIDAL CYST) COMPLICATED	7/1/2008	$213.72	N	Referral Required		
10120		(SUBCUTANEOUS TISSUES) SIMPLE	7/1/2008	$112.15	N	Referral Required		
10121		INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	7/1/2008	$214.42	N	Referral Required		
10140		OF HEMATOMA, SEROMA OR FLUID COLLECTION (SKIN)	7/1/2008	$122.81	N	Referral Required		
10160		OF ABSCESS, HEMATOMA, BULLA OR CYST (SKIN)	7/1/2008	$100.81	N	Referral Required		
10180		INCISION & DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	7/1/2008	$186.94	N	Referral Required		
11000		DEBRIDE INFECTED SKIN, UP-TO 10% OF BODY SURFACE	7/1/2008	$43.21	N	Referral Required		
11001		EA ADD 10% OF BODY SURFACE (LIST SEP IN ADD TO CODE FOR PRIMARY PROCEDURE)-ADDON	7/1/2008	$18.34	N	Referral Required		
11004		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE & FASCIA FOR NECROTIZING INFEC	7/1/2008	$493.41	N	Referral Required		
11005		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE & FASCIA FOR NECROTIZING INFEC	7/1/2008	$651.70	N	Referral Required		
11006		DEBRIDEMENT OF SKIN, SUBCU TISSUE, MUSCLE & FASCIA FOR NECROTIZING TISSUE INFEC	7/1/2008	$610.70	N	Referral Required		
11008		REMOVAL OF PROSTHETIC MAT OR MESH, ABDOMINAL WALL FOR NECROTIZING INFEC (ADD-ON)	7/1/2008	$234.58	N	Referral Required		
11010		FOREIGN MATERIAL ASSOC W/OPEN FRACTURE, AND/OR DISLOCATION; SKIN & SUB TISSUE	7/1/2008	$381.32	N	Referral Required		
11011		SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, AND MUSCLE	7/1/2008	$433.34	N	Referral Required		
11012		SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, MUSCLE AND BONE	7/1/2008	$604.84	N	Referral Required		
11040		DEBRIDEMENT OF SKIN, PARTIAL THICKNESS	7/1/2008	$37.92	N	Referral Required		
11041		DEBRIDEMENT SKIN, FULL THICKNESS	7/1/2008	$45.11	N	Referral Required		
11042		SKIN AND SUBCUTANEOUS TISSUE	7/1/2008	$61.17	N	Referral Required		
11043		SKIN, SUBCUTANEOUS TISSUE AND MUSCLE	7/1/2008	$222.94	N	Referral Required		
11044		SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND BONE	7/1/2008	$301.21	N	Referral Required		
11045		DEBRIDEMENT, SUBCUTANEOUS TISSUE; EACH ADDITIONAL 20 SQ CM	1/1/2011	$21.50	N	Referral Required		
11046		DEBRIDEMENT, MUSCLE AND/OR FASCIA; EACH ADDITIONAL 20 SQ CM	1/1/2011	$37.68	N	Referral Required		
11047		DEBRIDEMENT, BONE; EACH ADDITIONAL 20 SQ CM	1/1/2011	$61.68	N	Referral Required		
11055		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION; SINGLE LESION	7/1/2008	$38.11	N	Referral Required		
11056		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION; TWO TO FOUR LESIONS	7/1/2008	$47.26	N	Referral Required		
11057		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION; MORE THAN FOUR LESIONS	7/1/2008	$57.26	N	Referral Required		
11100		SUBCUTANEOUS TISSUE OR MUSCOUS MEMBRANE; SINGLE LESION	7/1/2008	$79.66	N	Referral Required		
11101		EA SEPARATE/ADD LESION; LIST SEPARATELY IN ADDITN TO CD FOR PRIM PROC (ADD-ON)	7/1/2008	$26.44	N	Referral Required		
11200		MULTIPLE FIBROCUTANEOUS TAGS ANY AREA UP TO & INCLUDING 15 LESIONS	7/1/2008	$65.12	N	Referral Required		
11201		EA ADDITIONAL TEN LESIONS; LIST SEP IN ADD TO CODE FOR PRIMARY PROC (ADD-ON)	7/1/2008	$15.62	N	Referral Required		
11300		SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	7/1/2008	$54.08	N	Referral Required		
11301		LESION DIAMETER 0.6 TO 1.0 CM	7/1/2008	$73.03	N	Referral Required		
11302		LESION DIAMTER 1.1 TO 2.0 CM	7/1/2008	$87.04	N	Referral Required		
11303		LESION DIAMTER OVER 2.0 CM	7/1/2008	$103.24	N	Referral Required		
11305		SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA (DIAMETER 0.5 CM OR LESS)	7/1/2008	$55.83	N	Referral Required		
11306		LESION DIAMTER 0.6 TO 1.0 CM	7/1/2008	$76.51	N	Referral Required		

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11307		LESION DIAMETER 1.1 TO 2.0 CM	7/1/2008	$89.13	N	Referral Required		
11308		LESION DIAMETER OVER 2.0 CM	7/1/2008	$102.42	N	Referral Required		
11310		SINGLE LESION,FACE,EARS,EYELIDS,NOSE,LIPS,MUCOUS MEMBRANE; DIAMETER 0.5 CM LESS	7/1/2008	$66.84	N	Referral Required		
11311		SHAVING EPIDERMAL/DERMAL LESION DIAMETER 0.6 TO 1.0 CM	7/1/2008	$83.70	N	Referral Required		
11312		LESION DIAMETER 1.1 TO 2.0 CM	7/1/2008	$97.23	N	Referral Required		
11313		LESION DIAMETER OVER 2.0 CM	7/1/2008	$123.10	N	Referral Required		
11400		(EXCEPT SKIN TAG) TRUNK ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	7/1/2008	$95.20	N	Referral Required		
11401		(EXCEPT SKIN TAG) LESION DIAMETER 0.6 TO 1.0 CM	7/1/2008	$114.53	N	Referral Required		
11402		EXCISION, LESION, SKIN	7/1/2008	$127.16	N	Referral Required		
11403		(EXCEPT SKIN TAGS) LESION DIAMETER 2.1 TO 3.0 CM	7/1/2008	$146.54	N	Referral Required		
11404		(EXCEPT SKIN TAGS) LESION DIAMETER 3.1 TO 4.0 CM	7/1/2008	$166.45	N	Referral Required		
11406		(EXCEPT SKIN TAGS) LESION DIAMETER OVER 4.0 CM	7/1/2008	$232.74	N	Referral Required		
11420		(EXCEPT SKIN TAGS) SCALP,NECK,HANDS,FEET,GENITALIA; LESION DIAMETER 0.5 CM LESS	7/1/2008	$95.29	N	Referral Required		
11421		(EXCEPT SKIN TAGS) LESION DIAMETER 0.6 TO 1.0 CM	7/1/2008	$122.25	N	Referral Required		
11422		(EXCEPT SKIN TAGS) LESION DIAMETER 1.1 TO 2.0 CM	7/1/2008	$136.68	N	Referral Required		
11423		(EXCEPT SKIN TAGS) LESION DIAMETER 2.1 TO 3.0 CM	7/1/2008	$159.73	N	Referral Required		
11424		(EXCEPT SKIN TAGS) LESION DIAMETER 3.1 TO 4.0 CM	7/1/2008	$183.45	N	Referral Required		
11426		(EXCEPT SKIN TAGS) LESION DIAMETER OVER 4.0 CM	7/1/2008	$262.08	N	Referral Required		
11440		FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE LESION DIAMETER 0.5 CM OR LESS	7/1/2008	$105.87	N	Referral Required		
11441		LESION DIAMETER 0.6 TO 1.0 CM	7/1/2008	$131.49	N	Referral Required		
11442		LESION DIAMETER 1.1 TO 2.0 CM	7/1/2008	$147.73	N	Referral Required		
11443		LESION DIAMETER 2.1 TO 3.0 CM	7/1/2008	$178.26	N	Referral Required		
11444		LESION DIAMETER 3.1 TO 4.0 CM	7/1/2008	$225.03	N	Referral Required		
11446		LESION DIAMETER OVER 4.0 CM	7/1/2008	$303.18	N	Referral Required		
11450		FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR	7/1/2008	$281.47	N	Referral Required		
11451		FOR HIDRADENITIS, AXILLARY WITH COMPLEX REPAIR	7/1/2008	$372.50	N	Referral Required		
11462		FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR	7/1/2008	$278.14	N	Referral Required		
11463		FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR	7/1/2008	$379.03	N	Referral Required		
11470		FOR HIDRADENITIS, PERIANAL, PERNEAL, OR UMBILICAL; W/SIMPLE OR INTEMED. REPAIR	7/1/2008	$306.09	N	Referral Required		
11471		FOR HIDRADENITIS, PERIANAL, PERINEAL OR UMBILICAL; WITH COMPLEX REPAIR	7/1/2008	$393.07	N	Referral Required		
11600		TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	7/1/2008	$144.60	N	Referral Required		
11601		TRUNK ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	7/1/2008	$172.51	N	Referral Required		
11602		TRUNK ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	7/1/2008	$187.99	N	Referral Required		
11603		TRUNK ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	7/1/2008	$214.76	N	Referral Required		
11604		TRUNK ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	7/1/2008	$237.33	N	Referral Required		
11606		TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	7/1/2008	$333.16	N	Referral Required		
11620		SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	7/1/2008	$145.79	N	Referral Required		
11621		SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	7/1/2008	$173.89	N	Referral Required		
11622		SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	7/1/2008	$196.33	N	Referral Required		
11623		SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	7/1/2008	$230.71	N	Referral Required		
11624		SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0	7/1/2008	$261.19	N	Referral Required		
11626		SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0	7/1/2008	$321.83	N	Referral Required		
11640		FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.5 CM OR LESS	7/1/2008	$151.98	N	Referral Required		
11641		FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.6 TO 1.0 CM	7/1/2008	$185.37	N	Referral Required		
11642		FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 1.1 TO 2.0 CM	7/1/2008	$213.81	N	Referral Required		

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11643		FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 2.1 TO 3.0 CM	7/1/2008	$252.86	N	Referral Required		
11644		FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 3.1 TO 4.0 CM	7/1/2008	$313.83	N	Referral Required		
11646		FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVER 4.0 CM	7/1/2008	$414.47	N	Referral Required		
11719		TRIMMING NONDYSTROPHIC NAILS; ANY NUMBER	7/1/2008	$16.44	N	Referral Required		
11720		DEBRIDEMENT OF NAILS, BY ANY METHOD; ONE TO FIVE	7/1/2008	$24.77	N	Referral Required		
11721		DEBRIDEMENT OF NAIL(S) BY ANY METHOD; SIX OR MORE	7/1/2008	$35.96	N	Referral Required		
11730		AVULSION OF NAIL PLATE - PARTIAL OR COMPLETE, SIMPLE; SINGLE	7/1/2008	$78.98	N	Referral Required		
11732		EACH ADDITIONAL NAIL PLATE (LIST SEP. IN ADD TO CODE FOR PRIMARY PROC) (ADD-ON)	7/1/2008	$36.73	N	Referral Required		
11740		EVACUATION OF SUBUNGUAL HEMATOMA	7/1/2008	$35.68	N	Referral Required		
11750		PARTIAL OR COMPLETE(EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL	7/1/2008	$169.97	N	Referral Required		
11752		WITH AMPUTATION OF TUFT OF DISTAL PHALANX	7/1/2008	$240.99	N	Referral Required		
11755		BIOPSY OF NAIL UNIT(PLATE, BED, MATRIX, HYPON, PROXIMAL AND LAT NAIL FOLD(SP)	7/1/2008	$106.52	N	Referral Required		
11758		FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	7/1/2008	$1,961.73	N	Referral Required		
11760		REPAIR OF NAIL BED	7/1/2008	$158.13	N	Referral Required		
11762		RECONSTRUCTION OF NAIL BED WITH GRAFT	7/1/2008	$214.13	N	Referral Required		
11765		WEDGE EXCISON OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	7/1/2008	$99.92	N	Referral Required		
11770		EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	7/1/2008	$210.42	N	Referral Required		
11771		EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	7/1/2008	$419.67	N	Referral Required		
11772		EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	7/1/2008	$518.80	N	Referral Required		
11900		INJECTION, INTRALESIONAL, UP TO AND INCLUDING SEVEN LESIONS	7/1/2008	$43.92	N	Referral Required		
11901		MORE THAN SEVEN LESIONS	7/1/2008	$54.92	N	Referral Required		
11920		TATTOOING, INTRADERMAL OPAQUE PIGMNTS/CORRECT COLOR DEFECT/SKIN, 6.0 SQ CM/LESS	1/1/2009	$148.46	Y	Referral Required		
11921		6.1 TO 20.0 SQ CM	1/1/2009	$169.59	Y	Referral Required		
11960		FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION	7/1/2008	$744.38	N	Referral Required		
11970		WITH PERMANENT PROSTHESIS	7/1/2008	$488.75	Y	Referral Required		
11971		WITHOUT INSERTION OF PROSTHESIS	7/1/2008	$389.47	N	Referral Required		
11975		INSERTION IMPLANTABLE CONTRACEPTIVE CAPSULES	7/1/2008	$64.94	N			
11976		REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	7/1/2008	$121.18	N			
11977		REMOVAL WITH REINSERTION IMPLANTABLE CONTRACEPTIVE CAPSULES	7/1/2008	$91.94	N			
11980		SUBCUTANEOUS HORMONE PELLET IMPLANATION	7/1/2008	$88.02	N	Referral Required		
11981		INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	7/1/2008	$111.85	N	Referral Required		
11982		REMOVABLE, NON BIODEGRADABLE DRUG DELIVERY IMPLANT	7/1/2008	$129.10	N	Referral Required		
11983		REMOVAL W/REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	7/1/2008	$197.29	N	Referral Required		
12001		SCALP,NECK,AXILLAE,EXTERNAL GENITALIA,TRUNK AND/OR EXTREMITIES; 2.5 CM OR LESS	7/1/2008	$122.43	N	Referral Required		
12002		SCALP,NECK,AXILLAE,GENITALIA,TRUNK,HANDS,FEET; 2.6 CM TO 7.5	7/1/2008	$130.52	N	Referral Required		
12004		SCALP,NECK,AXILLAE,GENITALIA,TRUNK,HANDS,FEET; 7.6 CM TO 12.5 CM	7/1/2008	$153.19	N	Referral Required		
12005		SCALP,NECK,AXILLAE,GENITALIA,TRUNK,HANDS,FEET; 12.6 CM 20.0 CM	7/1/2008	$190.97	N	Referral Required		
12006		SCALP,NECK,AXILLAE,GENITALIA,TRUNK,HANDS,FEET; 20.1 CM TO 30.0 CM	7/1/2008	$237.83	N	Referral Required		
12007		SCALP,NECK,AXILLAE,GENITALIA,TRUNK,HANDS,FEET; OVER 30.0 CM	7/1/2008	$266.98	N	Referral Required		
12011		FACE,EARS,EYELIDS,NOSE,LIPS AND OR MUCOUS MEMBRANES; 2.5 CM OR LESS	7/1/2008	$130.24	N	Referral Required		
12013		FACE,EARS,EYELIDS,NOSE,LIPS AND OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	7/1/2008	$143.24	N	Referral Required		
12014		FACE,EARS,EYELIDS,NOSSE, LIPS AND OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	7/1/2008	$168.48	N	Referral Required		
12015		FACE,EARS,EYELIDS,NOSE,LIPS AND OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	7/1/2008	$212.07	N	Referral Required		
12016		FACE,EARS,EYELIDS,NOSE,LIPS AND OR MUCOUS MEMBRANES; 12.6 CM 20.0 CM	7/1/2008	$251.31	N	Referral Required		
12017		FACE,EARS,EYELIDS,NOSE,LIPS AND OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	7/1/2008	$224.45	N	Referral Required		

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12018		FACE,EARS,EYELIDS,NOSE,LIPS AND OR MUCOUS MEMBRANES; OVER 30.0 CM	7/1/2008	$267.78	N	Referral Required		
12020		TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	7/1/2008	$219.52	N	Referral Required		
12021		TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	7/1/2008	$128.42	N	Referral Required		
12031		WOUND CLOSURE - SCALP,AXILLAE,TRUNK,EXTREMI(EXCLUD HANDS & FEET); 2.5 CM OR LESS	7/1/2008	$179.08	N	Referral Required		
12032		SCALP,AXILLAE,TRUNK AND EXTREMITIES(EXCLUDING HANDS & FEET); 2.6 CM TO 7.5 CM	7/1/2008	$237.60	N	Referral Required		
12034		SCALP,AXILLAE,TRUNK,EXTREMITIES(EXCLUDING HANDS & FEET); 7.6 CM TO 12.5 CM	7/1/2008	$233.53	N	Referral Required		
12035		SCALP,AXILLAE,TRUNK,EXTREMITIES(EXCLUDING HANDS & FEET); 12.6 CM TO 20.0 CM	7/1/2008	$297.99	N	Referral Required		
12036		SCALP,AXILLAE,TRUNK,EXTREMITIES(EXCLUDING HANDS & FEET); 20.1 CM TO 30.0 CM	7/1/2008	$329.66	N	Referral Required		
12037		SCALP,AXILLAE,TRUNK,EXTREMITIES(EXCLUDING HANDS & FEET); OVER 30.0 CM	7/1/2008	$371.01	N	Referral Required		
12041		NECK, HANDS, FEET AND EXTERNAL GENITALIA; 2.5 CM OR LESS	7/1/2008	$190.70	N	Referral Required		
12042		NECK, HANDS, FEET AND EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	7/1/2008	$225.24	N	Referral Required		
12044		NECK, HANDS, FEET AND OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM	7/1/2008	$254.82	N	Referral Required		
12045		NECK, HANDS, FEET AND EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM	7/1/2008	$301.89	N	Referral Required		
12046		NECK, HANDS, FEET AND EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM	7/1/2008	$355.96	N	Referral Required		
12047		NECK, HANDS, FEET AND EXTERNAL GENITALIA; OVER 30.0 CM	7/1/2008	$381.40	N	Referral Required		
12051		FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; 2.5 CM OR LESS	7/1/2008	$210.33	N	Referral Required		
12052		FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	7/1/2008	$232.10	N	Referral Required		
12053		FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	7/1/2008	$254.01	N	Referral Required		
12054		FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	7/1/2008	$272.40	N	Referral Required		
12055		FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM	7/1/2008	$332.65	N	Referral Required		
12056		FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	7/1/2008	$409.40	N	Referral Required		
12057		FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; OVER 30.0 CM	7/1/2008	$442.88	N	Referral Required		
13100		TRUNK; 1.1 CM TO 2.5 CM	7/1/2008	$251.92	N	Referral Required		
13101		TRUNK; 2.6 CM TO 7.5 CM	7/1/2008	$313.56	N	Referral Required		
13102		REPAIR COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS-ADD ON	7/1/2008	$86.03	N	Referral Required		
13120		SCALP, ARMS AND OR LEGS; 1.1 CM TO 2.5 CM	7/1/2008	$261.63	N	Referral Required		
13121		SCALP, ARMS AND OR LEGS; 2.6 CM TO 7.5 CM	7/1/2008	$343.86	N	Referral Required		
13122		REPAIR, COMPLEX; SCALP, ARMS AND/OR LEGS; 1.1 CM TO 2.5 CM-ADD ON	7/1/2008	$99.27	N	Referral Required		
13131		FOREHEAD,CHEEKS,CHIN,MOUTH,NECK,AXILLAE,GENITALIA,HANDS,FEET; 1.1 CM TO 2.5 CM	7/1/2008	$289.02	N	Referral Required		
13132		FOREHEAD,CHEEKS,CHIN,MOUTH,NECK,AXILLAE,GENITALIA,HANDS,FEET; 2.6 CM TO 7.5 CM	7/1/2008	$453.78	N	Referral Required		
13133		REPAIR,COMPLEX,FACE,NECK,AXILLAE,GENITALIA,HANDS AND/OR FEET;EA ADDTL 5 CM/LESS	7/1/2008	$135.99	N	Referral Required		
13150		EYELIDS, NOSE, EARS AND LIPS; 1.0 CM OR LESS	7/1/2008	$294.60	N	Referral Required		
13151		EYELIDS, NOSE, EARS AND LIPS; 1.1 CM TO 2.5 CM	7/1/2008	$327.74	N	Referral Required		
13152		EYELIDS, NOSE, EARS AND LIPS; 2.6 CM TO 7.5 CM	7/1/2008	$446.69	N	Referral Required		
13153		REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS	7/1/2008	$150.95	N	Referral Required		
13160		SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	7/1/2008	$663.13	N	Referral Required		
14000		TRUNK; DEFECT 10 SQ CM OR LESS	7/1/2008	$520.40	N	Referral Required		
14001		TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	7/1/2008	$678.43	N	Referral Required		
14020		SCALP,ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	7/1/2008	$580.23	N	Referral Required		
14021		SCALP,ARMS AND OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	7/1/2008	$765.26	N	Referral Required		
14040		FOREHEAD,CHEEKS,CHIN,MOUTH,NECK,AXILLAE,GENITALIA,HANDS/FEET DEFECT 10 SQ CM	7/1/2008	$611.75	N	Referral Required		
14041		4 HEAD,CHEEKS,CHIN,MOUTH,NECK,AXIL.,GEN.,HANDS/FEET 10.1 SQ CM TO 30.0 SQ CM	7/1/2008	$842.33	N	Referral Required		
14060		EYELIDS,NOSE,EARS AND LIPS; DEFECT 10 SQ CM OR LESS	7/1/2008	$625.55	N	Referral Required		
14061		EYELIDS,NOSE,EARS AND LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	1/1/2011	$903.94	N	Referral Required		
14301		ADJACENT TISSUE TRANS OR REARRANG, ANY AREA; DEFECT 30.1 SP CM TO 60.0 SQ CM	1/1/2010	$730.47	N	Referral Required		

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14302		EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (SP)	1/1/2010	$161.51	N	Referral Required		
14350		INCLUDING PREPARATION OF RECIPIENT SITE	7/1/2008	$622.70	N	Referral Required		
15002		SURGICAL PREP/CREATION/RECIPIENT SITE BY EXCISION/OPEN WNDS 1ST 100 SQ CM (SP)	7/1/2008	$272.39	N	Referral Required		
15003		SURGICAL PREPARATION/CREATION OF RECIPIENT SITE/ EXCISION OF OPEN WOUNDS ADD ON	7/1/2008	$58.78	N	Referral Required		
15004		SURGICAL PREP/CREATION OF SITE/EXCISION OF OPEN WOUNDS, FACE, FEET, HANDS (SP)	7/1/2008	$328.11	N	Referral Required		
15005		SURGICAL PREPARATION OR CREATION/SITE BY EXCISION OF OPEN WOUNDS (ADD-ON)	7/1/2008	$99.26	N	Referral Required		
15040		HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100SQ CM OR LESS	7/1/2008	$213.40	N	Referral Required		
15050		COVER SMALL ULCER,TIP OF DIGIT OR MINIMAL OPEN AREA; UP TO 2 CM DIAMETER	7/1/2008	$433.56	N	Referral Required		
15100		FIRST 100 SQ CM OR LESS OR 1% OF BODY AREA;INFANTS AND CHILDREN	7/1/2008	$724.17	N	Referral Required		
15101		SPLIT SKIN GRAFT-ADD ON	1/1/2011	$162.82	N	Referral Required		
15110		EPIDERMAL AUTOGRAFT TRUNK, ARMS, LEGS 1ST 100 SQ CM OR LESS OR 1% OF BODY AREA	7/1/2008	$713.79	N	Referral Required		
15111		EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, EA ADD 100 SQ CM OR EA ADD 1% OF BODY	7/1/2008	$103.07	N	Referral Required		
15115		EPIDERMAL AUTOGRAFT, FACE/HEAD, NECK, HANDS, FEET, GENITALIA, 1ST 100 SQ CM<	7/1/2008	$705.01	N	Referral Required		
15116		EPIDERMAL AUTOGRFT, FACE/HEAD, NECK, HANDS, FEET, GENITALIA, EA ADD 100SQ CM	7/1/2008	$136.45	N	Referral Required		
15120		MOUTH,NECK,EARS,ORBITS,GENITALIA,HANDS,FEET;1ST 100 SQ CM OR LESS/INFANT,CHILD	7/1/2008	$757.97	N	Referral Required		
15121		MOUTH,NECK,EAR,ORBITS/GENITALIA,HANDS,FEET;EACH ADD.100 SQ CM-INFANT/CHILD-(A0)	7/1/2008	$228.82	N	Referral Required		
15130		DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, 1ST 100 SQ CM OR LESS OR 1% OF BODY AREA	7/1/2008	$564.46	N	Referral Required		
15131		DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, EA ADD 100SQ CM OR 1% OF BODY AREA	7/1/2008	$82.97	N	Referral Required		
15135		DERMAL AUTOGRAFT, FACE, HEAD, NECK, EARS, GENITAL, HAND, FEET, 1ST 100 SQ CM<	7/1/2008	$712.41	N	Referral Required		
15136		DERMAL AUTOGRAFT, FACE, HEAD, NECK, EARS, GENITAL, HAND, FEET, EA ADD 100 SQ CM	7/1/2008	$79.77	N	Referral Required		
15150		TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS 1ST 25SQ CM OR <	7/1/2008	$592.21	N	Referral Required		
15151		TISSUE CULTUR EPIDERMAL AUTOGRAFT TRUNK, ARMS, LEGS ADDITIONAL 1SQ CM TO 75SQ CM	7/1/2008	$108.73	N	Referral Required		
15152		TISSUE CULTUR EPIDERMAL AUTOGRAFT TRUNK, ARMS, LEGS EA ADD 100SQ CM/1% BODY	7/1/2008	$133.83	N	Referral Required		
15155		TISSUE CULT EPIDERMAL AUTOGRFT, FACE, HEAD GENITAL, HAND, FEET 1ST 25SQ CM/LESS	7/1/2008	$615.30	N	Referral Required		
15156		TISSUE CULT EPIDERMAL AUTOGRFT, HEAD, GENITAL, HAND, FEET 1ST 25 CM/LESS75 SQ CM	7/1/2008	$144.07	N	Referral Required		
15157		TISSUE CULTUR EPIDERMAL AUTOGRFT,HEAD,HANDS,FEET,GENITAL EA ADD 100SQ CM/1% BODY	7/1/2008	$160.02	N	Referral Required		
15170		ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; 1ST 100 SQ CM/LESS, OR 1% BODY	7/1/2008	$341.98	N	Referral Required		
15171		ACELLULAR DERMAL REPLACE,TRUNK,ARMS,LEGS EA ADD 100SQ CM OR 1% BODY AREA(SP)	7/1/2008	$76.77	N	Referral Required		
15175		ACELLULAR DERMAL REPLACEMENT,TRUNK,ARMS,LEGS 1ST 100SQ CM OR <OR 1% BODY AREA	7/1/2008	$448.90	N	Referral Required		
15176		ACELLULAR DERMAL REPLACEMENT,TRUNK,ARMS,LEGS 1ST 100SQ CM OR <OR 1% BODY AREA	7/1/2008	$123.49	N	Referral Required		
15200		FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	7/1/2008	$641.85	N	Referral Required		
15201		FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE,TRUNK;EACH ADD.20 SQ CM-ADD ON	7/1/2008	$124.20	N	Referral Required		
15220		DIRECT CLOSURE OF DONOR SITE,SCALP,ARMS AND LEGS; 20 SQ CM OR LESS	7/1/2008	$610.58	N	Referral Required		
15221		CLOSURE OF DONOR SITE,SCALP,ARMS AND LEGS; EA ADDITIONAL 20 SQ CM-ADD ON	7/1/2008	$115.11	N	Referral Required		
15240		FORHEAD,CHEEKS,CHIN,MOUTH,NECK,AXIL.GENITALIA,HANDS/FEET;20 SQ CM OR LESS	7/1/2008	$729.03	N	Referral Required		
15241		FOREHEAD,CHEEKS,CHIN,MOUTH,NECK,AXIL.,GENITALIA,HANDS,FEET;EA ADD.20 SQ CM-ADDON	7/1/2008	$149.92	N	Referral Required		
15260		CLOSURE OF DONOR SITE,NOSE,EARS,EYELIDS/LIPS;20 SQ CM OR LESS	7/1/2008	$782.84	N	Referral Required		
15261		CLOSURE OF DONOR SITE,NOSE,EARS,EYELIDS/LIPS; EA ADD. 20 SQ CM-ADD ON	7/1/2008	$173.40	N	Referral Required		
15300		ALLOGRAFT SKIN/TEMPORARY WOUND CLOSURE TRUNK, ARMS, LEGS 1ST 100SQ CM OR <	7/1/2008	$275.88	N	Referral Required		
15301		ALLOGRAFT SKIN/TEMPORARY WOUND CLOSURE TRUNK, ARMS, LEGS EA ADD 100SQ CM OR 1%	7/1/2008	$51.53	N	Referral Required		
15320		ALLOGRAFT SKIN/TEMP WOUND CLOSURE HEAD, HANDS, FEET, GENITAL 1ST 100SQ CM OR <	7/1/2008	$314.26	N	Referral Required		
15321		ALLOGRAFT SKIN/TEMP WOUND CLOSURE HEAD, HANDS, FEET, GENITAL EACH ADD 100SQ CM	7/1/2008	$77.30	N	Referral Required		
15330		ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS,LEGS 1ST 100 SQ CM OR LESS	7/1/2008	$254.45	N	Referral Required		
15331		ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS,LEGS EA ADD 1ST 100 SQ CM OR 1% BODY	7/1/2008	$51.86	N	Referral Required		
15335		ACELLULAR DERMAL ALLOGRAFT, FACE, HEAD, GENITAL, HANDS, FEET 1ST 100 SQ CM OR <	7/1/2008	$274.74	N	Referral Required		

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15336		ACELLULAR DERMAL ALLOGRAFT, FACE, HEAD, GENITAL, HANDS, FEET 1ST 100 SQ CM OR <	7/1/2008	$75.49	N	Referral Required		
15340		TISSUE CULTURED ALLOGENIC DERMAL SUBSTITUTE; EACH ADDITIONAL 25 SQ CM OR <	7/1/2008	$261.99	N	Referral Required		
15341		TISSUE CULTURED ALLOGENIC DERMAL SUBSTITUTE; EACH ADDITIONAL 25 SQ CM	7/1/2008	$38.59	N	Referral Required		
15360		TISSUE CULTURED ALLOGENIC DERMAL SUBSTITUTE, TRUNK, ARMS, LEGS 1ST 100SQ CM OR <	7/1/2008	$295.45	N	Referral Required		
15361		TISSUE CULTURED ALLOGENIC DERMAL SUBSTITUTE, EACH ADD 100 SQ CM OR 1% OF BODY	7/1/2008	$59.15	N	Referral Required		
15365		TISSUE CULT ALLOGENIC DERMAL SUBSTITUTE, HEAD, HANDS, FEET, GENITAL 1ST 100SQ CM	7/1/2008	$296.20	N	Referral Required		
15366		TISSUE CULT ALLOGEN DERMAL SUBSTITUT HEAD, HANDS, FEET, GENITAL EA ADD 100SQ CM	7/1/2008	$74.68	N	Referral Required		
15400		100 SQ CM OR LESS	7/1/2008	$306.11	N	Referral Required		
15401		EA ADD. 100 SQ CM (LIST SEP. IN ADD. TO CODE FOR PRIMARY PROCEDURE)	1/1/2011	$80.69	N	Referral Required		
15420		XENOGRAFT SKIN FOR TEMP WOUND CLOSURE, HEAD, HANDS, FEET, GENITAL 100 SQ CM OR <	7/1/2008	$344.55	N	Referral Required		
15421		XENOGRAFT SKIN FOR TEMP WOUND CLOSURE, HEAD/ HAND/ FEET/ GENITAL EA ADD/100SQ CM	7/1/2008	$95.65	N	Referral Required		
15430		ACELLULAR XENOGRAFT IMPLANT, FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA	7/1/2008	$436.92	N	Referral Required		
15431		ACELLULAR XENOGRAFT IMPLANT, EA ADDITIONAL 100 SQ CM OR EA ADD 1% OF BODY AREA		$0.00	N	Referral Required		
15570		WITH OR WITHOUT TRANSFER; TRUNK	7/1/2008	$718.06	N	Referral Required		
15572		WITH WITHOUT TRANSFER; SCALP, ARMS, OR LEGS	7/1/2008	$677.74	N	Referral Required		
15574		FOREHEAD,CHEEKS,CHIN,MOUTH,NECK,AXILLAE,GENITALIA, HANDS OR FEET	7/1/2008	$729.87	N	Referral Required		
15576		W/WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL	7/1/2008	$650.90	N	Referral Required		
15600		(DIVISION AND INSET); AT TRUNK	7/1/2008	$286.18	N	Referral Required		
15610		AT SCALP, ARMS OR LEGS	7/1/2008	$260.47	N	Referral Required		
15620		FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS OR FEET	7/1/2008	$366.05	N	Referral Required		
15630		AT EYELIDS, NOSE, EARS, OR LIPS	7/1/2008	$374.57	N	Referral Required		
15650		(EG, ABDOMEN TO WRIST, "WALKING" TUBE) ANY LOCATION	7/1/2008	$404.33	N	Referral Required		
15731		FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE	7/1/2008	$894.83	N	Referral Required		
15732		MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP; HEAD AND NECK	7/1/2008	$1,244.73	N	Referral Required		
15734		MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP; TRUNK	7/1/2008	$1,272.23	N	Referral Required		
15736		MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	7/1/2008	$1,142.17	N	Referral Required		
15738		MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	7/1/2008	$1,215.01	N	Referral Required		
15740		FLAP; ISLAND PEDICLE	7/1/2008	$795.80	N	Referral Required		
15750		FLAP; NEUROVASCULAR PEDICLE	7/1/2008	$752.61	N	Referral Required		
15756		WITH OR WITHOUT SKIN WITH MICROVASCULAR ANASTOMOSIS	7/1/2008	$1,973.03	N	Referral Required		
15757		WITH MICROVASCULAR ANASTOMOSIS S	7/1/2008	$1,972.23	N	Referral Required		
15758		WITH MICROVASCULAR ANASTOMOSIS	7/1/2008	$1,964.99	N	Referral Required		
15760		INCLUDING PRIMARY CLOSURE, DONOR AREA	7/1/2008	$682.00	N	Referral Required		
15770		DERMA-FAT-FASCIA	7/1/2008	$535.09	N	Referral Required		
15820		LOWER EYELID	7/1/2008	$434.64	N	Referral Required		
15821		LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	7/1/2008	$463.97	N	Referral Required		
15822		UPPER EYELID	7/1/2008	$342.76	N	Referral Required		
15823		BLEPHAROPLASTY UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	7/1/2008	$536.08	N	Referral Required		
15829		SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP	7/1/2008	$536.88	Y	Referral Required		
15830		EXCISION, EXCESSIVE SKIN/SUBCUTANEOUS TISSUE ABDOMEN, UMBILICAL PANNICULECTOMY	7/1/2008	$950.17	Y	Referral Required		
15833		EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE; LEG	7/1/2008	$682.91	Y	Referral Required		
15836		EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE; ARM	10/1/2008	$528.02	Y	Referral Required		
15840		FREE FASCIA GRAFT (INCLUDING OBATINING FASCIA)	7/1/2008	$835.56	N	Referral Required		
15841		FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	7/1/2008	$1,386.20	N	Referral Required		
15842		FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE	7/1/2008	$2,189.36	N	Referral Required		

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15845		REGIONAL MUSCLE TRANSFER	7/1/2008	$781.12	N	Referral Required		
15847		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (ADD-ON)	7/1/2008	$796.67	Y	Referral Required		
15850		REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	7/1/2008	$54.03	N	Referral Required		
15851		UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	7/1/2008	$80.47	N	Referral Required		
15852		UNDER ANESTHESIA (OTHER THAN LOCAL)	7/1/2008	$40.34	N	Referral Required		
15860		TO TEST BLOOD FLOW IN FLAP OR GRAFT	7/1/2008	$94.34	N	Referral Required		
15877		SUCTION ASSISTED LIPECTOMY; TRUNK		$0.00	Y	Referral Required		
15920		COCCYGEAL PRESSURE ULCER WITH COCCYGECTOMY; WITH PRIMARY SUTURE	7/1/2008	$475.10	N	Referral Required		
15922		COCCYGEAL PRESSURE ULCER WITH COCCYGECTOMY; WITH FLAP CLOSURE	7/1/2008	$610.09	N	Referral Required		
15931		WITH PRIMARY SUTURE	7/1/2008	$545.67	N	Referral Required		
15933		WITH PRIMARY SUTURE; WITH OSTECTOMY	7/1/2008	$670.72	N	Referral Required		
15934		WITH SKIN FLAP CLOSURE	7/1/2008	$750.99	N	Referral Required		
15935		WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	7/1/2008	$887.85	N	Referral Required		
15936		IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE;	7/1/2008	$731.85	N	Referral Required		
15937		PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE; W/OSTECTOMY	7/1/2008	$855.51	N	Referral Required		
15940		WITH PRIMARY SUTURE;	7/1/2008	$563.77	N	Referral Required		
15941		WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)	7/1/2008	$740.47	N	Referral Required		
15944		WITH SKIN FLAP CLOSURE;	7/1/2008	$722.02	N	Referral Required		
15945		WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	7/1/2008	$798.32	N	Referral Required		
15946		W/OSTECTOMY IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSE	7/1/2008	$1,327.10	N	Referral Required		
15950		WITH PRIMARY SUTURE;	7/1/2008	$465.77	N	Referral Required		
15951		WITH PRIMARY SUTURE; WITH OSTECTOMY	7/1/2008	$664.72	N	Referral Required		
15952		WITH SKIN FLAP CLOSURE;	7/1/2008	$691.52	N	Referral Required		
15953		WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	7/1/2008	$770.92	N	Referral Required		
15956		PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE;	7/1/2008	$937.71	N	Referral Required		
15958		PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE; W/OSTECTOMY	7/1/2008	$956.30	N	Referral Required		
15999		EXCISION PRESSURE ULCER		$0.00	N	Referral Required		
16000		WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED	7/1/2008	$57.59	N	Referral Required		
16020		DRESSINGS AND OR DEBRIDEMENT WITHOUT ANESTHESIA, OFFICE OR HOSPITAL, SMALL	7/1/2008	$68.22	N	Referral Required		
16025		WITHOUT ANESTHESIA, MEDIUM (EG, WHOLE FACE OR WHOLE EXTREMITY)	7/1/2008	$121.42	N	Referral Required		
16030		WITHOUT ANESTHESIA, LARGE (EG, MORE THAN ONE EXTREMITY)	7/1/2008	$145.34	N	Referral Required		
16035		ESCHAROTOMY	7/1/2008	$180.78	N	Referral Required		
16036		ESCHAROTOMY; EACH ADDITIONAL INCISION (ADD-ON)	7/1/2008	$71.77	N	Referral Required		
17000		ALL BENIGN OR PREMALIGNANT LESIONS;INCLUDING LOCAL ANESTHESIA; FIRST LESION	7/1/2008	$61.22	N	Referral Required		
17003		ALL BENIGN OR PREMALIGNANT LESIONS;INCL LOCAL ANESTH;2ND-14 LESIONS, EACH ADD-ON	7/1/2008	$6.15	N	Referral Required		
17004		BENIGN OR PREMALIGNANT LESIONS;INCLUDING LOCAL ANESTH.;15 OR MORE LESIONS-(SP)	7/1/2008	$142.11	N	Referral Required		
17106		OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; LESS THAN 10 SQ CM	1/1/2011	$302.25	Y	Referral Required		
17107		DESTRUCTION OF CUTANEOUS VASCULAR PROLIF LESIONS; 10.0 - 50.0 SQ CM	1/1/2011	$393.83	Y	Referral Required		
17108		OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; OVER 50.0 SQ CM	1/1/2011	$556.28	Y	Referral Required		
17110		DESTRUCTION OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; UP TO 14 LESIONS	7/1/2008	$80.14	N	Referral Required		
17111		OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 15 OR MORE LESIONS	7/1/2008	$97.96	N	Referral Required		
17250		GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	7/1/2008	$60.27	N	Referral Required		
17260		DESTRUCT MALIG LESION TRUNK-ARM-LEG 0.5 CM OR LESS	7/1/2008	$76.70	N	Referral Required		
17261		DESTRUCT MALIG LESION TRUNK-ARM-LEG 0.6 TO 1.0 CM	7/1/2008	$109.34	N	Referral Required		
17262		DESTRUCT MALIG LESION TRUNK-ARM-LEG 1.1 TO 2.0 CM	7/1/2008	$133.58	N	Referral Required		

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17263		DESTRUCT MALIG LESION TRUNK-ARM-LEG 2.1 TO 3.0 CM	7/1/2008	$147.30	N	Referral Required		
17264		DESTRUCT MALIG LESION TRUNK-ARM-LEG 3.1 TO 4.0 CM	7/1/2008	$159.17	N	Referral Required		
17266		DESTRUCT MALIG LESION TRUNK-ARM-LEG OVER 4.0 CM	7/1/2008	$181.03	N	Referral Required		
17270		DESTRUCT MALIG LESION SCALP-NECK-HAND 0.5 CM LESS	7/1/2008	$114.96	N	Referral Required		
17271		DESTRUCT MALIG LESION SCALP-NECK-HAND 0.6-1.0 CM	7/1/2008	$125.87	N	Referral Required		
17272		DESTRUCT MALIG LESION SCALP-NECK-HAND 1.1-2.0 CM	7/1/2008	$144.59	N	Referral Required		
17273		DESTRUCT MALIG LESION SCALP-NECK-HAND 2.1-3.0 CM	7/1/2008	$161.26	N	Referral Required		
17274		DESTRUCT MALIG LESION SCALP-NECK-HAND 3.1-4.0 CM	7/1/2008	$192.60	N	Referral Required		
17276		DESTRUCT MALIG LESION SCALP-NECK-HAND 4.0 CM OVE	7/1/2008	$225.32	N	Referral Required		
17280		DESTRUCT MALIG LESION FACE-EARS-NOSE 0.5 OR LESS	7/1/2008	$107.34	N	Referral Required		
17281		DESTRUCT MALIG LESION FACE-EARS-NOSE 0.6-1.0 CM	7/1/2008	$137.01	N	Referral Required		
17282		DESTRUCT MALIG LESION FACE-EARS-NOSE 1.1-2.0 CM	7/1/2008	$158.88	N	Referral Required		
17283		DESTRUCT MALIG LESION FACE-EARS-NOSE 2.1-3.0 CM	7/1/2008	$192.98	N	Referral Required		
17284		DESTRUCT MALIG LESION FACE-EARS-NOSE 3.1-4.0 CM	7/1/2008	$225.75	N	Referral Required		
17286		DESTRUCT MALIG LESION FACE-EARS-NOSE OVER 4.0 CM	7/1/2008	$289.14	N	Referral Required		
17311		MOHS MICROGRAPHIC TECHNIQUE, INCL REMOVAL OF GROSS TUMOR, SURG EXCISION/TISSUE	7/1/2008	$569.86	N	Referral Required		
17312		MOHS MICROGRAPHIC TECHNIQUE, EA ADD STAGE AFTER 1ST , UP TO 5 TISSUE BLOCKS (SP)	7/1/2008	$343.19	N	Referral Required		
17313		MOHS MICROGRAPHIC TECHNIQUE/TRUNK, ARMS, LEGS; 1ST STAGE, UP TO 5 TISSUE BLOCKS	7/1/2008	$520.45	N	Referral Required		
17314		MOHS MICROGRAPHIC TECHNIQUE, EA ADD AFTER 1st STAGE, UP TO 5 TISSUE BLOCKS (SP)	7/1/2008	$317.27	N	Referral Required		
17315		MOHS MICROGRAPHIC TECHNIQUE, EA ADDITIONAL BLOCK AFTER 1st 5 TISSUE BLOCKS, (SP)	7/1/2008	$67.93	N	Referral Required		
17999		UNLISTED PROCEDURE, SKIN		$0.00	Y	Referral Required		
19000		ASPIRATION, CYST, BREAST	7/1/2008	$94.77	N	Referral Required		
19001		ASPIRATION, CYST, BREAST-ADD ON	7/1/2008	$23.19	N	Referral Required		
19020		MASTOTOMY	7/1/2008	$350.08	N	Referral Required		
19030		INJ PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACT	7/1/2008	$145.55	N	Referral Required		
19100		BREAST BIOPSY	7/1/2008	$115.10	N	Referral Required		
19101		BREAST BIOPSY	7/1/2008	$262.97	N	Referral Required		
19102		BIOPSY OF BREAST; PERCUTANEOUS NEEDLE CORE, USING IMAGING GUIDANCE	7/1/2008	$191.48	N	Referral Required		
19103		BIOPSY OF BREAST;PERCUTANEOUS,AUTO VACUUM ASSISTED/ROTATING DEVICE,IMAGING	7/1/2008	$489.83	N	Referral Required		
19105		ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCL ULTRASOUND GUIDANCE, EA	7/1/2008	$1,681.27	N	Referral Required		
19110		NIPPLE EXPLORATION W/ OR W/O EXCISION	7/1/2008	$354.58	N	Referral Required		
19112		EXCISION OF LACTIFEROUS DUCT	7/1/2008	$339.26	N	Referral Required		
19120		EXCISION, CYST, BREAST	7/1/2008	$370.15	N	Referral Required		
19125		EXCISION BREAST LESION IDENTIFIED BY PRE-OP PLACEM	7/1/2008	$408.63	N	Referral Required		
19126		EA ADDITIONAL LESION SEPARATELY IDENTIFIED BY RADI-ADD ON	7/1/2008	$134.53	N	Referral Required		
19260		EXCISION, TUMOR, CHEST WALL	7/1/2008	$986.43	N	Referral Required		
19271		EXCISION CHEST WALL TUMOR W/PLASTIC RECONSTRUCTION	7/1/2008	$1,347.11	N	Referral Required		
19272		EXCISION CHEST WALL TUMOR W/MEDIASTINAL LYMPHADENE	7/1/2008	$1,488.60	N	Referral Required		
19290		PRE-OPERATIVE PLACEMENT NEEDLE LOCAL WIRE BREAST	7/1/2008	$139.75	N	Referral Required		
19291		PREOP PLACE NEEDLE WIRE BREAST EA ADD LESION-ADD ON	7/1/2008	$60.75	N	Referral Required		
19295		IMAGE GUIDED PLCMNT, METALLIC LOCALIZATION CLIP, DURING BREAST BIOPSY-ADD ON	1/1/2011	$78.71	N	Referral Required		
19296		AFTER LOADING CATHETER INTO BREAST; ON DATE OTHER THAN PARTIAL MASTECTOMY	1/1/2011	$3,384.26	N	Referral Required		
19297		PLACEMENT OF RADIOTHERAPY AFTER LOADING BALLOON CATH INTO THE BREAST (ADD-ON)	7/1/2008	$78.77	N	Referral Required		
19298		PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS	7/1/2008	$1,280.28	N	Referral Required		
19300		MASTECTOMY FOR GYNECOMASTIA	11/1/2009	$405.27	Y	Referral Required		

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19301		MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	7/1/2008	$484.71	N	Referral Required		
19302		MASTECTOMY, PARTIAL ; W/ AXILLARY LYMPHADENECTOMY	7/1/2008	$707.89	N	Referral Required		
19303		MASTECTOMY, SIMPLE, COMPLETE	7/1/2008	$748.59	N	Referral Required		
19304		MASTECTOMY, SUBCUTANEOUS	7/1/2008	$443.66	N	Referral Required		
19305		MASTECTOMY, RADICAL, INCL PECTORAL MUSCLES, AXILLARY LYMPH NODES	7/1/2008	$882.78	N	Referral Required		
19306		MASTECTOMY, RADICAL, INCL PECTORAL MUSCLES, (URBAN TYPE OPERATION)	7/1/2008	$921.27	N	Referral Required		
19307		MASTECTOMY, MODIFIED RADICAL	7/1/2008	$925.98	N	Referral Required		
19316		MASTOPEXY	7/1/2008	$640.76	Y	Referral Required		
19318		REDUCTION MAMMAPLASTY	7/1/2008	$941.06	Y	Referral Required		
19324		MAMMAPLASTY,AUGMENTATION W/O PROSTHETIC IMPLANT	7/1/2008	$395.33	Y	Referral Required		
19325		MAMMAPLASTY WITH PROSTHETIC IMPLANT	7/1/2008	$526.85	Y	Referral Required		
19328		REMOVAL OF INTACT MAMMARYIMPLANT	7/1/2008	$397.39	Y	Referral Required		
19330		REMOVAL, BREAST IMPLANT	7/1/2008	$505.64	Y	Referral Required		
19340		IMMEDIATE INSERTION OF BREAST PROSTHESIS	7/1/2008	$331.09	Y	Referral Required		
19342		DELAYED INSERTION OF BREAST PROSTHESIS	7/1/2008	$748.89	Y	Referral Required		
19350		RECONSTRUCTION, NIPPLE	7/1/2008	$724.53	Y	Referral Required		
19357		BREAST RECONSTRUCT W/TISSUE UXPANDER INCLUDE SUBSE	7/1/2008	$1,263.22	Y	Referral Required		
19361		BREAST RECONSTRUST W/LATISSIMUS DORSI FLAP, W/WO M	7/1/2008	$1,320.56	Y	Referral Required		
19364		BREAST RECONSTRUCTION WITH FREE FLAP	7/1/2008	$2,304.04	Y	Referral Required		
19366		BREAST RECONSTRUCTION W/OTHER TECHNIQUE	7/1/2008	$1,148.40	Y	Referral Required		
19367		BREAST RECONSTRUCTION W/TRAM SINGLE PEDICLE	7/1/2008	$1,501.09	Y	Referral Required		
19368		BREAST RECONSTRUCTION W/MINCROVASCULAR ANASTOMOSIS	7/1/2008	$1,849.45	Y	Referral Required		
19369		BREAST RECONSTRUCTION W/TRAM, DOUBLE PEDICLE	7/1/2008	$1,705.96	Y	Referral Required		
19370		OPEN PERIPROSTHETIC CAPULOTOMY BREAST	7/1/2008	$554.76	Y	Referral Required		
19371		PERIPROSTHETIC CAPSULECTOMY BREAST	7/1/2008	$639.40	Y	Referral Required		
19380		REVISION OF RECONSTRUCTED BREAST	7/1/2008	$625.39	Y	Referral Required		
19499		UNLISTED PROCEDURE, BREAST		$0.00	Y	Referral Required		
20000		INCISION, ABCESS, SOFT TISSUE	7/1/2008	$167.78	N	Referral Required		
20005		INCISION OF SOFT TISSUE ABSCESS, DEEP/COMPLICATED	7/1/2008	$247.42	N	Referral Required		
20100		EXPLORATION OF PENETRATING WOUND; NECK	7/1/2008	$503.76	N	Referral Required		
20101		EXPLORATION OF PENETRATING WOUND; CHEST	7/1/2008	$325.41	N	Referral Required		
20102		EXPLORATION OF PENETRATING WOUND; ABDOMEN/FLANK/BK	7/1/2008	$382.43	N	Referral Required		
20103		EXPLORATION OF PENETRATING WOUND; EXTREMITY	7/1/2008	$466.12	N	Referral Required		
20150		EXCISION EPIPHYSEAL BAR W/WO AUTOGENOUS SOFT TISSU	7/1/2008	$773.54	N	Referral Required		
20200		BIOPSY, MUSCLE	7/1/2008	$155.61	N	Referral Required		
20205		BIOPSY, MUSCLE	7/1/2008	$213.91	N	Referral Required		
20206		BIOPSY MUSCLE PERCUTANEOUS NEEDLE	1/1/2011	$220.96	N	Referral Required		
20220		BIOPSY, BONE	1/1/2011	$151.06	N	Referral Required		
20225		BIOPSY, BONE	1/1/2011	$557.84	N	Referral Required		
20240		BIOPSY, BONE	7/1/2008	$193.71	N	Referral Required		
20245		BIOPSY, BONE	7/1/2008	$524.50	N	Referral Required		
20250		BIOPSY VERTEBRAL BODY OPEN THORACIC	7/1/2008	$311.45	N	Referral Required		
20251		BIOPSY VERTEBRAL BODY OPEN LUMBAR OF CERVICAL	7/1/2008	$346.17	N	Referral Required		
20500		INJECTION, SINUS TRACT	7/1/2008	$104.24	N	Referral Required		
20501		INJECTION, SINUS TRACT	1/1/2011	$111.33	N	Referral Required		

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20520		REMOVAL, FOREIGN BODY, MUSCLE	7/1/2008	$158.93	N	Referral Required		
20525		REMOVAL FB IN MUSCLE DEEP OR COMPLICATED	7/1/2008	$398.65	N	Referral Required		
20526		INJECTION, THERAPEUTIC (LOCAL) CARPAL TUNNEL	7/1/2008	$63.78	N	Referral Required		
20550		INJECTION, LIGAMENT	7/1/2008	$49.21	N	Referral Required		
20551		INJECTIONS; TENDON ORIGINAL/INSERTION	7/1/2008	$48.68	N	Referral Required		
20552		INJECTION; SINGLE/MULTIPLE TRIGGER POINTS, ONE OR TWO MUSCLE GROUPS	7/1/2008	$44.73	N	Referral Required		
20553		INJECTION; SINGLE/MULTIPLE TRIGGER POINTS 3 OR MORE MUSCLE GROUPS	7/1/2008	$50.26	N	Referral Required		
20555		PLACEMENT OF NEEDLES/CATHETERS INTO MUSCLE &/OR SOFT TISSUE	1/1/2008	$282.02	N	Referral Required		
20600		ARTHROCENTESIS	7/1/2008	$45.63	N	Referral Required		
20605		ARTHROCENTESIS	7/1/2008	$49.40	N	Referral Required		
20610		ARTHROCENTESIS	7/1/2008	$62.45	N	Referral Required		
20612		ASPIRATION AND/OR INJECTION OF GANGLION CYSTS; ANY LOCATION	7/1/2008	$48.87	N	Referral Required		
20615		ASPIRATIOFN AND INJECTION FOR BONE CYST	7/1/2008	$184.89	N	Referral Required		
20650		INSERTION, PIN, SKELETAL TRACT	7/1/2008	$161.72	N	Referral Required		
20660		APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INC REMOVAL	1/1/2011	$217.71	N	Referral Required		
20661		APPLICATION OF HALO INC REMOVAL CRANIAL	7/1/2008	$377.08	N	Referral Required		
20662		APPLICATION OF HALO INC REMOVAL PELVDC	7/1/2008	$393.02	N	Referral Required		
20663		APPLICATION OF HALO INC REMOVAL FEMORAL	7/1/2008	$367.91	N	Referral Required		
20664		APPLICATION OF HALO, INCLUDING REMOVAL,CRANIAL,6 OR MORE PINS FOR THIN SKULL	7/1/2008	$611.82	N	Referral Required		
20665		REMOVAL, CALIPER	1/1/2011	$103.66	N	Referral Required		
20670		REMOVAL, PIN OR OTHER	1/1/2011	$333.33	N	Referral Required		
20680		REMOVAL, PIN OR OTHER	7/1/2008	$491.31	N	Referral Required		
20690		APP OF A UNIPLANE UNILATERAL, EXTERNAL FIXATION SYSTEM	7/1/2008	$425.24	N	Referral Required		
20692		APP OF MULTIPLANE (PINS OR WIRES MORE THAN 1 PLANE), UNILATERAL	7/1/2008	$783.18	N	Referral Required		
20693		ADJ/REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING	7/1/2008	$384.82	N	Referral Required		
20694		REMOVAL,UNDER ANESTHESIA OF EXTERNAL FIXATION SYS	7/1/2008	$362.30	N	Referral Required		
20696		APPL OF MULTIPL PINS/WIRES >1PLN UNI EXTRNL FIXTN W/STEREOTACTIC COMP-ASSIST	1/1/2009	$934.49	N	Referral Required		
20697		EXCHANGE (IE, REMOVAL AND REPLACEMENT) OF STRUT, EACH	1/1/2009	$1,053.69	N	Referral Required		
20802		REPLANTATION, ARM, COMPLETE AMPUTATION	7/1/2008	$2,062.01	N	Referral Required		
20805		REPLANTATION, FOREARM; COMPLETE AMPUTATION	7/1/2008	$2,680.23	N	Referral Required		
20808		REPLANTATION HAND; COMPLETE AMPUTATION	7/1/2008	$3,447.26	N	Referral Required		
20816		REPLANTATION DIGIT COMPLETE	7/1/2008	$2,054.64	N	Referral Required		
20822		REPLANTATION,DIGIT,EXCLUDING THUMB;COMPLETE AMPUTA	1/1/2011	$1,689.63	N	Referral Required		
20824		REPLANTATION, THUMB; COMPLETE AMPUTATION	7/1/2008	$2,032.99	N	Referral Required		
20827		REPLANTATION, THUMB;DISTAL TIP TO MP JOINT;COMPLET	7/1/2008	$1,838.39	N	Referral Required		
20838		REPLANTATION, FOOT, COMPLETE AMPUTATION	7/1/2008	$2,054.72	N	Referral Required		
20900		BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL	1/1/2011	$354.56	N	Referral Required		
20902		BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	1/1/2011	$301.90	N	Referral Required		
20910		CARTILAGE GRAFT; COSTOCHONDRAL	7/1/2008	$357.63	N	Referral Required		
20912		CARTILAGE GRAFT, NASAL SEPTUM	7/1/2008	$407.50	N	Referral Required		
20920		FASCIA LATA GRAFT; BY STRIPPER	7/1/2008	$337.04	N	Referral Required		
20922		FASCIA LATA GRAFT; BY INCISION & AREA EXPOSURE, COMPLEX OR SHEET	7/1/2008	$494.51	N	Referral Required		
20924		TENDON GRAFT, FROM A DISTANCE	7/1/2008	$421.88	N	Referral Required		
20926		TISSUE GRAFTS, OTHER	7/1/2008	$361.91	N	Referral Required		
20930		ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED-(SP)	7/1/2008	$171.62	N	Referral Required		

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20931		ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL-(SP)	7/1/2008	$95.44	N	Referral Required		
20936		AUTOGRAFT FOR SPINE SURGERY ONLY; (INCL HARVEST) LOCAL FROM SAME INCISION-(SP)		$0.00	N	Referral Required		
20937		AUTOGRAFT SPINE SURGERY ONLY; MORSELIZED-(SP)	7/1/2008	$146.02	N	Referral Required		
20938		AUTOGRAFT SPINE SURGERY; STRUCTURAL, BICORTAL/TRICORTICAL-(SP)	7/1/2008	$158.54	N	Referral Required		
20950		MONITOR INTERSTITIAL FLUID PRESSURE DETECT MCS	1/1/2011	$209.56	N	Referral Required		
20955		FIBULA GRAFT WITH MICROVASCULAR ANASTOMOSIS	7/1/2008	$2,150.16	N	Referral Required		
20956		BONE GRAFT W/MICROVASCULAR ANASTOMOSIS-ILIAC CREST	7/1/2008	$2,258.89	N	Referral Required		
20957		BONE GRAFT W/MICROVASCULAR ANASTOMOSIS-METATARSAL	7/1/2008	$2,135.73	N	Referral Required		
20962		BONE GRAFT W/MICROVASCULAR OR ANASTOMOSIS; OTHER B	7/1/2008	$2,238.67	N	Referral Required		
20969		FREE OSTEOCUTANEOUS FLAP W/MICROVASCULAR ANASTOMOS	7/1/2008	$2,400.96	N	Referral Required		
20970		FREE OSTEOCUTANEOUS FLAP W/MICROVASCU.-ILIAC CREST	7/1/2008	$2,383.41	N	Referral Required		
20972		FREE OSTEOCUTANEOUS FLAP W/MICROVASCULA-METATARSAL	7/1/2008	$2,175.82	N	Referral Required		
20973		FREE OSTEOCUTANEOUS FLAP, GREAT TOE W/WEB SPACE	7/1/2008	$2,336.67	N	Referral Required		
20974		ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE-(SP)	7/1/2008	$50.73	N	Referral Required		
20975		ELECTRIC STIMULATION TO AID BONE HEALING; INVASIVE-(SP)	7/1/2008	$149.65	N	Referral Required		
20979		LOW INTENSITY ULTRASOUND TO AID BONE HEALING; NONINVASIVE	7/1/2008	$46.35	N	Referral Required		
20982		ABLATION, BONE TUMOR(S) (EG OSTEIOD OSTEOMA, METASTASIS) RADIOFREQUENCY, PERCUT.	1/1/2011	$3,161.07	N	Referral Required		
20985		COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROC FOR MUSCULOSKELETAL PROC (SP)	1/1/2008	$125.96	N	Referral Required		
20999		REPAIR, MUSCLE WOUND		$0.00	N	Referral Required		
21010		ARTHROTOMY,TEMPOROMANDIBULAR JOINT;UNILATERAL	7/1/2008	$609.98	N	Referral Required		
21011		AMB SURG CTR -ARTHRO TEMPOROM JNT BILATERAL	1/1/2010	$216.90	N	Referral Required		
21012		2 CM OR GREATER	1/1/2010	$233.50	N	Referral Required		
21013		EXCISION, TUMOR SFT TISS OF FACE & SCALP SUBFASCIAL LESS THAN 2 CM	1/1/2010	$337.93	N	Referral Required		
21014		2 CM OR GREATER	1/1/2010	$361.11	N	Referral Required		
21015		RADICAL RESECTION TUMOR FACE OR SCALP	7/1/2008	$356.20	N	Referral Required		
21016		2 CM OR GREATER	1/1/2010	$724.25	N	Referral Required		
21025		EXCISION OF BONE, MANDIBLE	1/1/2011	$779.38	N	Referral Required		
21026		EXCISION OF FACIAL BONES	7/1/2008	$475.88	N	Referral Required		
21029		REMOVAL BY CONTOURING BENIGN TUMOR OF FACIAL BONE	7/1/2008	$610.75	N	Referral Required		
21030		EXCISION, TUMOR, FACIAL BONE	7/1/2008	$396.93	N	Referral Required		
21031		EXCISION TORUS MANDIBULARIS	7/1/2008	$303.29	N	Referral Required		
21032		EXCISION TORUS PALATINUS	7/1/2008	$309.20	N	Referral Required		
21034		EXCISION MALIGNANT TUMOR OF FACIAL BONE	7/1/2008	$1,107.09	N	Referral Required		
21040		EXCISION, TUMOR, MANDIBLE	7/1/2008	$398.27	N	Referral Required		
21044		EXCISION OF MALIGNANT TUMOR OF MANDIBLE	7/1/2008	$735.70	N	Referral Required		
21045		EXCISION OF MALIGNANT TUMOR	7/1/2008	$1,023.55	N	Referral Required		
21046		EXCISION OF BEGNIGN TUMOR OR CYST OF MANDIBLE REQUIRING INTRA-ORAL OSTEOTOMY	7/1/2008	$894.25	N	Referral Required		
21047		EXCISION OF BENIGN TUMOR/CYST OF MANDIBLE, EXTRA-ORAL OSTEOTOMY PART MANDIBULECT	7/1/2008	$1,100.26	N	Referral Required		
21048		EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA REQUIRING INTRA-ORAL OSTEOTOMY	7/1/2008	$911.63	N	Referral Required		
21049		EXCISION BENIGH TUMOR/CYST REQUIRING EXTRA-ORAL OSTEOTOMY/PARTIAL MAXILLECTOMY	7/1/2008	$1,059.17	N	Referral Required		
21050		ARTHRECTOMY, TEMP-MANDBLR JNT	7/1/2008	$709.56	N	Referral Required		
21060		MENISCECTOMY	7/1/2008	$655.87	N	Referral Required		
21070		CORONOIDECTOMY	7/1/2008	$532.66	N	Referral Required		
21073		MANIPULATION OF TEMPOROMANDIBULAR JOINT(S)	1/1/2008	$303.29	N	Referral Required		
21076		IMPRESSION/CUSTOM PREP; SURGICAL OBTURATOR PROSTHE	7/1/2008	$827.49	N	Referral Required		

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21079		IMPRESSION/CUSTOM PREP INTERIM OBTURATOR PROTHESIS	7/1/2008	$1,400.47	N	Referral Required		
21080		DEFINITIVE OBTURATOR PROTHESIS	7/1/2008	$1,590.29	N	Referral Required		
21081		MANDIBULAR RESECTION PROSTHESIS	7/1/2008	$1,450.35	Y	Referral Required		
21082		PALATAL AUGMENTATION PROSTHESIS	7/1/2008	$1,329.84	Y	Referral Required		
21083		PALATAL LIFT PROSTHESIS	7/1/2008	$1,263.89	N	Referral Required		
21084		SPEECH AID PROSTHESIS	7/1/2008	$1,451.43	Y	Referral Required		
21085		IMPRESSION & CUSTOM PREPARATION ORAL SURGICAL SPLINT	7/1/2008	$579.74	N	Referral Required		
21086		AURICULAR PROSTHESIS	7/1/2008	$1,517.23	Y	Referral Required		
21087		NASAL PROSTHESIS (DESIGNED PREPARED BY PHYSICIAN)	7/1/2008	$1,506.41	N	Referral Required		
21088		FACIAL PROSTHESIS (DESIGNED PREPARED BY PHYSICIAN)		$0.00	N	Referral Required		
21089		UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE		$0.00	N	Referral Required		
21100		APPLICATION, HALO	7/1/2008	$599.99	N	Referral Required		
21110		APPL, INTERDENTAL FIX APPLNCE	7/1/2008	$585.69	N	Referral Required		
21116		INJECTION PROCEDURE FOR TEMPOROMANDIBULAR ARTHROTO	7/1/2008	$142.29	N	Referral Required		
21120		GENIOPLASTY; AUGMENTATION AUTO/ALLOGRAFT,PROST MTL	7/1/2008	$516.27	N	Referral Required		
21121		SLIDING OSTEOTOMY, SINGLE PIECE	7/1/2008	$615.35	N	Referral Required		
21122		SLIDING OSTEOTOMIES TWO OR MORE	7/1/2008	$593.24	N	Referral Required		
21123		GENIOPLASTY, AUGMENTATION SLIDING W BONE GRAFTS	7/1/2008	$700.57	N	Referral Required		
21125		AUGMENTATION MANDIBULAR BODY OR ANGLE, PROSTHETIC	7/1/2008	$2,362.57	N	Referral Required		
21127		AUGMENTATION,MANDIBULAR BODY OR ANGLE W BONE GRAFT	7/1/2008	$2,572.50	N	Referral Required		
21138		REDUCTION FOREHEAD CONTOURING & PROSTHETIC MATERL.	7/1/2008	$749.22	Y	Referral Required		
21141		RECONSTRUCT MIDFACE,LEFORT 1;SINGLE W/O BONE GRAFT	7/1/2008	$1,117.01	N	Referral Required		
21142		RECONSTRUCT MIDFACE,LEFORT 1; TWO W/O BONE GRAFT	7/1/2008	$1,097.82	N	Referral Required		
21143		RECONSTRUCT MIDFACE LEFORT 1; THREE/MORE W/O GRAFT	7/1/2008	$1,163.20	N	Referral Required		
21145		RECONSTRUCT MIDFACE SINGLE PIECE ANY DIRECTION REQ	7/1/2008	$1,295.66	N	Referral Required		
21146		RECONSTRUCT MIDFACE 2 PIECES ANY DIRECTION REQUIRE	7/1/2008	$1,291.14	N	Referral Required		
21147		RECONSTRUCT MIDFACE 3 OR MORE PIECES ANY DIRECTION	7/1/2008	$1,401.78	N	Referral Required		
21150		RECONSTRUCT MIDFACE LEFORT II ANTERIOR INTRUSION	1/1/2011	$1,472.33	N	Referral Required		
21151		RECONSTRUCT MIDFACE LEFORT II, ANY DIRECTION	7/1/2008	$1,588.27	N	Referral Required		
21154		RECONSTRUCT MIDFACE LEFORT III ANY TYPE W/OLEFORTI	7/1/2008	$1,773.35	N	Referral Required		
21155		RECONSTRUCT MIDFACE, LEFORT III W/ LEFORT I ANY TY	7/1/2008	$2,001.89	N	Referral Required		
21159		RECONSTRUCT MIDFACE LEFORT III W/FOREHEAD ADVANCE.	7/1/2008	$2,333.10	Y	Referral Required		
21160		RECONSTRUCT MIDFACE LEFORT III W/LEFORT I	7/1/2008	$2,499.81	N	Referral Required		
21172		RECONSTRUCT SUPERIOR-LATERAL ORBITAL RIM & FOREHEA	7/1/2008	$1,468.06	N	Referral Required		
21175		RECONSTRUCT,BIFRONTAL,SUP-LATERAL ORBITAL RIMS	7/1/2008	$1,736.27	N	Referral Required		
21179		RECONSTRUCT ENTIRE OR MAJORITY OF FOREHEAD	7/1/2008	$1,232.22	N	Referral Required		
21180		RECONSTRUCT FOREHEAD/SUPRAORBITAL RIMS W/AUTOGRAFT	7/1/2008	$1,393.81	N	Referral Required		
21181		REMOVAL CONTOURING BENIGN TUMOR OF CRANIAL BONES L	7/1/2008	$604.95	N	Referral Required		
21182		RECONSTRUCT ORBITAL WALLS RIMS FOREHEAD & NASOETHM	7/1/2008	$1,715.90	N	Referral Required		
21183		RECONST. ORBITAL WALLS RIMS FORE, BETWEEN 40&80CM2	7/1/2008	$1,946.48	N	Referral Required		
21184		RECONSTRUCT ORBIT WALL TOTAL AREA BONE GRAFT 80 CM	7/1/2008	$2,026.61	N	Referral Required		
21188		RECONST. MIDFACE OSTEOTOMIES AND BONE GRAFTS	7/1/2008	$1,379.07	N	Referral Required		
21193		RECONSTRUCTION OF MANDIBULAR RAMUS WO BONE GRAFT	7/1/2008	$1,043.06	N	Referral Required		
21194		RECONSTRUCTION AND BONE GRAFT	7/1/2008	$1,193.24	N	Referral Required		
21195		RECONSTRUCT OF MANDIBULARRAMUS WO INTERNAL FIXATIO	7/1/2008	$1,130.05	N	Referral Required		

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21196		RECONSTRUCT MANDIBULAR RAMUS W/INTERNAL FIXATION	7/1/2008	$1,223.78	N	Referral Required		
21198		OSTEOTOMY, MANDIBLE, SEGMENTAL	7/1/2008	$956.93	N	Referral Required		
21199		OSTEOTOMY, MANDIBLE, SEGMENTAL; W/ GENIOGLOSSUS ADVANCEMENT	7/1/2008	$862.66	N	Referral Required		
21206		OSTEOPLASY, MAXILLA, SEGMENTAL	7/1/2008	$933.34	N	Referral Required		
21208		OSTEOPLASTY FACIAL BONES AUGMENTATION	7/1/2008	$1,320.96	N	Referral Required		
21209		OSTEOPLASTY, FACIAL BONES AUGMENTATION; REDUCTION	7/1/2008	$654.87	N	Referral Required		
21210		GRAFT, FACIAL BONE	7/1/2008	$1,547.87	N	Referral Required		
21215		BONE GRAFT, MANDIBLE	7/1/2008	$2,565.41	N	Referral Required		
21230		GRAFT, CARTILAGE	7/1/2008	$646.77	N	Referral Required		
21235		GRAFT, CARTILAGE	7/1/2008	$589.87	N	Referral Required		
21240		ARTHROPLASTY, TEMP-MANDBL JNT	7/1/2008	$930.54	N	Referral Required		
21242		TEMP MAND JOINT ARTHROPLASTY W/ALLOPLASTIC IMPLANT	7/1/2008	$857.02	N	Referral Required		
21243		ARTHROPLASTY TMJ W/PROSTHETIC JOINT REPLACEMENT	7/1/2008	$1,395.16	N	Referral Required		
21244		RECONSTRUCT MANDIBLE EXTRAORAL W/TRANSOSTEAL BONE	7/1/2008	$865.74	N	Referral Required		
21245		RECONSTRUCTION OF MANDIBLE OR MAXILLA	7/1/2008	$932.01	N	Referral Required		
21246		RECONSTRUCT MANDIBLE/MAXILLA SUBPERIOSTEAL IMPLANT	7/1/2008	$729.11	N	Referral Required		
21247		RECONSTRUCT MANDIBULAR CONDYLE W/BONE & CARTILAGE	7/1/2008	$1,362.23	N	Referral Required		
21248		RECONSTRUCT MAXILLA/MANDIBLE ENDOSTEAL IMPLANT PAR	7/1/2008	$863.05	N	Referral Required		
21249		RECONSTRUCT MANDIBLE/MAXILLA, ENDOSTEAL IMPLANT CO	7/1/2008	$1,211.98	N	Referral Required		
21255		RECONSTRUCT ZYGOMATIC ARCH & GLENOID FOSSA	7/1/2008	$1,157.56	N	Referral Required		
21256		RECONSTRUCT ORBIT W/OSTEOTOMIES (EXTRACRANIAL)	7/1/2008	$969.82	N	Referral Required		
21260		PERIORBITAL OSTEOTOMY FOR ORBITAL HYPERTELORISM	7/1/2008	$1,042.79	N	Referral Required		
21261		PERIORBITAL OSTEOTOMIES W/BONE GRAFTS COMBINED INT	7/1/2008	$1,849.01	N	Referral Required		
21263		PERIORBITAL OSTEOTOMIES W/FOREHEAD ADVANCEMENT	7/1/2008	$1,633.18	N	Referral Required		
21267		ORBITAL REPOSITION, PERIORBITAL OSTEOTOMIES UNILAT	7/1/2008	$1,316.40	N	Referral Required		
21268		ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES BIL	7/1/2008	$1,524.31	N	Referral Required		
21270		MALAR AUGMENTATION PROSTHETIC MATERIAL	7/1/2008	$747.08	N	Referral Required		
21275		SECONDARY REVISION FOR ORBITOCRANIOFACIAL RECONSTR	7/1/2008	$670.91	N	Referral Required		
21280		MEDIAL CANTHOPEXY	7/1/2008	$433.13	N	Referral Required		
21282		LATERAL CANTHOPEXY	7/1/2008	$286.96	N	Referral Required		
21295		REDUCTIN OF MASSETER MUSCLE AND BONE; EXTRAORAL APPROACH	7/1/2008	$143.39	N	Referral Required		
21296		REDUCTION OF MASSETER MUSCLE & BONE; INTRAORAL APPROACH	7/1/2008	$335.51	N	Referral Required		
21299		UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE		$0.00	Y	Referral Required		
21310		TREAT CLOSED/OPEN NASAL FX WO/MANIPULATION	7/1/2008	$91.78	N	Referral Required		
21315		FRACTURE, NASAL	7/1/2008	$211.93	N	Referral Required		
21320		FRACTURE, NASAL	7/1/2008	$203.02	N	Referral Required		
21325		FRACTURE, NASAL	7/1/2008	$402.50	N	Referral Required		
21330		FRACTURE, NASAL	7/1/2008	$490.37	N	Referral Required		
21335		FRACTURE, NASAL	7/1/2008	$615.02	N	Referral Required		
21336		OPEN TX NASAL SEPTAL FX W/WO STABILIZATION	7/1/2008	$535.57	N	Referral Required		
21337		TREATMENT OF CLOSED NASAL SEPTAL FX	7/1/2008	$319.50	N	Referral Required		
21338		OPEN TREATMENT NASOETHMOID FRACTURE	7/1/2008	$641.94	N	Referral Required		
21339		TREATMENT OF NASOETHMOID FRACTURE W/INT FIXATION	7/1/2008	$695.78	N	Referral Required		
21340		TREAT CLOSED/OPEN NASOETHMOID COMPLEX FX, W/SPLINT	7/1/2008	$663.25	N	Referral Required		
21343		OPEN TREAT DEPRESSED FRONTAL SINUS FX	7/1/2008	$973.19	N	Referral Required		

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21344		OPEN TREAT COMPLICATED FRONT SINUS FX VIA CORONAL	7/1/2008	$1,256.34	N	Referral Required		
21345		FRACTURE, NASO-MAXILLARY	7/1/2008	$654.29	N	Referral Required		
21346		FRACTURE, NASO-MAXILLARY	7/1/2008	$785.98	N	Referral Required		
21347		FRACTURE, NASO-MAXILLARY	7/1/2008	$942.38	N	Referral Required		
21348		OPEN TREATMENT NASOMAXILLARY W/BONE GRAFTING	7/1/2008	$998.78	N	Referral Required		
21355		FRACTURE, MALAR AREA	7/1/2008	$353.73	N	Referral Required		
21356		OPEN TREAT DEPRESSED ZYGOMATIC ARCH FX (GILLES APP	7/1/2008	$401.66	N	Referral Required		
21360		FRACTURE, MALAR AREA	7/1/2008	$439.03	N	Referral Required		
21365		FRACTURE, MALAR AREA	7/1/2008	$919.18	N	Referral Required		
21366		OPEN TREAT COMPLICATED FX MALLAR W/BONE GRAFT	7/1/2008	$1,030.48	N	Referral Required		
21385		ORBITAL FLOOR FRACTURE	7/1/2008	$592.97	N	Referral Required		
21386		OPEN TREAT ORBITAL FLOOR FX PERIORBITAL APPROACH	7/1/2008	$553.94	N	Referral Required		
21387		OPEN TREAT ORBITAL FLOOR FX COMBINED APPROACH	7/1/2008	$630.03	N	Referral Required		
21390		ORBITAL FLOOR FRACTURE	7/1/2008	$635.72	N	Referral Required		
21395		ORBITAL FLOOR FRACTURE	7/1/2008	$807.54	N	Referral Required		
21400		FRACTURE, ORBIT	7/1/2008	$139.98	N	Referral Required		
21401		FRACTURE, ORBIT	7/1/2008	$377.73	N	Referral Required		
21406		FRACTURE, ORBIT	7/1/2008	$449.02	N	Referral Required		
21407		FRACTURE, ORBIT	7/1/2008	$530.08	N	Referral Required		
21408		OPEN TREAT FX ORBIT W/BONE GRAFTING	7/1/2008	$725.06	N	Referral Required		
21421		FRACTURE, PALATAL RIDGE	7/1/2008	$572.20	N	Referral Required		
21422		OPEN TREAT PATATAL OR MAXILLARY FX	7/1/2008	$560.17	N	Referral Required		
21423		OPEN TREAT PALATAL MAXILLARY FX COMPLICATED	7/1/2008	$662.60	N	Referral Required		
21431		CRANIO-FACIAL SEPARATION	7/1/2008	$613.07	N	Referral Required		
21432		OPEN TREAT CRANIOFACIAL SEPARATION W/WIRING/INT FI	7/1/2008	$557.31	N	Referral Required		
21433		OPEN TREAT CRANIOFACIAL SEPARATION COMPLICATED MUL	7/1/2008	$1,405.95	N	Referral Required		
21435		COMPLICATED UTILIZING INTERNAL AND/OR EXTERNAL FIX	7/1/2008	$1,106.40	N	Referral Required		
21436		COMPLICATED MULTIPLE SURGICAL APPROACHES INTERNAL	7/1/2008	$1,589.16	N	Referral Required		
21440		MANIPULATIVE TREATMENT OF ALEOLAR RIDGE FRACTURE	7/1/2008	$403.91	N	Referral Required		
21445		OPEN TREAT MANDIBULAR-MAXILLARY ALVEOLAR RIDGE FX	7/1/2008	$585.15	N	Referral Required		
21450		CLOSED TREAT MANDIBULAR FX WO/MANIPULATION	7/1/2008	$424.11	N	Referral Required		
21451		CLOSED TREAT MANDIBULAR FX W/MANIPULATION	7/1/2008	$567.87	N	Referral Required		
21452		PERCUTANEOUS TREAT MANDIBULAR FX W0EXTERNAL FIXATI	7/1/2008	$500.46	N	Referral Required		
21453		TREATMENT OF OP MANDIBULAR FRACTURE	7/1/2008	$655.30	N	Referral Required		
21454		OPEN TRTMNT CLCS/OPN MANDIBULAR FRACT W/EXT FIXATN	7/1/2008	$456.13	N	Referral Required		
21461		FRACTURE, MANDIBULAR	7/1/2008	$1,427.33	N	Referral Required		
21462		FRACTURE, MANDIBULAR	7/1/2008	$1,563.67	N	Referral Required		
21465		OPEN TREAT MANDIBULAR CONDYLAR FX	7/1/2008	$759.75	N	Referral Required		
21470		OPEN TREAT COMPLICATED MANDIBULAR FX MULTI APPROAC	7/1/2008	$986.02	N	Referral Required		
21480		DISLOCATN, TEMPORO-MANDIBULAR	7/1/2008	$76.76	N	Referral Required		
21485		CLOSED TREAT TEMPOROMANDIBULAR DISLOC COMPLICATED	7/1/2008	$502.18	N	Referral Required		
21490		OPEN TREAT TEMPORMANDIBULAR DISLOCATION	7/1/2008	$760.98	N	Referral Required		
21495		OPEN TREAT HYOID FX	7/1/2008	$543.81	N	Referral Required		
21497		INTERDENATAL WIRING FOR CONDITION OTHER THAN FX	7/1/2008	$503.81	N	Referral Required		
21499		UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD		$0.00	N	Referral Required		

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21501		INCISN & DRNGE, ABSCESS, NECK	7/1/2008	$354.60	N	Referral Required		
21502		INCISN & DRNGE, ABSCESS, NECK	7/1/2008	$437.72	N	Referral Required		
21510		INCISION DEEP W/OPENING OF BONE CORTEX THORAX	7/1/2008	$393.45	N	Referral Required		
21550		EXCISIONAL BIOPSY, SOFT TISSUES	7/1/2008	$205.20	N	Referral Required		
21552		3 CM OR GREATER	1/1/2010	$311.10	N	Referral Required		
21554		5 CM OR GREATER	1/1/2010	$512.05	N	Referral Required		
21555		EXCISION TUMOR SOFT TISSUE OF NECK OR THORAX	7/1/2008	$346.57	N	Referral Required		
21556		EXCISN, TUMR, SUBFASCIAL, NECK	7/1/2008	$338.75	N	Referral Required		
21557		RADICAL RESECTION OF TUMOR SOFT TISSUE NECK OR THO	7/1/2008	$484.37	N	Referral Required		
21558		5 CM OR GREATER	1/1/2010	$961.72	N	Referral Required		
21600		EXCISION, RIB	7/1/2008	$453.60	N	Referral Required		
21610		COSTOTRANSVERSECTOMY	7/1/2008	$883.91	N	Referral Required		
21615		BIOPSY, RIB	7/1/2008	$571.29	N	Referral Required		
21616		EXCISION FIRST AND/OR CERVICAL RIB W/SYMPATHECTOMY	7/1/2008	$698.65	N	Referral Required		
21620		OSTECTOMY OF STERNUM PARTIAL	7/1/2008	$438.16	N	Referral Required		
21627		EXCISION, STERNAL DEBRIDEMENT	7/1/2008	$457.98	N	Referral Required		
21630		RADICAL RESECTION OF STERNUM	7/1/2008	$1,057.24	N	Referral Required		
21632		EXCISION WITH MEDIASTINAL LYMPHADENECTOMY	7/1/2008	$1,047.64	N	Referral Required		
21685		HYOID MYOTOMY AND SUSPENSION	7/1/2008	$832.13	N	Referral Required		
21700		DIVISION, SCALENUS ANTICUS	7/1/2008	$362.66	N	Referral Required		
21705		DIVISION, SCALENUS ANTICUS	7/1/2008	$522.89	N	Referral Required		
21720		DIVISION, STERNOCLEIDOMASTOID	7/1/2008	$319.06	N	Referral Required		
21725		DIVISION, STERNOCLEIDOMASTOID	7/1/2008	$437.92	N	Referral Required		
21740		PECTUS EXCAVATUM OR CARINATUM	7/1/2008	$909.84	N	Referral Required		
21742		RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MIN. INVASIVE APPROACH		$0.00	N	Referral Required		
21743		RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM/CARINATUM MINIMAL INVASIVE APPROACH		$0.00	N	Referral Required		
21750		CLOSE STERNOTOMY SEPARATION W/WO DEBRIDEMENT	7/1/2008	$602.37	N	Referral Required		
21800		FRACTURE, RIB	7/1/2008	$79.51	N	Referral Required		
21805		RIB FX OPEN OR COMPLICATED	7/1/2008	$209.41	N	Referral Required		
21810		RIB FX OPEN/CLOSED REQUIRING EXTERNAL FIXATION	7/1/2008	$422.34	N	Referral Required		
21820		STERNUM FX CLOSED	7/1/2008	$107.90	N	Referral Required		
21825		STERNUM FX OPEX	7/1/2008	$474.36	N	Referral Required		
21899		UNLISTED PROC, NECK, THORAX		$0.00	Y	Referral Required		
21920		BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	7/1/2008	$201.15	N	Referral Required		
21925		BIOPSY SOFT TISSUE BACK/FLANK DEEP	7/1/2008	$339.27	N	Referral Required		
21930		EXCISION TUMOR SOFT TISSUE BACK OR FLANK	7/1/2008	$378.62	N	Referral Required		
21931		3 CM OR GREATER	1/1/2010	$325.36	N	Referral Required		
21932		EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL; LESS THAN 5 CM	1/1/2010	$467.06	N	Referral Required		
21933		5 CM OR GREATER	1/1/2010	$515.30	N	Referral Required		
21935		RADICAL RESECTION OF TUMOR, SOFT TISSUE BACK/FIAN	1/1/2011	$932.79	N	Referral Required		
21936		5 CM OR GREATER	1/1/2010	$999.60	N	Referral Required		
22010		INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS POSTERIOR SPINE, CERVICAL, THORACIC	7/1/2008	$742.36	N	Referral Required		
22015		INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS POSTERIOR SPINE, CERVICAL, THORACIC	7/1/2008	$737.17	N	Referral Required		
22100		RESECTION, VERTEBRAL COMPONENT	7/1/2008	$665.54	N	Referral Required		
22101		RESECTION, VERTEBRAL COMPONENT	7/1/2008	$666.16	N	Referral Required		

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22102		RESECTION, VERTEBRAL COMPONENT	7/1/2008	$668.26	N	Referral Required		
22103		PARTIAL EXCISION POST VERTEBRAL COMPONENT,SINGLE; EA ADDITION-ADD ON	7/1/2008	$121.87	N	Referral Required		
22110		EXCISION, PRTL, VERTEBRAL BODY	7/1/2008	$820.79	N	Referral Required		
22112		PARTIAL EXCISION VERTEBRAE THORACIC	7/1/2008	$818.84	N	Referral Required		
22114		PARTIAL EXCISION OF VERTEBRA LUMBAR	7/1/2008	$820.27	N	Referral Required		
22116		EXCISE VERTEBRAL BODY/BONY LESION,SINGLE; EA ADDIT-ADD ON	7/1/2008	$121.58	N	Referral Required		
22206		OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THORACIC	1/1/2008	$1,951.06	N	Referral Required		
22207		OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH; THORACIC	1/1/2008	$1,927.25	N	Referral Required		
22208		OSTEOTOMY OF SPINE, POSTERIOR/POSTEROLATERAL APPR, EA ADD VERTEBRAL SEGMENT (SP)	1/1/2008	$487.99	N	Referral Required		
22210		OSTEOTOMY SPINE POSTERIOR APPROACH CORR DEFORM CER	7/1/2008	$1,446.97	N	Referral Required		
22212		OSTEOTOMY OF SPINE; THORACIC	7/1/2008	$1,199.33	N	Referral Required		
22214		OSTEOTOMY OF SPINE; LUMBAR	7/1/2008	$1,211.00	N	Referral Required		
22216		OSTEOTOMY SPINE,ONE SEGMENT; EA ADDITIONAL SEGMENT-ADD ON	7/1/2008	$317.89	N	Referral Required		
22220		OSTEOTOMY OF SPINE; CERVICAL	7/1/2008	$1,308.14	N	Referral Required		
22222		OSTEOTOMY OF SPINE; THORCIC	7/1/2008	$1,204.91	N	Referral Required		
22224		OSTEOTOMY OF SPINE; LUMBAR	7/1/2008	$1,298.47	N	Referral Required		
22226		OSTEOTOMY SPINE/DISKECTOMY,SINGLE;EA ADD SEG-ADD ON	7/1/2008	$316.56	N	Referral Required		
22305		CLOSED TREAT VERTEBRAL PROCESS FX	7/1/2008	$151.53	N	Referral Required		
22310		CLOSED TREAT VERTEBRAL BODY FX WO/MANIPULATION	7/1/2008	$230.06	N	Referral Required		
22315		CLOSED TREATMENT OF VERTEBRAL FRACTURE	7/1/2008	$694.56	N	Referral Required		
22318		OPEN TREATMENT, ODONTOID FRACTURE; WITHOUT GRAFTING	7/1/2008	$1,301.70	N	Referral Required		
22319		OPEN TREATMENT, ODONTOID FRACTURE; WITH GRAFTING	7/1/2008	$1,428.94	N	Referral Required		
22325		FRACTURE, VERTEBRAL BODY	7/1/2008	$1,136.41	N	Referral Required		
22326		VERTEBRAL FRACTURE; CERVICAL EACH	7/1/2008	$1,189.50	N	Referral Required		
22327		FRACTURE AND/OR DISLOCATION THORACIC,EACH	7/1/2008	$1,176.60	N	Referral Required		
22328		TX/REDUCTION VERTEBRAL FRACTURE;EA ADDITIONAL SEGM-ADD ON	7/1/2008	$239.22	N	Referral Required		
22505		SPINAL MANIPULATION	7/1/2008	$103.73	N	Referral Required		
22520		PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY UNILATERAL/BILATERAL;THORACIC	1/1/2011	$1,945.72	N	Referral Required		
22521		PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY UNILATERAL/BILATERAL; LUMBAR	1/1/2011	$1,901.94	N	Referral Required		
22522		PERCUTANEOUS VERTEBROPLASTY, VERTEBRAL UNILATERAL/BILATERAL; EACH ADDITIONAL	7/1/2008	$213.01	N	Referral Required		
22523		PERCUTANEOUS VERTEBRAL AUGMENTATION, 1 VERTEBRAL BODY, THORACIC	7/1/2008	$518.14	N	Referral Required		
22524		PERCUTANEOUS VERTEBRAL AUGMENTATION, 1 VERTEBRAL BODY, UNIL/BILAT, LUMBAR	7/1/2008	$496.52	N	Referral Required		
22525		PERCUTANEOUS VERTEBRAL AUGMENTATION, EA ADD THORACIC/ LUMBAR ADD-ON	7/1/2008	$231.74	N	Referral Required		
22532		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCL MINIMAL DISKECTOMY	7/1/2008	$1,426.00	Y	Referral Required		
22533		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCL MINIMAL DISKETOMY	7/1/2008	$1,338.94	Y	Referral Required		
22534		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCL MINIMAL DISKECTOMY (ADD-ON)	7/1/2008	$313.27	Y	Referral Required		
22548		ARTHRODESIS, CLIVUS-C1-C2	7/1/2008	$1,520.73	Y	Referral Required		
22551		ARTHRODESIS, ANTERIOR ITNERBODY, DECOMPRESSION CERVICAL BELOW C2	1/1/2011	$1,180.52	Y	Referral Required		
22552		ARTHRODESIS, ANTERIOR ITNERBODY, CERVICAL BELOW C2 EACH ADDTL INTERSPACE	1/1/2011	$275.41	Y	Referral Required		
22554		ARTHRODESIS	7/1/2008	$1,057.07	Y	Referral Required		
22556		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE	7/1/2008	$1,366.47	Y	Referral Required		
22558		ARTHRODESIS ANTERIOR INTERBODY TECHNIQUE, LUMBAR	7/1/2008	$1,255.20	Y	Referral Required		
22585		ARTHRODESIS ANTERIOR OR ANTEROLATERAL EA ADDITION-ADD ON	7/1/2008	$289.98	Y	Referral Required		
22590		ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL	7/1/2008	$1,255.23	Y	Referral Required		
22595		ARTHRODESIS POSTERIOR TECHNIQUE	7/1/2008	$1,194.94	Y	Referral Required		

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22600		ARTHRODESIS, CERVICAL	7/1/2008	$1,021.73	Y	Referral Required		
22610		ARTHRODESIS LOCAL BONE ALLOGRAFT	7/1/2008	$1,011.06	Y	Referral Required		
22612		ARTHRODESIS	7/1/2008	$1,315.08	Y	Referral Required		
22614		ARTHRODESIS, SINGLE LEVEL; EA ADDITIONAL SEGMENT-ADD ON	7/1/2008	$338.61	Y	Referral Required		
22630		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE LUMBAR	7/1/2008	$1,260.80	Y	Referral Required		
22632		ARTHRODESIS INTERBODY, SINGLE INTERSPACE;EA ADDITI-ADD ON	7/1/2008	$275.03	Y	Referral Required		
22800		SCOLIOSIS CORRECTION	7/1/2008	$1,118.45	Y	Referral Required		
22802		SCOLIOSIS CORRECTION	7/1/2008	$1,781.63	Y	Referral Required		
22804		ARTHRODESIS,POST,SPINAL DEFORMITY W/W/O CAST; 13 +	7/1/2008	$2,065.76	Y	Referral Required		
22808		ARTHRODESIS,ANT,SPINAL DEFORMITY W/W/O CAST;2 OR 3	7/1/2008	$1,516.68	Y	Referral Required		
22810		ARTHRODESIS ANTERIOR-SPINAL DEFORMITY W/WO CAST W/	7/1/2008	$1,702.93	Y	Referral Required		
22812		ARTHRODESIS POSTERIOR FOR SPINAL DEFORM 8 OR MORE	7/1/2008	$1,866.17	Y	Referral Required		
22818		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE & RESECTION; SINGLE OR 2 SEGMENTS	7/1/2008	$1,861.84	N	Referral Required		
22819		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE & RESECTION; 3 OR MORE SEGMENTS	7/1/2008	$2,109.67	N	Referral Required		
22830		EXPLORATION OF SPINAL FUSION	7/1/2008	$667.62	Y	Referral Required		
22840		POSTERIOR NON-SEGMENTAL INSTRUMENTATION-(SP)	7/1/2008	$661.41	Y	Referral Required		
22841		INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES-(SP)		$0.00	Y	Referral Required		
22842		POSTERIOR SEGMEMTAL INSTRUMENTATION; 3 TO 6 VERTEBRAL SEGMENTS-(SP)	7/1/2008	$662.12	Y	Referral Required		
22843		POSTERIOR SEGMENTAL INSTRUMENTATION; 7-12 VERTEBRAL SEGMENTS-(SP)	7/1/2008	$701.60	Y	Referral Required		
22844		POSTERIOR SEGMENTAL INSTRUMENTATION; 13 OR MORE VERTEBRAL SEGMENTS-(SP)	7/1/2008	$864.39	Y	Referral Required		
22845		ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS-(SP)	7/1/2008	$630.92	Y	Referral Required		
22846		ANTERIOR INSTRUMENTATION; 4-7 VERTEBRAL SEGMENTS-(SP)	7/1/2008	$655.78	Y	Referral Required		
22847		ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS-(SP)	7/1/2008	$722.98	Y	Referral Required		
22848		PELVIC FIXATION OTHER THAN SACRUM-(SP)	7/1/2008	$314.70	Y	Referral Required		
22849		REINSERTION OF SPINAL FIXATION DEVICE	7/1/2008	$1,079.47	Y	Referral Required		
22850		HARRINGTON ROD REMOVAL	7/1/2008	$589.37	N	Referral Required		
22851		APPLY PROSTHETIC DEVICE VERTEBRAL DEFECT OR INTERSPACE-(SP)	7/1/2008	$351.51	Y	Referral Required		
22852		REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	7/1/2008	$564.27	N	Referral Required		
22855		REMOVAL OF ANTERIOR INSTRUMENTATION	7/1/2008	$910.69	N	Referral Required		
22856		TOTL DISC ARTHROPLSTY ARTIF DISC INCL DISCECTOMY/ OSTEOPHYTECTOMY	5/1/2009	$1,406.73	N	Referral Required		
22861		REVI/ REPL. OF TOTL DISC ARTHROPLSTY ARTIF DISC ANTER APPRCH 1 INTRSPACE; CERV	5/1/2009	$1,737.09	N	Referral Required		
22864		REMVL TOTL DISC ARTHROPLASTY ARTIFICIAL DISC ANTER APPRCH, 1 INTRSPC;CERV	1/1/2009	$1,582.75	N	Referral Required		
22899		UNLISTED PROCEDURE, SPINE		$0.00	Y	Referral Required		
22900		EXCISION, TUMOR, ABDOMINL WALL	7/1/2008	$333.29	N	Referral Required		
22901		5 CM OR GREATER	1/1/2010	$460.38	N	Referral Required		
22902		EXCISION, TUMOR, SOFT TISSUE OF ABDOM WALL, SUBCUTANEOUS; LESS THAN 3 CM	1/1/2010	$289.93	N	Referral Required		
22903		3 CM OR GREATER	1/1/2010	$304.82	N	Referral Required		
22904		RADICAL RESECTION OF TUMOR SOFT TISSUE OF ABDOM WALL; LESS THAN 5 CM	1/1/2010	$721.22	N	Referral Required		
22905		5 CM OR GREATER	1/1/2010	$934.87	N	Referral Required		
22999		UNLISTED PROCEDURE, ABDOMEN		$0.00	N	Referral Required		
23000		REMOVAL SUBDELTOID CALCAREOUS DEPOSTIS OPEN METHOD	7/1/2008	$434.27	N	Referral Required		
23020		CAPSULAR CONTRACTURE RELEASE	7/1/2008	$573.57	N	Referral Required		
23030		DRAINAGE, ABSCESS, SHOULDER	7/1/2008	$354.47	N	Referral Required		
23031		DRAINAGE, BURSA, INFECTED	7/1/2008	$341.20	N	Referral Required		
23035		INCISION, SHOULDER	7/1/2008	$576.73	N	Referral Required		

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23040		ARTHROTOMY, GLENOHUMERAL	7/1/2008	$597.34	N	Referral Required		
23044		ARTHROTOMY, ACROMIOCAVICULAR	7/1/2008	$474.13	N	Referral Required		
23065		BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	7/1/2008	$171.11	N	Referral Required		
23066		BIOPSY, SOFT TISSUE OF SHOULDER AREA,DEEP	7/1/2008	$410.87	N	Referral Required		
23071		3 CM OR GREATE	1/1/2010	$288.88	N	Referral Required		
23073		5 CM OR GREATER	1/1/2010	$479.27	N	Referral Required		
23075		EXCISION TUMOR SHOULDER AREA, SUBCUTANEOUS	7/1/2008	$210.00	N	Referral Required		
23076		EXCISION, TUMOR, SHOULDER	7/1/2008	$463.54	N	Referral Required		
23077		RADICAL RESECTION OF TUMOR, SHOULDER AREA	7/1/2008	$981.88	N	Referral Required		
23078		5 CM OR GREATER	1/1/2010	$972.85	N	Referral Required		
23100		ARTHROTOMY, GLENOHUMERAL	7/1/2008	$401.78	N	Referral Required		
23101		ARTHROTOMY FOR BX OR EXC TORN CART ACROCLAN/STERNC	7/1/2008	$372.01	N	Referral Required		
23105		SYNOVECTOMY, GLENOHUMERAL	7/1/2008	$527.90	N	Referral Required		
23106		ARTHROTOMY, ACROMIOCAVICULAR	7/1/2008	$395.88	N	Referral Required		
23107		ARTHROTOMY, GLENOHUMERAL JOINT	7/1/2008	$549.90	N	Referral Required		
23120		CLAVICULECTOMY	7/1/2008	$465.22	N	Referral Required		
23125		CLAVICULECTOMY	7/1/2008	$582.90	N	Referral Required		
23130		ACROMIOPLASTY-ACROMIONECTOMY,PARTIAL	7/1/2008	$501.24	N	Referral Required		
23140		EXCISION, CYST, CLAVICLE	7/1/2008	$424.72	N	Referral Required		
23145		EXCISION, CYST, CLAVICLE	7/1/2008	$572.09	N	Referral Required		
23146		EXCISION, CYST, CLAVICLE	7/1/2008	$510.23	N	Referral Required		
23150		EXCISION, CYST, HUMERAL HEAD	7/1/2008	$539.80	N	Referral Required		
23155		EXCISION, CYST, HUMERAL HEAD	7/1/2008	$653.92	N	Referral Required		
23156		EXCISION, CYST, HUMERAL HEAD	7/1/2008	$558.43	N	Referral Required		
23170		SEQUESTRECTOMY, CLAVICLE	7/1/2008	$443.21	N	Referral Required		
23172		SEQUESTRECTOMY, SCAPULA	7/1/2008	$457.55	N	Referral Required		
23174		SEQUESTRECTOMY, HUMERAL HEAD	7/1/2008	$622.78	N	Referral Required		
23180		EXCISION, PARTIAL, CLAVICLE	7/1/2008	$581.93	N	Referral Required		
23182		EXCISION, PARTIAL, SCAPULA	7/1/2008	$560.12	N	Referral Required		
23184		EXCISN, PTL, PROXIMAL HUMERUS	7/1/2008	$629.13	N	Referral Required		
23190		OSTECTOMY, SCAPULA	7/1/2008	$460.60	N	Referral Required		
23195		RESECTION, HUMERAL HEAD	7/1/2008	$620.67	N	Referral Required		
23200		RESECTION, CLAVICLE	7/1/2008	$726.62	N	Referral Required		
23210		RESECTION, SCAPULA	7/1/2008	$760.68	N	Referral Required		
23220		RESECTION, PROXIMAL HUMERUS	7/1/2008	$896.04	N	Referral Required		
23330		REMOVAL OF FEREIGN BODY; SUBCUTANEOUS	7/1/2008	$184.86	N	Referral Required		
23331		REMOVAL, FGN BODY, SHOULDER	7/1/2008	$486.80	N	Referral Required		
23332		REMOVAL, IMPLANT, SHOULDER JNT	7/1/2008	$737.46	N	Referral Required		
23350		ARTHROGRAPHY, SHLDR, INJ PROCD	1/1/2011	$134.32	N	Referral Required		
23395		TRANSFER, MUSCLE, SHOULDER	7/1/2008	$1,071.27	N	Referral Required		
23397		TRANSFER, MUSCLE, SHOULDER	7/1/2008	$959.10	N	Referral Required		
23400		SCAPULOPEXY	7/1/2008	$814.89	N	Referral Required		
23405		TENOMYOTOMY, SHOULDER	7/1/2008	$524.42	N	Referral Required		
23406		TENOMYOTOMY, SHOULDER	7/1/2008	$656.01	N	Referral Required		
23410		REPAIR, MUSCULOTENDINOUS CUFF	1/1/2011	$732.96	N	Referral Required		

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23412		REPAIR, MUSCULOTENDINOUS CUFF	1/1/2011	$764.01	N	Referral Required		
23415		CORACOACROMIAL LIGAMNT RELEASE	1/1/2011	$612.41	N	Referral Required		
23420		REPAIR, SHOULDER CUFF AVULSION	1/1/2011	$865.09	N	Referral Required		
23430		TENODESIS, BICEPS	7/1/2008	$618.44	N	Referral Required		
23440		RESECTION, LONG TENDON, BICEPS	7/1/2008	$638.81	N	Referral Required		
23450		CAPSULORRHAPHY, SHOULDER JOINT	7/1/2008	$800.84	N	Referral Required		
23455		CAPSULORRHAPHY, SHOULDER JOINT	7/1/2008	$852.46	N	Referral Required		
23460		CAPSULORRHAPHY, SHOULDER JOINT	7/1/2008	$922.81	N	Referral Required		
23462		CAPSULORRHAPHY, SHOULDER JOINT	7/1/2008	$903.80	N	Referral Required		
23465		CAPSULORRHAPHY, SHOULDER JOINT	7/1/2008	$939.71	N	Referral Required		
23466		CAPSULORRHAPHY ANY TYPE MULTIDIRECTIONAL INSTABILI	7/1/2008	$925.11	N	Referral Required		
23470		ARTHROPLASTY, HUMERAL IMPLANT	7/1/2008	$1,025.59	N	Referral Required		
23472		ARTHROPLASTY W/GLENOID AND PROXIMAL HUMERAL REPLAC	7/1/2008	$1,266.71	N	Referral Required		
23480		OSTEOTOMY, CLAVICLE	7/1/2008	$688.54	N	Referral Required		
23485		OSTEOTOMY, CLAVICLE	7/1/2008	$808.88	N	Referral Required		
23490		PROPHYLACTIC TREATMENT; CLAVICLE	7/1/2008	$689.62	N	Referral Required		
23491		PROPHYLACTIC TREATMENT;PROXIMAL HUMERUS/HUMERAL HD	7/1/2008	$854.28	N	Referral Required		
23500		FRACTURE CLAVICLE	7/1/2008	$169.40	N	Referral Required		
23505		FRACTURE, CLAVICLE	7/1/2008	$277.39	N	Referral Required		
23515		FRACTURE, CLAVICLE	7/1/2008	$570.13	N	Referral Required		
23520		DISLOCATION, STERNOCLAVICULAR	7/1/2008	$174.50	N	Referral Required		
23525		DISLOCATION, STERNOCLAVICULAR	7/1/2008	$276.92	N	Referral Required		
23530		DISLOCATION, STERNOCLAVICULAR	7/1/2008	$457.54	N	Referral Required		
23532		DISLOCATION, STERNOCLAVICULAR	7/1/2008	$514.33	N	Referral Required		
23540		DISLOCATION, ACROMIOCLAVICULAR	7/1/2008	$174.50	N	Referral Required		
23545		TREATMENT CLOSED ACROMIOCLAVICULAR DISLOC. W/MANI.	7/1/2008	$250.34	N	Referral Required		
23550		DISLOCATION, ACROMIOCLAVICULAR	7/1/2008	$473.65	N	Referral Required		
23552		DISLOCATION, ACROMIOCLAVICULAR	7/1/2008	$546.09	N	Referral Required		
23570		CLOSED TX SCAPULAR FRACTURE;WITHOUT MANIPULATION	7/1/2008	$180.17	N	Referral Required		
23575		FRACTURE, SCAPULAR	7/1/2008	$307.64	N	Referral Required		
23585		FRACTURE, SCAPULAR	7/1/2008	$770.81	N	Referral Required		
23600		FRACTURE, HUMERAL NECK	7/1/2008	$253.49	N	Referral Required		
23605		FRACTURE, HUMERAL NECK	7/1/2008	$374.19	N	Referral Required		
23615		FRACTURE, HUMERAL NECK	7/1/2008	$719.17	N	Referral Required		
23616		OPEN TREAT W/PROXIMAL HUMERAL PROSTHETIC REPLACEME	7/1/2008	$1,090.99	N	Referral Required		
23620		FRACTURE, HUMERAL NECK	7/1/2008	$207.37	N	Referral Required		
23625		FRACTURE, HUMERAL NECK	7/1/2008	$302.92	N	Referral Required		
23630		FRACTURE, HUMERAL NECK	7/1/2008	$606.23	N	Referral Required		
23650		DISLOCATION, SHOULDER	7/1/2008	$238.89	N	Referral Required		
23655		DISLOCATION, SHOULDER	7/1/2008	$307.71	N	Referral Required		
23660		DISLOCATION, SHOULDER	7/1/2008	$479.36	N	Referral Required		
23665		DISLOCATION, SHOULDER	7/1/2008	$335.69	N	Referral Required		
23670		DISLOCATION, SHOULDER	7/1/2008	$678.52	N	Referral Required		
23675		DISLOCATION, SHOULDER	7/1/2008	$441.10	N	Referral Required		
23680		DISLOCATION, SHOULDER	7/1/2008	$741.82	N	Referral Required		

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23700		MANIPULATION, SHOULDER	7/1/2008	$161.76	N	Referral Required		
23800		FUSION, SHOULDER JOINT	7/1/2008	$855.99	N	Referral Required		
23802		FUSION, SHOULDER JOINT	7/1/2008	$1,018.00	N	Referral Required		
23900		AMPUTATION, FOREQUARTER	7/1/2008	$1,119.85	N	Referral Required		
23920		DISARTICULATION, SHOULDER	7/1/2008	$904.46	N	Referral Required		
23921		DISARTICULATION, SHOULDER	7/1/2008	$368.82	N	Referral Required		
23929		UNLISTED PROCEDURE, SHOULDER		$0.00	N	Referral Required		
23930		DRAINAGE, ABSCESS, HUMERUS	7/1/2008	$296.10	N	Referral Required		
23931		DRAINAGE ABSCESS ELBOW INFECTED BURSA	1/1/2011	$235.81	N	Referral Required		
23935		INCISION DEEP OPENING BONE CORTEX	7/1/2008	$414.07	N	Referral Required		
24000		ARTHROTOMY, ELBOW	7/1/2008	$388.68	N	Referral Required		
24006		ARTHROTOMY ELBOW W/CAPSULAR EXCISION FOR RELEASE	7/1/2008	$590.72	N	Referral Required		
24065		BIOPSY SOFT TISSUE UPPER ARM	7/1/2008	$196.48	N	Referral Required		
24066		BIOPSY,SOFT TISSUE UPPER ARM/ELBOW AREA; DEEP	7/1/2008	$478.84	N	Referral Required		
24071		3 CM OR GREATER	1/1/2010	$280.49	N	Referral Required		
24073		5 CM OR GREATER	1/1/2010	$481.81	N	Referral Required		
24075		EXCISION,TUMOR,UPPER ARM OR ELBOW AREA,SUBCUTANEOU	7/1/2008	$386.15	N	Referral Required		
24076		EXCISION, TUMOR, HUMERUS	7/1/2008	$388.86	N	Referral Required		
24077		RADICAL RESECTION OF TUMOR; UPPER ARM/ELBOW AREA	7/1/2008	$677.18	N	Referral Required		
24079		5 CM OR GREATER	1/1/2010	$896.89	N	Referral Required		
24100		ARTHROTOMY, ELBOW	7/1/2008	$327.19	N	Referral Required		
24101		ARTHROTOMY W/JOINT EXPLORE W/WO BX/REMOVE FOREIGN	7/1/2008	$410.36	N	Referral Required		
24102		ARTHROTOMY, ELBOW	7/1/2008	$510.32	N	Referral Required		
24105		EXCISION, BURSA, OLECRANON	7/1/2008	$275.10	N	Referral Required		
24110		EXCISION, CYST, HUMERUS	7/1/2008	$480.13	N	Referral Required		
24115		EXCISION, CYST, HUMERUS	7/1/2008	$560.05	N	Referral Required		
24116		EXCISION, CYST, HUMERUS	7/1/2008	$724.83	N	Referral Required		
24120		EXCISION, CYST, HUMERUS	7/1/2008	$431.21	N	Referral Required		
24125		EXCISION, CYST, HUMERUS	7/1/2008	$491.93	N	Referral Required		
24126		EXCISION, CYST, HUMERUS	7/1/2008	$524.90	N	Referral Required		
24130		EXCISION, RADIAL HEAD	7/1/2008	$417.74	N	Referral Required		
24134		SEQUESTRECTOMY, HUMERUS	7/1/2008	$632.73	N	Referral Required		
24136		SEQUESTRECTOMY, RADIAL HEAD	7/1/2008	$521.18	N	Referral Required		
24138		SEQUESTRECTOMY, OLECRANON PRCS	7/1/2008	$543.30	N	Referral Required		
24140		EXCISION, PARTIAL, HUMERUS	7/1/2008	$606.45	N	Referral Required		
24145		EXCISION, PARTIAL, RADIAL HEAD	7/1/2008	$510.58	N	Referral Required		
24147		EXCISION, PTL, OLECRANON PRCS	7/1/2008	$530.84	N	Referral Required		
24149		RADICAL RESECTION-CAPSULE, SOFT TISSUE-BONE-ELBOW	7/1/2008	$952.41	N	Referral Required		
24150		RESECTION, HUMERUS	7/1/2008	$812.32	N	Referral Required		
24152		RADICAL RESECTION FOR TUMOR RADIAL HEAD OR NECK	7/1/2008	$603.61	N	Referral Required		
24155		RESECTION, ELBOW JOINT	7/1/2008	$702.10	N	Referral Required		
24160		REMOVAL, IMPLANT, ELBOW JOINT	7/1/2008	$501.66	N	Referral Required		
24164		REMOVAL, IMPLANT, RADIAL JOINT	7/1/2008	$410.31	N	Referral Required		
24200		REMOVAL FOREIGN BODY,UPPER ARM/ELGOW,SUBCUTANEOUS	7/1/2008	$166.37	N	Referral Required		
24201		REMOVAL FB UPPER ARM/ELBOW DEEP	7/1/2008	$462.28	N	Referral Required		

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24220		ARTHROGRAPHY, ELBOW, INJ PRCDR	7/1/2008	$150.42	N	Referral Required		
24300		MANIPULATION, ELBOW, UNDER ANESTHESIA	7/1/2008	$323.38	N	Referral Required		
24301		TRANSFER, TENDON, ARM	7/1/2008	$626.10	N	Referral Required		
24305		LENGTHENING, TENDON, UPPER ARM	7/1/2008	$480.18	N	Referral Required		
24310		TENOTOMY, UPPER ARM	7/1/2008	$392.68	N	Referral Required		
24320		TENOPLASTY, UPPER ARM	7/1/2008	$636.33	N	Referral Required		
24330		FLEXOR-PLASTY, ELBOW	7/1/2008	$597.20	N	Referral Required		
24331		FLEXOR-PLASTY, ELBOW	7/1/2008	$658.16	N	Referral Required		
24332		TENOLSIS, TRICEPS	7/1/2008	$495.80	N	Referral Required		
24340		TENODESIS, ELBOW	7/1/2008	$508.76	N	Referral Required		
24341		REPAIR TENDON/MUSCLE, UPPER ARM/ELBOW, EA.-EX.CUFF	7/1/2008	$593.50	N	Referral Required		
24342		REINSERTION, TENDON, UPPER ARM	7/1/2008	$655.63	N	Referral Required		
24343		REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, W/ LOCAL TISSUE	7/1/2008	$581.45	N	Referral Required		
24344		RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW W/ TENDON GRAFT	7/1/2008	$905.45	N	Referral Required		
24345		REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, W/ LOCAL TISSUE	7/1/2008	$578.64	N	Referral Required		
24346		RECONSTRUCTION, MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFTS	7/1/2008	$903.21	N	Referral Required		
24357		TENOTOMY, ELBOW, LATERAL OR MEDIAL	1/1/2008	$366.64	N	Referral Required		
24358		TENOTOMY, ELBOW, LATERAL/MEDIAL EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW	1/1/2008	$430.93	N	Referral Required		
24359		TENOTOMY, ELBOW, LATERAL OR MEDIAL, OPEN W/TENDON REPAIR/REATTACHMENT	1/1/2008	$530.79	N	Referral Required		
24360		ARTHROPLASTY, ELBOW	7/1/2008	$748.26	N	Referral Required		
24361		ARTHROPLASTY ELBOW W/DISTAL HUMERAL PROSTHETIC REP	7/1/2008	$843.09	N	Referral Required		
24362		ARTHROPLASTY ELBOW W/IMPLANT FASCIA LATA LIG RECON	7/1/2008	$822.17	N	Referral Required		
24363		ARTHROPLASTY ELBOW W/IMPLANT FASCIA LATA LIG RECON	7/1/2008	$1,243.32	N	Referral Required		
24365		ARTHROPLASTY, RADIAL HEAD	7/1/2008	$531.99	N	Referral Required		
24366		ARTHROPLASTY, RADIAL HEAD	7/1/2008	$570.57	N	Referral Required		
24400		OSTEOTOMY, HUMERUS	7/1/2008	$684.83	N	Referral Required		
24410		OSTEOTOMY, HUMERUS	7/1/2008	$877.04	N	Referral Required		
24420		OSTEOPLASTY, HUMERUS	7/1/2008	$815.00	N	Referral Required		
24430		REPAIR, MALUNION, HUMERUS	7/1/2008	$864.32	N	Referral Required		
24435		REPAIR, MALUNION, HUMERUS	7/1/2008	$883.11	N	Referral Required		
24470		HEMI-EPIPHYSEAL ARREST, HUMERS	7/1/2008	$546.95	N	Referral Required		
24495		DECOMPRESSION FASCIOTOMY FOREARM W/BRACH ARTERY EX	7/1/2008	$553.79	N	Referral Required		
24498		PROPHYLACTIC TREATMENT; HUMEROUS	7/1/2008	$729.93	N	Referral Required		
24500		FRACTURE, HUMERAL SHAFT	7/1/2008	$275.12	N	Referral Required		
24505		FRACTURE, HUMERAL SHAFT	7/1/2008	$400.44	N	Referral Required		
24515		FRACTURE, HUMERAL SHAFT	7/1/2008	$731.03	N	Referral Required		
24516		OPEN TREAT HUMERAL SHAFT FX W/INSERT INTRAMEDULLAR	7/1/2008	$723.12	N	Referral Required		
24530		FRACTURE, TRANSCONDYLAR	7/1/2008	$296.27	N	Referral Required		
24535		FRACTURE, TRANSCONDYLAR	7/1/2008	$500.50	N	Referral Required		
24538		FRACTURE, TRANSCONDYLAR	7/1/2008	$619.45	N	Referral Required		
24545		FRACTURE, TRANSCONDYLAR	7/1/2008	$749.82	N	Referral Required		
24546		CLOSED TREAT HUMERAL CONDYLAR FX WO/MANIPULATION	7/1/2008	$887.15	N	Referral Required		
24560		FRACTURE, EPICONDYLAR	7/1/2008	$248.21	N	Referral Required		
24565		FRACTURE, EPICONDYLAR	7/1/2008	$416.53	N	Referral Required		
24566		PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDY	7/1/2008	$571.40	N	Referral Required		

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24575		FRACTURE, EPICONDYLAR	7/1/2008	$611.73	N	Referral Required		
24576		FRACTURE, CONDYLAR	7/1/2008	$260.55	N	Referral Required		
24577		FRACTURE, CONDYLAR	7/1/2008	$431.53	N	Referral Required		
24579		FRACTURE, CONDYLAR	7/1/2008	$693.07	N	Referral Required		
24582		PERCUTANEOUS SKELETAL FIXATION HUMERAL CONDYLAR FX	7/1/2008	$648.52	N	Referral Required		
24586		OPEN TREAT C/O ELBOW FX W/ELBOW RESECTION	7/1/2008	$917.91	N	Referral Required		
24587		OPEN TREAT CLOSED/OPEN ELBOW FX W/IMPLANT	7/1/2008	$912.33	N	Referral Required		
24600		DISLOCATION, ELBOW	7/1/2008	$298.58	N	Referral Required		
24605		DISLOCATION, ELBOW	7/1/2008	$372.78	N	Referral Required		
24615		DISLOCATION, ELBOW	7/1/2008	$596.38	N	Referral Required		
24620		FRACTURE-DISLOCATION, ELBOW	7/1/2008	$453.51	N	Referral Required		
24635		FRACTURE-DISLOCATION, ELBOW	1/1/2011	$631.97	N	Referral Required		
24640		SUBLUXATION, RADIAL HEAD	7/1/2008	$99.42	N	Referral Required		
24650		FRACTURE, RADIAL HEAD	7/1/2008	$201.05	N	Referral Required		
24655		FRACTURE, RADIAL HEAD	7/1/2008	$349.61	N	Referral Required		
24665		FRACTURE, RADIAL HEAD	7/1/2008	$536.48	N	Referral Required		
24666		FRACTURE, RADIAL HEAD	7/1/2008	$608.20	N	Referral Required		
24670		FRACTURE, ULNAR	7/1/2008	$225.81	N	Referral Required		
24675		FRACTURE, ULNAR	7/1/2008	$365.99	N	Referral Required		
24685		FRACTURE, ULNAR	7/1/2008	$538.53	N	Referral Required		
24800		FUSION, ELBOW JOINT	7/1/2008	$669.77	N	Referral Required		
24802		FUSION, ELBOW JOINT	7/1/2008	$828.31	N	Referral Required		
24900		AMPUTATION, ARM	7/1/2008	$590.70	N	Referral Required		
24920		AMPUTATION, ARM	7/1/2008	$583.12	N	Referral Required		
24925		AMPUTATION, ARM	7/1/2008	$446.97	N	Referral Required		
24930		AMPUTATION, ARM	7/1/2008	$615.74	N	Referral Required		
24931		AMPUTATION, ARM	7/1/2008	$663.11	N	Referral Required		
24935		STUMP ELONGATION UPPER EXTREMITY	7/1/2008	$895.92	N	Referral Required		
24940		CINEPLASTY, ARM	7/1/2008	$998.38	N	Referral Required		
24999		UNLISTED PROCEDURE, HUMERUS OR ELBOW		$0.00	N	Referral Required		
25000		TENOVAGINOTOMY, WRIST	1/1/2011	$300.47	N	Referral Required		
25001		INCLUSION FLEXOR TENDON SHEATH, WRIST	7/1/2008	$270.34	N	Referral Required		
25020		DECOMPRESSION FASCIOTOMY WRIST FLEXOR/EXTENSOR COM	7/1/2008	$493.64	N	Referral Required		
25023		DECOMP FASCIOTOMY W/DEBRIDEMENT NONVIABLE MUSCLE/N	7/1/2008	$936.58	N	Referral Required		
25024		DECOMPRESSION FASCIOTOMY FOREARM/WRIST W/O DEBRIDEMENT OF MUSCLE/NERVE	7/1/2008	$624.90	N	Referral Required		
25025		DECOMPRESSION FASCIOTOMY FOREARM/WRIST W/ DEBRIDEMENT OF MUSCLE/NERVE	7/1/2008	$959.22	N	Referral Required		
25028		INCISION DRAIN FOREARM/WRIST DEEP ABCESS OR HEMAT	7/1/2008	$432.85	N	Referral Required		
25031		INFECTED BURSA	7/1/2008	$342.67	N	Referral Required		
25035		INCISION DEEP W/OPENING BONE CORTEX FOREARM/WRIST	7/1/2008	$597.14	N	Referral Required		
25040		ARTHROTOMY, WRIST JOINT	7/1/2008	$482.47	N	Referral Required		
25065		EXCISION BIOPSY SOFT TISSUE FOREARM/WRIST	7/1/2008	$196.39	N	Referral Required		
25066		BIOPSY, SOFT TISSUES, DEEP	1/1/2011	$325.76	N	Referral Required		
25071		3 CM OR GREATER	1/1/2010	$293.93	N	Referral Required		
25073		3 CM OR GREATER	1/1/2010	$366.04	N	Referral Required		
25075		EXCISION, BENIGN TUMOR, SUBCUTANEOUS	7/1/2008	$290.78	N	Referral Required		

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25076		EXCISION TUMOR FOREARM/WRIST DEEP SUBFASCIAL/INTRA	7/1/2008	$408.79	N	Referral Required		
25077		RADICAL RESECTION TUMOR, SOFT TISSUE FOREARM0WRIST	7/1/2008	$664.11	N	Referral Required		
25078		3 CM OR GREATER	1/1/2010	$782.84	N	Referral Required		
25085		CAPSULECTOMY, WRIST	7/1/2008	$398.28	N	Referral Required		
25100		ARTHROTOMY, WRIST JOINT	7/1/2008	$294.54	N	Referral Required		
25101		ARTHROTOMY WRIST JOINT,BIOPSY W/JOINT EXPLORATION	7/1/2008	$343.93	N	Referral Required		
25105		ARTHROTOMY, WRIST JOINT	7/1/2008	$420.43	N	Referral Required		
25107		ARTHROTOMY, DSTL RDO-ULNR JNT	7/1/2008	$513.45	N	Referral Required		
25109		EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	7/1/2008	$421.63	N	Referral Required		
25110		EXCSN, LSN, TENDN SHEATH, WRST	1/1/2011	$310.89	N	Referral Required		
25111		EXCISION, GANGLION, WRIST	7/1/2008	$264.29	N	Referral Required		
25112		EXCISION, GANGLION, WRIST	7/1/2008	$322.63	N	Referral Required		
25115		TENOSYNOVECTOMY, FOREARM	1/1/2011	$703.74	N	Referral Required		
25116		TENOSYNOVECTOMY, FOREARM	1/1/2011	$562.94	N	Referral Required		
25118		SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE	7/1/2008	$326.26	N	Referral Required		
25119		SYNOVECTOMY,DSTL RDO-ULNR JNT	7/1/2008	$434.00	N	Referral Required		
25120		EXCISION, CYST, ULNA	1/1/2011	$474.61	N	Referral Required		
25125		EXCISION, CYST, ULNA	7/1/2008	$582.75	N	Referral Required		
25126		EXCISION, CYST, ULNA	7/1/2008	$594.71	N	Referral Required		
25130		EXCISION, CYST, CARPAL BONES	7/1/2008	$379.65	N	Referral Required		
25135		EXCISION, CYST, CARPAL BONES	7/1/2008	$472.10	N	Referral Required		
25136		EXCISION, CYST, CARPAL BONES	7/1/2008	$417.04	N	Referral Required		
25145		SEQUESTRECTOMY, FOREARM	1/1/2011	$489.66	N	Referral Required		
25150		EXCISION, PARTIAL, ULNA	7/1/2008	$494.68	N	Referral Required		
25151		EXCISION, PARTIAL, RADIUS	1/1/2011	$553.51	N	Referral Required		
25170		RESECTION, TUMOR, FOREARM	7/1/2008	$790.07	N	Referral Required		
25210		CARPECTOMY	7/1/2008	$415.75	N	Referral Required		
25215		CARPECTOMY	7/1/2008	$538.45	N	Referral Required		
25230		RADIAL STYLOIDECTOMY	7/1/2008	$369.65	N	Referral Required		
25240		EXCISION, DISTAL ULNA	7/1/2008	$381.14	N	Referral Required		
25246		ARTHROGRAPHY, WRIST, INJECTION	1/1/2011	$150.81	N	Referral Required		
25248		EXPLORATION REMOVAL DEEP FB FOREARM/WRIST	1/1/2011	$383.14	N	Referral Required		
25250		REMOVAL OF WRIST PROSTHESIS	7/1/2008	$432.27	N	Referral Required		
25251		REMOVAL OF WRIST PROSTHESIS; COMPLICATED	7/1/2008	$593.82	N	Referral Required		
25259		MANIPULATION, WRIST UNDER ANESTHESIA	7/1/2008	$322.80	N	Referral Required		
25260		REPAIR, MUSCLE, FOREARM	1/1/2011	$588.88	N	Referral Required		
25263		REPAIR, MUSCLE, FOREARM	7/1/2008	$610.52	N	Referral Required		
25265		REPAIR TENDON-MUSCLE FOREARM/WRIST SECOUNDARY W/FR	7/1/2008	$719.35	N	Referral Required		
25270		AMB SURG CTR-REPAIR,MUSCLE,FOREARM	1/1/2011	$468.76	N	Referral Required		
25272		REPAIR, MUSCLE, FOREARM	1/1/2011	$527.34	N	Referral Required		
25274		REPAIR, MUSCLE, FOREARM	7/1/2008	$655.48	N	Referral Required		
25275		REPAIR OF TENDON SHEATH, FOREARM/WRIST	7/1/2008	$555.43	N	Referral Required		
25280		LENGTHENING, TENDON, FOREARM	1/1/2011	$535.96	N	Referral Required		
25290		TENOTOMY, EACH, FOREARM	1/1/2011	$443.24	N	Referral Required		
25295		TENOLYSIS, EACH, FOREARM	1/1/2011	$497.84	N	Referral Required		

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25300		TENODESIS, DGT FLEXRS, AT WRST	7/1/2008	$574.07	N	Referral Required		
25301		TENODESIS, DGT FLEXRS, AT WRST	7/1/2008	$546.58	N	Referral Required		
25310		TRANSPLANT, TENDON, WRIST	1/1/2011	$581.81	N	Referral Required		
25312		TRANSPLANT, TENDON, WRIST	7/1/2008	$696.77	N	Referral Required		
25315		FLEXOR ORIGIN SLIDE	1/1/2011	$724.60	N	Referral Required		
25316		REPAIR WITH TENDON TRANSFER	1/1/2011	$840.43	N	Referral Required		
25320		CAPSULORRHAPHY/RECONST CAPSULECTOMY WRIST	7/1/2008	$800.47	N	Referral Required		
25332		ARTHROPLASTY WRIST;PSEUDOARTHROSIS W/INTERNAL FIXA	7/1/2008	$704.17	N	Referral Required		
25335		CENTRALIZATION WRIST ON ULNA (EG RADIAL CLUB HAND)	7/1/2008	$813.20	N	Referral Required		
25337		RECONSTRUCT FOR STABILIZATION ULNA/RADIOULNAR JT	7/1/2008	$743.17	N	Referral Required		
25350		OSTEOTOMY, RADIUS	1/1/2011	$637.03	N	Referral Required		
25355		OSTEOTOMY, RADIUS	1/1/2011	$718.79	N	Referral Required		
25360		OSTEOTOMY, ULNA	1/1/2011	$618.88	N	Referral Required		
25365		OSTEOTOMY, RADIUS & ULNA	7/1/2008	$867.31	N	Referral Required		
25370		MULTIPLE OSTEOTOMIES W/REALIGNMENT ON INTRAMEDULLA	1/1/2011	$928.19	N	Referral Required		
25375		OSTEOTOMY, RADIUS AND/OR ULNA	7/1/2008	$906.75	N	Referral Required		
25390		OSTEOPLASTY, RADIUS/ULNA	1/1/2011	$723.87	N	Referral Required		
25391		OSTEOPLASTY, RADIUS/ULNA	7/1/2008	$937.52	N	Referral Required		
25392		OSTEOPLASTY, RADIUS/ULNA	7/1/2008	$939.70	N	Referral Required		
25393		OSTEOPLASTY, RADIUS/ULNA	7/1/2008	$1,056.57	N	Referral Required		
25394		OSTEOPLASTY CARPAL BONE SHORTENING	7/1/2008	$640.00	N	Referral Required		
25400		REPAIR, MALUNION, RADIUS/ULNA	1/1/2011	$758.09	N	Referral Required		
25405		REPAIR, MALUNION, RADIUS/ULNA	1/1/2011	$969.27	N	Referral Required		
25415		REPAIR, MALUNION, RADIUS/ULNA	1/1/2011	$913.18	N	Referral Required		
25420		REPAIR, MALUNION, RADIUS/ULNA	7/1/2008	$1,087.02	N	Referral Required		
25425		REPAIR, BONE DEFICIT, FOREARM	7/1/2008	$993.78	N	Referral Required		
25426		REPAIR, BONE DEFICIT, FOREARM	7/1/2008	$1,025.22	N	Referral Required		
25430		INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE	7/1/2008	$585.15	N	Referral Required		
25431		REPAIR OF NONUNION OF CARPAL BONE, EACH BONE	7/1/2008	$656.63	N	Referral Required		
25440		REPAIR, NON-UNION, NAVICULAR	7/1/2008	$657.17	N	Referral Required		
25441		REPLACEMENT, IMPLANT, WRIST	7/1/2008	$782.94	N	Referral Required		
25442		REPLACEMENT, IMPLANT, WRIST	7/1/2008	$671.02	N	Referral Required		
25443		REPLACEMENT, IMPLANT, WRIST	7/1/2008	$645.69	N	Referral Required		
25444		REPLACEMENT, IMPLANT, WRIST	7/1/2008	$685.88	N	Referral Required		
25445		REPLACEMENT, IMPLANT, WRIST	7/1/2008	$601.91	N	Referral Required		
25446		TOTAL WRIST REPLACEMENT	7/1/2008	$988.39	N	Referral Required		
25447		INTERPOSITION ARTHROPLASTY,INTERCARPAL OR CARPOMEN	7/1/2008	$673.74	N	Referral Required		
25449		REVISION ARTHROPLASTY INC REMOV IMPLANT WRIST JOIN	7/1/2008	$866.19	N	Referral Required		
25450		EPIPHYSEAL ARREST, FOREARM	7/1/2008	$526.34	N	Referral Required		
25455		EPIPHYSEAL ARREST, FOREARM	7/1/2008	$634.96	N	Referral Required		
25490		PROPHYLACTIC TREATMENT; RADIUS	7/1/2008	$688.43	N	Referral Required		
25491		PROPHYLACTIC TREATMENT; ULNA	7/1/2008	$721.44	N	Referral Required		
25492		PROPHYLACTIC TREATMENT; RADIUS AND ULNA	7/1/2008	$855.41	N	Referral Required		
25500		TREAT CLOSED RADIAL SHAFT FX WO MANIPULATION	7/1/2008	$205.61	N	Referral Required		
25505		FRACTURE, RADIAL SHAFT	7/1/2008	$401.53	N	Referral Required		

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25515		FRACTURE, RADIAL SHAFT	7/1/2008	$552.67	N	Referral Required		
25520		CLOSED TREAT RADIAL SHAFT FX W/DISLOCATION DISTAL	7/1/2008	$443.00	N	Referral Required		
25525		OPEN TREAT RADIAL SHAFT FX W/INTERNAL OR EXTERNAL	7/1/2008	$678.90	N	Referral Required		
25526		OPEN TREAT RADIAL SHAFT FX OPEN TREAT INTERNAL/EXT	7/1/2008	$846.81	N	Referral Required		
25530		FRACTURE, ULNAR SHAFT	7/1/2008	$199.24	N	Referral Required		
25535		FRACTURE, ULNAR SHAFT	7/1/2008	$385.33	N	Referral Required		
25545		FRACTURE, ULNAR SHAFT	7/1/2008	$521.91	N	Referral Required		
25560		FRACTURE, RADIAL & ULNAR SHAFT	7/1/2008	$208.23	N	Referral Required		
25565		TREAT CLOSED RADIAL/ULNAR SHAFT FX W/MANIPULATION	7/1/2008	$419.82	N	Referral Required		
25574		OPEN TREAT RADIAL/ULNAR SHAFT FX W/INTER-EXTER FIX	7/1/2008	$542.43	N	Referral Required		
25575		FRACTURE, RADIAL & ULNAR SHAFT	7/1/2008	$738.94	N	Referral Required		
25600		TREAT CLOSED DITAL RADIAL FX WO/MANIPULATION	7/1/2008	$228.05	N	Referral Required		
25605		COLLES FRACTURE W MANIPULATION	7/1/2008	$489.64	N	Referral Required		
25606		PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEP	7/1/2008	$556.80	N	Referral Required		
25607		OPEN TREATMENT/DISTAL RAD EXTRA-ARTICULAR FX/EPIPHYSEAL SEP W/INTERNAL FIXATION	7/1/2008	$579.58	N	Referral Required		
25608		OPEN TREATMENT DIST/RAD INTRA-ARTICULAR FX OR EPIPHYSEAL SEP	7/1/2008	$659.39	N	Referral Required		
25609		OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE; 3 OR MORE FRAGMENTS	7/1/2008	$841.04	N	Referral Required		
25622		TRMT CLOSED CARPAL SCAPOID FRACTURE W/O MANIPULATI	7/1/2008	$234.15	N	Referral Required		
25624		TREAT CLOSED CARPAL SCOPHOID FX W/MANIPULATION	7/1/2008	$368.67	N	Referral Required		
25626		TREAT OPEN CARPAL SCAPHOID FX W/UMCOMP SOFT TISSUE	7/1/2008	$675.34	N	Referral Required		
25628		OPEN TREATMENT OF CARPAL SCAPHOID FRACTURE W/WO FI	7/1/2008	$589.77	N	Referral Required		
25630		TREAT CLOSED CARPAL BONE FX EXCLUDING CARPAL SCAPHOID WO MANIPULATION	7/1/2008	$239.67	N	Referral Required		
25635		TX CLOSED CARPAL BONE FRACTURE W/MANIPULATION, EA.	7/1/2008	$348.66	N	Referral Required		
25645		FRACTURE, CARPAL BONE	7/1/2008	$471.65	N	Referral Required		
25650		TREATMENT OF CLOSED ULNAR STYLOID FX	7/1/2008	$249.43	N	Referral Required		
25651		PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	7/1/2008	$384.31	N	Referral Required		
25652		OPEN TREATMENT OF ULNAR STYLOID FRACTURE	7/1/2008	$508.05	N	Referral Required		
25660		TREAT RADIOCARPAL DISLOC 1-MORE BONES W/MAINPULATI	7/1/2008	$324.10	N	Referral Required		
25670		DISLOCATION, INTERCARPAL	7/1/2008	$505.99	N	Referral Required		
25671		PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR	7/1/2008	$426.37	N	Referral Required		
25675		DISLOCATN, DISTAL RADIO-ULNAR	7/1/2008	$344.17	N	Referral Required		
25676		DISLOCATN, DISTAL RADIO-ULNAR	7/1/2008	$523.57	N	Referral Required		
25680		FRACTURE, TRANS-SCAPHO-PERILNR	7/1/2008	$370.76	N	Referral Required		
25685		FRACTURE, TRANS-SCAPHO-PERILNR	7/1/2008	$605.43	N	Referral Required		
25690		DISLOCATION, LUNATE	7/1/2008	$376.59	N	Referral Required		
25695		DISLOCATION, LUNATE	7/1/2008	$525.52	N	Referral Required		
25800		ARTHRODESIS, WRIST JOINT	7/1/2008	$628.79	N	Referral Required		
25805		ARTHRODESIS, WRIST JOINT WITH SLIDING GRAFT	7/1/2008	$722.61	N	Referral Required		
25810		ARTHRODESIS, WRIST JOINT	7/1/2008	$725.80	N	Referral Required		
25820		INTERCARPAL FUSION; WITHOUT GRAFT	7/1/2008	$513.26	N	Referral Required		
25825		INTERCARPAL FUSION & AUTOGENOUS BONE GRAFT	7/1/2008	$628.71	N	Referral Required		
25830		RESECTION ULNA W/W/O BONE GRAFT	7/1/2008	$804.97	N	Referral Required		
25900		AMPUTATION, FOREARM	7/1/2008	$664.32	N	Referral Required		
25905		AMPUTATION, FOREARM THRU ULNA; OPEN AND CIRCULAR	7/1/2008	$651.30	N	Referral Required		
25907		AMPUTATION, FOREARM	7/1/2008	$581.30	N	Referral Required		

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25909		AMPUTATION, FOREARM	7/1/2008	$646.55	N	Referral Required		
25920		AMPUTATION, WRIST	7/1/2008	$565.58	N	Referral Required		
25922		AMPUTATION, WRIST	7/1/2008	$496.77	N	Referral Required		
25924		AMPUTATION, WRIST	7/1/2008	$554.10	N	Referral Required		
25927		AMPUTATION, TRANSMETACARPAL	7/1/2008	$664.77	N	Referral Required		
25929		AMPUTATION, TRANSMETACARPAL	7/1/2008	$472.83	N	Referral Required		
25931		AMPUTATION, TRANSMETACARPAL	7/1/2008	$618.05	N	Referral Required		
25999		UNLISTED PROCEDURE, FOREARM/WRIST		$0.00	N	Referral Required		
26010		DRAINAGE, ABSCESS, FINGER TIP	1/1/2011	$215.60	N	Referral Required		
26011		DRAINAGE, ABSCESS, FINGER TIP	1/1/2011	$325.12	N	Referral Required		
26020		DRAINAGE, TENDON SHEATH, HAND	7/1/2008	$349.21	N	Referral Required		
26025		DRAINAGE, BURSA, PALMAR	7/1/2008	$341.49	N	Referral Required		
26030		DRAIN PALMAR BURSA MULTIPLE OR COMPLICATED	7/1/2008	$402.78	N	Referral Required		
26034		INCISION, HAND	7/1/2008	$436.28	N	Referral Required		
26035		DECOMPRESSION FINGER/HAND INJECTION INJURY	7/1/2008	$668.54	N	Referral Required		
26037		DECOMPRESS FASCIOTOMY HAND	7/1/2008	$469.69	N	Referral Required		
26040		FASCIOTOMY, PALMAR	7/1/2008	$251.38	N	Referral Required		
26045		FASCIOTOMY, PALMAR	7/1/2008	$382.07	N	Referral Required		
26055		TENDON SHEATH INCISION (EG, TRIGGER FINGER)	1/1/2011	$474.76	N	Referral Required		
26060		TENOTOMY, FINGER	7/1/2008	$213.60	N	Referral Required		
26070		ARTHROTOMY, HAND JOINTS	7/1/2008	$241.17	N	Referral Required		
26075		ARTHROTOMY, HAND JOINTS	7/1/2008	$257.89	N	Referral Required		
26080		ARTHROTOMY, HAND JOINTS	7/1/2008	$311.96	N	Referral Required		
26100		BIOPSY, SYNOVIAL, HAND JOINTS	7/1/2008	$264.95	N	Referral Required		
26105		BIOPSY, SYNOVIAL, HAND JOINTS	7/1/2008	$269.05	N	Referral Required		
26110		BIOPSY, SYNOVIAL, HAND JOINTS	7/1/2008	$257.47	N	Referral Required		
26111		1.5 CM OR GREATER	1/1/2010	$285.08	N	Referral Required		
26113		1.5 CM OR GREATER	1/1/2010	$375.23	N	Referral Required		
26115		EXCISION OF BENIGN TUMOR	1/1/2011	$496.04	N	Referral Required		
26116		EXCISION OF BENIGN TUMOR, DEEP, SUBFASCIAL, INTRMU	7/1/2008	$392.99	N	Referral Required		
26117		RADICAL RESECTION/TUMOR,SOFT TISSUE HAND OR FINGER	7/1/2008	$534.28	N	Referral Required		
26118		3 CM OR GREATER	1/1/2010	$735.52	N	Referral Required		
26121		FASCIECTOMY PALMAR WITH OR WITHOUT Z PLASTY	7/1/2008	$492.66	N	Referral Required		
26123		FACIECTOMY PARTIAL PALMAR EXCISION W/REALEASE SING	7/1/2008	$668.66	N	Referral Required		
26125		PARTIAL EXCISION RELEASE EACH ADD. DIGIT-ADD ON	7/1/2008	$239.65	N	Referral Required		
26130		SYNOVECTOMY, HAND JOINTS	7/1/2008	$372.69	N	Referral Required		
26135		SYNOVECTOMY, HAND JOINTS	7/1/2008	$454.94	N	Referral Required		
26140		SYNOVECTOMY, FINGER JOINTS	7/1/2008	$413.79	N	Referral Required		
26145		SYNOVECTOMY, TNDN SHEATH, HAND	7/1/2008	$420.03	N	Referral Required		
26160		EXCISN LSN,TNDN SHEATH HAND	1/1/2011	$479.82	N	Referral Required		
26170		EXCISION, TENDON, HAND	7/1/2008	$330.11	N	Referral Required		
26180		EXCISION, TENDON, HAND	7/1/2008	$359.26	N	Referral Required		
26185		SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDUR	7/1/2008	$424.09	N	Referral Required		
26200		EXCISION, CYST, METACARPAL	7/1/2008	$368.87	N	Referral Required		
26205		EXCISION, CYST, METACARPAL	7/1/2008	$497.80	N	Referral Required		

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26210		EXCISION, CYST, PHALANX, FNGR	7/1/2008	$359.35	N	Referral Required		
26215		EXCISION, CYST, PHALANX, FNGR	7/1/2008	$456.84	N	Referral Required		
26230		EXCISION, PARTIAL, METACARPAL	7/1/2008	$414.45	N	Referral Required		
26235		EXCISION, PARTL, PHALANX, FNGR	7/1/2008	$406.69	N	Referral Required		
26236		EXCISION, PARTL, PHALANX, FNGR	7/1/2008	$360.73	N	Referral Required		
26250		OSTECTOMY, METACARPAL	7/1/2008	$478.41	N	Referral Required		
26260		OSTECTOMY, PHALANX, FINGER	7/1/2008	$451.41	N	Referral Required		
26262		RADICAL RESECTION FOR TUMOR DISTAL PHALANX OF FING	7/1/2008	$376.87	N	Referral Required		
26320		REMOVAL, IMPLANT, HAND	7/1/2008	$281.19	N	Referral Required		
26340		MANIPULATION, FINGER JOINT UNDER ANESTHESIA, EACH JOINT	7/1/2008	$253.55	N	Referral Required		
26350		REPAIR, TENDON, FINGER	1/1/2011	$612.89	N	Referral Required		
26352		REPAIR, TENDON, FINGER	7/1/2008	$705.67	N	Referral Required		
26356		FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE PRIMA	7/1/2008	$901.32	N	Referral Required		
26357		FLEXOR TENDON REPAIR/ADVANCEMENT, SINGLE, SECOUND	7/1/2008	$749.29	N	Referral Required		
26358		FLEXOR TENDON REPAIR SECOUNDARY W/FREE GRAFT EA TE	1/1/2011	$794.76	N	Referral Required		
26370		PROFUNDUS TENDN REPR OR ADVANCEMNT W/INTACT SUBLIM	1/1/2011	$661.98	N	Referral Required		
26372		PROFUNDUS TENDON REPAIR SECOUNDARY W/FREE GRAFT	1/1/2011	$769.25	N	Referral Required		
26373		PROFUNDUS TENDON REPAIR/ADVANCEMENT W/SUBLIMIS SEC	1/1/2011	$733.40	N	Referral Required		
26390		EXCISION, FLEXOR TENDON, FINGR	7/1/2008	$714.32	N	Referral Required		
26392		GRAFT, TENDON, FINGER	7/1/2008	$843.44	N	Referral Required		
26410		REPAIR, TENDON, DORSUM	1/1/2011	$485.83	N	Referral Required		
26412		REPAIR, TENDON, DORSUM	7/1/2008	$597.48	N	Referral Required		
26415		EXTENSOR TENDON EXCISION IMPLANT PLASTIC TUBE/ROD	7/1/2008	$621.80	N	Referral Required		
26416		REMOVAL TUBE/ROD INSERT OF EXTENSOR TENDON GRAFT	7/1/2008	$726.25	N	Referral Required		
26418		REPAIR, TENDON, DORSUM	1/1/2011	$490.53	N	Referral Required		
26420		REPAIR, TENDON, DORSUM	7/1/2008	$623.63	N	Referral Required		
26426		REPAIR, CENTRAL SLIP	1/1/2011	$485.19	N	Referral Required		
26428		REPAIR, CENTRAL SLIP	7/1/2008	$650.92	N	Referral Required		
26432		MALLET FINGER OPERATION	1/1/2011	$426.16	N	Referral Required		
26433		EXSTENSOR TENDON REPAIR, DISTAL INSERTON (MALLET F	1/1/2011	$456.59	N	Referral Required		
26434		MALLET FINGER OPERATION	7/1/2008	$549.11	N	Referral Required		
26437		EXTENSOR TENDON REALIGNMENT, HAND	7/1/2008	$537.54	N	Referral Required		
26440		TENOLYSIS, PALM	1/1/2011	$534.96	N	Referral Required		
26442		TENOLYSIS, PALM	7/1/2008	$805.07	N	Referral Required		
26445		TENOLYSIS, FINGER	1/1/2011	$496.35	N	Referral Required		
26449		TENOLYSIS, FINGER	7/1/2008	$684.43	N	Referral Required		
26450		TENOTOMY, PALM	7/1/2008	$344.64	N	Referral Required		
26455		TENOTOMY, PALM	7/1/2008	$341.97	N	Referral Required		
26460		TENOTOMY, PALM	7/1/2008	$332.30	N	Referral Required		
26471		TENODESIS, FINGER JOINT	7/1/2008	$528.63	N	Referral Required		
26474		TENODESIS, FINGER JOINT	7/1/2008	$511.97	N	Referral Required		
26476		TENDON LENGTHENING EXTENSOR HAND/FINGER SINGLE EA	7/1/2008	$495.91	N	Referral Required		
26477		TENDON SHORTENING EXTENSOR HAND/FINGER SINGLE EA	7/1/2008	$501.20	N	Referral Required		
26478		TENDON LENGTHENING FLEXOR HAND/FINGER SINGLE EACH	7/1/2008	$540.97	N	Referral Required		
26479		TENDON SHORTENING FLEXOR HAND/FINGER SINGLE EACH	7/1/2008	$534.11	N	Referral Required		

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26480		TRANSPLANT, TENDON, HAND	1/1/2011	$649.17	N	Referral Required		
26483		TRANSPLANT, TENDON, HAND	1/1/2011	$731.68	N	Referral Required		
26485		TRANSPLANT, TENDON, HAND	7/1/2008	$707.14	N	Referral Required		
26489		TRANSPLANT, TENDON, HAND	7/1/2008	$732.80	N	Referral Required		
26490		OPPONENS PLASTY, HAND	7/1/2008	$669.89	N	Referral Required		
26492		OPPONENS PLASTY, HAND	7/1/2008	$742.95	N	Referral Required		
26494		OPPONENS PLASTY, HAND	7/1/2008	$681.47	N	Referral Required		
26496		OPPONENS PLASTY; OTHER METHODS	7/1/2008	$732.42	N	Referral Required		
26497		TENDON TRANSFER RESTORE INTRINSIC FUNCTION 4&5 FIN	7/1/2008	$735.90	N	Referral Required		
26498		TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION 4 FI	7/1/2008	$976.51	N	Referral Required		
26499		CORRECTION CLAW FINGER, OTHER METHODS	7/1/2008	$694.60	N	Referral Required		
26500		TENDON PULLEY RECNSTRCTN, HND	7/1/2008	$539.30	N	Referral Required		
26502		TENDON PULLEY RECNSTRCTN, HND	7/1/2008	$602.64	N	Referral Required		
26508		THENAR MUSCLE RELEASE	7/1/2008	$547.40	N	Referral Required		
26510		CROSS INTRINSIC TRANSFER	7/1/2008	$515.63	N	Referral Required		
26516		CAPSULODESIS M-P JOINT STABILIZATION SINGLE DIGIT	7/1/2008	$605.78	N	Referral Required		
26517		CAPSULODESIS, FINGER JOINT	7/1/2008	$703.04	N	Referral Required		
26518		CAPSULODESIS, FINGER JOINT	7/1/2008	$705.70	N	Referral Required		
26520		CAPSULECTOMY, FINGER JOINT	1/1/2011	$560.77	N	Referral Required		
26525		CAPSULECTOMY, FINGER JOINT	1/1/2011	$562.29	N	Referral Required		
26530		ARTHROPLASTY, FINGER JOINT	7/1/2008	$439.27	N	Referral Required		
26531		ARTHROPLASTY, FINGER JOINT	7/1/2008	$512.29	N	Referral Required		
26535		ARTHROPLASTY, FINGER JOINT	7/1/2008	$322.17	N	Referral Required		
26536		ARTHROPLASTY, FINGER JOINT	7/1/2008	$549.53	N	Referral Required		
26540		RECNSTRCTN, LIGAMENT, FGR JNT	7/1/2008	$569.35	N	Referral Required		
26541		RECNSTRCTN, LIGAMENT, FGR JNT	7/1/2008	$691.42	N	Referral Required		
26542		REPAIR OF CALLATELAL LIGAMENT METACARPO-PHALANGEAL	7/1/2008	$586.35	N	Referral Required		
26545		RECNSTRCTN, LIGAMENT, FGR JNT	7/1/2008	$598.26	N	Referral Required		
26546		REPAIR NON-UNION, METACARPAL/PHALANX (IN.BONE GRAF	7/1/2008	$822.23	N	Referral Required		
26548		REPAIR/RECONSTRUCT, FINGER,VOLAR PLATE,INTERPHALAN	7/1/2008	$655.75	N	Referral Required		
26550		POLLICIZATION, FINGER	7/1/2008	$1,305.52	N	Referral Required		
26551		TOE-TO-HAND TRANSFER; GREAT TOE WRAP-AROUND W/BONE	7/1/2008	$2,597.62	N	Referral Required		
26553		TOE-TO-HAND TRANSFER; OTHER THAN GREAT TOE, SINGLE	7/1/2008	$2,488.80	N	Referral Required		
26554		TOE-TO-HAND TRANSFER; OTHER THAN GREAT TOE, DOUBLE	7/1/2008	$3,306.73	N	Referral Required		
26555		POSITIONAL CHANGE, FINGER	7/1/2008	$1,152.84	N	Referral Required		
26556		FREE TOE JOINT TRANSFER W/MICROVASCULAR ANASTOMOSI	7/1/2008	$2,564.52	N	Referral Required		
26560		REPAIR, SYNDACTLY, FINGERS	7/1/2008	$472.83	N	Referral Required		
26561		REPAIR, SYNDACTLY, FINGERS	7/1/2008	$760.59	N	Referral Required		
26562		REPAIR SYNDACTYLY EA WEB SPACE COMPLEX	7/1/2008	$1,025.03	N	Referral Required		
26565		OSTEOTOMY, FINGER	7/1/2008	$583.50	N	Referral Required		
26567		OSTEOTOMY, FINGER	7/1/2008	$585.59	N	Referral Required		
26568		OSTEOPLASTY TO LENGTHEN METACARPAL OR PHALANX	7/1/2008	$771.43	N	Referral Required		
26580		REPAIR, CLEFT HAND	7/1/2008	$1,087.92	N	Referral Required		
26587		RECONSTRUCTION SUPERNUMERARY DIGIT	7/1/2008	$798.54	N	Referral Required		
26590		REPAIR, MACRODACTLY	7/1/2008	$1,113.83	N	Referral Required		

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26591		REPAIR INTRINSIC MUSCLES OF HAND	1/1/2011	$372.80	N	Referral Required		
26593		RELEASE, INTRINSIC MUSCLES OF HAND	7/1/2008	$511.35	N	Referral Required		
26596		EXCISION CONSTRICTING RING OF FINGER;MULT ZPLASTIE	7/1/2008	$601.89	N	Referral Required		
26600		FRACTURE, METACARPAL	7/1/2008	$213.19	N	Referral Required		
26605		FRACTURE, METACARPAL	7/1/2008	$251.35	N	Referral Required		
26607		TREATMENT CLOSED METACARPAL FRACTURE & MANIP & FIX	7/1/2008	$384.03	N	Referral Required		
26608		PERCUTANEOUS SKELETAL FIXATION METACARPAL FX EA BO	7/1/2008	$390.32	N	Referral Required		
26615		FRACTURE, METACARPAL	7/1/2008	$436.79	N	Referral Required		
26641		TREATMENT OF CARPOMETACARPAL DISLOCATION W/MANIPUL	7/1/2008	$285.34	N	Referral Required		
26645		FCTRE/DISLOC, CARPOMETACARPAL	7/1/2008	$325.97	N	Referral Required		
26650		FCTRE/DISLOC, CARPOMETACARPAL	7/1/2008	$385.14	N	Referral Required		
26665		FCTRE/DISLOC, CARPOMETACARPAL	7/1/2008	$493.90	N	Referral Required		
26670		FCTRE/DISLOC, CARPOMETACARPAL	7/1/2008	$264.19	N	Referral Required		
26675		FCTRE/DISLOC, CARPOMETACARPAL	7/1/2008	$351.89	N	Referral Required		
26676		TREAT CLOSED CARPOMETACARPAL DISLOC W/PURCUTANEOUS	7/1/2008	$409.62	N	Referral Required		
26685		FCTRE/DISLOC, CARPOMETACARPAL	7/1/2008	$454.51	N	Referral Required		
26686		OPEN TREAT OF C/O CARPOMETACARPAL DISLOC COMPLEX M	7/1/2008	$510.57	N	Referral Required		
26700		DISLOC, METACARPO-PHALANGEAL	7/1/2008	$249.75	N	Referral Required		
26705		DISLOC, METACARPO-PHALANGEAL	7/1/2008	$323.55	N	Referral Required		
26706		TREAT CLOSED METACARPOPHALANGEAL DISLOC, W/PINNING	7/1/2008	$352.97	N	Referral Required		
26715		DISLOC, METACARPO-PHALANGEAL	7/1/2008	$439.93	N	Referral Required		
26720		FRACTURE, PHALANX, FINGER	7/1/2008	$151.12	N	Referral Required		
26725		FRACTURE, PHALANX, FINGER	7/1/2008	$271.78	N	Referral Required		
26727		TRTMT OF UNSTABLE PHALANGEAL SHAFT FRACTURE, EACH	7/1/2008	$384.37	N	Referral Required		
26735		FRACTURE, PHALANX, FINGER	7/1/2008	$456.31	N	Referral Required		
26740		TREAT OF CLOSED ARTICULAR FX INVOLVING METACARPOPH	7/1/2008	$174.98	N	Referral Required		
26742		TREATMENT CLOSED ARTICULAR FRACTURE	7/1/2008	$296.16	N	Referral Required		
26746		OPEN TX/ARTICULAR FX,METACARPAL-PHALANGEAL OR IP J	7/1/2008	$551.65	N	Referral Required		
26750		FRACTURE, PHALANX, FINGER	7/1/2008	$141.54	N	Referral Required		
26755		FRACTURE, PHALANX, FINGER	7/1/2008	$249.63	N	Referral Required		
26756		OPEN TREAT CLOSED/OPEN DISTAL PHALANGEAL FX EACH	7/1/2008	$339.70	N	Referral Required		
26765		FRACTURE, PHALANX, FINGER	7/1/2008	$368.25	N	Referral Required		
26770		DISLC, INTPHALANGEAL JNT, FGR	7/1/2008	$214.07	N	Referral Required		
26775		TREATMT CLOSED INTERPHALANGEAL JT DISLOC W/ANESTHE	7/1/2008	$300.93	N	Referral Required		
26776		WITH PERCUTANEOUS PINNING	7/1/2008	$361.56	N	Referral Required		
26785		DISLC, INTPHALANGEAL JNT, FGR	7/1/2008	$400.73	N	Referral Required		
26806		ARTHROSCOPY SHOULDER, SURGICAL; CAPSULORRHAPHY	7/1/2008	$896.78	N	Referral Required		
26820		FUSION IN OPPOSITION, THUMB	7/1/2008	$674.99	N	Referral Required		
26841		ARTHRODESIS, CARPOMTCRPL JNT	7/1/2008	$631.33	N	Referral Required		
26842		ARTHRODESIS, CARPOMTCRPL JNT	7/1/2008	$679.52	N	Referral Required		
26843		ARTHRODESIS, CARPOMTCRPL JNT	7/1/2008	$627.98	N	Referral Required		
26844		ARTHRODESIS, CARPOMTCRPL JNT	7/1/2008	$698.42	N	Referral Required		
26850		ARTHRODESIS, METCRPOPHALNGL JT	7/1/2008	$597.59	N	Referral Required		
26852		ARTHRODESIS, METCRPOPHALNGL JT	7/1/2008	$678.84	N	Referral Required		
26860		ARTHRODESIS, ITRPHLNGL JT, FGR	1/1/2011	$481.58	N	Referral Required		

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26861		ARTHRODESIS INTERPHALANGEAL JNT W/WO INT FIX EA AD-ADD ON	7/1/2008	$90.77	N	Referral Required		
26862		ARTHRODESIS, ITRPHLNGL JT, FGR	7/1/2008	$621.08	N	Referral Required		
26863		ARTHRODESIS W/AUTOGRAFT, EACH ADDITIONAL JOINT-ADD ON	7/1/2008	$203.03	N	Referral Required		
26910		AMPUTATION, METACARPAL	7/1/2008	$604.48	N	Referral Required		
26951		AMPUTATION, FINGER/THUMB	7/1/2008	$519.29	N	Referral Required		
26952		AMPUTATION, FINGER/THUMB	7/1/2008	$558.40	N	Referral Required		
26989		DERMODESIS		$0.00	N	Referral Required		
26990		DRAINAGE, ABSCESS, PELVIS	7/1/2008	$509.91	N	Referral Required		
26991		DRAINAGE, BURSA, HIP JOINT	7/1/2008	$584.96	N	Referral Required		
26992		INCISION, PELVIS	7/1/2008	$803.23	N	Referral Required		
27000		TENOTOMY,ADDUCTOR	7/1/2008	$371.82	N	Referral Required		
27001		TENOTOMY ABDUCTOR SUBCUTAN,OPEN	7/1/2008	$448.98	N	Referral Required		
27003		TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN	7/1/2008	$483.41	N	Referral Required		
27005		TENOTOMY, ILIOPSOAS	7/1/2008	$605.52	N	Referral Required		
27006		TENOTOMY, ABDUCTORS	7/1/2008	$613.43	N	Referral Required		
27025		OBER-YOUNG FASCIOTOMY-SPICA-PINS-WEDGINA	7/1/2008	$739.49	N	Referral Required		
27027		DECOMP FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG,GLUTEUS MIN/ MAX	1/1/2009	$743.56	N	Referral Required		
27030		ARTHROTOMY, HIP	7/1/2008	$792.17	N	Referral Required		
27033		ARTHROTOMY, HIP	7/1/2008	$819.22	N	Referral Required		
27035		DENERVATION, HIP JOINT	7/1/2008	$948.55	N	Referral Required		
27036		CAPSULECTOMY/OTOMY HIP, W/WO EXCISION OF BONE, W/R	7/1/2008	$834.89	N	Referral Required		
27040		BIOPSY, SOFT TISSUE OF PELVIS/HIP AREA;SUPERFICIAL	7/1/2008	$276.04	N	Referral Required		
27041		BIOPSY, SOFT TISSUES, DEEP	7/1/2008	$570.06	N	Referral Required		
27043		3 CM OR GREATER	1/1/2010	$324.86	N	Referral Required		
27045		5 CM OR GREATER	1/1/2010	$516.82	N	Referral Required		
27047		EXCISION OF TUMOR PELVIS, HIP AREA SUBQ	1/1/2011	$431.93	N	Referral Required		
27048		EXCISION, TUMOR, HIP	7/1/2008	$390.29	N	Referral Required		
27049		RADICAL RESECTION TUMOR,SOFT TISSUE PELVIS/HIP	7/1/2008	$825.99	N	Referral Required		
27050		BIOPSY, SACROILIAC JOINT	7/1/2008	$291.32	N	Referral Required		
27052		BIOPSY, HIP JOINT	7/1/2008	$456.84	N	Referral Required		
27054		BIOPSY, HIP JOINT	7/1/2008	$563.57	N	Referral Required		
27057		DECOMP FASCIOTOMY/PELVIC COMPRTMNT GLUTEUS MIN/MAX, ILIOPSOAS, UNILAT	1/1/2009	$827.60	N	Referral Required		
27059		5 CM OR GREATER	1/1/2010	$1,270.21	N	Referral Required		
27060		EXCISION, ISCHIAL BURSA	7/1/2008	$354.90	N	Referral Required		
27062		EXCISION, TROCHANTERIC BURSA	7/1/2008	$370.87	N	Referral Required		
27065		EXCISION, CYST, PELVIS	7/1/2008	$409.35	N	Referral Required		
27066		EXCISION, CYST, PELVIS	7/1/2008	$670.16	N	Referral Required		
27067		EXCISION OF BONE CYST/BENIGN TUMOR W/AUTOGRAFT	7/1/2008	$849.52	N	Referral Required		
27070		EXCISION, PARTIAL, ILIUM WING	7/1/2008	$703.46	N	Referral Required		
27071		EXCISION, PARTIAL, ILIUM WING	7/1/2008	$758.33	N	Referral Required		
27075		RESECTION, HIP	1/1/2011	$1,899.70	N	Referral Required		
27076		ILIUM,INCLUDE ACETABULUM,PUBIC RAMI,ISCHIUM,ACETA.	7/1/2008	$1,340.23	N	Referral Required		
27077		INNOMINATE BONE, TOTAL	7/1/2008	$2,254.66	N	Referral Required		
27078		RAD RESECT TUMOR/ISCHIAL TUBEROSITY-GREAT TROCHANT	7/1/2008	$842.94	N	Referral Required		
27080		COCCYGECTOMY-PRIMARY	7/1/2008	$403.00	N	Referral Required		

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27086		REMOVAL FB PELVIS OR HIP SUBCUTANEOUS TISSUE	7/1/2008	$205.11	N	Referral Required		
27087		REMOVAL, FOREIGN BODY, HIP	7/1/2008	$523.74	N	Referral Required		
27090		REMOVAL, HIP IMPLANT	7/1/2008	$695.49	N	Referral Required		
27091		REMOVAL HIP PROSTHESIS COMPLICATED INC TOTAL HIP	7/1/2008	$1,332.51	N	Referral Required		
27093		INJ PROCEDURE HIP ARTHROGRAPHY WO/ANESTHESIA	1/1/2011	$167.83	N	Referral Required		
27095		ARTHROGRAPHY HIP INJ PROCEDURE W/ANESTHESIA	1/1/2011	$203.50	N	Referral Required		
27096		INJECTION FOR SACROILIAC JOINT ARTHROGRAPHY	1/1/2011	$159.34	N	Referral Required		
27097		HAMSTRING RECESSION	7/1/2008	$550.12	N	Referral Required		
27098		ADDUCTOR TRANSFER	7/1/2008	$525.78	N	Referral Required		
27100		TRANSFER, MUSCLE, OBLIQUE	7/1/2008	$679.59	N	Referral Required		
27105		TRANSFER, MUSCLE, PARASPINAL	7/1/2008	$707.69	N	Referral Required		
27110		TRANSFER, ILIOPSOAS	7/1/2008	$789.02	N	Referral Required		
27111		TRANSFER,ILIOPSOAS	7/1/2008	$742.22	N	Referral Required		
27120		ACETABULOPLASTY	7/1/2008	$1,077.48	N	Referral Required		
27122		ACETABULOPLASTY	7/1/2008	$926.67	N	Referral Required		
27125		ARTHROPLASTY, PROSTHESIS	7/1/2008	$937.75	Y	Referral Required		
27130		TOTAL HIP REPLACEMENT	7/1/2008	$1,210.03	Y	Referral Required		
27132		CONVERSION OF PREV HIP SURG TO TOTAL HIP REPLCMT	7/1/2008	$1,417.29	Y	Referral Required		
27134		REVISION TOTAL HIP ARTHROPLASTY, BOTH COMPONENTS	7/1/2008	$1,646.88	Y	Referral Required		
27137		REVISION TOTAL HIP ACETABULAR COMPONENT ONLY	7/1/2008	$1,254.88	Y	Referral Required		
27138		REVISION TOTAL HIP ARTHROPLASTY,FEMORAL COMPONENT	7/1/2008	$1,305.65	Y	Referral Required		
27140		OSTEOTOMY, GREATER TROCHANTER	7/1/2008	$753.64	N	Referral Required		
27146		OSTEOTOMY, ILIAC/ACETABULAR	7/1/2008	$1,065.25	N	Referral Required		
27147		OSTEOTOMY, ILIAC/ACETABULAR	7/1/2008	$1,223.45	N	Referral Required		
27151		OSTEOTOMY ILIAC ACETABULAR W/FEMORAL OSTEOTOMY	7/1/2008	$1,224.42	N	Referral Required		
27156		OSTEOTOMY ILIAC W/FEMORAL OSTEOTOMY W/OPEN RED HIP	7/1/2008	$1,450.44	N	Referral Required		
27158		OSTEOTOMY, PELVIS	7/1/2008	$1,136.52	N	Referral Required		
27161		OSTEOTOMY, FEMORAL NECK	7/1/2008	$1,026.11	N	Referral Required		
27165		OSTEOTOMY, INTERTROCHANTERIC	7/1/2008	$1,140.55	N	Referral Required		
27170		GRAFT, FEMORAL/TROCHANTERIC	7/1/2008	$990.81	N	Referral Required		
27175		SLIPPED EPIPHYSIS, FEMORAL	7/1/2008	$536.87	N	Referral Required		
27176		SLIPPED EPIPHYSIS, FEMORAL	7/1/2008	$757.88	N	Referral Required		
27177		REDUCTION, SLIPPED EPIPHYSIS	7/1/2008	$927.29	N	Referral Required		
27178		REDUCTION, SLIPPED EPIPHYSIS	7/1/2008	$741.87	N	Referral Required		
27179		HEYMAN PROCEDURE	7/1/2008	$816.89	N	Referral Required		
27181		SLIPPED EPIPHYSIS, FEMORAL	7/1/2008	$898.76	N	Referral Required		
27185		EPIPHYSEAL ARREST, TROCHANTER	1/1/2011	$567.18	N	Referral Required		
27187		PROPHYLACTIC TREATMENT, FEMORAL NECK/PROX. FEMUR	7/1/2008	$835.28	N	Referral Required		
27193		CLOSED TRTMENT OF PELVIC RING FRACTURE W/OUT MANIN	7/1/2008	$381.15	N	Referral Required		
27194		CLOSED TREAT PELVIC RING FX W/MANIP REQUIRING ANES	7/1/2008	$607.52	N	Referral Required		
27200		FRACTURE, COCCYX	7/1/2008	$139.91	N	Referral Required		
27202		OPEN TREATMENT OF CLOSED/OPEN COCCYGEAL FRACTURE	7/1/2008	$626.52	N	Referral Required		
27215		OPEN TREAT ILIAC SPINES TUBEROSITY AVULSION-WING	7/1/2008	$615.65	N	Referral Required		
27216		PERCUTANEOUS SKELETAL FIXATION/POSTERIOR PELVIC RI	7/1/2008	$890.40	N	Referral Required		
27217		OPEN TREAT ANTERIOR RING FX DISLOC W/INTERNAL FIXA	7/1/2008	$850.70	N	Referral Required		

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27218		OPEN TREAT POSTERIOR RING FX W/INTERNAL FIXATION	7/1/2008	$1,147.76	N	Referral Required		
27220		FRACTURE, ACETABULUM	7/1/2008	$429.02	N	Referral Required		
27222		FRACTURE, ACETABULUM	7/1/2008	$818.98	N	Referral Required		
27226		OPEN TREAT ACETABULAR WALL FX W/INTERNAL FIXATION	7/1/2008	$845.04	N	Referral Required		
27227		OPEN TREATMENT ACETABULAR FX W/INTERNAL FIXATION	7/1/2008	$1,402.96	N	Referral Required		
27228		OPEN TREAT ACETABULAR FX 2 COLUMNS W/INTERNAL FIXA	7/1/2008	$1,607.70	N	Referral Required		
27230		FRACTURE, FEMUR	7/1/2008	$383.40	N	Referral Required		
27232		FRACTURE, FEMUR	7/1/2008	$648.11	N	Referral Required		
27235		FRACTURE, FEMUR	7/1/2008	$763.21	N	Referral Required		
27236		FRACTURE, FEMUR	7/1/2008	$990.09	N	Referral Required		
27238		FRACTURE, INTERTROCHANTERIC	7/1/2008	$369.73	N	Referral Required		
27240		FRACTURE, INTERTROCHANTERIC	7/1/2008	$794.45	N	Referral Required		
27244		FRACTURE, INTERTROCHANTERIC	7/1/2008	$974.76	N	Referral Required		
27245		OPEN TREAT FEMORAL FX W/INTRAMEDULLARY IMPLANT	1/1/2011	$1,116.39	N	Referral Required		
27246		FRACTURE, GREATER TROCHANTER	7/1/2008	$314.09	N	Referral Required		
27248		FRACTURE, GREATER TROCHANTER	7/1/2008	$635.09	N	Referral Required		
27250		DISLOCATION, HIP	1/1/2011	$199.13	N	Referral Required		
27252		DISLOCATION, HIP	7/1/2008	$630.22	N	Referral Required		
27253		DISLOCATION, HIP	7/1/2008	$793.79	N	Referral Required		
27254		DISLOCATION, HIP	7/1/2008	$1,067.63	N	Referral Required		
27256		DISLOCATION, HIP	7/1/2008	$251.97	N	Referral Required		
27257		DISLOCATION, HIP	7/1/2008	$281.95	N	Referral Required		
27258		DISLOCATION, HIP	7/1/2008	$927.90	N	Referral Required		
27259		OPEN TREAT CONGENITAL HIP W/FEMORAL SHAFT SHORTENI	7/1/2008	$1,292.57	N	Referral Required		
27265		TREATMENT ATRAUMATIC HIP DISLOCATION W/O ANETHESIA	7/1/2008	$329.57	N	Referral Required		
27266		TREATMENT OF ATRAUMATIC HIP DISLOCATION	7/1/2008	$479.50	N	Referral Required		
27267		CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; W/O MANIPULATION	1/1/2008	$344.28	N	Referral Required		
27268		CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; W/MANIPULATION	1/1/2008	$424.19	N	Referral Required		
27269		OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD, INCL INTERNAL FIXATION	1/1/2008	$1,014.59	N	Referral Required		
27275		MANIPULATION, HIP JOINTS	7/1/2008	$150.42	N	Referral Required		
27280		ARTHRODESIS, SACRO-ILIAC JOINT	7/1/2008	$853.99	Y	Referral Required		
27282		ARTHRODESIS, SYMPHYSIS PUBIS	7/1/2008	$691.53	N	Referral Required		
27284		ARTHRODESIS, HIP JOINT	7/1/2008	$1,357.22	N	Referral Required		
27286		ARTHRODESIS, HIP JOINT	7/1/2008	$1,371.24	N	Referral Required		
27290		INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER)	7/1/2008	$1,319.98	N	Referral Required		
27295		DISARTICULATION, HIP	7/1/2008	$1,060.50	N	Referral Required		
27299		UNLISTED PROCEDURE, PELVIS OR HIP JOINT		$0.00	N	Referral Required		
27301		INCISION/DRAINAGE DEEP ABSCESS KNEE/THIGH	7/1/2008	$548.32	N	Referral Required		
27303		INCISION DEEP W/OPENING BONE CORTEX FEMUR OR KNEE	7/1/2008	$529.42	N	Referral Required		
27305		FASCIOTOMY, ILIO-TIBIAL	7/1/2008	$387.87	N	Referral Required		
27306		TENOTOMY, DISTAL HAMSTRING	7/1/2008	$319.15	N	Referral Required		
27307		TENOTOMY, DISTAL HAMSTRING	7/1/2008	$388.97	N	Referral Required		
27310		ARTHROTOMY, KNEE	7/1/2008	$601.57	N	Referral Required		
27323		BIOPSY, SOFT TISSUE THIGH OR KNEE AREA; SUPERFICIAL	7/1/2008	$210.67	N	Referral Required		
27324		BIOPSY SOFT TISSUE DEEP THIGH OR KNEE	7/1/2008	$313.80	N	Referral Required		

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27325		NEURECTOMY, HAMSTRING MUSCLE	7/1/2008	$424.24	N	Referral Required		
27326		NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	7/1/2008	$406.30	N	Referral Required		
27327		EXCISION TUMOR THIGH OR KNEE SUBCUTANEOUS	7/1/2008	$364.63	N	Referral Required		
27328		EXCISION TUMOR THIGH OR KNEE DEEP SUBFASCIAL	7/1/2008	$345.32	N	Referral Required		
27329		RADICAL RESECTION OF TUMOR/SOFT TISSUE THIGH OR KN	7/1/2008	$858.86	N	Referral Required		
27330		ARTHROTOMY, KNEE	7/1/2008	$332.19	N	Referral Required		
27331		ARTHROTOMY, KNEE	7/1/2008	$390.40	N	Referral Required		
27332		ARTHROTOMY, KNEE	7/1/2008	$527.66	N	Referral Required		
27333		ARTHROTOMY, KNEE	7/1/2008	$479.27	N	Referral Required		
27334		ARTHROTOMY, KNEE	7/1/2008	$563.95	N	Referral Required		
27335		ARTHROTOMY, KNEE	7/1/2008	$637.20	N	Referral Required		
27337		3 CM OR GREATER	1/1/2010	$289.63	N	Referral Required		
27339		5 CM OR GREATER	1/1/2010	$522.08	N	Referral Required		
27340		EXCISION, BURSA, PREPATELLAR	7/1/2008	$298.86	N	Referral Required		
27345		EXCISION, CYST, POPLITEAL	7/1/2008	$395.26	N	Referral Required		
27347		EXCISION OF LESION OF MENISCUS OR CAPSULE, KNEE	7/1/2008	$417.35	N	Referral Required		
27350		PATELLECTOMY	7/1/2008	$538.47	N	Referral Required		
27355		EXCISION, CYST, FEMUR	7/1/2008	$499.70	N	Referral Required		
27356		EXCISION BONE CYST BENIGN TUMOR FEMUR W/ALLOGRAFT	7/1/2008	$610.72	N	Referral Required		
27357		EXCISION, CYST, FEMUR	7/1/2008	$676.69	N	Referral Required		
27358		EXCISION/CURETTAGE BONE CYST/BENIGN TUMOR OF FEMUR-ADD ON	7/1/2008	$246.84	N	Referral Required		
27360		EXCISION, PARTIAL, FEMUR	7/1/2008	$709.47	N	Referral Required		
27364		5 CM OR GREATER	1/1/2010	$1,091.99	N	Referral Required		
27365		RESECTION, FEMUR	7/1/2008	$1,023.39	N	Referral Required		
27370		ARTHROGRAPHY, KNEE, INJECTION	1/1/2011	$145.51	N	Referral Required		
27372		REMOVAL FB DEEP THIGH/KNEE	7/1/2008	$494.05	N	Referral Required		
27380		SUTURE, TENDON, INFRAPATELLAR	7/1/2008	$492.20	N	Referral Required		
27381		SUTURE INFRAPATELLAR TENDON SECOUNDARY INC TENDON	7/1/2008	$669.08	N	Referral Required		
27385		SUTURE, MUSCLE, QUADRICEPS	7/1/2008	$526.58	N	Referral Required		
27386		SUTURE, MUSCLE, QUADRICEPS	7/1/2008	$695.04	N	Referral Required		
27390		TENOTOMY, HAMSTRING	7/1/2008	$359.77	N	Referral Required		
27391		TENOTOMY, HAMSTRING	7/1/2008	$473.18	N	Referral Required		
27392		TENOTOMY, HAMSTRING,KNEE-HIP,MULTIPLE, BILATERAL	7/1/2008	$586.57	N	Referral Required		
27393		LENGTHENING, TENDON, HAMSTRING	7/1/2008	$418.97	N	Referral Required		
27394		LENGTHENING, TENDON, HAMSTRING	7/1/2008	$542.19	N	Referral Required		
27395		LENGTHENING OF HAMSTRING TENDON MULT. BILATERAL	7/1/2008	$732.98	N	Referral Required		
27396		TRANSPLANT, TENDON, HAMSTRING	7/1/2008	$509.37	N	Referral Required		
27397		TRANSPLANT, TENDON, HAMSTRING	7/1/2008	$742.93	N	Referral Required		
27400		TRANSFER, MUSCLE, HAMSTRING	7/1/2008	$563.38	N	Referral Required		
27403		ARTHROTOMY W/OPEN MENISCUS REPAIR	7/1/2008	$533.23	N	Referral Required		
27405		REPAIR, LIGAMENT, KNEE	7/1/2008	$560.81	N	Referral Required		
27407		REPAIR, LIGAMENT, KNEE	7/1/2008	$646.15	N	Referral Required		
27409		REPAIR, LIGAMENT, KNEE	7/1/2008	$801.94	N	Referral Required		
27415		OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	5/1/2009	$1,152.93	N	Referral Required		
27416		OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (INCL HARVESTING OF AUTOGRAFT[S])	5/1/2009	$793.72	N	Referral Required		

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27418		ANTERIOR TIBIAL TUBERCLEPLASTY-CRONDROMALICIA PAT	7/1/2008	$695.21	N	Referral Required		
27420		RECONSTRUCTION, PATELLA	7/1/2008	$623.44	N	Referral Required		
27422		RECONSTRUCTION, PATELLA	7/1/2008	$621.39	N	Referral Required		
27424		RECONSTRUCTION, PATELLA	7/1/2008	$622.15	N	Referral Required		
27425		LATERAL RETINACULAR RELEASE (ANY METHOD)	7/1/2008	$365.07	N	Referral Required		
27427		LIGAMENT RECONSTRUCTION KNEE EXTRA ARTICULAR	7/1/2008	$597.43	N	Referral Required		
27428		RECONSTRUCTION KNEE INTRAARTICULAR (OPEN)	7/1/2008	$915.78	N	Referral Required		
27429		RECONSTRUCTION KNEE INTRA AND EXTRA ARTICULAR	7/1/2008	$1,024.80	N	Referral Required		
27430		QUADRICEPSPLASTY	7/1/2008	$616.63	N	Referral Required		
27435		CAPSULOTOMY, KNEE	7/1/2008	$658.64	N	Referral Required		
27437		ARTHROPLASTY PATELLA	7/1/2008	$548.52	N	Referral Required		
27438		ARTHROPLASTY PATELLA W/PROSTHESIS	7/1/2008	$699.49	N	Referral Required		
27440		ARTHROPLASTY, KNEE, TIBIAL PLATEAU	7/1/2008	$619.45	N	Referral Required		
27441		ARTHROPLASTY W/DEBRIDEMENT AND PARTIAL SYNOVECTOMY	7/1/2008	$654.03	N	Referral Required		
27442		ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLA	7/1/2008	$727.21	N	Referral Required		
27443		ARTHROPLASTY W/DEBRIDEMENT & PARTIAL SYNOVECTOMY	7/1/2008	$683.21	N	Referral Required		
27445		ARTHROPLASTY KNEE CONSTRAINED PROSTHESIS	7/1/2008	$1,060.06	Y	Referral Required		
27446		ARTHROPLASTY KNEE CONDYLE/PLATEAU MEDIAL/LATERAL C	7/1/2008	$941.90	Y	Referral Required		
27447		TOTAL KNEE REPLACEMENT	7/1/2008	$1,298.57	Y	Referral Required		
27448		OSTEOTOMY, FEMUR	7/1/2008	$687.77	N	Referral Required		
27450		OSTEOTOMY, FEMUR	7/1/2008	$855.47	N	Referral Required		
27454		OSTEOTOMY, FEMUR	7/1/2008	$1,083.35	N	Referral Required		
27455		OSTEOTOMY, PROXIMAL TIBIA	7/1/2008	$790.56	N	Referral Required		
27457		OSTEOTOMY, PROXIMAL TIBIA	7/1/2008	$814.65	N	Referral Required		
27465		OSTEOPLASTY, FEMORAL	7/1/2008	$1,008.08	N	Referral Required		
27466		OSTEOPLASTY, FEMORAL	7/1/2008	$992.63	N	Referral Required		
27468		OSTEOPLASTY, FEMORAL	7/1/2008	$1,120.35	N	Referral Required		
27470		REPAIR, MALUNION, FEMUR	7/1/2008	$988.68	N	Referral Required		
27472		REPAIR, MALUNION, FEMUR	7/1/2008	$1,070.74	N	Referral Required		
27475		EPIPHYSEAL ARREST, FEMUR	7/1/2008	$545.71	N	Referral Required		
27477		EPIPHYSEAL ARST, TIBIA & FIBLA	7/1/2008	$608.67	N	Referral Required		
27479		EPIPHYSEAL ARREST, KNEE	1/1/2011	$773.34	N	Referral Required		
27485		HEMI-EPIPHYSEAL ARREST, LEG	7/1/2008	$558.76	N	Referral Required		
27486		RIVISION TOTAL KNEE ARTHROPLASTY	7/1/2008	$1,185.13	Y	Referral Required		
27487		REVISION TOTAL KNEE W/WO ALLOGRAFT ALL COMPONENTS	7/1/2008	$1,495.92	Y	Referral Required		
27488		REMOVAL KNEE PROSTHESIS INCL TOTAL KNEE	7/1/2008	$1,002.20	N	Referral Required		
27495		PROPHYLACTIC TREATMENT W OR W/O METHYL METHACRYLAT	7/1/2008	$952.43	N	Referral Required		
27496		DECOMPRESSION FASCIOTOMY THIGH/KNEE ONE COMPARTMEN	7/1/2008	$418.54	N	Referral Required		
27497		DECOMPRESS FASCIOTOMY THIGH W/DEBRIDEMENT NONVIABL	7/1/2008	$453.96	N	Referral Required		
27498		DECOMPRESSION FASCIOTOMY HIGH MULIT COMPARTMENTS	7/1/2008	$495.87	N	Referral Required		
27499		DECOMPRESS FASCIOTOMY THIGH W/DEBRIDE NONVIABLE NE	7/1/2008	$553.84	N	Referral Required		
27500		FRACTURE, FEMUR	7/1/2008	$419.60	N	Referral Required		
27501		CLOSED TREAT SUPRACONDYLAR FEMORAL FX WO/MANIPULAT	7/1/2008	$412.31	N	Referral Required		
27502		FRACTURE, FEMUR	7/1/2008	$661.05	N	Referral Required		
27503		CLOSED TREAT SUPRACONDYLAR FEMORAL FX W/WO INTERCO	7/1/2008	$667.06	N	Referral Required		

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27506		FRACTURE, FEMUR	7/1/2008	$1,112.22	N	Referral Required		
27507		OPEN TREAT FEMORAL SHAFT FX W/PLATE SCREWS W/WO CE	7/1/2008	$828.78	N	Referral Required		
27508		FRACTURE, FEMUR	7/1/2008	$425.09	N	Referral Required		
27509		PERCUTANEOUS SKELETAL FIXATION SUPRACONDYLAR FEMOR	7/1/2008	$536.30	N	Referral Required		
27510		FRACTURE, FEMUR	7/1/2008	$580.51	N	Referral Required		
27511		OPEN TREAT FEMORAL SUPRACONDYLAR/TRANSCONDYLAR FX	7/1/2008	$869.61	N	Referral Required		
27513		OPEN TREAT FEMORAL SUPRACONDYLAR FX W/INT FIXATION	7/1/2008	$1,094.98	N	Referral Required		
27514		FRACTURE, FEMUR	7/1/2008	$896.50	N	Referral Required		
27516		FRACTURE, FEMUR	7/1/2008	$399.76	N	Referral Required		
27517		FRACTURE, FEMUR	7/1/2008	$556.05	N	Referral Required		
27519		FRACTURE, FEMUR	7/1/2008	$804.90	N	Referral Required		
27520		FRACTURE, PATELLA	7/1/2008	$251.35	N	Referral Required		
27524		FRACTURE, PATELLA	7/1/2008	$630.49	N	Referral Required		
27530		CLOSED FRACTURE, TIBIA W/O MANIPULATION	7/1/2008	$314.84	N	Referral Required		
27532		FRACTURE, TIBIA	7/1/2008	$502.63	N	Referral Required		
27535		OPEN TREAT TIBIAL FX PROXIMAL UNICONDYLAR	7/1/2008	$776.45	N	Referral Required		
27536		FRACTURE, TIBIA	7/1/2008	$992.82	N	Referral Required		
27538		FRACTURE, TIBIA	7/1/2008	$376.57	N	Referral Required		
27540		FRACTURE, TIBIA	7/1/2008	$699.74	N	Referral Required		
27550		DISLOCATION, KNEE	7/1/2008	$397.75	N	Referral Required		
27552		DISLOCATION, KNEE	7/1/2008	$513.09	N	Referral Required		
27556		DISLOCATION, KNEE	7/1/2008	$794.57	N	Referral Required		
27557		OPEN TREAT KNEE DISLOC W/PRIMARY LIGAMENTOUS REPAI	7/1/2008	$945.40	N	Referral Required		
27558		O TREAT KNEE DISLOC W/PRIME LIGAMENT REPAIR W/AUGM	7/1/2008	$1,043.58	N	Referral Required		
27560		TREAT CLOSED PATELLAR DISLOCATION WO/ANESTHESIA	7/1/2008	$289.35	N	Referral Required		
27562		DISLOCATION, PATELLA	7/1/2008	$370.91	N	Referral Required		
27566		DISLOCATION, PATELLA	7/1/2008	$750.21	N	Referral Required		
27570		MANIPULATION, KNEE JOINT	7/1/2008	$121.47	N	Referral Required		
27580		FUSION, KNEE	7/1/2008	$1,215.58	N	Referral Required		
27590		AMPUTATION, THIGH	7/1/2008	$693.09	N	Referral Required		
27591		AMPUTATION THIGH IMM FITTING TECHNIQUE INC 1ST CAS	7/1/2008	$769.09	N	Referral Required		
27592		AMPUTATION, THIGH	7/1/2008	$585.57	N	Referral Required		
27594		AMPUTATION, THIGH	7/1/2008	$424.91	N	Referral Required		
27596		AMPUTATION, THIGH	7/1/2008	$617.44	N	Referral Required		
27598		DISARTICULATION, KNEE	7/1/2008	$623.69	N	Referral Required		
27599		UNLISTED PROCEDURE, FEMUR OR KNEE		$0.00	N	Referral Required		
27600		DECOMPRESSION FASCIOTOMY LEG	7/1/2008	$354.37	N	Referral Required		
27601		DECOMPRESSION FASCIOTOMY,LEG; POSTERIOR COMP. ONLY	7/1/2008	$364.90	N	Referral Required		
27602		FASCIOTOMY, LEG	7/1/2008	$436.70	N	Referral Required		
27603		INCISION/DRAIN LEG/ANKLE DEEP ABSCESS OR HEMATOMA	7/1/2008	$428.42	N	Referral Required		
27604		INCISION/DRAIONAGE LEG/ANKLE DEEP INFECTED BURSA	7/1/2008	$374.21	N	Referral Required		
27605		TENOTOMY, ACHILLES TENDON	1/1/2011	$308.08	N	Referral Required		
27606		TENOTOMY, ACHILLES TENDON	7/1/2008	$251.92	N	Referral Required		
27607		INCISION DEEP W/OPENING BONE CORTEX LEG/ANKLE	7/1/2008	$508.40	N	Referral Required		
27610		ARTHROTOMY, ANKLE	7/1/2008	$547.56	N	Referral Required		

Procedure Code	Modifier	Procedure Code Description	Price Eff Date	Allowed Amount ($0.00 indicates a Manual Priced Code)	PA Ind	HC Rev	Technical Component Amount	Professional Component Amount
27612		ARTHROTOMY, ANKLE	7/1/2008	$478.21	N	Referral Required		
27613		BIOPSY,SOFT TISSUE OF LEG/ANKLE AREA, SUPERFICIAL	7/1/2008	$196.43	N	Referral Required		
27614		BX SOFT TISSUES, DEEP	7/1/2008	$454.99	N	Referral Required		
27615		RADICAL RECESTION OF TUMOR,SOFT TISSUE LEG/ANKLE	7/1/2008	$747.11	N	Referral Required		
27616		5 CM OR GREATER	1/1/2010	$891.29	N	Referral Required		
27618		EXCISION, BENIGN TUMOR, SUBCUTANEOUS	1/1/2011	$377.82	N	Referral Required		
27619		EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS	1/1/2011	$453.96	N	Referral Required		
27620		ARTHROTOMY, ANKLE	7/1/2008	$388.58	N	Referral Required		
27625		ARTHROTOMY, ANKLE	7/1/2008	$504.59	N	Referral Required		
27626		ARTHROTOMY, INCLUDING TENOSYNOVECTOMY	7/1/2008	$541.32	N	Referral Required		
27630		EXCISION, LESION, LEG	7/1/2008	$435.96	N	Referral Required		
27632		3 CM OR GREATER	1/1/2010	$286.70	N	Referral Required		
27634		5 CM OR GREATER	1/1/2010	$468.65	N	Referral Required		
27635		EXCISION, CYST, TIBIA/FIBULA	7/1/2008	$496.94	N	Referral Required		
27637		EXCISION, CYST, TIBIA/FIBULA	7/1/2008	$626.44	N	Referral Required		
27638		EXCISION/CURETTAGE BONE CYST/BENIGN TUMOR W/GRAFT	7/1/2008	$655.63	N	Referral Required		
27640		EXCISION, PARTIAL, TIBIA	7/1/2008	$738.61	N	Referral Required		
27641		EXCISION, PARTIAL, FIBULA	7/1/2008	$595.10	N	Referral Required		
27645		RESECTION, TIBIA	7/1/2008	$888.97	N	Referral Required		
27646		RESECTION, FIBULA	7/1/2008	$793.80	N	Referral Required		
27647		RESECTION, ASTRAGALUS	7/1/2008	$700.88	N	Referral Required		
27648		ARTHROGRAPHY, ANKLE, INJ PCDRE	7/1/2008	$140.66	N	Referral Required		
27650		REPAIR, ACHILLES TENDON	7/1/2008	$591.75	N	Referral Required		
27652		REPAIR RUPTURED ACHILLES TENDON; WITH GRAFT	7/1/2008	$631.19	N	Referral Required		
27654		REPAIR, ACHILLES TENDON	7/1/2008	$595.50	N	Referral Required		
27656		REPAIR, FASCIAL DEFECT, LEG	7/1/2008	$443.41	N	Referral Required		
27658		REPAIR, TENDON, LEG	7/1/2008	$324.57	N	Referral Required		
27659		REPAIR, TENDON, LEG	7/1/2008	$427.53	N	Referral Required		
27664		REPAIR OF EXTENSOR TENDON OF LEG PRIM W/O GRAFT EA	7/1/2008	$311.05	N	Referral Required		
27665		SECONDARY WITH OR W/O GRAFT, SINGLE TENDON, EACH	7/1/2008	$355.29	N	Referral Required		
27675		REPAIR DISLOCATING PERONAL TENDON W/OUT FIB OSTE	7/1/2008	$437.96	N	Referral Required		
27676		REPAIR, TENDON, LEG	7/1/2008	$522.98	N	Referral Required		
27680		TENOLYSIS, LEG	7/1/2008	$366.76	N	Referral Required		
27681		TENOLYSIS, LEG	7/1/2008	$438.45	N	Referral Required		
27685		LENGTHEN/SHORTEN TENDON, LEG OR ANKLE; SINGLE	7/1/2008	$507.24	N	Referral Required		
27686		LENGTHEN/SHORTEN TENDON, LEG	7/1/2008	$476.45	N	Referral Required		
27687		GASTROCNEMIUS RECESSION	7/1/2008	$393.91	N	Referral Required		
27690		TRANSFER, TENDON, LEG	7/1/2008	$521.35	N	Referral Required		
27691		TRANSFER, TENDON, LEG	7/1/2008	$616.47	N	Referral Required		
27692		TRANSFER, TENDON, LEG-ADD ON	7/1/2008	$96.30	N	Referral Required		
27695		REPAIR, LIGAMENT, ANKLE	7/1/2008	$420.02	N	Referral Required		
27696		REPAIR, LIGAMENT, ANKLE	7/1/2008	$503.30	N	Referral Required		
27698		REPAIR, LIGAMENT, ANKLE	7/1/2008	$560.27	N	Referral Required		
27700		ARTHROPLASTY, ANKLE	7/1/2008	$526.52	N	Referral Required		
27702		ARTHROPLASTY, ANKLE; WITH IMPLANT	7/1/2008	$843.04	N	Referral Required		

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27703		ARTHROPLASTY, ANKLE-SECONDARY RECONSTRUCTION	7/1/2008	$966.72	N	Referral Required		
27704		REMOVAL OF ANKLE IMPLANT	7/1/2008	$469.21	N	Referral Required		
27705		OSTEOTOMY, TIBIA	7/1/2008	$647.34	N	Referral Required		
27707		OSTEOTOMY, FIBULA	7/1/2008	$328.16	N	Referral Required		
27709		OSTEOTOMY, TIBIA/FIBULA	7/1/2008	$915.91	N	Referral Required		
27712		OSTEOTOMY, TIBIA	7/1/2008	$909.81	N	Referral Required		
27715		OSTEOPLASTY, TIBIA/FIBULA	7/1/2008	$893.57	N	Referral Required		
27720		REPAIR, MALUNION, TIBIA	7/1/2008	$738.12	N	Referral Required		
27722		REPAIR, MALUNION, TIBIA	7/1/2008	$736.02	N	Referral Required		
27724		REPAIR, MALUNION, TIBIA	7/1/2008	$1,081.67	N	Referral Required		
27725		REPAIR, MALUNION, TIBIA	7/1/2008	$1,002.26	N	Referral Required		
27726		REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	1/1/2008	$759.56	N	Referral Required		
27727		REPAIR, PSEUDARTHROSIS, TIBIA	7/1/2008	$863.28	N	Referral Required		
27730		EPIPHYSEAL ARREST, LOWER LEG	7/1/2008	$483.21	N	Referral Required		
27732		EPIPHYSEAL ARREST, LOWER LEG	7/1/2008	$346.62	N	Referral Required		
27734		EPIPHYSEAL ARREST, LOWER LEG	7/1/2008	$526.08	N	Referral Required		
27740		EPIPHYSEAL ARREST, LOWER LEG	7/1/2008	$592.82	N	Referral Required		
27742		EPIPHYSEAL ARREST, LOWER LEG	7/1/2008	$555.69	N	Referral Required		
27745		PROPHYLACTIC TREATMENT, TIBIA	7/1/2008	$634.15	N	Referral Required		
27750		FRACTURE, TIBIA	7/1/2008	$271.26	N	Referral Required		
27752		FRACTURE, TIBIA	7/1/2008	$435.86	N	Referral Required		
27756		FRACTURE, TIBIA	7/1/2008	$471.80	N	Referral Required		
27758		OPEN CLOSED TRIMENT TIBIAL SHAFT EX	7/1/2008	$742.02	N	Referral Required		
27759		OPEN TREAT TIBIAL SHAFT FX BY INTRAMEDULLARY	7/1/2008	$842.37	N	Referral Required		
27760		CLOSED FRACTURE MEDIAL MALLEOLUS FRACTURE, W/O MANIPULATION	7/1/2008	$262.21	N	Referral Required		
27762		FRACTURE, TIBIA	7/1/2008	$392.00	N	Referral Required		
27766		FRACTURE, TIBIA	7/1/2008	$509.67	N	Referral Required		
27767		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	1/1/2008	$210.28	N	Referral Required		
27768		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; W/MANIPULATION	1/1/2008	$326.09	N	Referral Required		
27769		OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCL INTERNAL FIXATION	1/1/2008	$566.01	N	Referral Required		
27780		FRACTURE, FIBULA	7/1/2008	$233.34	N	Referral Required		
27781		FRACTURE, FIBULA; WITH MANIPULATION	7/1/2008	$337.12	N	Referral Required		
27784		FRACTURE, FIBULA	7/1/2008	$564.42	N	Referral Required		
27786		FRACTURE, FIBULA	7/1/2008	$248.39	N	Referral Required		
27788		FRACTURE, FIBULA	7/1/2008	$342.84	N	Referral Required		
27792		OPEN TREATMENT DISTAL FIBULAR FRACTURE W/WO FIX.	7/1/2008	$575.33	N	Referral Required		
27808		FRACTURE, TIBIA AND FIBULA	7/1/2008	$259.74	N	Referral Required		
27810		FRACTURE, TIBIA AND FIBULA	7/1/2008	$384.57	N	Referral Required		
27814		FRACTURE, TIBIA AND FIBULA	7/1/2008	$649.78	N	Referral Required		
27816		TREAT CLOSED TRIMALLEOLAR ANKLE WO/MANIPULATION	7/1/2008	$247.39	N	Referral Required		
27818		FRACTURE, TIBIA AND FIBULA	7/1/2008	$398.76	N	Referral Required		
27822		FRACTURE, TIBIA AND FIBULA	7/1/2008	$721.01	N	Referral Required		
27823		FRACTURE, TIBIA AND FIBULA	7/1/2008	$819.02	N	Referral Required		
27824		CLOSED TREAT WEIGHT BEARING ARTICULAR PORTION DIST	7/1/2008	$244.76	N	Referral Required		
27825		W/SKELETAL TRACTION OR REQUIRING MANIPULATION	7/1/2008	$447.23	N	Referral Required		

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27826		OPEN TREAT FX WT BEARING ARTICULAR SURFACE PORTION	7/1/2008	$678.65	N	Referral Required		
27827		FRACTURE AND/OR DISLOCATION OF TIBIA ONLY	7/1/2008	$917.76	N	Referral Required		
27828		OF BOTH TIBIA AND FIBULA	7/1/2008	$1,089.96	N	Referral Required		
27829		OPEN TREAT DISTAL TIBIOFIBULAR JOINT	7/1/2008	$537.48	N	Referral Required		
27830		DISLOCATION, TIBIO-FIBULAR JNT	7/1/2008	$280.86	N	Referral Required		
27831		TREATMENT PROXIAML TIBIOFIBULAR JOINT DISLOC W/ANE	7/1/2008	$311.05	N	Referral Required		
27832		DISLOCATION, TIBIO-FIBULAR JNT	7/1/2008	$572.03	N	Referral Required		
27840		DISLOCATION, ANKLE	7/1/2008	$288.32	N	Referral Required		
27842		DISLOCATION, ANKLE	7/1/2008	$397.72	N	Referral Required		
27846		DISLOCATION, ANKLE	7/1/2008	$618.67	N	Referral Required		
27848		DISLOCATION, TIBIO-FIBULAR JNT	7/1/2008	$709.12	N	Referral Required		
27860		MANIPULATION, ANKLE	7/1/2008	$148.04	N	Referral Required		
27870		ARTHRODESIS, ANKLE	7/1/2008	$882.42	N	Referral Required		
27871		ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL	7/1/2008	$581.95	N	Referral Required		
27880		AMPUTATION, LEG	7/1/2008	$774.52	N	Referral Required		
27881		AMPUTATE LEG W/FITTING INCL. APP. OF 1ST CAST	7/1/2008	$755.57	N	Referral Required		
27882		AMPUTATION LEG THRU TIBIA & FIBULA OPEN CIRCULAR	7/1/2008	$539.24	N	Referral Required		
27884		AMPUTATION, LEG	7/1/2008	$494.24	N	Referral Required		
27886		AMPUTATION, LEG	7/1/2008	$560.87	N	Referral Required		
27888		AMPUTATION, ANKLE	7/1/2008	$597.46	N	Referral Required		
27889		DISARTICULATION, ANKLE	7/1/2008	$586.20	N	Referral Required		
27892		DECOMPRESSION FASCIOTOMY LEG ANTERIOR LATERAL COMP	7/1/2008	$461.87	N	Referral Required		
27893		POSTERIOR COMPARTMENTS ONLY W/DEBRIDEMENT NONVIABL	7/1/2008	$458.67	N	Referral Required		
27894		ANTERIOR AND LATERAL COMPARTMENTS	7/1/2008	$700.33	N	Referral Required		
27899		UNLISTED PROCEDURE, LEG/ANKLE		$0.00	N	Referral Required		
28001		DRAINAGE, BURSA, FOOT	7/1/2008	$214.90	N	Referral Required		
28002		DEEP DISSECTION BELOW FASCIA FOR DEEP INFECTION FO	7/1/2008	$399.99	N	Referral Required		
28003		DEEP DISSECTION BELOW FASCIA DEEP FOOT MULTIPLE AR	7/1/2008	$555.34	N	Referral Required		
28005		INCISION, DEEP, W/OPENING OF BONE CORTEX	7/1/2008	$527.20	N	Referral Required		
28008		FASCIOTOMY FOOT-TOE	7/1/2008	$340.51	N	Referral Required		
28010		TENOTOMY, TOE	7/1/2008	$191.01	N	Referral Required		
28011		TENOTOMY, TOE	7/1/2008	$270.22	N	Referral Required		
28020		ARTHROTOMY, TOE JOINTS	7/1/2008	$406.79	N	Referral Required		
28022		ARTHROTOMY, TOE JOINTS	7/1/2008	$372.44	N	Referral Required		
28024		ARTHROTOMY, TOE JOINTS	7/1/2008	$356.10	N	Referral Required		
28035		TARSAL TUNNEL RELEASE	7/1/2008	$405.07	N	Referral Required		
28039		1.5 CM OR GREATER	1/1/2010	$331.22	N	Referral Required		
28041		1.5 CM OR GREATER	1/1/2010	$315.00	N	Referral Required		
28043		EXCISION TUMOR FOOT SUBCUTANEOUS	7/1/2008	$272.20	N	Referral Required		
28045		EXCISION, TUMOR, FOOT	7/1/2008	$378.82	N	Referral Required		
28046		RADICAL RESECTION OF TUMOR, SOFT TISSUE OF FOOT	1/1/2011	$684.13	N	Referral Required		
28047		3 CM OR GREATER	1/1/2010	$670.75	N	Referral Required		
28050		ARTHROTOMY, FOOT JOINT	7/1/2008	$353.29	N	Referral Required		
28052		ARTHROTOMY, FOOT JOINT	7/1/2008	$330.57	N	Referral Required		
28054		ARTHROTOMY, FOOT JOINT	7/1/2008	$308.86	N	Referral Required		

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28055		NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	7/1/2008	$340.49	N	Referral Required		
28060		FASCIECTOMY, PLANTAR	7/1/2008	$400.34	N	Referral Required		
28062		FASCIECTOMY EXCISION OF PLANTAR FASCIA RADICAL	7/1/2008	$475.55	N	Referral Required		
28070		SYNOVECTOMY, FOOT JOINTS	7/1/2008	$396.68	N	Referral Required		
28072		SYNOVECTOMY, FOOT JOINTS	7/1/2008	$386.88	N	Referral Required		
28080		EXCISION, MORTONS NEUROMA	7/1/2008	$377.92	N	Referral Required		
28086		SYNOVECTOMY, FOOT TENDONS	7/1/2008	$440.92	N	Referral Required		
28088		SYNOVECTOMY, FOOT TENDONS	7/1/2008	$355.12	N	Referral Required		
28090		EXCISION, LESION, FOOT	7/1/2008	$359.77	N	Referral Required		
28092		EXCISION LESION OF TENDON OR FIBROUS SHEATA TOES	7/1/2008	$327.96	N	Referral Required		
28100		EXCISION, TUMOR, FOOT BONES	7/1/2008	$475.49	N	Referral Required		
28102		EXCISION, TUMOR, FOOT BONES	7/1/2008	$463.53	N	Referral Required		
28103		EXCISION OF BONE CYST/BENIGN TUMOR W/ALLOGRAFT	7/1/2008	$381.61	N	Referral Required		
28104		EXCISION, TUMOR, FOOT BONES	7/1/2008	$398.82	N	Referral Required		
28106		EXCISION, TUMOR, FOOT BONES	7/1/2008	$405.55	N	Referral Required		
28107		EXCISION BONE CYST TARSAL/METATARSAL W/ALLOGRAFT	7/1/2008	$439.84	N	Referral Required		
28108		EXCISION, TUMOR, FOOT BONES	7/1/2008	$333.90	N	Referral Required		
28110		OSTECTOMY PARTIAL EXCISION FIFTH METATARSAL HEAD	7/1/2008	$351.44	N	Referral Required		
28111		OSTECTOMY, METATARSAL	7/1/2008	$405.83	N	Referral Required		
28112		OSTECTOMY, METATARSAL	7/1/2008	$380.83	N	Referral Required		
28113		OSTECTOMY COMPLETE 5TH METATARSAL HEAD	7/1/2008	$449.84	N	Referral Required		
28114		OSTECTOMY, METATARSAL	7/1/2008	$833.68	N	Referral Required		
28116		EXCISION, TARSAL COALITION	7/1/2008	$590.28	N	Referral Required		
28118		EXCISION, OS CALCIS	7/1/2008	$454.41	N	Referral Required		
28119		EXCISION, OS CALCIS	7/1/2008	$407.01	N	Referral Required		
28120		EXCISION, PARTIAL, FOOT BONES	7/1/2008	$460.53	N	Referral Required		
28122		EXCISION, PARTIAL, FOOT BONES	7/1/2008	$527.56	N	Referral Required		
28124		EXCISION, PARTL, PHALANX, TOE	7/1/2008	$371.38	N	Referral Required		
28126		CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH	7/1/2008	$297.61	N	Referral Required		
28130		ASTRAGALECTOMY	7/1/2008	$550.79	N	Referral Required		
28140		METATARSECTOMY, FOOT	7/1/2008	$504.18	N	Referral Required		
28150		PHALANGECTOMY, FOOT	7/1/2008	$335.95	N	Referral Required		
28153		RESECTION, HEAD OF PHALANX, TOE	7/1/2008	$308.99	N	Referral Required		
28160		HEMIPHALANGECTOMY, FOOT	7/1/2008	$318.04	N	Referral Required		
28171		RADICAL RESECTION FOR TUMOR TARSAL	7/1/2008	$533.71	N	Referral Required		
28173		RADICAL RESECTION FOR TUMOR METATARSAL	7/1/2008	$597.13	N	Referral Required		
28175		RADICAL RESECTION FOR TUMOR PHALANX OF TOE	7/1/2008	$435.25	N	Referral Required		
28190		REMOVE FOREIGN BODY; SUBCUTANEOUS	7/1/2008	$193.91	N	Referral Required		
28192		REMOVAL FB FOOT DEEP	7/1/2008	$372.44	N	Referral Required		
28193		REMOVAL FB FOOT COMPLICATED	7/1/2008	$424.01	N	Referral Required		
28200		REPAIR, TENDON, FOOT	7/1/2008	$367.24	N	Referral Required		
28202		REPAIR, TENDON, FOOT	7/1/2008	$500.70	N	Referral Required		
28208		REPAIR, TENDON, FOOT	7/1/2008	$351.05	N	Referral Required		
28210		REPAIR, TENDON, FOOT	7/1/2008	$461.12	N	Referral Required		
28220		TENOLYSIS, FOOT	7/1/2008	$349.18	N	Referral Required		

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28222		TENOLYSIS, FOOT	7/1/2008	$406.38	N	Referral Required		
28225		TENOLYSIS, FOOT	7/1/2008	$304.75	N	Referral Required		
28226		TENOLYSIS, EXTENSOR, FOOT, MULTIPLE	7/1/2008	$359.38	N	Referral Required		
28230		TENOTOMY, FOOT	7/1/2008	$336.56	N	Referral Required		
28232		TENOTOMY, FOOT	7/1/2008	$297.90	N	Referral Required		
28234		TENOTOMY, FOOT	7/1/2008	$306.24	N	Referral Required		
28238		ADVANCEMENT, TENDON, FOOT	7/1/2008	$544.28	N	Referral Required		
28240		TENOTOMY, ABDUCTR HALLCS MSLE	7/1/2008	$341.61	N	Referral Required		
28250		DIVISION, PLANTAR FASCIA	7/1/2008	$435.82	N	Referral Required		
28260		CAPSULOTOMY, FOOT	7/1/2008	$539.45	N	Referral Required		
28261		CAPSULOTOMY, FOOT	7/1/2008	$784.58	N	Referral Required		
28262		CAPSULOTOMY, FOOT	7/1/2008	$1,105.51	N	Referral Required		
28264		CAPSULOTOMY, FOOT	7/1/2008	$683.67	N	Referral Required		
28270		CAPSULOTOMY, FOOT	7/1/2008	$370.14	N	Referral Required		
28272		CAPSULATOMY INTERPHALANGEAL JOINT, SINGLE, EACH	7/1/2008	$304.65	N	Referral Required		
28280		WEBBING OPERATION, TOES	7/1/2008	$415.36	N	Referral Required		
28285		ARTHRODESIS, INTRPHNGL JT, TOE	7/1/2008	$360.19	N	Referral Required		
28286		PLASTIC PROCEDURE, FIFTH TOE	7/1/2008	$354.33	N	Referral Required		
28288		EXOSTECTOMY, METATARSAL	7/1/2008	$449.94	N	Referral Required		
28289		HALLUX RIGIDUS CORRECT DEBRIDMENT CAPSULAR RELEASE; 1ST METATARSOPHALANGEAL JNT	7/1/2008	$581.97	N	Referral Required		
28290		HALLUX VALGUS CORRECTION	7/1/2008	$448.46	N	Referral Required		
28292		HALLUX VALGUS CORRECTION	7/1/2008	$607.11	N	Referral Required		
28293		HALLUX VALGUS CORRECTION	7/1/2008	$814.35	N	Referral Required		
28294		HALLUX VALGUS CORRECTION	7/1/2008	$592.15	N	Referral Required		
28296		HALLUX VALGUS CORRECTION	1/1/2011	$627.35	N	Referral Required		
28297		LAPIDUS PIPE PROCEDURE, BUNION CORRECTION	7/1/2008	$661.42	N	Referral Required		
28298		HALLUX VALGUS CORRECTION	7/1/2008	$564.10	N	Referral Required		
28299		OSTEOTOMY-HALLUS VALGUS	7/1/2008	$730.40	N	Referral Required		
28300		OSTEOTOMY, FOOT BONES	7/1/2008	$569.74	N	Referral Required		
28302		OSTEOTOMY, FOOT BONES	7/1/2008	$568.17	N	Referral Required		
28304		OSTEOTOMY, FOOT BONES	7/1/2008	$627.67	N	Referral Required		
28305		OSTEOTOMY, FOOT BONES	7/1/2008	$589.54	N	Referral Required		
28306		OSTEOTOMY, FOOT BONES	7/1/2008	$468.62	N	Referral Required		
28307		OSTEOTOMY FIRST METATARSAL W/AUTOGRAFT	7/1/2008	$570.22	N	Referral Required		
28308		OSTEOTOMY, FOOT BONES	7/1/2008	$420.98	N	Referral Required		
28309		OSTEOTOMY METATARSALS MULTIPLE	7/1/2008	$768.04	N	Referral Required		
28310		OSTEOTOMY, FOOT BONES	7/1/2008	$419.16	N	Referral Required		
28312		OSTEOTOMY, FOOT BONES	7/1/2008	$380.11	N	Referral Required		
28313		RECONSTRUCT ANGULAR DEFORMITY TOE (SOFT TISSUE)	7/1/2008	$393.30	N	Referral Required		
28315		SESAMOIDECTOMY, FIRST TOE	7/1/2008	$369.71	N	Referral Required		
28320		REPAIR, NON-UNION, FOOT BONES	7/1/2008	$544.50	N	Referral Required		
28322		REPAIR, NON-UNION, FOOT BONES	7/1/2008	$622.04	N	Referral Required		
28340		RECONSTRUCTION,TOE MACRODACTYLY;SOFT TISSUE RESECT	7/1/2008	$494.69	N	Referral Required		
28341		RECONSTRUCTION,TOE,MACRODACTYLY; W/BONE RESECTION	7/1/2008	$566.79	N	Referral Required		
28344		RECONSTRUCTION, TOE, MACRODACTYLY;SOFT TISSUE	7/1/2008	$357.30	N	Referral Required		

Procedure Code	Modifier	Procedure Code Description	Price Eff Date	Allowed Amount ($0.00 indicates a Manual Priced Code)	PA Ind	HC Rev	Technical Component Amount	Professional Component Amount
28345		RECONSTRUCTION, TOES; SYNDACTYLY	7/1/2008	$446.50	N	Referral Required		
28400		FRACTURE, OS CALCIS	7/1/2008	$197.71	N	Referral Required		
28405		FRACTURE, OS CALCIS	7/1/2008	$323.77	N	Referral Required		
28406		FRACTURE, OS CALCIS	7/1/2008	$443.28	N	Referral Required		
28415		FRACTURE, OS CALCIS	7/1/2008	$978.67	N	Referral Required		
28420		FRACTURE, OS CALCIS	7/1/2008	$1,020.60	N	Referral Required		
28430		FRACTURE, ASTRAGALUS	7/1/2008	$186.27	N	Referral Required		
28435		FRACTURE, ASTRAGALUS	7/1/2008	$257.38	N	Referral Required		
28436		TREAT CLOSED TALUS FX W/MANIP AND PERCUTANEOUS PIN	7/1/2008	$353.60	N	Referral Required		
28445		FRACTURE, ASTRAGALUS	7/1/2008	$912.67	N	Referral Required		
28446		OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT[S])	5/1/2009	$979.23	N	Referral Required		
28450		FRACTURE, TARSAL BONES	7/1/2008	$171.60	N	Referral Required		
28455		FRACTURE, TARSAL BONES	7/1/2008	$233.32	N	Referral Required		
28456		TREAT CLOSED TARSAL BONE FX W/MANIP AND PERCUT PIN	7/1/2008	$232.00	N	Referral Required		
28465		FRACTURE, TARSAL BONES	7/1/2008	$517.31	N	Referral Required		
28470		FRACTURE, METATARSAL	7/1/2008	$171.12	N	Referral Required		
28475		FRACTURE, METATARSAL	7/1/2008	$215.93	N	Referral Required		
28476		TREATMENT OF CLOSED METATARSAL FRACTURE, EACH	7/1/2008	$281.59	N	Referral Required		
28485		FRACTURE, METATARSAL	7/1/2008	$443.78	N	Referral Required		
28490		FRACTURE, PHALANX, TOE	7/1/2008	$108.77	N	Referral Required		
28495		FRACTURE, PHALANX, TOE	7/1/2008	$135.68	N	Referral Required		
28496		CLOSED FX GT TOE W/MANIP AND PERCUTANEOUS PINNING	7/1/2008	$348.08	N	Referral Required		
28505		FRACTURE, PHALANX, TOE	7/1/2008	$531.06	N	Referral Required		
28510		FRACTURE, PHALANX, TOE	7/1/2008	$94.09	N	Referral Required		
28515		FRACTURE, PHALANX, TOE	7/1/2008	$122.43	N	Referral Required		
28525		FRACTURE, PHALANX, TOE	7/1/2008	$453.44	N	Referral Required		
28530		TREATMENT OF CLOSED SESAMOID FRACTURE	7/1/2008	$89.90	N	Referral Required		
28531		OPEN TREAT SESAMOID FX W/WO INTERNAL FIXATION	7/1/2008	$321.19	N	Referral Required		
28540		DISLOCATION, TARSAL BONE	7/1/2008	$161.49	N	Referral Required		
28545		DISLOCATION, TARSAL BONE	7/1/2008	$187.64	N	Referral Required		
28546		DISLOCATION, TARSAL BONE	7/1/2008	$369.87	N	Referral Required		
28555		DISLOCATION, TARSAL BONE	7/1/2008	$683.87	N	Referral Required		
28570		DISLOC, ASTRAGALO-TARSAL JOINT	7/1/2008	$143.59	N	Referral Required		
28575		DISLOC, ASTRAGALO-TARSAL JOINT	7/1/2008	$259.96	N	Referral Required		
28576		PERCUTANEOUS SKELETAL FIXATION TALOTARSAL JOINT DI	7/1/2008	$301.04	N	Referral Required		
28585		DISLOC, ASTRAGALO-TARSAL JOINT	7/1/2008	$705.49	N	Referral Required		
28600		DISLOC, TARSO-METATARSAL JOINT	7/1/2008	$167.69	N	Referral Required		
28605		DISLOC, TARSO-METATARSAL JOINT	7/1/2008	$218.04	N	Referral Required		
28606		DISLOC, TARSO-METATARSAL JOINT	7/1/2008	$329.24	N	Referral Required		
28615		DISLOC, TARSO-METATARSAL JOINT	7/1/2008	$645.45	N	Referral Required		
28630		DISLOC, METATARSO-PHLNGL JNT	7/1/2008	$118.37	N	Referral Required		
28635		DISLOC, METATARSO-PHLNGL JNT	7/1/2008	$141.43	N	Referral Required		
28636		PERCUTANEOUS SKELETAL FIXATION METATARSOPHALANGEAL	7/1/2008	$238.92	N	Referral Required		
28645		DISLOC, METATARSO-PHLNGL JNT	7/1/2008	$476.86	N	Referral Required		
28660		DISLOC, INTERPHLNGL JNT, TOE	7/1/2008	$87.08	N	Referral Required		

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28665		CLOSED INTERPHALANGEAL JOINT DISLOCATION WITH ANES	7/1/2008	$124.46	N	Referral Required		
28666		PERCUTANEOUS SKELETAL FIXATION INTERPHALANGEAL JOI	7/1/2008	$171.05	N	Referral Required		
28675		DISLOC, INTERPHLNGL JNT, TOE	7/1/2008	$448.34	N	Referral Required		
28705		ARTHRODESIS, PANTALAR	7/1/2008	$1,119.10	N	Referral Required		
28715		TRIPLE ARTHRODESIS	7/1/2008	$828.55	N	Referral Required		
28725		ARTHRODESIS, SUBTALAR	7/1/2008	$688.28	N	Referral Required		
28730		ARTHRODESIS, MIDTARSAL	7/1/2008	$712.92	N	Referral Required		
28735		FLATFOOT CORRECTION	7/1/2008	$682.42	N	Referral Required		
28737		ARTHRODESIS, MIDTARSAL	7/1/2008	$606.21	N	Referral Required		
28740		ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE	7/1/2008	$690.60	N	Referral Required		
28750		ARTHRODESIS, GREAT TOE	7/1/2008	$680.57	N	Referral Required		
28755		ARTHRODESIS, GREAT TOE, INTERPHALAGEAL JOINT	7/1/2008	$395.98	N	Referral Required		
28760		ARTHRODESIS, INTERPHALANGEAL JOINT, W/TENDON TRANS	7/1/2008	$617.35	N	Referral Required		
28800		AMPUTATION, FOOT	7/1/2008	$492.29	N	Referral Required		
28805		AMPUTATION, FOOT	7/1/2008	$635.84	N	Referral Required		
28810		AMPUTATION, METATARSAL	7/1/2008	$377.46	N	Referral Required		
28820		AMPUTATION, TOE	7/1/2008	$429.34	N	Referral Required		
28825		AMPUTATION, TOE	7/1/2008	$369.62	N	Referral Required		
28890		EXTRACORPOREAL SHOCK WAVE, REQ ANESTHESIA, OTHER THAN LOCAL, PLANTAR FASCIA	7/1/2008	$292.04	N	Referral Required		
28899		UNLISTED PROCEDURE, FOOT OR TOES		$0.00	N	Referral Required		
29000		APPLICATION OF HALO TYPE BODY CAST	7/1/2008	$199.66	N	Referral Required		
29010		RISSER JACKET	7/1/2008	$205.29	N	Referral Required		
29015		RISSER JACKET	7/1/2008	$195.84	N	Referral Required		
29020		TURNBUCKLE JACKET	7/1/2008	$192.95	N	Referral Required		
29025		TURNBUCKLE JACKET	7/1/2008	$208.52	N	Referral Required		
29035		BODY CAST	7/1/2008	$186.86	N	Referral Required		
29040		MINERVA CAST	7/1/2008	$176.88	N	Referral Required		
29044		BODY CAST	7/1/2008	$203.67	N	Referral Required		
29046		BODY CAST	7/1/2008	$217.53	N	Referral Required		
29049		PLASTER FIGURE OF 8	7/1/2008	$72.55	N	Referral Required		
29055		SHOULDER SPICA	7/1/2008	$162.27	N	Referral Required		
29058		VELPEAU CAST	7/1/2008	$94.08	N	Referral Required		
29065		LONG ARM CAST	7/1/2008	$75.56	N	Referral Required		
29075		SHORT ARM CAST	7/1/2008	$70.08	N	Referral Required		
29085		GAUNTLET CAST	7/1/2008	$74.37	N	Referral Required		
29086		FINGER, APPLICATION, CAST	7/1/2008	$56.31	N	Referral Required		
29105		SPLINTS,LONG ARM	7/1/2008	$70.31	N	Referral Required		
29125		SPLINTS, SHORT ARM	7/1/2008	$54.17	N	Referral Required		
29126		APPLICATION OF SHORT ARM SPLINT (FOREARM), DYNAMIC	7/1/2008	$64.27	N	Referral Required		
29130		APPLICATION OF FINGER SPLINT; STATIC	7/1/2008	$32.91	N	Referral Required		
29131		APPLICATION OF FINGER SPLINT; DYNAMIC	7/1/2008	$40.87	N	Referral Required		
29200		STRAPPING, THORAX	7/1/2008	$44.49	N	Referral Required		
29240		STRAPPING, SHOULDER (E.G. VELPEAU)	7/1/2008	$50.49	N	Referral Required		
29260		STRAPPING, ELBOW OR WRIST	7/1/2008	$42.92	N	Referral Required		
29280		STRAPPING, HAND OR FINGER	7/1/2008	$42.07	N	Referral Required		

Procedure Code	Modifier	Procedure Code Description	Price Eff Date	Allowed Amount ($0.00 indicates a Manual Priced Code)	PA Ind	HC Rev	Technical Component Amount	Professional Component Amount
29305		HIP SPICA	7/1/2008	$185.28	N	Referral Required		
29325		HIP SPICA	7/1/2008	$199.75	N	Referral Required		
29345		LONG LEG CAST	7/1/2008	$108.80	N	Referral Required		
29355		LONG LEG CAST	7/1/2008	$111.75	N	Referral Required		
29358		LONG LEG CAST BRACE	7/1/2008	$120.81	N	Referral Required		
29365		CYLINDER CAST	7/1/2008	$97.47	N	Referral Required		
29405		SHORT LEG CAST	7/1/2008	$71.98	N	Referral Required		
29425		SHORT LEG CAST	7/1/2008	$77.79	N	Referral Required		
29435		PTB CAST	7/1/2008	$94.80	N	Referral Required		
29440		CAST WALKER	7/1/2008	$42.92	N	Referral Required		
29445		APPLICATION OF RIGID TOTAL CONTACT LEG CAST	7/1/2008	$120.99	N	Referral Required		
29450		CLUB FOOT CAST	7/1/2008	$125.89	N	Referral Required		
29505		SPLINTS, LOWER EXTREMITY	7/1/2008	$62.46	N	Referral Required		
29515		SPLINTS, LOWER EXTREMITY	7/1/2008	$56.45	N	Referral Required		
29520		STRAPPING HIP	7/1/2008	$43.88	N	Referral Required		
29530		STRAPPING KNEE	7/1/2008	$44.02	N	Referral Required		
29540		STRAPPING ANKLE - ANY AGE	7/1/2008	$34.30	N	Referral Required		
29550		STRAPPING TOES	7/1/2008	$33.11	N	Referral Required		
29580		UNNA BOOT	7/1/2008	$42.30	N	Referral Required		
29581		APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BELOW KNEE	1/1/2010	$61.02	N	Referral Required		
29590		DENIS-BROWNE SPLINT STRAPPING	7/1/2008	$45.58	N	Referral Required		
29700		CAST REPAIR OR REMOVAL	7/1/2008	$51.26	N	Referral Required		
29705		REMOVAL OR BIVALVING FULL ARM OR FULL LEG CAST	7/1/2008	$54.35	N	Referral Required		
29710		CAST REPAIR OR REMOVAL	7/1/2008	$96.46	N	Referral Required		
29715		CAST REPAIR OR REMOVAL	7/1/2008	$73.03	N	Referral Required		
29720		CAST REPAIR OR REMOVAL	7/1/2008	$63.84	N	Referral Required		
29730		CAST REPAIR OR REMOVAL	7/1/2008	$53.11	N	Referral Required		
29740		CAST REPAIR OR REMOVAL	7/1/2008	$77.50	N	Referral Required		
29750		CAST REPAIR OR REMOVAL	7/1/2008	$81.64	N	Referral Required		
29799		BODY STRAPPING		$0.00	N	Referral Required		
29800		ARTHROSCOPY,TMJ,DIAGNOSTIC W-W/O SYNOVIAL BIOPSY	7/1/2008	$438.22	N	Referral Required		
29804		ARTHROSCOPY, TMJ, SURGICAL	7/1/2008	$540.61	N	Referral Required		
29805		ARTHROSCOPY SHOULDER, DIAGNOSTIC, W/-W/O SYNOVIAL BIOPSY	7/1/2008	$391.78	N	Referral Required		
29806		ARTHROSCOPY SHOULDER/SURGICAL/CAPSULORRHAPHY	7/1/2008	$891.15	N	Referral Required		
29807		ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	7/1/2008	$868.67	N	Referral Required		
29819		ARTHROSCOPY SHOULDER SURG W/REMOVAL LOOSE BODY	7/1/2008	$489.80	N	Referral Required		
29820		ARTHROSCOPY, SYNOVECTOMY, PARTIAL	7/1/2008	$452.21	N	Referral Required		
29821		SYNOVECTOMY COMPLETE	7/1/2008	$494.08	N	Referral Required		
29822		ARTHROSCOPY SHOULDER DEBRIDEMENT LIMITED	7/1/2008	$480.61	N	Referral Required		
29823		ARTHROSCOPY SHOULDER SURGICAL DEBRIDEMENT EXTENSIV	7/1/2008	$524.90	N	Referral Required		
29824		ARTHROSCOPY, SHOULDER SURGICAL; DISTAL CLAVICULECTOMY INC. DISTAL ARTICULAR	7/1/2008	$557.53	N	Referral Required		
29825		ARTHROSCOPY,SHOULDER W/LYSIS & RESECT W/W/O MANIPU	7/1/2008	$489.46	N	Referral Required		
29826		ARTHROSCOPY SHOULDER DECOMPRESSION	7/1/2008	$561.95	N	Referral Required		
29827		ARTHROSCOPY - SHOULDER, SURGICAL WITH ROTATOR CUFF REPAIR	7/1/2008	$916.82	N	Referral Required		
29828		ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	1/1/2008	$750.34	N	Referral Required		

Procedure Code	Modifier	Procedure Code Description	Price Eff Date	Allowed Amount ($0.00 indicates a Manual Priced Code)	PA Ind	HC Rev	Technical Component Amount	Professional Component Amount
29830		ARTHROSCOPY ELBOW DIAGNOSTIC	7/1/2008	$377.63	N	Referral Required		
29834		ARTHROSCOPY,ELBOW,SURGICAL;REMOVE FOREIGN BODY	7/1/2008	$411.21	N	Referral Required		
29835		ARTHROSCOPY ELBOW SURG SYNOVECTOMY PARTIAL	7/1/2008	$421.69	N	Referral Required		
29836		ARTHROSCOPY,ELBOW,SURGICAL;SYNOVECTOMY,COMPLETE	7/1/2008	$484.27	N	Referral Required		
29837		ARTHROSCOPY,ELBOW,SURGICAL;DEBRIDEMENT, LIMITED	7/1/2008	$441.45	N	Referral Required		
29838		DEBRIDEMENT EXTENSIVE	7/1/2008	$494.80	N	Referral Required		
29840		ARTHROSCOPY WRIST DIAGNOSTIC	7/1/2008	$369.54	N	Referral Required		
29843		ARTHROSCOPY WRIST SURG FOR INFECTION	7/1/2008	$395.07	N	Referral Required		
29844		ARTHROSCOPY, SNYOVECTOMY, PARTIAL	7/1/2008	$413.50	N	Referral Required		
29845		SYNOVECTOMY COMPLETE	7/1/2008	$474.41	N	Referral Required		
29846		ARTHROSCOPY, WRIST, EXCISION FIBROCARTILAGE/JOINT	7/1/2008	$435.02	N	Referral Required		
29847		ARTHROSCOPY,WRIST,SURGICAL;INTERNAL FIXATION FX	7/1/2008	$451.26	N	Referral Required		
29848		ARTHROSCOPY WRIST SURG/W/RELEASE TRANSVERSE CARPAL	7/1/2008	$406.98	N	Referral Required		
29850		ARTHROSCOPICALLY AIDED TREAT INTERCONDYLAR SPINES	7/1/2008	$460.85	N	Referral Required		
29851		ARTHROSCOPICALLY AID TREAT W/INTERNAL/EXTERNAL FIX	7/1/2008	$784.13	N	Referral Required		
29855		ARTHROSCOPICALLY AIDED TXOF TIBIAL FX,PROXIMAL;UNI	7/1/2008	$658.50	N	Referral Required		
29856		BICONDYLAR,W/WO INTERNAL OR EXTERNAL FIXATION	7/1/2008	$842.43	N	Referral Required		
29860		ARTHROSCOPY, HIP, DIAGNOSTIC W/W/O SYNOVIAL BIOPSY (SEPERATE PROCEDURE)	7/1/2008	$542.80	N	Referral Required		
29861		ARTHOSCOPY, HIP, SURGICAL WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	7/1/2008	$593.13	N	Referral Required		
29862		ARTHOSCOPY,HIP,SURGICAL; W/DEBRIDEMENT/SHAVING CARTILAGE,ABRASION ARTHROPLASTY	7/1/2008	$668.02	N	Referral Required		
29863		ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	7/1/2008	$661.88	N	Referral Required		
29866		ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY)	5/1/2009	$878.64	N	Referral Required		
29867		ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	5/1/2009	$1,067.61	N	Referral Required		
29868		ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION, MEDIAL OR LATERAL	5/1/2009	$1,428.37	N	Referral Required		
29870		ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BIOPSY	7/1/2008	$338.72	N	Referral Required		
29871		ARTHROSCOPY, KNEE SURGICAL FOR INFECTION, LAVAGE	7/1/2008	$425.50	N	Referral Required		
29873		ARTHROSCOPY - KNEE, SURGICAL WITH LATERAL RELEASE	7/1/2008	$427.14	N	Referral Required		
29874		ARTHROSCOPY KNEE FOR REMOVAL LOOSE & FOREIGN BODY	7/1/2008	$445.35	N	Referral Required		
29875		ARTHROSCOPY KNEE SYNOVECTOMY LTD PLICA/SHELF RESEC	7/1/2008	$413.21	N	Referral Required		
29876		ARTHROSCOPY KNEE SYNOVECTOMY MAJOR	7/1/2008	$539.14	N	Referral Required		
29877		ARTHROSCOPY KNEE DEBRIDEMENT/SHAVING ARTICULAR CAR	7/1/2008	$510.04	N	Referral Required		
29879		ARTHROSCOPY KNEE ABRASION ARTHROPLASTY MULT DRILL	7/1/2008	$545.66	N	Referral Required		
29880		ARTHROSCOPY KNEE SURGICAL WITH MENISCECTOMY MEDICA	7/1/2008	$570.14	N	Referral Required		
29881		ARTHROSCOPY KNEE W/MENISCECTOMY MEDIAL OR LATERAL	7/1/2008	$531.23	N	Referral Required		
29882		ARTHROSCOPY KNEE MENISCUS REPAIR MEDIAL OR LATERAL	7/1/2008	$573.99	N	Referral Required		
29883		ARTHROSCOPY WITH MENISCUS REPAIR	7/1/2008	$703.93	N	Referral Required		
29884		ARTHROSCOPY KNEE W/LYSIS OF ADHESIONS W/WO MANIPUL	7/1/2008	$508.08	N	Referral Required		
29885		DRILLING FOR OSTEOCONDRITIS DISSECANS	7/1/2008	$616.63	N	Referral Required		
29886		ARTHROSCOPY KNEE DRILLING FOR INTACT OSTEOCHRONDIT	7/1/2008	$519.51	N	Referral Required		
29887		ARTHROSCOPY KNEE DRILLING INTACT OSTEOCHONDRITIS	7/1/2008	$613.25	N	Referral Required		
29888		ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR OF KNEE	7/1/2008	$828.55	N	Referral Required		
29889		ARTHROSCOPICALLY AIDED POSTERIOR LIGAMENT REPAIR	7/1/2008	$1,012.93	N	Referral Required		
29891		ARTHROSCOPY,ANKLE,SURGICAL; EXCISION DEFECT OF TALUS AND/OR TIBIA,INC. DRILLING	7/1/2008	$580.33	N	Referral Required		
29892		ARTHROSCOPICALLY AIDED REPAIR OF LARGE LESION, TALAR DOME, OR TIBIAL FRACTURE	7/1/2008	$600.57	N	Referral Required		
29893		ENDOSCOPIC PLANTAR FASCIOTOMY	7/1/2008	$468.00	N	Referral Required		

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29894		ARTHROSCOPY ANKLE TIBIOTALAR&FIBULOTALAR JOINTS	7/1/2008	$435.43	N	Referral Required		
29895		ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	7/1/2008	$424.10	N	Referral Required		
29897		ARTHROSCOPY DEBRIDEMENT LIMITED	7/1/2008	$443.39	N	Referral Required		
29898		ARTHROSCOPY ANKLE TIB/FIB JOINT EXTENSIVE DEBRIDEM	7/1/2008	$496.30	N	Referral Required		
29899		ARTHROSCOPY - ANKLE, TIBIOTALAR JOINTS/ SURGICAL WIH ANKLE ARTHRODESIS	7/1/2008	$885.52	N	Referral Required		
29900		ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC INC. SYNOVIAL BIOPSY	7/1/2008	$386.07	N	Referral Required		
29901		ARTHROSCOPY, METACARPOPHALANGEAL JOINT SURGICAL W/ DEBRIDEMENT	7/1/2008	$426.03	N	Referral Required		
29902		ARTHROSCOPY, METACARPOPHALANGEAL W/REDUCTION ULNAR COLLATERAL LIGAMENT	7/1/2008	$444.55	N	Referral Required		
29904		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W/REMOVAL OF LOOSE BODY/FOREIGN BODY	1/1/2008	$505.59	N	Referral Required		
29905		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W/SYNOVECTOMY	1/1/2008	$544.70	N	Referral Required		
29906		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	1/1/2008	$573.66	N	Referral Required		
29907		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W/SUBTALAR ARTHRODESIS	1/1/2008	$701.34	N	Referral Required		
29914		ARTHROSCOPY, HIP W/FEMOROPLASTY	1/1/2011	$714.97	N	Referral Required		
29915		ARTHROSCOPY HIP W/ACETABULOPLASTY	1/1/2011	$728.57	N	Referral Required		
29916		ARTHROSCOPY HIP W/LABRAL REPAIR	1/1/2011	$728.57	N	Referral Required		
29999		UNLISTED PROCEDURE, ARTHROSCOPY		$0.00	Y	Referral Required		
30000		DRAINAGE, ABSCESS, NOSE	7/1/2008	$185.83	N	Referral Required		
30020		DRAINAGE, ABSCESS, NASAL SEPTM	7/1/2008	$175.15	N	Referral Required		
30100		BIOPSY, INTRANASAL SOFT TISSUE	7/1/2008	$109.02	N	Referral Required		
30110		NASAL POLYP EXCISION	7/1/2008	$177.00	N	Referral Required		
30115		NASAL POLYP EXCISION	7/1/2008	$351.01	N	Referral Required		
30117		EXCISION/DESTRUCTION ANY METHOD INTERNAL APPROACH	7/1/2008	$634.84	N	Referral Required		
30118		EXCISION/DESTRUCTION ANY METHOD EXTERNAL APPROACH	7/1/2008	$640.20	N	Referral Required		
30120		EXCISION, SKIN NOSE	7/1/2008	$414.69	N	Referral Required		
30124		EXCISION, DERMOID CYST	7/1/2008	$232.04	N	Referral Required		
30125		EXCISION DERMOID CYST COMPLEX UNDER BONE/CARTILAGE	7/1/2008	$516.43	N	Referral Required		
30130		EXCISION, TURBINATE	7/1/2008	$307.67	N	Referral Required		
30140		RESECTION, TURBINATE	7/1/2008	$345.08	N	Referral Required		
30150		RHINECTOMY; PARTIAL	7/1/2008	$668.86	N	Referral Required		
30160		RHINECTOMY; TOTAL	7/1/2008	$666.74	N	Referral Required		
30200		INJECTION, TURBINATE	7/1/2008	$88.15	N	Referral Required		
30210		DISPLACEMENT THERAPY, NOSE	7/1/2008	$115.73	N	Referral Required		
30220		INSERT NASAL SEPTAL PROSTHESIS	7/1/2008	$222.29	N	Referral Required		
30300		REMOVAL FOREIGN BODY INTRANASL	7/1/2008	$185.75	N	Referral Required		
30310		REMOVAL FOREIGN BODY INTRANASL	7/1/2008	$169.74	N	Referral Required		
30320		REMOVAL FOREIGN BODY INTRANASL	7/1/2008	$384.08	N	Referral Required		
30400		RHINOPLASTY	3/1/2009	$865.56	Y	Referral Required		
30410		RHINOPLASTY	3/1/2009	$1,049.65	Y	Referral Required		
30420		RHINOPLASTY	3/1/2009	$1,148.59	Y	Referral Required		
30430		RHINOPLASTY	3/1/2009	$770.11	Y	Referral Required		
30435		RHINOPLASTY, SECONDARY INTERMEDIATE REVISION	3/1/2009	$1,021.20	Y	Referral Required		
30450		RHINOPLASTY, MAJOR REVISION (NASAL TIP/OSTEOTOMY)	3/1/2009	$1,334.93	Y	Referral Required		
30460		RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGE	3/1/2009	$654.10	Y	Referral Required		
30462		TIP, SEPTUM, OSTEOTOMIES	7/1/2008	$1,305.81	Y	Referral Required		
30465		REPAIR OF NASAL VESTIBULAR STENOSIS	3/1/2009	$813.93	Y	Referral Required		

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30520		SEPTOPLASTY	3/1/2009	$483.99	Y	Referral Required		
30540		REPAIR, CHOANAL ATRESIA	7/1/2008	$572.41	N	Referral Required		
30545		REPAIR, CHOANAL ATRESIA	7/1/2008	$802.07	N	Referral Required		
30560		LYSIS, SYNECHIA, INTRANASAL	7/1/2008	$212.76	N	Referral Required		
30580		REPAIR, FISTULA, OROMAXILLARY	7/1/2008	$509.15	N	Referral Required		
30600		REPAIR, FISTULA, ORONASAL	7/1/2008	$470.66	N	Referral Required		
30620		RECONSTRUCTION, INTERNAL NOSE	7/1/2008	$505.75	N	Referral Required		
30630		REPAIR NASAL SEPTAL PERFORATIONS	7/1/2008	$513.90	N	Referral Required		
30801		CAUTERIZATION MUCOSA OF TURBINATES ANY METHOD SUPE	7/1/2008	$179.84	N	Referral Required		
30802		CAUTERIZATION MUCOSA OF TURBINATES ANY METHOD INTR	7/1/2008	$231.80	N	Referral Required		
30901		SIMPLE CAUTERIZATION TO CONTROL NASAL HEMOR ANT UN	7/1/2008	$86.89	N	Referral Required		
30903		CONTROL NASAL HEMORRHAGE ANTERIOR, COMPLEX UNILAT	7/1/2008	$154.37	N	Referral Required		
30905		NASAL HEMORRHAGE CONTROL	7/1/2008	$193.58	N	Referral Required		
30906		NASAL HEMORHAGE CONTROL, SUBSEQUENT	7/1/2008	$222.54	N	Referral Required		
30915		LIGATION, ETHMOIDAL ARTERIES	7/1/2008	$477.39	N	Referral Required		
30920		LIGATION ARTERIES INTERNAL MAXILLARY ARTERY TRANSA	7/1/2008	$684.34	N	Referral Required		
30930		FRACTURE NASAL TRUBINATES THERAPEUTIC	7/1/2008	$99.71	N	Referral Required		
30999		UNLISTED PROCEDURE, NOSE		$0.00	N	Referral Required		
31000		SINUS LAVAGE	7/1/2008	$142.04	N	Referral Required		
31002		SINUS LAVAGE	7/1/2008	$166.70	N	Referral Required		
31020		ANTROTOMY	7/1/2008	$391.62	N	Referral Required		
31030		ANTROTOMY	7/1/2008	$576.67	N	Referral Required		
31032		SINUSOTOMY RADICAL UNILAT W/REMOVAL ANTRACH POLYPS	7/1/2008	$470.46	N	Referral Required		
31040		PTERYGOMAXILLARY FOSSA SURGERY	7/1/2008	$627.62	N	Referral Required		
31050		SINUSOTOMY	7/1/2008	$402.11	N	Referral Required		
31051		SINUSOTOMY,SPHENOID,BIOPSY; W/MUCOSAL STRIP POLYPS	7/1/2008	$529.39	N	Referral Required		
31070		SINUSOTOMY	7/1/2008	$354.15	N	Referral Required		
31075		SINUSOTOMY	7/1/2008	$647.60	N	Referral Required		
31080		SINUSOTOMY	7/1/2008	$846.94	N	Referral Required		
31081		SINUSOTOMY	7/1/2008	$1,006.39	N	Referral Required		
31084		SINUSOTOMY	7/1/2008	$957.82	N	Referral Required		
31085		SINUSOTOMY	7/1/2008	$1,024.70	N	Referral Required		
31086		SINUSOTOMY;NONOBLITERATIVE,W/FLAPP,BROW INCISION	7/1/2008	$930.39	N	Referral Required		
31087		SINUSOTOMY;NONOBLITERATIVE,W/FLAP,CORONAL INCISION	7/1/2008	$913.69	N	Referral Required		
31090		SINUSOTOMY	7/1/2008	$816.18	N	Referral Required		
31200		ETHMOIDECTOMY	7/1/2008	$452.17	N	Referral Required		
31201		ETHMOIDECTOMY	7/1/2008	$603.79	N	Referral Required		
31205		ETHMOIDECTOMY	7/1/2008	$720.92	N	Referral Required		
31225		MAXILLECTOMY	7/1/2008	$1,513.16	N	Referral Required		
31230		MAXILLECTOMY	7/1/2008	$1,707.42	N	Referral Required		
31231		NASAL ENDOSCOPY, DIAGNOSTIC	7/1/2008	$155.10	N	Referral Required		
31233		NASAL/SINUS ENDOSCOPY,DIAGNOSTIC W/MAXILLARY SINUS	7/1/2008	$219.73	N	Referral Required		
31235		NASAL/SINUS ENDOSCOPY,DIAGNOSTIC W/SPHENOID SINUSO	7/1/2008	$252.79	N	Referral Required		
31237		NASAL/SINUS ENDOSCOPY W/BIOPSY,POLYPECTOMY OR DEBR	7/1/2008	$273.61	N	Referral Required		
31238		WITH CONTROL OF EPISTAXIS	7/1/2008	$282.27	N	Referral Required		

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31239		WITH DACRYOCYSTORHINOSTOMY	7/1/2008	$562.01	N	Referral Required		
31240		WITH CONCHA BULLOSA RESECTION	7/1/2008	$142.22	N	Referral Required		
31254		NASAL ENDOSCOPY W/ETHMOIDECTOMY PARTIAL	7/1/2008	$244.09	N	Referral Required		
31255		NASAL ENDOSCOPY & ETHMOIDECTOMY	7/1/2008	$360.43	N	Referral Required		
31256		NASAL ENDOSCOPY WITH MAXILLARY ANTROSTOMY	7/1/2008	$176.79	N	Referral Required		
31260		MAXILLARY SINUS ENDOSCOPY DIAGNOSTIC OR BIOPSY	7/1/2008	$213.34	N	Referral Required		
31263		MAXILLARY SINUS ENDOSCOPY,SURGICAL;W/FOREIGN BODY	7/1/2008	$330.68	N	Referral Required		
31267		MAXILLARY ENDOSCOPY SURG W/REMOVAL OF MUCOUS MEMBR	7/1/2008	$285.04	N	Referral Required		
31270		SPHENOID ENDOSCOPY, DIAGNOSTIC, W/ W/O BIOPSY	7/1/2008	$117.35	N	Referral Required		
31275		SPHENOID ENDOSCOPY, SURGICAL	7/1/2008	$320.01	N	Referral Required		
31276		NASAL/SINUS ENDOSCOPY W/FRONTAL SINUS EXPLORATION	7/1/2008	$454.30	N	Referral Required		
31287		NASAL/SINUS ENDOSCOPY,SURGICAL WITH SPHENOIDOTOMY	7/1/2008	$207.51	N	Referral Required		
31288		WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	7/1/2008	$240.61	N	Referral Required		
31290		NASAL/SINUS ENDOSCOPY,SURGICAL W/REPAIR OF CEREBRA	7/1/2008	$999.09	N	Referral Required		
31291		SPHENOID REGION	7/1/2008	$1,051.95	N	Referral Required		
31292		NASAL/SINUS ENDOSCOPY,SURGICAL,W/MEDIAL OR INFERIO	7/1/2008	$864.07	N	Referral Required		
31293		W/MEDIAL ORBITAL WALL & INFERIOR ORBITAL WALL DECO	7/1/2008	$941.70	N	Referral Required		
31294		WITH OPTIC NERVE DECOMPRESSION	7/1/2008	$1,083.05	N	Referral Required		
31295		NASAL/SINUS ENDOSCOPY SURGICAL W/DILAT MAXILLARY SINUS	1/1/2011	$1,445.73	N	Referral Required		
31296		NASAL/SINUS ENDOSCOPY SURGICAL W/DILAT FRONTAL SINUS	1/1/2011	$2,703.99	N	Referral Required		
31296		NASAL/SINUS ENDOSCOPY SURGICAL W/DILAT SPHENOID SINUS	1/1/2011	$2,678.73	N	Referral Required		
31299		UNLISTED SINUS PROCEDURE		$0.00	N	Referral Required		
31300		LARYNGOTOMY	7/1/2008	$1,042.48	N	Referral Required		
31320		LARYNGOTOMY	7/1/2008	$538.61	N	Referral Required		
31360		LARYNGECTOMY	7/1/2008	$1,632.30	N	Referral Required		
31365		LARYNGECTOMY	7/1/2008	$2,051.76	N	Referral Required		
31367		LARYNGECTOMY	7/1/2008	$1,788.98	N	Referral Required		
31368		LARYNGECTOMY	7/1/2008	$2,013.57	N	Referral Required		
31370		HEMILARYNGECTOMY	7/1/2008	$1,688.01	N	Referral Required		
31375		HEMILARYNGECTOMY	7/1/2008	$1,587.40	N	Referral Required		
31380		HEMILARYNGECTOMY	7/1/2008	$1,569.83	N	Referral Required		
31382		HEMILARYNGECTOMY	7/1/2008	$1,718.52	N	Referral Required		
31390		PHARYNGOLARYNGECTOMY W/RADICAL NECK DISSECTION	7/1/2008	$2,297.27	N	Referral Required		
31395		PHARYNGOLARYNGECTOMY,W/RADICAL NECK DISSECTION/REC	7/1/2008	$2,453.22	N	Referral Required		
31400		ARYTENOIDECTOMY	7/1/2008	$839.27	N	Referral Required		
31420		EPIGLOTTIDECTOMY	7/1/2008	$698.15	N	Referral Required		
31500		INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE-(SP)	7/1/2008	$97.33	N	Referral Required		
31502		TRACHEOTOMI TUBE CHANGE	7/1/2008	$31.00	N	Referral Required		
31505		LARYNGOSCOPY	7/1/2008	$69.56	N	Referral Required		
31510		LARYNGOSCOPY	7/1/2008	$176.18	N	Referral Required		
31511		LARYNGOSCOPY, W/REMOVAL OF FOREIGN BODY	7/1/2008	$177.08	N	Referral Required		
31512		LARYNGOSCOPY, W/REMOVAL OF LESION	7/1/2008	$175.84	N	Referral Required		
31513		AMB SURG CTR -LARYNGOSCOPY INDIRECT SEP PROC DIAG	7/1/2008	$116.07	N	Referral Required		
31515		LARYNGOSCOPY	7/1/2008	$175.66	N	Referral Required		
31520		LARYNGOSCOPY	7/1/2008	$135.55	N	Referral Required		

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31525		LARYNGOSCOPY	7/1/2008	$210.80	N	Referral Required		
31526		LARYNGOSCOPY-DIAGNOSTIC W/OPERATING MICROSCOPE	7/1/2008	$139.45	N	Referral Required		
31527		AMB SURG CTR -LARYNGOSCOPY	7/1/2008	$169.36	N	Referral Required		
31528		LARYNGOSCOPY, WITH DILATATION,INITIAL	7/1/2008	$125.59	N	Referral Required		
31529		LARYNGOSCOPY DIRECT, W/DILATION, SUBSEQUENT	7/1/2008	$143.45	N	Referral Required		
31530		LARYNGOSCOPY	7/1/2008	$175.74	N	Referral Required		
31531		LARYNGOSCOPY DIRECT;W/OPERATING MICROSCOPE	7/1/2008	$189.89	N	Referral Required		
31535		LARYNGOSCOPY	7/1/2008	$168.22	N	Referral Required		
31536		LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY&MICROSCOPE	7/1/2008	$188.46	N	Referral Required		
31540		LARYNGOSCOPY	7/1/2008	$216.27	N	Referral Required		
31541		LARYNGOSCOPY	7/1/2008	$236.70	N	Referral Required		
31545		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPY OR TELESCOPE	7/1/2008	$318.19	N	Referral Required		
31546		LARYNGOSCOPY, DIRECT, OPERATIVE, W/ OPERATING MICRO/TELESCOPE; RECON W/ GRAFTS	7/1/2008	$481.39	N	Referral Required		
31560		LARYNGOSCOPY	7/1/2008	$279.42	N	Referral Required		
31561		LARYNGOSCOPY W/ARYTENOIDECTOMY W/MICROSCOPE	7/1/2008	$305.14	N	Referral Required		
31570		LARYNGOSCOPY	7/1/2008	$301.22	N	Referral Required		
31571		LARYNGOSCOPY W/INJECTION VOCAL CORDS & MICROSCOPE	7/1/2008	$223.23	N	Referral Required		
31575		LARYNGOSCOPY, FLEXIBLE FIBERSCOPIC, DIAGNOSTIC	7/1/2008	$98.71	N	Referral Required		
31576		LARYNGOSCOPY FLEXIBLE FIBERSCOPE DX WITH BIOPSY	7/1/2008	$188.33	N	Referral Required		
31577		LARYNGOSCOPY W/REMOVAL OF FOREIGN BODY	7/1/2008	$206.14	N	Referral Required		
31578		LARYNGOSCOPY, WITH REMOVALL OF LESION	7/1/2008	$237.73	N	Referral Required		
31579		LARNGOSCOY WITH STROBOSCOPY	7/1/2008	$189.99	N	Referral Required		
31580		LARYNGOPLASTY-2 STAGE, W/KEEL INSERTION & REMOVAL	7/1/2008	$1,000.35	N	Referral Required		
31582		LARYNGOPLASTY-FOR STENOSIS, W/GRAFT,MOLD,TRACHEOST	7/1/2008	$1,607.67	N	Referral Required		
31584		LARYNGOPLASTY; W/OPEN REDUCTION OF FRACTURE	7/1/2008	$1,273.12	N	Referral Required		
31587		LARYNGOPLASTY, CRICOID SPLIT	7/1/2008	$824.35	N	Referral Required		
31588		LARYNGOPLASTY, NOT OTHERWISE SPECIFIED	7/1/2008	$946.44	N	Referral Required		
31590		LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE	7/1/2008	$744.71	N	Referral Required		
31595		SECTION RECURRENT LARYNGEAL NERVE, UNILATERAL	7/1/2008	$643.58	N	Referral Required		
31599		UNLISTED PROC, LARYNX		$0.00	N	Referral Required		
31600		TRACHEOSTOMY	7/1/2008	$346.98	N	Referral Required		
31601		TRACHEOSTOMY	7/1/2008	$225.60	N	Referral Required		
31603		TRACHEOSTOMY, EMERGENCY PROCEDURE, TRANSTRACHEAL	7/1/2008	$195.77	N	Referral Required		
31605		TRACHEOSTOMY ER CRICOTHYROID MEMBRANE	7/1/2008	$160.57	N	Referral Required		
31610		TRACHEOSTOMY FENESTRATION PROCEDURE-SKIN FLAPS	7/1/2008	$593.51	N	Referral Required		
31611		CONSTR. OF T-E FISTULA&SUBSEQUENT PROSTHESIS	7/1/2008	$443.08	N	Referral Required		
31612		TRACHEAL PUNCTURE	7/1/2008	$68.36	N	Referral Required		
31613		TRACHEOSTROMA REV SIMPLE W/OUT FLAP ROTATION	7/1/2008	$365.91	N	Referral Required		
31614		TRACHEOSTOMA REVISION;COMPLEX, WITH FLAP ROTATION	7/1/2008	$600.46	N	Referral Required		
31615		TRACHEOBRONCHOSCOPY	7/1/2008	$156.20	N	Referral Required		
31620		ENDOBRONCHIAL UNTRASOUND (EBUS) DURING BRONCHO DIAG OR THERA INTERVEN (ADD-ON)	7/1/2008	$243.46	N	Referral Required		
31622		BRONCHOSCOPY,DIAGNOSTIC W/WO CELL WASHING OR BRUSH	7/1/2008	$278.58	N	Referral Required		
31623		BRONCHOSCOPY WITH BRUSHING OR PROTECTED BRUSHINGS	7/1/2008	$306.07	N	Referral Required		
31624		BRONCHOSCOPY WITH BRONCHIAL ALVEOLAR LAVAGE	7/1/2008	$284.72	N	Referral Required		
31625		BRONCHOSCOPY	7/1/2008	$304.67	N	Referral Required		

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31626		WITH PLACEMENT OF FIDUCIAL MARKERS, SINGLE OR MULTIPLE	1/1/2010	$301.52	N	Referral Required		
31627		WITH COMPUTER-ASSISTED, IMAGE-GUIDED NAVIGATION (SP)	1/1/2010	$813.16	N	Referral Required		
31628		BRONCHOSCOPY WITH TRANSBRONCHIAL LUNG BX FIBEROPTI	7/1/2008	$364.24	N	Referral Required		
31629		BRONCHOSCOPY,DIAGNOSTIC W/TRANSBRONCHAIL BIOPSY	1/1/2011	$558.29	N	Referral Required		
31630		BRONCHOSCOPY W TRACHEAL/BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE	7/1/2008	$183.78	N	Referral Required		
31631		BRONCHOSCOPY W/PLACEMENT OF TRACHEAL STENTS INCLUDES TRACHEAL/BRONCHIAL DILATION	7/1/2008	$205.78	N	Referral Required		
31632		BRONCHOSCOPY, RIGID OR FLEXIBLE W/OR W/O FLUROSCOPIC GUIDANCE, (ADD-ON)	7/1/2008	$65.78	N	Referral Required		
31633		BRONCHOSCOPY, RIGID OR FLEX W/OR W/O FLUROS GUIDANCE; W/ NEEDLE ASPIR (ADD-ON)	7/1/2008	$78.92	N	Referral Required		
31634		BRONCHOSCOPY, BALLOON OCCLUSION	1/1/2011	$146.61	N	Referral Required		
31635		BRONCHOSCOPY	7/1/2008	$316.43	N	Referral Required		
31636		BRONCHOSCOPY, RIGID OR FLEXIBLE, W/ PLACEMENT OF BRONCHIAL STENTS, INITIAL	7/1/2008	$201.97	N	Referral Required		
31637		BRONCHOSCOPY, RIGID OR FLEXIBLE, W/ PLACEMENT OF BRONCHIAL STENTS, EA ADDTL	7/1/2008	$71.43	N	Referral Required		
31638		BRONCHOSCOPY, RIGID OR FLEXIBLE, W/ PLACEMENT OF BRONCHIAL STENTS, W/ REVISION	7/1/2008	$226.68	N	Referral Required		
31640		BRONCHOSCOPY	7/1/2008	$234.11	N	Referral Required		
31641		W/DESTRUCTION TUMOR OR RELIEF STENOSIS ANY METHOD	7/1/2008	$231.40	N	Referral Required		
31643		BRONCHOSCOPY W/PLACEMENT OF CATHETERS FOR INTRACAVITARY RADIOELEMENT APPLICATION	7/1/2008	$158.44	N	Referral Required		
31645		BRONCHOSCOPY	7/1/2008	$273.41	N	Referral Required		
31646		BRONCHOSCOPY W/THERAPEUTIC ASPIRATION OF TREE, SUB	7/1/2008	$248.88	N	Referral Required		
31656		BRONCHOSCOPY WITH INJECTION OF CONTRAST MATERIL	7/1/2008	$292.14	N	Referral Required		
31715		BRONCHOGRAPHY INJECTION	7/1/2008	$48.67	N	Referral Required		
31717		BRONCHIAL BRUSH BIOPSY	7/1/2008	$309.11	N	Referral Required		
31720		ASPIRATION, NASOTRACHEOBRONCHIAL	7/1/2008	$46.76	N	Referral Required		
31725		ASPIRATION, TRACHEOBRONCHIAL	7/1/2008	$84.91	N	Referral Required		
31730		TRANSTRACHEAL INTRODUCTION NEEDLE WIRE DILATOR/STE	7/1/2008	$565.70	N	Referral Required		
31750		TRACHEOPLASTY	7/1/2008	$1,113.81	N	Referral Required		
31755		TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	7/1/2008	$1,410.95	N	Referral Required		
31760		TRACHEOPLASTY	7/1/2008	$1,181.61	N	Referral Required		
31766		CARINAL RECONSTRUCTION	7/1/2008	$1,568.52	N	Referral Required		
31770		BRONCHOPLASTY	7/1/2008	$1,155.01	N	Referral Required		
31775		BRONCHOPLASTY EXCISION STENOSIS AND ANASTOMOSIS	7/1/2008	$1,235.09	N	Referral Required		
31780		TRACHEAL STENOSIS EXCISION	7/1/2008	$1,023.54	N	Referral Required		
31781		TRACHEAL STENOSIS EXCISION	7/1/2008	$1,237.20	N	Referral Required		
31785		EXCISION TRACHEAL TUMOR CANCER CERVICAL	7/1/2008	$941.80	N	Referral Required		
31786		EXCISION TRACHEAL TUMOR CANCER THORACIC	7/1/2008	$1,291.58	N	Referral Required		
31800		SUTURE TRACHEAL WOUND/INJURY; CERVICAL	7/1/2008	$585.88	N	Referral Required		
31805		SUTURE TRACHEAL WOUND/INJURY; INTRTHORACIC	7/1/2008	$706.58	N	Referral Required		
31820		SURG CLOSE TRACHEOSTOMY/FISTULA WO/PLASTIC REPAIR	7/1/2008	$352.91	N	Referral Required		
31825		TRACHEOSTOMY CLOSURE	7/1/2008	$496.56	N	Referral Required		
31830		REVISION, TRACHEOSTOMY SCAR	7/1/2008	$355.91	N	Referral Required		
31899		UNLISTED PROC TRACHEA/BRONCHI		$0.00	N	Referral Required		
32035		THORACOSTOMY	7/1/2008	$598.72	N	Referral Required		
32036		THORACOSTOMY	7/1/2008	$649.20	N	Referral Required		
32095		THORACOTOMY	7/1/2008	$535.51	N	Referral Required		
32100		THORACOTOMY	7/1/2008	$829.53	N	Referral Required		
32110		THORACOTOMY	7/1/2008	$1,248.93	N	Referral Required		

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32120		THORACOTOMY	7/1/2008	$741.01	N	Referral Required		
32124		THORACOTOMY; MAJOR WITH OPEN INTRAPLEURAL PNEUMONO	7/1/2008	$786.91	N	Referral Required		
32140		THORACOTOMY, MAJOR,WITH CYST REMOVAL W/WO PROCEDUR	7/1/2008	$844.01	N	Referral Required		
32141		THORACOTOMY	7/1/2008	$1,242.97	N	Referral Required		
32150		THORACOTOMY	7/1/2008	$850.77	N	Referral Required		
32151		THORACOTOMYW/REMOVAL INTRAPULMONARY FB	7/1/2008	$868.50	N	Referral Required		
32160		THORACOTOMYW/CARDIAC MASSAGE	7/1/2008	$647.31	N	Referral Required		
32200		PNEUMONOSTOMY	7/1/2008	$950.36	N	Referral Required		
32201		PNEUMONOSTOMY; W/PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST	7/1/2008	$815.22	N	Referral Required		
32215		PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	7/1/2008	$685.20	N	Referral Required		
32220		PULMONARY DECORTICATION	7/1/2008	$1,368.94	N	Referral Required		
32225		DECORTICATION PULMONARY, SEPARATE PROCEDURE/PARTIA	7/1/2008	$849.25	N	Referral Required		
32250		INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	7/1/2008	$670.17	N	Referral Required		
32251		TUBE THORACOSTOMY, INCLUDES WATER SEAL WHEN PERFORMED (SEPARATE PROCEDURE)	7/1/2008	$141.84	N	Referral Required		
32310		PARIETAL PLEURECTOMY	7/1/2008	$785.44	N	Referral Required		
32320		DECORTICATION/PLEURECTOMY	7/1/2008	$1,367.92	N	Referral Required		
32400		BIOPSY, PLEURA, NEEDLE	7/1/2008	$132.34	N	Referral Required		
32402		BIOPSY PLEURA OPEN	7/1/2008	$482.08	N	Referral Required		
32405		BIOPSY, LUNG/PLEURA	7/1/2008	$89.53	N	Referral Required		
32420		PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	7/1/2008	$98.77	N	Referral Required		
32421		THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION	1/1/2011	$143.18	N	Referral Required		
32422		THORACENTESIS WITH INSERTION OF TUBE, INCLUDES WATER SEAL	1/1/2008	$177.55	N	Referral Required		
32440		TOTAL PNEUMONECTOMY	7/1/2008	$1,379.06	N	Referral Required		
32442		W/RESECTION OF SEGMENT OF TRACHEA FOLLOWED BY BRON	7/1/2008	$2,522.81	N	Referral Required		
32445		PNEUMONECTOMY EXTRAPLEURAL WO/EMPYEMECTOMY	7/1/2008	$2,819.00	N	Referral Required		
32480		LOBECTOMY, LUNG	7/1/2008	$1,300.29	N	Referral Required		
32482		TWO LOBES	7/1/2008	$1,385.44	N	Referral Required		
32484		SINGLE SEGMENT	7/1/2008	$1,256.13	N	Referral Required		
32486		W/CIRCUMFERENTIAL RESECTION OF SEGMENT OF BRONCHUS	7/1/2008	$1,967.63	N	Referral Required		
32488		ALL REMAINING LUNG FOLLOWING PREVIOUS REMOVAL OF A	7/1/2008	$1,998.98	N	Referral Required		
32500		WEDGE RESECTION, SINGLE OR MULTIPLE OF LUNG	7/1/2008	$1,260.92	N	Referral Required		
32501		RESECTION/REPAIR PORTION OF BRONCHUS, ADD TO PRIMA-ADD ON	7/1/2008	$217.34	N	Referral Required		
32503		RESECTION/APICAL LUNG TUMOR INCL CHEST WALL W/O CHEST WALL RECONSTRUCTION	7/1/2008	$1,596.84	N	Referral Required		
32504		RESECTION/APICAL LUNG TUMOR INCL CHEST WALL WITH CHEST WALL RECONSTRUCTION	7/1/2008	$1,821.13	N	Referral Required		
32540		EXTRAPLEUAL ENUCLEATION	7/1/2008	$1,405.43	N	Referral Required		
32550		INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	1/1/2011	$706.66	N	Referral Required		
32551		TUBE THORACOSTOMY, INCL WATER SEAL WHEN PERFORMED	1/1/2008	$157.34	N	Referral Required		
32552		REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	1/1/2010	$127.61	N	Referral Required		
32553		PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE PERCUTANEOUS	1/1/2010	$406.78	N	Referral Required		
32560		CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	1/1/2011	$236.57	N	Referral Required		
32561		INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS; INITIAL DAY	1/1/2010	$67.02	N	Referral Required		
32562		INSTALLATION VIA CHEST TUBE, SUBSEQUENT DAY, ONLY ONCE	1/1/2010	$59.58	N	Referral Required		
32601		THORACOSCOPY,DIAGNOSTIC	7/1/2008	$271.79	N	Referral Required		
32602		LUNGS AND PLEURAL SPACE WITH BIOPSY	7/1/2008	$295.22	N	Referral Required		
32603		PERICARDIAL SAC, WITHOUT BIOPSY	7/1/2008	$379.79	N	Referral Required		

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32604		PERICARDIAL SAC, WITH BIOPSY	7/1/2008	$426.27	N	Referral Required		
32605		MEDIASTINAL SPACE, WITH BIOPSY	7/1/2008	$342.41	N	Referral Required		
32606		MEDIASTINAL SPACE, WITHOUT BIOPSY	7/1/2008	$409.79	N	Referral Required		
32650		THOROSCOPY,SURGICAL;WITH PLEURODESIS,ANY METHOD	7/1/2008	$591.34	N	Referral Required		
32651		WITH PARTIAL PULMONARY DECORTCATION	7/1/2008	$912.13	N	Referral Required		
32652		WITH TOTAL PULMONARYT DECORTICATION	7/1/2008	$1,379.73	N	Referral Required		
32653		WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRI	7/1/2008	$883.61	N	Referral Required		
32654		WITH CONTROL OF TRAUMATIC HEMORRHAGE	7/1/2008	$975.18	N	Referral Required		
32655		W/EXCISION-PLICATION OF BULLAE,INCLUDING ANY PLEUR	7/1/2008	$811.43	N	Referral Required		
32656		WITH PARIETAL PLEURECTOMY	7/1/2008	$710.25	N	Referral Required		
32657		W/WEDGE RESECTION OF LUNG,SINGLE OR MULTIPLE	7/1/2008	$697.11	N	Referral Required		
32658		W/REMOVAL OF CLOT OF FOREIGN BODY FROM PERICARDIAC	7/1/2008	$637.68	N	Referral Required		
32659		W/CREATION OF PERICARDIAL WINDOW	7/1/2008	$649.68	N	Referral Required		
32660		WITH TOTAL PERICARDECTOMY	7/1/2008	$918.13	N	Referral Required		
32661		WITH EXCISION OF PERICARDIAL CYST,TUMOR, OR MASS	7/1/2008	$712.87	N	Referral Required		
32662		WITH EXCISION OF MEDIASTINAL CYST,TUMOR, OR MASS	7/1/2008	$799.84	N	Referral Required		
32663		WITH LOBECTOMY, TOTAL OR SEGMENTAL	7/1/2008	$1,212.12	N	Referral Required		
32664		WITH THORACIC SYMPATHECTOMY	7/1/2008	$742.09	N	Referral Required		
32665		WITH ESOPHAGOMYOTOMY	7/1/2008	$1,039.19	N	Referral Required		
32800		REPAIR, HERNIA, LUNG	7/1/2008	$800.05	N	Referral Required		
32810		CLOSE CHEST WALL FOLLOWING OPEN FLAP DRAIN EMPYEMA	7/1/2008	$776.25	N	Referral Required		
32815		OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	7/1/2008	$2,226.03	N	Referral Required		
32820		MAJOR RECONSTRUCTION CHEST WALL (POSTTRAUMATIC)	7/1/2008	$1,176.32	N	Referral Required		
32850		DONOR PNEUMONECTOMY (INCLUDING COLD PRESERVATION) FROM CADAVER DONER		$0.00	Y	Referral Required		
32851		LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	7/1/2008	$2,322.75	Y	Referral Required		
32852		LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	7/1/2008	$2,569.04	Y	Referral Required		
32853		LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC) W/O CARDIOPULM BYPASS	7/1/2008	$2,779.32	Y	Referral Required		
32854		LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC) WITH CARDIOPULM BYPASS	7/1/2008	$3,024.93	Y	Referral Required		
32855		BACKBENCH STANDARD PREP OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANT	7/1/2008	$164.95	Y	Referral Required		
32856		BACKBENCH STANDARD PREP OF CADAVER DONOR LUNG ALLOGRAFT; BILATERAL	7/1/2008	$164.95	Y	Referral Required		
32900		RESECTION, RIBS, EXTRAPLEURAL	7/1/2008	$1,175.12	N	Referral Required		
32905		THORACOPLASTY SCHEDE TYPE OR EXTRAPLEURAL ALL STAG	7/1/2008	$1,165.46	N	Referral Required		
32906		THORACOPLASTY W/CLOSURE BRONCHOPLEURAL FISTULA	7/1/2008	$1,439.99	N	Referral Required		
32940		PNEUMONOLYSIS	7/1/2008	$1,066.83	N	Referral Required		
32960		PNEUMOTHORAX	7/1/2008	$120.80	N	Referral Required		
32997		TOTAL LUNG LAVAGE, UNILATERAL	7/1/2008	$318.48	N	Referral Required		
32998		ABLATION THERAPY FOR REDUCTION/ERADICATION OF 1/MORE PULMONARY TUMOR(S), UNILAT	1/1/2011	$2,516.18	N	Referral Required		
32999		UNLISTED PROCEDURE, LUNGS AND PLEURA		$0.00	N	Referral Required		
33010		PERICARDIOCENTESIS	7/1/2008	$108.06	N	Referral Required		
33011		PERICARDIOCENTESIS	7/1/2008	$110.25	N	Referral Required		
33015		TUBE PERICARDIOSTOMY	7/1/2008	$463.85	N	Referral Required		
33020		PERICARDIOTOMY	7/1/2008	$752.37	N	Referral Required		
33025		PERICARDIAL WINDOW RESECTION	7/1/2008	$695.80	N	Referral Required		
33030		RESECTION, PERICARDIUM	7/1/2008	$1,112.26	N	Referral Required		
33031		PERICARDIECTOMY SUBTOTAL COMPLETE WITH BYPASS	7/1/2008	$1,235.68	N	Referral Required		

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33050		EXCISION, CYST, PERICARDIAL	7/1/2008	$860.06	N	Referral Required		
33120		CARDIAC TUMOR RESECTION	7/1/2008	$1,356.89	N	Referral Required		
33130		CARDIAC TUMOR RESECTION	7/1/2008	$1,189.30	N	Referral Required		
33140		TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY	7/1/2008	$1,356.11	N	Referral Required		
33141		TRANSMYOCARDIAL REVASCULARIZATION AT TIME OF OPEN CARDIAC PROCEDURE (ADD-ON)	1/1/2011	$134.15	N	Referral Required		
33202		INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION	7/1/2008	$676.47	N	Referral Required		
33203		INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH	7/1/2008	$697.94	N	Referral Required		
33206		INSERTION OF PERMANENT W/TRANSVENOUS ELECTRODES,AT	7/1/2008	$415.00	N	Referral Required		
33207		INSERTION OF PERMANENT PACEMAKER W/TRANS VEN ELECT	7/1/2008	$444.19	N	Referral Required		
33208		ARTIAL AND VENTRICULAR	7/1/2008	$477.00	N	Referral Required		
33210		INSERTION, PACEMAKER ELECTRODE	7/1/2008	$162.97	N	Referral Required		
33211		INSERTION OR REPLACEMENT TEMPORARY TRANSVENOUS DUA	7/1/2008	$166.26	N	Referral Required		
33212		INSERTION, PULSE GENERATOR	7/1/2008	$310.69	N	Referral Required		
33213		DUAL CHAMBER	7/1/2008	$354.31	N	Referral Required		
33214		UPGRADE IMPLANT PACEMAKER SYSTEM,CONVERSION OF SIN	7/1/2008	$443.10	N	Referral Required		
33215		REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER/PACING CARDIOVERTER	7/1/2008	$282.30	N	Referral Required		
33216		INSERT REPLCMNT/REPOST.PERM.TRANSVENOUS ELECTRODES	7/1/2008	$347.66	N	Referral Required		
33217		DUAL CHAMBER	7/1/2008	$345.76	N	Referral Required		
33218		REPAIR, PACEMAKER ELECTRODES	7/1/2008	$359.52	N	Referral Required		
33220		DUAL CHAMBER	7/1/2008	$361.19	N	Referral Required		
33222		REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKE	7/1/2008	$319.43	N	Referral Required		
33223		REVISION OR RELOCATION OF SKIN POCKET FOR IMPLANTA	7/1/2008	$384.57	N	Referral Required		
33224		INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM FOR LEFT VENTRICULAR PACING	7/1/2008	$461.93	N	Referral Required		
33225		INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, LEFT VENT PACING (ADD-ON)	7/1/2008	$414.91	N	Referral Required		
33226		REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE	7/1/2008	$445.02	N	Referral Required		
33233		REMOVAL OF PERMANENT PACEMAKER;PULSE GENERATOR ONL	7/1/2008	$224.89	N	Referral Required		
33234		AND TRANSVENOUS ELECTRODES, SINGLE LEAD SYSTE	7/1/2008	$447.34	N	Referral Required		
33235		WITH TRANVENOUS ELECTRODES, DUAL LEAD SYSTEM	7/1/2008	$581.33	N	Referral Required		
33236		REMOVAL OF PERMANENT EPICARDIAL PACEMAKER & ELECTR	7/1/2008	$686.64	N	Referral Required		
33237		DUAL LEAD SYSTEM	7/1/2008	$755.09	N	Referral Required		
33238		REMOVAL OF PERM TRAN US PACEMAKER BY THO	7/1/2008	$822.56	N	Referral Required		
33240		INSERT/REPLACE IMPLANTABLE CARDIOVERTER DEFIBRILLA	7/1/2008	$427.14	N	Referral Required		
33241		REMOVE IMPLANT CARDIOVERTER DEFIBRILLATOR GEN ONLY	7/1/2008	$212.16	N	Referral Required		
33243		REMOVE IMPLANT CARDIO PULSE GEN &/OR LEAD SYSTEM B	7/1/2008	$1,199.02	N	Referral Required		
33244		REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR BY OTHER THAN THORACOTOMY	7/1/2008	$789.08	N	Referral Required		
33249		W/INSERTION OF CARDIO-DEFIBRILLATOR PULSE GENERATO	7/1/2008	$827.51	N	Referral Required		
33250		OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGE	7/1/2008	$1,291.00	N	Referral Required		
33251		OP ABLATION OF SUPRAVENTRICULAR-W/CARDIO BYPASS	7/1/2008	$1,412.13	N	Referral Required		
33254		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED	7/1/2008	$1,180.45	N	Referral Required		
33255		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE	7/1/2008	$1,424.08	N	Referral Required		
33256		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE	7/1/2008	$1,698.23	N	Referral Required		
33257		OPERATIVE TISSUE ABLATION AND RECO OF ATRIA, PERF AT THE TIME OF OT CARDIAC PROC	1/1/2008	$522.43	N	Referral Required		
33258		OPERATIVE TISSUE ABLATION AND RECO OF ATRIA, PERF AT THE TIME OF OT CARDIAC PROC	1/1/2008	$589.67	N	Referral Required		
33259		OPERATIVE TISSUE ABLATION AND RECO OF ATRIA, PERF AT THE TIME OF OT CARDIAC PROC	1/1/2008	$768.32	N	Referral Required		
33261		OP ABLATION OF ARRHYTHMOGENIC W/CARDIOPULM BYPASS	7/1/2008	$1,423.14	N	Referral Required		

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33265		ENDOSCOPY, SURG; OPERATIVE TISSUE ABLATION & RECONST/ATRIA, W/O CARDIO BYPASS	7/1/2008	$1,180.45	N	Referral Required		
33266		ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION & RECONST OF ATRIA, EXTENSIVE	7/1/2008	$1,614.56	N	Referral Required		
33282		IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	7/1/2008	$299.85	Y	Referral Required		
33284		REMOVAL OF IMPLANTABLE PATIENT-ACTIVATED CARDIAC EVENT RECORDER	7/1/2008	$219.85	N	Referral Required		
33300		CARDIAC WOUND REPAIR	7/1/2008	$1,961.61	N	Referral Required		
33305		CARDIAC WOUND REPAIR	7/1/2008	$3,233.51	N	Referral Required		
33310		CARDIOTOMY	7/1/2008	$1,026.93	N	Referral Required		
33315		CARDIOTOMY	7/1/2008	$1,290.51	N	Referral Required		
33320		REPAIR, AORTA	7/1/2008	$929.49	N	Referral Required		
33321		SUTURE REPAIR AORTA; WITH SHUNT BYPASS	7/1/2008	$1,053.07	N	Referral Required		
33322		REPAIR, AORTA	7/1/2008	$1,201.83	N	Referral Required		
33330		GRAFT INSERTION, CARDIAC	7/1/2008	$1,227.68	N	Referral Required		
33332		GRAFT INSERTION AORTA; W/SHUNT BYPASS	7/1/2008	$1,211.40	N	Referral Required		
33335		GRAFT INSERTION, CARDIAC	7/1/2008	$1,646.04	N	Referral Required		
33400		VALVULOPLASTY, AORTA	7/1/2008	$1,970.58	N	Referral Required		
33401		OPEN, WITH INFLOW OCCLUSTON	7/1/2008	$1,283.56	N	Referral Required		
33403		USING TRANSVENTRICULAR DILATION,W/CARDIOPULMO BYPA	7/1/2008	$1,366.98	N	Referral Required		
33404		CONSTRUCTION OF APICAL-AORTIC CONDUIT	7/1/2008	$1,573.69	N	Referral Required		
33405		REPLACEMENT, AORTIC VALVE	7/1/2008	$2,040.43	N	Referral Required		
33406		WITH HOMOGRAFT	7/1/2008	$2,492.37	N	Referral Required		
33410		AORTIC VALVE REPLACEMENT; WITH STENTLESS TISSUE VALVE	7/1/2008	$2,193.87	N	Referral Required		
33411		REPLACE AORTIC VALVE	7/1/2008	$2,846.57	N	Referral Required		
33412		REPLACE AORTIC VALVE W/TRANSVENTRICULAR ENLARGEMNT	7/1/2008	$2,200.79	N	Referral Required		
33413		BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE W/H	7/1/2008	$2,868.46	N	Referral Required		
33414		REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT BY PATCH	7/1/2008	$1,878.94	N	Referral Required		
33415		RESECTION, SUBVALVULR STENOSIS	7/1/2008	$1,746.24	N	Referral Required		
33416		VENTRICULOMYOTOMY FOR INDIOPATHIC HYPERTOPHIC SUBA	7/1/2008	$1,755.27	N	Referral Required		
33417		AORTOPLASTY	7/1/2008	$1,478.92	N	Referral Required		
33420		VALVOTOMY; MITRAL VALVE; CLOSED HEART	7/1/2008	$1,213.77	N	Referral Required		
33422		VALVOTOMY; OPEN HEART W/BYPASS	7/1/2008	$1,485.35	N	Referral Required		
33425		VALVULOPLASTY, MITRAL VALVE	7/1/2008	$2,260.57	N	Referral Required		
33426		VULVULOPLASTY, MITRAL VALVE W/PROSTHETIC RING	7/1/2008	$2,091.94	N	Referral Required		
33427		VALVULOPLASTY; RADICAL RECONSTRUC, W/W/O RING	7/1/2008	$2,200.29	N	Referral Required		
33430		REPLACEMENT, MITRAL VALVE	7/1/2008	$2,397.45	N	Referral Required		
33460		VALVULOPLASTY, TRICUSPID VALVE	7/1/2008	$1,996.21	N	Referral Required		
33463		VALULOPLASTY TRICUSPID VALVE W/O RING INSERT	7/1/2008	$2,528.60	N	Referral Required		
33464		WITH RING INSERTION	7/1/2008	$2,061.40	N	Referral Required		
33465		REPLACEMENT, TRICUSPID VALVE	7/1/2008	$2,291.18	N	Referral Required		
33468		REPOSITIONING, TRICUSPID VALVE	7/1/2008	$1,660.33	N	Referral Required		
33470		VALVOTOMY PULMONARY VALVE CLOSED HEART; TRANSVENTR	7/1/2008	$1,045.13	N	Referral Required		
33471		VALVOTOMY,PULMONARY VALVE;VIA PULMONARY ARTERY	7/1/2008	$1,186.44	N	Referral Required		
33472		VALVOTOMY PULMONARY VALVE OPEN HEART W/INFLOW OCCL	7/1/2008	$1,180.47	N	Referral Required		
33474		VALVOTOMY-PULMONARY VALVE OPEN HEART; W/BYPASS	7/1/2008	$1,776.07	N	Referral Required		
33475		REPLACEMENT PULMONARY VALVE	7/1/2008	$2,019.29	N	Referral Required		
33476		INFUNDIBULAR STENOSIS RESECTN	7/1/2008	$1,304.67	N	Referral Required		

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33478		AUGMENTATION, OUTFLOW TRACT	7/1/2008	$1,394.06	N	Referral Required		
33496		REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION W/CARDIOPULMONARY BYPASS	7/1/2008	$1,473.04	N	Referral Required		
33500		REP CORON A-V OR ARTERIO-CARDIAC CHAMBER FISTULA	7/1/2008	$1,382.18	N	Referral Required		
33501		REPAIR CORONARY ARTERIOVENOUS FISTULA WO/CARDIO-PU	7/1/2008	$959.63	N	Referral Required		
33502		REPAIR ANOMALOUS CORONARY ARTERY BY LIGATION	7/1/2008	$1,125.24	N	Referral Required		
33503		LIGATION, CORONARY ARTERY	7/1/2008	$1,149.55	N	Referral Required		
33504		LIGATION, CORONARY ARTERY	7/1/2008	$1,286.24	N	Referral Required		
33505		WITH CONSTRUCTION OF INTRO PULMONARY TUNNEL	7/1/2008	$1,796.00	N	Referral Required		
33506		BY TRANSLOCATION FROM PULMONARY ARTERY TO AORTA	7/1/2008	$1,811.75	N	Referral Required		
33507		REPAIR OF ANOMALOUS AORTIC ORIGIN ARTERY BY UNROOFING OR TRANSLOCATION	7/1/2008	$1,541.61	N	Referral Required		
33508		ENDOSCOPY SURGICAL W/ VIDEO ASSISTED HARVEST OF VEINS FOR CORON BYPASS (ADD-ON)	7/1/2008	$14.38	N	Referral Required		
33510		CORONARY ARTERY BYPASS, VEIN ONLY, SINGLE GRAFT	7/1/2008	$1,741.75	N	Referral Required		
33511		CORONARY ARTERY BYPASS	7/1/2008	$1,893.80	N	Referral Required		
33512		CORONARY ARTERY BYPASS	7/1/2008	$2,120.09	N	Referral Required		
33513		CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT4 ARTERIES	7/1/2008	$2,181.27	N	Referral Required		
33514		CORONARY ARTERY BYPASS, FIVE CORONARY ARTERIES	7/1/2008	$2,290.51	N	Referral Required		
33516		CORONARY ARTERY BYPASS AUTOGENOUS GRAFT 6 OR MORE	7/1/2008	$2,376.42	N	Referral Required		
33517		CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT; SINGLE VEIN-(SP)	7/1/2008	$160.57	N	Referral Required		
33518		CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT(S)-2 VENOUS GRAFTS-(SP)	7/1/2008	$345.48	N	Referral Required		
33519		CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT(S); 3 VENOUS GRAFTS-(SP)	7/1/2008	$462.81	N	Referral Required		
33521		CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT(S); 4 VENOUS GRAFTS-(SP) S	7/1/2008	$562.58	N	Referral Required		
33522		CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT(S); 5 VENOUS GRAFTS-(SP) S	7/1/2008	$642.20	N	Referral Required		
33523		CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT(S); 6 OR MORE GRAFTS-(SP)	7/1/2008	$735.35	N	Referral Required		
33530		REOPERATION CORONARY ARTERY BYPASS PROCEDURE MORET-ADD ON	7/1/2008	$437.57	N	Referral Required		
33533		CORONARY ARTERY BYPASS USING ARTERIAL GRAFTS SINGL	7/1/2008	$1,699.42	N	Referral Required		
33534		CORONARY ARTERY BYPASS USING ARTERIAL GRAFTS 2 GRA	7/1/2008	$1,965.15	N	Referral Required		
33535		CORONARY ARTERY BYPASS 3 ARTERIAL GRAFTS	7/1/2008	$2,167.52	N	Referral Required		
33536		CORONARY ARTERY BYPASS 4 OR MORE ARTERIAL GRAFTS	7/1/2008	$2,318.75	N	Referral Required		
33542		RESECTION, MYOCARDIAL	7/1/2008	$2,194.81	N	Referral Required		
33545		VENTRICULAR SEPTAL DEFECT	7/1/2008	$2,605.74	N	Referral Required		
33548		SURGICAL VENTRICULAR RESTORATION PROC, INCL PROSTHETIC PATCH WHEN PERFORMED	7/1/2008	$2,560.14	N	Referral Required		
33572		CORONARY ENDARTERECTOMY, EACH VESSEL-ADD ON	7/1/2008	$207.34	N	Referral Required		
33600		CLOSURE OF ATRIOVENTRICULAR VALVE	7/1/2008	$1,507.10	N	Referral Required		
33602		CLOSURE OF SEMILUNAR VALVE BY SUTURE OR PATCH	7/1/2008	$1,445.61	N	Referral Required		
33606		ANASTOMOSIS OF PULMONARY ARTERY TO AORTA	7/1/2008	$1,563.01	N	Referral Required		
33608		REPAIR COMPLEX CARDIAC ANORMALY OTHER THAN PULMONA	7/1/2008	$1,604.12	N	Referral Required		
33610		REPAIR COMPLEX CARDIAC ANORMALY BY SURGICAL ENLARG	7/1/2008	$1,587.70	N	Referral Required		
33611		REPAIR DOUBLE OUTLET RT VENTRICLE W/INTRAVENTRICUL	7/1/2008	$1,715.85	N	Referral Required		
33612		WITH REPAIR OF RIGHT VENTRICULAR OUTFLOW TRACT OBS	7/1/2008	$1,816.45	N	Referral Required		
33615		REPAIR COMPLEX CARDIAC ANORMALY (TRICUSPID ATRESIA	7/1/2008	$1,731.38	N	Referral Required		
33617		REPAIR OF COMPLEX CARDIACANORMALY	7/1/2008	$1,914.35	N	Referral Required		
33619		REPAIR SINGLE VENTRICLE W/AORTIC OUTFLOW OBSTRUCTI	7/1/2008	$2,400.41	N	Referral Required		
33620		APPLICATION RIGHT & LEFT PULMONARY ATERY BANDS	1/1/2011	$1,178.64	N	Referral Required		
33621		TRANSTHORACIC CATHETER INSERTION FOR STENT PLACEMENT	1/1/2011	$635.53	N	Referral Required		
33622		RECONSTRUCTION COMPLEX CARDIAC ANOMALY	1/1/2011	$2,490.60	N	Referral Required		

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33641		CLOSURE, ARTIAL DEFECT	7/1/2008	$1,392.66	N	Referral Required		
33645		CLOSURE, SINUS VENOSUS DEFECT	7/1/2008	$1,385.32	N	Referral Required		
33647		REPAIR OF ATRIAL AND VENTRICULAR SEPTAL DEFECTS	7/1/2008	$1,490.23	N	Referral Required		
33660		REPAIR ATRIOVENTRICULAR CANAL W/,W/O A-V VALVE REP	7/1/2008	$1,572.81	N	Referral Required		
33665		REPAIR INT/TRANSITIONAL ATRIOVENTRICULAR CANAL	7/1/2008	$1,676.47	N	Referral Required		
33670		ATRIO-VENTRICULAR CANAL	7/1/2008	$1,796.11	N	Referral Required		
33675		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	7/1/2008	$1,823.25	N	Referral Required		
33676		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR	7/1/2008	$1,876.11	N	Referral Required		
33677		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; W/REMOVAL/PULMONARY ARTERY BAND	7/1/2008	$1,949.97	N	Referral Required		
33681		VENTRICULAR SEPTAL DEFECT	7/1/2008	$1,623.46	N	Referral Required		
33684		VENTRICULAR SEPTAL DEFECT	7/1/2008	$1,663.87	N	Referral Required		
33688		VENTRICULAR SEPTAL DEFECT	7/1/2008	$1,621.55	N	Referral Required		
33690		PULMONARY ARTERY BANDING	7/1/2008	$1,028.71	N	Referral Required		
33692		TETRALOGY OF FALLOT	7/1/2008	$1,698.75	N	Referral Required		
33694		TETRALOGY OF FALLOT	7/1/2008	$1,695.81	N	Referral Required		
33697		COMPLETE REPAIR OF TETROLOGY OF FALLET W/PULMONARY	7/1/2008	$1,865.96	N	Referral Required		
33702		SINUS OF VALSALVA	7/1/2008	$1,364.57	N	Referral Required		
33710		REPAIR SINUS OF VALSALVA + VENTRICULAR SEPTAL	7/1/2008	$1,520.82	N	Referral Required		
33720		SINUS OF VALSALVA	7/1/2008	$1,366.38	N	Referral Required		
33722		CLOSURE AORTICO-LEFT VENTRICULAR TUNNEL	7/1/2008	$1,407.40	N	Referral Required		
33724		REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN	7/1/2008	$1,346.49	N	Referral Required		
33726		REPAIR OF PULMONARY VENOUS STENOSIS	7/1/2008	$1,779.60	N	Referral Required		
33730		REPAIR, PULMONARY VEIN	7/1/2008	$1,753.94	N	Referral Required		
33732		REPAIR COR TRIATRIATUM ORSUPRAVALVULAR MITRAL RING	7/1/2008	$1,470.70	N	Referral Required		
33735		ATRIAL SEPTECTOMY	7/1/2008	$1,109.47	N	Referral Required		
33736		OPEN HEART WITH CARDIOPULMONARY BYPASS	7/1/2008	$1,268.37	N	Referral Required		
33737		OPEN HEART WITH INFLOW OCCLUSION	7/1/2008	$1,145.71	N	Referral Required		
33750		BLALOCK-TAUSSIG PROCEDURE	7/1/2008	$1,089.76	N	Referral Required		
33755		WATERSON PROCEDURE	7/1/2008	$1,091.60	N	Referral Required		
33762		POTTS-SMITH PROCEDURE	7/1/2008	$1,127.02	N	Referral Required		
33764		SHUNT WITH PROSTHETIC GRAFT	7/1/2008	$1,129.88	N	Referral Required		
33766		GLENN PROCEDURE	7/1/2008	$1,191.75	N	Referral Required		
33767		SUPERIOR VENA CAVR TO PULMONARY ARTERY FLOW TO BOT	7/1/2008	$1,253.64	N	Referral Required		
33768		ANASTOMOSIS CAVOPULMONARY 2ND SUPERIOR VENA CAVA (SP)	7/1/2008	$365.86	N	Referral Required		
33770		REPAIR OF TRANSPOSITION OF GREAT ARTERY W/ DEFECT	7/1/2008	$1,861.72	N	Referral Required		
33771		REPAIR OF GREAT ARTERY WITH SURGICAL ENLARGEMENT	7/1/2008	$1,894.08	N	Referral Required		
33774		REPAIR TRANS GREAT ART. MUST-SENNING TYPE W/BYPASS	7/1/2008	$1,597.69	N	Referral Required		
33775		REPAIR TRANSPOSITION OF GREAT NESSELS PULM, BAND	7/1/2008	$1,614.84	N	Referral Required		
33776		REPAIR TRANSPOS GREAT VESSELS WITH CLOSURE VSD	7/1/2008	$1,689.89	N	Referral Required		
33777		REPAIR TRANSPOSITION GREAT VESSELS SUBPULM. OBSTR.	7/1/2008	$1,669.74	N	Referral Required		
33778		REPAIR TRANS. GREAT ART. AO-PULM. EG-JATENE TYPE	7/1/2008	$2,078.63	N	Referral Required		
33779		REPAIR TRANS. GREAT ARTS. AO-PULM REM. PULM. BAND	7/1/2008	$1,967.34	N	Referral Required		
33780		REPAIR TRANSPOS GREAT ARTS AO-PULM CLOSURE VSD	7/1/2008	$2,078.45	N	Referral Required		
33781		REPAIR TRANSPOS GREAT ARS AO-PULM REP SUBPULM OBS	7/1/2008	$1,969.42	N	Referral Required		
33782		AORTIC ROOT TRANSLOC W/ VENTRICULAR SEPTAL DEFECT AND PULMONRY STENOSIS REPAIR	1/1/2010	$2,755.57	N	Referral Required		

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33783		AORTIC ROOT TRANSLOCATION W/ REIMPLANTATION OF 1 OR BOTH CORONARY OSTIA.	1/1/2010	$2,994.70	N	Referral Required		
33786		REPAIR, TRUNCUS ARTERIOSUS	7/1/2008	$2,022.96	N	Referral Required		
33788		PULMONARY ARTERY REPLANT	7/1/2008	$1,328.19	N	Referral Required		
33800		AORTIC SUSPENSION FOR TRACHEAL DECOMPRESSION	7/1/2008	$873.86	N	Referral Required		
33802		DIVISION, ABERRANT VESSEL	7/1/2008	$941.50	N	Referral Required		
33803		DIVISION, ABERRANT VESSEL	7/1/2008	$1,007.33	N	Referral Required		
33813		OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WO/C	7/1/2008	$1,101.14	N	Referral Required		
33814		OBLITERATION OF AORTOPULMONARY W/CARDIOPULMONARY B	7/1/2008	$1,343.91	N	Referral Required		
33820		DUCTUS ARTERIOSUS	7/1/2008	$857.53	N	Referral Required		
33822		DUCTUS ARTERIOSUS	7/1/2008	$890.71	N	Referral Required		
33824		DUCTUS ARTERIOSUS	7/1/2008	$1,036.79	N	Referral Required		
33840		EXCISION, COARCTATION	7/1/2008	$1,080.24	N	Referral Required		
33845		EXCISION, COARCTATION	7/1/2008	$1,170.95	N	Referral Required		
33851		REPAIR USE L SUBCLAVIAN ARTERY OR PROSTHETIC MATER	7/1/2008	$1,119.65	N	Referral Required		
33852		REPAIR HYPOPLASTIC INTERRUPTED AORTIC ARCH USE AUT	7/1/2008	$1,291.50	N	Referral Required		
33853		WITH CARDIOPULMONARY BYPASS	7/1/2008	$1,622.16	N	Referral Required		
33860		GRAFT, ASCENDING ARCH	7/1/2008	$2,711.64	N	Referral Required		
33861		WITH CORONARY RECONSTRUCTION	7/1/2008	$2,152.41	N	Referral Required		
33863		W/AORTIC ROOT REPLACEMENT USING COMPOSITE PROSTHES	7/1/2008	$2,733.52	N	Referral Required		
33864		ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION	1/1/2008	$2,811.63	N	Referral Required		
33870		GRAFT, TRANSVERSE ARCH	7/1/2008	$2,245.22	N	Referral Required		
33875		GRAFT, DESCNDNG THORACIC AORTA	7/1/2008	$1,740.57	N	Referral Required		
33877		REPAIR THORACOABDOMINAL.AORTIC ANEURYSM W/GRAFT W/	7/1/2008	$3,045.58	N	Referral Required		
33880		ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA, INVOLVING ARTERY ORIGIN	7/1/2008	$1,615.73	N	Referral Required		
33881		ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA, NOT INVOLVING ARTERY ORIGIN	7/1/2008	$1,394.11	N	Referral Required		
33883		PLACEMENT/PROXIMAL EXT PROSTHESIS/ENDOVASCULAR REPAIR/DESCENDING,INITIAL	7/1/2008	$1,017.95	N	Referral Required		
33884		PLACEMENT OF PROXIMAL PROSTHESIS FOR VASCULAR REPAIR THORACIC AORTA ADD-ON	7/1/2008	$369.10	N	Referral Required		
33886		PLACEMENT OF DISTAL EXTENSION PROSTHESIS DELAYED AFTER REPAIR/THORACIC AORTA	7/1/2008	$880.80	N	Referral Required		
33889		OPEN SUBCLAVICAL TO CAROTID ARTERY, BY NECK INCISION, UNILATERAL	7/1/2008	$728.30	N	Referral Required		
33891		BYPASS GRAFT W/OTHER THAN VEIN, PERFORMED IN CONJUNCTION W/ENDOVASCULAR REPAIR	7/1/2008	$935.90	N	Referral Required		
33910		PULMONARY EMBOLECTOMY	7/1/2008	$1,443.03	N	Referral Required		
33915		PULMONARY EMBOLECTOMY	7/1/2008	$1,173.34	N	Referral Required		
33916		PULMONARY ENDARTERECTOMY W/WO EMBOLECTOMY W/CARDIO	7/1/2008	$1,389.03	N	Referral Required		
33917		REPAIR OF PULMONARY ARTERY STENOSIS	7/1/2008	$1,284.72	N	Referral Required		
33920		REPAIR OF PULMONARY ATRESIA W/VENTRICULAR	7/1/2008	$1,564.82	N	Referral Required		
33922		TRANSECTION PULMONARY ARTERY W/CARDIOPULMONARY BYP	7/1/2008	$1,219.85	N	Referral Required		
33924		LIGATION/TAKEDOWN ARTERY SHUNT,ADD TO PRIMARY PROC	7/1/2008	$256.96	N	Referral Required		
33925		REPAIR OF PULMONARY ARTERY W/O CARDIOPULMONARY BYPASS	7/1/2008	$1,655.09	N	Referral Required		
33926		REPAIR OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	7/1/2008	$2,159.34	N	Referral Required		
33935		HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY PNEUMONECTOMY	7/1/2008	$3,200.44	Y	Referral Required		
33940		DONOR CARDIECTOMY INCLUDING COLD PRESERVATIONS	7/1/2008	$1,651.15	N	Referral Required		
33944		BACKBENCH STANDARD PREP OF CADAVER DONOR HEART ALLOGRAFT PRIOR TO TRANSPLANT		$0.00	Y	Referral Required		
33945		HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	7/1/2008	$3,970.89	Y	Referral Required		
33960		PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDFOPUC	7/1/2008	$868.58	N	Referral Required		
33961		EACH ADDITIONAL 24HOUR-ADD ON	7/1/2008	$492.88	N	Referral Required		

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33967		INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	7/1/2008	$239.98	N	Referral Required		
33968		REMOVAL OF INTRA-AORTIC ASSIST DEVICE, PERCUTANEOUS	7/1/2008	$30.67	N	Referral Required		
33970		INTRA-AORTIC BALLOON	7/1/2008	$322.26	N	Referral Required		
33971		REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE	7/1/2008	$623.86	N	Referral Required		
33973		INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE TH	7/1/2008	$472.27	N	Referral Required		
33974		REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM	7/1/2008	$794.55	N	Referral Required		
33975		IMPLANT VENTRICULAR ASSIST DEVICE;SINGLE VENTRICLE	7/1/2008	$971.79	N	Referral Required		
33976		BIVENTRICULAR SUPPORT	7/1/2008	$1,086.48	N	Referral Required		
33977		REMOVAL OF VENTRICULAR ASSIST DEVICE,SINGLE VENTRI	7/1/2008	$1,068.49	N	Referral Required		
33978		BIVENTRICULAR SUPPORT	7/1/2008	$1,187.93	N	Referral Required		
33979		INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENT	7/1/2008	$2,144.12	N	Referral Required		
33980		REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRIC	7/1/2008	$3,145.53	N	Referral Required		
33981		REPLAC OF EXTRACORPOREAL VENTRICULAR DEVICE, SINGL OR BIVENTRICULAR, PUMP(S)		$0.00	Y	Referral Required		
33982		REPLACEMENT OF VENTRICULAR PUMP(S); IMPLANTABLE ,W/O CARDIOPULMONARY BYPASS		$0.00	Y	Referral Required		
33983		IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITH CARDIOPULMONARY BYPASS		$0.00	Y	Referral Required		
33999		UNLISTED CARDIAC PROCEDURE		$0.00	N	Referral Required		
34001		CAROTID EMBOLECTOMY	7/1/2008	$849.87	N	Referral Required		
34051		SUBCLAVIAN EMBOLECTOMY	7/1/2008	$863.10	N	Referral Required		
34101		AXILLARY-BRACHIAL EMBOLECTOMY	7/1/2008	$551.73	N	Referral Required		
34111		EMBOLECTOMY/THROMBECTOMY RADIAL/ULNAR ARTERY ARM I	7/1/2008	$551.21	N	Referral Required		
34151		RENAL EMBOLECTOMY	7/1/2008	$1,271.66	N	Referral Required		
34201		FEMORAL-POPLITEAL EMBOLECTOMY	7/1/2008	$877.28	N	Referral Required		
34203		EMBOLECTOMY OR THROMBECTOMY POPLITEAL-TIBIO-PERONE	7/1/2008	$880.37	N	Referral Required		
34256		UPPER GI ENDOSCOPY WITH STENT PLACEMENT	7/1/2008	$244.67	N	Referral Required		
34401		THROMBECTOMY, ILIO-FEMORAL	7/1/2008	$1,277.58	N	Referral Required		
34421		VENA CAVA ILIAC FEMOROPOPLITEAL VIEN LEG INCISION	7/1/2008	$666.98	N	Referral Required		
34451		VENA CAVA ILIAC FEMOROPOPILITEAL VEIN BY ABDOMINAL	7/1/2008	$1,373.72	N	Referral Required		
34471		THROMBECTOMY,SUBCLAVIAN VEIN BY NECK INCISION	7/1/2008	$946.57	N	Referral Required		
34490		AXILALARY AND SUBCLAVIAN VEIN BY ARM INCISION	7/1/2008	$553.35	N	Referral Required		
34501		VALVULOPLASTY, FEMORAL VEIN	7/1/2008	$855.05	N	Referral Required		
34502		RECONSTRUCTION OF VENA CAVA	7/1/2008	$1,383.42	N	Referral Required		
34510		VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	7/1/2008	$991.20	N	Referral Required		
34520		CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	7/1/2008	$940.95	N	Referral Required		
34530		SAPHENOPOPLITEAL VEIN ANASTOMOSIS	7/1/2008	$885.77	N	Referral Required		
34800		ENDOVASCULAR REPAIR ANEURYSM/DISSECTION; AORTO-AORTIC TUBE PROSTHESIS	7/1/2008	$1,040.61	N	Referral Required		
34802		ENDOVASCULAR REPAIR ANEURYSM/DISSECTION; MODULAR BIFURCATED PROSTHESIS	7/1/2008	$1,139.57	N	Referral Required		
34803		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM; USING 2 DOCK LIMBS	7/1/2008	$1,172.47	Y	Referral Required		
34804		ENDOVASCULAR PLACEMENT OF ILIAC UNIBODY BIFURCATED PROSTHESIS	7/1/2008	$1,137.33	N	Referral Required		
34805		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL SORTIC ANEURYSM OR DISSECTION	7/1/2008	$1,078.09	N	Referral Required		
34806		TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC	5/1/2009	$91.67	N	Referral Required		
34808		ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (ADD-ON)	7/1/2008	$189.86	N	Referral Required		
34812		OPEN FEMORAL ARTERY EXPOSURE BY GROIN INCISION, UNILATERAL	7/1/2008	$313.77	N	Referral Required		
34813		PLACEMENT FEMORAL-FEMORAL GRAFT DURING ENDOVASCULAR REPAIR (ADD-ON)	7/1/2008	$218.86	N	Referral Required		
34820		OPEN ILIAC ARTERY EXPOSURE BY ABDOMINAL/RETROPERITONEAL INCISION, UNILATERAL	7/1/2008	$450.11	N	Referral Required		
34825		PLACEMENT PROXIMAL/DISTAL EXTENSION PROSTHESIS; INITIAL VESSEL	7/1/2008	$639.46	N	Referral Required		

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34826		PLACEMENT PROXIMAL/DISTAL EXTENSION PROSTHESIS; EACH ADDITIONAL VESSEL	7/1/2008	$188.34	N	Referral Required		
34830		OPEN REPAIR INFRARENAL ANEURYSM/DISSECTION & REPAIR ARTERIAL TRAUMA;TUBE PROSTH.	7/1/2008	$1,664.95	N	Referral Required		
34831		REPAIR INFRARENAL ANEURYSM/DISSECTION & ARTERIAL TRAUMA; AORTO-BI-ILIAC PROSTHES	7/1/2008	$1,746.58	N	Referral Required		
34832		REPAIR INFRARENAL ANEURYSM/DISSECTION & ARTERIAL TRAUMA;AORTO-BIFEMORAL PROSTHE.	7/1/2008	$1,802.88	N	Referral Required		
34833		OPEN ILIAC ARTERY EXPOSURE W/CREATION OF CONDUIT FOR DELIVERY OF INFRARENAL AORT	7/1/2008	$562.98	N	Referral Required		
34834		OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST/ENDOVASCULAR PROSTHESIS BY ARM INCISION	7/1/2008	$256.21	N	Referral Required		
34900		ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY	7/1/2008	$828.18	N	Referral Required		
35001		CAROTID-EXCISION/GRAFT	7/1/2008	$1,035.77	N	Referral Required		
35002		REPAIR RUPTURED ANEURYSM CARTOID, SUBCLAVIAN ARTER	7/1/2008	$1,086.33	N	Referral Required		
35005		REPAIR ANEURYSM,FALSE ANEURYSM OR OCCCUSIVE DISEAS	7/1/2008	$966.93	N	Referral Required		
35011		BRACHIAL EXCISION/GRAFT	7/1/2008	$907.22	N	Referral Required		
35013		REPAIR RUPTURED ANEURYSM AXILLARY-BRACHIAL ARTERY	7/1/2008	$1,124.66	N	Referral Required		
35021		SUBCLAVIAN EXCISION/GRAFT	7/1/2008	$1,093.72	N	Referral Required		
35022		REPAIR RUPTURED ANEURYSM INNOMINATE SUBCLAVIAN ART	7/1/2008	$1,260.59	N	Referral Required		
35045		REPAIR ANEURYSM FALSE ANEURYSM,OCCLUSIVE DISEASE R	7/1/2008	$878.31	N	Referral Required		
35081		ABDOMINAL AORTIC ANEURYSM	7/1/2008	$1,565.75	N	Referral Required		
35082		DIRECT REPAIR OF ANEURYSM FOR RUPTURE ABDOM AORTA	7/1/2008	$1,978.20	N	Referral Required		
35091		ABDOMINAL AORTIC ANEURYSM	7/1/2008	$1,676.90	N	Referral Required		
35092		REPAIR RUPTURE ANEURYSM ABD AORTA INVOLV VISCERAL	7/1/2008	$2,362.39	N	Referral Required		
35102		REPAIR OF ANEURYSM,ABDOMINAL AORTA INVOLV ILIAC	7/1/2008	$1,699.94	N	Referral Required		
35103		FOR RUPTURED ANEURYSM, ABDOMINAL AORTA INV ILIAC V	7/1/2008	$2,043.86	N	Referral Required		
35111		REPAIR ANEURYSM FALSE ANEURYSM SPLENIC ARTERY	7/1/2008	$1,260.61	N	Referral Required		
35112		RUPTURE ANEURYSM SPLENIC ARTERY	7/1/2008	$1,533.52	N	Referral Required		
35121		REPAIR ANEURYSM FALSE ANEURYSM, HEPATIC, CELIAC, R	7/1/2008	$1,508.05	N	Referral Required		
35122		REPAIR FOR ANEURYSM OR OCCLUSIVE DISEASE, ILIAC	7/1/2008	$1,779.24	N	Referral Required		
35131		REPAIR ANEURYSM, FALSE ANEURYSM ILIAC ARTERY	7/1/2008	$1,277.38	N	Referral Required		
35132		DIRECT REPAIR RUPUTRED ANEURYSM ILIAC ARTERY	7/1/2008	$1,548.38	N	Referral Required		
35141		REPAIR ANEURYSM, FALSE ANEURYSM, FEMORAL ARTERY	7/1/2008	$1,018.32	N	Referral Required		
35142		DIRECT REPAIR OF RUPTURED ANEURYSM	7/1/2008	$1,214.04	N	Referral Required		
35151		REPAIR ANEURYSM, FALSE ANEURYSM POPLITEAL ARTERY	7/1/2008	$1,147.80	N	Referral Required		
35152		RUPTURED ANEURYSM POPLITEAL ARTERY	7/1/2008	$1,333.96	N	Referral Required		
35180		REPAIR CONGENITAL AV FISTULA HEAD-NECK	7/1/2008	$742.76	N	Referral Required		
35182		REPAIR CONGENITAL AV FISTULA THORAX-ABDOMEN	7/1/2008	$1,536.59	N	Referral Required		
35184		REPAIR AV FISTULA-EXTREMITIES	7/1/2008	$922.75	N	Referral Required		
35188		REPAIR ACQUIRED TRAMATIC FISTULA HEAD-NECK	7/1/2008	$778.00	N	Referral Required		
35189		REPAIR ACQUIRED ARTERIOVENOUS-FISTULA THORAX-ABDOM	7/1/2008	$1,455.35	N	Referral Required		
35190		REPAIR ARTERIOVENOUS FISTULA	7/1/2008	$676.93	N	Referral Required		
35201		REPAIR BLOOD VESSEL, DIRECT, NECK	7/1/2008	$848.28	N	Referral Required		
35206		REPAIR BLOOD VESSEL, DIRECT, UPPER EXTREMITY	7/1/2008	$695.08	N	Referral Required		
35207		REPAIR BLOOD VESSEL DIRECT, HAND FINGER	7/1/2008	$625.46	N	Referral Required		
35211		REPAIR BLOOD VESSEL INTRATHORACIC WITH BYBASS	7/1/2008	$1,221.79	N	Referral Required		
35216		REPAIR BLOOD VESSEL DIRECT,INTRA THORACIC WO/BYPAS	7/1/2008	$1,650.17	N	Referral Required		
35221		REPAIR BLOOD VESSEL DIRECT, INTRA-ABDOMINAL	7/1/2008	$1,259.22	N	Referral Required		
35226		REPAIR BLOOD VESSEL DIRECT, LOWER EXTREMITY	7/1/2008	$769.70	N	Referral Required		
35231		REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	7/1/2008	$1,053.87	N	Referral Required		

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35236		REPAIR BLOOD VESSEL W/VEIN GRAFT, UPPER EXTREMITY	7/1/2008	$884.60	N	Referral Required		
35241		REPAIR BLOOD VESSEL W/VEIN GRAFT INTERTHORACIC W/B	7/1/2008	$1,275.65	N	Referral Required		
35246		RAPAIR BLOOD VESSEL W/VEIN GRAFT, INTERTHORACIC WO	7/1/2008	$1,377.02	N	Referral Required		
35251		REPAIR BLOOD VESSEL W/VEIN GRAFT, INTRA ABDOMINAL	7/1/2008	$1,500.89	N	Referral Required		
35256		REPAIR BLOOD VESSEL W/VEIN GRAFTS LOWER EXTREMITY	7/1/2008	$932.08	N	Referral Required		
35261		REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN NECK	7/1/2008	$933.32	N	Referral Required		
35266		REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN UP EXT	7/1/2008	$776.45	N	Referral Required		
35271		REPAIR BLOOD VESSEL, INTRATHORACIC, WITH BYPASS	7/1/2008	$1,218.69	N	Referral Required		
35276		REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN, INTER	7/1/2008	$1,279.46	N	Referral Required		
35281		REPAIR BLOOD VESSEL WITH GRAFT INTRA-ABDOMINAL	7/1/2008	$1,429.90	N	Referral Required		
35286		REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN LOWER	7/1/2008	$856.37	N	Referral Required		
35301		THROMBOENDARTERECTOMY	7/1/2008	$958.37	N	Referral Required		
35302		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEMORAL	7/1/2008	$1,000.67	N	Referral Required		
35303		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL	7/1/2008	$1,099.76	N	Referral Required		
35304		THROMBOENDARTERECTOMY, INCL PATCH GRAFT, IF PERF; TIBIOPERONEAL TRUNK ARTERY	7/1/2008	$1,144.47	N	Referral Required		
35305		THROMBOENDARTERECTOMY, INCL PATCH GRAFT, IF PERF; INITIAL VESSEL	7/1/2008	$1,099.76	N	Referral Required		
35306		THROMBOENDARTERECTOMY, INCL PATCH GRAFT, EA ADDITIONAL (SP)	7/1/2008	$412.00	N	Referral Required		
35311		THROMBOENDARTERECTOMY	7/1/2008	$1,378.16	N	Referral Required		
35321		THROMBOENARTERECTOMY	7/1/2008	$816.17	N	Referral Required		
35331		THROMBOENDARTERECTOMY	7/1/2008	$1,333.47	N	Referral Required		
35341		THROMBOENDARTERECTOMY	7/1/2008	$1,266.19	N	Referral Required		
35351		THROMBOENDARTERECTOMY	7/1/2008	$1,174.07	N	Referral Required		
35355		THROMBOENDARTERECTOMY, ILIOFEMORAL	7/1/2008	$955.21	N	Referral Required		
35361		THROMBOENDARTERECTOMY	7/1/2008	$1,444.05	N	Referral Required		
35363		THROMBOENDARTERECTOMY COMBINED AIF	7/1/2008	$1,547.34	N	Referral Required		
35371		THROMBOENDARTERECTOMY	7/1/2008	$756.36	N	Referral Required		
35372		THROMBOENDARTERECTOMY, DEEP (PROFUNDA) FEMORAL	7/1/2008	$907.07	N	Referral Required		
35390		REOPERATION,CAROTID,THROMBOENDARTERECTOMY-ADD ON	7/1/2008	$147.15	N	Referral Required		
35400		ANGIOSCOPY DURING THERAPEUTIC INTERVENTION-ADD ON	7/1/2008	$139.10	N	Referral Required		
35450		TRANSLIMINAL ANGIOPLASTY OPEN RENAL OTHER VISCERAL	7/1/2008	$469.98	N	Referral Required		
35452		TRANSLUMINAL ANGIOPLASTY OPEN AORTIC	7/1/2008	$327.21	N	Referral Required		
35454		ANGIOPLASTY OPEN ILIAC	7/1/2008	$286.87	N	Referral Required		
35456		TRANSLUMINAL ANGIOPLASTY OPEN FEMORAL-POPLITEAL	7/1/2008	$347.26	N	Referral Required		
35458		ANGIOPLASTY OPEN BRACHIOCEPHALIC	7/1/2008	$446.78	N	Referral Required		
35459		TRANSLUMINAL ANGIOPLASTY OPEN/TIBIOPERONEAL TRUNK	7/1/2008	$409.21	N	Referral Required		
35460		TRANSLUMINAL ANGIOPLASTY OPEN VENOUS	7/1/2008	$285.11	N	Referral Required		
35470		ANGIOPLASTY PERCUTANEOUS TIBIOPERONEAL TRUNK	1/1/2011	$2,517.19	N	Referral Required		
35471		PERCUTANEOUS ANGIOPLASTY RENAL OR VISCERAL ARTERY	1/1/2011	$2,728.27	N	Referral Required		
35472		PERCUTANEOUS ANGIOPLASTY AORTIC	1/1/2011	$1,933.13	N	Referral Required		
35473		PERCUTANEOUS ANGIOPLASTY ILIAC	1/1/2011	$1,843.72	N	Referral Required		
35474		PERCUTANEOUS ANGIOPLASTY FEMORAL-POPLITEAL	1/1/2011	$2,440.38	N	Referral Required		
35475		PERCUTANEOUS ANGIOPLASTY BRACHIOCEPHALIC	1/1/2011	$2,051.18	N	Referral Required		
35476		PERCUTANEOUS ANGIOPLASTYVENOUS	1/1/2011	$1,542.47	N	Referral Required		
35480		TRANSLUMINAL PERIPHERAL ATHERECTOMY OPEN RENAL OTH	7/1/2008	$530.13	N	Referral Required		
35481		TRANSLUMINAL PERIPHERAL ATHERECTOMY OPEN AORTIC	7/1/2008	$367.07	N	Referral Required		

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35482		TRANSLUMINAL PERIPHERAL ATHERECTOMY OPEN ILIAC	7/1/2008	$316.16	N	Referral Required		
35483		TRANSLUMINAL PERIPHERAL ATHERECTOMY FEMORAL-POPLIT	7/1/2008	$386.17	N	Referral Required		
35484		TRANSLUMINAL PERIPHERAL ATHERECTOMY BRACHIOCEPHALI	7/1/2008	$485.26	N	Referral Required		
35485		TRANSLUMINAL PERIPHERAL ATHERECTOMY TIBIOPERONEAL	7/1/2008	$450.50	N	Referral Required		
35490		TRANSLUMINAL PERIPHERAL ATHERECTOMY PERCUTAN RENAL	7/1/2008	$549.31	N	Referral Required		
35491		AORTIC	7/1/2008	$388.00	N	Referral Required		
35492		TRANSLUMINAL PERIPHERAL ATHERECTOMY ILIAC	7/1/2008	$342.43	N	Referral Required		
35493		TRANSLUMINAL PERIPHERAL ATHERECTOMY FEMORAL-POPLIT	7/1/2008	$411.30	N	Referral Required		
35494		TRANSLUMINAL PERIPHERAL ATHERECTOMY BRACHIOCOPHALI	7/1/2008	$521.36	N	Referral Required		
35495		TRANSLUMINAL PERIPHERAL ATHERECTOMY PERCUTAN TRUNK	7/1/2008	$478.64	N	Referral Required		
35500		HARVEST OF UPPER EXTREMITY VEIN; 1 SEG.FOR LOWER EXTREMITY BYPASS PROC.-ADDON	7/1/2008	$294.05	N	Referral Required		
35501		BYPASS GRAFT W/VEIN CAROTID	7/1/2008	$1,376.41	N	Referral Required		
35506		CAROTID-SUBCLAVIAN BYPASS	7/1/2008	$1,197.56	N	Referral Required		
35508		BYPASS GRAFT W/VEIN CAROTID-VERTEBRAL	7/1/2008	$1,228.70	N	Referral Required		
35509		BYPASS GRAFT W/VEIN CAROTID-CAROTID	7/1/2008	$1,339.80	N	Referral Required		
35511		SUBCLAVIAN-SUBCLAVIAN BYPASS	7/1/2008	$1,081.28	N	Referral Required		
35512		BYPASS GRAFT W/ VEIN; COMMON CAROTIS-IPSILAT INTERNAL CAROTID SUBCLAV-BRACH	1/1/2008	$1,167.92	N	Referral Required		
35515		BYPASS GRAFT W/VEIN SUBCLAVIAN-VERTEBRAL	7/1/2008	$1,231.37	N	Referral Required		
35516		SUBCLAVIAN-AXILLARY BYPASS	7/1/2008	$1,091.04	N	Referral Required		
35518		VEIN BYPASS AXILLARY-AXILLARY	7/1/2008	$1,086.79	N	Referral Required		
35521		AXILLARY-FEMORAL-FEMORAL BYPAS	7/1/2008	$1,160.99	N	Referral Required		
35522		BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	7/1/2008	$1,099.80	N	Referral Required		
35523		BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL	1/1/2008	$1,153.15	N	Referral Required		
35525		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL.	7/1/2008	$1,038.33	N	Referral Required		
35526		AORTO-SUBCLAVIAN BYPASS	7/1/2008	$1,567.60	N	Referral Required		
35531		AORTO-CELIAC BYPASS	7/1/2008	$1,839.24	N	Referral Required		
35533		VEIN BYPASS AXILLARY-FEMORAL-FEMORAL	7/1/2008	$1,426.33	N	Referral Required		
35535		HEPATORENAL	1/1/2009	$1,906.00	N	Referral Required		
35536		SPLENO-RENAL BYPASS	7/1/2008	$1,589.66	N	Referral Required		
35537		BYPASS GRAFT, WITH VEIN; AORTOILIAC	7/1/2008	$1,946.46	N	Referral Required		
35538		BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	7/1/2008	$2,174.13	N	Referral Required		
35539		BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	7/1/2008	$2,039.17	N	Referral Required		
35540		BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	7/1/2008	$2,273.50	N	Referral Required		
35548		BYPASS GRAFT W/VEIN ARTOILIOFEMORAL, UNILATERAL	7/1/2008	$1,100.18	N	Referral Required		
35549		BYPASS GRAFT W/VIEW AORTOILIOFEMORAL, BILATERAL	7/1/2008	$1,198.01	N	Referral Required		
35551		AORTO-FEMORAL POPLITEAL BYPASS	7/1/2008	$1,349.44	N	Referral Required		
35556		FEMORAL-POPLITEAL BYPASS	7/1/2008	$1,258.08	N	Referral Required		
35558		FEMORAL-FEMORAL BYPASS	7/1/2008	$1,118.99	N	Referral Required		
35560		VEIN BYPASS AORTORENAL	7/1/2008	$1,626.72	N	Referral Required		
35563		VEIN BYPASS ILIOILIAC	7/1/2008	$1,262.48	N	Referral Required		
35565		BYPASS GRAFT, VEIN, ILIOFEMORAL	7/1/2008	$1,206.80	N	Referral Required		
35566		FEMORAL-TIBIAL BYPASS	7/1/2008	$1,507.79	N	Referral Required		
35570		TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUNK-TIBIAL	1/1/2011	$1,464.68	N	Referral Required		
35571		BYPASS GRAFT-VEIN POPLITEAL-TIBAL/PERONEAL ARTERY	7/1/2008	$1,232.90	N	Referral Required		
35572		HARVEST OF FEMOROPOPLITEAL VEIN ONE SEGMENT FOR VASCULAR RECON PROC (ADD-ON)	7/1/2008	$316.77	N	Referral Required		

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35583		IN SITU VEIN BYPASS, FEMORAL-POPLITEAL	7/1/2008	$1,300.27	N	Referral Required		
35585		IN-SITU VEIN BYPASS, FEMORAL ANTERIOR/POSTE TIBIAL	7/1/2008	$1,529.76	N	Referral Required		
35587		POPLITEAL TIBIAL PERCONEAL (IN-SITU)	7/1/2008	$1,274.87	N	Referral Required		
35600		HARVEST UPPER EXTREMITY ARTERY, ONE SEGMENT FOR CORONARY ARTERY BYPASS	7/1/2008	$231.96	N	Referral Required		
35601		BYPASS GRAFT, OTHER THAN VEIN	7/1/2008	$1,294.13	N	Referral Required		
35606		CAROTID-SUBCLAVIAN BYPASS	7/1/2008	$1,073.60	N	Referral Required		
35612		SUBCLAVIAN-SUBCLAVIAN BYPASS	7/1/2008	$836.95	N	Referral Required		
35616		SUBCLAVIAN-AXILLARY BYPASS	7/1/2008	$1,025.12	N	Referral Required		
35621		AXILLARY-FEMORAL BYPASS	7/1/2008	$1,016.22	N	Referral Required		
35623		AXILLARY-POPLITEAL OR TIBIAL	7/1/2008	$1,246.81	N	Referral Required		
35626		AORTO-SUBCLAVIAN BYPASS	7/1/2008	$1,423.69	N	Referral Required		
35631		AORTO-CELIAC BYPASS	7/1/2008	$1,705.43	N	Referral Required		
35632		ILIO-CELIAC	1/1/2009	$1,809.32	N	Referral Required		
35633		ILIO-MESENTERIC	1/1/2009	$1,954.05	N	Referral Required		
35634		ILIORENAL	1/1/2009	$1,770.66	N	Referral Required		
35636		BYPASS W/OTHER-THAN VEIN SPLENORENAL	7/1/2008	$1,505.76	N	Referral Required		
35637		BYPASS GRAFT OTHER-THAN VEIN-VERTEBRAL-CAROTID TRA	7/1/2008	$1,544.02	N	Referral Required		
35638		BYPASS GRAFT OTHER-THAN VEIN VERTEBAL-SUBCLAVIAN T	7/1/2008	$1,568.50	N	Referral Required		
35642		BYPASS GRAFT-OTHER THAN VEIN CAROTID-VERTEBRAL	7/1/2008	$924.23	N	Referral Required		
35645		BYPASS GRAFT OTHER THAN VEIN SUBCLAVIAN-VERTEBRAL	7/1/2008	$933.96	N	Referral Required		
35646		BYPASS GRAFT - AORTOFEMORAL	7/1/2008	$1,579.06	N	Referral Required		
35647		BYPASS GRAFT W/OTHER THAN VEIN; AORTOFEMORAL	7/1/2008	$1,426.96	N	Referral Required		
35650		BYPASS GRAFT-OTHER THAN VEIN AXILLARY-AXILLARY	7/1/2008	$980.41	N	Referral Required		
35651		BYPASS GRAFT-OTHER THAN VEIN AORTOFEMORAL-POPLITEA	7/1/2008	$1,259.34	N	Referral Required		
35654		BYPASS GRAFT OTHER THAN VEIN-AXILLARY-FEMORAL-FEMO	7/1/2008	$1,262.42	N	Referral Required		
35656		FEMORAL-POPLITEAL BYPASS	7/1/2008	$994.94	N	Referral Required		
35661		FEMORAL-FEMORAL BYPASS	7/1/2008	$996.71	N	Referral Required		
35663		BYPASS GRAFT OTHER THAN VEIN-ILIOILIAC	7/1/2008	$1,155.80	N	Referral Required		
35665		BYPASS GRAFT WITH OTHER THAN VEIN; ILIOFEMORAL	7/1/2008	$1,083.28	N	Referral Required		
35666		FEMORAL-TIBIAL BYPASS	7/1/2008	$1,168.97	N	Referral Required		
35671		BYPASS GRAFT OTHER THAN VEIN POPLITEAL-TIBIAL-PERO	7/1/2008	$1,028.96	N	Referral Required		
35681		BYPASS GRAFT COMPOSITE-ADD ON	7/1/2008	$73.76	N	Referral Required		
35682		BYPASS GRAFT AUTOGENOUS COMPOSITE; 2 SEG. OF VEINS FROM 2 LOC-ADD ON	7/1/2008	$328.77	N	Referral Required		
35683		BYPASS GRAFT AUTOGENOUS COMPOS;3 MORE SEG VEIN FROM 2 OR MORE LOC-ADD ON	7/1/2008	$387.48	N	Referral Required		
35685		BYPASS GRAFT PATENCY/VEIN PATCH, SYNTHETIC CONDUIT (ADD-ON)	7/1/2008	$185.00	N	Referral Required		
35686		BYPASS GRAFT PATENCY/AV FISTULA, LOWER EXTREMITY (ADD-ON)	7/1/2008	$153.96	N	Referral Required		
35691		TRANSPOSITION AND/OR REIMPLANTATION,VERTEBRAL CARO	7/1/2008	$903.22	N	Referral Required		
35693		VERTEBRAL TO SUBCLAVIAN ARTERY	7/1/2008	$797.61	N	Referral Required		
35694		SUBCLAVIAN TO CAROTID ARTERY	7/1/2008	$943.98	N	Referral Required		
35695		CAROTID TO SUBCLAVIAN ARTERY	7/1/2008	$976.70	N	Referral Required		
35697		REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTH, EA ARTERY	1/1/2008	$137.72	N	Referral Required		
35700		REOPERATION,FEMORAL-POPLITEAL MORE THAN 1 MO AFTER-ADD ON	7/1/2008	$141.29	N	Referral Required		
35701		EXPLORATION, CAROTID ARTERY	7/1/2008	$484.60	N	Referral Required		
35721		EXPLORATION, FEMORAL ARTERY	7/1/2008	$414.50	N	Referral Required		
35741		EXPLORATION, POPLITEAL ARTERY	7/1/2008	$452.16	N	Referral Required		

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35761		EXPLORATION W/WO LYSIS OF ARTERY; OTHER VESSELS	7/1/2008	$334.16	N	Referral Required		
35800		EXPLORATION FOR POSTOP HEMORRAGE/THROMBOSIS, NECK	7/1/2008	$429.69	N	Referral Required		
35820		EXPLORATION FOR POSTOP HEMORRAGE/THROMBOSIS, CHEST	7/1/2008	$1,607.18	N	Referral Required		
35840		EXPLORATION FOR POSTOP HEMORRAGE/THROMBOSIS, ABDOM	7/1/2008	$558.50	N	Referral Required		
35860		EXPLORATION FOR POSTOP HEMORRAGE/THROMBOSIS, EXTRE	7/1/2008	$364.11	N	Referral Required		
35870		REPAIR OF GRAFT-ENTERIC FISTULA	7/1/2008	$1,170.70	N	Referral Required		
35875		THROMBECTOMY AND/OR REPAIR ARTERIAL/VENOUS GRAFT.	7/1/2008	$541.87	N	Referral Required		
35876		WITH REVISION OF ARTERIAL OR VENOUS GRAFT	7/1/2008	$865.16	N	Referral Required		
35879		REVISION OF LOWER EXTREMITY ARTERIAL BYPASS GRAFT; W/ VEIN PATCH ANGIOPLASTY	7/1/2008	$850.98	N	Referral Required		
35881		REVISION OF LOWER EXTREMITY ARTERIAL BYPASS GRAFT;W/SEGMENTAL VEIN INTERPOSITN	7/1/2008	$946.13	N	Referral Required		
35883		REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN	7/1/2008	$1,118.27	N	Referral Required		
35884		REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN	7/1/2008	$1,187.42	N	Referral Required		
35901		EXCISION OF INFECTED GRAFT, NECK	7/1/2008	$457.94	N	Referral Required		
35903		EXTREMITY	7/1/2008	$520.76	N	Referral Required		
35905		THORAX	7/1/2008	$1,602.01	N	Referral Required		
35907		ABDOMEN	7/1/2008	$1,757.57	N	Referral Required		
36000		VENOGRAPHY INJECTION PROCEDURE	1/1/2011	$22.86	N	Referral Required		
36002		INJECTION PROCEDURES PERCUTANEOUS TX OF EXTREMITY PSEUDOANEURYSM	7/1/2008	$154.21	N	Referral Required		
36005		INJ PROCEDURE CONTRAST VENOGRAPHY INC INTRO OF NEE	7/1/2008	$301.86	N	Referral Required		
36010		VENACAVA INJECTION PROCEDURE	1/1/2011	$518.64	N	Referral Required		
36011		SELECT CATHETER PLACE, VENOUS SYSTEM 1ST ORDER BRA	1/1/2011	$832.29	N	Referral Required		
36012		SELECT CATHETER PLACE, VENOUE SYSTEM 2ND ORDER SEL	7/1/2008	$776.34	N	Referral Required		
36013		INTRO CATHETER R-HEART/MAIN PULMONARY ARTERY	1/1/2011	$723.45	N	Referral Required		
36014		SELECT CATHETER PLACE L/R PULMONARY ARTERY	7/1/2008	$757.20	N	Referral Required		
36015		SELECT CATHETER PLACE, EA SEGMENTAL OR SUBSEGMENTA	7/1/2008	$826.34	N	Referral Required		
36100		ARTERIAL INJECTION PROCEDURE	7/1/2008	$495.29	N	Referral Required		
36120		ARTERIAL INJECTION PROCEDURE	7/1/2008	$402.39	N	Referral Required		
36140		EXTRMTY ARTERIOGRAPHY INJ PROC	1/1/2011	$438.49	N	Referral Required		
36147		INTRODUCTION OF NEEDLE AND/OR CATHETOR, ARTERIOVENOUS SHUNT CREATED FOR	1/1/2010	$538.87	N	Referral Required		
36148		ADDITIONAL ACCESS FOR THERAPEUTIC INTERVENTION (LIST SEPARATELY IN ADDITION)	1/1/2010	$169.38	N	Referral Required		
36160		TRANSLUMBAR AORTIC INJECTION	7/1/2008	$507.22	N	Referral Required		
36200		AORTOGRAPHY INJECTION PROCEDRE	1/1/2011	$591.40	N	Referral Required		
36215		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM EA F	1/1/2011	$1,041.19	N	Referral Required		
36216		SELECT CATHETER PLACE, ARTERIAL 2ND ORDER THORACIC	7/1/2008	$1,136.18	N	Referral Required		
36217		SELECT CATHETER PLACE ARTERIAL 3RD ORDER THORACIC	1/1/2011	$1,846.13	N	Referral Required		
36218		SELECT CATHETER PLACE ARTERIAL ADDITIONAL 2ND/3RD THORA-ADD ON	1/1/2011	$174.07	N	Referral Required		
36245		SELECTIVE CATHETER PLACEMENT, ATERIAL SYSTEM; EACH	1/1/2011	$1,123.20	N	Referral Required		
36246		SELECT CATHETER PLACE, ARTERIAL 2ND ORDER ABDOMINA	1/1/2011	$1,122.30	N	Referral Required		
36247		SELECT CATHETER PLACE, ARTERIAL 3RD ORDER ABDOMINA	1/1/2011	$1,756.82	N	Referral Required		
36248		SELECT CATHETER PLACE ARTERIAL ADDIT 2ND/3RD ABDOM-ADD ON	1/1/2011	$149.26	N	Referral Required		
36260		INSERTION IMPLANTABLE INTRAVENOUS INFUSION PUMP	7/1/2008	$512.83	N	Referral Required		
36261		REVISION IMPLANTED INTRA-ARTERIAL INFUSTION PUMP	7/1/2008	$311.68	N	Referral Required		
36262		REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	7/1/2008	$237.34	N	Referral Required		
36299		UNLISTED VASCULAR INJECTION		$0.00	N	Referral Required		
36400		VENIPUNCTURE	7/1/2008	$22.48	N	Referral Required		

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36405		VENIPUNCTURE	7/1/2008	$19.86	N	Referral Required		
36406		VENIPUNCTURE UNDER 3 YRS OTHER VEIN	7/1/2008	$14.96	N	Referral Required		
36410		VENIPUNCTURE	7/1/2008	$16.29	N	Referral Required		
36415		ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S)	1/1/2008	$3.00	N			
36416		COLLECTION OF CAPPILARY BLOOD SPECIMEN	7/1/2008	$3.00	N			
36420		VENIPUNCTURE	7/1/2008	$43.24	N	Referral Required		
36425		VENIPUNCTURE	7/1/2008	$33.67	N	Referral Required		
36430		TRANSFUSION BLOOD OR BLOOD COMPONENT	7/1/2008	$33.51	N	Referral Required		
36440		TRANSFUSION, BLOOD	7/1/2008	$45.57	N	Referral Required		
36450		EXCHANGE TRANSFUSION	7/1/2008	$103.34	N	Referral Required		
36455		EXCHANGE TRANSFUSION OTHER THAN NEWBORN	7/1/2008	$112.39	N	Referral Required		
36460		FETAL TRANSFUSION	7/1/2008	$303.30	N	Referral Required		
36468		SINGLE OR MULT INJECT OF SCLEROS SOL TELANGIECTASI	7/1/2008	$27.00	N	Referral Required		
36469		SINGLE OR MULT INJECT OF SCLEROS SOL TELANGIECTASI	7/1/2008	$54.03	N	Referral Required		
36470		SCLEROSING SOLUTION, SINGLE VEIN	7/1/2008	$123.93	Y	Referral Required		
36471		MULTIPLE VEINS, SAME LEG	7/1/2008	$151.41	Y	Referral Required		
36475		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCL IMAG GUIDANCE	1/1/2011	$1,626.48	Y	Referral Required		
36476		ENDOVENOUS ABLATION THERAPY INCOMP VEIN, EXTREM, 2ND & SUBSEQUENT (ADD-ON)	7/1/2008	$350.81	Y	Referral Required		
36478		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY; 1ST VEIN	1/1/2011	$1,315.48	Y	Referral Required		
36479		INCOMPENTENT VEIN, EXTREMITY, INCL OF ALL IMAGING GUIDANCE AND MONITORING, EACH	7/1/2008	$356.48	Y	Referral Required		
36481		PERCUTANEOUS PORTAL VEIN CATHETERIZATION ANY METHO	7/1/2008	$327.45	N	Referral Required		
36500		ABDOMINAL VENOGRAPHY INJECTION	7/1/2008	$165.20	N	Referral Required		
36510		UMBILICAL VEIN CATHETERIZATION	1/1/2011	$98.61	N	Referral Required		
36511		THERAPEUTIC APHERESIS FOR WHITE BLOOD CELLS	7/1/2008	$81.48	N	Referral Required		
36512		THERAPEUTIC APHERESIS FOR RED BLOOD CELLS	7/1/2008	$82.15	N	Referral Required		
36513		THERAPEUTIC APHERESIS FOR PLATELETS	7/1/2008	$82.86	N	Referral Required		
36514		THERAPEUTIC APHERESIS FOR PLASMA PHRESIS	1/1/2011	$463.34	N	Referral Required		
36515		THERAPEUTIC APHERESIS WITH EXTRACORPREAL IMMUNOADSORPTION / PLASMA REINFUSION	7/1/2008	$1,925.86	N	Referral Required		
36516		THERAPEUTIC APHERESIS WITH EXTRACORPOREAL SELECTIVE ABSORPTION OR FILTRATION	7/1/2008	$2,272.67	N	Referral Required		
36522		PHOTOPHERESIS EXTRA CORPOREAL	7/1/2008	$1,223.54	N	Referral Required		
36555		INSERTION/NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATH; UNDER 5 YRS-(SP)	1/1/2011	$246.67	N	Referral Required		
36556		INSERTION OF NON TUNNELED CNTRLY INSRTD VENOUS CATH; 5 YRS OF AGE OR OLDER-(SP)	1/1/2011	$214.36	N	Referral Required		
36557		INSRTN OF TUNNELED CNTRLY INSRTD VENUS CATH; W/O SUBCU PORT OR PUMP; UNDER 5 YRS	7/1/2008	$787.14	N	Referral Required		
36558		INSRTN OF TUNLD CNTRLY INSRTD VEN CATH; W/O SUB PORT OR PUMP; 5 YRS OR OLDER	1/1/2011	$732.93	N	Referral Required		
36560		INSERTION OF TUNLD CNTRLY INSRTD VENUS CATH; W/ SUBCU PORT; UNDER 5 YRS	1/1/2011	$1,007.58	N	Referral Required		
36561		INSRTN OF TUNNELED CNTRLY INSRTD VENOUS CATH; W/ SUBCU PORT; 5 YRS OR OLDER	1/1/2011	$1,050.91	N	Referral Required		
36563		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAK ACCESS DEVISE W/ SUBCU PUMP	7/1/2008	$1,056.44	N	Referral Required		
36565		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL ACCESS DEVICE	1/1/2011	$894.61	N	Referral Required		
36566		INSRTN OF TUNNLD CNTRLY INSRTD ACCESS DEVICE, REQ 2 CATH VIA 2 SEP SITES	7/1/2008	$2,522.22	N	Referral Required		
36568		INSERTION OF PICC W/O SUBCUTANEOUS PORT OR PUMP; UNDER 5 YRS-(SP)	1/1/2011	$275.41	N	Referral Required		
36569		INSERTION OF PICC W/O SUBCUTANEOUS PORT OF PUMP; 5 YRS OR OLDER- (SP)	1/1/2011	$239.18	N	Referral Required		
36570		INSERTION OF PICC WITH SUBCUTANEOUS PORT; UNDER 5 YRS OF AGE	7/1/2008	$1,097.66	N	Referral Required		
36571		INSERTION OF PICC WITH SUBCUTANEOUS PORT; 5 YEARS OF AGE OR OLDER	1/1/2011	$1,119.63	N	Referral Required		
36575		REPAIR OF TUNLD OR NON TUNLD CNTRL VENUS ACESS CATH W/O SUBCU PRT OR PUMP	1/1/2011	$143.15	N	Referral Required		
36576		REPAIR OF CNTRL VENUS CATH W/ SUBCU PORT OR PUMP CNTRL OR PERIPHRL INSRTN SITE	7/1/2008	$325.94	N	Referral Required		

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36578		REPLACEMENT CATH ONLY, OF CNTRL VENUS DEVICE W SUBCU PORT, PUMP OR PERI SITE	7/1/2008	$460.29	N	Referral Required		
36580		REPLACEMENT COMPLETE/NON TUNLD CNTRLY INSRTD VENUS CATH W/O SUBCU PORT-(SP)	1/1/2011	$205.29	N	Referral Required		
36581		REPLACEMENT COMPLETE, OF TUNLD CNTRLY INSRT VEN CATH W/O SUBCU PORT OR PUMP	1/1/2011	$686.86	N	Referral Required		
36582		REPLACEMENT COMPLT, TUNNELED CNTRLY INSRTD VENUS ACCESS DEVICE W/O SUBCU PORT	7/1/2008	$972.17	N	Referral Required		
36583		REPLACEMNT COMPLT TUNNELED CNTRLY INSRTD CNTRL VNUS ACCESS DEVICE W/O SUBCU	7/1/2008	$974.70	N	Referral Required		
36584		REPLCMNT COMPLT, PICC W/O SUBCUTANEOUS PORT OR PUMP THRU SM VENUS ACCESS-(SP)	1/1/2011	$199.17	N	Referral Required		
36585		REPLACEMENT COMPLETE, PICC W/ SUBCUTANEOUS PORT THRU SAME VENOUS ACCESS	1/1/2011	$986.02	N	Referral Required		
36589		REMOVAL OF TUNNELED CNTRL VENOUS CATH W/O SUBCUTANEOUS PORT OR PUMP	7/1/2008	$149.14	N	Referral Required		
36590		REMOVAL OF TUNLD CNTRL VENOUS ACCESS DEVICE W/ SUBCU PORT OR PUMP OR PERI INSR	7/1/2008	$236.37	N	Referral Required		
36591		COLLECTION OF BLOOD SPECIMEN FROM A COMPLY IMPLANTABLE VENOUS ACC DEVICE- (SP)	1/1/2008	$18.21	N	Referral Required		
36592		COLLECTION OF BLOOD SPECIMEN USING ESTABL CENT/PERIPHERAL CATHETER, VENOUS-(SP)	1/1/2011	$22.29	N	Referral Required		
36593		DECLOTTING BY THROMBOLYTIC AGENT OF IMPL VASCULAR ACCESS DEVICE/CATHETER-(SP)	1/1/2011	$24.33	N	Referral Required		
36595		MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL	1/1/2011	$543.07	N	Referral Required		
36596		INSERTION OF NON TUNNELED CNTRLY INSERTED CNTRL VENOUS CATH; UNDER 5 YRS OF AGE	1/1/2011	$122.92	N	Referral Required		
36597		REPOSITIONING OF PREV PLACED CNTRL VENOUS CATH UNDER FLOROSCOPIC GUIDANCE	7/1/2008	$116.15	N	Referral Required		
36598		CONTRAST INJECTIONS FOR RADIOLOGICAL EVAL, INCL FLUOROSCOPY DOCO AND REPORT	1/1/2011	$103.81	N	Referral Required		
36600		ARTERIAL PUNCTURE	7/1/2008	$27.39	N	Referral Required		
36620		ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITOR OR TRANS.-(SP)	7/1/2008	$46.14	N	Referral Required		
36625		ARTERIAL CATHETERIZATION SEPARATE PROCEDURE (SP)	7/1/2008	$93.14	N	Referral Required		
36640		ARTERIAL CATHETERIZATION PROLONGED INFUSION THERAP	7/1/2008	$106.82	N	Referral Required		
36660		CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	7/1/2008	$63.53	N	Referral Required		
36680		PLACEMENT OF NEEDLE FOR INTRASSEOUS INFUSION	7/1/2008	$55.48	N	Referral Required		
36800		INSERT CANNULA FOR HEMODIALYSIS, VEIN TO VEIN	7/1/2008	$141.99	N	Referral Required		
36810		ARTERIOVENOUS CANNULIZATION	7/1/2008	$191.54	N	Referral Required		
36815		ARTERIOVENOUS EXTERNAL REVISION OR CLOSURE	7/1/2008	$131.35	N	Referral Required		
36818		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	7/1/2008	$607.78	N	Referral Required		
36819		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY BASILIC VEIN TRANSPOSITION	7/1/2008	$711.73	N	Referral Required		
36820		ANASTOMOSIS, FOREARM VEIN TRANSPOSITION	7/1/2008	$713.88	N	Referral Required		
36821		ARTERIOVENOUS ANASTOMOSIS	7/1/2008	$473.87	N	Referral Required		
36822		INSERT CANNULA PROLONGED EXTRACORPOREAL CIRCULATIO	7/1/2008	$335.23	N	Referral Required		
36823		INSERTION OF ARTERIAL & VENOUS CANNULA(S) WITH REMOVAL AND REPAIR	7/1/2008	$1,121.20	N	Referral Required		
36825		ARTERIOVENOUS FISTULA	7/1/2008	$516.07	N	Referral Required		
36830		ARTERIOVENOUS FISTULA	7/1/2008	$590.34	N	Referral Required		
36831		THROMBECTOMY ARTERIOVERNOUS FISTULA WITHOUT REVISION	7/1/2008	$408.38	N	Referral Required		
36832		REVISION OF ART FISTULA WITH OR W/O AUTOG GRAFT	7/1/2008	$520.86	N	Referral Required		
36833		REVISION ARTERIOVENOUS FISTULA WITH THROMBECTOMY	7/1/2008	$587.57	N	Referral Required		
36835		THOMAS SHUNT	7/1/2008	$402.21	N	Referral Required		
36838		DISTAL REVASCULARIZATION & INTERVAL LIGATION , UPPER EXTREMITY HEMODIALYSIS ACC	1/1/2008	$1,087.83	N	Referral Required		
36860		CANNULA DECLOTTING WO/BALLOON CATHETER	7/1/2008	$155.25	N	Referral Required		
36861		CANNULA DECLOTTING W/BALLOON CATHETER	7/1/2008	$134.74	N	Referral Required		
36870		THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTO/NONAUTO GRAFT	1/1/2011	$1,664.32	N	Referral Required		
37140		PORTO-CAVAL ANASTOMOSIS	7/1/2008	$1,204.92	N	Referral Required		
37145		ANASTOMOSIS RENOPORTAL	7/1/2008	$1,294.13	N	Referral Required		
37160		CAVAL-MESENTERIC ANASTOMOSIS	7/1/2008	$1,116.47	N	Referral Required		
37180		SPLENO-RENAL ANASTOMOSIS	7/1/2008	$1,266.81	N	Referral Required		

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37181		ANASTOMOSIS; SPLENORENAL,DISTAL(SELECTIVE DECOMP.)	7/1/2008	$1,343.90	N	Referral Required		
37182		INSERTION OF TRANSVENOUS INTRAHEPATIC	7/1/2008	$794.92	N	Referral Required		
37183		REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT	7/1/2008	$378.84	N	Referral Required		
37184		PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, INITIAL VESSEL	1/1/2011	$2,163.47	N	Referral Required		
37185		PRIM PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY,2ND/SUBSEQ, ADD-ON	7/1/2008	$769.68	N	Referral Required		
37186		SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY,ADD-ON	1/1/2011	$1,436.22	N	Referral Required		
37187		PERCUTANEOUS TRANSLUMINAL MECHANICALTHROMBECTOMY, INCL FLUOROSCOPIC GUIDANCE	1/1/2011	$2,069.97	N	Referral Required		
37188		PERCUTANEOUS TRANSLUMINAL MECHANICALTHROMBECTOMY, REPEAT TREATMENT/SAME DAY	7/1/2008	$1,938.23	N	Referral Required		
37195		THROMBOLYSIS; CEREBRAL, BY INTRAVENOUS INFUSION	7/1/2008	$279.89	N	Referral Required		
37200		TRANSCATHETER BIOPSY	7/1/2008	$210.59	N	Referral Required		
37201		TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS	7/1/2008	$254.89	N	Referral Required		
37202		TRANSCATHETER THERAPY INFUSION OTHER THAN THROMBOL	7/1/2008	$304.67	N	Referral Required		
37203		TRANSCATHETER RETRIEVAL INTRAVASULAR FOREIGN BOD	1/1/2011	$1,212.60	N	Referral Required		
37204		EMBOLIZATION, NONCENTRAL NERV SYS, NON HEAD OR NEC	7/1/2008	$838.19	N	Referral Required		
37205		TRANSCATHETER PLACEMENT INTRAVASCULAR STENTS EXCEPT CORONARY CAROTID VERTEBRAL	7/1/2008	$2,165.77	N	Referral Required		
37206		TRANSCATHETER PLACE INTRAVASCULAR STENT EA ADD VES-ADD ON	7/1/2008	$1,277.88	N	Referral Required		
37207		TRANSCATH PLACE INTRAVASCULAR STENT OPEN INIT VESS	7/1/2008	$391.97	N	Referral Required		
37208		TRANSCATA PLACE INTRAVASCULAR STENT OPEN EA ADD VE-ADD ON	7/1/2008	$189.19	N	Referral Required		
37209		EXCHANGE ARTERIAL CATHETER DURING THERAPY	7/1/2008	$104.05	N	Referral Required		
37210		UTERINE FIBROID EMBOLIZATION (TO TREAT UTERINE FIBROIDS, LEIOMYOMATA)	7/1/2008	$3,146.35	N	Referral Required		
37215		INTRAVASCULAR STENTS(S), CERVICAL CAROTID ARTERY, PERC; WITH DISTAL EMBOLIC	7/1/2008	$995.00	N	Referral Required		
37216		TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVIAL CAROTID ARTERY	7/1/2008	$1,082.96	N	Referral Required		
37720		REVASCULARIZATION ILIIAC ARTERY ANGIOP 1ST VESSEL	1/1/2011	$2,245.71	N	Referral Required		
37721		REVASCULARIZATION ILIIAC ARTERY ANGIOP UNITLAERAL, WITH TRANSLUMINAL STENT PLACEMENT	1/1/2011	$3,222.09	N	Referral Required		
37722		REVASCULARIZATION ILIIAC ARTERY ANGIOP EACH ADDTL	1/1/2011	$645.80	N	Referral Required		
37723		REVASCULARIZATION ILIIAC ARTERY ANGIOP EACH ADDTL, WITH TRANSLUMINAL STENT PLACEMENT	1/1/2011	$3,304.13	N	Referral Required		
37724		REVASCULARIZATION FEMORAL POPLITEAL W/ANGIOPLASTY UNILATERAL	1/1/2011	$2,699.20	N	Referral Required		
37725		REVASCULARIZATION FEMORAL POPLITEAL W/ANGIOPLASTY UNILATERAL SAME VESSEL	1/1/2011	$7,635.41	N	Referral Required		
37726		REVASCULARIZATION FEMORAL POPLITEAL W/ANGIOPLASTY UNI SAME VSL W/TRANS STENT PLACEMENT	1/1/2011	$6,399.34	N	Referral Required		
37727		REVASCULARIZATION FEMORAL POPLITEAL W/ANGIOPLASTY UNI SAME VSL & ATHER W/TRANS STENT	1/1/2011	$10,324.98	N	Referral Required		
37728		REVASCULARIZATION TIBIAL PERONEAL W/ANGIOPLASTY UNILATERAL	1/1/2011	$3,843.65	N	Referral Required		
37729		REVASCULARIZATION TIBIAL PERONEAL W/ANGIOPLASTY UNILATERAL SAME VESSEL	1/1/2011	$7,567.46	N	Referral Required		
37730		REVASCULARIZATION TIBIAL PERONEAL W/ANGIOPLASTY UNILATERAL SAME VSL W/TRAN STENT PLACE	1/1/2011	$5,944.94	N	Referral Required		
37731		REVASCULARIZATION TIBIAL PERONEAL W/ANGIOPLASTY UNI SAME VSL & ATHER W/TRANS STENT	1/1/2011	$9,546.78	N	Referral Required		
37732		REVASCULARIZATION TIBIAL PERONEAL W/ANGIOPLASTY UNILATERAL EACH ADDTL	1/1/2011	$861.42	N	Referral Required		
37733		REVASCULARIZATION TIBIAL PERONEAL W/ANGIOPLASTY UNILATERAL EACH ADDTL W/ SAME VSL	1/1/2011	$1,050.64	N	Referral Required		
37734		REVASCULARIZATION TIBIAL PERONEAL W/ANGIOPLASTY UNI EACH ADDTL W/ SAME VSL W/STENT	1/1/2011	$2,752.35	N	Referral Required		
37735		REVASCULARIZATION TIBIAL PERONEAL W/ANGIOPLASTY UNI EACH ADDTL W/ SAME VSL & ATHE W/STENT	1/1/2011	$2,938.49	N	Referral Required		
37250		INTRAVASCULAR ULTRASOUND DURING TX; INITIAL VESSEL-ADD ON	7/1/2008	$99.82	N	Referral Required		
37251		INTRAVASCULAR ULTRASOUND DURING TX-EA.ADD.VESSEL-ADD ON	7/1/2008	$74.67	N	Referral Required		
37500		VASCULAR ENDOSCOPY SURGICAL WITH LIGATION OF PERFORATOR VEINS SUBFASCIAL	7/1/2008	$619.81	N	Referral Required		
37501		UNLISTED VASCULAR ENDOSCOPY PROCEDURE		$0.00	N	Referral Required		
37565		LIGATION OF INTERNAL JUGULAR VEIN	7/1/2008	$606.26	N	Referral Required		
37600		LIGATION, CAROTID	7/1/2008	$633.70	N	Referral Required		
37605		LIGATION, CAROTID	7/1/2008	$720.17	N	Referral Required		

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37606		LIGATION INTERNAL CAROTID ARTERY W/GRADUAL OCCLUSI	7/1/2008	$473.08	N	Referral Required		
37607		LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	7/1/2008	$333.53	N	Referral Required		
37609		LIGATION OR BIOPSY TEMPORAL ARTERY	7/1/2008	$253.30	N	Referral Required		
37615		LIGATION MAJOR ARTERY; NECK	7/1/2008	$408.73	N	Referral Required		
37616		LIGATION MAJOR ARTERY; CHEST	7/1/2008	$945.01	N	Referral Required		
37617		LIGATION MAJOR ARTERY; ABDOMEN	7/1/2008	$1,136.60	N	Referral Required		
37618		LIGATION MAJOR ARTERY; EXTREMITY	7/1/2008	$328.78	N	Referral Required		
37620		INTERRUPTION PARTIAL/COMPLETE OF INFERIOR VENA CAVA BY SUTURE/LIGATION/PLACATION	7/1/2008	$588.94	N	Referral Required		
37650		INTERRUPTION PART/COMP OF FEMORAL VEIN BY LIGATURE	7/1/2008	$450.26	N	Referral Required		
37660		INTERRUPTION, PARTIAL OR COMPLETE OF ILIAC VEIN	7/1/2008	$1,069.94	N	Referral Required		
37700		LIGATION & DIVISION, VEINS	7/1/2008	$222.57	Y	Referral Required		
37718		LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	7/1/2008	$364.97	Y	Referral Required		
37722		LIGATION, DIVIDE/STRIP SAPHENOUS VEINS. SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	7/1/2008	$422.68	Y	Referral Required		
37726		REPAIR OF PULMONARY VENOUS STENOSIS	7/1/2008	$1,886.13	N	Referral Required		
37735		UNILATERAL LIGATION DIVISION & COMPLETE STRIPPING	7/1/2008	$560.93	Y	Referral Required		
37760		STRIPPING, SUBFASCIAL, RADICAL	7/1/2008	$549.64	Y	Referral Required		
37761		LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN INCL. ULTRSND GUIDANCE 1 LEG.	1/1/2010	$517.27	N	Referral Required		
37765		STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	7/1/2008	$401.55	N	Referral Required		
37766		STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	7/1/2008	$488.41	N	Referral Required		
37780		LIGATION & DIVISION, VEINS	7/1/2008	$227.38	Y	Referral Required		
37785		VARICOSE VEINS, LIGTN & EXCSN	7/1/2008	$308.98	Y	Referral Required		
37790		PENILE VENOUS OCCLUSIVE PROCEEDURE	7/1/2008	$450.75	N	Referral Required		
37799		UNLISTED PROCEDURE, VASCULAR SURGERY		$0.00	N	Referral Required		
38100		SPLENECTOMY	7/1/2008	$906.96	N	Referral Required		
38101		SPLENECTOMY, PARTIAL	7/1/2008	$916.44	N	Referral Required		
38102		TOTAL, EN BLOC FOR EXTENSIVE DISEASE-ADD ON	7/1/2008	$220.44	N	Referral Required		
38115		REPAIR OF RUPTURED SPLEEN W/WO PARTIAL SPLENECTOMY	7/1/2008	$1,005.96	N	Referral Required		
38120		LAPAROSCOPY, SURGICAL, SPLENECTOMY	7/1/2008	$850.76	N	Referral Required		
38129		UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN		$0.00	N	Referral Required		
38200		SPLENOPORTOGRAPHY, INJ PRO	7/1/2008	$124.06	N	Referral Required		
38204		MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH & CELL ACQUIS		$0.00	N	Referral Required		
38205		BLOOD DERIVED HEMOTOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION	7/1/2008	$71.63	N	Referral Required		
38206		BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANT; AUTOLOGOU	7/1/2008	$71.96	N	Referral Required		
38220		BONE MARROW ASPIRATION	1/1/2011	$137.74	N	Referral Required		
38221		BONE MARROW BIOPSY NEEDLE OF TROCARE	1/1/2011	$151.89	N	Referral Required		
38230		BONE MARROW HARVESTING FOR TRANSPLANATATION	7/1/2008	$276.35	N	Referral Required		
38240		BONE MARROW TRANSPLANTATION; ALLOGENIC	7/1/2008	$109.82	Y	Referral Required		
38241		BONE MARROW TRANSPLANTATION; AUTOLOGUS	7/1/2008	$110.16	Y	Referral Required		
38242		BONE MARROW/STEM CELL TRANSPLANTATION; ALLOGENIC DONOR LYMPHOCYTE INFUSIONS	7/1/2008	$83.39	Y	Referral Required		
38300		DRAINAGE, LYMPHADENITIS	7/1/2008	$223.45	N	Referral Required		
38305		DRAINAGE LYMPHADENITIS EXTENSIVE	7/1/2008	$380.65	N	Referral Required		
38308		LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC	7/1/2008	$363.49	N	Referral Required		
38380		LIGATION, THORACIC DUCT	7/1/2008	$472.82	N	Referral Required		
38381		LIGATION, THORACIC DUCT	7/1/2008	$698.19	N	Referral Required		
38382		SUTURE/LIGATION THORACIC DUCT ABDOMINAL APPROACH	7/1/2008	$565.61	N	Referral Required		

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38474		PERCUTANEOUS ANGIOPLASTY FEMORAL-POPLITEAL	7/1/2008	$637.50	N	Referral Required		
38500		BIOPSY, LYMPH NODE	7/1/2008	$259.51	N	Referral Required		
38505		BX OR EXC LYMPH NODE BY NEEDLE SUPERFICIAL	7/1/2008	$109.20	N	Referral Required		
38510		BIOPSY, LYMPH NODE	7/1/2008	$420.55	N	Referral Required		
38520		BIOPSY, LYMPH NODE	7/1/2008	$379.21	N	Referral Required		
38525		DEEP AXILLARY NODE	7/1/2008	$340.91	N	Referral Required		
38530		BIOPSY, LYMPH NODE	7/1/2008	$440.35	N	Referral Required		
38542		DISSECTION DEEP JUGULAR NODES	7/1/2008	$355.99	N	Referral Required		
38550		EXCISION, CYSTIC HYGROMA	7/1/2008	$388.17	N	Referral Required		
38555		EXCISION, CYSTIC HYGROMA	7/1/2008	$817.32	N	Referral Required		
38562		LIMITED LYMPHADENECTOMY FOR STAGING-PELVIC	7/1/2008	$581.76	N	Referral Required		
38564		LIMITED LYMPHADENECTOMY FOR STAGING RETROPERITONEA	7/1/2008	$578.22	N	Referral Required		
38570		LAPAROSCOPY RETROPERITONEAL LYMPH NODE BIOPSY; SINGLE OR MULTIPLE	7/1/2008	$466.15	N	Referral Required		
38571		LAPAROSCOPY PELVIC LYPMHADENECTOMY	7/1/2008	$722.27	N	Referral Required		
38572		LAPAROSCOPY PELVIC LYMPHADENECTOMY WITH BIOPSY	7/1/2008	$819.17	N	Referral Required		
38589		LAPAROSCOPY UNLISTED LYMPHATIC PROCEDURE		$0.00	N	Referral Required		
38700		LYMPHADENECTOMY	7/1/2008	$652.01	N	Referral Required		
38720		LYMPHADENECTOMY	7/1/2008	$1,077.42	N	Referral Required		
38724		CERVIAL LYMPHADENECTOMY MODIFIED RADICAL NECK	7/1/2008	$1,166.33	N	Referral Required		
38740		AXILLARY LYMPHADENECTOMY, SUPERFICIAL	7/1/2008	$545.55	N	Referral Required		
38745		LYMPHADENECTOMY	7/1/2008	$695.03	N	Referral Required		
38746		THORACIC LYMPHADENECTOMY,REGIONAL,INCLUD MEDIASTIN-ADD ON	7/1/2008	$227.87	N	Referral Required		
38747		ABDOMINAL LYMPHADENECTOMY, REGIONAL-ADD ON	7/1/2008	$225.01	N	Referral Required		
38760		LYMPHADENECTOMY	7/1/2008	$686.08	N	Referral Required		
38765		LYMPHADENECTOMY	7/1/2008	$1,064.00	N	Referral Required		
38770		LYMPHADENECTOMY	7/1/2008	$703.37	N	Referral Required		
38780		LYMPHADENECTOMY	7/1/2008	$894.73	N	Referral Required		
38790		LYMPHANGIOGRAPHY, INJ PRO	7/1/2008	$70.92	N	Referral Required		
38792		INJECTION PROCEDURE FOR IDENTIFICATION OF SENTINEL NODE	7/1/2008	$34.01	N	Referral Required		
38794		CANNULATION, THORACIC DUCT	7/1/2008	$267.73	N	Referral Required		
38900		INTRAOPERATIVE IDENTIFICATION OF SENTINEL LYMPH NODES INCLUDES INJECTION OF DYE	1/1/2011	$94.43	N	Referral Required		
38999		UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM		$0.00	N	Referral Required		
39000		MEDTASTINOTOMY W/EXPLORATION DRAINAGE REMOVAL FB	7/1/2008	$417.13	N	Referral Required		
39010		MEDIASTINOTOMY	7/1/2008	$704.59	N	Referral Required		
39200		EXCISION, CYST, MEDIASTINAL	7/1/2008	$772.14	N	Referral Required		
39220		EXCISION, TUMOR, MEDIASTINAL	7/1/2008	$989.64	N	Referral Required		
39400		MEDIASTINOSCOPY	7/1/2008	$433.89	N	Referral Required		
39499		UNLISTED MEDIASTINUM PROC		$0.00	N	Referral Required		
39501		REPAIR LACERATION OF DIAPHRAGM	7/1/2008	$704.56	N	Referral Required		
39502		REPAIR PARAESOPHAGEAL HIATUS HERNIA TRANSABDOMINAL	7/1/2008	$843.75	N	Referral Required		
39503		REPAIR NEONATAL DIAPHRAGMATIC HERNIA,INCL CHEST TU	7/1/2008	$4,867.91	N	Referral Required		
39520		REPAIR, ESOPHAGEAL HERNIA	7/1/2008	$847.81	N	Referral Required		
39530		REPAIR, ESOPHAGEAL HERNIA	7/1/2008	$806.94	N	Referral Required		
39531		COMBINED, THORACOABDOMINAC,/W DILATION STRICTURE	7/1/2008	$852.94	N	Referral Required		
39540		REPAIR DIAPHRAGMATIC HERNIA TRAMATIC ACUTE	7/1/2008	$719.88	N	Referral Required		

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39541		REPAIR DIAPHRAGMATIC HERNIA CHRONIC	7/1/2008	$773.55	N	Referral Required		
39545		IMBRICATION DIAPHRAGM	7/1/2008	$765.63	N	Referral Required		
39560		RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR	7/1/2008	$662.08	N	Referral Required		
39561		RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR	7/1/2008	$1,020.28	N	Referral Required		
39599		UNLISTED DIAPHRAGM PROC		$0.00	N	Referral Required		
40490		BIOPSY, LIP	7/1/2008	$103.43	N	Referral Required		
40500		VERMILIONECTOMY	7/1/2008	$400.00	N	Referral Required		
40510		RESECTION, LIP	7/1/2008	$391.03	N	Referral Required		
40520		EXCISION, LIP	7/1/2008	$410.52	N	Referral Required		
40525		LIP FULL-THICKNESS RECONSTRUCTION W/LOCAL FLAP	7/1/2008	$465.55	N	Referral Required		
40527		LIP-FULL THICKNESS RECONSTRUCT W/CROSS LIP FLAP	7/1/2008	$552.19	N	Referral Required		
40530		RESECTION, LIP	7/1/2008	$450.20	N	Referral Required		
40650		LIP REPAIR-FULL THICKNESS VERMILION ONLY	7/1/2008	$344.22	N	Referral Required		
40652		REPAIR LIP UP TO HALF VERTICAL HEIGHT	7/1/2008	$404.86	N	Referral Required		
40654		REPAIR LIP OVER 1/2 VERTICAL HEIGHT COMPLEX	7/1/2008	$470.17	N	Referral Required		
40700		PLASTIC REPAIR, LIP	7/1/2008	$782.50	N	Referral Required		
40701		PLASTIC REPAIR, LIP	7/1/2008	$922.36	N	Referral Required		
40702		PLASTIC REPAIR, LIP	7/1/2008	$730.63	N	Referral Required		
40720		PLASTIC REPAIR, LIP	7/1/2008	$845.76	N	Referral Required		
40761		PLASTIC REPAIR CLEFT LIP-W/CROSS LIP PEDICLE FLAP	7/1/2008	$889.94	N	Referral Required		
40799		UNLISTED PROCEDURE, LIP		$0.00	N	Referral Required		
40800		DRAINAGE, CYST, MOUTH	7/1/2008	$155.91	N	Referral Required		
40801		DRAIN ABSCESS,CYST,HEMATOMA VESTIBULE MOUTH COMPLI	7/1/2008	$240.45	N	Referral Required		
40804		REMOVAL, FOREIGN BODY, MOUTH	7/1/2008	$164.15	N	Referral Required		
40805		REMOVAL EMBEDDED FB VESTIBULE OF MOUTH COMPLICATED	7/1/2008	$257.98	N	Referral Required		
40806		INCISION, LABIAL FRENUM	7/1/2008	$82.11	N	Referral Required		
40808		BIOPSY, VESTIBULE OF MOUTH	7/1/2008	$139.09	N	Referral Required		
40810		EXCISION, LESION, MOUTH	7/1/2008	$156.81	N	Referral Required		
40812		EXCISION, LESION, MOUTH	7/1/2008	$221.20	N	Referral Required		
40814		EXCISION LESION MUCOSA-SUBMUCOSA (MOUTH) W/COMPLEX	7/1/2008	$301.09	N	Referral Required		
40816		COMPLEX,WITH EXCISION OF UNDERLYING MUSCLE	7/1/2008	$316.62	N	Referral Required		
40818		EXCISION MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRA	7/1/2008	$278.91	N	Referral Required		
40819		EXCISION OF FRENUM, LABIAL OR BUCCAL	7/1/2008	$238.26	N	Referral Required		
40820		DESTRUCTION, LESION, MOUTH	7/1/2008	$199.66	N	Referral Required		
40830		CLOSURE, LACERATION, MOUTH	7/1/2008	$192.87	N	Referral Required		
40831		CLOSURE LACERATION MOUTH OVER 2 1/2 CM COMPLEX	7/1/2008	$254.66	N	Referral Required		
40840		VESTIBULOPLASTY; ANTERIOR	7/1/2008	$654.00	N	Referral Required		
40842		VESTIBULOPLASTY, POSTERIOR, UNILATERAL	7/1/2008	$661.67	N	Referral Required		
40843		VESTIBULOPLASTY, POSTERIOR BILATERAL	7/1/2008	$838.31	N	Referral Required		
40844		VESTIBULOPLASTY, ENTIRE ARCH	7/1/2008	$1,110.92	N	Referral Required		
40845		VESTIBULOPLASTY, COMPLEX (INCL. RIDGE EXT.& MUSCLE	7/1/2008	$1,232.22	N	Referral Required		
40899		UNLISTED PROCEDURE, MOUTH		$0.00	N	Referral Required		
41000		DRAINAGE, ABSCESS, TONGUE	7/1/2008	$127.87	N	Referral Required		
41005		DRAINAGE, ABSCESS, SUBLINGUAL	7/1/2008	$173.11	N	Referral Required		
41006		INTRAORAL INCISION SUBLINGUAL, DEEP, SUPRAMYLOHYOI	7/1/2008	$287.23	N	Referral Required		

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41007		INTRAORAL I&D ABSCESS,CYST/HEMATOMA,SUBMENTAL SPAC	7/1/2008	$286.23	N	Referral Required		
41008		DRAIN ABCESS, CYST, HEMATOMA SUBMANDIBULAR SPACE	7/1/2008	$292.04	N	Referral Required		
41009		INTRAORAL INCISION DRAIN ABSCESS;MASTICATOR SPACE	7/1/2008	$311.00	N	Referral Required		
41010		INCISION, LINGUAL FRENUM	7/1/2008	$159.63	N	Referral Required		
41015		EX RAORAL INCISION & DRAINAGE OF ABCESS	7/1/2008	$338.01	N	Referral Required		
41016		EXTRORAL I&D ABSCESS,CYST/HEMATOMA, SUBMENTAL	7/1/2008	$345.48	N	Referral Required		
41017		EXTRAORAL INCISSION AND DRAIN ABSCESS,CYST,HEMATOM	7/1/2008	$348.49	N	Referral Required		
41018		EXTRAORAL I & D OF ABSCESS ETC MASTICATOR SPACE	7/1/2008	$400.68	N	Referral Required		
41019		PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK	1/1/2008	$416.99	N	Referral Required		
41100		BIOPSY, TONGUE	7/1/2008	$134.40	N	Referral Required		
41105		BIOPSY, TONGUE	7/1/2008	$133.92	N	Referral Required		
41108		BIOPSY, FLOOR OF MOUTH	7/1/2008	$114.44	N	Referral Required		
41110		EXCISION, LESION, TONGUE	7/1/2008	$164.66	N	Referral Required		
41112		EXCISION, LESION, TONGUE	7/1/2008	$260.75	N	Referral Required		
41113		EXCISION LESION TONGUE W/CLOSURE POSTERIOR 1/3	7/1/2008	$285.80	N	Referral Required		
41114		EXCISION LESSION TONGUE W/LOCAL TONGUE FLAP	7/1/2008	$533.14	N	Referral Required		
41115		EXCISION OF LINGUAL FRENUM (FRENECTOMY)	7/1/2008	$187.24	N	Referral Required		
41116		EXCISION LESION FLOOR OF MOUTH	7/1/2008	$252.90	N	Referral Required		
41120		GLOSSECTOMY	7/1/2008	$875.85	N	Referral Required		
41130		HEMIGLOSSECTOMY	7/1/2008	$1,073.47	N	Referral Required		
41135		GLOSSECTOMY	7/1/2008	$1,788.90	N	Referral Required		
41140		GLOSSECTOMY	7/1/2008	$1,848.27	N	Referral Required		
41145		GLOSSECTOMY	7/1/2008	$2,300.16	N	Referral Required		
41150		COMPOSITE PROCEDURE W/RESECTFON FLOOR MOUTH-MANDIR	7/1/2008	$1,824.47	N	Referral Required		
41153		COMPOSITE PROCEDURE W/RESECTION W/SUPRAHYOID NECK	7/1/2008	$1,971.70	N	Referral Required		
41155		COMPOSITE PROCEDURE W/RESECTION-MANDIBULAR RESECTI	7/1/2008	$2,427.08	N	Referral Required		
41250		REPAIR, LACERATION, TONGUE	7/1/2008	$178.28	N	Referral Required		
41251		REPAIR, LACERATION, TONGUE	7/1/2008	$193.90	N	Referral Required		
41252		REPAIR LACERATION TONGUE OVER 2-6 CM COMPLEX	7/1/2008	$247.16	N	Referral Required		
41500		FIXATION, TONGUE	7/1/2008	$380.92	N	Referral Required		
41510		SUTURE, TONGUE TO LIP	7/1/2008	$360.15	N	Referral Required		
41512		TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	1/1/2009	$521.74	N	Referral Required		
41520		FRENOPLASTY	7/1/2008	$272.24	N	Referral Required		
41599		UNLISTED PROCEDURE, TONGUE		$0.00	N	Referral Required		
41800		DRNGE, CYST, DENTO ALVEOLAR ST	7/1/2008	$166.49	N	Referral Required		
41805		REMOVAL FB DENTO-ALVEOLAR SOFT-TISSUE	7/1/2008	$167.63	N	Referral Required		
41806		REMOVAL FB DENTO-ALVEOLAR BONE	7/1/2008	$255.60	N	Referral Required		
41820		GINGIVECTOMY		$0.00	N	Referral Required		
41821		OPERCULECTOMY, EXCISION PERICORONAL TISSUE		$0.00	N	Referral Required		
41822		EXCISION FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUC	7/1/2008	$229.88	N	Referral Required		
41823		EXCISION OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUC	7/1/2008	$331.35	N	Referral Required		
41825		EXCSN, LESION, DENTO ALVEOLAR	7/1/2008	$160.95	N	Referral Required		
41826		EXCISION LSEION DENTO ALVEOLAR SIMPLE REPAIR	7/1/2008	$210.00	N	Referral Required		
41827		EXCISION LESION/TUMOR,DENTOALVEOLAR,W/COMPLEX REPA	7/1/2008	$334.44	N	Referral Required		
41828		EXC HYPERPLASTIC ALVEOLAR MUCOSA EA SEXTANT OR QUA	7/1/2008	$244.53	N	Referral Required		

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41830		ALVEOLECTOMY W/CURETTAGE OF OSTEITUS-SEQUESTRECTMY	7/1/2008	$304.38	N	Referral Required		
41850		DSTRCTN, LESN, DENTO-ALVEOLAR		$0.00	N	Referral Required		
41870		PERIODONTAL MUCOSAL GRAFTING	7/1/2008	$345.48	N	Referral Required		
41872		GINGIVOPLASTY - EACH QUADRANT (SPECIFY)	7/1/2008	$287.34	N	Referral Required		
41874		ALVEOLOPLASTY EACH QUADRANT (SPECIFY)	7/1/2008	$288.85	N	Referral Required		
41899		UNLISTED PROC, DENTOALVEOLAR		$0.00	N			
42000		DRAINAGE, ABSCESS, PALATE	7/1/2008	$128.26	N	Referral Required		
42100		BIOPSY, PALATE/UVULA	7/1/2008	$119.77	N	Referral Required		
42104		EXCISION, LESION, PALATE	7/1/2008	$160.75	N	Referral Required		
42106		EXCISION, LESION, PALATE	7/1/2008	$204.10	N	Referral Required		
42107		EXCISION LESION OF PALATE, UVULA W/LOCAL FLAP CLOS	7/1/2008	$363.35	N	Referral Required		
42120		RESECTION, PALATE	7/1/2008	$803.57	N	Referral Required		
42140		EXCISION, UVULA	7/1/2008	$196.16	N	Referral Required		
42145		PALATOPHARYNGOPLASTY (LESION OF PALATE OR UVULA)	7/1/2008	$585.25	N	Referral Required		
42160		DESTRUCTION, LESION, PALATE	7/1/2008	$197.97	N	Referral Required		
42180		REPAIR, LACERATION, PALATE	7/1/2008	$195.99	N	Referral Required		
42182		REPAIR, LACERATION, PALATE	7/1/2008	$267.47	N	Referral Required		
42200		CLEFT PALATE REPAIR	7/1/2008	$754.77	N	Referral Required		
42205		CLEFT PALATE REPAIR	7/1/2008	$776.16	N	Referral Required		
42210		CLEFT PALATE REPAIR	7/1/2008	$903.74	N	Referral Required		
42215		CLEFT PALATE REPAIR	7/1/2008	$598.04	N	Referral Required		
42220		CLEFT PALATE REPAIR	7/1/2008	$484.73	N	Referral Required		
42225		CLEFT PALATE REPAIR	7/1/2008	$829.62	N	Referral Required		
42226		LENGTHENING OF PALATE & PHARYNGEAL FLAP	7/1/2008	$806.86	N	Referral Required		
42227		LENGTHENING OF PALATE WITH ISLAND FLAP	7/1/2008	$794.48	N	Referral Required		
42235		REPAIR, PALATE, ANTERIOR	7/1/2008	$649.85	N	Referral Required		
42260		REPAIR, FISTULA, NASOLABIAL	7/1/2008	$695.23	N	Referral Required		
42280		MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	7/1/2008	$125.86	N	Referral Required		
42281		INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	7/1/2008	$163.17	N	Referral Required		
42299		UNLISTED PROC, PALATE		$0.00	N	Referral Required		
42300		DRAINAGE, ABSCESS, PAROTID	7/1/2008	$167.98	N	Referral Required		
42305		DRAINAGE ABCESS PAROTID COMPLICATED	7/1/2008	$364.28	N	Referral Required		
42310		DRNG, ABSCESS, SUBMAXILLARY	7/1/2008	$131.49	N	Referral Required		
42320		DRNG, ABSCESS, SUBMAXILLARY	7/1/2008	$200.71	N	Referral Required		
42330		SIALOLITHOTOMY	7/1/2008	$187.70	N	Referral Required		
42335		SIALOLITHOTOMY	7/1/2008	$296.04	N	Referral Required		
42340		SIALOLITHOTOMY	7/1/2008	$376.64	N	Referral Required		
42400		BIOPSY, SALIVARY GLAND	7/1/2008	$88.15	N	Referral Required		
42405		BIOPSY, SALIVARY GLAND	7/1/2008	$248.95	N	Referral Required		
42408		EXCISION SUBLINGUAL SALIVARY GLAND	7/1/2008	$367.92	N	Referral Required		
42409		MARSUPIALIZATION SUBLINGIAL SALIVARY CYST	7/1/2008	$264.89	N	Referral Required		
42410		EXCISION, PAROTID GLAND	7/1/2008	$528.11	N	Referral Required		
42415		EXCISION, PAROTID GLAND	7/1/2008	$955.83	N	Referral Required		
42420		EXCISION, PAROTID GLAND	7/1/2008	$1,097.80	N	Referral Required		
42425		EXCISION, PAROTID GLAND	7/1/2008	$723.95	N	Referral Required		

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42426		EXCISION, PAROTID GLAND	7/1/2008	$1,174.85	N	Referral Required		
42440		EXCISION, SUBMANDIBULAR GLAND	7/1/2008	$392.22	N	Referral Required		
42450		EXCISION, SUBLINGUAL GLAND	7/1/2008	$369.01	N	Referral Required		
42500		SIALODOCHOPLASTY	7/1/2008	$350.15	N	Referral Required		
42505		SIALODOCHOPLASTY SECOUNDARY OR COMPLICATED	7/1/2008	$459.79	N	Referral Required		
42507		PAROTID DUCT DIVERSION BILATERAL (WILKE TYPE)	7/1/2008	$430.63	N	Referral Required		
42508		PAROTID DUCT DIVERSION W/EXCISION ONE SUBMANDIBULA	7/1/2008	$602.99	N	Referral Required		
42509		PAROTID DUCT DIVERSION W/EXCISION BOTH SUBMANDIBUL	7/1/2008	$727.44	N	Referral Required		
42510		PAROTID DUCT DIVERSION W/LIGATION BOTH SUBMANDIBUL	7/1/2008	$534.69	N	Referral Required		
42550		SIALOGRAPHY, INJECTION PROCDRE	7/1/2008	$134.98	N	Referral Required		
42600		CLOSURE, FISTULA, SALIVARY	7/1/2008	$390.74	N	Referral Required		
42650		DILATION, SALIVARY DUCT	7/1/2008	$66.94	N	Referral Required		
42660		DILATION, SALIVARY DUCT	7/1/2008	$86.51	N	Referral Required		
42665		LIGATION, SALIVARY DUCT	7/1/2008	$243.60	N	Referral Required		
42699		UNLISTED PROC SALIVARY		$0.00	N	Referral Required		
42700		INCISION & DRAINAGE ABSCESS; PERITONSILLAR	7/1/2008	$151.07	N	Referral Required		
42720		INCISION DRAIN ABSCESS, RETROPHARYNGEAL INTRAORAL	7/1/2008	$378.96	N	Referral Required		
42725		INCISION DRAIN ABSCESS, RETROPHARYNGEAL EXTERNAL A	7/1/2008	$684.29	N	Referral Required		
42800		BIOPSY, PHARYNX	7/1/2008	$127.06	N	Referral Required		
42802		BIOPSY, PHARYNX	7/1/2008	$202.94	N	Referral Required		
42804		BIOPSY, PHARYNX	7/1/2008	$166.29	N	Referral Required		
42806		BIOPSY; NASOPHARYNX SURVEEY UNKNOWN PRIMARY LESION	7/1/2008	$187.97	N	Referral Required		
42808		EXCISION OF LESION OF PHARNYX	7/1/2008	$186.75	N	Referral Required		
42809		REMOVAL OF FOREIGN BODY FROM PHARNYX.	7/1/2008	$140.44	N	Referral Required		
42810		EXCISION, BRACHIAL CLEFT CYST	7/1/2008	$315.54	N	Referral Required		
42815		EXCISION, BRACHIAL CLEFT CYST	7/1/2008	$465.76	N	Referral Required		
42820		TONSILLECTOMY AND ADENOIDECTOMY	7/1/2008	$248.11	N	Referral Required		
42821		TONSILLECTOMY & ADENOIDECTOMY	7/1/2008	$259.83	N	Referral Required		
42825		TONSILLECTOMY PRI OR SEC UNDER AGE 12	7/1/2008	$221.97	N	Referral Required		
42826		TONSILLECTOMY PRIMARY AND SECONDARY AGE 12 OR OVER	7/1/2008	$214.44	N	Referral Required		
42830		ADENOIDECTOMY, PRIMARY UNDER AGE 12	7/1/2008	$174.44	N	Referral Required		
42831		ADENOIDECTOMY, PRIMARY, AGE 12 OR OVER	7/1/2008	$188.11	N	Referral Required		
42835		ADENOIDECTOMY	7/1/2008	$152.81	N	Referral Required		
42836		ADENOIDECTOMY, SECONDARY, AGE 12 OR OVER	7/1/2008	$206.49	N	Referral Required		
42842		RADICAL RESECTION TONSIL,TONSILLAR PILLARS,WO/CLOS	7/1/2008	$800.84	N	Referral Required		
42844		RADICAL RESECTION TONSIL, CLOSURE W/LOCAL FLAP	7/1/2008	$1,140.45	N	Referral Required		
42845		RADICAL RESECTION TONSIL, CLOSURE W/OTHER FLAP	7/1/2008	$1,863.01	N	Referral Required		
42860		EXCISION, TONSIL TAGS	7/1/2008	$157.25	N	Referral Required		
42870		EXCISION, LINGUAL TONSIL	7/1/2008	$479.08	N	Referral Required		
42890		LIMITED PHARYNGECTOMY	7/1/2008	$1,145.31	N	Referral Required		
42892		RESECTION LATERAL PHARYNGEAL WALL DIRECT CLOSURE A	7/1/2008	$1,495.80	N	Referral Required		
42894		RESECTION PHARYNGEAL WALL REQUIRING CLOSEURE W/MYO	7/1/2008	$1,923.36	N	Referral Required		
42900		SUTURE, PHARYNX	7/1/2008	$296.30	N	Referral Required		
42950		PHARYNGOPLASTY	7/1/2008	$670.24	N	Referral Required		
42953		PHARYNGOESOPHAGEAL REPAIR	7/1/2008	$848.98	N	Referral Required		

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42955		PHARYNGOSTOMY	7/1/2008	$627.36	N	Referral Required		
42960		CNTRL OROPHARYNGEAL HEMORRHAGE	7/1/2008	$143.85	N	Referral Required		
42961		CONTROL OROPHARYNGEAL HEMORRHAGE COMPLICATED	7/1/2008	$356.86	N	Referral Required		
42962		CONTROL OROPHARYNGEAL HEMORRHAGE W/SECOUND SURG IN	7/1/2008	$441.50	N	Referral Required		
42970		CTRL NASOPHARYNGEAL HEMORRHAGE	7/1/2008	$329.98	N	Referral Required		
42971		CTRL.NASOPHARYNGEAL HEMORRHAGE, COMPLICATED	7/1/2008	$389.58	N	Referral Required		
42972		CONTROL NASOPHARYNGEAL HEMORRHAGE W/SECOUND SURG I	7/1/2008	$442.82	N	Referral Required		
42999		UNLISTED PROC, T/A OR PHARYNX		$0.00	N	Referral Required		
43020		ESOPHAGOTOMY	7/1/2008	$456.47	N	Referral Required		
43030		CRICOPHARYNGEAL MYOTOMY	7/1/2008	$445.95	N	Referral Required		
43045		ESOPHAGOTOMY	7/1/2008	$1,111.14	N	Referral Required		
43100		EXCISION, LESION, ESOPHAGUS	7/1/2008	$528.87	N	Referral Required		
43101		EXCISION, LESION, ESOPHAGUS	7/1/2008	$865.19	N	Referral Required		
43107		TOTAL ESOPHAGECTOMY W/W/O PYLOROPLASTY TRANSHIATAL	7/1/2008	$2,150.72	N	Referral Required		
43108		TOTAL ESOPHAGECTOMY W/INTTERPOSTION/RECONSTRUCT	7/1/2008	$3,495.65	N	Referral Required		
43112		TOTAL ESOPHAGECTOMY W/THORACOTOMY W/W/O PYLOROPLAS	7/1/2008	$2,303.43	N	Referral Required		
43113		ESOPHAGECTOMY W/THORACOTOMY W/INTERPOSITION/RECONS	7/1/2008	$3,437.93	N	Referral Required		
43116		PARTIAL ESOPHAGECTOMY,GRAFT/INTESTINAL RECONSTRUCT	7/1/2008	$3,954.71	N	Referral Required		
43117		PARTIAL ESOPHAGECTOMY W/W/O PYLOROPLASTY	7/1/2008	$2,099.50	N	Referral Required		
43118		PARTIAL ESOPHAGECTOMY W/INTERPOSITION/RECONSTRUCT	7/1/2008	$2,910.04	N	Referral Required		
43121		PARTIAL ESOPHAGECTOMY W/THORACOTOMY ONLY	7/1/2008	$2,325.34	N	Referral Required		
43122		PARTIAL ESOPHAGECTOMY W/ESOPHAGOGASTROSTOMY	7/1/2008	$2,128.79	N	Referral Required		
43123		PARTIAL ESOPHAGECTOMY W/INTERPOSITION/RECONSTRUCT	7/1/2008	$3,525.57	N	Referral Required		
43124		TOTAL OR PARTIAL ESOPHAGECTOMY W/O RECONTRUCTION	7/1/2008	$3,004.59	N	Referral Required		
43130		DIVERTICULECTOMY	7/1/2008	$670.93	N	Referral Required		
43135		DIVERTICULECTOMY	7/1/2008	$1,220.03	N	Referral Required		
43200		ESOPHAGOSCOPY	7/1/2008	$186.92	N	Referral Required		
43201		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; W/DIRECTED SUBMUCOSAL INJECTION ANY SUBSTANCE	7/1/2008	$244.10	N	Referral Required		
43202		ESOPHAGOSCOPY	7/1/2008	$244.91	N	Referral Required		
43204		ESOPHAGOSCOPY, RIGID OR FIBEROPTIC WITH INJECTION	7/1/2008	$190.50	N	Referral Required		
43205		WITH BAND LIGATION OF ESOPHAGEAL VARICES	7/1/2008	$191.88	N	Referral Required		
43215		ESOPHAGOSCOPY	7/1/2008	$132.78	N	Referral Required		
43216		W/REMOVAL TUMORS,POLYPS,OR OTHER LESIONS BY HOT BI	7/1/2008	$153.24	N	Referral Required		
43217		ESOPHAGOSCOPY FOR REMOVAL OF POLYPOIA LESION	7/1/2008	$327.95	N	Referral Required		
43219		ESPOHAGOSCOPY FOR INSSERTION OF PLASTIC TUBE OR ST	7/1/2008	$147.02	N	Referral Required		
43220		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BALLOON DILATION	7/1/2008	$108.73	N	Referral Required		
43226		ESOPHAGOSCOPY FOR INSERTION OF WIRE GUIDE DILATION	7/1/2008	$120.78	N	Referral Required		
43227		ESOPHAGOSCOPY FOR CONTROL OF HEMORRHAGE	7/1/2008	$179.40	N	Referral Required		
43228		FOR ABLATION OF TUMORS, POLYPS OR OTHER LESIONS	7/1/2008	$189.93	N	Referral Required		
43231		ESOPHAGOSCOPY WITH ENDOSCOPIC ULTRASOUND EXAM	7/1/2008	$162.45	N	Referral Required		
43232		ESOPHAGOSCOPY W/ TRANSENDOSCOPIC FINE NEEDLE ASPIRATION/BIOPSY	7/1/2008	$226.60	N	Referral Required		
43234		UPPER GI ENDOSCOPY SIMPLE PRIM EXAM	7/1/2008	$242.81	N	Referral Required		
43235		ESOPHAGOGASTRODUODENOSCOPY	7/1/2008	$258.10	N	Referral Required		
43236		UPPER GI ENDOSCOPY INC ESOPHAGUS, STOMACH, DUODENUM, JEJUNUM; W/ SUBMUCOSAL INJ.	7/1/2008	$320.75	N	Referral Required		
43237		WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO ESOPHAGUS	7/1/2008	$204.22	N	Referral Required		

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43238		WITH TRANSENDOSCOPIC ULTRASOUND GUIDED ASPIRATION/BIOPSY	7/1/2008	$252.27	N	Referral Required		
43239		ESOPHAGOGASTROSCOPY	7/1/2008	$297.06	N	Referral Required		
43240		UPPER GI ENDOSCOPY FOR PSEUDOCYST DRAINAGE	7/1/2008	$338.75	N	Referral Required		
43241		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAG	7/1/2008	$132.54	N	Referral Required		
43242		UPPER GI ENDOSCOPY WITH ULTRASOUND FNA/BIOPSY	7/1/2008	$362.09	N	Referral Required		
43243		UPPER GASTROINTESTINAL ENDOSCOPY	7/1/2008	$228.79	N	Referral Required		
43244		UPPER GASTRO ENDOSCOPY W/BAND LIGATION OF ESOPHAGE	7/1/2008	$253.22	N	Referral Required		
43245		UPPER GI ENDOSCOPY FOR DIL GASTRIC OUTLET OBSTRUCT	7/1/2008	$160.31	N	Referral Required		
43246		UPPER GL ENDOSCOPY FOR PLACE OF G-TUBE	7/1/2008	$214.60	N	Referral Required		
43247		ESOPHAGOGASTRODUODENOSCOPY	7/1/2008	$171.36	N	Referral Required		
43248		W/INSERT OF GUIDE WIRE FOLLOWED BY DILATION OF ESO	7/1/2008	$161.26	N	Referral Required		
43249		GASTROINTESTINAL ENDOSCOPY W/BALLOON DILATION <30	7/1/2008	$148.35	N	Referral Required		
43250		W/REMOVAL OF TUMORS,POLYPS,OR OTHER LESIONS BY HOT	7/1/2008	$161.07	N	Referral Required		
43251		REMOVAL POLYPOID LESION	7/1/2008	$186.02	N	Referral Required		
43255		UPPER GASTROINTESTINAL ENDOSCOPY FOR HEMORHAGE CON	7/1/2008	$241.89	N	Referral Required		
43256		UPPER GI ENDOSCOPY WITH STENT PLACEMENT	7/1/2008	$217.65	N	Referral Required		
43257		INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM	7/1/2008	$263.60	N	Referral Required		
43258		UPPER GASTRO ENDOSCOPY W/FULGURATION MUCOSAL LESIO	7/1/2008	$228.03	N	Referral Required		
43259		W/ ENDOSCOPIC ULTRASOUND EXAMINATION	7/1/2008	$258.80	N	Referral Required		
43260		ENDSCPIC RTRGRD CHOLANGIOPANCREATOGRAPHY, DIAGNSTC	7/1/2008	$296.85	N	Referral Required		
43261		WITH BIOPSY, SINGLE OR MULTIPLE	7/1/2008	$312.04	N	Referral Required		
43262		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY	7/1/2008	$366.62	N	Referral Required		
43263		ERCP FOR PRESSURE MESURE OF SPHINCTER OF ODDI	7/1/2008	$361.19	N	Referral Required		
43264		UPPER GASTRO ENDOSCOPY INCL ESOPH W/REMOVAL STONE	7/1/2008	$440.05	N	Referral Required		
43265		ERCP FOR DESTRUCT LITHOTRIPSY OF STONE ANY METHOD	7/1/2008	$494.25	N	Referral Required		
43267		ERCP FOR INSERTION OF NASOBILIARY/NASOPANCREATIC D	7/1/2008	$360.94	N	Referral Required		
43268		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRPHY	7/1/2008	$370.95	N	Referral Required		
43269		ERCP, FOR REMOVAL OR CHANGE OF TUBE	7/1/2008	$406.19	N	Referral Required		
43271		ERCP FOR BALLOON DILATION OF AMPULLA, BILARY/PANCR	7/1/2008	$366.28	N	Referral Required		
43272		ERCP FOR ABLATION OF TUMOR/MUCOSAL LESION (LASER H	7/1/2008	$367.28	N	Referral Required		
43273		ENDO ANNULTN OF PAPILLA W/DIRECT VISUL OF COMMONBILE DUCT & OR PANCRTIC DUCT	1/1/2009	$118.33	N	Referral Required		
43279		LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY	1/1/2009	$1,102.06	N	Referral Required		
43280		LAPAROSCOPY ESOPHAGOGASTRIC FUNDOPLASTY	7/1/2008	$879.31	N	Referral Required		
43281		LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY	1/1/2010	$1,095.05	N	Referral Required		
43282		WITH IMPLANTATION OF MESH	1/1/2010	$1,231.84	N	Referral Required		
43283		LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE	1/1/2011	$113.14	N	Referral Required		
43289		LAPAROSCOPY UNLISTED ESOPHAGUS PROCEDURE		$0.00	N	Referral Required		
43300		ESLPNAGOPLASTY, CERVICAL APPROACH; W/O REPAIR FIST	7/1/2008	$527.06	N	Referral Required		
43305		ESOPHAGOPLASTY	7/1/2008	$949.87	N	Referral Required		
43310		ESOPHAGOPLASTY	7/1/2008	$1,294.97	N	Referral Required		
43312		ESOPHAGOPLASTY	7/1/2008	$1,426.73	N	Referral Required		
43313		ESOPHAGOPLASTY FOR CONGENITAL DEFECT THORACIC APPROACH W/O FISTULA REPAIR	7/1/2008	$2,325.38	N	Referral Required		
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFECT THORACIC APPROACH W/FISTULA REPAIR	7/1/2008	$2,481.31	N	Referral Required		
43320		ESOPHAGOGASTROSTOMY	7/1/2008	$1,126.81	N	Referral Required		
43324		FUNDOPLASTY, ESOPHAGOGASTRIC	7/1/2008	$1,104.85	N	Referral Required		

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43325		ESOPHAGOGASTRIC FUNDOPLASTY W/FUNDIC PATCH	7/1/2008	$1,089.85	N	Referral Required		
43326		ESOPHAGOGASTRIC FUNDOPLASTY W/GASTROPLASTY	7/1/2008	$1,105.97	N	Referral Required		
43327		ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	1/1/2011	$569.70	N	Referral Required		
43328		ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; THORACOTOMY	1/1/2011	$829.09	N	Referral Required		
43330		ESOPHAGOMYOTOMY W/OR W/O HIATAL HERNIA REPAIR ABOD	7/1/2008	$1,067.71	N	Referral Required		
43331		HELLER PROCEDURE	7/1/2008	$1,152.27	N	Referral Required		
43332		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA LAPAROTOMY; W/O MESH OR OTHER PROS	1/1/2011	$815.01	N	Referral Required		
43333		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA LAPAROTOMY; W/ MESH OR OTHER PROS	1/1/2011	$884.93	N	Referral Required		
43334		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOTOMY; W/O MESH OR OTHER PROS	1/1/2011	$893.30	N	Referral Required		
43335		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOTOMY; W/ MESH OR OTHER PROS	1/1/2011	$963.00	N	Referral Required		
43336		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOABDOMINAL; W/O MESH OR OTHER PROS	1/1/2011	$1,052.23	N	Referral Required		
43337		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, VIA THORACOABDOMINAL; W/ MESH OR OTHER PROS	1/1/2011	$1,149.34	N	Referral Required		
43338		ESOPHAGEAL LENGTHENING PROCEDURE	1/1/2011	$93.52	N	Referral Required		
43340		ESOPHAGOJEJUNOSTOMY	7/1/2008	$1,118.15	N	Referral Required		
43341		ESOPHAGEJEJUNOSTOMYTHORACIC APPROACH	7/1/2008	$1,192.12	N	Referral Required		
43350		ESOPHAGOSTOMY	7/1/2008	$961.45	N	Referral Required		
43351		ESOPHAGOSTOMY	7/1/2008	$1,125.25	N	Referral Required		
43352		ESOPHAGOSTOMY FISTULIZATION ESOPHAGUS EXT/CERVICAL	7/1/2008	$904.83	N	Referral Required		
43360		GASTROINTESTIONAL RECONSTRUCTION W/STOMACH	7/1/2008	$1,933.15	N	Referral Required		
43361		GASTROINTESTINAL RECONSTRUCT W/INTERPOSITION	7/1/2008	$2,196.38	N	Referral Required		
43400		LIGATION, ESOPHAGEAL VARICES	7/1/2008	$1,275.97	N	Referral Required		
43401		TRANSECTION OF ESOPHAGUS REPAIR VARIOUS	7/1/2008	$1,259.71	N	Referral Required		
43405		LIGATION/STAPLING GASTROESOPHAGEAL JUNCTION	7/1/2008	$1,215.50	N	Referral Required		
43410		SUTURE, ESOPHAGEAL WOUND	7/1/2008	$834.16	N	Referral Required		
43415		SUTURE, ESOPHAGEAL WOUND	7/1/2008	$1,423.05	N	Referral Required		
43420		ESOPHAGOSTOMY CLOSURE	7/1/2008	$833.82	N	Referral Required		
43425		CLOSE ESOPHAGOSTOMY OR FISTULA; THORACIC APPROACH	7/1/2008	$1,234.31	N	Referral Required		
43450		DILATION, ESOPHAGUS	7/1/2008	$137.31	N	Referral Required		
43453		DILATION OF ESOPHAGUS OVER GUIDE WIRE	7/1/2008	$259.27	N	Referral Required		
43456		DILATION ESOPHAGUS BY BALLOON OR DILATOR RETROGRAD	1/1/2011	$527.83	N	Referral Required		
43458		DILATION ESOPHAGUS W/BALLOON 30MM OR < FOR ACHALAS	7/1/2008	$333.57	N	Referral Required		
43460		ESOPHAGOGASTRIC TAMPONADE W/BALLOON	7/1/2008	$187.16	N	Referral Required		
43496		FREE JEJUNUM TRANSFER W/MICROVASCULAR ANASTOMOSIS		$0.00	N	Referral Required		
43499		MULTIPLE ENDOSCOPIC PROCS		$0.00	N	Referral Required		
43500		GASTROTOMY	7/1/2008	$624.97	N	Referral Required		
43501		GASTROTOMY,W/SUTURE REPAIR BLEEDING ULVER OR ESOPH	7/1/2008	$1,077.79	N	Referral Required		
43502		GASTROTOMY;W/REPAIR ESOPHAGOGASTRIC LACERATION	7/1/2008	$1,223.99	N	Referral Required		
43510		GASTROTOMY W/ESOPHAGEAL DILATION AND INSERT PLASTI	7/1/2008	$793.94	N	Referral Required		
43520		PYLOROMYOTOMY	7/1/2008	$569.97	N	Referral Required		
43600		GASTRIC BIOPSY	7/1/2008	$90.34	N	Referral Required		
43605		GASTRIC BIOPSY	7/1/2008	$665.01	N	Referral Required		
43610		EXCISION, ULCER, STOMACH	7/1/2008	$785.54	N	Referral Required		
43611		MALIGNANT TUMOR OF STOMACH	7/1/2008	$975.27	N	Referral Required		
43620		GASTRECTOMY	7/1/2008	$1,594.71	N	Referral Required		
43621		WITH ROUX-EN-Y RECONSTRUCTION	7/1/2008	$1,805.26	N	Referral Required		

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43622		WITH FORMATION OF INTESTINAL POUCH	7/1/2008	$1,838.99	N	Referral Required		
43631		GASTRECTOMY,PARTIAL,DISTAL,WITH GASTRODUODENOSTOMY	7/1/2008	$1,170.94	N	Referral Required		
43632		WITH GASTROJEJUNOSTOMY	7/1/2008	$1,572.14	N	Referral Required		
43633		GASTRECTOMY WITH ROUX-EN-Y RECONTRUCTION	7/1/2008	$1,500.44	N	Referral Required		
43634		WITH FORMATION OF INTESTINAL POUCH	7/1/2008	$1,652.92	N	Referral Required		
43635		VAGOTOMY WITH PARTIAL DISTAL GASTRECTOMY-ADD ON	7/1/2008	$94.43	N	Referral Required		
43640		VAGOTOMY AND PYLOROPLASTY	7/1/2008	$938.27	N	Referral Required		
43641		EXCISION PARIETAL CELL	7/1/2008	$953.13	N	Referral Required		
43644		LAPARASCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE: WITH GASTRIC BYPASS	7/1/2008	$1,396.58	Y	Referral Required		
43645		LAPARASCOPY, WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABS	7/1/2008	$1,494.72	Y	Referral Required		
43647		LAPAROSCOPY, SURGICAL; IMPLANT/REPLACEMENT/GASTRIC NEUROSTIMULATOR		$0.00	Y	Referral Required		
43648		REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM		$0.00	Y	Referral Required		
43651		LAPAROSCOPY TRANSECTION OF VAGUS NERVES, TRUNCAL	7/1/2008	$521.54	N	Referral Required		
43652		LAPAROSCOPY TRANSECTION OF VAGUS NERVES, SELECTIVE	7/1/2008	$619.46	N	Referral Required		
43653		LAPAROSCOPY GASTROSTOMY	7/1/2008	$444.45	N	Referral Required		
43659		LAPAROSCOPY UNLISTED STOMACH PROCEDURE		$0.00	Y	Referral Required		
43752		NASO/ORO-GASTRIC TUBE PLACEMENT	7/1/2008	$36.10	N	Referral Required		
43753		GASTRIC INTUBATION AND ASPIRATION THERAPEUTIC, INCLUDING LAVAGE IF PERF	1/1/2011	$14.75	N	Referral Required		
43754		GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN	1/1/2011	$56.05	N	Referral Required		
43755		GASTRIC INTUBATION AND ASPIRATION, DIAG; SPECIMENS W/ GASTRIC STIMULATION, SINGLE OR DOUB	1/1/2011	$85.43	N	Referral Required		
43756		DUODENAL INTUBATION AND ASPIRATION, DIAG, INCLUDES IMAGE GUIDANCE; SINGLE SPECIMEN	1/1/2011	$155.13	N	Referral Required		
43757		DUODENAL INTUBATION AND ASPIRATION, DIAG, INCLUDES IMAGE GUIDANCE; COLLECTION MULTIPLE	1/1/2011	$199.75	N	Referral Required		
43760		CHANGE OF GASTROSTOMY TUBE; SIMPLE	7/1/2008	$166.59	N	Referral Required		
43761		REPOSITION GASTRIC FEEDING TUBE THRU DUODENUM OFEN	7/1/2008	$106.59	N	Referral Required		
43770		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE	7/1/2008	$892.67	Y	Referral Required		
43771		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, REVISION OF ADJUSTABLE	7/1/2008	$1,019.91	Y	Referral Required		
43772		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, REMOVAL OF ADJUSTABLE	7/1/2008	$767.64	Y	Referral Required		
43773		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, REMOVAL & REPLACE	7/1/2008	$1,019.76	Y	Referral Required		
43774		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, REMOVAL OF ADJUSTABLE	7/1/2008	$772.98	Y	Referral Required		
43775		LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	1/1/2010	$918.68	Y	Referral Required		
43800		PYLOROPLASTY	7/1/2008	$745.11	N	Referral Required		
43810		GASTRODUODENOSTOMY	7/1/2008	$805.77	N	Referral Required		
43820		GASTROJEJUNOSTOMY	7/1/2008	$1,031.86	N	Referral Required		
43825		GASTROJEJUNOSTOMY	7/1/2008	$1,039.51	N	Referral Required		
43830		GASTROSTOMY	7/1/2008	$551.64	N	Referral Required		
43831		GASTROSTOMY	7/1/2008	$458.18	N	Referral Required		
43832		GASTROSTOMY	7/1/2008	$848.84	N	Referral Required		
43840		GASTRORRHAPHY	7/1/2008	$1,049.49	N	Referral Required		
43842		GASTRIC RESTRICTIVE PROC,W/O GASTRIC BYPASS FOR MORBID OBESITY VERTICAL BANDING	7/1/2008	$1,146.60	Y	Referral Required		
43843		GASTROPLASTY, OTHER THAN VERT-BANDED, W/O BYPASS	7/1/2008	$1,013.98	Y	Referral Required		
43845		PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY & ILEOILEOSTOMY	7/1/2008	$1,583.01	Y	Referral Required		
43846		GASTRIC BYPASS, WITH ROUX-EN-Y GASTROENTEROSTOMY	7/1/2008	$1,308.05	Y	Referral Required		
43847		GASTRIC PROCEDURE; W/BOWEL RECONSTRUCTION	7/1/2008	$1,434.81	Y	Referral Required		
43848		REVISION OF GASTRIC PROCEDURE-MORBID OBESITY	7/1/2008	$1,551.91	Y	Referral Required		
43850		REVISION OF GASTRODUODENAL ANSATOMOSIS W/RECONSTRU	7/1/2008	$1,305.32	Y	Referral Required		

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43855		RVSN GASTROENTERIC ANASTOMOSIS	7/1/2008	$1,358.28	N	Referral Required		
43860		REVISION OF GASTROJEJUNOSTOMY W/RECONSTRUCTION	7/1/2008	$1,318.89	N	Referral Required		
43865		REVISION OF GASTROJEJUNAL ANASTOMOSIS W/RECONSTRUC	7/1/2008	$1,374.56	N	Referral Required		
43870		GASTROSTOMY CLOSURE	7/1/2008	$562.87	N	Referral Required		
43880		CLOSURE, FISTULA, GASTROCOLIC	7/1/2008	$1,289.47	N	Referral Required		
43881		IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN		$0.00	Y	Referral Required		
43882		REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN		$0.00	Y	Referral Required		
43999		UNLISTED PROCEDURE, STOMACH		$0.00	N	Referral Required		
44005		ENTEROLYSIS	7/1/2008	$879.44	N	Referral Required		
44010		DUODENOTOMY	7/1/2008	$690.11	N	Referral Required		
44015		NEEDLE CATH JEJUNOSTOMY FOR ENTERAL HYPERALIMENTAT-ADD ON	7/1/2008	$120.67	N	Referral Required		
44020		ENTEROTOMY SMALL INTESTINE FOR EXPLORATION	7/1/2008	$775.82	N	Referral Required		
44021		ENTEROTOMY; SMALL BOWEL OTHER THAN DUODENUM	7/1/2008	$782.06	N	Referral Required		
44025		ENTEROTOMY	7/1/2008	$788.82	N	Referral Required		
44050		REDUCTION, VOLVULUS	7/1/2008	$749.92	N	Referral Required		
44055		CORR OF MALROTATION BY LYSIS	7/1/2008	$1,198.88	N	Referral Required		
44100		BIOPSY, INTESTINES	7/1/2008	$97.68	N	Referral Required		
44110		EXCISION, LESION, BOWEL	7/1/2008	$676.77	N	Referral Required		
44111		EXCISION, LESION, BOWEL	7/1/2008	$790.63	N	Referral Required		
44120		ENTERECTOMY	7/1/2008	$975.54	N	Referral Required		
44121		ENTERECTOMY; EACH ADDITIONAL RESECTION/ANASTOMOSIS-ADD ON	7/1/2008	$204.01	N	Referral Required		
44125		ENTERECTOMY	7/1/2008	$949.88	N	Referral Required		
44126		ENTERECTOMY OF SMALL INTESTINE FOR CONGENITAL ATRESIA W/O TAPEERING	7/1/2008	$1,960.96	N	Referral Required		
44127		ENTERECTOMY OF SMALL INTESTINE FOR CONGENITAL ATRESIA W/TAPERING	7/1/2008	$2,279.87	N	Referral Required		
44128		ENTERECTOMY OF SMALL INTESTINE FOR CONGENITAL ATRESIA EACH ADDITIONSL RESECTION	7/1/2008	$206.25	N	Referral Required		
44130		ENTEROENTEROSTOMY	7/1/2008	$1,010.05	N	Referral Required		
44132		DONOR ENTERECTOMY INCLUDING COLD PRESERVATION OPEN FROM CADAVER DONOR		$0.00	N	Referral Required		
44133		DONOR ENTERECTOMY PARTIAL, FROM LIVING DONOR		$0.00	Y	Referral Required		
44135		INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	7/1/2008	$5,526.77	Y	Referral Required		
44136		INTESTINAL ALLOTRANSPLANATION; FROM LIVING DONOR	7/1/2008	$5,971.64	Y	Referral Required		
44137		REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE	7/1/2008	$1,190.30	Y	Referral Required		
44139		MOBILIZATION SPLENIC FLEXURE W/PARTIAL COLECTOMY-ADD ON	7/1/2008	$102.00	N	Referral Required		
44140		COLECTOMY	7/1/2008	$1,083.89	N	Referral Required		
44141		COLECTOMY	7/1/2008	$1,411.40	N	Referral Required		
44143		HARTMANN PROCEDURE	7/1/2008	$1,334.73	N	Referral Required		
44144		COLECTOMY	7/1/2008	$1,389.99	N	Referral Required		
44145		COLECTOMY	7/1/2008	$1,355.38	N	Referral Required		
44146		COLECTOMY	7/1/2008	$1,681.09	N	Referral Required		
44147		COLECTOMY, PARTIAL, WITH ANASTOMOSIS	7/1/2008	$1,499.19	N	Referral Required		
44150		COLECTOMY;W/O PROCTECTOMY W/ILEOSTOMY OR ILEOPROCT	7/1/2008	$1,474.82	N	Referral Required		
44151		COLECTOMY TOTAL W/CONTINENT ILEOSTOMY	7/1/2008	$1,687.25	N	Referral Required		
44155		COLECTOMY	7/1/2008	$1,656.82	N	Referral Required		
44156		COLECTOMY,TOTAL,ABDOMINAL W/PROCTECTOMY& CONTINENT	7/1/2008	$1,816.17	N	Referral Required		
44157		COLECTOMY, TOTAL, ABD, W/PROCTECTOMY	7/1/2008	$1,835.59	N	Referral Required		
44158		COLECTOMY, TOTAL, ABDOMINAL, W/ PROCTECTOMY; W/ ILEOANAL	7/1/2008	$1,882.92	N	Referral Required		

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44160		COLECTOMY WITH REMOVAL OF TER ILEUM & ILEOCOLOSTOM	7/1/2008	$996.69	N	Referral Required		
44180		LAPAROSCOPY, SURGICAL ENTEROLYSIS (SP)	7/1/2008	$745.88	N	Referral Required		
44186		LAPAROSCOPY, SURGICAL JEJUNOSTOMY, FOR DECOMPRESSION OR FEEDING	7/1/2008	$526.11	N	Referral Required		
44187		LAPAROSCOPY, SURGICAL ILEOSTOMY OR JEJUNOSTOMY,NON TUBE	7/1/2008	$890.22	N	Referral Required		
44188		LAPAROSCOPY, SURGICAL COLOSTOMY OR SKIN LEVEL CECOSTOMY	7/1/2008	$978.98	N	Referral Required		
44202		LAPAROSCOPY JEJUNOSTOMY, INTESTINAL RESECTION	7/1/2008	$1,121.90	N	Referral Required		
44203		LAPAROSCOPY EACH ADD SMALL INTESTINE RESECTION & ANASTOMOSIS (ADD-ON)	7/1/2008	$203.48	N	Referral Required		
44204		LAPAROSCOPY, COLECTOMY PARTIAL WITH ANASTOMOSIS	7/1/2008	$1,255.23	N	Referral Required		
44205		LAPAROSCOPY, COLECTOMY PARTIAL W/REMOVAL TERMINAL ILEUM W/ ILEOCOLOSTOMY	7/1/2008	$1,096.98	N	Referral Required		
44206		LAPAROSCOPY; COLECTOMY, PARTIAL, W/END COLOSTOMY & CLOSURE OF DISTAL SEGMENT	7/1/2008	$1,422.25	N	Referral Required		
44207		LAPAROSCOPY; COLECTOMY, PARTIAL, W/ANASTOMOSIS, W/COLOPROCTOSTOMY	7/1/2008	$1,496.28	N	Referral Required		
44208		LAPAROSCOPY; COLECTOMY, PARTIAL, W/ANASTOMOSIS, W/ COLOPROCTOSTOMY W/ COLOSTOMY	7/1/2008	$1,629.36	N	Referral Required		
44210		LAPAROSCOPY; COLECTOMY, TOTAL, ABDOMINAL,W/O PROCTECTOMY, W/ ILEOSTOMY/ILEOPROCT	7/1/2008	$1,451.89	N	Referral Required		
44211		LAPAROSCOPY; COLECTOMY, TOTAL W/PROCTECTOMY, W/ILEDANAL, ILEAL RESERVIOR, W/LOOP	7/1/2008	$1,787.87	N	Referral Required		
44212		LAPAROSCOPY; COLECTOMY, TOTAL, ABDOMINAL, W/PROCTECTOMY, W/ILEOSTOMY	7/1/2008	$1,670.96	N	Referral Required		
44213		LAPAROSCOPY, SURGICAL MOBILIZATION/SPLENIC FLEXURE ADD-ON	7/1/2008	$160.39	N	Referral Required		
44227		LAPAROSCOPY, SURG CLOSURE/ENTEROSTOMY, LG/SML INTESTINE W/RESECTION/ANASTOMOSIS	7/1/2008	$1,355.61	N	Referral Required		
44238		UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)		$0.00	N	Referral Required		
44300		TUBE CECOSTOMY/ENTEROSTOMY	7/1/2008	$672.45	N	Referral Required		
44310		ILEOSTOMY	7/1/2008	$842.97	N	Referral Required		
44312		ILEOSTOMY	7/1/2008	$474.73	N	Referral Required		
44314		ILEOSTOMY	7/1/2008	$813.08	N	Referral Required		
44316		CONTINENT ILEOSTOMY	7/1/2008	$1,122.80	N	Referral Required		
44320		COLOSTOMY	7/1/2008	$959.94	N	Referral Required		
44322		COLOSTOMY W/MULTIPLE BIOPSIES	7/1/2008	$765.31	N	Referral Required		
44340		COLOSTOMY	7/1/2008	$478.17	N	Referral Required		
44345		COLOSTOMY	7/1/2008	$839.80	N	Referral Required		
44346		REV COLOSTOMY W/REPAIR PARACOLOSTOMY HERNIA	7/1/2008	$942.65	N	Referral Required		
44360		SM INTESTINAL ENDOSCOPY, BY SECOND PORTION OF DUOD	7/1/2008	$133.83	N	Referral Required		
44361		SM. INTESTINAL ENDOSCOPY W/OBIOPSY,SINGLE/MULTIPLE	7/1/2008	$147.40	N	Referral Required		
44363		S INTESTINAL ENDOSCOPY W/FB REMOVAL	7/1/2008	$175.79	N	Referral Required		
44364		W/REMOVAL OF TUMORS,POLYPS,OR OTHER LESIONS BY SNA	7/1/2008	$187.79	N	Referral Required		
44365		W/REMOVAL TUMORS,POLYPS,OR OTHER LESION,HOT BIOPSY	7/1/2008	$167.12	N	Referral Required		
44366		WITH CONTROL OF BLEEDING, ANYMETHOD	7/1/2008	$221.89	N	Referral Required		
44369		W/ABLATION OF TUMORS,POLYPS,OR OTHER LESIONS NOT A	7/1/2008	$225.89	N	Referral Required		
44370		SMALL INTESTINAL ENDOSCOPY WITH STENT PLACEMENT	7/1/2008	$243.51	N	Referral Required		
44372		W/PLACEMENT PERCUTANEOUS JEJUNOSTOMY TUBE	7/1/2008	$218.45	N	Referral Required		
44373		W/CONVERSION PERCUTANEOUS GASTROSTOMY TUBE TO PERC	7/1/2008	$175.12	N	Referral Required		
44376		SM INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	7/1/2008	$259.03	N	Referral Required		
44377		WITH BIOPSY, SINGLE OR MULTIPLE	7/1/2008	$274.46	N	Referral Required		
44378		WITH CONTROL OF BLEEDING, ANY METHOD	7/1/2008	$353.47	N	Referral Required		
44379		SMALL INTESTINAL ENDOSCOPY WITH STENT PLACEMENT	7/1/2008	$376.14	N	Referral Required		
44380		ILEOSCOPY,THRU STOMA;DIAGNOSTIC W/OR W/O COLLECTIO	7/1/2008	$58.25	N	Referral Required		
44382		FIBEROPTIC ILEOSCOPY W/BIOPSY-COLLECT BRUSHING/WAS	7/1/2008	$69.30	N	Referral Required		
44383		ILEOSCOPY W/STENT PLACEMENT	7/1/2008	$150.69	N	Referral Required		

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44385		ENDOSCOPE EVALUATION OF SMALL INTESTINAL POUCH,DIA	7/1/2008	$201.59	N	Referral Required		
44386		WITH BIOPSY, SINGLE OR MULTIPLE	7/1/2008	$296.90	N	Referral Required		
44388		COLONOSCOPY THRU STOMA;DIAGNOSTICE,W/OR W/O COLLEC	7/1/2008	$286.25	N	Referral Required		
44389		WITH BIOPSY, SINGLE OR MULTIPLE	7/1/2008	$339.47	N	Referral Required		
44390		WITH REMOVAL OF FOREIGN BODY	7/1/2008	$391.97	N	Referral Required		
44391		WITH CONTROL OF BLEEDING ANY METHOD	7/1/2008	$446.15	N	Referral Required		
44392		W/REMOVAL OF FOREIGN BODY	7/1/2008	$367.33	N	Referral Required		
44393		W/ABLATION OF TUMORS,POLYPS,OR OTHER LESION NOT AM	7/1/2008	$419.10	N	Referral Required		
44394		COLONOSCOPY THROUGH STOMA; BY SNARE TECHNIQUE	7/1/2008	$427.65	N	Referral Required		
44397		COLONOSCOPY W/ STENT PLACEMENT	7/1/2008	$231.17	N	Referral Required		
44500		INTRODUCTION OF LONG GASTROINTESTINAL TUBE-(SP)	7/1/2008	$22.62	N	Referral Required		
44602		SUTURE SMALL INTESTINE FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUP	7/1/2008	$1,100.74	N	Referral Required		
44603		MULTIPLE PERFORATIONS	7/1/2008	$1,256.99	N	Referral Required		
44604		SUTURE LARGE INTESTINE FOR PERFORATED ULCER,DIVERT	7/1/2008	$854.82	N	Referral Required		
44605		ENTERORRHAPHY	7/1/2008	$1,056.32	N	Referral Required		
44615		INTESTINAL STRICTUROPLASTY W/OR W/O DILATION FOR I	7/1/2008	$866.30	N	Referral Required		
44620		CLOSURE, ENTEROSTOMY	7/1/2008	$691.01	N	Referral Required		
44625		CLOSURE, ENTEROSTOMY	7/1/2008	$820.30	N	Referral Required		
44626		CLOSURE ENTEROSTOMY; WITH RESECTION AND COLORECTAL ANATOMOSIS	7/1/2008	$1,307.36	N	Referral Required		
44640		CLOSURE, FISTULA, INTESTINAL	7/1/2008	$1,138.83	N	Referral Required		
44650		CLOSURE, FISTULA, ENTEROCOLIC	7/1/2008	$1,182.55	N	Referral Required		
44660		CLOSURE, FISTULA ENTEROVESICAL	7/1/2008	$1,141.76	N	Referral Required		
44661		CLOSURE ENTEROVESICAL FISTULA W/BOWEL AND BLADDER	7/1/2008	$1,284.27	N	Referral Required		
44680		SUTURE, PLICATION, INTESTINAL	7/1/2008	$857.16	N	Referral Required		
44700		EXCLUSION OF SMALL BOWEL FROM PELVIS BY MESH/OTHER PROSTHESIS,OR NATIVE TISSUE	7/1/2008	$832.40	N	Referral Required		
44701		INTRAOPERATIVE COLONIC LAVAGE (ADD-ON)	7/1/2008	$141.39	N	Referral Required		
44715		CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT > TRANSPLANT INCLUDING MOBILIZATION	7/1/2008	$918.45	Y	Referral Required		
44720		CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT > TRANSPLANT VENOUS ANASTAMOSIS; EA	7/1/2008	$224.34	Y	Referral Required		
44721		CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANT; ARTERIAL ANAST	7/1/2008	$322.82	Y	Referral Required		
44799		UNLISTED PROC, INTESTINE		$0.00	N	Referral Required		
44800		DIVERTICULECTOMY	7/1/2008	$609.79	N	Referral Required		
44820		EXCISION, LESION, MESENTERY	7/1/2008	$671.83	N	Referral Required		
44850		SUTURE, MESENTERY	7/1/2008	$596.97	N	Referral Required		
44899		UNLISTED PROC, MESENTERY		$0.00	N	Referral Required		
44900		DRAINAGE, ABSCESS, APPENDICIAL	7/1/2008	$604.53	N	Referral Required		
44901		INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	1/1/2011	$848.24	N	Referral Required		
44950		APPENDECTOMY	7/1/2008	$517.10	N	Referral Required		
44955		APPENDECTOMY WHEN DONE W.OTHER MAJOR PROCEDURE-ADD ON	7/1/2008	$70.91	N	Referral Required		
44960		APPENDECTOMY FOR RUPTURED APPENDIX W/ABSCESS	7/1/2008	$692.77	N	Referral Required		
44970		LAPAROSCOPY APPENDECTOMY	7/1/2008	$473.29	N	Referral Required		
44979		LAPAROSCOPY UNLISTED APPENDIX PROCEDURE		$0.00	N	Referral Required		
45000		DRAINAGE, ABSCESS, PELVIC	7/1/2008	$326.96	N	Referral Required		
45005		INCISION & DRAINAGE OF SUBMUCOUS ABSCESS, RECTUM	7/1/2008	$205.92	N	Referral Required		
45020		DRAINAGE, ABSCESS, PELVIRECTAL	7/1/2008	$423.53	N	Referral Required		
45100		BIOPSY, ANO-RECTAL WALL	7/1/2008	$227.72	N	Referral Required		

Procedure Code	Modifier	Procedure Code Description	Price Eff Date	Allowed Amount ($0.00 indicates a Manual Priced Code)	PA Ind	HC Rev	Technical Component Amount	Professional Component Amount
45108		MYOMECTOMY, ANORECTAL	7/1/2008	$278.43	N	Referral Required		
45110		PROCTECTOMY	7/1/2008	$1,494.00	N	Referral Required		
45111		PROTECTOMY, PARTIAL RESECTION	7/1/2008	$875.51	N	Referral Required		
45112		PROCTECTOMY	7/1/2008	$1,541.99	N	Referral Required		
45113		PROCTECTOMY,PARTIAL W/MUCOSECTOMY W/W/O ILEOSTOMY	7/1/2008	$1,579.69	N	Referral Required		
45114		PROCTECTMY PARTIAL W ANASTOMOSIS ABDOMINAL & TRNSC	7/1/2008	$1,444.52	N	Referral Required		
45116		PROCTECTOMY PARTIAL TRANSACRAL APPROACH ONLY KRSKE	7/1/2008	$1,307.52	N	Referral Required		
45119		PROCTECTOMY,COLO-ANAL ANASTOMOSIS,W/COLONIC RESERVOIR,W/W/O DIVERTING OSTOMY	7/1/2008	$1,582.97	N	Referral Required		
45120		PROCTECTOMY	7/1/2008	$1,259.43	N	Referral Required		
45121		PROTECTOMY COMPLETE W SUBTOTAL OR TOTAL COLECTOMY	7/1/2008	$1,385.01	N	Referral Required		
45123		PROCTECTOMY PARTIAL W/O ANASTOMOSIS, PERINEAL	7/1/2008	$892.93	N	Referral Required		
45126		PELVIC EXENTERATION COLORECTAL MALIGNA WITH PROCTECTOMY	7/1/2008	$2,341.01	N	Referral Required		
45130		EXCISION, RECTAL PROCIDENTIA	7/1/2008	$874.73	N	Referral Required		
45135		EXCISION, RECTAL PROCIDENTIA	7/1/2008	$1,071.95	N	Referral Required		
45136		EXCISION OF ILEOANAL RESERVOIR W/ ILEOSTOMY	7/1/2008	$1,489.29	N	Referral Required		
45150		DIVISION, STRICTURE, RECTUM	7/1/2008	$310.20	N	Referral Required		
45160		EXCISION RECTAL TUMOR BY PROCTOTOMY TRANSANAL APPR	7/1/2008	$792.55	N	Referral Required		
45171		EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA	1/1/2010	$412.59	N	Referral Required		
45172		INCLUDING MUSCULARIS (IE, FULL THICKNESS)	1/1/2010	$567.78	N	Referral Required		
45190		DESTRUCTION RECTAL TUMOR, TRANSANAL APPROACH	7/1/2008	$535.74	N	Referral Required		
45300		PROCTOSIGMOIDOSCOPY	7/1/2008	$85.48	N	Referral Required		
45303		PROCTOSIGMOIDOSCOPY WITH DILATION, ANY METHOD	7/1/2008	$695.49	N	Referral Required		
45305		PROSCTOSIGMOIDOSCOPY WITH BIOPSY	7/1/2008	$141.08	N	Referral Required		
45307		PROCTOSIGMOIDOSCOPY	7/1/2008	$163.99	N	Referral Required		
45308		W/REMOVAL OF SINGLE TUMOR,POLYP,BY HOT BIOPSY FORC	7/1/2008	$138.64	N	Referral Required		
45309		W/REMOVAL OF SINGLE TUMOR,POLYP,BY HOT BIOPSY FORC	7/1/2008	$160.23	N	Referral Required		
45315		PROCTOSIGMOIDOSCOPY-REMOVE MULTIPLE TUMORS,POLYPE	7/1/2008	$174.85	N	Referral Required		
45317		PROCTOSIGMOIDOSCOPY	7/1/2008	$166.65	N	Referral Required		
45320		PROCTOSIGMOIDOSCOPY W/ABLATION OF TUMOR	7/1/2008	$168.27	N	Referral Required		
45321		PORSTOSIGMOIDOSCOPY FOR DECOMPRESSION OF VOLVULUS	7/1/2008	$84.82	N	Referral Required		
45327		PROCTOSIGMOIDOSCOPY W/STENT PLACEMENT	7/1/2008	$96.77	N	Referral Required		
45330		SIGMIDOSCOPY, FLEXIBLE FIBEROPTIC, DIAGNOSITC	7/1/2008	$113.97	N	Referral Required		
45331		SIGMOIDOSCOPY, FLEX FIBEROPTIC DIAGNOSTIC W/BIOPSY	7/1/2008	$146.28	N	Referral Required		
45332		SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC W/REMOVAL OF FB	7/1/2008	$239.05	N	Referral Required		
45333		SIGMOIDOSCOPY, FLEX FIBEROPTIC, W/REMOVAL POLYPOID	7/1/2008	$238.86	N	Referral Required		
45334		WITH CONTROL OF BLEEDING, ANY METHOD	7/1/2008	$139.93	N	Referral Required		
45335		SIGMOIDOSCOPY, FLEXIBLE; W/DIRECTED SUBMUCOSAL INJ. ANY SUBSTANCE	7/1/2008	$194.03	N	Referral Required		
45337		WITH DECOMPRESSION OF VOLVULUS, ANY METHOD	7/1/2008	$120.59	N	Referral Required		
45338		W/REMOVAL OF TUMORS,POLYPS, OR OTHER LESION BY SNA	7/1/2008	$267.92	N	Referral Required		
45339		W/ABLATION OF TUMORS,POLYPS, OR OTHER LESIONS NOT	7/1/2008	$263.93	N	Referral Required		
45340		SIGMOIDOSCOPY, FLEXIBLE; W/DILATION BY BALLOON, 1 OR MORE STRICTURES	7/1/2008	$340.33	N	Referral Required		
45341		SIGMOIDOSCOPY W/ENDOSCOPIC ULTRASOUND	7/1/2008	$133.21	N	Referral Required		
45342		SIGMOIDOSCOPY CODE W/ULTRASOUND FNA/BIOPSY	7/1/2008	$203.41	N	Referral Required		
45345		SIGMOIDOSCOPY W/STENT PLACEMENT	7/1/2008	$146.64	N	Referral Required		
45355		COLONOSCOPY,RIGID OR FLEXIBLE,TRANSABDOMINAL VIA C	7/1/2008	$173.92	N	Referral Required		

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45360		COLONOSCOPY	7/1/2008	$313.15	N	Referral Required		
45365		COLONOSCOPY	7/1/2008	$334.75	N	Referral Required		
45378		COLONOSCOPY	7/1/2008	$338.69	N	Referral Required		
45379		COLONOSCOPY DIAGNOSTIC W/REMOVAL OF FB	7/1/2008	$426.92	N	Referral Required		
45380		COLONOSCOPY	7/1/2008	$404.77	N	Referral Required		
45381		COLONOSCOPY, FLEXIBLE; PROXIMAL TO FLEXURE; W/DIRECTED SUBMUCOSAL INJ. ANY SUBST	7/1/2008	$393.82	N	Referral Required		
45382		COLONOSCOPY W/CONTROL OF HEMORRHAGE(EG ELECTROCOAGU	7/1/2008	$536.89	N	Referral Required		
45383		W/ABLATION OF TUMORS,POLYPS,OR OTHER LESIONS NOT A	7/1/2008	$480.59	N	Referral Required		
45384		COLONOSCOPY WITH REMOVAL OF TUMORS	7/1/2008	$398.09	N	Referral Required		
45385		COLONSCOPY W/REMVL OF TUMOR,POLYPIC BY SNARE TECHN	7/1/2008	$455.78	N	Referral Required		
45386		COLONOSCOPY, FLEXIBLE, PROXIMAL FLEXURE; W/DILATION BY BALLOON, 1 OR MORE STRICT	7/1/2008	$573.92	N	Referral Required		
45387		COLONOSCOPY W/STENT PLACEMNET	7/1/2008	$292.94	N	Referral Required		
45391		SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	7/1/2008	$255.03	N	Referral Required		
45392		SPLENIC FLEXURE; TRANSENDOSCOPIC ULTRASOUND WITH NEEDLE ASPIRATIONS/BIOPSIES	7/1/2008	$322.47	N	Referral Required		
45395		LAPAROSCOPY, SURG PROTECTOMY COMBINED W/ABDOMINOPERINEALW/COLOSTOMY	7/1/2008	$1,613.11	N	Referral Required		
45397		LAPAROSCOPY, SURG PROTECTOMY COMBINED W/ABDOMINOPERINEAL PULL THRU PROC	7/1/2008	$1,748.58	N	Referral Required		
45400		LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	7/1/2008	$935.03	N	Referral Required		
45402		LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE) WITH SIGMOID RESECTION	7/1/2008	$1,251.09	N	Referral Required		
45499		UNLISTED LAPAROSCOPY PROCEDURE, RECTUM		$0.00	N	Referral Required		
45500		PROCTOPLASTY	7/1/2008	$404.06	N	Referral Required		
45505		PROCTOPLASTY	7/1/2008	$439.84	N	Referral Required		
45520		SCLEROSING SOLUTION, RECTAL	7/1/2008	$94.30	N	Referral Required		
45540		PROCTOPEXY	7/1/2008	$850.53	N	Referral Required		
45541		PROCTOPEXY	7/1/2008	$732.32	N	Referral Required		
45550		PROCTOPEXY	7/1/2008	$1,180.42	N	Referral Required		
45560		REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	7/1/2008	$581.17	N	Referral Required		
45562		EXPLORATION, REPAIR, DRAINAGE FOR RECTAL INJURY	7/1/2008	$884.52	N	Referral Required		
45563		EXPLORATION,REPAIR,DRAINAGE FOR INJURY W/COLOSTOMY	7/1/2008	$1,293.65	N	Referral Required		
45800		CLOSURE, FISTULA, RECTOVESICAL	7/1/2008	$988.82	N	Referral Required		
45805		CLOSURE, FISTULA, RECTOVESICAL	7/1/2008	$1,140.69	N	Referral Required		
45811		EXTRNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	7/1/2008	$313.33	N	Referral Required		
45820		CLOSURE, FISTULA RECTOURETHRAL	7/1/2008	$987.72	N	Referral Required		
45825		CLOSURE, FISTULA RECTOURETHRAL	7/1/2008	$1,170.97	N	Referral Required		
45900		REDUCTION, PROCIDENTIA	7/1/2008	$157.84	N	Referral Required		
45905		DILATION OF ANAL SPHINCTER UNDER ANESTHESIA	7/1/2008	$133.22	N	Referral Required		
45910		DILATION OF RECTAL STRICTURE	7/1/2008	$158.56	N	Referral Required		
45915		REMOVAL OF FECAL IMPACTION OR FOREIGN BODY W/ANES	7/1/2008	$253.73	N	Referral Required		
45990		ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA(GEN SPINAL/EPIDURAL DIAGNOSTIC)	7/1/2008	$89.15	N	Referral Required		
45999		UNLISTED PROCEDURE, RECTUM		$0.00	N	Referral Required		
46020		PLACEMENT OF SETON	7/1/2008	$197.97	N	Referral Required		
46030		REMOVAL, SETON	7/1/2008	$98.23	N	Referral Required		
46040		DRAINAGE, ABSCESS, PERIRECTAL	7/1/2008	$389.00	N	Referral Required		
46045		DRAINAGE, ABSCESS, TRANSANAL	7/1/2008	$318.63	N	Referral Required		
46050		DRAINAGE, ABSCESS, PERIANAL	7/1/2008	$139.17	N	Referral Required		
46060		DRAINAGE, ABSCESS, INTRAMURAL	7/1/2008	$349.64	N	Referral Required		

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46070		INCISION, ANAL SEPTUM	7/1/2008	$168.38	N	Referral Required		
46080		SPHINCTEROTOMY	7/1/2008	$180.26	N	Referral Required		
46083		INCISION OF THROMBOSE HEMORRHOID, EXTERNAL	7/1/2008	$131.87	N	Referral Required		
46200		FISSURECTOMY, INCLUDING SPHINCTEROTOMY	7/1/2008	$293.13	N	Referral Required		
46220		EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	7/1/2008	$144.93	N	Referral Required		
46221		HEMORRHOIDECTOMY, INTERNAL BY RUBBER BAND LIGATION(S)	7/1/2008	$188.13	N	Referral Required		
46230		EXCISION, MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS	7/1/2008	$202.32	N	Referral Required		
46250		HEMORRHOIDECTOMY, EXTERNAL	7/1/2008	$336.76	N	Referral Required		
46255		HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL	7/1/2008	$378.01	N	Referral Required		
46257		HEMORRHOIDECTOMY W/FISSURECTOMY	7/1/2008	$314.73	N	Referral Required		
46258		HEMORRHOIDECTOMY W/FISTULECTOMY, INCLUDING FISSURECTOMY	7/1/2008	$344.02	N	Referral Required		
46260		HEMORRHOIDECTOMY	7/1/2008	$358.77	N	Referral Required		
46261		HEMORRHOIDECTOMY INTERNAL/EXTERNAL W/FISSURECTOMY	7/1/2008	$402.78	N	Referral Required		
46262		HEMORRHOIDECTOMY COMPLEX W/FISTULECTOMY W/WO FISSU	7/1/2008	$417.59	N	Referral Required		
46270		FISTULECTOMY	7/1/2008	$360.09	N	Referral Required		
46275		HEMORRHOIDECTOMY, INTERSPHINCTERIC	7/1/2008	$375.99	N	Referral Required		
46280		HEMORRHOIDECTOMY, TRANS-SUPRA-EXTRA SPHINCTERIC	7/1/2008	$348.64	N	Referral Required		
46285		FISTULECTOMY	7/1/2008	$358.45	N	Referral Required		
46288		CLOSURE ANAL FISTULA W/ADVANCEMENT FLAP	7/1/2008	$411.64	N	Referral Required		
46320		EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL	7/1/2008	$133.63	N	Referral Required		
46500		SCLEROSING HEMORRHOIDS	7/1/2008	$153.31	N	Referral Required		
46505		CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	7/1/2008	$213.22	N	Referral Required		
46600		ANOSCOPY W-W/O COLLECTION OF SPECIMEN.	7/1/2008	$68.28	N	Referral Required		
46604		ANOSCOPY FOR DILATION DIRECT INSTRUMENTAL	7/1/2008	$398.28	N	Referral Required		
46606		ANOSCOPY FOR BIOPSY	7/1/2008	$169.87	N	Referral Required		
46608		ANOSCOPY FOR REMOVAL OF FB	7/1/2008	$182.59	N	Referral Required		
46610		ANOSCOPU FOR REMOVAL OF POLYP	7/1/2008	$176.35	N	Referral Required		
46611		W/REMOVAL OF SINGLE TUMOR,POLYP,OR OTHER LESION BY	1/1/2011	$144.73	N	Referral Required		
46612		ANOSCOPY FOR MULTI POLYP REMOVAL	7/1/2008	$220.43	N	Referral Required		
46614		ANOSCOPY W/COAGULATION FOR CONTROL HEMORRHAGE AND	7/1/2008	$108.39	N	Referral Required		
46615		W/ABLATION OF TUMORS,POLYPS,OR OTHER LESIONS NOT A	7/1/2008	$126.96	N	Referral Required		
46700		ANOPLASTY	7/1/2008	$498.55	N	Referral Required		
46705		ANOPLASTY INFANT	7/1/2008	$392.11	N	Referral Required		
46706		REPAIR OF ANAL FISTULA W/ FIBRIN GLUE	7/1/2008	$131.79	N	Referral Required		
46707		REPAIR OF ANORECTAL FISTULA W/PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA [SIS])	1/1/2010	$371.61	N	Referral Required		
46710		REPAIR OF ILEOANAL POUCH FISTULA/SINUS POUCH ADVANCE, TRANSPERINEAL APPROACH	7/1/2008	$852.06	N	Referral Required		
46712		REPAIR/ILEOANAL POUCH FISTULA/SINUS POUCH COMBINE, TRANSPERINEAL /TRANSABDOMENAL	7/1/2008	$1,772.69	N	Referral Required		
46715		REPAIR CONGENTIAL ANO-VAGINAL FISTULA	7/1/2008	$392.53	N	Referral Required		
46716		W/TRANSPOSITION OF ANOPERINEAL OR ANOVESTIBULAR FI	7/1/2008	$898.09	N	Referral Required		
46730		REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA	7/1/2008	$1,468.05	N	Referral Required		
46735		COMBINED TRANSABDOMINAL AND SACROPERINEAL APPROACH	7/1/2008	$1,733.50	N	Referral Required		
46740		ANORECTOPLASTY	7/1/2008	$1,642.76	N	Referral Required		
46742		COMBINED TRANSABODMINAL AND SACROPERINEAL APPROACH	7/1/2008	$1,910.75	N	Referral Required		
46744		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY	7/1/2008	$2,737.87	N	Referral Required		
46746		REPAIR CLOACAL ANOMALY BY ANORECTOVAGINALOPLASTY &	7/1/2008	$3,072.48	N	Referral Required		

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46748		W/VAGINAL LENGTHENING BY INTESTINAL GRAFT & PEDICL	7/1/2008	$3,188.02	N	Referral Required		
46750		SPHINCTEROPLASTY	7/1/2008	$604.41	N	Referral Required		
46751		SPHINCTEROPLASTY	7/1/2008	$500.19	N	Referral Required		
46753		GRAFT FOR RECTAL INCONTINENCE AND/OR PROLAPSE	7/1/2008	$454.25	N	Referral Required		
46754		REMOVAL THIERSCH WIRE OR SUTURE ANAL CANAL	7/1/2008	$220.80	N	Referral Required		
46760		SPHINCTEROPLASTY	7/1/2008	$860.25	N	Referral Required		
46761		LEVATOR MUSCLE IMBRICATION	7/1/2008	$743.89	N	Referral Required		
46762		IMPLANTATION ARTIFICIAL SPHINCTER	7/1/2008	$725.51	N	Referral Required		
46820		COMPLEX OR MULTIPLE	7/1/2008	$124.46	N	Referral Required		
46900		CONDYLOMATA DESTRUCTION	7/1/2008	$171.32	N	Referral Required		
46910		CONDYLOMATA DESTRUCTION	7/1/2008	$179.95	N	Referral Required		
46916		DESCTRUCTION OF LESION(S) ANUS SIMPLE CRYOSURGERY	7/1/2008	$180.76	N	Referral Required		
46917		DESTRUCTION OF LESIONS ANUS LASAR SURGERY SIMPLE	7/1/2008	$366.17	N	Referral Required		
46920		CONDYLOMATA DESTRUCTION	7/1/2008	$59.40	N	Referral Required		
46922		DESTRUCTION OF LESION, SURGICAL EXCISION	7/1/2008	$191.20	N	Referral Required		
46924		DESTRUCTION LESION,ANUS, EXTENSIVE, ANY METHOD	7/1/2008	$403.21	N	Referral Required		
46930		DESTRV OF INTNL HEMORRHOID BY THRMAL ENRGY INFRARED COAG, CAUTERY, RADIOFREQ	1/1/2009	$172.15	N	Referral Required		
46936		DESTRUCTION OF INTERNAL/EXTERNAL HEMORRHOIDS	7/1/2008	$316.14	N	Referral Required		
46940		CURETTAGE/CAUTERIZATION OF ANAL FISSURE; INITIAL	7/1/2008	$163.20	N	Referral Required		
46942		CURETTAGE/CAUTERIZATION ANAL FISSURE; SUBSEQUENT	7/1/2008	$149.96	N	Referral Required		
46945		HEMORRHOIDECTOMY, INTERNAL LIGATION OTHER THAN RUBBER BAND	7/1/2008	$209.68	N	Referral Required		
46946		HEMORRHOIDECTOMY, 2 OR MORE COLUMNS/GROUPS	7/1/2008	$231.82	N	Referral Required		
46947		HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	7/1/2008	$295.33	N	Referral Required		
46999		UNLISTED PROCEDURE ANUS		$0.00	N	Referral Required		
47000		BIOPSY, LIVER	7/1/2008	$245.06	N	Referral Required		
47001		BIOPSY LIVER PERC NEEDLE DONE @ TIME OF MAJ PROCED (ADD-ON)	7/1/2008	$87.38	N	Referral Required		
47010		HEPATOTOMY FOR DRAINAGE ABSCESS ONE OR TWO STAGES	7/1/2008	$959.73	N	Referral Required		
47011		HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	7/1/2008	$170.01	N	Referral Required		
47015		LAPAROTOMY W/HEPATIC PARASITIC CYST OR ABSCESS(ES)	7/1/2008	$912.53	N	Referral Required		
47100		BIOPSY, LIVER	7/1/2008	$663.81	N	Referral Required		
47120		HEPATECTOMY	7/1/2008	$1,878.01	N	Referral Required		
47122		HEPATECTOMY TRISEGMENTECTOMY	7/1/2008	$2,798.68	N	Referral Required		
47125		HEPATECTOMY RESECTION OF LIVER TOTAL L LOBECTOMY	7/1/2008	$2,509.92	N	Referral Required		
47130		HEPATECTOMY RESECTION OF LIVER TOTAL R LOBECTOMY	7/1/2008	$2,698.68	N	Referral Required		
47133		DONOR HEPATECTOMY COLD PRESERVATION FROM CADAVER DONOR		$0.00	N	Referral Required		
47135		LIVER ALLOTRANSPLANT; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR DONOR	7/1/2008	$3,972.27	Y	Referral Required		
47136		LIVER ALLOTRANSPLANTATION; HETEROTOPIC, ANY AGE	7/1/2008	$3,382.54	Y	Referral Required		
47143		CADAVER DONOR WHOLE LIVER GRAFT > ALLOTRANSPLANT INCLUDING CHOLECYSTECTOMY, ETC.	7/1/2008	$4,864.88	Y	Referral Required		
47144		CADAVER DONOR WHOLE LIVER GRAFT > ALLOTRANSPLANT INCLUDING CHOLECYSTECTOMY, ETC.	7/1/2008	$3,572.52	Y	Referral Required		
47145		CADAVER DONOR WHOLE LIVER GRAFT > ALLOTRANSPLANT INCLUDING CHOLECYSTECTOMY, ETC.	7/1/2008	$3,942.41	Y	Referral Required		
47146		CADAVER OR LIVING DONOR LIVER GRAFT > ALLOTRANSPLANT; VENOUS ANASTAMOSIS; EA	7/1/2008	$276.63	Y	Referral Required		
47147		CADAVER OR LIVING DONOR LIVER GRAFT > ALLOTRANSPLANT;ARTERIAL ANASTAMOSIS; EA	7/1/2008	$322.49	Y	Referral Required		
47300		MARSUPIALIZATION, CYST, LIVER	7/1/2008	$891.85	N	Referral Required		
47350		HEPATORRHAPHY	7/1/2008	$1,093.53	N	Referral Required		
47360		HEPATORRAPHY COMPLEX W/WO HEPATIC ARTERY LIGATION	7/1/2008	$1,490.92	N	Referral Required		

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47361		MGMT LIVER HEMORRHAGE;EXPLORE HEPATIC WOUND, DEBRI	7/1/2008	$2,471.01	N	Referral Required		
47362		MGMT LIVER HEMORRHAGE;RE-EXPLORE HEPATIC WOUND	7/1/2008	$1,133.38	N	Referral Required		
47370		LAPAROSCOPY, SURGICAL ABLATION OF ONE OR MORE TUMORS RADIOFREQUENCY	7/1/2008	$1,005.85	N	Referral Required		
47371		LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE TUMORS, CRYOSURGICAL	7/1/2008	$1,010.47	N	Referral Required		
47379		UNLISTED LIVER LAPAROSCOPY		$0.00	N	Referral Required		
47380		ABLATION OPEN ONE OR MORE LIVER TUMORS RADIOFREQUENCY	7/1/2008	$1,173.52	N	Referral Required		
47381		ABLATION OPEN ONE OR MORE LIVER TUMORS, CRYOSURGICAL	7/1/2008	$1,199.05	N	Referral Required		
47382		ABULATION, ONE OR MORE LIVER TUMORS, PERCUTANEOUS, RADIOFREQUENCY	7/1/2008	$732.74	N	Referral Required		
47399		UNLISTED PROC, LIVER		$0.00	N	Referral Required		
47400		HEPATICOTOMY/HEPATICOSTOMY	7/1/2008	$1,715.04	N	Referral Required		
47420		CHOLEDOCHOTOMY/CHOLEDOCHOSTOMY	7/1/2008	$1,074.10	N	Referral Required		
47425		CHOLEDOCHOTOMY/CHOLEDOCHOSTOMY	7/1/2008	$1,085.76	N	Referral Required		
47460		SPHINCTEROTOMY	7/1/2008	$1,018.45	N	Referral Required		
47480		CHOLECYSTOTOMY/CHOLECYSTOSTOMY	7/1/2008	$676.47	N	Referral Required		
47490		PERCUTANEOUS CHOLECYSTOSTOMY	7/1/2008	$459.39	N	Referral Required		
47500		CHOLANGIOGRAPHY INJ PROC	7/1/2008	$90.53	N	Referral Required		
47505		CHOLANGIOGRAPHY INJ PROCEDURE THRU EXISTING CATH	7/1/2008	$34.95	N	Referral Required		
47510		INTRO OF PERCUTANEOUS TRANSHEPATIC CATHETER	7/1/2008	$435.80	N	Referral Required		
47511		INTRO TRANSHEPATIC STENT INTERNAL/EXTERNAL DRAINAG	7/1/2008	$540.93	N	Referral Required		
47525		CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER	1/1/2011	$457.21	N	Referral Required		
47530		REVISION AND/OR REINSERTION OF TRANSHEPATIC T-TUBE	7/1/2008	$1,281.33	N	Referral Required		
47550		BILIARY ENDOSCOPY, INTRAOPERATIVE -CHOLEDOCHOSCOPY-ADD ON	7/1/2008	$138.96	N	Referral Required		
47552		BILIARY ENDOSCOPY PERCUTANEOUS VIA T-TUBE DIAGNOST	7/1/2008	$291.32	N	Referral Required		
47553		BILIARY ENDOSCOPY FOR BIOPSY AND/OR COLLECTION SPE	7/1/2008	$291.64	N	Referral Required		
47554		ENDOSCOPY W/REMOVAL OF STONES	7/1/2008	$432.60	N	Referral Required		
47555		BILIARY ENDOSCOPY FOR DILATION BILIARY DUCT STRICT	7/1/2008	$348.93	N	Referral Required		
47556		BILIARY ENDOSCOPY,DILATIOBILAIARY DUCT STRICTURE (	7/1/2008	$394.41	N	Referral Required		
47560		LAPAROSCOPY CHOLANGIOGRAPHY	7/1/2008	$224.53	N	Referral Required		
47561		LAPAROSCOPY CHOLANGIOGRAPHY WITH BIOPSY	7/1/2008	$244.25	N	Referral Required		
47562		LAPAROSCOPY CHOLECYSTECTOMY	7/1/2008	$588.97	N	Referral Required		
47563		LAPAROSCOPY CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	7/1/2008	$606.26	N	Referral Required		
47564		LAPAROSCOPY CHOLECYSTECTOMY WITH EXPLORATION	7/1/2008	$701.97	N	Referral Required		
47570		LAPAROSCOPY CHOLECYSTENTEROSTOMY	7/1/2008	$625.16	N	Referral Required		
47579		LAPAROSCOPY UNLISTED BILIARY TRACT PROCEDURE		$0.00	N	Referral Required		
47600		CHOLECYSTECTOMY	7/1/2008	$839.12	N	Referral Required		
47605		CHOLECYSTECTOMY	7/1/2008	$785.22	N	Referral Required		
47610		CHOLECYSTECTOMY	7/1/2008	$1,006.22	N	Referral Required		
47611		CHOLECYSTECTOMY	7/1/2008	$1,112.19	N	Referral Required		
47612		CHOLECYSTECTOMY W/CHOLEDOCHOENTEROSTOMY	7/1/2008	$1,015.60	N	Referral Required		
47620		CHOLECYSTECTOMY	7/1/2008	$1,101.32	N	Referral Required		
47630		STONE EXTRACTION, BILIARY DUCT	7/1/2008	$493.93	N	Referral Required		
47700		EXPLORATION, BILE DUCT	7/1/2008	$834.58	N	Referral Required		
47701		PORTOENTEROSTOMY-ADD ON	7/1/2008	$1,398.88	N	Referral Required		
47711		EXCISION BILE DUCT TUMOR W/W/O REPAIR;EXTRAHEPATIC	7/1/2008	$1,248.58	N	Referral Required		
47712		EXCISION BILE DUCT TUMOR W/W/O REPAIR;INTRAHEPATIC	7/1/2008	$1,603.16	N	Referral Required		

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47715		EXCISION OF CHOLEDOCHAL CYST	7/1/2008	$1,050.00	N	Referral Required		
47720		ANASTOMOSIS, GALL BLADDER	7/1/2008	$904.33	N	Referral Required		
47721		ANASTOMOSIS, GALL BLADDER	7/1/2008	$1,066.62	N	Referral Required		
47740		ROUX-EN-Y PROCEDURE	7/1/2008	$1,032.33	N	Referral Required		
47741		ROUX-EN-Y WITH GASTROENTEROSTOMY	7/1/2008	$1,170.62	N	Referral Required		
47760		ANASTOMOSIS, BILIARY DUCT	7/1/2008	$1,742.84	N	Referral Required		
47765		ANASTOMOSIS DIRECT OF INTRAHEPATIC DUCTS GASTROINT	7/1/2008	$2,269.99	N	Referral Required		
47780		ROUX-EN-Y PROCEDURE	7/1/2008	$1,902.45	N	Referral Required		
47785		ANASTOMOSIS, ROUX-EN-Y OF DUCTS AND TRACT	7/1/2008	$2,469.67	N	Referral Required		
47800		RECONSTRUCTION, BILIARY DUCTS	7/1/2008	$1,262.63	N	Referral Required		
47801		PLACEMENT OF CHOLEDOCHAL STENT	7/1/2008	$884.46	N	Referral Required		
47802		U-TUBE LEPATICOENTEROSTOMY	7/1/2008	$1,209.25	N	Referral Required		
47900		SUTURE EXTRAHEPATIC BILIARY DUCT FOR PRE INJURY	7/1/2008	$1,094.48	N	Referral Required		
47999		UNLISTED BILIARY TRACT PROC		$0.00	N	Referral Required		
48000		DRAINAGE, PANCRRAS	7/1/2008	$1,506.48	N	Referral Required		
48001		WITH CHOLECYSTOSTOMY,GASTROSTOMY,AND JEJUNOSTOMY	7/1/2008	$1,860.68	N	Referral Required		
48020		REMOVAL, CALCULUS, PANCREAS	7/1/2008	$925.18	N	Referral Required		
48100		BIOPSY OF PANCREAS, OPEN, ANY MEHTOD	7/1/2008	$705.54	N	Referral Required		
48102		BIOPSY OF PANCREAS	7/1/2008	$455.19	N	Referral Required		
48105		RESECTION OR DEBRIDEMENT/PANCREAS & PERIPANCREATIC	7/1/2008	$2,290.36	N	Referral Required		
48120		EXCISION, LESION, PANCREAS	7/1/2008	$883.26	N	Referral Required		
48140		PANCREATECTOMY	7/1/2008	$1,251.61	N	Referral Required		
48145		PANCREATECTOMY	7/1/2008	$1,298.33	N	Referral Required		
48146		PANCREATECTOMY,DISTAL,NEAR-TOTAL W/PRESERVATION OR	7/1/2008	$1,486.04	N	Referral Required		
48148		EXCISION OF AMPULLA OF VATER	7/1/2008	$986.85	N	Referral Required		
48150		PANCREATECTOMY	7/1/2008	$2,511.93	N	Referral Required		
48152		WITHOUT PANCREATOJEJUNOSTOMY	7/1/2008	$2,320.55	N	Referral Required		
48153		PANCREATECTOMY,PROXIMAL NEAR TOTAL DUODENECTOMY,CH	7/1/2008	$2,509.65	N	Referral Required		
48154		WITHOUT PANCREATOJEJUNOSTOMY	7/1/2008	$2,333.31	N	Referral Required		
48155		PANCREATECTOMY TOTAL	7/1/2008	$1,438.19	N	Referral Required		
48160		PANCREATECTOMY	7/1/2008	$1,821.80	Y	Referral Required		
48400		INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGR-ADD ON	7/1/2008	$90.05	N	Referral Required		
48495		REPAIR INITIAL INGUINAL HERNIA,UNDER AGE 6 MO	7/1/2008	$594.31	N	Referral Required		
48500		MARSUPIALIZATION CYST PANCREAS	7/1/2008	$893.71	N	Referral Required		
48510		EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS	7/1/2008	$857.82	N	Referral Required		
48511		EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	7/1/2008	$823.89	N	Referral Required		
48520		ANASTOMOSIS, PANCREATIC CYST	7/1/2008	$870.74	N	Referral Required		
48540		ROUX-EN-Y PROCEDURE	7/1/2008	$1,048.12	N	Referral Required		
48545		PANCREATORRHAPHY FOR TRAUMA	7/1/2008	$1,060.08	N	Referral Required		
48547		DUODENAL EXCLUSION W/GASTROJEJUNOSTOMY FOR PANCREA	7/1/2008	$1,426.09	N	Referral Required		
48548		PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE OPERATION)	7/1/2008	$1,334.47	N	Referral Required		
48999		UNLISTED PANCREAS PROCEDURE		$0.00	N	Referral Required		
49000		LAPAROTOMY	7/1/2008	$622.50	N	Referral Required		
49002		REOPENING OF RECENT LAPAROTOMY INCISION FOR EXPLOR	7/1/2008	$804.71	N	Referral Required		
49010		RETROPERITONEAL EXPLORATION	7/1/2008	$766.49	N	Referral Required		

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49020		DRAINAGE, PERITONITIS	7/1/2008	$1,276.68	N	Referral Required		
49021		DRAINAGE PERITONEAL ABSCESS; PERCUTANEOUS	1/1/2011	$795.99	N	Referral Required		
49040		DRAINAGE, ABSCESS, SUBPHRENIC	7/1/2008	$798.60	N	Referral Required		
49041		DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS	7/1/2008	$796.53	N	Referral Required		
49060		DRNG, ABSCESS, RETROPERITONEAL	7/1/2008	$895.99	N	Referral Required		
49061		DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	7/1/2008	$785.25	N	Referral Required		
49062		DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONAEAL CAVITY, OPEN	7/1/2008	$608.69	N	Referral Required		
49080		PERITONEOCENTESIS	1/1/2011	$151.08	N	Referral Required		
49081		PERITONEOCENTESIS	7/1/2008	$136.08	N	Referral Required		
49180		BIOPSY, ABDOMINAL/RETROPERITONEAL, PERCUTANEOUS NEEDLE	1/1/2011	$152.81	N	Referral Required		
49203		EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS	1/1/2008	$969.51	N	Referral Required		
49204		EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS	1/1/2008	$1,237.47	N	Referral Required		
49205		EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS	1/1/2008	$1,416.33	N	Referral Required		
49215		EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	7/1/2008	$1,792.45	N	Referral Required		
49220		STAGING CELIOTOMY (LAPAROTOMY) FOR HODGKIN'S ECT.	7/1/2008	$780.94	N	Referral Required		
49250		UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS	7/1/2008	$463.40	N	Referral Required		
49255		EXCISION, GREATER OMENTUM	7/1/2008	$631.03	N	Referral Required		
49320		LAPAROSCOPY/PERITONEOSCOPY; DIAGNOSTIC PROCEDURE	7/1/2008	$267.75	N	Referral Required		
49321		LAPAROSCOPY/PERITONEOSCOPY WITH BIOPSY	7/1/2008	$280.99	N	Referral Required		
49322		LAPAROSCOPY/PERITONEOSCOPY WITH ASPIRATION	7/1/2008	$307.23	N	Referral Required		
49323		LAPAROSCOPY/PERITONEOSCOPY WITH DRAINAGE	7/1/2008	$515.73	N	Referral Required		
49324		LAPAROSCOPY, SURGICAL; W/ REVISION OF PREVIOUSLY PLACED CANNULA/CAT	7/1/2008	$317.23	N	Referral Required		
49325		LAPAROSCOPY, SURGICAL; W/ REVISION OF PREVIOUSLY PLACED CANNULA/CA	7/1/2008	$340.47	N	Referral Required		
49326		LAPAROSCOPY, SURGICAL; W/OMENTOPEXY (SP)	7/1/2008	$156.38	N	Referral Required		
49327		LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE FOR RADIATION THERAPY	1/1/2011	$91.20	N	Referral Required		
49329		LAPAROSCOPY/PERITONEOSCOPY UNLISTED ABDOMEN		$0.00	N	Referral Required		
49400		PNEUMOPERITONEUM	7/1/2008	$158.50	N	Referral Required		
49402		REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	7/1/2008	$684.68	N	Referral Required		
49411		PLACEMENT OF INTERSTITIAL DEVICE FOR RADIATION THERAPY GUIDANCE, SINGLE/MULTIPLE	1/1/2010	$357.32	N	Referral Required		
49412		PLACEMENT OF INTERSTITIAL DEVICE FOR RADIATION THERAPY GUIDANCE, SINGLE/MULTIPLE	1/1/2011	$56.83	N	Referral Required		
49418		INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	1/1/2011	$1,077.10	N	Referral Required		
49419		INSERTION INTRAPERITONEAL CANNULA/CATHETER, W/ RESERVOIR, PERMANENT	7/1/2008	$367.96	N	Referral Required		
49420		INTRAPERITONEAL CANNULA	7/1/2008	$115.97	N	Referral Required		
49421		INSERT INTRAPERITONEAL CANNULA FOR DRAINAGE PERMAN	7/1/2008	$315.77	N	Referral Required		
49422		REMOVE PERMANENT INTRAPERITONEAL CANNULA/CATHETER	7/1/2008	$317.42	N	Referral Required		
49423		EXCHANGE OF ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE	1/1/2011	$502.39	N	Referral Required		
49424		CONTRAST INJECTION FOR ASSESMENT OF ABSCESS OR CYST VIA PLACED CATHETER	1/1/2011	$136.48	N	Referral Required		
49425		PERITONEAL VENOUS SHUNT	7/1/2008	$617.60	N	Referral Required		
49426		REVISION OF PERITONEAL VENOUS SHUNT	7/1/2008	$526.44	N	Referral Required		
49427		INJ PROCEDURE FOR EVALUATION PREVIOUSLY PLACE PERI	7/1/2008	$41.38	N	Referral Required		
49428		LIGATION OF PERITONEAL-VENOUS SHUNT	7/1/2008	$358.44	N	Referral Required		
49429		REMOVAL OF PERITONEAL-VENOUS SHUNT	7/1/2008	$375.23	N	Referral Required		
49430		PNEUMOGRAPHY INJECTION PROC	7/1/2008	$66.55	N	Referral Required		
49435		INSERT OF SUBCUTANEOUS EXT TO INTRAPERITONEAL CANNULA/CATHETER/REMOTE CHEST SITE	7/1/2008	$101.43	N	Referral Required		
49436		DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT	7/1/2008	$150.98	N	Referral Required		

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49440		INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE	1/1/2011	$972.36	N	Referral Required		
49441		INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS	1/1/2011	$1,060.57	N	Referral Required		
49442		INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS	1/1/2008	$954.73	N	Referral Required		
49446		CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS	1/1/2011	$891.03	N	Referral Required		
49450		REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS	1/1/2011	$648.32	N	Referral Required		
49451		REPLACEMENT OF DUODENOSTOMY OF JEJUNOSTOMY TUBE, PERCUTANEOUS	1/1/2008	$494.51	N	Referral Required		
49452		REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	1/1/2011	$799.09	N	Referral Required		
49460		MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY	1/1/2011	$709.29	N	Referral Required		
49465		CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY	1/1/2008	$151.31	N	Referral Required		
49491		INGUINAL HERNIA REPAIR ON PRETERM INFANT W/W/O HYDROCELECTOMY; REDUCIBLE	7/1/2008	$604.48	N	Referral Required		
49492		INGUINAL HERNIA REPAIR ON PRETERM INFANT W/W/O HYDROCELECTOMY; INCARCERATED	7/1/2008	$754.12	N	Referral Required		
49495		HERNIA REPAIR-INITIAL INGUINAL UNDER 6 MO	7/1/2008	$320.95	N	Referral Required		
49496		INCARCERATED OR STRANGULATED	7/1/2008	$478.54	N	Referral Required		
49500		REPAIR INITIAL INGUINAL HERNIA,AGE 6MO TO UNDER 5Y	7/1/2008	$319.39	N	Referral Required		
49501		HERNIA REPAIR DIGESTIVE SYSTEM	7/1/2008	$473.63	N	Referral Required		
49505		REPAIR INITIAL INGUINAL HERNIA,AGE 5YRS OR OVER	7/1/2008	$411.06	N	Referral Required		
49506		HERNIA REPAIR DIGESTIVE SYSTEM	7/1/2008	$647.90	N	Referral Required		
49507		INCARCERATED OR STRANGULATED	7/1/2008	$507.06	N	Referral Required		
49520		REPAIR RECURRENT INGUINAL HERNIA, ANY AGE	7/1/2008	$503.68	N	Referral Required		
49521		INCARCERATED OR STRANGULATED	7/1/2008	$615.16	N	Referral Required		
49525		REPAIR INGUINAL HERNIA	7/1/2008	$455.01	N	Referral Required		
49540		HERNIA REPAIR DIGESTIVE SYSTEM	7/1/2008	$539.20	N	Referral Required		
49550		REPAIR INITIAL FEMORAL HERNIA,ANY AGE	7/1/2008	$458.15	N	Referral Required		
49551		HERNIA REPAIR DIGESTIVE SYSTEM	7/1/2008	$896.26	N	Referral Required		
49553		HERNIA REPAIR DIGESTIVE SYSTEM	7/1/2008	$500.96	N	Referral Required		
49555		REPAIR RECURRENT FEMORAL HERNIA	7/1/2008	$476.30	N	Referral Required		
49557		INCARCERATED OR STRANGULATED	7/1/2008	$578.78	N	Referral Required		
49560		REPAIR INITIAL INC ISIONAL HERNIA	7/1/2008	$593.35	N	Referral Required		
49561		INCARCERATED OR STRANGULATED	7/1/2008	$746.87	N	Referral Required		
49565		REPAIR RECURRENT INCISIONAL HERNAI	7/1/2008	$612.87	N	Referral Required		
49566		INCARCERATED OR STRANGULATED	7/1/2008	$754.59	N	Referral Required		
49568		IPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCIS-ADD ON	7/1/2008	$224.34	N	Referral Required		
49570		REPAIR EPIGASTRIC HERNIA	7/1/2008	$323.72	N	Referral Required		
49572		INCARCERATED OR STRANGULATED	7/1/2008	$399.48	N	Referral Required		
49580		REPAIR UMBILICAL HERNIA-UNDER AGE 5	7/1/2008	$250.10	N	Referral Required		
49582		INCARCERATED OR STRANGULATED	7/1/2008	$372.72	N	Referral Required		
49585		REPAIR UMBILICAL HERNIA, AGE 5 OR OVER	7/1/2008	$347.29	N	Referral Required		
49587		INCARCERATED OR STRANGULATED	7/1/2008	$412.63	N	Referral Required		
49590		HERNIA REPAIR DIGESTIVE SYSTEM	7/1/2008	$453.58	N	Referral Required		
49600		REPAIR OF SM OMPHALOCELE,WITH PRIMARY CLOSURE	7/1/2008	$588.31	N	Referral Required		
49605		REPAIR OF LG OMPHALOCELE OR GASTROSCHISIS	7/1/2008	$4,027.58	N	Referral Required		
49606		W/REMOVAL OF PROSTHESIS,FINAL REDUCTION & CLOSURE,	7/1/2008	$922.60	N	Referral Required		
49610		REPAIR, OMPHALOCELE	7/1/2008	$558.55	N	Referral Required		
49611		REPAIR OMPHALOLELE SECOUND STAGE	7/1/2008	$511.77	N	Referral Required		
49650		LAPAROSCOPY INGUINAL HERNIA REPAIR	7/1/2008	$338.19	N	Referral Required		

Procedure Code	Modifier	Procedure Code Description	Price Eff Date	Allowed Amount ($0.00 indicates a Manual Priced Code)	PA Ind	HC Rev	Technical Component Amount	Professional Component Amount
49651		LAPAROSCOPY INGUINAL HERNIA REPAIR	7/1/2008	$437.54	N	Referral Required		
49652		LAPARO SURG REP, VENTRAL, UMBIL SPIGELIAN OR EPIGSTR HERNIA W/MESH INSERT	1/1/2009	$666.88	N	Referral Required		
49653		INCARCERATED OR STRANGULATED	1/1/2009	$833.55	N	Referral Required		
49654		LAPAROSURGICAL, REPAIR, INCISIONAL HERNIA INCLUDS MESH INSERTION, REDUCIBLE	1/1/2009	$766.95	N	Referral Required		
49655		INCARCERATED OR STRANGULATED	1/1/2009	$923.17	N	Referral Required		
49656		LAPAROSURGICAL, REPAIR, RECURRENT INCISINL HERNIA W/MESH INSERT REDUCIBLE	1/1/2009	$769.66	N	Referral Required		
49657		INCARCERATED OR STRANGULATED	1/1/2009	$1,112.19	N	Referral Required		
49659		LAPAROSCOPY UNLISTED HERNIA PROCEDURE		$0.00	N	Referral Required		
49900		SUTURE, ABDOMINAL WALL	7/1/2008	$651.05	N	Referral Required		
49904		OMENTAL FLAP, EXTRA-ABDOMINAL	7/1/2008	$1,246.58	N	Referral Required		
49905		OMENTAL FLAP (LIST SEPARATELY) (ADD-ON)	7/1/2008	$300.06	N	Referral Required		
49906		FREE OMENTAL FLAP W/MICROVASCULAR ANASTOMOSIS		$0.00	N	Referral Required		
49999		UNLISTED PROC, ABDOMEN ETC.		$0.00	N	Referral Required		
50010		RENAL EXPLORATION	7/1/2008	$624.00	N	Referral Required		
50020		DRAINAGE, ABSCESS, RENAL	7/1/2008	$896.31	N	Referral Required		
50021		DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	7/1/2008	$830.59	N	Referral Required		
50040		NEPHROSTOMY	7/1/2008	$833.17	N	Referral Required		
50045		NEPHROTOMY	7/1/2008	$828.63	N	Referral Required		
50060		NEPHROLITHOTOMY	7/1/2008	$1,034.94	N	Referral Required		
50065		NEPHROLITHOTOMY	7/1/2008	$1,067.34	N	Referral Required		
50070		NEPHROLITHOTOMY	7/1/2008	$1,081.23	N	Referral Required		
50075		NEPHROLITHOTOMY	7/1/2008	$1,327.49	N	Referral Required		
50080		PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTO	7/1/2008	$791.06	N	Referral Required		
50081		PERCUTANEOUS NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY	7/1/2008	$1,160.96	N	Referral Required		
50100		TRANSECTION RENAL VESSELS	7/1/2008	$858.04	N	Referral Required		
50120		PYELOTOMY	7/1/2008	$860.02	N	Referral Required		
50125		PYELOSTOMY	7/1/2008	$898.12	N	Referral Required		
50130		PYELOLITHOTOMY	7/1/2008	$936.65	N	Referral Required		
50135		PYELOTOMY	7/1/2008	$1,019.18	N	Referral Required		
50180		AERSOL MASK, USED W/DME NEBULIZER	7/1/2008	$2.21	Y	Referral Required		
50182		WATER,DISTILLED,USE W/LG VOL NEB 1000 ML	7/1/2008	$0.46	Y	Referral Required		
50186		CHIN STRAP, USE W/CPAP	7/1/2008	$19.67	Y	Referral Required		
50200		BIOPSY, RENAL	7/1/2008	$132.78	N	Referral Required		
50205		BIOPSY, RENAL	7/1/2008	$608.93	N	Referral Required		
50220		NEPHRECTOMY	7/1/2008	$926.88	N	Referral Required		
50225		NEPHRECTOMY	7/1/2008	$1,077.18	N	Referral Required		
50230		NEPHRECTOMY	7/1/2008	$1,160.94	N	Referral Required		
50234		NEPHRECTOMY	7/1/2008	$1,180.33	N	Referral Required		
50236		NEPHRECTOMY	7/1/2008	$1,333.70	N	Referral Required		
50240		NEPHRECTOMY	7/1/2008	$1,195.34	N	Referral Required		
50250		ABLATION, OPEN, ONE OR MORE RENAL MASS LESIONS, CYROSURGICAL INCL ULTRASOUND	7/1/2008	$1,111.15	N	Referral Required		
50280		EXCISION, CYST, KIDNEY	7/1/2008	$853.83	N	Referral Required		
50290		EXCISION, CYST, PERINEPHRIC	7/1/2008	$800.38	N	Referral Required		
50300		DONOR NEPHRECTOMY INCLUDING COLD PRESERVATION FROM CADAVER DONER UNILAT OR BI	7/1/2008	$669.95	N	Referral Required		
50320		OPEN FROM LIVING DONOR	7/1/2008	$1,175.23	N	Referral Required		

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50323		LIVING DONOR RENAL ALLOGRAFT (OPEN OR LAPAROSCOPIC) > TRANSPLANT	7/1/2008	$163.16	Y	Referral Required		
50325		LIVING DONOR RENAL ALLOGRAFT (OPEN OR LAPAROSCOPIC) > TRANSPLANT	7/1/2008	$163.16	Y	Referral Required		
50327		CADAVER OR LIVING DONOR RENAL ALLOGRAFT > TRANSPLANT; VENOUS ANAST, EA	7/1/2008	$180.29	Y	Referral Required		
50328		CADAVER OR LIVING DONOR RENAL ALLOGRAFT > TRANSPLANT; ARTERIAL ANAST, EA	7/1/2008	$158.29	Y	Referral Required		
50329		BACKBENCH RECON OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANT	7/1/2008	$153.10	Y	Referral Required		
50340		RECIPIENT NEPHRECTOMY	7/1/2008	$735.02	N	Referral Required		
50360		RENAL HOMOTRANSPLANTATION WO/DONOR AND RECIPIENT N	7/1/2008	$1,999.27	Y	Referral Required		
50365		RENAL HOMOTRANSPLANTATION W/RECIPIENT NEPHRECTOMY	7/1/2008	$2,244.18	Y	Referral Required		
50370		REMOVAL OF TRANSPLANTED HOMOGRAFT (EG INFARTED/REJ	7/1/2008	$931.11	N	Referral Required		
50380		RENAL AUTOTRANSPLANTATION REIMPLANT OF KIDNEY	7/1/2008	$1,513.73	Y	Referral Required		
50382		REMOVAL AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT	7/1/2008	$1,233.78	N	Referral Required		
50384		REMOVAL OF INTERNALLY DWELLING URETERAL STENT	1/1/2011	$986.99	N	Referral Required		
50385		REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL	1/1/2008	$1,176.34	N	Referral Required		
50386		REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT	1/1/2008	$761.24	N	Referral Required		
50387		REMOVAL & REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC STENT	7/1/2008	$583.79	N	Referral Required		
50389		REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLOUROSCOPIC GUIDANCE	1/1/2011	$304.46	N	Referral Required		
50390		ASPIRATION, RENAL CYST	7/1/2008	$90.53	N	Referral Required		
50391		INTO RENAL PELVIS AND/OR URETER VIA EST. NEPHROSTOMY, PYELOSTOMY, EG. TUBE	7/1/2008	$117.94	N	Referral Required		
50392		CATHETER, RENAL PELVIS	7/1/2008	$167.64	N	Referral Required		
50393		INTRO URETERAL CATH OR STENT THRU RENAL PELVIS	7/1/2008	$203.83	N	Referral Required		
50394		PYELOGRAPHY INJECTION PROC	1/1/2011	$96.72	N	Referral Required		
50395		INTRO OF GUIDE INTO RENAL PELVIS AND/OR URETER W/D	7/1/2008	$168.16	N	Referral Required		
50396		MANOMETRIC STUDIES, KINDEY	7/1/2008	$108.59	N	Referral Required		
50398		CHANGE NEPHROSTOMY TUBE	1/1/2011	$481.32	N	Referral Required		
50400		PYELOPLASTY	7/1/2008	$1,048.66	N	Referral Required		
50405		PYELOPLASTY	7/1/2008	$1,261.24	N	Referral Required		
50420		NEPHROPEXY	7/1/2008	$993.41	N	Referral Required		
50500		NEPHRORRHAPHY	7/1/2008	$1,029.91	N	Referral Required		
50520		CLSR, FISTULA NEPHROCUTANEOUS	7/1/2008	$934.69	N	Referral Required		
50525		CLSR, FISTULA NEPHROVISCERAL	7/1/2008	$1,194.04	N	Referral Required		
50526		CLSR, FISTULA NEPHROVISCERAL	7/1/2008	$1,214.51	N	Referral Required		
50540		SYMPHYSIOTOMY	7/1/2008	$1,044.56	N	Referral Required		
50541		LAPAROSCOPY ABLATION OF RENAL CYSTS	7/1/2008	$836.92	N	Referral Required		
50542		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL LESION	7/1/2008	$1,059.09	N	Referral Required		
50543		LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	7/1/2008	$1,351.27	N	Referral Required		
50544		LAPAROSCOPY PYELOPLASTY	7/1/2008	$1,143.47	N	Referral Required		
50545		LAPAROSCOPIC RADICAL NEPHRECTOMY	7/1/2008	$1,224.57	N	Referral Required		
50546		LAPAROSCOPY NEPHRECTOMY	7/1/2008	$1,085.33	N	Referral Required		
50547		DONOR NEPHRECTOMY INCLUDING COLD PRESERVATIONS FROM LIVING DONOR	7/1/2008	$1,326.31	N	Referral Required		
50548		LAPAROSCOPY, NEPHROURETEROECTOMY	7/1/2008	$1,235.33	N	Referral Required		
50549		LAPARSCOPY UNLISTED RENAL PROCEDURE		$0.00	N	Referral Required		
50551		ENDOSCOPY, RENAL	7/1/2008	$340.81	N	Referral Required		
50553		ENDOSCOPY, RENAL	7/1/2008	$355.95	N	Referral Required		
50555		ENDOSCOPY, RENAL	7/1/2008	$392.34	N	Referral Required		
50557		ENDOSCOPY, RENAL	7/1/2008	$394.77	N	Referral Required		

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50561		ENDOSCOPY, RENAL	7/1/2008	$446.16	N	Referral Required		
50562		RENAL ENDOSCOPY; WITH RESECTION OF TUMOR	7/1/2008	$541.02	N	Referral Required		
50570		ENDOSCOPY, RENAL	7/1/2008	$455.28	N	Referral Required		
50572		ENDOSCOPY, RENAL	7/1/2008	$493.23	N	Referral Required		
50574		ENDOSCOPY, RENAL	7/1/2008	$526.19	N	Referral Required		
50575		RENAL ENDOSCOPY WITH ENDOPYELOTOMY	7/1/2008	$663.44	N	Referral Required		
50576		ENDOSCOPY, RENAL	7/1/2008	$523.57	N	Referral Required		
50580		ENDOSCOPY, RENAL	7/1/2008	$564.19	N	Referral Required		
50590		LITHOTRIPSY,EXTRACORPOREAL SHOCK WAVE	7/1/2008	$827.86	N	Referral Required		
50592		ABLATION, ONE OR MORE RENAL TUMORS, PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	5/1/2009	$3,982.32	N	Referral Required		
50593		ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	5/1/2009	$4,139.95	N	Referral Required		
50600		URETEROTOMY	7/1/2008	$846.44	N	Referral Required		
50605		URETEROTOMY FOR INSERTION OF INDWELLINS STENT	7/1/2008	$830.24	N	Referral Required		
50610		URETEROLITHOTOMY	7/1/2008	$867.50	N	Referral Required		
50620		URETEROLITHOTOMY	7/1/2008	$820.83	N	Referral Required		
50630		URETEROLITHOTOMY	7/1/2008	$801.63	N	Referral Required		
50650		URETERECTOMY	7/1/2008	$936.17	N	Referral Required		
50660		URETERECTOMY	7/1/2008	$1,037.94	N	Referral Required		
50684		URETEROGRAPHY INJECTION	1/1/2011	$165.37	N	Referral Required		
50686		MANOMETRIC STUDIES, URETER	7/1/2008	$148.51	N	Referral Required		
50688		URETEROSTOMY TUBE CHANGE	7/1/2008	$74.64	N	Referral Required		
50690		URETEROPYELOGRAPHY INJ PROC	1/1/2011	$94.89	N	Referral Required		
50700		URETEROPLASTY	7/1/2008	$844.02	N	Referral Required		
50715		URETEROLYSIS	7/1/2008	$1,016.11	N	Referral Required		
50722		URETEROLYSIS	7/1/2008	$884.76	N	Referral Required		
50725		URETEROLYSIS	7/1/2008	$982.82	N	Referral Required		
50727		REVISION URINARY-CUTANEOUS ANASTOMOSIS	7/1/2008	$452.28	N	Referral Required		
50728		REVISION URINARY-CUTANEOUS ANASTOMOSIS W/REPAIR FA	7/1/2008	$626.81	N	Referral Required		
50740		URETEROPYELOSTOMY	7/1/2008	$984.15	N	Referral Required		
50750		URETEROCALYCOSTOMY	7/1/2008	$1,050.75	N	Referral Required		
50760		URETEROURETEROSTOMY	7/1/2008	$990.50	N	Referral Required		
50770		TRANSURETEROURETEROSTOMY	7/1/2008	$1,048.75	N	Referral Required		
50780		URETERONEOCYSTOSTOMY	7/1/2008	$988.27	N	Referral Required		
50782		ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	7/1/2008	$996.28	N	Referral Required		
50783		WITH EXTENSIVE URETERAL TAILORING	7/1/2008	$1,032.08	N	Referral Required		
50785		URETERONEOCYSTOSTOMY	7/1/2008	$1,092.99	N	Referral Required		
50800		URETEROENTEROSTOMY	7/1/2008	$827.83	N	Referral Required		
50810		URETEROSIGMOIDOSTOMY	7/1/2008	$1,122.85	N	Referral Required		
50815		URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS	7/1/2008	$1,101.33	N	Referral Required		
50820		URETEROILEAL CONDUIT	7/1/2008	$1,179.52	N	Referral Required		
50825		CONTINENT DIV,INC BOWEL ANASTOMOSIS,SMALL/LG BOWEL	7/1/2008	$1,496.27	N	Referral Required		
50830		URINARY UNDIVERSION	7/1/2008	$1,634.94	N	Referral Required		
50840		REPLACEMENT, URETER	7/1/2008	$1,111.86	N	Referral Required		
50845		CUTANEOUS APPENDICO VESICOSTOMY	7/1/2008	$1,124.54	N	Referral Required		
50860		URETEROSTOMY	7/1/2008	$856.69	N	Referral Required		

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50900		URETERORRHAPHY	7/1/2008	$756.58	N	Referral Required		
50920		CLSR, FISTULA URETEROCUTANOUS	7/1/2008	$796.02	N	Referral Required		
50930		CLSR, FISTULA URETEROVISCERAL	7/1/2008	$987.88	N	Referral Required		
50940		DELIGATION, URETER	7/1/2008	$789.96	N	Referral Required		
50945		LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	7/1/2008	$897.64	N	Referral Required		
50947		LAPAROSCOPIC URETERONECYSTOMOY W/CYSTOSCOPY & URETERAL STENT PLACEMENT	7/1/2008	$1,267.62	N	Referral Required		
50948		LAPAROSCOPIC URETERONEOCYSTOSTOMY W/O CYSTOSCOPY & URETERAL STENT PLACEMENT	7/1/2008	$1,158.70	N	Referral Required		
50949		UNLISTED LAPAROSCOPY PROCEDURE, URETER		$0.00	N	Referral Required		
50950		URETERAL ENDOSCOPY	7/1/2008	$140.39	N	Referral Required		
50951		URETERAL ENDOSCOPY	7/1/2008	$355.33	N	Referral Required		
50952		URETERAL ENDOSCOPY	7/1/2008	$161.96	N	Referral Required		
50953		URETERAL ENDOSCOPY	7/1/2008	$373.10	N	Referral Required		
50954		URETERAL ENDOSCOPY	7/1/2008	$161.96	N	Referral Required		
50955		URETERAL ENDOSCOPY	7/1/2008	$428.22	N	Referral Required		
50956		URETERAL ENDOSCOPY	7/1/2008	$172.79	N	Referral Required		
50957		URETERAL ENDOSCOPY	7/1/2008	$402.34	N	Referral Required		
50958		URETERAL ENDOSCOPY	7/1/2008	$194.38	N	Referral Required		
50960		URETERAL ENDOSCOPY	7/1/2008	$172.79	N	Referral Required		
50961		URETERAL ENDOSCOPY	7/1/2008	$362.24	N	Referral Required		
50970		URETERAL ENDOSCOPY	7/1/2008	$344.18	N	Referral Required		
50972		URETERAL ENDOSCOPY	7/1/2008	$332.22	N	Referral Required		
50974		URETERAL ENDOSCOPY	7/1/2008	$434.32	N	Referral Required		
50976		URETERAL ENDOSCOPY	7/1/2008	$430.80	N	Referral Required		
50980		URETERAL ENDOSCOPY	7/1/2008	$330.18	N	Referral Required		
51020		CYSTOTOMY/CYSTOSTOMY	7/1/2008	$416.75	N	Referral Required		
51030		CYSTOTOMY/CYSTOSTOMY	7/1/2008	$416.32	N	Referral Required		
51040		CYSTOTOMY/CYSTOSTOMY	7/1/2008	$262.21	N	Referral Required		
51045		CYSTOTOMY/CYSTOSTOMY	7/1/2008	$418.84	N	Referral Required		
51050		CYSTOLITHOTOMY	7/1/2008	$422.75	N	Referral Required		
51060		TRANSVESICAL URETEROLITHOTOMY	7/1/2008	$523.43	N	Referral Required		
51065		CYSTOTOMY	7/1/2008	$518.28	N	Referral Required		
51080		DRAINAGE, ABSCESS, PERIVESICAL	7/1/2008	$365.65	N	Referral Required		
51100		ASPIRATION OF BLADDER; BY NEEDLE	1/1/2008	$57.93	N	Referral Required		
51101		ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	1/1/2008	$116.59	N	Referral Required		
51102		ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	1/1/2011	$223.56	N	Referral Required		
51500		EXCISION, CYST, URACHAL	7/1/2008	$565.51	N	Referral Required		
51520		CYSTOTOMY	7/1/2008	$534.52	N	Referral Required		
51525		CYSTOTOMY	7/1/2008	$775.06	N	Referral Required		
51530		CYSTOTOMY	7/1/2008	$694.72	N	Referral Required		
51535		CYSTOTOMY	7/1/2008	$710.29	N	Referral Required		
51550		CYSTECTOMY	7/1/2008	$856.11	N	Referral Required		
51555		CYSTECTOMY	7/1/2008	$1,138.75	N	Referral Required		
51565		URETERONEOCYSTOSTOMY	7/1/2008	$1,170.72	N	Referral Required		
51570		CYSTECTOMY	7/1/2008	$1,336.44	N	Referral Required		
51575		CYSTECTOMY	7/1/2008	$1,656.76	N	Referral Required		

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51580		CYSTECTOMY	7/1/2008	$1,723.06	N	Referral Required		
51585		CYSTECTOMY	7/1/2008	$1,918.88	N	Referral Required		
51590		CYSTECTOMY	7/1/2008	$1,753.86	N	Referral Required		
51595		CYSTECTOMY	7/1/2008	$1,990.83	N	Referral Required		
51596		CYSTECTOMY;U SEG SM/LG BOWEL TO CONST NEOBLADDER	7/1/2008	$2,136.76	N	Referral Required		
51597		PELVIC EXENTERATION COMPLETE	7/1/2008	$2,066.93	N	Referral Required		
51600		CYSTOGRAPHY, INJECTION PROC	1/1/2011	$178.39	N	Referral Required		
51605		URETHROCYSTOGRAPHY, INJ PROC	7/1/2008	$35.10	N	Referral Required		
51610		URETHROCYSTOGRAPHY, INJ PROC	1/1/2011	$104.86	N	Referral Required		
51700		BLADDER IRRIGATION	7/1/2008	$82.18	N	Referral Required		
51701		INSERTION NON-INDWELLING BLADDER CATHETER	1/1/2011	$56.55	N	Referral Required		
51702		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	1/1/2011	$72.19	N	Referral Required		
51703		INSERTION TEMP. INDWELLING BLADDER CATHETER; COMPLICATED	1/1/2011	$132.50	N	Referral Required		
51705		CYSTOSTOMY TUBE CHANGE	1/1/2011	$106.90	N	Referral Required		
51710		CYSTOSTOMY TUBE CHANGE	1/1/2011	$149.59	N	Referral Required		
51715		ENDOSCOPIC INJECTION OF IMPLANT FOR INCONTINENCE	7/1/2008	$269.24	N	Referral Required		
51720		BLADDER INSTILLATION	7/1/2008	$108.99	N	Referral Required		
51725		CYSTOMETROGRAM	1/1/2011	$202.93	N	Referral Required	$32.63	$184.89
51726		COMPLEX CYSTOMETROGRAM	1/1/2011	$296.19	N	Referral Required	$51.82	$253.01
51727		WITH URETHRAL PRESSURE PROFILE STUDIES AND TECHNIQUE	1/1/2010	$205.89	N	Referral Required	$127.65	$78.24
51728		WITH VOIDING PRESSURE STUDIES (IE, BLADDER VOIDING PRESSURE), ANY TECHNIQUE	1/1/2010	$205.84	N	Referral Required	$127.62	$78.22
51729		WITH VOIDING PRESSURE STUDIES(IE, BLADDER,URETHRAL)ANY TECHNIQUE	1/1/2010	$222.24	N	Referral Required	$128.90	$93.45
51736		UROFLOWMETRIC EVALUATION	7/1/2008	$47.07	N	Referral Required	$5.65	$41.42
51741		COMPLEX UROFLOWMETRY	7/1/2008	$74.55	N	Referral Required	$7.45	$67.10
51784		ELECTROMYOGRAPHY ANAL/URETHRAL SPHINCTER, ANY WAY	1/1/2011	$189.38	N	Referral Required	$30.33	$159.26
51785		NEEDLE ELECTROMYOGRAPHY STD ANAL/URETHRL SPHINCTER	7/1/2008	$204.41	N	Referral Required	$38.84	$165.57
51792		STIMULUS EVOKED RESPONSE	7/1/2008	$224.92	N	Referral Required	$103.46	$121.46
51797		VOIDING PRESSURE STUDIES,INTRA-ABDOMINAL VOIDING	1/1/2011	$130.79	N	Referral Required	$31.74	$135.29
51798		MEASUREMENT POST-VOIDING RESIDUAL URINE BY ULTRASOUND, NON-IMAGING	7/1/2008	$17.20	N	Referral Required		
51800		CYSTOPLASTY	7/1/2008	$941.84	N	Referral Required		
51820		CYSTOURETHROPLASTY	7/1/2008	$985.18	N	Referral Required		
51840		URETHROPEXY/VESICOURETHROPEXY	7/1/2008	$587.23	N	Referral Required		
51841		URETHROPEXY/VESICOURETHROPEXY	7/1/2008	$700.77	N	Referral Required		
51845		ABDOMINO-VAGINAL VESICAL NECK SUSPENSION W/WO ENDO	7/1/2008	$530.04	N	Referral Required		
51860		CYSTORRHAPHY	7/1/2008	$649.57	N	Referral Required		
51865		CYSTORRHAPHY	7/1/2008	$800.02	N	Referral Required		
51880		CLOSURE, CYSTOSTOMY	7/1/2008	$420.55	N	Referral Required		
51900		VESICOVAGINAL FISTULA CLOSURE	7/1/2008	$742.87	N	Referral Required		
51920		CLOSURE OF VESICOUTERINE FISTULA	7/1/2008	$695.54	N	Referral Required		
51925		CLOSURE VESICOUTERINE FISTULA W/HYSTERECTOMY	7/1/2008	$971.48	Y	Referral Required		
51940		CLOSURE OF BLADDER EXTROPHY	7/1/2008	$1,460.57	N	Referral Required		
51960		ENTEROCYSTOPLASTY, INCLUDE BOWEL ANASTOMOSIS	7/1/2008	$1,252.21	N	Referral Required		
51980		CUTANEOUS VESICOSTOMY	7/1/2008	$640.96	N	Referral Required		
51990		LAPAROSCOPY URETHRAL SUSPENSION	7/1/2008	$672.85	N	Referral Required		
51992		LAPAROSCOPY SLING OPERATION	7/1/2008	$734.56	N	Referral Required		

Procedure Code	Modifier	Procedure Code Description	Price Eff Date	Allowed Amount ($0.00 indicates a Manual Priced Code)	PA Ind	HC Rev	Technical Component Amount	Professional Component Amount
51999		UNLISTED LAPAROSCOPY PROCEDURE, BLADDER		$0.00	Y	Referral Required		
52000		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$193.42	N	Referral Required		
52001		CYSTOURETHROSCOPY W/ IRRIGATION AND EVACUATION OF CLOTS	7/1/2008	$358.69	N	Referral Required		
52005		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$271.35	N	Referral Required		
52007		CYSTOURETHROSCOPY W/URETER CATH & BIOPSY URETER	7/1/2008	$558.59	N	Referral Required		
52010		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$419.60	N	Referral Required		
52204		CYSTOSCOPY/URETHROSCOPY	1/1/2011	$405.45	N	Referral Required		
52212		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$172.79	N	Referral Required		
52214		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$1,097.01	N	Referral Required		
52222		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$172.79	N	Referral Required		
52224		CYSTOSCOPY/URETHROSCOPY	1/1/2011	$737.73	N	Referral Required		
52234		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$226.69	N	Referral Required		
52235		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$266.27	N	Referral Required		
52240		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$466.24	N	Referral Required		
52250		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$222.27	N	Referral Required		
52260		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$192.07	N	Referral Required		
52265		CYSTOSCOPY/URETHROSCOPY	1/1/2011	$392.60	N	Referral Required		
52270		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$418.59	N	Referral Required		
52275		CYSTOSCOPY/URETHROSCOPY	1/1/2011	$518.30	N	Referral Required		
52276		CYSTOURETHROSCOPY WITH DIRECT VISION URETHROTOMY	7/1/2008	$244.27	N	Referral Required		
52277		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$300.22	N	Referral Required		
52281		CYSTOSCOPY/URETHROSCOPY	1/1/2011	$288.69	N	Referral Required		
52282		CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	7/1/2008	$309.75	N	Referral Required		
52283		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$263.33	N	Referral Required		
52285		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$264.82	N	Referral Required		
52290		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$224.64	N	Referral Required		
52300		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$259.51	N	Referral Required		
52301		CYSTOURETHROSCOPY W/RESECTION-UNILATERAL/BILATERAL	7/1/2008	$270.84	N	Referral Required		
52305		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$257.50	N	Referral Required		
52310		CYSTOSCOPY/URETHROSCOPY	1/1/2011	$241.13	N	Referral Required		
52315		CYSTOURETHROSCOPY W/REMOVAL FB COMPLICATED	1/1/2011	$425.33	N	Referral Required		
52317		LITHOLAPAXY-CRUSHING OR FRAGMENTATION OF CALCULUS	1/1/2011	$880.64	N	Referral Required		
52318		LITHOLAPAXY, COMPLICATED	7/1/2008	$439.23	N	Referral Required		
52320		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$227.64	N	Referral Required		
52325		CYSTOURETHROSCOPYC/WFRAGMENTATION OF URETERAL CALC	7/1/2008	$296.55	N	Referral Required		
52327		CYSTOURETHROSCOPY; W/SUBURETERIC INJECTION	1/1/2011	$264.05	N	Referral Required		
52330		CYSTOSCOPY/URETHROSCOPY	1/1/2011	$683.07	N	Referral Required		
52332		CYSTOURETHROSCOPY, W/INSERT INDWELL URETERAL STENT	7/1/2008	$401.78	N	Referral Required		
52334		CYSTOURETHROSCOPY W/INSERT URETERAL GUIDE WIRE THR	7/1/2008	$235.88	N	Referral Required		
52341		CYSTOURETHROSCOPY W/ URETER STRICTURE	1/1/2011	$290.91	N	Referral Required		
52342		CYSTOURETHROSCOPY W/ UP STRICTURE TX	1/1/2011	$316.34	N	Referral Required		
52343		CYSTOURETHROSCOPY W/ RENAL STRICTURE TX	1/1/2011	$352.29	N	Referral Required		
52344		CYSTOURETHROSCOPY W/ URETEROSCOPY WITH URETER STRICTURE TX	7/1/2008	$384.28	N	Referral Required		
52345		CYSTOURETHROSCOPY / URETEROSCOPY W/ UP STRICTURE TX	7/1/2008	$407.62	N	Referral Required		
52346		CYSTOURETHROSCOPY URETEROSCOPY W/ RENAL STRICTURE TX	7/1/2008	$455.57	N	Referral Required		

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52351		CYSTOURETHROSCOPY URETEROSCOPY / PYELOSCOPY DX	7/1/2008	$289.03	N	Referral Required		
52352		CYSTOURETHROSCOPY URETEROSCOPY / PYELOSCOPY W/ STONE TX	7/1/2008	$339.18	N	Referral Required		
52353		CYSTOURETHROSCOPY / URETEROSCOPY / PYELOSCOPY W/ LITHOTRIPSY	7/1/2008	$390.62	N	Referral Required		
52354		CYSTOURETHROSCOPY / URETEROSCOPY / PYELOSCOPY W/ BX	7/1/2008	$360.99	N	Referral Required		
52355		CYSTOURETHROSCOPY / URETEROSCOPY / PYELOSCOPY W/ TUMOR RESECTION	7/1/2008	$430.67	N	Referral Required		
52400		CYSTOURETHROSCOPY W/ CONGENITAL REPAIR	1/1/2011	$471.20	N	Referral Required		
52402		TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	7/1/2008	$248.40	N	Referral Required		
52450		TRANSURETHRAL INCISION OF PROSTATE	7/1/2008	$419.04	N	Referral Required		
52500		RESECTION, VESICAL NECK	1/1/2011	$483.00	N	Referral Required		
52601		RESECTION, PROSTATE	7/1/2008	$749.43	N	Referral Required		
52605		FULGURATION, TRANSURETHRAL	7/1/2008	$226.77	N	Referral Required		
52630		RESECTION, PROSTATE	7/1/2008	$399.54	N	Referral Required		
52640		RESECTION, PROSTATE	1/1/2011	$294.53	Y	Referral Required		
52647		NON-CONTACT LASER COAGULATION OF PROSTATE,COMPLETE	7/1/2008	$2,322.04	N	Referral Required		
52648		CONTACT LASER VAPORIZATION, COMPLETE	1/1/2011	$2,028.59	N	Referral Required		
52649		LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION	1/1/2008	$907.59	N	Referral Required		
52700		DRAINAGE, ABSCESS, PROSTATE	7/1/2008	$391.88	N	Referral Required		
52800		LITHOLAPAXY	7/1/2008	$626.29	N	Referral Required		
52805		LITHOLAPAXY	7/1/2008	$863.84	N	Referral Required		
53000		URETHROTOMY/URETHROSTOMY	7/1/2008	$135.75	N	Referral Required		
53010		URETHROTOMY/URETHROSTOMY	7/1/2008	$262.88	N	Referral Required		
53020		MEATOTOMY, CUTTING OF MEATUS; EXCEPT INFANT	7/1/2008	$88.92	N	Referral Required		
53025		MEATOTOMY, CUTTING OF MEATUS; INFANT	7/1/2008	$61.63	N	Referral Required		
53040		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$357.21	N	Referral Required		
53060		DRAINAGE, CYST, SKENES GLAND	7/1/2008	$163.81	N	Referral Required		
53080		DRAINAGE URINARY EXTRAVASATION	7/1/2008	$420.97	N	Referral Required		
53085		DRAINAGE URINARY EXTRAVASATION	7/1/2008	$585.29	N	Referral Required		
53200		BIOPSY, URETHRA	7/1/2008	$141.03	N	Referral Required		
53210		URETHRECTOMY	7/1/2008	$699.73	N	Referral Required		
53215		URETHRECTOMY	7/1/2008	$844.50	N	Referral Required		
53220		EXCISION, CARCINOMA, URETHRA	7/1/2008	$406.98	N	Referral Required		
53230		EXCISION URETHRAL DIVERTICULUM	7/1/2008	$544.57	N	Referral Required		
53235		EXCISION URETHRAL DIVERTICULUM	7/1/2008	$575.01	N	Referral Required		
53240		MARSUP, URETHRAL DIVERTICULUM	7/1/2008	$384.27	N	Referral Required		
53250		EXCISION, BULBOURETHRAL GLAND	7/1/2008	$352.64	N	Referral Required		
53260		EXCISION, URETHRAL POLYP	7/1/2008	$183.72	N	Referral Required		
53265		FULGURATION, URETHRAL CARUNCLE	7/1/2008	$204.16	N	Referral Required		
53270		EXCISION, SKENES GLANDS	7/1/2008	$187.81	N	Referral Required		
53275		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$242.19	N	Referral Required		
53400		URETHROPLASTY	7/1/2008	$724.40	N	Referral Required		
53405		URETHROPLASTY	7/1/2008	$791.45	N	Referral Required		
53410		URETHROPLASTY	7/1/2008	$889.08	N	Referral Required		
53415		URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE	7/1/2008	$1,016.08	N	Referral Required		
53420		URETHROPLASTY	7/1/2008	$746.09	N	Referral Required		
53425		URETHROPLASTY	7/1/2008	$854.69	N	Referral Required		

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53430		URETHROPLASTY	7/1/2008	$865.54	N	Referral Required		
53431		URETHROPLASTY FOR INCONTINENCE	7/1/2008	$1,049.85	N	Referral Required		
53440		URINARY INCONTINENCE CORRECTN	7/1/2008	$785.74	N	Referral Required		
53442		REMOVAL OF PERINEAL PROSTHESIS INTR. FOR CONTINENC	7/1/2008	$691.45	N	Referral Required		
53444		INSERTION OF TANDEM CUFF (DUAL CUFF)	7/1/2008	$721.30	N	Referral Required		
53445		PLACEMENT OF INFLATABLE SPHINCTER INC PUMP/RESERV	7/1/2008	$793.08	N	Referral Required		
53446		REMOVAL INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INC PUMP, RESERVOIR, CUFF	7/1/2008	$582.82	N	Referral Required		
53447		REMOVAL, REPAIR, REPLACE INFLATABLE SPHINCTER	7/1/2008	$739.55	N	Referral Required		
53448		REMOVAL/REPLACEMENT OF URETHRAL/BLADDER NECK SPHINCTER	7/1/2008	$1,165.25	N	Referral Required		
53449		SURG CORRECT HYDRAULIC ABNORM INFLATABLE SPHINCTER	7/1/2008	$551.43	N	Referral Required		
53450		URETHRAL MEATOPLASTY	7/1/2008	$365.88	N	Referral Required		
53460		CYSTOSCOPY/URETHROSCOPY	7/1/2008	$412.03	N	Referral Required		
53500		URETHROLYSIS, TRANSVAGINAL SECONDARY, OPEN INCLUDING CYSTOURETHROSCOPY	7/1/2008	$675.88	N	Referral Required		
53502		URETHRORRHAPHY SUTURE URETHRAL WOUND/INJURY FEMALE	7/1/2008	$437.13	N	Referral Required		
53505		URETHRORRHAPHY	7/1/2008	$438.27	N	Referral Required		
53510		URETHRORRHAPHY	7/1/2008	$577.63	N	Referral Required		
53515		URETHRORRHAPHY	7/1/2008	$724.54	N	Referral Required		
53520		URETHROSTOMY CLOSURE	7/1/2008	$503.24	N	Referral Required		
53600		DILATION, URETHRAL STRICTURE	7/1/2008	$80.50	N	Referral Required		
53601		DILATION, URETHRAL STRICTURE	7/1/2008	$78.13	N	Referral Required		
53605		DILATION, URETHRAL STRICTURE	7/1/2008	$60.10	N	Referral Required		
53620		DILATION, URETHRAL STRICTURE	7/1/2008	$118.28	N	Referral Required		
53621		DILATION, URETHRAL STRICTURE	7/1/2008	$111.95	N	Referral Required		
53660		DILATION, URETHRA, FEMALE	7/1/2008	$68.65	N	Referral Required		
53661		DILATION, URETHRA, FEMALE	7/1/2008	$68.32	N	Referral Required		
53665		DILATION, URETHRA, FEMALE	7/1/2008	$35.34	N	Referral Required		
53850		TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	1/1/2011	$2,250.37	N	Referral Required		
53852		TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	7/1/2008	$2,626.77	N	Referral Required		
53855		INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCL URETHRAL MEASUREMENT	1/1/2010	$455.59	N	Referral Required		
53860		TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING	1/1/2011	$1,035.67	N	Referral Required		
53899		UNLISTED PROC, URINARY SYST		$0.00	N	Referral Required		
54000		DORSAL SLIT	7/1/2008	$147.69	N	Referral Required		
54001		DORSAL SLIT	7/1/2008	$181.22	N	Referral Required		
54015		INCISION & DRAINAGE, PENIS	7/1/2008	$281.95	N	Referral Required		
54050		CONDYLOMATA DESTRUCTION	7/1/2008	$106.52	N	Referral Required		
54055		CONDYLOMATA DESTRUCTION	7/1/2008	$101.71	N	Referral Required		
54056		CRYOSURGERY	7/1/2008	$111.15	N	Referral Required		
54057		DESTRUCTION OF LESION(S), PENIS W/LASER SURGERY	7/1/2008	$124.73	N	Referral Required		
54060		CONDYLOMATA DESTRUCTION	7/1/2008	$171.41	N	Referral Required		
54065		CONDYLOMATA DESTRUCTION	7/1/2008	$183.45	N	Referral Required		
54100		BIOPSY, PENIS	7/1/2008	$168.27	N	Referral Required		
54105		BIOPSY, PENIS	7/1/2008	$260.24	N	Referral Required		
54110		EXCISION, PENILE PLAQUE	7/1/2008	$567.05	N	Referral Required		
54111		EXCISION PENILE PLAQUE W/GRAFT 5 CM IN LENGTH	7/1/2008	$727.63	N	Referral Required		
54112		BIOPSY PENIS W/GRAFT GREATER THAN 5 CM	7/1/2008	$854.17	N	Referral Required		

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54115		REMOVAL, FOREIGN BODY, PENIS	7/1/2008	$406.25	N	Referral Required		
54120		AMPUTATION, PENIS	7/1/2008	$568.00	N	Referral Required		
54125		AMPUTATION, PENIS	7/1/2008	$734.06	N	Referral Required		
54130		AMPUTATION, PENIS	7/1/2008	$1,084.57	N	Referral Required		
54135		AMPUTATION, PENIS	7/1/2008	$1,379.69	N	Referral Required		
54150		CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN	1/1/2011	$159.92	N	Referral Required		
54160		CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN	7/1/2008	$219.87	N	Referral Required		
54161		CIRCUMCISION, SURG EXCISION OTHER THAN CLAMP, DEVICE/DORSAL SLIT; EXCEPT NEWBORN	7/1/2008	$177.56	N	Referral Required		
54162		LYSIS/EXCISION PENILE POST-CIRCUMCISION ADHESIONS	7/1/2008	$258.16	N	Referral Required		
54163		REPAIR INCOMPLETE CIRCUMCISION	7/1/2008	$194.76	N	Referral Required		
54164		FRENULOTOMY OF PENIS	7/1/2008	$171.43	N	Referral Required		
54200		INJECTION, PEYRONIES DISEASE	7/1/2008	$101.43	N	Referral Required		
54205		INJECTION, PEYRONIES DISEASE	7/1/2008	$486.15	N	Referral Required		
54220		IRRIGATION, CORPORA CAVERNOSA	1/1/2011	$203.21	N	Referral Required		
54300		STRAIGHTENING OF CHORDEE	7/1/2008	$590.68	N	Referral Required		
54304		PLASTIC OPERATION ON PENIS/CORRECTION OF CHORDEE	7/1/2008	$693.36	N	Referral Required		
54305		STRAIGHTENING OF CHORDEE	7/1/2008	$863.84	N	Referral Required		
54308		URETHROPLASTY FOR SECOND STAGE HYPOSPADICS REPAIR	7/1/2008	$613.79	N	Referral Required		
54312		URETHROPLASTY 2ND STAGE HYPOSPADIAS REPAIR;>3 CM	7/1/2008	$769.99	N	Referral Required		
54316		URETHROPLASTY 2ND STG HYPOSPADIAS REPAIR	7/1/2008	$921.57	N	Referral Required		
54318		URETHROPLASTY 3RD STAGE REPAIR RELEASE PENIS/SCROT	7/1/2008	$615.35	N	Referral Required		
54320		URETHROPLASTY	7/1/2008	$863.84	N	Referral Required		
54322		ONE STAGE DISTAL HYPOSPADIAS REPAIR W/WO CHORDEE	7/1/2008	$722.40	N	Referral Required		
54324		HYPOSPADIAS REPAIR WITH URETHROPLAST	7/1/2008	$900.48	N	Referral Required		
54325		URETHROPLASTY	7/1/2008	$1,133.81	N	Referral Required		
54326		ONE STAGE DISTAL HYPOSPADIAS REPAIR W/URETHROPLAST	7/1/2008	$869.71	N	Referral Required		
54328		ONE STAGE DISTAL HYPOSPADIAS REPAIR	7/1/2008	$858.99	N	Referral Required		
54330		URETHROPLASTY	7/1/2008	$1,241.77	N	Referral Required		
54332		ONE STAGE PROXIMAL PENILE/PENOSCROTAL HYPOSPADIAS	7/1/2008	$930.90	N	Referral Required		
54336		1-STG PERINEAL HYPOSPADIAS REQ. EXT. DISSECTION	7/1/2008	$1,054.77	N	Referral Required		
54340		REPAIR HYPOSPADIAS COMPLFISTULA,STRICTURE,DIVERTIC	7/1/2008	$523.63	N	Referral Required		
54344		REPAIR HYPOSPADIAS COMPLICATION;MOBILIZE SKIN FLAP	7/1/2008	$884.71	N	Referral Required		
54348		HYPO COMP REQUIRING MOBILIZATION OF SKIN FLAPS	7/1/2008	$940.77	N	Referral Required		
54352		REPAIR HYPOSPADIAS CRIPPLE REQUIRING EXT DISECTION	7/1/2008	$1,333.19	N	Referral Required		
54360		PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	7/1/2008	$665.16	N	Referral Required		
54380		EPISPADIAS	7/1/2008	$732.31	N	Referral Required		
54385		PLASTIC OPERATION PENIS FOR EPISPADIAS W/INCONTINE	7/1/2008	$891.89	N	Referral Required		
54390		PLASTIC REPAIR PENIS W/EXSTROPHY OF BLADDER	7/1/2008	$1,067.80	N	Referral Required		
54420		PRIAPISM OPERATION	7/1/2008	$642.96	N	Referral Required		
54430		PRIAPISM OPERATION	7/1/2008	$581.29	N	Referral Required		
54435		CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION FOR PR	7/1/2008	$376.75	N	Referral Required		
54440		REPAIR, PENILE INJURY		$0.00	N	Referral Required		
54450		FORESKIN MANIPULATION INC LYSIS OF ADHESIONS	7/1/2008	$69.26	N	Referral Required		
54500		BIOPSY, TESTIS	7/1/2008	$67.72	N	Referral Required		
54505		BIOPSY, TESTIS	7/1/2008	$194.42	N	Referral Required		

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54512		EXCISION OF TESTIS LESION	7/1/2008	$485.89	N	Referral Required		
54520		ORCHIECTOMY	7/1/2008	$293.92	N	Referral Required		
54522		PARTIAL ORCHIECTOMY	7/1/2008	$531.61	N	Referral Required		
54530		ORCHIECTOMY	7/1/2008	$496.71	N	Referral Required		
54535		ORCHIECTOMY	7/1/2008	$663.62	N	Referral Required		
54550		EXPLORATION UNDESCENDED TESTIS	7/1/2008	$440.51	N	Referral Required		
54560		EXPLORATION UNDESCENDED TESTIS	7/1/2008	$619.10	N	Referral Required		
54600		REDUCTION, TORSION OF TESTIS	7/1/2008	$407.08	N	Referral Required		
54620		FIXATION, CONTRALATERAL TESTIS	7/1/2008	$274.38	N	Referral Required		
54640		ORCHIOPEXY	7/1/2008	$417.32	N	Referral Required		
54650		ORCHIPEXY, ABDOMINAL APPROACH, INTRA-AB-TESTIS	7/1/2008	$617.17	N	Referral Required		
54670		REPAIR, TESTICULAR INJURY	7/1/2008	$368.27	N	Referral Required		
54680		TRANSPLANTATION, TESTIS	7/1/2008	$719.54	N	Referral Required		
54690		LAPAROSCOPY ORCHIECTOMY	7/1/2008	$583.79	N	Referral Required		
54692		PAPAROSCOPY ORCHIOPEXY	7/1/2008	$698.72	N	Referral Required		
54699		LAPAROSCOPY UNLISTED TESTIS PROCEDURE		$0.00	N	Referral Required		
54700		DRAINAGE, TESTIS/EPIDIDYMIS	7/1/2008	$192.80	N	Referral Required		
54800		BIOPSY, EPIDIDYMIS	7/1/2008	$117.82	N	Referral Required		
54830		EXCISION, LESION, EPIDIDYMIS	7/1/2008	$329.98	N	Referral Required		
54840		EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	7/1/2008	$292.01	N	Referral Required		
54860		EPIDIDYMECTOMY UNILATERAL	7/1/2008	$374.69	N	Referral Required		
54861		EPIDIDYMECTOMY BILATERAL	7/1/2008	$509.23	N	Referral Required		
54865		EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	7/1/2008	$317.78	N	Referral Required		
55000		ASPIR HYDROCELE TUNICA VAGINAL	7/1/2008	$115.48	N	Referral Required		
55040		HYDROCELECTOMY - UNILATERAL	7/1/2008	$303.21	N	Referral Required		
55041		HYDROCELECTOMY - BILATERAL	7/1/2008	$454.47	N	Referral Required		
55060		RPR HYDROCELE TUNICA VAGINALIS	7/1/2008	$337.21	N	Referral Required		
55100		DRAIN SCROTAL WALL ABSCESS	7/1/2008	$203.04	N	Referral Required		
55110		SCROTAL EXPLORATION	7/1/2008	$344.07	N	Referral Required		
55120		REMOVAL, FOREIGN BODY, SCROTUM	7/1/2008	$315.40	N	Referral Required		
55150		RESECTION, SCROTUM	7/1/2008	$433.99	N	Referral Required		
55175		SCROTOPLASTY, SIMPLE	7/1/2008	$322.97	N	Referral Required		
55180		SCROTOPLASTY; COMPLICATED	7/1/2008	$618.01	N	Referral Required		
55200		VASOTOMY	7/1/2008	$496.42	N	Referral Required		
55250		VASECTOMY	1/1/2011	$403.30	N			
55300		VASOGRAPHY INJECTION PROCEDURE	7/1/2008	$173.12	N	Referral Required		
55401		VASOVASOSTOMY	7/1/2008	$623.91	N	Referral Required		
55450		LIGATION, VAS DEFERENS	7/1/2008	$360.40	N			
55500		HYDROCELECTOMY, SPERMATIC CORD	7/1/2008	$337.21	N	Referral Required		
55520		EXCISION LESION SPERMATIC CORD	7/1/2008	$352.20	N	Referral Required		
55530		EXCISION, VARICOCELE	4/1/2009	$317.83	Y	Referral Required		
55535		EXCISION, VARICOCELE	4/1/2009	$383.74	Y	Referral Required		
55540		EXCISION, VARICOCELE	4/1/2009	$427.01	Y	Referral Required		
55550		LAPARPSCOPY LIGATION OF SPERMATIC VEINS	7/1/2008	$379.69	N	Referral Required		
55559		LAPAROSCOPY UNLISTED SPERMATIC CORD PROCEDURE		$0.00	N	Referral Required		

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55650		VESICULECTOMY, ANY APPROACH; UNILATERAL	7/1/2008	$648.82	N	Referral Required		
55680		EXCISION, CYST, MULLERIAN DUCT	7/1/2008	$311.45	N	Referral Required		
55700		BIOPSY, PROSTATE	7/1/2008	$220.34	N	Referral Required		
55705		BIOPSY, PROSTATE	7/1/2008	$245.33	N	Referral Required		
55706		BIOPS PROSTATE NDLE, TRNSPRINL, STEROTAC TEMPLTE GUID SATUR SAMP INCL IMAG GUID	1/1/2009	$369.30	N	Referral Required		
55720		PROSTATOTOMY	7/1/2008	$420.31	N	Referral Required		
55725		PROSTATOTOMY	7/1/2008	$524.95	N	Referral Required		
55801		PROSTATECTOMY	7/1/2008	$982.94	N	Referral Required		
55810		PROSTATECTOMY	7/1/2008	$1,195.19	N	Referral Required		
55812		PROSTATECTOMY W/LYMPHNODE BIOPSY;LIMIT PEL LYMPHA.	7/1/2008	$1,455.07	N	Referral Required		
55815		PROSTATECTOMY W/BILATERAL PELVIC LYMPHADENECTOMY	7/1/2008	$1,607.85	N	Referral Required		
55821		PROSTATECTOMY	7/1/2008	$791.21	N	Referral Required		
55831		PROSTATECTOMY	7/1/2008	$857.93	N	Referral Required		
55840		PROSTATECTOMY	7/1/2008	$1,217.01	N	Referral Required		
55842		PROSTATECTOMY W/LYMPH NODE BIOPSY(S)	7/1/2008	$1,304.11	N	Referral Required		
55845		PROSTATECTOMY	7/1/2008	$1,492.50	N	Referral Required		
55860		EXPOSURE OF PROSTATE INSERTION OF RADIOACTIVE SUB.	7/1/2008	$795.40	N	Referral Required		
55862		EXPOSURE PROSTATE W/LYMPH NODE BIOPSY(S)	7/1/2008	$1,004.95	N	Referral Required		
55865		EXPOSURE PROSTATE W/BILAT PELVIC LYMPHADENECTOMY	7/1/2008	$1,210.48	N	Referral Required		
55866		LAPAROSCOPY, SURGICAL PROSTATECTOMY RETROPUBIC RADICAL, INC. NERVE SPARING	7/1/2008	$1,584.42	N	Referral Required		
55873		CRYOSURGICAL ABLATION OF PROSTATE	7/1/2008	$1,042.68	N	Referral Required		
55875		TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL	7/1/2008	$691.54	N	Referral Required		
55876		PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE	7/1/2008	$132.29	N	Referral Required		
55899		UNLISTED MALE GEN PROC		$0.00	N	Referral Required		
55920		PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA	1/1/2008	$394.61	N	Referral Required		
55970		INTERSEX SURGERY		$0.00	N	Referral Required		
55980		INTERSEX SURGERY		$0.00	N	Referral Required		
56405		INCISION AND DRAIN OF VULVA OR PERINEAL ABSCESS	7/1/2008	$96.89	N	Referral Required		
56420		DRAIN ABSCESS, BARTHOLINS GLND	1/1/2011	$113.62	N	Referral Required		
56440		MARSUP, CYST, BARTHOLINS GLAND	7/1/2008	$161.55	N	Referral Required		
56441		LYSIS OF LABIAL ADHESIONS	7/1/2008	$133.06	N	Referral Required		
56442		HYMENOTOMY, SIMPLE INCISION	7/1/2008	$42.63	N	Referral Required		
56501		DESTRUCTION OF LESIONS VULVA SIMPLE ANY METHOD	7/1/2008	$115.65	N	Referral Required		
56515		CONDYLOMATA DESTRUCTION	7/1/2008	$196.10	N	Referral Required		
56605		BIOPSY OF VULVA OR PERINEUM ONE LESION	7/1/2008	$74.96	N	Referral Required		
56606		BIOPSY OF VULVA OR PERINEUM EACH SEPARATE LESION-ADD ON	1/1/2011	$34.62	N	Referral Required		
56620		VULVECTOMY SIMPL; PARTIAL	1/1/2011	$457.89	N	Referral Required		
56625		VULVECTOMY SIMPLE; COMPLETE	7/1/2008	$523.82	N	Referral Required		
56630		VULVECTOMY RADICAL, PARTIAL	7/1/2008	$761.51	N	Referral Required		
56631		VULVECTOMY W/UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	7/1/2008	$973.32	N	Referral Required		
56632		WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	7/1/2008	$1,116.80	N	Referral Required		
56633		VULVECTOMY RADICAL, COMPLETE	7/1/2008	$993.41	N	Referral Required		
56634		VULVECTOMY W/UNILATERAL INGUINOFEMORAL LYMPHADENEC	7/1/2008	$1,052.63	N	Referral Required		
56637		VULVECTOMY W/BILATERAL INGUINOFEMORAL LYMPHADENECT	7/1/2008	$1,250.31	N	Referral Required		
56640		VULVECTOMY RADICAL COMPLETE W/LYMPHADECTOMY	7/1/2008	$1,242.74	N	Referral Required		

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56700		HYMENECTOMY	7/1/2008	$164.24	N	Referral Required		
56740		EXCISION, CYST, BARTHOLINS GLD	7/1/2008	$261.91	N	Referral Required		
56800		REPAIR, VULVA	7/1/2008	$214.67	N	Referral Required		
56805		CLITOROPLASTY FOR ADRENOGENITAL SYNDROME	7/1/2008	$1,018.20	N	Referral Required		
56810		PERINEOPLASTY REPAIR OF PERINEUM NON-OBSTECTRICAL	7/1/2008	$231.30	N	Referral Required		
56820		COLPOSCOPY OF THE VULVA	7/1/2008	$98.27	N	Referral Required		
56821		COLPOSCOPY VULVA; W/BIOPSY	7/1/2008	$132.61	N	Referral Required		
57000		COLPOTOMY	7/1/2008	$168.70	N	Referral Required		
57010		COLPOTOMY W/DRAINAGE OF PELVIC ABSCESS	7/1/2008	$377.54	N	Referral Required		
57020		COLPOCENTESIS/CULDOCENTIS	7/1/2008	$84.87	N	Referral Required		
57022		INCISION & DRAINAGE OF VAGINAL HEMATOMA OB	7/1/2008	$148.64	N	Referral Required		
57023		INCISION & DRAINAGE OF VAGINAL HEMATOMA TRAUMA	7/1/2008	$273.58	N	Referral Required		
57061		DESTRUCTION VAG LESION SIMPLE	7/1/2008	$101.52	N	Referral Required		
57063		CHEMICAL CAUTERY OF VAGINA	7/1/2008	$21.60	N	Referral Required		
57065		DESTRUCTION EXTENSIVE ANY METHOD	7/1/2008	$171.32	N	Referral Required		
57100		BIOPSY, VAGINAL MUCOSA	7/1/2008	$79.38	N	Referral Required		
57105		BIOPSY, VAGINAL MUCOSA	7/1/2008	$121.24	N	Referral Required		
57106		VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL	7/1/2008	$413.50	N	Referral Required		
57107		VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL W/ REMOVAL OF PARAVAGINAL TISSUE	7/1/2008	$1,232.58	N	Referral Required		
57109		VAGINECTOMY PART REMOV VAGIN WALL REMOV PARAVAGIN TISS BILAT TOT PELVIC LYMPHADE	7/1/2008	$1,408.62	N	Referral Required		
57110		COLPECTOMY	7/1/2008	$796.57	N	Referral Required		
57111		VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL WITH REMOVAL OF PARAVAGINAL TISSUE	7/1/2008	$1,434.64	N	Referral Required		
57112		VAGINECTOMY COMPLE REMOV VAGINAL WALL REMOV PARAVAG TISSUE BILAT TOT PELVIC LYMP	7/1/2008	$1,499.80	N	Referral Required		
57120		COLPOCLEISIS	7/1/2008	$451.12	N	Referral Required		
57130		EXCISION, VAGINAL SEPTUM	7/1/2008	$160.82	N	Referral Required		
57135		EXCISION, CYST, VAGINAL	7/1/2008	$172.55	N	Referral Required		
57150		IRRIGATION, VAGINA	7/1/2008	$49.07	N	Referral Required		
57155		INSERTION UTERINE TANDEMS AND/OR VAGINAL OVIODS FOR CLINICAL BRACHYTHERAPY	7/1/2008	$381.52	N	Referral Required		
57156		INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS	1/1/2011	$106.82	N	Referral Required		
57160		FITTING & INSERTION OF PESSARY/OTHER INTRVAGINAL D	7/1/2008	$67.96	N	Referral Required		
57170		DIAPHRAGM FITTING	1/1/2011	$61.31	N			
57180		INTRO ANY HEMOSTATIC AGENT/PACK SPONT/TRAU NON-OB	7/1/2008	$128.11	N	Referral Required		
57200		SUTURE, INJURY, VAGINA	7/1/2008	$259.91	N	Referral Required		
57210		COLPOPERINEORRHAPHY	7/1/2008	$321.86	N	Referral Required		
57220		PLASTIC RPR URETHRAL SPHINCTER	7/1/2008	$279.92	N	Referral Required		
57230		PLASTIC REPAIR, URETHROCELE	7/1/2008	$346.53	N	Referral Required		
57240		ANTERIOR COLPORRHAPHY	7/1/2008	$566.61	N	Referral Required		
57250		POSTERIOR COLPORRHAPHY	7/1/2008	$555.51	N	Referral Required		
57260		COLPORRHAPHY COMBINED	7/1/2008	$698.79	N	Referral Required		
57265		COLPORRHAPHY COMBINED	7/1/2008	$786.30	N	Referral Required		
57267		INSERTION PROSTHESIS FOR REPAIR PELVIC FLOOR DEF, EACH SITE (ANT/POST) VAGINAL	7/1/2008	$241.04	N	Referral Required		
57268		ENTEROCELE REPAIR	7/1/2008	$420.02	N	Referral Required		
57270		REPAIR, ENTEROCELE	7/1/2008	$704.21	N	Referral Required		
57280		COLPOPEXY	7/1/2008	$853.67	N	Referral Required		
57282		COLPOPXY VAGINAL EXTRA-PERITONEAL APPROACH SACROSPINOUS ILIOCOCCYGEUS	7/1/2008	$445.33	N	Referral Required		

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57283		INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	7/1/2008	$609.84	N	Referral Required		
57284		PARAVAGINAL DEFECT REPAIR	7/1/2008	$745.77	N	Referral Required		
57285		PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED	7/1/2008	$587.47	N	Referral Required		
57287		REMOVAL / REVISION OF SLING FOR STRESS INCONTINENCE	7/1/2008	$618.10	N	Referral Required		
57288		SLING OPERATION	1/1/2011	$678.54	N	Referral Required		
57289		PEREYRA PROCEDURE	7/1/2008	$680.83	N	Referral Required		
57295		REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	7/1/2008	$431.79	Y	Referral Required		
57296		REVISION (INCL REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL APPROACH	7/1/2008	$830.60	N	Referral Required		
57300		CLOSURE, FISTULA, RECTOVAGINAL	7/1/2008	$463.47	N	Referral Required		
57305		CLOSURE,FISTULA,RECTOVAGINAL; ABDOMINAL APPROACH	7/1/2008	$774.49	N	Referral Required		
57307		CLOSURE RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	7/1/2008	$866.51	N	Referral Required		
57308		CLOSURE RECTOVAGINAL FISTULA;TRANSPERINEAL APPROACH W/RECONSTRUCTION W/W/O PLICA	7/1/2008	$557.30	N	Referral Required		
57310		CLOSURE FISTULA URETHROVAGINAL	7/1/2008	$423.71	N	Referral Required		
57311		CLOSURE URETHROVAGINAL FISTULA W/BULBO. TRANSPLANT	7/1/2008	$482.47	N	Referral Required		
57320		CLOSURE, FISTULA VESICOVAGINAL	7/1/2008	$482.42	N	Referral Required		
57330		CLOSURE, FISTULA VESICOVAGINAL	7/1/2008	$695.50	N	Referral Required		
57335		VAGINOPLASTY FOR INTERSEX STATE	7/1/2008	$1,013.88	N	Referral Required		
57400		DILATION, VAGINA	7/1/2008	$119.64	N	Referral Required		
57410		PELVIC EXAM ANESTHESIA	7/1/2008	$94.87	N	Referral Required		
57415		REMOVAL IMPACTED VAGINAL FB UNDER ANESTHESIA	7/1/2008	$139.23	N	Referral Required		
57420		COLPOSCOPY OF ENTIRE VAGINA W/ CERVIX	7/1/2008	$103.37	N	Referral Required		
57421		COLPOSCOPY OF ENTIRE VAGINA; WITH BIOPSY	7/1/2008	$140.51	N	Referral Required		
57423		PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED),	7/1/2008	$809.17	N	Referral Required		
57425		LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	7/1/2008	$852.09	N	Referral Required		
57426		REVISON (INCL. REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH.	1/1/2010	$775.15	N	Referral Required		
57452		COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA	7/1/2008	$97.58	N	Referral Required		
57454		COLPOSCOPY WITH BIOPSIES OR BIOPSY OF THE CERVIX	7/1/2008	$138.14	N	Referral Required		
57455		COLPOSCOPY CERVIX INC. UPPER VAGINA; W/BIOPSY OF CERVIX	7/1/2008	$128.69	N	Referral Required		
57456		COLPOSCOPY CERVIX INC. UPPER VAGINA; W/ENDOCERVICAL CURETTAGE	7/1/2008	$121.53	N	Referral Required		
57460		COLPOSCOPY W/LOOP ELECTROSURGICAL EXCISION OF CERV (SURGICAL TRAY=LEEP)	1/1/2011	$265.34	N	Referral Required		
57461		COLPOSCOPY CERVIX INC. UPPER VAGINA; W/LOOP ELECTRODE CONIZATION OF CERVIX	1/1/2011	$299.10	N	Referral Required		
57500		BIOPSY, CERVIX	1/1/2011	$118.30	N	Referral Required		
57505		ENDOCERVICAL CURRETTAGE (NOT DONE AS PART OF D&C)	7/1/2008	$90.53	N	Referral Required		
57510		CAUTERIZATION, CERVIX	7/1/2008	$119.17	N	Referral Required		
57511		CRYOCAUTERY, CERVIX	7/1/2008	$129.57	N	Referral Required		
57513		LASAR CAUTERY OF CERVIX	7/1/2008	$127.16	N	Referral Required		
57520		CONIZATION OF CERVIX W/WO FULGURATION W/WO D&C	7/1/2008	$275.83	N	Referral Required		
57522		CONIZATION OF CERVIX; LOOP ELECTRODE EXCISION	7/1/2008	$234.90	N	Referral Required		
57530		TRACHELECTOMY	7/1/2008	$302.00	N	Referral Required		
57531		RADICAL TRACHELECTOMY W/W/O REMOVAL OF TUBES, W/W/O REMOVAL OF OVARY	7/1/2008	$1,507.37	N	Referral Required		
57540		EXCISION, CERVICAL STUMP	7/1/2008	$685.76	N	Referral Required		
57545		EXCISION CERVICAL STUMP W/PELVIC FLOOR REPAIR	7/1/2008	$726.58	N	Referral Required		
57550		EXCISION, CERVICAL STUMP	7/1/2008	$356.35	N	Referral Required		
57555		EXCISION, CERVICAL STUMP	7/1/2008	$530.57	N	Referral Required		
57556		EXCISION, CERVICAL STUMP	7/1/2008	$500.31	N	Referral Required		

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57558		DILATION AND CURETTAGE OF CERVICAL STUMP	7/1/2008	$110.83	N	Referral Required		
57600		INSERTION, HEMOSTATIC AGENT	7/1/2008	$48.59	N	Referral Required		
57700		CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL-TRACHEL	7/1/2008	$263.60	N	Referral Required		
57720		TRACHELORRHAPHY	7/1/2008	$269.92	N	Referral Required		
57800		DILATION, CERVICAL CANAL	7/1/2008	$53.87	N	Referral Required		
58100		ENDOMETRIAL BIOPSY SUCTION TYPE (INDEPENDENT PROC	7/1/2008	$98.76	N	Referral Required		
58110		ENDOMETRIAL SAMPLING PERFORMED IN CONJUNCTION W/COLPOSCOPY ADD-ON	7/1/2008	$44.59	N	Referral Required		
58120		DILATION AND CURETTAGE DIAGNOSTIC AND OR THERAPEUTIC/NON-OBSTETRICAL	7/1/2008	$215.96	N	Referral Required		
58140		MYOMECTOMY, UTERINE	7/1/2008	$806.04	N	Referral Required		
58145		MYOMECTOMY, UTERINE	7/1/2008	$478.44	N	Referral Required		
58146		MYOMECTOMY, EXCISION FIBROID TUMORS, >OR= TO 5 W/WEIGHT GREATER THAN 250 GRAMS	7/1/2008	$1,025.88	N	Referral Required		
58150		HYSTERECTOMY	7/1/2008	$872.26	Y	Referral Required		
58152		TOTAL ABDOMINAL HYSTERECTOMY W/MARSHALL-M-KRANTZ	7/1/2008	$1,107.06	Y	Referral Required		
58180		HYSTERECTOMY	7/1/2008	$838.95	Y	Referral Required		
58200		HYSTERECTOMY	7/1/2008	$1,156.11	Y	Referral Required		
58210		HYSTERECTOMY	7/1/2008	$1,540.04	Y	Referral Required		
58240		PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY	7/1/2008	$2,382.37	N	Referral Required		
58260		HYSTERECTOMY	7/1/2008	$729.72	Y	Referral Required		
58262		VAG HYSTERECTOMY W/REMOVAL TUBES AND/OR OVARYS	7/1/2008	$815.41	Y	Referral Required		
58263		VAG HYST W/REMOV TUBES AND/OR OVARY W/REPAIR ENTER	7/1/2008	$878.54	Y	Referral Required		
58267		HYSTERECTOMY	7/1/2008	$933.82	Y	Referral Required		
58270		HYSTERECTOMY	7/1/2008	$782.79	Y	Referral Required		
58275		HYSTERECTOMY	7/1/2008	$868.49	Y	Referral Required		
58280		HYSTERECTOMY	7/1/2008	$930.63	Y	Referral Required		
58285		HYSTERECTOMY	7/1/2008	$1,165.37	Y	Referral Required		
58290		VAGINAL HYSTERECTOMY, FOR UTERUS > 250 GRAMS	7/1/2008	$1,025.00	Y	Referral Required		
58291		VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; W/REMOVAL OF TUBES AND/OR OVARIES	7/1/2008	$1,112.46	Y	Referral Required		
58292		VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; W/REMOVAL TUBES, OVARIES, REPAIR ENTERO	7/1/2008	$1,174.85	Y	Referral Required		
58293		VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; W/COLPO-URETHROCYSTOPEXY	7/1/2008	$1,221.45	Y	Referral Required		
58294		VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; W/REPAIR OF ENTEROCELE	7/1/2008	$1,081.25	Y	Referral Required		
58300		IUD INSERTION	7/1/2008	$59.40	N			
58301		IUD REMOVAL	7/1/2008	$87.43	N			
58340		HYSTEROSALPINGOGRAPHY INJ PROC	1/1/2011	$112.37	N	Referral Required		
58346		INSERTION HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	7/1/2008	$401.12	N	Referral Required		
58353		ENDOMETRIAL ABLATION, THERMAL W/O HYSTEROSCOPIC GUIDANCE	1/1/2011	$978.56	N	Referral Required		
58356		ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CURRETTAGE, WHEN PERFORMED	7/1/2008	$2,037.54	N	Referral Required		
58400		UTERINE SUSPENSION	7/1/2008	$392.74	N	Referral Required		
58410		UTERINE SUSPENSION	7/1/2008	$707.39	N	Referral Required		
58430		INTERPOSITION OPERATION	7/1/2008	$982.62	N	Referral Required		
58500		HYSTEROSALPINGOSTOMY	7/1/2008	$982.62	N	Referral Required		
58520		HYSTERORRHAPHY	7/1/2008	$688.91	N	Referral Required		
58540		HYSTEROPLASTY	7/1/2008	$799.61	N	Referral Required		
58541		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	7/1/2008	$746.93	Y	Referral Required		
58542		LAPAROSCOPY SURG SUPRACERVICAL HYST, UTERUS 250 G/LESS; W REMOV TUBE &/OR OVARY	7/1/2008	$828.99	Y	Referral Required		
58543		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER 250 G	7/1/2008	$842.77	Y	Referral Required		

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58544		LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY UTERUS > 250 G; W/REM/TUBE(S)&/OR OVARY	7/1/2008	$911.44	Y	Referral Required		
58545		LAPAROSCOPY, MYOMECTOMY, EXCISION; 1-4 INTRAMURAL MYOMAS <250 GRAMS	7/1/2008	$792.89	N	Referral Required		
58546		LAPAROSCOPY, MYOMECTOMY, EXCISION; GREATER THAN OR EQUAL TO 5 MYOMAS >250 GRAMS	7/1/2008	$1,005.23	N	Referral Required		
58548		LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY	7/1/2008	$1,583.84	Y	Referral Required		
58550		LAPAROSCOPY HYSTERECTOMY	7/1/2008	$781.57	Y	Referral Required		
58552		LAPAROSCOPY W/VAGINAL HYSTERECTOMY UTERUS <250 GRAMS; W/REMOVAL TUBES & OVARIES	7/1/2008	$864.27	Y	Referral Required		
58553		LAPAROSCOPY VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS	7/1/2008	$1,009.88	Y	Referral Required		
58554		LAPAROSCOPY W/VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; REMOVAL TUBES AND OVARIES	7/1/2008	$1,159.01	Y	Referral Required		
58555		HYSTEROSCOPY DIAGNOSTIC	7/1/2008	$208.02	N	Referral Required		
58558		HYSTEROSCOPY, BIOPSY	7/1/2008	$274.42	N	Referral Required		
58559		HYSTEROSCOPY LYSIS OF ADHESIONS	7/1/2008	$309.27	N	Referral Required		
58560		HYSTEROCOSPY RESECT INTRAUTERINE SEPTUM	7/1/2008	$350.92	N	Referral Required		
58561		HYSTEROSCOPY LEIMYOMATA REMOVAL	7/1/2008	$496.11	N	Referral Required		
58562		HYSTEROSCOPY FOREIGN BODY REMOVAL	7/1/2008	$293.07	N	Referral Required		
58563		HYSTEROSCOPY ENDOMETRIAL ABLATION	1/1/2011	$1,597.90	N	Referral Required		
58565		WITH BILAT FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION WITH IMPLANTS	1/1/2011	$1,716.27	N	Referral Required		
58570		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	7/1/2008	$801.81	Y	Referral Required		
58571		LAPAROSCOPY, SURG, W/TOTAL HYSTERECTOMY, UTERUS 250 GM/LESS; W/REMOV/TUBE/OVARY	7/1/2008	$880.84	Y	Referral Required		
58572		LAPAROSCOPY, SURGICAL, W/TOTAL HYSTERECTOMY, UTERUS GREATER THAN 250 GR	7/1/2008	$996.14	Y	Referral Required		
58573		LAPAROSCOPY, SURG W/TOTAL HYSTERECTOMY, UTERUS > 250 GM W/REMOVE/TUBES/OVARY	7/1/2008	$1,128.09	Y	Referral Required		
58578		LAPAROSCOPY UNLISTED UTERUS PROCEDURE		$0.00	N	Referral Required		
58579		HYSTEROSCOPY UNLISTED UTERUS PROCEDURE		$0.00	N	Referral Required		
58600		TRANSECTION, FALLOPIAN TUBE	7/1/2008	$322.94	N			
58605		TRANSECTION, FALLOPIAN TUBE	7/1/2008	$292.82	N			
58611		TUBAL LIGATION WITH C-SECTION OR OTHER ABDOM SURG-ADD ON	7/1/2008	$70.24	N			
58615		OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE	7/1/2008	$225.61	N			
58660		LAPAROSCOPY LYSIS OF ADHESIONS	7/1/2008	$593.73	N	Referral Required		
58661		LAPAROSCOPY OOPHORECTOMY/SALPINGECTOMY	7/1/2008	$572.98	N	Referral Required		
58662		LAPAROSCOPY FULGURATION/EXCISION OF LESIONS	7/1/2008	$626.56	N	Referral Required		
58670		LAPAROSCOPY FULGURATION OF OVIDUCTS	7/1/2008	$322.44	N	Referral Required		
58671		LAPAROSCOPY OCCLUSION OF OVIDUCTS	7/1/2008	$322.64	N	Referral Required		
58672		LAPAROSCOPY FIMBRIOPLASTY	7/1/2008	$664.57	N	Referral Required		
58673		LAPAROSCOPY SALPINGOSTOMY	7/1/2008	$717.69	N	Referral Required		
58679		LAPAROSCOPY UNLISTED OVIDUCT/OVARY PROCEDURE		$0.00	N	Referral Required		
58700		SALPINGECTOMY	7/1/2008	$670.56	N			
58720		SALPINGO-OOPHORECTOMY	7/1/2008	$631.27	N	Referral Required		
58740		LYSIS OF ADHESIONS	7/1/2008	$770.98	N	Referral Required		
58770		SALPINGOSTOMY	7/1/2008	$759.30	N	Referral Required		
58800		DRAINAGE, CYST, OVARY	7/1/2008	$283.23	N	Referral Required		
58805		DRAIN OVARIAN CYST ABDOMINAL APPROACH	7/1/2008	$352.71	N	Referral Required		
58820		DRAINAGE, ABSCESS, OVARY	7/1/2008	$276.40	N	Referral Required		
58822		DRAINAGE OVARIAN ABSCESS, ABDOMINAL APPROACH	7/1/2008	$605.57	N	Referral Required		
58823		DRAINAGE OF PELVIC ABSCESS TRANSVAGINAL/TRANRECTAL APPROACH, PERCUTANEOUS	1/1/2011	$808.53	N	Referral Required		
58825		TRANSPOSITION, OVARY(S)	7/1/2008	$612.78	N	Referral Required		
58900		BIOPSY OF OVARY	7/1/2008	$360.66	N	Referral Required		

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58920		RESECTION, OVARY	7/1/2008	$620.48	N	Referral Required		
58925		OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	7/1/2008	$641.67	N	Referral Required		
58940		OOPHORECTOMY	7/1/2008	$438.20	N	Referral Required		
58943		OOPHORECTOMY PARTIAL OR TOTALW/PARA AORTIC & PELV	7/1/2008	$986.40	N	Referral Required		
58950		RESECTION OVARIAN MALIG W/BILATERAL SALPINGO/OOPHO	7/1/2008	$938.97	N	Referral Required		
58951		RESECTION OVARIAN MALIGNANCY	7/1/2008	$1,213.35	Y	Referral Required		
58952		RESECTION OVARIAN MALIGNANCY W/RADICAL DISSECTION	7/1/2008	$1,368.21	N	Referral Required		
58953		HYSTERECTOMY REMOVAL OF TUBES AND OVARIES W/RADICAL DISSECTION FOR DEBULKING	7/1/2008	$1,698.52	Y	Referral Required		
58954		HYSTERECTOMY/REMOVAL OF TUBES/OVARIES W/LYMPHADENECTOMY	7/1/2008	$1,844.54	Y	Referral Required		
58956		BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY	7/1/2008	$1,186.03	Y	Referral Required		
58957		RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY	7/1/2008	$1,287.06	N	Referral Required		
58958		RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY	7/1/2008	$1,424.44	N	Referral Required		
58960		LAPAROTOMY OF OVARIAN MALIGNANCY,STAGING/RESTAGING	7/1/2008	$810.75	N	Referral Required		
58999		UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM, NON OB		$0.00	N	Referral Required		
59000		AMNIOCENTESIS, ANY METHOD	1/1/2011	$114.08	N	Referral Required		
59001		AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION	7/1/2008	$160.10	N	Referral Required		
59012		CORDOCENTESIS INTRAUTERINE	7/1/2008	$181.00	N	Referral Required		
59015		CHORIONIC VILLUS SAMPLING ANY METHOD	7/1/2008	$137.17	N	Referral Required		
59020		FETAL OXYTOCIN STRESS TEST	7/1/2008	$59.47	N	Referral Required	$15.46	$44.01
59025		FETAL NON-STRESS TEST	7/1/2008	$39.93	N	Referral Required	$7.99	$31.94
59030		FETAL BLOOD SAMPLING	7/1/2008	$98.83	N	Referral Required		
59050		FETAL MONITORING DURING LABOR; W/ WRITTEN REPORT, SUPERVISION & INTERP	7/1/2008	$45.37	N	Referral Required		
59051		FETAL MONITORING DURING LABOR W/ WRITTEN REPORT; INTERPRETATION ONLY	7/1/2008	$37.42	N	Referral Required		
59070		TRANSABDOMINAL AMNIOINFUSION, INCLUD ULTRASOUND GUIDANCE	7/1/2008	$350.26	N	Referral Required		
59072		FETAL UMBILICAN CORD OCCLUSION	7/1/2008	$408.68	N	Referral Required		
59074		FETAL FLUID DRAINAGE (VESICOCENTESIS, THORACENTESIS, PARACENTESIS) W ULTRASOUND	7/1/2008	$326.89	N	Referral Required		
59076		FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	7/1/2008	$408.68	N	Referral Required		
59100		HYSTEROTOMY	7/1/2008	$722.26	N	Referral Required		
59120		SURGICAL TREATMENT ECTOPIC PREGNANCY: SALPINGECTOMY/SALPINGOSTOMY	7/1/2008	$687.43	N	Referral Required		
59121		TUBAL W/O SALPINGECTOMY &/OR OOPHORECTOMY	7/1/2008	$692.05	N	Referral Required		
59130		SALPINGECTOMY/SALPINGOSTOMY	7/1/2008	$781.87	N	Referral Required		
59135		SALPINGECTOMY/SALPINGOSTOMY	7/1/2008	$788.56	Y	Referral Required		
59136		SURG TREAT ESTOPIC PREGNANCY INTERSTITIAL W/PART R	7/1/2008	$748.68	N	Referral Required		
59140		SURG FOR ECTOPIC PREGNANCY CERVICAL WITH EVAC	7/1/2008	$322.58	N	Referral Required		
59150		LAPAROSCOPIC TREATMENT ECTOPIC PREG W/O S-O	7/1/2008	$668.45	N	Referral Required		
59151		LAPAROSCOPIC TX ECTOPIC PREG. W/SALPING/OOPHORECTO	7/1/2008	$656.43	N	Referral Required		
59160		CURETTAGE POSTPARTUM	1/1/2011	$189.66	N	Referral Required		
59200		INSERTION HYGROSCOPIC CERVICAL DILATOR	1/1/2011	$65.84	N	Referral Required		
59300		EPISIOT OR VAG REPAIR BY OTHER THAN ATTENDING PHY	7/1/2008	$169.26	N	Referral Required		
59320		CERCLAGE CX VAGINAL	7/1/2008	$135.58	N	Referral Required		
59325		CERCLAGE CX ABDOMEN	7/1/2008	$215.09	N	Referral Required		
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	7/1/2008	$246.52	N	Referral Required		
59400		VAGINAL DELIVERY W/7 OR MORE ANTEPARTUM & POSTPART	7/1/2008	$1,539.21	N	Referral Required		
59409		VAGINAL DELIVERY ONLY	7/1/2008	$683.81	N			
59410		VAGINAL DELIVERY; INCLUDING POSTPARTUM CARE	7/1/2008	$789.87	N	Referral Required		

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59412		EXTERNAL CEPHALIC VERSIONW/WO TOCOLYSIS	7/1/2008	$91.82	N	Referral Required		
59414		DELIVERY PLACENTA FOLLOWING DELIVERY OF INFANT	7/1/2008	$81.72	N	Referral Required		
59425		ANTEPARTUM CARE ONLY; 4-6 VISITS	7/1/2008	$382.36	N	Referral Required		
59426		ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	7/1/2008	$683.73	N	Referral Required		
59430		POST-PARTUM CARE	7/1/2008	$123.07	N	Referral Required		
59510		CESAREAN DELIVERY W/7 OR MORE ANTEPARTUM & POSTPAR	7/1/2008	$1,742.30	N	Referral Required		
59514		CESAREAN DELIVERY ONLY	7/1/2008	$808.54	N			
59515		CESAREAN DEL ONLY INCL. POST-PARTUM	7/1/2008	$951.69	N	Referral Required		
59525		SUBTOTAL OR TOTAL HYSTERECTOMY AFTER C-SECTION-ADD ON	7/1/2008	$428.40	Y	Referral Required		
59610		ROUTINE OB CARE INCL ANTEPARTUM,VAG DELIVERY & POSTPARTUM; AFTER PREV CESAREAN	7/1/2008	$1,619.17	N	Referral Required		
59612		VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN	7/1/2008	$766.11	N			
59614		VAGINAL DEL. ONLY AFTER CESAREAN, INC. POSTPARTUM	7/1/2008	$856.32	N	Referral Required		
59618		OB CARE INC. ANTEPARTUM,CESAREAN & POST AFTER ATTEMPTED VAGINAL DELIVERY	7/1/2008	$1,822.20	N	Referral Required		
59620		CESAREAN DELIVERY ONLY FOLLOWING ATTEMPTED VAGINAL AFTER PREVIOUS CESAREAN	7/1/2008	$882.55	N			
59622		CESAREAN AFTER ATT.VAGINAL AFTER CESAREAN; POSTPAR	7/1/2008	$1,032.48	N	Referral Required		
59812		TREATMENT OF SPONT ABORTION ANY TRIM COMP SURG	7/1/2008	$267.37	N	Referral Required		
59820		TREAT MISSED ABORTION COMPLETED SURGICALLY 1ST TRI	7/1/2008	$326.31	N	Referral Required		
59821		TREATMENT OF MISSED AB TREAT SURG 2ND TRIMESTER	7/1/2008	$333.17	N	Referral Required		
59830		ABORTION - SEPTIC	7/1/2008	$380.52	N	Referral Required		
59840		ABORTION INDUCED BY DILATION AND CURETTAGE (INCLU	7/1/2008	$188.68	N	Referral Required		
59841		LEGAL(THERAPEUTIC) ABORTION DILATION & EVACUATION	7/1/2008	$329.95	N	Referral Required		
59850		INDUCTION OF LABOR	7/1/2008	$327.39	N	Referral Required		
59851		ABORTION INDUCED COMPLETED BY DILATION AND CURET	7/1/2008	$350.12	N	Referral Required		
59852		ABORTION INDUCED BY HYSTEROTOMY	7/1/2008	$472.15	N	Referral Required		
59855		INDUCED ABORTION, DELIVERY OF FETUS & SECUDINES	7/1/2008	$362.66	N	Referral Required		
59856		INDUCED ABORTION, DELIVERY; W/D&C OR EVACUATION	7/1/2008	$429.47	N	Referral Required		
59857		INDUCED ABORTION, DELIVERY; WITH HYSTEROTOMY	7/1/2008	$504.56	N	Referral Required		
59866		MULTIFETAL PREGNANCY REDUCTION(S)	7/1/2008	$210.78	Y	Referral Required		
59870		UTERINE EVAC + CURETTAGE FOR HYDAT MOLE	7/1/2008	$401.35	N	Referral Required		
59871		REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA	7/1/2008	$118.61	N	Referral Required		
59897		UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE		$0.00	N	Referral Required		
59898		LAPAROSCOPY UNLISTED OB CARE/DELIVERY PROCEDURE		$0.00	N	Referral Required		
59899		UNLISTED MATERNITY PROCEDURE		$0.00	N	Referral Required		
60000		DRAINAGE, CYST, THYROGLOSSAL	7/1/2008	$129.72	N	Referral Required		
60100		BIOPSY, THYROID	7/1/2008	$99.46	N	Referral Required		
60200		EXCISION, CYST, THYROID	7/1/2008	$543.24	N	Referral Required		
60210		PARTIAL THYROID LOBECTOMY, UNILATERAL	7/1/2008	$578.61	N	Referral Required		
60212		PARTIAL THYROID LOBECTOMY;W/CONTRALATERAL SUBTOTAL	7/1/2008	$828.34	N	Referral Required		
60220		TOTAL THYROID LOBECTOMY, UNILATERAL	7/1/2008	$634.42	N	Referral Required		
60225		THYROID LOBECTOMY	7/1/2008	$762.20	N	Referral Required		
60240		THYROIDECTOMY	7/1/2008	$811.38	N	Referral Required		
60252		THYROIDECTOMY	7/1/2008	$1,093.36	N	Referral Required		
60254		THYROIDECTOMY	7/1/2008	$1,421.84	N	Referral Required		
60260		THYROIDECTOMY	7/1/2008	$914.63	N	Referral Required		
60270		THYROIDECTOMY	7/1/2008	$1,148.27	N	Referral Required		

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60271		THYROIDECTOMY, THYROID GLAND; CERVICAL APPROACH	7/1/2008	$884.35	N	Referral Required		
60280		EXCSN, CYST, THYROGLOSSAL DUCT	7/1/2008	$365.76	N	Referral Required		
60281		EXCISION THYROGLOSSAL DUCT CYST/SINUS RECURRENT	7/1/2008	$492.20	N	Referral Required		
60300		ASPIRATION AND/OR INJECTION, THYROID CYST	1/1/2008	$89.43	N	Referral Required		
60500		PARATHYROIDECTOMY	7/1/2008	$836.04	N	Referral Required		
60502		PARATHYROIDECTOMY-RE-EXPLORATION	7/1/2008	$1,052.92	N	Referral Required		
60505		PARATHYROIDECTOMY	7/1/2008	$1,157.66	N	Referral Required		
60512		PARATHYROID AUTOTRANSPLANTATION-ADD ON	7/1/2008	$206.06	N	Referral Required		
60520		THYMECTOMY	7/1/2008	$869.58	N	Referral Required		
60521		THYMECTOMY W/O RADICAL MEDIASTINAL DISSECTION	7/1/2008	$989.65	N	Referral Required		
60522		THYMECTOMY; W/RADICAL MEDIASTINAL DISSECTION	7/1/2008	$1,194.43	N	Referral Required		
60540		ADRENALECTOMY	7/1/2008	$898.20	N	Referral Required		
60545		ADRENALECTOMY	7/1/2008	$1,029.35	N	Referral Required		
60600		EXCISION, TUMOR, CAROTID BODY	7/1/2008	$1,210.50	N	Referral Required		
60605		EXCISION, TUMOR, CAROTID BODY	7/1/2008	$1,523.37	N	Referral Required		
60650		LAPARASCOPY ADRENALECTOMY	7/1/2008	$1,003.90	N	Referral Required		
60659		LAPAROSCOPY UNLISTED ENDOCRINE PROCEDURE		$0.00	N	Referral Required		
60699		UNLISTED ENDOCRINE PROCEDURE		$0.00	N	Referral Required		
61000		SUBDURAL TAP	7/1/2008	$91.78	N	Referral Required		
61001		SUBDURAL TAP	7/1/2008	$88.64	N	Referral Required		
61020		VENTRICULAR PUNCTURE	7/1/2008	$106.51	N	Referral Required		
61026		WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAG	7/1/2008	$107.74	N	Referral Required		
61050		CISTERNAL PUNCTURES	7/1/2008	$93.12	N	Referral Required		
61055		INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAG.	7/1/2008	$119.41	N	Referral Required		
61070		PUNCTURE, SHUNT TUBING	7/1/2008	$68.98	N	Referral Required		
61105		TWIST DRILL HOLE FOR SUBDURAL/VENTRICULAR PUNCTURE	7/1/2008	$353.90	N	Referral Required		
61107		TWIST DRILL HOLE FOR IMPLANTING VENTRICULAR CATHETER OR PRESS. RECORD. DVC-(SP)	7/1/2008	$264.50	N	Referral Required		
61108		TWIST DRILL HOLE FOR PUNCTURE OF SUBDURAL HEMATOMA	7/1/2008	$695.05	N	Referral Required		
61120		BURR HOLES	7/1/2008	$572.36	N	Referral Required		
61140		BURR HOLES	7/1/2008	$990.70	N	Referral Required		
61150		BURR HOLES	7/1/2008	$1,064.31	N	Referral Required		
61151		BURR HOLES	7/1/2008	$778.38	N	Referral Required		
61154		BURR HOLES	7/1/2008	$986.65	N	Referral Required		
61156		BURR HOLES	7/1/2008	$989.59	N	Referral Required		
61210		BURR HOLES;FOR IMPLANTING VENT.CATH.RESERVOIR,EEG ELECT.OR PRESS.RECRD DVC	7/1/2008	$308.36	N	Referral Required		
61215		INSERTION OF SUB & RESERVOIR PUMP FOR VENT. CATH.	7/1/2008	$374.96	N	Referral Required		
61250		BURR HOLES	7/1/2008	$673.08	N	Referral Required		
61253		BURR HOLES	7/1/2008	$753.60	N	Referral Required		
61304		CRANIECTOMY	7/1/2008	$1,312.53	N	Referral Required		
61305		CRANIECTOMY	7/1/2008	$1,577.47	N	Referral Required		
61310		EVACUATION, HEMATOMA, CRANIAL	7/1/2008	$1,727.71	N	Referral Required		
61312		CRANIECTOMY OR CRANIOTOMY FOR EVACUATION HEMATOMA	7/1/2008	$1,634.79	N	Referral Required		
61313		CRANIECTOMY OR CRANIOTOMY EVACUATION OF HEMOTOMA	7/1/2008	$1,563.24	N	Referral Required		
61314		CRANIECTOMY OR CRANIOTOMY FOR EVACUATION HEMATOMA	7/1/2008	$1,437.54	N	Referral Required		
61315		ECTOMY/OTOMY FOR EVACUATION OF HEMATOMA INTERCEREB	7/1/2008	$1,652.77	N	Referral Required		

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61316		INCISION SUBCUTANEOUS PLACEMENT CRANIAL BONE GRAFT- ADD ON CODE	7/1/2008	$71.82	N	Referral Required		
61320		DRAINAGE, ABSCESS INTRACRANIAL	7/1/2008	$1,526.22	N	Referral Required		
61321		DRAINAGE, ABSCESS INTRACRANIAL	7/1/2008	$1,692.72	N	Referral Required		
61322		CRANIECTOMY/CRANIOTOMY, TX INTRACRANIAL HYPERTENSION; W/O LOBECTOMY	7/1/2008	$1,841.47	N	Referral Required		
61323		CRANIECTOMY/CRANIOTOMY, TX INTRACRANIAL HYPERTENSION; W/LOBECTOMY	7/1/2008	$1,881.66	N	Referral Required		
61330		EXPLORATION, ORBIT	7/1/2008	$1,309.58	N	Referral Required		
61332		EXPLORATION, ORBIT	7/1/2008	$1,524.40	N	Referral Required		
61333		EXPLORATION, ORBIT	7/1/2008	$1,528.21	N	Referral Required		
61334		EXPLORATION, ORBIT	7/1/2008	$1,015.25	N	Referral Required		
61340		CRANIAL DECOMPRESSION	7/1/2008	$1,143.62	N	Referral Required		
61343		CRANIECTOMY SUBOCCIPITAL W/CERVICAL LAMINECTOMY FO	7/1/2008	$1,755.82	N	Referral Required		
61345		CRANIAL DECOMPRESSION	7/1/2008	$1,615.04	N	Referral Required		
61440		CRANIOTOMY SECTION OF TENTORIUM CEREBELLI SEPERATE	7/1/2008	$1,579.27	N	Referral Required		
61450		SENSORY ROOT SURGERY	7/1/2008	$1,508.88	N	Referral Required		
61458		CRANIECTOMY, SUBOCCIPITAL	7/1/2008	$1,603.85	N	Referral Required		
61460		SUBOCCIPITAL INCISION	7/1/2008	$1,641.85	N	Referral Required		
61470		SUBOCCIPITAL INCISION	7/1/2008	$1,500.97	N	Referral Required		
61480		CRANIECTOMY FOR MESENCEPHALIC TRACTOTOMY/PEDUNCULO	7/1/2008	$1,456.18	N	Referral Required		
61490		LOBOTOMY, CRANIAL	7/1/2008	$1,517.74	N	Referral Required		
61500		CRANIECTOMY	7/1/2008	$1,076.03	N	Referral Required		
61501		CRANIECTOMY W/EXCISION OF TUMOR FOR OSTEOMYELITIC	7/1/2008	$916.49	N	Referral Required		
61510		EXCISION, TUMOR, BRAIN	7/1/2008	$1,728.70	N	Referral Required		
61512		EXCISION, MENINGIOMA	7/1/2008	$2,050.00	N	Referral Required		
61514		CRANIECTOMY EXCISION OF BRAIN ABSCESS SUPRATENTORI	7/1/2008	$1,514.75	N	Referral Required		
61516		EXCISION, CYST, SUPRATENTORIAL	7/1/2008	$1,480.41	N	Referral Required		
61517		IMPLANT BRAIN INTRACAVITY CHEMOTHERAPY AGENT- ADD-ON CODE	7/1/2008	$72.48	N	Referral Required		
61518		EXCISION, TUMOR, BRAIN	7/1/2008	$2,205.88	N	Referral Required		
61519		EXCISION, MENINGIOMA	7/1/2008	$2,376.60	N	Referral Required		
61520		EXCISION CEREBELLOPONTINE ANGLE TUMOR	7/1/2008	$3,060.84	N	Referral Required		
61521		CRANIECTOMY EXCISION OF MIDLINE TUMOR BASE OF SKUL	7/1/2008	$2,561.71	N	Referral Required		
61522		EXCISION, ABSCESS, BRAIN	7/1/2008	$1,735.76	N	Referral Required		
61524		EXCISION, CYST, BRAIN	7/1/2008	$1,658.10	N	Referral Required		
61526		EXCISION, TUMOR, TRANSTEMPORAL	7/1/2008	$2,810.38	N	Referral Required		
61530		EXCISION, TUMOR, TRANSTEMPORAL	7/1/2008	$2,384.33	N	Referral Required		
61531		SUBDURAL IMPLANT STRIP ELECTRODES ONE OR MORE BURR	7/1/2008	$945.31	N	Referral Required		
61533		CRANIOTOMY W/ELEVATION OF BONE FLAP; ELECTRODE ARR	7/1/2008	$1,202.95	N	Referral Required		
61534		EXSN CEREBRAL CORTICAL SCAR	7/1/2008	$1,291.77	N	Referral Required		
61535		CRANIECTOMY FOR REMOVAL OF EPIDURAL/SUBDURAL ELECT	7/1/2008	$766.38	N	Referral Required		
61536		CRANIOTOMY; EXCISION-CEREBRAL EPILEPTOGENIC FOCUS	7/1/2008	$2,075.66	N	Referral Required		
61537		CRAINOTOMY W/ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMP LOBE, W/O ELECTROGRAPHY	7/1/2008	$1,881.48	N	Referral Required		
61538		TEMPORAL LOBECTOMY	7/1/2008	$2,013.73	N	Referral Required		
61539		LOBECTOMY, OTHER THAN TEMPORAL	7/1/2008	$1,880.92	N	Referral Required		
61540		CRAINIOTOMY W/ELEVATION OF BONE FLAP: FOR LOBECTOMY, OTHER THAN TEMPORAL LOBE	7/1/2008	$1,767.97	N	Referral Required		
61541		CRANIECTOMY FOR TRANSECTION OF CORPUS CALLOSUM	7/1/2008	$1,697.82	N	Referral Required		
61542		HEMISPHERECTOMY	7/1/2008	$1,838.40	N	Referral Required		

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61543		CRANIECTOMY FOR PARTIAL OR SUBTOTAL HEMISPHERECTOM	7/1/2008	$1,694.64	N	Referral Required		
61544		COAGULATION, CHOROID PLEXUS	7/1/2008	$1,497.26	N	Referral Required		
61545		CRANIECTOMY FOR EXCISION OF CRANIOPHARYNGIOMA	7/1/2008	$2,538.01	N	Referral Required		
61546		HYPOPHYSECTOMY	7/1/2008	$1,834.35	N	Referral Required		
61548		HYPOPHYSECTOMY	7/1/2008	$1,252.77	N	Referral Required		
61550		CRANIECTOMY	7/1/2008	$746.51	N	Referral Required		
61552		CRANIECTOMY	7/1/2008	$1,055.03	N	Referral Required		
61556		CRANIOTOMY FOR CRANIOSYNOSTOSIS;FRONTAL OR PARIETA	7/1/2008	$1,304.71	N	Referral Required		
61557		CRANIOTOMY FOR CRANIO-SYNOSTOSIS,BIFRONTAL BONE FL	7/1/2008	$1,341.80	N	Referral Required		
61558		EXTENSIVE CRANIECTOMY NOT REQUIRING BONE GRAFTS	7/1/2008	$1,391.63	N	Referral Required		
61559		EXTENSIVE CRANIECTOMY RECOUNTOURING W/MULTI OSTEOM	1/1/2011	$1,883.89	N	Referral Required		
61563		EXCISION INTRA & EXTRACRANIEL BENIGN TUMOR CRANIAL	7/1/2008	$1,522.26	N	Referral Required		
61564		EXCISION INTRA & EXTRACRANIEL W/OPTIC NERVE COMPRE	7/1/2008	$1,931.22	N	Referral Required		
61566		CRANIOTOMY W/ELEVATION OF BONE FLAP, FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY	7/1/2008	$1,790.32	N	Referral Required		
61567		CRAINOTOMY W/ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS W/ELEC	7/1/2008	$2,023.37	N	Referral Required		
61570		EXCISION, FOREIGN BODY, BRAIN	7/1/2008	$1,462.83	N	Referral Required		
61571		CRANIECTOMY W/TREATMENT OF PENETRATING WOUND BRAIN	7/1/2008	$1,574.85	N	Referral Required		
61575		TRANSORAL APPROACH TO SKULL BASE,BRAIN STEM OR UPP	7/1/2008	$1,919.74	N	Referral Required		
61576		TRANSORAL APP TO SKULL BASE FOR BIOPSY DECOMPRESSI	7/1/2008	$3,002.93	N	Referral Required		
61580		CRANIOFACIAL APPROACH TO ANTERIOR FOSSA	7/1/2008	$2,024.01	N	Referral Required		
61581		EXTRADURAL,INCLUDING LATERAL RHINOTOMY,ORBITAL EXC	7/1/2008	$2,234.54	N	Referral Required		
61582		EXTRADURAL CRANIOFACIAL APPROACH CRANIAL FOSSA	7/1/2008	$2,273.09	N	Referral Required		
61583		INTRADURAL CRANIOFACIAL APPROACH CRANIAL FOSSA	7/1/2008	$2,314.61	N	Referral Required		
61584		ORBITOCRANIAL APPROACH CRANIAL FOSSA W/O EXENTERAT	7/1/2008	$2,261.00	N	Referral Required		
61585		WITH ORBITAL EXENTERATION	7/1/2008	$2,419.41	N	Referral Required		
61586		BICORONAL-OSTEOTOMY APPROACH TO ANTERIOR CRANIAL	7/1/2008	$1,752.77	N	Referral Required		
61590		INFRATEMPORAL PRE-AURICULAR APPROACH CRANIAL FOSSA	7/1/2008	$2,564.80	N	Referral Required		
61591		INFRATEMPORAL POST-AURICULAR APPROACH CRANIAL FOSS	7/1/2008	$2,582.81	N	Referral Required		
61592		ORBITOCRANIAL ZYGOMATIC APPROACH CRANIAL FOSSA	7/1/2008	$2,522.85	N	Referral Required		
61595		TRANSTEMPORAL APPROACH CRANIAL FOSSA	7/1/2008	$1,927.32	N	Referral Required		
61596		TRANSCOCHLEAR APPROACH POSTERIOR CRANIAL FOSSA	7/1/2008	$2,140.69	N	Referral Required		
61597		TRANSCONDYLAR(FAR LATERAL) APPROACH TO POSTERIOR C	7/1/2008	$2,306.57	N	Referral Required		
61598		TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA	7/1/2008	$2,086.98	N	Referral Required		
61600		RESECTION NEOPLASTIC LESION CRANIAL FOSSA;EXTRADUR	7/1/2008	$1,732.71	N	Referral Required		
61601		RESECT NEOPLASTIC LESION CRANIAL FOSSA; INTRADURAL	7/1/2008	$1,882.50	N	Referral Required		
61605		RESECT NEOPLASTIC LESION INFRATEMPORAL FOSSA;EXTRA	7/1/2008	$1,832.39	N	Referral Required		
61606		RESECT NEOPLASTIC LESION INFRATEMPORAL FOSSA;INTRA	7/1/2008	$2,393.80	N	Referral Required		
61607		RESECT NEOPLASTIC LESION PARASELLAR AREA;EXTRADURA	7/1/2008	$2,247.99	N	Referral Required		
61608		RESECT NEOPLASTIC LESION PARASELLAR AREA;INTRADURA	7/1/2008	$2,611.78	N	Referral Required		
61609		TRANSECTION CAROTID ARTERY IN SINUS; W/O REPAIR-ADD ON	7/1/2008	$515.23	N	Referral Required		
61610		TRANSECTION CAROTID ARTERY IN SINUS; WITH REPAIR-ADD ON	7/1/2008	$1,543.98	N	Referral Required		
61611		TRANSECTION CAROTID ARTERY PETROUS CANAL;W/O REPAI-ADD ON	7/1/2008	$376.79	N	Referral Required		
61612		TRANSECTION CAROTID ARTERY PETROUS CANAL; W/REPAIR-ADD ON	7/1/2008	$1,344.94	N	Referral Required		
61613		OBLITERATION CAROTID ANEURYSM BY DISSECTION	7/1/2008	$2,562.85	N	Referral Required		
61615		RESECT NEOPLASTIC LESION CRANIAL FOSSA; EXTRADURAL	7/1/2008	$2,019.93	N	Referral Required		

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61616		RESECT NEOPLASTIC LESION CRANIAL FOSSA; INTRADURAL	7/1/2008	$2,653.25	N	Referral Required		
61618		SECONDARY REPAIR FOR CSF LEAK BY FREE TISSUE GRAFT	7/1/2008	$1,042.27	N	Referral Required		
61619		SECONDARY REPAIR CSF LEAK BY LOCAL PEDICLE FLAP	7/1/2008	$1,212.38	N	Referral Required		
61623		ENDOVASCULAR TEMP. BALLOON ARTERIAL OCCLUSION, HEAD OR NECK AND SUPERVISION	7/1/2008	$483.76	N	Referral Required		
61624		TRANSCATHETER OCCLUSION/EMBOLIZATION ANY METHOD	7/1/2008	$948.78	N	Referral Required		
61626		TRANSCATHETER OCCLUSION NON-CENTRAL NERVOUS SYSTEM	7/1/2008	$772.29	N	Referral Required		
61630		BALLOON ANGIOPLASTY, INTRACRANIAL, PERCUTANEOUS		$0.00	N	Referral Required		
61635		TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT, INTRACRANIAL, INCL BALLOON		$0.00	N	Referral Required		
61640		BALLOON DILATION OF INTRACRANIAL VASOPASM, PERCUTANEOUS, INITIAL VESSEL		$0.00	N	Referral Required		
61641		BALLOON DILATION/ INTRACRANIAL VASOPASM, PERCUTANEOUS, EA ADD VESSEL ADD-ON		$0.00	N	Referral Required		
61642		BALLOON DILATION OF INTRACRANIAL VASOPLASM, PERCUTANEOUS, EA (ADD-ON)		$0.00	N	Referral Required		
61680		INTERCRANIAL ARTERIOVENOUS MALFORMATION SIMPLE SUP	7/1/2008	$1,808.21	N	Referral Required		
61682		INTRACRANIAL ANTERIOVENOUS SUPRATENTORIAL COMPLEX	7/1/2008	$3,423.40	N	Referral Required		
61684		INTRACRANIAL ARTERIOVENOUS MALFORM SIMPLE INFRATEN	7/1/2008	$2,295.03	N	Referral Required		
61686		INTRACRANIAL ARTERIOVENOUS MALFORM COMPLEX INFRATE	7/1/2008	$3,664.02	N	Referral Required		
61690		INTRACRANIAL ARTERIOVENOUS MALFORM SIMPLE DURAL	7/1/2008	$1,732.88	N	Referral Required		
61692		INTRACRANIAL ARTERIOVENOUS MALFORM COMPLEX DURAL	7/1/2008	$2,946.06	N	Referral Required		
61697		SURGERY OF INTRACRANIAL ANEURYSM	7/1/2008	$3,310.22	N	Referral Required		
61698		SURGERY OF INTRACRANIAL ANEURYSM VERTEBROBASILAR CIRCULATION	7/1/2008	$3,524.09	N	Referral Required		
61700		INTRA-CRANIAL ANEURYSM SURGERY	7/1/2008	$2,804.57	N	Referral Required		
61702		INTRA-CRANIAL ANEURYSM SURGERY	7/1/2008	$3,106.54	N	Referral Required		
61703		SURGERY INTRA-CRANIAL ANEURYSM CERVICAL	7/1/2008	$1,047.26	N	Referral Required		
61705		ANEURYSM SURGERY	7/1/2008	$2,069.46	N	Referral Required		
61708		SURGERY ANEURYSM BY INTRACRANIAL ELECTROTHROMBOSIS	7/1/2008	$1,792.09	N	Referral Required		
61710		SURG ANEURYSM BY INTRA-ARTERIAL EMBOLIZATION INJEC	7/1/2008	$1,590.08	N	Referral Required		
61711		ANASTOMOSIS CRBRL/CORTICL ARTR	7/1/2008	$2,098.14	N	Referral Required		
61720		STEREOTAXIC LESION	7/1/2008	$938.76	N	Referral Required		
61735		STEREOTAXIC LESION	7/1/2008	$1,153.35	N	Referral Required		
61750		SURGERY OF ANEURYSM VASCULAR MALFORMATION OR CARTO	7/1/2008	$1,111.46	N	Referral Required		
61751		STEREOTACTIC BX, ASPIRATE OR EXCISE INCL BURR&CAT	7/1/2008	$1,082.19	N	Referral Required		
61760		STEREOTACTIC IMPLANT OF DEPTH ELECTRODES CEREBRUM	7/1/2008	$1,195.61	N	Referral Required		
61770		STEREOTACTIC LOCALIZATION ANY METHOD INC BURR HOLE	7/1/2008	$1,211.59	N	Referral Required		
61781		STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL	1/1/2011	$162.97	N	Referral Required		
61782		STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL	1/1/2011	$135.31	N	Referral Required		
61783		STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL	1/1/2011	$146.91	N	Referral Required		
61790		STEREOTAXIC LESION	7/1/2008	$666.73	N	Referral Required		
61791		CREATION LESION STEREOTACTIC METHOD-TRIGEMINAL MED	7/1/2008	$864.09	N	Referral Required		
61795		STEREOTACTIC COMPUTER ASSIST VOLUMETRIC INTRACRANI-ADD ON	7/1/2008	$207.97	N	Referral Required		
61796		STEROTACTIC RADIOSURG PART BEAM, GAMMA RAY/ LINEAR ACCEL 1 SIMPLE CRANIAL LESION	1/1/2009	$659.30	N	Referral Required		
61797		EACH ADDITIONAL CRANIAL LESION, SIMPLE LIST SEP IN ADD TO CODE FOR PRIMARY PROC	1/1/2009	$182.36	N	Referral Required		
61798		1 COMPLEX CRANIAL LESION	1/1/2009	$659.30	N	Referral Required		
61799		EA ADDL CRANIAL LESION, COMPLEX LIST SEP IN ADD TO CODE FOR PRIMARY PROCEDURE	1/1/2009	$252.09	N	Referral Required		
61800		APPL OF STEROTACTIC HEADFRAME FOR STEROTACTIC RADIOSURGRY IN ADD PRIM PROC	1/1/2009	$127.72	N	Referral Required		
61850		TWIST DRILL OR BURR HOLES FOR IMPLANT NEUROSTIMULA	7/1/2008	$765.75	N	Referral Required		
61860		ECTOMY/OTOMY IMPLANT NEUROSTIMULATOR ELECTRODES	7/1/2008	$1,232.04	N	Referral Required		

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61863		TWIST DRILL OR BURR HOLES CRAINOTOMY	7/1/2008	$1,196.87	N	Referral Required		
61864		EACH ADDITIONAL ARRAY (ADD-ON)	7/1/2008	$319.91	N	Referral Required		
61867		TWIST DRILL OR BURR HOLES	7/1/2008	$1,779.89	N	Referral Required		
61868		EACH ADDITIONAL ARRAY	7/1/2008	$484.98	N	Referral Required		
61870		IMPLANT NEUROSTIMULATOR ELECTRODES CEREBELLAR CORT	7/1/2008	$941.98	N	Referral Required		
61875		IMPLANT NEUROSTIMULATOR ELECTRODES CEREBELLAR, SUB	7/1/2008	$836.89	N	Referral Required		
61880		REVISION/REMOVAL INTERCRANIEL NEUROSTIMULATOR ELEC	7/1/2008	$424.52	N	Referral Required		
61885		INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	7/1/2008	$483.99	Y	Referral Required		
61886		PLACEMENT OF CRANIAL NEUROST IMULATOR DEVICE	7/1/2008	$612.15	Y	Referral Required		
61888		REVISION/REMOVAL CRANIAL NEUROSTIMULATOR PULSE GEN	7/1/2008	$318.88	Y	Referral Required		
62000		REPAIR, SKULL FRACTURES	7/1/2008	$703.29	N	Referral Required		
62005		REPAIR, SKULL FRACTURES	7/1/2008	$968.71	N	Referral Required		
62010		REPAIR, SKULL FRACTURES	7/1/2008	$1,204.76	N	Referral Required		
62100		REPAIR, DURAL/CSF LEAK	7/1/2008	$1,292.19	N	Referral Required		
62115		REDUCTION CRANIOMEGALIC SKULL (EG TREATED HYDROCEP	7/1/2008	$1,292.73	N	Referral Required		
62116		REDUCTION CRANIOMGEALIC SKULL W/CRANIOPLASTY	7/1/2008	$1,397.35	N	Referral Required		
62117		REDUCTION CRANIOMEGALIC SKULL REQUIRING CRANIOTOMY	7/1/2008	$1,503.35	N	Referral Required		
62120		REPAIR, ENCEPHALOCELE	7/1/2008	$1,472.79	N	Referral Required		
62121		CRANIOTOMY W/REPAIR OF ENCEPHALOCELE SKULL BASE	7/1/2008	$1,343.85	N	Referral Required		
62140		CRANIOPLASTY	7/1/2008	$833.48	N	Referral Required		
62141		CRANIOPLASTY	7/1/2008	$913.72	N	Referral Required		
62142		REMOVAL BONE FLAP OR PROSTHETIC PLATE OF SKULL	7/1/2008	$691.99	N	Referral Required		
62143		REPLACE OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	7/1/2008	$815.24	N	Referral Required		
62145		CRANIOPLASTY	7/1/2008	$1,109.02	N	Referral Required		
62146		CRANIOPLASTY WITH AUTOGRAFT UP TO 5CM DIAMETER	7/1/2008	$964.82	N	Referral Required		
62147		CRANIOPLASTY WITH AUTOGRAFT LARGER THAN 5CM DIAMET	7/1/2008	$1,144.03	N	Referral Required		
62148		INCISION/RETRIEVAL SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPLASTY, ADD-ON CODE	7/1/2008	$102.87	N	Referral Required		
62160		NEUROENDOSCOPY, INTRACRANIAL PLACE VENTRICULAR CATHETER (ADD ON)	7/1/2008	$159.25	N	Referral Required		
62161		NEUROENDOSCOPY, INTRACRANIAL W/DISSECTION ADHESIONS, FENESTRATION OF SEPTUM/CYST	7/1/2008	$1,211.20	N	Referral Required		
62162		NEUROENDOSCOPY, INTRACRANIAL W/ FENESTRATION/EXCISION CYST, INC. CATH. FOR DRAIN	7/1/2008	$1,499.33	N	Referral Required		
62163		NEUROENDOSCOPY INTRACRANIAL W/ RETRIEVAL OF FOREIGN BODY	7/1/2008	$946.30	N	Referral Required		
62164		NEUROENDOSCOPY, INTRACRANIAL W/ EXCISION BRAIN TUMOR, INC. CATHETER FOR DRAINAGE	7/1/2008	$1,599.48	N	Referral Required		
62165		NEUROENDOSCOPY INTRACRANIAL W/EXCISION PITUITARY TUMOR, TRANSNASAL/TRANS-SPHENOL	7/1/2008	$1,251.73	N	Referral Required		
62180		VENTRICULOCISTERNOSTOMY	7/1/2008	$1,259.20	N	Referral Required		
62190		SUBDURAL SHUNT	7/1/2008	$699.41	N	Referral Required		
62192		SUBDURAL SHUNT	7/1/2008	$762.89	N	Referral Required		
62194		IRRIGATION, SUBDURAL CATHETER	7/1/2008	$301.04	N	Referral Required		
62200		VENTRICULOCISTERNOSTOMY	7/1/2008	$1,091.56	N	Referral Required		
62201		VENTRICULOCISTERNOSTOMY, 3RD VENT, STEREOTACTIC	7/1/2008	$933.22	N	Referral Required		
62220		VENTRICULAR SHUNT	7/1/2008	$810.33	N	Referral Required		
62223		VENTRICULAR SHUNT	7/1/2008	$819.59	N	Referral Required		
62225		IRRIGATION VENTRICULAR CATHETER	7/1/2008	$391.19	N	Referral Required		
62230		REVISION, OBSTRUCTED VALVE	7/1/2008	$660.64	N	Referral Required		
62252		REPROGRAMMING OF CSF SHUNT	7/1/2008	$82.81	N	Referral Required	$41.40	$41.40
62256		SHUNT REMOVAL	7/1/2008	$454.48	N	Referral Required		

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62258		SHUNT REMOVAL	7/1/2008	$892.86	N	Referral Required		
62263		LYSIS OF EPIDURAL ASHESIONS	7/1/2008	$592.29	N	Referral Required		
62264		LYSIS OF EPIDURAL ADHESIONS; 1 DAY	7/1/2008	$376.17	N	Referral Required		
62267		PERC ASPIRATION W/IN NUCLEUS PULPOSUS, INTERV DISC, OR PARAV TISSUE FOR DIAG	1/1/2009	$220.37	N	Referral Required		
62268		PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRIN	7/1/2008	$471.29	N	Referral Required		
62269		BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	1/1/2011	$434.22	N	Referral Required		
62270		SPINAL PUNCTURE, LUMBAR DIAGNOSTIC	7/1/2008	$137.36	N	Referral Required		
62272		SPINAL PUNCTURE THERAPEUTIC TO DRAIN SPINAL FLUID	7/1/2008	$161.19	N	Referral Required		
62273		INJECTION, BLOOD/CLOT PATCH	7/1/2008	$147.53	N	Referral Required		
62280		INJECTION NEUROLYTIC SUBSTANCE	7/1/2008	$286.92	N	Referral Required		
62281		NJ NEUROLYTIC SUBSTANCE EPIDURAL CERVICAL THRACI	7/1/2008	$255.23	N	Referral Required		
62282		INJECTION NEUROLYTIC SUBSTANCE	1/1/2011	$260.17	N	Referral Required		
62284		INJECTION PROC.FOR MYELOGRAPHY AND/OR COMPUTERIZED AXIAL TOMOGRAPHY, SPINAL	1/1/2011	$193.73	N	Referral Required		
62287		ASPIRATION, PERCUTANEOUS, ANY METHOD SING/MULTI	7/1/2008	$473.37	N	Referral Required		
62290		DISCOGRAPHY INJECTION PROC; EACH LEVEL, LUMBAR	1/1/2011	$293.04	N	Referral Required		
62291		DISCOGRAPHY INJECTION PROC; CERVICAL OR THORACIC	7/1/2008	$272.28	N	Referral Required		
62292		CHEMONEUCLEOLYSIS	7/1/2008	$444.66	N	Referral Required		
62294		ARTERIAL INJECTION PROCEDURES	7/1/2008	$653.61	N	Referral Required		
62310		EPIDURAL OR SUBARACHNOID INJECTION	7/1/2008	$196.39	N	Referral Required		
62311		EPIDURAL OR SUBARACHNOID INJECTION	1/1/2011	$171.87	N	Referral Required		
62318		EPIDURAL OR SUBARACHNOID INJECTION WITH INDWELLING CATHETER,CERVICAL/THORACIC	1/1/2011	$206.13	N	Referral Required		
62319		EPIDURAL OR SUBARACHNOID INJECTION WITH INDWELLING CATHETER, LUMBAR, SACRAL	1/1/2011	$188.44	N	Referral Required		
62350		IMPLANTATION CATHETER,RESERVOIR/PUMP;W/O LAMINECTO	1/1/2011	$348.32	N	Referral Required		
62351		IMPLANTATION CATHETER,RESERVOIR/PUMP; W/LAMINECTOM	7/1/2008	$676.37	N	Referral Required		
62355		REMOVAL IMPLANTED INTRATHECAL/EPIDURAL CATHETER	1/1/2011	$262.74	N	Referral Required		
62360		IMPLANT/REPLACE DEVICE FOR DRUG INFUSION;SUBCUTANE	7/1/2008	$227.63	N	Referral Required		
62361		IMPLANT/REPLACE DEVICE,DRUG INFUSION; PUMP	7/1/2008	$369.26	N	Referral Required		
62362		IMPLANT/REPLACE DEVICE,DRUG INFUSION,PROGRAM PUMP	1/1/2011	$363.22	N	Referral Required		
62365		REMOVAL SUBCUTANEOUS RESERVOIR OR PUMP IMPLANTED	1/1/2011	$287.97	N	Referral Required		
62367		ELECTRONIC ANALYSIS IMPLANTED PUMP;W/O REPROGRAM	7/1/2008	$33.92	N	Referral Required		
62368		ELECTRONIC ANALYSIS IMPLANTED PUMP; W/REPROGRAMMIN	7/1/2008	$47.30	N	Referral Required		
63001		LAMINECTOMY	7/1/2008	$980.73	Y	Referral Required		
63003		LAMINECTOMY	7/1/2008	$989.49	Y	Referral Required		
63005		LAMINECTOMY	7/1/2008	$938.93	Y	Referral Required		
63011		LAMINECTOMY W/EXPLOR/DELOMPRESS SPINAL CORD SACRAL	7/1/2008	$882.04	Y	Referral Required		
63012		LAMINECTOMY W/E PLOR AND/OR DECOMPRESSION OF SPINA	7/1/2008	$959.08	Y	Referral Required		
63015		LAMINECTOMY	7/1/2008	$1,180.67	Y	Referral Required		
63016		LAMINECTOMY	7/1/2008	$1,213.14	Y	Referral Required		
63017		LAMINECTOMY	7/1/2008	$991.56	Y	Referral Required		
63020		LAMINOTOMY	7/1/2008	$935.31	Y	Referral Required		
63030		LAMINOTOMY	7/1/2008	$778.11	Y	Referral Required		
63035		LAMINOTOMY-ADD ON	7/1/2008	$166.92	Y	Referral Required		
63040		LAMINOTOMY	7/1/2008	$1,141.94	Y	Referral Required		
63042		LAMINOTOMY	7/1/2008	$1,071.38	Y	Referral Required		
63043		LAMINOTOMY; EACH ADDITIONAL CERVICAL INTERSPACE (ADD-ON)		$0.00	Y	Referral Required		

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63044		LAMINOTOMY; EACH ADDITIONAL LUMBAR INTERSPACE	7/1/2008	$251.77	Y	Referral Required		
63045		LAMINECTOMY,INCLUDING UNILATERAL OR BILATERAL COMP	7/1/2008	$1,018.89	Y	Referral Required		
63046		LAMINECTOMY, THORACIC	7/1/2008	$975.46	Y	Referral Required		
63047		LAMINECTOMY INCLUDING UNILATERAL OR BILATERAL COMP	7/1/2008	$893.03	Y	Referral Required		
63048		LAMINECTOMY, EACH ADDITONAL SEGMENT-ADD ON	7/1/2008	$179.97	Y	Referral Required		
63050		WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS	7/1/2008	$1,217.57	Y	Referral Required		
63051		DECOMPRESSION OF THE SPINAL CORD, 2 OR MORE VERTEBRAL SEGMENTS WITH	7/1/2008	$1,383.25	Y	Referral Required		
63055		TRANSPEDICULAR APPROACH W/DECOMPRESSION SPINAL COR	7/1/2008	$1,313.16	Y	Referral Required		
63056		DECOMPRESSION SPINAL CORD LUMBAR	7/1/2008	$1,219.34	Y	Referral Required		
63057		DECOMPRESSION SPINAL CORD EA ADDIT SEG THORACIC/LU-ADD ON	7/1/2008	$276.27	Y	Referral Required		
63060		LAMINOTOMY	7/1/2008	$1,943.70	N	Referral Required		
63064		LAMINOTOMY	7/1/2008	$1,444.69	Y	Referral Required		
63066		COSTOVERTEBAL APP W/DECOMPRESS SPIN CORD EA ADD SE-ADD ON	7/1/2008	$170.16	Y	Referral Required		
63075		DISCECTOMY	7/1/2008	$1,126.72	Y	Referral Required		
63076		DISCECTOMY-ADD ON	7/1/2008	$213.59	Y	Referral Required		
63077		DISKECTOMY; THORACIC, SINGLE INTERSPACE	7/1/2008	$1,237.23	Y	Referral Required		
63081		VERTEBRAL CORPECTOMY, PARTIAL/COMPLETE; ANTERIOR	7/1/2008	$1,441.03	N	Referral Required		
63082		CERVICAL; EACH ADDITIONAL SEGMENT-ADD ON	7/1/2008	$230.41	N	Referral Required		
63085		VERTEBRAL CORPECTOMY	7/1/2008	$1,553.79	N	Referral Required		
63086		VERTEBRAL CORPECTOMY THORACIC GA ADD SEGMENT-ADD ON	7/1/2008	$164.30	N	Referral Required		
63087		VERTEBRAL CORPECTOMY,PARTIAL OR COMPLETE	7/1/2008	$1,974.83	N	Referral Required		
63088		VERTEBRAL CORPECTOMY, EACH ADDITIONAL SEGMENT-ADD ON	7/1/2008	$223.07	N	Referral Required		
63090		VERTEBRAL CORPECTOMY PARTIAL OR COMPLETE SINGLE SE	7/1/2008	$1,620.32	N	Referral Required		
63091		VERTEBRAL CORPECTOMY PARTIAL OR COMPLETE EACH ADDI-ADD ON	7/1/2008	$154.21	N	Referral Required		
63101		VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH	7/1/2008	$1,852.29	N	Referral Required		
63102		LUMBAR, SINGLE SEGMENT	7/1/2008	$1,848.95	N	Referral Required		
63103		THORACIC OR LUMBAR, EACH ADDITIONAL SEGMENT	7/1/2008	$245.36	N	Referral Required		
63170		LAMINECTOMY FOR MYELOTOMY	7/1/2008	$1,205.16	N	Referral Required		
63172		LAMINECTOMY FOR DRAINAGE INTRAMEDULLARY CYST/SYRIN	7/1/2008	$1,107.13	Y	Referral Required		
63173		LAMINECTOMY DRAINAGE OF CYST TO PERITONEAL SPACE	7/1/2008	$1,359.49	Y	Referral Required		
63180		LAMINECTOMY	7/1/2008	$1,125.46	Y	Referral Required		
63182		LAMINECTOMY	7/1/2008	$1,164.90	Y	Referral Required		
63185		LAMINECTOMY WITH RHIZOTOMY	7/1/2008	$900.77	Y	Referral Required		
63190		LAMINECTOMY W/RHIZOTOMY MORE THAN 2 SEGMENTS	7/1/2008	$1,020.39	Y	Referral Required		
63191		LAMINECTOMY FOR SECTION OF SPINAL ACCESSORY NEVER	7/1/2008	$994.68	Y	Referral Required		
63194		CORDOTOMY	7/1/2008	$1,181.61	Y	Referral Required		
63195		LAMINECTOMY WITH CORDOTOMY	7/1/2008	$1,201.47	Y	Referral Required		
63196		CORDOTOMY	7/1/2008	$1,406.74	Y	Referral Required		
63197		CORDOTOMY	7/1/2008	$1,234.01	Y	Referral Required		
63198		CORDOTOMY	7/1/2008	$1,410.31	Y	Referral Required		
63199		LAMINECTOMY WITH CORDOTOMY, THORACIC	7/1/2008	$1,482.81	Y	Referral Required		
63200		LAMINECTOMY FOR RELEASE OF TETHERED SPINAL CORD, LUMBAR	7/1/2008	$1,199.90	Y	Referral Required		
63250		LAMINECTOMY CERVICAL	7/1/2008	$2,320.18	N	Referral Required		
63251		LAMINECTOMY THORACIC	7/1/2008	$2,427.41	N	Referral Required		
63252		THORACOLUMBAR LAMINECTOMY	7/1/2008	$2,414.39	N	Referral Required		

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63265		LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION	7/1/2008	$1,328.01	N	Referral Required		
63266		LAMINECTOMY FOR EXCISION INTRASPINAL LESION THORAC	7/1/2008	$1,369.06	N	Referral Required		
63267		LAMINECTOMY FOR INTRASPINAL LESION	7/1/2008	$1,101.61	N	Referral Required		
63268		LAMINECTOMY EXCISION INTRASPINAL LESION SACRAL	7/1/2008	$1,098.41	N	Referral Required		
63270		LAMINECTOMY EXCISION INTRASPINAL LESION CERVICAL	7/1/2008	$1,639.61	N	Referral Required		
63271		LAMINECTOMY FOR EXCISION INTRASPINAL LESION THORAC	7/1/2008	$1,646.28	N	Referral Required		
63272		LAMINECTOMY; LUMBAR	7/1/2008	$1,519.41	N	Referral Required		
63273		LAMINECTOMY; SACRAL	7/1/2008	$1,467.41	N	Referral Required		
63275		LAMINECTOMY-BIOPSY/EXCISION EXTRASPINAL LESION;	7/1/2008	$1,432.98	N	Referral Required		
63276		LAMINECTOMY	7/1/2008	$1,422.50	N	Referral Required		
63277		EXTRADURAL, LUMBAR	7/1/2008	$1,253.34	N	Referral Required		
63278		LAMINECTOMY, EXTRADURAL SACRAL	7/1/2008	$1,229.91	N	Referral Required		
63280		INTRADURAL, EXTRAMEDULLARY, CERVICAL	7/1/2008	$1,686.82	N	Referral Required		
63281		INTRADURAL, EXTRAMEDULLARY, THORACIC	7/1/2008	$1,672.34	N	Referral Required		
63282		LAMINECTOMY, INTRADURAL,EXTRAMEDULLARY,LUMBAR	7/1/2008	$1,574.48	N	Referral Required		
63283		LAMINECTOMY FOR BIOPSY/EXCISION INTRADURAL, SACRAL	7/1/2008	$1,501.42	N	Referral Required		
63285		LAMINECTOMY BIOPSY/INTRADURAL INTRAMEDULLARY CERVI	7/1/2008	$2,080.94	N	Referral Required		
63286		LAMINECTOMY FOR BIOPSY/EXCISION	7/1/2008	$2,077.10	N	Referral Required		
63287		LAMINECTOMY INTRADURAL INTRAMEDULLARY THORACOLUMBA	7/1/2008	$2,186.48	N	Referral Required		
63290		COMBINED EXTRADURAL/INTRADURAL LESION, ANY LEVEL	7/1/2008	$2,201.52	N	Referral Required		
63295		OSTEOPLASTIC RECON OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIM PROC (ADD-ON)	7/1/2008	$263.97	N	Referral Required		
63300		VERTEBRAL CORPECTOMY SINGLE SEGMENT CERVICAL	7/1/2008	$1,477.50	N	Referral Required		
63301		VERTEBRAL CORPECTOMY EXTRADURAL TRANSTHORACIC	7/1/2008	$1,653.35	N	Referral Required		
63302		EXTRADURAL, THORACIC BY THORACOLUMBAR APPROACH	7/1/2008	$1,639.92	N	Referral Required		
63303		EXTRADURAL, LUMBAR/SACRAL TRANSPERITONEAL APPROACH	7/1/2008	$1,742.71	N	Referral Required		
63304		INTRADURAL, CERVICAL	7/1/2008	$1,834.41	N	Referral Required		
63305		INTRADURAL, THORACIC BY TRANSTHORACIC APPROACH	7/1/2008	$1,904.07	N	Referral Required		
63306		INTRADURAL, THORACIC BY THORACOLUMBAR APPROACH	7/1/2008	$1,920.72	N	Referral Required		
63307		VERTEBRAL CORPECTOMY INTRADURAL LUMBAR BY TRANSPER	7/1/2008	$1,780.31	N	Referral Required		
63308		VERTEBRAL CORPECTOMY EACH ADDITIONAL SEGMENT-ADD ON	7/1/2008	$276.22	N	Referral Required		
63600		STEREOTAXIC LESION SPINAL CORD	7/1/2008	$690.32	N	Referral Required		
63610		STEREOTAXIC LESION SPINAL CORD	7/1/2008	$1,537.69	N	Referral Required		
63615		STEREOTACTIC BIOPSY, ASPIRATION, SPINAL CORD	7/1/2008	$928.61	N	Referral Required		
63620		STEREOTACTIC RADIOSURG PART BEAM, GAMMA RAY, OR LINEAR ACCEL/1 SPINAL LESION	1/1/2009	$659.30	N	Referral Required		
63621		EACH ADD SPINAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC)	1/1/2009	$209.66	N	Referral Required		
63650		PERCUTANEOUS IMPLANT NEUROSTIMULATOR ELECTRODES	7/1/2008	$365.89	Y	Referral Required		
63655		LAMINECTOMY IMPLANT NEUROSTIMULATOR ELECTEPIDURAL	7/1/2008	$672.23	Y	Referral Required		
63661		REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY, INCL FLUORSCOPY	1/1/2010	$383.53	Y	Referral Required		
63662		REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE , INCL FLUOROSCOPY	1/1/2010	$493.00	Y	Referral Required		
63663		REVISION INCL REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE	1/1/2010	$561.51	Y	Referral Required		
63664		REVISION INCL REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE	1/1/2010	$513.32	Y	Referral Required		
63685		INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	1/1/2011	$353.19	Y	Referral Required		
63688		OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	1/1/2011	$318.63	Y	Referral Required		
63700		REPAIR, MENINGOCELE	7/1/2008	$986.03	N	Referral Required		
63702		MENINGOCELE LARGER THAN 5CM	7/1/2008	$1,075.26	N	Referral Required		

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63704		REPAIR, MYELOMENINGOCELE	7/1/2008	$1,243.01	N	Referral Required		
63706		REPAIR, MYELOMENINGOCELE	7/1/2008	$1,427.75	N	Referral Required		
63707		REPAIR OF DURAL/CSF LEAK NOT REQUIRING LAMINECTOMY	7/1/2008	$727.33	N	Referral Required		
63709		REPAIR OF DURAL/CSF LEAK	7/1/2008	$886.30	N	Referral Required		
63710		DURAL GRAFT	7/1/2008	$881.49	N	Referral Required		
63740		SHUNT, LUMBAR	7/1/2008	$735.90	N	Referral Required		
63741		CREATION OF SHUNT PERCUTANEOUS NOT REQUIRE LAMINEC	7/1/2008	$495.51	N	Referral Required		
63744		SHUNT, LUMBAR	7/1/2008	$517.10	N	Referral Required		
63746		SHUNT, LUMBAR	7/1/2008	$429.94	N	Referral Required		
64400		SOMATIC NERVE BLOCK	7/1/2008	$94.04	N	Referral Required		
64402		SOMATIC NERVE BLOCK	7/1/2008	$93.99	N	Referral Required		
64405		SOMATIC NERVE BLOCK	7/1/2008	$89.41	N	Referral Required		
64408		SOMATIC NERVE BLOCK	7/1/2008	$99.51	N	Referral Required		
64410		SOMATIC NERVE BLOCK	7/1/2008	$123.44	N	Referral Required		
64412		SOMATIC NERVE BLOCK	7/1/2008	$120.87	N	Referral Required		
64413		SOMATIC NERVES-CERVICAL PLEXUS	7/1/2008	$101.09	N	Referral Required		
64415		SOMATIC NERVE BLOCK	1/1/2011	$115.13	N	Referral Required		
64416		INJ. ANES. AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION CATH. W/ DAILY MANAGEMENT	1/1/2011	$79.17	N	Referral Required		
64417		SOMATIC NERVE BLOCK	1/1/2011	$115.39	N	Referral Required		
64418		SUPRASCAPULAR NERVE	1/1/2011	$120.77	N	Referral Required		
64420		SOMATIC NERVE BLOCK	1/1/2011	$142.57	N	Referral Required		
64421		SOMATIC NERVE BLOCK	1/1/2011	$210.73	N	Referral Required		
64425		SOMATIC NERVE BLOCK	7/1/2008	$110.18	N	Referral Required		
64430		SOMATIC NERVE BLOCK	7/1/2008	$132.78	N	Referral Required		
64435		SOMATIC NERVE BLOCK	1/1/2011	$126.89	N	Referral Required		
64445		SOMATIC NERVE BLOCK	1/1/2011	$120.68	N	Referral Required		
64446		INJ. ANES. AGENT; SCIATIC NERVE, CONTINUOUS INFUSION CATH. W/DAILY MANAGEMENT	1/1/2011	$81.21	N	Referral Required		
64447		INJ. ANES. AGENT; FEMORAL NERVE SINGLE	7/1/2008	$62.00	N	Referral Required		
64448		INJ. ANES. AGENT; FEMORAL NERVE, CONTINUOUS CATH. INC. DAILY MANAGEMENT	1/1/2011	$71.80	N	Referral Required		
64449		LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUSION BY CATHETER	1/1/2011	$81.89	N	Referral Required		
64450		SOMATIC NERVE BLOCK	7/1/2008	$87.17	N	Referral Required		
64455		INJ ANESTH AGENT AND/OR STEROID PLANTAR COMMON DG NERVE EG MORTON'S NEURO	1/1/2009	$45.38	N	Referral Required		
64479		TRANSFORAMINAL CERVICAL OR THORACIC EPIDURAL INJECTION	1/1/2011	$247.95	N	Referral Required		
64480		TRANSFORAMINAL CERVICAL OR THORACIC EPIDURAL INJECTION-ADD ON	1/1/2011	$126.54	N	Referral Required		
64483		TRANSFORAMINAL LUMBAR OR SACRAL EPIDUARAL INJECTION	1/1/2011	$238.81	N	Referral Required		
64484		TRANSFORAMINAL LUMBAR OR SACRAL EPIDURAL INJECTION-ADD ON	1/1/2011	$122.29	N	Referral Required		
64490		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT, SINGLE	1/1/2010	$116.56	N			
64491		SECOND LEVEL (SP)	1/1/2010	$57.81	N			
64492		THIRD AND ANY ADDITIONAL LEVEL(S) (SP)	1/1/2010	$58.56	N			
64493		INJECTION(S) DIAGNOSTIC/THERAPEUTIC AGENT, PARAVERTEBRAL FACE, SINGLE LEVEL	1/1/2010	$105.35	N			
64494		SECOND LEVEL (SP)	1/1/2010	$51.85	N			
64495		THIRD AND ANY ADDITIONAL LEVEL(S) SP	1/1/2010	$52.60	N			
64505		SYMPATHETIC NERVE BLOCK	7/1/2008	$86.98	N	Referral Required		
64508		SYMPATHETIC NERVE BLOCK	7/1/2008	$128.46	N	Referral Required		
64510		SYMPATHETIC NERVE BLOCK	1/1/2011	$122.20	N	Referral Required		

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64517		SUPERIOR HYPOGASTRIC PLEXUS	7/1/2008	$150.05	N	Referral Required		
64520		SYMPATHETIC NERVE BLOCK	1/1/2011	$165.16	N	Referral Required		
64530		INJECTION CELIAC PLEXUS W/WO RADIOLOGIC MONITORING	1/1/2011	$170.45	N	Referral Required		
64550		APPLICATION OF SURFACE (TRANSCUTANEOUS) NEURO STIM	1/1/2011	$14.17	N	Referral Required		
64553		PURCUTANEOUS IMPLANT OF NEUBO ELECTRODES, CRANIAL	7/1/2008	$172.92	Y	Referral Required		
64555		PURCUTANEOUS IMPLANT OF NEURO ELECTRODES, PERIPHER	7/1/2008	$178.64	Y	Referral Required		
64560		AUTONOMIC NERVE	7/1/2008	$168.25	Y	Referral Required		
64561		PERCUTANEOUS IMPLANTAION NEUROSTIMULATOR ELECTRODES; SACRAL NERVE	7/1/2008	$1,075.76	Y	Referral Required		
64565		NEUROMUSCULAR	7/1/2008	$158.36	Y	Referral Required		
64566		POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT	1/1/2011	$91.94	N	Referral Required		
64568		INCISION FOR IMPLANTATION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE ARRAY AND PUL	1/1/2011	$450.63	N	Referral Required		
64569		REVISION OR REPLACEMENT OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE ARRAY	1/1/2011	$427.73	N	Referral Required		
64570		REMOVAL OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GEN	1/1/2011	$371.51	N	Referral Required		
64573		INCISE FOR IMPLANT OF NEURO ELECTRODES, CRANIAL	7/1/2008	$477.76	Y	Referral Required		
64575		IMPLANTATION NEUROSTIMULATOR ELECTRODES - PERIPHERAL NERVE	7/1/2008	$237.32	Y	Referral Required		
64577		AUTONOMIC NERVE	7/1/2008	$310.04	Y	Referral Required		
64580		NEUROMUSCULAR	7/1/2008	$250.30	Y	Referral Required		
64581		INCISION NEUROSTIMULATOR ELECTRODE IMPLANTS; SACREAL NERVE	7/1/2008	$694.14	Y	Referral Required		
64585		REVISE/REMOVE PERIPHERAL NEUROSTIMULATOR ELECTORDE	1/1/2011	$277.53	Y	Referral Required		
64590		INSERTION OR REPLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIV	1/1/2011	$267.90	Y	Referral Required		
64595		REVISE/REMOVE PERIPHERAL NEUROSTIMULATOR RECEIVER	7/1/2008	$343.20	Y	Referral Required		
64600		DESTRUCTION, SOMATIC NERVE	1/1/2011	$357.91	N	Referral Required		
64605		DESTRUCTION, SOMATIC NERVE	7/1/2008	$483.50	N	Referral Required		
64610		DESTRUCTION, SOMATIC NERVE	7/1/2008	$571.36	N	Referral Required		
64611		CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	1/1/2011	$69.31	N	Referral Required		
64612		DESTRUCTION BY NEUROLYTIC AGENT; MUSCLES FACIAL NE	7/1/2008	$136.10	N	Referral Required		
64613		DESTRUCTION NEUROLYTIC AGENT CERVICAL SPINAL MUSCL	7/1/2008	$140.10	N	Referral Required		
64614		CHEMODENERVATION OF MUSCLES; EXTREMITY(S) AND/OR TRUNK MUSCLE(S)	1/1/2011	$156.17	N	Referral Required		
64620		DESTRUCTION, SOMATIC NERVE	7/1/2008	$239.25	N	Referral Required		
64622		DESTRUCTION-PARAVERTEBRALFACET JOINT NERVE LUMBAR	1/1/2011	$293.23	N	Referral Required		
64623		DESTRUCT NEUROLYTIC AGENT;JOINT NERVE,LUMBAR,EACH-ADD ON	1/1/2011	$108.27	N	Referral Required		
64626		PARAVERTEBRAL FACET JOINT NERVE DESTRUCTION	7/1/2008	$340.64	N	Referral Required		
64627		PARAVERTEBRAL FACET JOINT NERVE DESTRUCTION ADD-ON	1/1/2011	$147.23	N	Referral Required		
64630		DESTRUCTION BY NEUROLYTIC AGENT PUDENDAL NEVER	7/1/2008	$197.25	N	Referral Required		
64632		PLANTAR COMMON DIGITAL NERVE	1/1/2009	$74.52	N	Referral Required		
64640		DESTRUCTION, SOMATIC NERVE	1/1/2011	$201.45	N	Referral Required		
64650		CHEMODENERVATION OF ECCRINE GLANDS, BOTH AXILLE	7/1/2008	$51.11	Y	Referral Required		
64653		CHEMODENERVATION OF ECCRINE GLANDS, OTHER AREA (SCALP, NECK FACE) PER DAY	7/1/2008	$58.54	Y	Referral Required		
64680		DESTRUCTION, SYMPATHETIC NERVE	1/1/2011	$274.34	N	Referral Required		
64681		SUPERIOR HYPOGASTRIC PLEXUS	7/1/2008	$367.71	N	Referral Required		
64702		NEUROLYSIS	7/1/2008	$367.28	N	Referral Required		
64704		NEUROLYSIS	7/1/2008	$276.35	N	Referral Required		
64708		NEUROLYSIS	7/1/2008	$378.14	N	Referral Required		
64712		NEUROLYSIS	7/1/2008	$441.65	N	Referral Required		
64713		NEUROLYSIS	7/1/2008	$612.29	N	Referral Required		

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64714		NEUROLYSIS	7/1/2008	$515.81	N	Referral Required		
64716		NEUROLYSIS AND/OR TRANSPOSITION CRANIAL NERVE SPEC	7/1/2008	$432.89	N	Referral Required		
64718		NEUROPLASTY &/OR TRANSPOSE: ULNAR NERVE T ELBOW	7/1/2008	$460.42	N	Referral Required		
64719		NEUROPLASTY &/OR TRANSPOSE: ULNAR NERVE AT WRIST	7/1/2008	$323.29	N	Referral Required		
64721		NEUROPLASTY &/OR TRANSPOSE: MEDIAN NERVE AT CARPAL	7/1/2008	$344.31	N	Referral Required		
64722		NERVE DECOMPRESSION	7/1/2008	$268.72	N	Referral Required		
64726		NERVE DECOMPRESSION	7/1/2008	$245.01	N	Referral Required		
64727		INTERNAL NEUROLYSIS; REQUIRE USE OPERATING MICROSC-ADD ON	7/1/2008	$157.83	N	Referral Required		
64732		TRANSECTION, NERVE	7/1/2008	$299.60	N	Referral Required		
64734		TRANSECTION, NERVE	7/1/2008	$341.23	N	Referral Required		
64736		TRANSECTION, NERVE	7/1/2008	$311.18	N	Referral Required		
64738		TRANSECTION, NERVE	7/1/2008	$384.90	N	Referral Required		
64740		TRANSECTION OR AVULSION LINGUAL NERVE	7/1/2008	$386.92	N	Referral Required		
64742		TRANSECTION, NERVE	7/1/2008	$389.94	N	Referral Required		
64744		TRANSECTION, NERVE	7/1/2008	$341.84	N	Referral Required		
64746		TRANSECTION, NERVE	7/1/2008	$371.79	N	Referral Required		
64752		TRANSECTION, NERVE	7/1/2008	$406.92	N	Referral Required		
64755		SELECTIVE VAGOTOMY	7/1/2008	$722.87	N	Referral Required		
64760		TRANSECTION, NERVE	7/1/2008	$387.58	N	Referral Required		
64761		TRANSECTION, NERVE	7/1/2008	$373.59	N	Referral Required		
64763		TRANSECTION, NERVE	7/1/2008	$419.94	N	Referral Required		
64766		TRANSECTION, NERVE	7/1/2008	$499.75	N	Referral Required		
64771		TRANSECTION/AVULSION OF OTHER CRANIAC NERVE EXTRAD	7/1/2008	$479.16	N	Referral Required		
64772		TRANSECTION OF OTHER SPINAL NERVE EXTRADURAL	7/1/2008	$453.90	N	Referral Required		
64774		EXCISION, NEUROMA	7/1/2008	$336.41	N	Referral Required		
64776		EXCISION, NEUROMA, DIGITAL NERVE,1 OR BOTH,SAME DI	7/1/2008	$323.02	N	Referral Required		
64778		EXCISION, NEUROMA-ADD ON	7/1/2008	$158.16	N	Referral Required		
64782		EXCISION, NEUROMA	7/1/2008	$376.45	N	Referral Required		
64783		EXCISION, NEUROMA-ADD ON	7/1/2008	$187.64	N	Referral Required		
64784		EXCISION, NEUROMA	7/1/2008	$595.07	N	Referral Required		
64786		EXCISION, NEUROMA	7/1/2008	$895.49	N	Referral Required		
64787		IMPLANTATION OF NERVE END INTO BONE OR MUSCLE-ADD ON	7/1/2008	$217.74	N	Referral Required		
64788		EXCISION, NEUROFIBROMA	7/1/2008	$311.89	N	Referral Required		
64790		EXCISION, NEUROFIBROMA	7/1/2008	$678.17	N	Referral Required		
64792		EXCISION, NEUROFIBROMA	7/1/2008	$860.09	N	Referral Required		
64795		BIOPSY, NERVE	7/1/2008	$160.55	N	Referral Required		
64802		EXCISION, NERVES, SYMPATHETIC	7/1/2008	$512.24	N	Referral Required		
64804		EXCISION, NERVES, SYMPATHETIC	7/1/2008	$789.56	N	Referral Required		
64809		EXCISION, NERVES, SYMPATHETIC	7/1/2008	$732.28	N	Referral Required		
64814		NEURECTOMY, HYPOGASTRIC	7/1/2008	$853.04	N	Referral Required		
64818		EXCISION, NERVES, SYMPATHETIC	7/1/2008	$562.54	N	Referral Required		
64820		SYMPATHECTOMY,DIGITAL ARTERIES,W/MAGNIFICATION, EA	7/1/2008	$619.80	N	Referral Required		
64821		SYMPATHECTOMY; RADIAL ARTERY	7/1/2008	$563.29	N	Referral Required		
64822		SYMPATHECTOMY; ULNAR ARTERY	7/1/2008	$560.76	N	Referral Required		
64823		SYMPATHECTOMY; SUPERFACIAL PALMAR ARCH	7/1/2008	$635.66	N	Referral Required		

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64831		SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	7/1/2008	$598.56	N	Referral Required		
64832		SUTURE, NERVE-ADD ON	7/1/2008	$293.27	N	Referral Required		
64834		SUTURE, NERVE	7/1/2008	$614.36	N	Referral Required		
64835		SUTURE, NERVE	7/1/2008	$665.56	N	Referral Required		
64836		SUTURE, NERVE	7/1/2008	$666.76	N	Referral Required		
64837		SUTURE EACH ADDITIONAL NERVE HAND OR FOOT-ADD ON	7/1/2008	$324.71	N	Referral Required		
64840		SUTURE POST TIBIAL NERVE	7/1/2008	$754.38	N	Referral Required		
64856		SUTURE, NERVE	7/1/2008	$836.73	N	Referral Required		
64857		SUTURE MAJOR PERIPHERAL NERVE WO/TRANSPOSITION	7/1/2008	$875.59	N	Referral Required		
64858		SUTURE OF SCIATIC NERVE	7/1/2008	$996.31	N	Referral Required		
64859		SUTURE EACH ADDITIONAL MAJOR PERIPHERAL NERVE-ADD ON	7/1/2008	$220.93	N	Referral Required		
64861		SUTURE, NERVE	7/1/2008	$1,136.69	N	Referral Required		
64862		SUTURE LUMBAR PLEXUS	7/1/2008	$1,152.60	N	Referral Required		
64864		SUTURE FACIAL NERVE	7/1/2008	$741.29	N	Referral Required		
64865		SUTURE, NERVE	7/1/2008	$981.74	N	Referral Required		
64866		SUTURE, NERVE	7/1/2008	$1,004.34	N	Referral Required		
64868		SUTURE, NERVE	7/1/2008	$877.50	N	Referral Required		
64870		SUTURE, NERVE	7/1/2008	$873.65	N	Referral Required		
64872		SUTURE, NERVE-ADD ON	7/1/2008	$103.20	N	Referral Required		
64874		SUTURE NERVE REQUIRING EXTENSIVE MOBILIZATION OR-ADD ON	7/1/2008	$154.16	N	Referral Required		
64876		SUTURE NERVE; REQUIRING SHORTENING OF BONE EXTREM.-ADD ON	7/1/2008	$175.12	N	Referral Required		
64885		NERVE GRAFT HEAD OR NECK UP TO 4 CM	7/1/2008	$960.95	N	Referral Required		
64886		NERVE GRAFT HEAD OR NECK MORE THAN 4 CM	7/1/2008	$1,133.92	N	Referral Required		
64890		NERVE GRAFT	7/1/2008	$900.88	N	Referral Required		
64891		NERVE GRAFT	7/1/2008	$896.04	N	Referral Required		
64892		NERVE GRAFT	7/1/2008	$871.20	N	Referral Required		
64893		NERVE GRAFT	7/1/2008	$936.60	N	Referral Required		
64895		NERVE GRAFT	7/1/2008	$1,073.92	N	Referral Required		
64896		NERVE GRAFT	7/1/2008	$1,170.04	N	Referral Required		
64897		NERVE GRAFT ARM OR LEG UP TO 4 CM	7/1/2008	$1,047.80	N	Referral Required		
64898		NERVE GRAFT MORE THAN 4 CM	7/1/2008	$1,139.10	N	Referral Required		
64901		NERVE GRAFT EA ADDITIONAL NERVE-ADD ON	7/1/2008	$516.58	N	Referral Required		
64902		NERVE GRAFT; MULTIPLE STRANDS-ADD ON	7/1/2008	$602.79	N	Referral Required		
64905		NERVE PEDICLE TRANSFER	7/1/2008	$799.22	N	Referral Required		
64907		NERVE PEDICLE TRANSFER	7/1/2008	$1,042.61	N	Referral Required		
64910		NERVE REPAIR; W/ SYNTHETIC CONDUIT/VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	7/1/2008	$564.53	N	Referral Required		
64911		NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCL HARVEST OF VEIN GRAFT), EA NERVE	7/1/2008	$690.34	N	Referral Required		
64999		UNLISTED PROCEDURE, NERVOUS SYSTEM		$0.00	Y	Referral Required		
65091		EVISCERATION, OCULAR CONTENTS	7/1/2008	$496.85	N	Referral Required		
65093		EVISCERATION, OCULAR CONTENTS	7/1/2008	$497.71	N	Referral Required		
65101		ENUCLEATION, EYE	7/1/2008	$570.16	N	Referral Required		
65103		ENUCLEATION, EYE	7/1/2008	$594.83	N	Referral Required		
65105		ENUCLEATION, EYE	7/1/2008	$654.22	N	Referral Required		
65110		EXENTERATION, ORBIT	7/1/2008	$951.37	N	Referral Required		
65112		EXTENTERATION-ORBIT; W/THERAPEUTIC BONE REMOVAL	7/1/2008	$1,125.65	N	Referral Required		

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65114		EXENTERATION, ORBIT	7/1/2008	$1,166.41	N	Referral Required		
65125		MODIFICATION OF OCULAR IMPLANT W/ PLACEMENT OR REPLACEMENT OF PEGS (SP)	7/1/2008	$369.17	N	Referral Required		
65130		INSERTION, OCULAR IMPLANT	7/1/2008	$563.34	N	Referral Required		
65135		INSERTION, OCULAR IMPLANT	7/1/2008	$573.30	N	Referral Required		
65140		INSERTION, OCULAR IMPLANT	7/1/2008	$621.88	N	Referral Required		
65150		REINSERTION, OCULAR IMPLANT	7/1/2008	$455.93	N	Referral Required		
65155		REINSERTION OF OCULAR IMPLANT; W/USE OF FOREIGN MATERIAL	7/1/2008	$661.80	N	Referral Required		
65175		REMOVAL, OCULAR IMPLANT	7/1/2008	$507.04	N	Referral Required		
65205		FOREIGN BODY, EYEBALL	7/1/2008	$44.58	N	Referral Required		
65210		FOREIGN BODY, EYEBALL	7/1/2008	$54.30	N	Referral Required		
65220		FOREIGN BODY, EYEBALL	7/1/2008	$45.63	N	Referral Required		
65222		FOREIGN BODY, EYEBALL	7/1/2008	$59.69	N	Referral Required		
65235		FOREIGN BODY, EYEBALL	7/1/2008	$527.00	N	Referral Required		
65260		FOREIGN BODY, EYEBALL	7/1/2008	$729.91	N	Referral Required		
65265		FOREIGN BODY, EYEBALL	7/1/2008	$820.64	N	Referral Required		
65270		REPAIR, LACERATION, EYEBALL	7/1/2008	$216.89	N	Referral Required		
65272		REPAIR LACERATION CONJUNCTIVA WO/HOSP	7/1/2008	$387.61	N	Referral Required		
65273		REPAIR LACERATION BY MOBILIZATION REARRANGEMENT WO	7/1/2008	$288.69	N	Referral Required		
65275		REPAIR LACERATION CORNEA W/WO REMOVAL FB	7/1/2008	$421.53	N	Referral Required		
65280		REPAIR LACERATION CORNEA PERFORATING, NOT UVEAL TI	7/1/2008	$505.88	N	Referral Required		
65285		REPAIR LACERATION CORNEA W/REPOSITION UVEAL TISSUE	7/1/2008	$789.88	N	Referral Required		
65286		APP OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	7/1/2008	$552.45	N	Referral Required		
65290		REPAIR, WOUND, EXTRAOCULAR	7/1/2008	$371.95	N	Referral Required		
65400		EXCISION, LESION, CORNEA	7/1/2008	$512.38	N	Referral Required		
65410		BIOPSY, CORNEA	7/1/2008	$113.52	N	Referral Required		
65420		TRANSPOSITION, PTERYGIUM	7/1/2008	$408.31	N	Referral Required		
65426		EXICSION TRANSPOSITION OF PTERYGIUM W/GRAFT	7/1/2008	$508.19	N	Referral Required		
65430		CORNEAL SCRAPING	7/1/2008	$90.17	N	Referral Required		
65435		REMOVAL, CORNEAL EPITHELIUM	7/1/2008	$62.64	N	Referral Required		
65436		REMOVAL CORNEAL EPITHELIUM W/APP CHELATING AGENT	7/1/2008	$293.23	N	Referral Required		
65445		THERMOCAUTERIZATION, CORNEA	7/1/2008	$86.39	N	Referral Required		
65450		DESTRUCTION LESION CORNEA BY CRYOTHERAPY, PHOTOCOA	7/1/2008	$244.52	N	Referral Required		
65455		CRYOTHERAPY, CORNEA	7/1/2008	$86.39	N	Referral Required		
65600		MULTIPLE PUNCTURES OF ANTERIOR CORNEA/EROSION/TATT	7/1/2008	$297.07	N	Referral Required		
65710		KERATOPLASTY	7/1/2008	$840.27	N	Referral Required		
65720		KERATOPLASTY	7/1/2008	$1,565.72	N	Referral Required		
65730		KERATOPLASTY	7/1/2008	$932.95	N	Referral Required		
65750		KERATOPLASTY	7/1/2008	$947.61	N	Referral Required		
65755		KERATOPLASTY; PENETRATING (IN PSEUDOPHAKIA)	7/1/2008	$941.94	N	Referral Required		
65756		ENDOTHELIAL	1/1/2009	$936.20	N	Referral Required		
65760		KERATOMELEUSIS	7/1/2008	$1,835.69	N	Referral Required		
65765		KERATOPHAKIA	7/1/2008	$1,836.82	N	Referral Required		
65767		EPIKERATOPLASTY		$0.00	N	Referral Required		
65770		KERATOPROSTHESIS	7/1/2008	$1,082.19	N	Referral Required		
65771		RADICAL KERATOTOMY	7/1/2008	$928.33	N	Referral Required		

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65772		CORNEAL RELAXING INCISION	7/1/2008	$343.60	N	Referral Required		
65775		CORNEAL WEDGE RESECTION NO ASSIST	7/1/2008	$419.03	N	Referral Required		
65778		PLACEMENT OF AMNIOTIC MEMBRANE FOR WOUND HEALING; SELF-RETAINING	1/1/2011	$891.64	N	Referral Required		
65779		PLACEMENT OF AMNIOTIC MEMBRANE FOR WOUND HEALING; SINGLE LAYER, SUTURED	1/1/2011	$804.76	N	Referral Required		
65780		OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION	7/1/2008	$678.65	N	Referral Required		
65781		LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OF LIVING DONOR)	7/1/2008	$1,028.12	N	Referral Required		
65782		LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES OBTAINING GRAFT)	7/1/2008	$886.85	N	Referral Required		
65800		PARACENTESIS EYE ANTE CHAMBER	7/1/2008	$119.08	N	Referral Required		
65805		PARACENTESIS EYE ANTE CHAMBER	7/1/2008	$130.43	N	Referral Required		
65810		PARACENTESIS EYE ANTE CHAMBER	7/1/2008	$350.77	N	Referral Required		
65815		PARACENTESIS EYE ANTE CHAMBER	7/1/2008	$499.85	N	Referral Required		
65820		GONIOTOMY	7/1/2008	$576.38	N	Referral Required		
65850		TRABECULOTOMY AB EXTERNO	7/1/2008	$649.87	N	Referral Required		
65855		TRABECULOPLASTY BY LASAR SURGERY, ONE OR MORE	7/1/2008	$264.38	N	Referral Required		
65860		SEVERING ADHESIONS ANTERIOR SEGMENT LASER TECHNIQU	7/1/2008	$244.42	N	Referral Required		
65865		LYSIS, ADHESIONS, EYE	7/1/2008	$367.16	N	Referral Required		
65870		LYSIS, ADHESIONS, EYE	7/1/2008	$449.94	N	Referral Required		
65875		LYSIS, ADHESIONS, EYE	7/1/2008	$476.81	N	Referral Required		
65880		LYSIS, ADHESIONS, EYE	7/1/2008	$503.05	N	Referral Required		
65900		REMOVAL EPITHELIAL DOWNGROWTH; ANTERIOR CHAMBER EY	7/1/2008	$741.25	N	Referral Required		
65920		REMOVAL IMPLANT MATERIAL, ANTERIOR SEGMENT EYE	7/1/2008	$595.50	N	Referral Required		
65930		REMOVAL, BLOOD CLOT, EYE	7/1/2008	$493.75	N	Referral Required		
66020		INJECTION, EYE, ANTE CHAMBER	7/1/2008	$148.03	N	Referral Required		
66030		INJECTION, EYE, ANTE CHAMBER	7/1/2008	$131.55	N	Referral Required		
66130		EXCISION, LESION, SCLERA	7/1/2008	$552.92	N	Referral Required		
66150		FISTULIZATION, SCLERA	7/1/2008	$653.97	N	Referral Required		
66155		THERMOCAUTERY, SCLERA	7/1/2008	$652.01	N	Referral Required		
66160		THERMOCAUTERY, SCLERA	7/1/2008	$741.21	N	Referral Required		
66165		IRIDENCLEISIS/IRIDOTASIS	7/1/2008	$639.97	N	Referral Required		
66170		TRABECULECTOMY AB EXTERNO	7/1/2008	$896.78	N	Referral Required		
66172		TRABECULECTOMY AB EXTERNO W/SCARRING FROM PREVIOUS	7/1/2008	$1,124.33	N	Referral Required		
66174		TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR STENT	1/1/2011	$685.65	N	Referral Required		
66175		TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STENT	1/1/2011	$754.86	N	Referral Required		
66180		AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	7/1/2008	$892.24	N	Referral Required		
66185		REVISION AQUEOUS SHUNT EXTRAOCULAR RESERVOIR	7/1/2008	$561.63	N	Referral Required		
66220		REPAIR, SCLERAL STAPHYLOMA	7/1/2008	$546.77	N	Referral Required		
66225		REPAIR, SCLERAL STAPHYLOMA	7/1/2008	$706.88	N	Referral Required		
66250		REVISION, OPERATIVE WOUND, EYE	7/1/2008	$586.99	N	Referral Required		
66500		IRIDOTOMY	7/1/2008	$272.25	N	Referral Required		
66505		TRANSFIXION IRIDOTOMY	7/1/2008	$297.59	N	Referral Required		
66600		IRIDECTOMY	7/1/2008	$614.85	N	Referral Required		
66605		IRIDECTOMY	7/1/2008	$808.86	N	Referral Required		
66625		IRIDECTOMY	7/1/2008	$328.15	N	Referral Required		
66630		IRIDECTOMY	7/1/2008	$428.45	N	Referral Required		
66635		IRIDECTOMY	7/1/2008	$432.50	N	Referral Required		

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66680		REPAIR, IRIS/CILIARY BODY	7/1/2008	$386.73	N	Referral Required		
66682		SUTURE OF IRIS, CILIARY BODY W/RETRIEVAL OF SUTURE	7/1/2008	$468.06	N	Referral Required		
66700		CILIARY BODY DESTRUCTION; DIATHERMY	7/1/2008	$341.59	N	Referral Required		
66710		CYCLOPHOTOAGULATION TRANSCLERAL	7/1/2008	$337.07	N	Referral Required		
66711		CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	7/1/2008	$476.81	N	Referral Required		
66720		CILIARY BODY DESTRUCION; CRYOTHERAPY	7/1/2008	$354.14	N	Referral Required		
66740		CILIARY BODY DESTRUCTION; CYCLODIALSIS	7/1/2008	$334.73	N	Referral Required		
66761		IRIDOTOMY	7/1/2008	$344.37	N	Referral Required		
66762		COREOPLASTY	7/1/2008	$359.84	N	Referral Required		
66770		DESTRUCTION, LESION, IRIS	7/1/2008	$399.52	N	Referral Required		
66820		DISCISSION, AFTERCATARACT	7/1/2008	$309.56	N	Referral Required		
66821		DISCISSION SECONDARY MEMBRANEOUS CATARACT; LASER	7/1/2008	$245.43	N	Referral Required		
66825		REPOSITION INTRAOCULAR LENS PROSTHESIS REQUIRE INC	7/1/2008	$584.48	N	Referral Required		
66830		REMOVAL SECONDARY MEMBRANOUS CATARACT	7/1/2008	$539.85	N	Referral Required		
66840		LENS MATERIAL REMOVAL	7/1/2008	$528.23	N	Referral Required		
66850		PHACOFRAGMENTATION, LENS	7/1/2008	$600.01	N	Referral Required		
66852		REMOVAL LENS MATERIAL, PARS PLANA APPROACH W/WO VI	7/1/2008	$642.73	N	Referral Required		
66920		EXTRACTION LENS (CATARACT) INTRACAPSULAR	7/1/2008	$573.81	N	Referral Required		
66930		EXTRACTION LENS (CATARACT) INTRACAPSULAR-DISLOCATD	7/1/2008	$651.20	N	Referral Required		
66940		EXTRACTION LENS (CATARACT) EXTRACAPSULAR	7/1/2008	$591.86	N	Referral Required		
66945		EXTRACTION, LENS	7/1/2008	$1,349.78	N	Referral Required		
66982		EXTRACAPSULAR CATARACT REMOVAL	7/1/2008	$823.37	N	Referral Required		
66983		INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION	7/1/2008	$555.22	N	Referral Required		
66984		EXTRA CAPSULAR CATARACT REMOVAL W/INSERTION OF IOL	7/1/2008	$585.99	N	Referral Required		
66985		INSERTION LENS PROSTHESIS SECONDARY IMPLANT	7/1/2008	$576.49	N	Referral Required		
66986		EXCHANGE OF INTRAOCULAR LENS	7/1/2008	$710.37	N	Referral Required		
66990		OPHTHALMIC ENDOSCOPE, ADD-ON CODE	7/1/2008	$72.34	N	Referral Required		
66999		UNLISTED ANTERIOR SEG PROC		$0.00	N	Referral Required		
67005		REMOVAL VITREOUS ANTERIOR APPROACH; PARTIAL	7/1/2008	$356.29	N	Referral Required		
67010		REMOVAL VITREOUS, SUBTOTAL REMOVAL W/MECHANICAL VI	7/1/2008	$413.01	N	Referral Required		
67015		ASPIRATION, VITREOUS	7/1/2008	$443.95	N	Referral Required		
67025		INJECTION, VITREOUS SUBSTITUTE	7/1/2008	$556.87	N	Referral Required		
67027		INPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM, INC.CONCOMITAN	7/1/2008	$650.06	N	Referral Required		
67028		INTRAVITREAL INJ OF A PHARMACOLOGIC AGENT SEPERATE	7/1/2008	$167.91	N	Referral Required		
67030		DISCISSION, VITREOUS STRANDS	7/1/2008	$393.80	N	Referral Required		
67031		SEVERING VITREOUS STRANDS ONE OR MORE STAGES LASER	7/1/2008	$294.05	N	Referral Required		
67036		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH	7/1/2008	$736.79	N	Referral Required		
67039		VITRECTOMY W/FOCAL ENDOLASER PHOTOCOAGULATION	7/1/2008	$944.80	N	Referral Required		
67040		VITRECTOMY W/ANDOLASAR PANRETINAL PHOTOCOAGULATION	7/1/2008	$1,089.40	N	Referral Required		
67041		VITRECTOMY, MECHANICAL, PARS PLANA APPRCH; W/REMOV/PRERETINAL CELLULAR MEMBRANE	1/1/2008	$999.56	N	Referral Required		
67042		VITRECTOMY, MECHANICAL, PARS PLANA APPR; W/REMOV/INTERNAL LIMIT MEMBRANE/RETINA	1/1/2008	$1,144.71	N	Referral Required		
67043		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/REMOVAL OF SUBRETINAL MEMBRANE	1/1/2008	$1,201.21	N	Referral Required		
67101		REPAIR RETINAL DETACHMENT 1 OR MORE SESSIONS	7/1/2008	$589.30	N	Referral Required		
67102		REPAIR, RETINAL DETACHMENT	7/1/2008	$1,349.78	N	Referral Required		
67103		REPAIR, RETINAL DETACHMENT	7/1/2008	$1,349.78	N	Referral Required		

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67104		REPAIR, RETINAL DETACHMENT	7/1/2008	$1,349.78	N	Referral Required		
67105		REPAIR RETINAL DETACHMENT BY PHOTO COAGULATION	7/1/2008	$545.56	N	Referral Required		
67106		REPAIR, RETINAL DETACHMENT	7/1/2008	$1,349.78	N	Referral Required		
67107		REPAIR, RETINAL DETACHMENT	7/1/2008	$923.69	N	Referral Required		
67108		REPAIR, RETINAL DETACHMENT	7/1/2008	$1,229.97	N	Referral Required		
67110		RETINAL DETACH BY INJ OF AIR OR OTHER GAS (PNEUMOR	7/1/2008	$663.94	N	Referral Required		
67112		REPAIR, RETINAL DETACHMENT	7/1/2008	$1,012.74	N	Referral Required		
67113		REPAIR OF COMPLEX RETINAL DETACHMENT	1/1/2008	$1,318.95	N	Referral Required		
67115		RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	7/1/2008	$370.40	N	Referral Required		
67120		REMOVAL IMPLANTED MATERIAL POSTERIOR SEG EXTRAOCUL	7/1/2008	$503.39	N	Referral Required		
67121		REMOVAL IMPLANTED MATERIAL POSTERIOR SEG INTRAOCUL	7/1/2008	$687.59	N	Referral Required		
67141		PROPHYLAXIS RETINAL DETACHMENT W/O DRAINAGE 1/MORE	7/1/2008	$393.89	N	Referral Required		
67142		PROPHYLAXIS RETINAL DETACHMENT	7/1/2008	$626.29	N	Referral Required		
67143		PROPHYLAXIS RETINAL DETACHMENT	7/1/2008	$626.29	N	Referral Required		
67144		PROPHYLAXIS RETINAL DETACHMENT	7/1/2008	$626.29	N	Referral Required		
67145		PROPHYLAXIS, PHOTOCOAGULATION(LASER OR XENON ARC)	7/1/2008	$396.46	N	Referral Required		
67146		PROPHYLAXIS RETINAL DETACHMENT	7/1/2008	$626.29	N	Referral Required		
67208		DESTRUCT LOCALIZED LESION RETINA ONE OR MORE SESSI	7/1/2008	$454.17	N	Referral Required		
67210		DESTRUCTION OF LOCALIZED LESION OF RETINA 1OR MORE	7/1/2008	$530.03	N	Referral Required		
67212		DESTRUCTION, LESION, RETINA	7/1/2008	$755.85	N	Referral Required		
67213		DESTRUCTION, LESION, RETINA	7/1/2008	$755.85	N	Referral Required		
67214		DESTRUCTION, LESION, RETINA	7/1/2008	$755.85	N	Referral Required		
67216		DESTRUCTION, LESION, RETINA	7/1/2008	$755.85	N	Referral Required		
67218		DESTRUCITON-RADIATION BY IMPLANTATION OF SOURCE	7/1/2008	$1,075.87	N	Referral Required		
67220		DESTRUCTION LOCALI LESION CHORDID ONE MORE SESSION PHOTO COAGULATION	7/1/2008	$816.10	N	Referral Required		
67221		OCULAR PHOTODYNAMIC THERAPY	7/1/2008	$240.37	Y	Referral Required		
67222		DESTRUCTION, RETINOPATHIES	7/1/2008	$863.84	N	Referral Required		
67223		DESTRUCTION, RETINOPATHIES	7/1/2008	$863.84	N	Referral Required		
67224		DESTRUCTION, RETINOPATHIES	7/1/2008	$863.84	N	Referral Required		
67225		OCULAR PHOTODYNAMIC THERAPY; SECOND EYE, SINGLE SECTION (ADD-ON)	7/1/2008	$24.00	N	Referral Required		
67226		DESTRUCTION, RETINOPATHIES	7/1/2008	$863.84	N	Referral Required		
67227		DESTRUCTION EXTENSIVE RETINOPATHY	7/1/2008	$463.71	N	Referral Required		
67228		DESTRUCTION RETINOPATHY 1 OR MORE PHOTOCOAGULATIN	7/1/2008	$888.95	N	Referral Required		
67229		TREATMENT OF EXTENSIVE/PROGRESSIVE RETINOPATHY, 1/MORE SESSIONS; PRETERM INFANT	1/1/2008	$867.79	N	Referral Required		
67250		SCLERAL REINFORCEMENT	7/1/2008	$607.14	N	Referral Required		
67255		SCLERAL REINFORCEMENT	7/1/2008	$648.40	N	Referral Required		
67299		UNLISTED PROCEDURE POSTERIOR SEGMENT		$0.00	N	Referral Required		
67311		STRABISMUS SURGERY	7/1/2008	$453.65	N	Referral Required		
67312		STRABISMUS SURGERY	7/1/2008	$542.08	N	Referral Required		
67314		ONE VERTICAL MUSCLE/EXCLUDING SUPERIOR OBLIQUE	7/1/2008	$507.23	N	Referral Required		
67316		OCULAR ADNEXA TWO OR MORE VERTICAL MUSCLES	7/1/2008	$609.81	N	Referral Required		
67318		STRABISMUS	7/1/2008	$531.00	N	Referral Required		
67320		TRANSPOSITION, EYE MUSCLES-ADD ON	7/1/2008	$250.21	N	Referral Required		
67331		STRABISMUS SURGERY-ADD ON	7/1/2008	$236.88	N	Referral Required		
67332		STRABISMUS SURGERY-ADD ON	7/1/2008	$257.73	N	Referral Required		

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67334		STRABISMUS SURG BY POSTERIOR FIXATION SUTURE TECHN-ADD ON	7/1/2008	$233.35	N	Referral Required		
67335		OCULAR ADNEXA ADJ SUTURO TECHNIQUE-ADD ON	7/1/2008	$119.25	N	Referral Required		
67340		STRABISMUS SURG W/EXPLOR AND/OR DETACHED EXTRAOCUL-ADD ON	7/1/2008	$278.26	N	Referral Required		
67343		RELEASE EXTENSIVE SCAR TISSUE WO/DETACHING EXTRAOC	7/1/2008	$494.94	N	Referral Required		
67345		CHEMODENERVATION OF EXTRA OCULAR MUSCLE	7/1/2008	$182.43	N	Referral Required		
67346		BIOPSY OF EXTRAOCULAR MUSCLE	7/1/2008	$157.60	N	Referral Required		
67399		UNLISTED EYE MUSCLE PROC		$0.00	N	Referral Required		
67400		ORBITOTOMY	7/1/2008	$723.57	N	Referral Required		
67405		ORBITOTOMY	7/1/2008	$612.69	N	Referral Required		
67412		ORBITOTOMY	7/1/2008	$675.03	N	Referral Required		
67413		ORBITOTOMY	7/1/2008	$673.08	N	Referral Required		
67414		ORBITOTOMY WO/BONE FLAP W/REMOVAL BONE FOR DECOMPR	7/1/2008	$1,003.85	N	Referral Required		
67415		BIOPSY, ORBIT	7/1/2008	$83.77	N	Referral Required		
67420		ORBITOTOMY	7/1/2008	$1,274.90	N	Referral Required		
67430		ORBITOTOMY	7/1/2008	$965.54	N	Referral Required		
67440		ORBITOTOMY	7/1/2008	$937.68	N	Referral Required		
67445		ORBITOTOMY W/REMOVAL OF BONE FOR DECOMPRESSION	7/1/2008	$1,087.93	N	Referral Required		
67450		ORBITOTOMY	7/1/2008	$970.30	N	Referral Required		
67500		INJECTION, ORBIT	7/1/2008	$70.01	N	Referral Required		
67505		INJECTION, ORBIT	7/1/2008	$65.96	N	Referral Required		
67510		ORBITOGRAPHY INJECTION PROC	7/1/2008	$59.40	N	Referral Required		
67515		INJECTION, TENONS CAPSULE	7/1/2008	$70.11	N	Referral Required		
67550		INSERTION, ORBITAL IMPLANT	7/1/2008	$752.57	N	Referral Required		
67560		REVISION, ORBITAL IMPLANT	7/1/2008	$764.71	N	Referral Required		
67570		OPTIC NERVE DECOMPRESSION	7/1/2008	$899.80	N	Referral Required		
67599		UNLISTED ORBIT PROC		$0.00	N	Referral Required		
67700		BLEPHAROTOMY	1/1/2011	$219.37	N	Referral Required		
67710		SEVERING TARSORRHAPHY	1/1/2011	$184.84	N	Referral Required		
67715		CANTHOTOMY	7/1/2008	$196.47	N	Referral Required		
67800		EXCISION, CHALAZION	7/1/2008	$97.85	N	Referral Required		
67801		EXCISION, CHALAZION	7/1/2008	$125.66	N	Referral Required		
67805		EXCISION, CHALAZION	7/1/2008	$155.53	N	Referral Required		
67808		EXCISION, CHALAZION	7/1/2008	$276.79	N	Referral Required		
67810		BIOPSY, EYELID	7/1/2008	$172.10	N	Referral Required		
67820		TRICHIASIS CORRECTION	7/1/2008	$42.11	N	Referral Required		
67825		TRICHIASIS CORRECTION	7/1/2008	$100.56	N	Referral Required		
67830		TRICHIASIS CORRECTION	7/1/2008	$217.85	N	Referral Required		
67835		TRICHIASIS CORRECTION	7/1/2008	$339.28	N	Referral Required		
67840		EXCISION, LESION, LID MARGIN	7/1/2008	$227.32	N	Referral Required		
67850		DESTRUCTION LESION, LID MARGIN	7/1/2008	$169.95	N	Referral Required		
67875		TEMPORARY CLOSURE OF EYELIDS BY SUTURE	7/1/2008	$141.41	N	Referral Required		
67880		TARSORRHAPHY	7/1/2008	$354.87	N	Referral Required		
67882		TARSORRHAPHY	7/1/2008	$434.89	N	Referral Required		
67900		REPAIR OF BROW PTOSIS	7/1/2008	$505.82	N	Referral Required		
67901		REPAIR, BLEPHAROPTOSIS	7/1/2008	$501.12	N	Referral Required		

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67902		REPAIR, BLEPHAROPTOSIS	7/1/2008	$532.78	N	Referral Required		
67903		REPAIR, BLEPHAROPTOSIS	7/1/2008	$494.39	N	Referral Required		
67904		REPAIR, BLEPHAROPTOSIS	7/1/2008	$567.55	N	Referral Required		
67906		REPAIR, BLEPHAROPTOSIS	7/1/2008	$396.52	N	Referral Required		
67908		REPAIR, BLEPHAROPTOSIS	7/1/2008	$382.58	N	Referral Required		
67909		REDUCTION OVERCORRECTED PTOSIS	7/1/2008	$426.32	N	Referral Required		
67911		CORRECTION, LID RETRACTION	7/1/2008	$417.29	N	Referral Required		
67912		CORRECTION OF LAGOPHTHALMOS, W/IMPLANTATION OF UPPER EYELID LID LOAD	7/1/2008	$749.59	N	Referral Required		
67914		ECTROPION REPAIR	7/1/2008	$312.95	N	Referral Required		
67915		ECTROPION REPAIR	7/1/2008	$282.66	N	Referral Required		
67916		ECTROPION REPAIR	7/1/2008	$426.04	N	Referral Required		
67917		ECTROPION REPAIR	7/1/2008	$463.86	N	Referral Required		
67921		ENTROPION REPAIR	7/1/2008	$298.38	N	Referral Required		
67922		THERMO COUTERIZATION	7/1/2008	$274.61	N	Referral Required		
67923		ENTROPION REPAIR	7/1/2008	$447.80	N	Referral Required		
67924		ENTROPION REPAIR	7/1/2008	$465.72	N	Referral Required		
67930		SUTURE, EYELID WOUND	7/1/2008	$293.27	N	Referral Required		
67935		SUTURE, EYELID WOUND	7/1/2008	$472.57	N	Referral Required		
67938		REMOVAL, FOREIGN BODY, EYELID	7/1/2008	$200.28	N	Referral Required		
67950		CANTHOPLASTY	7/1/2008	$459.38	N	Referral Required		
67961		EXCISION & REPAIR, EYELID	7/1/2008	$457.58	N	Referral Required		
67966		EXCISION & REPAIR, EYELID	7/1/2008	$589.96	N	Referral Required		
67971		RECONSTRUCTION, EYELID	7/1/2008	$565.61	N	Referral Required		
67973		RECONSTRUCTION, EYELID	7/1/2008	$733.12	N	Referral Required		
67974		RECONSTRUCTION, EYELID	7/1/2008	$730.35	N	Referral Required		
67975		RECONSTRUCTION, EYELID	7/1/2008	$533.61	N	Referral Required		
67999		UNLISTED EYELID PROCEDURE		$0.00	N	Referral Required		
68020		DRAINAGE, CYST, CONJUNCTIVA	7/1/2008	$91.65	N	Referral Required		
68040		EXPRESSN FOLLICLES CONJUNCTIVA	7/1/2008	$51.35	N	Referral Required		
68100		BIOPSY, CONJUNCTIVA	7/1/2008	$140.41	N	Referral Required		
68110		EXCISION, LESION, CONJUNCTIVA	7/1/2008	$181.67	N	Referral Required		
68115		EXCISION, LESION, CONJUNCTIVA	7/1/2008	$254.09	N	Referral Required		
68130		EXCISION, LESION, CONJUNCTIVA	7/1/2008	$428.01	N	Referral Required		
68135		DESTRUCTION LESION CONJUNCTIVA	7/1/2008	$120.90	N	Referral Required		
68200		INJECTION, SUBCONJUNCTIVA	7/1/2008	$33.11	N	Referral Required		
68320		CONJUNCTIVOPLASTY	7/1/2008	$562.08	N	Referral Required		
68325		CONJUNCTIVOPLASTY	7/1/2008	$501.85	N	Referral Required		
68326		CONJUNCTIVOPLASTY	7/1/2008	$488.27	N	Referral Required		
68328		CONJUNCTIVOPLASTY	7/1/2008	$548.90	N	Referral Required		
68330		CONJUNCTIVOPLASTY	7/1/2008	$474.41	N	Referral Required		
68335		CONJUNCTIVOPLASTY	7/1/2008	$488.94	N	Referral Required		
68340		DIVISION SYMBLEPHARON W/WO INSERT OF CONFERMER OR	7/1/2008	$429.16	N	Referral Required		
68360		CONJUNCTIVAL FLAP	7/1/2008	$414.85	N	Referral Required		
68362		CONJUNCTIVAL FLAP	7/1/2008	$495.60	N	Referral Required		
68371		HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	7/1/2008	$321.67	N	Referral Required		

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68399		UNLISTED CONJUNCTIVA PROC		$0.00	N	Referral Required		
68400		DRAINAGE, LACRIMAL GLAND	7/1/2008	$231.19	N	Referral Required		
68420		DACRYOCYSTOSTOMY	7/1/2008	$259.63	N	Referral Required		
68440		INCISION, LACRIMAL PUNCTUM	7/1/2008	$89.04	N	Referral Required		
68500		EXCISION, LACRIMAL GLAND	7/1/2008	$750.73	N	Referral Required		
68505		EXCISION, LACRIMAL GLAND	7/1/2008	$753.40	N	Referral Required		
68510		BIOPSY, LACRIMAL GLAND	7/1/2008	$367.83	N	Referral Required		
68520		EXCISION, LACRIMAL SAC	7/1/2008	$527.20	N	Referral Required		
68525		BIOPSY, LACRIMAL SAC	7/1/2008	$212.40	N	Referral Required		
68530		REMOVAL FB/DACRYOLITHA, LACRIMAL PASSAGES	7/1/2008	$356.33	N	Referral Required		
68540		EXCISION, TUMOR LACRIMAL GLAND	7/1/2008	$708.47	N	Referral Required		
68550		EXCISION, TUMOR LACRIMAL GLAND	7/1/2008	$864.79	N	Referral Required		
68700		PLASTIC REPAIR, CANALICULI	7/1/2008	$455.69	N	Referral Required		
68705		CORRECTION, EVERTED PUNCTUM	7/1/2008	$191.71	N	Referral Required		
68720		DACRYOCYSTORHINOSTOMY	7/1/2008	$582.20	N	Referral Required		
68745		CONJUNCTIVO-RHINOSTOMY	7/1/2008	$582.73	N	Referral Required		
68750		CONJUNCTIVO-RHINOSTOMY	7/1/2008	$601.07	N	Referral Required		
68760		CLOSURE, LACRIMAL PUNCTUM	7/1/2008	$162.46	N	Referral Required		
68761		CLOSURE LACRIMAL PUNCTUM BY PLUG EACH	7/1/2008	$116.01	N	Referral Required		
68770		CLOSURE, FISTULA, LACRIMAL SAC	7/1/2008	$426.98	N	Referral Required		
68801		DIALATION OF LACRIMAL PUNCTUM W/WO IRRIGATION	7/1/2008	$95.38	N	Referral Required		
68810		PROBING OF NASOLACRINAL DUCT, W/WO IRRIGATION	1/1/2011	$201.56	N	Referral Required		
68811		PROBING-NASOLACRIMAL DUCT REQUIRING GENERAL ANESTH	7/1/2008	$158.20	N	Referral Required		
68815		PROBING-NASOLACRIMAL DUCT W/INSERTION OF TUBE/STEN	7/1/2008	$356.35	N	Referral Required		
68816		PROBING OF NASOLACRIMAL DUCT, W/WO IRRIG; W/TRANSLUMINAL BALLOON CATH DILATION	1/1/2008	$528.99	N	Referral Required		
68840		PROBING, CANALICULI	7/1/2008	$95.51	N	Referral Required		
68850		DACRYOCYSTOGRAPHY, INJ PROC	7/1/2008	$54.11	N	Referral Required		
68899		UNLISTED LACRIMAL PROC		$0.00	N	Referral Required		
69000		DRAINAGE, ABSCESS, EAR	7/1/2008	$147.51	N	Referral Required		
69005		DRAINAGE, ABSCESS, EAR	7/1/2008	$173.60	N	Referral Required		
69020		ABSCESS, AUDITORY CANAL	7/1/2008	$187.35	N	Referral Required		
69100		BIOPSY, EAR	7/1/2008	$87.00	N	Referral Required		
69105		BIOPSY, AUDITORY CANAL	7/1/2008	$112.98	N	Referral Required		
69110		EXCISION, EAR	7/1/2008	$365.48	N	Referral Required		
69120		EXCISION, EAR	7/1/2008	$336.48	N	Referral Required		
69140		EXOSTOSIS, AUDITORY CANAL	7/1/2008	$724.06	N	Referral Required		
69145		EXCISION LESION AUDITORY CANAL	7/1/2008	$306.61	N	Referral Required		
69150		EXCISION LESION AUDITORY CANAL	7/1/2008	$890.76	N	Referral Required		
69155		EXCISION LESION AUDITORY CANAL	7/1/2008	$1,420.20	N	Referral Required		
69200		FOREIGN BODY, AUDITORY CANAL	7/1/2008	$102.78	N	Referral Required		
69205		FOREIGN BODY, AUDITORY CANAL	7/1/2008	$85.65	N	Referral Required		
69210		REMOVAL, CERUMEN, IMPACTED, ONE OR BOTH EARS	7/1/2008	$41.54	N	Referral Required		
69220		DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE, UNILATE	7/1/2008	$111.21	N	Referral Required		
69222		DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX, UNILAT	7/1/2008	$180.35	N	Referral Required		
69300		OTOPLASTY	7/1/2008	$487.27	Y	Referral Required		

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69310		RECONSTRUCTION OF EXTERNAL AUDITORY CANAL MESTOPLA	7/1/2008	$910.41	N	Referral Required		
69320		RECONSTRUCTION, AUDITORY CANAL	7/1/2008	$1,296.71	N	Referral Required		
69399		UNLISTED EXT EAR PROC		$0.00	N	Referral Required		
69400		EUSTACHIAN TUBE INFLATION	7/1/2008	$112.21	N	Referral Required		
69401		EUSTACHIAN TUBE INFLATION	7/1/2008	$67.94	N	Referral Required		
69405		EUSTACHIAN TUBE CATHETERIZATION TRANSYPMANIC	7/1/2008	$212.19	N	Referral Required		
69420		MYRINGOTOMY	7/1/2008	$155.52	N	Referral Required		
69421		MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACIAN	7/1/2008	$128.57	N	Referral Required		
69424		VENTILATING TUBE REMOVAL UNILATERAL	7/1/2008	$105.30	N	Referral Required		
69433		TYMPANOSTOMY	7/1/2008	$161.37	N	Referral Required		
69436		TYMPANOSTOMY GENERAL ANESTHESIA UNILATERAL	7/1/2008	$139.95	N	Referral Required		
69440		EXPLORATION, MIDDLE EAR	7/1/2008	$565.79	N	Referral Required		
69450		TYMPANALYSIS, TRANSCANAL	7/1/2008	$441.28	N	Referral Required		
69480		REVISION FENESTRATION OPERATION	7/1/2008	$123.95	N	Referral Required		
69501		TRANSMASTOID ANTROTOMY	7/1/2008	$614.68	N	Referral Required		
69502		MASTOIDECTOMY	7/1/2008	$813.78	N	Referral Required		
69505		MASTOIDECTOMY	7/1/2008	$1,014.13	N	Referral Required		
69511		MASTOIDECTOMY	7/1/2008	$1,040.47	N	Referral Required		
69530		PETROUS APICECTOMY	7/1/2008	$1,397.34	N	Referral Required		
69535		RESECTION, TEMPORAL BONE	7/1/2008	$2,286.05	N	Referral Required		
69540		EXCISION, AURAL POLYP	7/1/2008	$170.11	N	Referral Required		
69550		EXCISION, AURAL GLOMUS TUMOR	7/1/2008	$873.60	N	Referral Required		
69552		EXCISION, AURAL GLOMUS TUMOR	7/1/2008	$1,339.31	N	Referral Required		
69554		EXCISION, AURAL GLOMUS TUMOR	7/1/2008	$2,160.28	N	Referral Required		
69601		REVISION MASTOIDECTOMY	7/1/2008	$877.47	N	Referral Required		
69602		REVISION MASTOIDECTOMY	7/1/2008	$913.11	N	Referral Required		
69603		REVISION MASTOIDECTOMY	7/1/2008	$1,074.86	N	Referral Required		
69604		REVISION MASTOIDECTOMY, RESULT IN TYMPANOPLASTY	7/1/2008	$935.73	N	Referral Required		
69605		REVISION MASTOIDECTOMY	7/1/2008	$1,322.53	N	Referral Required		
69610		REPAIR OF EARDRUM	7/1/2008	$330.60	N	Referral Required		
69620		MYRINGOPLASTY	7/1/2008	$576.01	N	Referral Required		
69631		TYMPANOPLASTY	7/1/2008	$727.47	N	Referral Required		
69632		TYMPANOPLASTY	7/1/2008	$896.70	N	Referral Required		
69633		TYMPANOPLASTY W/OSSICULAR RECONST AND SYNTHETIC PR	7/1/2008	$863.36	N	Referral Required		
69635		TYMPANOPLASTY	7/1/2008	$1,021.12	N	Referral Required		
69636		TYMPANOPLASTY	7/1/2008	$1,161.99	N	Referral Required		
69637		TYMPANOPLASTY WITH OSSICULAR RECONSTRUCT & PROSTHE	7/1/2008	$1,155.70	N	Referral Required		
69641		TYMPANOPLASTY	7/1/2008	$869.82	N	Referral Required		
69642		TYMPANOPLASTY	7/1/2008	$1,124.17	N	Referral Required		
69643		TYMPANOPLASTY	7/1/2008	$1,025.76	N	Referral Required		
69644		TYMPANOPLASTY	7/1/2008	$1,252.57	N	Referral Required		
69645		TYMPANOPLASTY	7/1/2008	$1,225.61	N	Referral Required		
69646		TYMPANOPLASTY	7/1/2008	$1,304.72	N	Referral Required		
69650		STAPES MOBILIZATION	7/1/2008	$665.13	N	Referral Required		
69660		STAPEDECTOMY	7/1/2008	$780.58	N	Referral Required		

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69661		STAPEDECTOMY/OTOMY W/FOOTPLATE DRILL OUT	7/1/2008	$1,024.08	N	Referral Required		
69662		REVISION OF STAPEDECTOMY OR STAPEDOTOMY	7/1/2008	$981.38	N	Referral Required		
69666		REPAIR, FISTULA, OVAL WINDOW	7/1/2008	$673.71	N	Referral Required		
69667		REPAIR, FISTULA, ROUND WINDOW	7/1/2008	$675.09	N	Referral Required		
69670		MASTOID OBLITERATION	7/1/2008	$790.36	N	Referral Required		
69676		TYMPANIC NEURECTOMY	7/1/2008	$693.54	N	Referral Required		
69700		CLOSURE, POST AURICULAR	7/1/2008	$589.69	N	Referral Required		
69710		IMPLANTATION/REPLACEMENT HEARING DEVICE TEMPORAL		$0.00	Y	Referral Required		
69711		REMOVAL/REPAIR ELECTROMAGNETIC BONE CONDUCTION HEA	7/1/2008	$722.11	N	Referral Required		
69714		OSSEOINTEGRATED INPLANT	7/1/2008	$909.46	Y	Referral Required		
69715		OSSEOINTEGRATED IMPLANT W/ MASTOIDECTOMY	7/1/2008	$1,132.34	Y	Referral Required		
69717		OSSEOINTEGRATED IMPLANT REPLACEMENT	7/1/2008	$970.87	Y	Referral Required		
69718		OSSEOINTEGRATED IMPLANT REPLACEMENT W/ MASTOIDECTOMY	7/1/2008	$1,179.53	Y	Referral Required		
69720		DECOMPRESSION, FACIAL NERVE	7/1/2008	$987.19	N	Referral Required		
69725		DECOMPRESS FACIAL NERVE INC MEDIAL TO GENICULATE G	7/1/2008	$1,603.76	N	Referral Required		
69740		SUTURE, FACIAL NERVE	7/1/2008	$984.31	N	Referral Required		
69745		SUTURE FACIAL NERVE INC MEDIAL TO GENICULATE GANGL	7/1/2008	$1,004.54	N	Referral Required		
69799		UNLISTED MID EAR PROC		$0.00	N	Referral Required		
69801		LABYRINTHOTOMY	7/1/2008	$620.47	N	Referral Required		
69802		LABYRINTHOTOMY	7/1/2008	$872.94	N	Referral Required		
69805		ENDOLYMPHATIC SAC OPERATION	7/1/2008	$889.24	N	Referral Required		
69806		ENDOLYMPHATIC SAC OPERATION	7/1/2008	$796.81	N	Referral Required		
69820		FENESTRATION SEMICIRCULAR CNL	7/1/2008	$724.35	N	Referral Required		
69840		REV, FENESTRATION, INNER EAR	7/1/2008	$770.97	N	Referral Required		
69905		LABYRINTHECTOMY	7/1/2008	$764.83	N	Referral Required		
69910		LABYRINTHECTOMY	7/1/2008	$863.82	N	Referral Required		
69915		VESTIBULAR NERVE SECTION	7/1/2008	$1,314.36	N	Referral Required		
69930		COCHLEAR DEVICE IMPLANT; W/WO MASTOIDECTOMY	7/1/2008	$1,081.34	Y	Referral Required		
69949		UNLISTED PROCEDURE, INNER EAR	7/1/2008	$97.18	N	Referral Required		
69950		TRANSECTION, VESTIBULAR NERVE	7/1/2008	$1,560.68	N	Referral Required		
69955		FACIAL NERVE DECOMPRESSION	7/1/2008	$1,708.03	N	Referral Required		
69960		DECOMPRESSION, AUDITORY CANAL	7/1/2008	$1,655.08	N	Referral Required		
69970		REMOVAL, TUMOR, TEMPORAL BONE	7/1/2008	$1,840.56	N	Referral Required		
69979		UNLISTED TEMPORAL BONE PROC		$0.00	N	Referral Required		
69990		USE OF OPERATING MICROSCOPE-ADD ON	7/1/2008	$184.16	N	Referral Required		
70010		MYELOGRAPHY,POSTERIOR FOSSA, SUPER AND INTERP ONLY	7/1/2008	$170.92	N		$121.35	$49.57
70015		CISTERNOGRAPHY POSITIVE CONTRAST W/INTERPRETATION	7/1/2008	$120.78	N		$51.94	$68.84
70030		RADIOLOGICAL EYE EXAM-FOREIGN BODY; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$24.30	N		$15.07	$9.23
70100		MANDIBLE X-RAYS	7/1/2008	$27.02	N		$17.83	$9.19
70110		MANDIBLE X-RAYS	7/1/2008	$34.35	N		$21.30	$13.05
70120		MASTOID X-RAY EXAM, LESS THAN 3 VIEWS/SIDE; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$30.07	N		$21.05	$9.02
70130		MASTOID X-RAY EXAM COMPLETE, MIN 3 VIEWS/SIDE; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$46.79	N		$28.54	$18.25
70134		AUDITORY MEATUSES X-RAY	7/1/2008	$41.79	N		$25.07	$16.72
70140		FACIAL BONE X-RAY	1/1/2011	$26.62	N		$17.53	$9.09
70150		FACIAL BONE X-RAY	7/1/2008	$38.26	N		$25.63	$12.63

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70160		NASAL BONE X-RAY	7/1/2008	$27.64	N		$18.80	$8.84
70170		DACRYOCYSTOGRAPHY NASOLOCRIMAL DUST S&I	7/1/2008	$46.24	N		$31.44	$14.80
70190		X-RAY EXAM, OPTIC FORAMINA; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$31.50	N		$21.10	$10.40
70200		RADIOLOGIC EXAMINATION, ORBITS COMPLETE,MINIMUM 4V	7/1/2008	$39.69	N		$25.80	$13.89
70210		PARANASAL SINUS X-RAY	1/1/2011	$27.26	N		$18.89	$8.37
70220		PARANASAL SINUS X-RAY	1/1/2011	$35.24	N		$23.31	$11.94
70240		SELLA TURCICA X-RAY	7/1/2008	$25.06	N		$15.04	$10.02
70250		SKULL X-RAY	7/1/2008	$31.97	N		$20.46	$11.51
70260		SKULL X-RAY	1/1/2011	$42.91	N		$26.71	$16.20
70300		DENTAL X-RAYS	1/1/2011	$12.84	N		$7.67	$5.16
70310		DENTAL X-RAYS	7/1/2008	$27.59	N		$17.93	$9.66
70320		DENTAL X-RAYS	1/1/2011	$39.60	N		$28.41	$11.19
70328		X-RAY, TMJ, OPEN AND CLOSED MOUTH; UNILATERAL	7/1/2008	$26.35	N		$17.13	$9.22
70330		TEMPORAMANDIBULAR JOINTS X-RAY	7/1/2008	$41.17	N		$28.82	$12.35
70332		TMJ ARTHROGRAPHY, S&I; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$83.67	N		$56.06	$27.61
70336		MRI, TMJ; UNILATERAL-MOD 50 PAYS 100%	1/1/2011	$401.10	N		$328.85	$72.25
70350		ORTHODONTIC X-RAY	1/1/2011	$19.10	N		$10.39	$8.71
70355		PALATE X-RAY	1/1/2011	$20.18	N		$10.05	$10.13
70360		NECK/SOFT TISSUE/ X-RAY	7/1/2008	$23.63	N		$14.65	$8.98
70370		X-RAY LARYNX OR PHARYNX	7/1/2008	$63.24	N		$46.17	$17.07
70371		COMPLEX DYNAMIC SPEECH EVALUATION	1/1/2011	$87.32	N		$47.10	$40.22
70373		LARYNGOGRAPHY,CONTRAST, SUPERVISION & INTERP ONLY	1/1/2011	$72.69	N		$52.20	$20.49
70380		SALIVARY GLAND X-RAY	7/1/2008	$32.69	N		$23.86	$8.83
70390		SIALOGRAPHY, SUPERIVISION AND INTERPRETATION ONLY	7/1/2008	$86.11	N		$65.44	$20.67
70450		COMPUTORIZED AXIAL TOMOGRAPHY HEAD WITHOUT CONTRAS	1/1/2011	$182.36	N		$140.56	$41.79
70460		WITH CONTRAST MATERIAL(S)	1/1/2011	$237.18	N		$181.68	$55.49
70470		WITHOUT IV CONTRAST FOLLOWED BY CONTRST	1/1/2011	$286.27	N		$223.83	$62.44
70480		COMPUTERIZED AXIAL TOMOGRAPHY ORBIT SELLA OR POST	7/1/2008	$225.55	N		$160.14	$65.41
70481		WIHT CONTRAST MATERIAL(S)	7/1/2008	$262.17	N		$191.38	$70.79
70482		WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MAT	7/1/2008	$313.70	N		$238.41	$75.29
70486		COMPUTERIZED AXIAL TOMOGRAPHY MAXILLOFACIAL WO CON	7/1/2008	$218.30	N		$159.36	$58.94
70487		WITH CONTRAST MATERIAL(S)	1/1/2011	$288.37	N		$224.51	$63.86
70488		WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MAT	7/1/2008	$312.22	N		$240.41	$71.81
70490		COMPUTERIZED AXIAL TOMOGRAPHY SOFT TISSUE NECK WO	7/1/2008	$225.55	N		$160.14	$65.41
70491		WITH CONTRAST MATERIAL(S)	1/1/2011	$283.78	N		$216.01	$67.77
70492		WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MAT	7/1/2008	$313.70	N		$238.41	$75.29
70496		CT ANGIOGRAPHY HEAD	7/1/2008	$335.44	N		$251.58	$83.86
70498		CT ANGIOGRAPHY NECK	7/1/2008	$335.44	N		$251.58	$83.86
70540		MRI;ORBIT, FACE, AND NECK	1/1/2011	$395.05	N		$328.85	$66.20
70542		MRI ORBIT FACE AND NECK WITH CONSTRAST MATERIAL(S)	1/1/2011	$478.06	N		$398.86	$79.20
70543		MRI ORBIT FACE & NECK W/O CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S)	7/1/2008	$550.56	N		$506.52	$44.04
70544		MRA HEAD W/O CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	1/1/2011	$387.74	N		$328.85	$58.89
70545		MRA HEAD WITH CONTRAST MATERIAL(S)	7/1/2008	$441.28	N		$383.91	$57.37
70546		MRA HEAD CODE W/O CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIALS	7/1/2008	$537.51	N		$483.76	$53.75
70547		MRA NECK W/O CONTRAST MATERIAL(S)	1/1/2011	$387.74	N		$328.85	$58.89

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70548		MRA NECK WITH CONTRAST MATERIAL(S)	7/1/2008	$441.28	N		$383.91	$57.37
70549		MRA NECK W/O CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIALS	7/1/2008	$537.51	N		$483.76	$53.75
70551		MRI, BRAIN	1/1/2011	$401.44	N		$328.85	$72.59
70552		MRI BRAIN WITH CONTRAST MATERIAL (S)	1/1/2011	$486.41	N		$398.86	$87.55
70553		MRI BRAIN W/O CONTRAST FOLLOWED BY CONTRAST MATERI	7/1/2008	$556.31	N		$456.17	$100.14
70554		MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI	7/1/2008	$602.84	N		$500.36	$102.48
70555		MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTION, REQ PHYS/PSYCH ADMIN NEURO TEST	7/1/2008	$109.18	N			$109.18
70557		MRA BRAIN INCLUDING BRAIN STEM & SKULL BASE	7/1/2008	$999.16	N		$859.28	$139.88
70558		MRA W/CONTRAST MATERIAL(S)	7/1/2008	$155.78	N			$155.78
70559		MRA NECK W/O CONTRAST MATERIAL(S)	7/1/2008	$156.16	N			$156.16
71010		CHEST X-RAYS	1/1/2011	$21.84	N		$13.11	$8.73
71015		X-RAY CHEST,STEREO, POSTEROANTERIOR	7/1/2008	$26.78	N		$16.87	$9.91
71020		CHEST X-RAYS	1/1/2011	$28.72	N		$17.87	$10.85
71021		CHEST X-RAYS	1/1/2011	$34.61	N		$21.61	$13.00
71022		X-RAY CHEST OBLIQUE PROJECTIONS	7/1/2008	$40.12	N		$24.87	$15.25
71023		RAD EXAM CHEST W/FLUOROSCOPY	7/1/2008	$54.75	N		$31.75	$23.00
71030		CHEST X-RAYS	7/1/2008	$41.45	N		$26.11	$15.34
71034		CHEST X-RAYS	7/1/2008	$79.24	N		$53.09	$26.15
71035		X-RAY CHEST, SPECIAL STUDIES, EG LATERAL DECUBITUS	7/1/2008	$29.35	N		$19.37	$9.98
71040		BRONCHOGRAPHY UNILATERAL S&I	7/1/2008	$83.24	N		$51.61	$31.63
71060		BRONCHOGRAPHY BILATERAL, S & I	7/1/2008	$120.56	N		$79.57	$40.99
71090		PACEMAKER INSERT/FLURO S&I	7/1/2008	$83.46	N		$55.92	$27.54
71100		RIB X-RAYS	7/1/2008	$29.21	N		$18.69	$10.52
71101		XRAY,RIBS,UNILATERAL,INCLUDES PA CHEST,MINIMUM 3V	7/1/2008	$35.45	N		$21.98	$13.47
71110		RIB X-RAYS-BILATERAL	1/1/2011	$36.64	N		$23.65	$13.00
71111		XRAY RIBS BILATERAL	7/1/2008	$46.36	N		$30.13	$16.23
71120		STERNUM X-RAYS	1/1/2011	$29.36	N		$19.57	$9.79
71130		STERNOCLAVICULAR JOINT X-RAYS	7/1/2008	$33.55	N		$23.15	$10.40
71250		COMPUTERIZED AXIAL TOMOGRAPHY THORAX WITH CONTR	1/1/2011	$239.14	N		$182.02	$57.11
71260		WITH CONTRAST MATERIAL(S)	1/1/2011	$286.54	N		$225.53	$61.02
71270		WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST	1/1/2011	$352.43	N		$284.66	$67.77
71275		CT ANGIOGRAPHY OF CHEST	7/1/2008	$399.64	N		$335.70	$63.94
71550		MAGNETIC RESONANCE IMAGING, CHEST	1/1/2011	$400.38	N		$328.85	$71.53
71551		MRI CHEST WITH CONTRAST MATERIALS	7/1/2008	$540.51	N		$454.03	$86.48
71552		MRI CHEST W/O CONTRAST MATERIALS FOLLOWED BY CONTRAST MATERIALS	1/1/2011	$615.06	N		$503.88	$111.18
71555		MAGNETIC RESONANCE ANGIOGRAPHY,CHEST W/WO CONTRAST MATERIALS	7/1/2008	$472.68	N		$382.87	$89.81
72010		SPINE X-RAYS	7/1/2008	$57.99	N		$34.79	$23.20
72020		SPINE X-RAYS	7/1/2008	$21.20	N		$13.78	$7.42
72040		CERVICAL X-RAYS	7/1/2008	$32.21	N		$20.94	$11.27
72050		CERVICAL X-RAYS	7/1/2008	$45.98	N		$30.35	$15.63
72052		CERVICAL X-RAYS	7/1/2008	$57.75	N		$39.27	$18.48
72069		RADIOLOGIC EXAM, SPINE, THORACOLUMBAR STANDING	7/1/2008	$29.83	N		$18.20	$11.63
72070		THORACIC X-RAYS	1/1/2011	$30.42	N		$19.57	$10.85
72072		X-RAY SPINE,THORACIC,AP AND LAT,INCLUDES SWIMMER'S	7/1/2008	$34.40	N		$24.08	$10.32
72074		XRYA THORACIC COMPLETE INCLUDES OBLIQUES MIN 4V'S	1/1/2011	$40.28	N		$29.83	$10.85

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72080		THORACO-LUMBAR X-RAYS	7/1/2008	$31.88	N		$21.68	$10.20
72090		SCOLIOSIS STUDY	7/1/2008	$40.17	N		$24.91	$15.26
72100		LUMBAR X-RAYS	7/1/2008	$33.88	N		$23.04	$10.84
72110		LUMBOSACRAL X-RAYS	7/1/2008	$47.32	N		$31.70	$15.62
72114		LUMBOSACRAL X-RAYS	7/1/2008	$61.42	N		$42.38	$19.04
72120		SPINE X-RAYS	7/1/2008	$42.27	N		$31.28	$10.99
72125		COMPUTERIZED AXIAL TOMOGRAPHY CERVICAL SPINE WO C	1/1/2011	$239.82	N		$182.70	$57.11
72126		WITH CONTRAST MATERIAL	1/1/2011	$286.16	N		$226.21	$59.96
72127		COMPUTERIZED AXIAL TOMOGRAPHY,CERVICAL SPINE,WITHO	1/1/2011	$346.42	N		$284.32	$62.10
72128		COMPUTERIZED AXIAL TOMOGRAPHY THORACIC SPINE WO C	1/1/2011	$239.14	N		$182.02	$57.11
72129		COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	1/1/2011	$286.16	N		$226.21	$59.96
72130		CAT, THORACIC SPINE W/O CONTRAST W/CONTRAST & SECS	1/1/2011	$347.78	N		$285.34	$62.44
72131		COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE WO CON	1/1/2011	$238.80	N		$181.68	$57.11
72132		WITH CONTRAST MATERIAL	1/1/2011	$285.48	N		$225.53	$59.96
72133		W/O CONTRAST MATERIAL	1/1/2011	$347.10	N		$284.66	$62.44
72141		MRI SPINAL CANAL & CONTENTS,CERVICAL WITHOUT CONTR	1/1/2011	$407.32	N		$328.85	$78.48
72142		WITH CONTRAST MATERIALS	1/1/2011	$492.82	N		$398.86	$93.96
72146		MAGNETIC RESONANCE IMAGING,SPINAL CANAL & CONTENTS	1/1/2011	$407.32	N		$328.85	$78.48
72147		WITH CONTRAST MATERIALS	1/1/2011	$487.04	N		$392.74	$94.30
72148		MAGNETIC RESONANCE IMAGING,SPINAL CANAL & CONTENTS	1/1/2011	$401.64	N		$328.85	$72.79
72149		WITH CONTRAST MATERIALS	1/1/2011	$486.41	N		$398.86	$87.55
72156		MRI,SPINAL CANAL & CONTENTS W/O CONTRAST MATERIAL	1/1/2011	$630.23	N		$503.88	$126.35
72157		THORACIC	1/1/2011	$630.23	N		$503.88	$126.35
72158		LUMBAR	1/1/2011	$619.94	N		$503.88	$116.06
72159		MAGNETIC RESONANCE ANGIOGRAPHY,SPINAL CANAL & CONTENTS W/W/O CONT	7/1/2008	$424.51	N		$352.34	$72.17
72170		PELVIS X-RAYS	1/1/2011	$24.06	N		$15.49	$8.57
72190		PELVIS X-RAYS	7/1/2008	$34.17	N		$23.24	$10.93
72191		CT ANGIOGRAPHY OF PELVIS	7/1/2008	$381.89	N		$316.97	$64.92
72192		COMPUTERIZED AXIAL TOMOGRAPHY PELVIS WO CONTRAST	1/1/2011	$226.22	N		$172.51	$53.71
72193		WITH CONTRAST MATERIAL(S)	1/1/2011	$271.42	N		$214.31	$57.11
72194		WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MAT	1/1/2011	$345.64	N		$285.68	$59.96
72195		MRI PELVIS W/O CONTRAST MATERIALS	1/1/2011	$400.57	N		$328.85	$71.73
72196		MAGNETIC RESONANCE OF PELVIS	1/1/2011	$483.73	N		$398.86	$84.87
72197		MRI PELVIS W/O CONTRAST MATERIALS FOLLOWED BY CONTRAST MATERIALS	1/1/2011	$614.72	N		$503.88	$110.84
72198		MRI ANGIOGRAPHY, PELVIS W/OR W/O CONTRAST MATERIAL	7/1/2008	$490.43	N		$411.96	$78.47
72200		XRAY SACROILIAC JOINTS LESS THAN THREE VIEWS	7/1/2008	$25.97	N		$17.66	$8.31
72202		SACRO-ILIAC JOINT X-RAY	7/1/2008	$31.12	N		$21.47	$9.65
72220		SACRUM AND COCCYX X-RAY	1/1/2011	$26.24	N		$17.87	$8.37
72240		MYELOGRAPHY, CERVICAL, SUPERIVSION & INTERP ONLY	1/1/2011	$136.12	N		$91.62	$44.50
72255		MYELOGRAPHYTHORACIC SUPERVISION AND INTER ONLY	7/1/2008	$149.86	N		$112.39	$37.47
72265		MYELOGRAPHY,LUMBO SUPER AND INTERPRETATION ONLY	1/1/2011	$127.94	N		$87.20	$40.73
72270		MYELOGRAPHY ENTIRE SPINAL CANAL:SUPER&INTERP ONLY	1/1/2011	$199.73	N		$134.44	$65.28
72275		EPIDUROGRAPYHY RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2011	$95.84	N		$59.67	$36.17
72285		DISKOGRAPHY CERVICAL,SUPERVISION AND INTERP ONLY	7/1/2008	$218.19	N		$189.83	$28.36
72291		RADIOLOGICAL SUPERVISION/INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY	7/1/2008	$62.69	N			$62.69

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72292		RADIOLOGICAL SUPERVISION AND INTERPRETATION, UNDER CT GUIDANCE	7/1/2008	$61.81	N			$61.81
72295		DISKOGRAPHY,LUMBAR,SUPER AND INTERP ONLY	1/1/2011	$126.58	N		$86.52	$40.05
73000		CLAVICLE X-RAYS-MOD 50 PAYS 100%	7/1/2008	$24.59	N		$17.21	$7.38
73010		SCAPULA X-RAYS-MOD 50 PAYS 100%	7/1/2008	$25.64	N		$17.18	$8.46
73020		RADIOLOGIC EXAM SHOULDER 1 VIEW; UNILATERAL-MOD 50 PAYS 100%	1/1/2011	$21.44	N		$14.13	$7.31
73030		RADIOLOGIC EXAM SHOULDER MIN. 2 VIEWS; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$27.06	N		$18.40	$8.66
73040		X-RAY SHOULDER ARTHROGRAPHY S&I: ONLY; UNILATERAL-MOD 50 PAYS 100%	1/1/2011	$96.40	N		$69.53	$26.87
73050		ACROMIO-CLAVICULAR JOINT X-RAY-BILATERAL - 50 PAYS 100%	7/1/2008	$32.16	N		$22.51	$9.65
73060		HUMERUS X-RAY-MOD 50 PAYS 100%	1/1/2011	$26.24	N		$17.87	$8.37
73070		ELBOW X-RAYS-MOD 50 PAYS 100%	7/1/2008	$24.21	N		$16.95	$7.26
73080		ELBOW X-RAYS-MOD 50 PAYS 100%	7/1/2008	$29.69	N		$20.78	$8.91
73085		ELBOW ARTHROGRAPHY S&I-MOD 50 PAYS 100%	1/1/2011	$86.69	N		$60.35	$26.33
73090		FOREARM X-RAY-MOD 50 PAYS 100%	7/1/2008	$24.59	N		$16.97	$7.62
73092		RADIOLOGIC EXAMIN UPPER EXTREMITY INFANT A&P PLUS LATERAL VU-MOD 50 PAYS 100%	7/1/2008	$24.59	N		$16.72	$7.87
73100		WRIST X-RAYS-MOD 50 PAYS 100%	7/1/2008	$24.92	N		$16.95	$7.97
73110		WRIST X-RAYS-MOD 50 PAYS 100%	7/1/2008	$28.97	N		$19.70	$9.27
73115		WRIST ARTHOGRAPHY S&I-MOD 50 PAYS 100%	7/1/2008	$88.63	N		$58.50	$30.13
73120		HAND X-RAY-MOD 50 PAYS 100%	7/1/2008	$24.25	N		$16.49	$7.76
73130		HAND X-RAY-MOD 50 PAYS 100%	7/1/2008	$27.30	N		$18.56	$8.74
73140		FINGER X-RAYS-MOD 50 PAYS 100%	7/1/2008	$23.78	N		$16.41	$7.37
73200		COMPUTERIZED AXIAL TOMOGRAPHY UPPER EXT WO CONTRAS-MOD 50 PAYS 100%	7/1/2008	$223.71	N		$167.78	$55.93
73201		WITH CONTRAST MATERIAL(S)-MOD 50 PAYS 100%	1/1/2011	$273.80	N		$216.69	$57.11
73202		WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MAT-MOD 50 PAYS 100%	7/1/2008	$314.23	N		$251.38	$62.85
73206		CT ANGIOGRAPHY OF UPPER EXTREMITY	7/1/2008	$346.72	N		$284.31	$62.41
73218		MRI UPPER EXTREMITIES OTHER THAN JOINT W/O CONTRAST MATERIALS;MOD-50 PAYS 100%	1/1/2011	$394.51	N		$328.85	$65.67
73219		MRI UPPER EXTREMITIES WITH CONTRAST MATERIALS; UNILATERAL- MOD 50 PAYS 100%	1/1/2011	$478.40	N		$398.86	$79.54
73220		MRI, UPPER EXTREMITY, OTHER THAN JOINT-MOD 50 PAYS 100%	1/1/2011	$609.39	N		$503.88	$105.51
73221		MRI, ANY JOINT UPPER EXTREMITY-MOD 50 PAYS 100%	1/1/2011	$395.25	N		$328.85	$66.40
73222		MRI JOINT UPPER EXTREMITY WITH CONTRAST MATERIALS; UNILATERAL MOD-50 PAYS 100%	1/1/2011	$478.40	N		$398.86	$79.54
73223		CONTRAST MATERIALS FOLLOWED BY CONTRAST MATERIALS;UNILATERAL MOD 50 PAYS 100%	1/1/2011	$609.05	N		$503.88	$105.17
73225		MRI,ANGIOGRAPHY,UPPER EXTREMITY,W/OR W/O CONTRAST	7/1/2008	$466.98	N		$382.92	$84.06
73500		RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW	7/1/2008	$23.30	N		$15.38	$7.92
73510		HIP X-RAYS (MIN OF 2 VIEWS)	7/1/2008	$31.50	N		$20.48	$11.02
73520		HIP X-RAYS-BILATERAL	7/1/2008	$35.40	N		$22.30	$13.10
73525		X-RAY EXAM, HIP ARTHROGRAPHY, S&I; UNILATERAL-MOD 50 PAYS 100%	1/1/2011	$87.90	N		$60.69	$27.21
73530		X-RAY EXAM, HIP DURING OPERATIVE PROC; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$30.94	N		$17.02	$13.92
73540		HIP X-RAYS	7/1/2008	$31.83	N		$21.01	$10.82
73542		SACROILIAC JOINT ARTHROGRAPHY RADIOLOGIC EXAMINATION	1/1/2011	$72.52	N		$44.72	$27.80
73550		X-RAY EXAM,FEMUR ANTEPOSTERIOR/LATERAL VIEWS; UNILATERAL-MOD 50 PAYS 100%	1/1/2011	$25.42	N		$16.85	$8.57
73560		X-RAY EXAM KNEE ANTEPOSTERIOR/LATERAL VIEWS; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$25.64	N		$17.69	$7.95
73562		XRAY KNEE ANTEPOS/LATERAL W/OBLIQ MIN 3 VIEW, UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$29.73	N		$20.22	$9.51
73564		X-RAY KNEE COMPLETE W/OBLIQUES/TUNNEL/PATEL; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$33.88	N		$22.02	$11.86
73565		RADIOLOGIC EXAM KNEE, BOTH KNEES STANDING ANTEROPOSTERIOR-MOD 50 PAYS 100%	7/1/2008	$26.30	N		$17.62	$8.68
73580		X-RAY EXAM KNEE ARTHROGRAPHY, S&I; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$110.94	N		$84.31	$26.63
73590		X-RAY EXAM TIBIA & FIBULA ANTERO/LATERAL; UNILATERAL-MOD 50 PAYS 100%	1/1/2011	$24.88	N		$16.51	$8.57

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73592		X-RAY EXAM.TIBIA & FIBULA LOWER EXT.INFANT; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$24.59	N		$16.97	$7.62
73600		X-RAY EXAM ANKLE ANTERO/LATERAL VIEWS; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$24.25	N		$16.49	$7.76
73610		X-RAY EXAM ANKLE COMPLETE MIN 3 VIEWS; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$27.30	N		$18.56	$8.74
73615		X-RAY EXAM ANKLE ARTHROGRAPHY, S&I; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$92.54	N		$66.63	$25.91
73620		X-RAY FOOT ANTERO/LATERAL VIEWS; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$23.92	N		$16.27	$7.65
73630		X-RAY FOOT COMPLETE MIN 3 VIEWS; UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$27.30	N		$18.56	$8.74
73650		OS CALCIS X-RAY-MOD 50 PAYS 100%	7/1/2008	$23.59	N		$15.81	$7.78
73660		TOE X-RAYS-MOD 50 PAYS 100%	7/1/2008	$23.11	N		$15.95	$7.16
73700		COMPUTERIZED AXIAL TOMOGRAPHY LOWER EXT WO CONTRAST	7/1/2008	$223.71	N		$167.78	$55.93
73701		WITH CONTRAST MATERIAL(S)-BILATERAL	1/1/2011	$275.84	N		$218.73	$57.11
73702		WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL-BILATERAL	7/1/2008	$314.04	N		$251.23	$62.81
73706		CT ANGIOGRAPHY OF LOWER EXTREMITY	7/1/2008	$351.54	N		$288.26	$63.28
73718		MRI LOWER EXTREMITY OTHER THAN JOINT W/O CONTRAST MATERIALS	1/1/2011	$395.05	N		$328.85	$66.20
73719		MRI LOWER EXTREMITY WITH CONTRAST MATERIALS	1/1/2011	$478.06	N		$398.86	$79.20
73720		MRI, LOWER EXTREMITY OTHER THAN JOINT-BILATERAL	1/1/2011	$609.39	N		$503.88	$105.51
73721		MRI, ANY JOINT OF LOWER EXTREMITY-MOD 50 PAYS 100%	1/1/2011	$395.25	N		$328.85	$66.40
73722		MRI JOINT LOWER EXTREMITY WITH CONTRAST MATERIALS; UNILATERAL MOD-50 PAYS 100%	1/1/2011	$478.93	N		$398.86	$80.08
73723		CONTRAST MATERIALS FOLLOWED BY CONTRAST MATERIALS; UNILATERAL MOD 50 PAYS 100%	1/1/2011	$609.39	N		$503.88	$105.51
73725		MRI ANGIOGRAPHY,LOWER EXTREMITY, W/OR/W/O CONTRAST	7/1/2008	$473.06	N		$387.91	$85.15
74000		ABDOMEN X-RAYS	1/1/2011	$23.20	N		$14.47	$8.73
74010		ABDOMEN X-RAYS	7/1/2008	$32.59	N		$20.21	$12.38
74020		ABDOMEN X-RAYS	7/1/2008	$35.45	N		$21.62	$13.83
74022		COMPLETE ACUTE ABDONEM SERIES INCLUDING SPINE CHES	7/1/2008	$42.17	N		$25.72	$16.45
74150		COMPUTERIZED AXIAL TOMOGRAPHY ABDOMEN WO CONTRAST	1/1/2011	$229.34	N		$170.81	$50.53
74160		COMPUTED TOMOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S)	7/1/2008	$296.94	N		$231.61	$65.33
74170		COMPUTED TOMOGRAPHY, ABDOMEN W/OCONTRAST MATERIAL FOLLOWED BY CONTRAST MAT	7/1/2008	$359.12	N		$287.30	$71.82
74175		CT ANGIOGRAPHY OF ABDOMEN	7/1/2008	$386.70	N		$320.96	$65.74
74176		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	1/1/2011	$154.12	N		$93.77	$60.36
74177		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	1/1/2011	$242.03	N		$178.72	$63.31
74178		COMPUTED TOMOGRAPHY, ABDOMEN/PELVIS; W/O CONTRAST MATERIAL IN ONE OR BOTH BODY REG	1/1/2011	$306.40	N		$236.39	$70.01
74181		MRI, ABDOMEN	1/1/2011	$400.38	N		$328.85	$71.53
74182		MRI ABDOMEN WITH CONTRAST MATERIALS	1/1/2011	$484.07	N		$399.20	$84.87
74183		MRI ABDOMEN W/O CONTRAST MATERIALS FOLLOWED BY WITH CONTRAST MATERIALS	1/1/2011	$614.38	N		$503.88	$110.50
74185		MAGNETIC RESONANCE ANGIOGRPHY,ABDOMEN,W/ OR W/O C	7/1/2008	$471.95	N		$382.28	$89.67
74190		PERITONEOGRAM,RADIOLOGICAL SUPERVISION & INTERPRET	7/1/2008	$66.58	N		$49.27	$17.31
74210		PHARYNX X-RAYS	7/1/2008	$65.09	N		$44.91	$20.18
74220		ESOPHAGUS X-RAYS	7/1/2008	$73.19	N		$46.11	$27.08
74230		PHARYNX/ESOPHAGS CINERADIOGRPY	7/1/2008	$77.00	N		$46.97	$30.03
74235		REMOVAL FB ESOPH/W CATH S&I	7/1/2008	$149.49	N		$89.69	$59.80
74240		RADIOLOGICALEXAM GASTROINTESTINAL TRACT UPPER	7/1/2008	$92.06	N		$54.32	$37.74
74241		UPPER GI SERIES	7/1/2008	$96.73	N		$57.07	$39.66
74245		UPPER GI SERIES	7/1/2008	$144.48	N		$92.47	$52.01
74246		GASTROINTESTINAL TRACT UP	7/1/2008	$103.78	N		$63.31	$40.47
74247		WITH KUB	7/1/2008	$92.61	N		$57.42	$35.19
74249		RADIOLOGICAL EXAM GASTROINTESTINAL TRACT UP	7/1/2008	$154.34	N		$100.32	$54.02

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74250		SMALL BOWEL X-RAYS	7/1/2008	$83.06	N		$53.99	$29.07
74251		VIA ENTEROCLYSIS TUBE	7/1/2008	$79.49	N		$51.67	$27.82
74260		DUODENOGRAPHY	7/1/2008	$75.76	N		$50.00	$25.76
74261		COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROC	1/1/2010	$253.25	N		$157.02	$96.24
74262		WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES; IF PERFORMED	1/1/2010	$324.02	N		$226.81	$97.21
74270		BARIUM ENEMA X-RAYS	7/1/2008	$93.31	N		$57.85	$35.46
74280		BARIUM ENEMA X-RAYS	7/1/2008	$161.49	N		$96.89	$64.60
74283		BARIUM ENEMA,THERAPEUTIC,FOR REDUCTION INTUSSUSCEP	1/1/2011	$180.58	N		$82.44	$98.14
74290		CHOLECYSTOGRAPHY	7/1/2008	$52.18	N		$31.83	$20.35
74291		CHOLECYSTOGRAPHY	7/1/2008	$41.46	N		$24.46	$17.00
74300		CHOLANGIOGRAPHY	7/1/2008	$18.58	N		$11.52	$7.06
74301		ADDITIONAL SET DURING SURGERY (ADD-ON)	7/1/2008	$10.61	N		$5.09	$5.52
74305		CHOLANGIOGRAPHY, POSTOPERATIVE	7/1/2008	$46.13	N		$25.83	$20.30
74320		CHOLANGIOGRAPHY,PERCUTANEOUS,TRANSHEPATIC,S&I ONLY	1/1/2011	$99.60	N		$72.93	$26.67
74327		POST-OP BILIARY DUCT STONE REMOVAL, RADIOLOGICAL S	7/1/2008	$109.02	N		$67.59	$41.43
74328		ENDOSCOPIC CATH OF BILARYDUCTAL SYSTEM FLUOR-MONIT	7/1/2008	$139.63	N		$104.72	$34.91
74329		ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCT	7/1/2008	$142.73	N		$107.05	$35.68
74330		COMBINED ENDOSCOPIC CATH/BILIARY&PANCRETIC FLUORSC	7/1/2008	$148.65	N		$111.49	$37.16
74340		MILLER-ABBOT TUBE	7/1/2008	$114.42	N		$86.96	$27.46
74355		PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE	7/1/2008	$124.15	N		$85.66	$38.49
74360		X-RAY GUIDE 2 DILATION	7/1/2008	$132.81	N		$104.92	$27.89
74363		PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT	7/1/2008	$251.91	N		$176.34	$75.57
74400		UROGRAPHY (PYELOGRAPHY) IV W/WO KUB	7/1/2008	$92.92	N		$65.04	$27.88
74410		UROGRAPHY INFUSION DRIP TECHNIQUE	7/1/2008	$98.93	N		$72.22	$26.71
74415		NEPHROTOMOGRAPHY	7/1/2008	$111.80	N		$82.73	$29.07
74420		URETEROPYELOGRAPHY	7/1/2008	$105.96	N		$87.95	$18.01
74425		UROGRAPHY, ANTEGRADE, SUPERVISION & INTERP	7/1/2008	$61.06	N		$43.96	$17.10
74430		CYSTOGRAPHY,MIMIMUN 3VIEWS, S&I ONLY	7/1/2008	$64.24	N		$44.33	$19.91
74440		EXAM MALE GENITAL TRACT	7/1/2008	$70.14	N		$46.99	$23.15
74450		URETHROCYSTOGRAPHY,RETROGRADE, S&I ONLY	7/1/2008	$65.11	N		$48.83	$16.28
74455		URELHROCYSTOGRAPHY, VOIDING, S & I	7/1/2008	$78.06	N		$59.33	$18.73
74461		RETROPERITONEAL PNEUMOGRAPHY	7/1/2008	$75.53	N		$41.54	$33.99
74470		X-RAY RENAL CYST, TRANSLUMBAR, CONTRAST, S & I	7/1/2008	$67.55	N		$40.53	$27.02
74475		INTRO INTRACATH OR CATH INTO RENAL PELVIS	1/1/2011	$105.04	N		$78.37	$26.67
74480		INTRO OF URETERAL CATH THROUGH RENAL PEL S&I ONLY	1/1/2011	$105.38	N		$78.81	$26.67
74485		DILATION, NEPHROSTOMY, URETERS, URETHA, S & I	1/1/2011	$102.32	N		$75.65	$26.67
74710		PELVIMETRY	7/1/2008	$42.98	N		$29.23	$13.75
74740		HYSTEROSALPINGOGRAPHY,SUPER AND INTERP ONLY	7/1/2008	$67.67	N		$47.37	$20.30
74742		TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE	7/1/2008	$138.77	N		$108.24	$30.53
74761		PELVIC PNEUMOGRAPHY	7/1/2008	$66.25	N		$36.44	$29.81
74775		PERINEOGRAM	7/1/2008	$78.49	N		$47.88	$30.61
75557		CARDIAC MRI FOR MORPHOLOGY & FUNCTION W/O CONTRAST MATERIAL	7/1/2008	$415.93	N		$311.95	$103.98
75559		CARDIAC MRI FOR MORPHOLOGY & FUNCTION W/O CONTRAST MATERIAL	7/1/2008	$451.52	N		$316.06	$135.46
75561		CARDIAC MRI FOR MORPHOLOGY & FUNCTION WITHOUT CONTRAST MATERIAL	1/1/2011	$570.03	N		$439.30	$130.73
75563		CARDIAC MRI FOR MORPHOLOGY & FUNCTION WO CONTRAST MAT, FOLLOWED BY CONTRAST MAT	7/1/2008	$618.56	N		$482.48	$136.08

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75565		CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING SP	1/1/2010	$64.08	N		$55.11	$8.97
75571		COMPUTED TOMOGRAPHY HEART W/O CONTRAST MATR W/QUANTITATIVE EVAL OF CORONARY CALC	1/1/2010	$60.35	N		$36.21	$24.14
75572		COMPUTED TOMOGRAPHY HEART W/ CONTRAST MATERIAL, FOR EVAL OF CARDIAC	1/1/2010	$186.44	N		$123.05	$63.39
75573		COMPUTED TOMOGRAPHY HEART WCONTRAST MATERIAL, FOR EVALOF CARDIAC MORPHOLO	1/1/2010	$265.12	N		$174.98	$90.14
75574		COMPUTED TOMOGRAPHIC ANGIOGRAPHY HEART CORONARY ARTERIES AND BYPASS GRAFTS W/ CO	1/1/2010	$323.51	N		$219.99	$103.52
75600		AORTOGRAPHY, THORACIC, WITHOUT SERIAL, INTERP	7/1/2008	$350.10	N		$329.09	$21.01
75605		AORTOGRAPHY, THORACIC, SERIAL, S & I	1/1/2011	$217.00	N		$159.75	$57.75
75625		AORTOGRAPHY, ABDOMINAL, SERIAL, S & I	1/1/2011	$215.36	N		$158.57	$56.78
75630		AORTOGRAPHY ABDOM PLUS BILAT ILIOFEM CATH SERIAS&I	1/1/2011	$252.40	N		$163.33	$89.07
75635		CT ANGIOGRAPHY OF ABDOMINAL AORTA	7/1/2008	$413.22	N		$314.05	$99.17
75650		ANGIOGRAPHY CERVICOCEREBRAL CATH SUPER & INTERP	1/1/2011	$233.42	N		$159.25	$74.17
75658		ANGIOGRAPHY,BRACHIAL,RETROGRADE,RADIOLOGICAL SUPER	7/1/2008	$338.10	N		$290.77	$47.33
75660		ANGIO, EXT CAROTID, UNILAT, SELECTIVE, S & I	1/1/2011	$237.02	N		$172.17	$64.85
75662		ANGIO, EXT CAROTID, BILAT, SELECTIVE, S & I	1/1/2011	$276.74	N		$193.44	$83.31
75665		ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, SUPER	1/1/2011	$244.46	N		$178.97	$65.49
75671		ANGIOGRAPHY, CAROTID, CEREBRAL BILAT SUPER &INTERP	1/1/2011	$282.58	N		$199.89	$82.68
75676		ANGIOGRAPHY CAROTID CERVICAL UNILAT SUPER & INTERP	1/1/2011	$237.32	N		$171.83	$65.49
75680		ANGIOGRAPHY CAROTID CERVICAL BILAT SUPER & INTERP	1/1/2011	$268.45	N		$185.42	$83.02
75685		AIGIO, VERTEBRAL, CERVICAL, &/OR INTRACRANIAL, S&I	1/1/2011	$237.61	N		$172.17	$65.44
75705		ANGIOGRAPHY SPINAL SELECT SUPERVISION & INTERPRET	1/1/2011	$279.34	N		$171.83	$107.51
75710		ANGIOGRAPHY, EXTREMITY, UNILATERAL, SUPER & INTERP	1/1/2011	$230.06	N		$173.87	$56.19
75716		ANGIOGRAPHY EXTREMITY BILAT SUPERVISION & INTERPRE	1/1/2011	$261.79	N		$196.84	$64.96
75722		ANGIO, RENAL, UNILAT, AORTA, FLUSH, S & I	1/1/2011	$225.50	N		$168.09	$57.41
75724		ANGIO, RENAL, BILAT SELECT, AORTA FLUSH, S & I	1/1/2011	$266.68	N		$189.70	$76.98
75726		ANGIO VESCERAL SELECT OR SUPER SELECT SPI	1/1/2011	$227.74	N		$171.15	$56.69
75731		ANGIOGRAPHY,ADRENAL,UNILATERAL,SELECTIVE,RADIOLOGI	1/1/2011	$231.90	N		$173.53	$58.37
75733		ANGIOGRAPHY, ADRENAL, BILAT, SELECT SUPER & INTERP	7/1/2008	$366.27	N		$314.99	$51.28
75736		ANGIOGRAPHY, PELVIC, SELECT/SUPRASELECT S & I ONLY	1/1/2011	$228.36	N		$171.83	$56.53
75741		ANGIOGRAPHY, PULMONARY, UNILAT SELECT S & I ONLY	1/1/2011	$218.58	N		$153.48	$65.10
75743		ANGIOGRAPHY PULMONARY BILAT SELECT SUPER & INTERP	7/1/2008	$348.24	N		$289.04	$59.20
75746		ANGIOGRAPHY PULMONARY NONSELECT CATH/VENINJECT S&I	7/1/2008	$327.01	N		$287.77	$39.24
75756		ANGIOGRAPHY INTERNAL MAMMARY SUPER&INTERP ONLY	7/1/2008	$341.50	N		$300.52	$40.98
75774		ANGIO SELECTIVE EA ADDITIONAL VESSEL, S&I (ADD-ON)	1/1/2011	$161.76	N		$143.96	$17.80
75791		ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG. DIALYSIS PATNT FISTULA/GRAFT), COMPL EVAL	1/1/2010	$22.06	N		$14.34	$7.72
75801		LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL	7/1/2008	$222.83	N		$180.49	$42.34
75803		LYMPHANGIOGRAPHY,EXTREMITY ONLY,BILATERAL,S&I ONLY	7/1/2008	$238.14	N		$178.60	$59.53
75805		LYMPHANGIOGRAPHY,PELVIC/ABDOMINAL,SUPERV & INTREP	7/1/2008	$245.84	N		$204.05	$41.79
75807		LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILAT S & I	7/1/2008	$266.59	N		$205.27	$61.32
75809		SHUNTOGRAM FOR INVESTIGATION OF PREV.PLACED NONVAS	7/1/2008	$68.33	N		$36.90	$31.43
75810		SPLENOPORTOGRAPHY, RADIOLOGICAL SUPER. & INTERPRE.	7/1/2008	$481.88	N		$424.05	$57.83
75820		VENOGRAPHY, EXTREMITY, UNILATERAL, SUPER/INTERP	7/1/2008	$95.06	N		$44.68	$50.38
75822		VENOGRAPHY-BILATERAL	7/1/2008	$121.31	N		$58.23	$63.08
75825		VENOGRAPHY - INTERPRETATION ONLY	1/1/2011	$206.66	N		$150.76	$55.91
75827		VENOGRAPHY, CAVAL, SUPERIOR W/SERIALOGRAPHY	1/1/2011	$207.49	N		$152.46	$55.03
75831		VENOGRAPHY RENAL,UNILAT,SELECTIVE;SUPRV & INTERP	1/1/2011	$212.09	N		$153.82	$58.27

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75833		VENOGRAPHY, RENAL,BILATERAL,SELECTIVE,RADIO. SUPER	1/1/2011	$239.00	N		$166.73	$72.27
75840		VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	7/1/2008	$318.04	N		$279.88	$38.16
75842		VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	7/1/2008	$344.53	N		$292.85	$51.68
75860		VENOGRAPHY,SINUS OR JUGULAR, CATHETER	1/1/2011	$213.46	N		$155.86	$57.61
75870		VENOGRAPHY, SUPERIOR SAGITTAL SINUS	7/1/2008	$323.34	N		$284.54	$38.80
75872		VEIN X-RAY SKULL	7/1/2008	$337.39	N		$296.90	$40.49
75880		VEIN X-RAY EYE SOCKET	7/1/2008	$98.73	N		$46.40	$52.33
75885		PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY W/HEMO EVAL.	1/1/2011	$224.96	N		$153.82	$71.15
75887		VEIN X-RAY LIVER	7/1/2008	$337.15	N		$286.58	$50.57
75889		HEPATIC VENOGRAPHY WEDGED OR FREE W/HEMODYNAMIC EV	1/1/2011	$209.87	N		$153.48	$56.39
75891		HEPATIC VENOGRAPHY WEDGED OR FREE W/O HEMODYNAMIC	1/1/2011	$209.87	N		$153.48	$56.39
75893		VENOUS SAMPLING THROUGH A CATH W/O ANGIOGRAPHY	1/1/2011	$178.93	N		$152.80	$26.14
75894		TRANSCATHETER THERAPY	7/1/2008	$883.37	N		$812.70	$70.67
75896		TRANSCATHETER THERAPY INFUSION INC ANGIOGRAPHY	7/1/2008	$776.34	N		$706.47	$69.87
75898		ANGIOGRAM FOLLOW UP FOR TRANSCATHETER THERAPY	7/1/2008	$111.57	N		$33.47	$78.10
75900		EXCHANGE ARTERIAL CATHETER-SUPERVISION/INTERPRETAT	7/1/2008	$736.65	N		$714.55	$22.10
75901		MECHANICAL REMOVAL OF MATERIAL CENTRAL VENOUS DEVICE VIA SEPARATE VENOUS ACCESS	7/1/2008	$126.32	N		$88.42	$37.90
75902		MECHANICAL REMOVAL OF MATERIAL FROM CENTRAL VENOUS DEVICE THRU DEVICE LUMEN	1/1/2011	$68.90	N		$49.98	$19.42
75940		PERUTANEOUS PLACEMENT IVC FILTER & INTERPRETATION	7/1/2008	$454.85	N		$423.01	$31.84
75945		INTRAVASCULAR ULTRASOUND, RADIOLOGICAL SUPER/INTER	7/1/2008	$175.70	N		$158.13	$17.57
75946		INTRAVASCULAR ULTRASOUND, RADIOLOGICAL SUPER/INTER (ADD-ON)	7/1/2008	$98.73	N		$79.97	$18.76
75952		RADIOLOGICAL S & I ENDOVASCULAR AORTIC ANEURYSM REPAIR	7/1/2008	$215.89	N			$215.89
75953		RADIOLOGICAL S & I FOR ENDOVASCULAR EXTENSION PROSTHESIS PLACEMENT	7/1/2008	$82.43	N			$82.43
75954		ENDOVASCULAR REPAIR ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM, MALFORM, OR TRAUMA	7/1/2008	$78.05	N			$78.05
75956		TRANSCATHETER INTRAVASCULAR OCCULSION-COMPLETE PRO	7/1/2008	$377.05	N			$377.05
75957		ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA, LEVEL OF CELIAC ARTERY	7/1/2008	$323.06	N			$323.06
75958		PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR	7/1/2008	$215.43	N			$215.43
75959		PLACEMENT OF DISTAL EXT PROSTHESIS AFTER ENDOVASCULAR REPAIR THORACIC AORTA	7/1/2008	$188.60	N			$188.60
75960		TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENTS	1/1/2011	$199.82	N		$158.91	$40.91
75961		TRANSCATHETER RETRIEVAL PERCUTANEOUS INTRAVASCULAR	1/1/2011	$361.71	N		$152.80	$208.91
75962		PERCUTANEOUS TRANSLUMINALANGIOPLASTY,PERIP,S&I ONL	1/1/2011	$214.82	N		$188.48	$26.33
75964		PERCUTANEOUS TRANSLUMINALANGIOPLASTY (ADD-ON)	1/1/2011	$131.03	N		$113.03	$18.00
75966		PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY RENAL/VISCER	1/1/2011	$258.82	N		$192.90	$65.92
75968		REPAIR ARTERY BLOCKAGE EACH	7/1/2008	$202.93	N		$190.75	$12.18
75970		TRANSCATHETER BIOPSY SUPER VISION & INTERPRETATION	7/1/2008	$434.21	N		$390.79	$43.42
75978		TRANSLUMINAL BALLOON ANGIOPLASTY VENOUS RADIOLOGIC	1/1/2011	$212.78	N		$186.44	$26.33
75980		PERCUTNS TRANSHEPT BILRY DRAIN W/CONT;SUPV & INTER	7/1/2008	$256.94	N		$182.43	$74.51
75982		PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER	7/1/2008	$280.17	N		$204.52	$75.65
75984		CHG PERCUTANEOUS DRAIN CATH W/CONT;SUPER/INTER	7/1/2008	$101.40	N		$64.90	$36.50
75989		RADIOLOGICAL GUIDANCE FOR DRAINAGE/SPECIMEN	1/1/2011	$127.87	N		$69.53	$58.34
75992		TRANSLUMINAL ATHERECTOMY PERIPHERAL ARTERY RADIOLO	7/1/2008	$562.01	N		$533.91	$28.10
75993		TRANSLUMINAL ARTHERECTOMY EACH ADD PERIPHERAL ARTE	7/1/2008	$303.34	N		$285.14	$18.20
75994		RENAL RADIOLOGICAL SUPERVISION AND INTERPRETATION	7/1/2008	$602.45	N		$536.18	$66.27
75995		VISION RADIOLOGIC SUPERVISION AND INTERPRETATION	7/1/2008	$601.41	N		$535.25	$66.16
75996		TRANSLUMINAL ATHERECTOMY SUPERVISION AND INTERPERT (ADD-ON)	7/1/2008	$302.64	N		$284.48	$18.16

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76000		FLUOROSCOPY	7/1/2008	$75.97	N		$63.81	$12.16
76001		FLUROSCOPY PHYSICIAN TIME MORE THAN 1 HOUR	7/1/2008	$123.45	N		$88.88	$34.57
76010		RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FB	7/1/2008	$25.35	N		$16.98	$8.37
76080		FISTULA/SINUS TRACT STUDY, SUPERVISION & INTERPRET	1/1/2011	$57.80	N		$31.12	$26.67
76098		RADIOLOGICAL EXAM, BREAST SURGICAL SPECIMEN	1/1/2011	$18.06	N		$10.05	$8.01
76100		RADIOLOGIC EXAM,SINGLE BODY SECTION, WO UROGRAPHY	7/1/2008	$71.85	N		$42.39	$29.46
76101		RADIOLOGIC EXAM COMPLEX MOTION BODY SECTION UNILAT	7/1/2008	$139.63	N		$86.57	$53.06
76102		RAD EXAM/COMPLEX MOTION BODY SECTION OTHER THAN W/ UROGRAPHY-BILATERAL	7/1/2008	$88.43	N		$58.36	$30.07
76120		CINERADIOGRAPHY	7/1/2008	$65.14	N		$42.34	$22.80
76125		CINERADIOGRAPHY (ADD-ON)	7/1/2008	$40.48	N		$26.72	$13.76
76140		RADIOLOGIC CONSULTATION, WRITTEN REPORT	7/1/2008	$32.86	N			
76150		MAMMOGRAPHY BY XERORADIOGRAPHY	7/1/2008	$18.73	N			
76350		SUBTRACTION STUDIES		$0.00	N			
76376		3D RENDERING W/INTERPRETATION/REPORTING OF COMPUTED TOMOGRAPHY, MRI	1/1/2011	$67.77	N		$57.63	$10.13
76377		3D RENDERING W/INTERPRETATION/REPORT/COMPUTED OTHER,INDEPENDENT WORKSTATION	1/1/2011	$90.81	N		$52.20	$38.61
76380		COMPUTERIZED TOMOGRAPHY LIMITED FOLLOW-UP STUDY	1/1/2011	$151.02	N		$103.18	$47.84
76390		MAGNETIC RESONANCE SPECTROSCOPY	7/1/2008	$451.86	N		$379.56	$72.30
76496		UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)		$0.00	N			
76497		UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)		$0.00	N			
76498		UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)		$0.00	N			
76499		UNLISTED RADIOLOGY PROCEDURE		$0.00	N			
76506		ECHOGRAPHY	7/1/2008	$81.94	N		$49.16	$32.78
76510		B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING SAME ENCOUNTER MOD 50 PAYS 100%	7/1/2008	$138.78	N		$65.23	$73.55
76511		QUANTITATIVE A-SCAN ONLY	7/1/2008	$96.57	N		$49.25	$47.32
76512		QUANTITATIVE B-SCAN W/WO SUPERIMPOSED NON-QUANTATIVE A-SCAN	1/1/2011	$84.66	N		$35.54	$49.12
76513		OPTHALMIC ULTRASOUND, IMMERSION B-SCAN; UNILATERAL-MOD 50 PAYS 100%	1/1/2011	$78.24	N		$45.40	$32.85
76514		CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL (DETERMINE OF CORNEAL THICKNESS)	7/1/2008	$11.10	N		$8.88	$2.22
76516		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY A-SCAN-BILATERAL	7/1/2008	$63.51	N		$38.11	$25.40
76519		WITH INTRAOCULAR LENS POWER CALCULATION-MOD 50 PAYS 100%	7/1/2008	$67.18	N		$40.31	$26.87
76529		OPTHALMIC ULTRASOUND FOREIGN BODY LOCAL. UNILATERAL-MOD 50 PAYS 100%	7/1/2008	$62.99	N		$38.42	$24.57
76536		ECHOGRAPHY SOFT TISSUES HEAD & NECK B-SCAN OR REAL	7/1/2008	$91.97	N		$57.02	$34.95
76604		B SCAN	7/1/2008	$75.38	N		$45.23	$30.15
76645		B SCAN-BILATERAL	7/1/2008	$75.52	N		$42.29	$33.23
76700		ABDOMEN SURVEY-B SCAN	7/1/2008	$117.65	N		$72.94	$44.71
76705		ABDOMEN SURVEY-B SCAN	7/1/2008	$87.96	N		$53.66	$34.30
76770		KIDNEY SONOGRAM	7/1/2008	$113.17	N		$72.43	$40.74
76775		ABDOMEN AND RETROPERITONEUM ULTRASOUND, LIMITED	7/1/2008	$88.58	N		$54.03	$34.55
76776		ULTRASOUND, TRANSPLANTED KIDNEY	7/1/2008	$122.61	N		$84.60	$38.01
76800		ECHOGRAPHY, SPINAL CANAL AND CONTENTS	7/1/2008	$108.29	N		$49.81	$58.48
76801		ULTRASOUND, PREGNANT UTERUS 1ST TRIMESTER, SINGLE OR FIRST GESTATION	7/1/2008	$117.92	N		$38.91	$79.01
76802		ULTRASOUND, PREGNANT UTERUS, EACH ADDITIONAL GESTATION (ADD-ON)	1/1/2011	$66.22	N		$26.03	$40.20
76805		FETAL AGE DETERMINATION	7/1/2008	$131.67	N		$77.69	$53.98
76810		ECHOGRAPH OB COMPLETE, MULTIPLE GESTATION AFTER 1ST TRIMESTER (ADD-ON)	7/1/2008	$88.42	N		$52.17	$36.25
76811		ULTRASOUND, PREGNANT UTERUS, FETAL & MATERNAL EVAL; SINGLE OR FIRST GESTATION	1/1/2011	$180.67	N		$89.24	$91.43
76812		ULTRASOUND PREGNANT UTERUS, FETAL & MATERNAL EVAL; EACH ADDITIONAL GESTATION	7/1/2008	$143.99	N		$46.08	$97.91

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76813		ULTRASOUND, PREGNANT UTERUS, SINGLE OR FIRST GESTATION	7/1/2008	$116.96	N		$63.16	$53.80
76814		ULTRASOUND, PREGNANT UTERUS, EACH ADDITIONAL GESTATION	7/1/2008	$75.12	N		$30.80	$44.32
76815		FETAL AGE MEASUREMENT	7/1/2008	$81.19	N		$47.90	$33.29
76816		ULTRASOUND, PREGNANT UTERUS, REAL TIME W IMAGE DOCO, FOLLOW-UP	7/1/2008	$87.94	N		$49.25	$38.69
76817		ULTRASOUND PREGNANT UTERUS, REAL TIME W/IMAGE DOCO., TRANSVAGINAL	1/1/2011	$93.92	N		$57.63	$36.29
76818		FETAL BIOPHYSICAL PROFILE	7/1/2008	$108.30	N		$63.90	$44.40
76819		FETAL BIOPHYSICAL PROFILE	1/1/2011	$84.79	N		$47.44	$37.35
76820		DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	1/1/2011	$45.62	N		$21.61	$24.01
76821		DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	1/1/2011	$88.38	N		$54.58	$33.81
76825		ECHOCARDIOGRAPHY FETAL HEART IN UTERO	7/1/2008	$153.37	N		$96.62	$56.75
76826		ECHOCARDIOGRAPHY FETAL HEART FOLLOW-UP OR REPEAT S	7/1/2008	$66.65	N		$21.33	$45.32
76827		DOPPLER ECHOCARDIOGRAPHY FETAL PULSED WAVE AND/OR CONT WAVE W/SPECTRAL DISP	1/1/2011	$63.12	N		$35.20	$27.92
76828		DOPPLER ECHOCARDIOGRAPHY FETAL REPEAT OR FOLLOW UP	1/1/2011	$46.77	N		$19.91	$26.86
76830		ECHOGRAPHY, TRANSVAGINAL	7/1/2008	$101.11	N		$59.65	$41.46
76831		HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	7/1/2008	$101.54	N		$59.91	$41.63
76856		ECHOGRAPHY PELVIC REAL TIME	7/1/2008	$101.45	N		$59.86	$41.59
76857		ECHOGRAPHY PELVIC (NON-OBSTETRIC) LIMITED OR FOLLOW UP	7/1/2008	$55.15	N		$35.85	$19.30
76870		ECHOGRAPHY SCROTUM AND CONTENTS	7/1/2008	$99.87	N		$60.92	$38.95
76872		ECHOGRAPHY, PROSTATE, TRANSRECTAL	7/1/2008	$87.04	N		$51.35	$35.69
76873		PROSTATE VOLUME STUDY	7/1/2008	$151.04	N		$82.17	$68.87
76880		ECHOGRAPHY EXTREMITY B SCANS	7/1/2008	$101.97	N		$62.20	$39.77
76881		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	1/1/2011	$81.82	N		$61.28	$20.54
76882		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED	1/1/2011	$21.37	N		$7.13	$14.24
76885		ECHOGRAPHY OF INFANT HIPS, REAL TIME W/IMAGING DOCUMENTATION; DYNAMIC	7/1/2008	$89.43	N		$51.87	$37.56
76886		ECHOGRAPHY F INFANT HIPS, REAL TIME W/INAGING DOCUMENTATION; LIMITED, STATIC	7/1/2008	$80.15	N		$48.89	$31.26
76930		PERICARDIOCENTESIS SUPERVISION AND INTERPRETATION	1/1/2011	$86.42	N		$51.86	$34.57
76932		ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY	7/1/2008	$86.95	N		$52.17	$34.78
76936		ULTRASOUND REPAIR ARTERIAL PSEUDO-ANEURYSM/FISTULA	7/1/2008	$294.14	N		$217.66	$76.48
76937		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQ ULTRASOUND EVAL (ADD-ON)	7/1/2008	$30.73	N		$15.67	$15.06
76940		ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION	7/1/2008	$150.71	N		$54.26	$96.45
76941		ULTRASOUND INTRAUTERINE FETAL TRANSFUSION	7/1/2008	$122.34	N		$52.61	$69.73
76942		ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY/S&I ONLY	7/1/2008	$155.40	N		$93.24	$62.16
76945		ULTRASONIC GUIDANCE CHORIONIC VILLUS - S&I	7/1/2008	$86.24	N			
76946		ULTRASONIC GUIDANCE FOR AMNIOCENTESIS /S&I ONLY	1/1/2011	$37.55	N		$19.23	$18.33
76948		ULTRASONIC GUIDANCE/ASPIRATION OF OVA	7/1/2008	$49.55	N		$36.17	$13.38
76950		MAPPING STUDIES, ULTRASOUND	1/1/2011	$64.68	N		$36.22	$28.46
76965		ULTRASONIC GUIDANCE INTERSTITIAL RADIOELEMENT APP	1/1/2011	$121.44	N		$54.58	$66.86
76970		ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	7/1/2008	$67.57	N		$42.57	$25.00
76975		GASTROINTESTINAL ENDOSCOPIC ULTRASOUND,RADIOLOGICA	7/1/2008	$93.14	N		$52.16	$40.98
76977		ULTRASOUND BONE DENSITY MEASURE INTERPRET PERIIPHERAL SITE, ANY METHOD	1/1/2011	$10.69	N		$8.01	$2.68
76998		ULTRASONIC GUIDANCE, INTRAOPERATIVE	7/1/2008	$146.07	N			$146.07
76999		UNLISTED ULTRASOUND PROC		$0.00	N			
77001		FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT	7/1/2008	$84.06	N		$63.89	$20.17
77002		FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	7/1/2008	$65.04	N		$41.63	$23.41
77003		FLUOROSCOPIC GUIDANCE/LOCALIZATION OF NEEDLE/CATHETER TIP FOR SPINE/PARASPINOUS	1/1/2011	$55.21	N		$27.39	$27.82

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77011		COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	7/1/2008	$532.48	N		$463.26	$69.22
77012		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT	1/1/2011	$161.93	N		$105.22	$56.72
77013		COMPUTERIZED TOMOGRAPHY GUIDANCE FOR & MONITOR OF, PARENCHYMAL TISSUE ABLATION	7/1/2008	$522.98	N			$522.98
77014		COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	7/1/2008	$161.16	N		$119.26	$41.90
77021		MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT	1/1/2011	$393.91	N		$319.67	$74.24
77022		MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	7/1/2008	$187.92	N			$187.92
77031		STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT	1/1/2011	$160.62	N		$82.44	$78.17
77032		MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST	1/1/2011	$53.08	N		$25.69	$27.40
77051		COMPUTER-AIDED DETECTION, DIAGNOSTIC MAMMOGRAPHY	1/1/2011	$10.72	N		$7.67	$3.04
77052		COMPUTER-AIDED DETECTION , SCREENING MAMMOGRAPHY	1/1/2011	$10.72	N		$7.67	$3.04
77053		MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION/ INTER	1/1/2011	$64.36	N		$46.76	$17.60
77054		MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION/INTER	1/1/2011	$86.50	N		$64.43	$22.07
77055		MAMMOGRAPHY; UNILATERAL	7/1/2008	$74.04	N		$40.72	$33.32
77056		MAMMOGRAPHY; BILATERAL	7/1/2008	$93.48	N		$52.35	$41.13
77057		SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BREAST)	7/1/2008	$74.23	N		$42.31	$31.92
77058		MAGNETIC RESONANCE IMAGING, BREAST, W AND/OR W/O CONTRAST MATERIAL; UNILATERAL	1/1/2011	$692.53	N		$612.63	$79.90
77059		MAGNETIC RESONANCE IMAGING, BREAST, W/O &/OR W/CONTRAST MATERIAL(S); BILATERAL	1/1/2011	$729.92	N		$650.02	$79.90
77071		MANUAL APPLICATION/STRESS PERF BY PHYS FOR JOINT RADIOGRAPHY,	7/1/2008	$30.87	N			
77072		BONE AGE STUDIES	7/1/2008	$21.06	N		$12.43	$8.63
77073		BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	1/1/2011	$34.66	N		$20.93	$13.73
77074		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	7/1/2008	$60.13	N		$38.48	$21.65
77075		RADIOLOGIC EXAM, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	7/1/2008	$85.58	N		$59.05	$26.53
77076		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	7/1/2008	$63.97	N		$33.26	$30.71
77077		JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	1/1/2011	$38.48	N		$22.63	$15.85
77078		COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1/MORE SITES, AXIAL SKELETON	1/1/2011	$80.45	N		$68.17	$12.28
77079		COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, APPENDICULAR SKELETON	7/1/2008	$72.44	N		$64.47	$7.97
77080		DUAL-ENERGY X-RAY ABSORPTIOMETRY , 1 OR MORE SITES; AXIAL SKELETON	1/1/2011	$78.34	N		$79.85	$10.51
77081		DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), 1 OR MORE SITES; APPENDICULAR	1/1/2011	$26.68	N		$16.17	$10.51
77082		DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), 1 OR MORE SITES; VERTEBRAL	1/1/2011	$25.37	N		$19.48	$5.49
77083		RADIOGRAPHIC ABSORPTIOMETRY , 1 OR MORE SITES	1/1/2011	$23.24	N		$13.79	$9.45
77084		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	1/1/2011	$407.66	N		$328.85	$78.82
77261		THERAPEUTIC RADIOLOGY TREATMENT PLANNING, SIMPLE	7/1/2008	$64.15	N			
77262		THERAPEUTIC RADIOLOGY TREATMENT PLAN; INTERMEDIATE	7/1/2008	$96.96	N			
77263		THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	7/1/2008	$144.25	N			
77280		THE RAPEUTIC RADIOLOGY FIELD SETTING; SIMPLE	7/1/2008	$163.60	N		$125.97	$37.63
77285		THERAPTEUTIC RADIOLOGY FIELD SETTING; INTERMEDIATE	7/1/2008	$274.25	N		$213.91	$60.33
77290		THERAPEUTIC RADIOLOGY FIELD SETTING; COMPLEX	7/1/2008	$401.35	N		$292.99	$108.36
77295		BY THREE-DIMENSIONAL RECONSTRUCTION OF TUMOR VOLUM	1/1/2011	$565.62	N		$340.80	$224.82
77299		UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY PLANNING		$0.00	N			
77300		BASIC RADIATION DOSIMETRY CALC,CENT AXIS DEPTH DOS	1/1/2011	$65.44	N		$34.86	$30.58
77301		INTENSITY MODULATED RADIOTHERAPY PLAN INC. HISTOGRAMS FOR PARTIAL TOLERANCE	7/1/2008	$1,771.63	N		$1,257.86	$513.77
77305		ISODOSE DISTRIBUTIONS	1/1/2011	$64.59	N		$30.11	$30.49
77310		TELETHERAPY INTERMEIDATE	1/1/2011	$91.55	N		$39.62	$51.93
77315		ISODOSE DISTRIBUTIONS	1/1/2011	$136.31	N		$59.67	$76.64
77321		SPECIAL TELETHERAPY PORT PLAN PARTICLES HEMI-BODY	1/1/2011	$105.08	N		$58.31	$46.76

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77326		ISODOSE DISTRIBUTIONS	7/1/2008	$128.75	N		$81.11	$47.64
77327		ISODOSE DISTRIBUTIONS	7/1/2008	$185.02	N		$114.71	$70.31
77328		COMPLEX MULTIPLANE ISODOSE PLAN VOLUME IMPLANT 10-	1/1/2011	$257.16	N		$154.21	$102.95
77331		IN VIVO DOSIMETRY	7/1/2008	$56.83	N		$15.91	$40.92
77332		BEAM SHAPING DEVICE DESIGN	7/1/2008	$71.23	N		$44.16	$27.07
77333		TREATMENT DEVICES, DESIGN AND CONSTRUCTION	1/1/2011	$60.32	N		$18.89	$41.43
77334		TREATMENT DEVICES COMPLEX	1/1/2011	$143.94	N		$83.12	$60.82
77336		RADIOLOGICAL PHYSICS SPT SVC	1/1/2011	$50.16	N			
77338		MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY	1/1/2010	$340.44	N		$173.62	$166.82
77370		SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	7/1/2008	$112.53	N			
77371		RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY	7/1/2008	$1,007.07	N			
77372		RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, LINEAR ACCELERATOR	7/1/2008	$764.18	N			
77373		STEREOTACTIC BODY RADIATION THERAPY, PER FRACTION TO 1 OR MORE LESIONS	7/1/2008	$1,426.13	N			
77399		UNLISTED ADJUNCT PHYSICS SV		$0.00	N			
77401		RADIATION TREATMENT DELIVERY SUPERFICIAL	7/1/2008	$39.46	N			
77402		RADIATION TREATMENT DELIVERY SINGLE TREATMENT AREA	7/1/2008	$104.19	N			
77403		RADIATION TREAT SINGLE TREAT AREA 6-10 MEV	7/1/2008	$94.51	N			
77404		RADIATION TX DELIVERY,SINGLE TX AREA, 11/19 MEV	7/1/2008	$101.85	N			
77406		RADIATION TREATMENT SINGLE AREA 20 MEV OR GREATER	7/1/2008	$102.52	N			
77407		RADIATION TREATMENT TWO AREAS UP TO 5 MEV	7/1/2008	$133.74	N			
77408		RADIATION TX DELIVERY,2 SEPARATE TX AREAS,6/10 MEV	7/1/2008	$123.73	N			
77409		RADIATION TX DELIVERY,2 SEPARATE TX AREAS,11/19MEV	7/1/2008	$133.41	N			
77411		RADIATION TREATMENT TWO AREAS 20 MEV OR GREATER	7/1/2008	$133.07	N			
77412		RADIATION TREATMENT THREE AREAS UP TO 5 MEV	7/1/2008	$154.62	N			
77413		RADIATION TREATMENT DELIVERY; 6 - 10 MEV	7/1/2008	$155.95	N			
77414		RADIATION TX DELIVERY,3 0R MORE TX AREAS,11/19 MEV	7/1/2008	$170.30	N			
77416		RADIATION TREATMENT THREE AREAS 20 MEV OR GREATER	7/1/2008	$170.30	N			
77417		THERAPEUTIC RADIOLOGY PORT FILM	1/1/2011	$13.79	N			
77418		INTENSITY MODULATED TREATMENT DELIVERY, PER TX SESSION	1/1/2011	$470.57	N			
77421		STEREOSCOPIC X-RAY GUIDANCE/LOCALIZATION OF TARGET VOLUME/DELIVERY OF RADIATION	1/1/2011	$101.47	N		$82.44	$19.03
77422		HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY, SINGLE TREATMENT	7/1/2008	$120.25	N			
77423		HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY, 1 OR MORE ISOCENTERS	7/1/2008	$164.63	N			
77427		RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	7/1/2008	$168.11	N			
77431		RADIATION THERAPY MANAGEMENT W/ COMPLETE COURSE CONSISTING OF 1-2 FRACTIONS ONLY	7/1/2008	$86.63	N			
77432		STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CER	7/1/2008	$365.03	N			
77435		STEREOTACTIC BODY RADIATION THERAPY	7/1/2008	$607.67	N			
77470		SPECIAL TREATMET PROCEDURE	1/1/2011	$208.51	N		$105.56	$102.95
77499		UNLISTED THERAPEUTIC RADIOLOGY		$0.00	N			
77520		PROTON BEAM DELIVERY SINLGE TREATMENT AREA		$0.00	N			
77522		PROTON TREATMENT DELIVERY SIMPLE		$0.00	N			
77523		PROTON BEAM DELIVERY ONE OR TWO TREATMENT AREAS		$0.00	N			
77525		PROTON TREATMENT DELIVERY COMPLEX		$0.00	N			
77600		HYPERTHERMIA EXTERNALLY GENERATED	7/1/2008	$286.96	N		$160.70	$126.26
77605		HYPERTHERMIA,EXTERNALLY GENERATED, DEEP	7/1/2008	$464.34	N		$260.03	$204.31
77610		HYPERTHERMIA TREATMENT 5 OR FEWER APPLICATIONS	7/1/2008	$415.41	N		$232.63	$182.78

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77615		HYPERTHERMIA TREATMENTS 5 OR MORE APPLICATIONS	7/1/2008	$587.50	N		$329.00	$258.50
77620		HYPERTHERMIA GENERATED BY INTRACAVITARY PROBES	7/1/2008	$293.92	N		$164.60	$129.32
77750		INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION INCLUDES 3 MOS FOLLOW UP	7/1/2008	$296.22	N		$47.40	$248.82
77761		INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	7/1/2008	$300.08	N		$96.03	$204.05
77762		INTRACAVITARY RADIOELEMENT APPLICATION, INTERMEDIA	7/1/2008	$419.68	N		$130.10	$289.58
77763		BRACHYTHERAPY, INTRACAVITARY	7/1/2008	$594.16	N		$160.42	$433.74
77776		BRACHYTHERAPY, INTERSTITIAL	7/1/2008	$344.22	N		$82.61	$261.61
77777		INTERSTITIAL RADIOELEMENT APPLICATION INTERMEDIATG	7/1/2008	$505.21	N		$146.51	$358.70
77778		BRACHYTHERAPY, INTERSTITIAL	7/1/2008	$726.65	N		$174.40	$552.25
77785		REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL	1/1/2009	$167.89	N		$99.06	$68.83
77786		2-12 CHANNELS	1/1/2009	$500.79	N		$345.55	$155.24
77787		OVER 12 CHANNELS	1/1/2009	$744.41	N		$506.20	$238.21
77789		BRACHYTHERAPY, SURFACE	7/1/2008	$86.99	N		$19.14	$67.85
77790		SUPERIVISION, HANDLING, LOADING OF RADIOELEMENT	7/1/2008	$74.74	N		$18.68	$56.06
77799		UNLISTED BRACHYTHERAPY		$0.00	N			
78000		THYROID UPTAKE	7/1/2008	$55.85	N		$43.00	$12.85
78001		THYROID UPTAKE	7/1/2008	$72.01	N		$55.45	$16.56
78003		THYROID STIMULATION	7/1/2008	$62.42	N		$41.82	$20.60
78006		THYROID IMAGING	7/1/2008	$165.37	N		$109.14	$56.23
78007		THYROID IMAGING	7/1/2008	$116.56	N		$89.75	$26.81
78010		THYROID IMAGING	7/1/2008	$117.85	N		$88.39	$29.46
78011		THYROID IMAGING; WITH VASCULAR FLOW.	7/1/2008	$104.94	N		$81.85	$23.09
78015		THYROID CARCINOMA METASTASES	7/1/2008	$161.83	N		$116.52	$45.31
78016		THYROID CARCINOMA METASTASES	7/1/2008	$236.61	N		$175.09	$61.52
78018		WHOLE BODY	7/1/2008	$263.11	N		$207.86	$55.25
78020		THYROID CARCINOMA METATASES UPTAKE (ADD-ON)	7/1/2008	$78.62	N		$47.17	$31.45
78070		PARATHYROID, IMAGING	1/1/2011	$152.24	N		$112.21	$40.03
78075		ADRENAL, IMAGING	7/1/2008	$319.45	N		$265.14	$54.31
78099		UNLISTED ENDOCRINE SYST TEST		$0.00	N			
78102		BONE MARROW, IMAGING	7/1/2008	$128.05	N		$90.92	$37.13
78103		BONE MARROW, IMAGING	7/1/2008	$177.08	N		$131.04	$46.04
78104		BONE MARROW, IMAGING	7/1/2008	$207.92	N		$160.10	$47.82
78110		BLOOD VOLUME	7/1/2008	$60.52	N		$46.60	$13.92
78111		BLOOD VOLUME	7/1/2008	$90.17	N		$80.25	$9.92
78120		RED CELL MASS DETERMINATION	7/1/2008	$75.30	N		$62.50	$12.80
78121		RED CELL MASS DETERMINATION	7/1/2008	$100.94	N		$86.81	$14.13
78122		NUCLEAR EXAM BLOOD VOLUME	7/1/2008	$137.29	N		$119.44	$17.85
78130		RED CELL SURVIVAL STUDY	7/1/2008	$133.24	N		$101.26	$31.98
78135		RED CELL SURVIVAL STUDY	7/1/2008	$256.54	N		$212.93	$43.61
78140		RED CELL SEQUESTRATION	7/1/2008	$143.25	N		$116.03	$27.22
78185		SPLEEN IMAGING	7/1/2008	$144.64	N		$115.71	$28.93
78190		NUCLEAR EXAM OF PLATELETS	7/1/2008	$250.47	N			
78191		PLATELET SURVIVAL	7/1/2008	$212.69	N		$189.29	$23.40
78195		LYMPH GLANDS IMAGING	7/1/2008	$265.24	N		$209.54	$55.70
78199		UNLISTED NUCLEAR MED TEST		$0.00	N			

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78201		LIVER IMAGING	7/1/2008	$136.49	N		$106.46	$30.03
78202		LIVER IMAGING	7/1/2008	$160.32	N		$125.05	$35.27
78205		LIVER IMAGING (SPECT)	1/1/2011	$206.05	N		$171.35	$34.70
78206		LIVER IMAGING WITH VASCULAR FLOW	7/1/2008	$282.79	N		$234.72	$48.07
78215		LIVER & SPLEEN IMAGING	7/1/2008	$151.88	N		$121.50	$30.38
78216		LIVER & SPLEEN IMAGING	1/1/2011	$120.25	N		$92.50	$27.76
78220		LIVER FUNCTION STUDIES	1/1/2011	$124.65	N		$100.99	$23.65
78223		HEPATOBILIARY DUCTAL SYSTEM IMAG INC GALL	7/1/2008	$240.42	N		$177.91	$62.51
78230		SALIVARY GLAND IMAGING	7/1/2008	$126.53	N		$96.16	$30.37
78231		SALIVARY GLAND IMAGING	7/1/2008	$123.57	N		$98.86	$24.71
78232		SALIVARY GLAND FUNCTION STUDY	7/1/2008	$127.52	N		$105.84	$21.68
78258		ESOPHAGEAL MOTILITY	7/1/2008	$172.46	N		$124.17	$48.29
78261		GASTRIC MUCOSA IMAGING	7/1/2008	$200.49	N		$160.39	$40.10
78262		GASTROESOPHAGEAL REFLUX STUDY	7/1/2008	$201.77	N		$161.42	$40.35
78264		GASTRIC EMPYTING STUDY	7/1/2008	$223.89	N		$174.63	$49.26
78267		UREA BREATH TEST C-14 ISOTOPIC ACUISITION FOR ANALYSIS	1/1/2008	$10.98	N			
78268		UREA BREATH TEST, C-14, ANALYSIS	7/1/2008	$94.11	N			
78270		VITAMIN B12 ABSORPTION	7/1/2008	$68.34	N		$56.72	$11.62
78271		VITAMIN B12 ABSORPTION	7/1/2008	$69.01	N		$57.97	$11.04
78272		VITAMIN B-12 ABSORPTION STUDIES	7/1/2008	$86.54	N		$73.56	$12.98
78278		ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	7/1/2008	$215.89	N		$164.08	$51.81
78282		GASTROINTESTINAL STD/NCLR MED	7/1/2008	$19.34	N			
78290		BOWEL IMAGING	7/1/2008	$223.65	N		$167.74	$55.91
78291		TEST VENOUS DRAIN ABDOMEN	7/1/2008	$191.95	N		$134.37	$57.58
78299		GASTROINTESTINAL STD/NCLR MED		$0.00	N			
78300		BONE IMAGING	7/1/2008	$139.63	N		$101.93	$37.70
78305		BONE IMAGING	7/1/2008	$189.33	N		$140.10	$49.23
78306		BONE IMAGING	7/1/2008	$211.40	N		$162.78	$48.62
78315		BONE IMAGING,BY THREE PHASE TECHNIQUE	7/1/2008	$214.59	N		$163.09	$51.50
78320		TOMOGRAPHIC (SPECT)	1/1/2011	$221.89	N		$171.01	$50.89
78350		BONE DENSITY STUDY(BONE MINERAL CONTENT),SINGLE PH	7/1/2008	$37.19	N		$26.03	$11.16
78351		DUAL PHTON ABSORPTIOMETRY	7/1/2008	$18.66	N			
78399		UNLISTED M-S NUC MED TEST		$0.00	N			
78414		DETERMINATION OF VENTRICULAR EJECTION FRACTION	7/1/2008	$23.03	N			
78428		CARDIAC SHUNT DETECTION	7/1/2008	$159.45	N		$105.24	$54.21
78445		VASCULAR FLOW STUDY	7/1/2008	$127.62	N		$91.89	$35.73
78451		MYOCARDIAL PERFUSION IMAG, TOMOGRAPHIC (SPECT) SINGLE STUDY, AT REST OR STRESS	1/1/2010	$157.23	N		$108.49	$48.74
78452		MULTIPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR RES	1/1/2010	$267.00	N		$208.26	$58.74
78453		MYOCARDIAL PERFUSION IMAGING, PLANAR SINGLE STUDY, AT REST OR STRESS	1/1/2010	$136.37	N		$100.91	$35.46
78454		MULTIPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR RES	1/1/2010	$132.07	N		$84.52	$47.55
78456		ACUTE VENOUS THROMBOSIS IMMAGING	7/1/2008	$187.97	N		$142.67	$45.30
78457		VENOUS THROMBOSIS IMAGING UNILATERAL	7/1/2008	$155.59	N		$108.91	$46.68
78458		BILATERAL	7/1/2008	$182.65	N		$136.99	$45.66
78459		MYOCARDIAL IMAGING, PET, METABOLIC EVALUATION	7/1/2008	$1,058.94	N		$984.81	$74.13
78466		MYOCARDIAL IMAGING INFARCT AVID PLANAR QUALITATIVE	7/1/2008	$150.59	N		$108.42	$42.17

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78468		NUCLEAR SCAN HEART MUSCLE W/INJECTION FRACTION	7/1/2008	$194.34	N		$145.76	$48.58
78469		NUCLEAR SCAN HEART MUSCLE TOMOGRAPHIC SPECT	7/1/2008	$234.27	N		$185.07	$49.20
78472		CARDIAC BLOOD POOL IMAGING,GRATED EQUILIBRIUM	1/1/2011	$229.05	N		$179.84	$49.20
78473		RESTING $ STRESS W/ OR W/O ADD'L. QUANTIFICATION	1/1/2011	$309.12	N		$234.56	$74.56
78481		CARDIAC BLOOD POOL IMAGING	7/1/2008	$216.49	N		$168.86	$47.63
78483		CARDIAC BLOOD POOL MULTI RESTING/W/STRESS W/WO ADD	7/1/2008	$312.79	N		$243.98	$68.81
78491		MYOCARDIAL IMAGING, PET, PERFUSION; SINGLE STUDY AT REST OR STRESS	7/1/2008	$1,059.77	N		$985.59	$74.18
78492		MYOCARDIAL IMAGING, PET, PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	7/1/2008	$1,079.00	N		$981.89	$97.11
78494		CARDIAC BLOOD POOL IMAG GATED EQUILIBRIUM SPECT AT TEST WALL MOTION PLUS EJECTIO	7/1/2008	$275.54	N		$217.68	$57.86
78496		CARDIC BLOOD POOL IMAG GATED EQUILIBRIUM STUDY AT REST RT VENTRIC EJEC (ADD-ON)	7/1/2008	$158.31	N		$113.98	$44.33
78499		UNLISTED C-V NUC MED TEST		$0.00	N			
78580		PULMONARY PERFUSION IMAGING	7/1/2008	$175.89	N		$131.92	$43.97
78584		PULMONARY PERGUSION IMAGING	1/1/2011	$139.88	N		$91.14	$48.74
78585		REBREATHING AND WASHOUT	7/1/2008	$287.45	N		$221.34	$66.11
78586		PULMONARY VENTILATION IMAGING	7/1/2008	$131.15	N		$106.23	$24.92
78587		MULTIPLE PROJECTIONS	7/1/2008	$159.89	N		$126.31	$33.58
78588		PULMONARY PERFUSION IMAGING PARTICULATE VENTILATION IMAGE AEROSOL	7/1/2008	$244.80	N		$176.26	$68.54
78591		PULMONARY VENTILATION IMAGING	7/1/2008	$135.82	N		$111.37	$24.45
78593		PULMONARY VENTILATION IMAGING	7/1/2008	$160.65	N		$131.73	$28.92
78594		PULMONARY VENTILATION IMAGING	7/1/2008	$197.54	N		$167.91	$29.63
78596		PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION STUDY	7/1/2008	$320.57	N		$250.04	$70.53
78599		PULMONARY VENTILATION IMAGING		$0.00	N			
78600		BRAIN IMAGING	7/1/2008	$141.68	N		$114.76	$26.92
78601		BRAIN IMAGING	7/1/2008	$170.09	N		$137.77	$32.32
78605		BRAIN IMAGING	7/1/2008	$162.51	N		$130.01	$32.50
78606		BRAIN IMAGING	7/1/2008	$236.43	N		$189.14	$47.29
78607		BRAIN IMAGING, COMPLETE STUDY; TOMAGRAPHIC (ECT)	7/1/2008	$309.33	N		$241.28	$68.05
78608		BRAIN IMAGING, (PET), METABOLIC EVALUATION	1/1/2011	$1,017.28	N		$943.57	$73.71
78609		BRAIN IMAGING, (PET), PERFUSION EVALUATION	7/1/2008	$1,133.81	N		$1,054.44	$79.37
78610		BRAIN IMAGING	7/1/2008	$153.46	N		$119.70	$33.76
78630		CEREBROSPINAL FLUID FLW IMGNG	7/1/2008	$260.78	N		$216.45	$44.33
78635		CEREBROSPINAL FLUID FLW IMGNG	7/1/2008	$216.79	N		$158.26	$58.53
78645		CEREBROSPINAL FLUID FLW IMGNG	7/1/2008	$145.81	N		$116.65	$29.16
78647		CEREBROSPINAL FLUID FLOW,IMAGING; TOMOGRAPHIC	7/1/2008	$282.98	N		$232.04	$50.94
78650		CEREBROSPINAL FLUID FLW IMGNG	7/1/2008	$249.58	N		$207.15	$42.43
78660		DACTYOCYSTOGRAPHY	7/1/2008	$130.00	N		$93.60	$36.40
78699		UNLISTED NERVOUS SYST TEST		$0.00	N			
78700		KIDNEY IMAGING	7/1/2008	$145.45	N		$119.27	$26.18
78701		KIDNEY IMAGING	7/1/2008	$172.33	N		$143.03	$29.30
78707		KIDNEY IMAGING	7/1/2008	$209.01	N		$158.85	$50.16
78708		KIDNEY IMAGING W/VALCULAR FLOW AND FUNCTION,SINGLE STUDY,W/PHARMACOLOGICAL INTER	1/1/2011	$168.55	N		$109.49	$59.06
78709		KIDNEY IMAGING W/VALCULAR FLOW AND FUNCTION;MULTIPLE STUDIES,W/W/O PHARMOCOLOGIC	7/1/2008	$283.30	N		$201.14	$82.16
78710		KIDNEY IMAGING	1/1/2011	$201.47	N		$169.65	$31.83
78725		KIDNEY FUNCTION STUDY	7/1/2008	$86.44	N		$65.69	$20.75
78730		URINARY BLADDER RESIDUAL STUDY	7/1/2008	$66.24	N		$49.02	$17.22

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78740		URETERAL REFLUX STUDY	7/1/2008	$154.69	N		$109.83	$44.86
78761		TESTICULAR IMAGING WITH VASCULAR FLOW	7/1/2008	$169.27	N		$126.95	$42.32
78799		UNLISTED G-U NUC MED TEST		$0.00	N			
78800		TUMOR LOCALIZATION	7/1/2008	$159.40	N		$124.33	$35.07
78801		TUMOR LOCALIZATION	7/1/2008	$207.63	N		$161.95	$45.68
78802		TUMOR LOCALIZATION	7/1/2008	$268.30	N		$217.32	$50.98
78803		TUMOR LOCALIZATION (SPECT)	7/1/2008	$302.42	N		$241.94	$60.48
78804		WHOLE BODY, REQUIRING TWO OR MORE DAYS IMAGING	7/1/2008	$480.68	N		$355.70	$124.98
78805		ABCESS LOCALIZATION LIMITED AREA	7/1/2008	$159.83	N		$123.07	$36.76
78806		WHOLE BODY	7/1/2008	$287.94	N		$233.23	$54.71
78807		RADIONUCLIDE LOCALIZATION OF ABSCESS, SPECT	7/1/2008	$301.90	N		$241.52	$60.38
78808		INJ PROC F RADIOPHARMACEUTICAL LOC BY NON-IMAG PROBE STUDY IV EG	1/1/2009	$39.44	N			
78811		TUMOR IMAGING PET SCAN, LIMITED AREA	7/1/2008	$1,137.09	N		$1,057.49	$79.60
78812		TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY; SKULL BASE TO MID-THIGH	1/1/2011	$1,587.65	N		$943.57	$95.45
78813		TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY; WHOLE BODY	7/1/2008	$1,688.23	N		$1,570.05	$118.18
78814		TUMOR IMAGING POSITROM EMISSION TOMOGRAPHY; LIMITED AREA (EG, CHEST, HEAD/NECK	7/1/2008	$1,172.21	N		$1,054.99	$117.22
78815		TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY; SKULL BASE TO MID-THIGH	1/1/2011	$2,109.75	N		$943.57	$120.75
78816		TUMOR IMAGING (PET) W/CT, WHOLE BODY	1/1/2011	$2,112.74	N		$943.57	$123.60
78890		GENERALIZATION OF AUTOMATED DATA	7/1/2008	$48.65	N		$46.22	$2.43
78891		COMPLEX MANIPULATIONS AND INTERPRETATION EXC 30MIN	7/1/2008	$98.40	N		$92.50	$5.90
78999		UNLISTED NUC MED TEST		$0.00	N			
79005		RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	1/1/2011	$137.84	N		$50.84	$87.00
79101		RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	7/1/2008	$161.16	N		$128.93	$32.23
79200		RADIOPHARMACEUTICAL THERAPY BY INTRA CAVITARY ADMINISTRATION	7/1/2008	$163.45	N		$76.82	$86.63
79300		RADIOPHARMACEUTICAL THERAPY BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	7/1/2008	$371.27	N			$371.27
79403		RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONALANTIBODY BY IV INFUSION	7/1/2008	$214.77	N		$118.12	$96.65
79440		RADIOPHARMACEUTICAL THERAPY BY INTRA-ARTICULAR ADMINISTRATION	7/1/2008	$157.26	N		$73.91	$83.35
79445		RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	7/1/2008	$229.05	N		$183.24	$45.81
79999		RADIOPHARMACEUTICAL THERAPY UNLISTED PROCEDURE		$0.00	N			
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	1/1/2009	$12.36	N			
80048		BASIC METABOLIC PANEL	7/1/2008	$11.83	N			
80050		GENERAL HEALTH SCREEN PANEL	7/1/2008	$51.11	N			
80051		ELECTROLYTE PANEL INC. 82374, 82435, 84132, AND 84295	7/1/2008	$9.80	N			
80053		COMPREHENSIVE METABOLIC PANEL	7/1/2008	$14.77	N			
80055		OBSTETRIC PROFILE	7/1/2008	$31.55	N			
80061		LIPID PROFILE	7/1/2008	$15.85	N			
80069		RENAL FUNCTIONAL PANEL	7/1/2008	$12.13	N			
80074		ACUTE HEPATITIS PANEL	7/1/2008	$66.54	N			
80076		HEPATIC FUNCTION PANEL	7/1/2008	$11.42	N			
80100		DRUG SCREEN; MULTI DRUG CLASSES	7/1/2008	$20.32	N			
80101		DRUG SCREEN SINGLE DRUG CLASS, EACH DRUG CLASS	7/1/2008	$19.24	N			
80102		DRUG, CONFIRMATION, EACH PROCEDURE	7/1/2008	$18.51	N			
80103		TISSUE PREPARATION FOR DRUG ANALYSIS	7/1/2008	$19.64	N			
80104		DRUG SCREEN, QUALITATIVE			N			
80150		AMIKACIN	7/1/2008	$21.06	N			

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80152		AMITRIPTYLINE	7/1/2008	$25.01	N			
80154		BENZODIAZEPINES	7/1/2008	$25.84	N			
80156		CARBAMAZEPINE	7/1/2008	$20.34	N			
80157		CARBAMAZEPINE ASSAY	7/1/2008	$18.52	N			
80158		CYCLOSPORINE	7/1/2008	$25.23	N			
80160		DESIPRAMINE	7/1/2008	$24.05	N			
80162		DIGOXIN	7/1/2008	$18.55	N			
80164		DIPROPYLACETIC ACID (VALPROIC ACID)	7/1/2008	$18.93	N			
80166		DOXEPIN	7/1/2008	$21.66	N			
80168		ETHOSUPIMIDE	7/1/2008	$22.83	N			
80170		GENTAMICIN	7/1/2008	$22.90	N			
80172		GOLD	7/1/2008	$22.76	N			
80173		HALOPERIDON ASSAY	7/1/2008	$20.34	N			
80174		IMIPRAMINE	7/1/2008	$24.05	N			
80176		LIDOCAINE	7/1/2008	$20.52	N			
80178		LITHIUM	7/1/2008	$9.24	N			
80182		NORTRIPTYLINE	7/1/2008	$18.93	N			
80184		PHENOBARBITAL	7/1/2008	$16.01	N			
80185		PHENYTOIN TOTAL	7/1/2008	$18.52	N			
80186		PHNEYTOIN; FREE	7/1/2008	$19.23	N			
80188		PRIMIDONE	7/1/2008	$23.18	N			
80190		PROCAINAMIDE	7/1/2008	$23.41	N			
80192		PROCAINAMIDE WITH METABOLITES	7/1/2008	$23.41	N			
80194		QUINIDINE	7/1/2008	$20.39	N			
80195		SIROLIMUS	9/1/2008	$19.17	N			
80196		DRUG SCREEN, SALICYLATE	7/1/2008	$9.92	N			
80197		DRUG SCREEN, TACROLIMUS	7/1/2008	$19.17	N			
80198		THEOPHYLLINE	7/1/2008	$19.77	N			
80200		TOBRAMYCIN	7/1/2008	$22.52	N			
80201		TOPIRAMATE	7/1/2008	$16.66	N			
80202		VANCOMYCIN	7/1/2008	$18.93	N			
80299		QUANITATION OF DRUG NOT ELSEWHERE SPECIFIED	7/1/2008	$19.13	N			
80400		ACTH STIMULATION PANEL; ADRENAL SUFFICIENCY	7/1/2008	$40.54	N			
80402		ACTH STIMULATION PANEL; 21 HYDROXYLASE DEFICIENCY	7/1/2008	$116.44	N			
80406		ACTH STIMULATION PANEL; 3 BETA-HYDROXYDEHYDROGENAS	7/1/2008	$104.32	N			
80408		ALDOSTERONE SUPPRESSION EVALUATION PANEL	7/1/2008	$175.34	N			
80410		CALCIUM-PENTAGASTRIN STIMULATION PANEL	7/1/2008	$112.23	N			
80412		CORTICOTROPIC RELEASING HORMONE (CRH) PANEL	7/1/2008	$445.44	N			
80414		CHORIONIC GONADOTROPHIN PANEL; TESTOSTERONE RESPON	7/1/2008	$65.64	N			
80415		CHORIONIC GONADOTROPHIN PANEL; ESTRADIOL RESPONSE	7/1/2008	$78.08	N			
80416		RENAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)	7/1/2008	$184.38	N			
80417		PERIPHERAL VEIN RENIN STIMULATION PANEL (CAPTOPRIL	7/1/2008	$61.46	N			
80418		COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL	7/1/2008	$766.68	N			
80420		DEXAMETHASONE SUPPRESSION PANEL, 48 HOURS	7/1/2008	$95.62	N			
80422		GLUCAGON TOLERANCE PANEL; FOR INSULINOMA	7/1/2008	$64.38	N			

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80424		GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA	7/1/2008	$70.56	N			
80426		GONADOTROPIN RELASING HORMONE STIMULATION PANEL	7/1/2008	$180.32	N			
80428		GROWTH HORMONE STIMULATION PANEL	7/1/2008	$93.16	N			
80430		GROWTH HORMONE SUPPRESSION PANEL	7/1/2008	$109.60	N			
80432		INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	7/1/2008	$188.73	N			
80434		INSULIN TOLERANCE PANEL;FOR ACTH INSUFFICIENCY	7/1/2008	$128.75	N			
80435		INSULIN TOLERANCE PANEL;FOR GROWTH HORMONE DEFICIE	7/1/2008	$143.85	N			
80436		METYRAPONE PANEL	7/1/2008	$122.34	N			
80438		THYROTROPIN RELEASING HORMONE (TRH) PANEL	7/1/2008	$65.94	N			
80439		TRH STIMULATION PANEL; TWO HOUR	7/1/2008	$87.92	N			
80440		TRH STIMULATION PANEL; FOR HYPERPROLACTEMIA	7/1/2008	$81.24	N			
80500		CLINICAL PATHOLOGY CONSULTATION, LIMITED	7/1/2008	$19.43	N			
80502		CLINICAL PATHOLOGY CONSULTATION, COMPREHENSIVE	7/1/2008	$59.67	N			
81000		URINALYSIS	7/1/2008	$4.43	N			
81001		URINALYSIS, DIPSTICK/TABLET; AUTOMATED,W/MICROSCOP	7/1/2008	$4.43	N			
81002		URINALISIS, ROUTINE, WITHOUT MICROSCOPY	7/1/2008	$3.57	N			
81003		UA WO/MICROSCOPY AUTOMATED	7/1/2008	$3.14	N			
81005		URINALYSIS	7/1/2008	$3.03	N			
81007		URINALYSIS BACTERIURIA SCREEN NON-CULTURE TECH9	7/1/2008	$3.59	N			
81015		URINALYSIS	7/1/2008	$4.24	N			
81020		URINALYSIS; TWO OR THREE GLASS TEST	7/1/2008	$5.15	N			
81025		URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON ME	7/1/2008	$8.84	N			
81050		VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	7/1/2008	$4.19	N			
81099		URINALYSIS		$0.00	N			
82000		ACETALDEHYDE BLOOD	7/1/2008	$17.31	N			
82003		ACETAMINOPHEN TEST	7/1/2008	$28.28	N			
82009		ACETONE TESTING	7/1/2008	$6.31	N			
82010		ACETONE TESTING	7/1/2008	$11.42	N			
82013		ACETYLCHOLINESTERASE	7/1/2008	$15.61	N			
82016		ACYLCARNITINES QUALITATIVE; EACH SPECIMEN	7/1/2008	$19.37	N			
82017		ACYLCARNITINES QUANTITATIVE; EACH SPECIMEN	7/1/2008	$19.21	N			
82024		ACTH TESTING	7/1/2008	$53.97	N			
82030		ADENOSINE MONOPHOSPHATE TEST	7/1/2008	$36.05	N			
82040		SERUM ALBUMIN TEST	7/1/2008	$6.92	N			
82042		URINE QUNTITATIVE (SPECIFY METHOD)	7/1/2008	$7.23	N			
82043		ALBUMIN; URINE MICROALBUMIN, QUANTITATIVE	7/1/2008	$8.09	N			
82044		ALBUMIN;URINE MICROALBUMIN,SEMIQUANTITATIVE	7/1/2008	$4.83	N			
82045		ALBUMIN; ISCHEMIA MODIFIED	7/1/2008	$47.43	N			
82055		ALCOHOL TESTING	7/1/2008	$15.10	N			
82075		ALCOHOL TESTING	7/1/2008	$16.84	N			
82085		ALDOLASE TEST	7/1/2008	$13.56	N			
82088		ALDOSTERONE TESTING	7/1/2008	$56.94	N			
82101		QUANTITATIVE	7/1/2008	$41.94	N			
82103		ALPHA-1 ANTITRYPSIN; TOTAL	7/1/2008	$18.77	N			
82104		ALPHA-1-1ANTITRYPSIN; PHENOTYPE	7/1/2008	$20.20	N			

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82105		ALPHA-FETOPROTEIN SERUM	7/1/2008	$23.44	N			
82106		ALPHA FETAPROTEIN; AMNIOTIC FLUID	7/1/2008	$23.44	N			
82107		ALPHA-FETOPROTEIN (AFP); AFP-L3 (INCLUDING RATIO)	7/1/2008	$89.99	N			
82108		ALUMINUM, BLOOD (SERUM)	7/1/2008	$28.13	N			
82120		AMINES, VAGINAL FLUID, QUALITATIVE	7/1/2008	$5.25	N			
82127		AMINO ACIDS SINGLE QUALITATIVE; EACH SPECIMEN	7/1/2008	$19.37	N			
82128		AMINO ACID TESTING	7/1/2008	$19.37	N			
82131		AMINO ACIDS,FRACTIONATION AND QUANTITATION, EACH	7/1/2008	$23.57	N			
82135		AMINOLEVULINIC ACID TEST	7/1/2008	$23.00	N			
82136		AMINO ACIDS 2 TO 5 AMINO ACIDS QUANTITATIVE; EACH SPECIMEN	7/1/2008	$19.21	N			
82139		AMINO ACIDS 6 OR MORE QUANTITATIVE; EACH SPECIMEN	7/1/2008	$19.21	N			
82140		AMMONIA TESTING	7/1/2008	$20.36	N			
82143		AMNIOTIC FLUID SCAN	7/1/2008	$9.61	N			
82145		AMPHETAMINE TEST	7/1/2008	$21.72	N			
82150		AMYLASE TESTING	7/1/2008	$9.06	N			
82154		ANDROSTANEDIOL GLUCURONIDE	7/1/2008	$40.29	N			
82157		ANDROSTENEDIONE RIA TEST	7/1/2008	$40.90	N			
82160		RIA	7/1/2008	$34.94	N			
82163		ANGIOTENSIN II RIA TEST	7/1/2008	$28.68	N			
82164		ANGIOTENSIN CONVERTING ENZYME	7/1/2008	$20.39	N			
82175		ARSENIC TESTING	7/1/2008	$26.51	N			
82180		ASCORBIC ACID TEST	7/1/2008	$13.81	N			
82190		ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	7/1/2008	$17.61	N			
82205		BARBITURATE TESTING	7/1/2008	$16.01	N			
82232		BETA-2 MICROGLOBULIN	7/1/2008	$22.61	N			
82239		BILE ACIDS; TOTAL	7/1/2008	$23.94	N			
82240		BILE ACID TEST	7/1/2008	$37.13	N			
82247		BILIRUBIN TOTAL	7/1/2008	$7.02	N			
82248		BILIRUBIN DIRECT	7/1/2008	$7.02	N			
82252		BILIRUBIN, FECES, QUALITATIVE	7/1/2008	$6.35	N			
82261		BIOTINIDASE; EACH SPECIMEN	7/1/2008	$19.21	N			
82270		OCCULT BLOOD TEST	7/1/2008	$4.54	N			
82271		BLOOD OCCULT, BY PEROXIDASE ACTIVITY	9/1/2008	$4.54	N			
82272		BLOOD OCCULT, BY PEROXIDASE ACTIVITY, FECES, SINGLE SPECIMEN	7/1/2008	$4.54	N			
82274		FECAL HEMOGLOBIN IMMUNOASSAY TEST, 1-3 DETERMINATIONS	7/1/2008	$22.22	N			
82286		BRADYKININ TEST	7/1/2008	$9.62	N			
82300		CADMIUM TEST	7/1/2008	$32.33	N			
82306		CALCIFEDIOL (25-OH VITAMIN D-3) CHROMATOGRAPHIC	7/1/2008	$41.36	N			
82308		CALCITONIN TEST	7/1/2008	$37.41	N			
82310		CALCIUM TEST	7/1/2008	$7.20	N			
82330		CALCIUM TEST	7/1/2008	$19.09	N			
82331		AFTER CALCIUM INFUSION TEST	7/1/2008	$7.23	N			
82340		CALCIUM TEST	7/1/2008	$8.43	N			
82355		CALCULUS TESTING	7/1/2008	$16.17	N			
82360		CALCULUS TESTING	7/1/2008	$17.99	N			

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82365		CALCULUS TESTING	7/1/2008	$18.01	N			
82370		CALCULUS TESTING	7/1/2008	$17.51	N			
82373		CARBOHYDRATE DEFICIENT TRANSFERRIN ASSAY	7/1/2008	$25.23	N			
82374		CARBON DIOXIDE TESTING	7/1/2008	$6.83	N			
82375		CARBON MONOXIDE TESTING	7/1/2008	$17.22	N			
82376		CARBON MONOXIDE TESTING	7/1/2008	$8.37	N			
82378		CARCINOEMBRYONIC ANTIGEN (CEA)	7/1/2008	$26.51	N			
82379		CARNITINE QUANTITATIVE; EACH SPECIMINE	7/1/2008	$19.21	N			
82380		CAROTENE TEST	7/1/2008	$12.89	N			
82382		CATECHOLAMINES TESTING	7/1/2008	$24.02	N			
82383		CATECHOLAMINES TESTING	7/1/2008	$35.01	N			
82384		CATECHOLAMINES TESTING	7/1/2008	$35.28	N			
82387		CATHEPSIN-D	7/1/2008	$29.07	N			
82390		CERULOPLASMIN TEST	7/1/2008	$15.01	N			
82397		CHEMILUMINESCENT ASSAY	7/1/2008	$19.74	N			
82415		CHLORAMPHENICOL TEST	7/1/2008	$17.70	N			
82435		CHLORIDE TESTING	7/1/2008	$6.42	N			
82436		URINE (SPECIFY CHEMICAL ELECTROMETRIC OR FANTUS)	7/1/2008	$7.02	N			
82438		SPINAL FLUID	7/1/2008	$6.83	N			
82441		CHLORINATED HYDROCARBON SCREEN	7/1/2008	$8.38	N			
82465		CHOLESTEROL TESTING	7/1/2008	$6.08	N			
82480		CHOLINESTERASE TESTING	7/1/2008	$11.01	N			
82482		CHOLINESTERASE TESTING	7/1/2008	$10.74	N			
82485		CHONDROITIN B SULFATE TEST	7/1/2008	$28.85	N			
82486		CHROMATOGRAPHY TESTS	7/1/2008	$25.23	N			
82487		CHROMATOGRAPHY TESTS	7/1/2008	$22.30	N			
82488		CHROMATOGRAPHY TESTS	7/1/2008	$29.85	N			
82489		CHROMATOGRAPHY TESTS	7/1/2008	$20.67	N			
82491		CHROMOTOGRAPHY, QUANTITATIVE; COLUMN, ANALYTE	7/1/2008	$25.23	N			
82492		CHROMATOGRAPHY QUANTITATIVE; COLUMN; MULTI ANALYTES; SINGLE STATIONARY & MOBILE	7/1/2008	$25.23	N			
82495		URINE	7/1/2008	$28.34	N			
82507		CITRIC ACID TEST	7/1/2008	$38.85	N			
82520		COCAINE QUANTITATIVE	7/1/2008	$21.17	N			
82523		COLLAGEN CROSS LINKS; ANY METHOD	7/1/2008	$20.48	N			
82525		COPPER TEST	7/1/2008	$17.34	N			
82528		CORTICOSTERONE TEST	7/1/2008	$31.45	N			
82530		CORTISOL;FREE	7/1/2008	$23.35	N			
82533		CORTISOL TESTING	7/1/2008	$20.27	N			
82540		CREATINE TEST	7/1/2008	$6.48	N			
82541		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY ANALYTE;NOT ELSEWHERE SPECIFIED;QUALITAT	7/1/2008	$25.23	N			
82542		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY ANALYTE NOT ELSEWHERE SPECIFIC;QUANTITAT	7/1/2008	$25.23	N			
82543		COLUMN CHROMATOGRAPHY/MASS SPECTRO ANALYTE STABLE ISOTOPE DILUTE SINGLE ANALYTE	7/1/2008	$25.23	N			
82544		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY STABLE ISOTOPE DILUTION MULTI ANALYTES	7/1/2008	$25.23	N			
82550		CPK TESTING	7/1/2008	$9.10	N			
82552		CPK TESTING	7/1/2008	$18.71	N			

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82553		CREATINE KINASE (CK),(CPK), MB FRACTION ONLY	7/1/2008	$16.13	N			
82554		CREATINE KINASE (CK), (CPK); ISOFORMS	7/1/2008	$16.58	N			
82565		GREATININE TESTING	7/1/2008	$7.16	N			
82570		URINE	7/1/2008	$7.23	N			
82575		CREATININE CLEARANCE TEST	7/1/2008	$13.20	N			
82585		CRYOFIBRINOGEN TEST	7/1/2008	$11.98	N			
82595		CRYOGLOBULIN TEST	7/1/2008	$9.04	N			
82600		CYANIDE TEST	7/1/2008	$27.11	N			
82607		CYANOCOBALAMIN TESTING	7/1/2008	$21.06	N			
82608		UNSATURATED BINDING CAPACITY	7/1/2008	$20.01	N			
82610		CYSTATIN C	1/1/2009	$13.39	N			
82615		CYSTINE & HOMOCYSTINE TEST	7/1/2008	$11.41	N			
82626		DEHYDROEPIANDROSTERONE TEST	7/1/2008	$35.31	N			
82627		DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	7/1/2008	$25.62	N			
82633		DESOXYCORTICOSTERONE, 11 TEST	7/1/2008	$43.28	N			
82634		DESOXYCORTISOL, 11 TEST	7/1/2008	$40.90	N			
82638		DIBUCCAINE NUMBER	7/1/2008	$17.11	N			
82646		DIHYDROCODINONE TEST	7/1/2008	$28.85	N			
82649		DIHYDROMORPHINONE TEST	7/1/2008	$35.91	N			
82651		DIHYDROTESTOSTERONE TEST	7/1/2008	$36.07	N			
82652		DIHYDROXYVITAMIN D, 1,25-	7/1/2008	$53.78	N			
82654		DIMETHADIONE	7/1/2008	$19.34	N			
82656		ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMIQUANTITATIVE	7/1/2008	$15.10	N			
82657		ENZYME ACTIVE BL CELLS CULT OR TISSUE NOT ELSEWHERE SPEC NONRADIOACTIVE SUBTRATE	7/1/2008	$25.23	N			
82658		ENZYME ACTIVE BL CELLS CULTURE OR TISSU NOT ELSEWH SPEC RADIOACTIVE SUBTRATE EAC	7/1/2008	$25.23	N			
82664		ELECTROPHORETIC TESTING	7/1/2008	$48.00	N			
82666		EPIANDROSTERONE TEST	7/1/2008	$30.01	N			
82668		ERYTHROPOIETIN, BIOASSAY	7/1/2008	$26.26	N			
82670		ESTRADIOL TEST	7/1/2008	$39.04	N			
82671		ESTROGEN TESTING	7/1/2008	$45.13	N			
82672		ESTROGEN TESTING	7/1/2008	$30.30	N			
82677		ESTRIOL TESTING	7/1/2008	$33.79	N			
82679		ESTRONE TESTING	7/1/2008	$34.88	N			
82690		ETHCHLORVYNOL TEST	7/1/2008	$24.15	N			
82693		ETHYLENE GLYCOL	7/1/2008	$20.82	N			
82696		ETIOCHOLANOLONE RIA	7/1/2008	$32.95	N			
82705		FAT OR LIPIDS FECES SCREENING	7/1/2008	$7.11	N			
82710		FECES, FAT, TESTING	7/1/2008	$23.47	N			
82715		FECES, FAT, TESTING	7/1/2008	$24.05	N			
82725		FATTY ACID TESTING	7/1/2008	$18.60	N			
82726		VERY LONG CHAIN; FATTY ACIDS	7/1/2008	$25.23	N			
82728		FERRITIN SPECIFY METHOD	7/1/2008	$19.03	N			
82731		FETAL FIBRONECTIN CERVICOVAGINAL SECRETIONS SEMI-QUANTITATIVE	7/1/2008	$89.99	N			
82735		FLUORIDE TEST	7/1/2008	$25.91	N			
82742		FLURAZEPAM TEST	7/1/2008	$27.66	N			

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82746		FOLIC ACID TESTING	7/1/2008	$20.54	N			
82747		FOLIC ACID; RBC	7/1/2008	$24.20	N			
82757		FRUCTOSE SEMEN	7/1/2008	$24.24	N			
82759		GALACTOKINASE RBC	7/1/2008	$30.01	N			
82760		GALACTOSE TESTING	7/1/2008	$11.68	N			
82775		GALACTOSE TESTING	7/1/2008	$29.43	N			
82776		GALACTOSE TESTING	7/1/2008	$11.71	N			
82784		GAMMA GLOBULIN TESTING	7/1/2008	$12.99	N			
82785		GAMMA GLOBULIN TESTING	7/1/2008	$23.01	N			
82787		GAMMAGLUBULIN; IMMUNOGLOBULIN SUBCLUSSES(IGG123OR4	7/1/2008	$3.45	N			
82800		BLOOD GAS TESTING	7/1/2008	$11.31	N			
82803		BLOOD GAS TESTING	7/1/2008	$27.04	N			
82805		GASES,BLOOD,ANYCOMB W/O2 SATURATION, EXCEPT PULSE	7/1/2008	$39.65	N			
82810		GASES, BLOOD, O2 SATURATION ONLY	7/1/2008	$12.20	N			
82820		HEMOGLOBIN-OXYGEN AFFINITY P02 FOR 50% SAT W/02	7/1/2008	$13.96	N			
82926		GASTRIC ACID TESTING	7/1/2008	$7.61	N			
82928		GASTRIC ACID TESTING	7/1/2008	$9.15	N			
82930		GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN	1/1/2011	$7.67	N			
82938		GASTRIN SERUM AFTER SECRETION STIMULATION EG FOR	7/1/2008	$24.72	N			
82941		GASTRIN TEST	7/1/2008	$24.64	N			
82943		GLUCAGON TEST	7/1/2008	$19.97	N			
82945		GLUCOSE BODY FLUID OTHER THAN BLOOD	7/1/2008	$5.48	N			
82946		GLOBULIM SERUM	7/1/2008	$21.06	N			
82947		GLUCOSE TESTING	7/1/2008	$5.48	N			
82948		GLUCOSE TESTING	7/1/2008	$3.72	N			
82950		GLUCOSE TESTING	7/1/2008	$6.64	N			
82951		GLUCOSE TESTING	7/1/2008	$17.99	N			
82952		GLUCOSE TESTING	7/1/2008	$5.48	N			
82953		TOLBUTAMIDE TOLERANCE TEST	7/1/2008	$21.16	N			
82955		GLUCSE-6-PHOSPHTE DEHYDROGENAS	7/1/2008	$13.55	N			
82960		GLUCSE-6-PHOSPHTE DEHYDROGENAS	7/1/2008	$8.47	N			
82962		GLUCOSE, BLOOD, BYGLUCOSE MONITORING DEVICE	7/1/2008	$3.27	N			
82963		GLUCOSIDASE BETA	7/1/2008	$30.01	N			
82965		GLUTAMATE DEHYDROGENASE TEST	7/1/2008	$10.80	N			
82975		GLUTAMINE TEST	7/1/2008	$22.13	N			
82977		GGT TEST	7/1/2008	$10.06	N			
82978		GLUTHATHIONE TEST	7/1/2008	$19.91	N			
82979		GLUTHATHIONE REDUCTASE RBC	7/1/2008	$9.62	N			
82980		GLUTETHIMIDE TEST	7/1/2008	$25.60	N			
82985		GLYCOPROTEIN TEST	7/1/2008	$21.06	N			
83001		GONADOTROPIN TESTING	7/1/2008	$25.97	N			
83002		GONADOTROPIN TESTING	7/1/2008	$19.11	N			
83003		GROWTH HORMONE TEST	7/1/2008	$23.29	N			
83008		GUANOSINE MONOPHOSPHATE TEST	7/1/2008	$23.45	N			
83009		HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON RADIOACTIVE	7/1/2008	$94.11	N			

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83010		HAPTOGLOBIN TESTING	7/1/2008	$17.58	N			
83012		HAPTOGLOBIN TESTING	7/1/2008	$24.02	N			
83013		HELIOCOBACTER PYLORI BREATH TEST ANALYSIS	7/1/2008	$94.11	N			
83014		HELICOBACTER PYLORI DRUG ADMINISTRATION	7/1/2008	$10.98	N			
83015		HEAVY METAL TESTING	7/1/2008	$12.22	N			
83018		HEAVY METAL TESTING	7/1/2008	$30.68	N			
83019		HELICOBACTER PYLORI, BREATH TEST	7/1/2008	$97.04	N			
83020		HEMOGLOBIN TESTING	7/1/2008	$17.99	N			$17.99
83021		HEMOGLOBIN FRACTIONATION AND QUANTITATION CHROMOTOGRAPHY	7/1/2008	$25.23	N			
83026		HEMOGLOBIN BY COPPER SULFATE METHOD	7/1/2008	$3.30	N			
83030		HEMOGLOBIN TESTING	7/1/2008	$11.56	N			
83033		HEMOGLOBIN TESTING	7/1/2008	$6.50	N			
83036		GLYCOSYLATED (AIC)	7/1/2008	$9.77	N			
83037		HEMOGLOBIN; GLYCOSYLATED BY DEVICE CLEARED BY FDA FOR HOME USE	1/1/2009	$10.21	N			
83045		METHEMOGLOBIN TESTING	7/1/2008	$6.93	N			
83050		METHEMOGLOBIN TESTING	7/1/2008	$10.23	N			
83051		HEMOGLOBIN TESTING	7/1/2008	$10.21	N			
83055		SULFHEMOGLOBIN TESTING	7/1/2008	$6.87	N			
83060		SULFHEMOGLOBIN TESTING	7/1/2008	$11.56	N			
83065		HEMOGLOBIN TESTING	7/1/2008	$9.62	N			
83068		HEMOGLOBIN TESTING	7/1/2008	$11.83	N			
83069		URINE	7/1/2008	$5.51	N			
83070		HEMOSIDERIN TEST	7/1/2008	$6.64	N			
83071		HEMOSIDERIN RIA	7/1/2008	$9.61	N			
83080		B-HEXOSAMINIDASE EACH ASSAY	7/1/2008	$19.21	N			
83088		HISTAMINE TEST	7/1/2008	$41.26	N			
83090		HOMOCYSTINE ASSAY	7/1/2008	$23.57	N			
83150		HOMOVANILLIC ACID TEST	7/1/2008	$27.04	N			
83491		HYDROXYCORTICOSTEROIDS 17-(17-OHCS) RIA	7/1/2008	$24.47	N			
83497		HIAA TEST	7/1/2008	$18.01	N			
83498		HYDROXYPROGESTERONE TESTING	7/1/2008	$37.95	N			
83499		HYDROXYPROGESTERONE TESTING	7/1/2008	$35.22	N			
83500		HYDROXYPROLINE TESTING	7/1/2008	$31.65	N			
83505		HYDROXYPROLINE TESTING	7/1/2008	$33.96	N			
83516		IMMUNOASSAY, FOR ANALYTE OTHER THAN ANTIBODY; MULTIPLE STEP METHOD	7/1/2008	$15.10	N			
83518		IMMUNOASSAY, FOR ANALYTE OTHER THAN ANTIBODY	7/1/2008	$9.55	N			
83519		IMMUNOASSAY, ANALYTE; BY RADIONUCLIDE TECHNIQUERIA	7/1/2008	$18.88	N			
83520		IMMUNOASSAY, ANALYTE; NOT OTHERWISE SPECIFIED	7/1/2008	$18.09	N			
83525		INSULIN, TOTAL	7/1/2008	$15.98	N			
83527		INSULIN; FREE	7/1/2008	$18.09	N			
83528		INTRINSIC FACTOR LEVEL	7/1/2008	$22.22	N			
83540		IRON TEST	7/1/2008	$9.05	N			
83550		IRON BINDING CAPACITY TEST	7/1/2008	$12.21	N			
83570		ISOCITRIC DEHYDROGENASE TEST	7/1/2008	$12.36	N			
83582		KETOGENIC STEROID TESTING	7/1/2008	$16.64	N			

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83586		KETOSTEROID TESTING	7/1/2008	$17.89	N			
83593		KETOSTEROID TESTING	7/1/2008	$36.75	N			
83605		LACTATE TEST	7/1/2008	$13.13	N			
83615		LDH TEST	7/1/2008	$8.44	N			
83625		LDH TEST	7/1/2008	$17.88	N			
83626		ISOENZYMES CHEMICAL SEPARATION	7/1/2008	$18.51	N			
83630		LACTOBERRIN, FECAL, QUALITATIVE	7/1/2008	$27.42	N			
83631		LACTOFERRIN, FECAL, QUANTITATIVE	9/1/2008	$27.42	N			
83632		PLACENTAL LACTOGEN TEST	7/1/2008	$28.24	N			
83633		LACTOSE URINE QUALITATIVE	7/1/2008	$7.69	N			
83634		LACTOSE TEST	7/1/2008	$16.10	N			
83655		LEAD TESTING	7/1/2008	$16.91	N			
83661		L/S RATIO	7/1/2008	$30.71	N			
83662		L/S RATIO; FOAM STABILITY TEST	7/1/2008	$26.43	N			
83663		FETAL LUNG MATURITY ASSESSMENT FLUORESCENCE POLARIZATION	7/1/2008	$26.43	N			
83664		FETAL LUNG MATURITY ASSESSMENT LAMELLAR BODY DENSITY	7/1/2008	$26.43	N			
83670		LAP TEST	7/1/2008	$12.80	N			
83690		LIPASE TEST	7/1/2008	$9.62	N			
83695		LIPOPROTEIN (A)	9/1/2008	$18.09	N			
83698		LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	9/1/2008	$47.43	N			
83700		LIPOPROTEIN, BLOOD, ELECTROPHORETIC SEPARATION AND QUANTITATION	9/1/2008	$15.73	N			
83701		LIPOPROTEIN, BLOOD, HIGH RESOLUTION FRACTIONAL AND QTY	9/1/2008	$34.68	N			
83704		LIPOPROTEIN, BLOOD, QTY/LIPTOPROTEIN PARTICLE #'S AND SUBCLASSES	9/1/2008	$44.08	N			
83718		LIPOPROTEIN HIGH DENSITY CHOLESTEROL HDL	7/1/2008	$11.44	N			
83719		LIPOPROTEN VERY LOW DNSITY (VLDL CHOLESTEROL)	7/1/2008	$16.26	N			
83721		LDL CHOLESTEROL	7/1/2008	$13.33	N			
83727		LUTEINIZING RELEASING FASTOR (LRH) RIA	7/1/2008	$24.02	N			
83735		MAGNESIUM TEST	7/1/2008	$9.36	N			
83775		MALATE DEHYDROGENASE TEST	7/1/2008	$10.30	N			
83785		MANGANESE TEST	7/1/2008	$34.36	N			
83788		MASS SPECTROMETRY & TANDEM MASS ANALYTE NOT ELSEWH SPECIFIED QUALITATIVE EA SPEC	7/1/2008	$25.23	N			
83789		MASS SPECTROMETRY & TANDEM MASS SPECTROMETRY ANALYTE NOT ELSEWH SPECIFIED QUANTI	7/1/2008	$25.23	N			
83805		MEPROBAMATE TEST	7/1/2008	$24.63	N			
83825		MERCURY TESTING	7/1/2008	$22.72	N			
83835		METANEPHRINES TEST	7/1/2008	$23.67	N			
83840		METHADONE TEST	7/1/2008	$22.81	N			
83857		METHEMALBUMIM TEST	7/1/2008	$15.01	N			
83858		METHSUXIMIDE SERUM	7/1/2008	$20.71	N			
83861		MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE	1/1/2011	$23.58	N			
83864		MUCOPOLYSACCHARIDES ACID BLOOD	7/1/2008	$27.82	N			
83866		MUCOPOLYSACCHARIDES TESTING	7/1/2008	$13.76	N			
83872		MUCIN-SYNOVIAL FLUID TEST	7/1/2008	$7.78	N			
83873		MYELIN BASIC PROTEIN CSF RIA	7/1/2008	$24.04	N			
83874		MYOGLOBIN ELECTROPHORESIS	7/1/2008	$18.04	N			
83876		MYELOPEROXIDASE (MPO)	1/1/2009	$18.09	N			

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83880		NATRIURETIC PEPTIDE	7/1/2008	$47.43	N			
83883		NEPHELOMETRY,EACH ANALYTE NOT ELSEWHERE SPECIFIED	7/1/2008	$12.81	N			
83885		NICKEL TEST	7/1/2008	$34.23	N			
83887		NICOTINE TEST	7/1/2008	$33.09	N			
83890		NUCLEAR MOLECULAR DIAG. MOLECULAR ISOLATION/EXTRAC	7/1/2008	$5.60	N			
83891		MOLECULAR DIAGNOSTICS ISOLATION OR EXTRACTION OF HIGHLY PURIFIED NUCLEIC ACID	7/1/2008	$5.60	N			
83892		NUCLEAR MOLECULAR DIAGNOSTIC ENZYMATIC DIGESTION	7/1/2008	$5.60	N			
83893		MOLECULAR DIAGNOSTICS DOT/SLOT BLOT PRODUCTION	7/1/2008	$5.60	N			
83894		NUCLEAR MOLECULAR DIAGNOSTIC SEPARATION (EG DOT BL	7/1/2008	$5.60	N			
83896		NUCLEAR MOLECULAR DIAGNOSTICS;NUCLEIC ACID PROBE	7/1/2008	$5.60	N			
83897		MOLECULAR DIAGNOSTICS NUCLEIC ACID TRANSFER	7/1/2008	$5.60	N			
83898		NUCLEAR MOLECULAR DIAG NUCLEIC ACID PROBE W/AMPLIF	7/1/2008	$5.75	N			
83900		MOLECULAR DIAGNOSTICS, FIRST TWO NUCLEIC AND SEQUENCES	7/1/2008	$11.50	N			
83901		MOLECULAR DIAGNOSTICS AMPLIFICATION OF PATIENT NUCLEIC ACID MULTIPLEX EA MULTI R	7/1/2008	$5.75	N			
83902		MOLECUALR DX; REVERSE TRANSCRIPTION	7/1/2008	$5.75	N			
83903		MOLECULAR DIAGNOSTICS MUTATION SCANNING BY PHYSICAL PROPERTIES SINGLE SEGMENT EA	7/1/2008	$5.75	N			
83904		MOLECULAR DIAGNOSTICS MUTATION IDENTIFICATION BY SEQUENCING SINGLE SEGMENT EACH	7/1/2008	$5.75	N			
83905		MOLECULAR DIAGNOSTICS MUTATION ID BY ALLELE SPECIFIC TRANSCRIPTION SNGL SEG EACH	7/1/2008	$5.75	N			
83906		MOLECULAR DIAGNOSTICS MUTATION ID BY ALLELE SPECIFIC TRANSLATION SNGL SEG EACH	7/1/2008	$5.75	N			
83907		MOLECULAR DIAGNOSTICS, LYSIS OF CELLS	9/1/2008	$18.66	N			
83908		MOLECULAR DIAGNOSTICS, SEPERATION AND IDENTIFICATION	9/1/2008	$5.75	N			
83909		MOLECULAR DIAGNOSTICS, SEPERATION AND IDENTIFICATION/ HIGH RESOLUTION TECHNIQUE	7/1/2008	$5.75	N			
83912		NUCLEAR MOLECLULAR DIAGNOSTICS INTERPT AND REPORT	7/1/2008	$5.60	N			$5.60
83913		MOLECULAR DIAGNOSTICS; RNA STABILIZATION	9/1/2008	$18.66	N			
83914		MUTATION INDENTIFICATION BY ENZYMATIC LIGATION OR PRIMER EXTENSION	7/1/2008	$5.75	N			
83915		NUCLEOTIDASE 5 - TEST	7/1/2008	$15.58	N			
83916		OLIGOCLONAL IMMUNE GLOBULIN (IG) CSF ELECTROPHORES	7/1/2008	$28.09	N			
83918		ORGANIC ACIDS, QUANTITATIVE	7/1/2008	$23.00	N			
83919		ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	7/1/2008	$23.00	N			
83921		ORGANIC ACID	7/1/2008	$23.00	N			
83925		OPIATES, (EG, MORPHINE, MEPERIDINE)	7/1/2008	$27.19	N			
83930		OSMOLALITY TEST	7/1/2008	$9.24	N			
83935		URINE	7/1/2008	$9.52	N			
83937		OSTEOCALCIN (BONE G1A PROTEIN)	7/1/2008	$41.71	N			
83945		OXALATE TEST	7/1/2008	$17.99	N			
83950		ONCOPROTEIN, HER-2/NEU	7/1/2008	$89.99	N			
83951		DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)	1/1/2009	$43.32	N			
83970		PARATHORMONE RIA	7/1/2008	$57.67	N			
83974		GASTRIC PEPSIN TESTING	7/1/2008	$15.15	N			
83986		PH TESTING	7/1/2008	$5.00	N			
83987		EXHALED BREATH CONDENSATE	1/1/2010	$5.22	N			
83992		PHENCYCLIDINE TEST	7/1/2008	$20.54	N			
83993		CALPROTECTIN, FECAL	1/1/2008	$28.66	N			
84022		PHENOTHIAZINE TESTING	7/1/2008	$21.76	N			
84030		PKU TESTING	7/1/2008	$7.69	N			

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84035		PHENYLKETONES BLOOD QUALITATIVE	7/1/2008	$5.11	N			
84060		PHOSPHATASE TESTING	7/1/2008	$10.32	N			
84061		PHOSPHATSE, ACID; FORENSIC EXAM	7/1/2008	$11.06	N			
84066		PHOSPHATASE, PROSTATIC FRACTION, R/A	7/1/2008	$13.50	N			
84075		PHOSPHATASE TESTING	7/1/2008	$7.23	N			
84078		PHOSPHATASE TESTING	7/1/2008	$10.20	N			
84080		PHOSPHATASE TESTING	7/1/2008	$20.66	N			
84081		PHOSPHATYOYLGLYCEROL	7/1/2008	$23.09	N			
84085		PHOSPHOGLUCONATE, 6-TEST	7/1/2008	$9.42	N			
84087		PHOSPHOHEXOSE ISOMERASE TEST	7/1/2008	$14.42	N			
84100		PHOSPHORUS TEST	7/1/2008	$6.63	N			
84105		URINE	7/1/2008	$6.88	N			
84106		PORPHOBILINOGEN TESTING	7/1/2008	$5.99	N			
84110		PORPHOBILINOGEN TESTING	7/1/2008	$11.80	N			
84112		MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE	1/1/2011	$90.64	N			
84119		PORPHYRIN TESTING	7/1/2008	$12.03	N			
84120		PORPHYRIN TESTING	7/1/2008	$20.55	N			
84126		PORPHYRIN TESTING	7/1/2008	$35.59	N			
84127		PORPHYRINS, FECES; QUALITATIVE	7/1/2008	$16.28	N			
84132		POTASSIUM TEST	7/1/2008	$6.42	N			
84133		URINE	7/1/2008	$6.01	N			
84134		PREALBUMIN	7/1/2008	$18.95	N			
84135		PREGNANEDIOL RIA	7/1/2008	$26.73	N			
84138		PREGNANETRIOL RIA	7/1/2008	$26.46	N			
84140		PREGNENOLONE	7/1/2008	$28.89	N			
84143		17-HYDROXYPREGNENOLONE	7/1/2008	$31.89	N			
84144		PROGESTERONE TEST	7/1/2008	$29.15	N			
84145		PROCALCITONIN (PCT)	1/1/2010	$27.76	N			
84146		PROLACTIN TEST	7/1/2008	$27.08	N			
84150		PROSTAGLANDIN ANY ONE RIA	7/1/2008	$34.88	N			
84152		PROSTATE SPECIFIC ANTIGEN	7/1/2008	$25.70	N			
84153		PROSTATE SPECIFIC ANTIGENS (PSA)	7/1/2008	$25.70	N			
84154		PROSTATE SPECIFIC ANTIGEN (PSA); FREE	7/1/2008	$25.70	N			
84155		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM	7/1/2008	$5.12	N			
84156		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; URINE	7/1/2008	$5.12	N			
84157		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; OTHER SOURCE	7/1/2008	$5.12	N			
84160		PROTEIN TESTING	7/1/2008	$4.02	N			
84163		PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	7/1/2008	$21.03	N			
84165		PROTEIN ELECTROPHORETIC FRACTIONATION AND QUANTITATION SERUM	7/1/2008	$15.01	N			$15.01
84166		PROTEIN; ELECTROPHORETIC FRACTIONATION & QUANTITATION, OTHER FLUIDS W/ CONCENTRA	7/1/2008	$24.92	N			$24.92
84181		PROTEIN;WESTERN BLOT,INTERP & REPORT, FLUIDS	7/1/2008	$23.80	N			$23.80
84182		PROTEIN;WESTERN BLOT,INTERP & REPORT, FOR BAND ID	7/1/2008	$25.15	N			$25.15
84202		PROTOPORPHYRIN TEST	7/1/2008	$20.05	N			
84203		PROTOPORPHYRIN TEST	7/1/2008	$12.03	N			
84206		INSULIN TESTING	7/1/2008	$24.89	N			

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84207		PYRIDOXINE TEST	7/1/2008	$39.25	N			
84210		PYRUVATE TEST	7/1/2008	$15.17	N			
84220		PYRUVIC-KINASE TEST	7/1/2008	$13.18	N			
84228		QUININE	7/1/2008	$16.26	N			
84233		RECEPTOR ASSAY ESTROGEN (ESTRADIOL)	7/1/2008	$89.99	N			
84234		PROGESTERONE	7/1/2008	$90.64	N			
84235		ENDOCRINE OTHER THAN ESTROGEN OR PROGESTERONE	7/1/2008	$73.12	N			
84238		RECEPTOR ASSAY; NONENDOCRINE	7/1/2008	$51.09	N			
84244		RENIN TEST	7/1/2008	$30.73	N			
84252		RIBOFLAVIN TEST	7/1/2008	$28.28	N			
84255		SELENIUM TEST	7/1/2008	$35.67	N			
84260		SEROTONIN TEST	7/1/2008	$43.28	N			
84270		SEX HORMONE BINDING GLOBNYLIN (SHBG)	7/1/2008	$30.36	N			
84275		SIALIC ACID BLOOD	7/1/2008	$18.77	N			
84285		SILICA TEST	7/1/2008	$32.90	N			
84295		SODIUM TEST	7/1/2008	$6.72	N			
84300		URINE	7/1/2008	$6.79	N			
84302		SODIUM; OTHER SOURCE	7/1/2008	$6.79	N			
84305		SOMATOMEDIN	7/1/2008	$29.70	N			
84307		SOMATOSTATIN	7/1/2008	$25.54	N			
84311		SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	7/1/2008	$9.77	N			
84315		SPECIFIC GRAVITY TEST	7/1/2008	$3.50	N			
84375		CHROMATOGRAPHIC SUGARS	7/1/2008	$27.39	N			
84376		SUGARS SINGLE QUALITATIVE EACH SPECIMEN	7/1/2008	$7.69	N			
84377		SUGARS MULTIPLE QUALITATIVE EACH SPECIMEN	7/1/2008	$7.69	N			
84378		SUGARS SINGLE QUANTITATIVE EACH SPECIMEN	7/1/2008	$16.10	N			
84379		SUGARS MULTIPLE QUANTITATIVE EACH SPECIMEN	7/1/2008	$16.10	N			
84392		SULFATE, URINE	7/1/2008	$6.64	N			
84402		TESTOSTERONE; FREE	7/1/2008	$32.76	N			
84403		TESTOSTERONE TESTING	7/1/2008	$32.82	N			
84425		THIAMIN TEST	7/1/2008	$29.67	N			
84430		THIOCYANATE TEST	7/1/2008	$16.26	N			
84431		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC FIRST SERUM SAM	1/1/2010	$18.54	N			
84432		THYROGLOBULIN	7/1/2008	$20.28	N			
84436		T4 TEST	7/1/2008	$9.61	N			
84437		THYROXINE (T4) NEONATAL	7/1/2008	$9.04	N			
84439		T4 TEST	7/1/2008	$12.60	N			
84442		TBG TEST	7/1/2008	$20.66	N			
84443		TSH TEST	7/1/2008	$21.98	N			
84445		THYROTROPIN RELEASING FACTOR	7/1/2008	$71.05	N			
84446		TOCOPHEROL ALPHA TEST	7/1/2008	$19.81	N			
84449		TRANSCORTIN (CORTISOL BINDING GLOBULIN)	7/1/2008	$25.15	N			
84450		SGOT TEST	7/1/2008	$7.22	N			
84460		SGPT TEST	7/1/2008	$7.40	N			
84466		TRANSFERRIN	7/1/2008	$17.84	N			

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84478		TRIGLYCERIDE TESTING	7/1/2008	$8.04	N			
84479		THYROID HORMONE (T-3/T-4) OR THBR	7/1/2008	$9.04	N			
84480		TRIIODOTHYRONINE T3: TOTAL (TT-3)	7/1/2008	$19.81	N			
84481		TRIIODOTHYRONINE FREE (FT-3) RIA UNBOUND T-3 ONLY	7/1/2008	$23.67	N			
84482		TRIDOTHYRONINE (T-3); REVERSE	7/1/2008	$22.02	N			
84484		TROPONIN	7/1/2008	$13.75	N			
84485		TRYPSIN TESTS	7/1/2008	$10.49	N			
84488		TRYPSIN TESTS	7/1/2008	$6.50	N			
84490		QUANTITATIVE	7/1/2008	$10.63	N			
84510		TYROSINE TEST	7/1/2008	$14.53	N			
84512		TROPONIN, QUALITATIVE	7/1/2008	$8.69	N			
84520		UREA NITROGEN; QUANTITATIVE	7/1/2008	$5.51	N			
84525		BUN	7/1/2008	$5.25	N			
84540		UREA NITROGEN URINE	7/1/2008	$6.64	N			
84545		BUN	7/1/2008	$9.23	N			
84550		URIC ACID TESTING	7/1/2008	$6.31	N			
84560		URIC ACID, OTHER SOURCE	7/1/2008	$6.64	N			
84577		UROBILINOGEN FECES QUANTITATIVE	7/1/2008	$17.43	N			
84578		UROBILINOGEN URINE QUALITATIVE	7/1/2008	$4.54	N			
84580		UROBILINOGEN TESTING	7/1/2008	$9.92	N			
84583		UROBILINOGEN TESTING	7/1/2008	$7.02	N			
84585		VMA TEST	7/1/2008	$21.66	N			
84586		VASOACTIVE INTESTINAL PEPTIDE (VIP)	7/1/2008	$49.37	N			
84588		VASOPRESSIN TESTING	7/1/2008	$47.43	N			
84590		VITAMIN A TESTING	7/1/2008	$16.20	N			
84591		VITAMIN ASSAY	7/1/2008	$16.20	N			
84597		VITAMIN K TEST	7/1/2008	$19.15	N			
84600		VOLATILES TESTING	7/1/2008	$22.45	N			
84620		XYLOSE TOLERANCE TEST	7/1/2008	$16.55	N			
84630		ZINC TEST	7/1/2008	$15.91	N			
84645		ZINC SULPHATE TURBIDITY TEST	7/1/2008	$8.10	N			
84681		C-PEPTIDE, ANY METHOD	7/1/2008	$29.07	N			
84702		GONADOTRROPIN CHORIONIC QUANTITATIVE	7/1/2008	$21.03	N			
84703		QUALITATIVE	7/1/2008	$10.49	N			
84704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	1/1/2008	$21.98	N			
84830		OVULATION TESTS BY COLOR COMPARISON FOR HORMONE	7/1/2008	$14.02	N			
84999		UNLISTED CHEMISTRY/TOXICOLOGY TEST		$0.00	N			
85002		IVY TEST	7/1/2008	$6.29	N			
85004		BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	7/1/2008	$8.58	N			
85007		BLOOD COUNT	7/1/2008	$4.81	N			
85008		BLOOD COUNT,MANUAL BLOOD SMEAR EXAM W/O PARAMETERS	7/1/2008	$4.81	N			
85009		BLOOD COUNT	7/1/2008	$4.02	N			
85013		BLOOD COUNT; SPUN MICROGEMATOCRIT	7/1/2008	$3.31	N			
85014		HEMATOCRIT TEST	7/1/2008	$3.31	N			
85018		HEMOGLOBIN TESTING	7/1/2008	$3.31	N			

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85025		HEMOGRAM AND PLATELET COUNT AUTOMATED AND (CBC)	7/1/2008	$10.86	N			
85027		HEMOGRAM AUTOMATED WITH PLATELET COUNT	7/1/2008	$8.58	N			
85032		MANUAL CELL COUNT (ERYTHROCYTE LEUKOCYTE OR PLATELET)	7/1/2008	$6.01	N			
85041		RED BLOOD CELL COUNT	7/1/2008	$4.20	N			
85044		RETICULOCYTE COUNT	7/1/2008	$6.01	N			
85045		RETICULOCYTE COUNT FLOW CYTOMOETRY	7/1/2008	$5.59	N			
85046		BLOOD COUNT RETICULOCYTES AUTOMATED INCLUDING ONE OR MORE CELLULAR PARAMETERS	7/1/2008	$7.80	N			
85048		WHITE BLOOD CELL COUNT	7/1/2008	$3.55	N			
85049		PLATELET AUTOMATED	7/1/2008	$6.25	N			
85060		BLOOD SMEAR, PERIPHERAL BY PHYSICIAN/W WRITTEN REP	7/1/2008	$20.95	N			
85097		SMEAR, INTERP ONLY	1/1/2011	$80.58	N			$85.09
85130		CHROMOGENIC SUBSTRATE ASSAY	7/1/2008	$16.62	N			
85170		CLOT RETRACTION TESTING	7/1/2008	$5.05	N			
85175		CLOT LYSIS TIME WHOLE BLOOD DILUTION	7/1/2008	$6.35	N			
85210		BLOOD CLOTTING FACTORS II	7/1/2008	$18.14	N			
85220		ACG TEST	7/1/2008	$24.66	N			
85230		PROCONVERTIN TEST	7/1/2008	$25.02	N			
85240		AHG TEST	7/1/2008	$14.56	N			
85244		FACTOR VIII RELATED ANTIGEN, QUANITATIVE	7/1/2008	$28.53	N			
85245		CLOTTING;FACTOR VIII,VW FACTOR,RISTOCETIN,COFACTOR	7/1/2008	$32.06	N			
85246		CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	7/1/2008	$32.06	N			
85247		CLOTTING; FACTOR VIII, VON WILLEBRAND'S FACTOR	7/1/2008	$32.06	N			
85250		PTC TEST	7/1/2008	$26.60	N			
85260		STUART-PROWER TEST	7/1/2008	$25.02	N			
85270		PTA TEST	7/1/2008	$25.02	N			
85280		HAGEMANN TEST	7/1/2008	$27.04	N			
85290		PROTHROMBIN TESTING	7/1/2008	$22.83	N			
85291		PROTHROMBIN TESTING	7/1/2008	$12.42	N			
85292		CLOTTING PREKALLIKREIN ASSAY FLETCHER FACTOR ASS	7/1/2008	$26.46	N			
85293		CLOTTING;HIGH MOLECULAR WEIGHT KININDGEN ASSAY	7/1/2008	$26.46	N			
85300		CLOTTING INHIBITOR TESTING	7/1/2008	$16.55	N			
85301		ANTITHROMBIN III, ANTIGEN ASSAY	7/1/2008	$15.11	N			
85302		PROTEIN "C" ASSAY	7/1/2008	$16.80	N			
85303		CLOTTING INHIBITORS; PROTEIN C, ACTIVITY	7/1/2008	$19.32	N			
85305		CLOTTING INHIBITORS PROTERIN S TOTAL	7/1/2008	$16.20	N			
85306		CLOTTING INHIBITORS; PROTEIN S, FREE	7/1/2008	$21.41	N			
85307		ACTIVATED PROTEIN C ASSAY	7/1/2008	$21.41	N			
85320		ANTIPOTHROMBOPLASTIN	7/1/2008	$14.68	N			
85335		FACTOR INHIBITOR TEST	7/1/2008	$17.99	N			
85337		THROMBOMODULIN	7/1/2008	$14.56	N			
85345		COAGULATION TIME TESTING	7/1/2008	$6.01	N			
85347		ACT TEST	7/1/2008	$5.95	N			
85348		OTHER METHODS	7/1/2008	$5.20	N			
85360		EUGLOBULIN LYSIS TEST	7/1/2008	$11.31	N			
85362		FIBRIN DEGRADATN/SPLIT/PRODCTS	7/1/2008	$9.62	N			

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85366		PARACOAGULATION	7/1/2008	$8.97	N			
85370		FIBRIN/DEGRADATION/PRODUCTS; QUANTITATIVE	7/1/2008	$15.87	N			
85378		FIBRIN DEGRADATION PRODUCTS,D-DIMER SEMIQUANTITATI	7/1/2008	$9.97	N			
85379		FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	7/1/2008	$14.22	N			
85380		ULTRASENSITIVE QUALITATIVE OR SEMIQUANTITATIVE	7/1/2008	$14.22	N			
85384		FIBRINOGEN; ACTIVITY	7/1/2008	$11.87	N			
85385		FIBRINOGEN; ANTIGEN	7/1/2008	$11.87	N			
85390		FIBRINOLYSIN TESTING	7/1/2008	$7.22	N			$7.22
85397		COAGULATION & FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOS (EG, ADAMTS-13), EA ANALYTE	1/1/2009	$25.02	N			
85400		PLASMIN TEST	7/1/2008	$12.36	N			
85410		ANTI PLASMIN TEST	7/1/2008	$10.77	N			
85415		FIBRINOLYTIC FACTORS; PLASMINOGEN ACTIVATOR	7/1/2008	$24.02	N			
85420		PLASMINOGEN TEST	7/1/2008	$9.13	N			
85421		FIBRINOLYTIC FACOTRS;PLASINOGEN,ANTIGENIC ASSAY	7/1/2008	$14.23	N			
85441		HEINZ BODIES TESTING	7/1/2008	$5.88	N			
85445		HEINZ BODIES TESTING	7/1/2008	$9.52	N			
85460		FETAL HEMOGLOBIN TEST	7/1/2008	$10.81	N			
85461		FETAL HEMOGLOBIN TEST; ROSETTE	7/1/2008	$9.26	N			
85475		HEMOLYSIN, ACID	7/1/2008	$12.40	N			
85520		HEPARIN ASSAY	7/1/2008	$18.29	N			
85525		HEPARIN NEUTRALIZATION	7/1/2008	$9.08	N			
85530		HEPARIN-PROTAMINE TOLERANCE TEST	7/1/2008	$19.81	N			
85536		IRON STAIN	7/1/2008	$8.06	N			
85540		LEUCOCYTE ALKALINE PHOSPHATASE	7/1/2008	$12.02	N			
85547		MECHANICAL FRAGILITY, RBC	7/1/2008	$12.02	N			
85549		MURAMIDASE TEST	7/1/2008	$26.21	N			
85555		OSMOTIC FRAGILITY TESTING	7/1/2008	$9.34	N			
85557		OSMOTIC FRAGILITY TESTING	7/1/2008	$18.66	N			
85576		ACGREGATION (IN VITRO); ANY AGENT	7/1/2008	$30.01	N			$30.01
85597		PLATELET NEUTRALIZATION	7/1/2008	$25.12	N			
85598		OSPHOLIPID NEUTRALIZATION	1/1/2011	$87.22	N			
85610		PROTHROMBIN TIME	7/1/2008	$5.49	N			
85611		PROTHROMBIN TIME SUBSTITUTION PLASMA FRACTINS EA	7/1/2008	$5.51	N			
85612		RUSSELL VIPER VENOM TEST	7/1/2008	$9.77	N			
85613		RUSSELL VIPER VENOM TIME, DILUTED	7/1/2008	$9.77	N			
85635		REPTILASE TEST	7/1/2008	$10.53	N			
85651		SEDIMENTATION RATE	7/1/2008	$4.96	N			
85652		SEDIMENTATION RATE, ERTHROCYTHE; AUTOMATED	7/1/2008	$3.77	N			
85660		SICKLING OF RBC	7/1/2008	$7.71	N			
85670		THROMBIN TIME TESTING	7/1/2008	$8.07	N			
85675		THROMBIN TIME TESTING	7/1/2008	$9.58	N			
85705		THROMBOPLASTIN INHIBITION; TISSUE	7/1/2008	$13.45	N			
85730		THROMBOPLASTIN TIME TEST	7/1/2008	$8.38	N			
85732		THROMBOPLASTIN TIME, PARTIAL (PPT); SUBSTITUTION PLASMA FRACTIONS, EACH	7/1/2008	$9.04	N			
85810		BLOOD VISCOSITY TEST	7/1/2008	$16.32	N			

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85999		UNLISTED HEMATOLOGY TEST		$0.00	N			
86000		AGGLUTININ TESTING	7/1/2008	$8.97	N			
86001		ALLERGEN SPECIFIC IGG QUANTITIVE OR SEMI QUANTITIVE EACH ALLERGEN	7/1/2008	$5.78	N			
86003		ALLERGEN SPECIFIC IGE; QUANTIVE OR SEMIQUANT., EA.	7/1/2008	$5.78	N			
86005		ALLE%GEN SPECIFIC IGE QUALITATIVE MULTIALLERGEN	7/1/2008	$3.94	N			
86021		ANTIBODY TESTING	7/1/2008	$16.85	N			
86022		ANTIBODY TESTING	7/1/2008	$25.66	N			
86023		ANTIBODY IDENTIFICATION; PLATELET ASSOC IMMUNOASSA	7/1/2008	$17.40	N			
86038		ANTINUCLEAR ANTIBODEIS (ANA), RIA	7/1/2008	$13.78	N			
86039		ANTINUCLEAR ANTIBODIES (ANA); TITER	7/1/2008	$15.60	N			
86060		ANTI STREPTOLYSIN O TITRE TEST	7/1/2008	$10.20	N			
86063		ANTI STREPTOLYSIN O TITRE TEST	7/1/2008	$8.07	N			
86077		BLOOD BANK PHYSICIAN SERVICES DIFFICULT CROSSMATCH	7/1/2008	$45.20	N			
86078		BLOOD BANK PHYSICIAN SERVICES, INVESTIGATEONEACTIO	7/1/2008	$46.20	N			
86079		BLOOD BANK PHY SERV-AUTH FOR DEVIATION FROM STANDA	7/1/2008	$46.20	N			
86140		C-REACTIVE PROTEIN	7/1/2008	$7.23	N			
86141		C-REACTIVE PROTEIN; HIGH SENSITIVITY	7/1/2008	$18.09	N			
86146		BETA 2 GLYCOPROTEIN 1 ANTI-BODY EACH	7/1/2008	$35.54	N			
86147		CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH LG CLASS	7/1/2008	$35.54	N			
86148		ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY	7/1/2008	$20.86	N			
86155		CHEMOTAXIS ASSAY SPECIFY METHOD	7/1/2008	$22.33	N			
86156		COLD AGGLUTININ SCREEN	7/1/2008	$9.36	N			
86157		COLD AGGLUTININ; TITER	7/1/2008	$11.27	N			
86160		COMPLEMENT; ANTIGEN, EACH COMPONENT	7/1/2008	$16.78	N			
86161		COMPLEMENT; FUNCTIONAL ACTIVITY, EA COMPONENT	7/1/2008	$16.78	N			
86162		COMPLEMENT C2 ESTERASE TEST	7/1/2008	$28.39	N			
86171		COMPLEMENT FIXATION TESTS	7/1/2008	$14.00	N			
86185		COUNTER ELECTROPHORESIS	7/1/2008	$12.50	N			
86200		CYCLIC CITRULLINATED PEPTIDE ANTIBODY	9/1/2008	$18.09	N			
86215		DESOXYRIBONUCLEASE TEST	7/1/2008	$18.51	N			
86225		DNA TEST	7/1/2008	$19.20	N			
86226		DEOXYRIBONUCLEIC ACID ANTIBODY; DNA,SINGLE STRANDE	7/1/2008	$16.92	N			
86235		ENA TEST	7/1/2008	$25.06	N			
86243		FC RECEPTOR ASSAY SPECIFY METHOD	7/1/2008	$28.68	N			
86255		FLUORESCENT ANTIBODY TESTING	7/1/2008	$16.84	N			$16.84
86256		FLUORESCENT ANTIBODY TESTING	7/1/2008	$16.84	N			$16.84
86277		GROWTH HORMONE HUMAN (HGH) ANTIBODY RIA	7/1/2008	$21.99	N			
86280		HEMAGGLUTINATION INHIBITION TESTS (HAI) EACH	7/1/2008	$11.44	N			
86294		IMMUNOASSAY TUMOR ANTIGEN QUALITATIVE OR SEMI QUANTITIVE	7/1/2008	$27.41	N			
86299		IGM ANTIBODY	7/1/2008	$17.28	N			
86300		IMMUNOASSAY TUMOR ANTIGEN QUANTITIVE CA 15-3	7/1/2008	$29.07	N			
86301		IMMUNOASSAY TUMOR QUANTITIVE CA 19-9	7/1/2008	$29.07	N			
86304		IMMUNOASSAY TUMOR ANTIGEN QUANTITIVE CA 125	7/1/2008	$29.07	N			
86305		HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	1/1/2010	$29.81	N			
86308		HETERAPHILE ANTIBODIES SCREENING	7/1/2008	$7.23	N			

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86309		HETEROPHILE ANTIBODIES; TITER	7/1/2008	$9.04	N			
86310		HETEROPHILE ANTIBODIES TEST	7/1/2008	$10.30	N			
86316		IMMUNOASSAY FOR TUMOR ANTIGEN	7/1/2008	$29.07	N			
86317		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIGEN/ANTIBODY	7/1/2008	$11.31	N			
86318		IMMUNOASSAY FOR CHEMICAL CONSTITUENT	7/1/2008	$18.09	N			
86320		IMMUNO-ELECTROPHORESIS	7/1/2008	$31.32	N			$31.32
86325		IMMUNO-ELECTROPHORESIS	7/1/2008	$31.24	N			$31.24
86327		IMMUNOELECTROPHORESIS; CROSSED (2 DIMENSION ASSAY)	7/1/2008	$31.70	N			$31.70
86329		IMMUNO-DIFFUSION TESTING	7/1/2008	$13.78	N			
86331		IMMUNO-DIFFUSION TESTING	7/1/2008	$16.75	N			
86332		IMMUNE COMPLEX ASSAY; C1Q BINDING CELL	7/1/2008	$33.85	N			
86334		IMMUNOFIXATION ELECTROPHORESIS	7/1/2008	$31.21	N			$31.21
86335		IMMUNOFIXATION ELECTROPHORESIS; OTHER FLUIDS W/ CONCENTRATION (EG, URINE, CSF)	7/1/2008	$41.00	N			$41.00
86336		INHIBIN A	7/1/2008	$20.95	N			
86337		INSULIN ANTIBODIES	7/1/2008	$29.92	N			
86340		INTRINSIC FACTOR ANTIBODIES RIA	7/1/2008	$21.06	N			
86341		ISLET CELL ANTIBODY	7/1/2008	$27.65	N			
86343		LEUKOCYTE HISTAMINE RELEASE LHR	7/1/2008	$17.41	N			
86344		LEUKOCYTE PHAGOCYTOSIS	7/1/2008	$11.16	N			
86352		CELLULAR FUNCTION ASSAY INVOLVING STIMULATION AND DETECTION OF BIOMARKER.	1/1/2010	$97.30	N			
86353		LYMPHOCYTE TRANSFORMATION	7/1/2008	$68.49	N			
86355		B CELLS, TOTAL COUNT	9/1/2008	$52.70	N			
86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE NOS, EA ANTIGEN	1/1/2008	$39.09	N			
86357		NATURAL KILLER CELLS, TOTAL COUNT	9/1/2008	$52.70	N			
86359		T CELLS; TOTAL COUNT	7/1/2008	$52.70	N			
86360		T CELLS, ABSOLUTE CD4, CD8 INCLUDING RATIO	7/1/2008	$65.65	N			
86361		T CELLS; ABSOLUTE CD4 COUNT	7/1/2008	$37.41	N			
86367		STEM CELLS, TOTAL COUNT		$0.00	N			
86376		MICROSOMAL ANTIBODY (THYROID) RIA	7/1/2008	$20.33	N			
86378		MIGRATION INHIBITION FACTOR TEST (MIF)	7/1/2008	$27.51	N			
86382		NEUTRALIZATION TEST, VIRAL	7/1/2008	$23.62	N			
86384		NITRO-BLUE TETRAZOLIUM TEST	7/1/2008	$15.91	N			
86403		PARTICLE AGGLUTINATION, ANTIBODY, EACH	7/1/2008	$14.24	N			
86406		PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	7/1/2008	$14.87	N			
86430		RHEUMATOID FACTOR LATEX FIXATION	7/1/2008	$7.93	N			
86431		RHEUMATOID FACTOR QUANTITATIVE	7/1/2008	$7.93	N			
86480		TUBERCULOSIS TEST	9/1/2008	$86.59	N			
86481		TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT	1/1/2011	$87.22	N			
86485		SKIN TEST; CANDIDA	7/1/2008	$9.05	N			
86486		SKIN TEST; UNLISTED ANTIGEN, EACH	1/1/2011	$4.28	N			
86490		COCCIDIOIDOMYCOSTS TEST	7/1/2008	$7.39	N			
86510		HISTOPLASMOSIS TEST	7/1/2008	$7.72	N			
86580		TUBERCULOSIS TESTING	1/1/2011	$6.31	N			
86590		STREPTOKINASE ANTIBODY TEST	7/1/2008	$15.41	N			
86592		SYPHILIS TESTS	7/1/2008	$5.96	N			

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86593		SYPHILIS TESTS	7/1/2008	$6.16	N			
86602		ANTIBOYD; ACTINOMYCES	7/1/2008	$14.22	N			
86603		ADENOVIRUS	7/1/2008	$17.98	N			
86606		ANTIBODY; ASPIRGILLUS	7/1/2008	$17.61	N			
86609		ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	7/1/2008	$18.00	N			
86611		BARTONELLA ANTIBODY	7/1/2008	$14.22	N			
86612		ANTIBODY; BLASTOMYCES	7/1/2008	$17.61	N			
86615		ANTIBODY; BORDETELLA	7/1/2008	$18.43	N			
86617		BORRELIA BURGDORFERI CONFIRMATORY TEST	7/1/2008	$21.64	N			
86618		BORRELIA BURGDORFERI (LYME DISEASE)	7/1/2008	$23.80	N			
86619		ANTIBODY; BORRELIA (RELAPSING FEVER)	7/1/2008	$18.69	N			
86622		ANTIBODY; BRUCELLA	7/1/2008	$11.75	N			
86625		ANTIBODY; CAMPYLOBACTER	7/1/2008	$18.33	N			
86628		ANTIBODY; CANDIDA	7/1/2008	$16.78	N			
86631		CHLAMYDIA	7/1/2008	$16.52	N			
86632		CHLAMYDIA IGM	7/1/2008	$17.74	N			
86635		COCCIDIOIDES - ANTIBODY	7/1/2008	$14.94	N			
86638		ANTIBODY; COXIELLA BRUNET11 (Q FEVER)	7/1/2008	$16.94	N			
86641		ANTIBODY; CRYPTOCOCCUS	7/1/2008	$20.14	N			
86644		CYTOMEGALOVIRUS (CMV) - ANTIBODY	7/1/2008	$13.72	N			
86645		ANTIBODY CYTOMEGALOVIRUS CMV IGM	7/1/2008	$16.01	N			
86648		ANTIBODY, DIPTHERIA	7/1/2008	$20.28	N			
86651		ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	7/1/2008	$18.43	N			
86652		ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	7/1/2008	$18.43	N			
86653		ANTIBODY; ENCEPHALITIS, ST. LOUIS	7/1/2008	$18.43	N			
86654		ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	7/1/2008	$18.43	N			
86658		ANTIBODY; ENTEROVIRUS (EG,COXSACKIE,ECHO,POLIO)	7/1/2008	$18.20	N			
86663		EPSTEIN BARR VIRUS EARLY ANTIGEN(EA); ANTIBODY	7/1/2008	$18.33	N			
86664		EPSTEIN BARR(EB)VIRUS,NUCLEAR ANTGEN(EBNA);ANTIBOD	7/1/2008	$21.38	N			
86665		EPSTEIN BARR(EB)VIRUS,VIRAL CAPSID(VCA); ANTIDODY	7/1/2008	$24.55	N			
86666		ANTIBODY EHRLICHIA	7/1/2008	$14.22	N			
86668		ANTIBODY; FRANCISELLA TULARENSIS	7/1/2008	$10.68	N			
86671		ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	7/1/2008	$17.13	N			
86674		GIARDIA LAMBLIA	7/1/2008	$20.56	N			
86677		ANTIBODY HELICOBACTER PYLORI	7/1/2008	$20.28	N			
86682		ANTIBODY; HELMINTH, NOTE ELSEWHERE SPECIFIED	7/1/2008	$18.17	N			
86683		ANTIBODY HEMOGLOBIN FECAL	7/1/2008	$3.73	N			
86684		ANTIBODY; HEMOPHILUS INFLUENZA	7/1/2008	$22.14	N			
86687		HTLV 1 ANTIBODY DETECTION IMMUNOASSAY	7/1/2008	$11.72	N			
86688		ANTIBOYD; HTLV-11	7/1/2008	$19.57	N			
86689		CONFIRMATORY TEST	7/1/2008	$27.05	N			
86692		ANTIBODY; HEPATITIS, DELTA AGENT	7/1/2008	$17.87	N			
86694		ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	7/1/2008	$13.72	N			
86695		ANTIBODY; HERPES SIMPLEX, TYPE 1	7/1/2008	$8.53	N			
86696		ANTIBODY HERPES SIMPLEX TYPE 2	7/1/2008	$27.05	N			

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86698		ANTIBODY; HISTOPLASMA	7/1/2008	$17.46	N			
86701		HIV-1	7/1/2008	$12.41	N			
86702		ANTIBODY; HIV-2	7/1/2008	$17.08	N			
86703		HIV-1 AND HIV-2 SINGLE ASSAY	7/1/2008	$19.17	N			
86704		HEPATITIS B CORE ANTIBODY; (HBCAB); 1GG AND 1GM	7/1/2008	$16.84	N			
86705		HEPATITIS B CORE ANTIBODY (HBCAB); 1GM ANTIBODY	7/1/2008	$16.44	N			
86706		HEPATITIS B SURFACE ANTIBODY (HBSAB)	7/1/2008	$15.01	N			
86707		HEPATITIS BE ANTIBODY (HBEAB)	7/1/2008	$16.16	N			
86708		HEPATITUS A ANTIBODY; IGG-IGM	7/1/2008	$17.31	N			
86709		HEPATITIS A ANTIBODY (HAAB); 1GM ANTIBODY	7/1/2008	$15.73	N			
86710		ANTIBODY; INFLUENZA VIRUS	7/1/2008	$13.87	N			
86713		ANTIBODY; LEGIONELLA	7/1/2008	$12.27	N			
86717		ANTIBODY; LEISHMANIA	7/1/2008	$17.12	N			
86720		ANTIBODY; LEPTOSPIRA	7/1/2008	$12.27	N			
86723		ANTIBODY; LISTERIA MONOCYTOGENES	7/1/2008	$18.43	N			
86727		ANTIBODY; LYMPHOCYTIC CHORIOMENGINGITIS	7/1/2008	$17.98	N			
86729		ANTIBODY; LYMPHOGRANULOMA VENEREUM	7/1/2008	$16.69	N			
86732		ANTIBODY; MUCORMYCOSIS	7/1/2008	$18.43	N			
86735		ANTIBODY; MUMPS	7/1/2008	$18.23	N			
86738		ANTIBODY; MYCOPLASMA	7/1/2008	$18.51	N			
86741		ANTIBODY; NEISSERIA MENINGITIDIS	7/1/2008	$18.43	N			
86744		ANTIBODY; NOCARDIA	7/1/2008	$18.43	N			
86747		ANTIBODY; PARVOVIRUS	7/1/2008	$21.00	N			
86750		ANTIBODY; PLASMODIUM (MALARIA)	7/1/2008	$18.43	N			
86753		ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	7/1/2008	$17.32	N			
86756		ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	7/1/2008	$18.01	N			
86757		ANTIBODY RICKETTSIA	7/1/2008	$27.05	N			
86759		ROTAVIRUS	7/1/2008	$18.43	N			
86762		RUBELLA	7/1/2008	$13.72	N			
86765		ANTIBODY; RUBEOLA	7/1/2008	$18.00	N			
86768		ANTIBODY; SALMONELLA	7/1/2008	$18.43	N			
86771		ANTIBODY; SHIGELLA	7/1/2008	$18.43	N			
86774		ANTIBODY; TETANUS	7/1/2008	$20.68	N			
86777		ANTIBODY; TOXOPLASMA	7/1/2008	$13.72	N			
86778		ANTIBODY; TOXOPLASMA, LGM	7/1/2008	$14.94	N			
86780		TREPONEMA PALLIDUM	1/1/2010	$18.97	N			
86784		ANTIBODY; TRICHINELLA	7/1/2008	$16.01	N			
86787		ANTIBODY; VARICELLA-ZOSTER	7/1/2008	$18.00	N			
86788		ANTIBODY; WEST NILE VIRUS, IGM	9/1/2008	$16.01	N			
86789		ANTIBODY; WEST NILE VIRUS	9/1/2008	$13.72	N			
86790		ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	7/1/2008	$18.00	N			
86793		ANTIBODY; YERSINIA	7/1/2008	$18.43	N			
86800		THYROGLOBULIN ANTIBODY RIA	7/1/2008	$22.22	N			
86803		HEPATITIS C ANTIOBODY	7/1/2008	$19.94	N			
86804		HEPATITIS C ANTIOBODY; CONFIRMATORY TEST	7/1/2008	$21.64	N			

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86805		LYMPHOCYTOTOSICITY ASSAY VISUAL CROSSMATCH W/TITRA	7/1/2008	$61.66	N		$33.91	$27.75
86806		LYMPHOCYTOTOXICITY ASSAY,VISUAL; W/O TITRATION	7/1/2008	$30.84	N			
86807		SERUM SCREENING FOR CYTOTOXIC PRA;STANDARD METHOD	7/1/2008	$55.29	N			
86808		SERUM SCREEN FO CYTOTOXIC PRA QUICK METHOD	7/1/2008	$41.47	N			
86812		TISSUE TYPING, HLA TYPING, A,B,C, SINGLE ANTIGEN	7/1/2008	$36.06	N			
86813		TISSUE TYPING FOR TRANSPLANT INCL DONOR CROSSMATCH	7/1/2008	$81.02	N			
86816		HLA TYPING, DR, SINGLE ANTIGEN	7/1/2008	$38.92	N			
86817		HLA TYPING, DR, MULTIPLE ANTIGENS	7/1/2008	$89.95	N			
86821		LYMPHOCYTE CULTURE, MIXED (MLC)	7/1/2008	$78.88	N			
86822		TISSUE TYPING/LYMPHOCYTE (PLC)	7/1/2008	$51.07	N			
86825		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC FIRST SERUM SAM	1/1/2010	$115.04	N			
86826		EACH ADDITIONAL SERUM SAMPLE OR SAMPLE SOLUTION (SP)		$0.00	N			
86849		UNLISTED IMMUNOLOGY PROCEDURE		$0.00	Y			
86850		ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	7/1/2008	$11.16	N			
86860		ANTIBODY ELUTION (RBC) EACH ELUTION	7/1/2008	$19.60	N			
86870		ANTIBODY ID, RBC ANTIBODIES, EA PANEL FOR EA SERUM	7/1/2008	$11.80	N			
86880		ANTIHUMAN GLOBULIN TEST (COOMB) DIRECT EA ANTISERU	7/1/2008	$7.50	N			
86885		INDIRECT; QUALITATIVE, EACH ANTISERUM	7/1/2008	$5.73	N			
86886		ANTIHUMAN G BULIN TEST INDIRECT TITER EA ANTISERU	7/1/2008	$7.23	N			
86890		AUT0LOGOUS BLOOD OR COMPONENT; COLLECTION, PROCESSING, STORAGE, PREDEPOSITED	7/1/2008	$39.80	N			
86891		AUTOLOGOUS BLOOD/COMPONENT; INTRA OR POSTOPERATIVE	7/1/2008	$25.02	N			
86900		BLOOD TYPING ABO	7/1/2008	$4.17	N			
86901		BLOOD TYPING RH (D)	7/1/2008	$4.17	N			
86902		BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN TEST	1/1/2011	$5.38	N			
86903		ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIEN	7/1/2008	$13.19	N			
86904		BLOOD TYPING;ANTIGEN USING PATIENT SERUM, PER UNIT	7/1/2008	$13.28	N			
86905		BLOOD TYPING;RBC ANTIGENS,OTHER THAN ABO/RH(D),EA	7/1/2008	$5.34	N			
86906		BLOOD TYPING, RH PHENOTYPING, COMPLETE	7/1/2008	$10.83	N			
86910		BLOOD TYPING; PATERNITY TEST,ABO,RH,MN	7/1/2008	$25.24	N			
86911		BLOOD TYPING;PATERNITY TEST, EA ADDITION ANTIGEN	7/1/2008	$8.24	N			
86920		COMPATIBILITY TEST EA UNIT;IMMEDIATE SPIN TECHNIQU	7/1/2008	$19.18	N			
86921		COMPATIBILITY TEST; EACH INCUBATION TECHNIQUE	7/1/2008	$21.60	N			
86922		COMPATABILITY TEST,(EACH) ANTIGLOBULIN TECHNIQUE	7/1/2008	$22.60	N			
86923		COMPATIBILITY TEST, EACH UNIT		$0.00	N			
86927		FRESH FROZEN PLASMA, THAWING, EACH UNIT	7/1/2008	$17.06	N			
86930		FROZEN BLOOD, PREPARATION FOR FREEZING,EACH UNIT	7/1/2008	$25.02	N			
86931		FROZEN BLOOD,PREPARATION FOR FREEZING; W/THAWING	7/1/2008	$25.02	N			
86932		FROZEN BLOOD PREP FOR FREEZ, W/FREEZE & THAWING	7/1/2008	$25.02	N			
86940		HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH	7/1/2008	$9.71	N			
86941		HEMOLYSINS AND AGGLUTININS, EACH; INCUBATED	7/1/2008	$16.92	N			
86945		IRRADIATION OF BLOOD PRODUCT EACH UNIT		$0.00	N			
86950		LEUKOCYTE TRANSFUSION		$0.00	N			
86960		VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT, EACH UNIT		$0.00	N			
86965		POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	7/1/2008	$4.67	N			
86970		PRETREAT RBC'S FOR USE IN ANTIBODY DETECTION,IDENTI		$0.00	N			

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86971		INCUBATION WITH ENZYMES, EACH		$0.00	N			
86972		BY DENSITY RADIENT SEPARATION		$0.00	N			
86975		PRETREAT SERUM TO USE IN RBC ANTI IDENT,INCUBAT W/		$0.00	N			
86976		BY DILUTION		$0.00	N			
86977		INCUBATION WITH INHIBITORS, EACH		$0.00	N			
86978		BY DIFFERNTIAL RED CELL ABSORPTION USING PATIENT R		$0.00	N			
86985		SPLITTING OF BLOOD OR BLOOD PRODUCTS EA UNIT		$0.00	N			
86999		UNLISTED TRANSFUSION MEDICINE PROCEDURE		$0.00	N			
87001		ANIMAL INOCULATION	7/1/2008	$6.50	N			
87003		ANIMAL INOCULATION	7/1/2008	$23.52	N			
87015		CONCENTRATN FOR PARASITES ETC	7/1/2008	$9.33	N			
87040		CULTURE, BACTERIAL	7/1/2008	$14.42	N			
87045		CULTURE, BACTERIAL	7/1/2008	$13.18	N			
87046		CULTURE BACTERIAL STOOL AEROBIC ADDITIONAL PATHOGENS ISOLATION PRESUMPTIVE ID	7/1/2008	$13.18	N			
87070		CULTURE, BACTERIAL	7/1/2008	$12.03	N			
87071		CULTURE QUANTITIVE AEROBIC ANY SOURCE EXCEPT BLOOD URINE OR STOOL	7/1/2008	$13.18	N			
87073		CULTURE QUANTITIVE ANAEROBIC WITH ISOLATION ANY SOURCE EXCEPT URINE,BLOOD,STOOL	7/1/2008	$13.18	N			
87075		CULTURE, BACTERIAL	7/1/2008	$13.22	N			
87076		CULTURE, BACTERIAL	7/1/2008	$11.29	N			
87077		CULTURE AEROBIC ADDITIONAL METHODS FOR DEFINITIVE ID EACH ISOLATE	7/1/2008	$11.29	N			
87081		CULTURE, BACTERIAL	7/1/2008	$6.88	N			
87084		WITH COLONY ESTIMATION FROM DENSITY CHART	7/1/2008	$9.77	N			
87086		CULTURE, BACTERIAL	7/1/2008	$11.28	N			
87088		CULTURE, BACTERIAL	7/1/2008	$11.31	N			
87101		CULTURE, FUNGI	7/1/2008	$10.77	N			
87102		CULTURE, FUNGI	7/1/2008	$10.39	N			
87103		CULTURE-BLOOD	7/1/2008	$12.60	N			
87106		CULTURE, FUNGI	7/1/2008	$14.42	N			
87107		CULTURE MOLD	7/1/2008	$14.42	N			
87109		CULTURE, MYCOPLASMA	7/1/2008	$10.39	N			
87110		CULTURE, CHLAMYDIA	7/1/2008	$27.37	N			
87116		CULTURE, TUBERCLE BACILLI	7/1/2008	$15.10	N			
87118		CULTURE, TUBERCLE BACILLI	7/1/2008	$15.29	N			
87140		CULTURE, TYPING	7/1/2008	$5.73	N			
87143		CULTURE, TYPING	7/1/2008	$17.51	N			
87147		CULTURE, TYPING	7/1/2008	$7.23	N			
87149		CULTURE ID NUCLEIC ACID PROBE	7/1/2008	$28.02	N			
87150		INDENTIFITION BY NUCLEIC ACID PROBE DIRECT PROBE TECHNIQ, PER CULTURE OR ISOLATE	1/1/2010	$50.27	N			
87152		CULTURE ID PULSE FIELD GEL TYPING	7/1/2008	$7.31	N			
87153		IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD, EACH ISOLATE	1/1/2010	$127.04	N			
87158		CULTURE, TYPING	7/1/2008	$7.31	N			
87164		DARK FIELD EXAMINATION ANY SOURCE INCLUDES COLLECT	7/1/2008	$15.01	N			$15.01
87166		DARK FIELD EXAMINATION	7/1/2008	$15.78	N			
87168		MACROSCOPIC EXAM ANTHROPOD	7/1/2008	$5.96	N			
87169		MACROSCOPIC EXAMINATION PARASITE	7/1/2008	$5.96	N			

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87172		PINWORM EXAM	7/1/2008	$5.96	N			
87176		ENDOTOXIN TESTING	7/1/2008	$8.22	N			
87177		OVA AND PARASITES SMEARS	7/1/2008	$12.43	N			
87181		SENSITIVITY STUDIES	7/1/2008	$6.64	N			
87184		SENSITIVITY STUDIES	7/1/2008	$9.63	N			
87185		SUSCEPTIBILITY STUDIES ENZYME DETECTION PER ENZYME	7/1/2008	$6.64	N			
87186		SENSITIVITY STUDIES	7/1/2008	$12.08	N			
87187		MINIMUM BACTERICIDAL CONCENTRACTION (ADD-ON)	7/1/2008	$12.33	N			
87188		SENSITIVITY STUDIES	7/1/2008	$9.27	N			
87190		SENSITIVITY STUDIES	7/1/2008	$7.90	N			
87197		SERUM BACTERICIDAL TITER	7/1/2008	$20.99	N			
87205		STAINS/SMEARS	7/1/2008	$5.96	N			
87206		STAINS/SMEARS	7/1/2008	$7.50	N			
87207		STAINS/SMEARS	7/1/2008	$8.37	N			$8.37
87209		SMEAR, PRIMARY SOURCE WITH INTERPRETATION	7/1/2008	$25.11	N			
87210		WET MOUNT	7/1/2008	$5.96	N			
87220		TISSUE EXAMINATION FOR FUNGI (EG KOH SLIDE)	7/1/2008	$5.96	N			
87230		TOXIN OR ANTITOXIN ASSAY,TISSUE CULTURE(EG CLOSTRI	7/1/2008	$16.26	N			
87250		VIRUS, INOCULATION	7/1/2008	$27.32	N			
87252		VIRUS IDENTIFICATION	7/1/2008	$22.20	N			
87253		TISSUE CULTURE ADDITIONAL STUDIES(EG HEMADSORPTION	7/1/2008	$28.22	N			
87254		VIRUS ISOLATION SHELL VIAL W/IDENTIFICATION IMMUNOFLUORESCENCE STAIN EACH VIRUS	7/1/2008	$27.32	N			
87255		INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD	7/1/2008	$37.02	N			
87260		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH; ADENOVIR	7/1/2008	$16.28	N			
87265		BORDETELLA PERTUSSIS/PARAPERTUSIS	7/1/2008	$16.28	N			
87269		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; GIARDIA	7/1/2008	$16.28	N			
87270		CHLAMYDIA TRACHOMATIS AG, DFA	7/1/2008	$16.28	N			
87271		CYTOMEGALOVIRUS DIRECT FLUORESCENT ANTIBODY (DFA)	7/1/2008	$16.28	N			
87272		CRYPTOSPORIDUM/GIARDIA AGDFA	7/1/2008	$16.28	N			
87273		INFECTIOUS AGENT ANTIGEN HERPES SIMPLEX VIRUS TYPE 2	7/1/2008	$16.28	N			
87274		HERPES SIMPLEX VIRUS AG, DFA	7/1/2008	$16.28	N			
87275		INFECTIOUS AGENT ANTIGEN BY IMMUNOFLUROESCENTE INFLUENZA B VIRUS	7/1/2008	$16.28	N			
87276		INFLUENZA A VIRUS AG, DFA	7/1/2008	$16.28	N			
87277		INFECTIOUS AGENT ANTIGEN DETECT BY IMMUNOFLUORESCENT LEGIONELLA MICDADEI	7/1/2008	$16.28	N			
87278		LEGIONELLA PNEUMOPHILA, AGDFA	7/1/2008	$16.28	N			
87279		INFECTIOUS AGENT ANTIGEN PARAINFLUENZA VIRUS EACH TYPE	7/1/2008	$16.28	N			
87280		RESPIRATORY SYNCYTIAL VIRUS	7/1/2008	$16.28	N			
87281		ANTIGEN DETECTION BY I.F. PHEUMOCYSTIS CARINII	7/1/2008	$16.28	N			
87283		ANTIGEN DETECTION BY I.F. RUBEOLA	7/1/2008	$16.28	N			
87285		TREPONEMA PALLIDUM AG, DFA	7/1/2008	$16.28	N			
87290		VARICELLA ZOSTER VIRUS, AGDFA	7/1/2008	$16.28	N			
87299		INFECTION AGENT ANTIGEN DETECTION BY FLOURESCENT ANTIBODY TECHNIQUE, NOS	7/1/2008	$16.28	N			
87300		ANTIGEN DETECTION BY I.F. POLYVALENT	7/1/2008	$16.28	N			
87301		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECH. QUALITATIVE/SEMI. MULTIP	7/1/2008	$16.28	N			
87305		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE	9/1/2008	$16.28	N			

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87320		CHLAMYDIA TRACHOMATIC AG, EIA	7/1/2008	$16.28	N			
87324		CLOSTRIDIUM DIFFICILE TOXIN A	7/1/2008	$16.28	N			
87327		ANTIGEN DETECTION BY EIA CRYPTOCOCCUS NEOFORMANS	7/1/2008	$16.28	N			
87328		CRYPTOSPORIDUM/GIARDIA,AGEIA	7/1/2008	$16.28	N			
87329		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; GIARDIA	7/1/2008	$16.28	N			
87332		CYTOMEGALOVIRUS, AG, EIA	7/1/2008	$16.28	N			
87335		ESHERICHIA COLI 0157	7/1/2008	$16.28	N			
87336		ANTIGEN DETECTION BY EIA ENTAMOEBA HISTOLYTICA DISPAR GROUP	7/1/2008	$16.28	N			
87337		ANTIGEN DETECTION BY EIA ENTAMOEBA HISTOLYTICA GROUP	7/1/2008	$16.28	N			
87338		HELICOBACTER PYLORI, STOOL	7/1/2008	$20.10	N			
87339		ANTIGEN DETECTION BY EIA H PYLORI	7/1/2008	$16.28	N			
87340		HEPATITUS B SURFACE ANTIGEN HBSAG	7/1/2008	$14.43	N			
87341		ANTIGEN DETECTION BY EIA, HEPATITIS B SURFACE	7/1/2008	$14.43	N			
87350		HEPATITUS BE ANTIGEN (HBEAG)	7/1/2008	$16.10	N			
87380		HEPATITUS DELTA AGENT	7/1/2008	$22.94	N			
87385		HISTOPLASMA CAPSULATUM-AGEIA	7/1/2008	$16.28	N			
87390		HIV-1 AG, EIA	7/1/2008	$24.65	N			
87391		HIV-2, AG, EIA	7/1/2008	$24.65	N			
87400		INFLUENZA, A OR B, EACH	7/1/2008	$16.28	N			
87420		RESPIRATORY SYNCYTIAL VIRUS AG EIA	7/1/2008	$16.28	N			
87425		ROTAVIRUS AG, EIA	7/1/2008	$16.28	N			
87427		SHIGA-LIKE TOXIN	7/1/2008	$16.28	N			
87430		STREPTOCOCCUS, GROUP A AGEIA	7/1/2008	$16.28	N			
87449		INFECTIOUS AGENT ANTIGEN-ENZYME IMMUNOASSAY TECH.QUAL/SEMIQUAL.MULTIPLE STEP NOS	7/1/2008	$16.28	N			
87450		SINGLE STEP METHOD NOS	7/1/2008	$9.88	N			
87451		INFECTIOUS AGENT ANTIGEN; MULTIPLE STEP METHOD, EACH POLYVALENT ANTISERUM	7/1/2008	$9.88	N			
87470		INFECTIOUS AGENT DETECT. DNA/RNA;BARTONELLA HENSELAE/QUINTANA,DIRECT PROBE TECH.	7/1/2008	$28.02	N			
87471		BARTONELLA HENSELAE/QUINTANA AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87472		BARTONELLA HENSELAE/QUINTANA, QUANTIFICATION	7/1/2008	$59.85	N			
87475		BORRELIA BURGDORFERI, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87476		BORRELIA BURGDORFERI, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87477		BORRELIA BURGDORFERI, QUANTIFICATION	7/1/2008	$59.85	N			
87480		CANDIDA SPECIES, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87481		CANDIDA SPECIES, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87482		CANDIDA SPECIES, QUANTIFICATION	7/1/2008	$58.33	N			
87485		CHLAMYDIA PNEUMONIAE, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87486		CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87487		CHLAMYDIA PNEUMONIAE, QUANTIFICATION	7/1/2008	$59.85	N			
87490		CHLAMYDIA TRACHOMATIS, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87491		CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87492		CHLAMYDIA TRACHOMATIS, QUANTIFICATION	7/1/2008	$48.84	N			
87493		CLOSTRDIUM DIFFICILE, TOXIN GENE(S), AMPLIFEID PROBE TECHNIQUE	1/1/2010	$50.27	N			
87495		CYTOMEGALOVIRUS, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87496		CYTOMEGALOVIRUS, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87497		CYTOMEGALOVIRUS, QUANTIFICATION	7/1/2008	$59.85	N			

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87498		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ENTEROVIRUS		$0.00	N			
87500		NFECTIOUS AGENT DETECTION BY NUCLEIC ACID; VANCOMYCIN RESISTANCE	1/1/2008	$51.25	N			
87501		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; INFLUENZA VIRUS, EACH TYPE OR SUBTYPE	1/1/2011	$72.22	N			
87502		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; INFLUENZA VIRUS, MULTIPLE TYPE OR SUBTYPE	1/1/2011	$119.75	N			
87503		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; INFLUENZA VIRUS, MULTIPLE OR SUBTYPE EACH ADDTL	1/1/2011	$29.22	N			
87510		GARDNERELLA VAGINALIS, DIRECT PROB TECHNIQUE	7/1/2008	$28.02	N			
87511		GARDERELLA VAGIALIS, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87512		GARDNERELLA VAGINALIS, QUANTIFICATION	7/1/2008	$58.33	N			
87515		HEPATITUS B VIRUS, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87516		HEPATITUS B VIRUS, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87517		HEPATITUS B VIRUS, QUANTIFICATION	7/1/2008	$59.85	N			
87520		HEPATITUS C, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87521		HEPATITIS C, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87522		HEPATITUS C, QUANTIFICATION	7/1/2008	$59.85	N			
87525		HEPATITUS G, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87526		HEPATITUS G, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87527		HEPATITUS G, QUANTIFICATION	7/1/2008	$58.33	N			
87528		HERPES SIMPLEX VIRUS, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87529		HERPES SIMPLEX VIRUS, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87530		HERPES SIMPLEX VIRUS, QUANTIFICATION	7/1/2008	$59.85	N			
87531		HERPES VIRUS-6, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87532		HERPES VIRUS-6, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87533		HERPES VIRUS-6,DNA, QUANT.	7/1/2008	$58.33	N			
87534		HIV-1, DNA, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87535		HIV-1,DNA AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87536		HIV-I, QUANTIFICATION	7/1/2008	$118.89	N			
87537		HIV-2, DNA, DIRECT PROBE TECH.	7/1/2008	$28.02	N			
87538		HIV-2,DNA,AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87539		HIV-2, DNA, QUANTIFICATION	7/1/2008	$59.85	N			
87540		LEGIONELLA PNEUMOPHILA, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87541		LEGIONELLA PNEUMOPHILA, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87542		LEGIONELLA PNEUMOPHILA, QUANTIFICATION	7/1/2008	$58.33	N			
87550		MYCOBACTERIA SPECIES,DNA, DIRECT PROBE	7/1/2008	$28.02	N			
87551		MYCOBACTERIA SPECIES AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87552		MYCOBACTERIA SPECIES, DNA, QUANTIFICATION	7/1/2008	$59.85	N			
87555		MYCOBACTERIA TUBERCULOSIS, DIRECT PROBE	7/1/2008	$28.02	N			
87556		MYCOBACTERIA TUBERCULOSIS, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87557		MYCOBACTERIA TUBERCULOSIS, QUANTIFICATION	7/1/2008	$59.85	N			
87560		MYCOBACTERIA AVIUM-INTRACELLULARE, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87561		MYCOBACTERIA AVIUM-INTRACELLULARE, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87562		MYCOBACTERIA AVIUM-INTRACELLULARE, QUANTIFICATION	7/1/2008	$59.85	N			
87580		MYCOPLASMA PNEUMONIAE, DIRECT PROBE	7/1/2008	$28.02	N			
87581		MYCOPLASMA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87582		MYCOPLASMA PNEUMONIAE, QUANTIFICATION	7/1/2008	$58.33	N			
87590		NIESSERIA GONORRHOEAE, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			

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87591		NEISSERIA GONORRHOEAE, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87592		NEISERIA GONORRHOEAE, QUANTIFICATION	7/1/2008	$59.85	N			
87620		PAPILLOMAVIRUS, HUMAN DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87621		PAPILLOMAVIRUS, HUMAN, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87622		PAPILLOMAVIRUS, HUMAN, QUANTIFICATION	7/1/2008	$58.33	N			
87640		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA);	9/1/2008	$49.04	N			
87641		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	9/1/2008	$49.04	N			
87650		STREPTOCOCCUS, GROUP A, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87651		STREPTOCCOCUS, GROUP A, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87652		STREPTOCOCCUS, GROUP A, QUANTIFICATION	7/1/2008	$58.33	N			
87653		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GROUP B	9/1/2008	$49.04	N			
87660		INFECTIOUS AGENT DET BY NUCLEIC ACID. TRICH, VAGINALIS DIRECT PROBE TECH	7/1/2008	$28.02	N			
87797		INFECTIOUS AGENT DETECTION-NUCLEIC ACID, NOS, DIRECT PROBE TECHNIQUE	7/1/2008	$28.02	N			
87798		INFECTIOUS AGENT DETECTION-NUCLEIC ACID,NOS, AMPLIFIED PROBE TECHNIQUE	7/1/2008	$49.04	N			
87799		INFECTIOUS AGENT DETECTION-NUCLEIC ACID, NOS, QUANTIFICATION	7/1/2008	$59.85	N			
87800		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID, MULTIPLE ORGANISMS, DIRECT PROBE(S)	7/1/2008	$56.03	N			
87801		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; AMPLIFIED PROBE(S) TECHNIQUE	7/1/2008	$98.07	N			
87802		STREP DETECTION IMMUNOASSAY DETECTION WITH OPTIC	7/1/2008	$16.28	N			
87803		CLOSTRIDIUM DIFFICILE TOXIN A IMMUNOASSAY DETECTION WITH OPTIC	7/1/2008	$16.28	N			
87804		INFLUENZA IMMUNOASSAY DETECTION WITH OPTIC	7/1/2008	$16.28	N			
87807		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY W/ DIRECT OPTICAL OBSERVATION	7/1/2008	$16.28	N			
87808		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY W/DIRECT OPTICAL OBSERV;	9/1/2008	$16.28	N			
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY W/DIRECT OPTICAL OBSER	9/1/2008	$16.28	N			
87810		INFECTIOUS AGENT DETECTION-IMMUNOASSAY W/DIRECT OPTICAL OBSER CHLAMYDIA TRACHOMA	7/1/2008	$16.28	N			
87850		NEISSERIA GONORRHOEAE W/OPTICAL OBSERVATIONS; INFECTIOUS AGENT DETECT.-IMMUNOASS	7/1/2008	$16.28	N			
87880		STREPTOCOCCUS A W/OPTICAL OBERSERVATION; INFECTIOUS AGENT DETECT.-IMMUNOASSAY	7/1/2008	$16.28	N			
87899		INFECT.AG.DETECT, NOS, W/OPTICAL OBSERVATION-BY IMMUNOASSAY	7/1/2008	$16.28	N			
87900		INFECTIOUS AGENT DRUG SUSCEPTIBILITY	7/1/2008	$111.00	N			
87901		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID, HIV 1 TRANSCRIPTASE/PROTEASE	7/1/2008	$194.37	N			
87902		HEPATITIS C VIRUS GENOTYPE ANALYSIS	7/1/2008	$194.37	N			
87903		PHENOTYPE BY DNA/RNA, HIV 1	7/1/2008	$544.68	Y			
87904		PHENOTYPE BY DNA/RNA, HIV 1 (ADD-ON)	7/1/2008	$22.20	Y			
87905		INFECTIOUS AGENT ENZYMATIC ACTIVITY OTH VIRUS (EG, SIALIDASE ACTIV/VAG FLUID)		$0.00	N			
87906		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID; HIV-1, OTHER REGION	1/1/2010	$181.14	N			
87999		UNLISTED MICROBIOLOGY TEST		$0.00	N			
88104		CYTOPATHOLOGY	7/1/2008	$53.46	N		$6.95	$46.51
88106		CYTOPATHOLOGY	7/1/2008	$67.47	N		$8.10	$59.37
88107		CYTOPATHOLOGY	7/1/2008	$85.53	N		$9.41	$76.12
88108		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE SMEAR INTERP	7/1/2008	$64.13	N		$8.98	$55.15
88112		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE W/ INTERPRETATION	1/1/2011	$95.70	N		$40.30	$55.40
88120		CYTOPATHOLOGY, 3-5 MOLECULAR PROBES, EACH SPECIMEN; MANUAL		$0.00	N			
88121		CYTOPATHOLOGY, 3-5 MOLECULAR PROBES, EACH SPECIMEN; USING COMPUTER-ASSISTED TECHNOLOGY		$0.00	N			
88125		CYTOPATHOLOGY	7/1/2008	$17.15	N		$1.03	$16.12
88130		BARR BODIES TEST	7/1/2008	$21.02	N			
88140		DRUMSTICKS TEST	7/1/2008	$11.17	N			

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88141		CYTOPATHOLOGY, CERVICAL OR VAGINAL W/INTERPRETATION ONLY (ADD-ON)	7/1/2008	$23.15	N			
88142		CYTOPATHOLOGY, CERVICAL/VAGINAL. AUTOMATED THIN LAYER PREP. BY SUPERVISED TECH	7/1/2008	$28.31	N			
88143		CYTOPATHOLOGY CERVIC VAGINAL-MANUAL SCREEN & RESCREEN-PHYSICIAN SUPERVISION	7/1/2008	$28.31	N			
88147		CYTOPATHOLOGY SMEARS; CERVIC VAGINAL SCRN BY AUTOMATED SYSTEM; PHYS SUPERVISION	7/1/2008	$14.76	N			
88148		CYTOPATHOLOGY SMEARS CERVIC VAGINAL SCREEN AUTO SYS PHY SUPERVISION	7/1/2008	$14.76	N			
88150		PAPANICOLAOU SMEAR	7/1/2008	$14.76	N			
88152		CYTOPATHOLOGY SMEARS-UP TO 3, MANUAL TECH.SCREENING & AUTO RESCREENS-SUPERVISED	7/1/2008	$14.76	N			
88153		CYTOPATHOLOGY SLIDES W/MANUAL SCREENING/RESCREENING UNDER PHYSICIAN SUPERVISION	7/1/2008	$14.76	N			
88154		CYTOPATHOLOGY SLIDES; W/MANUAL SCREENING/COMPUTER ASSIST RESCREENING	7/1/2008	$14.76	N			
88155		SMEARS (ADD-ON)	7/1/2008	$8.37	N			
88160		SMEARS	7/1/2008	$46.55	N		$5.12	$41.43
88161		CYTOPATHOGY, ANY OTHER SOURCE, PREP, SCREEN/INTERP	1/1/2011	$49.70	N		$26.37	$23.33
88162		EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/ORAMU	7/1/2008	$69.84	N		$17.46	$52.38
88164		CYTOPATHOLOGY SLIDES; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	7/1/2008	$14.76	N			
88165		CYTOPATHOLOGY SLIDES; W/MANUAL SCREENING/RESCREENING UNDER PHYSICIAN SUPERVIS	7/1/2008	$14.76	N			
88166		CYTOPATHOLOGY SLIDES; W/MANUAL SCREENING/COMPUTER ASSISTED RESCREENING	7/1/2008	$14.76	N			
88167		CYTOPATHOLOGY SLIDES; W/MANUAL SCREENING/COMPUTER ASSISTED RESCREENING	7/1/2008	$14.76	N			
88172		EVALUATION NEEDLE ASPIRATE W/WO PREP OF SMEARS	7/1/2008	$46.64	N		$7.00	$39.64
88173		INTERP & REPORT	7/1/2008	$119.87	N		$14.38	$105.49
88174		CYTOPATHOLOGY, CERVICAL OR VAGINAL COLLECTED IN PRESERVATIVE FLUID AUTOMATED THI	7/1/2008	$29.85	N			
88175		WITH SCREENING BY AUTOMATED SYSTEM & MANUAL RESCREENING UNDER PHYSICIAN SUPERVIS	7/1/2008	$36.31	N			
88182		FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	7/1/2008	$93.63	N		$14.98	$78.65
88184		FLOW CYTOMETRY, CELL SURFACE, SYTOPLASMIC, OR NUCLEAR MARKER - FIRST	7/1/2008	$63.44	N			
88185		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER,TECH COMP,EA ADDTL	7/1/2008	$36.08	N			
88187		FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	7/1/2008	$59.91	N			$66.62
88188		FLOW CYTOMETRY, INTERPRETATION; 9-15 MARKERS	7/1/2008	$73.96	N			
88189		FLOW CYTOMETRY, INTERPRETATION, 16 OR MORE MARKERS	7/1/2008	$95.19	N			
88199		UNLISTED CYTOPATHOLOGY TEST		$0.00	N			
88230		TISSUE CULTURE FOR CHROMOSOME ANALYSIS	7/1/2008	$162.77	N			
88233		TISSUE CULTURE CHROMOSOME ANALYSIS SKIN/SOLID TISS	7/1/2008	$196.63	N			
88235		TISSUE CULTURE FOR CHROMOSOME ANALYSIS, AMNIOTIC	7/1/2008	$205.74	N			
88237		BONE MARROW (MYLOID) CELLS	7/1/2008	$176.47	N			
88239		TISSUE CULTURE FOR CHROMOSOME ANALYSIS; OTHER TISS	7/1/2008	$206.12	N			
88240		CRYOPRESERVATION FREEZING STORAGE CELLS EACH CELL LINE	7/1/2008	$14.11	N			
88241		THAWING AND EXPANSION OF FROZEN CELLS; EACH ALIQUOT	7/1/2008	$14.11	N			
88245		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES SCORE 2	7/1/2008	$207.98	N			
88248		CHROMOSONE ANALYSIS SCORE 100 CELLS COUNT 20 CELLS	7/1/2008	$241.96	N			
88249		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROME SCORE 100 CELLS CLASTOGEN STRESS	7/1/2008	$241.96	N			
88261		CHROMOSOME ANALYSIS	7/1/2008	$246.93	N			
88262		CHROMOSOME ANALYSIS	7/1/2008	$174.14	N			
88263		CHROMOSOME ANALYSIS;COUNT 45 CELLS FOR MOSAICISM	7/1/2008	$130.45	N			
88264		CHROMOSOME ANALYSIS ANALYZE 20-25 CELLS	7/1/2008	$174.14	N			
88267		CHROMOSOME ANALYSIS	7/1/2008	$251.17	N			
88269		CHROMOSOME ANALYSIS IN SITU FOR AMNIOTIC FLUID CEL	7/1/2008	$232.38	N			
88271		MOLECULAR CYTOGENETICS DNA PROBE; EACH	7/1/2008	$20.22	N			

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88272		MOLECULAR CYTOGENETICS CHROMOSOMAL IN SITU HYBRIDIZATION ANALYZE 3-5 CELLS	7/1/2008	$25.28	N			
88273		MOLECULAR CYTOGENETICS CHROMOSOMAL IN SITU HYBRIDIZATION ANALYZE 10-30 CELLS	7/1/2008	$35.39	N			
88274		MOLECULAR CYTOGENETICS INTERPHASE IN SITU HYBRIDIZATION 25-99 CELLS	7/1/2008	$45.50	N			
88275		MOLECULAR CYTOGENETICS INTERPHASE IN SITU HYBRIDIZATION ANALYZE 100-300 CELLS	7/1/2008	$56.11	N			
88280		CHROMOSOME ANALYSIS	7/1/2008	$35.07	N			
88283		CHROMOSOME ANALYSIS ADD SPEC BANDING TECHNIQUE NOR	7/1/2008	$95.84	N			
88285		CHROMOSOME ANALYSIS	7/1/2008	$26.54	N			
88289		CHROMOSOME ANALYSIS ADDITIONAL HIGH RESOLUTION STU	7/1/2008	$48.11	N			
88291		CYTOGENETICS & MOLECULAR CYTOGENETICS INTERPRETATION & REPORT	7/1/2008	$25.24	N			
88299		UNLISTED CYTOGENIC TEST		$0.00	N			
88300		GROSS EXAMINATION	7/1/2008	$20.06	N		$6.62	$13.44
88302		GROSS/MICROSCOPIC EXAM	7/1/2008	$43.46	N		$16.95	$26.51
88304		GROSS/MICROSCOPIC EXAM	7/1/2008	$54.18	N		$20.59	$33.59
88305		GROSS/MICROSCOPIC EXAM	7/1/2008	$92.20	N		$26.74	$65.46
88307		GROSS/MICROSCOPIC EXAM	7/1/2008	$182.06	N		$45.51	$136.54
88309		GROSS/MICROSCOPIC EXAM	7/1/2008	$272.90	N		$62.77	$210.13
88311		GROSS/MICROSCOPIC EXAM (ADD-ON)	7/1/2008	$16.05	N		$3.53	$12.52
88312		STAINS, SPECIAL (ADD-ON)	7/1/2008	$82.25	N		$11.52	$70.74
88313		STAINS, SPECIAL (ADD-ON)	7/1/2008	$61.76	N		$13.59	$48.17
88314		HISTOCHEMICAL STAINING WITH FROZEN SECTION (ADD-ON)	7/1/2008	$83.06	N		$21.60	$61.46
88318		DETERMINATIVE HISTOCHEMISTRY FOR CHEMICAL ELEMENTS	7/1/2008	$91.40	N		$16.45	$74.95
88319		DETERMINATIVE HISTOCHEMISTRY TO IDENTIFY ENZYMES	1/1/2011	$128.13	N		$102.50	$25.63
88321		CONSULTATION, PATHOLOGY	7/1/2008	$80.82	N			
88323		CONSULTATION, PATHOLOGY	7/1/2008	$129.38	N		$20.70	$108.68
88325		CONSULTATION, PATHOLOGY	7/1/2008	$174.21	N			
88329		CONSULTATION, PATHOLOGY	7/1/2008	$44.87	N		$11.22	$33.65
88331		PATH CONSULT DURING SURGERY; 1ST TISSUE BLOCK, W/ FROZEN SECTION, ONE SPECIMEN	7/1/2008	$80.22	N		$20.06	$60.17
88332		PATH CONSULT DURING SURGERY; EA ADDITIONAL TISSUE BLOCK W/ FROZEN SECTION(S)	7/1/2008	$36.25	N		$8.70	$27.55
88333		PATHOLOGY CONSULTATION DURING SURGERY, INITIAL SITE	7/1/2008	$81.93	N		$18.84	$63.09
88334		PATHOLOGY CONSULTATION DURING SURGERY, EACH ADDITIONAL SITE	7/1/2008	$48.16	N		$13.00	$35.16
88342		IMMUNOCYTHOCHEMISTRY, EACH ANTIBODY	7/1/2008	$86.90	N		$18.25	$68.65
88346		IMMUNOFLUORESCENT STUDY, EACH ANTIBODY, DIRECT METHOD	7/1/2008	$87.95	N		$16.71	$71.24
88347		IMMUNOGLUORESCENT STUDY, EACH ANTIBODY; INDIRECT METHOD	7/1/2008	$72.94	N		$16.05	$56.89
88348		ELECTRON MICROSCOPY	7/1/2008	$513.89	N		$149.03	$364.86
88349		ELECTRON MICROSCOPY	7/1/2008	$243.43	N		$82.77	$160.66
88355		MORPHOMETRIC ANALYSIS SKELATAL MUSCLE	7/1/2008	$264.74	N		$60.89	$203.85
88356		MORPHOMETRIC ANYALYSIS; NERVE	7/1/2008	$264.08	N		$60.74	$203.34
88358		ANALYSIS TUMOR	7/1/2008	$67.59	N		$15.55	$52.04
88360		MORPHOMETRIC ANALYSIS,TUMOR IMMUNOHISTOCHEMISTRY,QUANTITATIVE OR SEMI,EA ANTI	7/1/2008	$104.53	N		$21.95	$82.58
88361		MORPHOMETRIC ANALYSIS USING COMPUTER-ASSISTED TECHNOLOGY	1/1/2011	$137.50	N		$82.78	$54.72
88362		NERVE TEASING PREPARATIONS	7/1/2008	$237.42	N		$56.98	$180.44
88365		IN SITU HYBRIDIZATION EG FISH EACH PROBE	7/1/2008	$132.41	N		$29.13	$103.28
88367		MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, EACH PROBE, USING COMP ASSIST TECH	7/1/2008	$199.18	N		$125.48	$73.70
88368		MORPHOMETRIC ANALYSIS IN SITU HYBRIDIZATION, EACH PROBE; MANUAL	7/1/2008	$172.25	N		$77.51	$94.74
88371		PROTEIN ANALYSIS BY WESTERN BLOT,INTERP & REPORT	7/1/2008	$31.05	N			$31.05

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88372		PROTEIN ANALYSIS,INTERP & RPT;PROBE FOR BAND ID,EA	7/1/2008	$31.79	N			$31.79
88380		MICRODISSECTION (EG, MECHANICAL, LASER CAPTURE)		$0.00	N			
88381		MICRODISSECTION (IE, SAMPLE PREP OF MICROSCOPICALLY IDENTIFIED TARGET); MANUAL	1/1/2011	$182.85	N		$128.33	$54.52
88384		ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES, 11-50 PROBES		$0.00	N			
88385		ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES, 51-250 PROBES	7/1/2008	$430.24	N		$361.40	$68.84
88386		ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES, 251-500 PROBES	7/1/2008	$441.62	N		$357.71	$83.91
88387		MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR NON	1/1/2010	$28.61	N		$5.44	$23.17
88388		IN CONJUNCTION W A TOUCH IMPRINT, INTRAOPERAT CONSULT OR FROZEN SECTION SP	1/1/2010	$17.18	N		$2.58	$14.60
88399		UNLISTED SURGICAL PATH TEST		$0.00	N			
88720		BILIRUBIN, TOTAL, TRANSCUTANEOUS	1/1/2009	$7.19	N			
88738		HEMOGLOBIN (HGB), QUANTITIVE, TRANSCUTANEOUS	1/1/2010	$7.19	N			
88740		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN		$0.00	N			
88741		METHEMOGLOBIN		$0.00	N			
89049		CAFFEINE HALOTHANE CONTRACTURE TEST	7/1/2008	$166.77	N			
89050		CELL COUNT, OTHER THAN BLOOD	7/1/2008	$6.61	N			
89051		CELL COUNT, OTHER THAN BLOOD	7/1/2008	$7.70	N			
89055		LEUKOCYTE COUNT, FECAL	7/1/2008	$5.96	N			
89060		CRYSTAL ID BY COMPENSATING POLARIZED LENS ANALYSIS	7/1/2008	$9.99	N			$9.99
89100		DUODENAL INTUBATION/ASPIRATION	7/1/2008	$183.24	N			
89105		DUODENAL INTUBATION/ASPIRATION	7/1/2008	$185.29	N			
89125		STAINS	7/1/2008	$6.03	N			
89130		GASTRIC INTUBATION/ASPIRATION	7/1/2008	$154.08	N			
89132		GASTRIC INTUBATION/ASPIRATION	7/1/2008	$172.49	N			
89135		GASTRIC INTUBATION/ASPIRATION	7/1/2008	$206.25	N			
89136		GASTRIC INTUBATION/ASPIRATION	7/1/2008	$135.16	N			
89140		GASTRIC INTUBATION, ASPIRATION, & FUNCTION COLLECT	7/1/2008	$170.84	N			
89141		GASTRIC INTUBATION/ASPIRATION	7/1/2008	$181.94	N			
89160		MEAT FIBERS TEST, FECES	7/1/2008	$5.15	N			
89190		EOSINOPHILS, NASAL SECRETIONS, SPUTUM, ETC	7/1/2008	$6.64	N			
89220		SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE		$0.00	N			
89225		STARCH GRANULES, FECES	1/1/2008	$4.67	N			
89230		SWEAT COLLECTION BY IONTOPHORESIS	1/1/2009	$3.26	N			
89235		WATER LOAD TEST	1/1/2008	$7.69	N			
89321		SEMEN ANALYSIS; PRESENSE AND/OR MOTILITY OF SPERM	7/1/2008	$16.26	N			
89398		UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE		$0.00	Y			
90281		IMMUNE GLOBULIN HUMAN FOR INTRAMUSCULAR USE	1/1/2008	$28.00	N	Referral Required		
90283		IMMUNE GLOBULIN IGIV HUMAN FOR INTRAVENOUS USE		$0.00	N	Referral Required		
90284		IMMUNE GLOBULIN , HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EA		$0.00	N	Referral Required		
90287		BOTULINUM ANTITOXIN EQUINE ANY ROUTE		$0.00	N	Referral Required		
90288		BOTULISM IMMUNE GLOBULIN HUMAN FOR INTRAVENOUS USE		$0.00	N	Referral Required		
90291		CYTOMEGALOVIRUS IMMUNE GLOBULIN, HUMAN FOR INTRAVENOUS USE		$0.00	N	Referral Required		
90296		DIPHTHERIA ANTITOXIN, EQUINE, ANY ROUTE		$0.00	N	Referral Required		
90371		HEPATITIS B IMMUNE GLOBULIN, HUMAN FOR INTRAMUSCULAR USE	1/1/2009	$123.87	N	Referral Required		
90375		RABIES IMMUNE GLOBULIN, HUMAN FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE	1/1/2009	$90.90	N	Referral Required		
90376		RABIES IMMUNE GLOBULIN, HEAT-TREATED, HUMAN FOR INTRAMUSCULAR &/OR SUBCUTANEOUS	1/1/2009	$98.08	N	Referral Required		

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90378		SYNAGIS 50 MG, RESPIRATORY SYNCTIAL VIRUS IMM.GLOB.NDC 60574411401	12/1/2010	$1,031.27	N	Referral Required		
90384		RHO IMMUNE GLOBULIN, HUMAN FULL DOSE FOR INTRAMUSCULAR USE	1/1/2008	$113.05	N	Referral Required		
90385		RHO IMMUNE GLOBULIN, HUMAN MINI DOSE FOR INTRAMUSCULAR USE	1/1/2009	$25.99	N	Referral Required		
90386		RHO IMMUNE GLOBULIN, HUMAN FOR INTRAVENOUS USE		$0.00	N	Referral Required		
90389		TETANUS IMMUNE GLOBULIN, HUMAN FOR INTRAMUSCULAR USE		$0.00	N	Referral Required		
90393		VACCINIA IMMUNE GLOBULIN, HUMAN FOR INTRAMUSCULAR USE		$0.00	N	Referral Required		
90396		VARICELLA ZOSTER IMMUNE GLOBULIN, HUMAN FOR INTRAMUSCULAR USE	1/1/2008	$109.82	N	Referral Required		
90399		UNLISTED IMMUNE GLOBULIN		$0.00	N	Referral Required		
90460		IMMUNIZATION ADMIN THROUGH 18 YEARS OF AGE, VACCINE/TOXOID COMPONENT	1/1/2011	$16.41	N			
90461		IMMUNIZATION ADMIN THROUGH 18 YEARS OF AGE, VACCINE/TOXOID COMPONENT EACH ADDTL	1/1/2011	$8.21	N			
90465		IMMUNIZATION ADMINISTRATION, UNDER 8 YRS OF AGE, INCL PHYS COUNS, 1ST INJECT/DAY	1/1/2009	$19.07	N			
90466		IMMUNIZATION ADMINISTRATION,UNDER 8 YRS OF AGE,INCL PHYS COUNS,EA ADD INJEC/DAY	1/1/2009	$7.52	N			
90467		IMMUNIZATION ADMINISTRATION UNDER AGE 8, INCL PHYS COUNSL, 1ST ADMIN, PER DAY	1/1/2009	$12.70	N			
90468		IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS; INCL PHYS COUNS,EA ADDTL, PER DAY	1/1/2009	$9.43	N			
90471		IMMUNIZATION ADMINISTRATION, FIRST VACCINE. SINGLE OR COMBINATION VACCINE/TOXOID	1/1/2009	$19.07	N			
90472		IMMUNIZATION ADMINISTRATION; EACH ADDITIONAL VACCINE (SNGL OR COMBO VACC/TOXOID)	1/1/2009	$9.75	N			$0.29
90473		ONE VACCINE ADMINISTRATION; INTRANASAL OR ORAL	1/1/2009	$12.70	N			
90474		IMMUNIZATION ADMINISTRATION; EACH ADDITIONAL VACCINE, INTRANASAL OR ORAL	1/1/2009	$8.47	N			
90476		ADENOVIRUS VACCINE TYPE 4, LIVE FOR ORAL USE		$0.00	N			
90477		ADENOVIRUS VACCINE TYPE 7, LIVE FOR ORAL USE		$0.00	N			
90524		INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS PER EAC	1/1/2008	$1.92	N	Referral Required		
90581		ANTHRAX VACCINE FOR SUBCUTANEOUS USE		$0.00	N			
90585		BACILLUS CALMETTE-GUERIN VACCINE FOR TUBERCULOSIS, LIVE, PERCUTANEOUS USE	1/1/2009	$118.11	N			
90586		BACILLUS CALMETTE-GUERIN VACCINE FOR BLADDER CANCER, LIVE FOR INTRAVESICAL USE	1/1/2009	$114.49	N			
90632		HEPATITIS A VACCINE, ADULT DOSAGE FOR INTRAMUSCULAR USE	1/1/2009	$46.86	N			
90633		HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE 2 DOSE SCH, INTRAMUSCULAR USE	1/1/2009	$25.15	N			
90634		HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE 3 DOSE SCH, INTRAMUSCULAR USE	1/1/2008	$24.28	N			
90636		HEPATITIS A HEPATITIS B VACCINE, ADULT DOSAGE IM/USE < TWIN RX	1/1/2008	$85.00	N			
90645		HEMOPHILUS INFLUENZA B VACCINE HBOC CONJUGATE 4 DOSE SCH FOR INTRAMUSCULAR USE	1/1/2009	$23.34	N			
90646		HEMOPHILUS INFLUENZA B VACCINE PRP-D CONJUGATE BOOSTER ONLY	1/1/2008	$24.00	N			
90647		HEMOPHILUS INFLUENZA B VACCINE PRP-OMP CONJUGATE 3 DOSE SCH INTRAMUSCULAR	1/1/2009	$23.34	N			
90648		HEMOPHILUS INFLUENZA B VACCINE PRP-T CONJUGATE 4 DOSE SCH INTRAMUSCULAR	1/1/2009	$21.78	N			
90649		HUMAN PAPILLOMA VACCINE (HPV), TYPES 6, 11, 16, 18. 3 DOSE SCHEDULE FOR IM USE	1/1/2008	$131.73	N			
90654								
90655		INFLUENZA VIRUS VACCINE CHILDREN 6-35 MONTHS OF AGE FOR IM USE	10/15/2008	$16.88	N			
90656		INFLUENZA VIRUS VACCINE, SPLIT VIRUS PRESERVATIVE FREE FOR 3 YEARS & ABOVE	10/15/2008	$18.20	N			
90657		INFLUENZA VIRUS VACCINE SPLIT VIRUS 6-35 MONTH DOSAGE INTRAMUSCULAR OR JET INJEC	1/1/2008	$6.61	N			
90658		INFLUENZA VIRUS VACCINE SPLIT VIRUS 3 YRS & ABOVE DOSAGE INTRAMUSC OR JET INJECT	1/1/2008	$13.22	N			
90660		INFLUENZA VIRUS VACCINE, LIVE FOR INTRANASAL USE	10/15/2008	$22.32	N			
90665		LYME DISEASE VACCINE, ADULT DOSAGE INTRAMUSCULAR USE	1/1/2008	$63.70	N			
90669		PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT. INTRAMUSCULAR; PREVNAR	1/1/2008	$78.80	N			
90675		RABIES VACCINE FOR INTRAMUSCULAR USE	1/1/2009	$146.88	N			
90676		RABIES VACCINE FOR INTRADERMAL USE		$0.00	N			
90680		ROTAVIRUS VACCINE INACTIVATED PENTAVALENT 3 DOSE SCHEDULE LIVE FOR ORAL USE	1/1/2008	$68.75	N			
90681		ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE FOR ORAL USE		$0.00	N			

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90690		TYPHOID VACCINE, LIVE, ORAL	1/1/2008	$30.00	N			
90691		TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE FOR INTRAMUSCULAR USE	1/1/2009	$53.32	N			
90692		TYPHOID VACCINE HEAT & PHENOL INACTIVATED H-P FOR SUBCUTANEOUS /INTRADERMAL/		$0.00	N			
90693		TYPHOID VACCINE ACETON-KILLED & DRIED FOR SUBCUTANEOUS OR JET INJECTION USE		$0.00	N			
90696		INACTIVE (DTAP-IPV), WHEN ADMINISTERED TO CHILDREN 4- 6 YEARS OF AGE, FOR IM USE		$0.00	N			
90698		DIPHTHERIA, TETANUS TOXOIDS,VACCINE (DTaP-Hib-IPV), FOR IM USE	1/1/2009	$56.64	N			
90700		D.P. AND ACELLULAR PERTUSIS VACCINE, AGE 7 OR LESS	1/1/2009	$17.58	N			
90701		DPT OR DTP VACCINE	1/1/2008	$17.23	N			
90702		DT TOXOID INJ	1/1/2009	$24.96	N			
90703		TETANUS TOXOID	1/1/2009	$21.99	N			
90704		MUMPS VACCINE	1/1/2009	$22.20	N			
90705		MEASLES VACCINE	1/1/2009	$17.14	N			
90706		RUBELLA VACCINE	1/1/2009	$18.92	N			
90707		MMR VACCINE	1/1/2009	$44.82	N			
90708		MEASLES AND RUBELLA VACCINE	1/1/2008	$22.30	N			
90712		ORAL POLIO VACCINE	1/1/2008	$16.22	N			
90713		POLIOVIRUS VACCINE INACTIVATED (IPV) FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	1/1/2009	$26.52	N			
90714		TETANUS & DIPTHERIA TOXOIDS ABSORBED PRESERVE FREE 7YRS/OLDER FOR IM USE	1/1/2009	$19.70	N			
90715		TETANUS AND DIPTHERIA TOXOIDS & ACELLULAR PERTUSSIS VACCINE 7 YRS/OLDER	1/1/2009	$34.70	N			
90716		IMMUNIZATION, ACTIVE; VARICELLA (CHICKEN POX)	1/1/2009	$77.33	N			
90717		YELLOW FEVER VACCINE	1/1/2009	$57.75	N			
90718		TETANUS AND DIPHTHERIA TOXOIDS ADULT USE TD	1/1/2009	$12.21	N			
90719		DIPHTHERIA TOXOID	1/1/2008	$5.00	N			
90720		D.T.P. AND HIB VACCINE	1/1/2008	$28.34	N			
90721		IMMUNIZATION, ACTIVE; DTAP AND HIB VACCINE	1/1/2009	$42.89	N			
90723		DIPTHERIA TETANUS, ACELLULAR PERTUSIS HEPATITUS B, POLIO HEPB-IPV INTRAMUSCULAR	1/1/2008	$75.53	N			
90725		CHOLERA VACCINE	1/1/2008	$5.00	N			
90727		PLAGUE VACCINE	1/1/2008	$4.00	N			
90732		PNEUMOCOCCAL POLYVALENT PNEUMOVAX PNU-IMMUNE	10/15/2008	$32.70	N			
90733		MENINGOCOCCAL POLYSACCHARDE VACCINE - ANY GROUP(S)	1/1/2009	$93.87	N			
90734		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y, AND W-135 (TETRAVALENT)	1/1/2008	$90.20	N			
90735		ENCEPHALITIS VACCINE	1/1/2009	$102.08	N			
90736		ZOSTER (SHINGLES) VACCINE LIVE FOR SUBCUTANEOUS INJECTION		$0.00	N			
90738		JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, FOR INTRAMUSCULAR USE		$0.00	N			
90740		HEPATITIS B VACCINE DIALYSIS OR IMMUNOSUPPRESSED PATIENT DSG-3 DOSE SCHEDULE	1/1/2009	$119.42	N			
90743		HEPATITIS B VACCINE ADOLESENT 2 DOSE SCHEDULE FOR INTRAMUSCULAR USE	1/1/2009	$24.22	N			
90744		IMMUNIZATION,ACTIVE, HEPATITUS B VAC-NEWBORN-11YRS	1/1/2009	$24.22	N			
90746		IMMUNIZATION,ACTIVE-HEPATITUS B VAC-20 YRS & ABOVE	1/1/2009	$59.71	N			
90747		IMMUNIZATION ACTIVE HEPATITUS B, ANY DIALYSIS,IMMU	1/1/2009	$119.42	N			
90748		IMMUNIZATION, ACTIVE, HEPATITIS B AND HEMOPHILUS INFLUENZA B (HB) VACCINE	1/1/2008	$39.75	N			
90749		UNLISTED IMMUNIZATION PROCEDURE		$0.00	N			
90801		PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAM	1/1/2011	$149.50	N	Referral Required		
90802		INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAM	7/1/2008	$159.77	N	Referral Required		
90804		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 20-30 MINUTES	7/1/2008	$40.39	N	Referral Required		
90805		INDIVIDUAL PSYCHOTHERAPY INSIGHT ORIENTED, 20-30 MINUTES WITH E/M SERVICES	7/1/2008	$74.72	N	Referral Required		

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90806		INDIVIDUAL PSYCHOTHERAPY INSIGHT ORIENTED, 45-50 MINUTES	7/1/2008	$60.60	N	Referral Required		
90807		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 45-50 MINUTES WITH E/M SERVICES	7/1/2008	$107.45	N	Referral Required		
90808		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 75-80 MINUTES FACE TO FACE WITH PT	7/1/2008	$90.38	N	Referral Required		
90809		INDIVIDUAL PSYCHOTHERAPY INSIGHT ORIENTED, 75-80 MINUTES WITH E/M SERVICES	7/1/2008	$155.32	N	Referral Required		
90810		INDIVIDUAL PSYCHOTHERAPY USING PLAY EQUIPMENT, 20-30 MINUTES FACE TO FACE	7/1/2008	$43.72	N	Referral Required		
90811		INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 20-30 MINUTES, WITH E/M SERVICES	7/1/2008	$80.42	N	Referral Required		
90812		INDIVIDUAL PHYCHOTHERAPY, USING PLAY EQUIPMENT, 45-50 MINUTES FACE-TO-FACE W PT	7/1/2008	$64.55	N	Referral Required		
90813		INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 45-50 MINUTES, WITH E/M SERVICES	1/1/2011	$111.20	N	Referral Required		
90814		INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 75-80 MINUTES FACE-TO-FACE	7/1/2008	$94.36	N	Referral Required		
90815		INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 75-80 MINUTES, WITH E/M SERVICES	7/1/2008	$160.99	N	Referral Required		
90816		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 20-30 MINUTES	1/1/2011	$59.76	N	Referral Required		
90817		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 20-30 MINUTES, WITH E/M SERVICES	1/1/2011	$67.44	N	Referral Required		
90818		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 45-50 MINUTES	1/1/2011	$89.05	N	Referral Required		
90819		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 45-50 MINUTES, WITH E/M SERVICES	1/1/2011	$97.10	N	Referral Required		
90821		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 75-80 MINUTES	1/1/2011	$131.49	N	Referral Required		
90822		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 75-80 MINUTES, WITH E/M SERVICES	1/1/2011	$140.11	N	Referral Required		
90823		INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 20-30 MINUTES	7/1/2008	$76.47	N	Referral Required		
90824		INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 20-30 MINUTES, WITH E/M SERVICES	7/1/2008	$84.48	N	Referral Required		
90826		INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 45-50 MINUTES	1/1/2011	$94.31	N	Referral Required		
90827		INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 45-50 MINUTES, WITH E/M SERVICES	1/1/2011	$101.99	N	Referral Required		
90828		INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 75-80 MINUTES	7/1/2008	$183.05	N	Referral Required		
90829		INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 75-80 MINUTES, WITH E/M SERVICES	7/1/2008	$165.39	N	Referral Required		
90845		MEDICAL PSYCHOANALYSIS	7/1/2008	$95.49	N	Referral Required		
90846		FAMILY PSYCHOTHERAPY - WITHOUT THE PATIENT PRESENT	9/1/2008	$71.55	N	Referral Required		
90847		FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTERAPY) W/PT PRESENT	7/1/2008	$71.55	N	Referral Required		
90849		MULTIPLE-FAMILY GROUP MEDICAL PSYCHOTHERAPY	7/1/2008	$34.12	N	Referral Required		
90853		GROUP MEDICAL PSYCHOTHERAPY (NOT MULTIPLE-FAMILY)	7/1/2008	$21.69	N	Referral Required		
90857		INTERACTIVE GP MEDICAL PSYCHOTHERAPY - ONE SESSION	1/1/2011	$34.34	N	Referral Required		
90862		PHARMACOLOGIC MANAGE INCL PRESC, USE, AND REVIEW OF MEDS WITH MINIMAL MED PSYCH	7/1/2008	$52.91	N	Referral Required		
90865		NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES	1/1/2011	$150.94	N	Referral Required		
90870		ELECTROCONVULSIVE THERAPY	7/1/2008	$100.04	N	Referral Required		
90880		HYPNOTHERAPY - 25-30 MINUTES	7/1/2008	$118.32	N	Referral Required		
90885		PSYCHIATRIC EVAL OF HOSPITAL RECORDS AND OTHER FOR MEDICAL DIAGNOSTIC PURPOSES	7/1/2008	$34.50	N	Referral Required		
90887		INTERP OR EXPLAIN RESULTS OF TESTS TO RESP PERSONS	7/1/2008	$48.59	N	Referral Required		
90889		PREP OF REPORT OF PT'S PSYCH STATUS FOR INSURANCE	7/1/2008	$48.55	N	Referral Required		
90899		UNLISTED PSYCHIATRIC SERVICE		$0.00	Y	Referral Required		
90935		HEMODIALYSIS PROCEDURE	7/1/2008	$63.38	N	Referral Required		
90937		HEMODIALYSIS REPEAT EVALS	7/1/2008	$104.24	N	Referral Required		
90940		HEMODIALYSIS ACCESS FLOW		$0.00	N	Referral Required		
90945		DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS	7/1/2008	$66.42	N	Referral Required		
90947		DIALYSIS OTHER THAN HEMODIALYSIS, REPEATED EVALS	7/1/2008	$106.49	N	Referral Required		
90951		ESRD RELATED SVS MNTHLY < 2 YEARS OF AGE W/MONITORING 4+FACE TO FACE	1/1/2009	$919.84	N	Referral Required		
90952		WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	1/1/2009	$689.88	N	Referral Required		
90953		WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	1/1/2009	$229.96	N	Referral Required		
90954		ESRD SVS MNTHLY 2-11 YRS W/MONITORING 4 OR MORE FACE-TO-FACE PHYS VISITS	1/1/2009	$756.48	N	Referral Required		

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90955		WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	1/1/2009	$427.91	N	Referral Required		
90956		WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	1/1/2009	$289.87	N	Referral Required		
90957		ESRD SVS MNTHLY 12-19 YRS W/MONITORING 4 OR MORE FACE-TO-FACE PHYS VISITS	1/1/2009	$606.76	N	Referral Required		
90958		WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	1/1/2009	$409.17	N	Referral Required		
90959		WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	1/1/2009	$268.59	N	Referral Required		
90960		ESRD SVS MNTHLY 20 YRS W/MONITORING 4 OR MORE FACE-TO-FACE PHYS VISITS	1/1/2009	$268.52	N	Referral Required		
90961		WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	1/1/2009	$216.91	N	Referral Required		
90962		WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	1/1/2009	$156.98	N	Referral Required		
90963		ESRD RELATED SVS FOR HOME DIALYSIS PER FULL MONTH, FOR PTS <2 YRS OF AGE	1/1/2009	$519.80	N	Referral Required		
90964		ESRD RLTED SVS FOR HOME DIAL PER FULL MONTH, FOR PTS 2-11 YRS OF AGE	1/1/2009	$434.24	N	Referral Required		
90965		ESRD RELATED SVS FOR HOME DIALYSIS PER FULL MONTH, FOR PTS 12-19 YRS OF AGE	1/1/2009	$413.08	N	Referral Required		
90966		ESRD RELATED SVS FOR HOME DIALYSIS PER FULL MONTH, FOR PTS 20 YRS OF AGE	1/1/2009	$214.68	N	Referral Required		
90967		ESRD RELATED SVS FOR HOME DIAL LESS THAN FULL MONTH, FOR PTS <2 YRS OF AGE	1/1/2009	$18.55	N	Referral Required		
90968		FOR PATIENTS 2-11 YEARS OF AGE	1/1/2009	$14.52	N	Referral Required		
90969		FOR PATIENTS 12-19 YEARS OF AGE	1/1/2009	$14.16	N	Referral Required		
90970		FOR PATIENTS 20 YEARS OF AGE AND OLDER	1/1/2009	$7.48	N	Referral Required		
90989		DIALYSIS TRAINING,. PATIENT I.E. HELPER ANY MODE	7/1/2008	$518.25	N	Referral Required		
90993		DIALYSIS TRAINING PATIENT PER TRAINING SESSION	7/1/2008	$20.73	N	Referral Required		
90999		UNLISTED DIALYSIS PROCEDURE	7/1/2008	$151.18	N	Referral Required		
91000		ESOPHAGEAL INTUBATION	7/1/2008	$68.17	N	Referral Required	$2.73	$65.44
91010		ESOPHAGEAL MOTILITY STUDY	1/1/2011	$171.01	N	Referral Required	$36.87	$147.47
91011		ESOPHAGEAL MOTILITY STUDY	1/1/2011	$229.11	N	Referral Required	$49.66	$186.81
91012		ESOPHAGEAL MOTILITY STUDY	7/1/2008	$245.60	N	Referral Required	$54.03	$191.57
91013		ESOPHAGEAL MOTILITY STUDY WITH INTERPRETATION AND REPORT	1/1/2011	$16.32	N	Referral Required	$9.29	$7.03
91020		ESOPHAGOGASTRIC MONOMETRIC STUDIES	7/1/2008	$212.86	N	Referral Required	$36.19	$176.67
91022		DUODENAL MOTILITY STUDY	7/1/2008	$181.59	N	Referral Required	$123.48	$58.11
91030		ESOPHAGUS ACID TEST	7/1/2008	$124.31	N	Referral Required	$14.92	$109.39
91034		ESOPHAGUS,GASTROESOPHAGEAL REFLUX TEST,W/ NASAL CATH PLCMNT,RECORD,ANAL & INTER	1/1/2011	$178.19	N	Referral Required	$131.90	$64.97
91035		ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; W/ MUCOSAL ATTACHED TELEMETRY PH ELEC	1/1/2011	$425.94	N	Referral Required	$355.37	$83.36
91037		ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST W/ NASAL CATHETER PLCMNT	1/1/2011	$145.28	N	Referral Required	$96.14	$49.52
91038		ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST; > 1 HR UP TO 24	7/1/2008	$127.01	N	Referral Required	$69.86	$57.15
91040		ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	7/1/2008	$359.76	N	Referral Required	$316.59	$43.17
91052		GASTRIC ANALYSIS	7/1/2008	$120.54	N	Referral Required	$15.67	$104.87
91055		GASTRIC ANALYSIS	7/1/2008	$128.78	N	Referral Required	$18.03	$110.75
91065		BREATH HYDROGEN TEST FRUCTOSE INTOLERANCE BACTERIAL OVERGROWTH ORO-CECAL GASTROI	7/1/2008	$55.76	N	Referral Required	$14.50	$41.26
91105		GASTRIC INTUBATION	1/1/2011	$75.60	N	Referral Required		
91110		GASTROINTERSINAL TRACT IMAGING, INTRALUMINAL	1/1/2011	$816.68	N	Referral Required	$744.05	$121.12
91111		GASTROINTESTINAL TRACT IMAGING	7/1/2008	$682.94	N	Referral Required	$628.30	$54.64
91117		COLON MOTILITY STUDY WITH INTERPRETATION AND REPORT	1/1/2011	$99.18	N	Referral Required		
91120		RECTAL SENSATION, TONE,& COMPLIANCE TEST (IE RESPONSE TO GRADED BALLOON DIST)	1/1/2011	$353.81	N	Referral Required	$331.84	$45.25
91122		ANORECTAL MANOMETRY	1/1/2011	$208.86	N	Referral Required	$47.64	$179.20
91123		PULSED IRRIGATION OF FECAL IMPACTION		$0.00	N	Referral Required		
91132		ELECTROGASTROGRAPHY; DIAGNOSTIC TRANSCUTANEOUS	5/1/2009	$28.26	N	Referral Required		
91133		ELECTROGASTROGRAPHY; DIAGNOSTIC TRANSCUTANEOUS WITH PROVALATIVE TESTING	5/1/2009	$35.45	N	Referral Required		
91299		UNLISTED DX GASTROENTEROLOGY PROCEDURE		$0.00	N	Referral Required		

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92002		OPTHALMOLOGICAL SERVICES:MEDICAL EXAM/EVAL W/DIAGNOSTIC/TREATMENT PRGM;NEW PATIE	7/1/2008	$63.24	N			
92004		OPTHALMOLOGICAL SERVICES;COMPREHENSIVE,NEW PATIENT,ONE OR MORE VISITS	7/1/2008	$119.56	N			
92012		OPTHALMOLOGICAL SERVICES:MED EXAM/EVAL,W/DIAGNOSTIC/TREATMENT PRGM;ESTBLSHD PAT	7/1/2008	$66.88	N			
92014		OPTHALMOLOGICAL SERVICES;COMPREHENSIVE,ESTABLISHED PAT, ONE OR MORE VISITS	7/1/2008	$97.40	N			
92015		DETERMINATION OF REFRACTIVE STATE	7/1/2008	$17.80	N			
92018		OPTHALMOLOGICAL EXAM/EVAL UNDER GEN ANESTH.W/ OR W/O GLOBE MANIPULATION;COMPLETE	7/1/2008	$120.66	N			
92019		OPTHALMOLOGICAL EXAM/EVAL UNDER GEN ANESTH.W/ OR W/O GLOBE MANIPULATION;LIMITED	7/1/2008	$61.51	N			
92020		GONIOSCOPY (SP)	7/1/2008	$23.10	N	Referral Required		
92025		COMPUTERIZED CORNEAL TOPOGRAPHY UNILATERAL OR BILATERAL	7/1/2008	$29.40	N	Referral Required	$11.76	$17.64
92060		SENSORIMOTOR EXAM W/MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (SP)	7/1/2008	$50.29	N		$10.06	$40.23
92065		ORTHOPTIC/PLEOPTIC TRAINING W/CONTINUING MEDICAL DIRECTION AND EVAL		$0.00	Y	Referral Required		
92070		FITTING CONTACT LENS, TX OF DISEASE; INCLUDING SUPPLY OF LENSE-MOD 50=PAYS 100%	7/1/2008	$58.74	N			
92081		VISUAL FIELD EXAMINATION;UNILATERAL OR BILATERAL;W/INTERP.&REPORT;LIMITED	7/1/2008	$45.59	N	Referral Required	$10.03	$35.56
92082		VISUAL FIELD EXAMINATION;UNILATERAL OR BILATERAL;W/INTERP.&REPORT;INTERMEDIATE	7/1/2008	$59.34	N	Referral Required	$12.46	$46.88
92083		VISUAL FIELD EXAMINATION;UNILATERAL OR BILATERAL;W/INTERP.&REPORT;EXTENDED	7/1/2008	$68.17	N	Referral Required	$13.63	$54.54
92100		SERIAL TONOMETRY W/INTERPRETATION/REPORT-SAME DAY (SP)	7/1/2008	$76.50	N			
92120		TONOGRAPHY W/INTERP.&REPORT;RECORDING INDENTATION TONOMETER OR PERILIMBAL METHOD	7/1/2008	$63.29	N	Referral Required		
92130		TONOGRAPHY W/WATER PROVOCATION	7/1/2008	$70.51	N	Referral Required		
92132		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT	1/1/2011	$25.65	N	Referral Required	$10.74	$14.91
92133		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, OPTIC NERVE	1/1/2011	$31.54	N	Referral Required	$10.74	$20.81
92134		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, RETINA	1/1/2011	$31.54	N	Referral Required	$10.74	$20.81
92135		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING W/REPORT, UNILATERAL	7/1/2008	$39.71	N	Referral Required	$14.69	$25.02
92136		OPTHALMIC BIOMETRY BY PARTIAL COHERANCE INTERFEROMETRY	1/1/2011	$72.56	N	Referral Required	$27.13	$46.20
92140		GLAUCOMA, PROVOCATIVE TEST, W/O TONOGRAPHY	7/1/2008	$49.76	N	Referral Required		
92225		OPHTHALMOSCOPY, EXT.W/RETINAL DRAWING, W/INTERP & REPORT,INITL-MOD 50 PAYS 100%	7/1/2008	$21.04	N	Referral Required		
92226		OPTHALMOSCOPY, EXT.W/RETINAL DRAW, W/INTERP & REPORT,SUBSEQNT-MOD 50 PAYS 100%	7/1/2008	$19.14	N	Referral Required		
92227		REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE	1/1/2011	$8.09	N	Referral Required		
92228		REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE	1/1/2011	$21.23	N	Referral Required	$8.81	$12.42
92230		FLOURECEIN ANGIOSCOPY W/INTER/REPORT	7/1/2008	$58.99	N	Referral Required		
92235		FLOURESCEIN ANGIOGRAPHY (MULTI/IMAG); W/INTERP & REPORT-MOD 50 PAYS 100%	1/1/2011	$113.08	N	Referral Required	$47.57	$65.70
92240		INDOCYANINE-GREEN ANGIOGRAPHY W/INTER & REPORT	7/1/2008	$230.55	N	Referral Required	$145.25	$85.30
92250		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	6/1/2009	$64.15	N	Referral Required	$23.09	$41.06
92260		OPTHALMODYNAMOMETRY	7/1/2008	$15.50	N	Referral Required		
92265		OCULOELECTROMYOGRAPHY;1 OR MORE EXTRAOCULAR MUSCLS;1 OR BOTH EYES;W/INTER & REPO	7/1/2008	$71.65	N	Referral Required	$15.05	$56.60
92270		ELECTROOCULOGRAPHY WITH INTERPRETATION AND REPORT	7/1/2008	$77.63	N	Referral Required	$15.53	$62.10
92275		ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	7/1/2008	$110.81	N	Referral Required	$23.27	$87.54
92283		COLOR VISION EXAMINATION, EXTENDED, ANOMALOSCOPE OR EQUIVALENT	7/1/2008	$37.55	N	Referral Required	$7.89	$29.66
92284		DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	7/1/2008	$60.18	N	Referral Required	$12.64	$47.54
92285		EXTERNAL OCULAR PHOTOGRAPHY FOR DOCUMENTATION OF MEDICAL PROGRESS	1/1/2011	$37.38	N	Referral Required	$8.37	$29.67
92286		SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY;W/INTERP&REPORT;W/SPECULAR ENDOTHELIAL MICR	7/1/2008	$111.51	N	Referral Required	$23.42	$88.09
92287		ANTERIOR SEGMENT PHOTOGRAPHY W/FLUORESCEIN ANGIOGRAPHY	7/1/2008	$101.78	N	Referral Required		
92310		CONTACT LENSES, PERSCRIPTION & FITTING;W/MEDC SUPERV;CORNEAL LENS;BOTH EYES;	7/1/2008	$81.55	N			
92311		CONTACT LENSES, RX AND FITTING;W/MED SUPERV;CORNEAL LENS FOR APHAKIA,ONE EYE	7/1/2008	$78.40	N	Referral Required		
92312		CONTACT LENS: RX & FITTING;W/MED SUPERV;CORNEAL LENS FOR APHAKIA,BOTH EYES	7/1/2008	$87.78	N			
92313		CONTACT LENSES, RX & FITTING;W/MED SUPERV;CORNEOSCLERAL LENS	7/1/2008	$74.78	N			

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92314		CONTACT LENSES, FITTING BY TECH;CORNEAL LENS, BOTH EYES EXCEPT FOR APHAKIA	7/1/2008	$81.55	N			
92315		CONTACT LENSES, FITTING BY TECH;CORNEAL LENS FOR APHAKIA, ONE EYE	7/1/2008	$53.00	N			
92316		CONTACT LENS: FITTING BY TECH;CORNEAL LENS FOR APHAKIA, BOTH EYES	7/1/2008	$67.58	N			
92317		CONTACT LENSES, FITTING BY TECH; CORNEOSCLERAL LENS.	7/1/2008	$54.37	N			
92340		FITTING OF SPECTACLES;EXCEPT FOR APHAKIA,MONOFOCAL	7/1/2008	$23.62	N			
92341		FITTING OF SPECTACLES;EXCEPT FOR APHAKIA; BIFOCAL	7/1/2008	$23.62	N			
92342		SPECTACLES FITTING;EXCEPT FOR APHAKIA;MULITFOCAL OTHER THAN BIFOCAL	7/1/2008	$23.62	N			
92352		FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	7/1/2008	$20.90	N			
92353		FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	7/1/2008	$28.18	N			
92354		FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	7/1/2008	$264.64	N	Referral Required		
92355		FITTING OF SPECTACLE MOUNTED LOW VISION AID ;TELESCOPIC OR OTHER COMPOUND SYST.	7/1/2008	$128.20	N	Referral Required		
92358		PROSTHESIS SERVICE FOR APHAKIA, TEMP (DISPOSABLE OR LOAN, INCLD MATERIALS)	7/1/2008	$30.10	N			
92370		REPAIR/REFIT SPECTACLES;EXCEPT FOR APHAKIA;	7/1/2008	$4.37	N			
92371		SPECTACLE PROSHESIS FOR APHAKIA; REPAIR/REFIT	7/1/2008	$18.95	N			
92499		UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE		$0.00	N	Referral Required		
92502		OTOLARYNOLOGIC EXAM UNDER GENERAL ANESTHESIA	7/1/2008	$87.87	N	Referral Required		
92504		BINOCULAR MICROSCOPY	7/1/2008	$25.37	N	Referral Required		
92506		MEDICAL EVALUATION SPEECH LANGUAGE AND/OR HEAR PRO	7/1/2009	$133.20	N	Referral Required		
92507		LANGUAGE THERAPY	7/1/2009	$56.09	N	Referral Required		
92511		NASOPHARYNGOSCOPY	1/1/2011	$139.99	N	Referral Required		
92512		NASAL FUNCTION STUDIES	7/1/2008	$55.99	N	Referral Required		
92516		FACIAL NERVE FUNCTION STUDY	7/1/2008	$56.68	N	Referral Required		
92520		LARYNGEAL FUNCTION STUDIES	7/1/2008	$51.22	N	Referral Required		
92526		TX SWALLOWING DYSFUNCTION AND/OR ORAL FOR FEEDING	7/1/2009	$71.19	N	Referral Required		
92531		NYSTIGMUS TESTS	7/1/2008	$34.94	N	Referral Required		
92532		NYSTIGMUS TESTS	7/1/2008	$53.91	N	Referral Required		
92533		NYSTIGMUS TESTS	7/1/2008	$12.15	N	Referral Required	$12.15	
92534		NYSTIGMUS TESTS	7/1/2008	$34.94	N	Referral Required		
92540		BASIC VESTIBULAR EVAL, INCLUDES NYSTAGMUS TESTS, STIMULATION TEST WITH RECORDING	1/1/2010	$87.86	N	Referral Required	$14.94	$72.92
92541		SPONTANEOUS NYSTAGMUS TEST INCLUDING GAZE & FIXAT	1/1/2011	$47.45	N	Referral Required	$10.39	$41.58
92542		POSITIONAL NUSTAGMUS TEST MINIMUM OF 4 POSITIONS	1/1/2011	$48.33	N	Referral Required	$15.09	$38.80
92543		CALORIC VESTIBULAR TEST EACH IRRIGATION W/RECORDIN	1/1/2011	$22.69	N	Referral Required	$8.46	$16.42
92544		OPTOKINETIC NYSTAGMUS TEST BIDIRECTIONAL W/RECORD	1/1/2011	$39.34	N	Referral Required	$12.02	$30.92
92545		OSCILLATING TRACKING TEST WITH RECORD	1/1/2011	$36.56	N	Referral Required	$12.99	$26.38
92546		SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	7/1/2008	$76.09	N	Referral Required	$22.07	$54.02
92547		USE OF VERTICAL ELECTRODES IN ANY OR ALL ABOVE TES (ADD-ON)	1/1/2011	$3.94	N	Referral Required	$4.27	
92548		COMPUTERIZED DYNAMIC POSTUROGRAPHY	1/1/2011	$86.41	N	Referral Required	$52.95	$35.30
92550		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	1/1/2010	$15.03	N	Referral Required		
92551		AUDIOMETRY, SCREENING TEST, PURE TONE, AIR ONLY	7/1/2008	$14.59	N	Referral Required		
92552		PURE TONE AUDIOMETRY (THRESHOLD), AIR ONLY	7/1/2008	$18.65	N	Referral Required	$18.65	
92553		PURE TONE AUDIOMETRY (THRESHOLD), AIR AND BONE	7/1/2008	$25.57	N	Referral Required	$25.57	
92555		SPEECH AUDIOMETRY, THRESHOLD ONLY	1/1/2011	$14.47	N	Referral Required	$14.53	
92556		SPEECH AUDIOMETRY, THRESHOLD AND DISCRIMINATION	7/1/2008	$19.73	N	Referral Required	$19.73	
92557		BASIC COMPREHENSIVE AUDIOMETRY	1/1/2011	$39.03	N	Referral Required	$48.57	
92561		BEKESY AUDIOMETRY, DIAGNOSTIC	7/1/2008	$25.57	N	Referral Required	$25.57	

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92562		LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAU	7/1/2008	$18.31	N	Referral Required	$18.31	
92563		TONE DECAY TEST	7/1/2008	$16.59	N	Referral Required	$16.59	
92564		SHORT INCREMENT SENSITIVITY INDEX (SISI)	7/1/2008	$17.13	N	Referral Required	$17.13	
92565		STENGER TEST, PURE TONE	1/1/2011	$11.07	N	Referral Required	$12.12	
92566		INPEDANCE TESTING	7/1/2008	$25.30	N	Referral Required		
92567		TYMPANOMETRY	1/1/2011	$14.89	N	Referral Required	$19.58	
92568		ACOUSTIC REFLEX TESTING	1/1/2011	$16.10	N	Referral Required	$19.23	
92569		ACOUSTIC REFLEX DECAY TEST	7/1/2008	$16.09	N	Referral Required	$16.09	
92570		ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING	1/1/2010	$22.93	N			
92571		FILTERED SPEECH TEST	7/1/2008	$14.87	N	Referral Required	$14.87	
92572		STAGGERED SPONDIAC WORD TEST	7/1/2008	$11.88	N	Referral Required	$11.88	
92575		SENSORINEURAL ACUITY LEVEL TEST	7/1/2008	$25.48	N	Referral Required	$25.48	
92576		SYNTHETIC SENTENCE IDENTIFICATION TEST	7/1/2008	$18.51	N	Referral Required	$18.51	
92577		STENGER TEST	1/1/2011	$13.79	N	Referral Required	$18.21	
92579		VISUAL REINFORCEMENT AUDIOMETRY (VRA)	1/1/2011	$41.62	N	Referral Required	$44.05	
92582		CONDITIONING PLAY AUDIOMETRY	7/1/2008	$33.83	N	Referral Required	$33.83	
92583		SELECT PICTURE AUDIOMETRY	7/1/2008	$29.41	N	Referral Required	$29.41	
92584		ELECTROCOCHLEOGRAPHY	1/1/2011	$55.93	N	Referral Required	$70.10	
92585		BRAINSTEM EVOKED RESPONSE RECORDING	7/1/2008	$92.07	N	Referral Required	$43.27	$48.80
92586		AUDITORY EVOKED POTENTIALS FOR EVOKED RESP. AUDIOMETRY TEST NERVOUS SYSTEM, LMTD	1/1/2011	$55.93	N	Referral Required	$59.10	
92587		EVOKED OTOACOUSTIC EMISSIONS; LIMITED	1/1/2011	$32.61	N	Referral Required	$34.76	$6.62
92588		EVOKED OTOACOUSTIC EMISSIONS;COMP/DIAG. EVALUATION	1/1/2011	$56.55	N	Referral Required	$43.28	$19.45
92589		CENTRAL AUDITORY FUNCTION TESTS	7/1/2008	$19.15	N	Referral Required	$19.15	
92590		HEARING AID EXAM AND SELECTION, MONAURAL	7/1/2008	$48.58	N	Referral Required		
92591		HEARING AID EXAMINATION AND SELECTION, BINAURAL	7/1/2008	$97.15	N	Referral Required		
92592		HEARING AID CHECK MONAURAL	7/1/2008	$24.26	N	Referral Required		
92593		HEARING AID CHECK BINAURAL	7/1/2008	$48.58	N	Referral Required		
92594		ELECTROACOUSTIC EVAL FOR HEARING AID, MONAURAL	7/1/2008	$17.72	N	Referral Required		
92595		ELECTRACOUSTIC EVALUATION FOR HEARING AID, BINAURA		$0.00	N	Referral Required		
92596		EAR PROTECTOR ATTENUATION MEASUREMENTS	7/1/2008	$28.66	N	Referral Required	$28.66	
92597		EVAL FOR USE PROSTHETIC/AUGMENTATIVE DEVICE,SPEECH	7/1/2009	$91.80	N	Referral Required		
92601		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT PATIENT UNDER 7 YEARS OF AGE WITH PROGRA	1/1/2011	$145.05	N	Referral Required		
92602		SUBSEQUENT REPROGRAMMING	1/1/2011	$91.05	N	Referral Required		
92603		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT AGE 7 YEARS OR OLDER WITH PROGRAMMING	1/1/2011	$134.07	N	Referral Required		
92604		SUBSEQUENT PROGRAMMING	1/1/2011	$78.85	N	Referral Required		
92607		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COM	7/1/2009	$132.19	N	Referral Required		
92608		EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC	7/1/2009	$25.19	N	Referral Required		
92609		THERAPEUTIC SERVICES FOR THE USE OF SPEECH GENERATING DEVICE INCLUDING PROGRAM	7/1/2009	$70.21	N	Referral Required		
92610		EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	7/1/2009	$67.82	N	Referral Required		
92611		MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING	7/1/2008	$94.01	N	Referral Required		
92612		FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDI	7/1/2008	$143.01	N	Referral Required		
92614		FLEXIBLE FIBEROPTIC ENDOSCOPIC EVAL. LARYNGEAL SENSORY TEST BY CINE OR VIDEO	7/1/2008	$129.27	N	Referral Required		
92616		FIBEROPTIC ENDOSCOPIC EVAL OF SWALLOWING/LARYNGEAL SENSORY TEST BY CINE OR VIDEO	7/1/2008	$179.01	N	Referral Required		
92620		EVALUATION OF CENTRAL AUDITORY FUNCTION, W/ REPORT; INITIAL 60 MINUTES	7/1/2008	$54.10	N	Referral Required		
92621		EVALUATION OF CENTRAL AUDITORY FUNCTION, W/ REPORT, EACH ADDITIONAL 15 MINUTES	7/1/2008	$12.86	N	Referral Required		

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92625		ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, & MASKING)	7/1/2008	$53.76	N	Referral Required		
92626		EVALUATION OF AUDITORY REHABILITATION STATUS, FIRST HOUR	7/1/2009	$74.53	N	Referral Required		
92627		EVALUATION OF AUDITORY REHAB STATUS, EA ADD 15 MIN, ADD-ON	7/1/2009	$18.15	N	Referral Required		
92630		AUDITORY REHABILITATION, PRE-LINGUAL HEARING LOSS		$0.00	N	Referral Required		
92633		AUDITORY REHABILITATION, POST-LINGUAL HEARING LOSS		$0.00	N	Referral Required		
92640		DIAGNOSTIC ANALYSIS W/PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT PER HR	7/1/2008	$46.25	N	Referral Required		
92950		CARDIOPULMONARY RESUSCITATION	1/1/2011	$259.35	N	Referral Required		
92953		TEMP. TRANSCUTANEOUS PACING	7/1/2008	$10.64	N	Referral Required		
92960		ARRHYTHMIA CONVERSN ELECTRICAL	1/1/2011	$232.69	N	Referral Required		
92961		INTERNAL CARDIOVERSION	7/1/2008	$241.84	N	Referral Required		
92970		CARDIO ASSIST METHOD OF CIRCULATORY ASSIST INTERNA	7/1/2008	$167.65	N	Referral Required		
92971		CARDIOASSIST EXTERNAL	7/1/2008	$95.71	N	Referral Required		
92973		PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (ADD-ON)	7/1/2008	$170.13	N	Referral Required		
92974		PLACEMENT OF RADIATION DELIVERY DEVICE FOR CORONARY BRACHYTHERAPY (ADD-ON)	7/1/2008	$155.80	N	Referral Required		
92975		THROMBOLYSIS CORONARY BY INTRACORONARY INFUSION IN	7/1/2008	$374.53	N	Referral Required		
92977		THROMBOLYSIS,BY INTRAVENOUS INFUSION	7/1/2008	$177.07	N	Referral Required		
92978		INTRAVASCULAR ULTRASOUND,IMAGING SUPERV-INTER/REPO (ADD-ON)	1/1/2011	$244.28	N	Referral Required	$154.30	$94.57
92979		INTRAVASCULAR ULTRASOUND,IMAGING SUPERV-INTER/REPO (ADD-ON)	1/1/2011	$149.06	N	Referral Required	$75.93	$75.93
92980		TRANSCATHETER PLACEMENT STENT; SINGLE VESSEL	7/1/2008	$775.80	N	Referral Required		
92981		TRANSCATHETER PLACEMENT-STENT; EA ADD. VESSEL (ADD-ON)	7/1/2008	$215.59	N	Referral Required		
92982		PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY SINGLE VESSEL	7/1/2008	$575.27	N	Referral Required		
92984		PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY (ADD-ON)	7/1/2008	$153.99	N	Referral Required		
92986		PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	7/1/2008	$1,280.84	N	Referral Required		
92987		PERCUATANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	7/1/2008	$1,326.66	N	Referral Required		
92990		PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALV	7/1/2008	$1,012.88	N	Referral Required		
92992		ATRIAL SEPTECTOMY OR SEPTOSTOMY,TRANSVENOUS,BALLOO		$0.00	N	Referral Required		
92993		BLADE METHOD		$0.00	N	Referral Required		
92995		PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY W/W	7/1/2008	$632.80	N	Referral Required		
92996		EACH ADDITIONAL VESSEL	7/1/2008	$166.44	N	Referral Required		
92997		PERCUTANEOUS TRANSLUMINAL PULONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	7/1/2008	$601.11	N	Referral Required		
92998		PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADD. VESSEL	7/1/2008	$301.58	N	Referral Required		
93000		ELECTROCARDIOGRAPHY	1/1/2011	$18.76	N	Referral Required		
93005		PHONOCARDIOGRAM; TRACING W/O INTERPRET OR REPORT	1/1/2011	$10.05	N	Referral Required	$12.76	
93010		ELECTROCARDIOGRAPHY INTERPRETATION AND REPORT ONLY	7/1/2008	$8.15	N	Referral Required		$8.15
93012		TELEPHONIC OR TELEMETRIC TRANSMISSION OF EKG STRIP	7/1/2008	$178.45	N	Referral Required	$178.45	
93014		TELEPHONIC TRANSMISSION ECG; PHYS REVIEW W/INTERP	7/1/2008	$25.66	N	Referral Required	$25.66	
93015		CARDIOVASCULAR STRESS TEST	1/1/2011	$88.15	N	Referral Required		
93016		PHYSICIAN SUPERVISION ONLY,WITHOUT INTERPRETATION	7/1/2008	$22.96	N	Referral Required	$22.96	
93017		CARDIOVASCULAR STRESS TEST	1/1/2011	$49.48	N	Referral Required	$57.48	
93018		CARDIOVASCULAR STRESS TEST	7/1/2008	$14.86	N	Referral Required	$14.86	
93024		ERGONOVINE PROVOCATION TEST	7/1/2008	$110.81	N	Referral Required	$31.03	$79.78
93025		MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	7/1/2008	$226.93	N	Referral Required	$179.27	$47.66
93040		RHYTHM ECG, 1-3 LEADS, W/INTERPRETATION & REPORT	1/1/2011	$12.62	N	Referral Required		
93041		RHYTHM ECG	1/1/2011	$4.96	N	Referral Required	$5.36	
93042		RHYTHM ECG	7/1/2008	$7.41	N	Referral Required		$7.41

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93224		ECG MONITORING, 24 HR REPORT REVIEW INTERPRET	1/1/2011	$99.90	N	Referral Required		
93225		RECORDING	1/1/2011	$29.09	N	Referral Required		
93226		SCANNING ANALYSIS WITH REPORT	1/1/2011	$43.70	N	Referral Required		
93227		PHYSICIAN REVIEW AND INTERPRET	7/1/2008	$26.34	N	Referral Required		
93228		MOBILE CARDIO TELEMTRY W/ECG RECRDNG CONCURNT COMP REAL TIME DATA 24 HRS	1/1/2009	$24.56	N	Referral Required		
93229		TECH SUPRT FOR CONN & PT INST FOR USE, ATTEND SURV &PHYS TRNSMISN DAILY RPTS		$0.00	N	Referral Required		
93230		ECG MONITORING, 24 HR W/O SCANNING	1/1/2011	$101.60	N	Referral Required		
93231		RECORDING	1/1/2011	$27.73	N	Referral Required		
93232		MICRO BASED ANALYSIS, REPORT	1/1/2011	$47.78	N	Referral Required		
93233		PHYSICIAN REVIEW & INTERPRET	7/1/2008	$25.66	N	Referral Required		
93235		ECG MONITOR 24HR COMPUTERIZED	1/1/2011	$111.54	N	Referral Required		
93236		MONITOR DATE ANALYSIS REPORT	7/1/2008	$92.14	N	Referral Required		
93237		PHYSICIAN REVIEW AND INTERPRETATION	7/1/2008	$22.61	N	Referral Required		
93268		PATIENT DEMAND SGL OR MULTI RECORDING PER 30 DAYS	1/1/2011	$230.75	N	Referral Required		
93270		PATIENT DEMAND RECORDING W/MEMORY LOOP; RECORDING	1/1/2011	$15.49	N	Referral Required		
93271		DEMAND RECORDING;MONITORING/ANALYSIS,PER 30 DAYS	1/1/2011	$189.16	N	Referral Required		
93272		PATIENT DEMAND RECORDING PHYSICIAN REVIEW & INTERP	7/1/2008	$25.31	N	Referral Required		
93278		SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAEGC) W/WO E	7/1/2008	$42.94	N	Referral Required	$21.90	$21.04
93279		PROGRM DEVICE EVAL W/ITERATIVE ADJ OF IMPLANT TO TEST SINGL LEAD PCEMKER SYST	1/1/2011	$51.23	N	Referral Required	$16.96	$34.42
93280		DUAL LEAD PACEMAKER SYSTEM	1/1/2011	$60.66	N	Referral Required	$19.49	$41.43
93281		MULTIPLE LEAD PACEMAKER SYSTEM	1/1/2011	$70.45	N	Referral Required	$22.79	$48.43
93282		SINGLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM	1/1/2011	$64.90	N	Referral Required	$21.05	$44.74
93283		DUAL LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM	1/1/2009	$80.21	N	Referral Required	$24.06	$56.15
93284		MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM	1/1/2011	$92.79	N	Referral Required	$27.29	$66.82
93285		IMPLANTABLE LOOP RECORDER SYSTEM	1/1/2011	$43.29	N	Referral Required	$15.89	$28.25
93286		PERI-PROC DEVICE EVAL&PROG DEVICE SYS PARAMETERS BEF& AFTER A SURG/PROC	1/1/2009	$24.98	N	Referral Required	$10.49	$14.49
93287		SINGLE, DUAL, OR MULTI LEAD IMPLANTABLE CARDIOVERTER-DEFIB SYSTEM	1/1/2009	$33.14	N	Referral Required	$11.93	$21.21
93288		NTER DEVICE EVAL W/PHYS ANALYSIS, RVW &RPT, INCL CONNEC& DISCONNEC PER PT ENCNTR	1/1/2011	$38.68	N	Referral Required	$16.56	$22.86
93289		1-2 OR MULTI LEAD IMPLNT CARDIOVRTR-DEFIB SYST INCL ANALY/HRT RHYTH DATA ELE	1/1/2009	$61.28	N	Referral Required	$19.61	$41.67
93290		IMPLANT CARDIOVAS MONITOR SYS INCL ANALYSIS OF 1/MORE REC PHYS CARDIO DATA ELEM	1/1/2009	$29.43	N	Referral Required	$9.12	$20.31
93291		IMPLANTABLE LOOP RECORDER SYSTEM, INCLU HEART RHYTHM DERIVED DATA ANALYSIS	1/1/2011	$37.32	N	Referral Required	$14.75	$23.08
93292		WEARABLE DEFIBRILLATOR SYSTEM	1/1/2009	$34.33	N	Referral Required	$11.33	$23.00
93293		TRS PACEMAKER EVAL 1-2 OR MULTI LEAD PACEMKR INCLD RECRD W&WITHOUT MAGNET	1/1/2011	$51.70	N	Referral Required	$36.32	$16.32
93294		INTER DEVICE EVAL REMOTE ^ TO 90 DA 1-2 OR MULTI LEAD PACEMKR SYS W/INTERIM PHYS	1/1/2011	$34.58	N	Referral Required		
93295		1-2 OR MULT LEAD IMPLNTBLE CARDIOVERTER-DEFIB SYST W/INTERIM PHYS ANALYSIS	1/1/2009	$63.05	N	Referral Required		
93296		1-2 OR MULT LEAD IMPLNTBLE CARDIOVERTER-DEFIB SYST W/INTERIM PHYS ANALYSIS	1/1/2009	$32.04	N	Referral Required		
93297		INTER DEVICE EVAL REMOTE UP TO 30 DAYS IMPLANT CARDIOVAS MONITR SYST INCLUD	1/1/2009	$24.56	N	Referral Required		
93298		IMPLANT LOOP REC SYST, INC ANALYSIS OF REC HRT DATA, PHYS ANALY REVW & REP	1/1/2009	$28.07	N	Referral Required		
93299		IMPLNT CARDIOVAS MONTR SYSTM OR IMPLANT INC ANALYSIS OF 1 OR MORE REC PHYS		$0.00	N	Referral Required		
93303		TRANSTHORACIC ECHOCARDIOGRAPHY-CONGENITAL ANOMALIE	1/1/2011	$193.83	N	Referral Required	$126.99	$74.58
93304		TRANSTHORACIC ECG; FU OR LIMITED STUDY	7/1/2008	$120.59	N	Referral Required	$69.94	$50.65
93306		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D)	1/1/2011	$225.78	N	Referral Required	$168.48	$68.81
93307		ECHOCARDIOGRPHY, REAL TIME SCAN COMPLETE	1/1/2011	$146.28	N	Referral Required	$112.65	$60.66
93308		ECHOCARDIOGRAPHY, REAL TIME SCAN LIMITED	1/1/2011	$98.02	N	Referral Required	$62.93	$40.23
93312		ECHOCARDIOGRAPHY, REAL TIME W/IMAGE DOCUMENTATION	7/1/2008	$288.86	N	Referral Required	$161.76	$127.10

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93313		ECHOCARDIOGRAPHY PLACEMENT OF TRANSESOPHAGEAL PROB	7/1/2008	$39.97	N	Referral Required		
93314		ECHOCARDIOGRAPHY IMAGE ACQUISITION INTERP/REPORT O	7/1/2008	$246.54	N	Referral Required	$172.58	$73.96
93315		TRANSESOPHAGEAL ECG; INCL PROBE-INTER & REPORT	1/1/2011	$268.71	N	Referral Required	$134.14	$139.62
93316		TRANSESOPHAGEAL ECG; PLACEMENT OF PROBE ONLY- PC	7/1/2008	$42.53	N	Referral Required		
93317		TRANSESOPHAGEAL ECG; IMAGE ACQU-INTER & REPORT ONL	1/1/2011	$219.59	N	Referral Required	$136.47	$87.25
93318		ECHOCARDITRANSESOPHAGEAL FOR MONITORING PROBE, REAL TIME IMAGE,INTERP.FOR CARDIA	7/1/2008	$117.83	N	Referral Required	$70.70	$47.13
93320		DOPPLE ECHOCARDIOGRAPHY (ADD-ON)	1/1/2011	$63.72	N	Referral Required	$46.56	$29.76
93321		FOLLOW UP OR LIMITED (ADD-ON)	1/1/2011	$28.58	N	Referral Required	$26.96	$10.49
93325		DOPPLER COLOR FLOW VEL MAPPING (ADD-ON)	1/1/2011	$37.59	N	Referral Required	$32.89	$35.64
93350		ECHOCARDIOGRAPHY, TRANSTHORACIC,W/MONITORING INTER	7/1/2008	$182.02	N	Referral Required	$87.37	$94.65
93351		INCLUD PERFORM OF CONT ECG MONITORING, WITH PHYSICIAN SUPERVISION	1/1/2011	$230.51	N	Referral Required		
93352		USE OF ECG CONTRAST AGENT DURING STRESS ECHO LIST SEPART IN ADDN PRIME PROC	1/1/2011	$33.90	N	Referral Required		
93451		RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT	1/1/2011	$538.85	N	Referral Required	$437.01	$101.83
93452		LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION	1/1/2011	$595.83	N	Referral Required	$417.66	$178.17
93453		COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTIONS	1/1/2011	$799.93	N	Referral Required	$546.09	$233.84
93454		CATHETER PLACEMENT IN CORONARY ARTERY FOR CORONARY ANGIOGRAPHY	1/1/2011	$615.02	N	Referral Required	$435.23	$179.79
93455		CATHETER PLACEMENT IN CORONARY ARTERY FOR CORONARY ANGIOGRAPHY FOR BYPASS GRAFT	1/1/2011	$717.44	N	Referral Required	$509.99	$207.46
93456		CATHETER PLACEMENT IN CORONARY ARTERY WITH RIGHT HEART CATH	1/1/2011	$769.55	N	Referral Required	$539.11	$230.44
93457		CATHETER PLACEMENT IN CORONARY ARTERY WITH RIGHT HEART CATH FOR BYPASS GRAFT	1/1/2011	$871.96	N	Referral Required	$613.96	$258.00
93458		CATHETER PLACEMENT IN CORONARY ARTERY WITH LEFT HEART CATH	1/1/2011	$741.72	N	Referral Required	$522.50	$219.22
93459		CATHETER PLACEMENT IN CORONARY ARTERY WITH LEFT HEART CATH FOR BYPASS GRAFT	1/1/2011	$819.35	N	Referral Required	$572.32	$247.03
93460		CATHETER PLACEMENT IN CORONARY ARTERY	1/1/2011	$876.43	N	Referral Required	$601.20	$275.23
93461		CATHETER PLACEMENT IN CORONARY ARTERY WITH LEFT HEART CATH;LEFT VENT	1/1/2011	$1,004.48	N	Referral Required	$700.90	$303.48
93462		LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE	1/1/2011	$140.02	N	Referral Required		
93463		PHARMACOLOGIC AGENT ADMINISTRATION	1/1/2011	$74.42	N	Referral Required		
93464		PHYSIOLOGIC EXERCISE STUDY	1/1/2011	$177.07	N	Referral Required	$111.58	$65.50
93501		RIGHT HEART CATHETERIZATION	1/1/2011	$698.06	N	Referral Required	$542.18	$221.46
93503		INSERTION & PLACEMENT OF FLOW DIRECTED CATHETER FOR MONITORING PURPOSES-(SP)	7/1/2008	$104.35	N	Referral Required		
93505		ENDOMYOCARDIAL BIOPSY	7/1/2008	$582.40	N	Referral Required	$122.30	$460.10
93508		CATHETER PLACEMENT CORONARY ARTERY CONDUIT, AND/OR GRAFTS FOR ANGIOGRAPHY	7/1/2008	$910.01	N	Referral Required	$609.71	$300.30
93510		LEFT HEART CATHETERIZATION	1/1/2011	$1,116.78	N	Referral Required	$1,100.84	$258.22
93511		LEFT HEART CATHERTERIZATION; BY CUTDOWN	7/1/2008	$1,536.02	N	Referral Required	$1,259.54	$276.48
93514		LEFT HEART CATHERTERIZATION BY LEFT VENTRICULAR PUNCTURE	7/1/2008	$1,627.28	N	Referral Required		$1,627.28
93524		COMBINED TRANSSEPTAL & RETROGRADE LEFT HEART CATHETERIZATION	7/1/2008	$2,021.05	N	Referral Required	$1,616.84	$404.21
93526		COMBINED RT HEART CATHETERIZATION & RETROGRADE LEFT HEART CATHETERIZATION	1/1/2011	$1,429.84	N	Referral Required	$1,389.75	$369.43
93527		COMBINED RT CATH & TRANSSEPTAL LT CATH THRU INTACT SEPTUM	1/1/2011	$2,000.52	N	Referral Required	$1,548.96	$489.15
93528		COMBINED RT CATH W/ LT VENTRICULAR PUNCTURE	7/1/2008	$2,125.43	N	Referral Required	$1,657.84	$467.59
93529		COMBINED RT & LT HEART CATH THRU EXISTING SEPTAL OPENING	7/1/2008	$1,912.00	N	Referral Required	$1,644.32	$267.68
93530		RT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	1/1/2011	$801.74	N	Referral Required	$547.26	$269.55
93531		COMBINED RT HEART CATH & RETROGRADE LT HEAR CATH, FOR CONGEN.CARDIAC ANOM	1/1/2011	$2,092.48	N	Referral Required	$1,641.49	$490.31
93532		COMBINED RT & TRANSSEPTAL LEFT HEART CATHETERIZATION THRU SEPTUM W/W/O CATH	7/1/2008	$2,175.94	N	Referral Required	$1,539.18	$2,175.94
93533		RT & TRANSSEPTAL LEFT HART CATH. THRU EXISTING SEPTAL OPENING W/W/O CATHER	7/1/2008	$1,990.29	N	Referral Required	$1,600.72	$1,990.29
93539		INJECTION PROCEDURE DURING CARDIAC CATH;FOR SELECT.OPACIF.OF ARTERIAL CON.-(SP)	7/1/2008	$58.95	N	Referral Required		
93540		INJEC PROC FOR SELEC OPACIF OF AORTOCORONARY VENOUS BYPASS GRAFTS,1 OR MOR-(SP)	7/1/2008	$165.96	N	Referral Required		
93541		INJECTION PROCEDURE DURING CARDIAC CATH; FOR PULMONARY ANGIOGRAPHY	7/1/2008	$14.86	N	Referral Required		

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93542		INJEC PROC DURING CARDIAC CATH; FOR SELEC RT VENT OR RT ARTRIAL ANGIOG	7/1/2008	$101.47	N	Referral Required		
93543		INJEC PROC DURING CARDIAC CATH;FOR SELEC LT VENT OR LT ATRIAL ANGIOGRAPHY	7/1/2008	$57.47	N	Referral Required		
93544		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOGRAPHY-(SP)	7/1/2008	$42.16	N	Referral Required		
93545		INJECTION PROCEDURE DURING CARDIAC CATH; FOR SELECTIVE CORONARY ANGIO-(SP)	7/1/2008	$117.37	N	Referral Required		
93555		IMAGING SUPERVISION,INTERP & REPORT FOR INJEC PROC DURING CARDIAC CATH-(SP)	1/1/2011	$86.91	N	Referral Required	$134.72	$23.77
93556		IMAGING SUPERVISIONY, INTERP & REPORT DURING INJEC PROC;PULMO ANGIO, AORTO-(SP)	1/1/2011	$118.22	N	Referral Required	$202.36	$27.60
93561		INDICATOR DILUTION STUDIES	7/1/2008	$42.25	N	Referral Required	$9.30	$32.96
93562		INDICATOR DILUTION STUDIES	7/1/2008	$18.99	N	Referral Required	$5.13	$13.86
93563		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION	1/1/2011	$39.64	N	Referral Required		
93564		NJECTION PROCEDURE DURING CARDIAC CATHETERIZATION FREE ART	1/1/2011	$40.38	N	Referral Required		
93565		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION ;LEFT VENT	1/1/2011	$30.73	N	Referral Required		
93566		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; RIGHT VENT	1/1/2011	$120.11	N	Referral Required		
93567		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION FOR SUPRAVALVULAR AORTO	1/1/2011	$99.41	N	Referral Required		
93568		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION;PULM	1/1/2011	$108.72	N	Referral Required		
93571		INTRAVASC DOPPLER VELOCITY CORONARY FLOW RESER MEAS INITIAL VESSEL (ADD-ON)	1/1/2011	$243.28	N	Referral Required	$163.58	$84.27
93572		INTRAVASCULAR DOPPLER VELOCITY CORONARY FLOW RESERVE MEASURE; EA ADDTL VESSEL	7/1/2008	$157.57	N	Referral Required	$110.30	$47.27
93580		PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERARTERIAL COMMUNICATION	7/1/2008	$933.80	N	Referral Required		
93600		BUNDLE OF HIS RECORDING	7/1/2008	$175.18	N	Referral Required	$45.55	$129.63
93602		INTRA-ATRIAL RECORDING	7/1/2008	$144.98	N	Referral Required	$31.90	$113.08
93603		RIGHT VENTRICULAR RECORDING	7/1/2008	$164.95	N	Referral Required	$44.54	$120.41
93609		INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING (ADD-ON)	1/1/2011	$338.88	N	Referral Required	$55.24	$290.01
93610		INTRA-ATRIAL PACING	7/1/2008	$198.31	N	Referral Required	$39.66	$158.65
93612		INTRAVENTRICULAR PACING	7/1/2008	$207.51	N	Referral Required	$47.73	$159.78
93613		INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (ADD-ON)	7/1/2008	$362.26	N	Referral Required	$84.96	$284.41
93615		ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM	7/1/2008	$55.92	N	Referral Required	$10.62	$45.30
93616		ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM W/PACIN	7/1/2008	$87.86	N	Referral Required	$9.66	$78.20
93618		INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	1/1/2011	$345.22	N	Referral Required	$94.96	$256.74
93619		COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION	7/1/2008	$647.05	N	Referral Required	$187.64	$459.41
93620		ELECTROPHYSIOLOGIC EVAL WITH INDUCTION OF ARRHYTHMIA	1/1/2011	$900.53	N	Referral Required	$238.54	$678.91
93621		COMPREHENSIVE ELECTROPHYSIOLOGIC EVAL W/LT ATRIAL (ADD-ON)	7/1/2008	$1,739.67	N	Referral Required	$452.31	$1,287.36
93622		W/LEFT VENTRICULAR RECORDING,WITH OR WITHOUT PACIN (ADD-ON)	7/1/2008	$1,016.63	N	Referral Required		$1,016.63
93623		PROGRAMMED STIMULATION AND PACING (ADD-ON)	7/1/2008	$462.57	N	Referral Required		$462.57
93624		ELECTRPHYSIOLOGIC FOLLOW-UP	7/1/2008	$320.47	N	Referral Required	$64.09	$256.38
93631		INTRA-OPERATIVE CARDIAC PACING AND MAPPING	7/1/2008	$598.44	N	Referral Required	$191.50	$406.94
93640		ELECTROPHYSIOLOGIC EVAL CARDIOVERTER-DEFIB LEAD	7/1/2008	$427.14	N	Referral Required	$170.86	$256.28
93641		WITH TESTING CARDIOVERTER-DEFIB PULSE GENERATOR	1/1/2011	$537.52	N	Referral Required	$197.14	$350.48
93642		ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFI	1/1/2011	$418.97	N	Referral Required	$168.43	$299.42
93650		INTRACARDIAC CATH ABLATION	7/1/2008	$552.75	N	Referral Required	$144.20	$410.40
93651		INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC F	7/1/2008	$838.09	N	Referral Required		
93652		FOR TREATMENT OF VENTRICULAR TACHYCARDIA	7/1/2008	$912.80	N	Referral Required		
93660		AUTONOMIC NERVOUS SYSTEM EVAL W/TILT TABLE EVAL	1/1/2011	$158.76	N	Referral Required	$76.71	$83.10
93662		INTRACARDIAC ECHOCARD THERAP/DIAGNOSTIC IMAGE SUPERVISION/INTERP (ADD-ON)	1/1/2011	$284.39	N	Referral Required	$141.97	$147.77
93701		BIOIMPEDANCE, THORACIC, ELECTRICAL	1/1/2011	$24.33	N	Referral Required	$25.65	$9.49
93720		PLETHYSMOGRAPHY	7/1/2008	$40.59	N	Referral Required		
93721		PLETHYSMOGRAPHY, TRACING ONLY	7/1/2008	$32.80	N	Referral Required	$24.08	

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93722		PLETHYSMOGRAPHY, INTERPRETATION AND REPORT ONLY	7/1/2008	$7.80	N	Referral Required		
93724		ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER S	7/1/2008	$332.70	N	Referral Required	$109.79	$222.91
93740		TEMPERATURE GRADIENT STUDIES	7/1/2008	$19.90	N	Referral Required	$4.78	$15.12
93745		INITIAL SET UP & PROGRAMMING BY PHYS OF WEARABLE CARDIO-DEFIBRILLATOR	7/1/2008	$72.23	N	Referral Required		
93750		INTERROGATION OF VENTRICULAR ASSIST DEVICE PARAMETERS	1/1/2010	$38.06	N			
93760		THERMOGRAM CEPHALIC	7/1/2008	$24.26	N	Referral Required	$15.04	$9.22
93762		PERIPHERAL	7/1/2008	$44.68	N	Referral Required	$29.94	$14.74
93770		DETERMINATION OF VENOUS PRESSURE	7/1/2008	$18.77	N	Referral Required	$1.50	$17.27
93784		AMBULATORY BLOOD PRESSURE MONITORING UTILIZING	1/1/2011	$60.86	N	Referral Required		
93786		AMBULATORY BP MONITORING; RECORDING ONLY	7/1/2008	$29.75	N	Referral Required		
93788		AMBULATORY BP MONITORING; ANALYSIS WITH REPOT	7/1/2008	$16.70	N	Referral Required		
93790		BLOOD PRESSURE MONITORING PHYSICIAN REVIEW/INT REP	7/1/2008	$17.61	N	Referral Required		
93797		PHYSICIAN SERVICES OUTPT CARDIAC REHAB PER SESSION	7/1/2008	$17.13	N	Referral Required		
93798		PHYSICIAN SERVICE OP CARDIAC REHAB W/CONTINUED ECG	7/1/2008	$25.47	N	Referral Required		
93799		UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE		$0.00	N	Referral Required		
93875		NON-INVASIVE PSYC STUDIES OF EXTRACRANIAL ARTERIES	7/1/2008	$93.66	N	Referral Required	$54.32	$39.34
93880		DUPLEX SCAN EXTRACRANIAL ARTERIES; COMPLETE BILATE	7/1/2008	$163.72	N	Referral Required	$126.06	$37.66
93882		DUPLEX SCAN OF EXTRACRANIAL ARTERIES FOLLOW UP/LIM	1/1/2011	$149.66	N	Referral Required	$130.59	$19.51
93886		TRANSCRANIAL DOPPLER STUDY INTRACRANIAL ARTER COMP	1/1/2011	$191.38	N	Referral Required	$138.33	$62.15
93888		TRANSCRANIAL DOPPLER STUDY INTRACRAN ART FOLLOW-UP	1/1/2011	$89.23	N	Referral Required	$102.28	$30.55
93890		TRANSCRANIAL DOPPLER STUDY OF INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY	7/1/2008	$227.15	N	Referral Required	$181.72	$45.43
93892		TRANSCRANIAL DOPPLER STUDY OF INTRACRANIAL ARTERIES; EMBOLI DETECT W/O INJECTION	7/1/2008	$242.76	N	Referral Required	$148.08	$94.68
93893		TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE; EMBOLI DETECT	1/1/2011	$147.30	N	Referral Required	$145.21	$92.84
93922		NONINVASIVE PHYSIOLOGIC STUDIES,UPPER OR LOWER	1/1/2011	$109.67	N	Referral Required	$74.52	$36.71
93923		NONINVASIVE PHYSIOLOGIC STUDIES, UPPER OR LOWER	1/1/2011	$168.60	N	Referral Required	$114.09	$56.19
93924		NONINVASIVE PHYSILOGIC STUDIES,UPPER OR LOWER	7/1/2008	$207.34	N	Referral Required	$138.92	$68.42
93925		DUPLEX SCAN LOWER EXTREMITY ARTERIES COMPLETE BILA	7/1/2008	$162.93	N	Referral Required	$125.46	$37.47
93926		DUPLEX SCAN UPPER EXTREMITY ARTERIES; FOLLOW-UP	7/1/2008	$108.88	N	Referral Required	$94.73	$14.15
93930		DUPLEX SCAN UPPER EXTREMITY ARTERIES; COMPLETE	7/1/2008	$164.53	N	Referral Required	$131.62	$32.91
93931		DUPLEX SCAN UPPER EXTREMITY ARTERIES FOLLOW-UP	1/1/2011	$106.60	N	Referral Required	$97.62	$12.06
93965		NON-INVASIVE PHYSC STUDIES EXTREMITY VEINS BILATER	1/1/2011	$111.78	N	Referral Required	$65.30	$49.27
93970		DUPLEX SCAN EXTREMITY VEINS INC RESPONSES TO COMPR	1/1/2011	$179.33	N	Referral Required	$134.72	$47.34
93971		DUPLEX SCAN - FOLLOW-UP - EXTREMITIES EXT VENOUS	1/1/2011	$113.89	N	Referral Required	$102.90	$18.16
93975		DUPLEX SCAN ARTERIAL INFLOW/VENOUS OUTFLOW OF ABDO	1/1/2011	$234.32	N	Referral Required	$148.62	$112.11
93976		DUPLEX SCAN ARTERIAL FLOW FOLLOW UP OR LIMITED STU	7/1/2008	$174.52	N	Referral Required	$127.40	$47.12
93978		DUPLEX SCAN OF AORTA INFERIOR VENA CAVA ILIAC VASC	7/1/2008	$170.52	N	Referral Required	$127.89	$42.63
93979		FOLLOW UP LIMITED	1/1/2011	$113.18	N	Referral Required	$98.10	$15.97
93980		DUPLEX SCAN ARTERIAL INFLOW/OUTFLOW PENILE VESSELS	7/1/2008	$159.98	N	Referral Required	$84.79	$75.19
93981		DUPLEX SCAN PENILE VESSLES FOLLOW-UP OR LIMITED ST	7/1/2008	$120.06	N	Referral Required	$99.65	$20.41
93990		DUPLEX SCAN OF HEMODIALYSIS ACCESS	7/1/2008	$101.47	N	Referral Required	$86.25	$15.22
94002		VENTILATION ASSIST AND MANAGEMENT, HOSPITAL INPATIENT/OBSERVATION, INIT DAY	7/1/2008	$82.10	N	Referral Required		
94003		VENTILATION ASSIST AND MANAGEMENT, HOSPITAL INPT/OBSERVATION, EA SUBSEQ DAY	7/1/2008	$59.64	N	Referral Required		
94004		VENTILATION ASSIST AND MANAGEMENT, NURSING FACILITY, PER DAY	7/1/2008	$43.21	N	Referral Required		
94010		SPIROMETRY	1/1/2011	$30.66	N	Referral Required	$14.82	$16.05
94011		MEASUR OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN KIDS THRU 2 YEARS OF AGE	1/1/2010	$71.22	N			

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94012		MEASUR OF SPIROMETRIC FORCED EXPIRATORY FLOWS BEFORE AND AFTER BRONCHODILATOR	1/1/2010	$109.66	N			
94013		MEASUREMENT OF LUNG VOLUMES, FORCED VITAL CAPACITY, [FVC] IN AN INFANT THRU 2 YO	1/1/2010	$29.36	N			
94014		PATIENT INITIAT SPIROMETRIC RECORD 30 DY INCL REINFORCED PHY REV & INTERPRETA	7/1/2008	$45.44	N	Referral Required	$17.27	$28.17
94015		PATIENT INITIATED SPIROMETRIC; PER 30 DAY; PHYSICIAN REVIEW & INTERP ONLY	7/1/2008	$21.85	N	Referral Required		
94016		PATIENT INITIAT SPIROMETRIC RECORD PER 30 DY PHY REVIEW & INTERPRETATION ONLY	7/1/2008	$23.60	N	Referral Required	$23.60	
94060		BRONCHODILATION RESPONSIVENESS SPIROMETRY AS IN 94010 PRE/POST BRONCHODILATOR	7/1/2008	$52.86	N	Referral Required	$30.13	$22.73
94070		BRONCHOSPASM PROVACATION EVALUATION MULTIPLE SPIROMETRIC DETERMINATIONS	7/1/2008	$54.27	N	Referral Required	$32.56	$21.71
94150		VITAL CAPACITY	7/1/2008	$9.71	N	Referral Required	$2.62	$7.09
94200		MAXIMUM BREATHING CAPACITY MAXIMAL VOLUNTARY VENT	7/1/2008	$20.66	N	Referral Required	$9.71	$10.95
94240		FUNCTIONAL RESIDUAL CAPACITY	1/1/2011	$35.60	N	Referral Required	$20.67	$14.96
94250		EXPIRED GAS ANALYSIS	7/1/2008	$24.25	N	Referral Required	$8.24	$16.00
94260		THORACIC GAS VOLUME	7/1/2008	$27.97	N	Referral Required	$16.50	$11.47
94350		VENTILATION DIST STUDIES	1/1/2011	$31.53	N	Referral Required	$18.54	$15.17
94360		PULM MECHANICS STUDIES	7/1/2008	$38.57	N	Referral Required	$26.23	$12.34
94370		VENTILATION DIST STUDIES	1/1/2011	$30.85	N	Referral Required	$13.24	$19.05
94375		RESPIRATORY FLOW VOLUMN LOOP	7/1/2008	$33.87	N	Referral Required	$16.60	$17.27
94400		BREATHING RESPONSE TO COZ	7/1/2008	$47.80	N	Referral Required	$12.43	$35.37
94450		BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE)	7/1/2008	$46.13	N	Referral Required	$17.07	$29.06
94610		INTRAPULMONARY SURFACTANT ADMIN BY A PHYSICIAN THROUGH ENDOTRACHEAL TUBE	1/1/2011	$56.43	N	Referral Required		
94620		PULMONARY STRESS TESTING	1/1/2011	$61.75	N	Referral Required	$38.01	$42.87
94621		PULMONARY STRESS TESTING COMPLEX	7/1/2008	$144.62	N	Referral Required	$82.43	$62.19
94640		NONPRESSURED INHALATION TREATMENT FOR ACUTE AIRWAY	7/1/2008	$12.07	N	Referral Required		
94642		AEROSOL INHALATION OF PENTAMIDINE	7/1/2008	$37.37	N	Referral Required		
94644		CONTINUOUS INHALATION TRTMNT W/AEROSOL MEDICATION FOR ACUTE AIRWAY OBST; 1ST HR	1/1/2011	$32.48	N	Referral Required		
94645		CONTINUOUS INHALATION TRTMNT W/AEROSOL MEDICATION/ACUTE AIRWAY OBST; EA ADD HR	1/1/2011	$12.09	N	Referral Required		
94660		CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION	7/1/2008	$52.16	N	Referral Required		
94662		CONTINUOUS NEGATIVE PRESSURE VENTILATION CNP	7/1/2008	$34.09	N	Referral Required		
94664		AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATI	1/1/2011	$13.11	N	Referral Required		
94667		MANIPULATION CHEST WALL SUCH AS CUPPING PERCUSSION	1/1/2011	$18.21	N	Referral Required		
94668		MANIPULATION OF THE CHEST WALL, SUBSEQUENT	7/1/2008	$16.89	N	Referral Required		
94680		GAS ANALYSIS	1/1/2011	$51.92	N	Referral Required	$29.07	$31.49
94681		EXPIRED GAS ANALYSIS	7/1/2008	$71.12	N	Referral Required	$48.36	$22.76
94690		OXYGEN UPTAKE, REST INDIRECT	1/1/2011	$45.06	N	Referral Required	$46.12	$9.45
94720		PULM DIFFUSION STUDIES	1/1/2011	$46.48	N	Referral Required	$29.93	$17.58
94725		PULM DIFFUSION STUDIES	1/1/2011	$55.32	N	Referral Required	$62.59	$15.65
94750		PULM MECHANICS STUDIES	7/1/2008	$62.09	N	Referral Required	$32.91	$29.18
94760		NONINVASIVE EAR/PULSE OXIMETRY	7/1/2008	$2.11	N	Referral Required		
94761		NONINVASIVE EAR/PULSE OXIMETRY FOR 02 SATURATION	1/1/2011	$3.60	N	Referral Required		
94762		NONINVASIVE EAR OR PULSE OXIMETRY	1/1/2011	$20.93	N	Referral Required		
94770		GAS ANALYSIS	1/1/2011	$32.32	N	Referral Required	$17.41	$16.07
94772		CIRCADIAN RESPIRATORY PATTERN RECORDING 12-24	7/1/2008	$205.09	N	Referral Required	$98.44	$106.65
94799		UNLISTED PULMONARY SERVICE OR PROCEDURE		$0.00	N	Referral Required		
95004		PERCUTANEOUS TESTS SCRATCH-PUNCTURE-PRICK PER EACH	7/1/2008	$5.06	N	Referral Required		
95010		PERCUTANEOUS TESTS SEQUENTIAL/INCREMENTAL W/DRUGS	1/1/2011	$16.14	N	Referral Required		
95012		NITRIC OXIDE EXPIRED GAS DETERMINATION	7/1/2008	$17.04	N	Referral Required		

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95015		INTRACUTANEOUS TESTS SEQUENTIAL/INCREMENTAL PER EA	7/1/2008	$11.48	N	Referral Required		
95024		INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS PER TES	7/1/2008	$6.09	N	Referral Required		
95027		SKIN END POINT TITRATION	7/1/2008	$4.72	N	Referral Required	$4.72	
95028		INTRACUTANEOUS TESTS DELAYED REACTION PER EACH	7/1/2008	$9.48	N	Referral Required	$9.48	
95044		PATCH OR APPLICATION TESTS, PER TEST	1/1/2011	$5.29	N	Referral Required		
95052		PHOTO PATCH TEST(S)(SPECIFY NUMBER OF TESTS)	7/1/2008	$7.07	N	Referral Required		
95056		PHOTO TEST	7/1/2008	$24.60	N	Referral Required		
95060		OPTHALMIC MUCOUS MEMBRANE TESTS	7/1/2008	$18.95	N	Referral Required	$18.95	
95065		DIRECT NASAL MUCOUS MEMBRANE TEST	7/1/2008	$15.66	N	Referral Required	$15.66	
95070		INHALATION BRONCHIAL CHALLENGE TESTING	7/1/2008	$53.66	N	Referral Required	$53.66	
95071		INHALATION BRONCHIAL CHALLENGE TESTING W/ANTIGENS	7/1/2008	$67.40	N	Referral Required	$67.40	
95075		INGESTION CHALLENGE TEST	7/1/2008	$59.32	N	Referral Required		
95115		PRO SERVICE ALLERGEN IMMUNO NOT INCL EXTRACT	1/1/2011	$9.03	N	Referral Required		
95117		ALLERGEN IMMUNOTHER NOT INCL EXTRACT, MULTI	1/1/2011	$11.07	N	Referral Required		
95120		IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE	7/1/2008	$18.03	N	Referral Required		
95125		ALLERGEN IMMUNOTHERAPY, MULTIPLE ANTIGENS	7/1/2008	$24.05	N	Referral Required		
95130		ALLERGEN IMMUNOTHERAPY, STINGING INSECT VENOM	7/1/2008	$18.03	N	Referral Required		
95131		ALLERGEN IMMUNOTHERAPY, TWO STINGING INSECT VENOM	7/1/2008	$24.05	N	Referral Required		
95132		IMMUNOTHERAPY-3 STINGING INSECT VENOMS	7/1/2008	$30.04	N	Referral Required		
95133		IMMUNOTHERAPY-4 STINGING INSECT VENOMS	7/1/2008	$36.04	N	Referral Required		
95134		IMMUNOTHERAPHY-5 STINGING INSECT VENOMS	7/1/2008	$42.07	N	Referral Required		
95144		PROFESSIONAL SVC FOR SUPERVISION & PROVISION ANTIG	7/1/2008	$10.06	N	Referral Required		
95145		STINGING INSECT ANTIGENS SINGLE DOSE VIALS	7/1/2008	$13.84	N	Referral Required		
95146		STINGING INSECT ANTIGENS TWO SINGLE DOSE VIALS	7/1/2008	$21.40	N	Referral Required		
95147		THREE SINGLE STINGING INSECT VENOMS MULT DOSE VIAL	7/1/2008	$20.71	N	Referral Required		
95148		ANTIGENS FOUR SINGLE STINGING INSECT VENOMS MULTI	7/1/2008	$28.96	N	Referral Required		
95149		STINGING INSECT ANTIGENS FIVE SINGLE DOSE VIALS	7/1/2008	$38.24	N	Referral Required		
95165		PROF SERVICE FOR SUPERVISION & PROVISION OF ANTIGE	7/1/2008	$10.06	N	Referral Required		
95170		:WHOLE BODY EXTRACT OF BITING INSECT/ARTHROPOD	7/1/2008	$8.00	N	Referral Required		
95180		DESENSITIZATION	7/1/2008	$133.80	N	Referral Required		
95199		UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE		$0.00	N	Referral Required		
95250		GLUCOSE CONTINUOUS MONITORING; UP TO 72 HRS VIA SUBCUTANEOUS SENSOR	1/1/2011	$122.55	N	Referral Required		
95251		AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE. SQ UP TO 72 HRS	7/1/2008	$37.38	N	Referral Required		
95800		SLEEP STUDY AND SLEEP TIME	1/1/2011	$929.58	N	Referral Required	$887.98	$41.61
95801		SLEEP STUDY UNATTENDED	1/1/2011	$1,573.58	N	Referral Required	$1,536.82	$36.75
95805		MULTIPLE SLEEP LATENCY TESTING	1/1/2011	$366.45	N	Referral Required	$333.70	$157.04
95806		SLEEP STUDY, RECORD VENTILATION, RESPIRATORY EFFORT, ECG/HEART RATE, H2O SATURAT	7/1/2008	$190.01	N	Referral Required	$102.61	$87.40
95807		SLEEP STUDY, 3 OR MORE PARAMETERS OTHER THAN STAGI	1/1/2011	$442.22	N	Referral Required	$284.51	$197.71
95808		POLYSOMNOGRAPHY;SLEEP STAGING WITH 1 TO 3 PARAMETE	7/1/2008	$599.80	N	Referral Required	$317.89	$281.91
95810		POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE	1/1/2011	$711.03	N	Referral Required	$391.15	$346.87
95811		POLYSOMNOGRAPHY; 4 OR MORE & ARAMETERS, W/CPAP OR BILEVEL VENTILATION,INC. TECH	1/1/2011	$784.58	N	Referral Required	$421.92	$389.47
95812		EEG EXTENDED MONITORING; UP TO ONE HOUR	7/1/2008	$211.40	N	Referral Required	$99.36	$112.04
95813		EEG, EXTENDED MONITORING; GREATER THAN ONE HOUR	7/1/2008	$261.84	N	Referral Required	$102.12	$159.72
95816		EEG AWAKE/DROWSY W/HYPERVENTILATION AND/OR PHOTIC	7/1/2008	$194.70	N	Referral Required	$95.40	$99.30
95819		EEG-RECORDING AWAKE&ASLEEP W/HYPERVENT.-PHOTIC STI	7/1/2008	$197.11	N	Referral Required	$88.70	$108.41

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95822		ELECTROENCEPHALOGRAM (EEG); SLEEP ONLY	7/1/2008	$214.88	N	Referral Required	$111.74	$103.14
95824		EEG CEREBRAL DEATH EVALUATION ONLY	7/1/2008	$57.25	N	Referral Required	$17.75	$39.50
95827		ELECTROENCEPHALOGRAPHY	7/1/2008	$285.67	N	Referral Required	$151.41	$134.26
95829		ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	7/1/2008	$1,182.79	N	Referral Required	$23.66	$1,159.13
95830		INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES	7/1/2008	$168.57	N	Referral Required		
95831		MUSCLE TESTING	7/1/2009	$23.35	N	Referral Required		
95832		MUSCLE TESTING	7/1/2009	$22.00	N	Referral Required		
95833		MUSCLE TESTING	7/1/2009	$32.63	N	Referral Required		
95834		MUSCLE TESTING	7/1/2009	$38.79	N	Referral Required		
95851		RANGE OF MOTION MEASUREMENTS	7/1/2009	$14.88	N	Referral Required		
95852		RANGE OF MOTION MEASUREMENTS	7/1/2009	$11.49	N	Referral Required		
95857		TENSILON TEST	7/1/2009	$37.98	N	Referral Required		
95860		ELECTROMYOGRAPHY	7/1/2009	$74.22	N	Referral Required	$13.36	$60.86
95861		ELECTROMYOGRAPHY	7/1/2009	$108.10	N	Referral Required	$22.70	$85.40
95863		ELECTROMYOGRAPHY	7/1/2009	$129.00	N	Referral Required	$28.38	$100.62
95864		ELECTROMYOGRAPHY	7/1/2009	$147.24	N	Referral Required	$47.12	$100.12
95865		NEEDLE ELECTRROMYOGRAPHY, LARYNX	7/1/2008	$105.09	N	Referral Required	$27.32	$77.77
95866		NEEDLE ELECTRROMYOGRAPHY, HEMIDIAPHRAGM	7/1/2008	$80.52	N	Referral Required	$20.13	$60.39
95867		ELECTROMYOGRAPHY, CRANIAL NERVES, UNILATERAL	7/1/2009	$64.27	N	Referral Required	$20.57	$43.70
95868		ELECTROMYOGRAPHY, BILATERAL	7/1/2009	$88.48	N	Referral Required	$17.70	$70.78
95869		ELECTROMYOGRAPHY	7/1/2009	$40.57	N	Referral Required	$9.33	$31.24
95870		NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL	7/1/2009	$39.61	N	Referral Required	$9.11	$30.50
95872		ELECTROMYOGRAPHY, SINGLE FIBER, ANY TECHNIQUE	7/1/2009	$155.48	N	Referral Required	$34.21	$121.27
95873		ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION W/CHEMODENERVATION (SP)	7/1/2009	$41.20	N	Referral Required	$9.89	$31.31
95874		NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION W/CHEMODENERVATION (SP)	7/1/2009	$38.97	N	Referral Required	$9.35	$29.62
95875		ISCHEMIC LIMB EXERCISE W/EMG	7/1/2009	$84.51	N	Referral Required	$17.75	$66.76
95900		NERVE CONDUCTION, AMPLITUDE & LATENCY/VELOCITY STUDY, EA NRV, ANY/ALL STS-(SP)	7/1/2009	$47.46	N	Referral Required	$12.81	$34.65
95903		NERVE CONDUCTION, EA NERVE, ANY SITE; MOTOR/W/F-WAVE STUDY-(SP)	7/1/2009	$56.06	N	Referral Required	$11.77	$44.29
95904		NERVE CONDUCTION SENSORY, EACH NERVE.-(SP)	7/1/2009	$41.71	N	Referral Required	$10.01	$31.70
95905		MOTOR AND/OR SENSORY NERVE CONDUCTION, USING ELECTRODE ARRAY(S), AMPLITUDE AND	1/1/2010	$67.14	N		$64.45	$2.69
95920		INTRAOPERATIVE NERVE TESTING (ADD-ON)	1/1/2011	$143.78	N	Referral Required	$37.93	$107.94
95925		SOMATOSENSORY TESTING, ONE OR MORE NERVES	7/1/2008	$92.96	N	Referral Required	$39.97	$52.99
95926		SHORT-LATENCY SOMATOSENSORY STUDY;IN LOWER LIMBS	7/1/2008	$91.73	N	Referral Required	$40.36	$51.37
95927		SHORT-LATENCY SOMATOSENSORY STUDY; TRUNK OR HEAD	7/1/2008	$94.68	N	Referral Required	$41.66	$53.02
95928		CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMU); UPPER LIMBS	7/1/2008	$173.14	N	Referral Required	$86.57	$86.57
95929		CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMU); LOWER LIMBS	7/1/2008	$182.07	N	Referral Required	$103.78	$78.29
95930		VEP TESTING CENTRAL NERVOUS SYSTEM,CHECKER/FLASH	7/1/2008	$96.94	N	Referral Required	$21.33	$75.61
95933		ORBICULARIS OCULI REFLEX	7/1/2008	$59.13	N	Referral Required	$24.24	$34.89
95934		H-REFLEX STUDY; GASTROCNEMIUS/SOLEUS MUSCLE	7/1/2008	$40.43	N	Referral Required	$8.09	$32.34
95936		H-REFLEX STUDY;MUSCLE OTHER THAN GASTROCNEMIUS/SOL	7/1/2008	$37.68	N	Referral Required	$7.54	$30.14
95937		NEUROMUSC JUNCTION TEST	7/1/2008	$50.44	N	Referral Required	$12.11	$38.33
95950		MONITOR FOR LOCALIZATION OF CEREBRAL SEIZURE 24HR	7/1/2008	$214.42	N	Referral Required	$150.09	$64.33
95951		MONITORING LOCALIZ CEREBRAL SEIZURE,EEG W/VIDEO 24	1/1/2011	$1,580.35	N	Referral Required	$949.93	$660.12
95953		MONITORING LOCALIZED CEREBRAL SEIZURE FOCUS COMPUT	7/1/2008	$381.26	N	Referral Required	$228.76	$152.50
95954		PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITO	7/1/2008	$236.23	N	Referral Required	$23.62	$212.61

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95955		EEG DURING NONINTRACRANIAL SURGERY	7/1/2008	$126.51	N	Referral Required	$61.99	$64.52
95956		MONITORING LOCAL CEREBRALSEIZURE FOCUS BY CABLE RA	7/1/2008	$662.92	N	Referral Required	$417.64	$245.28
95957		DIGITAL ANALYSIS OF EEG	7/1/2008	$217.10	N	Referral Required	$84.67	$132.43
95958		WADA ACTIVATION LIST FOR HEMISPHERIC FUNCTION	7/1/2008	$328.26	N	Referral Required	$59.09	$269.17
95961		FUNCTIONAL CORTICAL MAPPING BY STIMULATION ELECTRO	7/1/2008	$211.17	N	Referral Required	$46.46	$164.71
95962		ELECTRODE STIMULATION BRAIN EACH ADD HOUR	7/1/2008	$202.87	N	Referral Required	$42.60	$160.27
95965		MAGNETOENCEPHALOGRAPHY; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY	7/1/2008	$427.77	N	Referral Required	$94.11	$333.66
95966		MAGNETOENCEPHALOGRAPHY; SINGLE EVOKED MAGNETIC FIELDS	7/1/2008	$215.68	N	Referral Required	$47.45	$168.23
95967		MAGNETOENCEPHALOGRAPHY; EACH ADDITIONAL EVOKED MAGNETIC FIELDS (ADD-ON)	7/1/2008	$188.98	N	Referral Required	$41.58	$147.40
95970		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR SIMPLE OR COMPLEX	7/1/2008	$46.17	N	Referral Required		
95971		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR SIMPLE	7/1/2008	$50.09	N	Referral Required		
95972		ELECTRONIC ANALY IMPLANTED NEUROSTIMULATOR COMPLEX SPINAL CORD 1ST HOUR	7/1/2008	$95.08	N	Referral Required		
95973		ELECTRONIC ANALY IMPLANTED NEUROSTIMULATOR COMPLEX SPINAL CORD; EA ADD 30 MIN	7/1/2008	$52.05	N	Referral Required		
95974		ELECTRONIC ANALYS IMPLANTED NEUROSTIMULATOR COMPLEX CRANIAL NERVE; FIRST HOUR	7/1/2008	$160.66	N	Referral Required		
95975		ELECTRONIC ANALYS IMPLANTED NEUROSTIMULATOR COMPLEX CRANIAL; EA ADDTL 30 MINUTES	7/1/2008	$89.03	N	Referral Required		
95978		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; 1ST HR	7/1/2008	$189.65	N	Referral Required		
95979		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIM PULSE GENERTR SYSTEM; EA ADDTL 30 MIN	7/1/2008	$85.55	N	Referral Required		
95980		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR , W/ PROGRAM	5/1/2009	$40.03	N	Referral Required		
95981		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE SYSTEM , W/O REPROGRAM	1/1/2009	$25.23	N	Referral Required		
95982		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR W/ REPROGRAMMING	1/1/2009	$38.19	N	Referral Required		
95990		REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOR FOR DRUG DELIVERY SPIN	7/1/2008	$54.79	N	Referral Required		
95991		REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP/RESERVOIR FOR DRUG DELIVERY	7/1/2008	$81.12	N	Referral Required		
95992		CANALITH REPOSITION (EG, EPLEY MANEUVER, SEMONT MANEUVER) PER DAY		$0.00	N	Referral Required		
95999		UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DX PROCEDUR		$0.00	N	Referral Required		
96000		MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS	7/1/2008	$81.03	N	Referral Required		
96001		MOTION ANALYSIS; WITH DYNAMIC PLANTAR PRESSURE DURING WALKING	7/1/2008	$97.07	N	Referral Required		
96002		MOTION ANALYSIS; ELECTROMYOGRAPHY DURING WALKING/OTHER ACTIVITY, 1-12 MUSCLES	7/1/2008	$18.98	N	Referral Required		
96003		MOTION ANALYSIS; ELECTROMYOGRAPHY, WALKING/OTHER ACTIVITIES, 1 MUSCLE	7/1/2008	$16.78	N	Referral Required		
96004		MOTION ANALYSIS; PHYSICIAN REVIEW/INTERPRETATION WITH WRITTEN REPORT	7/1/2008	$103.06	N	Referral Required		
96101		PSYCHOLOGICAL TESTING, PER HOUR, FACE TO FACE	7/1/2008	$62.45	N	Referral Required		
96102		PSYCHOLOGICAL TESTING, PER HOUR, FACE TO FACE (EG, MMPI, WAIS)) TECHNICIAN	7/1/2008	$43.89	N	Referral Required		
96103		PSYCHOLOGICAL TESTING, ADMINISTERED BY A COMPUTER	7/1/2008	$27.36	N	Referral Required		
96105		ASSESS APHASIA,W/INTERPRETATION-REPORT, PER HOUR	7/1/2008	$62.29	N	Referral Required		
96110		DEVELOPMENTAL TESTING; LIMITED W/INTERPRETATION	1/1/2011	$6.65	N	Referral Required		
96111		DEVELOPMENTAL TESTING EXTENDED W/INTERPRETATION	7/1/2008	$123.26	N	Referral Required		
96116		NEUROBEHAVIORAL STATUS EXAM, PER HOUR	1/1/2011	$89.22	N	Referral Required		
96118		NEUROPSYCHOLOGICAL TESTING, PER HOUR, BY PSYCHOLOGIST	1/1/2011	$98.00	N	Referral Required		
96119		NEUROPSYCHOLOGICAL TESTING, PER HOUR BY TECHNICIAN	1/1/2011	$64.56	N	Referral Required		
96120		NEUROPSYCHOLOGICAL TESTING, ADMINISTERED BY COMPUTER	7/1/2008	$59.63	N	Referral Required		
96150		HEALTH/BEHAVIOR ASSESSMENT; EACH 15 MINUTE FACE-TO-FACE, INITIAL	1/1/2011	$21.98	N	Referral Required		
96151		HEALTH/BEHAVIOR ASSESSMENT; REASSESSMENT	7/1/2008	$21.49	N	Referral Required		
96152		HEALTH/BEHAVIOR INTERVENTION; EACH 15 MINUTES. FACE-TO-FACE; INDIVIDUAL	1/1/2011	$20.19	N	Referral Required		
96153		HEALTH/BEHAVIOR INTERVENTION; EA 15 MIN; GROUP	7/1/2008	$4.76	N	Referral Required		
96154		HEALTH/BEHAVIOR INTERVENTION; EA 15 MIN; FAMILY WITH PATIENT PRESENT	7/1/2008	$20.35	N	Referral Required		
96155		HEALTH/BEHAVIOR INTERVENTION; EA 15 MIN; FAMILY WITHOUT PATIENT PRESENT	7/1/2008	$23.86	N	Referral Required		

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96360		INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	1/1/2009	$49.87	N	Referral Required		
96361		EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC	1/1/2011	$14.32	N	Referral Required		
96365		IV FOR THERAPY, PROPHYLAXIS, OR DIAG (SPECIFY SUBST OR DRUG); INITI 1 HOUR	1/1/2009	$60.86	N	Referral Required		
96366		EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADD TO CODE FOR PRIMARY PROC	1/1/2011	$19.61	N	Referral Required		
96367		ADDTNAL SEQUENTIAL INFUSION, UP TO 1 HR (LIST SEPAR. IN ADDTION TO PRIM PROC)	1/1/2011	$30.50	N	Referral Required		
96368		CONCURRENT INFUSION (LIST SEPARATELY IN ADD TO CODE FOR PRIMARY PROC)	1/1/2011	$18.23	N	Referral Required		
96369		SUBCU INFUS FOR THRPY OR PROPH SPEC SUB/DRUG INIT 1HR,INCL PUMP SET-UP EST SUB S	1/1/2009	$132.32	N	Referral Required		
96370		EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC)	1/1/2011	$14.17	N	Referral Required		
96371		ADDL PUMP SET-UP W/NEW SUBCUTANEOUS INFUSION SITE(S) LIST IN ADD PRIME PROC	1/1/2009	$63.89	N	Referral Required		
96372		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJ(SPECIFY SUBS/DRUG) SUB OR IM	1/1/2009	$19.07	N	Referral Required		
96373		INTRA-ARTERIAL	1/1/2009	$16.40	N	Referral Required		
96374		INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	1/1/2009	$48.36	N	Referral Required		
96375		EA ADD SEQ IV PUSH OF A NEW SUB/DRUG (LIST SEPARATELY IN ADD TO CODE PRIME PROC	1/1/2011	$20.80	N	Referral Required		
96379		UNLIS THERAPUTIC PROPHYLACTIC OR DIAG IV OR INTRA-ARTERIAL INJ OR INFUSION		$0.00	N	Referral Required		
96401		CHEMOTHERAPY ADMINISTRATION, SQ OR IM, NON-HORMONAL ANTI NEOPLASTIC	7/1/2008	$59.15	N	Referral Required		
96402		CHEMOTHERAPY ADMINISTRATION, SQ OR IM, HORMONAL ANTI NEOPLASTIC	1/1/2011	$33.22	N	Referral Required		
96405		CHEMOTHERAPY ADMIN,INTRALESIONAL;UP TO & INCLUD 7L	1/1/2011	$77.95	N	Referral Required		
96406		MORE THAN 7 LESIONS	7/1/2008	$141.80	N	Referral Required		
96409		CHEMOTHERAPY ADMINISTRATION, IV, PUSH TECHNIQUE, SINGLE OR INITIAL	1/1/2011	$100.87	N	Referral Required		
96411		CHEMOTHERAPY ADMINISTRATION, IV, PUSH TECHNIQUE, EA ADD (SP)	1/1/2011	$56.89	N	Referral Required		
96413		CHEMOTHERAPY ADMINISTRATION, IV INFUSION, UP TO 1 HOUR,SINGLE OR INITIAL	1/1/2011	$131.88	N	Referral Required		
96415		CHEMOTHERAPY ADMINISTRATION, IV INFUSION, EACH ADDITIONAL HOUR (SP)	1/1/2011	$28.80	N	Referral Required		
96416		CHEMOTHERAPY ADMINISTRATION, PROLONGED, MORE THAN 8 HOURS	1/1/2011	$144.17	N	Referral Required		
96417		CHEMOTHERAPY ADMINISTRATION, EACH ADDITIONAL, UP TO 1 HOUR	1/1/2011	$65.41	N	Referral Required		
96420		CHEMOTHERAPY INTRA-ARTERIAL PUSH	7/1/2008	$100.93	N	Referral Required		
96422		CHEMOTHERAPY, INTRA-ARTERIAL, UP TO 1 HR INFUSION	7/1/2008	$167.59	N	Referral Required		
96423		CHEMOTHERAPY, INTRA-ARTERIAL; 1 TO 8 HR INFUSION (ADD-ON)	7/1/2008	$72.94	N	Referral Required		
96425		CHEMOTHERAPY; INTRA-ARTERIAL, INIATE PROLONGED INF	7/1/2008	$164.50	N	Referral Required		
96440		CHEMOTHERAPY PLEURAL CAVITY THORACENTESIS	7/1/2008	$320.38	N	Referral Required		
96445		CHEMOTHERAPY PERITONEAL CAVITY PARACENTESIS	7/1/2008	$310.13	N	Referral Required		
96446		CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY	1/1/2011	$125.50	N	Referral Required		
96450		CHEMOTHERAPY CNS LUMBAR PUNCTURE	1/1/2011	$188.64	N	Referral Required		
96521		REFILLING AND MAINTENANCE OF PORTABLE PUMP	1/1/2011	$116.10	N	Referral Required		
96522		REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESEVOIR FOR DRUG DELIVERY	7/1/2008	$101.37	N	Referral Required		
96523		IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	1/1/2011	$22.71	N	Referral Required		
96542		CHEMOTHERAPY INJECTION, SUBARACHNOID/INTRAVENTRICU	7/1/2008	$161.29	N	Referral Required		
96549		UNLISTED CHEMOTHERAPY PROCEDURE		$0.00	N	Referral Required		
96567		PHOTODYNAMIC THERAPY OF SKIN; EACH EXPOSURE SESSION	7/1/2008	$98.73	N	Referral Required		
96570		PHOTODYNAMIC THERAPY FIRST 30 MINUTES (ADD-ON)	7/1/2008	$53.27	N	Referral Required		
96571		PHOTODYNAMIC THERAPY EACH ADDITIONAL 15 MINUTES	7/1/2008	$25.95	N	Referral Required		
96900		ACTINOTHERAPY	7/1/2008	$17.57	N	Referral Required		
96902		MICROSCOPIC EXAM OF HAIRS TO DETERMINE TELOGEN/ANAGEN COUNTS, OR ABNORMALITY.	7/1/2008	$9.71	N	Referral Required		
96910		PHOTOCHEMOTHERAPY, TAR AND ULTRAVIOLET B GOECKERMA	7/1/2008	$52.33	N	Referral Required		
96912		PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A	7/1/2008	$66.96	N	Referral Required		
96913		PHOTOCHEMOTHERAPY BETWEEN 4&8 HRS CARE W/DIRCT SUP	7/1/2008	$90.28	N	Referral Required		

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96920		LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE TOTAL AREA LESS THAN 250 SQ CM	7/1/2008	$145.17	N	Referral Required		
96921		LASER TREATMENT INFLAMMATORY SKIN DISEASE 250 SQ CM TO 500 SQ CM	7/1/2008	$143.06	N	Referral Required		
96922		LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE OVER 500 SQ CM	7/1/2008	$212.88	N	Referral Required		
96999		UNLISTED DERMATOLOGICAL SERVICE OR PROCEDURE		$0.00	N	Referral Required		
97001		PHYSICAL THERAPY EVALUATION	7/1/2009	$66.24	N	Referral Required		
97002		PHYSICAL THERAPY RE-EVALUATION	7/1/2009	$35.41	N	Referral Required		
97003		OCCUPATIONAL THERAPY EVALUATION	7/1/2009	$69.94	N	Referral Required		
97004		OCCUPATIONAL THERAPY RE-EVALUATION	7/1/2009	$40.19	N	Referral Required		
97012		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	7/1/2009	$13.67	N	Referral Required		
97016		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	7/1/2009	$14.01	N	Referral Required		
97018		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	7/1/2009	$7.14	N	Referral Required		
97022		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	7/1/2009	$15.88	N	Referral Required		
97024		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY	7/1/2009	$4.91	N	Referral Required		
97026		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	7/1/2009	$4.59	N	Referral Required		
97028		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	7/1/2009	$5.63	N	Referral Required		
97032		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELEC STIMUL (MANUAL), EA 15 MIN	7/1/2009	$15.26	N	Referral Required		
97033		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS, EACH 15 MIN	7/1/2009	$22.31	N	Referral Required		
97034		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; CONTRAST BATHS, EA 15 MIN	7/1/2009	$13.82	N	Referral Required		
97035		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MIN	7/1/2009	$10.96	N	Referral Required		
97036		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HUBBARD TANK, EACH 15 MIN	7/1/2009	$23.35	N	Referral Required		
97039		UNLISTED MODALITY (SPECIFY TYPE & TIME IF CONSTANT ATTENDANCE)	6/1/2008	$10.12	Y	Referral Required		
97110		PHYSICAL MEDICINE TREATMENT THERAPEUTIC EXERCISES	7/1/2009	$26.50	N	Referral Required		
97112		PHYSICAL MEDICINE TREATMENT NEUROMUSCULAR REEDUCA-	7/1/2009	$27.25	N	Referral Required		
97113		THERAPEUTIC AQUATIC THERAPY W/EXER; 1 TO 1; 15 MIN	7/1/2009	$31.99	N	Referral Required		
97116		PHYSICAL MEDICINE TREATMENT GAIT TRAINING	7/1/2009	$23.22	N	Referral Required		
97139		PHYSICAL MEDICINE TREATMENT UNLISTED PROCEDURE	6/1/2008	$15.32	Y	Referral Required		
97140		MANUAL THERAPY TECHNIQUES; ONE OR MORE REGIONS; EACH 15 MINUTES	7/1/2009	$24.62	N	Referral Required		
97530		THERAPEUTIC ACTIVITIES DIRECT ONE ON ONE PT CONTACT BY PROVIDER EACH 15 MIN	7/1/2009	$27.85	N	Referral Required		
97535		SELF CARE/HOME MGMT TRAINING,ONE-ON-ONE,EA 15 MIN	7/1/2009	$27.89	N	Referral Required		
97537		COMMUNITY/WORK REINTEGRATION,ONE-ON-ONE,EA 15 MIN	7/1/2009	$25.34	N	Referral Required		
97542		WHEELCHAIR MGMT/PROPULSION TRAINING, EACH 15 MIN	7/1/2009	$25.66	N	Referral Required		
97597		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S) SELECTIVE DEBRIDEMENT W/O ANESTH	7/1/2009	$53.43	N	Referral Required		
97598		REMOVAL OF DEVITALIZED TISSUE FROM WOUNDS, ELECTIVE DEBRID,W/O ANES;PER SESSION	7/1/2009	$66.46	N	Referral Required		
97602		NON SELECTIVE DEBRIDE, W/O ANESTHESIA WOUND ASSES. INST. FOR ONGOING CARE,PER 15		$0.00	N	Referral Required		
97605		NEGATIVE PRESSURE WOUND THERAPY, INCL TOPICAL APP, ASSES & INSTRUCT, PER SESSION	7/1/2009	$32.65	N	Referral Required		
97606		NEGATIVE PRESSURE WOUND THERAPY; SURFACE AREA > THAN 50 SQ CENTIMETERS	7/1/2009	$34.97	N	Referral Required		
97750		PHYSICAL TEST/MEASURE,W/WRITTEN REPORT, EACH 15 MI	7/1/2009	$27.13	N	Referral Required		
97760		ORTHOTIC(S) MANAGEMENT AND TRAIN, UPPER, LOWER EXTREM AND/OR TRUNK 15 MIN EACH	7/1/2009	$29.88	N	Referral Required		
97761		PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S) 15 MIN EACH	7/1/2009	$26.81	N	Referral Required		
97762		CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTAB PT 15 MIN EACH	7/1/2009	$30.11	N	Referral Required		
97799		UNLISTED PHYSICAL MEDICINE SERVICE OR PROCEDURE		$0.00	Y	Referral Required		
97957		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELEC DEBRID W/O ANESTHESIA	7/1/2008	$48.82	N	Referral Required		
98925		OSTEOPATHIC MANIPULATIVE TREATMENT,1-2 BODY REGION	7/1/2008	$26.39	N	Referral Required		
98926		OSTEOPATHIC MANIPULATIVE TREATMENT-3 TO 4 REGIONS	7/1/2008	$36.35	N	Referral Required		
98927		OSTEOPATHIC MANIPULATIVE TREATMENT 5 TO 6 REGIONS	7/1/2008	$47.29	N	Referral Required		

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98928		OSTEOPATHIC MANIPULATIVE TREATMENT 7 TO 8 REGIONS	7/1/2008	$55.38	N	Referral Required		
98929		OSTEOPATHIC MANIPULATIVE NINE TO TEN BODY REGIONS	7/1/2008	$63.48	N	Referral Required		
98940		CHIROPRACTIC MANIPULATIVE TX-SPINAL, 1-2 REGIONS	7/1/2008	$23.45	N	Referral Required		
98941		CHIROPRACTIC MANIUPULATIVE TX-SPINAL, 3-4 REGIONS	7/1/2008	$32.53	N	Referral Required		
98942		CHIROPRACTIC MANIPULATIVE TX-SPINAL, 5 REGIONS	7/1/2008	$42.63	N	Referral Required		
99001		HANDLING AND/OR CONVEYANCE OF SPECIMAN FOR TRANSFR	7/1/2008	$8.09	N			
99050		SERVICES PRIOR TO 10PM BUT AFTER OFFICE HOURS	7/1/2008	$13.59	N	Referral Required		
99058		OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	7/1/2008	$6.33	N	Referral Required		
99080		SPECIAL REPORTS	7/1/2008	$10.93	N	Referral Required		
99091		COLLECTION AND INTERPRETATION OF PATIENT TRANSMITTED DATA; MINIMUM 30 MINUTES		$0.00	N	Referral Required		
99143		MODERATE SEDATION SRVC (OTHER THAN 00100-01999) UNDER 5 YRS OLD, 1ST 30 MIN	1/1/2011	$22.86	N	Referral Required		
99144		MODERATE SEDATION SRVC (OTHER THAN 00100-01999) 5 YRS/ OLDER, 1ST 30 MIN	1/1/2011	$18.79	N	Referral Required		
99145		MODERATE SEDATION SRVC, EACH ADDITIONAL 15 MIN ADD-ON	1/1/2011	$9.15	N	Referral Required		
99148		MODERATE SEDATION SRVC, UNDER 5 YRS OLD, 1ST 30 MIN	1/1/2011	$29.84	N	Referral Required		
99149		MODERATE SEDATION SRVC, 5 YRS/ OLDER, 1ST 30 MIN	1/1/2011	$29.84	N	Referral Required		
99150		MODERATE SEDATION SRVC, EACH ADDITIONAL 15 MIN ADD-ON	1/1/2011	$14.92	N	Referral Required		
99170		ANOGENITAL EXAMINATION IN CHILD	7/1/2008	$123.84	N	Referral Required		
99172		OCCULAR FUNCTION SCREENING		$0.00	N	Referral Required		
99173		VISION SCREENING, QUANTITATIVE, BILATERAL	7/1/2008	$26.32	N	Referral Required		
99175		IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUALIZE	7/1/2008	$31.86	N	Referral Required		
99183		PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC	7/1/2008	$184.30	N	Referral Required		
99190		PUMP ASSEMBLY & OPERATION	7/1/2008	$97.15	N	Referral Required		
99191		3/4 HOUR ASSEMBLY & OPERATION OF PUMP W/OXYGENATOR	7/1/2008	$72.84	N	Referral Required		
99192		ASSEMBLY & OPERATION OF PUMP W/OXYGENATOR, 1/2 HR	7/1/2008	$48.58	N	Referral Required		
99195		PHLEBOTOMY	7/1/2008	$51.94	N	Referral Required		
99201		OV OR OP EVALUATION NEW PATIENT A PROBLEM 10 MIN	7/1/2008	$34.15	N	Referral Required		
99202		OV OR OP EVALUATION NEW PATIENT EXPANDED PROBLEM	7/1/2008	$59.02	N	Referral Required		
99203		OV OR OP EVALUATION NEW PATIENT DETAILED 30 MIN	7/1/2008	$86.54	N	Referral Required		
99204		OV OR OP EVALUATION NEW PATIENT COMPREHENSIVE 45MI	7/1/2008	$133.19	N	Referral Required		
99205		OV OR OP EVALUATION NEW PATIENT COMPREHENSIVE 60MI	7/1/2008	$167.67	N	Referral Required		
99211		OV OR OP EVALUATION ESTABLISHED MINIMAL PROBLEM 5	1/1/2011	$18.25	N	Referral Required		
99212		OV OR OP EVALUATION ESTABLISHED- A PROBLEM 10 MIN	7/1/2008	$35.18	N	Referral Required		
99213		OV OR OP EVALUATION ESTABLISHED/EXPANDED 15 MIN	7/1/2008	$57.45	N	Referral Required		
99214		OV OR OP EVALUATION ESTABLISHED/DETAILED 25 MIN	7/1/2008	$86.45	N	Referral Required		
99215		OV OR OP EVALUATION ESTABLISHED/COMPREHENSIVE 40MI	7/1/2008	$117.01	N	Referral Required		
99217		OBSERVATION CARE DISCHARGE DAY MANAGEMENT	7/1/2008	$63.04	N	Referral Required		
99218		INITIAL HOSP OBSERVATION PER DAY LOW COMPLEXITY	7/1/2008	$59.60	N	Referral Required		
99219		INITIAL HOSP OBSERVATION PER DAY MODERATE COMPLEXI	7/1/2008	$98.05	N	Referral Required		
99220		INITIAL HOSP OBSERVATION PER DAY HIGH COMPLEXITY	7/1/2008	$137.88	N	Referral Required		
99221		INITIAL HOSP CARE PER DAY LOW COMPLEXITY 30 MIN	7/1/2008	$83.68	N	Referral Required		
99222		INITIAL HOSP CARE PER DAY MODERATE COMPLEXITY 50MI	7/1/2008	$114.97	N	Referral Required		
99223		INITIAL HOSP CARE PER DAY HIGH COMPLEXITY 70 MIN	7/1/2008	$169.27	N	Referral Required		
99224		SUBSEQUENT OBSERVATION CARE; LOW COMPLEXITY	1/1/2011	$19.78	N	Referral Required		
99225		SUBSEQUENT OBSERVATION CARE; MODERATE COMPLEXITY	1/1/2011	$35.18	N	Referral Required		
99226		SUBSEQUENT OBSERVATION CARE; HIGH COMPLEXITY	1/1/2011	$52.61	N	Referral Required		

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99231		SUBSEQUENT HOSP DAY LOW COMPLEXITY 15 MIN	7/1/2008	$34.77	N	Referral Required		
99232		SUBSEQUENT HOSP DAY MODERATE COMPLEXITY 25 MIN	7/1/2008	$62.39	N	Referral Required		
99233		SUBSEQUENT HOSP DAY HIGH COMPLEXITY 35 MIN	7/1/2008	$89.47	N	Referral Required		
99234		OBSERVATION OR INPATIENT HOSPITAL CARE; DETAILED OR COMPREHENSIVE	7/1/2008	$119.34	N	Referral Required		
99235		OBSERVATION OR INPATIENT HOSPITAL CARE; COMPREHENSIVE, MODERATE COMPLEXITY	7/1/2008	$157.60	N	Referral Required		
99236		OBSERVATION OR INPATIENT HOSPITAL CARE; COMPREHENSIVE, HIGH COMPLEXITY	7/1/2008	$196.20	N	Referral Required		
99238		HOSPITAL DISCHARGE DAY MANAGEMENT	7/1/2008	$63.18	N	Referral Required		
99239		HOSP. DISCHARGE MGMT; MORE THAN 30 MINUTES	7/1/2008	$90.94	N	Referral Required		
99281		ER VISIT NEW/EST PT/A PROBLEM (LIMITED OR MINOR)	7/1/2008	$19.18	N	Referral Required		
99282		ER VISIT NEW/EST PT/A PROBLEM (LOW TO MODERATE)	7/1/2008	$36.14	N	Referral Required		
99283		ER VISIT NEW/EST PT/EXPANDED (MODERATE)	7/1/2008	$57.68	N	Referral Required		
99284		ER VISIT NEW/EST PT/DETAILED (HIGH AND URGENT EVAL	7/1/2008	$107.16	N	Referral Required		
99285		ER VISIT NEW/EST PT COMPREHENSIVE (HIGH & IMMEDIAT	7/1/2008	$159.64	N	Referral Required		
99288		PHY DIRECT EMS/ER CARE ADVANCED LIFE SUPPORT	7/1/2008	$57.59	N	Referral Required		
99291		CRITICAL CARE, EVALUATION & MANAGEMENT, FIRST 30-74 MINUTES	7/1/2008	$242.64	N	Referral Required		
99292		CRITICAL CARE/PROLONGED PRESENCE EACH ADD 30 MIN	7/1/2008	$109.05	N	Referral Required		
99304		INITIAL NURSING FACILITY CARE, PER DAY	7/1/2008	$74.90	N	Referral Required		
99305		INITIAL NURSING FACILITY CARE, PER DAY	7/1/2008	$104.38	N	Referral Required		
99306		INITIAL NURSING FACILITY CARE, PER DAY	7/1/2008	$133.86	N	Referral Required		
99307		SUBSEQUENT NURSING FACILITY CARE, PER DAY	7/1/2008	$36.84	N	Referral Required		
99308		SUBSEQUENT NURSING FACILITY CARE, PER DAY	7/1/2008	$56.61	N	Referral Required		
99309		SUBSEQUENT NURSING FACILITY CARE, PER DAY	7/1/2008	$75.49	N	Referral Required		
99310		SUBSEQUENT NURSING FACILITY CARE, PER DAY	7/1/2008	$110.95	N	Referral Required		
99315		NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	7/1/2008	$54.99	N	Referral Required		
99316		NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	7/1/2008	$71.86	N	Referral Required		
99318		E&M OF PT INVOLVING ANNUAL NURSING FACILITY ASSESSMENT	7/1/2008	$78.43	N	Referral Required		
99324		DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF NEW PATIENT	7/1/2008	$51.71	N	Referral Required		
99325		DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF NEW PATIENT	7/1/2008	$75.25	N	Referral Required		
99326		DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF NEW PATIENT	7/1/2008	$122.87	N	Referral Required		
99327		DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF NEW PATIENT	7/1/2008	$159.66	N	Referral Required		
99328		DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF NEW PATIENT	7/1/2008	$188.70	N	Referral Required		
99334		DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF EST PATIENT	7/1/2008	$52.10	N	Referral Required		
99335		DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF EST PATIENT	7/1/2008	$80.35	N	Referral Required		
99336		DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF EST PATIENT	7/1/2008	$114.04	N	Referral Required		
99337		DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF EST PATIENT	7/1/2008	$163.58	N	Referral Required		
99340		IND PHYSICIAN SUPERVISION OF PT (PT NOT PRESENT) IN HOME, DOMICILE OR REST HOME		$0.00	N	Referral Required		
99341		HOME VISIT NEW PT/A PROBLEM (LOW SEVERITY)	7/1/2008	$51.36	N	Referral Required		
99342		HOME VISIT NEW PT/EXPANDED (MODERATE SEVERITY)	7/1/2008	$75.25	N	Referral Required		
99343		HOME VISIT NEW PT/DETAILED (HIGH SEVERITY)	7/1/2008	$119.69	N	Referral Required		
99344		HOME VISIT FOR E/M OF NEW PATIENT, COMPREHENSIVE	7/1/2008	$156.91	N	Referral Required		
99345		HOME VISIT FOR E/M OF NEW PATIENT; COMPREHENSIVE, HIGH COMPLEXITY	7/1/2008	$188.70	N	Referral Required		
99347		HOME VISIT FOR E/M OF ESTABLISHED PATIENT; PROBLEM FOCUSED	7/1/2008	$49.40	N	Referral Required		
99348		HOME VISIT FOR E/M OF ESTABLISHED PATIENTS; EXPANDED PROBLEM FOCUSED	7/1/2008	$74.51	N	Referral Required		
99349		HOME VISIT FOR E/M OF ESTABLISHED PATIENT; DETAILED EXAM	7/1/2008	$108.99	N	Referral Required		
99350		HOME VISIT FOR E/M OF ESTABLISHED PATIENT; COMPREHENSIVE	7/1/2008	$152.70	N	Referral Required		

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99354		PROLONGED PHY SVCS BEYOND USUAL DUTY - 1ST HOUR (ADD-ON)	7/1/2008	$87.17	N	Referral Required		
99355		PROLONGED PHY SVCS - EACH ADDITIONAL 30 MINUTES.	7/1/2008	$85.94	N	Referral Required		
99356		PROLONGED PHYSICIAN SERVICEW - INPATIENT (ADD-ON)	7/1/2008	$79.86	N	Referral Required		
99357		EACH ADDITION 30 MINUTES	7/1/2008	$80.05	N	Referral Required		
99360		PHYSICIAN STANDBY SERVICE	7/1/2008	$38.88	N	Referral Required		
99381		PREVENTIVE VISIT- NEW PATIENT, INFANT	7/1/2008	$108.25	N	Referral Required		
99382		PREVENTIVE VISIT- NEW PATIENT AGES 1-4	7/1/2008	$121.50	N	Referral Required		
99383		PREVENTIVE VISIT- NEW PATIENT AGE 5-11	7/1/2008	$120.72	N	Referral Required		
99384		PREVENTIVE VISIT- NEW PATIENT AGE 12-17	7/1/2008	$134.65	N	Referral Required		
99385		PREVENTIVE VISIT- NEW PATIENT AGE 18-39	7/1/2008	$134.65	N	Referral Required		
99386		PREVENTIVE VISIT- NEW PATIENT AGE 40-64	7/1/2008	$134.65	N	Referral Required		
99387		PREVENTIVE VISIT- NEW PATIENT AGE 65 YEARS AND OLDER	7/1/2008	$134.65	N	Referral Required		
99391		PREVENTIVE VISIT- ESTABLISHED PATIENT INFANT	7/1/2008	$89.46	N	Referral Required		
99392		PREVENTIVE VISIT- ESTABLISHED PATIENT AGES 1-4	7/1/2008	$102.99	N	Referral Required		
99393		PREVENTIVE VISIT- ESTABLISHED PATIENT AGES 5-11	7/1/2008	$102.60	N	Referral Required		
99394		PREVENTIVE VISIT- ESTABLISHED PATIENT AGES 12-17	7/1/2008	$116.24	N	Referral Required		
99395		PREVENTIVE VISIT- ESTABLISHED PATIENT AGES 18-39	7/1/2008	$116.63	N	Referral Required		
99396		PREVENTIVE VISIT- ESTABLISHED PATIENT AGES 40-64	7/1/2008	$116.63	N	Referral Required		
99397		PREVENTIVE VISIT- ESTABLISHED PATIENT AGES 65 YEARS AND OLDER	7/1/2008	$116.63	N	Referral Required		
99401		COUNSELING HEALTHY INDIVIDUAL 15 MIN	7/1/2008	$41.90	N	Referral Required		
99402		COUNSELING HEALTHY INDIVIDUAL 30 MIN	7/1/2008	$70.86	N	Referral Required		
99403		COUNSELING HEALTHY INDIVIDUAL 45 MIN	7/1/2008	$97.94	N	Referral Required		
99404		COUNSELING HEALTHY INDIVIDUAL 60 MIN	7/1/2008	$126.13	N	Referral Required		
99408		ALCOHOL AND/OR SUBSTANCE ABUSE STRUCTURED SCREEN/BRIEF INTERVEN SERV15 -30 MIN	1/1/2009	$30.01	N	Referral Required		
99409		ALCOHOL &/OR SUBSTANCE ABUSE STRUCTURED SCREEN/BRIEF INTERVEN SER; < 30 MIN	1/1/2009	$58.62	N	Referral Required		
99429		UNLISTED PREVENTIVE MEDICINE SERVICE		$0.00	N	Referral Required		
99450		BASIC LIFE AND/OR DISABILITY EXAMINATION	7/1/2008	$47.50	N	Referral Required		
99460		INITIAL HOSP OR BIRTHING CENTER CARE, PER DAY FOR E&M OF NORMAL NEWBORN INFANT	1/1/2009	$54.01	N	Referral Required		
99461		INITIAL CARE, PER DAY, FOR E & M OF NORMAL NB OTH THAN HOSP OR BIRTH CNTR	1/1/2009	$78.99	N	Referral Required		
99462		SUBSEQUENT HOSP CARE, PER DAY, FOR E&M NORMAL NEWBORN	1/1/2009	$28.81	N	Referral Required		
99463		INITIAL HOSP OR BIRTH CNTR PER DAY FOR E&M OF NORMAL NB ADMIT/DISCH SM DAY	1/1/2009	$72.16	N	Referral Required		
99464		ATTEND AT DELIVERY WHEN REQ BY DELIVERING PHYS & INITIAL STABILIZATION/NB	1/1/2009	$68.02	N	Referral Required		
99465		DELIV/BIRTH RM RESUS PROV/POS PRSSR VENT/CHEST COMPR IN PRES/ACUTE INADEQ VENT	1/1/2009	$138.93	N	Referral Required		
99466		CRIT CARE BY PHYS, DURING TRNSPRT OF CRIT ILL/INJRD PT 0-24 MO, 1ST 30-74 MIN	1/1/2009	$222.07	N	Referral Required		
99467		CRITICAL CARE EA ADD 30 MIN (SP)	1/1/2009	$110.90	N	Referral Required		
99468		INIT INPT NEONATE CRIT CARE, PER DAY, FOR E&M OF CRIT ILL NEONATE, 28 DAYS/LESS	1/1/2009	$832.58	N	Referral Required		
99469		SUB INPT NEONATE CRIT CARE, PER DAY, FOR E&M OF CRIT ILL NEONATE, 28 DAYS/LESS	1/1/2009	$364.86	N	Referral Required		
99471		INITL INPT PEDI CRIT CARE, FOR E&M OF CRIT ILL INFANT/CHILD 29 DAYS - 24 MO OLD	1/1/2009	$740.75	N	Referral Required		
99472		SUBS INPT PED CRIT CARE FOR E&M OF CRIT ILL INFANT/CHILD 29 DAYS - 24 MO OLD	1/1/2009	$367.42	N	Referral Required		
99475		INIT INPT PED CRIT CARE, PER DAY, FOR E&M CRIT ILL INFANT/CHILD, 2-5 YRS OLD	1/1/2009	$511.43	N	Referral Required		
99476		SUB INPT PED CRIT CARE, PER DAY, FOR E&M OF CRIT ILL INFANT/CHILD, 2 - 5 YRS OLD	1/1/2009	$305.07	N	Referral Required		
99477		INITIAL HOSPITAL CARE, PER DAY	1/1/2008	$306.77	N	Referral Required		
99478		SUBS INTENSV CARE, PER DAY, FOR E&M OF LOW BIRTH WGHT INFANT LESS THEN 1500 GRMS	1/1/2009	$131.51	N	Referral Required		
99479		SUBS INTNSVE CARE, PER DAY/E&M OF LOW BIRTH WGHT INFNT PRESNT WT 1500-2500 GMS	1/1/2009	$115.93	N	Referral Required		
99480		SUB INTENSIVE CARE, PER DAY, FOR THE E&M OF INFANT BODY WEIGHT OF 2501-5000 GRMS	1/1/2009	$111.49	N	Referral Required		

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99499		UNLISTED EVALUATION AND MANAGEMENT SERVICE		$0.00	N	Referral Required		
99601		HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HRS)		$0.00	N	Referral Required		
99602		EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADD TO CODE FOR PRIMARY PROC)		$0.00	N	Referral Required		
A0100		NON-EMERGENCY TRANSPORTATION; TAXI		$0.00	Y			
A0110		BUS OR VAN TRAVEL 1 UNIT = 1 LOADED VEHICLE MILE		$0.00	Y			
A0130		NON-EMERG TRANS WHEEL CHAIR VAN		$0.00	N			
A0140		NON-EMERGENCY TRANSPORTATION/AIR TRAVEL (PRIVATE OR COMM) INTRA OR INTER STATE		$0.00	Y			
A0170		PARKING FEES AND TOLLS. 1 UNIT = 1 DAYS TOTAL FEES.		$0.00	N			
A0180		LODGING FOR CLIENT. ONE UNIT = 1 DAYS LODGING.		$0.00	Y			
A0190		CLIENT DAILY MEALS OUT OF STATE.	1/1/2008	$7.00	Y			
A0200		LODGING FOR ATTENDANT. 1 UNIT = 1 DAYS LODGING.		$0.00	Y			
A0210		ATTENDANT DAILY MEALS OUT OF STATE.	1/1/2008	$7.00	Y			
A0225		AMBUL SERV, NEONT TRANS, BASE RATE, EMERG TRAN ONE	1/1/2008	$146.47	Y			
A0380		BASIC LIFE SUPPORT MILEAGE (PER MILE)	1/1/2008	$1.47	Y			
A0390		ALS MILEAGE (PER MILE)	1/1/2008	$1.47	Y			
A0392		ALS DISPOSABLE SUPPLIES; DEFIBRILLATION - SET	1/1/2008	$5.97	N			
A0396		ALS DISPOSABLE SUPPLIES; ESPOHAGEAL INTUBATION	1/1/2008	$6.81	N			
A0398		ALS ROUTINE DISPOSABLE SUPPLIES		$0.00	N			
A0420		AMBULANCE WAITING TIME - ALS OR BLS, 1/2 HOUR INCREMENTS	1/1/2008	$4.42	Y			
A0422		ALS/BLS OXYGEN AND SUPPLIES, LIFE SUSTAINING	1/1/2008	$17.81	Y			
A0424		EXTRA AMBULANCE ATTENDANT, ALS OR BLS	1/1/2008	$145.21	Y			
A0425		GROUND MILEAGE, PER STATUTE MILE	1/1/2008	$4.24	Y			
A0426		AMBULANCE SERVICE ADVANCED LIFE SUPPORT NON EMERGENCY TRANSPORT LEVEL 1	1/1/2008	$102.50	Y			
A0427		ADVANCED LIFE SUPPORT EMERGENCY TRANSPORT LEVEL 1	1/1/2008	$162.30	Y			
A0428		AMBULANCE SERVICE BASIC LIFE SUPPORT NON EMERGENCY TRANSPORT	1/1/2008	$85.42	Y			
A0429		AMBULANCE SERVICE BASIC LIFE SUPPORT EMERGENCY TRANSPORT	1/1/2008	$136.67	Y			
A0430		AMBULANCE SERVICE CONVENTIONAL AIR SERVICE TRANSPORT ONE WAY FIXED WING	1/1/2008	$773.33	Y			
A0431		AMBULANCE SERVICE CONVENTIONAL AIR SERVICE TRANSPORT ONE WAY ROTARY WING	1/1/2008	$899.11	Y			
A0433		ADVANCED LIFE SUPPORT LEVEL 2	1/1/2008	$234.91	Y			
A0434		SPECIALTY CARE TRANSPORT	1/1/2008	$397.21	Y			
A0435		FIXED WING AIR MILEAGE, PER STATUTE MILE	1/1/2008	$6.57	Y			
A0436		ROTARY WING AIR MILEAGE, PER STATUTE MILE	1/1/2008	$17.51	Y			
A0998		AMBULANCE RESPONSE/TREATMENT, NO TRANSPORT		$0.00	Y			
A0999		UNLISTED AMBULANCE SERVICE		$0.00	Y			
A4206		SYRINGE W/NEEDLE STERILE 1CC	1/1/2008	$0.21	N	Referral Required		
A4207		SYRINGE W/NEEDLE STERILE 2CC	1/1/2008	$0.14	N	Referral Required		
A4208		SYRINGE W/NEEDLE, STERILE 3CC	1/1/2008	$0.14	N	Referral Required		
A4209		SYRINGE W/NEEDLE	1/1/2008	$0.28	N	Referral Required		
A4211		SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	1/1/2008	$38.40	N	Referral Required		
A4212		HUBER-TYPE NEEDLE, EACH	1/1/2008	$12.50	N	Referral Required		
A4213		SYRINGE, STERILE 20CC OR GREATER	1/1/2008	$0.60	N	Referral Required		
A4215		NEEDLES ONLY, STERILE, ANY SIZE	1/1/2008	$0.25	N	Referral Required		
A4216		STERILE WATER/SALINE, 10ML	1/1/2008	$0.45	N	Referral Required		
A4217		STERILE WATER/SALINE, 500 ML	1/1/2008	$3.13	N	Referral Required		
A4218		STERILINE SALINE OR WATER, METERED DOSE DISPENSER, 10ML		$0.00	N	Referral Required		

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A4220		REFILL KIT FOR IMPLANTABLE INFUSION KIT		$0.00	N	Referral Required		
A4221		SUPPLIES FOR MAINTENANCE DRUG INF.CATHETER; ONLY 1 PER WK	1/1/2008	$21.23	N	Referral Required		
A4222		SUPPLIES EXT.DRUG INFUSION PUMP PER CASSETTE/BAG	1/1/2008	$42.13	N	Referral Required		
A4223		INFUSION SUPPLIES NOT USED W EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG	1/1/2008	$42.13	N	Referral Required		
A4232		SYRINGE W/NEEDLE EXTERNAL INSULIN PUMP-STERILE-3CC	1/1/2008	$2.49	N	Referral Required		
A4233		REPLACEMENT BATTERY, ALKALINE , FOR USE WITH MEDICALLY NEC HOME BLOOD GLUCOSE	1/1/2008	$6.28	N	Referral Required		
A4234		REPLACEMENT BATTERY, ALKALINE, J CELL FOR USE WITH MEDICALLY NEC HOME GLUCOSE	1/1/2008	$6.28	N	Referral Required		
A4235		REPLACEMENT BATTERY WITH LITHIUM, FOR HOME BLOOD GLUCOSE MONITOR	1/1/2008	$6.28	N	Referral Required		
A4236		REPLACEMENT BATTERY /SILVER OXIDE, FOR HOME BLOOD GLUCOSE MONITOR	1/1/2008	$1.68	N	Referral Required		
A4244		ALCOHOL OR PEROXIDE, PER PINT	1/1/2008	$0.86	N	Referral Required		
A4245		ALCOHOL WIPES, PER BOX	1/1/2008	$1.65	N	Referral Required		
A4246		BETADINE OR PHISOHEX SOLUTION PER PINT	1/1/2008	$10.91	N	Referral Required		
A4247		BETADINE OR IODINE SWABS/WIPES, PER BOX	1/1/2008	$10.98	N	Referral Required		
A4248		CHLORHEXIDINE CONTAINING ANTISEPTIC, 1ML	1/1/2008	$1.73	N	Referral Required		
A4250		URINE TES OR REAGENT STRIPS OR TABLETS-100	1/1/2008	$33.00	N	Referral Required		
A4253		BLOOD GLUCOSE TEST STRIPS/HOME MONITER 50 STRIPS	1/1/2008	$34.70	N	Referral Required		
A4255		PLATFORMS FOR HOME GLUCOSE MONITOR; 50 PER BOX	1/1/2008	$3.92	N	Referral Required		
A4256		NORMAL, LOW AND HIGH CALIBRATOR SOLUTION/ CHIPS	1/1/2008	$10.92	N	Referral Required		
A4257		REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH	1/1/2008	$12.69	Y	Referral Required		
A4258		SPRING-POWERED DEVICE FOR LANCE	1/1/2008	$16.93	N	Referral Required		
A4259		LANCETS, BOX 100 = 1 UNIT	1/1/2008	$10.38	N	Referral Required		
A4261		CERVICAL CAP FOR CORTRACEPTIVE USE		$0.00	N			
A4262		TEMPORARY ABSORBABLE LACRIMALDUCT IMPLANT EACH		$0.00	N	Referral Required		
A4263		PERM. NON DISSOLUABLE LACRIMAL DUCT IMPLANT, EACH	1/1/2008	$31.59	N	Referral Required		
A4264		PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE/DELIVERY SYSTEM		$0.00	N	Referral Required		
A4266		DIAPHRAGM FOR CONTRACEPTIVE USE	1/1/2008	$25.07	N			
A4280		ADHESIVE SKIN ATTACHMENT FOR EXTERNAL BREAST PROSTHESIS, EACH	1/1/2008	$4.57	N	Referral Required		
A4281		TUBING FOR BREAST PUMP REPLACEMENT	1/1/2008	$7.50	Y	Referral Required		
A4283		CAP FOR BREAST PUMP BOTTLE REPLACEMENT	1/1/2008	$1.12	Y	Referral Required		
A4284		BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP REPLACEMENT	1/1/2008	$17.25	Y	Referral Required		
A4285		POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP REPLACEMENT	1/1/2008	$3.50	Y	Referral Required		
A4286		LOCKING RING FOR BREAST PUMP REPLACEMENT		$0.00	Y	Referral Required		
A4290		SACRAL NERVE STIMULATION TEST, LEAD, EACH		$0.00	N	Referral Required		
A4300		IMPLANTABLE ACCESS CATHETER, EXT. ACCESS (VEN,ART,		$0.00	N	Referral Required		
A4301		IMPLANTABLE ACCESS TOTAL SYSTEM; CATHETER, PORT/RE		$0.00	N	Referral Required		
A4305		DISPOSABLE DRUG DELIVERY SYSTEM FLOW RATE 50 ML OR	1/1/2008	$8.80	N	Referral Required		
A4306		DISPOSABLE DRUG DELIVERY SYSTEM 5 ML OR LESS PER H	1/1/2008	$8.80	N	Referral Required		
A4310		INSERTION TRAY W/O DRAINAGE BAG	12/1/2008	$5.01	N	Referral Required		
A4311		INSERTION TRAY WO/DRAINAGE BAG W/CATHETER FOLEY TY	1/1/2008	$12.04	N	Referral Required		
A4312		INSERT TRAY, INDWEL CATH, W/O BAG, 2-WAY, SILICONE	12/1/2008	$12.79	N	Referral Required		
A4313		INSERTION TRAY W/O BAG, W/CATH, 3-WAY IRRIGATION	12/1/2008	$12.79	N	Referral Required		
A4314		INSERTION TRAY W//DRAINAGE W/CATCH,FOLEY TYPE,2 WA	12/1/2008	$17.05	N	Referral Required		
A4315		INSERT TRAY SILICONE W/DRAINAGE BAG;INDWELLING CAT	1/1/2008	$21.39	N	Referral Required		
A4316		INSERT TRAY,W/BAG & INDWEL CATH, 3-WAY,CONT IRRG	12/1/2008	$18.42	N	Referral Required		
A4320		IRRIGATION TRAY FOR BLADDER	12/1/2008	$4.83	N	Referral Required		

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A4322		IRRIGATION SYRINGE,BULB OR PISTON	1/1/2008	$2.53	N	Referral Required		
A4326		MALE EXTERNAL CATHETER SPECIALTY TYPE	12/1/2008	$8.23	N	Referral Required		
A4327		FEMALE EXTERNAL URINARY COLLECTION DEVICE MEATAL C	12/1/2008	$34.05	N	Referral Required		
A4328		FEMALE EXT URINARY COLLECTION DEVICE POUCH EACH	12/1/2008	$8.13	N	Referral Required		
A4331		EXTENSION DRAINAGE TUBING ANY TYPE/LENGTH W/CONNECTOR/ADAPTOR FOR LEG BAG POUCH	1/1/2008	$3.04	N	Referral Required		
A4332		LUBRICANT IND. STERILE PACKET FOR INSERTION OF URINARY CATHETER, EACH	12/1/2008	$0.10	N	Referral Required		
A4333		URINARY ANCHORING DEVICE ADHESIVE SKIN ATTACHMENT, EACH	1/1/2008	$2.10	N	Referral Required		
A4334		URINARY CATHETER ANCHORING DEVICE LEG STRAP, EACH	12/1/2008	$4.19	N	Referral Required		
A4335		INCONTINENCE SUPPLY, MISCELLANEOUS		$0.00	Y	Referral Required		
A4336		INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EA		$0.00	N	Referral Required		
A4338		FOLEY CATHETER	12/1/2008	$9.36	N	Referral Required		
A4340		INDWELLING CATHETER SPECIALITY TYPE	12/1/2008	$24.22	N	Referral Required		
A4344		INDWELLING CATHETER, FOLEY TYPE, TWO	12/1/2008	$11.58	N	Referral Required		
A4346		INDWEL CATH,FOLEY,3-WAY,CONTINUOUS IRRGATION	1/1/2008	$15.89	N	Referral Required		
A4349		MALE EXTERNAL CATHETER, W OR W/O ADHESIVE, DISPOSABLE, EACH	12/1/2008	$1.72	N	Referral Required		
A4351		INTERMITTANT URINARY CATHETER STRAIGHT TIP WITH OR WITHOUT COATING, EACH	12/1/2008	$1.31	N	Referral Required		
A4352		INTERMITTENT URINARY CATHETER, COUDE (CURVED) TIP, WITH OR WITHOUT COATING, EA.	12/1/2008	$4.90	N	Referral Required		
A4353		INTERMITTENT URINARY CATHETER,W/INSERTION SUPPLIES	1/1/2008	$6.67	N	Referral Required		
A4354		CATHETER INSERTION	12/1/2008	$8.46	N	Referral Required		
A4355		CONTINUOS IRRIG TUBING SET FOR 3-WAY INDWELL CATH	12/1/2008	$6.43	N	Referral Required		
A4356		INCONTINENCE CLAMP	12/1/2008	$29.59	N	Referral Required		
A4357		URINARY DRAINING BAG	12/1/2008	$6.54	N	Referral Required		
A4358		URINARY DRAINAGE BAG LEG OR ABDOMEN VINYL; WITH OR WITHOUT STRAPS	12/1/2008	$4.30	N	Referral Required		
A4361		OSTOMY FACE PLATE - EACH	1/1/2008	$17.52	N	Referral Required		
A4362		SKIN BARRIER, 4X4 OR EQUIVOLENT EACH	1/1/2008	$3.30	N	Referral Required		
A4363		OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	1/1/2008	$2.36	N	Referral Required		
A4364		OSTOMYSKIN BOND OR CEMET (PER OZ)	1/1/2008	$2.80	N	Referral Required		
A4366		OSTOMY VENT, ANY TYPE, EACH	1/1/2008	$2.81	N	Referral Required		
A4367		OSTOMY BELT	1/1/2008	$6.58	N	Referral Required		
A4368		OSTOMY FILTER ANY TYPE, EACH	1/1/2008	$0.25	N	Referral Required		
A4369		OSTOMY SKIN BARRIER, LIQUID. (SPRAY, BRUSH, ETC), PER OUNCE	1/1/2008	$1.96	N	Referral Required		
A4370		OSTOMY SKIN BARRIER, PASTE, PER OUNCE	1/1/2008	$3.22	N	Referral Required		
A4371		OSTOMY SKIN BARRIER, POWDER, PER OUNCE	1/1/2008	$3.43	N	Referral Required		
A4372		OSTOMY SKIN BARRIER,SOLID 4X4 OR EQUIV.STANDARD WEAR, BUILT IN CONVEXITY, EACH	1/1/2008	$3.98	N	Referral Required		
A4373		OSTOMY SKIN BARRIER, W/FLANGE STANDARD WEAR, BUILT-IN CONVEXITY, ANY SIZE, EACH	1/1/2008	$5.99	N	Referral Required		
A4374		OSTOMY SKIN BARRIER, W/ FLANGE, EXTENDED WEAR, BUILT-IN CONVEXITY, ANY SIZE, EA	1/1/2008	$8.05	N	Referral Required		
A4375		OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	1/1/2008	$16.38	N	Referral Required		
A4376		OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	1/1/2008	$45.38	N	Referral Required		
A4377		OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	1/1/2008	$4.09	N	Referral Required		
A4378		OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	1/1/2008	$29.33	N	Referral Required		
A4379		OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	1/1/2008	$14.33	N	Referral Required		
A4380		OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	1/1/2008	$35.60	N	Referral Required		
A4381		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	1/1/2008	$4.40	N	Referral Required		
A4382		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	1/1/2008	$23.48	N	Referral Required		
A4383		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	1/1/2008	$26.89	N	Referral Required		

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A4384		OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	1/1/2008	$9.18	N	Referral Required		
A4385		OSTOMY SKIN BARRIER, SOLID 4X4/EQUIV. EXTENDED WEAR, W/O BUILT-IN CONVXITY, EACH	1/1/2008	$4.86	N	Referral Required		
A4386		OSTOMY SKIN BARRIER, W/ FLANGE, EXTENDED WEAR, W/O BUILT-IN CONVXITY, ANY SZ, EA	1/1/2008	$6.41	N	Referral Required		
A4387		OSTOMY POUCH CLOSED, STND WEAR BARRIER ATACHD, W/ BUILT-IN CONVEXITY (1), EACH	1/1/2008	$3.83	N	Referral Required		
A4388		OSTOMY POUCH, DRAINABLE, W/STAND WEAR BARRIER ATACHD, W/O BUILT-IN CONVXTY, EA	1/1/2008	$4.16	N	Referral Required		
A4389		OSTOMY POUCH, DRAINABLE,W/STAND WEAR BARRIER ATACHD, W/BUILT-IN CONVXITY, 1 PC	1/1/2008	$5.93	N	Referral Required		
A4390		OSTOMY POUCH, DRAINABLE, W/EXTND WEAR BARRIER, W/ BUILT-IN CONVEXITY, 1 PC, EA	1/1/2008	$9.17	N	Referral Required		
A4391		OSTOMY POUCH, URINARY, W/ EXTND WEAR BARRIER, W/O BUILT-IN CONVEXITY, 1 PC, EACH	1/1/2008	$6.74	N	Referral Required		
A4392		OSTOMY POUCH, URINARY W/ STAND WEAR BARRIER, W/BUILT-IN CONVEXTIY, 1 PIECE, EACH	1/1/2008	$6.34	N	Referral Required		
A4393		OSTOMY POUCH, URINARY, W/ EXTENDED WEAR BARRIER, W/ BUILT-IN CONVEXITY, 1 PC, EA	1/1/2008	$8.75	N	Referral Required		
A4394		OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	1/1/2008	$2.46	N	Referral Required		
A4395		OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	1/1/2008	$0.05	N	Referral Required		
A4396		OSTOMY BELT WITH PERISTOMA/HERNIA SUPPORT	1/1/2008	$38.61	N	Referral Required		
A4397		IRRIGATION SUPPLY	1/1/2008	$4.57	N	Referral Required		
A4398		OSTOMY IRRIGATION SUPPLY; BAG, EACH	1/1/2008	$13.17	N	Referral Required		
A4399		OSTOMY IRRIGATION SUPPLY; CONE, CATHETER AND BRUSH	1/1/2008	$9.95	N	Referral Required		
A4402		OSTOMY LUBRICANT/KY JELLY (PER OZ)	1/1/2008	$1.32	N	Referral Required		
A4404		OSTOMY RINGS	1/1/2008	$1.61	N	Referral Required		
A4405		OSTOMY SKIN BARRIER NONPECTIN BASED PASTE PER OUNCE	1/1/2008	$3.36	N	Referral Required		
A4406		OSTOMY SKIN BARRIER PECTIN-BASED PASTE PER OUNCE	1/1/2008	$5.68	N	Referral Required		
A4407		OSTOMY SKIN BARRIER WITH FLANGE SOLID FLEXIBLE OR ACCORDION 4X4 OR SMALLER EACH	1/1/2008	$8.91	N	Referral Required		
A4408		OSTOMY SKIN BARRIER WITH FLANGE SOLID FLEXIBLE OR ACCORDION WITH BUILT IN CONVEX	1/1/2008	$6.13	N	Referral Required		
A4409		OSTOMY SKIN BARRIER W/FLANGE W/O BUILT IN CONVEXITY 4X4 OR SMALLER	1/1/2008	$6.15	N	Referral Required		
A4410		OSTOMY SKIN BARRIER W/ FLANGE WITHOUT BUILT IN CONVEXITY LARGER THAN 4X4 INCHES	1/1/2008	$8.94	N	Referral Required		
A4411		OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, BUILT IN CONVEXITY	1/1/2008	$5.10	N	Referral Required		
A4412		OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER	1/1/2008	$2.70	N	Referral Required		
A4413		OSTOMY POUCH DRAINABLE HIGH OUTPUT FOR USE ON A BARRIER W/ FLANGE W/ FILTER EACH	1/1/2008	$5.44	N	Referral Required		
A4414		OSTOMY SKIN BARRIER W/ FLANGE WITHOUT BUILTIN CONVEXITY 4X4 INCHES OR SMALLER EA	1/1/2008	$4.89	N	Referral Required		
A4415		OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION) WITHOUT BUILT-IN	1/1/2008	$5.93	N	Referral Required		
A4416		OSTOMY POUCH, CLOSED, W/BARRIER ATTACHED, W/FILTER (1 PIECE), EACH	1/1/2008	$2.81	N	Referral Required		
A4417		OSTOMY POUCH, CLOSED, W/BARRIER ATTACHED, W/BUILTIN CONVEXITY, W/FILTER	1/1/2008	$3.80	N	Referral Required		
A4418		OSTOMY POUCH, CLOSED, W/BARRIER ATTACHED, W/FILTER	1/1/2008	$1.85	N	Referral Required		
A4419		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER W/NONLOCKING FLANGE, W/FILTER	1/1/2008	$1.78	N	Referral Required		
A4420		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER W/NONLOCKING FLANGE (2 PIECE)	1/1/2008	$4.16	N	Referral Required		
A4421		OSTOMY SUPPLIES MISC. URETEROSTOMY SUPPLIE NOS		$0.00	N	Referral Required		
A4422		OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH	1/1/2008	$0.12	N	Referral Required		
A4423		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER W/LOCKING FLANGE, W/FILTER EACH	1/1/2008	$4.16	N	Referral Required		
A4424		OSTOMY POUCH, DRAINABLE, W/BARRIER ATTACHED, W/FILTER 1 PIECE, EACH	1/1/2008	$4.85	N	Referral Required		
A4425		OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER W/NONLOCKING FLANGE 2 PIECE, EACH	1/1/2008	$3.66	N	Referral Required		
A4426		OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER W/LOCKING FLANGE 2 PC SYSTEM, EACH	1/1/2008	$2.41	N	Referral Required		
A4427		OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER W/LOCKING FLANGE, W/FILTER 2PC, EACH	1/1/2008	$3.66	N	Referral Required		
A4428		OSTOMY POUCH, URINARY W/EXTENDED WEAR BARRIER ATTACHED, W/FAUCET-TYPE TAP	1/1/2008	$6.65	N	Referral Required		
A4429		OSTOMY POUCH, URINARY W/BARRIER ATTACHED, W/BUILT IN CONVEXITY, W/FAUCET TYPE	1/1/2008	$8.42	N	Referral Required		
A4430		OSTOMY POUCH, URINARY W/EXTEND WEAR BARRIER ATTACHED, W/BUILT IN CONVEXITY	1/1/2008	$8.70	N	Referral Required		
A4431		OSTOMY POUCH, URINARY W/BARRIER ATTACH. W/FAUCET TYPE TAP W/VALVE 1 PC EACH	1/1/2008	$6.35	N	Referral Required		

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A4432		OSTOMY POUCH, URINARY, FOR USE ON BARRIER W/NONLOCKING FLANGE, W/FAUCET TYPE TAP	1/1/2008	$3.67	N	Referral Required		
A4433		OSTOMY POUCH, URINARY, FOR USE ON BARRIER W/LOCKING FLANGE 2 PCS, EACH	1/1/2008	$3.41	N	Referral Required		
A4434		OSTOMY POUCH, URINARY; FOR USE ON BARRIER W/FAUCET TYPE TAPE W/VALVE 2PC, EACH	1/1/2008	$3.84	N	Referral Required		
A4450		TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	1/1/2008	$0.09	N	Referral Required		
A4452		TAPE, WATERPROOF, PER 18 SQUARE INCHES	1/1/2008	$0.36	N	Referral Required		
A4454		TAPE ALL SIZES AND TYPES	1/1/2008	$2.12	N	Referral Required		
A4455		SOLVENT REMOVER (PER OZ)	1/1/2008	$1.36	N	Referral Required		
A4456		ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	1/1/2010	$0.26	N	Referral Required		
A4458		ENEMA BAG WITH TUBING, REUSEABLE	1/1/2008	$9.00	N	Referral Required		
A4460		ELASTIC BANDAGE, PER ROLL (ACE)	1/1/2008	$1.14	N	Referral Required		
A4461		SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	4/1/2009	$3.45	N	Referral Required		
A4463		SURGICAL DRESSING HOLDER, REUSABLE, EACH	4/1/2009	$13.98	N	Referral Required		
A4464		JOINT SUPPORT DEVICE/GARMENT ELASTIC OR EQUAL, EACH		$0.00	N	Referral Required		
A4465		NON-ELASTIC BINDER FOR EXTREMITY		$0.00	Y	Referral Required		
A4470		GRAVLEE JET WASHER	1/1/2008	$24.41	N	Referral Required		
A4480		VABRA ASPIRATOR	1/1/2008	$112.50	N	Referral Required		
A4481		THRACHEOSTOMA FILTER, ANY SIZE/TYPE; EACH	1/1/2008	$0.37	N	Referral Required		
A4483		MOISTURE EXCHANGER DISPOSABLE FOR USE WITH INVASIVE MECHANICAL VENT	1/1/2008	$8.18	N	Referral Required		
A4490		SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	1/1/2008	$8.27	N	Referral Required		
A4495		SURGICAL STOCKINGS THIGH LENGTH, EACH	1/1/2008	$12.80	N	Referral Required		
A4500		SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH	1/1/2008	$8.27	N	Referral Required		
A4510		SURGICAL STOCKINGS FULL LENGTH, EACH	1/1/2008	$13.80	N	Referral Required		
A4550		SURGICAL TRAYS	1/1/2008	$16.98	N	Referral Required		
A4554		DISPOSABLE UNDERPADS, ALL SIZES	1/1/2008	$0.56	N	Referral Required		
A4556		ELECTRODES	1/1/2008	$9.84	N	Referral Required		
A4557		LEAD WIRES - E.G. APNEA MONITER	1/1/2008	$20.13	N	Referral Required		
A4558		CONDUCTIVE PASTE OR GEL	1/1/2008	$5.20	N	Referral Required		
A4559		COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ	4/1/2009	$0.11	N	Referral Required		
A4561		PESSARY RUBBER, ANY TYPE	1/1/2008	$17.78	N	Referral Required		
A4562		PESSARY NON-RUBBER ANY TYPE	1/1/2008	$44.25	N	Referral Required		
A4565		SLINGS	1/1/2008	$9.73	N	Referral Required		
A4570		SPLINT		$0.00	N	Referral Required		
A4572		RIB BELT	1/1/2008	$14.91	N	Referral Required		
A4590		SPEC CAST MAT,HEXCELITE & LIGHT CAST, PER ROLL	1/1/2008	$36.30	N	Referral Required		
A4595		TENS SUPPLIES, 2 LEAD, PER MONTH	1/1/2008	$27.04	N	Referral Required		
A4604		TUBING W/ INTEGRATED HEATING ELEMENT/ USE WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2008	$66.81	N	Referral Required		
A4605		TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	1/1/2008	$14.30	N	Referral Required		
A4606		OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	1/1/2008	$190.00	Y	Referral Required		
A4608		TRANSTRACHEAL OXYGEN CATHETER, EACH	1/1/2008	$58.32	N	Referral Required		
A4611		BATTERY REPLACEMENT-VENTILATOR	1/1/2008	$159.27	N	Referral Required		
A4612		BATTERY CABLES-VENTILATOR REPLACEMENT	1/1/2008	$76.24	N	Referral Required		
A4613		BATTERY CHARGER FOR VENTILATOR	1/1/2008	$137.55	N	Referral Required		
A4614		PEAK EXPIRATORY FLOW RATE METER, HAND HELD	1/1/2008	$27.00	N	Referral Required		
A4615		NASAL CANNULA	1/1/2008	$2.59	N	Referral Required		
A4616		TUBING, OCXYGEN, PER FOOT	1/1/2008	$0.18	N	Referral Required		

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A4617		MOUTH PIECE	1/1/2008	$0.95	N	Referral Required		
A4618		BREATHING CIRCUITS	1/1/2008	$7.21	N	Referral Required		
A4619		FACE TENT	1/1/2008	$1.21	N	Referral Required		
A4620		VARIABLE CONCENTRATION MASK	1/1/2008	$2.75	N	Referral Required		
A4623		TRACHEOSTOMY; INNER CANNULA (REPLACEMENT ONLY)	1/1/2008	$5.31	N	Referral Required		
A4624		TRACHEAL SUCTION CATHETER ANY TYPE, EACH	1/1/2008	$2.51	N	Referral Required		
A4625		TRACHEOSTOMY CARE OR CLEANING STARTER KIT	1/1/2008	$5.62	N	Referral Required		
A4626		TRACHEOSTOMY CLEANING BRUSH; EACH	1/1/2008	$2.59	N	Referral Required		
A4628		OROPHARANGEAL SUCTION CATHETER, EACH	1/1/2008	$3.48	N	Referral Required		
A4629		TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	1/1/2008	$4.40	N	Referral Required		
A4630		REPLACE BATTERIES FOR TENOWNED BY PATIENT	1/1/2008	$5.96	N	Referral Required		
A4633		REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	1/1/2008	$41.04	Y	Referral Required		
A4634		REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL		$0.00	Y	Referral Required		
A4635		UNDERARM PAD, CRUTCH, REPLACEMENT LATCH	1/1/2008	$4.15	N	Referral Required		
A4636		REPLACEMENT HANDGRIP,CANE CRUTCH OR WALKER	1/1/2008	$4.01	N	Referral Required		
A4637		REPLACEMENT TIP, CANE, CRUTCH, WALKER, LATCH	1/1/2008	$1.73	N	Referral Required		
A4638		REPLACEMENT BATTERY FOR PT OWNED EAR PULSE GENERATOR, EACH		$0.00	Y	Referral Required		
A4640		REPLACE PAD FOR MN ALTERNATING PRESSURE PAD	1/1/2008	$51.34	N	Referral Required		
A4641		PROVISION OF DIAGNOSTIC RADIONUCLIDE		$0.00	N			
A4642		DIAGNOSTIC IMAGING, SATUMOMAB PENETIDE, PER DOSE		$0.00	N			
A4649		SURGICAL SUPPLIES NEC		$0.00	N			
A4651		CALIBRATED MICROCAPILLARY TUBE, EACH	1/1/2008	$2.07	N			
A4652		MICROCAPILLARY TUBE SEALANT	1/1/2008	$1.65	N			
A4653		PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH		$0.00	N			
A4657		SYRINGE WITH OR WITHOUT NEEDLE FOR DIALYSIS, EACH	1/1/2008	$0.48	N			
A4660		SPHYGMOMANOMETER/BLOOD PRESS APP WITH CUFF AND STE		$0.00	N			
A4663		BLOOD PRESSURE CUFF ONLY FOR DIALYSIS		$0.00	N			
A4670		AUTOMATIC BLOOD PRESSURE MONITOR	1/1/2008	$56.28	N			
A4671		DISPOSABLE CYCLER SET USED W/CYCLER DIALYSIS MACHINE, EACH		$0.00	Y			
A4672		DRAINABLE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH	1/1/2008	$3.05	N			
A4673		EXTENSION LINE W/EASY LOCK CONNECTORS, USED W/DIALYSIS	1/1/2008	$2.96	N			
A4674		CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIP, PER 8OZ		$0.00	N			
A4680		ACITVATED CARBON FILTERS FOR HEMODIALYSIS	1/1/2008	$110.25	N			
A4690		DIALYZER'S (ARTIFICIAL KIDNEY'S) ALL BRANDS, ALL SIZES	1/1/2008	$103.92	N			
A4706		BICARBONATE CONCENTRATE SOLUTION FOR HEMODIALYSIS PER GALLON	1/1/2008	$11.99	N			
A4707		BICARBONATE CONCENTRAT POWDER FOR HEMODIALYSIS PER PACKET	1/1/2008	$4.27	N			
A4708		ACETATE CONCENTRATE SOLUTION FOR HEMODIALYSIS PER GALLON		$0.00	N			
A4709		ACID CONCENTRATE SOLUTION FOR HEMODIALYSIS PER PACKET	1/1/2008	$9.23	N			
A4714		TREAT WATER (DEION, DISTILL, REVER OSMOS USES DIAL		$0.00	N			
A4719		Y SET TUBING FOR PERITONEAL DIALYSIS	1/1/2008	$7.12	N			
A4720		DIALYSATE SOLUTION ANY CONCENTRATION OF DEXTROSE FOR PERITONEAL DIALYSIS	1/1/2008	$14.73	N			
A4721		DIALYSATE SOLUTION AND CONCENTRATION OF DEXTROSE > 999 CC ; PERITOENAL DIALYSIS	1/1/2008	$20.38	N			
A4722		DIALYSATE SOLUTION ANY CONCENTRATION DEXTROSE > 1999 CC; PERITONEAL DIALYSIS	1/1/2008	$18.79	N			
A4723		DIALYSATE SOLUTION ANY CONCENTRATION DEXTROSE > 3999 CC; PERITONEAL DIALYSIS	1/1/2008	$28.19	N			
A4724		DIALYSATE SOLUTION ANY CONCENTRATION DEXTROSE <3999 CC > 4999 CC; PERITONEAL	1/1/2008	$28.45	N			

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A4725		DIALYSATE SOLUTION ANY CONCENTRATION DEXTROSE < 4999 CC > 5999 CC; PERITONEAL	1/1/2008	$27.90	N			
A4726		DIALYSAT SOLUTION ANY CONCENTRATON DEXTROSE < 5999 CC	1/1/2008	$33.48	N			
A4728		DIALYSIS SOLUTION, NON-DEXTROSE CONTAINING 500ML		$0.00	N			
A4730		FISTULA CANNULA SET FOR DIALYSIS ONLY	1/1/2008	$1.37	N			
A4736		TOPICAL ANESTHESIA FOR DIALYSIS PER GRAM		$0.00	N			
A4737		INJECTABLE ANESTHETIC FOR DIALYSIS PER S0 ML		$0.00	N			
A4740		SHUNT ACC FOR DIALY ONLY		$0.00	N			
A4750		BLOOD TUBING, ARTERIAL OR VENOUS, EACH	1/1/2008	$7.35	N			
A4755		BLOOD TUBING ARTER AND VENOUS COMBINED	1/1/2008	$9.37	N			
A4760		DIALYSATE STAND TEST SOLUTION, SUP		$0.00	N			
A4765		DIALYSATE CONCENTRATE ADDITIVES, EACH	1/1/2008	$4.49	N			
A4766		DIALYSATE CONCENTRATE SOLUTION ADDITIVE FOR PERITONEAL DIALYSIS PER 10 ML		$0.00	N			
A4770		BLOOD TEST SUP (E.G. VACUTAINERS AND TUBES)	1/1/2008	$22.06	N			
A4771		SERUM CLOTT TINE TUBE, PER BOX	1/1/2008	$71.70	N			
A4772		DEXTROSTICK OR GLU COSI TEST STRIPS, PER BOX	1/1/2008	$57.44	N			
A4773		HEMAOSTIX, PER BOTTLE	1/1/2008	$26.68	N			
A4774		AMMONIA TEST PAPER, PER BOX		$0.00	N			
A4801		HEPARIN ANY TYPE FOR HEMODIALYSIS PER 1000 UNITS	1/1/2008	$0.42	N	Referral Required		
A4802		PROTAMINE SULFATE FOR DIALYSIS PER 50 MG	1/1/2008	$5.64	N			
A4860		DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, 1 UNIT = BOX OF 10	1/1/2008	$30.61	N			
A4870		PLUMBING AND/OR ELECTRIC WORK FOR HOME DIALY EQUIP		$0.00	N			
A4890		CONTR, REPR AND MAINT, FOR HOME DIAL EQUIP NON COV		$0.00	N			
A4911		DRAIN BAG/BOTTLE FOR DIALYSIS	1/1/2008	$12.53	N			
A4913		MISC DIALYSIS SUPPLIES, NOS		$0.00	N			
A4918		VENOUS PRESS CLAMPS, EACH		$0.00	N			
A4927		GLOVES, BOX OF 100	1/1/2008	$6.65	N			
A4928		SURGICAL MASK FOR DIALYSIS PER 20	1/1/2008	$7.64	N			
A4929		TOURNIQUET FOR DIALYSIS, EACH	1/1/2008	$0.20	N			
A4930		GLOVES, STERILE, PER PAIR		$0.00	N			
A5051		POUCH,CLOSED; W/BARRIER ATTACHED (ONE PIECE)	1/1/2008	$2.00	N	Referral Required		
A5052		POUCH, CLOSED W/O BARRIER ATTACHED	1/1/2008	$1.59	N	Referral Required		
A5053		POUCH CLOSED, FOR FACEPLATE	1/1/2008	$1.66	N	Referral Required		
A5054		POUCH CLOSED FOR USE ON BARRIER W/FLANGE 2PCE	1/1/2008	$1.61	N	Referral Required		
A5055		STOMA CAP	1/1/2008	$1.32	N	Referral Required		
A5061		POUCH DRAINABLE W/BARRIER ATTACHED (1 PIECE)	1/1/2008	$2.45	N	Referral Required		
A5062		POUCH,DRAINAGE;WITHOUT BARRIER ATTACHED	1/1/2008	$2.00	N	Referral Required		
A5063		POUCH DRAINABLE USE ON BARRIER W/FLANGE 2 PCE(EACH	1/1/2008	$2.07	N	Referral Required		
A5071		POOUCH-URINARY BARRIER UNIT	1/1/2008	$4.07	N	Referral Required		
A5072		POUCH,URINARY,WITHOUT BARRIER ATTACHED	1/1/2008	$2.86	N	Referral Required		
A5073		POUCH URINARY FOR USE ON BARRIER W/FLANGE 2PCE	1/1/2008	$2.77	N	Referral Required		
A5081		CONTINGENT DEVICE; PLUG CONTINENT STOMA	1/1/2008	$2.67	N	Referral Required		
A5082		CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	1/1/2008	$9.68	N	Referral Required		
A5083		CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	4/1/2009	$0.66	N	Referral Required		
A5093		OSTOMY ACCESSORY, CONVEX INSERT ADD-INCONTINANCE A	1/1/2008	$1.60	N	Referral Required		
A5102		BEDSIDE DRAINAGE BOTTLE, RIGID OR EXPANDABLE	1/1/2008	$21.39	N	Referral Required		

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A5105		URINARY SUSPENSORY W/LEG BAG	1/1/2008	$38.88	N	Referral Required		
A5112		URINARY LEG BAG LATEX	1/1/2008	$33.02	N	Referral Required		
A5113		LEG STRAP, LATEX, PER SET	1/1/2008	$3.81	N	Referral Required		
A5114		LEG STRAP FOAM OR FABRIC PER SET	1/1/2008	$7.24	N	Referral Required		
A5120		SKIN BARRIER, WIPES OR SWABS, EACH	1/1/2008	$0.25	N	Referral Required		
A5121		SKIN BARRIER, SOLID 6X6 OR EQUIVALENT, EACH	1/1/2008	$6.05	N	Referral Required		
A5122		SKIN BARRIER; SOLID 8X8 OR EQUIVALENT EACH	1/1/2008	$10.42	N	Referral Required		
A5123		SKIN BARRIER WITH FLANGE (EACH)	1/1/2008	$4.60	N	Referral Required		
A5126		FOAM PAD OR ADHESIVE DISC	1/1/2008	$1.07	N	Referral Required		
A5131		APPLIANCE CLEANER 16OZ FOR INCONTINENCE	1/1/2008	$12.86	N	Referral Required		
A5500		OFF THE SHELF DEPTH INLAYSHOE MULT DENSITY INSERTS	1/1/2008	$92.50	N	Referral Required		
A5501		DIABETICS ONLY, SUPPLY OF SHOE FROM MOLDED CAST	1/1/2008	$210.00	N	Referral Required		
A5503		DIABETICS ONLY,OFF-SHELF DEPTH-INLAY, PER SHOE	1/1/2008	$93.00	N	Referral Required		
A5504		DIABETICS ONLY,OFF-SHELF DEPTH-INLAY,WEDGE,PER SHO	1/1/2008	$46.00	N	Referral Required		
A5505		DIABETICS ONLY,OFF-SHELF DEPTH-INLAY W/BAR,PER SHO	1/1/2008	$41.00	N	Referral Required		
A5506		DIABETICS ONLY,OFF-SHELF DEPTH-INLAY OFF-SET HEEL	1/1/2008	$30.00	N	Referral Required		
A5507		SHOE -DIABETICS ONLY-NOT OTHERWISE SPEC MODIFICATION	4/1/2009	$29.69	N	Referral Required		
A5508		DIABETICS DLX FEATURE OFF-THE-SHELF DEPTH-INLAY SHOE/CUSTOM MOLDED, PER SHOE		$0.00	N	Referral Required		
A5510		DIABETICS ONLY DIRECT FORMED COMPRESSION MOLDED WITHOUT HEAT, MULTIPLE DENSITY		$0.00	N	Referral Required		
A5512		FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT	1/1/2008	$24.22	N	Referral Required		
A5513		MULTIPLE DENSITY INSERT, CUSTOM MOLDED DIABETICS ONLY	1/1/2008	$36.14	N	Referral Required		
A6010		COLLEGEN-BASED WOUND FILLER; DRY FORM PER GRAM COLLEGEN	1/1/2008	$30.62	N	Referral Required		
A6011		COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	1/1/2008	$2.28	N	Referral Required		
A6021		COLLAGEN DRESSING PAD SIZE 16 SQ INCH OR LESS; EACH	1/1/2008	$21.04	N	Referral Required		
A6022		COLLAGEN DRESSING PAD MORE THAN 16 SQ INCH BUT LESS THAN OR EQUAL TO 48 SQ IN;EA	1/1/2008	$20.50	N	Referral Required		
A6023		COLLAGEN DRESSING PAD SIZE MORE THAN 48 SQ INCH; EACH	1/1/2008	$181.05	N	Referral Required		
A6024		COLLAGEN DRESSING WOUND FILLER; PER 6 INCH	1/1/2008	$5.90	N	Referral Required		
A6025		SILICON GEL SHEET, EACH		$0.00	N	Referral Required		
A6154		WOUND POUCH, EACH	1/1/2008	$13.69	N	Referral Required		
A6196		ALGINATE DRESSING, WOUND COVER PAD =<16 SQ.IN;	1/1/2008	$7.01	N	Referral Required		
A6197		ALGINATE DRESSING, MORE THAN 16, LESS THAN 48 SQIN	1/1/2008	$15.68	N	Referral Required		
A6198		ALGINATE DRESSING, MORE THAN 48 SQ IN;EA DRESSING	1/1/2008	$112.50	N	Referral Required		
A6199		ALGINATE DRESSING, WOUND FILLER, PER 6 INCHES	1/1/2008	$5.04	N	Referral Required		
A6203		COMPOSITE DRESSING, 16 SQ.IN.OR LESS.ADHESIVE BORD	1/1/2008	$3.19	N	Referral Required		
A6204		COMPOSITE DRESSING,MORE THAN 16 LESS THAN 48 SQ.IN	1/1/2008	$5.94	N	Referral Required		
A6205		COMPOSITE DRESSING,MORE THAN 48 SQ.IN. W/ADHESIVE	1/1/2008	$4.57	N	Referral Required		
A6206		CONTACT LAYER, 16 SQ.IN. OR LESS, EACH DRESSING	1/1/2008	$0.97	N	Referral Required		
A6207		CONTACT LAYER,MORE THAN 16 & LESS THAN 4,SQ.IN.,EA	1/1/2008	$7.00	N	Referral Required		
A6208		CONTACT LAYER, MORE THAN 48 SQ.IN., EACH DRESSING	1/1/2008	$3.42	N	Referral Required		
A6209		FOAM DRESSING,16 SQ.IN. OR LESS W/O ADHESIVE,EA	1/1/2008	$7.14	N	Referral Required		
A6210		FOAM DRESSING,MORE THAN 16 LESS THAN 48SQ.IN., EA	1/1/2008	$19.00	N	Referral Required		
A6211		FOAM DRESSING,MORE THAN 48 SQ.IN. W/O ADHESIVE, EA	1/1/2008	$28.01	N	Referral Required		
A6212		FOAM DRESSING, 16 SQ.IN. OR LESS W/ADHESIVE, EACH	1/1/2008	$9.25	N	Referral Required		
A6213		FOAM DRESSING,MORE THAN 16 LESS THAN 48SQ.IN.W/ADH	1/1/2008	$14.63	N	Referral Required		
A6214		FOAM DRESSING,MORE THAN 48 SQ.IN. W/ADHESIVE, EACH	1/1/2008	$9.82	N	Referral Required		

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A6215		FOAM DRESSING, WOUND FILLER, PER GRAM	1/1/2008	$2.33	N	Referral Required		
A6216		GAUZE,NON-IMPREGNATED 16 SQ.IN. OR LESS W/O ADHESI	1/1/2008	$0.05	N	Referral Required		
A6217		GAUZE,NON-IMPREGNATED >16<48 SQ.IN. W/O ADHESIVE	1/1/2008	$0.40	N	Referral Required		
A6218		GAUZE,NON-IMPREGNATED >48 SQ.IN. W/O ADHESIVE BORD	1/1/2008	$0.58	N	Referral Required		
A6219		GAUZE,NON-IMPREGNATED 16 SQ.IN. OR LESS,W/ADHESIVE	1/1/2008	$0.91	N	Referral Required		
A6220		GAUZE,NON-IMPREGNATED >16<48 SQ.IN. W/ADHESIVE; EA	1/1/2008	$2.46	N	Referral Required		
A6221		GAUZE,NON-IMPREGNATED >48 SQ.IN. W/ADHESIVE BORDER	1/1/2008	$1.09	N	Referral Required		
A6222		GAUZE,IMPRGENATED 16 SQ.IN. OR LESS W/O ADHESIVE	1/1/2008	$2.03	N	Referral Required		
A6223		GAUZE,IMPREGNATED, >16<48 SQ.IN. W/O ADHESIVE BORD	1/1/2008	$2.30	N	Referral Required		
A6224		GAUZE,IMPREGNATED >48 SQ.IN. W/O ADHESIVE BORDER	1/1/2008	$3.44	N	Referral Required		
A6228		GAUZE,IMPREGNATED,SALINE 16 SQ.IN.OR LESS W/O ADHE	1/1/2008	$1.31	N	Referral Required		
A6229		GAUZE,IMPREGNATED,SALINE>16<48 SQ.IN. W/O ADHESIVE	1/1/2008	$3.44	N	Referral Required		
A6230		GAUZE,IMPREGNATED,SALINE>48 SQ.IN. W/O ADHESIVE,EA	1/1/2008	$1.46	N	Referral Required		
A6231		GAUZE IMPREGNATED HYDROGEL FOR DIRECT WOUND CONTACT PAD SIZE 16 SQ IN OR LESS	1/1/2008	$4.68	N	Referral Required		
A6232		GAUZE IMPREGNATED HYDROGEL FOR DIRECT WOUND CONTACT GREATER THAN 16 IN LESS 48	1/1/2008	$6.88	N	Referral Required		
A6233		GAUZE IMPREGNATED HYDROGEL DIRECT WOUND CONTACT MORE THAN 48 IN	1/1/2008	$19.19	N	Referral Required		
A6234		HYDROCOLLOID DRESSING,16 SQ.IN.OR LESS W/O ADHESIV	1/1/2008	$6.24	N	Referral Required		
A6235		HYDROCOLLOID DRESSING >16<48 SQ.IN.W/O ADHESIVE EA	1/1/2008	$16.05	N	Referral Required		
A6236		HYDROCOLLOID DRESSING,>16<48 SQ.IN. W/O ADHESIVE	1/1/2008	$25.99	N	Referral Required		
A6237		HYDROCOLLOID DRESSING,16 SQ.IN.OR LESS W/ADHESIVE	1/1/2008	$7.54	N	Referral Required		
A6238		HYDROCOLLOID DRESSING,>16<48 SQ.IN. W/ADHESIVE	1/1/2008	$21.74	N	Referral Required		
A6239		HYDROCOLLOID DRESSING,>48 SQ.IN. W/ADHESIVE, EACH	1/1/2008	$18.24	N	Referral Required		
A6240		HYDROCOLLOID DRESSING,WOUND FILLER,PASTE,PER FL.OZ	1/1/2008	$11.68	N	Referral Required		
A6241		HYDROCOLLOID DRESSING, WOUND FILLER, DRY, PER GRAM	1/1/2008	$2.45	N	Referral Required		
A6242		HYDROGEL DRESSING,16 SQ.IN.OR LESS W/O ADHESIVE EA	1/1/2008	$5.79	N	Referral Required		
A6243		HYDROGEL DRESSING,>16<48 SQ.IN. W/O ADHESIVE, EACH	1/1/2008	$11.75	N	Referral Required		
A6244		HYDROGEL DRESSING,>48 SQ.IN. W/O ADHESIVE, EACH	1/1/2008	$37.46	N	Referral Required		
A6245		HYDROGEL DRESSING,16 SQ.IN. OR LESS W/ADHESIVE, EA	1/1/2008	$6.93	N	Referral Required		
A6246		HYDROGEL DRESSING,>16<48 SQ.IN. W/ADHESIVE, EACH	1/1/2008	$9.46	N	Referral Required		
A6247		HYDROGEL DRESSING,>48 SQ.IN. W/ADHESIVE, EACH	1/1/2008	$22.68	N	Referral Required		
A6248		HYDROGEL DRESSING,WOUND FILLER,GEL,PER FLUID OUNCE	1/1/2008	$15.49	N	Referral Required		
A6250		SKIN SEALANTS,PROTECTANTS,MOISTURIZERS,ANY TYPE/SI		$0.00	N	Referral Required		
A6251		ABSORPTIVE DRESSING,16 SQ.IN.OR LESS W/O ADHESIVE	1/1/2008	$1.90	N	Referral Required		
A6252		ABSORPTIVE DRESSING,>16<48 SQ.IN. W/O ADHESIVE, EA	1/1/2008	$3.10	N	Referral Required		
A6253		ABSORPTIVE DRESSING,>48 SQ.IN. W/O ADHESIVE, EACH	1/1/2008	$6.05	N	Referral Required		
A6254		ABSORPTIVE DRESSING,16 SQ.IN.OR LESS W/ADHESIVE,EA	1/1/2008	$1.16	N	Referral Required		
A6255		ABSORPTIVE DRESSING,>16<48 SQ.IN. W/ADHESIVE, EACH	1/1/2008	$2.89	N	Referral Required		
A6256		ABSORPTIVE DRESSING, >48 SQ.IN. W/ADHESIVE, EACH	1/1/2008	$4.45	N	Referral Required		
A6257		TRANSPARENT FILM, 16 SQ.IN. OR LESS, EACH DRESSING	1/1/2008	$1.46	N	Referral Required		
A6258		TRANSPARENT FILM, >16<48 SQ.IN., EACH DRESSING	1/1/2008	$4.10	N	Referral Required		
A6259		TRANSPARENT FILM,MORE THAN 48 SQ.IN., EACH DRESSIN	1/1/2008	$10.43	N	Referral Required		
A6260		WOUND CLEANSERS, ANY TYPE, ANY SIZE		$0.00	N	Referral Required		
A6261		WOUND FILLER, GEL/PASTE, PER FLUID OUNCE	1/1/2008	$2.58	N	Referral Required		
A6262		WOUND FILLER, UNCLASSIFIED, DRY FORM, PER GRAM	1/1/2008	$0.99	N	Referral Required		
A6263		GAUZE, ELASTIC, ALL TYPES, PER LINEAR YARD	1/1/2008	$0.28	N	Referral Required		

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A6264		GAUZE, NON-ELASTIC, STERILE, PER LINEAR YARD	1/1/2008	$0.46	N	Referral Required		
A6265		TAPE, ALL TYPES, ONE UNIT=18 SQUARE INCHES	1/1/2008	$0.12	N	Referral Required		
A6266		GAUZE IMPREGNATED OTHER THAN WATER/SALINE/LIN. YD.	1/1/2008	$1.83	N	Referral Required		
A6402		GAUZE,NON-IMPREG/STERILE PAD <16 SQ.IN.W/O ADHE;EA	1/1/2008	$0.12	N	Referral Required		
A6403		GAUZE,NON-IMPREG/STERILE PAD 16-48SQ.IN. W/O ADHES	1/1/2008	$0.41	N	Referral Required		
A6404		GAUZE NON-IMPREG/STERILE>48 SQ.IN.W/O ADHES. EACH	1/1/2008	$0.58	N	Referral Required		
A6405		GAUZE,ELASTIC,STERILE, ALL TYPES, PER LINEAL YARD	1/1/2008	$0.32	N	Referral Required		
A6406		GAUZE.NON-ELASTIC,STERILE ALL TYPES, PER LINEAL YD	1/1/2008	$0.76	N	Referral Required		
A6407		PACKING STRIPS, NON-IMPREGNATED, UP TO 2 INCHS IN WIDTH, PER LINEAR YARD	1/1/2008	$1.88	N	Referral Required		
A6410		EYE PAD, STERILE, EACH	1/1/2008	$0.39	N	Referral Required		
A6411		EYE PAD, NON-STERILE, EACH		$0.00	N	Referral Required		
A6412		EYE PATCH, OCCLUSIVE, EACH		$0.00	N	Referral Required		
A6441		PADDING BANDAGE, NON-ELASTIC, NON-WOVEN-KNITTED, WIDTH >= 3 INCHS <= 5 INCHS	1/1/2008	$0.67	N	Referral Required		
A6442		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-SERTILE WIDTH <3 INCHS/YD	1/1/2008	$0.17	N	Referral Required		
A6443		CONFORMING BANDAGE, NON-ELASTIC, KNIT/WOVEN, NON-STER WDTH >=3 INCH< 5 INCH/YD	1/1/2008	$0.29	N	Referral Required		
A6444		CONFORMING BANDAGE, NON-ELASTIC, KNIT/WOVEN, NON-STERILE WDTH >= 5 INCH/YD	1/1/2008	$0.56	N	Referral Required		
A6445		CONFORMING BANDAGE, NON-ELASTIC, KNIT/WOVEN, WIDTH LESS 3 INCHS/YD	1/1/2008	$0.32	N	Referral Required		
A6446		CONFORMING BANDAGE, NON-ELASTIC, KNIT/WOVEN, WIDTH >= 3 INCHES/YD	1/1/2008	$0.41	N	Referral Required		
A6447		CONFORMING BANDAGE, NON-ELASTIC, KNIT/WOVEN, WIDTH >= 5 INCHES/YD	1/1/2008	$0.67	N	Referral Required		
A6448		LIGHT COMPRESSION BANDAGE, ELASTIC, KNIT/WOVEN, WIDTH LESS 3 INCHES/YD	1/1/2008	$1.16	N	Referral Required		
A6449		LIGHT COMPRESSION BANDAGE, ELASTIC, KNIT/WOVEN WIDTH >= 3 INCHES < 5 INCHES/YD	1/1/2008	$1.75	N	Referral Required		
A6450		LIGHT COMPRESSION BANDAGE, ELASTIC, KNIT/WOVEN WIDTH >= 5 INCHES/YD		$0.00	N	Referral Required		
A6451		MODERATE COMP BANDAGE, ELASTIC, KNIT/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 LB		$0.00	N	Referral Required		
A6452		HIGH COMP BANDAGE ELASTIC KNIT/WOVEN LOAD RESISTANCE >= TO 1.35 FOOT LBS	1/1/2008	$5.91	N	Referral Required		
A6453		SELF-ADHERENT BANDAGE, ELASITC, NON/KNIT/NON-WOVEN, WIDTH < 3 INCHS/YD	1/1/2008	$0.61	N	Referral Required		
A6454		SELF-ADHERENT BANDAGE, ELAST, NON/KNIT/NON-WOVEN, WIDTH >= 3 INCHS < 5 INCHS/YD	1/1/2008	$0.77	N	Referral Required		
A6455		SELF-ADHERENT BANDAGE, ELAS, NON-KNIT/NON-WOVEN >= 5 INCH/YD	1/1/2008	$1.39	N	Referral Required		
A6456		ZINC PASTE IMPREGNATED BANDAGE, NON-ELAS, KNIT/NON-WOVEN, WIDTH >= 3<5 INCH/YD	1/1/2008	$1.28	N	Referral Required		
A6457		TUBULAR DRESSING W/WO ELASTIC, ANY WIDTH, PER LINEAR YARD	1/1/2008	$1.14	N	Referral Required		
A6501		COMPRESSION BURN GARMENT BODYSUIT (HEAD TO FOOT) CUSTOM FABRICATED		$0.00	N	Referral Required		
A6502		COMPRESSION BODY GARMENT CAID STRAP CUSTOM FABRICATED		$0.00	N	Referral Required		
A6503		COMPRESSION BODY GARMENT FACIAL HOOD CUSTOM FABRICATED		$0.00	N	Referral Required		
A6504		COMPRESSION BODY GARMENT GLOVE TO WRIST CUSTOM FABRICATED		$0.00	N	Referral Required		
A6505		COMPRESSION BODY GARMENT GLOVE TO ELBOW CUSTOM FABRICATED		$0.00	N	Referral Required		
A6506		COMPRESSION BODY GARMENT GLOVE TO AXILLA CUSTOM FABRICATED		$0.00	N	Referral Required		
A6507		COMPRESSION BODY GARMENT FOOT TO KNEE LENGTH CUSTOM FABRICATED		$0.00	N	Referral Required		
A6508		COMPRESSION BODY GARMENT FOOT TO THIGH LENGTH CUSTOM FABRICATED		$0.00	N	Referral Required		
A6509		COMPRESSION BODY GARMENT UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST)		$0.00	N	Referral Required		
A6510		COMPRESSION BODY GARMENT TRUNK INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD)		$0.00	N	Referral Required		
A6511		COMPRESSION BODY GARMENT LOWER TRUNK INCLUDING LEG OPENINGS (PANTY) CUSTOM FABRI		$0.00	N	Referral Required		
A6512		COMPRESSION BODY GARMENT NOT OTHERWISE CLASSIFIED		$0.00	Y	Referral Required		
A6513		COMPRESSION BURN MASK, FACE AND/PR NECK, PLASTIC OR EQUAL, CUSTOM FAB		$0.00	N	Referral Required		
A6530		GRADIENT COMPRESSION STOCKING, BELOW KNEE 18-30 MMHG, EACH	1/1/2008	$5.97	N	Referral Required		
A6531		GRADIENT COMPRESSION STOCKING, BELOW KNEE 30-40 MMHG, EACH	1/1/2010	$45.43	N	Referral Required		
A6532		GRADIENT COMPRESSION STOCKING, BELOW KNEE 40-50 MMHG, EACH	1/1/2010	$64.01	N	Referral Required		

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A6533		GRADIENT COMPRESSION STOCKING, THIGH LENGTH 18-30 MMHG, EACH	1/1/2008	$34.87	N	Referral Required		
A6534		GRADIENT COMPRESSION STOCKING, THIGH LENGTH 30-40 MMHG, EACH	1/1/2008	$42.66	N	Referral Required		
A6535		GRADIENT COMPRESSION STOCKING, THIGH LENGTH 40-50 MMHG, EACH	1/1/2008	$48.75	N	Referral Required		
A6536		GRADIENT COMPRESSION STOCKING, FULL LENGTH 18-30 MMHG, EACH	1/1/2008	$72.37	N	Referral Required		
A6537		GRADIENT COMPRESSION STOCKING, FULL LENGTH 30-40 MMHG, EACH	1/1/2008	$117.00	N	Referral Required		
A6538		GRADIENT COMPRESSION STOCKING, FULL LENGTH 40-50 MMHG, EACH	1/1/2008	$136.00	N	Referral Required		
A6539		GRADIENT COMPRESSION STOCKING, WAIST LENGTH 18-30 MMHG, EACH	1/1/2008	$35.90	N	Referral Required		
A6540		GRADIENT COMPRESSION STOCKING, WAIST LENGTH 30-40 MMHG, EACH	1/1/2008	$63.80	N	Referral Required		
A6541		GRADIENT COMPRESSION STOCKING, WAIST LENGTH 40-50 MMHG, EACH	1/1/2008	$136.00	N	Referral Required		
A6544		GRADIENT COMPRESSION STOCKING, GARTER BELT	1/1/2008	$25.00	N	Referral Required		
A6545		GRADIENT COMPRESSION WRAP, NON-ELASTIC, BK, 30-50 MM HG, EA		$0.00	N	Referral Required		
A6549		GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPEC		$0.00	N	Referral Required		
A6550		DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STAT OR PORT	1/1/2008	$26.23	N	Referral Required		
A7000		CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	1/1/2008	$9.10	N	Referral Required		
A7001		CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	1/1/2008	$31.55	N	Referral Required		
A7002		TUBING, USED WITH SUCTION PUMP, EACH	1/1/2008	$3.65	N	Referral Required		
A7003		ADMINISTRATION SET, W/ SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE	1/1/2008	$2.61	N	Referral Required		
A7004		SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	1/1/2008	$1.72	N	Referral Required		
A7005		ADMINISTRATION SET, W/ SM VOLUME NON-FILTERED PNEUMATIC NEBULIZER, NON-DISPOSABL	1/1/2008	$29.40	N	Referral Required		
A7006		ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	1/1/2008	$9.10	N	Referral Required		
A7007		LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	1/1/2008	$4.40	N	Referral Required		
A7008		LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	1/1/2008	$10.49	N	Referral Required		
A7009		RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	1/1/2008	$40.10	N	Referral Required		
A7010		CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	1/1/2008	$22.50	N	Referral Required		
A7011		CORRUGATED TUBING, NON-DISPOSABLE, USED W/ LARGE VOLUME NEBULIZER, 10 FEET		$0.00	N	Referral Required		
A7012		WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	1/1/2008	$3.61	N	Referral Required		
A7013		FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	1/1/2008	$0.79	N	Referral Required		
A7014		FILTER, NON-DISPOSABLE, USED W/AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	1/1/2008	$4.28	N	Referral Required		
A7015		AEROSOL MASK, USED WITH DME NEBULIZER	1/1/2008	$1.79	N	Referral Required		
A7016		DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	1/1/2008	$6.91	N	Referral Required		
A7017		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE NOT USED W/ OXYGEN	1/1/2008	$127.85	N	Referral Required		
A7018		WATER DISTILLED USED WITH LARGE VOLUME NEBULIZER 1000 ML	1/1/2008	$0.37	N	Referral Required		
A7025		HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST REPLACEMENT FOR USE WITH PATI	1/1/2008	$434.94	Y	Referral Required		
A7026		HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE REPLACEMENT FOR USE WITH PATIE	1/1/2008	$28.75	Y	Referral Required		
A7027		COMBINATION ORAL/NASAL MASK, USED W/ CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	1/1/2008	$179.35	N	Referral Required		
A7028		ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EA	1/1/2008	$49.54	N	Referral Required		
A7029		NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PR	1/1/2008	$20.24	N	Referral Required		
A7030		FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE; EACH	1/1/2008	$188.64	N	Referral Required		
A7031		FACE MASK INTERFACE REPLACEMENT FOR FULL FACE MASK; EACH	1/1/2008	$69.77	N	Referral Required		
A7032		REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE; EACH	1/1/2008	$40.53	N	Referral Required		
A7033		REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE; EACH	1/1/2008	$23.49	N	Referral Required		
A7034		NASAL INTERFACE (MASK OR CANNULA TYPE)USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2008	$76.66	N	Referral Required		
A7035		HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2008	$37.92	N	Referral Required		
A7036		CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2008	$17.36	N	Referral Required		
A7037		TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2008	$39.12	N	Referral Required		

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A7038		FILTER;DISPOSABLE USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2008	$5.39	N	Referral Required		
A7039		FILTER;NON-DISPOSABLE USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2008	$14.62	N	Referral Required		
A7040		ONE WAY CHEST DRAIN VALVE	4/1/2009	$41.45	N	Referral Required		
A7041		WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	4/1/2009	$77.90	N	Referral Required		
A7042		IMPLANTED PLEURAL CATHETER;EACH	4/1/2009	$188.23	N	Referral Required		
A7043		VACUUM DRAINAGE BOTTLE AND TUBING FOR USE WITH IMPLANTED CATHETER	4/1/2009	$29.52	N	Referral Required		
A7044		ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE;EACH	1/1/2008	$120.91	N	Referral Required		
A7045		EXHALATION PORT W OR W/O SWIVEL USED W ACCESSORIES FOR POSITIVE AIRWAY DEVICES	1/1/2008	$19.47	N	Referral Required		
A7046		WATER CHAMBER FOR HUMIDIFIER, USED W/POSITIVE AIRWAY PRESSURE DEVICE, REPLACE	1/1/2008	$19.51	N	Referral Required		
A7501		TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM; EACH	1/1/2008	$100.18	N	Referral Required		
A7502		REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE; EACH	1/1/2008	$10.81	N	Referral Required		
A7503		FILTER HOLDER OR CAP REUSABLE FOR USE IN TRACH. HEAT AND MOISTURE EXCHANGE SYSTM	1/1/2008	$10.81	N	Referral Required		
A7504		FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM; EACH	1/1/2008	$0.64	N	Referral Required		
A7505		HOUSING REUSABLE WITHOUT ADHESIVE FOR USE IN HEAT AND MOISTURE EXCHANGE SYSTEM	1/1/2008	$4.46	N	Referral Required		
A7506		ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM, ANY TYPE, EACH	1/1/2008	$0.32	N	Referral Required		
A7507		FILTER HOLDER & INTEGRATED FILTER WITHOUT ADHESIVE FOR USE WITH TRACH	1/1/2008	$2.37	N	Referral Required		
A7508		HOUSING & INTEGRATED ADHESIVE FOR USE IN TRACH HEAT AND MOISTURE EXCHANGE	1/1/2008	$2.74	N	Referral Required		
A7509		FILTER HOLDER & INTEGRATED FILTER HOUSING & ADHESIVE TRACH HEAT & MOISTURE	1/1/2008	$1.34	N	Referral Required		
A7520		TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED; POLYVINYLCHLORIDE, (PVC) SILICON	1/1/2008	$50.67	N	Referral Required		
A7521		TRACHEOSTOMY/LARYNGECTOMY TUBE CUFF, POLYVINLCHLORIDE (PVC) SILICONE, EACH	1/1/2008	$47.05	N	Referral Required		
A7522		TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEAL OR EQUAL (STERILIZABLE AND REUSE	1/1/2008	$45.16	N	Referral Required		
A7525		TRACHEOSTOMY MASK, EACH	1/1/2008	$1.39	N	Referral Required		
A7526		TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	1/1/2008	$3.37	N	Referral Required		
A7527		TRACHEOSTOMY/LARYNECTOMY TUBE PLUG/STOP, EACH	1/1/2008	$3.58	N	Referral Required		
A8000		HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	4/1/2009	$161.02	N	Referral Required		
A8001		HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	4/1/2009	$161.02	N	Referral Required		
A8002		HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCL ALL COMPONENTS/ACCESSORIES		$0.00	N	Referral Required		
A8003		HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCL/ COMPONENTS AND ACCESSORIES		$0.00	N	Referral Required		
A8004		SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY		$0.00	N	Referral Required		
A8534		SUPPLY OF RADIOPHARM THEARP AGENT, IODINATED I-131 TOSITUMOMAB PER MILLICURIE		$0.00	N	Referral Required		
A9152		MULTIPLE VITAMINS, W/ OR W/O MINERALS & TRACE ELEMENTS, ORAL, PER DOSE, NOS		$0.00	Y			
A9153		MULTIPLE VITAMINS WITH OR WITHOUT TRACE ELEMENTS, ORAL, PER DOSE		$0.00	Y			
A9180		PEDICULOSIS TREATMENT, TOPICAL, FOR ADMINISTRATION BY PATIENT/CARETAKER	1/1/2008	$4.65	N			
A9275		HOME GLUCOSE DISP MONITOR, INCLUDES TEST STRIPS		$0.00	N	Referral Required		
A9284		SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES		$0.00	N	Referral Required		
A9500		DIAGNOSTIC IMAGING, TECHNETIUM TC99M SESTAMIBI,PER	1/1/2008	$64.28	N			
A9502		RADIOPHARM. DX IMAGING-AGENT TC99M TETROFOSMIN, PER UNIT DOSE	1/1/2008	$58.06	N			
A9503		SUPPLY-TECHNETIUM TC 99M, MEDRONATE, UP TO 30 MCI	1/1/2008	$50.65	N			
A9504		SUPPLY-TECHNETIUM TC-99M APCITIDE		$0.00	N			
A9505		DIAGNOSTIC IMAGING, THALLOUS CLORIDE TL201,PER MC1	1/1/2008	$19.89	N			
A9507		INDIUM IN III CAPROMAB PENDETIDE RADIONUCLIDE	1/1/2008	$687.71	N			
A9508		SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT IOBENGUANE I-131 / 05 MCI	1/1/2008	$165.82	N			
A9510		SUPPLY RADIOPHARMACEUTICAL DIAGNOSTIC IMAGAGING AGENT TECHNETIUM TC99 DISOFENIN		$0.00	N			
A9512		SUPPLY OF RADIOPHARMACEUTICAL DIAGN IMAG AGENT TECHNETIUM TC 99M PER MCI		$0.00	N			
A9516		SUPPLY OF RADIOPHARMACEUTICAL DIAGN IMAG AGENT I-123 SODIUM IODIDE PER MCI		$0.00	N			

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A9517		SUPPLY OF RADIOPHARMACEUTIC AL DIAGN IMAGING AGENT I/123 SODIUM IODIDE PER MCI	1/1/2008	$5.48	N			
A9521		SUPPLY OF RADIOPHARMACEUTICAL DIAGN IMAGING TECHNITIUM TC 99M, PER MCI	1/1/2008	$210.65	N			
A9524		IODINATED I-131 SERUM ALBUMIN, 5 MICROCURIES	1/1/2008	$0.36	N			
A9526		SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, AMMONIA N-13 PER DOSE	1/1/2008	$143.89	N			
A9527		IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE		$0.00	N			
A9528		SUPPLY OF RADIOPHARM DIAGNOSTIC AGENT, I-131 SODIUM IODIDE CAPSULE, PER MILLICUR	1/1/2008	$5.48	N			
A9529		SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I-131 SOD IODIDE SOL, PER MILLI	1/1/2008	$6.49	N			
A9530		SUPPLY OF RADIOPHARM THERAP AGENT, I-131 SOD IODIDE SOL, PER MILLIC UP TO 100	1/1/2008	$6.49	N			
A9531		SUPPLY OF RADIOPHARM DIAGN AGENT, I-131 SODIUM IODIDE SOL, PER MILLIC UP TO 100		$0.00	N			
A9532		SUPPLY OF RADIOPHARM THEARP AGENT, IODINATED 1-125, SERUM ALBUMIN, 5 MICRO CUR		$0.00	N			
A9536		TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, UP TO 35 MILLICURIES		$0.00	N			
A9537		TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, UP TO 15 MILLICURIES		$0.00	N			
A9538		TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, UP TO 25 MILLICURIES		$0.00	N			
A9539		TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, UP TO 25 MILLICURIES		$0.00	N			
A9540		TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, UP TO 10 MILLICURIES		$0.00	N			
A9541		TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, UP TO 20 MILLICURIES		$0.00	N			
A9542		INDIUM IN-111 IBRITUMOMAB, TIUXETAN, DIAGNOSTIC, UP TO 5 MILLICURIES		$0.00	N			
A9543		YTTRIUM Y-90 IBRITUMOMAB, TIUXETAN, THERAPEUTIC, UP TO 40 MILLICURIES		$0.00	N			
A9544		IODINE I-131 TOSITUMOMAB, DIAGNOSTIC, PER TREATMENT DOSE		$0.00	N			
A9545		IODINE I-131 TOSITUMOMAB, THERAPEUTIC, PER TREATMENT DOSE		$0.00	N			
A9546		COBALT CO-57/58 CYANOCOBALAMIN, DIAGNOSTIC, UP TO 1 MICROCURIE		$0.00	N			
A9547		INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURE		$0.00	N			
A9548		INDIUM IN-111 PENTETATE DIAGNOSTIC, PER 0.5 MILLICURE		$0.00	N			
A9550		TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, UP TO 25 MILLICURIES		$0.00	N			
A9551		TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, UP TO 10 MILLICURIES		$0.00	N			
A9552		FLOURODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC PER STUDY DOSE, UP TO 45 MILLICURIES		$0.00	N			
A9553		CHROMIUM CR-51 SODIUM, DIAGNOSTIC, UP TO 250 MICROCURIES		$0.00	N			
A9554		IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, UP TO 10 MICROCURIES		$0.00	N			
A9555		RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES		$0.00	N			
A9556		GALLIUM GA-67 CITRATE DIAGNOSTIC, PER MILLICURIE		$0.00	N			
A9557		TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES		$0.00	N			
A9558		XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES		$0.00	N			
A9559		COBALT CO-57 CYANOBOBALAMIN, ORAL, DIAGNOSTIC, UP TO 1 MICROCURIE		$0.00	N			
A9560		TECHNETIUM TC-99M LABELED RED BLODD CELLS, DIAGNOSTIC, UP TO 30 MILLICURIES		$0.00	N			
A9561		TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, UP TO 30 MILLICURIES		$0.00	N			
A9562		TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, UP TO 15 MILLICURIES		$0.00	N			
A9563		SODIUM PHOSPHATE P-32 THERAPEUTIC PER MILLICURIE		$0.00	N			
A9564		CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE		$0.00	N			
A9566		TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, UP TO 25 MILLICURIES		$0.00	N			
A9567		TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, UP TO 25 MILLICURIES		$0.00	N			
A9568		TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES		$0.00	N			
A9569		TECHNETIUM TC -99M EXAMETAZIME LABELED AUTOLOGUS WHITE BLOOD CELLS		$0.00	N			
A9570		INDIUM IN -111 LABELED AUTOLOGUS WHITE BLOOD CELLS, DIAGNOSTIC PER STUDY DOSE		$0.00	N			
A9571		INDIUM IN -111 LABELED AUTOLOGUS PLATELETS, DIAGNOSTIC PER STUDY DOSE		$0.00	N			
A9572		INDIUM IN -111 PENTETREOTIDE, DIAGNOSTIC PER STUDY DOSE, UP TO 6 MILLICURIES		$0.00	N			

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A9576		GADOTERIDOL, (PROHANCE MULTIPACK PER ML	1/1/2008	$2.46	N			
A9577		INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE) PER ML	1/1/2008	$2.85	N			
A9578		INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK) PER ML	1/1/2008	$2.67	N			
A9579		INJECTION, GADOLINUM -BASED MAGNETIC RESONANCE CONTRAST AGENT	1/1/2008	$2.54	N			
A9580		NAFL F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES		$0.00	N			
A9581		INJECTION, GADOXETATE DISODIUM, 1 ML	1/1/2010	$13.50	N			
A9582		IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES		$0.00	N			
A9583		INJECTION, GADOFOSVESET TRISODIUM, 1 ML		$0.00	N			
A9600		RADIOPHARM.THERAPEUTIC, STRONTIUM-89 CHLORIDE, PER MCL	1/1/2008	$402.85	N			
A9604		SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TX DOSE, UP TO 150		$0.00	N			
A9698		NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOC		$0.00	N			
A9699		SUPPLY OF RADIOPHARM THERAPEUTIC IMAGNG AGNT, NOT OTHERWISE CLASSIFIED		$0.00	N			
A9700		SUPPLY INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	1/1/2008	$118.60	N			
A9900		MISC DME SUPPLY ACCESSORY AND OR SERVICE COMPONENT OF ANOTHER HCPC CODE		$0.00	Y	Referral Required		
A9952		FLOURODEOXYGL UCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES		$0.00	N	Referral Required		
A9953		CHROMIUM CR-51 SODIUM, DIAGNOSTIC, UP TO 250 MICROCURRIES		$0.00	N	Referral Required		
A9954		IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, UP TO 10 MICROCURRIES		$0.00	N	Referral Required		
A9955		RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURRIES		$0.00	N	Referral Required		
A9999		MISC DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED		$0.00	Y	Referral Required		
B4034		ENTERAL FEEDING SUPPLY KIT-SYRINGE PER DAY	1/1/2008	$5.93	N	Referral Required		
B4035		ENTERAL FEEDING SUPPLY KIT,PUMP FED, PER DAY	1/1/2008	$11.30	N	Referral Required		
B4036		ENTERAL FEEDING SUPPLY KIT GRAVITY FED-PER DAY	1/1/2008	$7.74	N	Referral Required		
B4081		NASOGASTRIC TUBING WITH STYLET	1/1/2008	$20.00	N	Referral Required		
B4082		NASOGASTRIC TUBING WITHOUT STYLET	1/1/2008	$15.59	N	Referral Required		
B4083		STOMACH TUBE - LEVINE TYPE	1/1/2008	$2.38	N	Referral Required		
B4087		GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EA	1/1/2008	$38.22	N	Referral Required		
B4088		GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	1/1/2008	$38.22	N	Referral Required		
B4100		FOOD THICKENER ADMINISTERED ORALLY PER OUNCE	1/1/2008	$0.55	N	Referral Required		
B4103		ENTERAL FORMULA, FOR PEDIATRICS, TO REPLACE FLUIDS & ELECTROLYTES, 500 ML=1 UNIT	1/1/2008	$2.45	N	Referral Required		
B4104		ADDITIVE FOR ENTERAL FORMULA		$0.00	N	Referral Required		
B4149		ENTERAL FORMULA, BLENDERIZED NATURAL FOODS W/ INTACT NUTRIENTS, 100 CAL=1 UNIT	1/1/2008	$1.57	N	Referral Required		
B4150		ENTERAL FORMULA,CATEGORY I,SEMI-SYNTH.100 CAL=1 UNIT	1/1/2008	$0.61	N	Referral Required		
B4152		ENTERAL FORMULA CATEGORY II:100 CAL=1 UNIT INTACT PROTEIN CALORICALLY DENSE	1/1/2008	$0.51	N	Referral Required		
B4153		ENTRAL FORM.CAT 3-100 CAL=1 UNIT, HYDROLIZED PROTEIN/AMINO ACIDS	1/1/2009	$1.85	N	Referral Required		
B4154		ENT.FORM.CAT.4:100 CAL=1 UNIT, DEFINED FORMULA FOR SPECIAL METABOLIC NEED	1/1/2008	$1.12	N	Referral Required		
B4155		ENT.FORMULA CAT.5:100 CAL=-1 UNIT, MODULAR COMPONENTS	1/1/2009	$0.92	N	Referral Required		
B4157		ENT FORM, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, 100 CAL=1 UNIT		$0.00	N	Referral Required		
B4158		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE, 100 CALL=1 UNIT	1/1/2008	$0.61	N	Referral Required		
B4159		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED,100 CAL=1 UNIT		$0.00	N	Referral Required		
B4160		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE, CAL DENSE	4/1/2010	$0.70	N	Referral Required		
B4161		ENTERAL FORMULA, FOR PEDIATRIC, HYDROLYZED/AMINO ACIDS	4/1/2010	$1.93	N	Referral Required		
B4162		ENTERAL FORMULA, FOR PEDIATRIC, HYDROLYZED/AMINO ACIDS, 100 CAL=1 UN		$0.00	N	Referral Required		
B4164		TPN HOMEMIX DEXTROSE 50% OR LESS-500 ML=1 UNIT	1/1/2008	$15.96	N	Referral Required		
B4168		PARENTERAL NUTR.SOL.AMINO ACID,3.5% HOMEMIX 500ML	1/1/2008	$21.96	N	Referral Required		
B4172		PARENTERAL NUTR SOLU, AMINO ACID 5.5 TH 7% HOMEMIX	1/1/2008	$47.78	N	Referral Required		

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B4176		PARENTERAL NUTR SOL AMINOACID GREAT 7% HOMEMIX 500	1/1/2008	$37.43	N	Referral Required		
B4178		TPN HOMEMIX AMINOACID 8.5% OR MORE 500ML = 1 UNIT	1/1/2008	$52.47	N	Referral Required		
B4180		TPN HOMEMIX,CARBOHYDRATE(DEXTROSE)MORE THAN 50%	1/1/2008	$22.88	N	Referral Required		
B4185		PARENTERAL NATURAL SOLUTION, PER 10 GRAMS LIPIDS	1/1/2008	$10.89	N	Referral Required		
B4189		TPN 10-51 GMS PROTEIN-PREMIX	1/1/2008	$166.94	N	Referral Required		
B4193		TPN PREMIX 52-73 GMS PROTEIN	1/1/2008	$215.72	N	Referral Required		
B4197		TPN 74-100 GMS PROTEIN PREMIX	1/1/2008	$254.94	N	Referral Required		
B4199		TPN OVER 100 GMS PROTEIN-PRE MIX	1/1/2008	$283.73	N	Referral Required		
B4216		PARENTERAL NUTRITION ADDITIVE(HEPARIN,VIT,ELCTRLYT	1/1/2008	$7.04	N	Referral Required		
B4220		PARENTERAL NUT SUP KIT FOR 1-DAY-PREMIX	1/1/2008	$7.51	N	Referral Required		
B4222		PARENTAL NUTR SUPPLY KIT HOME MIX PER DAY	1/1/2008	$7.71	N	Referral Required		
B4224		PARENTERAL NUTRITION ADMIN KIT PER DAY	1/1/2008	$23.50	N	Referral Required		
B5000		TPN PREMIX W/PREP ANY STRENGTH PER GM RENAL	1/1/2008	$10.84	N	Referral Required		
B5100		TPN PREMIX W/PREP ANY STRENGTH PER GM HEPATIC	1/1/2008	$4.36	N	Referral Required		
B5200		TPN PREMIX W/PREP ANY STRENGTH PER GM STRESS		$0.00	N	Referral Required		
B9000		ENTERAL NUTRITION INFUSION PUMP W/O ALARM-PURCHASE	1/1/2008	$1,090.00	N	Referral Required		
B9002		ENTERAL NUTRITION INFUSION PUMP W/ALARM-PURCHASE	1/1/2008	$1,150.50	N	Referral Required		
B9004		PARENTERAL NUTRITION INFUSION PUMP, PORTABLE-PURCH	1/1/2008	$3,751.50	N	Referral Required		
B9006		STATIONARY PARENTERAL PUMP	1/1/2008	$3,751.50	N	Referral Required		
B9998		NOC FOR ENTERAL SUPPLIES		$0.00	N	Referral Required		
B9999		NOC FOR PARENTERAL SUPPLIES		$0.00	N	Referral Required		
C1300		HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MIN INTERVAL		$0.00	N	Referral Required		
C1749		ENDOSCOPE, RETROGRADE IMAGING/ILLUMINATION COLONOSCOPE DEVICE		$0.00	N	Referral Required		
C1765		ADHESIVE BARRIER		$0.00	N	Referral Required		
C1783		OCCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE		$0.00	N	Referral Required		
C1814		RETINAL TAMPONADE DEVICE, SILICONE OIL		$0.00	N	Referral Required		
C1818		INTEGRATED KERATOPROSTHESIS		$0.00	N	Referral Required		
C1900		LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM		$0.00	N	Referral Required		
C2614		PROBE, PERCUTANEOUS LUMBAR DISCECTOMY		$0.00	N	Referral Required		
C2616		BRACHYTHERAPY SOURCE, YTTRIUM-90		$0.00	N	Referral Required		
C2618		PROBE, CRYOABLATION		$0.00	N	Referral Required		
C8900		MAGNETIC RESONANCE ANGIOGRAPHY W CONTRAST, ABDOMEN		$0.00	N			
C8901		MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, ABDOMEN		$0.00	N			
C8902		MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST FOLLOWED BY CONTRAST, ABDOMEN		$0.00	N			
C8903		MAGNETIC RESONANCE ANGIOGRAPHY W CONTRAST, BREAST, UNILATERAL		$0.00	N			
C8904		MAGNETIC RESONANCE IMAGING W/O CONTRAST, BREAST, UNILATERAL		$0.00	N			
C8905		MAGNETIC RESONANCE IMAGING W/O CONTRAST BREAST, UNILATERAL		$0.00	N			
C8906		MAGNETIC RESONANCE IMAGING W CONTRAST, BREAST BILATERAL		$0.00	N			
C8907		MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST BILATERAL		$0.00	N			
C8908		MAGNETIC RESONANCE IMAGING W/O CONTRAST BREAST, BILATERAL		$0.00	N			
C8909		MAGNETIC RESONANCE ANGIOGRAPHY W CONTRAST, CHEST (EXCLUDING MYOCARDIUM)		$0.00	N			
C8910		MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, CHEST (EXCLUDING MYOCARDIUM)		$0.00	N			
C8911		MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST FOLLOWED BY CONTRAST - CHEST		$0.00	N			
C8912		MAGNETIC RESONANCE ANGIOGRAPHY W CONTRAST LOWER EXTREMITY		$0.00	N			
C8913		MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST LOWER EXTREMITY		$0.00	N			

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C8914		MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST FOLLOWED W CONTRAST L EXTREMITY		$0.00	N			
C8918		MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS		$0.00	N			
C8919		MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS		$0.00	N			
C8920		MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST,FOLLOWED BY CONTRAST, PELVIS		$0.00	N			
C8929		TTE W/WO CNTRST W/ BYRECRD, IF, W/ SPCTRL DPLR ECHOCARD, & W/ COLR FLOW DPLR		$0.00	N			
C8930		TTE W OR W/O CONTR, CONT ECG		$0.00	N			
C8931		MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST; FOLLOWED BY W/ CONTRAST, SPINAL CANAL		$0.00	N			
C8932		MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, SPINAL CANAL AND CONTENTS		$0.00	N			
C8933		MAGNETIC RESONANCE ANGIOGRAPHY W/OCONTRAST FOLLOWED BY W/ CONTRAST, SPINAL CANAL		$0.00	N			
C8934		MAGNETIC RESONANCE ANGIOGRAPHY W/ CONTRAST, UPPER EXTREMITY		$0.00	N			
C8935		MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, UPPER EXTREMITY		$0.00	N			
C8936		MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST FOLLOWED BY W/ CONTRAST, UPPER EXTREMITY		$0.00	N			
C9248		INJECTION, CLEVIDIPIEN BUTYRATE, 1 MG		$0.00	N	Referral Required		
C9270		INJECTION, IMMUNE GLOBULIN	1/1/2011	$60.42	N	Referral Required		
C9272		INJECTION, DENOSUMAB, 1 MG	1/1/2011	$14.58	N	Referral Required		
C9356		TENDON, POROUS MATRIX OF CROSS LINKED COLLAGEN AND GLYCOSAMINOGLYCAN		$0.00	N	Referral Required		
C9358		DERMAL SUBS NATIVE NON DENATURED COLLAGEN PER 0.5 SQ CENTIMETERS		$0.00	N	Referral Required		
C9359		POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER PER 0.5CC		$0.00	N	Referral Required		
E0100		CANE, ALL MATERIAL, FIXED OR ADJUST W/TIP	1/1/2008	$17.09	N	Referral Required		
E0105		CANE, QUAD OR THREE PRONG	1/1/2008	$44.28	N	Referral Required		
E0110		CRUTCHES,FOREARM,INCLUDES ADJUST/FIXED,PAIR	1/1/2008	$66.09	N	Referral Required		
E0111		CRUTCH FOREARM ADJUST OR FIX W/TIP & HANDGRIP	1/1/2008	$43.18	N	Referral Required		
E0112		CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED	1/1/2008	$35.29	N	Referral Required		
E0113		CRUTCH,UNDER ARM WOOD,ADJUST OR FIXED EA W/PAD TIP	1/1/2008	$20.15	N	Referral Required		
E0114		CRUTCH ALUM. ADJ. OR FIX, PAIR W/PAD TIP	1/1/2008	$41.00	N	Referral Required		
E0116		CRUTCH W/ UNDERARM PAD ALUMINUM, ADJUST OR FIXED EACH	1/1/2008	$26.46	N	Referral Required		
E0118		CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, W OR W/O WHEELS, EACH		$0.00	Y	Referral Required		
E0130		WALKER, RIGID, (PICKUP), ADJUSTABLE OR FIXED	1/1/2008	$66.99	N	Referral Required		
E0135		WALKER FOLDING ADJUSTABLE OR FIXED HEIGHT	1/1/2008	$77.48	N	Referral Required		
E0140		WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OF FIXED HEIGHT, ANY TYPE	4/1/2009	$326.44	Y	Referral Required		
E0141		RIGID WALKER, WHEELED W/O SEAT	1/1/2008	$109.97	N	Referral Required		
E0143		FOLDING WALKER WHEELED WITHOUT SEAT	1/1/2008	$101.58	N	Referral Required		
E0144		ENCLOSED, FRAMED FOLDING WALKER, WHEELED, WITH POSTERIOR SEAT	1/1/2008	$303.75	N	Referral Required		
E0147		HEAVY DUTY, MULTIPLE BREAK SYS, VARIABLE WH RES WA	1/1/2008	$548.27	Y	Referral Required		
E0148		WALKER HEAVY DUTY WITHOUT WHEELS RIGID OR FOLDING ANY TYPE; EACH	1/1/2008	$121.55	N	Referral Required		
E0149		WALKER HEAVY DUTY WHEELED RIGID OR FOLDING ANY TYPE; EACH	1/1/2008	$222.09	N	Referral Required		
E0153		PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	1/1/2008	$66.18	N	Referral Required		
E0154		PLATFORM ATTACHMENT, WALKER, EACH	1/1/2008	$67.25	N	Referral Required		
E0155		WHEEL ATTACH, RIGID PICK-UP WALKER ATTACH	1/1/2008	$25.59	N	Referral Required		
E0156		SEAT ATTACH, WALKER	1/1/2008	$25.21	N	Referral Required		
E0157		CRUTCH ATTACH, WALKER, EACH	1/1/2008	$78.14	N	Referral Required		
E0158		LEG EXTENSIONS FOR A WALKER (SET)	1/1/2008	$30.69	Y	Referral Required		
E0159		BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	1/1/2008	$17.05	N	Referral Required		
E0160		SITZ TYPE BATH,PORTABLE, FITS OVER COMMODE SEAT	1/1/2008	$31.53	N	Referral Required		
E0161		SITZ BATH PORTABLE, FITS OVER COMMODE SEAT W/FAUCE	1/1/2008	$25.01	N	Referral Required		

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E0163		COMMODE CHAIR STATIONARY WITH FIXED ARMS	1/1/2008	$105.20	N	Referral Required		
E0165		COMMODE CHAIR STATIONARY DETACH ARMS-PURCHASE PRIC	1/1/2008	$177.20	N	Referral Required		
E0167		PAIL OR PAN FOR USE W/COMMODE CHAIR	1/1/2008	$11.45	N	Referral Required		
E0168		COMODE CHAIR EXTRA WIDE. OR HEAVY DUTY STATIONARY OR MOBILE WITH OR W/O ARMS	1/1/2008	$144.38	N	Referral Required		
E0170		COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISIM, ELECTRIC, ANY TYPE	1/1/2008	$160.72	N	Referral Required		
E0171		COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISIM, NON-ELECTRIC, ANY TYPE	1/1/2008	$28.92	N	Referral Required		
E0172		SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE		$0.00	N	Referral Required		
E0175		FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	1/1/2008	$63.17	N	Referral Required		
E0181		PRESSURE PAD, ALTERN WITH PUMP, HEAVY DUTY	1/1/2008	$229.70	N	Referral Required		
E0182		PUMP FOR ALTERN PRESSURE PAD	1/1/2008	$249.80	N	Referral Required		
E0184		DRY PRESSURE MATTRESS EG EGGCRATE	1/1/2008	$185.71	N	Referral Required		
E0185		GEL (LIKE) PRESSURE PAD FOR MATTRESS, STD. MATTRESS LENGTH & WIDTH	1/1/2008	$305.09	N	Referral Required		
E0186		AIR PRESSURE MATTRESS	1/1/2008	$193.60	N	Referral Required		
E0187		WATER PRESSURE MATTRESS-PURCHASE PRICE	1/1/2008	$221.14	N	Referral Required		
E0188		SYNTHETIC SHEEPSKIN PAD	1/1/2008	$23.19	N	Referral Required		
E0189		LAMBSWOOL SHEEPSKIN PAD, ANDY SIZE	1/1/2008	$55.40	N	Referral Required		
E0190		POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE		$0.00	Y	Referral Required		
E0191		HEEL OR ELBOW PROTECTOR	1/1/2008	$9.53	N	Referral Required		
E0193		POWERED AIR FLOTATION BED-LOW AIR LOSS THERAPY	1/1/2008	$8,617.50	Y	Referral Required		
E0194		AIR FLUIDIZED BED	1/1/2008	$31,133.90	Y	Referral Required		
E0196		GEL PRESSURE MATTRESS	1/1/2008	$263.40	N	Referral Required		
E0197		AIR PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH/WIDTH-PURCHASE PRICE	1/1/2008	$211.35	N	Referral Required		
E0198		WATER PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH/WIDTH-PURCHASE PRICE	1/1/2008	$211.35	N	Referral Required		
E0199		DRY PRESSURE PAD FOR MATTRESS-STANDARD LENGTH AND WIDTH-PURCHASE PRICE	1/1/2008	$30.57	N	Referral Required		
E0200		HEAT LAMP,WITHOUT STAND (TAB MOD) INC BULB OR INFR	1/1/2008	$75.62	Y	Referral Required		
E0202		PHOTOTHERAPY (BILIRUBIN) LIGHT W/PHOTOMETER-(DAILY)	1/1/2008	$507.60	N	Referral Required		
E0205		HEAT LAMP, WITH STAND INC BULB OR INFRARED ELEMENT	1/1/2008	$157.34	Y	Referral Required		
E0210		ELECTRIC HEAT PAD, STANDARD	1/1/2008	$26.46	Y	Referral Required		
E0215		ELECTRIC HEAT PAD, MOIST	1/1/2008	$67.57	Y	Referral Required		
E0217		WATER CIRCULATING HEAT PAD W/PUMP	1/1/2008	$496.47	Y	Referral Required		
E0220		HOT WATER BOTTLE	1/1/2008	$8.08	Y	Referral Required		
E0225		HYDROCOLLATOR W/ PADS	1/1/2008	$370.70	Y	Referral Required		
E0230		ICE CAP OR COLLAR	1/1/2008	$8.09	Y	Referral Required		
E0238		NON-ELECTRIC HEAT PAD, MOIST	1/1/2008	$25.79	Y	Referral Required		
E0239		HYDROCOLLATOR UNIT, PORTABLE	1/1/2008	$364.70	Y	Referral Required		
E0240		BATH/SHOWER CHAIR, WITH OR W/O WHEELS, ANY SIZE	1/1/2008	$66.70	N	Referral Required		
E0241		BATHTUB RAIL-WALL, EACH	1/1/2008	$19.99	N	Referral Required		
E0242		BATH TUB RAIL, FLOOR BASE	1/1/2008	$63.50	N	Referral Required		
E0243		TOILET RAIL, EACH	1/1/2008	$16.62	N	Referral Required		
E0244		RAISED TOILET SEAT	1/1/2008	$27.43	N	Referral Required		
E0245		TUB STOOL OR BENCH	1/1/2008	$66.70	N	Referral Required		
E0246		TRANSFER TUB RAIL ATTACHMENT	1/1/2008	$39.79	N	Referral Required		
E0247		TRANSFER BENCH FOR TUB OR TIOLET WITH OR W/O COMMODE OPENING		$0.00	N	Referral Required		
E0248		TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR W/O COMMODE OPENING		$0.00	N	Referral Required		
E0249		PAD FOR WATER CIRCULATING HEAT UNIT	1/1/2008	$95.00	Y	Referral Required		

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E0250		HP BED W/SIDE RAILS FIXED HGHT W/MATTRESS	1/1/2008	$877.90	N	Referral Required		
E0251		HOSPITAL BED, WITH SIDE RAILS, FIXED HEIGHT NO MAT	1/1/2008	$671.70	Y	Referral Required		
E0255		HOSP BED, WITH SIDE RAILS VARI HEIGHT, HI-LO WI MA	1/1/2008	$952.40	N	Referral Required		
E0256		HOSP BED VARIABLE HEIGHT HI/LOW SIDE RAIL WO/MATTR	1/1/2008	$726.46	Y	Referral Required		
E0260		HOSPITAL BED, W/SIDE RAILS,SEMI-ELECTRIC,W/MATRESS	1/1/2008	$1,601.70	Y	Referral Required		
E0261		HOSP BED SEMIELECTRIC W/SIDE RAIL WO/MATRESS	1/1/2008	$1,306.20	Y	Referral Required		
E0265		HP BED TOTAL ELECTRIC W/SIDERAILS	1/1/2008	$1,906.60	Y	Referral Required		
E0266		HOSP BED SIDE RAILS TOT ELEC HEAD, FT, HEIGHT ADJU	1/1/2008	$1,598.70	Y	Referral Required		
E0271		MATTRESS, INNERSPRING	1/1/2008	$211.78	N	Referral Required		
E0272		MATTRESS, FOAM RUBBER	1/1/2008	$164.08	N	Referral Required		
E0273		BED BOARD	1/1/2008	$25.19	N	Referral Required		
E0275		BED PAN STANDARD	1/1/2008	$14.60	N	Referral Required		
E0276		BED PAN, FRACTURE, METAL OR PLASTIC	1/1/2008	$10.85	N	Referral Required		
E0277		POWERED PRESSURE-REDUCING AIR MATTRESS	1/1/2008	$7,243.00	Y	Referral Required		
E0280		BED CRADLE ANY TYPE	1/1/2008	$34.18	N	Referral Required		
E0290		HOSP BED,FIXED HEIGHT,W/O SIDE RAILS, WITH MATTRES	1/1/2008	$662.90	N	Referral Required		
E0291		HOSP BED, FIXED HGHT, W/OSIDE RAILS,W/O MATTRESS	1/1/2008	$473.70	N	Referral Required		
E0292		HOSPITAL BED W/O SIDE RAILS W/MATTRESS	1/1/2008	$734.60	N	Referral Required		
E0293		HOSP BED,VAR HGHT HI-LO, W/O SIDERAILS,W/O MATTRES	1/1/2008	$592.80	N	Referral Required		
E0294		HOSPITAL BED W/O RAILS	1/1/2008	$1,246.20	Y	Referral Required		
E0295		SEMI-ELECTRIC HOSPITAL BED W/O RAILS & MATTRESS-PP	1/1/2008	$1,214.70	Y	Referral Required		
E0296		HOSP BED, TOTAL ELECTRIC U/O SIDERAILS, W/ MATTRES	1/1/2008	$1,566.20	Y	Referral Required		
E0297		HOSP BED,TOTAL ELECT: NO SIDERAILS, NO MATTRESS	1/1/2008	$1,331.80	Y	Referral Required		
E0300		PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	1/1/2008	$2,838.62	N	Referral Required		
E0301		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE WITH WEIGHT CAPACITY > 350 LBS < 600 LBS	1/1/2008	$2,707.20	N	Referral Required		
E0302		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WEIGHT CAPACITY <600 LBS W/ANY TYPE RAILS	1/1/2008	$7,154.40	N	Referral Required		
E0303		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE WEIGHT CAPACITY >350< 600 W/ANY TYPE RAILS	1/1/2008	$3,024.70	N	Referral Required		
E0304		HOSPITAL BED, HVY DUTY, EXTRA WIDE CAPACITY >600 W/ANY SIDE RAILS W MATTRESS	1/1/2008	$770.67	N	Referral Required		
E0305		BED SIDE RAILS, HALF LENGTH	1/1/2008	$161.90	Y	Referral Required		
E0310		BED SIDE RAILS, FULL LENGTH	1/1/2008	$165.24	Y	Referral Required		
E0316		SAFETY ENCLOSURE FRAME CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	1/1/2008	$2,002.70	Y	Referral Required		
E0325		URINAL MALE ANY MATERIAL	1/1/2008	$9.64	N	Referral Required		
E0326		URINAL FEMALE ANY MATERIAL	1/1/2008	$9.15	N	Referral Required		
E0371		NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS OVERLAY, STD. L&W-PURCHASE PRICE	1/1/2008	$4,239.50	Y	Referral Required		
E0372		POWERED AIR OVERLAY FOR MATTRESS, STD. LENGTH & WIDTH- PURCHASE PRICE	1/1/2008	$5,144.40	Y	Referral Required		
E0373		NONPOWER ADVANCED PRESSURE REDUCING MATTRESS- PURCHASE PRICE	1/1/2008	$5,860.90	Y	Referral Required		
E0424		STATIONARY COMPRESSED 02 SYSTEM PURCHASE PRICE INC COMPLETE PKG 1 UNIT=50 CU FT	4/1/2010	$1,757.90	N	Referral Required		
E0431		02 PORTABLE GASEOUS SYSTEM PURCHASE INCL COMPLETE PKG-RENTAL ONLY 6-1-97	4/1/2010	$287.70	N	Referral Required		
E0433		PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE	1/1/2010	$51.63	N	Referral Required		
E0434		O2 PORTABLE LIQUID SYSTEM PURCHASE PRICE INCL COMPLETE PKG RENTAL ONLY 6-1-97	4/1/2010	$287.70	N	Referral Required		
E0435		O2 SYSTEM, LIQUID, PORTABLE, PURCHASE ONLY	1/1/2008	$67.25	Y	Referral Required		
E0439		STATIONARY LIQUID 02 SYSTEM PURCHASE PRICE INC COMPLETE PKG 1 UNIT=10 LBS	4/1/2010	$1,757.90	N	Referral Required		
E0441		STATIONARY 02 CONTENTS GASEOUS 1 UNIT=1 MONTH'S SUPPLY.	5/1/2009	$77.45	N	Referral Required		
E0442		STATIONARY 02 CONTENTS LIQUID 1 UNIT= 1 MONTH'S SUPPLY	5/1/2009	$77.45	N	Referral Required		
E0443		PORTABLE OXYGEN CONTENTS, GASEOUS, 1 UNIT=1 MONTH'S SUPPLY	5/1/2009	$77.45	N	Referral Required		

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E0444		PORTABLE 02 CONTENTS LIQUID PER UNIT 1-UNIT= 1 MONTH'S SUPPLY	5/1/2009	$77.45	N	Referral Required		
E0445		OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY		$0.00	Y	Referral Required		
E0450		VOLUME CONTROL VENTILATOR W/O PRESSURE SUPPORT MODE, MAY INCL PRES CNTRL MD	1/1/2008	$6,506.80	Y	Referral Required		
E0455		OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS		$0.00	Y	Referral Required		
E0457		CHEST SHELL (CUIRASS)	1/1/2008	$586.13	N	Referral Required		
E0459		CHEST WRAP	1/1/2008	$485.40	N	Referral Required		
E0460		NEG PRESSURE VENTILATOR;PORTABLE, RENTAL/MONTH	1/1/2008	$6,997.00	Y	Referral Required		
E0461		VOLUME VENT, STATIONARY/ PORTABLE W/BACKUP RATE USED W/NON-INVASIVE INTERFACE	1/1/2008	$10,020.50	Y	Referral Required		
E0462		ROCKING BED W/WO SIDE RAILS	1/1/2008	$2,779.50	Y	Referral Required		
E0463		PRESSURE SUPPORT VENTILATOR W VOLUME CONTROL MODE, MAY INC PRESSURE MODE	1/1/2008	$14,001.40	Y	Referral Required		
E0464		PRESSURE SUPPORT VENTILATOR W VOLUME CONTROL MODE, W NON INVASIVE INTERFACE	1/1/2008	$1,406.38	Y	Referral Required		
E0470		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY W/O BACKUP RATE FEATURE	1/1/2008	$2,619.90	Y	Referral Required		
E0471		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY W/BACKUP RATE FEATURE	1/1/2008	$6,556.60	Y	Referral Required		
E0472		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY W/BACKUP RATE FEATURE	1/1/2008	$6,556.60	Y	Referral Required		
E0480		PERCUSSOR, ELECTRIC OR PNEUMATIC,HOME MODEL	1/1/2008	$419.10	N	Referral Required		
E0482		COUGH STIMULATING DEVICE ALTERNATING POSITION AND NEGATIVE AIRWAY PRESSURE	1/1/2008	$4,278.90	Y	Referral Required		
E0483		HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, EACH	1/1/2008	$10,631.30	Y	Referral Required		
E0484		OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	1/1/2008	$36.92	Y	Referral Required		
E0485		ORAL DEVICE APPLIANCE TO REDUCE UPPER AIRWAY COLLAPSIBILITY, PRE-FAB		$0.00	Y	Referral Required		
E0486		ORAL DEVICE APPLIANCE TO REDUCE UPPER AIRWAY COLLAPSIBILITY, CUSTOM-FAB		$0.00	Y	Referral Required		
E0500		IPPB MACHINE, ALL TYPES W/NEBULIZER-MONTHLY RENTAL	1/1/2008	$961.70	Y	Referral Required		
E0550		HUMIDIFIER EXTENSIVE SUPP HUMID FOR IPPB TX OR 02	1/1/2008	$478.10	N	Referral Required		
E0555		HUMIDIFER DURABLE GLASS/PLASTIC BOTTLE; USE W/REG	1/1/2008	$4.04	N	Referral Required		
E0560		HUMIDIFIER FOR SUPPLEMENTAL DURING IPPB TX OR 02 D	1/1/2008	$152.74	Y	Referral Required		
E0561		HUMIDIFIER, NON-HEATED USED W/POSITIVE AIR-WAY PRESSURE DEVICE	1/1/2008	$102.06	N	Referral Required		
E0562		HUMIDIFIER, HEATED, USED W/POSITIVE AIR-WAY PRESSURE DEVICE	1/1/2008	$287.31	N	Referral Required		
E0565		COMPRESSOR-AIR FOR DME NOT SELF CONTAINED, PUR.PRI	1/1/2008	$560.05	N	Referral Required		
E0570		NEBULIZER WITH COMPRESSOR EG DEVILBISS, PULMO-AID	1/1/2008	$188.20	N	Referral Required		
E0571		AEROSOL COMPRESSOR BATTERY POWERED FOR USE WITH SMALL VOLUME NEBULIZER	1/1/2008	$286.70	Y	Referral Required		
E0572		AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DUTY FOR INTERMITTENT USE	1/1/2008	$36.45	N	Referral Required		
E0574		ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER	1/1/2008	$38.53	N	Referral Required		
E0575		NEBULIZER, SELF-CONTAINED ULTRASONIC; PURCHASE PRI	1/1/2008	$953.50	Y	Referral Required		
E0580		NEBULIZER DURABLE BOTTLE TYPE	1/1/2008	$127.85	N	Referral Required		
E0585		NEBULIZER, W/COMPRESSOR AND HEATER; PURCHASE PRICE	1/1/2008	$284.30	N	Referral Required		
E0600		SUCTION PUMP HOME MODEL PORTABLE	1/1/2008	$436.70	N	Referral Required		
E0601		NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	1/1/2008	$1,065.50	Y	Referral Required		
E0602		BREAST PUMP ALL TYPES	1/1/2008	$22.83	N	Referral Required		
E0603		BREAST PUMP; ELECTRIC, ANY TYPE	1/1/2008	$394.34	N	Referral Required		
E0605		VAPORIZER, ROOM TYPE	1/1/2008	$25.21	Y	Referral Required		
E0606		POSTURAL DRAINAGE BOARD MONITORING EQUIPMENT	1/1/2008	$218.80	Y	Referral Required		
E0607		HOME BLOOD GLUCOSE MONITOR	1/1/2008	$63.73	N	Referral Required		
E0610		PACEMAKER MON,SELF CONT CHEC BATT DEPLET/PACEMAK	1/1/2008	$214.30	Y	Referral Required		
E0615		PACEMAKER MONITOR	1/1/2008	$456.71	Y	Referral Required		
E0616		IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR, AND PROGRAMMER		$0.00	Y	Referral Required		
E0617		EXTERNAL DEFIBRILLATOR WITH INTEGRATION ELECTROCARDIOGRAM ANALYSIS	4/1/2009	$3,192.50	N	Referral Required		

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E0619		APNEA MONITOR, WITH RECORDING FEATURE	1/1/2008	$2,228.40	Y	Referral Required		
E0621		SLING OR SEAT CANVAS OR NYLON	1/1/2008	$83.58	N	Referral Required		
E0625		PATIENT LIFT, KARATOP, BATHROOM OR TOILET		$0.00	N	Referral Required		
E0627		SEAT LIFT MECHANISM INCORP INTO LIFT CHAIR MECHANT	1/1/2008	$321.75	N	Referral Required		
E0628		SEPERATE SEAT LIFT MECHANISM W/PATIENT OWNED ELECT	1/1/2008	$321.75	N	Referral Required		
E0629		SEPERATE SEAT LIFT MECHANISM W/PATIENT OWNED NON-E	1/1/2008	$315.44	N	Referral Required		
E0630		HYDRAULIC PT LIFT W/SEAT OR SLING	1/1/2008	$947.90	N	Referral Required		
E0635		PT LIFT ELECTRIC W/SEAT OR SLING	1/1/2008	$1,167.10	N	Referral Required		
E0636		MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, LIFT, PATIENT ACCESSIBLE CONTROLS	1/1/2008	$10,545.60	Y	Referral Required		
E0637		COMBINATION SIT TO STAND SYSTEM, ANY SIZE, W/SEAT LIFT FEATURE, W OR W/O WHEELS		$0.00	Y	Referral Required		
E0638		STANDING FRAME SYSTEM, ANY SIZE, W OR W/O WHEELS		$0.00	Y	Referral Required		
E0639		PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM W DISASSEMBLY AND REASSEMBLY		$0.00	Y	Referral Required		
E0640		PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES		$0.00	Y	Referral Required		
E0641		STANDING FRAME SYSTEM, MULTI POSITION		$0.00	Y	Referral Required		
E0642		STANDING FRAME SYSTEM, MOBILE ANY SIZE INCL PEDIATRIC		$0.00	Y	Referral Required		
E0650		PNEUMATIC COMPRESSOR HOME MODEL (LYMPHODEMA PUMP)	1/1/2008	$686.96	N	Referral Required		
E0651		PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL (LUMPHAT	1/1/2008	$876.02	Y	Referral Required		
E0652		PNEU COMP SEG HOME MOD(LYMP PUMP)W/ CAL GRAD PRESS	1/1/2008	$4,311.06	Y	Referral Required		
E0655		PNEUMATIC APPL FOR USE WITH PNEUMATIC COMPRES HALE	1/1/2008	$102.94	Y	Referral Required		
E0660		PNEUMATIC APPL USE WITH PNEUMATIC COMP, FULL LEG	1/1/2008	$152.37	Y	Referral Required		
E0665		PNEUMATIC APPL USE WITH PNEUMATIC COMP, FULL ARM	1/1/2008	$130.67	Y	Referral Required		
E0666		PNEUMATIC APPLFOR USE WITH PNEUMATIC COMPR HALF L	1/1/2008	$131.71	Y	Referral Required		
E0667		PNEUM APPL FOR USE W/ SEGM PNEUM COMPRESSOR, LEG	1/1/2008	$308.82	N	Referral Required		
E0668		PNEUM APPL FOR USE W/ SEGM PNEUM COMPRESSOR, ARM	1/1/2008	$358.26	N	Referral Required		
E0669		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	1/1/2008	$183.31	N	Referral Required		
E0671		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	1/1/2008	$415.35	Y	Referral Required		
E0672		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	1/1/2008	$322.72	Y	Referral Required		
E0673		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	1/1/2008	$268.17	Y	Referral Required		
E0676		INTERMITTENT LIMB COMPRESSION DEVICE (INCL ACCESSORIES), NOT OTHERWISE SPECIFIED		$0.00	Y	Referral Required		
E0691		UV LIGHT THERAPY PANEL, INC. BULBS, TIMER, EYE PROTECT; TX AREA 2 SQ. FT OR LESS	1/1/2008	$898.59	Y	Referral Required		
E0692		UV LIGHT THERAPY PANEL, INC. BULBS, TIMER, EYE PROTECT; 4 FOOT PANEL	1/1/2008	$1,128.37	Y	Referral Required		
E0693		UV LIGHT THERAPY PANEL, INC. BULBS, TIMER, EYE PROTECTION, 6 FOOT PANEL	1/1/2008	$1,390.98	Y	Referral Required		
E0694		UV MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INC. BULBS, TIMER, E	1/1/2008	$4,427.34	Y	Referral Required		
E0700		SAFETY EQUIP, DEVICE OR ACCESSORY, ANY TYPE		$0.00	N	Referral Required		
E0705		TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	1/1/2008	$48.34	N	Referral Required		
E0710		RESTRAINT, ANY TYPE		$0.00	Y	Referral Required		
E0720		TENS TWO LEAD LOCALIZED STIMULATION	1/1/2008	$350.61	Y	Referral Required		
E0730		TENS FOUR LEAD LG AREA/MLTPL NERVE STIMULATION	1/1/2008	$353.45	Y	Referral Required		
E0731		FORM FITTING CONDUCTIVE GARMET FOR DELIV OF TENS/N	1/1/2008	$297.45	Y	Referral Required		
E0740		INCONTINENCT TX SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR TRAINER	4/1/2009	$549.01	Y	Referral Required		
E0744		NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	1/1/2008	$870.34	Y	Referral Required		
E0745		NEUROMUSCUL STIMUL, ELECTRON SHOCK UN NON-CLIN MOD	1/1/2008	$873.40	Y	Referral Required		
E0746		ELECTROMYOGRAPHY (EMG) FEEDBACK DEVICE		$0.00	N	Referral Required		
E0747		OSTEOGENESIS STIMULATOR (NON-INVASIVE)	1/1/2008	$3,364.35	Y	Referral Required		
E0748		OSTEOGENIC STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS	1/1/2008	$3,342.55	Y	Referral Required		

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E0749		OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANT)	1/1/2008	$2,443.00	Y	Referral Required		
E0760		OSTEOGENESIS STIMULATOR,LOW INTENSITY,ULTRASOUND	1/1/2008	$2,778.50	Y	Referral Required		
E0762		TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION INCL ALL ACCESSORIES	4/1/2009	$1,154.54	Y	Referral Required		
E0764		FUNCTIONAL NEUROMUSCULAR STIMULATOR	1/1/2008	$1,077.87	Y	Referral Required		
E0765		FDA APPROVED NEUROSTIMULATOR W/ REPLACEABLE BATTERIES NAUSEA/VOMITING	4/1/2009	$88.34	N	Referral Required		
E0769		ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOC		$0.00	Y	Referral Required		
E0770		FUNCT ELECT STIM, TRNSCUT STIM NRV &/OR MSCL GRPS, ANY TYPE, CMPLT SYST, NOS		$0.00	N	Referral Required		
E0776		IV POLE	1/1/2008	$250.00	N	Referral Required		
E0779		AMBULATORY INFUSION PUMP; MECHANICAL REUSABLE FOR INFUSION; 8 HR OR GREATER	1/1/2008	$16.01	N	Referral Required		
E0780		AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE FOR INFUSION LESS THAN 8 HOURS	1/1/2008	$9.92	N	Referral Required		
E0781		EXTERNAL AMB INFUSION PUMP W/ADMIN EQUIP	1/1/2008	$2,648.70	N	Referral Required		
E0782		PARENTERAL INFUSION PUMP, IMPLANTABLE	1/1/2008	$3,688.52	Y	Referral Required		
E0783		INFUSION PUMP, IMPLANTABLE, PROGRAMMABLE	1/1/2008	$6,811.54	Y	Referral Required		
E0784		EXTERNAL AMBULATORY INFUSION PUMP, INSULIN (PP)	1/1/2008	$4,495.00	Y	Referral Required		
E0786		IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPLACEMENT	1/1/2008	$6,831.39	N	Referral Required		
E0791		PARENTERAL INFUSION PUMP,STATIONARY-SINGLE/MULTICH	1/1/2008	$3,016.00	N	Referral Required		
E0830		AMBULATORY TRACTION DEVICE; ALL TYPES; EACH		$0.00	N	Referral Required		
E0840		TRACTION FRAME ATTACH TO HEADBOARD SIMPLE CERVICAL	1/1/2008	$69.89	N	Referral Required		
E0849		TRACTION EQUIPMENT, CERVICAL FREE STANDING STAND/FRAME, PNEUMATIC APPLYING TRACT	1/1/2008	$515.31	N	Referral Required		
E0850		TRACTION STAND,FREE STANDING,CERVICAL TRACTION	1/1/2008	$88.99	N	Referral Required		
E0855		CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	1/1/2008	$471.40	N	Referral Required		
E0856		CERVICAL TRACTION DEVICE, CERVICAL COLLAR W/INFLATABLE AIR BLADDER	4/1/2009	$161.73	N	Referral Required		
E0860		OVERDOOR CERVICAL TRACTION PER EXTREMITY	1/1/2008	$36.75	N	Referral Required		
E0870		TRAC FRAME,ATT TO FOOTBOARD SIMP EXTREM TRAC BUCK	1/1/2008	$110.94	N	Referral Required		
E0880		TRAC STAND-FREE STAND-SIMPLE EXTREM TRAC EG BUCKS	1/1/2008	$119.74	N	Referral Required		
E0890		TRAC FRAME ATTACH TO FOOTBOARD,SIMP PELVIC TRACT	1/1/2008	$114.85	N	Referral Required		
E0900		TRAC STA FREE STAND SIMPL PELVIC TRAC TRAP EQUIP	1/1/2008	$122.21	N	Referral Required		
E0910		TRAPEZE BARS ATT TO BED W/GRAB BAR	1/1/2008	$177.20	N	Referral Required		
E0911		TRAPEZE BAR, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 LBS, ATTACHED TO BED	1/1/2008	$49.85	N	Referral Required		
E0912		TRAPEZE BAR, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 LBS, FREESTANDING	1/1/2008	$1,201.94	N	Referral Required		
E0920		FRAC FRAME, ATT TO BED INC WEIGHTS	1/1/2008	$374.10	N	Referral Required		
E0930		FRAC FRAME, FREE STAND, INC WEIGHTS	1/1/2008	$435.80	N	Referral Required		
E0935		PASSIVE MOTION EXERCISE DEVICE (PURCHASE PRICE)	1/1/2008	$184.30	Y	Referral Required		
E0940		TRAPEZE BAR FREE STANDING W/GRAB BAR	1/1/2008	$331.60	N	Referral Required		
E0941		GRAVITY ASSISTED TRACT DEVICE, ANY TYPE	1/1/2008	$352.00	N	Referral Required		
E0942		CERVICAL HEAD HARNESS/HALTER	1/1/2008	$18.93	N	Referral Required		
E0944		PELVIC BELT/HARNESS/BOOT(PROSTHETIC TRACTION DEV)	1/1/2008	$43.36	N	Referral Required		
E0945		EXTREMITY BELT/HARNESS	1/1/2008	$38.74	Y	Referral Required		
E0946		FRAC FRAMDUAL WI CROSS BAR ATT TO BED BALKEN 4 PO	1/1/2008	$564.30	Y	Referral Required		
E0947		FRAC FRAME ATT FOR COMPLEX PELVIC TRAC	1/1/2008	$491.69	Y	Referral Required		
E0948		FRAC FRAME ATT FOR COMPLEX CERVICAL TRAC	1/1/2008	$559.51	Y	Referral Required		
E0950		TRAY WHEELCHAIR	1/1/2008	$99.15	Y	Referral Required		
E0951		HEEL LOOP/HOLDER, ANY TYPE, W OR W/O ANKLE STRAP, WHEELCHAIR ACCES, EACH	1/1/2008	$17.97	Y	Referral Required		
E0952		TOE LOOP HOLDER ANY TYPE, WHEELCHAIR, EACH	1/1/2008	$17.97	Y	Referral Required		
E0955		WHEELCHAIR ACCESS, HEADREST CUSHIONED, ANY TYPE	1/1/2008	$202.18	Y	Referral Required		

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E0956		WHEELCHAIR ACCESS, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE	1/1/2008	$98.58	Y	Referral Required		
E0957		WHEELCHAIR ACCESS MEDIAL THIGH SUPPORT, ANY TYPE, EACH	1/1/2008	$137.93	Y	Referral Required		
E0958		WHEELCHR ATT TO CONV ANY WHEELCHR TO ONE ARM DRIVE	1/1/2008	$416.20	Y	Referral Required		
E0959		AMPUTEE ADAP DEV TO COMPEN TRAN OF WEIG LOST LIMIB	1/1/2008	$84.34	Y	Referral Required		
E0960		WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHECT STRAPS, INCL ANY HARDWARE	1/1/2008	$63.80	Y	Referral Required		
E0961		BRAKE EXTENSION FOR WHEELCHAIR	1/1/2008	$24.11	Y	Referral Required		
E0966		HOOK ON HEAD REST EXTENSION	1/1/2008	$68.07	Y	Referral Required		
E0967		MANUAL WHEELCHAIR HAND RIMS WITH PROJECTIONS, ANY TYPE, REPLACEMENT EACH	1/1/2008	$64.59	Y	Referral Required		
E0968		COMMODE SEAT, WHEELCHAIR	1/1/2008	$145.40	Y	Referral Required		
E0969		NARROWING DEVICE WHEELCHAIR	1/1/2008	$149.40	Y	Referral Required		
E0970		NO 2 FOOTPLATES EXCEPT FOR ELEVATING LEG REST	1/1/2008	$39.05	Y	Referral Required		
E0971		ANTI-TIPPING DEVICE WHEELCHAIR	1/1/2008	$53.30	Y	Referral Required		
E0973		WHEELCHAIR ADJUST HGHT DETACH ARMS DESK/FULL	1/1/2008	$109.66	Y	Referral Required		
E0974		GRAD-AID FOR WHEELCAHIR	1/1/2008	$75.36	Y	Referral Required		
E0978		WHEELCHAIR ACCESSORY POSITIONING BELT/SAFTEY, BELT/PELVIC STRAP, EACH	1/1/2008	$41.61	Y	Referral Required		
E0980		SAFETY VEST, WHEELCHAIR	1/1/2008	$31.53	Y	Referral Required		
E0981		WHEELCHAIR ACCESS SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	1/1/2008	$47.15	Y	Referral Required		
E0982		WHEELCHAIR ACCESS BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	1/1/2008	$51.53	Y	Referral Required		
E0983		MANUAL WHEELCHAIR ACCESS, POWER ADD-ON TO CONVERT MANUAL TO MOTORIZED, JOYSTICK	1/1/2008	$2,383.90	Y	Referral Required		
E0984		MANUAL WHEELCHAIR ACCESS, POWER ADD-ON TO CONVERT MANUAL TO MOTORIZED, TILLER	1/1/2008	$1,628.99	Y	Referral Required		
E0985		WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	1/1/2008	$202.85	Y	Referral Required		
E0986		MANUAL WHEELCHAIR ACCESSORY, POWER ASSIST, EACH	1/1/2008	$4,864.24	Y	Referral Required		
E0990		ELEVATING LEG REST	1/1/2008	$112.01	Y	Referral Required		
E0992		SOLID SEAT INSERT	1/1/2008	$90.75	Y	Referral Required		
E0994		ARM REST, EACH	1/1/2008	$16.82	Y	Referral Required		
E0995		CALF REST, EACH	1/1/2008	$202.18	Y	Referral Required		
E1002		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	1/1/2008	$4,113.02	Y	Referral Required		
E1003		WHEELCHAIR ACCESS, POWER SEATING SYSTEM, RECLINE ONLY, W/0 SHEAR REDUCTION	1/1/2008	$4,391.30	Y	Referral Required		
E1004		WHEELCHAIR ACCESS, POWER SEATING SYSTEM, RECLINE ONLY, W/MECH SHEAR REDUCTION	1/1/2008	$4,869.05	Y	Referral Required		
E1005		WHEELCHAIR ACCESS POWER SEATING SYSTEM, RECLINE ONLY, W/POWER SHEAR REDUCTION	1/1/2008	$5,270.36	Y	Referral Required		
E1006		WHEELCHAIR ACCESS, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, W/O SHEAR	1/1/2008	$6,455.70	Y	Referral Required		
E1007		WHEELCHAIR ACCESS, POWER SEATING SYSTEM, TILT AND RECLINE, W/MECHAN SHEAR REDUCT	1/1/2008	$8,741.27	Y	Referral Required		
E1008		WHEELCHAIR ACCESS POWER SEATING SYSTEM, COMB TILT/RECLINE W/POWER SHEAR REDUCT	1/1/2008	$8,742.05	Y	Referral Required		
E1009		WHEELCHAIR ACCESS ADDITION TO POWER SEATING MECHANICALLY LINKED LEG ELEVATION		$0.00	Y	Referral Required		
E1010		WHEELCHAIR ACCESS ADDIT TO POWER SEATING SYSTEM, POWER LEG ELEV SYSTEM, PAIR	1/1/2008	$863.51	Y	Referral Required		
E1011		MODIFY PED. SIZE WHEELCHAIR, WIDTH ADJUST PACKAGE (NOT DISPENSED W/INITIAL WC)		$0.00	Y	Referral Required		
E1014		RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	1/1/2008	$365.14	Y	Referral Required		
E1015		SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	1/1/2008	$114.70	Y	Referral Required		
E1016		SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	1/1/2008	$131.31	Y	Referral Required		
E1017		HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY/EXTRA HD MANUAL WC, EACH		$0.00	Y	Referral Required		
E1018		HEAVY DUTY SHOCK ABSORBER FOR HD/EXTRA HD POWER WHEELCHAIR, EACH		$0.00	Y	Referral Required		
E1020		RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	1/1/2008	$243.41	Y	Referral Required		
E1028		WC ACSSRY MNUAL SWNG AWAY, RETRCTBL OR REMVABL MNTNG HRDWR FOR JOY STCK	1/1/2008	$206.54	Y	Referral Required		
E1029		WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	1/1/2008	$369.54	Y	Referral Required		
E1030		WHEELCHAIR ACCESSORY , VENTILATOR TRAY, GIMBALED	1/1/2008	$1,165.27	Y	Referral Required		

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E1035		MULTI-POSITIONAL PATIENT TRANSFER SYSTEM/SEAT, WT CAPACITY 300#	1/1/2010	$643.86	Y	Referral Required		
E1036		MULTI-POSITION PT TRANSFER SYS, XTRA-WIDE, INTEG SEAT, WEIGHT CAP GRTR/300 LBS.		$0.00	Y	Referral Required		
E1037		TRANSPORT CHAIR, PEDIATRIC SIZE	1/1/2008	$1,084.90	Y	Referral Required		
E1038		TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY LESS THAN 250 LBS	1/1/2008	$400.10	Y	Referral Required		
E1039		TRANSPORT CHAIR, ADULT SIZE HEAVY DUTY PATIENT WEIGHT CAPACITY 250 LBS OR MORE	1/1/2008	$34.20	Y	Referral Required		
E1050		FUL-RECLIN WHEELCHR FIX FULL LENG ARMS DETACH LEGR	1/1/2008	$825.70	Y	Referral Required		
E1060		FUL-RECL WHEELCHR DETAC ARMS DESK OR FULL LEN SWIN	1/1/2008	$1,173.30	Y	Referral Required		
E1065		POW ATTACH (TO CONV ANY WHEELCHR RO MOTOR WHEELCH)	1/1/2008	$2,773.02	Y	Referral Required		
E1070		FUL-REC WHEELCHR DETACH ARMS (DESK OR FULL LEN) SW	1/1/2008	$1,044.70	Y	Referral Required		
E1083		HEMI-WHEELCHR, FIX FULL LEN ARMS SW AW DETAC ELEVA	1/1/2008	$751.00	Y	Referral Required		
E1084		HEMI WHEELCHR DETACH ARM DECK FULL LEN ARM SW AW	1/1/2008	$795.30	Y	Referral Required		
E1085		HEMI-WHEELCHR, FIX FULL LEN ARM SW AW DETAC FOOR R	1/1/2008	$561.10	Y	Referral Required		
E1086		HEMI-WHEELCHR DETACH ARM DESK OR FULL LEN SW AW DE	1/1/2008	$681.14	Y	Referral Required		
E1087		HIGH STREN LIGHTWEI WHEELCH FIX FULL LEN ARM SW AW	1/1/2008	$1,206.70	Y	Referral Required		
E1088		HIGH STREN LIGHTWEI WHEELCHR DETACH ARM DESK FLL L	1/1/2008	$1,438.81	Y	Referral Required		
E1089		LTWGHT WHEELCAHIR FIX ARMS DETACH FOOT REST	1/1/2008	$1,146.50	Y	Referral Required		
E1090		HIGH STREN LIGHTWEI WHEELCHR DETAC ARM FULL LENG S	1/1/2008	$1,298.80	Y	Referral Required		
E1092		WIDE HEAVY DUTY WHEELCHAIR DETACH ARM SWING DET LE	1/1/2008	$1,225.70	Y	Referral Required		
E1093		WIDE HEAVY DU WHEELCHR DETAC ARM DESK FULL LEN ARM	1/1/2008	$1,054.20	Y	Referral Required		
E1100		SEMI-REC WHEELCHR FIX FULL LENG ARM SW AW DETAC EL	1/1/2008	$990.20	Y	Referral Required		
E1110		SEMI-REC WHEELCHR DETAC ARM (DESK OR FULL LEN) ELE	1/1/2008	$969.60	Y	Referral Required		
E1130		STANDARD WHEELCHAIR, FIXED ARMS, DETACT FOOTRESTS	1/1/2008	$381.20	Y	Referral Required		
E1140		WHLCHR DETACH ARM DETACH RESTS (DESK LENGTH)	1/1/2008	$665.20	Y	Referral Required		
E1150		WHEELCHAIR DETACHABLE ARM	1/1/2008	$720.10	Y	Referral Required		
E1160		WHLCHR FIX ARM DETACH EL LEG RESTS	1/1/2008	$549.50	Y	Referral Required		
E1161		MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	1/1/2008	$2,366.09	Y	Referral Required		
E1170		AMPU WHEELCHR FIX FULL LEN ARMS SW AW DET ELE LEGR	1/1/2008	$851.90	Y	Referral Required		
E1171		AMPU WHEELCHR FIX FULL LEN ARMS WITHOUT FOOTRES LE	1/1/2008	$764.50	Y	Referral Required		
E1172		AMPU WHEELCHR DETACH ARMS (DESK FULL LEN) NO FOOTR	1/1/2008	$934.20	Y	Referral Required		
E1180		AMPU WHEELCHR DETAC ARMS (DESK FULL LEN SW AW FOO	1/1/2008	$966.60	Y	Referral Required		
E1190		AMPU WHEELCHR DET ARM (DESK FULL LEN) AW ELE LE	1/1/2008	$1,116.70	Y	Referral Required		
E1195		AMPU WHEELCHR FIX FULL LEN ARM SW AW DETAC FOOTRES	1/1/2008	$1,198.30	Y	Referral Required		
E1200		AMPUTEE WHEELCHAIR FIXED ARMS DETACH LEG RESTS POW	1/1/2008	$829.90	Y	Referral Required		
E1220		SPECIAL SIZED WHEELCHAIR	1/1/2008	$446.42	Y	Referral Required		
E1221		WHEELCHAIR FIX ARM FOOTRESTS	1/1/2008	$385.10	Y	Referral Required		
E1222		WHEELCH W/FIXED ARM EL LEG RESTS	1/1/2008	$646.60	Y	Referral Required		
E1223		WHEELCHAIR W/DETACH ARM FOOTRESTS	1/1/2008	$706.00	Y	Referral Required		
E1224		WHEELCHR WITH DETACH ARMS, ELEVATING LEGRESTS	1/1/2008	$662.50	Y	Referral Required		
E1225		WHEELCHAIR ACCESS MANUAL SEMI-RECLIN BACK, (> THAN 15 DEG BUT < THAN 80 DEG), EA	1/1/2008	$431.10	Y	Referral Required		
E1226		WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK (RECLINE > THAN 80 DEG), EA	1/1/2008	$520.45	Y	Referral Required		
E1227		SPEC HEIGH ARMS FOR WHEELCHR	1/1/2008	$254.80	Y	Referral Required		
E1228		SPECIAL BACH HEIGHT FOR WHEELCHAIR	1/1/2008	$267.30	Y	Referral Required		
E1229		WHEELCHAIR, PEDIATRIC SIZE NOT ELSEWHERE SPECIFIED		$0.00	Y	Referral Required		
E1230		POW OPER VEH (3WH NON-HIGHW) IND BRAN NAME, MOD #	1/1/2008	$1,833.76	Y	Referral Required		
E1231		WHEELCHAIR, PED. SIZE,TILT-IN-SPACE, RIGID, ADJUSTABLE, W/SITTING SYSTEM		$0.00	Y	Referral Required		

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E1232		WHEELCHAIR, PED. SIZE,TILT-IN-SPACE, FOLDING, ADJ., W/SEATING SYSTEM	1/1/2008	$2,134.20	Y	Referral Required		
E1233		WHEELCHAIR PED. SIZE,TILT-IN-SPACE, RIGID, ADJ. W/O SEATING SYSTEM	1/1/2008	$2,208.50	Y	Referral Required		
E1234		WHEELCHAIR PEDIATRIC,TILT-IN-SPACE, FOLDING, ADJUSTABLE	1/1/2008	$1,923.20	Y	Referral Required		
E1235		WHEELCHAIR, PED. SIZE, RIGID, ADJUSTABLE W/SEATING SYSTEM	1/1/2008	$1,851.90	Y	Referral Required		
E1236		WHEELCHAIR, PED. SIZE, FOLDING, ADJ., W/SEATING SYSTEM	1/1/2008	$1,633.40	Y	Referral Required		
E1237		WHEELCHAIR, PED. SIZE, RIGID, ADJ. W/O SEATING SYSTEM	1/1/2008	$1,648.10	Y	Referral Required		
E1238		WHEELCHAIR, PED. SIZE, FOLDING, ADJ. W/O SEATING SYSTEM	1/1/2008	$1,718.60	Y	Referral Required		
E1240		LIGHTWEIGHT WHEELCHAIR DETACH ARMS/DETACH LEG REST	1/1/2008	$982.60	Y	Referral Required		
E1250		LGTWGHT WHEELCHAIR FIX ARM SWING DETACH FOOTRESTS	1/1/2008	$616.20	Y	Referral Required		
E1260		LTWGHT WHEELCHAIR DETACH ARM DETACH FOOT (DESK LNG	1/1/2008	$755.70	Y	Referral Required		
E1270		LTWGHT WHEELCH FIX ARM DETACH FL LEG REST, HVY DTY	1/1/2008	$752.90	Y	Referral Required		
E1280		HEAVY DUTY WHEELCHR DETAC ARMS (DESK FULL LEN) LEG	1/1/2008	$125.20	Y	Referral Required		
E1285		HEAVY DUTY WHEELCHR FIX FULL LEN ARM SW AW DETAC F	1/1/2008	$1,150.30	Y	Referral Required		
E1290		HEAVY DUTY WHEELCHR DETACH ARM (DESK FULLLEN) SW A	1/1/2008	$1,014.60	Y	Referral Required		
E1295		HEAVY DUTY WHEELCHR FIX FULL LEN ARM ELEVAT LEGRES	1/1/2008	$1,158.60	Y	Referral Required		
E1296		SPEC WHEELCHR SEAT HEIGHT FROM FLOOR	1/1/2008	$411.68	Y	Referral Required		
E1297		SPEC WHEELCHR SEAT DEPTH, BY UPHOLSTERY	1/1/2008	$99.78	Y	Referral Required		
E1298		SPEC WHEELCHR SEAT DEPTH AND/OR WIDTH BY CONST	1/1/2008	$343.48	Y	Referral Required		
E1353		REGULATOR RENTAL	1/1/2008	$10.00	N	Referral Required		
E1354		O2 ACCESS, WHEEL CRT FOR PORT CYL OR PORT CONC, ANY TYPE, REPLACE ONLY, EA		$0.00	N	Referral Required		
E1355		STAND/RACK	4/1/2009	$22.40	N	Referral Required		
E1356		O2 ACCESS, BATT PACK/CARTRIDGE FOR PORT CONCENTRATOR, ANY TYPE, REPLACE ONLY, EA		$0.00	N	Referral Required		
E1357		O2 ACCESSORY, BATRY CHRGR FOR PORT CONCENTRATOR, ANY TYPE, REPLACE ONLY, EA		$0.00	N	Referral Required		
E1358		O2 ACCESS, DC PWR ADAPT FOR PORT CONCENTRATOR, ANY TYPE, REPLACE ONLY, EA		$0.00	N	Referral Required		
E1372		IMMERSION EXTERNAL HEATER FOR NEBULIZER	1/1/2008	$155.51	N	Referral Required		
E1383		OXYGEN CONCEN HI HUMID SYS EQUIV TO 1708 CU. FT.	1/1/2008	$3,104.70	N	Referral Required		
E1384		OXYGEN CONCEN HI HUMID SYS EQUIV TO 1952 CU. FT.	1/1/2008	$3,104.70	N	Referral Required		
E1385		OXYGE CONCEN HI HUMID SYS EQUIV TO OVER 1952 CU FT	1/1/2008	$3,104.70	N	Referral Required		
E1390		OXYGEN CONCENTRATOR CAPABLE OF DELIVERING 85% OR < O2 CONCENTRATION	4/1/2010	$1,757.90	N	Referral Required		
E1391		OXYGEN CONCEN DUAL DELIVERY PORT, CAPABLEOF DELIVERING 85% OR GREATER CONCENTR	4/1/2010	$1,757.90	Y	Referral Required		
E1392		PORTABLE OXYGEN CONCENTRATOR	5/1/2009	$516.30	N	Referral Required		
E1399		DURABLE MEDICAL EQUIP NOT OTHERWISE CLASSIFIED		$0.00	Y	Referral Required		
E1405		OXYGEN/H20 VAPOR SYSTEM W/HEATED DELIVERY	4/1/2010	$2,070.90	N	Referral Required		
E1406		OXYGEN/H20 VAPOR SYSTEM WO HEATED DELIVERY	4/1/2010	$1,927.20	N	Referral Required		
E1500		CENTRIFUGE FOR DIALYSIS		$0.00	Y	Referral Required		
E1510		KIDNEY DIALYSATE DELIVERY SYSTEM MACHINE, PUMP RECIRCULATING, AIR REMOVAL	1/1/2008	$1,984.50	Y	Referral Required		
E1520		HEPARIN INFUSION PUMP FOR DIALYSIS		$0.00	Y	Referral Required		
E1530		AIR BUBBLE DETECTOR FOR DIALYSIS		$0.00	Y	Referral Required		
E1540		PRESSURE ALARM FOR DIALYSIS		$0.00	Y	Referral Required		
E1550		BATH CONDUCTIVITY METER FOR DIALYSIS		$0.00	Y	Referral Required		
E1560		BLOOD LEAK DETECTOR FOR DIALYSIS		$0.00	Y	Referral Required		
E1570		ADJUSTABLE CHAIR, FOR ESRD PATIENTS	1/1/2008	$100.49	Y	Referral Required		
E1575		TRANSDUCER PROTECTOR/FLUID BARRIERS, ANY SIZE EA	1/1/2008	$26.87	Y	Referral Required		
E1580		UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS		$0.00	Y	Referral Required		
E1590		HEMODIALYSIS MACHINE, UNIT OR CYCLER	1/1/2008	$1,721.69	Y	Referral Required		

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E1592		AUTO INTERMITTENT PERITIONEAL DIALYSIS SYSTEM		$0.00	Y	Referral Required		
E1594		CYCLER DIALYSIS MACHINE	1/1/2008	$3,640.00	N	Referral Required		
E1600		DEL AND/OR INSTALL CHARGES FOR RENAL DIAL EQUIP	1/1/2008	$461.86	Y	Referral Required		
E1610		REV OSMOSIS WAT PURIFIC SYS WAT PURIFIC SYS	1/1/2008	$614.64	Y	Referral Required		
E1615		DEIONIZER WATER PURIFICATION SYSTEM		$0.00	Y	Referral Required		
E1620		BLOODPUMP FOR DIALYSIS		$0.00	Y	Referral Required		
E1625		WATER SOFTENING SYSTEM		$0.00	Y	Referral Required		
E1630		RECIPROCATING PERITONEAL DIALYSIS SYSTEM		$0.00	Y	Referral Required		
E1632		WEARABLE ARTIFICAL KIDNEY		$0.00	Y	Referral Required		
E1634		PERITONEAL DIALYSIS CLAMPS, EACH		$0.00	Y	Referral Required		
E1635		COMPACT (PORTABLE) TRAVEL HEMODIALYSIS SYS		$0.00	Y	Referral Required		
E1636		SORBENT CARTRIDGES, PER CASE		$0.00	Y	Referral Required		
E1637		HEMOSTAT FOR DIALYSIS, EACH	1/1/2008	$3.99	N	Referral Required		
E1638		HEATING PAD FOR PERITONEAL DIALYSIS, EACH	1/1/2008	$36.12	N	Referral Required		
E1639		SCALE FOR DIALYSIS, EACH	1/1/2008	$223.34	N	Referral Required		
E1699		DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED		$0.00	Y	Referral Required		
E1700		JAW MOTION ON REHAB SYSTEM	1/1/2008	$328.92	Y	Referral Required		
E1701		REPLACEMENT CUSHIONS-JAW MOTION REHAB.SYS-PKG.OF 6	1/1/2008	$10.61	Y	Referral Required		
E1702		REPLACEMENT MEASURING SCALES-JAW MOTION REHAB- 200	1/1/2008	$22.57	Y	Referral Required		
E1800		DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	1/1/2008	$1,111.70	Y	Referral Required		
E1801		BI-DIRECTIONAL STATIC PROGRESSIVESTRETCH ELBOW DEVICE RANGE OF MOTION ADJ W/CUFF	1/1/2008	$1,283.70	Y	Referral Required		
E1802		DYNAMIC ADJ. FOREARM PRONATION/SUPINATION DEVICE, INC. SOFT INTERFACE MATERIAL	1/1/2008	$326.80	N	Referral Required		
E1805		DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	1/1/2008	$1,140.90	Y	Referral Required		
E1806		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE W/RANGE OF MOTION ADJ.	1/1/2008	$1,053.90	Y	Referral Required		
E1810		DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE-	1/1/2008	$1,272.00	Y	Referral Required		
E1811		BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE W/ ROM ADJUSTMENT, INCLUDES CUFF	1/1/2008	$1,334.60	Y	Referral Required		
E1812		DYNAMIC KNEE EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	4/1/2009	$902.90	N	Referral Required		
E1815		DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	1/1/2008	$1,140.90	Y	Referral Required		
E1816		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE W/ROM ADJUSTMENT W/CUFFS	1/1/2008	$1,355.70	Y	Referral Required		
E1818		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM PRONATION/ SUPINATION DEVICE	1/1/2008	$1,384.10	Y	Referral Required		
E1820		SOFT INTERFACE MATERIAL, DYNAMIC ADJ. EXT/FLEX DEV	4/1/2009	$80.97	Y	Referral Required		
E1821		REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STRETCH DEVICE	1/1/2008	$104.72	Y	Referral Required		
E1825		DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	1/1/2008	$1,140.90	Y	Referral Required		
E1830		DYNAMIC ADJUSTABEL TOE EXTENSION/FLEXION DEVICE	1/1/2008	$1,140.90	Y	Referral Required		
E1840		DYNAMIC ADJUSTABLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE W/SOFT INTERFACE	1/1/2008	$3,808.20	Y	Referral Required		
E1902		COMMUNICATION BOARD NON-ELECTRONIC AUGMENTATION OR ALTERNATIVE COMMUNICATION		$0.00	Y	Referral Required		
E2000		GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY ELECTRIC	1/1/2008	$515.80	N	Referral Required		
E2100		BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	1/1/2008	$544.01	Y	Referral Required		
E2101		BLOOD GLUCOSE MONITOR W/ INTEGRATE LANCING/BLOOD SAMPLE	1/1/2008	$187.63	Y	Referral Required		
E2120		PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	1/1/2008	$283.52	Y	Referral Required		
E2201		MANUAL WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME, WIDTH>= 20 INCH < 24 INCH	1/1/2008	$373.10	Y	Referral Required		
E2202		MANUAL WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	1/1/2008	$473.98	Y	Referral Required		
E2203		MANUAL WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME DEPTH 20 < 22 INCHES	1/1/2008	$479.05	Y	Referral Required		
E2204		MANUAL WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME DEPT 22-25 INCHES	1/1/2008	$813.40	Y	Referral Required		
E2205		MANUAL WHEELCHAIR ACCESSORY, HANDRIM W/O PROJECTIONS ANY TYPE, REPLACEM, EACH	4/1/2009	$33.71	Y	Referral Required		

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E2206		MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	4/1/2009	$42.01	Y	Referral Required		
E2207		WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	1/1/2008	$42.62	Y	Referral Required		
E2208		WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER	1/1/2008	$116.80	Y	Referral Required		
E2209		WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	1/1/2008	$105.39	Y	Referral Required		
E2210		WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	1/1/2008	$6.55	Y	Referral Required		
E2211		WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	1/1/2008	$34.77	Y	Referral Required		
E2212		WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	1/1/2008	$5.78	Y	Referral Required		
E2213		MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROP TIRE, ANY SIZE, EACH	1/1/2008	$29.91	Y	Referral Required		
E2214		MANUAL ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	1/1/2008	$36.00	Y	Referral Required		
E2215		MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, EACH	1/1/2008	$9.45	Y	Referral Required		
E2216		MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, EACH		$0.00	Y	Referral Required		
E2217		MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, EACH		$0.00	Y	Referral Required		
E2218		MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, EACH		$0.00	Y	Referral Required		
E2219		MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, EACH	1/1/2008	$41.85	Y	Referral Required		
E2220		MANUAL WHEELCHAIR ACCESSORY, SOLID RUBBER/PLASTIC PROPLUSION TIRE	1/1/2008	$28.52	Y	Referral Required		
E2221		MANUAL WHEELCHAIR ACCESSORY, SOLID RUBBER/PLASTIC CASTER TIRE, EACH	1/1/2008	$25.12	Y	Referral Required		
E2222		MANUAL WHEELCHAIR ACC, SOLID RUBBER/PLASTIC CASTER TIRE W/ INTEGRATED WHEEL	1/1/2008	$21.06	Y	Referral Required		
E2224		MANUAL WHEELCHAIR ACC, PROPULSION WHEELS, EXCLUDES TIRE, EACH	1/1/2008	$92.46	Y	Referral Required		
E2225		MANUAL WHEELCHAIR ACC, CASTER WHEEL, EXCLUDES TIRE, EACH	1/1/2008	$17.40	Y	Referral Required		
E2226		MANUAL WHEELCHAIR ACC, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2008	$37.94	Y	Referral Required		
E2227		MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EA	4/1/2009	$1,647.59	N	Referral Required		
E2228		MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM/LOCK, COMPLETE, EA	4/1/2009	$983.07	N	Referral Required		
E2230		MANUAL WC ACCESSORY, MANUAL STANDING SYSTEM		$0.00	Y	Referral Required		
E2231		MAN WC ACCESS, SOLID SEAT SUPP BASE (REPLACES SLING SEAT), INCL/MOUNTING HARDWR	4/1/2009	$161.36	N	Referral Required		
E2291		BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		$0.00	Y	Referral Required		
E2292		SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		$0.00	Y	Referral Required		
E2293		BACK CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCL FIXED ATTACHING HARDWARE		$0.00	Y	Referral Required		
E2294		SEAT CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCL FIXED ATTACHING HARDWARE		$0.00	Y	Referral Required		
E2295		MAN WC ACESY, PED WC, DYNAM SEAT FRM, FOR COORD MOV OF MULT POSITION FEATURES		$0.00	Y	Referral Required		
E2300		POWER WHEELCHAIR ACCESS POWER SEAT ELEVATION SYSTEM		$0.00	Y	Referral Required		
E2301		POWER WHEELCHAIR ACCESS, POWER STANDING SYSTEM		$0.00	Y	Referral Required		
E2310		POWER WHEELCHAIR ACCESS, ELECTRONIC CONNECTION BETWEEN CHAIR AND CONTROLLER	1/1/2008	$1,170.02	Y	Referral Required		
E2311		POWER WHEELCHAIR ACCESS, ELECTRONIC CONN BETWEEN CHAIR AND CONTROLLER	1/1/2008	$2,369.20	Y	Referral Required		
E2312		POWER WHEELCHAIR ACCESS, HAND/CHIN CONTROL INTERFACE, REMOTE JOYSTICK	1/1/2008	$1,939.18	N	Referral Required		
E2313		POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER	1/1/2008	$307.93	N	Referral Required		
E2321		POWER WHEELCHAIR ACCESS, HAND OR CONTROL INTERFACE, REMOTE JOYSTICK	1/1/2008	$1,532.90	Y	Referral Required		
E2322		POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULT MECH SWITCHES	1/1/2008	$1,410.36	Y	Referral Required		
E2323		POWER WHEELCHAIR ACCESS HAND CONTROL INTERFACE, JOYSTICK PREFAB	1/1/2008	$69.16	Y	Referral Required		
E2324		POWER WHEELCHAIR ACCESS, CHIN CUP FOR CHIN CONTROL INTERFACE	1/1/2008	$44.49	Y	Referral Required		
E2325		POWER WHEELCHAIR ACCESS, SIP AND PUFF INTERFACE, NONPROPORT. W/ALL ELECTRONICS	1/1/2008	$1,346.83	Y	Referral Required		
E2326		POWER WHEELCHAIR ACCESS, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	1/1/2008	$319.60	Y	Referral Required		
E2327		POWER WHEELCHAIR ACCESS, HEAD CONTROL INTERFACE, MECHANICAL W ELECTRONICS	1/1/2008	$2,306.14	Y	Referral Required		
E2328		POWER WHEELCHAIR ACCESS, HEAD CONTROL INTERFACE W ELECTRONICS	1/1/2008	$3,877.33	Y	Referral Required		
E2329		POWER WHEELCHAIR ACCESS, HEAD CONTROL INTERFACE, CONTROL SWITCH MECHANISM	1/1/2008	$1,730.31	Y	Referral Required		
E2330		POWER WHEELCHAIR ACCESS, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM	4/1/2009	$3,096.99	Y	Referral Required		

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E2331		POWER WHEELCHAIR ACCESS, ATTENDANT CONTROL INTERFACE PROPORT. ELECTRONICS		$0.00	Y	Referral Required		
E2340		POWER WHEELCHAIR ACCESS NONSTANDARD SEAT FRAME WIDTH 20-23 INCHES	1/1/2008	$314.22	Y	Referral Required		
E2341		POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	1/1/2008	$462.97	Y	Referral Required		
E2342		POWER WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME WIDTH 20-21 WIDTH	1/1/2008	$448.03	Y	Referral Required		
E2343		POWER WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME WIDTH 22-25 INCHES	1/1/2008	$259.27	Y	Referral Required		
E2351		POWER WHEELCHAIR ACCESS, ELECTRONIC INTERFACE FOR SPEECH GENERATING DEVICE	1/1/2008	$698.63	Y	Referral Required		
E2360		POWER WHEELCHAIR ACCESS, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	1/1/2008	$107.16	Y	Referral Required		
E2361		POWER WHEELCHAIR ACCESS, 22 NF NON-SEALED LEAD ACID BATTERY, (GEL CELL, ABSORBED	1/1/2008	$130.82	Y	Referral Required		
E2362		POWER WHEELCHAIR ACCESS, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	1/1/2008	$86.27	Y	Referral Required		
E2363		POWER WHEELCHAIR ACCESS, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	1/1/2008	$174.45	Y	Referral Required		
E2364		POWER WHEELCHAIR ACCESS, U-1 NON-SEALED LEAD ACID BATTERY, EACH	1/1/2008	$112.34	Y	Referral Required		
E2365		POWER WHEELCHAIR ACCESS, U-1 SEALED LEAD ACID BATTERY, EACH (GEL CELL GLASSMAT)	1/1/2008	$110.31	Y	Referral Required		
E2366		POWER WHEELCHAIR ACCESS, BATTERY CHARGER, DUAL MODE FOR SEALED/NON-SEALED, EACH	1/1/2008	$228.79	Y	Referral Required		
E2367		POWER WHEELCHAIR ACCESS BATTERY CHARGER, DUAL MODE, FOR USE W/EITHER BATTERY	1/1/2008	$419.08	Y	Referral Required		
E2368		POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	4/1/2009	$467.50	Y	Referral Required		
E2369		POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	4/1/2009	$407.20	Y	Referral Required		
E2370		POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBO, REPLACEMENT ONLY	1/1/2008	$802.84	Y	Referral Required		
E2371		POWER WHEELCHAIR ACCESSORY GROUP 27 SEALED LEAD ACID BATTERY, EACH	1/1/2008	$150.74	Y	Referral Required		
E2372		POWER WHEELCHAIR ACCESSORY GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH		$0.00	Y	Referral Required		
E2373		POWER WHEELCHAIR ACC, HAND OR CHIN CONTROL INTERFACE	1/1/2008	$1,209.93	Y	Referral Required		
E2374		POWER WHEELCHAIR ACC, HAND OR CHIN CONTROL INTERFACE, REPLACEMENT ONLY	1/1/2008	$534.02	Y	Referral Required		
E2375		POWER WHEELCHAIR ACC, NON-EXPANDABLE CONTROL, INCL/ ELECT& MOUNTING HARDWARE	1/1/2008	$856.56	Y	Referral Required		
E2376		POWER WHEELCHAIR ACC, EXPANDABLE CONTROLLER, REPLACEMENT ONLY	1/1/2008	$1,342.27	Y	Referral Required		
E2377		POWER WHEELCHAIR ACC, UPGRADE PROVIDED AT INITIAL ISSUE	1/1/2008	$485.71	Y	Referral Required		
E2381		POWER WHEELCHAIR ACC, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPL ONLY, EA.	1/1/2008	$74.90	N	Referral Required		
E2382		POWER WHEELCHAIR ACC, TUBE/PNEUMATIC DRIVE WHEEL TIRE, ANY SZ, REPL ONLY, EA.	1/1/2008	$20.41	N	Referral Required		
E2383		POWER WHEELCHAIR ACC, INSERT/PNEUMATIC WHEEL TIRE, ANY TYPE/SIZE, REPL ONLY, EA	1/1/2008	$149.34	N	Referral Required		
E2384		POWER WHEELCHAIR ACC, PNEUMATIC CASTER TIRE, ANY SIZE, REPL ONLY, EA.	1/1/2008	$79.57	N	Referral Required		
E2385		POWER WHEELCHAIR ACC, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPL ONLY, EA	1/1/2008	$48.67	N	Referral Required		
E2386		POWER WHEELCHAIR ACC, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPL ONLY, EA	1/1/2008	$147.98	N	Referral Required		
E2387		POWER WHEELCHAIR ACC, FOAM FILLED CASTER TIRE, ANY SIZE, REPL ONLY, EA	1/1/2008	$63.84	N	Referral Required		
E2388		POWER WHEELCHAIR ACC, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPL ONLY, EA	1/1/2008	$50.39	N	Referral Required		
E2389		POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2008	$27.36	N	Referral Required		
E2390		POWER WHEELCHAIR ACC, SOLID RUBBER/PLASTIC WHEEL TIRE, ANY SZ, REPL ONLY, EA	1/1/2008	$42.79	N	Referral Required		
E2391		POWER WHEELCHAIR ACC, SOLID RUBBER/PLASTIC CASTER TIRE , ANY SIZE, REPL ONLY, EA	1/1/2008	$20.50	N	Referral Required		
E2392		POWER WHEELCHAIR ACC, SOLID RUBBER/PLASTIC CASTER TIRE W/ INTEGRATED WHEEL	1/1/2008	$53.88	N	Referral Required		
E2394		POWER WHEELCHAIR ACC, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT EA	1/1/2008	$76.75	N	Referral Required		
E2395		POWER WHEELCHAIR ACC, CASTER WHEEL EXCL TIRE, ANY SIZE, REPL ONLY, EA	1/1/2008	$54.55	N	Referral Required		
E2396		POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2008	$63.62	N	Referral Required		
E2397		POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	4/1/2009	$434.84	N	Referral Required		
E2402		NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	1/1/2008	$17,164.60	Y	Referral Required		
E2500		SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGE<=8 MIN	1/1/2008	$374.13	Y	Referral Required		
E2502		SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGE>8 MINUTES	1/1/2008	$1,195.80	Y	Referral Required		
E2504		SPEECH GENERATING DEVICE DIGITIZED SPEECH, PRE-RECORDED > 20 MINUTES<=40 MINUTES	1/1/2008	$1,577.42	Y	Referral Required		
E2506		SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE-RECORDED > 40 MINUTES	1/1/2008	$2,312.96	Y	Referral Required		

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E2508		SPEECH GENERATING DEVICE, SYNTH SPEECH REQ MESSAGE FORMULATION BY SPELLING	1/1/2008	$3,576.61	N	Referral Required		
E2510		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS	1/1/2008	$6,475.12	Y	Referral Required		
E2511		SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR DIGITAL ASSIST		$0.00	Y	Referral Required		
E2512		ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM		$0.00	Y	Referral Required		
E2599		ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED		$0.00	Y	Referral Required		
E2601		GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAT 22 INCHES, ANY DEPTH	1/1/2008	$61.16	Y	Referral Required		
E2602		GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCH OR GREATER, ANY DEPTH	1/1/2008	$119.40	Y	Referral Required		
E2603		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCH, ANY DEPTH	1/1/2008	$151.59	Y	Referral Required		
E2604		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCH OR GREATER, ANY DEPTH	1/1/2008	$188.41	Y	Referral Required		
E2605		POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCH, ANY DEPTH	1/1/2008	$269.17	Y	Referral Required		
E2606		POSITIONING WHEELCHAIR SEAT CUSHION WIDTH 22 INCH OR GREATER, ANY DEPTH	1/1/2008	$419.93	Y	Referral Required		
E2607		SKIN PROTECTION/POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES	1/1/2008	$289.85	Y	Referral Required		
E2608		SKIN PROTECTION/POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER	1/1/2008	$348.09	Y	Referral Required		
E2609		CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	1/1/2008	$799.47	Y	Referral Required		
E2610		WHEELCHAIR SEAT CUSHION, POWERED		$0.00	Y	Referral Required		
E2611		GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS 22 INCHES, ANY HEIGHT	1/1/2008	$308.01	Y	Referral Required		
E2612		GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 IN OR GREATER, ANY HEIGHT	4/1/2009	$382.40	Y	Referral Required		
E2613		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCH	1/1/2008	$393.04	Y	Referral Required		
E2614		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH MORE THAN 22 INCHES	1/1/2008	$543.93	Y	Referral Required		
E2615		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR LATERAL, WIDTH LESS THAN 22 INCH	1/1/2008	$447.03	Y	Referral Required		
E2616		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR LATERAL, WIDTH MORE THAN 22 INCH	1/1/2008	$576.84	Y	Referral Required		
E2617		CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUD ANY TYPE MOUNTING	1/1/2008	$791.41	Y	Referral Required		
E2619		REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	4/1/2009	$46.44	Y	Referral Required		
E2620		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK W LATERAL SUPPORTS LESS 22 INCH	4/1/2009	$495.67	Y	Referral Required		
E2621		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK W LATERAL SUPP WIDTH > 22	4/1/2009	$520.16	Y	Referral Required		
E2622		ADJUSTABLE SKIN PROTECTION W/C CUSHION WIDTH <22IN	1/1/2011	$260.77	Y	Referral Required		
E2623		ADJUSTABLE SKIN PROTECTION W/C CUSHION WIDTH > = 22IN	1/1/2011	$442.43	Y	Referral Required		
E2624		ADJUSTABLE SKIN PROTECTION POSITION CUSHION WIDTH <22IN	1/1/2011	$350.55	Y	Referral Required		
E2625		ADJUSTABLE SKIN PROTECTION POSITION CUSHION WIDTH > = 22IN	1/1/2011	$443.77	Y	Referral Required		
E8000		GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCL ALL ACCESSORIES		$0.00	Y	Referral Required		
E8001		GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES		$0.00	Y	Referral Required		
E8002		GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCL ALL ACCESSORIES		$0.00	Y	Referral Required		
G0008		ADMIN OF INFLUENZA VIRUS VACCINE	1/1/2008	$16.83	N			
G0009		MEDICARE CROSSOVER-ADMIN PNEUMONOCOL VACCINE	1/1/2008	$16.83	N			
G0010		ADMINISTRATION HEPATITIS B VACCINE-MEDICARE XOVER	1/1/2008	$16.83	N			
G0026		AUTOMATED TESTING; STAINS AND SMEARS	1/1/2008	$5.90	N	Referral Required		
G0050		BLADDER ULTRASOUND	1/1/2008	$27.13	N	Referral Required		
G0105		COLORECTAL CANCER SCREENING; HIGH RISK INDIVIDUAL-COLONOSCOPY	1/1/2011	$353.68	N			
G0121		COLORECTAL CANCER SCREENING; COLONSCOPY ON PATIENT NOT IN HIGH RISK	1/1/2011	$353.68	N			
G0123		SCREENING CYTOPATHOLOGY, CERVICAL/VAGINAL, COLLECTION, BY TECH, PHYS. SUPRVSN	1/1/2008	$28.00	N			
G0127		TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	1/1/2011	$18.57	N	Referral Required		
G0166		EXTERNAL COUNTERPULSATION PER TREATMENT	1/1/2008	$172.25	N	Referral Required		
G0168		WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	1/1/2011	$74.75	N	Referral Required		
G0179		PHYS. RECERT. FOR MEDICARE COVERED HOME HEALTH SERVICES PATIENT NOT PRESENT	1/1/2011	$37.36	N	Referral Required		
G0180		PHYSICIAN CERTIFIED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTHY AGENCY	1/1/2011	$49.23	N	Referral Required		

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G0182		PATIENT UNDER MEDICARE APPROVED HOSPICE - PATIENT NOT PRESENT	1/1/2011	$99.82	N	Referral Required		
G0202		SCREENING MAMMOGRAPHY, DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	1/1/2008	$102.61	N		$69.77	$32.84
G0204		DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	1/1/2008	$108.90	N		$70.79	$38.12
G0206		DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, UNILATERAL, ALL VIEWS	1/1/2008	$87.85	N		$57.10	$30.75
G0219		PET IMAGING WHOLE BODY MELANOMA FOR NON COVERED INDICATIONS	1/1/2008	$1,981.45	N		$1,902.19	$79.26
G0235		PET IMAGING, ANY SITE, NOS		$0.00	N			
G0246		FOLLOW UP PHYS. EVAL. & MANAGEMENT OF DIABETIC PATIENT W/SENSORY NEUROPATHY	1/1/2008	$31.81	N	Referral Required		
G0256		PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED PALLADIUM SEEDS		$0.00	N	Referral Required		
G0261		PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED IODINE SEEDS INCLUDING TRANSP		$0.00	N	Referral Required		
G0270		MEDICAL NUTRITION THERAPY REASSESSMENT AND SUBSEQUENT INTERVENTIONS	1/1/2008	$15.04	N	Referral Required		
G0281		ELECTRICAL STIMULTATION, (UNATTENDED) 1 OR MORE AREAS, FOR CHRONIC ULCERS	7/1/2009	$10.83	N	Referral Required		
G0283		ELECTRICAL STIMULATION UNATTENDED TO ONE OR MORE AREAS OTHER THAN WOUND CARE	7/1/2009	$10.83	N	Referral Required		
G0289		ARTHROSCOPY, KNEE; REMOVAL LOOSE BODY, DEBRIDEMENT/SHAVING ARTIC CART (SP)	1/1/2008	$74.20	N			
G0306		COMPLETE CBC AUTOMATED	1/1/2008	$10.74	N	Referral Required		
G0307		COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC; W/O PLATELET COUNT)	1/1/2008	$8.46	N	Referral Required		
G0328		FECAL BLOOD SCREENING IMMUNOASSAY	1/1/2008	$9.45	N	Referral Required		
G0329		ELECTROMAG THERAPY, TO 1 OR MORE AREAS FOR CHRONIC STAGE III/IV PRESSURE ULCERS	1/1/2008	$7.08	N	Referral Required		
G0339		IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASE STEREOTATIC RADIOSURGERY		$0.00	Y	Referral Required		
G0340		IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASED STEROTATIC RADIOSURGERY		$0.00	Y	Referral Required		
G0341		PERCUTANEOUS ISLET CELL TRANSPLANT, INCL PORTAL VEIN CATHETERIZATION & INFUSION	1/1/2008	$462.67	N	Referral Required		
G0342		LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCL PORTAL VEIN CATHERIZATION & INFUSION	1/1/2008	$652.35	N	Referral Required		
G0343		LAPAROTOMY FOR ISLET CELL TRANSPLANT,INCL PORTAL VEIN CATHETERIZATION & INFUSION	1/1/2008	$1,077.75	N	Referral Required		
G0365		VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS	1/1/2008	$145.98	N		$134.30	$11.68
G0389		ULTRASOUND B-SCAN &/OR REAL TIME W/IMAGE DOCUMENTATION; FOR ABD AORTIC ANEURYSM	1/1/2008	$74.06	N		$50.36	$23.70
G0398		HOME SLEEP STUDY TEST W/TYPE II PORTABLE MONITOR UNATTENDED MIN 7 CHANNELS	1/1/2009	$163.02	N	Referral Required	$109.22	$53.80
G0399		HOME SLEEP STUDY TEST W/TYPE III PORTABLE MONITOR UNATTENDED MIN 4 CHANNELS	1/1/2009	$157.72	N	Referral Required	$105.67	$52.05
G0400		HOME SLEEP STUDY TEST W/TYPE IV PORTABLE MONITOR UNATTENDED MIN 3 CHANNELS	1/1/2009	$152.41	N	Referral Required	$102.11	$50.30
G0412		OPEN TX ILIAC SPINE UNI/BIL	1/1/2009	$629.58	N	Referral Required		
G0413		PELVIC RING FX UNI/BIL	1/1/2009	$922.82	N	Referral Required		
G0414		PELVIC RING FX TX INT FIX	1/1/2009	$872.52	N	Referral Required		
G0415		OPEN TX POST PELVIC FX	1/1/2009	$1,195.57	N	Referral Required		
G0416		SAT BIOPSY PROSTATE 1-20 SPC	1/1/2009	$566.66	N	Referral Required	$391.00	$175.66
G0417		SAT BIOPSY PROSTATE 21-40 SPC	1/1/2009	$1,100.37	N	Referral Required	$770.26	$330.11
G0418		SAT BIOPSY PROSTATE 41-60 SPC	1/1/2009	$1,889.72	N	Referral Required	$1,303.91	$585.81
G0419		SAT BIOPSY PROSTATE >60 SPC	1/1/2009	$2,240.23	N	Referral Required	$1,568.16	$672.07
G3001		ADMINISTRATION AND SUPPLY OF TOSITUMOMAB, 450 MG		$0.00	N	Referral Required		
G9001		COORDINATED CARE FEE - INITIAL	1/1/2008	$30.75	Y	Referral Required		
G9002		COORDINATED CARE FEE - MAINTENANCE RATE		$0.00	Y	Referral Required		
G9007		COORDINATED CARE FEE, SCHEDULE TEAM CONFERENCE	7/1/2009	$11.04	Y	Referral Required		
G9012		CHILDREN'S SERVICE COORDINATION PLAN DEVELOPMENT-PER 15 MINUTES	7/1/2009	$11.04	Y	Referral Required		
G9141		INFLUENZA A (H1N1) IMMUNIZATION ADMINISTRATION, INCL PHYS COUNSELING THE PT/FAM	10/1/2009	$19.07	N			
H0004		BEHAVORIAL HEALTH COUNSELING AND THERAPY. PER 15 MINUTES		$0.00	N	Referral Required		
H0024		BEHAVORIAL HEALTH PREVENTION INFORMATION (ONE-WAY DIRECT OR NON-DIRECT)		$0.00	Y			
H0031		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN		$0.00	N	Referral Required		
H0032		MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN		$0.00	Y	Referral Required		

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H0036		COMMTY PSYCHIATRIC SUPP TRETM, FACE-TO-FACE, PER 15 MIN - COMMTY REINTEGRATION	5/8/2009	$11.35	N	Referral Required		
H2000		COMPREHENSIVE MULTIDISCIPLINARY EVALUATION		$0.00	N	Referral Required		
H2011		CRISIS INTERVENTION SERVICE, PER 15 MINUTES	7/1/2009	$11.04	Y			
H2014		SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES		$0.00	N	Referral Required		
H2015		COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES		$0.00	Y	Referral Required		
H2016		COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM		$0.00	Y			
H2017		PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	5/6/2009	$11.35	N	Referral Required		
H2019		THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES		$0.00	Y	Referral Required		
H2020		THERAPEUTIC BEHAVORIAL SERVICES, PER DIEM		$0.00	Y			
H2021		COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES		$0.00	N	Referral Required		
H2022		COMMUNITY BASED SERVICES - WRAP AROUND PER DIEM	1/1/2008	$225.32	Y			
H2023		SUPPORTED EMPLOYMENT, PER 15 MINUTES		$0.00	Y	Referral Required		
H2032		ACTIVITY THERAPY, PER 15 MINUTES		$0.00	Y	Referral Required		
J0120		INJ TETRAYCLINE UP TO 250 MG	1/1/2008	$13.00	N	Referral Required		
J0128		INJECTION, ABARELIX, 10 MG	1/1/2008	$68.62	N	Referral Required		
J0129		INJECTION, ABATACEPT, 10 MG (ORENCIA)	1/1/2008	$18.69	N	Referral Required		
J0130		ABCIXIMAB INJECTION 10 MG	1/1/2008	$420.77	N	Referral Required		
J0132		INJECTION, ACETLYCYSTEINE, 100MG	1/1/2008	$2.13	N	Referral Required		
J0133		INJECTION, ACYCLOVIR, 5 MG	1/1/2008	$0.02	N	Referral Required		
J0135		INJECTION, ADALIMUMAB, 20 MG	1/1/2008	$330.68	N	Referral Required		
J0150		INJECTION ADENOSINE - ADENOCARD 6 MG	1/1/2008	$22.74	N	Referral Required		
J0152		INJECTION ADENOSINE 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMP	1/1/2008	$68.54	N	Referral Required		
J0170		INJECTION, ADRENALIN, EPINEPHRIN, UP TO 1ML AMPUL	1/1/2008	$1.04	N	Referral Required		
J0180		INJECTION, AGALSIDASE BETA, 1 MG	1/1/2008	$127.20	N	Referral Required		
J0190		INJECTION BIPERIDEN AKINETON 2 MG	1/1/2008	$6.00	N	Referral Required		
J0205		INJECTION, ALGLUCERASE, 10 UNITS	1/1/2008	$39.22	N	Referral Required		
J0207		INJECTION AMIFOSTINE, 500 MG.	1/1/2008	$496.28	N	Referral Required		
J0210		INJECTION, ALDOMET ESTER HCL, UP TO 250 MG	1/1/2008	$16.77	N	Referral Required		
J0215		AMEVIVE 0.5 MG EA	1/1/2008	$26.56	N	Referral Required		
J0220		INJECTION, AGLUCOSIDASE ALFA, 10 MG	1/1/2008	$127.19	N	Referral Required		
J0256		ALPHA-1-PROTEINOSE INHIBITOR, 10 MG	1/1/2008	$3.38	N	Referral Required		
J0270		INJECTION, ALPROSTADIL, PER 1.25 MGG	1/1/2008	$1.98	N	Referral Required		
J0275		ALPROSTADIL URETHRAL SUPPOSITORY	1/1/2008	$23.24	N	Referral Required		
J0278		INJECTION, AMIKACIN SULFATE, 100 MG	1/1/2008	$1.07	N	Referral Required		
J0280		INJECTION, AMINOPHYLLIN, UP TO 250 MG	1/1/2008	$0.42	N	Referral Required		
J0282		INJECTION AMIODARONE HYDROCHLORIDE, 30 MG	1/1/2008	$0.17	N			
J0285		AMPHOTERICIN B 50 MG	1/1/2008	$11.89	N	Referral Required		
J0287		INJECTION AMPHOTERICIN B LIPID COMPLEX, 10 MG	1/1/2008	$10.37	N	Referral Required		
J0288		INJECTION AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	1/1/2008	$12.00	N	Referral Required		
J0289		AMPHOTERICIN B LIPOSOME, 10 MG	1/1/2008	$16.51	N	Referral Required		
J0290		INJECTION, AMPICILLIN, UP TO 500 MG	1/1/2008	$2.37	N	Referral Required		
J0295		AMPICIL/SULBAC 1.5 GRAMS (UNASYN)	1/1/2008	$4.66	N	Referral Required		
J0300		INJECTION AMOBARBITAL UP TO 125 MG	1/1/2008	$7.66	N	Referral Required		
J0330		INJ SUCCINYLCHOLINE CHLORIDE UP TO 20 MG	1/1/2008	$0.16	N	Referral Required		
J0348		INJECTION, ANADULAFUNGIN, 1 MG (ERAXIS)	1/1/2008	$1.86	N	Referral Required		

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J0350		ANISTREPLASE (EMINASE) I.V., PER 30 UNITS	1/1/2008	$2,458.00	N	Referral Required		
J0360		INJ HYDRALAZINE HCL UP TO 20 MG	1/1/2008	$6.86	N	Referral Required		
J0364		INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG (IXENSE)	1/1/2008	$3.34	N	Referral Required		
J0365		INJECTION, APROTONIN, 10,000 KIU	1/1/2008	$2.69	N	Referral Required		
J0380		INJECTION, ARAMINE, UP TO 10 MG	1/1/2008	$1.07	N	Referral Required		
J0390		CHLOROQUINE INJECTION 250 MG	1/1/2008	$17.27	N	Referral Required		
J0395		ARBUTAMINE HCL INJECTION 1 MG	1/1/2008	$160.00	N	Referral Required		
J0400		INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG	1/1/2008	$0.28	N	Referral Required		
J0456		INJECTION AZITHROMYCIN 500 MG	1/1/2008	$17.61	N	Referral Required		
J0461		INJECTION, ATROPINE SULFATE, 0.01 MG	1/1/2010	$0.04	N	Referral Required		
J0470		INJECTION, BAL IN OIL, UP TO 100 MG	1/1/2008	$26.49	N	Referral Required		
J0475		INJECTION, BACLOFEN, 10 MG	1/1/2008	$196.92	N	Referral Required		
J0476		BACLOFEN FOR INTRATHECAL TRIAL 50 MCG	1/1/2008	$70.96	N	Referral Required		
J0480		INJECTION, BASILIXIMAB, 20 MG	1/1/2008	$1,502.90	N	Referral Required		
J0500		DICYCLOMINE INJ 20 MG	1/1/2008	$13.81	N	Referral Required		
J0515		INJECTION, BENZTROPINE MESYLATE 1MG	1/1/2008	$22.33	N	Referral Required		
J0520		BETHANECHOL CHLORIDE INJECT 5 MG	1/1/2008	$4.49	N	Referral Required		
J0559		INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 2500 UNITS	1/1/2010	$0.07	N	Referral Required		
J0560		PENICILLIN G BENZATHINE INJECT TO 600,000 UNITS	1/1/2008	$23.77	N	Referral Required		
J0570		PENICILLIN G BENZATHINE INJECT 1,200,000 UNITS	1/1/2008	$40.89	N	Referral Required		
J0580		PENICILLIN G BENZATHINE INJECT 2,400,000 UNITS	1/1/2008	$46.53	N	Referral Required		
J0583		INJECTION, BIVALIRUDIN 1 MG	1/1/2008	$1.98	N	Referral Required		
J0585		BOTULINUM TOXIN TYPE A, PER UNIT	1/1/2008	$5.26	N	Referral Required		
J0586		INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	1/1/2010	$8.08	N	Referral Required		
J0587		BOTULINUM TOXIN TYPE B PER, 100 UNITS	1/1/2008	$8.71	N	Referral Required		
J0592		BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	1/1/2008	$0.71	N	Referral Required		
J0594		INJECTION, BUSULFAN, 1 MG (MYLERAN)	1/1/2008	$9.67	N	Referral Required		
J0595		INJECTION, BUTORPHANOL TARTRATE, 1 MG	1/1/2008	$0.59	N	Referral Required		
J0598		INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	1/1/2010	$2,129.21	Y	Referral Required		
J0600		EDETATE CLACIUM DISODIUM INJ 1ML	1/1/2008	$50.19	N	Referral Required		
J0610		INJECTION, CALCIUM GLUCONATE, 10 ML	1/1/2008	$0.63	N	Referral Required		
J0620		INJECT CALCIUM GLYCEROPHOSHATE/LACTATE, PER 10 ML	1/1/2008	$8.53	N	Referral Required		
J0630		INJ, CALCIMAR, CALCITONINSALMON, UP TO 400 UNITS	1/1/2008	$44.53	N	Referral Required		
J0636		CALCITRIOL, 0.1 MCG	1/1/2008	$0.33	N	Referral Required		
J0637		CASPOFUNGIN ACETATE, 5 MG	1/1/2008	$21.18	N	Referral Required		
J0640		INJECTION LEUCOVORIN CALCIUM PER 50 MG	1/1/2008	$0.86	N	Referral Required		
J0641		INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	1/1/2009	$1.05	N	Referral Required		
J0670		INJECTION, MEPIVACINE HCL 10 ML	1/1/2008	$1.33	N	Referral Required		
J0690		INJ, CEFAZOLIN SODIUM, ANCEF, KEFZOL, UP TO 500 MG	1/1/2008	$1.42	N	Referral Required		
J0692		INJECTION CEFEPIME HYDROCHLORIDE, 500 MG	1/1/2008	$5.72	N	Referral Required		
J0694		INJ CEFOXITIN SODIUM MEFOXIN 1 GM	1/1/2008	$8.28	N	Referral Required		
J0696		CEFTRIAXONE SODIUM 250MG	1/1/2008	$1.25	N	Referral Required		
J0697		CEFUROXIME SODIUM STERILE 750MG	1/1/2008	$3.97	N	Referral Required		
J0698		CEFOTAXIME SOD INJ PER 1GM	1/1/2008	$3.63	N	Referral Required		
J0702		BETAMETHASONE ACETATEAND SOD. PHOS. PER 3 MG	1/1/2008	$5.60	N	Referral Required		

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J0704		BETAMETHASONE SODIUM PHOSPHATE PER 4 MG	1/1/2008	$1.13	N	Referral Required		
J0706		INJECTION, CAFFEINE CITRATE, 5MG	1/1/2008	$2.51	N	Referral Required		
J0710		INJECTION, CEPHAPRIN SODIUM, CEFADYL, UP TO 1 GM	1/1/2008	$7.00	N	Referral Required		
J0713		INJ CEFTAZIDIME PER 500 MG (FORTAZ, TAZIDIME)	1/1/2008	$3.61	N	Referral Required		
J0715		CEFTIZOXIME (CEFIZOX) PER 500 MG	1/1/2008	$4.75	N	Referral Required		
J0718		INJECTION, CERTOLIZUMAB PEGOL, 1 MG	1/1/2010	$3.86	N	Referral Required		
J0720		INJ, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	1/1/2008	$14.93	N	Referral Required		
J0725		INJECTION, CHORIONIC GONADOTROPIN,PER 1000 USP UNI	1/1/2008	$3.71	N	Referral Required		
J0735		INJECTION, CLONIDINE HUDROCHLORIDE, 1 MG.	1/1/2008	$64.97	N	Referral Required		
J0740		INJECTION, CIDOFOVIR, 375 MG.	1/1/2008	$760.92	N	Referral Required		
J0743		INJECTION CILASTIN SODIUM IMIPENEM 250 MG	1/1/2008	$14.23	N	Referral Required		
J0744		INJECTION CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	1/1/2008	$2.41	N	Referral Required		
J0745		INJECTION, CODEINE PHOSPHATE, PER 30 MG	1/1/2008	$1.53	N	Referral Required		
J0760		INJECTION, COLCHICINE, UP TO 1 MG	1/1/2008	$5.09	N	Referral Required		
J0770		INJECTION, COLY-MYCIN M, UP TO 150 MG	1/1/2008	$23.01	N	Referral Required		
J0780		INJECTION, COMPAZINE, UP TO 10 MG	1/1/2008	$1.11	N	Referral Required		
J0795		INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MCG	1/1/2008	$4.25	N	Referral Required		
J0800		INJECTION, CORTICOTROPIN, UP TO 40 UNITS	1/1/2008	$871.25	N	Referral Required		
J0833		INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	1/1/2010	$65.42	N	Referral Required		
J0834		INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	1/1/2010	$91.20	N	Referral Required		
J0850		CYTOMEGALOVIRUS IMMUNE GLOB. PER VIAL (CYTOGAM)	1/1/2008	$878.83	N	Referral Required		
J0878		INJECTION, DAPTOMYCIN, 1 MG	1/1/2008	$0.35	N	Referral Required		
J0881		INJECTION, DARBEPOETIN ALFA, 1MCG (NON-ESRD USE)	1/1/2008	$2.89	N	Referral Required		
J0882		INJECTION, DARBEPOETIN ALFA, 1MCG (FOR ESRDON DIALYSIS)	1/1/2008	$2.89	N	Referral Required		
J0885		INJECTION, EPOETIN ALFA, (FOR NON- ESRD USE) 1000 UNITS	1/1/2008	$8.96	N	Referral Required		
J0886		INJECTION, EPOETIN ALFA, (FOR ESRD DIALYSIS), PER 1,000 UNITS	1/1/2008	$8.96	N	Referral Required		
J0894		INJECTION, DECITABINE, 1 MG (DACOGEN)	1/1/2008	$27.11	N	Referral Required		
J0895		INJECTION, DEFEROXNMINE MESYLATE, 500 MG/6 CC	1/1/2008	$12.35	N	Referral Required		
J0900		INJECTION, DELADUMONE, UP TO 1CC	1/1/2008	$1.38	N	Referral Required		
J0945		INJECTION, BROMPHERIRAMINE MALEATE 10 MG	1/1/2008	$0.80	N	Referral Required		
J0970		INJECTION, ESTRADIOL VALERATE 40 MG	1/1/2008	$37.04	N	Referral Required		
J1000		INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	1/1/2008	$6.15	N	Referral Required		
J1020		INJECTION, DEPO - METHYLPREDNISOLONE, 20 MG	1/1/2008	$2.27	N	Referral Required		
J1030		INJECTION, DEPO-METHYLPREDNISOLONE 40 MG	1/1/2008	$4.63	N	Referral Required		
J1040		INJECTION, DEPO-METHYLPREDNISOLONE 80 MG	1/1/2008	$8.71	N	Referral Required		
J1051		MEDROXYPROGESTERONE ACETATE, 50 MG	1/1/2008	$6.51	N	Referral Required		
J1055		MEDROXYPROGESTERONE ACETATE 150 MGM FOR CONTRACEP.USE-DEPO-PROVERA-00009737601	1/1/2008	$51.62	N			
J1056		MEDROXYPROGESTERONE ACETATE/ESTRADIAOL CYPIONATE, INJECTION 5 MG	1/1/2008	$21.59	N			
J1060		INJECTION, DEPO-TESTOSTERONE CYPIONATE 1 ML	1/1/2008	$4.14	N	Referral Required		
J1070		INJ, DEPO-TESTOSTERONE CYPIONATE, UP TO 100 MG	1/1/2008	$4.88	N	Referral Required		
J1080		INJ, DEPO-TESTOSTERONE CYPIONATE, 1 CC, 200 MG	1/1/2008	$12.44	N	Referral Required		
J1094		DEXAMETHASONE ACETATE, 1MG	1/1/2008	$0.23	N	Referral Required		
J1100		INJECTION, DEXAMETHOSONE, 1MG	1/1/2008	$0.11	N	Referral Required		
J1110		INJECTION, D.H.E.45, UP TO 1 MG	1/1/2008	$23.44	N	Referral Required		
J1120		INJECTION, ACETAZOLAMID SODIUM 500 MG	1/1/2008	$17.53	N	Referral Required		

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J1160		INJECTION, DIGOXIN, UP TO 0.5MG	1/1/2008	$3.85	N	Referral Required		
J1162		INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	1/1/2008	$491.58	N	Referral Required		
J1165		INJECTION, PHENYTOIN SODIUM 50 MG	1/1/2008	$0.54	N	Referral Required		
J1170		INJECTION HYDROMORDHONE HCL 4MG	1/1/2008	$2.02	N	Referral Required		
J1180		DYPHYLLINE INJECTION, 500 MG	1/1/2008	$4.00	N	Referral Required		
J1190		INJ. DEXRAZOXANE HCL, 250MG (ZINECARD) 00013871562	1/1/2008	$163.84	N	Referral Required		
J1200		INJ, DIPHENHYDRAMINE HCL, BENADRYL, UP TO 50 MG	1/1/2008	$0.80	N	Referral Required		
J1205		CHLOROTHIAZIDE SODIUM/500 MG (DIURIL)-00006325032	1/1/2008	$148.86	N	Referral Required		
J1212		INJECTION, DMSO, DIMENTHYL SULFOXIDE, 50%, 50 ML	1/1/2008	$49.84	N	Referral Required		
J1230		INJ, DOLOPHINE HCL, METHODONE HCI, UP TO 10 MG	1/1/2008	$3.37	N	Referral Required		
J1240		INJECTION, DIMENHYDRINATE/DRAMAMINE, UP TO 50 MG	1/1/2008	$3.36	N	Referral Required		
J1245		INJECTION DIPYRIDAMOLE PER 10 MG	1/1/2008	$0.96	N	Referral Required		
J1250		INJECTION, DOBUTAMINE HCI 250 MG	1/1/2008	$5.53	N	Referral Required		
J1260		INJECTION DOLASETRON MESYTATE-10 MG	1/1/2008	$4.80	N	Referral Required		
J1265		INJECTION, DOPAMINE HCL, 40 MG	1/1/2008	$0.85	N	Referral Required		
J1267		INJECTION, DORIPENEM, 10 MG	1/1/2009	$0.65	N	Referral Required		
J1270		INJECTION, DOXERCALCIFEROL, 1MCG	1/1/2008	$2.40	N	Referral Required		
J1300		INJECTION, ECULIZUMAB, 10 MG	1/1/2008	$176.38	N	Referral Required		
J1320		AMITRIPTYLINE HCL/20 MG (ELAVIL) 00310004910	1/1/2008	$1.79	N	Referral Required		
J1324		INJECTION, ENFUVIRTIDE, 1 MG (FUZEON T-20)		$0.00	N	Referral Required		
J1325		INJECTION, EPOPROSTENOL, .5MG	1/1/2008	$14.53	N	Referral Required		
J1327		EPTIFIBATIDE INJECTION 5 MG	1/1/2008	$17.64	N	Referral Required		
J1330		INJ, ERGONOVINE MALEATE, ERGOTRATE MALEATE, 0.2 MG	1/1/2008	$4.75	N	Referral Required		
J1335		INJECTION, ERTAPENEM SODIUM 500 MG	1/1/2008	$25.30	N	Referral Required		
J1364		ERYTHROMICIN LACTOBIONATE PER 500 MG - IV ONLY	1/1/2008	$6.91	N	Referral Required		
J1380		ESTRADIOL VALERATE/10 MG-00223760510	1/1/2008	$13.98	N	Referral Required		
J1390		ESTRADIOL VALERATE/20 MG - 00223760610	1/1/2008	$18.52	N	Referral Required		
J1410		INJECTION, ESTROGEN CONJUGATED, PER 25 MG	1/1/2008	$71.32	N	Referral Required		
J1430		INJECTION, ESTATE, UP TO 10 MG	1/1/2008	$76.48	N	Referral Required		
J1435		INJECTION, ESTRONE, PER 1 MG	1/1/2008	$0.14	N	Referral Required		
J1436		ETIDRONATE DISODIUM 300MG/6ML	1/1/2008	$71.41	N	Referral Required		
J1438		INJECTION ETANERCEPT 25 MG NOT FOR SELF ADMINISTRATION. ENBREL	1/1/2008	$168.75	N			
J1440		FILGRASTIM, 300 MCG VIALS	1/1/2008	$199.04	N	Referral Required		
J1441		FILGRASTIM (NEUPOGEN) 480 MCG	1/1/2008	$305.39	N	Referral Required		
J1450		INJECTION, FEMOGEN LA, UP TO 40 MG	1/1/2008	$9.04	N	Referral Required		
J1451		INJECTION, FOMEPIZOLE 15 MG	1/1/2008	$13.73	N	Referral Required		
J1452		INJECTION FOMIVERSEN SODIUM INTRAOCULAR 1.65 MG	1/1/2008	$200.00	N	Referral Required		
J1453		INJECTION, FOSAPREPITANT, 1 MG	1/1/2009	$1.57	N	Referral Required		
J1455		INJECTION FOSCARNET SODIUM PER 1000 MG	1/1/2008	$10.68	N	Referral Required		
J1457		INJECTION, GALLIUM NITRATE, 1 MG	1/1/2008	$1.62	N	Referral Required		
J1458		INJECTION, GALSULFASE, 1 MG (NAGLAZYME)	1/1/2008	$313.72	N	Referral Required		
J1459		INJEC, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQ)	1/1/2009	$34.16	N	Referral Required		
J1460		INJ GAMMA GLOBULIN IM 1CC	1/1/2008	$11.76	N	Referral Required		
J1470		INJECTION, GAMMA GLOBULIN 2 CC	1/1/2008	$23.52	N	Referral Required		
J1480		INJECTION, GAMMA GLOBULIN, 3 CC	1/1/2008	$35.27	N	Referral Required		

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J1490		INJECTION, GAMMA GLOBULIN, 4 CC	1/1/2008	$47.04	N	Referral Required		
J1500		INJECTION, GAMMA GLOBULIN, 5 CC	1/1/2008	$58.80	N	Referral Required		
J1510		INJECTION, GAMMA GLOBULIN, 6 CC	1/1/2008	$70.58	N	Referral Required		
J1520		INJECTION, GAMMA GLOBULIN, 7 CC	1/1/2008	$82.26	N	Referral Required		
J1530		INJECTION, GAMMA GLOBULIN, 8 CC	1/1/2008	$94.07	N	Referral Required		
J1540		INJECTION, GAMMA GLOBULIN, 9 CC	1/1/2008	$105.89	N	Referral Required		
J1550		INJECTION, GAMMA GLOBULIN, 10 CC	1/1/2008	$117.59	N	Referral Required		
J1560		INJ GAMMA GLOBULIN IM OVER 10 CC INJ 10 ML	1/1/2008	$117.59	N	Referral Required		
J1561		INJECTION, IMMUNE GLOBULIN, IV, NON-LYOPHILIZED 500 MG	1/1/2008	$32.88	N	Referral Required		
J1562		INJECTION, IMMUNE GLOBULIN, SUBCUTANEOUS, 100 MG		$0.00	N	Referral Required		
J1566		INJECTION, IMMUNE GLOBULIN, IV, 500 MG (POWDER)	1/1/2008	$27.67	N	Referral Required		
J1568		INJECTION, IMMUNE GLOBULIN, IV, NON-LYOPHILIZED, 500 MG	1/1/2008	$33.80	N	Referral Required		
J1569		INJECTION, IMMUNE GLOBULIN, IV, NON-LYOPHILIZED 500 MG	1/1/2008	$31.65	N	Referral Required		
J1570		INJECTION, GANCICLOVIR SODIUM 500 MG/VIAL	1/1/2008	$43.34	N	Referral Required		
J1571		INJECTION, HEPATITIS B IMMUNE GLOBULIN IV, 0.5 ML	1/1/2008	$59.25	N	Referral Required		
J1572		INJECTION, IMMUNE GLOBULIN IV NON-LYOPHILIZED 500 MG	1/1/2008	$32.61	N	Referral Required		
J1573		INJECTION, HEPATITIS B IMMUNE GLOBULIN IV 0.5 ML	1/1/2008	$59.25	N	Referral Required		
J1580		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	1/1/2008	$1.33	N	Referral Required		
J1590		INJECTION, GATIFLOXACIN, 10 MG	1/1/2008	$0.80	N	Referral Required		
J1595		INJECTION, GLATIRAMER ACETATE, 20 MG	1/1/2008	$52.58	N	Referral Required		
J1600		INJECTION, GOLD SODIUM THIOMALEATE UP TO 50 MG	1/1/2008	$8.21	N	Referral Required		
J1610		GLUCAGON HYDROCHLORIDE, PER 1 MG	1/1/2008	$72.96	N	Referral Required		
J1620		GONADORELIN (LUTREPULSE) PER 100 MCG	1/1/2008	$180.30	Y	Referral Required		
J1626		GRANISETRON HYDROCHLORIDE, 100 MICROGRAMS = 0.1 MG, KYTRIL	1/1/2008	$4.72	N	Referral Required		
J1630		INJECTION HALOPERIDOL HALDOL LACT UP TO 5 MG	1/1/2008	$1.79	N	Referral Required		
J1631		INJECTION HALOPERIDOL DECANOATE HALDOL PER 50 MG	1/1/2008	$5.39	N	Referral Required		
J1640		INJECTION, HEMIN, 1MG	1/1/2008	$7.31	N	Referral Required		
J1642		HEPARIN LOCK FLUSH,10 UTS (NO ADMIN FEE INCLUDED)	1/1/2008	$0.37	N	Referral Required		
J1644		HEPARIN SODIUM, PER 1000 UNITS	1/1/2008	$0.22	N	Referral Required		
J1645		INJ-DALTEPARIN SODIUM, PER 2500 UNITS 00013240691	1/1/2008	$11.17	N	Referral Required		
J1650		INJECTION, ENOXAPARIN SODIUM. 10 MG (LOVENOX)	1/1/2008	$5.81	N	Referral Required		
J1652		FONDAPARINUX SODIUM, 0.5 MG	1/1/2008	$6.07	N	Referral Required		
J1655		INJECTION TINZAPARIN SODIUM, 1000 IU	1/1/2008	$2.29	N	Referral Required		
J1670		TETANUS IMMUNE GLOBULIN, 250 UNITS-0026063401	1/1/2008	$101.19	N	Referral Required		
J1680		INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 100 MG		$0.00	N	Referral Required		
J1700		HYDROCORTISONE ACETATE BIOSONE CORTEF ACETATE 25MG	1/1/2008	$0.66	N	Referral Required		
J1710		HYDROCORTISONE SODIUM PHOSPHATE/50 MG-00006763304	1/1/2008	$4.69	N	Referral Required		
J1720		HYDROCORTISONE SODIUM SUCCINATE 100 MG-00223789302	1/1/2008	$2.13	N	Referral Required		
J1730		INJECTION, DIAZOXIDE 300 MG	1/1/2008	$111.85	N	Referral Required		
J1740		INJECTION, IBANDRONATE SODIUM, 1 MG (BONIVA)	1/1/2008	$139.04	N	Referral Required		
J1742		INJECTION, IBUTILIDE FUMARATE, 1 MG.	1/1/2008	$319.51	N	Referral Required		
J1743		INJECTION, IDURSULFASE, 1 MG	1/1/2008	$455.03	N	Referral Required		
J1745		INFLIXIMAB 10 MGM REMICADE	1/1/2008	$55.21	N	Referral Required		
J1750		INJECTION, IRON DEXTRAN (INFED), 50 , MG	1/1/2009	$11.78	N	Referral Required		
J1756		IRON SUCROSE, 1 MG	1/1/2008	$0.37	N	Referral Required		

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J1785		IMIGLUCERASE, PER UNIT (CEREZYME)	1/1/2008	$3.92	N	Referral Required		
J1790		INJ DROPERIDOL UP TO 1 MG	1/1/2008	$1.18	N	Referral Required		
J1800		INJECTION, PROPRANOLOL UP TO 1 MG	1/1/2008	$3.27	N	Referral Required		
J1810		INJ DROPERIDOL-FENTANYL CITRATE UP TO 2 ML AMP	1/1/2008	$5.92	N	Referral Required		
J1815		INSULIN, PER 5 UNITS	1/1/2008	$0.28	N	Referral Required		
J1817		INSULIN FOR ADMINISTRATION THROUGH DME, I.E, INSULIN PUMP, PER 50 UNITS	1/1/2008	$2.76	N	Referral Required		
J1825		INJECTION, INTERFERON BETA-IA KIT AVONEX 59627-001-03	1/1/2008	$852.00	N	Referral Required		
J1830		INTERFERON BETA-1B, PER 0.25 MG	1/1/2008	$116.23	N	Referral Required		
J1835		INJECTION, ITRACONAZOLE, 50 MG	1/1/2008	$40.28	N	Referral Required		
J1840		KANAMYCIN SULFATE/500 MG (KANTREX) 00015351220	1/1/2008	$4.09	N	Referral Required		
J1850		INJECTION, KANTREX PEDIATRIC, UP TO 75 MG	1/1/2008	$0.61	N	Referral Required		
J1885		INJ KETOROLAC TROMETHAMINE PER 15 MG	1/1/2008	$0.41	N	Referral Required		
J1890		INJECTION, CEPHALOTHIN SODIUM UP TO 1 GRAM	1/1/2008	$8.64	N	Referral Required		
J1930		INJECTION, LARGON, UP TO 20 MG	1/1/2009	$26.85	N	Referral Required		
J1931		INJECTION, LARONIDASE, 0.1 MG	1/1/2008	$23.87	N	Referral Required		
J1940		INJECTION, FUROSEMIDE 20 MG	1/1/2008	$0.25	N	Referral Required		
J1945		INJECTION, LEPIRUDIN, 50MG	1/1/2008	$160.19	N	Referral Required		
J1950		LEUPROLIDE ACETATE (LUPRON) DEPOT SUSP., 3.75 MG	1/1/2008	$453.31	N	Referral Required		
J1953		INJECTION, LEVETIRACETAM, 10 MG	1/1/2009	$0.43	N	Referral Required		
J1955		LEVOCARNITINE PER 1 GRAM	1/1/2008	$5.74	N	Referral Required		
J1956		LEVOFLOXACIN 250 MG	1/1/2008	$6.01	N	Referral Required		
J1960		INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	1/1/2008	$3.63	N	Referral Required		
J1980		INJECTION, HYOSCYAMINE SULFATE 0.25 MG	1/1/2008	$9.99	N	Referral Required		
J1990		INJECTION, CHLORDIAZEPOXIDE UP TO 100 MG	1/1/2008	$21.05	N	Referral Required		
J2001		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	1/1/2008	$0.02	N	Referral Required		
J2020		INJECTION, LINEZOLID, 200 MG	1/1/2008	$26.72	N	Referral Required		
J2060		INJECTION-LORAZEPAM 2MG OR LESS (ATIVAN)	1/1/2008	$0.95	N	Referral Required		
J2150		INJECTION, MANNITOL, 25% IN 50 ML	1/1/2008	$0.88	N	Referral Required		
J2170		INJECTION, MECASERMIN, 1 MG (INCRELEX - growth hormone)		$0.00	Y	Referral Required		
J2175		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	1/1/2008	$2.06	N	Referral Required		
J2180		INJ MEPERDINE-PROMETHAZINE HCL UP TO 50 MG	1/1/2008	$3.79	N	Referral Required		
J2185		INJECTION, MEROPENEM, 100MG	1/1/2008	$3.77	N	Referral Required		
J2210		METHYLERGONOVINE MALEATE 0.2 MG METHERGINE	1/1/2008	$5.04	N	Referral Required		
J2248		INJECTION, MICAFUNGIN SODIUM, 1 MG (MYCAMINE)	1/1/2008	$1.36	N	Referral Required		
J2250		INJECTION, MIDAZOLAM HCL 1 MG VERSED	1/1/2008	$0.24	N			
J2260		MILRINONE LACTATE (PRIMACOR) I.V. PER 5 ML	1/1/2008	$3.40	N	Referral Required		
J2270		MORPHINE SULFATE 10 MG	1/1/2008	$2.75	N	Referral Required		
J2271		MORPHINE SULFATE 100 MG	1/1/2008	$4.54	N	Referral Required		
J2275		INJ MORPHINE SULFATE PRESERVATIVE-FREE, PER 10 MG	1/1/2008	$4.28	N	Referral Required		
J2278		INJECTION, ZICONOTIDE, 1MCG	1/1/2008	$6.51	N	Referral Required		
J2280		INJECTION, MOSIFLOXAVIN, 100MG	1/1/2008	$2.81	N	Referral Required		
J2300		INJECTION, NALBUPHINE HCL 10 MG-NUBAIN 00590043210	1/1/2008	$1.18	N	Referral Required		
J2310		NALOXONE HCL PER 1 MG.	1/1/2008	$3.06	N	Referral Required		
J2315		INJECTION, NALTREXONE, DEPOT FORM, 1 MG	1/1/2008	$1.88	N	Referral Required		
J2320		NANDROLONE DECANOATE, UP TO 50 MG.	1/1/2008	$4.71	N	Referral Required		

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J2321		NANDROLONE DECANOATE, UP TO 100 MG	1/1/2008	$7.13	N	Referral Required		
J2322		NANDROLONE DECANOATE, UP TO 200 MG.	1/1/2008	$18.84	N	Referral Required		
J2323		INJECTION, NATALIZUMAB, 1 MG (TYSABRI)	1/1/2008	$7.72	N	Referral Required		
J2325		INJECTION NESIRITIDE 0.1 MG	1/1/2008	$33.52	N	Referral Required		
J2353		INJECTION, OCTREOTIDE, NON-DEPOT INJECT 1MG	1/1/2008	$101.71	N	Referral Required		
J2354		INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAV INJECT 25 MCG	1/1/2008	$2.33	N	Referral Required		
J2355		OPRELVEKIN NEUMEGA UP TO 5 MG	1/1/2008	$249.02	N	Referral Required		
J2357		INJECTION, OMALIZUMAB, 5 MG	1/1/2008	$17.42	N	Referral Required		
J2360		INJECTION, ORPHENADRINE 60 MG	1/1/2008	$9.82	N	Referral Required		
J2370		INJECTION, PHENYLEPHRINE HCL 1 ML	1/1/2008	$0.67	N	Referral Required		
J2400		INJECTION, CHLOROPROCAINE HCL 30 ML	1/1/2008	$13.92	N	Referral Required		
J2405		INJECTION, ONDANSETRON HCL PER IMG (ZOFRAN IV)	1/1/2008	$0.28	N	Referral Required		
J2410		OXYMORPHONE HCL/1 MG NUMORPHAN - 00590037010	1/1/2008	$2.27	N	Referral Required		
J2425		INJECTION, PALIFERMIN, 50MCG	1/1/2008	$11.36	N	Referral Required		
J2430		PAMIDRONATE (QUEDRA) I.V. PER 30 MG	1/1/2008	$29.63	N	Referral Required		
J2440		INJECTION, PAPAVERINE HCL, UP TO 60 MG	1/1/2008	$0.45	N	Referral Required		
J2460		INJECTION, OXYTETRACYCLINE, UP TO 50 MG	1/1/2008	$0.94	N	Referral Required		
J2469		PALONOSERTRON HCL INJECTION, 25MCG	1/1/2008	$16.64	N	Referral Required		
J2501		PARICALCITOL, 1 MCG	1/1/2008	$3.80	N	Referral Required		
J2503		INJECTION PEGAPTANIB SODIUM 0.3 MG	1/1/2008	$1,045.48	Y	Referral Required		
J2504		INJECTION PEGADEMASE BOVINE 25IU	1/1/2008	$199.39	N	Referral Required		
J2505		INJECTION, PEGFILGRASTIM, 6MG	1/1/2008	$2,191.41	N	Referral Required		
J2510		INJ, PENICILLIN, PROCAINE AQUEOUS, 600,000 UNITS	1/1/2008	$10.32	N	Referral Required		
J2513		INJECTION PENTASTARCH 10% SOLUTION, 100ML	1/1/2008	$12.72	N	Referral Required		
J2515		INJECTION, PENTOBARBRTAL SODIUM-PER 50 MG	1/1/2008	$7.69	N	Referral Required		
J2540		INJECTION, PFIZERPEN, UP TO 600,000 UNITS	1/1/2008	$0.80	N	Referral Required		
J2543		PIPERACILLIN/TAZOBACTAM 1.125 G	1/1/2008	$5.08	N	Referral Required		
J2545		PENTAMIDINE INH. SOLUTION,PER 300MG, THRU DME	1/1/2008	$47.30	N	Referral Required		
J2550		INJECTION, PROMETHAZINE HCL 50 MG	1/1/2008	$1.52	N	Referral Required		
J2560		INJECTION, PHENOBARBITAL, UP TO 120 MG	1/1/2008	$3.62	N	Referral Required		
J2562		INJECTION, PLERIXAFOR, 1 MG	1/1/2010	$268.72	N	Referral Required		
J2590		OXYTOCIN 10 UNITS (PITOCIN, SYNTOCINON)00071416003	1/1/2008	$2.07	N	Referral Required		
J2597		DESMOPRESSIN INJECTION, 1 MCG	1/1/2008	$2.13	N	Referral Required		
J2650		PREDNISOLONE ACETATE, DUA-PRED, PANACORT R-P 1 ML	1/1/2008	$0.17	N	Referral Required		
J2670		TOLAZOLINE HCL 25 MG (PRISCOLINE HCL) 00083673304	1/1/2008	$3.44	N	Referral Required		
J2675		INJECTION, PROGESTERONE, PER 50 MG	1/1/2008	$1.58	N	Referral Required		
J2680		INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	1/1/2008	$2.11	N	Referral Required		
J2690		INJECTION, PROCAINAMIDE HCL 1 GM	1/1/2008	$2.65	N	Referral Required		
J2700		INJECTION, OXACILLIN SODIUM INJECT 250 MG	1/1/2008	$1.48	N	Referral Required		
J2710		INJECTION, NEOSTIGMINEMETHYLSULFATE, UP TO 0.5 MG	1/1/2008	$0.08	N	Referral Required		
J2720		INJECTION, PROTAMINE SULFATE, PER 10 MG	1/1/2008	$0.51	N	Referral Required		
J2724		INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	1/1/2008	$12.19	N	Referral Required		
J2725		PROTIRELIN INJ. DIAGNOSTIC (RELEFACT TRH) 250 MCG	1/1/2008	$20.55	N	Referral Required		
J2730		INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	1/1/2008	$88.94	N	Referral Required		
J2760		PHENTOLAMINE MESYLATE 5 MG (REGITINE) 54569225000	1/1/2008	$24.00	N	Referral Required		

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J2765		INJECTION, METOCLOPRAMIDE HCL INJECT 10 MG	1/1/2008	$0.40	N	Referral Required		
J2770		INJECTION, QUINUPRISTIN/DALFOPRISTIN 500 MG	1/1/2008	$127.81	N	Referral Required		
J2778		INJECTION, RANIBIZUMAB, 0.1 MG	1/1/2008	$405.88	N	Referral Required		
J2780		INJECTION, RESPIREX, UP TO 5 ML	1/1/2008	$0.61	N	Referral Required		
J2783		INJECTION, RASBURICASE, 0.5 MG	1/1/2008	$149.54	N	Referral Required		
J2785		INJECTION, REGADENOSON, 0.1 MG	1/1/2009	$47.40	N	Referral Required		
J2788		RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	1/1/2008	$27.37	N	Referral Required		
J2790		RHO D IMMUNE GLOBULIN INJ 300 MCG	1/1/2008	$81.03	N	Referral Required		
J2791		INJECTION, RHO(D) IMMUNE GLOBULIN IV OR INTRAVENOUS, 100 IU	1/1/2008	$5.33	N	Referral Required		
J2792		RHO D IMMUNE GLOBULIN IV HUMAN SOLVENT DETERGENT 100 IU	1/1/2008	$15.65	N	Referral Required		
J2793		INJECTION, RILONACEPT, 1 MG		$0.00	N	Referral Required		
J2794		INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	1/1/2008	$4.91	N	Referral Required		
J2795		INJECTION ROPIVACINE HYDROCHLORIDE 1 MG	1/1/2008	$0.07	N	Referral Required		
J2796		INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	1/1/2010	$43.60	N	Referral Required		
J2800		INJECTION, METHOCARBAMOL 10 ML	1/1/2008	$10.45	N	Referral Required		
J2805		INJECTION SINCALIDE, 5MCG	1/1/2008	$55.16	N	Referral Required		
J2810		INJECTION, THEOPHYLLINE, PER 40 MG	1/1/2008	$0.02	N	Referral Required		
J2820		INJECTION SARGARMOSTIM 50 MCG	1/1/2008	$24.57	N	Referral Required		
J2850		INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MCG	1/1/2008	$20.31	N	Referral Required		
J2910		AUROTHIOGLUCOSE INJECT 50 MG	1/1/2008	$14.62	N	Referral Required		
J2916		SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	1/1/2008	$4.85	N	Referral Required		
J2920		METHYLPREDNISOLONE INJ 40 MG	1/1/2008	$1.98	N	Referral Required		
J2930		METHYLPREDNISOLONE 125 MG	1/1/2008	$3.49	N	Referral Required		
J2940		INJECTION, SOMATREM 1MG,	1/1/2008	$40.16	N	Referral Required		
J2941		INJECTION, SOMATROPIN, 1MG	1/1/2008	$49.24	N	Referral Required		
J2950		INJECTION, PROMAZINE HCL 25 MG	1/1/2008	$0.38	N	Referral Required		
J2993		INJECTION RETEPLASE 18.1 MG	1/1/2008	$854.55	N	Referral Required		
J2995		INJECTION, STREPTOKINASE, PER 250,000 IU	1/1/2008	$76.32	N	Referral Required		
J2997		INJECTION ALTEPLASE RECOMBINANT 1 MG	1/1/2008	$34.37	N	Referral Required		
J3000		INJECTION, STREPTOMYCIN, UP TO 1 GM	1/1/2008	$7.02	N	Referral Required		
J3010		INJECTION, FENTANYL CITRATE , 0.1 MG	1/1/2008	$0.33	N			
J3030		INJECTION, SUMATRIPTAN SUCCINATE, 6 MG	1/1/2008	$65.85	N	Referral Required		
J3070		INJECTION, TALWIN, UP TO 30 MG	1/1/2008	$5.77	N	Referral Required		
J3101		INJECTION, TENECTEPLASE, 1 MG	1/1/2009	$41.06	N	Referral Required		
J3105		TERBUTALINE SULFATE, UP TO 1 MG	1/1/2008	$2.52	N	Referral Required		
J3110		INJECTION, TENECTEPLASE, 50 MG	1/1/2008	$6.99	N	Referral Required		
J3120		INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	1/1/2008	$5.29	N	Referral Required		
J3130		INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	1/1/2008	$10.28	N	Referral Required		
J3140		INJECTION, TESTOSTERONE, AQUEOUS, UP TO 50 MG	1/1/2008	$0.56	N	Referral Required		
J3150		INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	1/1/2008	$0.79	N	Referral Required		
J3230		INJECTION, THORAZINE, CHLORPROMA ZINE, UP TO 50 MG	1/1/2008	$3.33	N	Referral Required		
J3240		INJECTION, THYROTROPIN, 0.9 MG IN 1.1 MG VIAL (PER VIAL)	1/1/2008	$839.58	N	Referral Required		
J3243		INJECTION, TIGECYCLINE, 1 MG (TYGACIL)	1/1/2008	$1.02	N	Referral Required		
J3246		INJECTIOIN, TIROFIBAN HC1, 0.25 MG	1/1/2008	$7.57	N	Referral Required		
J3250		INJECTION, TRIMETHOBENZAMIDE HCL 200 MG	1/1/2008	$4.45	N	Referral Required		

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J3260		INJECTION, TOBRAMYCIN, SULFATE, NEBCIN UP TO 80 MG	1/1/2008	$1.73	N	Referral Required		
J3265		TORSEMINE 10 MG/ML	1/1/2008	$2.62	N	Referral Required		
J3280		INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	1/1/2008	$4.76	N	Referral Required		
J3285		INJECTION, TREPROSTINIL 1MG	1/1/2008	$55.89	N	Referral Required		
J3300		INJECTION, TRIAMCINOLONE, UP TO 40 MG	1/1/2009	$3.25	N	Referral Required		
J3301		TRIAMCINOLONE ACET 10MG	1/1/2008	$1.50	N	Referral Required		
J3302		INJECTION OF TRIAMCINOLONE DIACETATE, PER 5MG	1/1/2008	$0.28	N	Referral Required		
J3303		INJECT TRIAMCINOLONE HEXACETONIDE PER 5MG	1/1/2008	$1.51	N	Referral Required		
J3305		TRIMETREXATE GLUCORONATE 25 MG	1/1/2008	$145.06	N	Referral Required		
J3310		PERPHENAZINE/5 MG (TRILAFON) - 00085001204	1/1/2008	$5.96	N	Referral Required		
J3315		TRIPTORELIN PAMOATE, 3.75 MG	1/1/2008	$146.72	N	Referral Required		
J3320		SPECTINOMYCIN HCL 2 GM (TROBICIN) - 00009056601	1/1/2008	$18.30	N	Referral Required		
J3350		UREA 40 G (UREAPHIL) -00074159202	1/1/2008	$73.77	N	Referral Required		
J3355		INJECTION, UROFOLLITROPIN, 75IU	1/1/2008	$54.01	N	Referral Required		
J3360		DIAZEPAM INJECTION, 5 MG	1/1/2008	$0.86	N	Referral Required		
J3364		UROKINASE, 5000 IU VIAL, I.V.	1/1/2008	$9.16	N	Referral Required		
J3365		INJECTION IV, UROKIANSE 250,000 IU/VIAL	1/1/2008	$457.73	N	Referral Required		
J3370		INJECTION, VANCOMYCIN HCI, UP TO 500 MG	1/1/2008	$3.45	N	Referral Required		
J3396		INJECTION, VERTEPORFIN, 0.1 MG	1/1/2008	$9.12	N	Referral Required		
J3400		INJECTION, VESPRIN, UP TO 20 MG	1/1/2008	$9.00	N	Referral Required		
J3410		HYDROXYZINE HCL INJECTION,, UP TO 25 MG	1/1/2008	$0.18	N	Referral Required		
J3411		INJECTION, THIAMINE HCL, 100 MG	1/1/2008	$2.36	N	Referral Required		
J3415		INJECTION, PYRIDOXINE HCL, 100MG	1/1/2008	$3.88	N	Referral Required		
J3420		INJECTION, VITAMIN B-12, UP TO 1000 MCG	1/1/2008	$0.55	N	Referral Required		
J3430		INJECTION, VITAMIN K, PER 1 MG	1/1/2008	$3.62	N	Referral Required		
J3465		INJECTION, VORIXONAZOLE, 10MG	1/1/2008	$5.13	N	Referral Required		
J3470		HYALURONIDASE 150 UNITS (WYDASE) - 00008017001	1/1/2008	$16.63	N	Referral Required		
J3471		INJECTION HYALURONIDA PER 1USP UNIT	1/1/2008	$0.12	N	Referral Required		
J3472		INJECTION HYALURONIDA PER 1000 USP UNITS	1/1/2008	$135.04	N	Referral Required		
J3473		INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	1/1/2008	$0.41	N	Referral Required		
J3475		MAGNESIUM SULFATE, PER 500 MG - INJECTION	1/1/2008	$0.13	N	Referral Required		
J3480		POTASSIUM CHLORIDE INJECTION PER 2 MEQ	1/1/2008	$0.04	N	Referral Required		
J3485		INJECTION ZIDOVUDINE 10 MG	1/1/2008	$1.15	N	Referral Required		
J3486		INJECTION, ZIPRASIDONE MESYLATE, 10MG	1/1/2008	$5.09	N	Referral Required		
J3487		ZOLEDRONIC ACID, 1 MG	1/1/2008	$208.76	N	Referral Required		
J3488		INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG	1/1/2008	$216.61	N	Referral Required		
J3490		UNCLASSIFIED DRUGS		$0.00	N			
J3520		ENDRATE ETHYLENEDIAMINE-TETRA-ACETIC ACID (EDTA)	1/1/2008	$29.43	N	Referral Required		
J3530		NASAL VACCINE INHALATION		$0.00	N	Referral Required		
J3590		UNCLASSIFIED BIOLOGICS		$0.00	N	Referral Required		
J7030		INFUSION, NORMAL SALINE SOLUTION, 1000 CC	1/1/2008	$1.20	N	Referral Required		
J7040		INFUSION, NORMAL SALINE SOLUTION, (500 ML=1 UNIT)	1/1/2008	$0.60	N	Referral Required		
J7042		5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	1/1/2008	$0.45	N	Referral Required		
J7050		INFUSION, NORMAL SALINE SOLUTION, 250 CC	1/1/2008	$0.30	N	Referral Required		
J7060		5% DEXTROSE/WATER (500 ML = 1 UNIT)	1/1/2008	$1.46	N	Referral Required		

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J7070		INFUSION, D5W, 1000 CC	1/1/2008	$2.92	N	Referral Required		
J7100		INFUSION, DEXTRAN 40, 500 ML	1/1/2008	$15.15	N	Referral Required		
J7110		INFUSION, DEXTRAN 75, 500 ML	1/1/2008	$11.13	N	Referral Required		
J7120		RINGERS LACTATE INFUSION UP TO 1000 CC	1/1/2008	$1.03	N	Referral Required		
J7130		HYPERTONIC SALINE SOL., 20 CC VIAL	1/1/2008	$1.25	N	Referral Required		
J7185		INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	1/1/2010	$1.09	N	Referral Required		
J7186		INJ, ANTIHEMOPHILIC FCTR VIII/VON WILLEBRAND FCTR CMPLX (HUMAN), PER	1/1/2009	$0.86	N	Referral Required		
J7187		INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR, PER IU	1/1/2008	$0.88	N	Referral Required		
J7189		FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER 1MCG	1/1/2008	$1.17	N	Referral Required		
J7190		FACTOR VIII, ANTIHEMOPHILIAC FACTOR-HUMAN PER UNIT	1/1/2008	$0.78	N	Referral Required		
J7191		FACTOR VIII ANTI-HEMOPHILIAC FACTOR PORCINE; PER I.U.	1/1/2008	$1.72	N	Referral Required		
J7192		FACTOR VIII, RECOMBINANT, PER IU	1/1/2008	$1.06	N	Referral Required		
J7193		FACTOR IX ANTIHEMOPHILIAC FACTOR PURIFIED NON RECOMBINANT PER IU	1/1/2008	$0.90	N	Referral Required		
J7194		FACTOR IX, COMPLEX, HEAT TREATED, PER UNIT	1/1/2008	$0.82	N	Referral Required		
J7195		FACTOR IX ANTIHEMOPHILIAC RECOMBINANT, PER IU	1/1/2008	$1.06	N	Referral Required		
J7197		ANITHROMBIN 3 (HUMAN) PER I UNIT (SOOIU/VIAL)	1/1/2008	$1.91	N	Referral Required		
J7198		ANTI-INHIBITOR; PER I.U.	1/1/2008	$1.43	N	Referral Required		
J7199		HEMOPHILIA CLOTTING FACTOR; NOT OTHERWISE CLASSIFIED		$0.00	N	Referral Required		
J7300		INTRAUTERINE COPPER CONTRACEPTIVE	11/1/2010	$460.60	N			
J7300		INTRAUTERINE COPPER CONTRACEPTIVE	5/1/2011	$598.00	N			
J7302		LEVONORGESTREL RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM 52 MG (IUD)	11/1/2010	$703.05	N			
J7303		CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH		$0.00	N			
J7304		CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH		$0.00	N			
J7306		LEVONORGESTREL IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES		$0.00	N			
J7307		ETONOGESTREL IMPLANT SYSTEM, INCL IMPLANT & SUPPLIES	10/1/2008	$623.62	N			
J7308		AMINOLEVULINIC ACID HC FOR TOPICAL ADMINISTRATION, 20%, SUD FORM (354MG)	1/1/2008	$110.45	N	Referral Required		
J7310		INJ-GANCILLOVOR 4.5MG LONG ACTING IMPL.61772000201	1/1/2008	$4,770.00	N	Referral Required		
J7311		FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (RETISERT)	1/1/2008	$19,345.00	Y	Referral Required		
J7318		HYALURONANOR DERIVATIVE INTRA-ARTICULAR INJECTION 1MG		$0.00	N	Referral Required		
J7321		HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, PER DOSE	1/1/2008	$102.78	N	Referral Required		
J7323		HYALURONAN OR DERIVATIVE, EUFLEXXA, PER DOSE	1/1/2008	$112.07	N	Referral Required		
J7324		HYALURONAN OR DERIVATIVE, ORTHOVISC, PER DOSE	1/1/2008	$176.16	N	Referral Required		
J7325		HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, PER 1 MG	1/1/2010	$11.74	N	Referral Required		
J7500		ALATHIOPRINE ORAL 50MG/100S EA	1/1/2008	$0.26	N	Referral Required		
J7501		AZATHIOPRINE PAR 100MG	1/1/2008	$48.54	N	Referral Required		
J7502		CYCLOSPORINE ORAL 100MG (NEORAL, SANDIMMUNE)	1/1/2008	$3.51	N	Referral Required		
J7504		LYMPHOCYTE IMM GLOBULIN ANTILYMPHOCYTE 250 MG	1/1/2008	$377.06	N	Referral Required		
J7505		MONOCLONAL ANTIBODIES PAR/AMP 5MG	1/1/2008	$987.06	N	Referral Required		
J7506		PREDNISIONE ORAL 100 TABS 5MG	1/1/2008	$0.18	N	Referral Required		
J7507		TACROLIMUS (PROGRAF) CAPSULE, 1 MG	1/1/2008	$3.87	N	Referral Required		
J7509		METHYLPREDNISOLONE ORAL, PER 4MG., X-OVER ONLY	1/1/2008	$0.06	N	Referral Required		
J7510		PREDNISOLONE-ORAL, 5MG X-OVER ONLY DELTA-CORTEF	1/1/2008	$0.02	N	Referral Required		
J7511		LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCTYE GLOBULIN, RABBIT, PARENTERAL, 25MG	1/1/2008	$342.29	N	Referral Required		
J7513		DACLIZUMAB PARENTERAL 25MG	1/1/2008	$322.12	N	Referral Required		
J7515		CYCLOSPORINE, ORAL 25 MG (NEORAL, SANDIMMUNE)	1/1/2008	$0.89	N	Referral Required		

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J7516		CYCLOSPORIN PARENTERAL 250MG	1/1/2008	$19.53	N	Referral Required		
J7517		MYCOPHENOLATE MOFETIL (CELLCEPT) ORAL, 250 MG	1/1/2008	$2.81	N	Referral Required		
J7518		MYCOPHENOLIC ACID, ORAL 180 MG	1/1/2008	$2.47	N	Referral Required		
J7520		SIROLIMUS ORAL 1 MG	1/1/2008	$7.58	N	Referral Required		
J7525		TACROLIMUS PARENTERAL 5 MG	1/1/2008	$139.70	N	Referral Required		
J7599		METHYLPREDNISOLONE SODIUM SUCCINATE		$0.00	N	Referral Required		
J7604		ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, PER GRAM	1/1/2008	$2.37	N	Referral Required		
J7605		ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT,15 MICROGRAMS	1/1/2008	$4.71	N	Referral Required		
J7606		FORMOTEROL FUMARATE, INHAL SOL, NON-COMPOUN, ADMIN THRU DME,	1/1/2009	$4.18	N	Referral Required		
J7607		LEVALBUTEROL, INHALATION SOL, COMPOUNDED PROD, ADMIN THROUGH DME, 0.5 MG		$0.00	N	Referral Required		
J7608		ACETYCSTEINE INHALATION SOLUTION ADMINISTERED THRU DME UNIT DOSE, PER GRAM	1/1/2008	$2.27	N	Referral Required		
J7609		ALBUTEROL, INHALATION SOL, COMPOUNDED PROD, ADMIN THROUGH DME, UNIT DOSE, 1 MG		$0.00	N	Referral Required		
J7610		ALBUTEROL, INHALATION SOL, COMPOUNDED PROD, ADMIN THRU DME, CONCEN FORM, 1 MG		$0.00	N	Referral Required		
J7611		ALBUTEROL, INHALATION SOL, FDA-APPROVED, NON-COMPOUNDED, ADMIN THRU DME, 1MG	4/1/2008	$0.08	N			
J7612		LEVALBUTEROL, INHAL SOL, FDA-APP FINAL PROD, NON-COMPOUND, ADM THRU DME, 0.5 MG	4/1/2008	$0.12	N			
J7613		ALBUTEROL, INHALATION SOL, FDA-APP FINAL PROD, NON-COMP, ADM THRU DME, DOSE 1MG	4/1/2008	$0.04	N			
J7614		LEVALBUTEROL INHALATION SOL, FDA-APP FINAL PROD, NON-COMP, ADMIN THRU DME 0.5 MG	4/1/2008	$0.23	N			
J7615		LEVALBUTEROL, INHALATION SOL, COMPOUNDED PROD, ADMIN THRU DME, UNIT DOSE, 0.5 MG		$0.00	N	Referral Required		
J7620		ALBUTEROL,UP to 2.5 MG & IPRATROPIUM BROMIDE, UP to 0.5 MG, FDA-APP	1/1/2008	$0.81	N	Referral Required		
J7622		BETHAMETHASONE, INHALATION SOLUTION ADMIN.THROUGH DME, UNIT DOSE FORM PER MG		$0.00	N	Referral Required		
J7624		BETHAMETHASONE INHALATION SOLUTION ADMINISTERED THROUGH DME UNIT DOSE FORM/ MG.		$0.00	N	Referral Required		
J7626		BUDESONIDE INHALATION SOLUTION ADMIN. THROUGH DME, UNIT DOSE FORM 0.50MG	1/1/2008	$5.09	N	Referral Required		
J7627		BUDESONIDE, POWDER, COMPOUNDED FOR INHALATION SOLUTION		$0.00	N	Referral Required		
J7628		BITOLTEROL MESYLATE, INHALATION SOLUTION, PER MILLIGRAM	1/1/2008	$0.25	N	Referral Required		
J7629		BITOLTEROL MESYLATE, INHALATION SOLUTION, UNIT DOSE FORM, PER MILLIGRAM	1/1/2008	$0.33	N	Referral Required		
J7630		CROMOLYN SODIUM,PER 20 MG,INHALATION THROUGH DME	1/1/2008	$1.00	N	Referral Required		
J7631		CROMOLYN SODIUM INHALATION SOLUTION ADMINISTERED THRU DME UNIT DOSE PER 10 MG	1/1/2008	$0.07	N	Referral Required		
J7632		CROMOLYN SODIUM, INHALATION SOL, COMPOUNDED PRODUCT, PER 10 ML		$0.00	N	Referral Required		
J7633		BUDESONIDE INHALATION SOLUTION THRU DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM		$0.00	N	Referral Required		
J7634		BUDESONIDE, INHALATION SOL, COMPOUNDED PROD, ADMIN THRU DME, PER 0.25 MG		$0.00	N	Referral Required		
J7635		ATROPINE, INHALATION SOLUTION, ADMINISTERED THROUGH DME, PER MILLIGRAM	1/1/2008	$0.13	N	Referral Required		
J7636		ATROPINE INHALATION SOLUTION ADMIN. COMPOUND PROD.THRU DME UNIT DOSE FORM PER MG	1/1/2008	$0.34	N	Referral Required		
J7637		DEXAMETHASONE INHALATION SOL, COMPOUND PROD, ADMIN THRU DME CONCENTRATE PER MG	1/1/2008	$0.33	N	Referral Required		
J7638		DEXAMETHASONE INHALATION SOL, COMPOUND PROD, ADMIN THRU DME UNIT DOES PER MG.	1/1/2008	$0.21	N	Referral Required		
J7639		DORNASE ALPHA INHALATION SOLUTION ADMINISTERED THRU DME UNIT DOSE FORM PER MG.	1/1/2008	$20.85	N	Referral Required		
J7640		FORMORTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, 12 MCGS		$0.00	N	Referral Required		
J7641		FLUNISOLIDE, INHALATION SOLUTION ADMIN. THROUGH DME, UNIT DOSE PER MILLIGRAM		$0.00	N	Referral Required		
J7642		GLYCOPYRROLATE INHALATION SOL, COMPOUND PROD, ADMIN. THRU DME, PER MG.	1/1/2008	$0.31	N	Referral Required		
J7643		GLYCOPYRROLATE INHALATION SOLUTION ADMIN. THRU DME UNIT DOSE FORM PER MG.	1/1/2008	$0.84	N	Referral Required		
J7644		IPRATROPIUM BROMIDE INHALATION SOL, FDA APP, THRU DME UNIT DOES FORM PER MG.	1/1/2008	$0.21	N	Referral Required		
J7645		IPRATROPIUM BROMIDE, INHALATION SOL, COMPOUNDED, (ADMIN THRU DME) PER MG		$0.00	N	Referral Required		
J7647		ISOETHARINE HCL, INHALATION SOL, COMPOUNDED PROD, ADMIN THRU DME, PER MG		$0.00	N	Referral Required		
J7648		ISOETHARINE HC1 INHALATION SOL FDA APP, ADMIN THRU DME CONCENTRATED FORM PER MG.	1/1/2008	$0.17	N	Referral Required		
J7649		ISOETHARINE HC1 INHALATION SOL ADMIN, FDA APP, THRU DME UNIT DOSE FORM PER MG.	1/1/2008	$0.17	N	Referral Required		
J7650		ISOETHARINE HCL 0.1% PER ML ADMINISTERED		$0.00	N	Referral Required		

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J7657		ISOPROTERENOL HCL, INHALATION SOL, COMPOUNDED PROD, ADMIN THRU DME, PER MG		$0.00	N	Referral Required		
J7658		ISOPROTERENOL HC1 INHALAT SOL ADMIN, FDA APP. THRU DME CONCENTRATE FORM PER MG	1/1/2008	$0.31	N	Referral Required		
J7659		ISOPROTERENOL HC1 INHALATION SOL ADMIN, FDA APP, THRU DME UNIT DOSE PER MG.	1/1/2008	$0.40	N	Referral Required		
J7660		ISOPROTERENOL HCL, INHAL SOL, COMPOUND PROD, ADMIN THRU DME, UNIT DOSE , PER MG		$0.00	N	Referral Required		
J7667		METAPROTERENOL SULFATE, INHALATION SOL, COMPOUND PROD, CONCENTRATE, PER 10 MG		$0.00	N	Referral Required		
J7668		METAPROTERENOL SULFATE INHAL. SOL, FDA APP ADMIN/DME CONCENTRATED PER 10 MG	1/1/2008	$0.25	N	Referral Required		
J7669		METAPROTERENOL SULFATE INHALATION SOLUTION, FDA APP. THRU DME UNIT DOSE 10 MG	1/1/2008	$0.27	N	Referral Required		
J7670		METAPROTERENOL SULFATE, INHAL SOL, COMPND, ADM THRU DME, UNIT DOSE, PER 10 MG		$0.00	N	Referral Required		
J7674		METHACHOLINE CHLORIDE ADMIN AS INHAL SOL THROUGH PER 1MG	1/1/2008	$0.42	N	Referral Required		
J7676		PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, PER 300 MG		$0.00	N	Referral Required		
J7680		TERBUTALINE SULFATE INHAL SOL, COMPOUND PROD ADMIN. THRU DME CONCENTRATED PER MG	1/1/2008	$1.86	N	Referral Required		
J7681		TERBUTALINE SULFATE INHAL SOL, COMPOUND PROD ADMIN. THRU DME UNIT DOSE PER MG.	1/1/2008	$2.07	N	Referral Required		
J7682		TOBRAMYCIN, INHAL SOL FDA-APP, NON-COMP, UNIT DOSE , ADMIN THRU DME, PER 300 MG	1/1/2008	$61.00	N	Referral Required		
J7683		TRIAMCINOLONE INHAL SOL, COMPOUND PROD. ADMIN. THRU DME CONCENTRATED PER MG.	1/1/2008	$0.04	N	Referral Required		
J7684		TRIAMCINOLONE INHALATION SOL, COMPOUNDED. ADMIN. THRU DME UNIT DOSE PER MG	1/1/2008	$0.14	N	Referral Required		
J7685		TOBRAMYCIN, INHALATION SOL, COMPOUND, ADMIN THRU DME, UNIT DOSE , PER 300 MG		$0.00	N	Referral Required		
J7799		NOC DRUGS,OTHER THAN INHALATION DRUGS, THROUGH DME		$0.00	N	Referral Required		
J8498		ANTIEMETIC DRUG, RECTAL SUPPOSITORY, NOC		$0.00	N	Referral Required		
J8501		APREPITANT, ORAL 5MG	1/1/2008	$5.23	N	Referral Required		
J8510		ORAL BUSALFAN 2 MG	1/1/2008	$2.40	N	Referral Required		
J8515		CABERGOLINE, ORAL 0.25 MG (DOSTINEX)	1/1/2008	$17.27	N	Referral Required		
J8520		CAPECITABINE, ORAL 150 MG	1/1/2008	$4.59	N	Referral Required		
J8521		CAPECITABINE ORAL 500 MG	1/1/2008	$15.21	N	Referral Required		
J8530		CYCLOPHOSPHAMIDE (CYTOXAN), ORAL, 25 MG (CYTOXAN)	1/1/2008	$0.86	N	Referral Required		
J8540		DEXAMETHASONE, ORAL 0.25 MG	1/1/2008	$0.24	N	Referral Required		
J8560		ETOPSODIE (VEPESID) ORAL, 50 MG (VEPESID)	1/1/2008	$28.63	N	Referral Required		
J8597		ANTIEMETIC DRUG, ORAL, NOC		$0.00	N	Referral Required		
J8600		MELPHALAN (ALKERON) ORAL, 2 MG (ALKERAN)	1/1/2008	$2.19	N	Referral Required		
J8610		METHOTREXATE; ORAL, 2.5 MG (RHEUMATREX DOSE PACK)	1/1/2008	$0.21	N	Referral Required		
J8650		NABILONE, ORAL, 1 MG		$0.00	N	Referral Required		
J8700		TEMOZOLMIDE ORAL 5 MG	1/1/2008	$7.69	N	Referral Required		
J8705		TOPOTECAN, ORAL, 0.25 MG	1/1/2009	$69.89	N	Referral Required		
J9000		DOXORUBICIN HCL, 10 MG VIAL	1/1/2008	$6.83	N	Referral Required		
J9001		DOXORUBICIN HYDROCHLORIDE ALL LIPID FORMULATIONS 10 MG	1/1/2008	$412.25	N	Referral Required		
J9010		ALEMTUZUMAB, 10 MG	1/1/2008	$550.74	N	Referral Required		
J9015		ALDESLIUKIN, PER SINGLE USE VIAL	1/1/2008	$796.36	N	Referral Required		
J9017		ARSENIC TRIOXIDE, 1MG	1/1/2008	$33.99	N	Referral Required		
J9020		ASPARAGINASE 10,000 UNITS (ELSPAR) 00006461200	1/1/2008	$54.78	N	Referral Required		
J9025		INJECTION, AZACITIDINE, 1MG (VIDAZA)	1/1/2008	$4.39	N	Referral Required		
J9027		INJECTION, CLOFARABINE, 1 MG (CLOLAR)	1/1/2008	$116.29	N	Referral Required		
J9031		BACILLI CALMETTE-GUERIN BCG LIVE IV 1 EACH	1/1/2008	$117.34	N	Referral Required		
J9033		INJECTION, BENDAMUSTINE HCL, 1 MG	1/1/2009	$18.61	N	Referral Required		
J9035		INJECTION, BEVACIZUMAB, 10MG	1/1/2008	$57.46	N	Referral Required		
J9040		BLEOMYCIN SULFATE 15 UNITS (BLENOXANE)-00015301020	1/1/2008	$35.88	N	Referral Required		
J9041		INJECTION, BORTEZOMIB, 0.1 MG	1/1/2008	$34.44	N	Referral Required		

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J9045		CARBOPLATIN, PER 50 MG	1/1/2008	$7.05	N	Referral Required		
J9050		CARMUSTINE 100 MG (BICNU) - 00015301238	1/1/2008	$153.79	N	Referral Required		
J9055		INJECTION, CETUXIMAB, 10MG	1/1/2008	$49.79	N	Referral Required		
J9060		CISPLATIN, PLATINOL, 10 MG VIAL	1/1/2008	$2.55	N	Referral Required		
J9062		CISPLATIN, PLATINAL, 50 MG VIAL	1/1/2008	$12.75	N	Referral Required		
J9065		CLADRIBINE (LEUSTATIN) IV, PER 1 MG	1/1/2008	$33.66	N	Referral Required		
J9070		CYCLOPHOSPHAMIDE, CYTOXAN, 10 CC OR 100 MG	1/1/2008	$1.89	N	Referral Required		
J9080		CYCLOPHOSPHAMIDE, CYTOXAN, 20 CC OR 200 MG	1/1/2008	$3.78	N	Referral Required		
J9090		CYCLOPHOSPHAMIDE, CYTOXAN, 30 CC OR 500 MG	1/1/2008	$17.06	N	Referral Required		
J9091		CYCLOPHOSPHAMIDE 1 G (CYTOXAN) 00015054841	1/1/2008	$18.90	N	Referral Required		
J9092		CYCLOPHOSPHAMIDE 2 GM (CYTOXAN) 00015054941	1/1/2008	$37.79	N	Referral Required		
J9093		CYCLOPHOSPHAMIDE, LYOPHILIZED 100 MG	1/1/2008	$1.93	N	Referral Required		
J9094		CYCLOPHOSPHAMIDE LYOPHILIZED 200MG	1/1/2008	$3.85	N	Referral Required		
J9095		CYCLOPHOSPHAMIDE LYOPHILIZED 500MG	1/1/2008	$9.63	N	Referral Required		
J9096		CYCLOPHOSPHAMIDE LYOPHILIZED IV 1.0 GM	1/1/2008	$19.27	N	Referral Required		
J9097		CYCLOPHOSPHAMIDE LYOPHILIZED IV 2.0 GM	1/1/2008	$38.54	N	Referral Required		
J9098		CYTARABINE, LIPOSOME, 10MG	1/1/2008	$416.09	N	Referral Required		
J9100		CYTARABINE 100 MG (CYTOSAR-U) 55390013110	1/1/2008	$1.93	N	Referral Required		
J9110		CYTARBINE HCL 500 MG 55390013210	1/1/2008	$9.66	N	Referral Required		
J9120		DACTINOMYCIN ACTINOMYCIN 0.5 MG (COSMEGEN) 00006329822	1/1/2008	$493.43	N	Referral Required		
J9130		DACARBAZINE 100 MG (DTIC-DOME) 00026815110	1/1/2008	$5.58	N	Referral Required		
J9140		DACARBAZINE 200 MG (DTIC-DOME) 00026815120	1/1/2008	$11.16	N	Referral Required		
J9150		DAUNDRUBICIN HCL/10 MG (CERUBIDINE) 55390028110	1/1/2008	$19.95	N	Referral Required		
J9151		DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	1/1/2008	$56.03	N	Referral Required		
J9155		INJECTION, DEGARELIX, 1 MG	1/1/2010	$2.28	N	Referral Required		
J9160		DENILEUKIN DIFITOX 300 MCG	1/1/2008	$1,410.81	N	Referral Required		
J9165		DIETHYLSTILBESTROL DIPHOSPHATE IV/IM 250MG	1/1/2008	$13.00	N	Referral Required		
J9171		INJECTION, DOCETAXEL, 1 MG	1/1/2010	$17.62	N	Referral Required		
J9175		INJECTION, ELLIOTT'S B SOLUTION, 1 ML	1/1/2008	$4.07	N	Referral Required		
J9178		INJ EPIRUBICIN HCL, 2 MG	1/1/2008	$11.45	N	Referral Required		
J9181		ETOPOSIDE, PER 10 ML	1/1/2008	$0.42	N	Referral Required		
J9185		FLUDARABINE PHOS. 50 MG	1/1/2008	$237.51	N	Referral Required		
J9190		FLUOROURACIL, 500 MGM AMP	1/1/2008	$1.81	N	Referral Required		
J9200		FLOXURIDINE 500 MG (FUDR) - 00004193508	1/1/2008	$56.49	N	Referral Required		
J9201		GEMCITABINE HC1, 200 MG. GEMZAR	1/1/2008	$131.65	N	Referral Required		
J9202		GOSERELIN ACETATE IMPLANT PER 3.6 MG	1/1/2008	$191.86	N	Referral Required		
J9206		IRINOTECAN, 20 MG. - CAMPTOSAR	1/1/2008	$126.31	N	Referral Required		
J9207		INJECTION, IXABEPILONE, 1 MG	1/1/2009	$63.74	N	Referral Required		
J9208		IFOSFAMIDE IV IGM/VIAL	1/1/2008	$35.55	N	Referral Required		
J9209		MESNA 200 MG	1/1/2008	$7.90	N	Referral Required		
J9211		IDARUBICIN HCL, 5 MG (IDAMYCIN)	1/1/2008	$290.42	N	Referral Required		
J9212		INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG	1/1/2008	$4.66	N	Referral Required		
J9213		INTERFERON, ALFA-2A RECOMBINANT, 3 MILLION UNITS	1/1/2008	$41.80	N	Referral Required		
J9214		INTERFERON, ALFA-2B RECOMBINANT, 1 MILLION UNITS	1/1/2008	$14.28	N	Referral Required		
J9215		INTERFERON ALFA-N3, 250000 IU (ALFERON-N)	1/1/2008	$8.60	N	Referral Required		

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J9216		INTERFERON, GAMMA 1-B, 3 MILLION UNITS (ACTIMMUNE)	1/1/2008	$309.58	N	Referral Required		
J9217		LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5MG	1/1/2008	$242.79	N	Referral Required		
J9218		INJECTION OF LEUPROLIDE ACETATE (LUPRON) 1MG	1/1/2008	$7.75	N	Referral Required		
J9219		LEUPROLIDE ACETATE IMPLANT 65 MG	1/1/2008	$1,714.87	N	Referral Required		
J9225		HISTRELIN IMPLANT, 50MG	1/1/2008	$1,478.28	N	Referral Required		
J9226		HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	1/1/2008	$14,834.06	N	Referral Required		
J9230		MECHLORETHAMINE,HCL (NITROGEN MUSTARD) 10 MG	1/1/2008	$144.44	N	Referral Required		
J9245		MELPHALAN (ALKERAN) INJ., 50 MG I.V.	1/1/2008	$1,563.63	N	Referral Required		
J9250		METHOTREXATE SODIUM 5MG	1/1/2008	$0.26	N	Referral Required		
J9260		METHOTREXATE SODIUM MIX, 2CC OR 50 ML	1/1/2008	$2.74	N	Referral Required		
J9261		INJECTION, NELARABINE, 50 MG	1/1/2008	$88.17	N	Referral Required		
J9263		INJECTION, OXALIPLATIN, 0.5 MG	1/1/2008	$9.47	N	Referral Required		
J9264		INJECTION, PACLITAXEL PROTEIN BOUND PARTICLES, 1MG	1/1/2008	$8.88	N	Referral Required		
J9265		PACLITAXEL (TAXOL) 30MG	1/1/2008	$13.58	N	Referral Required		
J9266		PEGASPARGASE (ONCASPAR) 1 EACH VIAL	1/1/2008	$2,098.87	N	Referral Required		
J9268		PENTOSTATIN, PER 10 MG	1/1/2008	$1,858.68	N	Referral Required		
J9270		PLICAMYCIN (MITHRAMYCIN), 2.5 MG	1/1/2008	$78.99	N	Referral Required		
J9280		MITOMYCIN, 5 MG	1/1/2008	$15.06	N	Referral Required		
J9290		MITOMYCIN, 20 MG	1/1/2008	$60.26	N	Referral Required		
J9291		MITOMYCIN IV 40 MG	1/1/2008	$120.51	N	Referral Required		
J9293		INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	1/1/2008	$105.14	N	Referral Required		
J9300		GEMTUZUMAB OZOGAMICIN, 5MG	1/1/2008	$2,434.95	N	Referral Required		
J9303		INJECTION, PANITUMUMAB, 10 MG	1/1/2008	$82.87	N	Referral Required		
J9305		INJECTION, PEMETREXED 10MG	1/1/2008	$46.08	N	Referral Required		
J9309		INJECTION, PANITUMUMAB 10MG	1/1/2008	$82.87	N	Referral Required		
J9310		RITUXIMAB CANCER TREATMENT, 100 MG	1/1/2008	$508.66	N	Referral Required		
J9320		STREPOZOCIN INJ 1 GM	1/1/2008	$157.94	N	Referral Required		
J9328		INJECTION, TEMOZOLOMIDE, 1 MG		$0.00	N	Referral Required		
J9330		TESTLACTONE, TESLAC, 250 MGM	1/1/2009	$47.91	N	Referral Required		
J9340		THIOTEPA INJECTION, 15 MG	1/1/2008	$41.21	N	Referral Required		
J9350		TOPOTECAN, 4 MG	1/1/2008	$875.46	N	Referral Required		
J9355		TRASTUZUMAB, 10 MG	1/1/2008	$59.02	N	Referral Required		
J9360		VINBLASTINE SULFATE 1 MG (VELBAN) 49452811201	1/1/2008	$1.07	N	Referral Required		
J9370		VINCRISTINE SULFATE 1 MG (ONCOVIN) 49452811401	1/1/2008	$7.73	N	Referral Required		
J9375		VINCRISTINE SULFATE 2 MG (ONCOVIN) 61703030916	1/1/2008	$15.46	N	Referral Required		
J9380		VINCRISTINE SULFATE 5 MG (ONOCOVIN) 00002719601	1/1/2008	$38.66	N	Referral Required		
J9390		VINORELBINE TARTRATE PER 10 MG	1/1/2008	$18.86	N	Referral Required		
J9395		INJECTION, FULVESTRANT, 25 MG	1/1/2008	$81.37	N	Referral Required		
J9600		PORFIMER SODIUM, 75 MG.	1/1/2008	$2,556.53	N	Referral Required		
J9999		NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS		$0.00	N	Referral Required		
K0001		STANDARD WHEELCHAIR	1/1/2008	$461.17	Y	Referral Required		
K0002		STANDARD HEMI W/C (LOW SEAT)-PURCHASE PRICE	1/1/2008	$663.40	Y	Referral Required		
K0003		LIGHTWEIGHT WHEELCHAIR	1/1/2008	$720.64	Y	Referral Required		
K0004		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	1/1/2008	$1,274.70	Y	Referral Required		
K0005		ULTRALIGHT WHEELCHAIR	1/1/2008	$1,733.91	Y	Referral Required		

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K0006		HEAVY DUTY WHEELCHAIR	1/1/2008	$1,107.40	Y	Referral Required		
K0007		EXTRA HEAVY DUTY WHEELCHAIR	1/1/2008	$1,695.50	Y	Referral Required		
K0009		OTHER MANUAL WHEELCHAIR BASE		$0.00	Y	Referral Required		
K0010		STANDARD-WEIGHT FRAME MOTORIZED W/C	1/1/2008	$4,063.30	Y	Referral Required		
K0011		STD-WGHT FRAME W/C-PROGRAMABLE CNTRL	1/1/2008	$5,024.90	Y	Referral Required		
K0012		LIGHTWEIGHT PORTABLE WHEELCHAIR-PURCHASE PRICE	1/1/2008	$3,082.30	Y	Referral Required		
K0014		OTHER MOTORIZED/POWER WHEELCHAIR BASE		$0.00	Y	Referral Required		
K0015		DET, NON-ADJ A/R EA	1/1/2008	$170.42	Y	Referral Required		
K0017		DET, ADJ-HT A/R BASE EA	1/1/2008	$47.93	Y	Referral Required		
K0018		DET ADJ HT A/R UPPER EA	1/1/2008	$26.79	Y	Referral Required		
K0019		ARM PAD EA	1/1/2008	$16.44	Y	Referral Required		
K0020		FIXED, ADJ HT A/R PAIR	1/1/2008	$43.56	Y	Referral Required		
K0021		ANTI TIPPING DEVICE EA	1/1/2008	$53.30	Y	Referral Required		
K0034		HEEL LOOP, EACH	1/1/2008	$17.97	Y	Referral Required		
K0037		HIGH MOUNT FLIP-UP F/R EACH	1/1/2008	$39.05	Y	Referral Required		
K0038		LEG STRAP EACH	1/1/2008	$22.74	Y	Referral Required		
K0039		LEG STRAP, EACH	1/1/2008	$50.54	Y	Referral Required		
K0040		ADJUSTABLE ANGLE FOOTPLATES; EACH	1/1/2008	$70.23	Y	Referral Required		
K0041		LARGE SIZE FOOTPLATE, EACH	1/1/2008	$49.64	Y	Referral Required		
K0042		STD SIZE FOOTPLATE, EACH	1/1/2008	$29.53	Y	Referral Required		
K0043		FOOTREST, LOWER EXT TUBE EACH	1/1/2008	$18.31	Y	Referral Required		
K0044		FOOTREST, UPPER BRKT, EACH	1/1/2008	$15.61	Y	Referral Required		
K0045		FOOTREST, COMPLETE	1/1/2008	$45.90	Y	Referral Required		
K0046		ELV LEGREST LOW EXT TUB EACH	1/1/2008	$18.31	Y	Referral Required		
K0047		ELV LEGREST, UPPER BRKT EACH	1/1/2008	$71.71	Y	Referral Required		
K0050		RATCHET ASSEMBLY	1/1/2008	$30.48	Y	Referral Required		
K0051		CAM RELEASE F/R OR L/R EA	1/1/2008	$49.33	Y	Referral Required		
K0052		S/A DETACH FOOTRESTS, EA	1/1/2008	$86.70	Y	Referral Required		
K0053		ELEV FOOTRESTS, TELESC. EACH	1/1/2008	$95.68	Y	Referral Required		
K0056		SEAT HT <17" OR < OR = TO 21" FOR ULTRA LT W/C	1/1/2008	$89.19	Y	Referral Required		
K0065		SPOKE PROTECTORS, EACH	1/1/2008	$41.69	Y	Referral Required		
K0069		REAR WHEEL ASSMB, COMP-W/SOLID TIRE,SPOKES/MOLD EA	1/1/2008	$93.69	Y	Referral Required		
K0070		REAR WHEEL ASSMB,COMP W/PNEU TIRE,SPOKES/MOLDED EA	1/1/2008	$171.79	Y	Referral Required		
K0071		FRONT CASTER ASSMB, COMP W/PNEMATIC TIRE, EA	1/1/2008	$102.45	Y	Referral Required		
K0072		FRONT CASTER ASSMB, COMP W/SEMI-PNEUMATIC TIRE, EA	1/1/2008	$57.96	Y	Referral Required		
K0073		CASTER PIN LOCK, EACH	1/1/2008	$31.38	Y	Referral Required		
K0077		FRONT CASTER ASSEMBLY, COMP. W/SOLID TIRE, EA	1/1/2008	$55.17	Y	Referral Required		
K0099		FRONT CASTER FOR POWER W/C	1/1/2008	$75.89	Y	Referral Required		
K0105		IV HANGER	1/1/2008	$93.25	Y	Referral Required		
K0108		OTHER W/C ACCESSORIES		$0.00	Y	Referral Required		
K0155		NON POWER ADJ ZONE PRESSURE REDUCING MATTRESS OVER	1/1/2008	$211.20	N	Referral Required		
K0183		NASAL APPLICATION DEVICE USE W/CPAP	1/1/2008	$76.66	N	Referral Required		
K0184		NASAL PILLOWS/SEAL REPLACEMENT FOR NASAL APPLIC DE	1/1/2008	$23.49	N	Referral Required		
K0185		HEAD GEAR, USE W/CPAP	1/1/2008	$37.92	N	Referral Required		
K0186		CHIN STRAP, USE W/CPAP	1/1/2008	$17.36	N	Referral Required		

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K0187		TUBING, USED WITH/CPAP	1/1/2008	$39.12	N	Referral Required		
K0188		FILTER, DISPOS,USE W/CPAP	1/1/2008	$5.14	N	Referral Required		
K0189		FILTER, NON-DISPOS-USE W/CPAP	1/1/2008	$14.62	N	Referral Required		
K0195		ELEVATING LEG REST, PAIR (USE W/CAPPED RENTAL WC)	1/1/2008	$181.40	Y	Referral Required		
K0455		INFUSION PUMP FOR UNINTERRUPTED ADMINISTRATION OF EPOPROSTENOL	1/1/2008	$2,526.40	N	Referral Required		
K0462		TEMPORARY REPLACEMENT OF PT OWNED EQUIP BEING REPAIRED ANY TYPE		$0.00	Y	Referral Required		
K0552		SUPPLIES FOR EXTERNAL INFUSION PUMP SYRINGE TYPE CARTRIDGE STERILE; EACH	1/1/2008	$2.61	N	Referral Required		
K0601		REPLACEMENT BATTERY EXTERNAL INFUSION PUMP OWNED BY PT SILVER OXIDE 1.5 EACH	1/1/2008	$1.10	N	Referral Required		
K0602		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PT SILVER OXIDE 3	1/1/2008	$6.36	N	Referral Required		
K0603		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PT ALKALINE 1.5 EACH	1/1/2008	$0.57	N	Referral Required		
K0604		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PT LITHIUM 3.6V EACH	1/1/2008	$6.09	N	Referral Required		
K0605		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PT LITHIUM 4.5V EACH	1/1/2008	$14.60	N	Referral Required		
K0606		AUTOMATIC EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	4/1/2009	$23,816.10	Y	Referral Required		
K0607		REPLACEMENT BATTERY FOR AUTOMATIC EXTERNAL DEFIBRILLATOR; EACH	1/1/2008	$194.23	N	Referral Required		
K0608		REPLACEMENT GARMENT FOR USE WITH AUTOMATIC EXTERNAL DEFIBRILLATOR; EACH	1/1/2008	$121.21	N	Referral Required		
K0609		REPLACEMENT ELECTRODES FOR USE WITH AUTOMATIC EXTERNAL DEFIBRILLATOR; EACH	1/1/2008	$806.09	N	Referral Required		
K0672		ADDITION TO LOWER EXTREMITY ORTHOSIS, ALL COMPONENTS, REPLACEMENT ONLY, EACH	4/1/2009	$77.85	N	Referral Required		
K0730		CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	4/1/2009	$1,810.22	N	Referral Required		
K0733		POWER WHEELCHAIR ACCESSORY, 12-24 AMP HR SEALED LEAD ACID BATTERY, EACH	1/1/2008	$30.21	N	Referral Required		
K0734		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE 22 IN OR GREATER	1/1/2008	$331.47	Y	Referral Required		
K0735		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, 22 INCHES OR GREATER	1/1/2008	$421.78	Y	Referral Required		
K0736		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, LESS THAN 22 INCHES	1/1/2008	$334.19	Y	Referral Required		
K0737		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION 22 INCHES OR GREATER	1/1/2008	$423.06	Y	Referral Required		
K0738		PORTABLE GASEOUS OXYGEN SYST, RENTAL; HOME COMPRESSOR TO FILL PORTABLE OXYGEN	5/1/2009	$516.30	N	Referral Required		
K0739		REPAIR/NONROUTINE SRV FOR DME OTHER THAN OXYG EQUIP REQ SKILL OF TECH, PR 15 MIN	4/1/2009	$7.00	N	Referral Required		
K0740		REPAIR/NONROUTINE SVC OXYGEN EQUIP REQ TECHNICIAN, LABOR , PER 15 MIN	1/1/2010	$7.00	N	Referral Required		
K0800		POWER OPERATED VEHICLE, GRP 1 STANDARD, PT WEIGHT CAPACITY UP TO & INCL 300 LBS	4/1/2009	$1,169.96	Y	Referral Required		
K0801		POWER OPERATED VEHICLE, GRP 1 HVY DUTY, PT WEIGHT CAPACITY 301-450 LBS	4/1/2009	$1,886.22	Y	Referral Required		
K0802		POWER OPERATED VEHICLE, GRP 1 VERY HVY DUTY, PT WEIGHT CAPACITY 451-600 LBS	4/1/2009	$2,134.59	Y	Referral Required		
K0806		POWER OPERATED VEHICLE, GRP 2 STANDARD, PT WEIGHT CAP UP TO AND INCL 300 LBS	4/1/2009	$1,415.34	Y	Referral Required		
K0807		POWER OPERATED VEHICLE, GRP 2 HEAVY DUTY, PT WEIGHT CAPACITY 301-450 LBS	4/1/2009	$2,147.61	Y	Referral Required		
K0808		POWER OPERATED VEHICLE, GRP 2 VERY HVY DUTY, PT WEIGHT CAPACITY 451-600 LBS	4/1/2009	$3,322.80	Y	Referral Required		
K0812		POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED		$0.00	Y	Referral Required		
K0813		POWER WHEELCHAIR, GRP 1 PRTBL SLING/SOLID SEAT/BACK, PT WEIGHT UP TO&INCL 300LBS	1/1/2008	$2,533.02	Y	Referral Required		
K0814		POWER WHEELCHAIR, GRP 1 , PORTABLE, CAPT CHAIR, PT WEIGHT CAP UP TO/INCL 300 LBS	1/1/2008	$3,242.19	Y	Referral Required		
K0815		POWER WHEELCHAIR, GRP 1 STANDARD, PT WEIGHT CAPACITY UP TO & INCL 300 LB	1/1/2008	$3,692.12	Y	Referral Required		
K0816		POWER WHEELCHAIR, GRP 1 STANDARD, CAPT CHAIR, PT WEIGHT CAP UP TO & INCL 300 LBS	1/1/2008	$3,535.77	Y	Referral Required		
K0820		POWER WHEELCHAIR, GRP 2 STANDARD, PORTABLE, PT WEIGHT CAP UP TO & INCL 300 LBS	1/1/2008	$2,705.43	Y	Referral Required		
K0821		POWER WHEELCHAIR, GRP 2 STANDARD, CAPT CHAIR, PT WEIGHT UP TO & INCL 300 LBS	1/1/2008	$3,473.09	Y	Referral Required		
K0822		POWER WHEELCHAIR, GRP 2 STANDARD, PT WEIGHT CAP UP TO & INCL 300 LBS	1/1/2008	$4,208.51	Y	Referral Required		
K0823		POWER WHEELCHAIR, GRP 2 STANDARD, CAPT CHAIR, PT WEIGHT CAP UP TO & INCL 300 LBS	1/1/2008	$4,224.89	Y	Referral Required		
K0824		POWER WHEELCHAIR, GRP 2 HVY DUTY, PT WEIGHT CAPACITY 301 TO 450 LBS	1/1/2008	$5,084.84	Y	Referral Required		
K0825		POWER WHEELCHAIR, GRP 2 HVY DUTY, CAPT CHAIR, PT WEIGHT CAP 301-450 LBS	1/1/2008	$4,441.08	Y	Referral Required		
K0826		POWER WHEELCHAIR, GRP 2 VERY HVY DUTY, PT WEIGHT CAP 451-600 LBS	1/1/2008	$6,582.77	Y	Referral Required		
K0827		POWER WHEELCHAIR, GRP 2 VERY HVY DUTY, CAPT CHAIR, PT WEIGHT CAP 451-600 LBS	1/1/2008	$5,597.45	Y	Referral Required		

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K0828		POWER WHEELCHAIR, GRP 2 EXTRA HVY DUTY, PT WEIGHT CAP 601 LBS OR MORE	1/1/2008	$7,253.61	Y	Referral Required		
K0829		POWER WHEELCHAIR, GRP 2 EXTRA HVY DUTY, CAPT CHAIR, PT WEIGHT 601 LBS OR MORE	1/1/2008	$6,660.89	Y	Referral Required		
K0830		POWER WHEELCHAIR, GRP 2 STNDRD, SEAT ELEV, PT WEIGHT CAP UP TO & INCL 300 LBS	1/1/2008	$4,109.81	Y	Referral Required		
K0831		POWER WHEELCHAIR, GRP 2, SEAT ELEV, CAPT CHAIR, PT WEIGHT CAP UP TO/INCL 300 LBS	1/1/2008	$4,109.81	Y	Referral Required		
K0835		POWER WHEELCHAIR, GRP 2, SINGLE POWER OPT, PT WEIGHT CAP UP TO & INCL 300 LBS	1/1/2008	$4,338.92	Y	Referral Required		
K0836		POWER WHEELCHAIR, GRP 2, SINGLE POWER OPT, PT WEIGHT CAP UP TO & INCL 300 LBS	1/1/2008	$4,417.88	Y	Referral Required		
K0837		POWER WHEELCHAIR, GRP 2 HVY DTY, SINGLE POWER OPT, PT WEIGHT CAP 301- 450 LBS	1/1/2008	$5,084.84	Y	Referral Required		
K0838		POWER WHEELCHAIR, GRP 2 HVY DTY, SINGLE POWER OPT, PT WEIGHT CAP 301-450 LBS	1/1/2008	$4,590.81	Y	Referral Required		
K0839		POWER WHEELCHAIR, GRP 2 VRY HVY DTY, SINGLE PWR OPT. PT WEIGHT CAP 451- 600 LBS	1/1/2008	$6,582.77	Y	Referral Required		
K0840		POWER WHEELCHAIR, GRP 2 EX HVY DTY, SINGLE PWR OPT, PT WEIGHT CAP 601 LBS/MORE	1/1/2008	$9,973.22	Y	Referral Required		
K0841		POWER WHEELCHAIR, GRP 2 STNDRD, MLTPL PWR OPT, PT WEIGHT CAP UP TO/INCL 300 LBS	1/1/2008	$4,534.53	Y	Referral Required		
K0842		POWER WHEELCHAIR, GRP 2, MLTPL PWR OPTIONS, PT WEIGHT CAP UP TO/ INCL 300LBS	1/1/2008	$4,534.53	Y	Referral Required		
K0843		POWER WHEELCHAIR, GRP 2 HVY DTY, MULTIPLE PWR OPT, PT WEIGHT CAP 301-450 LBS	1/1/2008	$5,459.58	Y	Referral Required		
K0848		POWER WHEELCHAIR, GRP 3, PT WEIGHT CAP UP TO & INCL 300 LBS	1/1/2008	$5,705.28	Y	Referral Required		
K0849		POWER WHEELCHAIR, GRP 3 STANDARD, CAPT CHAIR, PT WEIGHT CAP UP TO & INCL 300 LBS	1/1/2008	$5,334.74	Y	Referral Required		
K0850		POWER WHEELCHAIR, GRP 3 HVY DTY, SLING/SLD SEAT/BACK, PT WEIGHT CAP 301-450 LBS	1/1/2008	$6,446.90	Y	Referral Required		
K0851		POWER WHEELCHAIR, GRP 3 HVY DTY, CAPT CHAIR, PT WEIGHT CAP 301-450 LBS	1/1/2008	$6,028.47	Y	Referral Required		
K0852		POWER WHEELCHAIR, GRP 3 VRY HVY DTY, SLING/SOLID SEAT, PT WEIGHT CAP 451-600 LBS	1/1/2008	$7,436.73	Y	Referral Required		
K0853		POWER WHEELCHAIR, GRP 3 VRY HVY DTY, CAPT CHAIR, PT WEIGHT CAP 451-600 LBS	1/1/2008	$7,639.38	Y	Referral Required		
K0854		POWER WHEELCHAIR, GRP 3 EX HVY DTY, SLING/SOLID SEAT, PT WEIGHT CAP 601 LBS/MORE	1/1/2008	$10,120.53	Y	Referral Required		
K0855		POWER WHEELCHAIR, GRP 3 EX HVY DTY, CAPT CHAIR, PT WEIGHT CAP 601 LBS/ MORE	1/1/2008	$9,560.36	Y	Referral Required		
K0856		POWER WHEELCHAIR, GRP 3, SLING/SOLID. PT WEIGHT CAP UP TO&INCL 300LBS	1/1/2008	$5,955.92	Y	Referral Required		
K0857		POWER WHEELCHAIR, GRP 3 , CAPT CHAIR, PT WEIGHT CAP UP TO & INCL 300 LBS	1/1/2008	$6,075.30	Y	Referral Required		
K0858		POWER WHEELCHAIR, GRP 3 HVY DTY, SLING/SOLID SEAT/BACK, PT WEIGHT 301-450 LBS	1/1/2008	$7,389.48	Y	Referral Required		
K0859		POWER WHEELCHAIR, GRP 3 HVY DTY, CAPT CHAIR, PT WEIGHT CAP 301-450 LBS	1/1/2008	$6,865.01	Y	Referral Required		
K0860		POWER WHEELCHAIR, GRP 3 VRY HVY DTY, SLNG/SLD ST/BCK, PT WEIGHT CAP 451-600LBS	1/1/2008	$10,556.81	Y	Referral Required		
K0861		POWER WHEELCHAIR, GRP 3, PT WEIGHT CAP UP TO & INCL 300 LBS	1/1/2008	$5,965.47	Y	Referral Required		
K0862		POWER WHEELCHAIR, GRP 3 HVY DTY, MULTIPLE PWR OPT, PT WEIGHT CAP 301-450 LBS	1/1/2008	$7,389.48	Y	Referral Required		
K0863		POWER WHEELCHAIR, GRP 3 VRY HVY DTY, MULTIPLE PWR OPT, PT WEIGHT CAP 451-600 LBS	1/1/2008	$10,556.81	Y	Referral Required		
K0864		POWER WHEELCHAIR, GRP 3 EX HVY DTY, MULTIPLE PWR OPT, PT WEIGHT CAP 601 LBS/MORE	1/1/2008	$12,562.73	Y	Referral Required		
K0868		POWER WHEELCHAIR, GRP 4, PT WEIGHT CAP UP TO & INCL 300 LBS		$0.00	Y	Referral Required		
K0869		POWER WHEELCHAIR, GRP 4, CAPT CHAIR, PT WEIGHT CAP UP TO & INCL 300 LBS		$0.00	Y	Referral Required		
K0870		POWER WHEELCHAIR, GRP 4 HVY DTY, SLING/SOLID SEAT/BK, PT WEIGHT CAP 301-450 LBS		$0.00	Y	Referral Required		
K0871		POWER WHEELCHAIR, GRP 4 VRY HVY DTY, SLING/SOLID SEAT, PT WEIGHT CAP 451-600 LBS		$0.00	Y	Referral Required		
K0877		POWER WHEELCHAIR, GRP 4 STANDARD, PT WEIGHT CAP UP TO & INCL 300 LBS		$0.00	Y	Referral Required		
K0878		POWER WHEELCHAIR, GRP 4 STANDARD, CAPT CHAIR, PT WEIGHT CAP UP TO/INCL 300LBS		$0.00	Y	Referral Required		
K0879		POWER WHEELCHAIR, GRP 4 HVY DTY, PT WEIGHT CAP 301-450 LBS		$0.00	Y	Referral Required		
K0880		POWER WHEELCHAIR, GRP 4 VRY HVY DTY, PT WEIGHT 451- 600 LBS		$0.00	Y	Referral Required		
K0884		POWER WHEELCHAIR, GRP 4 STANDARD, PT WEIGHT CAP UP TO & INCL 300 LBS		$0.00	Y	Referral Required		
K0885		POWER WHEELCHAIR, GRP 4, CAPT CHAIR, PT WEIGHT CAP UP TO & INCL 300 LBS		$0.00	Y	Referral Required		
K0886		POWER WHEELCHAIR, GRP 4 HVY DTY, MULTIPLE PWR OPT, PT WEIGHT CAP 301-450 LBS		$0.00	Y	Referral Required		
K0890		POWER WHEELCHAIR, GRP 5 PEDIATRIC, PT WEIGHT CAP UP TO & INCL 125 LBS		$0.00	Y	Referral Required		
K0891		POWER WHEELCHAIR, GRP 5 PEDIATRIC, PT WEIGHT CAPACITY UP TO & INCL 125 LBS		$0.00	Y	Referral Required		
K0898		POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED		$0.00	Y	Referral Required		
K6219		GAUZE,NON-IMPREGNATED 16 SQ.IN. OR LESS W/ADHESIVE	1/1/2008	$0.89	N	Referral Required		

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L0112		CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORICOLLIS TYPE, W OR W/O SOFT INTERFACE	1/1/2008	$1,099.77	Y	Referral Required		
L0113		CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT		$0.00	Y	Referral Required		
L0120		CERVICAL FLEXIBLE NON-ADJUST (FOAM COLLAR)	1/1/2008	$24.90	N	Referral Required		
L0130		FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED	1/1/2008	$138.55	N	Referral Required		
L0140		CERVICAL SEMI RIGID ADJUSTABLE PLASTIC COLLAR	1/1/2008	$60.08	N	Referral Required		
L0150		SEMI-RIGID, ADJUSTABLE MOLDED CIN CUP PLASTIC COL	1/1/2008	$80.01	N	Referral Required		
L0160		SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPOR	1/1/2008	$110.24	N	Referral Required		
L0170		CERVICAL, COLLAR, MOLDED TO PATIENT	1/1/2008	$534.73	N	Referral Required		
L0172		COLLAR, SEMI-RIGID, THERMOPLASTIC FORM, TWO PIECE	1/1/2008	$96.50	N	Referral Required		
L0174		COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE	1/1/2008	$203.19	N	Referral Required		
L0180		MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORT	1/1/2008	$296.26	N	Referral Required		
L0190		MULTIPLE POST COLLAR, W/ADJ BARS, (SOMI, GUILFORD,	1/1/2008	$416.79	N	Referral Required		
L0200		MULTIPLE POST COLLAR, ADJ CERVICAL BARS, THORACIC	1/1/2008	$465.41	N	Referral Required		
L0220		RIB BELT, CUSTOM FABRICATED	1/1/2008	$92.73	N	Referral Required		
L0300		THORACIC LUMBAR SACRAL OR THOSIS, FLEXIBLE, FITTED	1/1/2008	$161.54	N	Referral Required		
L0310		TLSO, FLEXIBLE, CUSTOM FABRICATED	1/1/2008	$268.54	N	Referral Required		
L0315		TLSO, FLEXIBLE ELASTIC RIGID POSTERIOR PANEL	1/1/2008	$224.89	N	Referral Required		
L0317		TLSO, FLEXIBLE, HYPERTENSION, ELASTIC RIGID POSTER	1/1/2008	$334.80	N	Referral Required		
L0320		TLSO, ANTERIOR-POSTERIOR CONTROL (TAYLOR TYPE) APR	1/1/2008	$332.08	N	Referral Required		
L0321		TLSO ANTERIOR-POSTERIOR CONTROL W/RIGID OR SEMI-RIGID POSTERIOR PANEL PRE-FAB	1/1/2008	$317.81	N	Referral Required		
L0330		TLSO, (KNIGHT TAYLOR TYPE) APRON FRONT	1/1/2008	$398.59	N	Referral Required		
L0331		TLSO ANTERIOR-POSTERIOR-LATERAL CONTROL W/RIGID OR SEMI-REGID POSTERIOR PANEL	1/1/2008	$370.52	N	Referral Required		
L0340		TLSO,ARNOLD MAGNUSON STEINDLER TYPE,APRON FRONT	1/1/2008	$477.31	N	Referral Required		
L0350		FLEXION COMPRESSION JACKET CUSTOM FITTED	1/1/2008	$776.38	N	Referral Required		
L0360		TLSO, FLEXION COMPRESSION JACKET, MOLDED	1/1/2008	$1,012.27	N	Referral Required		
L0370		TLSO, ANTER/POST/LATER ROTARY CONTROL, HYPEREXTENS	1/1/2008	$339.74	N	Referral Required		
L0380		TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CTRL W/EXT	1/1/2008	$479.53	N	Referral Required		
L0390		TLSO, BODY-JACKET, MOLDED	1/1/2008	$1,171.47	N	Referral Required		
L0391		TLSO ANTERIOR-POSTERIOR-LATERAL CONTROL W/RIGID OR SEMI-RIGID POSTERIOR PANEL	1/1/2008	$482.96	N	Referral Required		
L0400		TLSO, BODY JACKET MOLDED, INTERFACE MATERIAL	1/1/2008	$1,193.91	N	Referral Required		
L0410		TLSO, BODY JACKET, TWO-PIECE	1/1/2008	$1,250.84	N	Referral Required		
L0420		TLSO, BODY JACKET, 2-PIECE, MOLDED, W/INTERFACE	1/1/2008	$1,327.07	N	Referral Required		
L0430		TLSO, BODY JACKET, W/INTERFACE MATERIAL,CUSTOM FIT	1/1/2008	$943.12	N	Referral Required		
L0440		TLSO,BDY JKT,OVERLAP FRNT,SPRING STEEL,CUSTOM FIT	1/1/2008	$788.54	N	Referral Required		
L0450		TLSO PREFAB FLEXIBLE UPPER THORACIC INCLUDES SHOULDER STRAP CLOSURE FITTING ADJ	1/1/2008	$172.77	N	Referral Required		
L0452		TLSO CUSTOM FAB FLEXIBLE UPPER THORACIC INCLUDES SHOULDER STRAPS CLOSURE FITTING		$0.00	N	Referral Required		
L0454		TLSO PREFAB FLEXIBLE SACRO JUNC TO T-9 INCLUDE SHOULDER STRAP CLOSURE FITTING AD	1/1/2008	$272.52	N	Referral Required		
L0456		TLSO PREFAB FLEXIBLE SACRO JUNC TO SCAPULAR SPINE INCLUDES FITTING AND ADJUSTMEN	1/1/2008	$781.51	N	Referral Required		
L0458		TLSO PREFAB TRIPLANAR ANT SYMPH PUBIS TO XIPHOID 2 RIGID PLASTIC SHELLS	1/1/2008	$700.77	N	Referral Required		
L0460		TLSO PREFAB TRIPLANAR ANT SYMP PUBIS TO STERNAL NOTCH 2 RIGID PLASTIC SHELLS	1/1/2008	$788.75	N	Referral Required		
L0462		TLSO PREFAB TRIPLANAR 3 RIGID SHELLS SYMPH PUBIS TO STERNAL NOTCH	1/1/2008	$307.58	N	Referral Required		
L0464		TLSO PREFAB TRIPLANAR 4 RIGID SHELLS SYMPH PUBIS TO STERNAL NOTCH	1/1/2008	$1,167.97	N	Referral Required		
L0466		TLSO PREFAB SAGGITAL CONTROL RIGID POST FLEXIBLE ANT INCLUDES FITTING AND ADJUST	1/1/2008	$355.15	N	Referral Required		
L0468		TLSO PREFAB SAG-CORONAL CONTROL INCLUDES FITTING AND ADJ	1/1/2008	$426.29	N	Referral Required		
L0470		PREFAB TRIPLANAR RIGID POST FRAME FLEXIBLE ANT INCLUDES FITTING AND ADJUSTMENT	1/1/2008	$511.66	N	Referral Required		

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L0472		TLSO PREFAB TRIPLANER HYPEREXTENSION INCLUDES SHAPING FRAME FITTING AND ADJUST	1/1/2008	$363.35	N	Referral Required		
L0480		TLSO CUSTOM FAB SAG CORONAL FLEXION COMPRESSION JACKET W/OUT INTERFACE LINING	1/1/2008	$1,252.86	N	Referral Required		
L0482		TLSO, TRIPLANER CONTROL, ONE PIECE, INC. CARVED PLASTER/CAD-CAM, CUSTOM FABRICAT	1/1/2008	$1,276.86	N	Referral Required		
L0484		TLSO, TRIPLANER CONTROL, TWO PIECE INC CARVED PLASTER/CAD-CAM CUSTOM FABRICATED	1/1/2008	$1,337.75	N	Referral Required		
L0486		TLSO, TRIPLANER CONTROL,TWO PIECE INC. CARVED PLASTER/CAD-CAM, CUSTOM FABRICATED	1/1/2008	$912.96	N	Referral Required		
L0488		TLSO, TRIPLANER CONTROL, ONE PIECE, PREFABRICATED, INC. FITTING & ADJUSTMENT	1/1/2008	$788.75	N	Referral Required		
L0490		TLSO, SAGITTAL-CORONAL CONTROL, 1 PIECE, PREFABRICATED, INC. FITTING & AJUST	1/1/2008	$222.28	N	Referral Required		
L0491		CORONAL CONTROL	1/1/2008	$603.47	N	Referral Required		
L0492		TLSO CORONAL CONTROL INCL FITTING AND ADJ.	1/1/2008	$396.93	N	Referral Required		
L0621		SACROILIAC ORTHOSIS, INC FITTING AND ADJ	1/1/2008	$90.97	N	Referral Required		
L0622		SACROILIAC ORTHOSIS, CUSTOM FABRICATED	1/1/2008	$241.43	N	Referral Required		
L0623		SACROILIAC ORTHOSIS, PRE FABRICATED INCL FITTING AND ADJ		$0.00	N	Referral Required		
L0624		SACROILIAC ORTHOSIS, CUSTOM FABRICATED, SEMI RIGID PANELS		$0.00	N	Referral Required		
L0625		LUMBAR ORTHOSIS, PREFABRICATED, FROM L-1 TO BELOW L-5, INCL FITTING AND ADJ	1/1/2008	$43.27	N	Referral Required		
L0626		LUMBAR ORTHOSIS, FROM L-1 TO BELOW L-5, INCL FITTING AND ADJ	1/1/2008	$61.25	N	Referral Required		
L0627		LUMBAR ORTHOSIS, SAGITTAL CONTROL FROM L-1 TO BELOW L-5, INCL FITTING AND ADJ	1/1/2008	$322.98	N	Referral Required		
L0628		LUMBAR SACRAL ORTHOSIS,	1/1/2008	$65.92	N	Referral Required		
L0629		LUMBAR SACRAL ORTHOSIS, FLEXIBLE		$0.00	N	Referral Required		
L0630		LUMBAR SACRAL ORTHOSIS, SAGITAL	1/1/2008	$127.26	N	Referral Required		
L0631		LUMBAR SACRAL ORTHOSIS, SAGITAL CONTROL WITH RIGID ANTERIOR/POSTERIOR PANELS	1/1/2008	$806.64	N	Referral Required		
L0632		LUMBAR SACRAL ORTHOSIS, SAGITAL CONTROL WITH RIGID ANTERIOR/POSTERIOR PANELS		$0.00	N	Referral Required		
L0633		LUMBAR SACRAL ORTHOSIS, SAGITAL CONTROL WITH RIGID POSTERIOR PANELS	1/1/2008	$225.31	N	Referral Required		
L0634		LUMBAR SACRAL ORTHOSIS, SAGITAL CONTROL WITH RIGID POSTERIOR FRAME/PANELS		$0.00	N	Referral Required		
L0635		LUMBAR SACRAL ORTHOSIS, SAGITAL CONTROL LUMBAR FLEXION	1/1/2008	$830.31	N	Referral Required		
L0636		LUMBAR SACRAL ORTHOSIS, SAGITAL CONTROL TO FLEX THE LUMBAR SPINE	1/1/2008	$1,082.60	N	Referral Required		
L0637		LUMBAR SACRAL ORTHOSIS, SAGITAL CORONAL CONTROL	1/1/2008	$883.16	N	Referral Required		
L0638		LUMBAR SACRAL ORTHOSIS, SAGITAL CORONAL CONTROL WITH RIGID	1/1/2008	$1,036.35	N	Referral Required		
L0639		LUMBAR SACRAL ORTHOSIS, SAGITAL CORONAL CONTROL WITH RIGID SHELLS/PANEL	1/1/2008	$883.16	N	Referral Required		
L0640		LUMBAR SACRAL ORTHOSIS, SAGITAL CORONAL CONTROL WITH RIGID SHELLS/PANEL	1/1/2008	$822.21	N	Referral Required		
L0700		CTLSO, MOLDED (MINERVA TYPE)	1/1/2008	$1,422.98	N	Referral Required		
L0710		CTLSO, MOLDED W/INTERFACE MATERIAL (MINERVAL)	1/1/2008	$1,607.24	N	Referral Required		
L0810		CERVICAL HALO INCORPORATED INTO JACKET	1/1/2008	$1,935.23	N	Referral Required		
L0820		CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKT	1/1/2008	$1,900.54	N	Referral Required		
L0830		CERVICAL HALO INCORPORATED INTO MILWAUKEE ORTHOSIS	1/1/2008	$2,665.78	N	Referral Required		
L0839		BREAST PROSTHESIS, NOS		$0.00	N	Referral Required		
L0859		ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS	1/1/2008	$917.03	N	Referral Required		
L0861		ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	4/1/2009	$190.48	N	Referral Required		
L0900		TORSO SUPPORT, PTOSIS SUPPORT, CUSTOM FITTED	1/1/2008	$133.08	N	Referral Required		
L0910		TORSO SUPPORT, PTOSIS SUPPORT, CUSTOM FABRICATED	1/1/2008	$260.06	N	Referral Required		
L0920		TORSO SUPPORT, PEODULOUS ABDOMEN SUPPORT,CUSTM FIT	1/1/2008	$132.08	Y	Referral Required		
L0930		TORSO SUPPORT, PENDULOUS ABDOMEN SUPPORT, CUSTOM F	1/1/2008	$293.37	Y	Referral Required		
L0940		TORSO SUPPORT, POST SURGICAL SUPPORT, CUSTOM FITTE	1/1/2008	$127.18	N	Referral Required		
L0950		TORSO SUPPORT, POST-SURGICAL SUPPORT, CUSTOM FABRI	1/1/2008	$254.41	N	Referral Required		
L0970		TLSO, CORSET FRONT	1/1/2008	$80.44	N	Referral Required		
L0972		LSO CORSET FRONT	1/1/2008	$72.44	N	Referral Required		

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L0974		TLSO, FULL CORSET	1/1/2008	$130.38	N	Referral Required		
L0976		LSO, FULL CORSET	1/1/2008	$137.79	N	Referral Required		
L0978		AXILLARY CRUTCH EXTENSION	1/1/2008	$144.43	N	Referral Required		
L0980		PERONEAL STRAPS, PAIR	1/1/2008	$13.07	N	Referral Required		
L0982		STOCKING SUPPORTER GRIPS (4)	1/1/2008	$12.19	N	Referral Required		
L0984		PROTECTIVE BODY SOCK, EACH	1/1/2008	$48.12	N	Referral Required		
L0986		RIGID OR SEMI-RIGID ABDOMINAL PANEL PRE-FABRICATED	1/1/2008	$107.93	N	Referral Required		
L0999		ADDITION TO SPINAL ORTHOSIS- NOS		$0.00	Y	Referral Required		
L1000		CTLSO, (MILWAUKEE) INCLUDING INITIAL ORTHOSIS & MO	1/1/2008	$1,711.48	N	Referral Required		
L1001		CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, INFANT SIZE, PREFAB, INCL FITTING/ADJ		$0.00	N	Referral Required		
L1005		AND ACCESSORY PADS INCLUDES FITTING AND ADJUSTMENTS	1/1/2008	$2,487.57	N	Referral Required		
L1010		ADDN TO CTLSO, SCHOLIOSIS ORTHO, AXILLA SLING	1/1/2008	$49.00	N	Referral Required		
L1020		ADDN TO CTLSO, SCOLIOSIS ORTHO, KYPHOSIS PAD	1/1/2008	$71.84	N	Referral Required		
L1025		ADDN TO CTLSO, SCOLIOSIS ORTH, KYPHOSIS PAD, FLOA	1/1/2008	$87.77	N	Referral Required		
L1030		ADDN TO CTLSO, SCOLIOSIS ORTHO, LUMBAR	1/1/2008	$45.99	N	Referral Required		
L1040		ADDN TO CTLSO, SCOLIOSIS ORTHO, LUMBAR/LUMBAR RIB	1/1/2008	$67.92	N	Referral Required		
L1050		ADDN TO CTSLO, SCOLIOSIS ORTHO, STERNAL PAD	1/1/2008	$72.13	N	Referral Required		
L1060		ADDN TO CTLSO, SCOLIOSIS ORTHO, THORACIC PAD	1/1/2008	$79.33	N	Referral Required		
L1070		ADDN TO CTLSO, SCOLIOSIS ORTHO, TRAPEZIUS SLING	1/1/2008	$71.68	N	Referral Required		
L1080		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	1/1/2008	$44.31	N	Referral Required		
L1085		ADD. TO CTLSO, OUTRIGGER, BILATERAL, VERTICAL EXT.	1/1/2008	$115.67	N	Referral Required		
L1090		ADDITION TO CTLSO, LUMBAR SLING	1/1/2008	$69.96	N	Referral Required		
L1100		ADDITION TO CTLSO, RING FLANGE PLASTIC/LEATHER	1/1/2008	$127.13	N	Referral Required		
L1110		ADDN. TO CTLSO, RING FLANGE, PLASTIC/LEATHER MOLDE	1/1/2008	$210.38	N	Referral Required		
L1120		ADDITION TO CTLSO, COVER FOR UPRIGHT, EACH	1/1/2008	$34.60	N	Referral Required		
L1200		TLSO, INCLUDES FURNISHING INITIAL ORTHOSIS ONLY	1/1/2008	$1,470.42	N	Referral Required		
L1210		TLS ORTHOSIS, LATERAL THORACIC EXTENSION	1/1/2008	$184.17	N	Referral Required		
L1220		ADDITION TO TLSO, ANTERIOR THORECIC EXTENSION	1/1/2008	$190.75	N	Referral Required		
L1230		TLSO, MILWAUKEE TYPE SYPERSTRUCTURE	1/1/2008	$400.11	N	Referral Required		
L1240		TLSO, LUMBAR SEROTATION PAD	1/1/2008	$58.42	N	Referral Required		
L1250		TLSO, ANTERIOR ASIS PAD	1/1/2008	$53.43	N	Referral Required		
L1260		TLSO, ANTERIOR THORACIC DEROTATION PAD	1/1/2008	$56.40	N	Referral Required		
L1270		ADDITION TO TLSO ABDOMINAL PAD	1/1/2008	$54.54	N	Referral Required		
L1280		TLSO, RIB GUSSETT (ELASTIC) EACH	1/1/2008	$63.17	N	Referral Required		
L1290		TLSO LATERAL TROCHANTERIC PAD	1/1/2008	$56.51	N	Referral Required		
L1300		BODY JACKETN MOLDED	1/1/2008	$1,189.01	N	Referral Required		
L1310		POST-OPERATIVE BODY JACKET	1/1/2008	$1,331.77	N	Referral Required		
L1499		UNLISTED PROCEDURE FOR SPINAL ORTHOSIS		$0.00	N	Referral Required		
L1500		THKAO, MOBILITY FRAME (NEWINGTON, PARAPODIUM TYPE)	1/1/2008	$1,561.67	N	Referral Required		
L1510		THKAO, STANDING FRAME	1/1/2008	$994.81	N	Referral Required		
L1520		THKAO, SWIVEL WALKER	1/1/2008	$1,942.02	N	Referral Required		
L1600		HO,ABDUCTION, FLEXIBLE, FRESKA W/COVER	1/1/2008	$90.70	N	Referral Required		
L1610		HO,ABDUCTION, FLEXIBLE, FRESKA COVER ONLY	1/1/2008	$30.90	N	Referral Required		
L1620		HO, ABDUCTION, FLEXIBLE, PAVLIK HARNESS	1/1/2008	$99.36	N	Referral Required		
L1630		HO,ABDUCTION,SEMI/FLEX (VON-ROSEN TYPE)	1/1/2008	$128.82	N	Referral Required		

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L1640		HIP ORTHOSIS, PELVIC BAND/SPREADER BAR, THIGH CUFF	1/1/2008	$339.76	N	Referral Required		
L1650		HO,ABDUCTION,STATIC,ADJUST,CUSTOM FIT, (ILFLED)	1/1/2008	$162.96	N	Referral Required		
L1652		HIP ORTHOSIS, BILATERAL CUFFS, ADULT, PREFABRICATED, INC FITTING AND ADJUSTMENT	1/1/2008	$280.10	N	Referral Required		
L1660		HO,ABDUCTION, STATIC, PLASTIC, CUSTOM FIT	1/1/2008	$130.53	N	Referral Required		
L1670		HO,ABDUCTION,DUNAMIC,ATTCH TO SHOE,(CRAIG TYPE)	1/1/2008	$56.21	N	Referral Required		
L1680		HO, ABDUCT,ADJ HIP MOTION CONTRO,THIGH CUFF,RANCHO	1/1/2008	$1,143.46	N	Referral Required		
L1685		HO, ABDUCTION, POST-OP, CUSTOM FABRICATED	1/1/2008	$837.22	N	Referral Required		
L1686		HO,ABDUCTION,POST-OP,CUSTOM FIT	1/1/2008	$651.05	N	Referral Required		
L1690		COMBINATION BILATERAL LUMBO-SACRAL HIP FEMUR ORTHOSIS ADDUC. INTERNAL ROTATION	1/1/2008	$1,420.74	N	Referral Required		
L1700		LEGG PERTHES ORTHOSIS, TORONTO TYPE	1/1/2008	$1,156.00	N	Referral Required		
L1710		LEGG PERTHES ORTHOSIS, NEWINGTON TYPE	1/1/2008	$1,398.64	N	Referral Required		
L1720		LEGG PERTHES ORTHOSIS, TRILATERAL (TACHDIJAN TYPE)	1/1/2008	$975.68	N	Referral Required		
L1730		LEGG, PERTHES ORTHOSIS, SCOTTISA RITE TYPE	1/1/2008	$832.47	N	Referral Required		
L1755		LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE)	1/1/2008	$1,114.37	N	Referral Required		
L1810		KO ELASTIC WITH JOINTS	1/1/2008	$80.25	N	Referral Required		
L1820		KNEE ORTHOSES, ELASTIC W/CONDYLE PADS AND JOINTS	1/1/2008	$101.53	N	Referral Required		
L1830		KO, IMMOBILIZER, CANVAS LONGITUDINAL	1/1/2008	$78.69	N	Referral Required		
L1831		KNEE ORTHOSIS, LOCKING KNEE JOINT(S) POSITIONAL ORTHO, PREFAB, INCL FIT AND ADJ	1/1/2008	$231.26	N	Referral Required		
L1832		KO, ADJUSTABLE, POSITIONAL, RIGID, CUSTOM FITTED	1/1/2008	$427.92	N	Referral Required		
L1834		KO, WITHOUT KNEE JOINT, RIGID, MOLDED	1/1/2008	$546.37	N	Referral Required		
L1836		KNEE ORTHOSIS, RIGID W/O JOINTS, PREFABRICATED, INC. FITTING AND ADJUSTMENT	1/1/2008	$104.84	N	Referral Required		
L1840		KO, CUSTOM, MED/LAT, ANTERIOR CRUCIATE LIGAMENT	1/1/2008	$748.62	N	Referral Required		
L1843		KO, SIGNLE UPRIGHT,THEIGH/CALF,W/ADJUST.FLEXION & EXT.JOINT...CUSTOM FITTED	1/1/2008	$659.23	N	Referral Required		
L1844		KO SINGLE UPRIGHT THIGH/CALF W/ADJ FLEXION/EXT JOI	1/1/2008	$1,480.85	N	Referral Required		
L1845		KO, DBL UPRIGHT, ADJ FLEX/EXT JOINT, CUSTOM FIT	1/1/2008	$597.47	N	Referral Required		
L1846		KO, DBL. UPRIGHT ADJ. FLEX/EXT. JOINT, MOLDED	1/1/2008	$928.14	N	Referral Required		
L1847		KNEE ORTHOSIS DOUBLE UPRIGHT W/ ADJUSTABLE JOINT W/ INFLATABLE AIR SUPPORT	1/1/2008	$422.57	N	Referral Required		
L1850		KO, SWEDISH TYPE	1/1/2008	$226.25	N	Referral Required		
L1860		KO, MODIFIED SUPRACONDYLAR PROSTH. SOCKET, MOLDED	1/1/2008	$923.43	N	Referral Required		
L1900		ANKLE-FOOT ORTHOSIS	1/1/2008	$209.34	N	Referral Required		
L1902		AFO, ANKLE GAUNTLET, CUSTOM FITTED	1/1/2008	$68.90	N	Referral Required		
L1904		AFO, MOLDED ANKLE GAUNTLET	1/1/2008	$330.99	N	Referral Required		
L1906		AFO, MULTILAGEMNTUS ANKLE SUPPORT	1/1/2008	$84.65	N	Referral Required		
L1907		AFO, SUPRAMALLEOLAR W/STRAPS, W OR W/O INTERFACE/PADS, CUSTOM FABRICATED	1/1/2008	$442.14	N	Referral Required		
L1910		AFO POST. SINGLE BAR, CLASP ATTACH TO SHOE COUNTER	1/1/2008	$238.09	N	Referral Required		
L1920		AFO, S UPRIGHT STATIC/ADJ STOP (PHELPS/PERLSTEIN)	1/1/2008	$315.39	N	Referral Required		
L1930		AFO, CUSTOM FITTED, PLASTIC	1/1/2008	$194.46	N	Referral Required		
L1932		AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER/EQUAL MATERIAL, PREFAB	1/1/2008	$701.18	N	Referral Required		
L1940		AFO MOLDED TO PATIENT MODEL PLASTIC	1/1/2008	$373.93	N	Referral Required		
L1945		AFO, MOLDED PLASTIC, RIGID ANTERIOR TIBIAL SECTION	1/1/2008	$735.22	N	Referral Required		
L1950		ACO, SPIRAL, MOLDED (IRM TYPE) PLASTIC	1/1/2008	$699.02	N	Referral Required		
L1951		AFO, SPIRAL (INSTITUTE OF REHAB MEDICINE TYPE) PLASTIC OR OTHER MATERIAL, PREFAB	1/1/2008	$659.91	N	Referral Required		
L1960		AFO POST SOLID ANKLE MOLDED TO PT MODEL PLASTIC	1/1/2008	$390.14	N	Referral Required		
L1970		AFO PLASTIC MOLDED TO PATIENT MODEL W/ ANKLE JOINT	1/1/2008	$520.64	N	Referral Required		
L1971		AFO, PLASTIC OR OTHER MAT W/ANKLE JOINING, PREFABRICATION INCL FIT AND ADJ	1/1/2008	$368.30	N	Referral Required		

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L1980		AFO, S UPRIGHT, STIRRUP CALF BAND/CUFF (SINGLE BK)	1/1/2008	$330.38	N	Referral Required		
L1990		AFO, DBL UPRIGHT FREE PLANTAR DORSFLEXION STIRRUP	1/1/2008	$399.20	N	Referral Required		
L2000		KAFO, S UPRIGHT, STIRRUP, THIGH & CALF BANDS/CUFFS	1/1/2008	$951.87	N	Referral Required		
L2005		KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, CUSTOM FAB	4/1/2009	$3,621.39	N	Referral Required		
L2010		KAFO, SINGLE UPRIGHT, STIRRUP, NO KNEE JOINT	1/1/2008	$859.27	N	Referral Required		
L2020		KAFO DBL UPRIGHT FREE KNEE & ANKLE SOLID STIRRUP	1/1/2008	$1,095.80	N	Referral Required		
L2030		KAFO D UPRIGHT, FREE ANKLE, STIRRUP NO KNEE JOINTS	1/1/2008	$943.72	N	Referral Required		
L2034		KNEE, ANKLE, FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT	1/1/2008	$1,600.03	N	Referral Required		
L2035		KAFO, FULL PLASTIC, STATIC, PREFABRICATED (PEDIATRIC SIZE)	1/1/2008	$134.88	N	Referral Required		
L2036		KAFO, FULL PLASTIC, DBL UPRIGHT, FREE KNEE, MOLDED	1/1/2008	$1,684.65	N	Referral Required		
L2037		KAFO, PLASTIC SINGLE UPRIGHT, FREE KNEE, MOLDED	1/1/2008	$1,389.81	N	Referral Required		
L2038		KAFO, PLASTIC, NO KNEE JOINT, MULTI-AXIS ANKLE	1/1/2008	$1,170.79	N	Referral Required		
L2040		HKAFO, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT	1/1/2008	$160.82	N	Referral Required		
L2050		HKAFO TORSION CONTROL BILATERAL CABLES HIP JOINT	1/1/2008	$340.04	N	Referral Required		
L2060		HKAFO, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT	1/1/2008	$481.46	N	Referral Required		
L2070		HKAFO, UNILATERAL ROTATION STRAPS, PELVIC BAND/BLT	1/1/2008	$94.66	N	Referral Required		
L2080		HKAFO, UNI TORSION CABLE, HIP JOINT, PELVIC BAND	1/1/2008	$291.83	N	Referral Required		
L2090		HKAFO UNI TORSION CABLE BALLBEARING HIP, PLVC BND	1/1/2008	$411.51	N	Referral Required		
L2106		AFO, TIBIAL FRACTURE CAST, THERMOPLASTIC, MOLDED	1/1/2008	$493.28	N	Referral Required		
L2108		AFO, TIBIAL FRACTURE CAST, MOLDED	1/1/2008	$843.48	N	Referral Required		
L2112		AFO, TIBIAL FRACTURE ORTHOSIS, CUSTOM FITTED, SOFT	1/1/2008	$340.48	N	Referral Required		
L2114		AFO FX ORTHOSIS-TIBIAL FX ORTHOSIS SEMI RIGID	1/1/2008	$417.80	N	Referral Required		
L2116		AFO TIBIAL FRACTURE ORTHOSIS, RIGID, CUSTOM FITTED	1/1/2008	$501.08	N	Referral Required		
L2126		KAFO FEMORAL FRACTURE CAST, THERMOPLASTIC, MOLDED	1/1/2008	$842.84	N	Referral Required		
L2128		KAFO FEMORAL FRACTURE CAST, MOLDED	1/1/2008	$1,609.22	N	Referral Required		
L2132		KAFO FEMORAL FRACTURE CAST, SOFT, CUSTOM FITTED	1/1/2008	$567.78	N	Referral Required		
L2134		KAFO FEMORAL FRACTURE CAST, SEMI-RIGID, CUSTOM FIT	1/1/2008	$711.89	N	Referral Required		
L2136		KAFO FX ORTHOSIS FEMOR FXCAST ORTHOSIS CUSTOM FIT	1/1/2008	$832.37	N	Referral Required		
L2180		PLASTIC SHOE INSERT W/ ANKLE JOINTS	1/1/2008	$82.43	N	Referral Required		
L2182		ADDN TO LOWER EXTREMITY DROP LOCK KNEE-JOINT	1/1/2008	$75.86	N	Referral Required		
L2184		LIMITED MOTION KNEE JOINT	1/1/2008	$87.19	N	Referral Required		
L2186		ADJUSTABLE MOTION KNEE JOINT GERMAN TYPE	1/1/2008	$122.00	N	Referral Required		
L2188		ADDITION TO LOWER EXTREMITY, QUADRILATERAL BRIM	1/1/2008	$228.41	N	Referral Required		
L2190		ADDITION TO LOWER EXTREMITY, WAIST BELT	1/1/2008	$61.47	N	Referral Required		
L2192		HIP JOINT, PELVIC BAND, THIGH FLANGE, PELVIC BELT	1/1/2008	$250.97	N	Referral Required		
L2200		ADDN TO LOWER EXTREMITY, THIGH/WGHT BEARING, GLUTE	1/1/2008	$44.62	N	Referral Required		
L2210		ADDITIONS TO LOWER EXTREMITY DORSIFLEXION ASSIST	1/1/2008	$49.59	N	Referral Required		
L2220		ADD. LOWER EXTREMITY DORSIFLEXION & PLANTAR FELXIO	1/1/2008	$68.13	N	Referral Required		
L2230		SPLIT FLAT CALIPER STIRRUPS & PLATE ATTACHMENT	1/1/2008	$66.31	N	Referral Required		
L2232		ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, CUSTOM FAB ORTHOSIS ONLY	4/1/2009	$87.95	N	Referral Required		
L2240		ROUND CALIPER & PLATE ATTACHMENT	1/1/2008	$59.43	N	Referral Required		
L2250		ADD TO LOWER EXTREMITY, FOOT PLATE-STIRRUP ATTACH.	1/1/2008	$333.47	N	Referral Required		
L2260		REINFORCED STIRRUP (SCOTTCRAIG TYPE)	1/1/2008	$141.09	N	Referral Required		
L2265		ADDN LOWER EXTREMITY, LONG-TONGUE STIRRUP	1/1/2008	$82.89	N	Referral Required		
L2270		ADD,VARUS/VALGUS T STRAP OR MALLEOIUS PAD	1/1/2008	$50.40	N	Referral Required		

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L2275		ADD TO LOWER EXTREM,VARUS/VULGUS CORRECTION PLASTI	1/1/2008	$110.09	N	Referral Required		
L2280		ADDITIONS TO LOWER EXTREMITY, MOLDED INNER BOOT	1/1/2008	$319.20	N	Referral Required		
L2300		ABDUCTION BAR, BILATERAL HIP, JOINTED, ADJUSTABLE	1/1/2008	$236.28	N	Referral Required		
L2310		ABDUCTION BAR-STRAIGHT (ADDN TO LOWER EXTREMITY)	1/1/2008	$115.45	N	Referral Required		
L2320		ALL. LOWER EXTREMITY NONMOLDED LACER	1/1/2008	$185.00	N	Referral Required		
L2330		LACER, MOLDED MODEL (ADDN TO LOWER EXTREMITY)	1/1/2008	$326.97	N	Referral Required		
L2335		ANTERIOR SWING BAND (ADDN TO LOWER EXTREMITY)	1/1/2008	$175.06	N	Referral Required		
L2340		ADDITION TO LOWER EXTREMITY PRE-TIBIAL SHELL MOLD	1/1/2008	$388.46	N	Referral Required		
L2350		ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE	1/1/2008	$707.55	N	Referral Required		
L2360		EXTENDED STEEL SHANK (ADDN TO LOWER EXTREMITY)	1/1/2008	$48.56	N	Referral Required		
L2370		PATTEN BOTTOM (ADDN TO LOWER EXTREMITY)	1/1/2008	$193.07	N	Referral Required		
L2375		TORSION CONTROL, ANKLE-JOINT AND HALF SOLID STIRRU	1/1/2008	$79.53	N	Referral Required		
L2380		ADD TO LOWER EXT TORSION CONTROL STRAIGHT KNEE JT	1/1/2008	$88.22	N	Referral Required		
L2385		SHORT KNEE JOINT HEAVY DUTY	1/1/2008	$94.27	N	Referral Required		
L2387		ADDITION TO LOWER EXTREMITY, KNEE JOINT, EACH JOINT	4/1/2009	$171.93	N	Referral Required		
L2390		ADD. TO LOWER EXTREMITY OFFSET KNEE JOINT, EACH	1/1/2008	$77.04	N	Referral Required		
L2395		ADD TOLWR EXTRM,OFFSET KNEE JOINT,HEAVY DUTY, EA	1/1/2008	$110.12	N	Referral Required		
L2397		ADD TO LOWER EXTREM ORTHOSIS,SUSPENSION SLEEVE	1/1/2008	$93.02	N	Referral Required		
L2405		DROP LOCK JOINTS	1/1/2008	$38.80	N	Referral Required		
L2415		ADD TO KNEE JOINT, CAM LOCK	1/1/2008	$129.26	N	Referral Required		
L2425		ADDITION TO KNEE JOINT, DROP LOCK, EACH JOINT	1/1/2008	$128.13	N	Referral Required		
L2430		ADDITION TO KNEE JOINT,RATCHET LOCK...,EACH JOINT	1/1/2008	$72.23	N	Referral Required		
L2492		ADDN TO KNEE JOINT, LEFT LOOP FOR DROP LOCK RING	1/1/2008	$74.43	N	Referral Required		
L2500		ADDN TO LOW EXTREM, THIGH/WGT BEARING, GLUT/ISCHIA	1/1/2008	$238.41	N	Referral Required		
L2510		ADDITION TO LOWER EXTREMITY, THIGH, WEIGHT BEARING	1/1/2008	$581.57	N	Referral Required		
L2520		THIGH/WEIGHT BEARING QUADRILATERAL BRIM CUSTOM FIT	1/1/2008	$342.62	N	Referral Required		
L2525		THIGH/WT BEARING ISCHIAL CONTAINMENT MOLDED	1/1/2008	$913.33	N	Referral Required		
L2526		THIGH/WT BEARING, ISCHIALCONTAINMENT/CUSTOM-FITTED	1/1/2008	$642.80	N	Referral Required		
L2530		THIGH WEIGHT BEARING LACER NON-MOLDED	1/1/2008	$172.68	N	Referral Required		
L2540		THIGH/WEIGHT BEARING LACER MOLDED	1/1/2008	$375.35	N	Referral Required		
L2550		THIGH, WEIGHT BEARING, HIGH ROLL CUFF	1/1/2008	$220.57	N	Referral Required		
L2570		HIP JOINT CLEVIS TYPE 2-POSITION JOINT, EACH	1/1/2008	$345.37	N	Referral Required		
L2580		PELVIC CONTROL, PELVIC SLING	1/1/2008	$386.07	N	Referral Required		
L2600		HIP JOINT CLEVIS OR THRUST BEARING, FREE, EACH	1/1/2008	$167.44	N	Referral Required		
L2610		HIP JOINT,CLEVIS / THRUST BEARING,LOCK,EACH	1/1/2008	$201.79	N	Referral Required		
L2620		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIPIT	1/1/2008	$221.37	N	Referral Required		
L2622		HIP JOINT, ADJUSTABLE FLEXION, EACH	1/1/2008	$215.84	N	Referral Required		
L2624		ADD LOWER EXT PELVIC CONTROL HIP JOINT ADJ FLEX	1/1/2008	$233.08	N	Referral Required		
L2627		PLASTIC MOLDED RECIPROCATING HIP JOINTS & CABLES	1/1/2008	$1,206.61	N	Referral Required		
L2628		METAL FRAME, RECIPROCATING HIP JOINT & CABLES	1/1/2008	$1,572.30	N	Referral Required		
L2630		PELVIC CNTRL, BAND & BELT, UNILATERAL	1/1/2008	$184.11	N	Referral Required		
L2640		ADD TOP LOWER EXTREMITY PELVIC CONTROL BAND & BELT	1/1/2008	$286.93	N	Referral Required		
L2650		PELVIC & THORACIC CONTROL	1/1/2008	$112.63	N	Referral Required		
L2660		THORACIC BAND, ADDN TO LOWER EXTREMITY	1/1/2008	$131.18	N	Referral Required		
L2670		PARASPINAL UPRIGHTS ADDN TO LOWER EXTREMITY	1/1/2008	$124.13	N	Referral Required		

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L2680		THORACIC CONTROL LATERAL SUPPORT OF UPRIGHTS	1/1/2008	$110.14	N	Referral Required		
L2750		LOWER EXTREM PLATING, CHROME OR NICKEL, PER BAR	1/1/2008	$69.13	N	Referral Required		
L2755		ADD. LOWER EXTREMITY ORTHOSIS;CARBON GRAPHITE LAM.	1/1/2008	$94.11	N	Referral Required		
L2760		EXTENSION PER EXTENSION PER BAR (FOR LINEAL GROWTH	1/1/2008	$43.66	N	Referral Required		
L2768		ORTHOTIC SIDE BAR DISCONNECT DEVICE PER BAR	1/1/2008	$101.27	N	Referral Required		
L2780		ADD TOP LOWER EXTREMITY OR THOSIS NON-CORROSIVE	1/1/2008	$63.51	N	Referral Required		
L2785		ORTHOSIS DROP LOCK RETAINER	1/1/2008	$24.62	N	Referral Required		
L2795		ADD TO LOWER EXTREMITY OR THOSIS KNEE CONTROL	1/1/2008	$74.14	N	Referral Required		
L2800		ADDITION TO LOWER EXTREMITY ORTHOSIS	1/1/2008	$86.06	N	Referral Required		
L2810		LOWER EXTREMITY, KNEE CONTROL, CONDYLAR PAD	1/1/2008	$54.97	N	Referral Required		
L2820		ADD TO LOWER EXTREMITY. ORTHOSIS BELOW KNEE SECT.	1/1/2008	$61.12	N	Referral Required		
L2830		ADDZ TO LOWER EXTREMITY, ORTHOSIS ABOVE KNEE SECTN	1/1/2008	$66.13	N	Referral Required		
L2840		12 CAST SOCKS	1/1/2008	$30.75	N	Referral Required		
L2850		ADD TO LOWER EXTREMITY OR THOSIS FEMORAL LENGTH	1/1/2008	$43.58	N	Referral Required		
L2999		UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES		$0.00	Y	Referral Required		
L3000		FOOT,INSERT,REMOVABLE,MOLDED,UCB,BERKELEY SHELL,EA	1/1/2008	$220.18	N	Referral Required		
L3001		FOOT INSERT, REMOVABLE, MOLDED, SPENCO, EACH	1/1/2008	$10.50	N	Referral Required		
L3002		FOOT INSERT REMOVABLE MOLDED PLASTAZOTE OR EQUAL E	1/1/2008	$126.90	N	Referral Required		
L3003		FOOT INSERT REMOVABLE MOLDED SILICONE GEL EA	1/1/2008	$136.92	N	Referral Required		
L3010		FOOT INSERT REMOVABLE MOLDED LONGI ARCH SUPPORT	1/1/2008	$122.12	N	Referral Required		
L3020		FOOT INSERT REMOVABLE MOLDED LONGIT/METAT SUPP EA	1/1/2008	$139.06	N	Referral Required		
L3030		FOOT INSERT REMOVABLE FOR MED TO FOOT EACH	1/1/2008	$59.97	N	Referral Required		
L3031		FOOT, INSERT.PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRGTH		$0.00	N	Referral Required		
L3040		ARCH SUPPORT REMOVABLE PRE-MOLDED LONGITUDINAL EA	1/1/2008	$32.98	N	Referral Required		
L3050		ARCH SUPPORT REMOVABLE PRE-MOLDED METATASSAL EACH	1/1/2008	$32.98	N	Referral Required		
L3060		ARCH SUPPORT REMOVABLE PREMOLDED LONGIT/METAT EA	1/1/2008	$51.70	N	Referral Required		
L3070		ARCH SUPP NONREMOVABLE ATTACH TO SHOE LONGITUD EA	1/1/2008	$22.29	N	Referral Required		
L3080		ARCH SUPP NON-REMOVABLE ATTACH TO SHOE METAT EA	1/1/2008	$22.29	N	Referral Required		
L3090		ARCH SUPP NONREMOVABLE ATT TO SHOE LONGITUD/METAT	1/1/2008	$28.53	N	Referral Required		
L3100		HALLUS-VALGUS NIGHT SPLINT ABDUCT & ROTATION BARS	1/1/2008	$33.97	N	Referral Required		
L3140		FOOT ABDUCT ROTATION BARS ATTCH TO SHOE DENNIS BRN	1/1/2008	$25.00	N	Referral Required		
L3150		ABDUCT ROTATION BARS(DENNIS BROWN)CLAMPED TO SHOE	1/1/2008	$63.96	N	Referral Required		
L3160		FOOT, ADJ. SHOE STYLED POSITIONING DEVICE, EACH		$0.00	N	Referral Required		
L3170		FOOT PLASTIC HEEL STABILIZER	1/1/2008	$39.99	N	Referral Required		
L3201		ORTHOPEDIC SHOE, OXFORD W/SUPINATOR OR PRONATOR, INFANT	1/1/2008	$55.00	N	Referral Required		
L3202		ORTHOPEDIC SHOE OXFORD W/SUPINATOR OR PRONATOR, CHILD		$0.00	N	Referral Required		
L3203		ORTHOPEDIC SHOE OXFORD W/SUPINATOR OR PRONATOR, JUNIOR		$0.00	N	Referral Required		
L3204		ORTHOPEDIC SHOE HIGHTOP W/WUPINATOR OR PRONATOR, INFANT		$0.00	N	Referral Required		
L3206		ORTHOPEDIC SHOE HIGHTOP W/SUPINATOR OR PRONATOR, CHILD	1/1/2008	$50.00	N	Referral Required		
L3207		ORTHOPEDIC SHOE HIGHTOP W/SUPINATOR OR PRONATOR, JUNIOR		$0.00	N	Referral Required		
L3208		SURGICAL BOOT EA. INFANT		$0.00	N	Referral Required		
L3209		SURGICAL BOOT EA. CHILD		$0.00	N	Referral Required		
L3211		SURGICAL BOOT EA JUNIOR		$0.00	N	Referral Required		
L3212		BENESCH BOOT PAIR INFANT		$0.00	N	Referral Required		
L3213		BENESCH BOOT PAIR CHILD		$0.00	N	Referral Required		

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L3214		BENESCH BOOT PAIR JUNIOR		$0.00	N	Referral Required		
L3215		ORTHOPEDIC LADIES SHOES OXFORD, EA	1/1/2008	$78.94	N	Referral Required		
L3216		ORTHOPEDIC LADIES SHOE DEPTH INLAY, EA		$0.00	N	Referral Required		
L3217		ORTHOPEDIC LADIES SHOE HIGHTOP DEPTH INLAY, EA		$0.00	N	Referral Required		
L3219		ORTHOPEDIC MENS SHOE OXFORD, EA	1/1/2008	$90.80	N	Referral Required		
L3221		ORTHOPEDIC MENS SHOE DEPTH INLAY, EA		$0.00	N	Referral Required		
L3222		ORTHOPEDIC FOOTWEAR MENS SHOES HIGH TOP DEPTH INLAY, EA		$0.00	N	Referral Required		
L3224		ORTH. FOOTWEAR WOMANS SHOE,PART OF BRACE/ORTHOTIC, EA	1/1/2008	$41.39	N	Referral Required		
L3225		ORTH. FOOTWEAR MANS SHOE, PART OF BRACE, ORTHOTIC, EA	1/1/2008	$47.61	N	Referral Required		
L3230		ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EA		$0.00	N	Referral Required		
L3250		ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE REMOV INNER MOLD, EA		$0.00	N	Referral Required		
L3251		FOOT SHOE MOLDED TO PATIENT MODEL, SILICONE, EA		$0.00	N	Referral Required		
L3252		FOOT SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE, CUSTOM FAB, EA		$0.00	N	Referral Required		
L3253		FOOT, MOLDED SHOE, PLASTAZOTE, CUSTOM FITTED, EA		$0.00	N	Referral Required		
L3254		NON-STANDARD SIZE OR WIDTH		$0.00	N	Referral Required		
L3255		NON-STANDARD SIZE OR LENGTH		$0.00	N	Referral Required		
L3257		ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE		$0.00	N	Referral Required		
L3260		SURGICAL BOOT/SHOE, EA	1/1/2008	$50.00	N	Referral Required		
L3265		SANDAL, PLASTAZOTE, EA		$0.00	N	Referral Required		
L3300		LIFT,ELEVATION,HEEL,TAPERED TO METATARSALS PER INC	1/1/2008	$40.97	N	Referral Required		
L3310		LIFT, ELEVATION HEEL & SOLE NEOPRENE PER INCH	9/28/2009	$47.14	N	Referral Required		
L3320		LIFT, ELEVATION, HEEL & SOLE CORK, PER INCH		$0.00	N	Referral Required		
L3330		LIFT METAL EXTENSION (SKATE)	1/1/2008	$944.70	N	Referral Required		
L3332		LIFT INSIDE SHOE TAPERED TO 1/2 INCH	1/1/2008	$57.97	N	Referral Required		
L3334		LIFT HEEL PER INCH	1/1/2008	$29.98	N	Referral Required		
L3340		HEEL WEDGE, SACH	1/1/2008	$66.96	N	Referral Required		
L3350		HEEL WEDGE	1/1/2008	$18.00	N	Referral Required		
L3360		SHOE WEDGE OUTSIDE SOLE	4/1/2009	$31.47	N	Referral Required		
L3370		SOLE WEDGE BETWEEN SOLE	1/1/2008	$10.20	N	Referral Required		
L3380		CLUBFOOT WEDGE	1/1/2008	$38.95	N	Referral Required		
L3390		OUTFLARE WEDGE	4/1/2009	$43.81	N	Referral Required		
L3400		METATARSAL BAR WEDGE ROCKER	1/1/2008	$31.99	N	Referral Required		
L3410		METATARSAL BAR WEDGE, BETWEEN SOLE	1/1/2008	$72.94	N	Referral Required		
L3420		FULL SOLE & HEEL WEDGE BETWEEN SOLE	1/1/2008	$42.97	N	Referral Required		
L3430		HEEL COUNTER PLASTIC REINFORCED	1/1/2008	$125.92	N	Referral Required		
L3440		HEEL COUNTER LEATHER REINFORCED	1/1/2008	$59.97	N	Referral Required		
L3450		HEEL SACH CUSTOM TYPE	1/1/2008	$82.94	N	Referral Required		
L3455		HEEL NEW LEATHER STANDARD	1/1/2008	$31.99	N	Referral Required		
L3460		HEEL NEW RUBBER STANDARD	1/1/2008	$26.97	N	Referral Required		
L3465		HEEL THOMAS WITH WEDGE	1/1/2008	$45.98	N	Referral Required		
L3470		HEEL THOMAS EXTENDED TO BALL	1/1/2008	$48.96	N	Referral Required		
L3480		HEEL PAD & DEPRESSION FOR SPUR	1/1/2008	$48.96	N	Referral Required		
L3482		HEEL PAD REMOVABLE FOR SPUR		$0.00	N	Referral Required		
L3485		HEEL PAD REMOVABLE FOR SPUR		$0.00	N	Referral Required		
L3500		MISC SHOE ADDN INSOLE LEATHER	1/1/2008	$22.98	N	Referral Required		

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L3510		MISC SHOE ADDN INSOLE RUBBER	1/1/2008	$22.98	N	Referral Required		
L3520		MISC SHOE ADDN INSOLE FELT COVERED W/LEATHER	1/1/2008	$24.96	N	Referral Required		
L3530		MISC, SHOE ADDITION, SOLE, HALF	1/1/2008	$24.96	N	Referral Required		
L3540		MISC SHOE ADDN SOLE FULL	1/1/2008	$39.99	N	Referral Required		
L3550		MISC SHOE ADDN TOE TAP STANDARD	1/1/2008	$6.98	N	Referral Required		
L3560		MISC SHOE ADDNITOE TAPI HORSESHOE	1/1/2008	$18.00	N	Referral Required		
L3570		MISC SHOE ADDN EXTENSION TO INSTEP LEATHERW/EYELET	1/1/2008	$66.96	N	Referral Required		
L3580		MISC SHOE ADDN CONVERT INSTEP TO VELCRO CLOSURE	1/1/2008	$50.96	N	Referral Required		
L3590		CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	1/1/2008	$41.97	N	Referral Required		
L3595		MISC SHOE ADDN MARCH BAR	1/1/2008	$32.97	N	Referral Required		
L3600		TRANSFER OF ORTHOSIS	1/1/2008	$59.97	N	Referral Required		
L3610		TRANSFER NEW ORTHOSIS TO OTHER SHOE CALIPER PLATE	1/1/2008	$78.94	N	Referral Required		
L3620		TRANS. ORTHOSIS FROM 1 SHOE TO ANOTHER,SOLID STIRR	1/1/2008	$59.97	N	Referral Required		
L3630		TRANSFER ORTHOSIS TO OTHER SHOE SOLID STIRRUP	1/1/2008	$78.94	N	Referral Required		
L3640		TRANSFER,SHOE TO SHOE,DENNIS BROWNE SPLINT,RIVETON	1/1/2008	$33.97	N	Referral Required		
L3649		UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES		$0.00	N	Referral Required		
L3650		SHOULD ORTHO, (SO), FIGURE OF "8" DESIGN ABDICT RE	1/1/2008	$43.52	N	Referral Required		
L3660		SO FIGURE 8 ABDUCTION RESTRAINER CANVAS & WEBBING	1/1/2008	$70.79	N	Referral Required		
L3670		SO, ACROMIO CLAVICULAR/CANVAS AND WEBBING TYPE	1/1/2008	$80.95	N	Referral Required		
L3671		SHOULDER ARTHSOSIS	4/1/2009	$724.74	N	Referral Required		
L3672		SHOULDER ORTHOSIS, ABDUCTION POSITING	4/1/2009	$901.26	N	Referral Required		
L3673		SHOULDER ORTHOSIS, ABDUCTION POSITIONING	4/1/2009	$982.26	N	Referral Required		
L3675		SO, VEST TYPE ABDUCTION RESTRAINER, PREFACBRICATED, INCL FITTING AND ADJ	1/1/2008	$125.49	N	Referral Required		
L3677		SHOULDER STABILIZER PRE-FABRICATED INCLUDES FIT		$0.00	N	Referral Required		
L3702		ELBOW ORTHOSIS	4/1/2009	$232.24	N	Referral Required		
L3710		ELBOW ORTHO ELASTIC W METAL JOINTS	1/1/2008	$85.14	N	Referral Required		
L3720		EO, DBL UPRIGHT.W FOREARM/ARM CUFF, FREE MOTION	1/1/2008	$538.09	N	Referral Required		
L3730		EO, DBL UPRIGHT W/FOREARM/ARM CUFF, EXTENSION	1/1/2008	$723.95	N	Referral Required		
L3740		EO DBL UPRIGHT W FOREARM/ARM CUFFS	1/1/2008	$739.01	N	Referral Required		
L3760		ELBOW ORTHOSIS W/ADJUSTABLE POSITION LOCKING JOINTS PRE-FAB W/FITTING & ADJUST	1/1/2008	$341.11	N	Referral Required		
L3762		ELBOW ORTHOSIS, RIGID, W/O JOINTS, INC. SOFT INTERFACE, PREFAB, INC. FIT & ADJUS	1/1/2008	$76.89	N	Referral Required		
L3763		ELBOW, WRIST, HAND ORTHOSIS	4/1/2009	$594.62	N	Referral Required		
L3764		ELBOW, WRIST, HAND ORTHOSIS	4/1/2009	$667.66	N	Referral Required		
L3765		ELBOW, WRIST, HAND AND FINGERS ORTHOSIS	4/1/2009	$1,031.30	N	Referral Required		
L3766		ELBOW, WRIST, HAND AND FINGERS ORTHOSIS, ONE OR MORE	4/1/2009	$1,092.07	N	Referral Required		
L3806		WRIST HAND FINGER ORTHOSIS, INCL ONE/ MORE NONTORSION JOINT(S), INCL FIT/ ADJ	1/1/2008	$338.80	N	Referral Required		
L3807		WHFO W/OUT JOINTS PREFABRICATED INCLUDES FITTING & ADJUSTMENTS	1/1/2008	$168.86	N	Referral Required		
L3808		WRIST HAND FINGER ORTHOSIS, INCL FITTING AND ADJUSTMENT	9/1/2008	$593.27	N	Referral Required		
L3900		WHFO FLEXOR HINGE WRIST OR FINGER EXTENSION/FLEX	1/1/2008	$1,003.05	N	Referral Required		
L3901		WHFO FLEXOR HINGE CABLE DRIVEN	1/1/2008	$1,240.07	N	Referral Required		
L3904		WHFO EXTERNAL POWERED ELECTRIC	1/1/2008	$2,016.98	N	Referral Required		
L3905		WRIST, HAND ORTHOSIS	4/1/2009	$797.64	N	Referral Required		
L3906		WHFO, WRIST GAUNTLET MOLDED	1/1/2008	$285.43	N	Referral Required		
L3908		WHFO, WRIST EXTENTION CONTRL COCK-UP CANVAS/LEATHE	1/1/2008	$55.02	N	Referral Required		
L3912		WHFO FLEXION GLOVE ELASTIC FINGER CONTROL	1/1/2008	$87.09	N	Referral Required		

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L3913		HAND, FINGER ORTHOSIS	4/1/2009	$217.84	N	Referral Required		
L3915		WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S)	1/1/2008	$396.47	N	Referral Required		
L3917		HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFAB, INCL FIT AND ADJ	1/1/2008	$75.54	N	Referral Required		
L3919		HAND ORTHOSIS, W/O JOINTS	4/1/2009	$217.84	N	Referral Required		
L3921		HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE JOINTS	4/1/2009	$258.36	N	Referral Required		
L3923		HAND FINGER ORTHOSIS WITHOUT JOINTS PRE-FAB WITH FITTING	1/1/2008	$26.54	N	Referral Required		
L3925		FINGER ORTHOSIS, PROXIMAL INTERP,DISTAL INTERPH, NON TORSION JOINT/SPRING, EXTE	1/1/2008	$48.97	N	Referral Required		
L3929		HAND FINGER ORTHOSIS, INCL 1/MORE NONTORSION JOINT(S), TURNBUCKLES	1/1/2008	$74.73	N	Referral Required		
L3931		WRIST HAND FINGER ORTHOSIS, INCL 1/MORE NONTORSION JOINT(S), TURNBUCKLES	1/1/2008	$147.57	N	Referral Required		
L3933		FINGER ORTHOSIS	4/1/2009	$171.61	N	Referral Required		
L3935		FINGER ORTHOSIS, NONTORSION JOINT	4/1/2009	$177.68	N	Referral Required		
L3956		ADD.JOINT-UPPER EXTREMITY ORTHOSIS; PER JOINT		$0.00	N	Referral Required		
L3960		SEWHO ABDUCTION AIRPLANE DESIGN	1/1/2008	$569.18	N	Referral Required		
L3961		SHOULDER, ELBOW, WRIST ORTHOSIS	4/1/2009	$1,351.31	N	Referral Required		
L3962		SEWHO ABDUCTION ERBS PALSEY DESIGN	1/1/2008	$615.07	N	Referral Required		
L3964		SEWHO MOBILE ARM SUPPORT ATTCH TO WHEELCHAIR ADJ	1/1/2008	$592.43	N	Referral Required		
L3965		SEWHO RADIAL ARM SUPP ATCH TO W/CH ADJ RANCHO TYPE	1/1/2008	$945.35	N	Referral Required		
L3966		SEWHO MOBILE ARM SUPP ATTACH TO W/CH RECLINING	1/1/2008	$712.17	N	Referral Required		
L3967		SHOULDER, ELBOW, WRIST ORTHOSIS, THORIACIC COMP AND SUPPORT BAR	4/1/2009	$1,595.45	N	Referral Required		
L3968		SEWHO MOBILE ARM SUPP ATTACH TO W/CH FRICTION SUPP	1/1/2008	$901.23	N	Referral Required		
L3969		SEWHO MOBILE ARM SUPP MONO SUPP SLING YOKE TYPE	1/1/2008	$630.23	N	Referral Required		
L3970		SEWHO ADDN TO MOBILE ARM SUPP ELEVATING	1/1/2008	$214.29	N	Referral Required		
L3971		SHOULDER, ELBOW, WRIST ORTHOSIS, SHOULDER CAP DESIGN	4/1/2009	$1,514.45	N	Referral Required		
L3972		SEWHO ADDN MOBILE ARM SUPP OFFSET/LATERAL ELASTIC	1/1/2008	$136.26	N	Referral Required		
L3973		SHOULDER, ELBOW, WRIST, HAND ORTHOSIS, THORACIC COMPONENT	4/1/2009	$1,595.45	N	Referral Required		
L3974		SEWHO ADDN TO MOBILE ARM SUPP SUPINATOR	1/1/2008	$135.97	N	Referral Required		
L3975		SHOULDER, ELBOW, WRIST, HAND, FINGER ORTHOSIS,	4/1/2009	$1,351.31	N	Referral Required		
L3976		SHOULDER, ELBOW, WRIST, HAND, FINGER ORTHOSIS,THORACIC COMP AND SUPP BAR	4/1/2009	$1,351.31	N	Referral Required		
L3977		SHOULDER, ELBOW, WRIST, HAND, FINGER ORTHOSIS, SHOULDER CAP DESIGN	4/1/2009	$1,514.45	N	Referral Required		
L3978		SHOULDER, ELBOW, WRIST, HAND, FINGER ORTHOSIS, THORACIC COMP AND SUPP BAR	4/1/2009	$1,595.45	N	Referral Required		
L3980		UP EXTREM FX ORTHO HUMERAL	1/1/2008	$212.93	N	Referral Required		
L3982		UP EXTREM ORTHO RADIUS/ULNAR	1/1/2008	$257.12	N	Referral Required		
L3984		UP EXTREM FX ORTHO WRIST	1/1/2008	$247.43	N	Referral Required		
L3995		ADDN TO UPPER EXTREMITY SOCK FRACTURE OR EQUAL EA	1/1/2008	$25.01	N	Referral Required		
L3999		UNLISTED PROC FOR UPPER LIMB ORTHOSIS		$0.00	Y	Referral Required		
L4000		REPLACE GIRDLE FOR MILWAUKEE ORTHO	1/1/2008	$1,019.55	N	Referral Required		
L4002		REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH/TYPE		$0.00	N	Referral Required		
L4010		REPLACE THRILATERAL SOCKET BRIM	1/1/2008	$563.33	N	Referral Required		
L4020		REPLACE QUADRIOLATERAL SOCKET BRIM MOLDED MODEL	1/1/2008	$674.47	N	Referral Required		
L4030		REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED	1/1/2008	$465.07	N	Referral Required		
L4040		REPLACE MOLDED THIGH LACER	1/1/2008	$383.08	N	Referral Required		
L4045		REPLACE NON-MOLDED THIGH LACER	1/1/2008	$232.91	N	Referral Required		
L4050		REPLACE MOLDED CALF LEATHER	1/1/2008	$350.11	N	Referral Required		
L4055		REPLACE NON-MOLDED CALF LACER	1/1/2008	$190.88	N	Referral Required		
L4060		REPLACE HIGH ROLL CUFF	1/1/2008	$284.40	N	Referral Required		

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L4070		REPLACE PROXIMAL & DISTAL UPRIGHT FOR KAFO	1/1/2008	$234.46	N	Referral Required		
L4080		REPLACE METAL BANDS KAFOPROXIMAL THIGH	1/1/2008	$84.32	N	Referral Required		
L4090		REPLACE METAL BANDS KAFO-AFO CALF/DISTAL THIGH	1/1/2008	$84.67	N	Referral Required		
L4100		REPLACE LEATHER CUFF,KAFO-PROXIMAL THIGH	1/1/2008	$97.88	N	Referral Required		
L4110		REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH	1/1/2008	$79.59	N	Referral Required		
L4130		REPLACE PRETIBIAL SHELL	1/1/2008	$465.61	N	Referral Required		
L4205		REPAIR ORTHOTIC DEVICE, LABOR COMPONENT PER 15 MIN	1/1/2008	$8.99	N	Referral Required		
L4210		REPAIR ORTHO, REPLACE MINOR PARTS		$0.00	N	Referral Required		
L4350		PNEUMATIC ANKLE CONTROL SPLINT	1/1/2008	$69.28	N	Referral Required		
L4360		PNEUMATIC WALKING SPLINT AIRCAST OR EQUAL	1/1/2008	$259.85	N	Referral Required		
L4370		PNEUMATIC FULL LEG SPLINT AIRCAST OR EQUAL	1/1/2008	$177.17	N	Referral Required		
L4380		PNEUMATIC KNEE SPLINT AIR CAST OR EQUAL	1/1/2008	$96.96	N	Referral Required		
L4386		NON-PNEUMATIC WALKING SPLINT W/WO JOINTS, PREFABRICATED INC. FITTING AND ADJUST	1/1/2008	$124.58	N	Referral Required		
L4392		REPLACE SOFT INTERFACE M'TRL. SPLINT,ANKLE CONTRAC	1/1/2008	$17.00	N	Referral Required		
L4394		REPLACE SOFT INTERFACE M'TRL. SPLINT, FOOT DROP	1/1/2008	$12.40	N	Referral Required		
L4396		STATIC OF DYNAMIC ANKLE-FOOT ORTHOTIC, ADJUSTABLE, PREFABRICATED	1/1/2008	$121.24	N	Referral Required		
L4398		FOOT DROP SPLINT, RECUMBANT POSITIONING DEVICE	1/1/2008	$55.81	N	Referral Required		
L5000		PARTIAL FOOT,SHOE INSERT W/LONGITUD ARCH,TOE FILL	1/1/2008	$378.88	N	Referral Required		
L5010		PARTIAL FOOT MOLDED SOCKET ANKLE HT TOE FILLER	1/1/2008	$912.92	N	Referral Required		
L5020		PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HT TOE	1/1/2008	$1,693.02	N	Referral Required		
L5050		ANKLE,SYMES,MOLDED SOCKET,SACH FOOT	1/1/2008	$2,021.36	N	Referral Required		
L5060		ANKLE SYMES METAL FR MOLDED LEATHER SOCKET AFO	1/1/2008	$2,682.30	N	Referral Required		
L5100		BELOW KNEE,MOLDED SOCKET,SHIN,SACH FOOT	1/1/2008	$2,095.16	N	Referral Required		
L5105		BELOW KNEE PLASTIC SOCKET JOINTS/THIGH LACER SACH	1/1/2008	$2,956.97	N	Referral Required		
L5150		EXTERNAL KNEE JOINT MOLDED SOCKET SHIN SACH FOOT	1/1/2008	$3,057.48	N	Referral Required		
L5160		EXT KNEE JOINT MOLDED SOCKET BENT-KNEE SHIN SACH	1/1/2008	$3,730.21	N	Referral Required		
L5200		ABOVE KNEE,SNGLE AXIS CONT FRX KNEE,SHIN,SACH FT	1/1/2008	$3,054.55	N	Referral Required		
L5210		ABOVE KNEE,SHORT,W/O JNT,W FT BLOCK,W/O ANKLE JNT	1/1/2008	$2,426.15	N	Referral Required		
L5220		ABOVE KNEE,SHORT,NO JNT,W/ARTICUL ANK/FT,DYNAMIC	1/1/2008	$2,757.76	N	Referral Required		
L5230		ABOVE KNEE,PROX FEMORAL,CONT FRX KNEE,SHIN,SACH FT	1/1/2008	$3,688.34	N	Referral Required		
L5250		HIP JNT,CANADIAN TYPE,MOLDED SOCKET,SINGLE AXIS KN	1/1/2008	$4,799.63	N	Referral Required		
L5270		LOCKING HIPJOINT SINGLE AXIS KNEE,SHIN,SACH FOOT	1/1/2008	$5,142.19	Y	Referral Required		
L5280		HEMIPELVECTOMY,HIP JOINT,SINGLEAXIS KNEE,SHIN,SACH	1/1/2008	$5,090.77	N	Referral Required		
L5301		BELOW THE KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	1/1/2008	$2,222.33	N	Referral Required		
L5311		KNEE DISARTICULATION OR THROUGH KNEE MOLDED SOCKET EXTERNAL JOINTS SACH ENDOSKEL	1/1/2008	$3,488.67	N	Referral Required		
L5321		ABOVE KNEE MOLDED SOCKET OPEN END SACH FOOT ENDOSKELETAL SYSTEM SINGLE AXIS KNEE	1/1/2008	$3,433.13	N	Referral Required		
L5331		HIP DISARTICULATION CANADIAN STYLE MOLDED SOCKET ENDOSKELETAL HIP JOINT AXIS KNE	1/1/2008	$4,871.30	N	Referral Required		
L5341		HEMIPELVECTOMY, CANADIAN TYPE MOLDED, SOCKET, ENDOSKELETAL HIP, KNEE, SACH FOOT	1/1/2008	$5,084.20	Y	Referral Required		
L5400		BELOW KNEE,RIGID DRSG,W/FIT,ALIGN,SUSP,ONE CHANGE	1/1/2008	$1,002.80	N	Referral Required		
L5410		BELOW KNEE RIGID DRSG EA ADDTL CAST CHG & REALIGN	1/1/2008	$385.47	N	Referral Required		
L5420		AK RIGID DSG INCL FIT, ALIGN & ONE CAST CHG	1/1/2008	$1,211.24	N	Referral Required		
L5430		AK RIGID DSG EA ADDTL CAST CHG & REALIGN	1/1/2008	$378.06	N	Referral Required		
L5450		BELOW KNEE,RIGID DRSG,NON-WEIGHT BEARING	1/1/2008	$330.85	N	Referral Required		
L5460		ABOVE KNEE,RIGID DRGS.NON-WEIGHT BEARING	1/1/2008	$438.07	N	Referral Required		
L5500		BELOW KNEE,PTB SOCKET,USMC PYLON,DIRECT FORMED	1/1/2008	$963.08	N	Referral Required		

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L5505		ABOVE KNEE,ISCHIAL LEVEL SOCKET,USMC PYLON,DIRECT	1/1/2008	$1,304.26	N	Referral Required		
L5510		BELOW KNEE,PREP,PTB SOCKET,USMC PYLON,MOLDED	1/1/2008	$1,182.94	N	Referral Required		
L5520		BELOW KNEE,PREP,PTB SOCKET,THERMOPLASTIC,DIRECT FM	1/1/2008	$1,078.35	N	Referral Required		
L5530		BELOW KNEE,PREP,PTB SOCKET,THERMOPLASTIC,MOLDED	1/1/2008	$1,504.85	N	Referral Required		
L5535		BELOW KNEE,PREP,PTB SOCKET,PREFAB,ADJ/OPEN END	1/1/2008	$1,554.40	N	Referral Required		
L5540		BELOW KNEE,PREP,PTB SOCKET,LAMINATED,MOLDED	1/1/2008	$1,659.11	N	Referral Required		
L5560		ABOVE KNEE,PREP,ISCHIAL LEVEL,PLASTER SOCKET,MOLD	1/1/2008	$1,620.87	N	Referral Required		
L5570		ABOVE KNEE,PREP,ISCHIAL LEVEL,THERMOPLASTIC,DIRECT	1/1/2008	$1,704.83	N	Referral Required		
L5580		ABOVE KNEE,PREP,ISCHIAL SOCKET,THERMOPLASTIC,MOLD	1/1/2008	$1,953.01	N	Referral Required		
L5585		AK,ADJ OPEN END SOCKET, USMC SACH FOOT	1/1/2008	$2,164.59	N	Referral Required		
L5590		ABOVE KNEE,PREP,ISCHIAL SOCKET,LAMINATED,MOLDED	1/1/2008	$1,895.01	N	Referral Required		
L5595		HIP PREP.HEMIPELVECTOMY,THERMOPLASTIC,MOLDED,PYLON	1/1/2008	$3,385.07	N	Referral Required		
L5600		HIP PREP.HEMIPELVECTOMY,LAMINATED,MOLDED, PYLON	1/1/2008	$4,266.63	N	Referral Required		
L5610		ABOVE KNEE, HYDRACADONCE SYSTEM	1/1/2008	$1,991.76	N	Referral Required		
L5611		ABOVE KNEE-DISARTICULATE OCH4-BAR,FRX SWING CONTRL	1/1/2008	$1,322.98	N	Referral Required		
L5613		ABOVE KNEE-DISARTICULATE OHC4-BAR,HYDRAULIC CONTRL	1/1/2008	$1,837.70	N	Referral Required		
L5614		ADD LOWER EXT-AK-KNEE* DISORTIC,4-BAR W/PNEUM SWIN	1/1/2008	$1,242.21	N	Referral Required		
L5616		ABOVE KNEE,UNIVERSAL MULTIPLEX,FRX SWING CONTROL	1/1/2008	$1,018.44	N	Referral Required		
L5617		ADD. TO LOWER EXTREMITY, QUICK CHANGE UNIT; EACH	1/1/2008	$411.89	N	Referral Required		
L5618		ADDN TO LOWER EXTREMITY TEST SOCKET, SYMES	1/1/2008	$234.25	N	Referral Required		
L5620		ADD TO LWR EXTR, TEST SOCKET, BELOW KNEE	1/1/2008	$222.44	N	Referral Required		
L5622		ADD TO LWR EXTRM, TEST SOCKET,KNEE DISARTICULATE	1/1/2008	$313.70	N	Referral Required		
L5624		ADD TO LWR EXTREMITY, TEST SOCKET, ABOVE KNEE	1/1/2008	$282.43	N	Referral Required		
L5626		ADD TO LWR EXTRM TEST SOCKET,HIP DISARTICULATION	1/1/2008	$410.04	N	Referral Required		
L5628		ADD TO LWR EXTRM,TEST SOCKET,HEMIPELVECTOMY	1/1/2008	$453.38	N	Referral Required		
L5629		ADD TO LWR EXTRMIBELOW KNEE, ACRYLIC SOCKET	1/1/2008	$238.31	N	Referral Required		
L5630		ADD TO LWR EXTRM,SYMES,EXPANDABLE WALL SOCKET	1/1/2008	$379.77	N	Referral Required		
L5631		ADD TO LWR EXTRM,ABOVE KNEE/DISARTICULATION,ACRYLC	1/1/2008	$329.48	N	Referral Required		
L5632		ADD TO LWR EXTRMISYMES,TPB BRIM SOCKET	1/1/2008	$222.00	N	Referral Required		
L5634		ADD TO LWR EXTRM,SYMES,POSTERIOR OPENING SOCKET	1/1/2008	$264.48	N	Referral Required		
L5636		ADD TO LWR EXTRMISYMES,MEDIAL OPENING	1/1/2008	$235.71	N	Referral Required		
L5637		ADD TO LWR EXTREMITY,BELOW KNEE, TOTAL CONTACT	1/1/2008	$223.25	N	Referral Required		
L5638		ADD TO LWR EXTREMITY,BELOW KNEE, LEATHER SOCKET	1/1/2008	$413.69	N	Referral Required		
L5639		ADD TO LWR EXTREMITY,BELOW KNEE,WOOD SOCKET	1/1/2008	$947.57	N	Referral Required		
L5640		ADD TO LWR EXTRM,KNEE DISARTIC,LEATHER SOCKET	1/1/2008	$627.58	N	Referral Required		
L5642		ADD TO LWR EXTRM,ABOVE KNEE,LEATHER SOCKET	1/1/2008	$619.45	N	Referral Required		
L5643		ADD TO LWR EXTR,HIP DISARTIC,FLEX SOCKET,EXRTN FRM	1/1/2008	$1,339.83	N	Referral Required		
L5644		ADD TO LWR EXTRM,ABOVE KNEE,WOOD SOCKET	1/1/2008	$494.51	N	Referral Required		
L5645		ADD TO LWR EXTRM,BELOW KNEE,FLEX SOCKET EXTRN FRM	1/1/2008	$598.31	N	Referral Required		
L5646		ADD TO LWR EXTRM,BELOW KNEE, AIR CUSHION SOCKET	1/1/2008	$439.80	N	Referral Required		
L5647		ADD TO LWR EXTRM,BELOW KNEE,SUCTION SOCKET	1/1/2008	$596.49	N	Referral Required		
L5648		ADD TO LWR EXTRM,ABOVE KNEE,AIR CUSHION SOCKET	1/1/2008	$493.69	N	Referral Required		
L5649		ADD TO LWR EXTRM,ISCHIAL CONTAIN/NARROW M-L SOCKET	1/1/2008	$1,509.15	N	Referral Required		
L5650		ABOVE KNEE/DISARTICULATION SOCKET,TOTAL CONTACT	1/1/2008	$430.34	N	Referral Required		
L5651		ABOVE KNEE, FLEX INNER SOCKET, EXTERNAL FRAME	1/1/2008	$900.53	N	Referral Required		

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L5652		ABOVE KNEE/DISARTICULATION SOCKET,SUCTION SUSP	1/1/2008	$326.93	N	Referral Required		
L5653		KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	1/1/2008	$536.39	N	Referral Required		
L5654		SOCKET INSERT,LOWR EXTR,SYMES	1/1/2008	$290.51	N	Referral Required		
L5655		ADDN TO LOW EXTREM, SOCKET INSERT, BELOW KNEE (KEM	1/1/2008	$260.31	N	Referral Required		
L5656		ADD TO LWR EXTRM,SOCKET INSERT,KNEE SIDARTICULATE	1/1/2008	$370.88	N	Referral Required		
L5658		ADD TO LWR EXTRM,SOCKET INSERT, ABOVE KNEE	1/1/2008	$363.53	N	Referral Required		
L5661		ADD TO LWR EXTRM,SOCKET INSERT,MULTI-DUROMETER	1/1/2008	$456.32	N	Referral Required		
L5665		LWR EXTRM,SOCKET INSERT,BELOW KNEE,MULTI-DUROMETER	1/1/2008	$383.95	N	Referral Required		
L5666		ADD TO LWR EXTR,BELOW KNEE,CUFF SUSPENSION	1/1/2008	$53.27	N	Referral Required		
L5668		ADD TO LWR EXTRM,BELOW KNEE,MOLDED DISTAL CUSHION	1/1/2008	$84.14	N	Referral Required		
L5670		BELOW KNEE,MOLDED SUPROCONDYLAR SUSP, PTS	1/1/2008	$222.10	N	Referral Required		
L5671		ADDITION TO LOWER EXTREMITY BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM	1/1/2008	$526.09	N	Referral Required		
L5672		REMOVABLE MEDIAL BRIM SUSPENSION,BELOW KNEE	1/1/2008	$241.97	N	Referral Required		
L5673		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATION	1/1/2008	$574.46	N	Referral Required		
L5676		BELOW KNEE,KNEE JOINTS,SINGLE AXIS,PAIR	1/1/2008	$316.54	N	Referral Required		
L5677		BELOW KNEE JOINTS,POLYCENTRIC,PAIR	1/1/2008	$402.96	N	Referral Required		
L5678		BELOW KNEE,JOINT COVERS,PAIR	1/1/2008	$35.49	N	Referral Required		
L5679		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATION	1/1/2008	$478.72	N	Referral Required		
L5680		BELOW KNEE,THIGH LACER,NON-MOLDED	1/1/2008	$265.86	N	Referral Required		
L5681		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET	1/1/2008	$1,035.59	N	Referral Required		
L5682		BELOW KNEE,THIGH LACER,GLUTEAL/ISCHIAL,MOLDED	1/1/2008	$474.11	N	Referral Required		
L5683		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET	1/1/2008	$1,057.34	N	Referral Required		
L5684		BELOW KNEE,FORK STRAP	1/1/2008	$48.12	N	Referral Required		
L5685		BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	1/1/2008	$100.83	N	Referral Required		
L5686		BELOW KNEE,BACK CHECK,EXTENSION CONTROL	1/1/2008	$47.79	N	Referral Required		
L5688		BELOW KNEE,WAIST BELT,WEBBING	1/1/2008	$52.32	N	Referral Required		
L5690		BELOW KNEE,WAIST BELT,PADDED/LINED	1/1/2008	$79.58	N	Referral Required		
L5692		ABOVE KNEE,PELVIC CONTROL BELT, LIGHT	1/1/2008	$116.94	N	Referral Required		
L5694		ABOVE KNEE,PELVIC CONTROL BELT, PADDED/LINED	1/1/2008	$180.68	N	Referral Required		
L5695		ABOVE KNEE,PELVIC CONTRL,SLEEVE SUSP,NEOPRENE,EA	1/1/2008	$122.29	N	Referral Required		
L5696		ABOVE KNEE/DISARTICULATION,PELVIC JOINT	1/1/2008	$184.99	N	Referral Required		
L5697		ABOVE KNEE/DISARTICULATION,PELVIC BAND	1/1/2008	$80.26	N	Referral Required		
L5698		ABOVE KNEE/DISARTICULATION,SILESIAN BANDAGE	1/1/2008	$93.78	N	Referral Required		
L5699		ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	1/1/2008	$184.33	N	Referral Required		
L5700		REPLACE,SOCKET,BK,MOLDED TO PT MODEL	1/1/2008	$2,738.06	N	Referral Required		
L5701		REPLACE,SOCKET,AK/K DISORTIC,INCL ATTACH PLATE,MOL	1/1/2008	$3,327.32	N	Referral Required		
L5702		REPLACE,SOCKET,HIP DISORTIC,INCL HIP JOINT,MOLDED	1/1/2008	$3,984.18	N	Referral Required		
L5703		ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WO SOLID ANKLE CUSHION HEEL	4/1/2009	$2,210.15	N	Referral Required		
L5704		REPLACE,CUSTOM SHAPED PROTECTIVE COVER,BK	1/1/2008	$457.28	N	Referral Required		
L5705		REPLACEMENT,CUSTOM SHAPED PROTECTIVE COVER AK	1/1/2008	$750.70	N	Referral Required		
L5706		REPLACE,CUSTOM SHAPED PROTECTIVE COVER,KNEE DISORT	1/1/2008	$744.04	N	Referral Required		
L5707		REPLACE,CUSTOM SHAPED PROTECTIVE COVER,HIP DISORTI	1/1/2008	$1,057.68	N	Referral Required		
L5710		EXOSKEL KNEE-SHIN SYST,SINGLE AXIS,MANUAL LOCK	1/1/2008	$341.20	N	Referral Required		
L5711		EXOSKEL KNEE-SHIN SYST,ONE AXIS,MAN LOCK,ULTRA LT	1/1/2008	$461.90	N	Referral Required		
L5712		EXOSKEL KNEE-SHIN SYST,SINGLE AXIS,FRX SWING	1/1/2008	$414.65	N	Referral Required		

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L5714		EXOSKEL KNEE-SHIN SYST,ONE AXIS,VARIB FRX SWG	1/1/2008	$313.65	N	Referral Required		
L5716		EXOSKEL KNEE-SHIN SYST POLYCENTRIC,MECH STANCE LCK	1/1/2008	$546.53	N	Referral Required		
L5718		EXOSKEL KNEE-SHIN SYST,POLY,FRX SWN/STNCE CONTROL	1/1/2008	$683.10	N	Referral Required		
L5722		EXOSKEL KNEE-SHIN SYST,ONE AXISNPNEUM SWG FRX STNC	1/1/2008	$795.38	N	Referral Required		
L5724		EXOSKEL KNEE-SHIN,ONE AXIS,FLUID SWG PHASE CONTROL	1/1/2008	$1,204.38	N	Referral Required		
L5726		EXOSKEL KNEE-SHIN,ONE AXIS,EXTRN JNTS,FLUID SWG	1/1/2008	$1,457.55	N	Referral Required		
L5728		EXOSKEL KNEE-SHIN,ONE AXIS, FLUID SWG/STNCE PHASE	1/1/2008	$1,939.82	N	Referral Required		
L5780		EXOSKEL KNEE-SHIN,ONE AXIS,PNEUM/HYDRA,PNEUM/SWG	1/1/2008	$858.53	N	Referral Required		
L5781		ADD. TO LOWER LIMB PROSTHESIS, VACUUM PUMP, LIMB MNGMT & MOISTURE EVACUATION	1/1/2008	$3,150.08	N	Referral Required		
L5782		ADD. TO LOWER LIMB PROSTHESIS, VACUUM PUMP, LIMB MNGMT & MOISTURE EVAC. HEAVY DU	1/1/2008	$3,320.90	N	Referral Required		
L5785		EXESKEL,BELOW KNEE,ULTRA-LIGHT	1/1/2008	$465.42	N	Referral Required		
L5790		EXOSKEL,ABOVE KNEE,ULTRA-LIGHT	1/1/2008	$560.38	N	Referral Required		
L5795		EXOSKEL,HIP DISARTICULATION,ULTRA-LIGHT	1/1/2008	$805.13	N	Referral Required		
L5810		ENDOSKEL KNEE-SHIN,ONE AXIS,MANUAL LOCK	1/1/2008	$416.91	N	Referral Required		
L5811		ADDITION ENDOSKELETAL KNEE SHIN SYSTEM	1/1/2008	$546.89	N	Referral Required		
L5812		ENDOSKEL KNEE-SHIN,ONE AXIS,FRX SWG/STNCE PHASE	1/1/2008	$473.30	N	Referral Required		
L5814		PROSTHETICS OR ORTHOTICS	1/1/2008	$2,733.96	N	Referral Required		
L5816		ENDOSKEL KNEE-SHIN,POLY,MECHANICAL STNCE PHASE LCK	1/1/2008	$637.72	N	Referral Required		
L5818		ENDOSKEL KNEE-SHIN,POLY,FRX SWG,STANCE PHASE CONTR	1/1/2008	$720.12	N	Referral Required		
L5822		ENDOSKEL KNEE-SHIN,ONE AXIS,PHEUM SWG,FRX STNCE	1/1/2008	$1,276.95	N	Referral Required		
L5824		ENDOSKEL KNEE-SHIN,ONE AXIS,FLUID SWG PHASE CONTRL	1/1/2008	$1,149.97	N	Referral Required		
L5826		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CTRL.	1/1/2008	$2,554.04	N	Referral Required		
L5828		ENDOSKEL KNEE-SHIN,ONE AXIS,FLUID SWG/STNCE PHASE	1/1/2008	$2,117.58	N	Referral Required		
L5830		ENDOSKEL KNEE-SHIN,ONE AXIS,PNEUM/SWG PHASE CONTRL	1/1/2008	$1,846.36	N	Referral Required		
L5840		ADD ENDOSKELETAL KNEE/SHIN SYSTEM,MULTIAXIAL PNEU	1/1/2008	$3,026.60	N	Referral Required		
L5845		ADD ENDOSKELETAL KNEE/SHIN-STANCE FLEXION FEATURE	1/1/2008	$1,319.44	N	Referral Required		
L5848		ADDITION ENDOSKELETAL, KNEE-SHIN, HYDRAULIC EXT. DAMPING FEATURE, ADJUSTABLE	1/1/2008	$846.60	N	Referral Required		
L5850		ENDOSKEL ABOVE KNEE/HIP DISARTIC KNEE EXTENSION	1/1/2008	$95.93	N	Referral Required		
L5855		ADD ENDOSKELETAL SYSTEM,HIP DISORTIC,MECHANICAL HI	1/1/2008	$308.77	N	Referral Required		
L5858		ADDITIONAL TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE	4/1/2009	$16,456.85	Y	Referral Required		
L5910		ENDOSKEL BELOW KNEE, ALIGNABLE SYST	1/1/2008	$271.58	N	Referral Required		
L5920		ENDOSKEL,ABOVE KNEE/HIP DISARTICULATION,ALIGNABLE	1/1/2008	$397.87	N	Referral Required		
L5925		ADD ENDOSKELETAL SYSTEM,AK,KNEE OR HIP DISORTIC MA	1/1/2008	$327.03	N	Referral Required		
L5930		ADD ENDOSKELETAL HIGH ACTIVITY KNEE CONTROL FRAME	1/1/2008	$2,477.79	N	Referral Required		
L5940		ENDOSKEL,BELOW KNEE,ULTRA-LIGHT	1/1/2008	$467.65	N	Referral Required		
L5950		ENDOSKEL,ABOVE KNEE,ULTRA-LIGHT	1/1/2008	$672.21	N	Referral Required		
L5960		ENDOSKEL,HIP DISARTICULATION, ULTRA-LIGHT	1/1/2008	$768.30	N	Referral Required		
L5962		ADD ENDOSKELETAL SYS,BK,FLEX PROTECT OUTER SURFACE	1/1/2008	$587.69	N	Referral Required		
L5964		ADD ENDOSKEL SYS,AK,FLEX PROTECT OUTER SURFACE COV	1/1/2008	$846.02	N	Referral Required		
L5966		ADD ENDOSKEL SYST,HIP DISORT,FLEX PROTECT OUTER SU	1/1/2008	$1,096.83	N	Referral Required		
L5968		ALL LOWER EXTREMITY PROSTHESIS, ANKLE MULTIAXIAL SHOCK ABSORBING SYSTEM	1/1/2008	$2,675.09	N	Referral Required		
L5970		ALL LWR EXTRM PROSTH,FOOT,EXTRN KNEE,SACH FOOT	1/1/2008	$183.94	N	Referral Required		
L5971		ALL LOWER EXTREMITY PROSTHESIS, ANKLE SUCHION HEEL	4/1/2009	$221.26	N	Referral Required		
L5972		ALL LOWER EXTREMITY PROSTHESIS,FLEXIBLE FOOT	1/1/2008	$294.00	N	Referral Required		
L5974		ALL LOWER EXTREMITY PROSTHESIS,FOOT,SINGLE AXIS	1/1/2008	$232.99	N	Referral Required		

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L5975		ALL LOWER EXTREMITY PROSTHESES COMBINATION SINGLE AXIS ANKLE FLEXIBLE KEEL FOOT	1/1/2008	$341.28	N			
L5976		ALL LOWER EXTREMITY PROSTHESIS,ENERGY STORING FOOT	1/1/2008	$469.45	N	Referral Required		
L5978		ALL LWR EXTREMITY PROSTH,FOOT,MULTI-AXIAL	1/1/2008	$265.32	N	Referral Required		
L5979		ALL LOWER EXTREM PROTHESIS MULTI ANKLE/FOOT,DYNAMI	1/1/2008	$2,260.29	N	Referral Required		
L5980		ALL LWR EXTRM PROSTHESIS,FLEX FOOT SYST	1/1/2008	$3,039.97	N	Referral Required		
L5981		ALL LOWER EXTREM PROTHESIS,FLEX-WALK SYST OR EQUAL	1/1/2008	$2,456.28	N	Referral Required		
L5982		ALL EXOSKEL LWR EXTRM PROSTH,AXIAL ROTATION UNIT	1/1/2008	$573.02	N	Referral Required		
L5984		ALL ENDOSKEL LWR EXTRM PROSTH,AXIAL ROTATION UNIT	1/1/2008	$541.73	N	Referral Required		
L5985		ALL ENDOSKELETAL LOWER EXT. PROTHESES, DYNAMIC PYL	1/1/2008	$207.87	N	Referral Required		
L5986		ALL LWR EXTRM PROSTHIMULTIAXIAL ROTATION,"MCP"	1/1/2008	$573.36	N	Referral Required		
L5987		ALL LOWER EXTR.PROSTHESIS SHANK FOOT W/VERTICAL	1/1/2008	$5,295.63	Y	Referral Required		
L5988		LOWER EXTREMITY PROSTHESIS COMBINATION VERTICAL SHOCK MULTAXIAL/ROTATION/TORSION	1/1/2008	$1,470.60	N	Referral Required		
L5990		ADDITION TO LOWER EXTREMITY PROSTHESIS USER ADJUSTABLE HEEL HEIGHT	1/1/2008	$1,412.77	N	Referral Required		
L5999		UNLISTED PROCEDURE, LOWER EXTREMITY PROSTHESIS		$0.00	N	Referral Required		
L6000		PARTIAL HAND,ROBIN-AIDS,THUMB REMAINING	1/1/2008	$1,328.45	N	Referral Required		
L6010		PART HAND,ROBIN-AIDS,LITTLE &/OR RING FINGER REM	1/1/2008	$1,478.35	N	Referral Required		
L6020		PART HAND,ROBIN-AIDS,NO FINGER REMAINING	1/1/2008	$1,378.33	N	Referral Required		
L6050		WRIST DISARTIC,MOLDED SOCKET,FLEX ELBOW,TRICEP PAD	1/1/2008	$1,628.04	N	Referral Required		
L6055		WRIST DISAR MOLD SOCKET,EXPAN INTERFACE,FLEX ELBOW	1/1/2008	$2,430.90	N	Referral Required		
L6100		BELOW ELBOW,MOLDED,FLEX ELBOW,TRICEP PAD	1/1/2008	$1,753.60	N	Referral Required		
L6110		BELOW ELBOW,MOLDED,(MUENSTER/NW SUSP)	1/1/2008	$1,788.55	N	Referral Required		
L6120		BELOW ELBOW,MOLDED DBL WALL SPLIT SOCKET,HALF CUFF	1/1/2008	$2,249.05	N	Referral Required		
L6130		BEL ELBOW,MOLD DLB WALL SPLIT SOCKET,STUMP ACTIVAT	1/1/2008	$2,588.26	N	Referral Required		
L6200		ELBOW DISARTICULATION,MOLDED,OUTSIDE LCK HINGE	1/1/2008	$2,656.26	N	Referral Required		
L6205		ELBOW DISARTIC,MLD SOCKET,EXPAND INTERFACE,HINGED	1/1/2008	$3,327.89	N	Referral Required		
L6250		ABOVE ELBOW,MLD DBL-WALL SOCKET.LOCKING ELBOW	1/1/2008	$2,477.14	N	Referral Required		
L6300		SHOULDER DISARTIC,MLD SOCKET,HUMERAL,LOCK ELBOW	1/1/2008	$3,484.42	N	Referral Required		
L6310		SHOULDER DISARTIC,PASSIVE RESTORATION(COMPLETE)	1/1/2008	$2,892.35	N	Referral Required		
L6320		SHOULDER DISARTIC,PASSIVE REST(SHOULDER CAP ONLY)	1/1/2008	$1,281.48	N	Referral Required		
L6350		INTERSCAPULAR THORACIC MLD SOCKET,LOCK ELBOW	1/1/2008	$3,916.23	N	Referral Required		
L6360		INTERSCAPULAR THORACIC,PASSIVE RESTORATION,COMPLET	1/1/2008	$3,184.62	N	Referral Required		
L6370		INTRASCAPULAR THORACIC,PASSIVE RESTR(SHOULDER CAP)	1/1/2008	$1,523.04	N	Referral Required		
L6380		WRIST/BELOW ELBOW,RIGID DRSG,W/FITTING&CAST CHANGE	1/1/2008	$1,025.42	N	Referral Required		
L6382		ELBOW/ABOVE ELBOW,RIGID DRSG,W/FITTING/CAST CHANGE	1/1/2008	$1,207.16	N	Referral Required		
L6384		SHOULDER/INTRASCAPULAR THORACIC,RIGID DRSG.	1/1/2008	$1,528.26	N	Referral Required		
L6386		CAST CHANGE, REALIGNMENT	1/1/2008	$346.14	N	Referral Required		
L6388		RIGID DRESSING ONLY	1/1/2008	$380.46	N	Referral Required		
L6400		BELOW ELBOW,MLD SOCKET,ENDOSKEL,SOFT TISSUE SHAPE	1/1/2008	$1,941.40	N	Referral Required		
L6450		ELBOW DISARTIC.MLD SOCKET ENDOSKEL,SOFT TISSUE SHA	1/1/2008	$2,635.41	N	Referral Required		
L6500		ABOVE ELBOW,MLD SOCKET,ENDOSKEL,SFT TISSUE SHAPING	1/1/2008	$2,665.52	N	Referral Required		
L6550		SHLDER DISARTIC,MLD SOCKET,ENDO,SFT TISSUE SHAPING	1/1/2008	$3,565.72	N	Referral Required		
L6570		INTERSCAPULAR THORACIC,MLD SOCKET ENDOSKELETAL	1/1/2008	$3,974.74	N	Referral Required		
L6580		PREPARATORY,WRIST OR BELOW ELBOW, MOLDED	1/1/2008	$1,350.76	N	Referral Required		
L6582		PREPARATORY,WRIST OR BELOW ELBOW, DIRECT FORMED	1/1/2008	$1,073.43	N	Referral Required		
L6584		PREPARATORY,WRIST OR BELOW ELBOW, LOCKING,MOLDED	1/1/2008	$1,823.80	N	Referral Required		

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L6586		PREPARATORY,ELBOW OR ABOVE,DIRECT FORMED	1/1/2008	$1,558.71	N	Referral Required		
L6588		PREPARATORY,SHOULDER/INTERSCAPULAR THORACIC MOLDED	1/1/2008	$2,639.22	N	Referral Required		
L6590		PREPARATORY,SHOULDER/INTERSCAPULAR THORACIC,DIRECT	1/1/2008	$2,431.83	N	Referral Required		
L6600		UPPER EXTREMITY ADDN,POLYCENTRIC HINGE,PR	1/1/2008	$152.40	N	Referral Required		
L6605		UPPER EXTREMITY ADDN.SINGLE PIVOT HINGE.PR	1/1/2008	$143.78	N	Referral Required		
L6610		UPPER EXTREMITY ADDN.FLEXIBLE METAL HINGE.PR	1/1/2008	$131.14	N	Referral Required		
L6615		UPPER EXTREMITY ADDN.DISCONNECT LOCKING WRIST UNIT	1/1/2008	$160.26	N	Referral Required		
L6616		UPPER EXTREM ADDN.ADDNL DISCONNECT INSERT (WRIST)	1/1/2008	$58.41	N	Referral Required		
L6620		UPPER EXTRM ADDN.FLEXION-FRICTION WRIST UNIT	1/1/2008	$251.01	N	Referral Required		
L6621		UPPER EXTREMITY PROSTHESIS, ADDITION, FLEX EXTENSION	4/1/2009	$2,025.37	N	Referral Required		
L6623		UPPER EXTRM ADDN.SPRING ASSIST ROTATIONAL WRIST	1/1/2008	$539.98	N	Referral Required		
L6624		UPPER EXTREMITY ADDITION, FLEXION/EXTENSION & ROTATION WRIST UNIT	4/1/2009	$3,334.81	N	Referral Required		
L6625		UPPER EXTRM ADDN. ROTATION WRIST UNIT W/CBLE	1/1/2008	$461.80	N	Referral Required		
L6628		UPPER EXTRM,QUICK DISCONNECT HOOK ADAPTER,OTTO BOK	1/1/2008	$433.68	N	Referral Required		
L6629		QUICK DISCONNECT LAMINATION COLLAR W/COUPLING	1/1/2008	$109.91	N	Referral Required		
L6630		UPPER EXTREMITY ADDN. STAINLESS STEEL,ANY WRIST	1/1/2008	$161.61	N	Referral Required		
L6632		UPPER EXTREMITY ADDN.LATEX SUSPENSION SLEEVE,EA	1/1/2008	$48.72	N	Referral Required		
L6635		UPPER EXTREMITY ADDN.LIFT ASSIST.ELBOW	1/1/2008	$141.68	N	Referral Required		
L6637		UPPER EXTREMITY ADDN.NUDGE CONTROL ELBOW LOCK	1/1/2008	$325.82	N	Referral Required		
L6640		UPPER EXTREMITY ADDN.SHOULDER ABDUCTION JOINT.PR	1/1/2008	$258.34	N	Referral Required		
L6641		UPPER EXTREMITY ADDN,EXCURSION AMPLIFIER, PULLEY	1/1/2008	$128.76	N	Referral Required		
L6642		UPPER EXTREMITY ADDN, EXCURSION AMPLIFIER. LEVER	1/1/2008	$174.16	N	Referral Required		
L6645		SHOULDER FLEXION-ABDUCTION JOINT, EA	1/1/2008	$297.28	N	Referral Required		
L6650		SHOULDER UNIVERSAL JOINT, EACH	1/1/2008	$256.39	N	Referral Required		
L6655		UPPER EXTREMITY ADDN. STANDARD CONTROL CABLE, EA	1/1/2008	$74.10	N	Referral Required		
L6660		UPPER EXTREMITY ADDN.HEAVY DUTY CONTROL CABLE	1/1/2008	$79.51	N	Referral Required		
L6665		UPPER EXTREMITY ADDN. TEFLON OR EQUAL CABLE LINING	1/1/2008	$36.97	N	Referral Required		
L6670		UPPER EXTREMITY ADDN.HOOK TO HAND CABLE ADAPTER	1/1/2008	$38.24	N	Referral Required		
L6672		HARNESS,CHEST OR SHOULDER,SADDLE TYPE	1/1/2008	$145.16	N	Referral Required		
L6675		UPPER EXTREMIHARNESS FIG EIGHT TYPE,SINGLE CONTROL	1/1/2008	$90.05	N	Referral Required		
L6676		UPPER EXTREMI,HARNESS,FIG EIGHT TYPE,DUAL CONTROL	1/1/2008	$110.71	N	Referral Required		
L6677		UPPER EXTREMITY , ADDITION, HARNESS, TRIPLE CONTROL	4/1/2009	$262.67	N	Referral Required		
L6680		WRIST OR BELOW ELBOW, TEST SOCKET	1/1/2008	$178.39	N	Referral Required		
L6682		ELBOW OR ABOVE, TEST SOCKET	1/1/2008	$226.95	N	Referral Required		
L6684		TEST SOCKET, SHOULDER OR INTERSCAPULAR THORACIC	1/1/2008	$347.76	N	Referral Required		
L6686		UPPER EXTREMITY ADDN, SUCTION SOCKET	1/1/2008	$498.55	N	Referral Required		
L6687		FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTIC	1/1/2008	$432.53	N	Referral Required		
L6688		FRAME TYPE SOCKET,ABOVE ELBOW OR ELBOW DISARTIC	1/1/2008	$529.65	N	Referral Required		
L6689		FRAME TYPE SOCKET, SHOULDER DISARTICULATION	1/1/2008	$648.26	N	Referral Required		
L6690		FRAME TYPE SOCKET, INTERSCAPULAR THORACIC	1/1/2008	$687.49	N	Referral Required		
L6691		UPPER EXTREMITY ADDN, REMOVABLE INSERT, EACH	1/1/2008	$297.42	N	Referral Required		
L6692		UPPER EXTREMITY ADDNLSILICONE GEL INSERT OR EQUAL	1/1/2008	$419.35	N	Referral Required		
L6693		UPPER EXTREMITY ADDITION EXTERNAL LOCKING ELBOW/FOREARM COUNTERBALANCE	1/1/2008	$2,089.92	N	Referral Required		
L6694		BELOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFAB	4/1/2009	$646.11	N	Referral Required		
L6695		BELOW/ABOVE ELBOW, CUSTOM FAB FROM EXISTING MOLD OR PREFAB, SOCKET INSERT	4/1/2009	$538.42	N	Referral Required		

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L6696		BELOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR AMPUTEE, INITIAL ONLY	4/1/2009	$1,164.74	N	Referral Required		
L6697		BELOW/ABOVE ELBOW,CUSTOM FABRICATED SOCKET INSERT FOR AMPUTEE, INITIAL ONLY	4/1/2009	$1,164.74	N	Referral Required		
L6698		BELOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT	4/1/2009	$598.21	N	Referral Required		
L6703		TERMINAL DEVICE, PASSIVE HAND/MITT	4/1/2009	$297.80	N	Referral Required		
L6706		TERMINAL DEVICE, HOOK, MECHANICAL, LINED OR UNLINED	1/1/2009	$359.55	Y	Referral Required		
L6707		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, LINED OR UNLINED	1/1/2009	$1,268.48	Y	Referral Required		
L6708		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	1/1/2009	$885.14	Y	Referral Required		
L6709		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	4/1/2009	$1,269.29	N	Referral Required		
L6711		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL,	4/1/2009	$595.33	Y	Referral Required		
L6712		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL,	4/1/2009	$1,096.10	Y	Referral Required		
L6713		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL,	4/1/2009	$1,383.40	Y	Referral Required		
L6714		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL	4/1/2009	$1,171.74	Y	Referral Required		
L6721		TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY	4/1/2009	$2,082.62	Y	Referral Required		
L6722		TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY	4/1/2009	$1,795.38	Y	Referral Required		
L6805		TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT	1/1/2008	$317.16	N	Referral Required		
L6810		TERMINAL DEVICE, PINCHER TOOL, OTTOBOCK OR EQUAL	1/1/2008	$150.07	N	Referral Required		
L6881		AUTOMATIC GRASP FEATURE ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	1/1/2008	$3,183.63	N	Referral Required		
L6882		MICRO PROCESSOR CF IN ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	1/1/2008	$2,414.93	N	Referral Required		
L6883		REPLACEMENT SOCKET, BELOW ELBOW/WRIST	4/1/2009	$1,848.38	N	Referral Required		
L6884		REPLACEMENT SOCKET, ABOVE ELBOW	4/1/2009	$2,525.81	N	Referral Required		
L6885		REPLACEMENT SOCKET, SHOULDER	4/1/2009	$3,830.66	N	Referral Required		
L6890		TERMINAL DEVICE,GLOVE FOR ABOVE HANDS,PRODUCTION G	1/1/2008	$139.25	N	Referral Required		
L6895		TERMINAL DEVICE,GLOVE FOR ABOVE HANDS,CUSTOM GLOVE	1/1/2008	$464.88	N	Referral Required		
L6900		PARTIAL HAND, W/GLOVE THUMB OR ONE FINGER REMAIN	1/1/2008	$1,456.05	N	Referral Required		
L6905		PARTIAL HAND, W/GLOVE, MULTIPLE FINGERS REMAINING	1/1/2008	$1,467.95	N	Referral Required		
L6910		PARTIAL HAND, W/GLOVE, NO FINGERS REMAINING	1/1/2008	$1,204.80	N	Referral Required		
L6915		HAND RESTORATION, GLOVE	1/1/2008	$544.49	N	Referral Required		
L7400		ADDITIONAL TO UPPER EXTREMITY PROSETHESIS, BELOW WRIST	4/1/2009	$271.39	N	Referral Required		
L7401		ADDITIONAL TO UPPER EXTREMITY PROSETHESIS, ABOVE ELBOW	4/1/2009	$303.82	N	Referral Required		
L7402		ADDITIONAL TO UPPER EXTREMITY PROSETHESIS, SHOULDER	4/1/2009	$328.10	N	Referral Required		
L7403		ADDITIONAL TO UPPER EXTREMITY PROSETHESIS, BELOW ELBOW/WRIST	4/1/2009	$326.09	N	Referral Required		
L7404		ADDITIONAL TO UPPER EXTREMITY PROSETHESIS, ABOVE ELBOW	4/1/2009	$492.16	N	Referral Required		
L7405		ADDITIONAL TO UPPER EXTREMITY PROSETHESIS, SHOULDER	4/1/2009	$643.68	N	Referral Required		
L7500		REPAIR PROSTHETIC DEVICE HRLY RATE	1/1/2008	$46.02	N	Referral Required		
L7510		REPAIR PROSTHETIC DEVICE		$0.00	N	Referral Required		
L7520		REPAIR PROSTHETIC DEVICE, LABOR COMPONENT-15 MIN	1/1/2008	$8.99	N	Referral Required		
L7600		PROSTHETIC DONNING SLEEVE, ANY MATERIAL		$0.00	N	Referral Required		
L8000		BREAST PROSTHESES MASTECTOMY BRA	1/1/2008	$30.98	N	Referral Required		
L8001		BREAST PROSTHESIS MASTECTOMY BRA WITH INTEGRATED BREAST PROSTHESIS FORM UNILATER	1/1/2008	$97.67	N	Referral Required		
L8002		BREAST PROSTHESIS MASTECTOMY BRA W/INTEGRATED BREAST PROSTHESIS FORM, BILATERAL	1/1/2008	$128.47	N	Referral Required		
L8010		BREAST PROSTHESES MASTECTOMY SLEEVE	1/1/2008	$54.80	N	Referral Required		
L8015		EXTERNAL BREAST PROSTHESIS GARMENT W/ MASTECTOMY FORM. POST MASTECTOMY	1/1/2008	$41.75	N	Referral Required		
L8020		BREAST PROSTHESES MASTECTOMY FORM	1/1/2008	$180.67	N	Referral Required		
L8030		BREAST PROTHESIS, SILICONE OR EQUAL	1/1/2008	$236.57	N	Referral Required		
L8031		BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE		$0.00	N	Referral Required		

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L8032		NIPPLE PROSTHESIS, REUSABLE, ANY TYPE, EACH		$0.00	Y	Referral Required		
L8035		CUSTOM BREAST PROSTHESIS POST MASTECTOMY MOLDED TO PATIENT MODEL	1/1/2008	$2,696.96	N	Referral Required		
L8039		BREAST PROSTHESIS, NOT OTHERWISE CLASSIFIED		$0.00	N			
L8040		NASAL PROSTHESIS PROVIDED BY NON PHYSICIAN	4/1/2009	$2,213.84	Y	Referral Required		
L8041		MIDFACIAL PROSTHESIS PROVIDED BY NON PHYSICIAN	4/1/2009	$2,668.58	Y	Referral Required		
L8042		ORBITAL PROSTHESIS PROVIDED BY NON PHYSICIAN	4/1/2009	$2,998.38	Y	Referral Required		
L8043		UPPER FACIAL PROSTHESIS PROVIDED BY NON PHYSICIAN	4/1/2009	$3,358.19	Y	Referral Required		
L8044		HEMI FACIAL PROSTHESIS PROVIDED BY NON PHYSICIAN	4/1/2009	$3,718.00	Y	Referral Required		
L8045		AURICULAR PROSTHESIS PROVIDED BY NON PHYSICIAN	4/1/2009	$2,333.93	Y	Referral Required		
L8046		PARTIAL FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	4/1/2009	$2,398.70	Y	Referral Required		
L8047		NASAL SEPTAL PROSTHESIS PROVIDED BY NON PHYSICIAN	4/1/2009	$1,229.33	Y	Referral Required		
L8048		UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT PROVIDED BY NON PHYSICIAN		$0.00	Y	Referral Required		
L8300		TRUSS, SINGLE WITH STANDARD PAD	1/1/2008	$78.59	N	Referral Required		
L8310		TRUSS, DOUBLE W/STANDARD PADS	1/1/2008	$110.08	N	Referral Required		
L8320		TRUSS, ADDN TO STANDARD PAD, WATER PAD	1/1/2008	$41.90	N	Referral Required		
L8330		TRUSS, ADDN TO STANDARD PAD, SCROTAL PAD	1/1/2008	$37.02	N	Referral Required		
L8400		PROSTHETIC SHEATH, BELOW KNEE, EACH	1/1/2008	$13.91	N	Referral Required		
L8410		PROSTHETIC SHEATH, ABOVE KNEE, EA.	1/1/2008	$19.82	N	Referral Required		
L8415		PROSTHETIC SHEATH, UPPER LIMB, EA.	1/1/2008	$20.36	N	Referral Required		
L8417		PROSTHETIC SHEATH/SOCK W/GEL CUSHION; EACH	1/1/2008	$54.27	N	Referral Required		
L8420		PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE; EACH	1/1/2008	$15.05	N	Referral Required		
L8430		PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE; EACH	1/1/2008	$17.19	N	Referral Required		
L8435		PROSTHETIC SOCK. WOOL, UPPER LIMB, EA.	1/1/2008	$21.02	N	Referral Required		
L8440		PROSTHETIC SHRINKER, BELOW KNEE, EA.	1/1/2008	$31.36	N	Referral Required		
L8460		PROSTHETIC SHRINKER, ABOVE KNEE, EA.	1/1/2008	$65.44	N	Referral Required		
L8465		PROSTHETIC SHRINKER, UPPER LIMB, EA.	1/1/2008	$36.58	N	Referral Required		
L8470		STUMP SOCK, SINGLE PLY, BELOW KNEE, EA.	1/1/2008	$5.01	N	Referral Required		
L8480		STUMP SOCK, SINGLE PLY, ABOVE KNEE, EA.	1/1/2008	$9.20	N	Referral Required		
L8485		STUMP SOCK, SINGLE PLY,FITTING,UPPER LIMB EA	1/1/2008	$10.78	N	Referral Required		
L8499		UNLISTED PROCEDURE, PROSTHETIC SERVICES		$0.00	Y	Referral Required		
L8500		ARTIFICIAL LARYNX, ANY TYPE	1/1/2008	$585.44	N	Referral Required		
L8501		TRACHEOSTOMY SPEAKING VALVE	1/1/2008	$90.58	N	Referral Required		
L8505		ARTIFICIAL LARYNX REPLACEMENT BATTERY/ACCESSORY, ANY TYPE		$0.00	N	Referral Required		
L8507		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED; ANY TYPE	1/1/2008	$32.62	N	Referral Required		
L8509		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS INSERTED BY LICENSED HEALTH CARE PROVIDER	1/1/2008	$82.04	N	Referral Required		
L8510		VOICE AMPLIFIER	1/1/2008	$196.78	N	Referral Required		
L8511		INSERT FOR INDWELLING TRACHEOSOPHAGEAL PROSTHESIS, W OR W/O VALVE, REPLACEMENT	1/1/2008	$57.26	N	Referral Required		
L8512		GELATIN CAPSULES OR EQUIV FOR USE W/ TRACHEOSOPHAGEAL VOICE PROSTHESIS, REPLACE	1/1/2008	$1.70	N	Referral Required		
L8513		CLEANING DEVICE USED W/TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPETTE, BRUSH ETC	1/1/2008	$4.08	N	Referral Required		
L8514		TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	1/1/2008	$74.24	N	Referral Required		
L8515		GELATIN CAPSULE, APPLICATION DEVICE FOR USE W/ TRACHEOESOPHAGEAL VOICE PROS., EA	1/1/2008	$49.69	N	Referral Required		
L8600		IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	1/1/2008	$546.87	Y	Referral Required		
L8603		COLLAGEN IMPLANT, URINARY TRACT, PER 2.5 CC SYRING	1/1/2008	$330.32	N	Referral Required		
L8604		INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER		$0.00	N	Referral Required		
L8606		INJECTABLE BULKING AGENT SYNTHETIC IMPLANT URINARY TRACT 1 ML SYRINGE INCLUSIVE	4/1/2009	$201.47	N	Referral Required		

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L8609		ARTIFICIAL CORNEA	4/1/2009	$5,769.31	N	Referral Required		
L8610		OCULAR IMPLANT	1/1/2008	$497.45	N	Referral Required		
L8612		AQUEOUS SHUNT - IMPLANT	1/1/2008	$543.07	N	Referral Required		
L8613		OSSICULA - IMPLANT	1/1/2008	$225.71	N	Referral Required		
L8614		COCHLEAR DEVICE/SYSTEM	4/1/2009	$16,944.63	Y	Referral Required		
L8615		HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	4/1/2009	$339.36	Y	Referral Required		
L8616		MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	4/1/2009	$93.02	Y	Referral Required		
L8617		TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	4/1/2009	$81.24	Y	Referral Required		
L8618		TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	4/1/2009	$23.22	Y	Referral Required		
L8619		COCHLEAR IMPLANT EXTERNAL SPEECH PROC.-REPLACEMENT	1/1/2008	$6,047.40	Y	Referral Required		
L8621		ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	4/1/2009	$0.55	N	Referral Required		
L8622		ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE REPLACEMENT, EA	4/1/2009	$0.29	N	Referral Required		
L8623		LITHIUM ION BATTERY, FOR USE WITH COCHLEAR IMPLANT DEVICE, OTHER THAN EAR LEVEL	4/1/2009	$57.28	Y	Referral Required		
L8624		LITHIUM ION BATTERY, FOR USE WITH COCHLEAR IMPLANT DEVICE, EAR LEVEL	4/1/2009	$142.80	Y	Referral Required		
L8627		COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT		$0.00	Y	Referral Required		
L8628		COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT		$0.00	Y	Referral Required		
L8629		TRANSMITTING COIL & CABLE, INTEGRATED, FOR USE W/COCHLEAR IMPL DEVICE, RPLCMNT		$0.00	Y	Referral Required		
L8630		METACARPOPHALANGEAL JOINT, IMPLANT	1/1/2008	$252.64	Y	Referral Required		
L8641		METATARSAL JOINT	1/1/2008	$349.98	Y	Referral Required		
L8642		HALLUX, IMPLANT	1/1/2008	$230.32	Y	Referral Required		
L8658		INTERPHALANGEAL JOINT, IMPLANT	1/1/2008	$305.15	Y	Referral Required		
L8670		VASCULAR GRAFT MATERIAL, SYNTHETIC - IMPLANT	1/1/2008	$417.41	Y	Referral Required		
L8680		IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	4/1/2009	$422.54	Y	Referral Required		
L8681		PATIENT PROGRAMMER FOR USE W/IMPLANTABLE NEUROSTIMULATOR	1/1/2008	$902.36	Y	Referral Required		
L8682		IMPLANTABLE STIMULATOR RADIOFREQUENCY RECEIVER	4/1/2009	$5,483.84	Y	Referral Required		
L8683		RADIOFREQUENCY TRANMITTER FOR USE W/IMPLANABLE NEUROSTIMULATOR	4/1/2009	$4,827.04	Y	Referral Required		
L8684		RADIOFREQUENCY TRANMITTER FOR USE W/IMPLANABLE SACRAL ROOT NEUROSTIMULATOR	4/1/2009	$714.42	Y	Referral Required		
L8685		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGABLE	4/1/2009	$12,028.68	Y	Referral Required		
L8686		IMPLANTABLE NEUROSTIMULATOR PULSE GNRATR, SINGLE ARRAY, NON-RECHARGABLE	4/1/2009	$7,675.28	Y	Referral Required		
L8687		IMPLANTABLE NEUROSTIMULATOR PULSE GNRATR, DUAL ARRAY, RECHARGABLE	4/1/2009	$15,654.10	Y	Referral Required		
L8688		IMPLANTABLE NEUROSTIMULATOR PULSE GNRATR, DUAL ARRAY, NON-RECHARGABLE	4/1/2009	$9,988.58	Y	Referral Required		
L8689		EXTERNAL RECHARGING SYSTEM FOR IMPLANTED NEUROSTIMULATOR, REPLACEMENT ONLY	4/1/2009	$1,527.41	Y	Referral Required		
L8690		AUDITORY OSSEOINTEGRATED DEVICE	4/1/2009	$4,212.39	Y	Referral Required		
L8691		AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL , REPLACEMENT	4/1/2009	$2,361.18	Y	Referral Required		
L8692		AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, W/O OSSEOINTEGRATION		$0.00	Y	Referral Required		
L8699		PROSTHETIC IMPLANT, NOS		$0.00	Y	Referral Required		
L9900		ORTHOTIC AND PROSTHETIC SUPPLY ACCESS AND OR SERVICE COMPONENT OF ANOTHER L CODE		$0.00	Y	Referral Required		
M0001		PHYSICAL EXAM, NEW PATIENT, AGE 18 OR OLDER		$0.00	N	Referral Required		
M0002		PERIODIC ROUTINE/ANNUAL PHYS EX 18 OR OVER		$0.00	N	Referral Required		
M0009		NOT OTHERWISE CLASS, OFFICE VISITS		$0.00	N	Referral Required		
M0010		NOC, HOME VISITS		$0.00	N	Referral Required		
M0019		NOT OTHERWISE CLASSIFIED, HOME VISITS		$0.00	N	Referral Required		
M0020		HOSPITAL VISIT, TOTAL RESPIRATORY CARE		$0.00	N	Referral Required		
M0021		PER DIEM INPAT HOSP CARE WHEN ONE OR MORE VIS/24HR		$0.00	N	Referral Required		
M0022		ICU CARE FOLOW-UP WHN ONE OR MOR VISTS AR MAD P 24		$0.00	N	Referral Required		

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M0023		ROUTINE NEWBOWN CARE, INHOSPITAL, INTITAL VIS ONLY		$0.00	N	Referral Required		
M0025		EMERGENCY FIRST AID (SURG)(TREAT OF MINOR INJUR)		$0.00	N	Referral Required		
M0029		NOT OTHERWISE CLASS, HOSPITAL VISITS		$0.00	N	Referral Required		
M0030		BRIEF EXAM, TWO OR MORE PAT SEEN IN SAME SNF PER P		$0.00	N	Referral Required		
M0039		NOT OTHERW CLASS, SNF, ECF, OR ICF VISITS		$0.00	N	Referral Required		
M0040		BRIEF EXAM 2 OR MORE PATIENTS,NURSING HOME		$0.00	N	Referral Required		
M0045		NOT OTHERWISE CLASS, NURSING HOME		$0.00	N	Referral Required		
M0049		NOT OTHERW CLASS, NH, BOARD HOME, DOMICILL, CUST C		$0.00	N	Referral Required		
M0059		NOT OTHERW CLASS, EMERG ROOM SERVICES		$0.00	N	Referral Required		
M0061		CLINICAL LAB CONSULTATION		$0.00	N	Referral Required		
M0064		BRIEF OV SOLELY FOR MONITORING/CHANGING MI DRUGS	1/1/2008	$20.44	N	Referral Required		
M0070		INS SHOCK THRPY HYPOGLYC SUBCOMA PER TREATMENT		$0.00	N	Referral Required		
M0071		ORTHOMOLECULAR THERAPY		$0.00	N	Referral Required		
M0072		IMMUNOTX FOR MALIGNANCY		$0.00	N	Referral Required		
M0075		CELLULAR THERAPY		$0.00	N	Referral Required		
M0076		PROLOTHERAPY		$0.00	N	Referral Required		
M0300		IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)		$0.00	N	Referral Required		
M0301		FABRIC WRAPPING OF ABDOMINAL ANEURYSM (MND)		$0.00	N	Referral Required		
M0399		NOT OTHERW CLASS, CARDIOVASCULAR SERVICES		$0.00	N	Referral Required		
P2038		MUCOPROTEIN, BLOOD (SEROMUCOID) (MED NECESS PROC)	1/1/2008	$6.95	N			
P6120		HEPATITIS A VISUR ANTIBODY (HAVAB), RIA	1/1/2008	$14.49	N	Referral Required		
P7000		CULTURE AND SENSITIVITY ANY SOURCE	1/1/2008	$12.66	N	Referral Required		
P7001		CULTURE, BACTERIAL, URINE; QUANTITATIVE SENSIT STU	1/1/2008	$13.04	N			
P9019		PLATELET CONCENTRATE, EACH UNIT	1/1/2008	$47.80	N			
P9021		RED BLOOD CELLS, EACH UNIT	1/1/2008	$72.10	N			
P9033		PLATELETS LEUKOCYTES REDUCED EACH UNIT		$0.00	N			
P9034		PLATELETS PHERESIS EACH UNIT		$0.00	N			
P9035		PLATELETS PHERESIS LEUKOCYTE REDUCED EACH UNIT		$0.00	N			
P9036		PLATELETS PHERESIS IRRADIATED EACH UNIT		$0.00	N			
P9037		PLATELETS PHERESIS LEUKOCYTE REDUCED IRRADIATED EACH UNIT		$0.00	N			
P9038		RED BLOOD CELLS IRRADIATED EACH UNIT		$0.00	N			
P9039		RED BLOOD CELLS DEGLYCEROLYZED EACH UNIT		$0.00	N			
P9040		RED BLOOD CELLS LEUKOCYTES REDUCED IRRADIATED EACH UNIT		$0.00	N			
P9041		INFUSION ALBUMIN (HUMAN) 5% - 50 ML	1/1/2008	$14.25	N			
P9042		INFUSION ALBUMIN (HUMAN) 25% 10 ML		$0.00	N	Referral Required		
P9043		INFUSION PLASMA PROTEIN FRACTION (HUMAN) 5% 50 ML	1/1/2008	$20.06	N			
P9044		PLASMA CRYOPRECIPTATE REDUCED EACH UNIT		$0.00	N			
P9045		INFUSION, ALBUMIN (HUMAN) 5%, 250ML	1/1/2008	$40.13	N			
P9046		INFUSION, ALBUMIN (HUMAN) 25%, 20ML	1/1/2008	$20.06	N			
P9047		INFUSION, ALBUMIN (HUMAN) 5%, 50ML	1/1/2008	$40.13	N			
P9048		INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 250ML	1/1/2008	$40.13	N			
P9051		WHOLE BLOOD OR REC BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT		$0.00	N			
P9052		PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, APHERESIS/PHERESIS, EACH UNIT		$0.00	N			
P9053		PLATELETS, PHERESIS LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT		$0.00	N			
P9054		WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN, DEGLYCEROL, WASHED		$0.00	N			

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P9055		PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, APHERESIS/PHERESIS, EACH UNIT		$0.00	N			
P9056		WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT		$0.00	N			
P9057		RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, EACH UNIT		$0.00	N			
P9058		RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED EACJ UNIT		$0.00	N			
P9059		FRESH FROZEN PLASMA, HONOR RETESTED, EACH UNIT		$0.00	N			
P9060		FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT		$0.00	N			
P9612		CATHETERIZATION FOR COLLECTION OF SPECIMEN SINGLE PATIENT ALL PLACES OF SERVICE	1/1/2008	$3.00	N			
Q0083		ADMINISTRACTION OF CHEMOTHERAPY BY ANY ROUTE OTHER THAN INFUSION, PER VISIT		$0.00	N	Referral Required		
Q0098		BLOOD GLUCOSE MONITER - IDAHO MEDICARE CROSSOVER	1/1/2008	$3.48	N			
Q0111		WET MOUNTS	1/1/2008	$5.90	N			
Q0112		TISSUE EXAM FOR FUNGI (EG, KOH SLIDE)	1/1/2008	$5.90	N			
Q0113		PINWORM EXAM	1/1/2008	$7.47	N			
Q0114		FERN TEST	1/1/2008	$9.88	N			
Q0138		INJECTION, FERUMOXYTOL, FOR TX OF IRON DEFICIENCY ANEMIA, 1 MG	1/1/2010	$0.82	N	Referral Required		
Q0139		INJECTION, FERUMOXYTOL, FOR TX OF IRON DEFICIENCY ANEMIA, 1 MG ESRD USE	7/1/2010	$0.93	N	Referral Required		
Q0163		DIPHENHYDRAMINE HYDROCHLORID 50 MG ORAL 48 HOUR DOSAGE REGIMINE	1/1/2008	$0.03	N	Referral Required		
Q0164		PROCHLORPERAZINE MALEATE 5MG ORAL 48 HOUR DOSAGE REGIMEN	1/1/2008	$0.03	N	Referral Required		
Q0165		PROCHLORPERAZINE MALEATE 10 MG ORAL 48 HOUR DOSAGE REGIMEN	1/1/2008	$0.09	N	Referral Required		
Q0166		GRANISETRON HYDROCHLORIDE, KYTRIL 1 MG ORAL	1/1/2008	$50.22	N	Referral Required		
Q0167		DRONABINOL 2.5 MG ORAL 48 HOUR DOSAGE REGIMEN	1/1/2008	$4.88	N	Referral Required		
Q0168		DRONABINOL 5 MG ORAL 48 HOUR DOSAGE REGIMEN	1/1/2008	$10.98	N	Referral Required		
Q0169		PROMETHAZINE HYDROCHLORIDE 12.5 MG ORAL 48 HOUR DOSAGE REGIMEN	1/1/2008	$0.44	N	Referral Required		
Q0170		PROMETHAZINE HYDROCHLORIDE 25 MG ORAL 48 HOUR DOSE (PHENERGAN, AMERGAN)	1/1/2008	$0.27	N	Referral Required		
Q0171		CHLORPROMAZINE HYDROCHLORIDE 10 MG ORAL 48 HOUR DOSE (THORAZINE)	1/1/2008	$0.02	N	Referral Required		
Q0172		CHLORPROMAZINE HYDROCHLORIDE 25 MG ORAL 48 HOUR DOSAGE REGIMEN	1/1/2008	$0.04	N	Referral Required		
Q0173		TRIMETHOBENZAMIDE HYDROCHLORIDE 250MG 48 HOUR DOSAGE REGIMEN	1/1/2008	$0.30	N	Referral Required		
Q0174		THIETHYLPERAZINE MALEATE 10 MG ORAL 48 HOUR DOSAGE (TORECAN)	1/1/2008	$0.79	N	Referral Required		
Q0175		PERPHENAZINE 4MG ORAL 48 HOUR DOSAGE REGIMEN (TRILIFON)	1/1/2008	$0.18	N	Referral Required		
Q0176		PERPHENAZINE 8MG ORAL 48 HR DOSAGE REGIMINE (TRILIFON)	1/1/2008	$0.19	N	Referral Required		
Q0177		HYDROXYZINE PAMOATE 25 MG ORAL 48 HOUR DOSAGE REGIMEN	1/1/2008	$0.05	N	Referral Required		
Q0178		HYDROXYZINE PAMOATE 50MG ORAL 48 HR DOSAGE REGIMEN	1/1/2008	$0.06	N	Referral Required		
Q0179		ONDANSETRON HYDROCHLORIDE 8MG ORAL 48HR DOSAGE REGIMEN	1/1/2008	$9.17	N	Referral Required		
Q0180		DOLASETRON MESYLATE 100MG ORAL NOT TO EXCEED A 24 HOUR REGIMEN	1/1/2008	$47.98	N	Referral Required		
Q0480		DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	4/1/2009	$79,750.51	Y	Referral Required		
Q0481		MICROPROCESSOR CNTRL UNIT W/ ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACMNT ONLY	4/1/2009	$12,866.81	Y	Referral Required		
Q0482		MICROPROSSR UNIT FOR ELECTRIC/PNEUMATIC COMBO VENT ASSIST DEVICE, REPLACMNT ONLY	4/1/2009	$4,030.13	Y	Referral Required		
Q0483		MONITOR/DISPLAY FOR USE W/ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	4/1/2009	$16,602.32	Y	Referral Required		
Q0484		MONITOR/DISPLAY USE W/ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$3,224.12	Y	Referral Required		
Q0485		MONITOR CONTROL CABLE USE W/ELECTRIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$311.28	Y	Referral Required		
Q0486		MONITOR CONTRL CABLE USE W/ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$259.09	Y	Referral Required		
Q0487		LEADS FOR USE W/ ANY TYPE ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$302.26	Y	Referral Required		
Q0488		POWER PACK BASE FOR USE W/ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY		$0.00	Y	Referral Required		
Q0489		POWER PACK BASE FOR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$14,393.32	Y	Referral Required		
Q0490		EMERGENCY POWER SOURCE FOR ELECTRIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$622.58	Y	Referral Required		
Q0491		EMERG PWR SOURCE FOR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$978.78	Y	Referral Required		

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Q0492		EMERG PWR SUPLLY CABLE FOR ELECTRIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$78.84	Y	Referral Required		
Q0493		EMERG PWR SUP CABLE FOR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$224.53	Y	Referral Required		
Q0494		EMERG HAND PUMP FOR ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$190.00	Y	Referral Required		
Q0495		BATTERY PWR CHARGE PACK FOR ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$3,698.71	Y	Referral Required		
Q0496		BATTERY FOR USE W/ ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$1,327.53	Y	Referral Required		
Q0497		BATTERY CLIPS FOR USE W/ ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$414.53	Y	Referral Required		
Q0498		HOLSTER FOR USE W/ ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$454.83	Y	Referral Required		
Q0499		BELT/VEST FOR USE W/ ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$147.78	Y	Referral Required		
Q0500		FILTERS FOR USE W/ ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	4/1/2009	$27.04	Y	Referral Required		
Q0501		SHOWER COVER FOR USE WITH ELECTRIC/PNEUMATIC ASSIST DEVICE	4/1/2009	$452.21	Y	Referral Required		
Q0502		MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE	4/1/2009	$575.73	Y	Referral Required		
Q0503		BATTERY FOR PNEUMATIC VENTRICULAR DEVICE, EACH	4/1/2009	$1,151.46	Y	Referral Required		
Q0504		POWER ADAPTER FOR PNEUMATIC ASSIST DEVICE	4/1/2009	$607.60	Y	Referral Required		
Q0505		MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH VENTRICULAR ASSIS DEV		$0.00	Y	Referral Required		
Q0506		BATTERY, LITHIUM-ION, FOR USE W/ELECTRIC OR ELECTRIC/PNEUMATIC VAD, REPL ONLY		$0.00	Y	Referral Required		
Q0515		INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	1/1/2008	$1.75	Y	Referral Required		
Q2009		INJECTION, FOSPENYTOIN, 50 MG	1/1/2008	$3.60	N	Referral Required		
Q2017		INJECTION, TENIPOSIDE, 50 MG	1/1/2008	$282.01	N	Referral Required		
Q3001		RADIOELEMENTS FOR BRACHTHERAPY, ANY TYPE, EACH		$0.00	N	Referral Required		
Q3014		TELEHEALTH ORIGINATING SITE FACILITY FEE	1/1/2008	$20.00	N	Referral Required		
Q3025		INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE	1/1/2008	$122.31	N	Referral Required		
Q3026		INJ., INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE		$0.00	N	Referral Required		
Q3031		COLLAGEN SKIN TEST		$0.00	N			
Q4001		CASTING SUPPLIES BODY CAST ADULT WITH OR WITHOUT HEAD PLASTER	1/1/2008	$34.78	N	Referral Required		
Q4002		CAST SUPPLIES BODY CAST ADULT WITH OR WITHOUT HEAD FIBERGLASS	1/1/2008	$131.44	N	Referral Required		
Q4003		CAST SUPPLIES SHOULDER CAST ADULT PLASTER	1/1/2008	$24.98	N	Referral Required		
Q4004		CAST SUPPLIES SHOULDER CAST ADULT FIBERGLASS	1/1/2008	$86.48	N	Referral Required		
Q4005		CAST SUPPLIES LONG ARM CAST ADULT	1/1/2008	$9.21	N	Referral Required		
Q4006		CAST SUPPLIES LONG ARM CAST ADULT FIBERGLASS	1/1/2008	$20.76	N	Referral Required		
Q4007		CAST SUPPLIES LONG ARM CAST PEDIATRIC	1/1/2008	$4.61	N	Referral Required		
Q4008		CAST SUPPLIES LONG ARM CAST PEDIATRIC	1/1/2008	$10.38	N	Referral Required		
Q4009		CAST SUPPLIES SHORT ARM CAST ADULT PLASTER	1/1/2008	$6.14	N	Referral Required		
Q4010		CAST SUPPLIES SHORT ARM CAST ADULT FIBERGLASS	1/1/2008	$13.84	N	Referral Required		
Q4011		CAST SUPPLIES SHORT ARM CAST PEDIATRIC PLASTER	1/1/2008	$3.07	N	Referral Required		
Q4012		CAST SUPPLIES SHORT ARM CAST PEDIATRIC FIBERGLASS	1/1/2008	$6.92	N	Referral Required		
Q4013		CAST SUPPLIES GAUNTLET CAST ADULT	1/1/2008	$11.18	N	Referral Required		
Q4014		CAST SUPPLIES GAUNTLET CAST ADULT FIBERGLASS	1/1/2008	$18.88	N	Referral Required		
Q4015		CAST SUPPLIES GAUNTLET CAST PEDIATRIC PLASTER	1/1/2008	$5.59	N	Referral Required		
Q4016		CAST SUPPLIES GAUNTLET CAST PEDIATRIC FIBERGLASS	1/1/2008	$9.44	N	Referral Required		
Q4017		CAST SUPPLIES LONG ARM SPLINT ADULT PLASTER	1/1/2008	$6.47	N	Referral Required		
Q4018		CAST SUPPLIES LONG ARM SPLINT ADULT FIBERGLASS	1/1/2008	$10.32	N	Referral Required		
Q4019		CAST SUPPLIES LONG ARM SPLINT PEDIATRIC PLASTER	1/1/2008	$3.24	N	Referral Required		
Q4020		CAST SUPPLIES LONG ARM SPLINT PEDIATRIC FIBERGLASS	1/1/2008	$5.16	N	Referral Required		
Q4021		CAST SUPPLIES SHORT ARM SPLINT ADULT PLASTER	1/1/2008	$4.79	N	Referral Required		
Q4022		CAST SUPPLIES SHORT ARM SPLINT ADULT FIBERGLASS	1/1/2008	$8.64	N	Referral Required		

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Q4023		CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC PLASTER	1/1/2008	$2.40	N	Referral Required		
Q4024		CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC FIBERGLASS	1/1/2008	$4.32	N	Referral Required		
Q4025		CAST SUPPLIES HIP SPICA ADULT PLASTER	1/1/2008	$26.86	N	Referral Required		
Q4026		CAST SUPPLIES HIP SPICA ADULT FIBERGLASS	1/1/2008	$83.85	N	Referral Required		
Q4027		CAST SUPPLIES HIP SPICA PEDIATRIC PLASTER	1/1/2008	$13.43	N	Referral Required		
Q4028		CAST SUPPLIES HIP SPICA PEDIATRIC FIBERGLASS	1/1/2008	$41.93	N	Referral Required		
Q4029		CAST SUPPLIES LONG LEG CAST ADULT PLASTER	1/1/2008	$20.53	N	Referral Required		
Q4030		CAST SUPPLIES LONG LEG CAST ADULT FIBERGLASS	1/1/2008	$54.05	N	Referral Required		
Q4031		CAST SUPPLY LONG LEG CAST PEDIATRIC PLASTER	1/1/2008	$10.27	N	Referral Required		
Q4032		CAST SUPPLIES LONG LEG CAST PEDIATRIC FIBERGLASS	1/1/2008	$27.03	N	Referral Required		
Q4033		CAST SUPPLIES LONG LEG CYLINDER CAST ADULT PLASTER	1/1/2008	$19.15	N	Referral Required		
Q4034		CAST SUPPLIES LONG LEG CYLINDER CAST ADULT FIBERGLASS	1/1/2008	$47.65	N	Referral Required		
Q4035		CAST SUPPLIES LONG LEG CYLINDER CAST PEDIATRIC PLASTER	1/1/2008	$9.58	N	Referral Required		
Q4036		CAST SUPPLIES LONG LEG CYLINDER CAST PEDIATRIC FIBERGLASS	1/1/2008	$23.83	N	Referral Required		
Q4037		CAST SUPPLIES SHORT LEG CAST ADULT PLASTER	1/1/2008	$11.69	N	Referral Required		
Q4038		CAST SUPPLIES SHORT LEG CAST ADULT FIBERGLASS	1/1/2008	$29.27	N	Referral Required		
Q4039		CAST SUPPLIES SHORT LEG CAST PEDIATRIC PLASTER	1/1/2008	$5.85	N	Referral Required		
Q4040		CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBERGLASS	1/1/2008	$14.64	N	Referral Required		
Q4041		CAST SUPPLIES LONG LEG SPLINT ADULT PLASTER	1/1/2008	$14.21	N	Referral Required		
Q4042		CAST SUPPLIES LONG LEG SPLINT ADULT FIBERGLASS	1/1/2008	$24.25	N	Referral Required		
Q4043		CAST SUPPLIES LONG LEG SPLINT PEDIATRIC PLASTER	1/1/2008	$7.10	N	Referral Required		
Q4044		CAST SUPPLIES LONG LEG SPLINT PEDIATRIC FIBERGLASS	1/1/2008	$12.13	N	Referral Required		
Q4045		CAST SUPPLIES SHORT LEG SPLINT ADULT PLASTER	1/1/2008	$8.25	N	Referral Required		
Q4046		CAST SUPPLIES SHORT LEG SPLINT ADULT FIBERGLASS	1/1/2008	$13.27	N	Referral Required		
Q4047		CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC PLASTER	1/1/2008	$4.12	N	Referral Required		
Q4048		CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC FIBERGLASS	1/1/2008	$6.64	N	Referral Required		
Q4049		FINGER SPLINT STATIC	1/1/2008	$1.50	N	Referral Required		
Q4050		CAST SUPPLIES FOR UNLISTED TYPES AND MATERIALS OF CASTS		$0.00	N	Referral Required		
Q4051		SPLINT SUPPLIES MISC.		$0.00	N	Referral Required		
Q4074		ILOPROST, INHALATION SOL, FDA-APPR FINAL PROD,UNIT DOSE, UP TO 20 MCG	1/1/2010	$65.72	N	Referral Required		
Q4081		INJECTION, EPOETIN ALFA, 100 UNITS	1/1/2008	$0.90	N	Referral Required		
Q4100		SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED		$0.00	N	Referral Required		
Q4101		SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	1/1/2009	$31.39	N	Referral Required		
Q4102		SKIN SUBSTITUTE, OASIS WOUND MATRIX, PER SQUARE CENTIMETER	1/1/2009	$4.35	N	Referral Required		
Q4103		SKIN SUBSTITUTE, OASIS BURN MATRIX, PER SQUARE CENTIMETER	1/1/2009	$4.35	N	Referral Required		
Q4104		SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQ.CM	1/1/2009	$11.87	N	Referral Required		
Q4105		SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQ.CM	1/1/2009	$11.87	N	Referral Required		
Q4106		SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	1/1/2009	$38.45	N	Referral Required		
Q4107		SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	1/1/2009	$88.97	N	Referral Required		
Q4108		SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	1/1/2009	$18.85	N	Referral Required		
Q4109		SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	1/1/2009	$78.59	N	Referral Required		
Q4110		SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	1/1/2009	$34.27	N	Referral Required		
Q4111		SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER	1/1/2009	$7.56	N	Referral Required		
Q4112		ALLOGRAFT, CYMETRA, INJECTABLE, 1CC	1/1/2009	$311.36	Y	Referral Required		
Q4113		ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC	1/1/2009	$311.36	Y	Referral Required		

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Q4114		INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	1/1/2009	$897.11	Y	Referral Required		
Q4115		SKIN SUBSTITUTE, ALLOSKIN, PER SQUARE CENTIMETER	1/1/2010	$9.54	N	Referral Required		
Q4116		SKIN SUBSTITUTE, ALLODERM, PER SQUARE CENTIMETER	1/1/2010	$32.39	N	Referral Required		
Q9951		LOW OSMOLAR CONTRAST MATERIAL 400 OR GREATER MG/ML		$0.00	N			
Q9953		INJECTION, IRON BASED MAGNETIC RESONANCE CONTRAST AGENT PER ML	1/1/2008	$30.41	N			
Q9954		ORAL MAGNETIC RESONANCE CONTRAST AGENT PER 100 ML	1/1/2008	$9.56	N			
Q9955		INJECTION PERFLEXANE LIPID MICROSPHERES, PER ML		$0.00	N			
Q9956		INJECTION OCTAFLUOROPROPANE MICROSPHERES, MER ML	1/1/2008	$49.61	N			
Q9957		INJECTION PERFLUTREN LIPID MICROSPHERES, PER ML	1/1/2008	$62.59	N			
Q9958		HIGH OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML	1/1/2008	$0.07	N			
Q9959		HIGH OSMOLAR CONTRAST MATERIAL, UP TO 150-199 IODINE CONCENTRATE PER ML		$0.00	N			
Q9960		HIGH OSMOLAR CONTRAST MATERIAL, 200-249 IODINE CONCENTRATE PER ML	1/1/2008	$0.12	N			
Q9961		HIGH OSMOLAR CONTRAST MATERIAL, 250-299 IODINE CONCENTRATE PER ML	1/1/2008	$0.21	N			
Q9962		HIGH OSMOLAR CONTRAST MATERIAL, 300-349 IODINE CONCENTRATE PER ML	1/1/2008	$0.18	N			
Q9963		HIGH OSMOLAR CONTRAST MATERIAL, 350-399 IODINE CONCENTRATE PER ML	1/1/2008	$0.41	N			
Q9964		HIGH OSMOLAR CONTRAST MATERIAL, 3400 OR GREATER IODINE CONCENTRATE PER ML	1/1/2008	$0.29	N			
Q9965		LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION PER ML	1/1/2008	$1.81	N			
Q9966		LOW OSMOLAR CONTRAST MATERIAL 200-299 MG/ML IODINE CCONCENTRATION PER ML	1/1/2008	$1.14	N			
Q9967		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CCONCENTRATION PER ML	1/1/2008	$0.29	N			
Q9968		INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT, 1 MG		$0.00	N			
R0070		TRANSPORT/PORTABLE X-RAY EQUIP & PERSONNEL TO HOME/NURSING HM, PER TRP 1 PT SEEN	1/1/2008	$114.00	N			
R0075		TRANSPT/PORTABLE X-RAY EQUIP/PERSONNEL/HOME/NUR HM, PER TRP MORE THAN 1 PATIENT	1/1/2008	$114.00	N			
S0180		ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES		$0.00	N			
S0181		ONDANSETRON HCL, ORAL 4 MG CIRCUMS FAILING UNDER MEDICARE ST. USE Q0179, ZOFRAN		$0.00	N	Referral Required		
S0215		NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE		$0.00	N			
S1040		CRANIAL REMOLDING ORTHOSIS, RIGID W/SOFT MATERIAL, CUSTOM, INCL FITTING & ADJ		$0.00	Y	Referral Required		
S3620		NEWBORN METABOLIC SCREENING, INCLUDES TEST KIT, POSTAGE & LAB TESTS SPECIFIED	1/1/2008	$19.00	N			
S3854		GENE EXPRESSION PROFILING PANEL FOR USE IN THE MNGMNT OF BREAST CANCER		$0.00	Y			
S4993		CONTRACEPTIVE PILLS FOR BIRTH CONTROL	1/1/2008	$6.61	N			
S5000		PRESCRIPTION DRUG, GENERIC		$0.00	N			
S5001		PRESCRIPTION DRUG, BRAND NAME		$0.00	N			
S5115		HOME CARE TRAINING, NON-FAMILY; PER 15 MINUTES		$0.00	Y			
S5120		CHORE SERVICES, PER 15 MINUTES		$0.00	Y			
S5121		CHORE SERVICES; PER DIEM		$0.00	Y			
S5125		ATTENDANT CARE SERVICES; PER 15 MINUTES	7/1/2009	$4.01	N			
S5130		HOMEMAKER SERVICE, NOS; PER 15 MIN		$0.00	Y			
S5135		COMPANION CARE ADULT (E.G. IADHL/ADL); PER 15 MINUTES		$0.00	Y			
S5140		FOSTER CARE, ADULT; PER DIEM		$0.00	N			
S5145		FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM		$0.00	Y			
S5160		EMERGENCY RESPONSE SYSTEM: INSTALLATION AND TESTING		$0.00	Y			
S5161		EMERGENCY RESPONSE SYSTEM; SERVICE FEE/MONTH (EXCLUDES INSTALLATION & TESTING)		$0.00	Y			
S5165		HOME MODIFICATIONS; PER SERVICE		$0.00	Y			
S5170		HOME DELIVERED MEALS; INCLUDES PREPARATION PER MEAL		$0.00	Y			
S8100		HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER WITHOUT MASK	1/1/2008	$31.05	N	Referral Required		
S8101		HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER WITH MASK	1/1/2008	$41.87	N	Referral Required		

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S8265		HABERMAN FEEDER FOR CLEFT LIP/PALATE	1/1/2008	$20.62	N	Referral Required		
S9123		NURSING CARE IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING		$0.00	N	Referral Required		
S9125		RESPITE CARE, IN THE HOME, PER DIEM		$0.00	Y	Referral Required		
S9127		SOCIAL WORK VISIT, IN THE HOME, PER DIEM		$0.00	N	Referral Required		
S9470		NUTRITIONAL COUNSELING; DIETITIAN VISIT	1/1/2008	$26.65	N	Referral Required		
T1001		NURSING ASSESSMENT/EVALUATION	1/1/2006	$35.59	N	Referral Required		
T1002		RN SERVICES, UP TO 15 MINUTES		$0.00	N	Referral Required		
T1003		LPN/LVN SERVICES, UP TO 15 MINUTES		$0.00	N			
T1004		SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES		$0.00	N			
T1005		RESPITE CARE SERVICES, UP TO 15 MINUTES		$0.00	Y	Referral Required		
T1013	CG	SIGN LANGUAGE INTERPRETATION SERVICES, PER 15 MIN	1/1/2008	$12.50	N			
T1013		ORAL LANGUAGE INTERPRETATION SERVICES, PER 15 MIN	1/1/2008	$3.04	N			
T1014		TELEHEALTH TRANSMISSION, PER MINUTE, PROF SERVICES BILL SEPARATELY	1/1/2008	$20.00	N	Referral Required		
T1017		CASE MANAGEMENT MENTAL HEALTH-ONGOING (PER 15 MINUTES)	7/1/2009	$11.04	N	Referral Required		
T1019		PERSONAL CARE, PER 15 MIN NOT INPT OR HOSPITL, NH, ICF/MR PART OF INDIV TRTMT		$0.00	Y	Referral Required		
T1023		SCREEN FOR INDIV PARTIC IN SPECIFIC PRGM, PROJECT OR TRTMENT PROTOCOL, PER ENCOU		$0.00	N			
T1028		ASSESSMENT OF HOME,PHYSICAL/FAM ENVIRON TO DETERMINE SUITABILITY TO MEET NEEDS	1/1/2008	$9.94	N			
T2001		NON-EMERGENCY TRANSAPORTATION; PATIENT ATTENDANT/ESCORT	1/1/2008	$1.91	Y			
T2003		NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP		$0.00	Y			
T2004		NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS	1/1/2008	$27.00	Y			
T2021		DAY HABILITATION, WAIVER, PER 15 MINUTES		$0.00	Y			
T2024		SERVICE ASSESSMENT/PLAN OF CARE DEVELOPMENT WAIVER (PER SERVICE)	1/1/2008	$11.35	Y	Referral Required		
T2040		FINANCIAL MANAGEMENT, SELF DIRECTED, WAIVER; PER 15 MIN	3/16/2009	$108.00	Y			
T4521		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	12/1/2008	$0.48	N	Referral Required		
T4522		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	12/1/2008	$0.60	N	Referral Required		
T4523		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	12/1/2008	$0.72	N	Referral Required		
T4524		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	12/1/2008	$0.77	N	Referral Required		
T4525		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR, SM SIZE, EACH	12/1/2008	$0.54	N	Referral Required		
T4526		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR. MED SIZE, EA	12/1/2008	$0.62	N	Referral Required		
T4527		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR, LG SIZE, EACH	12/1/2008	$0.74	N	Referral Required		
T4528		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR, EX LG, EA	12/1/2008	$0.82	N	Referral Required		
T4529		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SM/MED SIZE, EACH	12/1/2008	$0.41	N	Referral Required		
T4530		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LG SIZE, EACH	12/1/2008	$0.47	N	Referral Required		
T4531		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTEC UNDERWEAR, SM/MED, EA	12/1/2008	$0.46	N	Referral Required		
T4532		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR, LG, EACH	12/1/2008	$0.54	N	Referral Required		
T4533		YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	12/1/2008	$0.48	N	Referral Required		
T4534		YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, EA	12/1/2008	$0.52	N	Referral Required		
T4535		DISPOSABLE LINER/SHIELD FOR INCONTINENCE, EACH	12/1/2008	$0.34	N	Referral Required		
T4536		INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, REUSABLE, ANY SIZE, EACH	12/1/2008	$6.73	N	Referral Required		
T4537		INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	12/1/2008	$14.07	N	Referral Required		
T4539		INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH	12/1/2008	$11.18	N	Referral Required		
T4540		INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	12/1/2008	$9.90	N	Referral Required		
T4541		INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	12/1/2008	$0.25	N	Referral Required		
T4542		INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	12/1/2008	$0.24	N	Referral Required		
T4543		DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH	12/1/2008	$0.76	N	Referral Required		

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T5001		POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS	1/1/2008	$520.71	N	Referral Required		
V2020		FRAMES, PURCHASE	7/1/2008	$6.00	N			
V2025		DELUXE FRAME, SPECIAL NEEDS FRAME	7/1/2008	$15.00	Y			
V2100		SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00 PER LENS	7/1/2008	$5.00	N			
V2101		SPHERE, SINGLE VISION, + OR - 4.12 TO + OR - 7.00D PER LENS	7/1/2008	$5.00	N			
V2102		SPHERE, SINGLE VISION, + OR - 7.12 TO + OR - 20.00D PER LENS	7/1/2008	$6.00	N			
V2103		SPHEROCYL, SINGLE VISION, PLANO TO + OR - 4.00D SPHERE 0.12-2.00 CYL, PER LENS	7/1/2008	$5.00	N			
V2104		SPHEROCYL, SINGLE VISION, PLANO TO + OR - 4.00D SPHERE, 2.12-4.00D CYL, PER LENS	7/1/2008	$5.00	N			
V2105		SPHEROCYL, SINGLE VISION, PLANO TO + OR - 4.00D SPHERE, 4.25-6.00D CYL, PER LENS	7/1/2008	$5.00	N			
V2106		SPHEROCYLIN, SINGLE VISION, PLANO TO + OR - 4.00D SPHERE, ^ 6.00D CYL, PER LENS	7/1/2008	$5.00	N			
V2107		SPHEROCYL, SINGLE VISION, + OR - 4.25 TO + OR - 7.00 SPHERE, 0.12-2.00D CYL,	7/1/2008	$5.00	N			
V2108		SPHEROCYL, SINGLE VISION, + OR - 4.25D TO + OR - 7.00D SPHERE, 2.12-4.00D	7/1/2008	$5.00	N			
V2109		SPHEROCYL, SINGLE VISION, + OR - 4.25 TO + OR 7.00D SPHERE, 4.25-6.00D CYL	7/1/2008	$5.00	N			
V2110		SPHEROCYL, SINGLE VISION, + OR - 4.25-7.00D SPHERE, ^ 6.00D CYL, PER LENS	7/1/2008	$5.00	N			
V2111		SPHEROCYL, SINGLE VISION, + OR - 7.25 TO + OR - 12.00D SPHERE, 0.25-2.25D CYL	7/1/2008	$6.00	N			
V2112		SPEROCYL, SINGLE VISION + OR - 7.25 TO + OR - 12.00D SPHERE, 2.25-4.00D CYL	7/1/2008	$6.00	N			
V2113		SPHEROCYL SINGLE VISION, + OR 7.25 TO + OR - 12.00D SPHERE, 4.25-6.00D CYL	7/1/2008	$8.00	N			
V2114		SPHEROCYL, SINGLE VISION, SPHERE ^+ OR - 12.00D, PER LENS	7/1/2008	$8.00	N			
V2115		LENTICULAR (MYODISC), PER LENS, SINGLE VISION	7/1/2008	$10.00	Y			
V2118		ANISEIKONIC LENS, SINGLE VISION	7/1/2008	$10.00	N			
V2121		LENTICULAR LENS, PER LENS, SINGLE	7/1/2008	$12.00	Y			
V2199		NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS		$0.00	Y			
V2200		SPHERE, BIFOC, PLANO TO PLUS OR MIN 4.00D PER LENS	7/1/2008	$6.00	N			
V2201		SPHERE, BIFOCAL, + OR - 4.12 TO + OR - 7.00D PER LENS	7/1/2008	$6.00	N			
V2202		SPHERE, BIFOCAL, + OR - 7.12 TO + OR - 20.00D PER LENS	7/1/2008	$8.00	N			
V2203		SPHEROCYL, BIFOCAL, PLANO TO + OR - 4.00D SPHERE, 0.12 TO 2.00D CYL	7/1/2008	$6.00	N			
V2204		SPHEROCYL, BIFOCAL, PLANO TO + OR - 4.00D SPHERE, 2.12 TO 4.00D CYL	7/1/2008	$6.00	N			
V2205		SPHEROCYL, BIFOCAL, PLANO TO + OR - 4.00D SPHERE, 4.25 TO 6.00D CYL	7/1/2008	$7.00	N			
V2206		SPHEROCYL, BIFOCAL, PLANO TO + OR - 4.00D SPHERE, ^ 6.00D CYL	7/1/2008	$8.00	N			
V2207		SPHEROCYL, BIFOCAL, + OR - 4.25 TO + OR - 7.00D SPHERE, 0.12 TO 2.00D CYL	7/1/2008	$8.00	N			
V2208		SPHEROCYL, BIFOCAL, + OR - 4.25 TO + OR - 7.00D SPHERE, 2.12 TO 4.00D CYL	7/1/2008	$8.00	N			
V2209		SPHEROCYL, BIFOCAL,+ OR - 4.25 TO + OR - 7.00D SPHERE, 4.25 TO 6.00D CYL	7/1/2008	$8.00	N			
V2210		SPHEROCYL, BIFOCAL,+ OR - 4.25 TO + OR -I 7.00D SPHERE, ^ 6.00D CYL	7/1/2008	$8.00	N			
V2211		SPHEROCYL, BIFOCAL, + OR -I 7.25 TO + OR - 12.00D SPHERE, 0.25 TO 2.25D CYL	7/1/2008	$8.00	N			
V2212		SPHEROCYL BIFOCAL+ OR - 7.25 TO + OR - 12.00 D SPHERE, 2.25 TO 4.00D CYL	7/1/2008	$8.00	N			
V2213		SPHEROCYL, BIFOCAL,+ OR - 7.25 TO + OR - 12.00D SPHERE, 4.25 TO 6.00D CYL	7/1/2008	$8.00	N			
V2214		SPHEROCYL, BIFOCAL, SPHERE OVER + OR - 12.00D PER LENS	7/1/2008	$8.00	N			
V2215		LENTICULAR (MYODISC), PER LENS, BIFOCAL	7/1/2008	$15.00	Y			
V2218		ANISEIKONIC, PER LENS, BIFOCAL	7/1/2008	$15.00	N			
V2219		BIFOCAL, SEG WIDTH OVER 28MM	7/1/2008	$6.00	N			
V2220		BIFOCAL ADD OVER 3.25D	7/1/2008	$5.00	N			
V2221		LENTICULAR LENS, PER LENS, BIFOCAL	7/1/2008	$15.00	Y			
V2299		SPECIALTY BIFOCAL (BY REPORT)		$0.00	Y			
V2410		VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	7/1/2008	$15.00	Y			
V2430		VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	7/1/2008	$20.00	Y			

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V2499		VARIABLE SPHERICITY LENS, OTHER TYPE	7/1/2008	$16.00	Y			
V2500		CONTACT LENS, PMMA, SPHERICAL, PER LENS	7/1/2008	$5.50	Y			
V2501		CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	7/1/2008	$6.50	Y			
V2502		CONTACT LENS, PMMA, BIFOCAL, PER LENS	7/1/2008	$10.00	Y			
V2503		CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	7/1/2008	$6.50	Y			
V2510		CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	7/1/2008	$4.00	Y			
V2511		CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	7/1/2008	$4.00	Y			
V2512		CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	7/1/2008	$5.00	Y			
V2513		CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	7/1/2008	$12.50	Y			
V2520		CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	7/1/2008	$4.00	Y			
V2521		CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	7/1/2008	$4.00	Y			
V2522		CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS	7/1/2008	$12.50	Y			
V2523		CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	7/1/2008	$10.00	Y			
V2530		CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS	7/1/2008	$10.00	Y			
V2531		CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS	7/1/2008	$10.00	Y			
V2599		NOT OTHERWISE CLASSIFIED, CONTACT LENS		$0.00	Y			
V2610		SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS		$0.00	Y			
V2615		TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCL DIST-NEAR-MICROSCOPIC		$0.00	Y			
V2623		PROSTHETIC EYE, PLASTIC, CUSTOM	1/1/2008	$806.74	N	Referral Required		
V2624		POLISHING/RESURFACING OF OCULAR PROTHESIS	1/1/2008	$59.66	N	Referral Required		
V2625		ENGLARGEMENT OF OCULAR PROTHESIS	1/1/2008	$362.76	N	Referral Required		
V2626		REDUCTION OF OCULAR PROSTHESIS	1/1/2008	$195.55	N	Referral Required		
V2627		SCLERAL COVER SHELL	1/1/2008	$1,215.51	N	Referral Required		
V2628		FABRICATION & FITTING OF OCULAR CONFORMER	1/1/2008	$298.20	N	Referral Required		
V2629		NOT OTHERWISE CLASSIFIED, PROSTHETIC EYE		$0.00	Y	Referral Required		
V2630		ANTERIOR CHAMBER INTRAOCULAR LENS		$0.00	Y	Referral Required		
V2631		IRIS SUPPORTED INTRAOCULAR LENS		$0.00	Y	Referral Required		
V2632		POSTERIOR CHAMBER INTRA0CULAR LENS		$0.00	Y	Referral Required		
V2700		BALANCE LENS, PER LENS	7/1/2008	$5.00	N			
V2702		DELUXE LENS FEATURE	7/1/2008	$10.00	Y			
V2710		SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	7/1/2008	$40.00	N			
V2715		PRISM, PER LENS	1/1/2008	$1.50	N			
V2718		PRESS-ON LENS, FRESNEL PRISM, PER LENS	7/1/2008	$7.00	N			
V2730		SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	7/1/2008	$2.00	N			
V2744		TINT, PHOTOCHROMATIC, PER LENS	7/1/2008	$30.00	Y			
V2745		ADDITION TO LENS; TINT, COLOR, SOLID, GRADIENT OR EQUAL, PER LENS	7/1/2008	$7.50	Y			
V2760		SCRATCH RESISTANT COATING, PER LENS	1/1/2008	$3.00	N			
V2770		OCCLUDER LENS, PER LENS	7/1/2008	$5.00	N			
V2780		OVERSIZE LENS, PER LENS	7/1/2008	$2.50	N			$0.08
V2781		PROGRESSIVE LENS, PER LENS	7/1/2008	$22.50	Y			
V2782		LENS INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCL POLYCARBONATE, EA	7/1/2008	$7.50	Y			
V2783		Lens, index greater than or = to 1.66 plastic, greater than or = to 1.80 glass	7/1/2008	$30.00	Y			
V2784		LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	7/1/2008	$1.00	N			
V2785		CORNEAL TISSUE; PROCESSING, PRESERVING & TRANSPORT		$0.00	N			
V2790		AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE		$0.00	N			

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V2797		VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT		$0.00	Y			
V2799		VISION SERVICE, MISCELLANEOUS		$0.00	Y			
V5008		HEARING SCREENING	1/1/2008	$12.57	N			
V5010		ASSESSMENT FOR HEARING AID		$0.00	N	Referral Required		
V5014		REPAIR/MODIFICATION OF HEARING AID		$0.00	N	Referral Required		
V5030		HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	1/1/2008	$565.38	Y	Referral Required		
V5040		HEARING AID, MONAURAL, BODY WORN, BONE CONDUC	1/1/2008	$565.38	Y	Referral Required		
V5050		HEARING AID, MONAURAL, IN THE EAR	1/1/2008	$629.00	N	Referral Required		
V5060		HEARING AID, MONAURAL, BEHIND THE EAR	1/1/2008	$625.11	N	Referral Required		
V5100		HEARING AID, BILAT, BODY WORN		$0.00	Y	Referral Required		
V5120		BINAURAL, BODY	1/1/2008	$481.20	N	Referral Required		
V5130		BINAURAL, IN THE EAR	1/1/2008	$544.36	N	Referral Required		
V5140		BINAURAL, BEHIND THE EAR	1/1/2008	$544.36	N	Referral Required		
V5170		HEARING AID, CROS, IN THE EAR	1/1/2008	$432.15	N	Referral Required		
V5180		HEARING AID, CROS, BEHIND THE EAR	1/1/2008	$432.15	N	Referral Required		
V5210		HEARING AID, BICROS, IN THE EAR	1/1/2008	$757.85	N	Referral Required		
V5220		HEARING AID, BICROS, BEHIND THE EAR	1/1/2008	$777.13	N	Referral Required		
V5254		HEARING AID, DIGITAL MONAURAL, CIC	1/1/2008	$581.87	N	Referral Required		
V5255		HEARING AID, DIGITAL MONAURAL, ITC	1/1/2008	$581.87	N	Referral Required		
V5256		HEARING AID, DIGITAL MONAURAL, ITE	1/1/2008	$549.75	N	Referral Required		
V5257		HEARING AID, DIGITAL MONAURAL, BTE	1/1/2008	$549.74	N	Referral Required		
V5258		HEARING AID, DIGITAL BINAURAL,CIC	1/1/2008	$548.82	N	Referral Required		
V5259		HEARING AID, DIGITAL BINAURAL, ITC	1/1/2008	$548.82	N	Referral Required		
V5260		HEARING AID, DIGITAL BINAURAL, ITE	1/1/2008	$524.96	N	Referral Required		
V5261		HEARING AID, DIGITAL BINAURAL, BTE	1/1/2008	$524.96	N	Referral Required		
V5264		EAR MOLD/INSERT, NOT DISPOSABLE; ANY TYPE		$0.00	N	Referral Required		
V5265		EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	1/1/2008	$19.80	N	Referral Required		
V5266		BATTERY FOR USE IN HEARING DEVICE (PER BATTERY)	1/1/2008	$1.00	N	Referral Required		
V5298		HEARING AID; NOT OTHERWISE CLASSIFIED		$0.00	Y	Referral Required		
V5299		HEARING SERVICE, MISCELLANEOUS		$0.00	Y	Referral Required		